

communication
consensus
and
advocacy

Health Professions Network



WHITE PAPER

How Competencies Can Heal Health Care.



Contents

What can competencies do...

 **for employers?** (3)

 **for all health care stakeholders?** (4)

 **for the patient & society?** (5)

How would competencies create...

 **opportunity & diversity?** (6)

 **actionable data?** (7)

 **better-fit students & employees?** (8)

 **job security...** (9)

 **AND organizational flexibility?** (10)

How could competencies help with...

 **geographic issues & rural health?** (11)

 **new provider types & rapid change?** (12)

So what's the...

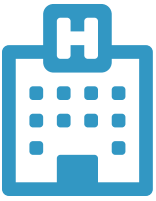
 **bottom line?** (12)

 **plan?** (13)

 **role you can play?** (14)

About the Health Professions Network

The Health Professions Network is a collaborative group representing the leading allied health professions. Organizational members include professional associations, educators, accreditors, and credentialing and licensing agencies in health care. The group works collaboratively on issues relevant to health care delivery and workforce development in the United States.



Introduction: Competencies for Employers

At the Health Professions Network's Spring meeting in Grand Rapids, we learned first-hand how a competency model can improve and shorten hiring processes, reduce first-year turnover, increase hiring standards and diversity simultaneously, and result in an annual savings for a single, regional employer of over \$2 million.¹

A well-crafted competency model allows employers to not only predict how well an individual might perform in the role he/she is entering, but how well an employee might fit into the organization, and how quickly they might rise through the ranks.²

Limiting our understanding of competencies to the employer-provider level, we understand how valuable they can be as a predictive tool—they can provide employers a wealth of information at entry against which they can benchmark success and make more accurate decisions in the short and long-term.

Better decisions and better-fit, better-qualified talent results in better quality care at lower costs.

Competencies introduce efficiency into systems that are notoriously difficult to optimize in all industries. This optimization is crucial at a time when health care is changing rapidly, and talent pipeline issues are at the forefront of discussions about the cost and quality of care.

¹ Welsh, Shana. "Why Competencies Matter: Panel Discussion," presented at HPN Spring, 2015.

² Ibid.

Benefits for a single, regional employer

1. Improve and shorten hiring process.
2. Reduce first year turnover.
3. Increase hiring standards and diversity.
4. Result in an annual savings over **\$2 Million.**



Every Stakeholder Needs Competencies

“The same questions that employers ask... **are crucial to every stakeholder** in the pipeline.”

The fact that competencies can optimize cost and quality of care at the employer-provider level make them attractive to policy makers at face value. But the benefits of competencies for all stakeholders in health care and the health care talent pipeline make defining an accurate, predictive set an essential step in ongoing health care reform.

The same questions that employers ask—how can we allocate resources more efficiently with regards to talent? How can we select the talent that will give us the most return on our investment?—are crucial to every stakeholder in the pipeline.

Credentialing bodies are studying competencies, for example, to better define, describe, and measure the value their respective credentials offer individuals and employers.^{3,4}

Ensuring the performance-predictive value of their credentials might mean selecting-out candidates that are perfectly competent in terms of technical skills or knowledge but simply incompetent in patient care or not a good match for the work.⁵

Educators, too, are exploring competencies in order to provide more valuable education that better prepares their students for working in the real world—practice and job analysis drive education.⁶

Educators have a long-term stake in the continuing success of their students. Not only do educators want to ensure that their students have the skills and knowledge necessary for the work, they also want to ensure that their students are well-suited for working in the industry.

Facing realities of capacity and selective admission, educators need to ensure that their programs consist of well-suited students from the outset, so their own resources are not wasted on those who might be good students, but not cut out for patient care.

Foundational competencies make these things possible.

³ Marino, Sarah. “Why Competencies Matter: Panel Discussion,” presented at HPN Spring, 2015.

⁴ Buckendall, Chad. “Competency Development Driven by Data,” presented at HPN Spring, 2015.

⁵ Marino, Sarah. “Why Competencies Matter: Panel Discussion,” presented at HPN Spring, 2015.

⁶ Schibig, Monica. “New Educational Competencies will Impact Practice Standards: Panel Discussion,” presented at HPN Spring, 2015.



Society Needs Competencies

Society at large has a massive stake in this pipeline, from the perspective of a patient, or from the point of view of an individual who wants to work in health care.

The patient needs to know that their care providers, at any level of qualification, have the same basic competencies required to provide quality care and communicate their needs effectively. Competencies would provide this foundational quality assurance.

Competencies would also provide a common language to explain the qualifications of certain providers and new provider types, assuring patients that when they are attended to by a certain professional, they have a particular skill set that can provide them the appropriate care they need. A competency-based approach could be more easily recognizable and transferrable.⁷

The patient also needs to know that there will not be shortages in qualified talent as they age and find themselves in need of more care. The information that predictive competencies can provide employers similarly gives the entire system, policy makers, individuals, and educators better insight into the supply side of talent.

⁷ Brand, Marcia. “Competencies and Their Impact on Rural Health & New Delivery Environments,” presented at HPN Spring, 2015.

Competencies
would facilitate

- 1. Foundational quality assurance**
- 2. Recognition of qualifications**
- 3. Better workforce supply information**



Competencies Create Opportunity

From the point of view of a student or individual in the workforce looking into health care, competencies are crucial for equal opportunity, according to a 2015 report released by the U.S. Department of Education Office of Career, Technical, and Adult Education.⁸

“College- and career-readiness standards that define what adult students need to know in order to be prepared for the rigors of postsecondary training, employment, and citizenship are crucial in providing all students at all levels the opportunities to acquire the necessary skills to pursue their long-term career aspirations and goals.”⁹

Clearly defined competencies, again, would create better information for the workforce which would improve opportunity for everyone.

As mentioned previously, competencies can improve diversity in the workforce at an organizational or employer level. Competencies could also improve diversity throughout the entire health care workforce by establishing clear expectations at every level and eliminating biases.

This diversity will be essential to the provision of quality care in the future. Competencies would create the stable information necessary for biases to be eliminated systemically.

⁸ U.S. Department of Education Office of Career, Technical, and Adult Education. “Making Skills Everyone’s Business: A Call to Transform Adult Learning in the United States,” February 2015.

⁹ Ibid.

Competencies
would facilitate

4. Greater opportunity

5. Greater diversity

6. Future quality care



Competencies Create Actionable Information and Data

Foundational competencies allow for the collection of more actionable data at all levels of the pipeline. They can optimize education and credentialing and improve information given to prospective workers and employers.

As it stands, predictive workforce models work primarily with expected demand statistics.¹⁰ This can lead to contradictory or inaccurate expectations of how supply might measure up, making the proper allocation of resources difficult and leading either to dangerous shortages or oversupply.

How many high school graduates have the basic competencies for work in health care, for example? Or what degree of competency do particular curricula elements add? What competencies are difficult to change through education or training?

These questions would provide valuable data points for predictive models, but they can only be answered with a foundational competency model in which all stakeholders are invested.

Competencies would also provide everyone better information about what health professions entail, perhaps discouraging those not fit for the work but encouraging others by disseminating knowledge and recognition of all health professions and the pathways into them.

Competencies could not only optimize allocations of resources but also expand the resources available to the pipeline.

¹⁰ Spitzgo, Rebecca. "Standards and Competencies in Allied Health Policy Making," presented at HPN Spring, 2015.

& actionable
data creates

efficiency.



What Were You Expecting?

An illustrative example.

Individuals looking to work in the health care industry do not want their own resources to be wasted, whether that be money or time spent on education or credentials, if the expenditure is not going to result in a job, job security, or job satisfaction.

In terms of job security or satisfaction, talent does not want to be stranded by unpredictable demand fluctuations, reorganizations of labor, or false expectations of what the work entails.

Educators and credentialing bodies are closest to this concern of the individual, but it makes a significant difference for employers as well—first-year turnover is a costly problem.

Imagine someone who has been educated and newly credentialed for work as an EKG technician. They have and are perfectly comfortable with the necessary technical skills and knowledge to do the job, and they are hired for their excellent grades and test scores.

But a few weeks into the job, the individual realizes they just cannot stand being around sweaty patients when conducting stress tests. Many people might react with incredulity to this situation—how is that even possible? Didn't you read the job description?

It does happen—perhaps because the individual just didn't think about it, or perhaps because the whole time they were preparing for a reasonable, rewarding career in health care, it was never explained to them what that career might actually look like.

It is not entirely uncommon, either—another one of those health care horror stories we hear over lunch with our members. One person related a story of a new employee who said, "I didn't know we'd have to deal with dirty people."

These individuals have wasted a great deal of their own time and resources to get to where they are, only to find that it is the last place they want to be. All the stakeholders in the system they've risen through have also wasted a great deal of their own time and resources that could have gone to a better-fit candidate.

Let's restrict the capacity of the educational program to that one student, as an illustration. The EKG technician that has been qualified through the program is not fit to offer quality patient care, but the employer-provider has no other candidates for the position—they have to choose between keeping the stress test capacity and sacrificing the quality of patient care during those tests, or eliminating the capacity of that technician.

The patient, and everyone, loses a great deal.



Lateral, Not Left in the Lurch

An illustrative
example.

Let's consider a similar example, without the finality of someone who might simply not be fit for health care in general.

Let's return to a newly credentialed EKG technician. They find a job and enjoy it, but suddenly EKGs are no longer in demand, or a new process, more efficient than stress testing but requiring a completely different skill set and knowledge base, makes them obsolete.

Again, they've been left in the lurch with student loans and a great deal of wasted investment. The employer takes their own losses, sinking the costs of recruiting for a position they no longer need. If the technician wants to continue in health care, they might have to go back to school for another two years to sit for another, different credential.

This example might be a bit more approachable for everyone working in health care—job security of this sort is a huge issue with rapid changes in reimbursement, technology, and techniques all contributing to a health care labor market that is anything but stable or efficient.

"Job security of this sort is a huge issue with rapid changes in reimbursement, technology and techniques all contributing to a **health care labor market that is anything but stable or efficient.**



Competencies Create Organizational Flexibility and Job Security

Why does the massive investment in this talent have to be wasted? They've already proven themselves to be capable, competent workers in the health care industry, shouldn't there be a way for them to transition laterally between jobs? A way to move to another position in which they've demonstrated themselves foundationally capable while being fast-tracked educationally towards a credential in another specialty?

The potential for lateral movement inserts more job stability and organizational flexibility into the health care system. It is truly a win-win-win for all stakeholders.

Employers would be more flexible, and they could reduce turnover and recruitment costs by providing opportunities for both lateral and vertical professional development. Workers would enjoy more job security by having a foundational qualification or by being able to demonstrate foundational competencies in patient care, and perhaps be fast-tracked educationally to different credentials.

Society and its policy makers would benefit from this flexibility and efficiency by seeing more rapid improvement in cost and quality of care. Educators, too, might save resources and provide more benefit to their students by offering curricula that do not require starting over at Anatomy 101. They might also have more students from a pool of individuals who are more inclined to return to such a fast-tracked program.

The ability for talent to move laterally would also require a standardization of taxonomy that competencies could provide. What does an EKG credential really mean? Shouldn't it mean more than the legal qualification to assist in or monitor certain procedures? Shouldn't it describe a set of competencies that employers could use to judge potential fit for other positions?

& flexibility
leads to

more rapid improvement in cost & quality of care.



Geographically Sticky Personnel

In other industries, applicants might apply to an organization and be denied the job they applied for but offered another, similar position. Perhaps they value the exact location or organization, so they might accept the other position.

For an EKG technician, applying to a particular hospital with a single opening for that position, this is not currently possible.

Individuals are often geographically sticky---they might have applied for a job at a particular hospital, because they wanted to work at that exact hospital. Even with health systems getting larger, another position as an EKG technician at a hospital several hours away might not be as attractive as a different or even lesser position at the hospital where he/she applied.

Perhaps his/her spouse moved to a particular place with a lucrative career, and the candidate wants to stay close to where their spouse works. If there is not an available EKG position, the health care system might lose that qualified candidate entirely.

There is a tremendous amount of deadweight loss in the system due to this kind of inefficiency.

What about an EKG technician who would prefer to work in a rural area? The systems and capacity in rural health might not have any positions for EKG technicians. But wouldn't the competencies required to be an EKG technician have some value in a rural health system struggling to find providers?

As we know, it can be extremely difficult for rural health systems to attract and retain necessary provider types.¹¹

¹¹ Brand, Marcia. "Competencies and their Impact on Rural Health & New Delivery Environments," HPN Spring 2015.



New Provider Types and Rapid Change

We also know that the required skill sets of health care professionals are rapidly changing. With widespread system redesign towards a population health framework, almost every system is creating new provider types independently.¹²

How are we going to help patients know who these workers are and what they do? Are the workers going to be able to transfer their job experience with one system to another?

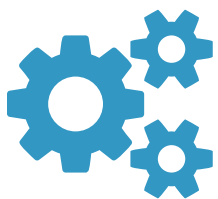
Competencies could standardize the language we use to describe health care professionals and their qualifications for both patients and employer-providers and improve recognition of all professionals, including these new provider types.

¹² Brand, Marcia. "Competencies and their Impact on Rural Health & New Delivery Environments," HPN Spring 2015.



Bottom Line? Competencies Create Efficiency

Eliminating deadweight loss, systemic biases, informational deficits, and inefficiencies—competencies would lay the framework for a truly efficient labor market, which would return massive dividends for health care while improving quality.



Creating the Competencies

“For health care, **Health Professions Network** is that backbone organization.

Health Professions Network has been working in a collaborative capacity to connect educators, professional and credentialing associations, and other stakeholders in creating these competencies.

The DoE report mentioned earlier outlined strategies for positive change in workforce development, including “a ‘backbone’ coordination organization [that] keeps lines of communication open, builds relationships and trust among the partners, and takes the lead in coordinating everyone’s joint and complementary efforts.”¹³

For health care, Health Professions Network is that backbone organization.

In January, 2015, Health Professions Network convened a roundtable of representatives and executives from HPN, NN2, H2P, ASET, CAA-HEP, Schools of Allied Health Professions, Health Sciences Consortium, College of Health Sciences, Coalition for Allied Health Leadership, HOSA, Health Force Minnesota, AAMA, AMT, and Trinity Health.

The group discussed foundational competencies for quality care and work that has already been done in outlining competencies, settling on an action plan to cross-walk relevant competency models that already existed, namely the Department of Labor Allied Health Competency Model, which HPN and NN2 helped to create, as well as the Health Science Consortium National Health Care Standards.

Sondra Flemming, VP of Community & Economic Development, and Lacheeta McPherson, Executive Dean of Health Occupations & Legal Studies, both at El Centro College in Dallas, Texas, graciously took the lead on this project and presented their work at the HPN Spring Meeting in Grand Rapids in April, 2015. The result was, as expected, a more complete competency model—though they identified gaps in the upper tiers of both models, closer to specific professions.

Flemming and McPherson explained that the upper tiers of the models did not actually contain foundational competencies but rather tasks. HPN decided to convene a committee, again, to fill the gaps and to translate the tasks of the cross-walked model’s upper tier into competencies.

With this work done, HPN opened conversation with the Department of Labor to update the previous model developed in 2011 - the Health Professions Competency Model on careeronestop.org.

¹³ U.S. Department of Education Office of Career, Technical, and Adult Education. “Making Skills Everyone’s Business: A Call to Transform Adult Learning in the United States,” February 2015.



The Role you can Play

So, what can you do to promote these competencies? Use them.

The standardization of language represented by the new competency model will facilitate collaboration, whether it's an issue like the articulation of credits between colleges, or working with employers and professionals to shape clear and accurate career guidance resources.

The competencies themselves are only a tool you can use to make things happen - such as improving recruitment efforts as an employer, professional association, or educator; creating better data-driven assessments or surveys; optimizing your credentials or educational offerings; or any of the things we've discussed in these pages.

Buy-in isn't simply an endorsement - it's a commitment to using the competencies in a meaningful way. The more these competencies are used, measured, and discussed, the better they can evolve and make a real difference in health care.

Self-assess using competencies, use competencies to collaborate with other organizations, use competencies to advocate on behalf of particular professionals - just use them! And please, let us know when you do.

hpnonline.org/competencies

