

The Imperative for Strategic Workforce Planning and Development: Challenges and Opportunities

COMMITTEE ON PERFORMANCE IMPROVEMENT
SUCCESSION PLANNING
LEADERSHIP
CARE DELIVERY
HUMAN RESOURCES
WORKPLACE SAFETY
DIVERSITY
INTERPROFESSIONAL CARE TEAM
MILLENNIALS
RETIREMENT
RURAL AND VULNERABLE COMMUNITIES

WORKFORCE DEVELOPMENT
COORDINATED CARE
INCUMBENT
WORKFORCE
2016
TECHNOLOGY

BEHAVIORAL HEALTH
CARE TRANSITIONS
RESILIENCY STRATEGIC PLANNING
EDUCATION AND PRACTICE
MULTI-GENERATIONAL WORKFORCE
SCOPE OF PRACTICE
SHORTAGE
BURNOUT
RE-TOOL
CARE MODELS
ENGAGED ADAPT SURPLUS
DEMAND
PARTNERSHIPS
QUADRUPLE AIM



Chair

Kimberly McNally, MN, RN, BCC
Trustee, UW Medicine
Seattle, WA

Rhonda Anderson, RN, DNSc (h), FAAN, FACHE
Phoenix, AZ

Bruce Bailey
President and CEO
Tidelands Health
Georgetown, SC

Herbert Buchanan
Indianapolis, IN

Carolyn Caldwell
CEO
Desert Regional Medical Center
Palm Springs, CA

Patrick Charmel, FACHE
President and CEO
Griffin Hospital Services Corp.
Derby, CT

Vickie Diamond, RN, MS
President and CEO
Wyoming Medical Center
Casper, WY

Erin Fraher, PhD, MPP
Assistant Professor, UNC Family Medicine. Director,
Program on Health and Workforce Research and Policy at
Cecil G. Sheps Center for Health Services Research
University of North Carolina
Chapel Hill, NC

Deise Granado-Villar, MD
Chief Medical Officer and Senior Vice President Medical
Affairs
Nicklaus Children's Hospital
Miami, FL

A.J. Harper
President
Hospital Council of Western Pennsylvania
Warrendale, PA

Constance Howes
Providence, RI

Kenneth James
Chief Executive Officer
Tennova Healthcare Harton
Tullahoma, TN

Linda J. Knodel, MHA, MSN, NE-BC, CPHQ, FACHE
Senior Vice President and Chief Nursing Officer
Mercy Health System
Springfield, MO

Bren Lowe
CEO
Livingston HealthCare
Livingston, MT

Cathy Martin
Vice President, Workforce Policy
California Hospital Association
Sacramento, CA

Jarret Patton, MD
Allentown, PA

Richard J. Pollack
President and CEO
American Hospital Association
Washington, DC
Ex-Officio member

Julie L. Quirin, FACHE
Sr. Vice President, Hospital Operations
Saint Luke's Health System
Kansas City, MO

Steven Rose, RN, MN
President and CEO
Nanticoke Health Services
Seaford, DE

Molly Seals
System Vice President, Human Resources Program
Delivery
Mercy Health
Youngstown, OH

Executive Summary	Page 4
The Imperative for Strategic Workforce Planning and Development: Challenges and Opportunities	Page 6
Current Health Care Landscape	Page 7
The Business Case for Workforce Planning & Development	Page 8
Key Topics	Page 9
Workforce Challenges for Rural Hospitals	Page 10
Shortage of Behavioral Health Professionals	Page 12
Diversity	Page 15
Educational Pipeline & Partners	Page 18
Technology & Workforce	Page 21
Value of Community Partners	Page 23
Regulatory Constraints that Impede Workforce Growth	Page 26
Strong Leadership & Succession Planning	Page 28
Work Environment	Page 30
Role of Human Resources	Page 32
Issues to Watch	Page 35
Strategic Assessment Questions	Page 37
Top 12 Recommendations for Hospitals	Page 38
Closing	Page 38

There is a critical need to elevate the discussion around workforce planning and development to ensure that it becomes a standing component of comprehensive strategic planning for hospitals/systems and not just a response to a crisis situation. Given the dramatic changes occurring in the field, hospitals and systems should begin this comprehensive planning now, aligning workforce planning and development and general operations and begin to identify and employ innovative solutions to traditional workforce challenges.



Photo by Clare McLean

The AHA's 2016 Committee on Performance Improvement (CPI) engaged hospital leaders and experts in the field to identify key workforce challenges. These are challenges that already exist today and are expected to be further exacerbated as transformation continues and pressures mount with the various dynamics of a changing payment and delivery system. The report examines:

- » **Rural communities** that face challenges around recruiting health care professionals as well as providing needed education and training opportunities for existing staff.
- » The current inadequate supply of **behavioral health** professionals.
- » The **educational pipeline** that needs to be enhanced and **partnerships** between academic and medical institutions strengthened.
- » Recognizing and appropriately harnessing the potential of **technology** to meet workforce needs of the future.
- » **Community partnerships** that can be expanded to improve community health and wellness.
- » **Regulatory and policy constraints** that impede the ability of hospitals and health systems to recognize the full potential of the current workforce.
- » How strong **leadership** will be vital to implement innovative change.
- » How ensuring a safe **work environment** must be incorporated to any discussion on workforce.
- » The current workforce is already diverse, but as hospitals and systems plan for the future workforce they must strive for more **diversity** in all aspects – race, ethnicity, gender and age.
- » The role of **human resources** that will be even more vital as workforce planning and development becomes a component of comprehensive strategic planning.

In addition to addressing the above challenges, it will be imperative for the planning and development process to assess the current and future needs of the patients and community, redesign the organization to meet those needs and in doing so ensure that they have the correct health care professionals with the appropriate skills and capabilities to match. The report includes an assessment tool developed by the committee members:

Strategic Assessment Questions

1. How do you currently engage in workforce planning and development?
2. Whose responsibility is workforce planning?
3. How is workforce planning and development woven into your organization's overall strategic planning process?
4. What role does your board play in workforce planning?
5. How are you investing in workforce planning? What percent of your total budget is spent on building workforce capacity?
6. How have you assessed, collected data and modeled future workforce needs and gaps?
7. Do you actively engage in recruitment and retention efforts?
8. What succession planning processes do you have in place?
9. How does your workforce impact your community's health? Have you used your CHNA to guide workforce planning and development?
10. Have you partnered with other organizations – health care or community partners – to:
 - » Bolster educational opportunities?
 - » Enhance recruitment efforts?
 - » Engage in interprofessional education?
11. How confident are you that you will meet your workforce needs in the coming year? In the next 3-5 years?
12. Have you measured your organizations safety culture, as well as employee engagement and/or assessed reasons for dis-engagement?

In addition to the assessment questions, the committee gathered these top 12 recommendations from hospital leaders and subject matter experts:

1. Know your system transformation strategy.
 2. Know your system model of care (and/or help create it).
 3. Develop a workforce plan based on community needs and continuum model of care.
 4. Know the timeline for implementing/transitioning various components of system strategy.
 5. Develop an education plan for the different/new roles and functions of your workforce.
 6. Create an overall transition plan and timeline for all areas of the care continuum.
 7. Budget for staff education and training.
 8. Budget for transitions to and from areas along the continuum.
 9. Educate all leaders on your timeline, their roles and responsibilities in developing a system-wide talent mapping process, development plans for staff and effective transition plans.
 10. Use and include provider skills and expertise in your talent mapping process.
 11. Collaborate with other entities within your community.
 12. Collect and use data; create dashboards to assess progress.
- Additional resources and case examples are included in the full report.

The Imperative for Strategic Workforce Planning and Development: Challenges and Opportunities

Having a robust and engaged workforce is absolutely critical to the success and sustainability of our nation's health care system. Without it, hospitals would not be able to deliver the high-quality care that patients deserve, or serve as leaders and partners in enhancing the overall health and wellness of communities.

We can no longer think of workforce only in terms of our current providers. We must begin planning now for tomorrow and embed workforce planning and development into overall strategic planning. There is a critical need to elevate the discussion about workforce planning and development so that it becomes part of a comprehensive strategic plan for hospitals and systems and not just an issue to respond to in a crisis situation. Current employee shortages, an older health care workforce nearing retirement coupled with the aging patient population, the changing health care delivery system, limited access to behavioral health services—all these issues align to make workforce planning an immediate priority.



The workforce influences practically every aspect of providing high-quality care. Without an adequate and appropriately trained supply of health professionals, the hospital field will not be able to meet the needs of an aging population, care for patients in rural communities, address and integrate behavioral health and physical health and provide the breadth of services the changing health care environment will demand. With a fundamental shift in how health care is provided and paid for, and with hospitals transforming and redefining themselves, there is an urgent need to begin comprehensive workforce planning now.

The health care field must be forward thinking, employ innovative strategies in responding to change and, ultimately, take responsibility for building a robust and ready workforce. That will not happen quickly; it will require strategic thinking and planning on a number of fronts. This report from American Hospital Association's 2016 Committee on Performance Improvement explores the

key components of workforce. It will help facilitate a national conversation about why the alignment between workforce planning and development and operations is critically needed now. Changing care delivery models, changing payment models, increasing numbers of people accessing care through the Affordable Care Act, an aging population, aging caregivers and more patients presenting with comorbidities—all necessitate a focus on the workforce of today and tomorrow.

Current Health Care Landscape

The hospital of the future, led by today's and tomorrow's workforce, will continue the promise of providing health and healing to those in need. Yet the commitment to doing so will extend beyond the walls of a hospital and focus on better coordinated, patient-centered care that advances the health of the community.

As the health care delivery system shifts from the “first curve” of volume-based care to the “second curve” where care is monitored and reimbursed in a value-based system, hospitals are grappling with how to redefine themselves to best meet these changes. With delivery and payment system reform already well underway, hospitals are looking to transform either through specializing, partnering through a strategic alliance, redefining to a different delivery system model, experimenting with new delivery and payment models like accountable care organizations (ACOs) or bundled payments, integrating or pursuing a combination of these paths. To guide them, hospitals use the Institute for Healthcare Improvement's Triple Aim: improving the patient experience, improving the health of populations and reducing costs. Given the multiple pressures facing hospitals during this time of change, increased efficiency and quality are paramount.

Specific to the issue of workforce, provider roles are changing, expanding and shifting from hospitals into the community as well as to virtual exchanges with patients. Because of these changes, the skills and competencies of health care professionals will need to expand and shift to meet patient needs and expectations. Expecting that the current workforce will be ready to meet these new demands without an intentional, deliberate effort is shortsighted and could ultimately hamper hospitals from providing safe, effective, quality care to their patients and communities.

The workforce is aging, and burnout and retirement are real issues that hospitals must address. There will be an exponential loss of experience as caregivers retire, leaving a knowledge and talent vacuum. Building an infrastructure to support a multigenerational workforce that emphasizes new and redesigned roles and harnesses and retains that talent and knowledge will be imperative.

Furthermore, the population in U.S. communities is becoming more diverse in ethnicity, language and religion. To be prepared and able to deliver safe, well-coordinated patient care of the highest quality to consumers who are more diverse and engaged than ever before, health care



Photo by Dean Shepard

organizations must identify key challenges as well as innovative approaches to better recruit, educate and train health professionals who reflect the diversity of those they serve.

The Business Case for Workforce Planning & Development

For hospitals and health care systems, the ability to successfully navigate the complexity and uncertainty inherent in transformation is not guaranteed. But by strengthening leadership and governance engagement in workforce planning and development, hospitals will more likely be successful in achieving the Triple Aim. As boards, CEOs and executive leaders spend time in strategic planning activities, they must incorporate workforce planning and development. Any realignment, redesign and retraining of the workforce begins with senior leaders who explicitly make workforce planning and development a priority.

It is time for health care leaders to think strategically and innovatively—not just operationally—about workforce issues. The workforce is changing dramatically, and it will continue to become more diverse and more inter-generational. It will be critical for hospital boards and leadership teams to make investments in workforce now, to better position the organization to navigate the paths of transformation. Workforce needs and concerns must be a priority in all communications.

An effective culture is key to any successful organization and likewise is an integral part of workforce planning, along with engagement and trust. A culture of trust will go a long way when trying to adopt nontraditional strategies and innovations that are valuable not only to senior leaders but, more importantly, valuable to staff. As workforce needs become integrated into overall organizational planning and as organizations become more proactive in trying to retain and redeploy current staff versus focusing solely on recruiting new staff, workforce will become a responsibility of everyone, not just those in the human resources department.

With the health care system evolving and the patient at the center of the care team, workforce development strategies need to acknowledge and reflect where the customers are coming from. By knowing its patients and community, a hospital can build a system that meets patient needs, aligning the skills and abilities of its current workforce with those needs while planning for what may be needed in the future. Consumerism will drive the future of health care, and therefore, the future of the workforce.

Health care leaders should use workforce planning and development to forecast the care team configuration that will best meet the needs of the patient, thereby ensuring the talents needed to ensure future success. Collecting better data and employing new resources to assess the current workforce and forecast future needs will allow hospitals to use their existing workforce more efficiently and create opportunities to retool roles to better meet the needs of patients. This process will include collecting a



profile of the current workforce; determining future workforce needs based on the organization's path to transformation; changing delivery and payment system implications that affect current and future health professionals; and ultimately working to close any gaps by identifying, educating and training those health professionals. This process helps health care organizations not only identify current or future staffing needs but also hone key strategies, goals and behaviors needed to effect positive change.

At Bayhealth in Dover, Delaware, CEO Terry Murphy and his team are using the same approach to workforce planning and development as they use for developing new board of trustee members. They use a very deliberate process to understand whom their board members represent, their age and tenure, recruit new Board members and retain them once they are serving. Murphy is using this same approach for the two-hospital system's workforce: in response to multiple studies that indicate the aging workforce will have a large impact on workforce numbers, the Bayhealth executive team has recently begun assessing their current workforce. Once the data is collected and studied, they will address what they will do differently based on this data. The information will influence the overall recruitment and retention plan, which may include partnering with local high schools or expanding an existing partnership with the University of Delaware. Murphy believes that having a plan for the health system's governance is critical to its future, and equally important is having a proactive plan for addressing workforce planning and development for the next five, 10 and even 20 years.

Workforce planning and development will help health care boards and leaders identify what skills and competencies are missing, or will be required, to achieve their goals as well as illustrate what financial investment is needed to achieve the organization's vision. Proactive planning and pipeline development can help health care leaders avoid immediate workforce crises. Planning for workforce needs at all levels and positions within an organization is vital. Thinking outside traditional staff roles will be important. For example, hiring employees with community health or data informatics background may be valuable given the changing delivery system, especially when hospitals and health systems are taking on more financial risk. Understanding the skill sets of the workforce will help leaders better understand staff needs and may better predict burnout or other retention issues. With this knowledge, planning can be more strategic, and hospitals can work to build capacity in all critical roles, beyond doctors and nurses. Investing in the development of front-line staff will help first in attracting workers to an organization but also in retaining workers by opening new career paths.

Key Topics

As the AHA Committee on Performance Improvement has worked together and listened to experts in the field, a plethora of challenges have been brought forward. These challenges already exist today but are expected to be further exacerbated as transformation continues and pressures mount with the dynamics of a changing payment and delivery system. As hospital and

health system leaders think beyond day-to-day challenges and begin preparing for longer-term sustainability and success, the points below must be considered.

Workforce Challenges for Rural Hospitals

Rural hospitals are not immune to the struggles around building and sustaining a strong workforce; in many cases, the challenges are more pronounced in rural communities. Rural hospitals are just as dedicated to providing high-quality care to patients as any other facility; they do so with the added challenges of remote locations, limited staff and often, constrained financial resources.

Roughly 20 percent of the U.S. population lives in what is considered a rural area, and patients in these areas are more likely to have multiple chronic illnesses and higher mortality rates. This underscores the need for a strong workforce now and in the future.

Many small, rural hospitals report difficulties in attracting needed professionals to their communities. The inability to field a full staff inhibits the ability to provide patients with a full spectrum of services. Staff shortages also negatively affect the ability to meet certain staffing requirements. It will become increasingly important for rural hospitals to work with staff, encouraging academic growth and establishing education and training opportunities for them. As the health care system evolves and new infrastructures are built, care settings will likely shift. During strategic planning sessions, hospitals should consider new roles for older workers and work to align the skill sets of their current workforce with current and future community needs. As care becomes more integrated and takes place outside the hospital walls, opportunities and needs will arise for health clinic staff, therapists, transitional care nurses and other health professionals.

Recruiting and hiring additional professionals and attracting students graduating from health professions schools must be an essential component of strategic planning for rural hospitals. Recruitment strategies should include partnering with other community organizations and involving community leaders in establishing the value and mission of the rural community. Additionally, community leaders can work together to help align the career and educational needs of spouses. Hospitals should engage in leadership development, specific to workforce issues, to enhance recruitment possibilities and become an employer of choice. Hospitals in rural communities do have the advantage of knowing their staff and patients, so with some strategic planning they can often be more creative in meeting challenges. Investments made in staff training and education, as well as those made to grow the pipeline of future workers are beneficial; many workers desire to stay local as long as education and employment options exist.

Retention is also key, to keep the current workforce in the community and ensure that graduates of local schools stay “home” and work in local facilities. Many underserved locations have loan repayment opportunities available to new staff and also offer compensation packages that include educational and professional development opportunities. Successful retention efforts will ensure that needed services remain available, reduce staff turnover and help bolster the infrastructure for the

future health care system.

Rural health care facilities must combat concerns about heavy staff workloads because of not having a full spectrum of professionals in place, particularly specialists and behavioral health professionals. Telehealth is proving helpful and will continue to be part of the workforce solution moving forward, by lessening professional isolation and augmenting clinical support.

Partnerships also will become key, through using technology and collaborating with other small hospitals, as well as networking with large systems. Together rural hospital leaders should consider investing in programs to increase the number of health care educators so prospective students and new caregivers are maximized. Many rural communities lack training sites or locations for clinical rotations. Building an infrastructure to train caregivers and staff in the locations where they are most needed can have a downstream impact, encouraging them to stay and fill needed roles. Additionally, rural hospitals should advocate collaboratively for the development of statewide curriculums to promote academic progression.

Examples from the Field:

- South Dakota's *Avera Health* eEmergency service uses two-way video equipment in rural emergency rooms to communicate with and get support from emergency-trained physicians and specialists at a central hub, 24/7.
- Missouri-based *Mercy Health* began investing in advanced telehealth capabilities in 2008 and now operates programs in specialties ranging from stroke care to a tele-psych program. Nineteen of *Mercy Health*'s 33 hospitals have fewer than 50 beds and are in rural regions of Missouri, Oklahoma, Kansas and Arkansas. The investments allow the health system to increase access for rural patients. Strategies include deploying clinicians to remote locations, adopting telehealth and using in-home monitoring capabilities.
- The Tennessee Rural Partnership (TRP) an operating subsidiary of the Tennessee Hospital Association was founded to address the increasing challenges of providing healthcare in rural and underserved areas across the state by assisting in the recruitment, placement, and retention of physicians and other health professionals. We work to integrate our overall mission to fulfill the workforce needs of rural and underserved communities in our state. TRP connects clinicians to communities. This is done by matching the clinician's needs with a practice site in a community of their choice. Primary care physicians, nurse practitioners, and physician assistants are matched with jobs in rural and underserved communities.

In order to attract and enable clinicians to practice in rural communities, TRP administers three incentive programs: the Tennessee Residency Stipend Program, an NP/PA Incentive Program, and a Rural Practice Incentive Program for communities.

In 2016, our programs were expanded to include the recruitment and support of

psychiatrists and psychiatric nurse practitioners due to the growing need for mental health services in our state.

Additional Resources:

- *AHA Report: Task Force on Ensuring Access in Vulnerable Communities.* <http://www.aha.org/advocacy-issues/accesscoverage/access-taskforce.html>. The information in this report expands on the variety of issues that rural hospitals face and provides ideas for solutions that could be valuable as part of a strategic workforce planning and development program.
- *The Community Apgar Questionnaire (CAQ)* assesses a community's capability to recruit and retain physicians to critical access hospitals and community health centers. The CAQ consists of questions incorporated into five classes; each class contains 10 factors, for a total of 50 factors/questions representing specific elements related to recruitment and retention of physicians. The CAP utilizes the results compiled over a two year period to provide a real time assessment of a community's ability to develop and execute action plans for improvement. Learn more at https://hs.boisestate.edu/chp/files/2012/05/Apgar_Description_Final_5-10-12-2.pdf.

Shortage of Behavioral Health Professionals

Concerns over the inadequate supply of behavioral health professionals and available services is not an urban or rural issue: It is an urgent challenge facing hospitals everywhere. All hospitals, regardless of size or location, treat patients with behavioral health needs. These clinicians are called upon often regardless of whether it is their trained area of expertise. Integration of behavioral health and physical health must occur, particularly in primary care settings, to better address the “whole person” and take into account any implications related to social determinants of health. This may entail employing new telehealth strategies and also developing and deploying new job positions – social workers, case managers, coaches and other behavioral health specialists, that can offer needed support for patients, and triage follow-up with patients, thereby expanding behavioral health services.

Moreover, when improving population health, health care leaders must understand the role that behavioral health plays as they will be held accountable for patients' mental and physical health. Many patients with behavioral health needs access care through the emergency department because there are not enough services available within communities, which drives up utilization. The health care system needs to create a much stronger continuum of behavioral health care services, including psychologists, therapists, trained emergency medicine and primary care physicians,

and to strengthen relationships with community organizations. Hospitals can serve as collaborators on the behavioral health continuum, providing coordination with other community partners, training incumbent clinicians and helping develop new roles, both inside and outside the clinical arena.



Considering and funding behavioral health as something separate from the integral part of an individual's overall physical health is shortsighted. And while we wait for the current health care system to be revamped to better align behavioral health needs with the transformation that is underway in the delivery and payment systems, workforce shortages will continue.

Strategic planning and workforce planning must be integrated. In doing so, health care leaders must think about who will deliver care in the changing system – that is, what “type” of professionals make up the most effective workforce. For example, simply adding more psychiatrists to the system may not be the only solution or the best solution. What kind of needs are not being met and how can they be met in the most efficient and effective way possible? Due to the discrepancies in how behavioral health is currently funded and how clinicians are reimbursed, there are not adequate financial incentives to encourage new clinicians to choose this specialty.

As the health care field grapples with moving from the first curve to the second curve or employing second-generation strategies, accounting for behavioral health needs and caring for the overall needs of a patient are already a second- generation value. Applying a team approach to behavioral health, with psychologists and psychiatrists serving as team leaders and working together in a multidisciplinary team including caregivers from other disciplines and at different practice levels not only make sense for patients, but is a key workforce strategy. Building a team in this manner allows for other clinicians, such as therapists, patient navigators, coaches and others, to support physicians and further incorporate behavioral health screenings into primary care.

In addition, as hospital leaders consider workforce challenges around behavioral health and assess current staffing needs, they also must collaborate with educational partners to ensure training and education for new clinicians coming out of health professions schools, as well as to provide continuing education for the existing workforce.



Photo by Clare McLean

Currently, there are only 45,000 practicing psychiatrists and more than 400,000 behavioral health workers. The answer to solving this discrepancy may not be found in traditional thinking, where workforce planning means increasing staff numbers. Rather, leaders must think more broadly, bringing in a public health perspective and considering different caregiver roles, including the nontraditional and nonmedical peer support staff and counselors. These individuals can play a key role by assisting in emergency departments, helping to de-escalate situations with patients or families, and assisting with

online tools and screening assessments. These caregivers can be particularly helpful in handling patients' substance abuse and addiction issues.

The AHA Workforce Center's recent publication, *The State of the Behavioral Health Care Workforce: A Literature Review*, provides an overview of the challenges facing the health care field around the behavioral health workforce. This publication suggests that moving beyond merely educating and hiring more psychiatrists and psychologists will be imperative in integrating behavioral health with physical health assessment and care. To assist hospitals and systems in this quest to expand the behavioral health care capabilities of their entire workforce, the AHA Workforce Center also published a seven-step guide (found here:

<http://www.aha.org/content/16/16oct-behavworkforce.pdf>) on how to think more broadly about workforce issues and address behavioral health care needs across the care continuum.

Last, hospitals leaders would be remiss to think about workforce needs and solutions without fully exploring the role of technology. Tele-psych programs and virtual health teams can become a key workforce strategy. While the concept of remote caregivers initially may make some people uncomfortable, numerous successful models are already being employed, delivering needed behavioral health and offering many replicable components.

Examples from the Field:

- The *Sanpete Behavioral Health Community Network*, a collaborative of providers and community entities in Mount Pleasant, Utah, was created to address the overutilization of the emergency department (ED) as a de facto mental health care system at Sanpete Valley Hospital, a critical access hospital in the Intermountain Healthcare System. Many repeat visitors to the ED presented with co-morbid physical and behavioral issues because they did not know where to access care, or they did not have the resources to do so. There is no psychiatrist in Sanpete Valley, and options for psychologists are limited. The network includes a patient liaison, who works to ensure that patient care is seamless across multiple settings: volunteer providers, who augment the team-based approach; and a medical director, who provides counseling sessions at a reduced cost to in-network patients and serves as a link to specialty psychiatric care. One of the many benefits of the expanded emphasis on behavioral health care has been educating and activating the community to help those who need care, thus reducing the stigma of mental illness. For more details about this program, read <http://news.aha.org/article/160525-community-behavioral-health-community-extends-beyond-traditional-health-care-space>.
- *Carolinas HealthCare System* has built a comprehensive, integrated system of inpatient, outpatient, school-based, crisis and residential treatment programs. With a specific focus on integrating behavioral health into primary care, Carolinas HealthCare System's behavioral health team has created a forward-thinking approach to providing care to people with mental health issues. Efforts focus on screening for and detecting mental

illness early by working with primary care doctors; treating mental illness in the early stages; and educating communities about mental illness and substance use disorders.

Additional Resources:

- AHA Behavioral Health resource page www.aha.org/behavioralhealth.
- *The State of the Behavioral Health Workforce: A Literature Review* www.aha.org/workforce.
- *7 Steps to Expand the Behavioral Health Capabilities of Your Workforce: A Guide to Help Move Forward* www.aha.org/workforce.

Diversity

As with the current workforce, the workforce of the future must reflect the diversity of the community. The commitment to achieve a diverse and culturally competent workforce must come from leadership, executive and governance teams, who must incorporate cultivation of a diverse workforce into strategic planning. The dynamics of a growing intergenerational workforce must also be considered.

As the United States becomes more diverse, health care must reflect and respond to an increasingly heterogeneous patient population. Hospital leaders must recognize that their communities and organizations are diverse, regardless of the community's primary ethnicity. Equity strategies should encompass wide inclusiveness of veterans, multigenerations and people of diverse religions, disabilities and sexual orientation. A recent AHA Institute for Diversity in Health Care Management webinar offered these facts:

- » By 2042, whites will be a minority in the U.S. (47 percent of the population);
- » The black population will grow by 56 percent;
- » The Latino population will triple to 29 percent of the U.S. population.

Given these and the multitude of other statistics that demonstrate national demographic changes and inequitable access for certain populations, the approach to workforce planning needs to shift, change and develop just as health care is shifting and changing.

The AHA's #123 Pledge for Equity Campaign focuses on:

- » Increasing the collection and use of race, ethnicity and language preference data;



Photo by Clare McLean

- » Increasing cultural competency training; and
- » Increasing diversity in governance and leadership.

As of February 2017, more than 1447 hospitals and 60 state and metropolitan hospitals have made the pledge.

This important commitment to increasing and supporting diversity in health care is critical because, as our communities become more diverse, our workforce must also diversify so that it begins to mirror the communities it serves. Learning how to care for people with different values and perspectives about health and wellness is a moral, business and strategic imperative that requires the input and participation of senior leaders and every member of the health care team. Awareness of diversity issues and a commitment to collaborate and focus on such issues across the workforce are key components of any workforce strategy.

Multiple generations are now in the workforce: baby boomers, Generation X, and millennials representing the largest percentage, with some traditionalists (born 1945 or earlier) and Generation Z or iGen (those born 1996 or after). This variety is unprecedented in U.S. history and provides another element of diversity in the workforce. It also presents opportunities and challenges that can strengthen the workforce and better care for communities that mirror this diversity.

Concurrently, millennials, who range in age from 18 to 37, comprise the largest population cohort in U.S. history. They account for more than \$1.3 trillion in spending, or 20 percent of the U.S. total.

Diversity is an integral piece of workforce planning and development, and the incumbent workforce must be engaged in creating a work environment that supports an inclusive and culturally competent workforce. Barriers to growing a diverse workforce, like educational costs or complex applications and forms, should be addressed.

Examples from the Field:

- The *Institute for Diversity in Health Management* has collected numerous case studies and best practices that are emerging from the **#123PledgeforEquity** Campaign. These resources can be found on the campaign website: www.equityofcare.org.
- In 2012, *Robert Wood Johnson University Hospital* (RWJUH) in New Jersey identified diversity and inclusion as a key strategic commitment and implemented its first board-approved diversity and inclusion plan. One component of the diversity and inclusion plan was creating employee-led business resource groups, also known as employee resource groups. RWJUH now has seven business resource groups:
 - » Advancing Women through Advocacy, Recognition and Empowerment (AWARE)
 - » Asian Society for Impact and Advocacy Network (ASIAN)
 - » Black Professionals Network (BPN)
 - » Emerging Leaders Network (ELN)

- » Promoting Respect, Outreach, and Dignity (PROUD) for LGBT employees
- » Service and Advocacy for Latinos United for Development (SALUD)
- » Veterans Engaging Through Service (VETS)

RWJUH's business resource groups have helped advance the hospital's business objectives by improving employee and patient engagement, community outreach and diversity, and cultural competency education. RWJUH works with the business resource groups to engage and develop the next generation of leaders. For example, business resource group leaders are mentored by executive sponsors and frequently interact with leaders across the system.

In a recent survey of RWJUH's business resource group members about their level of engagement, 70 percent said the business resource groups added value to the employee experience. Furthermore, because of RWJUH's support of business resource group involvement, employees believe that "RWJUH is committed to [their] overall growth and development." As a result, employees are more satisfied with RWJUH as an employer. The return on investment for engaged employees and for the organization has been measured in the number of promotions among business resource group leaders, expanded job roles and responsibilities, enhanced business acumen, and visibility as the next group of leaders at RWJUH. Since the program began in 2012, more than 30 percent of business resource group leaders have received a promotion within RWJUH.

- *Kaiser Permanente* has deployed its "Millennium Strategy" companywide to work with young employees within the organization. This strategy includes assigning mentors; structuring jobs around needs of the younger generation; and most importantly, inviting insight and listening to how younger employees want to work and progress with Kaiser.
- *Lowell Community Health Center* in Massachusetts employs community health workers (CHW) to address some of its many community health challenges and needs. Massachusetts has established centers across five regions that train CHWs, with a curriculum that focuses on 10 core competencies. These workers can bridge the communication and cultural gaps between clinical staff and patients and help clients overcome barriers within the complex health care system. Furthermore, as part of an interprofessional health care team, CHWs can advocate for the patient and provide cultural responsiveness and mediation.

Lowell Community Health Center identified a need to address children's asthma attacks in the community. Massachusetts has among the nation's highest incidence of the disease, and a federal program was initiated in Lowell, where more than one in 10 suffer from the chronic illness. Many Lowell residents are Hispanic or Cambodian. CHWs teamed with registered nurses (RNs) and conducted home visits of 172 families affected by asthma. CHWs were charged with finding and eliminating environmental triggers in the children's homes. During the visits, CHWs provided asthma education, assessment and strategies,

often in the family's native language, and identified contributing factors such as second-hand smoke, toxic cleaning products and pest infestations. The federal funding allowed the families to receive mattress encasements, low-emission or HEPA-filtered vacuums, and access to smoking education and cessation programs. RNs supplemented these strategies by coordinating care with primary and/or specialty services and providing referrals to community services. As a result of the CHWs' interventions, asthma attacks fell by 76 percent and hospital emergency visits decreased by 81 percent.

Educational Pipeline & Partners

The education of the future workforce is an integral piece of workforce planning and development. Effective education includes not only new students entering health profession programs but also the incumbent workforce, many of whom are not prepared to deliver care outside of the acute care setting where they were trained.

To date, training for health care professionals has not kept pace with the changing delivery settings. As an example, much education and training continue to emphasize inpatient care although patient care now has shifted dramatically to the outpatient setting. Therefore, workforce training needs to be commensurate with those expectations, and hospitals will need to work more closely with educational institutions to properly develop, educate and train the workforce for the future. But hospitals must not overlook K-12 educational partners in growing a different pipeline for entry into middle-skills jobs.

For new students entering medical or nursing school or other health professions programs, the emphasis on systems, quality, safety, team-based care and informatics is increasing. Curriculum changes are being made, and will continue to be needed in order to ensure that training for health care professionals occurs for all needed skills and competencies. Medical students are spending more time with patients earlier in their studies, and nursing students are learning about population health issues, epidemiology and care coordination strategies. At the University of Washington School



Photo by Clare McLean

of Medicine, new faculty were hired to teach communications skills throughout the four years of a student's medical education, with a focus on communicating with patients as the key member of the health care team. All health professions faculty are challenged by how to best incorporate interprofessional, team-based education for students who will most likely be practicing and caring for patients as part of care teams. The Interprofessional Education Collaborative, founded by a cadre

of associations representing education of future health professionals, has developed competencies for interprofessional education that many schools have adopted. Additionally, hospitals will not achieve a diverse workforce without purposefully supporting diverse students with educational opportunities and career paths.

The next challenge is helping and training faculty to teach these new concepts when they have fewer resources available to them for their own training and when many of them are nearing retirement age. Many professional associations have developed resources for faculty that include webinars, publications, case studies and scenario-based examples to assist faculty in teaching new topics.

Preparing faculty to teach new concepts and prepare the future workforce is only one piece of the education pipeline. New graduates are entering the workplace with new skills and important knowledge about the current health care landscape, but it does not mean they are fully prepared to practice in evolving new care models. This is where the important concept of academic-practice partnerships must be considered to ensure new staff have the essential skills needed to be job ready. All of the education experts the committee was fortunate enough to hear from underscored the importance of hospitals partnering with their health professions programs and schools so that schools understand the hospitals' needs and hospitals understand the curriculum and how that education translates into practice. Some ways to enhance academic-practice partnerships include by creating joint appointments at the hospital and the school; understanding the costs (both financial and quality) incurred by schools and hospitals when the education and training of students is insufficient to care for patient needs; and co-creating curricula that provide a creative and mutually beneficial transition to practice for all students.

Skills needed by the future workforce:

- » Be innovative
- » Be willing to take calculated risks
- » View change as an opportunity
- » Build strategic and unique relationships/partnerships
- » Understand business and policy implications of health care
- » Encourage continuous learning at all levels
- » Understand data/statistics as they relate to quality improvement
- » Learn about disease prevention as well as treatment
- » Know the basics of information technology
- » Possess general communications and management skills
- » Possess moral courage

For the workforce already in practice – the incumbent workforce – the need for education and retraining is great and on the same topics as new students: new care delivery models, population health, care coordination, team-based care, quality and most importantly, national changes in health care. It is critical that members of the incumbent workforce understand their role in the organization and the changing system, open and accelerate new paths for advancement, and understand that their roles are vital to sustaining the organization's mission and vision. The ability to address their

concerns, address their education needs and train them to deliver care differently – however that is needed for your organization – is paramount to retaining them as part of your workforce.

Examples from the Field:

- *Delaware Healthcare Association* took advantage of a federal grant program for “RN to BSN” to provide small grants to individual students so they could participate. Delaware hospitals have joined together to continue the grant program after the federal program ended.
- *The Maryland Hospital Association* worked with hospitals, insurers and the business community to raise \$17 million for nursing schools to be able to help address pipeline issues within the state.
- The *Tennessee Hospital Association* led and served as the facilitator for the Tennessee Promise of Nursing Grant Program. Funding for this grant program was provided by hospitals and healthcare agencies with the state and other national companies to help new nursing graduates gain clinical experience through nursing externships, internships or other innovative approaches. The program awarded \$171,000 statewide and will help new nurses hone their skills to specific practice areas and /or clinical settings. Six of the grant awards (for a total of \$90,000) were awarded to nursing programs within the state for internship or residency programs. The other awards were for other innovations such as mentorship programs, web-based training or other approaches for helping new graduates transition from academics to practice.
- *Aultman Hospital* has employed a number of efforts to enhance educational opportunities as well as build the pipeline for future caregivers. Efforts include keeping a nursing diploma school, even during the low point of enrollment. The hospital recently converted this two-year program into a college of nursing and also received approval to add a BSN program. The hospital also created Exploring Leaders, a program that gives high-potential employees yearlong personal development and management development training to encourage retention and internal advancement. Similarly, through the Action Academy, existing entry-level staff receive training to advance to professional positions. Aultman is actively engaging youth through its summer symposia, giving students exposure to health care professions for a one-month period. The teen scrub program exposes younger children to health care careers.
- At *Midland Memorial Hospital (MMH)* in Midland, Texas, Bob Dent, chief nurse executive, led his team in strengthening relationships with schools of nursing; increased the tuition assistance from MMH; and created a scholarship with their foundation to eliminate the financial burden for nurses returning to school. Between 2007 and 2016, the number of BSN-prepared nurses at Midland Memorial Hospital increased from 7 percent to 60 percent. Dent served on the Texas Team Action Coalition and Practice Committee, a statewide

organization developing strategies for BSN initiative improvements. The coalition's strategies have been responsible for BSN improvements statewide from 47 percent BSN in 2010 to 55 percent in 2016. This is significant as Texas has twice the number of associate degree nursing programs as BSN programs.

Furthermore, Dent and his team led an effort to establish a partnership between Midland Memorial Hospital, Midland College, and the University of North Texas Health Sciences Center, which created a doctorate of osteopathic medicine pathway program for citizens of Midland. The program will assist underprivileged citizens of Midland with an opportunity to pursue a higher education degree and build the primary care base in an underserved area.

In addition, MMH led the effort to create a collaborative partnership between Midland Memorial Hospital, Texas Tech University Health Sciences Center, and Midland College to establish a comprehensive simulation center, F. Marie Hall SimLife Center. This simulation center serves students at Midland College, nurses and other clinicians at Midland Memorial Hospital and students and medical providers at Texas Tech University Health Sciences Center.

Dent says that academic-practice partnerships are a must because they benefit students and the workforce and provide an exceptional experience for patients, their visitors, and the community. The biggest challenge for the programs are recruiting and retaining quality faculty, but the partnerships enable those in practice to reinforce what students are learning in the classroom. The relationships with deans and faculty have also strengthened over time, and a Health Careers Consortium brings together nurse leaders from academia and practices across the region to address workforce issues and develop strategies.

Additional Resources:

- *IOM Future of Nursing Campaign* <http://campaignforaction.org/>.
- Engage your local chapter of HOSA – Future Health Professionals whose purpose is to develop leadership and technical skill competencies through a program of motivation, awareness and recognition for middle and high school students, which is an integral part of the Health Science Education instructional program. HOSA chapters encourage and enable young men and women to consider health care careers across the continuum. Find out more at www.hosa.org.

Technology & Workforce

Recognizing the potential of technology will be vital as health care leaders begin to think

ahead and strategically plan to meet workforce needs of the future. Two separate and distinct areas must be understood: how technology will change the education of the future workforce and how technology will affect the way the workforce cares for individuals and how those individuals access and interact with their caregivers.

As we have already witnessed and will continue to see, technological and virtual modalities are being harnessed and developed to create educational opportunities in health professions programs across the United States, including for existing staff who may be transitioning to new roles. Training and education can occur online, which broadens the reach of health professions schools. Technology can advance new job training through simulation centers and help create excitement about working in another part of the continuum of care besides the acute care setting.

The technology explosion also has created a multitude of opportunities for employees to enhance their clinical skills. Many opportunities exist in using telehealth and expanding services to rural or underserved areas. These modalities are being seen particularly in implementing tele-ICUs, EMedSurg programs and also expanding behavioral health services through tele-pysch. Proper employment of information technology, along with follow-up visits to patients in their homes by health coaches, APRNs and pharmacists, has proved to keep people healthier and out of emergency departments.

While the health care field has come a long way with telemedicine, building electronic medical records and improving outcomes through advances in science and technology are very real, current challenges that need to be addressed during workforce planning. Problems around interoperability still exist when different systems or technology platforms do not “talk” to one another. Another challenge is finding and employing IT staff who understand the nuances of advancing telehealth and using data analytics. Additionally, attracting and hiring the right coders and data analytic specialists is a challenge because of the complexity in health care. However, knowing and understanding this challenge is a first step in planning for a competent workforce that can master the complexity of technology for the hospital’s benefit. These professions are critical to a well-functioning organization.

Example from the Field:

- Sanjeev Arora, M.D., a liver disease doctor in Albuquerque, New Mexico, was frustrated that thousands of New Mexicans with hepatitis C could not get the treatment they needed because no specialists lived near them. The clinic where Arora worked was one of only two in the entire state that treated hepatitis C.

Arora created Project ECHO so that primary care clinicians could treat hepatitis C in their own communities.

Launched in 2003, the ECHO model breaks down the walls between specialty care and primary care. It links expert specialist teams at an academic “hub” with primary care clinicians in local communities – the “spokes” of the model. Together, they all participate in

weekly teleECHO™ clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations.

The clinics are supported by basic, widely available teleconferencing technology. During teleECHO clinics, primary care clinicians from multiple sites present patient cases to the specialist teams and to each other, discuss new developments relating to their patients, and determine treatment.

Specialists serve as mentors and colleagues, sharing their medical knowledge and expertise with primary care clinicians. Essentially, ECHO creates ongoing learning communities where primary care clinicians receive support and develop the skills they need to treat a particular condition, such as hepatitis C or chronic pain. As a result, they can provide comprehensive, best-practice care to patients with complex health conditions, where the patients live.

Project ECHO has expanded—across diseases and specialties, across urban and rural locales and across different types of delivery services.

On Nov. 29, the U.S. Senate unanimously passed the Expanding Capacity for Health Outcomes (ECHO) Act, which aims to increase access to health care in rural areas. The bill seeks to establish New Mexico’s Project ECHO as a national model for using telehealth for rural care.

Project ECHO operates more than 90 hubs for more than 45 diseases and conditions in 16 countries outside the U.S. For more information, visit <http://echo.unm.edu>.

Additional Resources:

- AHA Trendwatch Reports:
 - » The Promise of Telehealth For Hospitals, Health Systems and Their Communities. <http://www.aha.org/research/reports/tw/15jan-tw-telehealth.pdf>.
 - » Realizing the Promise of Telehealth: Understanding the Legal and Regulatory Challenges. <http://www.aha.org/research/reports/tw/15may-tw-telehealth.pdf>.

Value of Community Partners

Hospitals have a long history of serving as a cornerstone of care, an economic engine and, in many cases, an engaged partner. The partnerships and collaborations of the past need to become more robust, more strategic and more comprehensive. Per Internal Revenue Service requirements, all hospitals conduct a community health needs assessment (CHNA). If not already



Photo by Dean Shepard

a key driver in strategic planning discussions, partnerships should certainly become one as workforce planning and general strategic planning become better aligned.

The role of hospitals is changing and to meet the needs of patients and achieve community health, each hospital must actively reconsider its role. Hospitals may not need to lead all efforts, but they can convene and collaborate with others that are uniquely suited to tackle community challenges. Doing so may build a stronger infrastructure with better outcomes.

Begin by conducting the hospital's CHNA to identify patient and community needs, barriers to care and resources that already exist to meet needs. Next, hospitals should work to establish the best, most efficient way to meet any particular need. The solution may not always be in the hospital setting. A strong collaborative effort with community partners may enhance the capabilities and expertise in meeting any specific challenge or needed services. Additionally, collaboration allows efforts to be honed and strengthened, not duplicated.

The hospital of the future will play an active role in community health, but it cannot address all community needs alone. The workforce planning process should identify which organizations and individuals within the community possess certain competencies. Then community partners can work to establish a collaborative approach, identifying key responsibilities for improving population and community health. Community partners can augment many outreach activities, enhancing sustainability and increasing recruitment and legitimacy of efforts. Partners that should be considered are community colleges and, more widely, the leaders within local school systems. In addition to partnering with educational partners, hospitals should consider partnering with other hospitals, public health departments, social service organizations, law enforcement, workforce investment boards and even city and county urban planning and development departments. Developing relationships with these institutions should become key to any outreach or partnership strategy.

The bottom line for hospitals is to expand upon what has already been done in terms of community partnerships to enhance the value of community outreach work.

Examples from the Field:

- Providing access to jobs with family-sustaining wages, excellent benefits and opportunities for advancement is a foundational principle for workforce development programs at *Partners Healthcare*. Through career pipelines for youth, adult community residents and current workers, Partners creates employment, training and educational

opportunities for individuals and contributes to the economic health of communities in which they live. Through initiatives that include access to health care, prevention, and workforce development, Partners and its hospitals are making a difference in the communities they serve.

Partners community priorities of enhancing access to health care; improving health through prevention and building tomorrow's health care workforce have produced these results:

- » Thousands of Partners employees have participated in internal skill development opportunities.
 - » More than 425 adult community residents have graduated from Partners' health care training and education program over the past 10 years.
 - » More than 450 students each year are employed by Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital, Massachusetts General Hospital, and North Shore Medical Center during the summer, through a partnership with local schools.
- In partnership with the White House and the Advisory Board, *Hope Street Group* is leading a pilot project in health care to spearhead an employer-driven, competency-based career pathways system.

The seven founding *Health Career Pathways* communities include 15 health care systems, 11 community colleges and systems, seven workforce boards and 12 community-based organizations. These participating communities will adopt a common career pathways model and support more than 1,000 vulnerable Americans with training and placement into jobs. Read more about this initiative here: <http://hopestreetgroup.org/impact/jobs/sync-our-signals/hcp/>.

Additional Resources:

- Creating Effective Hospital-Community Partnerships to Build a Culture of Health <http://www.hpoe.org/Reports-HPOE/2016/creating-effective-hospital-community-partnerships.pdf>
- Building Healthier Communities Using CHNAs <http://www.hpoe.org/resources/chair-files/2859>

Regulatory Constraints that Impede Workforce Growth

In addition to incorporating workforce planning into overall strategic planning, hospital leaders must be ready to advocate for adapting federal and state regulations to reflect the value-based care system and policy constraints around workforce issues. Standardized training for nurses within regions and across states will also be key so that all hospitals will have bigger pools from which to hire nurses. This includes tackling the variability in scopes of practice, licensing requirements and curriculum. Currently, artificial barriers within and among states, particularly relating to cross-state licensing, impede the nursing workforce from functioning at full capacity. Many regulatory constraints identified are state specific, including inconsistencies around insurance-related issues to coverage and access, state licensure compact restrictions, non-uniform repayment options, the corporate practice of medicine, and physician employment.

Education and training are a multiyear effort, and without more people completing school and training programs, there will be shortages across many disciplines. Currently, medical schools cannot graduate enough doctors to meet demand, and in some cases, do not have enough faculty to keep up with current enrollment. Nursing schools are turning away potential students because there are not enough faculty to teach additional students, due to lack of new faculty and the aging of the current cohort. There must be an emphasis on bolstering the educational system as well as realigning the existing workforce to meet changing needs and demands.

To address physician shortages, more political support around graduate medical education (GME) funding is needed, given that many medical school graduates cannot get residency slots. Ideally, other health care-related organizations such as health insurance companies would be encouraged to join the solution by providing financial support for residencies, since they also benefit from adequate physician supply. In addition, when residency slots and entry-level physician positions are filled by millennials and younger generations—who may view length of employment differently and not as permanent—more residency slots may be needed to address shortages.



The Centers for Medicare and Medicaid Services made rule changes whereby GME funding does not follow the resident. This change makes it very costly to do rural rotations. In New Mexico, health care providers have received a state appropriation to compensate for loss of revenues at University of New Mexico, which places clinicians in communities to do rotations. Currently there is no real action on GME on the federal level but a lot of action at the state level using Medicaid funds. But again, this varies greatly state to state.

The AHA and other organizations are working to remove the limitations and inaccuracies of the National Health Services Corp (NHSC) and adjust the definition of a shortage. Doing so would help place providers in the areas most needed. Hospitals may want to advocate for other professions to be included in NHSC payments. For example, having surgery services is critical to a hospital's

financial success and critical to the health of the population, but such services are not eligible for NHSC funding. Another area of concern is the National Health Workforce Commission, intended to be the country's national strategic workforce planning entity; it was established but never funded. The National Center for Health Workforce Analysis, in the Bureau of Health Workforce of the Health Resources and Services Administration (HRSA), was funded and could play a role in inventorying differences in state regulatory policy and examining how using different types of workers in new models of care improves patient outcomes, lowers costs and improves access. Having such an evidence base would make it easier to advocate for a more uniform and rational approach to workforce regulation between and among states.

The ACA extends coverage for more people to access care, without a significant investment in the health care infrastructure or educational pipeline to ensure there are enough providers to accommodate the newly insured. As the health care systems shifts, staff may be able to take on new roles within the hospital and in the community, extending the continuity of care that the community and a population health approach demand.

Example from the Field:

- According to the Center for Health Policy Studies at *The Heritage Foundation*, in response to increased regulatory burdens, health care stakeholders are changing business practices. Ensuring viability in the new marketplace requires strategic planning and a vision of the future. A reevaluation of market standing, labor costs and current infrastructure is essential to ensuring solvency as the ACA is implemented. The ACA's new pressures will exacerbate attrition from burnout and dissatisfaction, worsening the existing shortage. Health care is a labor-intensive sector. The Triple Aim— improving the patient experience, improving the health of populations and reducing costs —can be guaranteed only with an efficient workforce that is large enough to accommodate the needs of a growing and aging population. Solutions to existing problems will require innovating medical education and training, improving care delivery and implementing policies to retain the existing health care workforce.
 - » **Improve education.** Many problems are endemic to professional training, and the terms and conditions of training and education should remain the responsibility of the professions.
 - » **Revisit funding.** Educational financing should reflect a better balance between primary care and specialty practices, increasing graduates of all health professions and providing financial incentives for faculty.
 - » **Remove barriers to access.** Scope-of-practice rules can contribute to the cost and inefficiency of the health care system, creating another barrier to patient access to care.

- » **Promote efficient care delivery.** Human capital is the backbone of the health care industry. Providing health care is labor intensive, and recruiting and retaining a sufficient workforce are essential. Strengthening the workforce supply should be coupled with innovation in role and task allocation.
- » **Improve the practice environment.** Increasing retention will require greater incentives. Incentives should include a mix of public policies, such as reducing liability through tort reform, Medicare payment reform, and reduced federal tax rates. In the private sector, health care businesses will need to use the most effective methods of attracting, hiring and retaining workers. Retaining talent will require extensive human resource planning and incentivizing through benefits, education and career advancement, profit sharing and workforce protections.

Strong Leadership & Succession Planning

Strong, innovative leaders can pave the way for change. Health care leaders must be willing to invest in the current workforce to train them on new care models for ensuring appropriately trained care teams, and identify up-and-coming leaders for mentoring and career advancement opportunities. Attracting new employees and also helping existing staff learn and understand how they contribute to excellent patient care in a transformed care environment are key tactics for leaders. Leaders can be instrumental in creating a strong and committed culture within a health care organization. Doing so entails transformative thinking from the top down.

Health care leaders should evaluate their process or model for workforce planning each year and adjust as necessary, based on the changing health care landscape and community needs. Leaders, along with their executive team, should begin by conducting an assessment of their organizations. It can be effective and important for all staff to understand what they are looking for out of their careers, the intersection of career and personal life, and the value they find working at the organization.

Beyond the internal leadership team, trustees must be actively involved in developing leadership continuity, engaging in cascade planning for all levels of the organization and participating in ongoing education. The board should help drive culture through all staff and ensure that workforce planning is part of the strategic planning process. In addition, diversity – in all aspects – should be represented at the board level. Boards should reflect the community and should infuse diversity in planning for the future workforce.

Another important step for senior leaders is conducting an organizational assessment to best understand the specific workforce needs combined with the strategic direction and needs



of the hospital and patients. The future strategic direction of an organization will directly impact its workforce needs. What path of transformation is the hospital traveling? What additional pressures, whether payment related or policy constraints, will affect the organization? How will unmet community needs overlay or direct planning? Assessments also can be helpful in looking at the skill sets of current staff, determining the future needs of patients, identifying actions needed to create care teams, building partnerships and developing a pipeline for new staff.

Using data will help identify the demographics of the current workforce, including their employment trends, understand their existing competencies and develop continuing education and growth opportunities to allow staff to work at the top of their skill set. Hospital leaders should consider analyzing and taking an inventory of all job descriptions within their organization to determine if the workforce is properly allocated and therefore focused on achieving the organization's goals. Doing so also will help identify gaps where staff might be reassigned or where new staff roles might be needed.

Supporting and encouraging innovation is also a key theme identified by successful leaders. Leaders may want to explore establishing apprenticeship programs or internal leadership academies to facilitate upward mobility and identify and encourage internal talent. Engaging younger employees and helping to build career pathways that emphasize needed skills and talents are critical.

Innovative approaches to workforce planning also may help extend an aging workforce: consider implementing reduced schedules while retaining benefits, allowing sabbatical policies for experienced staff and allowing flexible schedules and shifts. Also consider changing responsibilities to retain the employee's expertise while assisting with duties that include lifting, or using experienced nurses in telehealth or case management.

Examples from the Field:

- At the heart of *Sharp Healthcare* are more than 18,000 nurses, staff, affiliated physicians and volunteers who are on a journey to make health care better for patients and their families. The “Sharp Experience”—the philosophy of treating people, not patients, and transforming the health care experience for the entire community—is based on treating each person with dignity, compassion and respect, and using their clinical excellence and advanced technology to deliver the highest-quality patient care. As an integrated health care system, Sharp offers a wide choice of career opportunities at four acute care hospitals, three specialty hospitals, two affiliated medical groups, outpatient and urgent care centers, home health, hospice and skilled nursing facilities.
- *Northwell Health* has its own Center for Learning and Innovation customized around system needs. It provides training, development programs and skills updates for current employees and schooling and training or both for prospective, unskilled workers. The center can change programming and offerings as the health system's workforce needs change. Northwell has also started building the future workforce through its Scholar

Pipeline youth programs at the elementary and high school levels.

- The *Penn Medicine Academy* is Penn Medicine’s internal education, workforce development and training academy. It was created with the goal to make Penn Medicine the region’s workplace of choice, attract the best and brightest workers and have the resources needed to reinvest in the academy and all its functions. The guiding principle is to create an agile culture throughout the organization with staff, leaders, procedures and even structures allowing for the constant change occurring in the system. The academy was created with four goals: build a skilled workforce, have an engaged team, invest in strong leaders and manage change large and small. With these goals, the organization is working to create one overall culture where the practices and strategies around performance management, talent dialogue and professional development are endless. The internal communication and management practices were adapted to work toward achieving the goals. This started with onboarding, which is very important, continued with additional education for HR staff, as well as simulation labs for advanced training for clinical caregivers. Penn has been recognized for its success in having one culture, one team and one set of skills that guide all staff.

Work Environment

The importance of the work environment and culture and its impact on the incumbent and potential workforce cannot be minimized.

First, a safe and healthy work environment is a great retention tool for those already employed by the organization. When staff members feel safe, when they feel that their opinions are heard and when they know they are providing positive and quality patient care, these are all factors that help retain them. For potential employees, the workplace environment will definitely influence their decision to accept a position or not. Many times, current staff are the best ambassadors to future employees, so what they say about the work environment matters.

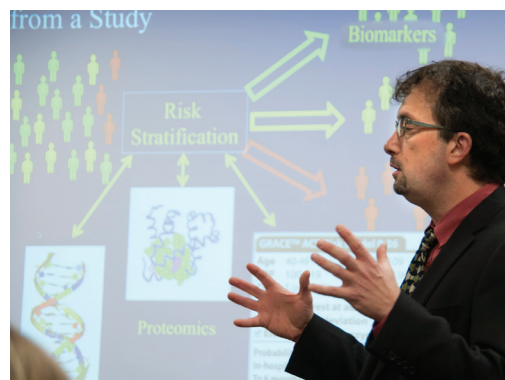


Photo by Dean Shepard

Workplace safety, for staff and patients, is also a critical issue in the work environment. Workplace violence is a real and major concern for hospitals nationwide. It includes violence against staff by patients and family members or visitors, as well as violence between and among staff, which is commonly called lateral violence. According to the U.S. Bureau of Labor Statistics, workers in health care and social assistance settings are five times more likely to be victims of nonfatal assaults or violent acts than the average worker in all other occupations. Furthermore, the assumption that “violence is part of the job” needs to be dismissed completely from how we speak about roles in the workforce and expectations of one’s work environment.

Employee engagement should be approached holistically in terms of safety, wellness, education and training, career advancement as well as other environmental accommodations. One of the outcomes of an unsafe or unhealthy work environment is provider burnout. In a recent study, 81 percent of physicians described themselves as overextended or at full capacity, possibly leading to plans to leave the clinical arena altogether. For nurses, a recent Health Affairs survey reported that staffing levels and the work environment contributed to job dissatisfaction, which can lead to staff turnover and risk to safe patient care. A recent paper by Thomas Bodenheimer, M.D., and Christine Sinsky, M.D., speaks to the notion of needing to expand the Triple Aim to the Quadruple Aim. In addition to the need to deliver care that is timely, cost-effective and of the highest quality, the authors suggest the health care field commit itself to providing an environment where caregivers, and thereby their patients, can thrive. With the emphasis turning toward greater focus on the patient as part of the care team, and rightly so, the notion of explicitly supporting providers with a safe work environment adds to balance both commitments.

Engaging employees and instilling resiliency are two methods often cited to combat burnout among providers. Some hospitals refer to needing to bring back “joy and meaning” in the workplace for health care providers, explaining that the increased administrative and technology burdens combined with providers being asked to do more with fewer resources while taking care of more acutely ill patients has caused them to disconnect from the goals they had when becoming a provider. Leaders should consider total well-being from the staff perspective, whether that entails routinely reviewing and adjusting benefits, implementing wellness programs or making safety and environmental accommodations for an aging workforce (that may have trouble with lifting, stamina during long-shifts, etc.).

The report *Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care*, published by the National Patient Safety Foundation, details the links between workplace and patient safety and describes how creating a culture of safety can create a space for joy and meaning to flourish. It provides just one example of the types of connections that counter burnout and help create a resilient workforce supported by their leaders and that can build their resiliency to all of the changes occurring around them when their work environment is safe and healthy.

Example from the Field:

- Based in Asheville, North Carolina, *Mission Health* is western North Carolina’s only not-for-profit, independent community health care system. It is the tertiary care regional referral center for the western part of the state and the adjoining region. Employing nearly 11,000 health professionals, the system includes seven hospitals with some 1,145 licensed beds, about 400 employed medical providers, and more than 1,200 physicians on its medical staff.

Mission Health’s leadership formed a multidisciplinary team to review data on workplace violence and address concerns. Next came an intense focus on staff education and competency, early intervention and prevention, and post-event measures. *Mission Health’s*

team uses Crisis Prevention Intervention (CPI) training for members of the Behavioral Emergency Response Team (BERT), which is called upon for behavioral health patients. The team has created a “De-Escalation 101” class for all employees on how to recognize potential violent situations and to know how to handle them or when to seek assistance. While ongoing, the data being collected shows progress made toward reducing the number of violent incidents.

For more information about *Mission Health’s* programs, visit www.aha.org/HAV for a recording of their December 2016 webinar.

Role of Human Resources

Many times, human resources (HR) staff do not have a seat at the “executive table.” If hospitals are truly going to redesign their care systems, HR must be involved and co-lead strategic workforce planning activities that facilitate long-range development of the workforce, beginning from discussions in the board room through implementation.

Human resources plays the important role of calling on everyone to keep a constant eye on the needs, impacts and engagement of the “people” to achieve success. Furthermore, HR can help set the stage for workforce planning by providing health care leaders with the necessary data and investment needs that relate to recruiting and retaining a strong and competent workforce. HR departments can conduct routine assessments of current staffing roles and analyze data to help forecast future needs.

Leaders throughout the organization must be committed to taking steps to integrate workforce planning into their day-to-day work. The “people” of an organization are the most critical ingredient of any organization’s success, even before equipment, technology or process. Often it is the human resource professionals who have their finger on the pulse of the needs, challenges and concerns of staff and front-line caregivers. Training and education typically occur through the human resources department, as do staff satisfaction surveys. This information enables HR to understand what triggers or obstacles might exist as barriers to retaining a healthy, engaged workforce. As hospitals work through transformation, HR departments may be able to offer important insights into what credentials, education and experience staff possess, allowing the strategic planning team to consider new roles for existing employees. Additionally, with HR facilitating ongoing education and training, staff at all professional levels and disciplines will be able to progress and fill advanced roles internally as well as offer feedback on policy development.

Leaders may want to consider placing a human resources specialist into each service line within the hospital or align or assign an HR representative to all key strategic committees. Also, to address workforce issues more strategically, leaders and human resource executives need to be innovative and creative about rehiring associates who have left the organization; such individuals might be

rehired with support from human resources. As hospitals begin to look at hybrid positions like CNAs in hospitals and CMEs in clinical offices, HR can be integral in assisting with cross-training and certification. HR professionals should possess a skill set that allows them to serve as integral, strategic partners.

Examples from the Field:

- At *Northwell Health*, The High Potential Development Program builds an internal pipeline to identify, develop and promote top talent from within the organization. As aspiring “leaders of tomorrow,” these selected individuals embody passion and a desire to grow their careers in alignment with the health system’s organizational goals. To achieve this, objectives include carefully analyzing workforce development needs to ensure delivery of a well-rounded program aligned to individual learning opportunities with business outcomes across all levels and disciplines.

The program provides potential leaders with the opportunity for broader exposure to senior leadership and the organization at large; a chance to develop a network of peers; feedback on strengths and development areas; external executive coaching, and, most importantly, a focused approach to professional development. Program participants have the opportunity to engage in functional areas at a fast rate of lateral movement through various roles, projects and experiences. After completing a 360-degree assessment and skills gap analysis to target developmental areas of focus, participants submit a development plan to track their progress. While participants undergo repeated assessment through stretch assignments linked to organizational strategy, the development plans serve as a tool for high potentials to share goals, interests and cumulative experiences with their managers throughout the duration of the program.

Northwell Health believes developing coaching competencies are a critical component of effective leadership, so all high potentials are required to attend The High Potential Experience at CLI. High Potentials participate in group coaching sessions led by an executive coach. In these sessions, they receive ongoing feedback and support for individual growth. In addition, participants are invited to attend both internal and external development and networking opportunities to increase executive interaction and to develop a network of interprofessional peers.

An online High Potential portal for senior leaders and program participants was launched in 2010 to provide transparency, promote engagement and facilitate easy access to information. With leadership being able to access the high potential profiles from current and past years, and with the sharing of information among participants, the portal ensures that each high potential receives maximum exposure to promotional opportunities systemwide while simultaneously providing executives with qualified internal candidates for job openings. For more information on all of Northwell Health’s programs to develop

the future workforce, visit www.northwell.edu.

- At *Mercy Health*, human resources approaches workforce planning using a predictive tool that helps the team understand employee demographics and predict the impacts of certain business strategies. In response to that planning, Mercy has developed a number of workforce initiatives designed to assure the health system has the right workforce prepared with the right skills and experience to achieve success. Below are descriptions of several initiatives, the challenges encountered and some of the results. These best practices represent an understanding of how HR engages the organization to fulfill important strategies tied to the workforce plan.
 - » **Commitment to entry-level employee development.** Entry-level, front-line employees serve as a major strategic resource for the organization. Mercy HR has worked to develop programs like “Pathways” and “School at Work[®]” to create an environment of professional development for entry-level employees. As a result, a number of employees at Mercy moved from entry-level roles to other professional roles and then worked their way to new careers.
 - » **Grow a Nurse.** *Mercy Health* workforce planning exposed the impending shortages of nurses available for hire at sites across the system. One strategy in response to this was developing an on-site satellite campus of Mercy College of Northwest Ohio Nursing program. This two-year ADN program immerses students studying to become registered nurses into Mercy’s culture right from the beginning. Students complete classes and finish all their clinical studies on-site; at graduation, they are already part of the Mercy Health family. To achieve the Institute of Medicine’s 80 percent BSN by 2020 goal, Mercy has each newly hired ADN sign an agreement and commitment statement to achieve their BSN within five years of hire. This has encouraged over 70 percent of all newly hired ADN nurses to tap into Mercy’s tuition assistance and campus programs, designed to help nurses move to BSN in a couple years. The success of this strategy can be seen in the vacancy rates of Mercy Health: 3.2 percent across all sites and in the Mercy Health region where the college is located, it is 1.9 percent.
 - » **Diversity SLT.** – Workforce planning revealed the need to increase diversity in leadership and clinical roles. This is critical to providing culturally competent care in an environment that is inclusive and engages the best talent. With a goal that the organization makeup should match that of the communities served, Mercy’s administrative fellowship program was developed by Human Resources and has been key to achieving this goal. This program brings in six to seven diverse leadership fellows each year. The fellows participate in a two-year fellowship, reporting directly to the regional or hospital presidents. This program provides both structured and experiential learning for fellows, combined with project and

role assignments designed for fellows to build and use administrative leadership skills to plan and execute health care strategies. As a result of this strategy, the makeup of the organization shifted from 4 percent diverse leadership to 9 percent of leadership.

- » **Succession Planning.** Mercy periodically reviews the current talent across the organization and has built development plans to ensure it has the talent needed in the future. Mercy Health has used 9-box reviews in talent planning. During this process, HR executives meet with operational leaders and go through a review and assignment of each member of the executive team to identify placement of the leaders within one of the nine boxes. Leaders are assessed on talent/will and potential/success. The goal is to identify placement and then develop a plan to move lower quadrant talent toward upper quadrant talent by developing the skills, experience and will of each individual. The Mercy team found that the biggest challenge in performing regular succession planning is the challenge of time; the health system believes it is important that executives invest the time to regularly assess and coach leaders.
- » **Workforce Restructuring.** As health care continues to change, HR will be called upon to guide operational leaders through the process of workforce restructuring. As part of its work to develop a clinically integrated network, Mercy Health decided to integrate care coordinators in the Mercy-owned physician practices. Reviewing the design of the new role and the workforce demand it creates, supporting leaders in crafting the job description, and recruiting the right talent to fulfill the role—all represent ways that Mercy Health human resources has supported this important business strategy.

Issues to Watch

Given the imperative to successfully incorporate workforce planning and development into broader organizational planning, there are many factors that could affect planning in the future.

Since predicting workforce needs of the future can be difficult as health care delivery is changing so quickly and dramatically, workforce planning must become a regular lens through which all strategic planning occurs. There will always be other issues on the horizon—concerns that may not be able to be immediately addressed or even properly anticipated—but health care organizations must keep items like those below on their radar screen as the field moves ahead.



Licensure Compacts

- The Interstate Medical Licensure Compact and the Nurse Licensure Compact are two promising avenues to address state licensure issues. The medical compact offers a new and voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and allowing them to connect more easily with medical experts using telemedicine technologies. As of this report's publication date, 16 states have joined this Compact.
- The Nurse Licensure Compact (NLC) offers a multistate license to nurses to practice in their home state and in other Compact-participating states. Under this Compact, nurses have the opportunity to practice across state lines, which enables state boards of nursing to cooperate and coordinate standardization of requirements and results in safer, better coordinated care. As of August 2016, 25 states have joined the NLC.
- Federation of State Boards of Physical Therapy: Physical Therapy Licensure Compact and Association of State and Provincial Psychology Boards PSYPACT are new licensure compact models that will enhance the ability of additional health care providers to provide care across state lines.

MACRA

- The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 outlines new changes in how Medicare pays for physician services. MACRA repealed the sustainable growth rate formula and instead, provided predictable payment increases. Implementation will affect physicians and the hospitals and health systems with whom they partner. Hospitals that employ physicians will help defray the cost from implementation of and ongoing compliance with the new reporting requirements, as well as be at risk for any payment adjustments. Learn more at <http://www.aha.org/advocacy-issues/physician/index.shtml>.

Center for Medicare and Medicaid Innovation (CMMI)

- At the time of this report's publication, it is too early in the change process for the CMMI ACO demonstration projects to show meaningful results around workforce implications, but this area will be of interest as results emerge.

U.S. Department of Labor Registered Apprenticeships

- The U.S. Department of Labor is funding a new contract with the Healthcare Workforce Consortium, a newly formed



Photo by Clare McLean

team comprised of the American Health Information Management Association (AHIMA) Foundation, American Medical Informatics Association (AMIA), and the National Center for Healthcare Leadership (NCHL) to expand the development and adoption of registered apprenticeships in health care. If your hospital or health system is interested in learning more about this workforce development opportunity, please visit www.nchl.org.

Strategic Assessment Questions

These assessment questions are intended to help initiate strategic workforce conversations in your organization.

- How do you currently engage in workforce planning and development?
- Whose responsibility is workforce planning?
- How is workforce planning and development woven into your organization's overall strategic planning process?
- What role does your board play in workforce planning?
- How are you investing in workforce planning? What percentage of your total budget is spent on building workforce capacity?
- How have you assessed your current practices, collected data and modeled future workforce needs and gaps?
- Do you actively engage in recruitment and retention efforts?
- What succession planning processes do you have in place?
- How does your workforce affect your community's health? Have you used your community health needs assessment to guide workforce planning and development?
- Have you partnered with other organizations, like health care or community partners, to:
 - » Bolster educational opportunities?
 - » Enhance recruitment efforts?
 - » Engage in interprofessional education?
- How confident are you that your organization will meet its workforce needs in the coming year? In the next three to five years?
- Have you measured your organization's safety culture, employee engagement and/or assessed reasons for disengagement?



Additional Resources:

- *Developing an Effective Health Care Workforce Planning Model*
- *Workforce Roles in a Redesigned Primary Care Model*
- *Reconfiguring the Bedside Care Team of the Future*
- www.aha.org/workforce

Top 12 Recommendations for Hospitals

1. Know your system transformation strategy.
2. Know your system model of care—or help create it.
3. Develop a workforce plan based on community needs and the continuum model of care.
4. Know timelines for implementing and transitioning various components of system strategy.
5. Develop an education plan for the different or new roles and functions your workforce.
6. Create an overall transition plan and timeline for all areas of the care continuum.
7. Budget for staff education and training.
8. Budget for transitions to and from areas along the continuum.
9. Educate all leaders about timelines, their roles and responsibilities in developing a systemwide talent-mapping process, development plans for staff and effective transition plans.
10. Use and include provider skills and expertise in your talent mapping process.
11. Collaborate with other organizations and individuals within your community.
12. Collect and use data; create dashboards to assess progress.

Closing



As health care continues to change, it will become vital for workforce planning and development to be streamlined into general strategic operations. This action is critical now with so many changes occurring in the care delivery and payment systems, the emerging roles for providers and the aging population and workforce. Health care is nothing without the people who provide the care. The men and women who work in America's hospitals are dedicated to improving the health and health status of the communities they serve. To fulfill this mission, hospital leaders can use the tools

included in this report to assess their current workforce, identify new needs and, ultimately, align the skills and abilities of current staff and clinicians with the anticipated needs of their newly transformed organizations.

The people who work in health care save lives, develop new medical innovations, promote wellness and improve the health of their communities. The hospital is considered a cornerstone in most communities, but it is the people within hospitals who make that happen. Anticipating and planning for workforce needs must be a key driver of all other business decisions.