

BRIEF

Complex care core competencies: Developing the frontline workforce

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Camden Coalition
of Healthcare Providers



The National Center
for Complex Health & Social Needs

About the complex care core competencies

Complex care is a growing field that seeks to improve health and well-being for people with complex health and social needs — those who have multiple chronic physical and behavioral health conditions combined with social barriers such as homelessness and unstable housing, food insecurity, lack of transportation, and more that are exacerbated by systemic problems such as racism and poverty. Complex care seeks to serve people with complex needs in meeting their own health and well-being goals by coordinating or integrating a wide range of services and supports across diverse human needs.

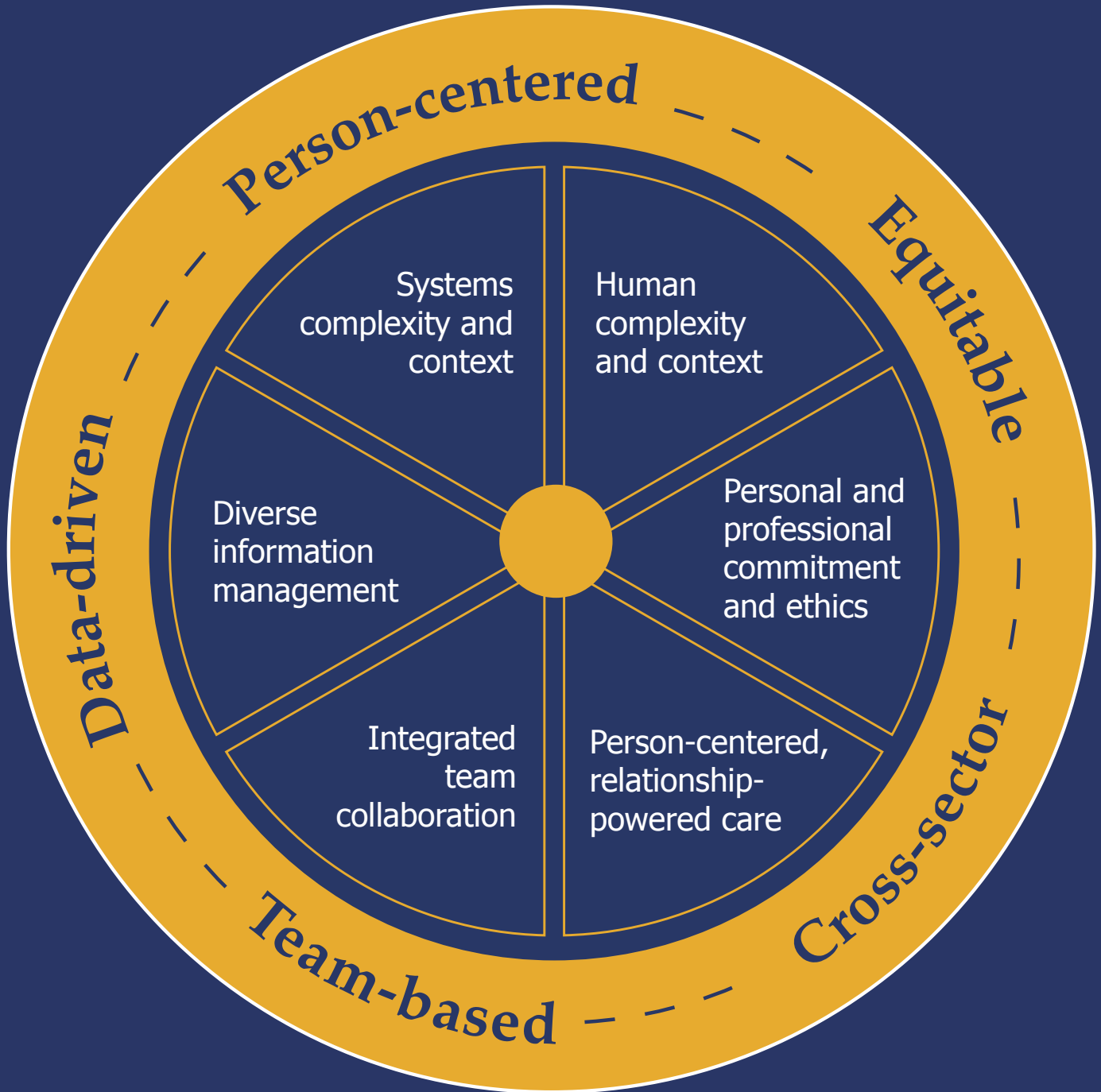
While there is growing awareness that complex care has its own foundational knowledge, skills, and attitudes, to date the field has not named or defined a comprehensive set of core competencies.

The complex care core competencies are divided into 6 domains and capture the necessary knowledge, skills, and attitudes for members of teams or individual practitioners that are working in programs dedicated to coordinating and providing services for people with complex needs. These competencies are also for healthcare, behavioral health, and social service practitioners who may not work in dedicated complex care programs, but regularly encounter people with complex needs. These individual-level competencies apply across discipline, profession, and context.

The complex care competencies and this report reflect an extensive research process and the diverse input of key stakeholders and experts, the broader complex care field, and a year-long iterative developmental process conducted by 16 working group members and National Center staff.

The core competencies are a first step toward a comprehensive workforce development strategy that includes formative and continuing education. It also provides a national workforce standard that individual communities can apply and adapt within their individual setting and context.

Complex care principles and core competency domains



Human complexity and context

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

The human complexity and context core competencies are:

1. Obtain and apply foundational knowledge in:
 - b. Physical and behavioral health as relevant to the discipline and context
 - c. Social drivers of health
 - d. Interplay and compounding effects of multiple health and social needs
 - e. Frameworks used in the care of people with complex needs such as recovery model, strengths-based practice, resilience, and person-in-environment
 - f. Trauma-informed care, including the impact of adverse childhood experiences, historical trauma, and structural oppression (e.g., racism, sexism, etc.)
 - g. Philosophy and practice of harm reduction
 - h. Models and techniques of behavior change
 2. Evaluate, respect, and incorporate the diversity of values, strengths, cultures, and personal preferences of individuals, families, and colleagues.
 3. Apply tenacity, ingenuity, and divergent thinking to actively work to eliminate complex and deeply ingrained individual- and community-level health disparities.
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Personal and professional commitment and ethics

Domain description: Complex care team members are deeply and ethically committed to improving the lives of individuals experiencing vulnerability, 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.

The personal and professional commitment and ethics core competencies are:

1. Develop, implement, and evaluate innovative approaches to supporting individuals and families.
2. Champion resilience and a strengths-based perspective for individuals, families, communities, teams, and systems.
3. Identify and develop strategies of self-care to address moral injury and foster joy in work.
4. Employ the skills and perspective of self-reflection, cultural humility, anti-racism, and unconditional positive regard to mitigate personal and systemic biases and stigmas and to repair historical and personal harms.
5. Understand and maintain appropriate professional boundaries and limitations within relationship-delivered care.

Person-centered, relationship-powered care

Domain description: Complex care team members value the autonomy and agency of individuals and families and recognize the importance of authentic healing relationships that support efforts to improve health and well-being.

The person-centered, relationship-powered care core competencies are:

1. Build authentic healing relationships that prioritize self-determination and encourage bi-directional feedback to inform goal setting and care delivery.
 2. Create and maintain relevant shared care plans that reflect the goals and priorities of the individual and family.
 3. Partner with individuals and families to anticipate and address challenges in implementing care plans, including navigating complex systems and nonlinear pathways.
 4. Employ established techniques to meet people where they are, create safety, and explore behavior change.
 5. Coordinate access to social and medical care and supports with continuity.
 6. Cultivate individuals' resilience, ability, and self-efficacy in high-stakes moments and ability to navigate setbacks, barriers, and complex systems.
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Integrated team collaboration

Description: Complex care relies on highly functioning, collaborative care teams that coordinate across multiple settings and in partnership with individuals and families.

The integrated team collaboration core competencies are:

1. Understand and respect the distinct role of each care team member, including the individual and family.
2. Develop mutual trust, support, and shared identity among care team members.
3. Communicate clearly and directly, orally and in writing, to coordinate activities and collaborate with the individual, family, and service partners.
4. Employ techniques of conflict resolution, bi-directional feedback, and active listening to build, sustain, and repair relationships with colleagues.
5. Contribute to collaborative decision making and collective leadership.

Diverse information management

Domain description: Complex care team members collect and use quantitative and qualitative sources of information, including the individual and their family, to identify clients, assess needs, adapt best practices, and continuously improve the delivery of care and supports. The term “information” includes both quantitative and qualitative data, including stories that derive from a variety of sources.

The diverse information management core competencies are:

1. Understand best practices in gathering, documenting, and sharing individual level information, and the impact of bias inherent in those processes on the delivery of care.
 2. Assess the root cause of individual health needs and population disparities to inform care, programmatic, and systems-level decisions.
 3. Carefully evaluate and implement the current available evidence base to inform care appropriate for each individual’s context, as well as programmatic interventions and systems-level policy.
 4. Continuously collect, use, and evaluate information to drive resource allocation, improve the quality of care, and improve team member experiences in delivering that care.
 5. Disseminate lessons, resources, and best practices to individuals, colleagues, community partners, policymakers, and others in the field.
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Systems complexity and context

Description: 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 for systems reform and policies that foster whole-person health.

The systems complexity and context core competencies are:

1. Understand essential elements of healthcare, human services, and public health sectors and strategies for sharing information and integrating service delivery across sectors.
2. Understand basic elements of the local, state, and federal civic processes.
3. Collaborate and organize with members of the health and social sectors and with community members to build and maintain coalitions and collaborative structures.
4. Use collective power, privilege, and access to question the status quo and advocate for policy change.
5. Inform others’ understanding of challenges and potential systems-level solutions by synthesizing personal narratives and aggregating information.
6. Recognize and adapt to the current processes and structures of organizations, systems, and policies while seeking to effect positive and aspirational change.

This report was prepared by the National Center for Complex Health and Social Needs, an initiative of the Camden Coalition of Healthcare Providers. The authors are:

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About the Camden Coalition

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**.

The National Center for Complex Health and Social Needs, an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.