

Washington Employers' Current and Expected Demand for Five Health Care Occupations: Findings from a Qualitative Study

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Background – First Things First!

- What occupations are we talking about?
 - Home Care Aides (HCAs)
 - Medical Assistants (MAs)
 - Nursing Assistants Certified (NACs)
 - Licensed Practical Nurses (LPNs)
 - Associate's Degree Registered Nurses (ADNs)
- What do they have in common and why are we talking about them?
 - Key to direct patient care and home care
 - In flux due to larger workforce trends – nationwide and in Washington State
 - Questions about current/future role in the health care delivery system

Context – The Workforce Situation

- Many occupations among the current health workforce are aging
 - Retirement to deplete supply over the next decades
- Economic downturn threatens education programs
- Washington State's population is growing and aging
 - Elderly population will double in size by 2030
- Chronic disease rates increasing among the young and the old
- More access to care needed when national health care reform is implemented in 2014
- In Washington State: New legislation affecting training for Home Care Aides and credentialing of Medical Assistants

WA Workforce Board Study

- Key questions
 - How will changes in financing and organization of our health care system affect demand for Home Care Aides, Medical Assistants, Nursing Assistants Certified, Licensed Practical Nurses, Associate's Degree Registered Nurses?
 - Who employs these occupations now? In the future?
 - What will employers need?
 - More/fewer/same number?
 - New/different skills/competencies?
 - How hard to recruit workers in sufficient numbers/with the right skills? How can existing problems be eased?
 - Will these occupations be tapped for new/emerging roles (e.g., patient care coordinator) or for expanded functions?

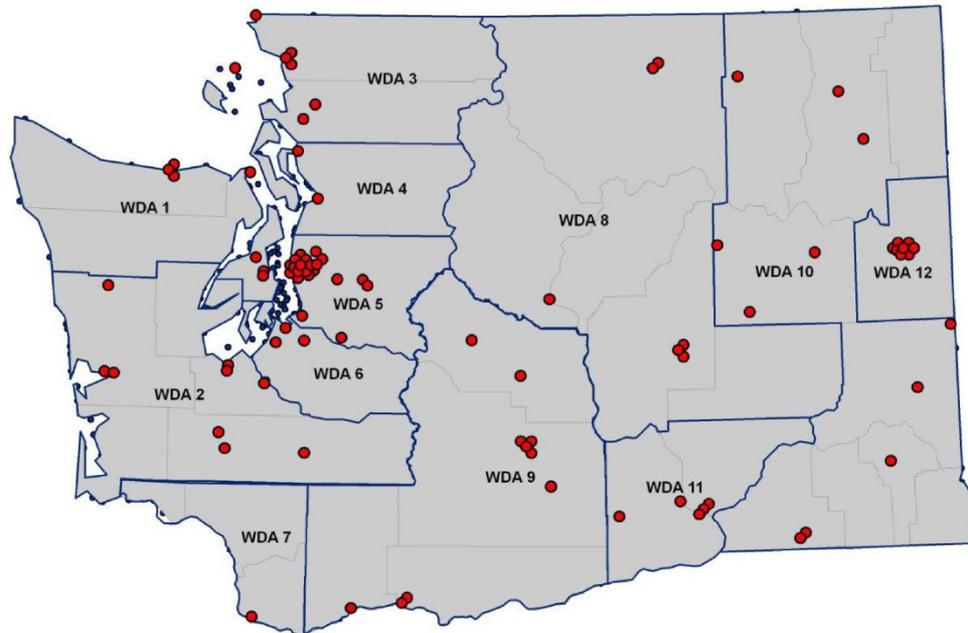
WA Workforce Board Study – Hearing from Employers

- Qualitative approach – two complementary means of soliciting employers' input
 - Semi-structured interviews using questionnaire to focus/direct conversations
 - Employer forums to review and discuss preliminary results, gather more information
- Final product: Policy brief of findings to inform and guide employers, educators, policymakers

WA Workforce Board Study – Data Collection

- The interviews
 - Over 80 with employers and key informants statewide
 - Employers selected by mixed random and purposive sampling (e.g., known contacts, referrals)
- The forums
 - Eastern Washington: May 31, 2013
 - Western Washington: June 3rd, 2013
- Focus on capturing
 - Major industry sectors
 - Inpatient/Outpatient/Long-term care/Home care
 - Employer diversity within sectors
 - State's geographic variations
 - East/West, urban/rural, big/small

Figure 1. Participating Employers by Workforce Development Area (WDA)*† (N = 86)

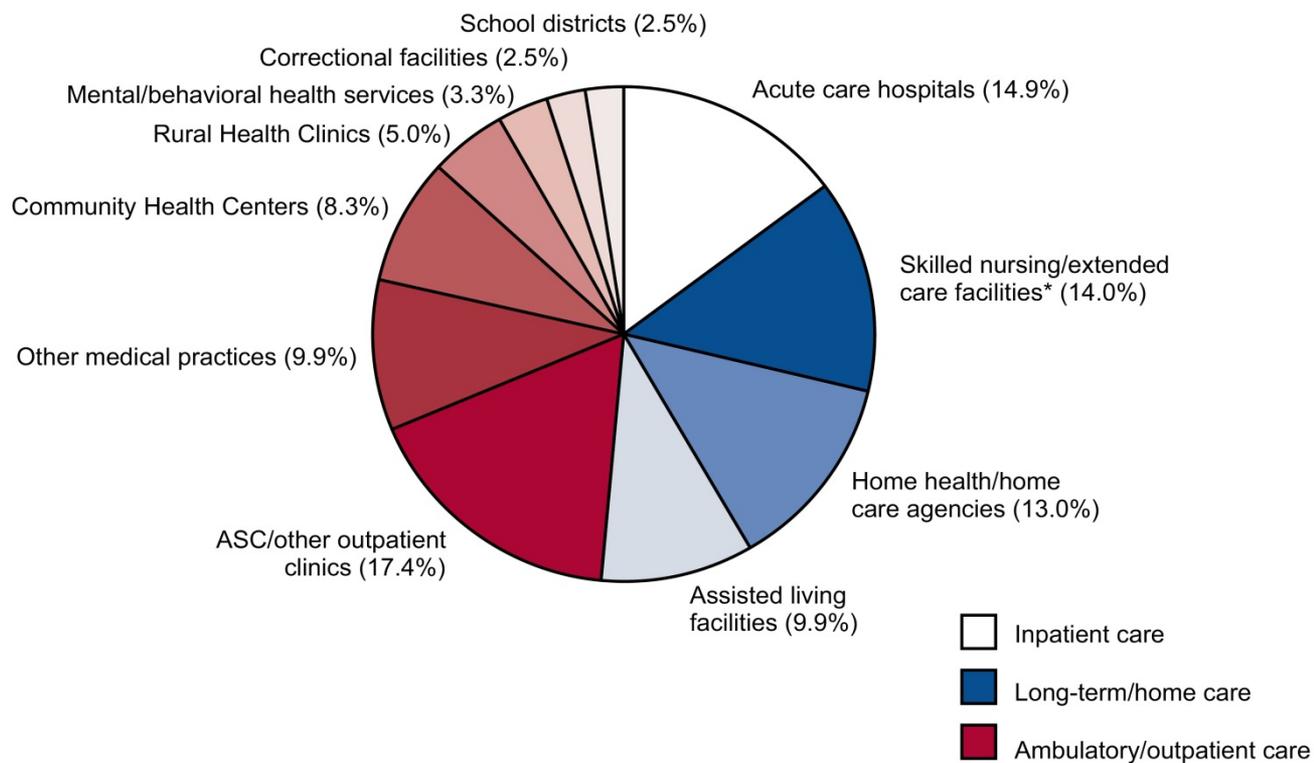


* Counties comprising WDAs: 1 = Clallam, Jefferson, Kitsap; 2 = Grays Harbor, Mason, Thurston, Pacific, Lewis; 3 = Whatcom, Skagit, Island, San Juan; 4 = Snohomish; 5 = King; 6 = Pierce; 7 = Wahkiakum, Cowlitz, Clark; 8 = Okanogan, Chelan, Douglas, Grant, Adams; 9 = Skamania, Klickitat, Yakima, Kittitas; 10 = Ferry, Stevens, Pend Oreille, Lincoln, Whitman, Walla Walla, Columbia, Garfield, Asotin; 11 = Benton, Franklin; 12 = Spokane.
† Employers who provided data on multiple practice locations may appear more than once.

Source data:

1. Semi-structured interviews with key personnel knowledgeable about staffing issues. Interviews were conducted April-July 2013.
2. Employer forums held in May and June 2013.

Figure 2. Participating Employers by Setting/Facility Type (N = 86)



* Includes long-term acute care hospitals.

Note: complex systems may be counted as more than one type.

Findings

- Employers' input gathered along three intersecting dimensions
 - Occupations
 - Health care employment sectors
 - WA geography

Figure 3. Estimated Demand Findings by Occupation and Industry Sectors

Occupations	Industry Sectors		
	Inpatient Care	Ambulatory/ Outpatient Care	Long-Term Care/Home Care
Home care aides	NA	NA	↑↑
Medical assistants	NA*	↑↑	NA†
Nursing assistants certified	◆◆	↓	↑↑
Licensed practical nurses	↓↓	◆◆	◆
Associate's degree registered nurses	↑	◆◆	◆

* Medical assistants are infrequent in inpatient settings

† Medical assistants are infrequent in long-term care/home care settings

Key:

↑ = demand expected to grow (two arrows indicate strong trend).

↓ = demand expected to decline (two arrows indicate strong trend).

◆ = demand expected to remain stable (two diamonds indicate strong trend).

Findings: Home Care Aides

- Rising demand for HCAs in assisted living/home care
 - Aging/chronicity population trends
 - More people seek to be cared for at home
 - A large number of HCAs who are individual providers in WA are reported to assist family members
- Legislative impacts
 - Most employers said effect of PPACA is unclear
 - Some worry about shrinking Medicare/Medicaid reimbursement: What effect on demand for HCAs?
 - WA legal training & certification requirements for HCAs
 - “Bugs” being worked out of the system (e.g., provisional certification soon available, testing languages doubled)
 - Some remaining employer concerns said to affect HCA recruitment (e.g., some employers reported HCAs had difficulty accessing training/testing, especially in rural areas, & the related costs, such as for travel, were a problem)
 - On-line & in-house training used by some employers, were not mentioned by others

Findings: Medical Assistants

- More MAs will likely be needed
 - Emphasis on ambulatory/outpatient care, PPACA may lead to greater overall service utilization
 - Less expensive than RNs, can do more than NACs (i.e. give injections)
 - Possible new/expanded duties (e.g., patient navigator), especially in community health centers
 - Few current recruitment challenges (except in some rural areas)
- Many employers want
 - Longer/more comprehensive training, hands-on experience
- Legislative impacts
 - Mixed reactions to new WA law – may be too soon to assess fully
 - Most employers going through the process during study data collection
 - Some concerns about incumbent MAs: A two-tiered workforce emerging?

Findings:

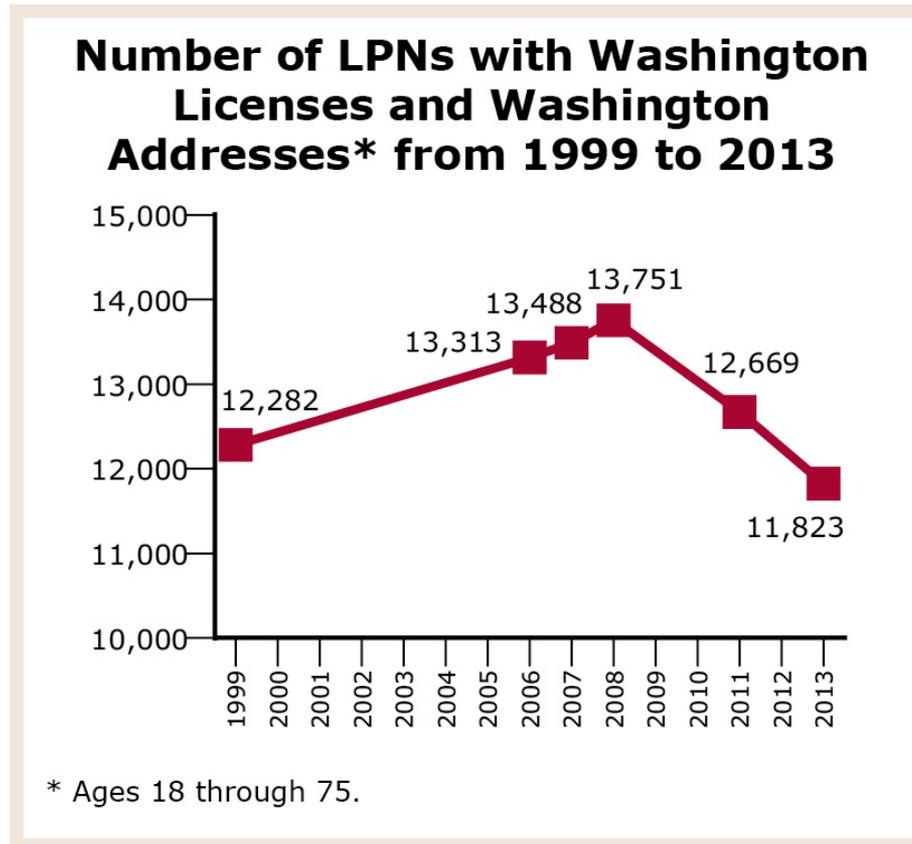
Nursing Assistants Certified

- High current/projected demand for NACs by long-term/home care sector (includes skilled nursing)
 - Some employers prefer them to HCAs in the home care sector (perceived fewer training issues)
 - Many employers “desperate” to recruit NACs – existing pool depletes fast
 - Facilities may offer classes, work with local education programs
 - High turnover a problem (less in skilled nursing than assisted living/home care)
 - Leave for higher pay at hospitals/other facilities
 - NACs use occupation as springboard to nursing
- Rural employers report more recruitment/turnover issues

Findings:

Licensed Practical Nurses

- A first look at new Washington State statistics



Source: Washington State Data Snapshot. April 2013. Licensed Practical Nurses (LPNs). WWAMI Center for Health Workforce Studies

Findings:

Licensed Practical Nurses (cont.)

- Demand trend unclear: Part of a repeating cycle?
 - Mostly phased out by large systems/urban facilities/inpatient settings
 - But at least one large urban employer brings LPN back, though in lower numbers than before
 - LPNs still relevant/sought after in rural areas, long-term care, school districts, mental health/chemical dependency
 - Few applicants for open positions
 - Low supply numbers overall
 - Many grads of LPN programs move on quickly to other nursing degrees

Findings:

Associate's Degree Registered Nurses

- Currently employed across all industry sectors
- Most employers who use ADN's now will continue to do so
 - Especially true in small/medium-sized facilities, rural places
 - Frequent mix of Associate's/Bachelor's degree RNs on staff
 - Notable exceptions – some large hospitals – prefer Bachelor's degrees only
 - Employers are constantly recruiting RNs, despite easing of earlier shortage
 - Specialty RNs hard to find
 - Will recruitment become more difficult as the economy improves and many RNs start retiring?
- Role differentiation by education background (floor vs. lead/specialty) may extend to patient navigator functions, especially for complex/high-risk patients

Cross-Cutting Issues: Health Care Reform

- The Patient Protection and Affordable Care Act (PPACA) and changes in health care financing/delivery
 - Lack of knowledge/awareness about health care reform is common
 - Unknown/unclear effect of PPACA on workforce demand
 - Uncertainty shared by large systems and small
 - Wait-and-see attitude
 - Small practices in particular expect little to no change (“*we can only take so many patients*”)
- Exceptions – Some are taking steps to prepare
 - Community health centers
 - Expect the newly insured to become clients, are gearing up for higher patient loads
 - May lead to greater workforce demand/new care coordination roles
 - Other facilities heavily dependent on Medicare/Medicaid
 - Focus on good patient outcomes tied to reimbursement

Cross-Cutting Issues: Care Coordination

- Care coordination functions and roles: As many definitions as there are employers
- What does it mean? Any/all of the following
 - Insurance and/or provider referrals
 - Appointment scheduling/follow-up
 - Working with family members
 - Helping patient coordinate providers/services/medications
 - Tracking high-risk patients
- Who does it?
 - Case manager, referral coordinator, front office staff, patient navigator, interdisciplinary team, etc.
 - Clinical license/background may be needed or not (varies by sector/employer)
 - All 5 occupations involved in formal or informal care coordination

Cross-Cutting Issues: Health Information Technology (HIT)

- Adoption and Use of Health Information Technology is well under way
 - Many organizations – big and small – have/are implementing new technology to support a variety of clinical and front-office functions
 - Most entry-health care workers handle some aspect of HIT
 - Need to become proficient quickly with employer's own system
 - Some current MA and NAC education and training found insufficient in this area
 - Employees engaged in care coordination most likely to use HIT

Cross-Cutting Issues: Partnerships with Local Education Institutions

- Many employers rely on these partnerships to ensure adequate workforce supply
 - Reported to be very effective
 - Can help employers fulfill continuing education/other training requirements
 - E.g. CPR, behavioral health skills
 - Found in urban/rural areas, but harder to access for rural employers
 - Some suggested another type of partnerships - between health care employers - to facilitate employee movement across industry sectors
 - E.g., skilled nursing to acute care for NACs

Cross-Cutting Issues: Employee Recruitment and Retention

- Many employers face challenges recruiting/retraining entry-level health care workers
 - More problems in the long-term care/home care sector, some employment settings, small rural communities
 - Possible remedies include
 - Tangible benefits: better pay, insurance, educational/career development opportunities
 - Supportive work environments
 - Valuing and encouraging diversity considered essential to workforce development and health care delivery to a changing population

Cross-Cutting Issues: Employment Sectors

- Organization size and resources affect how the 5 occupations are deployed
 - Small facilities: Employees wear many hats, may be cross-trained (e.g., for care coordination)
 - Large systems: More definite functions and roles, clearer division of labor (e.g., MAs only in outpatient clinics)
- Career pathways and related support more readily available in larger/better resourced organizations
 - Training/education funds can be allocated
- Patient base and population served can affect staffing needs/hiring practices
 - E.g., employers may seek bilingual/culturally competent employees, applicants committed to the community

Summary of Key Findings

- Who employs these 5 occupations now? In the future?
 - RN-NAC teams preferred in inpatient care
 - Trend expected to continue, with emerging preference for BSNs
 - MAs especially, but also NACs, LPNs, ADNs in ambulatory/outpatient care
 - Much variation based in employer type/practice size/geographic location
 - Fewer LPNs in hospitals
 - Some exceptions in rural areas, inpatient mental health/chem dep)
 - HCAs and NACs a strong presence in the long-term care/home care sector
 - Trend expected to continue
 - LPNs and RNs have stable roles in long-term care/home care
 - Rural employers especially recruit LPNs
 - But some see an emerging shift from LPNs to RNs

Cross-Cutting Issues: The Role of Geography

- Rural employers' challenges are all about access
 - Access to employees
 - Hard to recruit in remote areas – few amenities (“*we don't have a Costco*”), commuting distance
 - Fewer opportunities for partnerships with education institutions limit access to new grads
 - Access to training
 - Is it available? How far?
 - Access to reimbursement
 - Tied disproportionately to Medicare/Medicaid
 - Insufficient reimbursement impacts staffing

Summary of Key Findings (cont.)

- What will employers need?
 - Some will need more entry-level workers
 - Have been expanding/expect more patients
 - Others are getting leaner/plan to make due with existing staff
 - “Soft” skills (e.g., commitment to caregiving, customer service & communication skills)
 - Computer proficiency & familiarity with Electronic Health Records
 - Ability to work at the top of one’s scope/training
 - Education/Training needs
 - Uniformly high MA clinical training
 - Mental/behavioral health, dementia/memory disorders training for long-term care/home care workers
 - Upgraded clinical skills for NACs (greater patient acuity in long-term care)

Summary of Key Findings (cont.)

- How can existing problems be eased?
 - Partnerships with local education institutions
 - Expanded online/in-house learning opportunities
 - Better pay & benefits, career/education pathways & support can improve recruitment/retention
- To what extent will these 5 occupations be tapped for care coordination?
 - No consensus on occupation/education/experience needed for care coordination roles
 - Concern about adequate reimbursement for these new functions
 - Very few current job openings for defined patient navigator/care coordination roles
 - Most employers waiting to assess needs, may redeploy current staff

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