

Workforce Modeling Approaches: Meeting the Needs of a Transforming Health System

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Susan Skillman

Senior Deputy Director

University of Washington Center for Health Workforce Studies



Workforce supply/demand models

Assessing workforce supply and demand is (surprise!) complex

General agreement – models and projections need to be routinely updated to strengthen and improve them

Are supply/demand models useful for planning and policy?

Most models put emphasis on “shortage” or “surplus” based on estimates of supply and demand

Problem:

- Directs focus of attention to the “spigot” of output from health professions education programs
- Misses important issues of retention, turnover and matching skills with the needs of a transforming healthcare system



Are supply/demand models useful for planning and policy?

Geography –

- Who is the audience for national models?
 - How can planners at the state or sub-state region use (or misuse) them?
- For smaller geographic areas – who is the workforce for a specific area? How are they identified
 - Commuting is common among healthcare occupations
 - Location data - Supply #s appear very different if use license mailing address (frequently home) vs. work address

Findings from survey of medical assistants in Washington State

| ACH of Primary Work Location | | | | | | | | | |
|--|----------------|--------------|---------------------------------|-------------------|---------------------------------------|-----------------------------|------------------------|---------------|------------------|
| ACH of residence | Healthier-Here | North Sound | Cascade Pacific Action Alliance | Pierce County ACH | Southwest WA Regional Health Alliance | Olympic Community of Health | Better Health Together | North Central | Greater Columbia |
| HealthierHere | 94.2% | 2.2% | <1.0% | 2.2% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% |
| North Sound | 24.6% | 74.4% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% |
| Cascade Pacific Action Alliance | 1.7% | 1.1% | 88.9% | 4.4% | 2.8% | 1.1% | <1.0% | <1.0% | <1.0% |
| Pierce County ACH | 28.2% | <1.0% | 5.6% | 63.9% | <1.0% | 1.6% | <1.0% | <1.0% | <1.0% |
| Southwest WA Regional Health Alliance | <1.0% | <1.0% | 1.4% | <1.0% | 97.3% | <1.0% | <1.0% | <1.0% | <1.0% |
| Olympic Community of Health | 4.2% | <1.0% | <1.0% | 4.9% | <1.0% | 89.6% | <1.0% | <1.0% | <1.0% |
| Better Health Together | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | 97.4% | <1.0% | <1.0% |
| North Central | 1.3% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | 1.3% | 93.8% | 3.8% |
| Greater Columbia | 1.2% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | <1.0% | 96.0% |

Skillman SM, Dahal A, Frogner BK, Andrilla CHA. Medical Assistants in Washington State: Demographic, Education, and Work Characteristics of the State's Medical Assistant-Certified Workforce. Center for Health Workforce Studies, University of Washington, Jan 2019.

Are supply/demand models useful for planning and policy?

Setting/facility type -

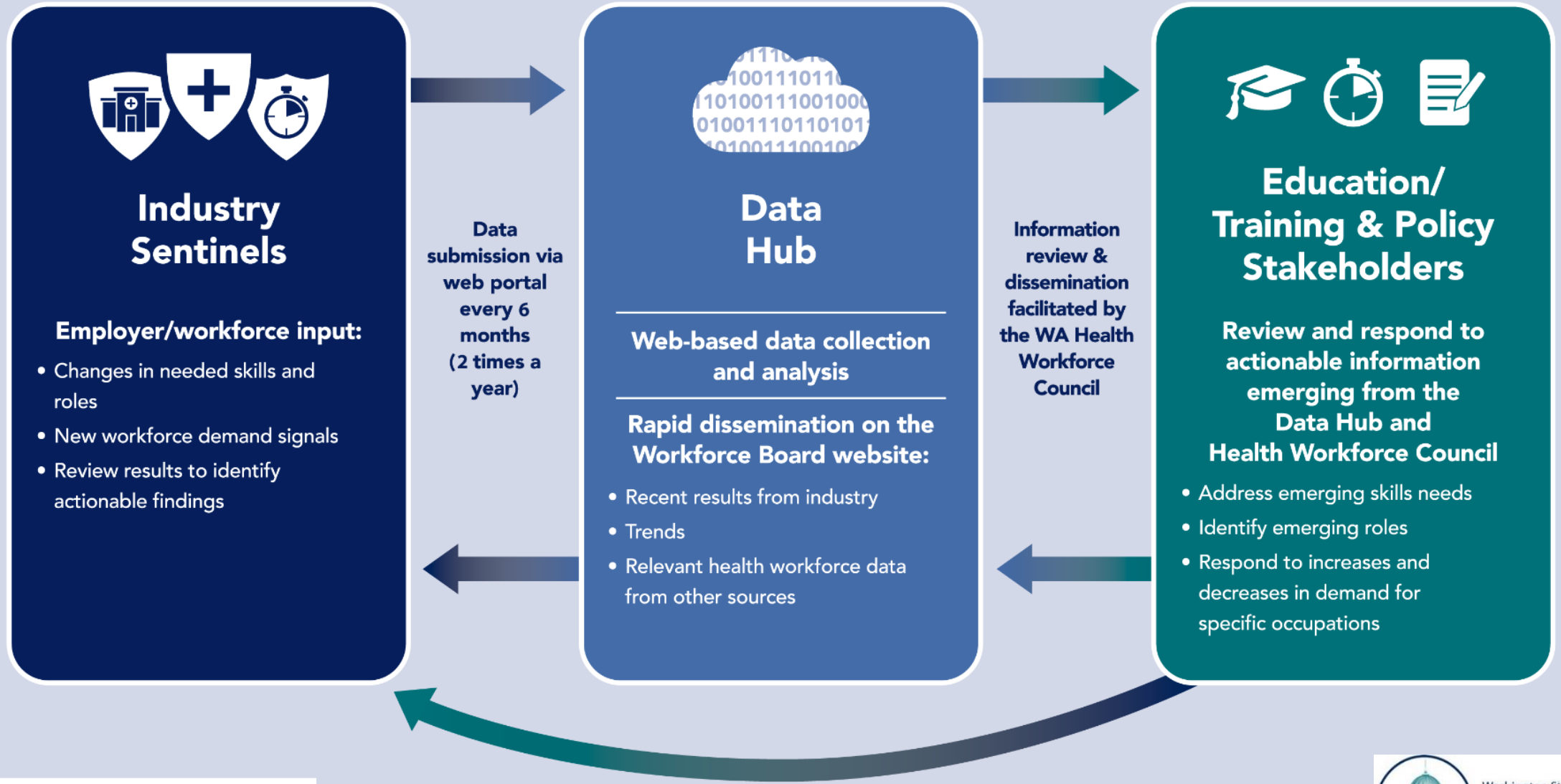
- Are occupations interchangeable in different settings/facility types?
 - e.g., if RN supply and demand #s for a region are aligned, does that imply nursing needs in long term care facilities are met?

Are supply/demand models useful for planning and policy?

Supply/demand models are one important source of information

--- But, supplemental data are needed

Washington's Health Workforce Sentinel Network



Sentinel Network Questions

Recently (in the past 3–4 months):

- Occupations experiencing exceptionally long **vacancies**
- Occupations with exceptional **turnover**
- Occupations with increased or decreased **demand**
- **New occupations** that they did not previously employ
- **New roles** for existing employees
- Changes in **orientation/onboarding procedures** for new employees
- Changes in **training priorities** for existing employees
- Does your facility serve primarily **urban, rural or a mix** of urban and rural clients?

With a focus on:

- ***Qualitative input about which, how, and reasons why***
- ***Health care setting (facility type)***

The value of the Sentinel Network for planning and policy

- **Rapid turnaround** signals of workforce demand changes
- Identifies **skills** needed and **local conditions** that may make hiring difficult
- Examines needs by **setting**:
 - E.g., how does demand for occupation X vary between behavioral health and primary care clinics; hospitals vs. long term care?

The value of the Sentinel Network for planning and policy

- Provides “**how and why**” behind demand signals:
 - Helps to identify solutions: Increase education capacity? Address workforce policy issues? Improve resources for incumbent worker training?
- **Engages the full network of stakeholders** needed to identify and solve workforce problems
- And, depending on the question, Sentinel Network supplements but does not substitute for quantitative data about workforce demand

Health workforce planning data needs

- Data are needed to help planners and policymakers understand all options for solving health workforce issues

Incentives to reduce
maldistribution

turnover

retention



Education output

skills

Scope of practice

roles

New skills for incumbent workforce

Variation by facility type

Commuting patterns

Contact:

Sue Skillman, Senior Deputy Director
Center for Health Workforce Studies
University of Washington

skillman@uw.edu

(206)543-3557

 @skillmansue



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