

# New and Changing Roles in the Allied Health Workforce

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## The Transformation of Health Care

From:	To:
Acute Treatment Focus	Prevention and Chronic Management
Cost Invisibility	Price Competitive
Inpatient Care	Ambulatory Care, Home & Community
Professional Prerogative	Consumer Responsive
Attention from Individual Professionals	Team Care Models
Passive Patients	Engaged Consumers
"Traditional" Practice	Evidence-Based Practice
Information as Record	Information as Tool

## Triple Aim

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care



***“Health systems reform cannot happen without an adequate supply of well trained, well distributed providers.”***

*-Kathleen Sebelius, Secretary of HHS  
Quoted by John Iglehart in NEJM October 28, 2009 e38 (1)*



We need to move beyond just thinking about docs

### Old School

- Increased supply of primary care docs will improve patient outcomes

### New School

- Inter-professional, coordinated and integrated systems of care will improve patient outcomes

Workforce of Tomorrow will Likely Look Very Different if New Care Delivery Models Take Hold



## Allied Health Fields Are Growing Fast

Occupational Title	2010 Estimated Employment	2020 Projected Employment	Total 2010-2020 Employment Change	Annual Avg. Percent Change	Total Percent Change
Diagnostic Medical Sonographers	707	992	285	3.40%	40.3%
Medical Secretaries	6,179	8,650	2,471	3.40%	40.0%
Dental Hygienists	2,373	3,266	893	3.20%	37.6%
Physical Therapist Assistants	1,001	1,375	374	3.20%	37.4%
Physical Therapist Aides	484	660	176	3.20%	36.4%
Healthcare Social Workers	2,304	3,108	804	3.00%	34.9%
Physical Therapists	2,858	3,821	963	2.90%	33.7%
Mental Health Counselors	556	737	181	2.90%	32.6%
Occupational Therapy Assistants	438	579	141	2.80%	32.2%
Dental Assistants	3,434	4,488	1,054	2.70%	30.7%

## Workforce implications of new models of care

- Interprofessional teams will include a variety of licensed and unlicensed workers practicing in the community, primary and secondary care settings
- Shifting attention from simply increasing the supply of workers to retooling/retraining existing workforce, especially in:
  - Care coordination/case management
  - Connecting community resources to health care systems and vice versa
  - Team-work
  - “Meaningful” use of EHRs
  - Patient education
- Developing new health professional roles (not jobs), certifications and training

## New and Changing Roles

- Patient Navigators
- Nurse Case Managers
- Care Coordinators
- Community Health Workers
- Care Transition Specialists
- Life Skills Specialists
- Patient and Family Activators
- Grand-Aides
- Peer and Family Mentors

## New and Changing Roles

- Health Coaches
- Medical Assistants
- Dental Hygienists
- Behavioral Health Aides
- Healthcare Social Workers
- Paramedics
- Home Health Aids
- Occupational Therapists
- Physical Therapists
- Pharmacists

## Challenges in this brave new world

- Turf wars and 'traditional' regulatory agencies and laws
- Teaching 'old dogs' how to work in teams
- Cross-training and educating for 'roles' – not jobs
  - Standardization/quality of training
  - Education in non-traditional settings
  - Shortage of clinical training sites / teachers
  - Fragmented training or career ladders?
- Credentialing – degree vs. credential
- Safety issues for providers and patients as care moves into the community and home

Are you currently working through one or more of these challenges?

Please share your experiences with us.

# Thank you.

Please visit our website:

Office for Healthcare Workforce Analysis and Planning

[www.OfficeForHealthcareWorkforce.org](http://www.OfficeForHealthcareWorkforce.org)