HEALTHCARE TALENT SHORTAGE: FACT OR FICTION?
IS THERE A U.S. HEALTHCARE TALENT SHORTAGE?

Research from the Association of American Medical Colleges (AAMC) indicates a growing talent gap that will only worsen through 2030 (see Figure 1). Accenture Strategy sees the situation differently.

The population indeed is both growing and aging, creating a higher demand for healthcare services across the care ecosystem, but particularly for healthcare providers. However, rising demand for service does not equate to rising demand for clinicians. New technologies are shifting the way work gets done, thus freeing clinicians from routine physical and administrative tasks, while also augmenting providers’ ability to deliver more personalized treatment plans and quality care, more quickly, to patients near and far.

In addition to technology, other trends that reduce talent demand, such as increasing patient self-care and an emerging freelance workforce, cannot be ignored. Accenture Strategy’s Healthcare Workforce Model tests traditional views on the healthcare workforce. Accenture Strategy quantified 17 distinct variables impacting the healthcare workforce, using data from a broad range of sources such as Accenture’s Workforce Automation Predictor and industry research on changing care delivery methods and patient uptake of self-care (see About the Research).

After quantifying these variables, findings illustrate that by 2030 the healthcare talent gap can be closed (see Figure 2).
FACT OR FICTION REVEALED

**FIGURE 1:**
AAMC PROJECTED TALENT GAP

- **Clinician Demand**
  Traditional Research

- **Clinician Supply**
  Traditional Research


**FIGURE 2:**
ACCENTURE STRATEGY PROJECTED TALENT EQUILIBRIUM

- **Clinician Demand**
  Traditional Research

- **Clinician Supply**
  Traditional Research

- **Clinician Demand**
  Accenture Strategy Research

PATIENTS BECOME PART OF THE CARE TEAM

Patients increasingly want to receive care on their own terms, and they are electing to use self-service and automated tools where clear medical protocols can be followed.

Accenture Strategy estimates that self-care will meet up to 10 percent of demand for healthcare services by 2030, and that number will only continue to grow. When patients engage in self-care, it saves time for doctors. Our analysis reveals that a care model comprising an annual physician exam and technology-enabled self-management the rest of the year can save time equivalent to approximately 24,000 primary care physicians (PCPs)—representing 11 percent of the workforce.

Healthcare consumers young and old are using technology-enabled tools, such as biometric devices and wearables, for self-care. Nearly 66 percent of physicians would prescribe an app to help patients manage chronic diseases and 77 percent of consumers surveyed say use of wearables allows them to participate in their own healthcare.

Self-care has become part of everyday life and as technologies become more sophisticated and digital tools increase in availability, this self-care trend will only increase. Not only will patients be able to take greater control of their care, they will do it anywhere and anytime that is convenient.

HEALTHY FROM HOME

Patients using the Biotronik cardiac home-monitoring system wear a “CardioMessenger” that tracks vitals and other critical data. That data is collected, encrypted and sent to clinicians. Physicians can monitor cardiac function from wherever they are and also receive alerts to relevant changes in the patient’s health. Health issues are ranked in order of importance. This type of home monitoring has shown a 66 percent reduction in hospitalizations caused by atrial arrhythmias or strokes.
Accenture Strategy analysis finds that clinicians spend about 17 percent of their working time on administration. When machines take on tasks, it frees up clinicians to do what they do best—care for people.

Accenture Strategy predicts that by 2030, 25 percent of current tasks in the healthcare workplace will be automated. Robotic process automation (RPA) is alleviating administrative burden by removing transactional processes from support staff.

Artificial intelligence (AI) can augment human tasks and, based on analysis, inform clinicians of the course of action to take. AI has also improved the quality of speech and voice recognition. Now, the same natural language processing used in Amazon’s Alexa or Google Voice can be applied to reduce the friction that clinicians experience when using electronic medical records.

Cognitive computing, which simulates human thought processes in a computerized model, provides information to assist doctors with decision making and to help patients understand their conditions.
In the healthcare future workforce, machines will retain an abundance of clinical information, allowing care providers greater capacity to focus on patient engagement and personalized care while working at the top of their licensure. At the same time, breakthroughs such as 3D printing are allowing health systems to print hearts and other organs, making it easier for clinicians to learn and try new techniques without risk.

This entire spectrum of digital advances in healthcare means that clinicians can spend more time treating patients, combining data with clinical judgment to enhance outcomes, and engaging more closely with extended care teams.
The slower adoption in healthcare is understandable given the historically strong connections between a provider and its clinical support team. But change is starting to happen as shifts in culture and values make non-traditional employment models more appealing to clinicians. We believe that just-in-time utilization of the workforce will eliminate 11 percent of today’s talent demand.  

Since 2002, the number of U.S. doctors working freelance has nearly doubled to 48,000. Doctors gain flexibility to work at multiple health systems, or they can choose the number of hours they want to work. Virtual care is also putting time back into the hands of doctors. 

Our analysis shows that applying virtual health to annual ambulatory patient encounters can save each U.S. primary care physician an average of five minutes per encounter. This is a time savings equivalent to as many as 37,000 PCPs—or 18 percent of the PCP workforce.

Patients can benefit by getting quality care at the point of need, when they need it. For instance, the healthcare system that increases staff at flu season can better accommodate the spike in patients wanting flu vaccinations.
Hospital systems will have more flexibility in how they fill clinical roles. They can use talent marketplaces, and other sourcing models, to fill specific needs, rather than hiring full-time. They can increase nursing staff if the patient census is on the rise. Resources such as Freelance Nurse do online credentialing to prequalify nurses and provide online scheduling so that healthcare systems can fill an entire calendar of shifts in just a few clicks.

It will be impossible to train enough specialists to meet demand under traditional provider employment models. Increasingly, clinicians will be drawn to those employment opportunities that give them access to critical cases across a broad set of locations, and plug them into a world-class community of researchers, academics and other relevant experts. Healthcare providers that fail to act will find themselves playing catch up to accommodate these new ways of working that reduce demand by more efficiently allocating scarce resources.

**CONNECTED CARE**

The Exchange by American Well uses mobile and virtual technology to lift virtual barriers among health plans, doctors, consumer, employers and care delivery networks. This robust technology platform and sophisticated brokerage engine benefits both patients and clinicians. Consumers have convenient and immediate access to a range of board-certified physicians for telehealth consultations.

Doctors can “clock-in” at any time, making themselves available to patients. They can increase demand for their services to grow their practice and even access resources, such as telehealth training, clinical guidelines, peer support and billing.
PREPARING FOR THE FUTURE HEALTHCARE WORKFORCE

With a solution to the clinical talent shortage in reach, healthcare organizations should focus on the changing workforce, consumer self-care and seek to take advantage of new roles, new technologies and new opportunities.

These steps to creating an adaptive and agile workforce will support the changes in demand for, and delivery of, healthcare services.

REDESIGN TALENT STRATEGIES

Considering this new human and machine mix, what capabilities are required to meet patient needs of 2030? The talent strategy should consider how skill needs will change with the pace of digital, and how new sourcing channels can help to fill gaps as needed. Models should also factor in the rise in patient self-care. New talent sourcing models can help healthcare systems to attract and retain the right people with the right skillsets and also meet evolving patient needs in more agile, efficient ways.

BUILD DIGITAL MUSCLE

It is important to begin incrementally embedding an organizational focus on data and digital to improve efficiency and the speed and quality of decision-making. Organizations can build data analysis and digital capabilities through innovative learning methodologies and create opportunities for real-time and on-the-job learning—including project based experiences and career planning.
SHAPE A WINNING CULTURE
A spirit of innovation, hospitality and agility will be at the heart of successful healthcare organizations. Fostering such a culture calls for identifying digital advocates who will encourage and mentor through change. Organizations also should develop on-demand communication channels so employees feel informed about and invested in the transformation process.

DEFINE THE FUTURE NARRATIVE
Healthcare providers have delivered clinical care in a consistent fashion for decades—but that is changing fast. Healthcare organizations, from small community hospitals to large-scale health systems, must transform quickly to seize new opportunities for delivering care on patients’ own terms, invest in technology to augment the workforce and use talent in more agile ways. By doing so, first-movers will be positioned to close the talent gap and deliver a new standard of exceptional patient experiences. 2030 is just around the corner.
NOTES


3 “Virtual Health: The Untapped Opportunity to Get the Most out of Healthcare,” Accenture; 2015.

4 “Wearable Technology And Digital Healthcare Strategies Should Shift Focus To Chronic Medical Illness;” Forbes; November 20, 2014.


7 “Administrative work consumes one-sixth of U.S. physicians’ time and erodes their morale, researchers say;” Physicians for a National Health Program; October 23, 2014.

8 The Dock research predicting automation by 2030 based on tasks that robots currently complete.


10 2017 Survey of Temporary Physician Staffing Trends;” Staff Care; August 2017.

11 “Virtual Health: The Untapped Opportunity to Get the Most out of Healthcare,” Accenture; 2015.


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ABOUT THE RESEARCH

The Accenture Strategy Healthcare Workforce Model calculated baseline demand by examining 15 healthcare role groups from the May 2015 Occupational Employment Statistics (OES) Survey by the Department of Labor—Bureau of Labor Statistics. Researchers used publicly available data to identify drivers that will impact the healthcare workforce through 2030, and made data-based assumptions about the percentage change impact of each driver. Analysis of the impacts and drivers illustrated a picture of overall change in workforce demand per role group. Lastly, our researchers calculated 2030 predictions for the overall healthcare workforce as well as individual predictions for each of the 15 role groups.

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