



**Merri Health**  
Healthcare that moves with you

# HEALTH WORKFORCE DIVING INTO THE UNKNOWN

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# WHAT IS THE CURRENT STATUS?

- 20% OF AUSTRALIANS SUFFERING FROM TWO OR MORE CHRONIC CONDITIONS
- AGEING POPULATION
- AGEING HEALTH WORKFORCE
- INCREASING COSTS
- HEALTH SYSTEM CAPACITY AND ACCESS
- DISPARITY – HEALTH EQUITY

# DRIVERS FOR CHANGE

- SIGNIFICANT POLICY REFORM AGENDA
- SHIFT TO MARKET DRIVEN FORCES
- NEW PROVIDERS ENTERING THE MARKET – CHALLENGING TRADITIONAL APPROACHES
- CHANGING WORKFORCE PROFILES – WHO DOES WHAT?
- ISSUES OF LABOUR COSTS / INDUSTRIAL IMPLICATIONS
- DIGITAL DISRUPTION
- NEW SKILLS REQUIRED OF FUTURE HEALTH WORKFORCE IN A CHANGING ENVIRONMENT

# DRIVERS FOR CHANGE

- BACK OF HOUSE WORKFORCE REQUIREMENTS TO MEET FRONT LINE REQUIREMENTS
- CHANGES TO CONTRACTOR BASED WORKFORCE MODELS
- CHANGES TO PAYMENT MODELS
- COMMERCIALISATION OF HEALTH AS A COMMODITY
- INSURANCE BASED MODELS
- OPPORTUNITY TO DEVELOP NEW MODELS OF CARE THAT CAN RESPOND TO A PLACE BASED APPROACH, BEING MORE CLIENT FOCUSSED

# WHAT ARE THE MAJOR CHALLENGES?

- CULTURAL AND PRACTICE CHANGE
- RISK APPETITE- BEING PREPARED TO LET GO
- ORGANISATIONAL RESPONSIVENESS AND AGILITY TO CHANGE
- TECHNOLOGY – THE DIGITAL DISRUPTION OCCURRING IN THE WORKFORCE
- PROFESSIONAL BOUNDARIES
- A CHANGE IN MODELS OF CARE FROM TRADITIONAL MODELS TO MORE INTEGRATED
- SHORT TERM OF POLICY

# PRIORITIES

- ORGANISATIONAL RESPONSIVENESS – HAVING WORKFORCE PLANNING IN PLACE
- CULTURAL CHANGE METHODS – UP SKILLING STAFF WITH NEW MARKET DRIVEN SKILLS
- CLIENT/PATIENT/COMMUNITY ENGAGEMENT/CLIENT CENTRIC
- INVESTMENT IN THE 'ENABLERS' (BACK OF HOUSE) TO SUPPORT A MORE MOBILE WORKFORCE
- QUALITY OF SERVICE PROVISION
- BEING ACTIVELY ENGAGED IN POLICY REFORMS AND THE IMPLICATIONS TO DRIVE SERVICE PLANNING

# RISKS

- RETAINING AN ENGAGED AND RESPONSIVE WORKFORCE
- QUALITY ISSUES
- COST BLOW OUTS
- INABILITY TO RESPOND AND MEET DEMANDS
- WORKFORCE 'FATIGUE'
- MEASURING LONG TERM IMPACT – HOW WE DO THIS WITHOUT AN ADDED BURDEN?

# OPPORTUNITIES

- DRIVE THE CHANGES IN A STRUCTURED AND PLANNED WAY
- ENGAGING AND CO-DESIGNING NEW WORKFORCE MODELS WITH EXISTING AND CURRENT HEALTH WORKFORCE
- NEW MODELS OF CARE, MORE EFFECTIVE AND EFFICIENT
- CONTROLLING COST DRIVERS