

WORKFORCE LEADS AND VENDORS MEETING REPORT



11/16/2015

Leatherstocking Collaborative Health Partners Health WorkForce New York

Workforce Leads and Vendors from across Upstate New York State convened to discuss workforce issues relative to the Delivery System Reform Incentive Payment (DSRIP) program.

ACKNOWLEDGEMENTS

We gratefully acknowledge the participation and contributions of the presenters, including: Kari Burke, Workforce Coordinator, Central New York Care Collaborative (CNYCC); Heather Eichin, Director of Policy and Planning, the State University of New York (SUNY); Robert Martiniano, Senior Program Manager, Center for Health Workforce Studies (CHWS); and Kelly Owens, Workforce Manager, Adirondack Health Institute (AHI). We also extend a special thank you to our co-hosts at the Leatherstocking Collaborative Health Partners (LCHP), including: Susan van der Sommen, Executive Director, and Wendy Kiuber, DSRIP Network Operations Manager, for presenting and helping to coordinate the meeting.

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OVERVIEW

Workforce Leads and Vendors from across Upstate New York State convened on November 16, 2015, to collaborate, discuss, and share their experiences in responding to workforce milestones under the Delivery System Reform Incentive Payment (DSRIP) program (See figure 1). Susan van der Sommen, Executive Director, Leatherstocking Collaborative Health Partners, welcomed attendees (see Appendix A).



Susan van der Sommen welcomes attendees.

Figure 1: The Five Workforce Milestones



The session featured [presentations](#) by Anita Merrill, WorkForce Consultant, Health WorkForce New York; Kari Burke, Workforce Coordinator, Central New York Care Collaborative; Wendy Kiuber, DSRIP Network Operations Manager, Leatherstocking Collaborative Health Partners; Robert Martiniano, Senior Program Manager, Center for Health Workforce Studies; Kelly Owens, Workforce Manager, Adirondack Health Institute; Heather M. Eichen, Director of Policy and Planning, the State University of New York; and Ashleigh McGowan, Director of Strategy and Planning Health WorkForce New York.

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NYSDOH COMPENSATION & BENEFITS STAKEHOLDER MEETINGS/MILESTONE REVIEW

NYSDOH Compensation & Benefits Stakeholder Meeting

Stakeholders convened with the New York State Department of Health (NYSDOH) on October 13th and October 23rd to discuss anti-trust issues associated with the Compensation & Benefits Analysis. During the October 13th meeting it became clear that Workforce Impact Analysis is a separate and distinct reporting requirement from the Compensation & Benefits Analysis, although collecting data on full or partial placement of individuals is associated with anti-trust issues. Following the meeting on the 23rd, HWNY and Iroquois Healthcare Association partnered to submit a report suggesting data from the Compensation & Benefits Analysis be used to measure impact analysis. Despite this attempt to utilize data collected during the Compensation & Benefits analysis, NYSDOH will require Impact Analysis data to be collected by position, by facility. This will require an independent third party to collect the data to avoid anti-trust issues.

Guidance from the NYSDOH:

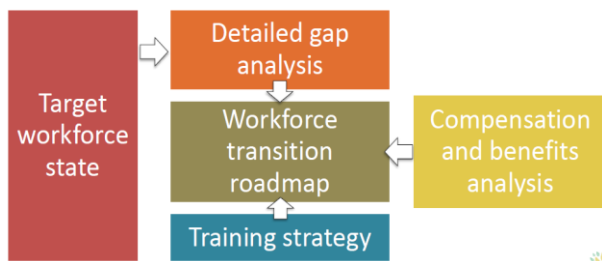
1. Worker impact reporting has been reduced from every quarter to twice a year.
2. Compensation & Benefits Analysis has been reduced from five surveys to three surveys, with reporting every other year.
3. Benefits will be reported as a percentage of salary.

HWNY has received clearance from its legal counsel to act as an independent third party. HWNY will be utilizing HWapps to collect Workforce Impact Analysis data. NYSDOH will issue additional guidance on this issue by late November early December.

Milestone Review

HWNY and IHA are advocating for an extension to the Workforce Milestones. The Compensation & Benefits Analysis has been extended to June 30, 2016; yet this milestone informs the first three and guides the transition roadmap (See figure 2). As such, HWNY and IHA are advocating for an extension that would reflect the integrated nature of the milestones.

Figure 2: Milestone Review



Anita Merrill, Workforce Consultant, Health WorkForce New York (HWNY). HWNY is the workforce vendor for: **Central New York Care Collaborative, Leatherstocking Collaborative Health Partners and Care Compass Network.**



Anita provided an update on the NYSDOH Compensation & Benefits Stakeholder Meetings, as well as a review of the Workforce Milestones. Here she captures participant feedback during her presentation.

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PANEL DISCUSSION: GAP ANALYSIS-DEFINING THE PROCESS FOR YOUR PPS

Anita Merrill presented the process for developing a Gap Analysis that is being utilized by the three Performing Provider Systems (PPSs) represented by HWNY. This was followed by a panel discussion concerning the different tactics for implementing the Gap Analysis based on characteristics of each PPS. Robert Martiniano and Kelly Owens provided information on an alternative method to conduct Gap Analysis being utilized at Adirondack Health Institute.

Gap Analysis ([Defining the Process](#)):

- 1. Future State:** To define the future workforce state, CNYCC and LCHP are utilizing a Data Triangulation Process, which includes the following inputs: a) A staffing-by-project analysis, in which project leads identify FTEs needed for each project; b) The staffing-by-project analysis is presented to partners for feedback/commitment; c) A literature review with respect to optimal staffing patterns is done to verify the first two data inputs. Information from all three inputs is used to determine future state.
- 2. Current State Assessment:** Current state data will be collected using the Compensation & Benefits analysis. By itself, this data may not be enough to determine staff impacted by DSRIP. In addition, the PPS will need to determine what staff will remain in the same position doing the same work (i.e. non-impacted staff). From there, a PPS can determine staff that may be impacted, and the strategies of retraining and redeployment begin to emerge. Gaps remaining after impacted staff have been retrained or redeployed, in theory, represent new hires.
- 3. Gaps:** Gaps can be identified by analyzing the differences between the current state and the future state. PPSs will be required to address how they expect to fill long standing and residual gaps.



Panel Discussion

Panel members discuss the Gap Analysis. The panel consisted of: Robert Martiniano, Senior Program Manager, Center for Health Workforce Studies; Kelly Owens, Workforce Manager, Adirondack Health Institute; Kari Burke, Workforce Coordinator, Central New York Care Collaborative; and Wendy Kiuber, DSRIP Network Operations Manager, Leatherstocking Collaborative Health Partners.

Kari Burke described the challenges CNYCC faces with implementing the Gap Analysis. There are over 56 primary care practices within the PPS and the future state is dependent upon contracts that are still being established. Therefore, it is not feasible to present the staffing-by-project analysis to all partners and the PPS relies on a survey method versus interpersonal contact.

Wendy Kiuber characterized LCHP. Bassett is the lead agency within LCHP and the largest healthcare system, serving 8 counties. LCHP is one of the smallest PPSs with roughly 90 partner contracts. The PPSs method has been to go directly to partners to conduct the staffing-by-project analysis.

Kelly Owens stated AHI is a 9 county region with 4 counties shared with Samaritan, Albany Medical Center Hospital, and the New Alliance TriHealthcare PPSs. AHI's approach has been to combine the Current State Assessment with Compensation and Benefits Analysis through surveying partners.

Robert Martiniano, the Workforce Vendor for AHI, provided a description of the Center for Health Workforce Studies (CHWS) method of conducting the Future State Assessment through **Microsimulation**. This approach takes into consideration the demographics of the population within the region, equates that to the projects, and separates this information by sector ([Developing the Gap Analysis](#)). Microsimulation answers the question: What is the likelihood with given changes in the health care system that an individual will receive care in an inpatient versus an outpatient setting? This information will drive future state numbers.

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SUNY RIGHT PROFESSIONAL IN THE RIGHT PLACE (RP2) -- DSRIP RESPONSE

The State University of New York (SUNY) has 60 campuses that can be utilized as training resources for DSRIP projects. SUNY is able to mobilize resources to different areas and rural communities across the state. Available training can be added onto PPSs training sites or through HWapps.org. Another source is **open.suny.edu**, a SUNY-wide collaboration that opens the door to world-class online-enabled learning opportunities.



Heather M. Eichen, Director of Policy and Planning, the State University of New York, presenting SUNY's response to DSRIP

Important partnerships:

- Educational Opportunity Centers
- Area Health Education Centers
- Employers
- Communities

In response to the growing needs of the community, SUNY created the Power of SUNY for a Healthier NY and the Right Professionals in the Right Places (RP2). RP2 partners SUNY institutions with local, regional, and state stakeholders to ensure SUNY is responsive to the recruitment and retraining needs of the health care sector. Part of this response was the development of a Collaborative DSRIP Working Group.

These initiatives were developed to assure health curricula reflects the emerging needs of the population and to address identified gaps and future needs. Programs can be tailored and/or developed. Innovative SUNY programs to support DSRIP emerging titles include:

- North Country Care Coordination Certificate -- developed in partnerships with the Fort Drum Regional Health Planning Organization, consisting of a 36-hour training program.
- Practice Facilitator Certificate -- developed at the University at Buffalo. This program is offered online and focuses on clinical and administrative improvement through performance evaluation and feedback, patient satisfaction surveys, clinician and staff training in quality improvement methods, team building, disseminating best practices, coordination of quality improvement initiatives, and provision of specific materials and resources.

To support and prepare the health care workforce, SUNY initiated an Integrated and Team-Based Care Model to train medical professionals how to work collaboratively among various disciplines. Coming soon will be the Adirondack Regional Workforce Readiness Center, which will provide a healthcare simulation lab.

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FACILITATED DISCUSSION-TRANSITION ROAD MAP: INDEPENDENT ASSESSOR EXPECTATIONS

Anita Merrill and Wendy Kiuber facilitated a discussion on the complexity of the transition road map. The NYSDOH released documentation in October on DSRIP Reporting and Validation Protocols. The DSRIP Reporting and Validation Protocols with respect to workforce requirements were provided to the group ([DSRIP Reporting and Validation: Domain 1 Milestones](#)).

The finalized Transition Road Map must include:

- Plans for recruitment, training, and redeployment needs of the PPS on an ongoing basis.
- Realistic target dates for all steps.
- Ways to close identified gaps to meet the needs of the PPS and its network partners.

Minimum standards to substantiate ongoing semi-annual reporting include:

- Updates on the implementation of the workforce transition road map.

PPS's will be required to collect data on individuals that will be aggregated and entered into the MAPPS tool. With respect to Staff Impact Analysis (i.e. full/partial placement), PPS should consider utilizing an independent third party to ensure they are within the anti-trust safety zone.

With respect to the Transition Road Map, important information to consider includes:

- What are the numbers telling us?
- How do we close the gap from the current state to the future state and what strategies will the PPS employ to reach these numbers?
- What existing programs and resources can be utilized? For example, Doctors Across New York (DANY), the Health Worker Retraining Initiative (HWRI), and the Area Health Education Center (AHEC) System can help PPSs close these gaps.

The Transition Roadmap is essentially a strategic plan for workforce that is driven by the prescribed milestones, including; the Current Workforce State, the Target Workforce State, the Gap Analysis, the Compensation & Benefits Analysis, and the Training Strategy. PPSs will then need to report their progress in implementing workforce transition against this strategic plan over the remaining years of DSRIP.

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HWAPPS-MANAGING THE TRANSITION ROAD MAP/DSRIP WORKFORCE DATA COLLECTION AND REPORTING

Ashleigh McGowan, Director of Strategy and Planning, Health WorkForce New York provided a presentation on HWapps, an online platform developed with DSRIP-specific solutions in mind. Participating PPSs will have access to a branded section that will include: a Training Center, Career Center, Data Center, and a Community.

Training Center - In the Training Center, partner organizations can host training courses, search, rate, and discuss local training and track employee progress. The Training Center also permits training vendors to upload information about course offerings, giving PPSs the ability to evaluate what local training resources are available within and across PPS territories.

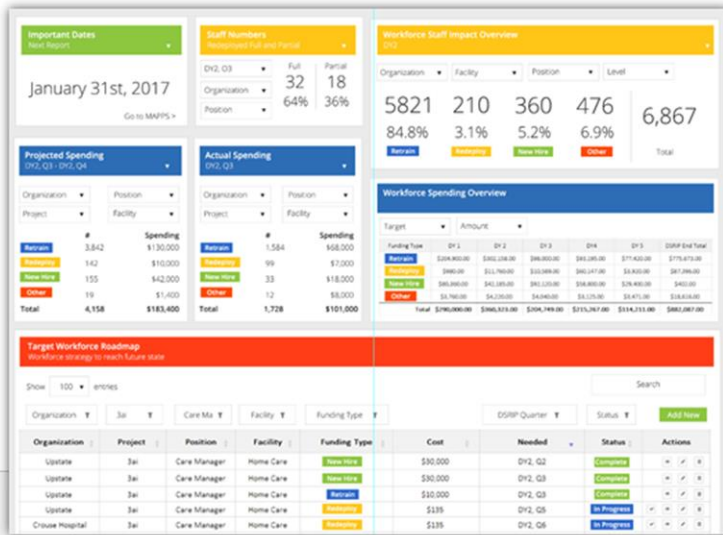
Data Center - In the Data Center, partner organizations can report workforce training data using online forms. The PPS can then collect project-specific workforce data across partner organizations, view workforce statistics, and aggregate training data. **Information that is protected by anti-trust laws will be available in aggregated numbers only.**

Career Center - Displaced workers can upload resumes and search job openings in the Career Center. Similarly, human resources professionals can post openings and search resumes made publicly available.

Community - The Community allows for a digital two-way conversation with project leads, partner organizations, and employees, providing a manageable way to share information and respond to questions and feedback. Groups can be created in the Community, which are central places for members to create and participate in online forums, as well as upload and share documents, and schedule meetings using the calendar feature.

Participating PPSs will be provided with an Account Service Manager, who will educate partner organizations on reporting requirements, train partners on how to utilize HWapps, and help with data management.

Dashboard



Within the Dashboard

PPSs can visualize workforce transition progress across the PPS per organization, and per project. The dashboard also provides quick and easy access to data for reporting into the MAPP tool.

Figure 3: PPS Personalized Dashboard

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APPENDIX A: LIST OF ATTENDEES

Attendee Name	Organization
Sara Albright	Bassett Healthcare
Lenore Boris	Care Compass Network
Kari Burke	Central New York Care Collaborative
Diana Cartwright	Albany Medical Center Hospital
Greg DeWitt	Iroquois Healthcare Alliance
Leesa Harvey Dowdle	Fort Drum Regional Health Planning Organization
Heather Eichin	The State University of New York
Jennie Gliha	A.O. Fox Memorial Hospital/Basset Healthcare Network
Ruth Heller	1199 SEIU
Wendy Kiuber	Leatherstocking Collaborative Health Partners
Tracy Leonard	Fort Drum Regional Health Planning Organization
Robert Martiniano	Center for Health Workforce Studies
Ashleigh McGowan	Health WorkForce New York
Jessica Mead	Health WorkForce New York
Anita Merrill	Health WorkForce New York
Kelly Owens	Adirondack Health Institute
Sam Polnak	Health WorkForce New York
Mandy Qualls	Health WorkForce New York
Juan Santiago	Millennium Collaborative Care
Ronald Santiago	Albany Medical Center Hospital
Maria Smirensky	Alliance for Better Health Care
Sue van der Sommen	Bassett Healthcare

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APPENDIX B: MEETING EVALUATION FORM

Please indicate how much you agree with the following statements by circling your response using the scale provided, where 1 = strongly disagree and 5 = strongly agree.

Out of a total of 13 anonymous surveys

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This meeting was useful.	0	0	0	1	12
We used our meeting time effectively.	0	0	0	1	12
The meeting place was convenient for me.	0	0	2	3	8
Additional meetings of this group would be helpful.	0	0	0	1	12

Previous surveys of this group indicate quarterly meetings are desired. This means the next meeting would be held in February, 2016. Are you willing to travel in winter for a meeting of this group?

13	0
Yes	No

Was the venue a comfortable setting? What were your opinions on the food and refreshments?

1. Yes; very good
2. Yes; excellent
3. All good!

What aspects of this meeting need improvement?

- 1) Very helpful- great communication.
- 2) All aspects were great
- 3) Time was used efficiently.

Thank you for your feedback.

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APPENDIX C: RESOURCES

Organization	Website Link
DSRIP – New York State Department of Health	https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/
Gap Analysis Panel Questions	https://www.dropbox.com/s/dt50420ukvfjhi4/Gap%20analysis%20Panel%20Questions.docx?dl=0
Health WorkForce Apps	http://www.hwapps.org/
Health WorkForce Apps Presentation	http://www.hwapps.org/community/groups/pps-workforce-leads-and-workforce-vendors/documents/#object-nav
Iroquois Healthcare Alliance	http://www.iroquois.org/
Center for Health Workforce Studies	http://www.albany.edu/sph/chws.php
Right Professionals in the Right Places- RP(2)	http://system.suny.edu/healthaffairs/sunyrp2/
The State University Of New York, Open SUNY	OPEN.SUNY.EDU
The State University of New York Presentation	http://www.hwapps.org/community/groups/pps-workforce-leads-and-workforce-vendors/documents/#object-nav