Training Strategy

Delivery System Reform Incentive Payment (DSRIP) Program

Workforce Strategy Deliverable

Report Issued: March 28, 2017

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INTRODUCTION

A. PURPOSE

The goals of DSRIP – to reduce avoidable hospitalization and avoidable Emergency Department use by Medicaid/uninsured population by 25% over a 5 year period – will create significant new and exciting opportunities for prepared workers.

New York State requires all Performing Provider Systems to submit a training strategy that illustrates how they will prepare their workforce to adapt to the workplace transformations that will occur as a result of DSRIP. NQP has developed this training strategy to ensure that the employees of NQP's participating organizations – including physicians, clinicians, administrators, and support service staff – have the knowledge and skills to participate in the project implementation and redesigned delivery system.

The purpose of this training strategy is to share with partners the (i) training topics, (ii) training modalities, and (iii) training vendors that NQP and its Hubs have agreed to provide to support employees' learning and development.

B. OVERVIEW OF THE PPS SIZE AND SCOPE.

NQP is composed of three Hubs – Nassau University Medical Center (NUMC), Catholic Health Services of Long Island (CHS), and Long Island Jewish Medical Center (LIJ) – each responsible for a network of providers and a portion of the lives attributed to the PPS . Our diverse network of healthcare providers and community-based organizations in Eastern Queens and Nassau County includes 14 hospitals, 8 federally-qualified health centers, and more than 800 community organizations and clinical providers, encompassing a broad range of specialties and care settings

The PPS is engaged in 11 DSRIP projects intended to address identified healthcare service gaps with an emphasis on improving access to primary care and behavioral health, chronic care management and better care transitions after hospitalization.

PPS Partner Network

The NQP PPS partners collectively employ over 60,000 healthcare workers in the Queens and Long Island regions of New York State. These partners include acute care facilities, nursing homes, home care agencies, community based organizations, primary care and behavioral health providers, clinics, and numerous others. The representative sampling of organizations included in NQP's current state analysis employ over 44,000 full time employees, 9,500 part-time employees, and 6,900 per diem employees. These organizations work to improve the lives of the communities they serve by offering services such as counseling and guidance for mental illness, substance abuse treatment, crisis stabilization services, wrap around care for acute and chronic diseases, home care nursing

and health services, pediatric medical and behavioral health services, ambulatory care, urgent care, and traditional hospital based care.

C. KEY STAKEHOLDERS AND WORKFORCE COMMITTEE MEMBERS.

1. The NQP Training Strategy Workgroup, is comprised of two representatives from each of NQP's Hubs, and has the responsibility for the development and implementation of a comprehensive training plan for NQP. This workgroup is a sub-group of NQP's Workforce Sub-Committee, and provides regular updates to this committee.

2. The Workforce Sub-Committee consists of human resources staff from the hospitals and other appointees by the Executive Committee as well as representatives from 1199, CSEA, and NYSNA. Committee members within the three hubs are involved in the development of the DSRIP workforce plan. The activities of the workforce committee are regularly reported to the Executive Committee for review and approvals.

i) Internal Stakeholders

Internal Stakeholders include NQP Hospital Partner members who provide input in the development of the workforce deliverables inclusive of the training strategy review, signoff and implementation plan.

ii) External Stakeholders

External Stakeholders provide input on educational content, competency and career pathway development, strategy and training materials development, educational platforms, support program development and serve as a resource at each stage. Additionally, they provide input on risks and mitigations relative to union represented employees.

D. APPROACH

NQP developed the Training strategy with input from a dedicated workgroup that included representation from the NQP PMO, workforce sub-committee and all three Hubs. The representatives are knowledgeable about the project and work stream requirements, as well as the needs of hospital, primary care, SNF, and CBO partners. The group met regularly both in-person and by phone, and solicited information from downstream partners through questionnaires and phone interviews (Appendix - Exhibit i. – Partner Survey Responses). Project managers from both the PMO and hubs provided valuable insight to project specific training needed to ensure PPS employees, both individuals and interdisciplinary teams, are able to incorporate project goals into their standard patient care.

In addition, NQP utilized the findings of the gap analysis and transition roadmap to recognize PPS wide workforce strengths and challenges in regards to training staff as well as to identify emerging and transitioning roles that require training and development to ensure employees' success in new positions.

1) Current State Survey and Gap Analysis Results

NQP's Current State Survey, completed in March of 2016, identified several programs that have been implemented across the PPS to build internal bench strength. These programs include:

- Partnering with Schools & Universities: organizations indicated that they partner with the military, community organizations, grade/high schools, local colleges, schools for nursing programs and other degree programs to recruit for new hires, provide ongoing training for existing staff, host internships/clinical rotations, and build career pathways for staff
- Tuition Reimbursement: Partners provide tuition reimbursement to employees pursuing college / advanced degrees to further their career
- Internal Training & Education: Organizations engage staff in ongoing professional and career development through instructor led and webinar training programs covering various topics in healthcare; on-staff nurse/ clinical, IT and other educators provide initial and ongoing education to clinical staff and other direct caregivers (PCA, NA, etc.).

The Target Workforce State Report, completed in October 2016, identifies NQP's projected workforce needs by the end of the DSRIP program in 2020.

NQP's gap analysis, completed in November 2016, incorporated findings from both the NQP current workforce state and target state and identified workforce gaps that may be further impacted or created through DSRIP project implementation.

The findings of the Gap Analysis indicate that the primary project workforce impacts are projected to occur mainly in primary care practices (including clinical and non-clinical staff), medical assistants, registered nurses, behavioral health providers and the care management workforce. Assuming NQP meets its provider engagement targets, NQP is likely to experience the greatest workforce impacts during DY4.

NQP anticipates an increase in demand for primary care services as patients are redirected to seek care from providers outside of the ED setting. Similarly, hospitals are anticipated to experience a slight decrease in demand for emergency medicine physicians and nurses. Additionally, as a result of the two behavioral health projects (Co-location of primary care and behavioral health

services and Community-based crisis stabilization), an increase in demand for behavioral health positions is projected, specifically for LCSWs. This will address an existing identified gap in the behavioral health workforce in NQP.

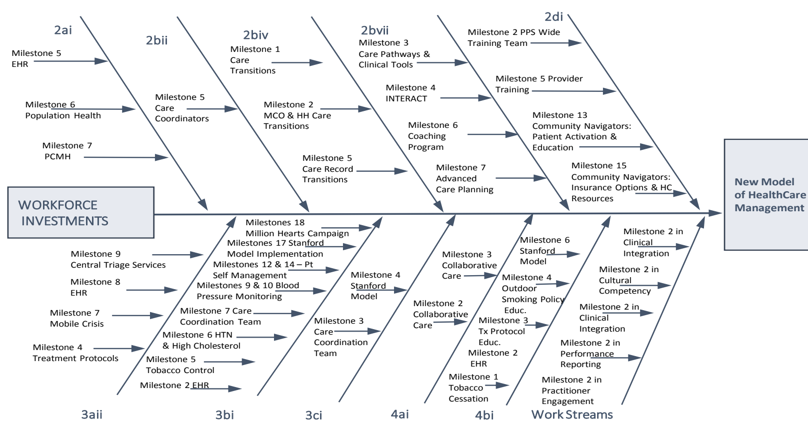
Additionally, NQP anticipates a significant increase in care coordination services for inpatient and ambulatory settings and an increased demand for care managers, care coordinators and health coaches/educators. Given the current vacancy rates reported for these positions, the existing gap for care management and care coordination staff is likely to increase.

TRAINING NEEDS

NQP has evaluated training needs across all work streams and projects and has identified cross cutting and project based trainings.

Figure 1: Training Fish Bone Diagram (Appendix A: Exhibit ii)

TRAINING NEEDS ACROSS ALL PROJECTS



CROSS-CUTTING TRAININGS

Cross-cutting trainings address the courses needed to build the skills and competencies throughout the workforce across all DSRIP Projects and are designed for multi-disciplinary teams and individuals. These courses provide an introduction and foundation for understanding DSRIP, healthcare transition and NQP PPS' role in moving the system's changes forward for the region. These courses achieve health literacy acumen and develop core competencies in patient-centered, and culturally competent care. These training largely fit within project 2.a.i.- Creating an Integrated Delivery System. These activities and training engage the full network.

Cross-cutting education and training opportunities are delivered with the goal of instilling an understanding of the purpose and goals of creating an Integrated Delivery System and are offered by the PMO and Hub levels. The Cross-cutting trainings identified to date are:

- Cultural Competency and Health Literacy 101
- Orientation to NQP's Cultural Competency & Health Literacy Strategy Plan
- NQP Compliance Training
- Patient engagement reporting
- DSRIP 101
- Integrated Delivery System protocols
- Performance Logic Training (PMO staff)

A. PROJECT-SPECIFIC TRAINING

Project-specific training needs are trainings delivered to meet specific DSRIP project instructional objectives. These can range from basic to advanced classes that can also target augmenting incumbent staff skills. The PPS has classified workforce roles into two categories – clinical and non- clinical roles. Project specific training also addresses new skills needed to meet DSRIP goals and clinical metrics for each project.

The following section of the training plan describes the objective of each project (except 2.a.i) and workforce functions needed to meet project objectives. It also lists the knowledge skills and competencies needed to fulfill each project objective.

2.b.ii Development of Co-Located Primary Care Services in the Emergency Department (ED)

Project Objective

To improve access to primary care services with a PCMH model co-located/adjacent to community emergency services.

Staff Impacted and Key Workforce Functions

Clinical and non-clinical staff will be affected by this project. Protocols and training for care coordinators to assist patients will be needed.

Needed Skills, Knowledge and Competencies

- Care Coordination

Trainings

- Care Coordination

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

Project Objective

To provide a 30-day supported transition period after a hospitalization to ensure discharge directions are understood and implemented by patients at high risk for readmission, particularly patients with cardiac, renal, diabetes, respiratory and/or behavioral health disorders. Key elements of the intervention will include the identification of all community-based providers (including medical and non-medical providers (housing, food etc.) 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.

Staff Impacted and Key Workforce Functions

Clinical and non-clinical staff will be affected by this project. Staff will be needed to develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. They will also be used to engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.

Needed Knowledge, Skills and Competencies

- Patient-Centered Care Planning to Provide Care Transitions Model
- Coordinate Continuous Care Through Health Homes

Trainings

- Care Transitions Model
- Introduction to the Health Home

2.b.vii Implementing the INTERACT Project
(Inpatient Transfer Avoidance Program for SNF)

Project Objective

Skilled nursing facilities (SNFs) will implement the evidence-based INTERACT program.

Staff Impacted and Key Workforce Functions

Clinical, non-clinical and SNF staff will be affected by this project. Training will be needed to implement INTERACT at each participating SNF. Impacted staff will develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. Education is needed for all patient-facing staff to become familiarized with care pathways and INTERACT principles. Training will be conducted to implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. Coaching program will be created and staffed to facilitate and support implementation.

Needed Knowledge Skills and Competencies

- Early Identification and intervention of acute change in condition
- Comprehensive care planning

Trainings

- INTERACT Curriculum
- Advanced Care Planning

2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

Project Objective

The objective of this 11th project is to address Patient Activation Measures® (PAM®) so that UI, NU, and LU populations are impacted by DSRIP PPS' projects. The goals is to improve patient activation, a two pronged strategy: (1) leverage the resources of organizations that work with LU and NU Medicaid members and the UI, and (2) develop a core capability to coordinate, train, and conduct patient activation activities across the region.

Staff Impacted and Key Workforce Functions

Community navigators, the Project Management Office, clinical and non-clinical staff will be affected by this project. A PPS-wide training team will be developed, comprised of members with training in PAM® and expertise in patient activation and engagement. Providers located within "hot spots" will be trained on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. It will be necessary to contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. Community navigators will be trained in patient activation and education, including how to appropriately assist project beneficiaries using the PAM®. Navigators will be informed and educated about insurance options and healthcare resources available to UI, NU, and LU populations.

Needed Skills, Knowledge and Competencies

- Administrate PAM®
- PAM protocols
- Patient engagement

Trainings

- PAM® Curriculum / Insignia Training
- Cipher
- Coaching for Activation

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

Project Objective

This project focus is on providing centralized care for all conditions, identify behavioral health diagnoses early for rapid treatment, to ensure treatments for medical and behavioral health conditions are compatible and do not cause adverse effects, de-stigmatize treatment for behavioral health diagnoses. The goal is for care of all conditions to be delivered under one roof by known health care providers. This involves coordination between behavioral health specialists into a central interdisciplinary care teams.

Staff Impacted and Key Workforce Functions

Clinical and non-clinical staff will be affected by this project. Staff will be needed to conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs

Needed Skills, Knowledge and Competencies

- Administration and ability to score PHQ9 Screening
- Administration and ability to score SBIRT Screening
- Knowledge of anti-depressant and anti-psychotic medications

Trainings

- PHQ9 Screening
- SBIRT Screening

3.a.ii Behavioral Health Community Crisis Stabilization Services

Project Objective

The goal is to integrate behavioral health community crisis stabilization services and improving BH crisis stabilization services throughout the PPS coverage area. As well as, to connect psychiatric patients who frequently utilize emergency room services to comprehensive, coordinated and ongoing safety net services that diminishes the incentive to seek non-emergent care in an emergency room setting.

Staff Impacted and Key Workforce Functions

Clinical and non-clinical staff will be affected by this project. Staff will learn to develop written treatment protocols with consensus from participating providers and facilities. Crisis team(s) will be deployed to provide crisis stabilization services using evidence-based protocols developed by medical staff. EHR systems will be shared with local health information exchange/RHIO/SHIN-NY. Collaboration is needed to share health information among clinical partners, including secure notifications/messaging, by the end of Demonstration Year 3.

Needed Skills, Knowledge and Competencies

- Crisis Protocols
- Accessing a RHIO and consenting patients to a RHIO

Trainings

- Crisis Protocols
- RHIO Introduction

3.b.i Evidence-Based Strategies for Cardiovascular Disease Management in High Risk/Affected Populations (Adults Only)

Project Objective

To support implementation of evidence-based best practices for disease management in medical practice for adults with cardiovascular conditions. The goal of this project is 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 health management, adherence to evidence-based clinical treatment guidelines, and the adoption of activities that will increase patient self-efficacy and confidence in self-management.

Staff Impacted and Key Workforce Functions

Clinical and non-clinical staff will be affected by this project. They will identify and schedule patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension. Staff will be trained to properly document patient goals in the medical record and access and review with patients at each visit. It will be necessary to have staff follow up with referrals to community based programs to document participation and behavioral and health status changes. Staff will need to develop and implement protocols for home blood pressure monitoring and then follow up with support. Strategies from the Million Hearts Campaign will be taught and then adopted by affected staff. The competency of all staff that measure and record blood pressure will be assessed to ensure they are using correct measurement techniques and equipment. Retraining will be done as needed. Care coordination teams, consisting of nursing staff, pharmacists, dieticians, health coaches and community health workers will be formed to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. Hot spotting strategies will need to be developed and implemented in high risk neighborhoods to link Health Homes to the highest risk population. Staff will be needed to provide group visits and implement the Stanford Model for chronic diseases.

Needed Skills, Knowledge and Competencies

- Evaluate Patient Knowledge of Cardiovascular Disease Management and Techniques

- Screening, diagnosing, and treating patients with cardiovascular disease
- Proper stethoscope and sphygmomanometer use for staff who measure blood pressure
- Provide Support and Instruction for Chronic Disease Self-Management
- Care coordination
- Coordinate Continuous Care Through Health Homes
- Document and review patient's goals in the care plan

Trainings

- Best Practices for Cardiovascular Disease Management
- Best Practices for Cardiovascular Disease Management – Provider
- Blood Pressure Measurement
- Chronic Disease Self-Management Program (Stanford Model)
- Care Coordination
- Introduction to the Health Home

3.c.i Diabetes Management - evidence-based strategies for disease management in high risk/affected populations (adults only)

Project Objective

Employ evidence-based protocols to manage BH medications that can impact diabetes and improve BH crisis stabilization services throughout the PPS coverage area. The PPS will implement four strategies to improve outcomes: (1) All patients will be assigned a PCMH and enrolled in patient registries; (2) engage care management teams; (3) utilize care management software to track and categorize patients by risk level; (4) Provide home-based care or nursing home care for high risk patients.

Staff Impacted and Key Workforce Functions

Clinical and non-clinical staff will be affected by this project. Staff will be needed to provide diabetes care in community and ambulatory care settings. Care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) will be needed to improve health literacy, patient self-efficacy, and patient self-management. Hot spotting strategies will need to be developed and implemented in high risk neighborhoods to link Health Homes to the highest risk population. Staff will implement programs such as the Stanford Model for chronic diseases.

Needed Skills, Knowledge and Competencies

- Assess and manage the needs of Diabetic patients
- Care coordination
- Coordinate Continuous Care Through Health Homes
- Provide Support and Instruction for Chronic Disease Self-Management

Trainings

- Chronic Disease Self-Management Program (Stanford Model)
- Best Practices for Diabetes Management
- Care Coordination
- Introduction to the Health Home

4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems

Project Objective

This project will address mental health-related problems within the clinical practice setting. The PPS' primary role in this project is to support collaboration among leaders, professionals and community members working in Mental and Emotional Behavioral (MEB) health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery and strengthen infrastructure for MEB health promotion and MEB disorder prevention.

Staff Impacted and Key Workforce Functions

Clinical providers will screen for, identify and talk to patients about behavioral health. Additionally, both non-clinical and clinical staff will provide cultural and linguistic training on MEB health promotion, prevention and treatment.

Needed Skills, Knowledge and Competencies

Communication strategies when discussing behavioral health

Trainings

- Trauma informed care
- Mental Health First Aid

4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health

Project Objective

This project will promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Staff Impacted and Key Workforce Functions

- Teach Patients to Ask, Assess, Advise, Assist, and Arrange for the 5A's of Tobacco Cessation
- Use EHRs to prompt and track the 5 A's.
- Provide peer-to-peer counseling
- Track outcome measures
- Facilitate referrals to the NYS Smokers' Quit-line

Trainings

- 5A's of Tobacco Cessation

TRAINING DEVELOPMENT

NQP recognizes that the goal of the DSRIP Program is to reduce avoidable hospitalization and avoidable Emergency Department use by Medicaid/uninsured population by 25% over a 5 year period Workforce development will be an essential component to redesign and restructure the current landscape of healthcare. By using multi-modal instruction, healthcare workers will be retrained to attain the new skill-sets needed in the industry. NQP will utilize a combination of in-person instruction and web-based modules. The PPS agrees that this approach can meet the needs of the partners. Since NQP spans a large geography, this approach will satisfy the necessity to provide training to a large workforce in a short period of time. Using multiple methods of delivery will ensure that NQP can train impacted staff quickly and efficiently.

Training modules are developed by NQP, its partners and contracted vendors. When developing training modules and materials NQP and its partners will ensure:

- All training modules cover related policy, process, and system knowledge, skills, and capabilities needed to successfully deliver program requirements.

- Trainings are tailored to the learner’s job category
- Trainings are evaluated for effectiveness and transference of learning principles.
- All training modules incorporate exercises, reference guides, and other job aids as appropriate
- Templates, styles, and standards for modules will be standardized whenever possible
- When appropriate, Continuing Education Unit (CEU) will be offered to clinical staff
- Where available a Subject Matter Expert (SME) contact will be provided for follow up questions after the training is offered

Once training modules are developed, NQP has developed an internal review and approval process. All trainings are shared with, reviewed and approved by the appropriate project workgroup or work stream committee. If the content is intended for clinical audiences, NQP’s Clinical Quality & Oversight Committee reviews and approves the modules before they are disseminated to partners.

A. TRAINING METHODS AND MODALITIES

NQP will use a variety of training methods and modalities to deliver training to employees across the PPS that will afford the opportunity to individuals that work in various facility types, locations and on off shift schedules to participate in a rich catalogue of courses.

Modes of Training:

Online Modules accessed via NQP’s training portal and/or Hub based Learning Management Systems (LMS) will provide on demand training to partners throughout the PPS. The registration and log in process will capture the learner’s information and verify the training individual complete the training. The modules will include recorded webinars with audio and/or visual content.

Printed Training Materials that are disseminated to learners. Learners will be required to sign and return an attestation to confirm they have read and understand the content.

Train the Trainer Program will allow partner organizations to designate individuals, with subject matter expertise, to attend an in-depth training sessions that will allow them to gain the skills, knowledge and ability to facilitate trainings for their organization.

In-Person Trainings provided by education staff. Staff will be required to sign a sign-in sheet to demonstrate attendance.

Web Based Virtual Trainings that are offered in real-time, will provide a web-based interactive learning experience for PPS partner employees. The sessions may be recorded and saved to the NQP's Training Portal and/or Hub Learning Management Systems (LMS) for availability on demand. The learner's information is captured upon log-in. If a group logs in together, the learners must sign and return a sign-in sheet to demonstrate individual participation.

Frequency of Training:

Trainings will be offered **one-time**, during **on-boarding**, and **on demand**. Trainings will be offered to providers during the on-boarding process when they are hired or re-deployed, or when their facility/practice starts its engagement with NQP.

Communication

As NQP develops new training content, it will be offered to the audience through several modes of training. NQP will communicate to all partners as new trainings are launched through the NQP website, newsletter, email blasts and print materials to ensure and that it is available. In addition, NQP has launched a PPS wide training portal that will list available virtual and on demand courses.

Trainings will also be available on demand to NQP partners, who will have access to the training materials and NQP training resources throughout the duration of the DSRIP program.

Once on-boarding training is conducted, the on-going maintenance of training and competencies is the responsibility of each contracted partner.

B. TRAINING IMPLEMENTATION

Hubs share the responsibility for securing vendors, on-boarding and educating their respective partners. Following the training curriculum developed by the Training Strategy Workgroup, each Hub implements training via the most suitable approach. Therefore, training implementation will vary across the Hubs. The PPS PMO requires each Hub to meet the following three criteria:

- Ensure that the minimum training content for each project has been completed by each identified role in the NQPs Training curriculum – Appendix Exhibit iii.
- The training delivered meet the competencies identified in the training curriculum.
- Reporting meets the minimum reporting metrics.

TRAINING PLAN

Nassau Queens PPS strives to ensure that all employees of our PPS partners have the background, knowledge and skills to perform competently in their assigned rolls. NQP solicited partner feedback through questionnaires and phone interviews to access partner organization training strength, gaps and challenges. NQP Project Managers participated in identifying courses, skills and processes that would are necessary in order to successfully participate in DSRIP projects; the training needs assessment also allowed managers to identify impacted staff. Once needs were identified, project managers identified training program gaps, determined appropriate delivery modes, aligned training resources, and set plans for creating DSRIP course content. Hub Project Managers vetted the assessment and plan and modified to suit Hub-specific requirements and incorporate Hub-specific delivery modes.

A. NEW WORKFORCE PATHWAYS:

NQP is exploring partnerships with local universities and educational institutions regarding programs that will address workshop gaps

For certain positions where workforce impacts may occur, NQP and its Hubs are preparing to support successful redeployment programs. Employees who may be candidates for potential redeployment will be identified and offered opportunities to receive training to transition to an appropriate job setting and/or role

NQP is also evaluating potential training or retraining needs to prepare the healthcare workforce for value-based payment. The training will include a description of value based payment models and the essential tenets of population health models, including risk, care management and analytics. Employees who require additional skills will have access to trainings and resources to enable them to function effectively in their new positions.

B. TRAINING RESOURCES

1. Internal Training Resources

NQP will leverage the resources of its Hubs – CHS, LIJ and NUMC – which have training programs and existing infrastructure.

(a) NUMC/NuHealth has a commitment to employee advancement and skill development that can easily be deployed to meet training/retraining needs of the NQP. Tuition reimbursement occurs for college courses for employee professional development. NUMC/NuHealth has a Leadership Academy open to staff looking to expand skills.

(b) CHS has a focus on lifelong learning through continuing education and formal tuition reimbursement. Collaborative programs with local colleges on clinical and leadership topics are regularly scheduled and will continue to be available to support staff in their own professional development.

(c) LIJ's affiliates operate the Center for Learning and Innovation which includes nurse and administrative fellowships, a medical record coding

development program, a physician leadership and management program and training for surgical technologists, paramedics and EEG technicians, among other programs. LIJ has a focus on lifelong learning provided by CLI programs, the Institute for Nursing, Hofstra Northwell School of Medicine, Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies, continuing education, formal tuition reimbursement and additional programs.

2. External Training Partners

NQP has developed partnerships with external organizations to develop and implement training programs: including 1199 TEF, Greater New York Hospital Association (GNYHA), Long Island Health Collaborative (LIHC), Hofstra University School of Public Health. We continue to research additional opportunities to further develop the PPS's training and development resources. NQP is also exploring partnering with higher education institutions to develop and enhance programs in population health and primary care.

EVALUATION and REPORTING

A. EVALUATION

NQP PPS is committed to ensuring that trainings delivered maintain quality standards and effectiveness. Given the vast geographic region that NQP PPS covers, training evaluations will need to be facilitated through the use of multiple means.

NQP will review training evaluations and feedback. If necessary, changes will be made to course content. NQP's goal is to deliver training that not only meets the needs of DSRIP projects but helps to grow and professionally develop staff at all levels. Appendix A: Exhibit iv

B. TRACKING AND REPORTING

Partners will share records of all training activities with NQP through a training tracker that is collected quarterly. Project Managers will collect partner education attestation forms, sign-in sheets and any other necessary materials. NQP will be responsible for reporting all activity to the NYS DOH. Appendix A: Exhibit v – Sample Training Tracker

COLLABORATION WITHIN THE PPS

A. CULTURAL COMPETENCY AND HEALTH LITERACY (CCHL)

The Workforce Sub-Committee and Cultural Competency Committee have worked collaboratively with our internal resources and external partners to develop a comprehensive CCHC curriculum for PPS wide clinical and non-clinical staff. We have launched an interactive web-based CCHL training module that provides employees

PPS wide with the fundamental skills and resources to enhance the patient experience, strengthen effective patient-provider communication and promote patient-centered care. In addition, our CCLC strategy includes education clinical and non-clinical employees at onboarding and annually on:

- The impact of social and cultural factors on health beliefs and behaviors
- The link between culture, language and patient safety outcomes, quality of care and health disparities.
- The tools and skills needed to manage these factors appropriately, including interpretation services, teach-back, and health-literate patient education materials.
- The importance of empowering patients to be more of an active partner in their healthcare.
- The importance of unconscious bias in patient and family centered care.
- The tools and skills needed to manage these factors appropriately, including interpretation services, Ask Me3, iSpeak Cards, and health-literate patient

B. PRACTITIONER ENGAGEMENT

NQP recognizes how important practitioner engagement is to transforming the healthcare delivery system. The PPS' strategy is to engage clinicians by providing training and technical support. The active engagement of health care practitioners must be a high priority in DSRIP reform efforts. Furthermore, NQP recognizes the significance of the practitioners' role in DSRIP because of their interaction with patients. Medical and social service providers must be educated and empowered to help close critical gaps in care across the PPS to meet NQP's transformative efforts. Strong practitioner engagement is therefore necessary to obtain voluntary behavioral change at every level.

As with other clinical training participants, training for practitioners are offered at the PMO and Hub level. The Hubs are responsible for engaging practitioners through its partnership in the practices. The Hubs provide outreach to practitioners regarding training offerings. Additionally, the Hub provides practitioner orientation to various DSRIP projects and overall transformation efforts. Likewise, the PMO also offers trainings for practitioners and supports those offerings centrally on its Learning Management System.

A multi-modal approach to training is also a beneficial strategy for practitioners. For example, Train-the-trainer models are ideal for larger practices. Web-based e-

learning courses via WebEx, symposiums, videos and forums, in addition to traditional instructor-led training, provide a more comprehensive approach to provider engagement and training. Electronic training updates and regular newsletters are also part of NQP's communication strategy with its partners. Figure 1 depicts the various levels and types of trainings available for practitioners. Additional trainings identified for practitioners is also listed in the training curriculum found in Appendix A: Exhibit iii.

Figure 2: Training Plan for Primary Care Practices

APPENDIX A

Exhibit i: SUMMARY OF PARTNER SURVEY

Sample Training Needs Survey
Organization Name]

- **Training Capabilities & Resources**
  - E.g. Educators on staff
  - Orientation / training programs
- **Training Gaps**
  - Topics where you would like to have trainings offered
- **Key Positions for Training**
  - E.g. New positions in your organization
- **Barriers to Training**
  - E.g. Challenges offering off-shift training
- **Suggestions for Trainings**
  - E.g. Time of day, web-based or in-person

SUMMARY OF PARTNER TRAINING NEEDS RESPONSES

PARTNER	TRAINING CAPABILITIES & RESOURCES	GAPS- TRAINING NEEDS	BARRIERS TO PROVIDING TRAINING	SUGGESTIONS
CHS Hospitals	Education staff: 6.0 system resources currently deployed on existing projects. Nursing educators, P.I., and Quality resources at each facility or area. Orientation programs as well as other training programs provided to staff Mandatory clinical training provided by nursing education. Performance improvement training provided by PI and Quality. Two significant engagements with outside consulting firms that include required training (in patient safety and process improvement) and call on internal staff as trainers for specific modules. Training facilities (classrooms, libraries etc.): We have several training rooms and a simulation lab.	We are currently taking inventory on training needs. We have begun training on cultural competency. Most of the DISRIP training topics are formally covered only as part of job-related requirements (e.g. care coordination guidelines for care coordinators)	Offering off-shift training: Lean staff makes it hard to free up time for training, regardless of shift. Training needs to be accompanied by change management, a communication plan, and transition planning. We will need to leverage existing staff resources in Quality and PI, line management, and interested front line staff to be able to implement this program. We will need to use our LMS as well as in-person training and coaching to tie the training as closely as possible to current and future job requirements. The more the training is seen as "outside" normal daily requirements the less successful we will be.	Our target audience is too varied to name a preferred time of day. Web-based, in-person, or blended approaches are recommended depending on the objective and audience. Web-based training works well for awareness raising and basic knowledge transfer. In person works well for motivation and inspiration, team building, and changing people's assumptions about what is possible and desirable (egg creating "aha" moments). Blended solutions work best for changing behavior and beliefs simultaneously. – Duration of training (total/per session for multi-session training): Aim for about 90 minutes and

				incorporate adult learning techniques to maintain participant focus.
FREE	Education staff FREE has professional Development team We offer training in large classrooms in our Administrative offices; we also offer training on-line.	Recently we have begun supporting individuals being released directly from prison and/or individuals who were released from prison and admitted to psychiatric centers. We have staff who have experience working with forensic population, we do not have a concrete trainings designed to train all staff on how to work with this population. We can also use training on Motivational interviewing; staff burn out and empathy exhaustion.	There a few areas where we struggle: -We have programs as far east as Southold and as far west at Battery Park. Our mandatory agency orientation is only held in our Bethpage office. As such we tend to lose staff who are not able to commute to Bethpage -Secondly, we struggle with maintaining compliance with annual and/or mandatory training. Part of the reason is staff's lack of willingness to engage in trainings; then there is an issue to significant vacancies in our front line staff where our managers are not able to release staff from their duties to attend trainings	Duration of training (total/per session for multi-session training) Ability to partner with sister agencies who have a footprint in the areas that are far from our main office so staff do not have to travel to Bethpage. Opportunities for staff to maintain their certifications by attending additional trainings. Offer trainings during the weekend and evenings for staff who work full-time elsewhere.
Maryhaven Nassau	Education staff Ability to host small group training sessions We have staff with expertise in working with the addiction population. Engaging clients in their recovery both mental health and CD.	Integrated primary care with mental health would be beneficial to the PROS staff	Releasing staff for training We do not have any dedicated training staff in Nassau.	 Duration of training (total/per session for multi-session training)

St. John's Episcopal Hospital	Director of Organizational Development and Learning, Limited Nursing Education Dept. New Hire Orientation and Annual Mandatory Training, Nursing Orientation, 1199 Training and Upgrading Fund collaboration	Cultural Competency Patient Centered Care	**BARRIERS:** Limited training space Back-fill cost No LMS	Trainings should be offered seven days per week, all's shifts, and weekends included. Offer web-based, paper and/or in-person No more than seven hours per session for multi-session programs
LIJ Valley Stream	A yearly educational needs assessment is given to each employee so they can identify their own areas of need/interest All new employees are given a site orientation, a preceptor and a job specific orientation We have conference rooms available for training with projector, also 1:1 training on the unit.	Medicaid eligibility and the new laws/regulation FIDA plans Health Home Workers compensation "ins and outs"	Releasing staff for training as the staffing is just adequate and when an employee is out or off it becomes difficult to cover all units and see all patients.	Web based or in person are best. Challenges of allowing employees to attend training and complete work responsibilities as well. Training should be no more than 1 to 2 hours, if possible. Videotaping with interactive content experts so employee can watch or engage with the instructor.
Stern	Stern completed 2016 education on SBAR, STOP and Watch facility wide for all line staff, (therapists, environmental service workers, dieticians, social workers, and all nursing staff Orientation and ongoing program materials are provided Conference rooms, ILEARN training	INTERACT Care maps, Advanced directives	Only 1 Educator for >500 employees Biggest challenge in releasing staff from direct patient care	- 2 learning sessions per shift, in person. Supplemented with online training modules 30-45 minutes per session for multi-session training.

Zucker Hillside Hospital	Nursing 1 Director of Nursing Education and Professional Development, 2 Nurse Educators, 1 Behavioral Health Safety and Security Specialist 5 additional CPR instructors (in addition to nurse educators) Nursing Education offers new employee orientation for new nursing staff twice a month, PMCS training (crisis intervention and de-escalation 6 times a month [4 reverts and 1 full class], CPR classes once a month on each shift, Team STEPPS once a month and Skills Fair [ongoing competency assessment] once a month on each shift. Nursing Education also provides training for new equipment and initiatives as needed, and coordinates the weekly day shift research and evidence based practice forum, monthly night shift research and evidence based practice forum and weekly nursing shared governance board. Simulation classes (BH medical emergency and BH clinical skills) are run at Northwell Health Patient Safety Institute every other month; medical class includes residents and all classes are open to entire health system Physician Training 1 Vice Chair of Education, Director of Residency Training 2 Associate Program Director, Residency Training 2 Training Program administrators (residency training)	Computer skills training or a more robust EMR training program	1 nurse educator flexes time to cover night and evening shift Releasing staff for training Difficult to engage all disciplines in nursing-led training/initiatives Lack of education infrastructure in non-nursing or non-resident programs Competing priorities- nurse educators often scheduled to go to meetings or to spearhead multiple initiatives in addition to providing education and teaching classes Need for more FTEs in nursing education department	Trainings should take place on all 3 shifts A mixture of in-person and web-based learning is needed Training should not extend beyond 7.5 hours at a time Training should be scheduled far in advance (several months when possible) to allow for balancing of unit schedules to assure safe staffing and to reduce reliance on OT to backfill units during training Staff members indicate that providing refreshments would improve staff engagement and timeliness of returning from breaks Increase in FTEs for nursing education Create an education infrastructure for all other disciplines

	1 Training program administrator (child and adolescent fellowship) 1 Training program administrator (CL) Weekly Grand Rounds in Psychiatry program (open to health system and voluntary physicians) Weekly Grand Rounds in Child/Adolescent Psychiatry Other Disciplines/Trainings offered Provider of SW CEU's Community education program Professional education program Psychology fellowships, externships Training Facilities Auditorium, Nursing education classroom, BHP conference room iLearn- health system learning management system that enables to offering of web-based training			
Lefferts Medical Associates PC - Dr. Chhabra	OSHA & HIPAA for new staff members and recurrent once a year	Cultural Competency & Health Literacy	Low employee retention rate is a barrier to training	Treat it as an important assignment – ensure that training is meaningful to the practice
CamKids Pediatrics – Dr. Dupiton	BLS Infectious Disease Vaccine for Children Handling & storage for MA's	Could use more training on customer service	Schedule compatibility for all staff members	In-person trainings are more effective

Internal Medicine & Geriatrics PLLC – Dr. Pinhas	Proper use of EMR Proper use of equipment (for example, electrocardiogram & Ankle-Brachial Index machines) Administering tests (for example, poly-sonogram) correctly	ICD-10 codes Care management/care coordination	Time consuming; often interferes with practice functioning	Hire a vendor or outside organization with expertise to conduct training
Urgent One Medical Care P.C. – Dr. Simai	Trainings on new policies and protocols Patient triage training Training on documenting patient demographic and clinical information	Training on proper use of EMR	Changing old habits Finding time within office hours to conduct training	Have printouts to serve as reference guide. Have office staff sign training attestations
LIFQHC	NUMC orientation PAM Orientation Departmental Orientation Nurse Educator Medical Assistants Cultural competency training, emotional intelligence through Nassau community college Center for Workforce Development	Developing Learning management software (LMS) to track employee training and competency by title. Patient satisfaction/patient experience training Cultural competency to be made part of web based training (similar to Compliance) Ongoing competencies including billing and coding Develop leadership training	Releasing staff for training can affect patient flow. Multiple sites-requires employees to travel Lack of internal training space	Split training by position type Limit duration of training On-site training Virtual trainings Flexible time of training (weekend/ evening) Trainings that meet professional licensure credit (CMEs, Nursing education, Social work credit, etc.…)
Winthrop	Winthrop routinely offers staff education to all employees. All clinical competencies are up-to-date. All staff members receive orientation, and relevant training programs are provided by appropriate	Staff are provided with all necessary training programs.	All staff participate in training programs. Shifts and release time accommodations are made as needed.	Winthrop offers a variety of training programs utilizing multiple modalities to fit the training needs of the organization.

	trainers and educators. Training facilities are available on site.			
609 Fulton Ave Pediatrics	NUMC orientation PAM Orientation Departmental Orientation Nurse Educator Medical Assistants Cultural competency training, emotional intelligence through Nassau community college Center for Workforce Development	Developing Learning management software (LMS) to track employee training and competency by title. Patient satisfaction /patient experience training Web-based cultural competency training Ongoing competencies including billing and coding. Leadership training	Releasing staff for training can affect patient flow Multiple sites-need to travel Lack of internal space	Split training by position type Limit duration of training On-site training Virtual trainings Flexible time of training (weekend/ evening) Trainings that meet professional licensure credit (CMEs, Nursing education, Social work credit, etc.…)

COMMON THEMES

TRAINING CAPABILITIES & RESOURCES	GAPS- TRAINING NEEDS	BARRIERS TO PROVIDING TRAINING	SUGGESTIONS
Orientation Programs and Training Programs (classrooms, libraries, facilities, etc.)	Training specific to job category. Care Management, Care Coordination, Cultural Competency, EMR training, Customer Service, Leadership Training	Releasing staff to attend training. Staff do not attend trainings - unless mandatory. Geographical and transportation challenges for staff to attend trainings. Understaffed nurses take on multiple jobs including training other staff. Internal space issues. Expense of paying overtime for staff to attend training.	Web Based and In person training. In person is more motivational. Minimize duration of training so participants do not lose attention and focus. Flexible time of trainings. Incorporate Adult learning Principles. Trainings that give staff Professional License credit. Hire an outside vendor or trainer to conduct the training.

Exhibit ii: TRAINING ACROSS ALL PROJECTS

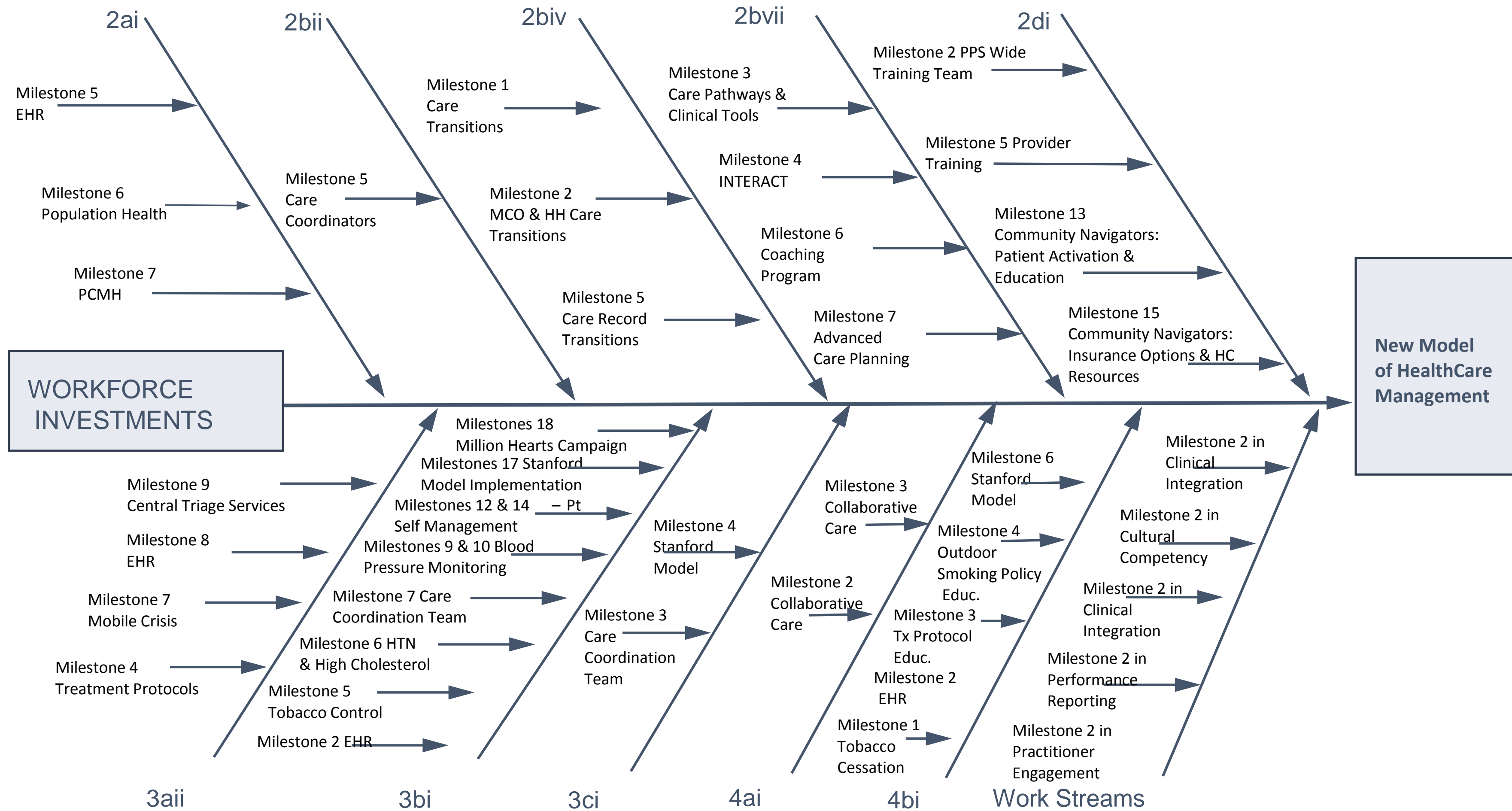


Exhibit iii: TRAINING CURRICULUM

	Training Name	Training Modules	Workstream / Project
1	Behavioral Health Screening Tools	• PHQ9 • SBIRT	3.a.i
2	Best Practices for Cardiovascular Disease Management	• 5A's of Tobacco Cessation • Million Hearts Campaign • Self-Management Goals • Hypertension Registry • Hand-offs to Community-based Orgs • Blood Pressure Measurement	3.b.i.
3	Best Practices for Cardiovascular Disease Management – Physician	• Treatment Protocols for Hypertension (JNC-8 Guidelines) • Treatment Protocols for Cholesterol	3.b.i
4	Best Practices for Diabetes Management	• Treatment Protocols for Diabetes Management in Community & Ambulatory Settings	3.c.i
5	Care Coordination	• Protocols for care coordinators, including how to assist patients with medication adherence, self-management and health literacy • Protocols for care coordination teams	2.b.ii 3.b.i 3.c.i
6	Care Transitions Model	• Protocols for Care Transitions Intervention Model • Early Notification of Discharge	2.b.iv
7	Compliance Plan for NQP	• Compliance Program and Guidelines	Financial Sustainability
8	Cultural Competency & Health Literacy	• Drivers of Health Disparities • Availability of Language Appropriate Materials • NQP Cultural Competency & Health Literacy Strategy	Cultural Competency & Health Literacy
9	Crisis Protocols for Behavioral Health	• Protocols for crisis stabilization • Protocols for mobile crisis teams	3.a.ii
10	DSRIP 101 & Integrated Delivery System	• Overview of NQP • Goals of the DSRIP Program • What is an Integrated Delivery System	

11	Health Home Introduction & Referral Pathway	• Health Home Services • Health Home Eligibility • Health Home Referral Mechanism	2.a.i 2.b.iv 3.b.i 3.c.i
12	INTERACT Curriculum	• INTERACT Toolkit • Care Pathways for Chronically Ill Patients	2.b.vii
13	Motivational Interviewing	• Motivational Interviewing techniques Express empathy Roll with resistance Develop discrepancy Support self-efficacy	
14	PAM® Curriculum	• PAM® Administration Training • Patient Activation Techniques • Healthcare Resources and Insurance Options • Flourish Platform • Coaching for Activation Model	2.d.i
15	Patient Engagement Reporting	• Definitions of Actively Engaged patients • Report specifications • Patient Engagement Reporting Requirements	2.b.ii; 2.b.iv; 2.b.vii; 2.d.i; 3.a.i; 3.a.ii; 3.b.i; 3.c.i
16	Performance Logic Training	• Overview of the Performance Logic system • How to use it and upload documents	
17	Performance Measurement & Quality Improvement	• NQP Performance Reporting & Improvement Plan • PDSA Cycle • Methods of Quality Improvement	Performance Reporting
18	Value-based Payment	• Overview of value-based payment programs • Comparison with FFS • Federal and state programs • Resources for providers	

Exhibit iv: SAMPLE TRAINING EVALUATION FORM

NAME OF YOUR ORGANIZATION: ___________________________________

NAME OF TRAINING: ____

DATE: ____

TRAINER: ____

Training Evaluation

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The facilitator helped me learn about creating a safer and healthier environment for patients and staff.					
2. I have a better understanding of knowing patient's/client's needs and how it affects the cost of hospital readmissions.					
3. I will be able to better assist the patient/client in navigating the system.					
4. I have a better understanding of care transitions and why clients are vulnerable during these transitions.					
5. I understand why it is important to ensure the Care Plan captures concerns indicated in the Progress Notes.					

Your comments and/or opinions about this training are valuable to us. Please provide us with feedback to improve future trainings.

Question	Response
1. What did you like the most about this training?	
2. How do you think you will change your daily work practices as a result of this training?	
3. Additional comments	

Exhibit v: SAMPLE TRAINING TRACKER

PPS Name:	Nassau Queens PPS (NQP)
PPS ID	14

Instructions
Each quarter throughout the DSRIP program, PPS must submit a quarterly report to the Independent Assessor (IA). To standardize PPS submissions, we have created templates to facilitate the submission of certain required information. This workbook pertains to training materials. The purpose of the template to gather information on the training materials developed by the PPS. Please use a copy of this template for each training. Please complete the information requested for all columns. The IA will using this as a basis for asking the PPS to load a random sample of the training materials. Until IA requests the information to be uploaded, there is no need to upload these documents in MAPP.

Training Name	**Nature of Training (Focus area/Topic) (Brief description of purpose)**	**Training Dates**	**Number of staff trained**	**Training Sign-in / Attendance Sheets Available (Y/N)**	**List of training materials developed (brief description)**

Exhibit vi: NASSAU QUEENS PPS TRAINING PROVIDERS AND VENDORS

Training Vendor	Vendor Description	Training Programs for DSRIP Curriculum	Training Modalities for DSRIP Curriculum
1Unit PO Box 52862 Atlanta GA 30355	1Unit provides training on Accountable Care Units – geographic inpatient care areas responsible for the clinical, service and cost outcomes it produces. The ACU model performs Structured Interdisciplinary Bedside Rounds (SIBR).	Early Notification of Discharge	In-Person
ENA 1600 JFK Blvd Suite 1800 Philadelphia, PA 19103	Handling Psychiatric Emergencies eLearning Subscription	Crisis Protocols	eLearning
HANYS PCMH Advisory Services One Empire Drive, Rensselaer, NY 12144	HANYS Solutions' PCMH Advisory Services offers Site Transformation services: - helping to engage staff, providers, and patients so that they are active, knowledgeable, and supportive change agents; - providing a plan to support cultural transformation; - developing and facilitating the plan execution with team members; and - clearly defining roles and responsibilities of team members.	PCMH Curriculum	In-Person Webinar eLearning
Healthix 40 Worth Street, 5th Floor New York, NY 10013	Healthix is a RHIO, or regional health information organization, that provides training to providers and staff on using the tool and compliance with state regulations.	RHIO Curriculum	In-Person Webinar eLearning

Training Vendor	Vendor Description	Training Programs for DSRIP Curriculum	Training Modalities for DSRIP Curriculum
IHI Open School 20 University Rd 7th Floor Cambridge MA 02138	The Institute for Healthcare Improvement (IHI), an independent not-for-profit organization, is a leading innovator in health and health care improvement. IHI offers a number of professional courses. Some of the courses include quality improvement, team communication, and PDSA cycles and run charts.		eLearning
Insignia Health One SW Columbia St, Suite 700 Portland, OR 97258	Insignia Health educates staff to assess patient's health self-management abilities and help them to be more involved in their care.	PAM® Curriculum	In-Person
Interact TEAM Strategies LLC 2901 Clint Moore Rd Suite 235 Boca Raton, FL 33496	Interact TEAM Strategies, LLC will provide a qualified consultant to deliver onsite INTERACT™ training and consultation to assist the organization in the implementation and integration of the full INTERACT™ Quality Improvement Program.	INTERACT Curriculum	In-Person
Medline University One Medline Place Mundelein IL 60060	The INTERACT eCurriculum is comprised of 11 modules covering all aspects of the INTERACT quality improvement program from the perspective of every role involved, including medical directors, administrators, physicians, RNs, NPs, PAs, social workers, LPNs, CNAs, rehabilitation staff, dietary, housekeeping and family members.	INTERACT Curriculum	eLearning

Training Vendor	Vendor Description	Training Programs for DSRIP Curriculum	Training Modalities for DSRIP Curriculum
MINT NYU Dept Pop Health New York, NY	Motivational interviewing (MINT) is one method of patient-centered communication that is designed to motivate people for change by helping them to recognize and resolve the discrepancy between their present behavior, and their future personal goals and values.	Motivational Interviewing	In-Person Telephonic
Moodle 12175 Visionary Way Suite 360 Fishers IN 46256	Moodle is an online learning platform or course management system (CMS) designed to provide educators, administrators and learners with a single robust, secure and integrated system to create personalized learning environments.		eLearning
NCQA 1100 13th St., NW Suite 1000 Washington, D.C. 20005	NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely-used way to transform primary care practices into medical homes. There are several resources available on the NCQA PCMH.	PCMH Curriculum	eLearning
NES Associates PO Box 1107 Yorktown Heights NY 10598	NES Associates, LTD will provide faculty for the Staff Development Department to deliver DSRIP Interact Training.	INTERACT Curriculum	In-Person
Northwell Health Center for Learning & Innovation 1979 Marcus Avenue Suite 101 Lake Success, NY 11042	CLI offers education programs to Northwell Health employees on numerous topics, including: Leadership Development, Patient Safety Institute, Physician Leadership Institute, Scholar Pipeline, Emergency Medical Institute, the Hofstra School of Medicine, Bioskills Education Center and Clinical Transformation		In-Person eLearning

Training Vendor	Vendor Description	Training Programs for DSRIP Curriculum	Training Modalities for DSRIP Curriculum
Northwell Health - Health Solutions 600 Community Drive Suite 400 Manhasset NY 11030	Health Solutions is the care management organization for Northwell Health. It has a team of educators who develop modules to support the DSRIP projects.		
Primary Care Development Corp.	PCDC's NCQA PCMH-certified content experts provide practice coaching and technical assistance to help community health centers, hospital outpatient centers, private practices and special needs providers across the country become recognized PCMH primary care practices.	PCMH Curriculum	In-Person Webinar eLearning