Workforce Transition Roadmap

Mount Sinai Performing Provider System

Approved by Workforce Committee: 10/13/16

Mount Sinai
Performing Provider System

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I. Executive Summary

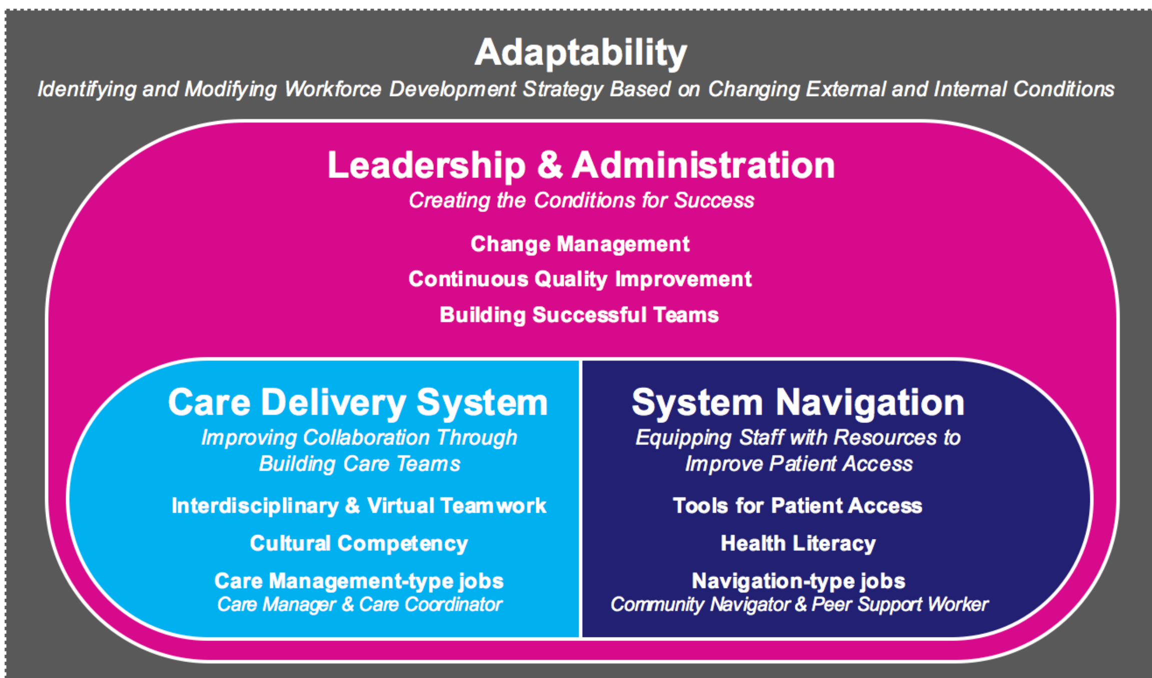
A. Workforce Development Vision

The vision of the Mount Sinai Performing Provider System ("MSPPS") is to create a population health focused Integrated Delivery System that improves the quality of care and health outcomes for our most vulnerable populations, while reducing overall costs. MSPPS' catchment area includes Manhattan, Brooklyn, and Queens.

The MSPPS partner workforce includes over 100,000 individuals which the PPS is working to integrate services across this robust health care network. MSPPS' network includes physicians, hospitals, ambulatory care centers, clinics, nursing homes, behavioral health and substance abuse providers, social service organizations, home care agencies, housing providers, care management programs, and other Community Based Organizations.

In order to create an Integrated Delivery System, the MSPPS will build care teams, increase patient navigation services, and enhance collaboration among partner organizations. This is designed to reduce redundancy and waste in the system and increase access for the most in need.

To support this clinical vision, Workforce Development will provide development strategies, opportunities, and tools to the MSPPS and its partners around building care teams, buttressing navigation services, and increasing the talent management resources of leadership and administration. It will further build opportunities around critical roles and listen to emergent trends in healthcare to respond adaptively to those changes. Central to this vision are the guiding values of inclusion of stakeholders, sharing of best practices, and building collaboration.



B. Recruitment & Redeployment

As a result of the analysis conducted in the Workforce Analysis (Current State, Target State, Gap Analysis) submitted to NYS DOH in DY2Q1, the MSPPS determined that there will be minimal recruitment and redeployment done as a direct result in its participation in the DSRIP program, and that the bulk of the work will be in staff development and building relationships with regional educational institutions and other PPSs. Some anticipated recruitment activity has already taken place in the case of staffing the administrative overhead (Project Management Office, IT team, Workforce team etc.) of the PPS and in the case of clinical champions. Staffing of a PPS central care coordination call center has already taken place as well.

Non-centralized recruitment will take place locally at PPS partner organizations, and will be determined by each individual partner's business requirements. The MSPPS Workforce Committee has taken the approach to provide tools to partners for critical roles and training for Administrative and Human Resources staff (discussed in detail in later sections of this document). This provides resources to partner organizations without impacting their business autonomy.

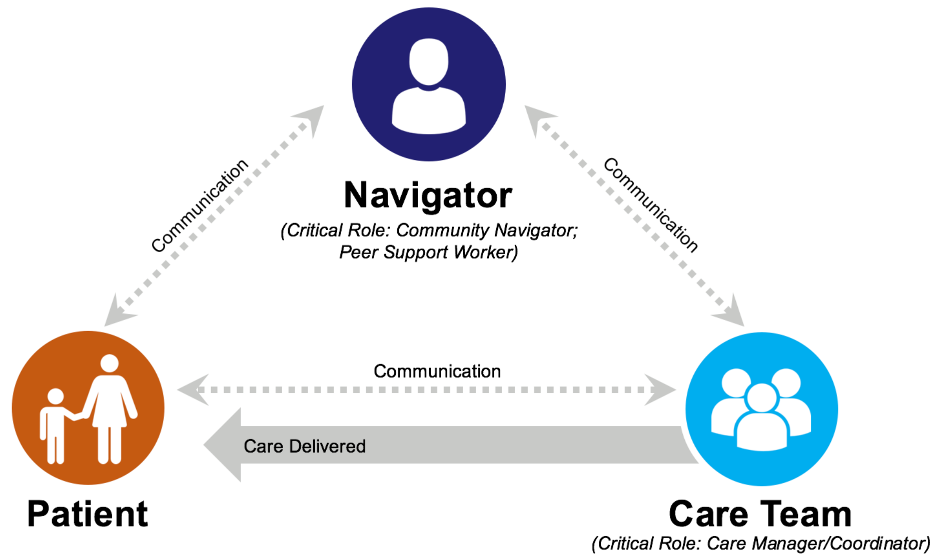
Insofar as redeployment is concerned, the Workforce Team will work with the Bed Complement and Utilization Cross-Functional Workgroup to understand the impact the DSRIP program will have on jobs. Workforce Development will provide redeployment opportunities and tracking as appropriate. It is expected that most redeployment that happens as a direct result of the DSRIP initiative will happen within an organization. To address this, the Workforce Committee will provide supportive resources and reporting mechanisms to PPS partners so as to ensure proper job opportunities are available and impact is tracked.

C. Transition Roadmap

This Transition Roadmap, which meets Workforce Milestone #6 *(see Appendix A),* provides the strategic vision for how population health workforce development needs will be understood and addressed. In this way, this document serves as the overarching strategy document describing the high level implications of previous work done by MSPPS Workforce and setting the vision and stage for future work. This roadmap is conceptualized and approved by the MSPPS Workforce Committee, which is a formal entity in the MSPPS Governance Structure and includes representatives from a diverse set of partner types, healthcare Human Resources leaders, and labor unions.

The Workforce strategic vision itself was informed by the Clinical and IT visions of integrated services approved of by the MSPPS Board of Managers. It was further informed by the work done in completing prior NYS DOH Workforce Milestones and by conversations held in the Workforce Committee and other forums over the first two years of the DSRIP program. In that sense, it is the culmination of workforce strategy development to date and will become the energizing force behind workforce development initiatives.

II. Workforce Strategy Overview



A. Care Delivery System

The MSPPS has articulated a vision of care delivery reform that focuses on the interdisciplinary team as a unit. This team will cooperatively care for a patient, and, by way of its collaboration and PPS technological infrastructure, will be able to reduce avoidable costs through the system and reallocate resources to where they drive evidence-based value. The first branch of Workforce Development for Population Health and DSRIP, therefore, is in enabling team-based care at the provider level.

While there are many workforce development initiatives that can fit within this construct, there are two areas where workforce can help to have the largest impact: team collaboration and cultural competency.

Care teams will vary depending on the setting and needs of the patient, but in general they will be comprised of individuals from different specialties, cultures and organizations. They will work in the hospital, clinic, home, community organization and other areas. Team members will come from both behavioral health and medical services, and will have specialists ranging across chronic diseases and other diagnoses. In order to build these sorts of teams, workforce has a role to play in educating providers in how to be on a team. This includes but is not limited to: communicating across specialty and cultural boundaries (i.e. how to write an email to someone who may not understand your specialty's jargon), working as a virtual team through the IT platforms, collaborating on a care plan, conducting warm handoffs, and implementing clinical protocols and skills identified through the 10 MSPPS DSRIP Clinical Projects.

In addition, the Workforce Committee believes that one of the best places to impact the cultural competence of providers is at the provider and care team level. Specifically, Workforce Development

will embed working with patients across boundaries in training programs wherein we teach providers to work with colleagues across boundaries.

Critical Role: Care Manager/Coordinator

Critical to the success of a care team is the role or job function of the care coordinator/manager. This individual will play a central role in managing the care plan through IT platforms, coordinating the activities of care team members, and following up with patients so that they stay on track with care plan goals. Further discussion on how MSPPS Workforce will address developing and preparing for critical roles is included in Section IV of this document.

B. System Navigation

On the patient community-facing side of the system, the clinical vision is to build upon the existing infrastructure of patient navigation. The goal here is to connect each individual in need of care to the care team or organization that best fits that client's needs. This will be enabled by the creation of a community resource guide and supported by technological infrastructure. The second branch of workforce development is to build the skills and capacity of the network to perform navigation services.

Besides technical skill development and general communication and education of the network at large about community resources, a large emphasis in this branch is in increasing the health literacy of patients and their communities. It is here that the PPS can influence staff behavior and equip staff with the tools they need to discuss health issues with the community.

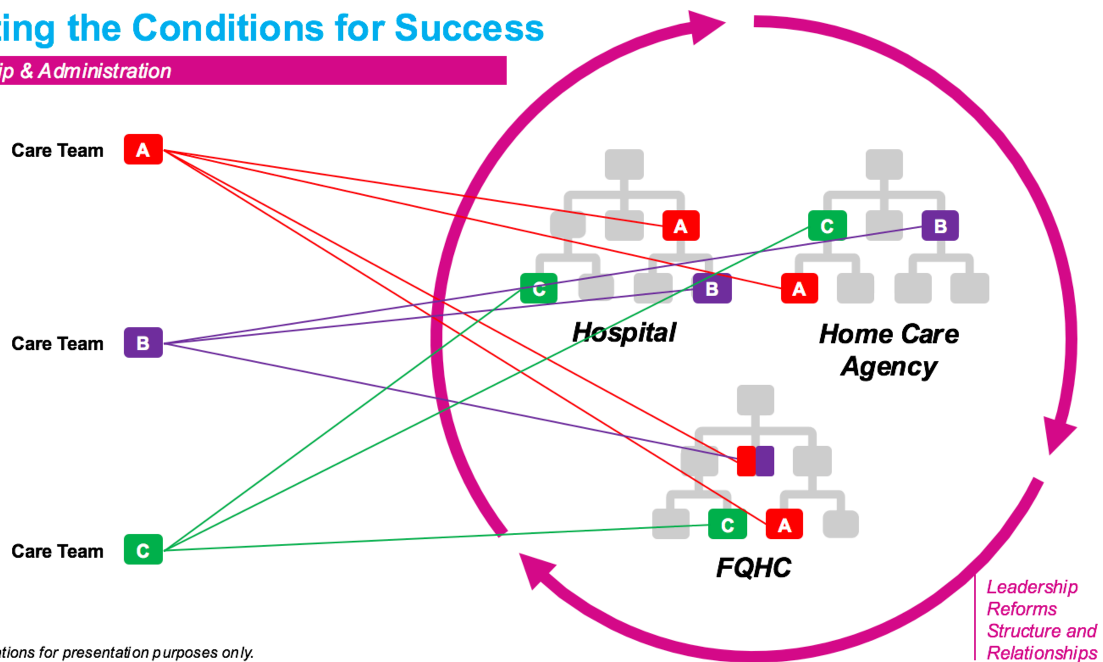
Critical Role: Community Navigator; Peer Support Worker

The two identified roles critical in helping patients access the web of complexity that is the healthcare system are the Community Navigator and Peer Support Worker. These individuals are embedded in the same communities as patients are and a focus will be put on recruiting and training members of those communities for these roles. Additional information on how MSPPS Workforce will address developing and preparing for critical roles is included in Section IV of this document.

C. Leadership & Administration

Wrapping around the development of care teams and enhancement of community navigation is the work leadership will be required to do to create the conditions for success in transformation. In particular, the creation of care teams that collaborate across boundaries and creating the administrative structure that supports holding teams accountable as teams will require heavy change management. Also of note, many

providers will be in many different care teams (see illustration below) and providing for an environment wherein such a system can be successful is a key challenge the PPS will face.



Workforce Development's role is to help the PPS meet this challenge by arming PPS leaders with tools and education to be able to champion this change in their own organizations. In particular, these tools and education will include:

- **Change Management:** How to unfreeze the system, build off small wins to carry momentum through the change, and then embed changes into organizational culture.

- **Continuous Quality Improvement:** How to use data to iterate on improvement strategies and initiatives.

- **Building Successful Teams:** How to provide data-based tools to care teams, build accountability and performance management, select staff members with teamwork competence, and align incentives to team based community care.

III. Critical Roles

The MSPPS understands the roles identified above, Care Manager/Coordinator, Community Navigator and Peer Support Worker, as integral to the success of reforming patient care. The MSPPS also understands that these are emerging titles, and in many cases the job descriptions, required education, skills, and compensation are not standardized across the PPS partner network much less across the region. These job criteria vary across settings and funding sources (i.e. a specific grant or fee-for-service arrangement pays for the salary of a worker and dictates the title/responsibilities of that worker). Given this, it is not the PPS's goal to fully standardize job titles and job descriptions. Rather, it looks to articulate and standardize the core elements of that job and line training and employment opportunities up against those core elements. This allows for career pathways around the PPS network and across the region while allowing PPS partners flexibility to tailor the job for their setting and business constraints.

The MSPPS also has no intention of reinventing the wheel. There are many training and development opportunities already in existence and available in New York State for these titles. The goal, therefore, is to inventory and then leverage the expertise and training opportunities already available and create tools for partners and educational institutions to connect workers to those opportunities.

To get to a point wherein the MSPPS has these tools and inventory, the workforce development team will follow the methodology described in the image and narrative below:

A. Development Methodology

1. Job Function

Given the lack of standardization across these titles in the MSPPS network, the first step needs to be defining the core job function that these roles will play. This includes work activities and tasks, such as health home enrollment, managing a care plan or conducting outreach. It also includes documentation of activities in technology platforms and playing a part in new DSRIP-related clinical protocols and care teams.

The Workforce Team will work with clinical subject matter experts in the MSPPS projects and cross-functional workgroups to define the minimum and gold standard of core job function for these roles. Much of the preparatory work for this has already been done by the clinical teams, and this step will serve to bring workforce expertise into the conversation and tie it together with our critical job development plan. Of note, this articulation is intended to be the core of a job, not the exclusive responsibilities of a job, which will continue to allow partners flexibility.

2. Building *Success Profiles*

The next step in the development plan for critical jobs is to articulate what are the key skills and competencies necessary for someone to be successful defined activities. To do this, MSPPS will contract with Development Dimensions International ("DDI") to build *Success Profiles* for each critical role. *Success Profiles* look at the different dimensions of job success and will serve as a map for job development in the future.

In collaboration with clinical and workforce leads, the 1199SEIU Training and Employment Funds ("1199 TEF"), and the Workforce Team, DDI's process will look like the following for each critical role:

- **Background Data Review:** Review existing relevant background info on DSRIP, Health Homes, Population Health transformation, and the targeted role.

- **Incumbent Interviews:** Conduct twelve 1-hour interviews with exemplar incumbents.

- **Visionary Interviews:** Conduct sixteen 1-hour interviews with members from the relevant subject matter expert working group(s) (e.g. Care Coordination Cross-Functional Workgroup).

- **Data Integration:** Combine the incumbent and visionary interview data to create a draft Success Profile.

- **Confirmation Focus Group:** Conduct a 2-hour confirmation focus group with a subject matter expert working group to gather feedback/revisions to draft *Success Profile*.

- **Collect Input from other Stakeholders:** Collect feedback from the Training Steering Team, Workforce Committee, and other necessary stakeholders.

- **Finalize *Success Profile*:** Revise and finalize *Success Profile*, create a Training Baseline Assessment tool, which will allow individual staff member and supervisors to identify learning gaps and match employees to development opportunities. These tools will be made publically available to the extent permitted by contract and relevant legal constraints.

This process will allow for direct partner representation in the process and will ensure that the experiences of workers current performing these activities are taken into account.

3. Training Opportunities

Once *Success Profiles* and Training Baseline Assessment tools are built, the Workforce Team will begin the process of identifying and inventorying all relevant training and career growth opportunities. To do this, MSPPS will leverage two key relationships: our strategic workforce consulting arrangement with 1199 TEF and collaboration with the Greater New York Hospital Association ("GNYHA").

In particular, 1199 TEF provides consulting services to help translate the skills and competencies outlined in the *Success Profiles* into concrete training needs. 1199 TEF will also play a key role in finding and presenting quality training options to the PPS against specific training needs. 1199 TEF also has relationships with regional educational institutions and can help design new programs as necessary to meet the needs of the PPS.

In addition, on the direction of the DSRIP Workforce Workgroup convened by GNYHA, GNYHA is in the process of creating an electronic training vendor inventory. This will serve as an important resources for MSPPS to reach out to vendors, collaborate with other PPSs on training opportunities, and reach out for vendor references.

One future use of this inventory of training opportunities is in connecting ground-up training needs. To explain, consider the following example: The MSPPS has a small private physician practice in its network. This practice has 5 staff members and will not be receiving enough funds through DSRIP or other means to pay the salary and benefits of a sixth to be a care coordinator. Instead, they discuss as a group and decide that Sharon, a Medical Assistant and current member of the team, will add some of the responsibilities of a care coordinator to her current job. She then will have the ability to take a self-assessment provided by the PPS (or a supervisor can work with her through the assessment) wherein she identifies that out of the 10 core skills and competencies of a care coordinator, she is strong in 7 already, but needs to develop the remaining 3. She (and her supervisor) will then be able to access the MSPPS training inventory and select into trainings that meet her development needs.

A second use of the training inventory will be to push top-down learning needs through the PPS. For example: The MSPPS IT group creates a brand new platform and, as a result of its newness, staff will not be able to use it without training. The workforce training inventory will have a training opportunity

designed around this platform, and training can be proactively pushed to any staff member the PPS identifies as needing this training. The Workforce Team will also have a communication and change management strategy designed around these kinds of activities, will follow the initiative through successful completion, and report back to the Workforce Committee or relevant workgroup on the outcome of the initiative.

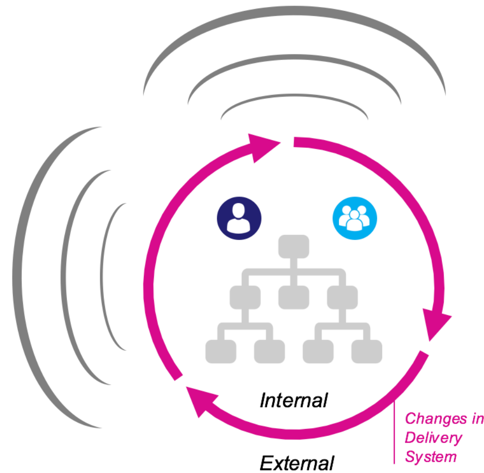
4. Employment Opportunities

While training was identified in the MSPPS Workforce Gap Analysis as the largest lift of workforce development focusing on the incumbents of the PPS, it is not the whole story as relates to these critical roles/emerging titles. To be successful, the PPS must also focus on actual jobs, where are the entry points for a worker into that career, where do they go as a next step in their career, and are there actual vacancies available for them once they have the skills needed to move to the next stage. More simply put, the MSPPS will put a focus on building career pathways for individuals in these critical roles.

In concert with career pathways within the PPS partner organizations, MSPPS will work with regional educational institutions to build curriculum and create direct education-to-employment opportunities for these critical roles. In order for the PPS to meet the demand of high skilled workers in these areas, it must be proactive in preparing the future workforce, not only the current workforce.

Of note, one expected consideration when building these employment opportunities is the extent to which the new value based contracts will provide for the salary dollars to pay for these critical roles. There is good pilot evidence to suggest that this is clinically needed and will prove valuable in an ROI calculation. Given the stage of the industry in moving towards large scale VBP, however, it is something Workforce will need to keep its eye on and is not firmly settled yet.

IV. Adaptability



A. Responding to Emergent Themes

No strategy is a sound strategy unless it takes into account changes in its contextual environment and adapts to emergent challenges and themes. To do this, the Workforce Committee will listen to three specific types of information:

N.B. Unless specified below, consulting vendors have not as of yet been identified and contracted with.

1. Changes in Healthcare Policy

As healthcare is an ever changing industry, changes in policy happen at a relatively frequent rate. MSPPS Workforce Development will contract with a vendor to provide summary information on any policy changes that may have an impact on workers, staffing, and workforce development.

2. Workforce Development Grants

Every year, various sources of temporary funding become available for healthcare workforce development. MSPPS Workforce will contract with a vendor to identify these opportunities and provide application assistance where such a grant can have an impact on the performance of the overall PPS workforce. In addition, basic information on such grants will be made available to all PPS partners should an individual partner be interested in pursuing a grant independently from the PPS.

3. Using Data to Identify and Respond to Trends:

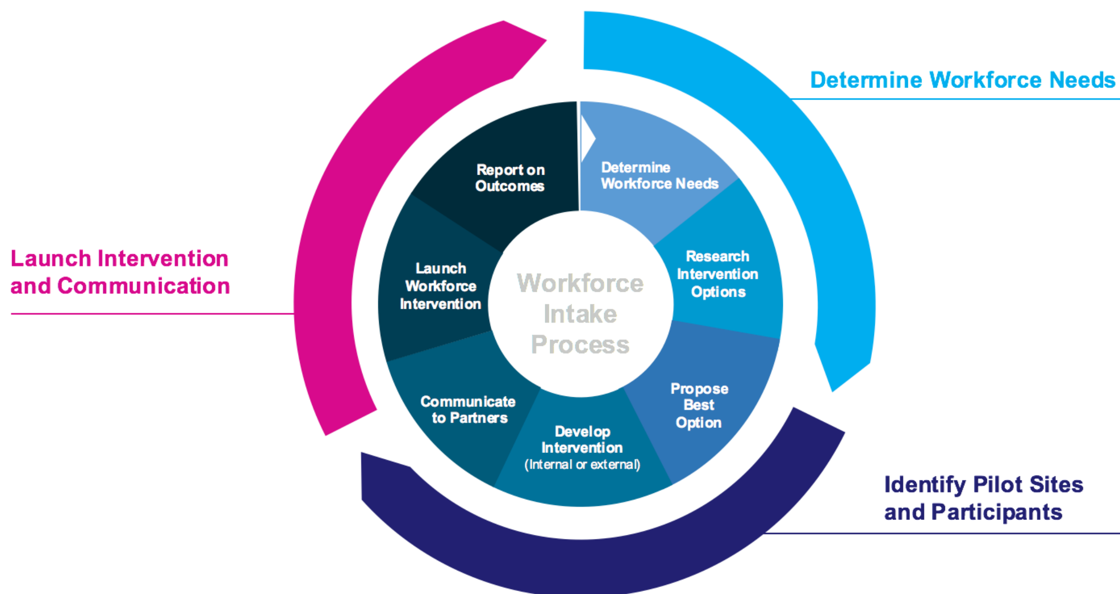
The MSPPS Workforce Committee also acknowledges the importance of gathering data to make incremental decisions, and that a lot of data has already been produced throughout the region and state. Sources of relevant data include:

- New York State ("NYS") Department of Health ("DOH") and Department of Labor ("DOL") data workbooks
- GNYHA and Center for Health Workforce Studies ("CHWS") industry reports
- MSPPS DSRIP workforce surveys and quarterly reporting
- Any aggregation of regional PPS workforce surveys that are developed and made available

MSPPS Workforce Committee will also hold learning events for PPS partner HR representatives to share qualitative information about emerging trends.

B. Intake Process for Internal Changes

In addition to identifying emergent trends in the market and PPS workforce, there will also be workforce needs in the DSIRP Clinical Projects heretofore unidentified. To address these needs, the Workforce Team has created an intake process wherein these needs are logged, researched, deliberated and acted on. This intake process is summarized in the graphic below:



For a more detailed account of how this process looks in action, please refer to the Workforce Training Strategy submitted to NYS DOH DY2Q2 for an example of its use in training.

V. Governance

As the prior section outlined, an essential element of the workforce strategy is being able to notice and adapt to changes in the healthcare workforce landscape. Necessary to MSPPS' ability to do this is its governance model for workforce-related issues. Topics will be brought to the appropriate group for strategy development, modification, and decision-making authority.

MSPPS Workforce Committee

A formal entity in the MSPPS Governance Structure. The Workforce Committee includes representatives from a diverse set of partner types, healthcare Human Resources leaders, and labor unions. The Committee serves as the subject matter experts on the regional health care labor force and is the lead for MSPPS workforce assessment and planning. In this capacity, the Committee informs MSPPS leadership, partners, and other MSPPS committees regarding current workforce availability within MSPPS network. The Committee also develops and executes workforce development strategies that address the projected needs of the MSPPS workforce. This includes guidance and targeted initiatives on future staffing levels, roles, and development, including education and training, that are required to ensure the success of the PPS and other related aspects of workforce employment.

Workforce Team

A dedicated internal Workforce Team supports the work of the Workforce Development. This team includes project management, communication, training, recruitment and other areas of subject matter expertise. This team is responsible for facilitating the execution of Workforce Committee initiatives, documentation, and informing the Workforce Committee of regional developments and changes to NYS DOH guidance.

Training Steering Team

The Workforce Committee is in the process of forming a Training Steering Team to ensure that training is aligned with clinical needs, is cost effective, utilizes best practices, and ensures quality. Training resources should drive value across projects, staff members, and ultimately in service of patient outcomes. This team will be comprised of training experts from across the PPS representing a diverse set of partner types and settings. *For additional information regarding the Training Steering Team please refer to the Workforce Training Strategy submitted to NYS DOH in DY2Q2.*

Cultural Competency and Health Literacy (“CC/HL”) Workgroup

The CC/HL Workgroup aims to provide comprehensive and quality care to patients from diverse cultural and linguistic backgrounds, with the goal of reducing health disparities and barriers to quality care, as noted by our Community Needs Assessment (“CNA”) provider survey. The Workgroup’s strategy embraces a framework that both recognizes and addresses diverse health beliefs, practices, and cultures of all members of our workforce.

Working in close collaboration with the Workforce Committee, members of leadership, and their Workgroup, CC/HL strives to:

- Establish an MSPPS culture in which cultural competency and health literacy education is a continuous learning development process, customizing training to reflect the diversity of the workforce
- Promote health literacy by adopting techniques to communicate effectively with patients for whom health literacy is a challenge
- Provide leadership and oversight in identification, execution, evaluation, promotion, and advocacy of best practices, exploring new perspectives and approaches as part of continuously improving
- Leverage MSPPS resources and expertise to support achievement of their learning objectives

Strategic Workforce Vendor: 1199SEIU Training and Employment Funds,

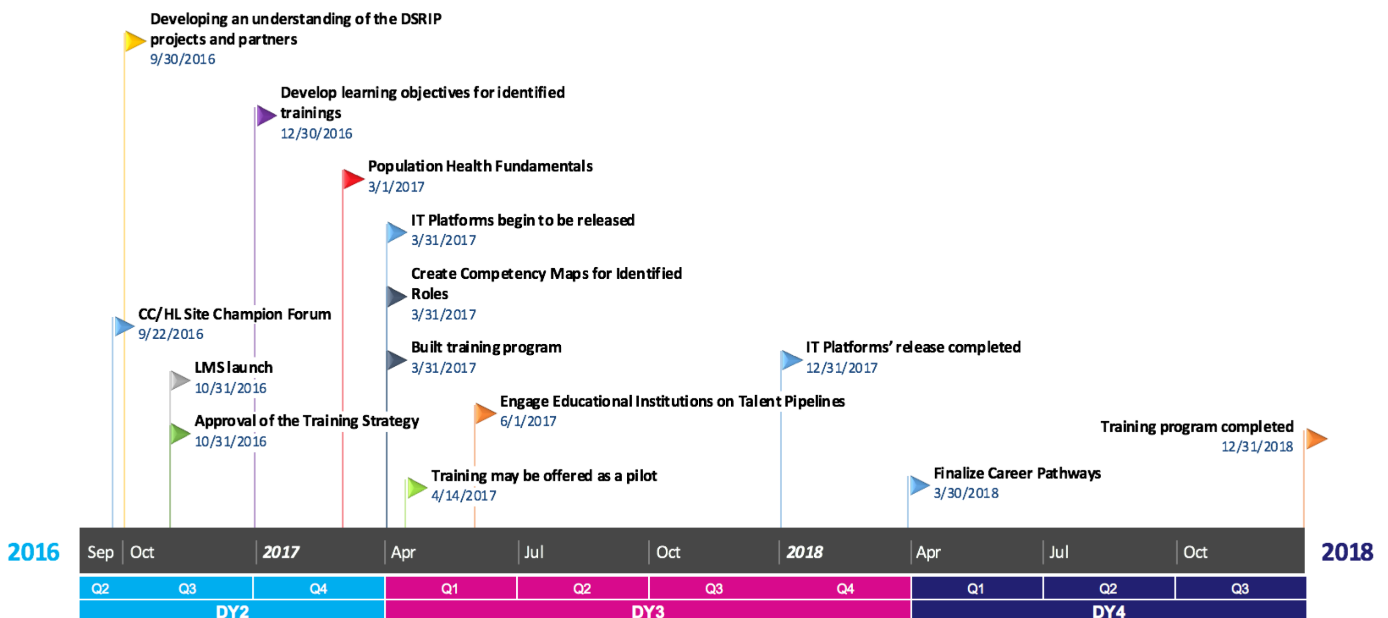
1199 TEF serves as Senior Consultant, Strategic Workforce Vendor, and primary administrator of training.

VI. Milestones

This strategy document would not be a Transition Roadmap if it did not also have an articulation of essential milestones that will serve as sign posts for the future work of workforce development.

Major milestones include:

- Launch the Learning Management System integrated with the MSPPS Community Gateway. The LMS will be the system of record for training activities and will be accessible by all PPS partner users. *(Pilot launch DY2Q3, fully operational by the beginning of DY3Q1)*
- Complete the identification of all learning objectives for clinical projects and in each domain of this strategy. *(DY2Q4)*
- Build education around new IT Platforms and launch education and change management in conjunction with the IT release schedule. *(Staged as per IT Platform development)*
- Build and launch a Population Health Fundamentals education series *(DY2Q3-4)*
- Complete *Success Profiles* on critical roles *(DY2Q3-4)*
- Engage regional educational institutions on building talent pipelines and finalize career pathways *(Begin in DY3Q1)*
- *Additional milestones are included in the visual below*



In this way, MSPPS Workforce Development will execute on its vision to support Population Health Workforce Transformation.

VII. Appendix

A. Domain 1 Minimum Reporting Standards Workforce Milestone #6

Milestone #6: Create a workforce transition roadmap for achieving your defined target workforce state.

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate it has defined the target workforce transition roadmap and received governance body approval. It must provide the IA:

- Evidence of the finalized PPS workforce transition roadmap that includes:
  - Plans for recruitment, training and deployment needs of the PPS on an ongoing basis.
  - Realistic target dates for all steps.
  - Ways to close identified gaps so as to meet the needs of the PPS and its network partners.

- Copies of meeting schedule of the Workforce Governance Body regarding the development of the PPS workforce transition roadmap.
  - A template, "***Meeting Schedule Template***" has been developed to capture meetings, which have occurred in the past quarter. This template is mandatory and must be utilized to facilitate IA review.

Validation Process: As part of its oversight responsibilities, the IA will be validating the completion of Domain 1 milestones and measures. The IA will conduct a more extensive review of certain information to ensure the information submitted by the PPS is accurate and verifiable. Furthermore, the IA will:

- Review the workforce transition roadmap to ensure that it meets the minimum needs.

- Review a random sample of the meeting schedule and request and review meeting attendance sheets, meeting agenda and meeting minutes. IA may also contact a random sample of meeting attendees to verify their involvement in the development of workforce roadmap.

Minimum Standards of Supporting Documentation to Substantiate Ongoing Quarterly Report Updates: After the successful completion of the initial milestone, the PPS must provide the following information to the IA each quarter.

- Updates on the implementation of your workforce transition roadmap.

- Copies of meeting schedule regarding workforce transition roadmap during the quarter.

Validation Process: The IA will perform the validation process similar to the methodology described above.