

Build Societal Support

Hospitals are the very core of the nation's health care infrastructure. In addition to being open all hours of every day to care for the sick and injured, hospitals benefit the nation and its communities in many other ways. They subsidize care for those who cannot pay. They improve community health status by providing community health services, such as health fairs, free vaccinations, and smoking cessation programs. In many communities, the hospital is the largest employer and a major part of the economy. Hospitals also maintain the capability to respond to a variety of disasters. September 11 and its aftermath served as a stunning reminder that America's hospitals are places of great comfort and assurance when times are toughest.

The ability of each hospital to continue serving its community is directly related to its ability to maintain an adequate number of motivated and well-trained caregivers and support personnel. Thus, the hospital worker shortage threatens communities as a whole as well as the individuals who are a part of them.

Society, through government and community action, needs to make sure the health care system has the infrastructure and resources to meet community needs. Its responsibilities to hospitals go beyond providing adequate reimbursement for patients who are part of public programs.

The American public, businesses, and governments all count upon a well-staffed hospital system. Just as hospitals must make changes to address the workforce shortage, the broader society must also understand and support the actions that must be taken to eliminate the shortage of caregivers and support personnel.

Because society faces needs and demands in many arenas, hospitals cannot assume that their problems are highly visible to government, business, or the local community. Hospital leaders must work in each of these arenas to increase societal understanding and build support for addressing hospital challenges, including workforce challenges.

The recommendations in this chapter address actions that governments, business, and educational systems must undertake, with the participation and support of hospital leaders and state, regional, and national hospital associations. While this chapter does not contain specific case examples, the Commission recognizes and applauds the advocacy agendas that already are in place to address many of the challenges cited.

The Challenges

Challenge 1

Society needs to increase its investment in the health care system.

Challenge 2

Hospitals need resources to invest in new technologies that improve work and patient care.

Challenge 3

Excessive regulations and standards that result in paperwork and fragmentation are a major source of worker dissatisfaction.

Challenge 4

Many employment policies favor retirement and discourage creativity in retaining older workers.

Challenge 5

Unique training and licensure of health professions hinder interdisciplinary solutions to the workforce shortage.

Challenge 6

There is a need for better data about workforce supply and demand.

Challenge 1

Society's continuing underinvestment in its health care system severely hinders hospitals' abilities to solve the workforce shortage.

STRATEGIC RECOMMENDATION

Government programs, private funders, and all insurance payers must financially support the development of well-trained caregivers and support personnel.

TACTICAL RECOMMENDATION

All payers should support at least the clinical education component of training in the health professions through scholarship and reimbursement of hospital-sponsored efforts.

TACTICAL RECOMMENDATION

Medicare should provide support for the clinical education of nurses, pharmacists, and therapists that compares more closely with the support now provided for physician education.

TACTICAL RECOMMENDATION

Government programs should provide the necessary resources to ensure the education of future generations of caregivers including adequate Medicare funding for graduate medical education and adequate Public Health Service funding for health professions education and training.

STRATEGIC RECOMMENDATION

Government programs, private funders, and all insurance payers must provide hospitals with payments that reflect the real labor market costs required to attract and retain an appropriate number and mix of qualified staff.

TACTICAL RECOMMENDATION

Medicare should annually provide a full marketbasket increase to cover the labor costs incurred by hospitals and other health care providers.

TACTICAL RECOMMENDATION

Government programs must provide for additional funding when hospital labor costs rise due to the enactment of legislation or the implementation of regulations that raise wage rates or increase required numbers of workers.

Challenge 2

New technologies that improve work compete for scarce hospital resources with new diagnostic and treatment technologies expected by the community. Hospitals need resources to invest in both kinds of technology.

STRATEGIC RECOMMENDATION

Both government and private sector support are needed to allow hospitals to introduce the essential technology that facilitates hospital work improvement efforts.

TACTICAL RECOMMENDATION

AHA should convene the health care delivery community, information system vendors, and payers to explore the development of standardized information systems for health care delivery based on common IT platforms.

TACTICAL RECOMMENDATION

The federal government and the private sector should fund demonstration projects that explore how to integrate technology to support hospital work design efforts.

TACTICAL RECOMMENDATION

The federal government should provide financial incentives to spur hospital investment in information technology. The private sector should also financially support such investment.

TACTICAL RECOMMENDATION

Third party payers must reimburse hospitals for the worker training expenses that are required by the introduction of technology. Ongoing training is key to making new technology successful in the work environment.

Challenge 3

Excessive regulations and standards that result in paperwork and fragmentation are a major source of hospital worker dissatisfaction.

STRATEGIC RECOMMENDATION

Government regulations should minimize the administrative burden imposed on health care workers.

ACTICAL RECOMMENDATION

The Centers for Medicare and Medicaid Services should conduct a comprehensive review of its rules, regulations, and instructions with the objective of minimizing paperwork and documentation burdens imposed on hospital workers.

ACTICAL RECOMMENDATION

Regulations and accreditation standards established to ensure the quality and safety of hospital services should focus on desired outcomes, while leaving hospitals free to organize tasks in the most efficient and satisfying way for patients and workers.

ACTICAL RECOMMENDATION

Information required for payment should not impose special-purpose recordkeeping. Documentation requirements should be by-products of routine hospital operating and information systems so that worker time presently devoted to special purpose documentation can be returned to the care of patients.

STRATEGIC RECOMMENDATION

Regulations that govern specific practices of individual occupations should not impede the delivery of the right care, at the right time, by the right person, in the right setting.

ACTICAL RECOMMENDATION

A national research and demonstration project should be established to develop new practice acts that reflect the education, skills, and competencies of today's caregivers.

ACTICAL RECOMMENDATION

Hospitals should develop new models of accountability for measuring and documenting worker competencies that can be used to work with regulators toward regulatory improvements.

Challenge 4

Many employment policies favor retirement and discourage creativity in retaining older workers.

STRATEGIC RECOMMENDATION

Government and employer-based retirement policies need to change to encourage older workers to remain in the workforce.

ACTICAL RECOMMENDATION

ERISA should be revised to eliminate provisions that limit employers' ability to offer flexible work arrangements to older workers.

Insight: Limitations on in-service pension distributions may hinder employers' efforts to implement phased retirement programs.

Insight: The Social Security tax in particular discourages spouses from continuing to work. Because the spouse is entitled to half of their mate's benefit whether the spouse works or not,¹ there is little or no additional benefit to be gained for Social Security taxes the spouse pays.

ACTICAL RECOMMENDATION

The payment formulas of defined benefit retirement plans should be revised so that they no longer discourage partial employment at the end of a career.

Challenge 5

Unique training and licensure of health professions hinder interdisciplinary solutions to the workforce shortage.

STRATEGIC RECOMMENDATION

Education in the health professions and allied health professions needs to emphasize interdisciplinary training to facilitate team-based approaches to patient care.

TACTICAL RECOMMENDATION

A national summit on education in the health careers should be held to develop coordinated and collaborative education and training programs.

TACTICAL RECOMMENDATION

Professional societies and associations need to work together and support new approaches to patient care.

Challenge 6

The lack of ongoing systematic data collection and analysis about health care workforce supply and utilization contributes to cyclical periods of worker shortages and oversupply.

STRATEGIC RECOMMENDATION

Provide consistent resources for workforce data collection, analysis, and publication to avoid future shortages and oversupply.

ACTICAL RECOMMENDATION

The federal government should support the development of an ongoing, multi-disciplinary baseline of information on health care training and employment.

ACTICAL RECOMMENDATION

Hospital associations should support national and state funding for data collection on workforce supply and projections for the future, and contribute data from their members.

ACTICAL RECOMMENDATION

The hospital community should seek an appointment to the U.S. Department of Labor's Council on the 21st Century Workforce.

ACTICAL RECOMMENDATION

Foundations should expand their workforce initiatives beyond studies of educational programs and individual professions, to study workforce issues from the perspective of the employer and work teams.

¹ A. Reynolds, "Work Opportunities and Incentives for Older Americans," in *Working Through Demographic Change*. Boulder, Colorado: Human Resource Services, Inc, 2001, p.81.