

Transforming the Workforce for a New Delivery System: What Are the Issues?

Medicaid in New York: Transforming the Delivery System
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Jean Moore
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
Jean.moore@health.state.ny.us



Health Care Delivery Under Health Reform: What Changes?

- Shift in focus to primary and preventive care
- Care integration: primary care, behavioral health, oral health
- Better care coordination
- Active management of transitions across care settings
- Increased provider communication and collaboration
- Clear accountability for the total care of the patient
- Payment reform, away from fee-for-services and toward managed care arrangements
 - pay for quality, not quantity

Workforce Implications of Health Reform

- Emerging patient care delivery models (e.g., Performing Provider Systems Accountable Care Organizations, Patient Centered Medical Homes, Health Homes)
- Team-based approaches to care are used extensively in these models
 - Team composition and roles vary, depending on the patient population
 - Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others
- Primary care provider roles are expanding, e.g., often including behavioral health and oral health assessments

Multidisciplinary Teams Have Positive Impacts on Patient Outcomes

- “The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care.”

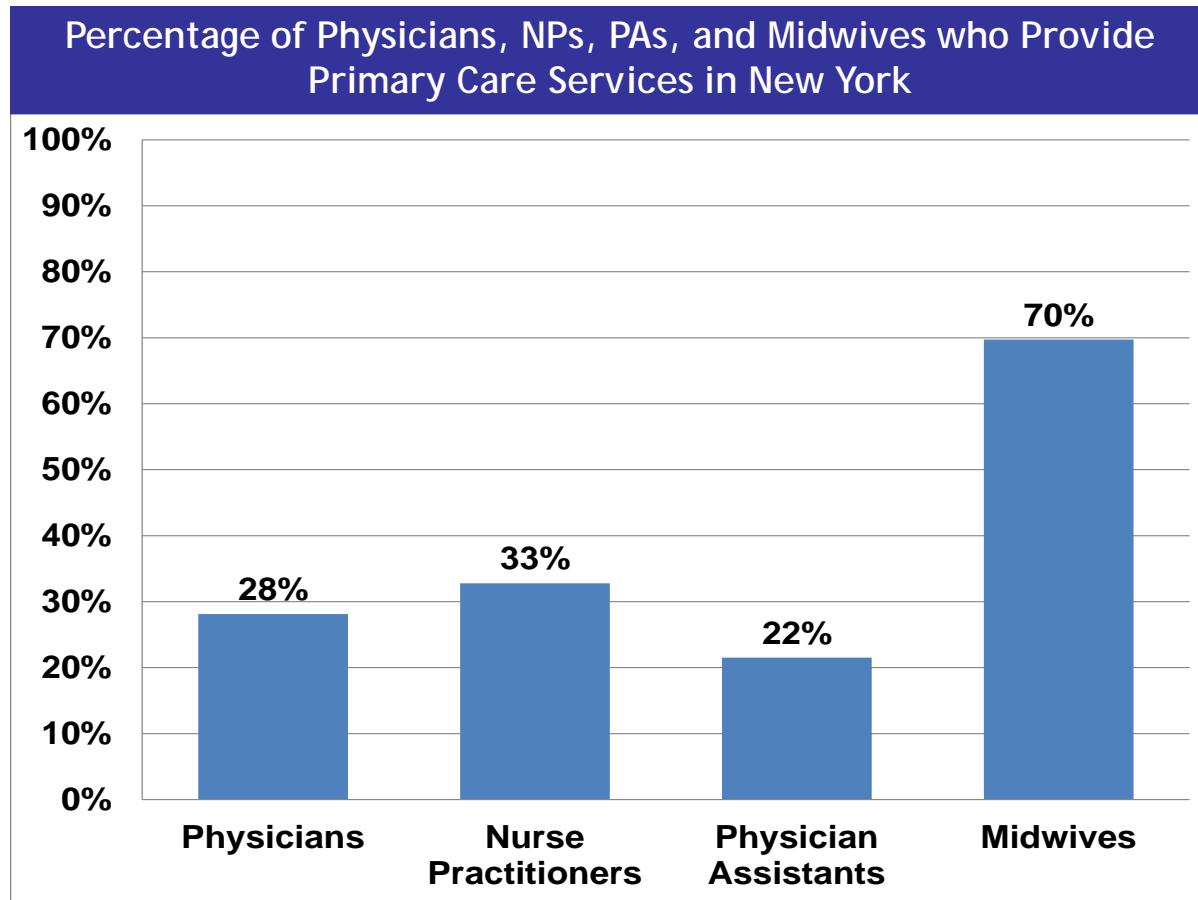
Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
 - Higher levels of patient satisfaction
 - Better clinical outcomes
- The most effective and efficient teams demonstrate a substantial amount of scope overlap – i.e., shared responsibilities

So What's the Problem?

- Inadequate primary care capacity
- Lack of health workforce diversity
- Health professions students not trained to work in emerging models of care
- Scope of practice restrictions

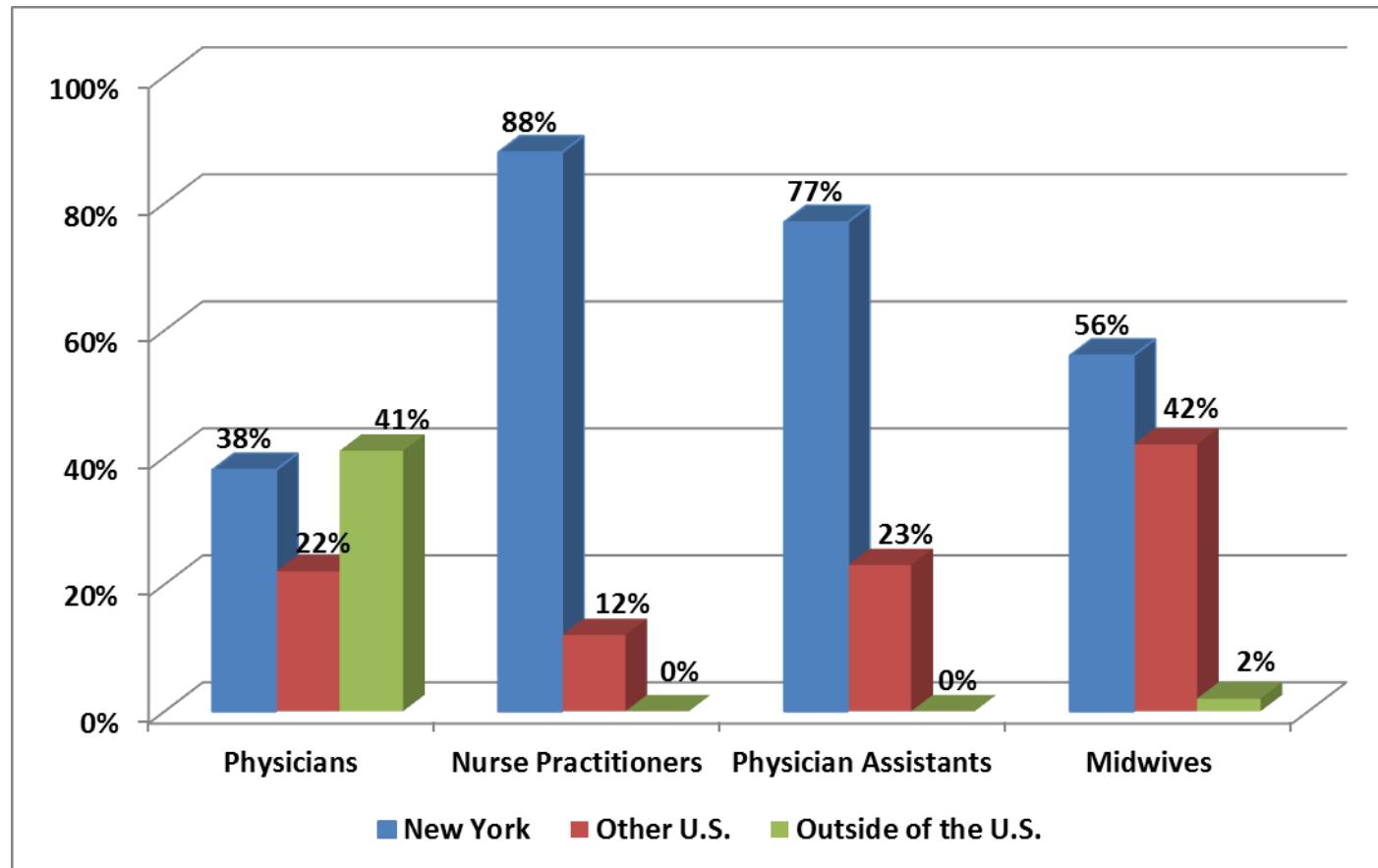
Who Are New York's Primary Care Practitioners?



Source: Center for Health Workforce Studies

Are We Growing Our Own Primary Care Practitioners?

Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY



Source: Center for Health Workforce Studies

Are We Training the Health Workforce for New Models of Care?

- Health professions education and training typically occurs in **disciplinary siloes**
- The **focus on specialized clinical roles** can interfere with delegation and collaboration on teams
- Doctors, nurses, and others get **little guidance on how to interact effectively** with each other in support of team care
- There's **limited exposure to newer models of care** that demonstrate use of group-based decision making
- Curricula do not always include training in **emerging functions**, such as data analytics, health coaching, care coordination, etc.

Care Coordination: Function AND Title

- All health workers in a PPS must understand and support care coordination functions
- At the same time, there are dedicated care coordination staff, including care managers, case managers, patient navigators, patient educators and community health workers
 - Qualifications for these titles vary widely
 - Some are licensed professionals (e.g., RNs, LPNs, MSWs)
 - Others are required to have a minimum educational level (GED, Associates' degree, bachelors degree)
- Diverse qualifications for care coordination titles make it challenging to develop systematic approaches to training the care coordination workforce

Health Professions Regulation: Barrier to Effective and Efficient Team-based Care

- Mismatches between professional competence and state-specific legal scopes of practice
- Lack of uniformity in legal scopes of practice across states for some health professions
- Limited ability to support scope of practice overlap across health professions
- The process for changing state-specific scope of practice is slow and adversarial

DSRIP Workforce Planning Process

- DSRIP workforce analysis is underway by PPSs
 - Collect data on baseline workforce
 - Describe target workforce
 - Gap analysis: difference between baseline workforce and target workforce
 - Workforce plan will include both training and retraining strategies

New Health Workforce Education and Training Strategies

- Break down training siloes, increase inter professional education
- Focus on successful team functioning, including:
 - Effective communication
 - Role overlap
 - Conflict resolution
 - Delegation
 - Supervision
 - Collaboration
- Train for new roles and functions, including effective chronic disease management, data analytics, patient engagement

Planning the Health Workforce of the Future

- Build primary care capacity
 - Improve diversity
 - Grow our own
- Support regulatory flexibility needed to enable effective team function
- Encourage innovative approaches to health workforce training and service delivery
- Evaluate impacts of these innovations on patient outcomes and population health
- Assure the availability of data and information needed to evaluate these efforts and to inform decision-making