

Health Care: State will add 112,000 health jobs this decade: report

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Spurred by the Affordable Care Act, economic recovery and an aging population, Washington state's health care work force will expand by 29 percent in this decade, according to a new report.

The report by the **Georgetown University** Center on Education and the Workforce predicts the state will need to add 112,000 health care jobs by 2020 — a 29 percent boost — to keep up with demand, far outstripping the 16 percent job growth foreseen in the rest of the state's economy.

Nationally, the demand for health care workers is expected to grow 30 percent, adding 5.6 million new jobs, the report concludes.

Local experts generally agree that the report's figures are in the ballpark and that there's no denying the trend.

While job growth in health care has slowed during the current recession, the pace of hiring will inevitably pick up as the economy recovers, said Bryan Wilson, deputy director of the Washington Workforce Training and Education Coordinating Board.

“The overall trend and expectation is still for increasing demand due to the aging of the population — both of patients who will need the services and the providers who will be retiring,” he said. “That basic demographic is like the tide: You don't change it.

“And on top of that,” he added, “we have effects of the Affordable Care Act that will increase demand as more people have insurance, one way or the other.”

A study to assess the impact of the Affordable Care Act — the national health reform law that the Supreme Court upheld last month — on the state's health work force needs is under way with results due out this fall, Wilson said.

“We don't have good numbers yet,” he said, “but we expect it will cause a very substantial increase in demand for the number of professionals needed.”

[Ed Phippen](#), principal at Phippen Consulting in Seattle, who helps health care organizations develop work-force strategies, advises his clients to get ready to face increasingly stiff competition for qualified workers and substantial wage inflation as the recession lifts.

“I tell my clients that they should anticipate a shortage of health care workers, especially highly trained technical workers, and they should start planning now for that shortage,” said Phippen, who previously worked on work force strategy at the Washington State Hospital Association and as a planner at the Workforce Development Council of Seattle-King County.

Shortages in health care workers are not new for the state, which for decades has seen a persistent gap between the number of doctors, nurses and other health professionals it produces and the number of open positions, Phippen said.

“Between 2001 and 2008, the postsecondary institutions in Washington state doubled the number of nurses that they were producing every year from about 1,000 a year to over 2,000 a year,” Phippen said, “but between 2004 and 2008 we saw hospital nursing vacancy rates steadily increase each year up to the point that in 2008 it was over 8 percent.”

The state has been ramping up its training efforts for other health workers as well. **Bellevue College**, for example, has been expanding not only its nursing programs but also programs in such areas as nuclear imaging technology, ultrasound and radiation therapy. This fall it will launch a bachelor’s program in health information technology.

Demand for these courses is high, said [Kevin McCarthy](#) (no relation to the writer), dean of the college’s Health Sciences, Education & Wellness Institute, with 210 applications for 72 slots in the nursing program, 130 applications for 20 slots in the ultrasound program, and 170 for the 32 slots in radiation technology.

Expanding these programs will be difficult because of the lack of additional state funding and because of the difficulty of finding training spots in hospitals and clinics where students can get clinical experience, McCarthy said.

Up until the recession, the state was able to invest substantial sums to boost postsecondary health education, said Phippen, “but, looking at the tea leaves, I don’t think the state will have those sort of resources in the future, and what I tell my clients is you can’t expect the colleges and universities to respond to the worker shortage the way that they have in the past.”

More with less

Faced with what appears to be an inevitable worker shortage, many health organizations are looking for new ways to do more with the staff they have.

Indeed, the Georgetown University report noted that the health care sector’s productivity is the fourth lowest in the U.S., besting only construction, personal services and education.

And unlike other sectors of the economy, many of which have seen substantial increases in productivity in recent years, health care productivity has actually fallen — 0.9 percent per year since 1991.

Part of the problem is that much of the work in health care requires “hands-on, one-to-one interactions,” said [Nicole Smith](#), an economist at the Georgetown University Center for Education and the Workforce and a co-author of the center’s report.

“It’s difficult to substitute technology for people in health care,” Smith said.

Still, Smith noted, European countries spend roughly half what the U.S. spends and achieve the same health outcomes, in part because they invest more in primary care and prevention, reducing the need for high-cost specialty care.

[Linda Tieman](#), executive director at the Tukwila-based **Washington Center for Nursing**, thinks there is a lot the U.S. health care system can do to be far more productive, but a significant change would be needed in how we think about health care.

“Our system is still an intervention-based funding system” in which providers are paid for treating people once they get sick, not for preventing disease and unnecessary care, Tieman said.

“We’re not paying attention to what the consumer actually needs, which is management of chronic diseases, primary care, transitional care, and end-of-life support,” Tieman said. “We’re paying all our attention on expensive, sexy things that help a very small number of people, often for a very short time.”

Driven by the need to reduce costs as well as to take advantage of provisions in the Affordable Care Act that seek to boost primary and preventive care, Washington state health care organizations are developing more team-based approaches to care, including accountable care organizations and patient-centered medical homes.

The patient-centered medical home approach has already been adopted by many community health clinics, said Dr. Suzanne Allen, vice dean for regional affairs at the UW School of Medicine and director of Area Health Education Center Network for Washington, Wyoming, Alaska, Montana and Idaho.

Such clinics use a wider variety of health workers to provide services to patients than do traditional practices, including nurse practitioners, health coaches and social workers.

This team approach allows health care workers to work at the top of their skill level, said Allen, who practices family medicine.

“We have to make sure that we are using each person the best we can,” she said, “so we can be sure that an RN is actually doing RN work and an MD is actually doing MD work.”

Phippen, the consultant, expects the combination of rising costs and reduced reimbursement with more patients enrolled in Medicare and Medicaid will require other health care providers to adopt similar approaches.

“Whether there are enough workers available or not, the question is whether organizations will be able to afford to hire them,” Phippen said. “I think the answer is no; so smart organizations are trying to figure out how they are going to increase the number of patients they see without significantly increasing staff, while still providing safe, quality care that everybody is happy with.”