Minutes from the Focus Group meeting – 23rd of January 2009

Summary

The First Focus Group meeting organized by the ACCESS Health Initiative and the Center for Emerging Markets Solutions was held at Indian School of Business on the 23rd of January 2009.

THE INFORMATION SHARING AND COMMUNICATION SESSION

The discussion session on Information and Communication concluded that Internet provides a unique platform for communication and knowledge transfer. Language is however a challenge where a large population do not speak English; there are for example many initiatives in Latin America and China but information is not available in English. The session also concluded that show cases and site visits are asked for, as well as lessons learned in terms of failures supplementing the picture of best practices. Knowledge management systems and how to repackage knowledge to facilitate further implementation was also brought up as key components that needs to be addressed; there is a lot of information but this information must be communicated in an accessible manner. The creation of an environment of trust was emphasized and a possible solution to foster information sharing (including organizational or activity failures) was presented as hosting a forum where one could join on a voluntary basis.

THE IMPLEMENTATION SESSION

This session brought to light that, organizations with training arms as separate revenue models give the example of good structures for capacity building. It was highlighted how benchmarking can facilitate implementation and management but that there is a lack of benchmarks for everything from nurse per bed to health care outcomes. More management and practical training was asked for. The link between research and practice was also emphasized.

THE NEXT PRACTICE CONFERENCE

The discussion around the conference focused on the proposed agenda and further topics, speakers and invitees. The outcome of this discussion is presented as an attachment. Please see the Concept note and the proposed Agenda for the conference.

The Opening of the Meeting

The first Focus Group meeting arranged by ACCESS Health and Indian School of Business (ISB) was held on the 23rd of January 2009. The meeting started with and introduction by the Dean of ISB, Ajit Rangnekar followed by Prof. Reuben Abraham and Dr. William Haseltine.

Mr. Rangnekar spoke about the reasons behind setting up the Center for Emerging Markets Solutions and pointed out that it is not enough to be the providers to the top strata of the world, but that we have to do more than that. He stated that one thing we

must do is to create a large positive impact on the lives of the people who have not been able to participate in the growth of the country.

Dr. Haseltine spoke about the major challenges for the developing countries and stated healthcare as the most outstanding one of these. He spoke about the scope of this challenge, about think tanks in Washington, and that the issues are not new solutions, but how to deliver the solutions that we already have. He stated that the scenario in developing countries is different and raised the questions how we will be able to afford the new technology if we can't afford what we have now. Dr. Haseltine made the reference to the US where the health expenditure soon will be 20 percent of the GDP. Since the GDP has shrunk, but the health care costs have not shrunk, this is soon where the nation will end up. He raised the question how we can begin to work on this problem and drew the link to the work of the ACCESS Health Initiative. He stated that ACCESS Health is inspired to look at models of affordable health and pointed out that the key issues to look further into are best practices of current models, scalable models, rural-urban transferability and how one can facilitate transfer of knowledge and models to other countries. Dr. Haseltine further spoke about the purpose of ACCESS Health team as of investigators of what is happening on the ground in India. He stated that the aim is to document the existing models, expand them and to study how the efficiencies are achieved. He stated that one of ACCESS Health's main questions is what components of these models are specific to India and what part of the models can be expanded. He further stated that ACCCESS Health aims to provide a window to the rest of the world to see what is happening in India, and he brought up the example of how Sweden think that they have something to learn from India and want to send a delegation with representatives from the think tank Leading Health Care and various ministries of the Government to come in the fall of 2009.

Part A: Information sharing and Communication

The first discussion was on the topic of information sharing and communication. The groups were asked **what would be the most efficient mechanism for sharing relevant information for improved health care delivery**. The groups were encouraged to elaborate on what kind of **communication channels** were ideally to be used, **what other mechanisms should be explored** e.g. exchange programs to foster dialogue and practice information sharing, as well as what other good sources of information exchange already exist and what would be desirable to improve the information sharing. Furthermore, the groups were asked to bring forward the **main challenges in terms of effectively communicating innovations and access information**, and to discuss how to overcome these challenges. The final question in this discussion session brought up **what is needed to facilitate the information sharing and what support the organizations would need to better communicate innovations**. Below are the group presentations of their discussions.

<u>Group 1</u>

- Use internet – create a Wikipedia for health

- Create an international society accessible healthcare delivery options
- Mechanisms – cases, white papers, site visits
- Key challenge – transparency
- Academic validation of models of accessible healthcare
- Government interface

Group 2

Sub streams of information – public health is very broad, how can we narrow it down to specific sub streams.

- Resistance to sharing of information – tendency to project only the positives and withhold the negatives
- There is never a conference of "worst practices" go in depth to see what went wrong, this is needed. Similar to Mortality and Morbidity meetings
- Twinning programs; handholding and support south-to-south initiatives
- Consortiums; bring together different qualities
- Linkage to international libraries like Johns Hopkins, Harvard etc.
- Need for capacity building in understanding journals
- Assistance in writing articles in peer reviewed journals
- Challenges to effectively communicate innovations – ability to work with government adequately

Group 3

- Classification of information – how do you find what you need?
- Internet is the best way and most effective ways to reach out – but the challenges are language, information fatigue, and connectivity
- Funding?
- Conferences like this where people come together to share information where it is really needed

Group 4

- Information in multiple languages
- For profit companies not willing to share information.

Group 5

- Repackage information to make it useful – for example research data needs to be repackaged for field workers
- Good knowledge management systems
- Capacity building for in house information management

What ACCESS Health is working on in relation to these suggestions:

- Provide an online forum for the Focus Group members to facilitate dialogue and information sharing

- Link up with international libraries and databases
- Share information in a classified/categorized manner, to facilitate effective knowledge transfer and management
- Create an International Society where lessons can be learned on a different level, to share experiences and to effectively communicate innovations on a global level. Providing a platform where current research can be disseminated through a journal and where discussions will be continuously fostered and further housed at annual meetings.
- Provide a pool of students and researchers to partner on a temporary basis with the organizations that house interest of getting research project done on a specific topic or in a certain field aligned with ACCESS Health's work (e.g. assist in writing articles in peer reviewed journals)
- Repackage information to make it useful
- Facilitate twinning programs
- Facilitate site visits and delegations who want to come and learn from Indian examples of best practices
- Facilitate government interface
- Facilitate validation of models/components of models/processes within models

Part B: Implementations

During the second session topics related to implementation were brought up. The groups were asked to discuss **how organizations can be supported to more effectively implement solutions**. A specific case was brought up as an example of a possible problematic situation related to scaling up health services in another location. The groups were asked how the scale-up could be facilitated and what possible challenges one might face when doing so, as well as how these challenges could be addressed. Furthermore, the groups were asked to discuss **process innovations**, how and where their organizations usually find out about innovations, as well as what kind of support they need for further implementation. The groups were also asked about **what managerial skills are currently lacking in the health care sector and how these can be improved**. Also, the groups were asked to bring forward **how organizations can get engaged in capacity building outside of their own organization**. Below follows the group presentations.

Group 1

- Leadership skills – noticeably lacking in senior management
- How to build these skills? Could medical schools be engaged in teaching Management? MCI is just such a dinosaur, it will be difficult to engage them
- Get management schools on board to develop some sort of training for the medical professionals
- Bringing donors together and collating the knowledge they have gained
- Do something about corruption

Group 2

- Doctors having to be into management and provide medical care at the same time is a problem.
- Separate these two and get a good manager to take care of the organization.
- Having professionals visit different organizations to learn best practices
- Sharing innovation from one organization to another organization

Group 3

- Getting doctors exposed to management skills and managers exposed to public health issues
- Training arms – most organizations that are here can actually build training arms which can become sustainable revenue models – e.g. Aravind.
- Franchising models
- Protection of intellectual property – ensure transparent processes
- Scalable models
- Forums (online or meetings like this) – create a formal body to express various models and solutions, as well as to promote exchange of information
- Academic settings and conferences are helpful as well
- Thematic workshops and focus group meetings (some can be outsourced for other content)
- How do translate research to advocacy?

Group 4

- No real formal bodies to provide capacity building
- Profit vs. non-profit
- Problems of volume and quality
- Prevention as being part of health care initiatives
- Accreditation and keeping pace with new innovations
- Help in taking forward innovations
- A multi tiered capacity building
    - First 3 years training
    - After 6 months another step of training
- Scaling up and innovation coming from the NGO and corporates but then being taken forward by the government like EMRI
- Partnerships with academic institutes to leverage innovations – Harvard Botswana
- Extracting successful solutions
- Getting information and benchmarking to know who we are looking at and how effective are they
- Learn from mature sectors such as retail etc
- Looking at umbrella organizations for benchmarks that may give ideas for innovation

- Corporate to NGO as secondment – burn out factor being high, can we try to attract some corporate professionals to this sector
- Capacity building for human resources at the village level, need to include; monitoring and standardization of e.g. an ASHA's role and functions.
- There is a gap between nurses and doctors, where the cadre of paramedics is trying to settle into the structure. Policies are needed to facilitate things for this cadre of health workers.

What ACCESS Health is working on in relation to these suggestions:

- ACCESS Health is aiming to create the platform where innovative approaches and strategies can be shared among organizations and different actors in the field of health care. The initiative aims to bring forward innovations and extracting successful solutions for health care delivery, health finance, policy etc.
- ACCESS Health is aiming to create a formal body to promote knowledge transfer and information sharing.
- The objective is to also learn from other sectors through the interlinked work of the Center for Emerging Markets Solutions.
- Get management schools on board to develop some sort of training for the medical professionals – ISB is creating a new health management campus in Mohali. The program is an MBA program but curricula will benefit a broader group of health care professionals in management training.
- Getting doctors exposed to management skills and managers exposed to public health issues – the Conference (January 2010) will bring together policy makers and health care providers – best practices in policy as well ad delivery will be shared. The Center for Emerging Markets Solutions includes a vertical in Public Policy as well as Healthcare and there will be joint efforts by these initiatives to improve dialogues.
- Our goal to bring professionals to visit different organizations to learn best practices was exemplified by the Swedish delegation visiting India in February and also later in 2009. These sorts of visits will be further institutionalized as the ACCESS Health Initiative grows.
- Further investigating: Training arms – most organizations can actually build training arms which can become sustainable revenue models (e.g. Aravind and franchising models).
- To facilitate implementation efforts, ACCESS Health investigates what constitutes scalable models, what is at its core, and what parts of it that is tied to local/contextual factors. Also look more into volume and quality as well as prevention components of health care initiatives.
- Accreditation – access health is looking into health insurance schemes and accreditation work; how health financing can be used as a tool for improved quality control and information to patients.
- Looking at umbrella organizations for benchmarks that may give ideas for innovation – ACCESS Health is looking into benchmarks in healthcare and has

identified organizations with good data to be communicated e.g. PharmAccess in Africa.
- ACCESS Health are linking researchers and need based research projects and/or internships.

Part C: Access to Health Care Conference

The third part of the Focus Group meeting focused on the Access to Health Care Conference, to be held at Indian School of Business in January 2010. The participants were encouraged to discuss objectives of the conference and to bring forward suggestions for the agenda for the conference days. The main objective was presented by ACCESS Health and ISB as the creation of a platform where Best Practices are turned into Next Practices to strengthen health care systems.

The current points on the agenda of the conference were brought up for discussion:

- Examples of scaled and replicated health care models
- Methods for implementation of best practices
- Joint efforts to facilitate implementation of solutions in new locations
- Health financing – models for sustainability, access to funding

The participants were encouraged to bring forward further topics to discuss as well as suggest who should be invited to the two and a half conference days in January. Below are the main points brought forward by the groups.

<u>Group 1:</u>

- Publish list of participants in advance
- Focus Groups –
    - Critical review of some of the models, an academic perspective, lessons learnt and worst practices
    - Telemedicine
    - Research based protocols
    - Health financing
    - Community based health models
    - Going beyond treatment to look at prevention strategies

<u>Group 2:</u>

- First decide the topics and then decide best practice organizations. More mature organizations to discuss evolution patterns, how to tailor them, what works and what may not work.
- Willingness to share information
- Maybe a reputed institution like ISB will encourage organizations to be more willing to share
- Make it an action oriented conference
- Should be thought provoking

- Big names vs. small names – don't want only big names, there can be small NGO's which are doing good work. They should be heard.
- Government models that are doing good work
- Presentations and debates
- Topic on the effect climatic changes
- Drs like Rajni Kanth, Devi Shetty should talk
- How can we create self sufficient villages?
- Private Public Partnerships

Group 3

- Invitees:
  - Government health department
  - Funding agencies

Group 4:

Health economics

- Advocacy. Do we have the legal binding on the practices? Change regulatory mechanisms for example hurdles to setting up blood banks.
- Home delivery of medicines
- Role of alternative medicines
- Advocacy – insights
- Upgrading medical knowledge
- Preventing investment in proven failures
- Franchising – can specialties go in for franchising? Outsourcing some of the services
- Road traffic accidents and disaster management issues
- Creating awareness on the importance of research
- Quality
- Changing health seeking behavior
- How did best practices evolve? Learning from mistakes
- Break out groups – specific areas on interest
- Group could come out with suggestions for speakers

What ACCESS Health is working on in relation to these suggestions: Please see the Access to Health Care Conference information on the ACCESS Health website.