



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bassett Medical Center (PPS ID:22)

Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<p>Milestone #1 Finalize cultural competency / health literacy strategy.</p>	In Progress	<p>This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should:</p> <ul style="list-style-type: none"> – Identify priority groups experiencing health disparities (based on your CNA and other analyses); – Identify key factors to improve access to quality primary, behavioral health, and preventive 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 (considering cultural, linguistic and literacy factors); and – Identify community-based interventions to reduce health disparities and improve outcomes. 	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
<p>Task 1. Director-PPS Partner and Patient Engagement to develop work groups and engage stakeholders in defining the cultural competency needs and determining the focus for the PPS</p>	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<p>Task 2. In attempt to identify populations and geographic areas where most work is needed, utilize CNA data and other key analyses, e.g. Upstate Health and Wellness Survey, Healthy People 2020, results from County Public Health Dept Screenings, New York State, Cancer Prevention Plan, New York State</p>	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Comprehensive Cancer Control Plan 2012-2017, updates from NYS required community service plans, etc. to identify priority groups experiencing health disparities; continue to build and develop community needs assessment to determine changing and growing needs of our PPS including health disparities and the underserved							
Task 3. Utilizing data from key analyses, create a workplan to address highest priorities, and obtain approval from EGB.	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Leverage resources in existing Medicaid Health Home as a model to be replicated in addressing cultural competency issues in LCHP, while providing coordinated, comprehensive medical and behavioral health care	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. As part of the work plan, utilize existing resources with cultural competency expertise within the PPS (e.g., NYSDOH Cancer Services Program, CBOs) as well as projects relating to serving the uninsured and low utilizers, to better meet the health care needs of PPS disparate population	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Building on lead agency's Institute for Learning, continue to develop educational programs dedicated to building cultural competency among key stakeholders including, but not limited to, provider and other clinical staff, front line staff and leadership. Determine how CBOs, as well as 11th Project stakeholders, can engage in this work to better serve the population	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Develop culturally and linguistically appropriate materials for patient education based on defined needs of population	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Engage navigators in CBOs and other organizations to determine needs of population with regard to food, clothing, shelter, healthcare access	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Director of PPS Partner & Patient Engagement to lead PPS Collaborative Learning initiative to better engage and educate the target population based on information derived from the community needs assessment holding community forums, PAM assessments, patient navigation and key community stakeholders	In Progress	Task not yet started - still identifying PPS Partner and Patient Engagement Director.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Identify metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Develop method to track metrics for annual reporting and publish on PPS website	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Market the availability of community based navigation services to public	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 12. Gather information as input to a resource guidebook that outlines community services in conjunction with Navigation/PAM project teams to ensure appropriate and ready access to necessary information	In Progress	Task in progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 1. Identify administrative leader within PPS to direct and oversee partner and patient engagement work	In Progress	competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Engage Population Health Improvement Program (PHIP) team within lead agency to identify drivers of health disparities	In Progress	Task in progress	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Identify patient health disparity training needs for clinicians based on CNA data and practitioner focus groups	In Progress	Task in progress	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Based on identified training needs, develop training criteria for clinicians; utilize mechanisms such as grand rounds and/or other electronic training systems to deliver trainings	In Progress	Task in progress	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Utilizing workforce consultant resources, develop a training strategy for non-clinical staff	In Progress	Task in progress	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Based on identified training needs, develop training criteria for non-clinicians; utilize mechanisms such as departmental meetings and/or other electronic training systems to deliver trainings	In Progress	Task in progress	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. By implementing the lead agency's proven methods, share training and education models with PPS workforce to engage patient populations as determined by CNA analysis	In Progress	Task in progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Develop training schedule throughout PPS region to ensure greater	In Progress	Task in progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
attendance/participation							
Task 9. Collaborate with other PPS' regarding their training strategy for similar patient populations to repurpose concepts and materials	In Progress	Task in progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Explore ways to leverage technology in training delivery and curricula, e.g., Healthstream or other online learning programs, offerings from professional societies and catalog best practices	In Progress	Task in progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	



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✓ IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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PPS Defined Milestones Current File Uploads

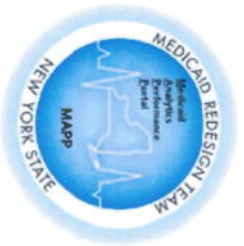
Milestone Name	User ID	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Provider buy-in is a challenge due to need for providers to understand the needs of this population. Through an evidence-based, data-driven approach, information will be communicated to LCHP providers and staff that will enable collaboration and engagement in preparing tactics to address health disparity opportunities.

Measuring impact will be especially challenging as defining these metrics requires proficiency in areas typically unfamiliar to healthcare providers. However, we are committed through various means, such as collaborating with other PPS, to employing methodology to measure the levels of success.

We anticipate many geographical and logistical challenges within this rural area. Affordable, public transportation across the region is not easily available; this has been assigned to Navigators as a priority and awareness goal.

Since statistical information on these populations is scarce, it will be difficult to identify target population. There is no data gathering method, what information is available is generally anecdotal. We will leverage the data warehouse mechanism to collect population data for analysis, and development of tactics to address priority areas.

Patient Engagement will be a risk to this workstream. To mitigate this, Director of Patient and Partner Engagement will be charged with developing specific set of strategies that will compile an approach and function. Additionally, patients will be members of PAC, and focus groups will be held to assess patient engagement.

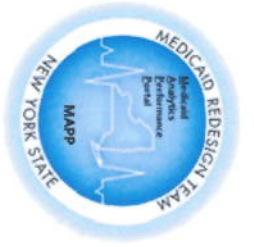
As a medical school and medical/surgical residency program, the Lead Agency needs to reflect that English may not be the primary language of the practitioner and patient populations, and adjust training programs accordingly.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

LCHP has identified a variety of online resources, including the NYLearnSPH.com Learning Management System (LMS) and the Empire State Public Health Training Center (ESHTC), which it will incorporate into its comprehensive training program. A Learning Management System (LMS) has been implemented (HealthStream); an administrator for the system is in place; content-area experts will be identified, recruited, and



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trained.

Training on cultural competency topics will impact on the Practitioner Engagement, and Workforce and the IT/Data Analytics workstreams, who will play a role in training design and execution. Training delivered across a large, geographically distributed network requires the traditional IT support structures (i.e., network administrator, help desk, etc.). It also will require a named position to coordinate the various types of required training and keep content updated to reflect new needs (Workforce). System-specific topics modules will be needed and will require content-area experts from a variety of disciplines who themselves will need to be trained on how to create training modules. Practitioner Engagement will be key to content development and successful outcomes.

While not major dependencies, under IT Systems & Processes we state an intent to acquire an automated survey instrument and a Learning Management system. Both of these will allow aspects of the Cultural Competency Strategy to be executed more quickly and efficiently.



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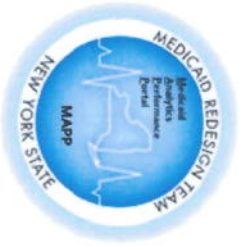
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IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workflow and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Research Department	Bassett Medical Center--Lead Agency for LCHP (Leatherstocking Collaborative Health Partners)	CNA analysis; PHIP engagement
Partner and Patient Engagement	Administrative leader in PPS (To be identified)	Direct and oversee partner and patient engagement work, linguistics gaps
Practitioner Engagement	Clinical Director, DSRIP (hired start date Q42015)	Practitioner training program development , Clinical Integration, and Cultural Competency
Medicaid Health Home	Bassett Medical Center--Lead Agency for LCHP (Leatherstocking Collaborative Health Partners)	Resource development
Bassett Institute for Learning	Bassett Medical Center (Diana Parker)	Provide guidance regarding development of training curriculum for health literacy - providers and patients
IT & Data Analytics (Business Intelligence) Department	Lead Agency	Analytical tools; online educational and training media; software procurement
Director, PPS Performance Metrics	Amy Van Kampen, Bassett Medical Center	Coordination of related tasks; liaison between Workforce and IT/Data Analytics functions; design of desired product
Executive Governance Body	PPS	Oversight of implementation/metrics/ measurement
Bassett Medical Center	Susan van der Sommen, Executive Dir, DSRIP	Project implementation oversight
Workforce Consultant	Erin Hildreth, Anita Merrell-AHEC	Cultural Competency and Health Literacy



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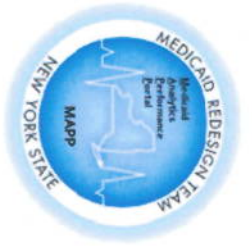
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✓ IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Diana Parker	Director, Bassett Institute for Learning	Assist in development of learning curriculum
Sara Albright	Vice President of Human Resources, Bassett Healthcare (Lead Agency)	Oversight of workforce development plan
External Stakeholders		
AHEC	Workforce consultant	Utilize proven methods of training for curriculum development/distance learning
Dr. David Strogatz	CNA Development Committee	Ongoing feedback regarding assessment of health disparities, and impact of plans to address same
Catholic Charities	CBO; Care coordination services	Community-based navigation
County Mental Health Departments (Otsego, Schoharie, Delaware, Madison, Herkimer)	Mental health providers	Participation in Projects 3.a.i; MHA 4.a.iii
Southern Tier Aids program	CBO	Community-based navigation



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IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

IT and data analytics will support development of analytical tools, provide a structure for management of online educational and training media, and assist with software procurement such as the ability to access an external learning collaborative to promote available trainings and best practices.

Data collection and reporting - There is a need to connect partners within the PPS for the purpose of developing standardized workforce training requirements. AHEC will work with IT and Performance Reporting workstreams to identify and develop a workforce training program focused on enhancing cultural competency and health literacy, and delivery methods that adapt to the PPS' wide geographical footprint.

Learning collaborative - The ability to connect partners within LCHP and contiguous PPS will encourage the use of existing best-practices and the sharing of training materials, eliminating the need to re-create curricula. We will explore ways to collaborate with other PPSs to leverage common training needs and curricula. The AHECs are pursuing outside funding opportunities to further develop a digital platform through Health Workforce New York (HWNY) that could serve as the framework for a learning collaborative that would support access on a PPS, regional, and statewide level.

Training - LCHP leadership will work with IT to assess partner capability for tracking training progress (who's been trained/retrained, etc.) and reporting to MAPPS. Training programs will be developed based on outcome of CNA and other key data analyses.

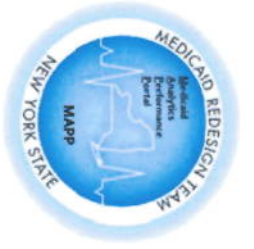
IPQR Module 4.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workflow.

Annual review of the Community Needs Assessment will inform continued prioritization of target populations, and will assist in defining effectiveness of initiatives. When combined with specific Program metrics for target populations will further identify effectiveness of specific activities such as patient engagement and cultural support. Communication and information sharing with CBOs will afford opportunities to more effectively understand the extent to which initiatives have been successful.

Additionally, we will track the number of clinicians and staff educated in cultural competency principles, and obtain feedback regarding the practical application of what they learned.



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IPQR Module 4.9 - IA Monitoring

Instructions :