Future of Work in Health Care: Overview of Workforce Needs

Legislative Committee on Economic Development & International Relations Olympia, WA November 13, 2018

Bianca K. Frogner, PhD

Associate Professor, Department of Family Medicine Director, Center for Health Workforce Studies Deputy Director, Primary Care Innovation Lab



Follow us on Twitter @uwchws & @uwpcilab

UW Center for Health Workforce Studies (CHWS)

- Established in 1998 in Department of Family Medicine, UW
- Multidisciplinary team of researchers
- Primarily funded by contracts and grants from state, federal, and private organizations
- Houses 2 of 9 Center grants funded by the Health Resources and Services Administration (HRSA) to address 1) the allied health workforce and 2) health equity and health workforce diversity
- <u>Mission</u>: To elevate the importance of workers in the delivery of health care in policy discussions, which we accomplish by:
 - Conducting health workforce research to inform health workforce planning and policy
 - Providing consultation to local, state, regional and national policy makers on health workforce issues
 - Developing and refining analytical methods for measuring health workforce supply and demand



UW Primary Care Innovation Lab (PCI-Lab)

- Established in 2015 in Department of Family Medicine, UW
- Multidisciplinary team of researchers
- Primarily funded by contracts and grants from federal agencies and privatepublic partnerships
- <u>Mission</u>: To accelerate design, implementation, and productive use of technology that has potential to improve primary care practice and patient health, which we accomplish by:
 - Engaging companies with cutting-edge technologies
 - Produce evidence at every step of product development
 - Disseminate evidence to stakeholders



Current & Projected Shortages in the Health Care Field



Overview of Healthcare Landscape

- Call to Action: Improve the healthcare system with "Quadruple Aim"
 - 1) Improve patient experience of care; 2) Improve population health; 3) Reduce per capita cost of care; 4) Improve provider work life
- Actions:
 - <u>Expansion of health insurance coverage</u> through age eligibility of dependents, Medicaid (e.g., Apple Health) & Marketplaces (e.g., WA Health Benefit Exchange)
 - Connect providers through <u>new models of delivery</u> (e.g., Accountable Care Organizations, Patient-Centered Medical Home Models, integration of care)
 - Drive toward <u>value-based care (e.g., bundled payment, MIPS, APM)</u>
 - Increase monitoring and engagement of patients through <u>technologies</u> (e.g., electronic health records, telehealth, mobile health, sensors)



Overview of Health Workforce Concerns

- Identify ways to <u>recruit</u> new workers to healthcare, <u>retain</u> existing workers, <u>increase productivity</u> and <u>improve distribution</u> of workers to meet increasing healthcare demand from aging demographic and health insurance expansion
- Train new and existing workers to keep up with the changing needs of a population experiencing high disease burden (e.g., opioid use disorder and other behavioral health problems ¹)
- Monitor and evaluate <u>evolving roles</u> and <u>emerging occupations</u> often operating within restricted budgets and scope of practice to meet the needs of new delivery and payment models
- <u>Deploy and connect workers</u> in the community as care shifts away from hospital to keep elderly in their home



Do we have a shortage? If so, where?

• Debatable whether we have a national physician or nursing shortage





Do we have a shortage? If so, where?

- Debatable whether we have a national physician or nursing shortage
- Where shortages may exist:
 - In rural and underserved communities
 - For primary care and long-term care settings ²
 - With skills and training in behavioral health ¹
 - Shortage of "low-skilled" workers ³



Recent Headlines

Health & Science

The disabled and the elderly are facing a big problem: Not enough aides

The Washington Post Democracy Dies in Darkness



7,265 views | Apr 18, 2018, 02:05pm

The Shortage Of Home Care Workers: Worse Than You Think



NONS
Q SEARCH
Chicago Tribune
SUBSCRIBE 4 weeks tor POPL

NOV. 8, 2018
SPORTS
BREAKING
ELECTION 2018
BUSINESS
OPINION
ENTERTAINMENT
BEST REVIEWS
ADVERTISING

f
Image: Construction of the second second

Mental health care appointments often come with a long wait. 3 ways to cope while help is delayed

Occupations within Healthcare Industry, 2017 (n=16,523,690)

Examples:

centerforhealth

Celebrating 20 years of research excellence

Home/Personal Care Aides Community Health Workers Social Workers Administrative/Financial/ Management Grounds/Maintenance Food Preparation

PRIMARY

INNOVATION

CARE

LAB



Examples:

Nursing Assistants Home Health Aides OT/PT Assistants Medical Assistants Pharmacy Aides Dental Assistants

Examples: Physicians

Dentists Pharmacists Therapists Physician Assistants Nurses

- APRN
- RN
- LPN/LVN

Issue #1: Defining Need is Difficult

Challenges

- Projections of need focus on <u>provider-to-patient ratios</u>, which does not equate to access or quality
- Limited discussion around <u>available providers</u> to fill the gap (e.g., Health Professional Shortage Areas designation focused only on few professions)
- <u>Insufficient data</u>: 2+ year lags, poor geographic detail, limited availability for non-licensed professionals, and lack of information related to roles

Approaches

- Consider all members of the "care team" including patient at the center
- Seek multiple perspectives, sources, and approaches to assess need
- Use rapid and novel data collection methods such as WA Sentinel Network



Washington's Health Workforce Sentinel Network



Issue #2: Recruitment & Developing Pipeline

Challenges

- <u>Access to providers significantly varies</u> by patient geography (e.g., rural) and insurance type (e.g., Medicaid and uninsured)
- While healthcare jobs have been a "job engine" for the economy and are among the fastest growing, healthcare will likely face <u>increasing competition</u> for low-skilled workers from hospitality, retail, and other service sectors ³



Occupations Projected with Highest Percent Change of Employment, 2016-2026



Healthcare jobs dominate list of fastest growing occupations, and most require less than a Bachelor's degree to enter.



Source: https://www.bls.gov/ooh/fastest-growing.htm

Celebrating 20 years of research excellence

Issue #2: Recruitment & Developing Pipeline

Challenges

- <u>Access to providers significantly varies</u> by patient geography (e.g., rural) and insurance type (e.g., Medicaid and uninsured)
- While healthcare jobs have been a "job engine" for the economy and are among the fastest growing, healthcare will likely face <u>increasing competition</u> for lowskilled workers from hospitality, retail, and other service sectors ³

• Approaches

- Introduce students to wide range of healthcare careers early (K-12) through mentorship and experiential learning
- Recruit students from rural and underserved communities
- Provide training opportunities in rural and underserved communities
- Expand healthcare apprenticeships especially in primary care and long-term care



Issue #3: Retention

Challenges

- <u>High turnover</u> especially in long-term care in part due to disability and tough work environment ³
- Unclear career pathways especially for low-skilled workers ⁴
- Low pay in part due to limited leverage to negotiate higher reimbursement rate

Approaches

- Clarify benefits/advantages of working in healthcare
- Develop career advancement opportunities with clear pathways and training support ⁵
- Provide security net (e.g., insurance, food support, transportation) especially for part-time workers and "gig" workers⁶



Impacts of Innovation and Technologies



What Technologies Look Promising?

- Artificial Intelligence & predictive analytics to assist patient-provider communications
 - Chatbots to facilitate patient intake
 - Listening devices to scribe clinical notes
 - Diagnosis and treatment decision support tools
- Point of Care Technologies
 - Handheld ultrasounds
 - New diagnostic tests (including genetic testing) delivered at home or in provider office
- Remote patient monitoring
 - Telehealth
 - Sensor devices & internet of things
 - Mobile health apps



Issue #4: Technological Disruption

Challenges

- <u>Limited input</u> from providers in development of health tech
- Technology often <u>negatively impacts productivity</u> upon adoption^{7,8,9}
- <u>Unclear reimbursement</u> strategy to support integration of tech



Issue #4: Technological Disruption

- Challenges
 - <u>Limited input</u> from providers in development of health tech
 - Technology often <u>negatively impacts productivity</u> upon adoption^{7,8,9}
 - <u>Unclear reimbursement</u> strategy to support integration of tech

Approaches

- Develop stronger evidence before introducing technology into clinical workflow to better identify what support (financially and personnel) are needed¹⁰
- Provide forums for providers to engage with tech companies at early stages of development
- Identify training needs to not only prepare workers for current technologies but to help develop next generation of technologies¹¹



Closing Thoughts

- Build workforce that matches patients' needs
 - Focus less on headcounts
- Take a wider view of who works in healthcare
 - Focus less on siloed occupations and more on the team
- Clarify and plan for career pathways in healthcare
 - Including support for training and other social assistance
- Engage healthcare workers in development of future technologies



References (1)

- 1. Gattman NE, McCarty RL, Balassa A, Skillman SM. Washington State Behavioral Health Workforce Assessment. Washington Workforce Training and Education Coordinating Board, Dec 2017. Available at: <u>http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2018/01/wa_bh_workforce_fr_dec_2017.pdf</u>
- 2. Frogner BK and Spetz J. Entry and Exit of Workers in Long-Term Care. UCSF Health Workforce Research Center Report. 2015. Available at: <u>https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-</u> Entry and Exit of Workers in Long-Term Care.pdf
- 3. Frogner BK. The Health Care Job Engine: Where Do They Come From and What Do They Say About Our Future? Medical Care Research and Review. Jan 2017. 75(2): 219-231. Available at: <u>https://journals.sagepub.com/doi/full/10.1177/1077558716688156</u>
- 4. Snyder CR, Dahal A, Frogner BK. Occupational Mobility among Individuals in Entry-Level Healthcare Jobs in the United States. Journal of Advanced Nursing. Mar 2018. 74(7). Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.13577
- 5. Frogner BK, Skillman SM. Pathways to Middle-Skill Allied Health Care Occupations. Issues in Science & Technology. Nov 2016. 33(1): 52-57. Available at: <u>https://issues.org/pathways-to-middle-skill-allied-health-care-occupations/</u>
- 6. Frogner BK, Skillman SM, Patterson DG, Snyder CR. Comparing the Socioeconomic Well-Being of Workers Across Healthcare Occupations. Center for Health Workforce Studies, UW, Dec 2016. Available at: <u>http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2016/12/Socioeconomic-Well-Being-of-Workers FR 2016 Dec Frogner.pdf</u>



References (2)

- Ashwood JS, Mehrotra A, Cowling D, Uscher-Pines L. Direct-to-Consumer Telehealth May Increase Access to Care but Does Not Decrease Spending. Health Affairs. 2017. 36(3). Available at: <u>https://doi.org/10.1377/hlthaff.2016.1130</u>
- Frogner BK, Wu X, Ku L, Pittman P, and Masselink LE. Do Years of Experience with Electronic Health Records Matter for Productivity in Community Health Centers? Journal of Ambulatory Care Management. 2017 Vol. 40(1): 36-47.
- 9. Frogner BK, Wu X, Park J, and Pittman P. The Association of Electronic Health Record Adoption with Staffing Mix in Community Health Centers. Health Services Research. 2017. 52(Suppl 1): 407-421. PMCID: PMC5269546
- Skillman SM, Andrilla CHA, Patterson DG, Fenton SH, Ostergard SJ. Health Information Technology Workforce Needs of Rural Primary Care Practices. J Rural Health. Winter 2015, 31(1):58-66. Available at: <u>https://onlinelibrary.wiley.com/doi/abs/10.1111/jrh.12081</u>
- 11. Skillman SM, Patterson DG, Andrilla CHA, Fenton S, Morrison C. Access to Health Information Technology Training Programs at the Community College Level. Policy Brief #151. Seattle. WA: WWAMI Rural Health Center, University of Washington, Nov 2015. Available at: <u>https://depts.washington.edu/fammed/rhrc/publications/access-to-health-information-technology-training-programs-at-the-community-college-level/</u>



Thank you!

Contact

Bianca K. Frogner, PhD Associate Professor, Department of Family Medicine Director, Center for Health Workforce Studies Deputy Director, Primary Care Innovation Lab University of Washington <u>bfrogner@uw.edu</u> @biancafrogner @uwchws @uwpcilab

Visit us at:

https://depts.washington.edu/fammed/chws/ https://depts.Washington.edu/famed/pci-lab/

