Sarah Dash, MPH
President and CEO
Alliance for Health Policy
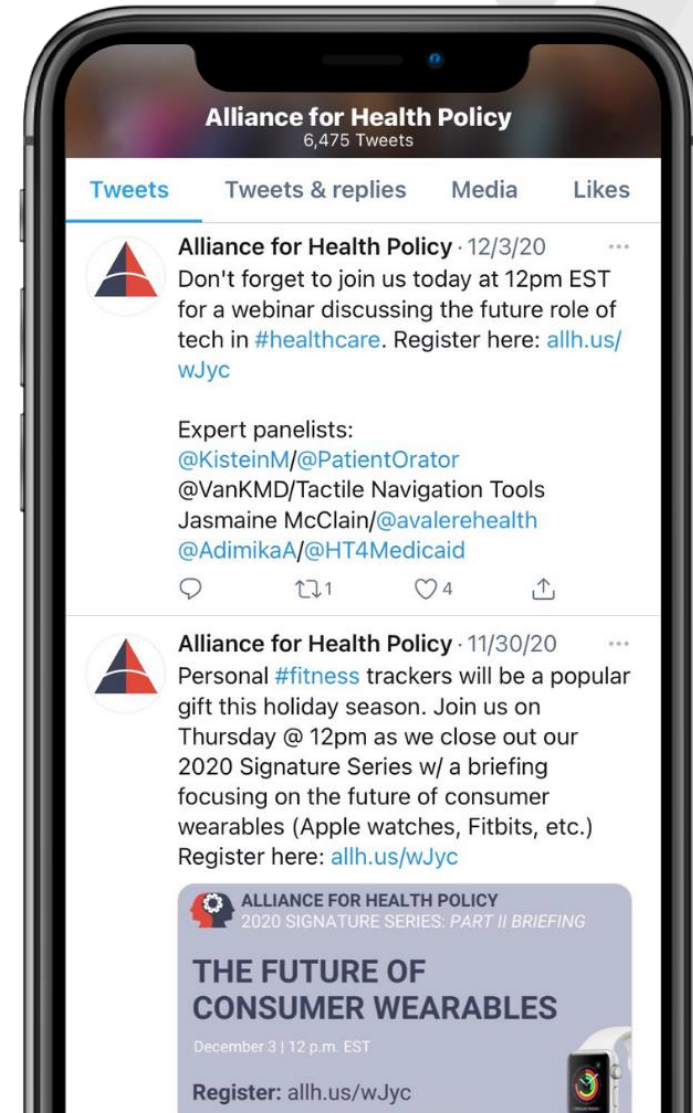
2023 Signature Series

allh.us/Signature

JOIN THE CONVERSATION

Alliance for Health Policy

@AllianceforHealthPolicy

KEYNOTE

Sheila Pradia-Williams, MBA
Deputy Associate Administrator, Bureau of Health Care Workforce
Health Resources and Services Administration

Strengthening the Health Workforce Alliance for Health Policy

November 1, 2023

Sheila Pradia-Williams
BHW Deputy Associate Administrator
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People

The Health Workforce Challenge

Projected Shortages through 2036

PRIMARY CARE PHYSICIANS
68,020

BEHAVIORAL HEALTH
322,510

ORAL HEALTH
32,780

OB/GYNs
6,610

LP NURSES (thru 2035)
141,580

HRSA Workforce Aims

Increase Supply

Advance Health Equity

Improve Distribution

Promote Resilience

Amplify HRSA Impact

Drivers for Success

- Recruit students from the communities we serve
- Train students in rural and underserved communities
- Support community-based training
- Leverage our loan and scholarship programs
- Train interprofessional and collaborative teams
- Integrate behavioral and oral health into primary care

HRSA Health Workforce

BHW Programs (Academic Year 2021-2022)

294,483 participants — Pipeline & Diversity

24,592 members — Loans & Scholarships

13,260 trainees — Medicine

12,974 trainees — Behavioral Health

31,656 trainees — Nursing

8,135 participants — Oral Health

71,894 participants — Geriatrics

15,515 participants — Pediatrics

415 participants — Public Health

52,727 trainees — Provider Resilience

HRSA Health Workforce

BHW Results on Key Crosscutting Measures

77% of clinical training sites provided interprofessional training to individuals enrolled in primary care training programs

51% of trainees trained in medically underserved communities

50% of program completers/graduates are underrepresented minorities and/or from disadvantaged backgrounds

59% of program graduates and alumni are employed in underserved areas at graduation

25% of clinical training sites are in community-based settings

Chart bars (Actual values with Target markers):
- 50% (target marker)
- 55% (target marker)
- 46% (target marker)
- Baseline
- Baseline

Legend: ■ Actual ■ Target AY 2021-2022

Critical Partnerships for Workforce Development

Move learners from the campus to the community

❯ ACADEMIC PROGRAMS

Health professions schools

Colleges and universities

Community colleges

Minority serving institutions

❯ COMMUNITY-BASED SITES

Community health centers

Federally Qualified Health Centers

Rural Health Clinics

Tribal or Urban Indian Health Centers

Supporting Youth Mental Health

Primary Care Training and Enhancement: Residency Training in Mental and Behavioral Health

BHWET*—Children, Adolescents and Young Adults Program for Professionals

Pediatric Specialty Loan Repayment Program
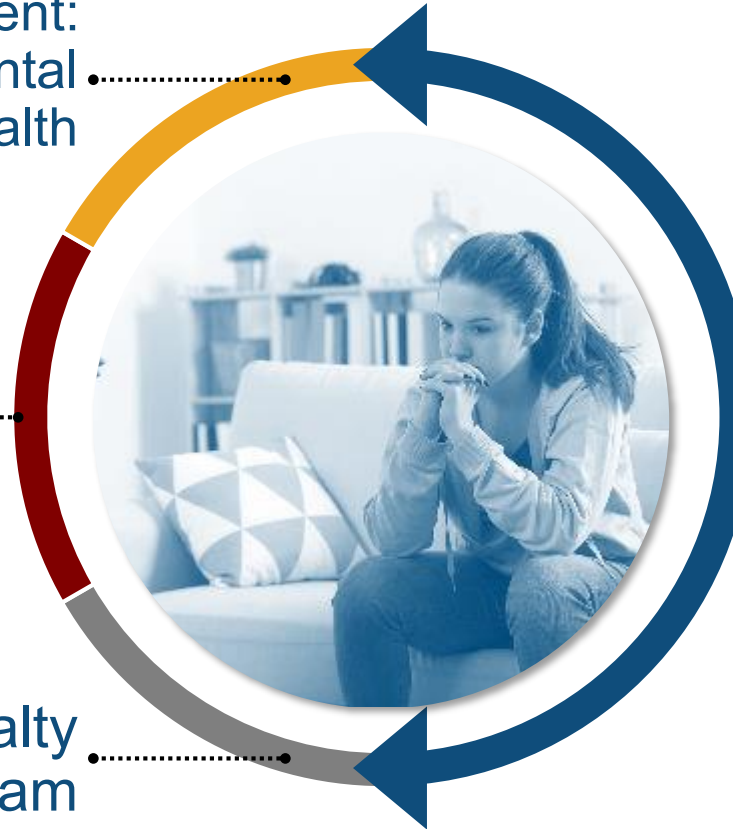
Expand the substance abuse and behavioral health workforce for children and youth

* BHWET = Behavioral Health Workforce Education and Training

Expanding Access to Primary Care

Grow the primary care physician and physician assistant workforce in underserved and rural communities.

Primary Care Training and Enhancement Programs

Teaching Health Center Graduate Medical Education Program

Geriatric Workforce Enhancement Program

Teaching Health Center Planning and Development Program
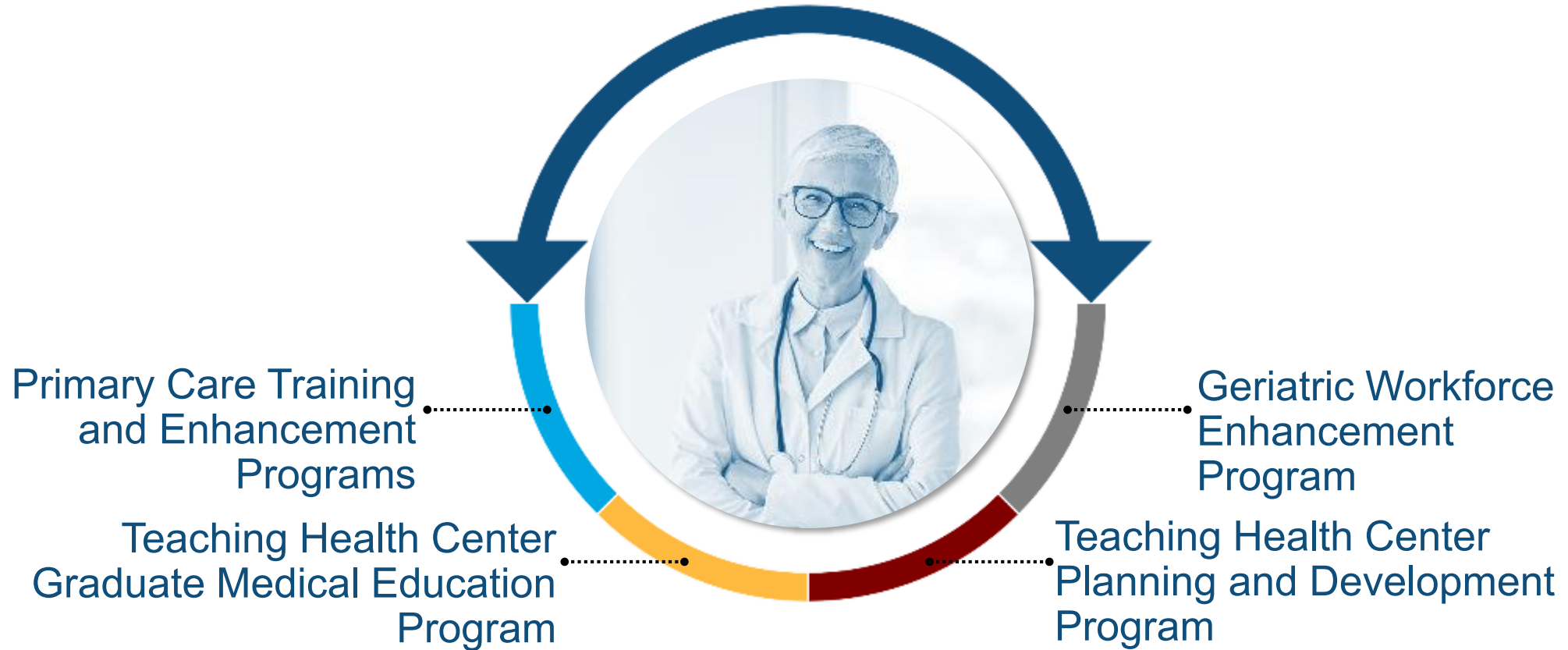
Growing the Nursing Workforce

Increase the number of nurses while enhancing nursing education and practice

- Nurse Faculty Loan Program
- Advanced Nursing Education Workforce Program
- NEPQR*—Pathway to Registered Nurse Program
- Nurse Anesthetist Traineeship
- Advanced Nursing Education—Nurse Practitioner Residency and Fellowship Program
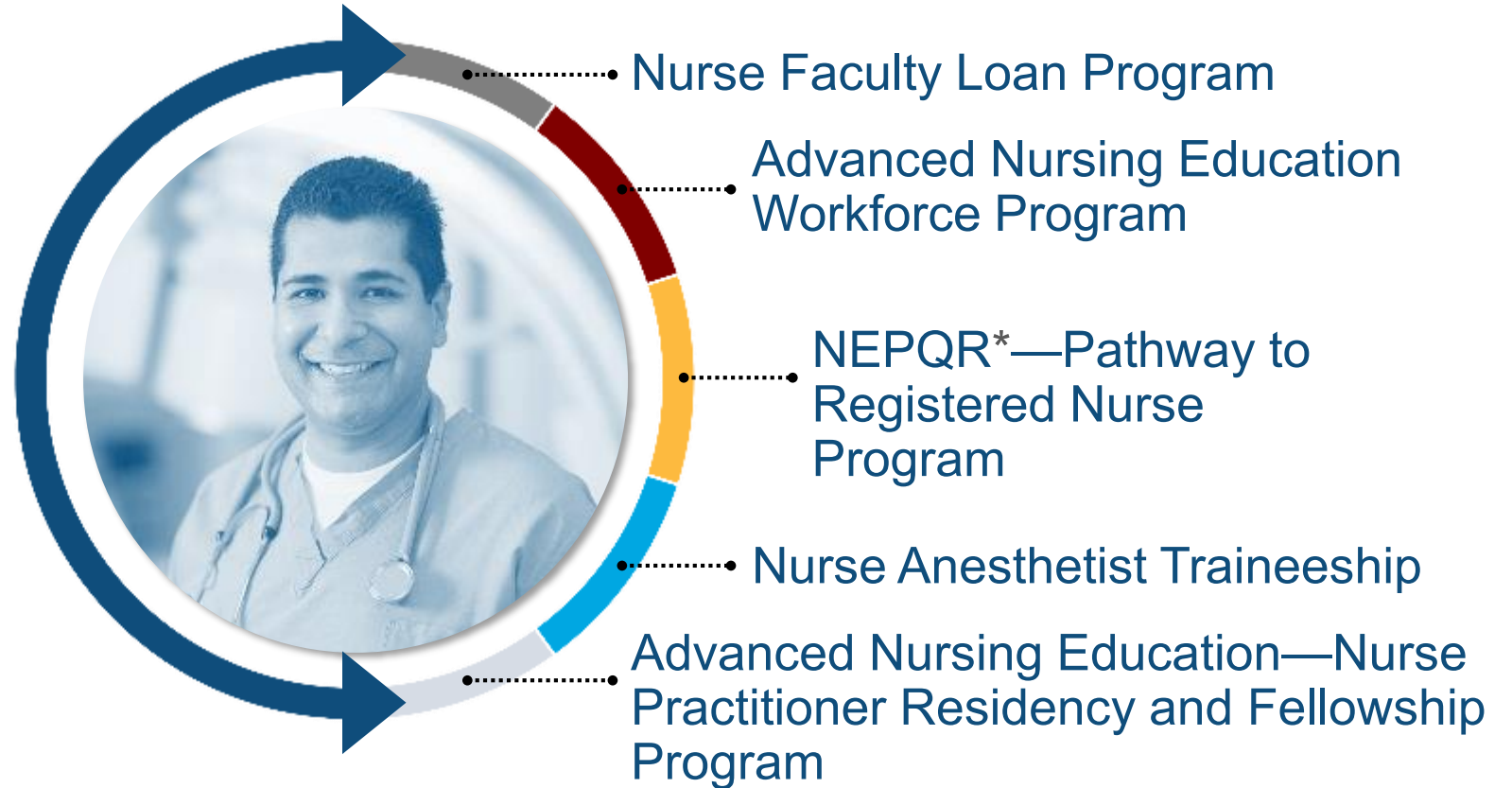
NEPQR = Nurse Education, Practice, Quality, and Retention

Addressing Public Health Needs

Community Health Worker Training Program

Public Health Scholarship Program

Public Health Training Centers

Preventive Medicine Residency Program

Public Health Workforce Research Center

Increase the number, quality, and ability of public health workers

Workforce Resources

LEARN MORE

- bhw.hrsa.gov
- nhsc.hrsa.gov
- data.hrsa.gov
- connector.hrsa.gov
- grants.gov

GET HELP

- FAQs
- Webinars
- Regional offices
- Project officers

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HRSA
Health Workforce

Thank you!

Contact Us

Sheila Pradia-Williams

Deputy Associate Administrator

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Associate Program Officer
National Academy of Sciences

The Health Care Workforce Crisis in the US

- **Burnout:** *Occupational syndrome characterized by high degree of emotional exhaustion, depersonalization (i.e., cynicism), and low sense of personal accomplishment at work*
    - Associated with higher risk of mental health challenges

- Burnout is a crisis that predates the pandemic
    - 35-54% of nurses and physicians reporting symptoms of burnout
    - 45-60% of medical students and residents

- Harmful consequences for patient safety:
    - Decreased time spent between patient and provider
    - Increased medical errors and hospital acquired infections
    - Staffing shortages

- Costly repercussions to the healthcare system:
    - Annual burnout-related turnover costs are $9 billion for nurses and $2.6 – 6.3 billion for physicians

NASEM (2019). Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies Press.
Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. 2022.

About the NAM Clinician Well-Being Collaborative

Established in 2017 as a **public-private partnership** committed to reversing trends in clinician burnout

100+ members & 200+ network organizations, including representatives from:

- Academia
- US Government
- Health care system leaders
- Professional and specialty organizations
- Education and accrediting bodies
- Health IT companies
- Payers

Co-Chairs:

- Dr. Victor Dzau (NAM)
- Dr. Darrell Kirch (AAMC)
- Dr. Vivek Murthy (HHS)
- Dr. Thomas Nasca (ACGME)

Steering Committee comprises:

- US Government
- Healthcare Industry leaders & professionals
- Education & accrediting bodies
- Professional & specialty organizations

@theNAMedicine   #ClinicianWellBeing

A National Plan for Health Workforce Well-Being (2022)

VISION

People are cared for by a health workforce that is thriving, in an environment that fosters their well-being, as they improve population health, enhance the care experience, reduce costs, and advance health equity, therefore achieving the "quintuple aim."

COLLECTIVE ACTION

This National Plan is intended to inspire collective action and provide a roadmap to improve the well-being of the health workforce in order to ensure health care workers can properly care for their patients and promote population health.

@theNAMedicine   #ClinicianWellBeing

Positive work & learning environments & culture

Measurement, assessment, strategies & research

Mental health & stigma

Compliance, regulatory & policy barriers for daily work

Effective technology tools

Well-being as a long-term value

Diverse & inclusive health workforce

Priority areas for health workforce well-being

nam.edu/NationalPlan

Actor Groups in the National Plan

Academic Institutions, Clinical Training Programs & Accreditation Bodies

Federal, State & Local Governments

Health IT Companies

Health Systems

Health Workers

Insurers & Payers

Media & Communications

Patients

Private & Non-Profit Organizations

Professional & Specialty Societies

Change Maker Campaign launched publicly on the 1ˢᵗ Anniversary of the National Plan's release

NAM Change Maker Campaign for Health Workforce Well-Being

Background

The NAM launched the Clinician Well-Being Collaborative in 2017 to reverse trends in health worker burnout. In October 2022, the NAM released the National Plan for Health Workforce Well-Being to drive collective action to strengthen health workforce well-being and restore the health of the nation, as more nurses, physicians, and public health employees than ever are poised to leave their professions.

Now we invite you to take the next step in the health workforce well-being movement

Become an NAM Change Maker Today

CHANGE MAKER

Thanks for joining a growing number of NAM Change Makers (190 as of October 2023)

Visit **nam.edu/NationalPlan**

Register to receive updates:
bit.ly/NAMListserv

Contact Clinician Well-Being Collaborative staff:

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@theNAMedicine   #ClinicianWellBeing

Patricia Pittman, Ph.D.
Professor of Health Policy and Management
George Washington University

The Health Care Workforce Shortage: *Maldistribution, Attrition & Policy Levers to Address Them*

Fitzhugh Mullan
Institute for Health
Workforce Equity

THE GEORGE WASHINGTON UNIVERSITY

Patricia (Polly) Pittman, PhD

Director & Fitzhugh Mullan Professor of Health Workforce Equity

Is there actually a physician shortage?

Health Workforce Equity wheel:

- HEALTH WORKFORCE EQUITY
- 1. WHO ENTERS THE HEALTH WORKFORCE?
- 2. HOW ARE THEY EDUCATED & TRAINED?
- 3. WHERE & WHAT SPECIALTY DO THEY PRACTICE ?
- 4. WHOM DO THEY SERVE?
- 5. HOW DO THEY PRACTICE?
- 6. UNDER WHAT WORKING CONDITIONS?

Graduate Medical Education

GME determines size, specialty distribution, geographic distribution of the physician workforce

Program	GME Spending
Medicare (2018)	$14.6 B
Medicaid (federal share, 2015)	$2.4 B
Medicaid (state share, 2015)	$1.8 B
Children's Hospital GME (FY 2023)	$385 M
Teaching Health Centers GME (FY2023)	$119 M + $330 M ARPA (2021)
VA (2015)	$1.5 B
TOTAL	**$20.8 B**

Fitzhugh Mullan
Institute for Health
Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

What do we get from GMW?

2023 Residency Match (NRMP)

Specialty	No. Positions	No. Matches	% U.S.
Orthopedic Surgery	899	899	98.7%
Anesthesiology	1,609	1,606	92.1%
Dermatology	29	29	100%
Family Medicine	5,088	4,511	70.0%
Internal Medicine	9,725	9,345	58.7%

Post Residency Losses:
- COGME recommended 40%
- 2023 17,264 positions in primary care (54%) (FM, IM, OB-GYN, Peds)
- But after future specialization, primary care drops to 30%

And it also depends on where you live...

Back to Main Menu

NASEM Recommendation:
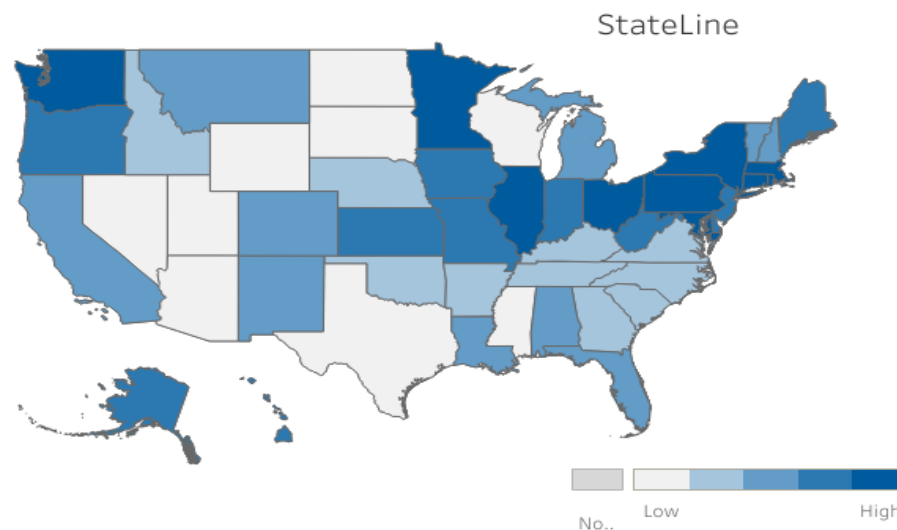**Ensure that high-quality primary care is available to every individual and family in every community**

Primary care physicians per 100,000 people in

55.6 Per 100,000

US Value

Health care organizations and government agencies need to expand and diversify the primary care workforce, particularly in areas that have a shortage of health professionals. This measure captures the number of primary care physicians per 100,000 people in medically underserved areas, which are geographic areas designated by the federal government as having a lack of access to primary care services.

StateLine

No.. | Low | High

Data Source(s): American Medical Association Masterfile (2020), data.hrsa.gov Medically Underserved Area Dataset (2020), Centers for Medicare and Medicaid Services Medicare Physician and Other Practitioners by Provider and Service Public -Use Files (2020)

Source: www.milbank.org/primary-care-scorecard/

And on whom you serve…
U.S. Medicaid Primary Care Workforce Tracker
www.gwhwi.org/workforce-trackers.html
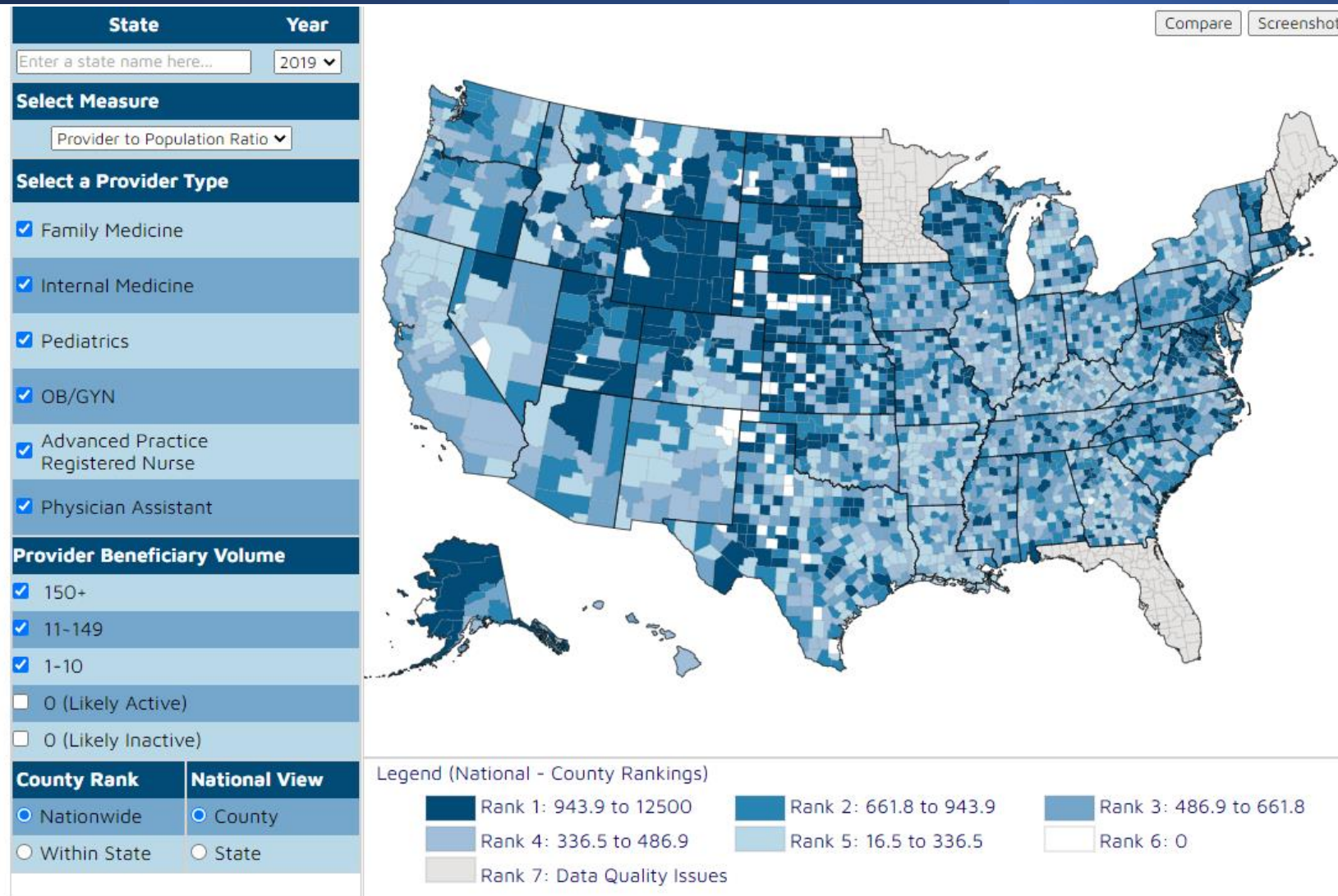
Policy Levers

Health Workforce Development

- Reform Graduate Medical Education ($20 Billion annually!)

- Targeted health workforce programs – scholarship, loan repayment, training tracks with social mission

- Community partnerships for training

Practice Side Incentives

- Advocate for higher pay for what matters (Primary Care, Mental Health, Rural, Underserved)

- Targeted practice supports (Project ECHO/telehealth)

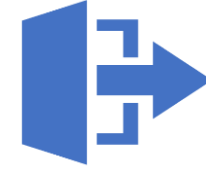- Scope of practice reforms

Nursing Workforce

DISTRIBUTION

- 26% shortfall in WA in 2035
- 48% oversupply in NK
- Worst: WA, GA, CA, OR, MI, ID, LA, NC, NJ, and SC

PIPELINE

- Currently 185K per year
- Need 195 per year

LEAKY BUCKET

- 2021: > 100,000 FTE left nursing - most are younger than 35! **
- Drop in all hospitals (3.9%), with 1.6% increase in other settings
- 2023 16% hospital vacancy, compared to 8% in 2019

* HRSA Projections, which assume historical patterns of <u>attrition</u>, graduation, and <u>participation.</u>
** Auerbach et al., Health Affairs 2022 using BLS

- 39% plan to leave next year & 28% plan to reduce hours.
- 60% of Critical Care RNs plan to leave in next yr

Inadequate staffing top reason among those planning to leave (83%)

Those who reported frequent mandatory overtime, 72% more likely to have quit in last 2 years.
Those who reported "favorable work environment" were 55% less likely to have quit.

- More accidents and illness in health sector than any sector
- Doctors & nurses have double the suicide rates as general population

Policy Levers

1. Safe staffing ratios for hospitals, in addition to nursing home (Payers like Medicaid or legislation)
2. Measure staffing and turnover in Hospital Compare and consider adding to VBP

3. Reduce burdensome regulatory and accreditation processes.

4. Protection against violence and harassment

5. Whistleblower protections

6. Incentivize organizational change
   - Measure and report Moral Injury &Burnout
   - Hold C-Suite accountable for turnover
   - Ensure access to confidential mental health support

Contact:

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Fitzhugh Mullan
Institute for Health
Workforce Equity

THE GEORGE WASHINGTON UNIVERSITY

www.gwhwi.org

@GW_Workforce

@GWworkforce

gw_workforce

mullan-institute

Murielle Beene, DNP, MBA, MPH, M.S., R.N.-B.C.
Senior Vice President and Chief Health Informatics Officer
Trinity Health

Trinity Health is one of the Largest Catholic Health Care Systems in the Nation

$21.6B
In Revenue

27
States

1.6M
Attributed Lives

$1.5B
Community Benefit Ministry

121K
Colleagues

8.2K
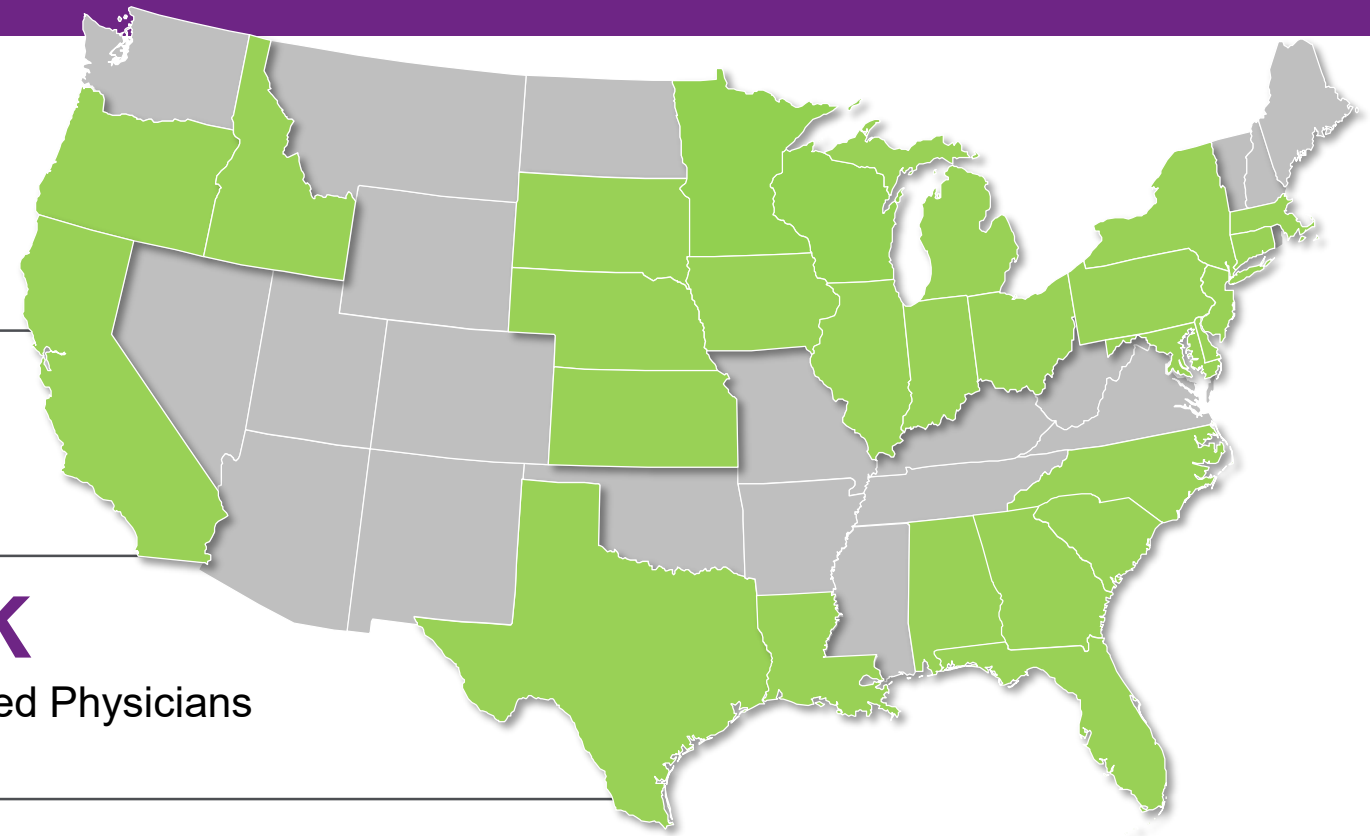Medical Group Physicians and Providers

28K
Affiliated Physicians

101
Hospitals*

17
Clinically Integrated Networks

126
Continuing Care Locations*

23
PACE Center Locations*

136
Urgent Care Locations*

FY23 data unless noted,   *Owned, managed or in JOAs or JVs.

Trinity Health

TogetherTeam: The 3-Person Care Team is a Transformational Model

Patient/Member-Centered Care

Coordinated, efficient care that supports better outcomes, safety and an exceptional experience

Bedside RN

Provides direct patient care support

- Gains experience
- More time with patients and families
- On-demand guidance

RN Partner
NA, CNA, or LPN/LVN

Partners with bedside RN to care for more patients
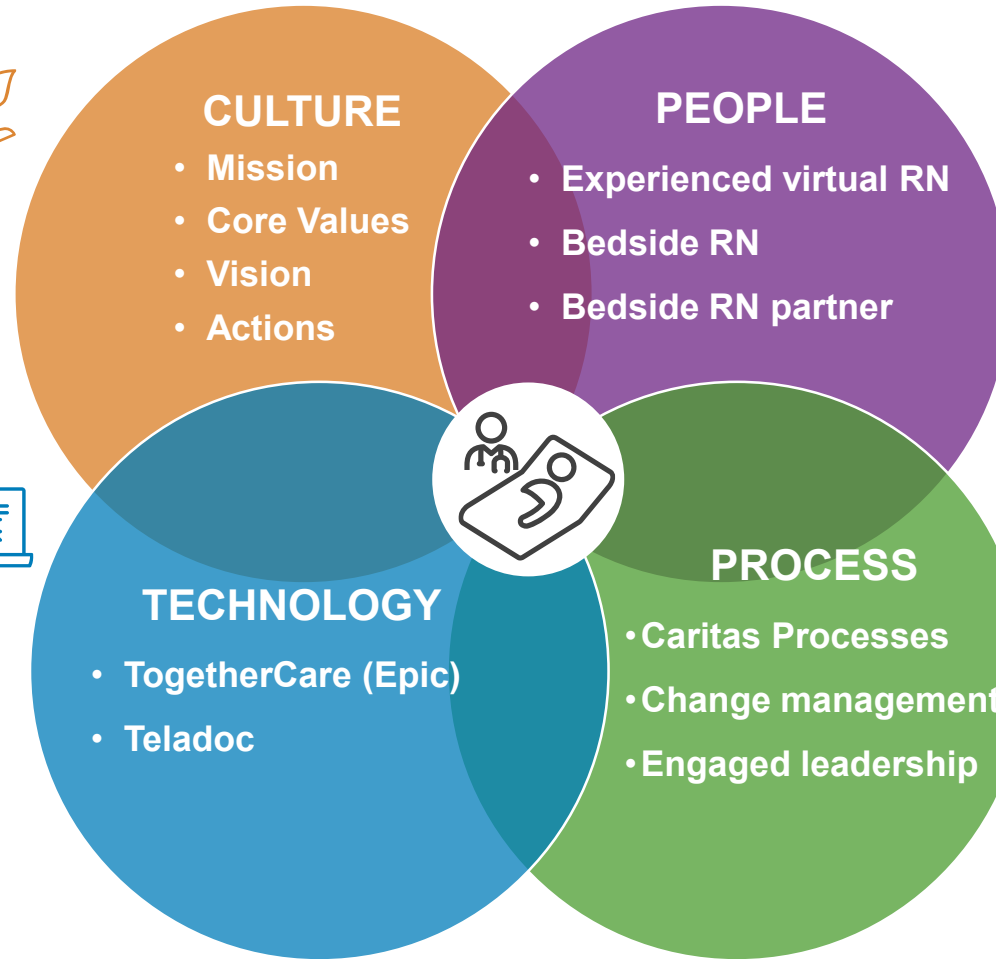
- Path to career advancement

Virtual RN

Brings expert support and coordinates complex care

- Ideal position for experienced RNs wanting a less physically demanding role and offers nurses nearing retirement an alternative
- Practicing at top of license
- More time mentoring

TogetherTeam Care Model has 4 Patient-centered Components
The 3-person team leverages technology and Caritas Processes® to care for a group of patients

The components of **TogetherTeam** are inherent within the **Trinity Health Culture Framework**

CULTURE
- **Mission**
- **Core Values**
- **Vision**
- **Actions**

PEOPLE
- **Experienced virtual RN**
- **Bedside RN**
- **Bedside RN partner**

Virtual RN brings expert support, coordination, and mentoring to the team. Offers nurses nearing retirement an alternative to continue to work

Bedside RN partners with **bedside**

RN partner to care for more patients

TogetherCare (Epic) allows all in care team to access the same medical record

Teladoc critical infrastructure for virtual nursing that will leverage existing TVs, as much as possible, in-patient rooms

TECHNOLOGY
- **TogetherCare (Epic)**
- **Teladoc**

PROCESS
- **Caritas Processes**
- **Change management**
- **Engaged leadership**

The Ten Caritas Processes®
1. Loving kindness
2. Faith, hope, and honor
3. Sense of self and others
4. Establish relationships
5. Authentic presence
6. Problem solve
7. Teach and learn
8. Healing environment
9. Human needs
10. Belief in miracles

The TogetherTeam model can be applied to Med/Surg, Step-Down, and Telemetry units

We are making significant program achievements and learning in our progression towards our goals

Exploring Virtual Nurse Certification

Expanding capabilities (e.g. dual verification and interpreter services)

ED prototype Learnings Continue

Early Virtual RN Workforce Analysis

Sustainment Meetings in process

Virtual RN Learning Collaborative

TogetherTeam

FAST FACTS AS OF 9/24/23

- Live in 8 States
- 1,158 Beds
- 38 Nursing Units
- 173 Virtual RNs

These measures will help define and redefine our pathway to success of TogetherTeam

	Lagging Indicators		Leading Indicators	
Impact to Colleagues	**Colleague Engagement** ✓ Colleague Engagement Surveys	**Turnover Rate** ✓ Proportion of RN's and *Care Partners that leave unit	**Nursing Time in Flowsheet** Average minutes per day per RN in flowsheets	**Virtual Connections** ✓ Number of Virtual Connections made
Impact to Patients	**Patient Satisfaction** ✓ Patient Engagement questions focusing on Nursing interaction and care	**Falls with Injury** ✓ Fall with Injury minor or greater per 1,000 patient days.	**Discharge Order to Discharge** ✓ Average time from entry of discharge order to patient discharge	**Patient Safety** ✓ Early detection and catching errors before they reach the patient
			✓ = Early measurable improvement observed	

Patient Highlight: TogetherTeam Gains Support After Skepticism

Saint Joseph Health System, Indiana

"It is more than access to nurses, Every time I talked to (a virtual nurse), they knew all the information about my care...it was like a briefing every day tailored to (me)."

Meet our patient (and colleague): Steven

Saint Joseph Health System Maintenance Mechanic for 20 years

Installation of TogetherTeam Cameras
Steven installed cameras for the new model and expressed concerns that a human was being replaced with a virtual entity. He felt strongly the connection of care would be lost.

A Colleague Becomes a Patient
Steven was admitted to the hospital in June 2023 due to an infection in his ankle that required surgery. Following his surgery, he was admitted to a TogetherTeam care unit.

Steven was impressed with how well the care team worked together and how much additional value the virtual nurse provided him and his family during his stay. **"The nursing unit is strengthened by the addition of the virtual nursing. I can't imagine how they went this long without it."**

What can policymakers do in support of the health care workforce?

Innovative Care Delivery Models	Fund multi-disciplinary team clinical care models
	Incentivize investments in accessible technology, such as applications that support remote monitoring and virtual care delivery
Build a Strong Workforce Pipeline	Support "earn and learn" programs like apprenticeships that use competency-based training
	Provide Visa relief for clinicians from other countries
	Reauthorize the Health Resources and Services Administration (HRSA) workforce programs
Build Resiliency in the Existing Workforce	Fund loan forgiveness and clinician well-being programs
	Enact federal protections for health care workers against violence and intimidation
	Fund hospital violence prevention and infrastructure initiatives

Trinity Health

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Vice President and Director
Weitzman Institute

Leveraging Community Health Workers (CHWs) to Build a Robust Healthcare Workforce

April Joy Damian, PhD, MSc, CHPM, PMP
Vice President and Director, Weitzman Institute
Senior Scholar of Health Equity, AcademyHealth

CHWs Add Value to a Person-First Health System
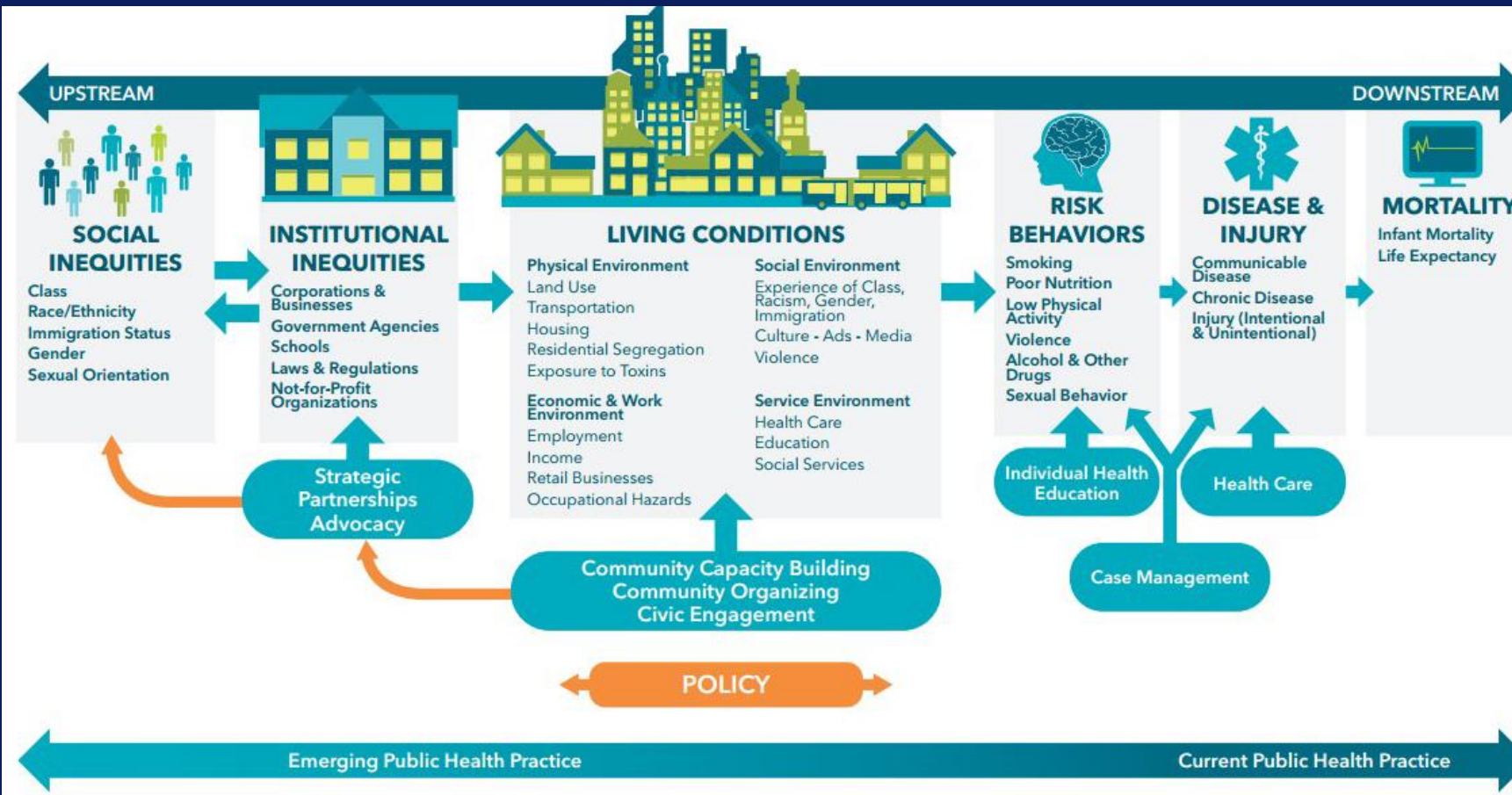
Addressing the Social Determinants of Health

Improving Healthcare Outcomes

Restoring the Healthcare System's Trustworthiness

Addressing the Social Determinants of Health

"Given my arthritis, she has been so helpful in making sure my physical therapy location is easy for me to get to, and that I'm able to get there with ease. When I needed transportation to get to New Haven for the leg I had operated, she was helpful in finding a way for me to get there."

Improving Healthcare Outcomes

Chronic Disease Management and Care among Vulnerable Populations

Significantly improve glycemic control in people with diabetes (reduce HbA1c compared to usual care), declines in cholesterol triglycerides, and achieve blood pressure control.

Posthospital Outcomes through the Development of Individualized Action Plans for Recovery and Tailored Support

Increase in likelihood of obtaining primary care, increased mental health improvements, and reduced likelihood of multiple 30-day readmissions from 40% to 15.2%.

Return on Investment (ROI)

New Mexico 448 high resource-consuming Medicaid Managed Care clients received support from CHWs for six months and found total cost difference across categories of services provided by $2,044,465.

Successes in Rural Settings

Texas CHWs providing asthma and general health promotion education to elementary school children in a rural school district found improvements in asthma knowledge, self-management, and self-efficacy for managing symptoms and using metered dose inhalers.

"Oh, it's (CHW) helped me a lot because first of all my diabetes was out of control and now my diabetes is in a non-diabetic state. She's on top of me! it's good, it's okay. My doctor is surprised because when I first started going there my A1C was at a 13 and now it's a 5."

Rebuilding the Health System's Trustworthiness

"Leonora is the best thing that ever happened to me. When I first met her (oh my god I'm going to cry). When I met with her I was at the lowest point in my life. I am usually the one to help people and I was embarrassed that I needed help. She told me that there's nothing to be embarrassed about and that I'm here to help you."

Recommendations

Fund proper training (including upskilling), education, and compensation of CHWs

Expand CHW scope of practice

Promote additional research and data collection on CHW interventions

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TAKE OUR SURVEY

Please fill out the evaluation survey using the QR code, by hand, or via email!

www.allhealthpolicy.org

THANK YOU FOR ATTENDING!

ALLIANCE
FOR HEALTH POLICY