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EDUCATION OPPORTUNITIES FOR HEALTH CARE MANAGERS IN UKRAINE: IMPLICATIONS FOR THE NEW PROGRAMS

PROJECT POLICY BRIEF

Ukrainian-Swiss Project “Medical Education Development”

August 2019

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list of abbreviations used in the document

CPD – continuous professional development

DRG – diagnosis-related group

MED – Ukrainian-Swiss Project “Medical Education Development”

NHSU – National Health Service of Ukraine

Swiss TPH – Swiss Tropical and Public Health Institute

summary

Ukrainian-Swiss Project “Medical Education Development” (hereinafter also referred to as MED) implemented by the Swiss Tropical and Public Health Institute (Swiss TPH) aims to improve education for the health care managers. Previously, Swiss TPH’s project on mother and child health contributed to the establishment of Summer School “Health care system transformation: Eastern Europe”, and now it aims at launching a sustainable education program, and is also focused on formative one¹.

Traditionally until 2018 “health care manager” was not a separate profession and only medical doctors could become health care managers in Ukraine. However, clinical competence is not the same as managing competence². Moreover, good management influences positively quality of hospital outcomes³. The quality of services in organization includes training level of the staff, facilities maintenance and service attributes⁴, which requires a wide range of managerial knowledge and skills.

The ongoing changes in health care system of Ukraine and the increased autonomy of health care institutions increase the demand for more competent management. Professional managerial skills are required together with the compulsory demand to have managerial education (no less than the master’s degree) for managers in the future (starting from January 1, 2022)⁵.

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This policy brief aims to identify the competences necessary for management of autonomous health care facilities in the reformed health care context of Ukraine. It also outlines the ideas and suggestions obtained during the individual meetings with key stakeholders and during the round table discussion.

Ukrainian-Swiss Project “Medical Education Development” has conducted an online survey “Educational opportunities for managers in health care of Ukraine” in April–May 2019 in order to identify the most relevant for health care managers competences and preferences in managerial education. Online survey has been proceeded based on the contact list of the USAID project “Health Reform Support”, National Health Service of Ukraine and on the requests received via Facebook page of the project or individually.

¹ Formative education (in contrast to informative and transformative) is more focused on enhancing professional socialization in certain areas, on sharing certain values.

² West, D.J.Jr., Ramirez, B., & Filerman, G.L. (2012) Leadership and globalization: Research in health management education. *World Hosp Health Serv*, 48(3): 31-33.

³ Griffith, J.R., Warden, G.L., Neighbors, K. et al. (2002) A new approach to assessing skill needs of senior managers. *J Health Adm Educ*, 20(1):75-98.

⁴ Manhal, A., Reza, S., Mohaimen, M. (2018) Hospital heterogeneity: what drives the quality of health care. *Eur J Health Econ*, 19:385–408. <https://doi.org/10.1007/s10198-017-0891-9>.

⁵ Guide of qualification characteristics of professions. Issue 78 “Health Care” (Довідник кваліфікаційних характеристик працівників. Випуск 78 «Охорона здоров’я»).

354 RESPONDENTS



SECTIONS

1. KNOWLEDGE AND SKILLS
2. EXTERNAL TRAINING
3. INTERNAL TRAINING



AIM:

Researching educational needs and expectations of health care managers in form and context of educational products, and development of management competencies

Overall, we have received 354 responses. The key findings show that health care administrators demonstrate interest to non-obligatory and innovative modes of education. For example, 37% managers participated in webinars. And the most rated forms of education are distance learning (63%), blended learning (59%), learning other countries' experience (via travels) (59%), and interactive learning (52%). The fewest managers are willing to study in class (13%).

Still we observe various groups of CPD behavior: 11% have not been involved in any kind of educational activity and about 10% have no experience in self-education (reading academic journals books, watching videos on general management and on management in health care).

The majority of respondents are ready to pay for their education and the preferred amount of payment is about 1000–3000 UAH for a certificate course in a format of blended learning.

We have offered a list of knowledge and skills so that health care administrators could indicate what they find important or nonimportant, or important and lacking. Health care administrators find finance and accounting, customer service, computers, the English language knowledge important but insufficient. They also feel that they have a lack of skills, especially in systems evaluation, monitoring operations analysis, management of material resources.

”

The results of the survey are applied to design educational products by:

- MED project;
- providers of CPD activities;
- other projects.

The results of the survey are applied to design educational products within the project but also they might be useful to the providers of activities for continuous professional development. The projects that develop educational program for managers (like MED project) can employ the results of the survey to develop learning objectives as well as key knowledge and skills to be enhanced and to define the educational formats.

The results of online survey and its implications in Ukrainian health care and educational context are discussed by the representatives of the key stakeholders – participants of the round table that was organized by the Ukrainian-Swiss Project “Medical Education Development” and conducted in July 2019.

1. context of the MED project's online survey

Since 2013 a lot of changes have been implemented in Ukraine and in health care system in particular. Key legislation on new financing mechanisms and state medical guarantees¹ has been adopted in 2017, and the National Health Service of Ukraine (NHSU) has been established in April 2018 as single national payer to assure universal health coverage. Health care facilities are becoming autonomous (primary health care facilities – in 2018, and secondary and tertiary – in 2019). The primary health care providers are financed based on capitation. Global budget, DRG, fee for service will be applied at specialized and hospital levels.

Ongoing changes in health care system of Ukraine and the increased autonomy of health care institutions rise the demand for more efficient management. Professional managerial skills are required together with the compulsory condition to have managerial education (no less than the master's degree) for managers in the future (starting from January 1, 2022)². Also, all these changes require substantially new qualities of health care managers, including their new competences on strategic planning, financial and human resource management, assuring quality of care. There is a lack of specific training and education of this kind at the moment and a high demand for new programs to be developed. New chief doctors and a newly introduced specialty of “medical manager³” are expected to employ key instruments and principles of management of autonomous health care facility in order to assure accessibility, quality and efficiency of health care services (and also to fit the criteria of National Health Service of Ukraine for obtaining the funding).

¹ Law of Ukraine No.2168-VIII dated October 19, 2017 On state financial guarantees for medical assistance (Про державні фінансові гарантії медичного обслуговування населення).

² Guide of qualification characteristics of professions. Issue 78 “Health Care” (Довідник кваліфікаційних характеристик працівників. Випуск 78 «Охорона здоров'я»).

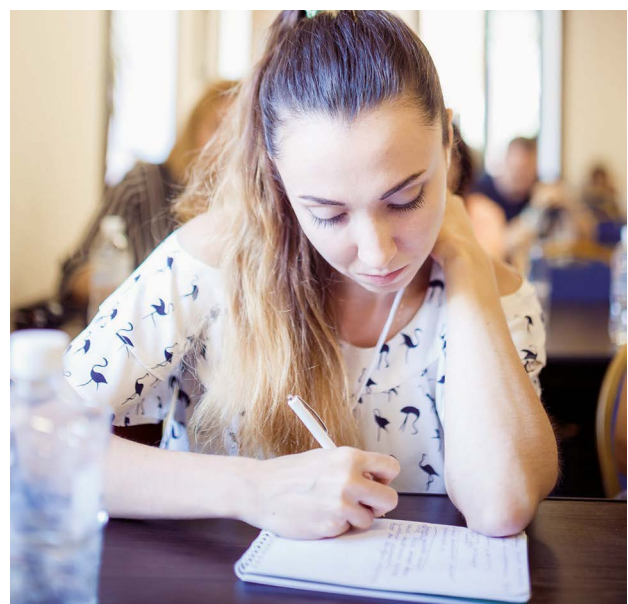
³ Guide of qualification characteristics of professions. Issue 78 “Health Care” (Довідник кваліфікаційних характеристик працівників. Випуск 78 «Охорона здоров'я»).

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Guide of qualification characteristics of professions. Issue 78 “Health Care”

In its turn, this requirement entails further education and training, including development of new programs.

In order to learn from the previous experiences on development of health care management education, to update the knowledge on the current educational landscape and the further progress in health care reform, it is important to know the experience, ideas and opinions of key stakeholders: decision makers, managers themselves, and education providers. To this end, the Ukrainian-Swiss Project “Medical Education Development” has conducted an online survey and discussed its results with stakeholders. The results are described below.



2. research design of online survey

354 RESPONDENTS



AIM:

Researching educational needs and expectations of health care managers in form and context of educational products, and development of management competencies

The aim of the survey is to study educational needs of primary health care managers and their expectations towards the form and content of educational products. Study objectives are as follows:

- (a) to study needs in managerial knowledge and skills and level of their importance to medical doctors-managers;
- (b) to explore the educational products that are available on today's market for medical doctors-managers, the perception of these products and related preferences;
- (c) to reveal the most convenient modalities and forms of studying.

The respondents of the survey include health care administrators who can also serve as medical doctors and hold a management position (e.g. chief doctor, deputy chief, head of department) at the moment of the survey as well as those who are in the "reserve list" for the management position at a primary health care facility.

Online survey has been selected as data collection mode due to the limited time devoted to the data collection. Online survey has been proceeded based on the contact list of the USAID project "Health reform support", National Health Service of Ukraine, and on the requests to participate in the study received via MED's Facebook page.

Overall, we have received 354 responses: 50 from the contacts of the "Health Reform Support" project, 262 – NHSU and 42 – via Facebook. Primary health care facilities comprised 90,4% of all the responses. The number of respondents who hold the position of a manager (general manager, medical manager, chief physician, deputy chief physician, head of department) is 87,8%. The online questionnaire was also filled in by physicians employed as private entrepreneurs (1,7%), physicians holding no managerial positions (8,5%), chief nurses (0,6%), regional departments of health care (1,1%) and a parliamentarian (0,3%).



3. online survey results



SECTIONS

1. KNOWLEDGE AND SKILLS
2. EXTERNAL TRAINING
3. IN-HOUSE TRAINING

A. The experience of health care administrators in health care management trainings

The majority of the health care managers (94%) report their participation in the “external” (out-of-the-organization) trainings such as obligatory specialization courses “Organization and management in health care”; pre-attestation courses “Organization and management in health care” (in case of attestation in 2017-2018); thematic courses “Organization and management in health care”; other trainings, seminars,

conferences, etc. 91% are engaged in self-education to keep up-to-date and to raise the efficiency of their institution by means of reading academic journals, books, watching videos on general management and on management in health care.

In detail, we received the following distribution on the multiple-choice questions “What kind of external training were you sent by your superiors for the last three years?” (Fig.1.) and “What kind of self-education do you engage in?” (Fig.2.):

Fig.1. EXTERNAL TRAININGS ATTENDED BY HEALTH CARE MANAGERS ON REFERRAL FROM THEIR SUPERIORS

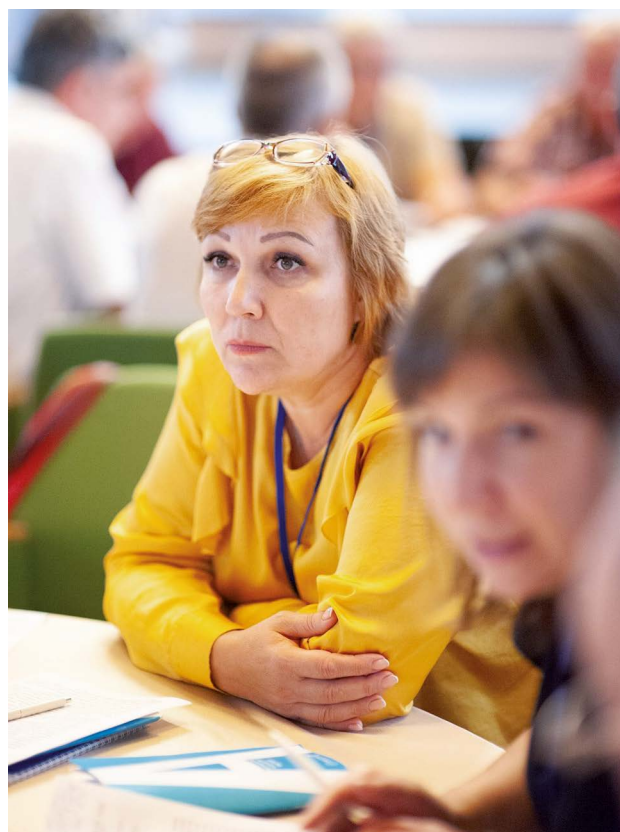
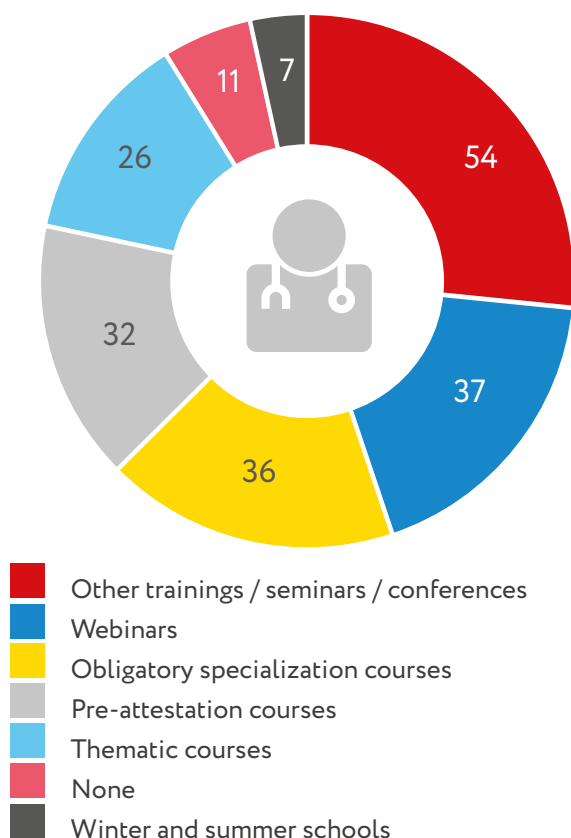


Fig.2. MOST POPULAR SOURCES FOR SELF-EDUCATION ARE:



B. The feedback on the previous educational experience

Health care managers suggest that the content and format of the courses should be “more up-to-date”, i.e. shorter in duration, without leaving workplace, and of non-obligatory nature. In particular, the suggestions are as follows:

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content: more financial and legal issues, more up-to-date information, more information on reform, communications between management and employees; specify the content according to the needs: of primary health care, of secondary, etc., or of general manager, of medical director

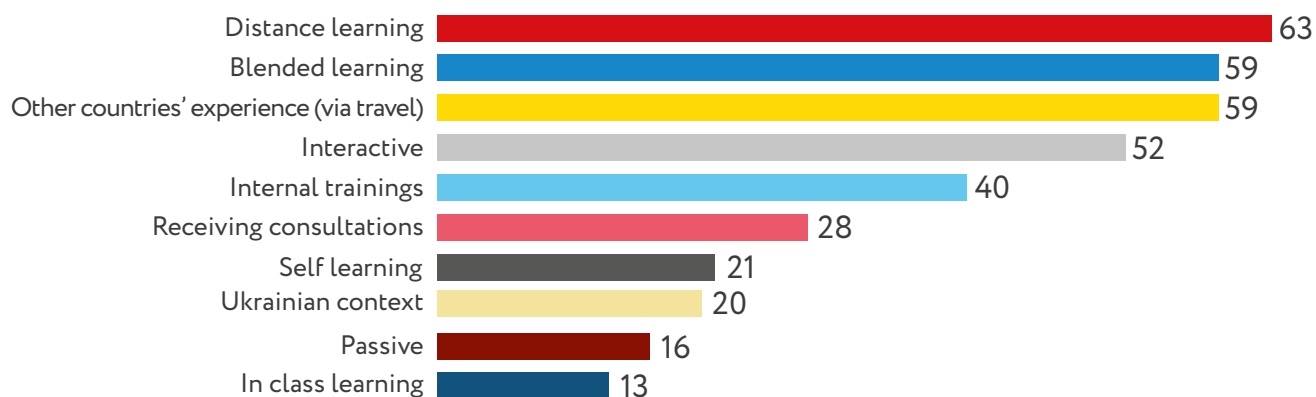
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format: more distance and online learning; more practical issues, practical cases, add internship in Ukraine or abroad, show successful doctors and cases

”

teachers: prominent specialists in reforms and management must conduct the courses

Fig.3. MOST USED SOURCES FOR SELF-EDUCATION ARE, %:



C. Payments for the trainings

The majority of respondents attend managerial educational events on their own initiative (59%), whereas 22% of the managers are asked to join the educational event by the supervisor (Fig.4.).

by the third parties (other than medical institution they work in, e.g. grants from organizers, sponsors, or local authorities), in 25% of cases by the health care facility they work in (Fig.5.).

Despite the previous experience of getting financial support for education, the majority of respondents are ready to pay for a four-week certificate course if the price is within 1000–3000 UAH.

Fig.4. INITIATIVE TO ATTEND EDUCATIONAL EVENTS

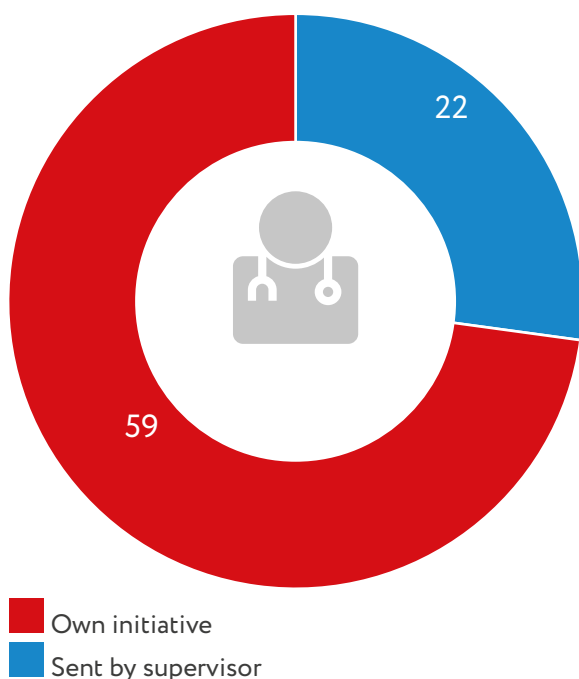
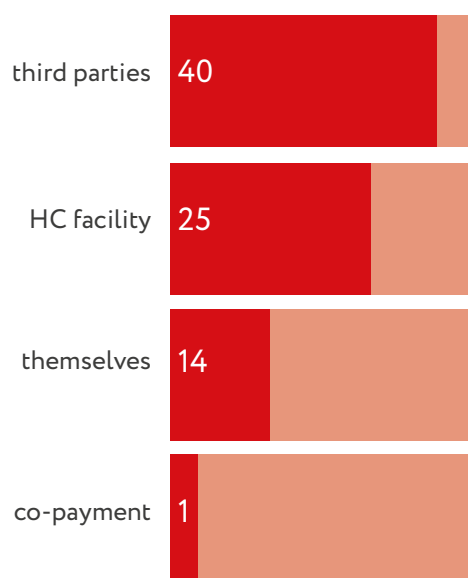


Fig.5. SOURCES OF PAYMENT FOR EDUCATION



Typically, health care managers do not pay for their education: only in 14% of cases they paid for themselves, and in 1% by means of co-payment, while 40% of respondents' education activities were paid

D. In-house education

48% of the respondents have in-house trainings in their health care facility in contrast to 52% who do not have it. For those who have internal trainings, 65% of the trainings are conducted by the health care facility staff and the other 35% by guest trainers. The guest in-house trainings are provided with better assessment by respondents: 85% selected the “useful” answer option (34% very useful and 50% somewhat useful); to compare, 59% find internal health care facility trainers “useful” (9% very useful and 50% somewhat useful).

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What would you like to change in internal trainings?

- to invite guest lecturers more frequently, to have more resources on guest lectures
- to raise awareness of their own personnel (to have highly motivated participants), including involvement of top management

- to conduct the trainings more frequently or have longer trainings
- to change methods, to have interactive trainings, blended learning, individual approach
- to receive more up-to-date information, more practical information
- to have more qualified trainers
- to have more effective trainings
- to have more time for trainings
- to increase personal level of knowledge
- to create system of internal trainings
- to receive more consultations from specialists
- to stimulate financially participation in the trainings



E. Knowledge and skills

The respondents were given the list of knowledge and skills (as formulated by www.onetonline.org but translated into Ukrainian)¹ and were asked to range

them. They had to choose which ones they (a) have and consider important, (b) have and consider not important, (c) do not have and consider important, or (d) do not have and consider not important (Fig.6,7).

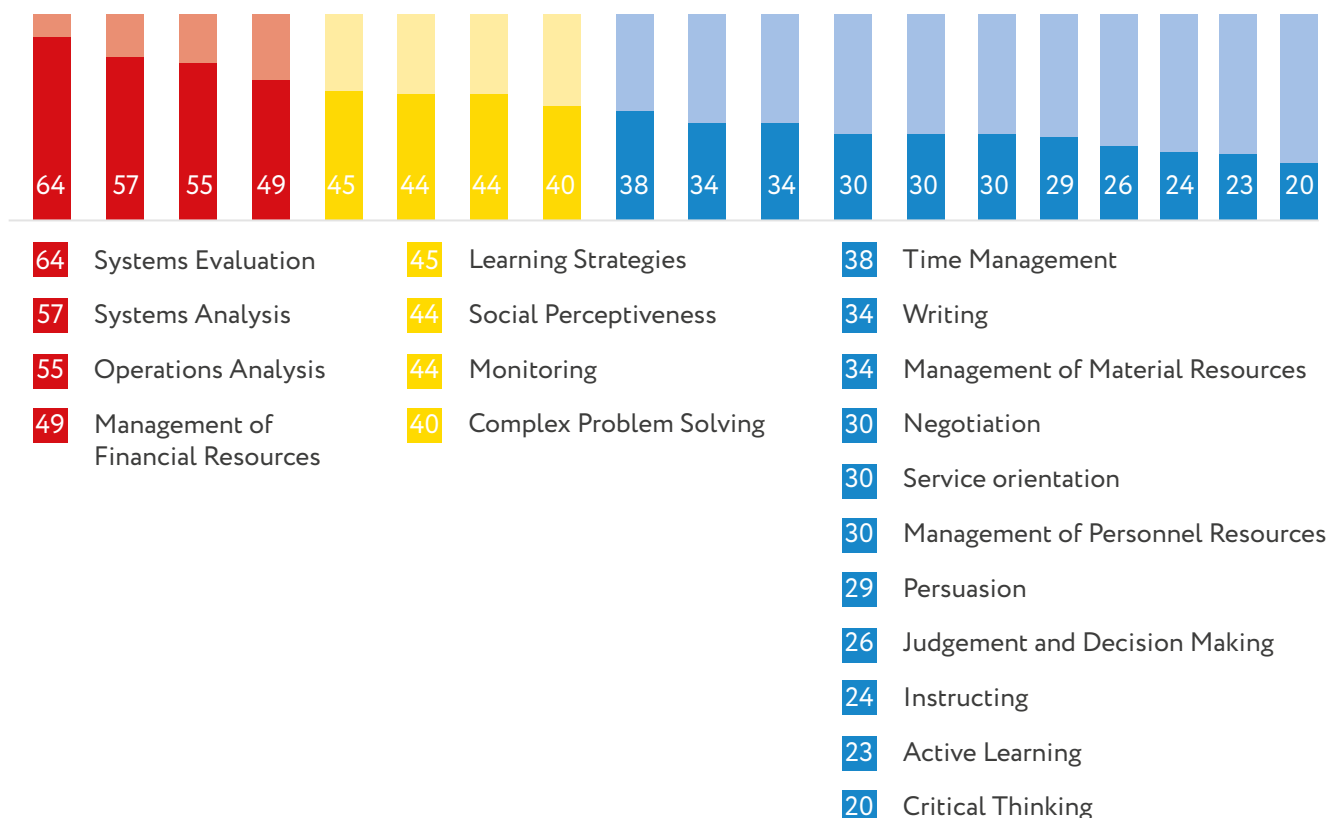
MEDICAL MANAGERS REPORT THE LACK OF SKILLS THE MOST:

- Social Perceptiveness (44%)
- Complex Problem Solving (40%)
- Systems Evaluation (64%)
- Monitoring (44%)
- Operations Analysis (55%)
- Systems Analysis (57%)
- Management of Material Resources (34%)
- Learning Strategies (45%)

MEDICAL MANAGERS REPORT THE LACK OF SKILLS THE LEAST:

- Critical thinking (20%)
- Active learning (23%)
- Instructing (24%)
- Judgement and decision making (26%)
- Persuasion (29%)
- Negotiation (30%)
- Service orientation (30%)
- Writing (34%)

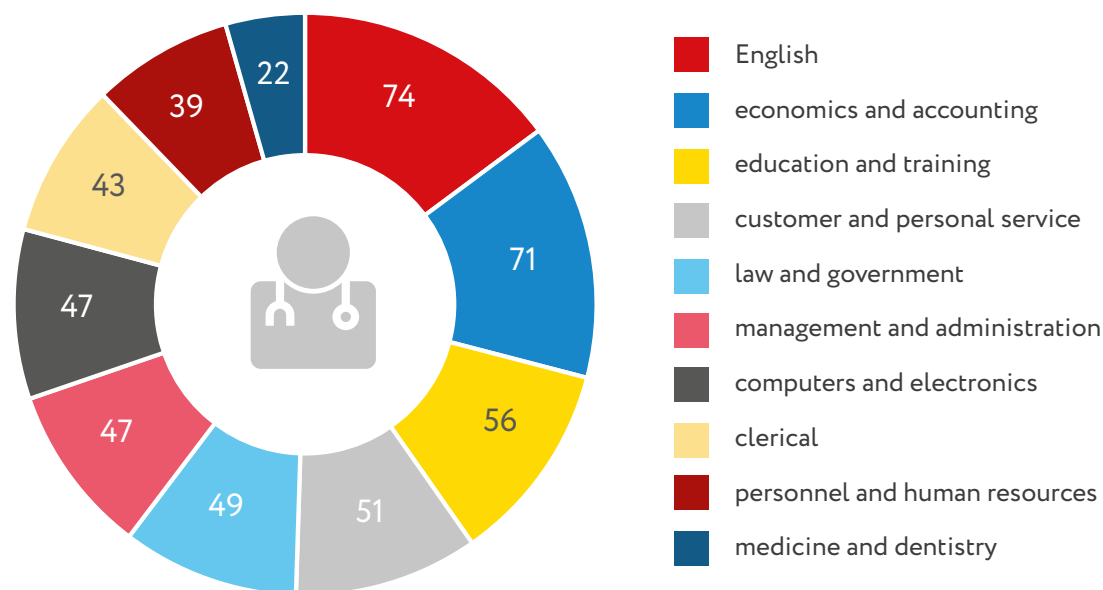
Fig.6. MEDICAL MANAGERS REPORT THE LACK OF THE FOLLOWING SKILLS:



¹ O*NET OnLine has detailed descriptions of the world of work for use by job seekers, workforce development and HR professionals.

Fig.7. MEDICAL MANAGERS REPORT THE LACK OF THE FOLLOWING KNOWLEDGE THE MOST:

- Economics and Accounting (71%)
- Customer and Personal Service (51%)
- Computers and Electronics (47%)
- Law and Government (49%)
- Education and Training (56%)



4. approach to discussion with stakeholders

After online survey data was collected and analyzed, we discussed the survey results with the key stakeholders as well as we obtained the feedback on the concept of educational program on health care management that has been developed within the project.

The following criteria were applied for invitation of relevant stakeholders to the discussion:

(a) experience in creating and conducting short-term and long-term educational programs in health care management in Ukraine;

(b) the relevant position at the governmental body or international organization, project for tuning the program into national priorities and plans, requirements.

At first, in June–July 2019, representatives of the Ukrainian-Swiss Project “Medical Education Development” conducted individual meetings with stakeholders discussing their experience, lessons learned, and ideas in creating and conducting short-term and long-term health care managerial education products. The participants of individual meetings were invited to engage in a group discussion, a round table that took place in Kyiv in mid-July 2019.



5. sustainability of the educational program

lessons to learn and potential challenges

Overall feedback

The majority of the interviewed representatives of stakeholders find results of online survey important and in line with their expectations.

"List of competencies that physicians mentioned as 'important but I don't have it' is not a surprise. These are the general skills any person needs to be a competitor on the market. Another issue is that after they receive these skills they won't work where they worked before. They will use them to leave their jobs and to apply to international projects, etc."

Still the program for primary health care managers requires other content than those for regional health care departments and secondary, inpatient care. Therefore, these results give the understanding of primary health care managers' needs, while other sectors' educational landscape could be different.

Sustainability

Educational initiative on health care management designed within the MED project should be sustainable one after the MED project ends.

Sustainability will depend on the well-developed strategic plan, which includes marketing, educational, and financial components.

To be sustainable, the program should be more general, without too much focus on the very narrow groups of participants and level of service provision (primary, secondary, etc.). Besides, short-term and long-term programs should complement each other for better financial sustainability.

Sustainability is also seen in leadership: teachers and guest speakers of the program should be knowledgeable, well known, and responsive.

Additionally, with regard to the rapidly changing environment, the program on health care management should provide for collaboration with the key policy-makers and policy implementors who have understanding what are the next steps in the system transformation and what is required from managers.

Education on health care management

We identified several health care management programs:

a) short-term programs conducted within different projects by WHO, the World Bank Ukraine, USAID Health Reform Support Deloitte Consulting LLC, Alliance for Public Health;

b) long-term (master) programs – School of Public Health of National University Kyiv-Mohyla Academy, Medical Universities, Post-graduate Medical Academies.

Other managerial (non-health care focused) programs are also taken by the participants of individual meetings – family doctors and chief doctors.

The demand on trainings in health care management is very high. Still participants of the courses have rather vague objectives for their learning experience. Chief physicians are ready to delegate participation in the trainings to their deputies; however, heads themselves are not very active in CPD.

Some health care managers admit the need to gain certain knowledge or skills but they do not have any field to apply them. Nevertheless, successful learning and thus improvement in managerial practices are not possible without application of newly obtained skills and knowledge.

Academic component

Conducive environment (requirements to managers, ongoing reform) and institutional arrangements are the major elements to assure sustainability of the program.

In order to assure academic environment and appropriate standards as well as to organize the education recognized by the Ministry of education, it is important to institutionalize the program at the educational institution.

The teachers should be professionals who are able to inspire. To get closer to the Ukrainian context and ensure comprehension, the foreign trainers may potentially work in partnership with the local teachers.

Innovative approaches

The target group for education product includes professionals, health care managers, those who are advanced in their career and who have practical skills but do not have enough preparation for being managers under the new system. These people are not comfortable with classroom education and want to bring immediately their new knowledge into practice.

The innovative didactics is supposed to offer an interactive format, practical as much as possible, including an online platform with access to materials.

For instance, every week participants would watch short motivational videos (15 min. long) with information that can be instantly introduced into practice.

In addition, a monthly online expert panel with questions from audience would be valuable to help with topical issues. Study tours are definitely an expensive educational opportunity, but it may bring the change in the mindset and become an eye-opener.

Other

Target audience might be subdivided according to the levels. A basic program for everybody and short-term programs differentiated by levels – facility managers, system level, etc.

Nurses could be considered as a part of target audience; thus, the program will enhance teamwork and assure leadership for nursing.

The competences are to be reassessed regularly in order to monitor the changes and needs. In addition, the impact from the program is to be evaluated and analyzed carefully.

6. conclusions and recommendations

We observe a high interest of various stakeholders to the new and sustainable programs on health care management. One of the reasons for this demand is rapid transformation of health care system in Ukraine in 2018–2019. Indeed, policy makers are interested in medical managers who have competences to run autonomous health care facilities. The new educational programs would provide for adequate response to the requirements of the NHSU as well as ensure accessibility, quality, and efficiency of health care services. In parallel to this, health care managers report the need to develop their growth in general and managerial skills in particular.

Health care managers advanced in their career but do not have enough preparation for being managers under the new system are not comfortable with classroom education and want to bring immediately their new knowledge into practice. In this case, the focus on competence-based education and innovative didactics is more important than theoretical teaching.

Self-assessment of knowledge and skills of health care managers shows gaps in competences, primarily such as finance and accounting, customer service, computers, the English language, systems evaluation, monitoring operations analysis, management of material resources, etc. At the same time, the results of self-assessment should not blindly dictate the development of educational program but rather to be taken into the consideration and balanced with policy-makers' expectations, deeper understanding of the context and the goals, priorities of the health care system. In other words, knowledge and skills that were not labeled as important by health care managers might be the ones that require thorough work as well.

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This policy brief gives suggestions to providers of continuing professional development for health care managers. It describes approaches that might be useful to health care managers (chief physicians and heads of departments) who organize internal trainings in their facilities and/or departments.

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Policy makers, in particular those who create statutory framework for continuous professional development (CPD), who regulate the development of CPD, and who formulate the requirements to healthcare managers' competencies, could benefit from this policy brief. It describes attitudes and self-assessment of health care managers, who are the potential participants of CPD trainings towards competences, formats of education and self-education. Additionally, experience and lessons learned of stakeholders involved in development and conduction of educational products for health care managers in Ukraine are highlighted.

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This policy brief will also be useful to the projects and initiatives of the Swiss Agency for Development and Cooperation (SDC) and to other international and national organizations and projects that have in their mandate the development of educational programs for health care managers.

7. information on the project

Ukrainian-Swiss project “Medical education development” is aimed to improve quality of the health care services in Ukraine through strengthening medical education capacities on several levels – undergraduate, internatura (post-graduate specialization), and continuous professional development. The project focuses on primary health care level, meaning that family doctors, i.e. general practitioners, as well as family medicine nurses and managers are defined as key target groups.

The Medical Education Development (MED) project aims to support the reforms in PHC by – among other – strengthening management capacities of the system at the national and regional levels in order to improve performance and to bring more efficient planning, operations, finance, and HR management to the system. The project is funded by the Swiss Agency for Development and Cooperation (SDC).



