2023 Signature Series

Public Congressional Briefing
The Role of the U.S. Health Care Workforce in Achieving a Person-Centered Health System
2023 Signature Series

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Alliance for Health Policy

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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

STAT

Policymakers must take action on the physician shortage

By Thea Fields, Mallory Redding, Emily K. Nance, Claire T. Altman, Sheryl L. Knight, and Page Roberts

The pressures of the last three and a half years have affected every corner of the health care landscape, but policymakers are also facing some evidence that they may need to address new challenges.

Specifically, the country’s aging population, coupled with a severe shortage of primary care physicians and the need for more mental health professionals, is leading to a shortage in health care providers and services, which is driving the need for additional training and education programs.

These workforce challenges are compounded by the fact that the healthcare system is already facing workforce shortages in other areas, including rural and underserved communities. The need for additional training and education programs is critical to addressing these shortages and ensuring that the health care system is able to meet the needs of patients.

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

American Health Care Faces a Staffing Crisis And It's Affecting Care

CNN health

Concern grows around US health-care workforce shortage: 'We don’t have enough doctors'

Published 10:00 AM EDT, Tue Mar 15, 2023

CNN — There is mounting concern among some US lawmakers and the leaders of historically black medical schools and the nation’s top medical schools that the nation’s shortage of health-care workers will only get worse.

HRSA Health Workforce

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HRSA Workforce Aims

- Increase Supply
- Improve Distribution
- Advance Health Equity
- 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
BHW Programs (Academic Year 2021-2022)

Pipeline & Diversity
- Loans & Scholarships: 294,483 participants
- 24,592 members
- Behavioral Health: 13,260 trainees
- Nursing: 31,656 trainees

Oral Health
- Oral Health: 8,135 participants
- Geriatrics: 71,894 participants
- Pediatrics: 15,515 participants
- Public Health: 415 participants
- Provider Resilience: 52,727 trainees

Medicine
- Medicine: 12,974 trainees

Geriatrics
- Pediatrics
- Public Health
- Provider Resilience
### BHW Results on Key Crosscutting Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Actual</th>
<th>Target AY 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Of clinical training sites provided interprofessional training to individuals enrolled in primary care training programs</td>
<td>50%</td>
<td>77%</td>
</tr>
<tr>
<td>2. Of trainees trained in medically underserved communities</td>
<td>55%</td>
<td>51%</td>
</tr>
<tr>
<td>3. Of program completers/graduates are underrepresented minorities and/or from disadvantaged backgrounds</td>
<td>46%</td>
<td>50%</td>
</tr>
<tr>
<td>4. Of program graduates and alumni are employed in underserved areas at graduation</td>
<td>Baseline</td>
<td>59%</td>
</tr>
<tr>
<td>5. Of clinical training sites are in community-based settings</td>
<td>Baseline</td>
<td>25%</td>
</tr>
</tbody>
</table>
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
Teaching Health Center Planning and Development Program
Geriatric Workforce Enhancement 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

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

- Community Health Worker Training Program
- Public Health Scholarship Program
- Preventive Medicine Residency Program
- Public Health Training Centers
- Public Health Workforce Research Center
Workforce Resources

LEARN MORE
• bhw.hrsa.gov
• nhsc.hrsa.gov
• data.hrsa.gov
• connector.hrsa.gov
• grants.gov

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Thank you!
Contact Us

Sheila Pradia-Williams
Deputy Associate Administrator
Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)
Email: BHWSpeakerRequest@hrsa.gov
Website: bhw.hrsa.gov
Connect with HRSA

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MODERATOR

Farida Ahmed, MHS
Associate Program Officer
National Academy of Sciences
PANELISTS

Farida Ahmed, MHS
Associate Program Officer
National Academy of Sciences

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

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

April Joy Damian, Ph.D., MSc
Vice President and Director
Weitzman Institute
MODERATOR

Farida Ahmed, MHS
Associate Program Officer
National Academy of Sciences
Activating a National Movement for Health Workforce Well-Being

Farida Ahmed, MHS
Associate Program Officer
Action Collaborative on Clinician Well-Being and Resilience
November 1, 2023

@theNAMedicine      #ClinicianWellBeing
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

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.
Priority areas for health workforce well-being

- 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

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

@theNAMedicine   #ClinicianWellBeing
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

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/NAMLListserv

Contact Clinician Well-Being Collaborative staff:

Anh Tran, Director (ttran@nas.edu)
Farida Ahmed, Associate Program Officer (fahmed@nas.edu)
Catherine Colgan, Research Assistant (ccolgan@nas.edu)
Bram Bond, Program Specialist (bbond@nas.edu)
Sami Phillips, Communications Officer (sphillips@nas.edu)

@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

Patricia (Polly) Pittman, PhD
Director & Fitzhugh Mullan Professor of Health Workforce Equity
Is there actually a physician shortage?
GME determines size, specialty distribution, geographic distribution of the physician workforce

<table>
<thead>
<tr>
<th>Program</th>
<th>GME Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare (2018)</td>
<td>$14.6 B</td>
</tr>
<tr>
<td>Medicaid (federal share, 2015)</td>
<td>$2.4 B</td>
</tr>
<tr>
<td>Medicaid (state share, 2015)</td>
<td>$1.8 B</td>
</tr>
<tr>
<td>Children’s Hospital GME (FY 2023)</td>
<td>$385 M</td>
</tr>
<tr>
<td>Teaching Health Centers GME (FY2023)</td>
<td>$119 M + $330 M ARPA (2021)</td>
</tr>
<tr>
<td>VA (2015)</td>
<td>$1.5 B</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$20.8 B</strong></td>
</tr>
</tbody>
</table>
What do we get from GMW?

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%

<table>
<thead>
<tr>
<th>Specialty</th>
<th>No. Positions</th>
<th>No. Matches</th>
<th>% U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Surgery</td>
<td>899</td>
<td>899</td>
<td>98.7%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>1,609</td>
<td>1,606</td>
<td>92.1%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>29</td>
<td>29</td>
<td>100%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>5,088</td>
<td>4,511</td>
<td>70.0%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>9,725</td>
<td>9,345</td>
<td>58.7%</td>
</tr>
</tbody>
</table>
And it also depends on where you live…

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.

Source:
www.milbank.org/primary-care-scorecard/
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 shortages may be primarily tied to working conditions.
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 attrition, graduation, and participation.
** Auerbach et al., Health Affairs 2022 using BLS
Inadequate staffing top reason among those planning to leave (83%)

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

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
“Health workforce policy is increasingly a health equity battlefield.” – Fitzhugh Mullan

Contact:
Patricia Pittman
ppittman@gwu.edu
Murielle Beene, DNP, MBA, MPH, M.S., R.N.-B.C.
Senior Vice President and Chief Health Informatics Officer
Trinity Health
Virtual Connected Care
Innovative Inpatient Care Delivery Model

Dr. Murielle Beene
SVP and Chief Health Informatics Officer
November 2023
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.
Together Team: The 3-Person Care Team is a Transformational Model

**Bedside RN**
- Provides direct patient care support
  - Gains experience
  - More time with patients and families
  - On-demand guidance

**Patient/Member-Centered Care**
Coordinated, efficient care that supports better outcomes, safety and an exceptional experience

**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

**Trinity Health**
Evolving The Ministry
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

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

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

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

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.

<table>
<thead>
<tr>
<th>Exploring Virtual Nurse Certification</th>
<th>Expanding capabilities (e.g. dual verification and interpreter services)</th>
<th>ED prototype Learnings Continue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Virtual RN Workforce Analysis</td>
<td>Sustainment Meetings in process</td>
<td>Virtual RN Learning Collaborative</td>
</tr>
</tbody>
</table>

**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 **Together Team**

<table>
<thead>
<tr>
<th>Lagging Indicators</th>
<th>Leading Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact to Colleagues</strong></td>
<td><strong>Impact to Patients</strong></td>
</tr>
<tr>
<td>Colleague Engagement&lt;br&gt;Colleague Engagement Surveys</td>
<td>Patient Satisfaction&lt;br&gt;Patient Engagement questions focusing on Nursing interaction and care</td>
</tr>
<tr>
<td>Turnover Rate&lt;br&gt;Proportion of RN’s and *Care Partners that leave unit</td>
<td>Falls with Injury&lt;br&gt;Fall with Injury minor or greater per 1,000 patient days.</td>
</tr>
<tr>
<td>Nursing Time in Flowsheet&lt;br&gt;Average minutes per day per RN in flowsheets</td>
<td>Discharge Order to Discharge&lt;br&gt;Average time from entry of discharge order to patient discharge</td>
</tr>
<tr>
<td>Virtual Connections&lt;br&gt;Number of Virtual Connections made</td>
<td>Patient Safety&lt;br&gt;Early detection and catching errors before they reach the patient</td>
</tr>
</tbody>
</table>

= Early measurable improvement observed
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?

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

Improving Healthcare Outcomes

Restoring the Healthcare System’s Trustworthiness
“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.”
### 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
PANELISTS

Farida Ahmed, MHS
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Vice President and Director
Weitzman Institute
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!