

SURVEY ON INTEGRATED CARE AND WORKFORCE REDESIGN

As a result of the changing paradigm from fragmented health care services to integrated health and social care systems, many European countries have been taking measures to promote integration between such complex and interdependent sectors.

Health managers recognize that health and social care organizations operate at the interface of numerous agencies, settings and professionals groups, requiring workforce structures to respond to its complexity. Some European health systems have already taken national and regional measures to facilitate the integration process through workforce reengineering (skills mix).

Having this in mind and knowing that there's a wide but unbundled literature on this topic, we would like to ask your opinion on current approaches to promote Integrated Care and Skills Mix, and also explore the potential of a common set of principles for workforce strategic planning within the European health systems.

This study is being undertaken in association with the Portuguese National School of Public Health and it contributes to an international research project sponsored by the International Journal of Healthcare Management (Maney Publishing, London) and coordinated by the Editor-in-Chief of the IJHM in cooperation with a Doctoral Student.

The questionnaire has two parts. It will take about 15 minutes to complete the online survey. To answer the questions please select the option that best fits your opinion on each issue. All the answers are confidential and solely for educational and scientific purposes.

The UEHP is supporting this study within its mission and its strategic objectives.

Thank you very much for your collaboration in this survey.

PART I

The following questions intend to explore your perspective on integrated care policies at both national and European level. They also intend to retrieve information about the context in which those policies are being developed.

1. Please classify your level of agreement with the following Integrated Care definitions.

	strongly disagree	disagree	incertain	agree	strongly agree
a) A mixed system comprising formal and informal care to provide social support and preventive medical services to dependent persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Formalized cooperation between independent health care providers geared to meet the multiple needs of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) To bridge acute and primary care, intending to reduce hospital stays and improving continuity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Integration of activities between disciplines, professions, departments and organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Within your national health system, which of the following drivers for integrated care, do you recognize? You may select more than one option

- a) ageing population
- b) the multi-system nature of chronic diseases
- c) hospital-centered care system
- d) the insufficient provision of community care services
- e) the lack of cooperation among health and social care providers
- f) fragmentation of services delivered
- g) Rurality
- h) Professionals shortages
- i) Increased spending on hospital care
- j) Increased length of stay in hospital setting
- k) advances in health care offer
- l) none of the above
- m) Other

3. Which of the following should be the sectorial focus for integrated care programmes? You may select more than one option.

- a) Community based-care (including home care)
- b) Health and social care
- c) Providers (integrated)
- d) Primary and acute care
- e) Health Care System (Public)
- f) Other

4. In your National Health System what is the current focus for integrated care programs? You may select more than one option.

- a) Community based-care (including home care)
- b) Health and social care
- c) Providers (integrated)
- d) Primary and acute care
- e) Health System (Public)
- f) Other

5. Do you identify diverse regional approaches to Integrated Care Programs in your National Health System?

- No
- Yes (please give additional information)

6. Please classify the different types of health care organizations in terms of its motivations to adopt integrated care programs in your national health system.

	not motivated	slightly motivated	neutral	motivated	highly motivated
a) Private providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Public providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Non-for profit providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What factors would motivate private providers to adopt integrated care programs in your national health system? You may select more than one.

- a) Efficiency
- b) Quality improvement
- c) Strategic development
- d) Flow of care
- e) Customer satisfaction
- f) Financial incentives
- g) Technological innovation and integration
- h) Market development and growth
- i) Strategic partnerships
- j) Effective use of staff skills
- k) Other

8. What factors may affect negatively the adoption of integrated care programs by private providers in your national health system? You may select more than one.

- a) Lack of appropriate financing
- b) Lack of appropriate technology
- c) Unclear health policies
- d) Inadequate health professionals mix
- e) Lack of adequate infrastructures
- f) Multiplicity of players involved in the integration process
- g) Professionals shortages
- h) Bureaucracy
- i) Market competition
- j) Other

9. European countries adopt strategies to promote integrated care as categorized below. Please classify your agreement with the following statements.

9.1 To integrate health care organizational structures it is necessary to:

	strongly disagree	disagree	uncertain	agree	strongly agree
a) Build up a network of health and social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Decentralize social and health care to the regions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Create coordination tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Establish care programmes that map out patients steps through the net	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Setup local strategic partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Setup intermediate care facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.2 To reconfigure and integrate workforce skills it is necessary to:

	strongly disagree	disagree	uncertain	agree	strongly agree
a) Promote joint working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Restructure and delegate tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Create case managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3 To integrate complementary financing systems and sources is is necessary to:

	strongly disagree	disagree	uncertain	agree	strongly agree
a) Setup shared funding system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Change patients payment mechanisms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Decentralize of financing of the services to the regional level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Of the following strategies please select those which were tested or implemented in your national health system. You may select more than one option.

10.1 To integrate health care organizational structures

- a) Build up a network of health and social services
- b) Decentralize social and health care to the regions
- c) Create coordination tools
- d) Establish care programmes that map out patients steps through the net
- e) Setup local strategic partnerships
- f) Setup intermediate care facilities
- g) Not applicable

10.2 To reconfigure and integrate workforce skills

- a) Promote joint working
- b) Restructure and delegate tasks
- c) Create case managers
- d) Not applicable

10.3 To integrate complementary financing systems and sources

- a) Setup shared funding system
- b) Change patients payment mechanisms
- c) Decentralize of financing of the services to the regional level
- d) Not applicable

11. Please classify your agreement with the following claimed benefits to promote integrate care programs.

	strongly disagree	disagree	uncertain	agree	strongly agree
a) Continuity of care between services with different levels of expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Easy access by geographic proximity to patients home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Release of hospital resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Adjustment of care to the level of patient dependency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Facilitate the social integration of society's more vulnerable groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Better access to flexible community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Improved system efficiency through better coordination of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Patient centered care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please classify the importance of the following management dimensions for integrated care initiatives.

	unimportant	of little importance	moderately important	important	very important
a) Patient Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Human Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Structural Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Financing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. A number of disruptive factors affecting integrated care programs have been identified in Europe for each of the previous dimensions. Please identify the disruptive factors visible in your national health system. You may select more than one option.

13.1 On Patient Referral

- a) Imbalances related to the admission criteria
- b) Excess of bureaucracy
- c) Multiplicity of "players" involved in the process
- d) Disregard of referral criteria
- e) Lack of family support delaying the discharge process
- f) Delay in social care responses

13.2 On Communication

- a) Poor communication between units and teams
- b) Language is not standardized between professionals
- c) Information technologies incompatibilities

13.3 On Human Resources

- a) Professionals lack of knowledge on integrated care model
- b) Unclear competencies assigned to the coordination teams
- c) Precarious employments status
- d) Health professionals shortages
- e) Resistance to change
- f) Ineffective use of staff skills

13.4 On Structural Conditions

- a) Infrastructures are not adapted to the typology of care
- b) Some units have excessive workload

13.5 On Financing

- a) Insufficient financial resources
- b) Lack of innovative payment mechanisms
- c) Inability of families to bear the costs of care

14. On what concerns the health professionals involved in IC programs, which of the following factors call for earlier management intervention? Please order them from 1 (requiring an earlier intervention) to 6 (the last requiring intervention)

a) Professionals lack of knowledge on integrated care model

b) Unclear competencies assigned to the coordination teams

c) Precarious employments status

d) Health professionals shortages

e) Resistance to change

f) Ineffective use of staff skills

15. Please indicate the interventions implemented you observe in your national health system to promote integrated care programs? You may select more than on option.

15.1 On Education

- a) Continuous training of health professionals
- b) Universities studies programmes should include Integrated Care theory
- c) Other

15.2 In Financing

- a) Releasing of financial resources
- b) Revision of reimbursement strategies
- c) Other

15.3 On Patient Referral

- a) Standardization of referral criteria to bridge national imbalances
- b) Aligning information technolgoy systems
- c) Creating a solid social support network
- d) Reducing number of professionals involved in the process
- e) Other

15.4 On Human Resources

- a) Create attractive working conditions
- b) Review coordination teams structure and profile
- c) Redefine health professionals skills
- d) Payment scale
- e) Other

16. On what concerns human resources, please classify the importance of the interventions to promote integrated care programs.

	unimportant	of little importance	moderately important	important	very important
a) Create attractive working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Review coordination teams structure and profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Redefine health professionals skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Review payment scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART II

Optimizing skills mix is highlighted as a policy solution for a range of health system related problems. The second part of this questionnaire intends to explore your perspective on skills mix policies.

17. Please specify the importance of the following driving forces in your national health system, behind the need to review health care teams mix for integrated care programs.

	unimportant	of little importance	moderately important	important	very important
a) Cost containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Health workers distributional imbalances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Improve quality of care and patient satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Facilitate the interface between organizations, settings and workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Shift from hospital based to community based services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Shortages of skilled staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Which of the following skill mix initiatives were undertaken in your national health system to develop integrated care programs? You may select more than one option.

- a) Role Delegation: transferring certain responsibilities or tasks from one grade to another by breaking down traditional job demarcations
- b) Role Enhancement: expanding a group of workers skills so they can assume a wider and higher range of responsibilities through innovative roles
- c) Role Enlargement: staff members should be able to extend their activities and take roles and functions at parallel or lower levels
- d) Skills Flexibility: using multi-skilled workers that can switch from one role to another while employing various skills as required
- e) Role Substitution: to work across and beyond traditional divides in order to achieve more efficient workforce deployment
- f) None of the above
- g) Other

19. In your national health system please indicate in which Health System Sectors were skills mix initiatives first implemented? You may select more than one option.

- a) Private Sector
- c) Public Sector
- d) Non-for-profit sector
- e) Not applicable

20. In your national health system please indicate in which Health Care Levels were skills mix initiatives first implemented? You may select more than one option.

- a) Acute Care
- b) Community Based Care (including home care)
- c) Intermediate Care
- d) Social Care
- e) Not applicable
- e) Other

21. Between which health care professions are skills mix interventions being developed in your national health system. You may select more than one option.

- a) Doctors – Nurses
- b) Doctors - Social Workers
- c) Doctors – other allied health workers
- d) Nurses – Social Workers
- e) Nurses - other allied health workers
- f) Not Applicable

21.1 If you have chosen c) or e) in the previous question, please specify

22. Please classify your level of agreement with the following statements on developing new approaches to health care teams skills mix.

On Policy and Strategy

	strongly disagree	disagree	uncertain	agree	strongly agree	N/A
a) Altering professionals skills mix may increase their job satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Sharing tasks reduces workload and prevents professional burnout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Skills mix results in a more effective use of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Increased workforce skills mix and flexibility may reduce geographical imbalances on what concerns the access to specialized care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Readapting staff skills is a way to cope with professionals shortages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Integrated care models imply rethinking health and social care workers skills and competencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Skills mix can be a cost-containment strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Skills mix should be a priority for European health leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) It is more likely to find barriers when implementing skills mix models in the public sector rather than in the private sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On mixed skills development

	strongly disagree	disagree	uncertain	agree	strongly agree	N/A
j) Workforce redesign means a better definition of staff roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Workforce redesign may result in a blurring of boundaries between professional roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Skills mix changes could result in a tension between professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Skills mix can be interpreted as "stepping on each other's toes"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) In the long-term skills mix can result in the extinction of some posts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Skills mix initiatives are more likely to be successful if undertaken in both acute and primary care settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) An European health professionals skills mix model should be developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On European comparative perspectives

	strongly disagree	disagree	uncertain	agree	strongly agree	N/A
q) In my country there is a common national strategy to implement skills mix models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) In my country health care professionals resisted to the adoption of skills mix models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) Skills mix initiatives are more likely to be successful if all the EU countries adopt the same strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) The harmonization of skills mix initiatives between countries will contribute to optimize skills mix policies within each country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) Harmonization of training between countries is fundamental for the success of skills mix initiatives in the EU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART III

To complete the questionnaire please fill your sociodemographic data

Gender

Male

Female

Age bracket

31-40

41-50

51-65

more than than 65

Job Title

EU country you are currently representing

- Austria
- Belgium
- Bulgaria
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxemburg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom