

The Health Workforce in the US: Trends and Challenges Facing Efforts to Strengthen Links between Education and Practice

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*Strengthening the Connection between
Health Professions Education and Practice*

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This presentation in one slide

- New care delivery and payment models require broader definition of who is in health workforce
- Health care services, and the health workforce, are shifting to ambulatory and home settings. Training needs to shift as well
- Efforts to reform training have traditionally focused on pipeline. We also need to retool the existing workforce for new roles and settings
- Better data are needed to accurately measure shifts in employment, numbers of students trained outside acute settings and availability of “model” team-based care practices for clinical placements

Who is in health workforce?

The usual professions you think of...

Sample Health Care Jobs in the United States, 2017

Physicians and Surgeons	877,616	Pharmacists	309,330
Nurse Practitioners	234,000	Optometrists	37,240
Physician Assistants	122,555	Chiropractors	33,630
Registered Nurses	2,906,840	Occupational Therapists	126,050
Licensed Practical and Licensed Vocational Nurses	702,700	Physical Therapists	225,420
Dentists	198,517	Speech Therapists	142,360
Dental Hygienists	211,600	Respiratory Therapists	128,250

Total (sample professions): 6,256,108

Who work with many others

Sample Support Occupations in the United States, 2017

Nursing Assistants	1,453,670	Psychiatric Technicians & Aides	65,770
Home Health Aides	820,960	Phlebotomists	122,550
Medical Assistants	646,320	Surgical Technologists	100,270
Pharmacy Technicians & Aides	453,680	Opticians Dispensing	75,450
Dental Assistants	337,160	Ophthalmic Medical Technicians	48,060
Therapy Assistants and Aides	194,850	Orderlies	52,630
Health Information Technicians	204,220	EMTs	251,860

Total (sample professions): 4,827,425

And increasingly with mental health and social service workers

Sample Mental Health and Social Service Occupations in the United States, 2017

Health care social workers	167,730	Substance abuse, behavioral health and mental health counselors	241,930
Mental health and SUD social workers	112,040	Community health workers	54,760
Social and human service assistants	384,080	Marriage and family therapists	42,880
Rehabilitation counselors	103,840	Clinical, counseling and school psychologists	108,060

Total (sample professions): 1,215,320

Most of these health professionals are employed outside of hospitals

Health Practitioners and Technical Occupations and Health Care Support Occupations by Employment Setting, 2017

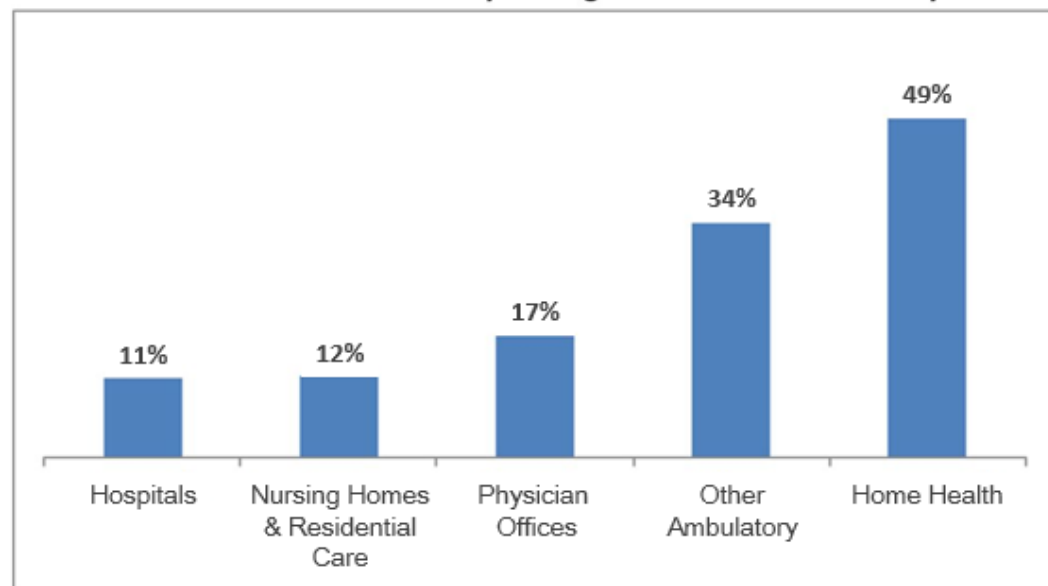
Setting	Number employed	Percent*
Ambulatory Health Care Services	4,373,470	42%
Hospitals	4,049,930	39%
Nursing and Residential Care Facilities	1,602,130	15%
Social Assistance	491,250	5%

Source: *Sums to 101% due to rounding. Authors' analysis of May 2017 National Occupational Employment Statistics (OES) from the Bureau of Labor Statistics. Counts only include those jobs within the major occupation titles of "Healthcare Practitioners and Technical Occupations" or "Healthcare Support Occupations"

Increased focus on social determinants of health and payment incentives are shifting care upstream to outpatient, community and home settings

- Shift from fee-for-service to value-based payments and fines that penalize hospitals for readmissions are shifting care from inpatient to ambulatory and community-based settings
- But we generally train the workforce in inpatient settings
- Need to develop more interprofessional training sites in community-based settings

Exhibit 1: Health Care Job Growth by Setting: December 2007–January 2017



Source: Authors' analysis of BLS Current Employment Statistics data.

Turner A, Roehrig C, Hempstead K. What's Behind 2.5 Million New Health Jobs? *Health Affairs Blog*. March 17, 2017.

<http://healthaffairs.org/blog/2017/03/17/whats-behind-2-5-million-new-health-jobs/>

Nursing reports calling for more education and clinical placements in ambulatory and primary care settings



American Academy of Ambulatory Care Nursing Position Paper: *The Role of the Registered Nurse in Ambulatory Care*

IN 2011, the American Academy of Ambulatory Care Nursing (AAACN) published the first-ever position statement regarding the role of the registered nurse (RN) in ambulatory care. Since that time, tremendous changes have occurred in health care, especially in ambulatory care. Healthcare reform, the Affordable Care Act, the implementation of care coordination as a strategy to improve health and prevent rehospitalization, and the transition from volume-based to value-based care have resulted in an increased focus on the ambulatory care setting as the site of health care provision now and in the future. This position paper reflects the current state of ambulatory care and the crucial role of the RN as a care provider, care coordinator, and care partner. It also highlights potential role changes and adaptations for the future.

and access to care issues that impact the patient's ability to adhere to a prescribed plan of care and obtain needed services (Fraher, Spetz & Naylor, 2015; Lamb, 2014; Smolowitz et al., 2014).

Concurrently, health care is evolving rapidly to meet the needs of an increasingly diverse and aging population. At the same time healthcare costs are driving value-based reimbursement and innovative models of care. Ambulatory care RNs are well-prepared to assume an expanded role in the design and delivery of high-quality care, defying traditional boundaries, and working in redefined interprofessional relationships, expanded community partnerships, and nontraditional healthcare settings.

The Importance of the RN in Ambulatory Care

- RNs provide high-quality, evidence-based care across the lifespan to enhance patient safety.

“Despite the rapid evolution of ambulatory care...the current nursing system anchors its curriculum in acute care. An unwritten supposition of nursing education is that nurses begin practice in inpatient settings to gain experience prior to transition to ambulatory care roles. This supposition does not serve ambulatory practice well...”



Registered Nurses: Partners in Transforming Primary Care

Proceedings of a conference on Preparing Registered Nurses for Enhanced Roles in Primary Care

Chaired by
Thomas Bodenheimer, MD, MPH and Diana Mason, PhD, RN, FAAN

American Society of Health-System Pharmacists calls for enhanced workforce development for pharmacists in ambulatory care

- One-quarter of health systems expect to see a 10% or greater shift of workforce from inpatient to outpatient settings
- At least half of health systems report they will adopt a team-based approach to managing medication management

ASHP Foundation 2016–2020 Forecast Experts Foresee a Major Shift From Inpatient to Ambulatory Care

Bruce E. Beans

Pharmacy Forecast 2016–2020, published by the American Society of Health-System Pharmacists Research and Education Foundation, predicts that health care payment reform will result in a significant shift of health-system resources from inpatient to ambulatory care.

The forecast's editor, William A. Zellmer, BS Pharm, MPH, President of Pharmacy Foresight Consulting in Bethesda, Maryland, outlined other significant predicted trends:¹

- Health systems will:
 - Devote renewed attention to such public health initiatives as disease prevention and health promotion.
 - Be much more inclined to outsource or otherwise partner to provide certain activities.
- Health-system executives will:
 - Expect more leadership from pharmacists on an array of medication-use issues that impact institutional success.
 - More aggressively challenge medication pricing that harms patients.

Health Care Delivery and Financing

According to the forecast, the intense, ongoing pressure to improve quality while reducing costs is leading many health care organizations to create economies of scale through mergers and acquisitions or to partner with outside entities such as chain pharmacies. Health-system pharmacies can help their organizations by “standardizing processes, implementing best practices that improve patient health, managing the formulary prudently, and applying business acumen throughout the medication-use process,” writes Scott J. Knoer, PharmD, FASHP, the Chief Pharmacy Officer of the Cleveland Clinic in Cleveland, Ohio.²

Eighty-five percent of panelists predict that executives in at least 75% of health systems will regularly consult with their pharmacy leaders to reduce medication therapy costs. Other health-system forecasts include:²

- Nearly all health systems will have strong financial incentives to keep their patients healthy without the need for high-cost health services, such as inpatient care.

“Pharmacy staff development programs should ensure there are adequate opportunities for education and training in management of ambulatory care pharmacy practice, transition of care and medication management of chronic illness” --VP of Health System in Virginia



Growth in ambulatory care and home health has continued in 2018

- Since January, ambulatory sector added 21,100 jobs—more than 60% of all new healthcare hires—compared with 8,200 new hospital hires
- Greatest demand was for medical assistants and home health nurses
- Shift driven by what payers will cover
- Medicare Advantage plans, Medicaid and Department of Veteran Affairs increasingly referring more patients for home health services



These shifts requires broader definition of the health workforce

- We need to expand workforce planning efforts to include workers in home- and community-based settings
- Embrace the role of patient navigators, community health workers, home health workers, community paramedics, dieticians and other community-based workers
- Integrated care delivery models—especially in behavioral health and primary care are spawning new team structures and new roles. Example: social workers who are serving as:
 - Behavioral health specialists: provide interventions for mental, behavioral health and substance abuse disorders
 - Care Managers: coordinate, monitor and assess treatment plans
 - Referral role: connect patients to community resources, transportation, food etc.

And don't forget that the patient, family and community are on the team

Patient-engagement models:

- Promote shared decision-making with patient and family
- Encourage providers to do more asking and listening and shift from telling to educating
- Focus on health literacy, coaching, goal setting, and teach-back methods
- Honor and validate work of caregivers and family
- Include faith-based institutions, legal aid and other community resources



A patient-centered model for the elderly: Community Aging in Place—Advancing Better Living for Elders (CAPABLE) Teams

- An Occupational Therapist, a Registered Nurse, and a handyman form team allowing seniors to age in homes
- Provide assistive devices and make home modifications to enable participants to navigate their homes more easily and safely
- After completing five-month program, 75 percent of participants (n=281 adults age 65+) had improved their performance of ADLs
- Symptoms of depression and ability to perform instrumental ADLs such as shopping and managing medications also improved
- CAPABLE is now in 12 cities in 5 States with a mix of payers, including Medicaid waiver in Michigan

Increasing recognition that workforce already employed in the system will be the ones who transform care

- Most interprofessional education focused on redesigning curriculum for students in pipeline
- But health care workforce ***already employed in system*** will transform care
- Need to embed learning in collaborative practice environments that benefit patients, learners and the health care system

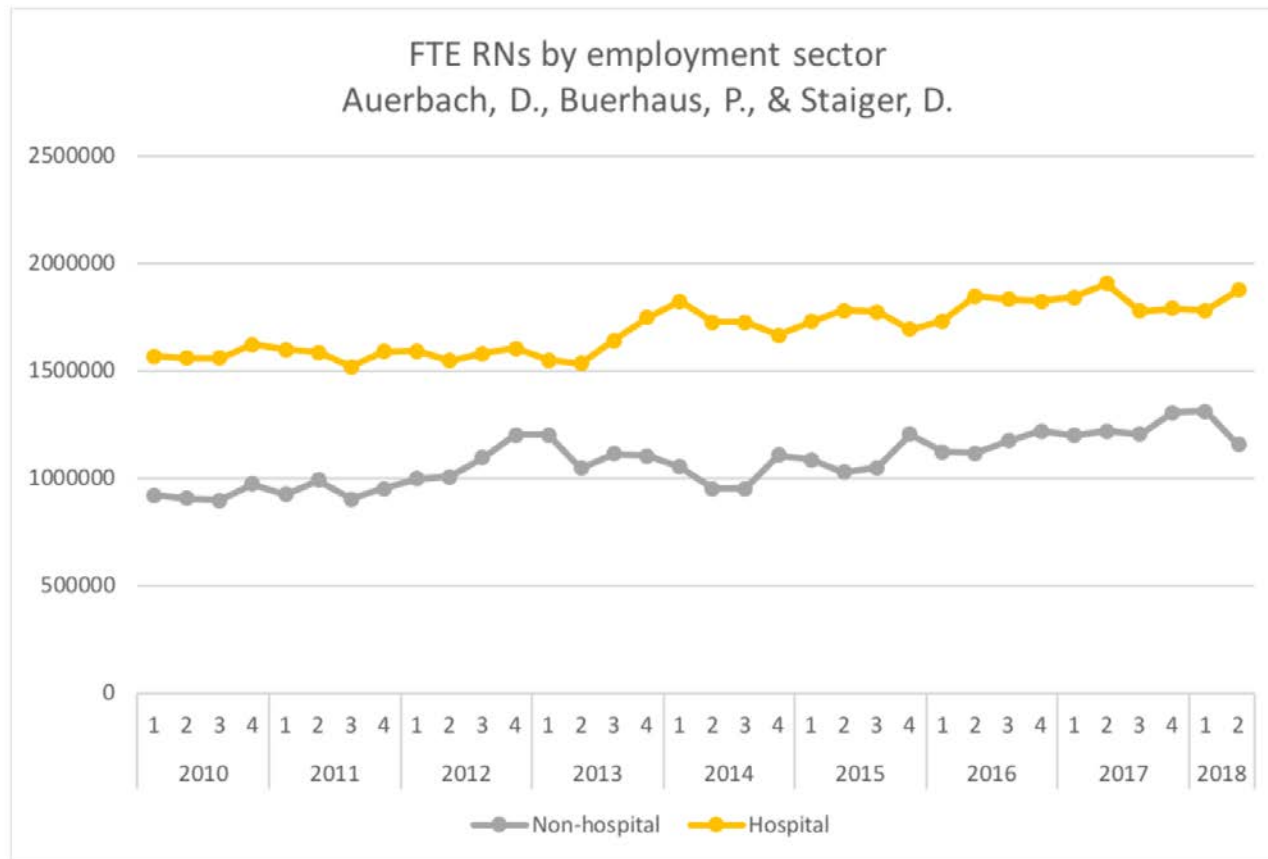
Number of Health Professionals in the Workforce Versus New Entrants to the Workforce, Select Professions, 2012

Profession	Total workforce	New entrants	New entrants as a percentage of total workforce
Physicians	835,723	21,294 ^a	2.5%
Physician assistants	106,419	6,207	5.8%
Registered nurses	2,682,262	146,572	5.5%
Licensed practical nurses and licensed vocational nurses	630,395	60,519	9.6%
Dentists	157,395	5,084	3.2%
Chiropractors	54,444	2,496	4.6%
Optometrists	33,202	1,404	4.2%
Social workers	724,618	41,769	5.8%
Physical therapists	198,400	10,102	5.1%
Occupational therapists	90,483	6,227	6.9%

Fraher E, Ricketts TC. Building a Value-Based Workforce in North Carolina. *North Carolina Medical Journal*. 2016; 77(2): 94-8.

Better data are needed to monitor workforce trends in employment and education

Full-time employment grew in the hospital sector but was offset by a larger decrease in non-hospital RN employment.



Source: Authors' analysis of the Census Bureau's Current Population Survey

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