Ohio’s Direct Workforce Initiative and Health Care Integration: Exploring Job Roles & Competencies

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Purpose

To explore new and emerging job requirements for direct service workers (DSW) who work in or with Integrated Health Care Programs for adults with severe and persistent mental illness (SPMI).
Who are Direct Service Workers (DSW)?

- **Front-line Workers** such as Home Health Aids, Nurse Aides, Medical Assistants, Mental Health Technicians

- No single job title; titles used vary by sector (e.g., aging, mental health), work setting, and organization

- Paid positions

- Work performed fits patient needs and the setting in which the work is being carried out

- Historical view that DSWs are paraprofessionals is changing for a variety of reasons (e.g., complexity of the work being done, changes in the healthcare system)
How is this study related to changes in the US and Ohio healthcare systems?
Workforce Issues

- Big Question:
  - Will there be a qualified workforce in place to meet the demand posed by the aging of the US population & the millions of additional people who are likely to be covered by Medicaid under the Affordable Care Act?

- Ohio’s Direct Service Workforce consortium (ODSWC) aims to insure a qualified workforce exists in Ohio

- Our study is 1 of 7 underway at Ohio colleges and universities to support the work of ODSWC
Healthcare Integration

- **Affordable Care Act**
  - Emphasis on holistic health and integrating different aspects of healthcare (e.g., physical and mental healthcare) for Medicaid recipients
  - Gives states an opportunity to improve healthcare quality and reduce cost by offering a Medicaid Health Home (HH) Benefit which is intended to support efforts to integrate care for Medicaid recipients

- **Adults with SPMI *Really* Need integrated Healthcare**
  - Costs are very high compared to other population sectors (e.g., 3x the $ for adults with schizophrenia)*.
  - Physical health care needs often go untreated, including preventable conditions
  - High use of costly approaches to care (e.g., emergency room visits)
  - Integrated or holistic health care is expected to improve quality of care, reduce cost, prolong life and reduce preventable suffering

* BeST/HFGC Study, Fall 2011
Healthcare Integration in Ohio

Ohio’s Health Home Benefit:

- Ohio was recently approved to provide Health Home (HH) benefit for Medicaid enrollees with SPMI.
- Benefit promotes holistic healthcare by supporting key services (e.g., care coordination) that are essential to integration.

5 Integrated Health Care Demonstration Projects Underway Focus on Adults with SPMI*

- Different and started before Ohio’s HH Benefit but have important experience to inform evolving design and implementation of HH.
- Federally – funded: Substance Abuse and Mental Health Services Administration (SAMHSA).
- Provide Primary and Behavioral Healthcare Integration (PBHCI).
- Our partners in this study.

* 2 new Ohio projects announced last week.
Three Research Questions

1. Do the jobs of DSWs working in or with Ohio’s 5 PBHCI programs differ from comparable jobs carried out in traditional, non-integrated settings?

2. If yes, what are the key factors that account for changes in DSW job requirements?

3. Do the answers to the 2 questions above vary across Ohio’s 5 PBHCI programs as a result of:
   - The specific approaches being used to integrate healthcare?
   - Local or contextual factors?
PBHCI Partner Sites

- Behavioral healthcare organizations (BHO)
- **Innovators!!!** Bring primary care into BHO settings (rather than the reverse, which is more typical)

- **5 Sites:**
  - Children and Family Services, Cleveland
  - Community Support Services, Akron
  - Greater Cincinnati Behavioral Health Services
  - Shawnee Mental Health Center, Portsmouth
  - Southeast, Inc., Columbus
Research Design

- Exploratory

- 4 Main Phases: 3 completed and data analysis is still underway

- Primarily Gathering Information from Subject Matter Experts (SMEs)
  - 42 SMES participating across the 5 sites
  - Know about the PBHCI program
  - Know about healthcare integration for adults with SPMI
  - Educated about the Health Home (HH) concept and about Ohio’s HH Benefit Proposal
  - Serving as Expert Informants NOT Research Subjects
Findings To-date
Phase 1: PBCHI Site Survey & Review of Background Information
5 PBHCI Sites

- PBHCI Client Eligibility:
  - Common to all 5 sites:
    - Adult with SPMI
    - Inadequate connection to Primary Care Doctor
    - Willingness to participate (signed Informed Consent)
  - Unique:
    - Insured
    - Uninsured
    - Diagnosed chronic healthcare condition

- PBHCI Delivery Model: 2 In-house; 3 w/ PC Partner

- 4/5 Sites had Significant Prior Experience Providing Primary Care to Adult SMPI Clients
Phase 2: Small Group Interviews with SMEs at Each Site
Logic Model:
Program Requirements and Context Influence Driving Factors and DSW Job Requirements

Program Requirements:
PBHCI Program Components; HH Benefit Design

Programs Happen in Context:
(e.g., provider goals, experience, program Design, local resources & constraints)

Factors: Common and Unique Factors Affecting DSW Job Requirements and Qualifications
(e.g., degree of access to specialty care; union vs non-union)

DSW Job Requirements, Qualifications
Focus: Existing PBHCI Program

Question 1:

What factors associated with implementing your PBHCI Program help to explain changes in DSW job requirements and worker qualifications?
PBHCI Factors Affecting DSW Job Change

- **Patient Engagement**
  - Different strategies are required to get and keep patients engaged in integrated health care as opposed to engaging patients in either behavioral or primary healthcare alone

- **Communication**
  - New communication strategies & worker skills are required to facilitate rapid, unambiguous communication of complex information among an expanded audience of multi-disciplinary professionals .... to insure that knowledge is shared and current
PBHCI Factors Affecting DSW Job Change

- **Professional Identity**
  
  - In order to achieve true integration, a shift in professional identity is needed among all PBHCI team members from viewing oneself as a behavioral/primary/dental healthcare worker to viewing oneself as an integrated healthcare professional.

- **Team Identity**
  
  - New strategies are required to produce cohesive, trusting, and effective teams and to achieve team-level accountability for patient care (e.g., team – level goal setting and performance monitoring).
PBHCI Factors Affecting DSW Job Change

- PBHCI Model Makes a Difference
  - The particular PBHCI service delivery model that is being implemented (e.g., In-house versus PC Partner model) affects the nature and extent of changes required in DSW job requirements and qualifications

- Shift to and/or elevated focus on a wider array of patient health outcomes:
  - Physical healthcare
  - Wellness and Prevention
  - Behavioral Health: Mental health; substance abuse
PBHCI Factors Affecting DSW Job Change

- **Documentation**
  - Expanded knowledge of healthcare terminology and conditions are needed in order to effectively document progress and patient status in a way that can be understood by a heterogeneous mix of professionals and in a way that captures essential information; aptitude with EHR and other relevant documentation technologies is essential.

- **Impact of Expanded Responsibility and Knowledge on Worker Health and Well-Being**
  - Increased responsibility for patient overall health and expanded worker knowledge of health issues is expected to impact DSW workers’ personal wellness, job satisfaction, self image, etc.
PBHCI Factors Affecting DSW Job Change

- **Cross-Talk**
  - PBHCI Team members need to be comfortable and effective talking with patients about health issues that cross a variety of sectors

- **Clashing – Cultures**
  - PBHCI Team members need to be knowledgeable about the rules of doing business, interacting and engaging with patients that exist in different service sectors (e.g., primary care, wellness, behavioral healthcare) and to understand how those rules translate to the functioning of the PBHCI Team as a whole, and/or to the behavior of individual members of the team
Focus: Existing PBHCI Program

Question 2:

What are the DSW jobs that have been impacted by these PBHCI Program-related factors and the new requirements and qualifications associated with those jobs?

Findings will be available soon!
Future Focus: Ohio’s Health Home (HH) Benefit

Question 1:
What factors associated with implementing Ohio’s HH Benefit are likely to explain changes in DSW job requirements and worker qualifications?
HH Benefit Factors Affecting DSW Jobs

- Elevated Emphasis on Data-based Decision-Making
  - Clear and shared understanding is needed among team members, including DSW workers, about where to find and record data, what data is important, the accuracy of data, & the processes by which information is to be combined and interpreted to guide action
  - Need for information to be accessible in ‘real time’

- Increase in Health Literacy Requirements
  - Workers must use a common technical language and be familiar with important terminology from adjoining care sectors; a sound understanding is needed about health indicators and best practice responses, some of which may be particularly tailored to the population of adults with SPMI.
HH Benefit Factors Affecting DSW Jobs

■ Communication with a Capital “C”
  • Increased need to communicate effectively --- both send and receive information --- about a wider-array of health-and well-being concerns with a much broader spectrum of people (e.g., patients, family members) and professionals (e.g., specialty providers)

■ Coordination with a Capital “C”
  • Need to insure that the right Health Home team member, is carrying out the right responsibility (e.g., care management), at the right time, for the right client.
HH Benefit Factors Affecting DSW Jobs

- Emphasis on Outcomes (in contrast to “Productivity”)
  - Elevates the focus on output as opposed to throughput
  - Requires thorough understanding of the relationship between throughput (process) and output (outcomes)
  - Demands the implementation of methods and best practices that are suited to different clients, groups of clients, and health and well-being scenarios

- And, many more such as:
  - Greater expectations for HH Team members to engage in health promotion and whole-health marketing
  - Increased emphasis on facilitating, monitoring, and optimizing family engagement in health and wellness plan implementation
  - Greater need for flexible work schedules
  - Requires new approaches to managing time and activities
Future Focus: Health Home (HH) Benefit

Question 2:

What are the DSW jobs that have been impacted by these HH Benefit-related factors and the new requirements and qualifications associated with those jobs?

Findings will be available soon!
What are some potential policy implications of study findings for Ohio’s DSW Initiative and/or Ohio’s Rollout of the HH Benefit?
Four Likely Areas of Policy Impact...

based on analysis to date

- **Regulatory Impact**
  - Context matters: As with other model programs, adaptations may be necessary for optimal performance and success

- **Recruitment of DSWs**
  - New roles and qualifications will likely affect compensation packages, worker eligibility/qualifications, job scheduling and other job design factors, composition of teams
Four Likely Areas of Policy Impact...

- **Retraining Existing Workforce**
  - On and off the job training
  - Training in healthcare terminology and conditions
  - Leadership training and organizational change
  - Team Development: Cohesiveness, shared understanding, goals, accountability and minimize professional silos and hierarchies

- **Pre-service Training**
  - New curricula development for training
  - Define roles and incentives for colleges/community colleges/universities
  - Define roles and incentives for Work Experience Programs, Job Readiness Activity Programs
Questions?

That's All Folks