

**NCI PPS  
Pediatrician Training Plan**

Project (s)	Training Activity	Target Audience	Training Objectives	Training Materials/Modality	NCI PPS Point of Contact	Timeline
All	DSRIP 101	Practice	<ol style="list-style-type: none"> <li>1. Common understanding of DSRIP, it's objectives, and the PPS' projects, metrics and goals</li> <li>2. The four pillars of Clinical Integration and their application to DSRIP</li> <li>3. Performance monitoring and reporting for DSRIP</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided DSRIP 101 webinar or in person DSRIP 101 powerpoint</li> <li>2. NCI training sign in sheets</li> </ol>	Tracy Leonard	5/31/2016
All	Health Literacy & Cultural Competency including Mental, Emotional and Behavioral Health prevention, promotion and treatment	All patient facing staff	<ol style="list-style-type: none"> <li>1. Understand the importance of Health Literacy and Cultural Competency to patients health outcomes</li> <li>2. Understand the Health Care Disparities impacting the practices and NCI patient population particularly the low-socio economic and those with living with mental illness and substance abuse disorders</li> <li>3. Apply lessons learned to improve health literacy</li> <li>4. Identify guiding principles and practical strategies for improving health literacy within the practice</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided Health Literacy and Cultural Competency &amp; MEB webinar or in person presentation</li> <li>2. NCI training sign in sheet</li> </ol>	Ian Grant	12/31/2016
All	HIPAA, Privacy and Security	All	Staff understanding and application of HIPAA, privacy and security laws	<ol style="list-style-type: none"> <li>1. PPS provided webinar/ HIPAA training slides or practice equivalent training (must provide training materials)</li> <li>2. NCI training sign in sheet</li> </ol>	Chris Grieco, NCI Chief Information Security Officer	Annual
All	Compliance	All	<ol style="list-style-type: none"> <li>1. Why you need compliance plan including the following: components <ul style="list-style-type: none"> <li>- 8 elements of compliance</li> <li>- Fraud waste and abuse</li> <li>- False Claim Act</li> <li>- Code of Conduct</li> <li>- Reporting</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Compliance Officer provided Compliance Plan training materials</li> <li>2. NCI training sign in sheet</li> </ol>	Heidi Baker, NCI Compliance Officer	Annual
2biv (2a, 7a) IT Change	Care Transitions	<p>Care Manager (s)</p> <p>Referral staff</p> <p>Staff utilizing the health record for referrals and follow-ups</p>	<ol style="list-style-type: none"> <li>1..Receipt of warm hand-off and record transition of patients from inpatient facilities and other care coordination services</li> <li>2. Utilize EMR (and Population Health Management Tool when available) to assess and stratify patients for practice care management and community-based services as applicable to Pediatric patient population</li> <li>4. Warm hand-off to community-based services including community-based care coordination, community health workers</li> <li>5. Staff trained to follow-up on referrals to community-based services and documentation of the follow-up in the patient record</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI PPS standardized care transition protocols</li> <li>2. NCI PPS standardized risk stratification tool</li> <li>3. EHR screen shots including receipt, referral and follow-up</li> <li>4. List of community-based resources on practice care transition team by name and license number</li> <li>5. List of sites offering community-based preventive services</li> <li>6. NCI training sign in sheets</li> </ol>	Sue Raso, NCI Care Transition Project Lead	Initial by 9/30/16 Periodic as needed
2ai RHIO/HIE IT Change	HealthConnections RHIO/Health Information Exchange Training	All	<ol style="list-style-type: none"> <li>1. Common understanding of HIE</li> <li>2. Patient consent process</li> <li>3. HIE implementation</li> </ol>	HealthConnections will provide training materials and attendance to PPS	Chris Grieco	During RHIO/HIE implementation
2ai RHIO/HIE IT Change	Train staff to use functionality of Health Information Exchange for patient care as applicable to the practices EHR vendor capability. if has not been previously completed	All patient facing staff	1. Understand the EHR vendor functionality (i.e. lab results, referrals, etc.) gained with HIE connection	NCI training sign in sheets	Chris Grieco	As needed to maximize utilization of HIE for Patient Care
2aai	Patient Centered Medical Home	All as applicable to elements	Incorporated into PCMH implementation	Incorporated into PCMH implementation not specific separate trainings	NCI PPS PCMH Lead	During PCMH Implementation

**NCI PPS  
PCP no 3ai Training Plan**

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2biv (2a, 7a) 3.b.i. 3.c.i. 3.c.ii 4.b.ii	Care Transitions	Care Manager (s)  Referral staff  Staff utilizing the health record for referrals and follow-ups	<ol style="list-style-type: none"> <li>1. Incorporate standardized Health Home screenings and referrals</li> <li>2. Receipt of warm hand-off and record transition of patients from inpatient facilities and other care coordination services</li> <li>3. Utilize EMR (and Population Health Management Tool when available) to assess and stratify patients for practice care management and community-based services (diabetes, cardiovascular, tobacco cessation, COPD, and colorectal cancer screenings)</li> <li>4. Warm hand-off to community-based services including NDPP, CDSMP, tobacco cessation, cancer screenings, community-based care coordination, community health workers)</li> <li>5. Staff trained to follow-up on referrals to community-based services and documentation of the follow-up in the patient record</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI PPS standardized care transition protocols</li> <li>2. NCI PPS standardized risk stratification tool</li> <li>3. EHR screen shots including receipt, referral and follow-up</li> <li>4. List of community-based resources on practice care transition team by name and license number</li> <li>5. List of sites offering community-based preventive services</li> <li>6. NCI training sign in sheets</li> </ol>	Sue Raso, NCI Care Transition Project Lead	Initial by 9/30/16 Periodic as needed
All	Care Transitions	Care Manager	<ol style="list-style-type: none"> <li>1. Practice develops internal Chronic Disease care management capacity</li> <li>2. Care Manager support PCMH objectives</li> <li>3. Build four core competencies <ul style="list-style-type: none"> <li>a. population health improvement</li> <li>b. management of chronic conditions</li> <li>c. lifestyle management</li> <li>d. health coaching</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Online Chronic Care Professional Training paid for by PPS</li> </ol>	NCI Workforce Lead: Tracy Leonard	Initial by 12/31/16

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3.b.i 3.c.i. 4.b.ii.	Train staff on NCI PPS evidence-based protocols	Prescribing personnel, nurses and care managers (include any staff who would be conducting clinical screening)	<ol style="list-style-type: none"> <li>1. Knowledge and utilization of the ACC/AHA and JNC8 protocols for the treatment and management of cardiovascular disease</li> <li>2. Knowledge and utilization of the ADA 2015 standards for treatment and management of diabetes</li> <li>3. Knowledge and utilization of the 5 A's for tobacco dependence and documentation of such in the EHR</li> <li>4. Knowledge of medication management and reconciliation for diabetes and cardiovascular disease</li> <li>5. Documentation of self-management goals in the EHR</li> </ol>	<ol style="list-style-type: none"> <li>1. ACC/AHA, JNC8 and ADA 2015 standardized clinical protocols, standards and EHR templates</li> <li>2. NCI training sign in sheets</li> </ol>	Brian Marcolini	Initial by 9/30/17 for Prescribers (will be PPS CME opportunity) by 3/31/17 for all required
3bi	Conduct annual training for blood pressure measurement	Staff conducting blood pressure measurements	All staff across PPS are utilizing a standard and consistent blood pressure measurement	<ol style="list-style-type: none"> <li>1. NCI PPS standardized protocol for blood pressure measurement</li> <li>2. NCI training sign in sheets</li> </ol>	Brian Marcolini	by 3/31/17 Annual
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PCP 3ai IMPACT Training Plan

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3ai IMPACT 4aiii	Depression Care Manager - IMPACT	Depression Care Manager	<ol style="list-style-type: none"> <li>1. Describe key elements of evidence-based depression care</li> <li>2. Demonstrate practical, evidence-based approaches to recognizing and treating depression in a variety of clinical settings</li> <li>3. Describe the effectiveness of IMPACT/Collaborative Care with clinically challenging cases, e.g., persistent depression and comorbid medical or psychiatric conditions</li> <li>4. Demonstrate non-pharmacologic treatments, like behavioral activation</li> <li>5. Discuss the effects of depression and strategies for treatment for specific populations, e.g., mothers, adolescents and patients with chronic pain or illness</li> <li>6. Identify challenges and successes in implementing IMPACT/Collaborative Care in different settings</li> <li>7. Develop a plan for implementing IMPACT/Collaborative Care in your setting</li> </ol>	<ol style="list-style-type: none"> <li>1. online training program</li> <li>2. Demonstration/training on registry</li> </ol>	NCI Workforce Lead: Tracy Leonard	by 12/31/16
3ai IMPACT 4aiii	SBIRT (Screening Brief Intervention & Referral to Treatment)	Care Managers Depression Care Manager Primary Care Provider Others as determined by practice	<ol style="list-style-type: none"> <li>1. How brief and effective screening for substance use problems can improve patient outcomes.</li> <li>2. Brief Interventions for Substance Use Disorders: Brief interventions when another treatment is the focus.</li> <li>3. Referral to Treatment and Follow-up Care: Options for specialty treatment, planning and arranging substance use disorder treatment referral.</li> <li>4. Three interactive cases give a chance to practice skills and clinical decision making presented in first three modules.</li> </ol>	<ol style="list-style-type: none"> <li>1. 4-hour Online with CME or 4-12 hour in-person</li> </ol>	NCI Workforce Lead: Tracy Leonard	by 12/31/16
3ai IMPACT 4aiii	IMPACT - Collaborative Care	Care Manager (s) Primary Care Provider	<ol style="list-style-type: none"> <li>1. Adoption of impact model evidenced based protocols for depression care</li> <li>2. Conduct and document PHQ2/9 (behavioral health screenings) in EHR</li> <li>3. Utilization of AIMS Center on-line registry for tracking of IMPACT model patients</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI training sign in sheets</li> <li>2. Screen shots</li> <li>3. Executed Software Use Agreement with AIMS Center</li> </ol>	Tracy Leonard	by 12/31/16
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**NCI PPS  
FQHC Training Plan**

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<p>All</p>	<p>Care Transitions</p>	<p>Care Manager</p>	<p>1. Practice develops internal Chronic Disease care management capacity 2. Care Manager support PCMH objectives 3. Build four core competencies  a. population health improvement b. management of chronic conditions c. lifestyle management d. health coaching</p>	<p>1. Online Chronic Care Professional Training paid for by PPS</p>	<p>NCI Workforce Lead: Tracy Leonard</p>	<p>Initial by 12/31/16</p>
<p>3.b.i 3.c.i. 4.b.ii.</p>	<p>Train staff on NCI PPS evidence-based protocols</p>	<p>Prescribing personnel, nurses and care managers (include any staff who would be conducting clinical screening)</p>	<p>1. Knowledge and utilization of the ACC/AHA and JNC8 protocols for the treatment and management of cardiovascular disease 2. Knowledge and utilization of the ADA 2015 standards for treatment and management of diabetes 3. Knowledge and utilization of the 5 A's for tobacco dependence and documentation of such in the EHR 4. Knowledge of medication management and reconciliation for diabetes and cardiovascular disease 5. Documentation of self-management goals in the EHR</p>	<p>1. ACC/AHA, JNC8 and ADA 2015 standardized clinical protocols, standards and EHR templates 2. NCI training sign in sheets</p>	<p>Brian Marcolini, NCI Director</p>	<p>Initial by 9/30/17 for Prescribers (will be PPS CME opportunity) by 3/31/17 for all required</p>
<p>3bi</p>	<p>Conduct annual training for blood pressure measurement</p>	<p>Staff conducting blood pressure measurements</p>	<p>All staff across PPS are utilizing a standard and consistent blood pressure measurement</p>	<p>1. NCI PPS standardized protocol for blood pressure measurement 2. NCI training sign in sheets</p>	<p>Brian Marcolini, NCI Director</p>	<p>by 3/31/17 Annual</p>

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2di	Patient Activation Measure (PAM)	Applicable staff based on entity. Could include:  Facilitated enrollers  Registration staff  Care Manager (s)	1. Engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community-based care 2. Obtain certification as a PAM trainer 3. Implement PAM and Coaching for Activation techniques 4. Develop and adopt process for connecting coached clients to primary care practices and other community- based services 5. Develop and adopt protocol for warm hand off to identified navigators in hot spot locations, emergency departments or other community locations where applicable	1. NCI Training Sign in Sheet 2. Name and job title of PAM trainer (s) and coach (es) 3. PPS PAM powerpoint slides	Ian Grant, Population Health Manager	12/31/2016
3ai 4aiii	SBIRT (Screening Brief Intervention & Referral to Treatment)	Care Managers  Primary Care Provider  Others as determined by practice	1. How brief and effective screening for substance use problems can improve patient outcomes. 2. Brief Interventions for Substance Use Disorders: Brief interventions when another treatment is the focus. 3. Referral to Treatment and Follow-up Care: Options for specialty treatment, planning and arranging substance use disorder treatment referral. 4. Three interactive cases give a chance to practice skills and clinical decision making presented in first three modules.	1. 4-hour Online with CME or 4-12 hour in-person	Tracy Leonard, Workforce Lead	12/31/2016



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1. Enhance youth social skills
2. Enhance youth emotional competence
3. Enhance youth conflict resolution skills
4. Enhance youth coping skills

1. NCI Training Sign Sheet
2. PPS provided training

Leesa Harvey-Dowdle,  
Behavioral Health

3/31/2018

4aiii

Substance Abuse  
Prevention &  
Skill Building for Youth

Specific school-based health ce

**NCI PPS  
Hospital Training Plan**

Project (s)	Training Activity	Target Audience	Training Objectives	Training Materials/Modality	NCI PPS Point of Contact	Timeline
All	DSRIP 101	All patient facing staff	<ol style="list-style-type: none"> <li>1. Common understanding of DSRIP, it's objectives, and the PPS' projects, metrics and goals</li> <li>2. The four pillars of Clinical Integration and their application to DSRIP</li> <li>3. Performance monitoring and reporting for DSRIP</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided DSRIP 101 webinar or in person DSRIP 101 powerpoint</li> <li>2. NCI training sign in sheets</li> </ol>	Tracy Leonard, Workforce Lead	5/31/2016
All	Health Literacy & Cultural Competency including Mental, Emotional and Behavioral Health prevention, promotion and treatment	All patient facing staff	<ol style="list-style-type: none"> <li>1. Understand the importance of Health Literacy and Cultural Competency to patients health outcomes</li> <li>2. Understand the Health Care Disparities impacting the practices and NCI patient population particularly the low-socio economic and those with living with mental illness and substance abuse disorders</li> <li>3. Apply lessons learned to improve health literacy</li> <li>4. Identify guiding principles and practical strategies for improving health literacy within the practice</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided Health Literacy and Cultural Competency &amp; MEB webinar or in person presentation</li> <li>2. NCI training sign in sheet</li> </ol>	Ian Grant, Population Health Manager	12/31/2016
All	HIPAA, Privacy and Security	All	Staff understanding and application of HIPAA, privacy and security laws	<ol style="list-style-type: none"> <li>1. PPS provided webinar/ HIPAA training slides or practice equivalent training (must provide training materials)</li> <li>2. NCI training sign in sheet</li> </ol>	Chris Grieco, NCI Chief Information Security Officer	Annual
All	Compliance	All	<ol style="list-style-type: none"> <li>1. Why you need compliance plan including the following: components <ul style="list-style-type: none"> <li>- 8 elements of compliance</li> <li>- Fraud waste and abuse</li> <li>- False Claim Act</li> <li>- Code of Conduct</li> <li>- Reporting</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Compliance Officer provided Compliance Plan training materials</li> <li>2. NCI training sign in sheet</li> </ol>	Heidi Baker, NCI Compliance Officer	Annual

**NCI PPS  
Hospital Training Plan**

<p>2biv (2a, 7a) 3.b.i. 3.c.i. 3.c.ii 4.b.ii</p>	<p>Care Transitions</p>	<p>Discharge Planners</p>	<p>1. Incorporate standardized Health Home screenings and referrals</p>	<p>1. NCI PPS standardized care transition protocols 2. NCI PPS standardized risk stratification tool 3. EHR screen shots including receipt, referral and follow-up 4. List of community-based resources on practice care transition team by name and license number 5. List of sites offering community-based preventive services 6. NCI training sign in sheets</p>	<p>Sue Raso, NCI Care Transition Project Lead</p>	<p>Initial by 9/30/16 Periodic as needed</p>
<p>Psychosocial Assessors</p>		<p>2. Warm hand-off and record transition of patients from inpatient facilities and other care coordination services 3. Utilize EMR (and Population Health Management Tool when available) to assess and stratify patients for care management and community-based services (diabetes, cardiovascular, tobacco cessation, COPD, and colorectal cancer screenings)</p>				
<p>Care Manager (s)</p>		<p>4. Warm hand-off to community-based services including NDPP, CDSMP, tobacco cessation, cancer screenings, community-based care coordination, community health workers</p>				
<p>Referral staff</p>		<p>5. Staff trained to follow-up on referrals to community-based services and documentation of the follow-up in the patient record</p>				
<p>Staff utilizing the health record for referrals and follow-ups</p>		<p>6. Adopt, train and implement PPS wide standardized protocols for the transition of care from the hospital to other care coordination services (i.e. to primary care, community-based services, nursing home or behavioral health entities)</p>				
<p>2ai RHIO/HIE IT Change</p>	<p>HealthConnections RHIO/Health Information Exchange Training</p>	<p>All</p>	<p>1. Common understanding of HIE 2. Patient consent process 3. HIE implementation</p>	<p>HealthConnections will provide training materials and attendance to PPS</p>	<p>Chris Grieco, NCI Chief Information Security Officer</p>	<p>During RHIO/HIE implementation</p>
<p>2di</p>	<p>Patient Activation Measure (PAM)</p>	<p>Applicable staff based on entity. Could include:  Facilitated enrollers  Registration staff  Care Manager (s)</p>	<p>1. Engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community-based care 2. Obtain certification as a PAM trainer 3. Implement PAM and Coaching for Activation techniques 4. Develop and adopt process for connecting coached clients to primary care practices and other community-based services 5. Develop and adopt protocol for warm hand off to identified navigators in hot spot locations, emergency departments or other community locations where applicable</p>	<p>1. NCI Training Sign in Sheet 2. Name and job title of PAM trainer (s) and coach (es) 3. PPS PAM powerpoint slides</p>	<p>Ian Grant, Population Health Manager</p>	<p>12/31/2016</p>

**NCI PPS  
Hospital Training Plan**

2biv	North Country Care Coordination Certificate Program	Applicable staff by entity type	<p>Increase knowledge of key concepts through the following modules:</p> <ol style="list-style-type: none"> <li>1. Introduction to Care Coordination</li> <li>2. Knowledge of Behavioral Health</li> <li>3. Medical Terminology</li> <li>4. Cultural Competency, Awareness of Individual Bias, Ethics &amp; Customer Service</li> <li>5. Documentation, Privacy and Security &amp; Electronic Health Records</li> <li>6. Engagement &amp; Assessment</li> <li>7. Motivational Interviewing, Communication &amp; Health Literacy</li> <li>8. Crisis Intervention, Safe Environment and Conflict Management</li> <li>9. Self-Care</li> <li>10. Networking &amp; Knowledge of Community Resources</li> <li>11. Quality, Accountability, Performance &amp; Process Improvement &amp; Evidence-based Practice</li> <li>12. Payment Systems</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign in Sheets</li> <li>2. Program Application</li> <li>3. Completion Certificate</li> </ol>	Sue Raso, Care Transition Lead	12/31/2017
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**NCI PPS  
Behavioral Health Training Plan**

						Timeline
Project (s)	Training Activity	Target Audience	Training Objectives	Training Materials/Modality	NCI PPS Point of Contact	
All	DSRIP 101	Practice	<ol style="list-style-type: none"> <li>1. Common understanding of DSRIP, it's objectives, and the PPS' projects, metrics and goals</li> <li>2. The four pillars of Clinical Integration and their application to DSRIP</li> <li>3. Performance monitoring and reporting for DSRIP</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided DSRIP 101 webinar or in person DSRIP 101 powerpoint</li> <li>2. NCI training sign in sheets</li> </ol>	Tracy Leonard, Workforce Lead	5/31/2016
All	Health Literacy & Cultural Competency including Mental, Emotional and Behavioral Health prevention, promotion and treatment	All patient facing staff	<ol style="list-style-type: none"> <li>1. Understand the importance of Health Literacy and Cultural Competency to patients health outcomes</li> <li>2. Understand the Health Care Disparities impacting the practices and NCI patient population particularly the low-socio economic and those with living with mental illness and substance abuse disorders</li> <li>3. Apply lessons learned to improve health literacy</li> <li>4. Identify guiding principles and practical strategies for improving health literacy within the practice</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided Health Literacy and Cultural Competency &amp; MEB webinar or in person presentation</li> <li>2. NCI training sign in sheet</li> </ol>	Ian Grant, Population Health Manager	12/31/2016
All	HIPAA, Privacy and Security	All	Staff understanding and application of HIPAA, privacy and security laws	<ol style="list-style-type: none"> <li>1. PPS provided webinar/ HIPAA training slides or practice equivalent training (must provide training materials)</li> <li>2. NCI training sign in sheet</li> </ol>	Chris Grieco, NCI Chief Information Security Officer	Annual
All	Compliance	All	<ol style="list-style-type: none"> <li>1. Why you need compliance plan including the following: components <ul style="list-style-type: none"> <li>- 8 elements of compliance</li> <li>- Fraud waste and abuse</li> <li>- False Claim Act</li> <li>- Code of Conduct</li> <li>- Reporting</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Compliance Officer provided Compliance Plan training materials</li> <li>2. NCI training sign in sheet</li> </ol>	Heidi Baker, NCI Compliance Officer	Annual

**NCI PPS  
Behavioral Health Training Plan**

<p>2biv (2a, 7a) 3.b.i. 3.c.i. 3.c.ii 4.b.ii</p>	<p>Care Transitions</p>	<p>Care Manager (s)  Referral staff  Staff utilizing the health record or direct messaging for referrals and follow-ups</p>	<p>1. Incorporate standardized Health Home screenings and referrals 2. Receipt of warm hand-off and record transition of patients from inpatient facilities and other care coordination services 3. Utilize direct messaging, EMR (and Population Health Management Tool when available) to assess and stratify patients for practice care management and community-based services (diabetes, cardiovascular, tobacco cessation, COPD, and colorectal cancer screenings) 4. Warm hand-off to community-based services including NDPP, CDSMP, tobacco cessation, cancer screenings, community-based care coordination, community health workers) 5. Staff trained to follow-up on referrals to community-based services and documentation of the follow-up in the patient record</p>	<p>1. NCI PPS standardized care transition protocols 2. NCI PPS standardized risk stratification tool 3. EHR screen shots including receipt, referral and follow-up 4. List of community-based resources on practice care transition team by name and license number 5. List of sites offering community-based preventive services 6. NCI training sign in sheets</p>	<p>Sue Raso, NCI Care Transition Project Lead</p>	<p>Initial by 9/30/16 Periodic as needed</p>
<p>2ai RHIO/HIE IT Change</p>	<p>HealthConnections RHIO/Health Information Exchange and direct messaging Training</p>	<p>All</p>	<p>1. Common understanding of HIE and direct messaging 2. Patient consent process 3. HIE implementation</p>	<p>HealthConnections will provide training materials and attendance to PPS</p>	<p>Chris Grieco, NCI Chief Information Security Officer</p>	<p>During RHIO/HIE implementation</p>
<p>2ai RHIO/HIE IT Change</p>	<p>Train staff to use functionality of Health Information Exchange for patient care as applicable to the practices EHR vendor capability. if has not been previously completed</p>	<p>All patient facing staff</p>	<p>1. Understand the EHR vendor functionality (i.e. lab results, referrals, etc.) gained with HIE connection</p>	<p>NCI training sign in sheets</p>	<p>Chris Grieco, NCI Chief Information Security Officer</p>	<p>As needed to maximize utilization of HIE for Patient Care</p>
<p>3ai 4aiii</p>	<p>SBIRT (Screening Brief Intervention &amp; Referral to Treatment)</p>	<p>Care Managers Depression Care Manager Primary Care Provider Others as determined by practice</p>	<p>1. How brief and effective screening for substance use problems can improve patient outcomes. 2. Brief Interventions for Substance Use Disorders: Brief interventions when another treatment is the focus. 3. Referral to Treatment and Follow-up Care: Options for specialty treatment, planning and arranging substance use disorder treatment referral. 4. Three interactive cases give a chance to practice skills and clinical decision making presented in first three modules.</p>	<p>1. 4-hour Online with CME or 4-12 hour in-person</p>	<p>Tracy Leonard, Workforce Lead</p>	<p>12/31/2016</p>

**NCI PPS  
Behavioral Health Training Plan**

2biv	North Country Care Coordination Certificate Program	Applicable staff by entity type	<p>Increase knowledge of key concepts through the following modules:</p> <ol style="list-style-type: none"> <li>1. Introduction to Care Coordination</li> <li>2. Knowledge of Behavioral Health</li> <li>3. Medical Terminology</li> <li>4. Cultural Competency, Awareness of Individual Bias, Ethics &amp; Customer Service</li> <li>5. Documentation, Privacy and Security &amp; Electronic Health Records</li> <li>6. Engagement &amp; Assessment</li> <li>7. Motivational Interviewing, Communication &amp; Health Literacy</li> <li>8. Crisis Intervention, Safe Environment and Conflict Management</li> <li>9. Self-Care</li> <li>10. Networking &amp; Knowledge of Community Resources</li> <li>11. Quality, Accountability, Performance &amp; Process Improvement &amp; Evidence-based Practice</li> <li>12. Payment Systems</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign in Sheets</li> <li>2. Program Application</li> <li>3. Completion Certificate</li> </ol>	Sue Raso, NCI Care Transition Project Lead	12/31/2017
2di	Patient Activation Measure (PAM)	Applicable staff based on entity.	<ol style="list-style-type: none"> <li>1. Engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community-based care</li> <li>2. Obtain certification as a PAM trainer</li> <li>3. Implement PAM and Coaching for Activation techniques</li> <li>4. Develop and adopt process for connecting coached clients to primary care practices and other community-based services</li> <li>5. Develop and adopt protocol for warm hand off to identified navigators in hot spot locations, emergency departments or other community locations where applicable</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign in Sheet</li> <li>2. Name and job title of PAM trainer (s) and coach (es)</li> <li>3. PPS PAM powerpoint slides</li> </ol>	Ian Grant, Population Health Manager	12/31/2016
4aiii	Substance Abuse Prevention & Skill Building for Youth	All	<ol style="list-style-type: none"> <li>1. Enhance youth social skills</li> <li>2. Enhance youth emotional competence</li> <li>3. Enhance youth conflict resolution skills</li> <li>4. Enhance youth coping skills</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign Sheet</li> <li>2. PPS provided training</li> </ol>	Leesa Harvey-Dowdle, Behavioral Health	12/31/2016

**NCI PPS  
CBO, Health Home, EMS Training Plan**

Project (s)	Training Activity	Target Audience	Training Objectives	Training Materials/Modality	NCI PPS Point of Contact	Timeline
All	DSRIP 101	Practice	<ol style="list-style-type: none"> <li>1. Common understanding of DSRIP, it's objectives, and the PPS' projects, metrics and goals</li> <li>2. The four pillars of Clinical Integration and their application to DSRIP</li> <li>3. Performance monitoring and reporting for DSRIP</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided DSRIP 101 webinar or in person DSRIP 101 powerpoint</li> <li>2. NCI training sign in sheets</li> </ol>	Tracy Leonard, Workforce Lead	5/31/2016
All	Health Literacy & Cultural Competency including Mental, Emotional and Behavioral Health prevention, promotion and treatment	All patient facing staff	<ol style="list-style-type: none"> <li>1. Understand the importance of Health Literacy and Cultural Competency to patients health outcomes</li> <li>2. Understand the Health Care Disparities impacting the practices and NCI patient population particularly the low-socio economic and those with living with mental illness and substance abuse disorders</li> <li>3. Apply lessons learned to improve health literacy</li> <li>4. Identify guiding principles and practical strategies for improving health literacy within the practice</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided Health Literacy and Cultural Competency &amp; MEB webinar or in person presentation</li> <li>2. NCI training sign in sheet</li> </ol>	Ian Grant, Population Health Manager	by 12/31/16
All	HIPAA, Privacy and Security	All	Staff understanding and application of HIPAA, privacy and security laws	<ol style="list-style-type: none"> <li>1. PPS provided webinar/ HIPAA training slides or practice equivalent training (must provide training materials)</li> <li>2. NCI training sign in sheet</li> </ol>	Chris Grieco, NCI Chief Information Security Officer	Annual
All	Compliance	All	<ol style="list-style-type: none"> <li>1. Why you need compliance plan including the following: components <ul style="list-style-type: none"> <li>- 8 elements of compliance</li> <li>- Fraud waste and abuse</li> <li>- False Claim Act</li> <li>- Code of Conduct</li> <li>- Reporting</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Compliance Officer provided Compliance Plan training materials</li> <li>2. NCI training sign in sheet</li> </ol>	Heidi Baker, NCI Compliance Officer	Annual
2biv (2a, 7a) IT Change	Care Transitions	<p>Care Manager (s)</p> <p>Referral staff</p> <p>Staff utilizing the health record or direct messaging for referrals and follow-ups</p>	<ol style="list-style-type: none"> <li>1. Receipt of warm hand-off and record transition of patients from inpatient facilities and other care coordination services</li> <li>2. Utilize direct messaging, EMR (and Population Health Management Tool when available) to assess and stratify patients for practice care management and community-based services as applicable to Pediatric patient population</li> <li>4. Warm hand-off to community-based services including community-based care coordination, community health workers</li> <li>5. Staff trained to follow-up on referrals to community-based services and documentation of the follow-up in the patient record</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI PPS standardized care transition protocols</li> <li>2. NCI PPS standardized risk stratification tool</li> <li>3. EHR screen shots including receipt, referral and follow-up</li> <li>4. List of community-based resources on practice care transition team by name and license number</li> <li>5. List of sites offering community-based preventive services</li> <li>6. NCI training sign in sheets</li> </ol>	Sue Raso, NCI Care Transition Project Lead	Initial by 9/30/16 Periodic as needed



**NCI PPS  
CBO, Health Home, EMS Training Plan**

2ai RHIO/HIE IT Change	HealthConnections RHIO/Health Information Exchange and direct messaging Training	All	<ol style="list-style-type: none"> <li>1. Common understanding of HIE and direct messaging</li> <li>2. Patient consent process</li> <li>3. HIE implementation</li> </ol>	HealthConnections will provide training materials and attendance to PPS	Chris Grieco, NCI Chief Information Security Officer	During RHIO/HIE implementation
4aiii	Substance Abuse Prevention & Skill Building for Youth	All	<ol style="list-style-type: none"> <li>1. Enhance youth social skills</li> <li>2. Enhance youth emotional competence</li> <li>3. Enhance youth conflict resolution skills</li> <li>4. Enhance youth coping skills</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign Sheet</li> <li>2. PPS provided training</li> </ol>	Leesa Harvey-Dowdle, Behavioral Health	12/31/2016
2di	Patient Activation Measure (PAM)	Applicable staff based on entity.	<ol style="list-style-type: none"> <li>1. Engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community-based care</li> <li>2. Obtain certification as a PAM trainer</li> <li>3. Implement PAM and Coaching for Activation techniques</li> <li>4. Develop and adopt process for connecting coached clients to primary care practices and other community-based services</li> <li>5. Develop and adopt protocol for warm hand off to identified navigators in hot spot locations, emergency departments or other community locations where applicable</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign in Sheet</li> <li>2. Name and job title of PAM trainer (s) and coach (es)</li> <li>3. PPS PAM powerpoint slides</li> </ol>	Ian Grant, Population Health Manager	12/31/2016
2biv	North Country Care Coordination Certificate Program	Applicable staff by entity type	<p>Increase knowledge of key concepts through the following modules:</p> <ol style="list-style-type: none"> <li>1. Introduction to Care Coordination</li> <li>2. Knowledge of Behavioral Health</li> <li>3. Medical Terminology</li> <li>4. Cultural Competency, Awareness of Individual Bias, Ethics &amp; Customer Service</li> <li>5. Documentation, Privacy and Security &amp; Electronic Health Records</li> <li>6. Engagement &amp; Assessment</li> <li>7. Motivational Interviewing, Communication &amp; Health Literacy</li> <li>8. Crisis Intervention, Safe Environment and Conflict Management</li> <li>9. Self-Care</li> <li>10. Networking &amp; Knowledge of Community Resources</li> <li>11. Quality, Accountability, Performance &amp; Process Improvement &amp; Evidence-based Practice</li> <li>12. Payment Systems</li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Training Sign in Sheets</li> <li>2. Program Application</li> <li>3. Completion Certificate</li> </ol>	Sue Raso, Care Transition Lead	12/31/2017

**NCI PPS  
Nursing Home Training Plan**

Project (s)	Training Activity	Target Audience	Training Objectives	Training Materials/Modality	NCI PPS Point of Contact	Timeline
All	DSRIP 101	All patient facing staff	<ol style="list-style-type: none"> <li>1. Common understanding of DSRIP, it's objectives, and the PPS' projects, metrics and goals</li> <li>2. The four pillars of Clinical Integration and their application to DSRIP</li> <li>3. Performance monitoring and reporting for DSRIP</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided DSRIP 101 webinar or in person DSRIP 101 powerpoint</li> <li>2. NCI training sign in sheets</li> </ol>	Tracy Leonard	5/31/2016
All	Health Literacy & Cultural Competency including Mental, Emotional and Behavioral Health prevention, promotion and treatment	All patient facing staff	<ol style="list-style-type: none"> <li>1. Understand the importance of Health Literacy and Cultural Competency to patients health outcomes</li> <li>2. Understand the Health Care Disparities impacting the practices and NCI patient population particularly the low-socio economic and those with living with mental illness and substance abuse disorders</li> <li>3. Apply lessons learned to improve health literacy</li> <li>4. Identify guiding principles and practical strategies for improving health literacy within the practice</li> </ol>	<ol style="list-style-type: none"> <li>1. PPS provided Health Literacy and Cultural Competency &amp; MEB webinar or in person presentation</li> <li>2. NCI training sign in sheet</li> </ol>	Ian Grant	by 12/31/16
All	HIPAA, Privacy and Security	All	Staff understanding and application of HIPAA, privacy and security laws	<ol style="list-style-type: none"> <li>1. PPS provided webinar/ HIPAA training slides or practice equivalent training (must provide training materials)</li> <li>2. NCI training sign in sheet</li> </ol>	Chris Grieco, NCI Chief Information Security Officer	Annual
All	Compliance	All	<ol style="list-style-type: none"> <li>1. Why you need compliance plan including the following: components <ul style="list-style-type: none"> <li>- 8 elements of compliance</li> <li>- Fraud waste and abuse</li> <li>- False Claim Act</li> <li>- Code of Conduct</li> <li>- Reporting</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. NCI Compliance Officer provided Compliance Plan training materials</li> <li>2. NCI training sign in sheet</li> </ol>	Heidi Baker, NCI Compliance Officer	Annual

**NCI PPS  
Nursing Home Training Plan**

<p>2biv (2a, 7a) 3.b.i. 3.c.i. 3.c.ii 4.b.ii</p>	<p>Care Transitions</p>	<p>Discharge Planners  Psychosocial Assessors  Care Manager (s)  Referral staff  Staff utilizing the health record for referrals and follow-ups</p>	<p>1. Incorporate standardized Health Home screenings and referrals 2. Warm hand-off and record transition of patients from inpatient facilities and other care coordination services 3. Utilize EMR (and Population Health Management Tool when available) to assess and stratify patients for care management and community-based services (diabetes, cardiovascular, tobacco cessation, COPD, and colorectal cancer screenings) 4. Warm hand-off to community-based services including NDPP, CDSMP, tobacco cessation, cancer screenings, community-based care coordination, community health workers 5. Staff trained to follow-up on referrals to community-based services and documentation of the follow-up in the patient record 6. Adopt, train and implement PPS wide standardized protocols for the transition of care from the hospital to other care coordination services (i.e. to primary care, community-based services, nursing home or behavioral health entities)</p>	<p>1. NCI PPS standardized care transition protocols 2. NCI PPS standardized risk stratification tool 3. EHR screen shots including receipt, referral and follow-up 4. List of community-based resources on practice care transition team by name and license number 5. List of sites offering community-based preventive services 6. NCI training sign in sheets</p>	<p>Sue Raso, NCI Care Transition Project Lead</p>	<p>Initial by 9/30/16 Periodic as needed</p>
<p>2ai RHIO/HIE IT Change</p>	<p>HealthConnections RHIO/Health Information Exchange Training</p>	<p>All</p>	<p>1. Common understanding of HIE 2. Patient consent process 3. HIE implementation</p>	<p>HealthConnections will provide training materials and attendance to PPS</p>	<p>Chris Grieco</p>	<p>During RHIO/HIE implementation</p>
<p>2biv</p>	<p>North Country Care Coordination Certificate Program</p>	<p>Applicable staff by entity type</p>	<p>Increase knowledge of key concepts through the following modules: 1. Introduction to Care Coordination 2. Knowledge of Behavioral Health 3. Medical Terminology 4. Cultural Competency, Awareness of Individual Bias, Ethics &amp; Customer Service 5. Documentation, Privacy and Security &amp; Electronic Health Records 6. Engagement &amp; Assessment 7. Motivational Interviewing, Communication &amp; Health Literacy 8. Crisis Intervention, Safe Environment and Conflict Management 9. Self-Care 10. Networking &amp; Knowledge of Community Resources 11. Quality, Accountability, Performance &amp; Process Improvement &amp; Evidence-based Practice 12. Payment Systems</p>	<p>1. NCI Training Sign in Sheets 2. Program Application 3. Completion Certificate</p>	<p>Sue Raso</p>	<p>12/31/2017</p>