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Building multidisciplinary health workforce capacity to support the implementation of integrated, people-centred Models of Care for musculoskeletal health

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A B S T R A C T

To address the burden of musculoskeletal (MSK) conditions, a competent health workforce is required to support the implementation of MSK models of care. Funding is required to create employment positions with resources for service delivery and training a fit-for-purpose workforce. Training should be aligned to define “entrustable professional activities”, and include collaborative skills appropriate to integrated and people-centred care and supported by shared education resources. Greater emphasis on educating MSK healthcare workers as effective

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trainers of peers, students and patients is required. For quality, efficiency and sustainability of service delivery, education and research capabilities must be integrated across disciplines and within the workforce, with funding models developed based on measured performance indicators from all three domains. Greater awareness of the societal and economic burden of MSK conditions is required to ensure that solutions are prioritised and integrated within healthcare policies from local to regional to international levels. These healthcare policies require consumer engagement and alignment to social, economic, educational and infrastructure policies to optimise effectiveness and efficiency of implementation.

Background

The need for integrated people-centred models of care

As healthcare evolves, there is an increasing need for a fundamental paradigm shift in how healthcare is funded, managed and delivered to allow the provision of "integrated, people-centred health services" [1]. There is no "one model" of integrated, people-centred care, rather this should be seen as a service design principle underpinning strategies designed to improve access and encourage universal health coverage, and to enhance primary and community-based care. Placing people and communities at the centre of health services makes services more comprehensive and responsive, more integrated and accessible, and offers a coordinated method to address the diverse range of health needs facing humanity. There are well-documented benefits to a people-centred approach that include improved access to, and satisfaction with, care; improved efficiency of delivery; a reduction in costs; more equitable uptake; improved health literacy and self-care; better relationships between patients and their care providers; and a greater ability to respond to healthcare crises [1].

Whereas healthcare was once primarily focused on the management of infectious diseases, there is now an increasing shift towards the burdens associated with ageing populations, urbanisation and the globalisation of unhealthy lifestyles and their associated non-communicable diseases, mental health problems and injuries [2]. As populations age, people suffer from multi-morbidities that are chronic and require long-term care from multiple disciplines which, in turn, increases both the complexity and costs of their treatment over the life course [3]. Whilst there is both good evidence on the merits of this type of healthcare reform and a very compelling case for change [2], the transformation process is not a simple one and requires simultaneous whole-of-sector changes across many challenging domains [1].

The World Health Organization (WHO) has identified 5 interdependent strategic directions required to achieve greater person-centred care, which need to be locally developed and negotiated within specific country contexts [4]. These directions include the following:

- Empowering and engaging people
- Strengthening governance and accountability
- Reorienting the models of care (MoC)
- Coordinating services
- Creating an enabling environment [4].

Inherent within this level of health service reform is a need to reorient and educate the health workforce.