Using applied implementation science to build workforce capacity within your integrated care organization

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Let's get thinking!
What are your biggest workforce challenges?

What would a supported workforce look like and how would you know it was strong?

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Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- List <u>core implementation drivers</u> related to workforce development
- Describe <u>recruitment and selection best practices</u> for fit with EBPs and the tools that can be used to build workforce infrastructure.
- Describe <u>the training and coaching section of the Implementation Drivers Assessment</u> and how to use it to make data-based decisions to improve workforce drivers

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Activity List

✓ Mutual Introductions – What is your role, what are your workforce challenges?

❑ Brief Implementation Science overview

❑ Share a framework to use when thinking about workforce development systems

❑ Quick walk through the research and why systems matter

❑ Overview 9 Best Practice Strategies for creating your workforce development system

❑ Go through each step with an example

❑ Talk through critical strategies to embed the system within an organization

❑ Summary, recommendations, questions!

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Implementation : "Supporting the use of"

Implementation science identifies HOW to support EBPP scale-up and improvement, WHEN certain activities may be the most helpful to undertake, and WHO will do the work so you see positive outcomes. (Impact Center, 2019)

Applied Implementation Science is compendium of evidence-based approaches to support the use of an evidence-based program, practice or policy.

These approaches aren't new – they're organized, optimized, and tailored to meet the goals of improved outcomes and sustainability.

Implementation is about <u>supporting the use of the program,</u> not just installing it.

The Program

The System

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Implementation Science Informed Lens to Explore Best Practices
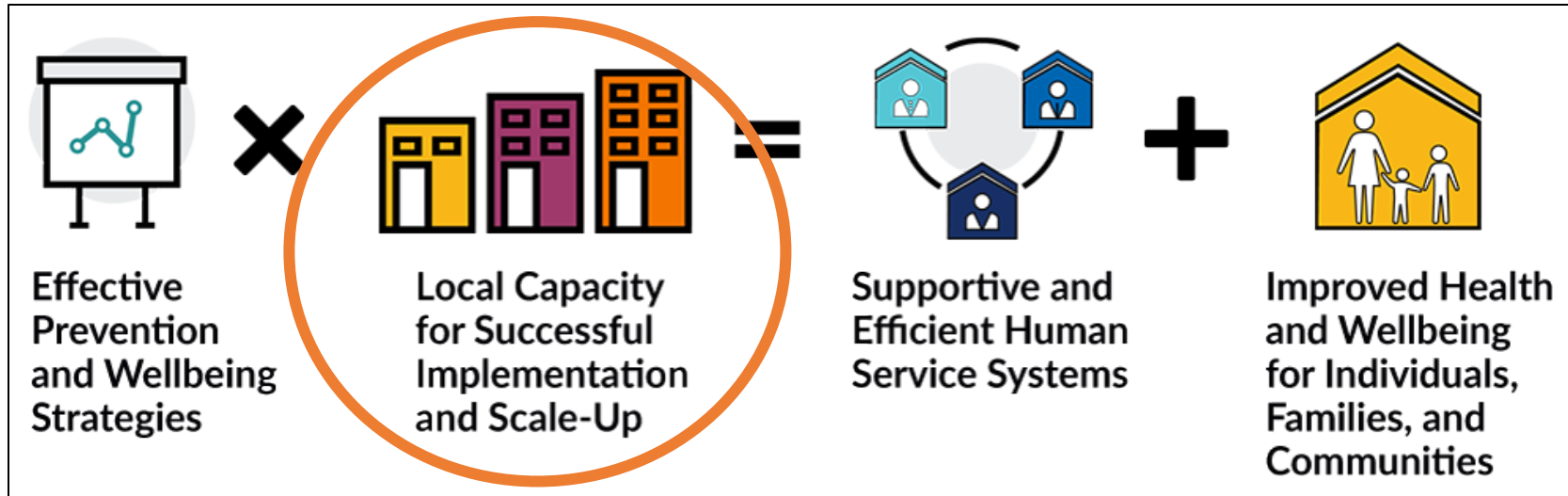
Assessing and Building Innovation Specific Capacity
A strategy to support the use of an EPPP is to build capacity specifically for that EPPP.

An Implementation Framework: Drivers of Capacity

Implementation Drivers are the key components of functional supports that enable a program's success.
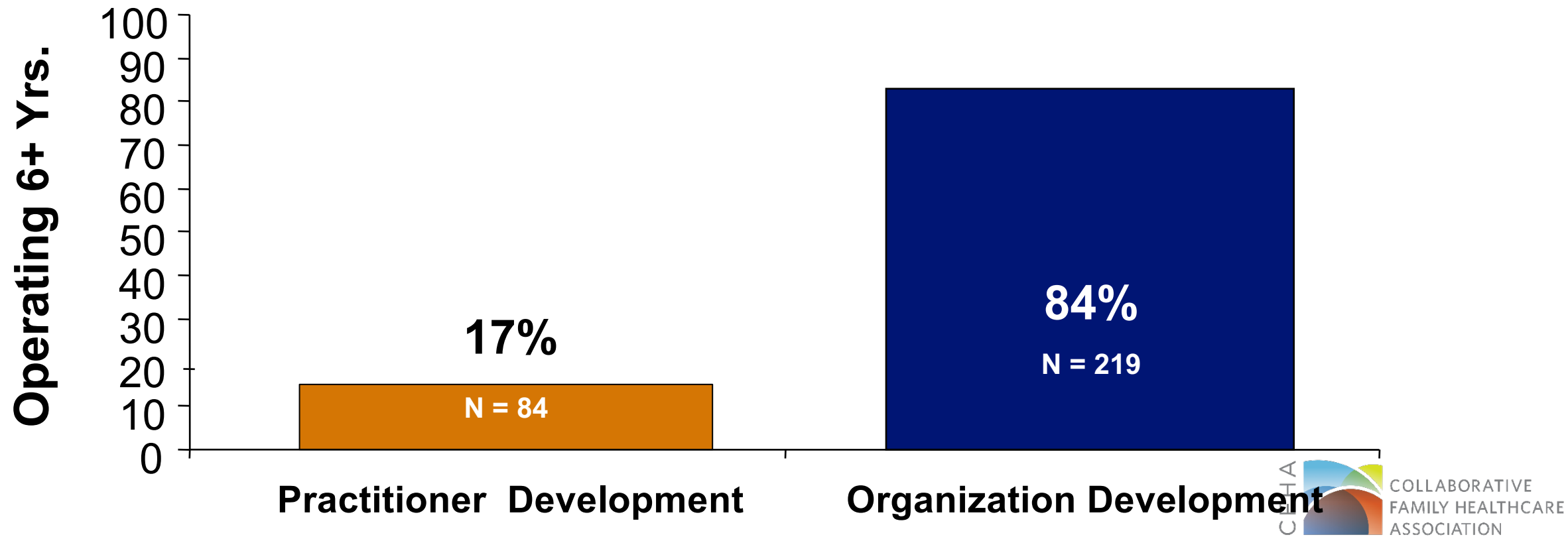
Examples within a healthcare setting:

1. A data-driven CQI process
2. Communication linkages horizontally and vertiacally
3. Demonstrated buy-in from leadership

Positive Outcomes

Fidelity

Coaching

Training

Selection

Competency Drivers

Systems Intervention

Facilitative Administration

Decision Support Data System

Organization Drivers

Integrated & Compensatory

Leadership

For more information on the Implementation Drivers derived by the National Implementation Research Network, visit http://nirn.fpg.unc.edu and the Active Implementation Hub at http://implementation.fpg.unc.edu.
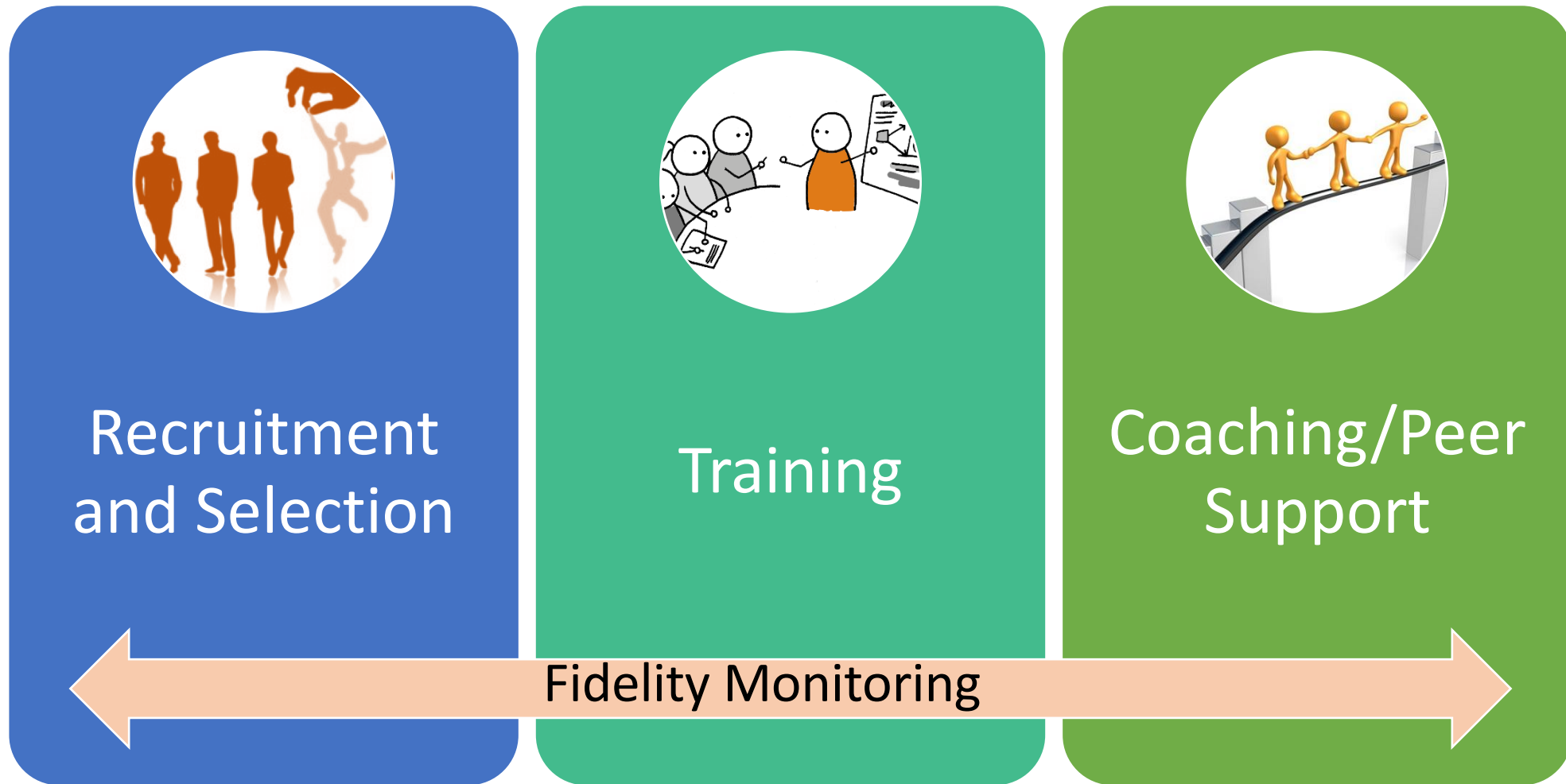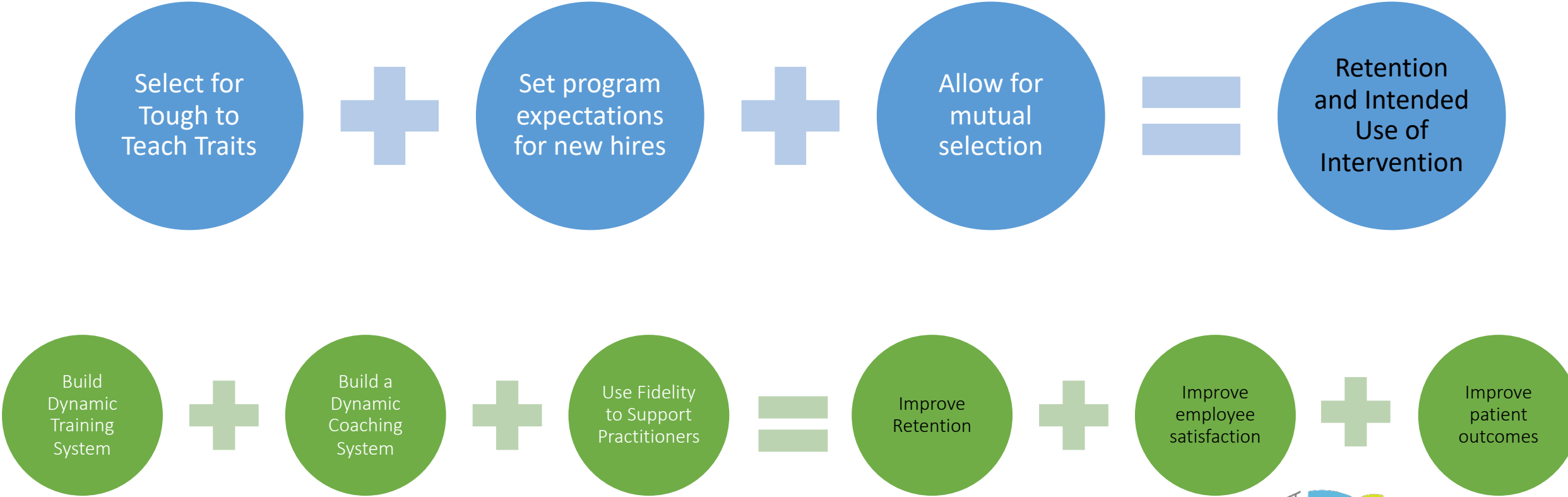
It's more than training!
Organizational Development Matters

Organizations with longevity focus **more time in organizational development** than they do on practitioner development

(Fixsen, Blase, Timbers, & Wolf, 2001)

An Organizational <u>System</u>: Workforce Development System

Recruitment and Selection

Training

Coaching/Peer Support

Fidelity Monitoring

Brief Overview of the Research

Select for Tough to Teach Traits + **Set program expectations for new hires** + **Allow for mutual selection** = **Retention and Intended Use of Intervention**

Build Dynamic Training System + **Build a Dynamic Coaching System** + **Use Fidelity to Support Practitioners** = **Improve Retention** + **Improve employee satisfaction** + **Improve patient outcomes**

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NIRN, 2012

Why training + coaching matters

TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+Demonstration in Training	30%	20%	0%
…+ Practice & Feedback in Training	60%	60%	5%
…+ Coaching in Classroom	95%	95%	**95%**

% of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use new Skills in the Classroom

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(Joyce & Showers, 2002)

Why fidelity-informed coaching matters

Legend:
- EBP + Monitoring
- EBP No Monitoring
- TAU + Monitoring
- TAU No Monitoring

Percent of Clinicians Retained after 36 months

- 58%
- 22%
- 27%
- 16%

N=153

(Aarons et al., 2009)

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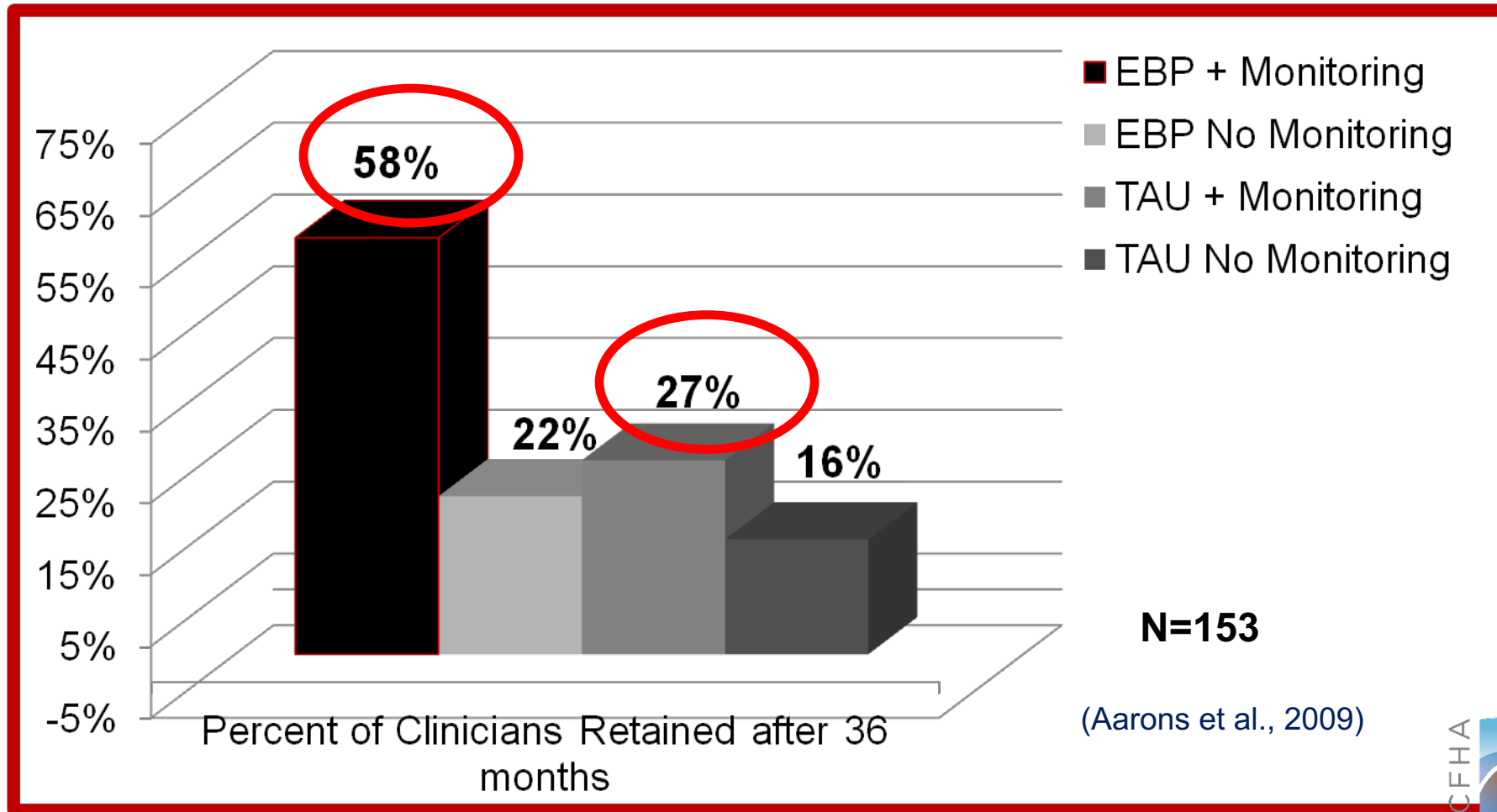
Steps to Build the Workforce Development System

- Identify your Usable Intervention

- Develop a Practice Profile

- Assess Implementation Drivers

- Create a Pathway for the System

- Create recruitment and selection criteria

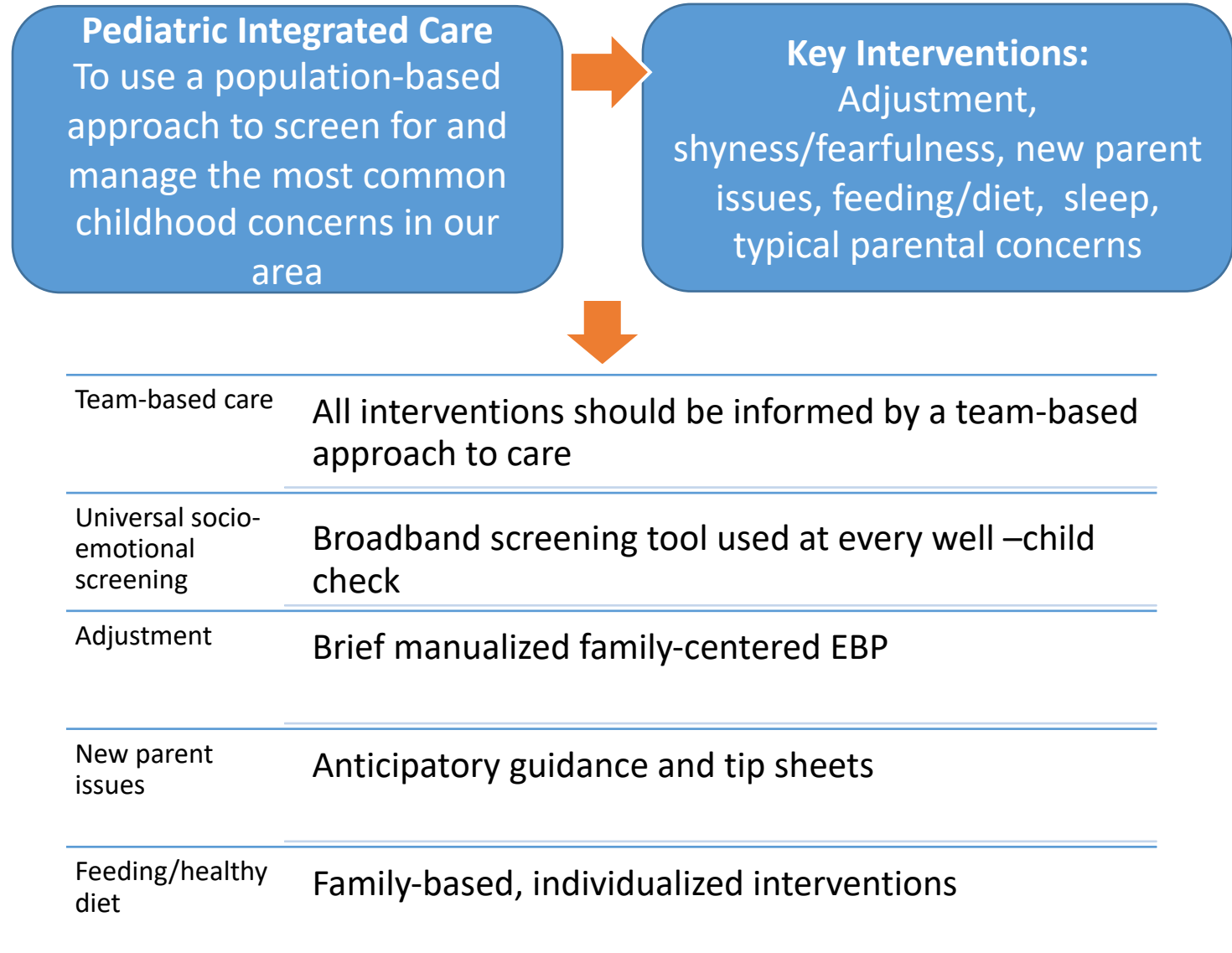- Develop a Training Plan

- Develop a Coaching plan

- Connect your plans to your data collection system

- Reflect, reconsider, refine, routinize

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Identify the Usable Intervention

1. What is the goal of the program?

2. What are the key interventions that you believe will help you attain that goal?

3. What are the core components of each intervention?

For a great example check out CFHA program E2 (Macchi, et al)

Pediatric Integrated Care
To use a population-based approach to screen for and manage the most common childhood concerns in our area

Key Interventions:
Adjustment, shyness/fearfulness, new parent issues, feeding/diet, sleep, typical parental concerns

Team-based care	All interventions should be informed by a team-based approach to care
Universal socio-emotional screening	Broadband screening tool used at every well –child check
Adjustment	Brief manualized family-centered EBP
New parent issues	Anticipatory guidance and tip sheets
Feeding/healthy diet	Family-based, individualized interventions

Develop a Practice Profile

Core component		
Team-based care	All interventions should be informed by a team-based approach to care	
Universal socio-emotional screening	Broadband socioemotional screening tool	
Adjustment	Brief manualized family-centerd EBP	
New parent issues	Anticipatory guidance and tip sheets	
Feeding/healthy diet	family based individualized interventions	

Use a practice profile to identify how the core components should look in practice.

Core component	Appropriate Use	Developmental Use	Unacceptable Use
Uses broadband socio-emotional screening tool	Uses screenings and assessment to appropriately triage children and families	Occasional uses screenings and assessments to appropriately triage children and families	Inapproapriaty Uses or does not use screenings and assessments
	Uses screenings and assessments for rule outs and diagnoses	Needs support to select and assessments for rule outs and diagnoses	Does not uses data from screenings and assessments for rule outs and diagnoses
	Appropriately interprets scores from screening and assessment tools	Needs support to interpret scores.	Inappropriately interprets scores from screening and assessment tools
	Uses progress monitoring tools to assess improvement or decline	Need support to select and use progress monitoring tools to assess improvement or decline	Does not use data from progress monitoring tools to assess improvement or decline
Uses manualized EBP to treat adjustment	Selects and uses appropriate EBP.	Need support to select appropriate EBP	Does not use EBP
	Flexibly applies elements of the EBP as intended by the manual and as needed by the situation	Needs support to use elements of EBP	Uses EBP rigidly
		Needs support to know when to use EBP flexibly	Does not use EBP as intended.

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Recruitment and selection

Core component	Appropriate Use	Developmental Use	Unacceptable Use
Uses broadband socio-emotional screening tool	Uses screenings and assessment to appropriately triage children and families	Occasional uses screenings and assessments to appropriately triage children and families	Inappropriaty Uses or does not use screenings and assessments
Uses manualized EBP to treat adjustment	Selects and uses appropriate EBP.	Need support to select appropriate EBP	Does not use EBP\n\nUses EBP rigidly

Skill	Starting Skills\n*What skills are essential to have to start with vs. what can be trained on-the-job*	Tough-to-teach traits\n*What are the traits that are essential to this initiative? Which ones are* _tough to train?_
Uses screenings and assessment to appropriately triage …	Competency in psychosocial screenings including uses, interpretation, trouble-shooting, limitations, psychometric properties	Critical thinking, problem-solver, systems-level thinking
Selects and uses appropriate EBP	Needs understanding of the variety of EBPs available to treat adjustment/fearfulness in a primary care setting\n\nUnderstands uses, limitations, core components, flexible components, of selected EBP	Flexible thinking, critical thinking, can easily build rapport, warmth, empathy, attachment-focused treatment approach

Recruitment and Selection

A few considerations…

- Depending on whether your initiative is new, stable, or expanding you may need different starting skills.

- If you struggle with recruitment for the starting skills, consider how external coaching or supervision can help support someone as the grow into the role.

What starting skills would a new BHC need for a stable PCBH primary care role?

What tough-to-teach traits does any BHC need to have?

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Develop a Training Plan

Core component	Appropriate Use	Developmental Use	Unacceptable Use
Uses broadband socio-emotional screening tool	Uses screenings and assessment to appropriately triage children and	Occasional uses screenings and assessments to appropriately triage children	Inapproapriaty Uses or does not use screenings and assessments

Staff	Starting Skills	Tough-to-teach traits
Behavioral Health Consultant	Needs understanding of screenings including uses, interpretation, trouble-shooting, limitations, psychometric properties	Critical thinking, problem-solver, systems-level thinking

Knowledge and Skills to be trained	Already included?	Frequency/ Intensity	Who trains?	Did we do it?
What skills are needed for your defined "it"?	Is there a natural fit in any other training?	How often will training need to occur? How much training?	Who will need to be involved in the training?	How will you know that training is successful?
Basic knowledge of screenings	Yes – in SSW student onboarding	Once	Junior level BHC Supported by director	Teach back method
General knowledge of score interpretation	No.	Once	Junior level BHC Supported by director	Learner can apply information to a variety of screeners and scores

Develop a training plan to identify key knowledge and skills that need to be in place for your intervention or program to work. Align this with other training efforts and decide if this is a part of onboarding or inter-organizational continuing ed.

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Develop a Coaching Framework

Core component	Appropriate Use	Developmental Use	Unacceptable Use
Uses broadband socio-emotional screening tool	Uses screenings and assessment to appropriately triage children and families	Occasional uses screenings and assessments to appropriately triage children and families	Inapproapriaty Uses or does not use screenings and assessments

	Coaching Process	Frequency	Practitioner Preparation	Coaching Effectiveness Measure
Uses screening tool appropriately	Hallway consultation + Biweekly Supervision	Weekly	None	Random review of notes indicate appropriate triage 80% of time

Not all organization require a coaching structure, but some might.

You can use the core components and training plan to identify which skills need coaching and support to promote the intended use of your program

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Determine Fidelity Assessment Plan

Core component	Appropriate Use	Developmental Use	Unacceptable Use
Uses broadband socio-emotional screening tool	Uses screenings and assessment to appropriately triage children and families	Occasional uses screenings and assessments to appropriately triage children and families	Inappropriaty Uses or does not use screenings and assessments
	Uses screenings and assessments for rule outs and diagnoses	Needs support to select and assessments for rule outs and diagnoses	Does not uses data from screenings and assessments for rule outs and diagnoses
	Appropriately interprets scores from screening and assessment tools	Needs support to interpret scores.	Inappropriately interprets scores from screening and assessment tools
	Uses progress monitoring tools to assess improvement or decline	Need support to select and use progress monitoring tools to assess improvement or decline	Does not use data from progress monitoring tools to assess improvement or decline
Uses manualized EBP to treat adjustment	Selects and uses appropriate EBP.	Need support to select appropriate EBP	Does not use EBP
	Flexibly applies elements of the EBP as intended by the manual and as needed by the situation	Needs support to use elements of EBP	Uses EBP rigidly
		Needs support to know when to use EBP flexibly	Does not use EBP as intended.

Fidelity assessments are critical to understanding why a program is reaching (or isn't reaching) intended outcomes.

If a program is not reaching intended outcomes and you learn that it is only being delivered with 20% fidelity, then you can develop some hypothesis to test to improve both fidelity and outcomes.

Fidelity Checklist

Uses broadband socio-emotional screening tool

Uses screenings and assessment to appropriately triage children and families	2	1	0
Uses screenings and assessments for rule outs and diagnoses	2	1	0
Appropriately interprets scores from screening and assessment tools			
Uses progress monitoring tools to assess improvement or decline	2	1	0

Uses manualized EBP to treat adjustment appropriate EBP.

Selects and uses appropriate EBP.	2	1	0
Flexibly applies elements of the EBP as intended by the manual and as needed by the situation	2	1	0

How frequently?
Who monitors fidelity (self-monitor, other?)
What are the objectives?
What is the path to skill improvement or exit of coaching?

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Implementation Data: Drivers Assessment

A Drivers Assessment focuses on Implementation Drivers

It is an implementation outcome monitoring tool that can help you target areas that will improve the capacity for workforce development within your system.

70% and above within each index represents adequate capacity.

This has not been tested in integrated care settings (yet!)

https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/NIRN%20DBPA_v2.7_9-4-19.pdf

DRIVERS BEST PRACTICES ASSESSMENT:
Scoring Form

Note a rating for each item below: 2- IN PLACE   1- PARTIALLY IN PLACE   0- NOT IN PLACE

4. Selection protocols are in place to assess competencies for relevant staff that carry out the program or practice.

5. Selection processes are regularly reviewed.

TRAINING

6. There is someone accountable for the training of relevant staff for the program or practice.

7. Agency staff provide or secure skill-based training for relevant staff on the program or practice.

8. Agency staff use training data for improvement.

COACHING

9. There is someone accountable for coaching of relevant staff for the program or practice.

10. Coaching is provided to improve the competency of relevant staff for the program or practice.

11. Agency staff use a coaching service delivery plan.

12. Agency staff regularly assess coaching effectiveness.

FIDELITY

13. There is someone accountable for the fidelity assessments of relevant staff for the program or

Create a pathway for the system

Leadership: Who supports this and how? Who is accountable for this working? What pathways need to be created to make it work?

Facilitative Administration:

How are barriers <u>systematically</u> assessed and ameliorated? How are teams linked within the system?

Decision-support data system

How do you know if your workforce development system is achieving the intended outcomes.

Implementation Driv
components of funct
enable a program's s

Connect your plans to your data collection system

- Agency Level
  - Turnover, retention time, call outs, changes in FTE
  - Implementation outcomes (program usage, program completion, WHOSs)
- Practitioner level
  - BHC Satisfaction, Med Provider Satisfaction
  - Fidelity to the model/intervention
- Patient level
  - Patient satisfaction with services
  - Outcomes

Considerations:

Can this data tell a story that might promote buy in from your leadership or staff?

Can focus groups add context to this data?

Can you link it to your fidelity data?

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Reflect, reconsider, refine, routinize

Additional questions to consider?

- Who has feedback that is relevant to this system; how often do we need to seek it and how?
- Who needs to know about barriers or facilitators?
- Who else needs training or coaching for this system to be successful?
- What are special considerations for programs at different stages of maturity?

Model for Improvement

Image from IHI.com
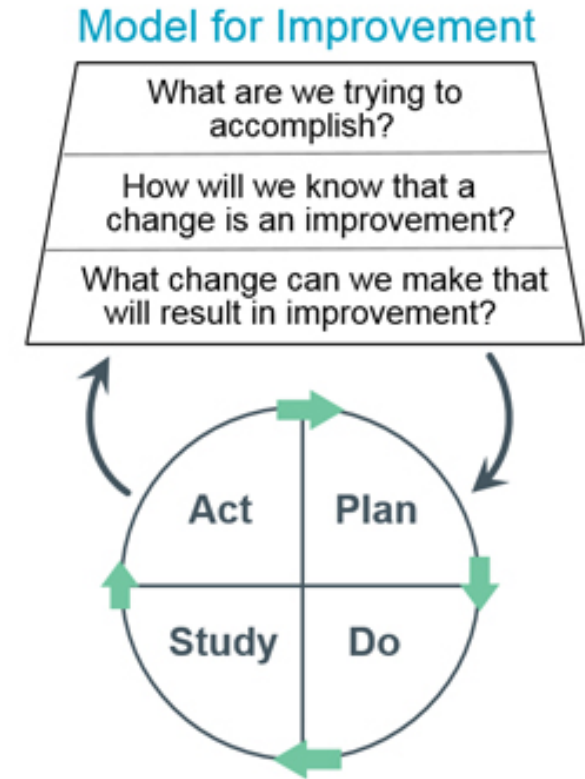
Activity Checklist

✓Share a framework to use to think about workforce development systems

✓Quick walk through the research and why systems matter

✓Overview 9 Best Practice Strategies for creating your workforce development system

✓Go through each step with an example

✓Talk through critical strategies to embed the system within an organization

❑Summary, recommendations, questions!

Recommendations

- Start any new initiative by operationalizing the key activities that will help the initiative achieve the intended outcome

- Consider what capacity your organization has to benefit from a training/coaching plan. Make it sustainable

- Use fidelity checklists to understand how your program is working.

- Include leadership and other critical voices in this process

- A single BHC cannot reasonably be expected to influence all driver when embedding an initiative as big as integrated care!

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Reflections, Questions?

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!