Core competencies for frontline complex care providers

Online appendices

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Camden Coalition
of Healthcare Providers

The National Center
for Complex Health & Social Needs

Appendix 5: Methods

Phases of development

Phase 1: Charter and research (May 2019 – October 2019)

During phase 1, the Complex Care Field Coordinating Committee (FCC) — a complex care field oversight body composed of the Camden Coalition's National Center for Complex Health and Social Needs, the Institute for Healthcare Improvement, Center for Health Care Strategies, Community Catalyst's Center for Consumer Engagement in Healthcare Innovation, and the Alliance for Strong Families and Communities — developed the charter for the core competencies working group. This included the working group's scope, key deliverables, timeline, and group composition. The FCC announced the creation of the working group and solicited nominations through an application process. During this phase, the working group was finalized and formed.

In parallel, National Center staff conducted a comprehensive research process, including a literature review and stakeholder interviews, to develop a briefing book. The National Center staff published blogs to introduce the field to the project and received feedback through a survey and an open opportunity at the *Putting Care at the Center 2019*, a conference of 750+ complex care professionals working in diverse roles, settings, and populations. The National Center staff engaged representatives of professional and educational associations to better understand how complex care overlaps with a variety of disciplines.

Phase 2: Working group convenings (September 2019 – September 2020)

During Phase 2, the working group convened monthly for a series of structured dialogues designed to elicit core elements of complex care and ultimately design the domains and competencies. Through these discussions, partner dialogue, and independent written work, the working group generated and refined competencies and the final report based on their own experience, research, and stakeholder feedback collected through interviews and surveys.

Phase 3: Report writing (March 2020 - September 2020)

During the convening process, the National Center staff began outlining and drafting the materials that ultimately constituted the report. As the working group came to consensus, National Center staff developed this comprehensive report. Drafts were shared with the working group members and an editorial process was followed to generate a final report.

Phase 4: Dissemination (October 2020-ongoing)

This report was initially released at the National Center's 2020 virtual conference in October 2020 and, subsequently, the Field Coordinating Committee and working group members disseminated the report broadly.

About the complex care core competencies working group

Oversight and leadership: The Field Coordinating Committee chartered a working group of field experts to develop a set of core competencies for the field of complex care. Mark Humowiecki, Senior Director of the National Center, chaired the working group. The chair is responsible for developing and leading the process of creating core competencies, facilitating meetings, and communicating with other stakeholders. The vice-chairs, Anna Doubeni and Sara Reid, were selected based on background in the areas of education, direct care, program and organizational leadership, and lived experience. The project was managed by staff at the National Center.

Working group recruitment and makeup: The National Center circulated a request for nominations for the working group to stakeholders and partners. The request called for nominations of experts in a variety of fields including physical health, behavioral health, pharmacy, nursing, home care, public health, housing, food access and nutrition, criminal justice and legal services, and other social services. After a telephone interview, the nominated individuals were selected for membership based on expertise and relevant lived and/or professional experience. The members represent a diverse range of professions, geographies, and identities.

Working group scope: The working group met monthly from September 2019 to September 2020 with one in-person meeting in February and one week of three virtual meetings in May. The working group began by aligning on goals, values, and processes. During those in-person and virtual meetings, the working group generated and refined domains and competency statements through structured brainstorming and consensus-building activities.

Competency and report drafting

Literature review: Literature was identified through database searches with key terms including "complex care," "core competencies," "healthcare core competencies," "complex healthcare interventions," and "complex care competencies." Literature was also identified by examining the citations of key resources and collecting recommendations from experts and from the working group.

White and grey literature were scanned for relevance, themes were selected, and the information was synthesized and incorporated into all sections of the final report.

Informant interviews: The staff conducted 14 semi-structured qualitative interviews with thought leaders from within complex care and leaders from health profession education. These key informants were chosen for diversity of perspective, experience, and profession (Appendix 6). The interview guide (Appendix 6) was tailored to each person's expertise, experience, and profession. The participants were from professional and educational organizations, medical and social systems, and educational institutions. They spanned the disciplines of medicine, nursing, and social work. The interviews were conducted virtually or via phone and eight were recorded and transcribed. The transcriptions were analyzed for themes and ideas.

Briefing book: The staff developed a briefing book that synthesized the informant interviews and literature review from the preparation phase of the project and identified key areas for discussion. The working group used the briefing book as a reference during the competency development process.

Drafting the core competencies: The National Center staff drafted and edited the competencies and final report based on considerable input and feedback from the working group and other stakeholders over many months. The working group discussed extensively and arrived at a consensus around the core competencies through an iterative process. Consensus, after thorough discussion, was achieved by following the majority's preference if those in the minority found it acceptable.

The leadership and working group used the following competency-writing guidelines to inform competency drafting:

- One idea
- Composed with one or two verbs
- Specific to complex care
- Applicable across professions, disciplines, and contexts in complex care
- Plain, objective, and profession-agnostic language

- Able to be integrated across the learning continuum (e.g., undergraduate, graduate, continuing education)
- Process-oriented (the "how")
- Knowledge, skills, and attitudes needed for complex care

To develop the domains, the working group brainstormed competencies then grouped them by theme. The themes were informed inductively, based on the competencies, and deductively, based on the results of an initial field survey and on domains from other fields. The working group then alternated between refining the themes into domains and reviewing and discussing the competencies in each domain.

Referencing existing core competencies for related disciplines: Core competencies from other fields were collected to inform the process, structure, and content of this project. Reports were collected from fields that have recently developed competencies and have extensive documentation on the process of developing their core competencies (e.g., public health). Competencies were also collected to capture a wide variety of numbers, types (e.g., general and specific), and levels (e.g., individual and systems) of core competencies. Finally, competencies, guidelines, and principles of practices in fields similar to complex care (e.g., social work) were collected to inform potential competency content.

Partners and thorough research using search engines provided these core competencies from related fields. The various core competencies were then assessed and characterized based on process, structure, and content. From the process descriptions, several validated and relevant activities were selected for the process of developing the complex care core competencies. Finally, an analysis of the overlaps and gaps of the content of core competencies for related disciplines reinforced the need for complex care core competencies.

Field surveys: Engaging the broader complex care field was vital both to broaden the scope of input and to garner support for this project. Attendees at the *Putting Care at the Center 2019* National Center conference submitted their initial ideas about the qualities of complex care team members.

A survey was distributed in February 2020 to collect the field's feedback on the domains of core competencies. A second survey was distributed in June 2020 to evaluate and provide feedback on the draft domains and competency statements. The survey responses (Appendix 7) were assessed and incorporated in the briefing book for the working group members.

Appendix 6: A framework for assessing level of mastery for competencies

Each competency is designed to be applied across stages of learning and mastery including high school, associates, bachelors, masters, doctorate, professional, and continuing education levels. Because each discipline, profession, and role within a care team have different levels of education required to practice, prototype milestones using the education level-agnostic terms "novice," "advanced beginner," "competent," "proficient," and "expert" have been outlined below. Each of these tiers can be applied to each of the competencies.

The following is a prototype that can be used to inform application and assessment of each competency. Milestones for the remaining competencies can be constructed using this prototype.

Competency: Coordinate access to social and medical care and supports with continuity.				
Novice	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
No knowledge, skill, or attitude in this area	Is aware of some medical and social community resources and provides referrals with no follow-up.	Is aware of social and medical community resources and provides referrals with follow-up.	Has relationships with practitioners of social and medical community resources and provides referrals with warm hand-off.	Has deep relationships with practitioners of social and medical community resources and integrates social and medical care.

Appendix 7: Core competency domains of related fields

This table represents how competencies from other disciplines overlap with the complex care core competencies. There are several areas of overlap as displayed in the multicolored boxes. The competencies of related professions also contain discipline-specific competencies, which are displayed in grey. The information in this table was gathered from official profession-specific competency reports.

Complex Care	Human complexity and context	Personal and professional commitment and ethics	Person-centered relationship-powered care	Integrated team collaboration	Diverse information management	Systems complexity and context	Discipline-specific competencies
Nursing	Clinical prevention and population health	Professionalism and professional values	Baccalaureate generalist nursing practice	Interprofessional communication and collaboration	Information management and application of patient care technology Scholarship for evidence based practice	Health care policy, finance, and regulatory environments	Liberal education
Medicine	Medical knowledge	Professionalism	Patient care	Interpersonal and communication skills	Practice-based learning and improvement	Systems-based practice	
Social Work	Engage diversity and difference in practice	Demonstrate ethical and professional behavior	Intervene with individuals, families, groups, organizations and communities Engage with individuals, families, groups, organizations and communities		Assess individuals, families, groups, organizations and communities Engage in practice-informed research and research-informed practice Evaluate practice with individuals, families, groups, organizations and communities	Engage in policy practice Advance human rights and social, economic and environmental justice	

Public health	Community dimension of practice	Cultural competence skills		Communication skills	Analytical/ assessment skills	Leadership and systems thinking Policy development/program planning skills	Public health sciences Financial planning and management
CHW	Community health practice	Professional practice Diversity and inclusion		Communication	Assessment		Disease prevention and management
Peer Workers in Behavioral Health Services			Personalizes peer support Promotes growth and development Links to resources, services, and supports Provides information about skills related to health, wellness, and recovery Helps peers to manage crises Engages peers in collaborative and caring relationships	Supports collaboration and teamwork Values communication		Promotes leadership and advocacy	

			Provides support Shares lived experiences of recovery Supports recovery planning				
IPEC		Values/ ethics		Teams and teamwork Interprofessional communication Roles/responsibilities			

Appendix 8

Questions for past core competency developers

Overall process

1. Can you briefly describe the structure and process used in your competency development?
2. What in the process worked really well?
3. What were some of the major mistakes/pitfalls you experienced?
    a. And how did you work through them?
4. How did you ensure transparency and credibility throughout this process?
5. How did you chunk the work across meetings? How many meetings?
6. Which exercises within meetings were particularly helpful?
7. Did you rely on virtual meetings between working sessions?
8. Once the competencies were developed, what was the review and approval process you went through?
9. Do you have any other suggestions or advice for a group working to start this process?

Committee membership

10. Did you involve individuals with lived experience in the process?
    a. And if so, how did you make sure their contributions were meaningful?
11. What was the leadership structure of the committee?
12. How did you go about ensuring diversity among members?
13. How did you work to align a shared vision and work across the table?
14. What stakeholders were critical to have at the table for legitimacy and buy-in?

Drafting core competencies

15. How did you align the group on the 'type' or 'level' of core competencies you were looking to develop?
16. What were some of the ways you worked to craft language that was applicable for all sectors/roles/organizations?
17. What were committee members' role in drafting/approving final language?

18. What qualities were most important in a facilitator for your development?

Implementation

19. What are your recommendations for the implementation of core competencies?

    a. How do we ensure broad support among a wide stakeholder group?

    b. How do we ensure that the competencies are useful for the field? Educational institutions? Professional associations?

Questions for complex care experts

Content

1. How is complex care practice different than in traditional healthcare?

2. What areas do you wish you had received training on before working with complex patients?

3. Through the drafting of the *Blueprint* we identified 5 principles of complex care: person-centered, equitable, cross-sector, team-based, and data-driven.

    a. Do these resonate with you? What is missing?

    b. How could we translate these principles to competencies?

4. Think about your best front-line staff, what skills, knowledge, and experiences do they bring to their practice?

5. In a successful cross-sector partnership, what did you find necessary for success?

6. What skills, knowledge or competencies do you look for when hiring staff that will be working with complex care patients or programs?

Use of competencies

7. The core competencies working group is tasked with developing statements that are broadly applicable and could be adapted by the various sectors, organization types, and professionals that are included in complex care. Would these statements be useful in your work? If so, how?

8. What tools/resources are needed to train your workforce?

9. How can core competencies support this process?

10. What do you see the main objectives of the core competencies to be?

11. What are your hopes for complex care core competencies?

12. How do you see the core competencies improving and advancing the field?

Snowball

13. Do you have any additional resources we should include in our research?

14. Which disciplines or sectors are most important to be included?

15. Who else should we talk to?

Questions for educators

Content

1. What are the key pieces of information you are teaching your students about complex care?

2. What do you think is currently missing from their basic curriculum that would help students become better practitioners?

3. What are some of the barriers you face in educating students on complex care?

4. What resources have been helpful as you work to educate students on this content?

5. What professional competencies do you currently teach?

6. How do you incorporate interprofessional competencies?

Use of competencies

7. What role do competencies play in the teaching process?

8. How can we ensure the competencies are useful in the teaching process?

9. What do you see the main objectives of the core competencies to be?

10. What are your hopes for complex care core competencies?

11. How do you see the core competencies improving and advancing the field?

Drafting

12. What are the characteristics of good core competencies?

13. How do we ensure that the core competencies developed apply to the wide range of professional types operating in different sectors?

14. Roughly how many core competencies would you expect?

Appendix 9: Surveys and results

Field survey #1 – January 2020

1. Please rate the following on a scale from strongly disagree to strongly agree: The core competencies for the frontline complex care workforce should include competencies in the following categories:

- Research and evaluation
- Data management
- Client engagement (e.g., assessment, treatment planning)
- Diversity and culture
- Communication and interpersonal skills
- Teamwork and collaboration
- Professionalism and ethics
- Health and social policy and systems
- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Cross-systems literacy

Other core competency areas not stated above?

2. What are the skills, knowledge, and attitudes required for members of a complex care team? Other comments or questions?

Field survey #1 results

The roles and sectors of survey #1 respondents are displayed below.

Role	Count
Organizational or system leadership	37
Nurse	33
Program manager/director	26
Social worker	22
Other	20
Other direct service provider	19
Physician	18
Case manager/coordinator	15
CHW	8
Consumer/caregiver	7
Total	**205**

Sector	Count
Behavioral health	26
Consumer engagement	4
Criminal justice	1
Education	9
Employment	1
Government	4
Hospital/healthcare	100
Insurance/payer	14
Other	26
Policy/advocacy	6
Social services	15
Total	**206**

The quantitative results of the survey are displayed in the table below.

Domain	Respondents who "agree" or "strongly agree" (n=205)	Percent who "agree" or "strongly agree"
Communication and interpersonal skills	202	99%
Client engagement	202	99%
Teamwork and collaboration	201	98%
Professionalism and ethics	201	98%
Diversity and culture	195	95%
Patient care	188	92%
Cross-systems literacy	185	90%
Practice-based learning and improvement	178	87%
Medical knowledge	167	81%
Health and social policy and systems	164	80%
Data management	145	71%
Research and evaluation	113	55%

The qualitative results provided the working group with additional knowledge, skills, and attitudes to include in the core competencies including knowledge of adverse childhood experiences (ACEs), skills in motivational interviewing, and an attitude of adaptability.

Field & association survey #2 – June 2020

The core competencies are divided into 6 domains:

- Human complexity and context
- Personal and professional commitment and ethics
- Person-centered, relationship-powered care
- Integrated team collaboration
- Diverse information management
- Systems complexity and context

For complex care community members: Please rate each of the following competencies from strongly disagree to strongly agree based on the following question: Is this competency an essential knowledge, skill, and/or attitude required for all front-line complex care team members?

For professional, educational, and industry associations: Please rate each of the following competencies from strongly disagree to strongly agree based on the following question: Does this competency align with your profession's education and practice?

Human complexity and context

Delivering effective complex care requires an understanding that the human experience is complicated; poor health and inadequate living conditions have multiple causes including an interplay of physical and behavioral health, structural and social conditions, and bias.

1. Obtain and apply foundational knowledge in:

a. Physical and behavioral health knowledge relevant to the discipline and context; social drivers of health

b. Interplay and compounding effects of multiple health and social needs

c. Frameworks used in the care of people with complex needs such as recovery model, strengths-based practice, resilience, and person-in-environment

d. Trauma informed care, including the impact of historical trauma and structural oppression (e.g. racism, sexism, ableism, colonialism)

e. Philosophy and practice of harm reduction

f. Models and techniques of behavior change

2. Evaluate, respect, and incorporate the diversity of values, strengths, culture, and personal preferences among individuals, families, and colleagues.

3. Apply tenacity, ingenuity, and divergent thinking to disrupt complex and deeply ingrained individual and community-level health disparities.

Other comments or questions about this domain (human complexity and context):

Personal and professional commitment and ethics

Complex care practitioners are deeply and ethically committed to improving the lives of the most vulnerable, believe in transformative change at the individual and system levels, engage in continuous learning and self-improvement, and serve as examples of hope and ingenuity.

4. Develop, implement, and evaluate innovative approaches to supporting individuals and families.

5. Champion hope and optimism for individuals, families, communities, teams, and systems.

6. Identify and develop strategies of self-care to avoid provider burnout and foster joy in work.

7. Employ the skills and perspective of self-reflection, cultural humility, anti-racism, and unconditional positive regard to mitigate personal biases and stigmas.

8. Understand and maintain appropriate professional boundaries and limitations within relationship-delivered care.

9. Educate individuals after evaluating the risks and benefits of gathering and sharing sensitive personal information, including health and social data and personal stories.

Other comments or questions about this domain (personal and professional commitment and ethics):

Person-centered, relationship-powered care

Complex care values the autonomy and agency of individuals and families and recognizes the importance of authentic healing relationships that support efforts to improve health and well-being.

10. Build healing authentic relationships that prioritize self-determination and encourage bi-directional feedback to inform goal setting and care delivery.

11. Create and maintain relevant care plans that reflect the goals and priorities of the individual and family.

12. Anticipate and address challenges in implementing care plans, including navigating complex systems and nonlinear pathways.

13. Employ counseling techniques to meet people where they are, create safety and explore behavior change.

14. Coordinate access to social and medical care and support with continuity.

15. Cultivate individuals' resilience in high-stakes moments and ability to navigate setbacks, barriers, and complex systems.

Other comments or questions about this domain (person-centered relationship-powered care):

Integrated team collaboration

Complex care relies on high functioning, collaborative care teams coordinating across multiple settings and in partnership with individuals and families.

16. Understand and respect the distinct role of each care team member, including the individual/family.

17. Develop mutual trust, support, and shared identity among care team members to build resiliency.

18. Communicate clearly and directly, orally and in writing, to coordinate activities and collaborate with the individual, family, and service partners.

19. Employ techniques of conflict resolution, bi-directional feedback, and active listening to responsibly build, sustain, and repair relationships with colleagues.

20. Contribute to collaborative decision making and collective leadership within flexible non-hierarchical care teams.

Other comments or questions about this domain (team communication and coordination):

Diverse information management

Complex care values quantitative and qualitative sources of information (including the individual and family themselves) to identify clients, assess needs, adapt best practices, and continuously improve the delivery of care and supports.

21. Assess root cause of individual health needs and population disparities to inform clinical, programmatic, and systems-level decisions.

22. Carefully evaluate and implement the current available evidence base to inform care appropriate for each individual's context, programmatic interventions, and systems-level policy.

23. Continuously collect, use, and evaluate information to drive resource allocation and improve the quality of care.

24. Disseminate lessons, resources, and best practices to individuals, colleagues, community partners, policy makers and others in the field.

Other comments or questions about this domain (diverse systems of information):

Systems complexity and context

Individuals with complex needs interact with multiple, often incongruous systems that can contribute to the challenge of improving health and well-being. The complex care workforce analyzes individual problems from a systems' perspective and advocates system and policy reform to foster whole person health.

25. Understand essential elements of healthcare, human services, and public health sectors and strategies for sharing information and integrating service delivery across sectors.

26. Understand basic elements of the local, state, and federal civic processes.

27. Collaborate and organize with members of the health and social sectors to build and maintain coalitions and collaborative non-hierarchical structures.

28. Use collective power, privilege, and access to question the status quo and advocate for policy change.

29. Influence others' understanding of challenges and potential system-level solutions by synthesizing personal narratives and aggregate information.

30. Recognize and adapt to the current processes and structures of organizations, systems, and policies while seeking to effect positive and aspirational change.

Other comments or questions about this domain (policy, advocacy, and systems thinking):

Other comments or questions?

For professional, educational, and industry associations: Are these competencies your association could endorse?

Field survey #2 results

There were 78 participants of the survey. The roles and sectors of the participants are displayed below.

The roles and sectors of survey #2 respondents are displayed below.

Role	Count
Organizational or system leadership	16
Nurse	12
Program manager/director	6
Social worker	8
Other	9
Other direct service provider	2
Physician	8
Case manager/coordinator	6
CHW	9
Consumer/caregiver	2
Total	**78**

Sector	Count
Behavioral health	4
Consumer engagement	3
Education	3
Government	2
Hospital/healthcare	46
Insurance/payer	1
Other	12
Policy/advocacy	2
Social services	5
Total	**78**

All of the competencies received, on average, over a 4.5 on the survey scale except for the following competencies that were then reviewed by the working group:

- Educate individuals after evaluating the risks and benefits of gathering and sharing sensitive personal information, including health and social data and personal stories. (Average score 4.4)
- Assess root cause of individual health needs and population disparities to inform care, programmatic, and systems-level decisions. (Average score 4.5)
- Carefully evaluate and implement the current available evidence base to inform care appropriate for each individual's context, programmatic interventions, and systems-level policy. (Average score 4.48)
- Disseminate lessons, resources, and best practices to individuals, colleagues, community partners, policy makers and others in the field. (Average score 4.48)
- Understand basic elements of the local, state, and federal civic processes. (Average score 4.33)
- Use collective power, privilege, and access to question the status quo and advocate for policy change. (Average score 4.43)
- Influence others' understanding of challenges and potential system-level solutions by synthesizing personal narratives and aggregate information. (Average score 4.5)

The qualitative results provided the working group with concrete feedback on each of the domains and competencies. The feedback was incorporated into the final list of competencies.

About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

Through our **National Center for Complex Health and Social Needs** (National Center), the Camden Coalition works to build the field of complex care by inspiring people to join the complex care community, connecting complex care practitioners with each other, and supporting the field with tools and resources that move the field of complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.

For more information about the Camden Coalition, visit **www.camdenhealth.org**.