# WORKFORCE TRAINING STRATEGY

**Mount Sinai Performing Provider System**

**Approved by the Workforce Committee: 10/13/16**

# Contents

# I. Executive Summary

The vision of the Mount Sinai Performing Provider System ("MSPPS") is to create a population health focused Integrated Delivery System ("IDS") 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, housing providers, care management programs, and other Community Based Organizations ("CBOs").

This training strategy, which meets Workforce Milestone #8 (See Appendix A), outlines the training needs of the MSPPS workforce and provides a framework for how these needs will be addressed through a strategic and cost-effective plan. In this way, training will be used as a mechanism for transformational change. The strategy was developed with the goal of creating a workforce that is prepared for the new skills needed in a population health landscape.

The success of workforce development will be dependent on factors such as partner and employee engagement, budgetary and financial considerations, regional collaborations, and the impact of changes in the overall external environment and market. MSPPS Workforce Committee believes that much of the desired changes will come through training. To accomplish this goal, it has developed a comprehensive training strategy, which anticipates an iterative process that builds on refining implementation practices through quality improvement and lessons learned.

## II. MSPPS Selected Projects

DSRIP requires that the Workforce Training Strategy be closely linked to the selected clinical projects. This strategy identifies training needed for each project listed below.

### *Domain 2 Projects: System Transformation*

Project 2.a.i – Create an Integrated Delivery System Focused on Evidence-Based Medicine and Population Health Management

Project 2.b.iv – Care Transitions to Reduce 30-Day Readmissions for Chronic Health Conditions

Project 2.b.viii – Hospital Home Care Collaboration Solutions

Project 2.c.i – Development of Community-Based Health Navigation Services

### *Domain 3 Projects: Clinical Transformation*

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

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

Project 3.b.i – Evidence-Based Strategies for Disease Management in High Risk/Affected Populations: Cardiovascular Health (adult only)

Project 3.c.i – Evidence-Based Strategies for Disease Management in High Risk/Affected Populations: Diabetes (adult only)

### *Domain 4: Population-Wide Prevention*

Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventative Care and Management in both Clinical and Community Settings

Project 4.c.ii – Increase Early Access To, and Retention In, HIV Care

# III. Contributors

While this report is written and approved by the MSPPS Workforce Committee, it is important to note that the committee works in close collaboration with other PPS workgroups, including but not limited to the following collaborators:

## A. Workforce Committee

The MSPPS Workforce Committee, a formal entity in the MSPPS Governance Structure, serves as the subject matter experts on the regional health care labor force and leads workforce assessment and planning for the PPS. The Workforce Committee includes representatives from a diverse set of partner types, healthcare Human Resources leaders, and labor unions. This committee informs PPS leadership, partners, and other PPS committees regarding current workforce availability within the PPS. It 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 development. The Workforce Committee is supported by a dedicated Workforce Team, which includes project management, communication, training, recruitment, and other areas of subject matter expertise. This team, with the support of 1199SEIU Training and Employment Funds, 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.

## B. Information Technology Committee

The Information Technology ("IT") Committee and its workgroups provide expertise and execution around population health-related technology in support of DSRIP projects and goals. It is comprised of IT leaders from across the PPS network, representing a range of provider types and geographic areas. The IT Committee is responsible for: developing a centralized IT strategy and adoption considerations for the PPS, providing expertise and guidance for the development of critical user-facing services and strategies, and reviewing and approving the process for key IT organizational milestones.

Some of the major platforms being developed include:

| Centralized Services | Description |
|---|---|
| HIE & RHIO | Allows for bi-directional information sharing of patient health information between providers, factoring in appropriate patient consent. |
| Data Warehouse/ Analytics | Aggregate, store, and manage data gathered from all data sources. |
| Care Coordination | Will allow PPS partners, care managers, and providers to coordinate patient care through identification and/ or management of care transitions. |
| Community Gateway | Allows PPS partners to log into a single web portal for access to other key applications. |
| Patient 360 | A clinical longitudinal patient viewer that contains basic patient demographics and a summary of recent encounters with partner providers. |
| Command Center | A PPS-wide call center that will provide PPS patients and providers with support in various clinical and non-clinical scenarios (i.e. care coordination, after-hours care (triage)/warm-line, general PPS-level customer service, etc.) |
| Community Resource Guide | Will connect providers, care professionals, and individuals with community resources that support health care and social services. |
| Referral Management | Will facilitate patient transitions and referrals between care settings. |
| Telemedicine | Will provide an electronic platform or solution to provide remote diagnosis or treatment of medical or behavioral health services. |
| Learning Management System | Will provide electronic training to allow for large-scale training of the entire workforce using standardized modules. IT component accounts only for the platform, not content. |

The Workforce Team is working closely with IT to expand the use of Mount Sinai Health System's ("MSHS") Learning Management System ("LMS") across the PPS network. This LMS will serve as the system of record for administration, training, and reporting, as well as the platform for e-learning. It will be accessible to partners through the Community Gateway.

## C. Clinical Quality Committee & Clinical Executive Team

The Clinical Quality Committee is comprised of clinical leaders from across the PPS, representing a range of provider types and geographical areas, supporting clinical excellence as part of the projects chosen for the MSPPS. The Workforce Team works in close collaboration with the leaders of the Clinical Quality Committee and Clinical Executive Team, as part of their Training Process denoted below, to assess partner needs, address content alignment and rigor, and ensure that clinical and quality considerations have been incorporated.

## D. Clinical Projects

Each Clinical Project is headed by Project Co-leads and supported by staff from the MSPPS Project Management Office ("PMO"). Each Project Team has membership from representative project partners and plays an integral role in the articulation of learning objectives that meet transformational and performance requirements of the project.

## E. Care Coordination Cross-Functional Workgroup

The Care Coordination Cross-Functional Workgroup serves to share best practices and standardize care coordination and management across the network. Strong care coordination has been proven to dramatically improve patient care and experience.[1] This workgroup is responsible for developing a strategy to align the delivery of an array of care coordination services so that resources can be shared across projects and patients. The workgroup is focused on addressing the challenges associated with providing care in an environment where staff has difficulty communicating; they are actively working to ensure that communication and team-building are reflected in the care coordination model.

## F. Cultural Competency and Health Literacy Cross-Functional Workgroup

The Cultural Competency and Health Literacy ("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.

[1] James, B. C., & Poulsen, G. P. (2016). The Case for Capitation. *Harvard business review*, *94*(7-8), 102.

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

In September, they conducted their first Cultural Competency and Healthy Literacy Event titled *CC Site Champions Forum (Appendix B)* to share best practices, new ideas, experiences, and challenges across MSPPS. Feedback from this forum will be utilized to support the determination and launch of future CC/HL trainings.

## G. Stakeholder Engagement Cross-Functional Workgroup

The Stakeholder Engagement Cross-Functional Workgroup primarily consists of Community Based Organizations. Members provided input to the Workforce Committee on best practices for engagement and communication. Going forward, they will provide input, expertise, and feedback on particular training topics and/or serve as training vendors. Their voice is critical to ensuring effective understanding and engagement of our partners across the PPS especially as we transition care towards community-based settings.

## H. Practice Transformation Cross-Functional Workgroup

The Practice Transformation Cross-Functional Workgroup primarily consists of FQHCs and hospitals that comprise many of the PPS' primary care practices. The workgroup assists with developing PCP partner engagement strategy to inform MSPPS overall plan to achieving Practice Transformation, and expanding primary care capacity for Medicaid patients seeking services, particularly in high-need areas. The workgroup has provided initial direction to engage Partners who may have not yet pursued a Practice Transformation model, and will assist with insight on the barriers and capacities of primary care practices' abilities to implement practice transformation to impact the PPS' attributed patient population.

# IV. Skills and Learning Needs

## A. Project-Based

### 2.a.i Create an Integrated Delivery System Focused on Evidence-Based Medicine and Population Health Management

Project Objective
The goal of this project is to create an integrated, collaborative, and accountable service delivery structure that incorporates the full continuum of care and shifts the culture of hospital-based care, to a model of community-based care.

Impacted Partners
Project 2.a.1 requires the involvement of all partners within the PPS network.

Core Job Categories Impacted
All

Skill and Knowledge Development Required *(Including but not limited to)*

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

### 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, and Home Health Aides

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.

**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.

**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, Home Health Aides, Physician's Assistants, Nurse Practitioners, RNs, 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, RNs, 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.

**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.

*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.

*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.

*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, PAs, NPs, 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 (i.e. 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, NPs, 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 (i.e. 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. An additional training in coding and documentation will be required to capture and bill for new services.

**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, Home Health Aides, 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.

**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), Home Health Aides, Community Navigators, Care Managers, and 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. An additional training on data capture of self-management goals will also be included.

**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, and 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, Home Health Aides, Community Health Workers and 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.

**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, RNs, and LPNs) will receive Cross-Project Education.

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

Project Objectives

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, Home Health Aides, HIV Testing and 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.

## B. Global

In order for the MSPPS to achieve Project 2.a.i's goal of creating an integrated, collaborative, and accountable service delivery structure, the PPS must work to address the fragmentation of care and the communication gaps that exist within the current healthcare system. Training, as a strategic mechanism towards this transformational change, identifies a variety of global skills and learning needs.

The following outlines the Cross-Project Education that the MSPPS has identified as fundamental to transforming the current service delivery system to one that is integrated and collaborative.

**Practice Transformation**

Practice transformation is fundamental to the vision of an integrated delivery system. For patients with complex needs, integrated care management services are critical for those with one or more chronic conditions (patients at risk for or living with depression, cardiovascular disease, asthma, diabetes, palliative care needs, and HIV/AIDS). Focused outreach and engagement occurs during care transitions, such as at discharge from a hospital or emergency room, to prevent lapses in treatment. Therefore, MSPPS staff will need training on the major practice transformation standards and guidelines that include: enhancing access and continuity, providing

team-based care, managing population health, planning and managing care, tracking and coordinating care, and measuring and improving performance.

In addition to the trainings listed under project 2.a.i, select staff will have the opportunity to engage in the following trainings:

- MA to health coach training
- PCMH training
- Care Coordination Training
- IMPACT Model Training
- Psychopharmacology
- Evidence-based best practices for chronic diseases

It is anticipated that, where appropriate, MSPPS will work with a vendor responsible for all aspects of practice transformation. The Workforce Committee will utilize its training process, denoted below, but may not be solely responsible for vendor selection and the development of training.

Core Job Categories Impacted
Primary Care Providers and Behavioral Health Providers, Registered Nurses, Medical Assistants, Care Managers, Home Health Aides, and Depression Care Managers

**MSPPS Platforms**

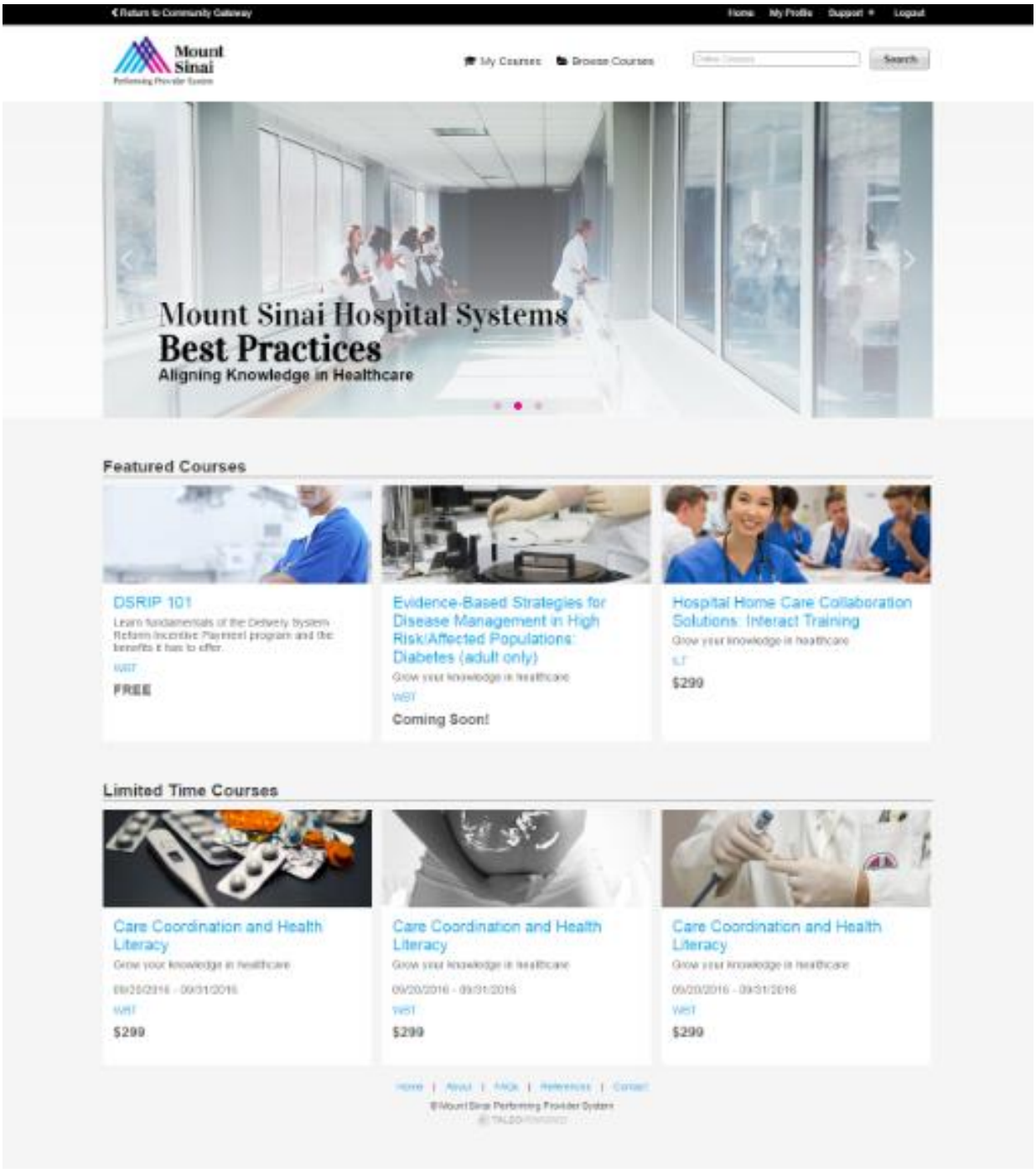
The MSPPS has launched the Community Gateway, a portal for partners to access centralized services. As denoted in the chart above, the Community Gateway will eventually house a Health Information Exchange, a Care Management platform, a Community Resource Guide, among other applications noted below, and will be used by providers and members of the workforce across the PPS network.

The LMS, to be specifically named hereafter, will serve as the MSPPS software application for administration, documentation, tracking, and delivery of electronic educational technology courses for training. It will provide individualized and standardized modules for the entire workforce.

A screenshot of the LMS is included below. The LMS is scheduled to pilot in the fall of 2016.

*N.B. The IT team will enable access, integration and technical support. The Workforce Team will be responsible for all training content and business operations involving the LMS.*

Core Job Categories Impacted
Platform specific


Return to Community Gateway
Home
My Profile
Support
Logout
Mount Sinai
My Courses
Browse Courses
Search
Mount Sinai Hospital Systems
Best Practices
Aligning Knowledge in Healthcare
Featured Courses
DSRIP 101
Learn fundamentals of the Delivery System Reform Incentive Payment program and the benefits it has to offer.
WBT
FREE
Evidence-Based Strategies for Disease Management in High Risk/Affected Populations: Diabetes (adult only)
Grow your knowledge in healthcare
WBT
Coming Soon!
Hospital Home Care Collaboration Solutions: Interact Training
Grow your knowledge in healthcare
ILT
$299
Limited Time Courses
Care Coordination and Health Literacy
Grow your knowledge in healthcare
09/20/2016 - 09/31/2016
WBT
$299
Care Coordination and Health Literacy
Grow your knowledge in healthcare
09/20/2016 - 09/31/2016
WBT
$299
Care Coordination and Health Literacy
Grow your knowledge in healthcare
09/20/2016 - 09/31/2016
WBT
$299
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**IDS Protocols**

IDS Protocols are focused on ensuring that the MSPPS is delivering accessible, evidence-based, high quality care, in the right setting, at the right time. These protocols may include clinical assessments of patient needs, handoff protocols, and other referral mechanisms to reduce redundancy and waste in the system building a more interconnected network.

Core Job Categories Impacted
All DSRIP-related staff depending on 2.a.i strategy, using a train-the-trainer model

**Care Management and Care Coordination Skills**

Care management and care coordination skills are integral to the success of the IDS model and to transition to value-based payments. Training will include skills related to the coordination of care in an interdisciplinary team, to integrate patients' wellness needs, set patient goals, and educate them to ensure adherence to a care plan. Training covers health coaching, Motivational Interviewing, chronic disease management, and patient engagement. A strong focus of this training will include addressing social determinants of health.

The Care Management platform will be used to share patient notes across providers and establish a mechanism for cross-partner collaboration.

Core Job Categories Impacted
Care Managers, Care Coordinators, Social Workers, RNs, Patient Navigators, Home Health Aides, and other paraprofessionals

**Team Building and Communication for Interdisciplinary and Virtual Care Teams**

Many of the MSPPS clinical projects seek to transform patient care by coordinating activities among diverse providers. These providers are functional groups that are care teams, which work collaboratively to deliver person-centered care for patients. These care teams will vary in size and geographic proximity. In order to function optimally and drive value for the PPS, these providers must be able to perform as a team. Teambuilding and communication training for interdisciplinary teams will be integral in making this happen. Furthermore, team members across organizational and location boundaries must be able to work as a virtual team, supported by the previously mentioned IT platforms. Training will focus on cross-specialty communication, virtual teamwork, and care management, employing tools developed in TeamSTEPPS.

Core Job Categories Impacted
Primary Care, Behavioral Health, Specialty Care, Social Services, Community Navigation, Home Health Aides, and Care Management Titles

**Cultural Competency**

Cultural competency is essential to delivering quality, patient-centered care; it 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 cultural and linguistic barriers, competence skills, and vital information about the social determinants of health and health disparities within certain cultures.

*N.B. There is a separate workgroup focused on Cultural Competency/Health Literacy, which will work in collaboration with Workforce to facilitate staff training.*

Core Job Categories Impacted
All DSRIP-related Staff including direct patient care and partner leadership

**Community Navigation**

In connection with 2.c.i, MSPPS will expand the use of Community Navigators and train other members of the workforce to interact with the Community Resource Guide. We will also build career development programs for members of the workforce engaging in cross-partner navigation services.

Core Job Categories Impacted
Community Navigators, Peer Support Workers, Health Coaches, Home Health Aides, and practice level staff such as Medical Assistants, and LPNs

**Population Health Fundamentals**

Employees involved in any MSPPS project will benefit from understanding their respective roles within the context of the changing healthcare landscape, as well as the rationale behind the DSRIP initiative. Training that provides a fundamental understanding of the triple aim (improving patient experience, the health of populations, and reducing the cost of healthcare through better coordination and infrastructure) will help guide the workforce as they simultaneously learn new systems and protocols.

Core Job Categories Impacted
All DSRIP-related Staff

**Continuous Quality Improvement (CQI)**

The MSPPS anticipates that leadership from varying partners will benefit from increased competency in quality management at their respective institutions. This will include a focus on processes, building effective systems and using data to incrementally improve performance outcomes. To enable this quality improvement work, MSPPS will develop dashboards and other reporting tools, as well as support leadership staff development with skills training.

Training will focus on the core competencies associated with CQI including: the need for clear measures of success, outlined processes, built in data collection tools, and defined feedback structures.

Core Job Categories Impacted
Administrators, Executive Leaders, and Practice-Level Staff

## V. Strategy

The results of the Workforce Survey, facilitated by the Center for Health Workforce Studies, indicate that the MSPPS will have a limited number of new hires as a direct result of the DSRIP program and will primarily focus on staff learning and development. This workforce development will prioritize equipping our incumbent workforce with competencies they need for success in a population health model. Additionally, we work with other PPSs and regional educational institutions to do the same for the general healthcare labor market. To accomplish this, it is critical to approach training with a global view, and to facilitate this proactively.

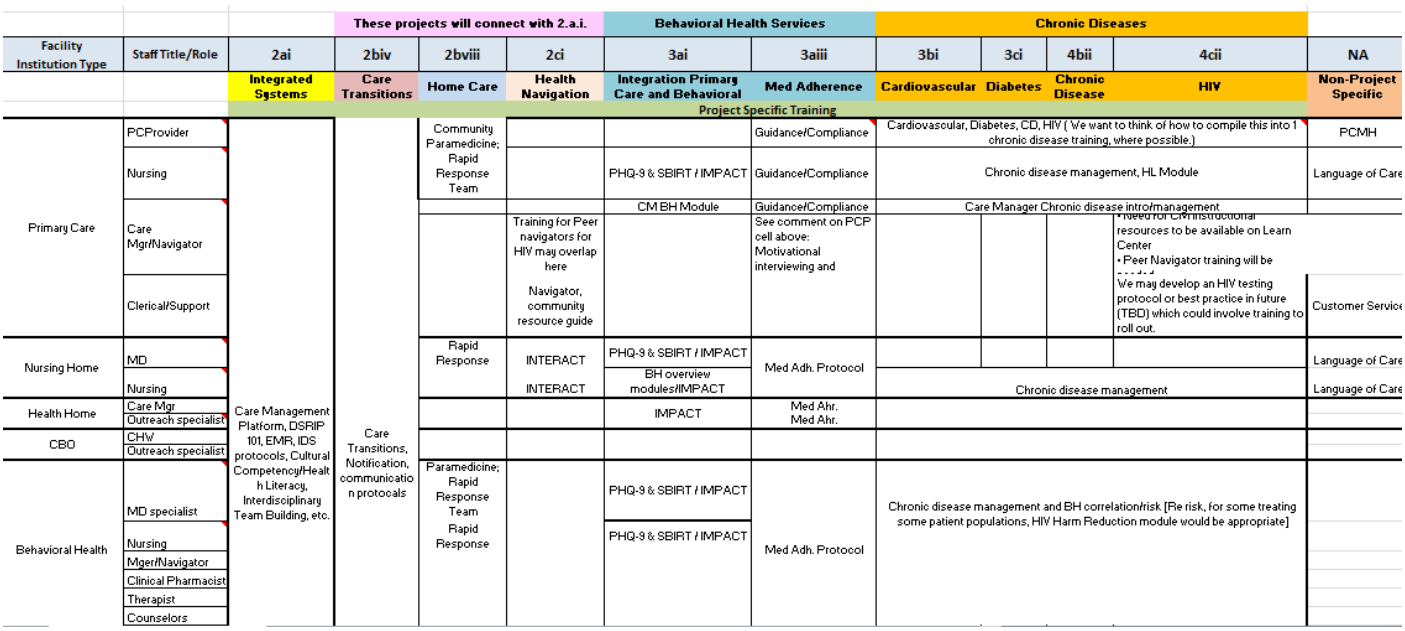
Upon discussion with Committees, Project Teams, contributing Cross-Functional Workgroups, and internal departments, the Workforce Committee has developed a training strategy that approaches the MSPPS workforce as an entire interconnected system, rather than separate entities or staff dedicated to one particular project.

This global view of training is indicative of a shift in focus away from silos and towards adding system-wide strategic value. This is critical to ensuring the clinical outcomes we want for patients.

The *Project Alignment for Global Training Needs'* spreadsheet (screenshot below) was built to outline training by facility/institution type, staff title/role, and project. Presentations were made to all Project Teams and Cross-Functional Workgroups regarding this approach and each has been afforded opportunities to provide process and content input.

The MSPPS will also form a Training Steering Team (Appendix C) 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.

As these teams continue to provide input on and identify training needs, the Workforce Committee and Training Steering Team will continue to strategize the best approaches, using a combination of large-scale, global initiatives, mixed with smaller-scale pilot trainings, with an eye on continuous improvement and cost efficiency. As this process is iterative, this spreadsheet will serve as a living document, one that will be updated regularly based on *Workforce Training Request Forms* and the *Training Process* denoted below.



| | | | These projects will connect with 2.a.i. | | | Behavioral Health Services | | Chronic Diseases | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Facility Institution Type | Staff Title/Role | 2ai | 2biv | 2bviii | 2ci | 3ai | 3aiii | 3bi | 3ci | 4bii | 4cii | NA |
| | | Integrated Systems | Care Transitions | Home Care | Health Navigation | Integration Primary Care and Behavioral | Med Adherence | Cardiovascular | Diabetes | Chronic Disease | HIV | Non-Project Specific |
| | | Project Specific Training | | | | | | | | | | |
| Primary Care | PCProvider | Care Management Platform, DSRIP 101, EMR, IDS protocols, Cultural Competency/Health Literacy, Interdisciplinary Team Building, etc. | Care Transitions, Notification, communication protocols | Community Paramedicine; Rapid Response Team | | | Guidance/Compliance | Cardiovascular, Diabetes, CD, HIV ( We want to think of how to compile this into 1 chronic disease training, where possible.) | | | | PCMH |
| | Nursing | | | | | PHQ-9 & SBIRT / IMPACT | Guidance/Compliance | Chronic disease management, HL Module | | | | Language of Care |
| | Care Mgr/Navigator | | | | | CM BH Module | Guidance/Compliance | Care Manager Chronic disease intro/management | | | | |
| | | | | | Training for Peer navigators for HIV may overlap here | | See comment on PCP cell above: Motivational interviewing and | | | | Resource CM/instructional resources to be available on Learn Center<br>- Peer Navigator training will be needed | |
| | Clerical/Support | | | | Navigator, community resource guide | | | | | | We may develop an HIV testing protocol or best practice in future (TBD) which could involve training to roll out. | Customer Service |
| Nursing Home | MD | | | Rapid Response | INTERACT | PHQ-9 & SBIRT / IMPACT | Med Adh. Protocol | | | | | Language of Care |
| | Nursing | | | | INTERACT | BH overview modules/IMPACT | | Chronic disease management | | | | Language of Care |
| Health Home | Care Mgr | | | | | IMPACT | Med Ahr. Med Ahr. | | | | | |
| | Outreach specialist | | | | | | | | | | | |
| CBO | CHW | | | | | | | | | | | |
| | Outreach specialist | | | | | | | | | | | |
| Behavioral Health | MD specialist | | | Paramedicine; Rapid Response Team | | PHQ-9 & SBIRT / IMPACT | Med Adh. Protocol | Chronic disease management and BH correlation/risk [Re risk, for some treating some patient populations, HIV Harm Reduction module would be appropriate] | | | | |
| | Nursing | | | Rapid Response | | PHQ-9 & SBIRT / IMPACT | | | | | | |
| | Mger/Navigator | | | | | | | | | | | |
| | Clinical Pharmacist | | | | | | | | | | | |
| | Therapist | | | | | | | | | | | |
| | Counselors | | | | | | | | | | | |

## VI. Process

The Workforce Committee created a process to codify, standardize, and ensure equity in our approach to training with all respective parties (Project Teams, Cross-Functional Workgroups, Departments, Partners, etc.). The screenshot below denotes the structure of our Training Process from start to finish, inclusive of built-in templates for every particular step.

The process for identifying training begins with Project Managers, in connection with their Co-Leads and Partners. It asks them to (1) ***Determine Training Needs*** by utilizing the *Workforce Training Request Form* (Appendix D). This template requires details such as learning objectives, relative roles, audience skill levels, possible vendors, etc.

While this form's initial purpose is to initiate training, its secondary purpose is to serve as a starting point for the Workforce Team and their consultant, 1199SEIU Training and Employment Funds, to begin (2) ***Researching Training Options.*** Where there is no off-the-shelf content, the MSPPS Workforce Team will work in partnership with their consultant and other experts in the field, to build new or adjust previously created content. They will utilize the learning objectives identified in step 1 for their respective project needs to serve as the foundation for creation.

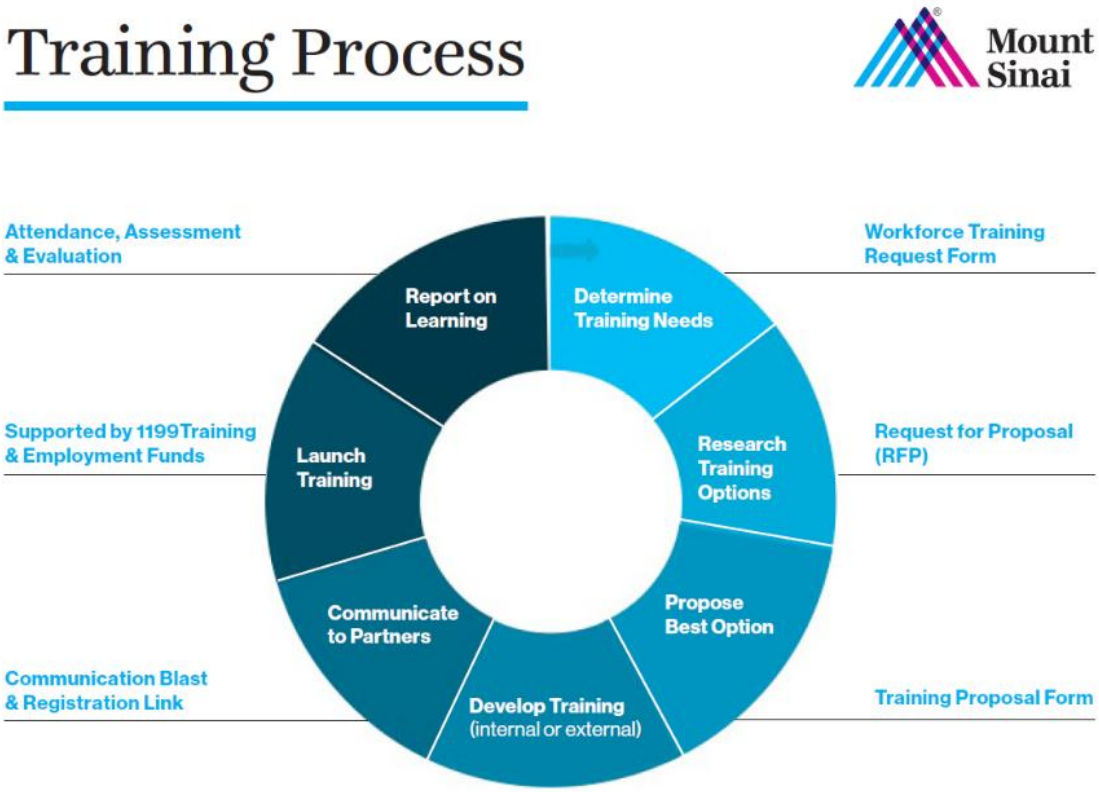
MSPPS anticipates training vendors will be recommended by our PPS partners, through Mount Sinai's internal Talent Development and Learning (TDL) Department, and by a database of training vendors that the Greater New York Hospital Association (GNYHA) is in the process of developing across the PPS. By following a formal Request for Proposal (RFP) process, the Workforce Training Team will review all vendor applications, (3) ***Propose the Best Option*** to Project Teams, finalize a decision, and begin to (4) ***Develop Training.*** Of note, PPS partners will be encouraged to share best practices through direct vendor contracts with the PPS. This opens

up another funding stream for partners with clearly articulated and demonstrated expertise that meets a training need.

***(5) Communication to our Partners*** will be facilitated with support from the Workforce Communications Manager and members of the PMO including the Communications Team, Partner Relations, and Stakeholder Engagement. Communication will flow through multiple channels, including through the MSPPS website, targeted email campaigns, newsletters, direct email, site visits, monthly Workforce Committee meetings, quarterly Town Halls, and webinars. The method will be dependent on content and audience. Successful execution of targeted communications will deliver relevant messaging to stakeholders, utilize various methods to determine best approaches, and drive measurable results to track effectiveness.

**(6)** ***Training will launch*** with the support of 1199SEIU Training and Employment Funds. All MSPPS' partners will register for training and (7) ***Report on Learning*** through our LMS and evaluation dashboards.

*N.B. The entire process of training, from initiative to launch, is relative to variables including but not limited to: type and length of content, number of participants, modality, and relative CME approval. Cycles can take from one to six months dependent on above. (Training Process Handout for Partners – Appendix E).*



## VII. Implementation

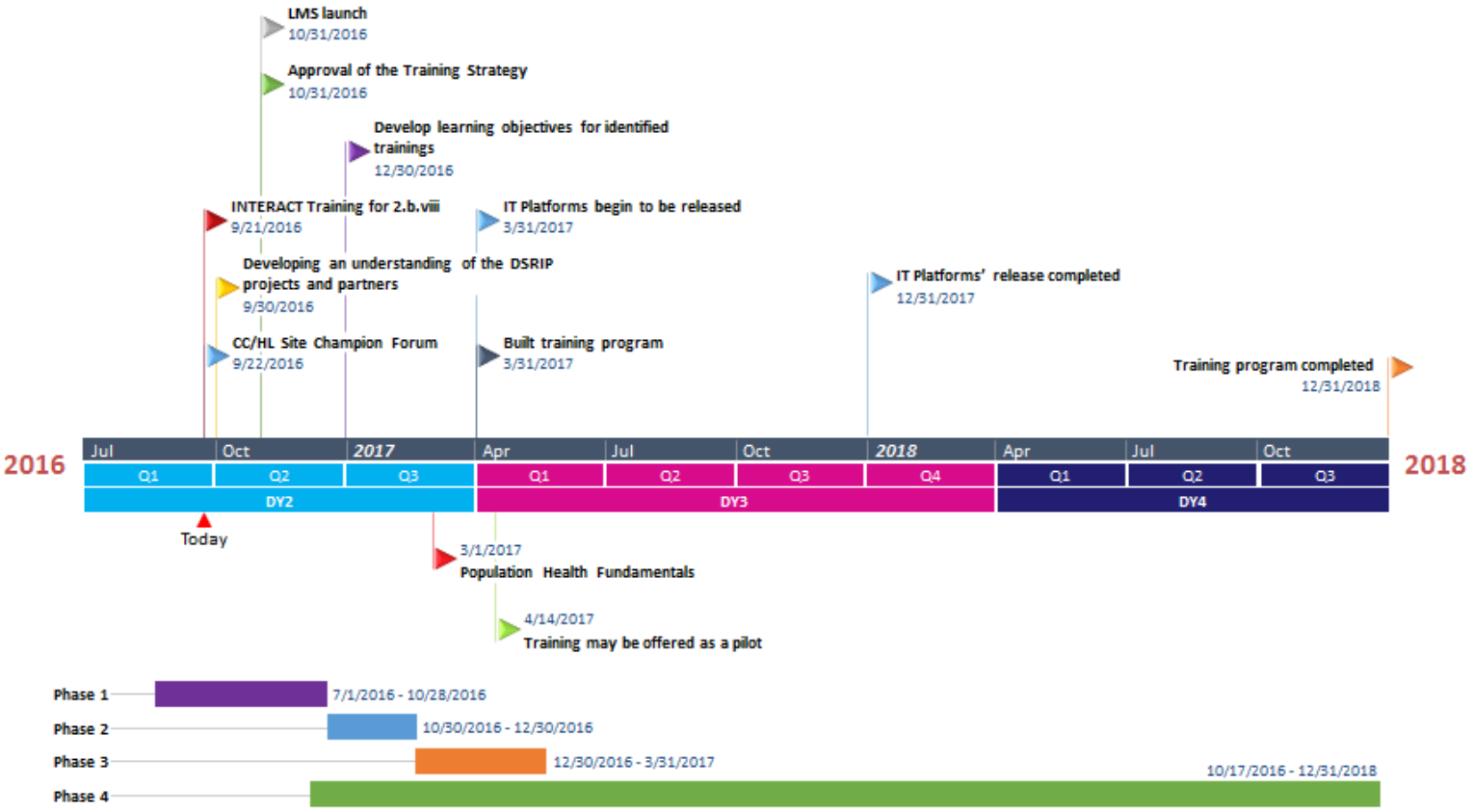
MSPPS has taken a four-phase approach to the implementation of the training strategy:

1. The initial phase, culminating in the approval of this training strategy by Workforce Committee, involved developing an understanding of the DSRIP projects and partners with a focus on how roles would be impacted by new workflows and protocols.

2. The second phase, which is targeted to be completed by the end of DY2Q3, involves working with Project Teams and Cross-Functional Workgroups, where applicable, to develop learning objectives for identified trainings. In some instances the MSPPS intends to conduct competency mapping prior to developing training learning objectives.

3. By the end of March 2017, MSPPS expects to have substantially built its training program through a combination of internal resources, by working with 1199SEIU Training and Employment Funds, and external vendors identified through GNYHA. In some instances, a particular training may be offered as a pilot to an initial cohort of employees as an opportunity to test content and approaches with an eye on refinement for a subsequent training.

4. The expectation is that the majority of training is completed in DSRIP Year 3, with the remainder done through DY4Q3.


LMS launch
10/31/2016
Approval of the Training Strategy
10/31/2016
Develop learning objectives for identified trainings
12/30/2016
INTERACT Training for 2.b.viii
9/21/2016
IT Platforms begin to be released
3/31/2017
Developing an understanding of the DSRIP projects and partners
9/30/2016
IT Platforms' release completed
12/31/2017
CC/HL Site Champion Forum
9/22/2016
Built training program
3/31/2017
Training program completed
12/31/2018
2016
Jul
Oct
2017
Apr
Jul
Oct
2018
Apr
Jul
Oct
2018
Q1
Q2
Q3
Q1
Q2
Q3
Q4
Q1
Q2
Q3
DY2
DY3
DY4
Today
3/1/2017
Population Health Fundamentals
4/14/2017
Training may be offered as a pilot
Phase 1
7/1/2016 - 10/28/2016
Phase 2
10/30/2016 - 12/30/2016
Phase 3
12/30/2016 - 3/31/2017
Phase 4
10/17/2016 - 12/31/2018

## VIII. Adult Learning Strategies

Training needs of the professionals across the MSPPS network vary based on learning styles, roles, the nature of their work, their ability to make time-commitments, and access to technology. With this in mind, it is essential that training incorporate adult learning principles that provide opportunities for self-direction, recognizing that adult learners bring a lifetime of prior knowledge and experience, and are inclusive of goals and tasks that are relevant, motivational, and ensure a high level of respect.

A mixture of teaching and learning strategies will be employed to allow for preferred learning styles, inclusive of the following approaches: experiential, differentiated, and collaborative.

- → Experiential learning drives understanding by helping learners relate concepts in their environment.
- → Differentiated instruction applies an approach to teaching and learning that offers multiple options for taking in information and making sense of ideas. It is based on variation and adaptation.
- → Collaborative learning provides opportunities for interaction, hands-on doing, and working in groups, which affords the learner a form of critical thinking outside them, builds interpersonal skills, and affords opportunities for peer-to-peer instruction.

The MSPPS will always account for, and take into consideration education level, experience, geography, setting and target populations, with a commitment to ensuring our materials are culturally competent. This will be addressed by instituting multiple modalities for training, including but not limited to: instructor-led, e-learning, webinars, and videos.

MSPPS's commitment to cultural competency will also come through its approach to providing tailored, learner-centered training – keeping our audience and their connections to facility type and role at the forefront of planning, considering appropriate level of content and delivery methods for specific learner needs. Trainings will afford our adult learners with practical and critical thinking skills essential to working in a diverse work environment that is ever-changing and demanding, with the goal of offering new ways to approach situations, and an understanding of how their actions impact care.

## IX. Measuring Effectiveness

The Workforce Committee, supported by the Workforce Team, is committed to making sure that trainings are of high-quality, effective, and provide opportunities for sustainable change. An immediate post training survey (Appendix F) will be conducted, either on-site, via an online link, or embedded within e-learning modules.

MSPPS is in the process of exploring options for assessing long-term effectiveness of training impact on staff performance and clinical quality in collaboration with IT Analytics. Dashboards will be reviewed on a quarterly basis by the Workforce Committee, Training Steering Team, and Clinical Executive Team with an eye on continuous improvement for facilitation, content, retention of learning, and impact on clinical outcomes.

## X. Challenges and Considerations

One major challenge faced by the MSPPS is in incentivizing participation in training. This is complicated by the fact that in many cases organizations must both release staff and pay for backfill. The MSPPS encourages participation through participation contracts with partners and incentive payments. As such, the MSPPS will not provide backfill payments to partners, except in extraordinary circumstances. However, we will provide opportunities through asynchronous learning, available on our LMS, and working with educational institutions to grant Continuing Education Credits ("CEUs") or Continuing Medical Education ("CMEs") for select trainings. In particular, MSPPS will leverage existing relationships with the Icahn School of Medicine at Mount Sinai and the Phillips School of Nursing at Mount Sinai Beth Israel. Asynchronous learning and train-the-trainer models will also support expanding training across the scale of the PPS.

Other considerations include the diversity of staff across the network and the overlap of partners within PPSs in the region. As the MSPPS would like to launch trainings with meaningful partner participation, we are interested in collaborating and coordinating with other regional PPSs to avoid duplication of efforts and competing for the same audience. Through the MSPPS' relationship with GNYHA and 1199SEIU Training and Employment Funds, the Workforce Committee hopes that having regular communication will allow for opportunities to collaborate. As noted in the *adult learning strategies* section, employing a mixture of teaching and learning through various modalities (instructor-led, webinar, e-learning etc.) will address the diversity of staff. The Cultural Competency and Health Literacy Cross-Functional Workgroup will also provide support in ensuring that trainings are accessible to as wide an audience as applicable.

A final consideration is that there are gaps in content developed to support specific required trainings. Not all training needs have ready-made curriculum available or no central inventory has been created to sufficiently support the needs of the PPS. The MSPPS is collaborating with GNYHA to build a vendor inventory as related to the DSRIP program and population health. MSPSS will also use this as an opportunity to move into direct vendor contracts with partners who have subject matter expertise. These vendor contracts will become another funding stream for CBOs and other PPS partners.

## XI. Conclusion

Given the MSPPS' journey toward value-based payments and the creation of an IDS, workforce development for population health is focused on staff development and training. Areas where training will have the largest impact include: increasing coordination across specialties, building teamwork, and transforming the way work is done – helping to translate changes in clinical protocols to changes in staff behavior.

In order to address some of the challenges that have been identified, the MSPPS will look globally at training needs and create a library of training opportunities that partners and staff can elect to participate in. This will all be supported by the LMS. We will also look for ways to embed training in orientation and continuing education programs so as to create sustainability and lasting impact. To ensure that training continues to drive strategic value, the MSPPS will use an iterative quality improvement strategy wherein we consistently look at data and other results to course correct and refine our approach.

# XII. Appendix

## A. Domain 1 Minimum Reporting Standards Workforce Milestone #8

**Milestone #8:** Develop training strategy

**Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone:** The PPS must demonstrate it has developed a workforce training strategy that has been approved by the PPS workforce governing body. It must provide the IA:

- A finalized workforce training strategy, approved by the PPS workforce governing body. The plan should identify:
  - Plans for individual staff training.
  - Plans for training new, multi-disciplinary teams.

**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 training strategy to ensure that it meets the minimum needs.

**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 training strategy, including:
  - Evidence of up-take of training programs, including both individual training and training for new, multi-disciplinary team.

- Copies of training schedule to document trainings delivered during the quarter.

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

## B. Cultural Competency/Health Literacy Site Champion Forum Flyer

# MSPPS Cultural Competency & Health Literacy Event: CC Site Champions Forum

**Thursday**
**September 22, 2016**
**2:30 pm - 4:30 pm**
Doors will open at 2pm for registration and networking. Light refreshments will be provided.

**Mount Sinai West**
1000 Tenth Avenue
(between West 58th and 59th Streets)
New York, NY 10019

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**You are cordially invited to the inaugural session of the Cultural Competency Site Champions Forum.**

**Program Agenda:**

**Overview: CC/HL Strategy & Plans**

**Discussion: The Role of the CC Site Champion**

*Linda Reid*, Visiting Nurse Service of New York, *Emma Sollars*, Mount Sinai Hospital
Co-leads, MSPPS CC/HL Workgroup

**Presentation: LGBT Cultural Competence in Health Care**

*Finn Brigham*, Callen-Lorde Community Health Center

Note: All individuals designated Cultural Competency (CC) Site Champions by their organizations are invited to attend this event. *Designation of a CC/HL Site Champion and participation in this event are DY2 MSPPS contract metrics for every partner.* Due to limited space, we ask that only one representative for each partner organization attend this event.

To register: **http://conta.cc/2b3Zscd**
Contact **DSRIP_workforce@mountsinai.org** with any questions.

## C. Training Steering Team Charter

# MSPPS Workforce Development

## Training Steering Team Charter

### Overview

*Purpose*

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. Workforce development and training 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, staffing, and training will adjust overtime.

To meet the needs of all DSRIP projects and workgroups, inclusive of the 10 clinical projects, the following Committees and committee sub-groups (IT, Finance, Audit and Compliance, Workforce and Cultural Competency/Health Literacy, and Clinical Quality), and the 4 cross functional workgroups (Care Coordination, Stakeholder Engagement, Bed Complement and Utilization, and Practice Transformation and future workforce requirements, the Training Steering Team will serve as Subject Matter Experts (SMEs) and provide guidance on:

1. Training & Education and
2. Creating an LMS.

This Steering Team will 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.

*GOVERNANCE STRUCTURE*

This committee will include 20 voting members including a diverse set of partners and providers types. This group will be co-chaired by one representative from Mount Sinai and one from a partner organization.

## Mission and Objectives

The MSPPS is responsible for equipping its healthcare workforce with the skills and knowledge to succeed in a value-based reimbursement environment.

To both fulfill the NYS DOH training requirements and deliver value to the workforce, this Steering Team will:

- → Oversee the development and sustainability of a Learning Management System.
- → Provide feedback on training, strategy, content, and best practices to impact clinical outcomes for PPS healthcare professionals.
- → Optimize collaboration on training between:
    - Project Teams, Committees, and Workstreams (Workforce, Compliance, IT, Finance, and Clinical Quality)
    - Existing Mount Sinai departments (e.g. IT, Icahn's School of Medicine, Compliance, Human Resources) to streamline services.
- → Maintain a global perspective when approaching training, aligning all Project Team and Committee needs prior to decision-making.
- → Strategically leverage best practices across the PPS.

## Key Success Factors

- Engage a diverse team that is inclusive of all MSPPS partners and stakeholders
- Ensure that partners and other recommended vendors are considered equally and fairly by applying training strategy and process
- Be accountable for the end results of training and the LMS, providing an effective support system
- Review dashboards to determine trends and ensure continuous improvement and quality

### D. Workforce Training Request Form

# Workforce Training Request

*Please use the following form to request any DSRIP related trainings.*

Date of Submission: _____
Project: _____
Requestor Name & Contact: _____
Facility Type(s): _____
Reason for Training:

- ☐ DOH/DSRIP requirement (if applicable): _____
- ☐ Other _____

Detailed Description of Training:

_____
_____
_____
_____
_____

List of Learning Objectives - What does your project or workgroup want to change in practice?
Reference: *Examples of Learning Objectives.*

_____
_____
_____
_____

Are there specific vendors you would like to utilize or recommend (if applicable)?

As you're writing this request, please keep in mind the importance of determining:

- → Who is your audience? What role(s) will it train?
- → Is there a needed level of training? Will it need to be differentiated for different learners? (Where should your focus be for DSRIP?)
- → Did you do a needs-assessment with your partners? Is there survey data to refer to?
- → Are there other projects or groups that have similar training needs that your team could create or work on together?

| PPS Partner(s) included in Proposed Training | Facility Type | Job Titles/Roles to be Trained | Approx. # of Staff to Receive Training | Timeframe Desired (i.e. May 2016 to August 2016) | Preferred Location of Training | Train-the-Trainer (Y/N) | CEU/CME Preferred (Y/N) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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*Please email completed Workforce Training Request to tara.goulet@mountsinai.org.*

## E. MSPPS Training Process Handout for Partners

# Training Process

Mount Sinai


| Step | Who's Involved | How does it apply to your organization? |
|---|---|---|
| **Determine Training Needs** | ➤ Workforce (WF) & 1199 TEF<br>➤ Clinical Project Teams<br>➤ Cross-Functional Workgroups (CC/HL, CCCFW, Stakeholder Engagement, Bed Complement and Utilization Cross Functional Workgroup)<br>➤ Training Steering Team | MSPPS has specific training milestones that they are required to complete.<br>We realize that not all training might be outlined within these requirements and therefore, if you have ideas or input on training, please connect with your project team or workgroup as a first step.<br>☐ How many of you are involved in other projects or workgroups? |
| **Research Training Options** | ➤ Workforce (WF) & 1199 TEF<br>➤ Project leadership: coleads and MD/Clinician champions | If your organization can offer resources or serve as a vendor for the PPS, please connect with your Project Manager or Workgroup lead.<br>You can additionally contact Tara Goulet at **tara.goulet@mountsinai.org.** |
| **Propose Best Option** | ➤ Workforce (WF) & 1199 TEF | N/A: Project Teams and Training Steering Team select final vendor(s). |

| Step | Who's Involved | How does it apply to your organization? |
|---|---|---|
| **Develop Training** | ➤ Workforce (WF) & 1199TEF<br>➤ Project leadership: coleads and MD/Clinician champions<br>➤ Chosen vendor(s)<br>This could include internal MS resources, Partner resources, or a contracted vendor. | If your organization applies to be a vendor and is chosen, then you will work closely with WF and 1199TEF to build out training. |
| **Communicate to Partners** | ➤ Workforce Communications Team<br>➤ PMO Provider Relations and Communication Team | Communication may include an email blast to all relevant partners about specific trainings.<br>Upcoming trainings may also be featured on the MSPPS Website, in the Workforce Newsletter, etc.<br>❑ Are these appropriate methods of communication for your organization?<br>❑ Who are the best contacts for training?<br>❑ What information is most helpful to share?<br>Please reach out to Amanda Persaud at **amanda.persaud@mountsinai.org** with any feedback you have throughout this process. |
| **Launch Training** | ➤ Workforce (WF) & 1199TEF | Your organization might offer logistical support such as space at your organization, catering, technology, etc. |
| **Report on Learning** | ➤ Workforce (WF) Data Team<br>➤ Communications Team<br>➤ Project Management Office (PMO) | If your organization participates in training, attendees will register through a link provided within our communication.<br>*Once launched, the LearnCenter will serve as the portal for all registration.*<br>Additionally, all attendees will receive post training surveys for evaluation purposes. |

If you have additional questions or feedback, please feel free to reach out to **DSRIP_Workforce@mountsinai.org.**

## F. Immediate Post-Training Survey

# MSPPS Workforce

**Directions:** Please reflect on today's training session when answering the questions below. Responses will be kept anonymous.

**Date:** _____
**Organization/Facility:** _____
**Training Name:** _____
**Name (if you choose):** _____
**Title/Role:** _____

| **Please indicate the extent to which you agree or disagree with the following statements regarding your learning experiences during this training.** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
|---|---|---|---|---|---|
| This training session was delivered with high quality. | | | | | |
| I understand the learning objectives of this session. | | | | | |
| The activities were connected to the learning objectives. | | | | | |
| The facilitator(s) created a safe learning environment during this session. | | | | | |
| The facilitator(s) presented session materials in a way that suited my learning style. | | | | | |
| I will be able to use what I learned in this training when I am working at my organization/facility. | | | | | |
| I feel confident I can adapt this session's tools for my specific organization or facility needs. | | | | | |
| Overall, my knowledge in the content covered today has increased from this training. | | | | | |

| **Please respond to the following qualitative questions for our continuous improvement.** | **Most-Valuable** What supported or helped to advance your learning? | **Areas of Opportunity** What improvements do you want the facilitator(s) to consider for future trainings? |
|---|---|---|
| **Content of Training** | | |
| **Facilitation of Training** | | |
| **Resources/Protocols from Training** | | |

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## Training Specific Questions

***(Please Note: Learning Objectives will change based on training-specific needs. Those denoted below are examples from Interact Training for 2.b.viii participants.)***

| **Please indicate the extent to which you agree or disagree with the following statements regarding this specific training.** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
|---|---|---|---|---|---|
| *I understand how to best utilize Interact Home Health tools and resources.* | | | | | |
| *I am able to articulate the key strategies that form the foundation of the Interact Home Health tools and resources.* | | | | | |
| *I am able to define key strategies for successfully sustaining the Interact Home Health model over time.* | | | | | |
| *I am able to effectively educate Home Health staff on the Interact tools and resources.* | | | | | |
| *I learned how to prevent conditions from becoming severe enough to require hospitalization through early identification and assessment of changes in resident condition.* | | | | | |
| *I know how to manage conditions in the home without transfer when this is feasible and safe.* | | | | | |
| *I was provided with clinical and educational tools, strategies, and related resources to support my organization.* | | | | | |
| *I would like an Interact resource manual/training guide to support training and implementation of these tools in my organization.* | | | | | |

*An Interact resource manual/training guide should cover the following topics:*

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*Thank you for attending this training and providing the Mount Sinai PPS with your feedback.*