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Balancing workforce and financial health for the future with Rob Gamble

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When it comes to the workforce, there's no reverting to pre-pandemic norms for providers. Those who figure out how to deliver assistance for their exhausted front-line workers through new care models and strategic reinvestments in their workforce will come out stronger in the new normal.

Rob Gamble has over 25 years of experience as an advisor to healthcare organizations, focused on leading complex operational and performance improvement projects aimed at achieving sustained, transformational change for healthcare provider organizations. He is the co-leader of the Financial Transformation line of business at Chartis.

When Rob isn't working, you'll find him mountain biking or hiking with his three Weimaraner hunting dogs.

Chartis: What is the most influential force driving change for providers in 2022?

Rob Gamble:

The most influential force this year, and frankly probably for years to come, is adapting to the pandemic "new normal." Initially, we as a society thought we'd be able to go back to how things were after the pandemic receded, but now we understand it's a force that has permanently changed the way we go about our lives. For providers, one of the most prominent implications of the new normal is the impact on their workforce.

Chartis: Let's talk about the workforce. What challenges should providers expect in the new normal?

Gamble:

The burnout factor is playing out in real time at every single healthcare organization. There's an unprecedented impact on staffing, especially clinical and frontline staffing, that's leading to a massive challenge both on cost and service.

From a cost perspective, labor will continue to be harder to find and more expensive. It will be more important than ever to retain and engage your existing staff. From a service perspective, providers have an imperative to provide safe staffing, so they will need to review their service offerings against their staffing capabilities and possibly make some tough decisions about what services they can provide going forward and what services they might need to pause due to staff shortages. Then, they have to consider how to best communicate these pressures and changes with their stakeholder communities.

If providers proactively work with their employees and stakeholders, they can manage the impact and improve trust, but if they get it wrong, they may end up losing trust with both employees and the patient base they're meant to serve.

Chartis: What opportunities can providers leverage to create stronger outcomes for their workforce health?

Gamble:

There are a few meaningful opportunities that will separate the winners from the losers as we move forward.

First, healthcare organizations have the opportunity to engage their workforce like never before. Be more visible and accessible to your teams. Get them more involved in solving problems wherever possible. Consider ways to provide flexibility to support your frontline staff, and research what new technologies to deploy to enable efficiencies. Then, find ways to embed those solutions permanently in your operations.

Healthcare organizations also have a huge opportunity to be creative in the ways they deliver care. Consider hospital at home. 18 months ago, it wasn't part of the discussion in a meaningful way. Now, Medicare is providing waivers for it. That's an example of the creative care delivery models that are here to stay.

Organizations who engage and listen to both their staff and community and get creative in terms of their involvement with solutions will see an upside in both staff retention and patient satisfaction — a huge opportunity for those who get it right.

Chartis: How can healthcare organizations find the bandwidth to take advantage of these opportunities?

Gamble:

The simple answer is that organizations have to find a way to be proactive and prioritize these opportunities, or else they will find themselves reacting to the negative implications.

The more complicated answer is that organizations have to find a way to build upon what they've already learned from the early days of the pandemic. Organizations proved they could communicate effectively in challenging times, and they proved they could be agile in changing care delivery. They need to tap into those learnings and reinforce those behaviors to take advantage of the mid- to long-term opportunities afoot.

A lot of organizations fall back into their old management systems when they're no longer in crisis, and the thing to remember is that we are not going back as a society — so healthcare organizations can't revert either.

Chartis: You mentioned cost being a challenge in the new normal. How can providers better plan for strategical financial improvement?

Gamble:

The healthcare system has never seen inflationary costs like this, ever.

Labor cost is roughly 50% of every dollar spent in our healthcare system, and now we are seeing wage pressures of 5-10%. To add to it, the workforce challenges probably aren't short-term since the ways of replenishing talent, like med schools, nursing schools, and allied health schools will need time to bolster enrollment. My estimate is that it could take 2-3 years to stabilize.

To mitigate budget constraints while prioritizing employee health, a more holistic approach to workforce management — including reinvestment needs — has to be factored in. Organizations must think about workforce beyond cost control and as a strategic asset and focus on other areas of operations improvement to find the cash to reinvest in the workforce.

Chartis: Are there any concrete steps you suggest providers consider to get started on the right path?

Gamble:

First, healthcare organizations need to engage, retain, and reinvest in the workforce to meet expanded needs and demands during these pandemic times. Health systems are more reliant than ever on front-line clinical staff — the providers, nurses, and technical staff that meet pandemic-related demands while also maintaining capacity for elective services. Health systems need to reconsider their post-pandemic strategic

plan but also “double down” on operations to look across the organization and the balance sheet to find new sources of capital to fund these reinvestments in the workforce.

Next, organizations should look at new and creative models of care to help make their workforce more resilient, efficient, and flexible, so staff can be allocated to where it’s most needed and adds the most value. They should consider shared services as an opportunity to leverage scale and advanced technologies like robotic process automation (RPA) to automate work and use those savings to reinvest in the clinical areas where they need to maintain and nourish frontline staff. They should look at their entire portfolio of non-workforce spending, including supply chain, purchased and contracted services, and even pharmaceuticals to ensure every opportunity to eliminate waste, streamline spending, and optimize discounts is examined.

Chartis: Any final thoughts?

Gamble:

The single most important thing healthcare organizations can do is take a strategic approach to their workforce. Not just looking at how the workforce is deployed but really considering where organizations need to reinvest to engage and retain talent. Your frontline workers need help, and you must deploy every single tool you have to help them.

Forces for Change is an annual trend outlook report from The Chartis Group focused on defining the forces shaping healthcare today and outlining what health systems can do to prepare for what’s next.

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