AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE

UNIVERSITY OF NEW SOUTH WALES
UNIVERSITY OF WESTERN SYDNEY
UNIVERSITY OF NEWCASTLE
UNIVERSITY OF MANCHESTER

OPTIMISING SKILL-MIX IN THE PRIMARY HEALTH CARE WORKFORCE FOR THE CARE OF OLDER AUSTRALIANS: A SYSTEMATIC REVIEW

Zwar N, Dennis S, Griffiths R, Perkins D, May J, Hasan I, Sibbald B, Caplan G, Harris M

POLICY CONTEXT

Australia has an ageing population resulting in demand for extensive and comprehensive care of chronic disease. Equipping the primary health care workforce to meet this demand has forced policy makers to consider if re-moulding the workforce skill mix is a solution to meeting the health care needs of older Australians in the community. Sibbald and others have devised a skill-mix change model as a way of thinking about workforce redesign. We conducted a systematic literature review to identify what sort of skill-mix changes in the primary care workforce could be successfully implemented to meet the health care needs of older Australians. Sibbald's concept that skill-mix changes could be obtained through task substitution, enhancement, delegation and innovation formed the conceptual framework for the review.

KEY FINDINGS

Task substitution between doctors and nurses improves health professionals' adherence to guidelines and patients' physiological measures of disease. The tasks that could be successfully substituted from doctors to nurses include case-management using guidelines, proactive patient follow-up, general patient consultation and support, care planning and goal setting, and patient self-management education.

Task substitution between doctors and pharmacists improves health professionals' adherence to guidelines, patients' adherence to treatment, physiological measures of disease, patients' health status and patient satisfaction. The tasks that could be successfully substituted from doctors to pharmacists include medication review and management as per published therapeutic algorithms, medication compliance check and medication counselling, proactive patient management, patient monitoring and goal settings, proactive patient screening and referral, and patient self-management education.

Nurse enhancement improves patients' adherence to treatment, their quality of life and their functional status. The enhanced nursing roles that are likely to produce positive results include general patient consultations, patient home visits and support, care planning and goal settings, and patient self-management education.

Skill mix interventions for the care of older people in the community may not reduce health service use.

POLICY OPTIONS

A change in traditional health professional roles is often threatening and difficult to manage. Any role change requires a high level of trust and collaboration between the health professional groups involved. The logic behind the policy options described here is that in order for changes in role to occur it is important to facilitate dialogue to build and support that process of trust between health professionals.

1. To develop a process for identifying and evaluating the significance of skill mix innovation. Innovation is driven by need and often occurs in rural and remote areas but may not be rigorously evaluated or successful changes generalised
    - Explore how health professionals in other areas, particularly urban areas can learn from skill mix innovation in rural and remote Australia
        - Fund projects to evaluate skill mix in a variety of settings
        - Dialogue at the level of professional organisations to share information of successful and innovative approaches to skill mix for the care of older people
2. Develop a process for implementing effective skill mix change
    - Establish a Health Workforce Improvement Agency as recommended by the Productivity Commission
    - Professional organisations representing doctors and nurses, particularly those in primary health care, to discuss professional scope of practice and t identify opportunities for effective and supported task allocation in primary care for older people living in the community
    - Streamline professional regulation, accreditation and training to ensure safety and quality of care for older people in the community
    - Implement a national system of registration within health professions
    - A national system of regulation of the scope of practice of health professionals. This would include national standards for health professional education and the standards recognised in the legal definitions of scope of practice in all States and Territories
3. Ensure health professional education programs meet the national standards for accreditation
    - Review the structures for dialogue between the health system and the health professional education system. This would support health professional education that is responsive the workforce need
    - Include interprofessional education at a range of levels such as undergraduate education, vocational training and training

4. Modify the range of payment options to facilitate and support skill mix at a local level to provide on-going care for patients with chronic disease. Possible options might include:
    - Explore a payment to the primary care practice (general practice or Aboriginal Community Controlled Health Service) based on achieving benchmarks of quality of care for chronic disease. Payments would not be tied to a particular health professional providing the care to encourage greater local flexibility in task allocation
    - Explore the expansion of the access to MBS payments for other health professionals to provide chronic disease care such as practice nurses or pharmacists receiving MBS payments for disease management roles
    - Fund patient registration for patients with chronic disease for the ongoing management of their condition. This might include incentives for both the GP and the patient in the form of access to a wider range or increased number of items such as allied health visits
    - Fund time for defining and delivering roles and support team building. This might include payments through Practice Incentive Payments or Divisions to support the development of communication systems, negotiation around roles and team building at a local level
5. Develop skills in change management in health professionals in primary health care. Without an understanding of the process of change management and a readiness for innovation skill mix changes may not be adopted in practice
6. Maximise the use of IT and e-health to ensure adequate clinical supervision particularly for clinicians in rural and remote areas and to enhance communication between team members

METHODS

A series of semi-structured interviews were undertaken with stakeholders with an interest in the care of older community dwelling Australians. The results from the stakeholder interviews informed the development of the review questions. A systematic review of the published literature was undertaken to explore the impact of skill-mix changes of delegation, enhancement or substitution between doctors and other health professionals (e.g. pharmacists) and between registered nurses, enrolled nurses and HACCs (Health and Community Care workers) in the planning and delivery of continuous care for community dwelling older people.

The concept of skill mix developed by Sibbald was used as the framework for the review. In addition to this two case studies were prepared to illustrate examples of workforce innovation. Non-experimental papers were identified from the literature search and qualitative extraction was undertaken of a sample of Australian and UK papers to identify facilitators and barriers to skill mix change in the primary care workforce.

For more details, please go to the full report

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.