• Workforce planning and policy is an instrumental goal:
  • *The right person enables the right care in the right setting, on time, every time.*
  • *The right member of the health care team enables the right care in the right setting, on time, every time.*
The challenge(s) of health workforce

1. Right roles
2. Right numbers
3. Right places
4. Right incentive structure
5. Right leadership
The challenge(s) of health workforce

1. Using the skilled workforce properly
2. a. Avoiding shortages or too large a surplus and
   b. Finding the people to meet the increase in care needs
3. Addressing primary care needs in rural and remote Australia
4. Getting the pay structure right
5. Managing well
The challenge(s) of health workforce

Challenge 1: Using the skilled workforce properly
Respondents saw significant scope for change

For each of the following groups respondents were asked to estimate the percentage of workload that could be done by a lower-cost group, without reducing quality of care.

In round 2, respondents were provided with the average results from the previous round, which may have contributed to rising and converging estimates.

For each workforce group at least 94% of respondents suggested that some substitution was possible.
Respondents saw significant scope for change

For each of the following groups respondents were asked to estimate the percentage of workload that could be done by a lower-cost group, without reducing quality of care.

In round 2, respondents were provided with the average results from the previous round, which may have contributed to rising and converging estimates.

For each workforce group at least 94% of respondents suggested that some substitution was possible.
There was very strong agreement with a wide range of substitution options

Respondents were asked to what extent they agreed that the following shifts of workload would reduce the cost without reducing quality and safety:

- OT to allied health assistants
- Physiotherapists to Physio Assistants
- Interns to ENs
- Intern to RNs
- Interns to Nurse Practitioners
- Resident to clerical workers
- Resident to RN
- Resident to Nurse Practitioners
- Residents to Physician Assistant
- Specialists to RNs
- Specialists to Nurse Practitioners
- Specialists to Physician Assistants
- ENs to Cleaners
- ENs to Clerical Workers
- ENs to Personal Care Assistants
- RNs to Clerical Workers
- RNs to Personal Care Assistance
- RNs to ENs
The challenge(s) of health workforce

Challenge 2a: Avoiding shortages or too large a surplus
### Workforce planning is a balancing act

<table>
<thead>
<tr>
<th>Costs of undersupply</th>
<th>Costs of oversupply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor access, unmet need, potentially poorer outcomes</td>
<td>Unnecessary costs incurred by students and in education sector in training workforce</td>
</tr>
<tr>
<td>Overworked and stressed workforce (which may make the profession/area unattractive and further reduce supply)</td>
<td>Unnecessary services provided where workforce can create own demand</td>
</tr>
<tr>
<td>Increased costs of alternative provision (e.g. travel costs)</td>
<td>Workforce may not maintain skills because of insufficient consultation rate</td>
</tr>
</tbody>
</table>
Medical workforce supply and demand – three scenarios

Number of doctors 2025

Supply
Demand

Comparison
Productivity gain
Low demand
The challenge(s) of health workforce

Challenge 2b: Finding the people to meet the increase in care needs
Projections of population

People 85+

8-fold increase in people 85+

NB: I don’t think care needs will increase 8-fold
How will we meet this increase in care demand?

Engagement rates, 2009
Projections of population

- **People 85+**
  - 8-fold increase in people 85+

- **18 year olds**
  - Not quite double

- **Number of people**
  - 2006 to 2086
How will we meet this increase in care demand?

Engagement rates, 2009

Recruitment options:
- Increase share of school leavers who enter health professions (?? To all of them?)
- Recruit from non-traditional sources: ‘not fully engaged’ carers?
- Increase relative proportion of international health professionals

Retention options:
- Reduce drop out rate
- Increase work participation rates beyond 60-65

Redesign options:
- Self management
- Robots
- Increase relative proportion of international health professionals
Who has ownership of this issue?

Is this something that

a. ‘they’ should fix i.e. an ‘aorta’ problem: “Aorta do something about this”

b. ‘we’ (service providers) should fix, but not just yet i.e. a ‘gunna’ problem: “We’re gunna work on this sometime”

c. Your executive has plans to address

d. a + c
The challenge(s) of health workforce

Challenge 3: Addressing primary care needs in rural and remote Australia
Workforce substitution

Frank and Ernest

Pharmacy

Can you give me something that will make me feel better, but not quite good enough to go back to work?

There is huge variation in GP services per person across Australia – we focus on areas of extreme shortage

Fulltime Work Equivalent GPs per 100,000 population, Medicare Local areas, 2011-12

Source: Grattan Institute
Progress is slowest where it’s needed most

FWE GPs per 100,000

<table>
<thead>
<tr>
<th>Region</th>
<th>2006-07</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Inner regional</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Outer regional</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Remote</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Very remote</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

Years to reach major cities level based on 5-year trend

- Outer regional: 10
- Remote: 20
- Very remote: 70
These areas have the greatest need but the slowest growth in GP services – new solutions are needed

INTERIM RESULTS ONLY - SUBJECT TO CHANGE

Change in FWE GPs per 100k, 2009-10 to 2011-12

Medicare Local areas by access to GPs in 2009-10
**Sneak preview 1**

**Upcoming report: Squandering Skills in Primary Care**

**Proportion of GP visits by complexity (%)**

- **Existing problem**: 9%
- **New problem**: 10%
- **Total**: 81%

### ‘Less complex’ GP visits
- Only one problem managed
- 1-2 medications prescribed
- No pathology or imaging
- No procedures (excluding immunisations)
- No other clinical treatments (excluding advice/education)

### Proportion of ‘less complex’ visits with relatively straightforward problems managed

- **Oral contraceptives**: 3%
- **Allergic dermatitis**: 3%
- **Sinusitis**: 3%
- **Ear infections**: 6%
- **Bronchitis**: 8%
- **Immunisations**: 12%
- **Colds**: 12%

Approximately 1/3 of ‘less complex’ visits or 12 million visits a year

*Source: Grattan Institute analysis of BEACH data*
Challenge 4: Getting the pay structure right
Paying to reward good care

Is there a right answer? vs. How do you manage the polarity? (aka ‘blended payments’)

And what about outpatients?

Bundling and ‘exclusivity’

Fee for service vs Capitation (or payment for episodes)

Johnson, B Polarity management: identifying and managing unsolvable problems HRD Press 1996
The challenge(s) of health workforce

Challenge 5:
Managing well

A whole other talk….
The challenge(s) of health workforce

1. Using the skilled workforce properly
2. a. Avoiding shortages or too large a surplus and 
   b. Finding the people to meet the increase in care needs
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4. Getting the pay structure right
5. Managing well

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