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MULTI-COMPETENCY HEALTH PROFESSIONS;

A REVOLUTION IN HEALTH CARE

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Abstract: The health care industry is being driven by the same traditional economic forces that are found in the general business environment. This has been brought about by increased pressure to contain costs and maintain quality of care. Health care professionals are faced with having to assume new and more diversified roles in every segment of the health care industry. Increased demands for multi-competent individuals are being observed as services move from the in-patient to out-patient locale. Health care professionals should have additional skills and function productively in a changing environment placing increased pressure on educational institutions, professional societies, and **credentialing** authorities.

Today, many people believe that the trend is moving away from the

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specialist toward a world dominated **by** multi-competent generalists. A series of problems and questions exist concerning multi-competency skills for health care professionals. These involve (a) the skills needed, (b) **credentialing**, (c) accreditation for training programs, (d) placement, and (e) acceptance of the professionals.

Similar problems occurred during the 1960s and 1970s when the health profession grew by gigantic proportions. New professions arose to meet the needs of society and existing ones began to solidify and mature. This growth was created by a shortage of physicians, but also resulted in the demand for health care services generated by the passage of Medicare and the changing demographics of our society. The health care industry accounted for approximately 5% of the gross national product in the early 1960s and in 1983 was above 11% (**Hodgetts & Cascio**, 1983). During these evolutionary times, federal intervention, state **licensure**, and complex accreditation procedures for hospitals and training programs became commonplace. It was believed that the hospital, which was the center of employment, provided the optimal environment for health care. Specialization of medical practice, of allied health professions, and of nursing became the rule and was in part brought about by growth of technology in the work place.

This was also an era when people became dependent on hospitals and doctors to keep them healthy. This is the **classic** "sickness" model of health care where patients live their lives, wait until they are ill and then go to the doctor for help, often with chronic or life threatening problems.

Increased Demand for Health Services

As the demand for health care services increased, so did the cost of providing those services. The system used to reimburse health care providers

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was retrospective in nature with no incentive to control costs. According to the Florida Cost Containment Board, the average in-patient stay in a community hospital rose to over \$600 per day (State of Florida, 1984). This situation stimulated Congress to authorize Medicare to begin using a prospective system of reimbursement beginning in 1983. Under this system, diagnosis of each hospitalized patient is classified into one specific diagnostic related group (DRG). The provider is then paid a specific fixed fee for treating this condition. If the provider spends more than the system allows, the hospital will lose money and vice versa. This provides accountability by forcing providers to look at costs very carefully. The great expense of health care has also forced consumers to begin assuming responsibility for health maintenance. Health promotion is now becoming an important focus of consumers, health care industries, insurance companies, and employers.

In-patient to Outpatient Services

As prospective reimbursement was introduced, **health** care providers began shifting emphasis from in-patient services to a variety of ambulatory and outpatient services. This transformed the evolution of the health care industry into a revolution. As cost cutting proceeds, cost of labor becomes a focal point since 60-70% of health care provider budgets is allocated to salaries. Consequently, one way to make significant progress in controlling costs is to motivate health personnel to increased productivity. Health care providers are expecting employees to adjust to new roles and become proficient with new technology. Many providers have released individuals or instituted hiring freezes, allowing attrition to scale down the work force.

The Health Care Professional Today

Today's health care professionals should possess multi-competent skills

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or continue their education and training to obtain these skills for future survival and growth, Educational institutions should consider these facts and respond quickly in order **to** avoid serious problems. New health care professionals should be taught those skills that will make them productive and employable in a dynamic medical environment. Large community hospitals and medical centers may still require some degree of specialization due to their volume of patients and diagnostic tests. Smaller hospitals and satellite facilities, ambulatory clinics, one-day surgical centers, physician's offices, health maintenance organizations, and health promotion programs may all require multi-competency health professionals **to** keep a competitive edge in today's market.

The University of Alabama at Birmingham has completed a detailed task' analysis which lists the various **competencies** required for a multiple competency clinical **technican** program providing training in **basic** patient care, radiography, laboratory methods, and medical office assisting (Keenon, 1985) . Specific curricular needs also should be based to some extent on local needs. This can be accomplished by surveying the communities of interest in the service area.

Credentialing of Multi-competent Professionals

Credentialing remains an important question for the multi-competent professional, There is no state **licensure** or national **credentialing** system to certify these individuals. Some states may prevent practice by current laws requiring credentials for performance of various diagnostic tests or therapeutic procedures. This could be a serious limiting factor to further development of these individuals. It is important to point out that traditional economic forces (such as supply, demand, price, and competition)

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Multi-competency Health Professions are influencing the health care industry. This fact may prompt changes in regulatory laws if the marketplace accepts multi-competency professionals.

Uncertainty of Professional Societies

Members **of** professional societies are also unsure **about** the development of individuals who cross traditional lines of responsibility. Cross-training may be viewed **as** a threat **to** some health professions. The result may be a rush to adopt restrictive legislative measures aimed at limiting growth of multi-competency **programs** and practice of their graduates. The growing supply of physicians is an intangible factor in this scenario. By **1990**, a surplus of 70,000 physicians is predicted (Johnson, 1983). It is impossible to determine what effect this surplus may have on existing health professions and the development **of** multi-competency practitioners.

Need and Type of Program

If multi-competency educational programs are needed, what institutions should provide the training? Should the programs be at the certificate, associate of science, or baccalaureate degree levels? At this time, a limited number of programs exist at the certificate or associate of science degree in community colleges. It has been suggested that current traditional baccalaureate health **programs** incorporate some degree of multi-competent skills in their curricula (**Bamberg & Blayney**, 1984). The result could be future practitioners that have **little** resemblance to present practitioners. Sites for multi-competency clinical education could be a problem in the next five years. What institutiona, for instance, would train the student in basic radiography? Traditional hospital radiography departments might be resistant if another program area began cross-training in radiography since **it** could be a threat to the profession.

The mechanism used to accredit programs may require adjustment to meet the needs of a rapidly changing industry. Currently, an accreditation body exists for each allied health specialty and nursing (Wilson & Neuhauser, 1985). Health care professionals **programs** planning to cross-train individuals may encounter problems from a matrix of accrediting agencies. Important questions exist for (a) the American Medical Association which accredits most allied health programs, (b) the National League for Nursing, (c) the American Physical Therapy Association, and (d) other organizationa involved in accrediting health training programs.

Conclusions and Recommendations

Planners for educational programs that graduate health professionals meeting the needs of the health care industry should be prepared to respond to changing times. Traditional economic values now influencing the industry may necessitate the development of new multi-competent individuals or the modification of current training **programs** to include multi-competent skills, It is important for all personnel in health programs and professions to monitor carefully all contemporary trends in multi-competency training to insure that the communities of interest may be optimally served.

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