

## EXECUTIVE SUMMARY

The University of Illinois at Chicago (UIC) is a state, regional and national leader in the training of health care professionals. Over eighty degree and certificate programs across seven health science colleges provide undergraduate, graduate and professional training for the health care workforce (Table A10, appendix). The UIC Health Care Workforce Development Task Force (referred to as “task force”; see page 1 of appendix for membership) was charged to study emerging workforce needs and propose recommendations to inform decisions about the numbers and kinds of health care professionals UIC trains in the decade ahead as demographic factors and changes in health care delivery systems influence both demand for and supply of health care. This project follows from UIC’s mission “to train professionals in a wide range of public service disciplines, serving Illinois as the principal educator of health science professionals and as a major health care provider to underserved communities.”

Workforce planning begins with an acknowledgement of both the idiosyncrasies and uncertainties related to the financing and organization of health care and to anticipated demographic shifts. First, oversupply of and unmet demand for services often coexist. There may be high unmet demand for specific services in a community because those services are poorly reimbursed or large numbers of individuals are uninsured. For instance, there are underserved communities with a great need for basic dental care, but few professionals to meet those needs because of a lack of reimbursement. Training more dentists will not resolve the disparity. Second, a changing regulatory environment can affect demand when different job titles share overlapping skills. Demand for primary care physicians, for instance, diminishes when less costly nurse practitioners are authorized to provide primary care and bill for their services independently, based on state regulations regarding scope of practice and level of supervision, and the policies of individual health plans regarding credentialing and reimbursement for their services. Third, shifting models of health care delivery in which integrated health systems assume all financial risk while maintaining or improving quality increases demand for individuals who facilitate care coordination

and outreach. Such systems should have strong incentives to keep their patients healthy and out of the hospital. Achieving these goals may call for new types of service providers such as community health workers as well as a more collaborative team based approach to care delivery. Finally, there are demographic and epidemiologic shifts, such as growth in the elderly population and in numbers of people with complex chronic disease, which, while more predictable at a national level, exhibit a great deal of local variation.

In addition to acknowledging the vagaries of the health care marketplace, workforce planning must also acknowledge the competing priorities and constraints for academic programs seeking to respond to workforce demand. In deciding which programs to expand, contract, revise, eliminate, replace, and link to other programs, colleges must consider whether they can recruit good students at a tuition rate that covers costs, as well as competition (are other programs emerging in the region?), resources (do we have clinical training sites, faculty, lab space?), and new opportunities (federal or state grants, international interests, etc.). Some of these variables are proxies for market demand while others, such as resources, are not.

With these caveats noted, workforce development based on the best available evidence remains a valuable and essential part of planning, and is surely a responsibility for a campus that trains such a diverse and significant number of health care professionals. To that end, the task force reviewed a wide range of policy reports, commissioned its own study of job and wage growth for health care occupations, compiled college and campus level data (including survey data), and identified both state and federal funding opportunities for workforce development. Although the principal focus of the task force was on addressing emerging workforce needs in terms of the numbers and kinds of degree and certificate programs, it also became evident that the changing health care environment will require an evolving set of competencies across all disciplines and that this should be a part of the task force report as well.





## RECOMMENDATIONS

### • *Incorporate emerging workforce needs into strategic planning at the college level*

Each college should identify and set targets for existing and new programs, informed by market trends and anticipated demands. These targets should be revisited annually with updates to the provost and VCHA. Colleges are encouraged, in particular, to use data and analysis provided in [Tables 4-7](#) of this report, which should also be updated annually as a planning resource. Colleges should also be current about other health professions programs in the region. Data resources, such as the HRSA National Center for Health Workforce Analysis, and the Degree Program Inventory of the Illinois Board of Higher Education (IBHE) are listed with URLs in [Section A16](#) of the appendix.

### • *Pursue funds allocated for health care workforce development*

Explore and where feasible pursue state, federal funds and foundation funds, including those available through the Affordable Care Act and the proposed Medicaid 1115 Waiver. In particular, the Colleges of Nursing, Dentistry, and Medicine, the School of Public Health, and the University of Illinois Hospital and Health Sciences System (UI Health) should develop a plan for pursuing these initiatives. The Office of the Vice President/Vice Chancellor for Health Affairs (OVPHA/OVCHA) could play a coordinating and tracking role to assure that campus units are aware of and informed about how to capitalize on funding opportunities.

### • *Develop a cross-college interprofessional curriculum addressing essential core competencies*

Further development of a collaborative curriculum, which would draw on strengths from each college, could become a signature program across the UIC health science colleges. The curriculum would build knowledge and skills through didactic and experiential learning activities that focus on patient centered care, quality, safety and efficacy in health systems delivery, collaborative care, and health equity. The curriculum would also include interprofessional training opportunities at community based clinical sites. This program could be developed through an

Interprofessional Council that works with each health science college and that is supported through an administrative partnership between the OVPHA/OVCHA and Office of the Provost.

### • *Build a pipeline*

Coordinate and track campus-wide programs that support underrepresented minorities at the secondary and post-secondary levels through STEM education into the health professions and beyond, documenting the impact of investment in disadvantaged students on developing a diverse workforce. Additionally, identify and pursue partnerships with two-year colleges and other community education programs to achieve the following:

- Advance the pipeline in health professions education, particularly for underrepresented groups.
- Develop curriculum for emerging mid-level occupations such as health care navigators, care coordinators and community health workers.
- Develop joint programs that require both associate level and baccalaureate or master's level training (e.g., physician assistants).

### • *Develop programs around non-clinical emerging workforce needs*

Include colleges from throughout the campus, particularly the College of Education, the School of Continuing Education, and the School of Public Health (Division of Health Policy and Administration), and the College of Business Administration in the development of online and blended professional degree and certificate programs to train health care managers, actuaries, and health systems and safety analysts.

### • *Prioritize placement in medically underserved areas and underrepresented disciplines*

Set targets in each health science college for placing graduates in medically underserved areas and in primary care or subspecialty fields that are underrepresented (for instance, pediatrics) and identify state and federal funds for scholarships and other incentives to meet those targets. Develop tracking systems to monitor performance.