

## HR's Role in Building Effective PCMH Part 1



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## PPACA, Measures and HR

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Thanks to HRSA for UDS Measure material



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## Organizational Goals

In our efforts to add value to the healthcare system, we emphasize:

Promoting efficiency and reliability in care delivery

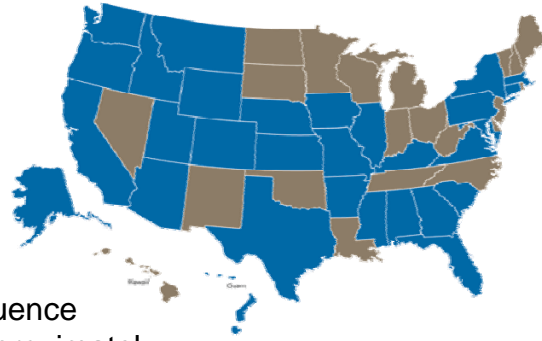
Supporting care coordination and improving care transitions

Leveraging health information technology to improve care



## Our Footprint

- Headquartered in Seattle, WA
- Regional offices in five states (Alabama, Alaska, California, Idaho and Nebraska)
- Our products and services directly influence care delivered to approximately 13 million people



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## Learning Objectives

- Understand how the new quality measures, data outcome requirements, and initiatives encouraging transformation to Patient Centered Medical Home (PCMH) impact workforce development from an HR perspective
- Be able to utilize targeted resources to develop new positions as needed based on the changing healthcare environment
- Understand best practices for recruiting specifically for characteristics that will support and enhance PCMH teams
- Be able to encourage leadership engagement efforts in support of the evolving health center work environment



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## National Quality Strategy

The 2010 Affordable Care Act (ACA) required the secretary of the Department of Health and Human Services (HHS) to establish a National Strategy for Quality Improvement in Health Care, also known as the National Quality Strategy.

- The strategy, submitted to Congress on March 21, 2011, is the first policy to set national goals to improve the quality of health care. It will also guide all HHS quality improvement programs and regulations, and set standard criteria to measure the quality of health and health care to align national efforts for quality improvement.



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## The Three Part Aim

The strategy establishes three objectives:

- (1) to make **health care** more accessible, safe and patient-centered;
- (2) to address environmental, social and behavioral influences on health and health care; and
- (3) to make care more affordable.

Very similar to:

**Improve health care**

**Improve population health**

**Reduce cost**



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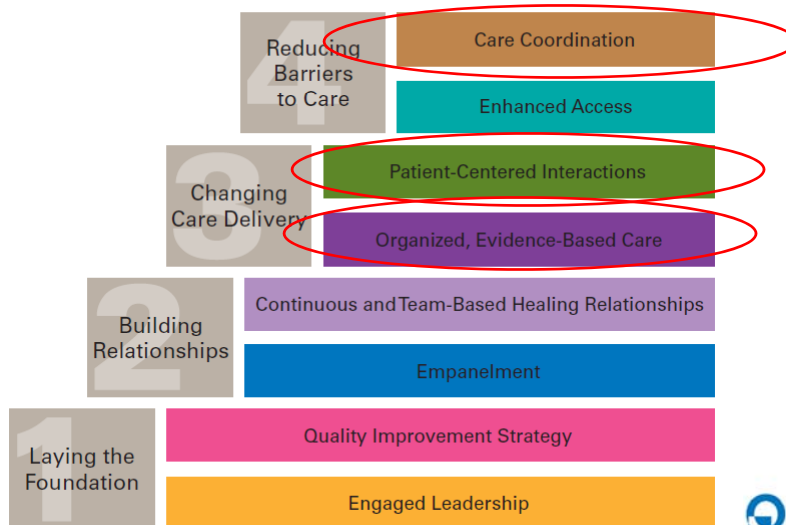
## Six Priorities

1. Make care safer by reducing harm
- 2. Ensuring patient/family engagement**
- 3. Promoting effective communication and coordination of care**
- 4. Promoting effective prevention and treatment, starting with CV disease**
5. Working with communities to promote healthy living
6. Make quality care more affordable



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## PCMH Change Concepts



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## New (2012) UDS Measures

- Coronary Artery Disease (CAD)
  - and lipid lowering therapy
- Ischemic Vascular Disease (IVD)
  - and aspirin or other anti-thrombotic therapy
- Colorectal Cancer Screening

How do these relate to the Six Priorities and transformation to PCMH? What are the HR implications of these measures?



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## If/Then...

- Coronary Artery Disease (CAD) and lipid lowering therapy
  - IF clinicians ensure that patients with established coronary artery disease *receive* lipid lowering therapy THEN the likelihood of CAD related clinical events will be reduced
- Ischemic Vascular Disease (IVD) and aspirin therapy
  - IF clinicians ensure that patients with established ischemic vascular disease (IVD) *use* aspirin or another antithrombotic drug, THEN the likelihood of the myocardial infarctions, and other vascular events can be reduced
- Colorectal Cancer Screening
  - IF patients 50 to 75 years old receive appropriate colorectal screening THEN early intervention is possible and premature death can be averted



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2013 QM	Related PCMH Change Concepts	ACA Priorities
CAD	<ul style="list-style-type: none"> <li>Organized, evidence based care</li> <li>Patient centered interactions</li> </ul>	<ul style="list-style-type: none"> <li>Effective prevention and treatment</li> <li>Patient/family engagement</li> </ul>
IVD	<ul style="list-style-type: none"> <li>Organized, evidence based care</li> <li>Patient centered interactions</li> </ul>	<ul style="list-style-type: none"> <li>Effective prevention and treatment</li> <li>Patient/family engagement</li> </ul>
Colorectal Cancer Screening	<ul style="list-style-type: none"> <li>Organized, evidence based care</li> <li>Care Coordination</li> <li>CTBHR</li> </ul>	<ul style="list-style-type: none"> <li>Effective prevention and treatment</li> <li>Coordination of care</li> </ul>



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## HR Implications of QMs

- Engaging patients/families
  - Training/specialization in:
    - Motivational interviewing
    - Shared decision making
    - Assessing engagement levels
    - Teach Back and other health literacy skills
    - Working with non-English speaking families and across many cultures

What are the HR implications here?



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## HR Implications of QMs

- Promoting effective communication and coordination of care
  - Training/specialization in:
    - Test, lab, referral tracking
    - Relationship building across the continuum
    - HIT capabilities
    - Case management capabilities/roles
    - Risk assessment and follow up skills

What are the HR implications here?



## HR Implications of QMs

- Providing effective prevention and treatment for CVD and other conditions
  - Training/expertise in:
    - Evidence based medicine
    - Ability to collect, interpret and display data
    - Quality improvement skills
    - Decision support/HIT

What are the HR implications here?





## PCMH Transformation....?

- The change concepts relate directly to important measures
- The change concepts are very similar to the national strategy priorities established in the ACA
- Transforming to PCMH will help you perform on the measures, but will have HR implications as you work through new roles, skills, responsibilities



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## Summary

- PPACA requires National Quality Strategy
- NQS will be conducted through six priority areas
- New UDS measures track to the priority areas
- Each priority area provides HR challenges/opportunities to address now



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## Thank You!

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*For more information:*  
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