Alternative Governance Mechanisms for Needs-Based HRH Planning

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Partners and Funders

- Pan American Health Organization (PAHO)
- PAHO Jamaica
- PAHO Washington
- Health Canada
- Canadian Institutes of Health Research (CIHR)
- Jamaica Ministry of Health
- University of West Indies Tropical Medicine Research Institute
- Brazil Ministry of Health
Overview

- WHO/PAHO Collaborating Centre at Dalhousie
- Needs-Based Planning, Frameworks & Simulation
- Canadian HHR Context
  - Pan-Canadian HHR Planning Framework
- Needs-based planning in the Caribbean
  - Centre of Excellence in Jamaica
  - Relevant Canadian network model (CHHRN)
- Next Steps for HHR Planning in the Caribbean
WHO/PAHO Collaborating Centre on Health Workforce Planning & Research

I. Health Systems and Health Human Resources Planning
II. Capacity Building and Knowledge Transfer
III. Evaluation and Ongoing Learning
Conceptual Framework for Needs-Based HRH and Health Systems Planning

O'Brien-Pallas, Tomblin Murphy & Birch (2005)
Adapted from O'Brien-Pallas, Tomblin Murphy, Birch & Baumann (2001)
Focus Question for Policy and Research

• How many health care providers are required to perform what services, for whom, and under what circumstances?
Analytical Framework
Birch, Kephart, Tomblin Murphy, O’Brien-Pallas, Alder, MacKenzie (2007)

• Two independent components
  – Provider supply
    • ‘How many providers are available to deliver health care services to the population?’
  – Provider requirements
    • ‘How many providers are required to ensure a sufficient ‘flow’ of health care services to meet the needs of the population?’
Provider Supply

The stock of qualified providers (i.e., number available) is a function of:

- Number of graduates from training programs (if applicable)
- In-migration from other jurisdictions
- Exits due to retirement, death, out-migration

The flow of services from that stock is a function of:

- The proportion of providers engaged in direct patient care (e.g. as opposed to administration or research)—participation rate
- The number of hours they work per week/year—activity rate
Provider Requirements

Determined by four distinct components:

1. **Demography** – Size and distribution of population

2. **Epidemiology** – Health status or level of need of that population

3. **Level of Service** – Amount/type of care provided according to health status

4. **Productivity** – Rate at which health care providers perform health care services per unit time

Components 1-3 estimate number of services required; component 4 converts these to provider requirements.
Service-Based Health Human Resources Planning Framework

- Services Required
- Level of Service
- Epidemiology (Incidence/Prevalence etc.)
- Demography (Population Size)

Service Gap

HHR Gap

- Services Supplied
  - Productivity
  - Competency Prevalence
  - Activity Rates
  - Participation Rates
  - Stock of Providers

Need

Requirements

Supply

Estimated NS Family Physician Gap Under Various Health Needs Scenarios, 2005-2020

- Needs Reach Canadian Levels in 15 Years
- Observed Trends Continue
- Needs Remain Constant

Estimated NS FP Gap (FTEs)
Estimated SERHA (Jamaica) Pharmacist Gap Under Various Policy Scenarios, 2008-2023

- 25% Grad Retention, Increase Productivity 5% PA, No 'Sessions'
- Increase Productivity 5% PA
- 25% Grad Retention
- Double Seats
- Baseline
The Canadian HHR Context

• The key strategic directions identified in report after report are toward a more effective and collaborative pan-Canadian HHR policy, planning and management to ensure an adequate supply and appropriate mix and distribution of health care professionals working together to address population health needs (e.g., Bloor & Maynard, 2003; CHSRF 2003; CIHI, 2007; HCC 2005a, 2005b; O’Brien-Pallas, 2007).
Canadian HHR Context and Developments

* In 2002, the Advisory Committee on Health Delivery and Human Resources (ACHDHR) was established by the Conference of Deputy Ministers of Health. The ACHDHR reported that a more collaborative, pan-Canadian approach would have immediate benefits.

* In 2005, a Framework for Collaborative Pan-Canadian Health Human Resources Planning was published (and revised in 2007).

  * Critical success factors include appropriate stakeholder engagement, strong leadership, a clear understanding of roles/responsibilities, and a focus on cross-jurisdictional issues.
Framework for Collaborative Pan-Canadian HHR Planning: Vision

Improved access to appropriate, effective, efficient, sustainable, responsive, needs-based health care services for Canadians, and a more supportive satisfying work environment for health care providers through collaborative strategic provincial/ territorial/ federal HHR planning.
Needs-Based Planning in the Caribbean
Caribbean Centre of Excellence in Jamaica

- The Centre of Excellence is an inter-sectoral network of government bodies, academic institutions, and stakeholders sharing political and technical cooperation in the planning, management, and strengthening of the health workforce aiming to attain the 20 Goals for Human Resources in Health for the Decade.
CCE Vision & Mission

* **Vision**: To become leaders in health workforce planning and research

* **Mission**: To build capacity for health workforce planning in the Caribbean through collaboration with key stakeholders.
CCE Overall Objective

* Technical and Political Cooperation to
* Overcome the Five Challenges and
* Achieve the 20 Goals for the Decade in order to
* Provide Quality Care to the Caribbean
Canadian HHR Network (CHHRN) Objectives

The main objective of CHHRRN is to create an *virtual community of practice* to better share HHR knowledge, innovation and promising practices by:

1. Creating a dynamic network of HHR researchers and knowledge users/decision-makers across Canada
2. Linking these networks through an interactive web-based portal to better share knowledge and inform future applied HHR research;
3. Creating a ‘clearinghouse’ of Canadian and international HHR research, knowledge and promising practices available.
Dr. Ivy Lynn Bourgeault
Scientific Director of OHHRRN
Lead of CHHRN Team housed at the

Dr. Morris Barer
Lead of CHHRN’s

Central Regional Hub

Dr. Gail Tomblin-Murphy
Lead of CHHRN’s

Eastern Regional Hub

Dr. Morris Barer, the Scientific Director of the Institute of Health Services and Policy Research and founding Director of the Centre for Health Services and Policy Research at UBC.

CHHRN is led by Dr. Ivy Lynn Bourgeault, CIHR/Health Canada Research Chair in Health Human Resource Policy and the Scientific Director of the recently established Ontario Health Human Resources Research Network.

Dr. Tomblin Murphy is the Director of the designated WHO Collaborating Centre Health Workforce Planning and Research, located at Dalhousie University.

Themes

Skill Mix/Task Shifting/Models of Care

Mobility/Migration

Rural/Remote/Aboriginal HHR

Supply/Demand Modelling/Planning
Next Steps for Health Systems and HRH Planning in the Caribbean

• What are the alternative governance mechanisms?
Thank you!

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