



# Building a Value-Based Workforce

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## BACKGROUND

- HHS Secretary Burwell recently announced that by 2018, 50% of Medicare payments will be tied to value through alternative payment and care delivery models
- Significant efforts are underway to implement patient-centered medical homes and accountable care organizations
- Research has begun to investigate how the widespread adoption of new models of care will affect the numbers and types of health care providers needed

## RESEARCH QUESTION

*What will the shift to value-based payment models mean for the workforce?*

## METHODS

- Synthesis of post Affordable Care Act literature
- Focused on staff roles in new models of care that:
  - are new or have undergone significant transformation
  - provide direct patient care
  - address patients' health care needs in community, ambulatory and acute settings
- Included works of varying evidence quality (randomized, non-randomized, and descriptive studies) given the emerging nature of this field
- 57 studies included, each reviewed by two investigators

## RESULTS

### 1. New Responsibilities for Existing Workers

Medical Assistants	Registered Nurses	Nurse Practitioners & Physician Assistants	Pharmacists
<ul style="list-style-type: none"> <li>• Taking patient histories</li> <li>• Giving immunizations</li> <li>• Providing preventative care services</li> <li>• Scribing</li> </ul>	<ul style="list-style-type: none"> <li>• Refilling prescriptions under protocol</li> <li>• Entering and interpreting data from EHRs</li> <li>• Creating care plans</li> <li>• Providing patient education</li> </ul>	<ul style="list-style-type: none"> <li>• Managing own patient panels</li> <li>• Providing bulk of care for patients with less complex chronic care needs</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinating drug therapies</li> <li>• Developing medication management plans</li> <li>• Educating patients</li> </ul>

### 2. New Emerging Roles

<p><b>a.</b> Roles that focus on coordinating care <b>within</b> the health care system</p> <p>Examples: Coordination roles (care coordinators, case managers, and transition specialists)</p> <ul style="list-style-type: none"> <li>• Often nurse-led</li> <li>• Nurses increasingly joined by pharmacists, social workers, and other behavioral health providers</li> </ul>	<p><b>b.</b> "Boundary spanning" roles that address patient care needs <b>between</b> home and health care settings</p> <p>Examples: Panel managers, health coaches</p> <ul style="list-style-type: none"> <li>• <u>Panel Managers</u>: Assume responsibility for patients between visits; use EHRs and patient registries to identify and contact patients with unmet care needs</li> <li>• <u>Health Coaches</u>: Improve patient knowledge about disease or medication and promote healthy behaviors</li> </ul>
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### 3. New Challenges

- Job descriptions have to be rewritten or created
- Successful integration of new roles into team-based models of care cannot occur unless staff understand their new role and the roles of others involved in the new care delivery process
- Workflows reconfigured
  - Leading workflow redesign and managing change requires the skills of yet another emerging new role—practice facilitator
- Trainings developed to support task shifting and new roles
  - Lack of standardized training and limited "off the shelf" training available
  - Finding the time and funding to support training remains a challenge, particularly for health systems operating in a fee-for-service model

## IMPLICATIONS FOR HEALTH WORKFORCE RESEARCH & POLICY

Health workforce researchers and policy makers need to shift focus from "old school" to "new school" approaches.

✓ **From a focus on workforce shortages to measuring the demand-capacity mismatch**

Our findings suggest the need to focus less attention on whether we will have a shortage of health professionals and more attention on understanding how we can effectively and efficiently use the workforce already employed in the health system.

✓ **From a focus on provider type to provider role**

The literature demonstrates significant heterogeneity in who provides what health care services. To capture this fluidity, future models need to move away from specialty-specific and single profession projections. Instead, we need models that capture the roles and content of care provided by different types of providers.

✓ **From a focus on training new professionals to retooling existing workforce**

Ongoing health system change will require a workforce with career flexibility. Currently, our education system is lagging in providing ways for the existing workers to retrain for new roles. More explicit, formal linkages are needed between front-line delivery systems and educators.

✓ **From health workforce planning to planning for a workforce for health**

To date, the majority of health workforce research and policy is aimed at the traditional workforce providing visit-based care in hospitals, ambulatory practices and long term care settings. Increasingly, health care staff is providing services designed to keep patients healthy in their homes and communities.