“Health Workforce in the context of the WHO Framework on integrated people-centred health services”

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The changing global context

- Ageing
- Migration
- Climate change
- Globalization
- Rising costs
- NCDs
- Citizen voice
- Urbanization

Source: WHO Global Health Observatory Data Repository, 2015
Health systems challenges

EMERGING DEMANDS

- Double-burden of disease and multimorbidity
- Unhealthy behaviours & lifestyle choices
- Greater citizens expectations
- Increased need to self-manage care
- Need for cost efficiency and accountability

SYSTEM CONSTRAINTS

- Lack of community engagement and empowerment
- Insufficient and misaligned financing
- Sub-optimal health workforce
- Service fragmentation and inappropriate service delivery models
- Limited intersectoral action

HEALTH SYSTEM
Vision of the Framework on integrated people-centred health services

“All people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment”
Framework on integrated people-centred health services: five strategies
69th World Health Assembly

Geneva 2016
1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **Anticipate and align investment in future workforce requirements** and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)

3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)

4. **Strengthen data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)
WORKING FOR HEALTH AND GROWTH

Investing in the health workforce
Working for Health and Growth: ten recommendations

- **Health Service Delivery and Organization**
  Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.

- **Education, Training and Skills**
  Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential.

- **Gender and Women’s Rights**
  Maximize women’s economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes.

- **Job Creation**
  Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places.

- **Crisis and Humanitarian Settings**
  Ensure investment in the international health regulations core capacities, including skills development of national & international health workers in humanitarian settings & public health emergencies, both acute & protracted. Ensure the protection & security of all health workers & health facilities in all settings.

- **Financing and Fiscal Space**
  Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers.

- **Partnership and Cooperation**
  Promote intersectoral collaboration at national, regional & international levels; engage civil society, unions & other health workers’ organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health & education strategies & plans.

- **International Migration**
  Advance international recognition of health workers’ qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants’ rights.

- **Technology**
  Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.

- **Data, Information and Accountability**
  Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.
IPCHS and HWF: key messages (I)

- A well-prepared and efficiently deployed health workforce will be essential for integrated health service delivery to go to scale.
- The introduction of integrated service delivery models necessitates **new ways of training, deploying, and managing** the health workforce.
- Policy reforms and associated regulatory updates will be the linchpin for developing and deploying health workforce in an efficient and sustainable manner.
- An **enabling environment** will be necessary, including decent working conditions, communication and information technologies, incentive mechanisms, etc.
Specifically:

• Understanding of the health workforce profile
• Reform of pre-service and in-service training to build the right competencies for integrated service delivery
• Creation of new positions and/or functions to effectively deal with demands from integrated care
• Reorganization of health workers into multidisciplinary teams, with increased emphasis on task-shifting
• Promotion of social innovation to tackle workforce shortages ("rural pipeline" strategies)
### IPCHS competencies (I)

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<tr>
<th>Competency Cluster</th>
<th>Core Competencies</th>
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| **1. PATIENT ADVOCACY** | • Advocate for the role of the patient, family members (if appropriate) in healthcare decisions.  
• Familiarize oneself with patients’ rights (to safe, high-quality, affordable) health and social care with legal instruments: legal rights/civil/law; quasi-legal rights, patient charters, patients’ bill of rights, consumer protection policies.  
• Educate people on their right to health care and their benefits.  
• Encourage and promote patients’ broad social participation in governance of clinical setting: providing feedback on services received, building partnerships, engaging in political advocacy, promoting community leadership, collecting better data on social conditions and institutional factors, and enhancing communication for health equity.  
• Advocate for the incorporation of patient outcomes into organisational strategies with a special focus on vulnerable populations.  
• Understand the effect of disparities on health care access and quality. |
| **2. EFFECTIVE COMMUNICATION** | • Demonstrate active, emphatic listening.  
• Engage family members and members of patient’s circle of care in health assessments and disclosures, as per patient’s approval.  
• Convey information in a jargon-free and non-judgmental manner.  
• Communicate care plan options to patient in a clear manner.  
• Adapt the style of communication that most appropriately takes into account the impact of health conditions on a patient’s ability to process and understand information.  
• Ensure the flow and exchange of information among the patient, family members, (if appropriate) and relevant providers is complete.  
• Adapt services, including evidence-based inter-professional team approaches, and mobilize resources to suit the language, cultural norms, and individual preferences of patients and family members (if appropriate).  
• Provide education to members of the team about the characteristics, healthcare needs, health behaviours, and views toward illness and treatment of diverse populations served in the treatment setting.  
• Provide health education (materials) that are appropriate to the communication style and literacy of the patients, family (if appropriate) and reinforce information provided verbally during healthcare visits. |

**Source:** WHO Regional Office for Europe. (2015). *Strengthening a competent health workforce for the provision of coordinated/integrated health services (Working Document).* Copenhagen: WHO Regional Office for Europe
### IPCHS competencies (II)

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| **3. TEAM WORK**   | • Clearly identify and support roles and responsibilities of all team members, including patients.  
• Represent one’s professional opinions and encourage other team members, including patients, to express their opinions and contribute to decision making.  
• Resolve differences of opinion or conflicts quickly and without acrimony.  
• Demonstrate practicality, flexibility, and adaptability in the process of working with others, emphasizing the achievement of treatment goals as opposed to rigid adherence to treatment models.  
• Link patients and family members (if appropriate) with needed resources, including but not limited to specialty healthcare, rehabilitation and social services, peer support, financial assistance, and transportation, following up to ensure that effective connections have been made. This includes arranging access to “patient navigation” services.  
• Support patients in considering and accessing complementary and alternative services designed to support health and wellness.  
• Promote diversity among the providers working in inter-professional teams. |
| **4. PEOPLE-CENTRED CARE** | • Comprehend that effective care planning requires several discussions with the patient and other parties, over time.  
• Provide patient care that is timely, appropriate, and effective for treating health problems and promoting health.  
• Screen for multi-morbidity and assess cognitive impairment, mental health problems including risky, harmful or dependent use of substances and harm to self or others, abuse, neglect, and domestic violence.  
• Assess the nature of the patient’s family (if appropriate), social supports and other socio-economic resources that impact on patient’s health.  
• Match and adjust the type and intensity of services to the needs of the patient, ensuring the timely and unduplicated provision of care.  
• Balance care plan with bio-psycho-social interventions.  
• Incorporate the patient’s wishes, beliefs and their history as part of care plan, while minimizing the extent to which provider preconceptions of illness and treatment obscure those expressed needs.  
• Manage alternative and conflicting views from family (if appropriate), carers, friends and members of the multidisciplinary team to maintain focus on patient well being.  
• Use focused interventions to engage patients and increase their desire to improve health and adhere to care plans (e.g., motivational interviewing; motivational enhancement therapy).  
• Assess treatment adherence in non-judgmental manner. |

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IPCHS competencies (III)

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<td>5. CONTINUOUS LEARNING</td>
<td>• Participate in practice-based learning and improvement activities that involve investigation and evaluation of patient experiences, evidence, and resources.</td>
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<td>• Regularly assess and evaluate the experiences of patients, family members (if appropriate), with respect to quality of care and adjust the delivery of care as needed including measuring patient satisfaction and healthcare outcomes maintaining a no fault/no blame schemes.</td>
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<td>• Regularly engage in interdisciplinary training for staff.</td>
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<td>• Regularly engage in continuing professional development.</td>
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<td>• Implement and routinely monitor patient safety standards.</td>
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<td>• Participate in medical audits to check for rationality of care, billing and malpractice as needed.</td>
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<td>• Identify and mobilize evidence to inform practice and integrated care.</td>
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<td>• Participate in and conduct research where possible, emphasizing need for focus on patient experiences.</td>
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<td>• Contribute to practice-based learning and improvement activities in a way that mobilizes evidence and research as much as end-user experiences.</td>
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<td>• Optimize the use of appropriate technology including e-health platforms which enables measurement and management of individual clinician, practice and system-wide performance on clinical processes and outcomes, e-prescription and electronic medication management, electronic health records, computer and web-based screening, assessment, and intervention tools, tele-health applications.</td>
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Global Competency Framework for Universal Health Coverage

within the

WHO Health Workforce Global Strategy
Global Competency Framework for UHC

- Quality, integrated, people-centred health services across the continuum of care
- UHC through Primary Health Care
- Single reference for competencies which complements existing but fragmented competency frameworks that apply across health areas and health worker profiles
- Focus on the services rather than the occupations of the health workers who provide them
- Emphasis on competencies and practice activities
Global Competency Framework for UHC
For more information on integrated people-centred health services delivery visit:

https://www.who.int/servicedeliverysafety/areas/people-centred-care/en/

http://www.integratedcare4people.org