

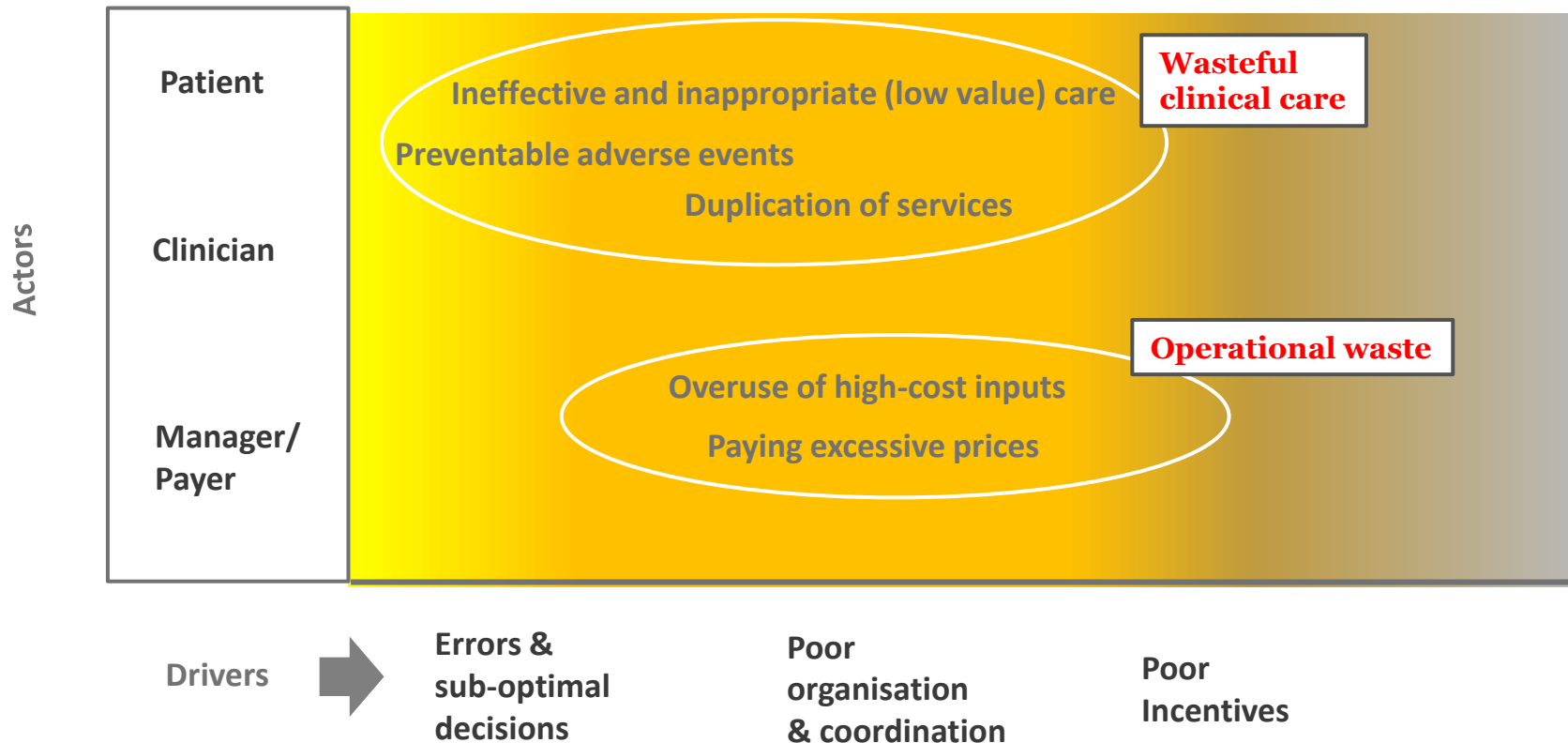


OPTIMISING THE “I” IN TEAM: WHY? HOW? AND HOW TO MEASURE EFFECTIVENESS?

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Optimizing the Canadian Health Workforce Conference
3-5 October 2016, Ottawa**



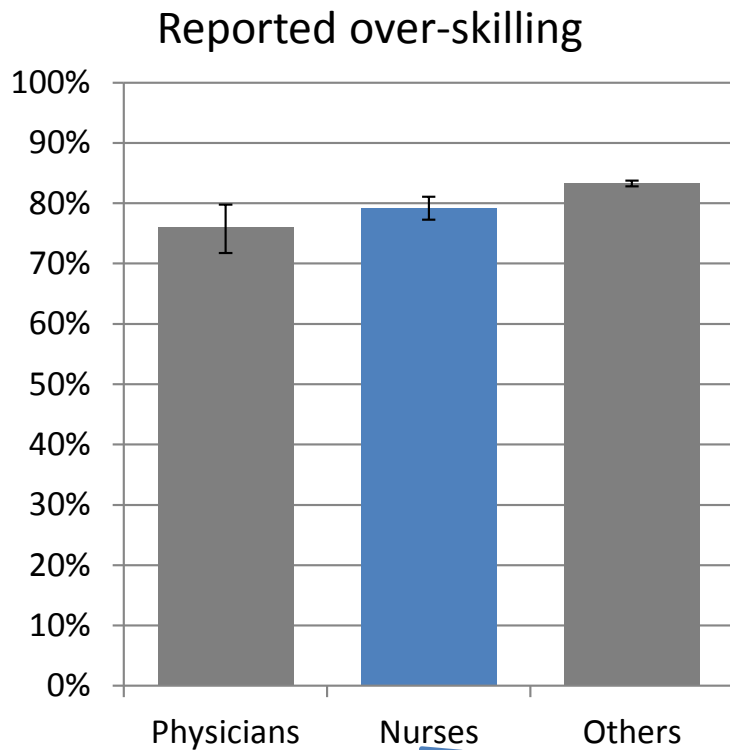
Economic case for improving health service delivery: Reducing waste



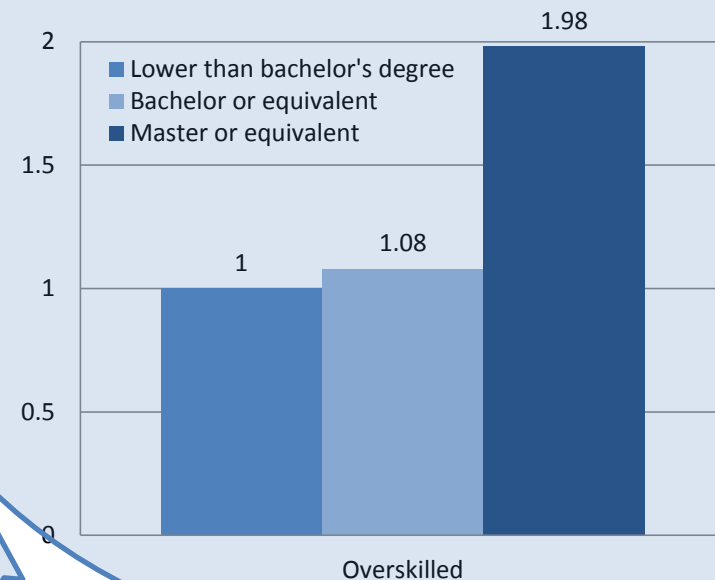
- Up to three in every ten dollars spent on health care makes no (or minimal) contribution to good health outcomes



Waste of human capital: 70%-80% of doctors and nurses report being over-skilled for some tasks



Skills mismatch by level of education
Multinomial logistic regression, odds ratios





“Old” model of health service delivery: Clearly defined responsibilities

DOCTORS

Exclusive
tasks

NURSES

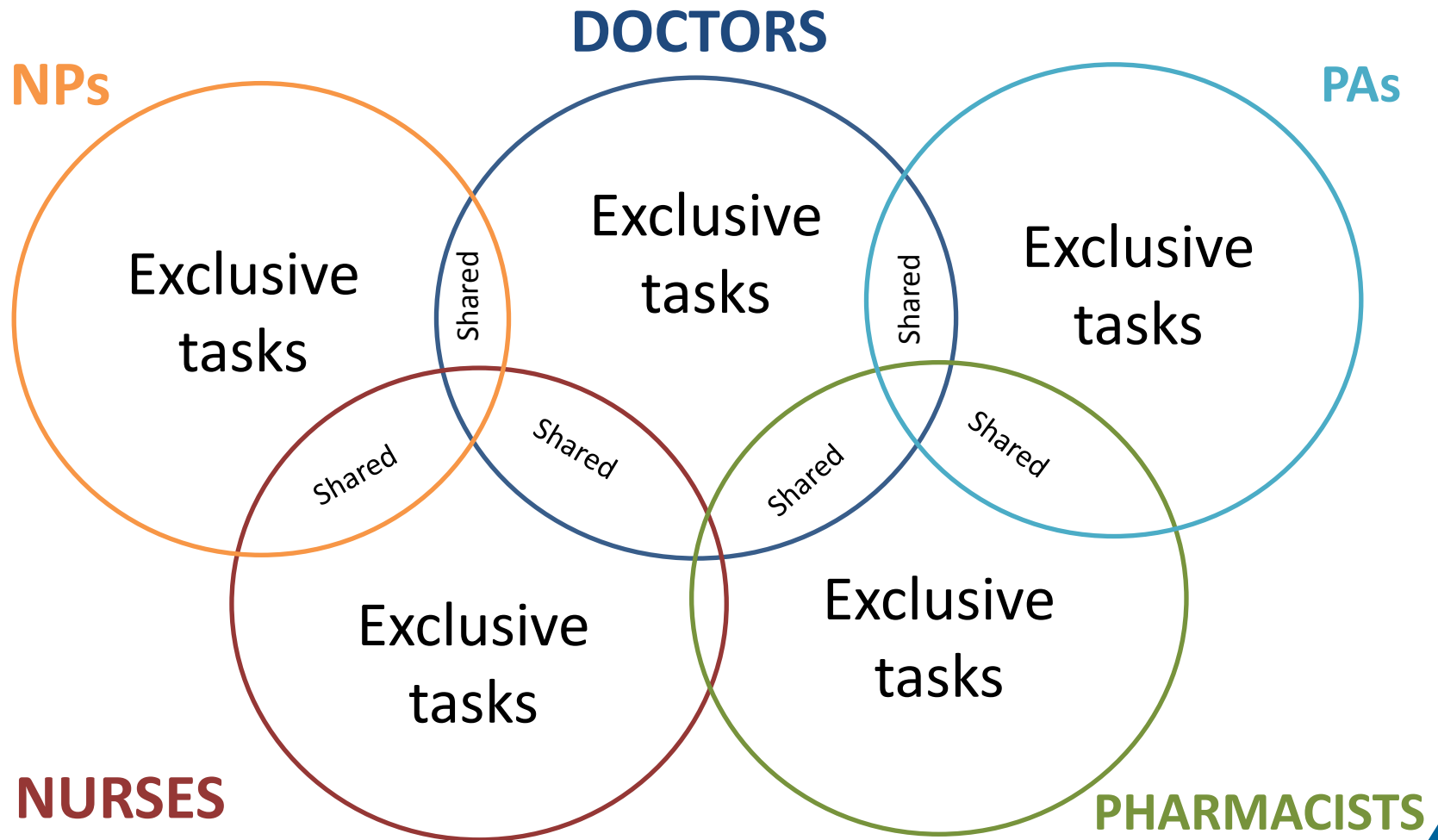
Exclusive
tasks

PHARMACISTS

Exclusive
tasks

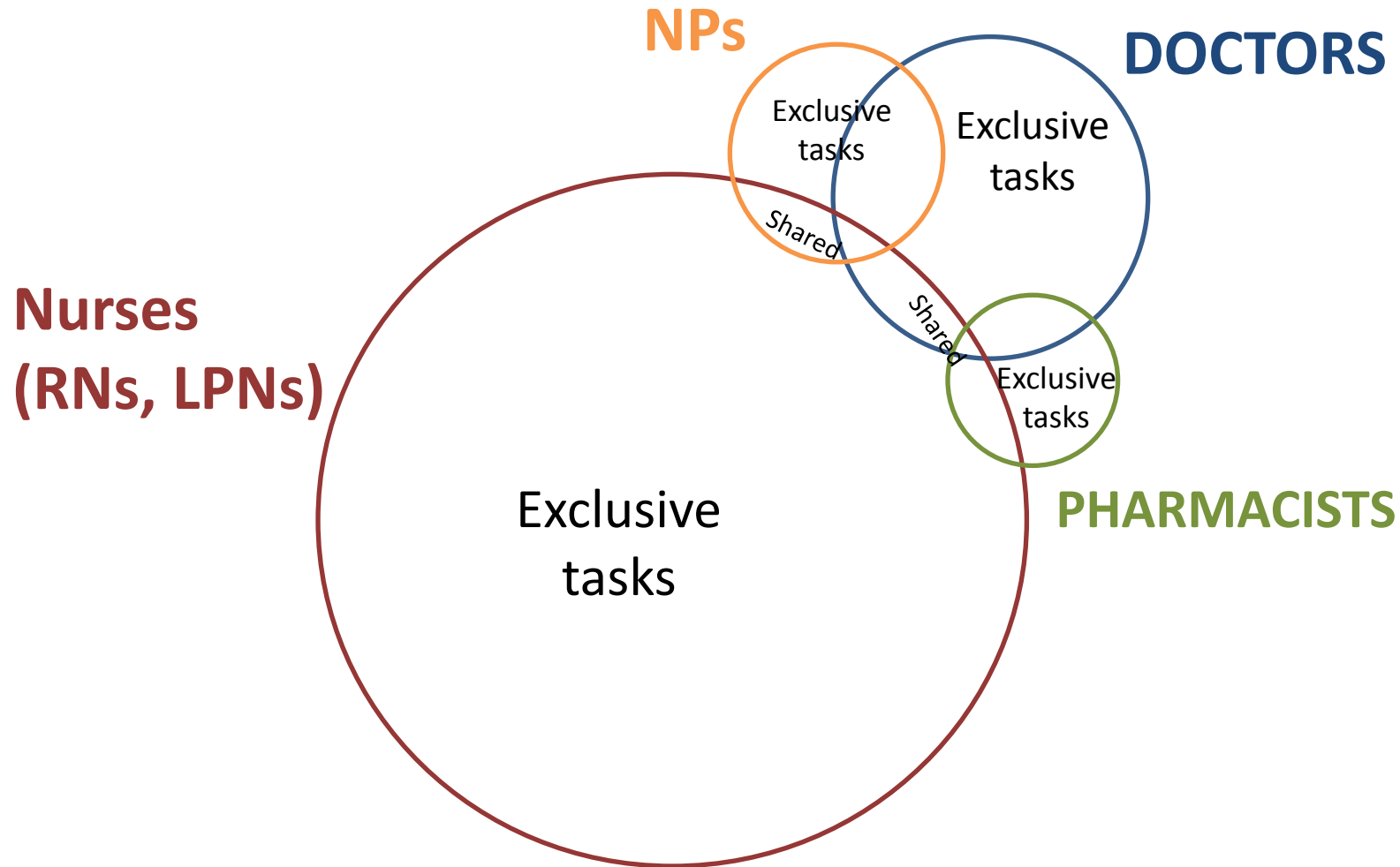


New model: Who has the right skills and is best placed to respond to people needs?



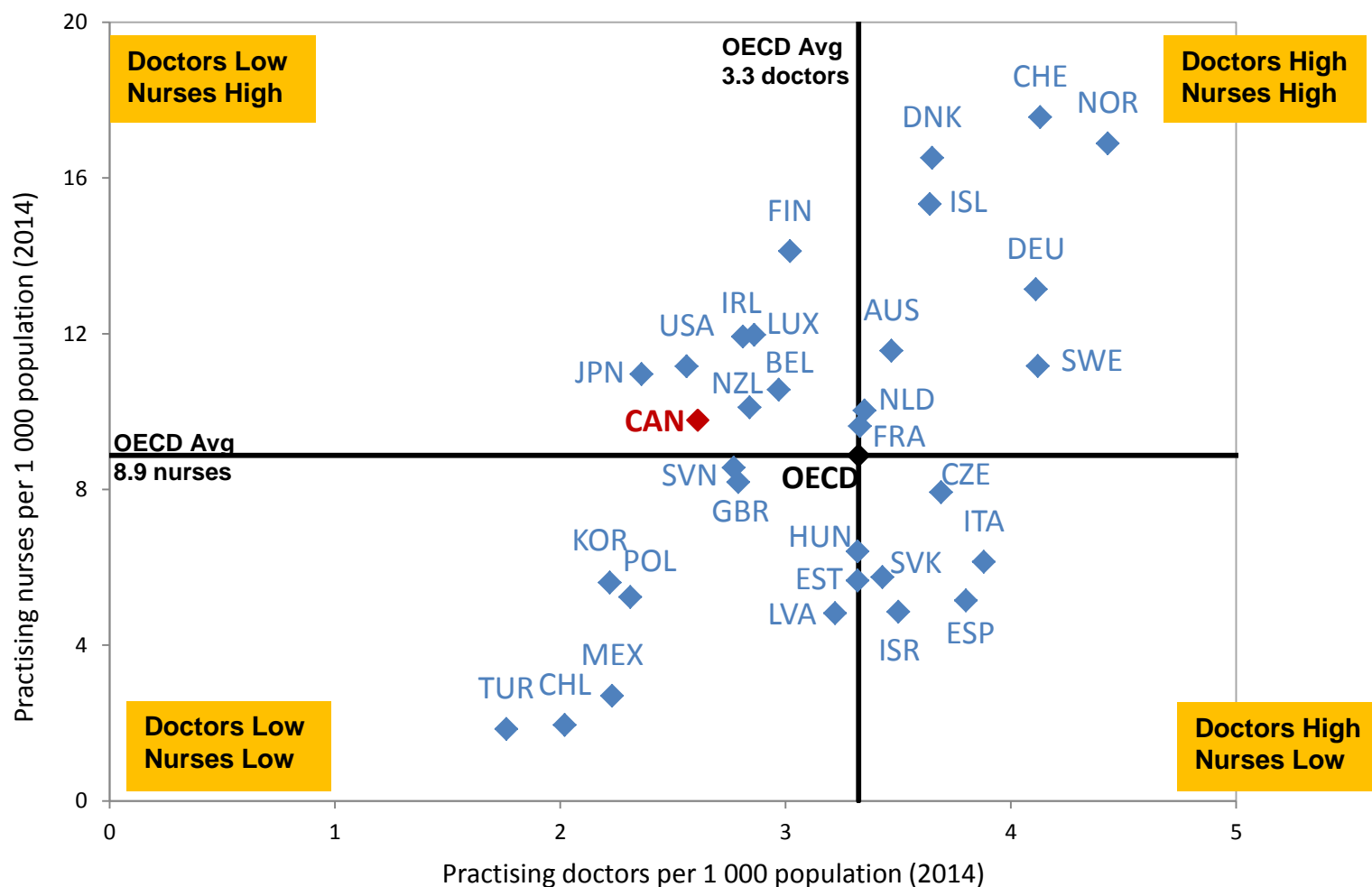


Workforce size in Canada





Workforce size in Canada compared to other OECD countries





Number of NPs remains low even in countries where this role has been established for long time

Country	Year introduced	Total number of NPs (2015)	NPs as % of all RNs (2015)
United States (NP)	1965	174,943	5.6%
Canada (NP)	1967	4,090	1.4%
United Kingdom (Advanced NP, NP)	1983	n/a	n/a
Netherlands (Nurse specialist)	1997	2,749	1.5%
Australia (NP)	2000	1,214	0.5%
New Zealand (NP)	2001	142	0.3%
Ireland (Advanced NP)	2001	141	0.2%



Do innovations in skills mix and scope of practice work? Impact of NPs on patient care

- Access: Advanced practice nurses (NPs) can improve access to services and reduce waiting times
- Quality: NPs able to deliver same quality of care as doctors for a range of services (e.g., first contact for people with minor illness, routine follow-up of patients with chronic conditions, patient education/counselling)
- Patient satisfaction: At least equal if not higher (because of quicker access and longer consultations)



What impact of task sharing/transfer on efficiency and cost?

In theory:

- Same services -> transferred to lower skilled/paid = lower costs (savings)

In practice:



- More complicated! How much services are transferred? Same level of services or more services? Paid at lower prices/fees?