

Tools for HR to Support and Lead PCMH Transformation Lara Salazar, SPHR Donna Daniel, PhD Director of Workforce Learning and Senior QI Principal, Qualis Health Development Former Director, Practice Transformation Montana Primary Care Association & Measurement, SNMHI With many contributions from: Laurie Francis, MPH Virginia Weir, MPH, Qualis Health Senior Director, Clinic Operations and • Joan Pernice, RN, MassLeague, Region 1 Quality • Irma Murauskas, RN, MPH, OPCA, Region 10 **Oregon Primary Care Association Safety Net** July 18, **Medical Home Initiative** 2013

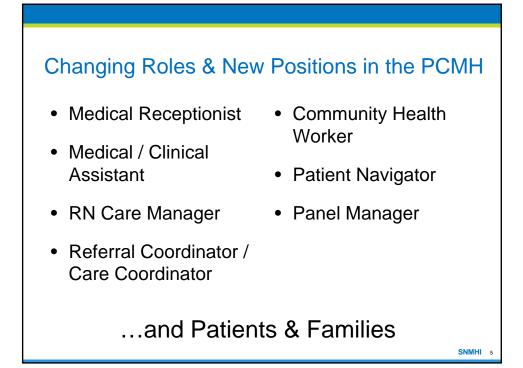
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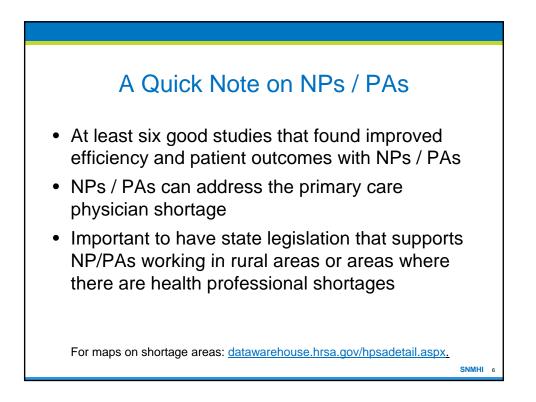
SNMHI :



- 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







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

Profuse bleeding Not breathing Setzure	URGENTI CRITICAL LAB CALLS Hot List (Pt on Phone or in dino). Allergio reaction Active Laborivatar prote Loss of consciourness than 2 months old New numbress/ thanging in face or limbs thanging in face or limbs thanging in face or limbs Schottess of breath Suicide threat (page to Suicide thread (page to Suicide threa		TASK NORMAE Prirefuses appt, waints or pank in the NK. Give Normal Solution of the Solution of the NK of the Norma Babel number. Palient requesting health securities about previous visit Charge in medication does and page in medicati	narcotics Pt requests for copy of diagnostic results. I need a letter or paperwork - inquire about type of letter or paperwork and follow paperwork guidelines and make aponintment.	NA Non-upper provider call, TASK MA ² Questions after receiving letter from PCP Patient is in front of you and needs imma- ind doopment in Normation present task team MA Pharmacy calls re- pending Rx and patient is in front of them, page team. Change in medidose make apt with Provider. Refill requests greater than 72 hrs after patient called pharmacy Non urgent RX, task the team. Patient insistent on getting lab and xray results.	Provider • Prequests Counselin Rields, thigh Friority, High Friority, High Friority, Provider MD, PA-C, PR-P Hranses, answers, page MA • Refill narcotic Rx • Pharmacy call res same day Rx, page rendering provider, • Joshy want to task to my provider • Lab asking for diagnostic codes • Lab asking for diagnostic codes • Usating nurse call for orders and update • CHPW Nume Triage reports	Other Staff RO Pecords Request T Breaults copy Immunization Records (Urgent Copy of Copy of Co
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Scripting for Appointment Scheduling

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."

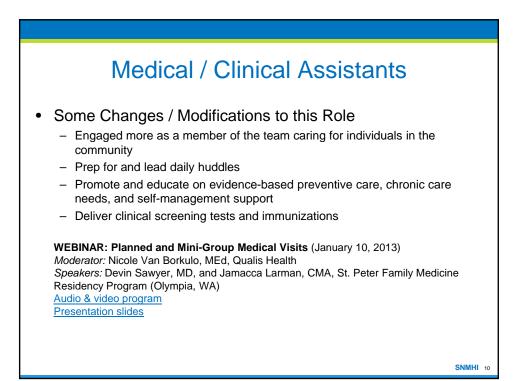
Receptionist: "It really is better for you to see the same provider as frequently as possible, so that he gets to know you better and can take better care of you. Dr. Moore is not in today, but I can schedule you tomorrow with him when he returns."

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 smilling) "We are doing the best that we can. We have gotten so busy that we have bed to schedule out a four days, but we are working.



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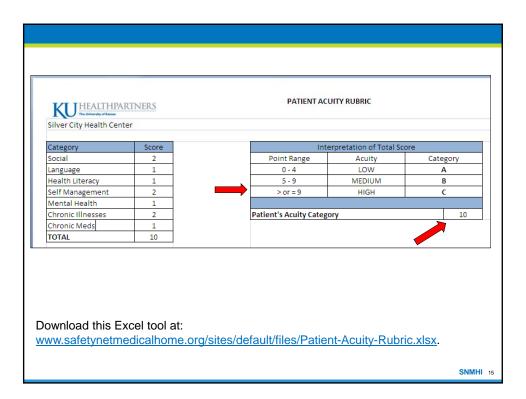
Continuous and Team-Based Healing Relationships Supplement: Elevating the Role of the Medical/Clinical Assistant

- 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

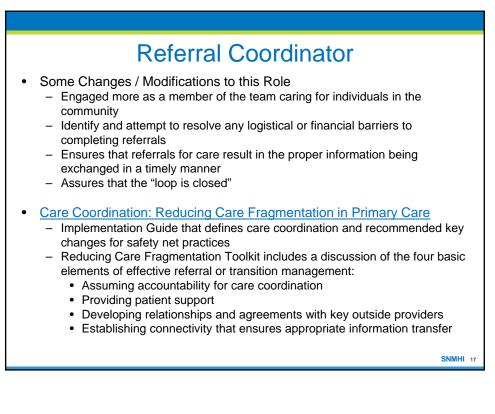
Sample Questions from the Written Competency Exam for Medical Assistants
 The most important way to maximize the FEV1 of the patient during incentive spirometry testing is to be an enthusiastic coach. True False
 Which of the following lifestyle modifications are important in the management of Type II 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
SNMHI 12

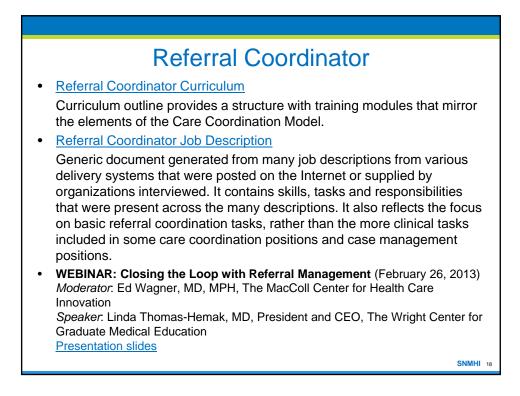


KUHEALTHI	PARTNERS	PATIENT ACUITY RUBRIC	
Silver City Health Ce	nter		
		PATIENT ACUITY RUBRIC	
	zero next to the category name "social".	enu next to the catgeory name. For example, if your patient has a steady income or stable resident ". DOB:(enter patient DOB) Evaluation Date:(enter date of evaluation)	
		CRITERIA	1
CATEGORY Social Please se 1 2 your patient fails under r to the category name "so		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
Language Please select which crite your patient falls under n to the category name "language"		 Some ability to communicate in provider's language 	Needs interpreter for all interactions with provider
	Appropriate demonstration of understandir	ng of Moderate understanding of health care needs Requires some routine provider reinforcement	Demonstrates minimal understanding of health care needs









SNMHI 19

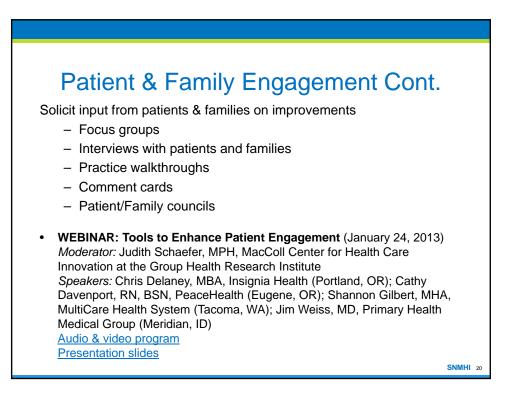


 Patient-Centered Interactions: Engaging Patients in Health and Healthcare

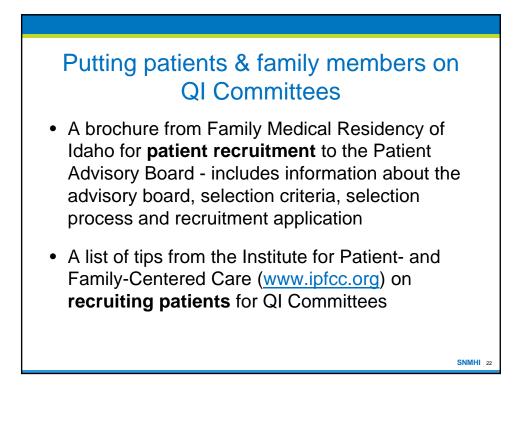
-Implementation Guide

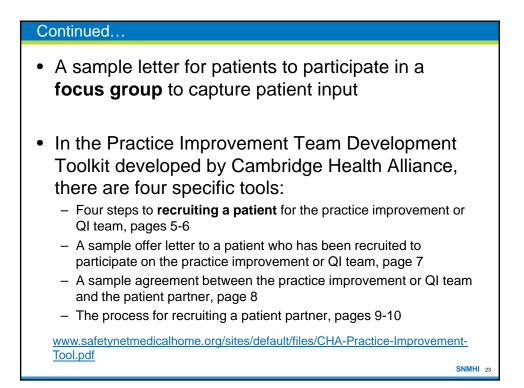
-Presents strategies to measure patient experience, communicate with diverse patients, and actively engage and support patients and their families before, during and after office visits.

- 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.
- <u>Strategies and Tools to Orient and Engage Patients and</u> <u>Families to the Patient-Centered Medical Home Model of</u> <u>Care</u>

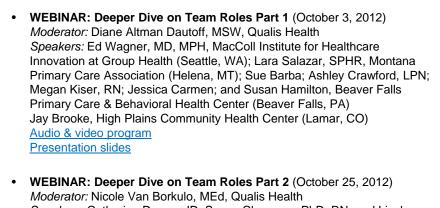


	Comment Cards	
Insert your practice logo here	Helping Us Improve Your Experience of Care	
Please answer the following	ng questions based on your experience today.	
What do you lik	e most about your care here?	
What do you lik	e least about your care here?	
What is the one	thing you would like to see changed?	

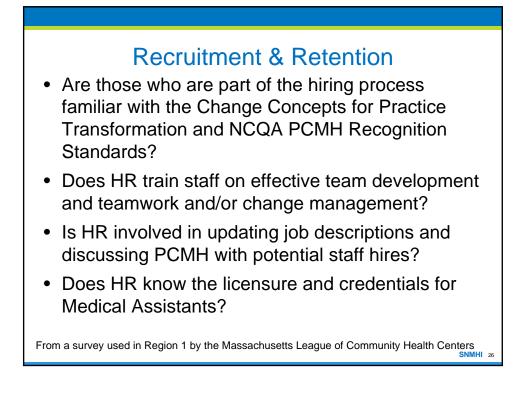








Moderator: Nicole Van Borkulo, MEd, Qualis Health Speakers: Catherine Dower, JD; Susan Chapman, PhD, RN; and Lisel Blash, MS, MPA, UCSF Center for the Health Professions (San Francisco, CA); Christine Klucznik, Cambridge Health Alliance (Boston, MA); Ann Turner and Sarah Deines, Virginia Garcia Memorial Health Center (Cornelius, OR) <u>Audio & video program</u> Presentation slides

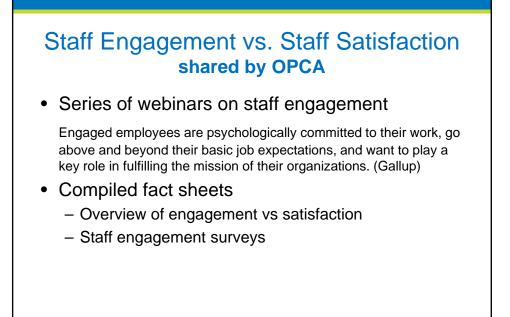


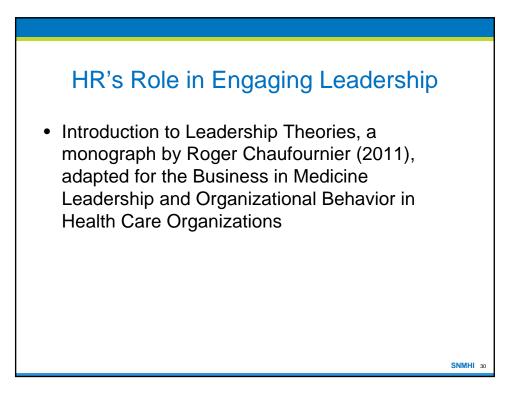
What are the characteristics of those who will carry PCMH work forward?

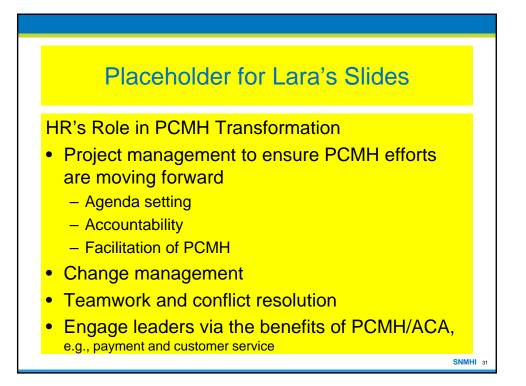
- Communication skills
- Problem-solving skills
- Ability to give feedback
- Listening skills
- Critical thinking skills
- Documentation skills
- Teamwork
- Passion!

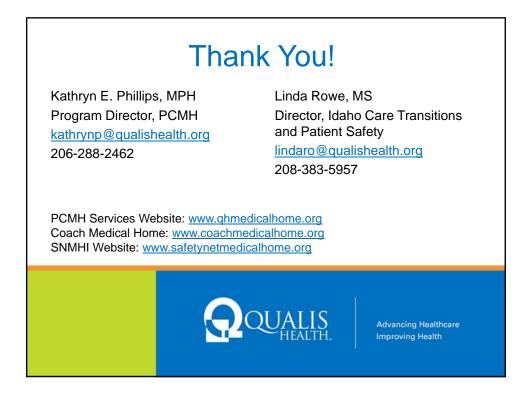
From a survey used in Region 1 by the Massachusetts League of Community Health Centers

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









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.cmwf.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 <u>www.safetynetmedicalhome.org</u>.





GroupHealth. MacColl Center for Health Care Innovation