Increasing health workforce resilience – evidence and lessons learnt on task shifting from the TaSHI project

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Health Workforce Planning

„aims to ensure the right number of people with the right skills in the right place at the right time, to provide the right services to the right people.”

(Commission feasibility study on EU level collaboration on forecasting health workforce needs, workforce planning and health workforce trends, 2012)
Recent challenges on the labour market

- Shortage of professionals, shrinking supply of specialty groups – **RIGHT NUMBERS**
- Uneven distribution of professionals – **RIGHT NUMBERS, RIGHT PLACE**
- Insufficient recruitment, low attraction of health professions, issues of replenishment – **RIGHT NUMBERS**
- Problems with retention, particularly in remote areas so called ”medical deserts” – **RIGHT NUMBERS, RIGHT PLACE**
- Increasing mobility – **RIGHT NUMBERS, RIGHT PLACE, RIGHT SKILLS**
- Mismatch of skills & recognition of qualifications – **RIGHT SKILLS, RIGHT SERVICES**
- Inefficient organization of work e.g. lack of multidisciplinary teamwork, innovative solutions, integrated care, underutilization of digital – **RIGHT SKILLS, RIGHT PLACE, RIGHT SERVICES, RIGHT TIME**
- Unattractive working conditions e.g. lack of supportive working environment, physical and mental health related exhaustion – **RIGHT PLACE, RIGHT SERVICES, RIGHT TIME**
- Continuously increasing care needs from the population e.g. NCD, multi-morbidity – **RIGHT PEOPLE**
- Inadequate governance and strategic planning – **ALL!**
Task shifting is already happening and is unavoidable to manage scarce resources.
What is our focus?

„Tasks can be shifted from health and care professionals to patients, machines or to other professional groups.” (EU 2019)

What is our mission?

Task shifting can contribute to more effective *organisation of care and management of human resources for health* at different levels, so committing to improve efficient and sustainable health systems in innovative ways.
Pilots

Lithuania - HWF working time allocation pilot

- Tasks delegation from family physicians and psychiatrists to nurses, psychologists and nursing assistants at two primary care providers in Lithuania.

Estonia - Reconsidering work routines of different levels of care provision pilot

- Improving mental health care in Estonia by shifting tasks from psychiatric care and family physicians to nurses: bringing mental health nurses to primary care. NEW PROFESSION

Lombardy - Increasing collaboration of health professions in primary care pilot

- Task shifting potentiality between general practitioners and family nurse practitioners in the primary care sector in Lombardy Region (Italy) and related training. NEW PROFESSION

Norway - Supportive telemedicine pilots

- Task shifting potentiality in wound care using videoconferencing to connect the municipal staff with the more experienced and competent hospital staff at the outpatient wound care clinic, and with General Practitioners.

The Netherlands - Task shifting in the field of ophthalmology

- Regional projects (Rotterdam, Twente), current practices in the Netherlands will be monitored in which ophthalmologists and optometrists collaborate.

Michelutti et al. (2023)
Our products
https://tashiproject.eu/tashi-outcomes/

Deliverables

- D2.1 Dissemination and communication plan
- D2.2 Initial leaflet and rollup
- D2.3 Website
- D2.4 Mid-term dissemination and communication report
- D2.5 Report on stakeholder management and event execution
- D2.6 Dissemination and communication report
- D2.7 End of project booklet for the public
- D3.2 Mid-term evaluation report
- D3.3 Evaluation report
- D4.1 Collection of useful tools and practices in task shifting
- D4.3 Practical training materials and curriculum
- D5.1 Case studies of implementation sites
- D5.2 Guidebook on task shifting
- D5.3 Set of recommendations for task shifting actions
### Lessons learned

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<thead>
<tr>
<th>Lesson learned</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Changes at all levels of the health system are needed to make task shifting successful</td>
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<td>2</td>
<td>Acceptance of task shifting shows a variety by professionals</td>
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<td>3</td>
<td>Patient education and awareness raising are critical to implement task shifting</td>
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<td>4</td>
<td>Basic and continuous interprofessional education supports the collaboration of professions and helps make task shifting possible</td>
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<td>5</td>
<td>Barriers to implementing task shifting must be identified and addressed</td>
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Apuzzo et al. (2024)

Empowering EU health policies on Task Shifting
The core message of the project

- We need to build the **task shifting culture**, the **trust** and the supportive **environment**

→ understand task shifting and its benefits

→ an open, fluid and flexible organisational climate
How to create the task shifting culture?

- **LEARN** - We need to enable the **pre-requisites and transversal elements** for task shifting.

  - Suitable leadership
  - Necessary resources
  - Appropriate patient referral system and documentation
  - Evidence-based guidelines
  - Communication skills and record-keeping

**Practical curriculum & training materials**

Sundling et al. (2021)
Managing task shifting initiatives

Digital solution/ supporting technical solutions

Task shifting process

Patients and informal carers
- preparedness
- readiness
- communication

Health professionals (handing over task)
- readiness
- motivation
- compensation
- specific knowledge

Health professionals/ health workers (receiving tasks)
- readiness
- motivation
- responsibility
- compensation
- specific knowledge

CULTURE/OPEN CULTURE/ CULTURAL ASPECTS

Macro-level environment:
- policy support
- legislation
- education and training
- monitoring and continuous evaluation

Apuzzo et al. (2024)
How to create the task shifting culture? 2.

- **EXPERIENCE** - We need to act at **different levels**: macro-, meso- and micro levels

Guidebook on Task Shifting

Apuzzo et al. (2024)
Who should do what?

- Recommendations for at the **European Union** level address EU bodies involved in policy making decisions, while **Member State level** recommendations are addressed to governments and ministries, government agencies, health authorities and background institutes dealing with health.

- Recommendations for organisational level: institutes such as I) **healthcare facilities** providing patient care; and II) **education and training institutes** responsible for health workforce education.

- Recommendations for the **individual professional** level, health professionals, teams and associations.

- **Booklet** for patients and informal carers, and patient representatives.

Kovacs et al. (2024)
To do’s

1. **policy characteristics**: ensuring a supportive macro-level environment and multi-level intersectoral governance → **policy support & legislative matters**

2. **the system and job characteristics**: improving the **resilience** of the labour market, exploring task shifting as job crafting and job enrichment, breaking down the professional **silos**, enhancing **flexibility** in service provision and developing trust and readiness towards task shifting
3. **education and training characteristics**: ensuring interprofessional education and promoting transversal skills, also identifying the shiftable tasks of health professionals.

4. **task shifting process characteristics**: for successful implementation, task shifting process must be carefully designed, planned and monitored.

5. **individual characteristics**: enhancing upskilling and reskilling, cultural sensitivity, compassion and trust, openness and adaptation to disruptive changes, and increasing motivation and job satisfaction.
Thank you!

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