

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

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OBJECTIVE

As implementation of the US Affordable Care Act (ACA) advances, many domestic health systems are considering major changes in how the healthcare workforce is organized. The purpose of this study is to explore the dynamic processes and interactions by which workforce planning and development (WFPD) is evolving in this new environment.

DATA/SETTING

The authors conducted site visits to Montefiore and Kaiser Permanente in April and July 2015, respectively, and interviewed 8-10 people at each site, including executives, human resource managers and directors of innovation and care coordination programs, as well as union and labor management representatives. Follow up calls and review of documents supplemented this data.

DESIGN/METHODS

Informed by the theory of Loosely Coupled Systems (LCS), the authors used a case study design to examine how workforce changes are being managed in Kaiser Permanente and Montefiore Health System.

RESULTS

Both systems demonstrate a concern for the impact of change on their workforce and have made commitments to avoid outsourcing and layoffs. Central workforce planning mechanisms have been replaced with strategies to integrate various stakeholders and units in alignment with strategic growth plans. Features of this new approach include early and continuous engagement of labor in innovation; the development of intermediary sense-making structures to garner resources, facilitate plans, and build consensus; and a whole system perspective, rather than a focus on single professions. We also identify seven principles underlying the WFPD processes in these two cases that can aid in development of a new and more adaptive workforce strategy in healthcare.

CONCLUSIONS

Since passage of the ACA, healthcare systems are becoming larger and more complex. Insights from these case studies suggest that while organizational history and structure determined different areas of emphasis, our results indicate that large-scale system transformations in healthcare can be managed in ways that enhance the skills and capacities of the workforce. Our findings merit attention, not just by healthcare administrators and union leaders, but by policymakers and scholars interested in making WFPD policies at a state and national level more responsive.

Key Words: Workforce planning and development; Human resources in health; Healthcare delivery reform; System change; Loosely coupled systems; Labor-management partnerships; US Affordable Care Act