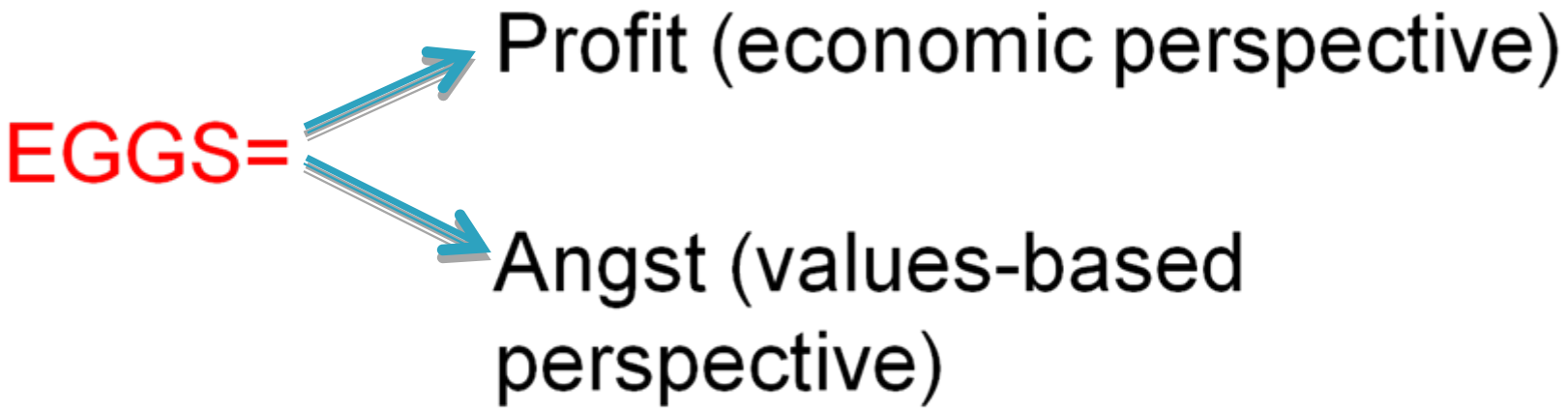
Health care system efficiency and the physician workforce: Optimizing the medical workforce through improved system efficiency and physician training
CANADA

Today's cast of characters

- Alan Maynard's part (UK) is being played by today by Andy Knapton
- Dale Dauphinee's part (Canada) is being played today by Ivy Bourgeault
- David Goodman (US) is playing himself
- Josh Tepper's part (discussant-Canada) is being played today by Danielle Fréchette

Lessons in points of view from stand-up comedy



This aft's conversation: Canada's theme

From a macro perspective (system level)

- Relationship between the medical workforce requirements (containing growth) and
  - Health care system efficiency
  - Health care system effectiveness

  } for various populations

  - How physicians are trained

<u>Predicated on good health outcomes</u>

General observations: 3 papers

- Language is important (UK)

Inconsistency/ no common taxonomy creates ambiguity and confusion

E.g., "efficiency"

- UK and Canada: relationship between opportunity cost and value of what is gained (UK p. 2; Cda p. 1)
- US: costs per unit of revenue generation or >services at constant or lower cost (p. 2)
- Value to payers, providers, patients, society? (Cda)

General observations: 3 papers

- Language …

  Optimization in HHR = a good thing

  …but from which point of view?

  - MD revenue?
  - MD supply?
  - # of procedures or PTs per unit/time (throughputs)?
  - PT health status?
  - …

General observations: 3 papers

- Improving system efficiency
  - Substitution, teams, IT, training and education…
  - BUT what is effect on:
    - reliance on MDs
    - Increasing MD service volume /output
    - Patient outcomes

General observations: 3 papers

- All want to do better … but what are the outcome measures of innovation and efficiency/ productivity changes?
  - Evidence that more does not mean better (US)
  - Lack of data/information (Canada)
  - Lack of systematic evaluations (Canada)
  - But what else then?

- And now…

More and better from authors

Breakout 1 Facilitator: Danielle

- The importance of terminology, most notably "productivity" has been flagged under the UK-led theme (Plenary 2) discussed this morning. In the Canada-led theme (Plenary 3), it is further shown that there is lack of clarity around many other important terms, most notably "efficiency" and "effectiveness". How can we clarify the meaning of these (and other) important key terms and disseminate our findings?

Breakout 2 Facilitator: Andy

- When we discuss system efficiency, what do we measure as outputs to hold our system accountable in relation to the health and well-being of patient populations AND in relation to the composition/size of the medical workforce?

Breakout 3 Facilitator: Dave

- Assuming that the output is the health and well-being of patients and populations, how do we measure it
  - Geographically (e.g., trusts, province, state…)?
  - By health care organization (e.g., hospital, HMO…)?
  - By provider/provider group (e.g., by specialty, by team such as cancer…)?
  - Otherwise?

Breakout 4 Facilitator: Ivy

- For various reasons (e.g., economics, politics, time to produce a physician…), notable growth of the medical workforce in IMWC partner countries is unlikely in the near future. In this light and given ongoing and growing need for medical care, how can health care delivery systems, policy frameworks (including payment models) and educational models help reduce reliance on physicians?