

The Role of Health Management in Health Transformation

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Abstract:

On the collective basis, population of the world is getting older and along with the increasing age the risks of chronic ailments are also increasing. Then on the other hand the youngsters are facing issues related to health because of pollution, environment changes, less immunity, climate changes and many other related components. Due to these reasons the pressure is increasing on the healthcare industry and the associated health care workers. Here again the problem persists due to lack of trained health workers, shortage of medical colleges and specialists in the respective fields. This present study evaluates the scenario on the basis of previous studies conducted in this regard and present a futuristic view of the same in futuristic manner.

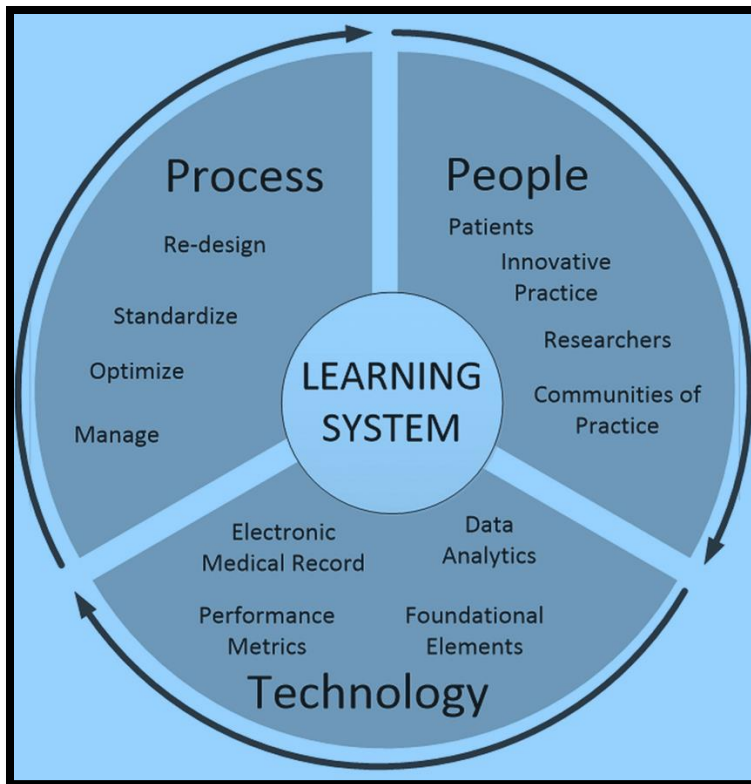
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Introduction:

The overall population of the world is getting older and along with the increasing age the risks of chronic ailments is also increasing. Then on the other hand the youngsters are facing issues related to health because of pollution, environment changes, less immunity, climate changes and many other related components. Due to these reasons the pressure is increasing on the healthcare industry and the associated health care workers. **Wolfswinkel et al (2013)** Here again the problem persists due to lack of trained health workers, shortage of medical colleges and specialists in the respective fields. Whatever staff of healthcare workers is available is overburdened due to never ending queue of patients and their related issues. **Corbet et al (2018); Luijs et al (2020)** In today's world of high-performance, data-driven, fast-paced, and on-demand environments, the healthcare industry is likely to decline; new stakeholders such as technology, communications, and retail are coming together to disrupt physical systems. In addition, new concepts and approaches to healthcare, such as the Quadruple Aim, effective healthcare, integrated care, and new principles that affect the medical process are emerging. Population growth, economic growth, infectious disease outbreaks, new technologies, and environmental changes have led to changes in healthcare. **Head et al (2015)** In order for healthcare systems to address complex challenges such as resources and scale, there needs to be a change in approach and behavior. Human societies have little experience in reorienting themselves quickly and consciously in new ways. **Embuldeniya et al (2021)**

Increasing demand of people regarding maintenance of regular health and even health care transformation; along with the pressure created due to shortage of healthcare workers the overall system of healthcare is becoming unstable up to some extent. Now the challenge is there to identify the level of transformation, extent of system upgrade and requirement of appropriate number of health care workers. **Hewison et al (2021); MacLeod et al (2020)** Let's say the structure changes only by introducing a new framework, but the different actors in the system continue to behave in the same way. In this case, the transformation is only superficial. The fact that change activities can occur independently at all levels, from the individual to the community, the enterprise or the region, makes it even more difficult to interpret, define and manage the content of change. **Farmanova (2019) Charlesworth et al (2016)** The health environment is facing demographic and epidemiological changes due to the changing age of the population.

As per the report of many national and international agencies along with the detailed report of WHO, in consecutive years i.e. 2001 to 2022, the maximum population of the world is equal to or more than 60 years of age and this bracket of age is increasing on a fast pace. As a larger proportion of the population approaches old age, the cause of death has shifted from childhood infectious diseases to noncommunicable diseases. However, infectious diseases are still a public health problem. Chronic diseases, noncommunicable diseases such as cancer and dementia, are associated with higher healthcare expenditures, greater mobility, and higher costs.



Source: Fung et al (2018)

Figure 1: The Ottawa Health Transformation Model.

Healthcare is becoming increasingly fragmented, making it harder to focus on patients. Our reason will explain the explosion. **Fitzgerald et al (2020); Maniatopoulos et al (2020)** First, fragmentation of care has been driven by the growth of subspecialties, outsiders like laboratories, competitive practices, and medical providers. The good thing is that complex medical procedures can be used. The downside is that the team around the patient expands, making the job harder. This complicates the patient’s treatment due to long waiting times, limited access to care, and a multitude of doctors, institutions, and contact points. It is also difficult for professionals to coordinate and organize different, diverse, and existing groups. There can be breakdowns in coordination and communication between those involved in patient care. This problem is a major problem in medicine. **Urtaran-Laresgoit et al (2018)** Care can be less efficient due to inefficient use of resources. The second factor affecting the fragmentation of care is “data silos.” The healthcare team around the patient is often comprised of multiple physicians, including hospitals, GPs, home care, pharmacies, etc. These providers collect clinical data and store it in their own data silos. At the same time, information will be distorted, resulting in incomplete and incorrect information. It is often unclear where consumer and healthcare provider information is stored and how to access it. **Bussu (2020); Halsall et al (2020); Patrício et al (2020)**

On the basis of reports published by many of the national and international agencies and the matter discussed above many of the medical decisions are required to be made for the resources required for the sake maintenance of public health and even for health care transformation of people. More cooperation is needed to solve these problems. The third is the effect of the market, competition for resources and financial constraints on the coordination of health institutions. The effect of rules is great for these reasons. **Flcury et al (2002); Kash et al (2014)** Another difficulty in health services is political decision-making. Political leaders who will reform the health system are not neutral; they include politics, philosophy and ideology. Political decisions are about the power of the body and they do not always go for the better.

The said environment is challenging enough to handle and many of the components are dependent on the will power of government and policy framework of the country. Then on the other hand some of the social, cultural and even economic factors are liable to play major role in the decision making in this regard. Healthcare expenditure is expected to increase at an alarming rate as professional and administrative costs and the increase in healthcare expenditure create pressure on decision making. Traditionally, doctors have followed traditional rehabilitation. This is a medical focus rather than an integration of human health such as emotional, physical, social and intellectual. A

shift can be seen in integrated healthcare systems where the focus is brought back to the human element. A humanitarian goal inspires people to be participants in their own health rather than beneficiaries. It places individuals and their communities at the center of the health system. Doctors and patients then establish a relationship based on equality. Integrated health care ensures continuity of care throughout the care cycle.

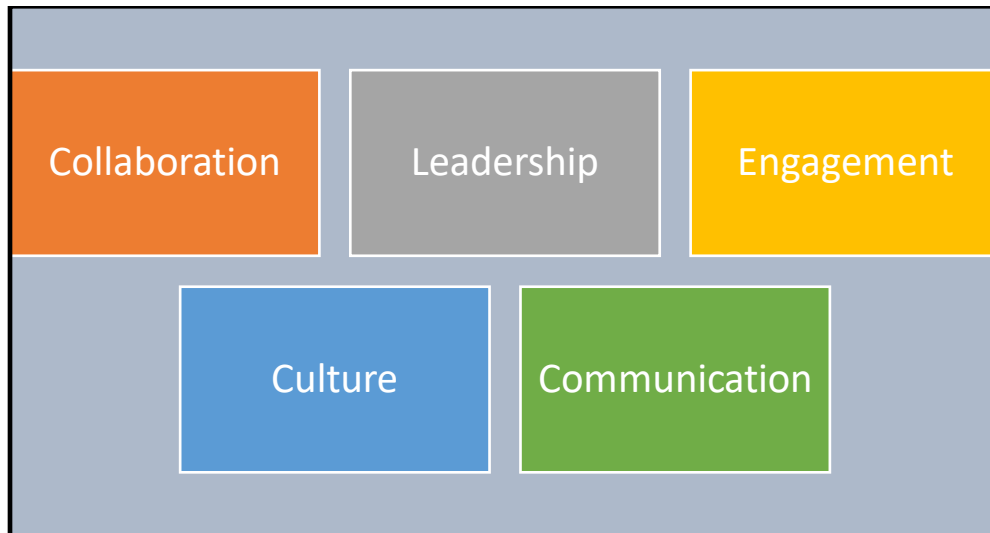
The healthcare organization can be empowered by the collaboration of health care workers from different areas, specialists of different kinds, related healthcare organizations, nursing agencies and many of the multi and interdisciplinary team from related areas. It has led to changes in the way different professional groups work; for example, district nurses have taken over the routine patient care of GPs. In addition, digital solutions can be used to transfer care from hospital to the patient’s home to facilitate self-management. There is also a need for a shift from treatment to more preventive care. **Ostern et al (2021); Page et al (2021)** Therefore, building partnerships and relationships between healthcare organizations, workplaces, stakeholders and regions is an important part of the healthcare reform model. These collaborations can be driven by frontline professionals and national healthcare reform initiatives. Frontline professionals must demonstrate new behaviors driven by a different culture that emphasizes collaboration. It is also about creating new standards from the top. Developing a national health reform plan can facilitate local change and help improve understanding of service integration issues.

The existing system of healthcare management is not yet ready for this mixed and matched approach; however, a new and evolved system is required to give a boost for making the system healthier itself. **Best et al (2016); Bolmer et al (2019); Holton et al (2020); Park et al (2021)** As mentioned above, there have been different levels of exposure in the health sector. The country needs to adapt to these changes and challenges. The health reforms listed above are just the beginning of the health reform process. It is very difficult to predict the evolution of complex systems. The reality is that the system needs to be ready for change.

Components of Health Care Transformation:

Various components of health care transformation can be understood as follow:

- a. **Collaboration:** As all the comments show, collaboration is a key part. In other words, collaboration is a constant and everything is about collaboration. Many researchers have suggested that structure, culture, and technology can facilitate collaboration. Collaboration between all stages of the process is evident in the evolving medical literature. Collaboration with communities, collaboration among physicians, collaboration among professionals and healthcare professionals, collaboration within organizations, collaboration between organizations, collaboration between departments, collaboration and collaboration across the body. All other details about the partnership and its impact on success are explained. Differentiation will be made from macro, meso, meso and all levels as much as possible.



Source: Stefanie, (2022)

Figure 2: Components of Health Transformation

- b. **Leadership:** Strong leadership enables change and collaboration, and successful change depends on the skills and attitudes of key leaders. Local and national policy macro leaders need to work together to ensure the success of the transition. Sitting back and hoping that these impacts and changes will happen organically and beautifully through the use of new technologies is not an option. **Hussey et al (2021)** National policy must balance providing guidance and certainty with creating the freedom to develop

solutions from scratch at the local level. Some scholars believe that local implementation of the national integration process is effective in implementing the policy. It is important for the government to provide space for local projects to achieve specific goals and results. This makes it easier for organizations to manage and plan integration projects. But see the importance of setting clear targets. The choice of a particular strengthening method is not a determining factor in the success of strengthening the system. Most importantly, setting solid targets ensures measurable and clear improvement and a real commitment to improving care. There should be flexibility and time in the use of resources, but the goals should be clear.

- c. **Engagement:** The engagement of individuals at all levels is essential for health reform and the establishment of partnerships. Collaboration often occurs at the micro level, with professionals, patients, clients, communities, and others involved in the health care process at the macro and meso levels. Some scholars have emphasized the role of the individual in change. The success or failure of change depends largely on the motivation of those involved. People need to be involved in the change, convinced of the situation, and motivated to implement the changes in their actions and thoughts. It depends on how well the words change according to their own beliefs and values. **Beard et al (2015)**
- d. **Culture:** Support and innovation at all levels are important, and some researchers have emphasized the importance of people and culture at the meso level when implementing changes such as collaboration. Organizations that foster good relationships among all employees, communication and openness, a culture that encourages imagination and collaboration, and education in life are more likely to accept change. Some researchers also recognize the importance of an organizational culture that encourages change. Approaching the micro level, it is important to create a culture that allows room for experimenting with new ideas and pushing boundaries for change.
- e. **Communication:** Developing a good communication flow is critical for collaboration in a complex healthcare system environment with diverse and opposing interests. Inclusiveness, a shared story, clear and common goals, constant learning, unambiguous communication, trust, and interaction throughout all levels and with all involved stakeholders are important conditions. An exciting and distinctive narrative on which all stakeholders could focus to captive people's minds and emotions and drive all stakeholders towards a single common purpose. Some of the researchers focused on language is critical for achieving meaningful relationships that are creative and supportive. In this regard, language can be seen as an approach to facilitating collaboration.

Strategic Interventions:

Healthcare Transformation requires the entire healthcare system to be depowered. The system must be synchronized with the frequency of the environment. Change in a complex healthcare environment is about abandoning the status quo, challenging the status quo, embracing diversity, and rising with the times. **Aggarwal (2019); Barelo et al (2020)** As discussed in the above given matter, affecting change at multiple levels due to the environment requires time, patience, and dedication. Some scholars have observed that changing cultures, let alone entire systems, requires a long journey with no end in sight. In addition, action is needed at all levels to change and coordinate care within organizations, across organizations, and across systems. A three-stage strategy can be observed in the article of Greenhalgh et al. (2012);

- A. Unfreeze the status quo,
- B. Build a movement to new arrangements,
- C. Freeze new arrangements.

Senior scientists agree on the first two stages. However, some researchers see health reform as a never-ending process and recognize that health systems are not complex, inexhaustible, and linear. There is no need to freeze the system, and the third stage will be the analysis and analysis of the situation, which will lead to changes and elimination of new situations.

Conclusion:

The key to health transformation is collaboration. But change should not be a last resort. Health systems can be viewed as a game, a never-ending game. No matter how difficult the environment or how quickly it changes, the game of health should always remain the same. Creating partnerships and using the tools to help them is not the end goal. Health upgrades are the driving force behind playing the infinite game. As healthcare changes, professionals, healthcare organizations, and policymakers cannot stop innovation and change. The game continues. The medical system must focus on the infinite goal of improving the health and well-being of the world's people. This change is the ultimate goal of playing the infinite game.

References:

- Fung, Michael & Maziak, Donna & Pantarotto, J & Smylie, J & Taylor, L & Timlin, T & Cacciotti, T & Villeneuve, Patrick & Dennie, Carole & Bornais, Chantal & Madore, Suzanne & Aquino, Jose & Wheatley-

- Price, Paul & Ozer, R & Stewart, D. (2018). Regional Process Redesign of Lung Cancer Care: A Learning Health System Pilot Project. *Current oncology (Toronto, Ont.)*, 25, 59-66. 10.3747/co.25.3719.
- Barello, S., Palamenghi, L., & Graffigna, G. (2020). Burnout and somatic symptoms among frontline healthcare professionals at the peak of the Italian COVID-19 pandemic. *Psychiatry Research*, 290. <https://doi.org/10.1016/j.psychres.2020.113129>
 - Bussu, S., & Marshall, M. (2020). Integrated care case (Dis)integrated care? lessons from east london. *International Journal of Integrated Care*, 20(4), 1–10. <https://doi.org/10.5334/ijic.5432>
 - DIRMI Institute. (2021b, januari 29). DIRMI Instituut & UT, Zorgtransformatie - de Vodcast: Miriam Hutten-Vollenbroek. YouTube. Geraadpleegd op 15 juli 2022, van <https://www.youtube.com/watch?v=RoB8Gv5EFUQ&t=281s>
 - DIRMI Institute. (2021c, april 22). WouterKeijser in gesprek met Erik Gerritsen - ZorgtransformatieDe Vodcast. YouTube. Geraadpleegd op 15 juli 2022, van https://www.youtube.com/watch?v=cTxuAsgnWUo&list=PLw4SmzfOs0_Uyb5mv2JJKAzx5X0ghHL12&index=5
 - Embuldeniya, G., Gutberg, J., Sibbald, S. S., & Wodchis, W. P. (2021). The beginnings of health system transformation: How Ontario Health Teams are implementing change in the context of uncertainty. *Health Policy*, 125(12), 1543–1549. <https://doi.org/10.1016/j.healthpol.2021.10.005>
 - Farmanova, E., Ross Baker, G., & Cohen, D. (2019). Combining integration of care and a population health approach: A scoping review of redesign strategies and interventions, and their impact. *International Journal of Integrated Care*, 19(2). <https://doi.org/10.5334/ijic.4197>
 - Fitzgerald, K., & Biddle, L. (2020). Creating the conditions for change: an NHS perspective. *Journal of Health Organization and Management*, 34(3), 345–361. <https://doi.org/10.1108/JHOM-02-2019-0031>
 - Halsall, T., Manion, I., Mathias, S., Robeson, P., Benlamri, M., Helfrich, W., Iyer, S. N., Purcell, R., & Henderson, J. (2020). Frayme: Building the structure to support the international spread of integrated youth services. *Early Intervention in Psychiatry*, 14(4), 495–502. <https://doi.org/10.1111/eip.12927>
 - Hewison, A., Hodges, E., Balasubramanian, S., & Swani, T. (2021). System transformation in palliative and end of life care: developing a model for excellence. *Journal of Health Organization and Management*, 35(8), 1008–1024. <https://doi.org/10.1108/JHOM-06-2020-0232>
 - Holton, J. A. (2020). Social movements thinking for managing change in large-scale systems. *Journal of Organizational Change Management*, 33(5), 697–714. <https://doi.org/10.1108/JOCM-05-2019-0152>
 - Holton, J. A., & Walsh, I. (2020). Classic Grounded Theory: Applications With Qualitative and Quantitative Data. In *Classic Grounded Theory: Applications With Qualitative and Quantitative Data*. SAGE Publications, Inc. <https://doi.org/10.4135/97818071802762>
 - Hussey, A. J., Sibbald, S. L., Ferrone, M., Hergott, A., McKelvie, R., Faulds, C., Roberts, Z., Scarffe, A. D., Meyer, M. J., Vollbrecht, S., & Licskai, C. (2021). Confronting complexity and supporting transformation through health systems mapping: a case study. *BMC Health Services Research*, 21(1). <https://doi.org/10.1186/s12913-021-07168-8>
 - Keijser, W., & van Monfort, G. (2020). Zorgtransformatie: trendy innoveren of nieuwvertretpunt? <https://doi.org/10.1007/s12654-020-0220-2>
 - Khan, S., Vandermorris, A., Shepherd, J., Begun, J. W., Lanham, H. J., Uhl-Bien, M., & Berta, W. (2018). Embracing uncertainty, managing complexity: Applying complexity thinking principles to transformation efforts in healthcare systems. In *BMC Health Services Research (Vol. 18, Issue 1)*. BioMed Central Ltd. <https://doi.org/10.1186/s12913-018-2994-0>
 - Kokshagina, D. O. (2021). Managing shifts to value-based healthcare and value digitalization as a multi-level dynamic capability development process. *Technological Forecasting and Social Change*, 172. <https://doi.org/10.1016/j.techfore.2021.121072>
 - Kraus, S., Schiavone, F., Pluzhnikova, A., & Invernizzi, A. C. (2021). Digital transformation in healthcare: Analyzing the current state-of-research. *Journal of Business Research*, 123, 557–567. <https://doi.org/10.1016/j.jbusres.2020.10.030>
 - Kokshagina, D. O. (2021). Managing shifts to value-based healthcare and value digitalization as a multi-level dynamic capability development process. *Technological Forecasting and Social Change*, 172. <https://doi.org/10.1016/j.techfore.2021.121072>
 - Kraus, S., Schiavone, F., Pluzhnikova, A., & Invernizzi, A. C. (2021). Digital transformation in healthcare: Analyzing the current state-of-research. *Journal of Business Research*, 123, 557–567. <https://doi.org/10.1016/j.jbusres.2020.10.030>