Preparing the healthcare workforce for a skill economy

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Abstract

Healthcare has moved to a Skill Economy; a system built on the individual skills we possess, work and life experiences, accomplishments, and personal networking. Healthcare professionals of the future need to better understand interprofessional care delivery models emphasizing communication, new technologies, business acumen, strategic planning, leadership, and evidence-based decision making. This model emphasizes competency-based education, experiential learning, interprofessional training, and data-driven curricula.

Healthcare has moved to a Skill Economy; a system built on the individual skills we possess, work and life experiences, accomplishments, and personal networking. Technology, changing regulatory and legislative policies, global and population health, value-based health outcomes, personalized medicine, virtual care, and patient-centric care models dependent on interprofessional teams have changed the skill set necessary to practice medicine. Role requirements, competencies, and skill profiles are being redefined. Studies suggest that academic training in the areas of leadership, professional employability skills (e.g., teamwork), and business acumen (e.g., Lean Six Sigma) are not sufficient to meet the practical skills the healthcare industry demands. This calls for a new business model emphasizing evidence-based precision skills strengthening and research, aligning individual talents to organizational vision, mission, and goals.

We suggest adoption of a “Career Pathway Skills Model”, a model emphasizing precision skills strengthening, competency-based assessment, experiential learning, life-long learning, and career progression based on continuous evaluation. There are four interdependent facets of the Career Pathway Skills Model: Workforce Strengthening; Employability Literacy; Person-Centric Skills Strengthening; and Evidence-Based Research (see Image 1).
Image 1: Career Pathway Skills Model

Workforce Strengthening underscores the importance of cultural stability and mapping personal career pathways in contrast to job-centric career pathways. A recent article notes 67% of hospitals report increasing turnover rates, and 20.4% of employees quit their jobs annually.\textsuperscript{4} Given the high turnover rates in the first 18 months of employment,\textsuperscript{5} there is a need to implement a comprehensive retention strategy. The Skill Economy recognizes the gap between professional competency and credential; in addition to skill insecurity effecting employee performance (e.g., patient outcomes, employee satisfaction). Personal skills pathway mapping allows employees to better understand and knowledgeably participate in career progression (latticed and upward).

Employability Literacy is determined by an individual’s ability to self-identify skill insecurities and training needs. It is important to understand employee learning style, coping capacity (e.g., time management, dealing with stressful situations, self-efficacy and resilience), how the employee interacts within the workplace (e.g., co-workers, physical environment, rules and regulations), and how well the individual applies knowledge and skills. This should be systematically measured, visible, and actionable.

Person-Centric Model moves away from traditional job-centric mindsets (e.g., education and degree) allowing healthcare systems to be more nimble when addressing market changes. Person-centric models focus on data in development of “precision skills strengthening” training. This allows employees to create personal training plans in mapping their respective career pathways.
Evidence-based Research in Workforce Strengthening is the foundation for this model. To meet the needs of the healthcare organization, it is important to listen to industry. Evidence-based research provides data for gap analyses of competencies and skills needed to perform work, development precision skills training, and validation of the efficacy of this training. One valuable resource is the O*NET dataset. O*NET data are collected from a random sample of practicing healthcare professionals, are continuously updated, and focus on attributes that influence job performance (Abilities), capacities that facilitate learning (Skills), and academic areas (Knowledge).

For discussion purposes, we focus on Internists, General (O*NET code 29-1063.00, updated 2016). This O*NET code includes General Internist, Clinic MD Associate, Gastroenterologist, Internal Medicine Doctor, Internal Medicine Physician, Internist, MD, and Physician. O*NET data includes 52 Abilities, 35 Skills, and 33 Knowledge clusters identified for the General Internist to perform work duties. As a cutoff point for our analysis, each measure had a mean value of 4+ on a 5-point Likert scale.

The most important Abilities include: Inductive reasoning; Problem sensitivity; Oral expression; Oral and Written comprehension; and Deductive reasoning. The most important Skills include: Use of scientific rules and methods to solve problems; Complex problem solving; Critical thinking; Judgement and decision making; Speaking; Active listening; Reading comprehension; and Writing. The most important Knowledge clusters include: Medicine; English language; Customer and personal service; Therapy and counseling; Psychology; and Administration and management. Abilities, Skills, and Knowledge can be grouped into four primary domains: Communication (oral expression and comprehension, written and reading comprehension, speaking, and active listening), Evidence-based Analytical Thinking (scientific method, complex problem solving, problem sensitivity), Critical Thinking (judgement and decision making, inductive and deductive reasoning), and Business Acumen (administration and management, customer and personal service).

Using O*NET data, a series of evidence-based stackable, precision skills training modules within these domains could be developed. These allow an individual to create a personalized training sequence. Training could be online or a hybrid model that would include experiential learning and/or face-to-face courses. Portable, industry-approved certificates that demonstrate competency and skill mastery would be included. This allows the healthcare professional to update abilities and address areas for skills strengthening throughout their career rather than episodic education specific to an occupational role.

For example, as healthcare systems move to a value-based care model, Business Acumen becomes increasingly important. Within this domain, there are three areas requiring precision skills training related to value-based care: financial modeling, prevention/treatment, and customer satisfaction. A foundational module could include “Value-based Care 101”: the shift from volume-based reimbursement to patient satisfaction and quality of outcomes. Targeted modules might include revenue cycle, billing and bundling, and human resource modeling. A second foundational module could focus on the shift from a treatment to preventative-care model. Targeted modules might include using evidence-based research to understand population health. A third foundational module could focus on customer service and engagement. Targeted
modules might include meeting quality standards for service, evaluation of customer satisfaction, and customer needs assessment.

Healthcare professionals of the future need to better understand interprofessional care delivery models emphasizing communication, new technologies, business acumen, strategic planning, leadership, and evidence-based decision making. The proposed model suggests:

- Development of competency-based education must include skills demonstration as a gating mechanism,
- Experiential learning (e.g., practicums, clerkships) should be included in medical training as a prerequisite for residency,
- Interprofessional training is foundational in development of necessary employability skills (i.e., interprofessional competencies), and
- Curricula must be data-driven and reflect workforce needs, such as quality improvement and public policy.

References