Training the Primary Healthcare Team for Transformed Practices

Healthcare in America is being transformed, but is the healthcare workforce prepared?

JEFFREY BORKAN, MD, PhD

ABSTRACT

Sweeping changes are taking place in American health-care, with new practice models rapidly emerging such as Patient Centered Medical Homes and Accountable Care Organizations. Payment mechanisms, so long based on fee for service, are being augmented and in some cases supplanted by “per member per month” and “pay for performance” approaches, as risk contracts become more common – and normative. Is the health workforce ready for these changes? What professional skills and competencies are needed for “transformed practices?” This paper addresses these questions, examining the current state of training for the health professions today, exploring the development of skills, attitudes, and knowledge across the educational continuum, and suggesting future directions for professional development.

KEYWORDS: Patient Centered Medical Homes (PCMHs), Accountable Care Organizations (ACOs), healthcare transformation

INTRODUCTION

Sweeping changes are occurring in American healthcare, accelerated by the implementation of the Accountable Care Act. These range from new practice models such as Patient Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs), to innovative payment mechanisms. New norms are being created as fee for service is being augmented and in some cases supplanted by “per member per month” and “pay for performance” approaches and as risk contracts become prevalent. The further implementation of the Affordable Care Act will ensure that more patients and families have health insurance coverage. This likely will bring a greater focus on primary care and prevention, as well as a vastly increased demand for comprehensive, whole-person, first-contact care, provided by generalists such as family physicians, primary care internists, and pediatricians.

However, achieving optimal health and well-being for patients, their families, and communities may demand more than what an individual physician can provide. Institute of Medicine reports, including To Err is Human—Building a Safer Health Care System,1 Crossing the Quality Chasm,2 and Integrating Primary Care and Public Health,3 have underscored the critical need for developing new approaches to patient care that focus on patient safety, primary care, and population health in order to deliver high-quality care. New emerging models, which promise to transform practice with improved quality, outcomes, and patient experience at lower cost, such as PCMH and ACO, will require that primary care doctors act in teams with a range of other providers in caring for individuals, communities and populations. To be successful, these teams – composed of physicians, nurses, behavioral health specialists, pharmacists, medical assistants, and others – will need to know how to work together in an integrated, coordinated, seamless fashion. In addition, tomorrow’s healthcare teams must be as facile in matters such as population health, information technology, and care coordination as they are in measuring blood pressure, diagnosing ailments, or writing prescriptions.

The goal of this article is to examine the current state of healthcare workforce training for “transformed practices” in the new healthcare environment, to suggest key skills and competencies that are required for success, and to stimulate both discussion and action. The focus of analysis is the preparation of members of healthcare teams for work primarily in Patient Centered Medical Homes and secondarily in Accountable Care Organizations, but the skills thus examined are generalizable to other integrated, coordinated settings. (Table 1)
Table 1. Characteristics of Patient Centered Medical Homes and Accountable Care Organizations

<table>
<thead>
<tr>
<th>Patient Centered Medical Homes¹</th>
<th>Accountable Care Organizations²</th>
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<tr>
<td>• Personal physician</td>
<td>• Group of physicians, other healthcare professionals, hospitals and other healthcare providers that accept a shared responsibility to deliver a broad set of medical services to a defined set of patients across the age spectrum and who are held accountable for the quality and cost of care provided through alignment of incentives.</td>
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<tr>
<td>• Physician directed medical practice</td>
<td>• Primary care should be the foundation of any ACO</td>
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<td>• Whole person orientation</td>
<td>• The goals of an ACO structure are to improve the quality and efficiency of care provided and to demonstrate increased value from health care expenditures.</td>
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<tr>
<td>• Care is coordinated and/or integrated</td>
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<tr>
<td>• Quality and Safety</td>
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<td>• Enhanced access</td>
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<td>• Payment reform</td>
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Table 2 lists important domains of essential skills and competencies.¹,² Though many of these elements are present in the curriculum of a broad range of medical schools, students often have limited exposure to them. For example, though inter-professional teamwork is often critical in the professional lives of physicians, irrespective of discipline, Alpert Medical School of Brown University devotes only two half-days to the topic through a recently established program. Furthermore, systematic review of training in these skills and competencies is lacking in the main.

Where in the educational continuum can skills, attitudes, and knowledge be obtained?

One of the key questions in preparing the healthcare workforce for transformed practices is how to reach them for training. No one has as yet designed a single, unified system that can improve skills and competencies efficiently, effectively, and generally, i.e., across all types of healthcare professionals, irrespective of level. As transformed practices become more widespread, new skills and competencies will be required, not only of students in the various health professional schools, but also of persons in the vast professional workforce currently deployed. Ideally, the knowledge, skills and attitudes required for such work would be included at multiple points in “educational spirals” – with greater depth and complexity at each level of training. Professional schools would offer theoretical and experiential learning in key skills and competencies right at the start of training, and continue the formation process through graduate and post-graduate training, residencies, and fellowships. Lifelong learning would be encouraged with further opportunities for continuing education/professional development, incentivized with regulatory certification and recertification. As well, healthcare professionals would learn about transformed practices through their own experiences as patients in such settings.

What is the current state of training for specific professions?

Physician Assistants (PAs) and Nurse Practitioners (NPs)

Many essential skills and competencies required for transformed practices are intrinsic to PAs’ and NPs’ training and roles, including a focus on team-based care, care coordination, and integration of the various elements of care. Currently, major differences exist in the variously defined roles of PAs and NPs in the PCMH, varying from being considered a part of the healthcare team [PCPCC definitions].

What are the skills and competencies needed for transformed practices?

Multiple new essential skills and competencies will be needed for members of the healthcare team to function effectively in transformed practices. Essential skills and competencies are defined as skills and competencies which enable people to perform tasks required by their jobs, as well as to adapt to changing job requirements.

Table 2. Domains of Skills and Competencies Required for Transformed Practices such as PCMH and ACOs⁶,⁶

<table>
<thead>
<tr>
<th>Essential Skills</th>
<th>Additional Skills</th>
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<tr>
<td>• Patient Centered / Whole Person Care</td>
<td>• Facilitative Leadership vs. Authoritarian Leadership</td>
</tr>
<tr>
<td>• System-Based Care</td>
<td>• Aligned Vision for Clinical Care, Operations, and Financial Function</td>
</tr>
<tr>
<td>• Practice-Based Learning</td>
<td>• Healthy Relationships Characterized by Rich Communication, Shared Trust, and Regular, Protected Time to Reflect and Learn</td>
</tr>
<tr>
<td>• Communication &amp; Professionalism</td>
<td></td>
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<td>• Teamwork &amp; Interprofessional Training</td>
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<td>• Chronic Disease, Practice &amp; Population Management</td>
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<td>• Coordination &amp; Transitions of Care</td>
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<td>• Quality, Performance, &amp; Practice Improvement</td>
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<tr>
<td>• Information Technology</td>
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to capacity for independent practice in states where this is allowed [NCQA standards]. Nonetheless, “The American Academy of Physicians Assistants (AAPA) supports the medical home concept as a means to expand access and improve the quality of patient care.” [Adopted 2008 and amended 2010], and as a result, continuing education sessions are offered at PA educational conferences regarding the PCMH, and recently, an online community of PAs involved with PCMHs has been initiated.

Nursing
As with PAs and NPs, many essential skills required for transformed practices are intrinsic to training and role – from team nurse to nurse care manager. Traditional nursing skills have been put to the test by the demands of the new roles in transformed practices, for example, the role of the “nurse care manager.” Although the majority of nurses in such new roles have little or no additional training, they have expanded access to continuing education through collaborations and online courses. One of first of these opportunities was offered by John Hopkins and is composed of online learning modules. The Hopkins’ “Guided Care” program is designed to produce a “specially educated registered nurse” who “plays a critical and central role in ensuring that patients receive high-quality and coordinated care.” Another interesting development has been the establishment of new national standards for master’s level programs in nursing that incorporate criteria for Quality Improvement and Safety, Translating and Integrating Scholarship into Practice, Informatics and Healthcare Technologies, Health Policy and Advocacy, Interprofessional Collaboration for Improving Outcomes, and Clinical Prevention and Population Health.

Medical Assistants, Medial Office Assistants, Coaches, and Patient Navigators
Few training programs provide medical assistants, medical office assistants, coaches, or patient navigators with the skills and competencies needed for transformed practices. Individuals in these roles who work in transformed practices such as PCMHs must get upgraded mostly through on-the-job training. However, some collaborative and working groups help to facilitate training for these crucial workers, and a few programs, such as one offered by the University of Utah, are designed specifically for new models of practice.

Pharmacists
Pharmacists, perhaps more than any other professional group, have engaged in training in the skills and competencies needed to serve transformed practices through innovative educational programs at select schools of pharmacy in Ohio, New Jersey, Minnesota, Washington State, and Connecticut, among others. Interdisciplinary team training in schools of pharmacy is common. In addition, advanced continuing education is frequently offered by professional groups with efforts to encourage expanded roles to include provider/medical service functions. A concerted effort has been made to enhance the patient-pharmacist-physician collaborative relationship with the pharmacist as a physician extender, using evidence-based practice in areas such as chronic disease management.

Behavioral Health
Behavioral health professionals, whether psychologists, psychiatrists, social workers, or other therapists, have had particularly good access to training for collaborative practice and interprofessional teams. Given the high incidence of psychosocial complaints and the connection of health and behavior, integrated behavioral health services is considered to be one of the essential requirements of any meaningful primary care initiative. The American Psychological Association provides multiple opportunities to train the psychological services workforce. Other groups, such as Collaborative Family Healthcare and the Society of Teachers in Family Medicine, provide relevant annual conferences and training opportunities, as well. Although formal specialty in primary care psychology has yet to emerge, increasing numbers of formal training experiences, including postdoctoral fellowships, rotations on internships, and practicum experiences at the doctoral level have appeared. Psychology residency training in “primary care psychology” is available at a few locations [including the Department of Family Medicine at Brown University].

The field of social work has given much thought to the role of social workers in the patient centered medical home. There are natural parallels in traditional social work skills and competencies, such as comprehensive case management for the whole person – medically, socially, psychologically, functionally and economically – within the context of his/her support system. Social workers are trained to assess, intervene, and consult at multiple levels – individual, family, community – and to provide care coordination and patient navigation. Social workers not only provide essential support to patients and patients’ families, but also tend to know what services are available in a given community and how to access them – capabilities that are critical to transformed practices.

Medical and Osteopathic Students
Medical and osteopathic students around the US are beginning to get exposed to PCMH clinical sites and curricular modules at a number of schools, including the Alpert Medical School of Brown University. A growing number of PCMH-relevant clerkship programs are in place and scores in the planning phase. One medical school, the University of Oklahoma at Tulsa, may represent a “best practice.” In 2009, the OU President announced, “…new models of care such as patient centered medical home… must be taught to physicians in training if we are to create a high quality and more efficient health care system in the US.” OU has proceeded to provide such training in their medical schools, with others

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planning to follow. The proposed Primary Care-Population Health Program at the Alpert Medical School will expand the OU model even further. Twenty-four students per year will receive a unique education that integrates basic science with medical science and population health.

Residency Education & the PCMH
Individual and networked pediatrics, family medicine, and internal medicine residency programs around the country have converted their training sites to patient centered medical homes, with improvements in the curriculum to provide necessary skills. A 2012 survey of Departments of Family Medicine reveals that nearly 90% are actively involved in transforming the care model in at least one of their residency program teaching clinics to a PCMH model. Their approaches vary widely, however, from focusing on special populations for the PCMH, such as the homeless (e.g., Jefferson Medical), to creating a PCMH with single third party incentives (e.g., Michigan Blue Cross Blue Shield), to creating a PCMH with multiple third party incentives (Brown-CSI-RI), to whole-system reform with incentives (Cleveland Clinic, Kaiser, and Group Health). A few areas have organized regional collaboratives to transform primary care residencies into medical homes. The best known of these initiatives are Washington State’s Medical Home Collaborative (11 residencies), the “II Collaborative” in South Carolina, North Carolina, and Virginia (23 programs: Family Medicine, Internal Medicine, Pediatrics), and a Colorado initiative (7 Family Medicine programs).

Fellowship Programs
At the present few fellowship programs prepare recent residency grads for PCMH and other transformed practice and leadership. Four exceptions include:

- “Transforming Primary Care” Fellowship in PCMH at UCLA-Harbor
- Individual fellowship with Dr. Perry Dickinson at U of Colorado, Denver
- Einstein School of Medicine Fellowship (includes PCMH team building)
- Healthcare Hot-Spotting and Super-Utilizer Fellowship, Crozer Keystone Health System, Department of Family Medicine, Camden Coalition of Healthcare Providers, Cooper University Hospital

Suggestions for the Future
We will have to do more if we expect to prepare the healthcare workforce to meet the needs of emerging transformed practice models. Healthcare professional training programs in all fields need to be involved and need to work together. Although we appear to be in a rapid-expansion phase in education, training, and consultation, we need additional demonstration and full-scale projects at the local, state, and national levels. In addition, we will likely need new educational models that reach learners and veteran staff where they live and work. These will have to be tailored to specific professional roles and settings. New efforts to collect, disseminate, and evaluate curricula, teaching methods, and educational mediums should be encouraged.

References

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