An Overview of HRH Planning in Canada

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Scope of Presentation

- Current Planning Context
- Health Human Resources Challenges
- Overview of Canadian HRH Planning Models
- Planning Update - April 2010 Workshop
- Ongoing HRH Priorities and Directions

Global Planning Context

- Global shortages & competition for HRH
- Slow economic growth & growing budget deficits
- Unsustainable rise in health care costs
- Increasing demand & declining supply
- Declining workforce productivity
- Increase need/declining capacity for self-sufficiency
- Growing workforce instability
- Ethical recruitment pressures
- Global HRH re-tooling process

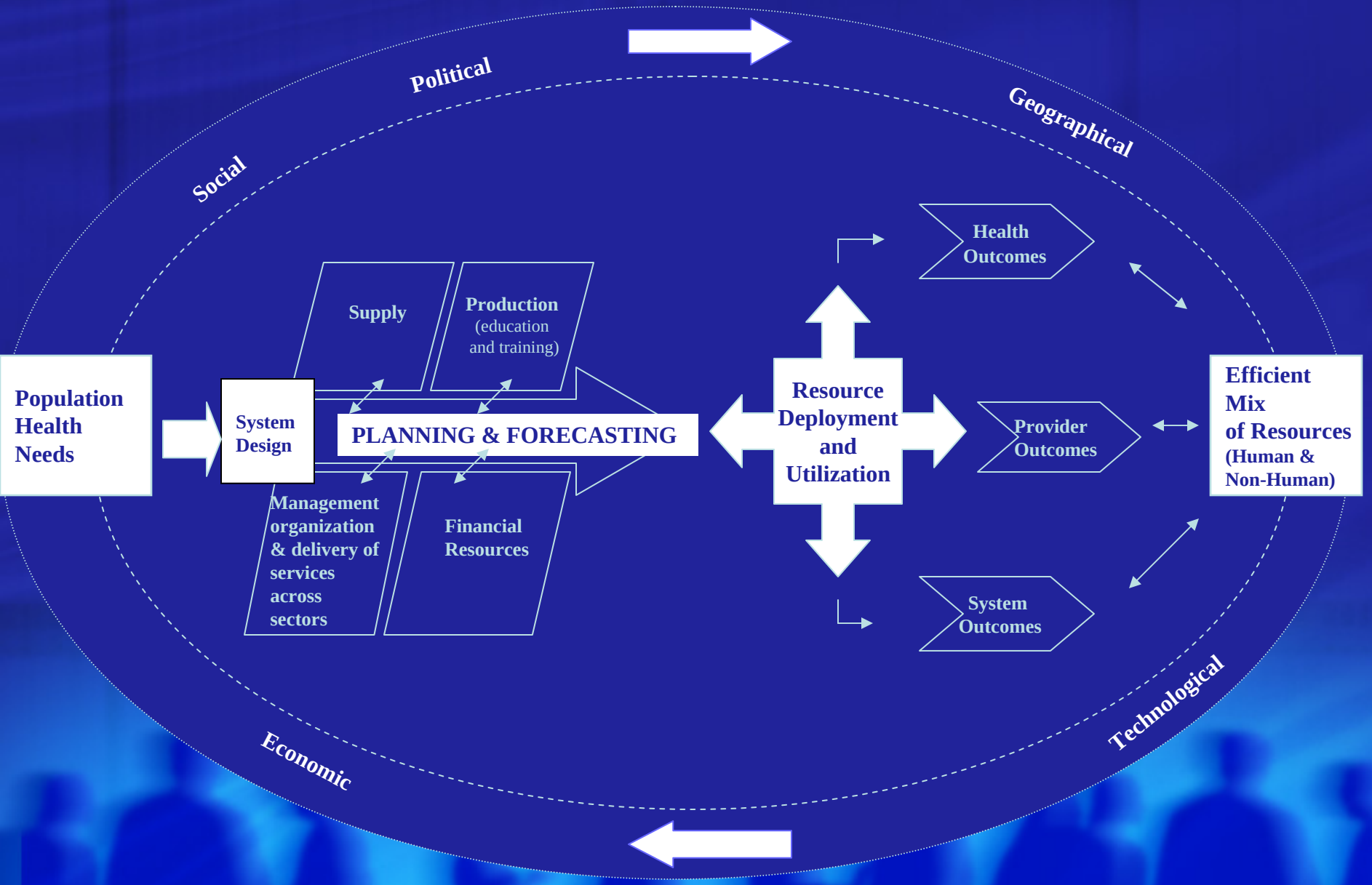
HRH Directions and Priorities

- Primary Health Care
- Community-Based Care
- Needs-Based Planning
- Self-Sufficiency
- Recruitment & Retention
- Capacity Development
- Enhanced Productivity
- Alternative Funding Models
- Simulation & Blended HRH Modelling
- Research Synthesis
- Knowledge Transfer & Exchange

HHR Challenges

- Absence of evaluation, accountability or KTE
- Linkage to health outcomes and health reform
- Vested interest groups: cross-cuts all sectors
- PHC Models - no one size fits all
- Professionalization
- Funding and Incentives
- Recruitment and Retention (Safety and Support)
- Aging population and Practitioners
- Lack of consistent clinical standards (productivity)
- Cost drivers (technology, capital costs, drugs)
- Systemic inertia and complexity
- Stovepipe planning, coordination and collaboration
- Leadership, ownership and management

Health System and Health Human Resources Planning Conceptual Framework



HHR Planning & Management

- Right person
- Right motivation/culture
- Right training
- Right job
- Right role
- Right competencies
- Right place
- Right action/service

Right environment
Right incentives
Right cost
Right tools
Right technology
Right time
Right support
Right outcomes

Pan-Canadian HRH Inventory

- Background
- Approach
- Results
  - Decision-Maker Interviews
  - Modeller Responses
- Challenges
- Recommendations

Planning Inventory Issues

- Data quality, standardization & availability
- Education data, workforce movement
- Emphasis on physicians and nurses
- Needs complex, difficult to define
- Planning an inexact science
- Health need is a social, fiscal and political construct
- Limited resources, fiscal and human
- Partner roles and collaboration
- System sustainability and efficiency
- Benefits of complex planning models unknown
- Knowledge transfer, access and affordability

Forecast Model Selection Guidelines

One size does not fit all...

- Tested, valid, reliable and timely
- Comprehensive & innovative
- Feasible, user-friendly, practical & flexible
- Comparable, linked and portable
- Accessible and translatable
- Relevant & supports evidence-based planning
- Responsive to capacity, resources & priorities

Inventory Recommendations

Partnerships and Collaboration

- Showcase models, KTE, Observatory & Workshops

Technical Capacity Development

- Networks of modellers, consistent concepts

Data Development

- Standardization, unique identifiers, data inventory

Research

- Synthesis, broaden agenda with economic indicators

Evaluation

- Model selection and model assessment criteria

2010 Planning Workshop

Purpose –

To exchange ideas & information & to advance collaborative model development

Models Presented -

- Alberta Population Needs-Based GP Demand Project
- Ontario Physician Needs-Based Simulation Model
- Quebec Model for Regional GP Distribution
- Canadian Needs-Based Approach to Nurse Planning
- British Columbia Health Human Resources Planning
- Manitoba Nurse Projection Model
- Pharmacist Modelling Needs and Perspectives

2010 Planning Workshop

Re-Occurring Themes & Priorities

- Improve data availability and accessibility
- Strengthen interface of theory and practice, with diverse partnerships & consistent leadership
- Build pan-Canadian framework and local models
- Improve planning scope, capacity & cost

Ongoing HRH Development

CAPACITY DEVELOPMENT

- To improve health workforce capacity by better aligning the preparation of the workforce with identified health system needs.

WORKFORCE OPTIMIZATION

- To deploy the health workforce in ways to optimally support emerging new models of health care delivery and funding.

WORKPLACE OPTIMIZATION AND SUPPORT

- To create an supportive workplace environment that contributes to efficient service delivery and overall workforce stability.

OUTCOMES

- To produce balanced outcomes that address health system, staffing and patient care needs/

Conditions of Success

- Clear understanding of objectives, role and impact
- Political, fiscal, technical and management support
- Recognized priority and integrated with business plan
- Team with right skills, experience, roles & linkages
- Communications and transparency of process
- Right incentives, relevance and rewards
- Access to information
- Role and commitment of partners and stakeholders
- Continuity, consistency and flexibility
- Quality data that is useful, integrated and timely

HRH Planning & Management "Tool Box"

- Data Development
- Monitoring Trends
- Research
- Modelling/Forecasting
- Evaluation
- Program Development
- Policy Development
- Knowledge Transfer/Exchange
- Strategic Planning
- Funding/Incentives
- Stakeholder Partnerships
- Facilitation
- Partnerships
- Communications
- Priority Setting
- Management /Labour
- Legislation
- Change Management