



Is task-shifting important?

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Is task-shifting important?

- Not only important, but much necessary
- The COVID pandemic showed the need for flexibility and that it is possible to break rigid frontiers between occupations
- Multiple benefits:
 - services of higher quality, higher satisfaction of users
 - makes choosing a health profession more attractive
 - factor of retention, in the profession, in zones with unmet needs (medical deserts), in the country
 - better accessibility to services
 - efficiency gains

How to produce those benefits?

- Technical feasibility is not enough; political feasibility is key
- Many stakeholders with different, often conflicting interests are involved: professional councils, trade-unions, educators, providers, political actors
- Changes needed: legal and regulatory environment, education and training of workers, working conditions, including remuneration and benefits
- Resistance from both those who "loose" and even from those who "gain"
- Change takes time to occur without a strong commitment from political decision-makers

Task-shifting is important, it is above all necessary, but it is difficult This is why the TASHI project responds to a pressing need

INSTITUTO DE HIGIENE E MEDICINA TROPICAL Obrigado!









Empowering EU health policies on Task SHIfting

Tasks delegation to increase the accessibility and quality of primary health care services in Lithuania

Solveiga Inokaityte - Smagariene Adviser Specialized Health Care Division





The goal of the pilot

- To strengthen the quality of healthcare services which are provided by family medicine doctors and psychiatrists through tasks shifting to other healthcare specialists.
- Output: guideline, report of the best practices, protocols, the list of competencies of nurses and nurse's assistants which should be strengthen, legislation improvement (if needed).

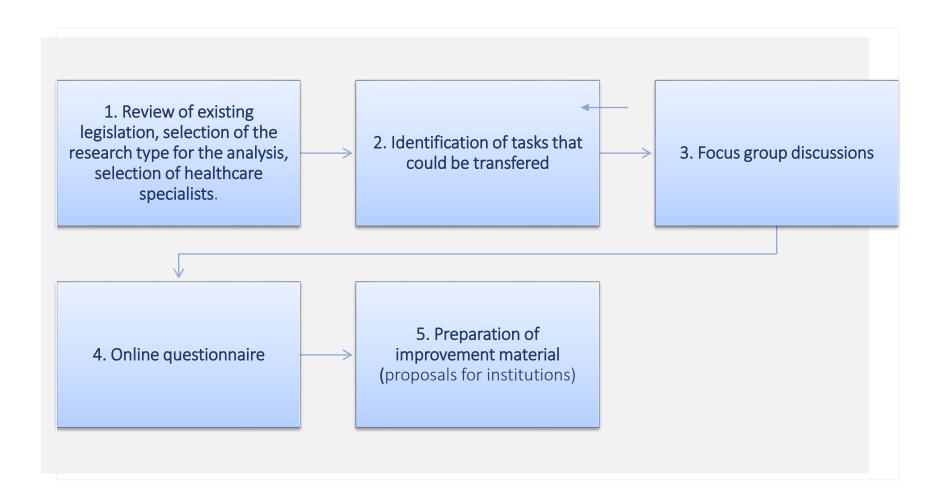


Objectives of the pilot

- 1.1. To identify the tasks that could be delegated to other primary healthcare specialists;
- 1.2. To identify the most effective ways (to a specific healthcare specialist) of delegating tasks from Family medicine doctors, psychiatrists to nurses, nursing assistants;
- 1.3. To identify the competencies which should be additionally provided to nurses and nursing assistants;
- 1.4. To provide the recommendations for improvement to institutions which are implementing the policy.



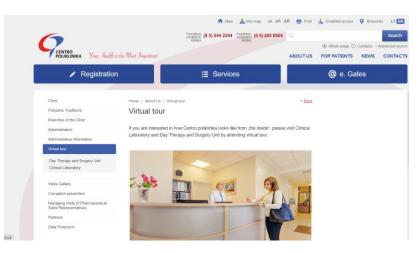
Implementation plan





The scope of the pilot

- Two largest primary care providers are involved in the pilot "Centro poliklinika" and "Kauno miesto poliklinika";
- Two institutions cover over 200 000 persons in the database;
- Health care professionals working in the selected institutions have the most intense schedule.





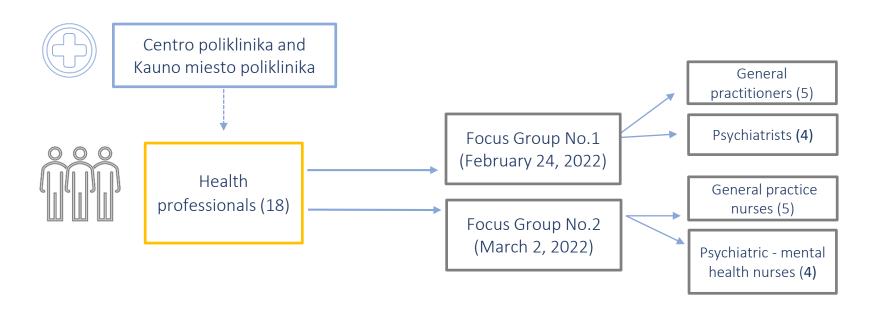


Which professionals are affected in the pilot?

- Health workforce/occupation: general practitioners, psychiatrists, general practice nurses and psychiatric - mental health nurses.
- <u>Number</u>: 118 health professionals participating in focus groups (18) and survey questionnaire (100).



Focus group interviews





Focus Groups Results

Table 1. Summary of focus groups results.

ARE	EAS OF TASK SHIFTING	ACTIVITIES POTENTIAL TO BE SHIFTED	LLY	BARRIERS FOR TASK- SHIFTING	ľ	MEASURES TO BE TAKEN
•	CLINICAL SECTOR	✓ Prescribing health-car supplies/medical	e √	Regulatory, legal constraints;	✓	Development of a nursing education
•	ORGANISATIONAL SECTOR	equipment for home of ✓ Patient consultation;	care; ✓	Lack of competencies;		programs;
•	ADMINISTRATION SECTOR	 ✓ Management of health prevention programm ✓ Writing referrals for teach or scans/referring to specialists; ✓ Prescribing medication ✓ Prescription extension 	nes; ests ns	Patients' expectations (patients generally feel nurses cannot be able to deal with simple conditions and prefer to consult with a general practitioner for more 'complex' conditions);	✓	Legislative changes (medicine norms of family medicine doctors, psychiatrists, nurses; Training programs
		✓ Follow-up; ✓ Home visits;	✓	Lack of training.		(wound care, reporting an ECG, etc.)



Survey questionnaire

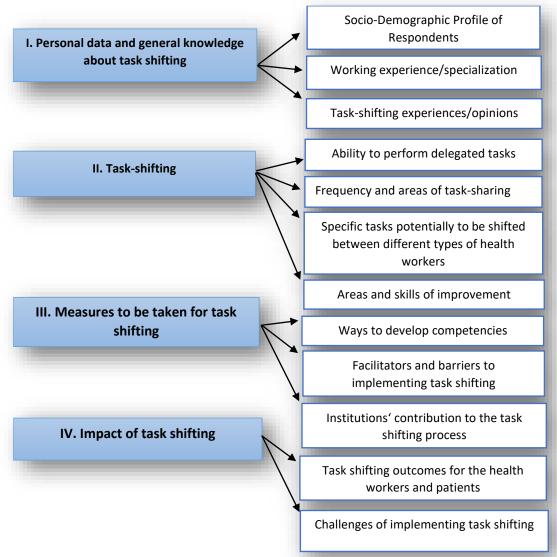
 The questionnaire aims to explore knowledge, perception and attitudes of general practice nurses and psychiatric - mental health nurses toward task shifting experiences and practices in primary care.

- 38 survey questions;
- 100 nurses participating in online questionnaire.



Questionnaire Design

Figure 1. Survey Design.



Empowering EU health policies on Task SHIfting



What's Next?

- Identification of missing competencies and their content;
- 2. **Creating Task List Report:** identification of tasks which could be shifted;
- 3. **Preparing a guideline** on the most effective ways of task shifting from family medicine doctors, psychiatrists to nurses, nursing assistants;
- 4. Preparation of improvement material/ proposals for institutions which are implementing policy: the MoH, the Ministry of Education, science and sport of the Republic of Lithuania (if needed).



Thank You For Your Attention



Empowering EU health policies on Task SHIfting

Task Shifting between General Practitioners and Nurses in the Primary Care Sector in Lombardy Region

Alessandro Colombo Vittoria Viganò Marco Lenzi

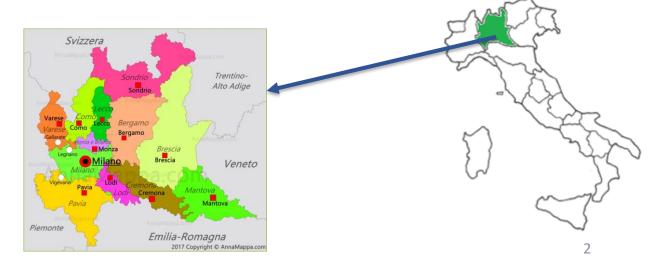
PoliS-Lombardia
Academy for Health Care Training

28th April 2022



Scope of the pilot

 Academy for Health Care Training - in charge of healthcare workforce training in Lombardy region (10 million inhabs.):
 GPs, Heads of Clinical Units, Family Nurses, Top Management





Focus area of the pilot

- Primary care in substantial evolution in Italy (and Europe!)
- Significant asset: primary care people in training:
 - Family Nurses course (1600 people in the years coming)
 - GPs training course (1.500 trainees!)



Health professionals to be involved

- Family Nurses course (1600 people)
 - 150 current participants (56% under 45yo)
 - Plus 16 coordinators (mature nurses)
 - 200 from May 2022 (II edition)
- GPs training course (3 years)
 - o 200 1° year
 - o 300 2° year
 - Plus (404 mature GP)
 - (+ 500 enrolling in April 2022)



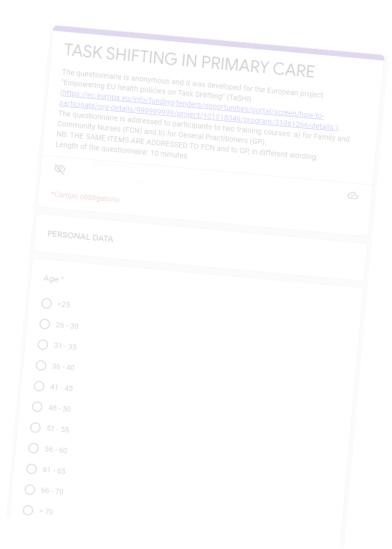
Pilot's contents

- Personal data (anonymous): 2 items
- Training and work experiences: 5 items
- Task Shifting awareness: 2 items
- Task Shifting between GP's and Family Nurses in primary care: 9 items; 4 subitems



Preliminary results

- 1) Response rate
- 2) Awareness and Interest
- 3) First results





1) Response rate

First and Second Wave, January and March 2022:

Family Nurses 130/166 (78%)

GPs 379/904 (41%)





2) Awareness and Interest

TASK SHIFTING IN PRIMARY CARE

"Empowering EU health policies on Task SHifting" (TaSHI)

participate (or description)

participate (or description)

«Have you ever heard about Task Shifting in your academic background or in your job?»

Family Nurses *yes* 32,3% | *no* **67,7%**

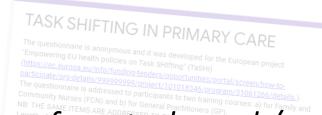
GPs *yes* 29,6% | *no* **70,4%**

«Would you like a direct involvement in Task Shifting initiatives?»

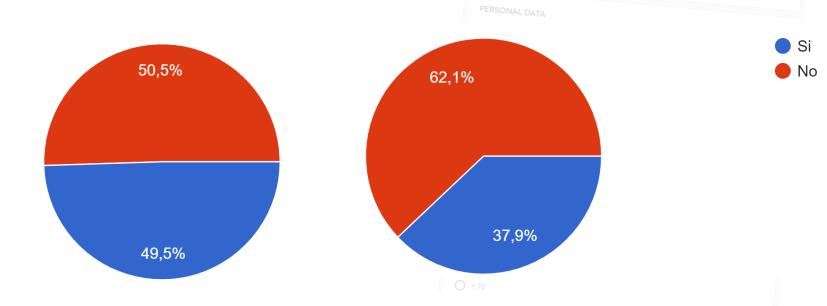
Family Nurses yes 80,5% | no 19,5% GPs yes 61,2% | no 38,8%



3) First results Family Nurses (1/4)



«As Family Nurses, are you required to perform tasks and / or functions that could also be performed by a GP?»





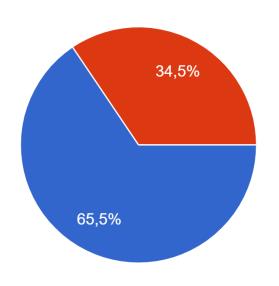
3) First results GPs (1/4)

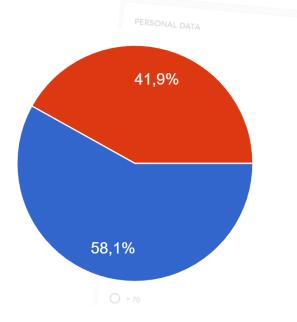
TASK SHIFTING IN PRIMARY CARE

The questionnaire is anonymous and it was developed for the European project
(https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/how-toparticipate/org-details/99999999/project/101018346/program/31061266/details.).
Community Nurses (FCN) and b) for General Practitionars (GP).

NB: THE SAME ITEMS ARE APDRES (ED TO FCN) page (GP).

«As GP, are you required to perform tasks and / or functions that could also be performed by an IdFC?»



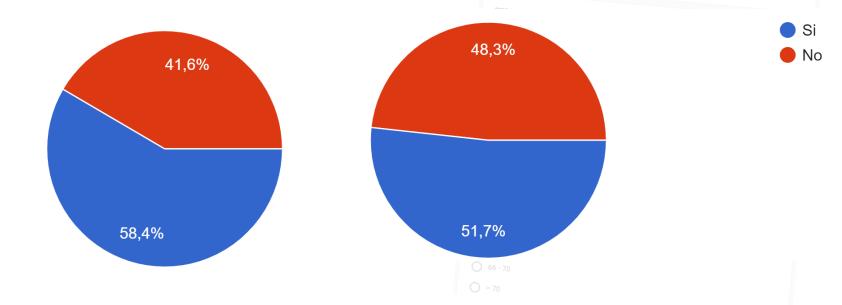




3) First results Family Nurses (2/4)



«As Family Nurse, do you believe you can adequately perform certain tasks that belong to MD's area of competence?»

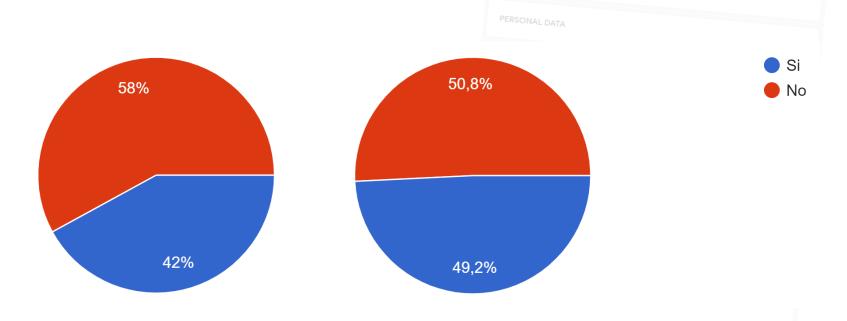




3) First results GPs (2/4)



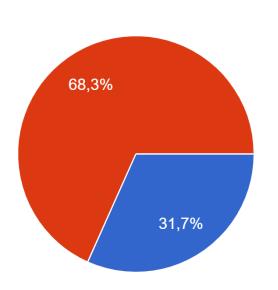
«As GP, do you believe you can adequately perform certain tasks that belong to nurse's area of competence?»

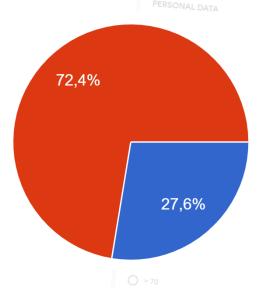




3) First results Family Nurses (3/4)

«In your opinion, in the context of basic diagnostics and in agreement with the referring physician, could the IdFC report (refertare)?»

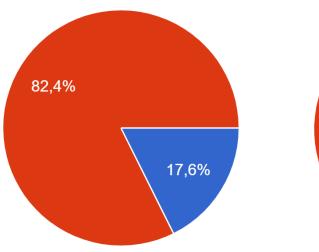




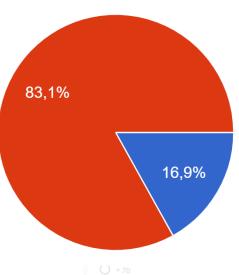


3) First results GPs (3/4)

«In your opinion, in the context of basic diagnostics and in agreement with the referring physician, could the IdFC report (refertare)?»







14

No



3) First results Family Nurses (4/4)

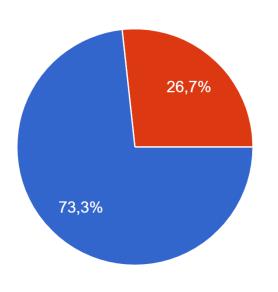
TASK SHIFTING IN PRIMARY CARE

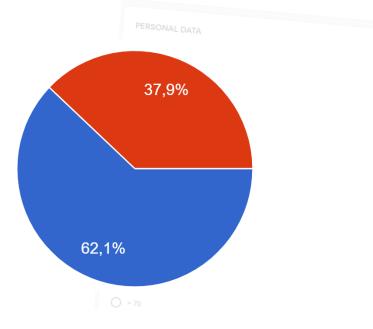
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Community Nurses (FCN) and b) for General Practitioners (GP).

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«In your opinion, in agreement with the referring physician, the IdFC could prescribe (prescrivere)?»

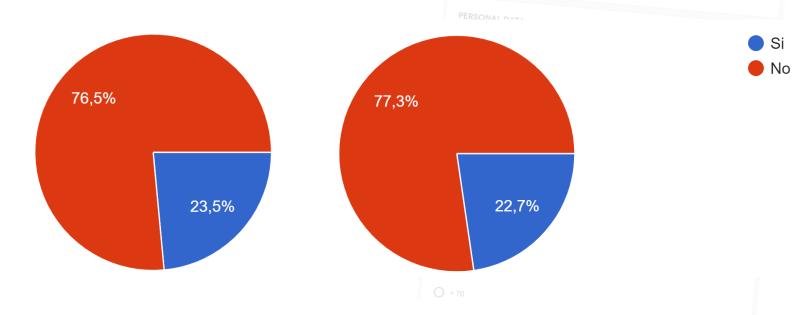






3) First results GPs (4/4)

«In your opinion, in agreement with the referring physician, the IdFC could prescribe (prescrivere)?»





Next steps

- Data cleaning
- New waves
- More questions
- Target's enlargement
- Analyzing results
- Experimenting Task Shifting discipline in training courses



Empowering EU health policies on Task SHIfting

Thank you!

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