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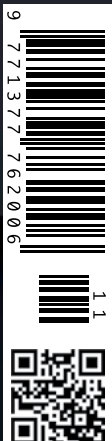
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# Alexandre Lourenço: New HealthManagement.org EXEC Editor-In-Chief

HealthManagement.org is proud to welcome on board Alexandre Lourenço as our new EXEC Editor-in-Chief. Lourenço serves as President of the Portuguese Association of Hospital Managers, Board and Executive Committee member of the European Association of Hospital Managers (EAHM), Board Member of the European Health Management Association and Honorary Fellow of the Brazilian College of Health Executives. Additionally he is an Affiliate Member of Nova SBE Health Economics and Management Knowledge Centre and Guest Lecturer on Healthcare Management Executive Training Programmes at the Católica Lisbon School of Business & Economics and NOVA SBE. He works as Hospital Administrator at Coimbra University and Hospital Centre, the major hospital in Portugal with nearly 2,000 acute beds. Since 2014, he has been a consultant for the World Health Organization, providing technical assistance on health systems' strengthening and financing. He is also Vice-Chair of the Technical Advisory Group on Tuberculosis Control for WHO-E. Lourenço has also co-authored several healthcare policy documents, book chapters, scientific papers and has presented keynote talks all over the world. Let's meet Alexandre Lourenço.



## How do you feel about taking over the position as EXEC Editor-in-Chief at HealthManagement.org?

I am very honoured to start this position. HealthManagement.org has been offering exceptional content, providing worldwide readers the opportunity to acknowledge the global trends and breakthroughs in healthcare. In such a complex and heterogeneous area, HealthManagement.org has been able to identify experiences and gather

opinions that matter. I hope to support this journey as best I can.

## What are your editorial aims for the publication and readers?

Healthcare managers are a tough target to reach due to the pressures of their work. In this sense, I aim for healthcare managers to find in the publication solutions and ideas that can be useful in their daily activity. For that, we need to be able to attract

the most prominent peers to share their innovative experiences. Not less important, HealthManagement.org should be a beacon for healthcare managers by promoting competence, good governance, ethical behaviour, and patient-centred approaches. Lastly, we really need to listen to and learn from patients.

It is essential to clarify that when I say healthcare managers, I don't mean only C-level positions. We also

need to consider all personnel that have management roles, including department directors, chief nurses, etc. HealthManagement.org integrates different views and is readable by a broader audience without losing technical quality.

### **What are your key focuses and interest in healthcare management?**

My research work is mostly related to how governance and healthcare managers' competencies impact on the overall performance of hospitals. I have also been working on other topics such as financial mechanisms (eg payment models) and on how we can develop new models of care that are more people-centred to improve value for patients, families, and communities.

### **What do you see as the major challenges in your field?**

Healthcare is one of the most exciting and innovative industries of the 20th century, and hospitals are some of the most complex and sophisticated organisations ever developed. It is fascinating to have the chance to work in this area. Nonetheless, in spite of the high level of sophistication that we have achieved, most of our processes are organised as they were more than 50 years ago highly fragmented, verticalised, passive, acute-centred etc. I believe that our main challenge is to redefine/redesign the model of care by integrating different partners (not only healthcare providers) to provide more people-centred care and, in the end, more value to the population.

### **What are the three most common mistakes hospital managers make and how can they be prevented?**

Healthcare managers have a tremendous responsibility to create the best conditions to maximise the competencies and skills of healthcare professionals and to assure more and more people-centred approaches. At the same time, we need to use our resources efficiently and create value

for the organisation.

To achieve these goals, we need to be humble and learn with patients, families, and healthcare professionals. In fact, managers need to be continuously studying and learning. Too many times, I have seen much arrogance and a feeling that 'I know everything.'

“ I BELIEVE THAT OUR MAIN CHALLENGE IS TO REDEFINE AND REDESIGN THE MODEL OF CARE BY INTEGRATING DIFFERENT PARTNERS TO PROVIDE MORE PEOPLE-CENTRED CARE ”

### **What three factors define a successful health administrator?**

The success factors are entirely related to common mistakes. To be successful, you need to be technically prepared with what we usually call hard skills. I really don't believe that you can be a top-level manager without having a good notion about financial management or clinical pathways. Also, soft skills are needed. You work under tremendous pressure with highly differentiated workers. Also, you need to be sensitive to patient and family needs.

To achieve this complicated triangle, we need to be humble and learn from experience, to be a team player, engage the personnel and, of course, to work and study to improve our competencies and skills.

### **Should healthcare management be led by those with a medical background or a financial background?**

Healthcare management needs to be led by competent leaders independent

of the background. From experience, I have seen medical doctors and financiers that are terrible. I've also seen the opposite. Healthcare management is a multidisciplinary science and depends heavily on teamwork. It requires some distance from practice to see all the forest. So medical doctors or other healthcare professionals that are in management positions need to refocus and to learn management competencies and skills. Managers need to learn about the healthcare spectrum and engage with healthcare professionals. Innovation is a more complex issue; good healthcare managers are not necessarily innovators even though they need to understand its value and how to promote it.

### **Do you feel that new remote health monitoring technology is cost prohibitive for the health management of the ageing population?**

I believe that remote monitoring is showing good results. For the last few years, my hospital has been using this kind of technology for chronic obstructive pulmonary disease and, more recently, cardiac insufficiency, both with outstanding outcomes.

Remote monitoring can also be beneficial in acute home hospitalisation programmes and major ambulatory care, reducing inpatient admissions and length of stay.

This technology is instrumental in redesigning the model of care by integrating different providers (including social partners and informal caregivers) to address the ageing population needs in the community.

### **What is your top tip for aspiring healthcare managers?**

Be open. This is a team player job. Study hard and work on soft skills. This is a demanding and tough job but also, individually rewarding. At the end of the day, our work impacts the lives of individual human beings who, most of the time, are in extremely vulnerable situations. ■