

How the health workforce contributes to health system resilience – comparing possibilities for innovation under Covid-19

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Discussant: Florian Kruse



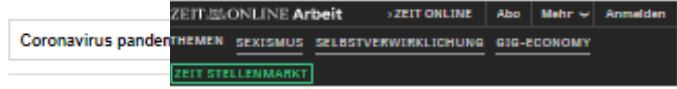
Introduction

- ‘No health without a health workforce’ (Campbell et al. 2013)
- “The present crisis offers a unique opportunity to better understanding the specific contribution of the health workforce to health system resilience and how health professions adapt to novel challenges by developing innovative practices (Azzopardi-Muscat 2020, Lewis and Ehrenberg 2020).”

Coronavirus: More than 11,000 apply for health posts

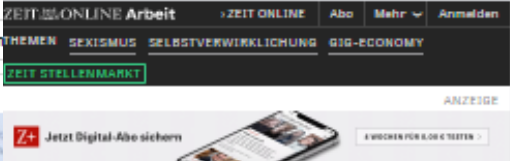
By Amy Stewart
BBC News NI

23 May 2020



More than 11,000 apply for the health and social care posts

Applications to the health and social care posts



Unser warmer Applaus ist nicht genug

Die Pflegerinnen und Pfleger sind die Helden der Stunde. Was sie aber wirklich bräuchten, um ihre Arbeit gut zu machen, dafür interessiert sich die Politik jahrelang nicht. Ändert sich das in der Corona-Krise?

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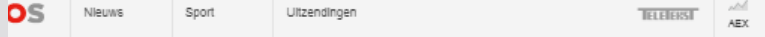


"Wir sind erst jetzt, wo alle uns brauchen, wirklich wichtig, sogar systemrelevant. Davor waren wir für die meisten unsichtbar." © Shutterstock

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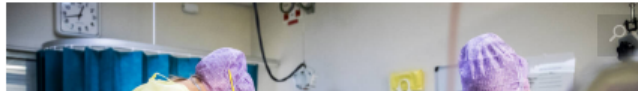
Ontario Calls on all Health Care Workers to Help Fight COVID-19

Province Launches Online Portal to Match Available Health Care Workers with Employers



NOS NIEUWS • BINNENLAND • 20 AUGUSTUS, 2020

Behandeling coronapatiënt verbeterd, artsen hopen op 30 procent minder sterfte op IC



The New York Times

Opinion

When You Are Paid 13 Hours for a 24-Hour Shift

America's neglect of older people extends to the people who care for them at home.

Zorgmedewerkers verlenen in mei de ziekenhuis. ANP

Francois Yntema
redacteur in Willemstad

Wie nu met covid-19 in het ziekenhuis belandt, krijgt een andere behandeling dan de patiënten die in het voorjaar in de ziekenhuizen terecht kwamen.

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it will be a legacy of research

covid-19". More

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ne to the chest.



Aim of the study

- “Identify and account for patterns of how the health workforce contributes to the ability of health systems to prepare, manage, recover and learn from the Covid-19 pandemic. “

“The specific aim is three-fold:

- (1) To map out key areas of possible workforce innovation
- (2) To identify innovative responses at policy and organisational levels
- (3) To account for the underlying factors in relation to individual health systems”

Short summary – theoretical frame

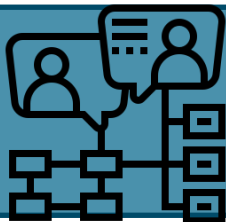
Innovation in three areas



Planning



Training



Organisation

Short summary – theoretical frame

Framework for understanding how health systems support health workforce innovation

Funding	Regular funding Relative flexibility of funding
Provision	Organisation of service delivery Organisation of health workforce
Governance	Control over health system/workforce Integration of health workforce

Comparative research design

	NHS	Social Insurance
Low burden	Denmark	Germany/Austria
High burden	Italy/ UK	Netherlands

Points for discussion

- Pockets of innovation
- Influence of health systems
- Redefining health system resilience

Contribution

- Very topical.
- Findings from this study could be very useful for policymakers.
- It would be interesting to discover patterns of health workforce responses to COVID-19 among different healthcare systems. Or try to unravel why certain responses remain absent in certain countries (or sectors).
- Try to grasp the bigger picture.

Food for thought –Scope

- How do you define innovation?
- Resilience to what? Epidemic shocks only? Or broader?
- “We consider the health system broadly in terms of hospital and primary care services, old age care services and mental health services as well as public health services.”
 - Different dynamic and appreciation of workforce between medical and long-term sector. How to deal with this in this paper?

Food for thought – Aim

- You set out the aim of this paper clearly, but the deeper academic lessons (and policy lessons) are implicit. E.g., are you trying to find good practices?

Are you defining a policy toolbox?

Food for thought - Theory

- The framework for understanding how health systems support health workforce innovation. How are you going to make links?
 - Connected to this point. I wonder how useful Prof. Blank is. In my opinion there are two important levels: health system level (e.g. degree of centralisation, public private collaboration, integration health and social care) and the organisation of the workforce (e.g. self-employed versus pay-roll, unionised, level of payment)

HEALTH AFFAIRS > AHEAD OF PRINT

Mortality Rates From COVID-19 Are Lower In Unionized Nursing Homes

Adam Dean, Atheendar Venkataramani, and Simeon Kimmel

AFFILIATIONS 

PUBLISHED: **SEPTEMBER 10, 2020**  **Free Access** <https://doi.org/10.1377/hlthaff.2020.01011>

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Food for thought - Method

- What is your approach? How do you select information?
 - The theoretical categorisation of planning, training, and organisation. How do you arrive to this categorisation? Isn't this something that should be derived from your findings?
- The selection of the countries and their types of health care system is very much based on how medical care is organized. Long-term care doesn't necessarily fit in this scheme. (e.g. the English long-term care system)
 - And why not include a liberal system such as the US?
 - UK as a whole? E.g., Scotland and England differ quite strongly in their organization of the health and social care system and also in their response to covid-19.
- Are you going to evaluate the effectiveness if so how ?

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Emerging Health Workforce Strategies To Address COVID-19

Candice Chen, Patricia Pittman, Sara Westergaard, Edward Salsberg, Clese Erikson

APRIL 20, 2020

10.1377/hblog20200414.197056



Points for discussion

- Pockets of innovation. “address salient challenges in individual health systems”



COVID-19: A Window of Opportunity for Positive Healthcare Reforms



Stefan Auener¹, Danielle Kroon², Erik Wackers³, Simone van Dulmen^{4*}, Patrick Jeurissen

Abstract

The current coronavirus disease 2019 (COVID-19) pandemic is testing healthcare systems like never before and all efforts are now being put into controlling the COVID-19 crisis. We witness increasing morbidity, delivery systems that sometimes are on the brink of collapse, and some shameless rent seeking. However, besides all the challenges, there are also possibilities that are opening up. In this perspective, we focus on lessons from COVID-19 to increase the sustainability of health systems. If we catch the opportunities, the crisis might very well be a policy window for positive reforms. We describe the positive opportunities that the COVID-19 crisis has opened to reduce the sources of waste for our health systems: failures of care delivery, failures of care coordination, overtreatment or low-value care, administrative complexity, pricing failures and fraud and abuse. We argue that current events can canalize some very needy reforms to make our systems more sustainable. As always, political policy windows are temporarily open, and so swift action is needed, otherwise the opportunity will pass and the vested interests will come back to pursue their own agendas. Professionals can play a key role in this as well.

Keywords: COVID-19, Healthcare Reform, E-Health, Low-Value Care, Health Policy

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Points for discussion

- Pockets of innovation. “address salient challenges in individual health systems”
- Influence of health systems. “The health workforce can be thought of as a ‘sub sector’ within the health system”
- Redefining health system resilience. “What kind of material/data would offer insights into the perspectives of the health workforce? “

