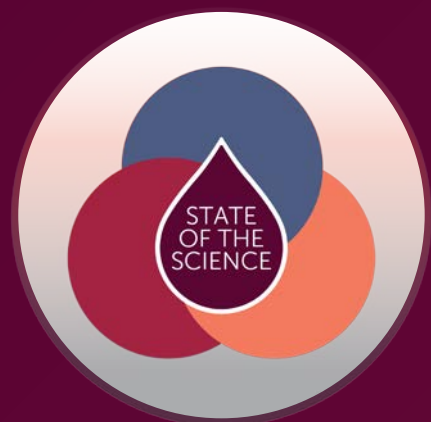




NATIONAL HEMOPHILIA FOUNDATION

for all bleeding disorders



State of the Science Working Group 6

Workforce: Jordan Shavit, M.D.,Ph.D.

Professor of Pediatrics

University of Michigan



Co-Chairs

Guy Young, MD
Infrastructure

Margaret V. Ragni, MD
Resources and Funding

Jordan Shavit, MD, PhD
Workforce

Facilitating Priority Research in the IBDs community

Infrastructure

Resources &
Funding

Future Workforce
Development



Workforce committee



Glaivy Batsuli

Adam Cuker

Mike Denne

Amber Federizo

Neil Frick



Lindsey George

Shawn Jobe

Jose Lopez

Glenn Pierce

Leslie Raffini





- 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



6 Targeted areas for development



NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

Workforce

Workforce membership

Skillset of the future workforce

Approaches to recruitment

Mentorship

Retention

Training/research/funding

Novel/multidisciplinary approaches to training

Networking opportunities

Team science including external expertise

Funding models for training HTC members

Facilitating HTC-based team research





- 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





- 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



6 Tier 2 priorities



- 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





- Areas that are primarily long-term and new high cost, high impact projects
- Development of regional HTC 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





NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

Discussion

