

Skill-mix innovations to keep people healthy and well: health promotion and disease prevention

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Background:

Health systems are under multiple pressures. To lift some of the pressures government introduce policies to keep people healthy through disease prevention and health promotion. What are the skill-mix innovations in this area and are they effective?

Methods:

A mixed method was applied, including an overview of systematic reviews on skill-mix changes in primary and chronic care settings and results from 17 country case studies. Results were triangulated and analyzed in country contexts.

Results:

Three major sets of skill-mix innovations have been identified: 1) adding a health promotion and prevention nurse to primary care centres/general practice (e.g., France, The Netherlands, Serbia and Slovenia); 2) strengthening the role of pharmacists as health promotion actors (Belgium); 3) empowering patients; and 4) including non-health professionals and citizens like mobile crises teams, fire fighters, housing offices and volunteers to respond to mental health crisis, to deliver for example 'safe and well visits', conduct rapid HIV and HVC testing and auto testing (examples from Canada, UK and France). These changes entail the introduction or expansion of new or existing roles. In some cases teamwork was introduced. In terms of proxy indicators most of these examples have been successful delivering services to needs which otherwise would have remained unaddressed. There is, however very little robust evidence on health related outcomes.

Conclusions:

There is a multitude of skill-mix innovations we can learn from. Skill-mix innovations in health promotion and prevention focus in particular on nurses and non-medical professionals. Health literacy, counseling and non-medical but health related services are key.