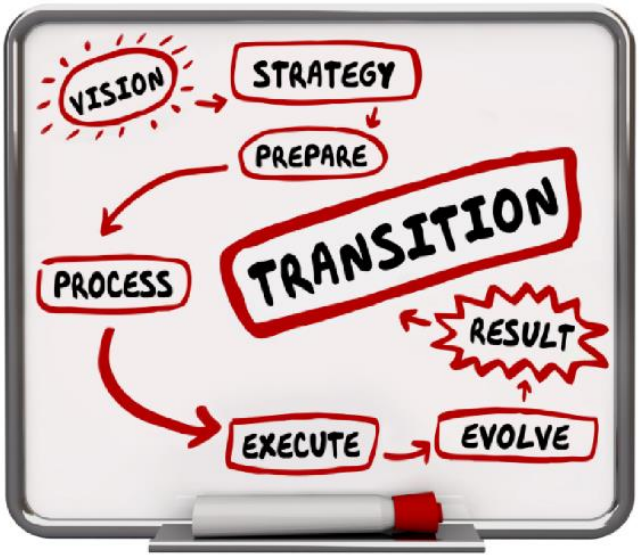
TRANSITION ROADMAP

COMMUNITY PARTNERS OF WNY

Performing Provider System



Prepared by WNY R-AHEC

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Introduction

This Transition Roadmap is being developed as a baseline strategic document to guide the training, retraining, redeployment, and hiring of staff affected by DSRIP with respect to the Community Partners of Western New York PPS (CPWNY) Implementation Plan. This document is based on information collected from the Organizational Application, organizational assessments, project managers input, and Workforce Workgroup meetings. It also includes recommendations for ways to close identified gaps in the Gap Analysis.

Each facility within CPWNY will be responsible for hiring, retraining or redeploying its staff based on the project needs that the partnering facility is involved.

Upon its completion, this roadmap will reference protocols and procedures developed by the PPS, partner facilities, and key stakeholders. It will also offer practical guidance to CPWNY partner facilities for addressing their training, retraining, redeployment and new hire efforts as the DSRIP initiative rolls out over the next five years striving to achieve the goal of reducing avoidable Emergency Department visits by 25% by 2020.

Procedures for Obtaining and Allocating Resources

The first place a facility should look for funding any training is at its own budget. In the event that they do not have the resources to fund training, they should reach out to organizations offering grant-funded trainings such as HWRI workshops through WNY Rural AHEC or other such Community-based organizations. Thirdly, a facility should research training grants and scholarships and contact local training/education facilities to ascertain if they offer discounted classes, grants or scholarships. Lastly, a facility could ask the regional PPS about the availability of training funds or classes which they could employ to meet their objectives.

Providing Training

As part of the overarching DSRIP goal of a 25% reduction in avoidable hospital use (i.e. emergency department), CPWNY will train and retrain care staff as well as clinical and administrative support staff. Physicians, nurses, social workers, office managers, LPNs, and case managers will need to learn team-based care work skills; evidence-based practice and develop technology assisted workflows that optimize staff skills. The PPS lead, Sisters of Charity Hospital (SOCH), as a member of Catholic Medical Partners (CMP), has been engaged in a population health business model for approximately 10 years and has been training and redeploying clinical and administrative staff needed to be successful in this business model. As the selected project management team for CPWNY, Catholic Medical Partners will provide skills, training and resources for network support. This team will have a focus on providing CMP practices and providers training and educational materials needed in order to achieve the DSRIP goals and outcomes.

In addition to leveraging the CMP Clinical Transformation and Care Management Staff, CPWNY has contracted with the Chautauqua County Health Network to expand training to the 7 contracted practices in Chautauqua County. CCHN facilitates communication and training to the practices on behalf of the PPS. Other key stakeholders that assist CPWNY in delivering training out to the PPS network include P2 Collaborative, Community Health Worker Network of Buffalo (CHW), and Roswell Park Cancer Institute. These contracted organizations have been key partners in targeting all levels of partners (practices, providers, hospitals, organizations, CBOs, Medicaid members, etc.) to train in various topics such as self-management, tobacco cessation, cultural competency and health literacy and other areas CPWNY identifies as needed.

To address PPS partners that wish to receive training or may not have trainings in place, CPWNY has utilized its community forums, e-mail, newsletters, and website to promote training conducted by P2, CHW or trainings conducted through the CPWNY website.

To access and house these various trainings, CPWNY has contracted with WNY Rural Area Health Education Center (R- AHEC) to assist the PPS in the collection and housing of training data from providers, practices, and organizational outreach efforts.

Recruiting New Staff

There are several avenues for recruiting new staff. Many facilities have an employment page on their website which could be linked to the PPS. There are also web-based search engines such as Monster, Indeed, Simply Hired, ZipRecruiter, CareerBuilder, etc. and professional networks such as LinkedIn which can be used to networking with healthcare professionals and agencies during the recruitment phase. Additionally, the PPS has plans for holding specialty-specific job fairs over the next five years.

Retraining and Redeploying Staff

Although CPWNY anticipates a small number of redeployments, it is important for facilities to approach the redeployment of staff in an informed and logical method. Facilities need to identify staff that needs to be redeployed because of reductions in ED services. If the staff member is a union member, they will need to consider and follow appropriate protocols and policies for transitioning union members and remaining in compliance with those guidelines. If the staff member is non-union, the institute will need to develop a facility-specific procedure for retraining and redeploying the staff member to a new position. The unemployment office offers this graphic in consideration of transferring an employee from one position to another.

Conclusion and Recommendations

Up to the present time, Western New York Rural Area Health Education Center (WNY R-AHEC) has gathered a tremendous amount of data on the current state of the workforce from 118 CPWNY-partnered facilities. Through interviews, submitted surveys, face-to-face needs assessments, and generated reports, the attached documentation has been created to highlight the workforce needs of these partners. Moving forward, strategic thought should be given to each of the current gaps to ensure full success of DSRIP partners within the PPS.

As previously mentioned in the Gap Analysis, current workforce gaps were identified and included: Shortages (workforce gaps), Professional Skills Development, Culture and Language, Job Titles and Communication.

Shortages – Workforce Gaps

The first gap to be addressed is shortages (gaps in the workforce). It would be beneficial to approach this gap from a local perspective. As reported by facilities, there is a shortage of nurses in both urban and rural areas. However, the reasons for these shortages are different by area, therefore, the approach to addressing the shortages should be different. For example, it was reported that in a rural county (like Chautauqua County), the shortage was due to the high turnover rate of entry level position. It was also stated during organizational assessments that a good deal of this turnover was contributed to a lack of professionalism and poor work ethics. One way of addressing this would be to have these entry level nurses attend Professionalism trainings. On the other hand, in counties that are predominantly urban, it has been reported that the nursing shortage is often due to smaller offices being unable to compete with the benefit packages offered by larger hospitals. To tackle this issue, smaller facilities need to look for ways to retain their nursing staff by offering perks such as free or reduced childcare, housing alternatives, reimbursing commuters for mileage, additional time off, flexible schedules, or quality training opportunities.

Physicians have been reported as being in short supply, especially in rural area. Therefore, it is essential to use incentives to recruit for this position. One way to do this is by offering Stay Bonuses which extend a financial reward to physicians or employees who work for an agency for a given period of time. To supplement this, long-term compensation incentives such as Deferred Compensation plans could be offered. In addition, facilities could look for assistance from agencies, such as the National Health Service Corps, that provide incentives

(such as loan repayment) to physician willing to practice in underserved areas. Other perk could be offered such as longer vacation time and a reduced amount of weekend or on-call time.

Workforce Professional Skills Development

The feedback given during organizational assessment clearly identified gaps in the professional skill of the current workforce and the professional skills needed. To address this gap, facilities can send their staff to local or CMP staff trainings on professionalism in the workplace. These training are designed to build professionalism skills, strengthen work ethics, and improve communication skills.

Culture and Language Gaps

It would not be possible to address every language barrier or need that facilities have, however, some steps can be taken to improve the experience and level of care that bilingual patient have. For example, in communities where there are many Spanish-speaking patients, providing staff with basic training in Spanish terminology and speaking skills could significantly increase the care experience. When offering translation services is not an option, providing staff with these basic skills could bridge some of the gap between healthcare providers and community members.

In the rural areas of WNY, healthcare providers serve many members of native cultures. For example, Community Health Worker may be seen in neighborhoods to work with members of the Amish community or Seneca tribes. When working with an indigenous culture, healthcare workers must be knowledgeable about the culture's beliefs of the patients they are serving. Healthcare providers who are culturally and linguistically competent can incorporate their patients' traditions and personal views successfully into a care plan. When this happens, patients feel supported, respected, more satisfied with their care, and are more likely to follow the care plan. To address gaps in this area, the workforce should participate in Cultural Competency/Cultural Awareness trainings. This will help staff to recognize cultural behaviors and beliefs, become aware of their own biases, sustain more effective relationships with clients, and function more efficiently in cross-cultural situations.

Job Titles – Gaps in Definitions

When providing data, the lack of clear job title descriptions compromised the uniformity and accuracy of the reporting. Therefore, standardizing DSRIP job titles and descriptions would be needed to combat this issue. As previously mentioned, many facilities were not given sufficient direction on how to categorize their employees into the NYS job titles and often entered large numbers of employees into the "Other" category. If the job title classifications will not be redesigned, education and direction is needed to ensure that the data reporting process is more unified.

Communication Gaps

Many partner facilities voiced the need for greater communication lines between their agency and the PPS, predominantly for partner organizations located outside the immediate urban area. While clear communication and delivery of updated information from the PPS is important, there are steps that partner facilities can take to become better informed about the DSRIP program and milestone requirements. Above all, facilities should be reviewing the *DSRIP 101* video to obtain relevant information. Many of the frequently asked questions by facilities are answered in this five minute educational video. Additionally, facilities should be encouraged to attend quarterly PAC meetings sponsored by the PPS in order to gain valuable information regarding the status of DSRIP projects and reporting requirements.

The following tables are based on project title:

№	DSRIP Project	Job Title	Number of Employees Needed	Transition Category	Target Date
1	2ai Create Integrated Delivery System	LMSW-R Practice Care Coordinators and/or Social Workers Mid-levels	2 6 2	New Hire	DY2 - DY5
2	2biii ED Care Triage	Patient Navigators Community Health Workers Social Workers PCPs (at primary care offices) Mid-levels (at PCP offices)	10 6 4 4 4	New Hire	DY2 - DY5
3	2biv Care Transitions	Social Workers Care Coordinators CHWs	4 8 2	New Hire	DY2 - DY5
4	2cii Telemedicine	IT technicians Translators Data Analysts	2 2 2	New Hire	DY2 - DY5
5	3ai PC & Behavioral Health Integration	Care Coordinators CHWs CNAs LPNs LCSWs MDs NPs (Psych) Psychiatrist RNs SWs	6 10 5 5 5 2 3 1 5 4	New Hire	DY2 - DY5
6	3bi Cardiovascular Health	Care coordinators CHWs Mid-levels PCPs	4 2 2 2	New Hire	DY2 - DY5
7	3fi Maternal & Child (NFP)	RNs Translator CHWs	2 1 3	New Hire	DY2 - DY5

8	3gi Palliative Care	LPNs Nurse Managers RNs Social Workers CHWs	3 3 6 6 2	New Hire	DY2 - DY5
9	4ai Promote MEB	Volunteer Coordinators Prevention Specialists Phone Coordinators	3 10 2	New Hire	DY2 - DY5
10	4bi Tobacco Cessation	Tobacco Control Specialist Data Analysts Tobacco Cessation Counselors	5 3 5	New Hire	DY2 - DY5