



## **EHFG 2012: Experts demanding reconfiguration of health professions: call for “multimorbidity physicians”**

*Health disciplines in the health care system are becoming increasingly specialized and segmented owing to cost pressures as well as the introduction of management and market mechanisms. This development is a dead end for the growing problem of concurrent chronic conditions, also known as multimorbidity. Experts at the European Health Forum Gastein warned about the increased cost of health care, the lack of skilled professionals, and the fact that patients' problems are being ignored. One solution is to reconfigure health professions.*

**Bad Hofgastein, 3 October 2012** – Health care systems do not need their professionals to become further specialized. What they need is a reconfiguration of health professions. Dr Thomas Plochg, Assistant Professor of Public Health at the Academic Medical Centre of the University of Amsterdam, outlined what such a reconfiguration might entail at the European Health Forum Gastein (EHFG). “One of the big challenges of modern health care systems is to deliver increasingly more and better health care services with less human and financial resources. The core objective is to reconfigure health care professions by applying a new way of thinking.” Dr Plochg is publishing the results of his research in the near future.

Medical progress, of all things, has created new problems. Diseases are better managed so people live longer but their bodies continue to deteriorate as a result of biological processes and stress factors in today's world. Acute diseases are becoming rarer while chronic conditions are more frequent. According to epidemiologists this latter category comprises 80% of the total burden of disease, whereby 50% of this burden in most OECD countries is attributable to the multiple concurrence of several chronic diseases, a condition also known as multimorbidity.

### **Specialization is the wrong approach to take to multimorbidity**

Dr Plochg: “Until now, the on-going modernization of health care has hardly offered any answers to this new situation. Much effort is concentrated on innovation in the areas of knowledge, technology and structures. In the process, the development of professional players – e.g. cardiologists, surgeons or community physicians – and the way they professionally organize their work are being ignored or their presence and their constant adaptation to the circumstances are merely assumed.” He said this change is leading to increasing fragmentation and over-specialization.

Dr Plochg went on to say that fragmentation and specialization are effective in fighting acute single diseases but that they are now less relevant given the increase in multimorbidity. They force patients to seek out a separate specialist for each problem, causing a lack of health professionals such as general practitioners who maintain an overview of diagnosis and treatment and can help patients to navigate through the system. Dr Plochg: “That in turn causes not only excess costs but also an overutilization of services and safety and quality bottlenecks.”

### **Radically new way of thinking is needed**

“We need to stop exploiting the existing expert model underpinning health care provision, and start exploring the reconfiguration of this model instead; ‘multimorbidity’ physicians and nurses have the future. This would call for rethinking particularly three aspects in the



professional organization of health labour, above all the idea of sustainable health for the general population,” the researcher pointed out. “The disease-by-disease approach we have taken thus far to curable diseases is no longer efficient. Multimorbidity is too complex an interplay of genetics and lifestyle, socioeconomics and the environment for us to be able to cure it with this old approach. That is why prevention and health promotion are so important. Both of these factors must not be allowed to remain the tasks of specific occupations or institutes. They must be incorporated by everyone in the health care system.”

Dr Plochg cited systemic thinking in diagnosis and treatment as the second key skill for the future. “You can only manage complex health problems if you focus not on individual bodily organs but rather the body as an entire system and its interactions.” The third innovation requires physicians to think of themselves not as independent soloists and to define their skills not solely by education and training. They should be in constant contact with other occupations, stakeholders and above all clients and patients to ensure that their expertise remains functional.

### **Policymakers have to support this shift**

Health professions should be self-regulating in order to respond better to multimorbidity and its challenges. Dr Plochg said it is the responsibility of health care policymakers to stimulate and promote this process. “There are no panaceas or quick solutions in this case. Strategies that have been effective so far have been developed, ranging from financial incentives and performance assessments to the planning of work positions in the health care sector.”

This change must be shaped at national level but the EU could also play a supportive role in the process. The Dutch expert explained: “For instance, the R&D agenda for the provision of health care is a good instrument to create more system-based knowledge and technologies that can legitimate and support the development of multimorbidity-proof health professions in the 21<sup>st</sup> century.”

The EHFG is the most important conference on health care policy in the European Union. In this its 15<sup>th</sup> year, the EHFG attracts more than 600 decision-makers from 45 countries to discuss major topics on the future of the European health care system from 3 to 6 October 2012.

Please find photos of the European Health Forum Gastein using this link: <http://www.ehfg.org/940.html>.

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