

Curriculum Framework

Content Categories and Domains

Overview

In order to be successful and effective, today's health care practitioners must be both excellent clinicians and capable managers of systems and processes for meeting the needs of patients and populations. Tufts Health Care Institute was established to help physicians and other health care professionals develop the knowledge and skills necessary for practice in the managed care environment.

We define “managed care” broadly. More than a payment or insurance mechanism, managed care is an umbrella term for an approach to care and health services that recognizes the realities and challenges of practice today, including:

- fostering the systematic assessment and improvement of quality indicators for practitioners, hospitals, delivery systems, and patient populations;
- valuing efficient and cost-effective care in light of real constraints on health care resources;
- managing the care of patient populations through health assessment, patient outreach, health promotion and other strategies that acknowledge practitioners' accountability for the health of patient panels as well as individuals; and
- coordinating and delivering care through organized systems and multidisciplinary teams.

The Tufts Health Care Institute Curriculum[©] acknowledges the tensions and dynamics that are inherent in practice today, and the competencies required of health care professionals. Based on extensive research and field experience, we have organized the curriculum as ten domains within five content categories.

Curriculum Framework

Content Categories and Domains

I: Health Care System Overview

- Domain 1: Systems for Organizing and Financing Care

II: Population-Based Care

- Domain 2: Caring for Panels and Populations
- Domain 3: Screening and Prevention
- Domain 4: Ethical Issues in Population-Based Care

III: Effective and Efficient Care

- Domain 5: Clinical Care Management
- Domain 6: Information Management and Technology

IV: High Quality and Patient-Centered Care

- Domain 7: Quality Measurement and Improvement
- Domain 8: Practitioner-Patient Communication

V: Practice Management

- Domain 9: Practice Management Systems and Operations
- Domain 10: Teamwork and Leadership

The curriculum content is relevant for all health care professionals, although some of the topics and descriptions were written with physicians particularly in mind. Tufts Health Care Institute will refine the curriculum for other learners including nurses and pharmacists as we continue to develop courseware and instructional materials.

Content Category I: Health Care System Overview

Domain 1: Systems for Organizing and Financing Care

Topics:

- Fundamentals of the US health care system
- The roles and relationships among the parties: providers, purchasers, insurers, consumers, legislators and regulators
- Health care insurance structures and products
- National spending and health status
- Managed care structures, functions and operations
- The evolution of managed care as an alternative system and a response to marketplace forces
- Typology of managed care organizations and insurance products
- Functions and infrastructure of health plans
- Health plans' relationships and financial arrangements with delivery systems and physicians
- Trends in managed care

Content and topic goals: The more complex our nation's health care delivery system and financing mechanisms become, the more important it is for health care professionals to understand the system in which they practice. Understanding the larger forces that influence their decisions and actions forces like capitation and performance measurement helps clinicians practice more effectively and gives them the means to help create change. Health care professionals also should be aware of the trends in spending and insurance that drive politics and policy. This part of the curriculum is designed to teach both how the system impacts practitioners, and how practitioners can impact the system. More specifically, virtually every health care practice in America is affected by managed care. This topic

area considers the organizations and structures that have defined managed care for consumers, purchasers and providers. It goes on to trace the continuing evolution of managed care from institutions separate from the delivery system to a set of functions and a style of practice increasingly adopted by providers and their organizations. This knowledge will help clinicians interact more effectively with health plans and achieve the care management goals of their own groups and systems.

Content Category II: Population-Based Care

Domain 2: Caring for Panels and Populations

Topics:

- Patient groups and population segments
- Enrolled populations, prepayment and risk adjustment
- Health status and demographics of patients, panels and populations
- Epidemiology, demographics, and other population-based factors for determining health care needs and utilization patterns
- Health improvement strategies for populations and individuals
- Targeted health strategies for healthy and ill segments, from prevention to disease management

Content and topic goals: Population-based care begins with a profile of the patients enrolled with a physician, practice, or network. This topic area discusses ways of segmenting the population by payer, demographics, and health status and the resources allocated or anticipated for each group. It describes techniques for adjusting prepayment amounts to reflect the mix and risk factors of the covered patients. This information on the distribution of one's patients and finances provides a baseline for setting priorities and

implementing programs to meet the needs of patients, individually and collectively. In today's practice of medicine, where physicians and their collaborators are responsible not just for the care of individual patients but also for the health outcomes of an enrolled population, an understanding of epidemiology can help physicians determine the risk factors, service needs, and most effective interventions for each sub-population in their panel. This topic area helps practitioners recognize strategies to manage all patient subgroups healthy, at risk, acutely ill, and chronically ill. It is also designed to help providers determine what community resources are available to supplement their services, and to understand the principles of disease management.

Domain 3: Screening and Prevention

Topics:

- Services for health promotion and disease prevention
- Principles of behavior change
- The link between healthy lifestyles, prevention, and the cost of health care
- Office-based and non-office strategies for reaching out to patients and enrollees

Content and topic goals: Along with the care and treatment of acute illness, a population-based or care management practice environment places greater emphasis on prevention, health promotion, and disease management. In integrated delivery systems, practitioners assume responsibility for the long-term health of their patients. Learners are trained to understand and apply tools and techniques to assess risk factors and promote preventive care tailored to the needs of individuals and groups of patients.

Domain 4: Ethical Issues in Population-Based Care

Topics:

- Advocacy roles vis-à-vis individuals and patient populations
- Stewardship and distribution of resources; distributive justice ethics
- Risks of under-utilization and over-utilization in different financing systems

Content and topic goals: The complexity of practice today, and the role that physicians play in relation to patients, health plans, and purchasers, require a strong understanding of the principles of medical ethics and how to apply them. This topic area reviews the variations in incentives for resource allocation in different delivery and payment systems. It conveys how to advocate successfully for legitimate patient and population needs within the context of constrained resources, while resisting patient expectations for services and treatments that are not necessary at that time.

Content Category III: Effective and Efficient Care

Domain 5: Clinical Care Management

Topics:

- Utilization management processes and tools
- Case management
- Continuum of care
- Referral management
- Pharmacy management
- Committees and peer review
- Clinical care strategies
- Evidence-based medicine
- Clinical guidelines
- Disease management
- Health risk assessments

Content and topic goals: There is an infrastructure of sorts to help physicians and practices deliver cost-effective, efficient and coordinated care to their patients. By having programs and systems in place, clinicians can do a better job serving individuals and also managing the larger practice

within a budget. This topic area covers several aspects of medical and care management. It describes the extended continuum of care and how physicians, with the help of case managers, can coordinate and monitor care for patients who require services beyond the practice setting. It presents strategies and tools for managing two critical components of care: referrals, so that generalists and specialists can collaborate to best effect, and prescription drugs, so that conditions are treated appropriately and cost-effectively. Along with these approaches, the content addresses physician-directed support systems such as peer review mechanisms and committees to help each physician and the practice as a whole manage care successfully. Physicians and their clinical colleagues retain their fundamental responsibility of preventing, diagnosing and treating illness. To be most effective in the managed care environment, they need to apply the best known practices to individual cases and patient groups. This topic area describes how physicians can practice evidence-based medicine, a process of finding answers to clinical questions to produce the best outcomes. A related strategy for reducing unwarranted variation across patients and providers in order to achieve the best care for all is the development and implementation of clinical guidelines for specific diagnostic and treatment situations. More inclusive approaches to treating patients with certain conditions are catalogued as disease management programs. Learners are trained to understand and apply these tools, along with the techniques for assessing risk factors in all patients in order to provide care and promote self-care as appropriate to the patient's level of need.

Domain 6: Information Management and Technology

Topics:

- Decision-support systems

- Practice patterns and performance profiles
- Patient population profiles
- Patient-oriented information applications

Content and topic goals: The impact of emerging information technologies is pervasive throughout society. In health care, which has been relatively slow to apply these tools, providers and consumers alike are increasingly affected. Physicians and their colleagues need sophisticated information systems to guide clinical decision-making, to keep track of and help manage their practices, and to assess their utilization patterns and outcomes. Consumers also have increased access to information on health and illness. In response, clinicians need to act as information consultants to their patients and to adjust to serving a more informed clientele.

Content Category IV: High Quality and Patient-Centered Care

Domain 7: Quality Measurement and Improvement

Topics:

- Definitions and measurement of quality
- Quality improvement techniques
- Quality oversight in the marketplace
- Patient satisfaction

Content and topic goals: Performance measurement and quality improvement have become integral to health care delivery and practice. "Report cards" are widely available, evaluating the care and service offered by health plans and, increasingly, by individual physicians. It is paramount that practicing physicians and other health professionals understand the meaning and importance of performance measures, as well as how to implement quality improvement programs to enhance service and outcomes. This topic area will help learners to define meaningful quality

parameters for their own enrolled populations; describe quality from the perspectives of patients, purchasers, regulators and other health care parties; and apply basic tools and techniques of quality improvement.

Domain 8: Practitioner-Patient

Communication

Topics:

- Effective communication skills
- Patient-centered assessment and care plans
- Involving the patient's family
- Behavior change strategies for patients for maintain and improve their health
- Ethical issues in the practitioner-patient relationship

Content and topic goals: Effective practitioner-patient communication has always been the linchpin of good care. Today, it is more important than ever. Patients are variously confused or suspicious of their health plan's utilization procedures; concerned about the impact of financial incentives on their care; and overwhelmed by exposure to virtually unlimited clinical information. By understanding the principles of effective communication with patients and family members, practitioners can address these issues; maximize patient and family satisfaction and compliance with treatment plans; and optimize health outcomes and efficient use of resources. This topic area will teach physicians and other clinicians how to negotiate treatment plans and minimize patient frustration when requested services are deemed unnecessary. This content covers the skills necessary to make the best use of time with patients through active listening and effective communication techniques.

Content Category V: Practice Management

Domain 9: Practice Management Systems and Operations

Topics:

- Basic business skills in managing a practice
- Financial operations including management of financial risk
- Staffing and personnel issues
- Contracting and other aspects of health plan affiliations
- Practice systems for patient access, e.g., telephone, appointment, triage
- State and federal regulation

Content and topic goals: Content in this domain includes both internal practice operations and external environmental factors and relationships affecting the practice. Maintaining a successful practice requires a solid understanding of how health care is financed, how budgets are created and used, and how fair contracts are negotiated. The information presented in this topic area will help learners negotiate and implement contracts that include appropriate risk-sharing safeguards and that support profitable practice. Physicians will also learn how to manage provider subcontracts, and how to develop and implement financial and information systems that effectively monitor resource utilization. This topic area addresses these issues, helping practitioners learn to develop and maintain effective external relationships with affiliated providers and health plans. It also provides information on how to research and identify pertinent state and federal regulations.

To serve patients effectively and appropriately, a practice must be organized around customer service. If the clinical staff provide excellent care but patients have a hard time scheduling appointments when they want them or can't get through on the phone, their needs are not being effectively met. In this topic area, learners will explore ways to develop and implement efficient, customer-focused processes for scheduling primary care and referral appointments, for

creating telephone access and for triaging calls appropriately. This topic area also covers how to identify the optimal configuration and roles of clinical and administrative staff, and how to provide staff training on the covered services and patient care protocols associated with each of the major health plans in which the practice participates.

Domain 10: Teamwork and Leadership

Topics:

- Team leadership, group dynamics, cognitive styles, and delegation
- Team-based techniques to assess, coordinate, and improve overall health care
- Teamwork among clinical and administrative staff for internal operations and across the continuum of care
- Change management

Content and topic goals: Interdisciplinary training is not part of the typical health professional education curriculum. Yet, in practice, the ability to work effectively with others--administrative and support staff as well as clinical colleagues--is of paramount importance to the success of the practice and to the care of the patient. This topic

area helps physicians and other professionals understand the principles of teamwork, and how to apply them in order to interact effectively with others. Learners can apply their teamwork skills to achieve optimal resource use and efficiency, and to achieve consistent and positive patient outcomes. Teamwork skills can also help learners develop and maintain effective collaborative relationships among providers and health plans to achieve mutual objectives. Solid leadership and change management skills are powerful tools in today's changing practice environment. This topic area teaches how to effectively influence colleagues to accept and achieve new goals regarding quality, finances and utilization management; how to plan, organize, implement, and monitor both the internal operations of the practice and its interface with the external environment; and how to manage change processes and overcome resistance from colleagues and staff. Effective communication techniques are also covered, for use in both formal structured meetings and informal discussions.