Workshop Action Coordonnée poor la Recherche en Services de Santé
Institut de Recherche en Santé de Republique and ITMO Santé Publique
Paris, France, 9 January 2018

Primary care workforce models in high-income countries: a comparative health systems approach

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Background

‚Primary care in the driving seat‘ (WHO) is a widely shared policy goal to respond more effectively to demographic change and growing multi-morbidity.

However: health systems show high variation in primary care models and workforces.

Why?

Aims

Identify institutional conditions of health systems for effective and sustainable models of primary care workforces

Methods

- Cross-country comparison; eight high-income countries: Australia, England/UK, Germany, Netherlands, New Zealand, Japan, Sweden, USA.
- Indicators: connection of primary care models with health workforce patterns; the type of integration (GP-led vs. multiprofessional centres) and the role of nurses and integrated teams (weak – strong).
- Data: policy documents, public statistics, mainly OECD data, and other relevant secondary sources

Basic quantitative indicators

Numbers of practising generalist and specialist doctors per 1,000 inhabitants

	Generalist doctors		Specialist doctors	
	2007	2015*	2007	2015*
Australia	1.51	1.53	1.43	1.61
Germany	1.48	1.69	2.01	2.35
Japan	n/a	n/a	n/a	n/a
Netherlands	1.2	1.46	1.6	1.86
New Zealand	0.79	0.91	1.25	1.29
Sweden	0.62	0.65	2.02	2.16
United Kingdom	0.73	0.8	1.75	1.97
United States	0.3	0.31	2.13	2.25

n/a = not available.

Source: Blank et al., 2017, chapter 5

Basic quantitative indicators

Density of doctors and nurses (practising)

Country	Medical + nursing practit. per 1,000 population	Doctors per 1,000 population	nurses per 1,000 population	Nurses per doctor
Australia	14.9	3.40	11.52	3.4
Germany	17.0	4.04	12.96	3.2
Japan	12.8	2.29	10.54 (2012)	4.6
Netherlands	14.4	3.30	11.08 (2012)	3.7
New Zealand	12.9	2.83	10.07	3.6
Sweden	15.3	4.12	11.15 (2012)	2.8
UK	11.0	2.77	8.18	3.0
US	11.1	2.56	11.1[1]	4.3

Source: Blank et al., 2017, chapter 5

A model of integrated primary care policy indicators

Model of integration	Level of integration
within medical model	across primary health care organizations
under the leadership of doctors	across health care sectors
across different professional groups	across policy sectors

Source: Blank et al., 2017, chapter 5

	Model of integration	Level of integration
Australia	• Integration in a GP-led model of PH with strong organizational change and multi-disciplinary teams; • integration of professional groups with new roles of nurses	• Some integration and improved coordination across providers and sectors, inclusion of preventive services and public health; • high variety and lack of comprehensive coordination

	Model of integration	Level of integration
England / UK*	• Integration within medical model predominant with focus on GP-led PHC; • some integration across professional groups with a focus on nurses and new roles	• Integration across PHC organizations by merging GP practices into PHC trusts; • some integration across health care and policy sectors, as primary care trusts have commissioning responsibility for public health and collaboration with social care

	Model of integration	Level of integration
Germany	• Integration within medical model with focus on medial leadership and organizational restructuring; • limited integration across professional groups, especially for nurses, but few regional pilots aim at shifting tasks from doctors to medical assistants	• Integration across PHC organizations to better connect generalist and specialist doctors; • some integration and improved coordination but fragmentation of care sectors and weak public health • fragmented coordination with different social insurance schemes

	Model of integration	Level of integration
Japan	• Some integration within a medial model with some organizational integration with hospitals; • lack of professional integration	• Integration between medical providers to connect specialised PHC and hospital physicians and do; • lack of coordination between sectors and policy fields

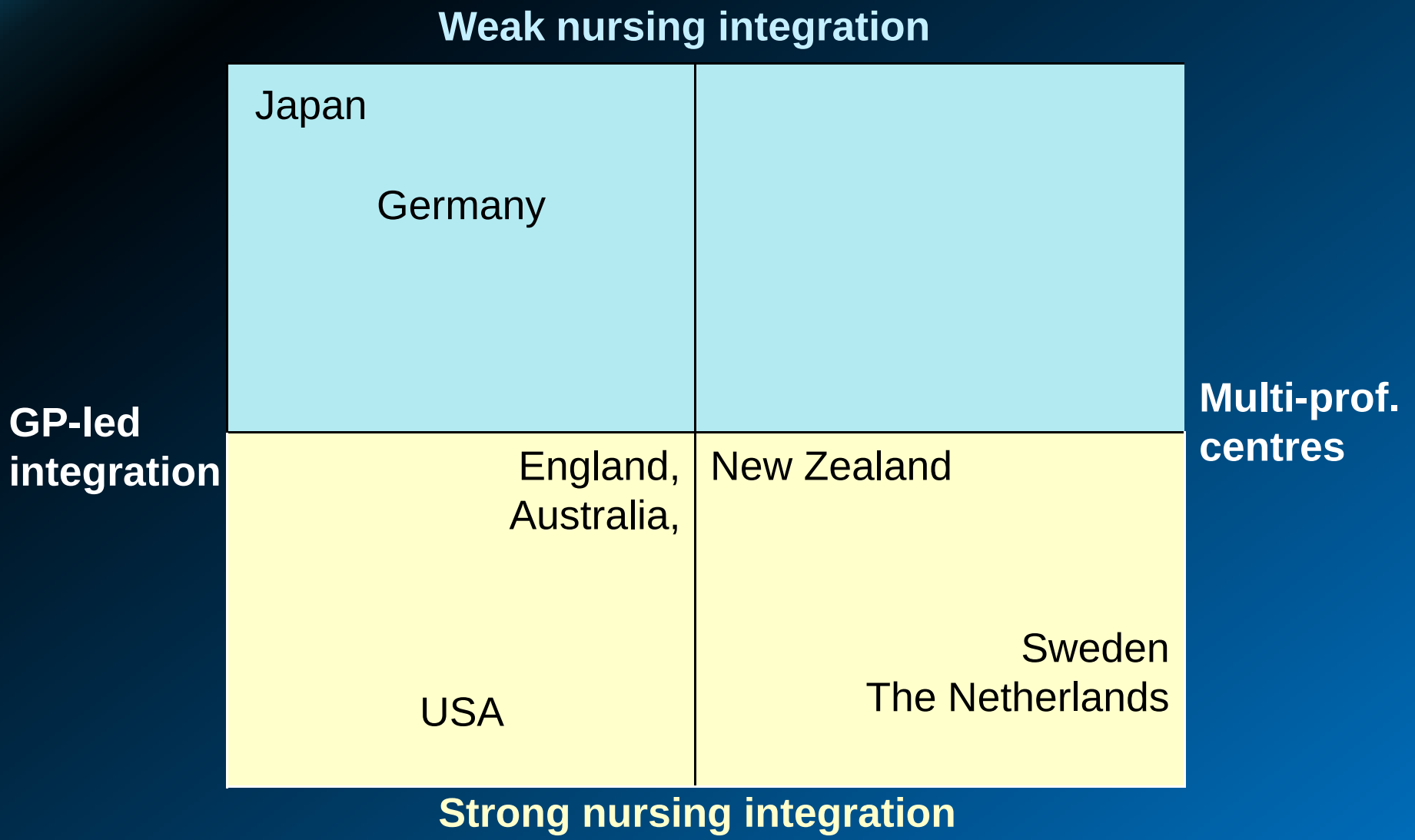
	Model of integration	Level of integration
Netherlands	• Integration within a medical model with strong organizational change and multidisciplinary teams; • integration across professions with new roles of nurses	• Integration and coordination across sectors with strong public health and patient involvement; • little coordination of policy and fragmented leadership

	Model of integration	Level of integration
New Zealand	• Integration in a multi-professional provider model with strong organizational change and large centres; • integration across professions with new roles of nurses	• Some integration across providers and sectors; • little coordinated leadership

	Model of integration	Level of integration
Sweden	• Multi-professional teams with strong public responsibility and some organizational change; • integration of professional groups with strong role of nurses	• Integration and coordination between organizations, sectors, and policy fields through local authorities; • coordination of leadership with some variety through privatisation

	Model of integration	Level of integration
USA	• Multi-professional provider model, although GP-leadership is strong, and improved organizational integration; • integration across profession with new roles of nurses	• Little integration between medical providers, sectors, and policy areas; • no coordinated leadership

Simplified model: a matrix of professional and organisational dimensions of primary care workforce integration



Conclusions

High variation and country-specific patters, but only to some degree system-based differences. Health system characteristics do not explain variety of primary care workforce policy and practices.

Conclusions

Primary care policy has largely failed to fully transform the workforce.

Yet without workforce change and new competencies, people-centred effective primary care is not possible.

Which way forward?

There is an urgent need for health system typologies that include human resources for health as major category (e.g. Wendt et al.)

Which way forward?

Greater attention to health policy implementation and the policy levers for primary care workforce change.

Acknowledgement: thanks to Viola Burau and Robert Blank

European Public Health Association new section Health Workforce Research (HWR);
https://eupha.org/health-workforce-research

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