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**New and Emerging Job Duties and
Competencies for Direct Service Workers on
Integrated Healthcare Teams**

Annual Meeting of PBHCI Grantees
9/21-27/2013, Phoenix, AZ

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Panelists

Researcher:
Phyllis C. Panzano, PhD., Decision Support Services, Inc.**

PBHCI Project Leaders:
Cynthia Holstein, MA, Shawnee Mental Health Center
Mary Hull, MA, Centers for Families & Children
Jeff O'Neil, M.Ed., Greater Cincinnati Behavioral Health
Frank Sepetauc, M.Ed., Community Support Services, Inc.
Sandra Stephenson, MA, MSW, Southeast, Inc.

** with R. Horner, PhD, University of Cincinnati and L. Herman M.A., NEOMED

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The Study

Purpose:
To identify new job duties and competency requirements for direct service workers (DSW) who work in or with integrated health care (IHC) programs serving adults with SPMI.

Major Research Question:
How much has or will change in the jobs of behavioral health care DSWs (e.g., case managers) as programs transition from behavioral health care to IHC?


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Goals for Today

1. Provide an *overview* of findings from an exploratory study conducted in Ohio which addressed the major research question
2. Get reactions from Ohio PBHCI and Health Home leaders to questions arising from study findings and to your questions.

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Research Sites

- **PBHCI Cohort 1**
 - Centers for Families and Children, Cleveland (Mary)
 - Shawnee Mental Health Center, Portsmouth (Cynthia)
 - Southeast, Inc., Columbus (Sandy)
- **PBHCI Cohort 3**
 - Greater Cincinnati Behavioral Health Services (Jeff)
- **PBHCI Cohort 4**
 - Community Support Services, Akron (Frank)

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Design & Methods

Exploratory

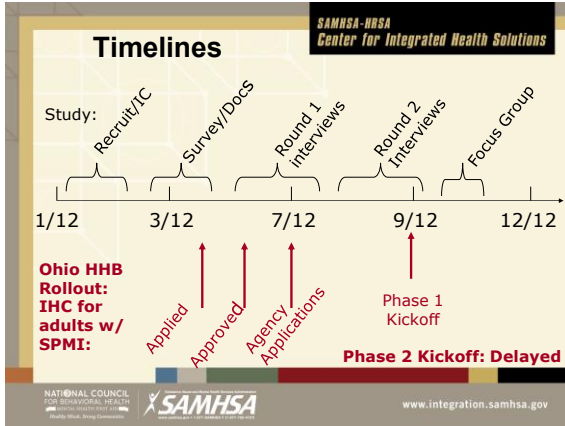
Rapid: < 1 year from award announcement to final report; site visits completed in 6 months

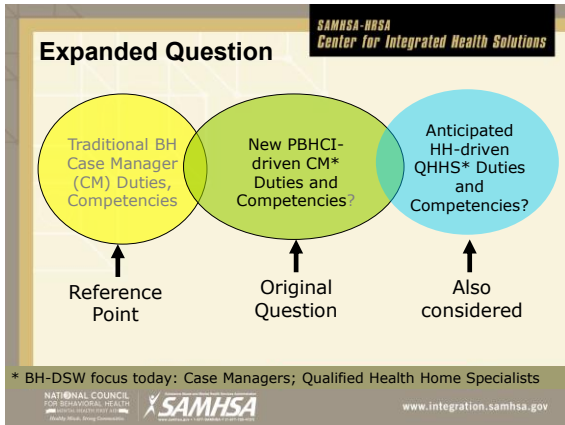
Qualitative

- Facility survey
- Document review (e.g., job descriptions)
- Structured, small group interviews: 2 per PBHCI site; 42 Subject Matter Experts (SME)
- Cross-Site Focus Group: 10 SMEs (e.g., PBHCI Project Directors; CEOs)

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Site Differences

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- Cohort and PBHCI Model: Solo (2) versus Partner Model (3)
- Prior Experience with Primary Care
- Medical Team Mix: Family Physicians, LPNs, RNs, APNs, Medical Assistants, Dentists, Alternative Medicine Specialists
- Eligibility Criteria: Insurance, Physical Health, Housing
- Prevention/Wellness Programs Underway
- EBPs offered
- Setting: Urban/Rural
- Unionized versus not
- Self-reported levels of integration and collaboration achieved and targeted

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Substance Abuse and Mental Health Services Administration

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Factors → Job Change

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- Broader health and wellness mission and purpose:
- Expanded "Scope" of communication (e.g., mechanisms/forms; expertise; perspectives)
- Core decision making model: More collaborative & data-driven
- Data and information access: Quicker; wider mix of players and stakeholders

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Factors → Job Change

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- Coordination: more complex, salient and monitored
- Health outcomes: wider array; increased accountability for collection and outcomes
- Emphasis on team-level performance
- Elevated emphasis on incorporation of EBPs
- Licensing and other job specifications from Health Home Administrative Rule

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Definitions

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Duty: Major subdivision of work; many jobs involve 4-8.	Insure safe environment for clients.
Task: An essential step in carrying out a duty; often begins w/ action verb.	Report abuse of clients to appropriate authorities.
Competency: Observable or measurable characteristics of a person that enable him/her to perform duties and tasks effectively.	<ul style="list-style-type: none"> •Knowledge •Skills •Abilities •Attitudes •Credentials •Experience, etc.

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New Job Duties

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- Serve as a contributing member of intact and ad-hoc IHC Teams (e.g., participate in planning and decision-making activities)
- Act as a whole-health educator for clients, and families and friends of clients
- Connect clients with prevention and wellness resources; monitor involvement
- Function as a public relations representative for the population of adults with SPMI to specialty medical, dental, and health and wellness providers

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New Job Duties

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- Serve as a role model and/or partner to clients for health improvement and healthy living
- Assist with whole-health triage activities
- Document and communicate tacit information pertaining to client experience in medical and specialty appointments; and prevention and wellness programming
- Ensure clients receive mandated services at required frequencies

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Competency: Knowledge *SAMHSA-NRSA Center for Integrated Health Solutions*

Health Literacy: Such as, awareness of....

- healthcare conditions that often have both physical and psychological causes (e.g., depression, insomnia, asthma).
- common medications for primary care conditions, proper use, side effects, drug interaction issues, etc.
- risk-levels for core health indicators for adults with SPMI (e.g., blood pressure, HgbA1c).
- recommended preventive services such as screening protocols by age, condition, and other key variables.
- treatment protocols for common acute and chronic medical conditions; adaptations for adults w/ SPMI

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Competency: Knowledge *SAMHSA-NRSA Center for Integrated Health Solutions*

IHC Program Literacy: such as, awareness of....

- IHC program elements, requirements, billing criteria, and core concepts (e.g., PMPM)
- criteria used to evaluate IHC program success at the client, provider, team and program levels

EBP Literacy: such as, awareness of....

- research-based medical & behavioral approaches to prevention and risk-reduction (e.g., tobacco cessation)
- chronic disease self management approaches aimed at co-morbid behavioral and physical health care conditions (e.g., diabetes and depression).

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Skills and Abilities *SAMHSA-NRSA Center for Integrated Health Solutions*

Primary Care

1. Ability to understand doctors notes, standard abbreviations and terms.
2. Skilled at taking vital signs.
3. Skilled at carrying out 'warm handoffs'.

Communication

1. Ability to communicate effectively with PCPs, other medical professionals and IHC team members.
2. Adept at conveying information about physical health conditions to clients & families in ways that minimize anxiety & optimize understanding
3. Skilled at advocating for one's clients with internal and external primary care and specialty providers.

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Skills and Abilities

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Data: Documentation, Interpretation and Use

- Adept with documentation: paper-based and electronic.
- Ability to interpret and understand information provided in the form of graphs, charts and other data displays.
- Practiced at processing significant amounts of information (including results of assessments) and using data to aid and prioritize decision-making & planning.
- Skilled at explaining data to others (e.g., clients) in ways that are understandable.

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Other competencies:

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...such as attitudes, beliefs...

- Willingness to work a non-traditional work schedule
- Learning - oriented
- Openness to change
- Belief in value and importance of data
- Committed to whole health model
- Confident in providing information, and expressing opinions in a multi-disciplinary team environment which includes medical professionals such as PCPs.

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Questions for Panelists

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1. What are the major barriers (facilitators) to hiring, developing, and/or retaining CMs or QHHSs that possess this set of competencies (KSAOs)?
2. What specific actions have or should be taken by your organization to support efforts to hire and/or develop CMs or QHHSs who have the KSAOs required to carry out new job duties?
3. What kinds of responses have you seen from CMs or QHHSs to: the expansion of job duties under IHC? their role working within an interdisciplinary team?

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Questions for Panelists


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4. How is your PBHCI project experience and/or timeline affecting plans for hiring and developing CMs or QHHS with this competency set?
5. What impact is Ohio's timeline and/or financing plans for the statewide roll-out of the HHB initiative having on your long-range plans to hire or develop BH DSW staff with this competency set?

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Additional Questions?

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That's All Folks

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