Integrating Allied Health Professionals Into the Care Team

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To meet patient and payer demands for more affordable and accessible care, health systems are creating new, more efficient, and patient-centered delivery models. While these changes may seem daunting to many physicians, they also present significant opportunity to improve patient care by establishing organized care teams that focus on caring for a dedicated population and maximizing physician time and patient throughput.

Team-based care, in which physicians, nurses, social workers, pharmacists, and other health professionals work together to provide care under the supervision of a physician, redefines the physician/patient relationship and requires a thoughtful, structured approach to building the healthcare team and defining roles. Allied health professionals (AHPs), including physician assistants, nurse practitioners, nurse-midwives, and clinical nurse specialists, are an integral part of a successful team model. By allowing AHPs and other clinicians to provide general health services, physicians are able to spend more time providing complex care and managing the patient's overall health.

The following five steps can serve as a guide for successfully integrating AHPs into a team-based model.

Step 1 Get Physicians Engaged

Before hiring AHPs into a practice, make sure physicians understand the value of the model. Physicians need to see that incorporating the right AHP into the practice will yield a positive return and free them up for more complex activities. The goal is to leverage everyone's time so that the team can see more patients, better coordinate care, and improve outcomes. Physician incentives must also align with a team-based practice model, through one or more of the following tactics:

- Compensate physicians with stipends or gain-share arrangements for providing AHP oversight
- Credit physicians with a portion of the AHP's productivity
- Redesign the physician compensation model to include team-based incentives that are measured for the practice, not the individual. Incentives may include patient panel size, patient satisfaction, new patient appointment lag time, or new patient volume

Step 2 Define AHP Roles

Define the roles AHPs will play in the organization so that everyone understands how they will practice and align with organizational goals. Up-front

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communication about expectations will help attract and recruit AHPs who share the organization's vision.

The day-to-day activities of an AHP in a team-based model should be determined by the needs of the patient and the practice, but sometimes this can result in a wide spectrum of expectations for the AHP in terms of daily clinical tasks. It can also create ambiguity regarding when to involve the physician in the patient visit.

To truly function as a team, each member of the team must have complete clarity regarding his or her role within the practice and, more specifically, his or her responsibilities for patient care. The AHP's role should be designed to support the needs of the practice—whether it is patient education, patient visit access, care coordination, patient triaging, or other clinical support services—and should be defined prior to hiring so that expectations are clearly communicated from the start.

Process flow guidelines and clinical protocols can further support the AHP in his or her defined role. For example, if the role of the AHP is patient education, processes should be outlined for education during the visit and post-visit.

Step 3 Align AHP Compensation With Defined Roles

Health systems often experience discrepancies in quality, control, and compensation for AHPs as they take on different roles across the organization. Compensation plans that reflect and support the specific role of each AHP will align AHP incentives with the goals and needs of the practice.

One of the most common AHP compensation pitfalls is assuming that AHPs are similar to physicians and that they should be paid based on their specialty. But paying AHPs based on a specialty often results in misaligned incentives and significant variability in AHP compensation. An aligned compensation model requires an understanding of what aspects of the practice the AHP can control—including billing and collection, patient experience and satisfaction, and scheduling and volume—and defining payment types and incentives accordingly.

Step 4 Develop Governance and Management Structures

As the roles of AHPs in care delivery continue to expand, health systems will increasingly employ more AHPs. Defining and implementing AHP governance and management structures will ensure that patient care is delivered consistently across practices and will work to prevent "one-time" adjustments from occurring.

An AHP governance structure provides health systems with an avenue to develop and monitor organizationwide policies that align AHP practices with systemwide goals and initiatives. Creating a centralized policy-making structure ensures that best practices are disseminated and implemented across all AHPs practicing within a particular role, regardless of the specialty or practice they are assigned to.

A formal management structure in which the AHP reports to one physician within the practice helps create greater clarity about expectations for that AHP. And defining the responsibilities of managing physicians helps ensure accountability for AHP oversight. The responsibilities of other practice members—including collaborating physicians, administrators, and nurse leadership—should also be clarified so that the AHP is not receiving direction on the same topic from multiple sources.

Step 5 Design AHP Management Protocols and Policies

High-performing organizations standardize AHP roles through organizationwide policies and procedures. Although flexibility in an AHP's defined scope of care is important for maintaining an attractive work environment, parameters should be developed and communicated to ensure that best practices are implemented and consistent care is provided to patients.

Using defined standards to set scope-of-care parameters within a health system creates greater alignment of AHP practices with organizational goals. For example, developing protocols for "gray area" practices helps eliminate real-time

Continued on next page

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Continued from page 13

decision making that often results in significant variability (see chart).

In addition to creating a structured process for identifying potential issues and developing organizational policies, the following best practices for managing AHP scope will help ensure high-quality care:

- Develop specialty-specific protocols that detail when an AHP should involve the physician(s) in patient care

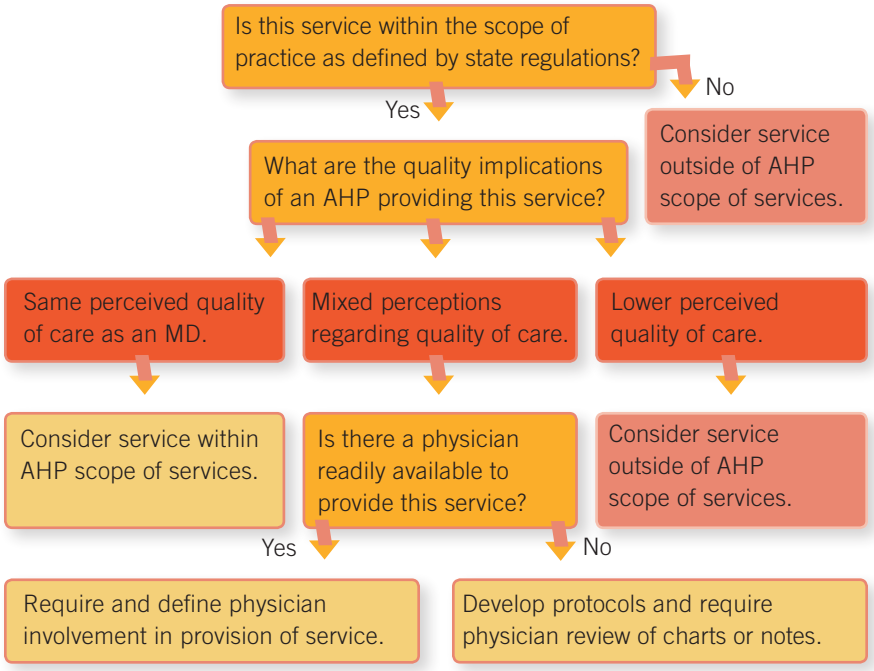
- Develop organization-specific co-signature requirements to ensure appropriate oversight of AHPs

- Use a quarterly chart review process to ensure that AHP performance is evaluated and that AHPs are practicing within their designated scope of service

Successful Integration Means Successful Teams

While there is no consensus on the ideal mix of roles, responsibilities, and personnel in a team-based model, the above five steps are essential to successfully integrating AHPs into a practice. Defining the role of the AHP and aligning physician and AHP compensation to support that role will drive behaviors that reflect team-based care. Once the team structure is in place, health systems will be better positioned to provide more accessible care at a lower cost.

Scope of Service Decision Process



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