

Nassau Queens PPS

DSRIP Workforce Current

State Assessment

Organization:	Nassau Queens PPS (NQP)
Document:	DSRIP Workforce Current State Assessment
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Table of Contents

BACKGROUND AND PURPOSE.....	3
Nassau Queens PPS Overview	3
Purpose of the Workforce Current State Assessment	3
WORKFORCE OVERVIEW	4
Organizational Overview	4
Workforce Demographics & Service Summary.....	5
Labor.....	6
NQP WORKFORCE CURRENT STATE ANALYSIS	7
Data Sources and Collection Methodology	7
Job Classifications.....	7
Workforce Challenges.....	9
Bench Strength	10
Separation Trends.....	11
Recruitment and Retention Programs	11
CONCLUSION	12
Current State Assessment Summary.....	12
Workforce Next Steps	12
APPENDIX	13
NQP PPS Workforce Data	13
NQP PPS Community Needs Assessment – Overall Demographics.....	15
NQP PPS Training Inventory	17

BACKGROUND AND PURPOSE

Nassau Queens PPS Overview

The Nassau Queens PPS (also referred to as NQP), is participating in the New York State Delivery System Reform Incentive Payment Program (NYS DSRIP). NQP’s governance model is led by Nassau University Medical Center (NUMC) and is composed of three hubs, which feed into an overarching project management office (PMO). The hubs in the PPS are Long Island Jewish Medical Center, Nassau University Medical Center (NUMC), and Catholic Health Services Long Island (CHS). The PPS has approximately 8,500 partners in the network who will collaborate to achieve the goals of DSRIP.

Over the course of 5 years, the DSRIP projects aim to reduce preventable hospital admissions and emergency department visits by 25% for Medicaid beneficiaries. NQP has identified 11 projects to support this goal, based upon a community needs assessment. The projects selected by NQP include creating an integrated delivery system, implementing INTERACT in nursing facilities, improving the transition of care at discharge, improving cardiovascular preventative care in the primary care setting, among several other projects. The requirements of these projects, and the goal of reducing avoidable hospital use, will reform the needs of the healthcare workforce over the next several years. The NQP PPS, and its three lead hubs, will have significant influence on workforce strategy, including workforce needs, competencies, training, potential redeployment, and new hires.

The NQP PPS, and its three lead hubs, will have significant influence on the direction of the workforce, including the identification of current and future workforce needs and establishing a training strategy that will support the retraining and/or redeployment of existing employees and hiring new employees.

Purpose of the Workforce Current State Assessment

The NQP workforce current state assessment aims to provide the PPS with a comprehensive understanding of the segments of workforce that will be potentially impacted by DSRIP. The PPS will utilize this analysis as baseline data from which to forecast the future workforce

Provider Type	# Included in Assessment
Skilled Nursing Facility	10
Hospital	7
Community Based Organization	5
Home Care	2
Specialty Care	2
FQHC	1
Article 28 Clinic	1
Behavioral Health	1
Pediatric Behavioral Health & Substance Abuse	1
Private Physician Office	1
Total	31

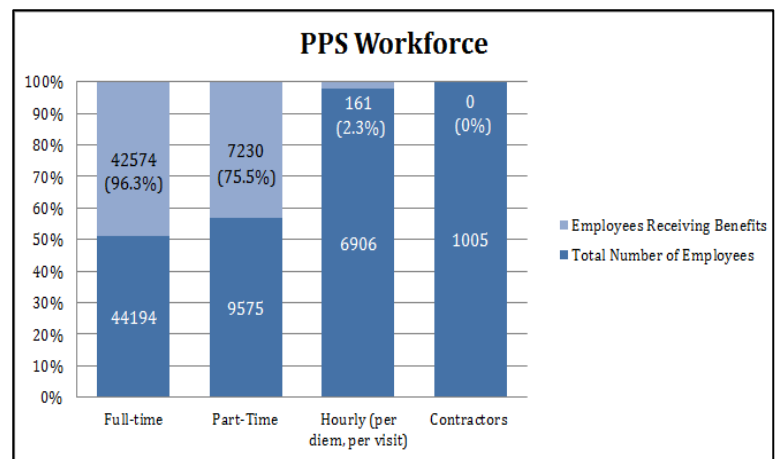
state, perform a gap analysis and create a workforce transition roadmap to ensure that staff are able to continue to succeed in the changing healthcare landscape. The current state assessment functions as a snapshot in time and is based on a representative sampling of 60,000 employees working at numerous organizations, including hospitals, skilled nursing facilities, home care agencies, clinics, community based organizations, and is based on data as of December 31, 2015.

WORKFORCE OVERVIEW

Organizational Overview

Nassau Queens PPS

The Nassau Queens PPS (NQP) is a collaborative entity of three hubs, Catholic Health Services Long Island, Long Island Jewish Medical Center of Northwell Health, and Nassau University Medical Center of NuHealth, to implement projects for the Medicaid Beneficiaries as a part of the NYS DSRIP program. The lead hospitals for NQP represent core healthcare institutions for the geographical areas of Nassau County and eastern Queens County. These entities



represent successful integrated delivery systems, which aim to provide the finest care to patients in the region. CHS and Long Island Jewish Medical Center are private healthcare providers and NUMC is a public hospital; all three of these systems include numerous acute care and other health system networks and facilities across the continuum of care.

PPS Partner Network

The NQP PPS partners collectively employ over 60,000 healthcare workers in the Queens and Long Island regions of New York State. These partners include acute care facilities, nursing homes, home care agencies, community based organizations, primary care and behavioral health providers, clinics, and numerous others. The representative sampling of organizations included in this analysis employ over 44,000 full time employees, 9,500 part-time employees, and 6,900 per diem employees. These organizations work to improve the lives of the communities they serve by offering services such as counseling and guidance for mental illness, substance abuse treatment, crisis stabilization services, wrap around care for acute and chronic diseases, home care nursing and health services, pediatric

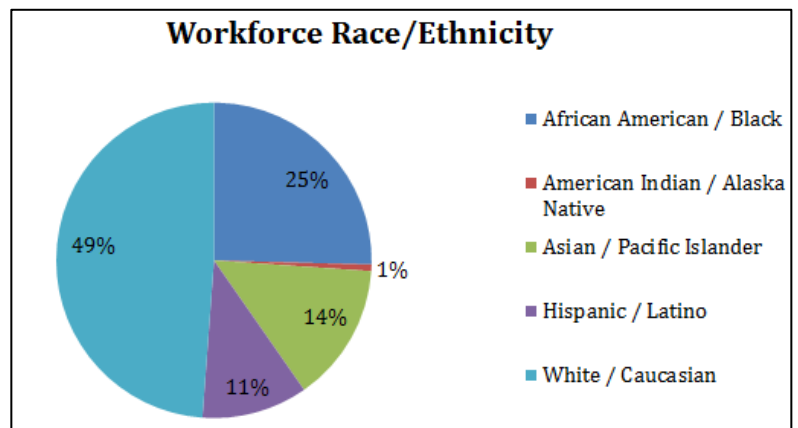
medical and behavioral health services, ambulatory care, urgent care, and traditional hospital based care.

The PPS partners are inclusive of non-profit and for-profit organizations, faith-based and secular institutions, traditional health care facilities, academic medical centers, and new community based services, and PPS partners based on long-standing organizational relationships and new partners who will provide needed services to patients based on the community needs assessment and overall DSRIP goals. The workforce employed by the PPS partners is representative of the diversity of the PPS workforce as a whole. Based on the PPS CNA, disparities are seen in race/ethnicity and primary language, when comparing the employed workforce to the demographics of the communities served.

WORKFORCE PROFILE

Workforce Demographics

The NQP PPS workforce includes over 60,000 employees across partner organizations in the PPS. The average age of employees represented is 43.38 years old. Approximately 71% of the workforce is employed full time and 81% of employees are receiving benefits through their employer. Of the employees represented, 72% are female and only 27% are male. The employees represent a diverse



population that parallels the communities served by the organizations; 91% speak English while 73% of community members identified English as their preferred language for healthcare in the NQP community needs assessment; Spanish is spoken by 3.3% of employees while 22% of community members identified it as their preferred language (see Appendix 1). These employees represent a diverse group with 47.9% Caucasian, 24.9% African American, 10.6% Hispanic / Latino, 13.9% Asian / Pacific Islander, and 0.6% American Indian /Alaska Native. As illustrated in the community needs assessment, there is a gap between both the demographics and spoken language of community served and the employed workforce. Of the representative organizations, the workforce is composed of 20% entry-level, and 48% experienced positions. Additionally, 45% of employees are professional, 15% credentialed and 44% clinical.

Over the course of DSRIP, the workforce will continue to change and adapt to the needs of the patient population and changes in healthcare delivery.

Labor

Nassau Queens PPS

Approximately two thirds of PPS partners have union representation at their organizations, covering 20% of the employees in the PPS. The PPS is committed to engaging labor union partners to ensure the workforce is prepared for the transformation through DSRIP. To achieve this, representatives from the three most represented unions in the workforce have been invited to attend the PPS workforce sub-committee meetings and provide insight into the creation and implementation of the PPS workforce strategy. Additionally, the PPS has committed to partnering with a certified workforce vendor for training and will work with the committee to engage in the appropriate steps to execute this collaboration.

PPS Partner Network

Employees of the PPS partner organizations are primarily represented by three unions:

1. *1199SEIU*

1199SEIU United Healthcare Workers East represents 350,000 members in five states & Washington D.C. We are the largest healthcare workers Local in the nation. We represent over 200,000 healthcare workers in New York State of which 14,000 are in the NQP PPS catchment area. We represent all categories of healthcare workers including service & maintenance, clerical, technical, professional, Registered Nurses & even some Doctors. We have established a high standard of employee working conditions & contribute to the high levels of care at the various hospitals, nursing homes, rehab facilities, ambulatory centers & homecare agencies where our members work.

2. *Civil Service Employees Association (CSEA)*

The Civil Service Employees Association (CSEA) is a labor union representing 300,000 workers throughout New York State in the public and private sector. CSEA represents workers in state and local government, health care, school districts, and the child care industry. CSEA represents tens of thousands of employees at health care facilities throughout New York State, including approximately 98% of the 3400 employees at Nassau Health Care Corporation (NHCC).

3. *New York State Nurses Association (NYSNA)*

The New York State Nurses Association is a union of 37,000 frontline nurses standing together for strength at work, our practice, safe staffing, and healthcare for

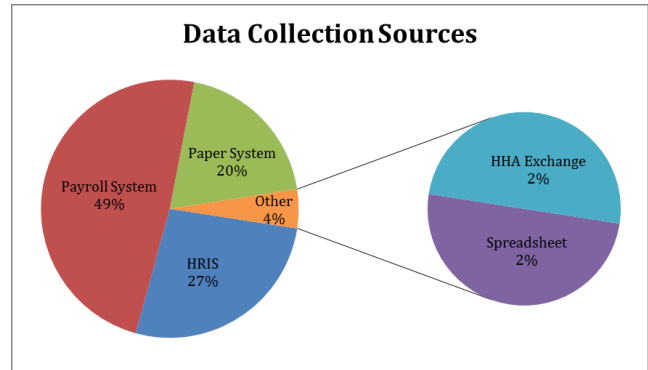
all. We are New York's largest union and professional association for registered nurses. Founded in 1901, NYSNA represents both public and private hospital RNs across the state.

These unions generally cover both clinical and administrative staff; engagement varies by organization and the unions may engage in collective bargaining, training, and employee recruitment. PPS partners also have representation from the Teamsters, UFCW Local 2013, APTA, UPP, and CIR unions.

NQP WORKFORCE CURRENT STATE ANALYSIS

Data Sources and Collection Methodology

PPS partners utilized several methods for collecting and reporting the workforce data to the NQP PPS. Half of the partners used a payroll system to report data and ~30% used an electronic system such as HRIS or HHA Exchange. The remaining partners, ~22%, used paper-based systems to report the data. Similar to other work streams in DSRIP, the paper based HR systems pose a potential risk to the PPS in the ability to report workforce impact due to DSRIP in both an accurate and timely fashion. The NQP PPS will report on workforce impact on a biannual basis throughout the DSRIP waiver and will continue to work with partners to ensure that this data is aggregated and reported as required.



DSRIP Job Classifications

The NQP PPS engaged partners in determining the workforce current state. PPS partners utilized their internal job families and categories to align current positions with the DSRIP categories provided by the NYS DOH. This data will be utilized to help forecast workforce impact on recruitment, redeployment, and retraining across the PPS. This information will also inform the creation of the future state, gap analysis, and transition roadmap for the workforce sub-committee as it plans workforce strategy and identifies gaps that must be addressed throughout the DSRIP transformation process.

Job Title	FTE Count
Physicians	1981.76
Primary Care	546.8
Other Specialists (Non-Behavioral Health)	1434.96
Behavioral Health	964.88
Psychiatrist	111.3
Psychologists	80.57
Psychiatric Nurse Practitioner	18.2
LCSW (Not providing Case / Care Management)	175.6
Substance Abuse & Behavioral Disorder Counselor	47.3
Social & Human Services	105.41
Psychiatric Aides / Techs	307
Other	119.5
Social Worker- Care Coordinator / Case Management	679.36
Bachelor's Social Work	151.8
Licensed Masters Social Work	201.6
Social Worker / Care Coordinator / Case Manager/ Care Transitions	316.96
Other	9
Physician Assistants	557.99
Primary Care	51.9
Other Specialists (Non-Behavioral Health)	506.09
Midwives	5
Nursing	10470.69
Nurse Managers/ Supervisors	1062.51
Staff Registered Nurses	3981.51
RN Care Coordinator / Case Manager /Care Transitions	285.49
Manager /Care Transitions	30.8
LPN Care Coordinators / Case Managers	384.17
Other Registered Nurses (Utilization Review, Staff Development etc.)	4726.21
Clinical Support	7990.49
Medical Assistants	634.52

Job Title	FTE Count
Administrative Support	7403.25
Office Clerks	3358.54
Secretaries/ Administrative Assistants	1613.3
Coders / Billers	343.68
Dietary / Food Services	331.29
Financial Services Representatives	367.43
Housekeeping	343.3
Medical Interpreters	6.45
Patient Services Representatives	271.18
Transportation	102.8
Other	665.28
Health Information Technology	595.3
HIT Managers	104
Hardware Maintenance	77.8
Software Programmers	81.7
Technical Support	310.8
Other	21
Janitors & Cleaners	1162.96
Home Health Care	4620.94
Certified Home Health Aides	2782.69
Personal Care Aides	1826
Other	12.25
Other Allied Health	2028.81
Nutritionist	112.53
Occupational Therapists	146.29
Occupational Therapy Assistants / Aides	33.03
Pharmacists	370.87
Pharmacy Technicians	213.41
Physician Therapists	315.01
Physical Therapy Assistants / Aides	172.69

Nurse Aids/Assistants	2940.14
Patient Care Technicians	2423.62
Clinical Laboratory Technologists & Technicians	765.57
Other	1226.64
Administrative Staff	3999.44
Executive	591.8
Financial	1041.74
Human Resources	321.23
Other	2044.67

Respiratory Therapists	327.8
Speech Language Pathologists	60.98
Other	276.2
Patient Educator	50.29
Certified Asthma Educator	1
Certified Diabetes Educator	14.29
Health Coach	6
Health Educator	25.6
Other	3.4

Workforce Challenges

PPS partners identified a myriad of challenges in recruiting and sustaining the workforce at their organizations. The top challenges identified included the ability to offer competitive salaries and benefits, geography, shift schedules, and recruitment of clinical RNs and behavioral health providers. Additionally, PPS partners face recruitment challenges including bilingual employees, limited applicants for emerging job titles as outlined in the HANYS Doctor Shortage publication¹, and minimal current workforce development programs specific to DSRIP needs and emerging job titles.

Compensation & Benefits

Smaller PPS providers stated that due to the high salaries of the NYC area, they are unable to compete with larger health systems to provide comparable salaries, especially to RNs. Additionally, organizations identified that they are unable to provide competitive benefits to per diem employees. Several partners also identified an inability to incentivize high performing employees appropriately as a challenge for both recruitment and retention.

Geography, Language, & Shift

Many organizations cited issues with recruitment regarding geography, language, and shift schedule. Many of the community-based providers are in locations that are desirable for patients but may not be for employees. Partners also reported challenges in recruiting bilingual employees to ensure that care can be provided in the patient's preferred language when possible. Finally, as partners look to provide expanded both weekday hours and offer weekend services for patients, recruiting risk exists as it becomes more challenging to identify and recruit staff for less desirable shifts.

¹ Doctor Shortage Imperils Primary Care Expansion | Results of HANYS' 2014 Physician Advocacy Survey
https://www.hanys.org/communications/publications/2014/doctor_shortage.pdf

Clinical Providers

PPS Partners identified clinical provider recruitment, specifically RNs and Behavioral Health (psychiatric) providers as one of the biggest workforce challenges. These challenges align with the Doctor Shortage Imperils Primary Care Expansion- Results on HANYS 2014 Physician Advocacy Survey² results; specifically that 63% of organizations report that recruitment for psychiatrists is difficult and the majority of surveyed organizations indicated that they planned to recruit more RNs in the coming years.

Bench Strength

To combat the challenges identified in recruiting and retaining the existing workforce, partner organizations have implemented several programs to build internal bench strength. These programs include:

- *Partner with Schools & Universities:* organizations indicated that they partner with the military, community organizations, grade/high schools, local colleges, schools for nursing programs and other degree programs to recruit for new hires, provide ongoing training for existing staff, host internships/clinical rotations, and build career pathways for staff
- *Tuition Reimbursement:* provide tuition reimbursement to employees pursuing college / advanced degrees to further their career
- *Internal Training & Education:* engage staff in ongoing professional and career development through instructor led and webinar training programs covering various topics in healthcare; engage an on-staff nurse / clinical educators to provide education to clinical staff throughout the institution

As demonstrated, many partner organizations employ a variety of mechanisms to improve bench strength through both internal initiatives and external partnerships.

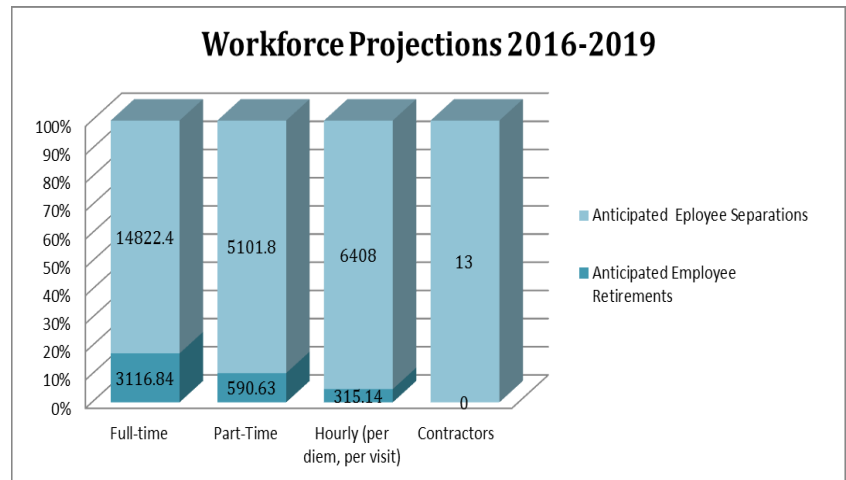
² Doctor Shortage Imperils Primary Care Expansion | Results of HANYS' 2014 Physician Advocacy Survey
https://www.hanys.org/communications/publications/2014/doctor_shortage.pdf

Separation Trends

PPS partners have an average separation rate of 15% annually, with individual organization that are ranging from 4%-20%.

Similar to the identified workforce challenges, PPS partners identified competitive salaries and a lack of career growth as major contributory factors. Additionally, some partners have had layoffs in the past several years, which led to higher separation rates than generally observed.

Finally, many organizations identified that high retirement rates have been seen due to many baby boomers becoming eligible for retirement.



PPS Retirement Statistics	
Annual Retirement Rate	2%
Average Retirement Age	65.7
Employees Eligible Retirement – 1 Year	2,694
Employees Eligible Retirement – 5 Years	5,611
Employees Eligible Retirement- 10 Years	10,181

Recruitment and Retention Programs

The PPS partners have an average retention rate of 85%. Partners utilize employee recognition programs, internal promotions, competitive pay, work-life programs, benefits such as discount programs and tuition reimbursement, and career progressions to improve employee satisfaction / engagement scores and workforce retention.

Organizations rely on their collaboration with partners on building bench strength as a recruitment mechanism. This includes partnerships with local schools and universities to host internships, host clinical rotations, and ensure an adequately trained graduating class to pursue vacancies. Additionally, numerous partners reported participating in job fairs to recruit new hires to mitigate vacancies.

CONCLUSION

Current State Assessment Summary

The NQP PPS employs over 60,000 employees across partners located in Nassau and Queens Counties. Partners sampled in the current state assessment represent each of the provider types in DSRIP: Clinics, SNFs, Hospitals, PCPs, CBOs, Home Care, and Behavioral Health providers. PPS partners have numerous programs to build bench strength and recruit new hires into current vacancies. Additionally, as seen across New York State, partners have challenges recruiting clinical positions, especially RNs and behavioral health providers.

Workforce Next Steps

The NQP PPS will utilize the current state assessment to work with selected workforce vendors to create the future state and gap analysis, transition roadmap, and workforce-training strategy. Utilizing the current state, these documents will map workforce needs, including training and licensure needs, to the project requirements for the 11 projects selected by NQP. The NQP PPS has created a preliminary inventory of training needs for PPS participants, included in the appendix. The workforce current state assessment will serve as a baseline for completing the additional workforce milestones and projecting the needs of the workforce over the course of the DSRIP waiver.

APPENDIX

NQP PPS Workforce Data

The following is the NQP PPS workforce survey raw data, which is referenced in this assessment.

NQP Workforce FTE Count	
Total FTE Count	61,680
Total # of Full-Time Employees Receiving Benefits	42,574
Total # of Part-Time Employees Receiving Benefits	7,230
Total # of Per Diem Employees Receiving Benefits	161
Total # of Contractors Receiving Benefits	0

NQP Workforce Demographics	
Average Employee Age	43.49
Percentage of employees that are African American/Black	24.93%
Percentage of employees that are American Indian/Alaska Native	0.66%
Percentage of employees that are Asian/Pacific Islander	13.95%
Percentage of employees that are Hispanic/Latino	10.64%
Percentage of employees that are White/Caucasian	47.90%
Percentage of employees that are Other	1.51%
Percentage of employees that Female	72.20%
Percentage of employees that are Male	27.79%
English (Primary Language)	91.43%
English (Secondary Language)	9.94%
Spanish (Primary Language)	3.38%
Spanish (Secondary Language)	4.93%
Russian (Primary Language)	1.00%
Russian (Secondary Language)	0.31%
Korean (Primary Language)	0.18%
Korean (Secondary Language)	0.10%
Chinese - Mandarin (Primary Language)	0.52%
Chinese - Mandarin (Secondary Language)	0.52%
Chinese - Cantonese (Primary Language)	0.43%
Chinese - Cantonese (Secondary Language)	0.38%
Hebrew (Primary Language)	0.14%
Hebrew (Secondary Language)	0.46%
Other (Primary Language)	4.04%
Other (Secondary Language)	5.25%
Percentage of employees that are Entry Level	20.40%
Percentage of employees that are Clinical	44.36%
Percentage of employees that are Professional	39.85%

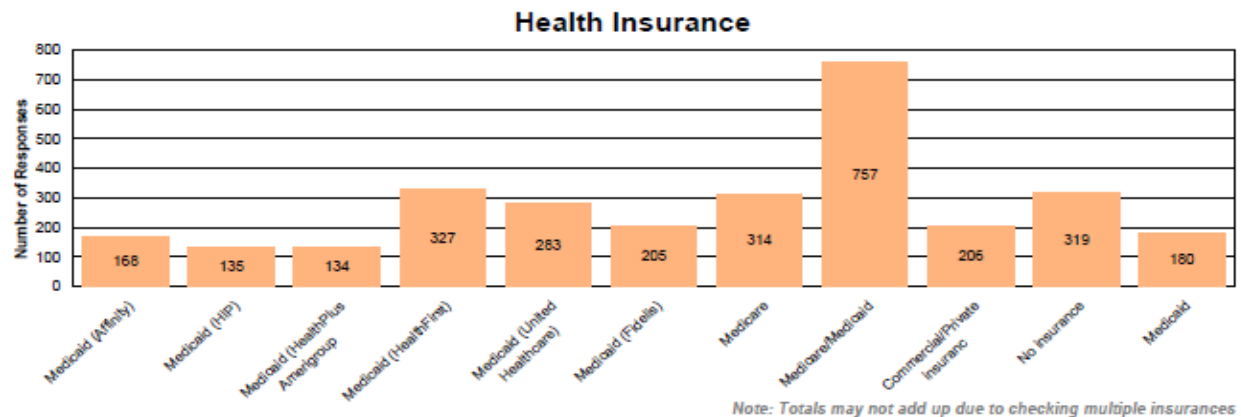
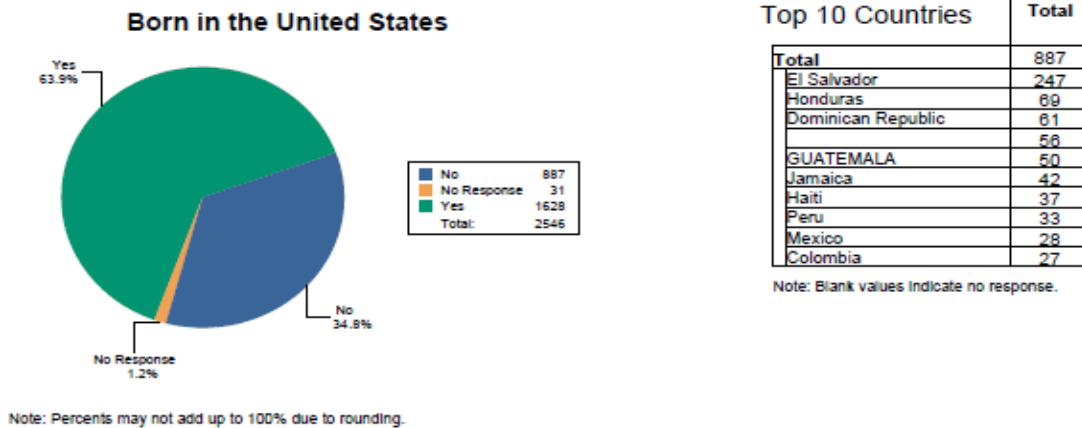
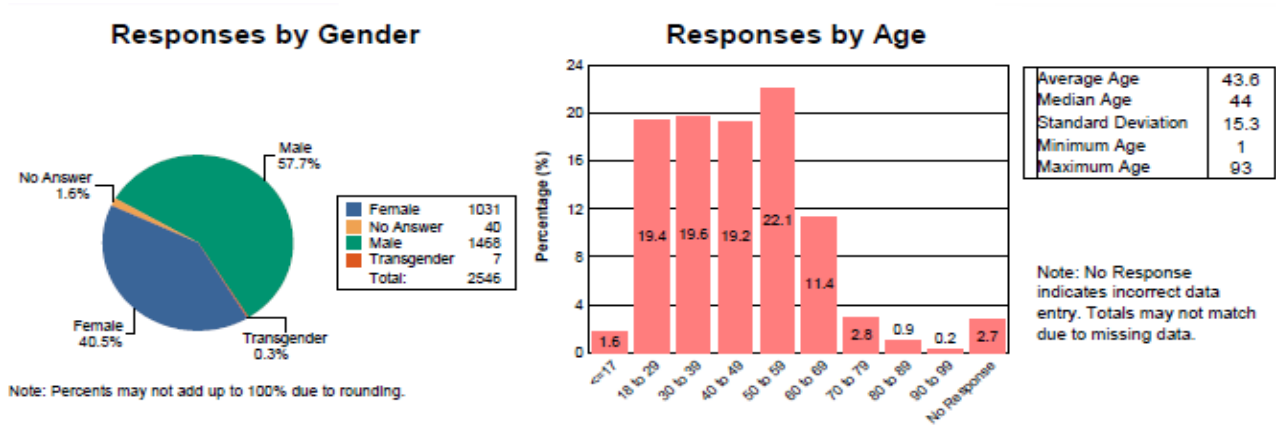
Percentage of employees that are Management/Executive	9.50%
Percentage of professional employees	45.35%
Percentage of credentialed employees	15.39%
Percentage of certified employees	54.47%
Percentage of experienced employees	48.26%
Percentage of employees that are union	21.68%
Percentage of employees that are non-union	78.32%

NQP Workforce Retirements & Separations	
Total # of expected retirements of Full-Time employees (2016-2019)	3,116.84
Total # of expected retirements of Part-Time employees (2016-2019)	590.63
Total # of expected retirements of Per-Diem employees (2016-2019)	315.14
Total # of expected retirements of Contractors (2016-2019)	0
Total # of expected separations of Full-Time employees (2016-2019)	14,822.4
Total # of expected separations of Part-Time employees (2016-2019)	5,101.8
Total # of expected separations of Per-Diem employees (2016-2019)	6,408
Total # of expected separations of Contractors (2016-2019)	13
PPS Average Retention Rate	85.48%
PPS Average Annual Turnover	22.15%
PPS Average Turnover	11.90%

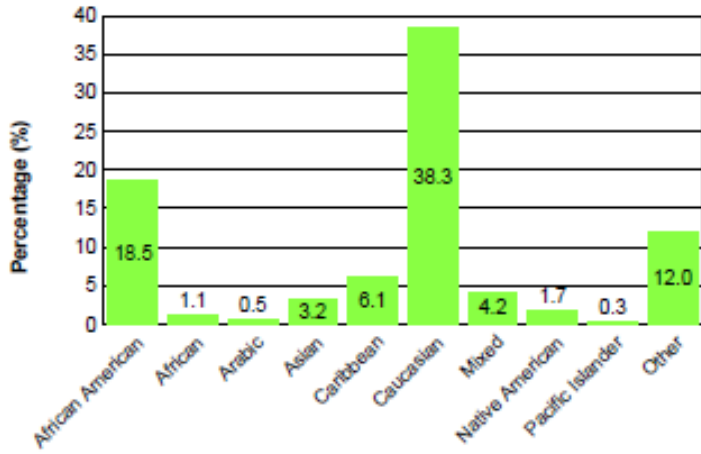
NQP Workforce Recruitment Projections (2016-2019)	
Total # of expected Full-Time new hires	22,552
Total # of expected Part-Time new hires	6,633
Total # of expected Per-Diem new hires	7,628
Total # of expected new Contractors	34

NQP PPS Community Needs Assessment – Overall Demographics

NQP completed a Community Needs Assessment (CNA) in 2014 as part of the DSRIP application requirements. The demographics of the patient population and the health disparities identified assisted in driving the PPS project selection. This information will continue to help drive strategy for the PPS across work streams and projects. The full CNA is available at <http://nassauqueenspps.org/resources>.

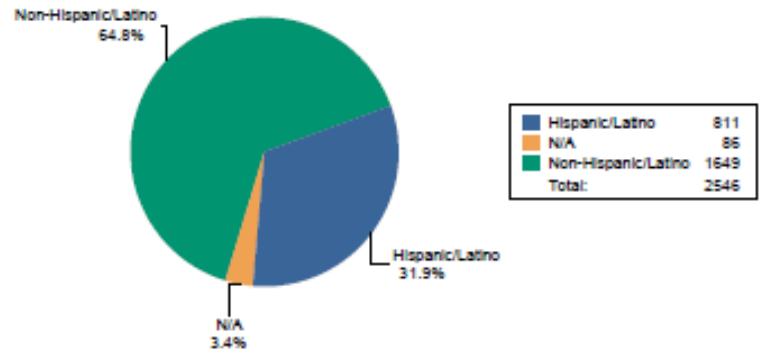


Ethnicity



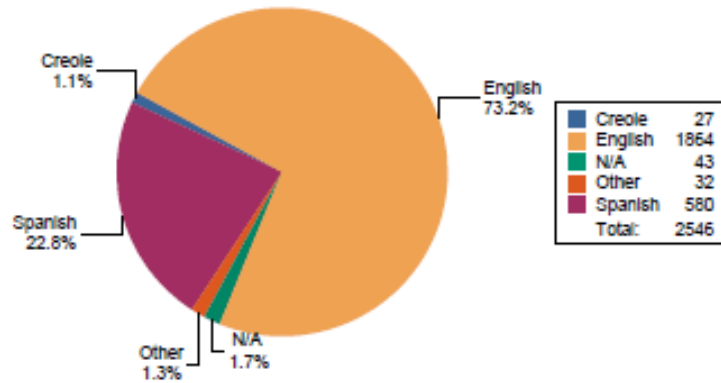
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

NQP PPS Training Inventory

The PPS has completed a preliminary inventory of training needs based on the work streams and projects that the PPS is completing. These trainings will be used to create the PPS training plan for the workforce and plan for future needs to ensure that all members of the workforce are adequately prepared for the paradigm shift DSRIP aims to achieve.

Project / Work Stream	Milestone Name	Metric/Task/Deliverables	Training Description	DSRIP Due Date
Clinical Integration	2. Develop a Clinical Integration Strategy	5. Training for all provider types will be developed and executed. Training will cover new work flows, new tools, and the underlying concepts of care coordination.	<ul style="list-style-type: none"> NQP PPS Clinical Integration Training (Overall) 	DY2 Q2
Cultural Competency	2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	1. Identify patient-facing staff and CBO staff who would benefit from training on cultural competency and health literacy issues.	<ul style="list-style-type: none"> CCHL Training 	DY1 Q3
Cultural Competency	2. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	6. Evaluate training sessions regarding specific engagement strategies and patient engagement approaches.	<ul style="list-style-type: none"> AskMe3 Teach Back 	DY2 Q1
Financial Sustainability	4. Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	7. Conduct Stakeholder Engagement with PPS Providers - Survey providers regarding the value of educational efforts, their knowledge of VBP post-training and needs for additional training.	<ul style="list-style-type: none"> VBP Training 	DY1 Q4
IT	2. Develop an IT Change Management Strategy	6. The IT Committee will develop an IT specific education and training plan. This training plan will be integrated with NQP's overall training strategy.	<ul style="list-style-type: none"> IT Change Management IT Population Health Mgmt IT RHIO / EHR 	DY2 Q2

IT	4. Develop a specific plan for engaging attributed members in Qualifying Entities	6. Create a training plan for Community Health Worker (CHW) and hire.	<ul style="list-style-type: none"> Community Health Worker Training 	DY2 Q2
Performance Reporting	1. Establish reporting structure for PPS-wide performance reporting and communication	11. Conduct training throughout network for reporters.	<ul style="list-style-type: none"> Performance Reporting & Engagement Training 	DY2 Q2
Performance Reporting	2. Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting	2. Identify PPS training capabilities and network training needs.	<ul style="list-style-type: none"> Rapid Cycle Evaluation Quality Response Training 	DY1 Q3
Practitioner Engagement	2. Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda	4. Schedule and execute training for all DSRIP projects.	<ul style="list-style-type: none"> Project Based DSRIP Training 	DY2 Q1
Practitioner Engagement	2. Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda	6. Determine content for onboarding, semi annual, and annual refresher training	<ul style="list-style-type: none"> DSRIP 101 Training 	DY2 Q1
Project 2.a.i	11. Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally-competent community-based organizations, as appropriate.	4. Develop a workforce and training plan to train/retrain/redeploy community health workers, peers, care managers and other PPS staff in outreach and navigation. The training program will include modules on cultural competency and behavioral health to help PPS achieve high levels of patient engagement in all communities.	<ul style="list-style-type: none"> Care Coordination Training 	DY2 Q3

Project 2.b.ii	2. Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with theED.	4. Support implementation and provide technical assistance and training as needed to each co-located primary care practice on meeting the NCQA requirements.	<ul style="list-style-type: none"> • PCMH Training (NCQA) 	DY3 Q4
Project 2.b.vii	1. Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net .	7. Conduct trainings based on agreed upon infrastructure and the results of the INTERACT selected trainers. Trainer will be responsible for (a) teaching on-site staff trainers; ensuring each SNF has identified a facility champion and (c) coordination of INTERACT Version 4.0 tools implementation across SNFs. Tools must include care paths and advance care planning tool.	<ul style="list-style-type: none"> • INTERACT - Facility Champion 	DY2 Q2
Project 2.b.vii	3. Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	5. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs and champions.	<ul style="list-style-type: none"> • INTERACT - Train the Trainer 	DY1 Q4
Project 2.b.vii	4. Educate all staff on care pathways and INTERACT principles.	2. Identify all staff that require training.	<ul style="list-style-type: none"> • INTERACT - Support Staff 	DY1 Q4
Project 2.b.vii	5. Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	6. Specific training of ACP tools addressed in curriculum design.	<ul style="list-style-type: none"> • Advanced Care Planning Training 	DY2 Q2

Project 2.d.i	13. Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM®.	2. Coordinate PAM training sessions with Insignia Health for community navigators and other personnel, with participation from PAM training team (described in Milestone 2).	• PAM Training	DY1 Q3
Project 2.d.i	14. Ensure direct hand-offs to navigators who are prominently placed at “hot spots,” partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	2. Provide training for community navigators using curriculum in Step 1. Offer additional trainings as needed.	• Community Navigator Training	DY3 Q4
Project 2.d.i	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	1. Identify individuals for the PPS-wide training team, including people familiar with patient engagement and activation.	• PAM Training	DY1 Q3
Project 2.d.i	2. Establish a PPS-wide training team, comprised of members with training in PAM® and expertise in patient activation and engagement.	2. Coordinate PAM® training session with Insignia Health for individuals identified in step 1.	• PAM Training	DY1 Q3
Project 3.b.i	10. Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	4. Coordinate periodic training at the hub level around patient identification and hypertension visit scheduling.	• Million Hearts Campaign Training	DY3 Q4
Project 4.a.iii	2: In collaboration with Health Homes and CBOs, develop, implement and manage “Collaborative Care” in primary care teams including all relevant team members.	7. Conduct collaborative training for PCPs, MCOs, and Health Homes with shared patients.	• Care Coordination Training	DY2 Q4

Project 4.a.iii	3: Develop strategies to deliver culturally and linguistically appropriate behavioral health services in collaboration with community-based organizations through staff training, based on patient needs as defined by patients and families.	7. Engage the PPS-wide Cultural Competency and Health Literacy committee and the PPS-wide CBO workgroup for feedback on proposed Collaborative Care models and MEB partnerships as well as input on MEB training at the PPS level.	<ul style="list-style-type: none"> • MEB Training (Identification / Best Practice / etc.) • 5 A's Training • SBIRT / PHQ2 / PHQ9 Training 	DY3 Q4
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