

Microdosing

Workforce Reconfiguration, Not Workforce Shortage

It's not people and patient ratios, it's the care model and sub-models themselves

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For decades, healthcare has operated on a physician-centered, fee-for-service model designed for a different world. That world still resembled the house call era, where the doctor was the one you paid for, everyone else was a supporting cost, and eventually, all staff were put under one roof. That may sound odd – and it is – but the reality is that much of modern healthcare has more in common with a 19th-century operating model than with the often-discussed value-based care ideal.

Why Clinician Ratios Don't Solve the Problem

To illustrate the oddities of U.S. healthcare, consider doctor and nurse-to-patient ratios. Other industries do not work this way: we don't have pilot-to-passenger ratios in aviation, advisor-to-investor ratios in finance, or mechanic-to-car ratios in auto repair. This is not to minimize burnout; it is real and serious, but other industries face labor challenges without mandating ratios. They simply rethink operating models to maximize outcomes, efficiency, and performance.

As Ed Marx, former CIO of Cleveland Clinic, put it, “If your innovation agenda assumes you can hire your way out of the problem, you've already lost.” The problem is not headcount; it is structure. Work has outgrown the model holding it. Marx also notes that innovation stagnates when constrained by old assumptions: “If we open it up to the world, it'll be 300 pages.” In other words, outdated workflows and team structures limit progress. No amount of hiring can fix a chassis that cannot carry the load.

The Hidden Workload That Broke the System

What is exhausting clinicians is not clinical care itself; it is the accumulated tasks layered onto every shift. Nurses spend large portions of their day documenting, tracking, coordinating, and managing interruptions. Lisbeth Votruba, Chief Clinical Officer at AvaSure, explains that “we can spend up to 41% of the shift just documenting in the EHR.” Nearly half of a shift is spent away from the bedside, not because nurses want it, but because the system has silently assigned them as workflow shock absorbers.

Votruba also highlights, “Nurses aren't burned out from nursing. They're burned out from everything that isn't nursing.” This distinction reframes the crisis. The clinical work is meaningful; it is the surrounding work – duplicative documentation, fragmented coordination, and inefficient technology – that is unsustainable.

It is not about moving non-clinical work entirely off clinicians' plates. Beds still need changing and trash still needs taking out. But it is about optimizing the mix. If nurses are drowning in non-nursing tasks, we do not need more nurses; we need new operating models.

From Physician-Centered and Patient-Centered to Team-Based Care

The old model revolved around a single clinician. The emerging model depends on coordinated teams: physicians, nurses, virtual teams, navigators, community workers, remote specialists, and digital tools that extend the reach of each role. Value-based care makes this transformation unavoidable. Outcomes, prevention, and total-cost performance require team-based care, not clinician heroics.

Kelly Gill, organizational expert, observes that “leaders and candidates are stuck between two worlds. They’re trying to incrementally improve the existing system while also imagining a totally different one.” Hybrid roles, digital roles, and care-coordination roles often sit in limbo when expectations are unclear. Without redesigning work, adding people only adds confusion.

Forward-thinking organizations no longer assume that all work defaults back to the clinician. Work flows to the lowest appropriate license or best-supported digital tool, not the highest credential in the room. Delegation becomes essential. Staff who try to do everything themselves due to lack of trust create inefficiency. Leaders must ensure teams are reliable before scaling care models.

In a Value-Based Care World, Fixing the Work Is the Strategy

As reimbursement shifts toward outcomes, work design and financial performance are inseparable. Labor is already over half of operating expenses. Misaligned work, such as clinical staff performing administrative tasks, duplicated workflows, unclear role boundaries, and documentation burdens, directly erodes margin, throughput, and experience.

Votruba emphasizes that “health tech companies finally understand they need the voice of clinicians at every level.” Marx adds that healthcare must replace heroic improvisation with repeatable operating models, because innovation scales through redesigned workflows, roles, and team structures, not through individual effort.

Value-based care accelerates this need. Work that does not improve outcomes must be eliminated or reassigned. Work that moves outcomes must be supported by teams, automation, virtual layers, and redesigned roles so clinicians can focus on care. Organizations that succeed will not be the ones who “fix burnout.” They will be the ones who fix the work.

In the end, the Crisis Isn’t People, It’s the Model

Across these leaders, the message is consistent: healthcare does not lack workers; it lacks a work model capable of supporting them. Modern care assumed infinite elasticity from clinicians, but that model has reached its limit.

What comes next is not incremental change; it is reconfiguration: team-based, patient-centered, digitally enabled, and economically aligned with value. When the work is redesigned, the workforce stabilizes. This necessary reconfiguration is not a trend; it is an inescapable reality. The future belongs to those who fix the work, not those who merely lament headcount.

References

Insights for this report were exclusively sourced from podcast interviews on Healthcare Rap

- Marx, Ed. The Healthcare Rap, Episode #405, “Inside the Mind of a Health Innovator.” Shift Forward Health, 2024.
- Votruba, Lisbeth. The Healthcare Rap, Episode #412, “The Rise of Virtual Nursing & Clinician-Centered Technology.” Shift Forward Health, 2024.
- Gill, Kelly. The Healthcare Rap, Episode #431, “What Today’s Talent Market Reveals About Health System Transformation.” Shift Forward H