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Advancing Health in America

AMERICAN HOSPITAL ASSOCIATION
2021 HEALTH CARE TALENT SCAN

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Welcome

2021 American Hospital Association Health Care Talent Scan

As you can imagine, this year we faced some unique challenges developing our annual snapshot of America's health care employment.

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The COVID-19 pandemic upended our world, putting hospitals and health care workers on the front lines of a constantly evolving crisis whose impact will extend well into the future.

Based on a review of reports, studies and other data sources from leading organizations and researchers, this scan provides workforce insights and information you can use to guide your organization forward during this time of uncertainty and continued transformation.

To help members navigate the challenges related to recruiting, training, retaining and managing a qualified and engaged workforce, the AHA Workforce Strategy Committee uses the following framework:

Capacities: Ensure that hospitals have sufficient workforce capacities, through a pipeline of talent, to successfully meet community demand.

Communities: Support and tap into health professional communities to build resiliency and a healthy, safe and diverse work environment.

Competencies: Identify, promote and develop workforce competencies for current and future needs.
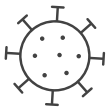
Catalysts: Provide tools, programs and services to support adoption of new technologies and care delivery models.

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What You Should Know Now

Here's an at-a-glance look at our key findings:

The COVID-19 outbreak created pressure to quickly ramp up staffing levels and optimize surge capacity even as the cancellation of non-emergent surgeries and other elective services caused serious financial strain for hospitals.

The need to reduce health risks to patients and providers will affect how health care services are delivered in the future.

Team-based care delivery is gaining steam and increasingly includes nontraditional team members such as community health workers, health coaches and personal trainers outside the acute care setting.

Artificial intelligence (AI) innovation and implementation is likely to accelerate as hospitals seek to automate tasks to reduce health risks to workers and patients.

To improve access to behavioral health services that remain severely limited, especially outside metropolitan areas, hospitals will need to capitalize on innovative recruiting strategies, advanced practice practitioners (APPs) and telehealth.

Clinician well-being, not simply reducing burnout, must be the end goal when it comes to supporting retention and optimizing job and career satisfaction.

Health Care Trends Affecting Workforce Planning

Before we drill down into the health care workforce specifics, here's the 30,000-foot view:

The coronavirus pandemic has dramatically intensified existing financial and staffing pressures.

Even before COVID-19, hospitals struggled with expenses rising faster than revenues, relentless capital needs for IT infrastructure and new or expanded facilities, volatile drug costs and pressure to make health care more affordable.[1]

The pandemic exacerbated this already precarious financial situation with a "triple whammy" estimated to result in more than $200 billion in losses between March and June alone:[2,3]

1. Skyrocketing costs preparing for and treating a surge of COVID-19 patients.

2. The forced shutdown of regular operations for non-emergent procedures.

3. Treating a growing number of uninsured patients.

Think less about treating sickness and more about holistically maintaining health and wellness, in partnership with community resources.

Health care is increasingly being delivered outside of traditional settings, often using a team-based care model that includes familiar clinicians such as physicians and nurses but also nontraditional team members such as community health workers, health coaches, personal trainers and behavioral health social workers. The focus on right care/right place will also continue to expand the need to provide a variety of post-acute and home care options.

A deeper understanding about the relationship between clinical decision-making and organizational ability to take on risk is a must.

Shifting payment models and uncertainty moving forward will affect hospitals' ability to recruit, train, retain and compensate health care professionals who will increasingly be providing care in a variety of collaborative settings. Hospitals and health systems will also require agility and innovation to compete with nontraditional providers who seek to meet changing health care consumer expectations for more accessible, affordable and Amazon-like experiences.

Culturally competent, equitable, affordable access to all people and communities served is a workforce imperative.

Health systems must be prepared to meet the needs of a multicultural, multigenerational workforce as well as an increasingly diverse patient community. Workforce diversity supports higher racial and ethnic minority patient choice and satisfaction, while eliminating diversity disparities within health care settings better engages communities, prioritizes diversity in leadership and delivers quality, culturally competent care.

Reassessing Resilience in the Era of COVID-19

Defining the Challenges

Ramping back up for the "new normal" requires creative strategizing.

It's clear that the COVID-19 pandemic has irrevocably changed health care in myriad ways as hospitals downshift from crisis mode, pivot back to providing non-emergency surgeries and services, and raise staffing levels after being forced to furlough or lay off scores of employees. Patient, provider and employee protection is paramount. Remote working and telehealth options have become essential — and expected — alternatives to work and patient care.

Solid staffing plans take on new urgency.[4]

Immediate and long-term planning is crucial to prevent clinical and non-clinical staffing shortages from compromising surge capacity. The COVID outbreak dramatically demonstrated that patient surges, long hours, skyrocketing stress and staff infection/exposure rates take a high toll and can quickly elevate staffing shortages to crisis levels.

It's time to take emergency response planning to the next level.[5]

Hospital emergency incident command systems (HEICS) provided a valuable operational framework for many hospitals dealing with the coronavirus. However, building a strategically aligned, multi-faceted approach to staffing on the HEICS foundation is vital to ensuring sufficient staffing levels and supporting redeployment as needed, especially given the possibility of COVID-19 recurrences.

Regulatory and educational disruptors reframe recruiting strategies.[6,7]

Residency and educational programs moved online, and many were interrupted or halted, during the height of the pandemic, which could heighten recruiting challenges for the near future. At the same time, other changes opened the door to new possibilities. These include temporary federal and state regulatory changes that enable medical professionals to practice across state lines, in person or virtually, and more flexible licensing requirements in some states for retired clinicians and new nursing school graduates.

CONSIDERATIONS AS YOU PLAN:

- ⊘ What is your staffing plan to support your organization as it gradually resumes delivering elective surgeries and services?

- ⊘ How quickly are you prepared to scale up or redeploy staff — both clinical and non-clinical — in the case of a COVID resurgence or other emergency?

- ⊘ How efficient is your background screening/onboarding process in ensuring the qualifications of your new hires?

- ⊘ When was your hospital emergency incident command system (HEICS) last reviewed?

- ⊘ What other local, regional and state resources can you take advantage of, such as partnering with other hospitals or coordinating volunteer teams, to meet surge capacity needs?

- ⊘ Do you have a well-thought-out communication plan that includes a variety of strategies, such as regular town hall meetings, to address furloughs, layoffs and redeployment?

- ⊘ Will disruption to educational programs/residencies affect your future recruitment efforts?

Successful Strategies Your Peers Have Used:

Be proactive.

To stay ahead of the anticipated COVID-19 surge, Margaret Mary Health in rural Batesville, Ind., took aggressive precautions including establishing a command center, using telehealth as a force-multiplier, creating an intubation team, formalizing a staffing support system with area community hospitals, cross-training staff and designing an algorithm to manage discharge and referrals prudently.

King's Daughters Medical Center in Brookhaven, Miss., developed conservation strategies for supplies and PPE, and addressed anticipated financial losses by reducing hours or furloughing employees for 12-16 weeks.

Think "out-of-the-box."

Hospitals in some states were able to fill staffing gaps with retired health care workers and medical students. The Association of American Medical Colleges provided guidance on who could graduate early and be deployed immediately.[8]

Health care workers on the COVID-19 front lines — from physicians to custodians – in need of child care, pet-sitting or other services – were able to take advantage of a volunteer network created by University of Minnesota medical students. Medical students across the country replicated the support model in their communities.[9]

Thinking Innovatively about Workforce Shortages

Defining the challenges

The COVID-19 crisis has exacerbated workforce shortages.[10,11]

Even before the pandemic rapidly escalated, demand for health care workers and health care job openings were at record highs. More than 1.2 million jobs were open in December 2018, a 17.9% increase over 2017. Despite adding 391,000 jobs from March 2018 to May 2019, the shortages continued. The COVID-19 outbreak intensified the need for critical front-line and ICU personnel, such as respiratory therapists, intensivists and critical care nurses.[12]

Concerns have also been raised that that the pandemic might dissuade potential candidates from pursuing a medical career, but early indications seem to point to the opposite effect — future nurses and physicians are more inspired than ever.[13,14,15]

Pandemic-driven financial issues amplify staffing challenges.[16]

At the same time that many hospitals struggled to bolster staffing levels to care for COVID-19 patients, the financial strain caused by the cancellation of non-emergent surgeries and other services has forced many to lay off or furlough employees. In April 2020 alone, 1.4 million health care workers lost their jobs, including nearly 135,000 in hospitals.

National shortage figures don't tell the whole story.

By 2032, the national shortage of physicians is projected to be 122,000, but gaps and surpluses vary widely by state and region. Based on current trends, 34 states are expected to have physician shortages by 2030. The greatest shortages are forecast for the West, while surpluses are projected for the Northeast.[17]

The Health Resources and Services Administration (HRSA) has designated 7,026 American communities, including nearly 80 million Americans, as primary care Health Professional Shortage Areas. Approximately 15,000 practitioners are needed to remedy the shortage in these areas, which tend to be heavily rural.[18] Meanwhile, the number of medical students from rural areas, which strongly predicts whether a future physician will practice in a rural community, is down 28% over the past 15 years.

Multiple factors drive physician shortages.[19,20]

- Looming retirements continue to affect physician supply, considering one-third of all currently active physicians will be older than 65 in the next decade.

- The number of Americans over age 65 will grow by 48%, boosting demand for health care.

- Physicians of all ages have been working fewer hours over the past decade.

- The cap on the number of Medicare-funded residency slots continues to be a contributing factor.

RN shortage continues unabated.[21,22]

The U.S. needs more than 200,000 new RNs annually to replace those retiring — and we're only about halfway through the anticipated wave of Baby Boomer retirements. Plus, 1 in 5 nurses not planning to retire still anticipate leaving bedside practice for other options, and the growth in nurse practitioners has reduced the RN workforce by as much as 80,000 nationwide. Between 2016 and 2026, the RN workforce is projected to increase by 500,000, which is just one-quarter of the projected need.

Shortages limit behavioral health access.[23,24]

The U.S. fulfilled only an estimated 33% of its needs for mental health professionals in 2017, with significant shortages anticipated in 2025 of psychiatrists, psychologists and others. Unequal distribution of professionals also contributes to access issues. HRSA estimates that nearly 60% of the mental health provider shortage areas are located in rural or partially rural areas.

Next-gen expectations are a whole new ballgame.[25,26]

Millennial and Gen Z health care professionals are looking for work-life integration, a sense of purpose in their work, flexible scheduling, greater autonomy and a work environment that promotes a sense of community and belonging. They also prefer engaging on mobile devices and social media platforms. And their willingness to readily change jobs and locales has significant impact on recruiting and retention efforts.

Immigration restrictions hit hospitals hard.[27]

Hospitals have relied heavily on immigrants, who make up 17% of all health care workers, 15.3% of nurses and more than 1 in 4 doctors. Visa restrictions that prevent many physicians from practicing anywhere other than the specific facility that sponsored them compounded COVID-19 shortages, preventing them from temporarily working at hospitals where they were most needed.

Competition for talent heats up.

Hospitals increasingly are competing for clinicians of all types with nontraditional employers, including:

- Payers that are opening clinics, such as Optum/United Health and Blue Cross/Blue Shield.

- Telehealth companies such as Teladoc and American Well are escalating hiring to meet skyrocketing virtual care demand, especially in the wake of COVID-19.

- Disruptors that are opening clinics and/or providing health care directly to employees, such as Walmart, Walgreens, CVS Health and Amazon.

- Digital health innovators seeking clinical expertise for product development.

CONSIDERATIONS AS YOU PLAN:

⊘ How can your hospital use digital technologies such as telehealth and remote monitoring to help optimize clinical staff productivity?

⊘ Is there an underutilized source of potential hires, e.g., military veterans, that you could tap into? What steps do you need to take to do this, e.g., advocate for changes in licensure to last beyond COVID-19 surge needs?

⊘ How effectively are you tapping into technology to reach out to and engage millennial and Gen Z candidates?

⊘ Have you taken advantage of innovative, evidence-based nurse staffing approaches, such as those based on patient care needs versus a prescribed budget process?

⊘ Are you thinking creatively about how to replace RNs who leave to become NPs, such as establishing residency programs or recruiting internationally?

⊘ Have you considered partnerships with other health care organizations or health care disruptors to make the most effective use of clinical staff?

Successful Strategies Your Peers Are Using:

Collaborate for change.[28]

The non-profit Tennessee Center for Health Workforce Development offers financial incentives to recruit practitioners, especially in behavioral health, to underserved communities. It also assists with initiatives that encourage students to pursue a career in an allied health field, and is on a mission to increase the state health workforce pipeline through education and experiences.

Go unorthodox. [29]

Kearny County Hospital in Lakin, Kan., offers physicians 4-day work weeks and limited on-call commitment.

Go international.[30]

To successfully recruit international nurses to serve rural communities in Maine, Portland-based Northern Light Mercy Hospital has focused on establishing a welcoming sense of community with providers and their families, making supportive services available and educating patient populations about cultural diversity.

Transitioning to a Team-Focused Operational Model

Defining the challenges

Team-based models gain traction.[31]

As health care is increasingly delivered outside of traditional settings and the emphasis shifts to maintaining health vs. treating sickness, team-based operating models continue to gain momentum – especially in primary care. Teams typically include physicians, RNs and APPs – including nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives and physician assistants (PAs). Together, NPs and PAs already comprise about 30% of the primary care workforce.

True community care.[32]

Hospitals have successfully integrated team-based care in a single location but now need to expand beyond their facility into the wider community. The team is likely to include a much wider range of health advisors and health care providers, such as nutrition experts, personal trainers, health coaches, pharmacists and other community health workers (CHAs). Partnering with outside organizations and start-ups may be one of the most feasible approaches.

Rethinking training.

Team-based approaches will require different training for all team members in order to optimize resources and patient outcomes. Collaboration, trust and communication will be essential. Changes in payment models to ensure they support training will also be critical.

CONSIDERATIONS AS YOU PLAN:

- ⊘ How well does your current payment model support team-based care? What are the pros and cons?

- ⊘ How does your employee/clinician training need to change to support the collaborative approach involved in team-based care?

- ⊘ What team members would your ideal team include? How would their roles be divided?

- ⊘ What community organizations could you approach as potential partners?

Successful Strategies Your Peers Are Using:

Establish apprenticeship-style programs.[33],[34]

New York's Staten Island Performing Provider System (SI PPS) convened partners from its 75-member network of health care and community-based organizations, organized labor and higher education institutions to develop new apprenticeship programs. They were specifically geared to the growing need for CNAs, CHWs and certified peer recovery advocates (CPRAs) to address the opioid crisis. The workplace learning program combines coursework with hands-on training to support entry and advancement in health care jobs, the building of hiring pipelines and the movement toward community-focused care.

The CaroMont Regional Medical Center (CRMC) and Gaston Community College partnered to create a CNA II apprenticeship program that combines on-the-job and classroom training. Participants can expand their skills, take on more responsibility at the hospital and earn a salary increase: a win-win-win.

Capitalize on performance-enhancing tools.

The AHA Team Training Program features TeamSTEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety), an evidence-based set of resources for optimizing teamwork. It includes a comprehensive set of ready-to-use materials and a training curriculum based on four teachable-learnable skills – communication, leading teams, situation monitoring and mutual support. To learn more, visit https://www.aha.org/center/performance-improvement/team-training

Getting Smart about AI

Defining the Challenge

What AI can — and can't — do.

Artificial intelligence is a valuable component of an overall approach to workforce transformation, not a stand-alone solution. It has the power to transform how care is delivered and how staff are engaged, making it imperative to incorporate into comprehensive strategic planning. It will fundamentally change how people work but it will not replace them.

Reinforce AI is friend not foe.[35,36]

Most commonly, AI is used in conjunction with robotic process automation (RPA) to augment or streamline the transactional pieces of many job functions in health care, such as patient or operating room scheduling, initial candidate screening and revenue cycle management. By educating, demystifying and demonstrating AI's potential for automating routine tasks, hospitals can gain employee buy-in and boost satisfaction.

Keep the clinician focus on patient care.[37,38]

Routine administrative tasks can gobble up as much as 70% of a health care practitioner's time. Done right, AI can help clinicians spend less time on these activities and more time caring for patients, improving professional satisfaction, productivity and outcomes. By helping clinicians access and quickly digest critical information, AI can also help shift their focus from memorizing facts to moving toward innovation, continuous learning and multidisciplinary collaboration. Incorporating AI into specialist medical roles such anesthesiologists, nurses and health technologists can also make these clinicians even more resilient in pandemics or other crises.

Preparing for emerging roles.[39,40]

Organizations that establish a culture open to digital innovation, including AI, will outperform slow adopters. Now is the time to begin making plans to reskill, upskill and redefine roles. Multiple new roles are emerging at the intersection of medical and data science, including chief AI officer, AI engineer, data governance expert and data scientist. Today's workforce is not yet equipped to adopt AI, since technology is rarely taught alongside traditional clinical sciences, but it will be important moving forward for health care workers to cultivate digital and AI acumen, data appreciation, agility and an open mind.

CONSIDERATIONS AS YOU PLAN:

- ⊘ What new AI-related jobs would you have to create or add to integrate AI into your workforce?

- ⊘ Do you have a change management strategy to address the implications of transitioning from manual to automated tasks?

- ⊘ What are the biggest barriers — cultural, technical and data management — to AI integration?

- ⊘ How can you involve clinicians in the development of AI apps to ensure their expertise helps shape product deployment?

- ⊘ How can you develop AI/digital readiness in your employees?

- ⊘ How can you best communicate and demonstrate the benefits of AI to your workforce?

- ⊘ How will you measure the success of your AI workforce initiatives?

- ⊘ Where is the best place to begin your organization's AI journey?

Successful Strategies Your Peers Are Using:

4 steps to success.

Experts recommend starting small with simple problems and building from there. Select a task in either the administrative, clinical delivery, financial or operational areas that has a clear outcome, then follow these four steps to organize workforce AI adoption efforts:

1. Identify the task environment and key characteristics such as manual, repetitive, transactional.

2. Select tasks for AI applications that, if performed more efficiently, could address a pressing need or help meet a strategic goal.

3. Start with clearly documented workflow and in-depth understanding of the work.

4. Form a multidisciplinary AI project team to design, build, install, implement and monitor the AI solution.

Select the right AI vendor partner.

Whatever the size of your hospital, outside vendors can bring valuable expertise to AI projects. But with more than 100 AI vendors targeting health care, it's critical to choose the right vendor for your specific needs and culture. Questions to ask include:

- Has the AI solution been tested in simulation labs or real health care settings?

- Would the vendor be willing to demo and/or pilot the solution before a long-term contract commitment is made?

- How does the AI technology integrate into users' workflow?

- How easily does the AI solution scale?

- How long will it take to deploy the solution?

For additional information and questions, download "Tips and Tricks for Selecting the Right AI Vendor Partner"*

*Visit https://www.aha.org/center/emerging-issues/market-insights/ai/tips-and-tricks-selecting-right-ai-vendor-partner. This resource is accessible to AHA members only. You will need to log in with your AHA credentials. Need help registering? Contact AHA Support Center via phone at (800) 424-4301 or by email at ahahelp@aha.org.

Supporting Clinician Well-Being

Defining the challenge

High stress, high burnout, high cost. [41]

Between 35% and 54% of clinicians report at least one symptom of burnout, more than double the amount found in other fields. Nearly 16% of nurses reported experiencing at least one symptom of burnout, but that number jumped to 50% among those who were unengaged or suffering from low morale. Two-thirds of nurses worry that their job is affecting their health and 44% say they often feel like resigning. Hospitals pay a steep price for burnout, which costs about $4.6 billion ($7,600 per employed physician) each year. On average, it costs $500,000 to replace a physician and $88,000 to replace an RN.

The COVID-19 pandemic magnifies concerns. [42]

The ongoing battle against the coronavirus puts doctors, nurses and other front-line health care workers at heightened risk of PTSD and burnout. Forty-five percent of all American adults reported increased anxiety and depression related to the coronavirus, but health care providers suffered even more. It's more critical than ever to help providers find ways to recharge, strengthen resiliency and combat burnout.

Zeroing in on key burnout drivers. [43,44,45]

Common burnout drivers include excessive workload, insufficient control, lack of reward, lack of workforce community, lack of fairness and mismatch of values. In rural hospitals where providers typically wear multiple hats within an organization, burnout is especially high. In addition, significant association has been demonstrated between poor work environments and nurse job dissatisfaction and burnout, which can lead to negative patient outcomes.

Well-being matters.

The mere absence of burnout may not translate to improved retention. The end goal must be well-being. For nurses, factors that improve well-being and retention, as well as raise satisfaction, include flexibility, work-life balance, professional development opportunities, safety measures, team member engagement and leadership opportunities.

CONSIDERATIONS AS YOU PLAN:

- ⊘ What steps has your organization taken to minimize clinician burnout? How could you improve?

- ⊘ How do you demonstrate appreciation for your staff on a regular basis? During and after emergency situations?

- ⊘ What strategies have proven most successful at boosting job satisfaction scores? How can you expand on these?

- ⊘ How do you encourage self-care for your clinicians?

- ⊘ How well does your senior leadership understand the risk burnout poses to patient safety? The financial impact?

Improving work environments pays off.

A Penn Nursing study of 535 hospitals in four large states found that nursing burnout decreased by 12% over a decade at hospitals where nurses reported improvements in patient safety and quality of care.

Demonstrate concrete support.

To help care providers cope with extreme stress resulting from the coronavirus pandemic, Saint Luke's Health System in Kansas City, Mo., supported team members in several ways including organizing a central labor pool for employees whose roles were reduced or couldn't be handled from home and creating an employee assistance fund to ease financial pressure for health professionals.

Turn to AI.

Emerging AI technologies can be powerful allies in hospitals' efforts to battle clinician burnout. For example, using ambient clinical intelligence and listening systems can alleviate strain and streamline workflow, making it easier to document patient visits and meet regulatory requirements. These solutions transcribe conversations between a physician and patient, then upload key portions into EHRs. Devoting less time to administrative tasks and more on face-to-face patient care helps mitigate burnout.

Engage your team.

When WellSpan York Hospital asked its physicians "How can we improve your life?" nearly 40% of the 650 medical staff responded within 36 hours. The wellness committee developed a list of actions and successfully deployed all of them within a year. Actions ranged from expanding existing patient valet services to serve physicians, to redesigning a badge-access doctors' lounge, to creating an on-site fitness area.

Health Care Talent Scan
Ask the Experts

What long-term impact will COVID-19 have on staffing needs for hospitals and health systems?

JOY LEWIS,
Vice President, Strategic Policy Planning, American Hospital Association

As hospital and health system leaders plan for staffing needs in a post-COVID environment, there is an opportunity to design for improvements in care delivery by re-envisioning how care should be rendered by staff and experienced by consumers. Moving forward, each staff role will need to be assessed for its purpose and relevance. For example: Advocates are calling on CMS to make permanent many of the telehealth provisions that were relaxed to support virtual health care during the pandemic. If lifted, this will result in a reduced need for front-line, low-wage workers such as schedulers and patient registration/intake staff as well as nursing assistants to "room" patients; instead we will see increased use of online platforms for scheduling appointments and digital triage for office visits.

MARIE STEHMER,
CHHR, American Society for Health Care Human Resources Administration (ASHHRA) Board Member; Senior Director, Human Resources, PeaceHealth Sacred Heart Medical Center

Hospitals are a source of stable and well-paying jobs. Long-term, I don't think that will change; there will continue to be a need for clinical staff to care for patients. However, there will be a shift to more virtual care being delivered in the outpatient and home health settings. We are still learning how to manage visitors in the hospital setting — a prolonged or permanent decrease in the number of visitors a patient is allowed to have may result in a need for increased certified nursing assistant staffing to ensure that inpatient needs are met, and to reduce risk, such as falls.

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We've seen a number of hospitals and health systems recently issuing furloughs and layoffs in response to the pandemic. What will be the short-term and long-term ramifications of this for the clinical workforce, particularly since consumers may have safety concerns that may keep them from soon returning to facilities?

JOY LEWIS,
Vice President, Strategic Policy Planning, American Hospital Association

There is growing recognition that the recovery period for hospitals/health systems will be protracted given that the demand for elective services will continue to remain in flux. As such, a major ramification of the pandemic will be the potential downsizing or elimination of various clinical departments to decrease expenses. In the short-term, I think that the challenge will be predicting the right time to start staffing back up and where to invest those resources. Some staff will need to be prepared to return to work in different and untraditional roles. In conversation with a hospital CEO recently, she shared that in her organization, layoffs would be occurring due to the acceleration of technological solutions which have proven to be more efficient and less human-dependent. However, at some point, people will decide to address their unmet health care needs. The question is whether they will do this in a primary care setting (where I think there is a strong likelihood that there will be long-term reduction in access because many free-standing primary care doctors will not be able to recover from having shuttered during the pandemic) or

whether it will occur more acutely in urgent care centers, emergency departments or inpatient settings.

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Telemedicine has seen a considerable surge during the pandemic. Some believe this will lead to a permanent reset in consumer expectations about engaging with providers. What would be the ramifications of this for the clinical workforce and service areas such as behavioral health, those suffering from substance use disorder, etc.?

ELISA ARESPACOCHAGA,
Vice President, AHA Physician Alliance, American Hospital Association

Telemedicine certainly has changed the way we provide care, and as seen through the lens of the pandemic, has helped increase access for some vulnerable communities that may have had issues with access to care providers in the past. It is changing how clinicians are thinking about their work and has required a new set of skills to assess and interact with patients over a phone line or video screen. Anecdotal evidence seems to indicate that telehealth is reducing barriers to care for behavioral health and substance use disorder, but we need to remain cautious and vigilant that a lack of broadband and other disparities in technology access don't further widen the gap.

ROBYN BEGLEY,
Senior Vice President and Chief Nursing Officer, American Hospital Association and CEO, American Organization for Nursing Leadership

As the demand for telehealth increases, the clinical workforce will need to become more comfortable using technology and

communicating with patients via audio and video. Telehealth allows clinicians to improve access for patients and consistently provide behavioral health services to patients living in rural and medically underserved areas. The clinical workforce will need to know what mental health and addiction support services are available in the patient's community and be able to connect them via technology.

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Rural America was a landscape of maternal deserts prior to COVID-19 and access points for obstetrics and deliveries has degraded since the COVID-19 pandemic. How can we improve access to OB and assure safe deliveries once the COVID-19 crisis has abated?

JOY LEWIS,
Vice President, Strategic Policy Planning, American Hospital Association

This is a long-standing and really complicated issue for which a multi-pronged response is needed:

- Increase access to care via a multidisciplinary workforce: Expand the training of maternal health providers in rural areas, incentivize maternal providers to practice in rural areas, leverage existing health care workforce with training opportunities to expand OB skillsets and expand scope of practice laws for maternal health providers. Consider use of midwives and nurse practitioners in all aspects of maternal care from prenatal to postpartum.

- Increase affordability of OB services: Expand coverage and reimbursement for maternal health providers and create innovative payment models that cover the entire spectrum of maternal health services. This is a particular pain point partly because Medicaid is a significant payer for births in this country and reimbursement rates are low.

- Increase training opportunities: Universities, colleges and health care systems should create programs focused on promoting rural health care and more training opportunities

for maternity and pediatric care specialists – for example, family medicine physicians who are trained in obstetrics.

- Understanding the role of social determinants: Move further upstream to understand the role that social determinants play in accessing care (i.e, transportation, housing, food insecurity) in rural communities and identify interventions to help bridge those gaps.

- Improve the quality of OB services: Expand the use of Maternal Mortality Review Committees to identify gaps in quality of care in rural communities.

- Adopt innovative practices and models: Incentivize the use of untraditional methods, such as maternal-fetal telehealth programs that use phone applications to increase access to virtual consultations with specialists across state lines. In addition, using untraditional methods such as the hub-and-spoke model, maternity medical homes that increase access to care or centering pregnancy group visits where expectant families can benefit from more in-depth support. Doulas are also an underutilized provider option; they have demonstrated to improve outcomes for mothers and infants by reducing labor time and mothers' anxiety, as well as improving breast-feeding success and mother-baby success.

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Disparities in access to care both primary and specialty across rural America was well-documented prior to the COVID-19 pandemic. Since the onset of the crisis these disparities have only increased and rural communities of poverty and color have experienced the greatest disparities of all. What can the medical professions do to balance the scales and eliminate disparities in access to care?

DARREN M. HENSON,
Ph.D., Director Operations, Institute for Diversity and Health Equity, American Hospital Association

Elimination of disparities depends upon accurate and sustained data collected. Rural health providers focused on equity of care recognize their communities are more varied than some may initially think. Health care disparities exist beyond race and ethnicity. Among a homogenous population, disparities may still present due to socioeconomic status or between women and men with the same conditions.

Health systems and hospitals addressing disparities commit to collecting data: race, ethnicity, language preference, gender identity, sexual orientation, socioeconomic status and payer source. This practice more clearly identifies the patients and populations coming for care. Leading practices then entail applying these data to length of stay, readmissions, mortality, patient satisfaction or top admission diagnoses, for example. Once a disparity is identified, implement a quality performance improvement plan with the interdisciplinary team. Lastly, other leading techniques to reduce disparities include a commitment to ongoing learning, cultural competencies, unconscious bias education and practices, robust language services and a culture of inclusion.

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What sorts of technology and data skills will be in greatest demand as we continue to move into more of a digital health environment?

ROBYN BEGLEY,
Senior Vice President and Chief Nursing Officer, American Hospital Association and CEO, American Organization for Nursing Leadership

It is critical all users understand the importance of cybersecurity and know how to protect patient data and the electronic health record system. The rapid implementation of new systems as organizations worked quickly to respond to COVID-19 introduced the possibility of cyberattacks.

The clinical workforce needs observation and soft communication skills to be especially

astute in the virtual assessment process. It is important to feel comfortable with the digital tools prior to the visit so the clinician can spend more time interacting with the patient, creating the engagement of an in-person visit.

There is a greater need for clinical data scientists to analyze and use data across multiple health systems. They need to understand and utilize predictive analytics and clinical decision support. Nursing and medical education traditionally focused on teaching students facts that they will apply when working with patients; however, clinical programs are maturing in the use of simulation and artificial intelligence.

EMILY ENDERT, CHHR, SPHR, SHRM-SCP,
ASHHRA Board Member; Director, Human Resources, Covenant Woods

As the world of virtual treatment continues to evolve, I think that multiple platforms will be developed before one or two stand out as preferred. Despite the evolution of technology and data focus in health care, there will still need to be a focus on front-line employees who can assist patients who don't have comfort with technology being used to schedule their online visit, check test results or communicate with their telehealth provider. For those patients, we will still require the skill of a human being with a focus on meeting a patient's needs.

With the continued acceleration of virtual care, remote monitoring and other forms of telehealth, what should health care employers be looking for when trying to assess abilities of nurses and other caregivers to connect on a personal level with patients via various video platforms? How can employers best assess qualities like patient empathy, customer service, etc.?

ROBYN BEGLEY,
Senior Vice President and Chief Nursing Officer, American Hospital Association and CEO, American Organization for Nursing Leadership

The ability and willingness to learn new skills is incredibly important, as is empathy for patients. As we think about how clinicians demonstrate these qualities when interacting with a patient through telehealth, employers can best assess these qualities by conducting a virtual interview as part of the recruitment process. Employers can assess the clinician's rapport and get a sense of how they connect virtually, their professional demeanor and communication style. Do they present themselves professionally? How well do they maintain eye contact? Are they effective listeners? These are skills that can be assessed, and improved upon by the clinician, if they are willing to learn.

As we begin to make greater use of artificial intelligence and data analytics in shaping treatment decisions, what sorts of skills and position titles will be in high demand?

JEREMY SADLIER
Director of HR Initiatives, ASHHRA

Data analytics will continue to shape the course of health care delivery, operations, finance and strategic planning. In the clinical space, many hospitals are planning for or have already begun to employ wellness coaches and virtual health experts to take advantage of what patient data is telling them. Large systems and advanced organizations are utilizing data analysts — strategic planners focused on quantitative measures to make strategic decisions based off data. In operations, artificial Intelligence, GPS and automation are getting people and supplies to their destinations more efficiently than ever. The transition from the gut, to data, to big data is already underway. The roles of the future are in advanced math, data analytics, database management, IS/programming and strategy science.

From your perspective, what's the top challenge or driver of change in health care workforce management? And how would you suggest hospitals and health systems could best address it?

ROBYN BEGLEY,
Senior Vice President and Chief Nursing Officer, American Hospital Association and CEO, American Organization for Nursing Leadership

Technology and speed of play are certainly two of the major drivers of change in health care. Consumers want convenience and to be more involved in their health care decision-making and they have instant access to information via the internet. In the past, patients relied on referrals and insurance coverage to direct their care. Patients want rapid access to their health care providers and patient portals where they can access and manage their health data electronically. From the clinical side, understanding and using big data management and artificial intelligence are critical to making clinical decisions quickly. Clinicians have to become comfortable and facile with utilizing these inputs as they engage with patients on a real-time basis.

Hospitals and health systems should include clinician leaders in their technology procurement process to ensure the technology is usable by physicians, nurses and other members of the care team and addresses their needs. It is also important to train team members continually on how to use the technology so they are comfortable and adept at using it with patients. They also need to understand cybersecurity, as not to put the system at risk for cyberattacks.

DEBORAH HANRATTY, PHR, SHRM-CP,
ASHHRA Board Member; Manager, Human Resources, Pyramid Peak Corporation

I think that as health care changes from focusing on treating/responding to the "illness" to more of sustaining good health, so does our workforce management. We now consider not just "the work" but if the employee doing the work is in a state of wellbeing both physically and emotionally. The effects of outside societal drivers add to the change and challenge of managing.

MARIE STEHMER,
ASHHRA Board Member

Declining reimbursement used to be the driver, but now we have an increased urgency to change the way we deliver care. How we do that, and how we ensure that we have staff that can provide the services to our communities, is the question. Developing internal programs that help clinical staff develop technical skills may be appropriate for larger systems. Smaller hospitals or smaller systems may want to partner with higher educational institutions (local universities) to develop content that will meet the needs. This will likely require that hospitals or the local hospital association provide some financial support. I know there will be many, many ideas.

By the Numbers
Health Care Workforce Overview

EFFECTS OF COVID-19 PANDEMIC ON 2020 HEALTH CARE WORKFORCE

Hospital Jobs Lost [58,59]

134.9K
APRIL

26.7K
MAY

Hospitals added only 200 jobs in March vs. 7,800 in February. [60] More than 266 hospitals had furloughed workers as of May 28, 2020. After suspending elective procedures to save resources to treat COVID-19 patients, losses in revenue forced hospitals and health systems to reduce costs by furloughing staff. [61]

Health Care Jobs Lost [56]

43K
MARCH

1.4M
APRIL

Most of the health care jobs lost were nonhospital workers working in the offices of physicians, dentists and other practitioners as states ordered social distancing and offices canceled nonessential visits[56]. In May, health care added 312,400 jobs, primarily in ambulatory health care services. [57]

Staff Shortages in Hot Spots Triggered Job Postings Surge

Hospitals and health systems in hard-hit areas faced critical staff shortages as they strived to treat large numbers of COVID-19 patients. The pandemic resulted in a surge of job postings for a variety of both health care and non-health care coronavirus-related occupations.

3X Increase in Overall Job Postings in 1 week (3/4/2020 - 3/11/2020).[62]

RNs the Top Occupation in Coronavirus-Related Job Openings

25% share of openings as of 3/7/20 (followed by communications associates and social workers).[64]
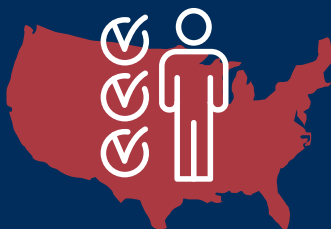
Job Opening Locations in Line with Outbreak's Spread

Top 5 states for job openings accounted for 61 percent of open jobs.

1-3: **California**, **Washington** and **New York** had the largest number of confirmed U.S. cases.

4. **Georgia**: CDC based in Georgia.

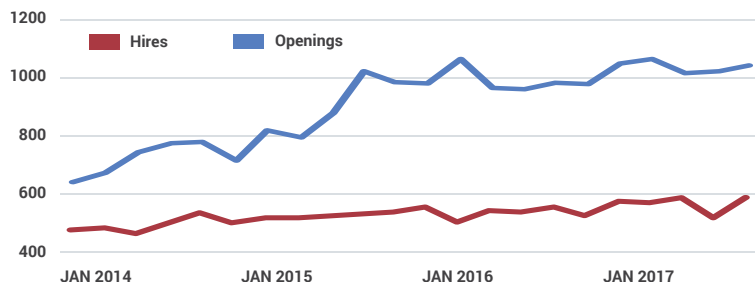5. **Maryland**: NIH based in Maryland.[63]

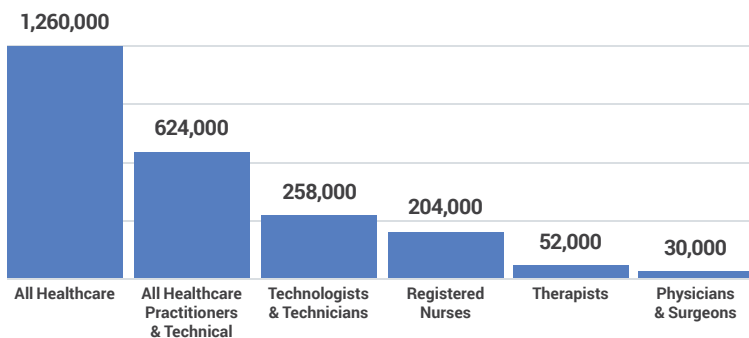| **1.9 M** NEW JOBS	1.9 MILLION NEW HEALTH CARE JOBS PROJECTED (14% GROWTH) 2018-2028[46]	**374 K** INCREASE	HEALTH CARE EMPLOYMENT GREW BY 374,000 BETWEEN FEBRUARY 2019 AND FEBRUARY 2020[47]

Rapidly Growing Gap Between Health Care Job Openings & Hires[48]

Legend: Hires, Openings

(Line chart; y-axis 400–1200; x-axis JAN 2014, JAN 2015, JAN 2016, JAN 2017)

Average Annual Job Openings 2016-2026[49]

All Healthcare	All Healthcare Practitioners & Technical	Technologists & Technicians	Registered Nurses	Therapists	Physicians & Surgeons
1,260,000	624,000	258,000	204,000	52,000	30,000

Higher Demand for Lower-Skilled Workers With Projected Supply Gaps Through 2025[50]

OCCUPATION	GROWTH	NEW JOB OPENINGS BY 2025	EXPECTED WORKFORCE GAP BY 2025
Home health aides	32%	423,200	-446,300
Nursing assistants	16%	407,396	-95,000
Medical and clinical lab technologists	13%	49,400	-58,700
Medical and lab technicians	18%	60,717	-40,000
Nurse practitioners	30%	51,445	-29,400
Physicians and surgeons, all other	16%	102,970	-11,000

11 Fastest Growing Jobs in Health Care by Percent[51]

JOB	GROWTH %
Physician Assistant	39%
Athletic Trainer	37%
Medical Assistant	34%
Veterinarian	33%
Pharmacy Technician	32%
Dental Hygienist	30%
Physical Therapist	27%
Radiation Therapist	25%
Surgical Technician	24%
Registered Nurse	22.2%
Pharmacist	22%

Top 5 Best & Worst States for Physicians[52,53]

BEST	WORST
1. Montana	1. Alaska
2. Wisconsin	2. Massachusetts
3. Idaho	3. Connecticut
4. North Dakota	4. Rhode Island
5. Minnesota	5. New York

Top 5 Best & Worst States for Nurses[54,55]

BEST	WORST
1. Oregon	1. Oklahoma
2. Minnesota	2. Louisiana
3. Washington	3. Hawaii
4. New Mexico	4. New York
5. Maine	5. District of Columbia

Resources

www.aha.org/workforce

is the American Hospital Association's hub for workforce-related resources. It includes relevant news, reports and white papers, links to upcoming conferences and webinars and archives of past events, case studies and a variety of resources for workforce development.

The AHA has multiple divisions that address workforce issues:

AHA Physician Alliance
(https://www.aha.org/physicians)

American Organization for Nursing Leadership
(https://www.aonl.org)

American Society of Healthcare Human Resource Administration
(https://www.ashhra.org)

American Society for Health Care Risk Management
(https://www.ashrm.org)

Institute for Diversity and Health Equity
(http://www.diversityconnection.org)

Association for Healthcare Volunteer Resource Professionals
(https://www.ahvrp.org)

AHA Team Training
(https://www.aha.org/center/performance-improvement/team-training)

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