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## UNIVERSITY PARTNERSHIP PROJECT IN HEALTH SERVICES MANAGEMENT EDUCATION - DRIVING FORCE BEHIND THE DEVELOPMENT OF EDUCATIONAL NETWORK IN THE CZECH REPUBLIC

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### Summary

*The Czech health care system has been completely redesigned within the last 7-year period. There are many issues involved, which should be solved in the following months and years. One of the most serious is the lack of professional managers with a good knowledge of managerial science, practical skills and a thorough understanding of economics, particularly middle level managers. To help fill this gap, two partnerships between US and Czech universities have been established. Attention has been focused mainly on curriculum development and finalisation, information resources, and faculty development. In spite of the very short time period (less than 2 years) the partners achieved their goals and the curricula have been put into practice. The real test of the whole project and its consequences will be the first graduates who started their training in spring 1996 and autumn 1997.*

*A very important consequence is also the sustainability of the project, which is ensured by a new project funded by the Internal Grant Agency of the Czech Ministry of Health and supported by the Ministry of Education. The original idea of the new project is to extend the former two-sided co-operation and to create a network of educational institutions in health care management in the Czech Republic.*

KEY WORDS: Health management education; Networking; University partnership.

Health systems are strongly influenced by the underlying norms and values of the broader society within which they function. Health care services, like other human service systems, are mirrors that reflect the deeply rooted social and cultural expectation of the citizenry as a whole. These fundamental values, while generated outside the formal structure of the health system, often define the system's overall character and performance. Apart from health concerns and increasing costs, there are also structural and organisational challenges in how countries finance and deliver health services. Several factors have played a key role in creating obstacles to health sector change.

Choosing the most appropriate timing for reform, such as when there are specific circumstances that favour change, is a key determinant of success. Financial sustainability is also critical in implementing reform, as economic recession has often been a major constraint. One key factor in the sustainability of reform is technical capability. Perhaps the most important factors affecting policy implementation are political will and leadership. Strong political will is a necessary precondition for a major health sector reform.

In the wake of political turmoil and the Velvet Revolution the Czech health care system became one of the crucial areas of change. The old system

based on central taxation and health for all „free of charge,“ may have many weaknesses, but it also had a few strengths. We must mention among other things an almost 100 % coverage of the population in immunisation programmes, one of the best reporting systems of communicable diseases in the world and an excellent standard of childcare. Nevertheless it was a mostly political decision to redesign the system completely, particularly its financing. There has never been an ideal or fully operational health care system in the world up to now. However, there are certain models and many outstanding features that can be implemented in the system we create. Many possibilities were considered but the most favourable seemed to be the German method of mandatory insurance with reimbursement of health services (fee for service). As the reformers explained the main reasons for these changes were the necessity to monitor the volume of services and to improve the quality of care.

The Czech health care system is going through important stages of transformation, which require leaders not only with a good medical background, but even more essential, with professional managerial knowledge, skills and a balanced approach to an environment more in tune with economic realities.

After years of internal and external efforts to focus attention on the importance of management education in the health care system, it has been grudgingly acknowledged that managers are necessary at the highest levels of the health care system.

However, it is rarely recognised that this need extends beyond that. The health care system of the Czech Republic suffers from a remarkable lack of well-educated managers particularly on a middle level. This requirement has been denied for a long time, or else it has been only met (with exception of the School of Public Health programmes) by a couple of short-term courses in the form of continuing education.

### **History of education in health care management in the Czech Republic**

The Czech Republic is one of the countries where it was traditional to have physicians on top as well as on middle managerial positions and even nowadays, in spite of increasing numbers of professional managers-non-physicians, the ratio of physicians is still much higher than, e.g., in the UK. There was no special system of training and because of the above-mentioned majority of physicians the qualification was based on the Degree in Social Medicine and Health Care Organisation till 1992. The training was designed in similar ways to all the other specialities like internal

medicine, surgery, epidemiology, etc. This degree was required for certain positions and non-physicians were handicapped. The Postgraduate Medical School was the only body that was authorised to give this type of education. This first stage was followed by the second period with the increasing activities of the Medical Schools. The reasons for the movement could be seen very clearly: i.e. the declared lack of middle level managers, but the driving force in reality was more prosaic. The medical schools at that time were under threat because of their numbers. Policy makers discussed whether we had in fact too many physicians, and how the numbers might be reduced. One of the possible solutions was to cut the numbers of the medical schools. These schools therefore tried to find an other field to justify their existence. Mostly 3-4 year bachelor's programmes were offered to nurses. The original idea was biased towards nursing and management, which were the basic two directions. However, the weaknesses of such an approach appeared a few years later. The medical schools were able to prepare an excellent nursing programme, but the managerial subjects were too weakly represented suffering from a lack of appropriate coverage of purely managerial subjects. Nursing programmes predominated and managerial programmes almost disappeared. Different health-managerial programmes like the Economics of Public Services, General Management, etc. were established in various universities in the third stage between 1995-1996. The University of Ostrava attempted unsuccessfully to accredit a 5-year master-level programme in health service management in the same period. Nevertheless a national long-term conception was still missing.

### **Health Management Education Partnership**

This was the reason for the creation of new health management education partnerships between the Czech and US universities, with the assistance of the American International Health Alliance (AIHA) and the US Agency for International Development (USAID). The main partners in the Bohemia/Nevada partnership are the Faculty of Management and Information Technology of the University of Education in Hradec Kralove and the Faculty of Management of the South-Bohemian University in Jindrichuv Hradec with the University of Nevada, the School of Medicine, Reno, and the Las Vegas Department of Health Care Administration, which are strongly supported by their associate partners (Purkyne Military Medical Academy, Hradec Kralove; Medical School, Charles University, Hradec Kralove; Pharmaceutical Faculty, Charles University, Hradec Kralove; School of Public Health, Postgraduate Medical School, Prague; University

Hospital, Hradec Kralove; Faculty of Health and Social Care, South Bohemia University, Ceske Budejovice). The second partnership comprises the Medical School in Olomouc and Virginia Commonwealth University. The main goal of the project was to fill the widening gap between the needs of health management education and its actual situation. New teaching programmes and curricula have been developed with the help of our very supportive, helpful, and creative US colleagues. The curricula were delivered in both traditional degree programmes at the graduate and undergraduate levels as well as in non-traditional formats such as short courses, distance education and workshops. Partners formulated the following specific objectives at the beginning of the Partnership:

- To develop basic resource centres in partner institutions to support the educational needs of the faculty and students, including a dedicated space for computers, laser printers, faxes, copier machines and audio-visual equipment. Libraries should also play a key role with the latest books, texts, journals and CD-ROMs. This idea was later on completed by „Smart classrooms“ equipped with multimedia technologies. The optimal use of these technologies and the sustainability of the project were stressed.
- To identify and develop faculty members who have management interests and the capability of becoming teachers of health service management, including dedicated full-time teachers and part-time instructors from the University and/or the practice community through different pedagogical workshops, curriculum workshops, leadership training and faculty and practitioners exchanges.
- To increase skills in teaching methods and techniques of management education, such as experiential learning, games and didactic and Socratic methods. Special attention was paid to the development of national case studies. Internet was introduced as a powerful tool and various access opportunities to the world as well as to local databases were offered.
- To develop educational materials that progress stage by stage for use in our country in health service management programmes.
- To implement teleconferencing as a very powerful tool for two-way communication between faculty and students in all possible combinations. The system is technically provided through satellite senders and receivers, large-screen TV sets and video cameras. An alternative possibility to satellite transmission is link up with the help of Internet, although the recent cable connection is quite insufficient and requires substantial strengthening in the sense of increasing capacity to long-distance signal transmission in the Czech Republic. At the moment we are at the preparation stage. Teleconferences are

scheduled for a period of approximately three years. The partners have prepared a list of topics and distinguished speakers. Based on this list various topics are put in different programmes and educational forms. The main problem - the time shift has been already solved in spite of a 10-hour difference. Our US partners will start at 7 a.m., which is 5 p.m. in our country (Paterson, 1997).

The partners and AIHA did their utmost to attain their goals, and thank to that very fruitful cooperation the first courses and bachelor programmes have been running since spring 1996 despite the very tight time schedule (the Partnership began in January 1996). More than 70 Czech health professionals are now enrolled in these new managerial programmes. The Czech Republic-US partnerships are continuing to perfect curricula and teaching methods through September 1997, when they are due to graduate. However, the process of perfecting the curricula is open and we all are expected to continue even beyond an official graduation.

### Curricula preparation

New curricula were discussed for a long time. Each university has its own special conditions and it is not possible to adopt general curricula everywhere. The important issue was quality of staff and local specifications. Completely new curricula were developed in Olomouc and in Jindrichuv Hradec. The School of Public Health in Prague and the universities in Hradec Kralove prepared curricula by means of ongoing programmes. Purkyne Military Medical Academy has already accredited Bachelor's programme for military health service managers, the Faculty of Management and Information Technologies in Hradec Kralove can offer a broad spectrum of managerial programmes, and the School of Public Health in Prague deals with many courses for hospital administrators and top level health care managers. Just for illustration we would like to explain our philosophy by which the curriculum for the new Bachelor's programme was developed in Hradec Kralove. The course is assembled from 2/3 general managerial subjects such as macro- and microeconomics, personal management, statistics, English language, accounting, operational management and strategic planning, etc. The remaining 1/3 consists of special health subjects, i.e. Health care systems, Epidemiology, Statistics and informatics in health care, Management of health care facilities, Health legislation, Determinants of health status, Essentials of public health, Health policy, Health care financing, Primary, secondary and tertiary health care management and project preparation.



### **New project of network of educational institutions in health care management**

Although at the beginning relations with the Czech Ministry of Health were rather cool; the Partnership seems to be a real driving force not only for co-operation among various institutions but also with the Ministry of Health. The Czech partners prepared a project which is broadening the original idea of two-sided co-operation and the main goal is to establish a network among single workplaces with mutual exchange of knowledge and experience. Comparable teaching programmes and curricula will also be created. The grant was submitted for approval at the Internal Grant Agency of the Ministry and against very strong competition was successfully accepted for funding as the largest educational grant in commission No. 13 for Health care and policy.

The aim of the project is to use already allocated resources pragmatically. Resource centres established and almost fully equipped according to the Partnership's model will serve as basic resource centres also for the Project of networked educational facilities in health management. Access to US information databases, pedagogical staff development through intensive exchange programmes and teleconferences, and various interactive educational programmes by satellite are the other key issues on which the new network will be based. The non-written policy of the Ministry is to restrict investments on a basic level, however, other non-investment resources were provided - about 70,000 USD for a three year period - for balancing the different entrance levels of the universities involved.

The entire project is aimed at educational institutions that will act gradually according to the demands of time. They will prepare balanced broadly educated experts with stress on the middle level in the initial phase of the project, but in the future on the top level as well. The system should create a comparable product - a manager, who has all over the Republic a similar standard, and at the same time the institutions would serve as educational and consulting centres.

The formation of a network of educational institutions, evenly spread across the Czech Republic region, fulfils all these requirements. Recent experience with manager training shows that the topic is becoming a very fashionable one, sometimes at quite incomparable levels. Many educational institutions have only accredited this capitation for GPs and DRG for hospitals. The ratio of acute and social beds will decrease also. It has been decided to cut back on whole hospitals rather than on beds or wards. The reasons are branch to already existing branches of study and the single programmes are varying from purely managerial courses of a general type, with one or two health

subjects, to nursing-medical programmes with a minimal proportion of economic and managerial topics. Only a scheme comprising the same units of progress, and the adaptation of these programmes on an agreed basic level can bring the best result in the future.

The programmes are based mainly on a credit system by means of single modules. This system enables the use of external teachers from the other centres to the block education. This way should secure high standard in all the centres.

Since September 1, 1997, an education at bachelor level has started, i.e. 3year programme for middle management with the intention of widening the programmes to master level according to continuously monitored marketing needs. The bachelor programmes will be organised mostly in consultative form always for 1 week a month. Short graduate courses not only for the middle but also for the top level will run at the same time to provide up to date information and knowledge. The centres will serve as information and consultation units for the specialised public, too. These courses were opened during 1997.

Although the grant represents only the beginning of a long process, the support of the Ministries of Health and Education and the co-operation of all partners - achieved through the success of the health management education partnerships - are the key building blocks of our future success. The best proof of the new reality are the words of Dr. Petr Struk (Director for education and research, Ministry of Health): „We understand very well the key role of health manager education for the future stability and development of the health care system in the Czech Republic. A network of such educational facilities will be the best way to ensure this aim.“

This support is really essential, because all the programmes should be accredited according to our new law for education. We hope that the national network of educational institutions will be also the first step towards the successful accreditation of single programmes and institutions.

The Czech health care system is at a turning point and we can expect rapid and essential changes within a few months. Fee for service have greatly improved the quality of our care, but the system is too costly and it is not efficient enough to increase further the percentage of GDP devoted to health care. Policy makers are trying to improve the incentives for saving resources inside the system. The number of services should be substantially reduced in the newly introduced combined system by cutting fixed costs. Such fundamental changes, however, can also bring uncertainty and instability. We do not expect that our graduates will change the whole system immediately: this will be a very long process. What will be the biggest satisfaction and the greatest value of the project for us, however, is the highly skilled and educated manager who is

able to react appropriately to a changing and challenging environment.

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