

# Barriers and enablers in health system redesign

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## BACKGROUND

Health systems and governments globally are navigating a complex set of interlinked challenges:

- **Ageing populations:** Proportion of >60's will nearly double from 12% to 22% by 2050.
- **Workforce shortages:** OECD projects a shortfall of 10 million health workers by 2030.
- **Rising costs:** Health expenditure continues to outpace economic growth.
- **Inequalities:** Barriers to accessing healthcare for those with reduced income, educational level or geographic isolation.
- **Increased disease burden:** Health systems are increasingly burdened by a rise in non-communicable diseases and chronic conditions.
- **Fragmented delivery systems:** Siloed health and social care structures contribute to inefficiency, duplication and limited collaboration between providers, particularly in the management of chronic conditions.

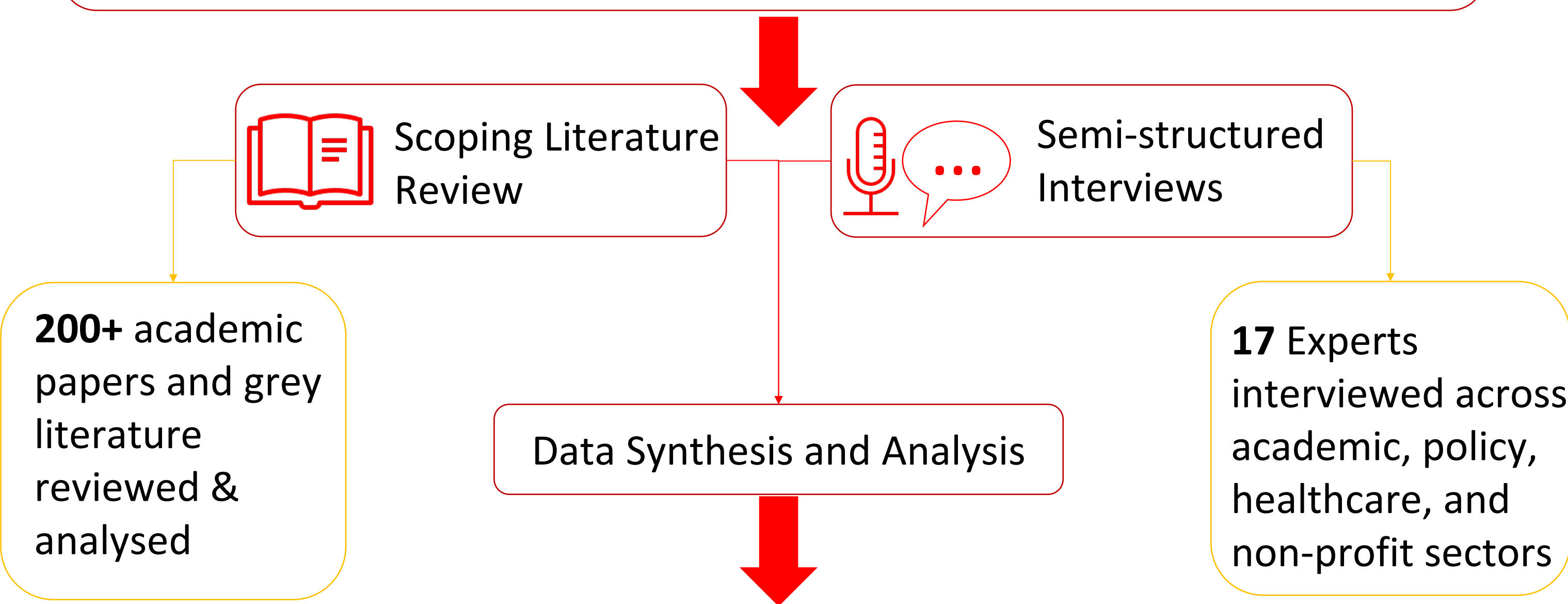
Urgent action is needed to redesign health systems to address these problems and enable patient-centered care. The COVID-19 pandemic further exposed these vulnerabilities, demonstrating that systems investing in agile, integrated services can rapidly adapt and build community-based and mobile capacity to meet local needs.

## OBJECTIVE

To conduct a comparative analysis of health system reforms in OECD countries to identify structural barriers and policy enablers. This research aims to provide evidence-based recommendations for policies that effectively facilitate change and reduce health inequalities.

## METHODOLOGY

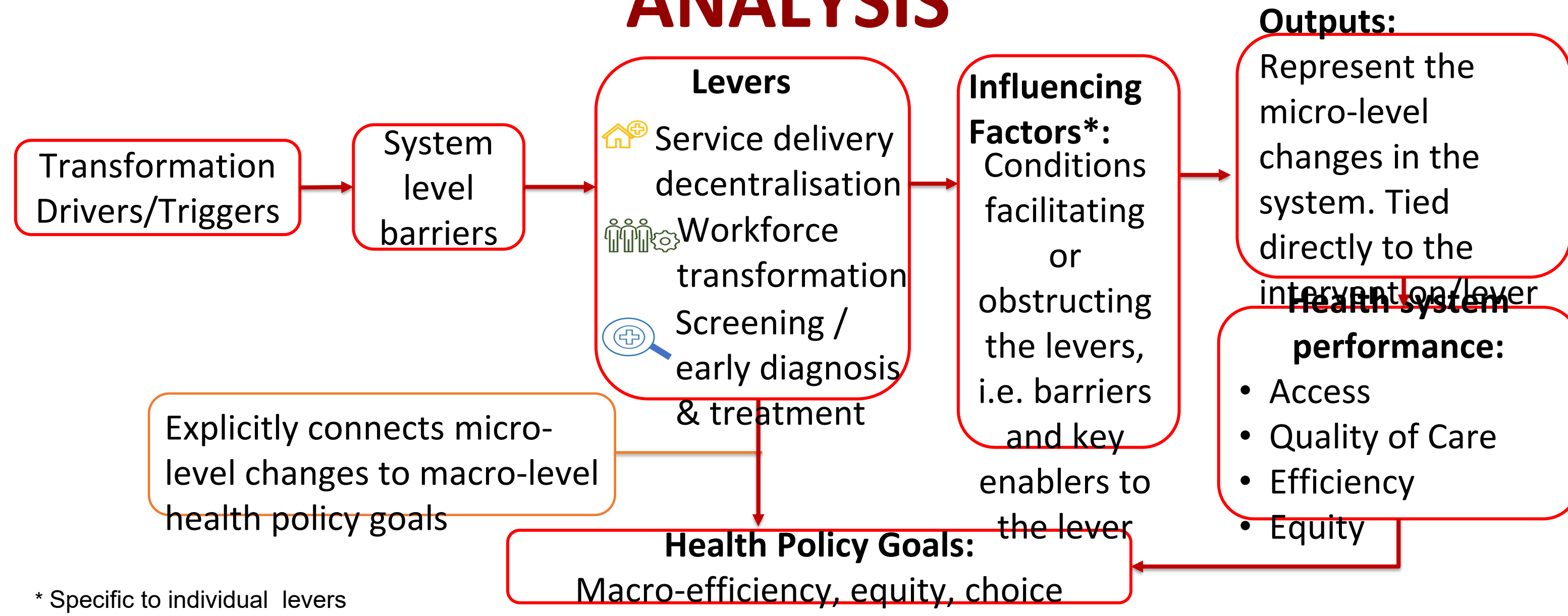
A mixed methods approach was utilised to identify examples of healthcare redesign. This combined a scoping literature review with semi-structured one-on-one interviews with experts from OECD and other selected countries.



### KEY REDESIGN AREAS IN FOCUS

<p><b>SERVICE DELIVERY DECENTRALIZATION</b></p> <ul style="list-style-type: none"> <li>• Shift of services, decision-making &amp; resources towards primary care.</li> <li>• Includes care delivered at home (via telemedicine) or other local, community-based centres.</li> </ul>	<p><b>WORKFORCE TRANSFORMATION</b></p> <ul style="list-style-type: none"> <li>• Strategies implemented to address healthcare workforce shortages and challenges, upskilling healthcare professionals and supporting capacity building.</li> </ul>	<p><b>SCREENING, EARLY DIAGNOSIS &amp; TREATMENT</b></p> <ul style="list-style-type: none"> <li>• Organised and targeted efforts to identify, diagnose and treat disease at the earliest stages to improve outcomes, reduce costs, and reduce the burden on secondary/tertiary care.</li> </ul>
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## ANALYSIS



\* Specific to individual levers

The framework will be used to analyse the data by looking at the impact of reform areas at various levels including macro-efficiency, micro-efficiency, equity and quality of care.

## RESULTS

- Over **100 examples** of redesign were identified and analysed. **Service delivery decentralisation** was the most frequently identified targeted area of change.
- Most transformations occur at the **local level** and are typically **reactive**, triggered by local pressures such as **service gaps** or **access challenges**, rather than emerging from proactive system-wide reform plans.
- Common **triggers** include technological advancements; workforce shortages; ineffective resource allocation.

### Barriers

	<p><b>Political, Governance &amp; Policy Issues</b></p> <ul style="list-style-type: none"> <li>• Short-term mindsets</li> <li>• Hospital centric policy</li> <li>• Poor cross-sector coordination</li> <li>• Siloed funding</li> <li>• Limited inter-ministry buy-in</li> </ul>
	<p><b>Financial &amp; Budgetary Hurdles</b></p> <ul style="list-style-type: none"> <li>• Short-term funding models</li> <li>• Historical underfunding</li> <li>• Reimbursement gaps for prevention &amp; digital tools</li> <li>• Billing &amp; classification issues resulting in funding confusion</li> </ul>
	<p><b>Human Resources Challenges</b></p> <ul style="list-style-type: none"> <li>• Underutilised professionals &amp; limited task sharing</li> <li>• Physician reluctance (task sharing)</li> <li>• Insufficient training funds</li> <li>• Limited workforce planning</li> </ul>
	<p><b>Structural &amp; Systemic Fragmentation</b></p> <ul style="list-style-type: none"> <li>• Poor integration between different levels of care</li> <li>• Poor continuity of care</li> <li>• Lack of holistic patient pathways</li> <li>• Misaligned financial incentives</li> </ul>
	<p><b>Digital &amp; Technological Barriers</b></p> <ul style="list-style-type: none"> <li>• Technology and data overload for clinicians</li> <li>• Lack of interoperability of health records across care levels</li> <li>• Digital exclusion with older and underserved populations</li> </ul>

### Enablers

	<p><b>Funding and Incentive Model Reform</b></p> <ul style="list-style-type: none"> <li>• Sustained &amp; safeguarded investment in health</li> <li>• Proactive financial planning</li> <li>• Investment in infrastructure, digital health, and workforce innovation</li> </ul>
	<p><b>Effective Stakeholder Management</b></p> <ul style="list-style-type: none"> <li>• Political, financial and clinical stakeholder alignment</li> <li>• Public involvement in service design and delivery</li> <li>• Shared decision-making, care planning and behavioural nudges to support self management</li> </ul>
	<p><b>Structure &amp; Leadership</b></p> <ul style="list-style-type: none"> <li>• Empowering leaders and mid-level managers</li> <li>• Utilising multidisciplinary teams and patient navigators</li> <li>• Enhancing interoperability through upgraded infrastructure and partnerships</li> </ul>
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	<p><b>Effective Communication</b></p> <ul style="list-style-type: none"> <li>• Fostering transparent communication of evidence behind new technologies</li> <li>• Supporting culturally relevant health literacy campaigns</li> <li>• Providing sufficient training and long-term funding for clinicians</li> </ul>

## CONCLUSIONS

Successful health system redesign requires **systemic, rather than siloed, policy making**. By proactively addressing key barriers (like short-term funding cycles) and leveraging enablers (like digital tools), policymakers can design reforms that effectively advance **health equity and patient-centred care** across OECD nations.


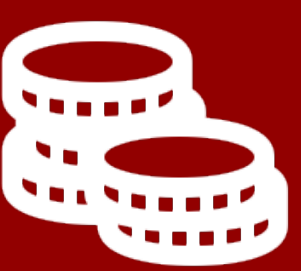


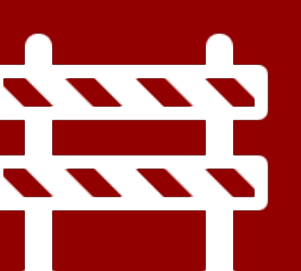


## ACKNOWLEDGEMENTS

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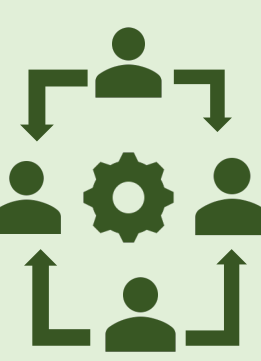



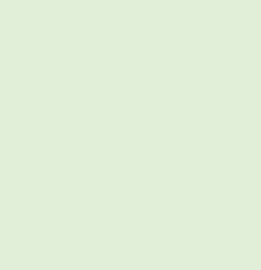
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 OECD (2023). Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris. <https://doi.org/10.1787/7a7afb35-en>

## Barriers

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	<p><b>Systemic, Structural and Operational Barriers</b></p> <ul style="list-style-type: none"> <li>• Poor integration between different levels of care</li> <li>• Inflexible care models and “one-size-fits-all” fail to meet diverse patient needs</li> <li>• Poor continuity of care</li> <li>• Inconsistent implementation and lack of holistic patient pathways</li> <li>• Misaligned financial incentives</li> </ul>
	<p><b>Digital &amp; Technological Barriers</b></p> <ul style="list-style-type: none"> <li>• Technology and data overload for clinicians</li> <li>• Lack of interoperability of health records across care levels</li> <li>• Digital exclusion with older and underserved populations</li> <li>• Patients struggle to navigate digital tools or understand complex health data</li> </ul>
	<p><b>Cultural &amp; Perceptual Barriers</b></p> <ul style="list-style-type: none"> <li>• Resistance to change among healthcare staff</li> <li>• Limited understanding of patient preferences</li> <li>• Patients often perceive GPs and community care as inferior to hospital consultants</li> <li>• Stigma and discrimination associated with NCDs</li> <li>• Lack of trust in public services due to past failures</li> </ul>
	<p><b>Evidence, Evaluation, and Scaling barriers</b></p> <ul style="list-style-type: none"> <li>• Great local innovations rarely transition into national, scalable programs</li> <li>• Economic analyses seldom used to guide systemic reforms or long-term planning</li> <li>• Minimal monitoring of patient outcomes, experiences, or system-wide impacts</li> </ul>

## Enablers

	<p><b>Funding and Incentive Model Reform</b></p> <ul style="list-style-type: none"> <li>• Sustained &amp; safeguarded investment in health</li> <li>• Proactive financial planning</li> <li>• Investment in infrastructure, digital health, and workforce innovation</li> <li>• Cohesive and high-quality policy informed by evidence and data</li> </ul>
	<p><b>Effective Stakeholder Management</b></p> <ul style="list-style-type: none"> <li>• Political, financial and clinical stakeholder alignment</li> <li>• Public involvement in service design and delivery</li> <li>• Shared decision-making, care planning and behavioural nudges to support self management</li> </ul>
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	<p><b>Reforming Funding and Incentive Models</b></p> <ul style="list-style-type: none"> <li>• Proactive financial planning aligning allocations to short- and long-term objectives</li> <li>• Targeted transformation funds</li> <li>• Performance-linked payments</li> <li>• Shift from volume to value based and risk adjusted reimbursements</li> </ul>