

## Chapter 1 — INTRODUCTION

- Explore state of modern healthcare
- Explore role of healthcare support staff — medical coders, phlebotomy technicians, etc. — in preserving clinician bandwidth
- Introduce those bandwidth challenges, causes of those challenges (i.e., history of healthcare industry + rise in chronic conditions) and potential solutions

## Chapter 2 — DIGITAL HEALTHCARE, MEET CHRONIC CONDITIONS

- Expound on largest contributing factors to modern state of healthcare industry
  - COVID-19 and the accelerated transition to digital, virtual health
  - Steep rise in nationwide chronic conditions
  - Policy changes, corporate influence, etc.
  - Lack of investment in healthcare as an industry

## Chapter 3 — EXPLORING THE MODERN HEALTHCARE LANDSCAPE

- Outline modern healthcare environment
  - Overworked clinicians
  - Understaffed nursing teams
  - Underpaid front-line contributors (patient care technicians, medical assistants, etc.)
  - Inability to innovate because of bandwidth constraints

## Chapter 4 — AN OVERCLOCKED WORKFORCE

- Explore specific people-related challenges that affected healthcare workforce at large
  - Impact of pandemic shutdowns
  - Release of “non-essential” staff members
  - Increased costs alongside decrease in work opportunities bred distrust in healthcare employers, industry at large
- Physical, mental, emotional, spiritual toll of working in the medical field
- Healthcare professionals working two or more jobs to provide for families

## Chapter 5 — THE TOLL OF HEALTHCARE ON HEALTH

- Impact of burnout on mind and body

- Consequences of 12+ hour shifts (e.g., increased risk of performance error due to exhaustion)
- Poor coping mechanisms and eating habits from frontline staff members
  - Pattern of poor eating habits in nurses and other hospital staff
- Statistics around healthcare employee substance use due to stress levels

## Chapter 6 — THE MONEY PROBLEM

- Healthcare workers aren't the only essential workers barely making enough to live on (teachers, police officers, firefighters, etc.)
- These workers are often overworking themselves to make ends meet, working an additional job to their healthcare one, or leaving the medical field altogether to find a higher-paying career

## Chapter 7 — THE STAFFING PROBLEM

- Highlight healthcare-specific staffing problem
- Summarize direct and indirect consequences of this shortage

## Chapter 8 — THE EDUCATION PROBLEM

- Highlight density of students pursuing four-year degrees for healthcare degrees that might require 16 weeks of training + certification
- Highlight the imbalance of education over experience in the college diploma route
- Highlight wider de-emphasis on degree programs and focus on skills + experience combinations possible through other forms of accelerated education

## Chapter 9 — THE MODERN HEALTHCARE AUDIT

- VERY brief section reviewing major points made above
  - Overclocked workforce
  - Emotionally, mentally spent workforce
  - Aging patient populations
  - Pressure to accomplish more, with less time, with fewer available funds from stakeholders
- Transition: Explore a healthcare future not burdened by these challenges

## Chapter 10 — EXPLORING THE FUTURE OF HEALTHCARE

- Explore potential future healthcare drivers
  - Artificial intelligence and other technologies to create faster appointments
  - RPM and other technologies to create more accurate care

- Management by exception models to address rising number of patients with chronic conditions
- Future of healthcare technology is bright. But what about the future of the healthcare workforce?

## Chapter 10 — WHAT YOU CAN DO

- Identify ways patients and populace can help healthcare industry thrive

## Chapter 11 — WHAT [REDACTED] CAN DO

- Re-emphasize importance of primary education in healthcare
- Re-emphasize importance of ongoing education in healthcare
- Establish CTA (length, contents, density pending conversation with [REDACTED])

Additional chapters to be discussed with [REDACTED] upon further review and approval.