

## HR's Role in Building Effective PCMH Part 2



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PRIMARY CARE ASSOCIATIONS OF  
ALASKA, IDAHO, OREGON, WASHINGTON,  
THE NWRPCA AND CHAMPS



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## Tools for HR to Support and Lead PCMH Transformation

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2013

**Safety Net  
Medical Home Initiative**

## Learning Objectives

- 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

SNMHI 3

## Targeted Resources to Develop New Positions...

What are these new positions?

SNMHI 4

## Changing Roles & New Positions in the PCMH

- Medical Receptionist
- Medical / Clinical Assistant
- RN Care Manager
- Referral Coordinator / Care Coordinator
- Community Health Worker
- Patient Navigator
- Panel Manager

...and Patients & Families

SNMHI 5

## A Quick Note on NPs / PAs

- At least six good studies that found improved efficiency and patient outcomes with NPs / PAs
- NPs / PAs can address the primary care physician shortage
- Important to have state legislation that supports NP/PAs working in rural areas or areas where there are health professional shortages

For maps on shortage areas: [datawarehouse.hrsa.gov/hpsadetail.aspx](http://datawarehouse.hrsa.gov/hpsadetail.aspx).

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# Medical Receptionist

- Some Changes / Modifications to this Role
  - Engaged more as a member of the team caring for individuals in the community
  - Promote and educate on the importance of continuity
  - Ensure continuity whenever possible, but balance with access...
  - Schedule appointments when people want them
  - Can coordinate referrals

**WEBINAR: Optimizing the Role of the Front Desk Staff** (December 15, 2011)  
 Moderator: Katie Coleman, MSPH, MacColl Center for Health Care Innovation at the Group Health Research Institute (Seattle, WA)  
 Speakers: Katie Bell and Prathiba Pinnamaneni, Neighborcare (Seattle, WA)  
[Audio & video program](#)  
[Presentation slides](#)  
[Neighborcare Medical Clinic Tasking Guidelines](#)

**neighborcare | health**      **Front Desk Incoming Phone Call Tasking Guidelines**  
 Rev 11/18/2011

Before tasking read scripts & document specific pt request. Detailed message, specific info, appropriate follow-up questions.

Call 911	*PAGE STAT*	RN TASK HIGH PRIORITY	TASK NORMAL	Medical Clerk	MA	Provider	Other Staff
<ul style="list-style-type: none"> <li>• Profuse bleeding</li> <li>• Not breathing</li> <li>• Seizure</li> </ul>	<p>URGENT/ CRITICAL LAB CALLS</p> <p>Hot List: (Pt on Phone or in clinic)</p> <ul style="list-style-type: none"> <li>• Allergic reaction</li> <li>• Active Labor/water broke</li> <li>• Loss of consciousness</li> <li>• Chest Pain</li> <li>• Fever in newborn less than 2 months old</li> <li>• New numbness/ tingling in face or limbs</li> <li>• Shortness of breath</li> <li>• Suicide threat (page to BH or SW? Any available MH or SW to... [location])</li> <li>• Trauma or question of broken bone</li> <li>• "Worst headache of my life."</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal blood pressure</li> <li>• Abnormal blood sugar</li> <li>• Allergic reaction</li> <li>• Change in level of consciousness</li> <li>• High fever</li> <li>• Plan B</li> <li>• Severe abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>• Pt refuses appt. wants to speak to RN. Give Nurse Advice 800 number.</li> <li>• Patient requesting health education/ advice</li> <li>• Question about previous visit</li> <li>• Nurse asked me to call</li> <li>• Change in medication dose and patient refuses appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Lost meds including narcotics</li> <li>• Pt requests for copy of diagnostic results.</li> <li>• I need a letter or paperwork - inquire about type of letter or paperwork and follow paperwork guidelines and make appointment accordingly.</li> <li>• Pt requests med equipment, DME</li> <li>• Lab results after 2 wks and no results received by patient.</li> <li>• Request records from outside provider.</li> <li>• After scheduling for F/U from ER or in hospital or 1st Newborn visit</li> <li>• Patient call for dx results, told by outside provider to call us, results not in yet.</li> </ul>	<ul style="list-style-type: none"> <li>• "Non-urgent provider call, TASK MA"</li> <li>• Questions after receiving letter from PCP</li> <li>• Patient is in front of you and needs immrs renal, get signed ROI and document in HIPAA tab.</li> <li>• If patient calls to check on status of paperwork check in NS and if no information present task team MA</li> <li>• Pharmacy calls re: pending Rx and patient is in front of them, page team.</li> <li>• Change in med/dose make appt with Provider.</li> <li>• Refill requests greater than 72 hrs after patient called pharmacy</li> <li>• Non urgent RX, task the team.</li> <li>• Patient insistent on getting lab and xray results.</li> </ul>	<ul style="list-style-type: none"> <li>• Pt requests Coumadin (Blood thinner) test results, High Priority!</li> <li>• Urgent call from provider (MD, PA-C, or ARNP) page PCP if no new answers, page MA</li> <li>• Refill narcotic Rx</li> <li>• Pharmacy call re: same day Rx, page rendering provider. If no one answers, page MA</li> <li>• I only want to talk to my provider</li> <li>• Lab asking for diagnostic codes</li> <li>• Visiting nurse call for orders and update</li> <li>• C&amp;PW Nurse Triage reports</li> </ul>	<p>ROI</p> <ul style="list-style-type: none"> <li>• Records Request</li> <li>• TB results copy</li> <li>• Immunization Records (Urgent &amp; non-urgent)</li> <li>• Copy of diagnostic results</li> <li>• Request for chart notes</li> </ul> <p>Referral Coord</p> <ul style="list-style-type: none"> <li>• Existing Referral question</li> <li>• Requesting New referral - schedule with PCP</li> <li>• Renewal of referral</li> </ul> <p>Social Worker</p> <ul style="list-style-type: none"> <li>• Financial or social hardship</li> <li>• Suicide Threat (BH or SW)</li> </ul> <p>Eligibility</p> <ul style="list-style-type: none"> <li>• Insurance qualifications or questions</li> </ul> <p>Diabetes Group Community Health Educator</p> <ul style="list-style-type: none"> <li>• Diabetes Day, shoes, eye check</li> </ul>

**"I only wanna talk to my doctor"**  
 Script: please give us as much information as possible so we can answer your question faster; provider requests at least 2 business days to return your call (depending on their schedule)

**"I want my diagnostic test results"**  
 Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Radiology results take 5-7 business days but abnormal results are usually faster

**"I want my lab test results"**  
 Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Otherwise, please allow 2 weeks to be informed of your test results. (See exception for INR results)

**"I need a med refill"**  
 Script: Call your pharmacy to request the refill. Please allow up to 72 hours for the med refill to be ready

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## Scripting for Appointment Scheduling

[www.safetynetmedicalhome.org/change-concepts/empanelment](http://www.safetynetmedicalhome.org/change-concepts/empanelment)

### Scripting for Appointment Scheduling

**Receptionist:** "Which provider do you regularly see?"

**OR**

**Patient:** "Dr. Moore, but it really doesn't matter to me."

**Receptionist:** "It really is better for you to see the same provider as frequently as possible, so that he gets to know you better and can take better care of you. Dr. Moore is not in today, but I can schedule you tomorrow with him when he returns."

**Patient:** "I would rather come in today."

**Receptionist:** "That's fine, you can see one of his partners today, and next time we will try to get you in with Dr. Moore."

**Receptionist:** "Dr. Moore's schedule is full today, and we have already worked in a few emergencies. Since you are requesting a routine physical, I will need to schedule you for another day with Dr. Moore. What day is best?"

**Patient:** "@#\$%^&\*!+%\$!! You people first tell me something about a same day appointment and have asked me to call on the same day, and now that I do, you tell me that I can't come in today! When are you going to get your @#\$%^&\*! act together??"

**Receptionist:** (Pleasant and smiling) "We are doing the best that we can. We have gotten so busy that we have had to schedule out a few days, but we are working

SNMHI 9

## Medical / Clinical Assistants

- Some Changes / Modifications to this Role
  - Engaged more as a member of the team caring for individuals in the community
  - Prep for and lead daily huddles
  - Promote and educate on evidence-based preventive care, chronic care needs, and self-management support
  - Deliver clinical screening tests and immunizations

**WEBINAR: Planned and Mini-Group Medical Visits** (January 10, 2013)

*Moderator:* Nicole Van Borkulo, MEd, Qualis Health

*Speakers:* Devin Sawyer, MD, and Jamacca Larman, CMA, St. Peter Family Medicine Residency Program (Olympia, WA)

[Audio & video program](#)

[Presentation slides](#)

SNMHI 10

### Continuous and Team-Based Healing Relationships Supplement: Elevating the Role of the Medical/Clinical Assistant

- Provides a curriculum and training materials that practices can use to enhance the skills of MAs/CAs
  - Modifiable PowerPoint slides
  - Job descriptions
  - Learning activities
  - Recommended reading (articles, handouts)
  - Several patient scenarios for demonstrating competencies
  - Written exam

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### Sample Questions from the Written Competency Exam for Medical Assistants


- The most important way to maximize the FEV1 of the patient during incentive spirometry testing is to be an enthusiastic coach.
  - True
  - False
- Which of the following lifestyle modifications are important in the management of Type II diabetes?
  - Diet
  - Exercise
  - Weight loss
  - All of the above
- How do you know if you have obtained an adequate specimen for a rapid strep test?
  - The patient stick out their tongue and says "Ahhh"
  - You elicit the gag reflex
  - The swab is damp when you remove it from the patient's mouth
  - The internal quality control line does not appear on the test

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## RN Care Manager

- Some Changes / Modifications to this Role
  - Providing care at a level that matches their training and skills
  - Manage a panel of high-risk patients with complex medical and/or psychosocial needs
  - Focuses on medication management and clinical monitoring and works with others to ensure excellent care coordination
  - Deliver care or outreach frequently via telephone or home visits
  
- [Organized, Evidence-Based Care Supplement: Improving Care for Complex Patients: The Role of the RN Care Manager](#)
  - Defines care management (sometimes called case management)
  - Provides practical recommendations about how to provide care management services to high-risk patients

SNMHI 13



**PATIENT ACUITY RUBRIC**

Silver City Health Center

**PATIENT ACUITY RUBRIC**

Please select the criteria number from the drop down menu next to the category name. For example, if your patient has a steady income or stable residency you would select a zero next to the category name "social".


Patient Name:  (insert name) DOB:  (enter patient DOB)

Provider:  (insert name) Evaluation Date:  (enter date of evaluation)

CATEGORY	CRITERIA		
	0	1	2
<b>Social</b> <input type="text"/> 0 Please select which criteria your patient falls under next to the category name "social"	• Stable income independent • Stable residency • Family or other support system • Adequate medical insurance coverage	• Able to meet some of social needs with help of family/others or some form of income • Some medical insurance coverage	• Requires multiple provider interventions for social situation • Minimal to no resources available for social needs • Completely dependent on others for basic social needs • No insurance coverage
<b>Language</b> <input type="text"/> 0 Please select which criteria your patient falls under next to the category name "language"	• Consistent with provider	• Some ability to communicate in provider's language	• Needs interpreter for all interactions with provider
<b>Health</b> <input type="text"/> 0 Please select which criteria your patient falls under next to the category name "health"	• Appropriate demonstration of understanding of health care needs	• Moderate understanding of health care needs • Requires some routine provider reinforcement	• Demonstrates minimal understanding of health care needs

Sheet1 | Sheet2 | Sheet3 | Sheet4 | P.2

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**KU HEALTHPARTNERS**  
The University of Kansas

Silver City Health Center

PATIENT ACUITY RUBRIC

Category	Score		Interpretation of Total Score		
Social	2		Point Range	Acuity	Category
Language	1		0 - 4	LOW	A
Health Literacy	1		5 - 9	MEDIUM	B
Self Management	2		> or = 9	HIGH	C
Mental Health	1				
Chronic Illnesses	2				
Chronic Meds	1				
<b>TOTAL</b>	<b>10</b>		<b>Patient's Acuity Category</b>		<b>10</b>

Download this Excel tool at:  
[www.safetynetmedicalhome.org/sites/default/files/Patient-Acuity-Rubric.xlsx](http://www.safetynetmedicalhome.org/sites/default/files/Patient-Acuity-Rubric.xlsx)

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## HARMS8 Tool by CareOregon

- Purpose: to create a "review of risk systems" that are known to cause even the best medical plan to fail:
  - ability for self management (cognition, understanding, confidence)
  - social support / isolation
  - ability to perform activities of daily living and
  - self perception of health
- Questions for both care team and patient to complete (currently in a testing phase)
- [www.ihconline.org/UserDocs/Pages/HARMS-8.pdf](http://www.ihconline.org/UserDocs/Pages/HARMS-8.pdf)
- Contact:
  - Rebecca Ramsay: [ramsayr@careoregon.org](mailto:ramsayr@careoregon.org)
    - 503-416-3708 (office); 503-781-6435 (cell)
  - David Labby: [labbyd@careoregon.org](mailto:labbyd@careoregon.org)
    - 503-416-1425 (office); 971-222-9768 (cell)

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## Referral Coordinator

- Some Changes / Modifications to this Role
  - Engaged more as a member of the team caring for individuals in the community
  - Identify and attempt to resolve any logistical or financial barriers to completing referrals
  - Ensures that referrals for care result in the proper information being exchanged in a timely manner
  - Assures that the “loop is closed”
- [Care Coordination: Reducing Care Fragmentation in Primary Care](#)
  - Implementation Guide that defines care coordination and recommended key changes for safety net practices
  - Reducing Care Fragmentation Toolkit includes a discussion of the four basic elements of effective referral or transition management:
    - Assuming accountability for care coordination
    - Providing patient support
    - Developing relationships and agreements with key outside providers
    - Establishing connectivity that ensures appropriate information transfer

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## Referral Coordinator

- [Referral Coordinator Curriculum](#)  
Curriculum outline provides a structure with training modules that mirror the elements of the Care Coordination Model.
- [Referral Coordinator Job Description](#)  
Generic document generated from many job descriptions from various delivery systems that were posted on the Internet or supplied by organizations interviewed. It contains skills, tasks and responsibilities that were present across the many descriptions. It also reflects the focus on basic referral coordination tasks, rather than the more clinical tasks included in some care coordination positions and case management positions.
- **WEBINAR: Closing the Loop with Referral Management** (February 26, 2013)  
*Moderator:* Ed Wagner, MD, MPH, The MacColl Center for Health Care Innovation  
*Speaker:* Linda Thomas-Hemak, MD, President and CEO, The Wright Center for Graduate Medical Education  
[Presentation slides](#)

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## Patient & Family Engagement

- [Patient-Centered Interactions: Engaging Patients in Health and Healthcare](#)
  - Implementation Guide
  - Presents strategies to measure patient experience, communicate with diverse patients, and actively engage and support patients and their families before, during and after office visits.
- [Eliciting the Patient's Perspective](#)
  - Questions to elicit the patient's perspective on health, their expectations for the visit and their preferred language, social supports, literacy levels, etc.
- [Strategies and Tools to Orient and Engage Patients and Families to the Patient-Centered Medical Home Model of Care](#)

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## Patient & Family Engagement Cont.

Solicit input from patients & families on improvements

- Focus groups
  - Interviews with patients and families
  - Practice walkthroughs
  - Comment cards
  - Patient/Family councils
- **WEBINAR: Tools to Enhance Patient Engagement** (January 24, 2013)  
*Moderator:* Judith Schaefer, MPH, MacColl Center for Health Care Innovation at the Group Health Research Institute  
*Speakers:* Chris Delaney, MBA, Insignia Health (Portland, OR); Cathy Davenport, RN, BSN, PeaceHealth (Eugene, OR); Shannon Gilbert, MHA, MultiCare Health System (Tacoma, WA); Jim Weiss, MD, Primary Health Medical Group (Meridian, ID)  
[Audio & video program](#)  
[Presentation slides](#)

SNMHI 20

## Comment Cards

Insert your  
practice logo here

**Helping Us Improve Your Experience of Care**

*Please answer the following questions based on your experience today.*

What do you like **most** about your care here?

What do you like **least** about your care here?

What is the one thing you would like to see **changed**?

SNMHI 21

## Putting patients & family members on QI Committees

- A brochure from Family Medical Residency of Idaho for **patient recruitment** to the Patient Advisory Board - includes information about the advisory board, selection criteria, selection process and recruitment application
- A list of tips from the Institute for Patient- and Family-Centered Care ([www.ipfcc.org](http://www.ipfcc.org)) on **recruiting patients** for QI Committees

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## Continued...

- A sample letter for patients to participate in a **focus group** to capture patient input
- In the Practice Improvement Team Development Toolkit developed by Cambridge Health Alliance, there are four specific tools:
  - Four steps to **recruiting a patient** for the practice improvement or QI team, pages 5-6
  - A sample offer letter to a patient who has been recruited to participate on the practice improvement or QI team, page 7
  - A sample agreement between the practice improvement or QI team and the patient partner, page 8
  - The process for recruiting a patient partner, pages 9-10

[www.safetynetmedicalhome.org/sites/default/files/CHA-Practice-Improvement-Tool.pdf](http://www.safetynetmedicalhome.org/sites/default/files/CHA-Practice-Improvement-Tool.pdf)

SNMHI 23

## Other Team Members to Integrate into your CHC

- Behavioral Health
- Social Work
- Psychology
- Pharmacy
- Oral Health
- Clinical Specialists
- Hospital Staff
- Community Services

SNMHI 24

- WEBINAR: Deeper Dive on Team Roles Part 1** (October 3, 2012)  
*Moderator:* Diane Altman Dautoff, MSW, Qualis Health  
*Speakers:* Ed Wagner, MD, MPH, MacColl Institute for Healthcare Innovation at Group Health (Seattle, WA); Lara Salazar, SPHR, Montana Primary Care Association (Helena, MT); Sue Barba; Ashley Crawford, LPN; Megan Kiser, RN; Jessica Carmen; and Susan Hamilton, Beaver Falls Primary Care & Behavioral Health Center (Beaver Falls, PA)  
 Jay Brooke, High Plains Community Health Center (Lamar, CO)  
[Audio & video program](#)  
[Presentation slides](#)
- WEBINAR: Deeper Dive on Team Roles Part 2** (October 25, 2012)  
*Moderator:* Nicole Van Borkulo, MEd, Qualis Health  
*Speakers:* Catherine Dower, JD; Susan Chapman, PhD, RN; and Lisel Blash, MS, MPA, UCSF Center for the Health Professions (San Francisco, CA); Christine Klucznik, Cambridge Health Alliance (Boston, MA) ; Ann Turner and Sarah Deines, Virginia Garcia Memorial Health Center (Cornelius, OR)  
[Audio & video program](#)  
[Presentation slides](#)

SNMHI 25

## Recruitment & Retention

- Are those who are part of the hiring process familiar with the Change Concepts for Practice Transformation and NCQA PCMH Recognition Standards?
- Does HR train staff on effective team development and teamwork and/or change management?
- Is HR involved in updating job descriptions and discussing PCMH with potential staff hires?
- Does HR know the licensure and credentials for Medical Assistants?

From a survey used in Region 1 by the Massachusetts League of Community Health Centers

SNMHI 26

## What are the characteristics of those who will carry PCMH work forward?

- Communication skills
- Problem-solving skills
- Ability to give feedback
- Listening skills
- Critical thinking skills
- Documentation skills
- Teamwork
- Passion!

From a survey used in Region 1 by the Massachusetts League of Community Health Centers

SNMHI 27

## Recruitment Resources

- [Recruitment & Retention of Clinicians](#) (NACHC)
- [Recruitment and Retention of Primary Care Physicians at Community Health Centers: A Survey of Massachusetts Physicians](#) (MassAHEC)
- [5-Year Strategic Plan for Primary Care Provider Recruitment in Oregon](#) (OR Health Policy Board and OR Healthcare Workforce Committee)
- [Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis](#) (Joint Commission)
- [Complex Care Manager Recruiting and Training Tips](#) (CA Quality Collaborative)
- [Employee Recruitment: Using Behavioral Assessments as an Employee Selection Tool](#) (Collins, SK)
- [Building a Viable Primary Care Provider Workforce](#) (Cruise, MK)
- [Health Care Staffing and the Expanding Role of the Nurse Practitioner](#) (Monster.com)
- [Access Transformed: Building a Primary Care Workforce for the 21<sup>st</sup> Century](#) (NACHC)
- [Sample Interview Questions: Medical Assistant](#) (Monster.com)
- [Healthcare Staffing: How Healthcare Reform Will Likely Impact Hiring](#) (Monster.com)

SNMHI 28

## Staff Engagement vs. Staff Satisfaction shared by OPCA

- Series of webinars on staff engagement

Engaged employees are psychologically committed to their work, go above and beyond their basic job expectations, and want to play a key role in fulfilling the mission of their organizations. (Gallup)

- Compiled fact sheets

- Overview of engagement vs satisfaction
- Staff engagement surveys

SNMHI 29

## HR's Role in Engaging Leadership

- Introduction to Leadership Theories, a monograph by Roger Chaufournier (2011), adapted for the Business in Medicine Leadership and Organizational Behavior in Health Care Organizations

SNMHI 30

## Placeholder for Lara's Slides

### HR's Role in PCMH Transformation

- Project management to ensure PCMH efforts are moving forward
  - Agenda setting
  - Accountability
  - Facilitation of PCMH
- Change management
- Teamwork and conflict resolution
- Engage leaders via the benefits of PCMH/ACA, e.g., payment and customer service

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## Thank You!

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PCMH Services Website: [www.ghmedicalhome.org](http://www.ghmedicalhome.org)  
Coach Medical Home: [www.coachmedicalhome.org](http://www.coachmedicalhome.org)  
SNMHI Website: [www.safetynetmedicalhome.org](http://www.safetynetmedicalhome.org)



Advancing Healthcare  
Improving Health



# Questions & Discussion

## Safety Net Medical Home Initiative

This presentation is based on content produced for the Safety Net Medical Home Initiative, which was supported by The Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice policy. The views presented here are those of the author and not necessarily those of The Commonwealth Fund, its directors, officers, or staff. The Initiative also received support from the Colorado Health Foundation, Jewish Healthcare Foundation, Northwest Health Foundation, The Boston Foundation, Blue Cross Blue Shield of Massachusetts Foundation, Partners Community Benefit Fund, Blue Cross of Idaho, and the Beth Israel Deaconess Medical Center. For more information about The Commonwealth Fund, refer to [www.cmf.org](http://www.cmf.org).

The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S. For more information about the Safety Net Medical Home Initiative, refer to [www.safetynetmedicalhome.org](http://www.safetynetmedicalhome.org).

