

The Workforce for Patient Centered Care and Integration of Services

Country Lead: United States

Description: Redesigning health care to be more patient centered is an integral component of efforts to move toward the triple aim of improved quality of care and health outcomes at lower cost. But what does patient centered care mean for each country? The goal of this session will be to draw out common elements (and differences) among the countries in how the health workforce is evolving to support patient centered care models. Are roles shifting for the existing workforce? Are new workforce roles emerging? How do team configurations vary in different populations, such as indigenous populations, or in rural settings when moving toward patient centered care? Are team members supplementing care, substituting care, reducing overall demand for services, shifting demand from one setting to another to accommodate patient preferences? Is the move toward patient centered care leading to better alignment and/or new workforce partnerships with other community providers, such as food banks, homeless shelters or public health departments?

Session 1 – 90 minutes. Each country will have 15 minutes to describe what patient centered care means in their health care system. Each will be asked to describe key elements of exemplar patient centered care models in their country and to discuss efforts to bring the rest of the country along to this level. Where possible, presenters will include discussion of workforce (e.g. new and emerging roles, implications for efficiency/productivity, impact on demand for services).

Session 2: 1 hour. Four concurrent breakouts (2-3 speakers each):

1. *Rural/indigenous workforce issues/challenges* – how do you adopt patient centered care models with limited workforce resources?
2. *Home based care* – Health care providers are increasingly providing care in the home and/or coordinating with other home based care service providers. Who is going into the home and why? Effective payment policies to support? Are these efforts aligned with other community resources?
3. *Productivity/Efficiency* - How does patient-centered care change demand for physicians, NPs and PAs in primary care and specialty care? Do we have the right metrics and data to assess this? How can we advance the science in this important area?
4. *Education/Training*. Are training models changing to ensure health care providers know how to practice in teams? Who is providing the training? What are some of the road blocks to changing curriculum?

Session 3: 45 minutes Group Discussion. We will ask one person from each breakout session to report back on the key themes that emerged in each breakout session (no more than five minutes each) and engage in a facilitated discussion about the collective insights that emerged surrounding the workforce needed to support patient centered care.