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

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Description</th>
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</table>
| Pay Providers      | • Promote value-based payment systems  
                      • 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       | • Encourage the integration and coordination of clinical care services  
                      • Improve individual and population health  
                      • Support innovation including for access |
| Distribute Information | • 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 $1Billion 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

- 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](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

- 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

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

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

#### Demand Only

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

<table>
<thead>
<tr>
<th>Major group</th>
<th>31-0000 Healthcare Support Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor group</td>
<td>31-1010 Nursing, Psychiatric and Home Health Aides</td>
</tr>
</tbody>
</table>

### Broad occupation
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

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Federal Register notice soliciting public input</td>
<td>July 2014</td>
</tr>
<tr>
<td>SOCPC reviews public input, Federal agency input, and conducts own research; develops recommendations to OMB</td>
<td>Through 2014</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Federal Register notice requesting comments on SOCPC recommendations</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>SOCPC reviews comments and develops final recommendations to OMB</td>
<td>Through 2015</td>
</tr>
<tr>
<td>OMB reviews SOCPC recommendations</td>
<td>Late 2015-2016</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Federal Register notice announcing the final 2018 SOC structure, and occupation codes and titles</td>
<td>2016</td>
</tr>
<tr>
<td>SOCPC completes occupational definitions and SOC Manual</td>
<td>2016</td>
</tr>
<tr>
<td>OMB publishes 2018 SOC Manual</td>
<td>2017</td>
</tr>
<tr>
<td>Federal statistical agencies implement 2018 SOC</td>
<td>Beginning 2018</td>
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</tbody>
</table>
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
Contact Information

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