

# Optum

Key Lessons from the

**2023**

# International Nurse Leaders Forum

Conversations on  
Global Healthcare Challenges



In collaboration with



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**Held in Manila, Philippines from May 17 to 18, 2023, the 2023 International Nurse Leaders Forum organized by Optum Health Education and Optum Philippines** gathered local and international experts, organizations, and health industry stakeholders to discuss global healthcare challenges, including the urgent need to build and strengthen the Philippine and global healthcare workforce.

International and local experts who spoke at the Forum included the following: **Ivic Mueco**, Managing Director of Optum Global Solutions, **Margaret Mary Wilson**, Executive Vice President and Chief Medical Officer of UnitedHealth Group, **Sarah Chart**, Vice President of Optum Health Education, **Gang Badoy – Capati**, Executive Director and Lead Trauma Therapist of Project Steady Asia, **Christine Dugay**, Principal of IpsosStrategy3, **Kenneth Hartigan-Go**, Senior Research Fellow from Ateneo Policy Center and Program Director for Leadership and Innovation of the Ateneo School of Government, **Melvin Miranda**, President of the Philippine Nurses Association, **Rodolfo Borromeo**, Nursing Director of Manila Doctors Hospital, **Justine Raagas**, Executive Director of the Philippine Business for Education, **Eric Ang**, Business Lead from Terumo Medical Corporation and **Jeremy Lim**, Director of Leadership Institute for Global Health Transformation from Saw Swee Hock School of Public Health, National University of Singapore.

- In 2022, the International Nurses Council reported that a total of 13 million nurses will be needed to fill the global nursing gap in the future.
- In the Philippine setting, Department of Health figures showed the country—touted among the top suppliers of nurses abroad—currently suffers from a shortage of nurses.
- Approximately 127,000 nurses are required to meet the optimal healthcare needs of Filipinos—a gap that will likely take 12 years to fill.

“Nurses deliver the highest percentage of care—both preventative and curative. Because of the magnitude of the shortage, it is evident that there is a lot of work to be done in this space,” said **Sarah Chart**, Vice President of Optum Health Education.

**Ivic Mueco**, Philippines Managing Director for Optum, highlighted, “Nurses grapple with various issues—financial challenges that continue even after nursing school, burnout, low nurse-to-patient ratios, and time away from their families. Understanding the complex concerns of our nurses is crucial to cracking the code in this critical workforce challenge.”

From presenting career pathways for nurses to training the spotlight on issues of burnout and mental health, as well as exploring technology’s role in improving the practice, the 2023 Optum International Nurse Leaders Forum enabled industry stakeholders to learn from each other’s research and experiences, revealing Six Key Lessons to bolstering support for nurses and nurse leaders all over the world.

# Nursing Crunch by the Numbers



## 13M Nurses Needed

The number of nurses required to fill the global nursing gap in the future (*International Nurses Council, 2022*)

## Local Lens: The Philippines

### 127,000 nurses

Number of nurses required for the Philippines to meet the World Health Organization's prescribed ratio of nurses to per 10,000 population (Department of Health)

### 12 years

Amount of time it would take to address the nursing shortage in the Philippines, according to the Department of Health

### 50% of Filipinos do not have access to nearby Primary Care Facilities

Based on current infrastructure, the Philippines needs an additional 2,400 Primary Care Facilities

### 4,000 additional hospital beds

To meet 2040 target of 2.7 beds per 1,000 capita



only **54%** of local registered nurses in the Philippines are active in the practice

In a Senate committee hearing in 2023, the Professional Regulatory Commission revealed only a fraction of nurses (and medical professionals) are practicing their profession.

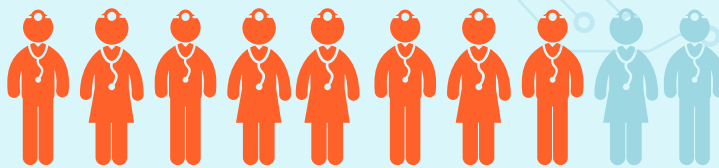
**41.5%** of healthcare spend is paid out of pocket by Filipinos

In other highly developed countries, out-of-pocket healthcare spending amounts to only 15%.



# Global Health Solutions

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**8 out of 10 Filipino Nurses Agree:**  
Technology is vital in enhancing patient care  
and optimizing health care efficiency.

## Artificial Intelligence global market size value at \$50.4 billion in 2022

This figure is projected to expand at a compound annual growth of 37.5% by 2030.

## Sea of change: 4,000% increase in digital health utilization during the pandemic

People are no longer satisfied by a healthcare system that is difficult to access and navigate. In the US, 76% of consumers are interested in using virtual care, 36% said they wanted to leave their current doctor for one that offered virtual care, and 28% of consumers said they preferred virtual visits to in-patient visits.

## 41% AI growth through 2030 in Asia-Pacific

Growth will be driven by rapid innovations and development in IT infrastructure, and entrepreneurship ventures. The region has shown increasing investments by private firms, venture capitalists, and non-profit organizations, as well as improved data analytics and security.



## Lesson #1:

Healthcare transformation is held in the hands of nurses.

“For decades, nurses have kept the healthcare system going, very often unrecognized, unappreciated, and yet in power positions of leadership. Times are changing. It is important that we recognize that healthcare transformation is held in the hands of nurses. We cannot do this anywhere, in any country, without building nurse leadership.”—**Margaret Wilson**

“The nursing shortage is the most critical for health systems, as we know, because nurses deliver the highest percentage of care—both preventative and curative. And because of the magnitude of the shortage, as we know, there’s a lot of work to be done in this space.”—**Sarah Chart**

“Nursing is 50% of the global workforce, but they certainly do not have 50% of the voice. Usually there is strength in numbers; it is not entirely clear to me why nursing as a profession, and for all of you as nursing leaders, have abdicated or squandered such strength... I do think we can do better together. The ASEAN, [for example], started out as a political construct, but when the Americans started to close markets, when the Europeans formed their Union, the ASEAN... [chose to] exercise our clout as an economic region of 700 million people. And that has been reasonably effective. And out of all these have spun many regional organizations for training, digitization... harmonization of standards, and so on. I do think that in healthcare, we have been quite miserably soft in this area, and certainly a lot of content that is created for one country can be used across multiple countries.”—**Jeremy Lim**

“If ever Advanced Practice Nursing will be considered a priority, this will give an opportunity for our nurses to have nurse-led clinics, which...could [give nurses] a high level of independence in the practice, which is not happening now... We still definitely need doctors—we advocate for an inter-collaborative professional practice. But in terms of independence, [in these nurse-led clinics], we can stand alone on our clinical decisions and on how we will operationalize these nurse clinics.”  
—**Melvin Miranda**



## Lesson #2:

Creating safe spaces where burnout and mental health can be openly discussed, is paramount.

“I came out of a generation of clinicians where you couldn’t say you were a physician, and you say something about your mental health in the same breath.”—**Margaret Wilson**

“Burnout mirrors depression...because there is a drop in energy, a lack of enthusiasm, but it does not pose a threat to one’s mental condition. Burnout is usually confined to a specific zone, like work. There’s still enthusiasm in dressing up to go to a party. Depression spills over; it is pervasive and encompasses everything...there is anhedonia, an incapacity to feel pleasure or even appreciate loved ones. Depression can even lead to danger, with the individual potentially harming him/herself or another.”—**Gang Badoy-Capati**

“The good news is burnout happens incrementally... you can arrest it. As a nurse leader or policy maker, if you give [nurses] an environment that constantly makes them feel like they are growing, there is a big chance [that burnout] might not reach the drastic stages.”—**Gang Badoy-Capati**

“We need to create an environment where failure can be discussed. We need to be ready to support, recognizing that most failures in our teams, around work, around innovation, even around clinical quality of patient safety, are not necessarily always a failure of an individual. Many times, they’re a failure of the system that we have collectively put in place.”—**Margaret Wilson**

“We don’t know when pandemic-driven PTSD will surface for our healthcare workers—there must be a space for nurses to go when PTSD, or grief, strikes.”—**Gang Badoy-Capati**

“Technology can be a solution: Electronic Health Records can help the healthcare professional better manage care for patients and provide better health care. Unsung benefits include additional perks for the clinician, such as improved productivity and work life balance, improved efficiency that can help the healthcare professional meet their goal.”—**Sarah Chart**



## Lesson #3:

Healthcare is fundamentally people taking care of people, people taking care of communities. Amplify this by leveraging new technology.

“Technology can help improve care. It can improve with diagnostic accuracy, it can improve with the number of mistakes that are made, and it can also streamline the administrative burden on healthcare professionals, allowing them to do what they do best, communicating with the patient population that they serve.”—**Sarah Chart**

“I think the biggest misconception about healthcare leadership is that you have to be a clinician to be a healthcare leader. That’s also perhaps the biggest mistake healthcare leaders make when we expect that. Taking that approach (that you have to be a clinician) prepares us for today. It doesn’t prepare us for transformation.”—**Margaret Wilson**

“Nursing must accelerate its transformation to a digitally-enabled profession by investing in informatics education, research and practice. Nurses should upscale in data science and other digital health topics to ensure emerging technologies such as AI are developed appropriately and safely in nursing practice and patient care.”—**Sarah Chart**

“What we are seeing globally is that patients prefer to be in control about decisions over their health. And we’re looking at how you can also use technology to improve efficiency and effectiveness of the healthcare industry, or specifically healthcare service delivery. And if you look at the data, the Philippines is slightly above global average, wherein patients want to be in control about their health.”—**Christine Dugay**

“Nurses have an important role—not only as clinical reviewers of a final product, but as contributing partners from ideation to strategy, design, development, implementation, and maintenance of health technology products. Many of the digital health products that make it to a patient, is often through a nurse providing it to them.”—**Sarah Chart**





## Lesson #4:

When it comes to the Philippine nursing diaspora, managing the flow is better than being managed by the flow.

“The world is desperately short of nurses. We are in a global war for talent, whether we like it or not, and the dumbest thing to do would be to close your borders... to reverse the diaspora is not a good idea—because we do want people to go into nursing. The challenge is how to manage the flow, to have a win-win outcome.”—**Jeremy Lim**

“We don’t have the numbers: Our licensure boards track licenses on a cumulative level. It just adds and adds. A nurse may be renewing her license but practicing overseas; or a nurse may have passed away, but her license is still counted... we do not know the [actual] number [of practicing nurses].” —**Christine Dugay**

“[With GCash], it’s easy these days to receive money, right? It baffles me why it is not possible to charge [nurses] P100 a year to continue to be in the nursing register—and you must be in the nursing register to practice nursing. Then immediately [we know] who is active in the practice, who isn’t, and so on. A hundred years ago the administrative burden of collecting this data may not have been worth the pain, but in today’s era, where you can press a few buttons to send and receive money, isn’t the data worth it? Otherwise, how do you even plan? I mean, the stats currently say there are 915,219 nurses—so precise. But as the previous panel shared, we frankly have no idea how many of them are dead, how many are overseas. Without data, how do you make good decisions?”—**Jeremy Lim**

“At Manila Doctors, we have a program called Formula 1, the E2D2 program. Enrollment, Employment, Development, Deployment. We are not looking at blocking the opportunities for overseas employment, but we have to redesign our model in such a way that we can develop nurses, they’ll work with us, and we will be partnering up with hospitals and with health facilities around the world.”—**Rodolfo Borromeo**

“Currently, there aren’t any initiatives similar to the DOST’s *Balik Scientist Program*, but one of the priorities of the government now is focusing on jobs, particularly in the health sector. One of the priorities is reattraction of overseas talent... Education plays a big part. We have to create that nursing pool and the pipelines, regardless of where the exits are: domestic, international, or to other sectors. And we have to make the profession attractive—even if we don’t compete with international salaries, at least a livable salary in PH with security of tenure.”—**Justine Raagas**

“If your place in life is to train nurses for the world, just make sure you take as good as you give, so that the equation of everything is reasonably fair.”—**Jeremy Lim**

“Since the Philippines is helping solve the national problems of healthcare [of other nations], what’s in it for us? [These countries can] invest in our education system, invest in our nurses, so that we can continue developing the supply for domestic and international.”—**Justine Raagas**



## Lesson #5:

Winning the fight towards equitable healthcare for the Philippines entails multi-stakeholder participation.

“It must be pointed out that the Philippines’ healthcare system follows different structures for both national and local government units. LGUs have the autonomy to issue ordinances that seem to contradict Republic Act 9173. At the national level, DBM cannot fully implement policies as they lack the basis for implementation. There is a strong call for us to reconsider our pending Nursing Bill for the legislators.”—**Melvin Miranda**

“Policymaking has been too prescriptive on the part of the government, in the sense that they (government) keep giving us too many policies without us being consulted. We should be part of those who are consulted (for policymaking) as we are the ones experiencing things first-hand; our input can contribute significantly to the improvement (of healthcare).”—**Rodolfo Borromeo**

“The healthcare sector is so diverse, and we have multiple competencies and skills that cut across the sectors, so when you think about the jobs and when you think about the education pathways to that, we really also have to come together as one sector and think of all the multitudes of job opportunities, and how we can teach that across multiple programs... so that [nurses] know there are on-ramps and off-ramps, where one program is stackable towards a degree in the future ... that is kind of my dream, to build an education system for nurses that is really very well-articulated and that can provide information on demand, and would really allow people to enter, exit, gain employment, come back even, and learn more skills.”—**Justine Raagas**

“Currently there is no established career progression framework in the country. We need for regulations to be aligned.”—**Melvin Miranda**

“What can we do for nurses to prevent emigration? And they’re saying raise their salaries... we ask the question, so entry level or Nurse 1, they are asking and demanding that we should increase their salary to P50,000 or about \$1,000 a month. But really, if you look at it, and continue that logic... raising the salary is not only on nursing level 1. It will have a laddered or domino effect across all nursing levels, not only on nursing levels, but of course, also your physicians, and at the bottom line, it would mean that we will also increase the prices of healthcare service delivery. So the question that we ask is, is it really all about just increasing the salary?”—**Christine Dugay**



## Lesson #6:

There is a need to elevate the nobility of the nursing profession:  
Stop treating nurses as commodities of trade.

“People from developed nations don’t take up the profession because they are cognizant that there is a supply of Filipino nurses willing to take on the jobs. Maybe we should reframe this as something positive—as leveraging power. What can they do for us?”—**Justine Raagas**

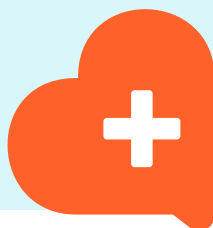
“We are a developing country, economics is something that is an issue to all of us. A lot of families, even parents, are pushing their children to take up nursing. Why? Simply because they want them to look at greener pastures outside the country. However, can we look at how we can divert such impression and perception of our nurses? Let’s bring back the days where nurses and doctors are perceived as the ones who are saving their lives. Because if there is one reality that the pandemic has vividly highlighted, it’s the value of physicians and doctors to society.”—**Rodolfo Borromeo**

“We want to maintain the dignity of our profession. One thing [crucial] to develop better nurses in terms of service and compassion... is really a stronger partnership between how we prepare our students and how they can start working in the different sectors of healthcare. And not only looking at hospitals... There are community settings, all areas that were mentioned earlier, [that are geared] towards making our students understand their mission. I do agree that economics will come into play, but then it should not overrule or overcome the nobility of the profession. It’s a reality—overseas would be an option; other industries would be an option. But I just do not like our nurses to grow thinking that they are more of a commodity than the real essence of their existence.”

—**Rodolfo Borromeo**

**These lessons capture some of the many ideas exchanged during the 2023 Optum International Nurse Leaders Forum.**

**We encourage all stakeholders to keep the conversations going.**





# Nurse Leaders Forum

Conversations on Global Health Challenges





# Optum Health Education

Scan the QR code to view the Optum Health Education page for the presentations and transcripts during the event.



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