Intelligence MEMOS

From: Zayna Khayat

To: Healthcare Watchers

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Re: SOME DEMAND-SIDE AMBITION, PLEASE, FOR CANADA'S HEALTH WORKFORCE

The gap between demand for health services and available supply is large and widening. The sector is dominated by labour; according to CIHI, more than 60 percent of health spending goes to workers. Hence, stability of this workforce is a top priority for every province and territory.

Ottawa has little direct authority over levers that affect the health workforce; education, recruiting, training, deployment, compensation, retention all fall largely to the provinces and territories. Despite this, it has rightly prioritized this matter, enacting federal policies to increase the supply of health workers, such as expediting the licensing of foreign-trained professionals and interprovincial worker mobility, as well as by creating an agency to obtain data to improve planning and decision-making.

But simply ensuring a supply of people where we have shortages today is not likely to solve the system's larger issues. And governments appear to presume current strategies are sufficient to address future needs and that healthcare will be designed, paid for, and delivered using the current mix of professionals. The presumption is that more workers doing the same work, having an easier path to credentials, being more easily transferred to areas that require their services, and being incentivized to remain in their roles, will suffice.

Meanwhile, healthcare demand is expected to outgrow taxation's ability to finance it.

We are overdue for a reframing of the healthcare challenge.

Does spending more than 60 percent of the money on staff match the labour intensity needed? Will workforce training and recruiting use long-standing means, methods, and talent pools? Is our current mix of professionals fit for purpose? Have we augmented our talent with the necessary technologies to allow them to focus on what humans can do best?

Our suggestion: Ottawa is in a strong position to bring needed policy and investment to a new stage, beginning with rethinking the demand side of the work of healthcare.

To clarify, "demand side" initiatives go beyond government policy and strategies to reduce the demand for health services in the first place (i.e., via primary or secondary prevention). Rather, it is meant to highlight the untapped opportunity that exists to reimagine the way we currently structure and deploy the labour force. We see three levers currently at the federal government's disposal:

1. **Removing lesser-value work**

   Roughly 30 to 40 percent of health workers' tasks are unnecessary, duplicative, and even unsafe, according to multiple sources, including the Choosing Wisely campaign. The Netherlands, for example, is working to remove more than 30 percent of this work from its system. Similarly, Canadian patients and their families can – and have expressed a desire to – oversee more of their own health care.

   Consideration: Could the federal government inject new life into Choosing Wisely and set expectations for engaging in higher-value work to care organizations funded through the Canada Health Transfer?

2. **Better technology deployment**

   To help the healthcare system meet Canadians' needs and restore joy and humanity in the work of caring, it's essential to accept that many tasks can be done equally well or better using automation, analytics, logistics, and AI cognition.

   Consideration: Could Ottawa conduct an analysis, as England has undertaken, of how technology can free up capacity? A national future-ready health workforce plan that lays out concrete strategies and a role for federal agencies such as CIHI, Infoway, and CIHR could help realize the promise of – and the means to invest in – a digitally enabled health workforce.

3. **Redesigning and redefining work itself**

   The global workforce is emerging from the industrial-era construct of fixed, static jobs tied to specific professions and strict credentials, to a dynamic landscape of skills that can be accessed and utilized as the nature of work evolves. This requires separating jobs into their component skills, and broadening the pool of talent that has or can readily acquire needed expertise. We estimate that up to 60 percent of work currently tied to almost any credentialed professional could be performed by an alternate, someone who can be easily upskilled/reskilled (a retiree, student, volunteer), an extender (someone supervised by and teaming with higher-licensed clinicians), or a second professional (nurse practitioner, pharmacist, or nurse with expanded scope of practice).

Consideration: What if Ottawa provided the working capital for provinces to redesign care models and to redefine work, from jobs to skills? This would mean changing the current work paradigm – assessing how we can educate, develop, upskill, and reskill a mix of talent.

It seems clear that the current and future health care needs of Canadians cannot be met with today's labour-intensive models. Simply expanding the current labour structure will leave provinces with neither sufficient people or tax base. Building on the momentum of recent federal supply-side interventions, it's time for demand-side initiatives that challenge the status quo and embrace shifts in the future of work, technology, and patient/family behaviour.

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