



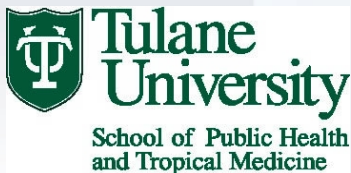
C-Change

Collaborating to Conquer Cancer

The Cancer Workforce: Crossing the Continuum of Disease and Care

**Institute of Medicine National Cancer Policy Forum
October 20-21, 2008**

**Maureen Lichtveld, MD, MPH
Tulane University School of Public Health and
Tropical Medicine**

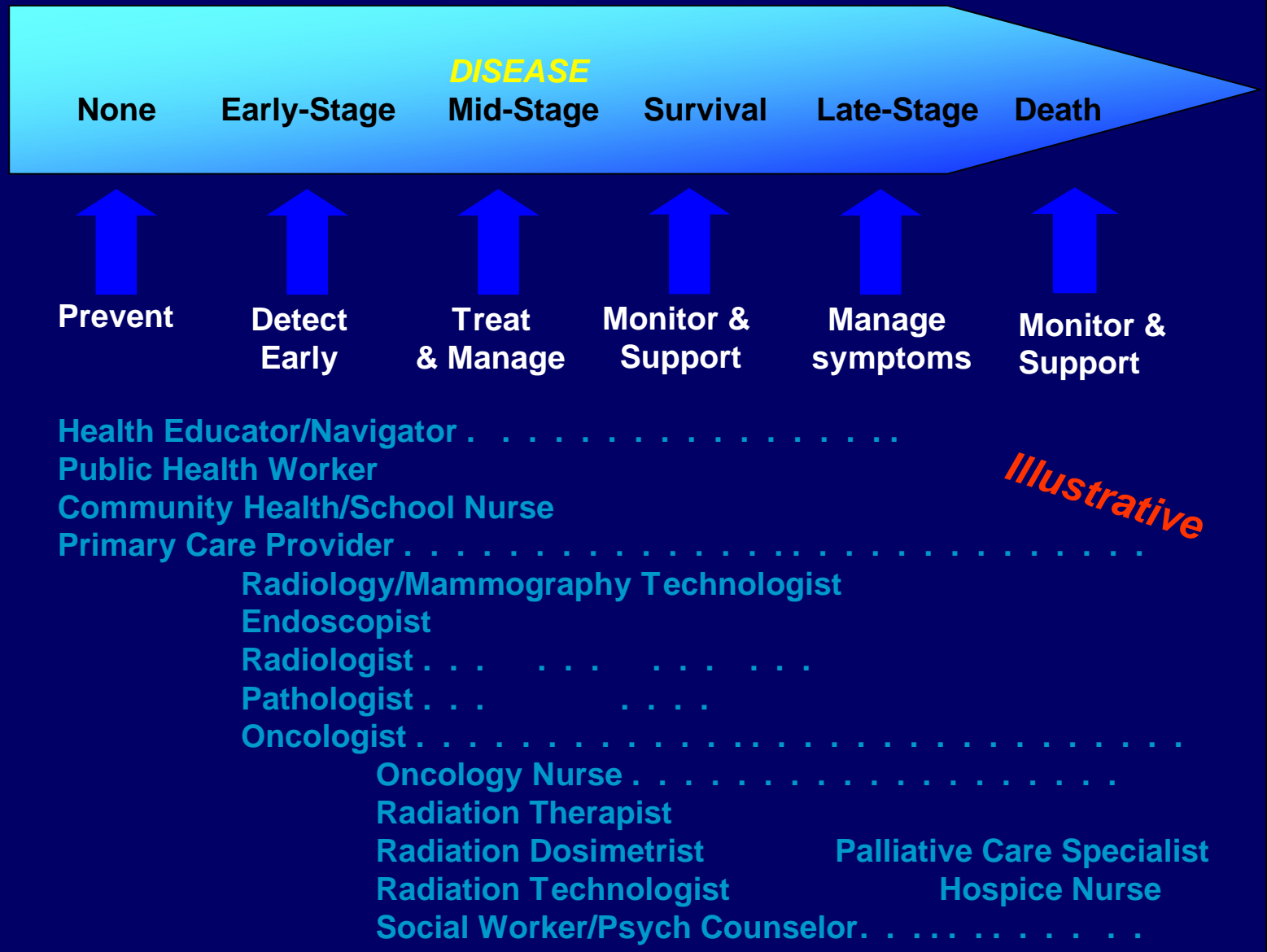


Overview

- § The Continuum of QUALITY Cancer Care
- § Beyond Medicine & Nursing – Other Key Disciplines
- § Challenges & Solutions
 - § Quantity
 - § Quality of Workforce

The Continuum of *QUALITY* Cancer Care

PROFESSIONAL ROLES / CARE NEEDS



Public Health

Health of the Nation

Important role in cancer

- Health education
- Screening/prevention
- Early detection
- Surveillance

Example

Departments of Public Health

Health departments; employee wellness programs

CDC Breast & Cervical Cancer Program

CDC/State/local Health Depts.

Public Health

Health of the Profession

From APHA

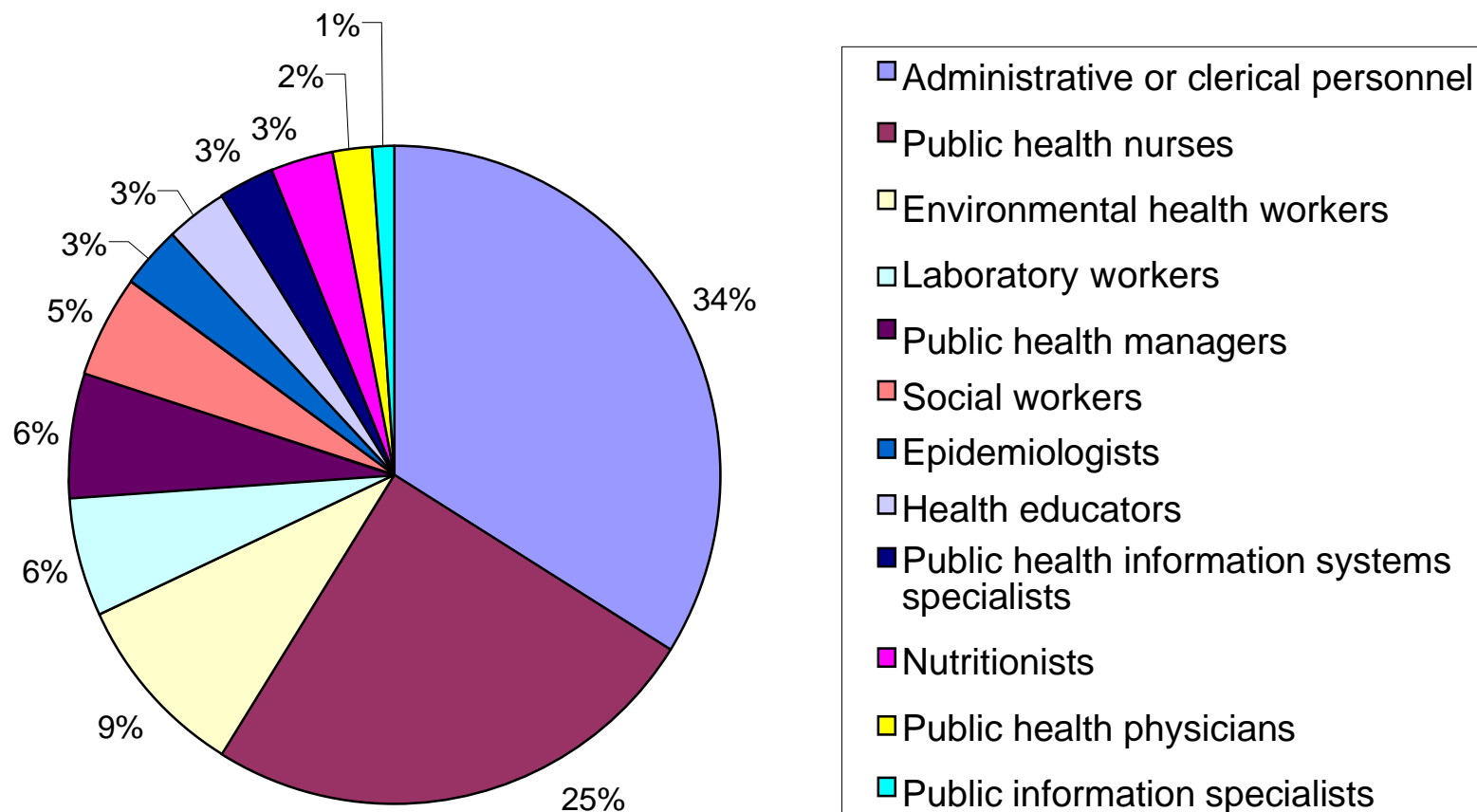
- The average age of a public health worker is 47 years; many public health agencies currently face a 20% vacancy rate

From ASPH

- 250,000 more public health workers will be needed by 2020
- The public health workforce is diminishing over time (there were 50,000 fewer public health workers in 2000 than in 1980)
- 23% of the current workforce – almost 110,000 workers – are eligible to retire by 2012
- Documented and forecasted shortages include public health physicians, public health nurses, epidemiologists, health care educators, and administrators
- To replenish the workforce and avert the crisis, schools of public health will have to train three times the current number of graduates over the next 12 years

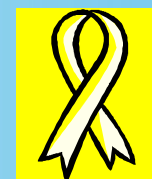
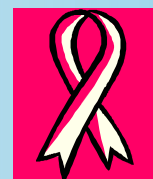
Public Health

Proportion of specific occupations in state public health



ASTHO, 2007 State Public Health

Social Work



Health of the Nation

- Cancer related depression and anxiety
- Patient navigation
- Screening and assessment
- And more...

Health Social Work Force

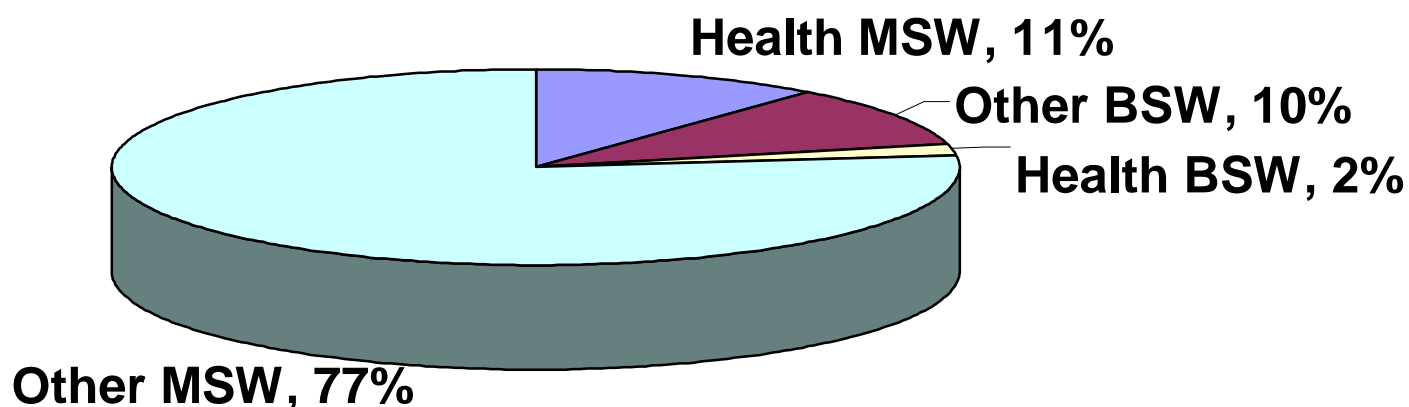
Health of the Profession - From NASW

- § The social work labor force is older than most professions with nearly 30% of licensed social workers over 55 years of age
- § Social workers employed in hospices are most likely to report vacancies as common(19%), followed by those in hospitals (14%) and health clinics (8%).
- § They are more likely to serve clients of color than social workers overall (52% versus 43%).
- § increased demands in their work, but decreased resources and supports over the past two years.
- § significantly less satisfied with client access to mental health services than licensed social workers overall (43% versus 59%).
- § Those practicing in rural areas are least satisfied with access to resources
- § There are approximately 1200 oncology social workers

Health Social Work Force

Distribution of Licensed Social Workers by Practice Area and Degree

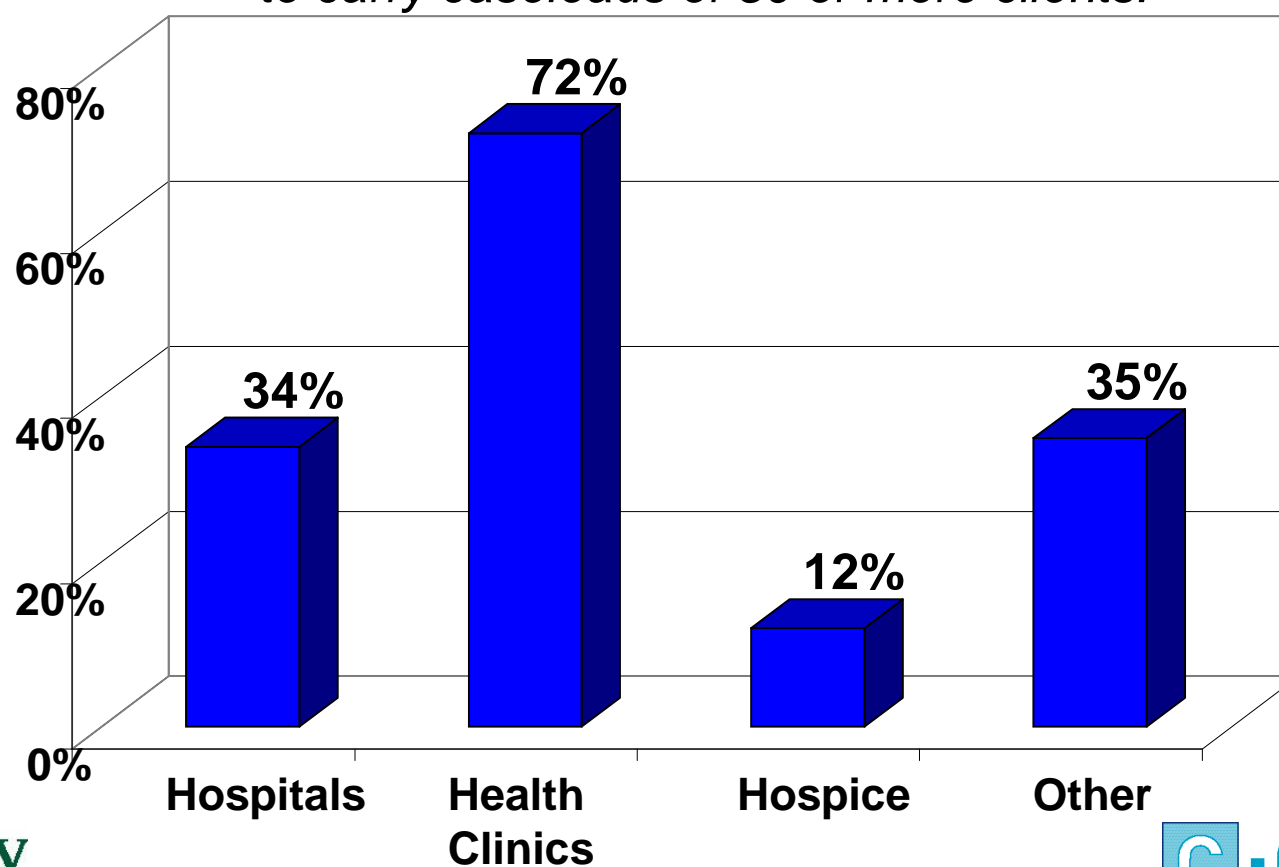
Thirteen percent of licensed social workers are in the practice area of health



Licensed Social Workers in Health, 2004

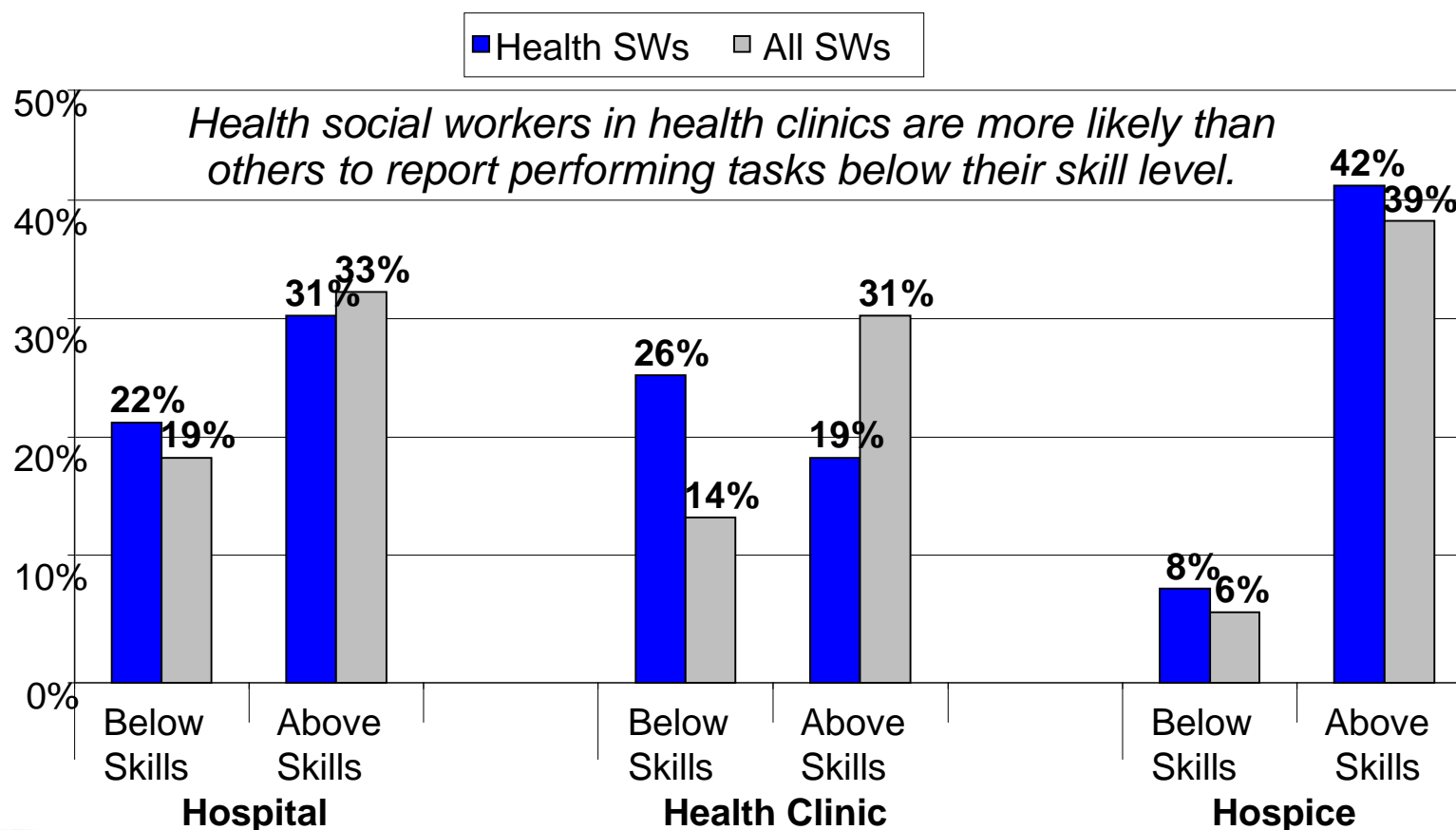
Health Social Work Force

**Percentages of Health Social Workers
with Primary Caseloads of 50 or More Clients, by Setting**
*Social workers employed in health clinics are most likely
to carry caseloads of 50 or more clients.*



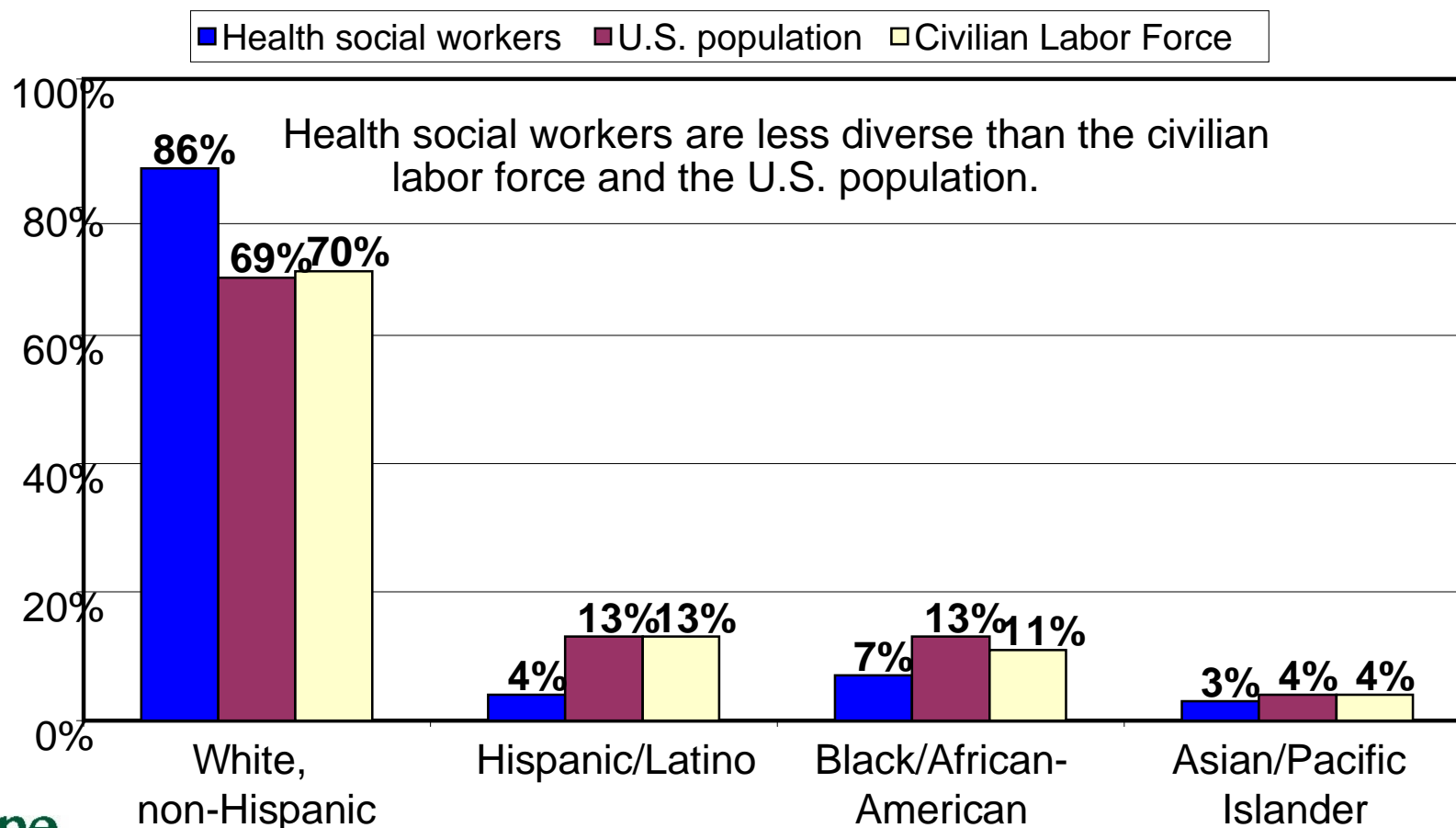
Health Social Work Force

Percentages of Health and All Social Workers Reporting Tasks Below or Above Their Level of Skills and Training, by Setting

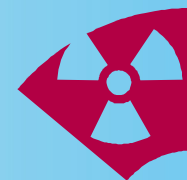


Health Social Work Force

Racial-Ethnic Distributions of Health Social Workers, the U.S. Population, and the U.S. Civilian Labor Force



Radiation Oncology



Health of the Profession - From ASTRO

- Radiation therapy vacancy rates average 18.3 percent
- Radiation therapy practices across the country are currently in need of approximately 2.6 healthcare professionals per practice
- Nearly two-thirds of all cancer patients will receive radiation therapy during their illness.
- In 2006, there were 4,424 licensed radiation oncologists in the United States.
- The number of radiation oncologists in the U.S. has been growing steadily.
- In 2006, 2,590 radiation oncologists identified themselves as white, 774 Asian, 185 Hispanic and 128 black.
- The states with the fewest radiation oncologists are Alaska (6), Wyoming (7), Vermont (8) and New Hampshire (10).

Pharmacists



Health of the Nation

- Chemotherapy
- Infectious complications
- Clinical trials
- Palliative care
- Education

Pharmacists

Health of the Profession – From ASHP

National Pharmacist Workforce Survey

- *Intent to Leave Position:* In 2004, 86% of licensed pharmacists were actively practicing pharmacy, 23% of whom indicated they would leave within the next year
- *Intent to Retire:* A 2004 survey of 517 pharmacy directors and 489 middle managers revealed that 80% of pharmacy directors and 77% of middle managers anticipated resigning their position within the next decade.
- *Aging:* In 2000, 44% of practicing pharmacists were 40 years of age or younger, and 17% were over 55 years of age.⁵ However, in 2004, one third of practicing pharmacists were 40 years old or younger, and 25% were over 55 years of age.
- *Vacancies:* In 2006, the pharmacist vacancy rate increased for the second year in a row, reaching 7.0%. This rate represents a statistically significant increase from the low of 5.0% reported in 2004.

Cancer Registrars

Health of the Nation

- Healthcare facility registries – reporting required by law
- Central registries – population-based by region
- Support special purpose registries – by cancer type
- Source of national cancer data and statistics
- Basis for research, priority setting, and interventions

Cancer Registrars

Health of the Profession

- § Cancer registrar vacancies remain difficult to fill in some regions of the country and demand for registrars is estimated to grow 10% in the next 15 years (NCRA, 2006)
- § Approximately, 7280 registrars are currently working; 800 new registrars needed in the next 15 years

Documentation of the Problems

States, Health Systems, and Professional Societies have:

- § Documented scope of discipline-specific or regional problem
- § Defined specific recruitment and retention strategies that fall short of meeting projected demand
- § Acknowledged the growing challenge in maintaining the current or aspiring to a higher standard of care
e.g. evidence-base practice, interdisciplinary coordination, cultural competence
- § Acknowledged that scope of practice and reimbursement structures limit ability to meet patient needs

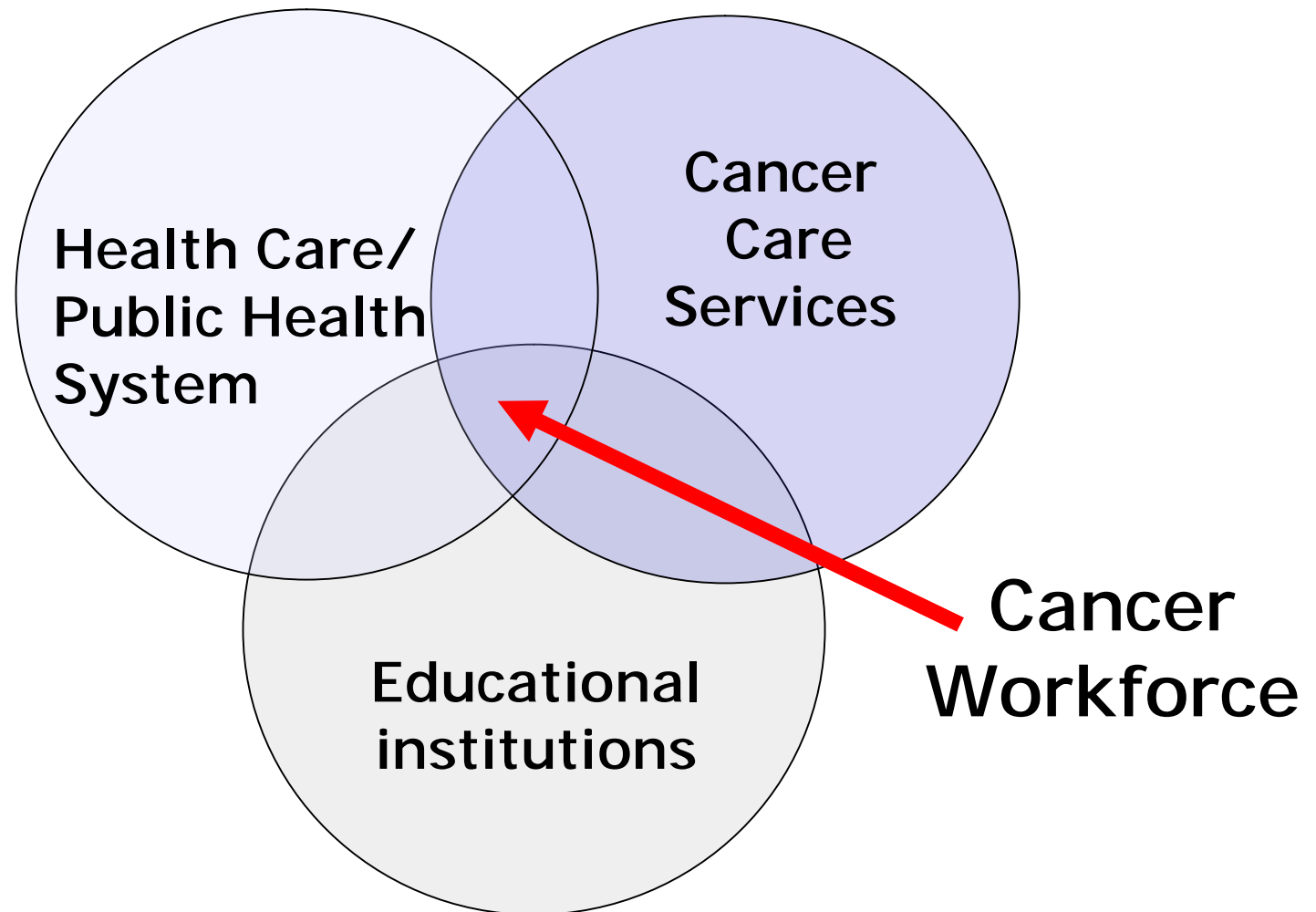
Assessment Of Challenges

- § Cancer health workforce needs are universal and wide spread across discipline, continuum of care, and geography
- § Solutions for various recruitment and retention needs are often very local or regional in nature
- § Ongoing quality management and continuing education are pre-requisite to keep pace with scientific development and social complexity of cancer
- § The workforce development pipeline spans issues of education, training, licensing, recruitment, and retention.
- § Health workforce problems and solutions are not unique to cancer, but felt more intensely in the context of an aging population

Strategic Imperatives

- § *Eye on the prize: Cancer-specific effort critical*
- § *System over silos: Multidisciplinary approach across disciplines and spectrum of care*
- § *Quantity AND quality: strengthen numbers and knowledge*
- § *Short-term action to create immediate surge capacity*
- § *Longer-term solutions to strengthen and fill the workforce pipeline*
- § *National Policy --not “vinger in de dijk” : sustained investment to assure quality cancer care*

Cancer Care Workforce Determinants



Determinant: Health Care/Public Health System

- § *Efficiency*: composition and competence of the cancer care team
- § *Quality*: national benchmarks with flexible implementation
- § *Recruitment and retention*: incentives beyond \$

Determinant: Cancer Care Services

- § *Front end investment for ROI down the road: special focus on cancer workforce providing prevention, screening and early detection services will influence the needs in disease stages*
- § *Work with what is under our nose: opportunities to educate non- oncology health workforce can alleviate the “releasable” workload for oncology specialists*
- § *Tailor to the target population: cultural competence a requirement rather than a luxury to help address health disparities*

Untapped Resources

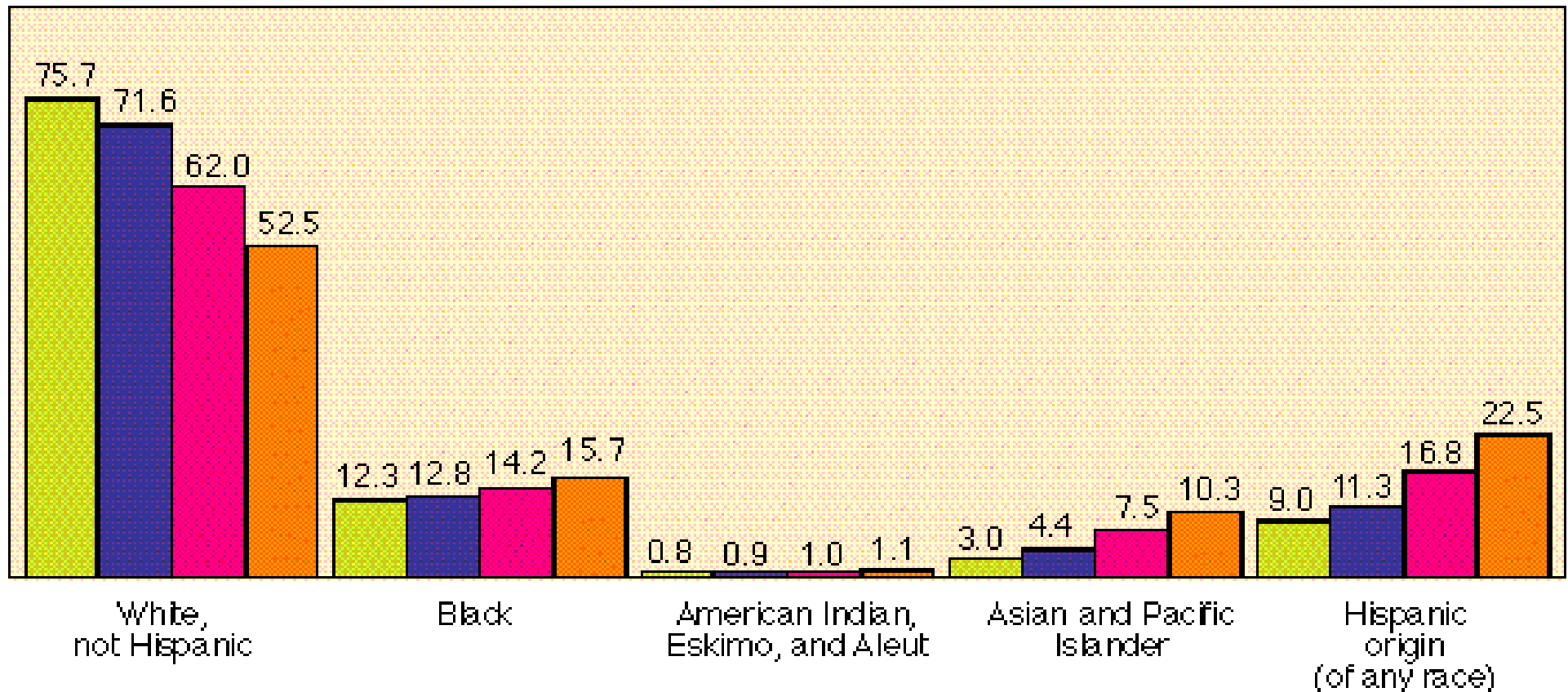
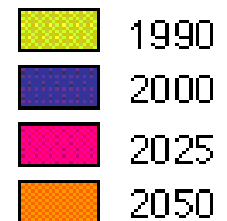
	Oncology Specialists	Generalists
Nurses	21,000 <i>Oncology certified</i>	2,000,000 <i>Registered Nurses</i>
Social Workers	1,200 <i>Association of Oncology Social Workers Members</i>	320,000 <i>Licensed Clinical Social Workers</i>

<http://c-changetogether.org/pubs/cccpp.asp>

Why do we have to be culturally competent?

Percent of the Population, by Race and Hispanic Origin: 1990, 2000, 2025, and 2050

(Middle-series projections)



Source: U.S. Census Bureau, Population Division and Housing and Household Economic Statistics Division
and Tropical Medicine

Determinant: educational institutions

- § *Life long learning for everyone and in every cancer care setting*
- § *Do students learn what is taught? – retool yesterday's educational modalities for tomorrow's cancer workforce*
- § *Do students use what is taught?- align curriculum and faculty with practice-based needs*
- § *Does what is taught actually have an impact on cancer care?: develop, implement, link, and monitor professional, workplace, and health outcomes*

Fact and vision...

Fact:

- § Any investment in cancer care without comprehensively solving the cancer workforce crisis will ultimately fail to produce or sustain the desired outcomes

Vision:

- § A national cancer corps sufficient and competent to address our nation's growing cancer care needs