

## **5 WAYS TELESERVICES WILL SHAKE UP THE HEALTHCARE WORKFORCE**

Healthcare technologies are rapidly changing how healthcare is delivered — and who is delivering it. As the world copes with a shortage of healthcare workers, teleservices in particular have the potential to revolutionize the field and bring care to those who need it.

The World Health Organization estimates that the world is experiencing a shortage of about 7.2 million healthcare workers and recently warned that number could balloon to 12.9 million by 2035.

Teleservices could help to address that issue. “Teleservices” is an umbrella term that includes all healthcare services delivered over a distance, using emerging technologies. They include telecare for home-based monitoring of patients; telehealth for using mobile health-tracking tools to stay ahead of potential health issues; telecoaching for facilitating patient self-management and education; and telemedicine for real-time remote consultations with a doctor.

As these teleservices become more widely adopted and care becomes more distributed, the roles of some healthcare workers will be elevated. Although team-based care will become more widespread, each team member will need to be a specialist at his or her set of tasks, and will need to acquire and maintain some minimum level of technical proficiency with the new tools and technologies of the trade.

There are many ways in which teleservices will affect the healthcare workforce. Here are five things to prepare for.

### **1. Nondoctor clinicians will need to practice at the top of their licenses.**

The looming shortage of healthcare workers means that nondoctor clinicians will need to perform the most advanced tasks for which they are certified, and push simpler tasks to less skilled workers. By doing this, nurses, nurse practitioners, home health workers, therapists and others can free up physicians to see more patients in traditional settings, as well as allow them to take on new roles, such as managers of patient-centered medical homes.

Meanwhile, licensing and credential requirements are changing. For example, prescribing privileges are loosening in several countries, including the United States and the United Kingdom. Increasingly, nondoctor clinicians, including different types of nurses and pharmacists, are gaining authorization to write and/or fill a wider range of prescriptions.

As teleservices evolve and become more prevalent, supporting software systems with in-built decision support will enable non-doctor healthcare workers to take more leading roles and in new areas. Nurses could find themselves in virtual consulting roles, providing patient education and encouragement through telecoaching services. Alternatively, some nurses may be involved in quite different and less face-to-face roles, including reviewing and initiating changes in treatment based on patient clinical data trends aggregated through remote telehealth services.

## **2. There will be an increased need for clinical staff to have and maintain proficiency with information technology and computers.**

It will be increasingly expected that doctors, nurses and other caregivers will be capable of operating most of the IT equipment themselves. This can be a challenge for workers who are less comfortable with using computers and mobile devices. Organizations will need to be proactive in ensuring that all workers receive proper training.

Fortunately, most of the technologies used in teleservices are getting easier to use, despite the increase in their sophistication. Computers, cameras, devices and peripherals are now often wireless, relatively unobtrusive and occasionally self-configuring. Many of the technologies being used to deliver teleservices are built upon the same consumer technologies that healthcare workers use in their personal lives, such as smartphones, webcams and televisions. The bar for technical proficiency has been lowered, but openness to using new technologies has become imperative.

## **3. Data literacy and quantitative skills that complement computers will become ever more valuable.**

Healthcare delivery is more closely measured and more performance-driven than ever before. New value-based payment models that penalize for readmissions mean organizations will be working to improve their outcomes at the same time they are being pressed by economic conditions to eliminate costs and reduce waste. Modern hospitals and physician practices are awash in reports and raw data, but they often lack personnel with the quantitative skills to make good use of it.

Teleservices are capable of generating enormous amounts of data. For example, telecare home monitoring equipment can provide near-continuous surveillance of a patient's home environment. Telehealth medical devices and mobile apps can capture and report quantitative variables related to weight, blood glucose, physical activity and calorie consumption multiple times a day. Most of this data will be processed automatically and filtered by algorithms, but skilled workers

will still be needed to examine the aggregate data, identify trends and separate the signal from the noise.

#### **4. Healthcare increasingly will be delivered by collaborative care teams working across distances.**

With patients seeing multiple caregivers and specialists for assorted chronic conditions, the ability to collaborate with others will become increasingly important. More care will be delivered by interdisciplinary care teams, yet team members will not always be located in the same room. Individual caregivers will need to work together effectively to deliver a coordinated response for each patient's needs.

Effective communication among care team members will be critical to the successful scale-up of teleservices. For example, a nurse monitoring a diabetic patient's self-reported telehealth data needs to have an efficient way to escalate his or her concern to the appropriate doctor if a downturn in the patient's metrics is detected. Or, to take a telecoaching example, a home health worker could invite a physical therapist into a videoconference if a patient raises a question about his or her discharge instructions.

Organizations will need to provide an adequate communications infrastructure and tools, including electronic health records, secure messaging and, likely, secure texting and mobile devices. Technology must be available to allow any type of worker to collaborate from virtually any location.

#### **5. Greater patient engagement means healthcare workers will partner with patients, not just treat them. Patients have been among the most chronically underutilized resources in all of healthcare delivery.**

Patients have long been seen as the objects of clinicians' care efforts rather than as potential participants in the process of care design and delivery. Getting patients engaged is important because the more involved they are, the better equipped they are to make healthy decisions. Disengaged patients forget what they are supposed to be doing to stay healthy, and they may fail to follow directions or check in with their caregivers.

Some patients — or health consumers — are already well informed, highly engaged and motivated. These individuals actively want to participate in their care and eagerly embrace new ways of working with their clinicians and caregivers. Patients who do well in a teleservices-supported program may not need to come in for their next regularly scheduled in-person visit. These patients have become, in a sense, "part of the healthcare workforce." From a workforce

perspective, freeing up service capacity in this manner can enable healthcare workers to see other patients.

There is no one-size-fits-all model for how teleservices should be implemented, but clearly they need to be in alignment with the organization's overall strategy and values. Hospitals and health systems that recognize the workforce changes brought about by teleservices and adapt to them will be best able to take advantage of what they have to offer.

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