NEW YORK STATE OF OPPORTUNITY. Department of Health

SHIP/DSRIP Workforce Workgroup Meeting

October 19, 2018

Timing	Topic	Slide	Lead
10:30 - 10:40	Welcome and Introductions	1 - 6	Wade Norwood and Jean Moore
10:40 - 10:50	Focus on Best Practices	7 -10	Dr. Gene Heslin
10:50 – 11:00	Best Practice: Care Coordination Curricula	11-12	Jean Moore and Tom Burke
11:00 - 12:30	Best Practice: Community Health Workers	13-33	Carol Rodat and various presenters
12:30 – 12:40	Break	--	Everyone
12:40 - 12:50	Best Practice: Data Collection	38-40	Jean Moore and Lisa Ullman
12:50 - 1:15	Other Best Practices	41-43	Susan Mitnick and Lisa Ullman
1:15– 1:25	Update on Advanced Home Health Aides	39-43	Doug Lentivech and Lisa Ullman
1:25 - 1:30	Adjournment	44	Wade Norwood, Jean Moore, and Dr. Gene Heslin

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 NYS Patient-Centered Medical Home 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

Workforce Challenges

- Primary care practitioners are not sufficiently distributed throughout the state
- Direct care workers are in increasing demand
- Efforts to attract and retain workers in underserved areas and sectors involve multiple considerations including compensation, career mobility, and geographic preferences
- Practitioners need more training and education in team-based care
- Efforts to integrate physical and behavioral health care require an appropriately skilled workforce
- More data is needed to address issues of maldistribution and shortages of health and behavioral health care practitioners
- Developing initiatives to address the foregoing challenges requires sustainable tools

Seven Priority Areas of Focus

- As previously discussed, the Workgroup charge is served by focusing on seven priority areas:

1. Ensure sufficient primary care workforce
2. Better distribute primary care workforce to areas of need
3. Making most effective use of the health care workforce
4. Improving the supply and effectiveness of behavioral health workforce
5. Train workforce for team-based care
6. Shift mindsets among the health care workforce
7. Improve data collection

Workgroup Accomplishments

- In support of the priority areas of focus, the Workgroup:
  - Reviewed the scope of practice for licensed professionals and determined that they generally do not preclude the performance of tasks related to care coordination
  - Identified a limited number of barriers that may prevent providers from fully realizing the potential of patient-centered, team-based care, which are under discussion
  - Developed and disseminated care coordination guidelines for health care workers and shortly will issue similar guidelines for educational curricula
  - Recommended legislative changes to expand access to data about health and behavioral health care practitioners
  - Served as a forum for sharing information about innovative models and practices, including DSRIP workforce initiatives, value-based purchasing, the SIM Rural Residency Program, and peer support programs

Best Practices

Compendium of Best Practices and Resource Guides

- For its next phase, the Workgroup will develop a compendium of best practices and resource guides – a sustainable tool that stakeholders can use to develop their own approaches to workforce challenges – by:
  - Defining the overall characteristics of what makes something a “best practice” (e.g., replicable, scalable, flexible, evidence-based)
  - Identifying a series of best practices (e.g., including community health workers in team-based care, developing recruitment and retention programs)
  - Providing examples of successful approaches used by other stakeholders in each best practice area, including details on how each example was implemented
  - Compiling information and materials for each example into a resource guide
- The compendium will allow stakeholders to replicate, modify, and scale their own initiatives as needed to address workforce challenges

Best Practice Characteristics

- A best practice should be:
  - Responsive to an identified need, consistent with at least one priority area of focus
  - Aligned with ongoing transformation in health and behavioral health care
  - Flexible and capable of evolution in light of system changes
  - Evidenced-based, to the extent appropriate
  - Capable of evaluation, so that improved outcomes can be measured
  - Sustainable for as long as necessary and designed to sunset when obsolete
  - Replicable, so others can use or customize the model
  - Scalable, so others can adapt the model to the scope of their need

Let's Talk…

- Other characteristics of a "best practice"?
- Compendium ideas?
- Compendium communications?

Best Practice

Incorporating Care Coordination into Curricula

Incorporating Care Coordination into Training

- The Workgroup has recognized the need to identify consistent training guidelines for workers who carry out care coordination functions
- The Workgroup developed and issued care coordination guidelines for existing workers (*Core Curriculum to Train Care Coordination Workers)* https://www.health.ny.gov/technology/innovation_plan_initiative/docs/core_curriculum_train_ccw.pdf
- The Workgroup has developed and shortly will issue care coordination guidelines for students *(Care Coordination Curriculum Guidelines for Health Profession Students)*

Best Practice

Including Community Health Workers in Team-Based Care

Community Health Workers – Panel Discussion

Moderator: Carol Rodat, NYS DOH

- Sergio Matos, Community Health Worker Network of NYC
- Margaret Casey, NYS DOH Bureau of Chronic Disease
- Cyndi Dubner, NYS DOH Division of Family Health
- William Myhre, Staten Island Performing Provider System
- Erina Greco, NY Presbyterian
- Maria Gerena, Montefiore Hudson Valley Collaborative

Sergio Matos, Founder and Chief Executive Officer
Chairperson, National Association of CHWs

Community Health Workers (CHWs) are **frontline public health workers** who are ***trusted*** members of and/or have an ***unusually close understanding of the community served***. This trusting relationship enables CHWs to serve as a ***liaison/link/intermediary*** between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also ***build individual and community capacity*** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

– National Association of CHWs (submitted to the U.S. Department of Labor Bureau of Labor Statistics for use in description of Standard Occupational Classification #21-1094 – Community Health Worker), American Public Health Association

What Do Community Health Workers 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

CHW NETWORK NYC
Community Health Worker Network of New York City

Why Employers Want Community Health Workers

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

CHW NETWORK NYC
Community Health Worker Network of New York City

New York State Department of Health

Office of Public Health

Bureau of Community Chronic Disease Prevention

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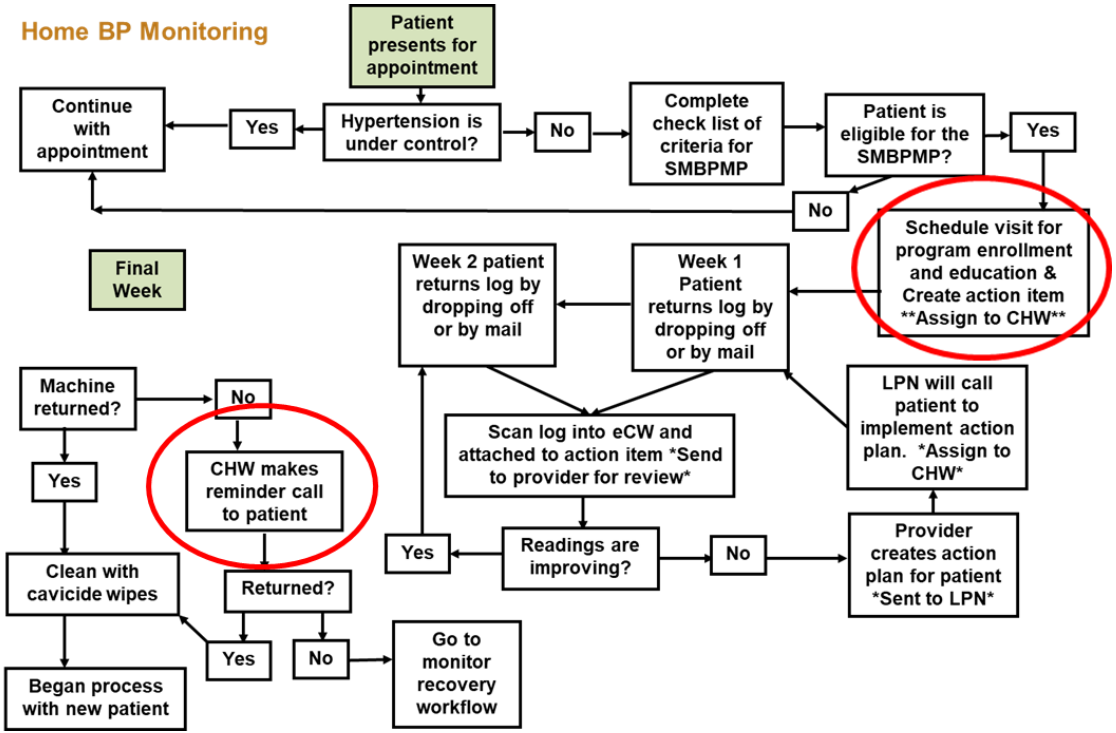
MCD CHW Training Module

- In 2017 the Bureau of Community Chronic Disease Prevention contracted with Medical Care Development (MCD) Public Health Training and Technical Assistance to develop and implement the **Community Health Workers and Chronic Conditions Training Program**
- The program includes five modules: CHWs & Chronic Conditions Overview, High Blood Pressure/ Prehypertension & Hypertension, Prediabetes, Diabetes and Asthma
- As of February 2018 New York had 2,137 individuals enrolled in the training, of which 600 had successfully completed all 5 chronic disease modules

Clinical Workflow with CHW Integration



New York State Department of Health

Office of Public Health

Bureau of Women, Infant & Adolescent Health

Maternal and Infant Community Health Collaborative (MICHC)

Goal: To improve maternal and infant health outcomes for high-need women and families in targeted communities and reduce racial, ethnic and economic disparities in those outcomes.

Reach: NYSDOH funds 23 contracts with services in 32 counties. In 2017-2018, the MICHC provided services for approximately 5,726 women and their families.

MICHC is a **needs-driven, community-based** approach to improve key birth outcomes—preterm birth, low birth weight, infant mortality and maternal mortality.

Life Course Approach

Strategies addressing…

- Preconception
- Prenatal/Postpartum
- Interconception

Social Ecological Approach

Strategies impacting…

- Individual/Family Level
  - *-Community Health Workers*
- Organizational Level
- Community Level

Performance Management

- Enroll women in health insurance
- Ensure women are engaged in health care
- Coordinate services across community programs
- Promote opportunities and supports for healthy behaviors

MICHC Best Practice Strategies

- ✓Utilize Community Health Workers
- ✓Standardized training for CHWs
- ✓CHW Supervisors – Registered Nurse or Licensed Social Worker
- ✓Conduct community education and outreach
- ✓Use standardized screening tools
- ✓Establish linkages and referral mechanisms with healthcare providers and social service agencies
- ✓Coordinated Intake
- ✓Integrate oral health screening, referral and follow-up

Staten Island
Performing Provider System

Community Health Worker- a new link to improving healthcare access

In the fall of 2016, the Staten Island PPS and the College of Staten Island partnered to build and train the first Community Health Workers, CHW.

The CHW is trained to work directly with Medicaid recipients who may have difficulty accessing healthcare providers, social services due to cultural, language and/or economic barriers.

Working in conjunction with healthcare providers and the community, CHWs can bridge gaps in communication and instill lasting health knowledge.

30 CHW have been trained in conjunction with CSI and are working in a wide network of healthcare settings across Staten Island.

College of Staten Island
The City University of New York

Staten Island
Performing Provider System, LLC

Competency Attainment & Application

Quantitative Data: The CHW Program consists of 18 independent training content areas or modules. The following five content areas were identified as critical to patient-facing worker performance:

- Delivery System Reform Incentive Program (DSRIP)
- Patient-Centered Care
- Cultural Competence
- Motivational Interviewing
- Interdisciplinary Teams

Students were asked to self-assess their competency levels in each content area both before and after completing CHW Training, using a scale of 1 – 5 to specify their answers. On the scale, "1" represented little to no knowledge of the content area and "5" indicated complete understanding of the content area. Participating in additional, formal training events offered by employers is noted below.

Training Content Area	Average Response: Pre-Training Competency	Average Response: Post-Training Competency	Change in Knowledge/ Skill Level	CHW Training influence on behavior at work	Other Formal Employer Training
DSRIP	1.2/5	4.1/5	+2.9	100%	60%
Patient-Centered Care	2.0/5	4.6/5	+2.6	100%	33%
Cultural Competence	4.1/5	5.0/5	+0.9	100%	60%
Motivational Interviewing	1.0/5	4.1/5	+3.1	100%	0%
Interdisciplinary Teams	4.0/5	4.7/5	+0.7	100%	7%

Excerpt from: The College of Staten Island's Office of Workforce Development and Innovation

CHW Program Focus Group Results

Executive Summary

Designed in Collaboration with Staten Island Performing Provider System

COMMUNITY HEALTH WORKER CERTIFICATE TRAINING

Staten Island Performing Provider System has launched a partnership with The College of Staten Island and NYCHA to offer free CHW training for NYCHA residents.

To Qualify, Applicants must be:

- A NYCHA resident from the following developments: Stapleton, West Brighton, Richmond Terrace or Mariner's Harbor
- Minimum of 18 years of age
- Have a HS or HSE diploma

CHW certificate training is a 12 week course offered on Saturdays from 9-5PM. Program includes paid internship component.

Staten Island Performing Provider System

THE CITY UNIVERSITY OF NEW YORK College of Staten Island

NEW YORK CITY HOUSING AUTHORITY REES

NYP Center for Community Health Navigation

CCHN MISSION AND GOALS

Mission:

Initiated in 2005, the mission of the Center for Community Health Navigation is to support the health and well-being of patients through the delivery of culturally-sensitive, peer-based support in the emergency department, inpatient, outpatient, and community settings.

Goals:

- Improve patient access to care at NewYork-Presbyterian Hospital and in the community
- Deepen connections between Hospital and community services and support
- Develop innovative patient-centered initiatives
- Advance the Community Health Worker role and workforce
- Enhance the Community Health Worker knowledge-base and inform practice

CCHN ROLES

- **Patient Navigators**:
  - Bilingual, community focused, peer-based education & support
  - Provide program specific Key Messages (PCP, Insurance, Appt. Adherence)
  - Schedule Primary and Specialty care appointments
  - Post discharge follow-up to support appointment adherence
- **Community Health Workers**:
  - Bilingual & community-based
  - Members of health care teams
  - Home visits, appointment accompaniment
  - Peer support & education reinforcement
  - Links to social services and support
- **Patient Navigator and Community Health Worker Highlights**

Community Health Worker Apprenticeship

October 19, 2018

Montefiore
HUDSON VALLEY
COLLABORATIVE

About the Program

- The Community Health Worker (CHW) Apprenticeship at Hostos Community College is a two-year training program developed in collaboration with MHVC.

- Apprentices will examine and analyze:
  - The emerging role of community health workers.
  - Community health structure and principles.
  - Theories of health behavior and practical models.
  - Best practices on working with interdisciplinary teams.

- Core Competencies:

Working with Interdisciplinary Teams

Planning & Organizational Skills

Problem Solving Skills

Advocacy

Cultural Competency & Health Literacy

Outreach Methods & Strategies

Communication & Interpersonal Skills

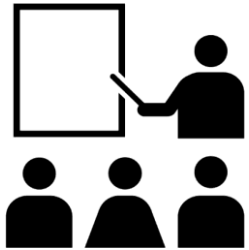
Montefiore HUDSON VALLEY COLLABORATIVE

Two Year Timeline

1. Apprentice Selection

Employer selects full-time employee(s) for the apprenticeship program.

2. Classroom Training



Apprentice receives 144 hours of classroom instruction that are remotely hosted with periodic in-person check-in events.

3. On The Job Training (OJT)

Apprentice works 2,000 hours of OJT **concurrently** with classroom instruction.

OJT is determined by the employer (job description).

Apprentice is supported by coaches and supervisors.

Hostos supports employer to evaluate apprentice performance and determine if additional steps are needed.

4. Completion of Program

After one year in the program, apprentices receive a salary increase (to be determined by the employer).

Apprentices who successfully complete the program receive a completion certificate from Hostos and earn 9 academic credits.

Montefiore HUDSON VALLEY COLLABORATIVE

Let's Talk…

- Key points?
- Replication and transferability?
- Integration of initiative with other systems?
- Evolving and sustaining the initiative?
- Resource guide?

Best Practice

Expanding Access to Data

Enhancing Health Workforce Data

- The Workgroup has 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 has proposed legislation to incorporate additional information into the Physician Profile (see *Physician Profile* legislation)
- The Department of Health has also proposed legislation to require the provision of data by other health care practitioners upon registration and re-registration with the State Education Department (see *Practitioner Data* legislation)

Best Practice

TBD . . .

Preliminary List of Other Best Practices

- Other potential best practices to be added to the compendium:
  - Developing Recruitment and Retention Programs
  - Addressing Social Determinants of Health
  - Promoting Cultural Competence and Diversity
  - Integrating Physical and Behavioral Health Care
  - Including Peer Advocates in Team-Based Care
  - Facilitating the Use of Telehealth
  - Strengthening the Early Childhood Workforce
  - Health Care Worker Resiliency

Let's Talk…

- Other best practices?
- Combine discussion of some best practices (such as a panel discussion of providers on incorporating three best practices: addressing social determinants of health, promoting cultural competence and diversity, and integrating physical and behavioral health care)?
- Other successful initiatives for future presentations?
- Materials for the resource guide?

Advanced Home Health Aides Update

Overview of the Law

- Chapter 471 of the Laws of 2016 authorized Advanced Home Health Aides with training to perform advanced tasks upon assignment by licensed professional registered nurses and under supervision by such nurses
- The goal of the law is to enable more people to live in home and community based settings, provide support to family caregivers and their loved ones, and give home health aides an additional career path by providing them with the opportunity to obtain more advanced skills
- The law takes effect May 28, 2018 and no advanced tasks may be performed prior to that date and until the regulations are adopted, training programs are approved, and individuals complete the training and satisfy competency requirements pursuant to such regulations
- The law will expire March 31, 2023 unless extended

NYS SED Regulations

- The New York State Education Department (SED) issued a regulation, 8 NYCRR § 64.9, which sets forth the requirements for:
  - Becoming an advanced home health aide
  - Assignment of advanced tasks to advanced home health aides by registered nurses (RNs)
  - Direct supervision of advanced home health aides by registered nurses
  - Performance of advanced tasks by advanced home health aides
  - Advanced home health aide training and competency
  - Advanced home health aide training programs

NYS DOH Regulations

- The DOH regulations, amending various sections of 10 NYCRR, provide for:
  - Supervision of advanced home health aides by RNs employed by the organizations identified in law – hospice programs, home care services agencies, and enhanced assisted living residences
  - Inclusion of advanced home health aides on the Home Care Services Worker Registry when they have completed training programs
  - Performance of criminal history records checks for hospice programs so their employees can be added to the Registry

Next Steps

- SED and DOH will review applications from training programs against the criteria established in SED regulations
- Training programs are expected to become operational early next year, allowing eligible individuals to be trained and take the competency exam
- In 2022, DOH will report, in consultation with SED, information such as the number of advanced home health aides, the number of home health and personal care aides who became advanced home health aides, the number of advanced home health aides who became licensed practical nurses

For further updates, please see the DOH website at:
https://www.health.ny.gov/facilities/home_care/advanced_home_health_aides

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Conclusion