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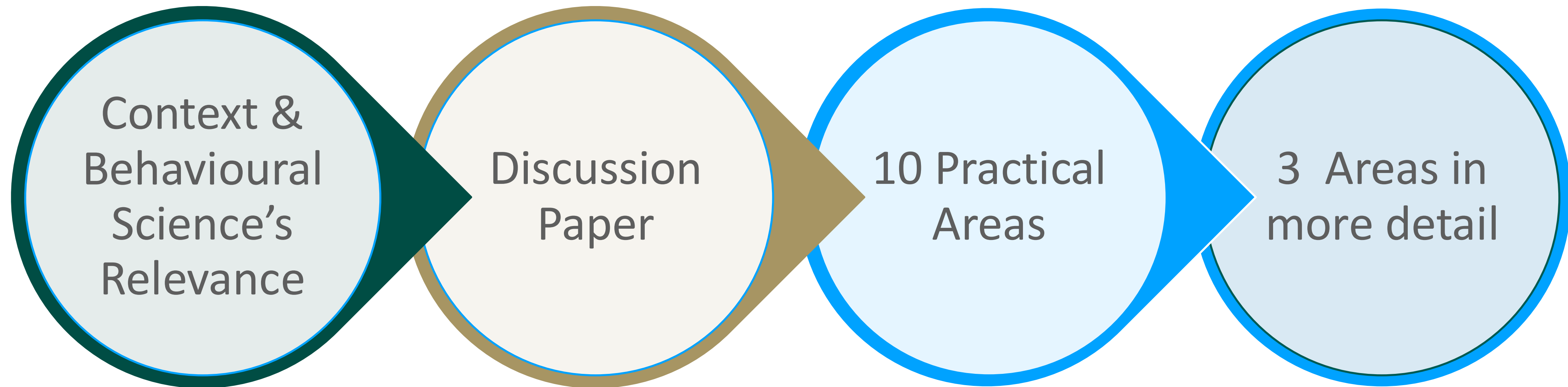
How to improve productivity with practical applications of behavioural science

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Overview



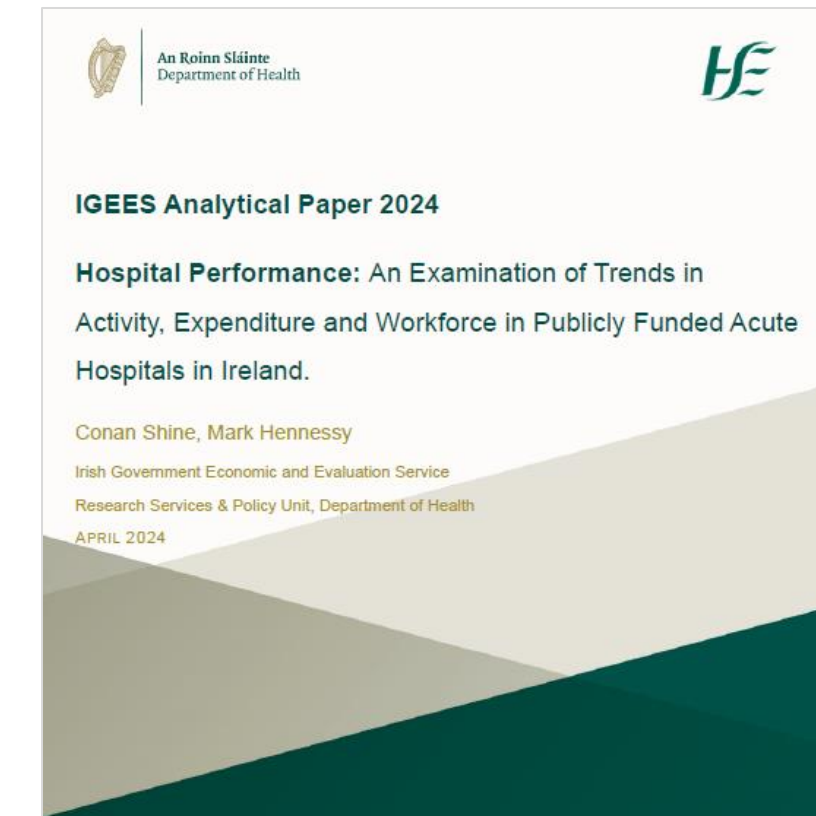
Context



Across the OECD the *share* of GDP on healthcare has doubled since the 1960s and it is projected to continue to increase

In Ireland, outputs are growing but not as rapidly as inputs

As a result productivity has become a major priority



- Institutional supports through the Productivity & Saving Taskforce, and the new HSE, NPU
- The 2025 National Service Plan, CEO of the HSE has said “Our priority . . . must be a relentless focus on productivity and changed ways of working.”
- The new Programme for Government

Behavioural science and recognition



Behavioural science is

“the systematic analysis of the processes underlying human behaviour, through observation and experimentation (lab and field).”

Insights from this type of work shows that

“People’s behaviours can be adversely affected by factors often insufficiently taken into account in the design and implementation of policies, the organization of services or the behaviour of health workers.”



The benefits of using behavioural and cultural insights (BCI) is now widely recognized

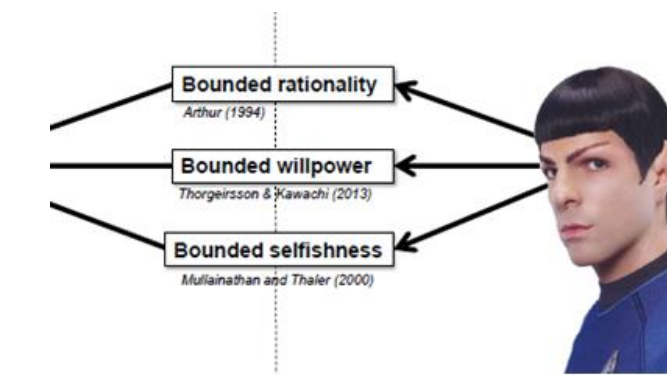
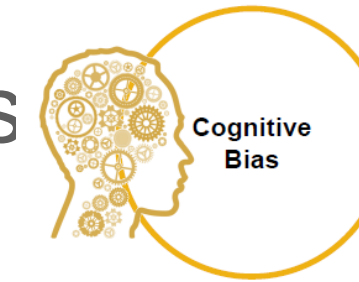
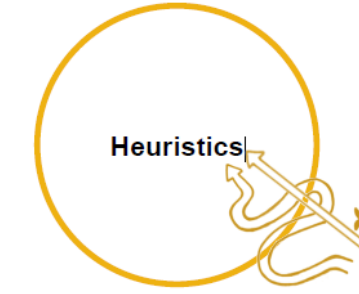
- OECD, European Commission, World Bank, and WHO
- Ireland has committed to increase the use of BCI in health policy and services, and report to WHO.



Overall behavioural science takeaways

Decisions and behaviours are not always optimal

- People use mental shortcuts or rules of thumb
- People experience cognitive biases, thinking errors that affect our judgments
- People have limited information and bounded rationality and willpower
- Processes and systems are not always designed in the best way



Context and design matters

- Small changes can make big differences
- Such changes can be relatively low cost and quick to scale up



The Discussion Paper

<https://www.gov.ie/en/press-release/eb176-minister-for-health-publishes-10-practical-areas-for-behavioural-science-to-improve-productivity-in-health/>

10 Practical Areas Discussion Paper



- Published in July 2024
- Input into the Productivity and Savings Taskforce established in January 2024
- In line with the Task Force emphasis is on implementation
- Endorsed by DOH Sec Gen and HSE CEO

A screenshot of a press release from the Irish government website (gov.ie). The header includes the harp logo and 'gov.ie' on the left, and navigation links for 'News', 'Departments', and 'Services' on the right. The main content is a press release titled 'Minister for Health publishes “10 Practical Areas for Behavioural Science to Improve Productivity in Health”'. It is attributed to the Department of Health and dated 8 July 2024, with a last update on 10 July 2024.

gov.ie [News](#) [Departments](#) [Services](#)

Press release

Minister for Health publishes “10 Practical Areas for Behavioural Science to Improve Productivity in Health”

From [Department of Health](#)
Published on 8 July 2024
Last updated on 10 July 2024

“Using insights from behavioural science offers a simple way to ensure that more people are treated in our health service, as quickly as is achievable.” Minister Donnelly

Characteristics of the 10 Practical Areas



Based on insights from behavioural science:

- provide a promising route, amongst others, to increase productivity.
- such insights are typically obtained through RCTs, the gold standard.

The Interventions in the Paper:

- are aimed at the health system, clinicians, and members of the general population.
- maintain existing clinical standards and improve existing patient and staff experience.
- often involve changes to existing systems, making them relatively cheap and fast to implement.
- not seen as “off-the-shelf” but rather suitable for fine-tuning or testing in an Irish context.
- can have a large impact when scaled up across the health system.



The 10 Practical Areas

Productivity: more from available resources



1. Increase productivity by reducing **did not attends** through better correspondence.
2. Increase hospital productivity by changing **default options**.
3. Increase productivity by growing uptake of online services through **sludge audits**.
4. Increase hospital productivity by reducing re-admissions and ALOS by **improved discharge**.
5. Increase productivity by using behavioural insights to support **key good practices**.

Savings: reducing unnecessary demand



6. Reduce **influenza's influence on demand and supply** by increasing flu vaccination uptake with behaviourally informed interventions.
7. Reduce **unnecessary demand for EDs, and outpatients** via decision aids.
8. Reduce **unnecessary antibiotics prescribing (costs)** through behavioural interventions.
9. Reduce **future cancer demands and costs** by growing screening through better correspondence.
10. Reduce future healthcare demands and costs by through **better food choice architecture**.



3 Areas in More Detail

1. Use behaviourally informed content to reduce DNAs



A “did not attend” (DNA) occurs when a patient unexpectedly does not attend an appointment

DNAs for hospital appointments lead to: (Karter et al. 2004; Murray 2000)

- the inefficient use of staff time
- worse care for patients
- increased waiting times for patients

Nearly half a million outpatient appointments are DNAs in Ireland in a typical year

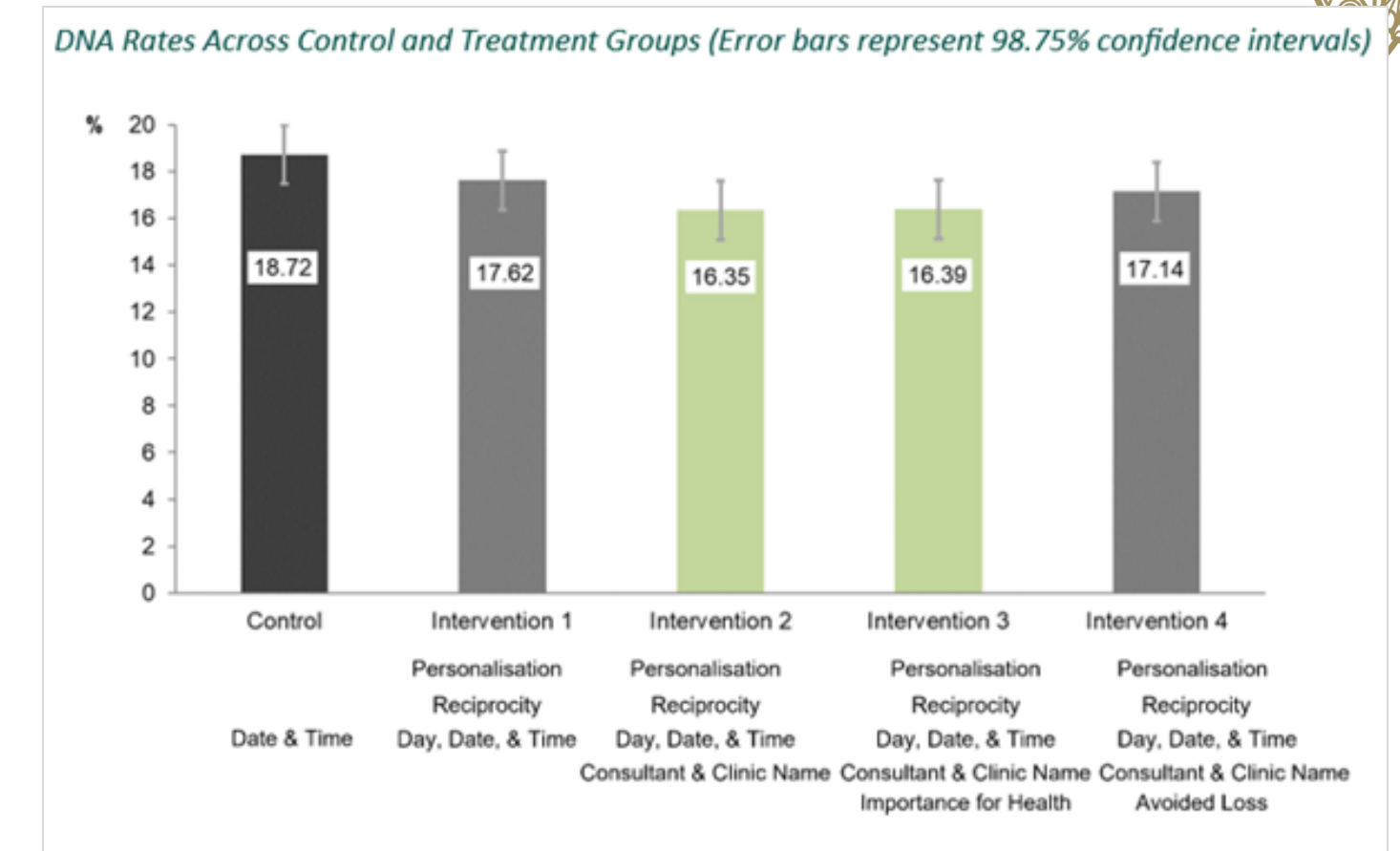
1. Use behaviourally informed content to reduce DNAs ctd.



The BLI has identified better performing content

Outpatient redesigned SMS reminder content

- Reduced DNAs by 13%
- Applied to national data equates to 61,000 less DNAs



Inpatient and day case redesigned offer letters

- Increased confirmation rate by 14%
- Reduced DNAs

Strictly Private and Confidential

<Title> <PI Forename> <PI Surname> Medical Record No. <Patient MRN>
DO: <Patient DOB>


<PI Address Line 1>
<PI Address Line 2>
<PI Address Line 3>
<PI Address Line 4>

<Insert current date>

Please phone to confirm your appointment for admission

Dear <PI Forename>

I have booked you an appointment for admission to <Specialty> at <Hospital> under the care of <Title> <Consultant Forename> <Consultant Surname>.

Date: <Insert day and date>
Time: <Insert time>
Procedure:  Please phone to confirm you can attend

We need you to please call <insert number> to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by < date >, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed Preparation Note for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.

Kind regards,
<Insert forename surname of staff member>, Clinic Secretary

<<

Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____ on _____ at _____
Place Date Time

Ensure BLI better performing templates are used and expand to other areas

2. Adopt day case default for certain hospital procedures



Pre-set courses of action, take effect if nothing else is specified by the decision maker

Defaults can be a simple but powerful tool

Moving to predominantly day case would lower unit costs while maintaining quality

- The number of surgical procedures that can be carried out on a same-day basis has increased
- But a variety of reasons including behavioural and cultural factors result in lower shares
- Scope to increase day case shares in Ireland
- Tonsillectomies, 1 in 10 in Ireland v. 4 in 10 across the OECD v. 8 in 10 in some countries
- NHS England focus on 30+ and BADS identify and set targets for many more procedures

2. Adopt day case default for certain hospital procedures ctd.



Culture and process changes, not simple mechanical switch

Thoughts on key steps

- **Develop national exemplars for small number of high-volume appropriate procedures**
 - Engage to communicate the rationale and develop the process
 - Overcome issues such as challenges to professional identity & status quo bias
 - Persuasion and modelling
 - Put in place supports to facilitate the change to the default and ease of selection of either option
- **Develop toolkit and learning loops for wider roll-out**

3. Reduce administrative burdens with sludge audits



Sludge is excessive or unnecessary frictions that make it harder to do what we want

- Little burdens can have big effects on staff and patient behaviours and outcomes
- Especially under conditions of scarcity, pressure, ill-health
- A sludge audit is a method to spot sludge and learn how to use behavioural insights to eliminate it

Suggestions

- Undertaking a sludge audit and redesign of online service or process – demonstrate the impact
- Holding a sludge-a-thon
- A sludge event where a process is nominated, and experts come together to rapidly develop solutions

But what about implementation?



- **5 of the BI Measures are written into the 2025 Action Plan of the P&S Task Force**
- **Actively working on “behaviourally informed and tested” projects with NTPF and NSS**
- **Collaborating closely with HSE colleagues in the NPU and PCRS**
- **Drawing on national & international networks, including WHO and OECD**
- **Envisage continued and significant progress during 2025**



Thank You

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