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FOR
SENATE FINANCE COMMITTEE HEARING
WORKFORCE ISSUES IN HEALTH CARE REFORM:
ASSESSING THE PRESENT AND PREPARING FOR THE FUTURE
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Thank you for the opportunity to speak with you this morning. I am Steven A. Wartman, President and CEO of the Association of Academic Health Centers (AAHC). I am pleased to join you today to discuss the findings, conclusions, and recommendations of the AAHC's report, *Out of Order, Out of Time: The State of the Nation's Health Workforce* and their relevance to the Committee's consideration of workforce issues in health care reform.

ASSOCIATION OF ACADEMIC HEALTH CENTERS

The AAHC, representing more than 100 academic health centers¹ nationwide, is dedicated to improving the nation's health care system by mobilizing and enhancing the strengths and resources of the academic health center enterprise in health professions education, patient care, and research. We have called for innovative thinking in the nation's approach to health workforce policy and its contribution to health security, economic development, and job creation. The AAHC is committed to leading by example and working with you and other stakeholders to develop a comprehensive, integrated national health workforce policy agenda and effective planning process as a critically important component of health reform.

SUMMARY OF MY MESSAGE TO THE COMMITTEE

The message I want to convey to the Committee this morning is that ***health system reform cannot be successful without simultaneously reforming how we make and implement health workforce policy.***

It is critical that a reformed health system has sufficient health professionals of the kinds that would most benefit the health of patients and the public. The AAHC report, *Out of Order, Out of Time: The State of the Nation's Health Workforce*, discusses in detail many aspects of current health workforce policy that are "out of order" – including inadequate access to primary care and shortages in many health professions – and why we are running "out of time" to change. The AAHC report concluded there is a systemic flaw in our century-old approach to health workforce policymaking and planning because responsibility for planning and managing the nation's health workforce is fragmented among literally

¹ The AAHC defines an academic health center as a degree-granting institution of higher education that consists of:

- a medical school (allopathic or osteopathic);
- one or more other health professions schools or programs (e.g., allied health, dentistry, graduate studies, nursing, pharmacy, psychology, public health, veterinary medicine); and
- an owned or affiliated relationship with a teaching hospital, health system, or other organized healthcare provider.

hundreds of federal, state, and private stakeholders that rarely coordinate their policies or activities.

Therefore, I would like to offer this central point: ***if we don't change how we make and implement health workforce policy at the same time we reform the health care system, the promise of health reform will be seriously undermined.***

OUT OF ORDER, OUT OF TIME

AAHC's report, *Out of Order, Out of Time: The State of the Nation's Health Workforce*, focuses attention on the critical need for a new, collaborative, coordinated, national health workforce planning initiative. The AAHC report is based on the following premises:

- The dysfunction in public and private health workforce policy and infrastructure is an outgrowth of decentralized decision-making in health workforce education, planning, development, and policymaking;
- The costs and consequences of our collective failure to act effectively are accelerating due to looming social and economic forces that leave no time for further delay;
- Cross-cutting challenges that transcend geographical and professional boundaries require an integrated and comprehensive national policy to implement effective solutions;
- The issues and problems outlined in the report have not been effectively addressed to date because of the inability of policymakers at all levels to break free from historic incremental, piecemeal approaches; and
- Despite many challenges, the prospects for positive change are high.

The AAHC report presents findings, conclusions, and recommendations. The detailed findings include:

- The historic evolution of health workforce policy and how the decentralization of the nation's health workforce policymaking among numerous public and private entities limits their collective ability to address national needs in an integrated, comprehensive, and effective manner.
- The specific problems arising from the lack of an integrative role in current public policymaking and infrastructure, including poor harmonization of policy within and across jurisdictions, the barriers to other stakeholders' ability to bridge those divides, and the consequences of the failure to create shared taxonomies and coordinated research capabilities.
- Specific policy areas where lack of harmonization of various public and private standards and requirements is problematic, including scope of practice laws, licensure, and accreditation.
- How health labor markets are adversely affected by dissatisfaction with jobs and work environment, the limited success of recruitment and retention strategies, and how

market incentives, increased debt, and other financial concerns contribute to suboptimal supply and distribution of the health labor force.

- The challenges facing institutions responsible for health workforce education and training, including constrained resources, adverse impact of elevation of minimum credentials, persistent faculty shortages, the consequences of increased entrepreneurialism and privatization in health workforce education, and the unrealized promise of mainstreamed inter-professional education and practice.
- Increasing reliance on a mobile international health workforce, the economic and individual choices at issue, and the need to evaluate and plan from a national perspective.
- The social and economic trends accelerating health workforce challenges, such as increased demand attributable to aging baby boomers and decreased supply attributable to the looming retirements of baby boom generation practitioners, as well as the changing values and perceptions that accompany changing demographics of the health workforce, and the health professions' ongoing struggle to respond to demographic diversity.

The AAHC report draws several broad conclusions from the detailed findings:

- A broader, more integrated national strategic vision than that which has characterized our historic approach to health workforce policymaking and planning is needed if complex and urgent health workforce issues are to be addressed effectively.
- A mechanism is needed to serve the currently unfilled integrative role that existing health workforce policymaking and planning processes are not designed, and are ill-equipped, to serve.
- National health workforce policy priorities include:
 - Assessing and harmonizing health workforce laws, standards, and requirements to improve their effectiveness and to remove the arbitrary barriers and burdens that the lack of consistency and compatibility creates;
 - Developing innovative policies and strategies that counteract the economic and environmental factors discouraging pursuit of health professions careers at a time when the nation is already facing current and projected shortages in many health professions;
 - Developing innovative policies and strategies that address the economic and environmental factors obstructing access to health professions education, burdening educational institutions, and distorting health workforce objectives; and
 - Developing a national approach to global health workforce issues.
- It is critically important to act immediately to develop and implement an integrated, comprehensive national health workforce policy before intensifying health workforce needs outpace available resources, putting the U.S. at risk of losing its status as the global health care leader.

The AAHC report's findings and conclusions offer compelling arguments that the nation is out of time to address what is out of order in our health workforce. Therefore, the AAHC report recommends that all public and private stakeholders work together to:

- Make the U.S. health workforce a priority domestic policy issue;
- Begin addressing national health workforce issues immediately to avert crises in national workforce capacity and infrastructure;
- Develop an integrated, comprehensive national health workforce policy that recognizes and compensates for the inherent weaknesses and vulnerabilities of current decentralized multi-stakeholder decision-making; and
- Create a national health workforce planning body that engages diverse federal, state, public, and private stakeholders with a mission to:
 - Articulate a national workforce agenda;
 - Promote harmonization in public and private standards, requirements, and prevailing practices across jurisdictions;
 - Address access to the health professions and the ability of educational institutions to respond to economic, social, and environmental factors that impact the workforce; and
 - Identify and address unintended adverse interactions among public and private policies, standards, and requirements.

The AAHC report includes additional recommendations for fulfilling each of these missions.

RELEVANCE OF *OUT OF ORDER, OUT OF TIME* TO HEALTH SYSTEM REFORM

Out of Order, Out of Time is not limited in scope to health workforce issues raised specifically by health system reform, but its findings, conclusions and recommendations are directly relevant to achieving successful health system reform.

First, even without health system reform, the health workforce is already under tremendous stress from powerful social and economic forces, including the aging of the population and the markedly increased need for chronic and long-term care.

Second, there are serious concerns involving the selection of careers in the health professions, including: admission practices, education debt, workplace conditions, reliance on international health care workers, and current payment policies that steer health professionals away from choosing the kind of careers and communities where they are most needed.

Third, our current health workforce policymaking and planning infrastructure is inadequate to meet these challenges because it is hopelessly fragmented among a wide variety of stakeholders that respond to immediate needs largely in isolation and with little coordination.

Fourth, health system reforms under consideration by the Committee add further stress to already daunting health workforce challenges because, for example:

- Expanding coverage to previously marginalized individuals and families, which will increase expectations and demand for services from health professionals already in short supply in many communities; and
- Implementing health information technology and comparative effectiveness research, which will require large scale training of health professionals to adopt them rapidly if they are to achieve their full potential to improve safety, quality and cost-effectiveness.

Fifth, as pointed out in AAHC's report, we are already behind the curve and need to act now.

RECOMMENDATION

All this leads me to conclude that comprehensive health **workforce** reform is an essential element of effective health **system** reform, and that we need to make **workforce** reform a national priority in conjunction with **system** reform. I recommend:

- Immediate appointment of a national health workforce coordinator to begin mobilizing current resources more effectively as an interim step; followed by
- Creation of a permanent, multi-professional, multi-disciplinary national health workforce planning body to bring together all stakeholders to address the challenges we face in a comprehensive, coordinated, and strategic manner.

IN CONCLUSION

A permanent national health workforce planning body allows us to assemble all the pieces of the workforce puzzle so we can see the whole picture. It is where we can:

- harmonize public and private standards, requirements, and prevailing practices across jurisdictions;
- address access to health professions education and the ability of educational institutions to respond to economic, social, and environmental factors that impact the workforce; and
- identify unintended adverse interactions among public and private policies, standards, and requirements.

My greatest concern is that we will press forward with health reform without full consideration for the health professional workforce that will be needed to make these reforms successful. I urge you to incorporate a new integrated and coordinated approach to national health workforce policy as health system reform is considered. On behalf of the nation's academic health centers, I look forward to working with you toward that goal.