# Strategies to Ensure a Resilient Health Care Workforce: International Models on Health Professions

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The health care workforce faces challenges globally, including shortages driven by aging populations and workforce burnout, compounded by rapid technological and care delivery transformations. This article examines international case studies developed by the Future of Health, a global network of senior health leaders, to identify strategies for cultivating a resilient and adaptive health workforce. The authors highlight three key approaches: (1) harnessing technology to streamline clinical workflows and reduce administrative burden, (2) reforming existing roles to optimize skills and expand scope, and (3) introducing new professions to address emerging clinical and operational needs. Case examples include the use of artificial intelligence–powered ambient scribes to improve clinician documentation, the certification of caregivers, and the integration of medical data analysts into clinical teams. This analysis emphasizes the importance of fostering workforce trust, navigating regulatory and payment barriers, and deploying thoughtful change management. These strategies offer actionable guidance for policy makers, health system leaders, and clinicians seeking to create a flexible and efficient workforce able to meet evolving patient needs and technological advances.

## Introduction

The health care sector is experiencing long-term workforce shortages due to an aging population, aging health care workers, burnout, and stress, with many clinical workers leaving their professions with a desire for greater work–life balance, particularly after the strain of the global

coronavirus disease 2019 (Covid-19) pandemic.[1] At the same time, health care costs are continuing to rise, with increasing amounts of health care spending supporting health care workers.[2] Many organizations face pressure to be increasingly productive with fewer staff.

External forces are also reshaping the future of both the existing and new workforces. Care is increasingly being delivered through novel and nontraditional modalities, ranging from virtual platforms and remote monitoring to community-based interventions. Emerging artificial intelligence (AI) technologies are changing clinical workflows, challenging health care teams to rapidly integrate new innovations and address patient-facing use of AI. Further challenges result from caring for aging patient populations, expectations to implement personalized and precision medicine, and increasing complexity in care requiring new skills from the workforce.[3] Together, these shifts demand collaboration across a wider range of health professions and require new skills to effectively engage with patients and community partners in diverse environments.

Traditional styles of management and education may not be adequate to address the changing human and technological elements confronting the health care sector. In this article, health care leaders with decades of experience in a diversity of settings identify strategies that can be applied across countries to meet current and future workforce challenges.

## Approach

The Future of Health (FOH)[4] is a global community of nearly 50 senior health leaders, including hospital executives, health sector leaders, academics, payers, and policy makers. FOH focuses on common areas of care across international health systems. Previous FOH research explored topics such as the role of AI in transforming health care,[5] advancing equitable access to health care,[6] and shifting care from traditional to nontraditional settings.[7]

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The research team from the Duke–Margolis Institute for Health Policy reviewed peer-reviewed and gray literature on current trends in health professions. The research team then engaged global external experts — including academic scholars, health care providers, health delivery organization executives, payers, and commercial vendors — to discuss strategies for addressing the trends and challenges of the workforce. FOH members then presented case studies highlighting how members are addressing these workforce challenges. This was done through small-group virtual meetings, a large-group virtual discussion, and an in-person summit that was held in Cape Town, South Africa, in November 2024. During the summit, FOH members reached consensus on recommendations and strategies through small-group discussions, sharing of case studies, and membership voting. When appropriate case examples were identified, the research team followed up with individual open interviews for a deeper dive.

Table 1. Key Strategies to Advance Current and Emerging Health Professions.

| Key Strategy to Advance Current and Emerging Health Professions | International Case Examples |
|---|---|
| Harnessing technology | OROT Innovation Collaborative integrated user interface designers into product development to ensure that new tools are usable and useful for the workforce. In addition, artificial intelligence ambient listening tools are changing clinician charting, and command centers are allowing for centralized clinicians to support more patients. |
| Reforming existing roles and resources | Archangels and the Joint Commission launched a program to help caregivers and employers identify transferable skills that can support the workforce. |
| Introducing new professions | Sheba Medical Center integrated a new data analyst position into clinical care teams to enable teams to use real-time data insights. |

FOH members identified three overarching strategies as being critical for meeting the challenges of the present and future workforce: (1) harnessing technology to enhance and develop current and new workflows, (2) reforming existing roles and resources to create a resilient workforce, and (3) introducing new professions to meet emerging needs (Table 1).

The remainder of this article illustrates case studies in each area, considers how those examples were implemented, and explores how they could be adopted by other institutions.

## Harnessing Technology to Improve Workflows

Leveraging promising technologies can support the current and future health care workforce. Technologies such as AI-related tools can reduce administrative burdens and enable clinical staff to spend more time with patients, work at the top of their license, and reduce burnout. Technologies can also expand health care access to rural and underserved geographical regions, as well as help people in their homes. For example, virtual care both enables greater patient access to care and allows some professions to offer a more flexible work-from-home or hybrid work schedule that enhances job satisfaction.

### Evidence in Action: Designing User-Friendly Technologies

A major challenge in leveraging technology has been ensuring that technologies are designed to meet provider and patient needs. A critical factor is the user interface, as the level of effort or administrative burden required to work with a new tool can influence its effective integration. Given workforce burnout and shortages, there is a greater need for streamlined interfaces and timely assessment of their impact on quality, safety, and efficiency to accelerate their adoption.

The OROT Health Innovation Collaborative,[8] at the Jewish General Hospital in Montreal, Quebec, Canada, brings together start-up companies, clinical experts, and people who use novel digital technologies in relevant settings. OROT engages user interface designers to evaluate the user experience and ensure that technologies will be impactful for patients and the workforce. For example, during and after the Covid-19 pandemic, the hospital had a large backlog of cancer patients awaiting treatment. These patients often had to navigate appointments across the large cancer center, radiotherapy office, and outpatient care. This was challenging not only for patients, but also for schedulers and nurses who had to ensure appropriate workload and workforce schedules to meet patient demands. The collaborative piloted an operating system with a machine

learning tool that helped streamline oncology scheduling, leading to a 10% decrease in processing times, a 7.5% increase in appointments, and a 13% increase in treatments delivered over the course of a year, thereby decreasing administrative burden and increasing efficiency. These improvements liberated time for physicians and senior nurses who otherwise would have needed to review scheduling to perform more bedside care.

Another example of successful technology integration to improve workforce productivity is the use of ambient listening technologies. Ambient listening tools are becoming more common in health care delivery around the world, allowing frontline clinical professionals to shift time from administrative tasks (e.g., documentation) to direct patient care and communication. Within the Kaiser Permanente system, AI scribes have reduced the time that clinicians spend on documentation by approximately 1794 working days over the course of a year.[9] Most ambient listening technologies use large language model–based AI to translate patient and clinician conversations into structured documents (e.g., visit summaries, discharge letters, and reports, including glossaries with relevant medical terminology). Some well-performing ambient listening technologies allow clinicians to spend more time engaging directly with patients instead of note-taking and managing documentation, thereby reducing the time spent writing up documents after visits. However, although these technologies may give time back to clinicians and mitigate burnout, the broader impact on overall organizational productivity remains less clear.[10] The current evidence base is still evolving, and further research using standardized metrics is needed to determine the full impact of ambient listening and areas for targeted improvement.

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Hospitals across the globe are now rapidly implementing these techniques. Two exemplars are Great Ormond Street Hospital (GOSH) in the U.K. and the University of Vermont Health Network (UVMHN). GOSH found that the introduction of these technologies reduced the time spent by physicians in outpatient consultations by 26%, with both clinicians and patients sharing positive feedback on the initiative.[11] Also in the primary care setting, UVMHN piloted ambient listening technologies directly into their electronic medical record (EMR) system to automate clinician notes. Clinicians in that pilot reported a 53% increase in professional fulfillment and a 60% decrease in time spent documenting patient encounters.[12]

Technology can also reshape the workforce by streamlining clinical workflows. GE HealthCare's Command Center is a platform with a remote mission control staff who can oversee direct care by continuously monitoring patients across various settings, including intensive care units and

home-based care. This system provides real-time insights and allows staff to swiftly respond to both critical interventions and routine tasks, ensuring comprehensive patient management. The goal is to coordinate personnel and monitor data centrally, which then allows clinical staff to focus on direct patient care. Initial reports have suggested that this system has led to improvements in capacity (such as hospital bed assignments) and increases in the number of patients seen.[13]

## Implementation Considerations

Technology implementation depends on trust and the buy-in from both health care workers and patients. There can be pushback if the technology appears to have the aim of replacing clinical staff or if there are concerns around data privacy. For example, AI that can flag potentially abnormal imaging scans to the top of a clinician's queue to speed interventions will be better received than AI that seeks to replace a radiologist. In addition, members highlighted that AI and human decision-making are often most effective when they complement each other rather than serve as substitutes. Although AI and computational analysis excel at analyzing large datasets (and computational models often require large datasets for training), humans are better at spotting lower-frequency events when limited data are available for training.

Given the rapid pace of technological change and the limited evidence of effectiveness, health care organizations need evidence on what works well to effectively support the future workforce. It will be essential to identify opportunities for rapid assessment of new technologies, including AI, to ensure quality and improve outcomes.[14] For instance, multiple ambient listening technologies have entered the market, and health care organizations have reported that some have been very well received and improved clinical workflows, whereas others have had limited use by clinicians and do not reduce administrative effort.

Furthermore, effective implementation may depend on new types of training and education for clinical professions. In addition to standard clinical training on biological and medical topics, training may need to incorporate topics not often taught in clinical education, such as utilizing digital modalities and AI, succeeding in value-based care, and enriching soft skills that enhance the human elements of care delivery. Health care leaders can diagnose the major gaps and burdens in workflows and examine how technology can efficiently support or fill those gaps. Below, we present case examples that explore opportunities to reform existing roles and create new roles, often leveraging technology for successful implementation.

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# Leveraging Existing Roles and Resources to Create a Resilient Workforce

There is an opportunity to expand the bandwidth of some professionals by engaging them to work at the top of their license to support patient care. Nurses, for instance, are increasingly taking on expanded roles, such as managing chronic conditions or performing home-based care for seriously ill patients.[15] Pharmacists are stepping into more direct patient care roles, providing medication management and preventive care services.[16] Community health workers and caregivers have the capacity to fill important gaps in health care by providing direct or personal care services, communicating with patients regarding health needs, or providing links to community-based resources. Task-shifting, which involves moving certain tasks from highly qualified health workers to health workers with less training and fewer qualifications, has been studied as a strategy to increase workforce productivity. However, implementing and scaling this approach sustainably, to reduce workforce burdens, remains challenging.[17] Selectively broadened responsibilities can also improve work satisfaction and reduce burnout.[18]

With care increasingly being provided in homes and communities, workers with skill sets in these settings are becoming more important. Formally recognizing existing real-world skills remains challenging given current approaches to education and certification; however, some entities are piloting novel programs to identify health care workers' relevant skills and competencies and broaden their responsibilities accordingly.

## *Evidence in Action: Leveraging Existing Health Care Workers*

Archangels,[19] an organization that supports resources for caregivers, and the Joint Commission,[20] which accredits and certifies health care organizations and programs, came together to support unpaid caregivers and fill critical labor needs through the Care Badge[21] initiative in the United States. These organizations recognized gaps between health care system workforce needs and caregivers who may have excess capacity, especially after a caregiver loses the loved one who needed care. The Care Badge initiative bridges this gap by providing a signal to employers — both current and prospective — that a prospective employee has key caregiving skills. Caregivers can apply for a digital badge that can be placed on résumés, LinkedIn profiles, or other job search applications. This allows caregivers to signal that they have certified skills that may be transferable to health care positions — such as experience with care navigation, scheduling appointments, administering medication, or assisting with therapy. Archangels also provides resources that help caregivers translate caregiving skills into formal job qualifications[22] and helps companies understand how caregiving creates transferable skills.

Recently, Archangels has identified specific skills developed as a caregiver that are transferable to the workplace. The Care Badge program now provides caregivers with language related to applicable skills, which they can adapt for résumés and job applications. Archangels is currently working to create a formal microcertification program for caregivers that can amplify the impact of the Care Badge initiative for the workforce. Since its inception, Archangels has continued

to partner with health systems and employers, some of which have set up their own employee resource groups to support caregivers and normalize discussion in the workplace.

As outlined above, technological advancements may also allow health workers to undertake tasks that were previously accomplished by more specialized clinicians. For instance, the AISAP AI tool for ultrasound has allowed non-cardiologists to use a point-of-care cardiac diagnostic tool, enabling sophisticated testing and interpretation to be performed by a broad cohort in multiple countries and in expanded health care settings. This technology enables clinicians, in a hospital setting or in the community, to accurately diagnose up to 90% of common cardiac structural and functional parameters, removing some of that burden from cardiologists.[23]

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## Implementation Considerations

The extent to which health care leaders can reshape the current workforce will be influenced by local legal and regulatory constraints, such as training requirements. Another challenge is health care payment; in many countries, insurers only pay for services delivered by certain health professionals. Where they exist, value-based payment models may provide more financial flexibility to health care organizations to hire and utilize different health care workers who can improve access and care outcomes. To align financial incentives for improvement, local departments may share in savings from improvement with the central organization (over a limited time). The possibility of shared savings incentivizes departments to reduce costs, implement innovations, and use any savings for funding new roles and/or initiatives.

Workforce buy-in and thoughtful organizational change-management strategies are necessary to successfully implement workforce changes. Many health care organizations have faced pushback on reshaping current roles due to fears that professions will be diminished or become obsolete. To allay these concerns, health care leaders must effectively communicate how new strategies ultimately will lead to better patient outcomes and be more sustainable for care teams. Messaging should focus on reshaping the workforce through reframing and learning new skills to enhance the impact of existing positions and should acknowledge the need for sensitivity when job elimination is deemed necessary. Leaders also can consider bolder workforce policies to encourage buy-in, such as supporting professional development or considering alternative work environments, such as remote or hybrid work, where feasible. Effective communication can help overcome workforce inertia and resistance to change. In addition, reforming existing roles may require changes not only to clinical workflows, but also to human resources (HR) systems. FOH members highlighted that job responsibilities, position descriptions, and formal expectations have been finalized over time, with buy-in from multiple groups and bureaucratic processes built around them. This structure can make it challenging to change existing roles or introduce new types of team members, requiring substantial time and effort from health care leaders.

## Introducing New Professions that Fill Critical Gaps and Meet Emerging Needs

Innovations in care delivery are a core driver of a changing health care workforce. Advancements in data utilization, changing patient demographics, and increased attention to the biopsychosocial needs of individuals and their communities require new skill sets and even new professions. For instance, professions that leverage new technologies (e.g., prompt engineers), provide care in different settings (especially the home), or utilize real-time data to inform clinical decision-making may become more essential. Health care leaders need to proactively identify the professional opportunities that will advance health care to best support these changes in their communities and countries. In addition, it will be imperative for leaders to consider the important role of patients in their care teams.

### Evidence in Action: Medical Analyst

Sheba Medical Center in Israel had been collecting patient data in silos, hindering physicians' abilities to proactively identify appropriate interventions for patients or notice trends across patients.[24] To address this challenge, Sheba created a new role called the medical analyst, which focuses on data insight processes using EMR databases. This new role was established to ensure that the data that are entered into EMRs are more usable for providers through various outputs. The introduction of this role has helped to efficiently redesign applications for physicians to interact with patient data and make real-time patient health data more accessible and useful.

These medical analysts are data scientists who work within the health system to structure and analyze patient data in real time and create data visualizations to assist the care team in making decisions for optimal, individualized care. For example, a physician may want to track a patient's touchpoints with the health system over the course of a condition or may be interested in looking at certain preoperative and postoperative outcomes for a population of patients. Having real-time data presented in a readily interpretable format will enhance physician decision-making, thereby affecting routine care and ensuring more timely interventions. Physicians and other members of the health care team design research questions; medical analysts, in turn, create tools that can synthesize, analyze, and visualize relevant data from EMRs. One challenge to the scalability of this profession is the current workforce's trust. Integrating these new roles into the health system required establishing relationships between clinicians and medical analysts. Sheba helped to build this trust by incorporating clinicians into the development of the processes to ensure that the clinical team felt comfortable with the results produced with the new tools. Sheba is now reliant on medical analysts for all aspects of data analytics and anticipates that some of these data-interrogation processes eventually will be automated.

### Implementation Considerations

Introducing new professions to existing teams and clinical workflows is associated with multiple challenges, even if there is promising evidence of their impact on costs or outcomes. For example, policy constraints require careful determination of new professional duties, and current employees may push back on changes that potentially challenge their own professional routines or livelihood.

When identifying opportunities to create new professions (whether creating something new or by role consolidation), leaders should look not just to physicians and care teams, but also to patients. Outside the current workforce, members noted that local communities and patients are bringing perspectives that can identify gaps in care and processes. These insights may help leaders identify opportunities for new professions that can improve the patient experience. Given the growing importance of their involvement and empowerment, patients should be seen as team members with their own responsibilities (e.g., taking medications, attending appointments, or engaging with decision tools) and opportunities for engaging with the broader health care team. In addition, just as reforming existing workforce roles requires changes to HR systems and approaches, creating new workforce types may also necessitate similar changes.

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## Cultivating a Resilient Health Care Workforce of the Future

The health care workforce is adapting to manage the greater demand of aging patients and patients with more complex health needs, workforce shortages, unsustainable costs, and the introduction of new care approaches and technologies. These developments will require strategies that appropriately and efficiently leverage current roles, introduce new professions that fill gaps in the system, and harness technology that complements human professionals. Implementing these strategies will require substantial effort by health care leaders, including building trust and managing change with the current health care workforce; overcoming legal, regulatory, and administrative barriers to change; and rolling out changes in a financially sustainable manner. The case studies and strategies identified by FOH show novel approaches to prepare the health care workforce for the challenges of the future.

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## Acknowledgments

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