NEW YORK STATE | Department of Health | Medicaid Redesign Team

SHIP/DSRIP Full Workforce Workgroup Meeting

DSRIP Update

November 21, 2016

Workforce Deliverables and Deadlines

Milestone / Deliverable	AV Driving?	Prescribed Reporting Period / Completion Date
Workforce Strategy Spending	Yes	Baselines: DY1, Q4 Actuals: DY1, Q4 and subsequent Q2 and Q4
Workforce Staff Impact Analysis (Redeployment/Retraining)	Yes	Baselines: DY1 and DY2 Q1 Projections: DY1-DY5 Actuals: DY1, DY2 Q2 and subsequent Q2 and Q4
Workforce New Hire Analysis	Yes	Baselines: DY1 and DY2 Q1 Projections: DY1-DY5 Actuals: DY1, DY2 Q2 and subsequent Q2 and Q4
Milestone #4: Produce a Compensation and Benefits Analysis.	Yes	DY1: DY2, Q1 DY3: DY3, Q4 DY5: DY5, Q4
Milestone #1: Define target workforce state (in line with DSRIP program's goals)	No	None / Suggested completion date of DY2, Q1
Milestone #2: Create a workforce transition roadmap for achieving your defined target workforce state.	No	None / Suggested completion date of DY2, Q2
Milestone #3: Perform detailed gap analysis between current state assessment of workforce and projected state.	No	None / Suggested completion date of DY2, Q2
Milestone #5: Develop training strategy.	No	None / Suggested completion date of DY2, Q2

Workforce Milestone #4: Compensation & Benefits Survey

- The purpose of the Compensation & Benefits Survey is to capture a *snapshot in time* and examine workforce trends within each PPS to:
  - Inform education and training requirements for PPS and their partners
  - Guide retraining for redeployed workers and employee support programs
  - Advance health care workforce research and policy development while demonstrating DSRIP impact
- The State requested a consistent set of data elements to be collected and reported by all PPS for DSRIP Years 1, 3 and 5
- PPS collected a set of required elements on 66 titles and 10 organization types, including:
  - Current staff numbers and vacancies
  - Average compensation for each title; reported where the number of organizations responding was >5
  - Average benefit percentage for each title; reported where the number of organizations responding was >5

Summary Snapshot: High Vacancy Rates by Job Title
Number of PPS with 8%+ Vacancy Rates, by Job Title

PPS	# of PPSs with 8%+ Vacancy Rate
Primary Care Physician	12
Primary Care Nurse Practitioner	14
Psychiatric Nurse Practitioner	16
Staff Registered Nurse	8
Licensed Practical Nurse	8
RN Care Coordinators/Case Managers/Care Transitions	10
Psychiatrist	13
Psychologist	4
Medical Assistant	7
Social and Human Service Assistants	4
Substance Abuse and Behavioral Disorder Counselors	6

PPS	# of PPSs with 8%+ Vacancy Rate
Nursing Aide/Assistant	9
Certified Home Health Aide	5
Personal Care Aide	6
Licensed Clinical Social Worker	13
Bachelor's Social Worker	2
Licensed Master's Social Worker	9
Social Worker Care Coordinator/Case Manager/Care Transition	6
Care Manager / Coordinator	6
Care or Patient Navigator	10
Community Health Worker	7
Peer Support Worker	15

Note: Only 20 PPSs submitted vacancy rate data

Compensation & Benefits Survey Uses

- Statewide
  - Assess highest vacancy rates across PPS
- Regional collaborations
  - Regional reports can yield **greater insights and depth** than individual PPS reports, as they capture a **wider, more regional snapshot** of the current state healthcare workforce.
  - MHVC and WMCHealth PPS
  - Iroquois Healthcare Alliance: 6 Upstate PPS
- FLPPS
  - Helped a large PPS area solidify a regional view; previously “urban” versus “rural”.
  - Provided directional information on high-priority role categories against DSRIP goals
- SIPPS
  - Identified approximately 200 new positions for the future state workforce

Compensation & Benefits Survey Issues

- PPS sensitivity around sharing financial data
  - Anti-trust law: Data only collected by a third party, reported in aggregate and only reported for titles with >5 provider responses
  - Providers did not complete the survey – estimated less than 40% response in some areas
  - Inconsistent PPS provider reporting – multiple facilities within a system counted as one facility

- Data collected and aggregated inconsistently
  - Shift differentials were not required
  - No definition of fringe
  - FTE counting: some reported as counting bodies, not percent of time worked
  - Financial data collected in different fashions
  - Duplication of providers within an area

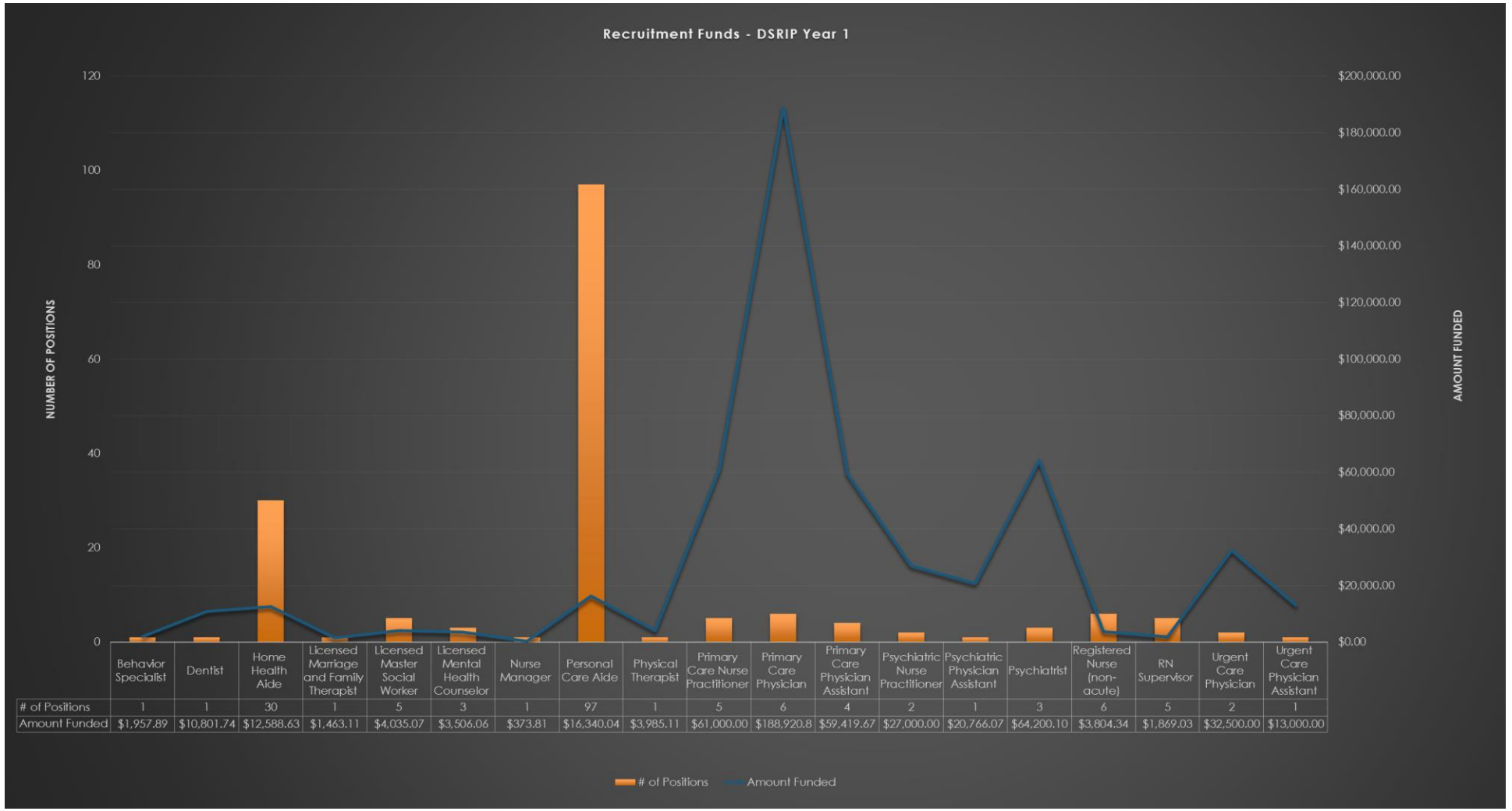
DSRIP Workforce Initiatives

The PPS are working toward increasing health care access and capacity. In DY1, PPS's spent $67.3m in workforce funding.

Significant investment is being made in:

- emerging positions, particularly varying degrees of care coordination and care management positions;
- building job pipelines by working with institutions of higher education to develop relevant and/or revised curricula to ensure the incoming workforce is job ready; and
- training community health workers and community based organization workers to implement the PPS cultural competency/health literacy plans
- recruitment and retention

Recruitment Funds – DSRIP Year 1



	Behavior Specialist	Dentist	Home Health Aide	Licensed Marriage and Family Therapist	Licensed Master Social Worker	Licensed Mental Health Counselor	Nurse Manager	Personal Care Aide	Physical Therapist	Primary Care Nurse Practitioner	Primary Care Physician	Primary Care Physician Assistant	Psychiatric Nurse Practitioner	Psychiatric Physician Assistant	Psychiatrist	Registered Nurse (non-acute)	RN Supervisor	Urgent Care Physician	Urgent Care Physician Assistant
# of Positions	1	1	30	1	5	3	1	97	1	5	6	4	2	1	3	6	5	2	1
Amount Funded	$1,957.89	$10,801.74	$12,588.63	$1,463.11	$4,035.07	$3,506.06	$373.81	$16,340.04	$3,985.11	$61,000.00	$188,920.8	$59,419.67	$27,000.00	$20,766.07	$64,200.10	$3,804.34	$1,869.03	$32,500.00	$13,000.00

Albany Medical Center PPS Workforce Achievements

Goal: Create a healthcare workforce that offers the same quality of care across the 3-PPS region

- Collaborated with Alliance for Better Healthcare (AFBHC) to provide preparation courses for employees eligible to sit for the Certified Asthma Educator exam
- Workforce leads from AMCH, AFBHC, and Adirondack Health Institute PPS meet monthly to collaborate on:
  - Curriculum development
  - Training coordination
  - Emerging titles development
- Will bring together leads for workforce and cultural competency to
  - Create consistency and efficiencies in training
  - Share resources and ideas
  - Eliminate duplication of training efforts for partners

COMMUNITY BASED COLLABORATION

- Adoption of direct contracting model –47 non-hospital community organizations, totaling more than $2M in commitments through March 2017 for DSRIP projects.

- Trained 26 staff members as Community Health Advocates as part of Health Navigation Services (2.c.i) program

- CBO recruitment of positions, such as LCSW, to address workforce needs

- Training 17 CBO PAM Survey Master Trainers

Community Partners of Western NY

Cultural Competency and Health Literacy:

- Contracted with the Community Health Worker Network of Buffalo (CHWNB) to implement the CCHL training strategy.
- CHWNB is representative of people living in the "hot spot" communities in need, motto is:

  "Nothing without us, about us, is for us"

- Strategy focuses on biases, privilege, social justice and universal approach to literacy by bridging, mediating and facilitating understanding between and within communities and systems.

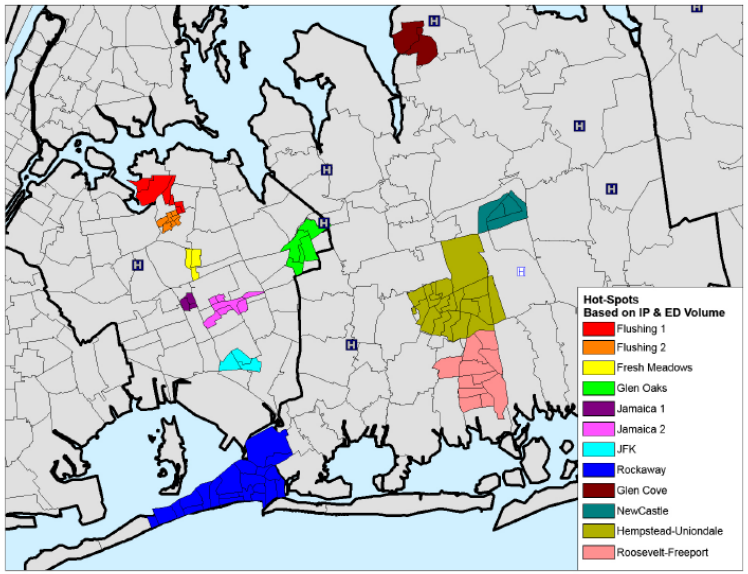
COMMUNITY PARTNERS OF WNY
Performing Provider System

Nassau Queens PPS

Nassau Queens
Performing Provider System
An Alliance for a Healthy Community

Hot-Spotting Analysis Drives Strategy for CBO-Delivered Community Member CCHL Education

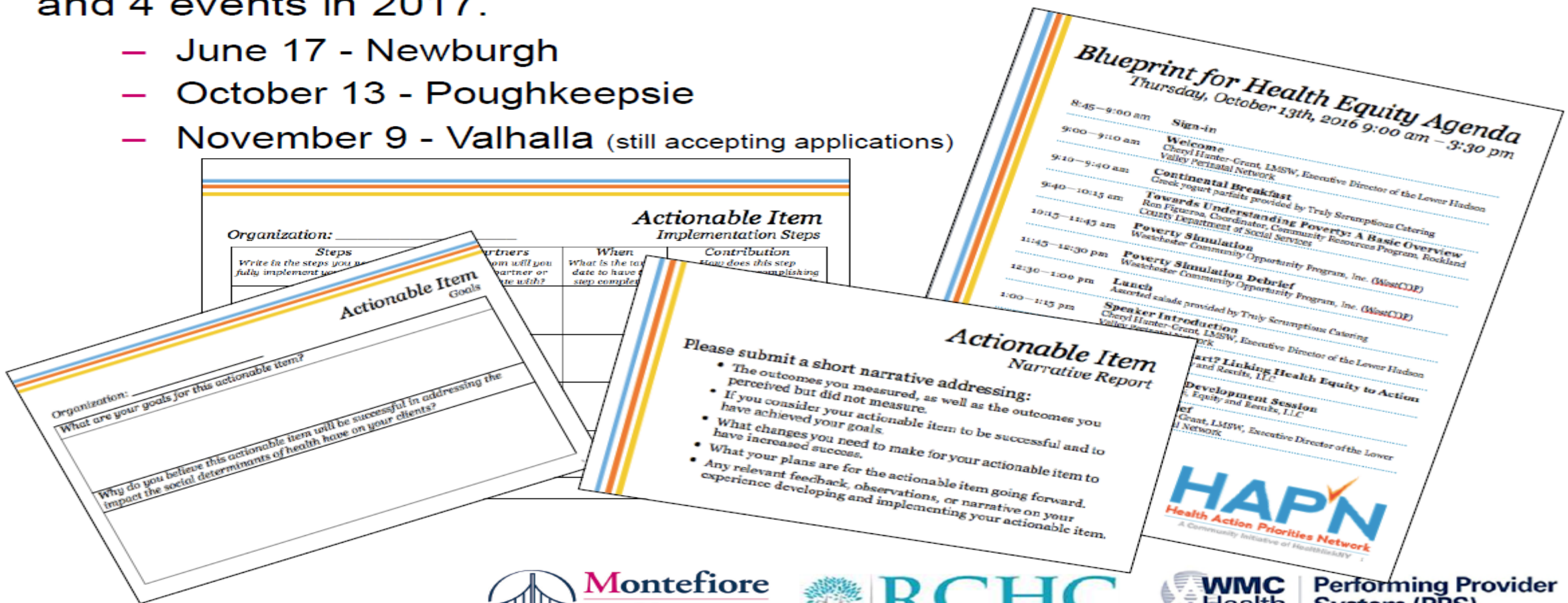
- CBO Train the Trainer Model
- Training delivery embedded in CBO agreements
- Patients empowered to be active partners in their healthcare through education:
  - Impact of social, cultural factors, health beliefs and behaviors on health outcomes
  - Ask Me3Translation services and iSpeak Cards
  - Importance of accurate REL data capture
- Trained over **940** persons on diverse CCHL topics



CCHL Collaboration

MHVC, WMCHealth and Refuah are partnering with Health Action Priorities Network (HAPN) and the Social Determinants of Health workgroup on Blueprint for Health Equity events: 3 events in 2016 and 4 events in 2017.

- June 17 - Newburgh
- October 13 - Poughkeepsie
- November 9 - Valhalla (still accepting applications)



Montefiore HUDSON VALLEY COLLABORATIVE

RCHC Refuah Community Health Collaborative

WMC Health | Performing Provider System (PPS)
Westchester Medical Center Health Network

New York-Presbyterian PPS

Care Transitions (Project 2.b.iv) Progress:

- Hired 8 RN Transitional Care Managers and developed an evidenced based protocol to standardize the level of care for over 500 patients touched by the project
- Continued collaboration with internal and external partners to maximize care transitions resources.
- Established contracts with 3 CBOs and on-boarded 6 Community Health Workers - program implemented in August 2016 to include home and follow-up appointment visit accompaniment

NewYork-Presbyterian
Performing Provider System

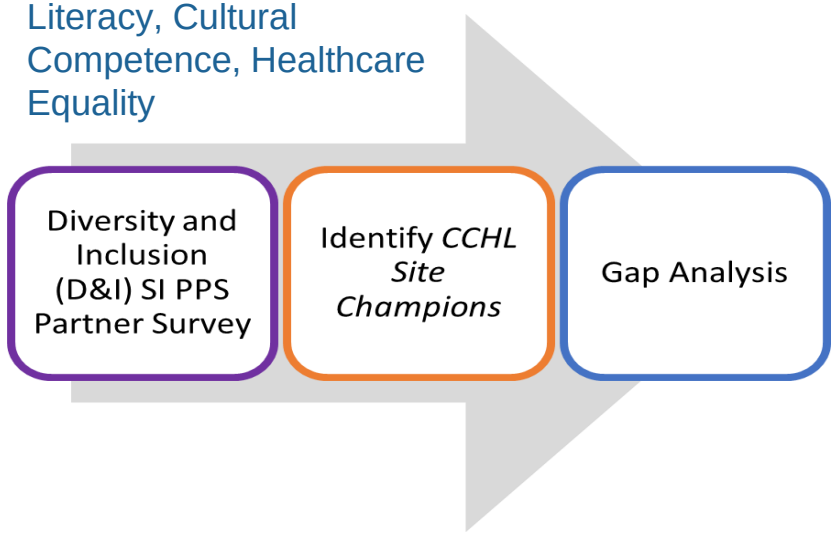
North Country Initiative - Workforce

- **Leveraging Long-term Pipeline**
  - *Career exploration programs*
- **Collaborating with Institutions of Higher Education**
  - *Bachelors & Masters Programs at community college (i.e. Nurse Practitioner & Social Worker)*
  - *Development of North Country Care Coordination Certificate Program with SUNY Jefferson & SUNY Canton*
- **Customized Training Videos** *(DSRIP 101, Blood Pressure Measurement, Health Literacy & MEB)*
- **Provider Incentive Programs**
  - ***Approximately $3 million for recruitment of 11 Primary Care Physicians, 3 Nurse Practitioners, 2 Physician Assistants, 2 Psychologists, 2 Psychiatrists & 2 Dentists***
  - ***Licensed Clinical Social Worker & Certified Diabetes Educator***
- **Regional Expansion of Graduate Medical Education**
  - *Providing financial support of residency spots at local GME Program, rotations at regional sites, minimum 3 year commitment to work in region*

NORTHCOUNTRY INITIATIVE

Use of Data to Inform Cultural Competency and Health Literacy Plan

Diversity and Inclusion: Language Access, Health Literacy, Cultural Competence, Healthcare Equality



- Plans, policies, procedures
- D&I initiatives
- Staff development and training
- Monthly meetings
- Develop programs, share best practice
- Report all information to site leadership
- Organizational capacity
- Training: status, ability and needs
- Service improvement

Findings:	Action:
50% partners without language access	✓ Contracted vendor for interpreting and translating needs; supplying sites with Video Remote Interpreting Equipment
85% partners identified need for Medical Interpreter Training	✓ Contracted 2 Medical Interpreter training vendors specializing in hospital and community interpreting
65% partners seek LGBT and Disability sensitivity training	✓ Contracted with CBO- Pride Center of Staten island to provide PPS-Wide LGBT Healthcare Equality training
	✓ Contracting with CBO PCCS to deliver sensitivity training for working with persons with developmental disabilities
90% partners identified Health Literacy as area for improvement	✓ Developing Health Literacy provider and community training

Suffolk Care Collaborative

Online Learning Center for Providers & Partners Live!

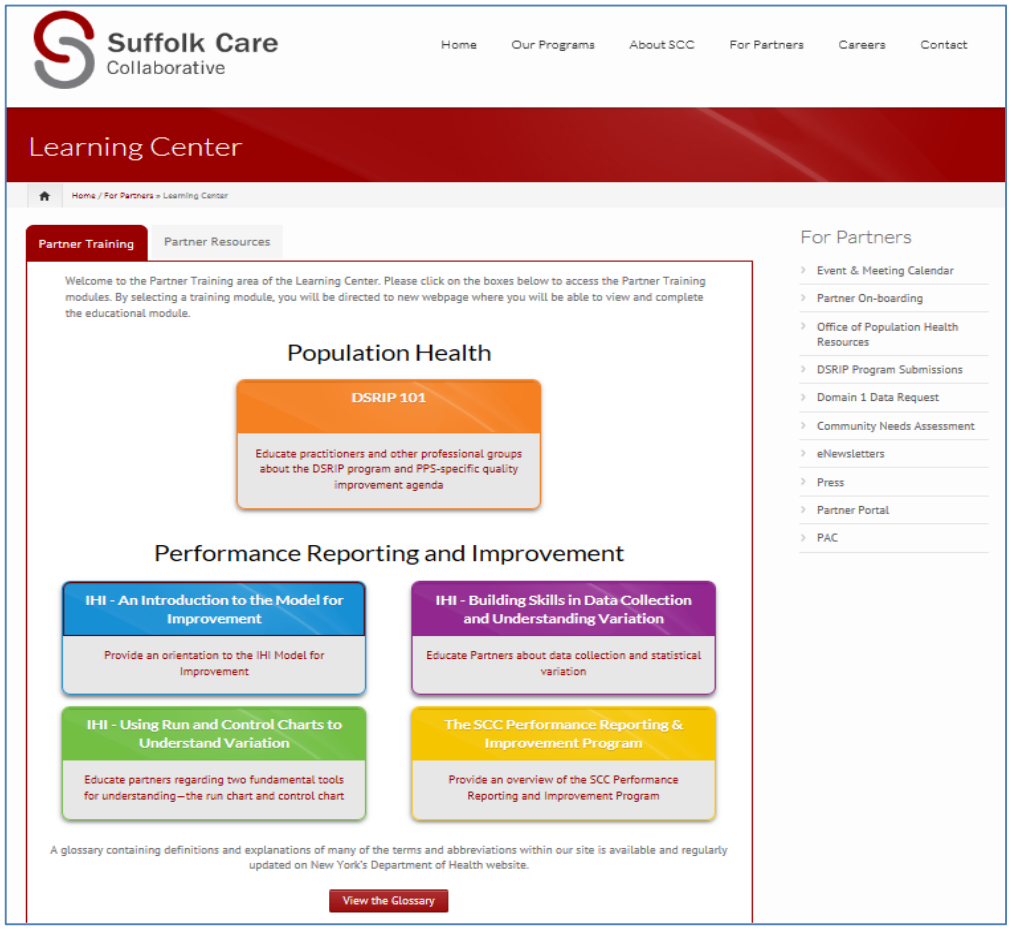
Current Modules include:

- ✓ Population Health
- ✓ DSRIP 101
- ✓ Performance Reporting & Improvement Education
- ✓ Cultural Competency & Health Literacy 101

Coming Soon!

- New Models of Care & Healthcare Trends
- Motivational Interviewing & Health Coaching
- Care Coordination Methodology
- Behavioral Health Integrated Care
- Cardiovascular Health Wellness
- Diabetes Wellness
- Transitions of Care

- ✓ Learning Modules are 15-30 Minutes in length
- ✓ Participants complete a brief registration form and post evaluation
- ✓ Participation is tracked for DOH reporting purposes



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QUESTIONS?