



One handbook for diverse needs?

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

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I. Study rationale



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 selfregulation rather than state planning
- Handbook relies on state-led systems only
 - > Are those examples helpful in an SHI context?









II. Testing the minimum projection model

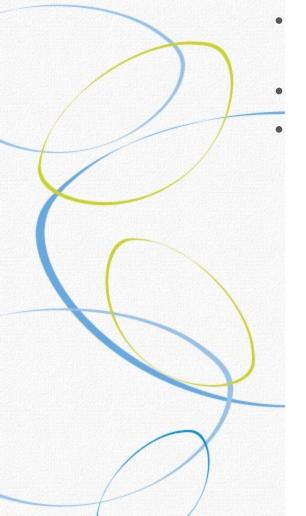




Basic idea of the minimum projection model



- → 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







Indicators of the minimum projection model

- Joint Action
- 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
- No. of professionals per weighted inhabitants (now/future)
 No of professionals per age-standardized inhabitants
 (for comparisons between countries





Data availability and results



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





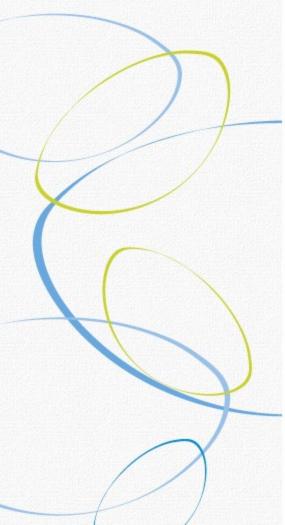
Data gaps identified

- 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.









III. Interviews with local stakeholders



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









IV. Conclusions



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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