

Prepare to Care: Key Findings and Training Recommendations for New York City FQHC's Emerging Titles

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Center for Health Workforce Studies, State University of New York

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Background

Federally Qualified Health Centers (FQHCs) provide comprehensive primary and preventive care, including family medicine, pediatrics, obstetrics and gynecology, internal medicine, oral health, laboratory services, behavioral health, substance abuse services and pharmacy services. For more than 50 years, FQHCs have been at the forefront of efforts to provide access to high-quality health care to communities and populations with limited or no access to primary care. FQHCs have now assumed a central role in federal and state efforts to reform the health care delivery system.

In New York State, FQHCs are represented and aided in their missions by the Community Health Care Association of New York State (CHCANYS). As New York State's Primary Care Association, CHCANYS works closely with 65 FQHCs that operate approximately 600 sites across the state. Serving 1.8 million New Yorkers statewide, these FQHCs form an extensive primary care network that is central to the health care safety net. This network includes providers of primary care as well as providers of health care to special populations such as homeless individuals, migrant and seasonal agricultural workers, and residents of public housing.

In 2011, with an investment from the New York Community Trust, CHCANYS launched its first workforce development program, a project intended to prepare for increased demand for and expansion of FQHC services as a result of the implementation of the Patient Protection and Affordable Care Act (ACA) and reforms advocated by the New York State Medicaid Redesign Team. At that time, CHCANYS also became part of the New York Alliance for Careers in Healthcare (NYACH) Partners Council.

In October of 2014, CHCANYS partnered with NYACH and the Center for Health Workforce Studies (CHWS) at the State University of New York at Albany to develop and launch a FQHC workforce survey. The survey focused on NYC FQHC workforce recruitment and retention issues as well as emerging care coordination job titles and related considerations. Four job titles were identified and assessed through the survey, including: Care Coordinators, Community Health Workers, Patient Health Navigators, and Health Educators. The Community Health Center Workforce Survey was distributed in the form of a fillable "pdf" to key clinical and administration staff at all of New York State's 65 FQHCs. CHCANYS staff re-contacted potential respondents several times over several months by telephone and email to encourage them to complete the survey. By the end of the administration period, responses had been received from 44 FQHCs, or 67 percent of those surveyed. The response rate for New York City was 88 percent; twenty eight of 32 New York City FQHCs responded to the survey.

CHCANYS also convened the Workforce Guidance Council (WGC) composed of key staff from several FQHCs located in New York City to develop the survey as well as interpret and contextualize survey findings and provide information and advice to CHCANYS' project staff. Data gathered from both the survey and the WGC were used to produce recommendations for training job-seekers and incumbent workers in emerging titles.

The following are key findings and training recommendations related to workers in emerging care coordination job titles within NYC FQHCs.

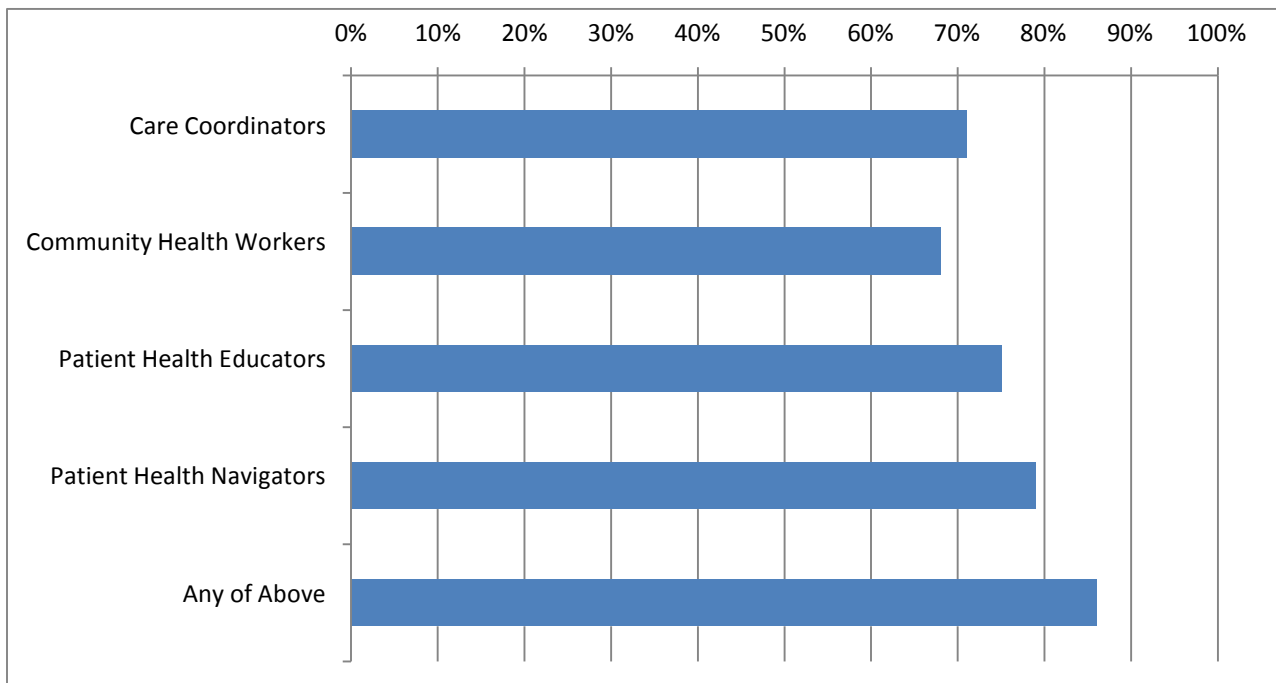
Key Findings

Many NYC FQHCs are utilizing workers in emerging titles indicating a wide adoption of team-based care models.

As noted above, the Survey asked a series of questions specifically about four emerging care team titles, Care Coordinators, Community Health Workers, Health Educators and Patient Navigators. Figure 1 shows the percentage of New York City FQHC respondents that used each title. Eighty six percent use at least one of the four emerging titles that were the focus of the Survey, indicating that team-based care has been widely adopted by FQHCs.

Many experts consider the use of team-based models to be essential to the achievement of health reform goals. Team-based care models shift responsibility for patient care from a single primary care physician to a team of health care professionals. Care team members assume responsibility for anticipating patient needs and avoiding the need for acute care. Workers in the four emerging titles that received special attention on the workforce survey assume responsibility for care coordination, documentation, treatment compliance and other follow-up activities. These activities are intended to reduce the need for avoidable acute care, but also allow higher-level staff, like physicians, to spend more examination time becoming familiar with unhealthy behaviors or life-circumstances that could be the cause of current or future health issues.

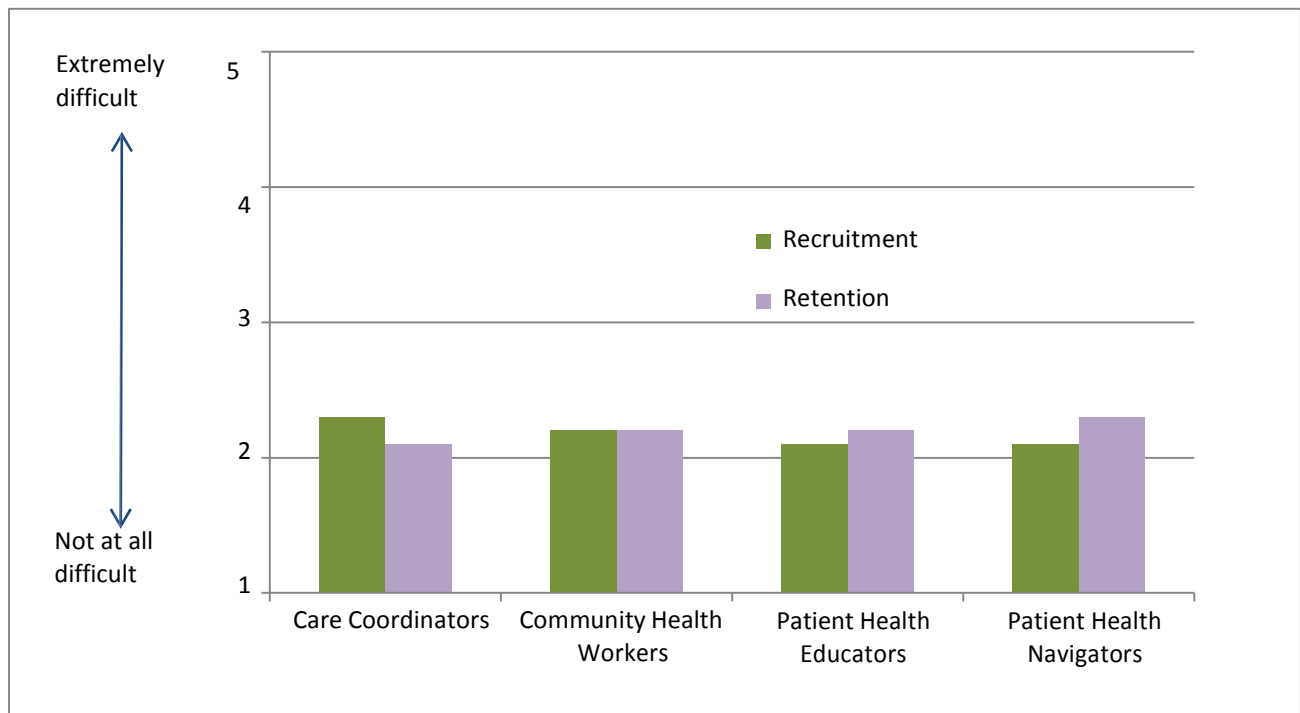
Figure 1: Percent of FQHCs Using Job Title



NYC FQHCs are not experiencing issues recruiting and retaining workers in the four emerging titles that were studied.

Despite the widespread adoption of team-based care and the emergence of new titles, respondents indicated that the degree of difficulty associated with either recruiting or retaining workers in emerging titles to be low. In discussions with the WGC regarding recruitment of these emerging titles, members reported that they could usually find suitable candidates to fill positions in emerging titles but qualified their remarks by pointing out that, while filling positions was usually not “difficult,” the hiring process could be very “involved.” They reported that hiring usually comprised several steps including comprehensive personal interviews designed to evaluate applicants’ experience, talents and temperaments, as well as skills that would be relevant for the FQHC’s patient population and the FQHC culture. They also noted that at times, hiring and recruitment were complicated by the need for special skills in addition to those usually required for the job. For example, finding suitable job candidates may be complicated by the need to hire someone who is fluent in an uncommon dialect or language spoken in the community in which a health center service site might be located. A few WGC members also indicated that they are pulling workers from entry level positions specifically Patient Service Representative / Patient Service Associate staff to promote into emerging titles. They reported that they usually identify candidates in these positions that possess customer service skills and have a good understanding of the patients they serve and the organizations culture for promotion.

Figure 2: Recruitment and Retention Difficulty Scores

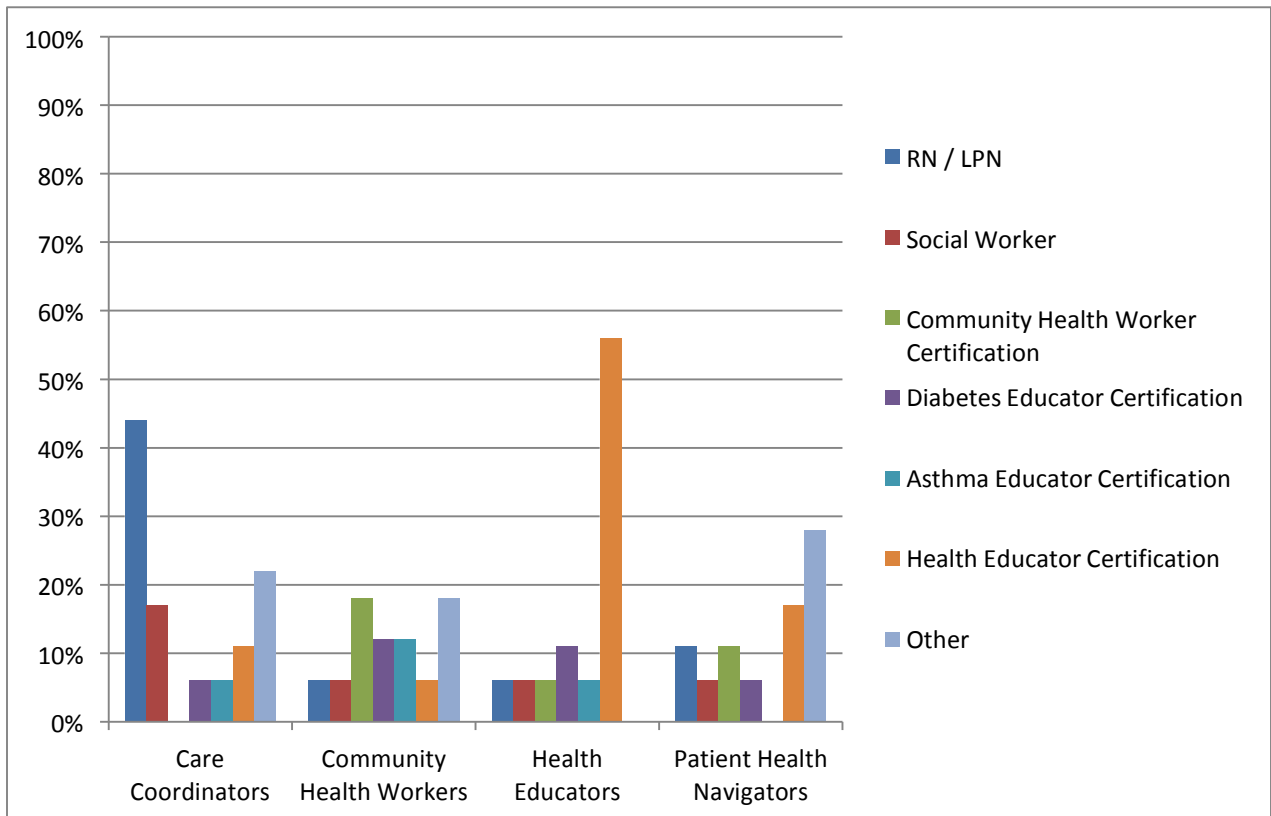


Varying amounts of education and professional licenses / certifications are required for these emerging titles.

For care teams to function efficiently, care team staff in emerging titles must be capable of assuming some of the duties that have traditionally been performed by primary care physicians and other care providers. To assess whether FQHCs sought job candidates who had acquired educational or professional credentials that would indicate a high level of performance or an ability to perform specific job duties, the workforce survey included several items designed to identify the minimum requirements that FQHCs apply when screening candidates for jobs in emerging titles.

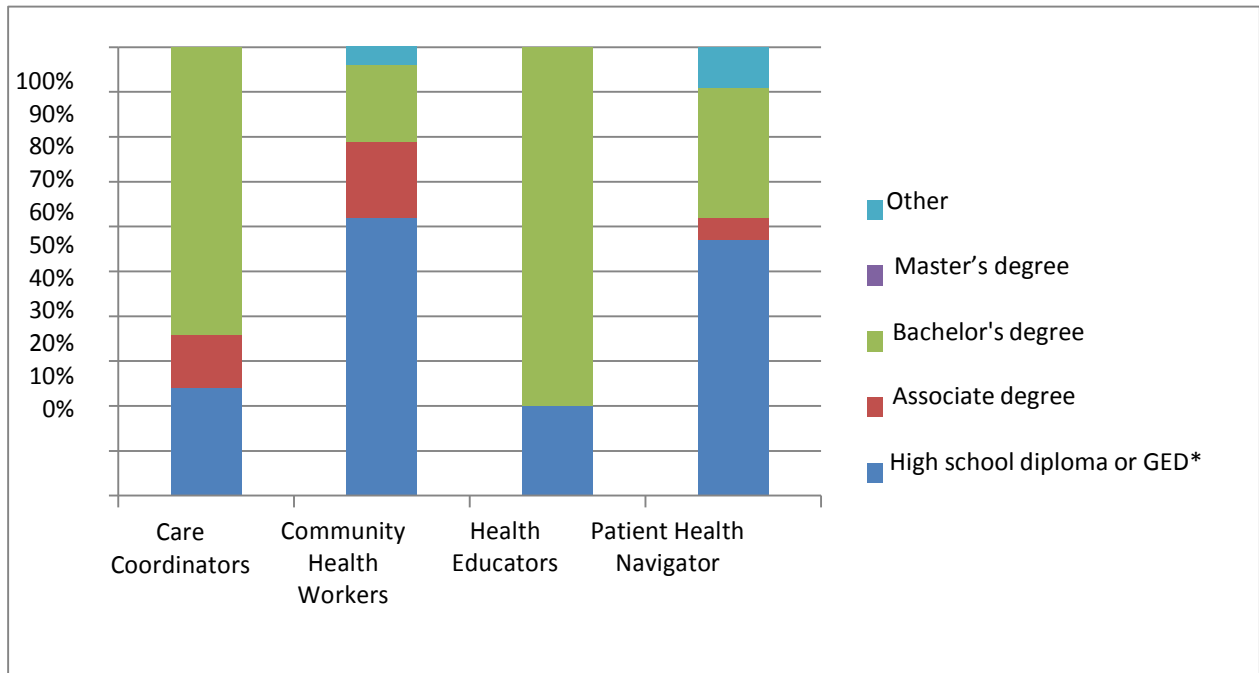
The workforce survey asked respondents to identify professional licenses and/or certifications that were required of candidates for each of the four emerging titles. Survey responses indicate that the extent to which licenses or certifications are required by FQHCs in New York City varies from title to title but for no title was a credential or license universally required or expected. The most specific certification requirements were associated with the Health Educators and Care Coordinators titles (see Figure 3). Fifty six percent of respondents required Health Educators to have a Health Educator Certification. Forty- four percent of respondents indicated that they required their Care Coordinators to have a nursing credential (RN or LPN).

Figure 3: Professional Licenses and/or Certifications



With respect to education, the two titles for which a high percentage of respondents identified requirements exceeding a high school diploma were Care Coordinator and Health Educator (see Figure 4). Seventy seven percent of respondents indicated that their FQHCs required Care Coordinators to have an Associate’s degree or higher. Sixty five percent indicated that their FQHCs required Care Coordinators to have a Bachelor’s degree. Eighty percent of FQHCs responded that they required a Bachelor’s degree or higher for their Health Educators.

Figure 4: Minimum Educational Requirements



** This category includes a small percentage of respondents that did not specify a minimum educational requirement.*

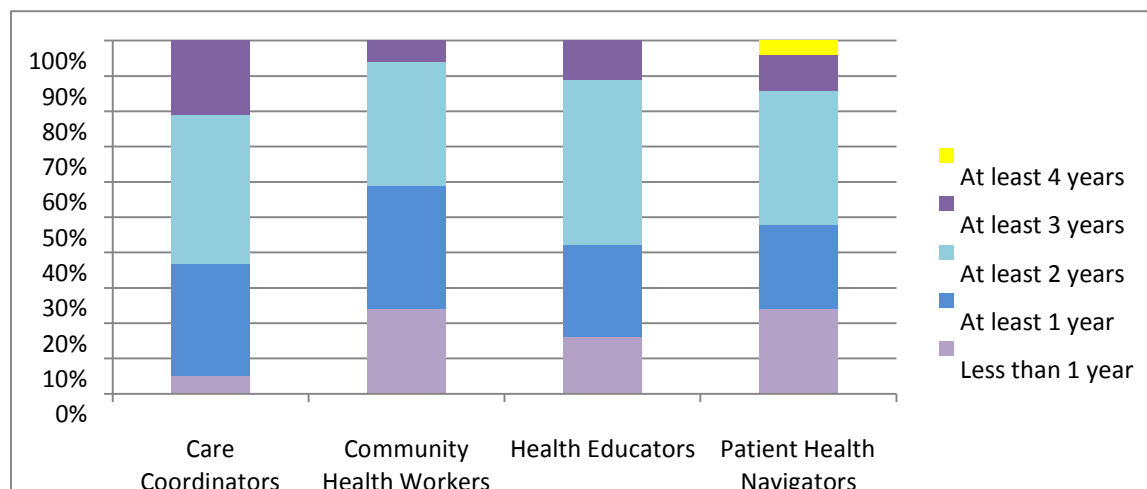
FQHCs would like to hire experienced workers into emerging team-based titles.

Figure 5 summarizes data about the years of experience that responding New York City FQHCs required as a minimum qualification for workers in emerging titles. As this table shows, previous experience is required by the vast majority of NYC FQHCs across all four emerging titles and the majority of these FQHCs required at least one year of previous experience for workers in the four emerging titles.

Two of the four emerging titles, Care Coordinators and Health Educators had fairly stringent experience requirements. Sixty three percent of the responding FQHCs in the New York City sample required at least two years of experience for Care Coordinators. Fifty eight percent of the responding FQHCs in the New York City sample required at least two years of experience for Health Educators.

These findings were presented to the WGC for their comments and clarifications. The discussion focused on the types of experience required and methods used to evaluate job applicants' previous work experience. Several WGC members reported that their hiring process for workers in these emerging titles was determined by previous experiences related to the health care field as well as to the extent to which previous experience would have produced "customer service" skills that were relevant and related to the FQHC's patient population and culture. WGC members were also asked about their hiring standards for candidates that completed internships, a topic that was not covered by the workforce survey. Predominantly, WGC members indicated that in order to consider candidates who participated in an internship, the internship experience had to be "meaningful". They defined meaningful as an internship program that was patient facing and provided health care and patient engagement experience. WGC members also indicated that consideration would depend on whether they have in- depth knowledge or an association with the internship program. In short, WGC members felt that internship experience should be evaluated in the same way and with the same rigor as all other prior work experience.

Figure 5: Minimum Experience Requirements



A broad range of skills are required in all four emerging titles, particularly: interpersonal relations, communication, cultural competency, and customer service.

The workforce survey contained a set of questions about twenty-four specific skills and whether they were needed by workers in each of the four emerging care team titles (see Figure 6). The purpose of this question set was to construct a skills profile for each title as a guide for developing training or competency assessment instruments. CHCANYS expected different sets of skills to be required in different titles. Contrary to this expectation, we found that FQHCs considered all of the twenty-four job skills to be important across all titles. Small differences in requirements were sometimes present, but the pattern of responses suggests that care team workers are expected to have a set of core competencies in most areas of patient care.

The most commonly identified skill requirements involved interpersonal skills and/or communication. This underscores the importance of having care team workers who can maintain effective relationships with patients, providers and other members of the care team.

Figure 6: Skill Requirements

	Care Coordinators	Community Health Workers	Health Educators	Patient Health Navigators
Interpersonal Skills and Communication				
Possessing cultural competence	85%	79%	76%	86%
Maintaining relationships with providers, other health care professionals, payers, and others	95%	89%	95%	95%
Establishing and maintaining relationships with patients and families	95%	84%	90%	91%
Learning to work in a team-based approach	95%	89%	95%	86%
Care Coordination				
Coordinating health, mental health, substance abuse, and social services resources	100%	74%	52%	82%
Managing incoming patient reports, such as lab results, medical records and other paperwork	95%	63%	52%	73%
Referring patients to health care specialists when needed	95%	74%	71%	73%
Maintaining tracking system and following up with patients and providers	95%	79%	81%	77%
Arranging or providing translation and interpretation	90%	68%	57%	82%
Arranging transportation to appointments or child/elder care	80%	58%	43%	77%
Patient Support				
Finding and recruiting cases	70%	74%	62%	68%
Visiting homes and reaching out to patients and families	70%	79%	52%	77%
Assessing the needs of family caregiver	85%	58%	48%	68%
Setting goals and treatment planning	90%	58%	71%	64%
Patient Education				
Providing supportive counseling/coaching on problem solving	80%	63%	81%	73%
Educating patients to reduce behavioral risks and to self-manage their health, including chronic diseases	85%	79%	90%	68%
Promoting treatment adherence and improving patient engagement	85%	79%	90%	73%
Helping patients understand the healthcare system and available resources	95%	79%	81%	86%
Helping patients understand medical terminology and basic disease processes	85%	74%	81%	77%
Community Assessment and Empowerment				
Providing awareness on health and safety issues	70%	58%	81%	68%
Preparing and disseminating educational materials	70%	74%	86%	68%
Leading support groups	60%	58%	81%	50%
Advocating for the community	60%	58%	52%	59%
Organizing and mobilizing community activities	50%	58%	52%	45%

Not surprisingly, care coordination skills were most often identified as being required for workers in the Care Coordination title. However, workers in all four emerging titles were almost always required to have at least one care coordination job skill, and, in particular, were expected to be proficient at “Maintaining tracking systems and following-up with patients.”

While discussing these findings, WGC members highlighted the importance of workers in all four titles possessing customer service and cultural competency skills and noted that an important aspect of care team work is interaction with clients. Since the majority of their work is patient facing, these skills are integral to building patient trust and establishing the credibility of the care team staff. Several WGC members noted that they would be willing to promote employees in entry level patient facing job titles who demonstrated a well-developed understanding of their patient base, including cross-cultural skills and knowledge of how patients may be affected by social determinants of health. In particular, they noted that entry level employees who demonstrated high levels of cultural competency skills could be promoted to care team jobs when openings occurred.

A need for training in patient support and education skills is evident across all four emerging titles.

An important reason for conducting the workforce survey was to determine if any training gaps exist that could be efficiently addressed through the development of a centralized training resource that individual FQHCs could access.

Respondents were asked if any of the twenty-four jobs skills areas included on the Survey was a “training need” in their organization. FQHC responses are summarized in Figure 7. To clarify patterns of response, training need identification rates of more than forty percent, are highlighted (green).

Two response patterns are evident. First, the Patient Navigator title had the broadest array of training needs. Second, the response pattern indicated that Patient Support and Patient Education skills were needed across all four emerging titles. The following six skill areas were identified by over forty percent of respondents in all four titles:

1. Setting goals and treatment planning
2. Providing supportive counseling/coaching on problem solving
3. Educating patients to reduce behavioral risks and to self- manage their health, including chronic diseases
4. Promoting treatment adherence and improving patient engagement
5. Helping patients understand the healthcare system and available resources
6. Assessing the needs of family caregiver
7. Helping patients understand medical terminology and basic disease processes

Figure 7: Training Needs

	Care Coordinators	Community Health Workers	Health Educators	Patient Health Navigators
Interpersonal Skills and Communication				
Possessing cultural competence	50%	37%	48%	50%
Maintaining relationships with providers, other health care professionals, payers, and others	30%	26%	29%	50%
Establishing and maintaining relationships with patients and families	40%	21%	24%	41%
Learning to work in a team-based approach	40%	32%	38%	41%
Care Coordination				
Coordinating health, mental health, substance abuse, and social services resources	35%	37%	19%	41%
Managing incoming patient reports, such as lab results, medical records and other paperwork	35%	42%	29%	36%
Referring patients to health care specialists when needed	40%	47%	33%	41%
Maintaining tracking system and following up with patients and providers	40%	42%	38%	36%
Arranging or providing translation and interpretation	25%	11%	19%	27%
Arranging transportation to appointments or child/elder care	30%	26%	24%	36%
Patient Support				
Finding and recruiting cases	30%	26%	33%	32%
Visiting homes and reaching out to patients and families	25%	37%	29%	36%
Assessing the needs of family caregiver	55%	47%	38%	41%
Setting goals and treatment planning	55%	47%	48%	45%
Patient Education				
Providing supportive counseling/coaching on problem solving	60%	42%	48%	45%
Educating patients to reduce behavioral risks and to self-manage their health, including chronic diseases	65%	47%	43%	50%
Promoting Treatment Adherence and improving patient engagement	55%	42%	43%	45%
Helping patients understand the healthcare system and available resources	55%	42%	48%	50%
Helping patients understand medical terminology and basic disease processes	55%	42%	43%	55%
Community Assessment and Empowerment				
Providing awareness on health and safety issues	30%	32%	29%	50%
Preparing and disseminating educational materials	25%	26%	19%	41%
Leading support groups	35%	32%	33%	41%
Advocating for the community	30%	21%	14%	27%
Organizing and mobilizing community activities	25%	21%	10%	14%

WGC members confirmed that Patient Support and Patient Education skills were more difficult to teach than other skill areas using the training methods that they had available. Most FQHCs train newly hired team-based workers by having them shadow existing workers or by arranging for supervisors to provide one-on-one instruction in job related skills. WGC members indicated that these forms of training are not well suited to develop patient engagement skills also known as “people skills.”

Recommendations

Information from the survey and the WGC were used to produce the following three training recommendations.

Recommendation 1: Training priorities for NYC FQHCs should focus on the development of a health care core competency curriculum grounded in population health principles that can be used to train workers across all emerging titles.

Information provided by the Survey and WGC revealed that across all care coordination titles there are core training needs related to patient interaction, engagement, support education and staff communication, including:

- Customer service and engagement that considers:
 - The patient and family
 - Cultural considerations
 - Maintaining tracking systems and following-up with patients using various modes of communication—in person, telephone, etc.
- Broadened capacity to
 - Provide supportive counseling/coaching on problem solving
 - Educate patients to reduce behavioral risks and to self-manage their health, including chronic diseases
 - Promote treatment adherence and improving patient engagement
 - Help patients understand the healthcare system, available resources, and medical terminology
- Capacity to foster effective communication with other members of the care team, including providers, to facilitate and maximize patient care coordination and improved outcomes

Based on the input, there is a need to develop a general health care core competency curriculum grounded in population health principles to train workers across all emerging titles and equipping them with these skills.

Recommendation 2: Ensure that health care training programs with patient facing internship components are informed by FQHCs and contain experiences that will be valued by FQHCs.

As noted in our findings, WGC members indicated that the hiring of job candidates was determined by two things:

1. Previous experiences related to the health care field
2. The extent to which previous experience would have produced “customer service” skills that were relevant and related to the FQHC’s patient population and culture

WGC members also indicated that a job applicant's participation in an internship program would not be advantageous unless the FQHC had detailed knowledge of the program and was able to confirm during the job interview process that the applicant had received a sufficient amount of relevant experience. With this in mind, we recommend that health care training programs with patient facing internship components partner with FQHCs to develop internships that provide health care and patient engagement experience that are informed by FQHCs. Development of these programs should be done in partnership with health care workforce stakeholders and educational institutions.

Recommendation 3: NYC FQHCs should develop partnerships with health care organizations and educational institutions that are looking to develop or who already provide English Second Language (ESL) healthcare bridge programs

Recruiting bilingual staff is becoming more challenging for FQHCs. Survey results indicated that Seventy- four percent of responding NYC FQHCs reported having "difficulty hiring" bilingual workers. This issue was also confirmed by a number of our WGC members who noted that recruiting bilingual emerging title staff whose native languages or dialects are in demand was a consistent challenge. They also reported that they encountered many bilingual candidates whose native languages or dialects are in demand at our FQHCs but who were not sufficiently fluent in English to meet the demands of the job. We recommend that NYC FQHCs develop partnerships with educational institutions and organizations that are looking to develop or that already provide ESL bridge programs that are contextualized for the health care field. ESL healthcare bridge programs are designed to help non-native English speaking students traverse healthcare training programs and increase their ability to successfully complete them. To do this, ESL healthcare bridge programs place English instruction in a specific health care job related context rather than offer generic English language courses which are disconnected from a student's area of interest. Courses in these programs cover the most common challenges faced by non-native English speaking students in healthcare training programs such as medical terminology and verbal communications. Essentially, these programs improve individual's bilingual language skills while teaching useful job skills that they can apply when employed. Development of ESL healthcare bridge program partnerships would provide NYC FQHCs with opportunities to inform program curriculums as well as provide them with an increase in access to more qualified bilingual candidates