

## HealthPartners Practice-Ready Competencies

*Comments listed from three rounds of survey*

### 1. Communication (verbal and nonverbal)

- a. Communication and relationship skill (humility and cultural awareness may be combined under one heading relationship skills which also includes practice with cultural humility, and relationship skills there is much research on health care discrepancies based on race. test ordered, treatments given and medication concerning pain not recommended as well as outcome disparities. information not gotten from patient as a result of communication mismatch. (Lack of understanding both ways doctor to patient, patient to doctor
- b. Critical to effective and efficient functioning of the team and for the experience of the patients
- c. Or individual communication skills need to be routinely assessed as our patient needs change
- d. Communication key to relationship with patients and colleagues
- e. Need for engaging patients and working in care teams
- f. Strong communication skills are integral to an exceptional patient experience. Communication skills are heavily aligned with CMS value based purchasing outcomes
- g. Communication key to everything - relationships with patient and the team.
- h. Key area for any practitioner to be proficient in
- i. Ability to communicate effectively, efficiently, and with compassion and empathy will be a key asset to health professional
- j. Essential to function in teams and communicate with diverse patient population.
- k. Based on the training new physicians receive, and the culture we want to create at HealthPartners, I believe the biggest disconnect (or gap) is the communication training on how to best talk with one another and with our patients. So much of what is said and not said, and our ability to create a trusting relationship, all ladders up to effective, and compassionate, communications.
- l. Communication is also fundamental - peer to peer and within and outside of teams and especially to patients and students
- m. So many of our issues in the workplace stem from communication issues, both verbal and non-verbal. In many professions, those that can communicate succeed.
- n. Being able to communicate is an important competency because to be an effective physician one must be able to communicate to patients, families, ancillary staff, and colleagues. Someone can have all the book knowledge in the world, but if they cannot effectively communicate that information, no good will come of it. Part of communication is also listening and being on the receiving end as well, which is sometimes more important than being on the giving end of it.
- o. Important part of being successful in practice
- p. Communication skills, especially awareness of nonverbal cues, are essential to effective patient care and outcomes. Physicians and health care professionals must be able to "read" patient interactions beyond spoken word, also paying attention to cultural, emotional, and spiritual factors that could play a role.
- q. Utilize active listening to gain information about the issue and its effect on the patients' quality of life (listen, listen, listen). Communicate in clear and concise manner. Ask good diagnostic questions. Check for understanding and be willing to engage in dialogue that will increase likelihood of compliance. Use written instruction at end of visit and modify to adapt to patients individual needs when possible to get to result. Be willing to explain why you think this is the best approach.
- r. This one is huge, and I think goes without explanation
- s. Communication is the most important, and a component in almost all the others - being able to communicate well at all levels, with all people is key to success.
- t. A key element to being patient centered.

- u. Delivering high quality and great experience require being able to communicate those goals to both patients and colleagues
- v. Core of being part of a team
- w. Critical to health improvement, experience, teamwork.
- x. Communication skills are essential as a part of a team-based approach. And, in building relationships built on trust.
- y. Essential to accomplishing change and must be done between patient, family and other providers.
- z. Communication can include relationship skills humility self awareness and cultural humility some of these choices may be best consolidated into one
- aa. This is crucial to providing effective care and working with an increasingly diverse patient population and healthcare team. Word-choice and non-verbal cues can completely change the tone and outcome of a conversation and I think it's important that we not only recognize this, but also teach professionals how to match their verbal/nonverbal communication with the message they intend to send.
- bb. Without we will falter in providing individual care and organizational effectiveness.
- cc. These are essential skills

## **2. Provide Patient Centered Care and Experience**

- a. Facilitator vs. gate keeper
- b. Perhaps this should be #1 ... since it is obvious it probably needs to be called out in the top 5
- c. It's all about the patient
- d. Everything we do must be patient centered
- e. The patient should also be the center of our care
- f. Fundamental to the teamwork is for every clinician to be technically competent, providing patient centered care
- g. I think this one summarizes providing compassionate, innovative and adaptable care (taking three competencies and boiling them down into one!)
- h. Our primary role is to teach healthcare.
- i. Patients are at the center of what we do. This is a new way of approaching how we work with patients to achieve good outcomes. It is most important.
- j. Demonstrates that the team has the correct focus
- k. Actually my first choice is competency in medical knowledge and ability for continual learning in these competencies
- l. Keeping the patient at the center of all we do - important
- m. Being patient centered is core to who we are and is essential from a triple aim perspective
- n. Key to practicing medicine
- o. Part of our focus on triple aim
- p. Patient must be in the center of all we do.
- q. If we behave as a team, with strong communication skills and relationship building behaviors, we're going to end up putting the patient at the center
- r. Aligns with triple aim
- s. I think the patients need a liaison to help them sort out the complexity that we add with insurance coverage and confusion between specialists.
- t. I think we can and should incorporate the concepts of health care liaison, resourcefulness and invested in the patient outcome into this competency.
- u. It is the reason the institutions, personnel and its activities exist
- v. With patients having to take on more of the cost for their health care they are looking for and expect excellent value

### **3. Relationship Skills (Humility and Cultural Awareness)**

- a. Ability to connect will prove increasingly important for addressing diversity, inclusion, experience, and team work
- b. Core to providing an exceptional patient experience
- c. Getting patients to change comes through relationship and meeting them where they are
- d. The only way to provide unique, individualized care is to understand who the patient is and to deliver care with humility and curiosity.
- e. Doctors need to be able to develop relationships built on trust, including cultural humility.
- f. I think this part of the ART of medicine, engaging patients requires a relationship
- g. Motivating patients to change takes relationship skills and must come from a place of cultural humility to connect with the patient where they are
- h. This is so tightly tied to communications - our physicians need competence in the "soft skills" - this is a big one.
- i. Relationship skills are fundamental to any set of professional competencies
- j. More and more, medicine will be practiced in conjunction with others (patients, peers, staff, etc.). Being about to effectively manage and navigate relationships will be paramount.
- k. This may be overlooked without specific focus.
- l. Our work is wholly relational! Building rapport and relationships allows us to work through trust. This has been proven to improve outcomes and patient experience.
- m. Maximizes team function
- n. Abilities to effectively interact with a diverse group of patients and colleagues seems essential
- o. Furthering the team-based concept and patient experience pre-requisites with this choice.
- p. Helps to improve overall patient experience
- q. Motivating patients to change takes relationship skills and must come from a place of cultural humility to connect with the patient where they are
- r. Again, if the center is working with our patients, members and one another, relationship skills are key
- s. There is an existing ACGME Core Competency on Communication Skills. Relationship skills go further and involve an element of self-awareness.
- t. Humility and cultural awareness play a large part in communication with patients as a member of the health care team.
- u. These cultural traits and developed behaviors will be necessary to do what is right for the patients and curb the spending.
- v. I think we can and should incorporate communication skills into this competency
- w. This is an absolute must in providing good care and working effectively as a member of the healthcare team. I like that it includes the words "humility" and "cultural awareness" because I think those are crucial with our diverse patient population. Giving providers the "space" and time to establish good relationships with patients (and also the rest of the team) ultimately leads to better outcomes and more satisfied parties.
- x. Those who have healthy relationships with their care team, colleagues and patients are more efficient and have a more balanced and resilient work life

### **4. Participation/role in team-based practice**

- a. Including the patient as a partner and team member
- b. This is crucial to our ability to be successful and for teams to be productive and deliver excellent care
- c. Ability to function as a member of a larger team is critical to individual and team performance as well as key to creating best experience for patients and families
- d. Essential to providing best care with our patients

- e. Healthcare is too complex for any individual to provide care. Care is optimized in a team we need to teach to that model
- f. Similar to communication but add delegation and trust
- g. Care must be delivered as a team to be ultimately successful.
- h. Health care is a team-based activity.
- i. This is a core skill in delivering medical care
- j. Clinical care is too complex today to be delivered by the single individual. The system will only work reliably for high quality care with a great experience and at is most efficient and effective if the system is working together as a team, reliably executing their roles.
- k. Ability to be a partner and team player will be paramount to high performance on every facto.
- l. Care model changes and workforce demands require understanding of how best to work in teams.
- m. At HealthPartners, we work as a team. Not as a superhero, working alone. All together to be most effective, and \*with\* those we serve
- n. Working together in the modern world is a must.
- o. Similar to "Relationships", medicine is becoming a team sport. It will be vital for individuals to be able to work as a part of a team, leading sometimes, and being led by other sometimes.
- p. Basically every part of medicine involved being part of a team in some way. Having the ability to be a productive and considerate member of a team allows for more efficient and productive medicine. This seems to go hand in hand with communication. If you cannot communicate with your teammates and work with them, then you will not be an effective physician.
- q. This is the future of healthcare
- r. Health care delivery is more and more team-based and clinicians need to know how to lead and be part of a team
- s. I believe team-based practice is the future of medicine. Physicians must have the skills to not only lead teams, but also be contributing team members. We must understand the roles (strengths, limitations) of other team members and be able to effectively harness them to facilitate the best patient care and outcomes.
- t. Coordinated care. Work as an effective high performance team. Drive out the fear between staff. Develop linkages between health care providers. Make sure critical information is provided and accurately passed along. Make sure the handing off of the "baton" is successful and patient has confidence of all members of the team and referrals
- u. I think the strongest way to put this is Partnership. It implies partnership cross disciplines but also partnership within teams, with patients, and with families. This is key to what we do as a health team. No one person is an island; we achieve excellent care through the coordination across. Often times clinicians enter the organization and aren't always sure how to partner--with their colleagues, nurses, the patient. It is not always intuitive, and EPIC doesn't always support it.
- v. Healthcare at it's best is based on multispecialty team based practice that involves MDs, NP, PAs, nurses
- w. Providing care as part of a complex team and system is key
- x. Many of the other competencies are required to participate and be engaged with a team-based practice. Therefore I chose it as #1. Our future is getting this right through a multi-disciplinary model.
- y. Ability to function in a team and learn from others will create a resilient mindset of approaching complex patient care challenges
- z. Clinical care is too complex today to be delivered by the single individual. The system will only work reliably for high quality care with a great experience and at is most efficient and effective if the system is working together as a team, reliably executing their roles.
- aa. The way healthcare is being served
- bb. To be a part of the HealthPartners team, you need to collaborate.

- cc. Health care delivery is team-based and current training doesn't fully reflect that.
- dd. This not only supports the future of model of healthcare but lifelong skills will always require a team to provide patient centered care for patients.
- ee. This is the future for care delivery modeling. Students are drawn to this model.
- ff. We are only as strong as our weakest link. Linkages must be consciously created and continuously maintained. (All team members have responsibility for maintaining linkages.
- gg. Medicine is no longer a solo enterprise and practitioners need to be able to work effectively as part of a diverse, multidisciplinary team in order to provide the best care. Participation can also refer to the relationship between physician and patient, reminding us of the importance of educating providers on how to encourage patients to participate in their own care to the extent possible.
- hh. Absolutely key in providing best care possible in a complex environment
- ii. Health care is now a team sport and we need to be able to equip our clinicians with the knowledge, skills and abilities to operate in this context

**5. Awareness of costs to the system and to the patient/Awareness of healthcare consumerism and role as a cost steward**

- a. Costs needs to be part of the overall picture and it applies especially when we can guide patients towards unnecessary spending
- b. Creating a better understanding of the cost impact to our patients is necessary for complete patient experience. I see that as separate from awareness of costs to the system.
- c. Healthcare is very expensive and patients need help navigating to cost effective options
  - a. Affordability will continue to be an issue in healthcare
  - b. Healthcare is increasingly unaffordable for many Americans. The decision doctors make have a big impact on the total cost of cares.
- c. Be aware of costs to patient and health care system. Example serious consider the effects of prescribing a drug that cost \$600 when one that cost \$50 does the same job as per research. I won't write much you know about this example overuse of MRI for initial back pain non-injury related. Differential costs of MRI at different providers. Individual billing rather than bundling recommending doctors of similar skills results and sending someone unnecessarily out of network. Ordering tests that protocols indicate are premature or ineffective treatment. I.e.. (Antibiotics for suspected sinus infection) be aware of what things cost. Not possible to know all way too much and too complex. There should be baseline knowledge particularly for treatment of issues that are the top reasons patients seek medical care (i.e.. back pain, cough).
- d. Because healthcare is too expensive for many and we need to help patients navigate to the most cost effective options
- e. Being a support for patients in terms of financial impact of care may we'll become a key asset to the services provided by care professionals.
- f. Working to meet patient needs in the most cost effective way will support the plan of care.
- g. Triple aim awareness. Costs are spiraling out of control and there is no quick fix. Being a cost steward is an expectation of everyone and anyone in healthcare
- h. It is not currently being taught and it involves patient activation.
- i. The "business of medicine" is poorly taught (if it is taught at all) in medical school and residency. Physicians should have at least a basic understanding of the different payment models and how they affect not only healthcare professionals, but also the patients we serve. We should play a role in decreasing healthcare costs where able and understand how our choices impact society on a broader level.
- j. Could understand healthcare economics and payment models, Aware of costs to the system and to the patient, and Awareness of health care consumerism and role as a cost steward be combined into some more global competency? I like Stewardship and Healthcare Economics?

- k. We need to create a better understanding of how cost plays a role in our patient's care and learn how to discuss how cost is a key factor in their overall health.
- l. Cost is core to our patients care and needs to be brought in the picture more
- m. Triple aim awareness. Costs are spiraling out of control and there is no quick fix. Being a cost steward is an expectation of everyone and anyone in healthcare, it is not currently being taught and involves patient activation.
- n. This is part of the triple aim. I think patients expect and assume that providers understand costs of healthcare and different payment models but in reality, I doubt the majority do. Cost is a barrier for many patients and we should have at least a basic understanding on how to limit unnecessary spending.
- o. Aligns with triple aim
- p. This is not currently being addressed in training and will support our goal of producing practice ready trainees
- q. This overlaps with being resourceful and we have to find a way to contain spending one provider and patient at a time.
- r. This will enhance the patient-centered care and experience, and help the system control costs.
- s. This choice could be combined with awareness of healthcare consumerism and role as cost steward
- t. Best care at lowest cost knowledge at a time when patients are focused on their needs in an emotional way can make a big difference for both patients and the system
- u. This understanding leads to more empathy for patients and helps us achieve the triple aim

## **6. Adaptable**

- a. Adaptable and resilient will be important competencies to maintain energy and well being for physicians. Also, adaptability to an ever-changing care environment will be anticipated.
- b. Change will be fast and often as our health delivery system is stressed in coming years.
- c. Regardless of care model and payment source clinicians will need to be able to adjust on a regular basis.
- d. Healthcare is constantly changing
- e. Teams/individuals must be able to adapt, be optimistic and creative as we face new challenges and adaptations in healthcare –
- f. Given the changing landscape of healthcare, being able to be open and adapt will be a key skill.
- g. I think adaptable and self-aware could be part of the same competency. As the healthcare landscape and expectations change, the ability to adapt and demonstrate resiliency will be crucial to maintaining wellness and providing good care to patients. Both require introspection and humility, which are other words that have been recommended.
- h. Providers need to be resilient and adaptable in this complex and ever changing environment