Is our health workforce prepared for future health megatrends?

Megatrends have the ability to fundamentally impact how societies are shaped, operate and interact. Megatrends can best be described as an ‘important shift in the progress of society’. Classic examples of these societal impacts can be seen in the invention of the telephone or the ready availability of affordable commercial air travel. More importantly, as health is an outcome of how societies and individuals interact, megatrends could fundamentally disrupt our current notions of health and healthcare delivery.

In 2015, Ernst and Young highlighted several megatrends that could impact on our health and society. The report identified six megatrends that are independently, as well as relationally, disruptive. These include: a digital future; rising entrepreneurship; a global market place; an increasing urbanised world; a resourceful planet and re-imagined health. Individually, these megatrends may or may not impact directly upon health care professionals and health service delivery, however combined the six megatrends could fundamentally change our concept of health care in Australia.

If we deconstruct these megatrends separately, there are numerous challenges and opportunities for the health care sector.

**A digitalised future**

From a health perspective, there are already signs that this megatrend is happening. The concept of big data and the ability to analyse large amounts of information to support clinical and managerial decision making is already having traction in health. The ability for real-time data analysis is speeding up the ability to make evidence-based decisions in a timely manner. The progression of e-health and the Personally Controlled Electronic Health Record (PCEHR) offers great opportunities for sharing of critical health information between health professional and the patient. However with the increase in portability and accessibility, there remains an element of caution with the security of digitalised health information.

During 2014, we have seen the opening of Australia’s first fully digitalised hospital, giving the country a glimpse into the future of acute health care in this country. From a societal perspective, consumers are becoming increasingly tech savvy and digitally connected and this offers great opportunities for information sharing, health monitoring, health education and data collection.

**Rising entrepreneurship**

Innovation provides great opportunities for health, from an individual, community and organisational perspective. New technologies and inventions will drive diagnoses; treatments and consumer connectedness, while at the same time creating challenges for managers and policy makers from a cost, standards and regulation perspective. One only has to see the rapid rise in smartphone health applications to see the gradual shift in power and information from the organisation to the consumer.

A **global market place**

From a health perspective, a more globalised marketplace will impact upon aspects such as workforce diversity, role substitution and new roles for healthcare professionals and challenges to traditional professional boundaries. While our health profession regulators contemplate these professional work issues, a globalised marketplace will also mean greater levels of workforce movements globally, raising issues around recruitment, adequate staffing levels, minimum standards and competencies.

An **increasing urbanised world**

While Australia is largely an urbanised nation, this will continue at a more rapid rate, creating challenges for infrastructure, suitable and affordable housing, transport and health facilities. As our nation continues to age, this will place greater emphasis on how we plan for the increase in chronic disease and models that allow for a more efficient use of scarce health resources. Further urbanisation and its associated infrastructure will amplify challenges in providing access to health services in non-urban, rural and remote populations.

A **resourceful planet**

With a rising level of consumerism driven by Australia’s growing middle class, there will be a greater use of resources. This highly urbanised, information rich, middle class will have high consumer expectation. These factors will place greater pressure on accessible health service provision and will impact on the cost of care. While this is already being felt in Australia, there will likely be an increase in demands for accessible services and what consumers are prepared to pay for.

**Re-imagined health**

Increasing cost pressures and finite budgets will create opportunities for transformational change in how health care is delivered. Technology and cost will drive innovation in service delivery. This re-imagining of health will challenge our traditional approaches to health care delivery from ‘sick’ care to the management of health. Health service redesign might seek alternative solutions to chronic disease management through an increase in community based and integrated care models to take pressure from expensive acute hospital services. The next frontier will see the expanded use of genome technology to produce more targeted and personalised healthcare, as well as population-based approaches to health care delivery.

With the prospect of these megatrends impacting on health service delivery in the future, does Australia have the health workforce to meet these opportunities and challenges? And do our models of education for professions such as medicine, nursing and allied health support these massive disruptive societal shifts?

Our health workforce will need a range of technical and personal skills, aside from their clinical skills, to meet these
changes. Staff will need to embrace rapid change and dealing with ambiguity; be technologically savvy; have advanced data analysis and interpretation skills; shift thinking from illness to wellness; a move from an acute care focus to prevention and community patient-centred health services; promotion of care models emphasising greater community integration for chronic disease management and intermediate and long-term care; developing an approach to care from mass to personalised health care; digital ‘relationships’ between health professionals and consumers and exploring expanded and changed professional roles just to name a few.

Our health system needs to take account of the ‘political, cultural, behavioural and professional aspects of change’, when planning the range of skills our future health workforce. In addition to a clinical education, the workforce of the future will need well developed business, information technology, marketing, education and communication skills. Our current models of undergraduate health degrees concentrate primarily on clinical skills based on the acute care sector and ‘traditional’ models of healthcare delivery and management. These approaches will not prepare the health workforce to make the most of the future reform that will be driven by these societal megatrends.

With long lead times in educating our clinical workforce and several of these megatrends beginning to unfold, education providers, various health professions, curriculum developers, registration bodies, governments and healthcare organisations need to work collaboratively to meet these future challenges head on.

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References