LEVERAGING THE HEALTH CARE WORKFORCE: What do we need? What educational system will get us there?

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PROJECTED U.S. SHORTAGES in 10 YEARS

- 100,000 Physicians
 - Would require
 - Doubling medical school output for 4 years

- Up to 1 million Nurses
 - Would require
 - Doubling nursing school output for 14 years

LEVERAGING

- Any reasonable increase in the number of physicians and nurses will not solve the problem with access to care.
- A new model of health care delivery is required
 - leveraging all of the health care workforce
 - permitting professionals to do only what they uniquely contribute to better health

NEW MODEL OF HEALTH CARE DELIVERY

- Health care team
 - Leverage to highest capability
 - Patient
 - Lay health workers
 - Generalist nurses, NP, PA and physician
 - Specialist nurses, NP, PA and physician

THE GRAND-AIDES PROGRAM

- Trained lay seniors report to NP/MD
 - Telephone triage, home visits with portable telemedicine
 - Primary care: 25% reduction in ED visits
 - 26 Common conditions that could be
 - "cared for by a good grandparent"
 - Chronic care: 25% reduction in readmissions
 - CHF medication adherence and protocols
 - Palliative care: 25% increase in palliative care

GOAL: HIGHEST QUALITY WORKFORCE

- 10 years after training
 - ✓ Outstanding outcome, process and satisfaction
 - Individual patients and community
 - ✓ Happy
 - While working
 - While not working

GOAL: HIGHEST QUALITY WORKFORCE

- How?
 - Question our assumptions
 - The questions are answerable
 - Data are required

ANSWERABLE QUESTIONS: Examples

1. What do you need to know?

- a. Are pre-med pre-requisites required? Why not an aptitude test?
- b. What in college is essential?
- c. How much basic science and when?

2. How long and when?

- a. History: 4 year BSN, 6-year undergrad + MD
- b. How old: Doogie Howser, MD

3. Best health outcomes?

- a. What leveraging can be done of public, Grand-Aides and nurses
 - Scope of practice
- b. What are the measurable outcomes of a successful team?

A HYPOTHETICAL MODEL

- A College for Health that is part of a university
 - Medical, Nursing, Public Health, Dentistry
 - members in every school teach each other (e.g. patients teach nursing and medical students – not only with simulation)
- A School for the Public, with lay teachers who develop criteria for
 - the public by asking how to incent healthy behavior and how to deliver health information in the most effective way
 - Lay health workers

A HYPOTHETICAL MODEL

- School of Nursing
 - Health, Medical, socio-cultural, and non-medical courses dictated by data
 - Participate in university; can change majors
 - Hypothesis: 3-4 years after high school
 - Plus one-year practical required service "internship" (locations dictated by US needs)
 - Paid

A HYPOTHETICAL MODEL

- School of Medicine similar model
 - Hypothesis: 4 (6) years after high school
 - No other loans
 - Practical required service "internship" 2 years
 - May count one year if remain in primary care
 - Academic medicine: 2 additional years;
 Receive added MS
 - Teaching, research, leadership; Begin PhD, MPH
 - The Gap
 - 2 years required between high school and medical school
 - Health / medical work (e.g. EMT, Grand-Aide...)

"The definition of insanity is doing the same thing over and over again and expecting different results."

-Einstein