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The Funding Maze

A Clinical Pathologist's Perspective

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The role of a Clinical Pathologist has always been a fascinating one. We develop expertise in testing; when, where and how this should occur, these days called best practice. We ensure quality is maintained which is monitored by International Accreditation New Zealand (IANZ) and advise referrers on the best treatments and preventative measures. For a Clinical Microbiologist this includes immunisation and prevention of healthcare associated infection.

In recent years the dogma related to efficiency has become the perceived wisdom in the pathology sector. Efficiency has always been an essential component of operating a community laboratory service. Even before the vogue of bulk funding pathology services New Zealand had the cheapest community pathology tests when compared to the USA, Canada, Australia and the UK. This gap will have increased considerably with bulk funding.

So what? You say. This is all good and the money saved can be ploughed back into other health sectors. In my area of expertise there are PHO programmes and funding for antenatal HIV screening, screening for Chlamydia infection, increasing uptake of immunisation and quality initiatives in infection control. These are all projects which many colleagues have discussed for years. So why don't we just get on with it and stick to our knitting? Believe me we would love to do just that.

Firstly there is the antenatal HIV screening. This is an important programme. Nobody would consider that funding HIV positive pregnant women and treating them, to prevent transmitting this infection to their infants is a bad idea. This has already been piloted. Now is the time for the rest of us to start. Each DHB has someone to coordinate this. We need to discuss it, in my case I have three DHBs to liaise with. We ask where the funding for doing the tests is coming from, nobody knows. It is difficult to believe that a programme so long in gestation has not allocated funds for the testing.

This is not an isolated instance. In their recent programme bpac encouraged more screening for *Chlamydia trachomatis*. Agreed it is important to do this, but who is going to fund the extra tests? If the funding is not forthcoming then the only way forward in the short term, is for the laboratories to charge the patient which will decrease the number of patients screened, and jeopardise the programme's success.

It is difficult to believe that these programmes are planned without allocating funding for the tests. It is absolutely impossible to imagine that there is an expectation that the testing be squeezed into the already lean bulk funded pathology contracts. The increased number of tests will be considerable.

The PHO Performance management programme also has a similar disconnect. Influenza vaccination uptake by the "at risk" population is a performance indicator. Only patients who are vaccinated by the general practice can be counted. This means that if a patient is vaccinated while in hospital it will not "count" and therefore reduce the chance of the local PHO reaching its target and claiming the accompanying funding. Therefore a measure which is aimed at improving vaccination coverage, is in conflict with a measure which is in itself known to do this. This indicates a lack of overall appreciation of factors which can influence vaccination rates.

Infection control initiatives are also suffering from a similar syndrome. Hand Hygiene New Zealand is introducing a programme to all DHBs. Hand hygiene has to be good, and so say all of us who have been running programmes for years. The New Zealand programme involves "the five moments of hand hygiene". These "moments" are to be audited by "platinum" and "gold" auditors who have to be flown around the country to train, and then spend hours auditing. This programme has been imported from healthcare systems with more health dollars than New Zealand. Will it succeed? The jury is out, but it is well recognised that continued success of such programmes relies on the benefits being maintained.

All the above programmes are laudable and could result in positive health outcomes. Some aspects such as funding and communication are neglected which can jeopardise the outcome. More consultation with all stakeholders in the planning stages of these programmes would improve their implementation and credibility. After all some of us have been advising, testing and educating on these issues for years.

The views expressed in this article are the personal views of the author and should not be assumed to reflect a particular organisation.