Workforce Transition Roadmap for Albany Medical Center Hospital Performing Provider System

Delivery System Reform Incentive Payment Program

Workforce Strategy

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Executive Summary

The overall goal of the Delivery System Reform Incentive Payment ("DSRIP") program is to reduce avoidable hospitalizations and ED visits by the Medicaid population in New York State ("NYS") by 25% through the transformation and redesign of the existing healthcare system. As part of the Albany Medical Center Hospital Performing Provider System's ("AMCH PPS" or "the PPS") participation in the DSRIP program and completion of certain Workforce Strategy Milestones, Albany Medical Center Hospital ("Albany Medical") engaged BDO Consulting ("BDO"), on behalf of the AMCH PPS, as its workforce vendor to develop a workforce transition roadmap that details the AMCH PPS's plans for achieving the target workforce state throughout the five year DSRIP program.

The AMCH PPS's workforce transition roadmap was created in collaboration with key PPS stakeholders including the DSRIP Workforce Coordinating Council Members ("WCC"), who provided significant input regarding project implementation strategies to inform workforce planning. The workforce transition roadmap aggregates findings from the AMCH PPS's current workforce state, target workforce state, and workforce gap analysis to detail the PPS's plans and timeline for closing the projected workforce gaps as the DSRIP projects are implemented.

The AMCH PPS anticipates that the transition from inpatient care to community-based services, as impacted through the implementation of various DSRIP projects, will result in workforce impacts most notably for nursing, primary care providers ("PCPs") and related support staff, administrative support, behavioral health providers and numerous emerging titles related to care management.

The workforce transition roadmap will serve to guide the AMCH PPS in bridging identified workforce gaps by addressing the workforce implications of the DSRIP program. The transition roadmap outlines training and transition support that AMCH will provide to its network to successfully implement the DSRIP programs and better serve the PPS population.

I.
II. Workforce Transition Roadmap Overview

The DSRIP program encourages healthcare system redesign and promotes collaboration across providers and community-level partners to reduce avoidable inpatient admissions and emergency room visits by 25% over the next five years for the Medicaid population in New York State. In line with this goal, the transformation of the existing healthcare system and implementation of the chosen DSRIP projects will have implications on the AMCH PPS's workforce needs.

The AMCH PPS workforce transition roadmap has been developed to align with DSRIP program goals, and details plans as well as estimated completion dates for addressing the ongoing workforce recruitment, training, and deployment needs of the PPS. The workforce transition roadmap takes into consideration implications, issues and factors identified within the gap analysis and works to bridge the identified gaps to meet the needs of the PPS. The transition roadmap reflects the PPS's transition plan as of the date of this report. As the projects are implemented, it is likely that additional gaps and transition plans will be highlighted and executed by the AMCH PPS to transition the workforce and successfully implement the projects.

The approach utilized to define AMCH PPS's workforce transition roadmap, as well as the PPS's strategy and plans for bridging the identified workforce gaps, has been detailed within the body of this report.

A. Workforce Transition Roadmap Approach

To support the development of a comprehensive workforce strategy, the AMCH PPS has developed numerous workforce deliverables to inform the development of the workforce transition roadmap. In early 2016, the AMCH PPS conducted a current workforce state survey, and engaged with key PPS stakeholders in order to identify PPS Partners' current and anticipated staffing needs related to DSRIP program implementation. Findings from these discussions, along with the AMCH PPS's target workforce state were leveraged to determine potential workforce impacts and staffing resource requirements including emerging titles.

The AMCH PPS's Current Workforce State Report, Target Workforce State Report, and Gap Analysis Report assisted in creating the Transition Roadmap deliverable. An overview of the deliverables is outlined below.

B. Current Workforce State Approach and Summary Findings

In assessing the PPS's current workforce state, AMCH engaged Iroquois Healthcare Association ("Iroquois") to conduct a compensation and benefits survey of the AMCH PPS provider organizations to meet the required DSRIP workforce milestone. The purpose for collecting this data was to allow the AMCH PPS to develop baseline data for DSRIP workforce milestones such as the workforce staff impact analysis (redeployment/retraining) and the workforce new hire analysis. The self-reported survey data was also used to inform other workforce milestones that include the target workforce state, performing a workforce gap analysis, developing the transition roadmap, and developing a training strategy.

Iroquois sent the survey to 175 organizations, of which 65 organizations participated, representing approximately 26,000 full-time and part-time employees across all job titles. The survey requested compensation and benefits data for 65 job titles across 10 different organization types, shown in in *Exhibits 1* and *2* below, respectively. 17,215 employees were reported under the 65 job codes listed.

Exhibit 1: Reportable Job Titles

Reportable Job Titles (65)	
Bachelor's Social Work (BSW) (2060)	Nutritionists / Dieticians (7005)
Care Manager / Coordinator (2005)	Occupational Therapists (7010)
Care or Patient Navigator (2010)	Occupational Therapy Assistants / Aides (7015)
Certified Asthma Educators (9005)	Office Clerks (9550)
Certified Diabetes Educators (9010)	Other Mental Health / Substance Abuse Titles Requiring Certification (1020)
Certified Home Health Aides (6005)	Other Physician Specialties (except Psychiatrists) (5010)
Clinical Laboratory Technologists and Technicians (3005)	Other Registered Nurses (Utilization Review, Staff Development, etc.) (4020)
Coders / Billers (9505)	Patient Care Technicians (3020)
Community Health Worker (2030)	Patient Service Representatives (9555)
Computer Hardware Maintenance (8005)	Peer Support Worker (2035)
Computer Technical Support (8010)	Personal Care Aides (6010)
Dietary/Food Service Managers (9510)	Pharmacists (7020)
Executive Staff (CEOs and General / Operations Managers) (9515)	Pharmacy Technicians (7025)
Financial Services Representatives (9520)	Physical Therapists (7030)
Financial Staff (Managers and Clerks) (9525)	Physical Therpay Assistants / Aides (7035)
Health Coach (9015)	Physician Assistants in Other Specialties (5020)
Health Educators (9020)	Physician Assistants in Primary Care (5015)
Health Information Technology Managers (8015)	Primary Care Physicians (5005)
Housekeeping Managers (9530)	Psychiatric Aides / Technicians (1025)
Human Resources Staff (Managers and Human Resource Assistants) (9535)	Psychiatric Nurse Practitioners (1015)
Janitors and Cleaners (9540)	Psychiatrists (1005)
Licensed Clinical Social Workers (LCSW) (2045)	Psychologists (1010)
Licensed Master's Social Workers (LMSW) (2050)	Respiratory Therapists (7040)
Licensed Practical Nurse (LPNs) (4035)	RN and NP Care Coordinators/Case Managers/Care Transitions (2015)
LPN Care Coordinators/Case Managers (2020)	Secretaries and Administrative Assistants (9560)
Master's Social Worker (MSW) (2055)	Social and Human Service Assistants (2040)
Medical Assistants (3010)	Social Worker Care Coordinators/Case Managers/Care Transisition (2025)
Medical Interpreters (9545)	Software Programmers and Developers (8020)
Nurse Managers / Supervisors (4030)	Speech Language Pathologists (7045)
Nurse Midwives (4025)	Staff Registered Nurses (4015)
Nurse Practitioners in Other Specialties (except Psychiatric NPs) (4010)	Substance Abuse and Behavioral Disorder Counselors (1030)
Nurse Practitioners in Primary Care (4005)	Transportation (9565)
Nursing Aides / Assistants (3015)	

Exhibit 2: Organization Types

Organization Types (10)
Hospital Inpatient
Hospital Outpatient Clinics (Article 28)
Diagnostic and Treatment Centers (Article 28)
Clinics (OPWDD) (Article 16)
Outpatient Behavioral Health (Article 31 & Article 32)
Home Care Agency
Non-licensed Community Based Organization (CBO)
Nursing Home/SNF
Private Provider Practice
Other Type (select only if no other types apply)

The AMCH PPS organizations also reported on FTE vacancies within the PPS. Based on the data provided, the highest number of vacancies were reported for staff registered nurses ("RNs") (196 FTEs), personal care aides (186 FTEs), and nursing aides/assistants (121 FTEs), while the highest percentage of vacancies were reported for psychiatric nurse practitioners (31.9%) and licensed practical nurse ("LPN") care coordinators/care managers (29.6%).

In addition to the AMCH PPS data, a second aggregate report included comprehensive data collected from providers in the Alliance for Better Health Care PPS, the Bassett Medical Center PPS, the Care Compass Network PPS, the Central New York Care Collaborative PPS, and the North Country Initiative PPS ("Aggregated PPSs").

Exhibit 3 presents the job titles with above average vacancy rates reported by the AMCH PPS. With the exception of nursing aides/assistants and personal care aides, the vacancy rate observed across the AMCH PPS was above the average vacancy rate reported for the Aggregated PPSs.

Exhibit 1: Job Titles with Above-Average Vacancy Rates (>7.54%)

Job Title	Number of FTEs	Number of Vacancies	Vacancy Rate
Psychiatric Nurse Practitioners (1015)	19	6	31.9%
LPN Care Coordinators/Case Managers (2020)	27	8	29.6%
Community Health Worker (2030)	30	7	23.3%
RN and NP Care Coordinators/Case Managers/Care Transitions (2015)	100	23	23.0%
Peer Support Worker (2035)	122	24	19.7%
Psychiatrists (1005)	71	11	14.8%
Coders / Billers (9505)	213	31	14.6%
Psychologists (1010)	45	6	13.3%
Psychiatric Aides / Technicians (1025)	235	29	12.3%

Job Title	Number of FTEs	Number of Vacancies	Vacancy Rate
Nurse Practitioners in Other Specialties (except Psychiatric NPs) (4010)	152	19	12.2%
Health Educators (9020)	60	7	11.7%
Dietary/Food Service Managers (9510)	30	3	10.0%
Physician Assistants in Primary Care (5015)	62	6	9.7%
Nursing Aides / Assistants (3015)	1,263	121	9.6%
Clinical Laboratory Technologists and Technicians (3005)	253	24	9.4%
Social Worker Care Coordinators/Case Managers/Care Transition (2025)	120	11	9.2%
Personal Care Aides (6010)	2,246	186	8.3%
Physical Therapists (7030)	110	9	8.2%

The AMCH PPS also collected additional workforce data including collective bargaining agreements ("CBAs") status to further inform the workforce planning efforts throughout the DSRIP program.

C. Target Workforce State Approach and Summary Findings

The Target State report identified the AMCH PPS's projected workforce needs by the end of the DSRIP program in 2020. Findings and project impacts from the report are summarized within this section and further detailed in the Target State Report.

Development of the AMCH PPS's target workforce state was conducted by key AMCH PPS stakeholders, including DSRIP project managers and clinical leads, who provided significant input into the DSRIP project impacts and assumptions made to inform the projection of AMCH PPS's target workforce state. Information from external databases including local, state and national surveys; medical claims databases; published literature; and IHS, Inc.'s ("IHS") Healthcare Demand Microsimulation Model ("HDMM") were leveraged to further inform the target workforce state projections. An additional important stakeholder that assisted in the development of this report is the AMCH PPS WCC, comprised of representative organizations throughout the PPS.

As the DSRIP program progresses over the five years, the demand for health care workforce within the AMCH PPS network will continue to evolve as DSRIP projects are implemented, impacts of those projects are realized, and as external factors outside of the DSRIP program evolve. As a result, it is worth noting that although this analysis was conducted using best efforts and project implementation assumptions to model workforce impacts over the DSRIP program, the target workforce state described within this report is a projection of the target workforce state to inform AMCH PPS's workforce planning, and workforce needs will be continually reevaluated as project impacts are realized over time.

Exhibit 4 below summarizes the PPS's target workforce state staffing impact projections by 2020. The data takes into account the anticipated results of the DSRIP program, as well as

anticipated demographic and health care coverage changes, independent of DSRIP across the AMCH PPS's care settings and key job categories. In some cases, non-DSRIP impacts offset or moderate the effects of DSRIP, while in other cases they magnify DSRIP workforce impacts. Notable projected impacts include:

- By 2020, the combined impacts of a growing and aging population, expanded medical insurance coverage under ACA, and DSRIP implementation will increase demand for health providers modeled by approximately 272 FTEs across several job types including PCPs, specialists, behavioral health providers, substance use providers, nursing, patient navigators, care coordinators, social workers, pharmacists, as well as front end support staff:
    - Independent of DSRIP, workforce demand is projected to grow by approximately 94 FTEs.
    - The projected impact of DSRIP implementation is estimated to increase demand for health providers modeled by approximately 178 FTEs.
- Some of the largest workforce impacts of both DSRIP, and changes independent of DSRIP, are projected to take place among RNs, PCPs, behavioral health providers, and medical and administrative support staff in outpatient and community-based settings.
- The largest workforce impacts of DSRIP implementation alone are estimated to take place among RNs:
    - Net demand for RNs is estimated to decrease by approximately 94 FTEs. This represents a combined impact of an anticipated non-DSRIP related increase in demand of approximately 40 FTEs, offset by a decline in demand for RNs, primarily in hospital inpatient settings, of approximately 133 FTEs.
- DSRIP related demand for non-nursing care coordinators is projected to rise by approximately 98 FTEs.
- An estimated additional 92 FTE administrative support staff and 74 FTE medical assistants (or similar direct medical support staff) also are likely to be required in non-acute care settings to support PCPs, psychiatrists and other medical and behavioral health specialties in meeting both DSRIP related needs and those associated with population growth and aging.
- Projected workforce impacts by 2020 associated with implementation of individual DSRIP programs vary greatly:
    - The impact of the Implementation of Patient Activation Activities, such as the PAM tool for Uninsured and Low/Non-utilizing Medicaid Populations, on projected health care use and workforce demand is greater than the impact of any other AMCH PPS DRSIP project due largely to the community health worker (CHW)/care coordinator FTEs required to staff this initiative.
    - The estimated impacts on future workforce demand of other AMCH PPS DSRIP initiatives, particularly those focusing on behavioral health, are also likely to be significant.

Exhibit 4: AMCH PPS Total Projected DSRIP Staffing Impacts (DY1 to DY5)

Setting and Job Category	Non-DSRIP Impacts	DSRIP-related Impacts	Total Impacts
Primary care and community-based clinics			
Primary care providers	9.5	40.5	50
Cardiologists	2	1	3
Endocrinologists	0.5	0	0.5
Psychiatrists/psych nurse practitioners	0.5	7	7.5
Psychologists	-4.5	5	0.5
Licensed clinical social workers	0	37	37
Addiction counselors	0	8.5	8.5
Paraprofessionals/psychiatric technicians	0	3	3
Non-licensed psychiatric technician/paraprofessional or certified peer specialist	0	4	4
Registered nurses	7.5	24.5	32
Licensed practical nurses	3	0	3
Nurse aides/assistants	2	0	2
Medical assistants	17	57	74
Administrative support staff	12.5	83	92
Emergency department			
Emergency physicians	0	-4.5	-4.5
Nurse practitioners & physician assistants	0	-1	-1
Registered nurses	2	-16	-14
Hospital inpatient			
Hospitalists	1	-12	-11
Registered nurses	30	-141.5	-111.5
Licensed practical nurses	4	-7.5	-3.5
Nurse aides/assistants	7	-36	-29
Pharmacists	3.5	0	3.5
Care managers/coordinators/ navigators/coaches			
Care coordinators (non-RN/navigators/CHWs/behavioral health)	0	98	98
Asthma educators/health coaches	0	2	2
CVD educators/health coaches	0	7.5	7.5
Peer support (behavioral health)	0	6	6
Security guards (for crisis intervention centers)	0	12	12
Total FTEs	94	177.5	271.5
Registered nurse total change	39.5	-133	-93.5

D. Gap Analysis Approach and Summary Findings

The gap analysis incorporates findings from the AMCH PPS current workforce state and target state to identify existing workforce gaps that may be further impacted as a result of the DSRIP program, or new gaps in required job titles, skill sets, and training that will be created through DSRIP implementation. Findings from the PPS's gap analysis were used to inform the development of the workforce transition roadmap, which will assist the PPS with workforce planning to reach its target workforce state by the end of the program.

Following a five-year implementation of the DSRIP program, due to the combined impact of the program as well as non-DSRIP related impacts, the AMCH PPS workforce is projected to

experience potential impacts in demand for health care providers including PCPs, nursing positions, clinical and administrative support, and care management/care coordination.

The PPS organizations reported a number of vacancies among nursing positions which may be normalized through the implementation of the DSRIP projects and the anticipated decline in the demand for nurses in the ED setting.

Within the primary care / outpatient settings, the PPS's workforce gap is due to the anticipated increase in demand for PCPs as patients are redirected to seek care from providers outside of the ED setting due to the combined impacts of the Medical Village project, Patient Activation project, ED Care Triage project, and increased referrals through the co-location of primary care and behavioral health services. Further, the growth in overall demand for physicians in NYS is forecasted to outpace growth in the current supply of physicians. Given this workforce supply factor combined with the anticipated increase in demand for PCPs, the PCP gap in the PPS's workforce is likely to be impacted over time as project goals are realized.

Within the ED / inpatient settings, the PPS is projected to experience a slight decrease in demand for ED physicians, with the greatest impact being a decrease in demand for nursing positions including RNs, nurse practitioners ("NPs"), and nurse aides/assistants as DSRIP project impacts are potentially realized and patients seek care outside of the ED and inpatient settings. However, the projected decrease in demand for ED / inpatient workforce may be partially offset by factors unrelated to the DSRIP program such as changing demographics and expanded insurance coverage. Additionally, given the vacancies reported across the AMCH PPS for nursing positions, the projected reduction in demand for nursing is also likely to be mitigated by the existing reported gaps within the AMCH PPS workforce.

An increase in demand for behavioral health positions is projected, specifically for licensed clinical social workers ("LCSW") and administrative support, as a result of anticipated project impacts for Crisis Stabilization services and the co-location of primary care and behavioral health services. Although there are currently no identified gaps in workforce for these positions, with less than 5.0% vacancy rate reported, the PPS may need to address future workforce gaps as project goals are realized. Further, statewide shortages in the behavioral health workforce may impact PPS provider recruitment efforts.

Additionally, with the anticipated increase in community-based health coordinators and navigators as a result of the care transition projects, demand for care coordinators, asthma educators, CVD educators (community health workers/health coaches), and peer support workers is projected to increase. Based on the current workforce state data, there is an existing vacancy rate of over 20.0% reported for community health workers and peer support workers, which is higher than the average reported vacancy rate for all job titles across the PPS. Given the anticipated increase in utilization of patient navigation services and the overall increase in demand for care management services throughout NYS, the existing gap for care management/care coordination staff is likely to expand further.

III. Workforce Transition Plan

The AMCH PPS's transition roadmap identifies an approach to bridging workforce gaps that are expected to occur at the individual project level and combines those impacts to propose measures to address overall workforce gaps across the PPS.

The AMCH PPS is developing an Integrated Delivery System ("IDS") through an expansion of interventions and resources including care management, the expansion of primary care and behavioral health capacity, and clinical improvement efforts, all of which will create new demands on the PPS workforce to support anticipated changes in health care service delivery and utilization. Additionally, as some DSRIP projects begin to reduce the use of inpatient and ED services and redirect patients to outpatient and care management services, staffing needs to support an increased demand for community-based services and potential reductions in inpatient workforce demand will need to be managed.

The following sections address identified AMCH PPS workforce gaps and documents the PPS's plans to address these gaps and transition the workforce by the completion of the DSRIP program in 2020. The AMCH PPS aims to support the development of an integrated delivery system and will emphasize through training, partnerships and workforce development efforts, the need to focus on coordination and collaboration amongst PPS partners and surrounding PPS's.

A detailed work plan of key work steps and target dates for the workforce transition is included in the Appendix.

A. Workforce Governing Body and Training Plans

The AMCH PPS aims to implement an Integrated Delivery System ("IDS") to transform healthcare delivery through an organized and collaborative network of primary, behavioral, specialty, long-term and post-acute care providers, as well as through social service and community-based providers.

The AMCH PPS Project Management Office ("PMO") will act as a facilitator to engage network providers with several training initiatives and to highlight the need for additional job titles by facility, but will not be actively involved in the recruitment of the workforce for the PPS partner organizations.

Training topics will include, but are not limited to, on care protocols and technical platforms, as well as any competency gaps identified through project implementation. The development of care protocols and training of frontline staff will be a key component of DSRIP implementation and the workforce transition. The PMO will coordinate workforce planning

and training as needed, and will assist in the development of clinical protocols, with guidance from the clinical project subcommittees.

To support training development and implementation, the AMCH PPS plans to contract with training vendors to develop some of the workforce training programs. The AMCH PPS is committed to working with regional educational institutions, neighboring PPSs and other local health agencies to maximize the efficiency, efficacy and sustainability of workforce training efforts.

The PMO is currently undertaking an assessment of trainings already provided by the PPS's organizations. Workforce training will incorporate cultural competency and health literacy ("CC/HL") along with the social determinants of health and drivers of health disparities. The training needs highlighted by the AMCH PPS are listed below. These training needs are further discussed throughout this report, as well as in the AMCH PPS Workforce Training Strategy deliverable. Training needs highlighted in this document will be continually assessed and adjusted as needs arise.

- Technical Platforms
    - E.H.R Training
    - Meaningful Use Training
    - Clinical Decision Support Systems (CDSS)
    - Fundamentals of the AMCH PPS Integrated Delivery System
- PCMH Training
- Clinical Guidelines
    - Treatment Guidelines of Hypertension & Hypercholesterolemia
    - Evidence-based Asthma Management
    - HHARI Care Management Documentations and Protocols
    - Implementation of Guidelines for Prescription of Narcotic Use
    - BP Measurement Techniques
    - Cancer Screening Guidelines
- Protocols & Processes
    - IDS training
    - Person-centered Methods: Self-management Goals
    - Referrals & Patient Follow-up
    - Health Home Linkages
    - Stanford Model
    - SBIRT Training
    - 5 A's of Tobacco Control
    - Million Hearts Campaign
    - Tobacco Dependency Treatment
    - Fundamentals of a Naturally Occurring Retirement Center ("NORC")
- Analytics
    - Performance Analytics with REAL Data ("Hot Spotting")
- Cultural Competency & Health Literacy

  - Health Literacy (Assessing Consumer Level and Training Consumer)
  - Cultural Competency with Healthcare Matters
  - Motivational Interviewing
  - Patient Activation Measure ("PAM") Training
  - Consumer Education: Accessibility to Medical Village Services
- Payer
  - Health Insurance Coverage
  - Value Based Payments Training
- Clinical Integration
  - Care Coordination
- Job-Specific
  - Integration of Patient Navigator into ED Care Team
  - Community Health Worker Training
  - Certified Asthma Educator Training
  - Depression Care Manager Training (IMPACT Model)

B. Expansion of Care Management

The AMCH PPS anticipates that DSRIP will provide the opportunity to expand and enhance care management roles to have meaningful impacts on patients. As reported in the Target Workforce Report Summary and Gap Analysis Summary, the DSRIP program implementation will significantly increase the demand for care management roles across the PPS network. The specific job titles associated with these roles may differ across care settings and organizations; however, the AMCH PPS has identified the need to expand its care management resources in the following areas: care coordinators (including community health workers ("CHWs")), care managers, and patient navigators. Workforce impacts related to these care management roles will be largely driven by the following projects:

- Project 2.a.iii: Health Home at Risk Intervention Program
- Project 2.d.i: Implementation of Patient Activation Activities for Uninsured and Low/Non-Utilizing Medicaid Populations
- Project 3.a.i: Integration of Primary Care & Behavioral Health Services

Care Coordinators (Community Health Workers)/Care Managers

Overarching project goals of several DSRIP initiatives include proactive management of patients through access to high quality primary care and support services. Project 2.a.iii targets high risk patients who are not currently eligible for Health Homes but could benefit from care management and care coordination services in a less intensive setting. Project 2.d.i focuses on increasing patient engagement for low/non-utilizing populations, which is expected to increase screening and preventive services. Staffing increases for care

coordinators and care managers will therefore be required to support the level of care management under these initiatives.

In order to meet the required staffing needs, the AMCH PPS may retrain current staff as care coordinators or care managers and hire new staff as needed.

The AMCH PPS contracted Accenture to lead the development of the Clinical Integration Care Coordination Model, which integrates both DSRIP and AMCH-defined objectives to develop a coordination/communication strategy.

Patient Navigators

Patient navigators will work with ED staff, as part of the ED Care Triage project, to redirect patients who visit the ED with non-emergent conditions to a more appropriate setting that also provides a continuum of care. Patients with a PCP will be assisted to schedule a timely appointment, while those who do not have a PCP will be linked to a PCP who has PCMH 2014 Level 3 recognition.

The AMCH PPS assessed the need for patient navigator training in a number of areas. Potential patient navigator training modules are listed below:

- Integration of Patient Navigator into ED care team: a Learning Management System that discusses the role of a patient navigator, the importance of care coordination, and other associated topics. Content will come from subject matter expert-("SME")developed materials
- Role/Responsibilities of ED Patient Navigators: a classroom training program that will be conducted once for all patient navigators and ED staff, including new hires
- Technical Training on Patient Tracking System: a "Train the Trainer" model, with content developed by an EHR vendor
- Motivational Interviewing: a classroom-based session on developing skills to educate patients about appropriate ED use, which may be conducted annually for all patient navigators and ED staff

Additionally, patient navigators will be required to receive trainings in Health Insurance Coverage, Health Literacy (Assessing Consumer Level and Training Consumer), Cultural Competency with Health Care Matters, Cancer Screening Guidelines, Accessing Resources, and Patient Activation Measurement (PAM) Training. PAM Training is designed as a 'Train the Trainer' model and will continue to be facilitated to partnering organizations by PMO Project Staff throughout the duration of DSRIP.

C. Expanding Primary Care & Behavioral Health

The AMCH PPS is committed to strengthening primary care and behavioral health services across the PPS network. As presented in the Target State Report and Gap Analysis Report, it is

anticipated that as DSRIP projects are implemented and more patients are connected to primary, preventive, and behavioral healthcare, there will be an increase in demand for workforce within the primary care/outpatient settings, with notable impacts on PCPs and clinical and administrative support for primary care, and LCSWs and depression care managers ("DCM") for behavioral health services. Workforce impacts related to primary care and behavioral health will be driven mainly from the following projects:

- Project 2.a.v: Create a Medical Village Using Existing Nursing Home Infrastructure
- Project 2.d.i: Implementation of Patient Activation Activities for Uninsured and Low/Non-Utilizing Medicaid Populations
- Project 3.a.i: Integration of Primary Care & Behavioral Health Services
- Project 3.a.ii: Behavioral Health Community Crisis Stabilization Services

Additionally, general population growth and trends primarily associated with the growth in the Medicare population and expanded medical insurance coverage under the ACA may increase workforce demand for primary care.

Primary Care Providers

Primary care workforce will be impacted by the increase in PCP visits due to the redirecting of care from the emergency room to more appropriate settings for non-emergent conditions, as well as proactive management of chronic diseases. To support Project 2.a.v, in which the creation of urgent care centers will have established relationships with PCMH Level 3 2014 primary care sites, the PPS will implement several Patient-Centered Medical Home ("PCMH") trainings. These will include broad, cross-cutting training related to the benefits of achieving 2014 NCQA Level 3 PCMH or APCM; training specifically related to the development of necessary workflows and other changes to become certified; and training sessions targeted for senior leaders on the benefits of 2014 NCQA Level 3 PCMH recognition or APCM.

Additionally, physicians will receive training on the benefits of co-located behavioral health services within a primary care setting, and on new protocols and responsibilities with respect to screening and treatment of behavioral health and physical health conditions, consistent with scope of practice and licensure. The PMO will continually engage with PCP's to evaluate the requirement for additional training and assistance to successfully implement the DSRIP programs.

Medical Assistants

In addition to PCPs, it is anticipated that there will be an increased need for direct medical and administrative support to support the projected increase in PCP visits. The recruitment of these positions may be supported by 'ladder' and 'pipeline' training opportunities.

Licensed Clinical Social Workers/Depression Care Managers

To support the integration of primary care and behavioral health services, workforce needs, with regards to recruitment and training, have been identified for behavioral health providers including LCSWs and DCMs. The PPS must first identify qualified DCMs (can be a nurse, social

worker, or psychologist) and establish the DCM job description as defined by the IMPACT model. Requirements include coaching patients in behavioral activation, offering courses in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.

DCMs will be trained on major Depressive Disorder symptomology, physiological effects, and biopsychosocial effects; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy and Interpersonal Therapy; and self-management support through education, behavioral activation, problem-solving treatment in primary care (PST-PC) and motivational interviewing.

D. Movement across Settings

If successfully implemented, multiple DSRIP projects, as reported in the Target State Report and Gap Analysis, will decrease the number of inpatient days (avoidable admissions) and avoidable ED visits, and increase primary care visits across the PPS network. Projected DSRIP-related staffing reductions for certain job titles, due to reduction in utilization of inpatient/ED services, may result in a decline in demand for nurses (including Registered Nurses, LPNs and Nursing Aids). This reduction in inpatient utilization and related increase in demand will likely be offset by non-DSRIP trends, including increased insurance coverage and a growing and aging population. Additionally, the DSRIP program will enhance demand in outpatient and community based settings as care is shifted. Shifting demand across settings may present the opportunity for a focus on the expansion of the workforce and training programs to support community-based care.

Nursing

Several members of the nursing workforce may be redirected within the network to support the transition from inpatient care to community-based services. Opportunities will exist for current RNs to transition from inpatient to care management roles, including DCM and care managers. The AMCH PPS is committed to providing the necessary training and education for current staff members to fill in workforce gaps impacted by DSRIP implementation so as to minimize the impact to current staff.

E. Cultural Competency and Health Literacy

The AMCH PPS's Cultural Competency and Health Literacy Committee ("CCHLC") was established in May 2015 to provide guidance and feedback on the PPS's effort to improve cultural and linguistic competence of all providers. A Cultural Competency Training Strategy ("the CC Strategy") was developed to focus specifically on cultural competency trainings of the AMCH PPS providers to address the drivers of health disparities such as race, ethnicity, socioeconomic status, gender, mental health, and sexual orientation. The CC Strategy

provides insight on the current state of provider trainings related to cultural competency, and outlines how the PPS plans to achieve the goal of creating an integrated delivery system with workforce ready to provide culturally and linguistically appropriate care.

Cultural competency trainings will offer unique opportunities for the PPS providers to address the above factors of health disparities with improved skills and knowledge related to patients' varying backgrounds. The following are a list of strategies the AMCH PPS plans to implement over the DSRIP period in order to make a positive impact on the population's health equity:

Align training goals with the AMCH PPS Practitioner Training and Education Plan, Workforce Communication and Engagement Plan, and Workforce Training Strategy

- The Practitioner Training and Education plan contains a clinically-focused training curriculum with various training areas related to DSRIP, such as Patient-Centered Medical Home (PCMH), care coordination, care management, IT, and patient engagement.
- The Workforce Communication and Engagement Plan outlines the processes in which the AMCH PPS will engage and communicate with partner organizations to inform and train their staff on various DSRIP efforts.
- The Workforce Training Strategy includes a comprehensive plan for conducting DSRIP-related trainings across the AMCH PPS and addresses all required training topics such as cultural competency and health literacy, DSRIP 101, population health, value-based purchasing, and compliance.

Contract with a training vendor to provide customized training

- The AMCH PPS will contract with a training vendor responsible for providing an online library of training modules.
- The vendor-provided training library and CC/HL-driven customized curriculums will offer training topics that include providing culturally competent care; social determinants of health; collection of race, ethnicity, language, gender, and disability data; helping patients with linguistic barriers; assessing and interacting with patients with low health literacy; and motivational interviewing
- In order to understand an individual organization's training needs and preferred training method, representatives from each partnering organization will provide input on creating a training program that best suits their interests

Contract with a training vendor to provide, conduct, and evaluate ongoing assessments

- Selected training vendor will also be responsible for providing cultural competency self-assessment tools and pre/post training assessments to the AMCH PPS providers.
- The AMCH PPS will evaluate completed trainings and providers' feedback to modify or expand future training topics.

These implementation strategies aim to equip the AMCH PPS providers with skills and knowledge for encountering patients with sensitivity and respect, while raising awareness on various factors that lead to health disparities.

Please reference the AMCH PPS's Cultural Competency and Health Literacy Strategy for additional details regarding strategy training phases and target workforce roles.

IV. Appendix - Workforce Transition Roadmap (Timeline)

Workforce Strategy	Target Completion Date	Target Completion Status
Milestone #1: Define Target Workforce State (in line with DSRIP goals)	**06/30/2016**	**Completed**
Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles	09/30/2015	Completed
Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC	12/31/2015	Completed
Define job role classifications and group titles across provider types to assess need, prioritize roles, skills, and licensure requirements to assist with retraining and redeployment	09/30/2015	Completed
Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap	06/30/2016	Completed
Work with individual providers and the workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap	06/30/2016	Completed
Define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption	06/30/2016	Completed
Milestone #2: Create a workforce transition roadmap for achieving defined target workforce state.	**9/30/16**	**In Progress**
Analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project.	09/30/2016	In Progress
Develop project specific timelines for the retraining, recruitment, and redeployment of the workforce	09/30/2016	In Progress
Identify existing training curriculum/programs to meet competency gaps	09/30/2016	In Progress
Develop strategies to alleviate the PPS workforce gaps	03/31/2020	On Hold
Present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4	03/31/2020	On Hold
Modify the roadmap where appropriate, based on feedback from the PAC Executive Committee	03/31/2020	On Hold
Continually review the workforce roadmap and assess the ongoing recruitment, retraining, redeployment needs of the PPS, making modifications where necessary	03/31/2020	On Hold
Update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap	03/31/2020	On Hold
Milestone #3: Perform a detailed gap analysis between the PPS's current state assessment of workforce and projected	**09/30/2016**	**In Progress**

future state		
Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need	09/30/2016	In Progress
Expand on the work product of the previous milestone and create a detailed process for monitoring gaps identified in the workforce	09/30/2016	In Progress
Conduct a Current State Assessment and Gap Analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff	09/30/2016	In Progress
Collaborate with finance committee, PAC Executive Committee and workforce vendor to review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce	03/31/2020	On Hold
Milestone #4: Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	**06/30/2016**	**Completed**
Consistent with all labor laws, regulations, and Federal Trade Commission standards, in collaboration with workforce vendor and other regional PPSs, contract a third party to conduct an extensive review or utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists *Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information*	06/30/16	Completed
Once aggregate data is received, analyze the aggregate data by position, project, and employment status to determine workforce impact	06/30/16	Completed
Collaborate with the training vendor to develop retraining and redeployment strategies to ensure appropriate placement for retrained and reassigned workers	06/30/16	Completed
Present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval	06/30/16	Completed
Develop a process, with approval by the PAC Executive Committee, to identify, track, and report quarterly all staff that are either partially or fully redeployed within participating provider organizations	06/30/16	Completed
Milestone #5: Develop a training strategy	**09/30/2016**	**In Progress**
Conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion	09/30/2016	In Progress
Assess the workforce survey, in collaboration with the training vendor, to identify any training gaps within the	03/31/2020	On Hold

PPS		
In collaboration with the training vendor and physician champions identified through the CQAC, determine the areas of training to be further developed, as well as new training programs to be created	03/31/2020	On Hold
Create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS	09/30/2016	In Progress
Work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate	03/31/2020	On Hold
Work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care	09/30/2016	In Progress
Distribute the overall training plan to the PAC Executive Committee for review and approval	03/31/2020	On Hold
In collaboration with the workforce training vendor and participating provider reporting requirements, track the online training programs to ensure participating providers are utilizing workforce training programs	03/31/2020	On Hold
Develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and continually assess each program's effectiveness on a quarterly basis	03/31/2020	On Hold
Cultural Competency and Health Literacy	**Target Completion Date**	**Target Completion Status**
Milestone #2: Develop a training strategy focused on addressing the drivers of health disparities	**6/30/16**	**In Progress**
Identify and inventory existing training programs for clinicians and other members of the workforce that serve CCB beneficiaries and address health disparities among racial ethnic groups.	6/30/2016	In Progress
Finalize a system for web based and in-person trainings to be easily available to participating providers	03/31/2020	On Hold
Work with organizational partners in the PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or refuse to be engaged	12/31/2015	Completed
Approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, develop an evidence based approach for training interventions that are effective in improving cultural competency	03/31/2020	On Hold
Monitor completion of trainings by all engaged providers and provide documentation of completion rates of annual assessments for reporting purposes	03/31/2020	On Hold
Approve of ongoing training that can be focused on	06/30/2016	Completed

targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate		
Practitioner Engagement	**Target Completion Date**	**Target Completion Status**
Milestone #2: Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	**12/31/2015**	**Completed**
Identify "Practitioner Champions" at each organization and professional group. These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations	12/31/2015	Completed
Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives	12/31/2015	Completed
Leverage Practitioner Champions in collaboration with the WCC to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. Plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation	12/31/2015	Completed
Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan	12/31/2015	Completed
Approval of final training plan by PAC Executive Committee to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration	12/31/2015	Completed
Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback	12/31/2015	Completed
Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations	12/31/2015	Completed
Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model	12/31/2015	Completed
Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes	12/31/2015	Completed
Clinical Integration	**Target Completion Date**	**Target Completion Status**
Milestone #2: Develop a Clinical Integration strategy	**6/30/16**	**Completed**
Develop training criteria for participating practitioners across different clinical settings (including ED, inpatient, outpatient) regarding clinical integration, tools and	06/30/2016	Completed

communication for coordination		
Develop training criteria for nursing and operations staff on care coordination and communication tools	06/30/2016	Completed
Project Specific Workforce Transition	**Target Completion Date**	**Target Completion Status**
Project 2.a.i: IDS Implementation		
Train staff on IDS protocols and processes	09/30/2016	In Progress
Implement training on alerts and secure messaging functionality by clinicians and staff across the IDS for safe and effective care transitions between EDs, hospitals, specialists, and PCMH sites	03/31/2020	On Hold
Ensure clinician and staff training on new processes once EHR systems have met Meaningful Use Stage 2 CMS requirements	03/31/2020	On Hold
Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM	03/31/2020	On Hold
Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA 2014 Level 3 certified or APCM	09/30/2016	In Progress
Engage patients in the IDS through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate	09/30/2016	In Progress
Project 2.a.iii Health Home at Risk Intervention Program		
Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	03/31/2018	In Progress
Develop training materials required to implement Health Home at-risk action plan buy-in at the provider level and implement training	03/31/2020	On Hold
Collaborate with CCHLC to identify training vendor to supply educational materials on management of chronic diseases	09/30/2016	In Progress
Disseminate training materials as appropriate	03/31/2020	On Hold
Project 2.a.v: Create a Medical Village Program		
Determine staff training and development, redeployment, retention, and recruitment needs based on selected community-based services	03/31/2017	In Progress
Implement training sessions to educate participating partners on how to utilize EHR and other technical platforms to track all patients engaged in the project	03/31/2020	On Hold
Ensure that all participating PCPs meet NCQA 2014 Level 3PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	03/31/2018	In Progress
Ensure clinician and staff training on new processes once EHR systems have met Meaningful Use Stage 2 CMS requirements	03/31/2020	On Hold

Project 2.b.iii: ED Care Triage Program		
Identify future state care coordinator/patient navigator staffing models in participating EDs and create a staffing plan including job descriptions and training requirements	06/30/2016	Completed
Assist ED sites with staff recruitment, training, and ongoing competency assessment	03/31/2020	On Hold
Work with CCHLC to develop culturally competent patient education materials on the appropriate use of ED services and benefits of primary care services offered at a PCMH	09/30/2016	In Progress
Provide training for ED providers and staff in how to talk to patients about where they should receive care for non-emergent needs	03/31/2020	On Hold
Provide training for ED providers regarding implementation of guidelines for prescription of narcotic use	03/31/2020	On Hold
Designate ED staff to review evaluation reports regarding ED utilization and to take appropriate action to assure adherence to project objectives	03/31/2020	On Hold
Establish a project sub-committee with representation from participating PCPs, to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3	09/30/2016	In Progress
Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM	03/31/2020	On Hold
Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM	09/30/2016	In Progress
Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY3	03/31/2020	On Hold
Designate staff at participating community sites to serve as contacts for ED care coordinators/patient navigators for access and care coordination needs	03/31/2020	On Hold
Provide training to ED and practice staff on the new protocols to assure adherence	03/31/2020	On Hold
Ensure clinician and staff training on new processes once participating safety-net providers' EHR systems have met Meaningful Use Stage 2 CMS requirements	03/31/2020	On Hold
Assess current state of staffing and systems in place to support effective patient navigation	03/31/2016	Completed
Assess future staffing resources needed to support timely access to patient navigators and primary care providers	06/30/2016	Completed
Develop additional trainings to providers and staff on the role of patient navigators in ED	03/31/2020	On Hold
Conduct educational programs to participating sites and providers	03/31/2020	On Hold
Implement training sessions to educate participating partners on how to utilize additional technical platforms	03/31/2020	On Hold
Project 2.d.i: Implementation of Patient Activation Program		

Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement	03/31/2017	In Progress
Collaborate with neighboring PPSs to provide a "Train the Trainer" PAM technique workshop to appropriate PMO staff, as well as participating CBOs and healthcare providers	12/31/2015	Completed
Roll out "Train the Trainer" method across the five-county region, utilizing trained CBO and provider resources to administer training to staff in their organizations and or across their region	12/31/2016	In Progress
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency	03/31/2018	In Progress
Work with PPS partners to establish appropriate care coordination/patient navigation activities to assist CBOs and enable patients to become more engaged in care	03/31/2017	In Progress
Utilize data from PAM to develop strategies for patient engagement and re-engagement, utilizing participating CBOs and providers	03/31/2018	In Progress
Work with designated patient navigators, care coordinators, and CBOs to educate targeted patients about alternatives to ED usage	03/31/2018	In Progress
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education	03/31/2018	In Progress
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R)	03/31/2017	In Progress
Ensure direct hand-offs to navigators who are prominently placed at "hot spots", partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources	03/31/2018	In Progress
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations	03/31/2018	In Progress
Implement training sessions to educate participating partners on how to utilize the registries and population health platforms	03/31/2020	On Hold
Project 3.a.i : Integration of Primary Care and Behavioral Health Services		
Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3	06/30/2016	Completed
Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM	09/30/2017	In Progress

Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM	09/30/2017	In Progress
Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH subcommittee	06/30/2016	Completed
Educate leadership within each organization participating in project of the benefits of co-located behavioral health services within a primary care setting	06/30/2016	Completed
Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements	09/30/2017	In Progress
Provide support, trainings, resources and education to participating providers as needed to ensure successful implementation of co-located behavioral health services	03/31/2020	On Hold
Provide training for all staff, including client-facing administrative staff, on the new protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions, consistent with scope of practice and licensure	03/31/2020	On Hold
Provide education and training of PHQ and SBIRT assessment tools, as needed	03/31/2020	On Hold
Provide education/training as needed on policies for implementing "warm transfers" for patients who receive a positive screening	03/31/2020	On Hold
Education/Training provided as needed to participating providers on how to utilize the technical platform	03/31/2020	On Hold
Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting	03/31/2020	On Hold
Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH subcommittee to guide the implementation of IMPACT Model at participating primary care sites	06/30/2016	Completed
Educate leadership and clinicians within each organization participating in project of the benefits of IMPACT model	06/30/2016	Completed
In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services	03/31/2020	On Hold
Ensure appropriate staff are provided education, training and resources as needed for successful implementation of policies and procedures regarding IMPACT	03/31/2020	On Hold
Employ a trained Depression Care Manager meeting requirements of the IMPACT model	03/31/2020	On Hold
Develop training protocols and procedures for DCM role to ensure they are efficient in all required IMPACT interventions	03/31/2020	On Hold

Provide training to DCM on Major Depressive Disorder symptomatology, physiologic effects, and biopsychosocial cycle; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy, and Interpersonal Therapy; self-management support through education, behavioral activation, Problem-Solving Treatment in Primary Care (PST-PC) and motivational interviewing (MI)	03/31/2020	On Hold
Provide assistance with resources for successful training/hiring of designated psychiatrists to ensure they are able to adequately perform the requirements of the position as created in Milestone 12; metric1; step 1	03/31/2020	On Hold
Education/Training provided as needed to participating providers on how to utilize the technical platform	03/31/2020	On Hold
Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting	03/31/2017	In Progress
Project 3.a.ii: Behavioral Health Community Crisis Stabilization		
Establish an ad-hoc Behavioral Health (BH) Community Crisis Stabilization (BHCCS) workgroup under the auspices of BH sub-committee to oversee the development/enhancement of regionally-based behavioral health community crisis stabilization programs that include outreach, mobile crisis, and intensive crisis services	09/30/2017	In Progress
Ensure that participating organizational contracts specify access and responsiveness standards, information sharing standards, care coordination protocols, designated leads for each organization for clinical collaboration, staff training topics and frequency	12/31/2015	Completed
Hire peer and recovery specialists with defined job functions that include responsibilities such as, handoff to a warm line for callers who primarily present to crisis team with need for talk support	3/31/2020	On Hold
Implement staff training program to train staff on: suicide risk assessment and interventions, safety planning, crisis stabilization and de-escalation techniques, motivational interviewing, working with police, working with peers, mental health first aid or other first responder interventions, cultural competency, health literacy, and community resources availability	03/31/2020	On Hold
Educate, train and provide resources, as needed, for successful implementation of diversion management protocol by sub-committee and PMO	03/31/2020	On Hold
Develop and implement ongoing training materials for all appropriate staff to keep them current on policies, procedures and treatment protocols	03/31/2020	On Hold
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff	09/30/2017	In Progress

Collaborate with community mobile crisis providers to implement regional protocols as necessary	09/30/2017	In Progress
Provide support, training, education and resources as needed	03/31/2020	On Hold
Implement training and secure messaging to support the use of alerts across the PPS	03/31/2020	On Hold
Project 3.b.i: Evidence-based Strategies for Disease Management		
Ensure clinician and staff training on new processes once EHR systems have met Meaningful Use Stage 2 CMS requirements	09/30/2016	In Progress
Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3	09/30/2016	In Progress
Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM	09/30/2016	In Progress
Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM	09/30/2016	In Progress
Implement training sessions to educate participating partners on how to utilize the additional technical platforms for tracking all patients engaged in this project	03/31/2020	On Hold
Provide periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control	09/30/2016	In Progress
Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR	03/31/2020	On Hold
Create training protocols and education participating providers about using the EHR to document the 5 A's of tobacco control	09/30/2016	In Progress
Use these training protocols to provide periodic clinician and staff training at the practice level to make effective use of the new CDSS features in EHR to prompt the use of 5 A's of tobacco control	09/30/2016	In Progress
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management	09/30/2016	In Progress
Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, patient self-management training	09/30/2016	In Progress
Provide training to participating sites to ensure new processes are supported and understood by staff as necessary	09/30/2016	In Progress
Ensure availability of correct equipment at all locations, evaluate current workflows and implement new processes supported by appropriate staff training on accurate blood pressure measurement and documentation by applicable staff	03/31/2020	On Hold
Assure ongoing staff competencies for accurate	03/31/2020	On Hold

measurement of blood pressure by direct observation, frequent assessment, and training.		
provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling	09/30/2016	In Progress
Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR	03/31/2020	On Hold
Provide periodic staff training and feedback at the practice level to make effective use of the Clinical Decision Support System features in EHR to identify and schedule patients who need a hypertension visit	03/31/2020	On Hold
PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals	09/30/2016	In Progress
Provide clinician and staff training at initial orientation and annually on person-centered methods that include documentation of self-management goals within the EHR	09/30/2016	In Progress
Provide periodic training to staff on warm referral and follow-up process.	09/30/2016	In Progress
Implement required workflow changes, staff training and information technology infrastructure to support operationalization of policies and procedures	03/31/2020	On Hold
Develop "Warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking	03/31/2020	On Hold
Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS	03/31/2020	On Hold
Staff will be identified and trained on how patients should be taught to self-monitor their blood pressure	03/31/2020	On Hold
Develop improvement and training activities to improve clinical outcomes and address health disparities	09/30/2016	In Progress
Establish contractual agreements with CBOs to provide ongoing training to participating providers and staff on Stanford Model	03/31/2020	On Hold
Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, as well as best methods to track outcomes and quality indicators to ensure success	09/30/2016	In Progress
Project 3.d.iii: Implementation of Evidence-based Medicine Guidelines for Asthma Management		
Deliver educational activities addressing asthma management to participating primary care providers.	09/30/2016	In Progress
Project sub-committee, working in collaboration with WCC and participating partners, will identify appropriate training methods, including "train the trainer model", to train staff on EPR-3 guidelines and PPS adopted asthma care protocols	03/31/2020	On Hold
Project sub-committee will collaborate with Albany Medical College and other educational institutions to conduct annual CME programs to update practitioners and staff on new developments in asthma care and management	09/30/2016	In Progress
Conduct periodic educational sessions for participating	09/30/2016	In Progress

partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models		
Collaborate with overlapping PPSs, as appropriate, to offer training on becoming a Certified Asthma Educator	09/30/2016	In Progress
Implement training sessions to educate participating partners on how to utilize the additional technical platforms for tracking all patients engaged in this project	03/31/2020	On Hold
Project 4.b.i: Promote Tobacco Use Cessation		
Incorporate provider training in tobacco dependence treatment	03/31/2020	In Progress
In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives	03/31/2020	In Progress
Track, through WCC, providers who complete these trainings on a biennial schedule	03/31/2020	In Progress
In collaboration with WCC, identify needs for training across PPS partners, with special focus on those providing behavioral health services	03/31/2020	In Progress
Project 4.b.ii: Increase Access to High Quality Chronic Disease Preventive Care and Management		
Coordinate training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates	03/31/2020	On Hold