

## MODULE 4

**THE ROLE OF A MANAGER***(5 academic hours)*

**Topic Overview:** For managers to be effective, they need to take initiative. They cannot simply be administrators who follow orders. They need to be strong managers who identify key result areas, strategies and tactics on a day-to-day basis in order to ensure achievement. A health care manager is a leader, strategic planner and spokesperson for the health needs of the population.

**Objectives of the Module:**

1. Participants should understand their role in the provision of quality preventive and curative services that meet the needs and expectations of the population.
2. Participants should take the initiative to use their resources effectively and make needed innovations to improve the health of a given population.

**STRUCTURE OF THE MODULE:**

**Lecture 1:** *(1 academic hour)*

**The Role of a Manager**

*(M. Mitchell)*

**Management Game:** *(2 academic hours)*

**Enthusiasts and Bureaucrats Tackle Domestic Violence**

*(Y. Onyshko)*

**Case 1:** *(2 academic hours)*

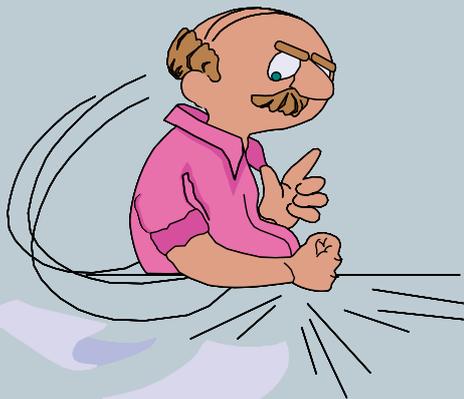
**Cervical Cancer**

*(M. Mitchell)*

# THE ROLE OF THE MANAGER

By Marc Mitchell

## The Role of a Manager



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1

## The Health of the Population

- The goal is health not freedom from disease;
- Must look outside the health system to see what is needed
- Health managers must manage the system not just care for the patient;

4

## The Health of the Population

### How can we measure the health of the population?

- Surveys of the population
- Epidemiological studies
- Statistics that are both valid and representative of the population
- Listening to patients

5

## The Role of a Health Manager

### Objectives:

- Participants should understand that **their role is to improve health** and to align the health system to deliver quality preventive and curative care that meets the needs and expectations of the population.
- Participants should see their role as **taking initiative** to use resources effectively and make necessary changes that will improve the population's health
- Participants should improve their **skills in delegation and communications**

2

## What is the Management Process?

Management is going from... to...

**policy/goals**

↳ **strategy**

↳ **operations**

↳ **results**

6

## What is Management?

### Management = Achieving Results

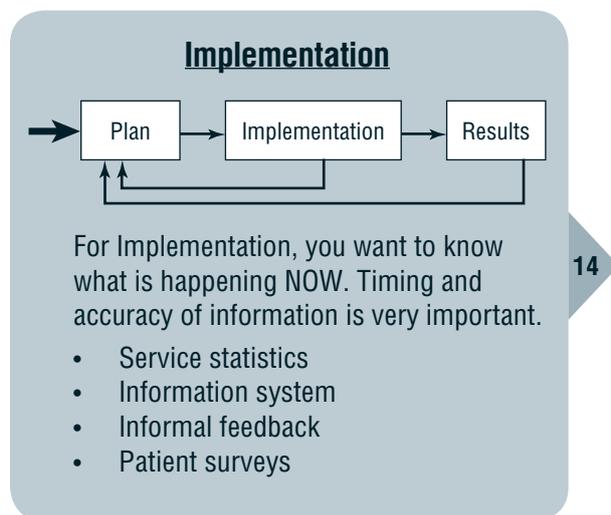
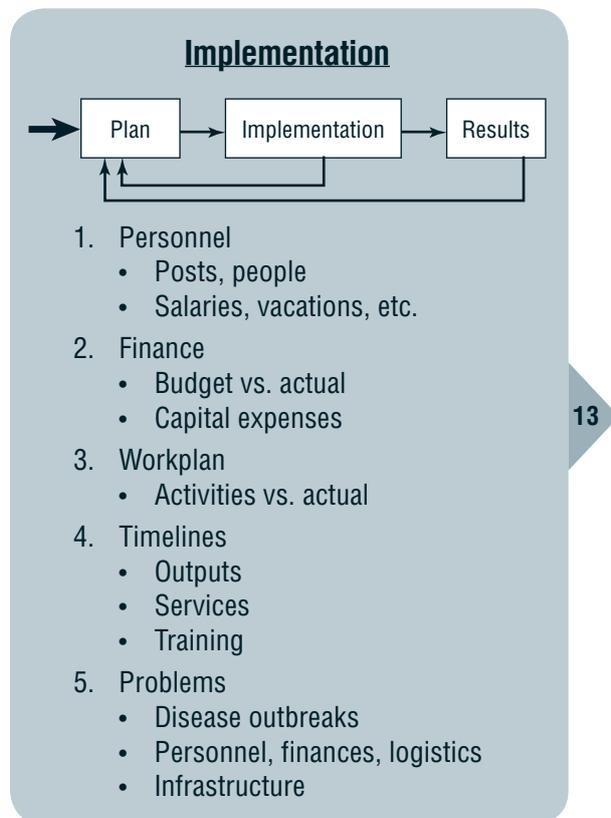
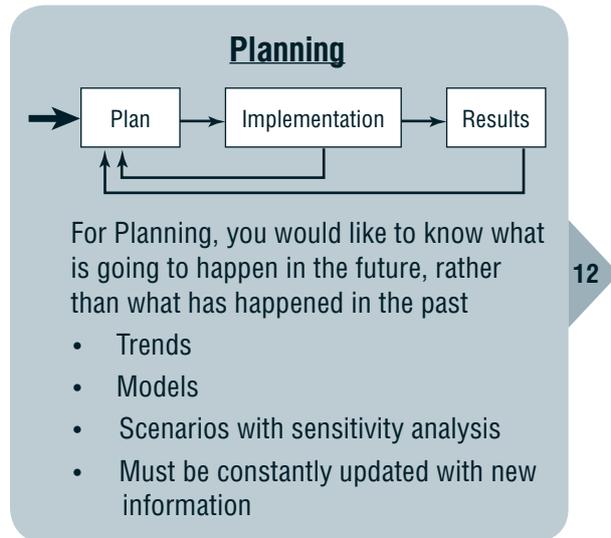
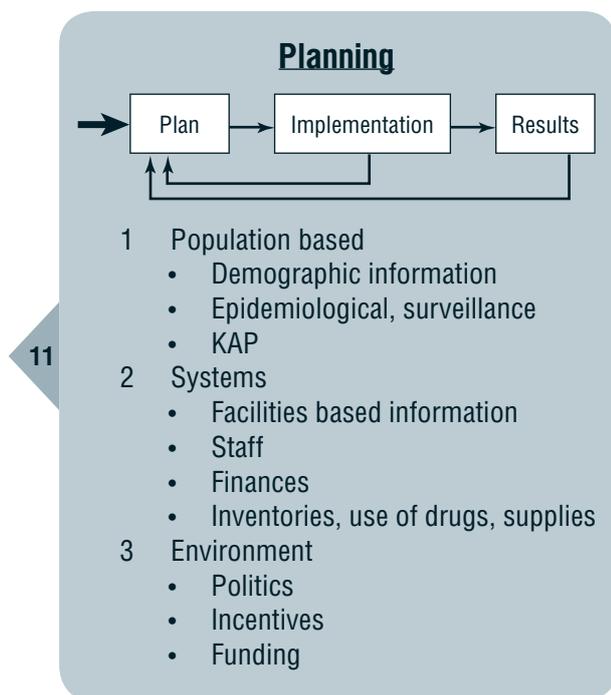
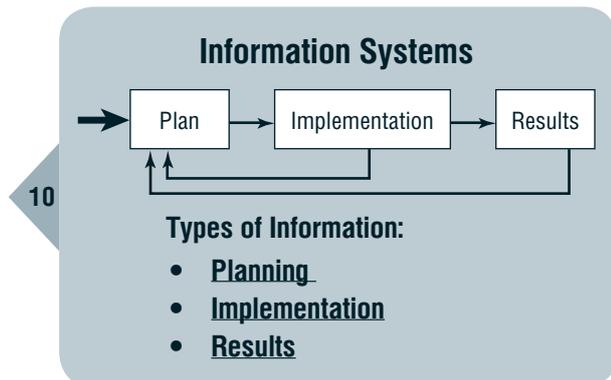
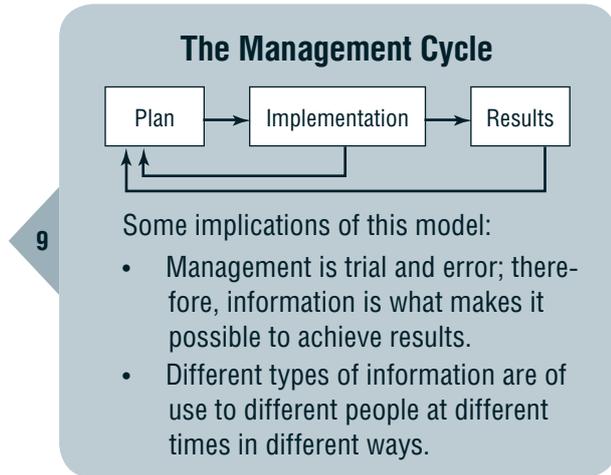
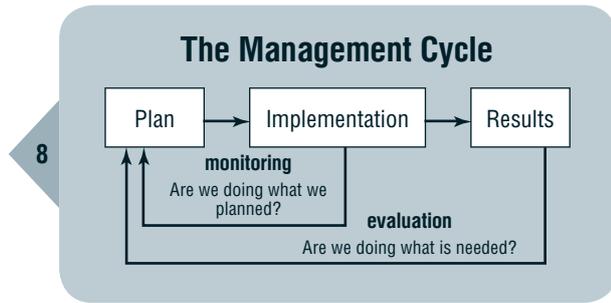
- The measure of management effectiveness is whether **results** are achieved.
- In a business, the desired result is **profit**.
- In a health system, the desired result is the **health of the population**

3

## Management Planning

- Policy/Goals
  - What are we trying to achieve (results)?
- Strategic planning -- long term
  - How will we get there?
  - What resources do we need?
  - How will we measure our progress?
- Operational planning -- short term
  - Work plans
  - Budgets
  - People

7



**Results**

```

    graph LR
      A[Plan Budget] --> B[Implementation Actual]
      B --> C[Results]
      C --> A
      C --> B
    
```

15

- Population based
  - Surveys
  - Ongoing data collection
  - Sentinel surveillance
- Service outputs

**What is Management?**

**Management = achieving results**

- The measure of management effectiveness is whether **results** are achieved.
- In a business, the desired result is **profit**.
- In a health system, the desired result is the **health of the population**.

19

**Results**

```

    graph LR
      A[Plan] --> B[Implementation]
      B --> C[Results]
      C --> A
      C --> B
    
```

16

For Results, you need statistically valid information, which is adequate and accurate

- Surveys
- Surveillance, epidemiology

**What is the Role of a Health Manager?**

- The measure of management effectiveness is whether **results** are achieved.
- In a health system, the desired result is the **health of the population**
- The **role of a health manager is to improve the health of the population**

20

```

    graph LR
      A[Plan] --> B[Implementation]
      B --> C[Results]
    
```

17

**Management is**

- Developing plans (goals, strategic, operational)
- Implementing plans
- Achieving and measuring results
- Trial and error – information therefore is essential to achieving results

**Medicine and Public Health**

	Medicine	Health Management
<b>Focus</b>	Treat patient for disease	Keep population healthy
<b>Methodology</b>	Make diagnosis Use correct treatment	Epidemiology Prevent illness
<b>With whom you work</b>	Other doctors Others in health system	People outside of health system

21

**The Role of a Health Manager**

18

### The Necessary Skills of a Health Manager

- Vision
  - Able to develop and lead a shared vision of the future
  - Communication
  - Integrity and commitment
- Organization and Planning
  - Focused on results and strategies
  - Financial management
  - Listens to others
  - Negotiation skills
- Flexible
  - Open to new ideas
  - Relies on accurate information
  - Willing to change plans based on new information

22

### Different types of Health Managers

Does what is written Says that it works	Does what is needed Says what is happening
<ul style="list-style-type: none"> <li>• Focus on superiors</li> <li>• Concerned about numbers</li> <li>• Never questions data</li> <li>• Resistant to change</li> <li>• Never takes criticism</li> <li>• Looks to the past</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on population</li> <li>• Concerned about results</li> <li>• Ensures accuracy of data</li> <li>• Willing to change</li> <li>• Open to criticism</li> <li>• Looks to the future</li> </ul>

23

### The Role of a Health Manager

#### Objectives of Module:

- Participants should understand that **their role is to improve health** and to align the health system to deliver quality preventive and curative care that meets the needs and expectations of the population.
- Participants should see their role as **taking initiative** to use resources effectively and make necessary changes that will improve the population’s health.
- Participants should improve their **skills in delegation and communications**.

24

**Management Game****ENTHUSIASTS AND BUREAUCRATS TACKLE DOMESTIC VIOLENCE**

By Yuriy Onyshko

The participants should be divided into several groups, each playing the role of a representative from one of the following organizations:

- The Ministry of Family, Youth and Sport
- Center for Medical and Social Rehabilitation of Victims of Domestic Violence;
- An inspector or criminal investigator from the District Police;
- Criminal Police Service for Juvenile Delinquency;
- The social services crisis center;
- A board of guardians and trustees;
- A support group for former victims of domestic violence;
- A group of emergency room doctors and nurses;
- An NGO that provides assistance to victims of domestic violence.

Domestic violence in Ukraine is a widespread problem that is often difficult to address. The United Nations Declaration on the Elimination of Violence Against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Such violence in the home can take the form of physical abuse, verbal abuse or sexual abuse. There are few statistics in Ukraine on domestic violence; however, according to the Department of Public Safety in the Ministry of Internal Affairs, there were 83,150 reported incidents of violence in the home in the first nine months of 2005. It is estimated that around 90% of the victims of this violence are women. NGOs and police officers interviewed by Amnesty International in 2006 estimated that between 50 and 70% of women in Ukraine are victims of domestic violence.

Ukraine is slowly making progress towards addressing domestic violence. In 2001, the Ukrainian Parliament passed the Law on the Prevention of Violence in the Family. It defines domestic violence in line with the UN definition, provides preventive and protective measures against domestic violence, and allows for the prosecution of domestic violence under existing criminal law. The law also allows police officers to issue “official warnings” on behalf of women they believe exhibit “victim behavior” at home, where the violence occurred. Domestic violence in Ukraine is not prosecuted as a separate criminal offense, but comes under the definition of various degrees of bodily harm, beatings, torture and threats of murder.

While the Law on the Prevention of Violence in the Family has been slow and often ineffective while being put into effect, measures are being taken by various organizations to address the issue of domestic violence in Ukraine. The Ministry of Family, Youth and Sport has opened several shelters (21 by 2006) that provide social and psychological support and temporary housing for youth and families. Because these centers are not specifically geared toward women, they do not adequately address the needs of victims of domestic violence. In addition, several NGOs operate telephone hotlines, clinics, shelters and support centers for victims of domestic violence which are sometimes supported by city administrations.

The current needs in preventing domestic violence and protecting victims in Ukraine include improving the referral system between medical facilities, law enforcement officials and so-

cial support systems, so that victims of domestic violence can be identified and referred for appropriate care and support. In addition, procedures for prosecuting and punishing the perpetrators of domestic violence need to be improved, so women have legal recourse. Finally, more facilities need to be opened for the housing of victims of domestic violence. Then women can safely leave a violent home environment, if necessary.

**Bureaucrats:** Each group is asked to define the problem of domestic violence from the point of view of their organization. Then, each group should present its point of view to the others.

1. What are the issues that they have to deal with in terms of domestic violence?
2. What are the symptoms of the problem that they see?
3. How are they expected to address it? What can they do in reality to address it?
4. Why would members of these groups not want to deal with the problem of domestic violence? What challenges does it pose in their job?
5. What factors get in the way of dealing with domestic violence?

**Enthusiasts:** Each group is then asked to brainstorm ideas about how they, in their position, would address the issue of domestic violence and help the victims, assuming optimal conditions and no restrictions. Then, each group should present its point of view to the others.

Ask participants to brainstorm connections between each of their approaches. How could each group help the others overcome the obstacles presented in the first section so the activities of the second section can be realized? What other partners might become involved?

## TEACHING NOTES:

### *Teaching Objective:*

Participants should understand the need to develop cross-sectoral partnerships and learn how to do this under the current system.

This exercise should encourage participants to “think like a manager” by first having them identify the possible barriers to a broader, multisectoral approach, then have them identify what their goals would be if these obstacles did not exist. Once participants know the problems at hand and the eventual goals, they are better able to brainstorm ways to overcome obstacles.

The group discussion should focus on participants’ strategies for establishing a coalition among government bodies, public services and NGOs. Participants should be aware of the need to employ a broad vision when considering problems such as those raised by the issue of domestic violence, since it is a difficult problem to address and really requires a multi-pronged approach.

Participants should also be asked to brainstorm other organizations that might be helpful in addressing the issue of domestic violence and the challenges of overcoming it. These institutions could include:

- Medical institutions (especially reproductive health services);
- Gynecological services in cooperation with Commissions of Medical Judicial Experts;
- Educational institutions;
- International organizations;

- Youth Social Service centers;
- Legal organizations and human rights organizations;
- Women's NGOs;
- Public prosecutors' offices;
- Court administrations;
- Businesses;
- Local governments;
- Mass media;
- Religious organizations.

***Expected results:***

At the close of the management game, participants should have the skills to successfully interact with different services and organizations that work to solve the problem of domestic violence and help its victims. Participants should develop strategies for building coalitions with doctors, social services, police, organizations and others who can become involved in solving the problem of domestic violence. This will not only raise awareness but also provide services to domestic violence victims beyond the hospital emergency room.

## Case 1

**CERVICAL CANCER**

By Marc Mitchell

Dr. Andropopov walked slowly out of church thinking about his cousin, Svetlana. Such a lovely woman! Her children were still studying. Why should such a good woman die at such a young age? She was only 55 and seemed so healthy until about a year ago when she was diagnosed with cancer. Svetlana had been complaining of stomach pain for many years. Her doctor said it was just a mild stomach problem and that antacids should alleviate the pain. All of her tests had been normal. It was only when the pain became severe and she started losing weight that her doctor decided Svetlana had something more serious than an upset stomach. But by then it was too late. The surgery showed that Svetlana's cervical cancer had spread throughout her body and it was only a matter of time before she died. The doctor could help her with the pain by prescribing medication, but it was too late to save her life.

As he walked slowly to his office, Dr. Andropopov, the head doctor of the district, thought about Svetlana and the rate of cervical cancer in his district. He was sure that there were many other women like her. He had spent his life as a gynecologist and seen so many women die from this disease. Unfortunately, it seemed to be getting worse. He looked at the official statistics for Ivanovsky District and wondered what they meant.

	2000	2001	2002	2003	2004	2005	2006
Women, aged 15-49	15,445	15,405	15,317	15,268	15,206	15,100	14,864
Pap smears performed	7,899	7,931	7,984	8,025	8,103	8,155	8,307
Pap smears positive	103	103	104	104	105	106	108
Cervical cancer incidence/100,000	25.6	24.1	22.3	20.8	19.1	17.1	15.3

While it looked like the number of cases of cervical cancer was going down in his district, Dr. Andropopov knew that the statistics did not match his experience. More and more women were coming to him with the same problem, so he thought the number of cases was definitely going up. The Pap smear numbers also seemed wrong. The only technician in his district hospital who was qualified to read Pap smears was getting old and had failing eyesight. Although Dr. Andropopov no longer had confidence in her, he could not hire anyone else since there was only enough money in the budget for one technician. He also could not fire her because she had two more years to go before she could retire and get her pension.

Recently, Dr. Andropopov had attended a conference on cervical cancer and learned some interesting new things. For example, he learned that cervical cancer was caused by the Human Papilloma Virus (HPV). He never learned that when he was in medical school! At the conference, they said there was no treatment for the infection, but it could be prevented with a new vaccine. Unfortunately, the vaccine was very expensive. To give one teenage girl the required three doses would cost 1,800 UAH, or 600 UAH per dose. Who could afford that? It certainly was not in Dr. Andropopov's budget. No, this was not an option. What else could he do?

Dr. Andropopov knew that, in the United States, the cervical cancer death rate declined by 74% between 1955 and 1992 thanks to increased use of Pap smears. He also knew that there were other risk factors that made cervical cancer more common: teenage sex, sex with uncircumcised men and smoking all put a woman at a higher risk for cervical cancer. But since Dr. Andropopov could not predict which girls would get cancer, what could he do?

As a doctor, his job was to treat sick people and not worry about things he cannot change. But Svetlana's death was such a pity. She was such a nice woman!

### QUESTIONS FOR DISCUSSION:

1. Dr. Andropopov is the district head doctor. Is he correct that his job is to treat sick people and not worry about things he cannot change? What is his job?
2. Are there things Dr. Andropopov could do to reduce the rates of cervical cancer in his district? Should he replace the laboratory technician? How could he do this?
3. If the number of cases of cervical cancer is going down, why does Dr. Andropopov see so many of these cases in the hospital?
4. What is the rate of positive Pap smears each year? How could you explain these numbers?
5. The vaccine for HPV seems like a good solution to his problem. Should he try to find the money to vaccinate women in his district? If so, who should he vaccinate? Should he vaccinate younger women who are having sex? Smokers? Everyone?
6. If he could vaccinate all the women in his district, should he eliminate the Pap smear program in his hospital to save money?
7. If he started a program to reduce cervical cancer, how could he justify it, if the number of cases in his district is going down?

### TEACHING NOTES:

#### *Teaching Objectives:*

1. Participants should understand how a manager can use the tools at his/her disposal to proactively make decisions.

Important things to consider as the case unfolds:

- Open up the case: What is happening in Ivanovsky District?
- The subject of this module is the role of the health care manager. In this situation, the manager is Dr. Andropopov. Who is Dr. Andropopov?
  - Head doctor of the district;
  - Gynecologist;
  - Someone trying to reduce the rate of cervical cancer;
  - Is he correct that his job is to treat sick people and not worry about things he cannot change? What exactly is his job?
- Talk about the cervical cancer program in Ivanovsky. What is it? Is it working well?
- What do participants think about the numbers? Dr. Andropopov says there appear to be more cases than the numbers suggest. Which is it? How might one go about analyzing the numbers?

- The population is declining;
- There is a higher incidence of cervical cancer, but the official numbers are going down;
- The percentage of of Pap smears being performed is going up.
- The percentage of positive Pap smears is the same every year.

	2000	2001	2002	2003	2004	2005	2006
Women, aged 15-49	15,445	15,405	15,317	15,268	15,206	15,100	14,864
Pap smears performed	7,899	7,931	7,984	8,025	8,103	8,155	8,307
	51.1%	51.5%	52.1%	52.6%	53.3%	54.0%	55.9%
Pap smears positive	103	103	104	104	105	106	108
	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	<b>1.3%</b>
Cervical cancer incidence/100,000	25.6	24.1	22.3	20.8	19.1	17.1	15.3

- One of the problems seems to be the laboratory technician. She is older and cannot see very well but is not yet ready to retire. What is Dr. Andropopov to do?
- What are his options for reducing the incidence of cervical cancer in his district?
  - Nothing;
  - Vaccines;
  - Replace the technician (Will this really solve anything?);
  - Anti-smoking, teenage abstinence, or male circumcision campaigns

## CONCLUSION:

Dr. Andropopov attended the funeral of his cousin Svetlana, who died of cervical cancer. If only her cancer had been diagnosed earlier!

Things to consider:

- Late diagnosis was due to a delay in her doctor's reaction or perhaps laboratory problems;
- Dr. Andropopov wants to improve cervical cancer rates by initiating a new program but he has management problems;
- Information is not good;
  - Numbers are not consistent with reality;
  - Laboratory information is not accurate;
- Human Resources: what should be done about the elderly lab technician?

- Financial: Dr. Andropopov needs money to change the program and add new elements, such as the vaccine
- Planning: The system in place seems to not be working well, that is, compared to the United States, which reduced cervical cancer rates by 74% with Pap smear tests alone;
- Other factors: smoking, teen sex, uncircumcised men. How can these risk factors be reduced?
- Dr. Andropopov's job is to achieve results. To reduce cervical cancer deaths in the community, he would need to improve his hospital's management system and get others involved in his district. He would need a clear strategy. By doing so, he would fulfill his role as a manager.