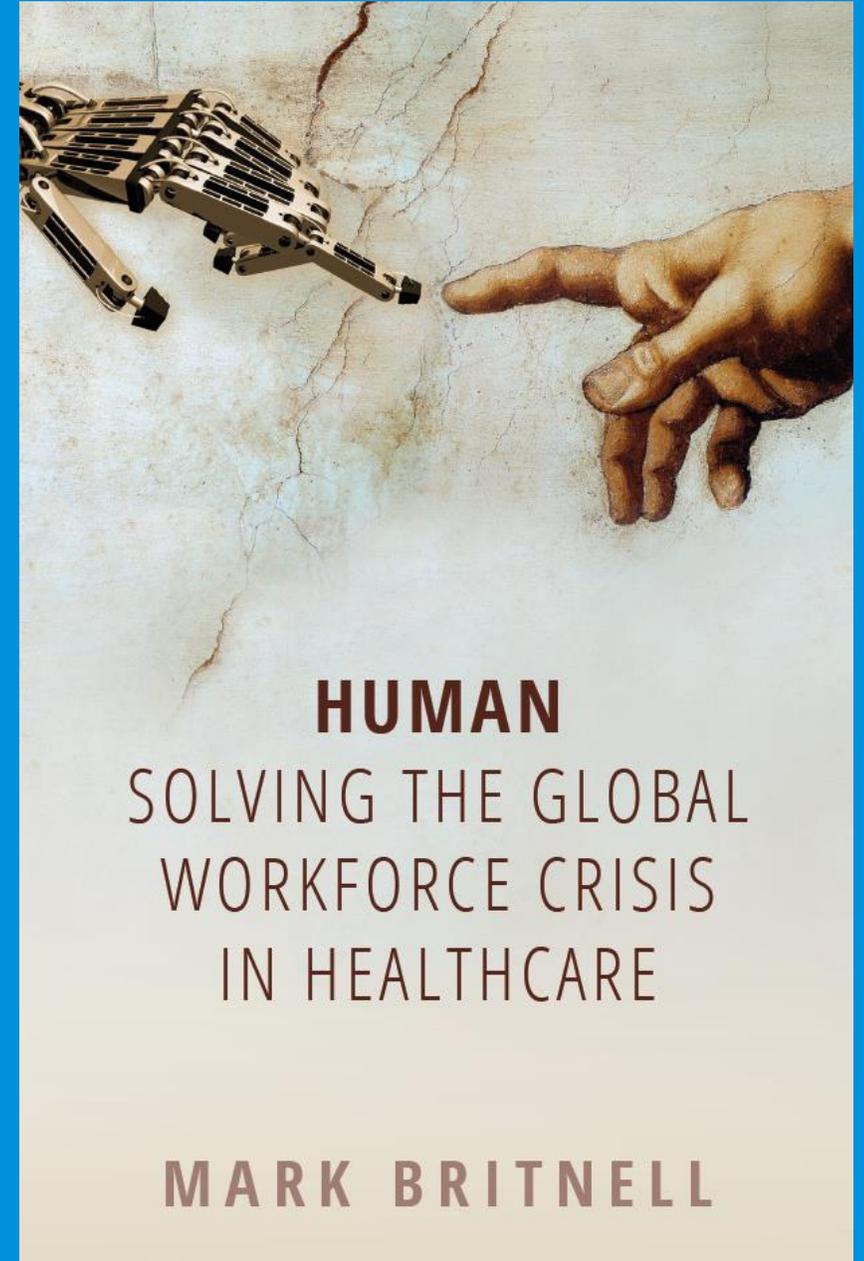




# Health is wealth

Productivity  
is key





# The Global Healthcare workforce crisis

18 million

The global shortfall of health workers by 2030

## Size of the problem



20%

of the total capacity to care

**UK** 

Shortage of **42,000** nurses and **11,500** doctors, **9.2%** of all posts.



**India** 

Needs **3.9m** doctors and nurses.



**China** 

Needs **180,000** more obstetricians.



**Japan** 

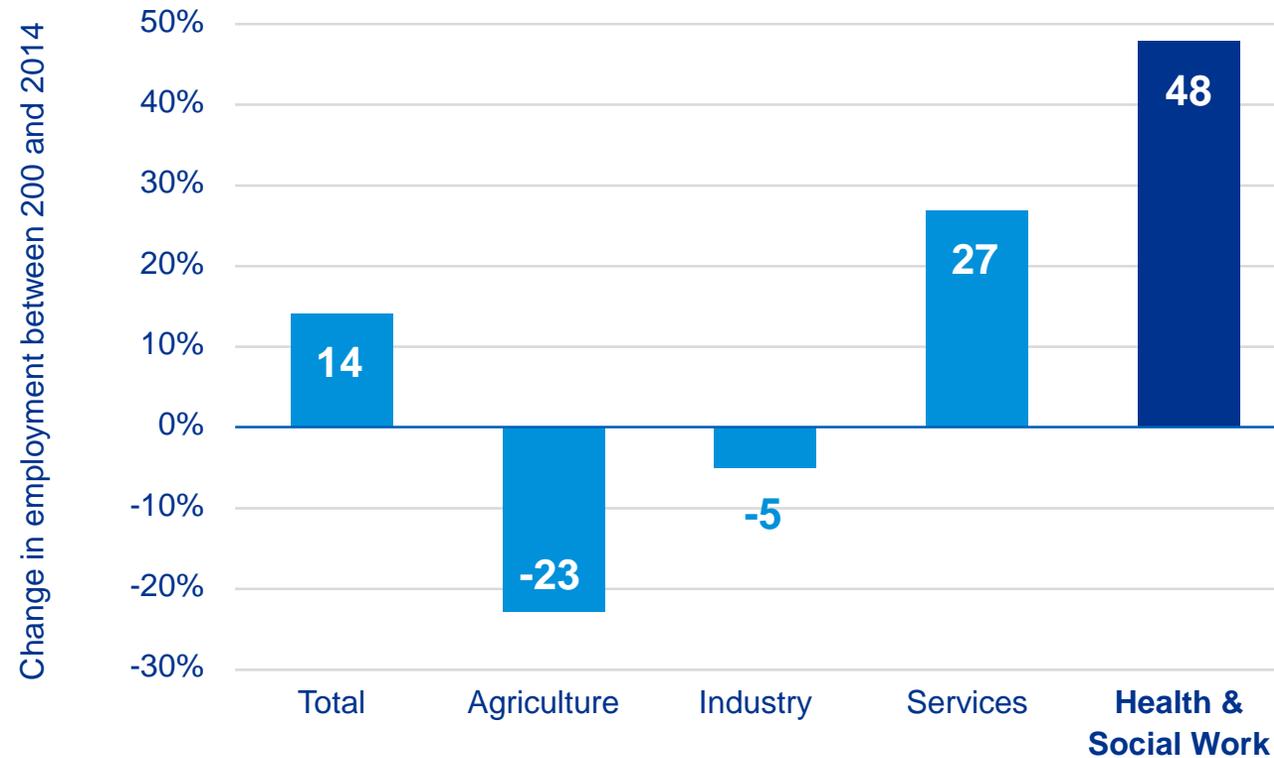
Tripled nurses from **550,000** to **1.7m** in 13 years (but still need 2.5 million more by 2025).



# Health workers are a key part of the economy

## Employment in health sector is growing

Health & Social Work vs other labour sectors: % change from 2000-2014



\$9

trillion  
industry



11%

of economic  
growth



10.4%

of  
GDP



# Health is wealth: Lifting human capital



Increased health status raises investment in human capital and spurs economic growth



A one-year improvement in a population's life expectancy increases output by **4%**

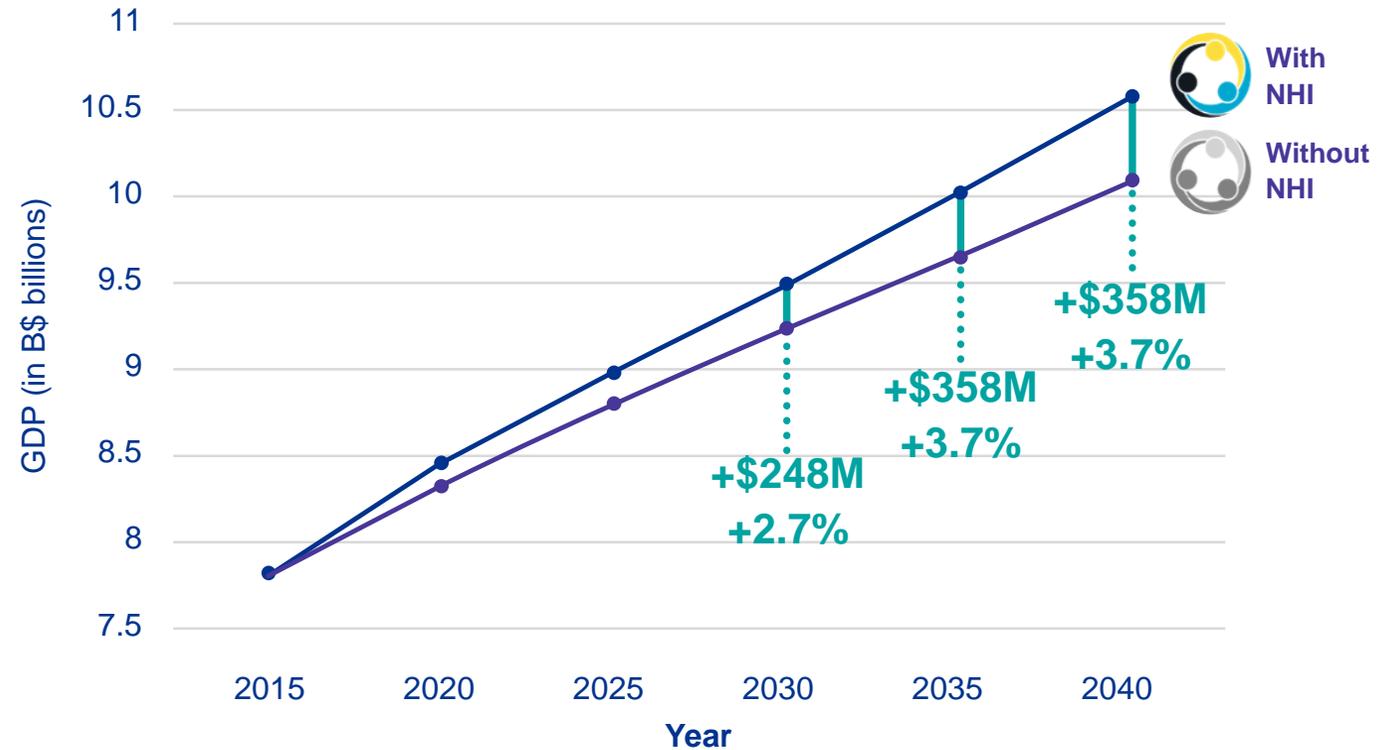


In Australia, a **1%** decrease in cancer mortality rates would result in a **1.6%** increase in GDP per capita



x9

Health investments generate up to nine times their costs in terms of economic growth



# Ten changes to tackle the global health workforce crisis

With 10 large-scale changes we can increase the capacity to care by roughly

**20%** meeting the anticipated shortfall in health staff



1

Productivity.  
Health is wealth

2

Entrepreneurial  
government

3

New care  
models

4

Patients as  
partners

5

Communities  
as carers

6

Professions.  
Top of their game

7

New care  
workers

8

Digital  
dividend

9

Agile learning  
organisations

10

Motivated and  
managed workforce

## Reframing the problem

Reposition the debate about workforce planning to one about productivity, health and national wealth creation



Productivity isn't everything, but in the long run it is almost everything. It is the ultimate engine for economic growth.

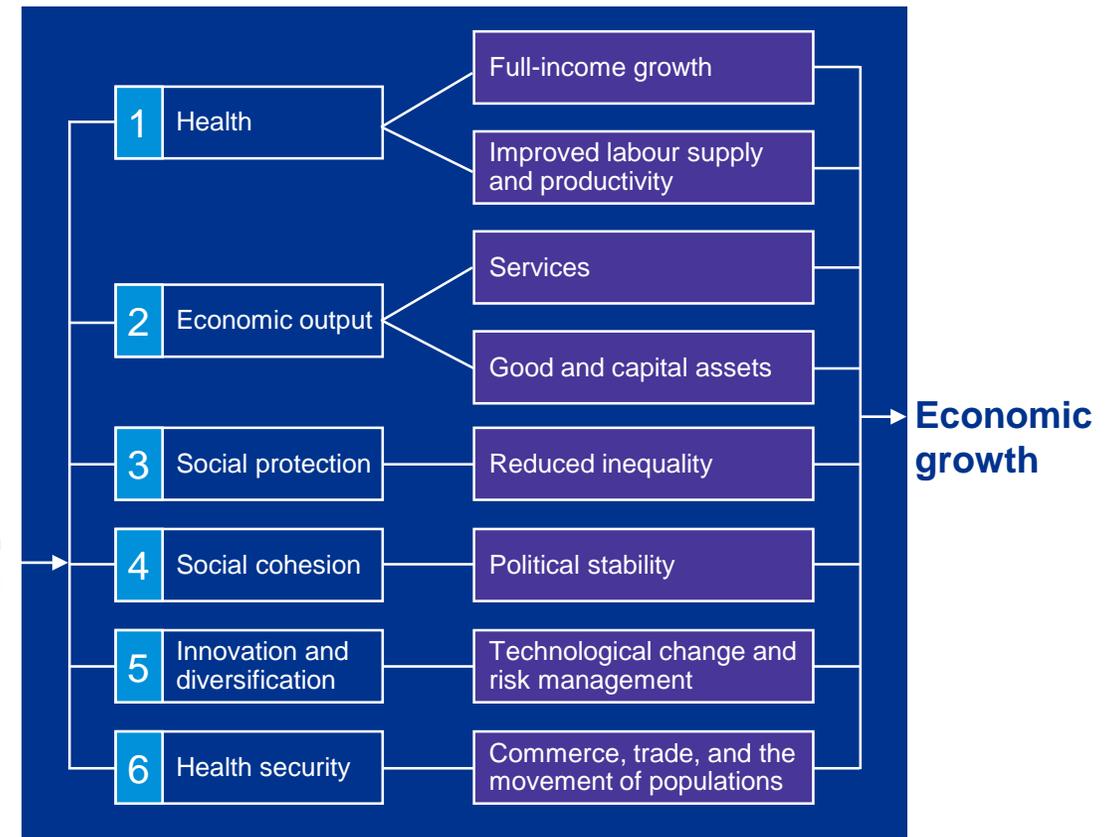
Krugman



### Productivity is improved through:

- better education and skills,
- innovation,
- technological advances,
- improved infrastructure
- enhanced or disruptive business models
- and, of course, better leadership

Health system



# 2

## Encourage governments to become more entrepreneurial



Stimulating health worker supply through measures ranging from training limits to increased labour participation.



Nursing students more than doubled between 2001 and 2013 from **8,000** to **19,000**.



Following the 2008 Bradley Review, restrictive policies for entry into nursing education were abandoned. There is now a much healthier supply of nurses.



Australian Nursing & Midwifery Federation



# 3

## Encourage rapid and large-scale adoption of new models of care



These already exist in different parts of the world and can increase productivity and capacity to care.



Online communication and consultation service



Over **65%** of consultations and enquiries take place this way



KAISER PERMANENTE®



4

## Provide human and technological support



Enable patients to be active partners in their care, taking greater responsibility for their own well-being and care management.



Montefiore Medical Center introduced remote patient monitoring



Reduced hospital admissions for elderly patients by over **30%**.

**Montefiore**  
Inspired Medicine



5

## Provide greater recognition, encouragement and support



Use communities, volunteers and families, who already provide most of the care in society.



Cash payment to the person needing care - more popular and significantly cheaper than services



Benefits are based on dependency



Range from £283 a month to £1,784 a month (the highest in-kind payment).



# 6

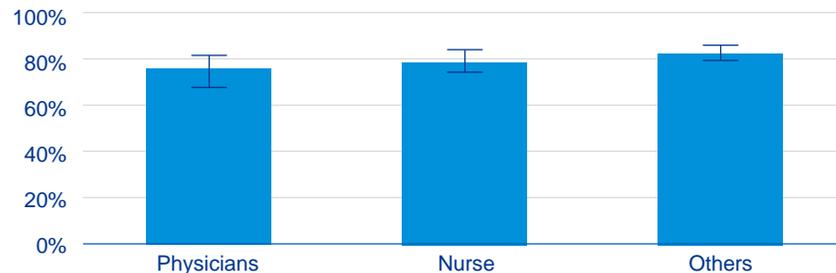
## Support health professionals



Empower them to practise at the upper limits of their clinical licence, encouraged by regulators

- “Top of your game” versus “Top of your capacity”
- 76% of doctors and 79% of nurses are overqualified for task they perform
- Harness professional development, task shifting and technology

Reported overskilling by physicians, nurses and other occupations, PIAAC survey, 2011/2012



Note: “Others” means workers in other technical and professional occupations (ISCO 2 and 3). The figure depicts percentage responses with the associated 95% confidence interval.

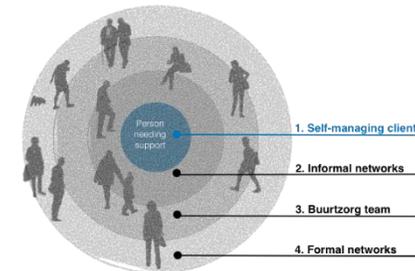
# 7

## Create a new cadre of peripatetic care assistants and workers



Seamlessly straddling health and social care to deliver services in communities, hospitals and homes

- Self-governing teams of up to 12 nurses who are responsible for between 40 and 60 people
- Each nurse can meet the full range of the patient’s needs – from medical to support services
- Nurse acts as a health coach for the individual and their family



8

## Stimulate the disruptive digital possibilities



Artificial intelligence, cognitive assistance, robotics and blockchain can increase time to care and productivity

- Clalit, uses AI algorithms to manage population health
- Uploads individual clinical risk indicators every day
- Clinical teams deployed to patients deemed at risk before illness flares up.



9

## Organisations need to become agile learning systems



Educate, re-educate and support workers, gaining productive advantage and maximising staff well-being

- Inspired by the McDonalds business model to deliver consistently high quality, low cost ophthalmic services in the most productive way.
- Combine six sigma process improvement and spirituality with a start-up mentality
- Aravind operates at just 1% of the cost of the NHS



# Overhaul rudimentary approaches to leadership, development and coaching

Embrace proven techniques to raise motivation and performance

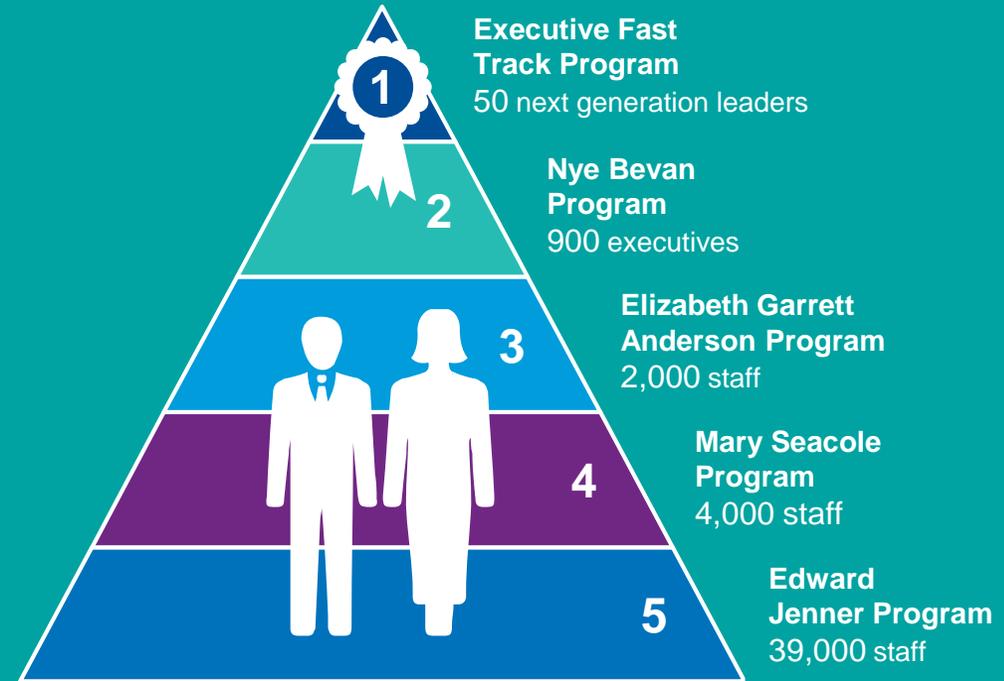


The nature of work and organisations and their structure and leadership will need to change profoundly as digital disruption gathers momentum.

Healthcare which is, generally speaking, hierarchical and bureaucratic. We need to:



- 1 Harness an innate desire to provide high quality care
- 2 Build systems that manage individual and team development
- 3 Improve performance feedback and design thinking
- 4 Be clearer what is expected, and support achieving it



**HARVARD**  
**T.H. CHAN**  
SCHOOL OF PUBLIC HEALTH



# Harnessing health for national wealth

“

The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it.

Michelangelo

”

1

Workforce will make or break the laudable intentions of the NHS plan

2

New policies don't provide better services unless staff feel supported and empowered

3

Workforce creates value not cost, especially when allied to technology

4

Current workforce planning is too static and insular – need to mobilise wider assets and be more agile.

5

We can solve the workforce crisis in healthcare over the next decade

