NEW YORK STATE | Department of Health | Medicaid Redesign Team

PAOP CC/HL and Workforce Overview Presentation

Wednesday, January 18, 2017

Workforce Program Overview

Why are CC/HL and Workforce being presented together?

The development of the future workforce under DSRIP requires significant attention paid toward developing cultural competency. PPS are making a concerted effort to not only train but also recruit staff capable or providing culturally competent care. Recruitment and hiring practices may be a part of a cultural competency strategy

	Requirements	Current Progress	Common Approaches
Workforce	**1) Five reporting milestones** (one AV driving) 2) **Three Reports**: • Strategy spending (AV driving) • Staff impact analysis (AV driving) • New Hire analysis (AV driving)	• 15/25 PPS have passed and completed milestones • Others are currently in progress	• Working with vendors • Educational symposiums • Collaborating with other PPS • 1199 training

CC/HL Program Overview

Why are CC/HL and Workforce being presented together?

The development of the future workforce under DSRIP requires significant attention paid toward developing cultural competency. PPS are making a concerted effort to not only train but also recruit staff capable or providing culturally competent care. Recruitment and hiring practices may be a part of a cultural competency strategy

	Requirements	Current Progress	Common Approaches
Cultural Competency and Health Literacy	• Two milestones (both AV driving)	• All PPS have passed and completed milestones	• PPS continue to participate in PPS-led CC/HL workgroup to share best practices and implementation strategies • CBO collaborations

Workforce: Reporting Requirements and Status

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 (Included in Workforce Staff Impact 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 Module Reporting Requirements Detailed

The following three modules are required reporting through the DSRIP program.

Strategy Spending

- PPS identified the planned spending commitment targets related to its workforce strategy over the term of the waiver. More points were awarded during the application phase for committing to a larger financial commitment
- For DY1-DY3, the PPS must reach the minimum target of 80%-85% of cumulative spending in order to earn the Achievement Value
- DOH is applied a 25% discount factor to the DY1 Workforce Strategy Spend target (meaning PPS will need to spend 80% of reduced DY1 spending commitment to earn the Achievement Value in DY1)

Staff Impact Analysis

- PPS were required to report on anticipated impacts on workforce and how to mitigate negative impacts. PPS were required to identify the percent of existing employees requiring retraining, redeployment, and the percent of new employees expected
- For existing staff, PPS were required to provide additional details on the efforts the PPS will undertake to identify staff that will be impacted by the DSRIP program (e.g. placement level of workers impacted by retraining)
- PPS were also required to identify the anticipated new jobs that will be created and the approximate number of new hires per category

New Hire Analysis

- PPS were required to identify the anticipated new jobs that will be created and the approximate number of new hires per category

PPS Earnings: Workforce AVs

PPS Name	AV Value	Payment Earned	Percent Earned
Adirondack Health Institute, Inc.	$ 2,725,004	$ 2,725,004	100%
Advocate Community Providers, Inc.	$ 4,919,832	$ 4,919,832	100%
Albany Medical Center Hospital	$ 1,862,479	$ 1,862,479	100%
Alliance for Better Health Care, LLC	$ 3,419,284	$ 3,419,284	100%
Bassett Medical Center	$ 950,234	$ 950,234	100%
Bronx-Lebanon Hospital Center	$ 1,054,619	$ 1,054,619	100%
Care Compass Network	$ 3,123,293	$ 3,123,293	100%
Central New York Care Collaborative, Inc.	$ 2,354,773	$ 1,903,109	81%
Community Partners of Western New York	$ 630,689	$ 630,689	100%
Finger Lakes Performing Provider Systems, Inc.	$ 7,613,486	$ 7,613,486	100%
Maimonides Medical Center	$ 3,294,546	$ 3,294,546	100%
Millennium Collaborative Care	$ 2,706,548	$ 2,706,548	100%
Montefiore Medical Center	$ 1,775,936	$ 1,775,936	100%
Mount Sinai PPS, LLC	$ 2,010,163	$ 1,623,392	81%
Nassau Queens Performing Provider System, LLC	$ 5,199,530	$ 5,199,530	100%
New York City Health and Hospitals Corporations	$ 17,543,221	$ 17,543,221	100%
North Country Initiative - Samaritan	$ 1,079,991	$ 1,079,991	100%
NYU Lutheran Medical Center	$ 1,018,438	$ 1,018,438	100%
Refuah Community Health Collaborative	$ 316,567	$ 316,567	100%
SBH Health System	$ 2,538,399	$ 2,538,399	100%
Staten Island Performing Provider System, LLC	$ 2,897,152	$ 2,897,152	100%
Suffolk County Collaborative	$ 2,605,234	$ 2,605,234	100%
The New York and Presbyterian Hospital	$ 712,226	$ 276,666	39%
The New York Presbyterian Hospital of Queens	$ 161,243	$ 161,243	100%
Westchester Medical Center	$ 3,787,196	$ 3,787,196	100%
Total	**$ 76,300,084**	**$ 75,026,088**	**98%**

Sources: MAPP DSRIP

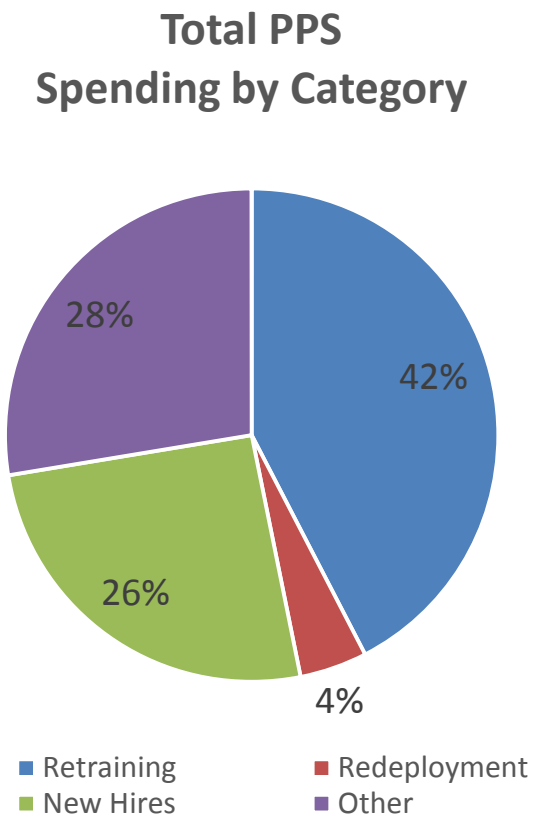
PPS Progress across Workforce Requirements:

- The table illustrates all payments earned by PPS across all AV driving workforce requirements
- 15/25 PPS have met all AV driving Workforce milestones

NEW YORK STATE OF OPPORTUNITY. Department of Health

PPS Spending: Workforce Strategy Spending

PPS Name	Retraining	Redeploy	New Hires	Other	Total
Adirondack Health Institute, Inc.	$ 376,391	$ -	$ 802,740	$ 379,539	$ 1,558,670
Advocate Community Providers, Inc.	$ 9,181,873	$ -	$ 4,364,618	$ 3,080,785	$ 16,627,276
Albany Medical Center Hospital	$ 61,776	$ -	$ 16,150	$ 985,142	$ 1,063,069
Alliance for Better Health Care, LLC	$ 419,833	$ -	$ 25,000	$ 196,436	$ 641,269
Bassett Medical Center	$ 249,420	$ 1,000	$ 234,437	$ 541,571	$ 1,026,428
Bronx-Lebanon Hospital Center	$ 911,795	$ 100,245	$ 165,605	$ 1,841,614	$ 3,019,259
Care Compass Network	$ 71,738	$ -	$ 59,650	$ 579,830	$ 711,217
Central New York Care Collaborative, Inc.	$ 1,710,297	$ 414,472	$ 1,228,030	$ 1,453,750	$ 4,806,549
Finger Lakes Performing Provider Systems, Inc.	$ 1,691,746	$ 105,314	$ 1,107,962	$ 3,881,684	$ 6,786,706
Maimonides Medical Center	$ 2,427,532	$ -	$ -	$ 412,874	$ 2,840,406
Millennium Collaborative Care	$ 2,260,857	$ 2,846,492	$ 3,318,517	$ 2,827,967	$ 11,253,833
Montefiore Medical Center	$ 214,958	$ -	$ 145,859	$ 1,551,938	$ 1,912,755
Mount Sinai PPS, LLC	$ 105,781	$ 50,000	$ 48,216	$ 471,705	$ 675,702
NYU Lutheran Medical Center	$ 1,193,755	$ -	$ -	$ 405,551	$ 1,599,306
Nassau Queens Performing Provider System, LLC	$ 1,433,548	$ 599,268	$ 2,742,820	$ 4,803,243	$ 9,578,879
New York City Health and Hospitals Corporations	$ 10,728,016	$ -	$ 5,946,131	$ -	$ 16,674,147
The New York Presbyterian Hospital of Queens	$ 44,456	$ -	$ 93,268	$ 134,000	$ 271,723
Refuah Community Health Collaborative	$ -	$ -	$ 36,710	$ 484,804	$ 521,514
SBH Health System	$ 2,346,620	$ -	$ 1,062,622	$ 1,003,777	$ 4,413,019
North Country Initiative - Samaritan	$ 20,837	$ -	$ 2,422,000	$ 117,154	$ 2,559,991
Community Partners of Western New York	$ 97,535	$ 4,813	$ 4,851	$ 40,495	$ 147,694
Suffolk County Collaborative	$ 1,495,445	$ 691,317	$ 3,771,108	$ 3,683,437	$ 9,641,308
Staten Island Performing Provider System, LLC	$ 7,843,938	$ -	$ 53,700	$ 513,102	$ 8,410,740
The New York and Presbyterian Hospital	$ -	$ -	$ 207,140	$ 142,416	$ 349,556
Westchester Medical Center	$ 1,310,515	$ -	$ -	$ 552,635	$ 1,863,151
Total	$ 46,198,663	$ 4,812,921	$ 27,857,135	$ 30,085,448	$ 108,954,167



Sources: MAPP DSRIP

NEW YORK STATE OF OPPORTUNITY. Department of Health

DSRIP Workforce Initiatives

- The PPS are working towards increasing health care access and capacity supported by a major investment in workforce.

- Through DY2Q2, the PPS spent $109M in funding on Workforce initiatives, including investments in:
  - Emerging positions, in particular for 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
  - Training community health workers and community based organization workers to implement the PPS Cultural Competency and Health Literacy strategies
  - Recruitment and Retention efforts

Workforce Snapshot: Compensation and Benefits Survey

- The Compensation & Benefits Survey is intended to capture a *snapshot in time* and examine workforce trends within each PPS to:
  - Inform education and training requirements for PPS 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 PPS for DSRIP Years 1, 3 and 5
- PPS 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

Workforce Snapshot: High Vacancy Rates by Job Title

The following tables show the number of PPS with 8% or greater 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

NEW YORK STATE OF OPPORTUNITY. Department of Health

Workforce Strategies and Common Approaches

Internal

- Opportunities for educational symposiums
- Hiring full time manager of workforce strategy
- Assembling a workgroup to discuss needs, concerns, and issues
- E-learning courses
- Establishing a charter and electing a chairperson

External

- Working with vendors to train and retrain individuals necessary for DSRIP staffing and redeployment throughout the PPS (e.g. 1199 training)
- Collaborating with other PPS to align services surrounding Workforce
  - Reduce the duplication of work requested of the primary care offices and organizations
  - Aggregate survey responses to allow for data sharing and analysis

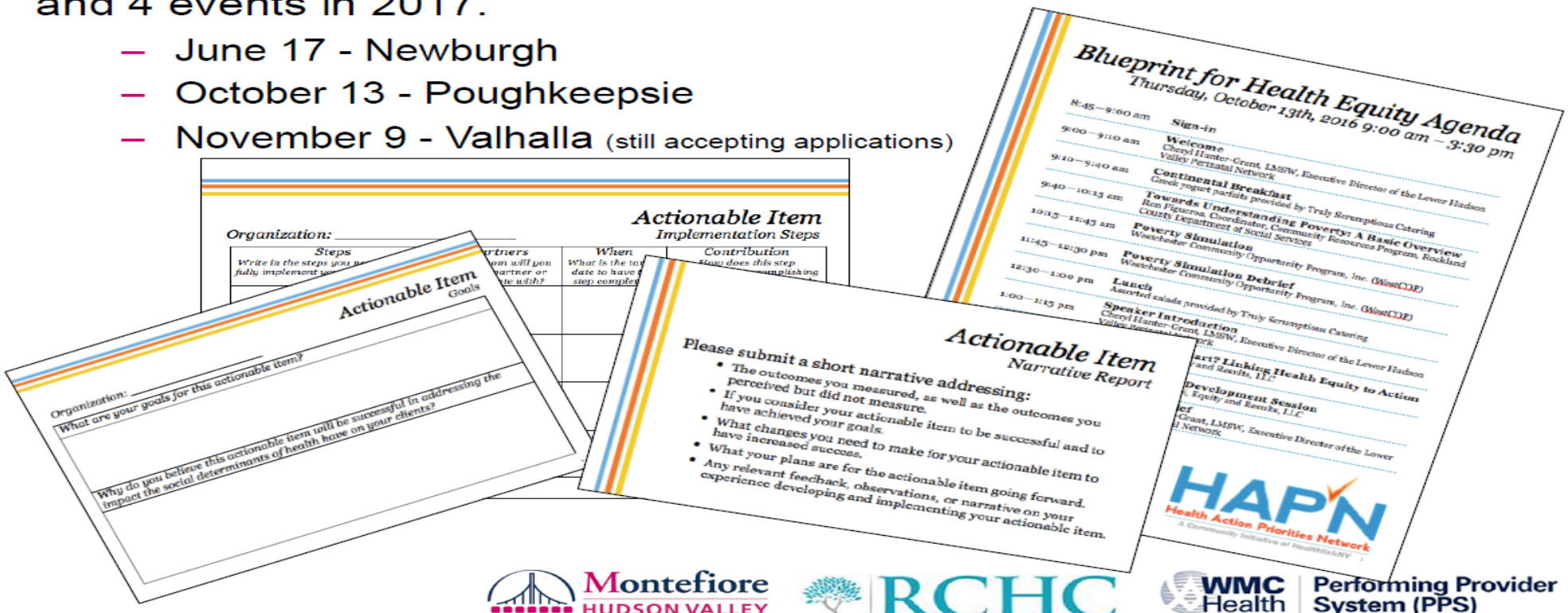
The following slides provide examples of PPS efforts to integrate Cultural Competency and Health Literacy efforts in workforce activities and through community based partners

Workforce Strategies: PPS Examples

CCHL Collaboration

MHVC, WMCHealth 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)



Montefiore Hudson Valley Collaborative · RCHC Refuah Community Health Collaborative · WMC Health Performing Provider System (PPS) Westchester Medical Center Health Network

Department of Health

Workforce Strategies: PPS Examples

Suffolk Care Collaborative

Online Learning Center for Providers & Partners Live!

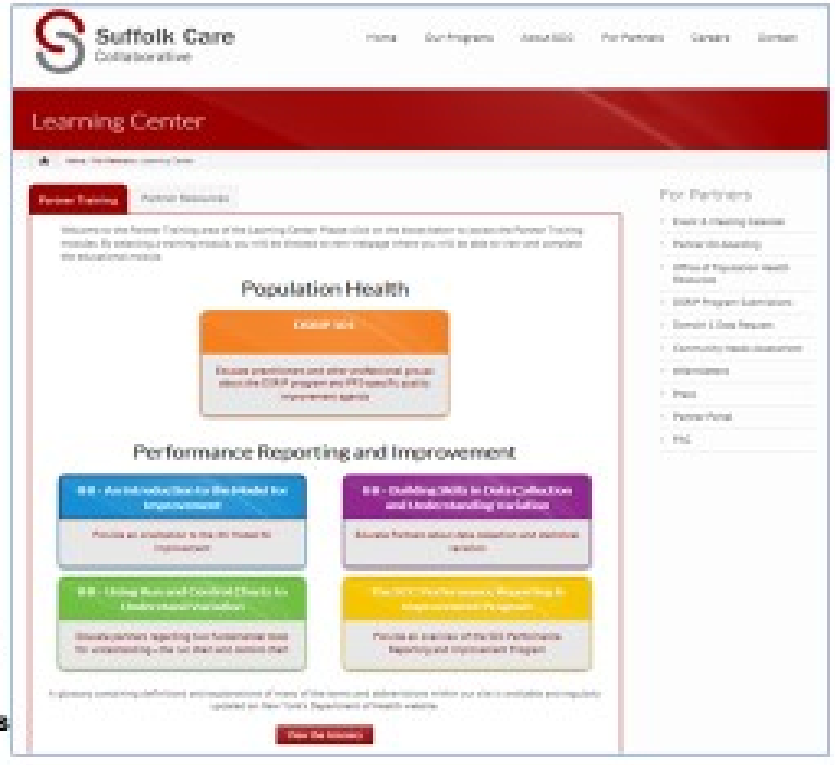
Current Modules include:

- ✓ 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



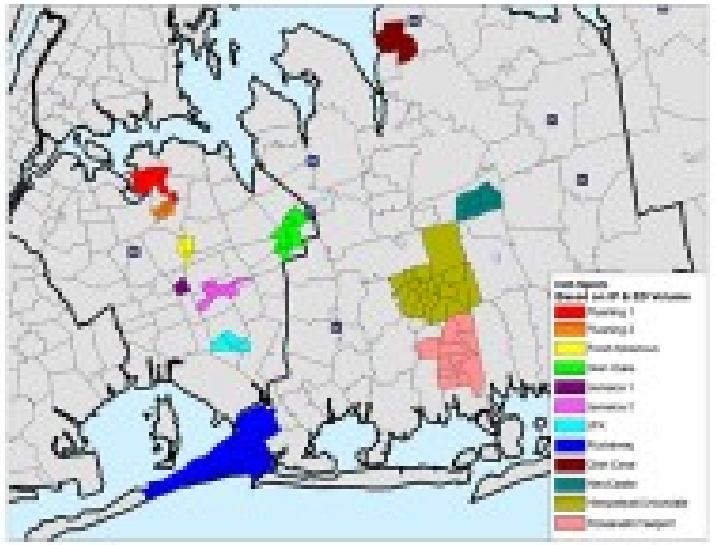
www.suffolkcare.org | Join our mailing list by texting SUFFOLKCARES to 22828

Workforce Strategies: PPS Examples

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



Workforce Strategies: PPS Examples

CARE COMPASS NETWORK

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

Workforce Strategies: PPS Examples

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

Workforce Strategies: PPS Examples

Use of Data to Inform Cultural Competency and Health Literacy Plan

Staten Island Performing Provider System

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

Diversity and Inclusion (D&I) SI PPS Partner Survey

Identify CCHL *Site Champions*

Gap Analysis

- 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:
50% partners without language access	✓ Contracted vendor for interpreting and translating needs; supplying sites with Video Remote Interpreting Equipment
85% partners identified need for Medical Interpreter Training	✓ Contracted 2 Medical interpreter training vendors specializing in hospital and community interpreting
65% partners seek LGBT and Disability sensitivity training	✓ 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
90% partners identified Health Literacy as area for improvement	✓ Developing Health Literacy provider and community training

Cultural Competency Program Background

Each PPS must demonstrate cultural competence by successfully engaging Medicaid members from all backgrounds and capabilities in the design and implementation of their health care delivery system transformation

Cultural Competency

Program Justification:

- NIH: "Critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients"
- Cultural biases can often direct a patient's care
- Cultural competency enhances the consumer experience and fosters a workplace where everyone feels included and valued
- Allows us to respond to the needs of a diverse patient and family population

Program Goals:

- Understand unique attributes of community members to reduce existing health disparities
- Recognize how beliefs and attitudes contribute to health decisions
- Open communication and knowledge sharing to build health communities

Health Literacy Program Background

Health Literacy

Program Justification:

- Health literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level, or racial/ethnic group
- Adults with low health literacy are more likely to have chronic conditions and are less able to manage them effectively
- Adults with low health literacy average 6% more hospital visits and stayed in the hospital nearly 2 days longer than adults with higher literacy skills
- Adults with low health literacy stayed in the hospital nearly 2 days longer than adults with higher literacy skills
- Adults with low health literacy had fewer doctor visits, but used significantly more hospital resources
- Adults with low health literacy had fewer doctor visits but used significantly more hospital resources and had annual health care costs 4x higher than those with higher health literacy

Program Goals:

- Improving communication skills for patients, providers, partners, and community will improve adherence, trust, and outcomes

Federal Standards Upon Which CC/HL is Defined

Affordable Care Act Section 1557: Non Discrimination Provision

- The non-discrimination provision of the Affordable Care Act builds upon the non-discrimination clause from the 1964 Civil Rights Act title VI which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities
- The new updates now mandate that all 'covered entities' are subject to this ruling
- Free language access services must be provided by a qualified individual
- A person cannot be denied sex-specific treatment if their gender identity does not match their insurance card of identification
- Bathrooms, patient rooms, and exam rooms must match a person's gender identity, not the sex assigned at birth or the sex that a person's appearance might suggest
- Disability discrimination is prohibited
- Providers must:
  - Designate an employee responsible for compliance with these civil rights
  - Adopt a grievance policy for complaint resolution
  - Post non-discrimination notices and taglines in multiple languages

Federal Standards Upon Which CC/HL is Defined (con't)

Culturally and Linguistically Appropriate Services (CLAS) Standards

- 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services
- Principal Standard
  - Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs

CC/HL Requirements

Milestone 1: Finalize cultural competency/health literacy strategy

- Strategy must identify priority groups experiencing health disparities, identify key factors to improve access to quality primary, behavioral health, and preventative health care, define plans for two-way communication with the population and community groups through specific community forums, identify assessments and tools to assist patients with self-management of conditions, and identify community-based interventions to reduce health disparities and improve outcomes

Milestone 2: Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material)

- Strategy must focus on available evidence based research and include a template to capture trainings that have occurred in the past quarter

All PPS have passed and completed CC/HL milestones

Note: One PPS did not provide sufficient evidence that the board approved their CC/HL strategy and failed milestone. Necessary documentation was later provided and milestone was passed though no AV awarded

PCMH Standard 2C: Culturally and Linguistically Appropriate Services

The practice engages in activities to understand and meet cultural and linguistic needs of consumers/families by:

1. Assessing the diversity of its population
2. Assessing the language needs of its population
3. Providing interpretation or bilingual services to meet language needs of its population
4. Providing printed materials in languages of its population

CC/HL Strategies and Common Approaches to Implementation

PPS are executing their CC/HL strategies through both an expansion of current capacities and through the development of new initiatives with partner organizations and through leveraging technologies for data capture and learning.

Expand Existing Capacity

- Continually revising internal PPS CCHL committee roles and responsibilities across work streams
- Defining and refining onboarding education for PPS leadership and staff related to CCHL
- Continual review of patient and partner educational materials

Vendor Partnerships

- Assistance with supplying sites with video-based remote interpretation services
- Partnering with medical interpreter training vendors specializing in hospital and community-based interpretation services
- CBO collaborations to extend interpretation services across partners

Coordinating Champions

- Identifying leadership personnel across all network partners to act as CCHL champions across all program implementation work
- PPS holding weekly project strategy meetings to identify ways to improve CCHL programming
- Ensuring adequate representation across all program committees

E-Learning

- Development of ongoing learning management platforms
- Ensuring that training materials are accessible to all network providers, stakeholders and partners
- Building systems to allow users and partners to customize trainings and track progress against set milestones

Additional Implementation Insights from Midpoint Assessment

PAOP Question	*PPS Response Themes*
What measures are the PPS using to assess the cultural and linguistic competency of the clinical providers in the network of the PPS? How is the PPS measuring and working to address disparities - by race, ethnicity, language, geography- in access to primary, specialty, preventive screening & other services?	• Some PPS have CCHL as a subcommittee of clinical integration committees that rely on internal survey and CAHPS feedback to assist in measuring effectiveness • Community Needs Assessment played a significant role in initial planning and monitoring, many have worked across multiple PPS to identify regional need • Many PPS have contracted with external firms to develop surveys specifically focused on access issues for targeted communities • The integration of Medicaid clients into CCHL and other operational committees is a common theme across many PPS

What measures are the PPS using to demonstrate the extent to which it is reaching / engaging ALL attributed Medicaid beneficiaries and uninsured patients, particularly those who are historically underserved and hard to reach? What are the most effective strategies being employed by the PPS and what is the evidence that they are working?	• Most PPS are using a multi-pronged approach focused on technology dissemination across partners to gather data to combine with PAM and other population health data for dashboard development and other monitoring tools
	• Many of these reporting efforts are augmented with ongoing community engagement efforts and other qualitative feedback loops through:
	  • Engagement of CBOs in patient outreach and partner training efforts
	  • Public service campaigns
	  • Community Health Worker program interventions and feedback

How is the PPS working with CBOs outside the medical sphere? Please share the contracts / financial agreements between the PPS & CBOs. What systems have the PPS set up to facilitate CBO's data and reporting capacity?	• PPS are providing CBOs with technology and technical assistance, i.e. tablets, documentation systems, assistance with billing/reporting, apps
	• PPS are engaging CBOs to provide a variety of services:
	  • Partner trainings
	  • Consumer focus groups
	  • Community Health Workers
	  • Domain 4 project efforts

PPS CC/HL Training Survey Results

A survey on the CC/HL training strategy was sent out to PPS and includes the following aggregate responses:

Training topics commonly included in CC/HL training strategy:
- Social determinants of health
- Health disparities
- LGBTQ
- Aging/elderly/palliative care
- Health literacy: Communication for providers

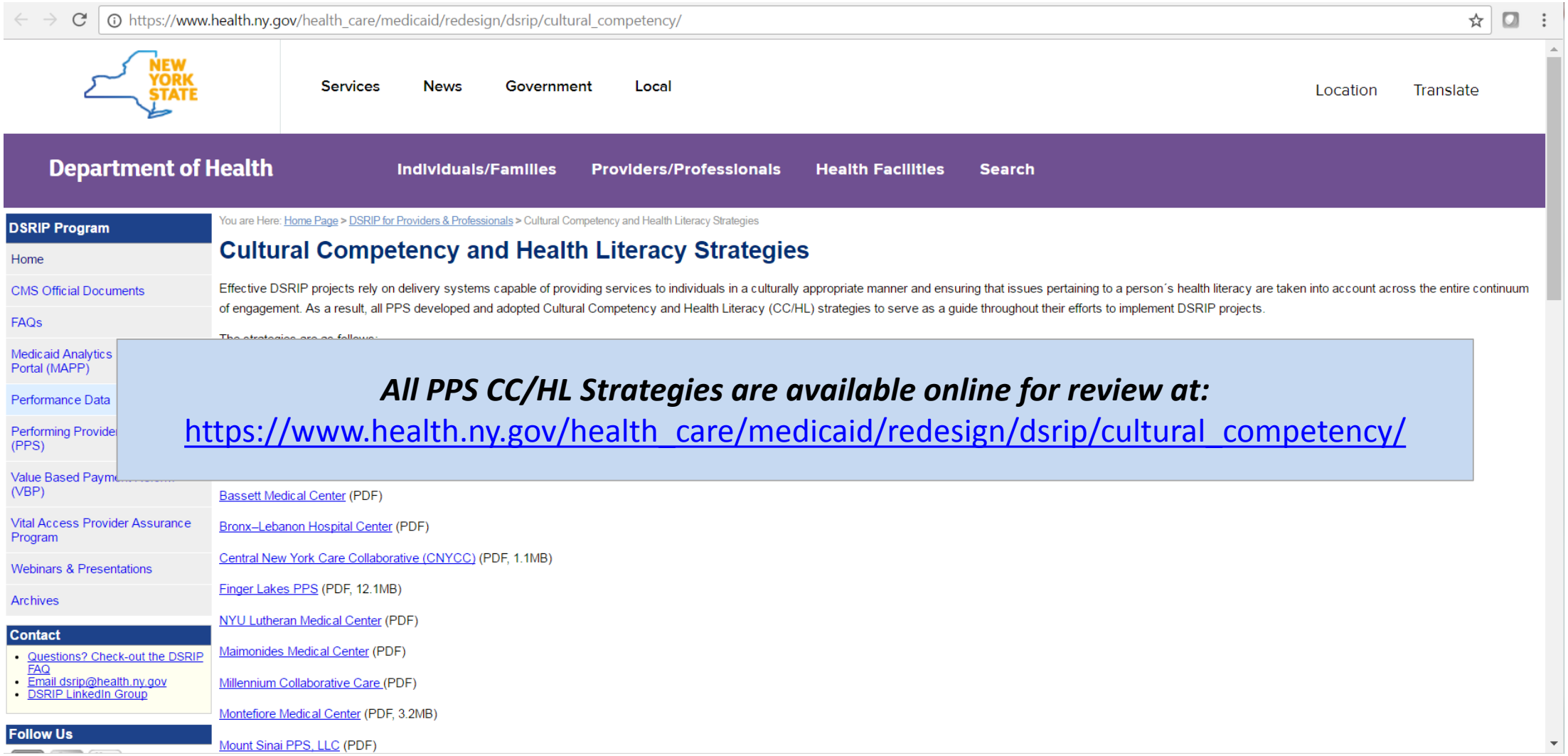
Types of education included in training strategy:
- Didactic
- Online learning
- In person
- Popular based
- Interactive

Ways in which Community Partners have contributed to the development of the PPS training strategy:
- Contributed ideas and drafted content for the strategy
- Made training recommendations and will conduct trainings
- Contracted with CBOs for training
- Developed CC/HL resources

Initial Survey Results

- **86% of respondents are collaborating with the Workforce Workstream for CC/HL efforts**
- **86% of respondents have started CC/HL training for partners**
- **67% of respondents are planning on educating 'beneficiaries' or other members of the community**

All PPS CC/HL Strategies



Questions