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**Expert Panel on Effective Ways of Investing in Health (EXPH)
Hearing on “Task shifting in health systems”**

Brussels, 5 June 2019

Background

The Expert Panel on Health is currently working towards an Opinion on “Task shifting in health systems” to support the Commission by providing the views of the Panel, informed by evidence, on issues that can make a real change to health systems reforms and investments within the EU. The aim of the hearing was to provide stakeholders with an opportunity to share their views on the draft Opinion of the Expert Panel on the above-mentioned subject.

Panel members present: Prof. Martin McKee (presenter/rapporteur), Prof. Luigi Siciliani, Dr Dionne Kringos, Dr Aleš Bourek, Assoc. Prof. Liubove Murauskiene

Presentation of the Opinion

The hearing began with an overview of the draft Opinion on “Task shifting and health system design”. The Panel’s tasks included: identifying and characterising “tasks” suitable for a “task shifting” process; determining the main enabling conditions and difficulties/risks that have to be taken into account when defining “task-shifting” measures as part of health system reforms; determining how to measure the impact of “task shifting”. There are many tasks that can be taken care of by the patients, their carers and technology. So an updated approach includes task distribution, task sharing and competency sharing. This update is necessary because of the heterogeneity of the healthcare systems and professions across Europe. Some of the factors driving change include changing patterns of disease, new technology, changes in professional norms, a shortage of health workers, cost containment and the decentralisation of organisational structures. Some of the challenges include a limited evidence base on task-shifting, which is concentrated to a few countries. Another challenge to consider is the threat to power in established hierarchies, especially where there are financial interests involved. Sometimes there are also problems with obsolete regulation, which prevent tasks from being shifted.

Changing roles mean either **enhancement, substitution/delegation** or **innovation**. The Panel has looked at task shifting along **the following main lines: from health professionals to patients, task shifting to community workers, task shifting from health workers to machines, task shifting to different types of health workers.**

The Panel developed a set of **recommendations**, which were presented and discussed at the hearing.

Main issues raised by stakeholders

Terminology and definitions

- 'Task shifting' can have a negative undertone, while 'sharing' and 'distribution' reflect better what is going on.

Task shifting

- Diagnosis and therapeutic decisions cannot be divided and should remain with the doctor.
- Better allocation of resources

Legal aspects

- Call for clearer distinction between substitution and delegation, since it comes down to responsibility, who can be held liable. Indemnity insurance, whether criminal and civil liability is enough, whether professional supervision is needed, who carries it out should be emphasised more.

Task shifting to patients, between professions, to machines

- Patient empowerment to self-manage chronic conditions as well as patient education was emphasised.
- Shifting care from people to machines, digitalisation issue is much broader.
- Non-communicable diseases, especially musculoskeletal ones, omitted in the report. Use of physiotherapists with special training and chiropractors, task shifting in this case would mean relieving the GPs' burden and shifting the task of seeing musculoskeletal patients to FCPs.
- Evidence existing on peer workers, i.e. patients can also provide help to other patients.

The patient organisation perspective

- There is a lot of inefficiency in the system, which the patient organisations see as they follow the entire patient journey.
- Recommendations should be done based on diseases. Important to look at patient path.
- Patient organisations should be part of that process in a more systematic way.

Other raised issues

- Call for more funding to patient organisations, to demonstrate their effectiveness for patient outcomes.
- Call for further health equity impact assessments.
- Inclusion of national social partners raised, because they are the ones setting and bargaining the collective agreements.

Next steps

All comments will be considered and a finalised opinion will be presented to the Panel on 26 June for adoption.