System Transformation & the Future Health Workforce

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THE GEORGE WASHINGTON UNIVERSITY

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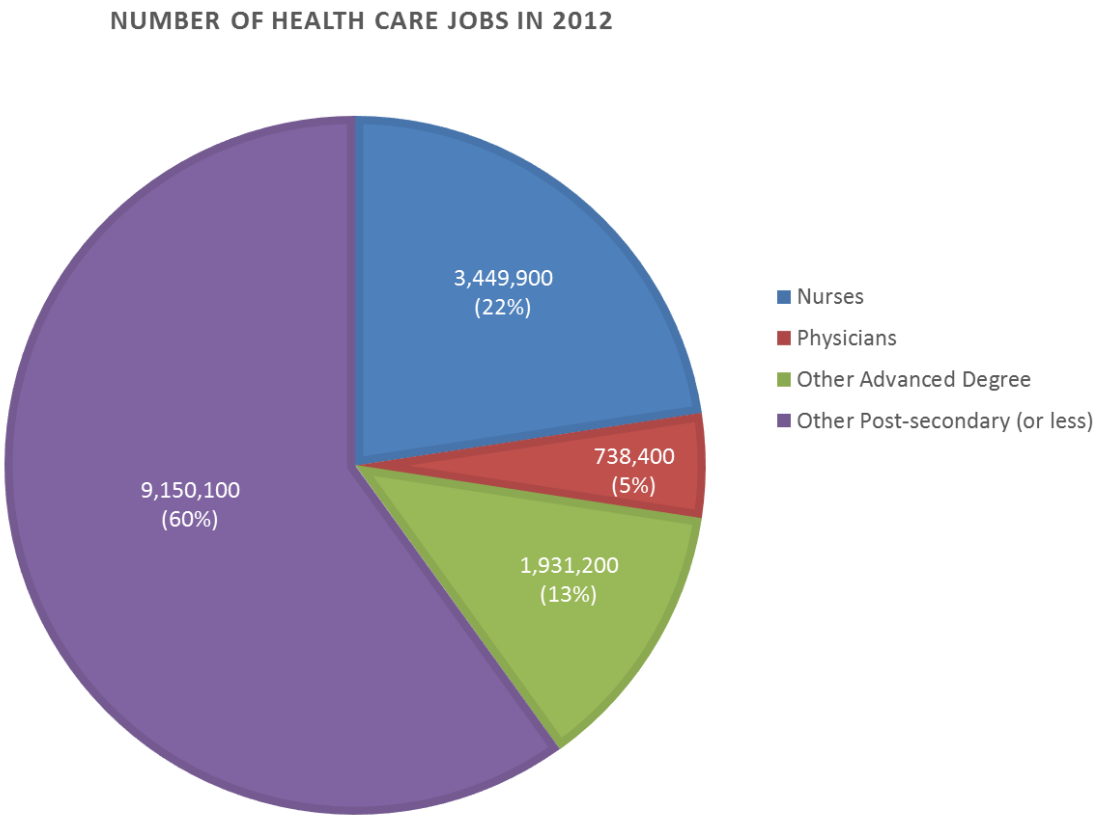
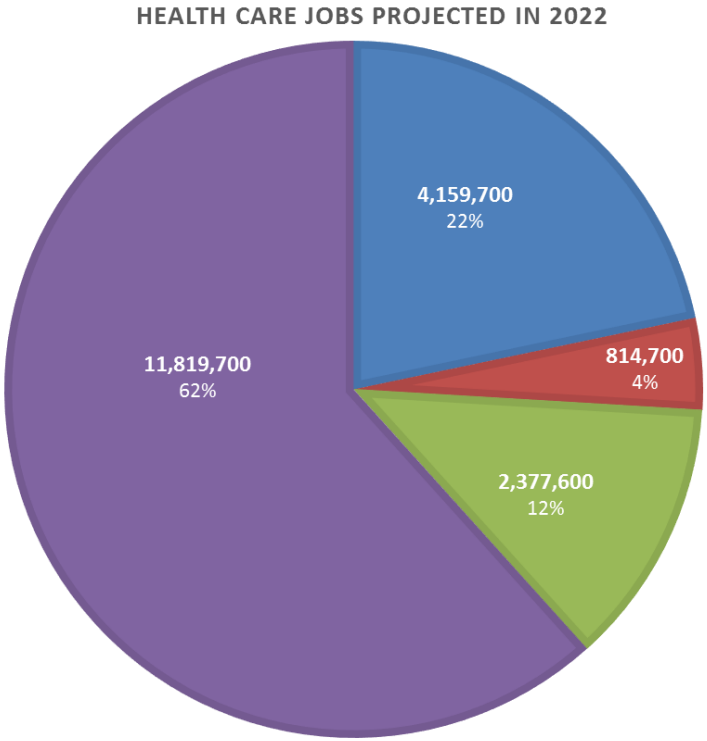
Outline

1. Government Projections
2. **What are the system transformations that are likely to impact the workforce?**
3. Where are leading health systems going and how are they managing change?

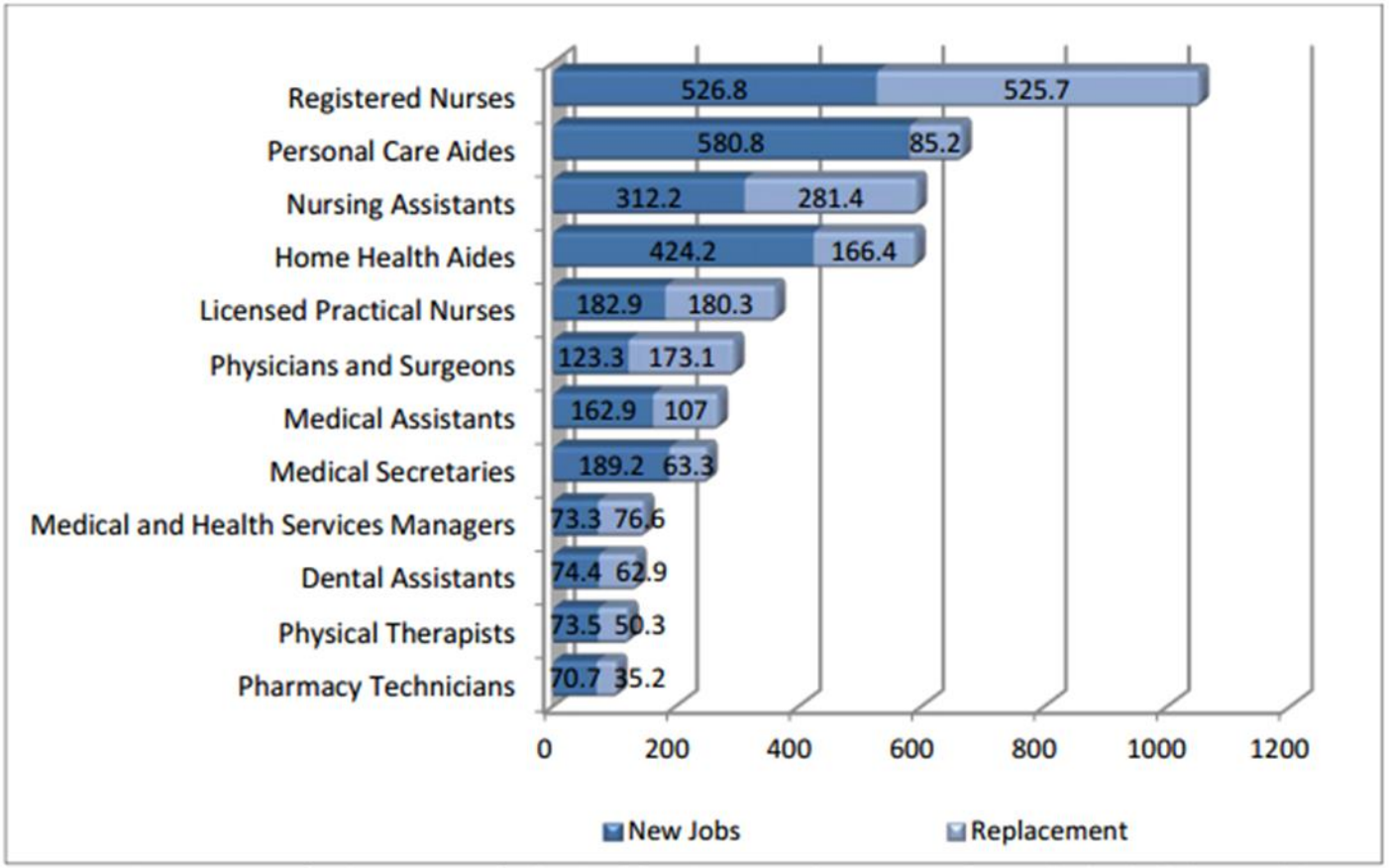
Workforce Composition in 2012 and 2022 Projections (BLS)





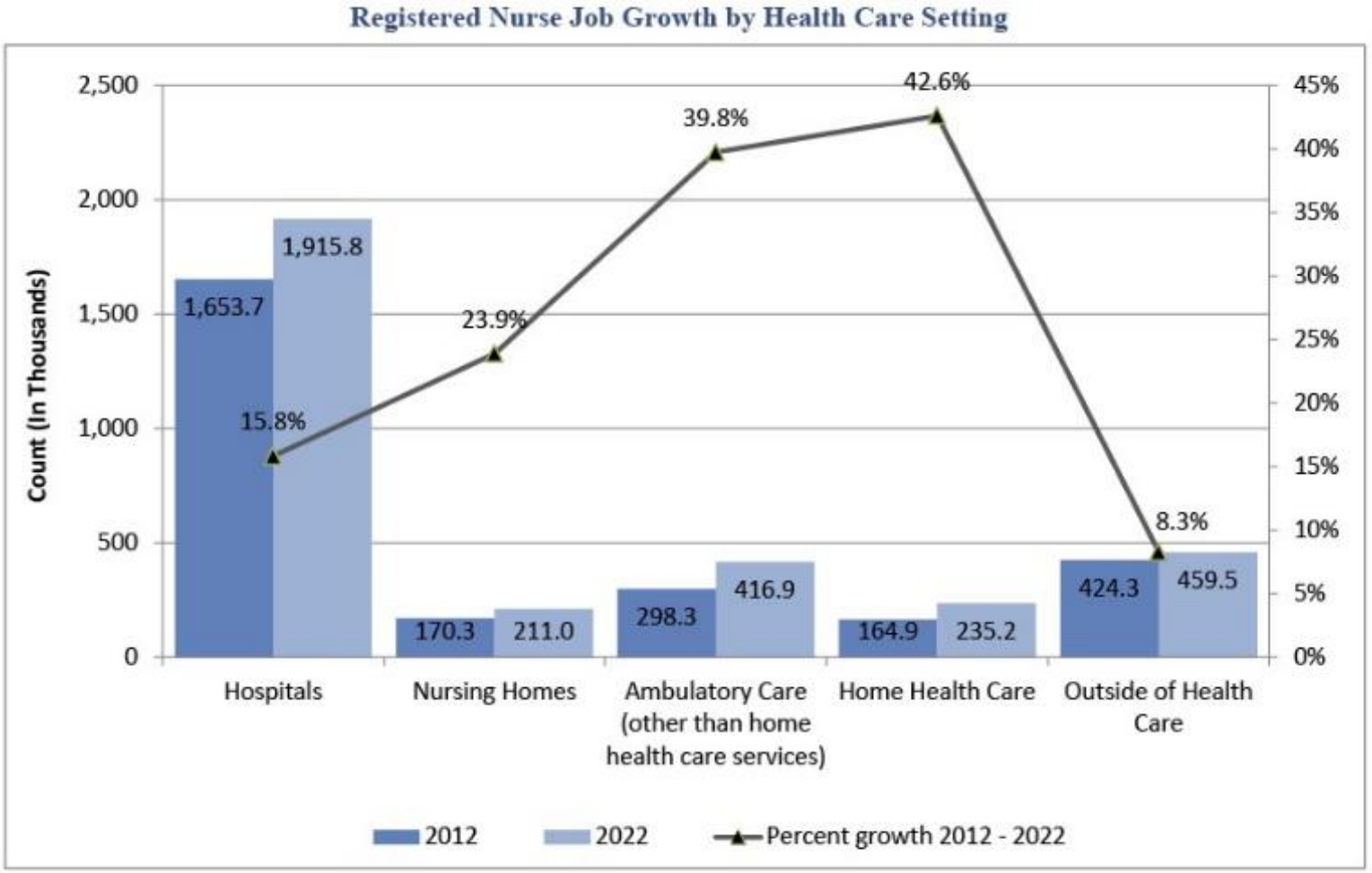
Source: P. Pittman using data from the U.S. Department of Labor, Bureaus of Labor Statistics, Health Care Employment by Occupation, 2012 and Projected 2022.

Health Care Occupations with Greatest Need for New Workers, 2012-2022



Sources: U.S. Department of Labor, Bureau of Labor Statistics. Sources: Industry-occupation matrix data by industry: tables 1.9 (and expanded tables), 1.10.

Source: The Center for Health Workforce Studies, School of Public Health, University of Albany. 2014. Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections, 2012-2022.



Sources: U.S. Department of Labor, Bureau of Labor Statistics. Industry-occupation matrix data by industry: tables 1.8 (and expanded tables).

Source: The Center for Health Workforce Studies, School of Public Health, University of Albany. 2014. Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections, 2012-2022.

The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025. HRSA 2014

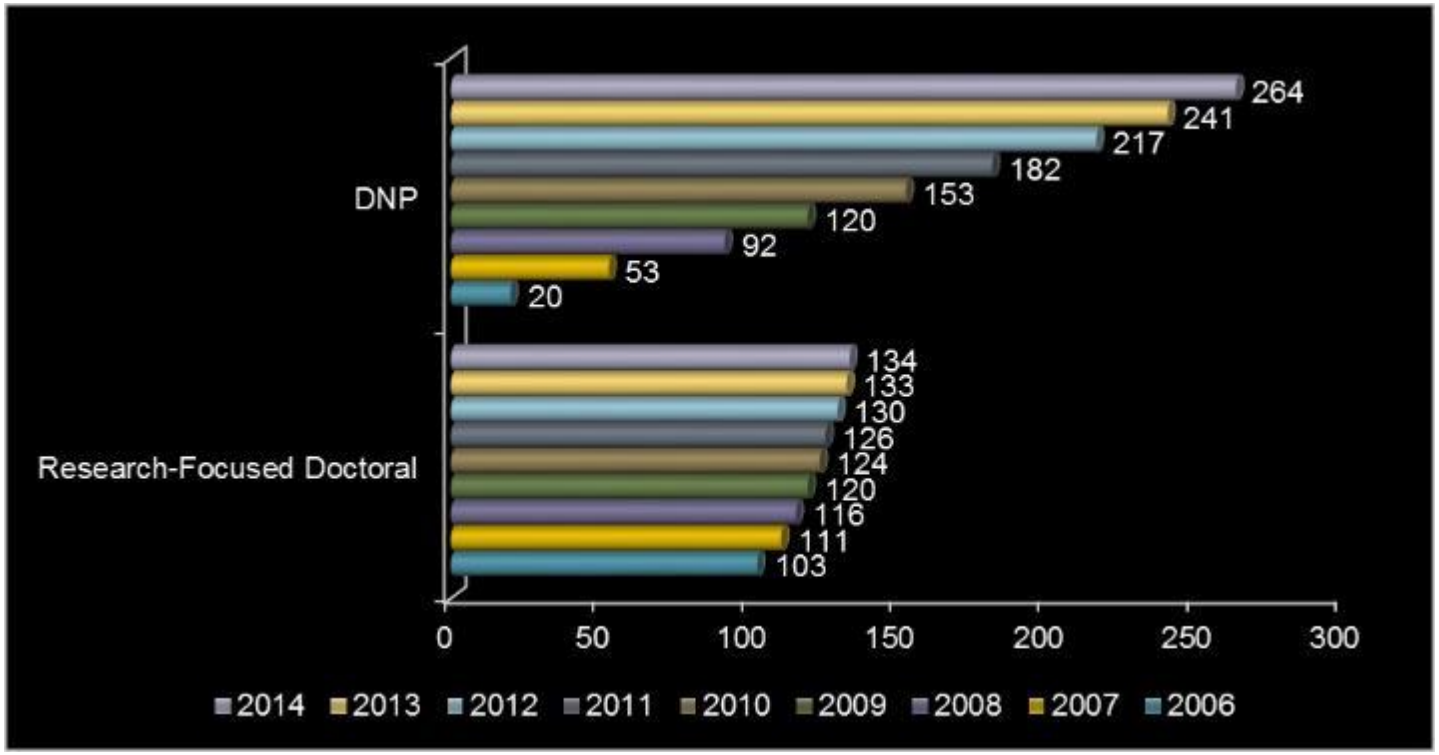
Region/State	2012 Supply & Demand[a]	2025 Projected Demand	2025 Projected Supply	2025 Projected Difference[b]
Northeast				
Connecticut	37,100	41,500	45,200	+3,700
Maine	16,200	17,500	15,800	-1,700
Massachusetts	78,800	85,500	85,900	+400
New Hampshire	15,700	18,000	18,500	+500
New Jersey	84,600	98,500	119,400	+20,900
New York	191,200	212,400	235,800	+23,400
Pennsylvania	145,000	152,600	178,400	+25,800
Rhode Island	12,900	14,000	11,900	-2,100
Vermont	7,400	8,100	8,800	+700
Northeast subtotal	***588,900***	***648,100***	***719,700***	***+71,600***

Region/State	2012 Supply & Demand[a]	2025 Projected Demand	2025 Projected Supply	2025 Projected Difference[b]
Midwest				
Illinois	126,900	140,100	149,800	+9,700
Indiana	66,400	71,400	91,600	+20,200
Iowa	34,600	35,300	56,600	+21,300
Kansas	30,300	32,800	47,600	+14,800
Michigan	96,300	104,600	116,000	+11,400
Minnesota	59,300	66,500	84,900	+18,400
Missouri	61,600	67,700	85,000	+17,300
Nebraska	20,900	21,900	22,100	+200
North Dakota	7,400	7,600	10,400	+2,800
Ohio	130,600	137,400	212,800	+75,400
South Dakota	10,000	10,600	14,500	+3,900
Wisconsin	63,300	68,800	78,100	+9,300
Midwest subtotal	***707,600***	***764,700***	***969,400***	***+204,700***

Region/State	2012 Supply & Demand[a]	2025 Projected Demand	2025 Projected Supply	2025 Projected Difference[b]
South				
Alabama	50,200	55,700	70,100	+14,400
Arkansas	27,600	31,800	47,700	+15,900
Delaware	10,600	12,500	16,200	+3,700
Florida	171,600	225,500	229,700	+4,200
Georgia	77,300	101,400	94,700	-6,700
Kentucky	47,300	51,000	67,500	+16,500
Louisiana	41,300	46,500	64,700	+18,200
Maryland	60,600	72,000	59,900	-12,100
Mississippi	32,200	35,800	47,000	+11,200
North Carolina	95,800	120,000	107,100	-12,900
Oklahoma	32,200	37,300	55,000	+17,700
South Carolina	44,600	54,600	54,000	-600
Tennessee	65,000	76,100	92,200	+16,100
Texas	192,000	278,300	284,400	+6,100
Virginia	69,900	87,300	106,700	+19,400
West Virginia	20,600	21,100	29,000	+7,900
South subtotal	***1,038,800***	***1,306,900***	***1,425,900***	***+119,000***

Region/State	2012 Supply & Demand[a]	2025 Projected Demand	2025 Projected Supply	2025 Projected Difference[b]
West				
Alaska	5,600	7,300	4,600	-2,700
Arizona	53,000	87,200	59,100	-28,100
California	277,000	393,600	389,900	-3,700
Colorado	42,900	59,000	46,100	-12,900
Hawaii	10,700	13,400	13,200	-200
Idaho	11,700	15,400	16,100	+700
Montana	10,700	12,100	11,300	-800
Nevada	19,400	32,400	24,600	-7,800
New Mexico	15,900	22,100	18,700	-3,400
Oregon	31,300	40,100	34,100	-6,000
Utah	19,700	25,400	31,200	+5,800
Washington	57,800	75,100	68,100	-7,000
Wyoming	4,300	4,900	6,800	+1,900
West subtotal	***560,000***	***788,000***	***723,800***	***-64,200***
US[c]	**2,897,000**	**3,509,000**	**3,849,000**	**+340,000**

Growth in Practice- and Research-Focused Doctoral Programs: 2006-2014



American Association of Colleges of Nursing. 2016. DNP Fact Sheet. Available at http://www.aacn.nche.edu/media-relations/fact-sheets/dnp.

SystemTrends

1. **Managing unit cost and reducing the cost of care delivery, due to Medicare payment cuts & competition (retail, exchanges)**
2. **Consumerism.** People want ease of access, and they want to know how much they are paying for their care.
3. **Changing payment structures:** At risk for delivering better care at a lower cost leading to
   - **Population health.** Better management of groups of patients, with increased focused on understanding cost (both inpatient and outpatient) as a requirement to driving margins in bundled care contracts.
   - **Outpatient shift.** Both in volume and revenue. Increasing presence in ambulatory setting.
   - **Partnerships.** With other providers hat are geographically connected to compete and serve patients better.
4. **Scale.** Mergers and acquisitions to survive and thrive. Reach more patients, manage populations more effectively and to negotiate better rates from suppliers/insurers.
   - **Becoming a health plan/company.** Delivery systems are now referring to themselves as health and healthcare companies vs. hospitals and healthcare systems.
   - **Brand.** Strong brands and reputations are taking center stage.
5. **Personalized medicine.** Predictive analytics to look at family history to determine potential health issues before they happen. Proactive interventions. Implications?

1. Managing Costs

- Automation and centralization across systems/sites could mean some job loss on administrative side
- On clinical side, its all about task shifting:
  - less reliance on physicians, more APPs, and nurses
  - More reliance on non-licensed workers

2. Consumerism

- New ambulatory care designs & virtual care
- More self-care drives automation (< jobs?)

- New jobs:
  - Patient-facing navigators,
  - multifunctional workers with enhanced IT skills
- New settings (retail, one stop social services centers, schools, pods)
- New Skills

3. Shared Risk Payment

- Patient risk stratification (new IT & data analytics skills) with a proliferation of new models for each risk group (training).
- Complex pop management models focused on transitions, especially post acute, LTC (who should do it?)
- Care coordination moving beyond RN telephonic to home and LTC NP visits (especially where they can prescribe).
- Integration of behavioral health (shortages?)
- How to address Social Determinants?
  - Integrating CHWs
  - Partnerships
- Blurring workforce development boundaries to include CBOs, pipeline programs as investing in community, internal workforce wellness as part of population health

4. Scale

- Death of lone facilities requires managing the down/right-sizing of staff with retraining/relocating to avoid lay-offs
- Shifting workforce boundaries now include partners in other networks, requiring better regional coordination of workforce planning and development (standardization, coordination).

Leading Systems are Changing the way they do Workforce Planning & Development

- From a linear, technical central, top down (consultant driven) approach… to an iterative, boundary spanning, consensus building approach.
- **Innovation teams engage with HR and labor to plan workforce changes. Transparency, early engagement key.**
- More accurate and timely data linked to more complex variables to evaluate new models
- **Community partnerships for education and training (boundary shift)**
- Push for more flexible regulatory environment
- **Invest resources in WFPD and build capacity of stakeholders to participate**