

# New Roles for a Redesigned Healthcare system:

## Challenges and Opportunities



**W**hile most of healthcare is still in a hybrid world between fee-for-service and value-based reimbursement, hospitals are looking to the future and building workforces for a transformed health care system. They're putting greater emphasis on community outreach, prevention and identifying patients at high risk for hospital admission or re-admission. They're also paying closer attention to hand-off processes between providers and care settings and developing more programs for coordinating care and options for post-acute care. Technology—including electronic health records, mHealth applications, and tools for data analysis—plays an increasing role in improving the quality and continuity of care and the allocation of resources.

These developments are leading to the creation of new roles and job descriptions that reflect the new and expanded mission of caring for the sick and promoting the community's overall health. New positions are popping up at all levels of health care organizations, from Community Health Workers with little or no prior health care experience to C-suite positions such as Chief Experience Officer, and are accounting for much of the job growth seen at hospitals and health care organizations across the country.

### Population Health

"To address the issue of population health, we're seeing a lot of care coordination roles, health coaches, health educators, and a lot of focus on the care transition area overall," according to Amy Goble, vice president of HealthCareerCenter.com, an online job board for health care. "[But] there are many different titles that organizations are using for those roles and not a lot of standard practice yet."

"Not everyone is using the same job descriptions for the same titles," she explained. For example, some care manager positions call for a nursing degree, while others are designed for people from a social work background.

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“Organizations are being creative about resources and how to deliver what their patient populations and communities need,” Goble added. Examples include a Memphis hospital system that is working with local churches to recruit volunteers to help patients get to doctors’ appointments and rural communities in which paramedics conduct follow-up home visits to patients.

### Post-Acute Care/Health and Wellness

While in-patient care is still a critical function for hospitals, there’s a growing emphasis on what goes on outside of the hospital and how that affects the health of the community. “We are moving out of the brick-and-mortar with population health and health and wellness,” Renee Thigpen, Chief of Human Resources for NCH Downtown Naples Hospital. Indeed, several HR representatives talked about how their hospitals were experiencing huge growth in post-acute care, and the range of community- and home-based services that help patients recover smoothly after hospitalization and avoid unnecessary readmissions.

We’re moving to a structure in which patients will enter the system at multiple points—not only in the doctor’s office or hospital, but also in the community through health and wellness programs. As Korinne Carpino, Director of Talent Acquisition at Adventist Health System in Orlando, noted, “We won’t be discharging the patient [in the same way]. The patient will still be with us, we’ll just change the level of care” to skilled nursing care, home health, or population health.

These different settings will call for different types of roles and positions, such as community health workers, community paramedics, and care coordinators, who meet patients and community members where they are and get them the services they need.

### Health IT

This expanding web of services and settings offered by hospitals requires increased communication among members of the health care team—including patients. As the patient moves through different settings—the hospital, the emergency room, physicians’ offices, home care—their information must move with them and all people on the care team need access to ensure consistency and efficiency of care. This is the promise and challenge of health IT. “All the technology is there,” said Pete Pavel, Information Technology Recruiter for Lee Memorial in Fort Myers, FL, “we just haven’t made the leap.” One of the obstacles, Pavel says, is workforce acceptance.

The clinical application of technology takes a different kind of IT department. While the IT department was once quite separate from clinical functions, now they’re intertwined, creating great demand for people who can bridge those two worlds. This has led to the creation of new positions, such as clinical informatics specialist, informatics pharmacist, and chief nursing informatics officers. There’s also increased demand for medical scribes, who enter visit notes into the EHR in real time while clinicians examine patients, and implementation specialists who help ensure smooth transitions to new systems.

Technology is making it easier to collect mounds of data about patient care, outcomes, and hospital operations. But those raw numbers need require analysis and context to become truly useful. This has led to the demand for data analytics and business intelligence positions across all departments in hospitals and health systems—from population health to clinical care to human resources itself. As Tracy Braman, Executive Director of HR for Lakeland Healthcare, told the group, “We can’t transform without knowing what we actually need to transform.”

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