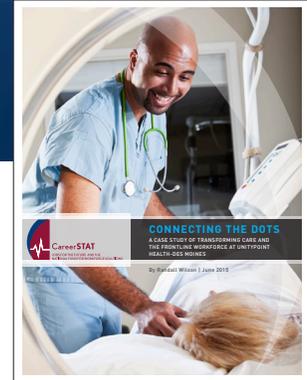


CONNECTING THE DOTS

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

EXECUTIVE SUMMARY

BY RANDALL WILSON



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.

The full case study is available at

<http://www.jff.org/publications/connecting-dots-case-study-transforming-care-and-frontline-workforce-unitypoint-health>

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.

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