

Central New York Care Collaborative (CNYCC)

Workforce Workgroup

2/11/16 – 10:00 a.m. – 12:00 p.m.

Lincoln Building • Board Room • 109 Otisco Street •
Syracuse, NY 13204

Agenda

Welcome and Introduction

Minutes of Previous Meeting (12/16/15)

Workforce Budget Update

- Kari Burke and Anita Merrill, HWNY, to provide an update on the Workforce Strategy Budget

Milestone #5 Training Strategy

- Kari Burke to provide an update on PIC meetings/Training by Project Analysis

Other Updates

- Kari Burke, to provide an update on the Workforce Lead Transition
- Anita Merrill, HWapps Focus Group

Trends in the Supply and Demand for Health Workers

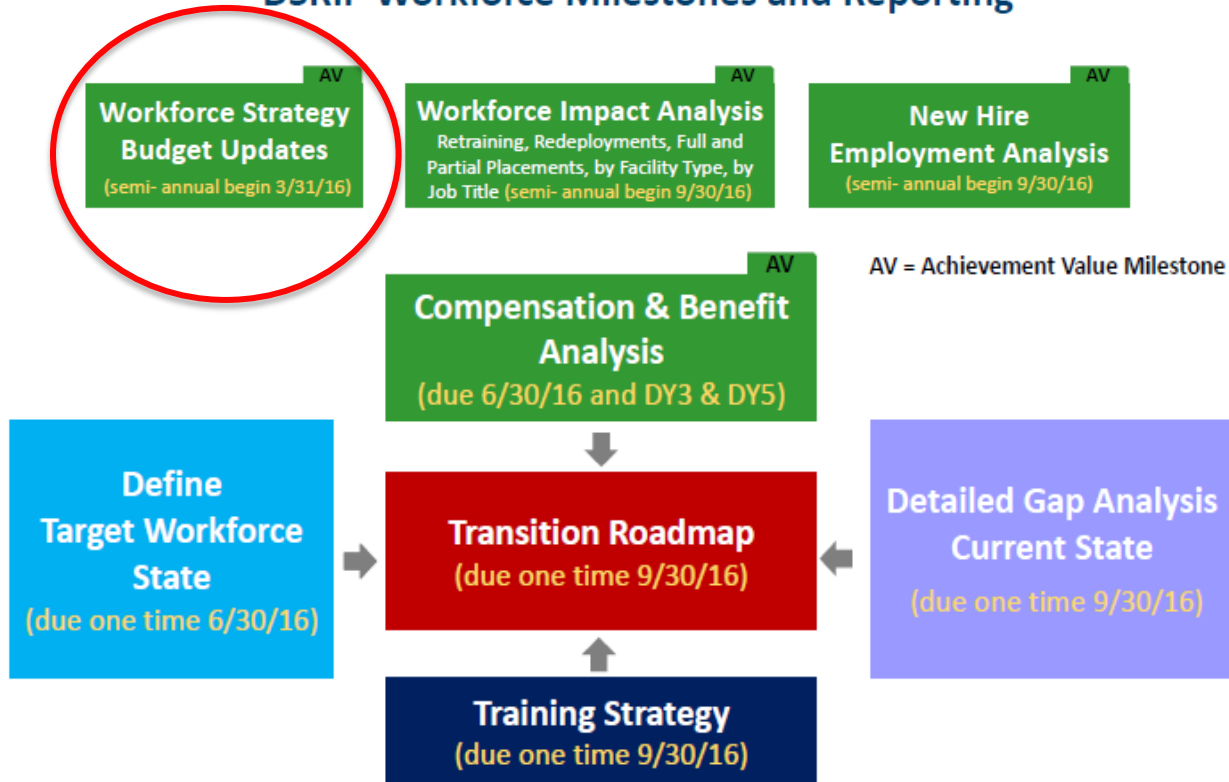
- Robert Martiniano, DrPH, Senior Program Manager, Center for Health Workforce Studies (CHWS)

Adjournment



DSRIP 2016

DSRIP Workforce Milestones and Reporting



Importance of Workforce Reporting

- Workforce is 1 of 4 areas in which a PPS can earn an **Organizational Achievement Value (AV)**
- The Workforce AV is tied to 4 milestones:
 1. Workforce Strategy Budget Updates
 2. Workforce Impact Analysis and Updates
 3. New Hire Employment Analysis and Updates
 4. Compensation & Benefits Analysis
- Organizational AVs have **financial implications across all 11 projects**



Workforce Strategy Considerations

- CNYCC submitted annual spending amounts for the five-year period in its PPS Organizational Application
- DY1-DY3, all PPSs must reach the minimum target of 80%-85% of annual spending
- PPSs which reach the minimum targets in DY1-DY3 will have a larger amount to spend in DY4 to achieve 90% of the total target
- NYS DOH provided a one-time 25% discount in DY1. However, utilizing the discount still requires PPSs to fulfill total spending commitments by DY5



80% DY1-DY3



Workforce Strategy Budget

Funding Type	DY1 Spend (\$)	DY2 Spend (\$)	DY3 Spend (\$)	DY4 Spend (\$)	DY5 Spend (\$)	Total Spend (\$)
Retraining	9,892,500	9,821,250	9,821,250	9,821,250	9,821,250	49,177,500
Redeployment	500,000	500,000	500,000	500,000	500,000	2,500,000
Recuriting	2,250,000	2,250,000	750,000	750,000	750,000	6,750,000
Other	275,000	200,000	200,000	200,000	200,000	1,075,000
Total	12,917,500	12,771,250	11,271,250	11,271,250	11,271,250	59,502,500
25% Discount	3,229,375	0	0	0	0	--
Total-Discount	9,688,125	12,771,250	11,271,250	11,271,250	11,271,250	56,273,125
Minimum Target	80%	80%	80%	90%	100%	--
Total	7,750,500	10,217,000	9,017,000	10,144,125	11,271,250	48,399,875
Additional Spending DY5						7,873,250



85% DY1-DY3



Workforce Strategy Budget

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Other	275,000	200,000	200,000	200,000	200,000	1,075,000
Total	12,917,500	12,771,250	11,271,250	11,271,250	11,271,250	59,502,500
25% Discount	3,229,375	0	0	0	0	--
Total-Discount	9,688,125	12,771,250	11,271,250	11,271,250	11,271,250	56,273,125
Minimum Target	85%	85%	85%	90%	100%	--
Total	8,234,906	10,855,563	9,580,563	10,144,125	11,271,250	50,086,406
Additional Spending DY5						6,186,719



December 2014 Application



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

DSRIP PPS Organizational Application

CNY DSRIP Performing Provider System (PPS ID:8)

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SECTION 5 – PPS WORKFORCE STRATEGY:

Section 5.0 – PPS Workforce Strategy:

Description:

The overarching DSRIP goal of a 25% reduction in avoidable hospital use (emergency department and admissions) will result in the transformation of the existing health care system - potentially impacting thousands of employees. This system transformation will create significant new and exciting employment opportunities for appropriately prepared workers. PPS plans must identify all impacts that are anticipated as a result of the implementation of their chosen projects.

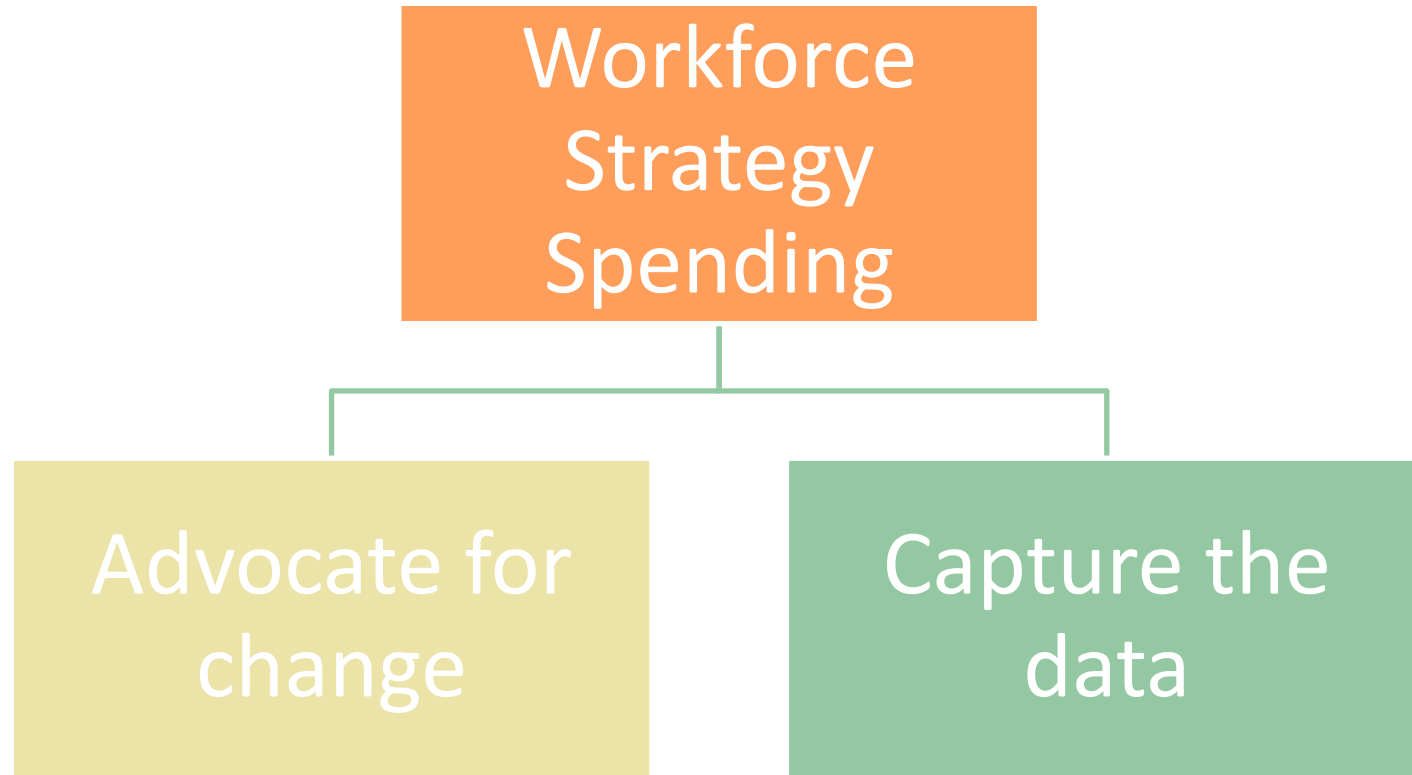
The following subsections are included in this section:

- 5.1 Detailed workforce strategy identifying all workplace implications of PPS
- 5.2 Retraining Existing Staff
- 5.3 Redeployment of Existing Staff
- 5.4 New Hires
- 5.5 Workforce Strategy Budget
- 5.6 State Program Collaboration Efforts
- 5.7 Stakeholder & Worker Engagement
- 5.8 Domain 1 Workforce Process Measures

- Conflicting Guidance
 - Ability to revise
 - Includes backfill and staff attendance
 - Includes partner contributions
- Valuation unknown
- AV mechanism unknown



Our Approach



Workforce Reporting Timeline

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
DY1		<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones
DY2	<ul style="list-style-type: none"> • Prescribed Milestones • Impact Analysis (Baseline) • Comp & Benefits Analysis 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis 	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis
DY3	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis 	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis • Comp & Benefits Analysis
DY4	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis 	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis
DY5	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis 	<ul style="list-style-type: none"> • Prescribed Milestones 	<ul style="list-style-type: none"> • Budget • Prescribed Milestones • Impact Analysis • Comp & Benefits Analysis



Call To Action

DS RIP WORKFORCE STRATEGY SPENDING

What you need to know for the report due 03/31/16



Milestone #5 Training Strategy

- ❑ Develop process/system for reporting training numbers across CNYCC partners.
- ❑ **Identify specific training needs by project and position.**
- ❑ **Identify internal/external training capacity.**
- ❑ Engage labor representatives to identify options through union training fund programs.
- ❑ **Identify existing programs and best practices for increasing training capacity and collaboration both within and across CNYCC territories.**
- ❑ Ensure training plan meets the scope and sequence of project needs and accounts for operational and legal realities.
- ❑ Finalize Training Strategy, including goals, objectives and guiding principles for the detailed training plan; process and approach to training; delivery methods, modes, and key messages based on project needs. This includes consideration of geography, language, and level of education.
- ❑ Obtain Board approval of training strategy.



Milestone #5 Training Strategy

Inputs

- Project Requirements
 - Explicit & Implicit
- Research/Best Practices
- Regional Meetings
- Project Implementation Plans
- Project Implementation Collaboratives (PICS)
 - *2.a.iii DSRIP Care Management*
 - *4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure*
- CNYCC Staff, Committees & Workgroups
- Current & Future State

Outputs

- Training Needs by Project
- Training Needs Across Projects
 - Prioritization
- Development of Training Strategy
 - **Who** needs to be trained?
 - **What** training topics are pertinent?
 - **How** should the training operating model be structured?
 - **When** does training get delivered (roadmap)?
 - **Which** considerations should be prioritized?



Common Education & Training Needs: Comprehensive

- Staff training on alerts and secure messaging functionality
- Evidence-based guidelines, standards, or protocols
- Cultural Competency & Health Literacy
- Connectivity to healthcare coverage and community healthcare resources (includes primary and preventative services as well as patient education)
- Health Home (HH) scope of services, eligibility criteria and referrals process



Common Education & Training Needs: Multiple Projects

- Use EHRs and other technical platforms to track actively engaged patients
- Patient activation techniques (e.g. shared decision-making)
- Motivational Interviewing

- Chronic Disease, Practice & Population Management
 - Population-based approaches to health care delivery
 - Risk identification
- Patient Centered / Whole Person Care
 - Development of effective, caring relationships with patients
 - Assessment of bio psychosocial needs across the life span
 - Patient-centered care planning,(e.g. patient self-management)
- Practice-Based Learning
- Teamwork & Interprofessional Training

Patient-
Centered
Medical Home
(PCMH) Model



Other Updates – (Tabled)

1. Workforce Lead Transition
2. Focus Group Update



2014



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School of Public Health
University at Albany, SUNY

The Health Care Workforce in New York, 2014
Trends in the Supply and Demand for Health Workers

Access online:

http://chws.albany.edu/archive/uploads/2015/10/Tracking-Report_2015.pdf



Questions?

