

Rutgers Center for State Health Policy

John J. Heldrich Center for Workforce Development



# Preparing the Workforce for a Reformed Health Care System: Toward a Research Agenda

January 2011

**RUTGERS**  
THE STATE UNIVERSITY  
OF NEW JERSEY

## SUMMARY AND INTRODUCTION

On October 25, 2010, Rutgers Center for State Health Policy and the John J. Heldrich Center for Workforce Development convened a day-long meeting of a small group of senior experts in the health care policy and workforce arenas to identify key research questions regarding the impact of health care reform on the health care workforce (see Appendices A and B for the meeting agenda and participant list). Individuals with substantial experience in particular areas were asked to present brief discussion points on the federal workforce agenda for a reformed health care system, workforce demand after reform, and workforce development strategies to meet the demand.

Joel Cantor, Director of Rutgers Center for State Health Policy, and Carl Van Horn, Director of the Heldrich Center, also led the entire group in a discussion of the development of a **health care workforce research agenda**. The group identified a number of areas where additional research may assist members of Congress and federal and state officials to shape health care reform and related workforce efforts.

Key conclusions and research agenda items included:

- Health care reform will add pressure on an already strained workforce supply system to increase both the **quantity** of different types of health care professionals and the **quality** of their pre- and post-employment education and training.
- **Rigorous evaluations** of strategies to address both issues are needed, as well as research that seeks to understand **organizational factors** contributing to implementation success, **promising practices studies**, and **other research**.
- Key areas where more research is needed include:
  - **Regulations:** State regulations may create silos in practice and training that could be counterproductive to the workforce goals of health care reform. Research on the impact these laws have in different areas will inform efforts to address barriers to health care reform implementation.
  - **Education Policy:** Areas ranging from recruitment and retention practices, to program availability, to pedagogy and course content must be explored to ensure that the current education and training system is prepared to meet the challenges of reform.
  - **Corporate Training Policy:** Employer policies and norms often determine the quantity and quality of the training incumbent workers receive, but more research is needed to explore innovative practices, such as the provision of integrated, cross-professional training, employer partnerships with educational institutions, and recruitment and retention strategies.

- **Labor Policy:** State labor departments and local One-Stop Career Centers play an important role in providing labor market intelligence to educators, employers, and job seekers to assist them in workforce planning. However, more research on the extent to which this sharing occurs and ways to improve the flow of information are needed.

## PROBLEM STATEMENT

The Patient Protection and Affordable Care Act (ACA) aims to change the landscape of health care delivery dramatically — from increasing the number of individuals with health care coverage, to changing the paradigms around how, and by whom, care is delivered. However, little is known about the ways that this pioneering legislation will affect the workforce and the education and training systems that prepare future generations of health care workers, especially given pre-existing workforce shortages and other challenges to the nation's health care system.

What will the future demand for health care workers look like? How will new paradigms of care affect the skill and knowledge requirements of health care jobs? Where will these skilled workers come from? Are the workforce provisions included in the ACA effective at meeting the demands of the evolving health care marketplace? Addressing these and many other questions will inform the development of the nation's new health care approach and ensure that the current and future health care workforce is prepared to meet the coming service challenges.

Now is the time to examine health care and workforce policies together, from the inside out. Currently, these systems largely function separately, but in order to successfully implement the recent health care reforms, workforce policy must be an integral part of the developing health care delivery policy. Researchers with expertise in both fields are needed to examine fundamental questions about how the current systems can best work. This forum was developed to bring scholars and practitioners together to explore the issue of what research is needed to ensure a continuous pipeline of skilled health care workers as the nation transitions through health care reform and other demographic shifts affecting the nature of demand for health care.

## THE FEDERAL WORKFORCE AGENDA FOR A REFORMED HEALTH CARE SYSTEM

The ACA legislation includes a number of key workforce provisions.<sup>1</sup> Participants discussed several of these, including loan forgiveness programs to encourage the development of a skilled pipeline of health care workers, the funding of a National Center for Health Care Workforce Analysis, advance practice incentives to address the nurse faculty shortage,<sup>2</sup> incentives to attract more primary care physicians and nurse practitioners, changes in residency slots, the establishment of a Public Health and Prevention Trust Fund of which up to half of the funds may go toward workforce issues, and a host of others. In addition, the federal government has awarded \$500 million in competitive grants under the American Recovery and Reinvestment Act (ARRA) to states to address health care workforce issues. Overall, ACA relies heavily on the idea of supporting and expanding successful pilot efforts.

Unfortunately, while the ARRA provisions and some ACA programs have been funded, resources have not yet been approved to support several workforce provisions within the ACA. Congress must establish rules for the proposed programs, appropriate funds, and attend to additional legislation that may be needed to achieve some workforce goals. There is cause for optimism that many, if not all, of the workforce provisions in ACA will be realized, however. Workforce issues often win bipartisan support as legislators seek to encourage the creation of jobs in their districts. Discussions may become heated over regulatory issues, which many participants thought would be relevant given the necessity to regulate market concentration as health care markets become more streamlined.

As Congress moves forward with workforce training and education initiatives and other efforts to meet demand, input from the research community will be vital to their decision-making. Evidence demonstrating the need for key workforce initiatives, and well-documented research on the outcomes, will help lawmakers develop workforce policies that address the skill and workforce needs of a rapidly changing health care system.

## WORKFORCE DEMAND AFTER REFORM

**B**eyond the ACA, changes in the demand for health care services are also being driven by population demographics, existing delivery inefficiencies and personnel shortages, and technology and consumer preferences. The ACA alone is expected to lead to an additional 32 million insured individuals (16 million through exchanges, 16 million through Medicaid/Children's Health Insurance Program),<sup>3</sup> which will add to existing workforce pressures given personnel shortages in primary care and nursing. Because the uninsured are not evenly distributed geographically, regional workforce supply issues will be important. Further, it is expected that currently uninsured adults gaining access through reform are likely to have more behavioral health problems (e.g., substance abuse and mental health services), which, in turn, will increase demand for those services.

In addition to increasing the number of insured, the ACA attempts to provide incentives for expanded and improved primary care, affecting demand for some types of workers more than others and creating incentives for team-based paradigms of service delivery. It remains to be seen whether these incentives will be sufficient to override the existing barriers confronted by those trying to effect these changes prior to the ACA's passage.

Participants identified several potential hypotheses and research questions affecting workforce demand and the different models of care prescribed by the ACA:

- Health care professions are licensed, supervised, and otherwise regulated by states, which can constrain training, scope of practice, the ability of practicing professionals to collaborate, and the use of technology in teaching, supervision, and the tracking of patient information. Is regulatory change necessary? Are professional norms (many of which emerge locally) more important? To what degree are professional interest groups restricting collaboration or the emergency of new primary care practitioners (e.g., advance practice nurses) by trying to protect their "turf" through regulatory or other restrictions? What are the implications for health care cost, quality, and outcomes of variations in scope-of-practice regulations across states?
- In addition to the regulations mentioned above, educational policies affect demand by determining training openings, defining required educational levels, and affecting the number of faculty available. For example, nursing faculty shortages affect the ability to train new nurses. Because nurses are not required to get a Bachelor's degree to practice nursing, there are barriers to existing nurses becoming faculty.<sup>4</sup> How does one balance the need to get more nurses into practice with the need to produce more highly educated nurses for faculty positions and other leadership roles?
- Adoption of technology-based approaches may increase efficiency, but health care professionals will need new skills to use the technology effectively. How are health care organizations training their workers to use new technology? How effective are current approaches to worker training and how can organizations and educational institutions better meet this demand?

- The ACA includes limited and temporary increases in reimbursement rates for primary care. How effective will these increases be in attracting and retaining primary care providers? What other incentives will be needed to assure an adequate supply?
- Federally qualified health centers (FQHCs) will be asked to double the population they serve, to 40 million, by 2015.<sup>5</sup> Some participants felt that FQHCs have not been adequately evaluated to date — that some are very effective, others are not, and that it is difficult to distinguish one from the other. If FQHCs are to take on this many additional consumers, rigorous and transparent evaluations will be necessary.
- When structuring incentives, policymakers need to think not only about cost, but also about quality of care provided. Past efforts to rationalize health care have failed when quality suffered. Quality measures are essential to improving health care outcomes, including having consumers (patients and their caregivers) provide feedback on quality.
- An important part of the health care workforce is non-licensed direct care workers, where there are shortages due to low pay, poor working conditions, and few chances for advancement, creating recruitment and retention problems. Researchers have explored the prospect of constructing career ladders for direct care workers, various methods of improving working conditions (e.g., offering more chance for input into care decisions), and strategies for improving pay by, for example, reducing turnover. Such research should continue.

## WORKFORCE DEVELOPMENT STRATEGIES

The ACA promotes a team-based, patient-centered health care delivery mechanism, which represents a significant shift in the way most health care workers operate and changes the skills and knowledge they require. In addition, changes in demand that have been evolving for some time, coupled with the ACA, will also change the skills and knowledge workers need. For example, increased demand from a growing population of older Americans and immigrants will increase the need for workers with special knowledge of chronic conditions, proficiency in other languages, and cultural sensitivity. Finally, as discussed above, the anticipated rise in the number of insured Americans will increase the number of health care workers needed.

Adjusting pre- and post-employment training to address the skill and knowledge requirements of team-based, person-centered care is one of the thorniest issues in health care workforce development. Historically, efforts to address inter-professional collaboration have been troubled by the existence of silos in training and licensing regulations and practitioner reluctance to share information across professional lines. To develop the team-based models of care advanced in the ACA, it is crucial for policymakers to address these barriers early in the health care reform process and early in the training process for new health care professionals.

Participants discussed the key initiatives that are needed to address the issue of training health care personnel to work well in teams, as well as to meet other new knowledge requirements effectively. These strategies, in addition to the key research questions they raise, are discussed below.

### *Pre-employment Education and Training*

- Changing the content and pedagogy of nursing and medical programs will be necessary to address team-based care, management of chronic conditions, and other new skill requirements. Some institutions are training cohorts of doctors, nurses, and other professionals, such as social workers, together in practice-oriented settings. However, historical efforts have been troubled by sharp divisions among professions, regulations, and other barriers. While some promising examples exist, such as a unique simulation program at the University of California Davis, more work is needed to understand the effects of educational strategies to prepare health professionals for collaborative practice.
- To address the workforce shortages that are likely to be exacerbated when the ACA becomes fully implemented, strategies are needed to accelerate time-to-degree for nurses and nursing faculty through improved articulation agreements, nurse residency programs, and other strategies. How does upskilling and fast-tracking the workforce pipeline affect attrition and retention? Do fast-track programs affect service quality?
- There is a need to consider training and development of workers skilled in treating substance abuse and mental health problems and to handle other issues that may be faced by those who are currently uninsured, elderly, or disabled. Does the current supply of such programs meet the current and projected need? Is it possible to cross-train



other medical professionals in some of these issues to alleviate expected worker shortages and better integrate medical and behavioral health care?

- Disincentives to pursuing advanced degrees in nursing are pervasive. Strategies to provide incentives to students to pursue higher levels of education are needed. Current efforts to achieve these goals should be carefully evaluated.
- Regulations, which vary by state, often create silos in training. Some states use language that may be open to interpretation, however, allowing for the development of training innovations. Differences in interest group strength by state also affect the regulatory environment in terms of how regulations are interpreted and how difficult it becomes to change regulations, so working closely with key interest groups is important to achieving change. How have the most innovative states handled these regulatory issues?

### *Incumbent Worker Training*

- Leading professional organizations must embrace early training for incumbent workers in inter-professional collaboration. Some organizations provide at least partial models for doing this. What can be learned about effective models and practices from these examples? What barriers do successful programs face and how do they overcome them? Key examples of promising models include:
  - Emergency departments faced with limited funding and complex cases are finding innovations out of a need to handle cases efficiently and effectively. As demand for primary care increases in the face of provider shortages, emergency departments will likely experience an increase in demand for non-emergent utilization. Research is needed to identify strategies for the cost-effective

management of this increase in emergency department demand while assuring the highest possible standards of care.

- Practice-based models can also be found in the military, and in institutions such as InterMountain, Geisinger, and in the Commonwealth Alliance in Massachusetts. The Commonwealth of Virginia is also embracing a collaborative approach in its health care facilities. Other community-based models also exist, as outlined in the Robert Wood Johnson Foundation's report, *Prescription for Health Evaluation*.<sup>6</sup>
- Innovative employers have developed partnerships with schools to enhance professional development training. What can be done to build the capacity of small practices through university/physician partnerships? What models exist that can provide insights for large and small health care employers?
- Keeping highly skilled staff is key to addressing the evolving demand for health care. Policies to stem the flow of retirees from health care can contribute to meeting rising demand for services. What evidence of success exists for current initiatives to retain health care workers? What are the important components of a successful program?

### *Systemic Strategies and Issues*

- Work is needed to understand and address the impact of state-level policies affecting the health care workforce. States regulate insurance, health care practice, credentialing and licensing, and workforce strategies. Understanding differences in these policies by state and the extent to which given policies contribute to or detract from the success of health care delivery efforts is important to the success of the ACA.

- Rigorous evaluations that explain how services can be provided differently — using new skills and tasks — is needed to maximize the efficiency and effectiveness of the health care system.
- To understand the impact of innovative initiatives and evolving policies and to better direct job seekers to jobs and professions in high demand, there is a need to improve workforce data availability and analysis. Which types of data are crucial? How can these be collected efficiently and accurately? How can data be made accessible to workforce development professionals and career counselors?
- Quantitative and qualitative research is needed to understand the organizational factors that affect policy implementation. Researchers need to examine workforce issues in the context of organization and personnel. Issues of centralization versus decentralization in management are some of the key organizational issues to be explored.
- The health care workforce should reflect the population it serves. How can workplaces promote diversity? How can education and training institutions attract a diverse student base to health care training? How well will strategies embedded in the ACA to address health disparities and workforce diversity work?
- Training is needed to enhance interprofessional collaboration and the development of team-based care models, but **where** and **at what stage** of training can people best learn to collaborate?
- While not directly related to workforce supply and demand issues, incentives to increase the quality of care and the level of financial accountability are necessary. However, more work is needed to develop metrics that are appropriate for the new health care delivery environment in order to measure success — or failure — appropriately. Understanding the status of health care quality and accountability is key to building effective training and education for the workforce.

## METHODOLOGICAL NOTES

In addition to the substantive research questions and hypotheses mentioned above, participants also discussed general methodological issues. Participants noted that the ACA legislation authorizes pilot studies and federal waivers to disseminate successful pilots, so there is an incentive to implement pilot studies. In addition to quantitative assessments of pilot project outcomes, proper evaluation requires sound qualitative research to get inside the “black boxes” of organizational operations and discern key elements of success. Participants felt that secondary data analysis and other research is likely to be funded to improve understanding of promising health care workforce education and training practices.

### Other cautionary notes:

- The federal government and other funders may be too conservative to allow pilots to fail, which may not push innovation far enough.
- More thoughtful processes are needed to avoid transferring successful models constructed slowly over time to different conditions where they will not work.
- Health care advocates and policymakers may need to push for a continued focus on workforce issues.

## ENDNOTES

1. For an overview of workforce policy in the ACA, see *Health Reform GPS: Navigating the Implementation Process* (retrieved December 10, 2010 from: <http://healthreformgps.org/resources/national-workforce-policy-development/>). For a more detailed discussion, see Congressional Research Service, *Public Health, Workforce, Quality, and Related Provisions in the Patient Protection and Affordable Care Act (PPACA)* (retrieved December 10, 2010 from: <http://www.ncsl.org/documents/health/PHwfQual.pdf>).
2. For a list of provisions related to nursing, see [http://assets.aarp.org/www.aarp.org/\\_cs/health/nursingandhealthreformlawtable.pdf](http://assets.aarp.org/www.aarp.org/_cs/health/nursingandhealthreformlawtable.pdf) (retrieved December 10, 2010).
3. Congressional Budget Office (March 20, 2010), final cost estimate (retrieved December 7, 2010 from: <http://www.cbo.gov/ftpdocs/113xx/doc11379/AmendReconProp.pdf>). There are about 300 million people currently insured in the United States (Kaiser State Health Facts data for 2009, retrieved December 7, 2010 from: <http://www.statehealthfacts.org/comparetable.jsp?typ=1&ind=125&cat=3&sub=39>).
4. *The Future of Nursing: Leading Change, Advancing Health* (October 5, 2010), retrieved from: <http://www.rwjf.org/pr/product.jsp?id=69909>.
5. Health Management Associates (October 2010). National Update (retrieved December 7, 2010 from: [http://www.healthmanagement.com/files/National\\_Update\\_October\\_2010.pdf](http://www.healthmanagement.com/files/National_Update_October_2010.pdf)). See also National Association of Community Health Care Centers (no date). *Community Health Centers and Health Reform: Summary of Key Health Center Provisions* (retrieved December 7, 2010 from: <http://www.nachc.com/client/Summary%20of%20Final%20Health%20Reform%20Package.pdf>).
6. *Prescription for Health Evaluation* (Robert Wood Johnson Foundation, August 2010), retrieved from: <http://www.rwjf.org/pr/product.jsp?id=66728>.

## APPENDIX A. AGENDA

### Preparing the Workforce for a Reformed Health Care System: Toward a Research Agenda

#### Expert Panel

October 25, 2010

Roosevelt-Perkins Room (second floor),  
John J. Heldrich Center for Workforce Development,  
30 Livingston Avenue, New Brunswick, NJ

Sponsored by the John J. Heldrich Center for Workforce Development &  
Center for State Health Policy, Rutgers University

#### Agenda

9:30 a.m.

***Registration/Continental Breakfast***

10:00 - 10:30 a.m.

***Welcome and Charge for the Day***

Carl Van Horn, PhD, Professor and Director, John J. Heldrich Center  
for Workforce Development

10:30 a.m. - 12:00 p.m.

***The Federal Workforce Agenda for a Reformed Health Care  
System***

Joel C. Cantor, ScD, Professor and Director, Center for State Health  
Policy

*Perspectives*

Gail Wilensky, PhD, Senior Fellow, Project Hope

*Full Panel Discussion*

12:00 - 1:00 p.m.

***Lunch and Continued Discussion***

**1:00 - 2:00 p.m.**

***Workforce Demand After Reform***

Moderator: Joel C. Cantor, ScD

*Perspectives*

John McDonough, DPH, Joan H. Tisch Distinguished Fellow in Public Health, Hunter College, City University of New York

Nikki Highsmith, MPA, Senior Vice President for Program, Center for Health Care Strategies

Larry Lewin, MBA, Executive Consultant

*Full Panel Discussion*

**2:00 - 2:15 p.m.**

***Break***

**2:15 - 3:15 p.m.**

***Meeting the Demands: Workforce Development Strategies***

Moderator: Carl Van Horn, PhD

*Perspectives*

Susan Reinhard, PhD, RN, FAAN, Senior Vice President for Public Policy, and Director, Public Policy Institute, AARP

Alfred F. Tallia, MD, MPH, Chair, Family Medicine and Community Health, Robert Wood Johnson Medical School, UMDNJ

*Full Panel Discussion*

**3:15 - 4:00 p.m.**

***Toward a Health Care Workforce Research Agenda***

*Full Panel Discussion*

Moderators: Carl Van Horn, PhD and Joel C. Cantor, ScD

## APPENDIX B. PARTICIPANT LIST

### Preparing the Workforce for a Reformed Health Care System: Toward a Research Agenda

#### Expert Panel

October 25, 2010

Sponsored by the John J. Heldrich Center for Workforce Development &  
Center for State Health Policy, Rutgers University

#### List of Participants

**Calvin Bland**

Research Professor and Director  
New Jersey Health Initiatives of Robert Wood  
Johnson Foundation, Rutgers University

**Joel C. Cantor**

Professor and Director  
Center for State Health Policy, Rutgers University

**Jennifer Cleary**

Senior Project Manager  
John J. Heldrich Center for Workforce Develop-  
ment, Rutgers University

**Derek DeLia**

Associate Research Professor  
Center for State Health Policy, Rutgers University

**Pamela S. Dickson**

Assistant Vice President, Health Care  
Robert Wood Johnson Foundation

**Jennifer Farnham**

Senior Research Analyst  
Center for State Health Policy, Rutgers University

**James Florio**

Former Governor of New Jersey  
Senior Policy Fellow of Public Policy  
Edward J. Bloustein School of Planning and Pub-  
lic Policy, Rutgers University

**Joanne Fucello**

Deputy Director  
Evaluating Innovations in Nursing Education  
Center for State Health Policy, Rutgers University

**Betsy Garlatti**

Director, Finance and Research  
New Jersey Commission on Higher Education

**Gretchen Hartling**

Co-Director  
New Jersey Health Initiatives  
Robert Wood Johnson Foundation

**Nikki Highsmith**

Senior Vice President  
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**Robert Houston**

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**Heather Howard**

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Heather Howard Group, LLC

**Margaret Koller**

Executive Director  
Center for State Health Policy, Rutgers University

**Kathy Krepcio**

Executive Director  
John J. Heldrich Center for Workforce Development, Rutgers University

**David Krol**

Team Director and Senior Program Officer  
Robert Wood Johnson Foundation

**Lawrence Lewin**

Executive Consultant  
Lewin Consulting

**John McDonough**

Visiting Fellow  
Hunter College

**David Mechanic**

Director and Rene Dubos Professor  
Institute for Health, Health Care Policy, and Aging Research, Rutgers University

**Alan Monheit**

Professor of Health Economics  
School of Public Health  
University of Medicine and Dentistry of New Jersey

**Susan Reinhard**

Senior Vice President and Director  
AARP Public Policy Institute

**Jeannette Rogowski**

University Professor  
School of Public Health  
University of Medicine and Dentistry of New Jersey

**John Sarno**

President  
Employers Association of New Jersey

**Cathy Schoen**

Senior Vice President for Policy, Research, and Evaluation  
The Commonwealth Fund

**Joseph J. Seneca**

University Professor  
Executive Vice President for Academic Affairs  
Rutgers University

**Alfred Tallia**

Chairman  
Department of Family Medicine and Community Health

**Frank Thompson**

Professor  
Center for State Health Policy, Rutgers University

**Carl Van Horn**

Professor and Director  
John J. Heldrich Center for Workforce Development, Rutgers University

**Robin Widing**

Acting Executive Director  
State Employment and Training Commission

**Gail Wilensky**

Senior Fellow  
Project HOPE

**Michael Yedidia**

Research Professor  
Center for State Health Policy, Rutgers University



## About Rutgers Center for State Health Policy

Rutgers Center for State Health Policy (CSHP) is a policy research center dedicated to helping leaders and decision-makers examine complex state health policy issues and solutions. The Center, established in 1999, is an initiative within Rutgers Institute for Health, Health Care Policy and Aging Research, and its mission is to inform, support, and stimulate sound and creative state health policy in New Jersey and around the nation.

The Center's current research focus includes:

- Access to care and coverage,
- Health systems performance improvement,
- Long-term care & support services,
- Health & long-term care workforce,
- Obesity prevention.

In order to accomplish its mission, CSHP marshals the expert resources of a major public research university to:

- Identify and analyze emerging state health policy issues;
- Conduct rigorous, impartial research on health policy issues;
- Provide objective, practical, and timely evaluation of programs and policy choices;
- Convene the health policy community in a neutral forum to promote an active exchange of ideas on critical issues;
- Educate current and future health policymakers, researchers, and administrators;
- Promote the practical application of scholarship in health policy; and
- Foster wide understanding of health policy choices.

CSHP was established with a major grant from the Robert Wood Johnson Foundation. The Center is also supported by grants and contracts from other foundations, public agencies, and the private sector.

<http://www.cshp.rutgers.edu/>

## About the John J. Heldrich Center for Workforce Development

The John J. Heldrich Center for Workforce Development, based at the Edward J. Bloustein School of Planning and Public Policy at Rutgers, The State University of New Jersey, is a dynamic research and policy center devoted to strengthening the nation's workforce. It is one of the nation's leading university-based centers devoted to helping America's workers and employers respond to a rapidly changing 21st Century economy.

The Center's motto — "Solutions at Work" — reflects its commitment to offering practical solutions, based on independent research, that benefit employers, workers, and job seekers. The Center's policy recommendations and programs serve a wide range of Americans at all skill levels.

The Heldrich Center's current research focus includes:

- Disability Employment
- Evaluation, Management, and Employment
- Industry, Education, and Employment
- Reemployment
- Work Trends and Economic Analysis

<http://www.heldrich.rutgers.edu>