



May 2-5, 2010 – New York

Theme 1: Health care organization efficiency and the physician workforce: Reducing physician requirements through improving practice and organizational efficiency

Lead Country: *United Kingdom*

Overview

The following provides a guide to preparing the papers for the session on optimizing the medical workforce.

Approach

Given the breadth of this particular theme, the 2010 IMWC conference will dedicate one full day to address some of its key components. The theme will be examined by way of the approach traditionally used at IMWC¹ conferences, led by the UK, and a new method of having one single, multi-country authored paper², led by Canada. The UK papers will focus on various dimensions of practice efficiency while the Canadian paper will address system efficiency.

Background

All developed countries face the need for higher health care quality while tempering the rate of growth in medical services and expenditures. Efficiency gains in the delivery of medical care might curtail or reduce the growth of medical workforce requirements. Changes in physician training may also contribute to higher efficiency leading to lower physician requirements.

One important way of increasing physician productivity is through improvements in the delivery environment or practice changes that result in greater medical service output per physician. These strategies include substituting non physicians for administrative tasks or deploying nurses and other professionals to directly provide clinical services. It is thought that these strategies lead to greater numbers of comparable medical services per physician FTE, with an overall saving in costs.

This session will examine the current thinking about improving physician productivity at a practice or organizational level, with particular attention to its possible effects on physician workforce requirements and overall costs.

¹ Each of the four IMWC partner jurisdictions (US, UK, Canada and Australia/Australasia) have traditionally prepared separate papers addressing a common theme and the lead country is responsible for identifying and supporting a discussant who, among other things, present a brief verbal summary and analysis of the papers, teasing out common themes and differences from the four countries

² In addition to the traditional approach, the 2010 IMWC will be piloting a new means to elicit discussion of the issues and potential policy actions by way of a multi-country paper to address a narrower sub-set of issues on the theme at hand. The lead country will also provide an overarching analysis and examine policy levers/solutions that may serve to advance the objective of optimizing the medical workforce and health outcomes of specific or broad populations.

Focus

(Country papers, led by the UK)

There are many population-based issues related to system-level efficiency that are being drawn together by the Canadian paper. The UK papers will focus on the more micro-level factors that enhance physician productivity at the practice-level.

Papers should examine:

- The definitions and measures of physician and clinician productivity within each country.
- How are physician/clinician productivity gains measured and benchmarked? Do improvements in physician productivity also lower costs?
- The challenges of improving physician productivity in teaching environments and its effects on training quality.
- Does improving physician productivity at practice or organizational levels improve access and outcomes?

Individual papers from each country are sought that identify examples of practice-level efficiencies derived from:

- Multidisciplinary practice models and the 'substitution' of other providers for medical services traditionally provided by physicians.
- Collaborative arrangements between separate health care entities e.g. within or between hospitals and practices.
- The use of technology (e.g. electronic health records)
- Payment incentives that reward the delivery of lower cost and higher quality care.