Overview of skill-mix reforms: results from 17 countries

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Overview

- Background
- Reform-strategies
- Skill-mix innovations
- Results and analysis
Background: Patient, peers, professionals: skill-mix innovations for primary and chronic care. 17 country case studies (forthc. 2018)

Vol I: Country case studies
- Skill-mix innovations for primary and chronic care

Vol II: Innovation and implementation
- Keeping healthy / health promotion and prevention

Figure 1: Conceptual framework for the skill-mix study

Socio-economic context
Wider policy orientation; economic and financial crisis; industrial relations; free-mobility and migration, demographic change
Skill-mix: Policies and reforms

- **Reform goals**: strengthening primary care; improving access; patient centeredness; cost-containment and financial sustainability; disease specific; evolution over time

- **Reform policies**: few explicit

- **Reform strategies**: top-down, bottom-up, soft tools (pilots, projects, experiments); task dumping; multitude of strategies

- **Windows of opportunity**: crisis-led; political change; market driven; transition and international technical assistance; reform of regions/decentralization; shortages (mostly doctors); new health system vision
Skill-mix policies and reforms: Periods and timing

• In virtually all countries reforms and skill mix developments 1) are ongoing, 2) seemingly with increasing activity, and 3) persist even with changing governments

• Typical period covered by case studies start in the early 2000s

• Some case studies report activities further back
  – Finland early 1990s local initiatives,
  – France 1990s mobile teams for palliative / geriatric care
  – Canada 1990s shared care family-mental health, expanded scope for physiotherapists
  – Germany 1990s long-term care insurance
An innovation is an idea, practice or object that is perceived as new. An innovation is more likely to be adopted if potential adopters consider that it has the following attributes:

- **Relative advantage:** The innovation is better or more efficient than whatever is currently used.
- **Low complexity:** The innovation is simple to understand and use (or, if complex, can be broken down into simpler components).
- **Compatibility:** The innovation and its use align with prevailing values and ways of working.
- **Observability:** The effects of the innovation are easily observed and measured, and can be unambiguously attributed to it.
- **Trialability:** The innovation can be tried out on a small scale before people commit.
- **Potential for reinvention:** Users can customise the innovation to suit personal preferences and/or local circumstances.
- **Ease of use (for technologies):** The innovation is easy to use and/or comes with adequate technical support.

*Source: Adapted from Rogers,* *15.*

Greenhalgh 2017
### Segments of Primary Care and Examples

<table>
<thead>
<tr>
<th>2</th>
<th>GP-nurse team (model practices)</th>
<th>Registered nurse</th>
<th>Prevention and health promotion</th>
<th>Slovenia</th>
<th>Nationwide, 55% of all GP practices employ an</th>
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</table>
| 21 | Role expansion (Epilepsy Specialist Nurses) | Nurse | - Disease-specific medical care  
- Patient assessments  
- Disease management, coordination | Ireland | Nationwide, 23 epilepsy specialist nurses (17 adult/6 paediatric); plans to increase to 41. |

- COPD, dementia screening
### Analysing the reported cases

<table>
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<th>Primary care segments</th>
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<th>Professions</th>
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<tr>
<td>Keeping people healthy</td>
<td>3</td>
<td>Nurses (all sorts)</td>
<td>22</td>
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<tr>
<td>Acute care</td>
<td>26</td>
<td>Physiotherapists</td>
<td>5</td>
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<tr>
<td>Chronic care, multi-morb.</td>
<td>17</td>
<td>Pharmacists</td>
<td>4</td>
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<td>Long-term and palliative care</td>
<td>13</td>
<td>Care workers</td>
<td>4</td>
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<tr>
<td>Rural a/o deprived areas</td>
<td>3</td>
<td>Volunteers</td>
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<td></td>
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<td>GPs</td>
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<td></td>
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<td>Physician assistant</td>
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<td>Paramedic</td>
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<td>Oral dental Hygienist</td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td>Other professions</td>
<td>12</td>
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</tbody>
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