

# The Health System is Transforming: Now What?

---

**Katie Gaul, MA and Erin Fraher, PhD MPP**

*Program on Health Workforce Research & Policy  
Cecil G. Sheps Center for Health Services Research, UNC-CH;  
and the Health Workforce Technical Assistance Center*

**September 23, 2014**

Ohio MEDTAPP Summit: “Transforming Healthcare Through State-University Partnerships”



**UNC**

THE CECIL G. SHEPS CENTER  
FOR HEALTH SERVICES RESEARCH

# Here's our agenda

---

- Context: The health system is rapidly changing: What are the workforce implications?
- Interprofessional education and practice
- Shortage, or no shortage? How do you know?
- The Medicaid workforce
- Social accountability
- Are we all rowing in the same direction?  
The need for effective relationships



# The Context: Health system transformation is underway

- Emphasis is on primary and preventative care
- Health care is integrated across:
  - medical sub-specialties, home health agencies and nursing homes
  - **community- and home-based** services
- Technology used to monitor health outcomes
- Payment incentives promote accountability for population health
- Designed to lower cost, increase quality, improve patient experience

# The Context: Workforce planning for a rapidly changing health system

- **Lots of people asking:** “How can we align payment incentives and new models of care to achieve the triple aim of better care for individuals, better health for populations and lower costs?”
- **Not enough people asking:** “How can we transform our health workforce to achieve the triple aim?”
- Rapid health system change **requires retooling:**
  - the skills and competencies of the health workforce
  - the questions health workforce researchers ask and answer
  - the types of programs we develop and implement to create a flexible, adaptable, and continuously learning workforce

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

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

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

# 1. Existing workers will take on new roles in new models of care

- Most workforce policy focus has been on redesigning educational curriculum for students in the pipeline
- **But it is workers already in the system who will transform care**
- **Action Needed:** more continuing education opportunities to allow workers to upgrade their skills and gain competencies needed in new models of care, such as:
  - care coordination
  - transitions of care
  - population health management
  - patient education and engagement

## 2. Existing workforce will shift from acute to ambulatory, community- and home-based settings

- Changes in payment policy and health system organization:
  - Shift from fee-for-service toward bundled care payments, risk- and value-based models
  - Fines that penalize hospitals for readmissions
  - Rapid consolidation of care
- Will increasingly shift health care—and the health care workforce—from expensive inpatient settings to ambulatory, community and home-based settings

**Action Needed:** need to shift health workforce training to community-based settings; current workforce not prepared to meet patient on “their turf”

# 3. Existing workforce will need more career flexibility

- Rapid and ongoing health system change will require a workforce with “career flexibility”
- “Clinicians want well-defined career frameworks that provide flexibility to change roles and settings, develop new capabilities and alter their professional focus in response to the changing healthcare environment, the needs of patients and their own aspirations” (NHS England)
- Need more generalists, fewer specialists
- Need better articulation agreements and career ladder opportunities to support continuous learning



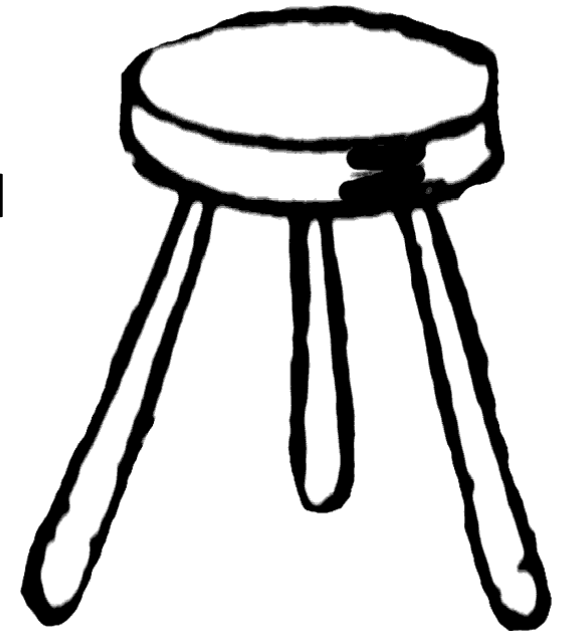


# Re: #4. It's not just about numbers needed in future, it's about new health professional roles

- Patient navigators
  - Nurse case managers
  - Care coordinators
  - Community health workers
  - Care transition specialists
  - Living skills specialists
  - Patient family activator
  - Grand-aides
  - Paramedics
  - Home health aids
  - Peer and family mentors
- All of these professions play role in managing patient transitions between home, community, ambulatory and acute care health settings
  - Evidence shows improved care transitions reduce unnecessary hospital admissions, lower costs and improve patient satisfaction

# Re: #5. Need to develop true team-based models of care and education

- How do new roles “fit” with existing health professionals in team-based models of care?
- Chicken or egg: what comes first, team-based practice or team-based education?
- Significant professional resistance exists
- Need to identify new competencies, standardize and credential (?) new skills



**Real and lasting change cannot happen without simultaneously addressing payment, regulatory and education policy**

# Want to learn more on IPE/IPP?

- **LEAP = Learning from Effective Ambulatory Practices**  
<http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/the-leap-project.html>
  - **Ohio LEAP Practice: Neighborhood Family Practice, Cleveland**
- **National Center for Interprofessional Education and Practice**  
<https://nexusipe.org/>
- **UCSF Center for Health Professions, Innovative Workforce Models**  
<http://futurehealth.ucsf.edu/Public/Center-Research/Home.aspx?pid=539>
- **IOM Global Forum on Innovation in Health Professional Education**  
<http://www.iom.edu/Reports/2013/Interprofessional-Education-for-Collaboration.aspx>
- **And also... Health Careers Pathways (H2P) Consortium**  
[http://www.nn2.org/images/H2P\\_Overview\\_March2013.pdf](http://www.nn2.org/images/H2P_Overview_March2013.pdf)

---

# Part 2: Switching Gears

---



# News of physician shortages grabs headlines

The New York Times

Tuesday, April 22, 2014 | Today's Paper | Personalize Your Weather | f | t

## Success of health reform hinges on hiring 30,000 primary care doctors by 2015



## Doctor shortage, increased demand could crash health care system

By Jen Christensen, CNN  
updated 5:37 PM EDT, Wed October 2, 2013



Some doctors worry patients who can't get in to see primary care physicians will clog up hospital emergency rooms.

The Washington Post

## ... in the U.S., Put More On Exhausted Physicians



DOCTOR

Lots

By DANI

# These estimates of shortfalls tend to overlook (mal)distribution

---

- Most shortage estimates are at the national level.
- But there is wide variation in the distribution of physicians (and other health professionals) by both specialty and geography
- What if supply is adequate – but providers are just in the “wrong” place or not serving the populations most in need

# These estimates of shortfalls by specialty also overlook reality of practice

---

- Physicians flexibly adjust scope of services they provide according to training, practice context and personal preferences
- Counting heads overlooks real world practice where there is:
  - Between-specialty plasticity – physicians in different specialties provide overlapping scopes of services
  - Within-specialty plasticity – physicians within the same specialty have different practice patterns



# Using plasticity turns workforce modeling upside down

- We developed a model that does not produce estimate of *noses needed* by specialty
- Instead, it asks: what are patients' needs for care and how can those needs be met by different specialty configurations in different geographies?





# Selected modeling efforts

- Sheps Center, FutureDocs Forecasting Tool  
[www2.shepscenter.unc.edu/workforce](http://www2.shepscenter.unc.edu/workforce)
- HRSA non-primary care specialties  
<http://bhw.hrsa.gov/healthworkforce/supplydemand/usworkforce/clinicalspecialties/clinicalspecialties.pdf>
- HRSA nursing model... coming soon...?
- AAMC... in development (using OH as pilot location)

# Who's in the Medicaid Workforce?

---

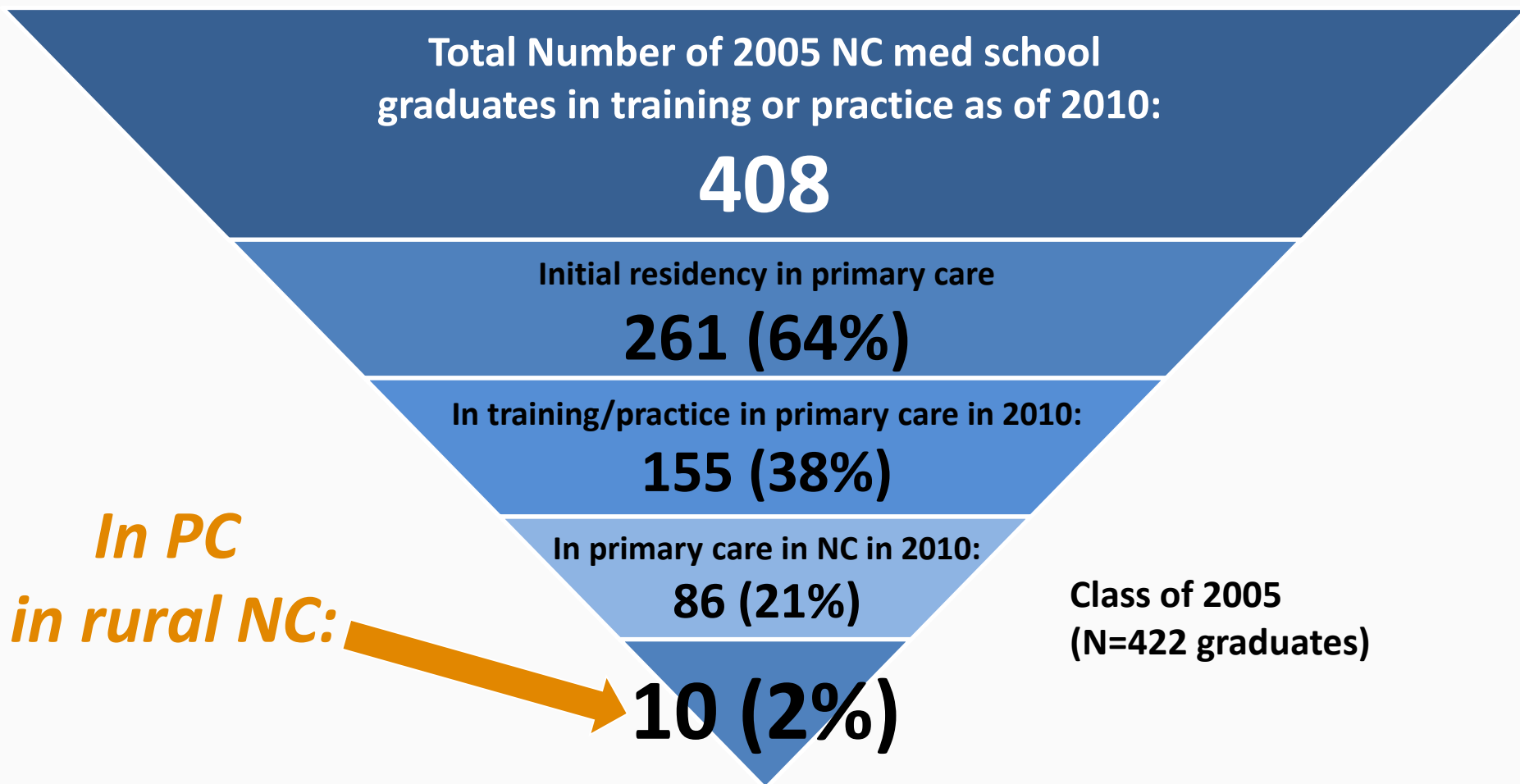
- How do you know??
- Big issue for behavioral health
- Big issue for oral health
- What are innovative models of that integrate behavioral and mental health?
- GME and Medicaid – accountability is coming, and soon

# Accountability

- Many resources are put into health professional education
- Is the “right” workforce going to the “right” places to serve the “right” populations at the “right” time?
- What’s the return on investment for state funds used to train and deploy the workforce?
- Who’s evaluating these efforts?

# In NC, most med grads leave state and don't practice in needed specialties and geographies

## NC Medical Students: Retention in Primary Care in NC's Rural Areas



# What do workforce stakeholders need to do to help transform workforce

1. Harvest and disseminate learning from workforce innovations
2. Reach outside for new ideas and new partners
3. Focus on the practice, hospital and health system, not just the clinician
4. Identify and codify emerging health professional roles and then train for them
5. Plan for the spread and sustainability of innovations at the time they are initiated
6. Build Evidence Required to Support Changes in Licensure, Credentialing and Accreditation

# How do you get stakeholders to work together and speak the same language?

---

1. Build strong, effective partnerships
  2. Communicate and trust
  3. Have a strong, neutral facilitator
- **North Carolina:** NC Institute of Medicine (<http://www.nciom.org>)
  - **Colorado:** Colorado Health Institute (<http://www.coloradohealthinstitute.org/>)

# Questions?

**Erin Fraher**

erin\_fraher@unc.edu  
(919) 966-5012

**Katie Gaul**

k\_gaul@unc.edu  
(919) 966-6529

Program on Health Workforce Research and Policy

<http://www.healthworkforce.unc.edu>

North Carolina Health Professions Data System

<http://www.shepscenter.unc.edu/hp>

Health Workforce Technical Assistance Center

<http://www.HealthWorkforceTA.org>



UNC

THE CECIL G. SHEPS CENTER  
FOR HEALTH SERVICES RESEARCH



UNC  
THE CECIL G. SHEPS CENTER  
FOR HEALTH SERVICES RESEARCH

---

# Extra Slides

---





# Who Uses Data & For What Purposes?

## Government

Policy Decisions  
Allocate funding  
Program planning  
Evaluation  
HPSA analysis  
Grant proposals

## Workforce Policy

Evaluation  
Program planning  
Policy analysis  
Regulatory questions  
Grant proposals  
Pipeline and diversity

## Education, Research

Planning for new schools  
Planning for new programs  
Pipeline and diversity  
Evaluation  
Research projects  
Grant proposals

## Funders

Program planning  
Allocate funding  
Evaluation

## National Organizations

National policy  
Evaluation  
Dissemination  
Improve data quality

## Professional Associations

Advocacy, Membership  
Policy analysis  
Program planning  
Grant proposals

## Other

News stories; class projects; locational analysis; loan repayment; court cases; advertise seminars