The Nursing Workforce: Navigating through Transformative Health System Change

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Center for Interdisciplinary Health Workforce Studies Webinar

January 20, 2016

This work is funded by grants from the Robert Wood Johnson Foundation and HRSA

Presentation Overview

- A nursing shortage? Is that the right question?
- The context: new care delivery and payment models
- Old school versus new school approaches to workforce planning
- How do we get there from here?
- Q&A

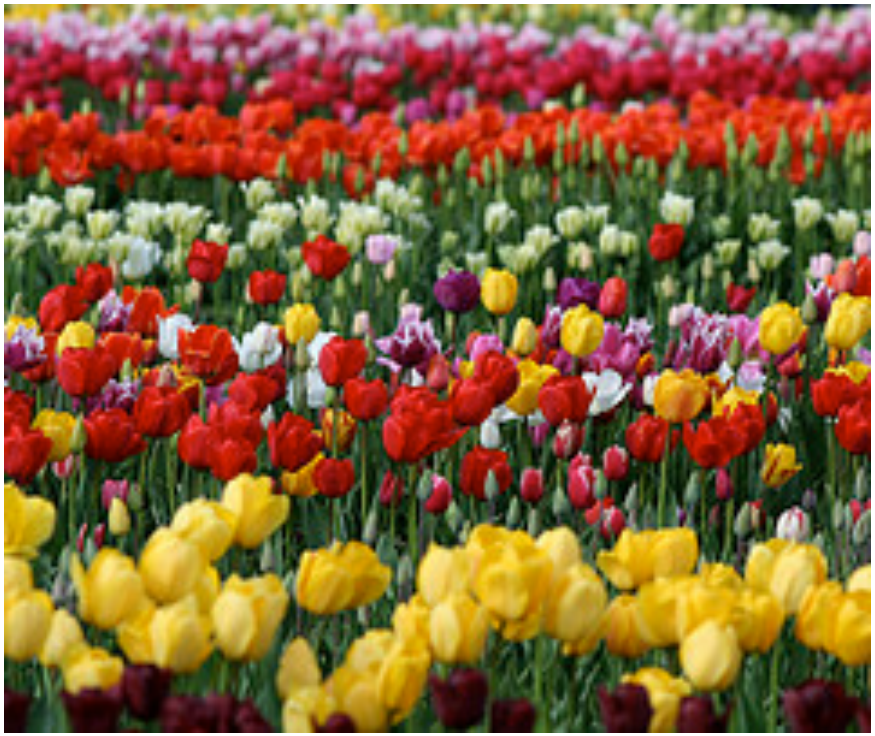
Are we asking the right questions?

- The "shortage narrative"—a growing, aging population with increased chronic disease and expanded health insurance coverage will demand more care than can be provided by nursing workforce
- National nursing models mixed: some suggest overall supply will outpace demand, others find that demand will exceed supply
- Is there a nursing shortage? That's a different webinar!
- 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?

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

- Growing number of patient centered medical homes, accountable care organizations and accountable health communities
- 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" social determinants of health
- 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 at both patient- and population-level
- Payment based on value, not volume

There is intense focus on payment and care delivery models, less focus on workforce changes needed to staff new models

- We conducted literature synthesis on workforce implications of new models of care
- Funded through HRSA Cooperative Agreement U81HP26495-01-00: Health Workforce Research Centers
- Collaborators: **Rachel Machta, BS**, PhD student at UNC-CH and **Jacqueline Halladay, MD MPH**, Associate Professor in the Department of Family Medicine at UNC-CH
- Our findings suggest need to shift from "old school" to "new school" workforce planning

Reframe #1: From numbers to content

Old School

- Will we have enough nurses?

New School

- Does the nursing workforce have the skills and competencies needed to function in new models of care?

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.
- Early evaluations suggest new models of care not showing expected outcomes
- Could be because: 1. education system not adequately preparing graduates to practice in new models of care and/or 2. existing workforce not retooled with new skills and competencies
- Workers with the right skills and training are integral to the ability of new models of care to constrain costs and improve care (Bodenheimer and Berry-Millett, 2009)

Reframe #2:
From provider type to provider role

Old School

- How many of x, y, z health professional type will we need?

New School

- What roles are needed and how can different skill mix configurations meet patients' needs in different geographies and practice settings?

Many new roles emerging to provide enhanced care functions

- May be filled by existing staff or new hires
- It's complicated:
  - Some roles have similar functions but different titles
  - Other roles have different functions but same name
  - Depending on setting and patient population, roles are often filled by different types of providers
- Two of most common:
  1. Roles that focus on coordinating care within health care system
  2. "Boundary spanning" roles that coordinate patient care between health care system and community-based services

Care coordination within health care system is big and getting bigger

- Increased incentives to keep patients out of hospital
- In January 2015, Medicare began paying $42/month for managing care for patients with two or more chronic conditions
- Nurses most often taking on roles as care coordinators, case managers and transition specialists
- Nurses increasingly part of team with pharmacists, social workers, dieticians and others
- Most of what we see that is termed “care coordination” is happening <u>within the health care system</u>

Also growing quickly: boundary spanning roles that reach out to patient in community

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

Panel Managers	Health Coaches
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	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

Reframe #3: From health workforce planning to planning for workforce for health

Old School

- Health workforce planning

New School

- Planning for a workforce for health

Planning to support a workforce for health, not a health workforce

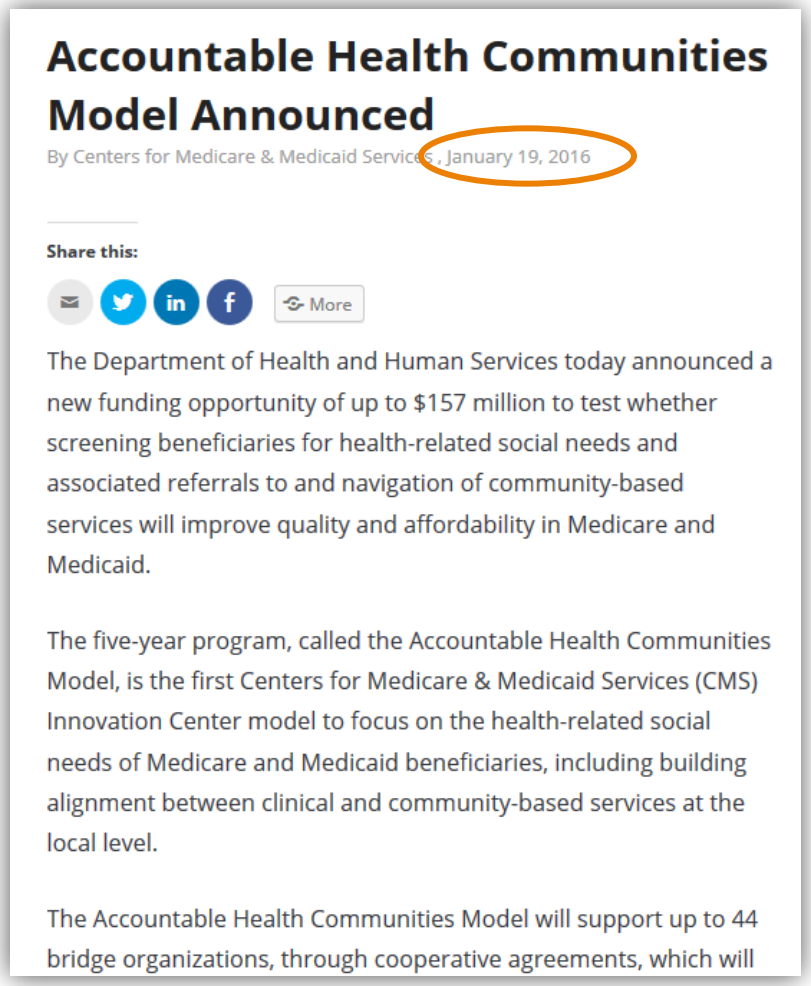
Increased boundary spanning roles require:

- Workforce planning efforts that include workers who typically practice in community and home-based settings
- Embracing role of social workers, patient navigators, community health workers, home health workers, community paramedics, dieticians and other community-service providers
- We need a workforce focused on integrating clinical care with social services

This is the aim of Accountable Health Communities Model announced by CMS

"We recognize that keeping people healthy is about more than happens inside a doctor's office…we are testing whether screening patients for health-related social needs and connecting them to local resources like housing and transportation to the doctor will ultimately improve their health and reduce costs to taxpayers…"

Secretary Burwell,
http://www.hhs.gov/about/news/2016/01/05/first-ever-cms-innovation-center-pilot-project-test-improving-patients-health.html



Accountable Health Communities Model Announced

By Centers for Medicare & Medicaid Services, January 19, 2016

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The Department of Health and Human Services today announced a new funding opportunity of up to $157 million to test whether screening beneficiaries for health-related social needs and associated referrals to and navigation of community-based services will improve quality and affordability in Medicare and Medicaid.

The five-year program, called the Accountable Health Communities Model, is the first Centers for Medicare & Medicaid Services (CMS) Innovation Center model to focus on the health-related social needs of Medicare and Medicaid beneficiaries, including building alignment between clinical and community-based services at the local level.

The Accountable Health Communities Model will support up to 44 bridge organizations, through cooperative agreements, which will

Accountable Health Communities Goals and Aims

"The foundation of the model is universal, comprehensive screening for health-related social needs—including housing needs, food insecurity, utility needs, interpersonal safety and transportation difficulties—in all Medicare and Medicaid beneficiaries who obtain health care at participating sites"

Alley, DE, Asomugha CN, Conway PH, Sanghavi DM. (2016). Accountable Health Communities—Assessing Social Needs through Medicare and Medicaid. *New England Journal of Medicine.* 371; 1: 8-11.

What are the workforce implications of the "seamless social work"* model?

- NEJM article acknowledges challenge in "developing a workforce to deliver interventions to vulnerable populations"
- Who is the workforce that will assess, coordinate and navigate patient needs for clinical and community-based services?
- Once a referral is made, is the workforce available to provide the service?
- Do physicians, social workers, nurses and other health professionals have the skills to take on these "bridging roles"?

*New York Times, "Medicare to Test if Seamless Social Work can Improve Health". Jan 5, 2016

Reframe #4: From focus on pipeline to focus on retooling existing workforce

Old School

- Redesigning curriculum for nursing students in the pipeline

New School

- Retooling the 2.9 million nurses already employed in US health care system

Workforce already employed in the system will be the ones to transform care

- To date, most workforce policy focus has been on redesigning educational curriculum for students in the pipeline
- **But it is the 2.9 million nurses already in the system who will transform care**
- Rapid health system change requires not only producing "shiny new graduates" but also upgrading skills of existing workforce
- Need to identify and codify emerging health professional roles and then redesign pipeline and continuing education programs to train nurses to take on these roles

Workforce is shifting from acute to community 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
- Will increasingly shift health care — *and the health care workforce* — from expensive inpatient settings to ambulatory, community and home-based settings
- But we generally educate nurses in inpatient settings
- Current workforce not adequately prepared to work in ambulatory settings and patients' homes

Existing workforce will also need more career flexibility

- Rapid and ongoing health system change will require a nursing 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 better and seamless career ladders to allow nurses to retrain for deployment in different settings, services and patient populations

Retooling:
How do we get there from here?

It's not just about retooling the workforce. We need to retool the system that supports the workforce: education, reimbursement and regulation needs to be more responsive to changes in front-line health care delivery

We need to better connect education to practice

"Revolutionary changes in the nature and form of health care delivery are reverberating backward into… education as leaders of the new practice organizations demand that the educational mission be responsive to their needs for practitioners who can work with teams in more flexible and changing organizations…"

- But education system is lagging because it remains largely insulated from care delivery reform

- Need closer linkages between health care delivery and education systems—four year, two year and continuing education

Source: Ricketts T, Fraher E. Reconfiguring health workforce policy so that education, training, and actual delivery of care are closely connected. *Health Aff* (Millwood). 2013 Nov;32(11):1874-80.

On education side: redesign curriculum to prepare nursing workforce for new roles

- Need to redesign education system so nurses can flexibly gain new skills and competencies
- 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

Source: Ladden et al. The Emerging Primary Care Workforce. Preliminary Observations from the Primary Care Team: Learning from Effective Ambulatory Practices Project". Academic Medicine; 1013, 88(12): 1830-1835.

On practice side: redesign human resource infrastructure to support new roles

- Need to minimize role confusion by clearly defining and training for new functions
- Job descriptions have to be rewritten or created
- Work flows have to be redesigned
- Lack of standardized training and funds to support training is big obstacle
- Existing staff won't delegate or share roles if don't trust other staff members are competent
- Time spent training is not spent on billable services

Regulatory system needs to be restructured

> *"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

Source: Dower C, Moore J, Langelier M. It is time to restructure health professions scope-of-practice regulations to remove barriers to care. *Health Aff* (Millwood). 2013 Nov;32(11)

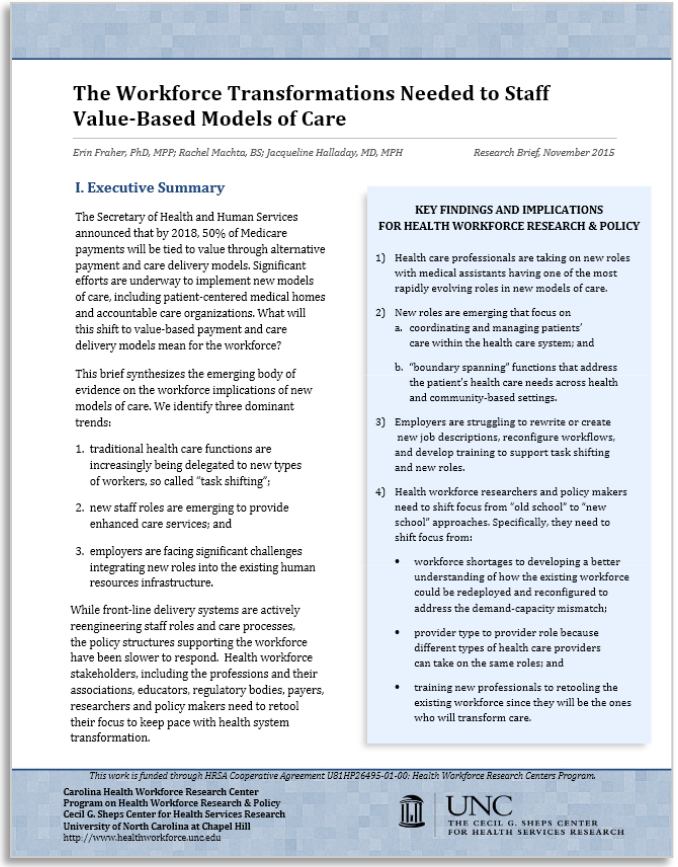
Who is going to pay for all this retooling we need to do?

- 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?

Additional Resources

See our paper, “Building a Value-Based Workforce,” on our website

Funded by HRSA through the Carolina Health Workforce Research Center



The Workforce Transformations Needed to Staff Value-Based Models of Care

Erin Fraher, PhD, MPP; Rachel Machta, BS; Jacqueline Halladay, MD, MPH *Research Brief, November 2015*

I. Executive Summary

The Secretary of Health and Human Services 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 new models of care, including patient-centered medical homes and accountable care organizations. What will this shift to value-based payment and care delivery models mean for the workforce?

This brief synthesizes the emerging body of evidence on the workforce implications of new models of care. We identify three dominant trends:

1. traditional health care functions are increasingly being delegated to new types of workers, so called “task shifting”;
2. new staff roles are emerging to provide enhanced care services; and
3. employers are facing significant challenges integrating new roles into the existing human resources infrastructure.

While front-line delivery systems are actively reengineering staff roles and care processes, the policy structures supporting the workforce have been slower to respond. Health workforce stakeholders, including the professions and their associations, educators, regulatory bodies, payers, researchers and policy makers need to retool their focus to keep pace with health system transformation.

KEY FINDINGS AND IMPLICATIONS FOR HEALTH WORKFORCE RESEARCH & POLICY

1) Health care professionals are taking on new roles with medical assistants having one of the most rapidly evolving roles in new models of care.
2) New roles are emerging that focus on
   a. coordinating and managing patients’ care within the health care system; and
   b. “boundary spanning” functions that address the patient’s health care needs across health and community-based settings.
3) Employers are struggling to rewrite or create new job descriptions, reconfigure workflows, and develop training to support task shifting and new roles.
4) Health workforce researchers and policy makers need to shift focus from “old school” to “new school” approaches. Specifically, they need to shift focus from:
   - workforce shortages to developing a better understanding of how the existing workforce could be redeployed and reconfigured to address the demand-capacity mismatch;
   - provider type to provider role because different types of health care providers can take on the same roles; and
   - training new professionals to retooling the existing workforce since they will be the ones who will transform care.

This work is funded through HRSA Cooperative Agreement U81HP26495-01-00: Health Workforce Research Centers Program.

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http://www.healthworkforce.unc.edu

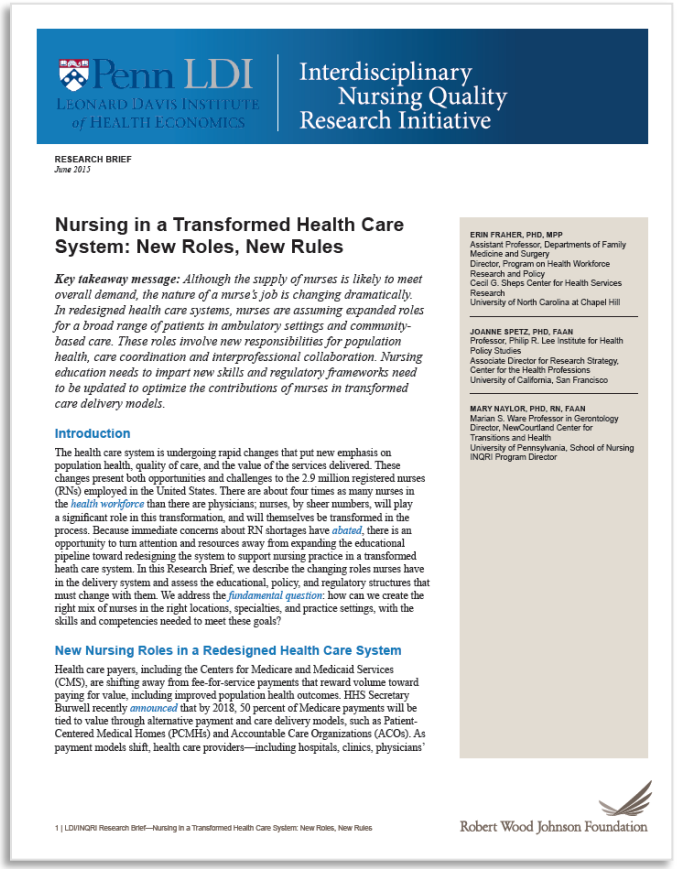
UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

http://www.shepscenter.unc.edu/programs-projects/workforce/projects/carolina-health-workforce-research-center/

And our RWJ-funded brief: 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."*



Penn LDI
Leonard Davis Institute of Health Economics
Interdisciplinary Nursing Quality Research Initiative

RESEARCH BRIEF
June 2015

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

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Key takeaway message: *Although the supply of nurses is likely to meet overall demand, the nature of a nurse's job is changing dramatically. In redesigned health care systems, nurses are assuming expanded roles for a broad range of patients in ambulatory settings and community-based care. These roles involve new responsibilities for population health, care coordination and interprofessional collaboration. Nursing education needs to impart new skills and regulatory frameworks need to be updated to optimize the contributions of nurses in transformed care delivery models.*

Introduction

The health care system is undergoing rapid changes that put new emphasis on population health, quality of care, and the value of the services delivered. These changes present both opportunities and challenges to the 2.9 million registered nurses (RNs) employed in the United States. There are about four times as many nurses in the *health workforce* than there are physicians; nurses, by sheer numbers, will play a significant role in this transformation, and will themselves be transformed in the process. Because immediate concerns about RN shortages have *abated*, there is an opportunity to turn attention and resources away from expanding the educational pipeline toward redesigning the system to support nursing practice in a transformed heath care system. In this Research Brief, we describe the changing roles nurses have in the delivery system and assess the educational, policy, and regulatory structures that must change with them. We address the *fundamental question*: how can we create the right mix of nurses in the right locations, specialties, and practice settings, with the skills and competencies needed to meet these goals?

New Nursing Roles in a Redesigned Health Care System

Health care payers, including the Centers for Medicare and Medicaid Services (CMS), are shifting away from fee-for-service payments that reward volume toward paying for value, including improved population health outcomes. HHS Secretary Burwell recently *announced* that by 2018, 50 percent of Medicare payments will be tied to value through alternative payment and care delivery models, such as Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs). As payment models shift, health care providers—including hospitals, clinics, physicians'

Robert Wood Johnson Foundation

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

*-Quoted from **Janet Weiner, 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. LDI/INQRI Research Brief. June 2015. http://ldi.upenn.edu/uploads/media_items/inqri-ldi-brief-nursing.original.pdf.

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