SHIP/DSRIP Full Workforce Workgroup Meeting

DSRIP Update
## Workforce Deliverables and Deadlines

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

• The purpose of the Compensation & Benefits Survey is to capture a snapshot in time and examine workforce trends within each PPS to:
  • Inform education and training requirements for 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
### Summary Snapshot: High Vacancy Rates by Job Title

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

<table>
<thead>
<tr>
<th>PPS</th>
<th># of PPSs with 8%+ Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>12</td>
</tr>
<tr>
<td>Primary Care Nurse Practitioner</td>
<td>14</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioner</td>
<td>16</td>
</tr>
<tr>
<td>Staff Registered Nurse</td>
<td>8</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>8</td>
</tr>
<tr>
<td>RN Care Coordinators/Case Managers/Case Transitions</td>
<td>10</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>13</td>
</tr>
<tr>
<td>Psychologist</td>
<td>4</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>7</td>
</tr>
<tr>
<td>Social and Human Service Assistants</td>
<td>4</td>
</tr>
<tr>
<td>Substance Abuse and Behavioral Disorder Counselors</td>
<td>6</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>PPS</th>
<th># of PPSs with 8%+ Vacancy Rate</th>
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</thead>
<tbody>
<tr>
<td>Nursing Aide/Assistant</td>
<td>9</td>
</tr>
<tr>
<td>Certified Home Health Aide</td>
<td>5</td>
</tr>
<tr>
<td>Personal Care Aide</td>
<td>6</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>13</td>
</tr>
<tr>
<td>Bachelor's Social Worker</td>
<td>2</td>
</tr>
<tr>
<td>Licensed Master's Social Worker</td>
<td>9</td>
</tr>
<tr>
<td>Social Worker Care Coordinator/Case Manager/Care Transition</td>
<td>6</td>
</tr>
<tr>
<td>Care Manager / Coordinator</td>
<td>6</td>
</tr>
<tr>
<td>Care or Patient Navigator</td>
<td>10</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>7</td>
</tr>
<tr>
<td>Peer Support Worker</td>
<td>15</td>
</tr>
</tbody>
</table>

**Fewest PPSs**

**Most PPSs**

Note: Only 20 PPSs submitted vacancy rate data.
Compensation & Benefits Survey Uses

• Statewide
  • Assess highest vacancy rates across PPS

• Regional collaborations
  • Regional reports can yield greater insights and depth than individual PPS reports, as they capture a wider, more regional snapshot of the current state healthcare workforce.
  • MHVC and WMCH Health PPS
  • Iroquois Healthcare Alliance: 6 Upstate PPS

• FLPPS
  • Helped a large PPS area solidify a regional view; previously “urban” versus “rural”.
  • Provided directional information on high-priority role categories against DSRIP goals

• SIPPS
  • Identified approximately 200 new positions for the future state workforce
Compensation & Benefits Survey Issues

• PPS sensitivity around sharing financial data
  • Anti-trust law: Data only collected by a third party, reported in aggregate and only reported for titles with >5 provider responses
  • Providers did not complete the survey – estimated less than 40% response in some areas
  • Inconsistent PPS provider reporting – multiple facilities within a system counted as one facility

• Data collected and aggregated inconsistently
  • Shift differentials were not required
  • No definition of fringe
  • FTE counting: some reported as counting bodies, not percent of time worked
  • Financial data collected in different fashions
  • Duplication of providers within an area
The PPS are working toward increasing health care access and capacity. In DY1, PPS’s spent $67.3m in workforce funding.

Significant investment is being made in:

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

- Adoption of direct contracting model – 47 non-hospital community organizations, totaling more than $2M in commitments through March 2017 for DSRIP projects.

- Trained 26 staff members as Community Health Advocates as part of Health Navigation Services (2.c.i) program

- CBO recruitment of positions, such as LCSW, to address workforce needs

- Training 17 CBO PAM Survey Master Trainers
Community Partners of Western NY

**Cultural Competency and Health Literacy:**

- Contracted with the Community Health Worker Network of Buffalo (CHWNB) to implement the CCHL training strategy.
- CHWNB is representative of people living in the “hot spot” communities in need, motto is:  
  “Nothing without us, about us, is for us”
- Strategy focuses on biases, privilege, social justice and universal approach to literacy by bridging, mediating and facilitating understanding between and within communities and systems.
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

Community Member CCHL Education

[Map showing region with various color-coded areas indicating different demographic or health data]
CCHL Collaboration
MHVC, WMCHHealth and Refuah are partnering with Health Action Priorities Network (HAPN) and the Social Determinants of Health workgroup on Blueprint for Health Equity events: 3 events in 2016 and 4 events in 2017.

- June 17 - Newburgh
- October 13 - Poughkeepsie
- November 9 - Valhalla (still accepting applications)
New York-Presbyterian PPS

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

- Hired 8 RN Transitional Care Managers and developed an evidenced based protocol to standardize the level of care for over 500 patients touched by the project.

- Continued collaboration with internal and external partners to maximize care transitions resources.

- Established contracts with 3 CBOs and on-boarded 6 Community Health Workers - program implemented in August 2016 to include home and follow-up appointment visit accompaniment.
North Country Initiative - Workforce

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

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

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

Identify CCHL Site Champions

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

Gap Analysis

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

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

Findings:

- 50% partners without language access
- 85% partners identified need for Medical Interpreter Training
- 65% partners seek LGBT and Disability sensitivity training
- 90% partners identified Health Literacy as area for improvement

Action:

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