



CareerSTAT

JOBS FOR THE FUTURE AND THE
NATIONAL FUND FOR WORKFORCE SOLUTIONS

CONNECTING THE DOTS

A CASE STUDY OF TRANSFORMING CARE AND
THE FRONTLINE WORKFORCE AT UNITYPOINT
HEALTH-DES MOINES

By Randall Wilson | July 2015





JOBS FOR THE FUTURE

Jobs for the Future works with our partners to design and drive the adoption of education and career pathways leading from college readiness to career advancement for those struggling to succeed in today's economy.

WWW.JFF.ORG



The **National Fund for Workforce Solutions** partners with businesses, communities, and philanthropies to develop employer-driven workforce strategies to help low-wage workers and jobseekers obtain career opportunities, while creating talent supply chains that close skills gaps and strengthen local economies.

WWW.NFWSOLUTIONS.ORG

CareerSTAT is an initiative to document and endorse the business case for investments in frontline hospital workers and to establish an employer-led advocacy council to promote investments that yield strong skill development and career outcomes for low-wage, frontline hospital workers.

ABOUT THE AUTHOR

Randall Wilson works as senior research manager on several JFF projects designed to help low-skilled adults advance to family-supporting careers, while enabling employers to build and sustain a productive workforce. He has more than 20 years' experience in research and program evaluation in the areas of workforce development and urban community development. He conducts research and provides technical assistance for CareerSTAT, an initiative that employs best practices learned through Jobs to Careers, a six-year initiative that he also co-managed.

Dr. Wilson has authored numerous studies on labor market issues and career advancement strategies for lower-skilled adult workers. He has a Ph.D. in public policy from the University of Massachusetts, Boston, a Master's in regional planning from Cornell University, and a B.A. in politics and environmental studies from the University of California Santa Cruz.

ACKNOWLEDGEMENTS

This research was made possible with the generous support of the Joyce Foundation and the guidance and encouragement of **Whitney Smith**, program director, and **Matt Muench**, program officer. We are also indebted to the support and engagement of the employers of the CareerSTAT Executive Committee and to **Jan Hunter**, CareerSTAT Executive Director, for her encouragement and comments. The research would not have been possible without the continuing support and interest of **Joyce McDanel**, Senior Vice President, Human Resources, UnityPoint Health-Des Moines. Special thanks for onsite logistical support to **Mindy Brightman**, Department Secretary, Blank Children's Pediatric Clinics.

In addition, we would like to thank the following people and organizations for supporting the development and completion of the paper: National Fund for Workforce Solutions: **Fred Dedrick**, executive director; **Navjeet Singh**, deputy director; **Elicia Wilson**, senior program manager; **Jacob Clark**, communications manager; and **Matt Surka**, program manager. Jobs for the Future: **Maria Flynn**, senior vice president; **Mary V.L. Wright**, senior director; **Debora Sutherland**, executive assistant; **Sophie Besl**, project manager; and **Rochelle Hickey**, graphic designer.

The following individuals generously gave their time for interviews:

Erica Batt, Job Coach, Project SEARCH
Effie Blake, Supervisor, Patient Transport
Jessica Brandt, Manager Office, Lab Administrator
Mindy Brightman, Department Secretary, Blank Children's Pediatric Clinics
Emily Brown, Retention Specialist, Human Resources
Leanne Burrack, Executive Director, Hospice
Theresa Corrigan, Food Services (West)
Eric Crowell, President, UnityPoint Health-Des Moines
Janice DeBrouse, Secretary, Message Center
Cassandra Edwards, Patient Service Representative, Park Area Clinic
Elenita (Ellie) Griffith, Housekeeper
Mary Jo Hansell, Education Partner, Human Resources
Katie Hill, Radiology Supervisor
Vickie L. Horsch, Environmental Services Manager, Methodist West
Rhea Hutchcroft, Registered Nurse, Southglen Clinic
Meoka Johnson, Clinic Supervisor
Joyce McDanel, Senior Vice President, Human Resources
Paige Moore, Marketing and Planning Strategy
Debra Moyer, Chief Nursing Director
Danelle Perkins, Billing Specialist, UnityPoint Health Family Medicine at Grimes
Mark Purtle, Vice President, Medical Affairs
Cheryl Smithson, Clinical Assistant II, Penn Internal Medicine at Penn at Methodist
Raedean VanDenover, Director, Regional Organized System of Care, Administration
Scott Wilwert, Supply Technician, Central Dispensary

TABLE OF CONTENTS

EXECUTIVE SUMMARY	vii
INTRODUCTION	1
ABOUT UNITYPOINT HEALTH	3
SHIFTING THE MODEL OF CARE	4
BUILDING THE FOUNDATIONS FOR WORKFORCE DEVELOPMENT	9
Breakthrough to Leadership	10
Project SEARCH	11
Retention Specialist	12
CONNECTING CARE TRANSFORMATION AND FRONTLINE WORKERS	14
Communicating the Message	14
Addressing Patient Satisfaction	15
Changing Expectations of Jobs and Skills	16
Staffing the Patient-Centered Medical Home	17
Planning for an ACA-Skilled Workforce	20
LESSONS FROM UNITYPOINT HEALTH-DES MOINES	23
APPENDIX	26
ENDNOTES	27
REFERENCES	29

EXECUTIVE SUMMARY

Five years into the Patient Protection and Affordable Care Act, it is clear that real progress is being made on extending coverage to the tens of millions of Americans who lack health insurance. Achieving the legislation's vision for delivering better care—more satisfied patients, healthier populations—at lower cost has proven more difficult. Accomplishing this part of the Act's promise depends ultimately on the care provided by each member of the health care workforce, from physicians, nurses, and specialized practitioners to others on the frontline including housekeepers, nursing assistants, and patient service representatives.

A growing number of health care employers have made substantial investments in the skill and career growth of their frontline staff—many of whom spend the most time with patients, taking vital signs, bringing meals, changing linens, and registering them into or out of the hospital or clinic.

Iowa's UnityPoint Health (UPH), a leader in developing frontline workers, is committed in transforming the way it delivers care. UnityPoint Health's Des Moines hospitals and clinics are showing that it is possible to connect the dots between developing a skilled workforce and delivering better care. While this process is far from finished, UPH offers valuable lessons in aligning talent development with business objectives in the age of the Affordable Care Act.

This is a case study of UnityPoint Health and its effort to transform care, develop frontline workers, and fully align these objectives in its Des Moines hospitals and outpatient clinics. It draws on 24 interviews with UnityPoint Health-Des Moines staff and leadership conducted in summer and fall 2014. It is one in a series of reports and case studies on the impact of the Affordable Care Act on the frontline workforce,

conducted on behalf of CareerSTAT. CareerSTAT is an initiative of Jobs for the Future and the National Fund for Workforce Solutions to document and endorse the business case for investments in frontline hospital workers based on health care leader recommendations.

UnityPoint Health ranks among the 15 largest nonprofit health systems in the U.S., and is the fourth largest nondenominational system, employing about 28,000 nationally and over 5,500 in its four Des Moines-based hospitals and 51 clinics. Like all providers, it has a mandate from the Affordable Care Act to achieve a "triple aim:" improved patient experience, reduced cost, and better health outcomes for populations.

In response, UPH has initiated a variety of reforms in the way care is organized, financed, and delivered. It has converted over a third of its Des Moines area outpatient clinics to "Patient-Centered Medical Homes," to ensure that each patient's care is tightly coordinated. (The remainder is on track for conversion by the end of 2015.) It also instituted "UnityPoint Health Partners," an arrangement that holds UPH's providers accountable to their payers for patient results and for efforts to hold costs down.

These reforms seek to knit together separate spheres of care—from hospital to home to doctor's office and pharmacy—and shift the focus of care from hospital stays to outpatient care and maintaining healthy communities. This means seeing more patients in clinics, promoting prevention and self-management of health conditions, and reducing preventable hospital readmissions. It also requires all UPH staff to understand and meet key performance metrics, including patient satisfaction, rates of patient readmission, infection control, and follow-up patient appointments.

Changing the delivery of care requires changing the way people work in hospitals, clinics, homes, and hospices. Among other things, this means learning and applying new skills, assuming new roles, and working in new teams of colleagues in varied roles and specializations. At UnityPoint Health, developing the staff talent and roles necessary to meet ACA mandates required a workforce “infrastructure”—dedicated staff roles, policies and programs, and leadership support—and a guiding philosophy that puts “employees first,” as UPH-Des Moines’ CEO, Eric Crowell, has explained. And, most critically, every employee must understand how his or her job contributes to the financial performance of the organization.

UPH began developing this infrastructure prior to the ACA, working in partnership with other health care employers in the region to respond to high turnover in critical frontline positions, as well as a lack of frontline workers prepared to enter supervisory and managerial roles. In response, UPH made investment in frontline staff development a priority as demonstrated by:

- **Implementing workforce planning and analytics processes** to better understand the state of its workforce and potential retirement, turnover, or engagement risks
- **Creating a full-time Retention Specialist role** to coach workers in areas of high turnover, such as housekeeping and dietary, in career development and preparation for further education, and to help remove barriers to advancement
- **Offering a program to nurture supervisory talent**, “Breakthrough to Leadership,” which has trained 67 candidates, with over half receiving promotions
- **Creating a Workforce Training Academy**, in partnership with other area health care employers and educators, for direct care and allied health positions, with career ladders keyed to specific competencies and occupations.

UPH has been intentional about developing its workforce and providing opportunities for improving skills and career prospects. It is also deliberate about communicating the importance of every individual’s job to meeting business objectives. UPH employees are asked from their first day on the job to look at their job in the light of quality of care measures, and their

effects on the organization’s financial health and on achieving the ultimate bottom line—“best outcome for every patient, every time.”

In addition to understanding one’s role in meeting UPH’s business objectives, staff must meet rising expectations for skill and job performance—especially when assisting patient transitions. All staff—including dietary and central supply technicians—requires higher technology skills.

UPH-Des Moines has not fully connected the dots between transforming care and building the workforce necessary to do so. One challenge has been identifying the right methods and level of education to ensure that employees understand how their jobs have become financially significant. Another is defining the right tasks and competencies, and the right mix of staff, to achieve new standards of delivering care—especially when the bulk of care will occur outside the hospital.

In response, UPH has been conducting a workforce planning process that encompasses hospital, clinic, and home care labor demand, and focuses on the highest-turnover positions, including nurses and certified medical assistants. Of special importance is defining the right mix of skills for non-licensed direct care workers in all of these settings. Also critical to workforce planning is the emerging set of roles associated with coordinating care and assisting patients with care transitions and health promotion. While UPH now reserves these roles for those with nursing degrees, it is developing a potential navigator role for non-licensed staff to help patients locate services that will help in preventing hospital readmission.

UPH-Des Moines is already seeing positive returns on investment for its efforts to link improved care to a strengthened workforce. Patient satisfaction scores have been trending upward since the creation and hiring of the Retention Specialist position. Turnover in the departments served by the Retention Specialist has fallen below 20 percent, generating an estimated savings of \$97,500. But considerable work remains to fully align workforce development with the organization’s strategic objectives. The following lessons can be taken from the organization’s progress to date and its potential to offer strong working models to other providers.

Prepare for transforming care delivery by building and maintaining an infrastructure to support investment in frontline workforce development,

including participation in an employer-led workforce partnership.

- > Task senior leadership, such as a Human Resources Vice President or Chief Learning Officer, with management and championing of frontline workforce development—for their expertise and support, and for maintaining executive focus and investment in workforce activities.
- > Create dedicated staff roles, accountable to senior leadership, for designing and implementing frontline workforce programs, including coaching and instruction of frontline staff.

Build capacity for training and promoting candidates for frontline supervisory and management roles.

- > Build the case for frontline workforce investment through collection, analysis, and communication of evidence.
- > Select outcome measures targeted to business objectives, including care transformation, and financial well being of the organization.
- > Engage in workforce planning and forecasting to determine occupational needs, responsibilities, and assignments in support of care transformation.

Fully integrate workforce planning and development with organizational strategies for care transformation and financial success.

- > Map processes of care coordination and transition, and identify touch points where frontline workers, in cooperation with licensed staff, can improve patient transitions, reducing duplication and improving patient experiences.
- > When planning for workforce needs, employ a comprehensive view to determine areas where frontline workers, including clinical and non-clinical support staff, can assume new or different responsibilities in support of population management, care coordination, and patient satisfaction.
- > Draw on a growing number of clinics and hospitals nationally that are developing frontline staff to take on navigation, patient coaching, and similar roles to improve care and reduce hospital readmission and emergency department use.
- > Educate all staff, including frontline workers, on the objectives of care transformation, processes to achieve them, and how these align with their job responsibilities and team roles.
- > Align workforce development investments, such as coaching, educational preparation and support, and career advancement, with newly adopted roles and responsibilities in support of care transformation.
- > Link compensation to business measures, including individual, team, and unit performance on organizational financial metrics such as reduction of readmissions, increase in Medicare reimbursements, and attainment of forecasted revenues.

INTRODUCTION

The Patient Protection and Affordable Care Act of 2010 (ACA) established ambitious goals for transforming access to health care while upgrading the quality of care. The first goal is well underway, with over 16 million previously uninsured individuals acquiring health care coverage through state or federal insurance exchanges, through the expansion of Medicaid, or through access to parents' plans for young adults up to age 26—a 35 percent drop in the proportion of the population who are uninsured (Armour 2015).¹ As of March 2015, close to 12 million people had selected an insurance plan through the state or federal exchanges, compared to 8 million in 2014 (Park, Parlapiano, & Watkins 2015).

The second goal of better quality care at lower cost is being pursued actively in hospitals, clinics, homes, and communities—essentially wherever care is delivered. The ACA employs incentives and penalties to reduce patient readmission, to promote preventative care and patient self-management, to improve patients' experience of care, to reduce reliance on acute care in favor of outpatient treatment, and to better coordinate care among the providers a patient encounters.

Compared to the rapid increase of newly insured patients in support of the ACA's first goal, outcomes on the second major goal—improved quality at lower cost—are slower to emerge. There are early signs that the costs of health care are falling, though there is debate about the ACA's contributions to this trend.² As for the goal of improving the health of the population, it is too early to tell, but early indications about young adults gaining coverage under their parents' policies are positive. More report being in “excellent health,” having a primary care physician, and visiting the doctor (Tavernese 2014; Barbaresco, Courtemanche,

& Qi 2014). Indicators for other adults, on the whole, do not yet show significant gains.

Making progress on reducing the cost and raising the quality of care, and the health of Americans, depends crucially on actions taken at ground level by all health care providers, from physicians and nurses to medical assistants and housekeepers. This is clearly a work in progress, and the effects on all frontline workers, regardless of their roles or skill sets, are still emerging. One thing is certain: the patient care and support provided by health care's frontline workforce will play a central and increasingly visible role in remaking our health care system—especially as their actions affect the outcomes for patient satisfaction and other required measures of quality.

To better understand how health reform is shaping the frontlines of care, this report examines the process of transforming care and developing talent in one health care institution: UnityPoint Health of Des Moines, Iowa. It focuses primarily on the system's hospital-based care in that city, while using the experience of four outpatient offices of UnityPoint Clinic, to demonstrate the shift from acute to ambulatory care, and the process of converting to Patient-Centered Medical Homes (PCMH).

The report draws on 24 interviews with UnityPoint Health-Des Moines staff and leadership conducted in summer and fall 2014. It is one in a series of reports and case studies on the frontline workforce impacts of the ACA, conducted on behalf of CareerSTAT. CareerSTAT is a joint initiative of Jobs for the Future and the National Fund for Workforce Solutions to document and endorse the business case for investments in frontline hospital workers based on health care leader recommendations. CareerSTAT

leaders and staff will use this and future case studies to build awareness in the health care field of changing frontline occupations as a result of the ACA, of the potential implications of such changes, and of the value of investing in frontline staff to facilitate the goals of the ACA.

Iowa's UnityPoint Health has made considerable progress in changing the delivery of care, including the establishment of patient-centered medical homes in more than half of its Des Moines-area primary care clinics, resulting in a rise in patient satisfaction scores between 2012 and 2014.³ It has also built a solid foundation of support for developing its workforce, especially in frontline positions. But it has not yet fully aligned to its workforce development the process of change in caregiving. However, it is working at many levels to connect the dots. To illustrate these transitions and to suggest lessons and recommendations to practitioners in health care and workforce development, this case study examines:

- ▶ How UnityPoint Health, particularly its Des Moines hospitals and clinics, is seeking to transform caregiving;
- ▶ How it has built capacity for frontline workforce development; and
- ▶ How it is seeking to bring caregiving and workforce transitions into alignment.

The report concludes with a set of recommendations.

The transformation of care and its supporting workforce, at UnityPoint Health and other health care providers, is in its early stages. Some providers, particularly those working in outpatient and community settings, are further along in this process, both in how patients are treated and in the roles and tasks of those treating them or supporting the caregivers. Earlier research by this author and others has found that hospitals have not fully determined the treatment and workforce requirements for a changed approach to care but are taking incremental steps in many cases to adopt new roles, skill sets, and associated education and training strategies (Wilson 2014; Pavel, Nadel, & West 2014).

Transforming the delivery and outcomes of care means working differently, both for individual caregivers and for teams. And doing so requires an infrastructure—for planning, training, and rewarding new ways of working and, in some cases, new or redesigned work roles. It also requires a set of values and principles infusing the organization and its strategies that recognizes and rewards the contributions that non-licensed, frontline workers make, or can make, to delivering better care at lower cost. Workforce policies must also be fully aligned with strategies for transforming patient care to a system that is patient centered, coordinated, and geared to advancing population health while improving the patient experience. Workforce policy guided by this ethic goes beyond traditional training for job and workplace requirements to the development of every employee as a critical imperative tied to strategic direction with a direct correlation to a business outcome.



Travis Ross was referred to UnityPoint's Retention Specialist from Workforce Development. He received help updating his resume and getting the application process started to apply for a position at UnityPoint Health-Des Moines. Last year, Travis was hired as a patient transporter and has since moved into a patient care assistant position.

ABOUT UNITYPOINT HEALTH

UnityPoint Health originated in the 1993 merger of Des Moines' Iowa Lutheran, Blank Children's Hospital, and Iowa Methodist Medical Center, creating Iowa Health System (IHS). Soon after, Iowa Health Physicians joined the system. Over the next decade, IHS expanded in central Iowa and beyond through the acquisition of hospitals and medical centers, including Cedar Rapids' St. Luke's Methodist and Waterloo, Iowa's Allen Memorial Hospital, and facilities in the Trinity Regional Health System. (The latter, in partnership with Trimark Physicians Group, would become one of the first, or "Pioneer," Accountable Care Organizations in the U.S.). Iowa Health System also established a home care division, Iowa Health Home Care, in 1998. During this period, the system expanded into Illinois and Wisconsin. It was renamed UnityPoint Health in 2013 (UPH n.d.; Jayanthi 2014). The new name was meant to emphasize integrated and patient-centered care, highlighting the connection among acute care, clinic, and home care providers.

UnityPoint Health ranks among the 15 largest nonprofit health systems in the U.S. and is the fourth largest

nondenominational system, comprising 17 acute care hospitals, 15 community network hospitals, and over 280 clinics. Approximately 28,000 people are employed by the system (Jayanthi 2014) with roughly 7,500 in the greater Des Moines region. UnityPoint Health-Des Moines, the focus of this case study, encompasses four hospitals (Iowa Methodist Medical Center, Iowa Lutheran Hospital, Blank Children's Hospital, and Methodist West Hospital), a cancer center, home health care services (UnityPoint at Home), 290 physicians, and 51 clinics (UPH n.d.). It employs 5,537 in its Des Moines facilities, about 20 percent of whom are "frontline" or in positions not requiring an Associates or higher degree or license. In July 2014, U.S. News and World Report designated UnityPoint Health's Iowa Methodist Medical Center fourth in Iowa in a ranking of the nation's best regional hospitals. Iowa Methodist Medical Center and Iowa Lutheran Hospital were recognized as high performing in five specialty areas, including cancer, gynecology, and urology.⁴

SHIFTING THE MODEL OF CARE

The Patient Protection and Affordable Care Act was designed to transform health care in two ways: by expanding access to health coverage for those who are insured and by changing the way health care is delivered—who, where, and how it is delivered, and how it is paid for. Both have implications for the health care workforce. With millions of newly insured consumers, will there be more or fewer practitioners and support staff required? And if so, in what fields, and with what skill sets, will the changes occur? How should these professionals be trained or retrained? The number of positions needed in the hospital, clinic, or home is not yet clear, particularly at the level of physicians and nurses, though all indications point to increased demand for workers who most directly treat the patient. Direct care occupations, such as home health and personal care aides, are the fastest growing fields in the nation (Richards & Terkanian 2014).

Health reform is predicated on a triple aim: to deliver care at lower cost, with better patient experience, and with improved population outcomes (Berwick et al. 2008). To speed the transformation of care, the ACA created a range of incentives and sanctions to promote lower-cost, higher-quality care. They include demonstrations of and supports for new models that emphasize coordinated care, anchored by primary care providers (such as Accountable Care Organizations and Patient-Centered Medical Homes). New payment arrangements (value-based purchasing, or bundled

payments) are encouraged to improve outcomes and efficiency when compared to traditional volume-based, or fee-for-service, arrangements. New care models are supported that focus on treating the most frequent users of health care—those with multiple health conditions as well as those with behavioral or substance abuse problems—and that shift treatment of less complex cases from hospital to home or outpatient care. Perhaps most salient for major systems, such as UnityPoint Health, are measures that track performance in patient satisfaction, hospital readmission, and targets in a variety of areas, such as infection control or medical errors. (The Appendix, UnityPoint Health Quality Metrics by Area, gives a fuller listing of measures tracked by UPH.) When hospitals fail to meet these standards, they are penalized through reductions in their Medicare reimbursements, thereby tying improved care delivery directly to the bottom line.

Given these new demands on health care providers, what specifically keeps UnityPoint Health-Des Moines' president, Eric Crowell, up at night?

That we're moving fast enough to reinvent the delivery system. We've identified the problem of health care delivery, and determined it's us, and it's the siloed nature of both the separate economic units—doctors, the hospital, home care—we've really worked on a plan to connect those dots of care.

We've identified the problem of health care delivery, and determined it's us, and it's the siloed nature of both the separate economic units—doctors, the hospital, home care—we've really worked on a plan to connect those dots of care. —Eric Crowell, President

UnityPoint Health has taken steps at many levels to better coordinate the delivery of care—to connect the dots—for the patients it serves. It has established an Organized System of Care: a framework for integrating the care provided by hospitals, home care, and outpatient clinics. Or, as Raedean VanDenover, director of the Organized System of Care emphasizes, “making the patient care transition process seamless and smooth.” It has established Accountable Care Organizations (ACOs): legal entities joining the health system to other providers and payers. The ACO makes contracts with UPH’s payers based on value-based purchasing or bundled payments and holds providers in the organized system of care to prescribed metrics. UnityPoint’s chief ACO, UnityPoint Health Partners, governs relations between the health system and 2,500 independent physicians. Here and in other ACOs, the governing board’s make-up—50 percent physicians—and agenda reflect the system’s goal of “physician-led care” (Jayanthi 2014; UnityPoint Health Partners 2014). Its inaugural ACO, UnityPoint Health-Fort Dodge, was elected to be a “Pioneer” ACO model by the federal Centers for Medicare and Medicaid Services (CMS) in 2011. Subsequently, UnityPoint entered ACO or value-based shared saving agreements with payer Wellmark, UnitedHealthcare, and the Medicare Shared Savings Program, among others (Ellison 2014; UPH 2014).

These arrangements mean that UnityPoint’s providers are held accountable for what happens when a medically fragile patient is discharged from the hospital. To reduce readmissions, a nurse visits the patient at home after one day, three days, and seven

days. Crowell observes that a key goal in these visits, especially for elderly post-acute patients, is medication reconciliation—to prevent harmful interaction among medications. Also essential to this approach are follow-up appointments with a doctor and arranging transportation, if necessary, to get there. As Crowell explains, UnityPoint Health’s new approach envisions the patient episode as much broader than the hospital visit alone:

When we look at a hip being replaced, or a knee being replaced, we look at 90 days—2 weeks before [hospitalization] and 2 months after, and we treat the whole 90 days of the episode of care. So it requires us to connect home care, physical therapy, pharmacy, and reconciliation. We’ve identified the problem [as] ‘we’ve always defined care as what happens in the hospital,’ and now we’re taking a more holistic view.

Coordination of care also takes the form of re-examining the hospital’s relationships with other operating entities in the care continuum, including those outside of UnityPoint Health (such as skilled nursing facilities). UPH convened meetings with medical directors from 18 nursing homes. Key issues that surfaced from their working groups included better communication when a patient is transferred from acute care to nursing care, behavioral health, and best practices in dementia care. Perhaps the most notable recommendation about the transition of patients arose when UPH asked what to do differently in preparation for transfer. The nursing home participant’s reply was simple: “feed them lunch.”



Meoka Johnson, a 20-year employee at UnityPoint Health-Des Moines, held many frontline positions in the organization during her career. Last year, she was identified as a high performer and selected to participate in Breakthrough to Leadership, in partnership with Dale Carnegie Training. Meoka gained valuable leadership skills and was promoted to Clinical Supervisor at Blank Pediatric Clinics.

Another major step to improve coordination of care is the adoption of the Patient-Centered Medical Home (PCMH) model. Centered on primary care providers, the PCMH is designed to ensure that “a patient receives the appropriate care and treatment at the appropriate time and in the appropriate setting and location” (UPHP 2014). At a medical home, one’s primary care physician (or other clinician, such as an advanced nurse practitioner) coordinates tests, referrals, and other aspects of care through transitions and providers of care, such as hospitals, home care professionals, and pharmacies. UnityPoint Clinic has converted over half of its outpatient offices in Central Iowa to medical homes. The model is also being adopted at UnityPoint Health-Methodist in Des Moines.

The adoption of the medical home signals a broader trend, at UnityPoint and throughout health care, to shift care from acute care to outpatient, home, and community settings. Executives and directors described a surge in new patients at some UnityPoint Clinic locations, especially in the wake of new insurance enrollments under the ACA. Within UnityPoint Health-Fort Dodge, the hospital census fell rapidly after establishment of the Accountable Care Organization and its emphasis on physician-centered, primary care and reduced readmissions, according to UnityPoint Health-Des Moines Chief Nursing Officer Debra Moyer.

To promote coordination of care across diverse settings (hospital, clinics, and home care), UnityPoint Health-Des Moines began convening nurses from each venue in late 2014 to clarify the roles each plays in coordinating care, the populations they serve, and their perceived barriers to delivering coordinated care. According to Human Resources Vice President Joyce McDanel, the care coordinator role in Unity Point Clinics will receive special attention. This nursing group is also mapping the processes of care coordination in each health care setting to flag opportunities for collaboration, possible problem areas, and ways to avoid duplication.

Central to the ACA’s triple aim is better health care for populations. In this view, better health care outcomes require a shift from treating chronic disease as isolated incidents to a focus on populations. Population health management requires asking: Who are the recurring visitors to the ER? What are their chronic conditions, but perhaps more importantly, what else do they have in common? What neighborhoods are they coming from? UnityPoint Health-Des Moines

leaders recently met with county public health officials to consider such questions and explore further collaboration, examining social conditions data along with disease patterns such as asthma, lead poisoning, or diabetes. The system’s larger effort is in the management and analysis of big data—thousands of data points on patients served by physicians in UnityPoint Health’s ACOs—to understand patterns and trends in patient populations and to drive care accordingly.

The process of changing caregiving at UnityPoint Health-Des Moines is occurring in the larger context of a corporate-wide, three-year Strategic Roadmap, or plan, commencing in 2015 (see *Figure 1 on page 7*). The Roadmap is organized around four broad areas: Provider Alignment (keyed to physicians in primary care); Care Coordination (tailoring care delivery to distinct populations based on their risk levels); Employee Engagement (including identification of talent needs and ways to develop and retain high-performing talent); and Sustainability (to promote consumer growth through better access to care and to prepare UnityPoint Health’s divisions for emerging models of reimbursement tied to cost savings rather than to volume of services). According to McDanel, each of the regions develops its own strategies aligned with the Roadmap; for example, to support care coordination, UnityPoint Health-Des Moines created a tool to support care delivery for high-risk, rising-risk, and low-risk patients. UnityPoint Health-Des Moines’ planning for workforce needs in the region, while initiated prior to the system-wide Roadmap, builds on and aligns with the broad goals of Employee Engagement.

In Moyer’s view, her job has changed profoundly with the ACA, as has everyone’s, with less emphasis on hospital operations management and more on population management and patient care transitions. This means, for example, looking more systematically at managing obesity or Chronic Obstructive Pulmonary Disease (COPD): What happens in the physician’s office? How is the patient caring for herself at home? What is the role of the community? It extends to care

Population health management requires asking: Who are the recurring visitors to the ER? What are their chronic conditions, but perhaps more importantly, what else do they have in common? What neighborhoods are they coming from?

FIGURE 1. UNITYPOINT HEALTH STRATEGIC THREE-YEAR ROADMAP (2015)

Accelerating our strategic imperative to own the premium dollar to fund our mission
“to improve the health of the people and communities we serve”



Provider Alignment

- > Support the maturation of our patient-centric, physician-driven culture
- > Develop a high-performing employed medical group
- > Grow a high-performing contracted network of employed and independent providers

Care Coordination

- > Develop a patient and family engagement strategy
- > Implement a standardized approach for managing risk-segmented populations
- > Deliver high-value, team-based care in support of the triple aim

Employee Engagement

- > Create an environment that makes UPH the employer of choice
- > Identify future talent needs and proactively develop those resources
- > Identify, develop, challenge, and retain high-performing talent
- > Educate and engage our employees in fulfilling our brand promise

Sustainability

- > Implement a structured innovation process that breaks down regional and divisional silos to prepare for risk-based reimbursement
- > Execute on sustainability initiatives
- > Grow strategically in contiguous regions
- > Grow consumer base through enhanced access strategy

locations outside of UnityPoint's organized system of care, such as nursing homes, as well. With this analysis, UnityPoint Health-Des Moines seeks to shed light on gaps in services and on barriers that prevent patients from accessing appropriate services. It is also employing data on patient use of emergency departments—including reason for visit, time of visit, patient address, and available services after primary care visiting hours—to focus care in the most appropriate settings.

Hospital leaders pointed repeatedly to the industry or professional silos in which health care services are provided as a chief obstacle to coordinated, patient-centered care. The problem is both structural and personal, according to one UnityPoint executive:

We're our own worst enemy, because we've grown up in hospital thinking . . . we have a clinic enterprise, and a home care enterprise, and we all have separate strategic plans, and we all have separate budgeting, and so . . . I don't care where the budget or strategic plan is from, here's some needs we've identified, how can we make it happen?

Increasing specialization of care within UnityPoint hospitals, clinics, and other venues also create obstacles to improved transitions as well as clinicians' attachment to their chosen location. As one executive explains, "physicians used to do both clinical and hospital work. Now, 'I'm only working in the clinic,' 'I'm only working in the hospital.'" Where the doctor who once served in both "carried the patient" between modes, now, with today's specialized silos, there is a greater need to manage the transition and to identify who is responsible for doing so.

Nurses at UPH are also prone to working in silos, according to UnityPoint leaders, whether it is in acute care, home care, or clinics. While there will be continued need for nurses dedicated to each of these modalities of care, there is a need for greater resilience, where a nurse might say, in Moyer's words,

I don't need to just practice in the hospital setting. Perhaps there's a need tomorrow for me to work in the home health care setting for a period of time. Or developing new roles in the PCMH. How can I transition from an acute care focus to a chronic care disease management role in the community?

The challenge, according to Moyer and other executives, is to change the mindset that keeps nurses and others working (and thinking) in silos, especially in acute care, even as care continues to shift from the hospital to the clinic and the community. Other barriers to changing care include the system's lack of control over the providers who treat its patients but who do not fall under the UnityPoint Health banner as well as the persistent challenge of trying to provide better care while "doing more with less," in the words of frontline staff. Falling reimbursement levels and the prospect of additional penalties if ACA metrics are not met heighten this dilemma.

Perhaps the greatest challenge is that of human resources: determining the roles necessary to deliver better care and developing the talent to do so. The next section outlines recent steps UnityPoint Health-Des Moines has taken to develop talent on the frontlines of care.

BUILDING THE FOUNDATIONS FOR WORKFORCE DEVELOPMENT

Changing the delivery of care requires changing the way people work in hospitals, clinics, homes, and hospices. Among other things, this means learning and applying new skills, assuming new roles, and working in new teams of colleagues in varied roles and specializations. It may require recruitment of additional talent, retraining of incumbents, and/or creating a pipeline for the latter to learn and advance to higher-skilled occupations or functions. Accomplishing these tasks in a way that fully taps the potential of frontline workers requires special capacities for workforce development and an organizational commitment to building these capacities. And because they are above and beyond traditional HR training functions, these new initiatives likely require additional financial and organizational resources.

Over the past seven years, UnityPoint Health-Des Moines has laid foundations for workforce development incrementally, spurred both by organizational mission and by economic necessity (especially the cost of

Changing the delivery of care requires changing the way people work in hospitals, clinics, homes, and hospices. Among other things, this means learning and applying new skills, assuming new roles, and working in new teams of colleagues in varied roles and specializations.

turnover). More recently, it has initiated workforce planning to define new roles, needed training, and skill requirements for staff to achieve goals of improved coordination, patient satisfaction, and population health outcomes.

UnityPoint Health makes engagement

and development of staff central to the guiding philosophy of the organization. UnityPoint Health-Des Moines' President and CEO, Eric Crowell, touts a recent phrase in management literature to make this point: "patients come second." This counter-intuitive notion, drawn from hospital leaders Paul Spiegelman and Brett Berrett's 2013 book of the same name, stipulates that patient-centered care is impossible without loyal and engaged employees at all levels. The authors (and Crowell) argue for seeing employees as key stakeholders in the reform of caregiving and for building an organization where all are valued, recognized, and rewarded meaningfully. Asked what distinguishes the organization, Crowell immediately cited "HR . . . how we're investing in leadership [and] talent development."

The philosophy of employees first is also demonstrated by leadership choices when pressures around limiting costs, organizational consolidation, and changes in technology made jobs in several areas vulnerable. To achieve savings, UPH consolidated functions such as payroll, accounts payable, and accounts receivable at its corporate location. New systems for ordering and expediting supplies and for vendor management also reduced demand for central supply staff. Conversion to electronic health records has largely eliminated the role of the unit clerk. In place of layoffs, staff members in these positions were given multiple options: applying for a different position (unit clerks were offered positions as patient care technicians); moving to the corporate location; retirement, with buyout in some circumstances; or support and resources for finding alternate employment. UnityPoint Health-Des

Moines Retention Specialist Emily Brown explains this approach:

My physical location within HR has allowed for a strong relationship with our business partners. I am able to assist employees with submitting applications and I am able to closely collaborate with the recruitment team in order to expedite applications. After an employee submits an application I notify our recruiters; our recruiters then contact the hiring manager to explain the circumstances and request that they review the application as a priority. Our goal is to minimize the impact that transition has on these employees.

She added that, per Crowell's philosophy, UnityPoint Health-Des Moines has made a point of not laying off frontline workers in order to cut costs; rather, it has sought financial sustainability by focusing on creating operating efficiencies.

UnityPoint Health's current platform of workforce development was not built in isolation. For the Des Moines-based institutions, recent investments reflect both internal efforts and participation in a regional partnership of health care employers: Central Iowa Careers in Health Care (CICH). Founded in 2010, CICH is one of several industry partnerships supported by Central Iowa Works, a consortium of public and private funders focusing on meeting employers' needs for skilled workers, while addressing the employment and educational needs of workers.⁵ Central Iowa Works is co-chaired by the region's United Way community impact officer and by UnityPoint Health's Vice President of Human Resources.

CICH was initiated by UnityPoint Health and other health care employers, from acute, ambulatory, and long-term care organizations, with the goals of recruiting and retaining workers with skill, education, or other barriers into health care jobs and helping incumbent health care workers to advance (National Fund n.d.) Partners are also drawn from higher education (e.g., Des Moines Area Community College) and community-based organizations. Among the early efforts of the partnership with the community college was the development of the Workforce Training Academy to offer health care certificate programs in roles such as advanced nursing aide, patient access, and central sterile processing. CICH partners have also developed a career ladder model in health care, with competencies defined for specific positions and systems to link job candidates, job developers, and human resource staff with the area's health care employers.

UnityPoint Health's Des Moines leadership saw the value of these partnership activities for its frontline workers and engaged actively in CICH. This represented something of a turning point for the health care provider, which had scaled back its own career advancement efforts for frontline workers owing to financial pressures, including reduced reimbursements. In collaboration with other employers in CICH, UnityPoint Health identified supervisory skills and opportunities as a priority for the frontline; a curriculum was then developed in 2010 to support a new initiative, Breakthrough to Leadership. UPH piloted the initiative (described in greater detail below). In 2011, it adopted Project SEARCH, a national initiative that prepares young adults with disabilities for employment. More recently, UPH created a full-time position, Retention Specialist, dedicated to workforce and career development for entry-level staff. As with Breakthrough to Leadership, this role was conceived by health care industry partners in CICH, and then incubated at UnityPoint Health-Des Moines.

BREAKTHROUGH TO LEADERSHIP

Employers in the region's health care industry partnership faced a common problem: a lack of entry-level workers prepared to enter supervisory or frontline managerial positions. Many lacked in-house leadership training programs. This created problems not only for filling supervisory roles but also for retaining frontline health care workers, where lower wages, lack of career opportunities, and insufficiently skilled supervisors fed turnover throughout the industry—and for direct care workers in particular (Bishop et al. 2008; Bishop et al. 2009; Hollinger et al. 2002; Stone & Weiner 2001). And those Des Moines-area employees who were promoted but lacked sufficient skills or training to supervise also turned over at higher rates, especially when presented with the alternative of returning to their non-supervisory roles. According to UnityPoint Health's Vice President of Human Resources, Joyce McDanel, the goal of Breakthrough to Leadership is to retain talented individuals and prepare them for leadership roles while lowering replacement costs for both frontline and first-rung managerial staff. And, as Brown explains, a further aim of Breakthrough is organizational development: “help[ing] our leaders be more connected with our staff, because we know that

the most important relationship is the employee and their supervisor.”

Candidates deemed high performers with leadership potential are nominated by their supervising director as well as by peers. They then attend classes with colleagues from a variety of departments and entities. Through lectures, discussions, and role-plays of scenarios arising with supervisees and colleagues, participants are trained in effective communication, working with different personality types, and problem solving. They also consult with senior leadership and executives, including the COO, the CEO, and vice presidents.

Since the program’s inception, 67 UnityPoint Health-Des Moines employees have entered Breakthrough to Leadership, and 34 have received promotions (UPH 2014). One of those promoted, Meoka Johnson, was elevated to supervisor for a team of floating nurses in pediatric clinics and termed it an “amazing experience for anyone with an opportunity to take it.” According to participants and managers interviewed, the program not only builds morale but also helps address other human resource issues. A radiological technician, Katie Hill, recalled that her unit lacked all supervision owing to vacancies and turnover. Her promotion, through Breakthrough, provided her a career step while creating a new team leader for technicians. Mindy Brightman, an administrative employee in a pediatric unit, was recommended by her manager for the program. Upon successful completion, she brought techniques learned in the program—supervision as posing questions and offering options—back to her work setting. In her view, morale has improved in the unit. She has also taken on additional project leadership, such as overseeing a group that encourages participation in the employee engagement survey. And Jessica Brandt, who successfully moved from lab support technician to lab administrator, now rounds with the phlebotomists and lab technicians she supervises to learn and respond to their interests.

By themselves, programs such as Breakthrough to Leadership do not address specific strategies for transforming care or facilitating frontline workers’ participation in them. But efforts like these align with the ACA goal of employees assuming more advanced roles and responsibilities—as in working to the top of the license or job description—and developing strong team relationships.

PROJECT SEARCH

Project SEARCH, a national program to assist high school-aged youth and young adults with intellectual or developmental disabilities prepare for and enter employment, is a further part of UnityPoint Health-Des Moines’ workforce platform. UnityPoint Health-Des Moines leaders view it as more than a workforce or charitable initiative; they support it as part of the ACA’s emphasis on improving the health of the community. It is seen as integral to the health system’s ethic of employee engagement and to the development of an inclusive organization.

Project SEARCH originated in 1996 as a high school-to-work transition program that also responded to high turnover in a hospital emergency department. Developed at Cincinnati Children’s Hospital with Great Oaks Career Campuses, the program has been adopted in over 300 sites in 42 states in the U.S. and in the United Kingdom, Ireland, and Australia (Project SEARCH n.d). It is designed to be business led, serving both individual participants’ education and employment needs and employers’ needs for a trained workforce.

The program also seeks to educate employers on the value of hiring individuals with disabilities and to dispel stereotypes. The model combines classroom-based training in work readiness skills—such as time management, appropriate dress and deportment, and teamwork—with internships offering an immersion in the work environment. Internships are a minimum of 20 hours per week in an integrated setting. The ultimate goal of Project SEARCH is placement in a competitive employment position. Its placement rate in employment is almost 80 percent (Project SEARCH n.d.; UnityPoint Health-Des Moines n.d.).

Project SEARCH at UnityPoint Health-Des Moines departs from the original target population—youth in their final year of high school—to focus on young adult interns aged 18 to 24. (Other SEARCH sites have also adopted adult-based or combined classrooms of youth and young adults.) It was adopted in 2011 in partnership with a community-based organization, Optima LifeServices, and Central Iowa Works, the region’s workforce funding consortium. The latter supported the hiring of UnityPoint Health’s initial director of Project SEARCH, Emily Brown, who was later engaged as the hospital’s Retention Specialist. In Brown’s view, her work in Project SEARCH prepared her and the hospital community for her work in the latter role. For

both positions, she has helped participants understand career strategies and assess the job market within the hospital, identify the skills necessary, and attain them. Working with Project SEARCH to prepare and place interns, she learned about and developed relationships with numerous departments in the hospital.

In the three years since its establishment at UnityPoint Health, Project SEARCH has enrolled 48 participants; 33 have graduated and, of these, 13 were hired into permanent employment in the hospital itself.⁶ Graduates have been placed in environmental services, food services, laboratory, and central supply. At least 12 graduates found work elsewhere in Des Moines-area organizations. Former Project SEARCH Program Manager Erica Batt observed improvement in overall employee morale in departments hosting and then later hiring a Project SEARCH intern. Another graduate, Scott Wilwert, who had interned in patient transport, maintenance, and central supply, found permanent employment in the latter role.

Project SEARCH employees, by ensuring that routine and sometimes repetitive tasks are carried out effectively and safely, also benefit UnityPoint Healthy by freeing up others in their departments to take on new tasks and work at the top of their job description or license, per the ACA.

RETENTION SPECIALIST

In addition to Breakthrough to Leadership and Project SEARCH, UnityPoint Health-Des Moines provides a range of educational and career development services to employees. It offers employees access to numerous and diverse courses, ranging from Computer Basics to Conversational English, as well as financial assistance to attend college. But, as many hospitals have discovered, such services often go unused or underutilized, particularly by non-licensed and/or first-rung employees. These workers may be unaware of workforce training and career options, may lack the confidence to take advantage of them, or may face other barriers, such as low incomes, struggles with work/family balance, or personal issues such as domestic violence or substance abuse.

At UnityPoint Health, managerial priorities and budgets also limited the attention dedicated to frontline worker support. While the Des Moines hospitals had collaborated with the region's community

college on career readiness programs, McDanel notes that UnityPoint as an organization

wasn't able to dedicate resources to the career path development for entry-level workers. We didn't have anyone focusing on that. HR business partners responsible for employee relations and improvement had a list of priorities, and had to decide what was most important, and that type of work wasn't something that was done before the Retention Specialist [position] was created.

Creating capacity for investing in frontline workers, through dedicated staff who coordinate services and engage employees in coaching and career development, is a practice in good currency nationally for creating a learning-friendly workplace (Wilson & Holm 2011; Hitachi Foundation 2013). For frontline workers to attain the skills and education needed to participate fully in transforming care and caregiving organizations, they need the supporting capacity, or infrastructure, of dedicated coaching and career guidance. In McDanel's view, while such functions tend to be vulnerable in times of budget austerity and falling reimbursement rates—as occurred historically at UnityPoint Health—the “pendulum is swinging back” toward deeper investment in frontline workers.

UnityPoint Health-Des Moines, as noted, opted to pilot the Retention Specialist role on the initiative of the region's health care partnership, Central Iowa Careers in Healthcare. The role of the Retention Specialist is dual: to provide career coaching and support career development while helping to remove barriers to job retention and skill and career development through case management and referral to community resources.

UnityPoint Health-Des Moines had a strong economic rationale for building this function: high turnover, especially in entry-level, non-licensed positions. This costs millions of dollars annually in recruitment, orientation, and training and leads to a reduced continuity of care for those with direct patient contact. UPH has thus made it a priority, since creating the new role, to track retention in staffing areas targeted for the Retention Specialist's services: food service, environmental services, direct care (Patient Care Technicians), and similar functions where turnover exceeds 20 percent annually, compared to 14 percent turnover for all positions in UnityPoint Health-Des Moines. Brown also tracks raises and/or promotions

to help identify those who could benefit from career ladders or skill development.

Brown's toolkit to assist worker advancement includes coaching to assess goals and to understand options for growth and career movement:

I help people understand not only how their skills relate to the hospital but also where the hospital is going: what jobs are out there and what jobs their current skill sets fit, but what might be additional skills they can build and how they can build those skills.

She might recommend a job shadow, assist with resumes and job search within the hospital, and more broadly, facilitate job research: studying job descriptions, networking with managers, and monitoring what positions are posted. Career assistance may extend to recommending a single course or a sequence that results in stackable credentials or even a degree. Given the rising importance of postsecondary credentials, preparation for college is often paramount for employees seeking to advance. Brown employs School at Work (SAW), a platform offered by Catalyst Learning that targets health care employers looking to support educational preparation of incumbents. In Brown's terms, the program offers a starting point for employees who "don't know where to start"—envisioning that college is possible, but that a four-year degree and associated debt burdens may not be necessary to advance—and attaining needed skills in areas such as

English, math, reading, health care terminology, time management, and customer service. The SAW courses are customizable to individuals; Brown has used them to educate participants about patient satisfaction and safety, among other requirements.

The graduation rate from SAW in 2013 was 88 percent, or 21 of 24 employees. These graduates have gone on to take courses and attain certificates and degrees at Des Moines Area Community College (DMACC) and other institutions. Ellie Griffiths, for example, was a housekeeper who wished to move into a clerical/administrative position. Brown introduced SAW into environmental services, allowing Griffiths to go back to school, where Griffiths attained her GED and took courses in math, medical terminology, and office skills. She is currently pursuing a certificate in administrative support at DMACC with a goal of attaining a Bachelor's degree in Administration. In total, 130 employees have used Retention Specialist services, with 86 receiving salary increases and 22 obtaining career advancement in some form to date (UPH 2014).

UnityPoint Health-Des Moines has taken steps to deepen its commitment to frontline worker advancement. The Retention Specialist role, funded initially from external grants, is now supported partially by operating funds at the hospital (or 50 to 60 percent of costs). Trainings at the hospital workplace are on the clock; bus fare to support training is now a covered expense as well.

I help people understand not only how their skills relate to the hospital but also where the hospital is going: what jobs are out there and what jobs their current skill sets fit, but what might be additional skills they can build and how they can build those skills. –Emily Brown, Retention Specialist

CONNECTING CARE TRANSFORMATION AND FRONTLINE WORKERS

The rollout of ACA-based reforms in caregiving at UnityPoint Health has been incremental and partial—similar to many U.S. health care systems—as has the seeding of workforce programs to develop and promote frontline workers and the linking of these efforts. In this section, we present emerging signs of how changes in health care are changing the jobs of workers on the frontlines and others, and how leaders in UPH envision what is further necessary to align reform of care with workforce development.

COMMUNICATING THE MESSAGE

UnityPoint Health leaders are asking workers at every level to think about their jobs differently—especially when it comes to patient satisfaction and coordination of care transitions. Raedean VanDenover, director of

the Organized System of Care at UnityPoint Health, explains that “all employees play an equally important part in patient satisfaction. And, in the coming years, the expectation is [that] all employees are frontline workers and that each will need to identify how they can assist patients in moving from care setting to care setting comfortably” (Dunphy, Hunter, & Patel 2014).

UnityPoint employees are asked from their first day to look at their job in the light of quality of care measures, their effects on the organization’s financial health, and on achieving the ultimate bottom line: the best outcome for every patient, every time. At orientation, executives explain the core value of one’s position in terms of required measures. For a new housekeeper, this includes infection control and patient satisfaction—areas where the hospital stands to lose money (e.g., Medicare reimbursement) in the form of penalties. For Debra Moyer, Chief Nursing Officer, the key question is “How does what I do contribute to improving quality, reducing cost, and improving the patient experience?” It is a shift in how individuals look at their roles, or in VanDenover’s terms,

We’re pushing more people to say, “Here’s what your piece of the outcome is” rather than, “This is your job: when they put their light on, you go in and answer it.” What did you learn in that encounter that could affect the success or failure of the patient long-term?

The message is communicated in other ways. All staff may attend quarterly forums with the President (“Coffee with Eric”) where the new model of care, payment, and associated scores and sanctions are explained, and the leadership reviews progress on the organization’s dashboard of quality measures. (Notes from these sessions are available on the organization’s intranet.) Preceptors and managers are also charged with educating and reviewing the model with their staffs, with particular emphasis on patient satisfaction scores.

Beyond hearing messages about quality and cost, UnityPoint staff is instructed to act on them. Purtle described this process as “adaptive design,” a principle familiar to manufacturers, such as Toyota, that have used

All employees play an equally important part in patient satisfaction. And, in the coming years, the expectation is [that] all employees are frontline workers and that each will need to identify how they can assist patients in moving from care setting to care setting comfortably. —Raedean VanDenover, Director, Organized System of Care

it in support of continuous quality improvement (or “kaizen”) for decades. It means empowering employees who see a problem to flag it, explore the root causes with others, and consider solutions. For Purtle, the concept to be taught is that

If something went wrong, that's a signal; what do you do with it, and how do you create interventions at the level of an employee? . . . When you see something that's not working right, signal it—we'll get you involved in trying to figure out how to resolve it.

He emphasizes that non-licensed as well as licensed workers, whether in the hospital or the clinic, are equally encouraged to speak up to signal problems. Those speaking up have identified issues such as poor response from outside services and malfunctioning equipment.⁷ UnityPoint Health employed its performance improvement staff as well as nurses to train staff on adaptive design principles and has conducted periodic boot camps to refresh understanding. Selected staff members have also used internships to master other models of performance improvement (such as lean production).

ADDRESSING PATIENT SATISFACTION

Use of patient satisfaction surveys, or Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), is perhaps the most prominent lever for change at the frontlines of care work. When UnityPoint leaders and frontline managers were asked how the ACA and associated efforts to change care delivery were affecting this workforce, they referred consistently to patient satisfaction and its measurement.

For Organized System of Care director VanDenover, “patient satisfaction is huge—whether you're walking through the halls and someone looks like they're lost, or you're providing direct patient care.” While HCAHPS scores have direct bearing on the financial health of the organization—via Medicare penalties for lower scores and patients coming back to UPH for needed services—customer service is also central to the system's ethic of meaningful work that links employees' jobs to a larger purpose.

At UnityPoint Health, as in all hospitals, satisfaction surveys are administered in all departments and settings, both inpatient or outpatient. Questions are tailored to specific functions. For housekeepers, the survey asks about room cleanliness, for example. The taste and temperature of meals is assessed for dietary workers in food service. Telephone response time and follow-up are scored for patient access representatives. The process of changing the mindset and performance of frontline workers to align with patient satisfaction goals has not been seamless. According to Brown,

It's been a challenge to roll out not only the right education, but enough education to help the employees understand how their job has now become financially significant.

For those with direct patient contact, such as housekeepers or Patient Care Technicians, job tasks include employing language for greeting patients (and family members), explaining their role and what they are doing for the patient, and referring requests or questions as needed to the nurse or doctor. Training on the surveys and their use, orientations, and ongoing training sessions are also incorporated into educational preparation (School at Work).

It's been a challenge to roll out not only the right education, but enough education to help the employees understand how their job has now become financially significant.
—Emily Brown, Retention Specialist

Results from patient satisfaction surveys are relayed to UnityPoint Health staff in several ways. In some departments, HCAHPS scores are posted at regular intervals for viewing in a common area. In addition, directors present the results to work groups for discussion and problem-solving sessions, which are weekly in some cases. Staff members are also encouraged to follow-up with their manager in Take it Back conversations to find out their unit's score and to consider what goals should be set to improve scores. In supervisor Meoka Johnson's pediatric clinic, the clinic director reports on satisfaction scores to the management team:

We as an entire group [the management team] sit down and go over the scores, [focusing on areas of] low scores. We usually take things where we're struggling, and we take one or two things at a time. The biggest thing has been wait times on the phone, and wait times being taken back to the [examining] room.

After brainstorming as a group and identifying causes, such as short staffing, that result in longer wait times, the findings are taken back to a mandatory all-clinic meeting. In a radiology unit, according to supervisor Katie Hill, staff members also examine scores as a group and set priorities on action steps to be taken next. Survey results there pointed to patient dissatisfaction with the physical environment ("Radiology looks so old, the floors are out of date."). Hill recalls that scores improved following remodeling and updating of the unit. As an incentive to call attention to HCAHPS and patient satisfaction solutions, UnityPoint Health-Des Moines awards a trophy to the department with the most improvement in scores over a quarter's time.

Workforce development provides an opportunity to enhance understanding of satisfaction measures. Frontline workers in Brown's School at Work sessions appreciate the opportunity to go over the underlying reasons for measurement, which may not be covered adequately in staff meetings. A housekeeper might say:

I hear about these things in the meetings, and they talk a little bit about it, but it's real fast, it's a 10-minute huddle, once a week, and they have to cover lots of stuff, it's really just that score, that score, that score, that score.

In these sessions, Brown is able to explain the process of value-based reimbursement, distinguishing between payments for "the umpteenth CAT Scan" versus payment for results, which included more satisfied patients.

CHANGING EXPECTATIONS OF JOBS AND SKILLS

Changes to frontline positions associated with the Affordable Care Act appear to be occurring incrementally at UnityPoint Health. As at other hospitals in the U.S., the implementation of the ACA from a workforce standpoint has not been systematized. But shifting performance expectations and skill needs are emerging in several areas.

At the most general level, as noted above, all staff members are expected to look at their jobs in terms of contributing to better care. In Moyer's words, "If I'm a Patient Service Representative and I'm registering a patient, how does what I do contribute to improving quality, reducing cost, and improving the patient experience?"

More specifically, all employees need to consider how their role contributes to smooth patient transitions, whether they are a nurse, physician, patient access representative, or transporter. And the objective, consistent with the mantra of health care reform, is for all to work at the top of their license or job description. What is less clear—since it is a work in progress at UnityPoint Health, as in so many other health care providers—is how individuals' jobs are to change in concrete ways. Moreover, while UPH takes pains to broadcast the need to view and perform one's job in light of new mandates and incentives, the message has not been received by the frontlines equally. In a number of cases, frontline workers and supervisors in areas such as transport, environmental services, patient access, radiology, and central supply at UnityPoint Health-Des Moines could not easily identify specific changes in their jobs or their units beyond the collection and reporting of patient satisfaction surveys.

Hospital, clinic, and hospice leaders identified several specific areas where increased knowledge and skills were needed for frontline workers to give effective care. Housekeepers as well as direct care workers (Patient Care Technicians, or PCTs) need deeper knowledge of diseases, such as hepatitis or tuberculosis, and their progression. For a housekeeper,

If I'm a Patient Service Representative and I'm registering a patient, how does what I do contribute to improving quality, reducing cost, and improving the patient experience? —Debra Moyer, Chief Nursing Officer

this includes knowing when to use a single mop head in cleaning a given room or when a patient's condition, such as choking, means checking with a nurse before granting a request for water. PCTs also need greater knowledge of geriatric care, given an aging and higher acuity population.

Technology is bringing new job expectations as well, most visibly through electronic health records (EHRs), which were recently adopted in UnityPoint Health-Des Moines' hospitals and are now being integrated throughout physician offices and other clinics. This means facility not only in using technology, through the input and retrieval of records, but also in using and applying patient data in the course of caregiving. In Purtle's account, needed skill sets encompass both the use of technology for clinical purposes and the integration and support of information technology.

The expectations of EHR use extend across the continuum of care at UnityPoint Health, including home health aides, housekeepers, clinicians, and nurses. Beyond patient records, electronic technology has changed jobs in other ways at UnityPoint Health. Dietary workers delivering trays to patients work with a fully automated system that tracks the trays, including data on patient diet and glucose levels, as well as the length of time a tray is in a patient's room.

One consequence for frontline workers of these changes—particularly the electronic registration of patient data, lab requests, and plans of care—is a faster pace of work. More than one supervisor commented that frontline workers are expected to do more and work faster with fewer resources.

New skill demands also extend to interpersonal or soft skills, which can be especially critical given heightened emphasis on improved patient interaction. "Collaboration" is the watchword. Another "skill set of the future," notes President Crowell, "is the ability to play with the team." UnityPoint Health has invested \$1.4 million in a simulated acute care center, including

an emergency room, to record and assess how well every team member—from residents, chaplains, and nurses to EKG technicians and phlebotomists—works together.

Team skills are also paramount in reconfiguring clinics as medical homes, where physicians, medical assistants, and administrative staff work closely together. Education Partner Mary Jo Hansell cited the need for "no backstabbing" and "support[ing] and foster[ing] each other's success" as among the most important skill sets.

When asked to identify the most pressing skill need, UnityPoint executives and direct supervisors almost uniformly spoke of communication. Several noted deficits in clear communication skills as well as basic points of etiquette—"dealing with face-to-face interaction," as one put it, especially for younger cohorts more akin to communicating through electronic means. It is a topic of training at many levels at UnityPoint Health: for housekeepers and other frontline workers to know to knock on patients' doors first; for supervisors and their direct reports, as in Breakthrough to Leadership seminars; and for executives and residents in leadership programs.

STAFFING THE PATIENT-CENTERED MEDICAL HOME

UnityPoint Health has perhaps moved the furthest to realign the work process with new modes of care delivery in its system of affiliated ambulatory centers, UnityPoint Clinic. This progress reflects the emphasis—at UPH and in the policies of the ACA—on physician-led primary care and a shift from hospital to outpatient settings. The organization's goal for the Des Moines area is to convert all of its 35 primary care clinics in the region to Patient-Centered Medical Homes (PCMHs) by the end of 2015. At this writing, 17 of UnityPoint

New skill demands also extend to interpersonal or soft skills, which can be especially critical given heightened emphasis on improved patient interaction. "Collaboration" is the watchword. Another "skill set of the future," notes President Crowell, "is the ability to play with the team."

Clinic's Des Moines-area practices have been certified Level 2 PCMH status, eight of which are now deploying the Medical Home model. Ten more clinics will deploy as PCMHs in 2015. By the end of 2015, all of UnityPoint Health-Des Moines' primary care clinics are expected to be operating as Medical Homes.

Designation as a medical home requires meeting a set of standards established by the nonprofit National Committee for Quality Assurance (NCQA n.d.). This means providing care that is:

- > **Comprehensive:** treating both physical and mental health needs with a diverse team of providers, including physicians, nurses, pharmacists, social workers, and behavioral health specialists;
- > **Patient-centered:** engaging patients and families as partners, treating the whole person, and encouraging patient self-management of care;
- > **Coordinated:** bridging care and managing transitions among hospitals, specialized medicine, clinics, home care, and long-term care;
- > **Accessible:** creating shorter wait times, extended hours, and telephone or electronic access to a care team member at all hours; and
- > **Committed:** dedicating resources to safety and quality improvement through the use of evidence and data collection for enhancing performance, gauging patient satisfaction, and managing population health (AHRQ n.d.).

Achieving advanced (Level 3) status as a PCMH also requires full integration of health information technology to collect, store, and manage health data and to prescribe, communicate, track test results, and monitor performance (AHRQ n.d.; NCQA n.d.). Primary care practices recognized as medical homes are eligible to participate in federal and state demonstrations and may receive incentives from payers as well.

At UnityPoint Health's clinics that have achieved PCMH status, the most noticeable transformation is in the physical layout. Nursing stations that situated Registered Nurses (RNs) at a single hub have been broken down, and the front office space is opened up to allow the co-location of physicians, RNs, and support staff (medical assistants and patient service representatives) in a common space. The reconfigured office space supports a change in workflow and in the interaction of team members, thereby supporting daily huddles or consultation and an exchange of information.

Before the makeover, a medical assistant or Patient Service Representative (PSR) would take a patient's call and arrange for the provider to call back at a later time. In the medical home layout, team members are "working elbow to elbow in the same workspace," as Purtle explains. Callers are passed on immediately to the relevant clinician or support staff, and the patient receives information without delay. If an appointment is necessary, the patient service representative is



Steven Nicholson is a graduate of the Project SEARCH program, an employment training program for young adults with intellectual and developmental disabilities. Steven participated in three internships and was soon hired as a full-time employee. Steven works as a lab support in UnityPoint's pathology laboratory.

there to schedule it—expediting service while improving coordination of care. The watchword, according to one medical assistant, is “one phone call will do it”—or “one-call resolution.”

In Central Iowa, the PCMH model was piloted initially in a few clinics, beginning with UnityPoint Health Family Medicine at Grimes. The clinic’s Doctor of Osteopathics (Dr. Dennis Bussey) and his team analyzed the conduct of patient care, including the workspace and the roles performed by team members. Frontline workers as well as licensed staff members contributed to redesigning the front office and workflow. According to Grimes’ billing specialist Danelle Perkins, who played a major role in the redesign, the team brought the completed model to other UnityPoint clinics and assisted the conversion process.

Changes in staff roles in the UnityPoint medical homes are guided by the principle of working at the top of the license or job description. At the clinician level, for instance, a nurse practitioner can be empowered to refill medication or respond to patients in other ways traditionally reserved for physicians. The latter, according to clinic representatives, are seeing higher acuity patients, including those with multiple chronic conditions (such as diabetes or high blood pressure) as well as behavioral health challenges. Behavioral health professionals, in turn, have also integrated into the medical home care team. And rather than having a nurse order a mammogram or other tests, clerical staff, such as PSRs, will put in calls and assist patients with specialist referrals. Licensed Practical Nurses (LPNs) and medical assistants take on simple medical procedures, such as bandaging wounds, freeing up registered nurses for more complex communication with patients. PSRs, as in UnityPoint Clinic’s Parks Area family medicine office, have taken on additional clerical tasks, including filing and referrals in some cases, to free up medical assistants for greater hands-on patient contact.

Frontline clinic workers’ jobs have changed in other ways at UnityPoint clinics. For medical assistants, the metrics adopted to improve patient care require them to ensure that necessary screenings and follow-up at regular intervals are conducted. This means being proactive to ensure that diabetic patients are scheduled for quarterly visits; that screenings—such as colonoscopies—for patients visiting for other needs are recommended; and ensuring that patients with abnormal signs, such as high blood pressure readings, are booked for a return visit. Medical

assistants continue to room patients, as before, but typically spend more time with them and obtain more documentation and notes.

PSRs have added responsibilities as well in both UnityPoint medical homes and in clinics in transition to PCMH. When checking in a patient, PSRs are asked to obtain more information than before as well as to check to ensure that current information (e.g., demographics, contact, insurance) is up to date. If a patient is lacking test data, or is not current on screenings, the PSR will enter an alert in the electronic health record. She or he will spend more time “in the back”—at the nursing station versus a front desk—prepping patients and working with team members, such as nurses, medical assistants, or billing specialists, to resolve issues such as overdue orders.

If the small subset studied for this report is an indication, the advent of medical homes and the effort to meet ACA goals, such as reduced readmission and improved population health, has had mixed impacts on employment demand in UnityPoint clinics. In the Parks Area family medicine clinic, for example, PCMH status was accompanied by the hiring of additional PSRs, medical assistants, and a patient care coordinator. The lead of operations in another clinic, however, observed that all staff have more on their plate, owing to ACA and PCMH, without additional support.

The occupations most closely associated with transformation of primary care in UnityPoint clinics are the care coordinator and care navigator, positions that are reserved for RNs. Care coordinators work closely with patients, particularly those with chronic conditions such as diabetes or COPD, to promote preventative behaviors and better manage health. They work closely with the clinic’s providers and clinical support staff to obtain metrics and arrange patient appointments and referrals. In UnityPoint Health’s definition, the care coordinator offers “education on medication, nutrition, exercise, and other topics important to a patient, assists them with goal setting, and coaches them to develop a plan to achieve their goals” (UPH 2014).

At the Grimes family medicine clinic, for example, the coordinator, Cora Duncan, works in all disease areas. She counsels patients on healthy eating habits, exercise, weight loss, and tracking blood pressure. Coordinators may also assist patients with resources outside the clinic (and health care per se). At UnityPoint Southglen, a family medicine and

urgent care center, the care coordinator also attacks problems, such as a patient's inability to afford insulin, due to income, gaps in insurance coverage, or other barriers. She helps search for the medication at discounted prices or locates financial assistance. In addition, some clinics employ navigators. These staff help patients with more complex needs navigate among multiple service providers and negotiate care transitions, ensuring they connect with the right providers and services, receive necessary follow-up on medication and treatment, and so on. The navigator may also assist with insurance, financial, and social service needs.

PLANNING FOR AN ACA-SKILLED WORKFORCE

For UnityPoint Health's leadership, the mandate under the ACA is clear: the delivery of care in all modes has to change. And, notes UnityPoint Health-Des Moines' Chief Medical Officer Mark Purtle, "that care is obviously delivered by our workforce." For Purtle, care transformation "is going to seriously alter our workforce and what positions [we'll need] . . . What roles do we need in place in order for us to be able to deliver on that promise of coordinated care?"

The answers are less than clear at the present, particularly for non-licensed support workers who have traditionally been overshadowed by doctors, nurses, and other trained professionals. UnityPoint's leaders acknowledge that in short order, they will need a different kind of worker in the clinic and home care settings. Specifically, what are the tasks and competencies needed for frontline workers—such as Patient Care Technicians, medical assistants, and home health aides—to realize a new model of care? And further, how many are needed, given retirements, turnover and vacancy levels, and the time required to fill open positions? Finally, what mix of employees and what skill sets are needed to implement models for coordinated and lower-cost care, including PCMHs and population health management?

UnityPoint Health-Des Moines initiated a wide-ranging workforce planning process in summer 2013 to consider answers to these questions, and what hiring and workforce development policies should follow from them. The process encompasses hospital, home care, and clinic-based care. The broad goal is to understand

labor market demand and build a strategic, three-year plan that can respond accordingly. The planning was initiated, in part, to respond to rising staff vacancies, particularly at the frontlines; high turnover costs; an aging workforce; and shortages in frontline roles, including Patient Care Technicians and Certified Medical Assistants.

UnityPoint Health-Des Moines' Vice President for Human Resources, Joyce McDanel, is leading the planning process with representatives from across the continuum of care (hospital, clinic, and home care) and departments, including nursing, laboratory, and administration. The process is funded through UnityPoint Health's operations budget. The planning team is also aided by an internal analytics staff that is combing data on UPH's current Des Moines-based workforce, including retention levels and time-to-fill vacancies, and projecting retirements for both frontline and leadership positions over the next five years. They are focusing on positions with the highest turnover or vacancy rates: Registered Nurses, Certified Medical Assistants, Patient Care Technicians, Medical Laboratory Technicians and Medical Technologists, and Patient Access/Patient Registration occupations.

One long-range issue is the anticipated shift from acute care to outpatient and community-based care, as UnityPoint Health focuses on achieving "patient-centric, coordinated care," in McDanel's words. This has implications for the number of staff required, especially nurses and direct care workers, in UnityPoint Health-Des Moines' hospitals. It also speaks to the level of flexibility—for physicians and nurses as well as non-licensed staff—for moving between modes and episodes of care as needed. UnityPoint Health-Des Moines leadership acknowledged that there is currently a lack of financial pressure to require reassignment or reduction in acute care. Des Moines-region hospitals are seeing enough demand from high-acuity patients to maintain current staffing levels, particularly in nursing.

The workforce planning process employs teams charged with examining specific roles and functions. One is studying the skills and tasks needed for nursing and direct care workers. Chief Nursing Officer Debra Moyer, who serves in the group, reports that the group is discussing the competencies "we need to develop or recruit for [to] take care of the population of patients across the care continuum," including core skills needed regardless of where the caregiver works: in the

hospital, in a physician's office, in home care, or in a skilled facility.

Of particular concern is the training and definition of paraprofessional caregivers. UnityPoint Health currently relies on Patient Care Technicians (PCTs)—acute care roles analogous to Certified Nursing Assistants. Presently, PCTs are typically trained and certified in CNA programs at the community college or other local workforce organizations. The standard training, which responds to requirements for Medicaid-funded facilities, is oriented primarily to long-term-care work. The planning subgroup for direct care is discussing whether a program more closely aligned with acute care needs would be more appropriate to UPH's needs. The system runs two schools of nursing internally that offer Bachelor's of Science degrees in nursing; one option being discussed is whether to leverage these institutions for frontline caregiver training.

The planning group is also discussing what constitutes a direct care role in the wider context—not only acute care but also home care, hospice, and community living support. Of particular relevance is an innovative direct care curriculum developed and piloted by Iowa's Direct Care Workforce Initiative, a multiyear project of employers and consumers to establish state-approved credentials and consistent, industry-responsive training across providers (Iowa DPH n.d.). The curriculum, according to McDanel, is "multidimensional"—offering training in core skills for direct care as well as a series of career steps and certifications, such as Health Support Professional and Community Living Professional (Iowa DPH n.d.).⁸ According to Moyer, UnityPoint Health is examining what can be done to develop frontline staff, including those now working as housekeepers, for these roles. One option would be to bring instruction in the direct care certificate programs, now offered at Des Moines Area Community College, into the hospital or clinic.

Another critical issue for workforce planning at UPH is the emerging set of roles associated with coordinating care and assisting patients with care transitions and health promotion. Titles include Care Manager, Patient Care Facilitator, Health Coach, and Patient Navigator. These new roles and the staff members who occupy them vary widely across the U.S. health industry. At UnityPoint Health-Des Moines, nurses—typically those with Bachelor's or Master's degrees—generally take these roles on. Currently, Patient Care Facilitators are expected to hold a Master's-level nursing degree (or be pursuing one) and preferably be certified as Clinical Nurse Leaders (trained to coordinate care across the continuum and be held accountable for quality outcomes). UnityPoint Health-Des Moines Care Coordinators and Care Navigators in these health care settings must be licensed nurses. While the Bachelor's of Science in Nursing (BSN) degree is preferred for these roles, it is not currently required in the ambulatory setting in UnityPoint Health-Des Moines.

While UnityPoint Health-Des Moines is not currently pursuing a role for frontline, non-licensed workers to support care coordination or patient navigation, leaders are beginning to explore the possibility of a non-licensed worker assuming responsibilities in support of the new care model. For example, to lower hospital readmissions, UnityPoint Health-Des Moines is developing a program and raising funds to respond to patients with chronic, and often multiple, conditions who are frequent visitors to the emergency department (ED). McDanel describes how a potential new position, tailored to paraprofessionals, could reduce ED use in this population:

This is an opportunity for us to develop a program to take an entry-level worker, give them a short-term certification [modeled on] programs around the country for those individual patients that set them up with kind of a 'check-in' service, to make sure they get home, they make sure they have their medication, they make sure they have running water, they make sure they have transportation to their doctors' appointments.⁹

This is an opportunity for us to develop a program to take an entry-level worker, give them a short-term certification [modeled on] programs around the country for those individual patients that set them up with kind of a "check-in" service, to make sure they get home, they make sure they have their medication, they make sure they have running water, they make sure they have transportation to their doctors' appointments. —Joyce McDanel, Vice President for Human Resources

Positions like this, in McDanel's vision, could provide a career step between a direct care position, such as Patient Care Technician or Medical Assistant, and an RN for frontline workers with aptitude and loyalty. There would be a delineation of tasks and roles between RN-level care management roles and the proposed paraprofessional position, with the latter taking on functions that allow the nurse to work at the top of his or her license. At the time of this research (August 2014), a business plan was being developed to analyze the case for an intermediate role to link patients with non-health resources; an application for grant funding, with a pilot slated for 2015, was also being developed. A sub-baccalaureate worker in this position is the Institute of Medicine's 2010 recommendation to fill 80 percent of nursing positions with Bachelor's-prepared candidates—especially in light of looming retirements in the current population of nurses (IOM 2010). McDanel observes that reserving all of the emerging patient support and coordination functions for licensed nurses could be financially unsustainable. But in UnityPoint Health, as in many health systems around the U.S., there is reluctance on the part of nursing leaders and professional boards to delegate functions now assigned solely to the RN's scope of practice. It is echoed in physician resistance to allowing nurse practitioners to take on additional duties, such as prescribing medicine.

A further consideration for UnityPoint Health is the extension or replication of its capacity for workforce development, whether within the Des Moines region or throughout the system. When asked if the position of Retention Specialist might be extended to other entities in UnityPoint's three-state footprint, McDanel explained that this would depend on business impacts of the current position in place in Des Moines. Her team has been collecting data, measuring how the position has affected retention as well as employees' ability to move into "sustainable wage jobs," in McDanel's words, in affected departments. She would like to have sufficient data to demonstrate a business case before promoting the Retention Specialist role to the wider UPH system.

At this writing, there are positive signs in UnityPoint Health-Des Moines business impact metrics. Patient satisfaction (HCAHPS) scores have been trending upward since the creation and hiring of the Retention Specialist position. Turnover in the departments served by Emily Brown, the Retention Specialist, has fallen from 20.8 percent to 19.5 percent. UnityPoint Health calculates the return on investment, based on this metric, as a savings of \$97,500. Employee satisfaction and engagement scores have also generally increased for the roles and departments served by Brown.

Patient satisfaction scores have been trending upward since the creation and hiring of the Retention Specialist position. Turnover in the departments served by the Retention Specialist has fallen from 20.8 percent to 19.5 percent. UnityPoint Health calculates the return on investment, based on this metric, as a savings of \$97,500. Employee satisfaction and engagement scores have also generally increased for the roles and departments served by the Retention Specialist.

LESSONS FROM UNITYPOINT HEALTH-DES MOINES

Care transformation is workforce transformation. Working at the top of the license or job description demands adoption of new or different skill sets and new ways of understanding and performing the tasks of patient care; it also demands a workforce that is highly skilled, engaged, and collaborative. If we accept that “everyone is a frontline worker,” as UnityPoint Health-Des Moines Organized System of Care director Raedean VanDenover put it, it is all the more vital that workforce development is strategic, comprehensive, and supported at the highest levels of the organization. Above all, it must be closely aligned and work in parallel with organizational plans and objectives. This means demonstrating that investing in a skilled, engaged, and stable frontline workforce has clear payoffs for patients, communities, and the organization’s bottom line.

UnityPoint Health—the system as a whole and its Des Moines-area hospitals and clinics—faces challenges that every health care provider in the nation must grapple with: finding a way to deliver care that is more efficient, more satisfying for patients, and more effective in improving the health of populations. None of these aims can be realized without a capable

and high-performing workforce. What is notable about UnityPoint Health-Des Moines, however, is its deliberate steps to inform, engage, and develop its workforce, including those on the frontlines. Doing so requires a strong commitment to employees first; an infrastructure, or capacity, to invest in frontline workers; and a clear alignment of workforce development and planning with organizational goals and strategy. UnityPoint Health-Des Moines has clearly established the first two of these requirements. While it has not fully accomplished the third—connecting the dots of workforce and care transformation—its efforts are in the right direction and offer valuable lessons.

The following lessons are directed to practitioners in workforce and human resource development in health care; their partners in postsecondary education, workforce intermediary organizations, and the public workforce system; and private and public funders of workforce and education. They are drawn from the findings of the UnityPoint Health case study and reflect promising practices in the organization. They also reflect potential practices and policies that would benefit this and all other health care providers to maximize the contributions of their frontline workforce

What is notable about UnityPoint Health-Des Moines, however, is its deliberate steps to inform, engage, and develop its workforce, including those on the frontlines. Doing so requires a strong commitment to employees first; an infrastructure, or capacity, to invest in frontline workers; and a clear alignment of workforce development and planning with organizational goals and strategy.

in meeting the goals of cost-efficient care, patient satisfaction, and better health outcomes.

Prepare for transforming care delivery by building and maintaining an infrastructure to support investment in frontline workforce development.

- ▶ Participating in an employer-led workforce partnership, such as Central Iowa Careers in Healthcare, can provide information, models, and start-up funding to invest in programs and staff supportive of frontline workforce development. Collaborating with other employers and with education and workforce providers can create efficiencies—avoiding duplication, aligning systems and policies, and ensuring that training curricula and career advancement models match employer demands for skills and staffing.
 - » Central Iowa Careers in Healthcare and its partner employers (including UnityPoint Health-Des Moines) developed the Retention Specialist role and funded its piloting at UnityPoint Health-Des Moines. The partnership also collaborated on career ladder designs and on identifying occupational shortages.
- ▶ Task senior leadership, such as Human Resources Vice Presidents or Chief Learning Officers, with the management and championing of frontline workforce development for their expertise and support and for maintaining executive focus and investment in workforce activities.
 - » Vice President for Human Resources Joyce McDanel owns the workforce portfolio at UnityPoint Health-Des Moines and serves as a bridge between frontline needs and executive strategy and decision making.
- ▶ Create dedicated staff roles, accountable to senior leadership, for designing and implementing frontline workforce programs, including coaching and instruction of frontline staff.
 - » UnityPoint Health-Des Moines' Retention Specialist role is a powerful model for providing opportunities and removing barriers for employee retention and advancement through coaching, tracking individual wage and promotion patterns, offering trainings, and seeking resources to sustain and expand workforce development services.
- ▶ Build capacity for training and promoting candidates for frontline supervisory and management roles.

- » UnityPoint Health-Des Moines' Breakthrough to Leadership program for supervisory training offers a model for both career advancement and organization development. Creating skilled supervisors supports the creation of strong teams and relationships, a vital link in transforming caregiving.

Build the case for frontline workforce investment through collection, analysis, and communication of evidence.

- ▶ Select outcome measures targeted to business objectives, including care transformation, and the financial well being of the hospital.
 - » UnityPoint Health-Des Moines is analyzing turnover and patient satisfaction data to measure the impact of Retention Specialist activities to support and advance frontline workers, with positive indicators emerging to date.
- ▶ Engage in workforce planning and forecasting to determine occupational needs, responsibilities, and assignments in support of care transformation.
 - » UnityPoint Health-Des Moines offers a promising model of cross-disciplinary planning, bolstered by analytic support, to respond to changing corporate and national policy priorities for delivering care and promoting health. Of special importance is the planning team's strategic focus on selected positions that matter both from a cost standpoint—due to high turnover and vacancy rates—and for their importance to patient satisfaction, care coordination, and population health.

Fully integrate workforce planning and development with organizational strategies for care transformation and financial success.

- ▶ Map processes of care coordination and transition and identify touch points where frontline workers, in cooperation with licensed staff, can improve patient transitions, thereby reducing duplication and improving patient experiences.
 - » UnityPoint Health-Des Moines has conducted such mapping, though it is limited to nurses at critical points in the care continuum.
- ▶ When planning for workforce needs, employ a comprehensive view to determine areas where frontline workers, including clinical and

non-clinical support staff, can assume new or different responsibilities in support of population management, care coordination, and patient satisfaction.

- » As part of its cross-disciplinary workforce planning, UnityPoint Health-Des Moines is rethinking direct care roles (such as Patient Care Technicians, Home Health Aides, or CNAs) to better align training, skill requirements, and responsibilities with new needs along the care continuum (such as hospital, clinic, and home-based care).
- » UnityPoint Health-Des Moines' anticipated pilot of a non-licensed navigator role to address non-health needs of discharged patients offers a promising direction for reducing hospital readmission and emergency department use.
- » The conversion of clinics to Patient-Centered Medical Homes also affords opportunities for development of frontline worker skills and career advancement. While UnityPoint Health-Des Moines did not offer extensive training or career steps for Medical Assistants and administrative staff in its PCMH process, there are numerous models around the U.S. of outpatient and community-based settings that do so. Expanded roles or career-ladder steps for such staff include patient coaching, navigation, and care coordination (Pavel, Nadel, & West 2014; Blash, Chapman, & Dower 2010, 2011).

- » Educate all staff, including frontline workers, on the objectives of care transformation, processes to achieve them, and how these align with their job responsibilities and team roles.
 - » Adopt UnityPoint Health-Des Moines' practice of informing newly hired staff of their job's relationship to triple-aim goals.
 - » Make outcome data on patient satisfaction scores and other measures available in all units and ensure that frontline staff members are fully integrated in discussions of associated challenges and solutions.
 - » Build on existing programs of process improvement, such as Lean, Adaptive Redesign, Kaizen, or other frameworks.
- » Align workforce development activities—such as coaching, educational preparation and support, and career advancement—with newly adopted roles and responsibilities in support of care transformation.
 - » UnityPoint Health-Des Moines' Retention Specialist has adopted training modules to address issues such as patient satisfaction and its measurement.
- » Link compensation to business measures, including individual, team, and unit performances on organizational financial metrics such as a reduction of readmissions, an increase in Medicare reimbursements, and the attainment of forecasted revenues.



Wendy Fausett, pictured on the right with two of her employees, started in UnityPoint's housekeeping department four years ago. Without formal education and having a criminal background, Wendy felt her options for advancement were out of reach. After signing up for the School at Work program, Wendy received valuable coaching and training on resume writing, updating her application, and interview skills. Today, Wendy is an environmental service supervisor.

APPENDIX

UnityPoint Health Quality Metrics by Area

Quality	30-Day All-Cause Readmission Rate	Hospital
Quality	Acute Care Hospitalization	Home Care
Quality	Follow-Up Appointment (less than or equal to 7 days)	Clinic
Quality	Breast Cancer Screening	Clinic
Quality	Colorectal Cancer Screening	Clinic
Quality	Emergent Care without Hospitalization	Home Care
Quality	Hospital-acquired Pressure Ulcer (HAPU) Stages 3 & 4	Hospital
Quality	Hypertensive Blood Pressure (less than 140/90)	Clinic
Quality	ED Rates* / 1000	ACO
Quality	Falls with Injury	Hospital
Quality	Venous Thromboembolism (VTE) Prophylaxis	Hospital
Quality	Diabetes HgA1c Good Control (less than 8)	Clinic
Quality	Diabetes HgA1c Poor Control (greater than 9)	Clinic
Quality	Catheter-Associated Bloodstream Infection (CAUTI)	Hospital
Quality	Central Line-Associated Bloodstream Infection (CLABSI)	Hospital
Quality	Influenza Immunization	Home Care
Quality	Pneumococcal Immunization	Home Care
Quality	Surgical Site Infection Rate for Colon Surgery	Hospital
Quality	Surgical Site Infection Rate for Hip Prosthesis	Hospital
Quality	Surgical Site Infection Rate for Knee Prosthesis	Hospital
Quality	SCIP Composite	Hospital
Quality	ED Admissions to Inpatient Status	Hospital
Quality	Readmissions to ED (less than or equal to 7 days)	Hospital
Quality	Elective Inductions between 37 and 39 weeks	Hospital
Quality	Dyspnea Score Improvement	Palliative Care
Quality	Hospice Median Length of Stay after Palliative Care	Palliative Care
Quality	Pain Score Improvement	Palliative Care
Quality	Palliative Care Consult Race per 100 Admits	Palliative Care
Quality	Pre-Consult Median Length of Stay in Acute Setting	Palliative Care

ENDNOTES

¹ The U.S. Department of Health and Human Services reported that, as of March 16, 2015, 16.4 million people had achieved coverage: 14.1 million enrolling in state or federal insurance exchanges, and others becoming insured through expanded Medicaid coverage (Armour 2015). A Gallup Poll conducted in spring 2014 found that the proportion of the population that is uninsured fell from 18% to 13.4% from May 2013 to mid-2014, consistent with other private and government surveys (Sanger-Katz 2014). The Centers for Disease Control and Prevention reported a 3.4% drop in the level of uninsured (ages 18-64) from January to June 2014; during this same period, the proportion of uninsured young adults (aged 19-25) fell from 26.5% to 20.1% (Cohen & Martinez 2014).

² The rate of growth in health expenditures fell from 5.9% in 2009 to 3.0% in 2011, beginning before adoption of health reform. Analysts debate whether the drop in spending is due more to the effects of the recession, to payment of higher deductibles by the insured, or to other factors besides the measures adopted by the ACA. The brief track record and limited scope of programs, such as pay-for-performance arrangements and penalties for hospital readmission, also makes attribution of cost reduction to ACA problematic. See Sanger-Katz (2014) and Ryu et al. (2013).

³ UnityPoint Health-Des Moines hospitals' Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score, based on monthly inpatient surveys, ranked at the 44th percentile in June 2012; in October 2014, it scored at the 70th percentile.

Percentile rankings are an expression of performance relative to the scores in a given month of peer group hospitals.

⁴ See: <http://health.usnews.com/best-hospitals>. U.S. News and World Report. "Best Hospitals 2014-15."

⁵ In addition to funding the health care partnership CICH, Central Iowa Works (CIW) also supports regional industry partnerships in energy and construction, advanced manufacturing, and financial services. CIW is one of 35 funder collaboratives supported by the National Fund for Workforce Solutions, a national partnership of employers, communities, and philanthropy focusing on sectoral workforce development. See: <http://www.nfwsolutions.org/regional-collaboratives/central-iowa-works-funding-collaborative>

⁶ At this writing, the current cohort of Project SEARCH, which completed its program in spring 2015, will likely increase the number of graduates. Three members of this class have already been hired by UnityPoint Health-Des Moines.

⁷ For other examples of adaptive design in practice at UnityPoint Health (then Iowa Health System), see Graban and Swartz (2012), pages 188-9. For an overview of adaptive design principles in health care, see Kenagy (2009).

⁸ For more information on Iowa's Direct Care Worker Initiative, including training content and career pathways, see <http://www.idph.state.ia.us/directcare/Pathways.aspx>.

⁹ According to McDanel, one model for this paraprofessional role is Health Leads (formerly Project HEALTH), which trains college student volunteers to help direct patients to resources for non-health needs such as food, heat, or shelter that underlie chronic health conditions. Founded at Boston City Hospital (now Boston Medical Center) in 1996, the model has been replicated in a number of cities and hospitals and has received substantial investments from the Robert Wood Johnson Foundation, among other backers. See: healthleadsusa.org and www.rwjf.org/en/grants/grantees/Health_Leads.html

REFERENCES

- Armour, Stephanie. 2015. "Uninsured Rate Down 35% Since Health Law Was Enacted." *Wall Street Journal*. March 16, 2015. Accessed March 16, 2015 at <http://www.wsj.com/articles/uninsured-rate-down-35-since-health-law-was-enacted-1426528905>
- Agency for Healthcare Research and Quality (AHRQ). No date. *Patient Centered Medical Home Resource Center*. Accessed December 10, 2014 at <http://pcmh.ahrq.gov>.
- Barbaresco, Silvia, Charles J. Courtemanche, & Yanling Qi. 2014. *Impacts of the Affordable Care Act Dependent Coverage Provision on Health-Related Outcomes of Young Adults*. NBER Working Paper No. 20148. May 2014
- Berwick, Donald, Thomas W. Nolan, & John Whittington. 2008. "The Triple Aim: Care, Health, and Cost." *Health Affairs*. Vol. 27, No. 3.
- Bishop, Christine E., Marie R. Squillace, Jennifer Meagher, Wayne L. Anderson, & Joshua M. Wiener. 2009. "Nursing Home Work Practices and Nursing Assistants' Job Satisfaction." *Gerontologist*. Vol. 49, No. 5.
- Bishop, Christine E., Dana Beth Weinberg, Walter Leutz, Almas Dossa, Susan G. Pfefferle, & Rebekah M. Zincavage. 2008. "Nursing Assistants' Job Commitment: Effect of Nursing Home Organizational Factors and Impact on Resident Well-Being." *Gerontologist*. Vol. 48, No 1.
- Blash, Lisel, Susan Chapman, & Catherine Dower. 2010. *The Special Care Center: A Joint Venture to Address Chronic Disease*. San Francisco, CA: Center for the Health Professions.
- Blash, Lisel, Susan Chapman, & Catherine Dower. 2011. *UNITE HERE Health Center: Pioneering the Ambulatory Intensive Care Unit*. San Francisco, CA: Center for the Health Professions. (October 2010, revised November 2011)
- Cohen, Robin A. & Michael E. Martinez. 2014. *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March 2014*. US Department of Health and Human Services. Washington, DC: Centers for Disease Control and Prevention, National Center for Health Statistics.
- Dunphy, Kristina, Jan Hunter, & Shebani Patel. 2014. "The Business Imperative for Investment in Frontline Workforce Development." *HR Pulse*, Winter 2014.
- Ellison, Ayla. 2014. "UnityPoint Health Partners ACO, UnitedHealthcare collaborate to improve care in Iowa." *Becker's Hospital Review*. July 24, 2014. Accessed November 25, 2014 at <http://www.beckershospitalreview.com/accountable-care-organizations/unitypoint-health-partners-aco-unitedhealthcare-collaborate-to-improve-care-in-iowa.html>
- Graban, Mark & Joseph E. Swartz. 2012. *Healthcare Kaizen: Engaging Front-Line Staff in Sustainable Continuous Improvements*. Boca Raton, FL: CRC Press.
- Hitachi Foundation. 2013. *Pioneer Employer Hospitals: Getting Ahead by Growing Your Own*. Washington, DC: Author. Accessed November 12, 2014, <http://www.wsha.org/files/313/Pioneer%20Hospitals%20Case%20Studies%20-%20Summary%20of%20Findings%20FINAL.pdf>

Hollinger-Smith, Linda, David Lindeman, Mary Leary, & Anna Ortigara. 2002. "Building the Foundation for Quality Improvement: LEAP for a Quality Long-Term Care Workforce." *Seniors Housing & Care Journal, The Journal of the NIC Seniors Housing and Care Program at Johns Hopkins University*. Vol. 10, No. 1.

Institute of Medicine (IOM). 2010. *The Future of Nursing: Leading Change, Advancing Health*. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at IOM. Washington, DC: Author.

Iowa Department of Public Health (DPH). No date. *Direct Care Training and Career Pathways*. Accessed November 30, 2014 at <http://www.idph.state.ia.us/directcare/Pathways.aspx>

Jayanthi, Akanksha. 2014. "10 Things to Know About UnityPoint Health." *Becker's Hospital Review*. September 12, 2014. Accessed November 15, 2014 at <http://www.beckershospitalreview.com/lists/10-things-to-know-about-unitypoint-health.html>

Kenagy, John. 2009. *Designed to Adapt: Leading Healthcare in Challenging Times*. Bozeman, MT: Second River Healthcare Press.

National Committee for Quality Assurance (NCQA). No date. Patient Centered Medical Home Recognition. Accessed December 10, 2014 at <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>

National Fund for Workforce Solutions. No date. "Central Iowa Works Funding Collaborative." Accessed December 15, 2014 at <http://www.nfwsolutions.org/regional-collaboratives/central-iowa-works-funding-collaborative>

Pavel, Kavita, Jeffrey Nadel, & Mallory West. 2014. *Redesigning the Care Team: The Critical Role of Frontline Workers and Models for Success*. Washington, DC: The Engelberg Center for Health Care Reform at the Brookings Institution.

Park, Haeyouin, Alicia Parlapiano, & Derek Watkins. 2015. "Health Exchange Enrollment Climbs in Second Year." *New York Times*. March 10. Accessed March 16, 2015 at <http://www.nytimes.com/interactive/2015/03/10/us/health-exchange-enrollment-climbs-in-second-year.html>

Project SEARCH. No date. Accessed December 16, 2014 at <http://www.projectsearch.us/About.aspx>.

Richards, Emily & David Terkanian. 2013. "Occupational Employment Projections to 2022." *Monthly Labor Review*.

Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. Accessed December 15, 2014 at <http://www.bls.gov/opub/mlr/2013/article/occupational-employment-projections-to-2022.htm>

Ryu, Alexander J., Teresa B. Gibson, M. Richard McKellar, & Michael E. Chernew. 2013. "The Slowdown in Health Care Spending in 2009-11 Reflected Factors Other Than the Weak Economy and Thus May Persist." *Health Affairs*. Vol. 32, No. 5.

Sanger-Katz, Margot. 2014. "Has the Percentage of Uninsured People Been Reduced?" *New York Times*, October 26, 2014. Accessed November 15, 2014 at <http://www.nytimes.com/interactive/2014/10/27/us/is-the-affordable-care-act-working.html?ref=us&r=1#affordability>

Spiegelman, Paul & Brett Berrett. 2013. *Patients Come Second: Leading Change by Changing the Way You Lead*. New York, NY: An Inc. Original.

Stone, Robyn & Joshua Wiener. 2001. *Who Will Care for Us? Addressing the Long-Term Workforce Crisis*. Princeton, NJ: The Robert Wood Johnson Foundation, Institute for the Future of Aging Services, and the Urban Institute.

Tavernese, Sabrina. 2014. "Did the Affordable Care Act Improve Health Outcomes?" *New York Times*, October 26, 2014. Accessed November 15, 2014 at <http://www.nytimes.com/interactive/2014/10/27/us/is-the-affordable-care-act-working.html?ref=us&r=1#outcomes>

UnityPoint Health-Des Moines. No date. *A Rich History*. Accessed September 9, 2015 at <http://www.unitypoint.org/desmoines/about-unitypoint-health-des-moines.aspx>

UnityPoint Health. 2014. "UnityPoint Clinic Earns National Recognition as Patient-Centered Medical Homes." (News release). July 11, 2014. Accessed September 15, 2014 at <http://www.unitypoint.org/article.aspx?id=fa072a90-43a7-4970-a18b-7b2623250a34&UnityPoint+Clinic+Earn+National+Recognition+as+Patient-Centered+Medical+Homes>

UnityPoint Health Partners (UPHP). 2014. *Our Journey Towards Value-based Care (Progress Report)*. Accessed November 30, 2014 at <http://www.unitypoint.org/filesimages/Accountable%20Care%20Section/ACO%20Report%202014.pdf>

Wilson, Randall. 2014. *Implementing the Patient Protection and Affordable Care Act: Impacts on the Frontlines of Caregiving*. Boston, MA: Jobs for the Future.

Wilson, Randall & Robert Holm. 2011. *CareerSTAT: A Guide to Making the Case for Investing in the Frontline Hospital Workforce*. Boston, MA: Jobs for the Future.



TEL 617.728.4446 FAX 617.728.4657

C/O Jobs for the Future
88 Broad Street, 8th Floor, Boston, MA 02110

WWW.NFWSOLUTIONS.ORG



JOBS FOR THE FUTURE

TEL 617.728.4446 FAX 617.728.4857 info@jff.org

88 Broad Street, 8th Floor, Boston, MA 02110 (HQ)
122 C Street, NW, Suite 650, Washington, DC 20001
505 14th Street, Suite 900, Oakland, CA 94612

WWW.JFF.ORG

