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Interview: Prof. Hans-Joachim Schubert

Interviewee

Prof. Hans-Joachim Schubert

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Prof. Hans-Joachim Schubert, General Director of Centre Hospitalier du Nord and President of the Luxembourg Scientific Committee played a key role in the development of the 2013 congress programme. He also very aptly summed up the main points from the congress in his closing remarks. Managing Editor Lee Campbell spoke to Prof. Schubert to delve a little further into his insights.

Was "Hospital Management in Times of Crisis: Constraints, Challenges and Opportunities" a difficult theme to develop?

No, absolutely not. It was a natural theme to develop because we have been faced with these issues and necessary changes for many years now. In my opinion, the financial crisis has only accelerated the change in dynamics and the pressure to innovate.

You mentioned in your closing remarks that you were inspired by the congress. What did you find the most inspiring and why?

It was inspiring for me to hear and to experience that the situations in many European countries are quite similar. It was an opportunity to learn from those countries that have already finished the first enormous steps in reorganising their healthcare system and especially their concepts of the hospital and medicine. It was also inspiring to hear about the huge potential of innovative cooperation solutions between different "players" in the healthcare system and the opportunities for new information-, pharmaceutical- and mediatechnological solutions.

Could you summarise the main constraints, challenges and opportunities for hospital management highlighted during the congress?

In terms of constraints, it is clear that current financial resources and the rigidity or resistance of established systems are affecting healthcare and hospital management in particular. There is also an issue with the power of those who profit most from the traditional system.

The main challenges highlighted during the congress were the ageing population with multiple and chronic diseases; better informed patients with higher expectations; and intense competition between hospitals in some countries.

Opportunities are arising in terms of innovations in information technology. There are also new diagnostic and therapeutic options as a consequence of pharmacological and medico-technological innovations.

Advances in medical technology and other innovations hold many attractive opportunities for hospitals. However, do you think there is a danger that we are rushing in to new technologies and innovations without being aware of the long-term effects?

On the whole I am more optimistic about innovations and the opportunities they can bring in terms of efficiency, safety and quality in healthcare. However, there are definitely risks in terms of the security of patient related information and data. I do think we should be aware of profit-driven pseudo-innovations that provide little or no patient-value.

It was clear from many of the presentations that flexibility is becoming more and more important. How can hospitals and hospital managers become more flexible in their approach?

This is a difficult question and I don't think there is a fast and general "one-size-fitsall" solution. Flexibility as characteristic of an organisation or a person depends on security and self-awareness. It takes time to make changes in an organisational culture and this must start from the top with its most prominent members. An important prerequisite is the right incentives for change and also the necessary political and institutional support.

One key theme from the congress was the importance of putting patients at the centre of healthcare. You talked about living up to the expectations and challenges of our patients. Could you expand on this?

Limited public resources, a growing competitiveness and better-informed patients with higher expectations force us to become more patient-oriented. As patients become more informed and demand more from their care providers we have no choice but to transform into patient-oriented and effective care environments without compromises. This patient-focused approach is underlined in the new EAHM work model IMPO, which was formally accepted at the congress.

You mentioned that in the past, when hospital managers got together they asked each other how many beds they had. Is this changing and why?

Yes it is changing. I think this change is happening for two reasons. The first is the change in paying systems and the second is the increased possibility to treat patients outside of the hospital in other care environments.

The next step will be to focus on how many patients are treated and the mean casemix index. My vision for the future is that we will focus on how many patients are treated and the mean patient-value-index.

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