

Engaging policy makers with data on health workforce challenges from COVID-19

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HEALTH SERVICES RESEARCH**

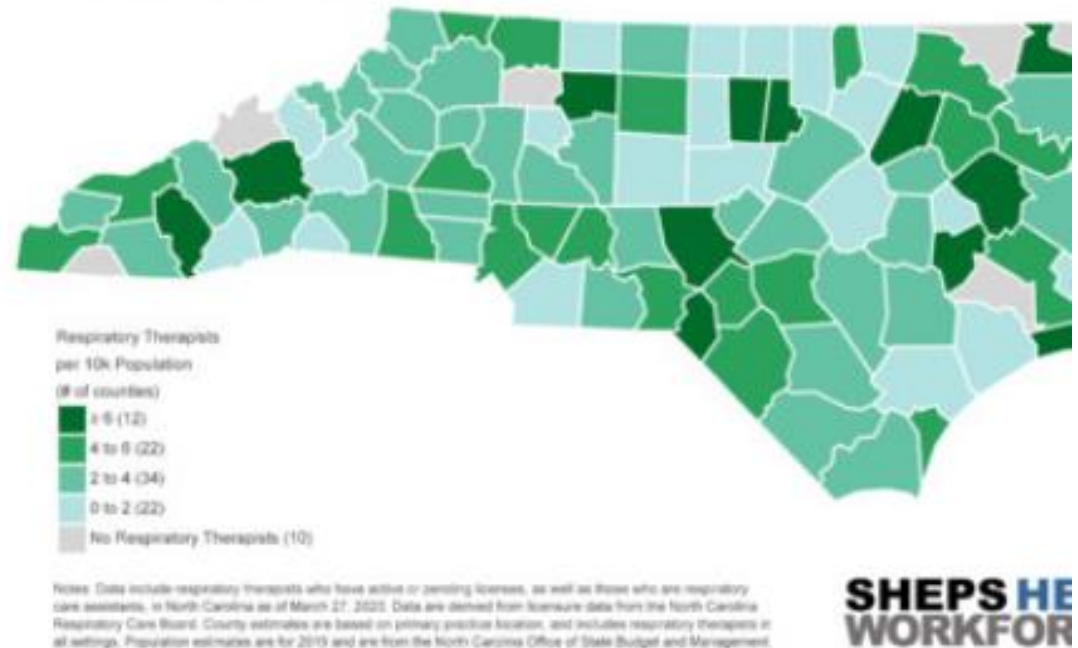
Leveraging data to highlight pandemic workforce issues

- Initial focus on beds and ventilators
- Used data to shift narrative—beds and vents require staffing
- Sheps houses annual licensure data on 21 health professions
- Provided DHHS with data on active clinical workforce *and* inactive workforce that could be reactivated and deployed
- Merged licensure data with information on ICU beds, population, rural/urban status

Emergency preparedness is not just about data, it's also about relationships

- Developed data visualizations and blogs to quickly disseminate data
- Brought in clinical experts to help interpret data and provide “so what” clinical context

Figure 1. Respiratory Therapists per 10,000 Population, North Carolina, 2019
Total RTs: 4,658 | Total Population: 10,508,254 | Overall Ratio: 4.4



North Carolina's Respiratory Therapist Workforce: Availability to treat COVID-19

Our role as trusted, objective broker

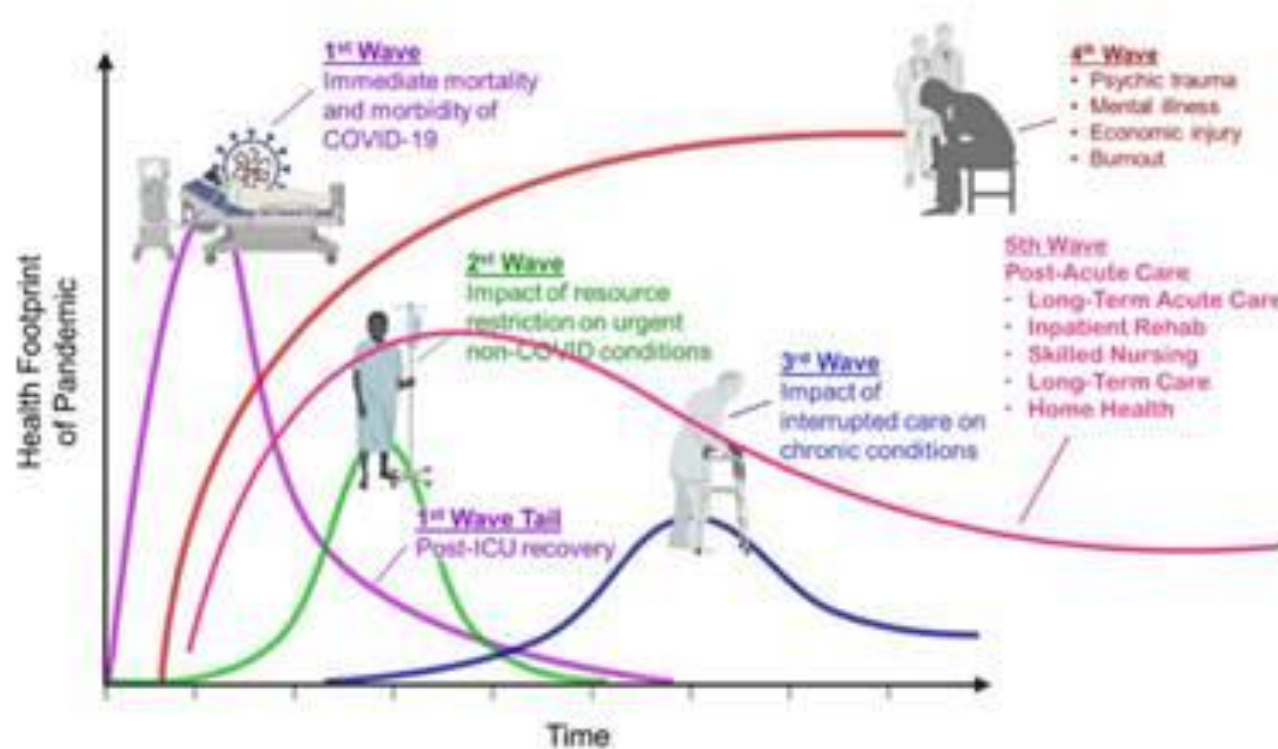
- Always “on call”, have built reputation as objective source of data
- Gathered evidence for DHHS from licensure bodies on regulatory flexibility needed to surge and flex the workforce
- Required navigating scope of practice battles



Much of our role involved synthesizing rapidly emerging evidence

- Challenge in early days to track lessons from epicenters in Seattle and NY
- Developed memo for DHHS summarizing threats and potential solutions to workforce challenges
- Highlighted need to focus on workforce outside acute care in ambulatory and community-based settings, including home health and long-term care

Encouraged policy makers to think about pandemic as an ongoing health crisis—not a one-time hurricane



Modified image: [McMicheal B.](#) (MD) [@brimcmike]. (2020, April 05). Given the emerging COVID-Associated Neuro Morbidity + expected post-acute/post-critical care debility + the ordinary SCI/TBI/polytrauma, etc. I would add the Never-Sexy Post-Acute Care/LTACH/Rehab/SNF/Long-Term Care Post-COVID Wave that will likely overwhelm that system, too. [Tweet]. Retrieved from <https://twitter.com/brimcmike/status/1247005625684570113>

We were also involved in national discussions

Recommendations:

Remove bureaucratic and regulatory barriers

Accelerate educational pathways

Retrain health care workers

Redeploy health professionals (and students) to free up clinicians

Engage social workers and community health workers to address social and behavioral needs.



Perspective

Ensuring and Sustaining a Pandemic Workforce

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Current efforts to fight the Covid-19 pandemic aim to slow viral spread and increase testing, protect health care workers from infection, and obtain ventilators and other equipment to prepare

one has all the answers, and engaging frontline workers can be empowering and can facilitate difficult decision making.

Public and private payers play a critical role in increasing the work-

All of it required taking the complex and making it understandable

A 42-Year-Old Zamboni Driver Wins in His N.H.L. Debut

David Ayres, an emergency goaltender in Toronto, got the call when Carolina's starter and backup both went down with injuries.



David Ayres, 42, is the oldest goalie to win in his N.H.L. regular-season debut. John E. Sokolowski/USA Today Sports, via Reuters

By The Associated Press

Published Feb. 23, 2020 Updated Feb. 24, 2020



TORONTO — David Ayres was sitting in the stands with his wife at Scotiabank Arena when Carolina Hurricanes goalie James Reimer went down with an injury.

Conceptualizing health workforce as “lines” of defense

This wasn't our first rodeo. Lessons learned

Just because policy makers ask for information doesn't mean they'll use it

Tolerance for imperfection, under tight deadlines, is critical

Managing academic peers—e.g. “your blogs aren't citable”

Divide team into “rapid response” and “keep the trains running” groups



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Things that went well

- Being of service is gratifying, especially during unsettling times
- Sheps Center's answer-the-phone culture combined with ability to work under tight deadlines, and "flexibility" in messaging was asset
- Produced academic products
- Learned a lot



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