Development of the Integrated Care Competency Assessment Tool (ICCAT)

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OBJECTIVES

1) Describe the need for a valid and reliable tool for evaluating clinicians’ competencies in delivering integrated care.

2) Evaluate the content validity of the Integrated Care Competency Assessment Tool (ICCAT).

3) Identify implications for use of the ICCAT in nursing practice and education.
Forces Shaping Integrated Care

- **Population-Based Needs**
  - BH Needs of Primary Care Clients
  - Primary Care Needs of BH Clients

- **Policy Development**
  - IOM (2006)
  - Affordable Care Act (2010)

Forces Shaping Integrated Care

- **Consumer Voices**
  - Patient Rights
  - Person-Centered Care
  - Shared Decision-Making

- **Disciplinary Perspectives**
  - Medicine, Psychology, Behavioral Health Providers
  - Nursing: Holistic Assessment, Integrated Care Planning
  - Statements on IC by APNA and American Academy of Nursing (2013)

Models of Integrated Care

- **Four-Quadrant Clinical Integration Model**

- **Vertical and Horizontal Models**
  - Curry & Ham (2010)

- **Levels of Collaboration Model**
  - Center for Integrated Health Solutions (2013)
**Definition of Integrated Care (IC)**

“The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”

(AHRQ, 2013, p. 2)

**Evaluation of Integrated Care**

- **Assessment of Organizational Structure**
  - Stakeholder Buy-In, “Fit” with Mission & Vision, Resources
- **Assessment of Outcomes**
  - From Patient, Provider, and Organization Perspectives
- **Assessment of Provider Competencies**
  - Center for Integrated Health Solutions (2013)

**Development of the ICCAT: Categories of Essential Competencies**

- Interpersonal Communication
- Collaboration and Teamwork
- Screening and Assessment
- Care Planning and Care Coordination
- Intervention
- Cultural Competence & Adaptation
- Systems Oriented Practice
- Practice Based Learning and QI
- Informatics
Development of the ICCAT: Establishing Content Validity

- Original 24 items for the ICCAT derived from current literature on best practices in integrated or collaborative care and from list of competencies under the CIHS Core Categories
- Recruited 10 members for Expert Panel; represented a variety of healthcare disciplines
- Members asked to rate each item for relevancy and clarity on a 4-point scale (Lynn, 1986)
- Multi-stage Delphi technique used to arrive at consensus on each proposed item
- Content validity was determined to be established when 80% or more of the Expert Panel members expressed agreement with the items in the tool

Development of the ICCAT

- **Next steps**
  - Trial with current FNP and PMHNP students
  - Establish baseline parameters
  - Employ to measure outcomes for HRSA grant
  - Trial with other healthcare disciplines (e.g. medicine, psychology, social work)
- **Assessing Psychometrics**
  - Factor Analysis
  - Internal Validity
  - Reliability

Implications for Nursing Education, Practice and Research

- **Role of measurement in practice and education settings**
  - Developing valid, reliable measures of required outcomes
- **Use of the ICCAT in Nursing Education**
  - Measuring what students have learned/can demonstrate in practice settings
- **Use of the ICCAT in Nursing Practice**
  - Measuring the impact of advanced nursing practice in IC settings
- **Use of the ICCAT in future research**
Questions??

Thank you!!

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