A Transformed Health Care System Requires A Transformed Workforce

Erin P. Fraher, PhD, MPP

Director, Carolina Health Workforce Research Center Cecil G. Sheps Center for Health Services Research, UNC-CH Associate Professor, Department of Family Medicine

NAM Vital Directions for Health and Health Care Symposium

November 21, 2019

IDVIC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

New Care Delivery Models Not Showing Expected Outcomes

- Ongoing experimentation is underway to transform the way health care is paid for, organized, and delivered
- Much less attention is paid to aligning workforce and education system to meet needs of evolving system
- Lack of attention on workforce may be one reason that new care delivery and payment models are not showing expected outcomes*

*McWilliams JM. (2016). Savings from ACOs-building on early success. *Annals of Internal Medicine*, *165*(12), 873-875. Sinaiko AD, Landrum MB, Meyers DJ, Alidina S, Maeng DD, Friedberg MW, Rosenthal MB. (2017). Synthesis of research on patient-centered medical homes brings systematic differences into relief. *Health Affairs (Millwood)*, *36*(3), 500-508.

THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Maybe it's because we're designing the workforce around health professions, not patients

- Increased competition (and innovation!) from corporate players who are redesigning workforce, using technology and making house calls to meet patient needs (they get it...it's about the patient!)
- Instead of retrofitting care delivery models and existing workforce, they are asking:



✓ what and where are patients' unmet needs for services?
✓ how can health workforce be better deployed as a team to meet those needs?

Care is shifting from acute to outpatient, community and home settings. So is the workforce

- Shift to value and fines for readmissions are shifting care from inpatient to ambulatory and community-based settings
- But we generally train the workforce in inpatient settings
- This is especially true of the nursing workforce

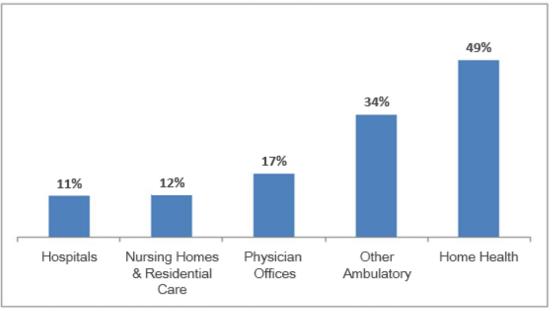


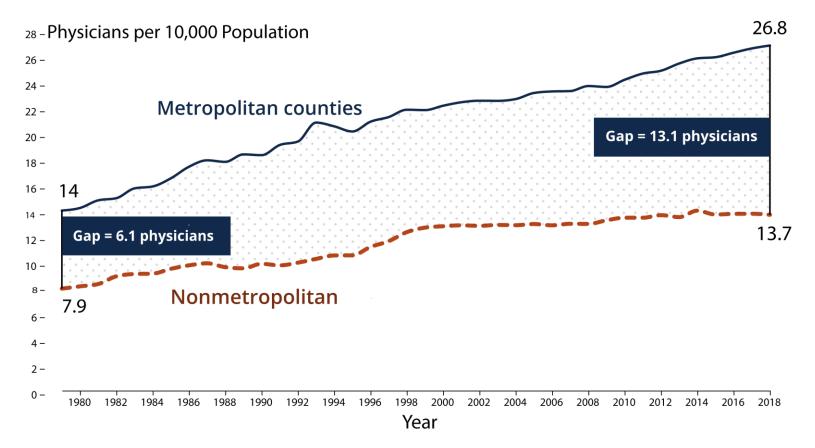
Exhibit 1: Health Care Job Growth by Setting: December 2007–January 2017

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

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

Meanwhile the gap in physician supply between rural and urban counties is growing

Physicians per 10,000 Population for Metropolitan and Nonmetropolitan Counties, North Carolina, 1979 - 2018



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.

UNC | THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH Increased focus on social determinants of health requires shifting narrative from health workforce to "workforce for health"

- Ned to embrace role of patient navigators, community health workers, home health workers, community paramedics, dieticians, medical lawyers, the clergy and other communitybased workers
- Integrated behavioral health and primary care models are spawning new team structures and new roles.
 Example: social workers who are serving as:
 - <u>Behavioral health specialists</u>: providing interventions for mental, behavioral health and substance abuse disorders
 - <u>Care Managers</u>: coordinating, monitoring and assessing treatment plans
 - <u>Referral role</u>: connecting patients to community resources, transportation, food etc.

Fraser MW, Lombardi BM, Wu S, Zerden LD, Richman EL, Fraher EP. Social work in integrated primary care: A systematic review. *Journal of Social Work and Research*. 2018; 9(2):0-36.

C | THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH Fraher E, Ricketts TC. Building a Value-Based Workforce in North Carolina. *North Carolina Medical Journal*. 2016; 77(2): 94-8.



THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Remember it's the workforce already employed in the system who will transform care

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	21,294ª	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, 5 19	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%

Contact Information

Erin Fraher, PhD, MPP

(919) 966-5012 erin_fraher@unc.edu

Director Carolina Center for Health Workforce Research <u>Go.unc.edu/Workforce</u> <u>nchealthworkforce.unc.edu</u>

IDVINC | THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH