OUT OF ORDER, OUT OF TIME: THE STATE OF THE NATION'S HEALTH WORKFORCE

The report presents findings, conclusions and recommendations. The detailed findings are discussed in seven chapters:

- Chapter One reviews the historic evolution of health workforce policy and considers how the decentralization of health workforce
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policymaking among numerous public and private entities limits their collective ability to address national needs in an integrated, comprehensive, and effective manner.

- **Chapter Two** considers some of 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.

- **Chapter Three** examines 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.

- **Chapter Four** investigates how health labor markets are adversely affected by dissatisfaction with jobs and work environment as well as the limited success of recruitment and retention strategies. It also discusses how market incentives, increased debt, and other financial concerns contribute to suboptimal supply and distribution of the health labor force.

- **Chapter Five** scrutinizes 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 interprofessional education and practice.

- **Chapter Six** explores 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.

- **Chapter Seven** delves into the socioeconomic 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.
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The 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 report’s findings and conclusions offer compelling arguments that we are out of time to address what is out of order in our health workforce. Therefore, the 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;
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- 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 report includes additional recommendations for fulfilling each of these missions.

The Association of Academic Health Centers is a non-profit organization based in Washington, DC that represents the nation’s academic health centers’ and seeks to advance the nation’s health and well-being through leadership in health professions education, patient care, and research. Out of Order, Out of Time: The State of the Nation’s Health Workforce is a product of the AAHC’s recent initiative to analyze health workforce shortage issues from a broad multi-professional perspective and was supported in part by a grant from the Josiah Macy, Jr., Foundation. The report is based on a review of health workforce literature, as well as information gathered during a series of forums and workshops with health workforce experts, analysts, and representatives of major educational and healthcare organizations, and from AAHC staff interviews with select academic health center CEOs.

*An academic health center is 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.
Out of Order, Out of Time: The State of the Nation’s Health Workforce presents compelling reasons for making the health workforce a priority domestic policy issue that receives immediate attention to avert a smoldering crisis in national workforce capacity and infrastructure.

This report calls for a new, collaborative, coordinated, national health workforce planning initiative.

The Association of Academic Health Centers, a national non-profit association, represents the nation’s academic health centers and is dedicated to advancing health and well-being through leadership in health professions education, patient care, and research.

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