Core Competencies of Multidisciplinary Integrated Team Members

Shanita Williams, PhD, MPH, APRN,
Division of Nursing and Public Health
Chief, Nursing Education and Practice Branch
Chief (Acting), Behavioral and Public Health Branch

Kirk Koyama, MSN, RN, PHN, CNS
Project Officer-Lead, Interprofessional Collaborative Practice
Nursing Education and Practice Branch
Health Resources and Services Administration (HRSA)
Learning Objectives

- Describe the model of care you are providing to interested providers
- Convince others that supervision is an essential aspect of workforce development and quality care
- Identify the nine core competencies and areas of needed education and training to better equip an integrated workforce
Health Resources and Services Administration (HRSA)

Mission
To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs
Bureau of Health Workforce (BHW)

Mission

Improves the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need
Division of Nursing and Public Health

Mission

Key Federal focus for nursing education and practice. The DNPH provides national leadership to ensure an adequate supply and distribution of qualified nursing and public health personnel to meet the health needs of the Nation
Division of Nursing and Public Health

NURSING EDUCATION AND PRACTICE and
BEHAVIORAL AND PUBLIC HEALTH
BRANCHES
HRSA/DNPH Program Priorities that Support Behavioral Health-Primary Care Integration

Priorities:

- Support accredited nursing and behavioral health education and training programs
  - Rural and underserved communities
  - Diversity
- Integrated, team-based, interprofessional education and practice competencies
- Behavioral and Primary Care
  - Access and Quality
Multidisciplinary versus Interprofessional

Multidisciplinary Teams:

- Combine/involve several academic disciplines or professional specializations to address a health need
- Members work in parallel but may not be team-based
Multidisciplinary versus Interprofessional

Interprofessional Collaborative Practice (IPCP) Teams:

- Multiple health workers from different professional backgrounds work together with patients, their families, caregivers and communities to deliver the highest quality of care across settings (WHO, 2010)

- IPCP includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, and disease management

Models of Care: Interprofessional Collaborative Practice (IPCP)

- Composed high-functioning diverse professionals (nursing professional is required)
- Collective identity
- Collaborate and communicate effectively
- Increase access to care
- Achieve high quality patient and population-centered outcomes
9 Core Competencies for Integrated Behavioral Health and Primary Care

- 9 Core Competencies:
- Provide organizations and individual professionals
- “gold standard” to deliver integrated care
- Represent the long-term goal of workforce development
- Professionals with careers in integrated care
- Provide a reference for the vision of an integrated workforce

SAMSHSA – HRSA Center for Integrated Health Solutions
9 Core Competencies for Integrated Behavioral Health and Primary Care

1. Interpersonal Communication
2. Collaboration and Teamwork
3. Screening and Assessment
4. Care Planning and Care Coordination
5. Intervention
6. Cultural Competence and Adaptation
7. Systems Oriented Practice
8. Practice Based Learning and Quality Improvement
9. Informatics
1. Interpersonal Communication

Definition:

- The ability to establish rapport quickly and communicate effectively with consumers of healthcare, their family members and other providers.
  - active listening
  - conveying information
  - jargon-free
  - non-judgmental
  - terminology
  - common to care setting
  - Communication
  - adapting to consumer/family preferences
2. Interpersonal Communication

Definition:

- The ability to function effectively as a member of an inter-professional team that includes behavioral health and primary care providers, consumers and family members.
  - understanding/valuing roles and responsibilities of other team members
  - expressing professional opinions
  - resolving differences of opinion quickly
  - providing and seeking consultation
  - fostering shared decision-making
3. Screening and Assessment

**Definition:**

- The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.

- Screening and assessment for:
  - risky, harmful or dependent use of substances
  - cognitive impairment
  - mental health problems
  - behaviors that compromise health
  - harm to self or others
  - abuse, neglect, and domestic violence
4. Care Planning and Care Coordination

**Definition:**
- The ability to create and implement integrated care plans, ensuring access to an array of linked services and the exchange of information among consumers, family members and providers.
  - assisting in the development of care plans
  - whole health and wellness recovery plans
  - matching the type and intensity of services to consumers’ needs
  - providing patient navigation services
  - implementing disease management programs
5. Intervention

Definition:

- The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.
- motivational interventions
- health promotion and wellness services
- health education
- crisis intervention
- brief treatments for mental health and substance use problems
- medication assisted treatments
6. Cultural Competence and Adaptation

**Definition:**

- *The ability to provide services that are relevant to the culture of the consumer and family.*

**Includes:**

- identifying and addressing disparities in healthcare access and quality
- adapting services to language preferences and cultural norms
- promoting diversity among the providers working in interprofessional teams
7. Systems Oriented Practice

Definition:

- The ability to function effectively within the organizational and financial structures of the local system of healthcare.
  - understanding and educating consumers about healthcare benefits
  - navigating utilization management processes
  - adjusting the delivery of care to emerging healthcare reforms
8. Practice Based Learning and Quality Improvement

*Definition:*

- The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.
  - identifying and implementing evidence-based practices
  - assessing treatment fidelity
  - measuring consumer satisfaction and healthcare outcomes
  - recognizing and rapidly addressing errors in care
  - collaborating with other team members on service improvement
9. Informatics

Definition:
- The ability to use information technology to support and improve integrated healthcare.
  - using electronic health records efficiently and effectively
  - employing computer and web-based screening
    - assessment and intervention tools
  - utilizing telehealth applications
  - safeguarding privacy and confidentiality
Why Supervision is Essential Workforce Issue for Behavioral Health/Primary Care Teams

- Major culture shifts in integrated care
- How supervision is defined and performed
- Emergent Issues:
  - Healthcare disciplines define supervision differently
  - Supervision provided if required for licensure or practice requirements
  - Added focus on supervision in behavioral health
    - Self –care
    - Clinical assistance
    - Professional development
- Models shift as disciplines integrate and work as a single team
- Blending of professional culture
Contact Information

Shanita D. Williams, PhD, MPH, APRN
Chief, Nursing Education and Practice Branch
Chief (Acting), Behavioral and Public Health Branch
Division of Nursing and Public Health, HRSA
swilliams3@hrsa.gov
Office: 301-443-1253

Kirk Koyama, MSN, RN, PHN, CNS
Lead Project Officer, Nursing Education and Practice Branch
HRSA
kkoyama@hrsa.gov
Office: 301-443-4926