

# Reconfiguring and Retooling the Workforce To Meet the Needs of a Transformed Health System

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**H2P Consortium National Advisory Council Meeting**

*April 15, 2013, Charleston, SC*



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# Presentation Overview

- Current policy context
- Health workforce planning in the past
- Health workforce planning in the future
- What can we learn from New Zealand?



# Why do we care?

## The current policy context

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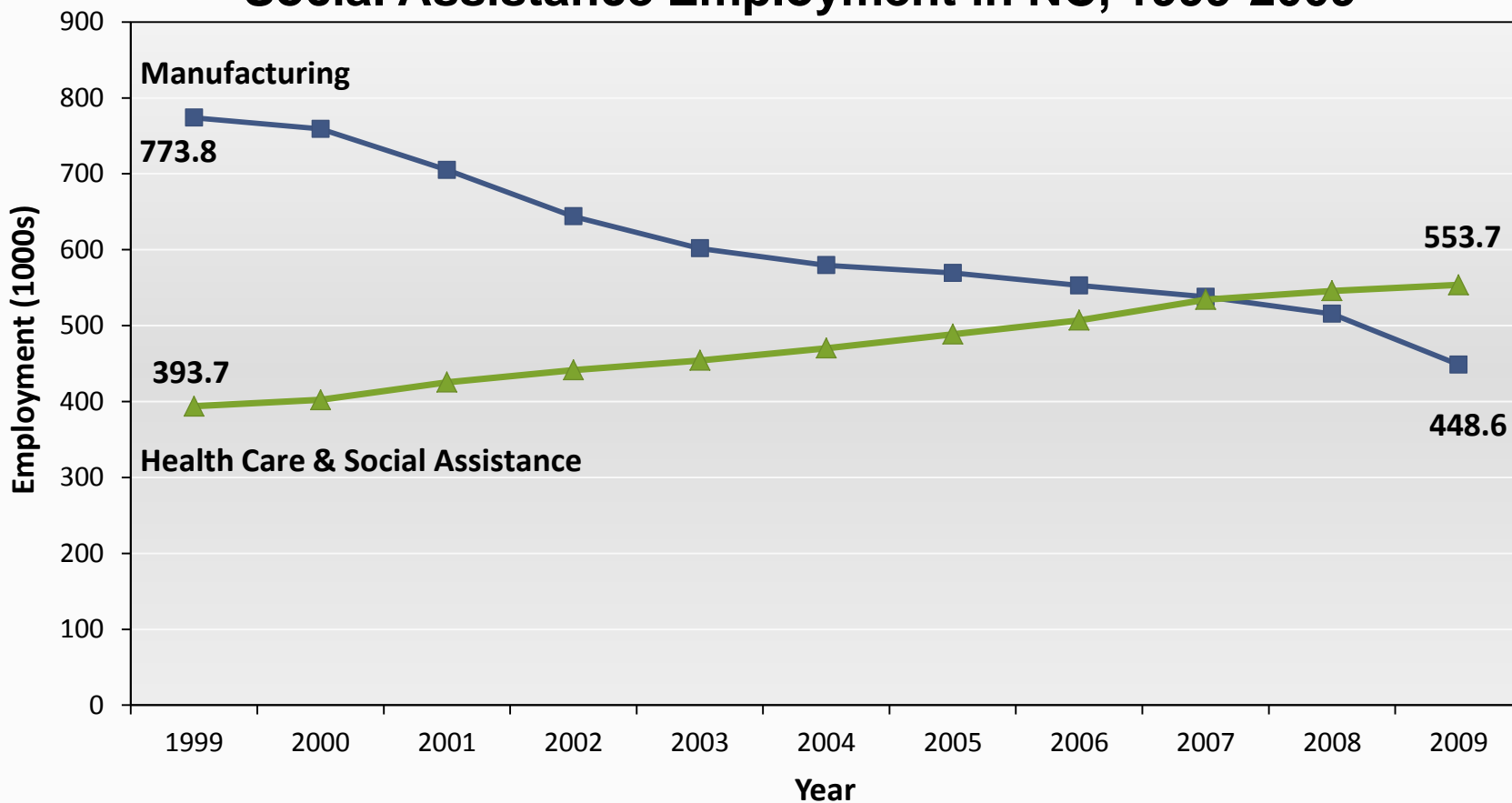
- **Demand side:** aging population, increase in chronic disease, insurance expansions, rising patient expectations
- **Supply Side:** health workforce is growing, deployment is rigid, turf wars abound, and productivity is lagging

**Whether or not states implement health reform, cost and quality pressures will drive health system change**

**The current system is not sustainable**

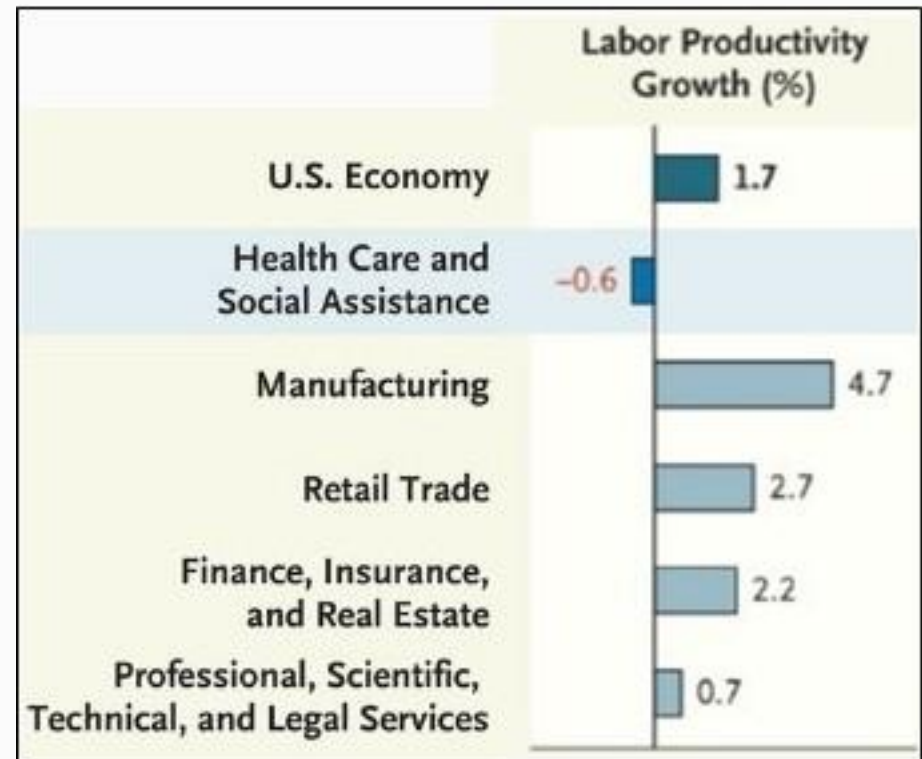
# Health care employment growing rapidly

## Total Employment in Manufacturing and Health Care and Social Assistance Employment in NC, 1999-2009



# But more people are doing less

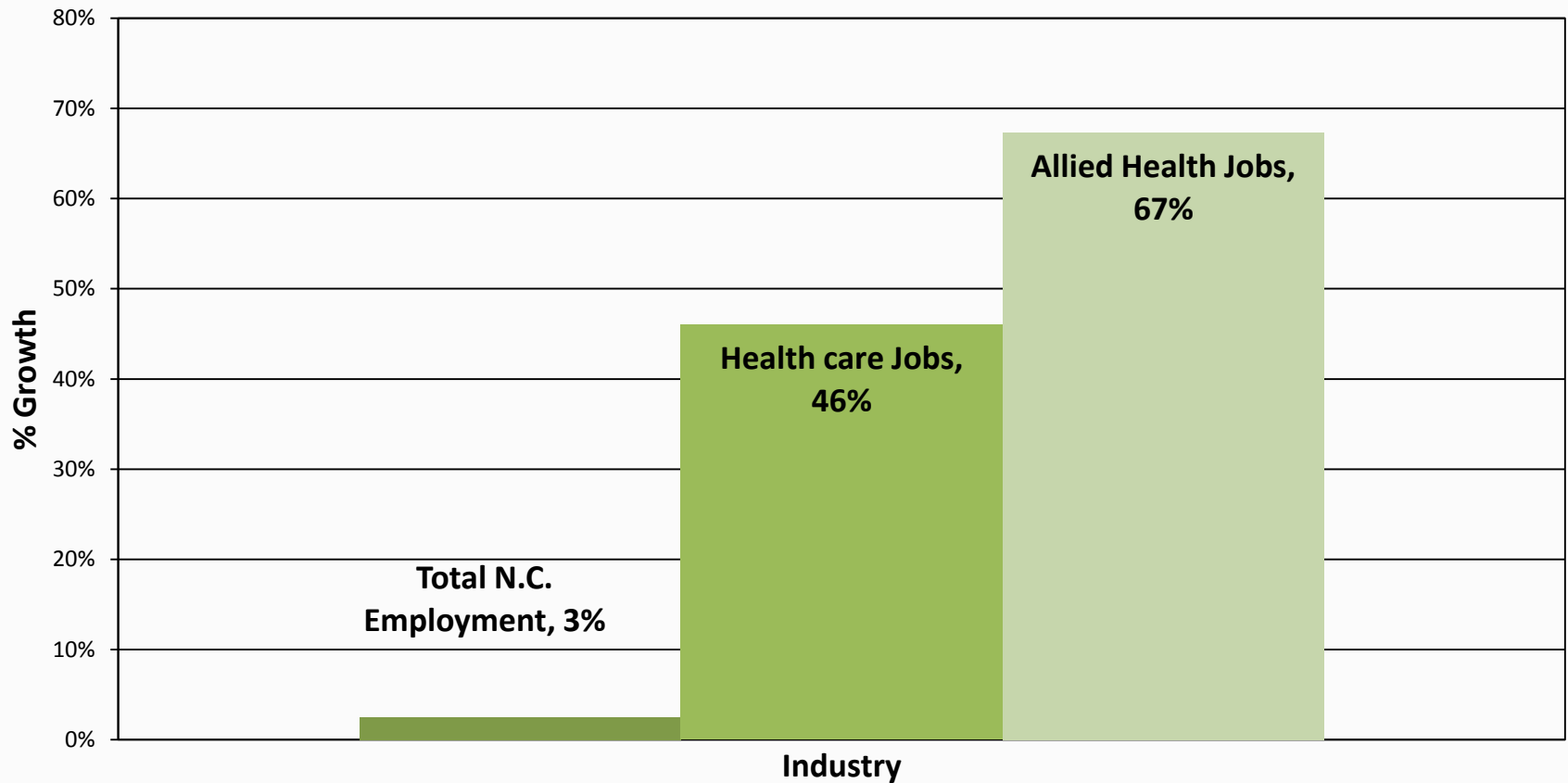
- Of \$2.6 trillion spent nationally on health care, 56% is wages for health workers
- Workforce is LESS productive now than it was 20 years ago...



Kocher and Sahni, "Rethinking Health Care Labor", *NEJM*, October 13, 2011.

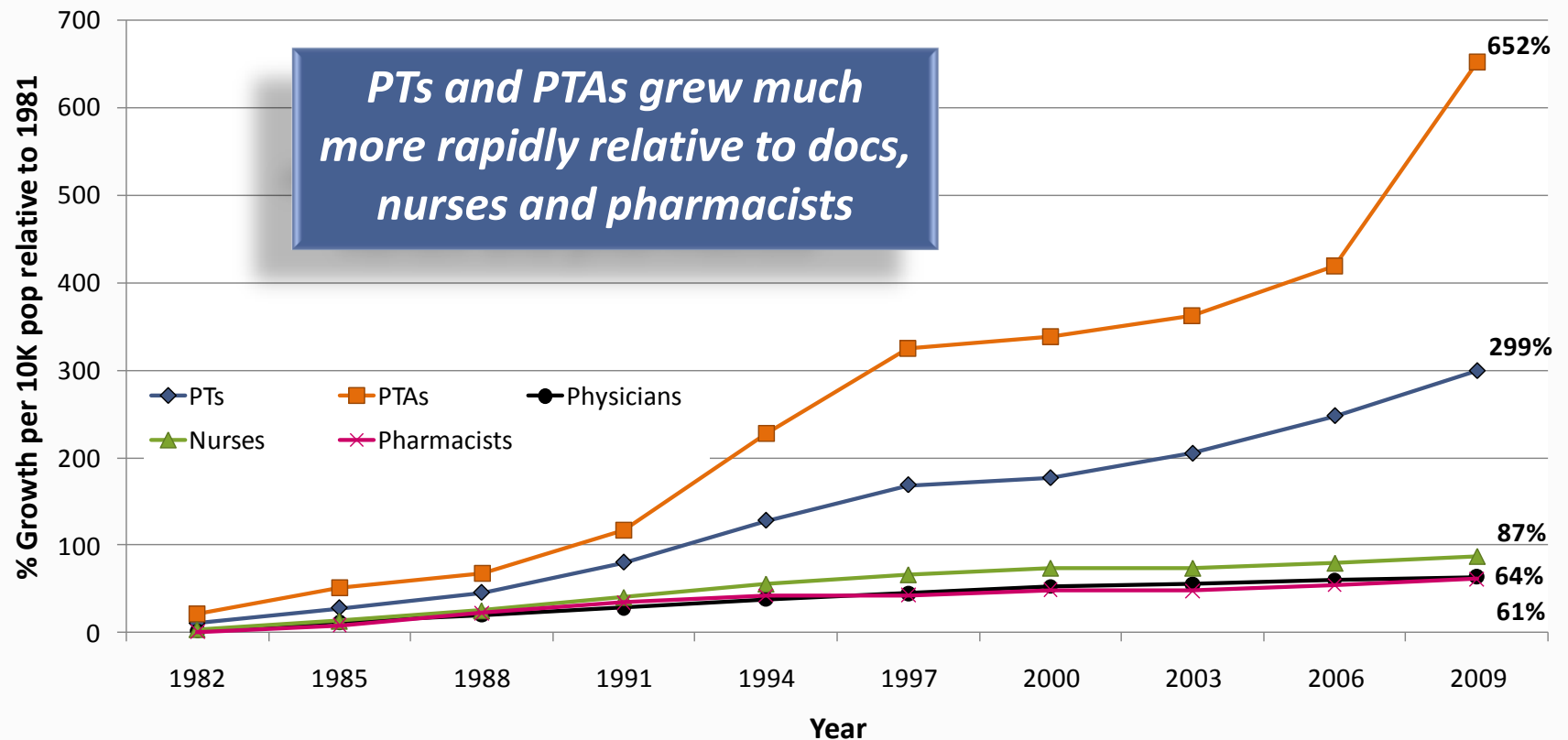
# Growth in health care employment is driven by allied health jobs

Percent Growth in Employment in NC, 1999-2009



# Strongest growth is for assistants, aides and home health personnel

## Growth in Health Professionals per 10,000 Population Since 1981 North Carolina



# Health workforce planning the traditional way





# Result is a “compromised” workforce planning system

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- No systematic engagement between employers, educators and policymakers about numbers, types and competencies needed in the health workforce
- Result: “a version of Goldilocks written by Albert Camus” with approaches that are either “too hot, or too cold, but never just right”

# The Future: health workforce planning, Wayne Gretsky style



“I skate to where  
the puck is going to  
be, not to where it  
has been.” *–Wayne Gretsky*



# Health reform and the new world of health workforce planning

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All about the redesign of *how* health care is delivered—less emphasis on *who* delivers care:

- Patient Centered Medical Home
- Accountable Care Organizations
- Technology

Shift will require integrated, outcomes-based and proactive workforce planning from a population health perspective

# The Patient-Centered Medical Home

## Defining Principles

- Physician-led “team practice”
- Patient care is:
  - Coordinated across medical sub-specialties, home health agencies and nursing homes
  - Integrated with community-based services
- Increased use of Health Information Technology (HIT) to monitor patients: track cost and quality outcomes, manage referrals, and plan for population-based health initiatives
- Patient outcomes are linked to financial incentives (and penalties!)

# Accountable Care Organizations

## Defining principles

- Provider-led organizations with strong primary care base that are collectively accountable for quality and cost of care across the continuum for population of patients
- Emphasis on population-level performance improvement
- Wide range of provider organizations qualify as an ACO, including coordinated care arrangements between hospitals, physicians, and long-term care providers

# Accountable Care Organizations & Patient Centered Medical Homes

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## Key characteristics

- Defined patient population
- Emphasis on primary care
- Care is integrated across systems, providers
- Payment incentives promote accountability for patient outcomes
- Technology used to monitor and report on population-based health outcomes
- Designed to lower cost, increase quality

# Who is on the team in new models of care?

## Full implementation of new models of care will require:

- Interdisciplinary workforce of licensed and unlicensed workers in **health and community** settings
- We are just beginning to identify the:
  - Types and numbers of providers needed
  - Where providers are needed
  - Different skill mix configurations in which they should be deployed
  - Skills and competencies required to function in new models of care



# Competencies needed in a transformed health workforce

*A transformed health care system will require a transformed workforce.*

*The people who will support health system transformation for communities and populations will require different knowledge and skills....in prevention, care coordination, care process re-engineering, dissemination of best practices, team-based care, continuous quality improvement, and the use of data to support a transformed system*

# Flexible workforce, with new competencies, needed in transformed system

**A more flexible use of workers is needed to improve care delivery and efficiency that includes:**

- Existing workers taking on new roles in new models of care
- Existing workers shifting employment settings
- Existing workers moving between needed specialties and changing services they offer
- New types of health professionals performing new functions
- Broader implementation of true team-based models of care and education

# But how do we get there from here?



# Ask yourself, “What Would the Kiwis Do?”



# What can we learn from New Zealand?

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- Small, relatively poor country compared to Australian neighbor
- Publicly funded system with universal coverage
- Spends about 10% of GDP on health care
- NZ population is ~4.4 million, rural and ethnically diverse
- Despite smaller size and different financing system, NZ faces same health workforce issues as the United States



# Workforce challenges in New Zealand

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- Current health workforce:
  - not sustainable
  - less productive than in past
  - too many workers not practicing anywhere near top of scope of practice
  - not meeting quality outcomes
  - poorly distributed against need
  - large proportion of workforce nearing retirement
- Primary care, mental health, oral health, and rehabilitation systems “not up to scratch”

# How NZ is addressing workforce challenges:

## *Clinician-Led Change*

- Engaging clinicians in designing future health care system
- Transforming from ground up, rather than top down
- Asking clinicians to design ideal patient pathways by disease area and identify changes that enable new models of care
- Making it personal: “How should we care for Aunt Susie with dementia?”
- Engaging “coalitions of the willing” to overcome professional resistance and “tribalism”

# How NZ is addressing workforce challenges:

## *Engaging Employers*

- Are new grads ready for practice?
- Where are biggest gaps and in which professions?
- What curriculum changes are needed for future?  
*(QI, HIT, care coordination, disease management, patient navigation)*
- What new or retooled workforce is needed to avoid readmissions and integrate care? *(More health educators, patient navigators, care coordinators, community health workers quality improvement coaches, others?)*
- In what professions, and for which areas of patient care, is the workforce over- and under-skilled?



# Under- and over-skilling among nurses and other professionals is BIG issue

**Recent study in the Netherlands and US asked 34,000 nurses:**

**Q1: What duties do you perform that you don't need to perform?**

Answer: clearing trays, cleaning rooms, clerical duties, arranging transportation for discharge, other non-nursing tasks etc.

**Q2: What duties are you willing/able to perform but don't because you don't have time?**

Answer: patient education, comforting and talking to patients and family, skin care, procedures and treatments, discharge prep, pain management, patient surveillance

# How NZ is addressing workforce Challenges: *Creating New Roles, Changing Existing Roles*

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**How many health professionals does it take  
to run a health care system?**

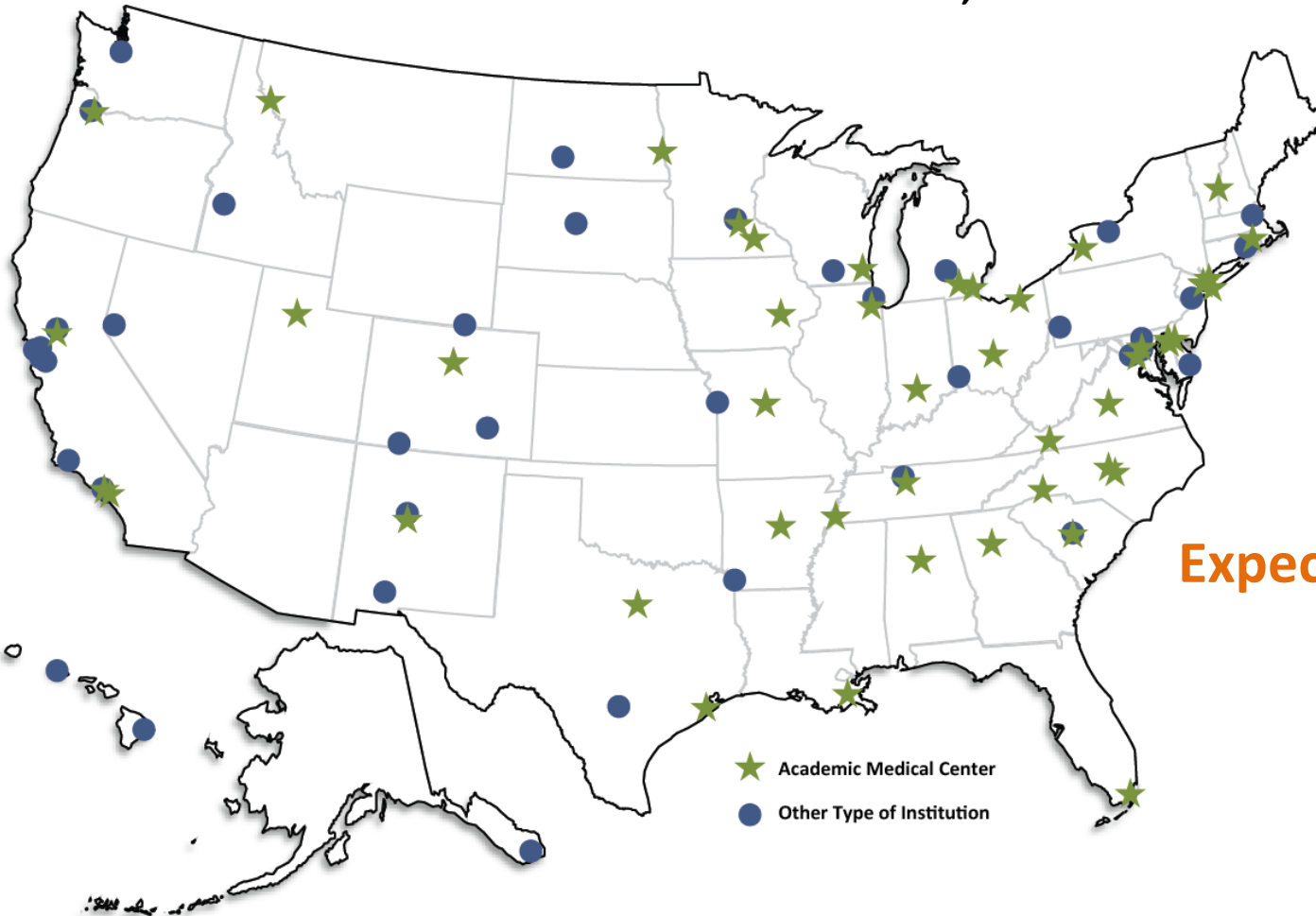
***Depends on what they are doing***

NZ striving to:

- “Liberate workforce with spare capacity”
- Promote more team-based models of care
- Create new roles and new professions

# Sounds Similar to the CMMI Innovation Awards, 2012

Location of CMMI Innovation Awardees, 2012



**Cost:**  
**\$888,320,999**

**Expected 3 Yr Savings:**  
**\$2 Billion**

# Team members in CMMI initiatives

- Patient navigators
- Nurse case managers
- Care coordinators
- Community health workers
- Care transition specialists
- Pharmacists
- Living skills specialists
- Patient Family Activator
- Medical Assistants
- Physicians
- Medical Directors
- Dental Hygienists
- Behavioral Health
- Social Workers
- Occupational Therapists
- Physical Therapists
- Grandaids
- Health Coaches
- Paramedics
- Home health aids
- Peer and Family Mentors

# How NZ is addressing workforce challenges:

## *Workforce Retention*

- Workforce demographics mean we need to pay more attention to retention
- Higher remuneration ≠ retention
- Health workers want career progression and job satisfaction
- NZ focusing efforts on building creating meaningful, rewarding work environments and careers
- Addressing issues that “irritate people”



# How NZ is addressing workforce challenges:

## *Using Workforce Data to Shape Policy*

- Health Workforce NZ created in 2009 to better integrate fragmented workforce planning efforts
- Working to build “coalitions of health workforce champions” to interpret and use data to affect change
- Building workforce models that don’t give one “right” answer but allow policy makers to simulate effect of various scenarios
- Idea was to address fact that they were

***“drowning in data and free of intelligence”***

# Questions?

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