Enablers and obstacles to health workforce innovation

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Health workforce innovation

- Health Workforce Innovation in Context
- Enablers for Innovation
- Building on the Evidence Base
- Conditions for success
- How WHO CC can make a difference.....

Innovation in Context: what a Health Minister will ask

- How can we plan how many ...doctors....nurses ....midwives etc to educate, and employ?
- How can we improve recruitment, retention and return ?
- Which incentives are effective in motivating health workers?
- How can we determine and deploy the most effective skill mix of different roles and staff?
- How do we improve productivity of the workforce?

Implementation of innovations: advanced practice nurses in Europe (Maier, Rogers)

Innovators

Early adopters

Early majority

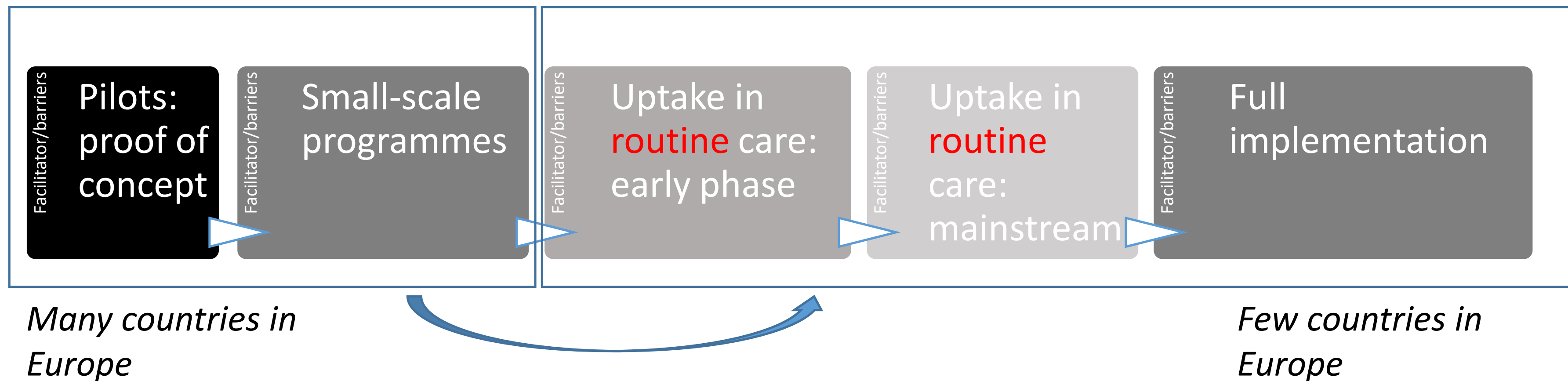
Late majority

Laggards

Rogers 1995

High Propensity to adopt Low

Low Propensity to resist High



Health workforce challenges and proposed solutions: Which country? Which year?

- …….demand for care outstripping supply
- ……..nurse staffing difficulties in some regions/ specialties
- ……..increasing competition from other employers
- ……..negative media coverage of working conditions in hospitals

- Proposed innovative solutions e.g.:
- Skill mix change: use of support workers to “free up” nurses to deliver care
- Productivity improvements: standardise protocols, examine optimal shift patterns
- Retention: examine pay and incentives , improve pension
- “Returners” : implement measures to enable those on career break to come back to the workforce

- Ministry of Health (xxxxxxxx) 'Staffing the hospitals: An urgent national need’.

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Enabling environment factors that influence health workforce innovation (GHWA, 2012)

(1) government engagement, (enactor, regulator)

(2) political will,

(3) health worker advocacy organizations (roles, motivation)

(4) local ownership,

(5) civil society,

(6) business and capital- sustainable funding models?,

(7) technology,

(8) education and training

(9) health workforce innovators: influencing, scale

The evidence base on workforce innovation and contribution ("value")

- Notable single publications that provide systematic reviews (e.g. Laurent et al, 2005) which support scope for advanced practice
- Notable multi site studies (e.g. Aiken et al, 2014) have made an impact.
- (A) notable multi- country assessment that provides analytics for advocacy, policy formulation and benchmarking (The *State of the World's Midwifery* (SoWMy) 2014)
- BUT too much of the remainder of the evidence base is small scale: single site studies that may, at best, have a point- in- time relevance: that can too easily be dismissed as being only of that time and of that place, and not part of the bigger picture.

Improving the evidence on workforce innovation and contribution (“value”)

- High-Level Commission on Health Employment and Economic Growth (WHO, 2016)- takes a broad perspective
- Population health = an economically productive population
- Health employment = an economic multiplier, contributing to economic growth;
- Health employment = a social multiplier,by encouraging more women into qualified jobs and stable careers in low income countries.

Evidence does not need to be complex to be compelling

- Between 3 and 12 nurse practitioners can be educated for the price of educating 1 physician [Starck PL. The cost of doing business in nursing education. J Prof Nurs 2005;21:183-190]

- Cost of training a physician (Consultant) =£uk 508,819 ; cost of training a nurse = £uk 80,807. Curtis L. Unit Costs of Health and Social Care, 2015. Personal Social Services Research Unit, University of Kent

[Ab]using the evidence

- “What politicians want is policy based evidence, not evidence based policy”
- Evidence shopping
- Fixing the evidence
- Mishandling the evidence
- Imaginary evidence
- Clairvoyant evidence
- Secret evidence (Henderson, 2013)

Innovation: Conditions for Success (Cox et al, 2018)

- ‘Land and expand’: engage individual clinicians in small pilots which address immediate needs, to spark appetite for wider scaling
- Engage via patient advocates and patient networks
- Communication skills, “non-sales” approach and the ability to sustain relationships
- Innovations that were able to deliver results in one year
- Demonstrating alignment with national and local agendas
- Building national partnerships
- Gaining champions and endorsement

"BOTTOM UP" INNOVATION

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Innovation across borders

The Guardian

Buurtzorg: the Dutch model of neighbourhood care that is going global

Innovative nursing model cuts bureaucracy and gives nurses more freedom and time with clients

How CC can make a difference (1) …….

- Health workforce innovation research must focus on the connections between cost inputs, staffing innovation (e.g mix, new role, new tech.) and outcome measures.
- Most current research does not do this- it either:

1) focuses on staffing inputs/ innovation and (perhaps) outcomes, but not on costs, which helps make the case for innovation but can be challenged on issues related to resource availability ("need" versus "expressed demand")

2) or focuses on costs but not outcomes (which means knowing the cost of the workforce innovation, but not its value).

How CC can make a difference (2)

- Champion the global HRH strategy, and focus particularly on innovation and evidence on:
- primary care, NCD ‘s
- outcomes oriented HRH policies,
- education aligned with population health needs,
- womens’ role and career opportunies,
- evidence generation and data improvement
- <u>Collaborate, Co-ordinate, Communicate, Disseminate, Network</u>

How CC can make a difference (3)

- CC can provide more substantive contributions to the evidence base on innovation….but……..(Henderson, 2013) …..Evidence is necessary but not sufficient to achieve change…so…….
- Evidence generation needs to be aligned with an understanding of power relationships, and by the marshalling and use of political power, underpinned by stakeholder mapping, and driven by clear objectives……..
- CC must be politically aware and connected, policy oriented, outward looking and networked to support health workforce innovation

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