

A CALL TO ACTION

**OUT
OF
ORDER
OUT
OF
TIME**

THE STATE OF THE NATION'S
HEALTH WORKFORCE, 2013



Association of Academic Health Centers®
Leading institutions that serve society

POLICY RECOMMENDATIONS

AAHC strongly urges Congressional leaders to:

- Provide adequate funding for the National Health Care Workforce Commission enabling it to commence operation as quickly as possible;
- Urge the Commission to adopt a more ambitious timetable than provided for in the authorizing legislation to develop and submit recommendations for policymakers in order to address the accelerating challenges facing the nation's health workforce; and
- Actively engage the Commission on a regular basis through briefings, hearings, and other forms of public discourse throughout the year to elevate the Commission's visibility, hold Commission members accountable, and encourage dialogue about needed health workforce reforms.

Here are some key elements that should be included in any policy discussions:

- Strategies designed to incentivize a more diverse pool of students pursuing careers in the health professions;
- Policies that encourage a broader geographic distribution of health professionals, as well as a more adequate mix of specialties among medical students and residents;
- Incorporation of the recommendations of the Institute of Medicine consensus study on the Governance and Financing of Graduate Medical Education; and
- Implementation of policies that take into consideration emerging healthcare technologies and encourage innovative approaches to the delivery of healthcare, including telehealth, interprofessional care teams, value-based payment platforms, and others.

WHAT IS THE PROBLEM?

Three years ago, the Affordable Care Act (ACA) was passed primarily to reform the health insurance system to include more people. Addressing the issue of the uninsured is necessary to achieve meaningful reform, but as we move forward with implementation of the ACA, the other weaknesses of our healthcare system, particularly with respect to the health workforce, will only be magnified.

We are running out of time as the need to address health workforce issues becomes even more urgent. Dramatic growth in our aging population, coupled with the sizeable increase of newly insured persons in 2014 as a result of the ACA, will strain a healthcare delivery system already struggling under the weight of its current load.

However, changing population demographics and an increase in the insured are not the only factors putting pressure on the health workforce. In recent years, most health workforce discussions have focused on current and projected health professions shortages within the context of how care has been delivered (and continues to be delivered across the country). Even allowing for widespread adoption of the “patient-centered medical home” and similar care delivery models, health workforce policy discussions remain largely rooted in the past. Changes in healthcare delivery as a result of new technologies, breakthroughs, payment policies, philosophical shifts, and economic reforms will drive new education and practice models for the health professions.

WHAT HAS CHANGED?

Five years ago, it was often argued that the solution to the health workforce problem was simply a matter of numbers: we need more people to deliver more care to more patients. The Association of Academic Health Centers (AAHC) took a more comprehensive and integrated policy perspective — emphasizing skill-sets and delivery systems, not just numbers — which has continued to evolve in the interim. As the environment continues to change, it is crucial to move beyond solving yesterday’s problem.

In 2008, AAHC issued a report on the state of the health workforce, *Out of Order, Out of Time*. The report's findings and conclusions offered a compelling argument that we were running *out of time* to address what was *out of order* in our health workforce.

At that time, attention was focused on the social, economic, and demographic trends that would drive change in the demand for healthcare services in the future, as well as change in the healthcare workforce itself. In the ensuing five years, AAHC's views on the health workforce have evolved.

AAHC believes significant disruptive innovation will take place within the relatively near term, resulting in a fundamental shift in the way health care is delivered that has significant implications for health workforce policy. Failure to consider health workforce shortages in this context principally addresses the problem as we understood it five years ago, but does not address the emerging issues of today and the future.

WHAT NEEDS TO HAPPEN?

*Traditional approaches to decision-making are no longer viable or appropriate when transformative change is needed to meet rapidly-evolving national health workforce needs. No longer can we focus on policy solutions one profession at a time. The current situation requires an **integrated, comprehensive, and forward-thinking national health workforce policy.***

Development of an integrated, comprehensive, national health workforce policy can be accomplished if all interested stakeholders work together to:

- Create and fund a national health workforce planning body that engages diverse federal, state, public, and private stakeholders;
- Promote harmonization in public and private standards, requirements and prevailing practices across jurisdictions; and
- Invest in a comprehensive health workforce research component that will:
 - Address development and dissemination of consensus definitions and terminology;
 - Monitor developing technological breakthroughs that require changes in provider numbers, types, and expertise;

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- Identify gaps in data collection and current modeling strategies for supply and demand; and
- Promote consistent approaches to research across all health professions.

NATIONAL HEALTH CARE WORKFORCE COMMISSION

The National Health Care Workforce Commission (NHCWC) and the National Center for Health Workforce Analysis (NCHWA) were established by the ACA to work together to achieve the goal of an integrated, comprehensive, national health workforce policy. The NCHWA was intended to collect, analyze, and synthesize the current data into supply and demand projections that reflect a move towards more inter-professional, interdisciplinary, team-based care delivery. The NHCWC was intended to take the data generated by the NCHWA and other sources, and develop recommendations for a comprehensive health workforce policy.

Unfortunately, the NHCWC, whose members were appointed in September 2010, has yet to be appropriated any funds by Congress, and has therefore been unable to take up its charge. AAHC strongly urges Congressional leaders to:

- Provide adequate funding for the Commission, enabling it to commence operation as quickly as possible;
- Urge the Commission to adopt a more ambitious timetable than provided for in the authorizing legislation to develop and submit recommendations for policymakers in order to address the accelerating challenges facing the nation's health workforce; and
- Actively engage the Commission on a regular basis through briefings, hearings, and other forms of public discourse throughout the year to elevate the Commission's visibility; hold Commission members accountable; and encourage dialogue about needed health workforce reforms.

POLICY RECOMMENDATIONS

Without all of the necessary data and analyses, it is difficult to come to any conclusions about specific policy recommendations with respect to the future of the health workforce. However, there are some key elements that should be included in any policy discussions:

- Strategies designed to incentivize a more diverse pool of students pursuing careers in the health professions;
- Policies that encourage a broader geographic distribution of health professionals, as well as a more adequate mix of specialties among medical students and residents;
- Incorporation of the recommendations of the Institute of Medicine consensus study on the Governance and Financing of Graduate Medical Education; and,
- Implementation of policies that take into consideration emerging health-care technologies and encourage innovative approaches to the delivery of health care, including telehealth, interprofessional care teams, value-based payment, platforms, and others.

WHY ACADEMIC HEALTH CENTERS?

Academic health centers function at the intersection of health professions education, biomedical research, and patient care. Due to their size, the number of health professionals they employ, and their preeminent role in educating and training the health professions workforce, academic health centers both strongly urge change and can be an integral part of the solution.

Academic health centers are unique in that their educational and research operations are integrally connected to patient care, all of which ultimately depend on the health workforce. Given their vantage point as engines of economic development within their communities and throughout the nation, academic health centers have a responsibility to analyze current issues and develop new approaches to solving persistent problems. The Association of Academic Health Centers and its member institutions urge public and private stakeholders to recognize the urgent need for action and commit themselves to transformative change, following the blueprint laid out in this report. In return, our members offer themselves up as potential laboratories for this change. We stand ready to collaborate with Congress and the Administration to develop a health workforce that meets the needs of the population, and works as one entity to improve the health and well-being of all.



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*To advance the nation's health and
well-being through the vigorous
leadership of academic health centers*