Deeper Dive on Team Roles: Part I

Moderator:

Diane Altman Dautoff, MSW, EdD, Sr. Consultant, Qualis Health

Speakers:

Ed Wagner, MD, MPH, Director (Emeritus), MacColl Institute for Healthcare Innovation at Group Health

Lara Salazar, SPHR, Director of Workforce Learning and Development, Montana PCA

Sue Barba, Director of BH; Ashley Crawford, LPN, Care Coordinator; Megan Kiser RN, Quality Department; Jessica Carmen, front office assistant; Susan Hamilton, front office assistant; Beaver Falls Primary Care & Behavioral HC, Beaver Falls, Pennsylvania

Jay Brooke, Executive Director, High Plains Community Health Center, Lamar, Colorado

8 Change Concepts for Practice Transformation

1. <u>Foundational Changes</u>

   Engaged Leadership

   QI Strategy

   Empanelment

2. <u>Changing Care Delivery</u>

   Continuous, Team-based Healing Relationships

   Patient-Centered Interactions

   Organized, Evidence-based Care

3. <u>Changing Patient Experience</u>

   Enhanced Access

   Care Coordination

Building an Effective Primary Care Team

Ed Wagner, MD, MPH

MacColl Center for Health Care Innovation
Group Health Research Institute
Seattle, WA USA

Safety Net
Medical Home Initiative

High Quality Primary Care Practices:

- Surround their clinicians with skilled, empowered staff.
- Heavily involve their non-provider staff in meeting fundamental patient needs (e.g., immunizations, self-management support, care coordination, follow-up).
- Involve staff in quality improvement.

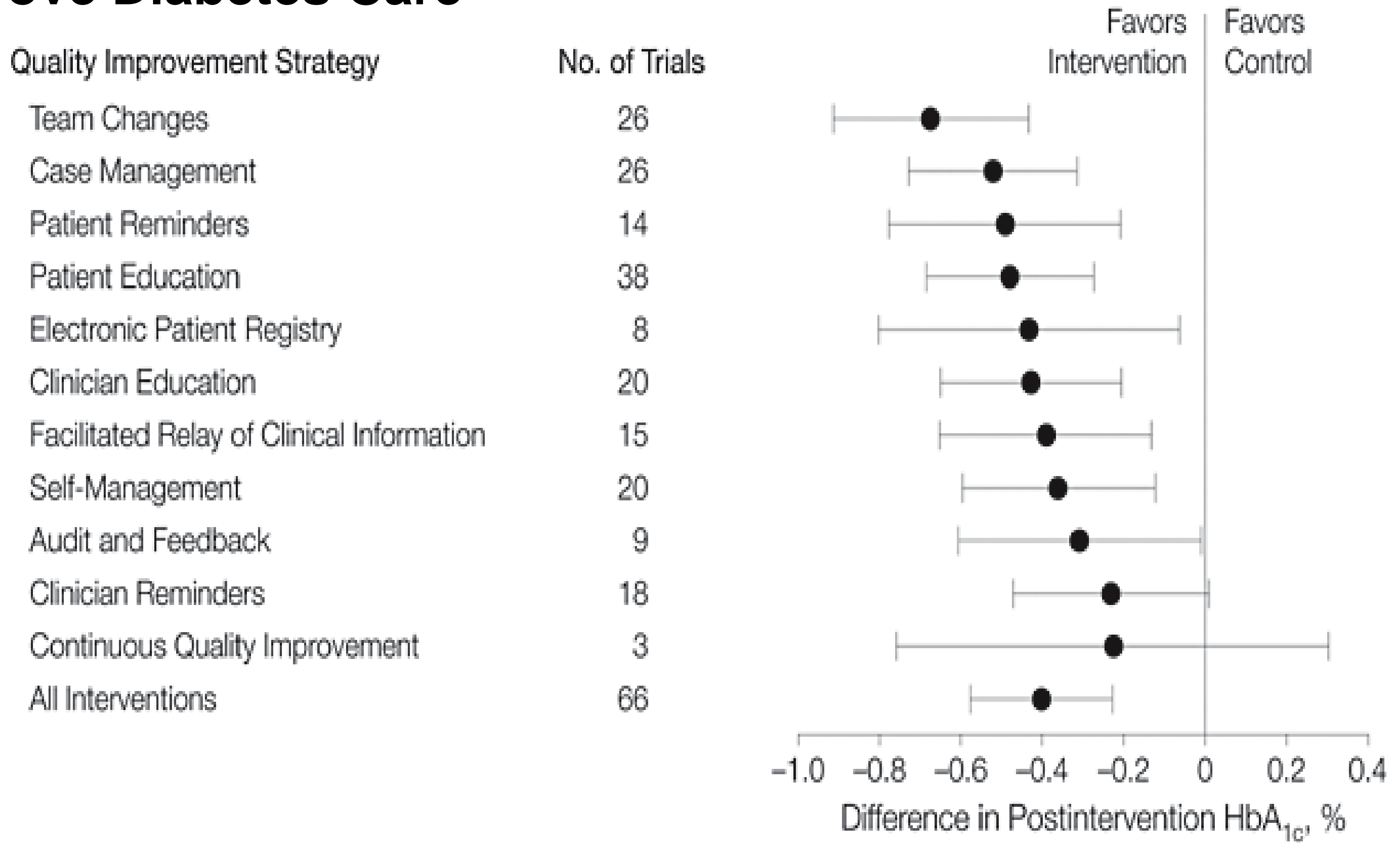
Two ways to think about staffing

How many community health workers, MAs, LPNs, RNs, etc. do we need?

What are the critical roles and tasks needed to care for our patient population?

Patient Needs for Good Outcomes	Practice Roles/Functions
Drug therapy that gets them safely to the therapeutic target	Medication Management
Effective self-management support	Self-management Support
Preventive interventions at recommended time	Population Management
Evidence-based monitoring and follow-up tailored to severity	Follow-up/Care Management
Coordinated services	Care Coordination

Findings from a Meta-analysis of Studies of Interventions to Improve Diabetes Care



Shojania, K. G. et al. JAMA 2006;296:427-440.

Medication Management

- Medication reconciliation and adherence monitoring are crucial as care gets more complex.
- Many chronic conditions treated by stepped care protocols that increase treatment intensity to reach goal.
- Clinical Inertia – Treatment is not changed in visits with individuals not achieving therapeutic goals.
- Nurses or other care managers monitor clinical outcomes (e.g., BP or PHQ-9), and adherence and adjust therapy either directly or by notifying the provider.

Self-management Support

- Organize and train team members to provide self-management support and counseling
- Make self-management support a part of every interaction.
- Increasingly provided by trained MAs or lay persons.

Population Management

Population management

- Maintain a database (Registry) that includes key information on important patient groups within a practice population.
- Monitor the database to identify and reach out to those needing service.

Follow-up/Care Management

- The quality of F/U is an important determinant of good outcomes for prevention, acute care or chronic care.

- Non-clinicians supported by standing orders can provide effective follow-up and care management.

Care Coordination

- Develop linkages and agreements with specialists and community resources
- Help patients access outside resources
- Assure timely flow of relevant information to and from referral sources

What have successful centers done to implement the PCMH?

- Build effective QI and clinical teams
- Define roles and tasks and distribute them among the team members.
- Train and empower staff in their roles.
- Exploit their IT systems to facilitate roles.

Contact us at:

www.improvingchroniccare.org

MacColl Center for Health Care Innovation

Utilizing of the role of HR through PCMH Practice Transformation

Lara Salazar, SPHR
Director of Workforce Learning and Development at Montana Primary Care Association

Who's minding the culture?

All roads toward PCMH transformation circle back to the people being asked to transform.

The beings involved in this healthcare transformation journey are humans.
.

To intentionally dedicate an organizational lead to focus on how the humans are doing during change, is the key to becoming a true Patient Centered Medical Home.

Humans need supportive resources to make transformative change take place successfully.

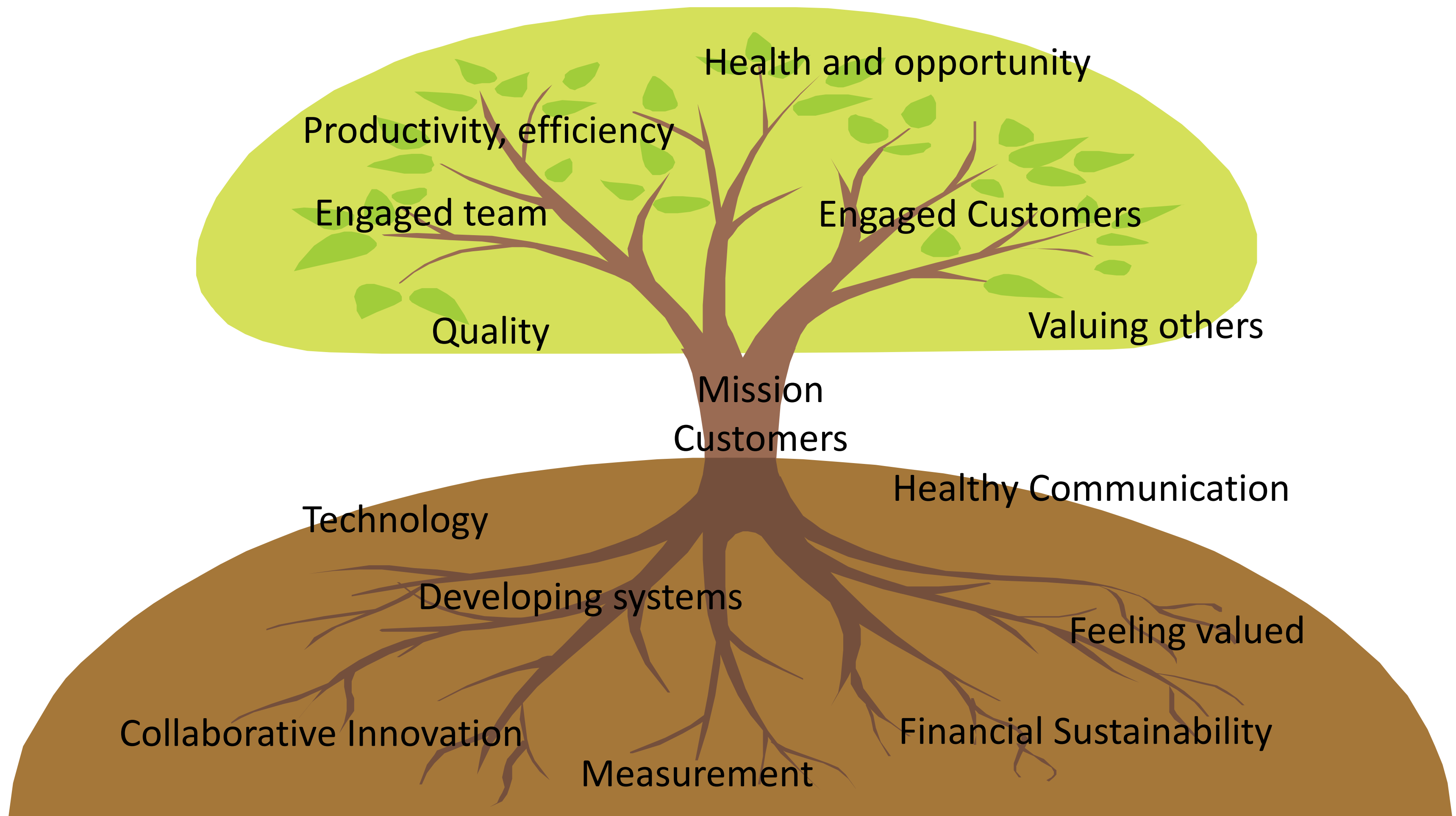
Who better than your HR Specialist and department to support this very important component in the PCMH journey?

Examples of Levels of HR Management

Director	Manager	Generalist
Strategy Partner	Implementation/Oversite	Administration
Cultural Vision	Culture Monitor	Culture Supporter
Change Leader	Change Implementation	Change Logistics/Support
Training Development	Trainer	Training Coordination
Org. Assessment Program Development	Org. Assessment Analysis	Assessment Dissemination/Collection

Identify & leverage your team's best skills & interests!
Leadership? Detail? Collaboration? Facilitation? Compliance? Service?

What should remain constant, and then result in improvement through transformation?



Likely, the "patient-centered" part of PCMH is already a part of your mission

SO…….

Make Transformation a Part of Every Day
Human Resources Management

Beginning PCMH Journey	During Transition Process	Application for Recognition	Sustainability
Steering Committee	Meeting facilitation	Policy creation and review	Performance Evals connect to PCMH
Job redesign analysis	PCMH in all staff education events		Establish goals to sustain
Employment law awareness	Connecting job purpose to PCMH	Checking boxes versus core philosophy “check-ins”	Modify performance tools
Communication plan	Managing staff wellness		On-going training
Helping managers message	Assessment schedule	Involving staff in review process	Patient-centered staff recognition
Developing new performance tools	Involving staff voice		Staff-centered culture
United leadership team	Aligning training , active training schedule	Helping to complete sections	Employer and HC Provider of Choice

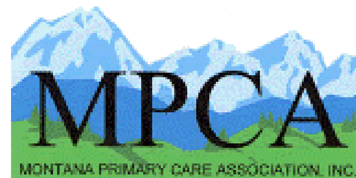
Call or e-mail!

Lara Salazar, SPHR

Montana Primary Care Association

lsalazar@mtpca.org

406-220-1151



SWOT Analysis

BEAVER FALLS PRIMARY CARE

Sue Barba, Director

The Beginning of the Journey

- Strengths
  - Multi site, Physician, PRHI, Sliding scale, Staff
- Weaknesses
  - Change in Practice Administrators, Leadership on site, Training, Paper charts, Staffing, Delays
- Opportunities
  - Share space with Behavioral Health, PCMH Committee, AmeriCorps, patient population
- Threats
  - Transportation, Parking, Chronic Pain Population, High Crime

Along the Path

- Addressing the Weaknesses
  - Current Practice Administrator, Practice Coordinator, Cross Training for EMR, Telephones are answered by third ring, EMR, Staff, Reorganization, Care Coordinator
- Addressing Opportunities
  - Additional staff, Leadership for medical home transformation, Data collection
- Addressing Threats
  - Employee parking lot, Transportation Services, Controlled Substance Contract, Security Measures

High Plains Patient Facilitators

Medical Assistants on Steroids

Jay Brooke, Executive Director

Starting Principles

- **Give Providers Maximum Support**
- **Have the Providers Do Only Those Tasks That Others Scope Will Not Allow Them To Do**
- **Utilize Standing Orders**
- **Maximum Use of Technology**
- **Cross Train and Eliminate Front and Back Office Roles**

Where Do We Find These Folks?

- **Hire for Attitude and Train for Skills**
- **Traditionally Trained People Not Always the Best Fit**
- **Take People with the Right Attitude and Train In-House**

Training

- **Train in-house utilizing a competency list that gets checked off when they have mastered a particular competency**
- **Provide in-house classes after a year of experience for the purpose of passing a test to be a Certified Medical Assistant**
- **Each provider grooms their Patient Facilitators to fit their style**

Provider Concerns

- **Clinicians initially generally skeptical about being supported by non-traditionally trained assistants**
- **Most soon become quite trusting**
- **Concerns do get raised again when there is a rare incident such as a wrong immunization given or other mistake**

What Is a Provider Team

- Physician, Nurse Practitioner or Physician Assistant

- Three Patient Facilitators

- Health Coach

What Do Patient Facilitators Do?

- Greet Patients
- Check Patients In
- Take Vitals
- Wellness Screens
- Injections
- Blood Draws
- Schedule Appointments
- Triage Calls
- Referrals

How Are We Doing?

- NCQA Recognized PCMH Level III
- Dr. Wagner and His Team Here Last Month to Learn How We Do Things Because of Our Excellent Clinical Outcomes
- Qualified for 1st Level Meaningful Use and Well on Way to Qualify for 2nd Level
- Starting to turn the corner on reducing obesity in our patients

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Please take our survey by clicking on the following link:

http://www.surveymonkey.com/s/8TTTLSS