



# Health Care Reform and the Health Care Workforce:

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A Labor- Management Perspective

Michael Kushner

Director of Training

SEIU UHW-West & Joint Employer Education  
Fund

# Key Impacts of ACA on the Health Care Workforce:

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- Need for significantly more HCW in many different classifications
- Need for HCWs to provide more culturally competent care
- Shift in the function of many healthcare workers with the attendant need to develop different skills
- Rise of new roles/classifications: CHWs, Care Coordinators



# Increasing the Number of HCWs

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- Attention focused on doctors and primary care providers, but need includes allied health workers and nurses
- Classifications with expected high demand, in addition to nurses: lab personnel, imaging techs, pharmacy personnel, CHWs and home health workers
- Incumbent health care workers – a key resource that is often overlooked



# Advantages of Incumbent Health Care Workers

- Every healthcare employer has them
- To meet demand, we need to use training resources more efficiently. Incumbents
  - are committed to their industry & have knowledge of the work. Hence better retention in training programs
  - are invested in their employer and are familiar with the work culture and procedures. Hence lower attrition during the critical first two years on the job



# Incumbent Worker Advantages - Continued

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- As incumbents move up the career ladder it opens positions at the bottom that may be more readily accessible to community members



# Barriers to Advancement of Incumbent Health Care Workers

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- Access to classes in public colleges / crisis of funding in California
- Access to classes – shortage of clinical locations and instructors
- Lack of uniform prerequisites and full articulation of classes
- Spotty geographic coverage of Allied Health Programs
- Need for more supportive services: counseling, tutoring
- Need for more evening and weekend classes
- Need for better alignment between course curricula and skill needs
- Money – Tuition Reimbursement a partial answer at best



# Workplace Barriers to Advancement of Incumbent HCWs

- Release time from work in order to attend class
- Experience requirements
- Limited availability and high cost of onboarding programs



# Culturally Competent Care

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- Driven by anticipated influx of newly insured, who will be culturally diverse
- Driven by efforts to tie reimbursement rates to patient satisfaction & patient outcomes
- Driven by efforts to move care to community clinics and to the home
- Health care workers in service, clerical and allied health occupations are more diverse.





# New Skill Requirements for Incumbent HCWs

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- Driven by moves to improve quality & efficiency while lowering costs
- Funders will require more certifications
- More training on providing patient-centered care – from RNs to EVS
- Digitization of Health Care – not just EMR
  - Employees require computer training
  - May require prior language skills training



# Contested Terrain

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- Changing staffing models and roles
  - Community Health Workers/Promotores
  - Home Care Workers
- In defining these roles different groups will contend, motivated by differing interests
- Workers bring to the discussion direct knowledge of the work and of the patients
- To be successful, change must be embraced by those doing the work



# Community Health Workers (CHWs): A Case Study

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- Roles, skill and training requirements and wages are fluid – TBD
- CHWs should be drawn from the communities they serve
- Avoid unnecessary barriers to the entry of community members into the occupation
- Training cost and duration – gatekeepers
- How will training be delivered?
  - Language and literacy levels that are appropriate
  - Popular education techniques should be considered



# Conclusion: Facing Uncertainty in Partnership

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- Major trends are clear
- Uncertainty about models of care, staffing levels and skills
  - Who will coordinate care? RNs, LVNs, MAs?
- For best outcomes, labor must be at the table with management, academic partners and oversight agencies



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Michael Kushner  
Director of Training  
SEIU UHW West & Joint Employer  
Education Fund

[www.seiu-uhweduc.org](http://www.seiu-uhweduc.org)  
[mkushner@seiu-uhweduc.org](mailto:mkushner@seiu-uhweduc.org)

