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

Erin Fraher, PhD MPP
Director, Program on
Health Workforce Research & Policy

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FOR HEALTH SERVICES RESEARCH

Presentation Overview

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

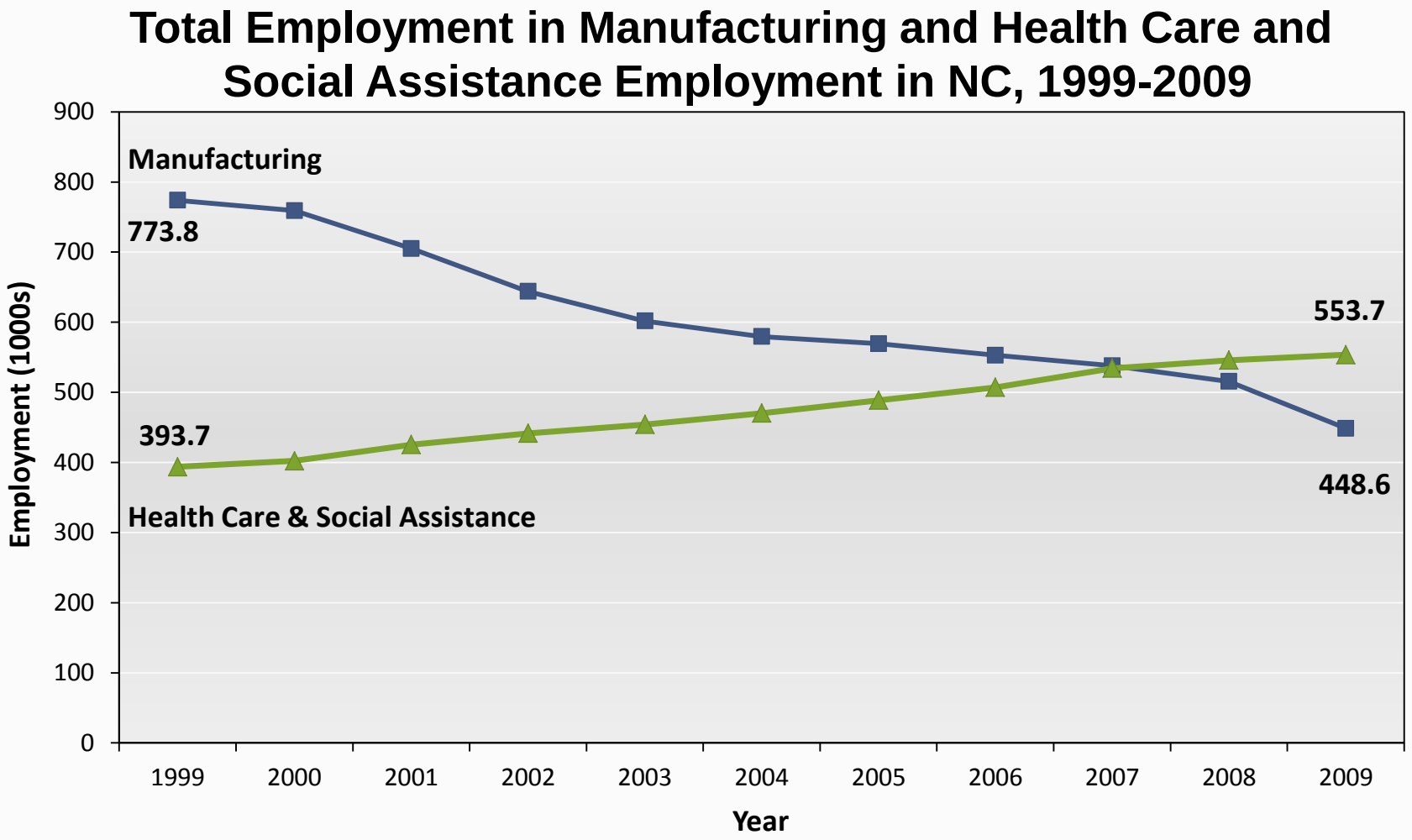
Why do we care?
The current policy context

- **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



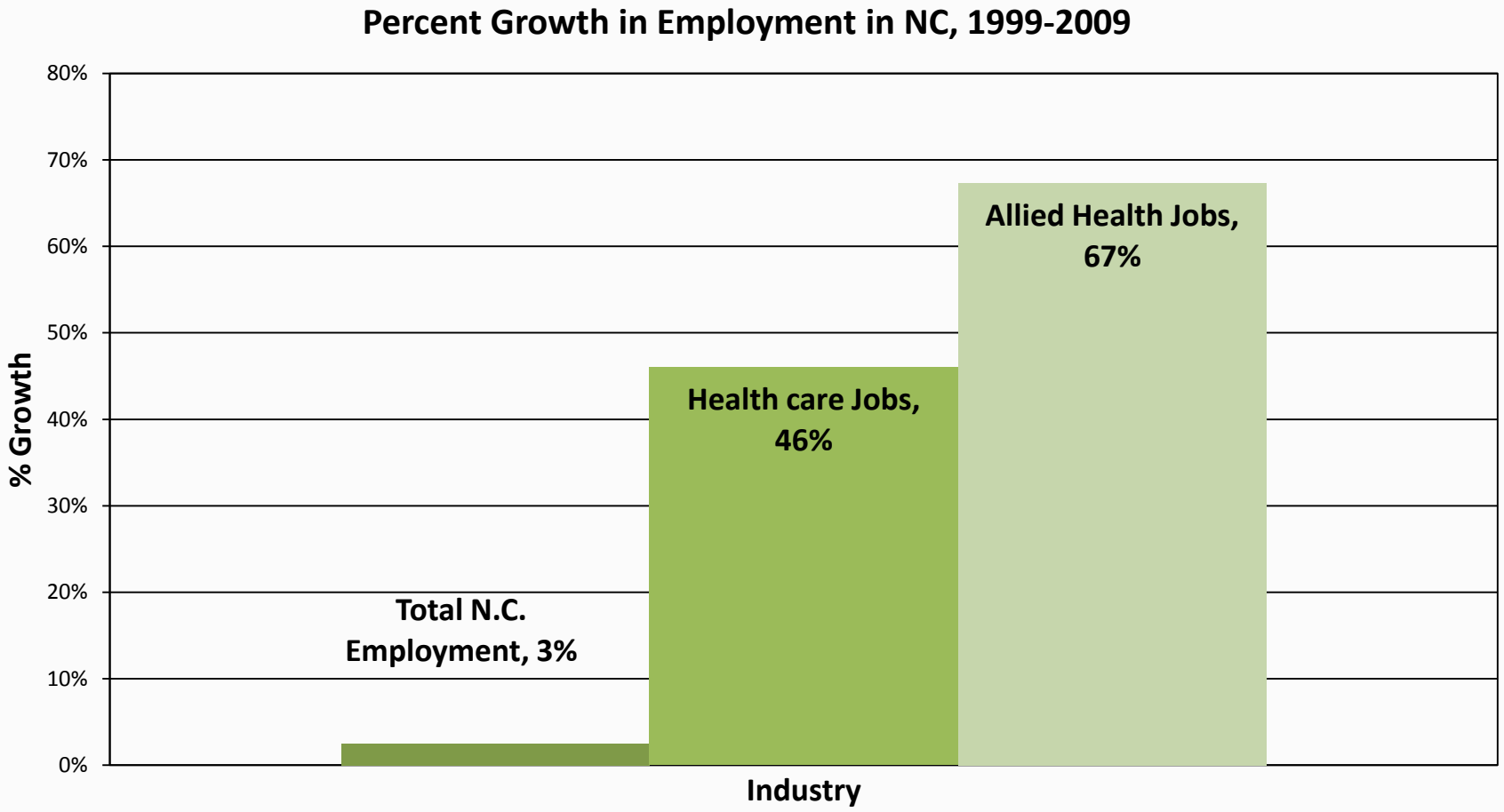
Source: North Carolina Health Professions Data System with data derived from the North Carolina Employment Security Commission, Employment and Wages by Industry, 1998-2009. http://www.ncesc1.com/lmi/industry/industryMain-NEW.asp, accessed 6/1/2010.

But more people are doing less

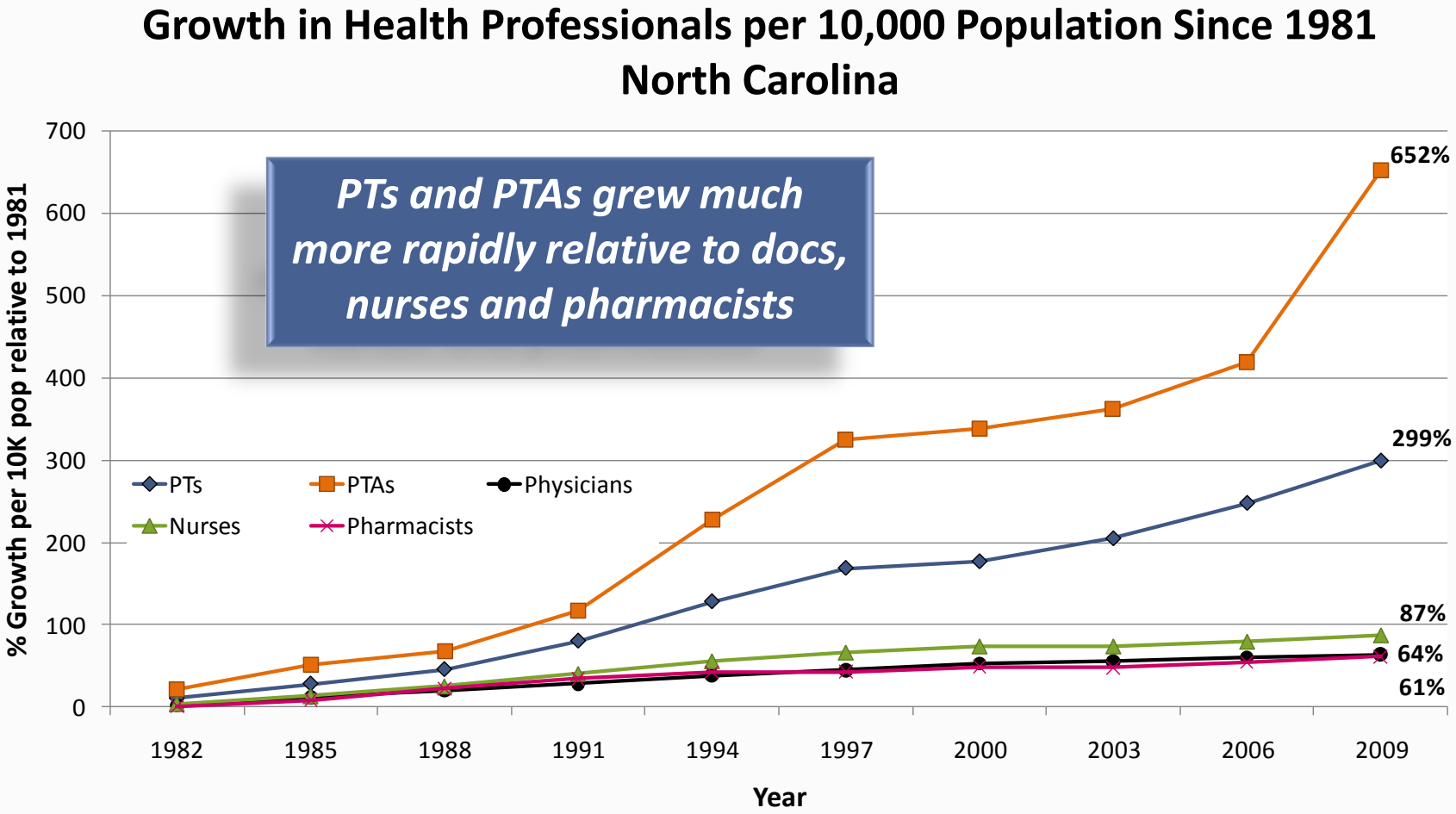
- Of $2.6 trillion spent nationally on health care, 56% is wages for health workers
- Workforce is LESS productive now than it was 20 years ago...

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

Growth in health care employment is driven by allied health jobs



Strongest growth is for assistants, aides and home health personnel



Sources: NC Health Professions Data System with data derived from the North Carolina Boards of Physical Therapy Examiners, Medicine, Nursing and Pharmacy.

Health workforce planning the traditional way

Result is a "compromised" workforce planning system

- 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*


THE
FUTURE

Health reform and the new world of health workforce planning

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!)

(Cassidy et al, *Health Affairs*, September 14, 2010)

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

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

Source: Centers for Medicare and Medicaid Services, Health Care Innovation Challenge Grant, Funding Opportunity Number: CMS-1C1-12-001, CFDA: 93.610 , November 2011. http://www.innovations.cms.gov/Files/x/Health-Care-Innovation-Challenge-Funding-Opportunity-Announcement.pdf

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?

- 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

- 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

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

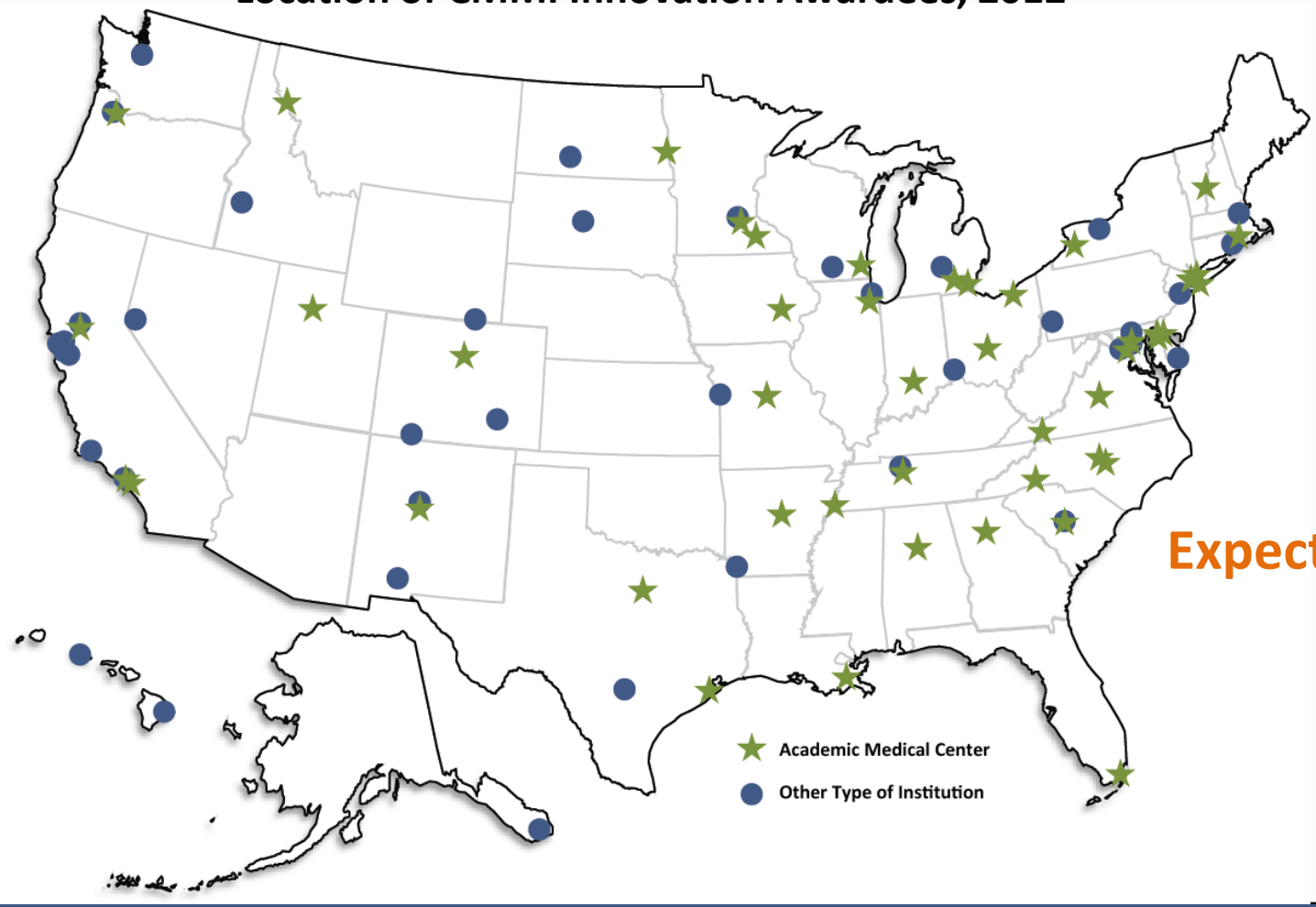
Depends on what they are doing

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

(Adapted from Clese Erickson, AAMC, 2012)

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?

Erin Fraher
(919) 966-5012
erin_fraher@unc.edu

Program on Health Workforce Research & Policy
http://www.healthworkforce.unc.edu

North Carolina Health Professions Data System
http://www.shepscenter.unc.edu/hp

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