

The Nursing Workforce: What Challenges and Opportunities Lie Ahead?

Erin Fraher, PhD MPP

*Program on Health Workforce Research & Policy
Cecil G. Sheps Center for Health Services Research, UNC-CH*

*Assistant Professor
Departments of Family Medicine and Surgery, UNC-CH*

November 12, 2015



Presentation Overview

- Is there a nursing shortage? Many models say no but you all may feel differently
- What new roles are emerging for nurses (and other health care professionals) in new payment care delivery models?
- What workforce issues are keeping you up at night?
- What workforce data do you wish you had?



Does the nation face a nursing shortage?

Even a few months ago, I would have said that I didn't think so

- National nursing models mixed: some suggest overall supply will outpace demand, others find that demand will exceed supply
- Even recently, graduates in states predicted to be in shortage (North Carolina) were not getting their first, or even second, employment choice
- Auerbach et al data suggest nurses are retiring later
- Nursing enrollments are increasing rapidly

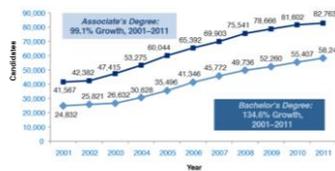


Number of new NCLEX takers increasing rapidly

Between 2001-2011:

- Number of bachelor's prepared RN candidates taking the NCLEX-RN exam more than doubled
- Associate degree candidates taking the NCLEX-RN exam experienced a 99% growth

Figure 19: Growth in NCLEX-RN First-Time Test Takers, by Bachelor's and Non-Bachelor's Degree Status, 2001 to 2011



Data Sources: HRSA compilation of data from the National Council of State Boards of Nursing, Nurse licensure and NCLEX Examination Candidate Publications, 2002-2012, and from the National Council of State Board of Nursing, "Number of Candidates Taking the NCLEX Examination and Percent Passing, by Type of Candidate," https://www.ncsbn.org/TabId_47/View_History_2012.pdf

Source: National Center for Health Workforce Analysis, HRSA, <http://www.hrsa.gov/healthworkforce/supplemental/working/nursingworkforce/workingworkforcefinalreport.pdf>, pp. 37-38, accessed 11/5/15



But on the ground, we're hearing about nursing shortages. Why?

Could it be that our models are not accurate (GASP)?

- We model overall supply and not supply/demand in specific practice areas like ICU, ER, L&D and OR
 - Are there shortages for specialty nurses?
- Retirement assumptions have LARGE effect on models. Maybe our models don't have it "right"?
 - Are baby boomers now beginning to retire in larger numbers?



Maybe we're not modeling demand correctly?

- Demand is up due to a better economy, increased insurance coverage and aging population
- Demand has increased in outpatient settings, including community-based organizations, so inpatient nursing - which has always been popular - is now competing with other settings



Maybe there is a mismatch between what educators produce and employers want?

- Hospitals want experienced nurses and are not hiring new grads because they are not graduating with the clinical expertise that hospitals want
- Health systems are seeking nurses that can take on new roles in patient engagement, care coordination, informatics (more on that later....)



Attrition seems to be on the rise, FTE on the decline

- Attrition of new nurses seems to be increasing. Why?
- BSNs are not staying the workforce—they want to become advanced practice nurses and are leaving the workforce to go back school
- Gen Ys don't want to work as many hours and are not taking on extra shifts



Other reasons why our models may not be correct

- Hiring internationally trained nurses has become more difficult
- Payment models are changing—maybe value-based payment models employ more nurses?
- Other?



But let's shift the dialogue

- Focusing on whether we have a nursing shortage distracts us from a more important question:

Will we have the right mix of nurses in the right locations, specialties and practice settings with the skills and competencies needed to meet the demands of a transformed health care system?



The future nursing workforce: New roles in a transformed health system



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Let 1,000 flowers bloom: ongoing experiments in health system transformation

- Growing number of patient centered medical homes, accountable care organizations and integrated delivery systems
- CMS actively funding demonstration projects
- Secretary Burwell recently announced 50% of Medicare payments tied to value by 2018



New models of care: key characteristics

Goal: provide patients with more comprehensive, accessible, coordinated and high quality care at lower costs

- Emphasis on primary, preventive and “upstream” care
- Care is integrated between:
 - medical sub-specialties, home health agencies and nursing homes
 - health care system and community-based social services
- EHRs used to monitor patient and population health—increased use of data for risk-stratification and hot spotting
- Interventions focused on both patient- and population-level
- Payment based on value, not volume

Nursing in a Transformed Health Care System: New Roles, New Rules

“What will it take to optimize contributions of nurses?”

- **Redesign** the nursing curriculum to educate nurses with new competencies;
- **Retrain** existing nurses with new skills and knowledge;
- **Revamp** licensing examination and requirements to reflect the new curriculum; and
- **Restructure** the state regulatory system to allow flexible deployment of the nurse workforce.”



http://ldi.upenn.edu/uploads/media_items/inqri-ldi-brief-nursing.original.pdf

Quoted from Janet Welles, MPH, Penn LDI Voices Blog, “Re-Nurses”, June 25, 2015. <http://ldi.upenn.edu/voices/2015/06/25/re-nurses/>

Citation: Fraher E, Spetz J, Naylor M. Nursing in a Transformed Health Care System: New Roles, New Rules. *Healthcare Research Brief*. June 2015. http://ldi.upenn.edu/uploads/media_items/inqri-ldi-brief-nursing.original.pdf

How do nurses fit in new models of care?

- PCMHs and ACOs emphasize care coordination, population health management, patient education, health coaching, data analytics, patient engagement, quality improvement, etc.
- Care and the workforce shifting toward ambulatory settings and community care
- New job titles and roles are emerging
- Increase focus on integrated care delivery models creating “boundary spanners”

Sources: Bodenheimer T, Berry-Millett R. Care management of patients with complex health care needs. Princeton, NJ: Robert Wood Johnson Foundation; 2009.

Boundary spanning roles growing quickly

- Increasing number of staff focused on roles that shift focus from visit-based to population-based strategies
- Two examples:

Panel Managers

Assume responsibility for patients between visits. Use EHRs and patient registries to identify and contact patients with unmet care needs. Often medical assistants but can be nurses or other staff

Health Coaches

Improve patient knowledge about disease or medication and promote healthy behaviors. May be medical assistants, nurses, health educators, social workers, community health workers, pharmacists or other staff

How do we redesign structures to support new roles? → Education

- Need to redesign education system so nurses can flexibly gain new skills and competencies
- Retrain and upgrade skills of the 2.9 million nurses already in the system – **they are the ones who will transform care**
- Training must be convenient – timing, location, and financial incentives must be taken into consideration
- Need to prepare faculty to teach new roles and functions
- Clinical rotations need to include “purposeful exposure” to high-performing teams and ambulatory settings

Sources: Fraher E, Spetz J, Naylor M. Nursing in a Transformed Health Care System: New Roles, New Rules. *Healthcare Research Brief*. June 2015. http://ldi.upenn.edu/uploads/media_items/inqri-ldi-brief-nursing.original.pdf

Macy Foundation hosting spring meeting on transforming nursing education

Conference will

- examine issues related to preparing registered nurses for enhanced roles in primary care
- identify curricular priorities and strategies for undergraduate nursing students and existing registered nurses,
- address challenges to change in registered nurse workforce training and implementation, and
- develop actionable recommendations for local, regional and national efforts to better prepare nurses for primary care roles



How do we redesign structures to support new roles? → Regulation

“The workforce innovations needed to implement ACA programs require an adaptable regulatory system capable of evolving with the health care environment. The health profession regulation system in place today does not have the flexibility to support change.”

To create a more dynamic regulatory system, we need:

- to develop evidence to support regulatory changes, especially for new roles
- better evaluation of pilot workforce interventions to understand if interventions improve health, lower costs and enhance satisfaction
- to establish a national clearinghouse to provide up-to-date and reliable information about scope of practice changes in other states
- Remove regulatory barriers to let nurses utilize skills to max benefit of patients

Source: Osher, C. Moore, J. Langstaff, M. B. (2014) Redesigning Health Professions: Scope of Practice Regulations to Remove Barriers to Care. Health Aff (Millwood). 2014;33(24):4111-11.



But how do we redesign structures to support new roles? → Policy

- Insurance reimbursement rules
- Regulation of entry-level nursing education
- NCLEX
- Federal and state appropriations to spur innovation

What policy changes would better support the way that you want to deploy nurses?

Source: Fraher, F, Spetz, J, Naylor, M. Nursing in a Transformed Health Care System: New Roles, New Rules. LD/NCJRI Research Brief. June 2005.



Who is going to pay for all this retooling we need to do? → Payment

- Adequate and sustainable payment models to retool and redeploy the workforce are lacking
- Many workforce innovations are supported by one-time funds. If payment models don't change rapidly enough, will these interventions be sustainable?
- 1,000 flowers are blooming but are adequate dollars available to conduct research and evaluations necessary to develop evidence base needed to support workforce redesign?



Why the nursing workforce is critical to health system transformation

- With nearly 3 million nurses in active practice, nursing is **by far** largest licensed health profession (*about four times as many nurses as physicians*)
- Nursing care linked to quality and satisfaction measures that will increasingly be tied to value-based payments
- Nurses provide whole-person care across health and community-based settings
- Nurses are the ultimate “flexible” workforce taking on new roles in transformed health system



What workforce issues are keeping you up at night?

- What data do you wish you had?
 - What are your questions?



Contact info

Erin Fraher

erin_fraher@unc.edu
(919) 966-5012

Program on Health Workforce Research and Policy

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



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