NYS DOH all PPS Meeting

Strategies for Addressing the Emerging Workforce

Health Coach Training Program

Community Care of Brooklyn

New York Alliance for Careers in Healthcare

June 21, 2016

COMMUNITY CARE OF BROOKLYN

NYACH

Community Care of Brooklyn

CCB Network

- **3,700+** practitioners, including **1,600** PCP's
- **6** Hospitals and **8** FQHC's
- **500** Community-Based Small Practices
- **350** Social Service Organizations
- Largest Performing Provider System (PPS) in Brooklyn
- **454,000** attributed patients for PPS performance reporting
- CCB leverages experience from the building of the Brooklyn Health Home, a network of care management service providers
- Use of web-based GSI Health Coordinator ("Dashboard")

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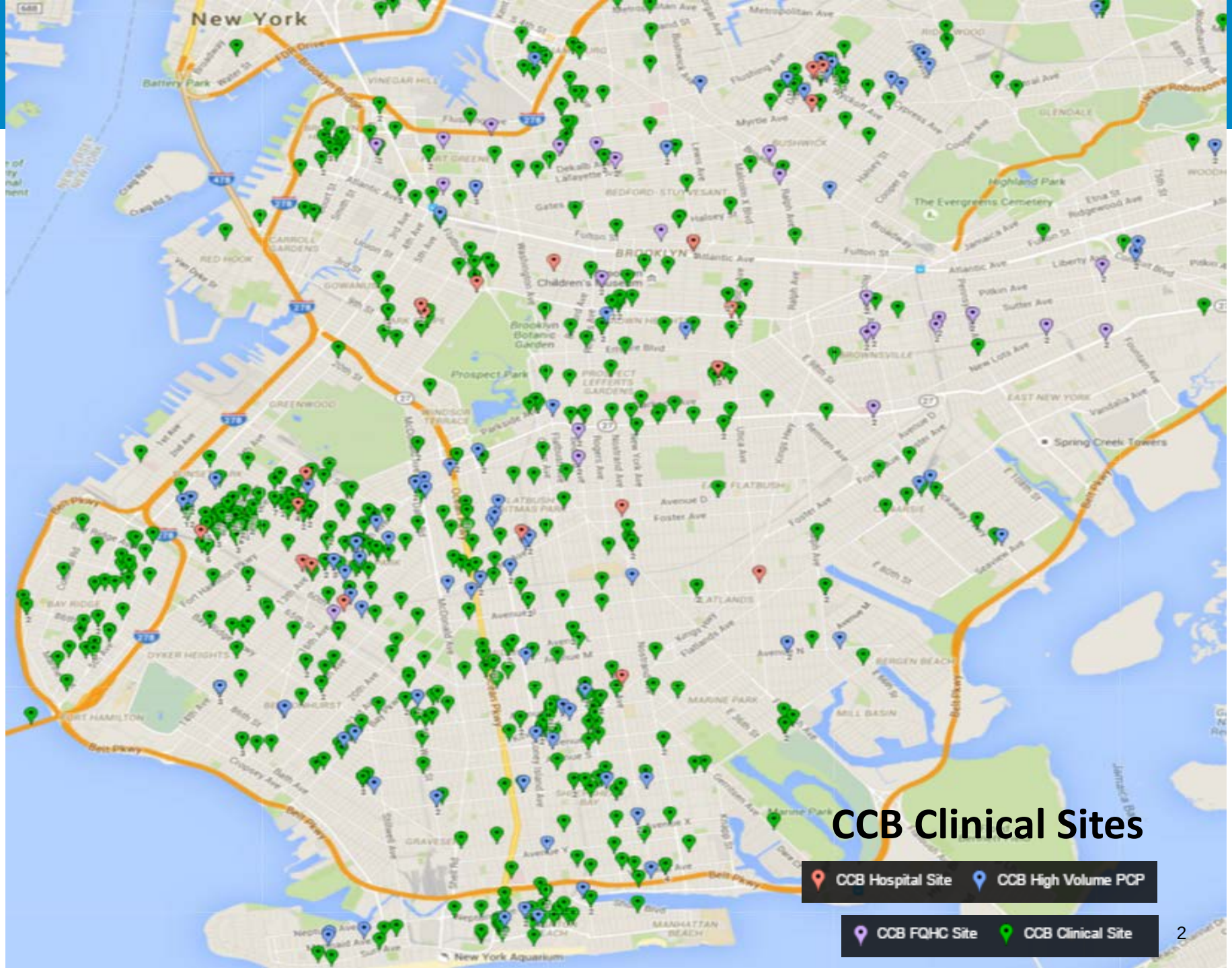
New York
Brooklyn Botanic Garden
Prospect Park
Spring Creek Towers
New York Aquarium
CCB Clinical Sites
CCB Hospital Site
CCB High Volume PCP
CCB FQHC Site
CCB Clinical Site

CCB Projects and Initiatives

Ten DSRIP Projects

2.a.i	Create Integrated Delivery Systems
2.a.iii	Health Home At-Risk Intervention Program
2.b.iii	Emergency Department Care Triage
2.b.iv	Care Transitions to Reduce 30 Day Readmissions
3.a.i	Integration of Primary Care Services and Behavioral Health
3.b.i	Evidence-Based Strategies for Managing Adult Population with Cardiovascular Disease
3.d.ii	Asthma Medication: Expansion of Asthma Home-Based Self-Management Program
3.g.i	Integration of Palliative Care into the PCMH Model
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure Across Systems
4.c.ii	Increase Early Access to, and Retention in, HIV Care

Four CCB Initiatives

Creating an Integrated Delivery System: Overarching, cross-cutting work

Care Transitions: Projects focused on reducing 30 day readmissions and reducing unnecessary ED visits

PCMH+: Ensuring practices meet Patient Centered Medical Home (PCMH) Level 3 standards, with focus on care management and integration of behavioral health

Improve Population Health: Multi-PPS programs focused on mental health and HIV

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Key Practice-based Care Coordination Functions

- Serve as on-site point person for care management services
- Identify patients eligible for HHAR using clinical assessments and creating care plans/self management goals
- Support pre-visit chart reviews
- Participate in huddles/case conferences
- Review registries to identify gaps in care
- Assist in medication review/reconciliation efforts
- Serve as point person for hospital staff treating and discharging patients from ED and inpatient units
- Follow up with patients between visits and post hospitalizations
- Arrange social and support services as needed
- Refer patients to community resources (ex: asthma home-based self-management program)
- Review next steps with patients post-visit

Who will provide key care coordination services at the practice level?

Health Coaches!

Who are health coaches?

- Medical Assistant or other clinical support staff member
- Provide practice-level care coordination support services to the patient and the patient's care team
- Relatively new job title → no established training program

Health Coach Training

Program Overview and Structure

- **Education Partner**: Kingsborough Community College
- **Target workforce**: experienced incumbent MA's (or equivalent) identified by CCB providers, or newly hired Health Coaches
- **Number of hours**: 60 hours; 4 credits that can articulate to KCC Community Health degree
  - approximately 12 hours to be taught through online hybrid learning and videos outside of the classroom
- **Pilot structure**: 2 cohorts of 20; meets 1x a week on either a Thursday or Friday from 1-5pm during work
- **Timeline and launch**: 3 month program
  - Class 1: began May 13th
  - Class 2: begins June 2nd

Curriculum Highlights

- Brought in subject matter expert to develop new curricula content - Audrey Lum, RN, Union Health Center
- KCC worked across the degree and continuing education side to make a credit-bearing certificate by drawing from A.S. in Community Health coursework
  - Buy-in of chairs/faculty to redesign Concepts of Wellness course to be aligned with the articulated needs of CCB
  - Integrates patient engagement techniques in the context of the chronic diseases taught in the college course
- Options for students to take as certificate or college credit
  - Credit option requires homework and reading outside of the classroom
- Aligns to NYACH's "Core Competencies for Today's Healthcare Workforce"

Curriculum Overview

- Introduction to New Models of Care and Overview of Health Coaching (4 hours) - NEW
- Patient Engagement and Health Coaching Techniques (20 hours) - NEW
  - Differences in traditional teaching and health coaching
  - Behavior change
  - Communication and patient engagement techniques
  - Patient education and coaching
  - Community orientation and outreach
  - Health literacy

Curriculum Overview (con't)

- Chronic Disease, Wellness, Prevention (36 hours)
  - Introduction to chronic disease, wellness and prevention
  - Diabetes
  - Reducing your risk of cardiovascular disease
  - Cancer
  - Reducing risks, coping with chronic diseases, asthma, HIV/AIDS
  - Mental health, cognitive impairment, dementia
  - Depression, substance use, addiction,
  - Social determinants of health
  - Cultural competency
  - Wellness and prevention
- Practicum - Supervisor Observation
  - Supervisors visit classroom to observe and assess role play activity

Next Steps

- Curriculum development and pilot classes funded by NYACH/NYC Department of Small Business Services
- CCB to fund future cohorts
- Part of a longer-term KCC strategy to create stackable credit bearing model for MA->Health Coach->AS in Community Health
- Modularized course format allows for curriculum to be transferrable to training for other “emerging occupations” with common competencies
- Part of a NYACH/CUNY partnership to pilot new curricula and program models and share across schools to meet industry and workforce demand

Questions?