Overview

The Models of Care Insight Study Part II Survey conducted by Joslin Insight was made possible by the Healthcare Plus Solutions Group, in collaboration with the American Organization for Nursing Leadership (AONL) for distribution to nurse leaders.

The unincentivized, national survey was available between July 6 and August 6, 2023. The survey collected 1,468 responses with an 80% complete submission rate. The survey focused primarily on direct care nurses, nursing leadership, and other healthcare executives in the acute care and ambulatory settings.

It is essential to listen to both frontline nurses and leadership when considering both industry and organization decisions. Their combined insights can lead to more informed and balanced choices that prioritize workforce satisfaction, patient care, and operational effectiveness.

Key Findings:

- Two-out-of three retired nurses are interested in continuing nursing in some capacity
- Nurses’ weakest leadership traits are change management, positivity, and delegation
- Respondents say 29% of their work can be reasonably delegated
- 63% of respondents say their organization’s CNA workforce is understaffed or very understaffed
- 47% of respondents say CNAs are not treated with the same respect as their RN peers
Introduction

The latest survey builds upon the Models of Care Insight Study Part I Survey conducted in January 2023. During that survey, feedback was gathered from 3,378 frontline nurses, nurse leaders, and healthcare executives. The participants discussed issues such as resistance to change within their organizations, gaps between different workforce levels, and high-impact roles (e.g., charge nurses) involved in care delivery.

Following the presentation of the results at the American College of Healthcare Executives (ACHE) Congress in March 2023, healthcare leaders expressed interest in a subsequent study to delve deeper into some of the high-impact roles and other topics.

The goal of Part II was to gain a better grasp of how nurses can operate at the top of their licensure while cultivating leadership qualities to enhance their contributions to their organization. Co-founder of the Healthcare Plus Solutions Group, Quint Studer, remarked, “In the first Models of Care Insight Study, we pinpointed crucial disparities between leadership and frontline workers. The issues related to change management and professional growth appear to be pervasive in the healthcare landscape. Part II of the Models of Care Insight Study aimed to unearth further insights to help healthcare systems bridge these gaps.”

While Part I of the Models of Care Insight Study highlighted numerous gaps, it also highlighted care delivery roles that significantly reduce nurse workload burden while improving quality patient care. Part II of the Study focuses on these roles, which include certified nursing assistants (CNAs), charge nurses, and ancillary and auxiliary staff. Additionally, Part II explores the willingness of retired nurses to continue working and nurses’ perception and self-perception of vital leadership traits.
1,468 Respondents

4 wks
Jul 6 – Aug 6 2023

99% Confidence level

2.56% Margin of error
Respondent Profile

**Age**

- Under 25: 0%
- 25-34: 5%
- 35-44: 13%
- 45-54: 21%
- 55 or older: 26%
- 65 or older: 28%
- Prefer not to answer: 1%
- Null: 6%

**Race / Ethnicity**

- Asian: 1%
- Black or African American: 6%
- Hispanic or Latino: 2%
- Middle East or North African: 0%
- Mixed Race: 2%
- Native American or Alaska Native: 0%
- Native Hawaiian or other Pacific Islander: 0%
- Other: 1%
- White: 78%
- Prefer not to answer: 3%
- Null: 6%
Talent on the Sideline: Retired Nurses in America

In March of 2023, Quint Studer and Katie Boston-Leary unveiled the outcomes of the first Models of Care Insight Study during the ACHE Congress. During their presentation, they disclosed that a significant 68% of frontline nurses expressed their support for retired nurses returning to the workplace.

This revelation sparked an inquiry from one of the attendees, who asked whether retired nurses are in fact willing to return to work. Part II of the Study aimed to address this very question, recognizing the value that retired nurses could bring to organizations facing staff shortages and knowledge gap challenges.

While not all retired nurses want or are willing to be on their feet all day, they possess a wealth of experience, knowledge, and expertise that can significantly benefit all healthcare organizations. Their seasoned insights can contribute to mentorship and training programs for current staff, aiding in the development of emerging healthcare professionals. Their availability can also help alleviate workforce shortages, enhancing patient care and maintaining operational efficiency.

The data also reveal that retired nurses can lend their skills to a range of tasks, such as interacting with patients, mentoring, research, and virtual nursing. By tapping into this valuable resource, healthcare organizations can harness a pool of dedicated individuals who can make meaningful contributions and enhance the overall quality of care provided.
Retired Nurses on How They Would Like to Contribute

Are you currently retired?
- Yes: 28%
- No: 72%

Is your nursing license currently active?
- Yes: 76%
- No: 24%

For retired nurses: Do you have any desire to continue nursing?
- Yes: 23%
- No: 34%
- Maybe: 44%

For retired nurses considering returning to nursing: In what capacity would you like to return to nursing?
- Part-time Work: 69%
- Volunteer Work: 28%
- Full Time Work: 3%
For retired nurses considering returning to nursing: What would you be interested in doing?

- Interacting with patients: 55%
- Mentoring or coaching new nurses: 49%
- Participating in research: 38%
- Becoming a virtual nurse: 38%
- Getting involved in advocacy: 34%
- Doing administrative work (nursing): 29%
- Joining think tanks: 26%
- Seeking private sector opportunities: 24%
- Other: 15%
- Contributing to journals: 12%
- Exploring leadership opportunities: 11%
Leadership Assessment and Perceived Leadership Traits

In 2020, a study was released titled, “Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession” which delved into the perceived leadership and professional traits within the nursing field (Godsey 2020). The study highlighted a perceived lack of professional development, lack of professionalism, and lack of professional identity or nursing brand image.

To build on these findings, this study embarked to further quantify the perception of leadership qualities among the nation’s nurses, analyzing both self-perception and perception of others.

The leadership assessment aimed to uncover insights into how nurses can not only excel within the boundaries of their licensure but also emerge as high-achieving team members capable of delivering optimal value to their respective organizations. If nursing lacks in both professional development and professionalism, the hope is that by identifying leadership weaknesses, leaders can update their workforce development programs to remediate the deficiencies.

Leadership skills are integral for nurses as they extend beyond clinical expertise, enabling them to effectively guide and inspire their teams, advocate for optimal patient outcomes, and navigate complex healthcare environments. Nurses who develop strong leadership skills through updated programs can foster a culture of collaboration, enhance communication among multidisciplinary teams, and ensure the coordination of patient care.

Leadership Assessment and Perceived Leadership Traits

Respondents were asked in separate questions to evaluate other nurses' leadership skills and to evaluate their own leadership skills. The questions used a Likert scale from Not at all proficient to Very proficient. On average, nurses scored themselves 28% higher than their peers, and significantly higher for positivity, accountability, and professionalism. Notably, younger nurses scored themselves lower than their peers, save for creativity and change management.

![Leadership Trait Chart]

- Accountability
- Collaboration
- Professionalism
- Critical thinking
- Communication
- Decisiveness
- Confidence
- Emotional intelligence
- Creativity
- Leadership
- Delegation
- Positivity
- Change management

Assessment of Nurses vs. Self Assessment
Leadership Training and Opportunities to Lead

Have you received leadership training from your current organization?
- Yes: 55%
- No: 45%

Would you like to receive more leadership training from your organization?
- Yes: 51%
- No: 26%
- Maybe: 23%

Do you have opportunities to lead others?
- Yes: 86%
- No: 14%

Would you like more leadership opportunities?
- Yes: 39%
- No: 34%
- Maybe: 28%
Delegating Work to Improve Nurse Workload

In a May 2023 study (n=240), McKinsey, in collaboration with the American Nurses Association, identified that 12% of nurses’ work could be distributed. The conclusion was based on half of the actual time nurses reported could be distributed (24%).

This study sought to validate the findings by asking nurses what percentage of their work they feel could be reasonably delegated. The findings revealed a higher percentage of nursing work could be delegated, with an average of 29% of nurses’ work.

Both studies underscore the importance of delegation. Delegating work efficiently is crucial for nurses as it allows them to focus their expertise on patient care, ensuring that critical medical attention is never compromised. By minimizing wasted hours on tasks beneath their licensure, nurses can optimize their time management, leading to improved patient outcomes and overall efficiency. Effective delegation not only enhances patient safety but also reduces nurse burnout, contributing to a healthier and more sustainable healthcare workforce.

At the same time, the need to delegate underscores the importance of proper leadership training. How a nurse delegates a task is just as important as what they delegate. Providing effective training improves healthy work environments by ensuring delegation is respectful and that individuals better understand the distribution of tasks to others.

What percentage of your work do you feel could be reasonably delegated?

- 0%: 3%
- 10%: 11%
- 20%: 27%
- 30%: 28%
- 40%: 15%
- 50%: 12%
- 60%: 4%

The Role of Certified Nursing Assistants (CNAs)

In the first Models of Care Insight Study, Certified Nursing Assistants (CNAs) rose to the top as a high-impact role in reducing nurse workload burden and providing quality patient care. CNAs play a critical role in the delivery of patient care and are an important support system for nurses. CNAs are responsible for performing routine care tasks, such as bathing and dressing patients, taking vital signs, and assisting with mobility. And by performing essential tasks, CNAs free up nurses to focus on more complex patient needs and to provide higher levels of care. And yet, the latest Models of Care Insight Study reveals that CNAs are lacking formal career pathways and are not being treated with equal respect to their RN peers.

How would you rate the state of your organization’s certified nursing assistant (CA) or patient care technicians (PCs) workforce?

- Very understaffed: 19%
- Understaffed: 44%
- Neutral: 24%
- Well staffed: 12%

Does your organization have a formal career pathway for certified nursing assistants (CAs) or patient care technicians (PCTs)?

- Yes: 32%
- No: 39%
- Unsure: 30%

Do you feel certified nursing assistants (CAs) or patient care technicians (PCs) are treated with equal respect to their registered nurse (RN) peers?

- Yes: 38%
- No: 47%
- Unsure: 15%
How Certified Nursing Assistants (CNAs) Can Alleviate Nurse Workload Burden

The following nurse assistant tasks can alleviate bedside nurse burden.

- ADLs
- Apply ace bandages, TEDs, SCDs
- Apply and remove EKG leads
- Apply heat/ice as ordered
- Appropriate use of mitts & restraints
- Assist with Ambulation/ROM
- Assist with meals, fluid restrictions
- Assist with range of motion exercises
- Assist with toileting, bedpan
- Catheter care, apply condom catheter
- Clean dressing change
- Collect samples (urine and stool)
- Compliance with safety and infection control guidelines
- Empty drainage bags
- Interact with patient 1:1 to provide care
- Observe patients and report changes to nursing staff
- Post-mortem care
- Provide care and monitoring of patients in seclusion and/or restraint
- Record intake and output
- Skin care decubitus prevention
- Transfer to chair/stretchers
- Turn and position patients
- Use of lifts
- Vital Signs, weight, height
What nursing assistant II (NA2) skills should be added to an extended NA1 module

The nursing assistant tasks on page 15 were provided by Duke Health for the Models of Care Insight Study. In addition to the task list, Duke Health also provided a question to identify skills to be added to an NA1 +4 extended credentialing module.

Which four (4) nursing assistant II (NA2) skills would you add to a nursing assistant I (NA1) extended credentialing module?

- Oxygen Therapy - room set-up, monitoring flow rate 57%
- Ostomy care 56%
- Removing PIV 48%
- Wound care (wound over 48 hrs old) - sterile dressing change, wound irrigation 31%
- Place urinary catheter (with order) 28%
- Gastrostomy, PEG and JT feedings (as appropriate) 26%
- Removing Oral/Nasogastric feeding tubes (with orders) 25%
- Clamping Tubes (with orders) 24%
- Oropharyngeal & Nasopharyngeal succioning 19%
- Tracheostomy Care 16%
- Oral/NG infusions after placement verified by RN 13%
- IV Fluid - assemble/flush tubing during set-up, monitoring flow rate, site care/dressing changes 9%
The Role of Charge Nurses and Helping Bedside Nurses

The first Models of Care Insight Study revealed that charge nurses are another critical role with a high impact on reducing nurse workload burden and delivering quality patient care. As leaders in their unit, charge nurses are responsible for managing staffing and resource allocation, overseeing patient care, and serving as a bridge between staff and management. Charge nurses also provide mentorship and support to other nurses, helping to foster a positive workplace culture and improve overall job satisfaction.

As stated in the previous study, their leadership and decision-making skills are essential to ensure that patients receive the highest quality of care and that the nursing staff is able to perform their duties effectively. Often with years of experience, charge nurses can help mitigate knowledge gaps. And yet only one-third of acute care organizations have charge nurses with no patient assignments, begging the question, would fewer or no patient assignments improve the charge nurses’ impact on quality care delivery and their ability to reduce their team’s work burden?
Which of the following charge nurse tasks are most helpful for bedside nurses?

<table>
<thead>
<tr>
<th>Task</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act as clinical resource</td>
<td>78%</td>
</tr>
<tr>
<td>Determine bed &amp; staff assignments</td>
<td>64%</td>
</tr>
<tr>
<td>Respond to RR / codes</td>
<td>41%</td>
</tr>
<tr>
<td>Facilitate team huddle</td>
<td>26%</td>
</tr>
<tr>
<td>Perform nurse leader rounding</td>
<td>26%</td>
</tr>
<tr>
<td>Perform service recovery</td>
<td>18%</td>
</tr>
<tr>
<td>Perform environment of care rounds</td>
<td>14%</td>
</tr>
<tr>
<td>Check crash cart</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>
The Role of Ancillary Staff

Ancillary staff was identified in the first Models of Care Insight Study as another key role. Ancillary staff can alleviate nurse workload burdens and improve quality patient care delivery. Their support in basic patient care tasks, like assisting with hygiene and mobility, allows nurses to focus more on critical patient assessments and complex medical interventions. Additionally, effective communication and collaboration between ancillary staff and nurses can streamline workflow, reducing overall stress and improving patient care outcomes. And yet, as reported by nurses in this survey, their availability to help nurses perform their work is critically low.
Ancillary Staff Supporting Bedside Nurses

The following roles have or could have a positive impact on both quality patient care delivery and staff RN workload.

<table>
<thead>
<tr>
<th>Role</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neutral</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance services</td>
<td>3.9</td>
<td>4.0</td>
<td>3.5</td>
<td>4.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Ambulatory surgery center (ASC) services</td>
<td>3.5</td>
<td>4.0</td>
<td>4.1</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Audiology services</td>
<td>3.6</td>
<td>4.1</td>
<td>4.1</td>
<td>4.4</td>
<td>4.0</td>
</tr>
<tr>
<td>Behavioral health services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>3.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Cardiac monitoring</td>
<td>3.6</td>
<td>4.1</td>
<td>4.1</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Dialysis services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.1</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Hearing services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Home health care services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Home infusion therapy services</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Hospice care services</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Medical day care (adult and paediatric)</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Mobile diagnostic services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Orthotics and prosthetics</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Personal care assistant services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>3.7</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Radiology/diagnostic imaging</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Skilled nursing services</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Sleep laboratory services</td>
<td>4.5</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Speech services</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Substance-abuse services</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Ventilator services</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>
The Role of Auxiliary Staff

Another key role identified in the first Models of Care Insight Study was auxiliary staff. Auxiliary staff, like ancillary staff, can help ease nurse workload burdens by managing tasks below the nurses’ licensure. Their assistance in non-clinical responsibilities allows nurses to dedicate more time to direct patient care, which enhances overall efficiency and patient satisfaction. Effective teamwork and communication between auxiliary staff and nurses are essential for optimizing workflow and minimizing the strain on nursing resources. And yet, many organizations are not prioritizing the development of their entry-level roles, giving organizations that do prioritize them an advantage in shoring up their staffing shortages.

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**Does your organization offer a formal career pathway for entry-level staff?**

- Yes: 42%
- No: 29%
- Unsure: 29%

**Do you feel your organization’s entry level staff are aware of your organization’s formal career pathway opportunities?**

- Yes: 30%
- No: 30%
- Unsure: 40%
As a professional caregiver, which of the following support services are most important to you?.

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental services (EVS)</td>
<td>74%</td>
</tr>
<tr>
<td>Patient transportation</td>
<td>63%</td>
</tr>
<tr>
<td>Food and nutrition</td>
<td>56%</td>
</tr>
<tr>
<td>Patient sitting</td>
<td>43%</td>
</tr>
<tr>
<td>Clinical nutrition</td>
<td>26%</td>
</tr>
<tr>
<td>Energy management</td>
<td>10%</td>
</tr>
<tr>
<td>Uniforms</td>
<td>8%</td>
</tr>
<tr>
<td>Retail and convenience food</td>
<td>6%</td>
</tr>
<tr>
<td>Greeter program</td>
<td>4%</td>
</tr>
<tr>
<td>Valet parking</td>
<td>3%</td>
</tr>
<tr>
<td>Gift shops</td>
<td>1%</td>
</tr>
</tbody>
</table>
Summary

The most recent survey expands upon Part I of the Models of Care Insight Study conducted in January 2023. Part I identified issues such as resistance to change within organizations, discrepancies in workforce roles, and high-impact positions in care delivery. Part II delved deeper, gathering additional feedback from 1,468 frontline nurses, nurse leaders, and healthcare executives primarily in the acute care and ambulatory settings.

The primary objective of the latest study was not only to analyze Certified Nursing Assistants, charge nurses, and ancillary and auxiliary staff, but also to better understand how nurses can work at the highest level of their licensure while developing leadership qualities that enhance their overall contributions to their organizations.

The survey findings are part of ongoing discussions amongst nursing leadership and other healthcare executives to respond to their workforce challenges. The results reiterate the importance of looking at alternate models of care and considering alternate ways of operating.

At the 2023 American Congress of Healthcare Executives, Quint Studer stated, “The old way of doing things is what led us to where we are today.”

The results of Part II indicate that leaders can alleviate their challenges by embracing creative thinking and making full use of all the resources at their disposal. This may involve exploring unconventional solutions, as well as considering the novel and the supplementary, such as retired nurses and entry-level staff. Such innovative thinking can be difficult, however utilizing data and studying the experiences of others will help shape efforts to develop new models that are doable and sustainable for the future of healthcare.
Who We Are

Quint Studer
Quint Studer has spent nearly four decades in healthcare. He worked for multiple healthcare systems, the last stop being president of Baptist Hospital in Pensacola, Florida. In 2000, he founded Studer Group®, a healthcare and education coaching company. The company was sold in 2015, and Studer left in 2016. He went on to found the Studer Community Institute, a not-for-profit whose mission is to improve the quality of life for people. He is co-founder and partner of Healthcare Plus Solutions Group, which focuses on diagnosing the most urgent pain points of an organization, collaboratively designing solutions, and helping in the implementation of the solutions. He has authored many books, with several on bestseller lists. He serves on several healthcare boards and is a frequent speaker, workshop facilitator, and mentor to individuals and organizations. The tools and techniques Quint has created over the years are now staples in healthcare systems throughout the world.

Healthcare Plus Solutions Group
In 2022, Quint Studer and Dan Collard founded Healthcare Plus Solutions Group (HPSG). Because no two healthcare organizations are exactly alike, HPSG’s services are tightly customized. They curate a team of experts and stakeholders to diagnose your most urgent organizational needs, design smart, collaborative solutions, and create a plan to execute in a way that gets measurable results.
Katie Boston-Leary, PhD, MBA, MHA, RN NEA-BC

Katie Boston-Leary is the Director of Nursing Programs at the American Nurses Association. She was identified in August 2019 Health Leaders Journal as “One of Five Chief Nursing Officers Changing Healthcare”. She is a board member on St. Johns University Health Programs and an editorial advisory board member with Web/MD Medscape. Katie is also involved in the National Commission to Address Racism in Nursing, The National Academy of Science and Medicine’s National Plan to Address Clinician Well-Being supported by the U.S. Surgeon General, organized a National Nurse Staffing Think Tank, and now a similar Task Force. She has been interviewed by numerous media outlets namely CNBC, NY Times, Cheddar TV, HR Maximizer, Axios, Beckers, and Bloomberg News, and was recently featured on NBC’s Today Show to discuss the nurse staffing crisis that is impacting healthcare delivery.

She is also the Co-Lead for Project Firstline, a multi-million-dollar grant collaborative with the CDC for training on Infection Prevention and Control. Katie is also the co-chair of the DEI committee for the Healthcare Leaders Network Delaware Valley, an ACHE affiliate. She is also a member of ACHE’s editorial advisory committee. Katie helped redesign the Nurse Leadership Institute at the University of Maryland with an embedded coaching program and is an Adjunct Professor at the University of Maryland School of Nursing and the School of Nursing at Case Western Reserve University.

Joslin Insight

Joslin Insight operates as a customer and healthcare market insights consultancy. Leveraging unbiased qualitative and quantitative research, the company provides market intelligence and real-time data analytics for leading healthcare organizations. Their research has been featured in numerous media outlets, including Forbes, TIME, the New York Times, The Washington Post, The Atlantic, and Bloomberg News, as well as by the United States Senate Committee on Finance and the United States Surgeon General’s Advisory.
Models of Care
Insight Study
Part II

Made possible by:
Healthcare Plus Solutions Group

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