

MEMO

To: MMA Policy Council
From: Dave Renner, MMA Director of State and Federal Legislation
Juliana Milhofer, MMA Policy Analyst
Re: Future of the Health Care Workforce Forum – Summary
Date: October 8, 2014

Action Requested

1. Item to submit to MMA Board of Trustees:

The Policy Council recommends that the MMA Board of Trustees explore the development of educational resources to support physicians in their role as leaders of multi-disciplinary health care teams.

2. Items for further Policy Council input:

A. What, if any, approaches might the MMA pursue that could help to ensure ongoing APRN competency and safe patient care in light of recent legislative changes?

B. What other workforce-related topics might the Policy Council like to consider at future meetings?

Background

In 2014, the MMA Policy Council identified the changing nature of the health care workforce as a priority topic for the MMA to address through a Policy Council-convened policy forum at its 2014 Annual Conference. Per this direction, the MMA hosted the *Future of the Health Care Workforce* forum on Friday, September 19, 2014. The goal of the forum was to engage Minnesota physicians for education, dialogue, and policy guidance on the key issues associated with changes in the roles, supply, distribution, and use of various health care professionals. This memo will provide a summary of the forum, and lay out the issues that were identified by attendees.

Summary of Program

At the forum, there were approximately 60 individuals in attendance. The forum was moderated by Kimberly Tjaden, MD, a member of the MMA Policy Council. In addition, the panel discussion was moderated by Ernest, Lampe, MD, Chair of the MMA Policy Council.

The forum began with a short presentation by Lisa Mattson, MD, who, on behalf of the Twin Cities Medical Society Board of Directors, submitted an issue asking the MMA to create resources for physicians regarding APRNs.

Dr. Mattson's presentation was followed by an overview of non-physician scope of practice laws and related MMA policy positions. Dave Renner, CAE, MMA's Director of State and Federal Legislation, provided this overview.

The forum also included a panel discussion that examined three different models of team-based care. The panelists were Jacob Prunuske, MD, MSPH, with Lake Superior Community Health Center; Janette H. Strathy, MD, with Park Nicollet/Health Partners; and, Kimberly Tjaden, MD, with St. Cloud Medical Group. Dr. Prunuske, a family physician, discussed team-based care in a federally qualified health center (FQHC) setting, including the interaction that occurs at his clinic with the use of not only NPs and PAs, but of mental health providers as well. Dr. Strathy, an obstetrician and gynecologist, discussed how team-based care is used in a specialty practice, and shared how she has worked with nurse practitioners and certified nurse midwives for most of her career. Finally, Dr. Tjaden, a family physician discussed how her group has recently added APRNs to their practice and some of the challenges and best practices they have learned along the way.

The final portion of the forum was dedicated to small table discussions. The two questions that the audience members were asked to examine in small groups were as follows:

1. What barriers, if any, exist for optimal team-based care?
2. Do physicians need to be "leaders" of these teams?
 - a. If so, what does "leader" mean? Supervision? Responsibility? Liability? Accountability?
 - b. Do physicians want this role?

Issues Raised

During the forum, audience members were provided many opportunities to ask questions, share their own experiences, and provide input on the issue of team-based care. Below is a summary of issues that were raised during the forum.

- Barriers to optimal team-based care:
 - Difference in compensation between physicians and non-physician providers.
 - Difference in education between physicians and non-physician providers.
 - Access to health care in greater Minnesota is an issue, and this makes creating high functioning teams difficult.
 - How do you judge the qualifications and competency of those on your team?
 - Concern about the corporate misuse of non-physician providers.

- Physician as a leader
 - Physicians should be the decision makers.
 - Physicians are already so busy, that expecting them to serve as a supervisor is difficult.
 - What are the tradeoffs in having to serve as a supervisor?
 - The role of “leader” needs to be better defined.
 - Liability issue is important because “the buck stops” at the physician. Liability becomes the driving force behind decision-making.

It was noted that it is a foregone conclusion that physicians will be working more with NPs and PAs. The question then becomes “how” physicians will work with these providers, not “if.” In addition, it was noted that an important part of team-based care is for physicians to be both active teachers *and* active learners.

Audience Polling Questions - Summary of Results

Audience members were asked a series of polling questions to provide the MMA with a sense of who was in the audience, as well as to gauge their opinions on both the issue of team-based care and their thoughts on the forum. Results of the polling questions can be found in *Appendix A*.

Approximately 61% of the audience members were primary care physicians, with approximately 50% of the audience having experience working with both APRNs and PA’s in their practices.

The audience was asked to assess what the greatest benefit of providing team-based care with non-physician providers was. Approximately 61% of those who responded felt that physicians can be more efficient when other members of the team provide care where a physician is not needed. The audience was also asked to assess what the greatest challenge was, and approximately 46% felt that not having clearly defined roles and responsibilities for each provider on the health care team represented the greatest challenge of providing team-based care with non-physician providers.

To more closely examine what role physicians should serve in a team-based care setting, approximately 40% of respondents felt that the physician’s role should be to serve as part of a multi-disciplinary, non-hierarchical collaborative centered around meeting the patient’s needs.

The audience was also asked whether they agreed or disagreed with the following statement: “Team-based care is critical for organizations to achieve the Triple Aim of improving health, enhancing the care experience, and reducing costs.” Approximately 71% of respondents strongly agreed with the statement.

In addition, the audience was asked whether they agreed or disagreed with the following statement, “Team-based care will help address the challenges facing primary care physicians today.” Approximately 46% of respondents strongly agreed with the statement.

In regards to evaluating the forum, approximately 91% of respondents agreed that their knowledge of the future of the health care workforce was increased as a result of attending the forum. In addition, approximately 98% of respondents agreed that the forum allowed various voices/perspectives to be heard. When asked about their overall satisfaction with the forum, approximately 96.4% of respondents were satisfied. Finally, when the audience was asked how high team-based care ranks when they are considering important policy issues that affect the practice of medicine in Minnesota, approximately 54% of respondents gave it a ranking of *medium* (with 42% ranking it as a *high*).

Next Steps

Of the issues discussed at the forum, two rose to the top for Policy Council consideration. The two issues are as follows:

- APRN competency
 - Assuring the ongoing competency of APRNs emerged as a key concern. It was noted in the discussions that education for APRNs differs from that of a physician. Now that their scope of practice has expanded, and team-based care is becoming more common, how will competency for APRNs in Minnesota be ensured? Is this an area that the MMA should examine more closely, and what role can the MMA reasonably play?
- Physician leadership skills
 - There was general consensus during the discussions that physicians need to be the leaders of health care teams. Many attendees further expressed a desire for more information about how to most effectively work, lead, and function in multi-disciplinary teams. This emerged as a potential issue for ongoing MMA support.

APPENDIX A – Polling Question Results

1 Today's Attendees?		
Physician	43	87.8%
Medical student	2	4.1%
Other, non-physicians	4	8.2%
N	49	
2 Specialty of Physician Attendees		
Primary Care	28	60.9%
Non-primary care	16	34.8%
Other	2	4.3%
N	46	
3 In my practice, I work directly with:		
APRNs	12	27.3%
PAs	4	9.1%
Both	22	50.0%
Neither	6	13.6%
N	44	
Which of the following is the greatest benefit of providing team-based care with non-physician providers?		
4		
Patients are better served when treated by different members of an integrated team.	16	31.4%
Physicians can be more efficient when other members of the team provide care where a physician is not needed.	31	60.8%
Team care can save the health care system money.	2	3.9%
Physicians can learn from other non-physician providers.	2	3.9%
I don't see any benefit.	0	0.0%
N	51	
Which of the following is the greatest challenge to achieving an effective team-based care model?		
5		
Not having clearly defined roles and responsibilities for each provider on the health care team.	24	46.2%
Ensuring the health care team is truly "patient-centered".	6	11.5%



The risk to physicians who delegate functions but maintain responsibility and liability for the outcomes.	4	7.7%
Lack of training physicians receive for how to work on a team.	11	21.2%
Non-physician members working beyond their training and expertise.	7	13.5%
N	52	

6 Which statement best describes the role you believe physicians should serve in team-based care?

To serve as team leader, having supervision, ultimate responsibility, and final authority over all decisions made.	6	11.3%
To serve as team leader, delegating responsibility, as appropriate, to others on the team.	15	28.3%
To serve as a key member of the team, focusing on providing care for complex patients.	11	20.8%
To serve as part of a multi-disciplinary, non-hierarchical collaborative centered around meeting the patient's needs.	21	39.6%
N	53	

7 Do you agree or disagree with the following statement: "Team-based care is critical for organizations to achieve the Triple Aim of improving health, enhancing the care experience, and reducing costs."

Strongly agree	39	70.9%
Somewhat agree	13	23.6%
Somewhat disagree	2	3.6%
Strongly disagree	1	1.8%
Don't know	0	0.0%
N	55	

8 Do you agree or disagree with the following statement: "Team-based care will help address the challenges facing primary care physicians today."

Strongly agree	28	47.5%
Somewhat agree	22	37.3%



Somewhat disagree	6	10.2%
Strongly disagree	2	3.4%
Don't know	1	1.7%
N	59	
9 Event Evaluation: My knowledge of the future of the health care workforce was increased.		
Strongly agree	19	35.2%
Agree	30	55.6%
Disagree	4	7.4%
Strongly disagree	1	1.9%
N	54	
10 Event Evaluation: The forum allowed various voices/perspectives to be heard.		
Strongly agree	39	70.9%
Agree	15	27.3%
Disagree	1	1.8%
Strongly disagree	0	0.0%
N	55	
11 Event Evaluation: Overall, how satisfied are you with today's event?		
Very satisfied	26	47.3%
Satisfied	23	41.8%
Somewhat satisfied	4	7.3%
Not satisfied	2	3.6%
N	55	
12 Event Evaluation: When you consider important policy issues that affect the practice of medicine in Minnesota, how high does team-based care rank?		
Low	2	3.4%
Medium	32	54.2%
High	25	42.4%
N	59	