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Sunday, August 11, 2019

(Plenary)

12:15 - 12:40 Citizen Centric Health Service Planning: A New Way

Workforce planning and development

Professor Des Gorman MD PhD

Background

In large part, a focus on the medical profession is an inevitable consequence of the limited research on other healthcare workforces.

Background

For publicly funded medical schools (and other health worker educators), there should be an explicit social contract and such a contract only has utility if expressed as better higher-order health outcomes.

Background

However, there are no data to show that any current medical student selection process or under- or post-graduate education program is responsible for improved health outcomes in served communities.

Background

This is particularly true, and unsatisfactorily so, for affirmation selection processes for under-served communities that have generally and relatively poor health outcomes.

Background

This lack of validity for medical student selection is hardly surprising given that:

Background

(1) educational and health systems are dislocated with respect to governance and management – hence Kaiser Permanente's decision to operate their own medical school;

Background

(2) few public health systems operate as a service industry and are consequentially unaware of the needs and requirements of the communities that they serve from a health and wellbeing perspective; and,

Eurostat	Cost barriers	Travel barriers	Waiting time barriers	Non-health factors	Total unmet need - % pop
Sweden	0.5	0.2	1.2	**11.7**	13.6
France	2.1	0.1	0.5	**3.5**	6.2
Germany	0.6	0.1	0.8	**3.5**	6
UK	0.1	0.1	1.4	**1.5**	3.1
Switzer-land	1	0	0.1	**1.2**	2.3
Nether-lands'	0.1	0.1	0.3	**1.1**	1.6

Background

(3) most public health services are configured and operated in a manner better suited to the needs of Victorian England.

Eurostat	**Waiting time barriers**	**Doctors per 1,000 pop.** (ratio of OECD mean)	**Total unmet need** (% pop)
Sweden	1.2	1.1	13.6
France	0.5	1.1	6.2
Germany	0.8	1.1	6
UK	1.4	0.7	3.1
Switzerland	0.1	1.2	2.3
Netherlands	0.3	1.2	1.6

Background

(4) medical students are still being largely selected (and trained and assessed) on the basis of a skill set that is no longer particularly valuable.

Two core principles

(1) An explicit understanding and alignment of the requirements of the community, as well as providers, payers, regulators, educators and other social agencies is a pre-requisite to any sensible health planning; and

Two core principles

(2) The dog needs to be in control of its tail and not the other way around –

Two core principles

– health need must drive the development of desirable outcomes, and in turn co-developed models of healthcare and relevant funding approaches.

Two core principles

Solution sets for these models of care ideally should be locally developed and contextual.

Workforce selection and development must be subservient to this process if it is to be useful.

Selection on the basis of a desirable skill set to meet current and future health need

The London Taxi Driver Analogy

How it was in 1978

Arriving at Heathrow in 1978

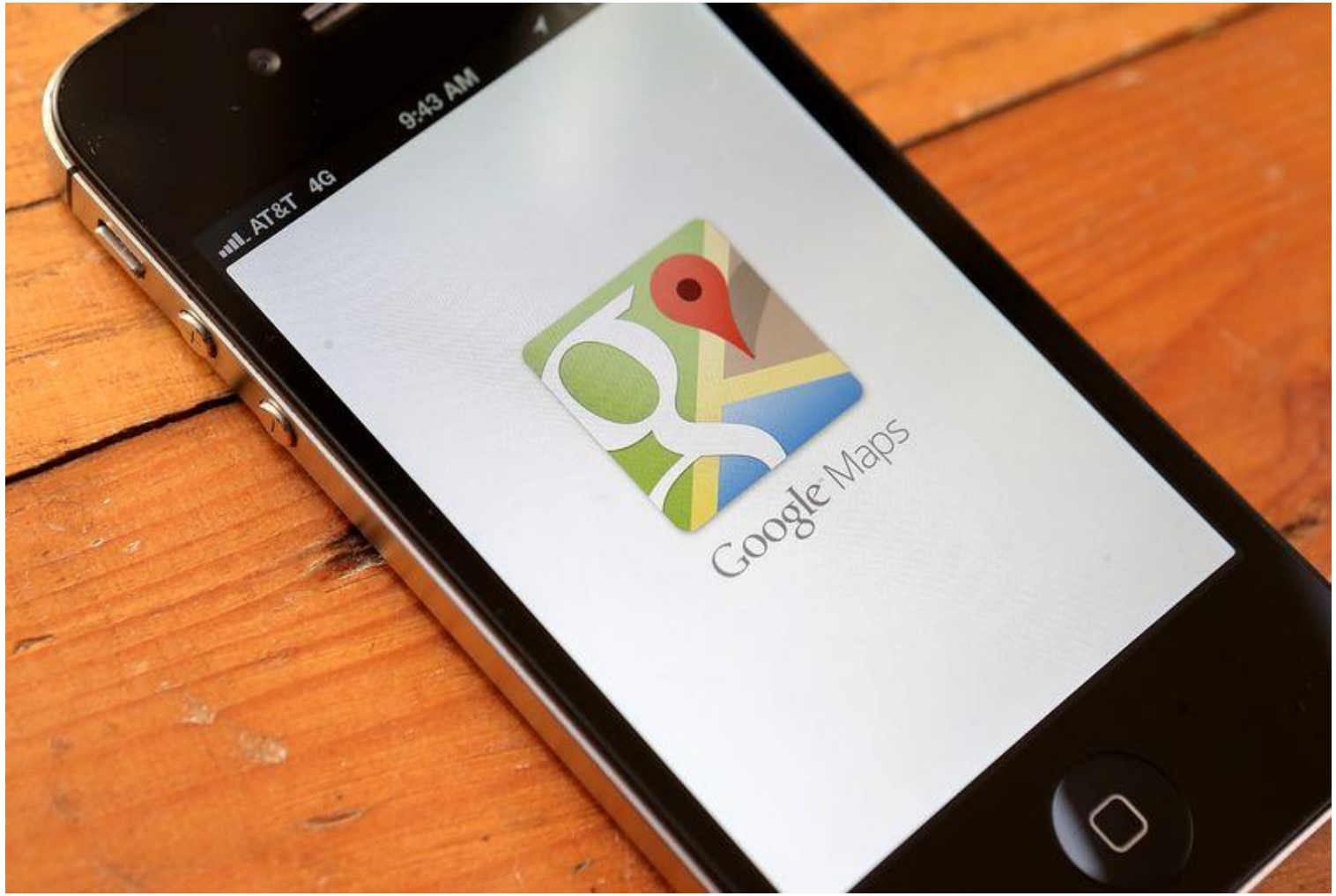
Paying for the ‘knowledge’

Selection on the basis of a desirable skill set to meet current and future health need

The London Taxi Driver Analogy.

How it was in 1978

How it is now



Arriving at Heathrow in 2019

Selection on the basis of a desirable skill set to meet current and future health need

The London Taxi Driver Analogy.

WHAT AM I PAYING FOR?

THE VALUE PROPOSITION HAS CHANGED.

Selection on the basis of a desirable skill set to meet current and future health need

The London Taxi Driver Analogy.

How it was in 1978.

How it is now.

How it will be?


Business Market share

The dodo, bank tellers, London taxi drivers and ….

THE LONDON TAXI DRIVER ANALOGY

	THE LONDON TAXI DRIVER	THE PHYSICIAN
How it was in 1978	The London taxi driver and the knowledge	The consultative era of medicine.
How it is	Google maps - What is the value of a taxi driver?	Participatory healthcare - What is the value of a health care provider?
How it will be	Autonomous taxis - Taxi drivers as tourism and museum attractions.	Self-management.

The London Taxi Driver Analogy

What were the desirable skills, which underpinned selection and education, for a physician when the acquisition, recall and the use of ‘knowledge’ in deductive reasoning was the mainstay of physician practice?

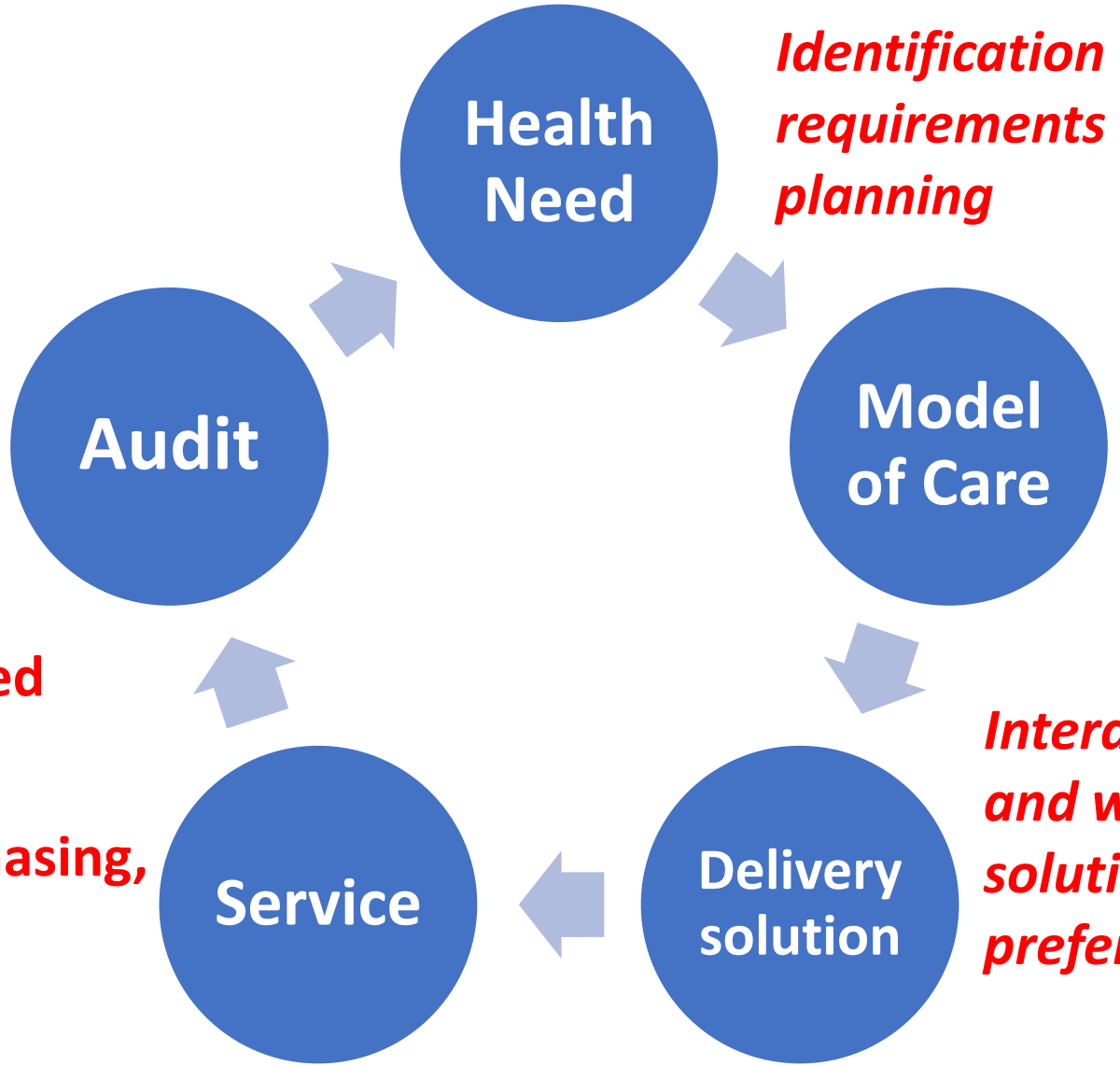
The London Taxi Driver Analogy

What are the desirable skills for a physician, to underpin selection and education, when the ‘management of knowledge’ in a participatory and self-management healthcare milieu is the mainstay of physician practice?

Selection on the basis of role so as to meet current and future health need

A citizen-centric approach to health planning and the implications of this to professional roles and functions, and consequentially to desirable characteristics to underpin selection and to form the basis of an increasingly apprenticeship approach to medical education.

A virtuous healthcare service cycle



Identification of user's requirements and design planning

Interactive IT, capital and workforce service solutions – choice of preferred solution set

Choice of purchasing, funding or commissioning approach

Audit of outcomes, cost and quality against user's requirements – and effect on health need

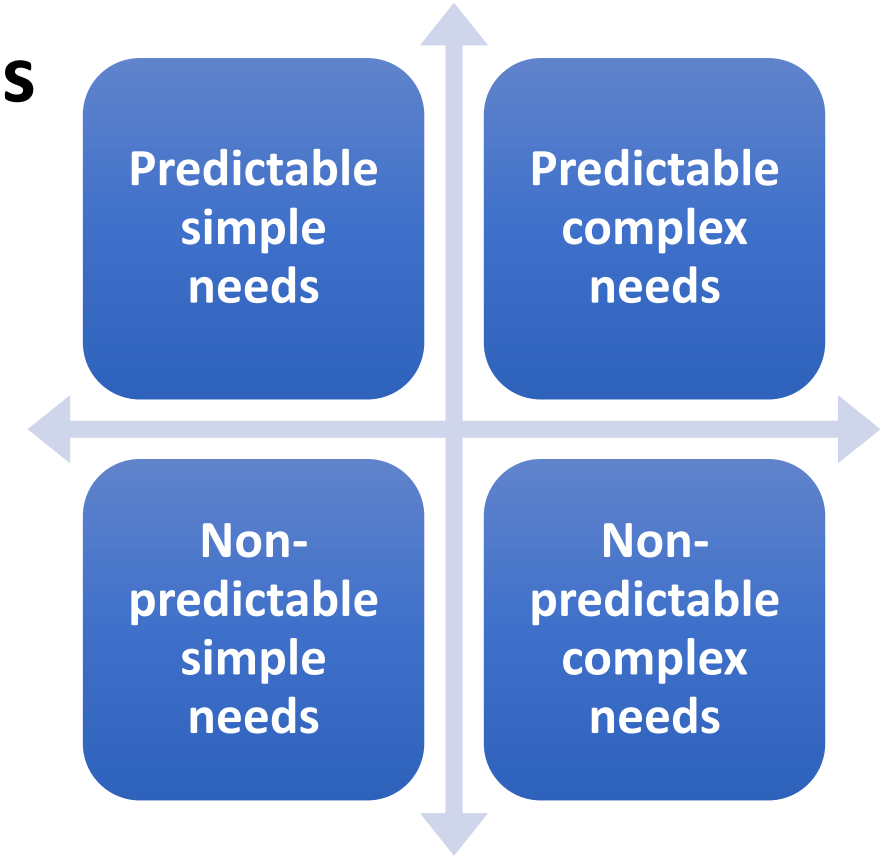
How do you choose a preferred solution set?

Shadow price considerations.

A design tool – accounting for complexity and predictability.

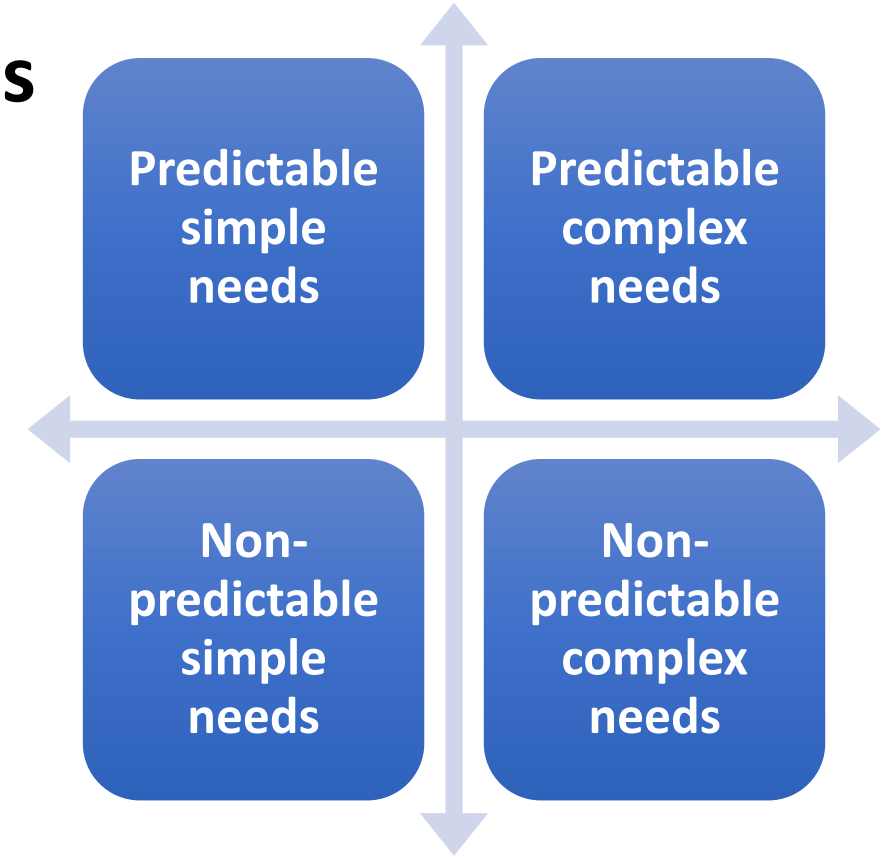
Another design tool – the role of the citizen versus the role of a health service.

Increasingly predictable health needs



Increasingly complex health needs

Increasingly predictable health needs



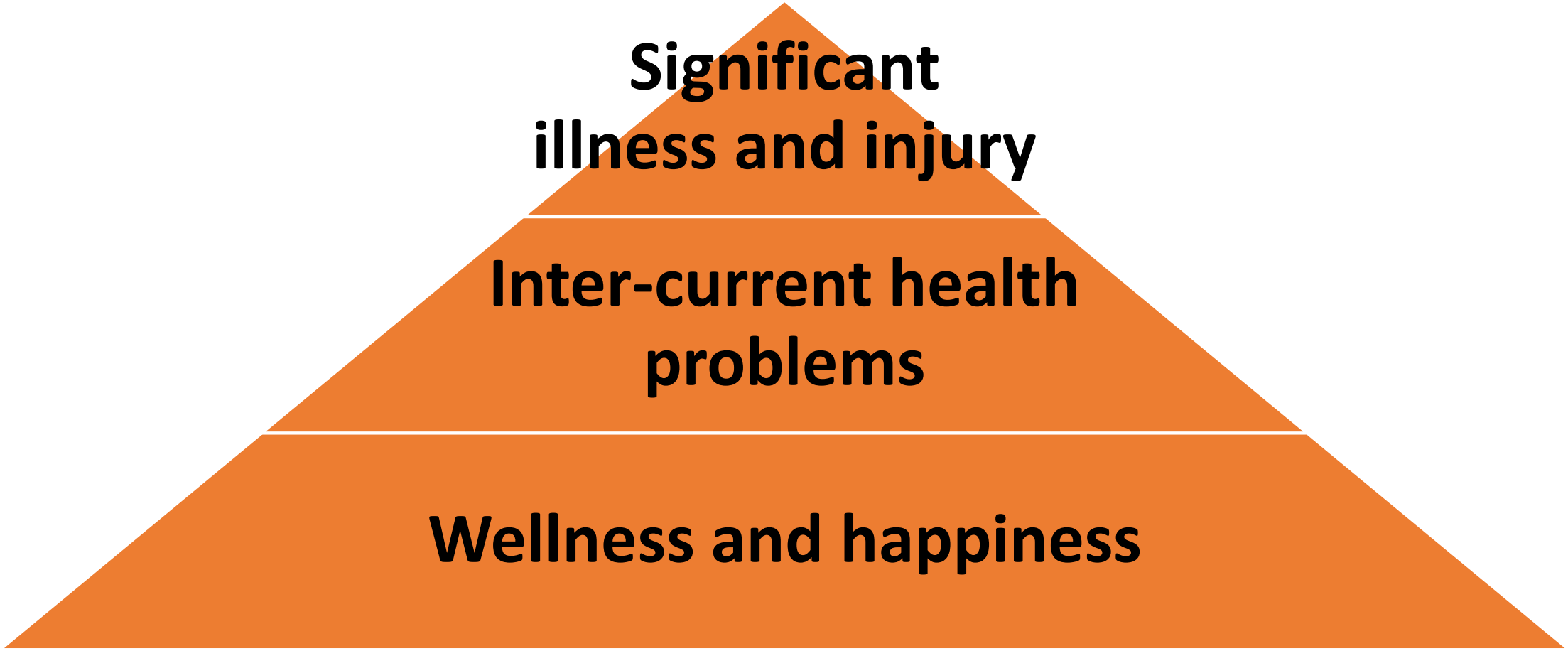
Where would virtual delivery mechanisms likely be most valuable?

Where would physicians involved in conventional clinical approaches likely be most valuable?

Where would nurse and nurse practitioner led care likely be most valuable?

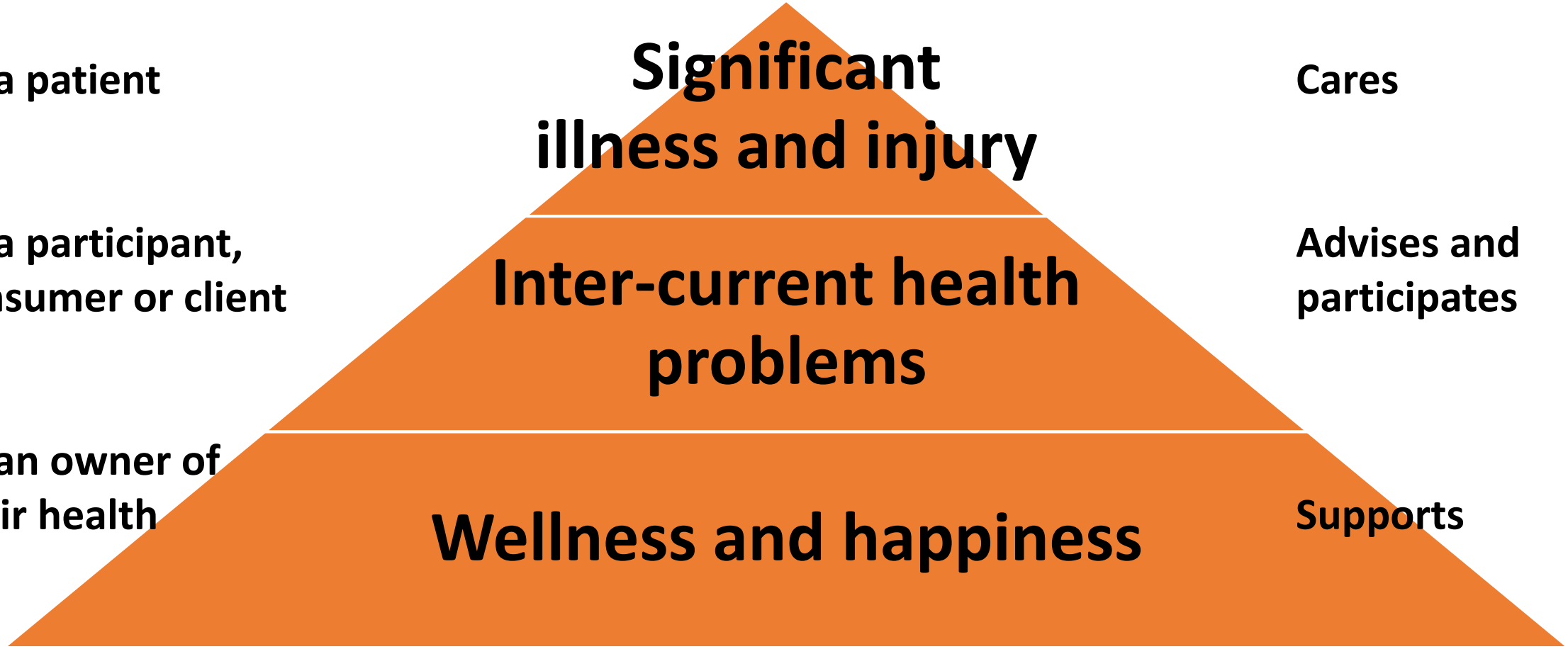
Where would just in time trained and micro-credentialed health workers likely be most valuable?

Increasingly complex health needs


Significant
illness and injury
Inter-current health
problems
Wellness and happiness

THE CITIZEN:

THE HEALTH SYSTEM:



As a patient

Cares

As a participant, consumer or client

Advises and participates

As an owner of their health

Supports

Conclusions

Reform of anything in healthcare is never easy. There are formidable interactive barriers to innovation.

Two core principles.

Two core principles

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