

FLPPS Conference RooM

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**PPS Workforce Leads and Vendors Meeting Report**

**April 6, 2017**

## Overview

Health WorkForce New York and Finger Lakes PPS hosted a meeting of the Workforce Lead and Consultants on April 6, 2017. The purpose of this meeting was to address issues and concerns relative to implementation of the DSRIP Workforce Training Strategy and to collectively find solutions mutually beneficial to all.

## Workforce Issues: DOH Survey and Regional Feedback

Tracy Boff, Workforce Project Manager, FLPPS

Tracy presented slides prepared by NYSDOH in advance of its recent meeting of the DSRIP Workforce Leads. The slides provided an overview of workforce data collected during the initial DSRIP reporting period. This slideshow can be accessed by [clicking here:](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/workforce_docs/docs/vacancy_rate_snapshots.pdf)

Issues with respect to DSRIP workforce data were identified as follows:

* Data interpretation is difficult at best given differences in reporting periods (i.e. some reported since DY1; others did not) and partner interpretations of what data to report;
* Compensation and Benefits data did not assess use of agency staff nor did it capture data on “intent to fill”.

Other issues with respect to DSRIP workforce were identified as follows:

* Standards are needed for emerging job titles;
* Educational institutions need to change their curricula to reflect practice/system changes;
* Scope of practice needs to be maximized, particularly with respect to certain professions (i.e. LMHCs vs. LCSWs);
* There is a need for better communication with the various State initiatives (i.e. SHIP, PHIP, DSRIP) so that collaboration can be maximized and duplication avoided;
* Health workforce initiatives funded by NYSDOH should be aligned to work with the SHIP/PHIP/DSRIP initiatives to maximize impact;
* There is a need to communicate regarding both shortages and potential excess available healthcare workers (i.e. Psychiatric Nurse Practitioners) to ensure vacancies are filled;
* Communication between the State and PPSs needs to be a two-way street. Those who struggle with workforce can inform regarding barriers as much as those who are well established.

Concerns relative to DSRIP workforce reporting were also expressed. Concerns included: difficulty educating partners on the reporting process; difficulty in locating necessary information across numerous staff and departments in each partner agency; and usefulness of required data given the current nature of reporting. Suggestions for improving reporting

included: 1) Forming Core Teams within partner agencies to understand and drive reporting; and 2) Using directive vs. collaborative approaches with partners with respect to reporting.

## Training Strategy Implementation: From Strategy to Work Plan

Anita Merrill, Lead Consultant, Health Workforce New York (HWNY)

Anita facilitated a discussion on transitioning the training strategy from a high level concept into a detailed work plan. Many agreed it was difficult to operationalize the Training Strategy into a series of specific, actionable steps. The following suggestions emerged from the discussion:

1) Focus in on achievable goals vs. trying to accomplish absolutely everything;

2) Identify the resources available;

3) Utilize the Workforce Committee to inform vs. decide;

4) Utilize an Internal Workforce Team to decide;

5) Engage the educational institutions in your region; and

6) Be willing to consider a directive vs. collaborative approach when possible/necessary.

Barriers identified included the amount of staff dedicated to workforce. In many instances, the internal workforce “team” consists of one individual with numerous other DSRIP responsibilities. Those with more mature training work plans indicated they had a Training Coordinator dedicated to the effort.

The following three categories of trainings were identified:

|  |  |  |
| --- | --- | --- |
| General Trainings | Project Specific Trainings | Occupational Trainings |
| 1. Cultural Competency
2. Health Literacy
3. DSRIP 101
4. Compliance
5. Value-Based Payments
6. IT and Network
 | 1. Motivational Interviewing
2. PAM
3. SBIRT
4. Peer Support
5. INTERACT
6. Care Coordination
 | 1. Care Coordination
2. Home Health Aides
3. Patient Navigator
4. Community Health Worker
5. Care Management
6. Peer Councilor
7. RN, NP, GME
 |

The need for tracking the trainings provided by the partners and having a centralized database was expressed. However, affordability of the larger, national Learning Management Systems was an issue, as was the fact that these systems can support some project specific trainings, but not others.

During the Training Content discussion, PPS Leads identified the need for a statewide repository of health occupation training programs. My GPS for Success was reviewed as a regional solution developed by the Jefferson/Lewis BOCES in the NCI territory (see link below).

The Central and Northern AHECs (Area Health Education Centers) are in the process of revitalizing their My Health Career (MHC) website. When complete later this year, MHC will offer a full repository of New York State’s health occupation programs, as well as O\*Net job descriptions, video links, and other tools designed to help individuals plan and develop their healthcare career.

To participate in a focus group to help design MHC improvements, please contact: Sanchay Madan at smadan@hwapps.org.

**My Health Career V4**

## Training Content Acquisition

Ashleigh McGowan, Workforce Consultant, Health Workforce New York (HWNY)

Ashleigh facilitated a discussion on challenges and best practices when acquiring training content. The following points were noted:

* There is a need to inventory existing trainings so that PPSs can focus their efforts on filling gaps vs. recreating what already exists;
* There is a need to evaluate trainings for quality, but focusing on free content can, sometimes, provide a short-term win;
* Care Coordination content at Jefferson Community College (JCC) in the NCI territory was identified as a best practice. The need to connect with JCC regarding potential articulation agreements for expanding access to this content was identified;
* A dedicated staff person in the role of Training Coordinator to identify, vet, and procure trainings for the PPS was identified as a resource at those PPSs who are further along in implementing their training plans;
* Converting in-person training to online content can be expensive and, sometime, impractical;
* There is a need for the PPSs to openly discuss training issues and strategies and to consider ways in which to pool resources for common benefit.

The following tools were identified for helping to identify training options

* My GPS for Success – Occupational Training (<http://mygpsforsuccess.com/health-science>)
* My Health Career – Occupational Training, New York State by region (available on HWapps and with its fourth iteration currently under development- see sidebar) [https://www.myhealthcareer.org](https://www.myhealthcareer.org/)
* HWapps Training Marketplace ([https://trainings.hwapps.org](https://trainings.hwapps.org/))

HWNY agreed to create a group via HWapps to facilitate a discussion amongst PPSs to best identify training requirements and availability. HWNY also agreed to create a

survey to help inventory existing offerings, as well as PPS partners’ willingness to share available trainings.

* The Training Strategy Forum group can be accessed by clicking: <https://www.hwapps.org/community/groups/inter-pps-training-strategy-forum/>
* The Training Survey can be accessed by clicking: http://trainings.hwapps.org/training-survey/

## Transition Road Map Implementation

Wendy Kiuber, DSRIP Network Operations Manager, Bassett Healthcare Network (Leatherstocking Collaborative Health Partners/LCHP)

Wendy presented on LCHP’s use of the Compensation & Benefits Analysis conducted by Iroquois Healthcare Association (IHA) to inform their workforce investment strategy. Working closely with IHA, LCHP was able to further analyze their data by: vacancy rate, geographic area, and partner type. LCHP then combined this data with a series of “listening sessions” with partner agencies.

The following trends were identified:

* Need for multi-level career path for Nursing
* Need to “grow our own”
* Need for Primary Care Physicians
* In-patient Hospital needs still matter (Medical Lab Technicians)
* Need to retain experienced staff (fair vs. equal)
* Need to coordinate recruitment efforts with other entities
* Need for entry level healthcare workers in a highly competitive market

Using this data, LCHP was able to further identify the size/scope of workforce intervention as follows:

* WHAT/HOW MANY? -- Number and types of programmatic interventions needed (i.e. pipeline programs; outreach to educational institutions, courting trainees, evaluating retention data, etc.)
* WHERE/WHO? -- Geographic data allowed LCHP to identify potential partners within those regions (i.e. secondary/BOCES school districts; post-secondary educational providers; other workforce partners (i.e. WIB, AHEC, IHA, etc.)
* HOW? -- LCPH used this information to evaluate strengths, weaknesses, and gaps in the existing system
* Using this method, a picture of workforce investment strategy has emerged.

MEETING EVALUATION -- RESULTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Feedback Questions | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Did the meeting provide useful information?  |  |  | 1 | 2 | 6 |
| Was the time at the meeting used effectively? | 1 |  | 1 |  | 7 |
| Was the location of the meeting convenient ? |  |  | 3 | 1 | 5 |
| Were the appropriate representatives from your organization in attendance ? |  |  |  |  | 9 |
| Was the venue a comfortable setting and did the dining arrangements meet expectations? |  |  |  |  | 9 |

## Additional suggestions for improving Workforce Lead/Consultant meetings included:

* Better representation from more PPSs and other educational organizations;
* Include time for networking
* Getting to action items more efficiently and using the time for the meeting in a better way.

# Appendix A: List of Attendees

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| Attendee Name | Organization |
| Tracy Boff | Finger Lakes PPS |
| Greg Dewitt | Iroquois Healthcare Alliance |
| Cherlyn Fay | New York State Department of Health |
| Siobhain Kemblowski | 1199 Funds |
| Wendy Kiuber | LCHP/Bassett |
| Tracy Leonard | North Country Initiative/Fort Drum Regional Health Planning Organization |
| Ashleigh McGowan | Health Workforce New York |
| Anita Merrill  | Health Workforce New York |
| Jan Brown | Millennium Collaborative Care  |
| Joshua Russell | Western NY Rural AHEC (on behalf of Millennium and Community Partners of Western New York) |
| Valerie Putney | Western NY Rural AHEC (on behalf of Millennium and Community Partners of Western New York) |
| Mike Tropea | CNY Care Collaborative  |
| John DelGrosso | Albany Medical Center |
| Lauren Wetterhahn | CNY Care Collaborative  |
| Sanchay Madan | Health Workforce New York |
| Heidi Marshall  | Finger Lakes PPS |
| Lenore Boris  | Care Compass Network  |

# Appendix B: Helpful Resources

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| --- | --- |
| Organization | Website Link |
| DSRIP – New York State Department of Health | <https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/>  |
| GPS for Success  | <http://mygpsforsuccess.com/>  |
| Health WorkForce Apps (HWapps) | <https://www.hwapps.org/>  |
| Training Survey | <http://trainings.hwapps.org/training-survey/>  |
| HWapps Training Marketplace  | <http://trainings.hwapps.org/>  |
| Inter-PPS Training Strategy Forum | <https://www.hwapps.org/community/groups/inter-pps-training-strategy-forum/>  |
| My Health Career®  | <http://www.myhealthcareer.org/>  |