



Joint Action Health Workforce
Planning and Forecasting

One handbook for diverse needs?

A feasibility study at state-level
within Germany's self-governed
healthcare system

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Mons, May 3rd 2016



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I. Study rationale



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Role of Planning in Healthcare

- Role of planning differs according to healthcare system type
 - State-led NHS-type: planning is of utmost importance
 - Social health insurance (SHI) systems: corporatist self-regulation rather than state planning
- Handbook relies on state-led systems only
 - Are those examples helpful in an SHI context?



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II. Testing the minimum projection model



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Basic idea of the minimum projection model

- At baseline supply is regarded as sufficient
→ development of **further** shortage/oversupply
- Separate projection of need and supply
- Future need
 - Profession-mix is kept constant
 - Age-specific need according to current expenditure for all professions
 - Demographic forecasts times age-specific needs generate future needs



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Indicators of the minimum projection model

- 1. Coverage of future demand (high level)**
= future supply / future need (by profession)
2. Relative affordability
= future health consumption / current health consumption
- 3. Coverage of future demand (detailed, for doctors only)**
= future supply / future need (by specialty/geographical area)
4. Share of foreign professionals (now/future)
= No. of foreign professionals / Total no. of professionals
5. No. of professionals per inhabitant (now/future)
= No of professionals / population
6. No. of professionals per weighted inhabitants (now/future)
= No of professionals per age-standardized inhabitants
(for comparisons between countries)



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Data availability and results



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Scope of the quantitative study

Research questions

- Can the MDS and planning model be adequately used with data available in Germany?
- Are there data gaps acting as barriers to successful use of the MDS and model?

Results

- Statements concerning data availability
- Quantification of indicators

Data gaps identified

- The data needed for calculating all six indicators of the MDS are mostly - apart from migration (in- and outflow) - available in Germany for the five professions.
- Data on migration is only available for doctors. This particularly matters when forecasting the nursing workforce as recent developments indicate a factual reliance on migrant nurses.
- Forecasting for different geographic areas or by specializations is challenging, as German data sources for all professions except physicians are better suited for national estimates.



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III. Interviews with local stakeholders



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What do stakeholders want in a handbook?

- Information by and for professions
- Makes transparent the political nature of defining a “good practice”
- Creative, even risky approaches beyond status quo
- Minimal standards instead of best practices?

Limitations in the current handbook

- Understood as prescriptive
- Powerful professions fear systemic changes
- Self-governance at risk?
- Hesitant towards high European-level influence



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IV. Conclusions



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Conclusions of the projection model study

Data availability

- Generally speaking data is available for all indicators
- Data on migration is only available for doctors
- Forecasting for different geographical areas and specialties within professions is only possible for doctors

Shortages

- According to the MDS projection shortages are to be expected for doctors and nurses, but not for the other professions.
- For Bremen the shortage is much higher than for Hamburg

Conclusions of the interview study: recommendations for handbook V2

- The future handbook is a flexible tool to guide not only governmental agencies but also links to stakeholder interests
- The scope of practices is broadened to systems with less planning, with regional instead of national focus, and with different status profiles of professions
- In the next version of the handbook, innovation is presented rather than (only) status quo of practices

Thank you!

Questions? Thoughts?

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