THE CURRENT STATE OF CHANGE

HEALTH PROFESSIONS NETWORK

2017 ASSOCIATION SUMMIT
State of the Industry

REPORT

The Health Professions Network's 2017 Chicago Association Summit convened executives and representatives from professional organizations of non-physician health professions to discuss the **challenges facing associations** and the health care industry.

Via teleconference, Greg Morrison of the American Society of Radiologic Technologists led the group in a fascinating look at the grand scale of what change in both the association and the health care industry may bring to its organizations and professionals.

The group continued the discussion by sharing outlooks—the trends groups are monitoring and the challenges they are facing, as well as outlining potential collaborative solutions to these shared challenges.

Common themes, topics and solutions shaped this ***state of the industry report.***

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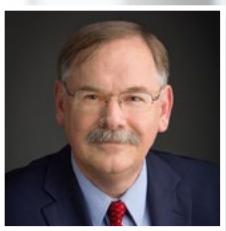

The State of Change

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Executive Director - ASRT Museum & Archives

One of the easiest ways to think about change and what is happening in the industry is to put it in four buckets ***[FIGURE 1]***.

SOCIAL VARIABLES

• **Demographics**—Demographically, we have or have the potential to have **five generations in the workplace.** In addition, the U.S. is becoming far more **culturally diverse**. We also need to think about **family dynamics** in the broader picture of demographics.

• **Lifestyle**—When we talk about lifestyle we talk about **work-life balance** and how important that is to Millennials. The focus people have on their own health and **staying fit** is another lifestyle change. We might also think about **education** and the role it plays in peoples' lifestyles. We also have to talk about **relationships**—what types people have and how they are formed.

• **Values**—Value systems are changing and society has different attitudes towards equality, individualism, mobility, or a commitment to volunteerism.

TECHNOLOGICAL VARIABLES

• **Development**—The vast majority of us have lived through what has been a technological boom. Your cell phone has way more **computing power** than the average computer running a hospital not more than ten to fifteen years ago.

• **Life Cycle**—This is the **speed at which development in IT occurs**. In other words, how much and how quickly things change—for example, in the mobile environment, how many apps are introduced in a month. Life cycle is also about **ease of use**, and what that means for some of our professions. For example, while it has been great not to have to know command language, what has that done to the **perception** of professions if others see equipment that appears to be something anyone can operate just by **pressing a button**?

• **Security**—When it comes to technology, we must be concerned about security of data and information.

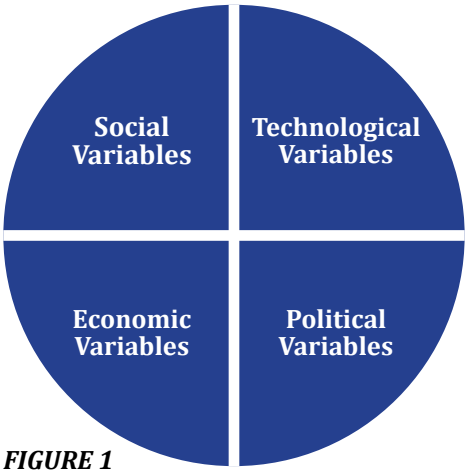


FIGURE 1

POLITICAL VARIABLES

It is obvious that the federal government has been in one of the most unusual periods in recent memory. There seems to be great obstacles in accomplishing work at the federal level, and we see that rippling into the States, a lot of them are picking up that mantra; **budget cuts** and **regulatory reform** that eliminate barriers continue to influence change.

ECONOMIC VARIABLES

Mergers continue to be a major area of change. The **increased competition** from consolidation of the market as the number of locations gets smaller and competition gets more aggressive. There is also a **decreasing support** from the federal government, a push-back from health care reform.

WHO ARE THE STAKEHOLDERS?

• **External**—external stakeholders include: people in the profession who are not members; employers; suppliers/vendors; patients and families; government; media; **unions** have begun to exert more influence; and competitors, which may be for-profits.

• **Internal**—internal stakeholders include: members; **volunteers**—it is important to know *who* chooses to volunteer and *why* they choose to volunteer; governance and leadership; and staff.

THE ASSOCIATION ENVIRONMENT

There are plenty of **internal effects of change**—for example, declining memberships and changes affecting the success of your conferences and events.

• The **sheer volume of information** changes how we work. • **Digital education and webinars** are changing the way you operate as an organization. • **Publications** are changing—you must have multiple forms and multiple pathways to communicate.

• **Sponsorships** and exhibits have seen a lot of change. • **Participation** of volunteers and **apathy** are major areas of change, internally. • We need to think about the **government** and various regulatory bodies—how they affect our work, internally. • How are **component relations** affected by changes in your organization or in their organization?

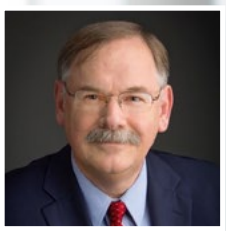
There are also **external effects of change**—for example, the changing health care industry. • Government action at State and Federal levels can have significant effects on health care. • Technology change and the speed at which it occurs is very influential. • The volume of competitive action between providers, etc. is also changing health care.

RESPONDING TO TRENDS

Operating within these categories, we start to see a number of trends to which organizations need to respond. Externally, for example, there are substantial changes in the regulatory State laws.

REGULATORY TRENDS

Under the guise of regulatory reform, budget control and job growth we've seen a trend towards the **elimination of licensing laws**. For example, last year New Hampshire passed a radiology licensure law—this year there was an attempt to repeal it. There is a move to consolidate licensing boards into single groups, eliminating the independent boards that exist.



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In one State, what was an independent advisory board made up of professionals from the profession was moved into another group made up solely of physicians and physicists. The control of the professions' own destiny was removed.

Another bill tried to move 25 different licensing boards underneath the Board of Health. The bill died, but is endemic of what we're seeing in the regulatory environment. This movement is budget-related—an attempt to reduce costs. In other States, licensing boards are being asked to hand over reserves used to operate the boards to make up for budget shortfalls.

There is also legislation around various labor issues. We've seen bills come floating through which look to establish specific definitions of what an employee is and how that employee may work, or what kind of mandatory overtime can be expected.

A very interesting bill in California would have changed the definition under minimum wage acts to require allied health students be paid minimum wage for all of their clinical hours. Doing so would blur the line between employee and student. Program accreditation would be in jeopardy as many accrediting agencies have prohibitions against working or being paid during clinical time.

We do not want to treat students more like an employee than like a student. There is the potential the law would jeopardize a significant number of educational programs due to dropped clinical site affiliations. That bill is still pending, but stagnant, at least this year.

TECHNOLOGICAL TRENDS

Technological trends also affect our organizations, internally and externally:

• **Social media**, for example—do we really understand the demographics of the people using our social media? How do we gather and utilize that information? Are we hitting the right people? Are you still relying on Facebook, or have you incorporated a multitude of different apps into your communications? Do you have specific strategies around how you are going to use social media?

• **Website**—many groups have not made the move into **responsive design**; as a result, one still sees a lot of websites that do not adjust to differing device platforms. Do you have an appropriate **budget** to handle the need for **rapid change**? Are you incorporating **video** into what you do? Many Millennials, Gen Y and Gen Z are heavy into the video environment; it is the way they learn and multi-task, they're more adept at visuals and learn a significant quantity from them.

• Our ability to be the **source of information—**are we continuing to gather information? How are we displaying it, and what are we doing with it? Privacy and security is a huge issue when collecting information. Also, we have to talk about the quality of the information and how we are determining what is the best information. How are we supporting our members in that area?

• **Artificial intelligence**—externally, what does AI mean for our members and your organization?

SOCIAL TRENDS

• Socially, there are **five generations** our organizations need to reach—how do we interact with them? The average age of membership is increasing. If you are not analyzing the demographics of your membership, you should be.

> "There are **five generations** we need to reach—how do we interact with them?... For boomers, they may want a print magazine, but Gen Y might want the information on their cell phone... Are those in the boomer category still stuck on email, while that is not the way the average Millennial wants to see things?... Is your **professional development** compelling across those generations?"

• There is social change in **how organizations are run**—was it built by boomers for boomers, governed by boomers? If that is the case, you have to pay attention to who is going to follow you and how you're going to change as people retire. Along those lines, how is your governance structured—are you helping people be involved in your organization?

• Individuals want **customization of the member experience**—for boomers, they may want a print magazine, but Gen Y might want it on their phones.

• The number of different **pathways to communicate** change how we work—how are you managing that? Are you analyzing your email open rates, comparing those against potential generational differences? Are those in the boomer category still stuck on email while that is not the way the average Millennial wants to see things? How are you using social media to ensure you're crossing all the generations that exist and that you're getting the most bang for your buck?

• Is your **professional development** compelling across those generations? Are all generations willing to pay for these non-dues revenue streams?

• **Work-life balance and apathy**—are

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HEALTH PROFESSIONS NETWORK

Gaps Discussion

> "Can you create a ***must-have membership***? What is your relevancy in what is quickly becoming the new order? Who is competing with you... Have you looked at where that competition comes from?"

you garnering enough volunteers to support your organization? Competition for time, money and attention continues to be a major issue. In many ways, members want to meet the needs of their employer and family before they ever get to the volunteer stage.

ECONOMIC TRENDS

There are also economic trends that affect our organizations, like:

• **Uncertainty**—How have our members recovered from the economic crisis of 2008 and how does that affect our services? How does uncertainty about the economy affect the same?

• **Employers** are influencing the **changing scope of professions**, which can lead to huge change in our organizations.

• **Specialization** is a trend. There is more specialized credentialing—are we prepared to assist our members in support of those types of activities?

• **Continuing education**—economically, there is a swing in terms of who pays for and who provides continuing education. Many members see that as a right of membership, or they believe that their employers should provide it. We need to understand that value chain. Employers are restricting money for continuing education as they deal with budget deficits.

• **Consolidation** is a trend—physicians moving from what used to be independent practices to physicians being employees. That affects what they do & how they do it, and our professions.

• **Competition**, in general, is a trend—we are no longer the only information source. There is a lot of competition from for-profit ventures that exist in areas like continuing education. There is competition for our conferences. Going back to generations, it is about engagement for the Millennials—how are we going to engage with them? What is our competition for Millennials' attention?

• **Networking** is changing—the era of going to a conference to network has changed. Millennials create relationships via social media platforms over their cell phones, and it does not necessarily need to be that face-to-face interaction.

• Loss of **vendor support** for large trade shows is a trend. The community that supports activities is smaller and more confined as mergers and consolidations exist within that industry.

• **Availability of time** to attend meetings might be decreasing. Will your members be able to attend out of their own dime, and how can you make it compelling enough for them to spend that money?

PARTING CHALLENGES

The big questions are this: can you create a **must-have membership?** What is your relevancy in what is quickly becoming the new order? Who is competing with you—do you really know? Have you looked at where that competition comes from? Do you truly know and completely understand your own market and what that brings?

We are going to see change at lightning speed. We all want to make things happen, but we all have to be prepared for nothing to happen. Ultimately, the only thing that is constant is change. Are you ready for it?

July 26, 2017
Chicago Association Summit
Health Professions Network

Following Greg Morrison's presentation, HPN President Lynn Brooks opened discussion among the group for an analysis of what might be missing from the picture, and what particular issues are most important for organization to be monitoring:

IDENTIFYING GAPS

• **Globalization**—health care has spread and the differences are quite large. Professions here aren't even heard of even in Western European societies with which we most associate.

• **Future technology**—what do **robotics** and **artificial intelligence** mean for our professions in five to ten years?

• **Drug & opioid epidemics**—for some employers, 30 percent of applicants failed drug tests. It's a societal issue that is impacting the workforce.

• **Fragmentation**—of the delivery systems we have. There is more specialization, and super specialization. There are different alignments in different orgs.

• **"Uber" -ization**—medical professionals are showing up at patients' doors on-demand.

• **Telemedicine**—many health systems and professions are focused on making inroads on telemedicine.

• **Business models**—telemedicine is changing business models in the industry, some areas have competition between two systems with very different business models.

• **New professions & credentialing**—new professions are popping up all the time and older ones are fading away—the workforce and workplace is so dynamic, credentialing is a factor that is becoming a bigger issue.

• **Micro-credentialing & badges**—we are seeing more credentialing in particular procedures or applications.

HEALTH PROFESSIONS NETWORK

Gaps Discussion

SPECULATION: A core allied health profession?*—It is possible that this could lead to, rather than multiple specialized professions, a core profession with specializations through micro-credentials. Professionals are not going to have one skill they do throughout their whole career, they'll have to change and be flexible throughout their career. Providers will drive what they need, but politics and money drive it differently and those processes may become barriers.*

• **Non-dues revenue—**several organizations noted that a small percent of their revenue came from membership, more revenue came from education and vendor sponsorship of said education.

• **Cost of care**—costs are skyrocketing unsustainably. What happens when the economics of health care break on us? We need to change the way we deliver health care, and if we don't, we lose, the patient loses.

• **Misinformation**—State governments and media, what they know and more accurately what they DON'T know. Legislatures act quickly when there's media outrage, but common sense expansions of scope of practice struggle for years and get nowhere. Media could be way more informed about professions.

• **How competency is measured**—competency includes application of skills and knowledge. In theory, you'd have to do some demonstration of skills—that's gone away in allied health certification processes, but that's changing. How you demonstrate competence is changing, it's more than taking a test and passing.

• **Credentialing transparency**—see the *Credential Engine* project.

• **Degree creep**—while one group indicated they wanted to raise the academic level of their professions' programs to a four-year degree, others suggested that there isn't a statistically significant difference in pass rates for credentialing between Bachelors degree and Associates degree groups, and that a skills validation study would be interesting to see if higher level degrees have an effect on quality patient care.

LICENSING DE-REGULATION

The group expanded on talk of licensing de-regulation by pointing to policy papers and legislation linked here.

• *Occupational Licensing: A Framework for Policymakers*—from the Obama administration. Mobility for former military and their spouses might encourage reductions of licensing barriers to industry in various states.

• *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers*—many States are also producing similar reports.

• *New HOPE Act*—a bill was introduced in both the House and Senate to create funds to eliminate licensures.

The fervor for deregulation may be an opportunity—no group is standing up for the patient, here.

ORGANIZATIONAL OUTLOOKS

It was suggested that a good place to start discussions of potential collaborative opportunities would be each organizations' ideal status—what goals are allied health organizations working towards? The following are goals and ideas, big and small, that could help achieve those goals.

• **Succession planning—**one group was making strides in succession planning & engaging Millennials through national and regional leadership training programs, as well as inclusion of student and first-year professional members on the national board.

Millennials are actually more like boomers than any other generation in terms of wanting management/development opportunities. We need to make that possible and figure out the best way to do it.

• **Creating career ladders—**for one group in a lower-skilled, lower-paid profession, career ladders are of particular interest to support their members... Identifying where bodies of knowledge and competencies aren't so different and supplying the training for career advancement.

• **Credit exchange collaboration**—there's not a lot of acceptance of credits from other programs. It would be helpful for all professions to align their educational curricula so that more credits could be exchanged between programs in different professions.

• **Stackable credentials**—the ability to stack competencies allows all allied health professions to have a broader base; "We need to grow to survive," suggested one group. Another shared that they are working on stackable credentials that lead to an Associates degree, and another suggested that would be ideal for their entry-level profession for whom cross-training is the norm.

• **Attracting new professionals**—one group was interested in lowering barriers to entry, for example, getting returning military personnel with transferable soft skills into the profession by implementing a recruitment plan.

OTHER CONSIDERATIONS: "To what extent can the professions control anything?"*—It was noted that many changes may be out of professions' control, and organizations and professions should be prepared to reinvent themselves. It was also noted that the many changes discussed are in different stages of development across the U.S.*

• **Advocacy collaborations**—it was noted that allied health organizations are stronger together, and focused collaborations could put partners in a position to testify in front of congress to get big ideas in front of decision-makers.

JULY 26, 2017
CHICAGO ASSOCIATION SUMMIT
HEALTH PROFESSIONS NETWORK

Adapting to Change: Discussion

How do we refocus our professional associations to meet the changing needs of the delivery system while continuing to promote the continued or expanding use of our members as well as our competencies and skill sets?

• **Responsibilities are moving down the ladder**—some of the less complex things at the top are being dropped down to a lower level—we're seeing the same things in each professional tier. That's the trend set by the employers.

• **But competencies are a constant**—if we have job titles being cut, pasted and shredded—all of our competencies will continue to be there. How do we market those? How do we attract others to our skill sets and competencies?

• **Shortages are forcing providers' hands**—we have on-the-job training in a lot of places that doesn't quite meet the bar, but they need people in those jobs. This is being driven by the workforce capacity not being there.

• **So, how do we attract more people to our professions?**—Grants are assuming that people will fall out of trees with specific advanced skill sets, but that's not the case. HPN has the perspective to understand and communicate the value of accredited training programs and demonstrated competencies that other stakeholders do not have.

ASSOCIATIONS' ROLE IN EDUCATION

• **Education is necessary**—how do we get policy makers to realize that there needs to be an educational component to any innovation?

> "Associations can get out in front of ***quality*** through education... We are uniquely positioned to provide both entry- level education and continuing education... There are multiple models that could work... ***Patient safety is our raison d'être.***

• **But education will look different**—technology is going to drive a change in what is taught, what is necessary to learn. We have to partner with educators to determine how it is taught, as well—it can't be through the traditional semester system. MOOCs have disrupted that. How and how quickly can it be taught?

• **Associations can get out in front of quality through education**—we're all moving towards asynchronous, digital learning. Associations are uniquely positioned to provide both *entry-level education* and maintenance of credential continuing education.

• **Employers don't have the time; associations can provide necessary skill and knowledge attainment**—there are multiple models that could work, here.

CONVENING & COLLABORATING

• **Where do synergies exist between stakeholders?**—Employers do care about and have pressures on safety and quality. Safety and quality isn't controversial, everybody can get on board.

• **Bringing stakeholders to the table is a challenge**—how do you get people to show up, what do you convene around?

PATIENT SAFETY

• **The patient safety movement is important**—hospital medical errors are the third leading cause of death in the U.S., approximately 700 people per day. This is a cause organizations can rally around. How do associations capitalize on patient safety in terms of continuing competency and education?

• **Patient safety is our raison d'être**—a longitudinal study as to why people join associations suggested one of the top reasons is for the good of the order—making the profession better. That's about improving patient safety, improving quality. We have to tie the emotional outcomes and heartstrings back to what we do for our members and for society.

INCREASING OPPORTUNITY

• **How can we better serve students?**—We have students graduating with biology bachelor degrees but they aren't working in health care because they don't have the right credential or qualification. We aren't serving them well, and we aren't serving ourselves in health

care by allowing that to happen when there are still shortages.

• **Breaking down skills discretely could improve transparency, lateral movement**—when you break down a professions' competencies discretely, you might find overlaps between professions. For someone in health care, they might look at another profession as something they can do. HPN could convene to standardize terminology. Professions would own the whole competency set, but pieces can travel across fields. Professions wouldn't be less protected, they'd be more open—there's more opportunity in the system.

COMMON GROUND

• **Organizations need something to rally around**—to convene groups together and establish valuable relationships. Once the relationships are there, it's easier to tackle the tough areas where there's conflict. But there's commonalities with industry—we're all being worked upon by economic, political and technological forces. That unites us.

• **Patient safety is a *burning platform***—if we don't step up to be a part of the solution, it's going to be someone else doing those things. There are big players making changes without us, and we need to be a part of those discussions.

• **Licensure is an area of conflict, but cost-effectiveness and competence is a common-ground issue**—we want other groups to understand and help co-promote our continuing education we provide for competency. All stakeholders want our professionals to be competent.

July 27, 2017
Chicago Association Summit
Health Professions Network

Next Steps: Alexandria

Join the Health Professions Network for its Fall Meeting September 6-8 in beautiful Alexandria, Virginia—just across the Potomac River from our nation's capitol and an 8 minute drive from Reagan National Airport.

On Thursday, September 7, we'll have time for business meetings where we will be ***continuing the discussions started at our Chicago Summit (and summarized in this report),*** with a focus on the next steps for the association community.

Our educational sessions on Friday, September 8 will focus on the topic of **customer service**—how your association, or health care, can harness the power of strong customer service to retain members, or improve patient satisfaction.

Health Professions Network meetings regularly convene regional experts and industry leaders to present quality educational sessions on topics at the forefront of the rapid change in health care. Our speaker agenda will soon be confirmed.

Register to attend, today*—the first 40 registrants are entitled to complimentary hotel accommodation in Alexandria with our host partners:*

https://hpnonline.org/events/hpn-fall-2017/

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