Physician competencies for Health System Transformation Institute

The following were most relevant to health systems transformation, are chosen from the revised list of American Hospital Association's (AHA) 7 core competencies that physicians should meet at the end of their residencies. The competencies were updated in 2012 by the AHA.[1]

1. Practice-based learning and improvement[1]: Demonstrate the ability to investigate and evaluate one's care of patients or populations, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning[2]

    a. Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care[2]
    b. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes[2]
    c. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement[2]
    d. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems or community health or public health[2]

2. Systems-based practice[1]: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to optimize population health and healthcare.[2]

    a. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care[2]
    b. Advocate for quality patient care and optimal patient care systems[2]
    c. Participate in identifying system errors and implementing potential systems solutions
    d. Identify, review and analyze laws, regulations, organizational decision-making structures, stakeholders, styles, and processes for the health impacts and economic costs on patients and populations.[4]
        I. Understand the complex landscape of federal and private initiatives and programs on innovative payment and delivery reform and identify the necessary skills required to shift the paradigm of care from volume-based reimbursements to value-based rewards at the individual and population levels.
    e. Coordinate care with other providers, public health, social services and community support[1]

3. **Interpersonal and Communication Skills:** Possess skills that allow for effective information exchange and coordination.[1]

   a. Communicate with other health professionals, stakeholders and the public in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations[2]
   b. Fully utilize team roles to establish, develop, and continuously enhance inter professional teams to provide patient and population-centered care that is safe, timely, efficient, effective, and equitable[2]
   c. Understand and deploy effective community, patient, provider and organizational methods to improve health behaviors and evidence-based care practices to include cognitive behavioral therapy/motivational interviewing and patient-centric shared decision-making

4. **Professionalism**: Professionalism requires physicians to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Physicians are expected to demonstrate: larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Physicians are expected to demonstrate:

   a. compassion, integrity, and respect for others[2]
   b. Responsiveness to patient and population needs that supersedes self-interest[2]
   c. Respect for patient privacy and autonomy[2]
   d. Accountability to patients, society, and the profession.[2]
   e. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation[2]

5. **Use of informatics[1]: communicate, manage knowledge, mitigate error, and support decision making using information technology**.[3]
   a. Ability to use information technologies (data analytics) to link to and evaluate large population and public health databases for health risks and disease surveillance.
   b. Ability to use secure, HIPPA compliant communication of healthcare information on multiple platforms (computers, telemedicine/telehealth systems, mobile devices, etc.) to facilitate appropriate information sharing with other providers, healthcare workers, patients, and others with documented "need to know" information.
   c. Ability to apply information technologies to identify at-risk individuals and implement targeted management plans for specific issues, risks, and diseases to improve care coordination and outcomes.

d. Ability to use information technologies to better understand, assist with, track and document patient compliance and non-compliance issues, such as failure to fill, re-fill or regularly take medications (that can be fairly easily reviewed), missed appointments or treatments, etc.

e. Ability to manage patient portals to improve patient communications and their understanding of risks and disease processes through enhanced, specifically targeted educational resources – including culturally and language appropriate resources, taking into account individual capabilities, education levels and socioeconomic status.

f. Ability to learn and deal with emerging technologies – ICD-10; Meaningful Use (MU) Consolidated Clinical Document Architecture (C-CDA) and Continuity of Care Document (CCD) requirements; enhanced interoperability with cloud-based services; IP-enabled medical devices for real-time monitoring, alerting, diagnosing, and prescribing, connected to "The Internet of Things"; and other rapidly changing information technologies and requirements.

References

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