Innovative Use of Workers to Increase Access and Constrain Costs

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Overview

➢ Identify key factors impacting the process of health workforce innovation

➢ Present examples of recent health workforce innovation in the U.S.
The Challenge

1. Needs are increasing
   - Ageing population
   - Growing population
   - Increased number of chronically ill
   - Expanding coverage/access
2. Many countries/communities already face shortages
3. Resources are constrained
4. Pressure to do more with workforce we have
One Solution: Health Workforce Innovations and Task Shifting

- Change scope of practice (and education) to make more effective and efficient use of existing professions/occupations

- Create new categories of workers

- Filing gaps and supporting health systems transformation
Potential Barriers to Innovations

- Regulatory/legislative
- Financing/reimbursement/funding
- Organization/cultural
- Education/training
- Professional opposition
- Lack of credible research

- Some concerns/barriers are legitimate
In the U.S., States Regulate the Professions Including Scope of Practice

• Potential barrier: time consuming to change laws and/or regulations in each state

• Great opportunity for experimentation and innovation
Recent Health Workforce Innovations in the U.S.A.

- Nurse Practitioners
- Physician Assistants
- RNs in primary care
- Project ECHO
- Expanded roles for Pharmacists
- Community Paramedics
- Community Health Workers
- Dental Therapists/assistants/hygienists
- Health Coaches/Care coordinators/Patient navigators
- Grand Aides
Growth in Nurse Practitioner Pipeline: Annual Number Graduates, 2006-16

*Counts include master's and post-master's NP and NP/CNS graduates, and Baccalaureate-to-DNP graduates.
Source: American Association of Colleges of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF) Annual Surveys
Nurse Practitioner State Scope of Practice, 2017

**Full Practice**
State practice and licensure laws provide for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments - including prescribe medications - under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.

**Reduced Practice**
State practice and licensure law reduce the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care or limits the setting or scope of one or more elements of NP practice.

**Restricted Practice**
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation or team-management by an outside health discipline in order for the NP to provide patient care.

Source: American Association of Nurse Practitioners
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Physician Assistant Pipeline Growth*

Newly Certified PAs, 2001 – 2015; Projection to 2022

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<th>Year</th>
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<tr>
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*Counts include PAs passing the Physician Assistant National Certifying Exam (PANCE).
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Registered Nurses: Partners in Transforming Primary Care

Recommendations from the Macy Foundation Conference on Preparing Registered Nurses for Enhanced Roles in Primary Care

Primary care in the United States is in urgent need of transformation. The current organization and capacity of our primary care enterprise are insufficient to meet the healthcare needs of the public. The 2010 Affordable Care Act (ACA), which emphasizes the importance of primary care, has enabled millions more people to seek care at a time when more than half of Americans have at least one chronic condition and many have multiple illnesses and complex healthcare needs—trends that will continue as the population ages. However, resources currently allocated to primary care are inadequate. Strengthening the core of primary care service delivery is key to achieving the Triple Aim: improved patient care experiences, better population health outcomes, and lower healthcare costs.

These mounting pressures from external forces are shifting primary care toward new practice models staffed by high-functioning, interprofessional teams. Teams can increase access to care; improve the quality of care for chronic conditions; and reduce burnout among primary care practitioners, including physicians, physician assistants, and nurse practitioners. But this team-focused culture shift is nascent and, without enough appropriately trained healthcare professionals, primary care could falter under the increased demand.

Who can help alleviate the pressures on primary care? A tremendous, available resource is the 3.7 million registered nurses (RNs)—who comprise the largest licensed health profession in the nation. RNs are the ideal team members to help expand primary care capacity, yet they have been woefully underutilized in primary care settings. Practices that have deployed registered nurses in enhanced roles have shown improved health outcomes, reduced costs, and enhanced patient satisfaction.
Expanding Roles for RNs

- Managing care of patients with chronic illness
- Part of complex care management teams for patients with multiple diagnoses
- Coordinating care in the transitions between settings:
  - Primary care
  - Hospitals
  - Home care
  - Long term care
- Health coaches
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Project ECHO (Extension for Community Healthcare Outcomes) is a movement to democratize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

Project ECHO is a movement to improve the lives of people all over the world.

Moving Knowledge Not People
Project ECHO transforms the way education and knowledge are delivered to reach more people in rural and underserved communities.

This low-cost, high-impact intervention is accomplished by linking inter-disciplinary specialist teams with multiple primary care clinics through video ECHO programs. Experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities.

People get the high-quality care they need, when they need it, close to home.

What is the ECHO Model?
1. Use Technology to leverage scarce resources
2. Share “best practices” to reduce disparities
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes

Changing the World, Fast
Replicating the ECHO model across the U.S. dramatically increases the number of community partners participating in ECHO, enabling more people in rural and underserved communities to get the care they need.

- 88+ U.S. Sites
- 56+ Global Partners
- 23+ Countries

GOAL: Touch the lives of 1 Billion by 2025

Building a Global Community

Hundreds of teleECHO programs addressing common complex conditions take place every week—and their reach extends far beyond New Mexico. From Beth Israel Deaconess Medical Center in Boston to the University of Hawai'i, Global interest is mounting. ECHO programs operate in North and South America, Europe, Australia, Africa, and Asia.

For more information on Project ECHO visit echo.unm.edu
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Community Health Workers (CHWs)

Community health worker programs have led to more appropriate use of preventive and primary care. For example, CHWs have been shown to:

- Encourage women to pursue recommended maternal and child health care
- Increase children’s vaccination rates
- Promote receipt of recommended breast, cervical, and colorectal cancer screenings
- Promote better nutrition

Community health worker programs have also been shown to help improve disease outcomes for patients with asthma, hypertension, diabetes, cancer, tuberculosis, HIV/AIDS, and depression, among other conditions.

Documented savings in CHW programs have been attributed to:

- Reduced ED use
- Reduced hospitalizations
- Fewer hospital readmissions
- Reduced nursing home placements
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Building Momentum for Dental Therapists

- Where Alaska Native Tribes Have Authorized Dental Therapists
- States That Have Authorized Dental Therapists
- States Actively Exploring Authorizing Dental Therapists
- Tribes That Have Authorized Dental Therapists
- Tribes That Have State Pilot Approval

Updated August 2016
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Grand-Aides nurse extenders work with high risk patients to improve adherence and work with patient / family to catch subtle changes early to prevent major problems

Leverage Grand-Aides as nurse extenders

- Certified Nurse aides
- Grand-Aides make no decisions
- 1 Grand-Aide cares for 100 patients per year
- 5 Grand-Aides to 1 nurse supervisor – 500 patients per year

Address chronic disease

- Behavioral health
- Social Determinants
- Single principal diagnosis or multiple diagnoses

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Attack readmission, ED and unnecessary admission

- First Grand-Aide visit within 24 hours of discharge or clinic visit
- 3 visits for first week; Decreases over first month
  - Video supervised
  - Continued contact
Standardizing Education, Credentialing, Licensure: Trade Offs

• Pros – facilitates:
  • Consistency across the country
  • Public understanding
  • Portability
  • Reimbursement
  • Advocacy

• Cons:
  • Potential barrier to entry
  • Discourage further innovation
  • Less flexibility to meet unique local needs
The Importance of Research

• Not all innovations work…..

• There are challenges to health workforce research
  • Dealing with human subjects
  • Difficulty being systematic, ie doing controlled studies
  • Limited funding
  • Opposition from existing professions
Importance of Effectively Using Non-Physician Clinicians in Primary Care

Impact of alternative staffing for PCMHs:

➢ If no delegation: 1 physician for 983 patients = 315,000 PC physicians; *Then significant shortage!*

➢ If significant delegation: 1 physician for 1,947 pts = 159,000 PC physicians; *Then significant surplus!*
