



# Strategies for Developing Statewide Training for the Emerging Care Coordination Workforce

Jean Moore, DrPH, Bridget Baker, MA, ABD  
Center for Health Workforce Studies, School of Public Health, University at Albany

## ABOUT US

*Established in 1996, the Center for Health Workforce Studies (CHWS) is a not-for-profit research organization, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels.*

*In 2013, CHWS established the Health Workforce Technical Assistance Center (HWTAC), funded through a cooperative agreement with the National Center for Health Workforce Analysis (NCHWA), Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (USDHHS). HWTAC provides technical assistance to states and organizations that engage in health workforce planning. HWTAC efforts are designed to provide expert assistance with health workforce data collection, analysis, and dissemination.*

*In 2014, CHWS established an Oral Health Workforce Research Center (OHWRC) through a cooperative agreement with NCHWA, HRSA, USDHHS. The mission of OHWRC is to conduct policy-relevant research on the impact of oral health workforce on oral health outcomes. The research conducted by OHWRC informs workforce strategies to increase access to oral health services for vulnerable populations.*

## CONTACT

Center for Health Workforce Studies  
518-402-0250  
chws@health.ny.gov  
http://chws.albany.edu

## BACKGROUND

New York State has received federal funding that support two major initiatives, a Medicaid waiver, the Delivery System Reform Incentive Payment program (DSRIP) and the State Health Improvement Plan (SHIP), funded under Centers for Medicare & Medicaid Services' state innovation model program. Both are designed to support delivery system transformation that improves population health statewide. In 2015, the New York State Department of Health convened the DSRIP/SHIP Workforce Workgroup, with a mandate to "promote a New York State health workforce that supports comprehensive, coordinated and timely access to care that promotes health and well-being." The Workgroup is comprised of a wide array of stakeholders, representing providers, educators, health professionals, health labor unions, and consumer advocates.

Workgroup members identified a number of workforce issues and concerns facing the state, including:

- Inadequate supply of primary care and behavioral health providers
- Maldistribution of existing primary care and behavioral health providers
- Inefficient and ineffective use of current health workforce
- Need to prepare current and future health workforce to function effectively in emerging models of care

Workgroup members were then asked to prioritize strategies designed to address these issues and the first strategy they selected was "to develop core competencies and training standards for workers in care coordination titles." As a result, the workgroup established three subcommittees, each focused on addressing different aspects of effective care coordination.

- Subcommittee 1 was charged with identifying core competencies, functions, and barriers that could impede the provision of effective care coordination services.
- Subcommittee 2 was charged with identifying curricular content for educating the health workforce on core concepts of care coordination which could be embedded in health professions education curricula and could be used for continuing education of active health professionals.
- Subcommittee 3 was charged with identifying standardized core curriculum guidelines that could be used to train workers who provide care coordination services.

The work of all 3 subcommittees is currently underway. The focus of this presentation will be on the work of the third subcommittee which is in the process of developing guidelines for core curriculum that can be used to train workers who provide care coordination services.

## DEVELOPING CORE CURRICULUM FOR CARE COORDINATION TRAINING

The subcommittee was comprised of representatives of organizations that play leading roles in the State's workforce development efforts, particularly around the provision of care coordination education and training. They included representation from providers, educators and a training agency, and a health worker labor union. The subcommittee shared the curricula they used for care coordination training with each other. Most of them were designed based on national literature reviews of care coordination training provided around the country. The subcommittee found a great deal of consistency across the different training curricula reviewed and worked collectively to identify key concepts drawn from these curricula to serve as the basis for developing core curriculum guidelines that could be used statewide in training workers who provide care coordination services.

Nine training modules were developed based on the identification of key care coordination concepts:

- Introduction to New Models of Care and Health Care Trends
- Interdisciplinary Teams
- Person-Centeredness and Communication
- Chronic Disease and Social Determinants of Health
- Cultural Competence
- Ethics and Professional Behavior
- Quality Improvement
- Community Orientation
- Technology, Documentation, and Confidentiality

For each of the modules, key topics, learning objectives, and links (where available) to training resources are identified. Appendices to the guidelines provide a list of and links to (where available) all training programs that were reviewed by the subcommittee, as well as a list of resources used in care coordination training programs.

The subcommittee estimates that, in all, these training modules should take between 36 and 45 hours to complete. The training content is designed to be adapted by trainers to account for factors such as education level and experience of trainees, the target population, the setting, and geography (ie, rural/urban variation). Components of the curriculum could also be integrated into the training of other health workers, for example, home health aides, medical assistants, and community health workers.

Once the draft guidelines were developed, they were shared with key stakeholders across the state, including provider organizations affiliated with DSRIP as well as the full Workforce Workgroup. Everyone was asked to provide feedback on the guidelines.

Specifically, they were asked:

- Do recommended guidelines for care coordination core curriculum make sense?
- Is the content complete? If not, what is missing?

- Which stakeholders should be encouraged to review the guidelines and provide feedback?
- What strategies should be considered to encourage adoption of these guidelines?

Feedback was received and the committee is currently reviewing the feedback and incorporating relevant recommendations into the training guidelines. The revised guidelines will be presented to the full DSRIP/SIM Workforce Workgroup and next steps for the guidelines will be explored. The subcommittee recognizes that care coordination services will likely evolve over time as more is learned about best practices and effective strategies in serving different high need populations. Consequently, these guidelines, if adopted, must be reviewed and updated on a regular basis to reflect the current realities of care coordination service delivery.

## DISCUSSION

Feedback to date suggests that stakeholders support the use of standard training guidelines for care coordination. Some stakeholders suggested additional content that could be added to the modules, while others provided additional training resources. Stakeholders generally agreed that that guidelines need to be adaptable to accommodate changing training needs, variation in health workers' qualifications, provider resources to support training, and the unique needs of populations served. A potential incentive for providers to utilize standardized training guidelines is the opportunity to support career mobility and the development of a career ladder in care coordination. Consistency in care coordination training may also improve the quality and consistency of care coordination services provided. Statewide curricular guidelines may be embedded in existing training for home health aides and medical assistants.

## CONCLUSIONS

Stakeholders statewide recognize the value of consistent training in care coordination. Adopting statewide training guidelines in care coordination may better prepare health workers to serve patients across settings, eg, assure employers that workers have a consistent knowledge of care coordination and the services they provide. It may also support the development of "stackable" credentials and career mobility.

The revised guidelines will be presented to the full DSRIP/SIM Workforce Workgroup and next steps for the guidelines will be explored. Future steps include additional vetting by stakeholders across the state and a more in-depth discussion of strategies to facilitate uptake of these training guidelines for workers who provide care coordination services.