



# PRO.M.I.S.

Programma Mattone Internazionale Salute

## CONFERENCE

**“The commitment of European healthcare systems to prevent and manage the frailty challenge”**

**New skills and new jobs to address the needs of an ageing population: which opportunities**

05-06 July 2018

Ancona, Loggia dei Mercanti

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*SEPEN - Support for the Health  
Workforce Planning and  
Forecasting Expert Network  
healthworkforce.eu*



# Agenda



1. A (long) premise: **why planning** the health workforce
2. What are the **challenges and opportunities** for human resources for health in the face of the new needs of a changing population?
3. Conclusions



# Human resources for health



# A universal truth: no health without a workforce



Whenever we face a challenge in relation to a health issue, we need to ask ourselves:

- **Which health workforce** do we have today to face this challenge?
- **What action** do we need to take to make the current health workforce fit for this challenge?

# Why planning the health workforce



- If the Health System does not have enough qualified staff, patients and their families will suffer at a time when they are at their lowest ebb.
- The consequences of such "failure" can be catastrophic for the individual and their families.
- A new health professional needs between 4 and 12 years to be trained and become "productive".

## Demographic and social



Planning to meet the needs of an ageing population with an ageing workforce



Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities



Managing changing public expectations about the care they receive

## Health and social care system design



Achieving better integration between health, social care and support organisations



Shifting the focus of the system towards prevention and well-being



Delivering the personalisation agenda and providing person-centred care within financial constraints

## Quality and productivity



Ensuring the system delivers high-quality services within financial constraints



Developing effective measures for quality of care and productivity and ensuring high-quality data is collected



Preparing for changes resulting from innovation and technology

## Financial and economic

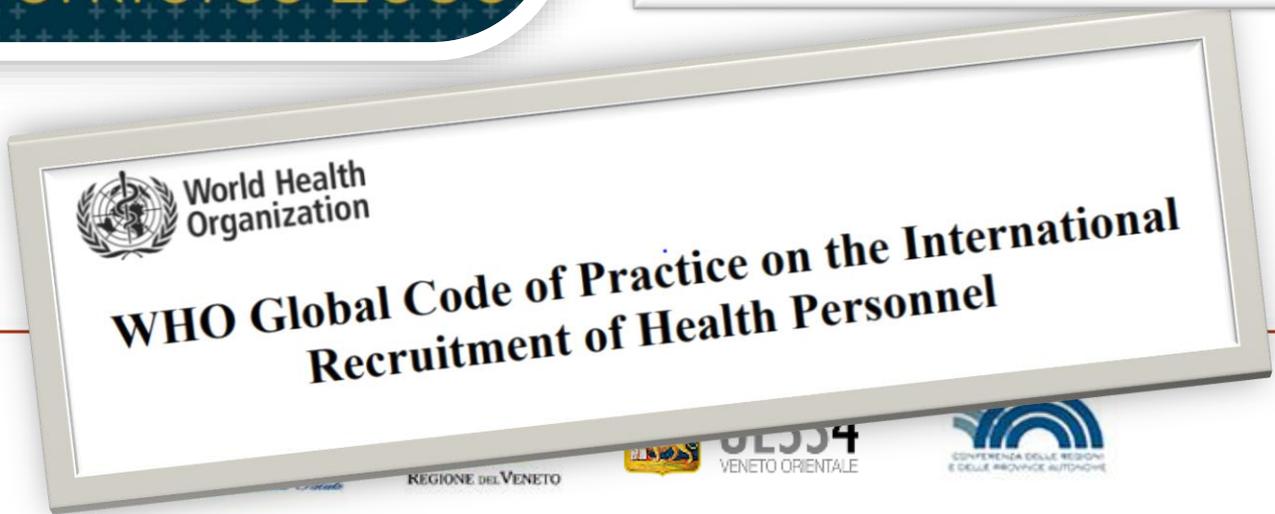
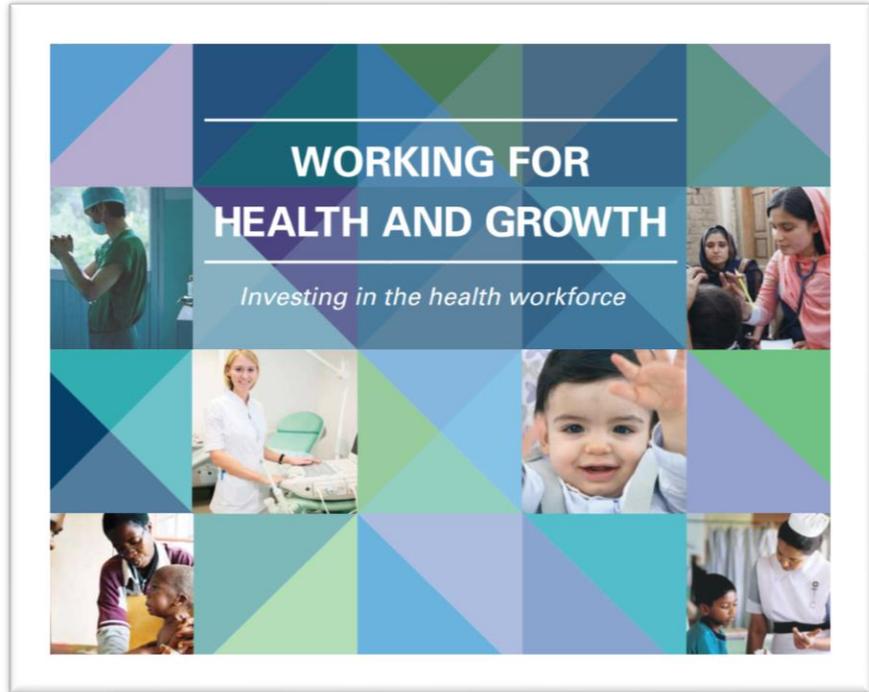
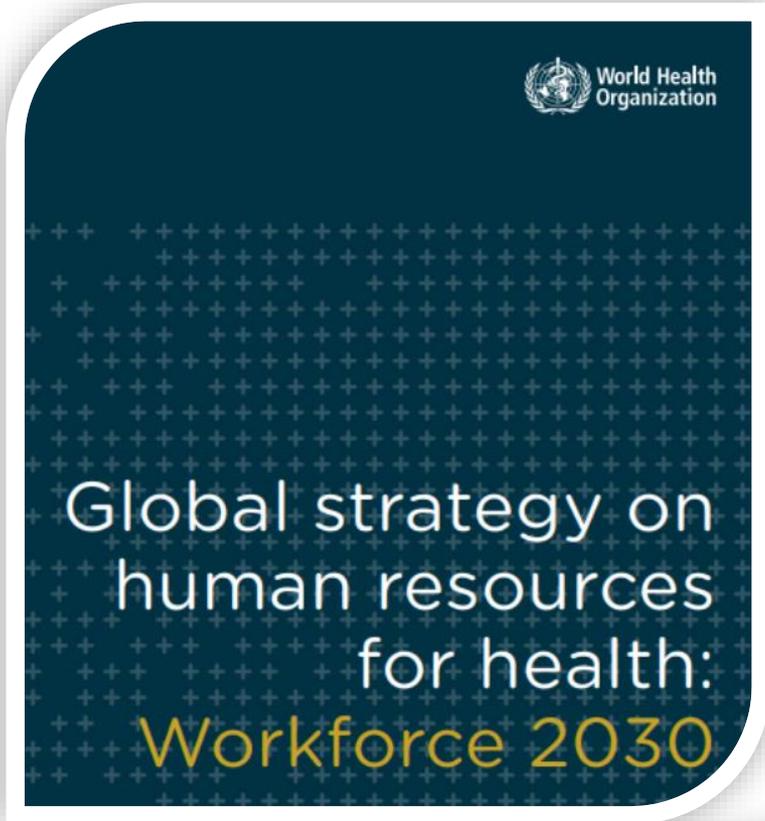


Planning service delivery given the uncertainty about levels of funding in the future and how this will affect future demand for and supply of care services



Uncertainty about how investment in life science, health and care will support the UK economy

# Some answers to the changing world: WHO



# Some answers to the changing world: EU

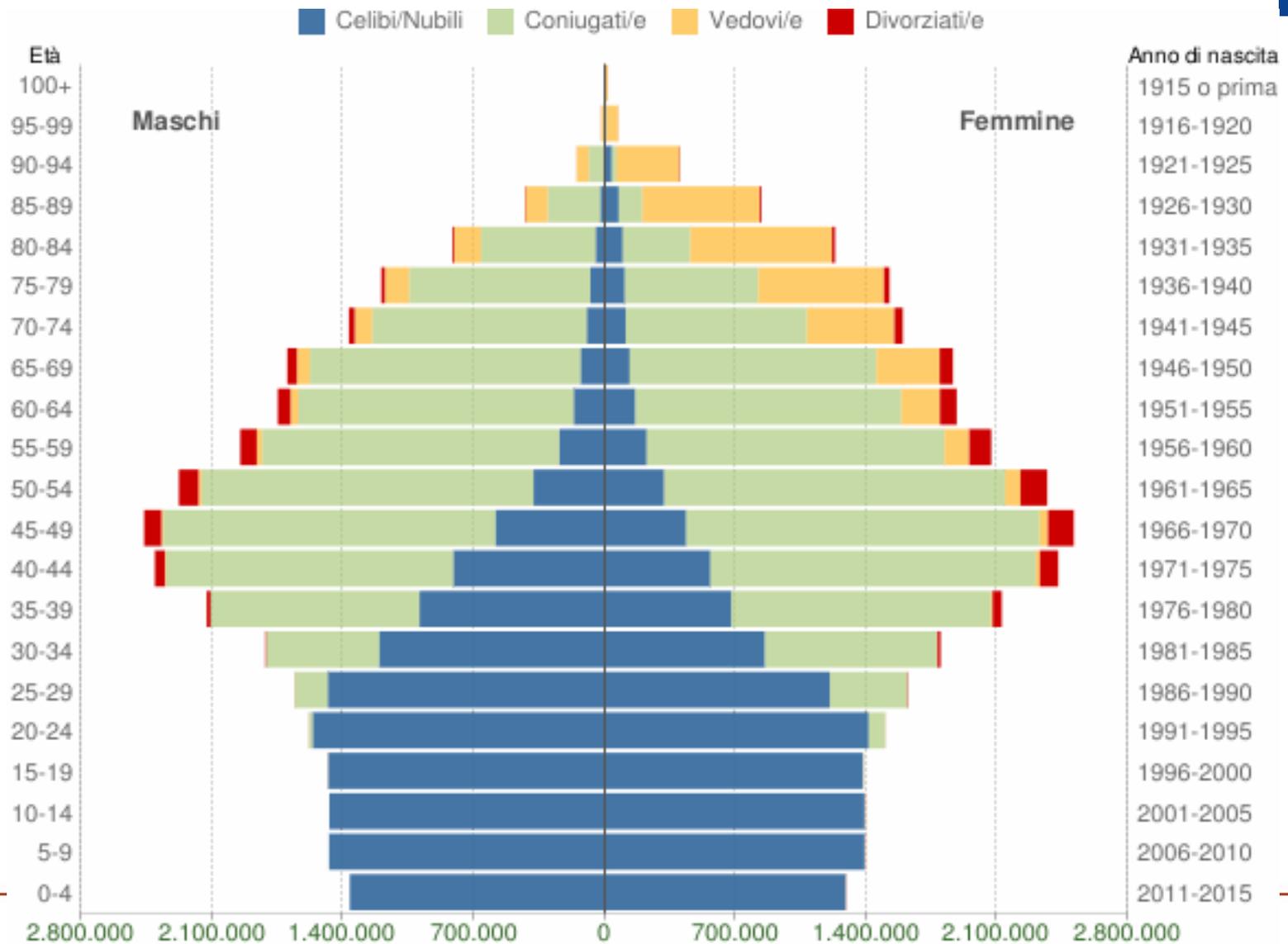


The logo features a circular arrangement of blue stylized human figures holding hands, with yellow crosses in the center of each figure. Below the logo, the text reads "SUPPORT FOR THE HEALTH WORKFORCE PLANNING AND FORECASTING EXPERT NETWORK". At the bottom of the block is the European Union flag and the website address "healthworkforce.eu".



healthworkforce.eu

# Which health workforce for a changing population



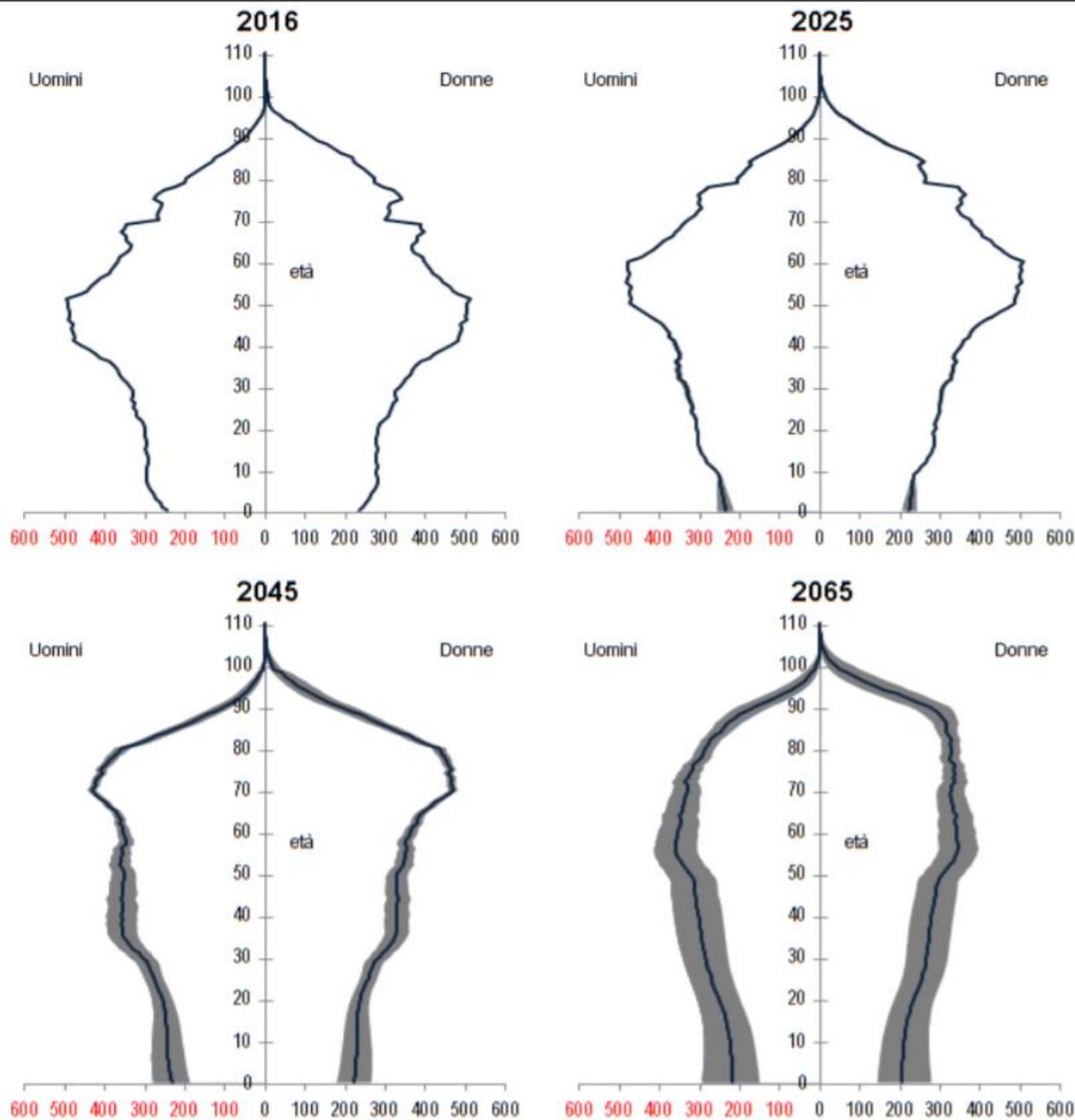
Popolazione per età, sesso e stato civile - 2015

ITALIA - Dati ISTAT 1° gennaio 2015 - Elaborazione TUTTITALIA.IT

FIGURA 5. PIRAMIDE DELLA POPOLAZIONE RESIDENTE – SCENARIO MEDIANO E INTERVALLO DI CONFIDENZA AL 90%. Italia, anni 2016-2065, 1° gennaio, dati in migliaia



Whic



# Which health workforce for a changing population



## OECD Feasibility Study on Health Workforce Skills Assessment

Results from the 2011/2012 OECD Programme for the International Assessment of Adult Competencies (PIAAC):

- PIAAC results showed that some **76 percent of doctors and 79 percent of nurses reported over-skilling** in their current job,
- while **51 percent of doctors and 46 percent of nurses reported under-skilling**.

Emerging evidence of how skill mismatch leads to performance issues: low quality of care, poor patient outcomes and low productivity

- Poor communication with patients
- Ineffective teamwork
- Ineffective use of technology
- Using high wage workers for routine work
- Poor management of risks

# Which health workforce for a changing population

## Main drivers of change to the skills and competences of the future health workforce in the European Union

Populations	Health care services	Health workforce
<ul style="list-style-type: none"> <li>▶ Population structure</li> <li>▶ Long-term care and availability of informal carers</li> <li>▶ Types and distribution of health conditions</li> <li>▶ Multimorbidity</li> <li>▶ Health inequalities</li> <li>▶ Health literacy</li> <li>▶ Patient mobility</li> <li>▶ Patient empowerment</li> </ul>	<ul style="list-style-type: none"> <li>▶ Health care expenditures</li> <li>▶ Health IT and health services</li> <li>▶ Genomics and precision medicine</li> <li>▶ Location of care by setting</li> <li>▶ Roles and decision rights</li> <li>▶ Regulation</li> </ul>	<ul style="list-style-type: none"> <li>▶ Ageing health workforce</li> <li>▶ Multi-professional education and adaptation of competences</li> <li>▶ Health IT and health workforce</li> <li>▶ Skill mix</li> <li>▶ Health workforce mobility</li> </ul>

Multi-disciplinary team working



Coaching and health promotion



Prevention



Detailed genetic assessment and treatment skills

Regulatory awareness and revalidation skills



Information interpretation skills

Systems thinking and workforce planning skills and competence



Use of eHealth and technology adoption



Driving forces out to 2035



New skills and competences



## Conclusion # 1

*Italy is not as they tell us: we have believed to grow and we are declining, our presumed "modernization" is a plane inclined towards fragility and backwardness. And in the increasingly large space that opens up between the presumed well-being and daily fatigue of living, envy, grudges and intolerances grow.*

## Marco Revelli Poveri, noi



L'Italia non è come ce la raccontano: abbiamo creduto di crescere e stiamo declinando, la nostra presunta «modernizzazione» è un piano inclinato verso la fragilità e l'arretratezza. E nello spazio sempre più ampio che si apre tra presunto benessere e fatica quotidiana del vivere crescono l'invidia, i rancori, le intolleranze.



## Conclusion # 2



Liù, the dog that sniffs at the tumors before the medical tests.  
It discovers prostate cancer from urine: right diagnosis in 98% of cases

## Conclusion # 3



1. Planning is not easy: it is not in the Italian DNA.
2. Planning health care services and health workforce is even more difficult, because health is a complex and sensitive policy issue.
3. The results of a good planning take longer than the average time of a political mandate.

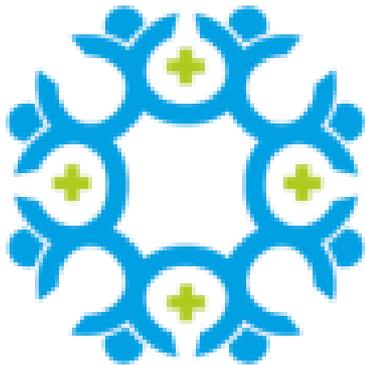
**BUT**  
**DO NOT PLAN IS WORSE!**

# THANKS FOR YOUR ATTENTION

*Paolo Michelutti*

For more information, please visit

[www.healthworkforce.eu](http://www.healthworkforce.eu)



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