Resources for the New Integrated Healthcare Workforce

March 6, 2014

SAMHSA-HRSA Center for Integrated Health Solutions

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Today's Purpose

A strong integrated primary care and behavioral health workforce has clearly defined roles, core competencies, tailored staff development training, and strategies for recruiting and retaining employees focused on integrated care.

This webinar will feature
- One CICH's experience on important workforce issues related to behavioral health teams and integration;
- A discuss on the newly released set of core competencies for the integrated workforce, and
- Highlights of key workforce and workforce training resources including on job descriptions, and workforce training.

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Today's Presenters

- **Kristin Spykerman, LMSW, CAADC**
  Director of Health Home Services, Cherry Street Health Services,
  Heart of the City Health Center

- **Michael A. Hoge, Ph.D.**
  Professor & Director of Clinical Training in Psychology
  Department of Psychiatry, Yale University School of Medicine

- **Laura M. Galbreath, MPP**
  Director, SAMHSA-HRSA Center for Integrated Health Solutions
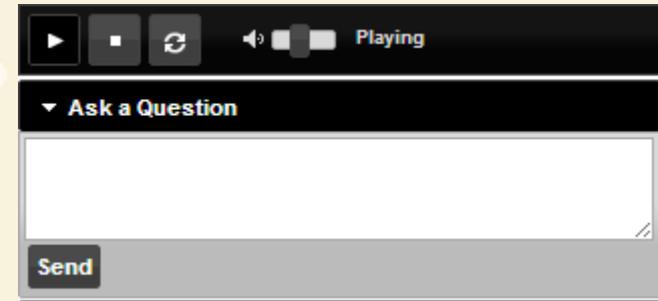 National Council for Behavioral Health

Before We Begin

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Kristin Spykerman, LMSW,CAADC
Cherry Street Health Services Heart of the City Health Center

Kristin will share her experience on important workforce issues related to behavioral health teams and integration.

Outline

- Overview of Cherry Street Health Services
- Preparing for an integrated workforce
- The Durham Clinic model
- Outcomes
- Lessons learned

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Cherry Street Health Services

- Federally Qualified Health Center based in Grand Rapids, Michigan

- Founded in 1988

- Merged with Proaction Behavioral Health Alliance & Touchstone *innovare* in 2011

- Largest FQHC in Michigan

- 70,000 patients and 800 employees

- Primary Care Sites, School Based Programs, Integrated Health Sites

- Medication Assisted Treatment, Employee Assistance Center, Residential Programs, Targeted Case Management

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Preparing for an Integrated Workforce

- Discussed for years by the three partner organizations

- 2009 workgroups formed to move the concept forward

- 2010 the Integrated Development Team was selected and started to meet

- 4-6 hours of release time per week

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The Learning Curve

- Terminology confusion

- Feeling overwhelmed by the complexity

- Lack of one uniform documentation system

- Old habits delivering care

- Reframing existing views on patient behaviors

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What do Staff Need to Know

- **Introduction to Integrated Care**
- What is Health Coaching
- Chronic Care Model
- **Characteristics of a High Functioning Team**
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma Informed Care/Seeking Safety
- Hypertension
- Chronic Pain and Fibromyalgia
- Schizophrenia
- Dementia
- Major Depression
- Eating Disorders
- Diabetes
- Substance Use Disorder/Treatment

- Obesity
- Bipolar Disorder
- Personality Disorders
- Asthma
- Communicable Diseases
- Post Traumatic Stress Disorder
- Pulmonary & Heart Disease
- Adult Education Techniques
- Dialectical Behavior Therapy Skills
- **Team Dynamics**
- **Team Building**
- Abbreviations Across Disciplines
- Smoking Cessation

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The Durham Clinic

The full team began providing integrated care in October 2011, coinciding with the Heart of the City Health Center opening.

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Integrated Care

- One location

- All chronic conditions treated together

- Team approach

- One treatment plan

- One EMR

- Equal access to all providers

- Interventions tailored to stage of change

The Staff

- Internal Medicine Physician (1FTE)
- Psychiatrist (0.75 FTE)
- Health Coach (5 FTE)
- Nurse (1.5 FTE)
- Physician Assistant (.75 FTE)
- Medical Assistant (2.5 FTE)
- Supports Coordinator (1 FTE)
- Peer Support Specialist (.5 FTE)
- The following services are also available:
  - Pharmacy
  - Nutrition Counseling
  - Benefits Acquisition
  - Housing and Transportation Referrals
  - Vision
  - Dental

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What is a Health Coach?

- Roots are in substance abuse

- Early 1990's

- Holistic approach to treating chronic conditions

- Helps individuals become informed and activated

- Provide primary interventions when appropriate to the condition

- Fully licensed MSW's

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The Huddle

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Outcome Measures

- Depression: Patient Health Questionnaire (PHQ-9)

- Anxiety: Generalized Anxiety Disorder 7-item Scale (GAD-7)

- Substance Use: CAGE-AID

- Pain: Brief Pain Inventory

- Body Mass Index (BMI)

- Blood Pressure

- Lipid Profile

- Fasting Blood Sugar, Hemoglobin A1c Test (HbA1c)

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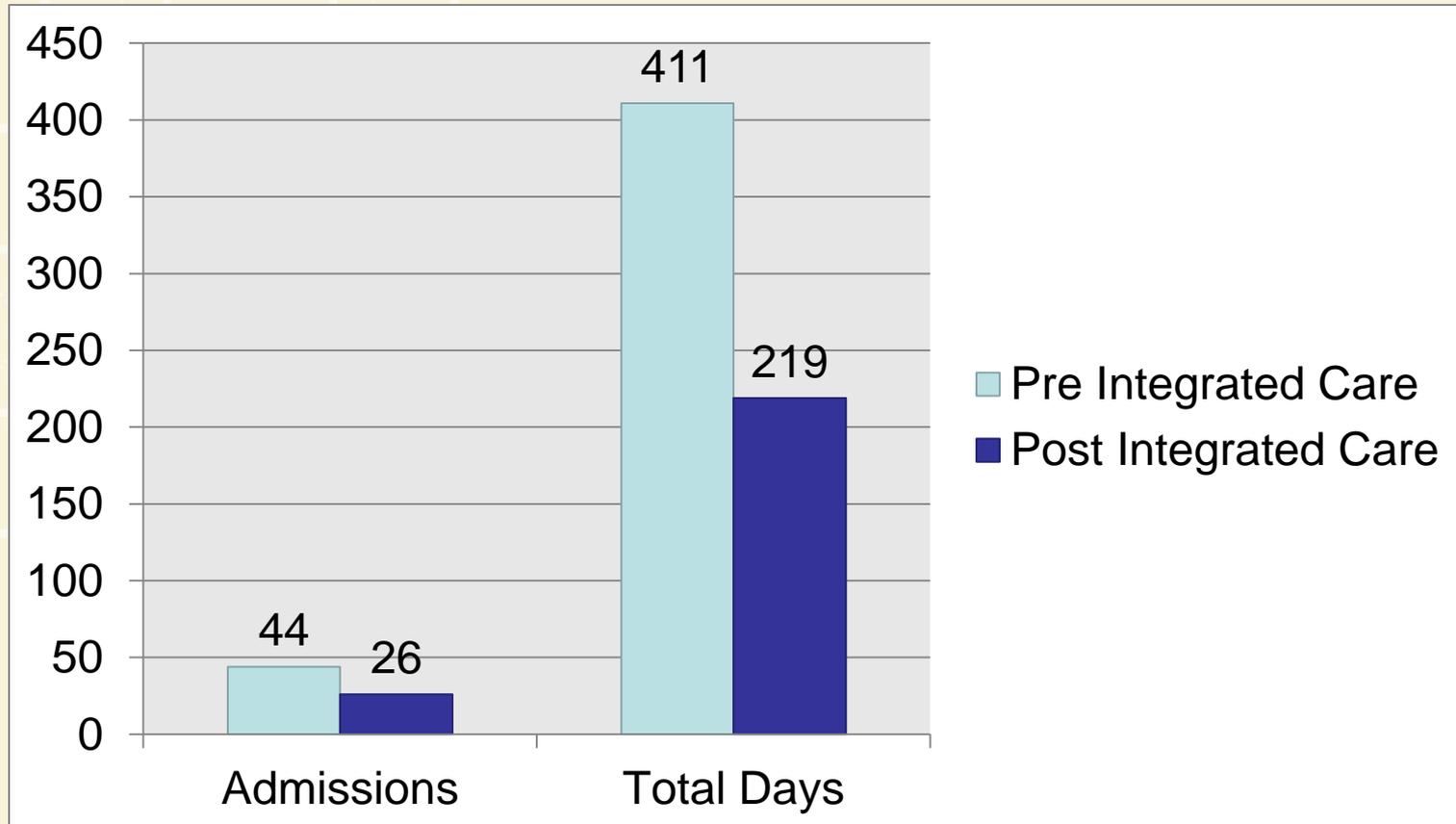
Outcome Measures

- Patient Activation, PAM-13

- Self-perceived health status, EQ-5D

- Cost and claims data regarding the following:

  - Inpatient admissions and days

  - Emergency room visits

  - Pharmacy

  - Clinic visits

  - No show rates

  - Others as available

Statistically Significant Improvement In

- BMI
- Blood Pressure
- Depression
- Anxiety
- Patient Activation
- Health Status
- Substance Use
- 18% Reduction in ER Use

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Lessons Learned

- Learning *about* something is not learning to do it

- Practice transformation doesn't happen until after the first patient is seen

- To break old habits, new behaviors need to be modeled and reinforced

Lessons Learned:
Anticipate Resistance

- Inside and out

- Attitudes – competition for patients

- Lack of understanding of integrated health care

- Changing policies – discharge procedures, etc.

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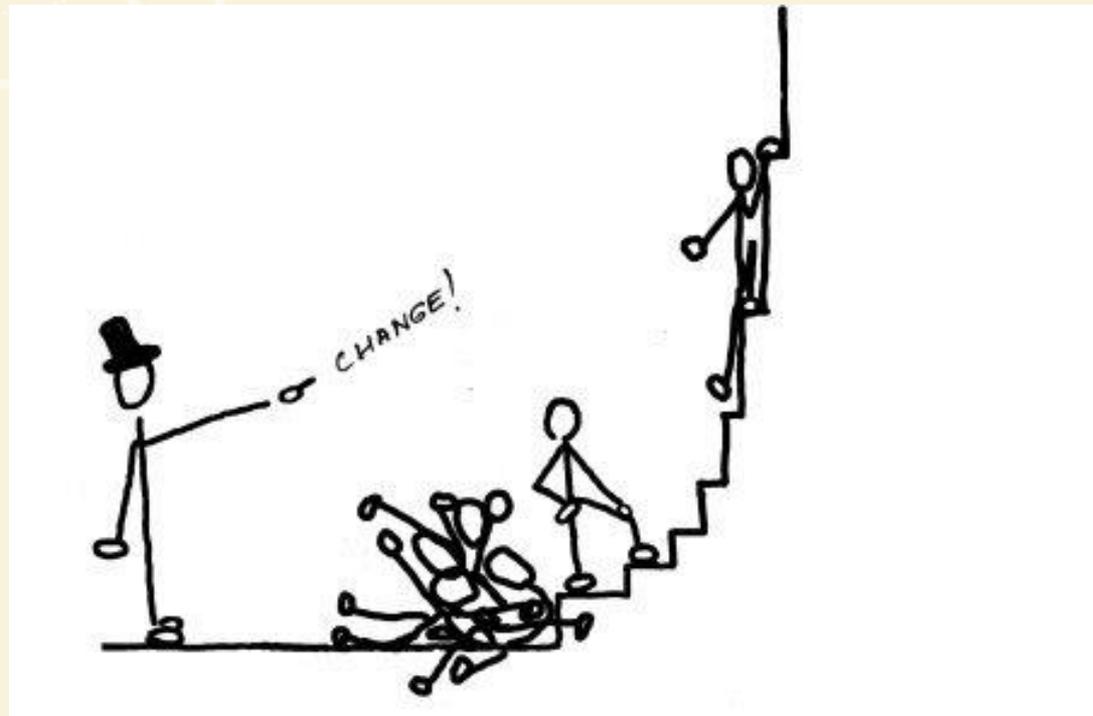FOR BEHAVIORAL HEALTH
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Lessons Learned:

Get Commitment

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Lessons Learned:
Don't Discount…

- The learning curve

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Lessons Learned:
Don't Discount…

- Communication barriers

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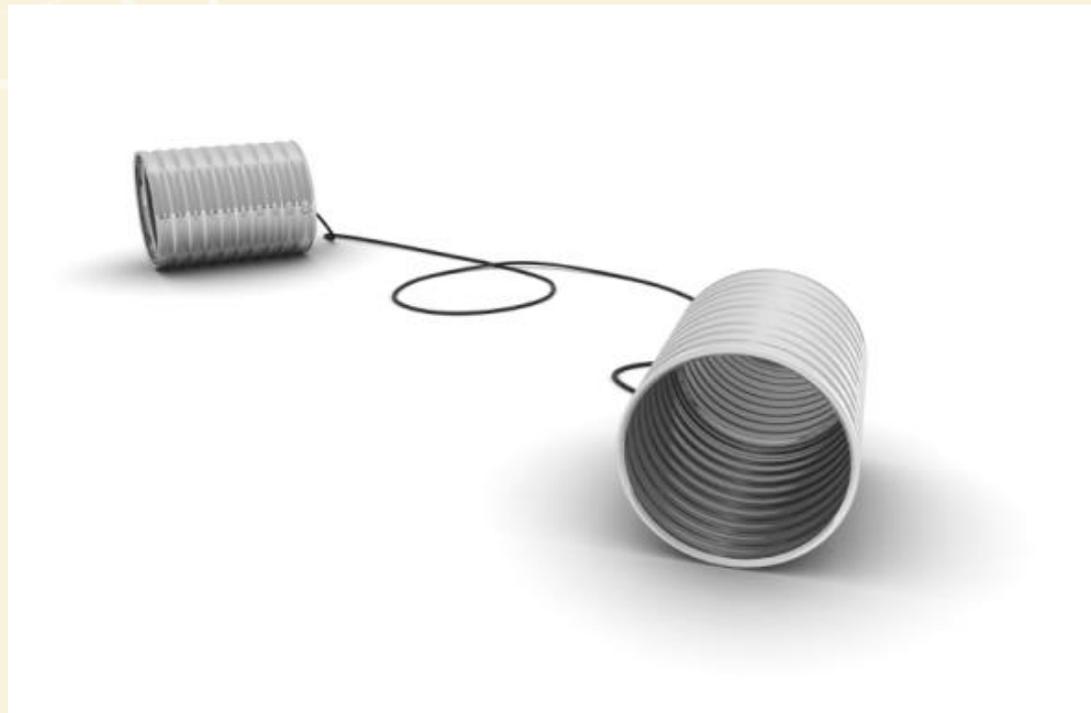
Lessons Learned:

Choose the Right Staff

- **Self-confidence** - to work to the limits of their license and to act as equals with other health care providers

- **Humility** - to know what they don't know and be eager to learn it

- **Willingness** - to create and learn a new language

- **Curiosity**

- **Flexibility** - to quickly change direction

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Michael A. Hoge, Ph.D.

Professor & Director of Clinical Training in Psychology

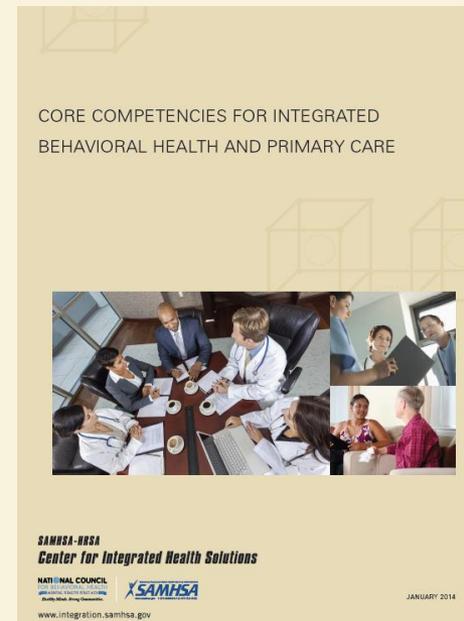Department of Psychiatry, Yale University School of Medicine

Michael will discuss how the core competencies can be used to strengthen the skills of the integrated care workforce.

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The Concept of Core Competencies

- A major thrust throughout healthcare (e.g., ACGME)
- Paradigm shift
  - Curriculum ➜ Training
  - Identify Competencies ➜ Curriculum ➜ Training
- Core = common, shared or cross-cutting
- Caveats:
  - Every competency does not apply to every provider
  - Relevance varies by discipline, job/role & setting
  - These are additions to basic competencies; do not cover unique or specialized competencies

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Sources for the Core Competencies

- Published literature
- Manuals on Integrated Care
- 50 Key Informants
- Senior Content Experts
  - Tillman Farley, MD
  - Andrew Pomerantz, MD

CORE COMPETENCIES FOR INTEGRATED
BEHAVIORAL HEALTH AND PRIMARY CARE

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Center for Integrated Health Solutions
JANUARY 2014
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Managed by a Project Team from the
Annapolis Coalition on the Behavioral Health Workforce

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Guiding Assumptions

- Focused on "full" or "close" collaboration
- Search for mutually acceptable language
- Healthcare consumers & family members as partners
- Skill oriented (knowledge & attitudes are embedded)
- The use of evidence-based treatments and tools is a competency – the specific treatments and tools are not specified as these will change over time
- A single set of competencies

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Individual Competencies

- 96 total organized with the 9 categories
- Strength lies in making the implicit ➔ explicit
- Challenge for any expert or administrator to identify a comprehensive set of integration competencies

Example: Collaboration & Teamwork

18 competencies capture multiple

dimensions of this critical element of

integrated care

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1. Job Descriptions

- Develop or update job descriptions
- Draw on the competencies most relevant to the position
- Optimally integrate these with other job duties
- Use the competencies to increase role clarity

"Lack of role clarity is a prime driver
 of dissatisfaction with and turnover
in healthcare positions."

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2. Employee Recruitment

- Application screening
- Interviews of job candidates
- Creating "realistic job previews"

Realistic job previews decrease the frequency with which applicants take jobs for which they are ill-suited or quit shortly after hire.

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3. Orientation

- Competencies as a tool to convey:
    - Roles and responsibilities
    - Expectations
- Content for supervisor & supervisee review

Training supervisors about the competencies is essential.

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4. Staff Training & Continuing Education

- Use to identify major training topics
- Use as the foundation of ongoing inservice training
  (e.g., cover one competency category per month)
- New and inexperienced employees have much to learn
- Seasoned employees generally respond very favorably to reviewing and discussing competencies
- Competencies can form the basis of group discussions about the practice & culture within the team/organization

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5. Performance Assessment

- Competencies can lend specificity to the assessment process

- Two approaches to performance assessment

- Collaborative competency building
    - Employee self-assessments
    - Competency oriented skill building plans
    - 360 degree evaluations
    - Portfolios
    - Formal performance reviews

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The Competency Logic Model

Competencies

↓

Job Descriptions

↓

Recruitment

↓

Orientation

↓

Ongoing Training

↓

Performance Assessment

↓

High Performing Teams and Organizations

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Competency of Individuals vs. Teams

Final Thoughts about the Competencies

- Designed with a focus on integrated care
- Broadly relevant to contemporary practice in this era of healthcare reform
- Can be used with all staff throughout your organization

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Laura M. Galbreath, MPP

Laura will walkthrough training and other resources available on the workforce resources available to providers.

CIHS & Workforce

Workforce development is an essential element of _sustainable_ health delivery changes

A multi-year effort focused on the workforce development issues related to the integration of primary and behavioral health care

❖ Guiding Principles for Workforce Development

❖ Core Competencies for Integrated Health

❖ Curriculum Development

❖ Dissemination of Practical Resources and Tools

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CIHS and the Integrated Health Workforce

Producing and implementing integrated health education curriculum and resources for:

- **Psychiatrists** Working in Primary Care
- **Consumers** serving as Peer Educators
- **Case Managers** as Health Navigators
- **Addiction Professionals** Working in Primary Care
- **Primary Care Clinicians** Working in Behavioral Health Settings
- **Care Management** in Primary Care for current Behavioral Health Workforce
- **Mental Health First Aiders** in Rural Communities
- **Social Worker** Standard of Practice and Field Placement

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Psychiatrists

Psychiatric Consulting in Primary Care:

A 6 module curriculum is designed to increase psychiatrists' capacity to practice and/or consult in integrated health settings.

- Module 1: Introduction to Primary Care Consultation Psychiatry
- Module 2: Building a Collaborative Care Team
- Module 3: Psychiatrist Consulting in Primary Care
- Module 4: Behavioral Health in Primary Care
- Module 5: Medical Patients with Psychiatric Illness
- Module 6: The role of the Psychiatrist in the Public Mental Health System

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Mental Health Consumers

WHAM
Whole Health Action Management

PEER SUPPORT TRAINING PARTICIPANT GUIDE

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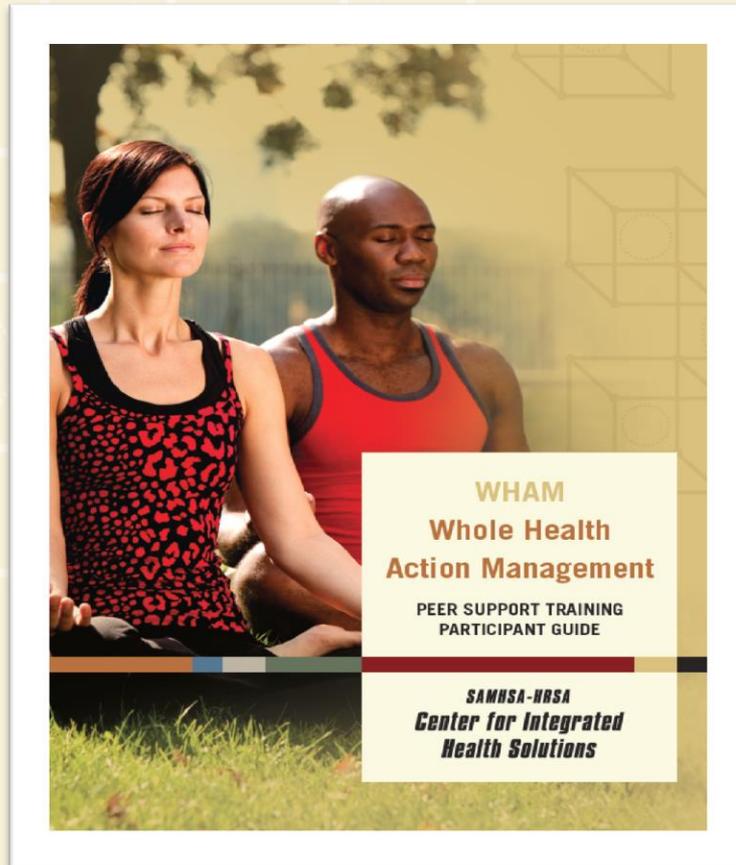
Preparing consumers to serve as health educators and coaches. Guide participants through a person-centered planning process to set a whole health and resiliency goal and implementing a weekly action plan for success

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Addiction Professionals

Primary Care for SU Professionals 5-hour Online Course:

A 5-hour self-paced online course for addiction treatment professionals considering career opportunities in primary care in order to provide professionals with resources and information to help them decide whether working in a primary care setting is right for them.

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Social Workers

Integrated Healthcare Curriculum for Schools of Social Works:

➤ A competency-based curriculum and curriculum modules to prepare Masters of Social Work students for behavioral health practice focused on integrative and collaborative primary/behavioral health care.

➤ Will prepare future MSWs to enter the workforce with the needed competencies to provide and lead integrated healthcare. Curriculum offerings will be paired with field placement opportunities committed to integration and collaboration.

Care Management in Primary Care

Care management is central to the success of the Patient Centered Medical Home (PCMH) and to be successful, care managers working in primary care settings need to develop general skills at

- engaging patients
- promoting their activation to improve their own health
- general medical and behavioral health skills to be able to connect them to appropriate services
- Capacity to address questions, to teach healthy living, and support treatment plans.

University of Massachusetts Medical School
UMASS

The Center for Integrated Primary Care

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Primary Care Providers

The <u>Primary Care Provider Curriculum</u> is intended for primary care clinicians working in public mental health settings, which is a growing trend across the country, to deal with the concerns with the health disparity experienced by patients with serious mental illnesses.

Module 1: Introduction to Primary and Behavioral Heath Integration

Module 2: Overview of the Behavioral Health Environment

Module 3: Approach to the Physical Exam and Health Behavior Change

Module 4: Psychopharmacology and Working with Psychiatric Providers

Module 5: Roles for PCPs in the Behavioral Health Environment

**In development

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Communities

Mental Health First Aid (MHFA) Training

- Creating capacity within the public to identify, understand, and respond to signs of mental illnesses and substance use disorders.

- MHFA introduces participants to risk factors and warning signs of mental health problems and substance use disorders, builds understanding of their impact, and overviews common treatments. CIHS is focusing its MHFA efforts on:
  - Rural Communities
  - Primary Care
  - Spanish Adaptation

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Example

➢ A Community Health Center recruits a Licensed Clinical Social Worker to join the primary care team

    ➢ Recruitment and Retention

        ➢ Job Descriptions

    ➢ Teams

        ➢ Essential Elements of Effective Integrated Primary & Behavioral Healthcare Teams

    ➢ Teams / Social Workers

        ➢ Interventions in Integrated Healthcare

    ➢ Supervision

        ➢ Mental Health Partners Shadowing Tool

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Essential Elements of Effective Integrated Primary & Behavioral Healthcare Teams

Based on interviews with integrated teams within primary care settings, this resource explores four essential elements for effective integrated behavioral health and primary care teams and provides a roadmap for organizations designing their own teams, using examples from these best practices.

✓ Leadership & Organizational Commitment
✓ Team Development
✓ Team Process
✓ Team Outcome

ESSENTIAL ELEMENTS OF EFFECTIVE INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH TEAMS

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The National Health Service Corp (NHSC)

The below quick tips can help you begin the process of becoming an NHSC-approved site.

- ✓ Read CIHS' manual **Understanding the National Health Service Corps** to learn about the program and its application process.

- ✓ Determine if you are located in a Health Professional Shortage Area (HPSA) by entering your address in HRSA's **HPSA Locator**.

- ✓ Contact your **State Primary Care Office** (PCO). Your PCO will walk you through the application process and answer any of your questions.

- ✓ Review the **NHSC Service Site Reference Guide** for details about what it means to be an NHSC site before you begin the application process.

- ✓ **Apply online at the NHSC website** (you must first created an online account).

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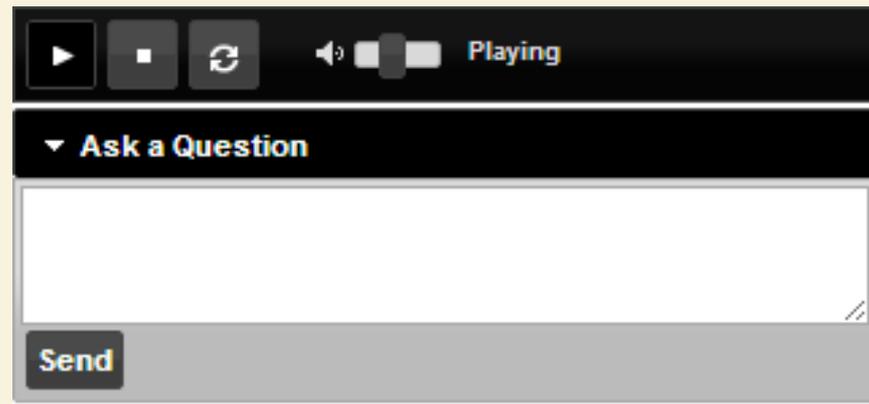
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Additional Questions?
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