

Using a New Evidence-Based Health Workforce Innovation Research Framework to Compare Innovations in Community Health Center and Other Ambulatory Care Settings

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BACKGROUND

In the United States, changing demographics, rising costs, and the impact of new regulations and payment models arising from the Affordable Care Act have placed unprecedented pressures on healthcare providers to increase access to care, improve quality and to control costs. To meet these challenges, some providers are forming accountable care organizations (ACOs) while others are pursuing medical homes or other novel payment and care delivery models. This study developed a new evidence-based health workforce innovation research framework and applied the model to compare health workforce innovations at community health centers and other ambulatory care settings.

METHODS

The authors conducted a literature search to aid in developing a typology describing the range of innovations in workforce or staffing arrangements that could be implemented in a healthcare organization. They drew on the work of Sibbald, et al. (2004) and Dubois & Singh (2009) to develop a typology of mechanisms of innovation at the center of the framework, drawn from their concepts of “skill mix” or “staff mix” change. They organized the mechanisms into three broad categories of who does certain activities in a healthcare organization, how health workers work together, and where health workers work.

FINDINGS

The health workforce innovation research framework describes key drivers of innovation, mechanisms of change, and outcome measures used to document the impact of innovations in their organizational and external contexts. The majority of health workforce innovations in CHCs were designed to increase access to care, while innovations in non-CHC ambulatory care settings included a balance of innovations designed to improve access and quality of care. Quality-driven workforce innovations generally had more robust outcome measures (as assessed by AHRQ) relative to those focused on access to care.

KEY FINDINGS

1. Key drivers of health workforce innovation include: access to care, quality of care, patient health issues, and costs/efficiency.
2. The health workforce innovation framework can be useful for comparing the drivers and mechanisms of health workforce innovations across settings, as well as assessing the effectiveness of different types of innovations.
3. Preliminary comparisons between health workforce innovations in CHCs and non-CHC ambulatory care facilities suggest several ways that the two groups can learn from each other.

The final framework included four domains of key drivers or motivators of health workforce innovations: access to care, quality of care, patient health issues, and costs/efficiency. The typology of workforce innovation mechanisms included the following categories: who does certain activities, how health workers work together, and where health workers work. The final framework also included four levels of outcome measures that healthcare organizations could use to gauge the impact of workforce innovations: employee-level, organization-level, patient-level, and system-level.

CONCLUSION

This study uses a comprehensive, evidence-based framework for describing and studying health workforce innovations to make a preliminary, qualitative comparison of health workforce innovations in CHCs and other primary care or ambulatory care settings. The findings show a diversity of health workforce innovation efforts in both settings, mostly designed to increase access and quality of care. They also demonstrate a need for additional studies—both systematic and qualitative—to understand the effects of workforce innovations in different organizational and external contexts. The health workforce innovation research framework can be useful in guiding future efforts to develop research questions and build the evidence around health workforce innovations in all types of healthcare organizations.

POLICY IMPLICATIONS

This health workforce innovation research framework can help policymakers understand the implications of health workforce changes for planning, education, and labor market projections. Preliminary comparisons between health workforce innovations in CHCs and non-CHC ambulatory care facilities suggest several ways that the two groups can learn from each other. HRSA could help facilitate opportunities for CHCs to learn from ambulatory care facilities' experiences coordinating care across settings, which could be informative for CHCs operating in a funding environment that increasingly rewards coordination.

Figure 1. Health Workforce Innovation Framework

