Mehr Multidisziplinarität und Multisektoralität: chronische Erkrankungen, Multimorbidität und medizinisch-technische Berufe

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We have no answers to crucial skill-mix questions

Regulation
Payment mechanisms
Health professional education
Governance
Acceptability

Dentist
Implantologist
Owner

Dentist

Dental technicians

Prevention

Dentist
Implantologist
Owner
Office management
Prevention

Überblick

- Einstieg

- Vom Patienten her denken

- Das Panorama der Entwicklung von Kompetnezen und Fähigkeiten

- Unterschiede in der Verteilung der Berufe in Europa

- Viele wichtige Berufe sind „unsichtbar"
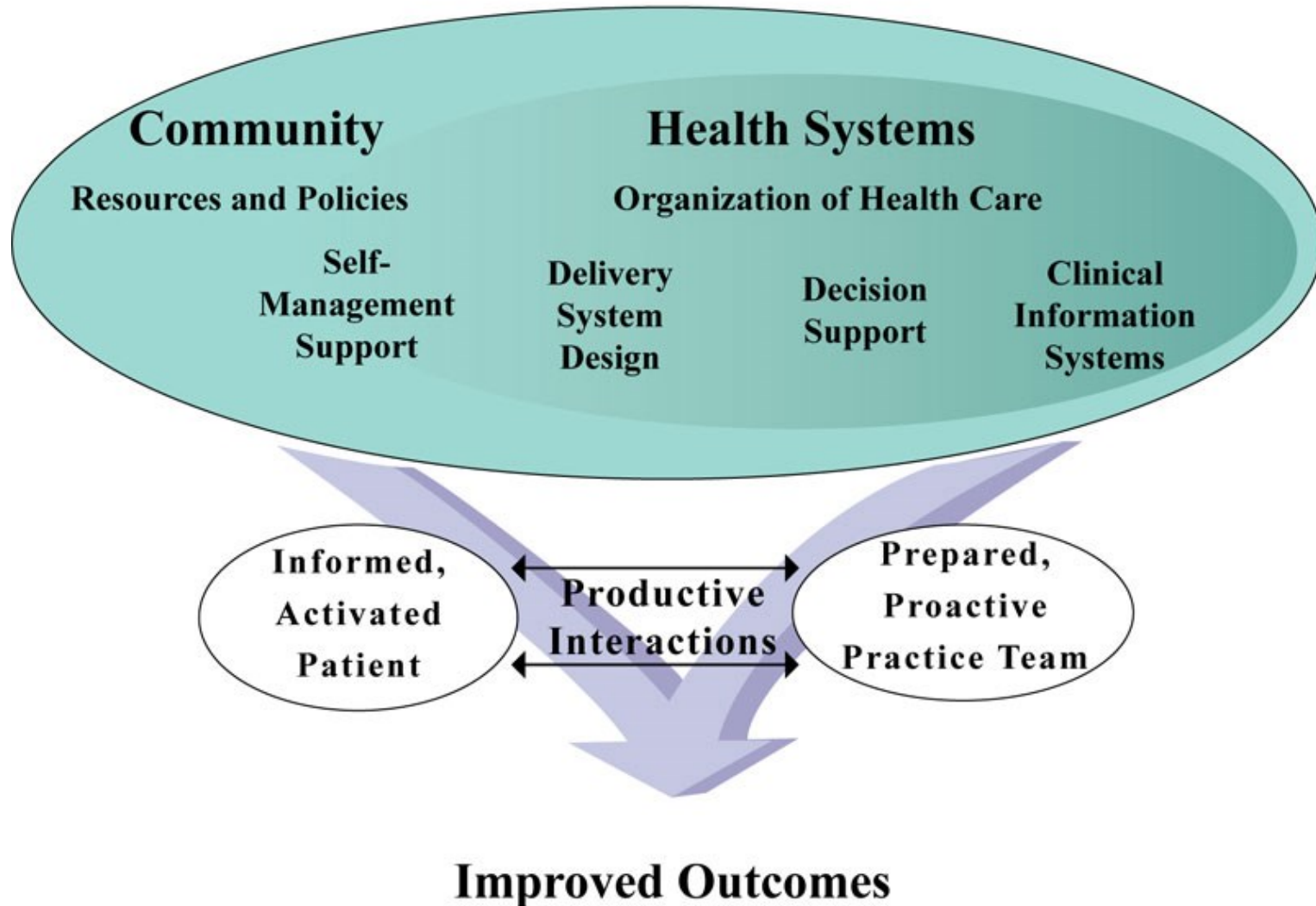
- Drängende Gründe für den Wandel

- Meistens denken wir über die Berufe (und vor allem über Ärzte) nach.

- Wir müssen aber vom Patienten ausgehen
  - Patient
  - Versorgungsformen (Primärversorgung, Chronikerversorgung, Multimorbidität)
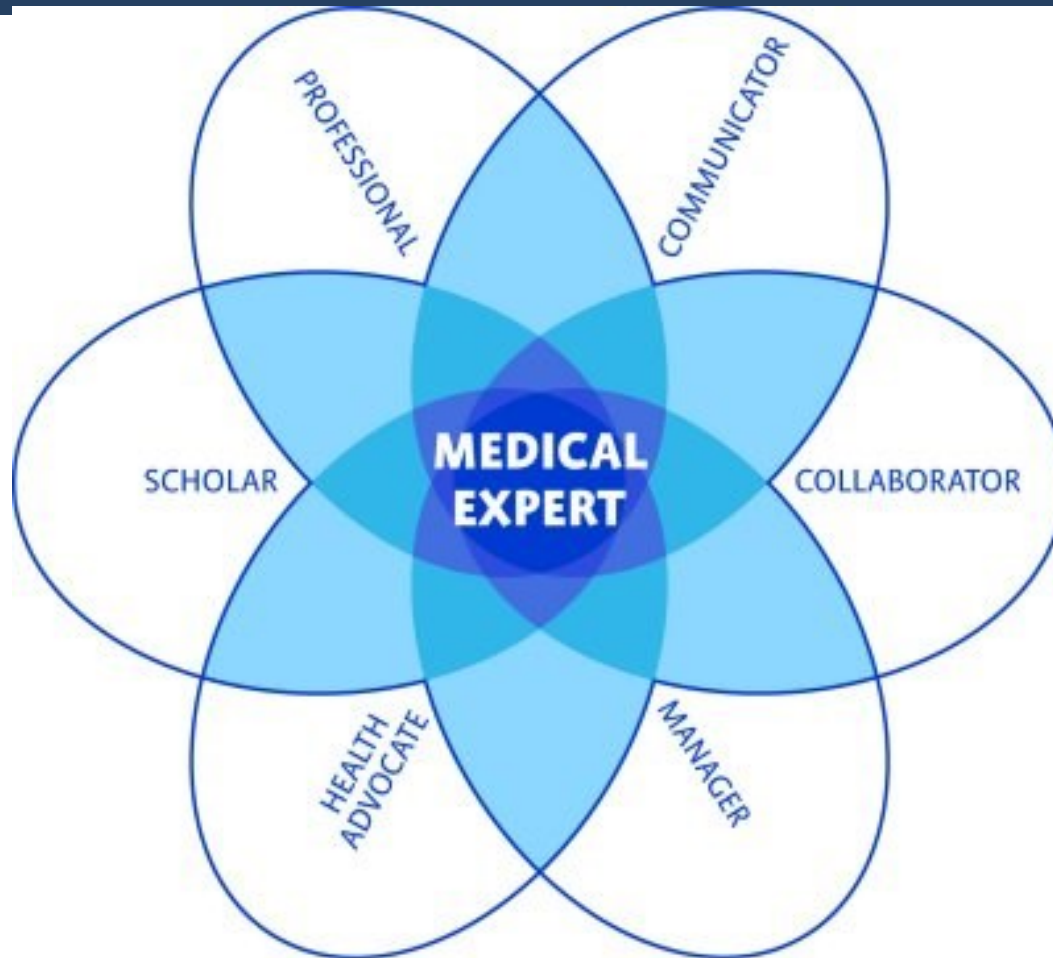 - Kompetenzen (Wissen und Fähigkeiten)
  - Berufe

The Chronic Care Model

Community

Resources and Policies

Health Systems

Organization of Health Care

Self-Management Support

Delivery System Design

Decision Support

Clinical Information Systems

Informed, Activated Patient

Productive Interactions

Prepared, Proactive Practice Team

Improved Outcomes

Rollen, Kompetenzen und Fähigkeiten

- empowerment self-management, health literacy

Informal care

- Ausbildung

- Unterstützun

- Anerkennung (auch monetär)

- Hilfe bei der Koordinierung und Entscheidungsfindung

- shifting <u>mental health</u> care into the community (experiences from most European countries)

- shifting <u>end-of life care</u> into the community/hospices; Belgium, France, Germany.

- dove-tailing health services with <u>social care</u> in places of residence and rest homes

- supplying <u>domestic services</u> like cleaning and meals on wheels to allow patients with chronic conditions to stay as long as they wish in their own house.

PHC mulitidisciplinarity

- scaling up the allied health professions like physiotherapists, long-term carer, as in Belgium, Germany and many other countries.

- developing interdisciplinary training in primary health settings as in the Netherlands (foundation model).

- joint basic education between different professions, like in France. Or joint practical training episodes as in many countries.

- performance-based payment scheme for multi-professional primary care group practices as in France.

- physicians networks including new contracts and payment mechanisms and new curricular development for health care assistants. Examples come from Germany with Kinzingtal-network the best publisized and the Southwest network the largest covering more than 5 mio people.

- reregulating health professions as happening in Spain through the work of the Human Resources Commission. This includes new career pathways and the development of regional registries that feed into a national registry.

- national actions plans strengthening of primary care, psychiatric care and care for older people accompanied with investment. Example comes from Sweden.

Coordination

- coordination and communications in settings: the French/Belgium/Canadian 'maison communal'; but also healthcare centers in Sweden and Finland or the (re)establish multidisciplinary ambulatory medical treatment centres in Germany.

- the use of ICT: clinical medical records, national health registers or messaging systems between providers employed in Denmark, Norway the Netherlands, Croatia and Slovenia.

- the use of 'navigators', case managers performed by GPs, nurses, practice managers or sickness fund personnel. Examples from Belgium, Sweden, France and Germany.

- regional provider coordination platforms like in the Netherlands but also at the municipal level in some of the Nordic countries.

PHC medical capacity:

- Freeing GP capacity through expanding the stock of nurses. Examples are from Slovenia, introducing 'model practices' in general/ family medicine in 2011 to strengthen PHC through employing each practice employs an additional 0,5 FTE qualified nurse. Similar strategy was pursued by Latvia.

- Adding medical capacity through task shifting, there are 10 countries now in Europe that have legislated or are in the process of legislating nurse practitioners. There are also smaller approaches like e.g. Germany authorizes autonomous home visits of health care assistants.

- Retraining or re-licensing doctors of internal medicine or other specialties for general practice. Examples come from Germany, Estonia and Slovenia.

Physiotherapeuten, Verschreibungs-kompetenz und Vergütungsmechanismen

- **Verschreibung**
  - Arzt
  - Advanced Nurse; Physician Asisstant
  - Eingeschränkte Verschreibungskompetenz
  - Direktzugang
- **Budget**
  - Ärzliches Budget
  - Gehalt (Gesundheitszentrum/Mais on Medical)
  - Vorkasse Patient

- **Koordinierung**

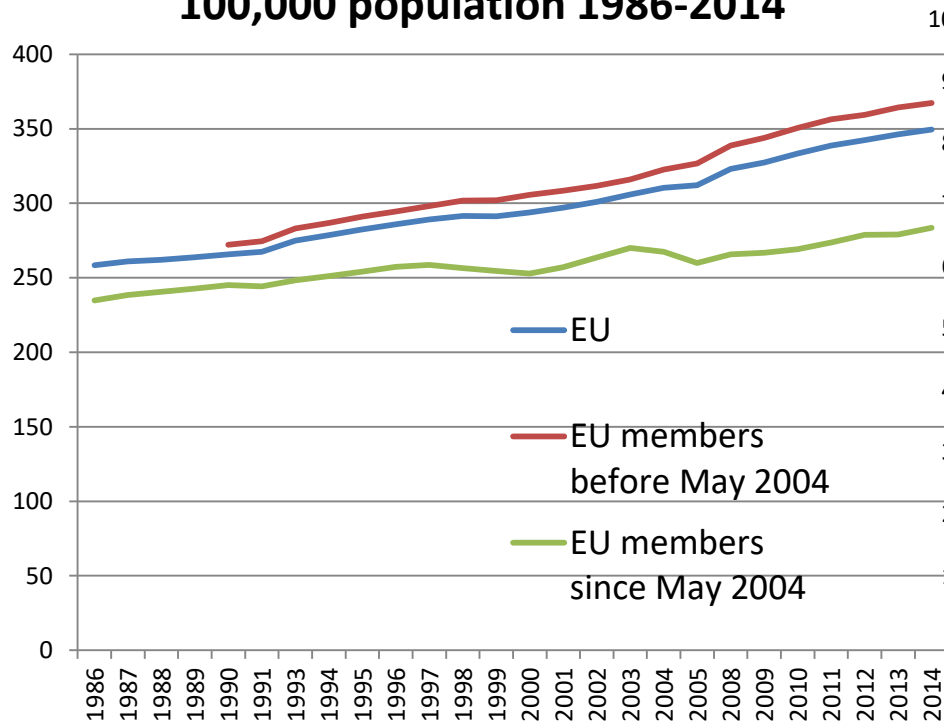# Skill-mix: test bed/blatently wrong: medical doctors and Nurses pp 100,000,

- Greece has 2.8 times more medical doctors per 100,000 population than Poland.
- Switzerland has 3.8 times more nurses per 100,000 population than Bulgaria.
- And the lowest doctor/nurse ratio is reported for Bulgaria with 1.1 (when excluding Liechtenstein),
- while the highest is reported for Ireland with 4.5.
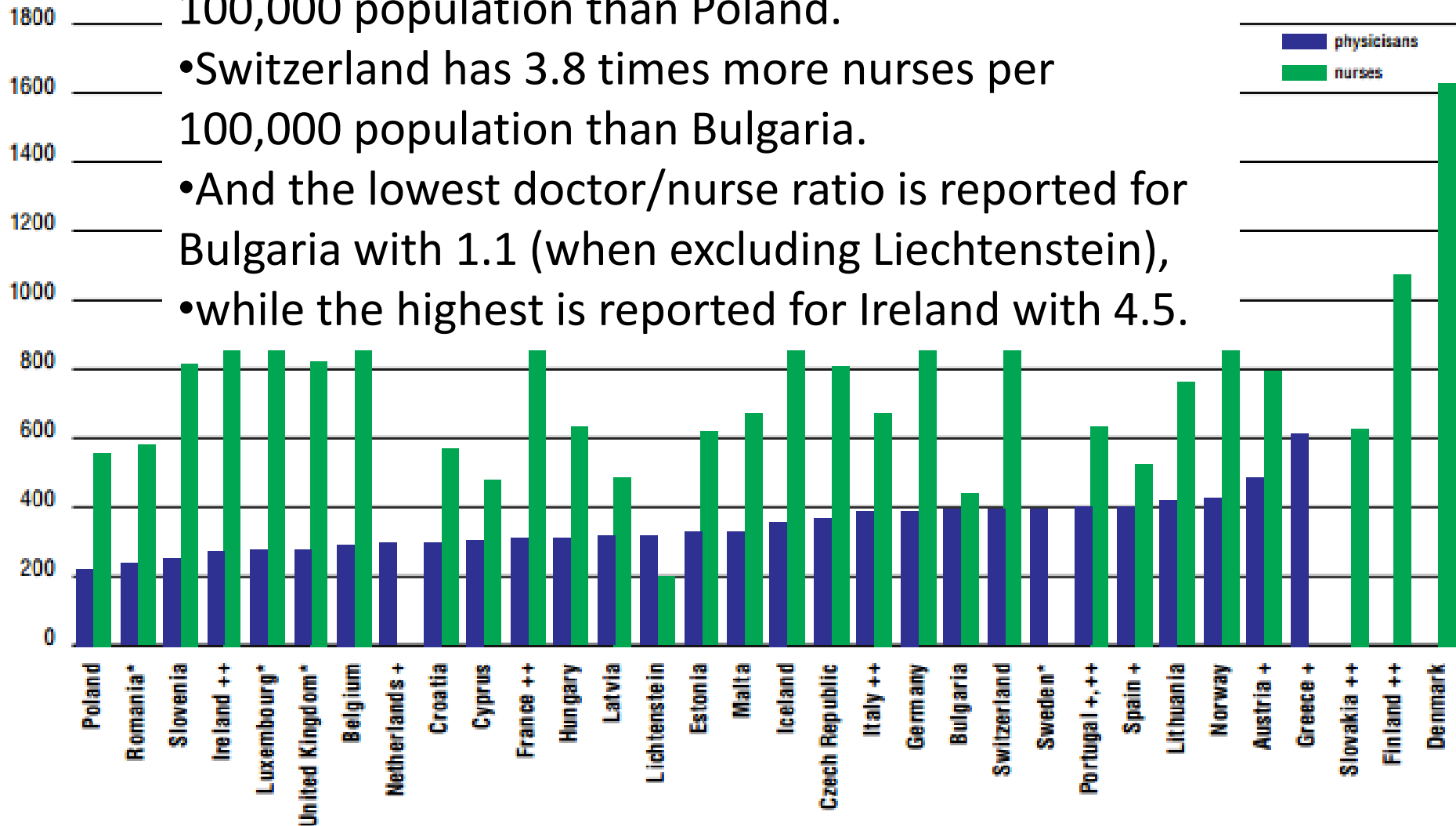
Workforce growth

Workforce growth: physicians per 100,000 population 1986-2014

Workforce growth: nurses per 100.000 population 1986-2014

Legend (both charts):
- EU
- EU members before May 2004
- EU members since May 2004
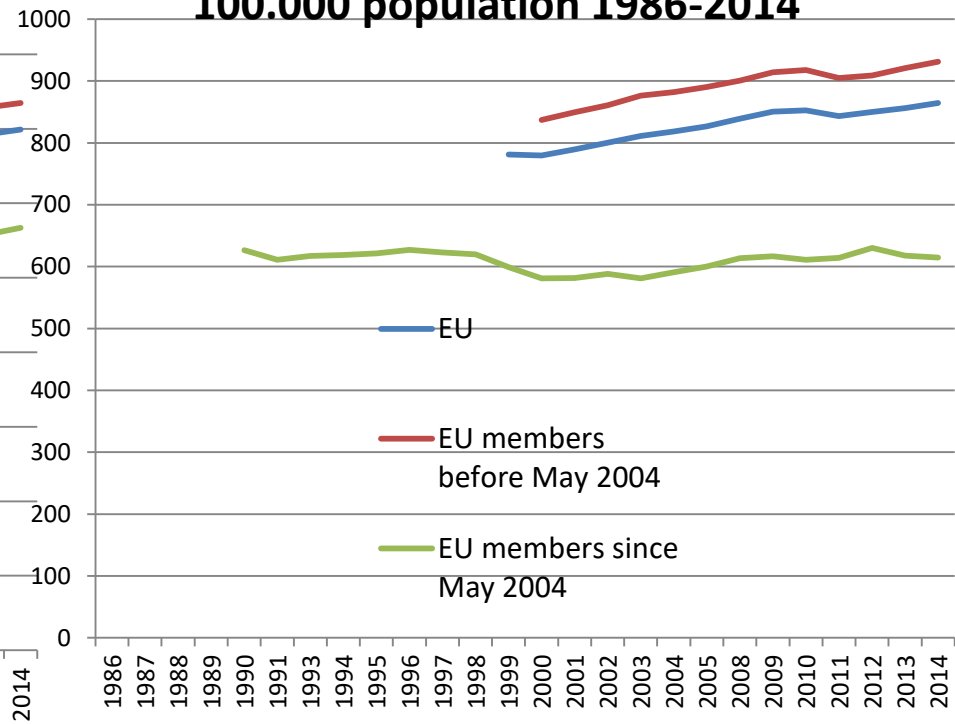
Demography: average age german medical doctors 1993-2014

Alter

	Vertragsärzte	Krankenhausärzte

Jahr	Vertragsärzte	Krankenhausärzte
1993	46,56	38,05
1995	47,58	38,66
1998	48,72	39,42
2000	49,48	39,92
2003	50,45	40,58
2005	50,92	40,90
2006	51,12	40,95
2007	51,35	41,02
2008	51,61	41,06
2009	51,92	41,10
2010	52,25	41,12
2011	52,54	41,14
2012	52,80	41,25
2013	53,09	41,25
2014	53,41	41,32
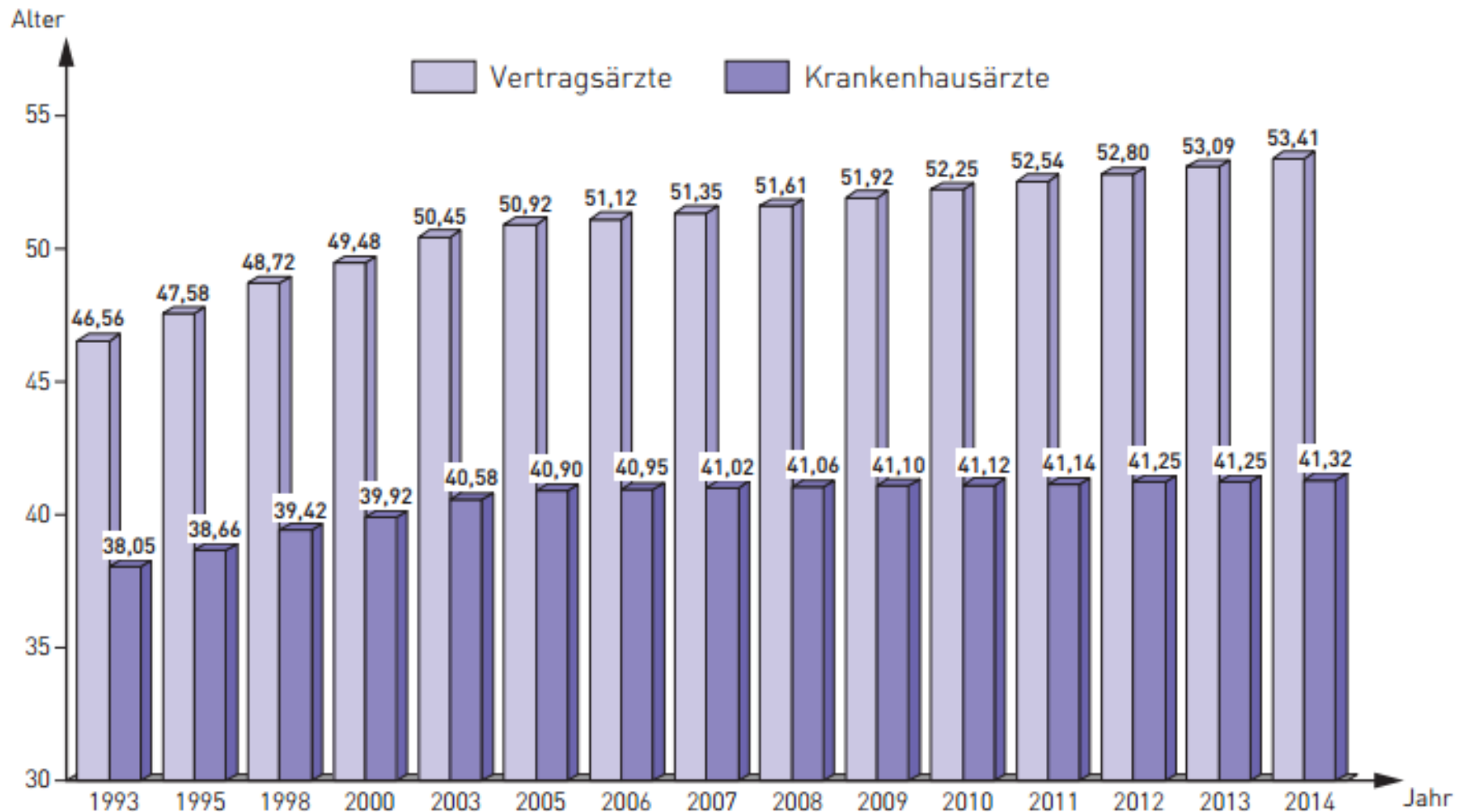
Quelle: Statistik der BÄK und der KBV   Basis: Unter 69-jährige Ärzte

European Observatory on Health Systems and Policies

Workforce growth

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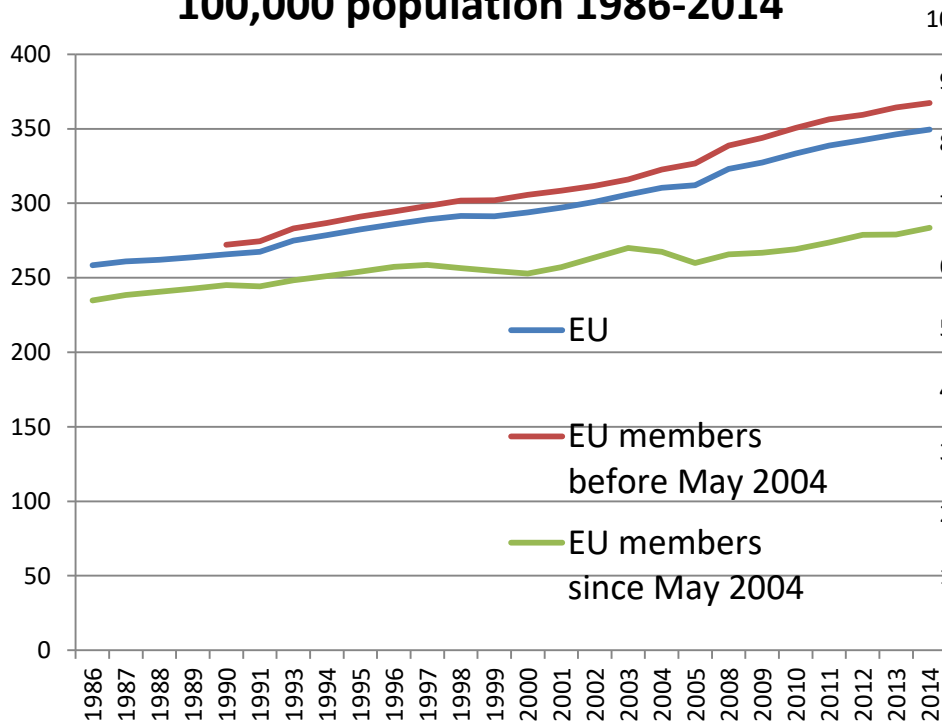
- EU
- EU members before May 2004
- EU members since May 2004

Implications: growing shortages

- **Forecasted shortages**
- **Growing competition** for NU/MI:
  - Within EU
  - Within European region
  - Globally

Health professionals	Estimated shortage by 2020	Estimated % of care not covered
Physicians	230.000	13.5%
Dentists, pharmacists, physiotherapists	150.000	13.5%
Nurses	**590.000**	**14%**
Total	970.000	13.8%

Source. European Commission, DG Health & Consumers (internal estimates)

- Apothekerin/Apotheker
- Ärztin/Arzt
- Ärztin/Arzt für Allgemeinmedizin
- Biomedizinische/r Analytikerin/Analytiker
- Diätologin/Diätologe
- Ergotherapeutin/Ergotherapeut
- Fachärztin/Facharzt
- Gesundheits- und Krankenschwester/-pfleger
- Gesundheitspsychologin/-psychologe
- Hebamme
- Heilmasseurin/Heilmasseur
- Kardiotechnikerin/Kardiotechniker
- Kinderkrankenschwester/-pfleger
- Klinische/r Psychologin/Psychologe
- Logopädin/Logopäde
- Medizinische Masseurin/Medizinischer Masseur
- Musiktherapeutin/Musiktherapeut
- Notfallsanitäterin/Notfallsanitäter
- Orthoptistin/Orthoptist
- Pflegehelferin/-helfer
- Physiotherapeutin/-therapeut
- Psychiatrische/r Gesundheits- und Krankenschwester/-pfleger
- Psychotherapeutin/-therapeut
- Radiologietechnologin/Radiologietechnologe
- Rettungssanitäterin/Rettungssanitäter
- Sonderausbildungen – Gesundheits- und Krankenpflege
- Tierärztin/Tierarzt
- Zahnärztin/Zahnarzt

- Assistent/-in Gesundheit und Soziales
- Fachmann/-frau Gesundheit
- Medizinproduktetechnologe/-in
- Aktivierungsfachmann/-frau
- Biomed. Analytiker/-in
- Dentalhygieniker/-in
- Fachmann/-frau für med.-techn. Radiologie und Bachelor of Science in medizinisch-technischer Radiologie
- Fachmann/-frau Operationstechnik
- Orthoptist/-in
- Pflegefachmann/-frau und Bachelor of Science in Pflege
- Podologe /-in
- Rettungssanitäter/-in
- Fachfrau/-mann für Langzeitpflege und –betreuung
- Bachelor of Science in Ergotherapie
- Bachelor of Science in Ernährung und Diätetik
- Bachelor of Science Hebamme
- Bachelor of Science in Physiotherapie
- Experte/-in in Anästhesie-, Intensiv- und Notfallpflege
- Experte/-in in biomedizinischer Analytik und Labormanagement
- Fachexperte/-in für Infektionsprävention im Gesundheitswesen
- Experte/-in im Operationsbereich
- Experte/-in für Zytodiagnostik

Europäische Kooperieren

- Common Training Frameworks
  - Berufsanerkennungsrichtlinie
  - Gemeinsame Festlegung von Ausbildungsmerkmalen
  - Automatische Prozedur

Akademisierung und Forschung