INTERVIEW GUIDE with Jennifer BREMNER 
Director of European Health Management Association - EHMA

Jennifer Bremner took up her duties as Director of EHMA (European Health Management Association) in 2007. Within this organization, she is leading EHMA’s efforts to build healthcare management capacity in Europe. Responsible for setting strategy, overseeing EHMA’s network of over 160 members across Europe, policy work and its operations. Managing a portfolio of 10 EU funded projects related to research, capacity and network building, translation of evidence to practice and implementation of best practices in management, governance in health, policy development, quality improvement, patient safety, eHealth, health workforce development, cross-border care and mental health.

In the period 2000-2007 she activated as director of some programmes in the field of health management, coordinated by the Local Government House in London, such as: “The policy development for local government association in relation to wide range of issues including, health, care, prisons, criminal justice, children’s services, education. Worked with members and represented local government to national government”.

She exercised the function of Independent Policy Analyst, respectively of Policy Analyst for the trust, member of Trust Board led policy and health system development for the organisation and local health system (between 1998-1999).

Since her onset career (in 1985, as a nurse at a hospital in London), and by this time, she considered a career locally and nationally, being involved in activities and functions in the field of health and social assistance, such as: Health Economist and R&D Manager, Training Coordinator, Planning and service development Manager etc.


Among the main european projects (financed by European Comission) she participated it can be include:

- Feasibility study on the establishment of a European Sector Council on Employment and skills for Nursing and the Care Workforce
- European Partnership for Action against Cancer
- European Collaboration for Action against Cancer (ECHO)
- EHMA FY2010 Operating Grant
- HEALTH PROMeTHEUS

Books:

- Health Professional Mobility in a Changing Europe, new dynamics, mobile individuals and policy responses; Jim Buchan, Matthias Wismar, Irene A Glinos and Jeni Bremner; 2012;
- Briefing, Cross border care Jeni Bremner; Journal of Health Service management research 2012, Vol. 25 Nr. 2;
- Perspectives on the enablers of e-heath adoption: an international interview study of leading practitioners, Claire Moxham, Naomi Chambers, Jeff Girling, Shruti Garg, Elizabeth Jelfs and Jeni Bremner; Health Services Management Research 2012 Vol. 25, Nr. 3.

Reporter: Mrs. Jennifer Bremner, you have a wide experience in health management and you have been actively involved in the EHMA activities since 2007. As current director of EHMA which is an organization that aims to improve health service management in Europe,

- Can you tell us more about the purpose and the mission of the European Health Management Association?

JENNIFER BREMNER: EHMA is a membership network set up over 40 years ago, originally to bring together health management educators across Europe and we still have a vibrant network of Programme Directors. However it soon became clear that in planning education it was essential to understand the developing policy framework and the network expanded to include health policy makers, which led in turn to bringing in applied health service researchers and of course health services managers.

EHMA is a unique meeting place that brings together these different sectors, although we input the views of health managers when asked to, we do not lobby and are not pursuing any particular political line.

Reporter: As you already said, EHMA represents also a platform where professionals can meet each other and where they can share experience and even find
solutions for current health issues. The two networks launched by EHMA (the European Mental Health Systems Network and the Transitional Countries Network) can be given as example of good cooperation between groups of health professionals having common goals.

- Please briefly describe some relevant aspects of this kind of networking.
- What do you consider to be the key elements of activities carried out in your association?

JB: The other key strength of EHMA is that it acts as an Agora – a meeting place where ideas, the more difficult and complex the better can be discussed. Through this we hope to build the capacity for health management in Europe and to also improve the quality of health management. Ultimately we believe the better the quality of the management the better the patient care and the outcomes for patients.

As we don’t lobby we focus our policy work in two key areas. The first is bringing the voice of health managers into the development of European Health Policy. We are privileged to have an invitation to a number of high-level EU member state working groups. Here we bring the ideas and challenges facing health managers in Europe into the shaping of EU policy. We are lucky that a number of our members are able to support us bringing their specialist expertise right to the heart of EU debates. The second strand of our policy work is the translation of EU policy to the national and particularly to the organizational level. We do a regular monthly EU alert to our members to keep them in touch with the latest developments at an EU level.

Another key work strand for EHMA is in applied health service research. Our interest is in how to take ideas and approaches from one context to another, be that research into practice or moving approaches from one country to another. We are building a considerable body of expertise in brokering knowledge, delivering the results of research in language that policy makers and managers understand and that ‘speaks’ to the issues that they are facing.

In such challenging times the added value of EHMA is even greater, as a meeting place network and expert in ideas into practice and this is demonstrated by the steady increase in our membership.

- What do you consider to be the essential element in obtaining the desired results?

JB: One of our key areas of research and interest is in health workforce. We coordinated a three year research project funded by the European Commission ‘Prometheus’ on health professional mobility and have a key role in the new European Joint Action. Both in the Prometheus study and the RN4CAST study looking at nurse retention, one of the recurring factors that can either keep or lose staff is the quality of management. The largest expenditure in our health systems is our staff bill and understanding how to manage processes effectively, how to support and empower staff to do the best job they can is a fundamental part of the role of the health manager. We do a lot of work looking at staff retention, we know from our Prometheus project that health staff moving to other countries is only part of the problem, often the larger problem is that number of health staff who leave the health sector to stay in their country but in other jobs and professions. Understanding the factors that make staff want to stay and creating health organizations that people want to work in, will be essential, in times of austerity we need the commitment of our staff even more. We need to engage staff in working with managers to create a more efficient system.

Report: Your experience in the field of public health and health management (health policy, health economic, health management etc) is already exploited at European and international level. Taking into account the current position and your extensive experience, but also the consequences of the financial crisis,

- Please summarize the current and possible problems in the field of public health and health management in Europe. How do you see EHMA’s involvement and role in solving these issues?
- In your opinion, what are the best actions to be taken for health at high standard/quality in Europe?

JB: In many countries health managers have clinical back-grounds and may have reached a level of seniority before they take on a management role. No matter whether the manager is a specialized health manager or a clinician who has moved into that role, providing education and professional development in the role is as important for managers as well as clinicians. As more health systems face major changes, some due to the austerity measures others due to the change in demographics and rising consumer expectations, good management will be fundamental to achieving successful change. The challenges that face us are huge and long term. In many crises it has been possible to manage through by ‘tightening your belt’. In this way sur-vive the lean years until a new period of growth arrives. This crisis is different both in its depth and its ex-pected duration. Picking up on our theme of the
2012 conference we held a high level round table on the health crisis with Professor Richard Saltman at the end of 2012. It was clear from this discussion that although people recognized the size of the challenge there was still considerable uncertainty about how to actually address the issues both at a system and at an organizational level.

More of the same is not a sustainable option for most European countries. The scale of the challenge requires radical transformation and radical thinking. It is not clear at this point what future health systems will look like. We know some of the features they are likely to include; such as more self managed care, new health professionals specializing in multi morbidity and a significantly reduced role of the hospital.

However all of these bring major challenges for both patients, their families and for health professionals. They also assume a formal or informal social infrastructure that will support people in homes that are appropriate for care. In EHMA we believe that the future of our European health systems depends on how we learn from each other’s successes and failures.

A lot of attention is being given to delivering efficiency savings, providing more of the right care and no longer providing care that has little or no therapeutic value. Estimates of the savings that this might realize range from 10 to 40% of total health care budgets. Certainly efficiency savings are essential, however alone they are unlikely to release sufficient resources to maintain our current models of care. It is important that efficiency savings are used to develop and implement profound system change. These are challenging times where the vision of the future is not clear.

 JB: As an association, we aim to use our events and our alliances to explore these challenges. Our two flagship events, the Annual Conference an interactive event that brings together Research, policy, education and management at the end of June. The second is our annual Winter-school, this is a smaller event aimed at senior leaders that is designed to allow in-depth exploration of ideas and challenges. This is a very sought after event as it one of only a handful of opportunities for senior European leaders to meet and share.

We also have a number of networks such as the programme directors network for people leading health management programmes, but others looking at workforce issues, mental health and challenges facing new member states and neighborhood countries. Our networks, bring together professionals sharing common goals from different countries. There is real strength in exploring problems across national contexts with people who don’t share the same assumptions about what is possible. Often this can lead to problems being redefined, for example if people from five different countries with five very different systems are all trying to solve the same problem it is unlikely to be caused by the countries policy context but to be a more fundamental system issue.

Thank you for your kindness to answer to questions.

Reporter: Dr. Marius Ciutan