Strengthening Patient-Centered Care through Health Care Workforce Training

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Background

Fragmentation and lack of coordination of health care has been shown to be a source of frustration for healthcare consumers, and a barrier to quality care and driver of health care costs (Komisar & Feder, 2011). Empirical evidence is building and there is a strong belief among health policy makers that interdisciplinary teams are better able to coordinate and deliver complex medical services, resulting in better healthcare and outcomes (Heinemann & Zeiss, 2002; Wagner, 2004). Patient-centered care has also become a prominent focus, as it is associated with a large variety of positive patient outcomes such as adherence to treatment, improved health, and satisfaction. Patient-centered care has been defined as one of six indicators of quality care by the IOM [5] (Clayton, 2007).

Commonwealth Care Alliance (CCA) is a nationally recognized not-for-profit, consumer-governed organization that serves as a prepaid care delivery system for Medicare and Medicaid beneficiaries with complex medical needs. CCA's positive results are based on quality home-based, interdisciplinary, team-based care that is person centered, along with providing a great deal of attention to patient engagement and cultural awareness. However, CCA has faced challenges relating to its recent, significant growth; since January 2013, CCA has almost doubled its staff size and membership has skyrocketed from just over 5,000 to 13,329. The critical challenge for CCA is to ensure that the best practices that led to their success are maintained during a time of rapid growth and organizational change. Historically, CCA has focused on an "oral" tradition of training whereby senior staff provides on-the-job training with new hires and current staff. However, having recently on boarded large numbers of staff, there is a need to have them quickly up to speed in the CCA model of care and the philosophy of patient-centered, team-based services.

Methodology

Funded through Commonwealth Corporation, Boston University's Center for Aging and Disability Education and Research (CADER) and Commonwealth Care Alliance (CCA) came together to design and implement competency-based, standardized training for CCA's rapidly expanding, interdisciplinary workforce. Based on the results of a needs assessment conducted, a set of competency-based trainings was developed to strengthen clinical staff's capacity for providing team based, person-centered care, centering on patient engagement.

Two pre-existing courses from CADER's online catalog were utilized, and a third course was developed to meet CCA's specific needs. *Understanding Consumer Control, Person-Centered Planning, and Self-Direction* was designed to help workers understand consumer control, consumer choice, and consumer direction in a real-life context. *Assessment with Older Adults and Persons with Disabilities* addresses the important skills of engagement, assessment, and person-centered planning. It also explains key diversity and multicultural considerations that healthcare workers need to consider in the engagement process in order to enable individuals to obtain the highest level of independence consistent with their capacity and their preferences for

care. Finally, *Interdisciplinary Care Teams* was developed to address core competencies around engaging in team-based care of older adults and persons with disabilities.

CCA staff participants completed three online CADER courses, as well as attending in-person training sessions following each of the three online courses (Course #1, n=190; Course #2, n=188, Course #3, n=174). Pre-course and post-course self-assessments of competencies were completed online by the majority of course participants. As a result of improved training opportunities provided by CADER, we hypothesized that we would see increases in competencies, decreased grievance surrounding care management practices, and higher patient signature rates on care plans.

Results

The average course completion rate for the training program was 99.8%. Increases in the mean scores from pretest to posttest self-assessment of competencies were statistically significant ($p<.05$) across all learning competencies, for each online course completed. CCA training program participants expressed appreciation for the CADER online courses and reported that they learned a great deal of relevant information that they will utilize in their work with aging and disability populations. For instance, in a post-course evaluation survey, 85% of participants agreed or strongly agreed the training will help them in their work with older adults and/or people with disabilities, in both the *Understanding Consumer Control, Person-Centered Planning, and Self-Direction* and *Interdisciplinary Care Teams* courses.

The course evaluation survey also offered the opportunity for qualitative feedback. Several themes were identified; CCA participants reported that the information presented in *Understanding Consumer Control, Person-Centered Planning and Self-Direction* was very applicable to "real-life" situations they faced with consumers. They also found discussion of balancing the consumer's right to dignity of risk with their safety particularly helpful. Participants considered *Assessment with Older Adults and Person with Disabilities* as practical and highly applicable to their job, and believed it should be essential for new staff. *Interdisciplinary Care Teams* was also considered practical and highly applicable to the job, as well as essential for new staff and future team leaders. CCA staff members also reported that this course was the most valuable and applicable to their work at CCA, as this was the area they felt they most needed/were lacking training in.

In addition to quantitative and qualitative data gathered, CCA staff have observed several improvements in team interactions and emphasis on person-centered care. Staff have demonstrated improved communication during team meetings, and have expressed feeling more empowered in advocating for their members when the member's culture and consumer choice are in conflict with the primary care physician's plan. Staff have also reported that the trainings have helped them better cope with the stressors of their job in that they have a better sense of where their responsibility lies and that of the member's, indicating an increased understanding of the concept of person-centered planning and dignity of risk.

In terms of business impacts, this project aimed to impact grievances, or the percentage of members with one or more complaints about their care management per month. We hoped that

as a result of the training, which is focused on consumer-centered care, culturally competent and effective teamwork, that CCA members would experience improved satisfaction with their care management experience leading to better health outcomes and improved member engagement. Post-training rates are based on complaints received between April 2015 and March 2016 and reflect average complaints per month during this time period. This project aimed to achieve a change of less than or equal to 0.5% per month for calendar year 2015. The baseline rates for grievances, measured in February 2015 were as follows: Total: 70/16720 = 0.419% Senior Care Options (SCO) Program: 16/6650 = 0.241%; One Care: 54/10070 = 0.536%. The follow-up rates measured in March 2016 were as follows: Total: 16/17186 = .093%; SCO: 4/7361= 0.054%; One Care: 12/ 9807-=0.12%. Thus this business impact measure was met and CCA reported fewer grievances about their care management services. This is an important outcome as during a time of great change at CCA with higher caseloads than ever, one might have expected to see an increase in grievances due to high staff burnout and increasing staff attrition.

As a result of focused trainings, we expected improved communication and person-centered planning with members and greater compliance with regard to members signing off on their care plans. At baseline (February 2015), 80% of care plans had been signed by members. Our proposed target for the training period was achieving a rate of 90% of care plans signed. This target has been achieved at follow up. As of March 2016, 90% of members had signed their care plans. Reaching our goal of a 10% increase in patient signature rates on care plans is a reflection that the care planning process was more collaborative and adhered to the principles of creating a plan that is person-centered and driven.

The approximately 200 workers who completed the program over the past two years showed significant gains in targeted skills. In addition, compared to baseline rates, CCA experienced fewer grievances regarding care-management practices, and patient buy-in to care plans increased significantly; although, there were other quality and process improvement interventions happening during this same time period so we should caution full attribution to the training intervention.

Conclusion

Interdisciplinary, team-based care is increasingly acknowledged as a superior mechanism for managing the complex needs of many healthcare consumers. Implementing competency-based, standardized training for CCA's rapidly expanding, interdisciplinary workforce appeared to be associated with increased staff competencies, reduced grievances, and higher patient signature rates on care plans. It is our hope that an increased emphasis on and understanding of patient-centered care will lead to a variety of positive patient outcomes such as adherence to treatment, improved health and satisfaction. Competency-based training focused on improving knowledge and skills in team-based, person-centered care may be a promising approach to improving interdisciplinary health care.