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HealthForceOntario Newsletter

A report to Ontario's healthcare leaders.

Message from Joshua

Welcome.

In the story of health human resources, numbers are not the dashing prince or the femme fatale. They don't fall ill or heal the sick. They don't make announcements or call press conferences. Let's face it. Numbers just aren't all that sexy.

But of all the questions we get asked in the Health Human Resources Strategy Division, it's the "numbers" questions, "How many do we have?" and "How many do we need?" that are the most common.

We need better answers to those questions. So do our LHIN colleagues, who are embarking on local health human resources planning. To begin with, we need to start looking at the whole healthcare workforce; the full range of providers delivering care. We have fairly good data for doctors and much of the nursing workforce, but not for the other professions or the many unregulated providers, family caregivers and volunteers. The evolving Allied Health Database is a significant step towards having a truly representative snapshot of Ontario's regulated healthcare workforce. There's more about that database in this newsletter.

We also have to become more sophisticated in our analysis. It's not enough to look at how we are going to replace providers when they retire. We need to anticipate the population's health needs and determine which providers, working in which models, we're going to need to look after them. That's why we're developing a population needs-based forecasting model. You'll hear about the potential of this model on page 2.

Good forecasting and modelling is built on good data. Our data needs to be accurate and timely without being burdensome for the government to collect, or for the professions to provide. Like everything we do, data collection is a partnership—in this case, with the regulatory colleges and their members. I want to particularly thank those of you at the regulatory colleges for your help in this important and ongoing project. I also want to acknowledge our partnership with our colleagues in the Health System Information Management and Investment Division who are working towards generating better data and promoting evidence-based decision making for the health system as a whole.

Government cannot and should not monopolize thinking in this field. In this the newsletter, we discuss two initiatives to get bright people from outside of government turning their minds to health human resources planning: the creation of a permanent research chair focused on health human resources research at McMaster University and a Career Scientist Award, granted to Michel Landry for research into human resources needs in the field of rehab.

The HealthForceOntario mandate is to ensure that Ontarians have the right number and mix of healthcare providers now and in the future. Our work in the field of forecasting and modelling will help guide the decisions we make en route to reaching that goal. It will provide all of us working in healthcare in Ontario a common foundation on which to base our decisions and set our priorities. Its reach is wide and its impact profound. And its utility will outlive our careers. If power truly is an aphrodisiac, then forecasting and modelling may turn out to be the sexiest character in the HealthForceOntario story after all.

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Ontario

Better data and dynamic models guide planning for future

To ensure that the future mix of providers will meet the needs of tomorrow's patients, the province is taking a leading role in the increasingly complex areas of health human resources forecasting and modelling.

"We simply have to understand and plan better for the future," says Jeff Goodyear, Director of the Health Human Resources Policy Branch with the HealthForceOntario strategy. "We need better evidence of what's needed and who is out there to meet those needs," Goodyear adds. "Only then, can we make informed decisions about the future."

The HealthForceOntario strategy supports a number of initiatives to guarantee timely access to medical care for the increasing number of people who are growing older and living longer. Among the most significant measures is the development of new models to forecast the number of nurses as well as doctors that will be needed in the future. For the first time, these predictions will be based on projected patient requirements rather than on projected population growth alone.

Needs-Based Health Human Resources Planning for Nurses in Ontario

To forecast future nursing needs, Gail Tomblin-Murphy, a Dalhousie University nursing professor, is leading the needs-based health human resources planning for nurses in Ontario. "The current provider/population ratio is only a small part of the puzzle," Tomblin-Murphy says. "We need to know not just how many nurses we need, but how many nurses we need to do what exactly, with whom, and in what context such as acute, long-term or community care."

Tomblin-Murphy, who also is an adjunct professor at the University of Toronto's Faculty of Nursing, is an internationally recognized expert in the field of health human resources planning. For Tomblin-Murphy, the traditional path of producing more nurses by opening more spots in nursing schools is only one way to address shortages. And not necessarily an efficient technique, she adds, since it is a long-term solution by its very nature.

The needs-based model she is helping develop will have a broader perspective. "We have to consider population health needs, not just population growth," Tomblin-Murphy says. "That means examining critically the conventional wisdom that an aging population means a sicker population. That's not necessarily the case. At the same time, we need to also factor in professional productivity improvements."

Some of the inputs into the new model will be the impact of technology and new methods of healthcare delivery such as family health teams. Other considerations include how to convert part-time nurses to full-time, how to integrate internationally-educated nurses and how to bring back people who once worked in Ontario but have moved away. Adds Tomblin-Murphy: "We will also examine how geography and socioeconomic status will effect future requirements for nurses."

Working with colleagues at McMaster University, the University of Western Ontario and Dalhousie, she expects to deliver by the end of March 2009 a dynamic model that can be used for short-term, medium-term and long-term forecasting of nursing supply needs in Ontario.

Population Needs-Based Physician Forecasting Model

When it comes to addressing future physician needs, the issues are much the same. For predicting future doctor requirements, the Population Needs-Based Physician Forecasting Model is being developed by the Conference Board of Canada under contract with the Ontario Ministry of Health and Long Term Care and the Ontario Medical Association (OMA). The development process has included a literature review, consultation with expert panels and a physician practice survey.

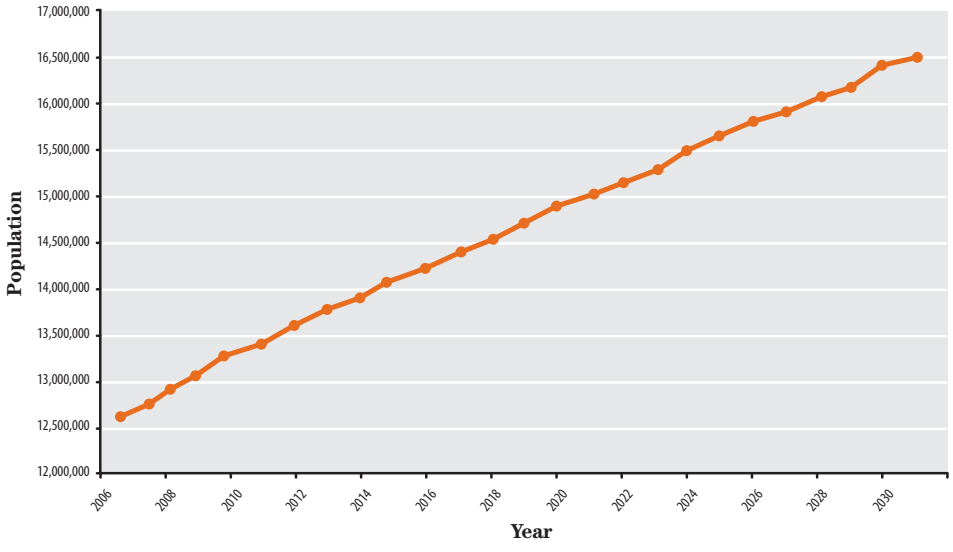
"The current forecasting model based on supply alone is no longer satisfactory," says Dr. Deborah Hellyer, the OMA's Physician Human Resources Committee co-chair. "We need a better tool to predict future physician requirements."

Specifically, Hellyer points to a number of medical and demographic changes that require a more sophisticated predictive approach. On the medical front, caring for chronic diseases like cancer, heart disease and Alzheimer's will become more significant as the aging population grows.

As well, there are emerging health concerns. For example, the medical profession realizes it needs to produce more practitioners to treat mental health issues. Obesity-related diseases also require more attention.

Ontario Population Forecast 2007-2031

As Ontario's population grows, health human resources planning is becoming more and more critical.



The new forecasting model must also take into account advances in medical treatments. "Not too long ago, we thought we were facing a shortage of cardiovascular surgeons," says Hellyer, a Windsor respirologist. "However, with improved techniques and new medications to treat heart diseases, that need today is not so great. Now, we face a desperate need for more psychiatrists, especially child psychiatrists, family practitioners, general surgeons and general internists."

On the physician side, she adds, there are behavioural changes whose impact on patient care is just beginning to be understood. Explains Hellyer: "As a group, doctors are aging and younger doctors are looking to strike a better balance between work and family than their mentors did. Interprofessional teams are also changing practice styles. We need to know what effect these changes are having."

"It's clear," says Hellyer, "that we need evidence-based models that will help us plan for the future." She hopes that the Population Needs-Based Physician Forecasting Model will be tested and ready for implementation by early next year. The goal is to make it a state-of-the art prototype that is adaptable to other professions.

Allied Health Database

Meanwhile, similar evidence building is underway for the province's regulated allied health professionals. Little is known about the 40 per cent of the healthcare workforce who are in professions from audiology to medical radiation technology, let alone whether Ontario will have the right combination to meet future needs.

The first step is to develop an Allied Health Database. A pilot of the database with 12 of the regulatory Colleges collected education, employment and demographic data. Ultimately, all 19 allied health regulatory Colleges will be responsible for providing the some 50 common elements of the new database.

"We need a good picture of our workforce so we can develop suitable programs for the education, recruitment and retention of all our health professionals," says Goodyear. "Let's take medical laboratory technologists, for example. Say a large chunk of them was of a certain age and about to retire? We need to know what's coming down the pipe so we can make sure people continue to have access to timely lab tests."

The Ontario College of Dietitians is counting on the database to capture the changing practice patterns of its members as dietitians begin to work in family health teams and diabetes education. Says Mary Lou Gignac, registrar of the College: "The more people who understand and can work with this kind of data, the stronger the planning can be."

The Allied Health Database is expected to be finished in 2010. At that point, the Colleges and the Ministry will be able to take a more active role in planning for the appropriate number of professionals needed to secure adequate delivery of their services in future. The database will also support current efforts to develop team-based forecasting models.

Here are some other efforts being supported under the HealthForceOntario strategy to ensure the province will provide the services tomorrow's patients have every right to expect.

- **National Unique Identifier Feasibility Project.** This initiative, led by the Canadian Institute for Health Information, will help measure health provider mobility issues across the country.
- **Health Human Resources Planning for Systemic Treatment (Chemotherapy).** This initiative, led by Cancer Care Ontario, seeks to determine the number of and mix of healthcare providers needed to provide chemotherapy in the province.
- **Career Scientist program.** See the back page for a story on Michel Landry and his forecasting work in the vital rehabilitation services field.
- **Permanent Health Human Resources Chair.** See the green box at right for more on this major initiative in sponsoring academic research to better understand supply-demand dynamics in health care.

Tough Questions for New Research Chair

Recent research shows that male general practitioners reduced their patient contact time overall by 20 per cent during a 15-year period ending in 2000. Why? What was the impact on patients? Those are the kind of tricky questions facing McMaster's new Chair for Health Human Resources Research.

A panel of academics, researchers and policymakers recently awarded McMaster $3 million for the Chair through a competitive process run by the Council of Ontario Universities. The endowment, awarded under the HealthForceOntario strategy, is intended to foster leading edge research in health human resources. An international search to fill the position is underway.

"We're looking for someone with a track record of modelling how health providers respond to various changes in their professional environment," says Jeremiah Hurley, the associate director of McMaster's Centre for Health Economics and Policy Analysis, who is leading the recruitment effort. "How do providers respond when work expectations change? When their pay changes? When they want to spend more time with their families? Those are the sorts of things we need to better understand in order to plan for future health care."

It is expected that a person will be selected by the end of this year to start on July 1, 2009.

Hurley adds: "The Chair will lead the development of a research program drawing together expertise from economics, sociology, organizational behaviour, policy analysis and clinical health sciences to improve the empirical basis of health human resources planning and forecasting."

Look for a profile of the new Chair in a future issue of the HealthForceOntario newsletter.

Career Scientist Award gives researcher opportunity to look future of rehabilitation services

A "perfect storm" is brewing in the delivery of vital rehabilitation services, in the opinion of Michel Landry, a 2007 winner of an Ontario Ministry of Health and Long Term Care Career Scientist Award. "We are experiencing a growing need for rehabilitation services at the same time the healthcare system is shifting those services from the public to the private sector where they are harder to track," says Landry, a trained physiotherapist and assistant professor in the Physical Therapy Department at the University of Toronto.

In the very near future, there will be a need for more and more physiotherapists and occupational therapists, as well as speech-language pathologists, to accommodate an aging population. "People will not only be living longer, but they expect to live better and on their own without much assistance," Landry says. "They will require more rehabilitative care across the care continuum than in any time period before."

Another factor behind the growing need for rehabilitation services is medical advances that, for example, allow for joint replacements and the like for people in their 70s and 80s. Adds Landry: "Providing intensive medical intervention without ensuring that therapists are available to deliver appropriate transition from hospital to community is, in my mind, questionable at best. Medical intervention without a rehabilitative component may result in worse outcomes than if the client did not have surgery in the first place."

Landry's goal is to help develop a model that will help to measure whether Ontario has enough therapists to meet our future needs. Landry, who also is president of the Canadian Physiotherapy Association, notes that Ontario is below the national average in physiotherapists to population. Whether those ratios are a matter of concern is one issue his research will address.

"This is a great opportunity," he says of his Career Scientist Award. "The next decade will be extremely important for rehabilitation professions as the need for services appears to be increasing. We need to start planning for a sustainable supply."

The award's five-year salary subsidy will allow Landry to spend at least 75 per cent of his time on health services research. He expects three major outcomes from his investigations. First, Landry wants to achieve a better understanding of all the factors driving the need for rehabilitation services. "This is becoming harder to measure because an increasing number of services are offered only privately," he says. "When someone has to pay for a service, that clearly has an impact on demand."

Secondly, Landry intends to develop a forecasting methodology based on what he learns about demand. And, finally, he hopes to create a model that can predict the need for and supply of rehabilitation health professionals over the next decade. His research will give us a better chance of meeting the need for rehabilitation services in Ontario.

HealthForceOntario

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HealthForceOntario is the province's strategy to ensure that Ontarians have access to the right number and mix of qualified healthcare providers, now and in the future.

The **HealthForceOntario** strategy is:

- Identifying and addressing Ontario's health human resource needs.
- Engaging partners in education and healthcare to develop skilled, knowledgeable providers and create the healthcare delivery teams that will make the most of their abilities.
- Introducing new and expanded roles to increase the number of providers working in healthcare and build on the skills of those already in the system.
- Making Ontario the employer-of-choice for all health care providers.

The Ministries of Health and Long-Term Care and Training, Colleges and Universities are delivering on the **HealthForceOntario** strategy in partnership with the province's health care consumers and providers.

For more information about data and modelling, please email: forecasting@healthforceontario.ca

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