

## **A National Strategy to Strengthen the Cancer Workforce: Position Statement and Call to Action**

### **Executive Summary**

No national strategy for strengthening the cancer workforce exists to address the growing demand for cancer services and growing shortages of cancer professionals. Patients with cancer are increasingly experiencing delays in diagnosis, treatment, and coordinated follow up as a result of the strained workforce. C-Change developed a national strategy that summarizes the challenge, outlines solutions, and calls for needed action by policymakers, educators, institutional leaders, and the public. The quantity, quality, and organization of the cancer workforce must be addressed in a coordinated approach to prevent, diagnose, and halt disease as early as possible to have maximal benefit to patients.

### **About C-Change**

C-Change is the only organization that assembles the Nation’s cancer leaders from the private, public, and not-for-profit sectors and from across the cancer continuum— from prevention, early detection, treatment, to palliative care and survivorship. The mission of C-Change is to eliminate cancer at the earliest time possible by leveraging the expertise and resources of its members. The cancer workforce shortage is one challenge that C-Change’s members identified as an important priority for collaborative action by its diverse membership.

### **CHALLENGE**

The demand for cancer services is projected to exceed the supply of cancer professionals threatening access to care for people at risk for and living with cancer.

#### **Definition of the Cancer Workforce**

Broader than just oncologists and other oncology specialists, the cancer workforce includes an extensive team of health professionals, reflecting the complexity of the disease and the life-long duration of treatment and surveillance that can last from weeks to decades. This team includes many professional disciplines (e.g. physicians, nurses, social workers, pharmacists, researchers, public health workers, cancer registrars) who are oncology specialists, as well as other specialists, and primary care providers. The team also includes non-traditional caregivers (e.g. lay patient navigators, family caregivers, volunteers). Together, they all play a role in cancer through research, prevention, early detection, treatment, survivorship, surveillance, and end of life care.

#### **Cancer Workforce Shortages**

Because the cancer workforce is broader than a single discipline or specialty, no single statistic defines the challenge – a gap in the supply of professionals to meet the demand for care. However, viewed in aggregate, the statistics below illustrate a significant and worsening challenge driven by an aging population and increased access to care.

- The current physician shortage is approximately 8% and is projected to be greater than 20% in 2025<sup>i</sup>
- The supply of oncologists is predicted to increase by only 14% by 2020, creating a shortage of 2,500 to 4,080 oncologists<sup>ii</sup>

- More than 20% of the U.S. population lives in areas deemed by the federal government as health professional shortage areas without access to adequate medical care<sup>iii</sup>
- One-third of critical access hospitals lack a surgeon living in the county<sup>iv</sup>
- Currently, the U.S. has approximately 4,400 hospice and palliative medicine physicians, but 6,000 to 18,000 are needed to meet the gap between supply and demand<sup>v</sup>
- By 2020, the shortage of registered nurses will be greater than 1 million<sup>vi</sup>
- Only 33,000<sup>vii</sup> of 120,000 registered nurses who specialize in oncology<sup>viii</sup> are certified
- The social work labor force is older than most professions, with nearly 30% of licensed social workers over the age of 55<sup>ix</sup>
- Eighty-five percent of all healthcare practice social workers work in metropolitan areas, while only two percent practice in rural areas<sup>x</sup>
- 250,000 more public health workers will be needed by 2020<sup>xi</sup>
- By 2015, 81,000 additional clinical laboratory technologists will be needed to replace retiring staff and another 68,000 to fill newly created positions<sup>xii</sup>
- While 25% of the U.S. population is comprised of African Americans, Hispanics, and Native Americans, medical training programs are comprised of fewer than 7% of underrepresented minorities<sup>xiii</sup>, and only 16.8% of registered nurses identify as Non-White or Hispanic<sup>xiv</sup>

### **Impact of Cancer Workforce Shortages**

With existing and projected shortages, the current and worsening impact to individuals at risk for and living with cancer is significant:

- Delays in diagnosis, possibly at later stages of disease
- Longer wait times to be seen by a professional
- Delays in treatment
- Care provided by less experienced professionals
- Fragmentation of services
- Less frequent interaction of clinical and supportive services
- Delays in the evaluation and management of symptoms
- Worsening health disparities
- Decreased clinical trial enrollment

The cumulative effect of limited access and delays erodes the quality of coordinated, transdisciplinary care, making it an infrequent luxury rather than the standard of care.

## **SOLUTIONS**

C-Change’s vision of the solution to the cancer workforce challenge is multi-faceted. The cancer workforce “pipeline” for recruiting, educating, training, and retaining professionals across disciplines, the continuum of care, and geography, has many points of influence and control. Therefore, the leadership and resources required to improve it are diffuse. The guiding principles transcend the pipeline and encourage coordinated effort.

## Guiding Principles

C-Change believes the following guiding principles should drive a coordinated national strategy to expand the capacity, strengthen the skills, and optimize the system to support patients, families, and teams of cancer professionals.

**Increase Quantity** – *Recruit, retain, and support re-entry of cancer professionals to expand the capacity of the workforce*

- 1) Cancer professions need to be aggressively promoted as rewarding, stable, and important careers.
- 2) Students and professionals need to be retained by supporting their success and satisfaction.

**Increase Quality** - *Train and retrain cancer professionals to strengthen their knowledge and skills*

- 3) Cancer professionals must be better prepared with the needed knowledge and skills to meet the health, cultural, and informational needs of the populations they serve.
- 4) Cancer professionals must maintain competency and be prepared to lead within the team, organization, community, and system in which they work.

**Improve Value** - *Optimize the role and organization of cancer professionals to realize the full value of the workforce*

- 5) Cancer professionals should be individually supported to apply their entire scope of practice.
- 6) Cancer professionals should be organizationally supported to leverage their time, talent, and distribution.

## Needed Actions

Keeping in mind the numerous points of influence and control in the cancer workforce “pipeline,” C-Change believes that the following complementary actions need to be taken in accordance with the guiding principles.

**Increase Quantity** - *Recruit and retain cancer professionals to expand the capacity of the workforce*

- Promote health/cancer careers from elementary through high school
- Provide internships for high school and college students
- Include general cancer education as part of health literacy into elementary and high school level curricula to educate consumers at an early age
- Expand scholarship and loan forgiveness programs
- Mentor college students in research and health careers to consider specialization in oncology
- Provide accessible training and career opportunities for individuals re-entering the workforce or changing careers (e.g. empty nesters, discharged military personnel)
- Establish career retention programs (e.g. clinical ladders, flexible work arrangements)
- Create more incentives to encourage practice in underserved areas
- Streamline visa requirements for foreign-trained health professionals
- Recruit and retain ethnically and culturally diverse professionals
- Develop minority mentoring programs (e.g. with minority student and health professional associations)
- Recruit and retain multi-lingual professionals

- Leverage technology to provide distance learning programs and provide remote care support

**Increase Quality** - *Train and retrain cancer professionals to strengthen their knowledge and skills*

- Promote cancer specialty certification among all health professionals
- Improve the competency of non-oncology health professionals by infusing cancer-focused coursework into curricula for all health disciplines
  - ◻ Emphasize cancer prevention and early detection
  - ◻ Emphasize pain management, palliative care, and end-of-life care
- Create incentives for organizations to create and sustain a culturally relevant workforce
- Prepare healthcare professionals with needed skills in technology, team practice, and lifelong learning
- Maximize health information technology to support patient safety, care coordination, and best practices
- Improve the competency in cancer care for non-traditional healthcare providers (e.g. community health workers, volunteers)
- Improve patient and caregiver education, including teaching self-advocacy skills, to help patients navigate the care process and participate as informed consumers

**Improve Value** - *Optimize the role and organization of cancer professionals to realize the full value of the workforce*

- Establish national licensing reciprocity agreements to support practice in underserved areas
- Standardize scope of practice in state practice acts
- Promote professional practice to the maximum scope as defined by the license
- Streamline visa and licensure requirements for foreign-trained and military-trained health professionals
- Develop and promote transdisciplinary standards for cancer professional training and practice in all care settings
- Explore new models of care through demonstration programs
- Leverage the role of volunteers and non-traditional caregivers (e.g. lay patient navigators, community health workers, clergy)
- Leverage the role of licensed, non-oncology health professionals in support of cancer specialists
  - ◻ Emphasize coordination between primary and specialty caregivers
  - ◻ Emphasize cancer prevention and early detection
  - ◻ Emphasize pain, palliative care, and end-of-life care
- Promote programs that improve system efficiency and value to patients and their support system
  - ◻ Patient navigation programs
  - ◻ Survivorship programs
  - ◻ Palliative care programs
  - ◻ Hospice care

## CALL TO ACTION

Since the quantity, quality, and value of the cancer workforce are controlled and influenced by numerous entities, leadership is needed from federal and state policymakers, educators from all levels and disciplines, healthcare and research institutions, as well as the general public to strengthen the workforce:

### **Federal Policymakers**

- Appropriate funds to begin and sustain the National Health Workforce Commission and its related research and practice programs
- Promote job creation in the health sector through mechanisms that expand federally-funded training program capacity and healthcare institution reimbursement (Medicare)
- Facilitate a national approach to licensing across state lines to assist underserved communities
- Streamline visa requirements for foreign-trained and military-trained health professionals

### **State Policymakers**

- Promote job creation in the health sector through mechanisms that expand state-funded training program capacity and healthcare institution reimbursement (Medicaid)
- Collaborate with other state policymakers to establish licensing reciprocity agreements
- Standardize scope of practice in state practice acts
- Streamline licensure requirements for foreign-trained and military-trained health professionals

### **Educators / Schools of Training**

Primary/ Secondary / Undergraduate

- Educate students to be informed health consumers
- Promote health/cancer careers by creating internships and scholarships
- Promote diversity

Specialists / Generalists

- Promote careers in cancer by creating internships and scholarships
- Expand program capacity and throughput
- Promote diversity

### **Health / Healthcare Institutions**

- Retain health professionals
- Maximize professional autonomy with license and scope of practice
- Promote and reward transdisciplinary care
- Create programs to maximize patient benefit and system efficiency
- Nominate leaders to the National Health Workforce Commission

### **General Public / Volunteers (voters)**

- Support job creation in the health sector
- Volunteer to promote health and healing
- Consider a career in cancer

## ACKNOWLEDGEMENT AND ENDORSEMENT

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### Cancer Workforce Advisory Committee

Edward J. Benz, Jr., MD, FACS, Co-Chair  
Elizabeth J. Clark, PhD, ACSW, MPH, Co-Chair  
Jabbar R. Bennett, PhD

Suanna Bruinooge  
Mignon Dryden, CTR  
Angelina Esparza, RN, MPH  
Matt Farber, MA  
Kristi Guillory, MS, JD,

Amy Hanley  
Joyce Hendershott, MSW, ACSW, LISW-S  
Janie K. Hofacker, RN, MS  
Betsy A. Kohler MPH, CTR

Charles E. Kupchella, PhD

Maureen Y. Lichtveld, MD, MPH

Paula Rieger, RN, MSN, AOCN, FAAN  
Shannon Vann, CTR

Mary C. White  
Armin D Weinberg, PhD

### C-Change Staff

Kristen A. Cox, MS  
Alison P. Smith, BA, BSN, RN

### **This position statement has been endorsed by:**

American Cancer Society, Inc.  
American Cancer Society Cancer Action Network  
American Society of Clinical Oncology  
Association of American Cancer Institutes  
Association of Community Cancer Centers  
Association of Oncology Social Work  
California Health Collaborative  
Centers for Disease Control and Prevention  
Dana-Farber Cancer Institute  
Life Beyond Cancer Foundation  
National Association of Social Workers  
North American Association of Central Cancer Registries  
Oncology Nursing Society  
The Warren Alpert Medical School of Brown University

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Association of Community Cancer Centers  
American Cancer Society Cancer Action Network, Inc.  
American Society of Clinical Oncology  
Association of Oncology Social Work  
Association of American Cancer Institutes  
North American Association of Central Cancer Registries, Inc.  
University of North Dakota (President Emeritus)  
Tulane University School of Public Health and Tropical Medicine  
Oncology Nursing Society  
North American Association of Central Cancer Registries  
Centers for Disease Control and Prevention  
Life Beyond Cancer Foundation

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