

### Adding Rungs to the Health Care Career Lattice

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### The workforce challenges we face

- Increased demand
  - Rising poverty rate
  - Rising numbers of uninsured (until now)
  - Affordable Care Act
- High turnover rates
- Difficulty recruiting
- How to find and train the workforce we need



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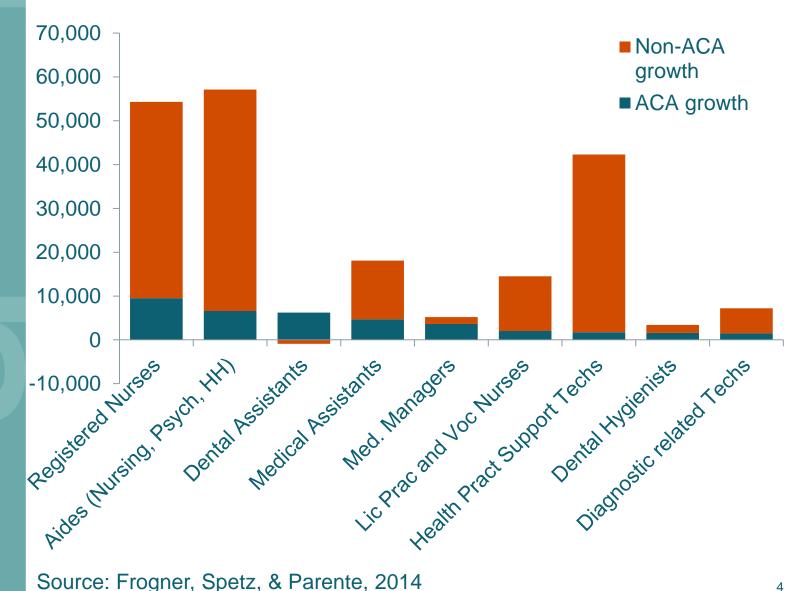
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### Forecasted new jobs in California by 2021



Source: Frogner, Spetz, & Parente, 2014



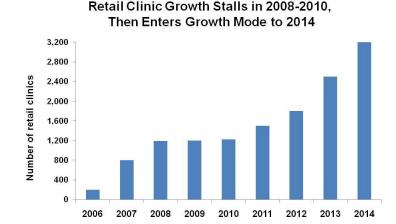
# New ACA-caused California jobs by region

	2011 baseline	2021 forecast	Growth rate
Central Valley	82,902	88,106	6.3%
Sacramento	51,484	54,609	6.1%
Other So. Cal.	240,378	254,425	5.8%
Central Coast	35,858	37,928	5.8%
L.A. County	221,927	234,063	5.5%
SF Bay Area	180,824	190,286	5.2%
Northern Region	14,373	15,088	5.0%



# Added complexity: Emerging sites of care

Retail clinics



CommunityParamedicine





Source: Retail Clinics: Update and Implications, Deloitte Center for Health Solutions, November 2009



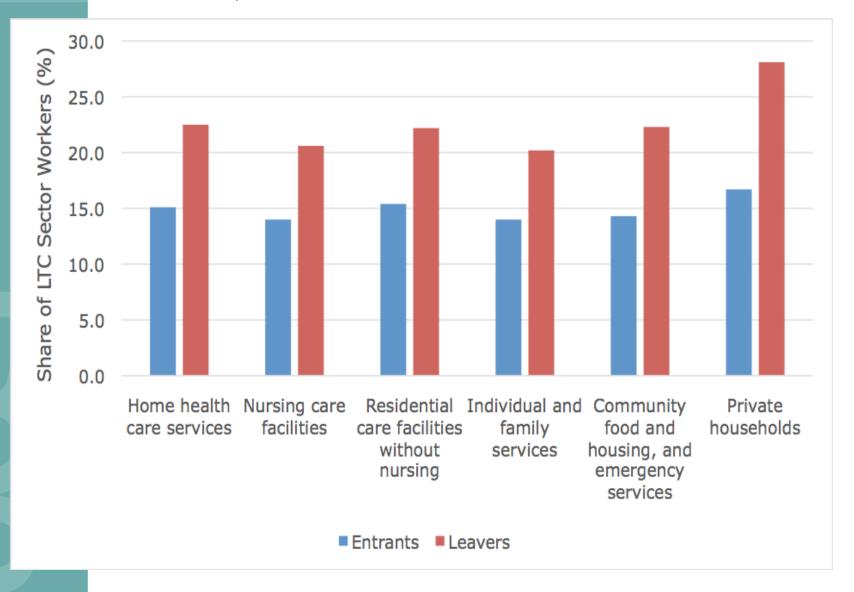


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### Average entry and exit rate by LTC sector, 2003-2013





### LTC industry transitions, 2003-2013

Industry	Entry from what industry?	Exit to what industry?
<b>Home Health Care</b>	19% Not in labor force	33% Not in labor force
Services	14% Nursing care	18% Unemployed
	facilities	
Nursing Care	18% Hospitals	27% Not in labor force
Facilities	15% Not in labor force/	19% Unemployed
	unemployed	
Residential Care	15% Not in labor force/	25% Not in labor force
Services	unemployed	16% Unemployed
	14% Leisure &	
	hospitality	
Individual & Family	18% Not in labor force/	30% Not in labor force
Services	unemployed	16% Unemployed
	9% Education	



### LTC occupation transitions, 2003-2013

Occupation	LTC Entrants: Rate of Occupation Change	Entered from what Occupation?
<b>Registered Nurse</b>	25%	40% Not in labor force
		17% LPN/LVN
LPN/LVN	55%	27% Support tech
		20% Not in labor force
NPHH Aides	67%	39% Not in labor force
		11% MA
MA / other aide	70%	24% Not in labor force
		18% food prep/service
PCA/HHA	94%	50% Not in labor force
		28% Personal care occ.
Physical	55%	74% RN
Therapist		13% Not in labor force



### LTC occupation transitions, 2003-2013

LTC Leavers: Rate of Occupation Change	Left to what Occupation?
47%	45% Not in labor force
	28% Unemployed
68%	40% Not in labor force
	24% Unemployed
82%	45% Not in labor force
	29% Unemployed
86%	37% Not in labor force
	25% Unemployed
96%	45% Not in labor force
	22% Unemployed
53%	31% Not in labor force
	13% Occ therapist
	Occupation Change 47%  68%  82%  86%

Rates of occupation change for those who stay in the industry:

RNs 7% LPNs 1% NPHH 1% MA 7% PCA 2% PT 2%



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## Current state of hiring by health care employers

- Large applicant pool
- Excessive turnover at front line
- Employer dissatisfaction with employability skills of workforce
- No standardization of competencies
- Little opportunity for pathway development



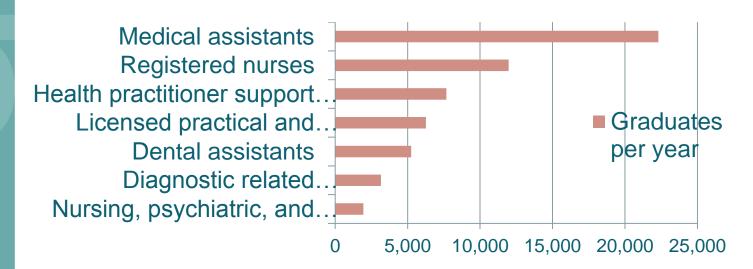
#### Current state of health education

- Large applicant pool
- Excessive time to completion
- Low completion rates
- Employer dissatisfaction with employability skills
- No standardization of core competencies
- Minimal alternatives for non-completers



## Comparing new jobs to current training in California

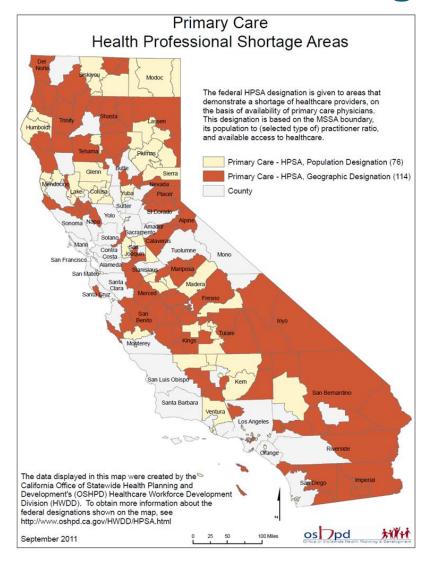
- Education capacity varies by occupation
- Variation in quality of programs and quality control
- Mismatch between employers' skill needs and programs' skill provision
- Regional differences in supply and capacity
- Occupational turnover



Source: HSI Analysis



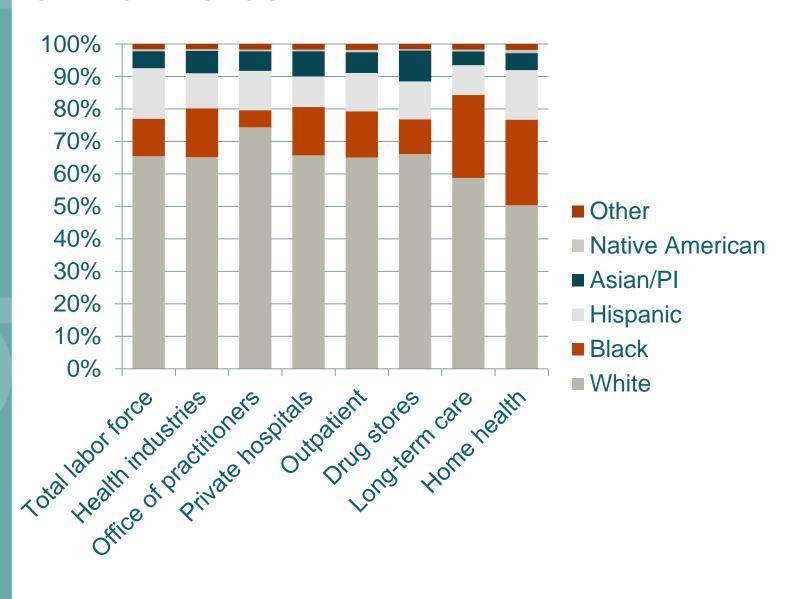
### **Health Professional Shortage Areas**



20% of Californians are in a HPSA



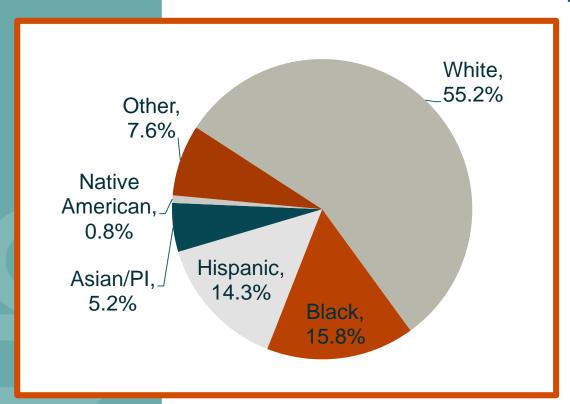
### An opportunity to increase diversity of workforce





#### Diversity of new entrants in the U.S.

- 978,213 awards granted in health occupations
- Most are below a baccalaureate level
- Most common occupations:



- 18.9% Registered Nursing
- 14.4% Medical/Clinical Assistants
- 6.3% NursingAssistant/Aides



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- Difficulty recruiting
- How to find and train the workforce we need
  - Grow your own
  - Emerging occupations and roles
  - Team-based training
  - Competency-focused training



#### **Grow your own workforce**

- Career Ladder Training Program for medical assistants
- San Diego/Imperial Health Workforce Initiative
  - Workforce Funders Collaborative
  - University of California San Diego (UCSD) Extension
- Adapting the statewide curriculum to meet the needs of local clinics
  - Curriculum will be implemented at Family Health Centers of San Diego and North County Health Services



# Emerging occupations & roles: High Plains Community Health Center



8,680 patients Level 3 PCMH Lamar, Colorado

#### Rural FQHC

- 94 staff & providers:
  - 10 providers: MDs/NPs/PAs
  - 29 Patient Facilitators (MAs)
  - 7 Health Coaches
  - 14 Dental & 2 Mental Health
  - Onsite pharmacy
  - 9 admin/billing/fiscal
  - Patient Navigators & CHWs
  - What do you notice about staffing?



**High Plains Community Health** 

Center





Medical Records/ Reception PF

Patient Facilitators (PFs) rotate through front & back office

- >1 week in medical records
- >2 weeks clinical
- >Occasional reception / greeting

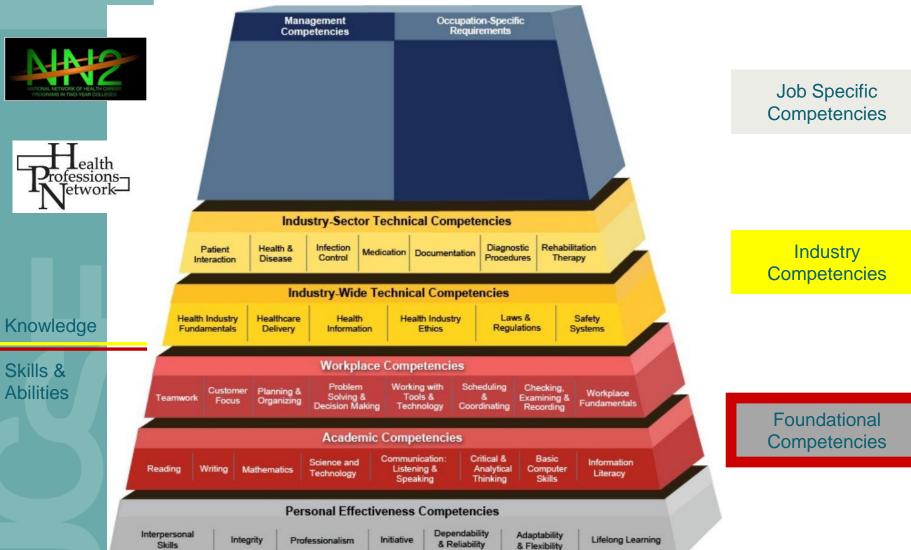


#### **Team-based training**

- ACA recognizes importance of other workers in primary care
- Funds for health promotion and public health
  - ACA grants to promote positive health behaviors through the use of community health workers
- Funds for home & community based services:
   RNs, certified nursing assistants, personal care assistants



### **Competency-focused training**



**USDOL** Allied Health Competency Model



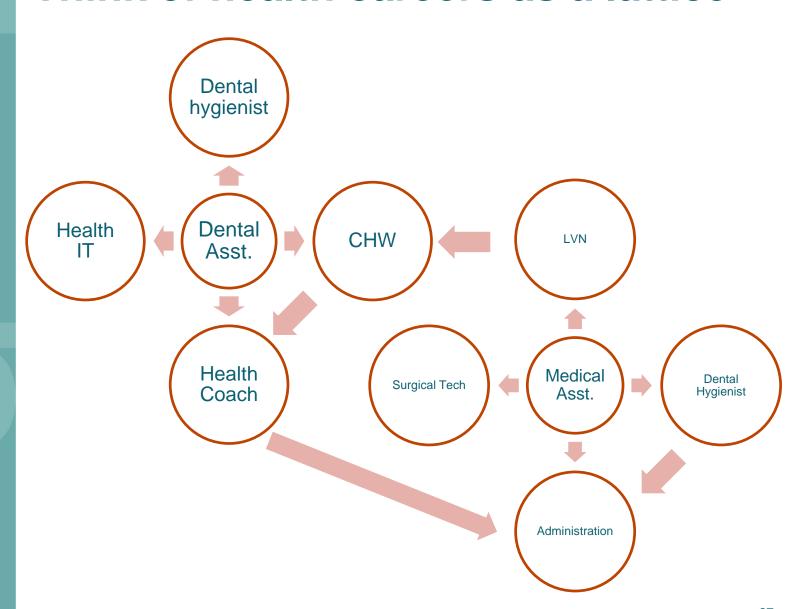
### **Competency-based training**

#### **H2P Health Professions Pathways Strategies:**

- 1. Prior Learning Assessment and Career Guidance→
- 2. Contextualized Education →
- 3. Competency-based Core Curriculum→
- 4. Industry Recognized Stackable Credentials→
- 5. Enhanced Retention Support→
- 6. Training programs for Incumbent Health Professions Workers→
- 7. Enhanced Data and Accountability Systems→
- 8. Galvanizing a National Movement to Improve Health Professions Training



#### Think of health careers as a lattice





### Some starting recommendations

- Educate youth about health care jobs
  - Focus on translatable skills & general pathways, starting in grade school
  - STEM skills
  - Personal and client skills
- Develop on-the-job training programs
- Offer mid-career guidance and mentorship
  - Don't box people in by the silo of their occupation
  - Identify the common competencies
- Address barriers to pursuing higher education
  - Logistics
  - Confidence