



# Surging Demand: American Healthcare And Its Aging Population

# Introduction

**T**he U.S. aging population presents a significant problem to an already-stressed healthcare workforce—and is putting pressure on HR leaders to plan for future demand. It is necessary to prepare the next generation of clinicians with the correct skills to be prepared for the surge in elder care and growing the candidate pipeline, so that healthcare providers can meet patient expectations. According to the Rural Health Information Hub, today, there are more than 46 million adults aged 65 and older, and by 2050 that number is expected to grow to 90 million. Adults over age 65 have different healthcare needs due to multiple chronic health problems that increase in cost and special treatment, setting them apart from the rest of the population. HR leaders in healthcare must be prepared to undertake a shift in the nature of the skills and services that their workforce must deliver and be agile as the settings in which care is provided change.

Modern Healthcare Custom Media spoke with Mike Andrus, vice president of Oracle Human Capital Management, and Michael Walker, director of Oracle's Global Healthcare and Life Sciences Industry Solutions Group, to discuss strategies on how to grow and recruit new talent to support this aging population. In their opinion, healthcare HR leaders should prioritize the planning and investments necessary to recruit new talent to care for the aging population, given already-existing healthcare staffing shortages that are only expected to become worse. In addition, they must prepare the current workforce for this dramatic change, by emphasizing training and education, equipping staff for virtual care, addressing the causes of burnout, and incentivizing careers in geriatrics.

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# Meeting the needs of an older population

## **The needs of an aging population require**

alignment between policy makers and care delivery systems to ensure success. This public and private partnership will allow older adults to receive care that is more convenient, relevant to their stage in life, and promotes wellness in addition to providing traditional sick-care. From a policy perspective, the Older Americans Act (OAA) is a government policy that funds programs that address the health of older adults. Andrus notes that fortunately, Congress is addressing needed funding increases by re-ratifying the OAA this year, so that programs like “Meals on Wheels,” car rides to doctors’ appointments, and adult daycare address social determinants of health. This also offers the older population services to reduce utilization of the emergency department and inpatient services. “It is estimated that one year of ‘Meals on Wheels’ can offset a 10-day hospital stay, averaging \$2000 per day, later in an older person’s life,” Andrus notes.

In addition to government programs making elder care more accessible, health systems need to establish an early indication process. Older adults typically have a unique set of issues. The older someone gets, the more health problems present themselves, including hypertension, arthritis, heart disease, diabetes and dementia. Many adults over the age of 65 have multiple chronic conditions and managing different treatments can be a real challenge for patients. By leveraging population, clinical and non-clinical data, providers can get a jump start on identifying patients at risk, and reduce the onset or severity of chronic disease, improving quality of life. Over time, as a patient’s health declines or improves, transitioning them across the continuum of care becomes a critical aspect of care delivery as well. Based on this and other dynamics, it is a health system’s responsibility to prepare clinicians to be ready to meet the needs of an aging population.

To enable a smooth transition into the age of elder care, HR leaders need to make sure they recruit a

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specialized workforce to address the unique needs of older adults. When thinking about new talent for their organizations, chief human resource officers (CHROs) need to partner with medical and nursing schools to promote the right education and resources to equip new clinicians with skills and career paths focused on the needs of older patients. Demand in geriatrics is growing, but unfortunately is not often viewed as the most “glamorous” of healthcare disciplines, making it less attractive for students to choose as a career path.

“One of the first steps that should occur is for residency programs to fill up their geriatric fellowships to avoid funding cuts, and for graduate and undergraduate certified clinical programs to better emphasize the benefits of elder care,” Walker said. “Future clinicians will need training on diseases common in older adults, as well as approaches to care for patients with dementia and Alzheimer’s. If students go to school to be nurse practitioners or physician assistants, they should have options that go beyond hospitalist or acute care, to becoming a dementia care specialist, for example. I think that is a step in the right direction to make elder care talent more well-rounded and age friendly,” he suggests.

# Creating a better patient experience

**It's no secret that** more care of the aging population is taking place outside of the hospital, health system or retirement facility, and is shifting into the homes of older patients through telehealth. Because of the ease of these services, there is an emerging acceptance of the technology by the older demographic, and that is also requiring a shift in how care teams are being deployed. Telemedicine is one of the fastest growing segments of digital consumer healthcare. According to a survey conducted by American Well, 52% of adults aged 65 and older are open to using telehealth for a doctor's visit. However, there are different experiences associated with home care and hospital care, so health systems must invest in retraining frontline clinicians for work in a virtual environment.

While telehealth may make it easier to take care of more patients, it also may make it harder to keep patients engaged in their care. In some cases, older patients may lack the willingness or ability to stay on their course of treatment if they are not regularly face-to-face with a clinician. Therefore, leaders must leverage learning management solutions to train their workforce on how to keep this patient population engaged, as well as emphasize to skeptics that care outside the hospital is more convenient and less taxing, both on patients and clinicians. Telemedicine allows health systems to reach more patients by allowing the physician workforce to split their time between virtual visits and hospital rooms, seeing twice as many patients in one day by using technology to engage with older patients in their homes. However, this change in mindset will not immediately become the norm. Leaders—especially CHROs—are challenged with retraining their workforce from treating people at the bedside to treating people through technology. By helping the workforce understand and manage their patients' needs through technology, they become more engaged in their patients' care, while the patient is provided with more transparency and control.

Here are four ways you can ensure your health system's elder care services revolve around the patient and are geared toward a positive patient experience.

- **Transition from sick-care to well-care:** deploying employees to engage older patients to encourage participation in preventative care. These types of programs allow health systems to efficiently deploy clinical talent to improve outcomes and reduce costs by keeping patients in their homes longer, out of the hospital and long-term care.
- **Build communication skills:** preparing employees to improve the patient experience by stressing the importance of compassionate and less technical communication, recognizing that elder patients may take longer to process information being presented to them.
- **Prepare for virtual care:** as technologies advance telemedicine into the 21st century, it is paramount that clinicians develop the remote care skillsets required to deliver high-quality care, equivalent to traditional in-person visits. The use of virtual care to accommodate demand and access to care is already on the rise, and the need for remote care practitioners could grow significantly.
- **Emphasize safety and behavioral health:** prepare staff who work with older adults to closely monitor their significant fall risk and propensity for clinical depression. Advanced training can provide clinicians with the knowledge they need to be cognizant of warning signs so that they can monitor patients effectively and ensure their comfort and safety.

# Increasing retention and reducing burnout

**Clinician burnout is already** a significant problem in the healthcare industry, let alone in the geriatric profession. Due to excessive overtime and understaffing, clinicians tend to work long days and weeks, leading to a faster burnout rate.

“Certified nursing assistants, a major caregiver of older adults, have the highest turnover rate at 32%.” Andrus said. The demand for caregivers has left some frustrated that they do not have enough time to take care of their patients or devote the amount of time they want to their care, which can increase stress levels. Clinicians want to spend more time with their patients instead of chasing data and paperwork. This is where retention becomes an issue as work-life balance is more important to most clinicians than compensation and incentives.

While burnout is a common theme for the day-to-day workers like certified nursing assistants, through talking with geriatricians, Walker has found that a lot of them thoroughly enjoy working in their profession. They have a better work-life balance than clinicians in other areas of study, a more predictable schedule and are satisfied with working with an older population. The challenge for healthcare leaders is maintaining these benefits amid a growing population of older adults.



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To address the experiences of workers in geriatric care, healthcare HR leaders must ensure they are frequently and thoroughly providing information and incentives for talent to work in geriatric care, both to recruit new specialists as well as to retain existing staff. According to a study from the Parker Institute for Health Care and Rehabilitation, 79% of geriatricians surveyed felt their geriatric fellowship had a positive effect on their career satisfaction level, and almost 90% said they would recommend a geriatric fellowship to others.<sup>1</sup> Relaying this information

to the emerging workforce is important, but it could also be valuable information to the more-experienced working population as well. In another study done by the Visiting Nurse Service of New York, researchers proposed that more needs to be done to retain some of these older workers, recognizing their importance as on-the-job mentors, including recruiting them into leadership roles.<sup>2</sup> “Retired geriatric-health professionals have invaluable knowledge and expertise, and they could become academic leaders in the training of future

generations,” the researchers for the Visiting Nurse Service wrote. By retaining the experienced workforce population, leaders not only will improve quality-of-care, but also invest in the future by ensuring that students will be trained by professionals, who can teach them the intricacies of elder care.

# Incentivizing geriatrics as a career as demand increases

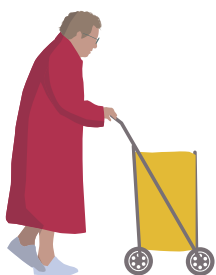
**While some clinicians** may study geriatric medicine or nursing, not all practitioners come to elder care with specialized training in the field. Healthcare leaders should consider how they can leverage the expertise and enthusiasm of staff who currently work in geriatrics to encourage young clinicians to work in the field, whether or not they plan to pursue a formal certification or degree. For the existing workforce, offering mentorship and career development opportunities are a key part of a necessary geriatrics talent strategy that can be supported by technology.

“Taking this big group of clinicians and using their experience to train the next generation could be a huge opportunity that I don’t think is being leveraged right now. Speech Language Pathologists, PTs, OTs and those who work with older adults day in and day out could be great influences on up and coming talent,” said Walker.

Implementing more geriatric education courses, making elder care a part of earning an advanced degree, and offering reimbursement programs and

loan repayment agreements are a few solutions that could incentivize students to pursue geriatric care. By including elder care during residency programs, students will become more engaged because they know geriatric studies lead to career development. Through offering student loan forgiveness, health systems can retain students and clinicians because they are earning a degree while working in the field and having their debt paid off.

Advances in technology are enabling better access to care for geriatric patients and changing the way that geriatricians care for their patients, potentially making it a more attractive field for young clinicians. Healthcare and academic leaders should invest resources in communicating the benefits geriatric care has to offer to students. One way to do that is by sharing success stories of staff who enjoy the discipline. If leaders are able to emphasize that studying geriatrics is a great opportunity for professional development, career advancement and work-life balance, this may encourage clinicians and students to work in this field.



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**— Michael Walker, director of Oracle’s Global Healthcare and Life Sciences Industry Solutions Group**



# Leveraging technology to gain insight into workforce needs

## Human resource leaders

should consider how advanced technologies such as predictive analytics, artificial intelligence, and machine learning can help them better foresee future needs as patient populations change. Using technology to manage changing roles, time-off schedules and shift changes can assist in making sure that the workforce is prepared to provide consistent care for patients. Analytics can predict the impact of these factors on a workers' performance and provide corrective retention solutions like longer holiday breaks or an increase in pay. AI and machine learning can also help leaders manage the day-to-day operation of the workforce, making sure they are proactively taking care of their employee needs and communicating goals to eliminate key workforce losses. Leaders can even leverage AI to optimize staffing levels and shift scheduling by eliminating the classic whiteboard schedule and creating a mobile app that allows nurses to pick up and drop shifts automatically. This would allow the workforce to maximize time spent with patients by picking up extra shifts, or on the contrary, give clinicians a chance to rest and recuperate when they need it by easily dropping shifts. Helping employees maintain a work life balance is essential with the often-stressful discipline of elder care.



# Conclusion

**T**he aging population is posing a challenge to leaders as they try to prepare their health systems and their workforce for a new era. Technology is going to be a critical tool in helping CHROs manage and implement new talent and invest in their communities to identify the vulnerable population to get ahead of the problem. Investing in the older population to keep them healthy before they end up in the hospital will make a significant difference in meeting the needs of the elderly. Communicating the benefits of geriatric care, as well as using technology to effectively recruit and retain a leading healthcare workforce that is trained in the latest tools, will change the nature and future of elder care. It will take transformation and innovation across leadership, clinicians and students dedicated to serving older patients.

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<sup>1</sup> Shah, Uday, et al. "Do Geriatricians Stay in Geriatrics?" Gerontology & Geriatrics Education, Parker Institute for Health Care and Rehabilitation, [www.ncbi.nlm.nih.gov/pubmed/16873209](http://www.ncbi.nlm.nih.gov/pubmed/16873209).

<sup>2</sup> Rosenfeld, Peri. "Workplace Practices for Retaining Older Hospital Nurses: Implications from a Study of Nurses with Eldercare Responsibilities." Policy, Politics & Nursing Practice, Visiting Nurse Service of New York, [www.ncbi.nlm.nih.gov/pubmed/17652629](http://www.ncbi.nlm.nih.gov/pubmed/17652629).

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