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

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1 Motivating Question and Background

- What are the implications of system transformation for the workforce?
- How can we avoid the fiasco of 1990s that resulted in massive lay-offs and nursing shortage? (Walston)
- What can we learn from how leading health systems with historic commitment to the workforce and LMP are managing change?
- What is Workforce Planning and Development (WFPD)? *Macro level processes and practices that enable the system to change and adopt new staffing arrangements, and respond with timely and appropriate education, training and certification programs, and attention to working condition, i.e. not simply supply and distribution of personnel in different categories.*

2 Theory: Loosely Coupled Systems (LCS)

(Weick 2009, Burke 2014)

- **LCS**: Focus on hierarchy and interdependence among elements within and between organizations and subunits, & how this variability enables different operational responses to shifts in the environment.
- **Goal**: To know how to loosen tightly coupled systems, avoid unnecessary tightening of loose ties, while tightening certain core elements.
- **Relevance**: As we broaden the continuum of care, new relationships and forms of coupling across once separate organizations are emerging.

3 Theory: Adaptive WFPD

(Dussault and Dubois 2003:, Curson et al. 2010)

- Traditional approach is linear, sequential, and protracted skill formation process through which healthcare providers hand off demand projections to educational institutions and certifying bodies that in turn, supply the requisite workforce.
- Rule-based cognitive processes not equipped to tackle ambiguous problems like providing a skilled workforce for care models that are in a constant state of flux.
- Complex problems require controlled cognition, slow, deliberative, and explicit thinking, associated with reciprocal interdependence, coordinated by an iterative process of negotiation and mutual adjustment among relatively autonomous units and subsystems.
- Need to coordinate actors to respond to specific, local political, economic, & cultural contexts, with explicit recognition of varied interests- compromise.

4 Themes

1. **Strong Values and Vision**
   KP*: health promotion, healthy workplaces – investment in LMP, vision for innovative company drives current cycle of change – as does new values of consumerism (convenience, affordability, etc.)*
   Montefiore*: value for population health – external partnerships including LMP - WFPD as a population health strategy*
2. **Transparency and early dialogue re: change and change strategy- conditions for shared leadership and investment in outcomes**
   KP*: highly integrated system of corporate governance involves labor in strategic decisions – unit based teams to national strategy*
   Montefiore *– less labor creativity internally, but strong partnership in external labor market to increase quality through t&d across region*
3. **Change emerges from innovations in workflow – unit level which accounts for competing interests – not based on defined jobs and scope of practice**
   KP*: jobs of the future and RAD – design from consumer up*
   Montefiore*: HR 'business partners' and CMO – continuous improvement process – identify optimum work design – build competency map – train as needed*
4. **New patterns of coupling – both tightening and loosening – coexist with traditional approach**
   KP*: One KP – skill standards, etc. vs. realigning workflows and communication patterns, relocating care and consolidating roles – tech plays a role in tightening connection with members*
   Montefiore*: tightening connections throughout LCS of providers – through traditional CMO improvement strategy – id weak areas, conduct workflow analysis, redesign for quality, identify roles and competencies, train as necessary*
5. **Maturing the WFPD model/intermediary function**
   KP*: show up, establish a presence, aggressive engagement, deep listening, and accommodation – translate the workforce and labor piece of change – core of WFPD*
   Montefiore*: HR bus partners in units - link HR to change in units, CMO ed. council and front line facilitators embed training throughout and play a listening function, extensive external structure to embed WFPD in massive structural change on industry level.*

5 From 5 Themes to 7 Adaptive WFPD Principles

Theme	Principles
Strong core values and vision	• ***Situated,*** the historic and cultural situation determines what type of WFPD is possible – not just a technical exercise, must also account for and engage the political, cultural and social dynamics in situ
Transparency and early dialogue regarding change	• ***Integrated,*** **internally and externally**, with strategic and operational planning processes. This is a boundary defining process, a political exercise that requires ongoing negotiation and mutual adjustment
Change emanates from innovations to workflow	• ***Holistic***, considers the whole system of professions and occupations, as opposed to siloed regulatory and training mechanisms • Driven **by demand** for care and shaped by **data**-backed projections and the values of the stakeholders

6 Themes & Adaptive WFPD Principles

Theme	Principles
New patterns of coupling	• ***Situated:*** Strategies used to foster new patterns of coupling reflect traditional approach to change • ***Integrated:*** WFPD seeks to connect and integrate internal and external units to create coherent workflows and communication channels across an expanding continuum of care, as well as across a fragmented skills formation system
Maturing the WFPD model through intermediary functions	• ***Consensus***: decisions are made by consensus and in order to accommodate of the needs, interests, and preferences of participating groups • ***Continuous and iterative*** planning processes allow for mutual adjustments to accommodate population needs as well as changing roles • ***Generative***, results in new resources and capacity for innovation

7 WFPD is Changing…

- From a linear, technocratic, top-down approach to an integrative, boundary spanning, consensus building approach
- From occupation centric to demand driven, based on data and accommodation to interests and needs
- From predictions based on quantitative measures of objective structures (jobs, professions, graduation rates, etc.) to sense making through deep listening, negotiation and mutual adjustment along a growing continuum of care
- From rule based action and thinking to "controlled cognition" that is slow, deliberate and explicit (transparent and warranted)

8 Conclusion

- Systems simultaneously asked to expand coverage and access, while incentivized to extend the continuum of care to address the social determinants and care management = significant pressure on traditional care models and staffing arrangements this is leading to new patterns of "coupling", both within and across health care organizations.
- Effectiveness of the transformation may hinge on new, more adaptive methods to prepare the healthcare workforce to perform in a more complex system of care, where job tasks, team interactions, and work locations are continuously changing.
- Theories of LCS and adaptive WFPD helps explain and guide

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