Provider Availability

Provider availability is defined as the presence of a trained provider at a facility or in the community when expected and providing the services as defined by his or her job description. Availability is important because, while there are often shortages in human resources, deployed providers are frequently inappropriately absent or, when present, are not actively delivering health care because they are engaged in other duties.

Visual Aid - Availability of Effective PHC

Availability of Effective PHC  The level to which providers are available, competent, and motivated to sufficiently address patients’ PHC needs

Can a patient see a provider when needed?
Provider Availability is a component of Availability of Effective PHC Services

System
- Governance & Leadership
  - Primary Health Care Policies
  - Quality Management Infrastructure
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  - Team-based Care Organization
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  - Capability & Leadership
  - Information Systems Use
  - Performance Measurement & Management Outreach

Outputs
- Access
  - Financial
  - Geographic
  - Timeliness
- High Quality Primary Health Care
  - First Contact Accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Person-centered
- Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
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Outcomes
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Provider Availability is a component of Availability of Effective PHC Services

Availability of Effective PHC
Patient-Provider Respect and Trust
Provider Availability
Provider Competence
Provider Motivation
Safety

Patient-Provider Respect and Trust

Provider Availability

Provider Competence

Provider Motivation

Safety
What can you learn about Provider Availability from the Improvement Strategies?

**SECTION 1**

**What is Provider Availability?**

*What it is:* Learn more about the core principles and goals of Provider Availability and its role in PHC improvement.

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**SECTION 2**

**How do I assess my performance?**

*What it is:* Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Provider Availability.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

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**SECTION 3**

**How do I get started?**

*What others have done:* Learn from implementation approaches and challenges in other country contexts.

*How to succeed:* Consider your country context, what elements are not functioning properly, and what needs to be in place to support effective improvements.

*What to ask:* Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.
What can my country achieve by focusing on Provider Availability?

Goals & Outcomes

- **First contact accessibility**: By helping to ensure that providers are staffed when and where they are needed most, provider availability helps to ensure patients can access PHC as their first point of contact with the health system.

- **Provider motivation**: Interventions to improve provider availability, such as motivational incentives to reduce absenteeism, can help to improve provider motivation and reduce occupational burdens on providers.

- **Timely, high-quality care**: Provider availability helps to ensure that patients can access care when they need it, essential for the delivery of timely, high-quality services.
Provider Availability – How do I assess my performance?

Learn more about whether you should focus on Provider Availability in the Vital Signs Profile.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
What are other indications that Provider Availability might be an appropriate area of focus?

Other Indications

- Providers may have imbalances in their workload that take time away from patient encounters, such as time-intensive administrative duties or a high patient load.

- Recruitment and retention strategies are unsustainable or poorly functioning, for example, a large portion of the health workforce are recruited from abroad or from outside the local context.

- Providers seek dual pay outside the public sector; this likely indicates that providers are not receiving appropriate remuneration from public facilities. Improved provider compensation may help increase the number of providers in the public sector.

- Facilities may not yet have an appointment system or the existing system may be inefficient, leading to long waiting times, especially in the morning when clinics open.
Provider Availability - What is it?

Learn more about the core principles of Provider Availability and what you can achieve by focusing improvements in the **What it is** section.
What is Provider Availability?

Provider availability is defined as a trained provider present at the facility or community when expected and providing services as defined by their job description.

Provider availability is a key component of the availability of effective PHC services.
**What is Provider Availability?**

Provider availability is defined as a trained provider present at the facility or community when expected and providing services as defined by their job description. Provider availability is a key component of the availability of effective PHC services.

**What should I know before beginning improvements?**

**What is the make-up and training of the health workforce?**

Often, the skills of providers are underutilized, and access to high-quality care could be improved by better matching tasks and responsibilities to provider competencies. Task shifting entails moving responsibilities from one type of health worker to another who may have less specific training but still has the competencies to deliver the given service.

**What factors are causing barriers to provider availability?**

Beyond having enough providers to offer timely and thorough care to patients, factors such as a significant patient caseload, burdensome administrative duties, and the absence of standard health system inputs (e.g. untimely payments and insufficient equipment) may contribute to the lack of provider availability.
What is Provider Availability?

Provider availability is defined as a trained provider present at the facility or community when expected and providing services as defined by their job description. Provider availability is a key component of the availability of effective PHC services.

What are some key steps to improving Provider Availability?

1. **Expand roles and responsibilities to offer comprehensive care**
   Access to high-quality care could be improved by better matching tasks and responsibilities to provider competencies. For instance, midwives have the potential to provide nearly 90% of care for sexual, reproductive, maternal, and newborn services, but often their scope is significantly more limited.

2. **Implement motivational incentives to reduce provider absenteeism**
   Basic health system inputs must be in place before health system stakeholders can focus on motivational factors to reduce absenteeism. Motivational incentives include performance-based financing (PBF), supportive supervision, appropriate autonomy, systematic recognition and increased stature for those employed in primary care, and professional development.

3. **Introduce appointment systems and shared medical appointments to improve the timely availability of providers**
   Creating appointment systems can help increase clinic efficiency and reduce waiting times. Shared medical appointments can decrease wait times and optimize provider time by pairing a group of patients with similar health needs with a single provider.
Provider Availability – How do I get started?

Provider Availability

Provider availability is defined as the presence of a trained provider at a facility or in the community when expected and providing the services as defined by his or her job description. Availability is important because, while there are often shortages in human resources, deployed providers are frequently inappropriately absent or, when present, are not actively delivering health care because they are engaged in other duties.

Visual Aid - Availability of Effective PHC

Availability of Effective PHC

The level to which providers are available, competent, and motivated to sufficiently address patients’ PHC needs.

<table>
<thead>
<tr>
<th>What it is</th>
<th>What others have done</th>
<th>What to ask</th>
<th>How to succeed</th>
</tr>
</thead>
</table>

Derive information from What others have done, What to ask and How to succeed to help determine where and how you might begin to plan and enact forms in your country context.
Planning for improvement in your context

The **guidance and recommendations** described within the Provider Availability module are **not intended to provide a one-size-fits all solution**.

The **considerations** involved in planning and implementing strategies will depend on your **local context**.

**Sample activities**

- **Consider** implementation challenges and approaches in other country contexts

- **Understand how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans

- **Identify** key elements that need to be in place to support improvements

- **Use the guiding questions in the Improvement Strategies** to spur thinking about Provider Availability in your country context and stimulate ideas for improvement

- **Start to develop** an improvement plan
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Where are there gaps in provider availability? Are there any persistent imbalances between urban and rural locations or different levels of care?
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Where are there gaps in provider availability? Are there any persistent imbalances between urban and rural locations or different levels of care?

☐ Are existing providers and other available members of the health care workforce sufficiently trained and competent in the provision of comprehensive primary care?
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Sample questions

- Where are there gaps in provider availability? Are there any persistent imbalances between urban and rural locations or different levels of care?

- Are existing providers and other available members of the health care workforce sufficiently trained and competent in the provision of comprehensive primary care?

- How is the health workforce distributed by specialty, geography, and cadre?
Questions to ask to help you get started

The **specific considerations** involved in planning and implementing strategies will depend on your local context.

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**Sample questions**

- Where are there gaps in provider availability? Are there any persistent imbalances between urban and rural locations or different levels of care?

- Are existing providers and other available members of the health care workforce sufficiently trained and competent in the provision of comprehensive primary care?

- How is the health workforce distributed by specialty, geography, and cadre?

- If a significant number of providers are not showing up during scheduled shifts, what are their reasons for doing so?
The specific considerations involved in planning and implementing strategies will depend on your local context. The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Where are there gaps in provider availability? Are there any persistent imbalances between urban and rural locations or different levels of care?

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☐ How is the health workforce distributed by specialty, geography, and cadre?

☐ If a significant number of providers are not showing up during scheduled shifts, what are their reasons for doing so?

☐ What are the various tasks performed in facilities and which require specific medical training? How can roles be optimized to improve efficiency? What sort of training would be needed to do so?
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Sample questions

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☐ How is the health workforce distributed by specialty, geography, and cadre?

☐ If a significant number of providers are not showing up during scheduled shifts, what are their reasons for doing so?

☐ What are the various tasks performed in facilities and which require specific medical training? How can roles be optimized to improve efficiency? What sort of training would be needed to do so?

☐ Are there any common services provided in the facility that could be delivered in a group setting? For which patients have relatively standardized needs and/or they require significant education?
Learn from what others have done

Mais Medicos | Brazil
Established in 2013, Mais Medicos addressed the geographical disparities in access to health care services through a three-part workforce program.

HealthPathways | New Zealand
A collaboration between multiple levels of the health system, HealthPathways established agreements on general practitioner responsibilities and referrals.
In 1986, Brazil established a national health system – the Sistema Uniao de Salude (SUS) – encompassing both the public and private sectors.
<table>
<thead>
<tr>
<th>Brazil : At-a-glance context</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GDP per capita ($PPP)</strong></td>
</tr>
<tr>
<td>$15.3K</td>
</tr>
<tr>
<td><strong>Percentage of population living in rural areas</strong></td>
</tr>
<tr>
<td>14%</td>
</tr>
</tbody>
</table>
Learn from what others have done: Brazil

Why reforms were needed

- Brazil has historically experienced challenges in retaining doctors due to poor infrastructure and job security as well as an absence of well-articulated career development pathways.

- The distribution of physicians ranged from 0.71 to 3.09 per 1000 people measured at the state level, with significant disparities between states, before implementation of the Mais Medicos program.

Approach

Beginning in 2013, Brazil addressed geographic disparities in access to health services through Mais Medicos (More Doctors).

Brazil used a three-part approach to increase provider availability throughout the country:

- Municipalities were invited to apply for funds to improve facilities or secure necessary equipment.
- Medical school programs were developed in rural regions or regions with few doctors.
- There was increased recruitment of primary care physicians, many of whom came from Cuba.
Learn from what others have done: Brazil

- Within two years of starting *Mais Medicos*, the government of Brazil had recruited and provided training to more than 18,000 physicians. At this time, Brazil was spending approximately 9% of its GDP on health.

- Through the three components of *Mais Medicos*, Brazil doubled the number of municipalities with greater than one doctor for every 1000 individuals between 2013 and 2015 and increased coverage of PHC services from 77.9% to 86.3% in the same time period.

Learn from what others have done: Brazil

- While the strategy of recruiting foreign physicians successfully improved provider availability in this context, it remains to be seen whether this strategy is sustainable over time.

- There are many ethical considerations when recruiting doctors internationally
  - More information on the ethics of international recruitment of providers can be found in *Global Code of Practice on the International Recruitment of Health Personnel* adopted by the sixty-third World Health Assembly.

New Zealand: At-a-glance context

East Asia & Pacific

High Income

Primary Health Organizations are the local structures for implementing New Zealand’s PHC Strategy.

### New Zealand: At-a-glance context

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
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<tr>
<td>Human Development Index</td>
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</tr>
<tr>
<td>Life expectancy at birth</td>
<td>82</td>
</tr>
<tr>
<td>Percentage of population living in rural areas</td>
<td>--</td>
</tr>
<tr>
<td>Percentage of population living under $1.90 per day</td>
<td>--</td>
</tr>
<tr>
<td>Population</td>
<td>4.9M</td>
</tr>
</tbody>
</table>
Learn from what others have done: New Zealand

Background

- A number of health system reforms had been put in place in Canterbury, New Zealand in the 1990s and early 2000s
- These reforms were related to multiple aspects of the health system (e.g. financing, education, and infrastructure)
- A devastating earthquake struck Canterbury in 2011 and as Canterbury rebuilt, they were able to do so with an intentional focus on integrated care

Approach

Canterbury established the HealthPathways program, a collaboration between multiple levels of the health system, in 2008

HealthPathways established agreements on best practices for health conditions (e.g. guidance on when GPs should refer patients to specialists)

The Canterbury health system also focused on:
- Reviews of waiting lists for specialists to identify patients whose needs could be addressed within primary care
- Reliable access to clinics with weekend and nighttime staff
- Electronic health management systems to consolidate referrals and centralize communication
Learn from what others have done: New Zealand

- **Reforms from HealthPathways** delineated the responsibilities of general practitioners as well as guidelines for when referral is necessary, increased physical access to care, and improved efficiency in referrals.

- As a result, these reforms have shifted a number of services previously provided in hospitals to primary care clinics, improving comprehensiveness of care and availability of primary care services.

Recap: Provider Availability

System
- Governance & Leadership
  - Primary Health Care Policies
  - Quality Management Infrastructure
  - Social Accountability
- Health Financing
  - Payment Systems
  - Spending on Primary Health Care
  - Financial Coverage
- Adjustment to Population Health Needs
  - Surveillance
  - Priority Setting
  - Innovation & Learning

Inputs
- Drugs & Supplies
- Facility Infrastructure
- Information Systems
- Workforce
- Funds

Service Delivery
- Population Health Management
  - Local Priority Setting
  - Community Engagement
  - Panel Management
  - Proactive Population Outreach
- Facility Organization & Management
  - Team-based Care Organization
  - Facility Management
  - Capability & Leadership
  - Information Systems Use
  - Performance Measurement & Management Outreach

Outputs
- High Quality Primary Health Care
  - First Contact
  - Access
  - Continuity
  - Comprehensive Care
  - Coordination
  - Person-centered
  - Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
  - Childhood Illness
  - Infectious Disease
  - NCDs & Mental Health
  - Palliative Care

Outcomes
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Recap: Provider Availability

Availability of Effective PHC

- Can a patient see a provider when needed?
  - **Provider Availability**
    - Three components determine availability:
      - **Suitable Workforce**
        - An adequately sized workforce with appropriate skill mix and equitable distribution.
      - **Minimal Absenteeism**
        - That workforce is predictably reliable and available to serve patients.
      - **Sufficient Time**
        - Each provider has enough time to devote to each patient’s needs.

- During interactions with providers, do the patients receive appropriate care?
  - **Provider Motivation**
    - May be intrinsically or extrinsically driven, and is affected by both availability and competence.
    - Fulfillment from work and appreciation of patients.
    - Money or work benefits, housing, vacation time, other opportunities.
  - **Provider Competence**
    - Should be pursued during pre-service training, in-service training, and ongoing professional development.
    - Training should be specific to the skills and tasks providers are expected to provide.
  - **Respectful and Trusting Relationships**
    - Patients and providers should have mutually respectful and reciprocal relationships that are strengthened over time.

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