Evaluating the Handbook: a Feasibility Study

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Joint Action Health Workforce Planning and Forecasting

Universität Bremen

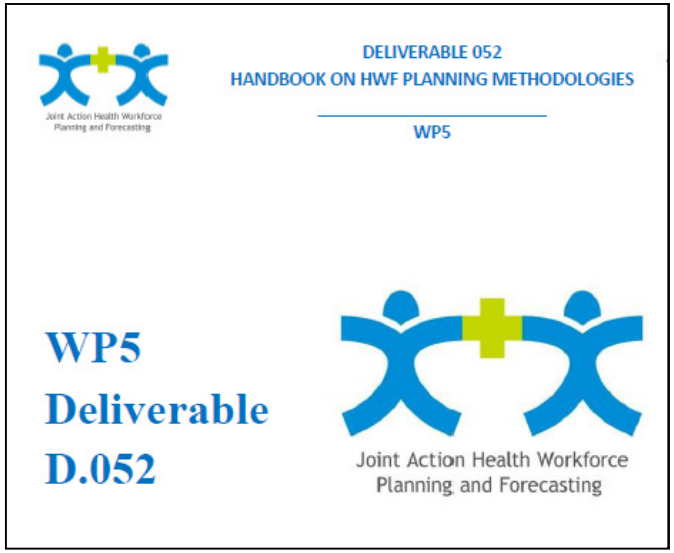
ZeS Zentrum für Sozialpolitik

Funded by the Health Programme of the European Union

Aims

A) Theoretical testing of the handbook

- Can the handbook help countries with distinct health systems?
- Is the handbook sufficiently informative?
- Do stakeholders in Germany (sickness funds, Ministries, nursing association, association of doctors, midwives) agree with proposed practices?



→ opportunity to make changes within a handbook 2.0?

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Aims

B) Modeling with the Minimal Projection Model and the MDS

- Data availability, difficulties, information content of projections
- Can the MDS be used to project supply and demand in Germany?
- How good are results compared to the sophisticated system of Federal Association of Health Insurance Physicians (KBV) presented in Bratislava?

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Benefits to the JA

- Information on how useful the minimum data approach is to countries with larger data collection.
- Information on which additional indicators could be added to make the minimum data set an instrument useful to all member states.
- Sensitivity analysis for the minimum data set and indicators.
- Fulfillment of the requirements of the grant agreement within WP5.

Benefits to other countries

- Information on applicability of the handbook guidelines to countries with systems different from the example countries.

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Why Germany?

German is chosen as a dissimilar country

- In Europe (from Böhm et al. 2013)
  - NHS systems: Denmark, Finland, Iceland, Ireland, **Italy**, Norway, **Portugal**, Sweden, Spain, UK
  - Social insurance systems: Austria, **Germany** ,Luxemburg
  - Social Insurance systems with strong state regulation: Belgium, Estonia, France, Czech Republic, Hungary, Netherlands, Poland, Slovakia
- Germany has
  - Strong actors, planning on the level of federal states (Länder)
  - A lot of data, but not much planning
  - Skepticism against planning
  - Recently updated guidelines for physician planning
  - Different approaches for different professions
  - Limited involvement of government in Joint Action
- Study is conducted by research institute! = looking in from outside

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Methods

A) Testing the handbook

- An assessment of current organization of the HWF planning system in Bremen and Hamburg;
- Stakeholder focus groups on desired changes to workforce planning;
- Evaluation of the handbook: Were the outlined steps helpful? Was anything missing? What do we recommend for future versions of the handbook?
- Write-up of results.

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Methods in detail

A) Testing the handbook

- Brief report on how planning of outpatient care by physicians within the statutory health insurance system, with added sub-chapter on inpatient care
- Focus groups asking: What would YOU recommend to change in the German planning system?
- Then contrast the answers with practices outlined in the handbook: Which aspects do YOU find helpful?
- Looking at additional selected practices: does Germany have similar organizations or processes as proposed by practices?

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Methods

B) Projecting with the Minimal Projection Model and the Minimal Data Set

- Data collection;
- Data cleaning and preparation;
- Projections;
- Comparison with the model of the physicians association
- Write-up of results.

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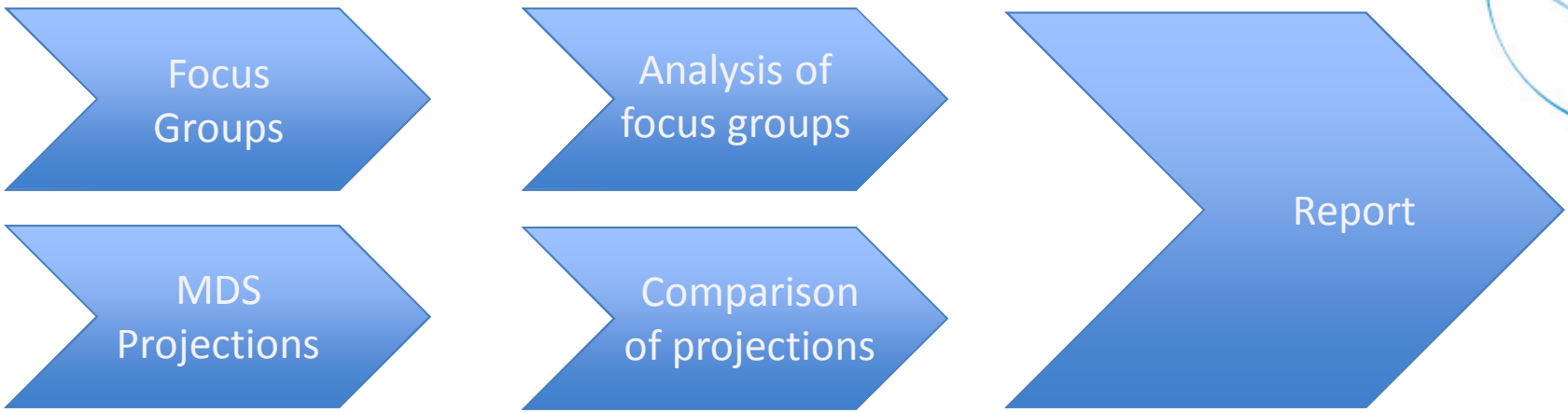
Timeline



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#	Healthcare system type	R	F	P	Cases
1	**National Health Service**	**St**	**St**	**St**	**Denmark, Finland, Iceland, Norway, Sweden, Portugal, Spain, UK**
2	Non-profit National Health System	St	St	So	
3	**National Health Insurance**	**St**	**St**	**Pr**	**Australia, Canada, Ireland, New Zealand, Italy**
4	State-based mixed-type	St	So	St	
5	State-based mixed-type	St	Pr	St	
6	State-based mixed-type	So	St	St	
7	State-based mixed-type	Pr	St	St	
8	Etatist Social Health System	St	So	So	
9	Social-based mixed-type	So	St	So	
10	Social-based mixed-type	So	So	St	Slovenia
11	Social Health System	So	So	So	
12	**Social Health Insurance**	**So**	**So**	**Pr**	**Austria*, Germany, Luxembourg, Switzerland***
13	Social-based mixed-type	So	Pr	So	
14	Social-based mixed-type	Pr	So	So	
15	**Etatist Private Health System**	**St**	**Pr**	**Pr**	
16	Private-based mixed-type	Pr	St	Pr	
17	Private-based mixed-type	Pr	Pr	St	
18	**Corporatist Private Health System**	**So**	**Pr**	**Pr**	
19	Private-based mixed-type	Pr	So	Pr	
20	Private-based mixed-type	Pr	Pr	So	
21	**Private Health System**	**Pr**	**Pr**	**Pr**	**USA**
22	Completely mixed-type	St	Pr	So	
23	**Etatist Social Health Insurance**	**St**	**So**	**Pr**	**Belgium, Estonia, France, Czech Republic, Hungary, Netherlands, Poland, Slovakia, Israel*†, Japan†, Korea***
24	Completely mixed-type	Pr	St	So	
25	Completely mixed-type	Pr	So	St	
26	Completely mixed-type	So	St	Pr	
27	Completely mixed-type	So	Pr	St	