

Interview: Katya Zubareva, Partner, L.E.K.

healthcarebusinessinternational.com/interview-katya-zubareva-partner-l-e-k

April 28, 2022

HBI Deals+Insights / Interviews

HBI catches up with Katya Zubareva, partner at L.E.K. Consulting, ahead of her appearance on the fertility_panel at HBI 2022. In a wide-ranging conversation, she tells us that despite workforce being a consistent challenge to the healthcare services sector, there are some big opportunities.

[Click here to see the full agenda from HBI 2022.](#)

What really excites you across the sector right now? “Consolidation is a very important trend – it has been for a number of years and continues to be so. The benefits of scale and international scale in particular are very topical subjects. As is digitalisation, and COVID pushed us on in this respect a little, but it’s very interesting what you can do particularly with changing the patient pathway to include digital elements.”



Development in the latter area could lead to exciting opportunities: “As a system, we are increasingly assessing how much of the patient pathway actually needs to happen in the hospital or clinic. Can parts of it be self-administered? Can some testing be done at home, particularly for people with long term conditions? On top of that, what do you actually need to see a GP for, or is a conversation with the nurse perfectly suitable instead? I think if changes were implemented significantly across both prevention and long-term condition management interactions that would be pretty revolutionary, but that’s quite hard to drive.”

Clearly passionate about this area, Zubareva adds: “That’s exciting. It’s continuous innovation, and it’s a win-win-win. Patients benefit from convenience and better access, the system overall has lower cost of delivery, and finally there is potentially less need for clinician time, which is scarce and precious. Healthcare’s like that, it is always evolving and redefining what good looks like, and that’s always interested me. The opportunity to be part of that change, to help make it happen – it’s one of the reasons I joined L.E.K. back in 2007, and quickly gravitated towards healthcare practice.”

For Zubareva, development of strong patient propositions is a key theme, particularly in coming years: “In outpatient services, for example, there is a out-of-pocket pay element involved in a lot of countries, or at least definite patient choice. Patients make active decisions in where to have their treatment, unless in emergency situations where you are

wheeled-in semi unconscious, and you don't have the option to choose the best kind of provider for you. That notion of what good looks like, in 2022, in terms of patient propositions, is really interesting. It comes with getting the basic things right, such as pricing, convenience and access, online booking, elements of telehealth, etc.

“Another theme which I find quite exciting is to open up access to private-pay healthcare by making it more affordable. So whether it's acute care, dentistry or diagnostic imaging, how can we re-think provision to make private healthcare more accessible? That's quite an exciting theme.” Zubareva clarifies that this would only be beneficial in some countries, but destigmatising and enabling affordable access for all could be a game changer for the patients and a big help to the healthcare system struggling to clear huge backlogs post-covid.

Workforce shortages, she says, are a consistent threat across a variety of healthcare segments: “There are significant staff shortages across pretty much every healthcare sector, at every level, including non-healthcare staff. It's a struggle to find enough people, and of the right quality. It's not just all about clinicians either: other staff, such as practice managers, make an enormous difference to both the patients' experience and the practice performance.”

COVID has clearly had an impact: “Everything surrounding the workforce is more complex. How do you keep people working in healthcare even though they're exhausted after two years of COVID? How do you excite them, engage them enough for them to stay longer term? It has to do with more than money, it has to do with engagement, training, providing research opportunities, understanding and mapping longer term career trajectories, which are a bit less obvious than you would assume sometimes”. Often, however, that still isn't enough.

She explains: “Cross-border transfers of clinicians is difficult. Right now in the UK we make it quite hard for people to come into the country and work in healthcare, so there is a need for liberalisation of processes to make it easier for, say, foreign dentists to come in.”

Zubareva agrees the blame often lies with the restrictive measures in place in many countries, explaining: “It can't be fixed by private providers, there needs to be systemic change. There are only so many places at medical schools, the workforce is ageing and wanting to work more flexibly (e.g., part-time), yet only so many foreign professionals are allowed to come and take the exams every year before they can practise. I do think something needs to give, either allowing for more foreign clinicians to come in, or there needs to be an increase in the number of places, otherwise it will be extremely hard to sort out.

“Corporate platforms, of course, have an advantage over individual clinics in terms of having the resources to recruit clinicians overseas, help them through local registrations, sponsoring language training if there is a requirement for that – this becomes one of the examples of economies of scale for larger platforms”

Bringing in extra workforce and training is one thing, but what of better use of the existing workforce?: “I do think some of the themes around working patterns are making a big difference, like shifting the work to slightly less skilled people where clinically appropriate. Not every single patient interaction has to be with the dentist or doctor, some interactions can be done by a nurse, a technician, a patient coordinator, or even a receptionist or practice manager (e.g. options regarding financing).

“Regulations vary hugely. For example, nurses can deliver the full fertility cycle in the UK, as long as they are adequately trained and have the competency – in other countries that’s not the case. So some of these silver bullets don’t travel across borders, but some of them probably could, e.g. in terms of how you best roster your patients or schedule to maximise productivity from the clinicians.”

Inflation is a concern too, of course, both in salaries and medical products. She adds: “The war is obviously having an impact – pressure on energy prices and fuel costs translates to price increases in consumables and equipment, and this is on top of the already high salary inflation we have been observing. There has also of course been much disruption in the supply chain due to covid, and it is being exacerbated now by some routes being disrupted further – for time-critical products, such as, for example, radiopharmaceuticals with a short half-life, re-routing distribution to avoid Russian airspace can make a significant difference.

“Ultimately a lot of healthcare is very necessary and not discretionary, although it does vary a lot by treatment type. Cosmetic dentistry or aesthetic treatments might be delayed if pressures on the consumer purse continue, however other sectors (such as fertility treatments) traded well through recessionary conditions historically. For those, there is definitely less impact on the demand side, but how you manage inflation, how it impacts profit, how much of it you can pass onto your patients and commissioners, etc, that kind of remains to be seen.”

We would welcome your thoughts on this story. Email your views to [Kirsty](#)

[Withams](#) or call 0207 183 3779.   