



Delaware Center for  
Health Innovation

# Health Care Workforce Learning and Re-Learning Curriculum

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# Introduction

Specific to the area of Health Workforce and Education, a growing body of research underscores a widening mismatch between the competencies of the current and emerging health workforce and the requirements of a fully-transformed system of care. As present-day health care reform activities pave the way for a higher quality, more efficient health care system in Delaware, current action is also needed to ensure that the existing and emerging workforce is prepared to successfully practice within Delaware's transformed health care system.

A strengthening of workforce competencies is required within the broad areas of care coordination, interdisciplinary teamwork, and the ability to leverage information technology to improve health outcomes while decreasing costs. Delaware aims to address these and other competencies via design and implementation of an evidence-based Health Care Workforce Learning and Re-Learning Curriculum. The new curriculum will effectively prepare the existing and emerging health care workforce to practice in Delaware's newly-transformed health care delivery system.

In this white paper, we summarize the consensus of local stakeholders, as adopted by the Delaware Center for Health Innovation (DCHI) Board of Directors, with respect to a statewide Health Care Workforce Learning and Re-Learning Curriculum. Specifically, we (1) outline critical substantive elements to be addressed within the curriculum; (2) provide recommendations for aligning the new curriculum with concurrent Practice Transformation activities; and (3) offer implementation guidelines to facilitate curriculum dissemination

## **DELAWARE HEALTH INNOVATION PLAN**

Delaware aspires to be a national leader on each dimension of the Triple Aim: better health, improved health care quality and patient experience, and lower growth in per capita health care costs.

In 2013, the Delaware Health Care Commission (DHCC) convened stakeholders across the state – including consumers, providers, payers, community organizations, academic institutions and state agencies – to work together to build a strategy to achieve these goals. That work culminated in Delaware's State Health Care Innovation Plan representing Delaware's road map for achieving our broad aspirations for improved health, health care quality and experience, and affordability for all Delawareans. In 2014, Delaware was awarded a four-year, \$35

million State Innovation Model (SIM) Testing Grant from the Center for Medicare and Medicaid Innovation to support implementation of the plan.

Combined with additional investments by purchasers, payers, and providers of care in Delaware, grant funds are intended to support changes in health care delivery to create more than \$1 billion in value through 2020.

The DCHI was established in the summer of 2014 to serve as a non-profit organization with the mission of achieving the vision outlined in Delaware's State Health Care Innovation Plan. Collectively, with the Delaware Health Care Commission (DHCC) and the Delaware Health Information Network (DHIN), DCHI guides and tracks statewide progress related to the SIM grant.

The DCHI is led by a diverse Board of Directors representing Delaware's major providers, payers, state agencies, community organizations, and the business community. DCHI represents a partnership between the public and private sectors with a shared vision of providing all Delawareans with accessible, effective, and well-coordinated care in a way that supports the Triple Aim.

## **NEW COMPETENCIES REQUIRED FOR COORDINATING CARE**

Our current health care system faces complex challenges requiring critically-needed reform measures. The DCHI recognizes this complexity and is structured accordingly; five DCHI subcommittees address Delaware's priority areas of health care reform: (a) Clinical Care; (b) the statewide Healthy Neighborhoods Initiative; (c) Patient and Consumer Engagement; (d) Payment Model Monitoring; and (e) Health Workforce and Education.

The DCHI Health Workforce and Education sub-committee has reviewed the current literature base highlighting a widening mismatch between the competencies of the current and emerging health workforce and the requirements of a fully-transformed system of care. While a strengthening of workforce competencies is critical to support the ongoing overhaul of our health care system, health workforce competencies must also be bolstered to meet the needs of the large numbers of newly insured residents who have obtained coverage through the major coverage provisions of the Affordable Care Act (ACA). Nearly 11 million nonelderly adults became newly insured in 2014 following Medicaid eligibility expansion and the availability of subsidized coverage through Health Insurance Marketplace; of these adults, a full 27 percent self-reported their overall health status as fair to poor during the same year in which they obtained coverage (Garfield & Young, 2015). Thus, the existing and emerging health care workforce must be adequately prepared not only to handle a significant increase in patient

load, but to also meet the needs of a growing patient population with substantial primary care needs.

Consistent with Delaware's State Health Care Innovation Plan and SIM Testing Grant application, DCHI recommends implementing a statewide Health Care Workforce Learning and Re-Learning Curriculum. The new curriculum will prepare the current and emerging health workforce to practice within the Delaware's newly-transformed system of care.

DCHI believes strongly that successful transformation of the health care delivery system is dependent on similar and aligned transformation at across multiple, hierarchical levels. In May 2015, the DCHI Board of Directors approved a consensus paper outlining a plan for achieving transformation at the primary care practice-level. A similar transformation is required at the more granular provider-level. As highlighted in the current literature, health care providers serve as the "critical foundation" for health delivery system transformation (Baxley, Borkan, Davis, Kuzel, & Wender, 2011). The statewide Health Care Workforce Learning and Re-Learning Curriculum will enhance competencies required of Delaware's current and emerging health workforce in the critical areas of care coordination, interdisciplinary teamwork, and efficiency of operational processes.

DCHI also acknowledges the critical role of the patient, family and loved ones as members of the health care team. Given these interdependencies, DCHI recommends explicitly connecting development and delivery of the new Health Care Workforce Learning and Re-Learning Curriculum with activities related to enhancing patient and consumer engagement, creation of the community-based Healthy Neighborhoods program, and primary care practice transformation. DCHI also recommends leveraging existing expertise, resources and best practices to maximize efficient implementation of the new curriculum.

# Statewide Health Care Workforce Learning and Re-Learning Curriculum

As part of Delaware's State Health Innovation Plan, our vision is that all Delawareans should receive accessible, effective, well-coordinated care throughout the health care system in a way that supports the Triple Aim. DCHI recognizes that achieving this vision will require a strengthening of workforce competencies to adequately prepare Delaware's existing and emerging health workforce to practice under a newly-transformed system of care.

Health care professionals responsible for coordinating patient care, regardless of the coordinated care model in which they practice, should demonstrate a core set of competencies and be supported by all payers across Medicare, Medicaid and commercial segments. Delaware's Health Care Workforce Learning and Re-Learning Curriculum will specifically strengthen workforce competencies within the following six areas:

- 1. Communication and Counseling Skills:** While in practice, primary care providers are responsible for delivering an enormously wide array of services, ranging from acute, chronic, mental, and preventive health care to substance abuse screening and coordination of community-based services. However, research indicates that current medical education curricula are disproportionately weighted in the direction of hospital-based skills training. As a result, the emerging primary care workforce may be comparatively less familiar with the types of prevalent, transitory medical conditions providers are likely to encounter in their eventual office-based practices. In a recent study, existing clinical department chiefs from varied specialties (internal medicine, pediatrics, general surgery, and obstetrics/gynecology) emphasized the opportunity to improve physicians' ability to manage routine medical conditions (e.g., minor depression and anxiety, minor chronic pain) and preventive health counseling skills (Crosson, Leu, Roemer, & Ross, 2011).

Requisite communication and counseling skills are also critical for provider interaction with a diverse patient panel. The new curriculum will address issues of cultural competencies beyond those related to simple awareness of care preferences, while emphasizing the social context of disease processes. As we move forward, the primary care workforce will continue to interact with an increasingly diverse patient population. Nearly a quarter (24 percent) of the 11 million nonelderly adults newly insured in 2014 were Hispanic; another 19 percent were black (Garfield & Young, 2015). Furthermore, Hispanic and black adults comprise 45 percent of uninsured nonelderly adults (Garfield &

Young, 2015). Research shows that a substantial portion (48 percent) of currently uninsured adults may actually be eligible for coverage assistance under the ACA (Garfield & Young, 2015), making it likely that a large number of additional individuals will become newly insured in the near future. In addition to strengthening cultural competencies, the new curriculum will address workforce competencies related to providing accessible, high quality care to patients with disabilities.

- 2. Collaborative Report Writing:** Under the fully-transformed system of care, providers will work in multi-disciplinary teams that may include physicians, nurses, medical assistants, pharmacists, social workers, and other clinical staff. The new curriculum will address the important ability to accurately and efficiently capture collaborative thinking in written format. Furthermore, as health care reform initiatives promote workforce role redesign, primary care providers will spend less time completing paperwork and administrative tasks; therefore, it is important to strengthen primary care providers' competencies related to communicating content for reports that will ultimately be composed by another member of the primary care team.
  
- 3. Interprofessional Practice:** An important underpinning to successful health care transformation is redefining primary care as a team-based activity (Mann, Schuetz, & Rubin-Johnston, 2010). Educational institutions and professional health accreditation bodies are currently exploring best-practice methods for promoting collaborative education throughout medical professionals' training. Such initiatives may include training future nurses and physicians together using a joint curriculum and creating interprofessional coursework (Mann, Schuetz, & Rubin-Johnston, 2010). The need for health workforce learning exists downstream, as well, as collaborative education training is necessary for the existing health workforce that has already completed its medical education training. The new Health Care Workforce Learning and Re-Learning Curriculum will address key interprofessional practice competencies within the overlapping areas of (a) values and ethics; (b) roles and responsibilities; (c) interprofessional communication; and (d) teams and teamwork.

This broad category of competencies includes such varied skills as fostering employee development, self-evaluating professional performance, and re-organizing roles and responsibilities to maximize provider efficiency (i.e., matching the appropriate practitioner to the task). Under the current, outdated system of care, primary care practitioners have been forced to adapt to higher patient loads (often with complex medical histories), increased paperwork and administrative duties, and low reimbursement rates. As a result, a commonly-expressed concern among clinical department chiefs is an increasing tendency

of recently-graduated primary care physicians to view care using a fixed hours approach, resulting in reduced consistency of patient care (Crosson, Leu, Roemer, & Ross, 2011). Thus, the new Health Care Workforce Learning and Re-Learning Curriculum will address the broad umbrella category of interprofessional practice competencies within the context of facilitating accessible, effective, and well-coordinated care for all Delawareans.

- 4. Navigation and Access to Resources:** The new curriculum will strengthen providers' understanding of how to connect patients to appropriate clinical and non-clinical services in order to meet the full range of medical and psychosocial needs of each patient. The new curriculum will also provide clarity as to which situations or medical conditions should be managed directly by the primary care practice and which require a specialist referral as well as best-practice methods for connecting patients with available community and social services.
- 5. Care Decisions and Transition-of-Care Planning:** The new curriculum will assist providers in strengthening their ability to formulate, monitor and communicate care objectives as developed by the full health care team, including patients and families. The new curriculum will increase providers' skills for the management of prevalent, chronic health conditions (e.g., diabetes, asthma) in a primary care setting by providing guidelines for monitoring and intervention.
- 6. Health Information Technology:** The new curriculum will support providers' competencies related to health IT tools (including electronic health records), practice management software, and data from DHIN to fully utilize health information technology for data collection, sharing, analysis, planning and evaluation at the individual and population levels. The new curriculum will also address the role of telehealth within a transformed system of care and address related provider areas of interest (e.g., "How do I make referral decisions during an electronically-based patient appointment?", "What is the best way to demonstrate active listening via a computer screen?")

## **ALIGNMENT OF NEW CURRICULUM WITH PRACTICE TRANSFORMATION SUPPORT**

Leaders in Delaware's health care training and provider community agree that better integrating and coordinating care for high-risk populations will require meaningful changes in operational processes and new capabilities and competencies of health care professionals.

In May 2015, DCHI adopted the Consensus Paper on Primary Care Practice Transformation, articulating the following nine practice-level capabilities and competencies necessary for high-quality, patient-centered and cost-effective care.

1. **Panel Management:** Understanding the health status of the patient panel and setting priorities for outreach and care coordination based on risk.
2. **Access Improvement:** Introducing changes in scheduling, after-hours care, and/or channels for consultation to expand access to care.
3. **Care Management:** Proactive care planning and management for high-risk patients.
4. **Team-based Care Coordination:** Integrating care across providers within the practice, across the referral network, and in the community.
5. **Patient Engagement:** Outreach, health coaching, and medication management.
6. **Performance Management:** Using reports to drive improvement and participation in value-based payment models.
7. **Business Process Improvement:** Budgeting and financial forecasting, practice efficiency and productivity, and coding and billing.
8. **Referral Network Management:** Promoting use of high-value providers and setting expectations for consultations.
9. **Health IT Enablement:** Optimize access and connectivity to clinical and claims data to support coordinated care.

Many of the existing gaps in anticipated future health workforce competencies can be addressed in a transformed, coordinated care system. DCHI believes strongly that successful transformation of the health care delivery system is dependent on similar and aligned transformation across multiple, hierarchical levels. As such, DCHI recommends that the transformation of Delaware's primary care infrastructure occur using a nested approach in which implementation of the new Health Care Workforce Learning and Re-Learning Curriculum is aligned with primary care practice transformation activities.

Below we outline the DCHI Board's recommendations for the development and implementation of the new Health Care Workforce Learning and Re-Learning Curriculum.

- 1. Audience:** Initially, the audience of the curriculum should include any member of the primary care team with primary responsibility for coordinating clinical care. The DCHI envisions expansion over time to include other members of the health care team, as well as the potential for the learning components designed for patients (e.g., how to maximize care visits, tips for asking care-based questions, when to seek specialist care). The new curriculum will also acknowledge the growing cultural diversity of Delaware's health workforce.
- 2. Core Topics:** Core topics should directly address competencies identified earlier in this document and should include Standards of Practice, Care Planning, Care Team Leadership, Communication Skills (e.g., patient engagement, motivational interviewing and behavior change strategies), use of health information technology (e.g., risk prediction software, population health management tools), and cross-system integration (e.g., social service, community-based programming).
- 3. Format/Channels:** The curriculum should be delivered through a variety of channels and designed to meet the needs of a variety of professionals. Learning should occur in individual and group settings and should include actual and simulated patient interactions, didactic and clinical experiences, and fully incorporate technology including telemedicine.
- 4. Alignment with other Practice Resources:** The duration of the curriculum should be 24 months. Participation should be available to team members of any practice receiving practice transformation support and be aligned with primary care practice transformation activities as recommended by DCHI.

## References

- Baxley, L., Borkan, J. C., Davis, A., Kuzel, T., & Wender, R. (2011). In Pursuit of a Transformed Health Care System: From Patient Centered Medical Homes to Accountable Care Organizations and Beyond. *Annals of Family Medicine*, 9(5), 466-467.
- Crosson, F., Leu, J., Roemer, B., & Ross, M. (2011). Gaps in Residency Training Should Be Addressed to Better Prepare Doctors for a Twenty-First-Century Delivery System. *Health Affairs*, 30(10), 2142-2148.
- Garfield, G., & Young, K. (2015). *Adults who Remain Uninsured at the End of 2014*. Washington, D.C.: The Kaiser Family Foundation.
- Mann, E., Schuetz, B., & Rubin-Johnston, E. (2010). *Remaking Primary Care: A Framework for the Future*. Cambridge, MA: New England Healthcare Institute.