

A high-angle photograph of six business professionals (three men and three women) seated around a white round table in a meeting. They are dressed in business attire. The table is cluttered with various items: a laptop, several clipboards with documents and charts, two smartphones, and a pair of glasses. The participants are engaged in discussion, looking at the documents and each other. The background is a light-colored tiled floor.

Montefiore

Montefiore Hudson Valley Collaborative PPS Workforce Transition Roadmap



Workforce Transition Roadmap

The Path to the Target Workforce State



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Montefiore Hudson Valley Collaborative (MHVC) is striving to develop a strong, progressive and nimble health care workforce for the future. To achieve that goal, we acknowledge we must invest in transformation. MHVC has approximately 100,000 employees within our network and we are committed to building a high-performing workforce that is prepared for ongoing reform. Through this 5-year transformation process, the job duties for some staff will be modified and others will require the development of new skills as their roles change and the approach to care changes. However, we believe making the right changes will result a workforce that is more experienced, motivated and well trained.

Sharpening the focus on workforce development is essential to ensure that we employ a sufficient number of trained professionals entering the workforce and that continuing education for these professionals is accessible, encouraged, relevant and linked to core MHVC project requirements. Building a fully integrated delivery system requires having our patients served by a fully trained, culturally competent team, representing the optimal mix of professional disciplines.

This document is MHVC's official Workforce Transition Roadmap and it describes the gaps within our workforce, provides a vision for an adequately sized and competent workforce, and describes priority strategies and activities that we're initiating to help achieve gap closure in the following essential workforce areas:

- ❑ **Training & Education**
- ❑ **Recruitment & Retention**
- ❑ **Retraining & Redeployment**
- ❑ **Organizational Development**



Workforce Strategic Planning

The MHVC workforce development and planning efforts focus on understanding the numerical gaps that exist between our current supply and future demand, identifying and articulating skills and competency gaps, anticipating trends that may impact the workforce in the future and analyzing the ways in which positions will need to change.

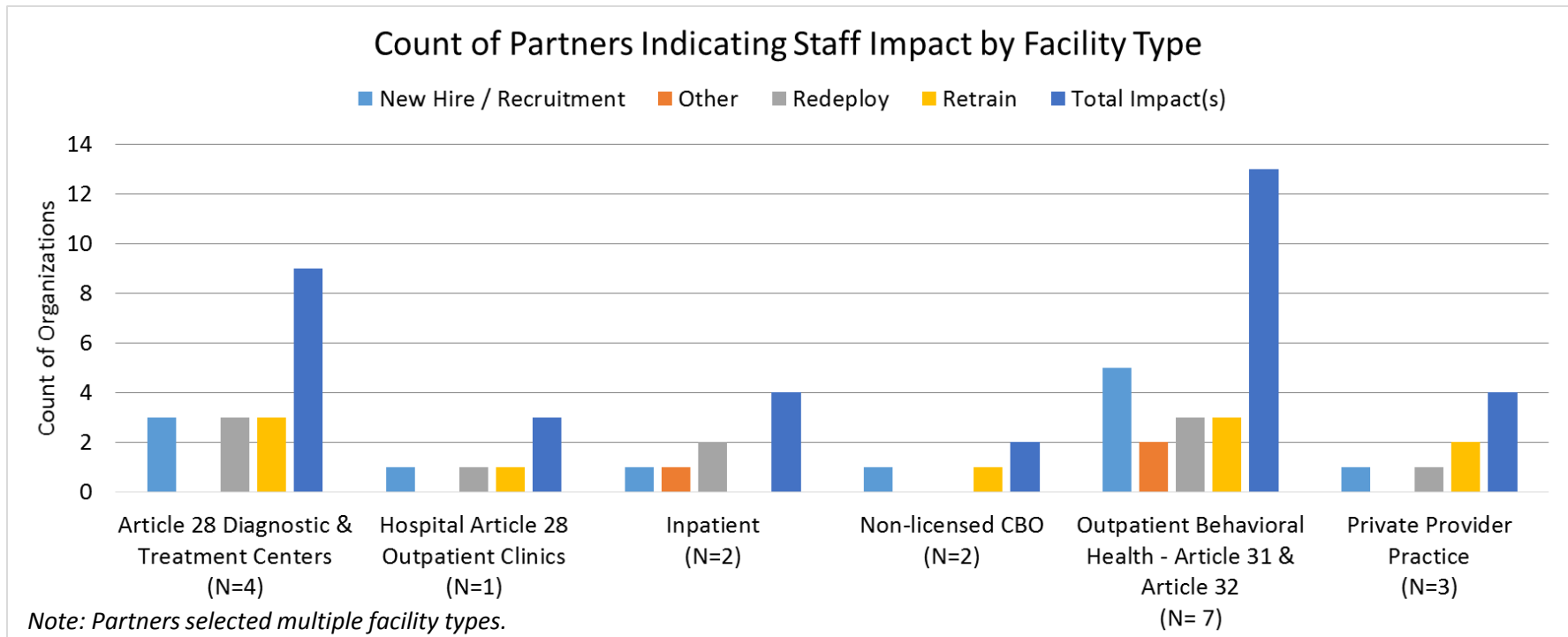
The primary goal of the Montefiore Hudson Valley Collaboratives' Workforce Transition Roadmap is to assess, understand, and take the required steps to close gaps identified within our workforce. We aim to develop highly trained healthcare professionals both during and after DSRIP implementation. The Transition Roadmap will serve as our "living" strategic planning document and the objectives of are to:

- ❑ Work collaboratively with our network partners to evaluate and close numerical gaps across various job categories.
- ❑ Train and equip personnel with the knowledge, skills and competencies to perform all new business and clinical system and process tasks required in support of our DSRIP projects.
- ❑ Increase the skillset of the current workforce with workflow processes, job aids, evidenced-based guidelines, and real-time information about patient experience.
- ❑ Reduce the time that it takes personnel to fully adopt new business, care management and care delivery processes, thereby reducing costs of initial lost productivity and ongoing support.
- ❑ Implement change management processes to reduce anxiety staff may experience when workforce changes are implemented.



Successful workforce development is a journey, with multiple lanes that ultimately lead to the anticipated destination. For the Montefiore Hudson Valley Collaborative, that destination is reaching the defined target workforce state required for the NYS DOH Delivery System Reform Incentive Payment Program (DSRIP) Initiative. As the healthcare landscape changes across the state of New York and within the Mid-Hudson Valley region, workforce development plays the pivotal role in the success of the transformation. Our workforce must be prepared to accommodate and manage an extraordinary amount of change within the healthcare arena.

This roadmap provides an overview of the insights gleaned from our workforce data and the strategies we plan to implement to transition our workforce into its' ideal state. The primary focus on our workforce strategic planning efforts are new hires and staff impacted by DSRIP. The chart below provides counts of network partners indicating New Hire & Staff Impact by Facility Type.



* See Appendix for Staff Impact Definitions

Our Transition Roadmap for achieving our defined target workforce state includes the following key elements:

➤ **DETAILED PLANS TO ADDRESS THE RECRUITMENT, TRAINING AND DEPLOYMENT NEEDS OF MHVC ON AN ONGOING BASIS**

MHVC identified and analyzed both quantitative and qualitative gaps within our workforce. To accurately analyze the workforce numerical gap, we collected data from our network partners regarding the actual current state workforce allocation to each project, as opposed to a pure headcount. This information provided a more finite number from which to calculate a gap. A comparison of our target state projections by project and current state workforce allocation yielded a quantitative gap of 613.78 (FTE). The formula below was used to calculate our workforce gap:

1,470.25	-	856.49	=	613.78
Target State Projection		Current State Allocation to Projects (Non-Impacted Staff)		Numerical Gap (based on Current Allocation Only)

In the **Analyzing Workforce Gaps** section of this report, we have provided data charts which highlight our workforce gaps by project and position. Using a data-driven approach, the execution of our transition roadmap has already begun. In May 2016, a series of workforce planning sessions were held with our key network partners to discuss the workforce gaps. We asked our partners to provide projections for New Hires, Redeployments, Retraining and other approaches they are planning to leverage to close the identified gaps.

Based upon the projections from our partners, gap closing strategies have been identified for approximately 40% of the positions defined in our gap analysis. The insights gleaned from this information are the basis upon which we developed our gap closing strategies detailed in the **Workforce Gap Closure** section of this report.

➤ A PROJECTED TIMELINE WITH REALISTIC TARGET DATES FOR ACCOMPLISHING ALL STEPS TO CLOSE WORKFORCE GAPS

We have already developed a preliminary timeline for closing our remaining workforce gaps by calculating Patient Engagement Targets across the DSRIP timeframe. However, we recognize that this initial timeline will need to be refined through further data analysis and discussion with our network partners to make decisions around prioritizing workforce gaps. The additional factors that will enable us to give precedence to the gaps include:

- Reviewing MHVC's Project Implementation Schedule to align gap closures with the rollout of our projects
- Analyzing Attrition & Turnover data trends to understand the job types, demographics, educational levels and skillset information about the departing employees

We have included charts projecting our preliminary timeline to close gaps by quarter for our clinical projects over the remaining DSRIP years. The charts can be viewed in the **Analyzing Workforce Gaps** section of this report.



➤ DEFINED GOALS, OBJECTIVES AND STRATEGIES OUTLINING THE WAYS IN WHICH WE PLAN TO CLOSE IDENTIFIED GAPS SO AS TO MEET THE NEEDS OF MHVC AND OUR NETWORK PARTNERS

Our detailed strategies for closing all identified workforce gaps are outlined in the **Workforce Gap Closure** section of this report.

Analyzing Workforce Gaps

OUR APPROACH

In this section of the report, we have included a series of charts that highlight the analysis of our workforce gaps. The objective of our data analyses is to obtain more insight regarding our workforce supply and demand and to use this information for planning purposes. For this preliminary view, we focused on understanding how the workforce projections align with our patient engagement targets by quarter. To complete this analysis, we used the following approach:

- ❑ **Target State Assumption:** Our analysis is based on the assumption that the target staff needed per quarter is directly proportional to the anticipated percent of patients engaged. This means that if in DSRIP Year 3, Quarter 2, 80% of patients are planned to be engaged for a particular project, then 80% of the Target State FTEs will also be needed within the same timeframe.
- ❑ **Current Allocation:** Based on the number and type of positions our network partners have already allocated to our projects, we assessed the apportionment of the current allocated positions against the projected target workforce by quarter. Our goal was to estimate the length of time in which the currently allocated positions would cover the workforce needs, and the quarters in which gaps may arise. Additionally, in this view, we have focused solely on position types in which there is a gap.
- ❑ **Critical Gap Closure Periods:** Critical gap closure periods are key periods of time to identify New Hires, Redeployments, Retraining, etc. These periods indicate that the currently allocated workforce may not be enough to cover the anticipated patient engagement at the time, and thus workforce gaps may arise. Gap closure activities will be targeted during these periods.



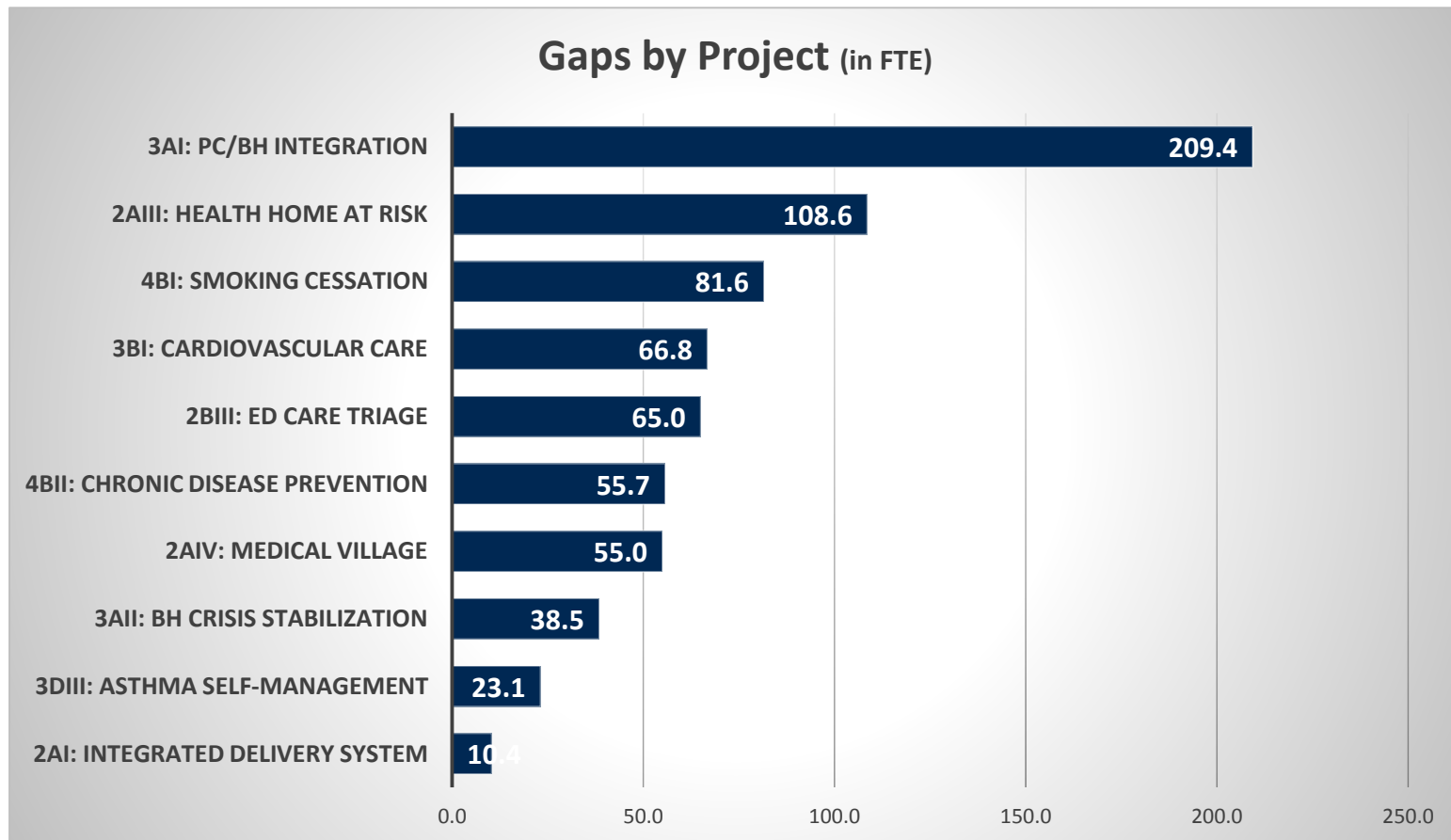
KEY INSIGHTS

Building a Transition Roadmap with appropriate timelines was dependent upon our comprehension of our workforce gaps. Our analysis enabled us to draw valid conclusions about how and when to close gaps and for which positions. By comparing our target state and patient engagement projections, we were able to pinpoint the gaps to close by quarter for our clinical projects, with the exception of 2ai, 4bi and 4bii. Key insights from our analysis are outlined below:

- ❑ Seventy percent (70%) of the recruitment and redeployment plans of the MHVC partners is scheduled between DY2Q4 – DY3Q3 across all projects. Concurrently, 100% patient engagement is anticipated in DY2Q4 for three of our projects and in DY3Q4 for four of our projects. This will necessitate close monitoring of staffing across multiple projects.
- ❑ Thirty percent (30%) of recruitment and redeployment plans identified by our network partners are on or after DY3Q4, which is outside of our timeframe for maximum patient engagement. For example, *38.2% of new hires and redeployments for Domain 2 and 3 projects only (N=272) are planned after the first 100% patient engagement quarter.* Based upon these findings, the MHVC Workforce staff will review the timelines with our partners and discuss potential modifications to staffing plans.
- ❑ Project 2.a.i has a gap of 10.4 FTEs, Project 4bi has a gap of 81.6 and Project 4bii has a gap of 55.7. Gap analysis charts by quarter were not created for these projects since they do not have quarterly active patient engagement requirements. However, we recognize the importance of these projects in meeting the needs of our population and have identified a gap closure date based upon project plans, and overall needs of the PPS.
- ❑ Addictions Counselors are a high demand position for MHVC, yet incumbent staff in this job type appears to be limited. This position has a current gap of 85.9 FTEs. The development of gap closure strategies for this position has been flagged as a priority.
- ❑ Across all projects, 57 position types have a numerical gap at any time during DSRIP, when holding current allocation constant. Based upon anticipated patient engagement, 35 position types have a numerical gap as of DY2Q1.

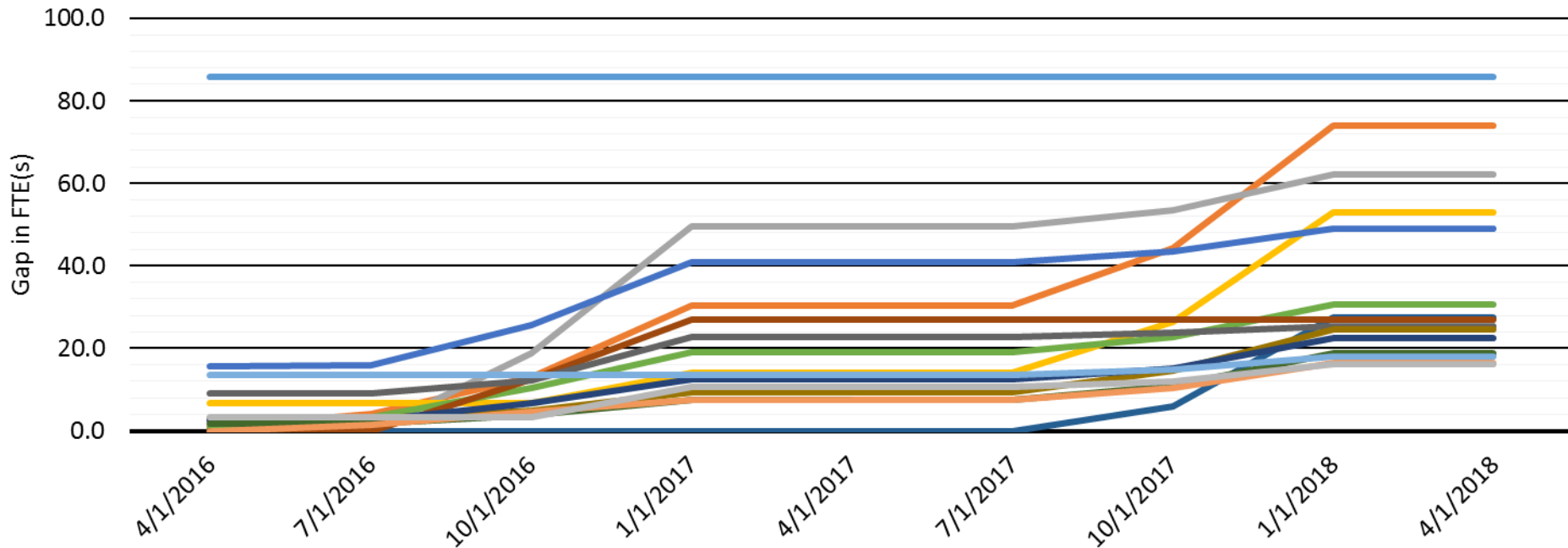
Analyzing Workforce Gaps

The chart below displays the number of workforce position gaps that need to be filled by project. These numerical gaps are derived by subtracting the FTEs allocated to projects from the incumbent workforce from the projected target workforce. Only position types with gaps are included in the calculations. Positions with surpluses were excluded from the analyses. On the following pages, We have included charts projecting our analyzed timeline of gaps to close by quarter for our projects over the remaining DSRIP years.



Current State Allocation Coverage by Quarter (All Projects)

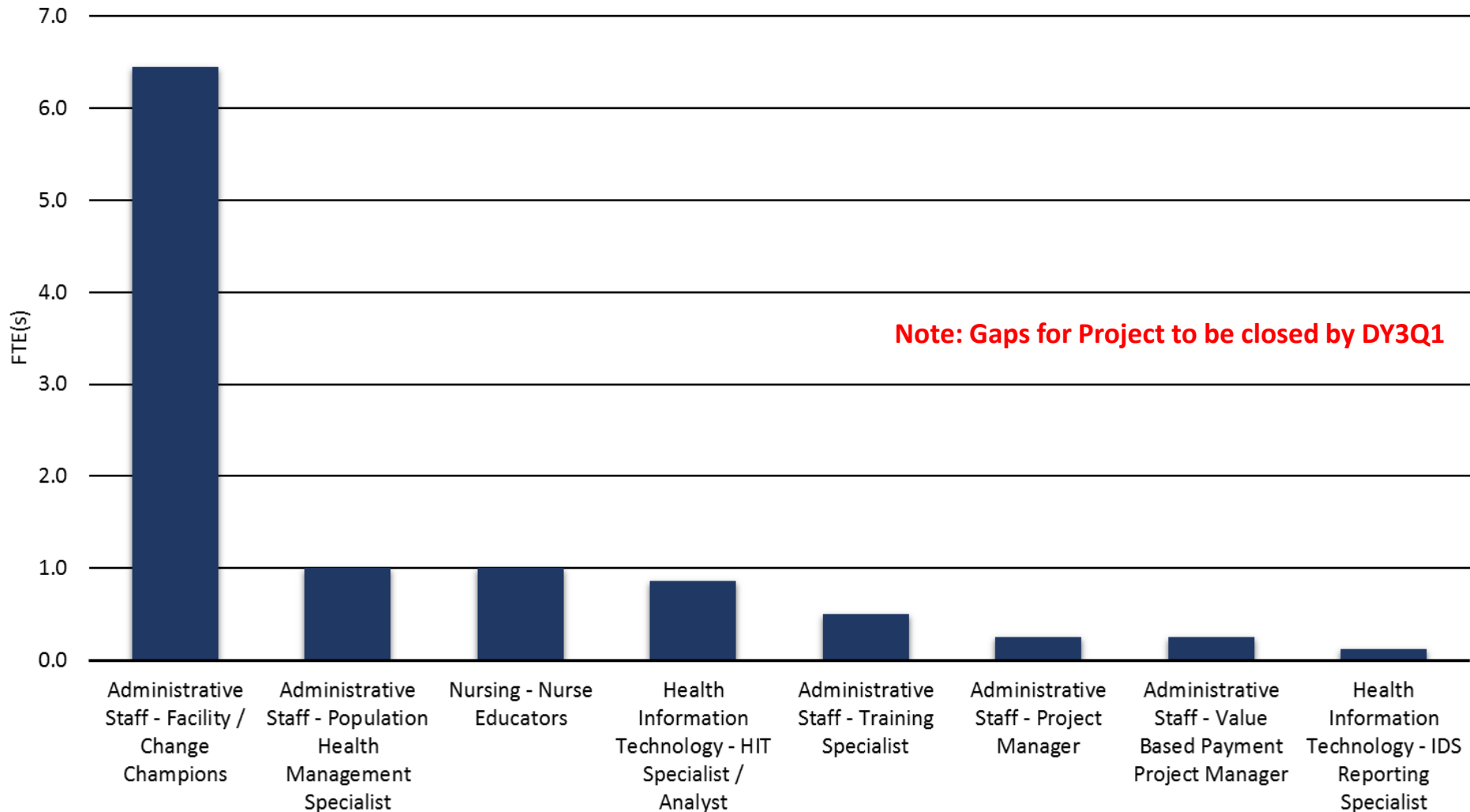
- Behavioral Health - Addictions Counselor
- Nursing Care Managers/ Coordinators - RN Care Manager / Case Manager
- Non-licensed Care Coordination - Peer Support Specialist / Peer Educator
- Behavioral Health - Licensed Social Worker
- Non-licensed Care Coordination - Community Health/Outreach Worker
- Nursing - Cardiac Care (RN)
- Behavioral Health - Mental Health Therapist / Behavioral Health Specialist
- Social Worker Case Management / Care Management - Licensed Social Worker
- Non-licensed Care Coordination - Referral Coordinator
- Physicians - Primary Care (MD)
- Health Information Technology - Reporting / Data Analyst
- Behavioral Health - Peer Support Specialist (BH)
- Administrative Support - Front Desk Clerk / Office Clerk
- Non-licensed Care Coordination - Care / Patient Navigator
- Physicians - Emergency Medicine (MD)



All Projects – Data Table

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Behavioral Health	Addictions Counselor	85.9	85.9	85.9	85.9	85.9	85.9	85.9	85.9	85.9
Non-licensed Care Coordination	Referral Coordinator	0.9	4.0	13.0	30.3	30.3	30.3	44.2	74.0	74.0
Nursing Care Managers/ Coordinators	RN Care Manager / Case Manager	0.0	0.0	18.8	49.5	49.5	49.5	53.4	62.2	62.2
Physicians	Primary Care (MD)	6.7	6.7	6.7	14.0	14.0	14.0	26.6	53.0	53.0
Non-licensed Care Coordination	Peer Support Specialist / Peer Educator	15.8	15.9	25.6	40.8	40.8	40.8	43.4	48.9	48.9
Health Information Technology	Reporting / Data Analyst	0.7	3.2	10.4	19.2	19.2	19.2	22.8	30.5	30.5
Behavioral Health	Licensed Social Worker	0.0	0.0	0.0	0.0	0.0	0.0	5.8	27.6	27.6
Behavioral Health	Peer Support Specialist (BH)	0.0	0.0	12.4	27.1	27.1	27.1	27.1	27.1	27.1
Non-licensed Care Coordination	Community Health/Outreach Worker	9.2	9.2	12.2	22.6	22.6	22.6	23.8	25.4	25.4
Administrative Support	Front Desk Clerk / Office Clerk	2.9	2.9	4.8	9.4	9.4	9.4	14.6	24.5	24.5
Nursing	Cardiac Care (RN)	2.4	2.4	6.7	12.4	12.4	12.4	15.2	22.4	22.4
Non-licensed Care Coordination	Care / Patient Navigator	1.8	1.8	3.8	7.5	7.5	7.5	11.0	18.8	18.8
Behavioral Health	Mental Health Therapist / Behavioral Health Specialist	13.5	13.5	13.5	13.6	13.6	13.6	14.8	18.1	18.1
Physicians	Emergency Medicine (MD)	0.0	1.6	4.6	7.6	7.6	7.6	10.4	16.6	16.6
Social Worker Case Management / Care Management	Licensed Social Worker	3.4	3.4	3.4	10.7	10.7	10.7	12.1	16.3	16.3
Nurse Practitioners	Primary Care (NP)	3.0	3.3	4.1	5.1	5.1	5.1	7.8	13.8	13.8
Patient Education	Health Coach (Call Center)	0.4	0.4	2.5	5.4	5.4	5.4	6.8	10.4	10.4

2.a.i Integration of Care - Gaps to Close as of 4/1/2016



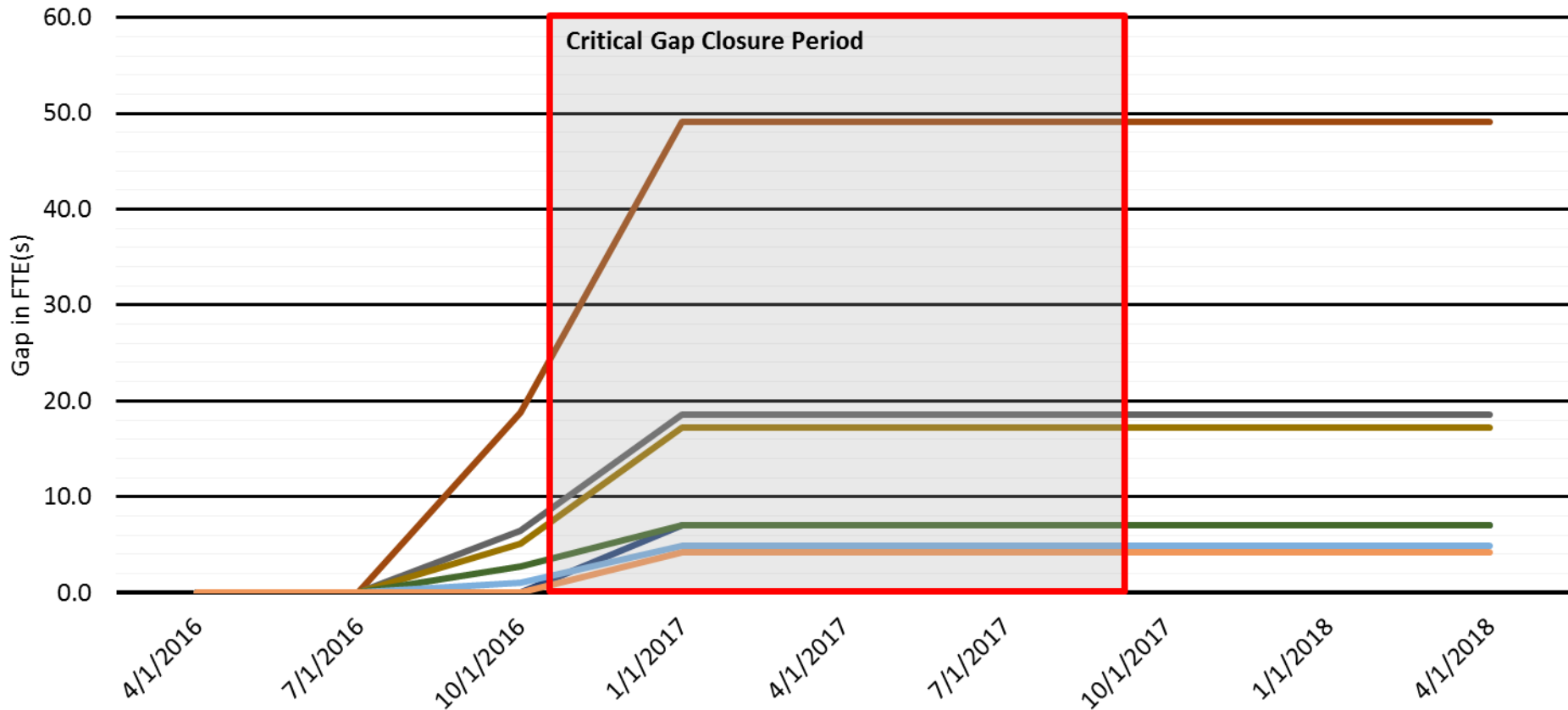
Project 2.a.i – Integrated Delivery System*

Job Categories	Position Type(s)	Numerical Gap (All Years)
Administrative Staff	Facility / Change Champions	6.5
Administrative Staff	Population Health Management Specialist	1.0
Nursing	Nurse Educators	1.0
Health Information Technology	HIT Specialist / Analyst	0.9
Administrative Staff	Training Specialist	0.5
Administrative Staff	Project Manager	0.3
Administrative Staff	Value Based Payment Project Manager	0.3
Health Information Technology	IDS Reporting Specialist	0.1

***Only Position Types with gaps displayed**

2.a.iii Health Home At Risk - Current State Allocation Coverage by Quarter

- Nursing Care Managers/ Coordinators - RN Care Manager / Case Manager
- Non-licensed Care Coordination - Peer Support Specialist / Peer Educator
- Non-licensed Care Coordination - Referral Coordinator
- Social Worker Case Management / Care Management - Licensed Social Worker

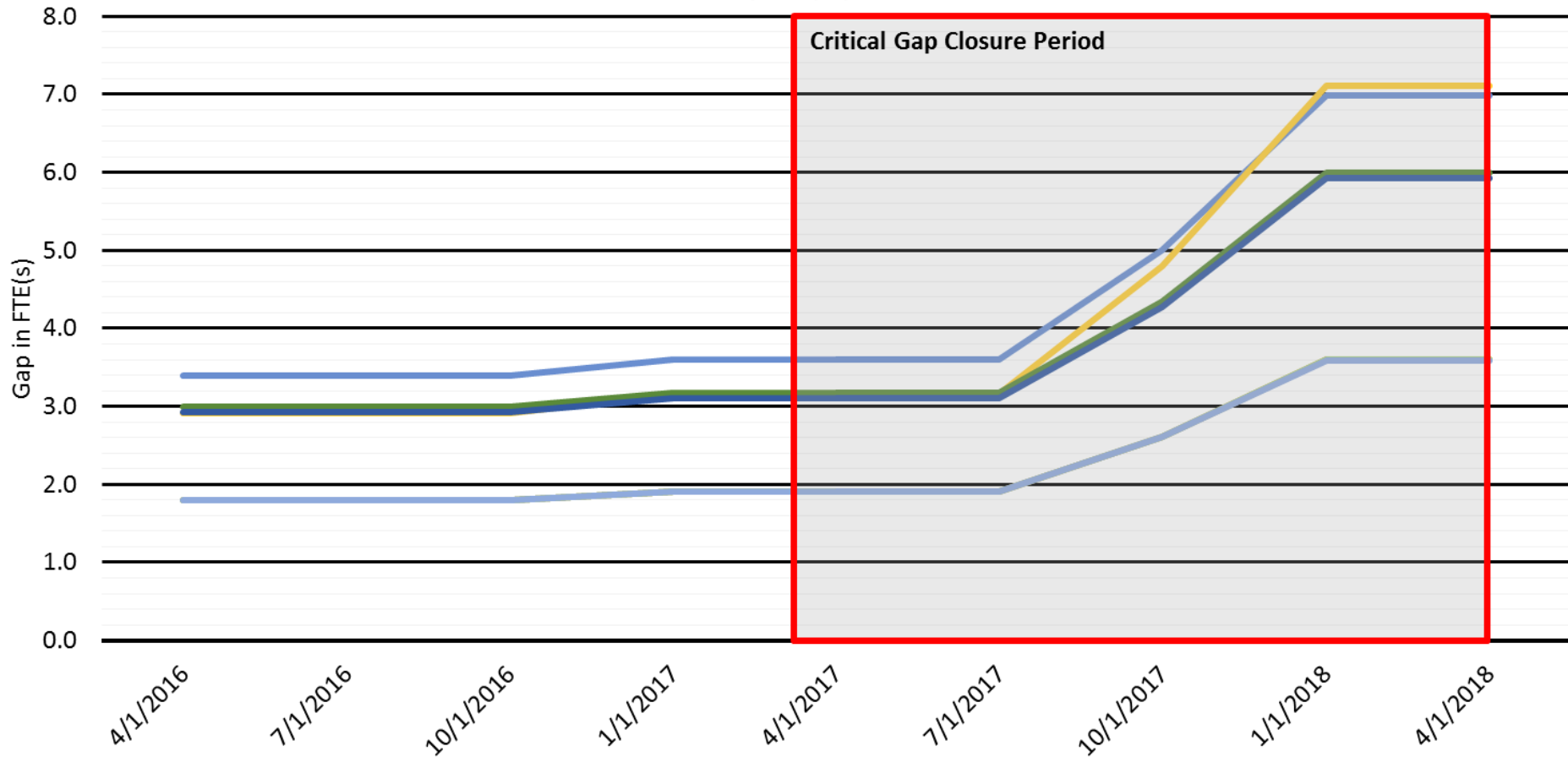


Project 2.a.iii – Health Home At-Risk

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Nursing Care Managers/ Coordinators	RN Care Manager / Case Manager	0.0	0.0	18.8	49.1	49.1	49.1	49.1	49.1	49.1
Non-licensed Care Coordination	Peer Support Specialist / Peer Educator	0.0	0.0	6.5	18.6	18.6	18.6	18.6	18.6	18.6
Non-licensed Care Coordination	Referral Coordinator	0.0	0.0	5.2	17.3	17.3	17.3	17.3	17.3	17.3
Social Worker Case Management / Care Management	Licensed Social Worker	0.0	0.0	0.0	7.1	7.1	7.1	7.1	7.1	7.1
Health Information Technology	Reporting / Data Analyst	0.0	0.0	2.7	7.1	7.1	7.1	7.1	7.1	7.1
Administrative Staff	Care Coordinator Supervisor	0.0	0.0	1.1	4.9	4.9	4.9	4.9	4.9	4.9
Non-licensed Care Coordination	Community Health/Outreach Worker	0.0	0.0	0.0	4.2	4.2	4.2	4.2	4.2	4.2
Non-licensed Care Coordination	Care / Patient Navigator	0.0	0.0	0.0	0.4	0.4	0.4	0.4	0.4	0.4
Administrative Staff	Project Manager	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Administrative Support	Front Desk Clerk / Office Clerk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

2.a.iv Medical Village - Current State Allocation Coverage by Quarter

- Social Worker Case Management / Care Management - Licensed Social Worker
- Administrative Support - Front Desk Clerk / Office Clerk
- Non-licensed Care Coordination - Community Health/Outreach Worker
- Nurse Practitioners - Primary Care (NP)

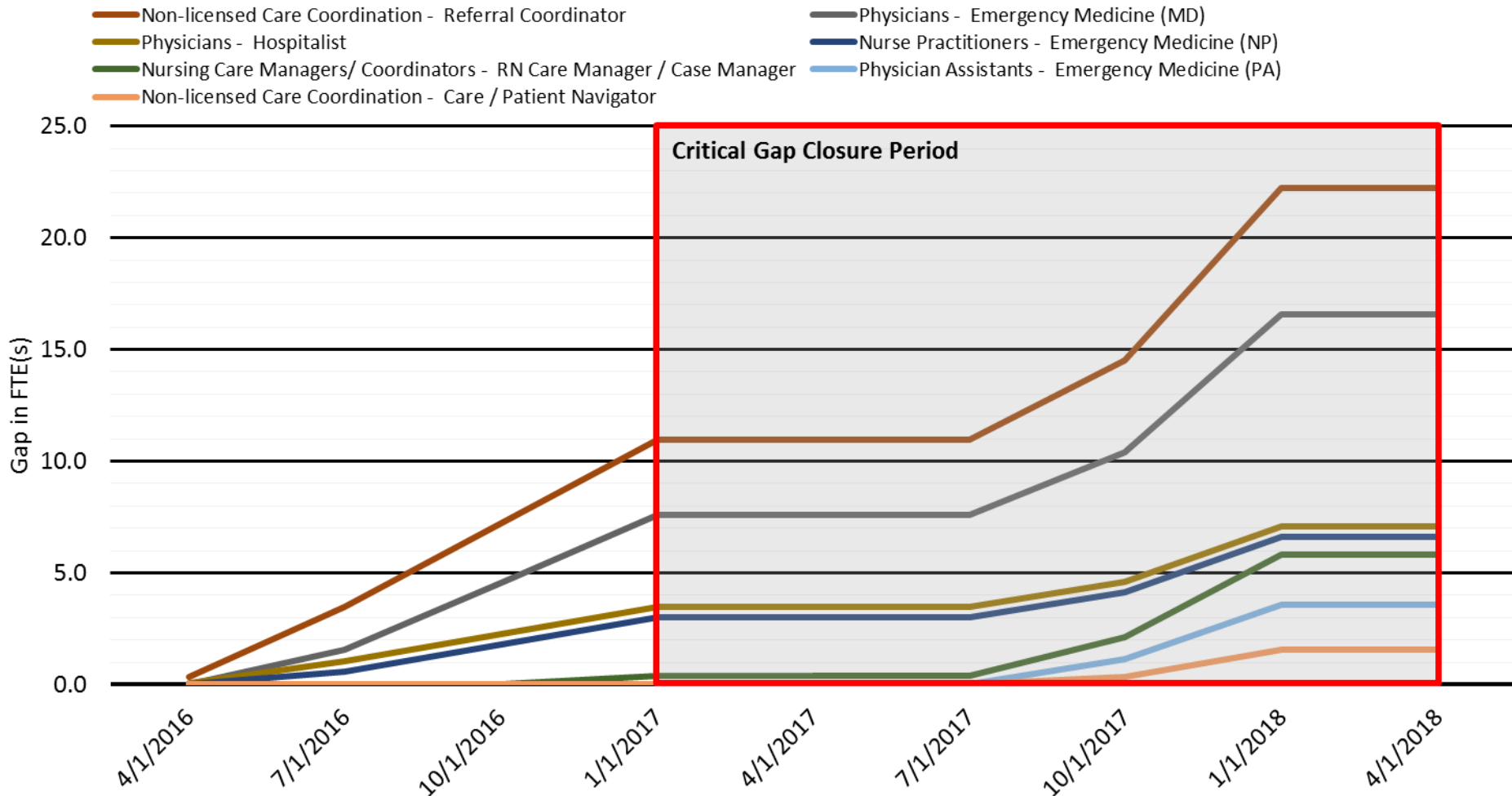


Project 2.a.iv – Medical Village*

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Social Worker Case Management / Care Management	Licensed Social Worker	3.4	3.4	3.4	3.6	3.6	3.6	5.0	7.0	7.0
Administrative Support	Front Desk Clerk / Office Clerk	2.9	2.9	2.9	3.2	3.2	3.2	4.8	7.1	7.1
Non-licensed Care Coordination	Community Health/Outreach Worker	3.0	3.0	3.0	3.2	3.2	3.2	4.3	6.0	6.0
Nurse Practitioners	Primary Care (NP)	2.9	2.9	2.9	3.1	3.1	3.1	4.3	5.9	5.9
Clinical Support	Clinical Lab Tech	1.8	1.8	1.8	1.9	1.9	1.9	2.6	3.6	3.6
Clinical Support	Psych Tech	1.8	1.8	1.8	1.9	1.9	1.9	2.6	3.6	3.6
Non-licensed Care Coordination	Care / Patient Navigator	1.8	1.8	1.8	1.9	1.9	1.9	2.6	3.6	3.6
Physicians	Primary Care (MD)	0.9	0.9	0.9	1.0	1.0	1.0	2.0	3.3	3.3
Clinical Support	Nurse Aide / Assistant	0.5	0.5	0.5	0.6	0.6	0.6	1.3	2.3	2.3
Nursing	Staff Nurse (LPN)	0.7	0.7	0.7	0.8	0.8	0.8	1.3	2.2	2.2
Nursing Care Managers/ Coordinators	RN Care Manager / Case Manager	0.0	0.0	0.0	0.0	0.0	0.0	1.0	2.7	2.7
Physicians	Pediatrician	0.5	0.5	0.5	0.6	0.6	0.6	0.9	1.4	1.4
Nursing	RN Supervisor	0.6	0.6	0.6	0.6	0.6	0.6	0.9	1.2	1.2
Non-licensed Care Coordination	Referral Coordinator	0.6	0.6	0.6	0.6	0.6	0.6	0.9	1.2	1.2
Administrative Staff	Project Manager	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.6	0.6

*Only Position Types with gaps displayed

2.b.iii ED Care Triage for At-Risk Populations - Current State Allocation Coverage by Quarter

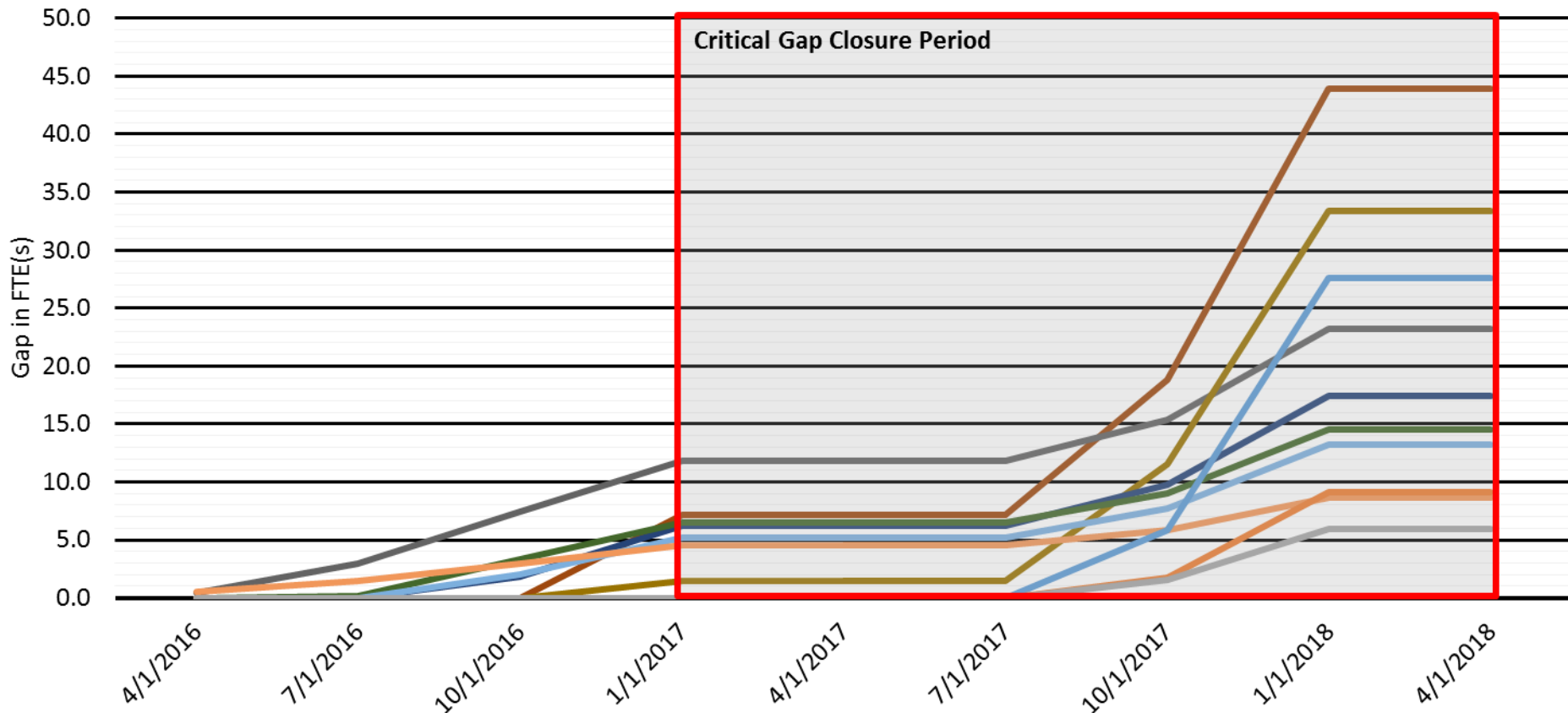


Project 2.b.iii – ED Care Triage

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Non-licensed Care Coordination	Referral Coordinator	0.3	3.5	7.2	11.0	11.0	11.0	14.5	22.2	22.2
Physicians	Emergency Medicine (MD)	0.0	1.6	4.6	7.6	7.6	7.6	10.4	16.6	16.6
Physicians	Hospitalist	0.1	1.1	2.3	3.5	3.5	3.5	4.6	7.1	7.1
Nurse Practitioners	Emergency Medicine (NP)	0.0	0.6	1.8	3.0	3.0	3.0	4.1	6.6	6.6
Nursing Care Managers/ Coordinators	RN Care Manager / Case Manager	0.0	0.0	0.0	0.4	0.4	0.4	2.1	5.8	5.8
Physician Assistants	Emergency Medicine (PA)	0.0	0.0	0.0	0.0	0.0	0.0	1.1	3.6	3.6
Non-licensed Care Coordination	Care / Patient Navigator	0.0	0.0	0.0	0.0	0.0	0.0	0.3	1.6	1.6
Nursing	Staff Nurse (LPN)	0.0	0.0	0.0	0.0	0.0	0.0	0.3	1.5	1.5
Administrative Staff	Project Manager	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Administrative Support	Patient Registrar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nursing	Staff Nurse (RN)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Worker Case Management / Care Management	Licensed Social Worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1

3.a.i PC/BH Integration - Current State Allocation Coverage by Quarter

- Physicians - Primary Care (MD)
- Non-licensed Care Coordination - Referral Coordinator
- Non-licensed Care Coordination - Peer Support Specialist / Peer Educator
- Nursing Care Managers/ Coordinators - Depression Care Manager
- Behavioral Health - Licensed Clinical Social Worker
- Health Information Technology - Reporting / Data Analyst
- Administrative Support - Front Desk Clerk / Office Clerk
- Non-licensed Care Coordination - Care / Patient Navigator
- Behavioral Health - Licensed Social Worker
- Nurse Practitioners - Primary Care (NP)

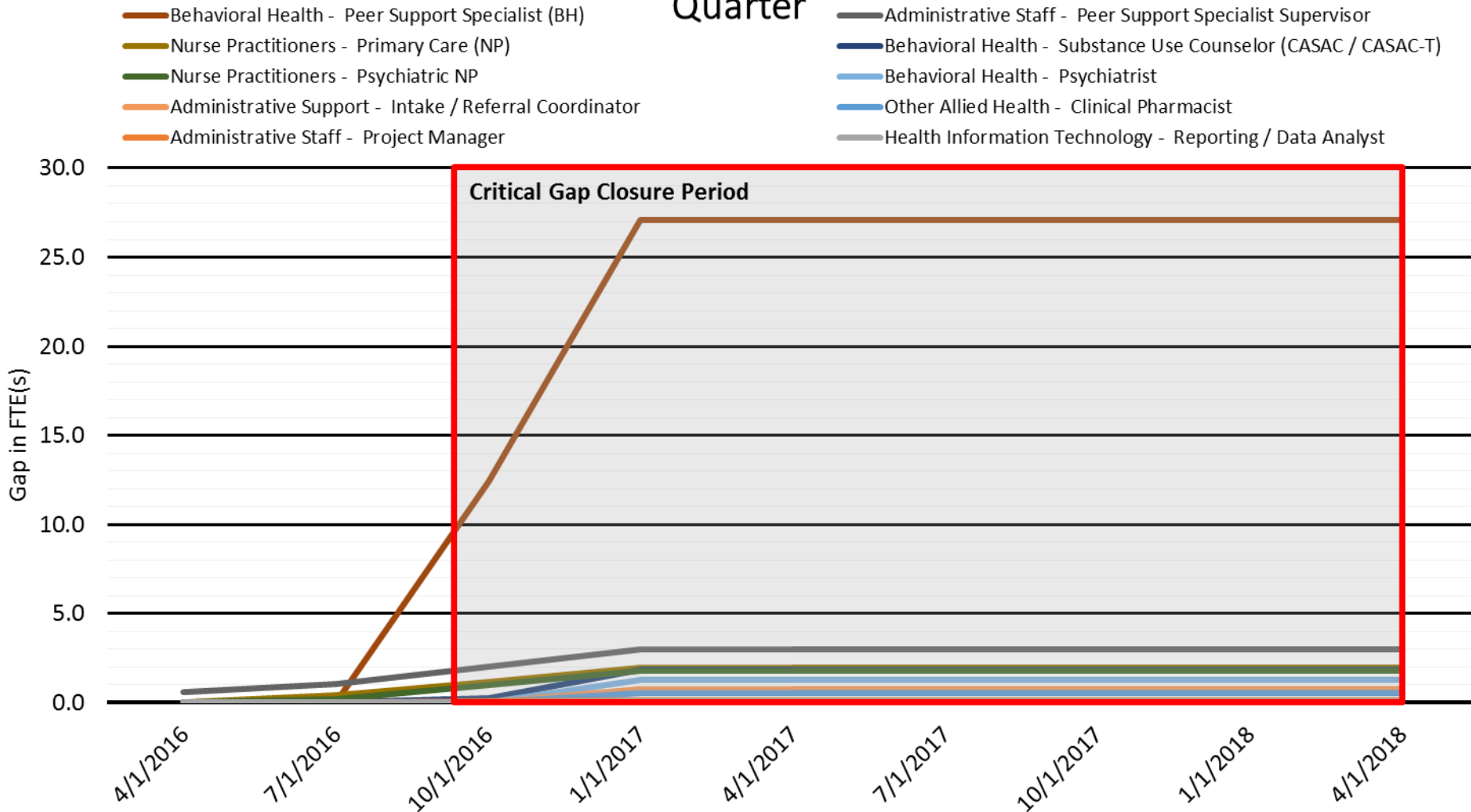


Project 3.a.i – PC/BH Integration*

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Physicians	Primary Care (MD)	0.0	0.0	0.0	7.2	7.2	7.2	18.8	43.9	43.9
Health Information Technology	Reporting / Data Analyst	0.5	3.0	7.4	11.8	11.8	11.8	15.4	23.2	23.2
Non-licensed Care Coordination	Referral Coordinator	0.0	0.0	0.0	1.5	1.5	1.5	11.6	33.3	33.3
Administrative Support	Front Desk Clerk / Office Clerk	0.0	0.0	1.9	6.2	6.2	6.2	9.8	17.4	17.4
Non-licensed Care Coordination	Peer Support Specialist / Peer Educator	0.0	0.2	3.3	6.5	6.5	6.5	9.0	14.6	14.6
Non-licensed Care Coordination	Care / Patient Navigator	0.0	0.0	2.0	5.2	5.2	5.2	7.7	13.3	13.3
Nursing Care Managers/ Coordinators	Depression Care Manager	0.5	1.4	3.0	4.6	4.6	4.6	5.9	8.6	8.6
Behavioral Health	Licensed Social Worker	0.0	0.0	0.0	0.0	0.0	0.0	5.8	27.6	27.6
Behavioral Health	Licensed Clinical Social Worker	0.0	0.0	0.0	0.0	0.0	0.0	1.7	9.1	9.1
Nurse Practitioners	Primary Care (NP)	0.0	0.0	0.0	0.0	0.0	0.0	1.5	6.0	6.0
Behavioral Health	Mental Health Therapist / Behavioral Health Specialist	0.0	0.0	0.0	0.0	0.0	0.0	1.3	4.5	4.5
Physician Assistants	Primary Care (PA)	0.0	0.0	0.0	0.0	0.0	0.0	0.8	3.0	3.0

*Only Job Types with gaps displayed

3.a.ii BH Crisis Stabilization - Current State Allocation Coverage by Quarter

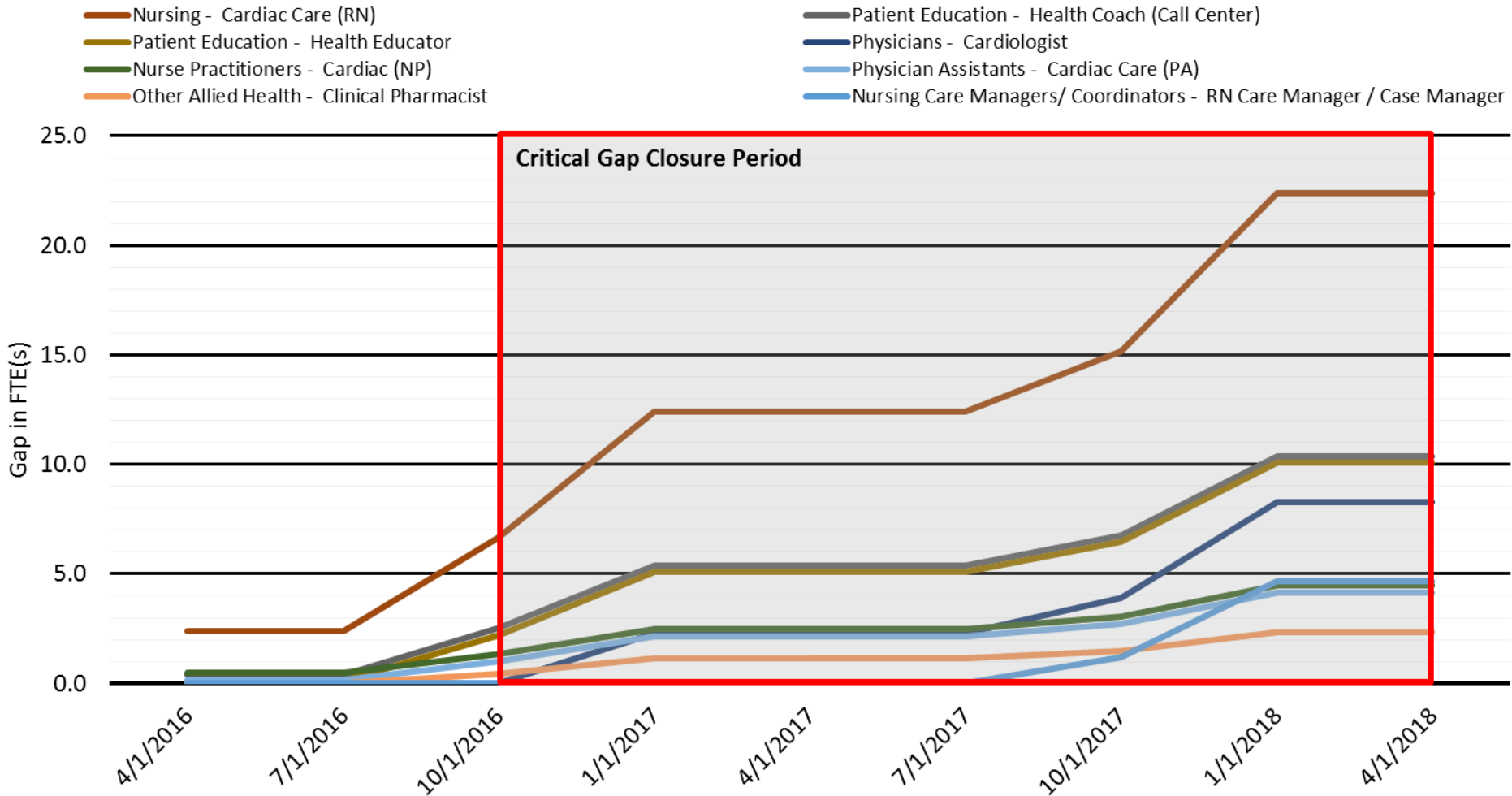


Project 3.a.ii – BH Crisis Stabilization

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Behavioral Health	Peer Support Specialist (BH)	0.0	0.0	12.4	27.1	27.1	27.1	27.1	27.1	27.1
Administrative Staff	Peer Support Specialist Supervisor	0.6	1.1	2.0	3.0	3.0	3.0	3.0	3.0	3.0
Nurse Practitioners	Primary Care (NP)	0.0	0.4	1.2	2.0	2.0	2.0	2.0	2.0	2.0
Behavioral Health	Substance Use Counselor (CASAC / CASAC-T)	0.0	0.0	0.3	1.8	1.8	1.8	1.8	1.8	1.8
Nurse Practitioners	Psychiatric NP	0.0	0.2	1.0	1.8	1.8	1.8	1.8	1.8	1.8
Behavioral Health	Psychiatrist	0.0	0.0	0.0	1.3	1.3	1.3	1.3	1.3	1.3
Administrative Support	Intake / Referral Coordinator	0.0	0.0	0.0	0.8	0.8	0.8	0.8	0.8	0.8
Other Allied Health	Clinical Pharmacist	0.0	0.0	0.0	0.5	0.5	0.5	0.5	0.5	0.5
Administrative Staff	Project Manager	0.0	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2
Health Information Technology	Reporting / Data Analyst	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
Behavioral Health	Mental Health Therapist / Behavioral Health Specialist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Behavioral Health	Licensed Clinical Social Worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical Support	Medical Assistant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Non-licensed Care Coordination	Care / Patient Navigator	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nursing	Staff Nurse (RN)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

3.b.i Disease Management for Cardiovascular Conditions - Current State

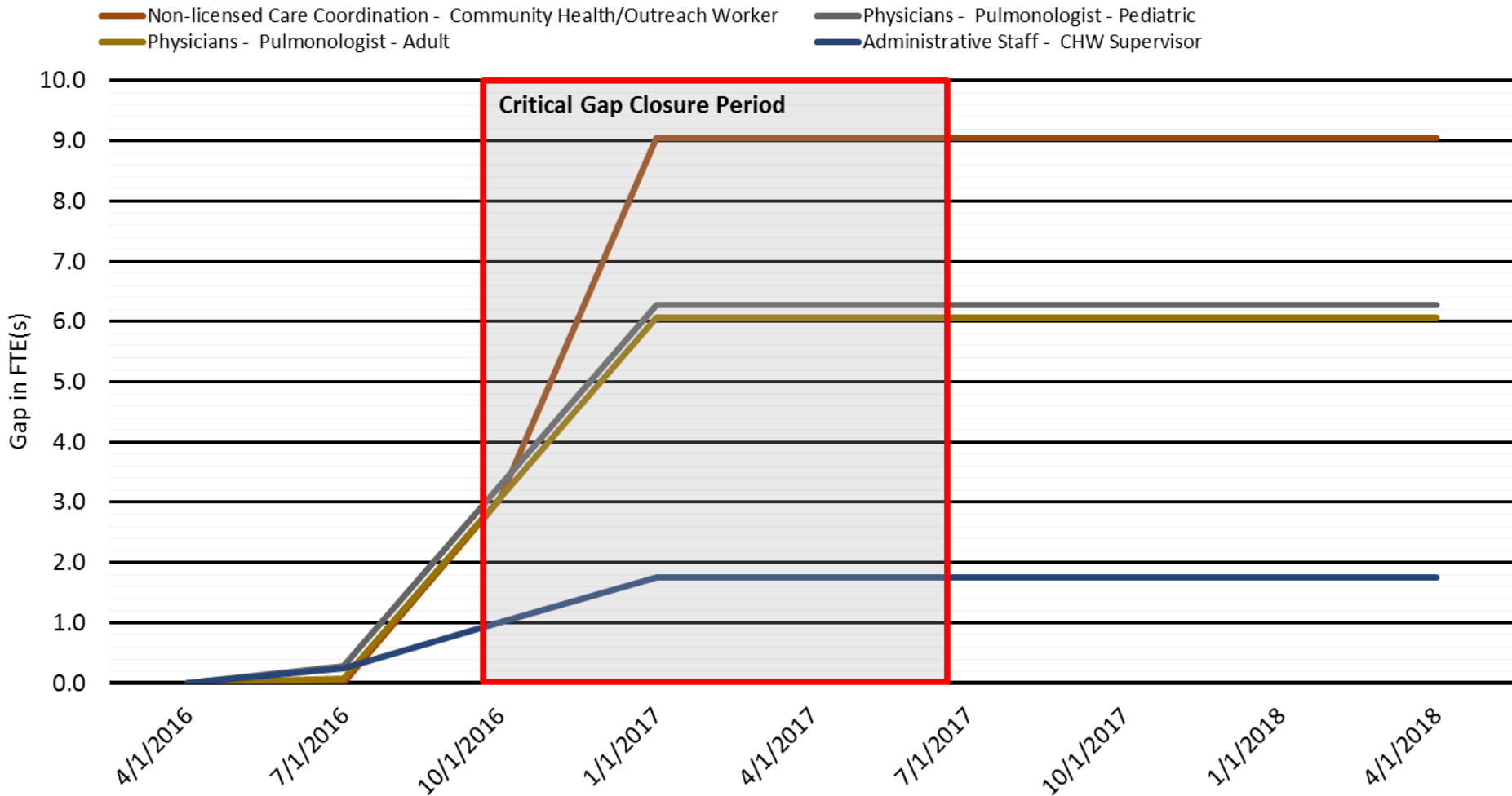
Allocation Coverage by Quarter



Project 3.b.i – Cardio Disease Management

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Nursing	Cardiac Care (RN)	2.4	2.4	6.7	12.4	12.4	12.4	15.2	22.4	22.4
Patient Education	Health Coach (Call Center)	0.4	0.4	2.5	5.4	5.4	5.4	6.8	10.4	10.4
Patient Education	Health Educator	0.1	0.1	2.2	5.1	5.1	5.1	6.5	10.1	10.1
Physicians	Cardiologist	0.0	0.0	0.0	2.3	2.3	2.3	3.9	8.3	8.3
Nurse Practitioners	Cardiac (NP)	0.5	0.5	1.3	2.5	2.5	2.5	3.0	4.5	4.5
Physician Assistants	Cardiac Care (PA)	0.2	0.2	1.0	2.2	2.2	2.2	2.7	4.2	4.2
Other Allied Health	Clinical Pharmacist	0.0	0.0	0.4	1.1	1.1	1.1	1.5	2.3	2.3
Nursing Care Managers/ Coordinators	RN Care Manager / Case Manager	0.0	0.0	0.0	0.0	0.0	0.0	1.2	4.7	4.7
Administrative Staff	Project Manager	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Physicians	Primary Care (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

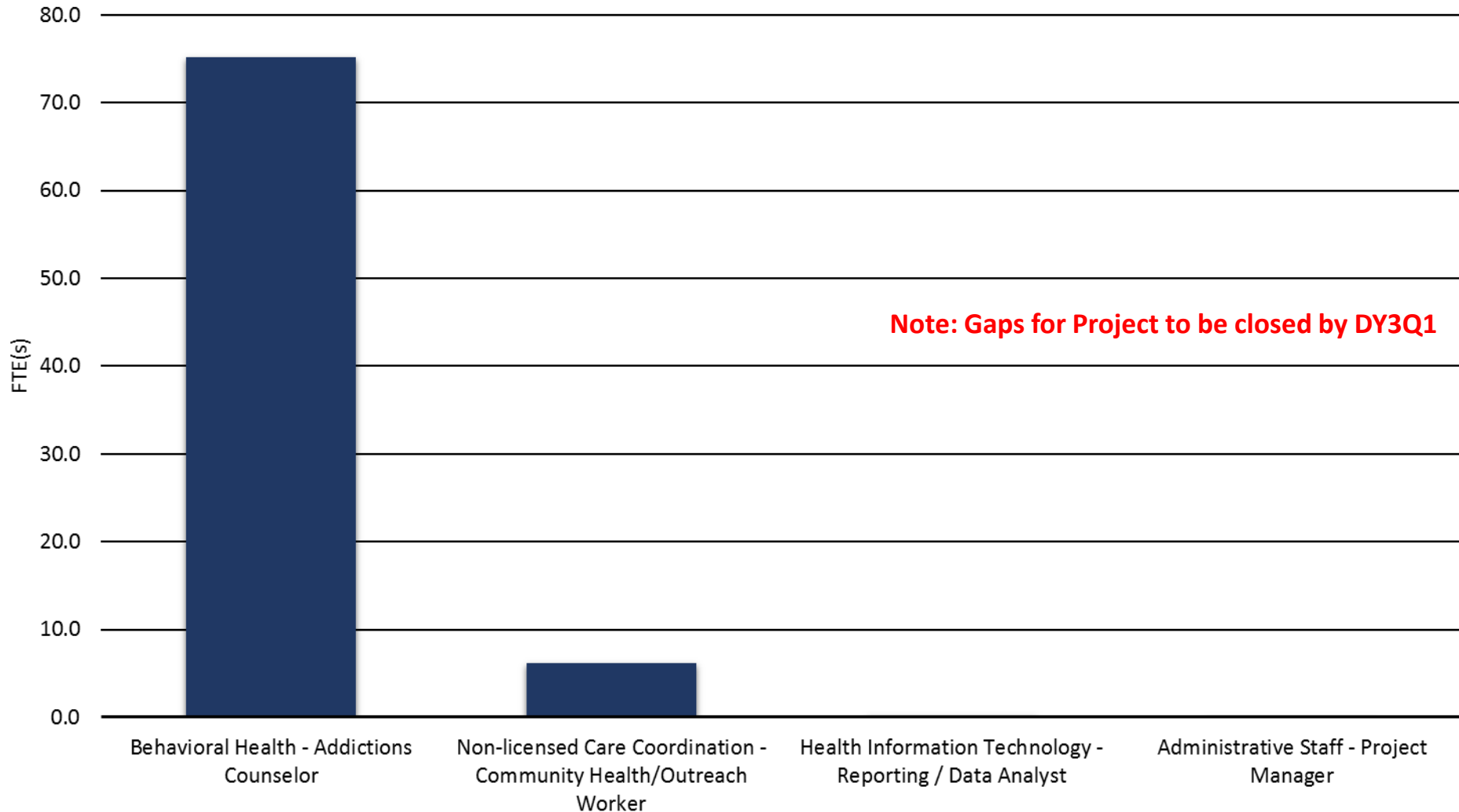
3.d.iii Asthma Management - Current State Allocation Coverage by Quarter



Project 3.d.iii – Asthma Management

Job Categories	Position Type(s)	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q1
Non-licensed Care Coordination	Community Health/Outreach Worker	0.0	0.0	3.1	9.1	9.1	9.1	9.1	9.1	9.1
Physicians	Pulmonologist - Pediatric	0.0	0.3	3.3	6.3	6.3	6.3	6.3	6.3	6.3
Physicians	Pulmonologist - Adult	0.0	0.1	3.1	6.1	6.1	6.1	6.1	6.1	6.1
Administrative Staff	CHW Supervisor	0.0	0.3	1.0	1.8	1.8	1.8	1.8	1.8	1.8
Administrative Staff -	Project Manager	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Health Information Technology	Reporting / Data Analyst	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nursing	Pulmonary Care / Respiratory Nurse	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nursing Care Managers/ Coordinators	RN Care Manager / Case Manager	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

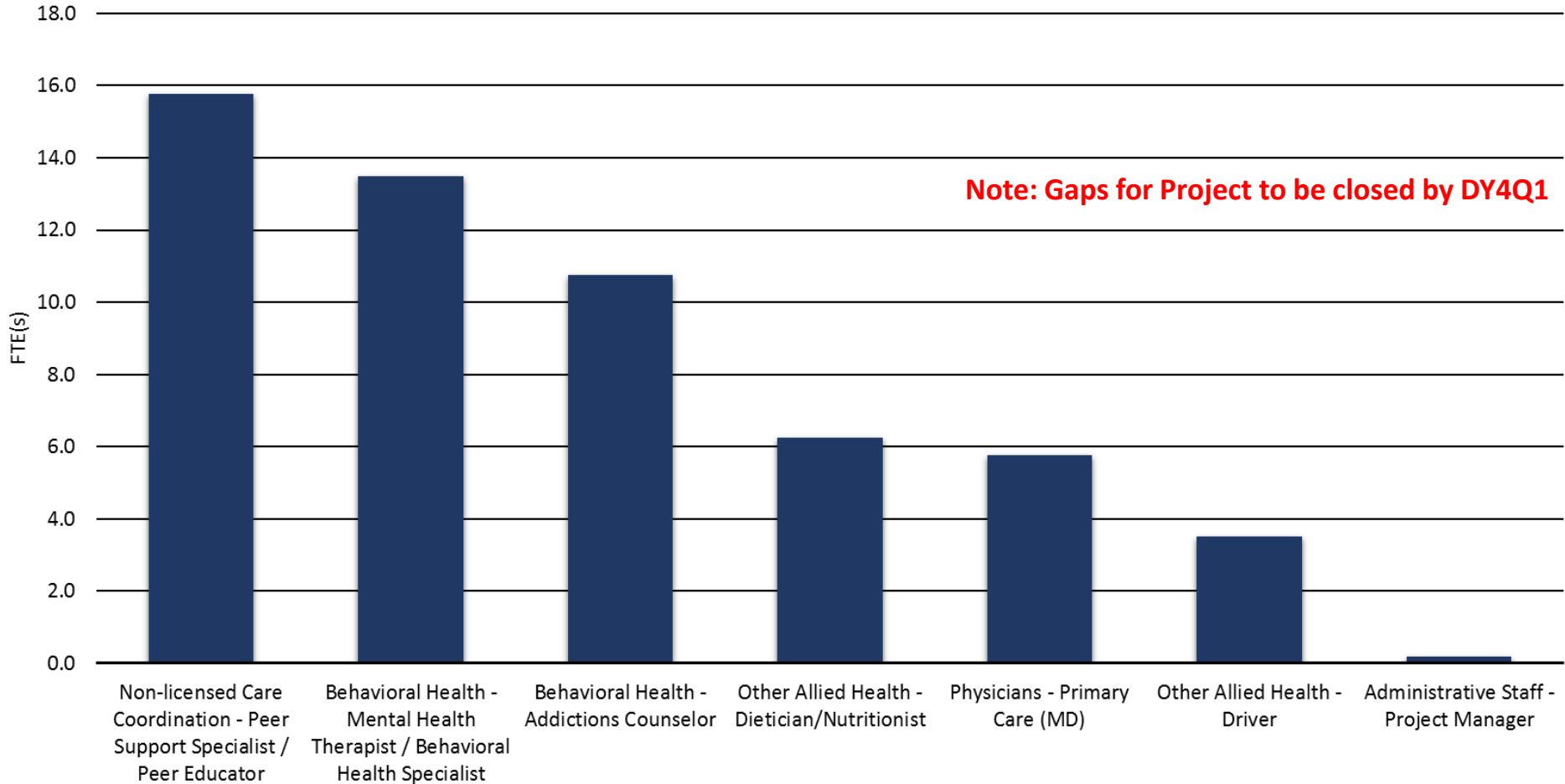
4.b.i Tobacco Cessation - Gaps to Close as of 4/1/2016



Project 4.b.i – Tobacco Cessation

Job Categories	Position Type(s)	Numerical Gap (All Years)
Behavioral Health	Addictions Counselor	75.2
Non-licensed Care Coordination	Community Health/Outreach Worker	6.2
Health Information Technology	Reporting / Data Analyst	0.2
Administrative Staff	Project Manager	0.1

4.b.ii Chronic Disease Prevention - Gaps to Close as of 4/1/2016



Project 4.b.ii – Chronic Disease Prevention

Job Categories	Position Type(s)	Numerical Gap (All Years)
Non-licensed Care Coordination	Peer Support Specialist / Peer Educator	15.8
Behavioral Health	Mental Health Therapist / Behavioral Health Specialist	13.5
Behavioral Health	Addictions Counselor	10.8
Other Allied Health	Dietician/Nutritionist	6.2
Physicians	Primary Care (MD)	5.8
Other Allied Health	Driver	3.5
Administrative Staff	Project Manager	0.2

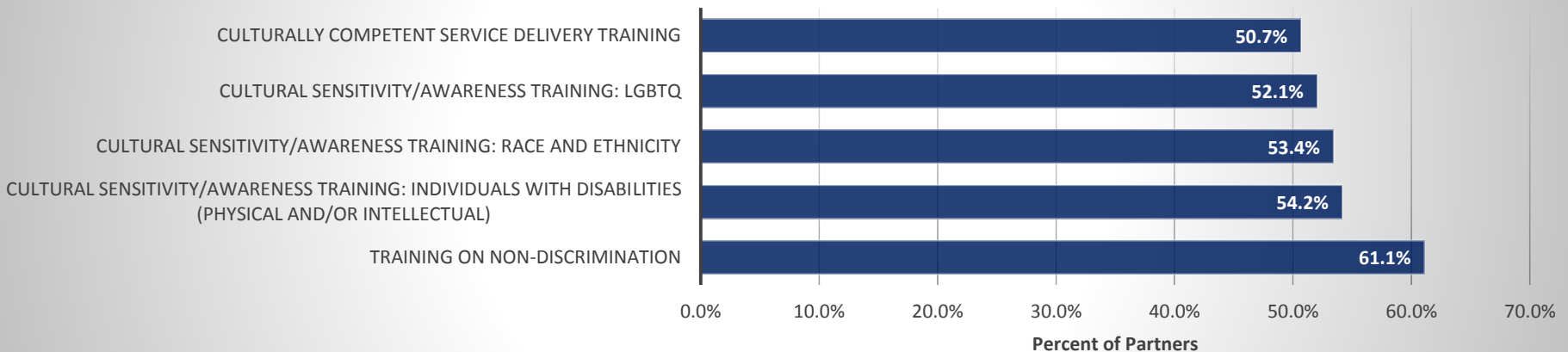
Workforce Gap Closure

Goal: Training & Education

Effectiveness in clinical practice depends on workers having current knowledge as well as the individual skills and organizational support for implementing that knowledge. Our projects involve a wide variety of job categories, positions and facility types, all of which require learning to be tailored to their needs for both general, cross-cutting skills and specialty skills for specific populations, treatment levels or locations. The essential skills of our workforce require continuously updated knowledge at both the individual and organizational levels.

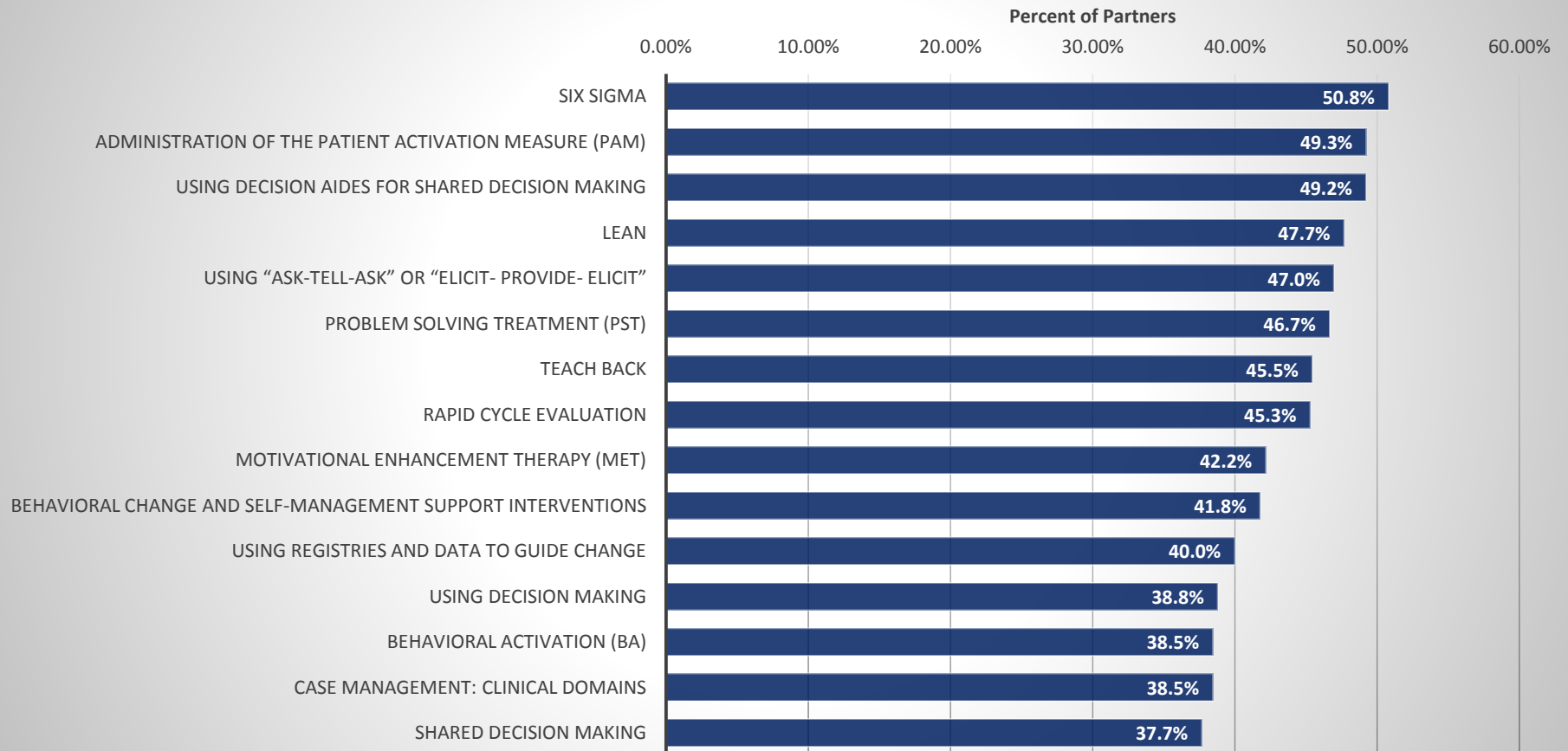
Our data has indicated that training and education are primary tactics currently being used by our network partners to prepare and transition the workforce. Subsequently, we recognize the need to apply quality improvement tools and processes to our training and education efforts, as we do with our clinical and business practices. It is imperative that training is both effective and accessible across our network. It's also important that our training content areas target knowledge requirements for both clinical and administrative workers.

Top 5 Staff Trainings Required by Partners



Goal: Training & Education

Top 15 Staff Trainings in Demand by Partners



Training & Education Strategies

Blended Learning Methods

- Implement our Training Program, which includes a blended learning strategy that delivers training through both classroom-based instruction and technology-driven content. Through this blended approach, we can rapidly respond to training requests for staff needing education in order to support specific projects.

Train-the-Trainer Process

- Establish a Train-the-Trainer program that enables select staff members to learn techniques to deliver end user training successfully transition, work with the training materials effectively, schedule end users for training and manage attendance and assess and certify end users as appropriate.

Quality Improvement

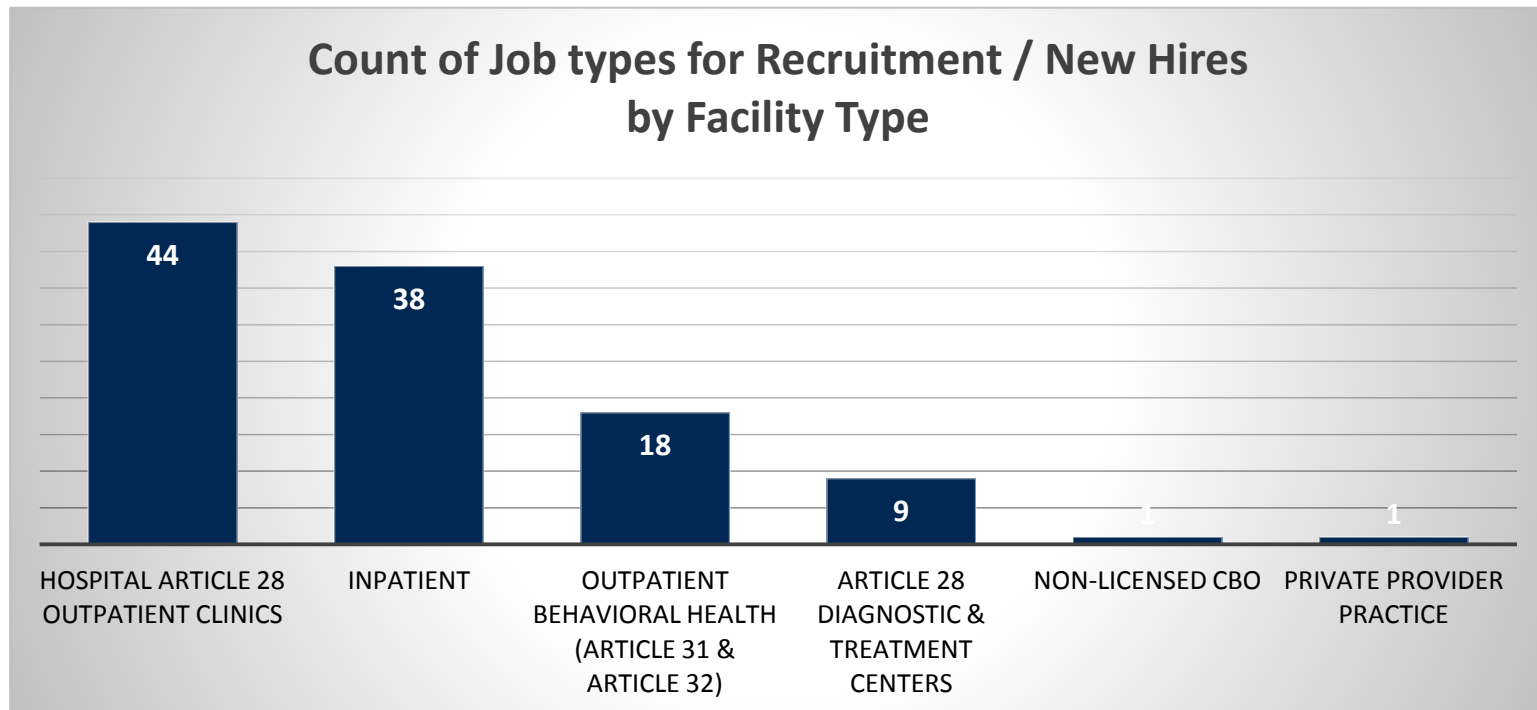
- We will implement protocols and methods aimed at enhancing training activities, as well as providing network partners with literature and best practice guidelines that support the methods and provide examples of the application of training and evaluation techniques.

On-Going Training Needs Assessment

- As projects are fully implemented, we will continue to assess staff training needs to identify gaps in skills and capabilities along with a Curricula Plan to identify types of learning opportunities to fill gaps.
- Using the training needs assessment information as a guide, we will enhance our Training Plan to expand the audience groups, training methods and development process, roles and responsibilities, review and measurement processes.

Goal: Recruitment & Retention

Recruitment and Retention are drivers and key indicators of whether workforce development efforts are working. There are specific tactical steps that both Montefiore Hudson Valley Collaborative and our network partners can take to make our recruitment and retention activities more likely to succeed, even in a rapidly changing environment. We recognize that our network partners may need technical assistance in assessing, adapting and refining their recruiting and retaining approaches. Our goal is to work collaboratively with and support the efforts currently underway. We also recognize the need to address the broader systemic issues of training & education, compensation and marketing which are crucial to improving recruitment and retention.



Recruitment & Retention Strategies

Job Board / Clearinghouse

- Establish a clearinghouse of job listings that aims to create both a unified platform and one-stop shopping for both network partners and healthcare workers. On the website, job requirements for vacant positions can be posted. The website will also offer employer reviews, career and job-search tips, and describe different career pathways.

Career Ladders & Succession Planning

- We will work with our partners to implement Career Ladders and Lattices. These tools will help professionals research career pathways and visually outline the critical experiences they should acquire in order to progress through various roles and fields. We also plan to offer assistance to partners with getting a qualitative snapshot into the bench strength and readiness of individual employees to step up to leadership roles.

Workforce Diversity initiatives

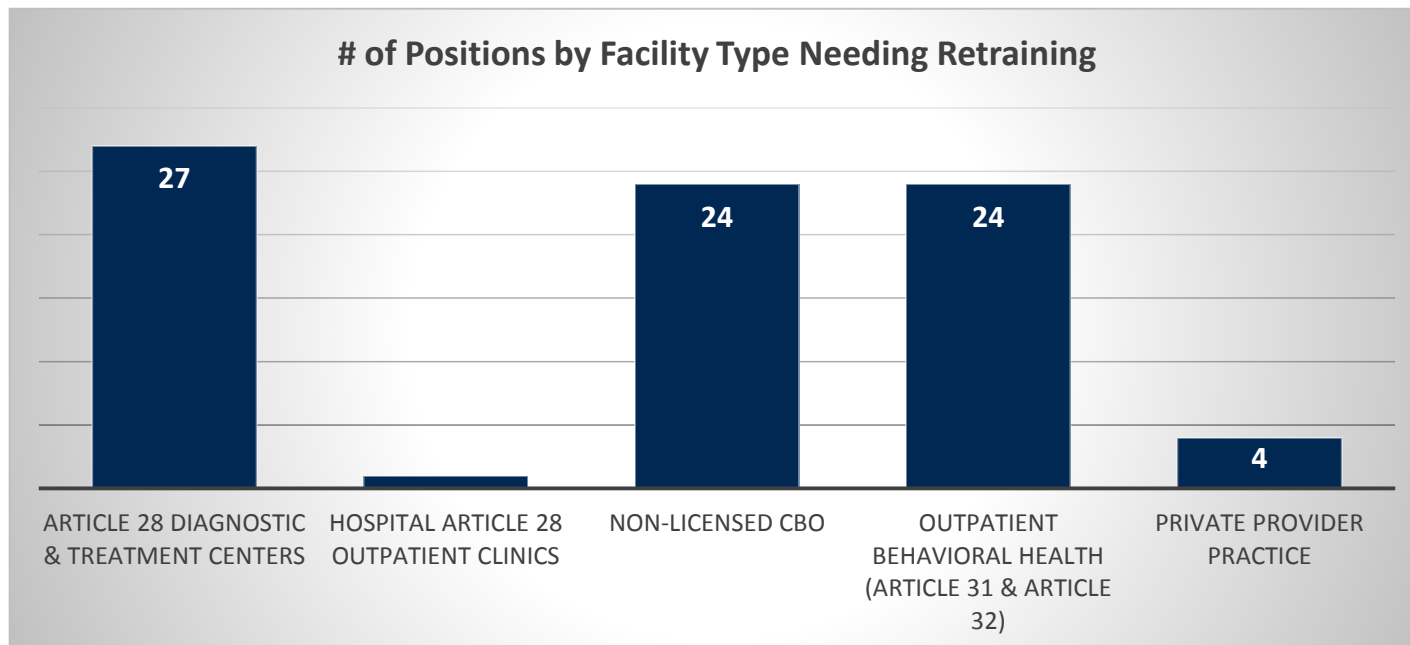
- We will promote efforts to create and maintain a diverse, results-oriented, high-performing workforce; cultivate a flexible and inclusive work environment; and facilitate outstanding service to our patients. We will provide technical assistance to our partners in identifying new talent pools and organizing employee resource and affinity groups.

Recruitment and Selection Processes

- We plan to share best practice techniques to find and hire the talent required to provide outstanding patient care, including technology to automate routine tasks related to recruiting, training, and performance management. Outlining tactics for interviewing for cultural fit, setting goals and providing employees with feedback, and advancing employees' careers through educational programs

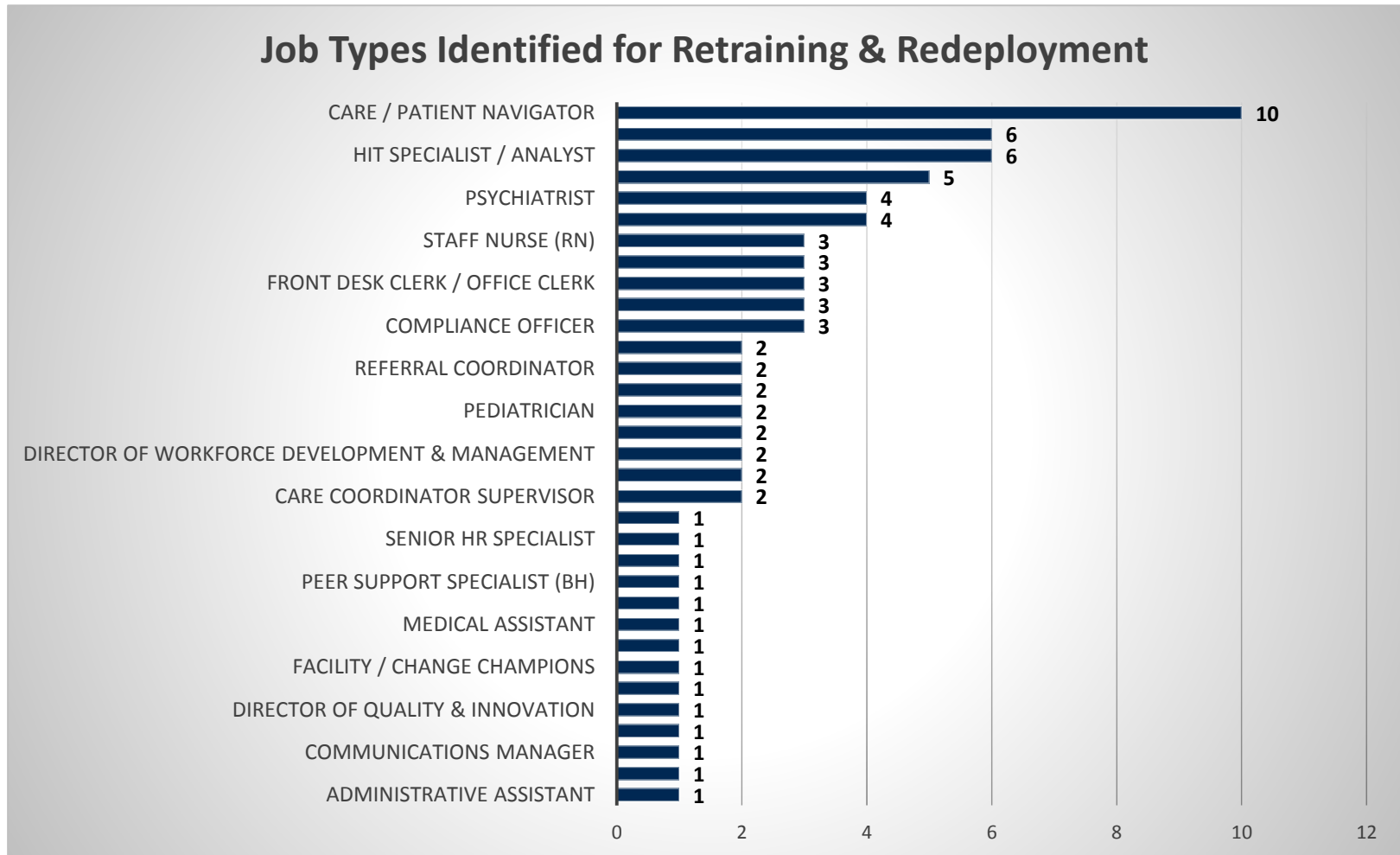
Goal: Retraining & Redeployment

The Montefiore Hudson Valley Collaborative believes that employees displaced should be viewed as assets, not liabilities, and managed accordingly — otherwise valuable human capital will be lost which could otherwise be utilized to create value and offset future recruitment and training costs. Closing gaps through redeployment of displaced employees through retraining, internal recruitment and flexible working options is a sensitive and complex issue that requires careful management. Our approach is to play an active role, where possible and appropriate, in employee redeployment.



Goal: Retraining & Redeployment

The chart below displays the Job Types and eighty (80) positions currently identified by our network partners for Retaining and Redeployment.



Retraining & Redeployment Strategies

Structural Mapping

- We plan to help network partners create a Release / Demand Matrix which enables the identification of potential opportunities to match one to the other. The goal is to provide partner organizations with a process that provides a clearer view of where job opportunities exist and where vacancies could be filled within an existing talent pool.

Analysis & Review of Alternative Roles

- We will engage and educate hiring managers about the benefits of looking more generally at the skills and personal attributes internal candidates could offer. We'll use Job evaluation frameworks and job descriptions as essential tools to assess suitable alternative roles for affected staff. We will encourage the up skilling of staff within the PPS who may not have all the skills currently but could be trained to serve in vacant roles.

Forecasting & Phased Reductions

- We plan to offer support to network partners with workforce forecasting and planning for restructuring and reductions. We will assist with developing solutions to close workforce gaps, including outlining a phased earlier release of staff or temporary resourcing to bridge the gaps.

Support Processes for Impacted Staff

- We plan to provide a technology resource to ensure relevant vacancies are shared with impacted staff so that there is an immediate proactive list of relevant options for them to consider. We'll also encourage line managers to hold regular one-on-one meetings with impacted staff and review the vacancy options with them.

Goal: Organizational Development

Closing our workforce gaps is a collaborative initiative with our network partners and stakeholders. One of the key ways we plan to collaborate is by aligning our efforts to expand the knowledge and effectiveness of the workforce to promote a more successful transformation. Organizational change and development will be a challenge for all of our network partners; however, by working collaboratively, we can connect various types of providers, share techniques for redeploying and retaining workers, and identify promising practices in a range of areas.



Across our network, the most commonly-expressed need for the field is increased communication among stakeholders. The potential for duplication of effort by stakeholders in addressing workforce issues is huge, and the waste of precious stretched resources can be avoided. Collaborating with our network partners will provide opportunities for determining the right targets for resources through collecting data about specific workforce deficits in specific services, creating differentiated strategies to address the identified target areas, developing resources for evaluating the success of various action steps and sustaining the efforts of our workforce development plan.

Organizational Development Strategies

Organizational Culture Change

- We will offer technical assistance component must be added to certain trainings to be sure that individuals are able to implement new skills in their work setting. The goal is to foster organizational culture change that ensures new practices staff learn through training are adopted into organization-wide practice.

Change Risk & Readiness

- We will provide assistance in assessing and measuring the readiness of workforce change within our partner organizations. In a collaborative and coordinated fashion, our goal will be to help partners understand the potential risks and use the findings to provide mitigation recommendations as well as to drive change management planning.

Communication & Engagement

- We plan will leverage our Communication & Engagement Strategy to assess current communication methods, targets, and plans to determine what is working well and how to improve on opportunities to proactively address areas of ongoing resistance across all partners and the community related to workforce.

Cultural Competency & Health Literacy

- We will leverage data from our workforce survey to create and offer training programs focused on non-discrimination, race/ethnicity, cultural awareness/sensitivity, health literacy and the effective use of interpreters across the network partner sites. Our objective is to close workforce skills and competency gaps in each of these areas.

Montefiore Hudson Valley Collaborative Performing Provider System Appendices

Appendix A – Patient Engagement

Anticipated Percent (%) of Maximum Patients Engaged											
Project	Full Engagement Quarter	DY2Q1	DY2Q2	DY2Q3	DY2Q4	DY3Q1	DY3Q2	DY3Q3	DY3Q4	DY4Q4	DY5Q4
2ai											
2aiii	DY2Q4	20.0%	40.0%	70.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2aiv	DY3Q4	50.0%	50.0%	50.0%	53.0%	53.0%	53.0%	72.5%	100.0%	100.0%	100.0%
2biii	DY3Q4	12.5%	25.0%	39.9%	55.0%	55.0%	55.0%	69.2%	100.0%	100.0%	100.0%
3ai	DY3Q4	10.0%	20.0%	37.5%	55.0%	55.0%	55.0%	69.3%	100.0%	100.0%	100.0%
3aii	DY2Q4	20.0%	35.0%	67.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
3bi	DY3Q4	20.0%	20.0%	37.0%	60.0%	60.0%	60.0%	71.0%	100.0%	100.0%	100.0%
3diii	DY2Q4	25.0%	50.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4bi											
4bii											

- Target workforce required to support a project is assumed to be directly proportional to percent patient engagement
- Projects 2ai, 4bi, and 4bii do not have a specified patient engagement, thus the percentages are blank.

DOH Staff Impact / Workforce Budget Descriptions	
Redeployed	Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who transition to another job with the same employer.
Retrained/Retraining	Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner. For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Training also includes skill development for new hires.
Training	For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.
New Hire	New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition above). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.
Other	Other includes spending related to DSRIP hiring and/or costs associated with DSRIP projects. Examples include, but are not limited to: <ul style="list-style-type: none"> - Vendor Costs for consultants, outsourced IT staff, etc. - Contingent, Temporary or Per Diem workers - Salary/benefits for staff members whose primary job responsibilities are to manage PPS Workforce areas, such as coordination, development, and delivery of training