Social determinants, care and cost effectiveness in nursing: a human rights approach

Prof Fhumulani Mavis Mulaudzi
1. Introduction

• “The cost of healthcare is rising worldwide, placing a heavy financial burden on health systems and populations globally. Nurses, as the single largest profession in the health workforce, are well positioned to drive efficiency and effectiveness improvements while providing quality care and attaining optimal patient and population outcomes.“

(Source: ICN, May 2015)
2. Focus of the presentation

• The decisions that every nurse makes multiple times a day in everyday practice can make a vital difference in the efficiency and effectiveness of the entire HC system.
• Nurses are at the core of attaining the best quality/access/cost balance.
• It is therefore essential that nurses and policy makers focus on the nursing role in care effective and cost effective healthcare systems as a key priority and determinant for achieving equity, delivering universal health coverage and ultimately improving health outcomes globally.

(Source: ICN, May 2015)
3. Overview of presentation

Paradigm shift

Social determinants of health

Partaking in budgeting & policy processes

Efficiency in nursing services

Effectiveness in nursing care
4. Background

• Why are costs rising?
  – Demographic: Heavy and growing burden of non-communicable diseases (NCDs) including mental health disorders, ageing societies and low health literacy
  – Non-demographic: Innovations of expensive treatments and techniques, and increasing demands of clients (OECD 2013).

• Consequences of the rising cost of health care:
  – Heavy financial burden on health systems and populations globally.

• What needs to be done?

1. Make information available to nurses on the cost of HC & resource constraints
2. Deepen nurses’ knowledge & understanding of HC costs & budgets
3. Nurses “do more with less”, provide quality care and participate in policy & budget processes
5. Required paradigm shifts

Nurses should be part of the solution to achieve better health for all in a cost effective and care effective way.
Paradigm shift #1: Universal health coverage

• Underpinned by equity in health, universal health coverage (UHC) has become the internationally agreed objective of health and development policy.

• UHC aims to ensure that all people can use the promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality, while at the same time ensuring that the use of these services does not cause financial hardship to the consumers (WHO 2013a).
Universal health coverage (UHC cont.)

UHC represents three related objectives (Carrin et al. 2005):

– Equity in access to health services - those who need the services should get them, not only those who can pay for them;
– Quality of health services is good enough to improve the health of those receiving services; and
– Financial risk protection, ensuring that the cost of using care does not put people at risk of financial hardship.

Obligation on health authorities: universal health coverage is attained as a means to achieving better health outcomes for all people.
Paradigm shift #2: Address the social determinants of health

- Health is central to development

- The post-2015 health priorities need to address:
  - the neglected elements of the MDGs such as the social determinants of health, including girls’ education, health equity and gender equality, human rights and human dignity (WHO 2012a).
  - new priorities including ageing and non-communicable diseases (NCDs), the health impact of climate change, and human mobility and refugees. There is also a call for clarity of the links between health and sustainable development.

Health must have a place in the post-2015 development goals.
Paradigm shift #3: Community focused primary health care

- Primary health care (PHC) is the preferred and effective means of delivering essential health services at a cost which governments and communities can afford (WHO 2008).
- A national healthcare system is more effective when it is based on PHC encompassing a range of publicly funded essential and universally accessible and equitable health services to the population.
- This approach calls for shifting the focus of healthcare from hospital-based to community-focused, cost effective interventions that can be delivered by nurses.
6. Key challenges: (1) Workforce shortages

- Nursing workforce shortages:
  - South Africa has 39.3 nurses per 10,000 population, but a high percentage of these work in the private sector and shortages are especially acute in rural areas. This shortage is one of the challenges for expanding AIDS care and treatment services in the country.
  - Effects: on patients, nurses, health care system
Key challenges: (2) Inefficiency

**Major causes of inefficiency**

1. Overuse of brand-name medicines and underuse of generic products
2. Use of substandard and counterfeit medicines
3. Overuse of supply and equipment, investigations and procedures
4. Inappropriate or costly staff mix, unmotivated workers
5. Inappropriate hospital admissions and length of stay
6. Medical errors and poor quality of care
7. Waste, corruption and fraud
8. Inefficient mix or inappropriate level of strategies such as funding high-cost, low-effect interventions when low-cost and high-impact options are unfunded
7. What nurses can do: (1) Increase cost effectiveness and care effectiveness

- In nursing, **care effectiveness** is the extent to which health problems are solved and the degree to which outcomes are achieved. If we add **cost effectiveness** to this definition, it means nurses achieve the intended health outcomes at less cost, with **quality** as an underpinning element.
What nurses can do: (2) Engage in healthcare financing and policy

• Nurses work within the context of cost-quality constraints of health service delivery and they are in a position to advise on the impact of policies aimed at cost effectiveness in healthcare.

• In order for nurses to influence and shape decisions, it is essential that they clearly understand how policy is made and implemented, and its wider context. Without this understanding of policy development, nursing will not be included in the process (ICN 2005).
Nurses as a force for change have opportunities to improve efficiency and reduce waste. In collaboration with other health professionals and decision-makers, nurses and other health professionals can:

1. Improve prescribing guidance, information, training and practice
2. Educate individuals and communities on detection and surveillance of counterfeit medicines
3. Develop and implement clinical and evidence based best practice guidelines
4. Implement task-shifting and other ways of matching skills to needs. Example: NiMART
5. Adhere to and champion infection control procedures, improve hygiene standards in hospitals; provide more continuity of care; undertake more clinical audits
6. Monitor hospital performance and use the data to guide clinical decision
7. Reduce administrative burdens
8. Evaluate and incorporate into policy evidence on the costs and impact of interventions, technologies, medicines, and policy options
8. Action points

1. Think of ways you can be care effective and cost effective. What would you change to achieve these?
2. What are the challenges you face to become care effective and cost effective?
3. How will you mobilise support to bring about the change?
4. Think of how you can use available research evidence to improve quality of care. What would you change and how would you go about introducing change?
5. How would you go about establishing mechanisms for exchange of nursing and other research to guide your practice?
NURSES: A force for change

International Council of Nurses

Improving Health and Well-being

12 May 2015
International Nurses Day