Workforce Transition Roadmap Report for NYU Lutheran PPS

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 health care system.

As part of NYU Lutheran Performing Provider System's ("NYU Lutheran PPS" or "the PPS") participation in the DSRIP program and completion of certain Workforce Strategy Milestones, NYU Hospitals Center ("NYUHC") engaged BDO Consulting ("BDO") on behalf of the NYU Lutheran PPS, as its workforce vendor, to assist in the development of a workforce transition roadmap that details the PPS's plans for achieving the target workforce state by the end of the five year program.

NYU Lutheran PPS's workforce transition roadmap was developed in collaboration with key PPS stakeholders as well as Workforce Consortium members (OneCity Health PPS, Community Care of Brooklyn PPS, NYU Lutheran PPS, and Bronx Partners for Healthy Communities PPS) to ensure that workforce needs and impacts of the DSRIP projects were being evaluated consistently across the PPSs and were comprehensive of the PPS's specific service area. Collaboration took place through several in person working sessions and conference calls with representation from multiple PPS Leads. NYU Lutheran PPS stakeholders, including DSRIP Project Managers and Clinical Workgroup Members, provided significant input regarding project implementation strategies and timing of potential staffing impacts to inform the development of the PPS's transition roadmap.

The workforce transition roadmap aggregates findings from the PPS's current workforce state, target workforce state, and workforce gap analysis to detail the PPS's plans and timeline for achieving the target state by 2020.

The purpose of developing the workforce transition roadmap is to assist the PPS in achieving its defined target workforce state by addressing the workforce implications of the DSRIP program as a result of system transformation and the implementation of clinically integrated programs.

NYU Lutheran's workforce transition roadmap describes the PPS's plans and target dates for bridging the workforce needs identified in the gap analysis. The plan also includes ongoing measures to address the PPS's needs for workforce recruitment, training, and deployment throughout the program.

I. Workforce Transition Roadmap Overview

The goal of the DSRIP program is to encourage healthcare system redesign and promote 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 NYS. In line with this goal, the transformation of the existing healthcare system and implementation of the chosen DSRIP projects will have implications on the PPS's workforce needs.

The workforce transition roadmap, as part of the DSRIP Workforce Strategy Milestones, is intended to define the PPS's plans for achieving the defined target workforce state by addressing workforce implications that the DSRIP program and other market forces will have on the PPS's current workforce as well as the need for new positions and skill sets. The workforce transition roadmap will be utilized to guide the PPS's overall workforce strategy throughout the five year program. In doing so, the workforce transition roadmap will detail work steps and target dates to effectively address projected timing of workforce impacts as a result of system transformation and implementation of clinically integrated programs including addressing the ongoing workforce recruitment, training, and redeployment needs of the PPS. The workforce transition roadmap considers any implications, issues and factors identified within the Gap Analysis Report and works to bridge the identified gaps to meet the needs of the PPS. The PPS's workforce transition roadmap was created in collaboration with the PPS's Workforce Governance Body.

The approach utilized to develop NYU Lutheran's workforce transition roadmap as well as the PPS's strategy and plans for bridging the identified workforce gaps have been detailed within the body of this report.

II. Workforce Transition Roadmap Approach

To support the development of a comprehensive workforce strategy, during the initial project planning and implementation planning phases, the NYU Lutheran PPS's Executive Committee conducted an initial workforce survey to assess existing provider and staffing capacity. Building on this preliminary analysis in the early DSRIP program phases, the NYU Lutheran PPS conducted a current workforce state survey, as previously described, and held discussions with key PPS stakeholders to further identify PPS Partners' current and anticipated staffing needs related to DSRIP program implementation. Findings from these discussions combined with the projected workforce staffing impacts as part of the PPS's target workforce state, were leveraged to determine potential workforce displacements, new staffing requirements, and new job functions and skill set requirements.

NYU Lutheran PPS's workforce transition roadmap was developed combining findings from the PPS's Current Workforce State Report, Target Workforce State Report, and Gap Analysis

Report. Report details as well as the approach utilized to define the PPS's current and target workforce states and workforce gaps are detailed in the following sections.

A. Current Workforce State Approach and Summary Findings

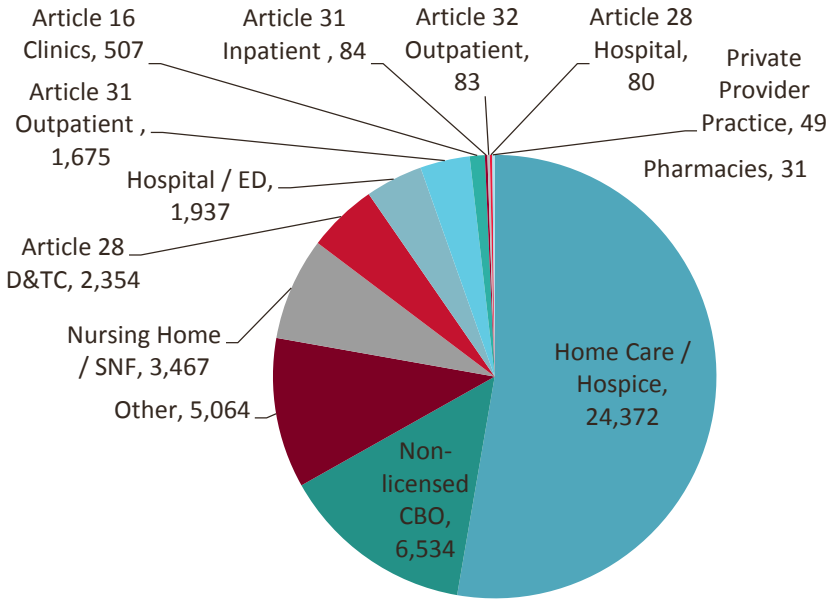
In order to assess the PPS's current workforce state, NYUHC, on behalf of the NYU Lutheran PPS, engaged BDO and the Center for Health Workforce Studies ("CHWS") to collect and synthesize information pertaining to the PPS's current workforce including staffing, infrastructure, culture, strengths, and challenges. The current state workforce assessment included the development and distribution of a survey to PPS Partners to collect workforce data pertaining to the PPS's network. Additionally, data requests and stakeholder engagement sessions were also held to obtain supplemental data on the PPS's workforce.

PPS Partners were requested to provide workforce data by job title pertaining to total headcount, full time equivalents ("FTEs"), number of vacancies, average hourly wages, fringe benefits (%), and collective bargaining agreements as well as data pertaining to temporary and agency staff including total headcount, hours, and FTEs. The survey also included sections for PPS Partners to indicate minimum requirements for certain job titles pertaining to degrees / education and years of experience. The partners surveyed were asked to only provide relevant workforce data for individuals working within the PPS's geographic region and thus serving the attributed Medicaid population. The purpose for collecting this level of workforce data is to establish a baseline or current state of the PPS's workforce and compare these findings to the projected target workforce state to identify workforce gaps between the two.

A total of 127 surveys were completed and submitted by 86 organizations within the NYU Lutheran PPS, with an overall survey response rate of nearly 50% by the PPS's Partners. Thus, the current workforce state data provides an approximate representation of the PPS's current workforce state detailing reported workforce data across facility types and job titles by headcount, FTEs, and FTE vacancies as well as agency and temporary staff by headcount, hours, and FTEs, but does not provide workforce data that is comprehensive of the entire workforce within the PPS. The following pie charts provide an overall summary of the NYU Lutheran PPS's reported workforce data which includes a total headcount of 46,237 individuals or 27,730 FTEs.

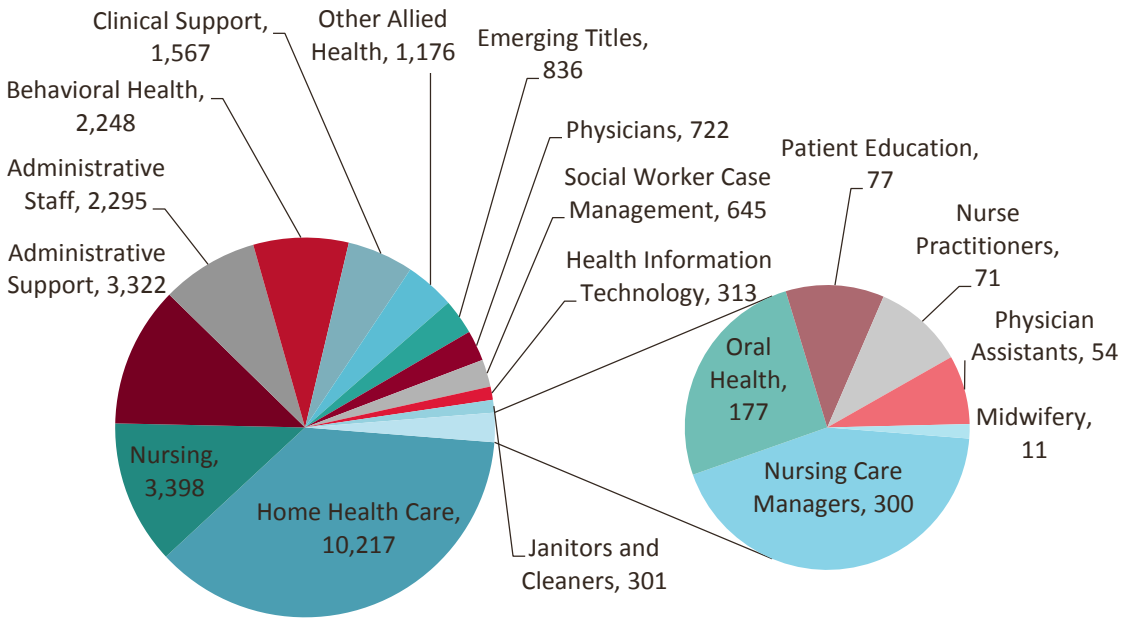
As detailed in *Exhibit 1*, which describes the total reported current workforce across all facility types (by headcount), over 50% of the PPS's workforce is represented by staff employed by 33 Home Care / Hospices. The next largest numbers of workforce providing care in the PPS are at the 28 Non-licensed CBOs, 17 "Other" facility types, 13 Article 28 D&TCs, and 10 Nursing Homes / SNFs.

Exhibit 1: Total Reported PPS Workforce by Facility Type (by Headcount)



As detailed in *Exhibit 2*, which provides the total reported workforce across all DOH Job Categories (by FTEs), nearly 40% of the PPS's reported FTEs are represented by the Home Health Care DOH Job Category which contains titles such as Certified Home Health Aides, Personal Care Aides (Level I and Level II), and "Other" job titles. In addition to Home Health Care jobs, the aggregated survey data indicated that the PPS is also largely comprised of Nursing (3,398 FTEs), Administrative Support (3,322 FTEs), Administrative Staff (2,295 FTEs), and Behavioral Health staff (2,248 FTEs) jobs.

Exhibit 2: Total Reported PPS Workforce by Job Title (FTEs)



Based on the PPS's current workforce state data, while the PPS's Home Care / Hospice providers represented over 50% of the PPS's reported workforce, other major workforce employers include Non-licensed CBOs, "Other" facility types, and Nursing Homes / SNFs. Of the data reported, the hospital / ED workforce comprises approximately 6% of the PPS's total workforce.

Additionally, Home Health Care job titles were also the most represented jobs within the PPS with over 10,200 FTEs reported followed by Nursing, Administrative Support, Administrative Staff, and Behavioral Health jobs.

The PPS Partners also reported on FTE vacancies occurring within the PPS's workforce. Based on the data provided, approximately 25% of FTE vacancies are represented within the PPS's nursing positions with 408 FTE vacancies reported, followed by Home Health Care and Behavioral Health staffing vacancies. Further, based on the data provided, while Home Care / Hospices are largest reported employers by facility type, they also report the highest workforce vacancies across the PPS's various facility types with approximately 45% of the FTE vacancies reported.

The PPS also collected additional workforce data including minimum job requirements related to minimum years of experience and minimum degree requirements, CBA status, and Agency/ Temporary Staff for specific job titles to further inform the PPS's workforce planning efforts throughout the DSRIP program.

B. Target Workforce State Approach and Summary Findings

The target workforce state developed for the NYU Lutheran PPS identifies the 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 on an individual DSRIP project basis and any existing workforce gaps between the current and future workforce state are detailed in the Gap Analysis Report.

NYU Lutheran PPS's target workforce state was conducted in collaboration with key PPS stakeholders as well as Workforce Consortium members (OneCity Health PPS, Community Care of Brooklyn PPS, NYU Lutheran PPS, and Bronx Partners for Healthy Communities PPS) to ensure that workforce needs and impacts of the DSRIP projects were being evaluated consistently across the PPSs in order to develop a comprehensive analysis of each PPS's target workforce state in its corresponding service area. NYU Lutheran PPS stakeholders, including DSRIP Project Managers and Clinical Workgroup Members, provided significant input into the DSRIP project impacts and assumptions made to inform the projection of the PPS's target workforce state.

As the DSRIP program progresses over five years, the demand for health care workforce within the NYU Lutheran PPS's network will continue to evolve as DSRIP projects are implemented, impacts of those projects are realized, and as external factors, such as demographic and market changes, outside of the DSRIP program evolve.

As summarized in *Exhibit 3* below, the PPS's estimated target workforce state staffing impacts by 2020 taking into account the anticipated results of the DSRIP program as well as anticipated demographic and health care coverage changes independent of DSRIP across the PPS's care settings and key job categories. The target state report and findings assumed market share as of 2014 and therefore some projections do not consider the anticipated impacts of market factors that may impact NYU Lutheran PPS's market share including the planned closing of certain hospitals in New York City. The following summarizes the projected impacts to the PPS's workforce based on projected modeling outputs.

While it is estimated that overall workforce demands, independent of the DSRIP program, are projected to grow by approximately 103 FTEs overall, the projected impact of DSRIP implementation alone is estimated to increase the demand for health providers in the PPS's network by approximately 208 FTEs. Resulting in a net increase of approximately 311 FTEs overall.

The greatest projected workforce impacts, taking into account both DSRIP and non-DSRIP related impacts, are estimated to take place among the Non-Nursing Care Navigators and Support Staff in both outpatient and community-based settings. Additionally, although the impacts of the DSRIP program are projected to produce a slight decrease in the PPS's nursing positions in the inpatient setting (resulting from the impact of DSRIP on inpatient utilization) given ongoing changes within the health care marketplace that will likely drive an increase in

hospital ED and inpatient utilization and increase the demand for RN workforce, the overall net impact on the PPS's nursing positions is likely to increase rather than decrease.

Please note, for comparison purposes of the projected target workforce staffing impacts, and the current workforce state *Exhibit 3* and *Exhibit 4* have been provided. *Exhibit 3* details the projected workforce impacts of the PPS's future state in 2020, while *Exhibit 4* summarizes the reported current workforce state by reported FTEs and vacancy rates for the job titles. As detailed within *Exhibit 4*, the current state workforce findings were aggregated across various reported job titles and facility types to align with the care settings and job categories indicated within *Exhibit 3* and throughout the projected workforce findings for each DSRIP project[1]. However, the numbers being reported do not include the PPS's total reported workforce for all job titles.

[1] Care Settings Reported:
The Primary Care and Community-based Setting section includes current workforce state findings for Article 31 Outpatient, Article 32 Outpatient, Article 28 D&TCs, Home Care / Hospice, Article 28 Hospital, Non-licensed CBOs, Private Provider Practices, Pharmacies, Retail Clinics, and "Other" Facility Types.
The Emergency Department ("ED") and Hospital Inpatient sections of the table are inclusive of reported current workforce state findings for Article 31 Inpatient, Article 32 Inpatient, and Hospital Inpatient / ED facility types.
The Nursing Home / SNF section is inclusive of reported current workforce for the PPS's Nursing Homes and SNFs.
The Care Managers / Coordinators / Navigators / Coaches section of the table are inclusive of all facility types.

Job Titles Reported:
Certain job categories in the table include aggregates of similar job titles:
The Psychiatrists / Psych Nurses category includes reported FTEs for Psychiatrists, Psychiatric Nurse Practitioners, and Psychiatric Tech Aides.
The Clinical Social Workers job category is inclusive of reported FTEs for Licensed Clinical Social Workers, Bachelors Social Workers, Licensed Masters Social Workers, Licensed Clinical Social Workers, and Social Worker Care Coordination / Case Managers / Care Transition job titles.
The Registered Nurses job category includes Nurse Managers / Supervisors, Staff Registered Nurses, Other Registered Nurses, and Per Diem Staff Registered Nurses.
The Administrative Support Staff category includes Office Clerks, Secretaries and Administrative Assistants, Coders / Billers, Dietary / Food Services, Financial Service Representatives, Housekeeping, Medical Interpreters, Patient Service Representatives, and Transportation positions.
The Specialist category includes Cardiologists, Endocrinologists, Obstetricians / Gynecologists, and Pediatricians.
The Nurse Coordinator Leaders job category includes LPN Care Coordinators / Case Managers and "Other" related job titles.

Exhibit 3: NYU Lutheran PPS Total Projected DSRIP Staffing Impacts

Setting and Job Category	Non-DSRIP Impacts	DSRIP-related Impacts	Total Impacts
Primary and Community-Based Settings			
Primary Care Providers	11	10	21
Cardiologists	2	-	2
Endocrinologists	0.5	0.5	1
Psychiatrists / Psychiatric Nurses	1.5	1	2.5
Psychologists	4.5	-	4.5
Clinical Social Workers	-	9.5	9.5
Registered Nurses	6	5.5	11.5
Medical Assistants	19.5	17	36.5
Administrative Support Staff	18.5	19.5	38
ED			
Emergency Physicians	-	-3	-3
NPs & PAs	-	-0.5	-0.5
Registered Nurses	1.5	-11	-9.5
Hospital Inpatient			
Hospitalists	0.5	-0.5	-
Registered Nurses	27.5	-9	18.5
Licensed Practical Nurses	3.5	-0.5	-3
Nurse Aides / Assistants	6.5	-2.5	4
Care Managers / Coordinators / Navigators / Coaches			
Nurse Coordinator Leaders	-	15	15
Non-Nursing (CHWs)	-	151	151
Diabetes Educators	-	1.5	1.5
Asthma Educators	-	4.5	4.5
Total FTEs	**103**	**208**	**311**

Exhibit 4: NYU Lutheran PPS Current State Reported Workforce

Job Category	Reported Workforce(FTEs)	Reported FTE Vacancy Rate
Primary and Community-Based Settings		
Primary Care Providers	61.1	1.6%
Cardiologists	1.1	-
Endocrinologists	0.2	-
Psychiatrists / Psychiatric Nurses	70.5	11.2%
Psychologists	36.3	1.1%
Clinical Social Workers	784.6	10.7%
Registered Nurses	1,595.3	17.2%
Medical Assistants	209.5	3.3%
Administrative Support Staff	2,137.4	4.2%
Hospital Inpatient & ED		
Emergency Physicians	-	-
Primary Care Physicians	-	-
Specialists (except Psych)	0.5	-
Residents and Fellows	143.1	-
Physician Assistants	33.3	36.0%
Registered Nurses	675.0	9.6%
Licensed Practical Nurses	1.0	100.0%
Nurse Aides	225.1	12.0%
Nurse Practitioners	2.2	363.6%
Care Managers / Coordinators / Navigators / Coaches		
Nurse Coordinator Leaders	48.9	89.8%
RN Care Coordinators	250.8	3.2%
Care Coordinators (non-RN)	568.9	8.6%
Diabetes Educators	3.0	-
Asthma Educators	3.0	-
Nursing Homes / SNFs		
Primary Care Physicians	20.7	29.0%
Specialists (except Psych)	1.0	-
Physician Assistants	6.6	-
Registered Nurses	346.6	5.2%
Licensed Practical Nurses	350.0	0.9%
Nurse Aides	1,014.7	4.0%
Nurse Practitioners	2.0	-
Total FTEs	**8,592.4**	**9%**

C. Gap Analysis Approach and Summary Findings

The gap analysis developed for the NYU Lutheran PPS leverages findings from the PPS's current workforce state and target workforce state to identify and describe workforce gaps that currently exist but may be further impacted as a result of the DSRIP program to understand and forecast workforce needs in terms of redeployment, retraining, and new hire needs. Findings from the PPS's gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap which will be used to assist the PPS with workforce planning to reach its target workforce state by the end of the program.

As detailed within NYU Lutheran PPS's Gap Analysis Report, overall DSRIP project workforce impacts are projected to be most significant with regard to the increased demand for care managers/navigators and minimal across other areas of the workforce. . However, in specific instances where PPS Partners reported high workforce vacancies already impacting the PPS's provider community, the impacts of certain DSRIP projects can work to either minimize or increase gaps that currently exist within the PPS's workforce. Due to the combined impact of the program as well as non-DSRIP related impacts, the PPS's workforce is projected to experience a potential increase in demand for health care providers including PCPs, nursing positions, Clinical Support, and Administrative Support positions. Further, assuming successful implementation of the DSRIP projects and actively engaged goals are met; the NYU Lutheran PPS is likely to experience the greatest workforce impacts during DSRIP Year ("DY") 4.

Due to combined impacts of the ED Triage project, the Patient Navigation Center ("PNC"), and increased referrals through the co-location of primary care and behavioral health services, the PPS's workforce is anticipated to experience an increase in demand for PCPs as patients are redirected to seek care from providers outside of the ED setting. In addition to increasing the demand for PCPs, project impacts are estimated to result in the increase in demand for Clinical and Administrative Support positions to support the projected increase in utilization of primary care and outpatient services.

In addition to increasing the number of PCP visits, the PPS's project for the co-location of primary care and behavioral health services, is also projected to drive an increase in demand for Behavioral Health positions, specifically Licensed Clinical Social Workers. As a result of the existing identified Behavioral Health workforce gaps within the PPS, the projected impacts of this project are likely to further enhance these identified gaps.

As overall DSRIP project goals are realized and patients seek care outside of the ED and inpatient settings, the PPS may experience a decrease in demand for nursing positions including Nurse Practitioners ("NPs"), Physician Assistants ("PAs"), and RNs. However, in certain instances given high nursing vacancy rates reported both across the PPS as well as in the ED / inpatient setting, the projected reduction in demand for nursing positions is likely to be offset by the existing reported gaps within the PPS's workforce. Further, the health care

market in Brooklyn is experiencing considerable ongoing changes. For example, an ongoing change occurring throughout DY2 that will have a significant impact to the PPS's overall utilization of health care services is the planned closing of Mount Sinai Beth Israel. As a result of the planned closure, NYU Lutheran Medical Center ("NYULMC") is anticipating that providers including PPS Partner ODA Primary Health Care Network will redirect patients, including obstetrics patients, to NYULMC for ED and inpatient services. By redirecting these patients, NYULMC anticipates an increase in overall inpatient utilization and thus an increase in overall demand anticipated for inpatient staff including RNs. The planned closure and redirection of patients to NYULMC will likely offset the projected reduction in RNs and instead drive an increase in demand for additional RNs to support the PPS's inpatient workforce.

Additionally, in line with NYU Lutheran PPS's plans to implement the PNC, an increase in the utilization of community-based health care navigation services is anticipated. Due to projected PNC impacts, the PPS is likely to experience an increase in demand for Patient Navigators, Community Health Workers, and Care Managers / Coordinators. However, given the anticipated increase in utilization of patient navigation services and the high vacancy rate reported for these positions, the existing gap for Patient Navigators is likely to increase following PNC implementation.

III. Workforce Transition Overview and Approach

Similar to the structure of NYU Lutheran PPS's target state and gap analysis, the PPS's transition roadmap identifies proposed measures and steps for bridging workforce gaps as a result of identified projected workforce impacts on an individual project basis and combines those impacts to propose measures to address overall workforce gaps at the PPS level. Further the road map addresses how the PPS will transition the workforce to support healthcare transformation over the five year DSRIP program.

As detailed by the NYU Lutheran PPS in the initial planning and implementation phases within the Project Plan Application, Organizational Application, and DSRIP Project Implementation Plans, the PPS has anticipated that DSRIP program initiatives are likely to generate changes to the PPS's current workforce independent of external changes impacting workforce demands including population growth, evolving care needs, and changes in local healthcare market surrounding the NYU Lutheran PPS.

Through the implementation of its clinical projects, the NYU Lutheran PPS plans to invest in the development of an Integrated Delivery System ("IDS") through the development and expansion of interventions and resources including the provision of care navigation services, the expansion of primary care and behavioral health capacity, and overall access to care in Brooklyn. The results of these investments will likely require additional clinical and non-clinical staff to support the anticipated increase in health care service utilization. In line with DSRIP program goals, the PPS will support widespread adoption of Patient Centered Medical Home ("PCMH") Level 3 Certification in conjunction with improved primary care access by increasing capacity and hours of operation, which will further impact staffing needs. Additionally, as the PPS and its Partners work to reduce the use of inpatient and ED services and redirect patients to outpatient settings and care management services, staffing to support an increased demand for these services will also likely be required. Changes in care delivery settings will also likely impact staffing requirements in the inpatient setting.

As part of the overall implementation planning approach, the PPS has taken measures to minimize overall staffing reductions or impacts and anticipates that reductions will largely be absorbed by employee attrition and reported existing vacancies within the PPS's workforce. The PPS is developing protocols and measures to ensure that any displaced staff will be placed into new positions within the existing employer's organizations or within another PPS organization. Further, the PPS will continue to work with 1199SEIU, New York State Nurses Association, and United Federation of Teachers, to ensure DSRIP impacts for unionized workers and unions' potential concerns are addressed. The PPS also has a dedicated union representative on its Executive Committee.

The following sections addresses identified gaps for NYU Lutheran PPS's DSRIP projects and discussion potential actions that the PPS developed to bridge these gaps and achieve the PPS's projected future state by the completion of the DSRIP program in 2020.

A. Project 2.a.i: Creation of an Integrated Delivery System

In effort to serve Brooklyn's racially, ethically, and linguistically diverse population through cultural sensitive, evidence-based coordinated care, the NYU Lutheran PPS has committed to creating an 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.

As part of the PPS's project plans to implement the IDS, the PPS anticipates allocating financial, clinical and workforce resources from inpatient / acute care to community-based ambulatory care settings including patient-centered behavioral health, substance abuse, and social support services. This planned system transformation and reallocation of resources as part of the IDS will require collaboration across all PPS Partners to ensure a comprehensive strategy to reduce excess acute care and long-term bed capacity in Brooklyn.

The plan to focus efforts on ambulatory care providers to support care delivery transitions from the inpatient to outpatient setting will be supported through the PPS's PNC which will be leveraged to better coordinate the PPS's resources and programs to support, coordinate, link, and engage patients and educate them on the appropriate use of health care services.

The workforce impacts resulting from project implementation and the development of the IDS are addressed below.

Training Plans

As part of overall DSRIP implementation planning, the PPS has indicated ongoing plans to develop and train clinical staff on IDS protocols in order to establish PPS-wide clinical pathways and facilitate consistent care coordination protocols through the PNC into DY3. The PPS has also identified a need to develop culturally competent and multilingual care coordination services through the PNC and Lutheran Family Health Center's ("LFHC") Community Care Management Program as a potential resource to assist with workforce training given the FQHC's robust network.

In addition to developing IDS training for clinical support staff, the PPS also plans to engage and train Community Health Workers to facilitate patient outreach and navigation activities to ensure that Medicaid patients are engaged.[2]

[2] The Community Health Worker position that is being leveraged for this and other DSRIP projects including the PNC was developed by NYU Lutheran Family Health Centers in collaboration with 1199SEIU as a pilot project and as the overall model for NYS. Utilizing Medicaid waiver funding, training for the position includes cultural diversity training and will be provided to all Community Health Workers involved in the DSRIP program.

New Hires / Recruitment Plans

The PPS plans to engage existing Community Health Workers as well as hire and train Patient Navigators to support the PNC and overall IDS. Further, as part of the IDS, the PPS plans to deploy Community Health Workers and embedded Care Managers to PCMH sites.

B. Project 2.b.iii: ED Care Triage for At-Risk Populations

As part of the PPS's plans to actively engage a diverse population of Medicaid beneficiaries who access the NYU Lutheran Medical Center and NYU Langone Cobble Hill EDs for non-emergent care, the PPS will implement an ED Triage program that provides evidence-based care coordination and transitional care to link patients to a PCP and support patient self-management of health conditions. The ED Triage project will also feed into the PPS's plans to provide universal care coordination through the PNC to facilitate patient activation, adherence, and proper education and health coaching resources. As previously discussed, the development of the PNC will require the development / expansion of a new workforce as well as have a training and development impact on the existing workforce.

In line with plans to ensure continuity of care for patients, the PPS also plans to facilitate the sharing of patient data by leveraging NYU Lutheran Medical Center's Electronic Medical Records ("EMR") and open-access scheduling as well as NYU Langone Medical Center's Health Information Exchange ("HIE") to enable sharing of information across providers. The PPS also plans to ensure care coordination with community care providers through the PPS's RHIO / SHIN-NY.

Training Plans

As part of project plan implementation, the PPS will develop and implement triage protocols focusing on the identification and redirection of non-emergent patients in the ED and anticipates increasing staffing as well as training in protocols for ED Care Managers and Nurses located at both of the PPS's ED sites to ensure adherence to triage protocols, as well as additional ED Nurses and Case Managers to staff the ED Discharge Unit. The PPS plans to train existing ED Nurses and Case Managers on newly developed ED discharge procedures throughout DY2 and plans to provide trainings for staff at both of the PPS's ED sites.

The PPS also plans to leverage existing care coordination resources including an ED Care Manager, embedded PCMH Care Managers, and Case Managers to provide appointment follow-up and scheduling. These identified existing resources will also be required to receive training in the PPS's newly developed ED triage protocols.

As part of the PPS's plans to promote care coordination and sharing of information across the PPS's community care providers, the PPS will develop trainings for both clinical and non-clinical staff regarding data capturing and sharing procedures to ensure that continuity of care for patients and data sharing risks are mitigated.

New Hires / Recruitment Plans

As part of the PPS's project implementation plans, the ED Triage project will primarily focus on increasing PCP and PCMH capacity which will require an increase in hours of operation, on-site service offerings, and convenient access points for patients in lower-cost care settings. In doing so, that PPS anticipates an increased demand in the workforce including PCPs, Nurse Practitioners, and Physician Assistants. Given the timing of anticipated project impacts, this increase in demand for PCPs as well as clinical and administrative support is likely to primarily occur between DY3 and DY4, assuming PCMH Level 3 certifications and actively engaged goals are achieved. However, as identified within the gap analysis, a vacancy rate of approximately 8.4% for PCPs currently exists within the PPS's. This existing vacancy rate combined with the anticipated state-wide shortage in the supply of Physicians by 2030, may make it increasing more difficult for the PPS to add to PCP and PCMH capacity through the hiring of PCPs due to limited supply. The PPS will continue ongoing recruitment efforts to address current PCP vacancies as well as in anticipation of projected workforce shortages to prepare for project impacts.

Redeployment Plans

As part of the project's estimated workforce impacts, the PPS is projected to realize a decrease in demand for approximately 10 RN FTEs staffed in the PPS's ED starting DY4. However, an increase in demand for RNs is anticipated, as a result of patients potentially being redirected to NYULMC's ED due to Mount Sinai Beth Israel's planned closure. Further, PPS Partners reported existing RN staffing needs; specifically the PPS's ED reported a vacancy rate of approximately 8.9% for RNs. As a measure to address the ongoing demand for RNs, the PPS plans to reassess existing nurse staffing ratios to ensure quality delivery of patient care, also potentially offsetting any reduction in nursing staff needs in the inpatient setting due to project impacts. At this time no reductions or redeployments are planned as a result of the ED Triage project's anticipated impacts.

C. Project 2.b.ix: Implementation of Hospital Observational Programs

In an effort to reduce the hospital's Preventable Quality Indicator ("PQI") rates, the PPS has plans to implement a 10-bed Observational Unit ("OU") adjacent to the NYU Lutheran Medical Center's ED. By locating the OU adjacent to the ED, the PPS anticipates better facilitation of patient transfer for medically appropriate patients from the ED to OU as well as more effective oversight and management by ED Physicians to ensure patient-centric operations and thus ultimately reducing the likelihood of potentially preventable readmissions ("PPR").

Training Plans

Similar to other projects, the PPS has placed a specific focus on ensuring universal care coordination for its Medicaid patients through the PNC. In addition to providing patient activation, health coaching, referrals to community-based resources, and assisting in transition planning, the PNC will also provide specific care services to patients post-discharge from the OU including assisting in the scheduling and follow up of appointments with Home

Health and PCMH providers and the referral of patients with alcohol and substance abuse conditions to Office of Alcoholism and Substance Abuse Services ("OASAS") licensed providers.

To support the PPS's overall goal of universal care coordination and use of consistent protocols throughout the OU, the PPS will develop and provide trainings for dedicated OU staff for both the interim observational beds and permanent OU. Further, the PPS will designate and train an ED Physician Champion to further promote consistent use of OU-appropriate best practices, conditions, and care protocols. The provision of training for dedicated OU staff began in DY1 and is being provided to the Physicians, ED Care Managers, and OU Case / Care Managers as well as other impacted staff.

New Hires / Recruitment Plans

As part of the PPS's plans to develop and recruit workforce to staff the OU, the PPS will implement evidence-based observation protocols to be carried out by OU staff on patients deemed eligible for observation. As this is a new unit, the OU will require sufficient staffing in order to ensure that operations are carried out efficiently including timely discharge and coordination of post-discharge services to home care, specialty and physician care, and hand offs to the PNC. The PPS anticipated this change and has ongoing recruitment plans for staffing the OU with a dedicated team for interim observation beds and in the permanent OU.

Projected workforce impacts for this project are estimated to be very minimal overall and any projected decrease in demand for nursing positions is likely to be offset by staffing needs for the new OU as well as increased utilization of NYULMC's ED and inpatient services as a result of Mount Sinai Beth Israel's planned closing. Further, the PPS as part of project implementation planning, has identified a potential need for additional Physicians, Nurses, NPs, OU intake and triage staff, OU Case / Care Managers, Community Health Workers, and Administrative Support, as well as an OU Medical Director that may work between the ED and the OU to provide additional oversight.

D. Project 2.c.i: Community-Based Health Navigation Service

As briefly touched upon in reference to other DSRIP projects, the NYU Lutheran PPS plans to implement a PNC in order to reduce avoidable ED visits and connect Medicaid patients to appropriate health and social services within the PPS's network. The PPS plans to embed the PNC within the Brooklyn community in order facilitate care coordination and navigation services that are culturally competent and have multilingual capabilities. As part of the PNC's services, Patient Navigators will deliver services telephonically or in-person to facilitate patient activation, patient education and health coaching, transition planning, as well as PCMH enrollment and linking patients to PCPs.

Training Plans

As previously mentioned, the PPS recognizes the need to increase PCP and PCMH capacity to care for patients being redirected to more appropriate care settings, as well as the need for additional workforce training on community navigation protocols and procedures through PNC services including telephonic outreach services. As part of program goals, the PPS plans to integrate centrally-trained Care Managers into PCMH care teams to ensure that chronically high-risk patients have access to PNC resources. Further, the PPS plans to use innovative solutions to conduct patient outreach through smart phone technology and secure messaging to patients / health tracking. Additional training will be provided to Patient Navigators and Home / Community-based Health Workers to ensure effective home-based trigger reduction assessments, disease self-management services and field-based patient activation for those not effectively accessing PCMH care are incorporated into the PNC's programs.

As described, the PPS has plans to develop and provide ongoing training to Community Health Workers and Patient Navigators as they are recruited and staffed as well as ensure that the workforce has the necessary skill set, interests, and cultural competency / linguistic capabilities to meets the need of the communities that they will be servicing. Patient Navigators will receive ongoing training on use of the PNC's resource guide.

In addition to developing training resources, the PPS will leverage existing resources within its network including LFHC's Community Care Management Program's patient navigation and health coaching capabilities, LFHC's Community Resource Guide, 1199SEIU's standardized care coordination protocols and training curriculum, and findings from NYU School of Medicine's Community Health Worker Program.

New Hires / Recruitment

The PPS plans to implement a phased hiring approach for Patient Navigators throughout the DSRIP program to staff the PNC and plans to integrate centrally-trained Care Managers into PCMH care teams in order to facilitate access for chronic high-risk patients as well as effective care team collaboration. The PPS plans to deploy Community Health Workers in both home and community settings to provide home-based trigger assessment, disease self-management assistance, and field-based activation assistance for those patients without access to PCMHs. In addition to an anticipated need to recruit Patient Navigators and Community Health Workers, the PPS also anticipates hiring additional Care Managers and Administrative Support as well as a Director to run the PNC's program.

As part of the PPS's phased hiring plans for both Patient Navigators and Community Health Workers, recruitment is currently ongoing. The PPS has developed job descriptions, identified necessary skillsets for these positions, and has conducted targeted assessments to ensure that Community Health Workers are being placed and active in targeted Brooklyn communities. Given the PPS's plans to actively engage approximately 14% of the Medicaid attributed lives by DY4, the PPS's phased hiring approach is likely to increase starting in DY3 to meet anticipated utilization of these services.

E. Project 3.a.i: Integration of Primary Care & Behavioral Health Services

To address the identified gaps in care between PCPs and Behavioral Health providers in Brooklyn, the PPS plans to develop and implement two integrated care models to address behavioral health related community needs through the co-location of behavioral health services at PPS Partner primary care sites and, where co-location is not feasible, implementation of the IMPACT model.

New Hires / Recruitment

In addition to the PPS's identified need to increase PCP access and staffing in order to facilitate increased operating hours and specialty services, as described for Project 2.b.iii, the PPS's eight Diagnostic and Treatment Centers, nine Federally Qualified Health Centers, and primary care sites will also plan to integrate behavioral health services through PCMH and IMPACT models to improve the delivery of care to underserved communities. As part of the PPS's project implementation plans, workforce needs with regards to recruitment and training have been identified for Behavioral Health providers including Counselors, Therapists, Psychiatrists, and Peer Counselors.

In order to increase Behavioral Health capacity, the PPS plans to expand the Behavioral Health clinical workforce as well as maximize utilization of current Behavioral Health resources by identifying potentially underutilized resources as well as provide additional training to PCPs in order to improve patient handoffs and referrals. The PPS will also leverage PPS Partners including LFHC's experience successfully implementing the IMPACT model as well as expansive resources as NYC's largest Article 31 provider, Coordinated Behavioral Care, an Independent Physician Association with 50 dedicated Behavioral Health providers, and NYULMC's acute care psychiatric unit to add Behavioral Health capacity when needed as demand increases for Behavioral Health services. The PPS's projected increase in staffing requirements is estimated to start in DY2 with the greatest impacts anticipated during DY4 due to an estimated increase of potentially 4,310 patient encounters with Behavioral Health providers. To address the PPS's identified shortages of Behavioral Health providers, in particular Psychiatrists, the PPS also has plans to explore centralized staffing models and the use of tele-psychiatry services. The PPS will also need to designate a Psychiatrist that meets IMPACT model requirements.

Many of the PPS Partners engaged in implementing this project have already achieved PCMH 2011 Level 3 status and the existing facilities will be required to achieve PCMH 2014 Level 3 status within DY 3 which may potentially impact the workforce at these facilities. As part of overall DSRIP program impacts, as well as impacts specific to the co-location of behavioral health and primary care services, the PPS has anticipated an increase in demand PCPs and plans to expand primary care capacity. To address this need and expand primary care capacity, the PPS has ongoing plan to continually identify site-specific staffing needs and actively recruit for positions.

Further, in an effort to facilitate care coordination, the PPS plans to leverage the Brooklyn Health Home's infrastructure and resources to provide patient activation, engagement and navigation specifically for this project to provide services to patients who are not Health Home-eligible but require care navigation services through the PNC.

Training Plans

The PPS currently has ongoing plans in place to develop and roll out trainings to "Phase 1" adopter sites for behavioral health co-location including training pertaining to evidence-based care protocols including consistent approaches to medication management and care engagement processes. Trainings will also be developed and provided for the PPS's behavioral health workforce including Depression Care Managers, Psychiatrists, and PPS Partners implementing the IMPACT model.

In addition, the PPS will develop a consistent training and communication strategy, including training materials, pertaining to project goals as well as the adoption and use of EHR systems to ensure screenings are being captured consistently and electronically.

F. Project 3.c.i: Evidence-based Strategies to Improve Management of Diabetes

The PPS has identified that some of the Medicaid communities served by the PPS have the highest combined utilization of diabetic services in Brooklyn. In an effort to address gaps in care to reduce diabetes-related preventable hospitalizations and overuse of diabetes services in Brooklyn, the PPS plans to implement diabetes self-management education and care protocols across its PPS Partners.

To achieve these goals, the PPS plans to implement evidence-based clinical guidelines for diabetes management at the PPS's primary care sites as well as develop and deploy care coordination teams at primary care and specialists sites alongside Certified Diabetes Educators, Nutritionists, Nursing staff, Behavioral Health clinicians, and Care Managers. In addition to engaging this workforce as well as increasing PCP capacity to engage patients in diabetes self-management, the PPS also plans to engage Pharmacists within the community to further facilitate medication adherence and symptom management.

New Hires / Recruitment

As a result of project implementation and the provision of increased diabetes self-management services, an increase in the demand for Certified Diabetes Educators is anticipated. This increase in demand may occur initially in DY2 but will increase in DY4 and DY5 as approximately 3% of the PPS's Medicaid attributed lives become actively engaged in diabetes self-management services. Based on the current state data reported, the PPS's network includes approximately 3 Certified Diabetes Educator FTEs with no vacancy rates were reported for this position. As needs arise, the PPS will consider the recruitment of additional Certified Diabetes Educators to address care needs.

Training

Because many of the PPS Partners have educators in place at their facilities, as well as training for other workforce on evidence-based clinical guidelines and diabetes education programs, any trainings provided to workforce specifically for this project will be conducted internally by PPS Partners. However, the PPS has ongoing plans to assist with the development of training as well as a communication strategy including diabetes best practice material, including the provision of training as primary care sites.

Further, in an effort to facilitate better care coordination for the PPS's diabetes patients, the PPS also plans to train workforce to track population outcomes through a diabetes registry to assist with risk stratification and predictive modeling in order to identify community "hot spots", apply targeted care, and possibly incentivize providers to adhere to diabetes clinical guidelines. These plans will include the development of care coordination teams as well as engagement of community Pharmacists. The PPS will also provide ongoing Stanford model training to PCPs, Health Homes, Diabetes Care Coordination Team Members, and CBOs on approaches tailored to the local, high-risk communities.

G. Project 3.d.ii: Expansion of Asthma Home-based Self-management Program

The PPS identified a high number of asthma-related ED visits which can be attributed to high rates of smoking as well as primary care access issues across the borough. In order to mitigate risk and decrease asthma rates, the PPS has plans to implement an asthma self-management program and implement evidence-based best practices to control asthma-related symptoms and educate patients on asthma triggering factors.

Similar to diabetes self-management, the PPS plans to implement evidence-based clinical guidelines for asthma management at each PCMH site, increase PCP capacity, and deploy care coordination teams at PPS Partner sites alongside Certified Asthma Educators, PCPs, Nutritionists, Behavioral Health clinicians, and Community Health Workers.

New Hires / Recruitment

Based on the PPS's projected workforce impacts for this project, by DY5, the PPS is estimated to have an increased demand for Certified Asthma Educators for the provision of asthma-self management services by approximately 4-5 FTEs. This increase in demand for Certified Asthma Educators will likely be felt in DY2, assuming initial project implementation impacts, but will primarily increase starting in DY4 through to DY5 as the PPS engages increasingly more Medicaid attributed lives in asthma self-management services. Based on the current workforce state data, the PPS's network includes approximately 3 Certified Asthma Educator FTEs with no vacancy rates reported for this position. As needs arise, the PPS will consider the recruitment of additional Certified Asthma Educators to address care needs.

Training

The PPS has ongoing plans in place to implement evidence-based clinical guidelines for asthma self-management practice across provider sites including the EDs and primary care and PCMH sites. The trainings are projected to be ongoing throughout DY3 and will include the development of materials as well as a communication strategy that will be issued to providers throughout the PPS's network.

In addition to developing and deploying care coordination teams, as mentioned above, the PPS will develop additional trainings so that the teams have the necessary resources to conduct home-based assessments, link patients to community resources such as pest management and home cleaning, and asthma self-management education.

Similarly to the diabetes self-management project, the also PPS plans to engage and train Pharmacists within the community to further facilitate medication adherence and symptom management. In doing so, the PPS has identified that training in standardized clinical protocols will need to be deployed, with Medical Directors also participating in the development of the PPS's asthma self-management program.

In addition to Certified Asthma Educators and the PNC's involvement in the program, the PPS will leverage and train workforce in the use of an asthma registry which will be developed to track the PPS's asthma patients and incentivize providers to provide asthma care that is compliant with the PPS's program and protocols. Further in an effort to address the shortage of PCPs identified, the PPS plans to leverage Community Health Workers to assist patients with the completion of asthma action plans during home visits as well as PCMH Case Managers to review these plans during primary care visits.

H. Project 4.b.i: Tobacco Cessation Program

The PPS has observed high smoking rates as well as high rates of medical assistance with smoking cessation within many of the Brooklyn communities that it serves and has plans to implement a Tobacco Cessation Program in order to promote tobacco use cessation and reduce the risk of smoking-related illness.

While workforce impacts were not modeled for this project, the PPS anticipates that there may be a need for additional staffing resources as part of this project including a Tobacco Cessation Educator that will evolve overtime as project impacts are realized. The PPS will continue to evaluate the need for additional workforce throughout the DSRIP program.

Training

While project implementation is in the initial stages for all Domain 4 projects, the PPS plans to develop a standardized clinician training program aimed at promoting tobacco cessation services including but not limited to guidance, prescribed nicotine replacement therapy, and appropriate referrals

The PPS also plans to implement a tobacco cessation patient registry to track patients' tobacco use as well as cessation and provide additional resources to support clinicians including best practice materials and referral guidance to Quitline which may require additional training for clinicians.

The PPS has identified a need to develop and distribute culturally competent outreach and education materials, in collaboration with Community Based Organizations ("CBOs"), to target specific communities with high smoking rates such as Brooklyn's Chinese and Arab communities.

I. Project 4.c.ii: Increased access to and retention of HIV care

In collaboration with seven New York City PPSs, the NYU Lutheran PPS has plans to implement a program focused on developing common approaches and resources to address identified gaps in HIV care spanning the New York City boroughs. The PPSs' HIV Collaborative will seek to address care gaps in terms of promoting wide-spread screening, early intervention measures, patient engagement and education, and culturally competent care.

Several of the identified measures and care protocols include implementing a viral load suppression initiative to achieve and sustain suppression of HIV viral loads to undetectable levels, integrative HIV screening and improved relationships between PCPs and CBOs to promote screening, and implementation of support groups to achieve improved self-management.

While workforce impacts were not modeled for this project, the PPS anticipates that there may be a need for additional staffing resources as part of this project including Community Health Workers and Health Educators that will evolve overtime as project impacts are realized. The PPS will continue to evaluate the need for additional workforce throughout the DSRIP program.

Training Plans

As part of the program, the PPSs will leverage CBOs' resources to deliver effective HIV prevention programs including CBOs' expertise in training and deploying peer Community Health Workers to support patient efficacy and self-management. The NYU Lutheran PPS also plans to leverage the PNC to coordinate care among PCPs, connect patients to appropriate care as well as social and physical support resources, and provide training to clinicians on HIV evidence-based clinical guidelines and PrEP prescribing guidelines.

Further, the PPSs have plans to track patient populations through an HIV registry and track patients' self-management as well as incentivize clinicians to comply with standardized care protocols. As a result, the PPS may need to develop a training program for clinicians in use of the HIV registry to ensure consistency in terms of data entry.

The PPS have also identified a need to develop culturally competent integrated HIV treatment through sustainable clinical care models, assessments, and training. The PPSs will also leverage CBOs' expertise and resources to deliver effective HIV prevention programs geared

towards the African American and Latino youth including the development of culturally competent and multilingual education and outreach materials to promote HIV testing, stigma reduction, and adherence to treatment plans.

IV. Other Workforce Development & Transition Strategies

In addition to assessing workforce implications as a result of individual DSRIP project impacts, the PPS has also conducted an assessment of other possible workforce development needs pertaining to additional trainings and resources for staff including cultural competency and health literacy and health information technology needs pertaining to EHR and RHIO utilization.

A. Cultural Competency and Health Literacy

As described in the Current State Report, the NYU Lutheran PPS has a wealth of existing resources and infrastructure that can be further leveraged to support comprehensive cultural competency and health literacy throughout the PPS's provider network. As part of the PPS's ongoing cultural competency and health literacy strategy the PPS is in the process of developing a training strategy for its workforce. These training strategies will be deployed through the PPS's clinical projects as well as through the PNC.

The PPS recognizes that in order to achieve a sustainable reduction in avoidable hospitalizations and ED visits, improving on and integrating health education and literacy into all of the DSRIP projects is necessary including training for the workforce. The PPS plans to identify health literacy strategies based on industry best practices and will leverage many of the existing standards in place at NYULMC and other partner organization. For example, since 2006, all new patient education materials at NYULMC undergo health literacy review to ensure they are accessible at appropriate literacy levels in English and other languages, this practice will be continued through the PPS structure. In order to promote health literacy, the PPS's core strategies will include workforce training on the principles of "plain language," "teach-back," and "show-back" methods, among other strategies.

As part of the PPS's plans to promote cultural competency throughout its workforce, and as further detailed in the PPS's training strategy, CBOs who have already developed connections and expertise in connecting with Brooklyn's diverse neighborhoods will be leveraged. Engagement of CBOs including Caribbean Women's Health Association, Brooklyn Perinatal Network, and Ridgewood Bushwick Senior Citizen's Council will work to strengthen and maintain cultural competence throughout the PPS's integrated network.

B. Health Information Technology Training and Implementation

As detailed in previous sections for certain DSRIP projects, the PPS will need to develop trainings for clinical and non-clinical staff to support consistent data capturing and sharing procedures to ensure effective use of the PPS's RHIO, EHR systems, and tobacco and HIV patient registries that are being developed and implemented as part of the clinical projects.

A requirement for most DSRIP projects is the use EHRs or other technical platforms including the PPS's RHIO for the tracking of actively engaged patients. To meet these project requirements, NYULMC's existing EHR, open-access schedule and HIE will be leveraged to enable the sharing of information across PPS Partners. The PPS's RHIO, Healthix, will also be used as the central platform to facilitate the sharing of timely information exchange in accordance with federal and State privacy laws. In doing so, the PPS has identified a need for the provision of privacy law trainings as well as technical trainings to PPS Partners on the use of the RHIO for both the sharing of clinical and claims data foster adoption and use of the RHIO and EHR to establish connectivity to improve patient care for the PPS's attributed Medicaid lives.

C. Union Partner Provided Trainings

The PPS will leverage existing union partners' training resources to ensure that quality workforce training and education is provided to the PPS's workforce to meet the changing demands of the health industry both as a result of and independent to the DSRIP program. The union partners within the PPS currently provide a broad range of ongoing educational programs to the PPS Partners including customizing training materials pertaining to all allied health job titles as well as to Physicians around new models of care for example PMCH and Accountable Care Organizations. These trainings will continue to be used as a resource in transitioning the workforce to meet DSRIP goals.

D. Human Resource Policies for PPS Partners

While the NYU Lutheran PPS acts as an umbrella organization for the PPS Partners within the PPS Network, the NYU Lutheran PPS will not be implementing any PPS-specific human resource policies or staffing requirements for its PPS Partners. Rather the PPS Partners will continue human resource and workforce staffing operations based on their own existing policies and hire staff based on care needs independent of the DSRIP program. PPS Partners are able to leverage the current workforce state data included in this report to inform staffing decisions around reported FTE vacancies as well as Agency / Temporary Staff data.

E. NYU Lutheran Augustana Center Closing

It is also worth noting in this section, that within the past year the NYU Lutheran PPS lead entity, Lutheran Medical Center merged with NYU Langone Medical Center to become NYU Lutheran Medical Center ("NYULMC" or "the hospital"). The hospital is currently undergoing infrastructure changes such as the planned closing of certain floors in the NYU Lutheran Augustana Center ("the Center") in which current staff will be redeployed or retrained.

Further, the hospital is currently assessing and planning for workforce needs including new hires independent of impacts that may be potentially made by the DSRIP program.

As part NYULMC's plans, closing of the Center's floors will be phased over the course of the DSRIP program and workforce impacts will minimized. At this time, the PPS has identified potential full as well as partial redeployments for workforce currently staffed on the floors that are planned to be closed.

F. Minimizing Workforce Impacts

For certain positions where workforce impacts may occur, the PPS is putting measures in place to minimize overall impacts. With regards to voluntary redeployment, the PPS will work to ensure that voluntary reemployment occurs to allow individuals to perform the same or similar job functions at different organizations. The PPS has plans to develop redeployment measures to ensure that employees targeted for redeployment are identified early and transitioned to the most appropriate job setting. Further, the PPS is evaluating potential training or retraining needs as part of the DSRIP projects to ensure that existing employees who require additional skills will have the necessary trainings or resources to function in their current positions and will work to incorporate retraining opportunities into employee career tracks to ensure that all staff have an understanding of career projections.

V. Appendix

1. Workforce Transition Roadmap (Timeline)

Workforce Transition Roadmap	Target Completion Date
Perform an initial assessment of the PPS's workforce strengths, weakness and existing resources to inform project planning and implementation	**Ongoing**
Conduct an initial workforce survey to assess existing provider and staffing capacity as part of the initial DSRIP planning process	6/30/2015
Conduct a current state assessment to understand existing community-based health navigation services and Community Health Worker FTEs in place among PPS partners to develop initial plans for staffing the PNC	9/30/2015
Perform an assessment of the PPSs current workforce	**Completed**
Develop current state assessment survey to collect data pertaining to the PPS network's workforce including headcount, FTEs, FTE vacancies, agency / temp data, CBA status, and compensation and benefits information, among other data points	6/30/2016
Meet with Workforce Consortium members and key PPS stakeholders to review current state assessment survey and provide feedback as well as sign off pertaining to data points being collected as part of the survey	6/30/2016
Workforce Consortium approves current state assessment survey for distribution to PPS Partners	6/30/2016
Distribute current state assessment survey to PPS Partners for completion	6/30/2016
Collect and review completed surveys for completeness to ensure accuracy of data being reported	6/30/2016
Aggregate and analyze PPS Partners' reported workforce data and include within the PPS's Current State Report, to be included within the PPS's Gap Analysis Report	6/30/2016
Workforce Consortium members meet to review aggregated workforce data being reported across the 4 PPSs including but not limited workforce vacancies being reported for specific job titles and across facility types	6/30/2016
Develop workforce impact projections for the PPS's target workforce state	**In Progress**
Workforce Consortium members meet to develop a consistent approach to projecting and reporting workforce impacts across overlapping DSRIP projects	6/30/2016
Meet with DSRIP Project Managers and Clinical Workgroups to document project plans including implementation timing, staffing models, and anticipated project impacts to inform workforce impact projections	6/30/2016
Develop preliminary workforce impact projections over the 5 year DSRIP program taking into account both DSRIP and non-DSRIP related impacts and share documented impacts with key PPS stakeholders for review	6/30/2016
Incorporate PPS stakeholder feedback to finalize projected workforce	6/30/2016

impacts	
Incorporate workforce impact projections into the PPS's Target Workforce State report	6/30/2016
Workforce Consortium members meet to review projected target workforce data being reported across the 4 PPSs including but not limited to workforce impacts pertaining to specific job titles	6/30/2016
Receive review and sign off from the Workforce Governance Body on the Target Workforce State report	7/31/2016
Perform a detailed gap analysis between the PPS's current state assessment findings and the PPS's projected future workforce state	**In Progress**
Incorporate PPS Partners' reported current workforce state data as part of the gap analysis	06/30/2016
Summarize workforce impact projections as a part of the overall DSRIP program and individual DSRIP project impacts as part of the gap analysis	6/30/2016
Analyze workforce gaps for each DSRIP project taking into consideration the projected workforce impacts and reported current workforce state data including workforce strengths and vacancies	6/30/2016
Review identified workforce gaps with key PPS stakeholders for feedback	6/30/2016
Receive sign off on the Gap Analysis Report from the PPS's Workforce Governance Body	7/31/2016
Develop and implement training to address workforce needs associated with transitioning the PPS's workforce to the target state to address needs specific to the DSRIP program	**Ongoing**
Develop plan to continue ongoing work with 1199SEIU, New York State Nurses Association, and United Federation of Teachers, to ensure DSRIP impacts for unionized workers and unions' potential concerns are being addressed	3/31/2020
Project 2.a.i: IDS implementation	
Develop training for PPS workforce on standardized IDS protocols and care coordination processes	3/30/2017
Develop training pertaining to cultural competency and multilingual care coordination services through the PNC, leveraging LFHC's Community Care Management Program as a potential resource to assist with workforce training given the FQHC's robust network	3/30/2017
Provide ongoing training to PPS workforce on standardized IDS protocols and care coordination processes including the incorporation of cultural competency and multilingual care coordination services	3/30/2017
Project 2.b.iii: ED Triage Program	
Develop training for ED Care Managers, Nurses, and all staff located at both of the PPS's ED sites pertaining to triage protocols	9/30/2016
Provide training to existing ED Nurses and Case Managers on newly developed ED discharge procedures throughout DY2	3/31/2017
Provide ongoing training to ED Care Managers, Nurses, and all existing ED staff focusing on the identification and redirection of non-emergent ED patients to ensure consistent adherence to ED triage protocols	9/30/2016

Leverage existing care coordination resources including an ED Care Manager, embedded PCMH Care Managers, and Case Managers to provide appointment follow-up and scheduling and provide training pertaining to the PPS's newly developed ED triage protocols	3/30/2017
Project 2.b.ix: Observation Unit	
Develop training for dedicated OU staff pertaining to newly developed observation protocols	3/30/2018
Provide training to dedicated OU staff including Physicians, ED Care Managers, and OU Case / Care Managers as well as other impacted staff	3/30/2018
Provide ongoing training to dedicated OU staff for both the interim observational beds and permanent OU to support the PPS's overall goal of universal care coordination and use of consistent protocols throughout the OU	3/30/2018
Designate and train an ED Physician Champion to further promote consistent use of OU-appropriate best practices, conditions, and care protocols	3/30/2018
Project 2.c.i: Patient Navigation Center	
Develop training for dedicated PNC staff on deployment of community navigation protocols and procedures leveraging the Community Health Worker position designed by LFMC in collaboration with 1199SEIU as the model for NYS	3/31/2017
Develop training for Patient Navigators on use of the PNC's newly developed resource guide	3/31/2017
Provide training to PNC staff on deployment of community navigation protocols and procedures such as telephonic outreach services, appointment follow up, and medication adherence	3/31/2017
Provide training to Patient Navigators on use of the PNC's resource guide	3/31/2017
Provide ongoing training to Community Health Workers and Patient Navigators as they are recruited including training pertaining to cultural competency / linguistic capabilities to meet the need of the communities being served	9/30/2017
Project 3.a.i: Co-location of behavioral health and primary care	
Develop training for behavioral health co-location including evidence-based care protocols and consistent approaches to medication management and care engagement	3/31/2017
Provide training to "Phase 1" adopter sites for behavioral health co-location	3/31/2017
Develop training for the PPS's behavioral health workforce including Depression Care Managers, Psychiatrists, and PPS Partners planning to implement the IMPACT model	3/31/2017
Provide ongoing training to PPS Partners implementing the IMPACT model	3/31/2017
Develop training and a communication strategy to improve patient handoffs and referrals	9/30/2016
Provide training and implement and a communication strategy that is	9/30/2016

rolled out across the PPS primary care provider network	
Develop training for Depression Care Managers that aligns with project impact goals	3/31/2017
Provide training to Depression Care Managers	3/31/2017
Project 3.c.i: Diabetes Self-Management	
Develop training as well as a communication strategy pertaining to diabetes best practice material including the provision of training as primary care sites.	3/31/2017
Develop training for Physicians to track population outcomes through a diabetes registry to assist with risk stratification and predictive modeling in order to identify community "hot spots" and apply targeted care	3/31/2017
Provide training and implement communication strategy pertaining to diabetes self-management including the tracking of population in the PPS's diabetes registry	3/31/2017
Define diabetes care coordination services and develop training for care coordination teams to improve health literacy, patient self-efficacy, and patient self-management	3/31/2017
Provide ongoing trainings for care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers)	3/31/2017
Project 3.d.ii: Asthma Self-Management	
Define evidence-based clinical guidelines for asthma self-management and develop training materials that will be issued to providers throughout the PPS's network	3/31/2018
Develop training for Physicians on the use of an asthma registry that will track the PPS's asthma patients	3/31/2018
Provide asthma self-management training materials to provider sites including the EDs, primary care, and PCMH sites.	3/31/2018
Provide ongoing trainings to Physicians on the use of an asthma registry to encourage asthma care that is compliant with the PPS's program and protocols	3/31/2018
Project 4.b.i: Tobacco Cessation Program	
Develop a standardized Physicians training program aimed at promoting utilization of tobacco cessation services	3/31/2019
Develop training for Physicians on use of a tobacco cessation patient registry	3/31/2018
Develop culturally competent outreach and education materials, in collaboration with CBOs, to care providers to target specific communities with high smoking rates	3/31/2018
Provide ongoing training to Physicians on tobacco cessation services including guidance, prescribed nicotine replacement therapy, and appropriate referrals	3/31/2019
Provide ongoing training for Physicians on use of a tobacco cessation patient registry to track patients' tobacco use as well as cessation	3/31/2018

Distribute culturally competent outreach and education materials to care providers to target specific communities with high smoking rates	3/31/2018
Project 4.c.ii: Increased Access to HIV Care	
Develop training for Physicians pertaining to HIV evidence-based clinical guidelines and PrEP prescribing guidelines	3/31/2018
Develop a training program for Physicians in use of the PPS's HIV registry	3/31/2018
Develop culturally competent integrated HIV treatment, leveraging CBOs' expertise and resources to deliver effective HIV prevention programs	3/31/2018
Provide ongoing training to Physicians on use of HIV evidence-based clinical guidelines and PrEP prescribing guidelines	3/31/2018
Provide ongoing training to Physicians to ensure consistency in terms of data entry in the PPS's HIV registry to ensure consistent tracking of patients	3/31/2018
Provide ongoing training for culturally competent integrated HIV treatment through the use of sustainable clinical care models and assessments	3/31/2018
Health Information Technology Training (EHR and RHIO)	
Develop trainings for both clinical and non-clinical staff regarding data capturing and sharing procedures	3/31/2018
Provide ongoing training to both clinical and non-clinical staff to ensure that data sharing risks are mitigated and to promote care coordination and sharing of information across the PPS's community care providers	3/31/2018
Develop privacy law trainings as well as technical trainings to PPS Partners on the use of the RHIO for both the sharing of clinical and claims data	3/31/2018
Provide ongoing trainings to PPS Partners on privacy law as well as technical trainings to foster adoption and use of the RHIO and EHR to establish connectivity to improve patient care for the PPS's attributed Medicaid lives	3/31/2018
Develop and implement a recruitment strategy to address workforce needs associated with transitioning the PPS's workforce to the target state to address needs specific to the DSRIP program	**Ongoing**
Project 2.a.i: IDS implementation	
Coordinating with Clinical Workgroups, identify timing, resource requirements, and Community Health Worker recruitment strategies as well as necessary culturally-competent expertise to launch the community outreach plan	9/30/2016
Develop job descriptions for Community Health Workers based on LFHC's developed position in collaboration with 1199SEIU as the model for NYS	6/30/2016
Circulate job description for approval	6/30/2016
Develop an ongoing recruitment plan to engage and hire Community Health Workers and Patient Navigators to support the PNC and overall IDS	9/30/2016

Begin recruitment of Community Health Workers and Patient Navigators	3/30/2017
Begin to deploy Community Health Workers and embed Care Managers to PCMH sites	3/30/2017
Continue ongoing recruitment efforts as needed for Community Health Workers and Patient Navigators	3/30/2020
Project 2.b.iii: ED Triage Program	
Conduct an assessment to understand ongoing staffing needs to support the ED Triage Program as well as increased utilization of PCP and PCMH services as a result of the program impacts	9/30/2016
Develop an ongoing recruitment plan to address identified staffing needs as a result of the program such as PCPs, Nurse Practitioners, and Physician Assistants as well as clinical and administrative support	3/30/2019
Being ongoing recruitment to address staffing needs as a result of increased PCP and PCMH capacity primarily between DY3 and DY4	3/30/2019
Project 2.b.ix: Observation Unit	
Conduct an assessment of potential staffing needs including additional Physicians, Nurses, NPs, OU intake and triage staff, OU Case / Care Managers, Community Health Workers, and Administrative Support, as well as an OU Medical Director	3/30/2019
Develop ongoing recruitment plans for staffing the OU with a dedicated team for interim observation beds and in the permanent OU	3/30/2019
Begin ongoing recruitment to address OU staffing needs throughout the DSRIP program	3/30/2019
Project 2.c.i: Patient Navigation Center	
Develop a phased hiring approach for Patient Navigators throughout the DSRIP program to staff the PNC	3/31/2017
Develop job descriptions, identify necessary skillsets for positions, and conduct targeted assessments to ensure that Community Health Workers are being placed and active in targeted Brooklyn communities	3/31/2017
Begin ongoing plans to integrate centrally-trained Care Managers into PCMH care teams in order to facilitate access for chronic high-risk patients as well as effective care team collaboration	3/31/2017
Being ongoing recruitment based on phased hiring approach to recruit Patient Navigators to targeted areas, where possible	3/31/2017
Engage community partners to help identify community residents that can aid with community navigator recruitment (on-going)	3/31/2017
Project 3.a.i: Co-location of behavioral health and primary care	
Identify site-specific staffing needs for Behavioral Health providers including Counselors, Therapists, Psychiatrists, and Peer Counselors to align with project implementation plans	6/30/2017
Identifying potentially underutilized Behavioral Health resources to expand upon behavioral health service capacity	
Develop ongoing plans to expand the Behavioral Health clinical workforce as well as maximize utilization of current Behavioral Health	6/30/2017

resources by identifying potentially underutilized resources	
Develop ongoing recruitment plans to address workforce needs with regards to Behavioral Health providers including Counselors, Therapists, Psychiatrists, and Peer Counselors	6/30/2017
Recruit and designate a Psychiatrist meeting requirements of the IMPACT Model.	3/31/2018
Project 3.c.i: Diabetes Self-Management	
Continue to assess staffing needs for a Certified Diabetes Educator throughout the DSRIP program to address care needs as they arise	3/31/2020
Develop plans to recruit Certified Diabetes Educators if staffing needs arise	3/31/2020
Develop and implement a redeployment strategy to address workforce needs associated with transitioning the PPS's workforce to the target state to address needs specific to the DSRIP program	**Ongoing**
Develop protocols and measures to ensure that displaced staff will be placed into new positions within the existing employer's organizations or within another PPS organization	3/31/2020
Develop a strategy to redeploy potentially full and/or partial placement of staff working on NYU Lutheran Augustana Center's on planned closing floors. Staff will potentially be redeployed to sub-acute/short term rehabilitation and respiratory beds on floors that are planned to remain open	3/31/2017