NEW YORK STATE OF OPPORTUNITY. Department of Health

SHIP/DSRIP

Workforce Workgroup Meeting

August 25, 2017

Timing	Topic	Lead
10:30 - 10:45	Welcome and Introductions ▪ Agenda and meeting goals	Wade Norwood Jean Moore
10:45 - 11:05	New York's State Innovation Model and Advanced Primary Care Initiative Update	Marcus Friedrich, MD
11:05 - 11:25	DSRIP Update	Cherlyn Fay
11:25 - 11:45	Regulatory Modernization Initiative Overview	Dan Sheppard
11:45 - 11:50	Rural Residency Program Update	Susan Mitnick
11:50 - 12:00 12:00 - 12:05 12:05 - 12:10 12:10 - 12:15	Subcommittee #1 - Barriers to Effective Care Coordination Subcommittee #2 - Care Coordination Curriculum Subcommittee #3 – Care Coordination Training Guidelines Subcommittee #5 - Primary Care & BH Integration	Wade Norwood Angella Timothy Jean Moore Amy Jones-Renaud
12:15 - 12:40	A Profile of New York Nurse Practitioners: Findings from a Mandatory Re-Registration Survey	Jean Moore
12:40 - 12:50	Subcommittee #4 - Healthcare Data	Lisa Ullman Jean Moore
12:50 - 1:25	Discussion	All meeting participants
1:25 - 1:30	Adjournment	Wade Norwood Jean Moore

Workforce Workgroup Charge

- Workforce is one of the underlying enablers for the State Health Innovation Plan (SHIP), supporting the five pillars and helping 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 (PPS), supporting 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

New York's State Innovation Model and Advanced Primary Care Initiative Update

Marcus Friedrich, MD

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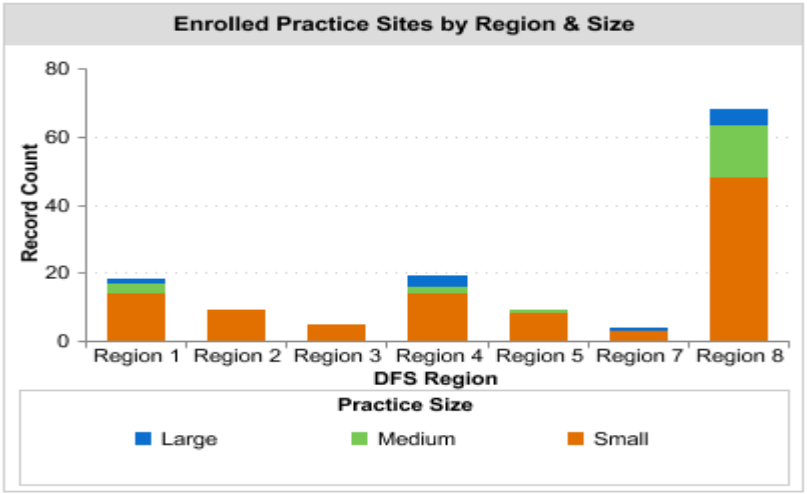
NYS DOH Updates

- Practice transformation recruitment status
  - Capital-Hudson
  - Statewide

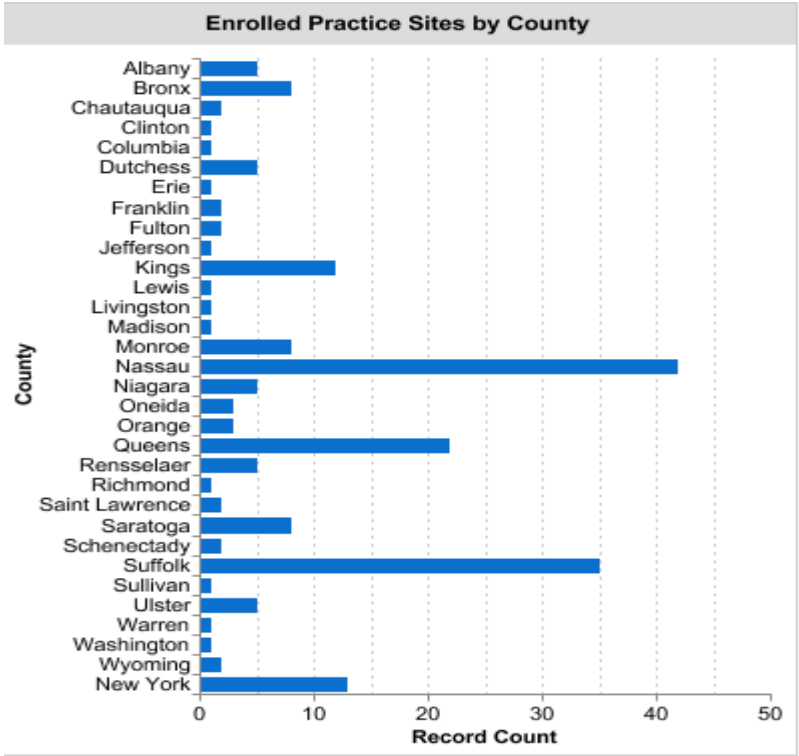
- PCMH alignment activities/status
- APC Scorecard development
- ACP, AAP, AFP activities
- Other key SIM activities

Practice Transformation Recruitment Status

- Statewide (as of 08/23/17):
  - Enrolled – 202 Practices
  - Engaged – 640 Practices
  - **Total = 842 Practices**



Small = 1-4 primary care physician and mid-level providers; medium = 5-10; large = 11+



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PCMH Alignment

Potential NCQA PCMH 2017 Program Alignment - Overview

State and ICWG designed APC criteria with intention that this would be best solution for NYS needs

- Verifiable progress over time
- Transition to performance
- Consistency of financial and technical support

…But complexity in the setting of multiple primary care transformation programs has been an ongoing challenge

Goals under current review:

- Understand problem and timeline to address it
- Get early input on shaping options to evaluate
- Identify critical areas for further investigation
- Agree on subcommittee of the Statewide Steering Committee (SCC) to drive the work

Why align with PCMH (NCQA PCMH 2017)?

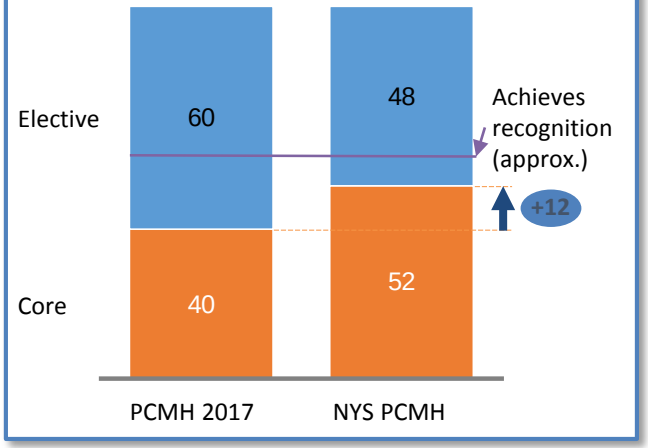
- Accelerating the transition toward delivering value and succeeding in new payment models for all practices in NY State
- Opportunity to simplify a complicated landscape and reduce confusion
- >95% alignment with PCMH, with only select modifications

Why create a distinct “NYS PCMH”?

- A NYS PCMH program has to consider several state-specific components that NCQA PCMH 2017 does not, including investments in Health IT, State-funded Technical Assistance (TA), Medicaid incentive payments, and the potential for multi-payer support
- Accelerating the transition toward value-based payment is a priority for NY

NYS PCMH 2017 builds on PCMH 2017 by converting 12 Electives into Core, with focus on Health IT, BH integration, and care management

NYS PCMH criteria compared to PCMH 2017



Changes compared to NCQA PCMH

- 12 Additional Core criteria represent fundamental building blocks in the areas of:
  - Behavioral Health integration
  - More rigorous Care Coordination
  - Health IT capabilities
  - VBP arrangements
  - Population Health
- Providers would then complete 4-7 elective criteria to earn 7 additional credits[1]

1 From an NCQA point of view, the practice will have then completed NCQA's 40 Core criteria and earned 25 Elective credits (18-19 credits – depending on if VBP is upside only or full risk – earned from completing the 12 Elective criteria that were converted to Core for NYS PCMH, plus 6 additional credits).

Source: NCQA PCMH 2017

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APC Scorecard

Purpose of APC Scorecard

Ultimate goal for APC Scorecard:

- A statewide report aggregating all primary care data relevant to APC Core Measures
- The first tool to enable practices to view their performance across a consistent set of measures for their entire patient panel (rather than on a per payer basis)
- The basis for practices to pass APC gates and access outcome-based payments

Data Source for APC Scorecard:

- All Payer Database – basis for attribution and denominators, most numerators
- Integration of clinical data (i.e. EHR information) and enhanced information (i.e. registry data)

APC Scorecard

- Data is due to OQPS from plans by 9/1/17
- Distribution of Scorecards will be in October
- Scorecards will be distributed to all plans that submit data
- Scorecards will be made available to all TA vendors through the PTTS. TA's will be responsible for distribution of the scorecard to all of their APC enrolled practices they work with.

MACRA Alignment

Proposed Changes in the Quality Payment Program 2018

- Increasing the low-volume threshold for participation
- Implementing the improvement scoring for quality and cost
- Extending the generally applicable nominal standard amount (8%) through 2020
- Adding an additional revenue-based nominal amount standard of 8% (only for APM entities where risk is defined in terms of revenue)
- Exempting Round 1 CPC+ participants from the medical home standard for APM entities with fewer than 50 clinicians
- APM entities may submit information to CMS requesting an other payer Advanced-APM determination

Contract and General Updates

Updates

Contract Updates

- AAP
- ACP
- AFP

Website

- Contact information for round one and two TA vendors has been updated
- For changes please email us at SIM@health.ny.gov

Newsletter

- July newsletter is now available on our website under the stakeholder engagement section

Payer Discussions

Summary

To support small primary care practices achieve transformation and improve outcomes, Capital-Hudson region payers are exploring a voluntary multi-payer collaboration to achieve high-level alignment on an APC payment model.

Key attributes:

- Voluntary multi-payer effort
- Targeting small primary care practices with only one to two sites
- Focus on high-level alignment of payment model, but not requiring uniformity
- Anti-trust protection with state supervision
- Alignment on subset of APC core measures and aggregated reporting across health plans

Initial Target Group

- Small, independent primary care practices who may have less than 250 members with a participating plan

- Practices that have only 1 or 2 physical locations associated with its Tax ID

Questions

DSRIP Update

Cherlyn Fay

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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) – POSTED TO WEBSITE FOR 23 PPS	No	None / Suggested completion date of DY2, Q1
Milestone #2: Create a workforce transition roadmap for achieving your defined target workforce state – POSTED FOR 23 PPS	No	None / Suggested completion date of DY2, Q2
Milestone #3: Perform detailed gap analysis between current state assessment of workforce and projected state – POSTED FOR 23 PPS	No	None / Suggested completion date of DY2, Q2
Milestone #5: Develop training strategy – POSTED FOR 23 PPS	No	None / Suggested completion date of DY2, Q2

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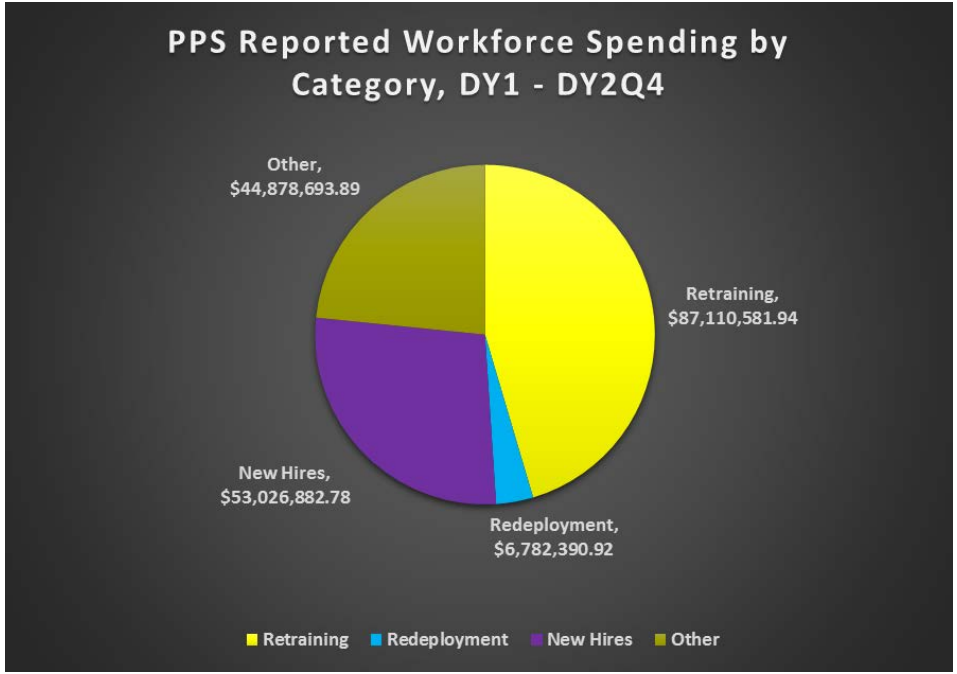
PPS WORKFORCE SPENDING

DSRIP Workforce Spending DY1 – DY2Q4



$191.8M

Total Spent

$147.6M

Spending commitment

Other includes:

- Workforce Vendor Subcontracting
- Compensation and Benefit Report Development
- Scholarships

VBP University

We are excited to announce the launch of VBP University! VBP University is an online, educational resource created to raise awareness, knowledge and expertise in the move to Value Based Payment (VBP). VBP University combines informational videos and supplemental materials that stakeholders interested in VBP can use to advance their understanding of this massive transformation effort. The VBP University curriculum includes four semesters.

	Date of Release	Area of Study
Semester One	July 2017	Background and foundational information on VBP
Semester Two	August 2017	Topic specific information such as governance, business strategy, stakeholder engagement, finance, and data
Semester Three	September 2017	VBP Contracting
Semester Four**	October and November 2017**	VBP Bootcamps**

**VBP Bootcamps will take place in October and November 2017 in locations throughout the state. More information including dates and locations will be distributed shortly.

VBP University – Cont.

To watch an overview of the VBP University curriculum from NYS Medicaid Director, Jason Helgerson: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/docs/vbpu_welcome_overview.mp4

How to Graduate from VBP University:
Semesters one through three conclude with a quiz on the topics covered. Those who pass all three quizzes will receive a certificate of completion. If you attend a bootcamp, you will receive a printed copy of your certificate. If you are unable to attend a bootcamp, a copy of your certificate will be e-mailed to you.

To begin semester one of VBP University, please visit www.health.ny.gov/VBP. Additional materials will be announced through this listserv when they become available.

Please continue the conversation around VBP University on Twitter by using the hashtag #NYSLearnsVBP.

Any questions can be sent to MRTUpdates@health.ny.gov.

PPS WORKFORCE ACHIEVEMENTS

A Trained Workforce is a Transformed Workforce

Higher Education Partnerships

- Created CHW & Care Management Credit Certificate Programs at College of Staten Island (CSI), Graduation May '17
- 1st Quarter scholarship of $300,000 offered to PPS Partners
- Scholarships for Social Work students at CSI – Medicaid students in need – increase supply through scholarships- $100,000.00
- Aided CSI in creating a Masters Degree in Healthcare Admin.
- Creating new CHW program with emphasis on Behavioral Health-Fall 2017
- Exploring with CSI creating Peer Training to provide local training option
- Examining creating Certified Home Health Aide program with CSI

- CSI PPS Partner Day convened with over 100 representatives from PPS Partners to discuss:
  - Future Curriculum Needs
  - Internships
  - Development of Hiring Pipeline
  - Fall 2017 Symposium in

College of Staten Island

Staten Island

Training Scope

xG Health Care Management Training

- Engaging home care and hospital staff including nurses and physicians on transitions of care and chronic disease management: COPD, Diabetes, Heart Failure
- Capstone Presentation from 6 PPS partners on avoidable Hospital transfers
- New cohort to include Primary Care Physicians and Nurse Practitioners, dovetails with previous RN & Social Worker program
- New round of xG training being developed to focus upon Behavioral Health partners

INTERACT

- All 10 Skilled Nursing Facilities trained on INTERACT
- 22 Certified INTERACT Facility Site Champions

Palliative Care Training

- Comprehensive Palliative Care training implemented All
- Participation from 10 Skilled Nursing Facilities
- 8,950 CEU Certificates awarded across 1,039 classes

1199 TEF

- 22 different training courses offered

LEAN Training

- SI PPS sponsored LEAN education series for all partners
- PPS partners using LEAN for process redesign
- SI Cares used Lean to produce one intake process across 6 former competing organizations, reducing client service decision time from 3 days to 1.5 days
- 2,000 hours of waste eliminated at PPS Partner sites per year
- September Lean class to be conducted with visiting Nurse Groups, Hospital partner and FQHC representatives

Training Outcomes

- Over 18,000 hours of classroom training in past 12 months
- 2,500 Staff participated in training
- 51 partner organizations have participated in classroom trainings
- Partners and CBOs fully engaged in training
- 1,000 participants surveyed
- Requested by DOH to lead a number of learning forums on integrated Workforce for PPS statewide

Outcomes

- Improved patient access to clinical and social services
- Process improvement
- Improved communication and understanding
- Provide sustainable skills
- Training measurement achieved by one common registration platform and electronic outcomes survey tool being used

Successes & Accomplishments

- Bassett Medical Center approved creation of new Family Medicine Residency Program
- Hosted a Disparities in Care Annual Summit meeting October 2016 and offered CEU's for attending
- Hosted Opioid Summit meeting in March 2017 which was attended by local senators, law enforcement and court representatives
- Primary Care Practitioners trained in Palliative Care; received CME's for this training
- Hospice provider has been embedded at a Primary Care Site under AO Fox Hospital partner organization to provide Palliative Care Services
- Community Navigators are embedded in 6 Emergency Departments/Hospitals, multiple hot spot locations across the community and some primary care practices so far
- Trained partners on performance measures and future funds flow model.

Accomplishments

- Trained 30 partners in LCHP to report their ongoing workforce strategy spending and staff impact using the HWapps platform via creation of partner core teams, through live webinars and in-person trainings
- 25 primary care providers with “x-licenses” in order to prescribe buprenorphine for Opioid Use Disorder
- Contract with UMass to provide weekly ECHO clinic to support ongoing training & support for PCPs caring for patients w/ Opioid Use Disorder
- 3,526 staff across the nursing home partners have been trained on INTERACT Tools as of DY2Q4

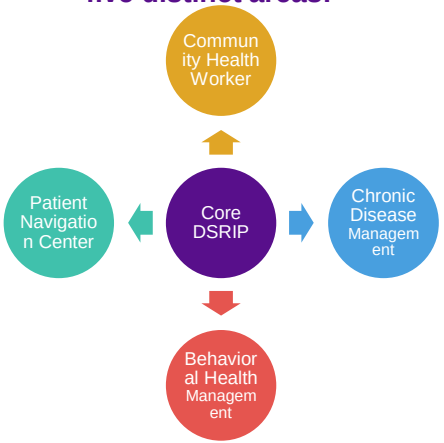
NQP WORKFORCE ACCOMPLISHMENTS

ONLINE TRAINING PORTAL LAUNCHED JUNE 2017	To date approximately 130 PPS partner employees have completed online training in one or more of the following modules: Patient Self Management Introduction to Care Coordination The Million Hearts® Campaign Blood Pressure Management Cardiovascular Management in the Primary Care Setting
HEALTH COACHING	Provided a 2 day workshop for NUMC Health Coaches focusing on communication, patient self management and goal setting and action planning skills
MOTIVATIONAL INTERVIEWING	In partnership with GNYHA, held a full day motivation interviewing class which was attended by 30 participants from organizations across PPS
CCHL	230 employees throughout the PPS have participated in our CCHL web based training Approximately 60 employees from partner organizations have been certified as CCHL Trainers by attending a full day CCHL Train the Trainer Workshop

NYU Langone Brooklyn PPS – Workforce Training Strategy

- 20 custom role-based training pathways
- 50+ electronic-learning modules
- 1,000+ anticipated learners across PPS partners
- Leverages Salesforce and NYU Langone Learning Management System to allow learners to access training modules, and for tracking and reporting purposes
- Launch: September 2017

Courses offer specific on the job training and workforce skillset enhancement, focused on five distinct areas:



Strategy and modules developed in partnership with

arthur ashe institute for urban health
GAME CHANGERS IN COMMUNITY WELLNESS

1199 SEIU Funds
Training & Employment

NYU Langone Health
Department of Organizational Learning and Development

BRONX HEALTH ACCESS

Achievements:

- Partnered with Hostos Community College (CUNY) to deliver several Medical Assistant Refresher Courses. 39 staff have been trained as of January 2017.
- PPS Partner VIP Community Services served as training vendor to deliver CASAC training to 48 workers.
- Delivered multiple series of contextualized Spanish classes to medical and dental staff to enhance communication with patients and their families. Titles trained include MD, RN, SW, & RT. 356 workforce staff have been trained as of January 2017.
- Offered a series of test preparation Bootcamps to prepare LMSWs and LCSWs for their licensing exams.
- Present monthly Cultural Competency and Health Literacy lectures on a wide range of topics such as “Black LGBT Health: An Intersectional Approach for Healthcare Providers” and “Latinos and Wellness: Diverse Strategies for a Diverse People.”
- Developed a Bachelor’s degree program with Lehman College (CUNY) to train bilingual Spanish speaking workers to become Registered Nurses as a way to better serve the Bronx’s patient population.
- Trained 96 workers to use the SBIRT screening tool.
- Taught the Stanford Model Self management for Diabetes as a train the trainer model (trained peers as well). 37 leaders and 16 PEERS have been trained as of January 2017.
- Provide support to a grant-funded program to train 15 Community Health Workers as part of a US Department of Labor Office of Apprenticeship program. Additional cohorts may be created with DSRIP funds.

Workforce & Training Highlights

Collaboration

Workforce Committee

- Includes individuals with health care and educational backgrounds and experience
- Co-chaired by a senior HR executive and senior leader from 1199/TEF

Partnership with 1199/TEF

- Builds upon long-standing commitment to collaboration in workforce development
- 1199 provides consulting services as well as development and implementation of training programs

CUNY Health Coach Training

- Developed 60 hour credit-bearing course at Kingsborough Community College
- Credit hours can articulate to KCC Community Health degree

Network Engagement

As of the end of DY2:

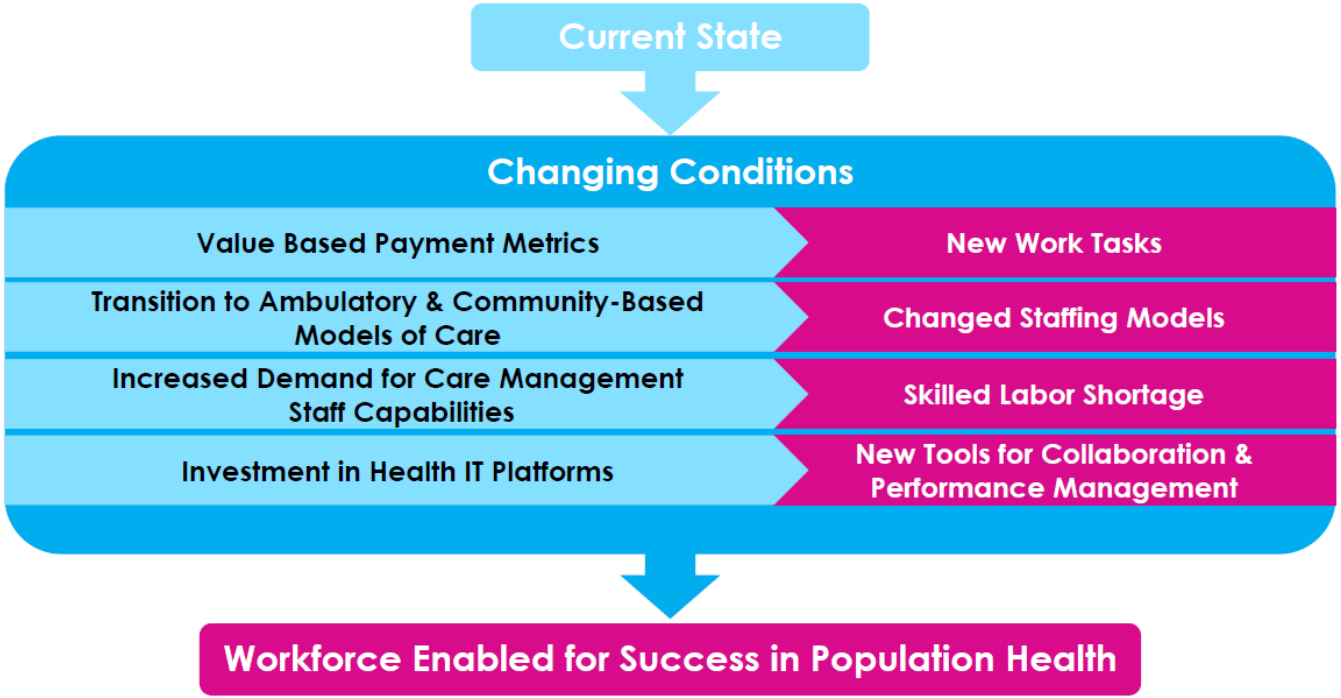
- More than **500 staff** from across **33 organizations** have participated in stipend-eligible trainings
- Over **22,500 course-hours** completed by CCB Participants' staff
- Variety of topics and curricula for care managers, care navigators, health coaches, PCPs, specialists, and RNs
- CCB Participants earned over **$245K in training stipends** to support participation in DSRIP-related training

Expanding Access Online

Implementing a learning management system (LMS)

- Within CCB's online Resource Portal for Participants
- Supports user self-registration for access to e-learning modules, archived webinars and related materials
- Administrative interface allows CCB's training partners to manage instructor-led trainings
- Integrated with CCB's Participant Database for tracking participation at the organization level

Preparing the Workforce for Population Health:



Understanding Care Management Roles:

Job Function

- Core activities/job tasks for role

Success Profile

- Technical Skills (new clinical protocols, work tasks and technology)
- Competencies (dealing with ambiguity, being proactive, leadership)

Career Development Opportunities

- Training based on skills and competencies
- Career growth training (preparing for upward job mobility)

Career Pathways

- Working with educational institutions on talent pipelines (preparing current students for future roles and building direct education-to-employment pipelines)
- Employment Opportunities (Working with PPS partners' HR and clinical departments to create job opportunities)

Building Capacity through Training and Culture Change

Introduction to New Models & Skills
Population Health, Patient-Centered Coordinated Care & Management, Communication, Interdisciplinary Teams, Conflict Resolution, Influencing, and Computer Literacy

Identifying Patient Barriers & Determining Solutions
Cultural Competency, LGBT, Health Disparities, Accessing Resources, IT Integration and Solutions

Understanding Chronic Conditions and Improving Health & Wellness
Diabetes, Cardiovascular Disease, Heart Disease, Hepatitis, High Cholesterol, HIV, Hypertension, Smoking Cessation, and Stroke

Understanding Behavioral Health
Basics of Mental Health and Crisis Management, Connections to Chronic Diseases, Medical Adherence, and Care Plan & Documentation

Working with Individual Patients and Families
Health Coaching, Patient Care Follow-Up, Health Literacy, Safety in the Community, and Motivational Interviewing

Leading through Transformational Change
Mindset, Coaching, Adaptive Leadership, Crucial Conversations, and Quality Improvement

Sustainable Learning through a Learning Management System: Clinical Integration Learning Center

CILC

The Clinical Integration Learning Center (CILC, pronounced "silk") is the Learning Management System (LMS) supporting MSPPS population health workforce development.

Allows Healthcare Professionals to:

- **Enroll** in innovative clinical courses
- **Access** a library of training resources
- **Learn at their own pace –** start and finish courses at their own leisure
- Receive **continuing education and/or medical credits** for completing certain courses
- Review and **assess learning progress** through our tracking system

Workforce Subcommittee Update - BPHC

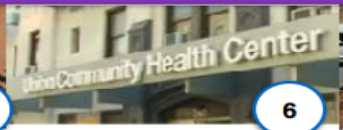
BPHC Training Hours (as of 6/19/17)

Training Programs	Total Training Hours	Training Programs	Total Training Hours
IT Training		**Diabetes Project Training**	
BxRHIO Training	209	Health People Peer Leader Training	2240
GSI Training	312	**PCBH Project Training**	
Spectrum Training	102	Assessing and Managing Suicide Risk	343
Care Coordination Training Series (HH@R, CVD Projects)		Behavioral Activation	32
Care Coordinator Training Program	5796	Behavioral Health Collaborative Care for SBHCs	126
Essentials of Care Coordination	1008	Collaborative Care Documentation	52
Medical Assistant Refresher Training	3969	Depression 101 for Non-Prescribers	2
Nurse Care Management Training	168	IMPACT School Based Health	73.5
CBO Training		IMPACT Workflow	14
Community Health Literacy (Navigating Healthcare Systems)	744	Introduction to Collaborative Care	23
Community Health Literacy (Practicum)	37.5	Motivational Interviewing	96
Community Health Literacy (Seeking and Using Health Insurance)	1056	PHQ-9 Training	10
Cultural Competency in the Bronx for Frontline Staff	826	Problem Solving Treatment	93
Motivational Interviewing	322	SafeTALK	12
Cultural Competency Training Series		Treatment to Target	4.5
Cultural Competency in the Bronx for Frontline Staff	2359	**Quality Improvement Training**	
Cultural Competency in the Bronx for Leadership Staff	402	Quality Improvement Training	472
ED Care Triage / Care Transitions Project Training		**Asthma Project Training**	
Care Transitions Team: Phase 1 (CMO)	45	JustFix Training	14
CTI Training	110	Motivational Interviewing (Dr. Pran Saha)	84
CTI Training Calls - Creating a Workplan	20	New Staff Training	1400
CTI Training Calls - Review of Phase 1	5	Pest Management Workshop (DOHMH)	22
ED Care Triage and Care Transitions (CMO)	255	Shelter Rights Training (The Legal Aid Society)	24
ED Care Triage and Care Transitions (CMO) Epic Training	72		
ED Care Triage and Care Transitions (CMO) Pharmacy Staff	137.5		
ED Care Triage and Care Transitions (CMO) Psych Staff	10.5		
ED Care Triage and Care Transitions for SBH (CMO)	272		
Grand Total Training Hours 23,375			

BRONX PARTNERS FOR HEALTHY COMMUNITIES

Cultural Responsiveness Training Update

11/2016 -6/13/2017 (updated 6/19/17)



"The development of the future workforce under DSRIP requires significant attention paid toward developing cultural competency."
NYSDOH 1-18-2017

11/16 -6/17

Frontline

- **15 Sessions:** = 337 Participants
  - (2) **Acacia** = 57
  - (5) **CBOs** = 82
  - (4) **Morris Heights** = 132
  - (1) **SBH** = 23
  - (3) **Other** = 43

6/17- 6/17

- **2 sessions**
  - (2) Open Sessions: 6/20 & 6/23

Leadership

- **6 session:** =134 participants
- **3 Morris Heights** = 63
- **1 MMC** = 41
- **2 SBH** = 30

1 session 6/30/17
- (1) MMC

Providers

- **Provider Survey** - 1/17
- **Focus Group** - 2/17
- **Pilot** -5/17

(approx 20 attended focus group & pilot)

- CR Training sessions TBD

Total: **21 sessions completed / 491 participants**

Frontline: 15 sessions completed, 2 additional in June (6/20 and 6/23)

Leadership: 6 sessions completed, 1 scheduled in June (6/30)

- **E-Bulletin on DSRIP / Cultural Responsiveness**
- **Open/combined BPHC sessions @ Bronx TEF Center**
- **Continue to improve curriculum (eg, Provider curriculum)**
- **Explore what can be done to sustain/build on CR training**
- **Plans for finale**

AHI PPS Workforce Funds

"**DSRIP Workforce** Training and Recruitment and Retention funding has enabled North Country Home Services to **recruit and train more than 80 individuals as Personal Care and Home Health Aides**. To maintain an adequate workforce it is necessary to constantly recruit and train individuals due to the high turnover of the aide workforce in the field of home health care. The funding has been very beneficial and has allowed NCHS to increase its workforce from **a low of 197 Aides two years ago to 250 employed today** who are providing care to more than 600 patients on any given day in the rural areas of the AHI PPS."

~ Rebecca Leahy, President/CEO, North Country Home Services

North Country Home Services

Regulatory Modernization Initiative (RMI) Overview

Dan Sheppard

NEW YORK STATE OF OPPORTUNITY. Department of Health

Regulatory Modernization Initiative (RMI)

- The Department of Health (DOH) has undertaken a Regulatory Modernization Initiative (RMI) – a series of policy workshops with other state agencies and external stakeholders to examine health care statutes, regulations and policies in certain key areas for the purpose of achieving better alignment with changes in the health care system
- Areas to be addressed by RMI policy workshops include post-acute care management, the integration of primary care and behavioral health services, telehealth, and the Certificate of Need Process
- Information is available on the DOH website at https://www.health.ny.gov/regulations/regulatory_modernization_initiative

Rural Residency Program Update

Susan Mitnick

NEW YORK STATE OF OPPORTUNITY. Department of Health

Implementing the Rural Residency Program

- Organizations are developing new primary care residency programs in rural communities
- Two years of SIM funding is available for the initial establishment of the programs and the organizations will develop community support to cover ongoing costs (personnel, recruitment, curriculum development, accreditation, etc.)
- Each program includes a general hospital for inpatient rotations and community-based ambulatory care training sites (such as clinics, diagnostic and treatment centers, local health departments)
- Resident recruitment efforts will focus on rural communities and, when fully implemented, the programs will train approximately 45 residents each year

Implementing the Rural Residency Program (continued)

Five organizations are developing new primary care residency programs in rural communities throughout New York State:

- Arnot Ogden Medical Center
- Cayuga Medical Center
- Champlain Valley Physicians Hospital
- Mary Imogene Bassett Hospital
- Samaritan Medical Center

Subcommittee # 1 Report: Barriers to Effective Care Coordination

Wade Norwood

Subcommittee # 1 Membership

- Finger Lakes Health System Agency (Common Ground Health) – Wade Norwood (Chair)
- New York State Education Department - Doug Lentivech (Co-Chair)
- 1199 SEIU United Healthcare Workers East - Helen Schaub
- City University of New York - Bill Ebenstein
- Community Health Workers Association of New York - Sergio Matos
- Cornell University - John August
- Greater New York Hospital Association - Tim Johnson
- Iroquois Healthcare Alliance - Gary Fitzgerald
- Healthcare Association of New York State - Robin Frank, Kathryn Gordon
- Maimonides Medical Center - Karen Nelson
- Monroe Community College - Anne Kress
- New York State Department of Health - Judith Mazza
- New York State Office of Mental Health - Nicole Haggerty, Melissa Harshbarger, Lloyd Sederer, M.D.

Summary of Charge and Objectives

Workgroup Subcommittee # 1 was charged with:

- Identifying core competencies and care coordination functions carried out by licensed and non-licensed workers as well as non-licensed family and friends
- Identifying barriers that, if addressed, would support the achievement of DSRIP and SHIP goals and advance the progress of these transformative activities by:
  - Promoting patient-centered and team-based care
  - Maximizing practice efficiencies and enabling health care professionals to work at the top of their licenses
  - Helping increase and expand access to high quality health care, especially in underserved areas
- Identifying ways to address such barriers

Activities

- Subcommittee # 1 found that the scope of practice for licensed professionals generally does not preclude them from carrying out tasks related to care coordination
- However, the subcommittee noted that there are some barriers which may prevent providers from fully realizing the potential of patient-centered, team-based care
- The subcommittee began identifying and prioritizing these barriers with potential recommendations for statutory, regulatory or administrative action to address them

Approach for Potential Recommendations

The subcommittee identified several potential areas for recommendation, which can be grouped into three buckets:

- Bucket A: Areas for which the Workforce Workgroup's approval is being sought, at today's meeting, to advance to the Health Innovation Council
- Bucket B: Areas for further exploration
- Bucket C: Areas for more in-depth discussion

Bucket A: Standing Orders

- The Medicaid Redesign Team's Workforce Flexibility and Change of Scope of Practice Work Group recommended authorizing the use of practice protocols, or "standing orders," by nurses in specified situations in emergency departments or other settings
- The MRT Work Group noted that such standing orders could be used in matters such as mandatory administration of newborn prophylaxis and other immunizations, and treatment protocols and regimens in emergency departments for conditions such as acute asthma, acute myocardial infarction and stroke
- Education Law §§ 6906 and 6527 would need to be amended to permit the use of "standing orders" for specified regimens
- The subcommittee identified this area as a way of expanding the ability of providers to enhance patient-centered, team-based care and will discuss the details of potential statutory changes

Bucket A: Collaborative Drug Therapy Management

- Education Law § 6801 authorizes pharmacists in Collaborative Drug Therapy Management (CDTM), a demonstration program established by Education Law § 6801 that authorizes pharmacists to perform CDTM in teaching hospitals
- It appears that CDTM has made positive contributions to patient outcomes and is generally perceived as beneficial by pharmacists, physicians and patients
- This proposal would make CDTM permanent, permit pharmacists to collaborate with nurse practitioners as well as physicians, and expand the settings where drug therapy management can be performed to include other health care facilities
- The subcommittee identified this as a way to expand patient-centered, team-based care and will discuss the details of proposed statutory changes

Bucket B: Integrating Primary and Behavioral Health Care

- Subcommittee # 1 will collaborate with the SHIP/DSRIP Workforce Workgroup Subcommittee #5, which is focused on growing the behavioral health workforce and promoting the integration of behavioral health and primary care
- Facilitating the integration of primary care and behavioral health care is one of the topics to be addressed as part of the RMI
- The subcommittee will seek to align its work with and serve as a resource to the RMI, and will make further recommendations as appropriate

Bucket B: Telehealth

- The Workgroup has noted that telehealth has the potential to improve access to physical health and behavioral health services, particularly in areas that are medically underserved, and to promote patient-centered care
- Telehealth is one of the topics to be addressed as part of the RMI
- Subcommittee # 1 will seek to align its work with and serve as a resource to the RMI, and will make further recommendations as appropriate

Bucket C: Scope of Practice for Licensed Practical Nurses

- Education Law § 6902, which sets forth the scope of practice for Licensed Practical Nurses (LPNs), potentially may not permit enough flexibility to allow LPNs to perform certain care coordination functions
- Changes to the statute may be appropriate to permit LPNs to perform specific tasks, under the direction of a licensed professional registered nurse, in certain settings, for the purpose of enhancing patient-centered, team-based care
- Subcommittee # 1 will examine this issue further and potentially identify statutory changes

Bucket C: Community Health Workers

- Community health workers (CHWs) assist individuals in adopting healthy behaviors, help community residents communicate with health care providers and social services agencies, and conduct outreach and implement programs to improve individual and community health
- Promoting the use of CHWs would increase knowledge about their services and greater utilization among health care providers and agencies
- Subcommittee # 1 will examine potential ways to achieve this

Next Steps

- Advance the areas in Bucket A (standing orders and CDTM) to the Health Innovation Council
- Review the RMI proceedings and further explore the areas in Bucket B (integration of primary care and behavioral health care services and telehealth)
- Conduct more in-depth discussion of areas in Bucket C (LPN scope of practice and community health workers)
- Review recommendations of Subcommittee # 5 and incorporate as appropriate

Subcommittee # 2 Report: Care Coordination Curriculum

Angella Timothy

Subcommittee # 2 Membership

- Adelphi University - Dr. Patrick Coonan (Chair)
- New York State Department of Health - Thomas Burke (Interim Chair)
- Albany College of Pharmacy & Health Sciences - Greg Dewey
- American College of Physicians - Lisa Noel
- City University of New York - Dr. William Ebenstein
- Medical Society of the State of New York - Lisa Harring
- Monroe Community College - Dr. Andrea Wade
- New York State Department of Health - Angella Timothy
- New York State Society of Physician Assistants - Daniel Forsberg
- Northwell Health - Deirdre Duke
- University of Rochester School of Medicine - Dr. Mark Taubman

Summary of Charge and Objectives

- Subcommittee # 2 is working to identify core concepts in care coordination that can be recommended for inclusion in the educational curricula for licensed professionals
- The subcommittee has reviewed existing curricula for training health care professions to see the extent to which care coordination concepts currently exist
- The subcommittee is in the process of developing a set of core competencies and learning objectives
- Subcommittee # 2 also will consider ways to share these concepts with non-licensed individuals on the patient care team

Subcommittee Activities

Subcommittee # 2:

- Reviewed the care coordination curriculum guidelines prepared by Subcommittee # 3
- Reviewed research and literature on educating the health care workforce
- Identified the work of the Interprofessional Education Collaborative (IPEC) as a model for core competencies and learning objectives
- Convened a subgroup (Andrea Wade, Deirdre Duke, Greg Dewey, Angella Timothy) to recommend topics within the core competencies

Subcommittee # 3 Report: Care Coordination Training Guidelines

Jean Moore

NEW YORK STATE OF OPPORTUNITY. Department of Health

Subcommittee # 3 Membership

- Center for Health Workforce Studies - Jean Moore (Chair)
- Center for Health Workforce Studies - Bridget Baker
- New York State Office of Mental Health - Johney Barnes
- Home Care Association of New York State - Alexandra Blais
- City University of New York (JFK, Jr. Institute for Worker Education) – William Ebenstein, Carrie Shockley
- State University of New York, Office of Academic Health and Hospital Affairs - Heather Eichin
- 1199 SEIU/League Training & Upgrading Fund - Becky Hall, Selena Pitt, Sandi Vito
- Fort Drum Regional Health Planning Organization - Tracy Leonard
- Paraprofessional Healthcare Institute - Carol Rodat
- New York Alliance for Careers in Healthcare - Shawna Trager

Care Coordination Curriculum Guidelines

- The Workgroup recognized the need to identify consistent training guidelines for workers who carry out care coordination functions
- Subcommittee # 3 developed core curriculum guidelines for training workers who provide care coordination
- These guidelines are available at https://www.health.ny.gov/technology/innovation_plan_initiative/docs/core_curriculum_train_ccw.pdf
- The guidelines, which have been widely distributed, will be updated as needed

Subcommittee # 5 Report: Behavioral Health and Primary Care Integration

Amy Jones-Renaud

NEW YORK STATE OF OPPORTUNITY. Department of Health

Subcommittee # 5 Membership

- New York State Office of Mental Health - Amy Jones-Renaud (Chair)
- New York State Department of Health - Associated Medical Schools of New York - Jo Wiederhorn
- City University of New York - William Ebenstein
- Cornell University - John August
- Fort Drum Regional Health Planning Organization - Tracey Leonard
- Healthcare Association of New York State - Victoria Aufiero
- MVP Health Care - Margaret Leonard
- New York City Department of Health and Mental Hygiene - Myla Harrison
- New York State Association of Alcohol and Substance Abuse Providers - John Coppola
- New York State Department of Health - Margaret Adeigbo, Priti Irani, Angella Timothy, Lisa Ullman, Eric Zasada
- New York State Office of Alcoholism and Substance Abuse Services - Julia Fesko -
- New York State Office of Mental Health - Johney Barnes, Danielle Chapman, Crystal Scalesci, Lloyd Sederer, M.D.
- New York State Office for People With Developmental Disabilities - Virginia Scott-Adams, Dianne W. Henk
- St. Joseph's Treatment and Recovery Center - Katie Kirkpatrick
- United Hospital Fund - Greg Burke

Summary of Charge and Objectives

- Efforts to integrate physical and behavioral health care require an appropriately skilled workforce, which includes care coordination concepts but must also incorporate evidence-based interventions (e.g., motivational interviewing and problem solving therapy) that require more specialized training
- Subcommittee # 5 is specifying key functions related to behavioral health care management, identifying barriers to effective integration, developing curricula, and recommending training guidelines to support behavioral health management for staff in primary care settings
- Recommendations will be coordinated with other subcommittees and aligned with the work of the RMI, with the subcommittee serving as a resource for those efforts as appropriate

Specific Areas to Be Further Explored

Subcommittee # 5 is in the process of:

- Reviewing tasks and functions related to the provision of behavioral health services to identify whether there are any barriers related to the statutory scope of practice for any practitioners that may need to be addressed (in conjunction with Subcommittee # 1)
- Highlighting the need to incorporate a focus on integrated health within the care coordination concepts recommendation for inclusion in the core competencies for licensed professionals (in conjunction with Subcommittee # 2)
- Considering the potential for including more of a focus on behavioral health in the core curriculum guidelines for training workers who provide care coordination (in conjunction with Subcommittee # 3)
- Supporting the need to obtain workforce data on practitioners that provide behavioral health (in conjunction with Subcommittee # 4)

Other Priority Areas

Subcommittee # 5 has highlighted a need to address the following:

- Explore reimbursement issues that may prevent certain licensed or certified practitioners from offering behavioral health services in primary care settings
- Consider how to promote the role of non-licensed individuals (e.g., health educators and CHWs) in supporting providers to engage patients and promote coordination of care
- Support efforts to facilitate the availability of telehealth and align requirements of various state agencies
- Pursue flexibility in the federal rules that apply to the sharing of licensed clinical space by primary care and behavioral health care providers
- Address limitations and confusion related to data privacy requirements between behavioral and physical health care providers

Findings from the Nurse Practitioner Registration Surveys

Jean Moore

NEW YORK STATE OF OPPORTUNITY. Department of Health

A Profile of Active NPs in New York: Findings from Mandatory Re-registration Survey

SIM/DSRIP Workforce Workgroup Meeting

ESP, Conference Room 2 and 3
Albany, New York
August 25, 2017

Jean Moore, DrPH, MSN
Director
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
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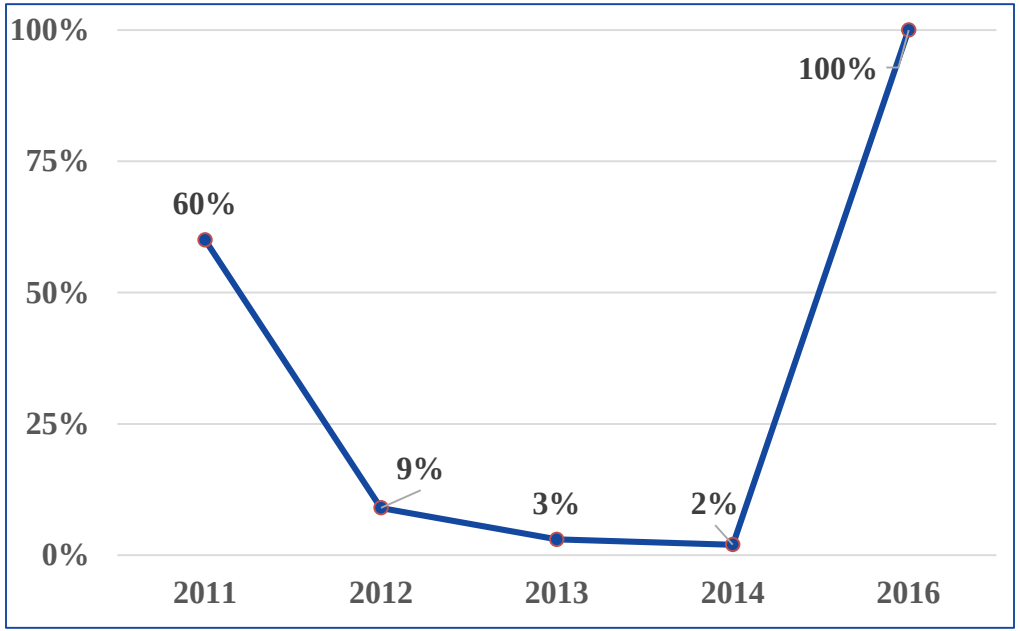
CHWS
Center for Health Workforce Studies

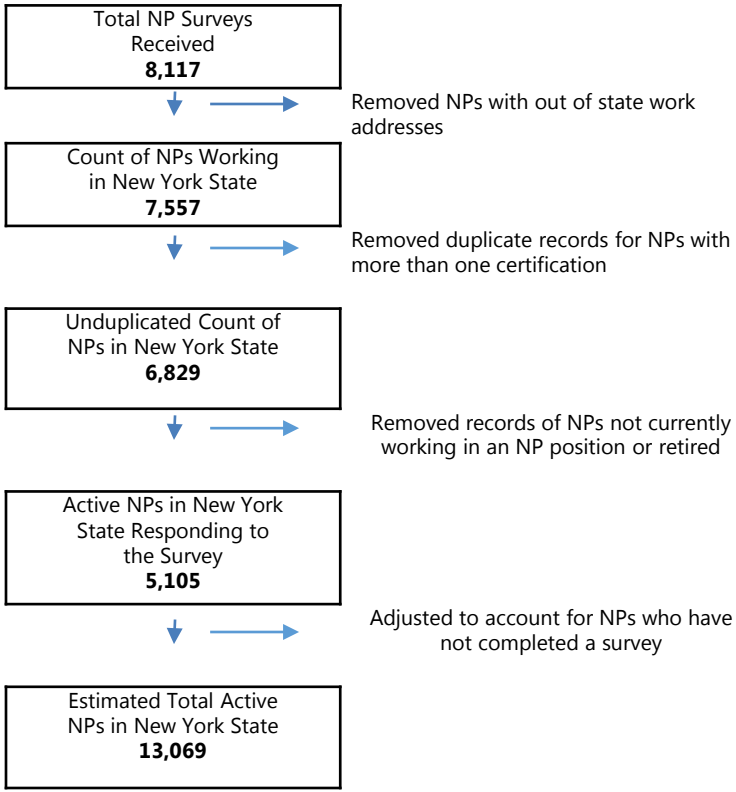
Background:
Mandatory NP Re-Registration Survey

- 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
- First 18 months: nearly 100% response rate, about 45% of NPs in the state
- Research brief, based on these data, was released in October
- A more detailed report is being finalized
- Public use data base under development

Nurse Practitioner Re-registration Survey Response Rates, 2011-2016



Count of New York NPs



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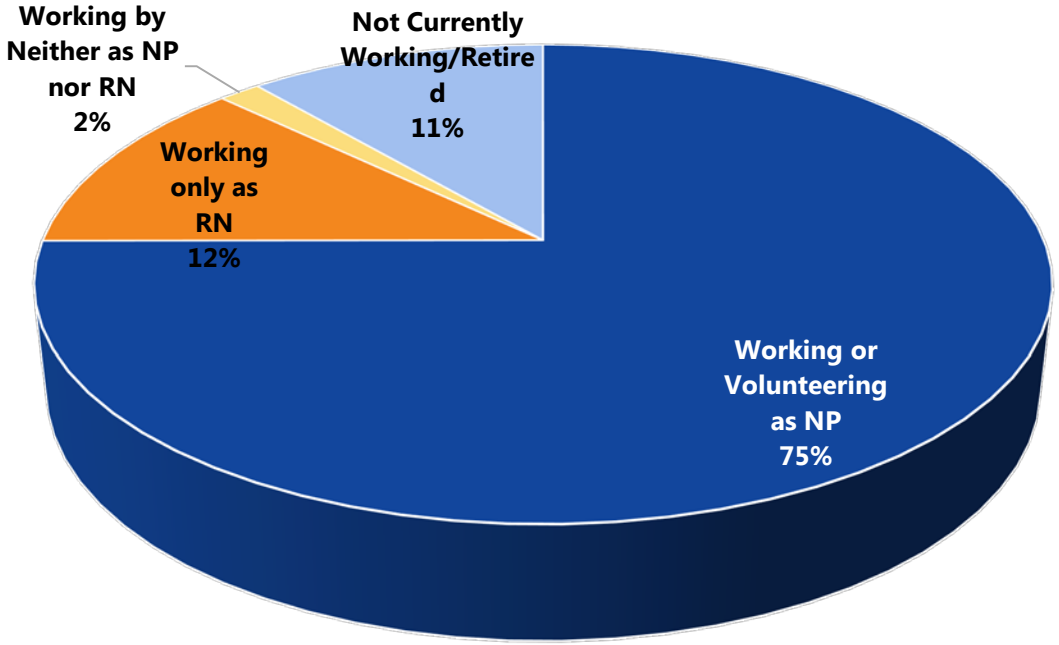
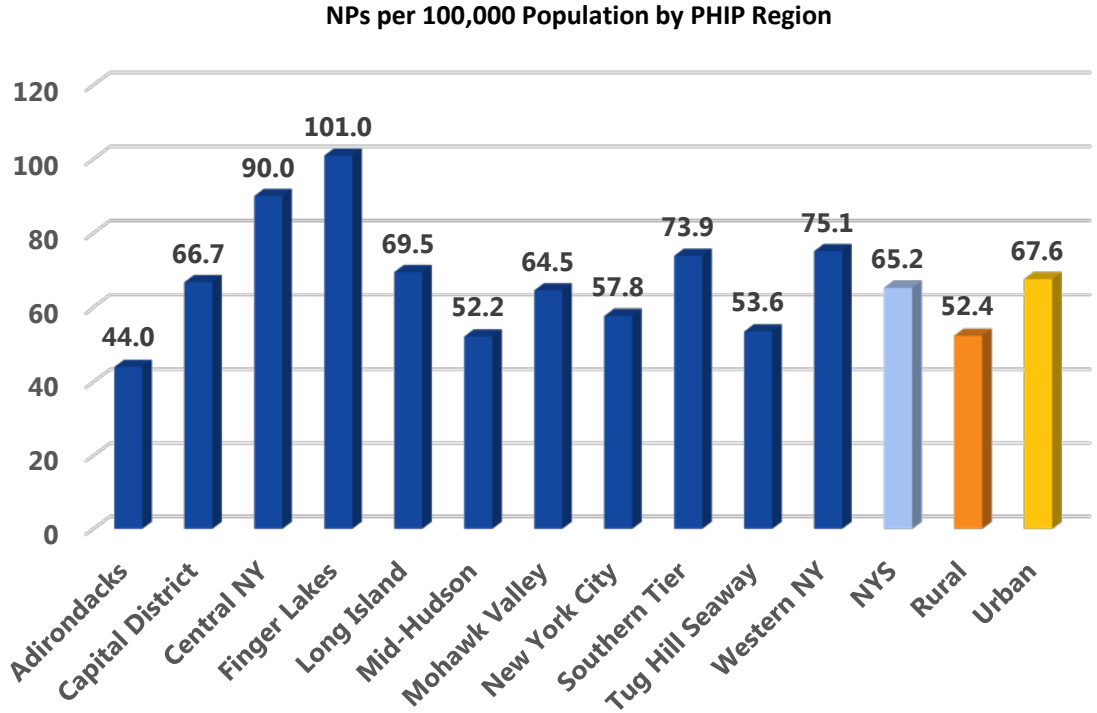
75% of the State's NPs are Actively Practicing in New York



CHWS Center for Health Workforce Studies

Active NPs Are Not Evenly Distributed Across the State



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NP Practice Settings and Locations

Settings

- Over half of active NPs work in health centers, clinics, and hospital outpatient departments
- 18% in physician offices
- 25% work in inpatient, emergency departments, or other settings
- 5% in independent NP practices

Practice in underserved areas

- Forty-three percent of NPs in the state work in federally designated primary care health professional shortage areas (HPSAs)
- Almost 70% of NPs in rural areas work in primary care HPSAs compared to 39% of NPs in urban areas

NP Education

- Over 90 % of active NPs report holding a master's degree or postmaster's certificate as their highest NP degree
  - 21% of NPs with an NP certificate as an initial degree went on to earn a master's degree
- The vast majority of NPs report a certification in a primary care specialty, including adult health, family health, pediatrics, women's health, obstetrics/gynecology and gerontology
- Nine percent of NPs report a certification in psychiatry
- The majority of active NPs are 'home grown' , i.e., graduated from a New York high school (69.4%), completed their first RN education program ((78.1%) and their first NP education program (88.9%) in New York

NP Demographics

- Nearly 93% of active NPs are female
- While the median age of NPs statewide is 50, those practicing in rural areas are older (54)
- NPs who are White have a median age of 51, while NPs in all other racial/ethnic groups are younger, including Blacks (47), Asians (44) and Hispanics (45)
- A higher percentage of NPs over 50 report specialty certifications in obstetrics/gynecology (88%), psychiatry (64%), or gerontology (69%)

One-Third of Active NPs Are Primary Care NPs

Holds certifications in one or more of the following specialties:

- Adult health;
- Family health;
- Gerontology;
- Obstetrics/gynecology;
- Pediatrics; or
- Women's health;

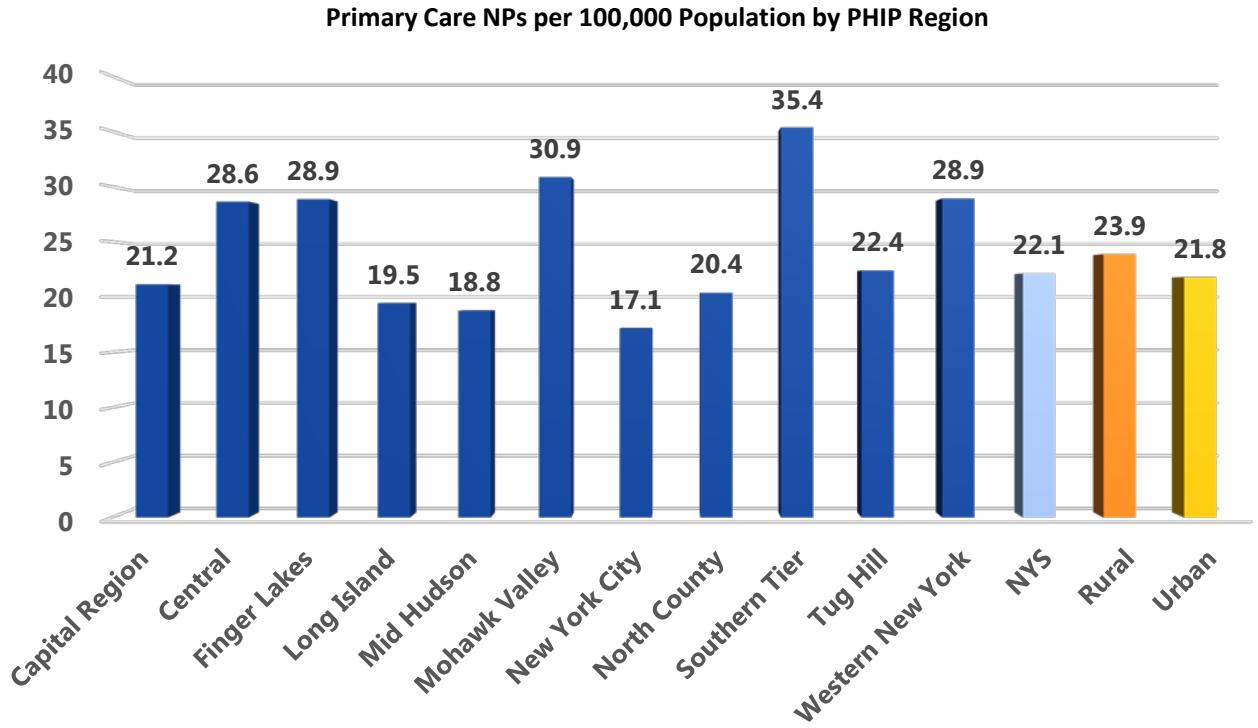
And works in one of the following primary care focused ambulatory practice settings:

- Free standing clinic/federally qualified health center;
- Hospital outpatient service;
- Physician practice; or
- Independent NP practice.

Primary Care NPs

- There are an estimated 4,100 active primary care NPs in the state, representing more than 4,000 FTEs
- The median age of primary care NPs is 51
- Forty-five percent of primary care NPs work in primary care HPSAs
- The majority of primary care NPs (57%) work in health centers, clinics, hospital outpatient settings and another 26% worked in private physician practices
- Active NPs in rural areas are more likely to work in physician practices than NPs in urban areas (33% compared to 24%, respectively)

Wide Regional Variation in the Distribution of Primary Care NPs



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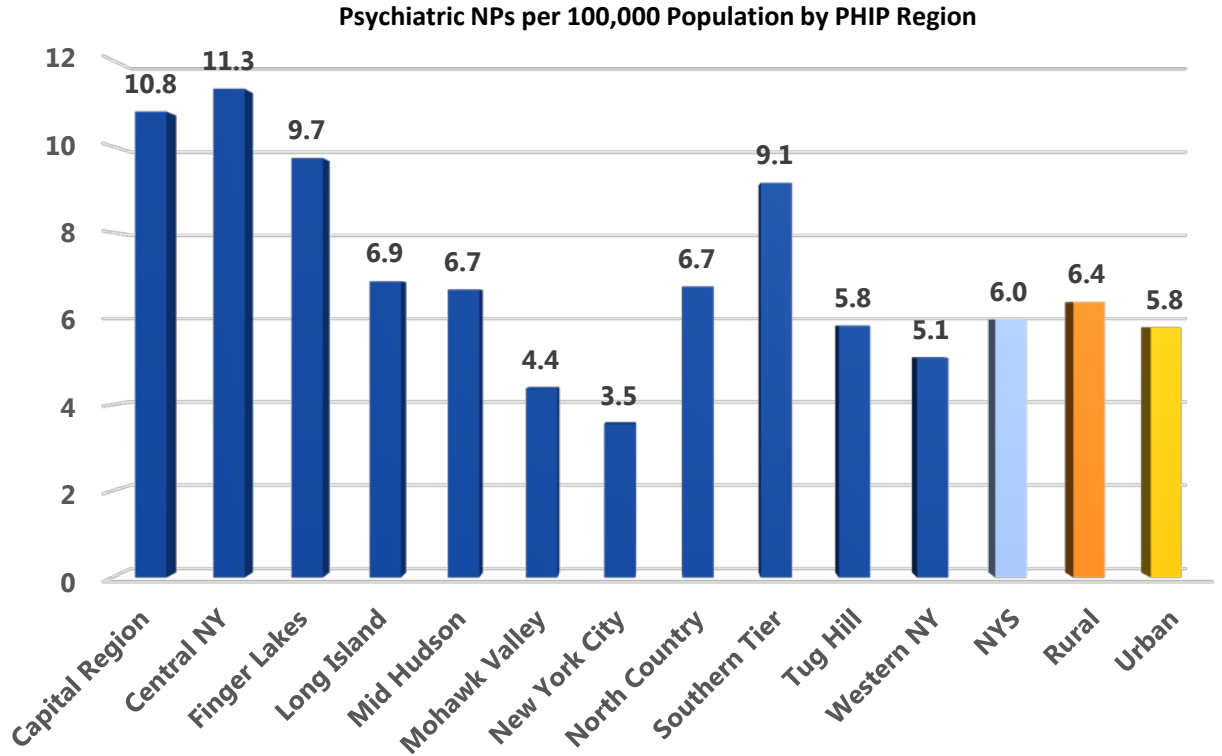
Psychiatric NPs

- There are an estimated 1,180 active psychiatric NPs in the state, representing 1,135 FTEs
- There are more active psychiatric NPs per capita in rural areas than urban areas
- The median age of psychiatric NPs is 56, and a much higher percentage of active psychiatric NPs is 60 years of age or older compared to all other NPs
- Forty-one percent of psychiatric NPs work in mental health HPSAs
  - A higher percentage of psychiatric NPs in rural areas of the state practice in mental health HPSAs (58%) compared to 37% of psychiatric NPs in urban areas.

Regional Variation in the Distribution of Psychiatric NPs



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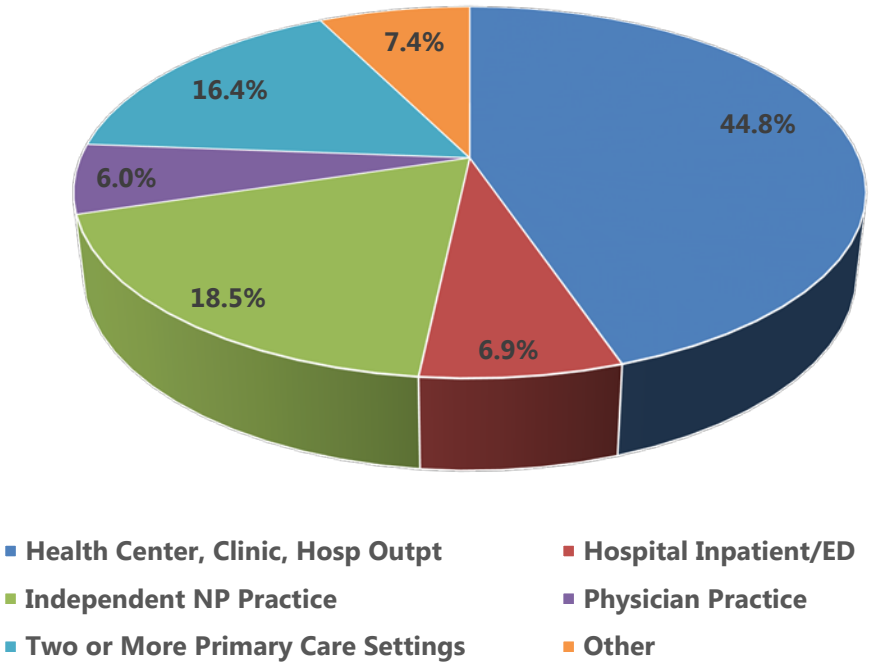
Psychiatric NP Practice Settings



Ten Percent of NPs Report Planned Changes to Their Practice Within the Next 12 Months

- One percent of NPs report plans to retire
- Three percent of NPs report plans to significantly reduce patient care hours
- Six percent of NPs report plans to move their practice location

Discussion

- The NP re-registration survey illustrates the value of timely and consistent data collection to support effective health workforce planning
- The survey, based on Minimum Data Set federal guidelines, is brief and focused on demographic, educational and practice characteristics
- The statutorily mandated NP re-registration survey is an example of a ‘best practice’ in health workforce monitoring

Next Steps

- Consider strategies for collecting data on licensed health professionals in nursing, medicine, behavioral health and others
- Will one size fit all?
  - Can the approach used successfully for NP data collection work for other health professions?
- Which stakeholders can assist with these efforts?

Thank you

Subcommittee #4: Health Care Data

Lisa Ullman and Jean Moore

NEW YORK STATE OF OPPORTUNITY. Department of Health

Subcommittee # 4 Membership

- Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York - Jean Moore (Chair)
- City University of New York - William Ebenstein
- Greater New York Hospital Association - Carla Nelson, Tim Johnson
- Healthcare Association of New York State - Kathryn Gordon
- Iroquois Healthcare Alliance - Greg DeWitt and Gary Fitzgerald
- New York Health Plan Association - Kathleen Preston
- New York State Department of Health - Tom Burke, Cherlyn Fay, Susan Mitnick, Angella Timothy, Lisa Ullman
- New York State Society of Physician Assistants - Dan Forsberg
- Schuyler Center for Analysis & Advocacy - Kate Breslin

Addressing Gaps in Health Care Workforce Data

- The Workgroup recommended that statutory changes be pursued to allow collection of more robust information about the health care workforce, particularly with respect to the distribution of practitioners
- The Department of Health (DOH) proposed legislation to incorporate additional information into the Physician Profile
- DOH also proposed legislation to require the provision of data by other health care practitioners upon registration and re-registration with the State Education Department (SED)

Physician Profile Bill

DOH's proposed legislation would:

- Improve reporting to the Profile by linking the Profile and the licensure/registration process
- Allow physicians to authorize designees to maintain and update their profiles
- Require additional information to be reported and included in the Profile (e.g., hours of operation, whether new patients are being accepted, and availability of assistive technology)
- Require DOH to include in each physician's Profile a list of health plan networks in which each physician participates
- Require reporting of additional information by physicians for the purpose of workforce research and planning to improve tracking of physician workforce trends and inform policy decisions

Practitioner Data Bill

- Currently, DOH collects data on a small number of professions through voluntary surveys administered as part of professional license renewal, but rates of responses vary, and information is not sought from all health care practitioners
- DOH's proposed bill would require health care practitioners, other than physicians, to report information, such as the settings where they practice, to SED as part of their registration and re-registration
- SED would collect this information through a survey, which would be based on Minimum Data Set federal guidelines and would be similar to the nurse practitioner model
- SED would provide this information to DOH and other state agencies as appropriate, including the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, and DOH would make de-identified, aggregate information available to the public on its website
- Information collected would be used for research and to inform policies and programs related to the health and behavioral health care workforce

Practitioners Included in the Data Bill

- Physician assistants
- Specialist assistants
- Chiropractors
- Dentists
- Certified dental assistants
- Dental hygienists
- Licensed perfusionists
- Physical therapists
- Physical therapist assistants
- Pharmacists
- Registered professional nurses
- Licensed practical nurses
- Midwives
- Podiatrists
- Optometrists
- Opthalmic dispensers
- Psychologists
- Licensed master social workers
- Licensed clinical social workers
- Massage therapists
- Occupational therapists
- Occupational therapy assistants
- Certified dietitians and certified nutritionists
- Speech-language pathologists and audiologists
- Acupuncturists
- Certified athletic trainers
- Licensed mental health counselors
- Licensed marriage and family therapists
- Creative arts therapists
- Licensed psychoanalysts
- Respiratory therapists
- Respiratory therapy technicians
- Clinical laboratory technologists
- Cytotechnologists
- Clinical laboratory technicians
- Histological technicians
- Professional medical physicists
- Certified behavioral analyst assistants
- Licensed behavior analysts
- Pathologists' assistants

Discussion

Adjournment