WellSpan Health upskills MAs to serve high-risk populations

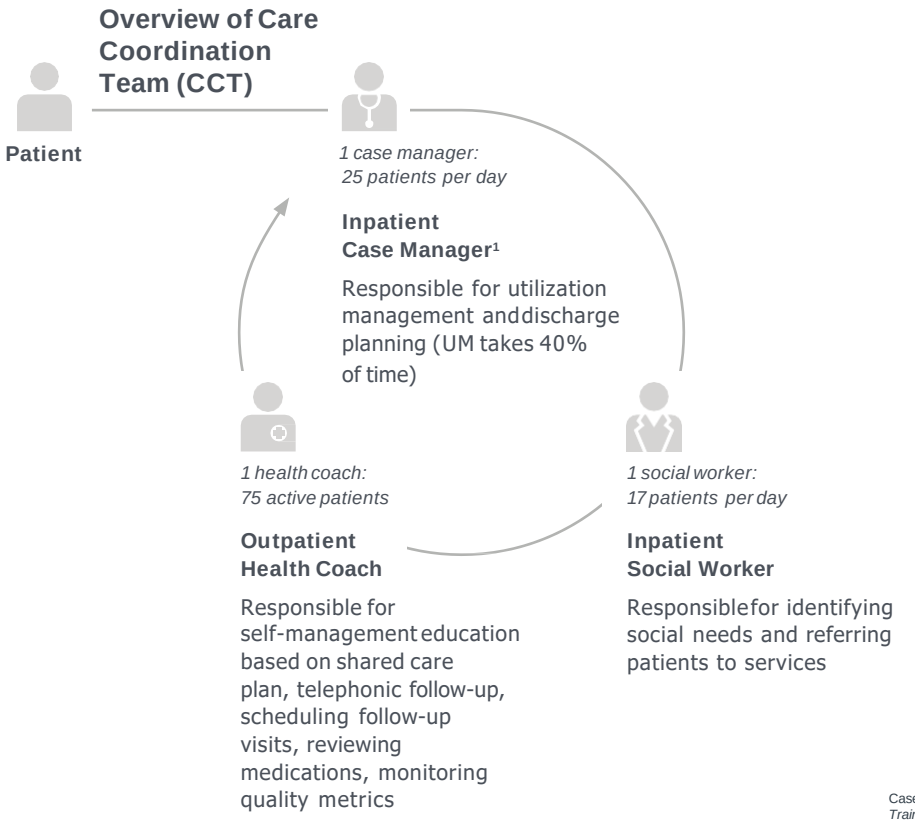
Health coaches work in triads to facilitate care transitions

> Health coaches are central to bridging inpatient-outpatient transition to coordinate patient care.

WellSpan Health in South Central Pennsylvania developed a practice-based model where existing care management team members work closely to manage a group of patients across the continuum—calling on LPNs/MAs to assume the health coach role.

WellSpan formed a care management triad (called the Care Coordination Team or CCT) that reconfigured inpatient case manager and social worker assignments around practices, rather than inpatient nursing units. Health coaches are embedded in the practice and serve as ambulatory care managers who work with dedicated inpatient team. This model allows the CCT to develop strong relationships with patients and each other over time.

Forming care teams to manage patients across the continuum



Case profiles originally published in *How Four Organizations Trained MAs for the Advanced Medical Home* on advisory.com

WellSpan's success hinges on a training simulation for health coaches to mimic real patient scenarios.

To support this new practice-based care model, WellSpan created a homegrown health coach training program for new health coaches that includes eight sessions, each three to four hours long. The foundation of the program's curriculum is to develop communication skills, ensuring MAs/LPNs can carry out new responsibilities such as self-management and coaching techniques.

Communication and coaching skills are reinforced during the training's simulation lab (Sim Lab). Each Sim Lab session is educational, encouraging, and supportive. Sim Labs mimic real patient scenarios and train health coaches to respond to patient concerns. Scenarios include working with patients with chronic illnesses such as diabetes or hypertension, preparing coaches to address underlying social and behavioral causes of chronic conditions.

Health coach simulation labs provide real-life care management scenarios

Trainer
"Simulated Patient"

- Assumes role of patient; presents scenario, often related to diabetes or hypertension
- Evaluates coaches' communication, goal-setting skills using checklist
- Allowed to come out of character and give live feedback

Coaches-in-Training

- Expected to respond to real patient conditions
- Guides "patient" through questions, concerns related to condition
- Assessed on ability to help patients with goal setting
- Can request additional one-on-one support

Union Health Center trains MAs for chronic care management

UHC involves entire care team in MA development

Union Health Center, a comprehensive primary and specialty care center in New York City, developed an MA training curriculum to support ongoing advancements to its team-based medical home.

Recognizing that MAs could take on more responsibilities, UHC secured two grants to develop a 12-month training curriculum for MAs focused on chronic disease and self-management support. With resources from the American Diabetes Association and the New York City Department of Health, as well as material developed in-house by providers, UHC developed its own didactic and clinical curriculum to enable MAs to take on patient education and coaching activities.

Continuous training opportunities provided at Union Health Center

Initial MA Training Curriculum

Dedicated two-hour weekly sessions held during clinic workday over nine months

- Defined scope of MA role in patient care
- Identified gaps in MA communication and clinical skills
- Reviewed basic MA curriculum, tailored to current skill levels; provided refresher on clinical facts, patient education materials, EMR templates
- Taught basic interviewing skills and principles, motivational interviewing, techniques of self-management support (e.g., goal setting, patient readiness to change)

Ongoing Commitment to Education

Weekly Team Refreshers

One-hour sessions every other week for PCAs[2] and health coaches

Continuous Process Improvement

Teams encouraged to identify inefficient processes and protocols, pilot potential solutions; successful solutions can be rolled out across the practice

Health Coach Shadowing

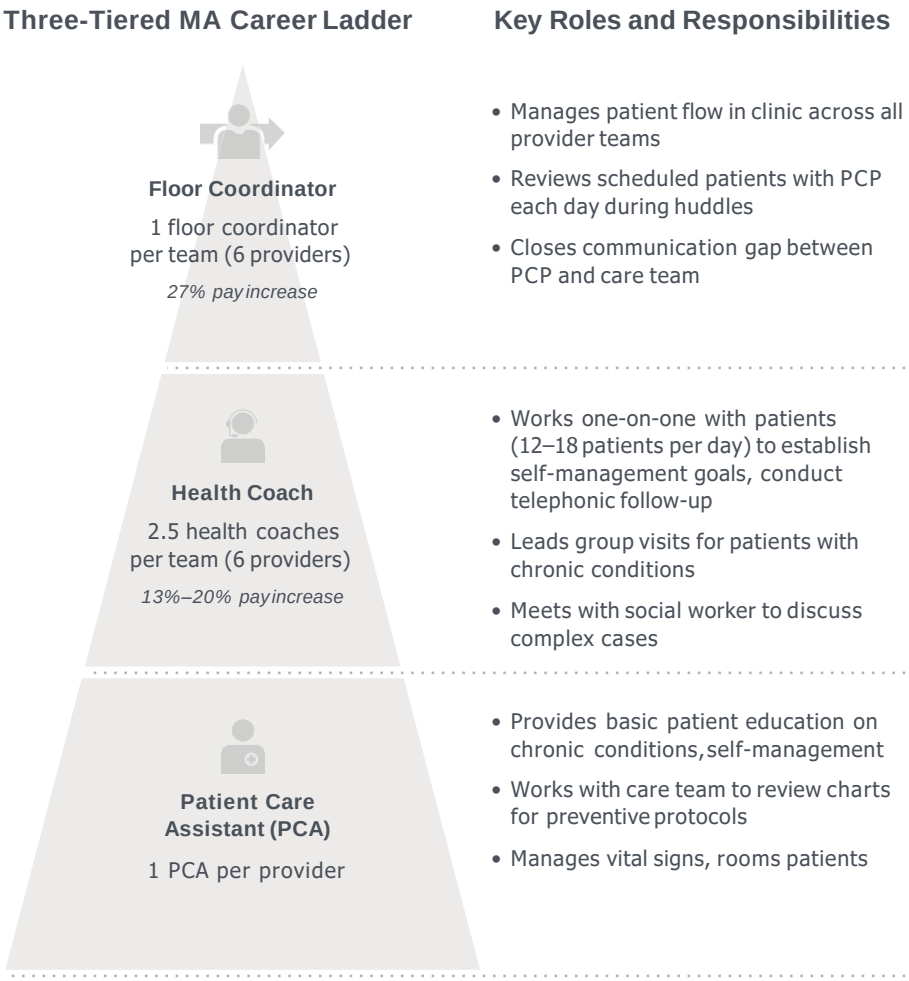
Opportunity for select PCAs with advanced knowledge to learn from health coaches, train to earn promotion

Create a compelling career ladder to empower continuous MA development.

Training staff to achieve top-of-license practice also standardized roles across sites, allowing UHC to create an MA career ladder—a career development structure that defines positions through which MAs can advance.

Standardizing staff roles also increases staffing flexibility and capacity. On days with higher patient volume or fewer staff, MAs can often fill in for one another since they all received the same training.

MA career ladder outlines opportunities for professional growth



Provider and patient education and involvement is just as important as MA training.

Leaders at UHC recognized that they would need support from the rest of the practice to implement the clinical ladder, so they provided multiple opportunities for all clinical staff to participate in training, from development to implementation.

Engaging entire care team in training, process improvement initiatives

Strategies to Improve Provider, Patient Buy-In

Engaging in Program Development

- Clinical staff actively involved in ongoing training development and supervision
- Care team RN ensures MAs are performing designated duties effectively
- Nutritionist attended a "train-the-trainer" program to learn effective teaching techniques, shared techniques with rest of team

Fostering Ongoing Collaboration, Teamwork

- Providers lead group visits, encouraged to share any patient concerns with health coach and rest of care team
- Team meetings discuss potential adjustments to health coach role; address inefficiencies, barriers in workflow
- Task forces formed to pilot potential solutions and provide update on progress at subsequent meetings

Educating Patients and Caregivers

- Providers encouraged to mitigate patient resistance to new care model through warm handoffs to health coaches and PCAs
- Patient education materials detail the benefits of the PCA and health coach involvement in patient care

> Although the up-front investment is significant, the program yields substantial returns in cost savings, clinical outcomes, and operational efficiency.

Overall, the new care team model improved clinic workflow by reducing wait times, no-shows, and walk-ins. Being able to better predict patient volume and clinic capacity ultimately resulted in more positive patient experiences. Patient satisfaction also increased given the personal relationship health coaches were able to develop with patients. Additionally, staffing across the board at UHC has stabilized and overall retention has improved.

Given these results, UHC hopes to soon create a similar career ladder for nurses and other care team members.

Outcomes of enhancing MA training and responsibilities

Metrics	Details
Program expenses	• Grant funding required to cover up-front training development costs • Required substantial dedicated staff time up-front and on a continual basis, especially for administrative and nurse trainers • Increase in compensation for health coaches, floor coordinator
Cost savings	• Data from self-insured fund showed that employees who were followed at UHC cost 17% less PMPM than those not served by UHC • Emergency room costs for employees were 50% less when seen at UHC
Clinical outcomes (diabetes)	• 36% of patients had controlled ABCs[3] in 2009 versus 13% in 2005 • Statistically significant improvement in diabetic patients with A1c at less than 7%, blood pressure below 130/80mmHg, and LDL cholesterol less than 100mg/dL
Wait times	• Redesigned patient flow and floor coordinator enhance provider and PCA workflow
Patient access	• Increased access to staff via telephone, centralized phone line • Designated time for same-day, next-day appointments • PCAs conduct appointment reminder phone calls 2–3 days prior to scheduled visit • UHC is serving nearly 3,500 more patients in 2014 than in 2010 with the same number of staff
Staff recruitment, retention	• Experienced initial decrease in retention during adoption of model • Since adoption, care team and provider staffing stabilized, MA retention improved • Number of PCAs has increased from 17 in 2010 to 31 in 2013 as a result of enhanced practice clerical efficiencies (e.g., transition to EMR, reduction in clerical staff) • Most interns from local MA training schools stay at UHC if offered position