Any lessons to learn? Pathways and impasses towards health system resilience in post-pandemic times

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EHPG Meeting

Impacts of COVID-19 in Europe: perspectives from the social sciences

21 May 2021

Introduction

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- COVID-19 turned out to be a stress test for health systems as a whole – not only for hospitals
- Beyond healthcare the role of public health and social care has to be considered
- Hypothesis: health systems' resilience is affected by inherent weaknesses ("bottlenecks")
- "Bottlenecks" = soft spots that typically could be compensated in times of stability but become problematic if health systems are hit by crises
- Research question: *What bottlenecks in their national health systems did Germany, Sweden and the Netherlands encounter in combatting the covid-crisis, how have these bottlenecks been dealt with, and what lessons can we draw from this in terms of health system resilience?*

Health System Resilience: Some conceptual remarks

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- Health System Resilience = a young research concept with a constructive appeal (i.e. systems' capacity to *bounce back*)
- 'Ability to prepare for, manage (absorb, adapt and transform) and learn from shocks' (Thomas et al. 2020, 5)
- Key criticism: simplistic "building back better" rhetoric does not consider structural factors and politics
- Our approach: Connecting health system resilience with institutional theory
- Responses to COVID-19 need to be analysed in the light of health systems' institutional heritage and policy legacies
- A revised concept of resilience allows us to identify health systems' "bottlenecks"

Methods and research approach

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- Empirical study based on **document studies** and **interviews** with regional and national health system experts
- Document studies: reviewing of academic, grey literature and media debates (from March 2020 to May 2021)
- 16 interviews (i.e. Germany 7; the Netherlands 6; Sweden 3) were conducted based on a jointly agreed content guideline; transcribed and analysed by the authors
- Bottleneck identification: 6 bottlenecks, i.e. two for each country, were selected through joint deliberation
- Authors made thick descriptions of country specific bottlenecks that were discussed for analysis

Bottlenecks in the German, Dutch and Swedish health system during the pandemic

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Germany

- Corporatist health system which is regulated at arms' length by state authorities; strong healthcare (i.e. physicians and hospitals) affinity as shown by an impressive number of intensive care beds
- **Bottleneck 1: A neglected and overburdened public health system**
  - COVID-19 crisis required rapid readiness of the public health service in terms of tracing and tracking
  - Traditionally underfunded and understaffed agencies became operational hubs over night
  - Challenges: organizational redevelopment, readjusting of internal workflows, cross-sectoral cooperation
  - Ad-hoc modernization of public health service did not lead to an immediate improvement
- **Bottleneck 2: Inadequate protection of nursing home residents**
  - More than one third of Germany's COVID-19 deaths were nursing home residents (approx. 30,000)
  - Policy failures due to mechanisms of "organized non-responsibility"
  - Nursing homes became sealed facilities; regular inspections have been suspended
  - Intelligent pandemic response plans have been developed, though, could not been implemented in time

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Sweden

- Decentralized administered health system with a tax-based financing structure, and a predominantly public ("solidaristic") provision of care services, typifying a classic social-democratic welfare state.
- **Bottleneck 1: Quality failures within nursing home care**
  - Half of all mortalities in Sweden occurred among nursing home residents
  - Lack of medical competence and personal protective equipment
  - Inadequate collaboration between hospitals and nursing homes
  - Ad-hoc policies to strengthen collaboration between regions and municipalities
- **Bottleneck 2: Failing upsurge of test facilities**
  - Insufficient testing capacities due to organisational mismanagement
  - Failed testing strategy (i.e. focus of vulnerable groups)
  - Unclear division of responsibilities between the national and regional levels (with regard to reimbursement guarantees)
  - Vague national guidelines concerning implementation of testing strategy

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The Netherlands

- Social health insurance system that has moved into a layered system of financing, organizing and providing healthcare. Although its corporatist nature of is still visible, the Dutch health system has gone through major reforms of decentralization and marketization in the past 25 years.
- **Bottleneck 1: Searching for hospital beds**
  - Shortage of hospital beds and nurse capacity
  - Mixed strategy approach to upscale hospital bed capacities
  - Redistribution of non-COVID patients become a cornerstone of collective action
  - Invention of new care approaches (e.g. in cooperation with other sectors)
- **Bottleneck 2: Testing capacities**
  - Testing system was mainly connected to hospitals and GP practices
  - Expert-based testing infrastructure, reliant on one pharmaceutical company
  - Lack of coordination: testing was controlled through the regional public health organizations
  - Large-scale testing and tracing failed due to poorly organized contact tracing
  - Temporary solution by bypassing existing infrastructure through private arrangements

Discussion: from Bottlenecks to Resilience

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- Health systems' crisis response varied from sector to sector; system-specific bottlenecks became visible
  - Germany, Sweden and the Netherlands had severe problems to protect nursing home residents
  - Public health sector: an appendix to health systems

- bottleneck management under stress is a complex and difficult endeavour
  - Ad-hoc policies resemble attempts "to repair a ship at sea"
  - Bottlenecks' institutional causes withstand a simplistic "recovery and learning" thinking

- Bottleneck treatment has to move beyond the 'science of muddling through' (Lindblom 1959)
  - Need for system integration improvement
  - Bumpy road: from bottleneck identification to health system renewal