Impact of the 2010 Affordable Care Act on the California Labor Force

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Project Overview

• Consider how changes in care delivery might change the number of workers needed and their skills
  • Interviews with leaders in California
  • New quantitative scenarios
## Themes from Interviews

<table>
<thead>
<tr>
<th>Theme</th>
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Themes from Interviews

• **Theme #1: There is heightened focus on the metrics (quality, costs, patient satisfaction)**
  • Need to train staff more quickly on use of technology/interpreting data and rationale for treatment protocols; soft skills to engage with patients; leadership and increased staffing during ramp up period

• **Theme #2: Patient expectations are leading to an increased need for patient engagement**
  • Need a refresher on customer service skills (not only how to engage but also how to diffuse angry patients) and critical thinking skills.
  • Reorganize workforce to focus on disease management, care coordination.
  • Need navigators, coordinators, and/or concierge services.
Themes from Interviews

• **Theme #3: The benefits of technology do not come without costs**
  • Short-term - Stress, time constraints, frustration, burnout.
  • Long-term – efficiency, but also occupational health hazards.
  • No one was comfortable commenting on how technology will impact either numbers or types of positions – uncertainty remains

• **Theme #4: The ACA and health care reform have spurred new vehicles of access**
  • Need to educate on what skills are needed for population health; teach independence particularly for home health aides
  • Need to increase comfort level with providing care via technology
Themes from Interviews

• Theme #5: The status quo is no longer a viable option; many are piloting new models of care
  • Need to learn new skills and to work with new people
    • Face-to-face and via technology
    • Time management (people are now doing more)
    • Coping with challenges of change – need people who are nimble

• Theme #6: It’s not just about growth, but also about re-tooling the education system and current workforce
  • Need stronger relationships with schools; residency/internships
  • Need onboarding and continuous education in the workplace
  • Need regulation and/or change in union contracts to allow employees to work at the top of their license or beyond
  • Need to develop job descriptions and training for new positions
Themes from Interviews

• Theme #7: Leadership is needed to respond to the changes and ensure balanced implementation of solutions
  • Need skills in team-based care, critical thinking, decision-making, and providing feedback in a constructive way
  • Need to determine who is a leader and understand the implications—balance having a care provider vs an administrator due to promotion/new role
Quantitative Scenarios
Modeling the numbers of workers needed in different scenarios
Baseline scenario

The ACA will drive the need for 48,112 new health care and select support care jobs in California by 2021

- About 6% increase in jobs over ten years as a direct result of ACA

![New Jobs Forecasted for CA (2011 - 2021)]

Source: American Community Survey, HSI Analysis
Scenario 1: Less Hospital Use

- Scenario 1: Slower growth in hospital demand, due to more effective preventive care.
  - 1A. Slower growth in hospital demand
  - 1B. Slower growth in hospital demand but RN staffing holds constant
  - 1C. Slower growth in hospital demand, increase in physician office and clinic use

- Rationale: Continued shift to PCMH and ACOs, which provide preventive care more effectively, and thus should reduce hospitalizations (interviews). We reduced growth in hospital service use by 10 percentage points.
  - Organizations may retain RNs for care management and other roles
  - Lower hospitalization rates may require greater physician office / clinic utilization
Scenario 2: Telemedicine

• Scenario 2: Slower growth in physician and clinic visits, due to effective use of telephone, video, and email consultations.

• Rationale: Most interviewees believe we will see an increase in digital and virtual visits, but the extent to which this will impact staffing remains unknown. Taking a conservative approach, we reduced growth in physician office and outpatient center visits by 5 percentage points.
Scenario 3: RNs in care management

- Scenario 3: Increase in RN staffing in physician offices, outpatient centers, home health, hospitals, and other key settings due to increased case management role of RNs. (Increase RN staffing by 10% in all settings)

- Rationale: Increased use of RNs as care coordinators, navigators, etc. Note that there is variation in perspectives regarding whether RNs should be navigators or other staff such as community health workers. Thus, we estimate a range.
Scenario 4: Behavioral health integration

• Scenario 4: Increase in employment of social workers and counselors.
  • 4A. Increase social worker and counselor employment by 10% in offices of physicians, offices of other health practitioners, outpatient care centers, home health care, other health care services, hospitals, nursing care facilities, and residential care.
  • 4B. Increase social worker and counselor employment by 20% in the same settings as outlined in 4A.

• Rationale: Increased integration of mental health/behavioral health and primary care. Stated need in interviews.

• Note that there weren’t enough CHWs in the Census data to analyze them as a separate group. They would be part of scenarios 4 & 5.
Scenario 5: Medical assistants and LVNs in expanded roles

• Scenario 5: Increase in employment of medical assistants and LVNs
  • 5A. Increase medical assistant and LVN employment by 10% in offices of physicians, offices of other health practitioners, outpatient care centers, home health care, other health care services, hospitals, nursing care facilities, and residential care.
  • 5B. Increase medical assistant and LVN employment by 20% in the same settings

• Rationale: These occupations are needed to support MDs, NPs, and RNs, and will play a greater role in patient navigation, health coaching, and other patient-centered medical home functions. It is not clear the extent to which MAs will be used for roles versus LVNs or CHWs.
Strategic Considerations
Based on the findings, what action should be taken?
Growth Areas and New Positions

• Growth Areas (Varies by Location and System)
  
  • Leadership across the board
  • RNs –
    • Inpatient setting: Labor and delivery, surgery, ICU, Peds, ER, night nurses
    • Ambulatory: high quality RNs in primary care
    • FQHC replenishment – many leave after 1 year of training
  • Navigators, care coordinators, transitional nurses (across continuum)
Growth Areas and New Positions

• Growth Areas (Varies by Location and System)

  • Non-licensed staff MAs/LVNs to supplement RNs and MD (somewhat technology driven)
  • Nurse Practitioners
  • Pharmacy Techs (help with medication management)
  • Lab Techs
  • Behavioral health – MFTs, psych techs, social workers, clinical psychologists
  • MDs – rural areas need this first
  • Receptionists/AAs – turnover with promotions and high cost of living areas
  • Academic Medical Centers need more generalists – hospitals becoming more specialized; need people with design thinking skills
Growth Areas and New Positions

• New Positions (some have, some do not)
  • Care coordinators
  • Data analysts / data mining
  • Health coaches / preceptors
  • Nursing informatics
  • IT experts/support (ICD10)
  • Para professionals
  • Community Liaisons (e.g., college grads)
Education

• Addressing the gap between education and practice
• Improve relationships with Schools
  • Examples - one with a faculty member becoming part of the care team
• Offer residency / internship programs for all RNs and mid-levels
• Focus on teaching skills identified as a gap by the interviewees
• Develop school & on-the-job training for emerging care roles
• Ensure continued funding stream; no more cuts to education

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<th>Analytic Skills</th>
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Soft Skills

- Professionalism
- Customer Service
- Communication (e.g., engage the patient in dialogue)
- Motivational Interviewing
- Peer to peer communication
- Strong work ethic
- Time mgmt.
- Function independently

Healthcare Landscape

- ACA skills – quality, pt. experience/satisfaction
- Pop. health and wellness
- Disease mgmt.
- Social determinants of health
- Case mgmt.
- Lean/Six Sigma
- Reimbursement

Analytic Skills

- Basic problem solving
- Understanding rationale – why are we doing the things we do?
- Data mining

Business 101

- Business concepts
- Project management
- How to give constructive feedback
- Sensitivity training
- Team player
Top regulatory changes that could help alleviate some of the challenges with the current workforce

1. Changes in scope of practice for health care workers
   - More independence, especially in outpatient setting
     - E.g., MAs to draw blood, NPs to delivery babies in rural locations, HH aides to put ointment on a rash
   - CRNAs to provide more anesthesia services
   - Expand role of pharmacy tech – medication management; part of care team
   - Med lab tech – new emerging role
   - Don’t over-regulate emerging roles such as care coordinators and variations on the Community Health Worker theme
   - Not just regulatory, but system specific as well – some organization have their own internal requirements

2. Allow more flexibility with nurse staffing ratios
Regulatory

Top regulatory changes that could help alleviate some of the challenges with the current workforce

3. Continue to reform the payment system (needs to happen faster)
   • FQHC – reimburse for nursing visits and quality/care coordination
   • Allow MFTs to bill for services
   • Reimburse for digital technology/services

4. ACO regulatory changes needed
   • E.g., a NP sees patient, but PCP is billed and responsible for the patient

5. Reassess laws around forming partnerships
   • E.g., Cannot put together a network of FFS providers because it violates anti-trust laws

6. Continue to work with associations to push the correct policy/legislative changes needed
Questions?

Thank you!

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