

Forum on Vision 2020

ACHD Healthcare Workforce Planning

April 26, 2009



Working Group Purpose

- ▶ To determine the workforce required to meet the needs of adults with congenital heart disease, inclusive of size, composition, competencies and certifications, to support a comprehensive health care delivery system by 2020.

Working Group Steering Committee

▶ Co-Chairs:

- **Disty Pearson, PA-C**
Senior Physician Assistant
BACH Program
Children's Hospital and The Brigham and Women's Hospital
- **Elyse Foster, MD**
Director UCSF Adult Congenital Heart Disease Program
San Francisco, CA
- **Roberta Williams, MD**
Chair, Pediatrics
LA Children's Hospital

Working Group Steering Committee

▶ Members:

- Mary Cannobio, RN
UCLA
- Michael Earing
- Welton Gersony, MD
Columbia University
- Michelle Gurvitz, MD
University of Washington
- Marshall Jacobs, MD
Drexel University

Working Group Steering Committee

- ▶ Members Continued:

- Joseph Kay, MD
University of Colorado Health Sciences Center
- Sangeeta Shah, MD
Ochsner Heart and Vascular Institute

The Current State

There are currently an insufficient number of trained providers to care for the emerging numbers of adult patients with congenital heart disease.

Expertise in ACHD care is largely self-reported, without established sets of competencies and training.

The Current State

The geographic distribution of current regional centers in ACHD does not provide access to the population.

Fellowship programs in adult cardiology have provided minimal if any training in ACHD

Goals and Objectives

- ▶ Goal 1: To determine the types of health care professionals and the numbers of each, required to provide comprehensive out-patient, in-patient and consultative care to the ACHD population
- ▶ Goal 2: To define the specific competencies required for each type of provider and the training requirements to meet those competencies
- ▶ Goal 3: To define the certification of health care professionals for the care of the ACHD patient

Goals and Objectives

- ▶ Goal 1: To determine the types of health care professionals and the numbers of each, required to provide comprehensive out-patient, in-patient and consultative care to the ACHD population
 - Provide best estimates of the total number of patients, the distribution of the complexity of their disease, and their geographic distribution
 - Define the numbers of health care professionals
 - Cardiologists based on specific certifications
 - Non-cardiologists
 - Cardiac care associates
 - Technologists
 - Social service providers

Goals and Objectives

- ▶ Goal 2: To define the specific competencies required for each type of provider and the training requirements to meet those competencies
 - Review and modify existing competency statements where they exist
 - Develop competency requirements where they are lacking
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Goals and Objectives

- ▶ Goal 2: To define the specific competencies required for each type of provider and the training requirements to meet those competencies –
Continued
 - Define training requirements to meet those competencies
 - Who will be responsible for training each type of provider?
 - Who will finance training?
 - Requirements for continuing education, including recertification

Goals and Objectives

- ▶ Goal 3: To define the certification of health care professionals for the care of the ACHD patient
 - Who will provide certification?
 - Individual Professional certifying bodies
 - Overriding ACHD focused certifying body
 - Requirements for certification
 - Training based
 - Examination based

Timeline

▶ Year 1 – 2

◦ Goal 1:

- Develop projections on numbers of patients, complexity and geography
- Develop models of numbers and types of providers

◦ Goal 2:

- Review and modify existing competency statements where they exist
- Develop competency requirements where they are lacking

◦ Goal 3:

- Identify existing certifying bodies and meet with their leaders

Timeline

- ▶ Year 3 – 5
 - Goal 1:
 - Refine the projections
 - Define the numbers of health care professionals
 - Goal 2:
 - Define training requirements to meet the competencies
 - Who will be responsible for training each type of provider?
 - Who will finance training?
 - Requirements for continuing education, including recertification

Timeline

- ▶ Year 3 – 5 *continued*
 - Goal 3:
 - Define requirements for certification
 - Training based vs. Examination based
 - Identify certifying body for each type of provider

Timeline

▶ Year 5 – 10

◦ Goal 1:

- Increase numbers of trained health care professionals in ACHD by 50%

◦ Goal 2:

- Competency statements established for all subsets of ACHD providers
- Increased competency requirements incorporated into training of non-ACHD providers (eg. Cardiology, internal medicine, adolescent medicine, family practice, internal medicine, ob-gyn, etc.)

Timeline

▶ Year 5 – 10 *continued*

◦ Goal 3:

- ACHD subspecialty certification in cardiology established with trainees emerging
- ACHD specific subspecialties (EP, Cath/intervention, imaging) developing
- ACHD CCA certification and training established
- ACHD technical training defined (Sonographers, etc)

Key Issues for Moving Forward

- ▶ Identifying individuals/consulting groups with appropriate expertise and financing research for accurate workforce projections
 - Possible resources:
 - Lewin Group (ACC)
 - AAMC (Edward Salsberg)
 - UCSF Center for Health Care Professionals (Ed O'Neil)
 - Grant application

Key Issues for Moving Forward

Continued

- ▶ Identifying existing certifying/credentialing bodies and obtaining their support
- ▶ Existence and financing of training programs

Key Discussion Questions

- ▶ How will changes in disease complexity anticipated over the next 10 years influence our current notions about workforce needs?
- ▶ Should we consider the “medical home” model of care in ACHD and if so, how will that model influence workforce needs?
- ▶ How will technological changes and increased reliance on telemedicine affect workforce projections?