



**Department
of Health**

Workforce Workgroup Meeting #6

November 21, 2016



**Department
of Health**

**Innovation
Center**

Workforce Workgroup Agenda

Topic	Timing	Lead
Welcome and Introductions	10:30 – 10:40	Patrick Coonan Wade Norwood
Review agenda and meeting goals	10:40 – 10:45	Patrick Coonan Wade Norwood
Workforce Workgroup Subcommittee Reports <ul style="list-style-type: none"> • Subcommittee #4 • Subcommittee #1 • Subcommittee #2 	10:45 – 11:40	Jean Moore Wade Norwood <ul style="list-style-type: none"> • Sergio Matos • Doug Lentivech Patrick Coonan
DSRIP Updates <ul style="list-style-type: none"> • Questions and Answers 	11:40 – 12:10	Peggy Chan
Update on workforce training/retraining activities from NYSDOH Office of Primary Care and Health Systems Management.	12:10 – 12:40	Lisa Ullman
Next Steps/Open Discussion	12:40 – 1:20	Patrick Coonan Wade Norwood
Adjournment	1:20 – 1:30	Patrick Coonan Wade Norwood

Subcommittee #4

Health Care Data

DSRIP SHIP Workforce Workgroup: Report of the Workforce Data Subcommittee

Presented by: **Jean Moore, DrPH, MSN**
Director
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
jean.moore@health.ny.gov



Subcommittee Charge

- Identifying New York's health workforce data needs
- Reviewing current gaps in health workforce data
- Recommending potential data collection strategies that can effectively address these needs

Committee membership

- Jean Moore- Center for Health Workforce Studies
- Kate Breslin - Schuyler Center for Analysis & Advocacy
- Gary Fitzgerald- Iroquois Healthcare
- Greg DeWitt – Iroquois Healthcare
- Kathryn Gordon- The Healthcare Assoc of NYS
- Tim Johnson- The Greater NY Hospital Assoc
- Carla Nelson- The Greater NY Hospital Assoc
- Kathleen Preston- The NY Health Plan Assoc
- Dan Forsberg- NYS Society of Physician Assistants
- William Ebenstein - CUNY
- Cherlyn Fay - NYSDOH
- Angella Timothy - NYSDOH
- Tom Burke - NYSDOH
- Susan Mitnick - NYSDOH
- Lisa Ullman - NYSDOH

Why Collect Health Workforce Data?

- **To support effective health workforce planning**
 - Identification of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas and Populations (MUAs/Ps)
 - Assessment of primary care capacity across the state, increasingly important as state and federal health care reforms are increasing demand for prevention and primary care in ambulatory settings
 - Assessment of the behavioral health workforce - supply and distribution compared to need
 - Demonstration of need for workforce incentive programs such as the Doctors Across New York Practice Support and Loan Repayment Programs as well as the Primary Care Service Corps
 - Inform workforce development programs

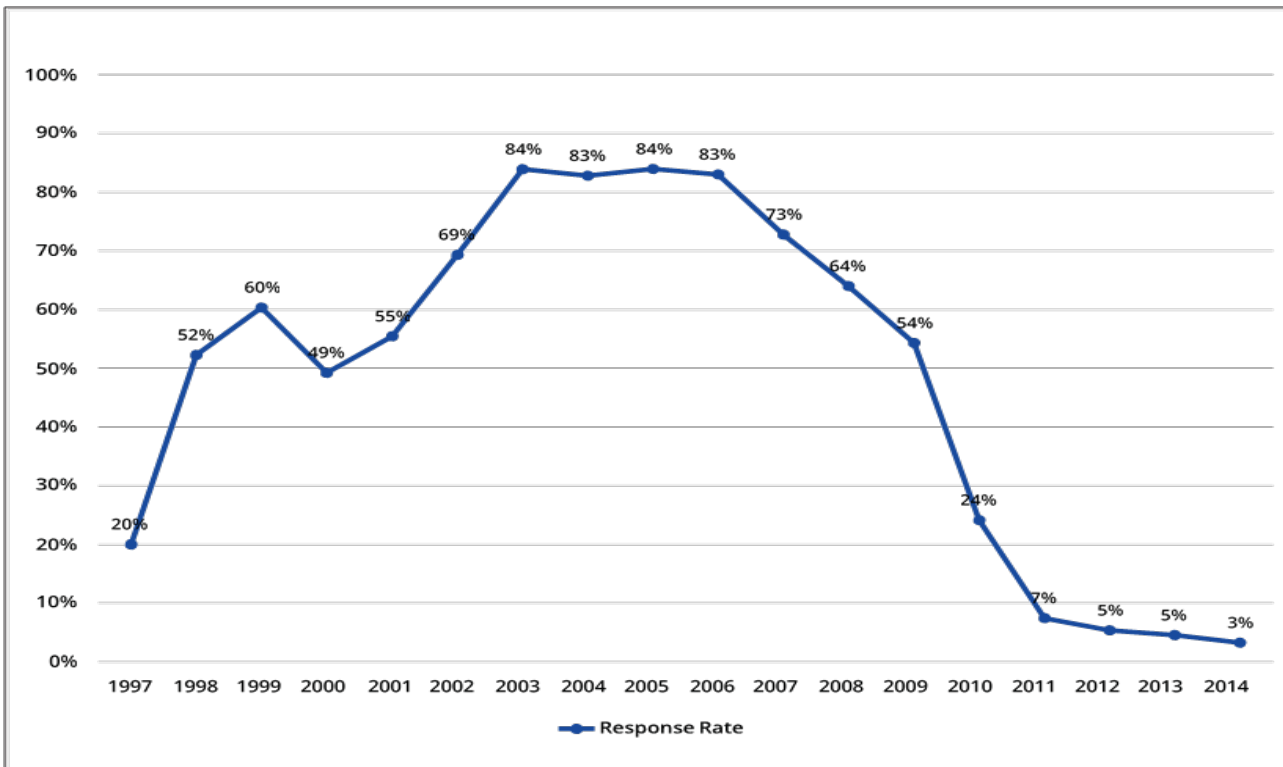
Background

- **The Center for Health Workforce Studies (CHWS), in collaboration with the New York State Department of Health (DOH) and the New York State Education Department (SED), has been primarily responsible for health workforce supply data collection in New York**
- **Supply data has historically been collected through voluntary surveys at time of license renewal for:**
 - physicians
 - nurse practitioners (NPs)
 - physician assistants (PAs)
 - midwives
 - registered nurses (RNs)
 - dentists
 - dental hygienists

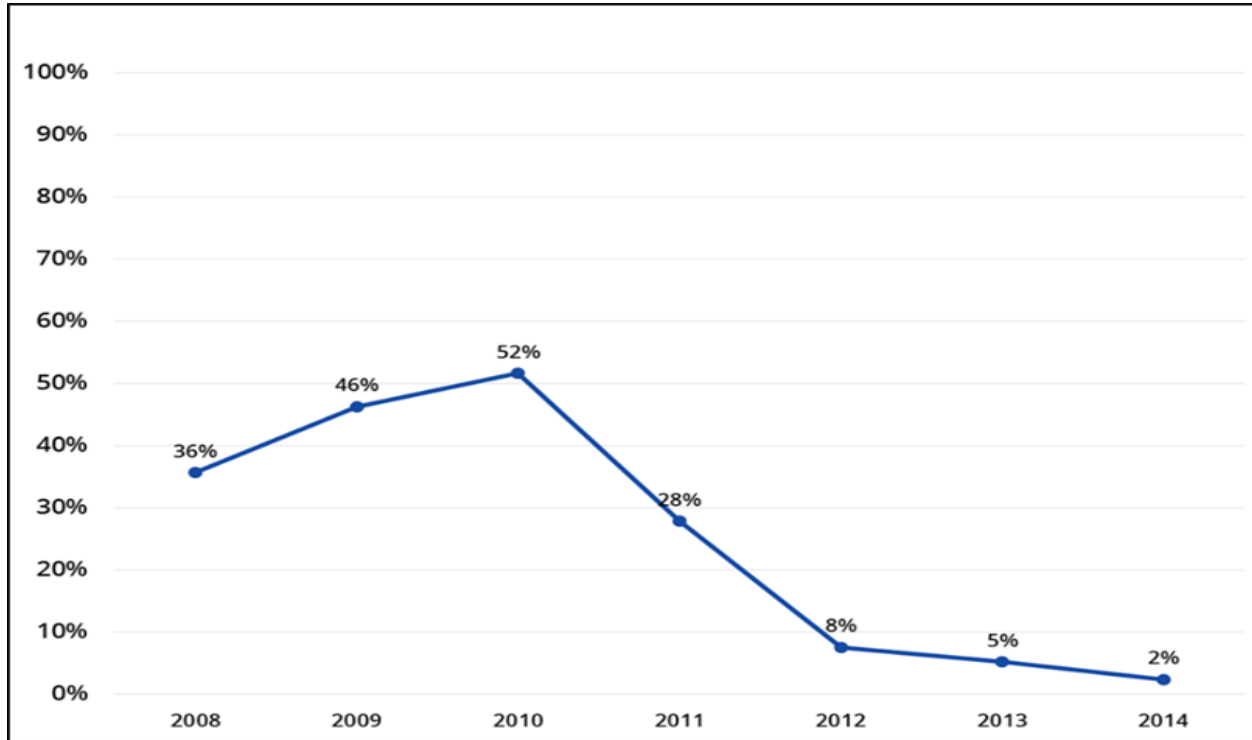
Declining Response Rates

- Starting in 2010, health professionals increasingly renewed their licenses online, and this resulted in sharp declines in survey response rates
- Data now collected through voluntary re-registration surveys are insufficient for analyses required to support effective health workforce planning in the state

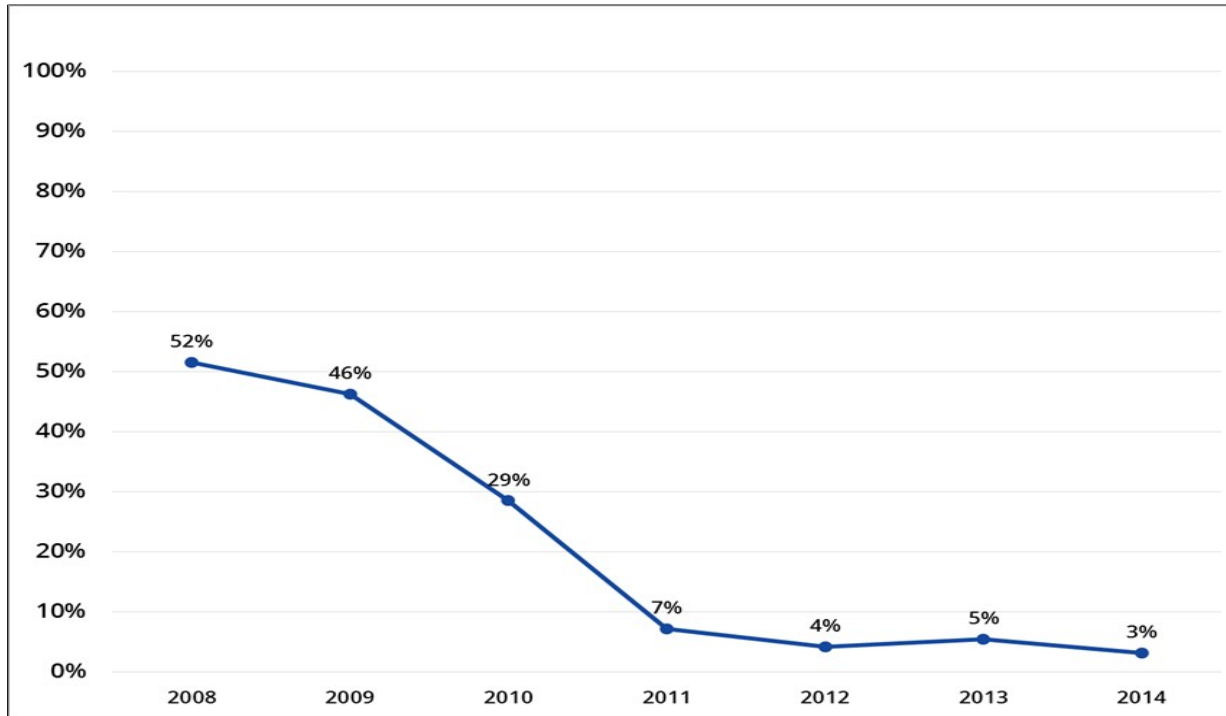
Physician Re-registration Survey Response Rate, 1997-2014



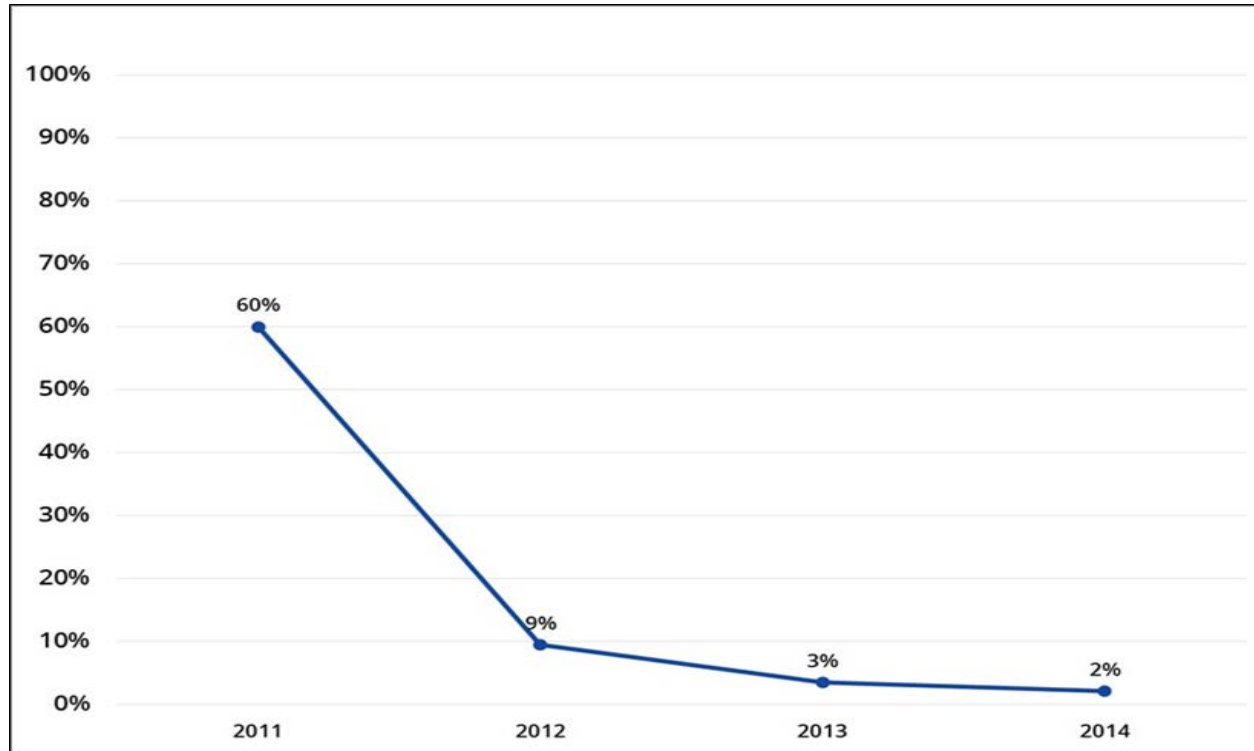
Registered Nurse Re-registration Survey Response Rate, 2008-2014



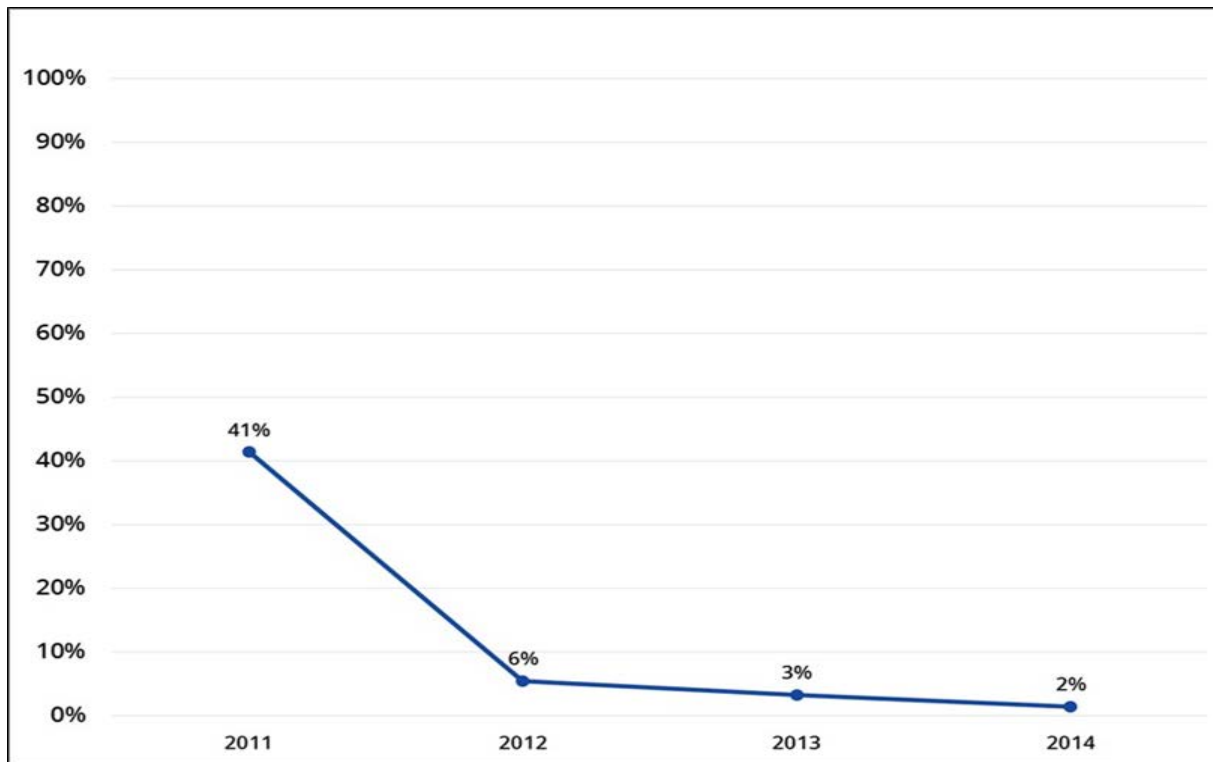
Dentist Re-registration Survey Response Rate, 2008-2014



Nurse Practitioner Re-registration Survey Response Rate, 2011-2014



Physician Assistant Re-registration Survey Response Rate, 2011-2014



Recent Development: Statutorily Mandated NP Re-Registration Survey

- Effective September 1 2015, NPs licensed in NY are required by law to provide information to the state at the time of relicensure
- DOH, SED and CHWS worked collaboratively on survey design and data collection
- CHWS compiled, analyzed and disseminated survey data
- Year 1: nearly 100% response rate, about 1/3 of NPs in the state
- Research brief, based on these data, was released in October
- A more detailed report based on these data to be released later this year
- Public use data base under development

Guiding Principles for Future Data Collection Strategies

- **Build on existing reporting requirements for health professionals in the state**
- **Develop brief profession-specific surveys based on federal Minimum Data System guidelines: focused on key demographic, educational, and practice characteristics**
- **Make survey completion mandatory**
- **As applicable, link surveys to the registration/reregistration process**
- **Use the most cost-effective, efficient strategies for data collection**

What Is the Health Professions Minimum Dataset?

- A minimum set of standard questions that are recommended for use by all groups who collect data on the supply of health workers
- Questions focus on characteristics in three key areas:
 - demographics
 - education
 - practice
- Provides basic information on health workers that can inform planning efforts

Demographic Questions

- **Core Questions**
 - Birth date
 - Gender
 - Race/Ethnicity
- **Optional Questions**
 - State or Country of Birth
 - Languages Spoken Fluently

Education Questions

- **Core Questions**
 - Professional education, entry level, including degree, year, and state/country
 - Professional education, highest level, including degree, year, and state/country (includes residency training)
 - Licensure – type, initial year, and state
 - Certifications (as applicable)
 - Specialty (as applicable)
- **Optional Questions**
 - Name and location of educational institution(s)

Practice Questions

- **Core Questions**

- Employment status
- Number of positions
- Hours by activity
 - Patient care
 - Research
 - Teaching
 - Administration
- Practice setting
- Practice location
 - Clinical hours by location
- Title

- **Optional Questions**

- Patients served (e.g., Medicaid, Medicare, etc.)
- Practice capacity
- Retirement plans

Data Collection on Physicians

- Physician Profile – mandatory reporting system for the state’s licensed physicians
- Made available to the public on the DOH website (<http://www.nydoctorprofile.com>)
- Asks many (but not all) of the questions needed for workforce planning
- Additional information needed:
 - Demographics
 - State of residence at high school graduation
 - Training status
 - Work status principal and secondary practice locations
 - Near term retirement plans

Data Collection on Physicians: Next Steps

Recommendation:

Introduce a statutory amendment to the law governing the Physician Profile Program (Public Health Law 2995a) to support the collection of data through the Profile that are needed for health workforce planning purposes

- workforce planning data will be considered confidential and will only be reported in aggregate

Other Health Professions

- With the exception of physicians and NPs, no other health professions are required to provide information to the state that can be used for health planning purposes
- There are approximately 44 health professions licensed by SED
- Basic information on these health professionals could inform workforce planning and program development

Other Health Professions: Next Steps

Recommendation:

- Adopt the data collection approach successfully used for NPs
- Introduce legislation to mandate data collection for all health professions licensed by SED
 - Require all health professionals licensed by SED to respond to a small number of questions at the time of license renewal, providing basic information about themselves (demographics, education, and practice characteristics) and to update that information routinely at each subsequent license renewal
 - Data reported by professionals are considered confidential
 - Public use files developed using these data will be de-identified

Other Health Professions: Next Steps

Recommendation:

- Phase in data collection for the remaining licensed health professions
- First priority for data collection on health professions should include:

registered nurses, licensed practical nurses, dentists, dental hygienists, physician assistants, midwives, pharmacists and licensed behavioral health professionals, including psychologists, social workers, and other mental health practitioners

Support for SED: Next Steps

Recommendation:

Support SED's request to reallocate from existing funds approximately \$4.5 million in licensing revenue to upgrade an aging computer system in order to facilitate better data collection and dissemination

Outstanding Issues

- Reporting requirements for newly licensed health professionals
- Health professionals in NY who are not licensed by SED (e.g., radiologic technicians and technologists, emergency medical technicians)
- Developing a data collection and/or analysis strategy for non-licensed health care workers including home care aides, certified nurse aides and others

Thank you

QUESTIONS?

Subcommittee #1 Barriers to Effective Care Coordination Report



Barriers to Effective Care Coordination (CC)

Subcommittee #1 - Wade Norwood, chair / Doug Lentivech, co-chair

Charge

The identification of core competencies and functions and regulatory barriers that could impede effective CC

Summary From last meeting:

At the last meeting we presented a CC scope grid for the Workforce Workgroup's consideration. There was agreement with the conclusion that:

- Most licensed professionals did not experience barriers with regard to scope of CC,
- There are limitations within nursing, and
- Implications of not having clarity of limitations for non-licensed employees



Summary from Last Meeting cont'd

The recommendations were made at the last meeting for the subcommittee to:

- Update the grid to reflect the appropriate roles of paid non-licensed employees and that of non-paid, non-licensed family/friends
- To provide the Workgroup with an update on the status of the implementation of the Advanced Home Health Aide (AHHA) statute (update later this afternoon)
- Use its work path as a model to begin moving the workgroup beyond care coordination to prioritize statutory and/or regulatory barriers related to the scope of professional practice and/or related to payment (Barriers Analysis Phase II)



Progress since the last Workforce Workgroup Meeting

- CC scope grid was updated to reflect recommendations coming out of the last meeting of the Workforce Workgroup
- Updated CC Scope Grid – presentation by Doug Lentivech

Emerging Community Health Worker (CHW) Role

Update on CHW Role

- Community Health Worker Role – presentation by Sergio Matos, cofounder and executive director of the community health worker network of NYC

Community Health Worker Perspectives

Sergio Matos

Community Health Worker Network of NYC

April Hicks

Community Health Worker Consultants

Community Health Worker Network of NYC



The Community Health Worker Network of NYC is a professional association of CHWs that exists to advance the practice through education, advocacy, and research, while preserving the identity and character of CHWs.

CHW Definition

- Promotes health within a community by assisting individuals to adopt healthy behaviors.
- Serves as an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies.
- Conducts outreach and implements programs in the community that promote, maintain, and improve individual and overall community health.
- May deliver health related preventative services such as blood pressure, glaucoma, and hearing screenings. May also collect data to help identify community health needs. Excludes “Health Educators” (#21-1091)

Published in the Federal Register July 21, 2016

What Do CHWs Do?

Outreach/Community

Mobilizing

- Preparation and dissemination of materials
- Case-finding and recruitment
- Community Strengths/Needs Assessment
- Home visiting, Promoting health literacy
- Community advocacy

System Navigation

- Translation and interpretation
- Preparation and dissemination of materials
- Promoting health literacy, Patient navigation
- Addressing basic needs – food, shelter, etc.
- Coaching on problem solving
- Coordination, referrals, and follow-ups
- Documentation

Community/Cultural Liaison

- Community organizing, Advocacy
- Translation and interpretation

Participatory Research

- Preparation and dissemination of materials
- Engaging participatory research partners
- Facilitating translational research
- Interviewing
- Documentation

Case Management/Care Coordination

- Family engagement
- Individual strengths/needs assessment
- Addressing basic needs – food, shelter, etc.
- Promoting health literacy
- Goal setting, coaching and action planning
- Supportive counseling
- Coordination, referrals, and follow-ups
- Feedback to medical providers
- Treatment adherence promotion
- Documentation

Home-based Support

- Family engagement, Home visiting
- Environmental assessment, Promoting health literacy
- Supportive counseling,, Coaching on problem solving
- Action plan implementation
- Treatment adherence promotion, Documentation

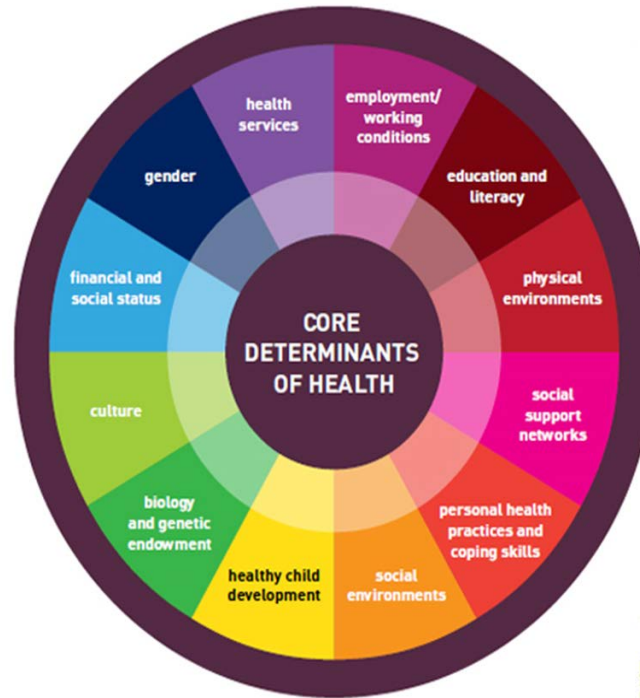
Health Promotion & Coaching

- Translation and interpretation
- Teaching health promotion and prevention
- Treatment adherence promotion
- Coaching on problem solving
- Modeling behavior change
- Promoting health literacy
- Harm Reduction

Health and its Social Determinants

Health is the state of complete physical, mental and social wellbeing – and not merely the absence of disease.

This state of being is a fundamental human right...



Preferred CHW Attributes

Connected to Community

Resourceful, Creative

Mature, Prudent, Persistent, Courageous

Empathetic, Caring, and Compassionate

Open-minded, Non-judgmental, Relativistic

Respectful, Honest, Polite, Civil, Courteous

Friendly, Outgoing, Sociable, Charismatic

Dependable, Trustworthy, Responsible, Reliable

What CHW Employers Seek

Shared life experiences

- Socio-economic, educational, racial/ethnic
- Most essential element considered by employers
- Single largest contributor to success

Personal Attributes

- Essential to CHW work – relational experiences
- Not just anyone can be a CHW

Work Experience

- Roles, Tasks, Skills

CHW Training

- Core competencies
- Specialty topics
- Least important

Thank you

Sergio Matos, CHW and Executive Director
Community Health Worker Network of NYC

April Hicks
Chief Operations Officer
CHW Consultants

sergio@chwnetwork.org

april@chwnetwork.org

www.chwnetwork.org



Moving Forward - Wade Norwood

- Barriers Analysis - Phase II of Subcommittee's Work
 - At our last Subcommittee meeting on November 26, we asked the subcommittee members to provide us with their thoughts of priority barriers for consideration in Phase II
 - We would like your input for consideration as well
 - Please E-mail us your thoughts of priority barriers for consideration, in Phase II to: Angella.timothy@health.ny.gov by December 21st 2016

- Questions?



Subcommittee #2 Care Coordination Curriculum Report

Subcommittee #2 Chaired by Dr. Patrick Coonan

Charge: Identification of curricular content for educating the health workforce on core concepts in CC (embedded in health professions education curricula and to use for continuing education)

Subcommittee Membership:

- Membership is comprised of representatives from academic, practice, and professional association sectors:

Adelphi University School of Nursing, Dr. Patrick Coonan, Chair

Albany College of Pharmacy and Health Services, Greg Dewey

City University of New York, Dr. William Ebenstein

New York State Society of Physician Assistants, Daniel Forsberg

Medical Society of the State of New York, Moe Auster, Pat Clancy

Monroe Community College, Dr. Andrea Wade

Northwell Health, Deirdre Duke

American College of Physicians, Lisa Noel

University of Rochester, Dr. Mark Taubman



CC Curriculum Subcommittee Report cont'd

Progress to Date

- The Subcommittee membership was finalized and the Subcommittee was formally convened this past summer
- Two meetings were held on Sept. 19 & Oct. 7
- Completed a review of the CC guidelines prepared by the DSRIP/SIM CC Guidelines Subcommittee
- Researched best practices for interdisciplinary care delivery in other States
- Assessed and reviewed CC concepts that are currently embedded in the existing curriculum for training physicians and some other professions in NY, e.g. Pharmacists, and nurses.
- The rationale for the assessment is – we needed to know where we are to determine where we are going.



CC Curriculum Subcommittee Report cont'd

Review Found:

- 11 Medical schools reported that they are covering some type(s) of CC competencies in their curriculum
- Two thirds of medical schools in NY reported that their curriculum included care management concepts according to a 2009 Robert Wood Johnson report.
- There are variations in the content of CC concepts covered among medical schools
- How much CC is integrated into the curriculum of other healthcare professionals training institutions? Not so clear. Some schools are just considering adding CC.
- There is an opportunity for the Subcommittee to develop and recommend a set of core coordination topics, in order to add consistency in curriculum and training across institutions.



CC Curriculum Subcommittee Report cont'd

Challenges:

- Delivery models are unfolding simultaneously and some are still being developed
- Workforce transformation needs differ among institutions
- CC concepts and competencies depend in part on the delivery system that each institution is trying to develop
- CC depends on the delivery model and types of healthcare professionals on the team
- New emerging roles are still being developed and may require different cc competencies
- Healthcare payment mechanisms to reward and support CC are not worked out.
- Adding more to existing curriculum that are already full.



CC Curriculum Subcommittee Report cont'd

Subcommittee Members Consensus/Agreement:

- Develop and provide institutions with a set of core CC curriculum concepts to be imbedded in the curriculum for educating healthcare professionals. This will help to standardize cc education across institutions and professions.
- Allow institutions the flexibility to tailor the competencies to meet the educational needs of their students. Institutions can add more CC topics as they need to, but keep the core recommended concepts.
- Allow institutions the flexibility to decide the channels they will use to deliver the training (e.g. didactic, experiential, simulation)



CC Curriculum Subcommittee Report cont'd

Next Steps:

- Continue to look at different CC delivery models and ask the question: Do they have the core competencies?
- Utilize the CC training guidelines that were developed by the Guidelines Subcommittee as one of the resources for identifying the competencies
- Identify core competencies that all providers of care in the clinical setting will need
- Identify who on the care delivery team will need cc training by job family
- Identify a strategy for disseminating the recommendations to training institutions



CC Curriculum Subcommittee Report cont'd

Questions?

- Thank you!

DSRIP Updates

Workforce Deliverables and Deadlines

Milestone / Deliverable	AV Driving?	Prescribed Reporting Period / Completion Date
Workforce Strategy Spending	Yes	Baselines: DY1, Q4 Actuals: DY1, Q4 and subsequent Q2 and Q4
Workforce Staff Impact Analysis (Redeployment/Retraining)	Yes	Baselines: DY1 and DY2 Q1 Projections: DY1-DY5 Actuals: DY1, DY2 Q2 and subsequent Q2 and Q4
Workforce New Hire Analysis	Yes	Baselines: DY1 and DY2 Q1 Projections: DY1-DY5 Actuals: DY1, DY2 Q2 and subsequent Q2 and Q4
Milestone #4: Produce a Compensation and Benefits Analysis.	Yes	DY1: DY2, Q1 DY3: DY3, Q4 DY5: DY5, Q4
Milestone #1: Define target workforce state (in line with DSRIP program's goals)	No	None / Suggested completion date of DY2, Q1
Milestone #2: Create a workforce transition roadmap for achieving your defined target workforce state.	No	None / Suggested completion date of DY2, Q2
Milestone #3: Perform detailed gap analysis between current state assessment of workforce and projected state.	No	None / Suggested completion date of DY2, Q2
Milestone #5: Develop training strategy.	No	None / Suggested completion date of DY2, Q2

Workforce Milestone #4: Compensation & Benefits Survey

- The purpose of the Compensation & Benefits Survey is to capture a *snapshot in time* and examine workforce trends within each PPS to:
 - Inform education and training requirements for PPSs and their partners
 - Guide retraining for redeployed workers and employee support programs
 - Advance health care workforce research and policy development while demonstrating DSRIP impact
- The State requested a consistent set of data elements to be collected and reported by all PPSs for DSRIP Years 1, 3 and 5
- PPSs collected a set of required elements on 66 titles and 10 organization types, including:
 - Current staff numbers and vacancies
 - Average compensation for each title; reported where the number of organizations responding was >5
 - Average benefit percentage for each title; reported where the number of organizations responding was >5

Summary Snapshot: High Vacancy Rates by Job Title

Number of PPS with 8%+ Vacancy Rates, by Job Title

PPS	# of PPSs with 8%+ Vacancy Rate
Primary Care Physician	12
Primary Care Nurse Practitioner	14
Psychiatric Nurse Practitioner	16
Staff Registered Nurse	8
Licensed Practical Nurse	8
RN Care Coordinators/Case Managers/Care Transitions	10
Psychiatrist	13
Psychologist	4
Medical Assistant	7
Social and Human Service Assistants	4
Substance Abuse and Behavioral Disorder Counselors	6

PPS	# of PPSs with 8%+ Vacancy Rate
Nursing Aide/Assistant	9
Certified Home Health Aide	5
Personal Care Aide	6
Licensed Clinical Social Worker	13
Bachelor's Social Worker	2
Licensed Master's Social Worker	9
Social Worker Care Coordinator/Case Manager/Care Transition	6
Care Manager / Coordinator	6
Care or Patient Navigator	10
Community Health Worker	7
Peer Support Worker	15

Fewest PPSs

Most PPSs

Note: Only 20 PPSs submitted vacancy rate data



Compensation & Benefits Survey Uses

- Statewide
 - Assess highest vacancy rates across PPS
- Regional collaborations
 - Regional reports can yield **greater insights and depth** than individual PPS reports, as they capture a **wider, more regional snapshot** of the current state healthcare workforce.
 - MHVC and WMCHHealth PPS
 - Iroquois Healthcare Alliance: 6 Upstate PPS
- FLPPS
 - Helped a large PPS area solidify a regional view; previously “urban” versus “rural”.
 - Provided directional information on high-priority role categories against DSRIP goals
- SIPPS
 - Identified approximately 200 new positions for the future state workforce

Compensation & Benefits Survey Issues

- PPS sensitivity around sharing financial data
 - Anti-trust law: Data only collected by a third party, reported in aggregate and only reported for titles with >5 provider responses
 - Providers did not complete the survey – estimated less than 40% response in some areas
 - Inconsistent PPS provider reporting – multiple facilities within a system counted as one facility
- Data collected and aggregated inconsistently
 - Shift differentials were not required
 - No definition of fringe
 - FTE counting: some reported as counting bodies, not percent of time worked
 - Financial data collected in different fashions
 - Duplication of providers within an area

DSRIP Workforce Initiatives

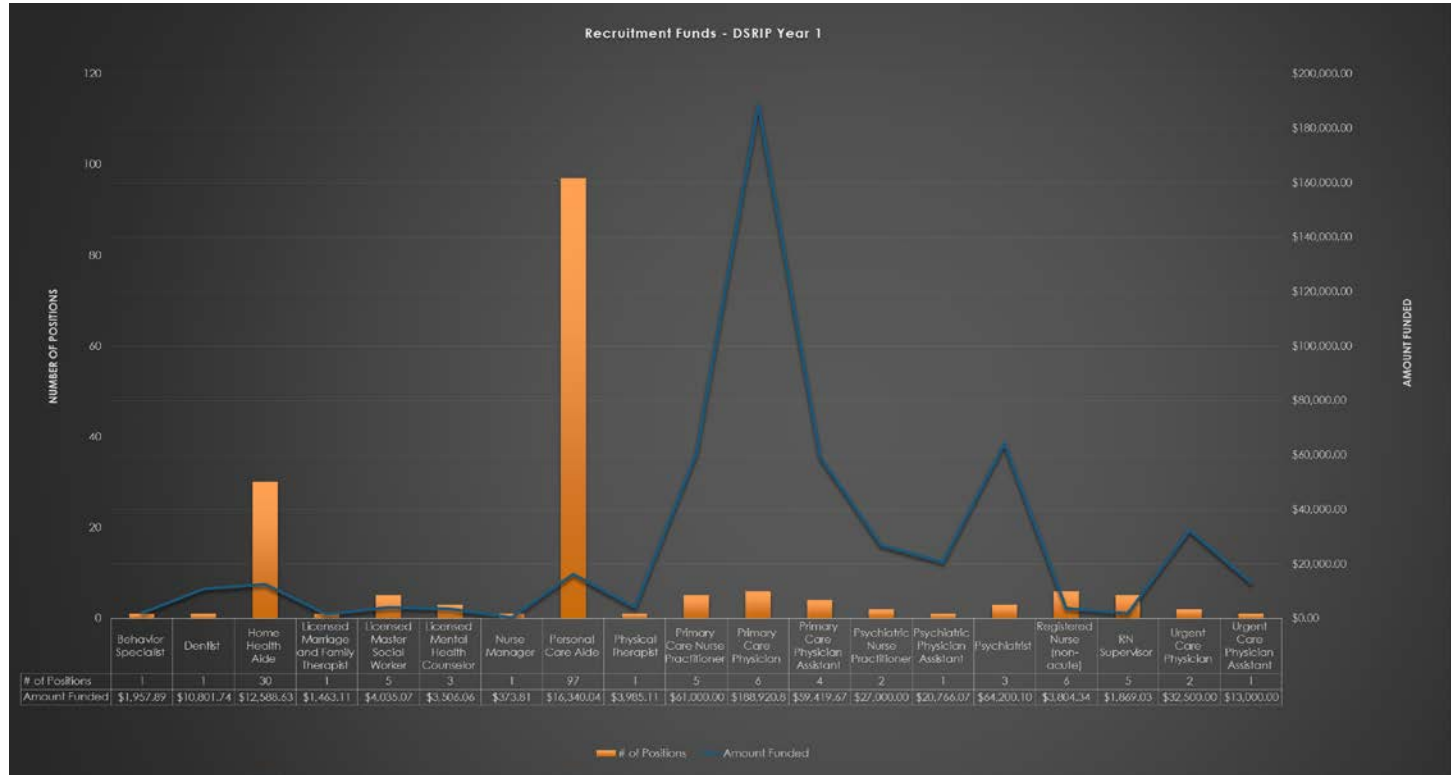
The PPS are working toward increasing health care access and capacity. In DY1, PPS's spent \$67.3m in workforce funding.

Significant investment is being made in:

- emerging positions, particularly varying degrees of care coordination and care management positions;
- building job pipelines by working with institutions of higher education to develop relevant and/or revised curricula to ensure the incoming workforce is job ready; and
- training community health workers and community based organization workers to implement the PPS cultural competency/health literacy plans
- recruitment and retention



Recruitment Funds – DSRIP Year 1



Albany Medical Center PPS Workforce Achievements

Goal: Create a healthcare workforce that offers the same quality of care across the 3-PPS region

- Collaborated with Alliance for Better Healthcare (AFBHC) to provide preparation courses for employees eligible to sit for the Certified Asthma Educator exam
- Workforce leads from AMCH, AFBHC, and Adirondack Health Institute PPS meet monthly to collaborate on:
 - Curriculum development
 - Training coordination
 - Emerging titles development
- Will bring together leads for workforce and cultural competency to
 - Create consistency and efficiencies in training
 - Share resources and ideas
 - Eliminate duplication of training efforts for partners



KNOWN FOR
OUR EXPERTISE.
CHOSEN FOR
OUR CARE.

COMMUNITY BASED COLLABORATION

- Adoption of direct contracting model –47 non-hospital community organizations, totaling more than \$2M in commitments through March 2017 for DSRIP projects.
- Trained 26 staff members as Community Health Advocates as part of Health Navigation Services (2.c.i) program
- CBO recruitment of positions, such as LCSW, to address workforce needs
- Training 17 CBO PAM Survey Master Trainers

Community Partners of Western NY

Cultural Competency and Health Literacy:

- Contracted with the Community Health Worker Network of Buffalo (CHWNB) to implement the CCHL training strategy.
- CHWNB is representative of people living in the “hot spot” communities in need, motto is:

“Nothing without us, about us, is for us”
- Strategy focuses on biases, privilege, social justice and universal approach to literacy by bridging, mediating and facilitating understanding between and within communities and systems.





CCHL Collaboration

MHVC, WMCHHealth and Refuah are partnering with Health Action Priorities Network (HAPN) and the Social Determinants of Health workgroup on Blueprint for Health Equity events: 3 events in 2016 and 4 events in 2017.

- June 17 - Newburgh
- October 13 - Poughkeepsie
- November 9 - Valhalla (still accepting applications)

Organization:

Steps
Write in the steps you will fully implement your

Timeline
When will you partner or work with?

When
What is the start date to have your completed?

Contribution
How does this step contribute to the overall goal?

Actionable Item Goals

Organization:

What are your goals for this actionable item?

Why do you believe this actionable item will be successful in addressing the impact the social determinants of health have on your clients?

Actionable Item Narrative Report

Please submit a short narrative addressing:

- The outcomes you measured, as well as the outcomes you perceived but did not measure.
- If you consider your actionable item to be successful and to have achieved your goals.
- What changes you need to make for your actionable item to have increased success.
- What your plans are for the actionable item going forward.
- Any relevant feedback observations, or narrative on your experience developing and implementing your actionable item.

Blueprint for Health Equity Agenda
Thursday, October 13th, 2016 9:00 am - 3:30 pm

9:00 - 9:00 am Sign-in

9:00 - 9:10 am Welcome
Cheryl Hester - Grant, LMSW, Executive Director of the Lower Hudson Valley Partnership Network

9:10 - 9:40 am Continental Breakfast
Good support provided by Trish Stronpfecker Catering

9:40 - 10:15 am Towards Understanding Poverty: A Basic Overview
Christy Chiodo - Executive Director, Community Business Program, Rockland County Department of Social Services

10:15 - 12:45 pm Poverty Simulation
Westchester Community Opportunity Program, Inc. (WestCOP)

12:30 - 1:00 pm Lunch
Sponsored catered provided by Trish Stronpfecker Catering

1:00 - 1:15 pm Speaker Introduction
Cheryl Hester - Grant, LMSW, Executive Director of the Lower Hudson Valley Partnership Network

1:15 - 1:45 pm Development Session
on Equity and Health, I.I.E.
with Grant, LMSW, Executive Director of the Lower Hudson Valley Partnership Network

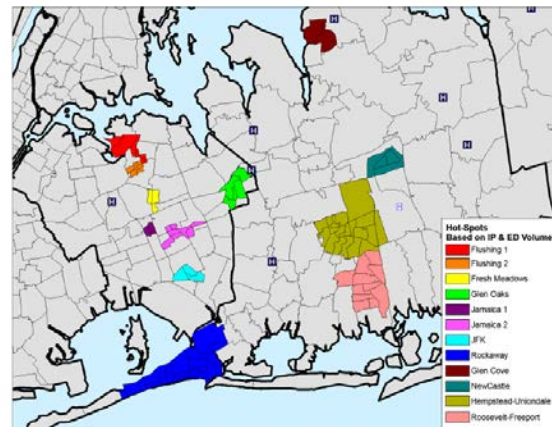
HAPN
Health Action Priorities Network
A Community Initiative of HealthEquity

Nassau Queens PPS



Hot-Spotting Analysis Drives Strategy for CBO-Delivered Community Member CCHL Education

- CBO Train the Trainer Model
- Training delivery embedded in CBO agreements
- Patients empowered to be active partners in their healthcare through education:
 - Impact of social, cultural factors, health beliefs and behaviors on health outcomes
 - Ask Me3Translation services and iSpeak Cards
 - Importance of accurate REL data capture
- Trained over **940** persons on diverse CCHL topics



New York-Presbyterian PPS

Care Transitions (Project 2.b.iv) Progress:

- Hired 8 RN Transitional Care Managers and developed an evidenced based protocol to standardize the level of care for over 500 patients touched by the project
- Continued collaboration with internal and external partners to maximize care transitions resources.
- Established contracts with 3 CBOs and on-boarded 6 Community Health Workers - program implemented in August 2016 to include home and follow-up appointment visit accompaniment

North Country Initiative - Workforce

- ▶ **Leveraging Long-term Pipeline**
 - ▶ *Career exploration programs*
- ▶ **Collaborating with Institutions of Higher Education**
 - ▶ *Bachelors & Masters Programs at community college (i.e. Nurse Practitioner & Social Worker)*
 - ▶ *Development of North Country Care Coordination Certificate Program with SUNY Jefferson & SUNY Canton*
- ▶ **Customized Training Videos** (*DSRIP 101, Blood Pressure Measurement, Health Literacy & MEB*)
- ▶ **Provider Incentive Programs**
 - ▶ *Approximately \$3 million for recruitment of 11 Primary Care Physicians, 3 Nurse Practitioners, 2 Physician Assistants, 2 Psychologists, 2 Psychiatrists & 2 Dentists*
 - ▶ *Licensed Clinical Social Worker & Certified Diabetes Educator*
- ▶ **Regional Expansion of Graduate Medical Education**
 - ▶ *Providing financial support of residency spots at local GME Program, rotations at regional sites, minimum 3 year commitment to work in region*



Use of Data to Inform Cultural Competency and Health Literacy Plan



Diversity and Inclusion:
Language Access, Health
Literacy, Cultural
Competence, Healthcare
Equality



- Plans, policies, procedures
- D&I initiatives
- Staff development and training

- Monthly meetings
- Develop programs, share best practice
- Report all information to site leadership

- Organizational capacity
- Training: status, ability and needs
- Service improvement

Findings:



Action:

- ✓ Contracted vendor for interpreting and translating needs; supplying sites with Video Remote Interpreting Equipment
- ✓ Contracted 2 Medical Interpreter training vendors specializing in hospital and community interpreting
- ✓ Contracted with CBO- Pride Center of Staten island to provide PPS-Wide LGBT Healthcare Equality training
- ✓ Contracting with CBO PCCS to deliver sensitivity training for working with persons with developmental disabilities
- ✓ Developing Health Literacy provider and community training

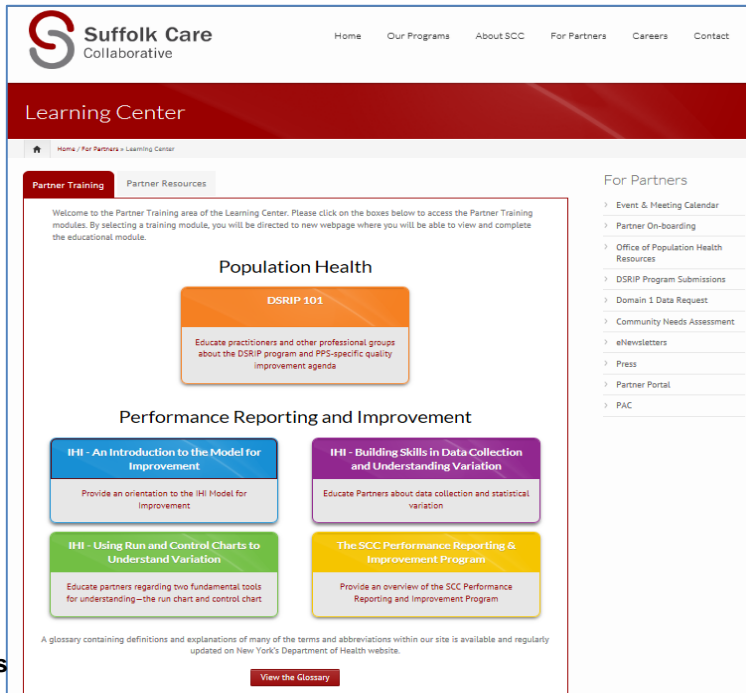
Online Learning Center for Providers & Partners Live!

Current Modules include:

- ✓ Population Health
- ✓ DSRIP 101
- ✓ Performance Reporting & Improvement Education
- ✓ Cultural Competency & Health Literacy 101

Coming Soon!

- New Models of Care & Healthcare Trends
 - Motivational Interviewing & Health Coaching
 - Care Coordination Methodology
 - Behavioral Health Integrated Care
 - Cardiovascular Health Wellness
 - Diabetes Wellness
 - Transitions of Care
- ✓ Learning Modules are 15-30 Minutes in length
 - ✓ Participants complete a brief registration form and post evaluation
 - ✓ Participation is tracked for DOH reporting purposes



The screenshot shows the Suffolk Care Collaborative Learning Center website. The header includes the logo and navigation links: Home, Our Programs, About SCC, For Partners, Careers, and Contact. The main content area is titled "Learning Center" and features a "Partner Training" section with a welcome message. Below this, there are several module cards:

- Population Health**: Includes a card for "DSRIP 101" with the description: "Educate practitioners and other professional groups about the DSRIP program and PPS-specific quality improvement agenda."
- Performance Reporting and Improvement**: Includes four cards:
 - IHI - An Introduction to the Model for Improvement**: "Provide an orientation to the IHI Model for improvement."
 - IHI - Building Skills in Data Collection and Understanding Variation**: "Educate Partners about data collection and statistical variation."
 - IHI - Using Run and Control Charts to Understand Variation**: "Educate partners regarding two fundamental tools for understanding—the run chart and control chart."
 - The SCC Performance Reporting & Improvement Program**: "Provides an overview of the SCC Performance Reporting and Improvement Program."

At the bottom, there is a "View the Glossary" button and a note: "A glossary containing definitions and explanations of many of the terms and abbreviations within our site is available and regularly updated on New York's Department of Health website."

On the right side, there is a "For Partners" sidebar with a list of links: Event & Meeting Calendar, Partner On-boarding, Office of Population Health Resources, DSRIP Program Submissions, Domain 1 Data Request, Community Needs Assessment, eNewsletters, Press, Partner Portal, and PAC.

QUESTIONS?

Update on Workforce training/retraining activities from NYSDOH

SHIP/DSRIP Workforce Workgroup

- Workforce is one of the underlying enablers for the State's Health Innovation Plan (SHIP), supporting the five pillars and will help achieve the SHIP objective of moving towards the Advanced Primary Care model
- The Workforce Workgroup also serves the goals of the Delivery System Reform Incentive Payment (DSRIP) Program and the work of Performing Provider Systems (PPSs), supports efforts to reduce avoidable hospital use and achieve the sustainable transformation of the delivery system
- The charge of the Workforce Workgroup is to promote a health workforce that supports comprehensive, coordinated and timely access to care that will improve the health and well-being of New Yorkers, consistent with these transformational initiatives

Ongoing Programs

Loan Repayment Programs

- **Doctors Across New York (DANY) Physician Loan Repayment and Practice Support Programs:** These programs assist physicians with repayment of educational debt in exchange for three years of service in medically underserved areas
- **Primary Care Service Corps (PCSC):** This program assists non-physician practitioners with repayment of educational debt in exchange for up to five years of service in underserved areas
- **Regents Physician Loan Forgiveness Program:** DOH provides updates on shortage areas to the State Education Department (SED), which administers this program to assist physicians, particularly in primary care, who agree to practice in locations designated as shortage areas by the Board of Regents
- **National Health Services Corps:** DOH reviews provider site applications and makes recommendations to the Health Resources and Services Administration (HRSA), which places physicians and other practitioners in shortage areas

Training Programs

- **DANY Ambulatory Care Training Program:** This program provides support to medical schools, hospitals and clinics to help them develop affiliation agreements and train residents and medical students in free-standing ambulatory care sites
- **Health Workforce Retraining Initiative (HWRI):** HWRI supports the training and retraining of health care workers to obtain new positions, meet the new job requirements of existing positions, or otherwise meet the requirements of the changing public health and health care market and the diversity of the populations seeking health care services
- **Empire Clinical Research Investigator Program (ECRIP):** ECRIP provides funding for academic medical institutions for the training of new physicians in biomedical research

Pipeline Support Programs

- **DANY Diversity in Medicine Program:** The Associated Medical Schools of New York (AMSNY) administers programs to assist students who are educationally and/or economically disadvantaged to enter medicine and other health related fields
- **Area Health Education Centers (AHEC):** AHEC supports training to help increase diversity in medically underserved areas by encouraging students, particularly from underserved communities, to enter into health careers
- **Medical Scholars and Gateway to Medicine Programs:** These programs promote opportunities for economically disadvantaged students to enter medical school

J-1 Visa Waiver Programs

- **State 30 J-1 Visa Waiver Program:** DOH makes up to 30 recommendations each year to the U.S. Citizenship and Immigration Services for waivers for physicians who agree to practice in federally-designated underserved areas or serve individuals who live in such areas
- **Appalachian Regional Commission J-1 Visa Waiver Program:** DOH reviews applications before they are sent to the federal Appalachian Regional Commission, which may support a waiver request for a primary care physician on a J-1 visa who agrees to work for at least three years in a federally designated HPSA in a county located within the Appalachian Region
- **U.S. Department of Health and Human Services J-1 Visa Program:** DOH forwards applications to the U.S. Department of Health and Human Services, which may recommend waivers to help address shortages of physicians in federally qualified health centers and rural health clinics located in HPSAs

Rural Residency Program

- This initiative, funded through the State Innovation Model grant, will support development of accredited innovative Graduate Medical Education programs that will serve rural communities
- The programs will focus on Internal Medicine, Family Medicine, Pediatrics or combined Medicine/Pediatrics
- A total of \$3 million will be available over a three year period, which includes a 50% match contributed by the awardees

Additional Initiatives

- **Iroquois Healthcare Association “Take A Look” Program:** This program will bring physician residents from residency programs in populated areas on a tour of communities in less populated rural areas, with the goal of encouraging them to practice in those areas
- **Workforce Studies by the Center for Health Workforce Studies (CHWS):** The CHWS, which is based at the School of Public Health, University at Albany, State University of New York, assists DOH by examining current and future health workforce needs
- **3RNet.org:** DOH approves postings for 3RNet.org, a nonprofit job board focused on rural and underserved areas

Legislation on Advanced Home Health Aides

Legislation

- In 2011, the Medicaid Redesign Team's Workforce Flexibility and Change of Scope of Practice Work Group recommended that home health aides be authorized to assist with the administration of routine medications and to carry out an expanded range of tasks, upon assignment by a registered professional nurse
- Numerous proposals over the years culminated in Governor's Program Bill # 28, which was passed by both houses of the Legislature in 2016(A.10707/S.8110)
- The bill would authorize Advanced Home Health Aides who have received training to perform advanced tasks upon assignment by registered nurses and under supervision by such nurses
- The goal of the legislation is to enable more people to live in home and community based settings and provide support to family caregivers and their loved ones

SED Regulations

- Under the bill, State Education Department (SED) would issue regulations, in consultation with the Department of Health (DOH), specifying the types of advanced tasks that could be performed by Advanced Home Health Aides and setting forth qualifications, training and competency requirements
- Advanced tasks may be performed only under the direct supervision of a licensed registered professional nurse employed by a home care services agency, a hospice program or an enhanced assisted living residence
- In developing regulations, SED would consider the recommendations of a workgroup of stakeholders which was previously convened by DOH to provide guidance on these issues
- The bill takes effect 18 months after enactment, and no advanced tasks may be performed until the regulations are adopted, training programs are approved, and individuals complete the training and satisfy competency requirements pursuant to such regulations

DOH Regulations

- Effective April 1, 2018, the bill would require criminal history record checks for prospective hospice workers serving individuals at home (which are already required for home care services agencies and enhanced assisted living residences)
- The bill would add hospice programs and enhanced assisted living residences in the definition of “home care services entity” for purposes of including home health aides employed in those settings in the Home Care Registry
- Under the bill, DOH would issue regulations related to Advanced Home Health Aides and indicate within the Home Care Registry when a home health aide is qualified to serve as an Advanced Home Health Aide because he or she has satisfied all applicable training and competency requirements

Reports

- Under the bill, DOH, in consultation with SED, would report by September 1, 2016 on the recommendations of the previously convened workgroup
- DOH, in consultation with SED, would issue a report by October 1, 2022, describing the implementation of the Advanced Home Health Aide initiative (including information such as the number of Advanced Home Health Aides and the types of tasks they perform) and setting forth any recommendations
- The bill's provisions expire March 31, 2023 unless extended

Next Steps

Open Discussion