

Integrating Services by Redefining Front Line Staff Roles

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Changes in the US health care environment

- **Affordable Care Act -Medical homes**
- **Increasing prevalence of chronic disease**
- **Increasing cost pressures**

Impact on health professionals' roles: Emphasis on care coordination

North Carolina Medicaid pregnancy care managers receive capitated payment to facilitate use of preventive care

- Based in local health departments (public agencies)
- Must physically visit prenatal care providers (both public and private)

Other US sectors facing pressure to integrate – e.g., education

Public primary and secondary schools

- No Child Left Behind - academic performance pressures
- Continued segregation
- Increasing % behaviorally disturbed

Implications for school staff: Teams including parents, providers

North Carolina Child and Family Support
Team initiative

- Nurse + social worker to bring parents, teachers, and community providers into one team with one plan
- Local mental health agency, public health department, social services, and juvenile justice required to participate

Implications for organizational theory: Role sets

- Health and human services seeking to integrate by strengthening care coordinators' **role sets** beyond organizational boundaries
- Salience of status may differ across sectors
- Requires including perspectives of other role set members

Implications for organizational theory: Role behavior

- From transactional to relational coordination
- Tensions with emphasis on efficiency
 - Partners
 - Care coordinators

Implications for organizational theory: “Role sending”

For these safety net initiatives, emphases on uniformity and control:

- State training
- Performance reports based on electronic monitoring systems
- But still generally not translated into reward systems for front line staff

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