Core Competencies for Today's Healthcare Workforce

Curriculum Outline

DESCRIPTION

The transformation of New York State's healthcare system to care coordination and care management delivery models requires new core skills and competencies across many frontline healthcare workers, including care coordinators, care managers, patient navigators, community health workers, health educators, medical assistants, patient care technicians/associates, nurses, and home care workers. While many of the specific job responsibilities and titles of these roles vary across institution, setting, and patient population, there is a large consensus in the field and a growing body of literature to support that healthcare workers practicing in these models have overlapping functions and should have a core set of skills and competencies.

In order to support the workforce development field in delivering education programs that prepare the current and future workforce with the skills now required by healthcare institutions to deliver patient-centered coordinated care, the New York Alliance for Careers in Healthcare (NYACH) and its Partners Council set out to identify and build consensus around the core competencies required for practicing in today's healthcare environment. This core curriculum outline– which includes nine core competencies with accompanying topics and learning objectives - is intended to serve as an industry-designed framework for educators and trainers to build off of, with the final curriculum ultimately tailored to the specific occupation, student population, and geographic and institutional setting that the program is intended for. The goal in providing this framework is that any student completing an education/training program designed to prepare workers for employment and practice in care coordination delivery models should possess these critical core competencies and skills.

This curriculum outline is a framework for designing a new course module titled "Introduction to Core Competencies for Today's Healthcare Workforce" to be incorporated into many allied health education and training programs. Furthermore, this outline should serve as a roadmap to embedding and reiterating core competencies throughout the entirety of a course (i.e. person-centered care and communication) and to expand in further detail depending on the occupation the training is preparing the student for (i.e. chronic disease management for health coaches). This program is intended to be taught through a learner-centered teaching approach incorporating roleplays, case studies, and other interactive activities into the course.

DEVELOPMENT, INPUT AND VALIDATION PROCESS

This core curriculum was developed through the NYACH Partners Council. The development consisted of recommendations based on research and a literature review conducted by the Greater New York Hospital Association, and input from the following Partner organizations:

1199SEIU Training and Employment Funds
Community Healthcare Association of New York State
City University of New York
Greater New York Hospital Association
Paraprofessional Healthcare Institute
Southern New York Association

Additionally, the curriculum outline was reviewed and contributed to by the NYS Department of Health DSRIP/SIM Workforce Workgroup Subcommittee to *Identify Recommended Core Curriculum for Training Workers in Care Coordination Titles*. Members of this group include:

Center for Health Workforce Studies, University at Albany School of Public Health
Fort Drum Regional Health Planning Organization
Office of Academic Health & Hospital Affairs, State University of New York

This recommendation is closely aligned to the version being considered by the NYS Department of Health DISRIP/SIM Workforce Workgroup.

SUMMARY

Below is an index of the core competencies and accompanying learning topics covered in this curriculum outline. Each core competency represents a course module and each learning topic –of which includes 2-4 learning objectives – ultimately should be tailored and customized based on the focus of the program.

1. Introduction to New Models of Care and Healthcare Trends
    a. Overview of the US healthcare system
    b. Introduction to care coordination
    c. New models of care
2. Interdisciplinary Teams
    a. Working on interdisciplinary teams
    b. Building positive relationships on a team
    c. Communication with team members
    d. Participating in team huddles
    e. Dealing with team conflict
3. Person-Centeredness and Communication
    a. Defining person-centered care planning
    b. Recognizing family and patient needs
    c. Communication and patient engagement techniques (part 1)
    d. Communication and patient engagement techniques (part 2)
    e. Health literacy
4. Chronic Disease and Social Determinants of Health
    a. Overview of chronic disease and co-morbidities (part 1)
    b. Overview of chronic disease and co-morbidities (part 2)
    c. Social determinants of health
    d. Self-management
5. Cultural Competence
    a. Recognizing patients' families' cultural needs/factors that may affect their choices or engagement

   b. Communicating with patients and families in a culturally competent manner
   c. Recognizing and acting on potential biases in an appropriate manner
6. Ethics and Professional Boundaries
   a. Ethical and responsible decision-making
   b. Professional boundaries
7. Quality Improvement
   a. The quality improvement process
   b. Quality improvement methods and processes
8. Community Orientation
   a. Connecting patients and families to community resources
   b. Supporting families as they seek resources in the community
9. Health Information Technology, Documentation and Confidentiality
   a. Basic technology skills and the electronic health record
   b. Documentation
   c. Confidentiality and guidelines

CORE COMPETENCY 1: Introduction to New Models of Care and Healthcare Trends

Module Overview: This module provides an overview of the U.S. healthcare system and the goals of healthcare reform, both at the Federal and State level. It focuses on new models of care, an introduction to care coordination, and the changes in the way that healthcare is being paid for and delivered. Students will gain an understanding of the Triple Aim and how the system is being transformed in order to reach this goal.

Topic	Learning Objectives (Students will be able to…)	Resources
Overview of the US healthcare system and payment system	• Describe the types and interrelationships of health care facilities, services, and personnel • Understand the basics of Medicare, Medicaid and private insurance as well as the basics of managed care organizations, capitation, value-based payments and their purpose in healthcare reform • Understand how healthcare reform will impact the delivery of healthcare services • Describe the values and assumptions that underlie the changing priorities in healthcare delivery and financing	Care Coordination Fundamentals: Module 1, 1199SEIU Training and Employment Fund (1199SEIU TEF) and Primary Care Development Corporation (PCDC)
Introduction to care coordination	• Understand what coordinated care looks like • Identify the goals of care coordination based on the appropriate level of care needed for the individual and/or population being served • Describe the roles and responsibilities of healthcare workers in care coordination models • Understand commonly used terms in care coordination. • Describe strategies that may support high quality care as a means to improve population health	What does Coordinated Care Look Like?, Institute for Healthcare Improvement (IHI) Care Coordination Fundamentals: Module 1, 1199SEIU TEF and PCDC
New models of care	• Understand the Triple Aim • Describe new models of care (Health Homes, Patient-Centered Medical Home, ACOs, DSRIP) and what they	Care Coordination Fundamentals: Module 2, 1199SEIU TEF and PCDC

	have in common • Understand the basics of PCMH standards as it related to care coordination • Understand the difference between home care and health homes • Understand how a value-based purchasing/pay for performance payment model differs from traditional fee for service • Understand the differences between individual vs. population health	

CORE COMPETENCY 2: Interdisciplinary Teams

Module Overview: This module reviews the importance of delivering care as a part of an interdisciplinary team. It focuses on the various positions and roles of care team members and why frequent and clear communication across team members is critical to delivery patient-centered quality care. It teaches students to be productive and contributive members of care teams and provides strategies for conflict resolution when necessary.

Topic	Learning Objectives (Students will be able to…)	Resources
Working on interdisciplinary teams	• Understand the definition of an interdisciplinary healthcare team • Understand benefits of teamwork • Identify various roles and scope of work of interdisciplinary team members	Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum Module #2: Interdisciplinary Teamwork, US Dept. of Veterans Affairs Interprofessional Collaboration Module, US Dept. Of Health & Human Services (HHS) TeamSTEPPS Module 2: Team Structure, Agency for Healthcare Research and Quality (AHRQ) Patient Safety, PS 101: Teamwork and Communication: Why are Teamwork and Communication Important?, IHI
Building positive relationships on a team	• Understand the importance of strong relationships within a healthcare team • Identify tactics to build strong relationships within a healthcare team	Care Coordination Fundamentals: Module 2, 1199SEIU TEF and PCDC
Communication with team members	• Understand why coordinated patient care requires excellent communication across team members • Identify best practices for communicating effectively, with team members by sharing appropriate information in person, by phone, or by email • Understand how body language and tone affect communication	Care Coordination Fundamentals: Module 9, 1199SEIU TEF and PCDC Impact of Communication in Healthcare, IHI Resources: Teams, American Academy on

	• Know how to seek input from team members, understanding each member of the team has specific strengths and expertise	Communication in Healthcare (AACH) TeamSTEPPS Module 3: Communication, AHRQ Patient Safety, PS 101: Teamwork and Communication: Communication during Times of Transition, IHI
Participating in team huddles	• Understand the purpose of team huddles • Identify strategies for effective team huddles • Know how to actively participate in team meetings and huddles, understanding barriers to effective interdisciplinary team communication (i.e. power and hierarchy) and strategies to address	Team Huddle Toolkit, Health.mil Model of Team-Based Care: Huddle Strategies and Checklist, Page 13, Cambridge Health Alliance (CHA) Morning Huddle Educational Video, National Council for Behavioral Health
Dealing with team conflict	• Understand basic conflict management skills • Know strategies to deal with different types of people or situations in team settings • Know when to escalate issues to appropriate team members	Model of Team-Based Care, Appendix A, CHA TeamSTEPPS Module 6: Mutual Support, AHRQ

CORE COMPETENCY 3: Person-Centeredness and Communication

Module Overview: This module provides an overview of the shift to and importance of person-centered care in the new healthcare delivery system. It teaches healthcare workers what person-centered care means, how to effectively communicate and engage with patients, and the importance of customer service.

Topic	Learning Objectives (Students will be able to…)	Resources
Defining person centered care	• Understand person-centered care and how it differs from the prior physician-centered care system • Explain how person-centered care is related to reaching the triple aim	Care Coordination Fundamentals: Module 2, 1199SEIU TEF and PCDC Person-and Family-Centered Care, PFC 101: Dignity and Respect, IHI Person-and Family-Centered Care, PFC 102: A Guide to Shadowing: Seeing Care through the Eyes of Patients and Families, IHI
Recognizing family and patient needs	• List best practices for communicating with patients and their families in person, by phone and email • Understand what good customer service looks like and know strategies to get there	Person-Centered Toolkit, George Washington University Care Coordination Fundamentals: Module 9, 1199SEIU TEF and PCDC Resources: Difficult Encounters, AACH Person & Family Centered Care Module, HHS
Communication and patient engagement techniques (part 1)	• Understand how patient engagement techniques can be applied to the management of chronic conditions • Generally understand motivational interviewing, shared decision making and behavioral activation as techniques for patient engagement	Care Coordination Fundamentals: Module 18, 19, 20, 21, 1199SEIU TEF and PCDC Motivational Interviewing Training New Trainers Manual, Excellence in Motivational Interviewing Motivational Interviewing Resource Guide, Community

		Care of North Carolina Motivational Interviewing Educational Video, National Council for Behavioral Health The Shared Decision Making Guide, Centre for Collaboration, Motivation & Innovation Resources: Informed/Shared Decisions, AACH
Communication and patient engagement techniques (part 2)	• Understand what health coaching is and in what context it might be used • Understand what it means to advocate for patients based on their needs and desires	
Health literacy	• Understand health literacy and factors that influence health literacy • Understand the connection between promoting health literacy and improving patient outcomes • Identify tactics to assess patients' health literacy level and understand tools to promote it, including the teach-back method and reflective listening	Health Literacy Universal Precautions Toolkit, AHRQ Health Literacy Training, Centers for Disease Control and Prevention (CDC) Health Literacy Measurement Tools, AHRQ

CORE COMPETENCY 4: Chronic Disease and Social Determinants of Health

Module Overview: This module reviews the major chronic diseases and the implications of poor chronic disease management on patients and our healthcare system. It teaches students tools and strategies to help patients thrive by reviewing both chronic disease care and the social determinants that affect health outcomes. It includes a basic overview of the major chronic conditions. Programs should explore in greater detail conditions relevant to the students' occupations and work settings.

Topic	Learning Objectives (Students will be able to…)	Resources
Chronic disease and co-morbidities (part 1)	• Understand what a chronic disease is, the prevalence of it in the U.S., and how it relates to our healthcare system • Understand the basics of diabetes, cardiovascular disease, asthma, cancer (breast, colon, cervical), mental illness, cognitive impairment/dementia, depression, substance use/addiction, and HIV/AIDS • Understand stigmas often associated with these chronic conditions	Care Coordination Fundamentals: Modules 3, 4, 5, 6, 1199SEIU TEF and PCDC A Community Health Worker Training Resource for Preventing Heart Disease and Stroke, CDC
Chronic disease and co-morbidities (part 2)	• Identify behaviors and risk factors related to diet, exercise and smoking that impact chronic disease • Know the appropriate team member to report changes in behavior/condition	Resources: Behavior Change, AACH
Social determinants of health	• Define social determinants of health • Understand determinants that may affect a patient's health (such as gender, race, class, ethnicity, and place of residence)	Transforming Health Systems: Module 2, World Health Organization (WHO) Social Determinants of Health Learnings and Tools, WHO Introduction to Social Determinants of Health, University of Michigan School of Public Health
Self-management	• Understand what patient self-management looks like • Know available and relevant tools to assist patients with self-management	Chronic Disease Self-Management Program- Evaluation Tools, Stamford Medicine

	• Be able to help patients talk to their doctors and prepare them for medical visits	Transforming Practices into Medical Homes: Self-Management Support in the PCMH, Safety Net Medical Home Initiative IMPACT Model Toolkit, AIMS Center, University of Washington Resources for Screening, Brief Intervention, and Referral to Treatment (SBRIT), Substance Abuse and Mental Health Services Administration

CORE COMPETENCY 5: Cultural Competence

Module Overview: This module reviews the growing importance for healthcare delivery to meet the diverse cultural needs of New Yorkers. It teaches healthcare workers to assess and incorporate cultural preferences and needs of individuals and families into a comprehensive care plan, predominantly through culturally competent communication. It also teaches students to recognize and assess personal biases and handle them appropriately.

Topic	Learning Objectives (Students will be able to…)	Resources
Recognizing patients' and families' cultural needs/factors that may affect their choices or engagement	• Define cultural competence, cultural awareness, and cultural sensitivity • Describe how personal bias and culture can impact the way people interpret illness and interact with the medical system • Identify your own biases and how they affect your role as a healthcare worker	Care Coordination Fundamentals: Module 7, 1199SEIU TEF and PCDC Learning Modules, National LGBT Health Education Center OMH Minority Health eResources, HHS Resources: Culture, AACH The Process of Cultural Competence in the Delivery of Healthcare Services, Transcultural C.A.R.E Associates
Communicating with patients and families in a culturally competent manner	• Describe effective interviewing skills to better understand a patient's culture	Care Coordination Fundamentals: Module 7, 1199SEIU TEF and PCDC National Heart, Lung, and Blood Institute: Selected Audiences Resources, HHS BE SAFE: A Cultural Competency Model for African Americans (HRSA), National Minority AIDS Education and Training Center Road to Health Toolkit: African Americans and Latino Populations at Risk for Type 2 Diabetes, CDC

		Resources: Cultural Competence, New York Association of Psychiatric Rehabilitation Services Cultural Competence Curriculum, Center of Excellence in Culturally Competent Mental Health

CORE COMPETENCY 6: Ethics and Professional Boundaries

Module Overview: This module reviews general healthcare ethics and professional boundaries. It focuses on making sure that healthcare workers understand how to make ethical decisions and why professional boundaries are integral in healthcare. This module should be tailored to better prepare students for situations they may face in their specific occupations and work environments.

Topic	Learning Objectives (Students will be able to…)	Resources
Ethical and responsible decision-making	• Identify a framework for ethical decision making • Be familiar with and know the purpose of the patient's bill of rights	Care Coordination Fundamentals: Modules 2, 23, 24, 1199SEIU TEF and PCDC
Professional boundaries	• Understand personal and professional boundaries and why they are important • Describe the role personal and professional boundaries have in creating positive relationships with patients and teammates • Understand appropriate boundaries with social media while working with patients • Understand risky behaviors that lead to boundary violations	Care Coordination Fundamentals: Modules 23, 24, 1199SEIU TEF and PCDC A Nurse's Guide to Professional Boundaries, National Council of State Boards of Nursing (NCSBN) A Nurse's Guide to the Use of Social Media, NCSBN

CORE COMPETENCY 7: Quality Improvement

Module Overview: This module focuses on empowering healthcare workers to meaningfully partake in the quality improvement process. It teaches students methods and tools used to measure quality improvement and evaluate performance and strategies to participate in the process.

Topic	Learning Objectives (Students will be able to…)	Resources
The quality improvement process	• Understand how each individual plays a role in the quality improvement process • Understand how to assess opportunities for quality improvement • Participate actively in quality improvement by proposing ideas to improve processes and outcomes	Care Coordination Fundamentals: Module 22, 1199SEIU TEF and PCDC Resources: Organized, Evidence Based Care, Safety Net Medical Home Initiative Systems Based Practice Module, HHS
Quality improvement methods	• Identify tools for monitoring performance, including performance indicators • Understand what key data points are used to measure quality improvement and evaluate performance	Care Coordination Fundamentals: Module 22, 1199SEIU TEF and PCDC Quality Measure Tools & Resources, AHRQ INTERACT Tools, Interventions to Reduce Acute Care Transfers

CORE COMPETENCY 8: Community Orientation

Module Overview: This module helps students understand how to access and connect with organizations in their patients' communities. It teaches healthcare professionals how to refer patients to appropriate resources to meet their holistic needs.

Topic	Learning Objectives (Students will be able to…)	Resources
Connecting patients and families to community resources	• Identify key community-based resources to provide support for care coordination services and understand the collaborative role of community support services • Identify and use resource guides (i.e. directories) to find support services relevant to patient diagnosis and needs • Understand the roles of healthcare workers in helping patients and their families access available local resources	Care Coordination Fundamentals: Module 10, 1199SEIU TEF and PCDC Health Information Tool for Empowerment (HITE), Greater New York Hospital Association
Supporting families as they seek resources in the community	• Demonstrate effective skills and strategies for working with community agencies • Describe the tools that healthcare workers can use to help patients access needed resources • Understand the importance of follow up with patients after providing resources	Care Coordination Fundamentals: Module 10, 1199SEIU TEF and PCDC Self-Management Support Module, HHS

CORE COMPETENCY 9: Technology, Documentation, and Confidentiality

Module Overview: This module provides students with a general understanding of the importance of technology, documentation and confidentiality guidelines across healthcare settings. While HIT systems and software vary by institution and setting, students should have a basic level of computer literacy and knowledge of how to properly record patient information. It is recommended that trainings cater this module to teach the skills relevant to their students' occupations and work settings.

Topic	Learning Objectives (Students will be able to…)	Resources
Basic technology skills and the electronic health record	• Know the fundamentals of using basic technology (sending electronic health records, emails, text messages, typing notes, systematic record transfer, phone lines, etc.) • Explain how electronic health records affect patient safety, quality care, outcomes, efficiency and productivity, etc.	
Documentation	• Define what a health record is • Understand the importance of thorough and proper documentation • Know how to meaningfully use Health Information Technology • Understand how to write meaningful case notes	
Confidentiality and guidelines	• Understand the requirements of the federal Health Information Portability and Accountability Act (HIPAA), HITECH laws, and state privacy laws (e.g. discuss specific requirements/limitations associated with behavioral health) • Understand organizational patient confidentiality guidelines. • List and describe common privacy and security concerns and safeguards to protect confidential patient health information	Care Coordination Fundamentals: Module 16 (HIPAA), 1199SEIU TEF and PCDC Person-and Family-Centered Care, PFC 101: Dignity and Respect: Privacy and Confidentiality, IHI