



Health Futures Planning 1

Introduction to Health Futures Planning

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Why Health Futures Planning?

- Health and care needs and possibilities will change dramatically over 15-25 years but:
 - People we recruit and train will still be around
 - Facilities we build will still be there
 - Decisions we take now will affect health and care then.
- You cannot forecast all possible changes
- But you can prepare for change and
- Rethink current policy directions



Health Futures Planning Focus

- Health systems issues, national or regional, e. g. the future of WHO Euro or
- Disease specific issues, e.g. sexual health or
- Trend specific issues e.g. knowledge management and sharing or
- Can address service delivery patterns in local area e. g. New South Wales Health

Examples:

- See the examples of health futures strategies at
 - AIDS in Africa Scenarios for the Future UNAIDS 2005
<http://aidsscenarios.unaids.org/scenarios/default.asp?Chan=C107>
 - Future role and functions of WHO Euro. These scenarios include links to many other sources.

Futures Planning vs 5 Yr Planning

- Futures plan fundamentally different to a 5 yr plan
- Futures planning considers long term possibilities
- 5 yr strategic planning projects current needs
- 5 yr plan may forecast how many beds are needed
- A futures plan considers if you need hospital beds or some other form of provision
- Futures planning provides context decisions on
 - Actions now to prepare for long term change
 - Issues to be monitored
 - Rethinking values and operating principles

The Elephant in the Corner

- The objective is not to ignore current policy issues but to address them in a different way
 - How important are they in the long term?
 - What alternatives exist if we think beyond current constraints?
 - How can we get everyone in the team to accept the need for long term change?
- Scenarios are only a starting point for the difficult task of developing solutions for long term problems.
- Different scenarios often point to the need to address the same basic issues.
- They reveal the elephant in the corner – the big problem we ignore because there is no easy answer

The Cycle of Health Futures Planning

- Current objectives, policies and values are the start
- Long term trends are examined:
 - economy, society, technology and medicine.
- Uncertainties are identified which lead to alternate futures
- Break points when the consequences of trends become
 - Unacceptable to patients impossible to staff, unworkable
- This will require the adoption of new operating principles
 - New ways of working different ways of addressing issues
- Review and restate values and operating principles
- Work out broad cost to test affordability
- Leading to new partnerships for:
 - consultation
 - research and
 - policy direction

Trends and Uncertainties

- What are the main trends and uncertainties affecting health
 - The economy –growth or decline, stability or volatility, energy prices
 - Social trends – family and community structure, values and beliefs
 - Patient expectations – consumers or co-producers of health
 - Medical discovery – genetics, stem cell, nanotechnology
 - Information and communications technology
 - Other factors
 - Behaviour - smoking, diet, activity, alcohol, sex and drugs
 - Mortality – life expectancy e.g. what will be the impact of obesity
 - Morbidity – bop till we drop, or longer infirmity, what sort of diseases
 - Disease prevalence – mental illness, CVD, diabetes etc
 - Global pandemics – avian flu, TB, HIV/AIDS, new threats
 - Medical and care staffing e.g. what will happen to informal carers
 - Ethics and values for health e.g. as marginal benefit of expenditure on healthcare falls will we still see it as a social good
 - And others

Uncertainties

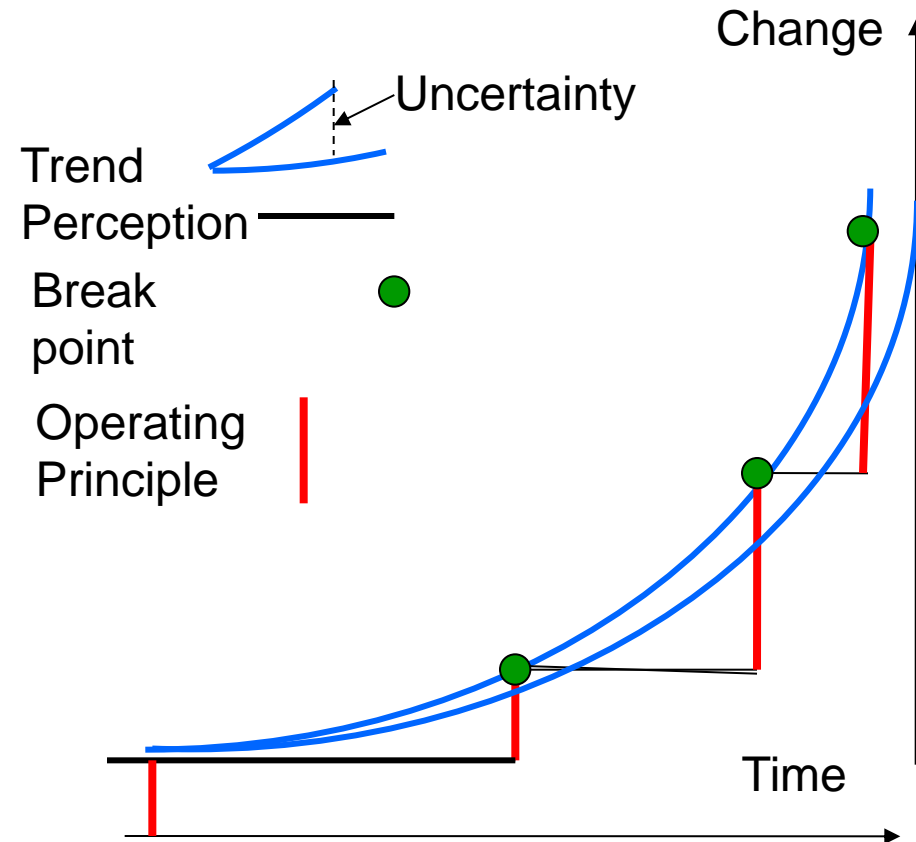
- Uncertainties can be thought of as forks in the road to the future, as examples:
 - The economy could prosper or decline
 - A cure for skin cancer may be developed
- Uncertainties may also relate to time scales:
 - When will it be possible to deliver treatment based on genetic information about patients.
 - When will the next global flu pandemic arise
- For the purpose of scenario planning you have to make a clear assumption.
 - E. g. That genetic testing and based therapy will be generally available through GPs by 2015

Break points

- Break points arise when a continuation of current approaches is seen to be untenable
- You need to identify a point at which it would be clear that a new approach would be required:
 - E. g. When it becomes impossible to recruit staff, or when health costs rise beyond affordable levels or consumers no longer accept the service offered
 - What will signal the need for a new approach, when?
- Seeing the need to change operating principles in future may lead to a decision to change now!

Trends, uncertainties, break points and operating principles

- Trends are often continuous
- But we hold on to ways of seeing the world
- Looking far enough into the future to recognise uncertainties
- Helps identify break points at which we must change
- Verticals in diagram are what Kuhn called paradigm shifts, new approaches to issues or “Operating Principles”





Examples: Trends over the next 20 years

- Ageing
- Changing profiles of illness and wellness
- Social disadvantage
- Social engagement with health
- The economy and health economy
- Technology and uptake for health
- Staffing and skills for health
- Government and private sector roles and responsibilities

For each of these issues we can identify

- **Key trends**

- The directions in which things are heading

- **Key uncertainties**

- Different possibilities
- Which could lead to alternative futures



- **Break points** when continuation of current response may be

- Unaffordable
- Unacceptable
- Unfeasible

- **New operating principles**

- Different approaches to
- The way we do things

Note to Course Leaders

- The following pages include examples of different trends, uncertainties, breakpoints and operating principles
- There are too many to discuss as one group so
- Either select some examples for whole group discussion or
- Use break out groups to discuss say one or two trend areas each
- Depending on timescale you may wish simply to ask the group to review these slides or
- You may ask them to think through trends, uncertainties, breakpoints and operating principles from a blank sheet of paper.
- You could also ask participants to look for data on current trends as preparation for the training session
- You should encourage different thoughts on trends, uncertainties breakpoints and operating principles remember
- There are many different futures the exercise is to think about the range of likely and possible futures not to try to predict accurately.

Ageing

Examples of trends and uncertainties:

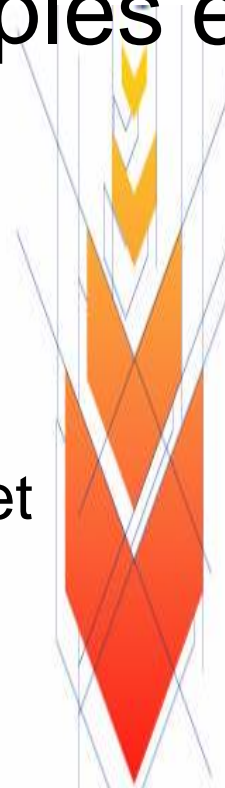
Trends:

- Number of people over 80 will double
- We will have more fit elderly people but
- Years lived with infirmity is increasing

Uncertainties

- Will we achieve compression of morbidity?
- Will informal care decline??

Ageing - uncertainties, breakpoints and operating principles e.g.



■ Key uncertainties

- Will informal care reduced by 20%
- Will demand for integrated care be met by current system

■ Break points

- When we run out of capacity to provide care for people with physical and mental infirmity

■ New operating principles

- Support for community and family based care and self care
- Voluntary sector paid care the norm



Changing profiles of illness/wellness

Trends

- Increased survival rates for CVD, cancers
- Increasing obesity levels
- Increase in type 2 diabetes
- Increasing rates of mental illness

Uncertainties

- Cures for obesity related diseases
- New and re-emergent global diseases

Pattern of illness/wellness-uncertainties, breakpoints and operating principles e.g.



■ Key uncertainties

- Will obesity reduce life expectancy by 7 yrs for 35% of population
- Will deaths from cancer reduce drastically
- When will there be a global flu pandemic?

■ Break points

- When % of obese children doubles
- When 5 year death rates halve
- When pandemic hits

■ New operating principles

- Hold food companies responsible
- Community based cancer care
- Resilient system for emergencies

Social disadvantage

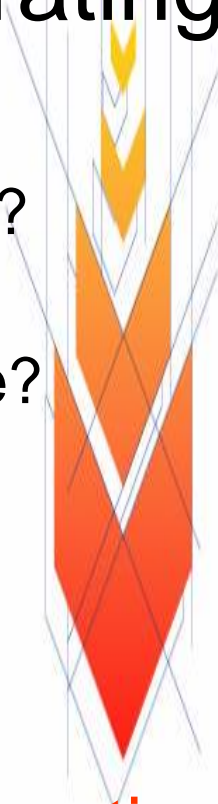
Trends

- Increasing income and health differentials
- Increasing numbers of single parents
- Increasing numbers of elderly living alone
- Increased social and cultural diversity
- Spreading areas of multiple deprivation

Uncertainties

- Decline or re-emergence of the family?
- Will communities care?
- Is health treated as a human right?

Social disadvantage - uncertainties, breakpoints, operating principles e.g.



■ Key uncertainties

- Will families strengthen?
- Can a social contract based on equity survive?
- Is health accepted as a human right?

■ Break points

- When families fail
- When community violence happens

■ New operating principles

- Equity/ human rights based approach
- Whole community approach

Social engagement with health

Trends

- Growing consumerism in health
- Growth of patient and self help groups
- More public participation

Uncertainties

- Occupational health as good economics?
- Stronger social marketing for health?
- Personal responsibility for health or not?

Social engagement - uncertainties, breakpoints, operating principles e.g.

■ Key uncertainties

- Will people choose to take responsibility for their health?
- Will employers and producers accept responsibilities for health?

■ New operating principles

- New models of community development and social engagement for health
- New approaches to social marketing

■ Break points

- When just treating illness is unaffordable
- When corporations are held to account for their health impact



Economy

Trends

Decades	High	Baseline	Low
2000s	3.2%	3.1%	2.9%
2010s	2.6%	2.3%	1.8%
2020s	2.2%	2.0%	1.4%
2030s	2.1%	1.9%	1.3%

Uncertainties

- Global recession/ warming/ pandemics?
- Competition with India, China and everyone?
- What price will oil reach?

Health economy – e.g. of trends

■ Increase in health spend in real terms

- Average 3.4% p.a. 1991- 2001
- Slowest 2.8% p.a. 1992 - 1997
- Fastest 4.1% p.a. 1997 - 2001

■ Reasons for health expenditure ?

- Health and wealth
- Population increase
- Ageing
- Medical technology
- Minus increase in efficiency

■ Key uncertainty:

- What rate of health spend increase is affordable?

Economic – uncertainties, breakpoints and operating principles e.g.

■ Key uncertainties

- What is affordable?
- Will prosperity continue?
- What will oil cost?

■ Break points

- If states or federal govt cannot support health expenditure
- When oil prices force us to change the way we live and deliver health

■ New operating principles?

- Rationing of health resources
- Self care the norm
- Drive to improve efficiency



Technology

Trends

- **Discoveries in genetics and stem cell research**
 - New prevention and cure potential,
 - Personalised medicines
- **Miniaturisation brings near patient diagnostics**
- **Broadband television health advice and services**
- **E-health supports integrated patient care**
 - Evidence based health and medicine
 - And major efficiency gains.

Uncertainties:

- **Will we be able to change working methods?**
- **Timing /extent of discovery and development?**

Technology - uncertainties, breakpoints and operating principles e.g.

■ Key uncertainties

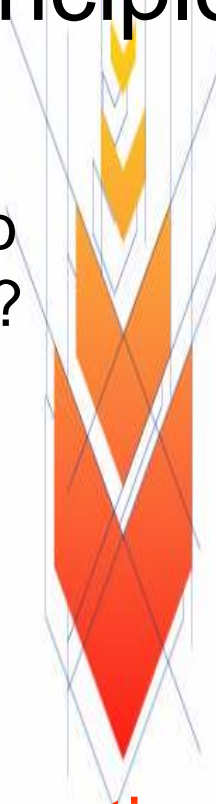
- When genetics leads to personalised medicine?
- When I&CT delivers significant value and time savings?

■ Break points

- When what is possible is not affordable
- When doctors cannot keep pace with technical advances

■ New operating principles

- Evidence based telemedicine
- Citizen owned health records
- New ethics of genetics



Staffing and skills - Current crisis e.g.

- Increasing shortage of health personnel
 - nurses, doctors, pharmacist, allied professionals
- Training targets not being met
- Problems in serving remote areas
- Need for new multidisciplinary team approaches
- But not able to attract and retain staff

Informal care – coming crisis e.g.

- Numbers needing care is increasing rapidly
 - Ageing population
 - Medical advances
 - Trends in burden of disease especially mental disorders
- Number of informal carers is decreasing
 - Ageing
 - Breakdown of family structures
- Will leave a very large burden of chronic care
- Current focus is still on acute not chronic needs
- Urgent need for
 - New skills, new staff and new approach to care

Staffing and skills-uncertainties, break points and operating principles e.g.

■ Key uncertainties

- Will professional boundaries change?
- Will international recruitment be considered unethical?

■ Break points

- When it is impossible to replace current staff
- When lack of informal care leads to crisis for health services

■ New operating principles

- New ways of working using technology and paramedical staff
- Community based care solutions



Government/private sector roles—e.g.

■ Role of Commonwealth and State

- Commonwealth: MBS, PBS, Aged Care, Rebates, Vets**
- State: Public hospitals, ambulances, prisons, community**

■ Commonwealth spend increasing faster than State

■ Private hospital capacity is increasing

■ Private insurance increased with LTHC but has been on a slow downward trend

■ Key uncertainty:

- Will federal, state and private sector roles continue?**

Governance - uncertainties, breakpoints and operating principles e.g.

■ Key uncertainties

- Will pooled funding arrangements be introduced?



■ Break points

- Breakdown in coordinated care
- Diseconomies become unsustainable
- Reorganisation of federal structure

■ New operating principles

- Stewardship model focussed on policy and resources
- Public/private and community partnership providers



Breakpoints and scenario plans

- In the next section we will explore how breakpoints can help to define alternative possible futures for health.
- But it is important to remember that we are considering possible futures in order to address real issues today!



Reflections

- Has this helped to define the benefits of a futures planning exercise?
- Can you see its relevance to your situation?
- What questions remain?