



Building a Value-Based Workforce

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BACKGROUND

- HHS Secretary Burwell recently 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 patient-centered medical homes and accountable care organizations
- Research has begun to investigate how the widespread adoption of new models of care will affect the numbers and types of health care providers needed

RESEARCH QUESTION

What will the shift to value-based payment models mean for the workforce?

METHODS

- Synthesis of post Affordable Care Act literature
- Focused on staff roles in new models of care that:
 - are new or have undergone significant transformation
 - provide direct patient care
 - address patients' health care needs in community, ambulatory and acute settings
- Included works of varying evidence quality (randomized, non-randomized, and descriptive studies) given the emerging nature of this field
- 57 studies included, each reviewed by two investigators

RESULTS

1. New Responsibilities for Existing Workers

Medical Assistants	Registered Nurses	Nurse Practitioners & Physician Assistants	Pharmacists
<ul style="list-style-type: none"> • Taking patient histories • Giving immunizations • Providing preventative care services • Scribing 	<ul style="list-style-type: none"> • Refilling prescriptions under protocol • Entering and interpreting data from EHRs • Creating care plans • Providing patient education 	<ul style="list-style-type: none"> • Managing own patient panels • Providing bulk of care for patients with less complex chronic care needs 	<ul style="list-style-type: none"> • Coordinating drug therapies • Developing medication management plans • Educating patients

2. New Emerging Roles

<p>a. Roles that focus on coordinating care within the health care system</p> <p>Examples: Coordination roles (care coordinators, case managers, and transition specialists)</p> <ul style="list-style-type: none"> • Often nurse-led • Nurses increasingly joined by pharmacists, social workers, and other behavioral health providers 	<p>b. "Boundary spanning" roles that address patient care needs between home and health care settings</p> <p>Examples: Panel managers, health coaches</p> <ul style="list-style-type: none"> • <u>Panel Managers</u>: Assume responsibility for patients between visits; use EHRs and patient registries to identify and contact patients with unmet care needs • <u>Health Coaches</u>: Improve patient knowledge about disease or medication and promote healthy behaviors
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3. New Challenges

- Job descriptions have to be rewritten or created
- Successful integration of new roles into team-based models of care cannot occur unless staff understand their new role and the roles of others involved in the new care delivery process
- Workflows reconfigured
 - Leading workflow redesign and managing change requires the skills of yet another emerging new role—practice facilitator
- Trainings developed to support task shifting and new roles
 - Lack of standardized training and limited "off the shelf" training available
 - Finding the time and funding to support training remains a challenge, particularly for health systems operating in a fee-for-service model

IMPLICATIONS FOR HEALTH WORKFORCE RESEARCH & POLICY

Health workforce researchers and policy makers need to shift focus from "old school" to "new school" approaches.

✓ **From a focus on workforce shortages to measuring the demand-capacity mismatch**

Our findings suggest the need to focus less attention on whether we will have a shortage of health professionals and more attention on understanding how we can effectively and efficiently use the workforce already employed in the health system.

✓ **From a focus on provider type to provider role**

The literature demonstrates significant heterogeneity in who provides what health care services. To capture this fluidity, future models need to move away from specialty-specific and single profession projections. Instead, we need models that capture the roles and content of care provided by different types of providers.

✓ **From a focus on training new professionals to retooling existing workforce**

Ongoing health system change will require a workforce with career flexibility. Currently, our education system is lagging in providing ways for the existing workers to retrain for new roles. More explicit, formal linkages are needed between front-line delivery systems and educators.

✓ **From health workforce planning to planning for a workforce for health**

To date, the majority of health workforce research and policy is aimed at the traditional workforce providing visit-based care in hospitals, ambulatory practices and long term care settings. Increasingly, health care staff is providing services designed to keep patients healthy in their homes and communities.