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Workforce Planning & Development in Times of Delivery System Transformation: The Stories of Kaiser Permanente and Montefiore Health System

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BACKGROUND

As the implementation of the Affordable Care Act (ACA) advances, many health systems are taking bold measures to reorganize how they deliver care. In order to do so, they are realizing they must make major changes in how their healthcare workforces are organized. The authors focused on two very different health systems, Kaiser Permanente and Montefiore Health System, to better understand how they are adapting to and planning for workforce changes in the post-ACA environment. The study asked not only how changes in healthcare delivery are altering the national demand for health workers, but also how individual organizations are making choices about ways to reconfigure their workforce in ways that advance both workers' wellbeing and the value of their services.

METHODS

The authors conducted site visits to Montefiore and Kaiser Permanente where they interviewed 8-10 people in each systems, including executives, human resource managers and directors of innovation and care coordination programs, as well as union and labor management representatives. They also conducted follow up phone calls and reviewed current organizational documents, including training plans, reports and collective bargaining agreements, as well as prior studies on each system.

KEY FINDINGS

1. The new approach to workforce planning and development is aligned with strategic growth plans, and is integrated with labor, employment relations, innovations teams, and local change initiatives.

2. Seven major principals emerged from the case studies as keys to the development of adaptive workforce strategy in healthcare.

FINDINGS

Though Kaiser Permanente and Montefiore are very different systems, each mounting specific growth strategies in the context of ACA reforms, they share a common understanding of the centrality of the workforce in innovating healthcare. By investing in new adaptive capacity to manage the complex dynamics of change, these two, large and loosely coupled systems (LCS) elucidate features of the new, adaptive model of workforce planning and development.

In both cases, workforce planning and development (WFPD) is no longer a centralized function. Strategies to integrate various stakeholders and units across a broad continuum of WFDP activities and programs replaced control mechanisms. The new approach to WFPD is aligned with strategic growth plans, and is integrated with labor, employment relations, innovations teams, and local change initiatives.

Authors identified a series of change principles underlying their approach that are consistent with theories of LCS and aligned with the adaptive WFPD models. Both organizations have a WFPD approach that: 1) is situated in a set of core values that have emerged from specific historic and cultural contexts at the institutions; 2) is transparent and builds in opportunities for early dialogue; 3) emanates from innovations to workflow, as opposed to existing jobs and organizational structure; 4) adopts new organizational patterns that includes both tightening and loosening of the alignment of component parts; 5) uses intermediaries who devote a great amount of "facetime and linguistic work" to help people make sense of the ambiguity 6) makes decisions through a process of consensus building that includes workers and is accommodating of the needs, interests and preferences of the participating groups; and 7) is continuous and iterative.

CONCLUSION

Findings suggests that the old way of doing workforce planning by estimating shortages within the confines of an institutional setting are no longer very useful. The new approaches to workforce development and planning, as illustrated by the Kaiser and Montefiore case studies, are aligned with strategic growth plans, and are integrated with labor, employment relations, innovations teams, and local change initiatives.

POLICY IMPLICATIONS

The implication of these conclusions for broader state and federal workforce policies are not dissimilar to the implications for health care organizations. The standard projections used in WFPD at the state and federal levels are insufficient during periods of large-scale system transformation. Government planners must go beyond data analysis and engage in a process of spanning traditional boundaries. They must listen to diverse interests from both labor, management, healthcare providers and other stakeholders. Indeed, the development of a new "intermediary" function, such as those created in KP and Montefiore, may be needed at the state and national levels as well. Such a mechanism would engage the affected health workforce in a continuous process of 'making sense' of the innovations underway from a workforce perspective, and would work to build consensus about how the change process should be managed. It would also engage educational institutions in a dialogue about the challenges and opportunities of preparing the health workforce for the evolving needs of health systems.

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