

OPTIMISING SKILL MIX IN THE PRIMARY HEALTH CARE WORKFORCE FOR THE CARE OF OLDER AUSTRALIANS: A SYSTEMATIC REVIEW

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POLICY CONTEXT

Australia has an ageing population resulting in demand for extensive and comprehensive care of chronic disease. This demand has required new thinking about primary health care workforce re-modelling to meet the health care needs of community dwelling older Australians. Sibbald and others have developed a model of skill-mix change to discuss workforce redesign.

We conducted a systematic literature review to identify skill-mix changes needed in the primary health care workforce to successfully meet the health care needs of older Australians. Sibbald's concept that skill-mix changes could be obtained through task substitution, enhancement, delegation and innovation formed the conceptual framework for the review.

KEY FINDINGS

- Task substitution between doctors and nurses in primary health care improves health professionals' adherence to guidelines and patients' physiological measures of disease. Roles nurses can adopt include case-management using guidelines, proactive patient follow-up, general patient consultation and support, care planning and goal setting and patient self-management education
- Task substitution between doctors and pharmacists improves health professionals' adherence to guidelines, patients' adherence to treatment, physiological measures of disease, patients' health status and patient satisfaction. Pharmacists could do medication reviews and management as per published therapeutic algorithms, medication compliance check and medication counselling, proactive patient management, patient monitoring and goal settings, proactive patient screening and referral, and patient self-management education
- Nursing role enhancement improves patients' adherence to treatment, quality of life and functional status. The enhanced nursing roles that produce positive patient health outcomes include general patient consultations, patient home visits and support, care planning and goal settings, and patient self-management education
- Skill mix interventions for the care of older people in the community may not reduce health service use so may not be effective in reducing cost

For more details, go to the [three page report](#).

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.