Workforce Training for PCMH:
What are We doing to Equip the Team?

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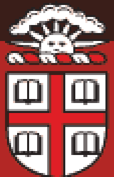

BROWN
Alpert Medical School

Goals

- Examine current workforce training in practice transformation/patient centered medical homes for the broad spectrum of healthcare professions needed for PCMH Teams
- Suggest key skills and competencies
- Examine strengths and gaps
- Stimulate discussion and action

“Ideal Primary Care” goes Medical Home 2011

Unfortunately, no-one has any training or background

They search the internet, find “consultants”, spend $25,000, plus another $10,000 for the promise of NCQA certification, purchase a $120,000 medical record, and join 4 chronic care collaboratives

Bedlam ensues:

None of it seems to work, the staff begins to revolt, the partners begin to bicker, the patients get poorer care from the demoralized and disorganized practice,
…which closes 10 months later

What if…

…the Congress and the Administration mandated Patient Centered Medical Homes to open around the country in one year….

- We would first celebrate….

Harsh Reality

- Then realize that we have few trained clinicians, administrators, or teams to staff them and few educational programs designed to specifically train for the medical home

But there is more to the story…

Hope is on the way

- Rapid expansion phase in educational, training, and consultation services
- More demonstration projects on local, state, and regional
  - more experience
  - more mentors
- New models on the horizon
- New efforts to collect & disseminate curricula

STAGES OF CHANGE
contemplation
pre-contemplation
relapse
preparation
maintenance
action

Data Collection

- *What is out there today?*
- *What is in the planning stages?*
- *What new models are emerging?*

- Nurses
- Nurse Practitioners
- Physician Assistants
- Pharmacists
- Psychologists
- Social Workers
- Physicians
  - AAP, AAFP, ACP, AOA

Disclaimer: apologies if your program or interdisciplinary group was missed – rapidly changing arena

Framework of Training Possibilities
When can we reach the learners?

- Professional School
- Graduate education
- Residences
- Fellowships & Post-Docs
- Continuing Education/Professional Development
- Certification/Recertification

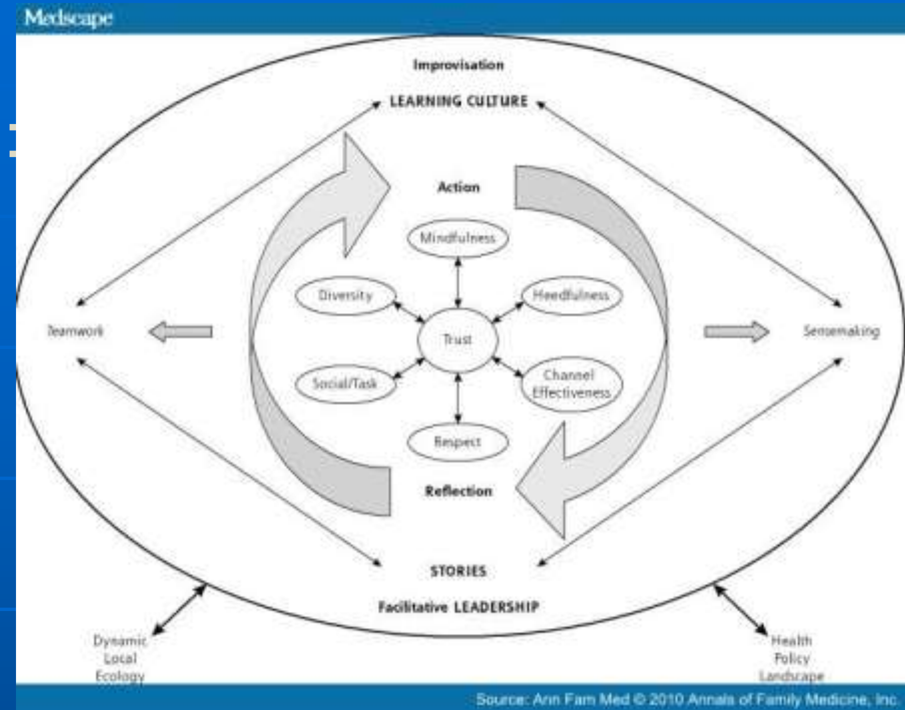
Essential Skills for PCMH

"Domains of Competency" from PCMH Principles

Essential Skills **enable** people to perform tasks required by their jobs as well as adapt to change

- Patient Centered/Whole person care
- System-based care
- Practice-based learning
- Communication & Professionalism
- Teamwork
- Chronic disease management
- Practice & Population Management
- Coordination & Transitions of Care
- Integration of Care
- Quality, Performance, & Practice Improvement
- Information Technology
- Behavioral Health

Additional Skills required…
Other Key Attribute for PCMH: Adaptive Reserve



- **Leadership** facilitative vs. authoritarian
- **Aligned vision** for clinical care, operations, and financial function
- **Healthy relationships** rich communication, shared trust and regular, protected time to reflect and learn

- *Transforming Physician Practices To Patient Centered Medical Homes: Lessons From the National Demonstration Project. Nutting, P. et al. Health Affairs. March 2011.*

- Learning culture
- Mindfulness
- Reflection
- Sense Making
- Respectful Interaction

- *Facilitating Change: Lessons from the TransforMED National Demonstration Project. Slide Presentation from the AHRQ 2009 Annual Conference, Elizabeth Stewart*

Competencies: Conceptual Frame

- Foundational
  - Inter-professional understanding and appreciation
  - Relationships/team work
  - Efficient and effective communication
  - Individual and cultural diversity
- Functional
  - Assessment / Diagnosis
  - Intervention
  - Consultation
  - Research / Program evaluation
  - Supervision / Teaching
  - Management / Administration

Profession by Profession Presentation

- Please briefly add any further insights into model programs & curricula that you know about as we go…including ones in development

Nursing

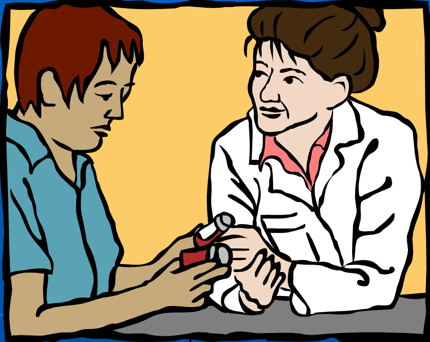
- Many essential skills intrinsic to training and role
- MA/MOA , LPN, RN, CNA
- Masters Programs
  - ***Pediatric Nursing Leadership and Special Needs*** (Univ Colorado; Univ Minnesota)
- Nurse Practitioners
  - American Academy of Nurse Practitioners
  - American College of Nurse Practitioners
  - National Association of Pediatric Nurse Practitioners

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]

- CME sessions offered at educational conferences
- Journal and newsletter articles
- Many essential skills intrinsic to training and role
  - team-based practice
  - coordination
  - integration of care

Pharmacists



Innovative Educational Programs at select schools of pharmacy

(Ohio, New Jersey, Minnesota, Washington, others)

Interdisciplinary team training common

Expanded roles to include provider/medical service functions

- Patient-Pharmacist-Physician Collaborative Relationship
- Pharmacist as Physician Extender
  - Evidence based practice
  - Chronic disease management

Psychologists, Social Workers, and Behavioral Health

- Collaborative practice & inter-professional teams
- Psychological services to be “key in primary care initiatives”

American Psychological Association

- APA has multiple initiatives to train the psychology workforce
- The Collaborative Family Healthcare Association Annual Conference (Oct 27-29, 2011 in Philadelphia, PA)
- Society of Teachers in Family Medicine Annual Conference (April 27- May 1, 2011 in New Orleans, LA)

Psychologists

- Collaborative practice & inter-professional teams
- Psychological services to be "key in primary care initiatives"

- APA has multiple initiatives to train the psychology workforce
- VA has major initiative in integrate psychology into medical homes
- Graduate Psychology Education funds available through HRSA
- Relevant conferences
  - The Collaborative Family Healthcare Association (Oct 27-29, 2011 in Philadelphia)
  - Society of Teachers in Family Medicine (April 27- May 1, 2011 in New Orleans)

Psychologist Roles

- Service delivery
  - Assessment/Intervention/Consultation
- Research methods / Program evaluation / Quality improvement
- Training others in disease prevention and chronic disease self-management
  - mental health
  - health behavior change (MI, BA, ACT)
  - chronic disease management (pain, CAD)
  - professional team functioning

Training in Primary Care Psychology

- Not a formal specialty in psychology …yet
- Increasing number of formal training experiences
  - Postdoctoral fellowships
  - Rotations on internship
  - Practicum experiences at doctoral level
- Postgraduate certification/training programs
  - UMASS Medical Center
  - Fairleigh Dickinson University
  - University of Rochester

Social Work

- Social workers and psychologists have overlapping but distinct roles
- Social workers look at the whole person, within the context of their support system -- medically, socially, psychologically, functionally and economically
- Assess, intervene, consult at multiple levels – individual, family, community
- Know the services in the community and know how to access them

Golden, RL (2011). Coordination, Integration and Collaboration: A Clear Path for Social Work in Health Care Reform, Presentation at a Congressional Briefing on the Implications of Health Care Reform for the Social Work Profession , Washington, DC

Social Work

- The Affordable Care Act and its relevance to social work
  - **Readmissions (Section 3025) and Community Based Care Transitions (Section 3026)**
  - **Independence at Home (Section 3024)**
  - **Patient Centered Medical Homes and Interdisciplinary Community Health Teams (Section 3502)**

Golden, RL (2011). Coordination, Integration and Collaboration: A Clear Path for Social Work in Health Care Reform, Presentation at a Congressional Briefing on the Implications of Health Care Reform for the Social Work Profession , Washington, DC

Medical and Osteopathic Students

Osteopathy (DOs)

- Exposure at select PCMH clinical sites
- Discussion about curriculum

Allopathy (MDs)

- Exposure at select PCMH clinical sites
- C4 Core Clerkship Content Curriculum
- Growing number of clerkship programs in place & scores in planning phase
- Presentations

Best Practice: University of Oklahoma -Tulsa

- 2009 announcement of OU President:
  "…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."

CMH Educational Initiative: Ohio

House Bill (Ohio) 198, June 2010

- PCMH education pilot project will convert 44 practices to the PCMH model of care
- 40 practices led by physicians; 4 by advanced-practice nurses
- The 40 physician-led practices must be affiliated with one of several Ohio MD or DO schools: Wright State, University of Toledo, Northeastern Ohio, Ohio University
- The Deans of the Ohio medical schools will develop a proposal to create as many as 50 scholarships each year for medical students who participate in PCMH training and agree to practice primary care for at least three years in Ohio after residency

Residency Education & PCMH

- Individual & Networked Program Development: Pediatrics, Family Medicine, Internal Medicine
  - Washington State Medical Home Collaborative (11 residencies)
  - ***I3*** Collaborative: South & North Carolina and Virginia (23 programs: FM, IM, Peds)
  - Colorado (7 FM programs)
- AOA developing PCMH modules for graduate medical education

Preparing the Personal Physician for Practice

- Designed to inspire and examine innovation in family medicine residency training and prepare “personal physicians of tomorrow”
- 14 residencies selected from 84 applicants
- Intensive evaluation of outcomes
- Different innovative approaches include general PCMH models and specific PCMH competencies

Sponsors: American Board of Family Medicine, the Association of Family Medicine Residency Directors, and TransforMED. http://transformed.com/p4.cfm

Best Practice

Middlesex Hospital Family Medicine Residency Program

Middletown, Connecticut

- **PCMH Practice Transformation**
  - Facilitated **practice transformation** to PCMH
  - Created **model training environment** for residents
  - Applied for **NCQA Level 3 PCMH recognition**
- **Implementation**
  - Mature EHR with patient web portal
  - Improved patient access to care
  - Multi-disciplinary QI Teams implementing PDSA Cycles
  - Multiple practice improvement initiatives underway
  - Increased practice income from improved efficiency & accuracy of coding
  - Extracting accurate data from EHR registry is difficult
  - Change is never easy!

Hypothesis: *Residents' ability to practice New Model care will improve*

Results:

Resident exposures to New Model Practice elements:

	Total	Mature
2007	18	8
2008	20	12
2009	21	13
2010	24	14

33% increase in total exposures
75% increase in exposures to mature elements

(based on results of Status of New Model of Family Medicine Survey)

Best Practice

Lehigh Valley Health Network Family Medicine Residency Program

Allentown, PA

Integration of Team Based Learning & Practice

Brief Description

- Organize residents and faculty into Continuity Care Teams at each Community Care Site that are responsible for a shared patient panel and implementing PCMH changes

- Implementation
- - Must have scheduled regular meetings built into schedules of all team members,
- - Teams become more effective as they developed a defined structure (setting goals, agendas for meetings, designated leaders, communication)
- - First year schedules minimize their feeling connected to CCT
- + Incorporated group dynamics, leadership theory, SPPI tools into Learning Labs to support skill development of faculty and residents
- + Teams of 1 resident per year, at least 1 faculty, 1 nurse, and 1 office staff

- Related hypotheses
- Graduates with Increased Relationship Centered Generalist Care Competency
- Increased empowerment, life satisfaction, happiness, and life long learning for whole system and individuals within system

Best Practice:

Seattle (Swedish) FM Residency Site

- Ballard health center opened its doors March 2009
- Primarily staffed by family medicine residents (2/2/2) and 2 FTEs of faculty
- Meets NCQA and other criteria
- Payment Reform a key component: negotiated flat rate with 2 private payers and uninsured pay 50% ($45 per month)

Medical & Osteopathic Fellowships

- Broad Range of PCHM programs???
- "There are currently no [PCMH fellowship] opportunities." (April 2011)

PCMH Essentials:

- Health Services Research
- Quality improvement & chronic disease management
- Medical Informatics
- (Veteran Administration; University of New South Wales in Australia)

Continuing Education

Major opportunity for intervention
– *life-long learning*

- Nurse Practitioners (esp. pediatric)
- Pharmacists
- Physician Assistants
- Physicians
  - AOA, AAFP, ACP, AAP
- Psychologists
  - UMASS, Farileigh Dickinson Univ, Univ Rochester
- Social Workers

Continuing Education: Companies

THE COMPLETE ONLINE MEDICAL HOME TRAINING PROGRAM IS NOW AVAILABLE

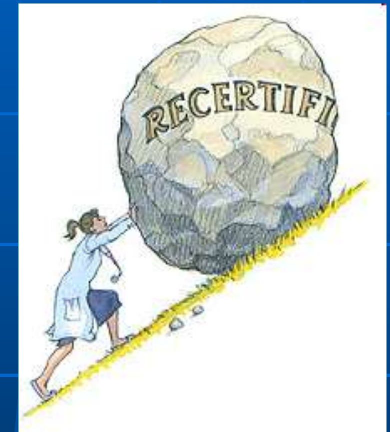
- Includes:
  - Background readings (available online)
  - Streaming Video of entire Medical Home Summit with synchronized PowerPoint presentations (18 hours of content) (6 months of access - 24/7)
  - Online examination with certificate of completion
- Integrates easily into corporate compliance training program
- **Purchase individually** for $595
- Or **license multiple seats** as follows:
  - 5 or more for $395 each
  - 10 or more for $295 each
  - 15 or more for $195 each
  - 20 or more for $95 each

Certification/Recertification

- Family Physicians: Maintenance of Certification: Performance in Practice

- Internists: Evaluation of Performance in Practice; Recertification Resources - **PIM** Practice Improvement Module

- Pediatricians**:** Maintenance of Certification: **-** **EQIPP** enhancing quality improvement in pediatric practice (launch in 2010)



Advanced Models of Training

Rays of Hope

Distance learning

- Teleconferences
- Podcasts
- Webinars
- Virtual consultants

Local Assistance & Facilitation

New Models

- On-line collaborative networks
- Cooperative Extension Services

American Academy of Pediatrics Transformation Initiatives :

National Center for Medical Home Initiatives

- Promotes quality improvement & standards
  - Toolkit
  - Self-instructed “Building Blocks”
  - Podcasts, teleconferences, CME webinars
  - List-serve
  - Limited technical assistance
  - Branching out from focus on just children with special needs to all children

Building Blocks:

- Care Partnership Support
- Clinical Care Information
- Care Delivery Management
- Resources & Linkages
- Practice Performance Measurement
- Payment & Finance

Broader Pediatric

Information, tools, and resources to improve care of Children and Youth with Special Health Care Needs

Toolkit and consultations

- On-line & on-site
- Pediatric & Adult care

American College of Physicians

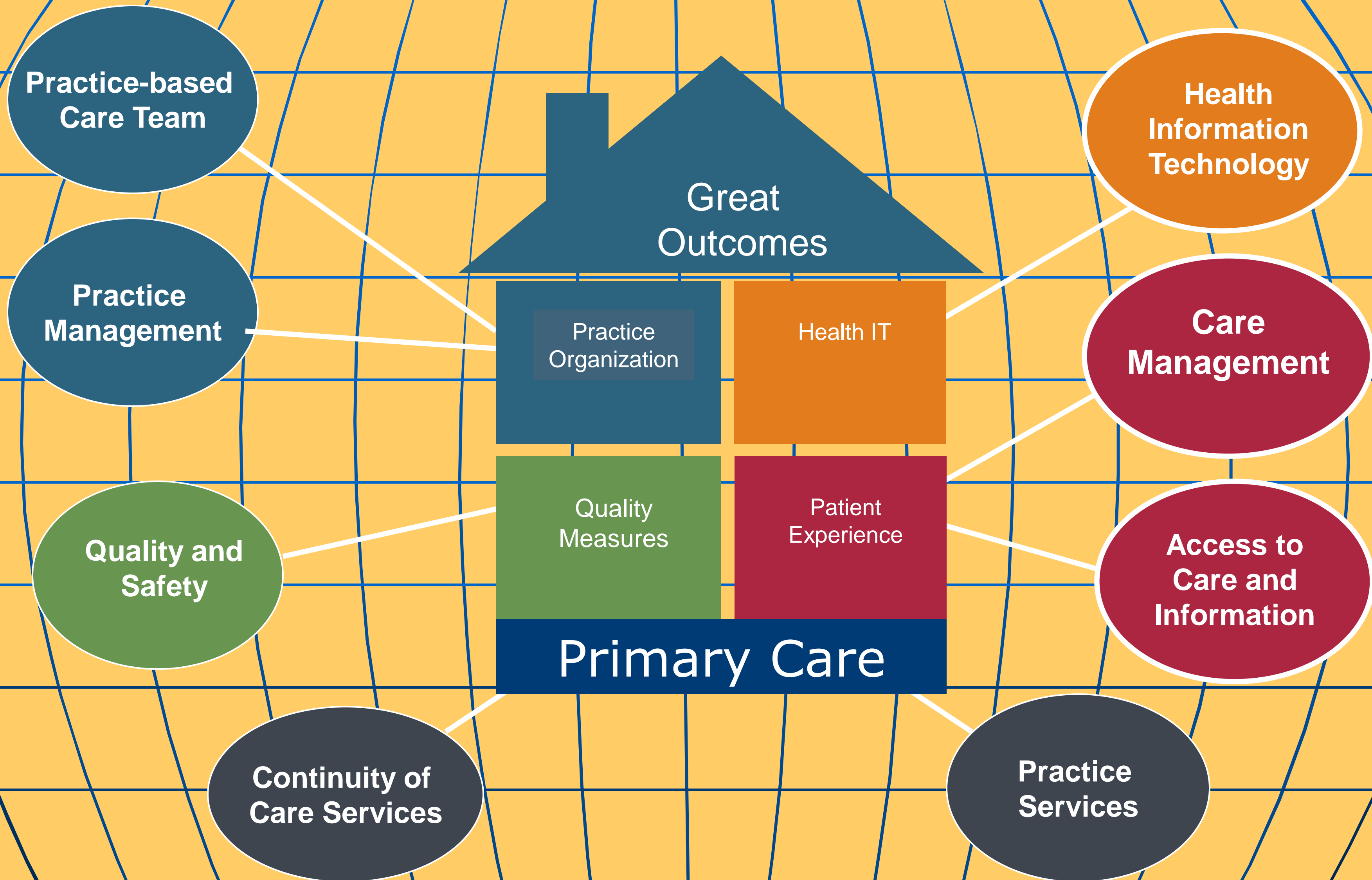
Practice Biopsy & Modules

- Patient-Centered Care & Communication
- Access & Scheduling
- Organization of Practice
- Care Coordination & Transitions in Care
- Use of Technology
- Population Management
- Quality Improvement & Performance Improvement

On-line practice assessment & dynamically linked resources

- Self-paced program guides through the ACP Practice Biopsy, then directs to resources & case studies for achieving goals
- For individuals, groups, teams, practices, demonstration projects, IPAs, multi-organizational efforts, & residency training programs
- Incremental quality improvement changes to significant transformation
- Available for CME credit (internists)

The TransforMED Approach

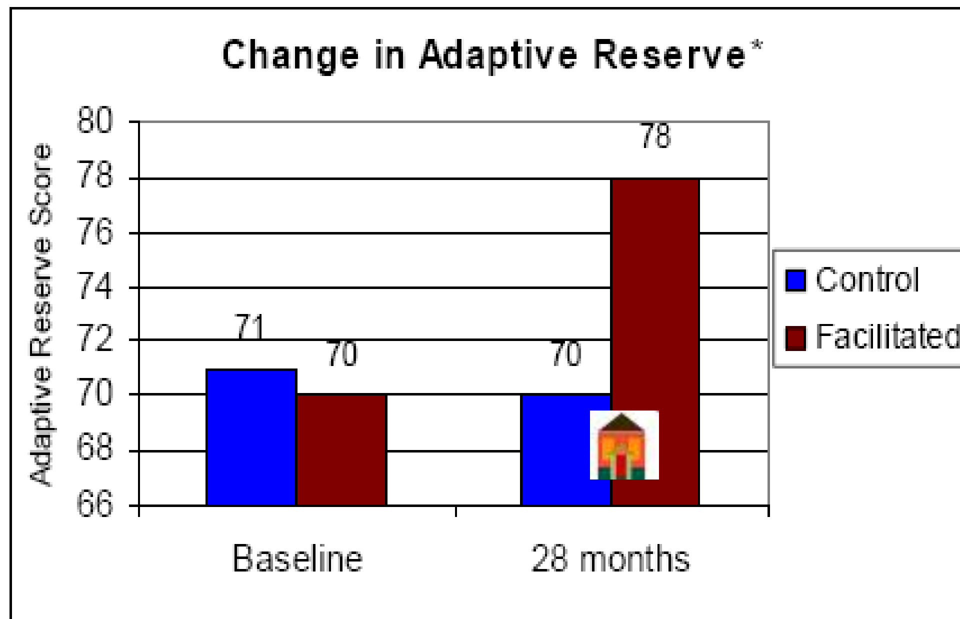


Medical Home Transformation

- Web-based toolkit
  - evaluates current medical home status
  - develops a strategy for transformation
- Links to tools and resources for practice re-design
- Coaching, facilitation, tailored training –on-site
- Practice retreats
- Delta Exchange: online, collaborative network

Why Facilitation is Important

Figure. Change in adaptive reserve for facilitated and control practices, baseline to 28 months



*Adaptive reserve includes measures of leadership, sensemaking, diversity, mindfulness, communication, respectful interaction, learning culture, reflection and general work environment. Baseline vs. 28 months for facilitated group is statistically different. ($p<0.01$)

Nutting: Annals Family Med 2009

Cooperative Extension Program

- Similar to agricultural extension services
- Providing the expertise to organize PCHM
- Based on New Mexico & other state models

IN THE SENATE OF THE UNITED STATES

TITLE IV—HEALTH CARE WORKFORCE

Sec. 455. Primary care extension program.

"(A) HEALTH EXTENSION AGENT.—The term 'Health Extension Agent' means any local, community-based health worker who facilitates and provides assistance to primary care practices by implementing quality improvement or system redesign, incorporating the principles of the patient-centered medical home to provide high-quality, effective, efficient, and safe primary care and to provide guidance to patients in culturally and linguistically appropriate ways,

UNFUNDED….but AHRQ is pilot funding 3 in 2011

Solutions – for Discussion

- Sound educational models need to be developed for different disciplines at different stages of training
- Professional schools to select, support, and train PCMH-ready clinicians
- Team work/interdisciplinary training
- Life-long learning of key skills to all clinical groups
- Broad education/consultancy models that are on-line and on-the-ground – available everywhere
- Linked payment reform
- *Other……*

“Ideal Primary Care” goes Medical Home 2012…

All members of the interdisciplinary team received PCMH training at each stage

Local PCMH practices offer to mentor them

Premier consultancy agency provides on-line and on-the-ground guidance

Cooperative extension service sends their extension agent to provide continuing advice and assistance

Insurers change their compensation model

The practice successfully makes the transition to the PCMH, increases not only the satisfaction of patients and clinicians, but health outcomes and the bottom line

They become mentors and their children join the 4H club (health, humanism, (medical) home, and happiness) and win first prize at the State Health Fair

The Hope: a medical home in every community and am educated, competent team for every home
Thanks!