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# Insights from "Creating the Healthcare Workforce for the 21(st) Century" Conference.

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## Insights from “Creating the Healthcare Workforce for the 21<sup>st</sup> Century” Conference

Adapted for publication by Amanda R. Solis, MS

### Participants

**David B. Nash, MD, MBA (Moderator)**

Dean  
Dr. Raymond C. and Doris N. Grandon Professor  
of Health Policy  
Jefferson School of Population Health  
Thomas Jefferson University  
Philadelphia, Pennsylvania

**Joanne Conroy, MD**

Chief Health Care Officer  
American Association of Medical Colleges  
Washington, DC

**Kathleen S. Matt, MS, PhD**

Dean, College of Health Sciences, University of Delaware  
Executive Director, Delaware Health Sciences Alliance  
Newark, Delaware

**Michael P. Strazzella**

Senior Vice President, Federal Relations  
and Political Development  
The Hospital and Health System of Pennsylvania  
Washington, DC

**Michael J. Vergare, MD**

Sr. Vice President, Academic Affairs  
Thomas Jefferson University  
Philadelphia, Pennsylvania

**T**HIS ROUNDTABLE DISCUSSION highlights presentations given and issues addressed at *Creating the Healthcare Workforce for the 21<sup>st</sup> Century Conference*, a collaborative educational program organized by Thomas Jefferson University and the University of Delaware, and held on the Jefferson campus in Philadelphia, Pennsylvania on October 21, 2011.

**David B. Nash:** Today’s conversation is a recap of the key themes from the Healthcare Workforce Conference. Through this summary we hope to extend the reach of the key messages from the conference and reiterate the importance of training a health care workforce prepared for the challenges of the 21<sup>st</sup> century.

We’ll begin with Joanne Conroy. Joanne, you helped open the program with a presentation on the need for transformational change in the education of health care professionals. From your perspective, what were the highlights of the conference overall?

**Joanne Conroy:** With the aging population and limited resources, it is now more important than ever that we coordinate care. Team-based care will be a big part of interdisciplinary care, but requires significant change, especially in nursing activities and sites of service.

**Nash:** Joanne, please summarize the key messages from your presentation.

**Conroy:** There are three major things to keep in mind. First, we need the right mix of physicians and essential health care providers, with the right skills and training, in the right places. All must come together for a proper workforce. Second, broad data sets can be used to inform the discussion, but there are still gaps to fill. We also need to keep in mind that current projections of provider demand are structured around today’s model of care, and the accuracy of these projections is open to debate. Finally, a spirited national debate is under way that focuses on which interventions will close the supply and demand gap in numbers, skill, and geography. There is not widespread agreement on the best possible solution to the workforce challenge.

Numerous assumptions and a wealth of data go into workforce projections, but it is not an exact science. We don’t always have the best data on which to base decisions, but we must work with what we have. It is also important to remember that there are trends we can’t predict or anticipate; we don’t know what team-based care will look like and we don’t fully understand the implications and drivers of a younger workforce.

**Nash:** Thank you, Joanne. Next I’ll pose a few questions to Kathy Matt. Kathy, will you restate what you found to be the key take-home messages from the conference?

**Kathleen S. Matt:** Overall, the main takeaway is that health care is a team sport. As we train the next generation of health

care leaders it is important that we focus on how to take a different approach with students to create a pipeline of professionals who are prepared to work with others as part of an interdisciplinary team. Of course, we also must keep the current workforce in mind, and develop new models for health care delivery and train them appropriately. These two things must be done in parallel.

The challenge we face is to find a way to facilitate the team approach to delivering health care and to do it in a way that is economical and efficient. We can't simply add more members to the team; the data show that approach will not cut costs. We need to review each profession's scope of practice and ensure each is working at the full extent of their license. We must reexamine what makes the most sense and determine who should be the gatekeepers. Maybe they should be nurse practitioners. We also need to engage patients and make them active participants in their care.

**Nash:** How do you think the changing health care workforce will impact care overall in the next five years?

**Matt:** This may be optimistic, but I think we will see a greater focus on disease prevention and health promotion because, as we contemplate the challenge of caring for a larger population that has access issues, the goal must be to make everyone healthier. Another element is the psychosocial aspect of the care network that fits into the health of an individual; not only their medical care is important, but the whole "complex" around it. Where people live, what their behaviors are, and what they choose to do—all these things contribute to health. In a way this allows us to tap into a much broader workforce, but also makes it much more complex.

**Nash:** Thanks, Kathy. Next we will hear from Michael Strazzella. Mike, what were the key messages from your presentation on the economic impact of health care in the region?

**Michael P. Strazzella:** I think it is important to remember that technology is going to play a role in facilitating change going forward. Overall, we need to view hospitals as employers as well as caregivers and be able to quantify the dollars they represent in the region. Hospitals offer not only a medical and health benefit to the community, but a fiscal benefit as well. Hospitals account for a large number of jobs in a flat economy and a significant percentage of the local economic output.

**Nash:** Thanks, Mike. What do you think is the biggest challenge facing hospitals right now?

**Strazzella:** At this point the Super Committee is the challenge. They are making cuts before the benefits of the Affordable Care Act can be realized. It will take time for these benefits to take shape and drive down costs. This appears to be the opposite of what has been done in the health care industry, where the financial aspect was being ignored in order to focus on improving delivery systems and care collaboration. The threat of cuts by the Super Committee is

making it difficult for hospitals to plan three to five years out.

**Nash:** How do you think the changing health care workforce will impact care overall in the next five years?

**Strazzella:** There will be a larger push to maximize the scope of practice and help alleviate the strain on physicians. We will see physician assistants, nurse practitioners, and other "extenders" become more integrated in everyday care.

**Nash:** Now we will hear from Dr. Vergare. Mike, you moderated a panel discussion on the team-based workforce. Can you share your key takeaway from the conference?

**Michael Vergare:** Throughout the conference we clearly heard about the uncertainty in our national health care arena, but we agreed upon the direction we must move in—which is collaboration between complex care settings that draw upon different disciplines. The interactions between the specialist, the primary care office, and all health care professionals, which occur in a multitude of care settings, are going to determine the outcome for health care in the future. We have a lot of catching up to do to make sure the workforce is prepared and understands how to handle interdisciplinary and interprofessional care.

We also were reminded throughout the program that the critical partner in effective health care delivery is the patient.

**Nash:** What do you see as the biggest challenge or change for the health care workforce over the next five years?

**Vergare:** We face two different training issues. One focuses on the new workforce that we are currently creating; the other focuses on the challenge of connecting the existing workforce to new concepts, especially that of the interdisciplinary team.

The future workforce has different expectations in terms of work/life balance. Will the workforce currently in training be inclined to work the hours we have expected from professionals in the past? This may pose a challenge when preparing workforce projections into the future. Additionally, right now we rely on a workforce that is working longer hours and delaying retirement. Some of this workforce is going to retire soon. This makes it difficult to project actual need, because we have this artifact of people working longer than we expected. We still don't know what the new retirement age will be for health care professionals. This has bearing on future planning.

**Nash:** We certainly have some challenges ahead, and you each have touched upon some possible solutions to the health care workforce challenge. I would like to thank Joanne Conroy, Kathy Matt, Michael Strazzella, and Michael Vergare for their participation in this program and their leadership toward a team-based approach to care.

To learn more about the conference and review presentations and audio, visit <http://jdc.jefferson.edu/creatinghealthworkforce/2011/>.