

NPHPSP USER CALL SERIES
IMPLEMENTING THE NPHPSP IN ISRAEL: A SYSTEMS APPROACH
March 16th, 2010 at 2:00 PM ET

Introduction: Jennifer McKeever (National Network of Public Health Institutes)

Jennifer McKeever welcomed the participants to the NPHPSP User Call Series and provided users with a brief overview of Microsoft Live Meeting features as well as multiple ways they can access the presentation slides and ask questions.

Implementing the NPHPSP in Israel: A Systems Approach:

Dr. Vamsi Vasireddy, a public health physician and health systems consultant working on national and international projects aimed towards improving health systems, discussed the international application of the National Public Health Performance Standards. The Ministry of Health in Israel is measuring their public health performance by adapting Version 2.0 of the local health department assessment instrument for the Israeli health system. We discussed why Israel chose NPHPSP, the process of adapting the assessment tool to the Israeli health system, and the implementation process.

Links to Presentation:

Click [here](#) to access the presentation slides

Click [here](#) to access the presentation audio, including live meeting slides

Questions:

Q: Are the different districts of health organized under the Ministry of Health in Israel similar to what you may see in the US in a centralized state where there are regions/counties that are under the state health department? And in your process of selecting your instrument, did you think about using the state instrument versus the local one?

A: Yes, there is a regional office which oversees all the five district health offices. Recently the managements of two of these districts has been joined. So there are four management teams of five districts, and the additional fifth management team was the team from the regional level. In terms of your second question, if you compare the Israeli health system to the US health system, the Israeli system is a national level system with two levels consisting of districts and regions, while the US is a three level system.

Q: Did you have any difficulty with the participants understanding what the system was about versus their own organization? This is a problem that we frequently face in the US.

A: There were concerns about how this NPHPSP instrument would be effectively adapted to the Israeli healthcare system. Much of the apprehension stemmed from participants believing that this was somehow meant to be a test. Once we explained to the participants that this was not a test and they are not being graded and this will not affect their jobs, they came to understand that this was supposed to help them see how they were performing. Still, there was difficulty for the Israeli participants to realize that we were talking about the public health system rather than the public health offices or local governmental entities.

Q: Is there a system where each district has a governing entity responsible for oversight and/or guidance for the public health that is being provided?

A: The local public health office at the regional/district level is the governmental entity and they basically both oversee what is being done and provide some of the functions. There is no other entity that oversees what is being done, except for at the national level. I think there is a bit of a problem in Israel with the term governance as there is another problem with the word accountability.

Q: Based on your description of the representatives who are at the table when you did the assessment as members of the government public health organization, is there any thought of involving other partners in the process or when making improvements in the future?

A: As it happens, I'm just in the process of doing that. I'm preparing for a second workshop where we will have the directors of 3 hospitals in the region and 4 HMOs, which are both regional and district level representation. There are several hospitals in the region but I thought it would be more appropriate to focus on the hospitals that are in the district of Nazareth. Basically this would get all the medical aspects of the public health system into a similar workshop. Then, if we get to it, we will go on to Phase 3 where we will have the more distant or loosely tied-in parts of the public health system.



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