



Standards and Competencies in Allied Health Policy Making

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Topics of Discussion

- HHS Initiative – Delivery System Reform
- HRSA and the Bureau of Health Workforce
 - Supporting the Allied Health Workforce
 - National Center for Health Workforce Analysis
- Discussion



Better, Smarter, and Healthier Delivery System Reform (DSR)

Delivery System Reform Vision

To achieve the vision of better care, smarter spending, and healthier people, the Department is focusing on three key areas:

1. Improving the way providers are paid: Reward value and coordination – rather than volume and care duplication
2. Improving and innovating care delivery: Change the way care is delivered through greater teamwork and integration
3. Sharing information more broadly to providers, consumers and others to support better decisions while maintaining privacy: Improve the way information is distributed; create transparency

Focus Areas

Focus Areas	Description
Pay Providers	<ul style="list-style-type: none">• Promote value-based payment systems<ul style="list-style-type: none">• Test new alternative payment models• Increase linkage of Medicaid, Medicare FFS, and other payments to value• Bring proven payment models to scale• Align quality measures
Deliver Care	<ul style="list-style-type: none">• Encourage the integration and coordination of clinical care services• Improve individual and population health• Support innovation including for access
Distribute Information	<ul style="list-style-type: none">• Bring electronic health information to the point of care for meaningful use• Create transparency on cost and quality information• Support consumer and clinician decision making

Health Care Payment Learning and Action Network

- The Health Care Payment Learning and Action Network is a key component of the effort to deliver better care, smarter spending of health dollars, and healthier people
- **Goals:**
 - Move 30 percent of Medicare payments into alternative payment models by the end of 2016, and 50 percent into alternative payment models by the end of 2018
 - HHS goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016, and 90 percent by 2018 through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs

Supporting the Allied Health Workforce



Bureau of Health Workforce (BHW)

- Created in May 2014, the Bureau of Health Workforce brings together HRSA's key workforce programs previously housed in two bureaus: Health Professions and Clinician Recruitment and Service
- Better meets the need for a well-trained, well-distributed 21st century workforce through realignment and built in connectivity
- Annual Appropriation of more than \$1 Billion that supports over 40 workforce programs and a staff of more than 450 people
- Supports the health care workforce across the entire training continuum – from academic training of nurses, physicians, and other clinicians to clinicians currently providing health care in underserved and rural communities across the United States

Health Workforce Priorities

- Increase health care workforce and align training and education with changing practice environment
- Inter-professional training:
 - Drive the integration of practice and training
 - Bring practice and academia together
- Integrate mental and oral health into primary care
- Focus on diversity and culturally competent care
- Support placement in underserved communities
- Increase availability and timeliness of workforce projections and analyses

BHW Areas of Support/Programs

- National Center for Health Workforce Analysis
- Medical & Dental Residency Programs
- Public Health
- Allied Health
- National Practitioner Data Bank
- Nursing Training, Faculty, Infrastructure
- Mental and Behavioral Health
- Scholarship & Loan Repayment Programs
 - National Health Service Corps (NHSC); NURSE Corps; Scholarships for Disadvantaged Students
- Pipeline Programs
 - Centers for Excellence; Health Careers Opportunity Program; Area Health Education Program
- Oral Health Programs
- Geriatrics

Allied Health Workforce Programs

- Area Health Education Centers
 - Health Professions Outreach & Pipeline
- Paraprofessional Programs
 - Behavioral Health Workforce Education Training
 - Health Careers Opportunity Program (HCOP)
- Pre-doctoral Training in General Dentistry, & Dental Hygiene
 - Focus on Advanced Dental Hygiene
- Geriatrics
 - Focus on Integration with Primary Care, Team-Based Care & Non-licensure and Family Caregivers
- Rural Network Allied Health Training
 - Recruitment, Clinical Training & Retention of Allied Health Professionals
- Scholarships for Disadvantaged Students
 - Primary Care & Interdisciplinary Focus; Supports Allied Health Professions

Rural Network Allied Health Training

- Funds the development of formal rural health networks to partner with local community colleges and other accredited educational institutions to develop formal clinical training programs that focus on the recruitment, training, and retention of the rural allied health workforce
- Targets allied health professional students in completing a rural, community-based clinical training rotation and obtaining eventual employment with a rural healthcare provider
- Includes the following allied health disciplines:
 - Clinicians – Dental hygienists
 - Technologists and Technicians
 - Diagnostic imaging technologists (sonography, radiology, etc.)
 - Medical/clinical laboratory technicians
 - Paramedics and community paramedics
 - Pharmacy technicians
 - Psychiatric/mental/behavioral health technicians
 - Other Allied Health - Physical therapy assistants & Occupational therapy assistants

Geriatrics Workforce Enhancement Program

- FY 2015 Program Redesign:
 - Supports the development of a health care workforce that improves health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system
 - Aims to provide greater flexibility to grant awardees by allowing applicants to identify the specific interprofessional geriatrics education and training needs of their communities and develop a program that is responsive to those needs
 - Provides the primary care workforce with the knowledge and skills to care for older adults and collaborate with community partners to address gaps in health care for older adults through individual, system, community, and population level changes

Interprofessional Competencies

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- National Center for Interprofessional Practice & Education (NCIPE) -- Leads, coordinates and studies the advancement of collaborative, team-based health professions education and patient care as an efficient model for improving quality, outcomes and cost
- Includes a focus on interprofessional, team-based practice competencies
 - Teamwork – Shared team identity, responsibility, clarity of roles, interdependence, and integration of tasks
 - Collaboration – Looser shared identity & integration
 - Coordination – Some sense shared identity
 - Networking - Virtual
- <https://nexusipe.org/resource-exchange>

Advisory Committee on Interdisciplinary Community-Based Linkages (ACICBL)

- Provides advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under Title VII, Part D of the Public Health Service (PHS) Act
- Allied Health is one of 12 programs under the authority of the ACICBL
- Currently has 14 members; One member represents Allied Health



National Center for Health Workforce Analysis

National Center for Health Workforce Analysis

- Mission to support more informed public and private sector decision making related to health workforce through expanded and improved health workforce data, projections and information
- Research Studies and Rapid Response Papers
- 6 Health Workforce Research Centers (HWRC)
 - Flexible Use of Workers (UNC & GWU)
 - Technical Assistance Center (SUNY)
 - Long Term Care (UCSF)
 - Oral Health (SUNY)
 - Allied Health (UW)

2015 Allied Health Research Center

- Grantee – University of Washington
 - Characteristics of Physician Assistant Students Planning to Work in Primary Care
 - Pathways for Military Veterans to Enter Allied Health Careers
 - Workforce Needed to Integrate Behavioral/Mental Health Workforce with Primary Care
 - Characteristics of Veterans in Allied Health Care Jobs
 - Impacts of Greater Use of Low Skilled, Low-wage Workers in Health Care Delivery
- Point of Contact – Bianca Frogner – bfrogner@UW.edu

2015 HWRC Research Projects

- Competencies, Training and Retooling the Healthcare Workforce
 - Palliative Care (UCSF)
 - Retraining Low-Wage Hospital Workers (GWU)
 - Community Health Worker (GWU)
 - Occupational and Physical Therapists (UNC)
 - Alzheimer's Patient Care Manager Practices and Policies (UCSF)
 - Practice Index for Registered Dental Hygienists (SUNY/HRI)
 - Behavioral Health & Primary Care (UW)
 - Peer Providers for Substance Abuse & Mental Health (UCSF)

Health Workforce Reports & Projections

- **Health Workforce Projections (fact sheets)**
 - Pharmacists
 - Occupational Therapy and Physical Therapy
 - Vision Occupations (Optometrists and Opticians)
 - Therapeutic Services
 - Health Technologists and Technicians
 - Health Care Support Occupations
 - Respiratory Care
 - Dietary & Nutrition Services
- **National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2015 (Feb 2015)**

Allied Health Workforce Projections

- Opticians estimated to have greater demand than supply in 2025
- Oversupply anticipated for other allied health occupations published
- Some of this increase in demand is attributable to the aging of our population
- Competencies provide the opportunity to re-examine the future roles of providers in the evolving health care delivery system



Allied Health Supply & Demand Projections

	Optometrists	Opticians	Respiratory Therapists	Occupational therapists	Physical therapists	Dietitians & Nutritionists	Pharmacists	Dental Hygienists
Supply								
Estimated supply, 2012	36,300	54,500	104,100	86,300	191,600	67,400	264,100	153,600
Estimated supply growth, 2012-2025	7,600	-3,200	73,100	39,900	62,600	24,000	91,200	43,600
New entrants	18,250	11,440	105,510	58,200	96,500	45,840	160,500	91,000
Attrition	(2,460)	830	(5,720)	(2,510)	(1,030)	1,280	(7,960)	(42,200)
Change in average work hours	(8,290)	(15,470)	(26,690)	(15,790)	(32,870)	(23,120)	(61,340)	(5,200)
Projected supply, 2025	43,800	51,300	177,200	126,200	254,200	91,400	355,300	197,200
Demand								
Estimated demand, 2012	36,300	54,300	104,100	86,300	191,600	67,400	264,100	153,600
Demand growth, 2012-2025	5,300	8,000	21,200	17,600	43,500	13,600	42,300	15,500
Projected demand, 2025	41,600	62,300	125,300	103,900	235,100	81,000	306,400	169,100
Supply in Excess of Demand, 2025	2,200	-11,000	51,900	22,300	19,100	10,400	48,900	28,100

Allied Health Occupations Demand Only

	Nuclear medicine technologists	Radiologic technologists	Diagnostic medical sonographers	Medical & clinical laboratory technologists	Medical & clinical laboratory technicians	Pharmacy technicians	Pharmacy aides	Occupational therapy assistants	Physical therapy assistants	Respiratory therapy technicians
Demand										
Estimated demand, 2012	20,900	194,800	58,000	164,300	161,500	334,400	42,600	29,500	76,500	13,500
Total demand growth, 2012-2025:	5,000	46,600	12,200	36,100	35,400	54,600	7,200	6,900	18,400	2,700
Changing demographics impact	4,100	37,800	11,100	33,600	33,000	45,900	6,000	6,600	17,300	2,500
ACA insurance coverage impact	900	8,800	1,100	2,500	2,400	8,700	1,200	300	1,100	200
Projected demand, 2025	25,900	241,400	70,200	200,400	196,900	389,000	49,800	36,400	94,900	16,200

Health Workforce Resources & Tools

- Workforce reports and projections
- The U.S. Health Workforce - State Profiles
- The U.S. Health Workforce Chartbook
- Area Health Resources File (AHRF)
 - Includes in-depth state and national demographic, workforce, employment, and training data for 50 health care professions
 - Several recently developed AHRF web tools:
 - The Health Resources Comparison Tools (HRCT) allows users to compare county and state measures of health resources and health care demand based on criteria and specific areas of interest
 - The AHRF Map Tool displays select health resource data and demographic and environmental statistics impacting health status

Standard Occupational Classification (SOC)

What is SOC and why is it important?

- Occupational information is widely used by individuals, educators, businesses, researchers, and public policy-makers for a variety of purposes.
- Occupational information includes:
 - Employment levels and trends;
 - Pay and benefits;
 - Demographic characteristics;
 - Skills required, and many other items
- Classification is critical to defining the Occupation and providing statistical information related to the Occupation
- Managed by the Department of Labor; 2018 Update Currently Underway

Occupational Hierarchy

Major group	31-0000 Healthcare Support Occupations
Minor group	31-1010 Nursing, Psychiatric and Home Health Aides
Broad occupation	31-1010 Nursing, Psychiatric and Home Health Aides This broad occupation includes the following four detailed occupations: 31-1011 Home Health Aides 31-1013 Psychiatric Aides 31-1014 Nursing Assistants 31-1015 Orderlies
Detailed occupation	31-1011 Home Health Aides Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient.

2018 SOC Revision: General Timeframe

1 st <i>Federal Register</i> notice soliciting public input	July 2014
SOCPC reviews public input, Federal agency input, and conducts own research; develops recommendations to OMB	Through 2014
2 nd <i>Federal Register</i> notice requesting comments on SOCPC recommendations	Spring 2015
SOCPC reviews comments and develops final recommendations to OMB	Through 2015
OMB reviews SOCPC recommendations	Late 2015-2016
3 ^d <i>Federal Register</i> notice announcing the final 2018 SOC structure, and occupation codes and titles	2016
SOCPC completes occupational definitions and SOC Manual	2016
OMB publishes 2018 SOC Manual	2017
Federal statistical agencies implement 2018 SOC	Beginning 2018

SOC Update

- Numerous requests for allied health occupations received from the public in response to the FRN
- New occupations request codes stating that the occupation is distinct from other existing health care occupations
- Competencies are often sighted as providing the distinction
- Well documented competencies, become a must

Questions



QUESTIONS



Contact Information

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