WORKFORCE ANALYSIS

Current State – Target State – Gap Analysis

Mount Sinai Performing Provider System

Approved by Workforce Committee: 06.30.16

MSPPS Workforce Analysis

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I. Introduction

This report documents projected workforce needs of the Mount Sinai Performing Provider System ("MSPPS") that are expected as a direct result of its involvement in the Delivery Reform Incentive Payment ("DSRIP") program. It also describes the methodology the MSPPS Workforce team employed to arrive at this articulation, and the community involvement in the data collection and validation process.

DSRIP is a New York State ("NYS") Department of Health ("DOH") program jointly funded with the Centers for Medicare & Medicaid Services ("CMS") to improve the health of the New York Medicaid population, build the infrastructure necessary for collaborative care, and transition towards Value Based Payments. As such, DSRIP is a critical part of the larger Healthcare industry transformational change to Population Health. While many themes of DSRIP workforce development are common across Population Health initiatives, this report only describes staff development and projected staffing changes directly associated with MSPPS's participation in DSRIP.

This document serves as an initial projection of the Target Workforce needs for the MSPPS. In many ways, however, workforce development is an iterative process that relies on a cycle of constant feedback and adjustment. It is dependent on factors such as partner and patient engagement, budgetary and financial constraints, regional collaborations, and changes in the overall external environment and market. It is therefore expected that actual changes in workforce needs and staffing will change overtime.

II. Contributors

This report is written and approved by the **MSPPS Workforce Committee**, which is 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.

<u>The Workforce Committee is supported by:</u>

- A dedicated **Workforce Team**, which 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.

- **1199 Training and Employment Funds**, which serve as Senior Consultant, Strategic Workforce Vendor, and primary administrator of training.

As described in the methodology section below, other contributors to the creation of the workforce projections enclosed include **MSPPS Clinical Leaders, Finance, IT, and PPS partners**. The workforce projections were done through a year-long process of collaboration and revision with many workstream and community stakeholders.

III. Target State/Gap Analysis Methodology

In order to arrive at the Workforce Projections contained in this document, the Workforce Committee undertook a thorough analysis of MSPPS-wide and clinical project-specific requirements. This included: consideration of the MSPPS vision, clinical projects' goals and objectives, new service delivery models, Integrated Delivery System ("IDS") developed protocols, technological changes, Community Needs Assessment ("CNA")-informed attribution and characteristics of patients, as well as patient engagement goals. Through this review, and in collaboration with the Clinical Project Teams, as well as Clinical, Finance, and IT Leadership, MSPPS projected the job types required to fulfill DSRIP goals and objectives. These take into account the current state of the workforce, and include specific consideration of the necessary skills and competencies employees of MSPPS partners will need.

The Workforce Team began the work of determining the target state of the MSPPS workforce in February 2015 with one-on-one meetings with the MSPPS clinical project leads. For many of the clinical leads, this was the first time they had been asked to consider the types of staff and licensure required to conduct the work of their project.

Subsequently and in collaboration with Workforce, Clinical Committee leadership released a staffing assessment template (April 2015) to each project workgroup. Workforce and Clinical leadership then met with the project leads in clusters of similar projects to discuss their projected staffing needs and to review submitted templates. As a result of this process, the Workforce Team was able to identify MSPPS critical staff types, qualifications, and licensure for the MSPPS projects.

Following this, at the direction of Clinical Committee Leadership, the clinical projects drafted staffing resource requests. MSPPS then began a year-long refinement process with Clinical, Workforce and Finance to refine projections to ensure a realistic estimation was used for planning purposes.

This process was given further direction and focus in January 2016 with an in-depth future state process mapping initiative. During this initiative, MSPPS conducted a series of 4-hour consultant-facilitated sessions with each clinical project. These sessions had workgroup members walk a patient through the workflow of their project and identify project-specific protocols and overlap with other MSPPS projects and initiatives. These workgroups included representatives from the Clinical Project, all provider types (including Community Based Organizations ("CBO")), and workstream leads such as Finance, IT, and Workforce. As a result, these process maps were created through the

synthesis of the perspectives of all relevant sectors of the healthcare system including hospitals, clinics, nursing homes, behavioral health and substance abuse providers, social service organizations, housing providers, and care management programs. After further adjustment and validation, these process maps became the foundation of program and system design.

As used by the Workforce Committee, the clinical process maps and related vision documentation were used to inform target state staffing projections. In collaboration with the clinical projects, Workforce reviewed each project's process map and developed information related to staff roles and competencies as well as identified areas of overlapping staff needs. Specifically, a gap analysis was conducted between current staffing and the staffing needed to support each project. Two categories of impact were analyzed:

1) New staffing needs (new hires) when insufficient staff numbers existed in the Current State (described below) to meet project demands.
2) New skill and knowledge needs where sufficient staffing numbers exist but in cases where staff roles, duties and responsibilities will change.

A separate process was also undertaken to review where staff reductions were likely to result from DSRIP. As described below, no significant staff redundancies were found as a direct result of the DSRIP initiative. As it will have an impact on the DSRIP program and wider MSPPS network operations, however, a brief description of the Mount Sinai Health System's transformation in Downtown Manhattan is included in this document.

The projections resulting from these processes were then reviewed again by Finance and other relevant stakeholders. As a result, MSPPS is confident that the staffing projections and estimated changes below and submitted through MAPP are clinically appropriate and financially viable.

IV. Current State Assessment

MSPPS has identified an estimated current workforce that includes 100,000+ individuals based on a survey conducted in DY1Q4 by the Center for Health Workforce Studies ("CHWS"), which acted as a third party vendor. The survey was a combined current state and benefits/compensation assessment. The survey was returned by 63% of MSPPS partners who received the survey during the survey period. This percentage reflects almost all critical partners in the PPS, and many of those who did not respond will not play a role in PPS operations until later years in the DSRIP program. To illustrate, survey non-responders account for 14,673 of the 300,000+ lives attributed to MSPPS. *N.B. Only those partners who signed DY1 contracts with the PPS and are considered part of the official network are included in these figures.*

MSPPS Workforce Analysis

A. Current State Assessment Methodology

The Center for Health Workforce Studies is a not-for-profit research organization located at the University at Albany School of Public Health whose mission is to provide timely, accurate data and conduct policy-relevant research about the health workforce. CHWS' work assists health, professional, and education organizations; policy makers and planners; and other stakeholders to understand issues related to the supply, demand, distribution, and use of health workers.

The Current State Assessment was designed by CHWS around NYS DOH required fields and revised in collaboration with the MSPPS Workforce Committee so as to ensure the survey covered MSPPS operational and strategy development needs.

The survey was sent to MSPPS partners in February 2016, and data was collected through the end of DY1Q4.

Data Criteria:

- Data requested from 12/31/15
- Data requested for only Manhattan, Brooklyn, and Queens – MSPPS's regions of operation
- Data reported only on paid employees

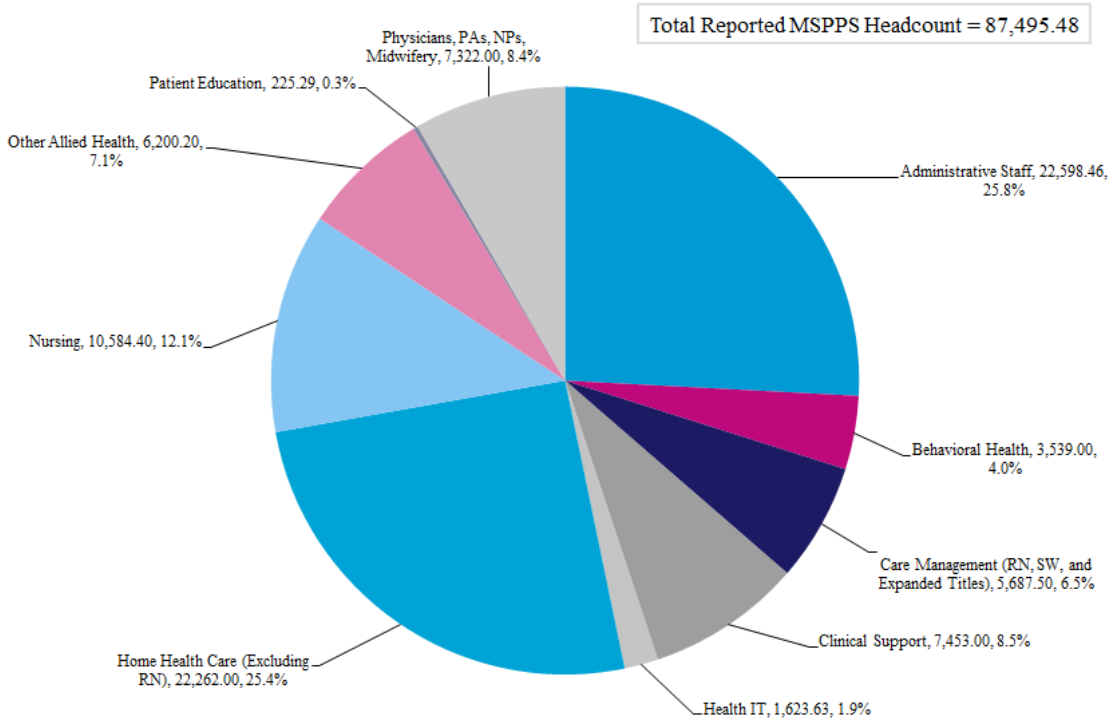
Of note, this survey did not collect information on the Mount Sinai Health System's ("MSHS") large network of voluntary or affiliated physicians, and underreports MSPPS employees as some responders did not include information on titles not specifically requested through the survey.

B. Current State Results

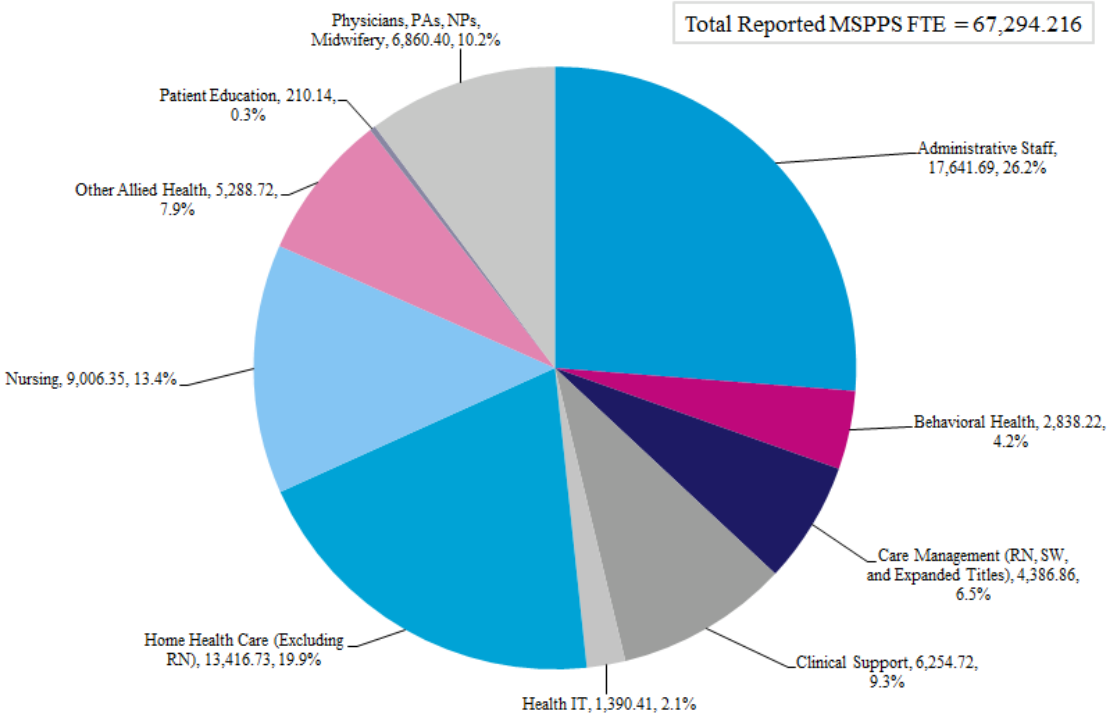
1. Distribution of Staff

MSPPS Workforce Analysis

Current State Headcount Distribution



Current State FTE Distribution



MSPPS Workforce Analysis

2. Titles/Number of Organizations Reporting

Titles

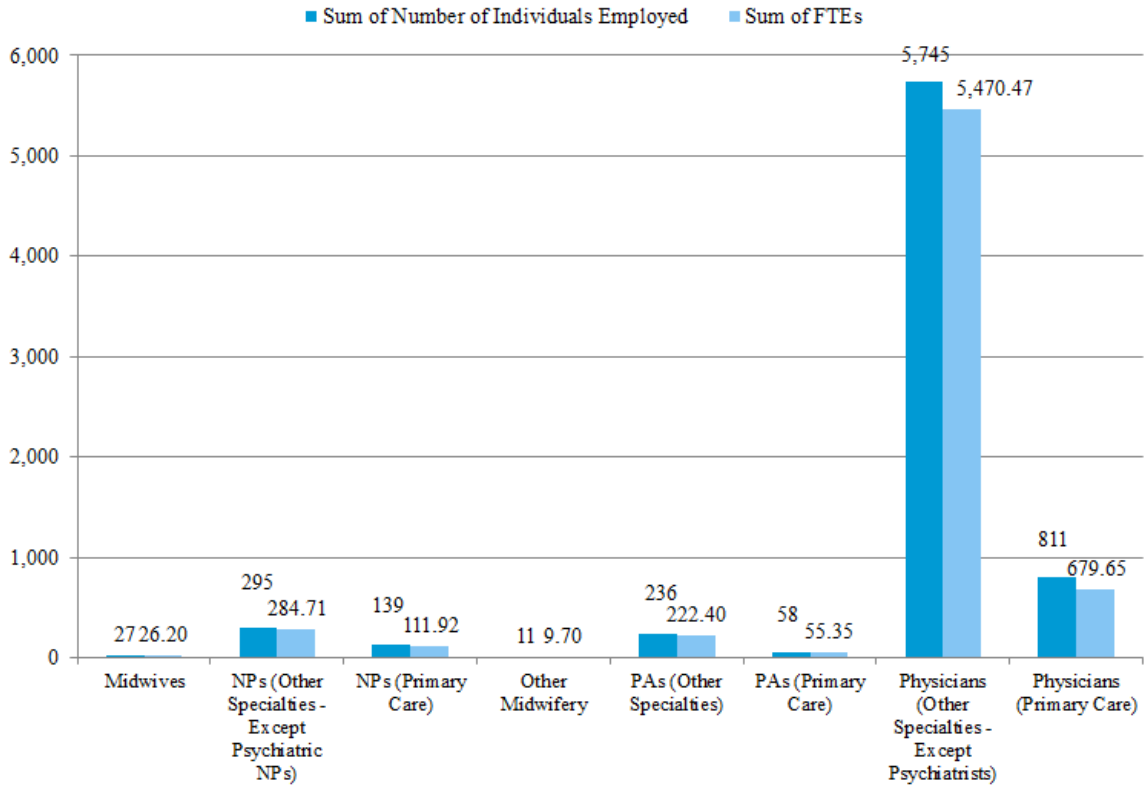
	Number of Reporting Organizations
Administrative Staff	
Coders/Billers	126
Dietary/Food Service	39
Executive Staff	152
Financial	106
Financial Service Representatives	15
Housekeeping	45
Human Resources	108
Medical Interpreters	3
Office Clerks	85
Other	145
Patient Service Representatives	17
Secretaries and Administrative Assistants	86
Transportation	22
Janitors and cleaners	64
Behavioral Health	
Licensed Clinical Social Workers	63
Other	78
Other Mental Health/Substance Abuse Titles Requiring Certification	39
Psychiatric Aides/Techs	2
Psychiatric Nurse Practitioners	20
Psychiatrists	70
Psychologists	32
Substance Abuse and Behavioral Disorder Counselors	46
Home Health Care (Excluding RN)	
Certified Home Health Aides	11
Other	6
Personal Care Aides	6
Nursing	
Licensed Practical Nurses (LPNs)	69
Nurse Managers/Supervisors	66
Other	18
Other Registered Nurses (Utilization Review, Staff Development, etc.)	29
Staff Registered Nurses	86
Other Allied Health	
Clinical Laboratory Technologists and Technicians	6
Nutritionists/Dieticians	42
Occupational Therapists	39
Occupational Therapy Assistants/Aides	20
Other	48
Pharmacists	12
Pharmacy Technicians	13
Physical Therapists	42
Physical Therapy Assistants/Aides	25
Respiratory Therapists	8
Speech Language Pathologists	31

	Number of Reporting Organizations
Care Management (RN, SW, and Expanded Titles)	
Bachelors Social Workers	26
Care Manager/Coordinator	47
Community Health Worker	8
Licensed Masters Social Workers	51
LPN Care Coordinators/Case Managers	6
Other	61
Patient or Care Navigator	22
Peer Support Worker	20
RN Care Coordinators/Case Managers/Care Transitions	25
Social and Human Service Assistants	17
Social Worker Care Coordinators/Case Managers/Care Transition	26
Clinical Support	
Medical Assistants	25
Nurse Aides/Assistants (CNAs)	26
Other	22
Patient Care Techs (Associates)	7
Health IT	
Hardware Maintenance	13
Health Information Technology Managers	50
Other	20
Software Programmers	19
Technical Support	38
Patient Education	
Certified Asthma Educators	0
Certified Diabetes Educators	3
Health Coach	4
Health Educators	18
Other	7
Physicians, PAs, NPs, Midwifery	
Midwives	5
NPs (Other Specialties - Except Psychiatric NPs)	9
NPs (Primary Care)	31
Other Midwifery	4
PAs (Other Specialties)	14
PAs (Primary Care)	12
Physicians (Other Specialties - Except Psychiatrists)	34
Physicians (Primary Care)	42

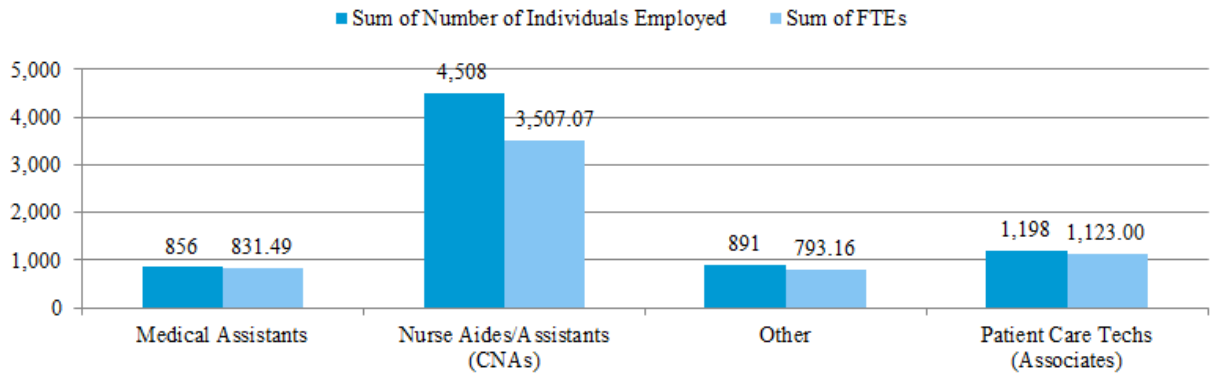
MSPPS Workforce Analysis

3. Headcount/FTE by Title

Physicians, PAs, NPs, Midwifery

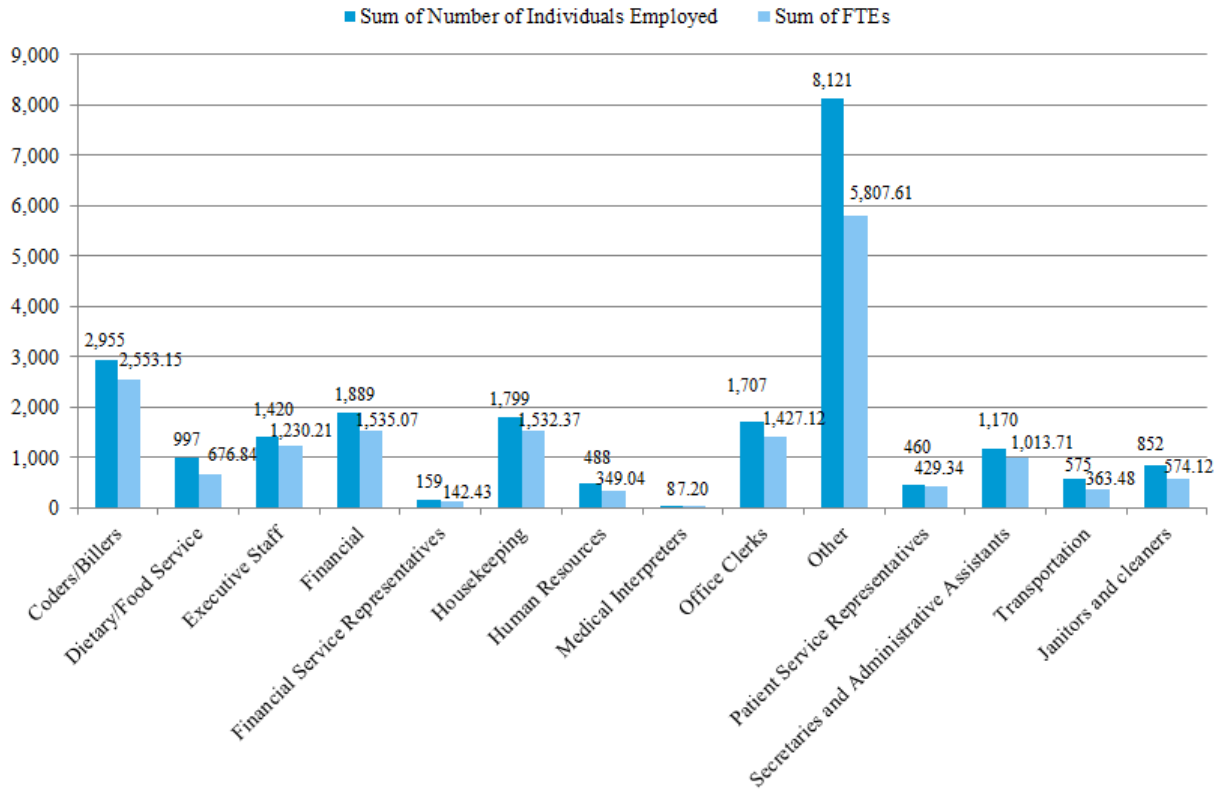


Clinical Support

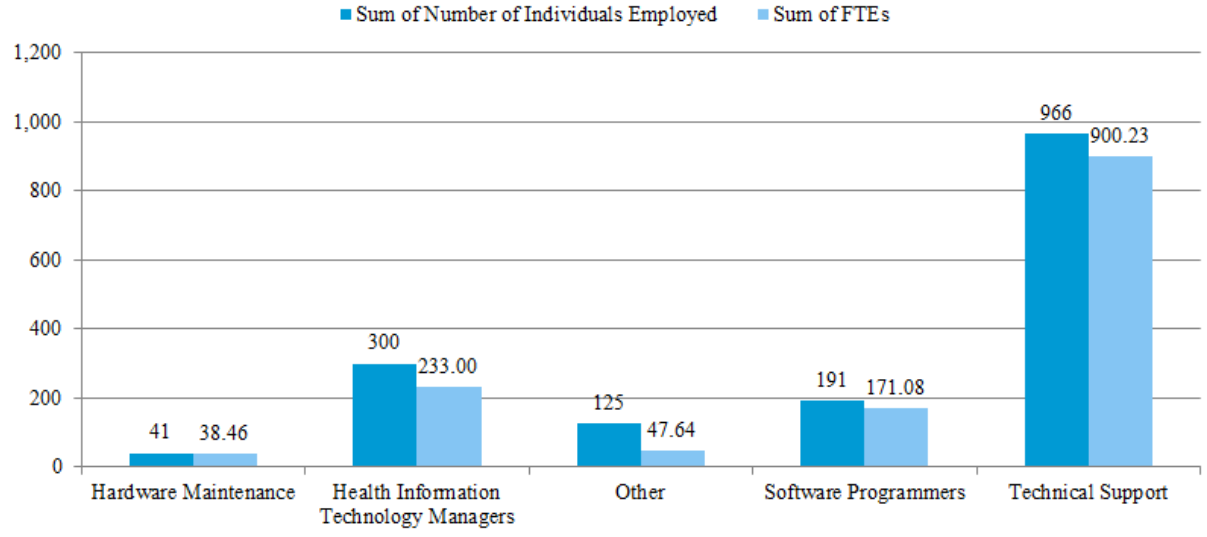


MSPPS Workforce Analysis

Administrative Staff



Health IT



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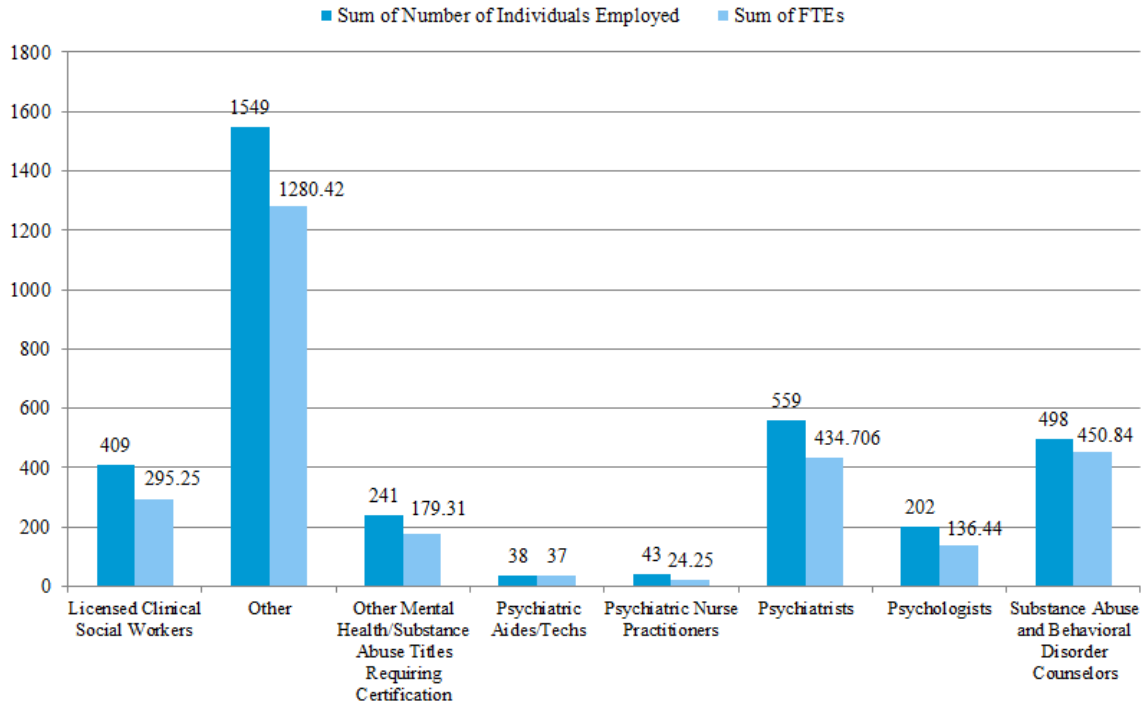
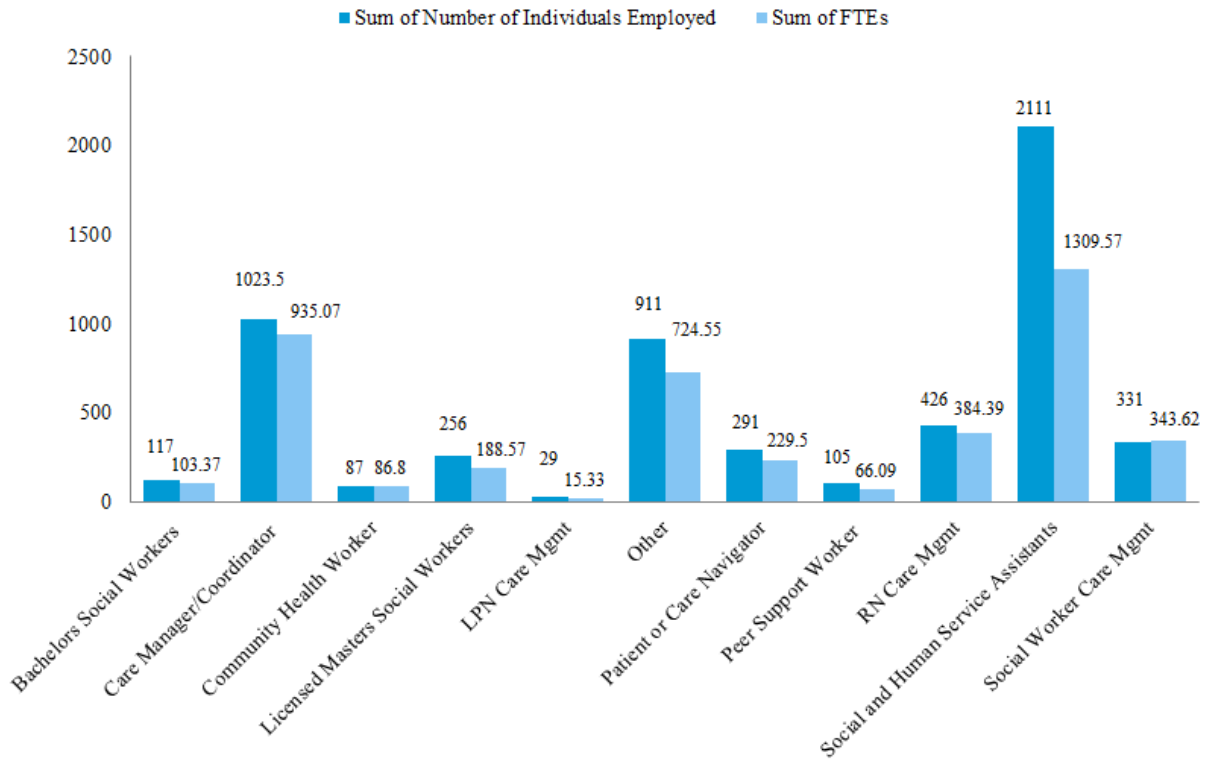
Behavioral Health



Care Management (RN, SW, and Expanded Titles)



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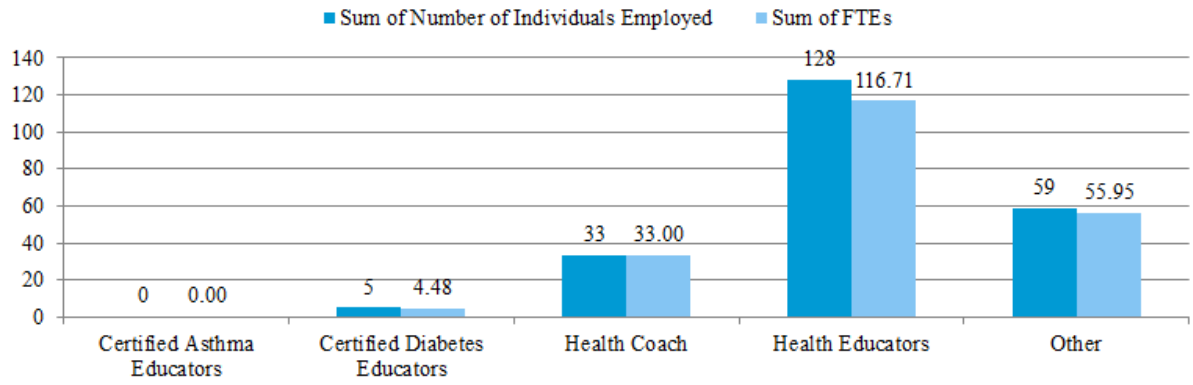
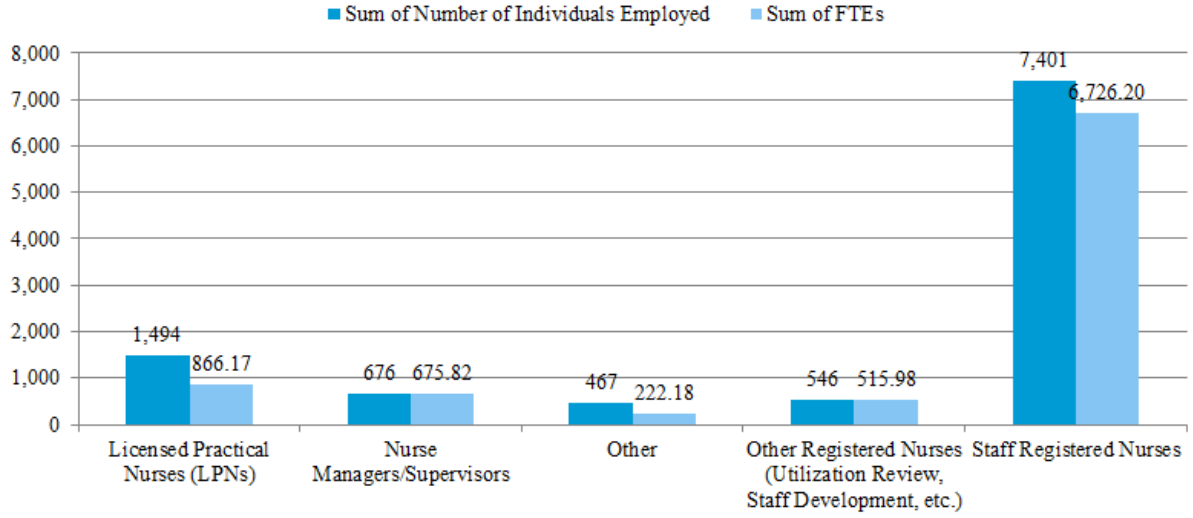
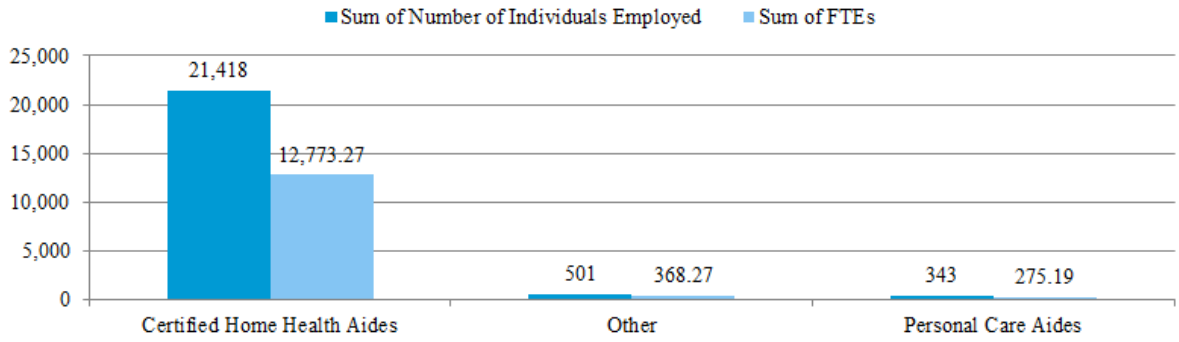
Patient Education



Nursing

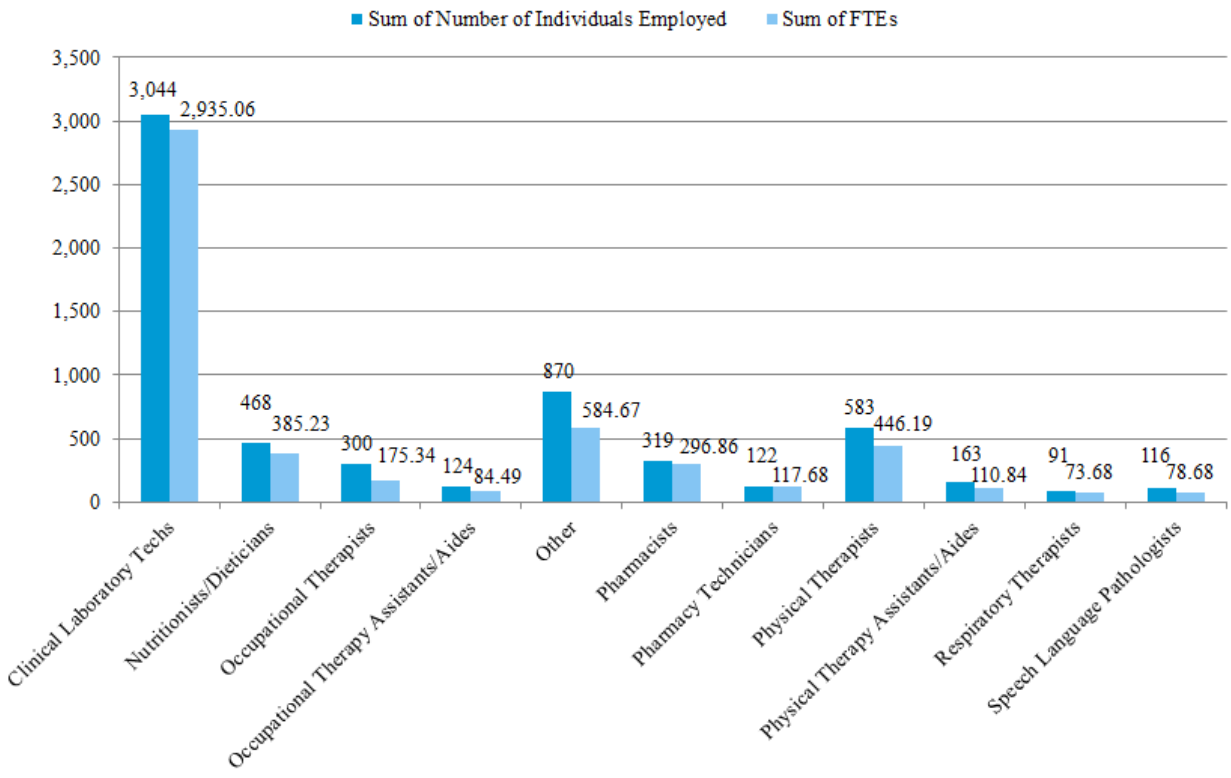


Home Health Care (Excluding RNs)



MSPPS Workforce Analysis

Other Allied Health



4. Emerging Titles: Experience & Degree Requirements

Emerging Titles*: *Experience/Degree Requirements*

Job Category	Number of Reporting Organizations	Minimum Experience Requirements (%)					Minimum Degree Requirements (%)			
		0~2 Years	3~5 Years	6~10 Years	11~15 Years	> 15 Years	Associate	Bachelor's	Master's	Other
Care Manager/Coordinator	47	50.00%	41.67%	8.33%	0.00%	0.00%	15.15%	63.64%	15.15%	6.06%
Patient or Care Navigator	22	80.00%	15.00%	5.00%	0.00%	0.00%	33.33%	46.67%	0.00%	20.00%
Community Health Worker	8	77.78%	22.22%	0.00%	0.00%	0.00%	42.86%	14.29%	14.29%	28.57%
Peer Support Worker	20	83.33%	11.11%	0.00%	5.56%	0.00%	25.00%	75.00%	0.00%	0.00%

*'Emerging Titles' is a state defined category for which this slide's information is a required element of the survey

MSPPS Workforce Analysis

V. Target State

A. Target State Overview

The Target State of the workforce is designed around expected clinical needs of MSPPS. Among other changes, these include new work tasks associated with the DSRIP projects and value based payment metrics, changed staffing models and skillsets needed during the transition from inpatient to ambulatory and community-based care, increased demand for care management staff, and the technical skill gap that will accompany new investments in technological infrastructure.

In accordance with the MSPPS clinical vision, the future workforce of MSPPS will need enhanced capacity for community navigation, care coordination and care management, and its success will hinge on collaboration and continuous quality improvement skills.

The section that follows is an analysis of titles needed and impacted by clinical project.

B. Target State Analysis by MSPPS Clinical Project

1. 2.b.iv Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions

Project Objective

To provide a 30-day transitional care intervention to address the psychosocial drivers of readmission amongst a group of patients at high risk for avoidable utilization. This project will target patients with recent utilization as well as patient with cardiac, renal, endocrine, respiratory, neurological and/or behavioral health disorders that are at an increased risk for utilization. Key elements of the intervention will include the identification of all community-based providers (including medical providers and existing case managers; transmission of the discharge summary to the next-level provider; collaboration with community-based supports; linkage to long-term care management supports if needed.

Impacted Partners

MSPPS builds and expands upon existing infrastructure in two areas within its network. MSHS will expand its Preventable Admissions Care Team ("PACT") program, which provides transitional care services to patients at high risk of avoidable utilization. Health home services will be utilized post discharge for adherence to discharge plans and permanent assignment of care managers where appropriate. The MSPPS central call center will assist with care navigation services, including connecting patients and families to social services, follow up medical services and to answer questions about discharge plans as needed.

Core Job Categories Impacted

Social Worker, Care Coordinator, Health Home workers.

Skill and Knowledge Development Required
Staff impacted by this project will be involved in care transitions work, referring to community resources, receiving references, and coordinating care.

2. 2b.viii Hospital-Home Care Collaboration Solutions

Project Objective
To reduce re-hospitalizations for high risk patients by implementing an INTERACT-like program (Interventions to Reduce Acute Care Transfers) is a quality improvement program that focuses on the management of acute change in patient conditions. It includes clinical and educational tools and strategies for use in every day practice. INTERACT is a quality improvement program designed to improve the early identification, assessment, documentation, and communication about changes in the status. **Project 2b.viii also requires the formation of a Community Rapid Response Team that can triage and address clinical calls for patients followed in the community by a partner agency to divert possible 911/ED visits when appropriate.**

The INTERACT-like program requires no redeployment or new hires; the approximately 12,000 Certified Home Health Aides, and LPNs will be trained on care pathways and INTERACT-like principles, as well as RNs who will receive INTERACT Champion Training to allow them to train staff in the future. Those agencies that already use and have trained staff on INTERACT-like principles will also have the opportunity to send staff to the PPS for training to become Champions on the Interact Model and be able to conduct future trainings themselves. **The Community Rapid Response Team will require staffing of an interdisciplinary team (AA, SW, NP, MD) who can support community patients with urgent issues to prevent ED/admission when appropriate.**

Impacted Partners
Home Care Agencies

Core Job Categories Impacted
Certified Home Health Aides and Personal Care Aides, LMSWs, Primary Care Physicians, Nurse Practitioners, RN Care Managers and Case Managers LPNs, and Medical Assistants.

Skill and Knowledge Development Required
All impacted staff will receive Cross-Project Education as well as training on care pathways and INTERACT-like principles. In addition, Certified Home Health Aides and Personal Care Aides, LMSWs, RN Care Managers and Case Managers, LPNs, and Medical Assistants will receive training on the Community Care Navigation Services.

3. 2.c.i To Develop a Community Based Health Navigation Service to Assist Patients to Access Healthcare Services Efficiently

Project Objective
To develop a community-based health navigation service to ensure patients are able to access health care services in an efficient manner. This project is focused on persons utilizing the system but doing so ineffectively or inappropriately. The intended navigation services will provide bridge support until

the patient is able to self- manage his/her health. These community resources will not necessarily be licensed health care providers, but persons trained to understand and access the community care system, including medical, behavioral health, and community support services. For example, navigators will assist patients with maintaining appointment adherence, and obtaining appropriate entitlements and services. Navigators will be resourced in-person, telephonically, or online; they will also have access to language services and educational materials for clients who have limited literacy proficiency. The services provided will be aligned with and will expand upon services currently provided through the Health Home program.

Impacted Partners
Article 28 Clinics (FQHCs), Non-licensed Community Based Organizations. (See above)

Core Job Categories Impacted
This project will rely heavily on Care Managers, Care Coordinators, Care Navigators and Community Health Workers. Primary Care Physicians, Social Workers, Discharge Planners, Physician's Assistants, Nurse Practitioners, LPNs, and MAs will also be connected to this project.

Skill and Knowledge Development Required
Care Managers, Care Coordinators, Care Navigators and Community Health Workers will receive Cross-Project Education as well as training on the Community Care Navigation Services. Primary Care Physicians, Social Workers, Discharge Planners, Physician's Assistants, Nurse Practitioners, LPNs, and MAs connected to this project will receive Cross-Project Education. Impacted staff will also receive training on awareness of existing services, how to communicate between providers on a care team and facilitate warm handoffs, and how to navigate a centralized referral process.

4. 3.a.i Integration of Primary Care and Behavioral Health Services

Project Objective
To integrate mental health and substance abuse services with primary care services to promote access and ensure coordination. The project goal can be achieved by three different approaches and MSPPS has chosen to implement all three models as they are supported by the Community Needs Assessment.

a) Model A: PCMH Service Site

This model involves integration of behavioral health specialists into primary care clinics using the collaborative care model and supporting the PCMH model. Behavioral health services will be co-located at primary care practice sites. Behavioral health specialists will conduct preventive care screenings, including behavioral health screenings (PHQ-9, SBIRT), and assessment and treatment services on site.

b) Model B: Behavioral Health Service Site

This model involves the co-location of primary care services at behavioral health sites. It requires collaborative evidence-based standards of care including medication management and care engagement process. Conduct physical health preventive care screenings, as well

as behavioral health screenings (PHQ-9, SBIRT), as well as on-site ongoing primary care services.

c) Model C: IMPACT

Behavioral health specialists work with primary care providers on-site in a specific model of collaborative care for depressive and anxiety disorders called IMPACT (Improving Mood - Providing Access to Collaborative Treatment). This is an evidence based model including screening, assessment, and time-limited treatment for depression and anxiety.

Network Partners Impacted

In Models A and C, Article 28 health centers, FQHCs, and FQHC look-alikes will add co-located behavioral health staff, including Licensed Clinical Social Workers (LCSW) and Psychiatrists. MSPPS anticipates adding having up to one full time equivalent LCSW and up to a half time equivalent psychiatrist at approximately 20 or more Patient Centered Medical Home Sites (PCMH) by the end of year four between Models A and C. Additional Behavioral Health provider types by the end of the DSRIP years, depending on the site, may include Psychiatric Nurse Practitioners and CASACs.

In Model B, Article 31 (mental health) and Article 32 (substance abuse) clinics, including Article 32 Opioid Treatment Programs (OTP), will add primary care providers on site. Primary Care Providers will include Nurse Practitioners, Physician Assistants, and MDs, depending on site. Article 31 and non-OTP Article 32 sites may also need RNs, LPNs, and Medical Assistants, depending on volume. OTP sites may not need to add additional providers for primary care services, as they are already staffed commonly with internists, PA's, and RNs. However, depending on volume, they may need to increase staffing overall to backfill any re-allocation of existing provider types into primary care services. MSPPS approximates that approximately 10 Model B sites will be in place by the end of year four, with approximately 6-8 FTEs of NP/PA's, 2-4 FTEs of Internists/Family Medicine MD's, and 5-10 RNs/LPNs/Medical Assistants.

Primary Staff Impacted

Models A and C:

-Existing Primary Care Physicians, RNs, and other medical staff in primary care sites as host providers

-LCSWs, Psychiatrists, Psych NP's, CASACs as collaborative/integrated on-site new providers

-Care Coordinators (throughout PPS, not specific to this project, will need to interface with all provider types)

-Residents and other trainees (ie, NP students, PA students, Psychology interns, SW interns)—potential new sites for training

Model B:

-Existing Behavioral Health providers, including Psychiatrists, OTP Internists, Psych NPs, LCSWs, LMSWs, CASACs, LMHCs, Psychologists in Behavioral Health sites as host providers

-PCPs, PA's, RNs, LPNs, MA's as collaborative/integrated on-site new providers

-Care Coordinators (throughout PPS, not specific to this project, will need to interface with all provider types)
-Residents and other trainees (ie, NP students, PA students)—potential new sites for training

Skill and Knowledge Development Required
All staff will require Cross-project Training. This includes basics of Collaborative and Integrated care. IMPACT SW's will need training in the principles and implementation of Depression Care Management. Model A and C BH providers will require new or additional training in screening (PHQ2/9, SBIRT) and evidence based therapies such as PST and treatment interventions such as Motivational Interviewing. All providers will need basic and where appropriate extended training in suicide and violence risk assessment and management. Model B PCP providers and related medical staff will require training in working with patients with Behavioral Health diagnoses. Routine review of best practices and updates in medication management, preventive screenings, etc under the rubric of Continuing Medical Education will be required.

5. 3.a.iii Implementation of Evidence-Based Medication Adherence Program in Community Based Sites for Behavioral Health Medication Compliance

Project Objective
To assist patients who have difficulty with medication adherence to improve compliance with medical regimens. To supplement this project, the MSPPS is also incorporating an additional treatment and care delivery platform known as Care4Today Mental Health Solutions.

Partners Impacted
Community Based Mental Health and Substance Abuse Treatment Sites

Core Job Categories Impacted
PCPs, Pharmacists, Behavioral Health Providers, LPNs, Care Managers and Care Coordinators

Skill and Knowledge Development Required
All staff involved in this project will require the Cross-Project Education, training on how to use remote patient assistance tools, and Motivational Interviewing.

6. 3.b.i Evidence-Based Strategies for Disease Management in High Risk/Affected Populations – cardiovascular conditions (Adult Only)

Project Objective
To ensure clinical practices in the community and ambulatory care setting use evidence based strategies to improve management of cardiovascular disease. These strategies are focused on improving practitioner population management, adherence to evidence based clinical treatment guidelines, and the adoption of activities that will increase patient self-efficacy and confidence in self-management.

Partners Impacted
Article 16 Clinics (OPWDD), FQHCs, Article 28 Hospital Outpatient Clinics, Home Care Agencies, Hospital Inpatient/ER, Non-licensed Community Based Organizations, Outpatient Services for Substance Abuse, Pharmacies, Private Provider Practices.

This project is exploring a (HUB) model that will leverage existing provider referral networks, community resources, patient preference, and other important factors from our MAPP performance data analysis to enhance the care coordination as well as identify the care management service needs for smaller practices and organizations that do not have such infrastructure available.

Core Job Categories Impacted
Clinical Care Providers (Primary Care Providers, LPNs, MAs), Community Navigators, Care Managers, Community Health Workers.

Skill and Knowledge Development Required
Primary Care providers will receive training on evidence-based protocols for cardiovascular treatment and complication prevention. Training will be available to other providers engaged in cardiovascular care. Care Managers, Care Coordinators, Care Navigators and Community Health Workers will receive Cross-Project Education as well as training on the Community Care Navigation Services. Clinical Care Providers connected to this project will receive Cross-Project Education.

7. 3.c.i Evidence-Based Strategies for Disease Management in High Risk/Affected Populations - diabetes (Adult Only)

Project Objective
To ensure clinical practices in the community and ambulatory care setting use evidence based strategies to improve management of diabetes. Specifically, this includes improving practitioner population management, increasing patient self-efficacy and confidence in self-management, and implementing diabetes management evidence based guidelines.

Partners Impacted
Article 16 Clinics (OPWDD), FQHCs, Article 28 Hospital Outpatient Clinics, Home Care Agencies, Hospital Inpatient/ER, Non-licensed Community Based Organizations. Outpatient Services for Substance Abuse, Pharmacies, Private Provider Practices.

This project is exploring a (HUB) model that will leverage existing provider referral networks, community resources, patient preference, and other important factors from our MAPP performance data analysis to enhance the care coordination as well as identify the care management service needs for smaller practices and organizations that do not have such infrastructure available.

Core Job Categories Impacted
Clinical Care Team, Care Managers, Community Health Workers, Care Navigators

Skill and Knowledge Development Required

Primary Care providers will receive training on evidence-based protocols for diabetes treatment and complication prevention. Training will be available to other providers engaged in diabetes care. Care Managers, Community Health Workers and Care Navigators will receive Cross-Project Education as well as training on the Community Care Navigation Services. Clinical Care Providers connected to this project will receive Cross-Project Education.

8. 4.b.ii Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Setting (Focus Area 3)

Project Objective

This project will help to increase access to high quality chronic disease preventative care and management in both clinical and community settings for chronic diseases that are not included in Domain 3 projects, such as cancer:

- Breast Cancer screening
- Cervical Cancer screening
- Chlamydia screening
- Colorectal cancer screening
- Hepatitis C screening

The delivery of high-quality chronic disease preventive care and management can eliminate or minimize much of the burden of chronic disease or avoid many related complications. Many New Yorkers do not receive the recommended preventive care and management that include screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, and prevent disease progression and co-morbidities.

Partners Impacted

This project is exploring a (HUB) model that will leverage existing provider referral networks, community resources, patient preference, and other important factors from our MAPP performance data analysis to enhance the care coordination as well as identify the care management service needs for smaller practices and organizations that do not have such infrastructure available.

Core Job Categories Impacted

The critical titles for this project are Care Managers and Care Navigators.

Skill and Knowledge Development Required

Care Managers and Care Navigators will receive Cross-Project Education as well as training on the Community Care Navigation Services. The Clinical Care Team (Physician Assistants, Nurse Practitioners, LPNs) will receive Cross-Project Education.

9. 4.c.ii Increase early access to, and retention in, HIV care (Focus Area 1; Goal #2)

Project Objectives

MSPPS Workforce Analysis

To increase early access to and continued participation in HIV care. Specifically:

- Increase the percentage off HIV- infected persons with a known diagnosis who are in care by 9% to 72%, by December 31, 2017
- Increase the percentage of HIV-infected persons with known diagnoses who are virally suppressed to 45%, by December 31, 2017

Partners Impacted

This project is exploring a (HUB) model that will leverage existing provider referral networks, community resources, patient preference, and other important factors from our MAPP performance data analysis to enhance the care coordination as well as identify the care management service needs for smaller practices and organizations that do not have such infrastructure available.

The project also provides technical support to the partners by identifying best practices across the spectrum of participants to identify newly infected clients, increase access to care and retention in care. Efforts will result in community viral load suppression.

The project is also involved with the NYC DOHMH *DSRIP HIV Coalition*

Core Job Categories Impacted

Community Health Workers, Care Navigators, Outreach Workers, HIV Testing, Peer Support Workers

Skill and Knowledge Development Required

Cross-Project Education and the Community Care Navigation Services. Retention in care interventional training to promote viral load suppression and Hep C management training for PCPs.

MSPPS Workforce Analysis

VI. Gap Analysis

After comparing the Current State of the MSPPS workforce to the desired Target State, it was determined that the PPS already contains sufficient numbers of employees to perform against DSRIP goals. The focus of workforce development, therefore, will be on education and new skill development.

The sections below describe the gap between the Current and Target States of the workforce and detail how the PPS will address that gap.

Projected changes described below are only those that are directly DSRIP related, and, to do so, this report uses the NYS DOH definitions of how staffing impact should be reported (Appendix B). The chart below provides aggregate numbers for all DSRIP years which is explained in detail in the following sections and will be presented in the MAPP chart that accompanies this narrative.

Total Trained/Retrained	Total Redeployed	Total New Hires
14,890	47.65	143.26

MSPPS anticipates approximately 15% of the workforce will be impacted by DSRIP with the most significant number of workers being impacted through training and retraining. Very few staff will be "redeployed" as a direct result of DSRIP. However, as a result of an ongoing system transformation, MSHS is creating a new Mount Sinai Downtown network, which includes staff redeployment to Population Health models of care.

Approximately 144 people are projected to be hired to support the administrative, clinical and community-based care of MSPSS's DSRIP projects, while approximately 14,855 people will receive retraining. The low number of new hires is a result of the diversity of MSPPS partners and the reality that the network includes sufficient staff in key titles. Many of these staff will require retraining to gain skills and competencies necessary to ensure the success of the DSRIP projects and their participation in the wider IDS.

MSPPS Workforce Analysis

A. Estimated New Hires

It is estimated that only 144 individuals will be hired as a direct result of the DSRIP initiative. This new staff will support the administration of the PPS, build new IT and IDS systems, lead and champion clinical transformation, and in some (few) cases provide direct clinical care (such as a care coordination call center).

Projections of newly hired staff are included in the chart below:

Staff Type	DY1	DY2	DY3	DY4	DY5
Physicians (Primary Care)		1			
Physicians (Other Specialties - Except Psychiatrists)		1			
PAs (Primary Care)				1	
NPs (Primary Care)		2	3		
NPs (Other Specialties - Except Psychiatric NPs)	1	2			
Staff Registered Nurses				1	
Other Registered Nurses (Utilization Review, Staff Development, etc.)		1			
LPNs			1		
Medical Assistants			1		
Nurse Aides/Assistants					
Psychiatrists	1	0.7	0.7		
Licensed Clinical Social Workers		3.26	2	2	2
Substance Abuse and Behavioral Disorder Counselors		1	1	1	1
RN Care Coordinators/Case Managers/Care Transitions		1			
Licensed Masters Social Workers	1	20			
Other Social Work		2			
Care Manager/Coordinator (Bachelor's degree required)	2	9	2		
Care or Patient Navigator	4	3			
Certified Diabetes Educators	1	2	0.6		
Financial		2			
Human Resources	5	2			
Other	18	4			
Secretaries and Administrative Assistants	2	2			
Health Information Technology Managers	7	3			
Software Programmers	8	4			
Technical Support	1	3			
Other	1				
Pharmacists		3			
Total	**52**	**71.96**	**11.3**	**5**	**3**

MSPPS Workforce Analysis

B. Estimated Redeployment and Mount Sinai Downtown

MSPPS anticipates that approximately 48 people will be "redeployed" as a direct result of the DSRIP initiative throughout the 5 years. These are individuals as defined by NYS DOH as personnel "who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who to transition into another job with the same employer." (Appendix B) This low number of redeployed personnel is reflective of the fact that MSPPS has significant numbers of employees who can be retrained in service of the success of the DSRIP project.

It is also anticipated that over the course of DYs2-4 there will be additional movement across community based organizations and tertiary/quaternary care facilities in keeping with the shift to value based care and themes of population health. As relative to DSRIP, we will provide updates as they transpire

Projections of redeployed staff are included in the chart below:

Staff Type	DY1	DY2	DY3	DY4	DY5
Physicians (Primary Care)		1.2			
Physicians (Other Specialties - Except Psychiatrists)		0.2			
PAs (Primary Care)		2	1		
NPs (Primary Care)		1			
NPs (Other Specialties - Except Psychiatric NPs)		1			
Staff Registered Nurses			1		
Psychiatrists		2.5	2.5	2.5	2.5
Licensed Clinical Social Workers		4.5	7.24	6	6
Other		1.76			
Care Manager/Coordinator (Bachelor's degree required)		4			
Secretaries and Administrative Assistants		0.75			
Total	**0**	**18.91**	**11.74**	**8.5**	**8.5**

MSPPS Workforce Analysis

Mount Sinai Downtown

As it represents a parallel Population Health transformation, however, it should also be noted that the Mount Sinai Health System recently announced it will invest $500 million over the next several years to create a new "Mount Sinai Downtown" network. This transformation will change the way health care is delivered to the downtown Manhattan area away from an aging inpatient-centric model to one that meets community needs where they need them. The Mount Sinai Downtown network will consist of an expanded and unified network of state-of-the-art facilities stretching from the East River to the Hudson River below 34th Street. As part of this process, Mount Sinai Beth Israel Hospital ("MSBI"), which has a current in-patient occupancy rate of less than 60%, will see many of its practices relocated and employees reassigned to different facilities.

The plan will transform MSBI gradually over the next up to four years during which the current MSBI hospital will remain open with continuation of many clinical services. Once the transformation is complete, Mount Sinai Downtown will include an expanded and fully integrated network of healthcare locations – from river to river below 34th Street. Only the most complex or life-threatening cases, as well as delivery of babies, will be treated at Mount Sinai's uptown campuses.

Central to the downtown transformation will be the new, smaller Mount Sinai Downtown Beth Israel Hospital, which will include approximately 70 beds and a brand new state-of-the-art Emergency Department ("ED"). This ED will accept ambulances and will be able to handle all emergencies, such as heart attack, and stroke, on site. It will also include a pediatric ED.

During this transformation, MSHS will make a substantial investment in the Phillips Ambulatory Care Center ("PACC") on Union Square, where renovations are already under way. At 275,000 square feet, PACC will be New York's largest freestanding ambulatory care center. It currently houses a full range of multispecialty services, including a state-of-the-art same day surgery center, radiology, surgical and medical specialties, pediatrics and obstetrics. PACC's services will be expanded to include endoscopy and additional medical and surgical specialty services. Same day surgery will include 24/7 services for extended recovery. By early 2017, the site will also house a comprehensive urgent care center with weekend and evening hours.

Mount Sinai Downtown will also feature MSBI's Comprehensive Cancer Center West, which will now include an expanded surgical program, primary care, and women's health services, and an expanded behavioral health facility at MSBI Bernstein Pavilion. It will also include Mount Sinai's extensive network of physician practices and the New York Eye and Ear Infirmary at Mount Sinai, which will remain open in the downtown area.

During this transition to expanded ambulatory and community-based care, Mount Sinai Health System has made a commitment to extend job opportunities to all employees who are union members and will provide in-placement and outplacement (when necessary) services to as many non-union staff as possible. While specific plans are still being formulated, MSHS has guaranteed jobs for over 4,000 workers, many of whom will be redeployed to other positions within the Mount Sinai Health System.

MSPPS Workforce Analysis

C. Training

As the MSPPS workforce includes an estimated 100,000+ individuals, the most critical focus of workforce development will be on training and retraining. It is through this mechanism that much of the transformational change will occur to bring MSPPS from its current workforce state to the target state necessary for clinical transformation. Education will focus on patient facing staff and will be designed to enhance the skills and competencies needed to be successful in an IDS. Approximately 14,855 employees will be retrained during the course of the DSRIP program, with certain titles (see chart below) making up a significant percentage of that total. The Training Strategy (to be submitted DY2Q2) will address in more detail how the MSPPS will work to ensure that staff are trained in the appropriate skills and competencies to meet this projected Target State. Training is planned to take place during DYs2-4.

1. Estimated Training Volume

Staff Type	DY2	DY3	DY4	Total DY2-4	Current Headcount	Current FTE	% Headcount Retrained
Physicians (Primary Care)	35	145		180	811	679.65	22.2%
PAs (Primary Care)	20	15	30	65	58	55.35	112.1%
NPs (Primary Care)	45	45		90	139	111.915	64.7%
LPNs	30	130	50	210	1523	881.5	13.8%
Medical Assistants	50	200		250	856	831.49	29.2%
Social and Human Service Assistants	10	400	210	620	2111	1309.57	29.4%
RN Care Coordinators/ Case Managers/Care Transitions		80	20	100	426	384.39	23.5%
LMSW Case/Care Management		50		50	256	188.57	19.5%
Care Manager/Coordinator (Bachelor's degree required)	60	300	60	420	1023.5	935.07	41.0%
Care or Patient Navigator		200	50	250	291	229.5	85.9%
Community Health Worker (All education levels and training)		50		50	87	86.8	57.5%
Peer Support Worker (All education levels)		30		30	105	66.09	28.6%
Administrative Staff	50	120	50	220	N/A	N/A	N/A
Patient Service Representatives		40		40	460	429.34	8.7%
Total	**300**	**1805**	**470**	**2575**	**8146.5**	**6189.235**	**31.6%**

Note: Does not include Home Care workers trained on INTERACT-like principles

INTERACT-related training:

Staff Type	DY2	DY3	DY4	Total DY2-4	Current Headcount	Current FTE	% Headcount Retrained
Certified Home Health Aides	12000				21,418	12,773.27	56%
Personal Care Aides	275				343	275.19	80.1%
Total	**12,275**			**12,275**	**21,761**	**13,048.46**	**56.4%**

MSPPS Workforce Analysis

2. Cross-Project Skills, Learning and Knowledge Acquisition

While projects may have specific learning needs, which will be addressed in detail in the Training Strategy, there are certain overarching skills, learning and knowledge acquisition that will be necessary for all projects. These are collectively referred to as "Cross-Project Skills," and are described below. The Cross Project Skills also serve to provide the foundation for the transformational change envisioned through Project 2.a.i "Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management."

Cross Project Skills Learning and Knowledge Acquisition will address learning needs of the following areas:

- Integrated Delivery System Protocols
- Interdisciplinary Team Building
- Cultural Competency
- Care Management/Coordination
- Health Information Exchange, Care Management Platform and other IT initiatives *("MSPPS Platforms")*
- Community Navigation

MSPPS Platforms

MSPPS IT is developing a community gateway wherein staff will be able to access multiple applications. These applications include (but not limited to) a Health Information Exchange, Care Management platform, Community Resource guide, and the MSPPS Learning Management System. This gateway will be used by all providers and members of the PPS workforce. In particular, the sharing of Electronic Health Records will be accessed by clinical staff involved in direct patient care, and the Care Management platform will be used to share patient notes across providers and establish a mechanism for cross partner collaboration. The Care Management platform will be accessed most frequently by Care Managers, Care Coordinators and Community Based Organizations.

IDS Protocols

IDS Protocols are focused on referral systems to ensure that MSPPS is delivering accessible evidence based, high quality care in the right setting at the right time. While these are MSPPS-wide IDS protocols, through project mapping, Project Committees have established their own additional protocols to identify whether patients are appropriate for the particular project, and once assessed, where they should receive their care.

Care Management and Care Coordination Skills

Training will involve concepts of patient care coordination in interdisciplinary teams to integrate patients' wellness needs, set patients' goals and educate patients to make sure they adhere to a care plan. Knowledge would include health coaching, Motivational Interviewing skills (which is a clinical method for helping people to resolve ambivalence about change by evoking internal motivation and commitment), chronic disease management, and patient engagement. Social and environmental factors such as housing issues and environmental triggers will also be addressed in Care Management and Care Coordination skills.

MSPPS Workforce Analysis

Cultural Competency

Cultural competency is essential to delivering quality, patient-centered care and is especially critical for healthcare providers who deliver community-based care. It focuses on how culture impacts care, and teaches healthcare personnel to be aware of cultural considerations, including strategies for overcoming barriers, cultural and linguistic competence skills, and vital information about the social determinants of health and health disparities. *N.B. There is a separate workgroup focused on Cultural Competency/Health Literacy, which will work in collaboration with Workforce to facilitate staff training.*

Team Building for Interdisciplinary and Virtual Care Teams

With MSPPS's focus on integration of care across the continuum of services, as well as a greater role for Care Managers and Care Coordinators, high functioning inter-disciplinary teams, both working in person and virtually, will be critical to meeting project goals and objectives. Training to practice efficient communication, coordination and documentation to build mutually respectful relationships is necessary to ensure success. Training will address workflow, clinical decision-making, and team member roles.

Community Care Navigation Services

MSPPS will develop Community Care Navigation Services which will be used primarily by non-clinical staff across the continuum of care to assist in accessing resources within the MSPPS partner organizations. Training will likely encompass other technical platforms to track engagement of patients, with a focus on customer service, and effective communication skills with an emphasis on "telephone triage for the non-clinician."

MSPPS Workforce Analysis

3. Skill Development by Staff Type

Staff Type	Integrated Delivery System	Team Building	Cultural Competency	Care Management/Care Coordination	HIT Systems - Care Managmenet System; HIE	Community Resource Guide
Physicians (Primary Care)	x	x	x	x	x	
Physicians (Other Specialties - Except Psychiatrists)	x	x	x		x	
PAs (Primary Care)	x	x	x	x	x	
NPs (Primary Care)	x	x	x	x	x	
LPNs	x	x	x	x	x	x
Medical Assistants	x	x	x	x	x	x
Psychiatrists	x	x	x	x	x	
Licensed Clinical Social Workers	x	x	x	x	x	x
Substance Abuse and Behavioral Disorder Counselors	x	x	x	x	x	x
Social and Human Service Assistants	x	x	x	x	x	x
RN Care Coordinators/Case Managers/Care Transitions	x	x	x	x	x	x
Licensed Masters Social Workers	x	x	x	x	x	x
Care Manager/Coordinator (Bachelor's degree required)	x	x	x	x	x	x
Care or Patient Navigator	x	x	x	x	x	x
Community Health Worker (All education levels and training)	x	x	x	x	x	x
Peer Support Worker (All education levels)	x	x	x	x	x	x
Certified Diabetes Educators	x	x	x	x	x	x
Executive Staff	x	x	x		x	
Financial			x		x	
Human Resources			x		x	
Other Administrative	x	x	x		x	
Health Information Technology Managers	x	x			x	
Software Programmers	x	x			x	
Technical Support					x	
Patient Service Representatives	x	x	x	x	x	x
Certified Home Health Aides	x	x	x	x	x	x
Personal Care Aides	x	x	x	x	x	x

MSPPS Workforce Analysis

VII. Appendices

A. Domain 1 Minimum Standards Documentation for "Define Target State (in line with DSRIP program's goals)"

Milestone #5: Define target workforce state (in line with DSRIP program's goals)

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

- The PPS must provide evidence of the finalized PPS Workforce State, including:
  - Evidence of workforce needs associated with each approved DSRIP project being met, including consideration of skills and licensure requirements.
  - Evidence of involvement of network providers in the development of workforce plan.
  - Consideration of future staffing needs for project implementation and inclusion of such needs in the workforce roadmap.

- Copies of meeting schedule of the Workforce Governance Body regarding the development of the PPS Workforce State document.
  - 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 PPS workforce state document to ascertain that it meets the minimum standards.

- Review a random sample of the meeting schedule and request and review meeting attendance sheets, meeting agenda and meeting minutes.

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, including any change to your target state.

- Copies of meeting schedule regarding workforce state during the quarter.

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

MSPPS Workforce Analysis

B. NYS DOH Definitions

New hires

New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition below). 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.

Redeployed Personnel

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.

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.

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.