Competencies for Integrated Health and Social Care
Developing a competent workforce

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International Foundation for Integrated Care
IFIC & Edge Hill University Webinar Series
Key learning objectives

• To define and understand the concept of competencies, its levels and audiences.
• To identify the competencies relevant for integrated care and the workforce changes this necessitates.
• To present the competency consolidation cycle and analyze the challenges associated with implementing it.
• To introduce practical examples of education and training, which support competencies for integrated care.
What are competencies?
The Iceberg Model

Technical competencies

- What we know and can do
  - Can be influenced directly through education and training

Behavioural competencies

- What we perceive and what motivates us
  - May be influenced indirectly through education and training and role models

Based on McClelland 1973
The complexities of delivering health and social services

Source: “Pathways for long-term care provision in Austria, Project Interlinks, European Centre 2009"
Different organisations, different professions, different cultures, different competencies: The 4 Worlds of Care

A short story

“A surgeon in a London hospital transplanted the livers of 10 patients. Two died, and 8 survived. One of the latter was a young woman, whose cancer of 5 years earlier had returned, while the liver of another was slowly being rejected, necessitating a second transplant. Of the remaining 6, only 3 were able to resume normal working lives. Asked about his success rate, the surgeon claimed 8 out of 10. Indeed, he was prepared to claim 9 out of 11 after the retransplant (since he counts livers, not people!). An immunologist, who felt the surgeon should not have operated on the young woman, put the rate at 7 out of 10, while an administrator put it at 6 out of 10. The nurses, most aware of the quality of the lives of those who could not return to work, put it at 3 out of 10. And the right answer? Take your pick.”

Current needs of health systems reflect lack of competencies in integrated care

Enhanced **managerial** competencies sub-nationally

People-centred **models** – not disease-specific – across full continuum of care

Ensuring **organization** of payment & incentives aligns across providers

Establishing culture of **continuous learning** and **performance improvement** maximizing quality gains
What are competencies for integrated care?
Example: PRISMA (Quebec)

In need of additional competencies to deliver integrated care

Figure 2. The PRISMA model of Integrated Service Delivery System.

Workforce changes requiring new competencies for integrated care

- Nurse-led care / Nurse as main care provider
- Multidisciplinary protocols / pathways
- Multidisciplinary staff
- Nurse involvement
- Pharmacist involvement
- Team meetings
- Case manager/Care coordinator
- Provider training
- New position
- Task re-distribution

Shared medical appointments

Common components for successful integrated care: underlying competencies available?

**System-level integration**
- Universal coverage or an enrolled population with care free at point of use
- Primary/community care led
- Emphasis on chronic and long-term care
- Emphasis on population health management
  - Alignment of regulatory frameworks with goals of integrated care
  - Funding/payment flexibilities to promote integrated care
- Workforce educated and skilled in chronic care, teamwork (joint working) and care co-ordination

**Organisational-level integration**
- Strong leadership (clinical and managerial)
- Common values and a shared mission
  - Aligned financial and governance structures
  - Integrated electronic health records
  - Responsibility for a defined population or service
  - A focus on continuous quality measurement and improvement

The King’s Fund 2014
Common components for successful integrated care - do we have the competencies?

**Clinical and professional integration**
- Population management
- **Case finding and use of risk-stratification**
- Standardised diagnostic and eligibility criteria
- **Comprehensive joint assessments**
- **Joint care planning**
- **Holistic focus**, not disease-based
  - Single or shared clinical records
  - Decision support tools such as care guidelines and protocols
  - Technologies that support continuous and remote patient monitoring

**Service-level integration**
- Assisted living/care support in home
- Single point of entry
- **Care co-ordination and care co-ordinators**
- **Case management**
  - Medications management
  - Centralised information, referral and intake
- **Multi-disciplinary teamwork**
- **Inter-professional networks**
- **Shared accountability** for care
  - Co-location of services
  - Discharge/transfer agreements to manage care transitions
  - Supported self-care

The King’s Fund 2014
Areas for Action towards Coordinated/Integrated Health Services Delivery

- **PEOPLE**
  - PATIENTS
  - POPULATIONS

- **SERVICES**
  - CARE
  - DELIVERY

- **SYSTEM**
  - ACCOUNTABILITY
  - INCENTIVES
  - COMPETENCIES
  - COMMUNICATION
  - INNOVATION

- **CHANGE**
  - MANAGEMENT
  - ENVIRONMENT

WHO Regional Office for Europe 2015
Workforce competencies for integrated care are...

“...essential complex knowledge based acts that combine and mobilize knowledge, skills, and attitudes with the existing and available resources to ensure safe and quality outcomes for patients and populations. Competencies require a certain level of social and emotional intelligence that are as much flexible as they are habitual and judicious.”
Competencies for integrated care: 6 key features

- Competencies take time to acquire.
- Competencies inform recruitment, evaluation and training.
- Competencies are measurable.
- Competencies must be flexible.
- Competencies are not only clinical-technical skills.
- Competencies are a distinguishing feature for groups.
In summary

Competencies for integrated care need to engage professionals along a continuum of care, so they can uptake variable roles assigned in prevention and pro-active patient management, work towards management of multi-morbidities, work in teams across settings, specialities and sectors, protect and advocate for the vulnerable and ensure equitable provision of services.

Adapted from: Competent health workforce for the provision of coordinated/integrated health services. Working Document. WHO Regional Office for Europe 2015
5 competency clusters for integrated care

<table>
<thead>
<tr>
<th>Competency Cluster</th>
<th>Definition</th>
<th>Core Competencies (abbreviated)</th>
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| PATIENT ADVOCACY   | Ability to promote patients’ entitlement to ensure the best quality of care and empowering patients to become active participants of their health | • Advocate for the role of the patient, family members.  
• Familiarize oneself with patients’ rights and educate people on their rights and benefits.  
• Encourage and promote patients’ broad social participation in governance.  
• Advocate for the incorporation of patient outcomes into organisational strategies.  
• Understand the effect of disparities on health care access and quality. |
## 5 competency clusters for integrated care

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| EFFECTIVE COMMUNICATION             | Ability to quickly establish rapport with patients and their family members in an empathetic and sensitive manner incorporating the patients’ perceived and declared culture | • Demonstrate active, emphatic listening.  
• Engage family members and members of patient’s circle of care in health assessments and disclosures.  
• Convey information in a jargon-free and non-judgmental manner.  
• Ensure the flow and exchange of information among the patient, family members, (if appropriate) and relevant providers is complete.  
• Provide education to members of the team about the characteristics, healthcare needs, health behaviours, and views toward illness and treatment of diverse populations served in the treatment setting. |
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| TEAM WORK          | Ability to function effectively as a member of an interprofessional team that includes providers, patients and family members in a way that reflects an understanding of team dynamics and group/team processes in building productive working relationships and is focused on health outcomes. | • Clearly identify and support roles and responsibilities of all team members, including patients.  
• **Represent one’s professional opinions**, encourage others to do so and contribute to decision making.  
• **Demonstrate practicality, flexibility, and adaptability** in the process of working with others.  
• **Link patients and family members** with needed resources, **following up** to ensure that effective connections have been made.  
• **Support patients in considering and accessing** complementary and alternative services designed to support health and wellness.  
• **Promote diversity** among the providers working in inter-professional teams. |
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| PEOPLE-CENTRED CARE | Ability to create conditions for providing coordinated/integrated services centred on the patients and their families’ needs, values and preferences along a continuum of care and over the life-course. | • Provide patient care that is timely, appropriate, and effective for treating health problems and promoting health.  
• Screen for multi-morbidity and assess cognitive impairment, …, abuse, neglect, domestic violence.  
• Assess the nature of the patient’s family, social supports and other socio-economic resources that impact on patient’s health.  
• Balance care plan with bio-psycho-and social interventions.  
• Incorporate the patient’s wishes, beliefs and their history as part of care plan.  
• Manage alternative and conflicting views to maintain focus on patient well being.  
• Use focused interventions to engage patients and increase their desire to improve health and adhere to care plans.  
• Assess treatment adherence in non-judgmental manner. |
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| CONTINUOUS LEARNING | Ability to demonstrate reflective practice, based on the best available evidence and to assess and continually improve the services delivered as an individual provider and as a member of an interprofessional team. | - Participate in and contribute to practice-based learning and improvement.  
- Regularly assess and evaluate the experiences of patients, family members.  
- Regularly engage in interdisciplinary training for staff and continuing professional development.  
- Participate in medical audits to check for rationality of care, billing and malpractice as needed.  
- Identify and mobilize evidence to inform practice and integrated care.  
- Participate in and conduct research where possible, emphasizing need for focus on patient experiences.  
- Optimize the use of appropriate technology including e-health platforms which enables measurement and management of performance on clinical processes and outcomes. |
9 core competencies for social work education

• Competency 1 – Ethical and Professional Behavior
• Competency 2 – Diversity and Difference
• Competency 3 – Social Justice and Human Rights
• Competency 4 – Practice-Informed Research and Research-Informed Practice
• Competency 5 – Policy Practice
• Competency 6 – Engagement
• Competency 7 – Assessment
• Competency 8 – Intervention
• Competency 9 – Evaluation
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<th>Level</th>
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<tr>
<td><strong>System</strong></td>
<td>To adapt professional education and training systems; to understand integrated care needs; to create enabling framework and allow for flexible and creative environment.</td>
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<tr>
<td><strong>Organisation</strong></td>
<td>To lead and manage integrated care across sectors and professions; to manage change processes; to understand integrated care needs and create continuous learning environment.</td>
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<tr>
<td><strong>Professionals</strong></td>
<td>To work in inter-disciplinary teams across settings; to actively engage patients, families and communities; to understand integrated care needs and participate in continuous education programmes.</td>
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<tr>
<td><strong>People</strong></td>
<td>To actively participate in own care management; to engage in building healthy communities; to understand integrated care needs and practice life-long learning.</td>
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How to acquire competencies for integrated care?
The competency consolidation cycle

Competent health workforce for the provision of coordinated/integrated health services. Working Document. WHO Regional Office for Europe 2015
In simpler terms

- Planning
- Novice professional education and training
- Entry into practice
- Performance improvement and CPE
- Teaching, mentoring and monitoring
Example: Training in the Nuka Health System, Alaska

• Development Centre with 11 Departments of Learning
• Workshops and training course for interested organisations
• RAISE programme
• Community engagement and patient education programmes
Some examples

Implementing a national strategy to tackle chronic diseases in Belgium

Improving education and awareness of mothers to decrease child mortality in Belarus

Introducing palliative care in Serbia

Enhancing local management capacities in Romania
Summarizing key changes to strengthen workforce competencies for integrated care

- Training (health) professionals
  - to work in multidisciplinary teams
  - to provide self-management support
  - to motivate behaviour change
  - to work with information technology
- Development of new roles
  - Chronic care nurse
  - Lifestyle educator
- Application of subsidiarity principle
- Team work beyond organisational confines
Focusing on the competencies necessary on different levels

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<tr>
<td>• Education and training systems</td>
<td>• Management</td>
<td>• Interdisciplinary, cross-sectoral work</td>
<td>• Patient and community engagement</td>
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<td>• Regulatory bodies</td>
<td>• Leadership</td>
<td>• Implementation of integrated care tools</td>
<td>• Self management and support</td>
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IFIC - International Foundation for Integrated Care
If care is moving from silos to networks...

...education and training must move along!
Transforming educational models

“...all health professionals in all countries to be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so they are competent to participate in patient and population-centred health systems as members of locally responsive and globally connected teams.”

Key messages

• Competencies are constituted by a mix of knowledge, skills and attitudes and should be developed continuously.

• Education and training are key to the acquisition of competencies for integrated care and developing a workforce capable of delivering high-quality, people-centred and integrated care needs to be a priority on all levels.

• Thus, it is necessary to look at the full competency consolidation cycle and adapt our education, training and continuous learning programmes accordingly.
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