Can you think of three major challenges that will transform hospitals worldwide in the ten coming years?

- Increasing complexity of patient needs
- Managing of patient demand: channeling of demand for chronic care through local provision and of acute care through concentrated sites of care
- More effective assessment of value

Specialization and delineation of roles between hospital doctors and other hospital-based care professionals, coupled with the more complex needs of people living with multiple chronic conditions, is generating the need for greater workforce flexibility, coordination and integration within hospitals and community-based care.

On the one hand, concentration of high cost technology and skills in specialized facilities in metropolitan locations to maintain scale efficiencies and high quality and safety will increasingly drive demand for new ways to facilitate access to acute services for people in peri-urban and rural areas.

On the other hand, many care needs of people with chronic conditions are now provided locally, or in a person’s home, rather than requiring travel to a hospital. The lack of an effective flow of patient information and efficient local access to care professionals often makes it difficult for this new care model to work effectively, resulting either in unmet needs at local level, or in avoidable hospital admissions for chronic conditions.

What are the opportunities or solutions to address these challenges?

- Re-engineering of the workforce to align with new models of care
- Bringing hospitals into broader models of governance

New models of care are required to address these challenges; models that embrace new technologies and bring greater coordination and movement of care between hospital and community-based care. Re-engineering of professional education and regulation, along with clinical leadership, is required to bring workforce models and practices in line with these new models, including shared competencies, broader employment arrangements and the building of collaborative cultures.

Individual hospitals often operate in a network of hospitals, and are now increasingly being encouraged to become part of a broader system of care involving primary care and community care and support services. Realignment of accountability and authority for care provision, that encourages responsibility for broader outcomes and for providing better value across the continuum of care, will require hospitals to participate in integrated system of governance and funding, rather than remain stand-alone entities.

- Harnessing technology that enables care closer to home
- Focus decision-making for service provision on improved outcomes

Innovations such as mobile technologies, point of care testing, electronic health records and enhanced digital imaging are releasing the potential to provide services closer to where people live and access advice from care professionals remotely. Investment in infrastructure, re-engineering of reimbursement models and legislation to support the safe flow of patient information across care settings and professions will greatly facilitate the workforce and care models for the future.

While there might be opportunities or solutions to tackle these challenges, what uncertainties remain regarding the hospitals’ response?

- Sustained political support for change
- Evidence that reforms are worthwhile
- Slow response to the changing role of patients in their care

Public support for hospitals remains strong, with many people seeing a vital and robust local hospital as a cornerstone of their health care. Medical research is concentrated in large university hospitals and clinicians are socialized throughout their education and professional life to value the status of hospitals. Changes to the location and the role and function of hospitals are often met with resistance, making hospital reform a highly challenging political issue.

Health care is complex and measurement and monitoring systems are often inadequate to clearly evaluate and identify where care improvements are made and service efficiencies are being generated through reforms. The current body of evidence for many of the changes required to transform the role of hospital outlined here is not developed enough, reducing the attractiveness and confidence for the large-scale change required.

Moves towards greater patient activation in better understanding their care and being able to participate in their own self-care has the potential to change the scope and nature of care provided by hospitals and other services, including moves to shared care models and co-creation of care plans and processes. But the rate and magnitude of change in the role of patients and their families is not met by a similar rate and magnitude of change in policies and in health systems structures.