



EPISODE 40: HARMONIZING HUMANS & TECHNOLOGY TO COMBAT CLINICAL SHORTAGE

VIDEO TRANSCRIPT

In this episode, Elisa Arespacochaga, Vice President of Clinical Affairs and Workforce at the AHA, engages in a conversation with Dr. Tejash Shah, Managing Director of Accenture Global Healthcare and the Global Lead for Care Reinvention at Accenture. Healthcare is facing an unprecedented global clinician shortage, a crisis that threatens patient care and outcomes. Join their conversation where they discuss bridging the gap between human expertise and cutting-edge technology. Learn how we can reinvent care delivery by adopting a people-first technology strategy that releases the pressure on clinicians and allows them to keep up with rising demand.

The healthcare field faces a historic global clinician shortage. Leaders must explore innovative solutions to this challenge in order to maintain access to care and quality health outcomes. Welcome to AHA Associates Bring Value a podcast from the American Hospital Association. In this series we speak with AHA associate program business partners to check in on their efforts and learn how they support AHA hospital and health system members.

I'm Elisa Arespacochaga, Vice President of Clinical Affairs and Workforce at the AHA. And guest host of this podcast today I'm speaking with Dr. Tej Shah, Managing Director of Accenture, Global Healthcare and Global lead of Care Reinvention at Accenture.

Our discussion is going to Center on how hospitals and Health Systems can leverage technology to support their clinicians, improve the patient experience and ultimately reinvent how care is delivered.

Elisa: So Dr. Shah, thank you so much for joining me.

Dr. Shah: Thank you for having me.

Alisa: So let's start a little bit with your background in healthcare and sort of what brought you to your current position and your interest in healthcare.

Dr. Shah: I'm an emergency medicine doctor by training. I started as an ER doctor at Cornell in Columbia and then I spent 20 years across Healthcare as a Management Consultant, a corporate strategist a venture capitalist and then most recently as an entrepreneur. I started a Care Management company that was helping patients connect with their clinicians in a more consistent way. I've been passionate about technology and Healthcare ever since I actually started practicing, because when I was in the ER I felt like there was a tremendous opportunity to leverage technology to scale care and really empower the patient and that's really if I look back at the course and the history of sort of what I've been trying to do it's been that it's empower the patient and leverage technology to rebuild that relationship between the clinician and the patient.

Elisa: Wonderful! I so appreciate your focus from day one on the patient and how can you make that experience as effective for them and you and your colleagues. So we know there's a clinician shortage, and I know you have a number of statistics and reports that Accenture has put together that I know have quoted many



times about the shortage and the challenge and the fact that we need to approach this differently. How are you seeing Healthcare organizations approach some of the workforce challenges that are not the challenges of the past decades where we've maybe had a shortage in one profession or another and how can we think about transforming our approach?

Dr. Shah: yes so I think you know we have to start by acknowledging how privileged we've been in the healthcare industry because really over the last 100 years when we've needed to meet additional demand we've been able to find the supply. We've been able to find the people and unfortunately or fortunately, I mean every single unit incremental unit of output that we've created in healthcare has required an additional unit of input of human labor right and that's been the relationship. It's been a correlation almost perfect one: one of human labor equals additional unit of care out to patients and you know this has been a secular challenge that's been building for a long time so I think a lot of people point to COVID and say well, COVID is the reason that we've you know seen this supply shortage that we're seeing today. And truly it's been building for over a decade I think you know we were going to see a shortage the prediction was that by the end of the 2020s early 2030s we were going to see a shortage of nurses and doctors and APS throughout the healthcare industry. I think COVID just accelerated that and you know for better for worse I think it's forcing Healthcare organizations to start to act and think differently about what they do to address this. So what I'm seeing right now and there's great evidence and data and research and surveys that have been done of CXOs across hospitals that have shown that they're trying to do a lot of the things that we've always done. We're trying to hire our way out of it so we're paying retention bonuses, we're recruiting more, we're trying to retain people, we're trying to you know um fortunately for my colleagues in healthcare that still continue to practice we're starting to revisit the employee value proposition and think about how we make the experience better how do we address the things that that we have not focused on.

I think some of the more Innovative systems the ones that are going to pull through, that are going to be successful, are going to be the ones that start to think differently about how to break that correlation that I talked about between the number of you know, the units of input and the units of output right, that one -to -one relationship. They're starting to think differently about how to leverage technology to scale capacity they're starting to think about things like virtual nursing and command centers and they're starting to think differently about leveraging resources and creating new pools. Labor pools that didn't exist before. I think those are the ones that will pull out of this over the next decade or the next 15 years... that are going to be truly successful. And unfortunately, we are seeing a lot of Health Systems that are making really impossible choices about what to do about the services that they offer so for instance, when they can't hire their way out and they don't have the bandwidth or the capacity to make the investments to start to think about the future and deploy technology, they're cutting back on services. They're reducing hours, they're you know, eliminating clinical services. And together and for us you know for me that's heartbreaking, because they're in those communities for a reason to serve that population and to to really help improve the overall health of the communities that they're in. I think these are choices that a lot of the CEOs that I've spoken with... they're sort of the last resort. We're making these choices because we have to. Elisa: No absolutely and I just want to double click on one point that you made which is so important that clinicians cannot be at their best if they're not supported and they don't feel well and and not burned out and so forth. That is equally important. We have to have enough people but we have to have people who feel like they're being supported. So I love where you were going with that in addition to some of those efforts to sort of expand the ability of the individual clinician. I know when we were preparing for this we talked a little bit about technology and other tools to really help leaders understand how to manage their workforce differently and I think that's sort of where you were going. I'd love you to expand on that. How



can a leader look at the math and say, okay, we no longer need one unit of input to get one more unit of patient care.

Dr. Shah: I think what I talk about is a few things. One is you know there's this idea of different horizons over which you can create value leveraging technology and I think the most immediate one is better workforce management. I think we have an opportunity right now every single hospital system that's out there can leverage the data that they have in terms of you know, what demand and predicting demand and forecasting that better. Figuring out how many resources do we need and are we deploying the resources in the right way so that um we're meeting that demand with the right supply. That's sort of just one angle of the analysis that we can do when you start to dig into the data and the information that's available to us now. We can also start looking at and predicting when employees are going to burn out and when do we think that you know they're going to quit or they're going to leave our organizations. Using data and evidence and making sure that we're creating the integrations that are necessary and making sure that we're building those bridges. It creates the opportunity for us to get insight into the workforce and into the communities that we serve so that we're able to make those connections way better than we have in the past. I think that's the lever that we talk with our clients about that's going to drive incremental value right now in year for them and help them serve their communities and also you know deploy their workforce more effectively.

Elisa: Thank you so much for that. One of the other questions I had is I'm, and I'm sure you get this from many of the clients you work with which is there's so much new technology there are so many places I could go with this... what you know are those places those best areas for me to focus to employ technology in the sort of short and midterm? Where... how do I start? How do I get into this?

Dr. Shah: Yeah, I think it's... so I've talked with a few Chief Nursing Officers and Chief Medical Officers and CIOs all the time and I think one of

the most provocative or the best Insight that I heard was from a chief nursing officer and she said, you know we talk about deploying technology into healthcare and if you look at the history of technology and health it's not great. It was created for safety and for documentation and for administrative reasons, but I think as we look forward and we think about technology what she said is you know, you layer technology on top of a bad process and you're just going to make the whole thing way worse.

I think that's so true right and so where do we tell organizations to start? A lot of organizations are trying things like virtual nursing and command centers where we're telling organizations to start is a deeper understanding of the problem. Where is the problem what are the painful points that exist in your process today... do you understand the process today? Do you understand the workflows? Do you understand what you're trying to fix, because I think without that understanding, going off and doing a command center going off and doing a digital twin... going off and doing you know more analytics, that's not going to help. It's not going to help the workforce, it's not going to help the problem that you face in terms of the clinician shortage. It's not going to help improve their productivity or improve their experience or engagement. So we're telling folks to take a little bit of a step. Take a breather and figure out you know what are the problems that you're trying to solve and then the technology is out there. There's a lot of companies that are creating innovative tools and solutions and capabilities that can help you improve productivity, but be thoughtful about it and build a roadmap... an implementation plan and be committed to it over a long and durable period of time. And if you can, I think everyone can start to engage clinicians early in the process, so even when you're identifying those problems make sure that you're getting them on board make sure that you're keeping them engaged as you as you go through implementation and deployment because the worst thing you can do is throw something else at them and say, hey by the way, today you're going to start using this new thing that is supposed to help you and that's the last thing that they want. It's supposed to help



you and nobody actually watched what you were doing to make sure it matches the way that you do things.

Elisa: That's right, so let's talk a little bit about some of bringing in technological support, because I know that is one of the efforts that you all have been working on. Really thinking about not replacing jobs but replacing tasks. So, how do you think about the work that's being done and break it down and do that you know, deeper understanding but then how do you think about what technology to bring in and how shifting of tasks impacts both the current workforce and potential additional roles that we may not even know we how to develop yet. Dr. Shah: Yeah, so it's a great point, I mean I think when we talk about the future of work we don't talk about replacing humans as you said, you know, the jobs that our clinicians do are, if you think about a computer program... a computer program is made up of several components let's call them sub routines and within each sub routine right like there's various different tasks that subprogram needs to complete and we talk about really understanding in depth those workflows that are part of the job that a nurse or an NP needs to do during the course of the day and consolidating those and then leveraging technology to automate or augment and create capacity for that nurse or that a NP. And what needs to happen is as administrators at hospitals, we're going to need to start to think about and train our clinicians on how and what it means to have technology as a coworker and to start to use data and analytics and leverage that technology to improve productivity and to deliver better care Ultimately we're also going to as you said, need to start to think about new roles because what does it mean to have a virtual nurse what does a virtual nurse actually do and what is that person's job versus the person that's on the floor and how do they interact? How do they engage? How do they collaborate? What is a unit concierge? And if they're sitting remotely how do we shuttle work to them and how do they re-engage and how do they make sure that there's no bottlenecks that remain when we have a command center? We're going to need to start

to create a definition of what that job is and what are they going to be responsible for and importantly what is it going to mean in terms of liability for the person that's on the floor versus the person that's sitting remotely that's supposed to be that coworker and when you start thinking about technology everyone talks about gen AI. What's the liability of genAI if they're going to be doing documentation? If they're going to be doing summarization... if they're going to be creating education for patients? I think you know all of those questions need to be answered and fundamentally it's going to have an impact on the clinician that's sitting in front of the Patient, because if you're taking away what we're calling 'automatable jobs' ---jobs that can be done remotely, that can be done elsewhere, what's that going to mean for the cognitive load for that clinician? You know when I was a doctor writing the notes was the time that I used to think about what I'm going to do and what the plan is going to be for that patient and what I'm going to need to do next and where I need to follow up and when I need to follow up and if I'm starting to take some of that work away what's it going to mean for how difficult the job is how bearable it is and burnout ultimately. Right, like is this going to be sustainable? I also think that as administrators, we're going to have to start thinking about all of these new labor pools that we're creating so we know how to manage the employed labor pool and then the contract labor pool, but when we create these virtual labor pools these remote labor pools, we need to think about how do we engage them? How do we measure productivity? How do we include them and make sure that they feel a part of the community and then really technology as a coworker. What is that going to look like? How do we incorporate that as a workforce? As a pool of labor that we're going to manage? These are questions that I don't think we have answers to that we're going to be learning together over the course of the next 10 to 15 years.

Elisa: I agree and I think one of the big questions for me remains, how do you help clinicians who following COVID are particularly



burned out and tired respond to some of these changes and how do you make it something so that you have that space to think and reflect on? What did I talk to the patient about how did I move it forward so that you don't feel like you're literally you know, standing at an assembly line and patients are sort of flowing in front of you without any break?

Dr. Shah: I think there's not a there's not a single answer to that question. I think the truth is that you know, clinician wellness and wellbeing and mental health is going to be a very personal sort of a thing in terms of what they're going to need. I think there's some common things though that we're talking with our clients about and that is, when you're thinking about creating these virtual labor pools as an example right, just one of several arrows in the quiver-- how do you, instead of saying, look you know, we're going to create capacity for you to work virtually. For you to be able to take that time away because many times all you need is to just be able to step out of that role in the hospital where you're working 12- or 14-hour shifts and say, I just need that time for two or three days right and be able to create that flexibility for people. We know organizations that are doing that right now and we're helping them think through what that means and and how do you create.. how does this benefit almost.. enable those clinicians to recharge and then come back with a verve to their work that that you know they were missing. And that their patients deserve! I think those are the types of things that we're going to have to start to get creative about for the clinicians that are intending to leave the workforce. We're actually talking about you using them because they still have capacity.

They still want to engage. They still want to take care of their patients but they just don't see themselves ever returning back to the workforce on the floors, taking care of patients in person. We're talking about creating virtual labor pools um to be able to use them to train our clinicians to be able to interact with our patients and do that all remotely and what is that what does that look like? What does that model look like? I think that you know provider systems Health Systems need to start thinking about those labor pools

and accessing that capacity because clinicians that want to retire that don't want to be on the floors anymore are very skilled they have a lot to contribute and you know to the extent that they want to continue to engage and participate. We should create the opportunity for them to.

Elisa: Absolutely, I know many of our nursing leaders are looking at ways of helping those nurses who for whatever sets of reasons the physicality of a 12-hour shift of nursing is too much but there are so many other ways that they can contribute whether coaching new nurses or being those virtual nurses, you mentioned. So as you think about this and sort of in thinking summarizing a little bit, what are some of the critical factors that organizations need to be thinking about as they start down this journey of reinventing care? Where are the places you sort of tell them to start?

Dr. Shah: So obviously, this episode is coming on the heels of a historic walkout of healthcare workers at one of the largest Health Systems in the country. We're seeing it not just at Health Systems but we're seeing it all across the healthcare value chain retail pharmacies and the pharmacists. They are incredibly burnt out and when I look across all of these examples and everything that I'm hearing from Chief nursing officers, nurses and my friends and colleagues that are still practicing medicine, what I hear is that the administrators don't understand them. They're not listening. They're not feeling like they're being engaged. They don't understand the problems that they face on the floors. They don't understand you know what their pain points are and so I go back to something that I said earlier, and that is that you really have to understand the problem that you're trying to solve what's happening in the in the process of caring for a patient and then where are you creating value and what work is creating the most pain for your clinicians and be thoughtful about that deployment of the technology to make sure that it's addressing those pain points. That it's targeted. That it's focused and make sure you're communicating it and make sure you're engaging them as you deploy it because you know there's going to be false starts and you're going to make mistakes



and it's not going to go perfectly it never does. But as long as you're making sure that you're communicating and the message that we hear you--- we hear that you're exhausted, we hear that you feel as though there's a tremendous amount of administrative burden on you and that you're spending more of your time writing things down than taking care of your patients and we want to fix that. We want to make it better. I think if you're doing that, I think you're on the right track. I think you know the technology will come. When I talk with clients, I say technology should be sort of just in the background. It shouldn't be the thing that you think about. It should almost disappear and be the enabler that makes everything better mysteriously magically right? Like that's what technology should be, it shouldn't be the thing that everyone has to think about that everyone has to work around. I think you know we're going to get there. I'm so hopeful about where healthcare can go and the potential for us to really leverage technology to help our clinicians practice at the top of their license. Help them feel engaged. Help them feel like they're making a difference because they are. But then not feel overwhelmed by everything that we make them do that makes the job not so much fun.

Elisa: Absolutely, I don't know a person who got into Healthcare who didn't do it because they wanted to help people so the more we can use this... the mystical magical technology to get us there the better! Dr. Shah thank you so much for joining this podcast.

Dr. Shah: Absolutely. Thank you for the opportunity.

Elisa: If you'd like to learn more about the AHA Associate program please visit sponsor. aha.org. This has been AHA Associates bringing value-- brought to you by the American Hospital Association. Thank you for listening

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