

Competencies and Their Contributions to Rural Health and New Delivery Environments

MARCIA K. BRAND, PH.D.

SENIOR ADVISOR, DENTAQUEST FOUNDATION

This Presentation

What We Mean When We Say “New Delivery Environments” and What Competencies Will We Need In Them?

An Overview of the Rural Health Delivery System and How Competencies Play Out There

One More Set of “Competencies” to Consider

New Delivery Environments

The national health care system is undergoing transformation

- Increased openness to and support of change
- Care is shifting from the hospital to the community
- Unique timing and opportunity to test models and disseminate best practices
- Increasing focus on team-based care

There is a openness to “delivery system redesign” and “delivery system reform”

Much of that reform and redesign focuses on changes in the way we pay providers, but some results in new delivery environments

- Patient-centered medical homes
- Chronic care models
- A focus on home-based care
- Retail medicine

But it is not happening in a “uniform” way with a uniform set of providers at all levels

Health Care Reform Through Delivery System Redesign*

Another Driver: Scientific Discovery

Innovations that will disrupt health care, enabling cost reductions and increased access to services - will result from scientific discovery – specifically as it enhances our ability to diagnose and identify reliable treatments.

Treatment will become more “routine and rule-based” – so we can assign responsibility for treatment to less expensive and more appropriate caregivers.

With technology, care can be provided in retail clinics or other venues that are convenient and accessible to patients at lower cost.

Oversight of patients suffering from chronic diseases could be assigned to “multidisciplinary” teams.

Measure improvements in quality – customer experience, quality guarantees, ease of accessibility, timeliness – similar to other industries.

*Christensen, Grossman, Hwang. The Innovator’s Prescription: A Disruptive Solution for Health Care. As reported in the Commonwealth Fund, September 2009.

So What Do These New and Emerging Environments Mean for Health Workers?

Current provider types may need to be realigned, with competencies for new practice settings, to make the maximum use of their skills and training, while providing high quality care for the lowest cost.

A competency-based approach would be better than an occupational one.

This argues for “competencies” that:

- Are standardized, recognized and easily transferable across practice environments
- Are not based on a particular health care delivery system (patient navigators, health coach)
- Are portable geographically
- Allow us to assign new responsibilities to providers as the “science” improves diagnosis and treatment, confident of their expertise because they have demonstrated “competency”
- Allow patients to know who the workers are, what they do – and increases patient acceptance

How practical is a mix and match approach/stackable credentials?

How Does the Development of Competencies for Emerging Practice Environments Happen?

Buy in from the field/discipline.

Buy in from the employers.

Conditions of Participation for Medicare/Medicaid?

Imposing national standards on a state-regulated profession or state regulations around reimbursement may not be a well-received effort.

Rural Communities

The rural health environment today:

- Fragile hospitals, closures result in decreased access to care
- Various projections regarding the adequacy of the physician and nursing workforces – but maldistribution plagues rural communities
- Greater incidence of chronic disease
- Disparities persist
- Higher rates of elderly
- Understaffing means long hours and increased workloads
- Few jobs for spouses

How Do “Competencies” Play Out in Rural Communities?

The current education system is urban centric –will rural communities be able to engage in this training?

- There is limited access to training of any kind in rural communities
- Training in a highly resourced urban area doesn't ensure that you're prepared to practice in a rural community
- Fewer opportunities to receive math and science education required for health careers
- Fewer role models for providers other than MD, RN, DDS

For rural employers – this is a double-edged sword

- They want employees who are trained and can work at the top of their license/skill set
- Every time you “up the requirements” you make it harder to recruit and retain
- Cost
- May be more open to new or alternative provider types (e.g., community paramedicine)
- They are a little less concerned about having providers “stay in their lane” – since no one else may be there to claim it

Rural Communities and Competencies

This is an opportunity for rural communities to engage in workforce development strategies that meet their unique needs and challenges.

There is an openness to developing new provider types and making changes in the health care delivery system.

It is easier to demonstrate impact and get engagement in smaller rural “laboratories.”

My New Role – Oral Health Competencies

National Interprofessional Initiative on Oral Health

New standard – that patients would have access to oral health services and referrals in the context of their patient-centered medical home

Primary care clinicians would become skilled at and comfortable with addressing the oral health needs of their patients and interacting effectively with dentists

Smiles for Life curriculum endorsed by dental organizations and primary care organizations (STFM, ADA, AAP, AAFP)

Oral Health Nursing Education and Practice Program – facilitate integration of oral-systemic health content and clinical competencies into nurse practitioner and midwifery curriculum

Contact Information

Marcia K. Brand, Ph.D.

304-283-8394

Marcia.Brand8@gmail.com