

EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH

Request for an opinion: “Task shifting¹” in healthcare systems.²

Background - Rationale

New organisational models of care and payment reforms are triggering changes (due to demographic and epidemiological transition, technological changes and the evolution of patients’ needs and goals). Scenarios of future healthcare models should consider an interdisciplinary approach and innovative solutions (new therapeutic strategies, technologies, products and organisational changes). Besides health economics challenges (cost containment, resilience) health systems have to face the problem of shortages of qualified health professionals. Maintaining a balance in terms of numbers, diversity, and competencies of the health workforce requires for understanding of the challenges that shape health systems as well as labour markets.

Currently there are only fragmented skills needs assessments available and there is a need to aim for simplification, to avoid complicating an already complex model. Health workforce planning processes/ reengineering has to be needs driven, looking at the right skills needs and flexibility, and identify tools and approaches to implement planning. One of the proposals put forward to address the need of a new skill-mix for healthcare personnel is implementing new/different models of “task shifting” by defining different types of changing the tasks.

“Task shifting” can already be seen within existing care teams, in an attempt to valorise the qualification of the team members; there is an ongoing trend for health professionals to focus more time on the use of their clinical competencies (for detection, identification, diagnosis and treatment of disease and disability) and to unburden them from non-core activities.

It is important to have a clear understanding of what type of tasks can be distributed. This includes different mixes of personnel (various roles for existing professionals), creation of new types of personnel (APN/Nurse Practitioners, Physician Assistants, and healthcare assistants), new categories (associate health professionals) or even shifting the tasks to non-clinical health systems (to patients in self-care and self-prevention or even to non-humans).

It is important how clinical/medical judgment and decision making (defining settings and procedures for supervision arrangements - physician oversight or protocols)) is defined and established when transferring tasks to other professionals (the professional and/or legal responsibilities for the care given). Relevant stakeholders’ consultation is of particular importance for a true assessment as “task shifting” can carry significant risks and challenges both in operational framework (lack of proper follow up, incorrect diagnosis and treatment and inability to deal with complications or other deviations) and in the legal framework.

¹ For the purpose of this mandate we chose to use the expression « task shifting » instead of task distribution or skill mix but the opinion is expected to clarify the terminology.

² It is important to ensure that the work of the Panel on this subject is articulated with and can benefit from ongoing research conducted in the context of the European Observatory on health systems and policies.

We need a clear understanding of the path of how this “ permanent task shifting” is clearly communicated inside (directions, guidance, actions, limits, expected outcomes, implementation monitoring/ supervising/ feed-back) and outside the organization (communicating with users of the services, explaining the implications of the skill mix review and related changes).

Understanding how to assess qualification /regulatory framework of scope-of-practice for of health workers and the existing competency frameworks (on minimum educational and practice standards/ qualifications/requirements, informal self- regulation) but also to look at other actions (like inter-professional regulatory cooperation) to define professional practice boundaries is needed. This will allow for cross-border/country comparability (actually in EU only the basic professional nursing qualification is automatically recognized). The role of competent authorities, professional organizations’ and educational institutes (for needed changes in the educational process) is important, as there is a rise in the requirements for formal qualifications and professional standardisation of skills.

The labour market regulations (employment regulations, staffing norms/staffing ratios, civil service/public sector fixed allocation of jobs) and to a larger content labour market factors (relative pay, attrition and retention, job protection, etc.) need also to be taken into account.

As the ultimate goal of various processes in healthcare systems is related to the main goals stated in 2014 Commission Communication on health systems (effectiveness, accessibility ,resilience), it is important to understand the financial implications of these changes to the organisation of healthcare systems and to understand what can be envisaged as investment/payment/incentives solutions. Clarifications are also needed on the cost-effectiveness of “task shifting and how it affects the overall performance of health systems.

Draft Terms of Reference for the Expert Panel on Health

Taking into account on work done in by the European Observatory on health systems and other sources of reported examples /existing studies/analysis, the Expert Panel is requested to provide its analysis on the following points:

- (a) How to identify and characterize “tasks” suitable for a “task shifting” process?
- (b) What are the main enabling conditions and difficulties/risks that have to be taken into account when defining “task-shifting” measures as part of a health system reforms?
- (c) How to measure the impact of “task shifting” in contributing to the effectiveness of the health system using an evaluation framework to inform decision-making?

Timing

- draft for the hearings : April 2019

- Finalisation before the summer break 2019