

# A healthcare workforce assessment model using reimbursement data in Luxembourg

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## Background

The effectiveness of healthcare delivery depends on the availability of adequately skilled healthcare workforce (HWF) to respond to the current and future needs of healthcare users. Obtaining accurate and timely HWF data is essential for health policy. This study reports on the development of definitions and a methodology to estimate the practicing HWF in Luxembourg and presents the protocol for a real-time online Delphi (RT-Delphi) study to consult stakeholders on the methodology proposed.

## Method

Definitions and methods for assessing the practicing HWF were established through a scoping review and discussions within the project's steering committee (Figure 1). A RT-Delphi study and an online multistakeholder meeting were conducted to explore stakeholder agreement on the proposed definitions and methods for determining the professionally active and practicing HWF in Luxembourg and collect stakeholder feedback to improve the method. Stakeholders evaluated the proposed definition and methods. They could reconsider their evaluations, multiple times, based on aggregated feedback in real-time and based on a final multistakeholder meeting that focused on clarification on open topics. We quantified agreement on the whole sample. Open-text comments and workshop discussions were analysed qualitatively via content analysis, with the results informing improvements to the methodology and its practical implementation.

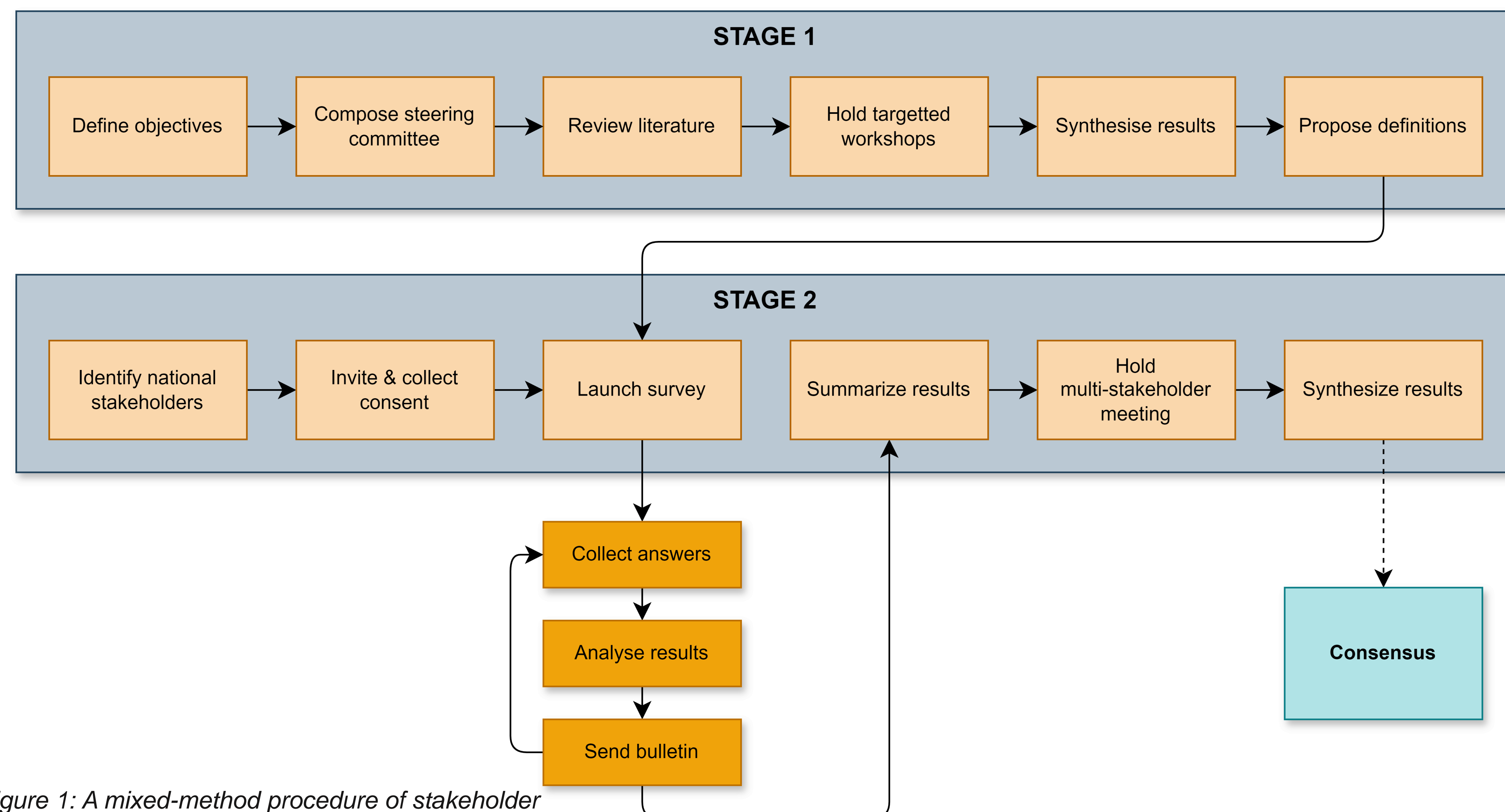


Figure 1: A mixed-method procedure of stakeholder consultation

## Results

The mixed-method procedure recommended adopting the JQNMHC's definition for Luxembourg due to its alignment with national data reporting needs (Figure 2). In addition, results disclosed that the basis for determining the quantitative evaluation model for HWF in Luxembourg is a Belgian model<sup>1</sup> using reimbursement data. Figure 3 highlights the different steps to assess practicing self-employed physician's activity level per speciality.

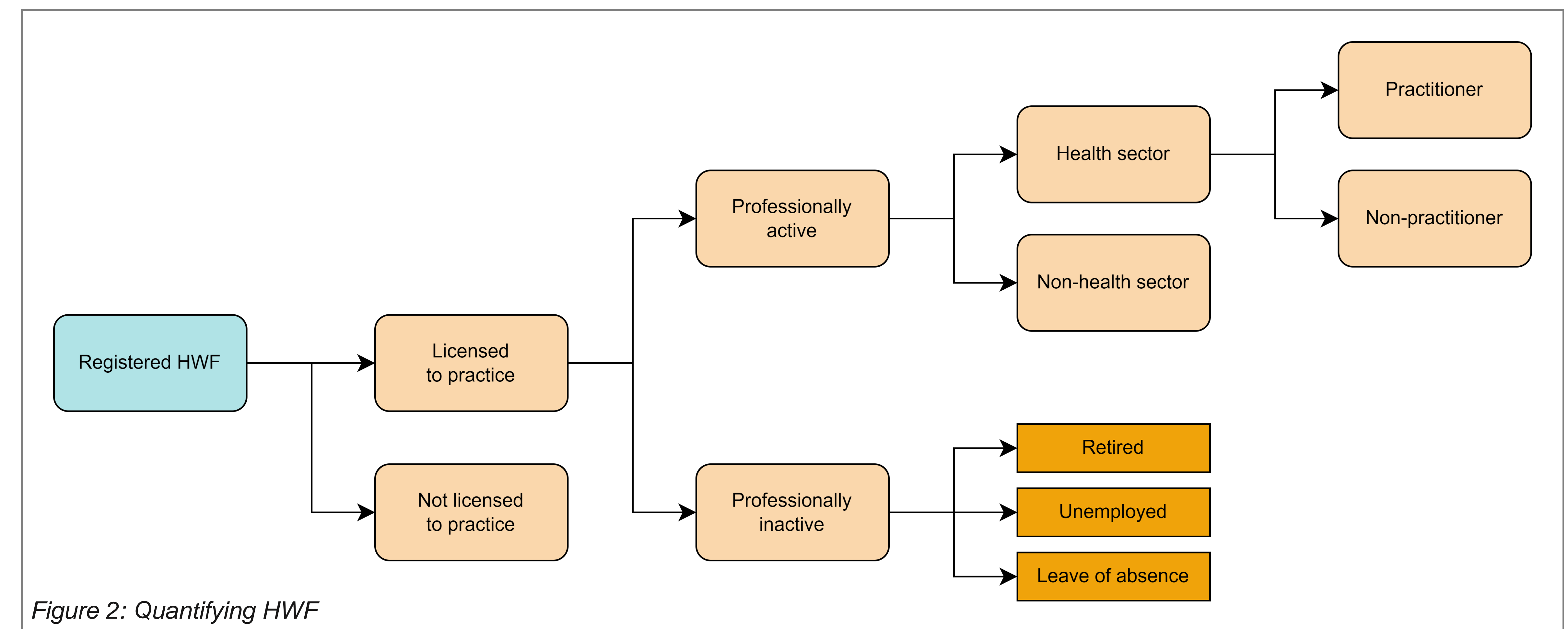


Figure 2: Quantifying HWF

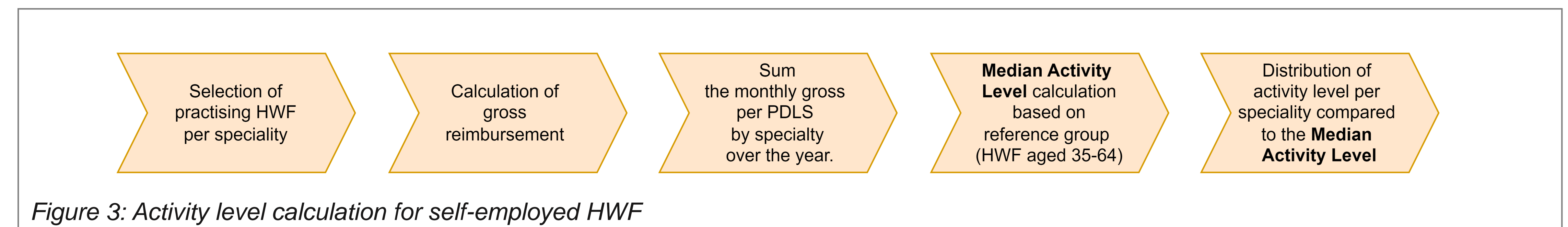


Figure 3: Activity level calculation for self-employed HWF

## Conclusion

Involving stakeholders allows for a transparent and structured way to inform development of indicators to assess the headcount of practicing HWF and their activity and better prepare for their adoption and implementation on a national level.

## Reference

<sup>1</sup>PlanCad Médecins spécialistes en Spécialités INAMI 2004-2016, Cellule Planification des professions de soins de santé, Service Professions des soins de santé et pratique professionnelle, DG Soins de santé, SPF Santé publique, Sécurité de la chaîne alimentaire et Environnement, septembre 2019.

