State of the Science Working Group 6

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Facilitating Priority Research

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Facilitating Priority Research in the IBDs community

Infrastructure

Resources & Funding

Future Workforce Development
Workforce committee

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Who is the workforce?

- Primary caregivers
  - physicians, nurse practitioners, physician assistants
- Support staff
  - nurses, social workers, physical therapists, dental hygienists, genetic counselors
- Ancillary caregivers
  - ob/gyn, dentists/oral surgeons, orthopedic surgeons, rheumatologists
- (Other) research staff
  - laboratory scientists, data managers, statisticians, informaticians
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Defining the problem

- Common presumptions
  - Caregiver and staff shortages (across the HTC and hematology workforce)
    - what, where, who, and why?
  - Difficulties with recruitment and retention
  - Lack of workforce diversity and inclusivity
  - Lack of research staff to support efforts, clinical and laboratory-based

- Top priority: study the problem
  - Collect data to determine if the presumptions are accurate and quantify the effects
  - Find the drivers and barriers
  - Develop a CLEAR ACTION PLAN to address the issues and for ongoing monitoring at the local, regional, and national levels
Tier 1 priorities

• Areas that are primarily low cost but high impact, relatively easy in short term

• Funding
  • Develop support for expanded, comprehensive, and standardized utilization of 340B funds
  • Leverage existing resources
    • NIH/NSF/DOD, foundation/society, philanthropy, pharma
    • Establish a centralized website to consolidate up to date information

• Workforce inclusivity
  • Expand training program eligibility to include non-physician staff and extend membership within professional hematology organizations

• Lobbying
  • Leverage current hematology organizational structures for broader and independent recognition of the field of hematology, e.g. U.S. News & World Report, center designation/certification
• Areas that are primarily high cost and high impact, mid-term
• Develop partnerships among existing resource groups
  • e.g. HTRS/FWGBD, ATHN community partners, NHF/ASH/ISTH
• Programs targeted to areas of need
  • Recruit individual expertise
    • e.g. fellowships or mini-sabbaticals for clinicians or scientists
  • Develop partnerships among existing resource groups
• Request for funding applications specific to workforce
  • RFAs targeted to specific goals, including external partnerships, clinical/basic team research, non-traditional/cross-disciplinary research
Tier 3 priorities

- Areas that are primarily long-term and new high cost, high impact projects
- Development of regional HTCs of aligned educational, translational, and implementation research excellence
  - Workforce that will include new comprehensive skillsets, e.g. bio- and clinical informatics, clinical research (e.g. adaptive trials), statistics, molecular biology, genome editing, gene therapy
- Mentees: prioritize the existing networking opportunities and programs for students, trainees, and junior faculty AND create additional networking opportunities
- Mentors: encourage, support, and/or train senior faculty to guide the mentees (including funding)
• Develop innovative new educational/promotional strategies to increase recruitment and retention
  • Multidisciplinary workforce, i.e. not just physicians

• Create cross-disciplinary relationships with individuals and societies that have common interests both within and outside the field of hematology
  • Immunology, rheumatology, emergency medicine, trauma surgery
  • Historical example: NHF gene therapy meeting

• Diversity, equity, and inclusion:
  • Workforce training and recruitment to ensure that the needs of underserved communities are met