

## COPE Monthly Digest

Monthly tips empowering you to transform health care for tomorrow

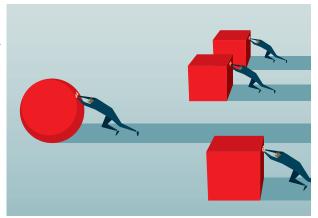
## Health Care Talent Innovations

## COPE's Health Care Talent Innovations Fills a Crucial Gap on the Path to Real Health Care Reform



Author: Wells Shoemaker, MD, former Chief Medical Officer for the California Association of Physician Groups and one of the foremost national authorities on care coordination and high quality care delivery

Care management has revolutionized both quality and affordability in California's organized systems of care; and, now it's poised to make an impact across the entire spectrum of health care. COPE Health Solutions' Health Care Talent Innovations (HCTI) service line is in a prime position to not only help patients, but also help health care systems transform care delivery and prepare for the increasing shift



from fee-for-service (FFS) to a value-based payment structure. The HCTI program offers viable solutions to address this national need right now; the following four reasons demonstrate how.

- 1. Perfect Timing. The entire country is moving rapidly towards increasing the proportion of prospective, outcomes-based payment, as opposed to the now largely wasteful FFS schemes that have dominated health care in 49 states since World War II. There is a powerful business case to adopt the kinds of processes now mainstream in California's risk-bearing systems- specifically "upstream," anticipatory, active engagement for individuals with complex needs. Instead of relying on individual doctors to do this—erratically and inefficiently—organized systems of care have achieved remarkable success by employing case managers to identify opportunities, make connections, close gaps, and troubleshoot problems within the care delivery process. The following are two reasons why the HCTI program can help providers today.
  - There are not enough people to carry out these "case manager" tasks—in California or anywhere else. Nurses have traditionally filled these roles. However, individuals with lesser degree who are appropriately trained can perform many of these responsibilities. Not only would such individuals fill a pressing need, they would also free up the professionals with more advanced degrees to concentrate on the tasks that truly require their experience and licensure.

- The HCTI program, which is already tested and validated well beyond the concept or model phase, can step in to fill this acute need.
- 2. Pull Up Health Disparities at the Roots. California, like the rest of the country, suffers an embarrassing reality.

  Namely, many people have deficient health care experiences and avoidably bad outcomes with premature death and loss of productivity because of prejudice—softened by terms such as "disparities" or "inequalities." The discrimination may include ethnicity, language preference, age, gender, diagnosis and sexual identity. Here are two reasons why the HCTI program can help improve these disparities in care for at-risk patient populations.
  - Shaming existing systems for the tolerance of these problems has not worked to eliminate them. What will work is an infusion of health care workers representing population groups afflicted by these disparities. Not only will such workers bring a needed personal perspective into the currently disproportionate health care workforce, but they will also take initiative to correct these disparities through deeds rather than rhetoric.
  - The HCTI program will intentionally—and successfully—recruit bright, highly motivated young people
    from within the same region as the patient population they will serve. There is a clear opportunity for
    many participants to advance towards roles with more versatile credentials and, accordingly, greater
    leadership influence.
- 3. Keep Young Professionals from Drifting Away. In 2013, during the deliberations of Governor Brown's Let's Get Healthy California taskforce, I had the privilege of co-leading the workgroup charged with proposals for "Redesigning the Health System." In those discussions focusing upon workforce innovations, Heather Young, chair of the UC Davis School of Nursing, observed that approximately 5,000 recent nursing graduates in California were unable to find employment in hospitals—the traditional first career step. That phenomenon continues in 2015, although precise numbers are difficult to document. The HCTI program can help by giving recent graduates a formal, disciplined program to achieve certificates in case management that will enable these professionals to step quickly into much needed roles and bring fresh leadership skills into the workforce. The program also brings a succession plan to the aging nursing workforce.
- 4. Transportable Solution. HCTI's training approach is eminently transportable to other states. It works in collaboration with large integrated groups, hospital-ambulatory collaborations in Accountable Care Organization (ACO) settings, and academic teaching centers in California and Washington. The precise nature of those systems makes little difference in the curriculum and training protocols. Patient benefit from care coordination is the common ground—faster and more accurate care, respect for individual preferences and ethnic beliefs, fewer mistakes, more convenience, and better economy. Additionally, the costs are a bargain compared to the achievable savings through better-coordinated care, better patient and family engagement, and better community representation.

For more information about Care Coordination or the Health Care Talent Innovations service line, please contact: <a href="mailto:Carecoordination@copehealthsolutions.org">Carecoordination@copehealthsolutions.org</a>.