

Workforce Milestone #2 Transition Roadmap

PPS Plans for Recruitment, Training and Deployment

As shown in the NYP PPS Workforce Target State and Workforce Gap Analysis milestones, the PPS has an initial goal of staffing the 10 chosen projects with 133.8 FTEs to (1) meet the project requirements, (2) begin to address the aligned pay-for-performance metrics, and (3) ultimately improve the health and wellbeing of the attributed Medicaid population.

The PPS will pursue a multi-pronged recruitment strategy to reach the target state of 133.8 FTEs. This strategy will include:

1. Leveraging NewYork-Presbyterian Hospital Talent Acquisition Services

For the positions based at NewYork-Presbyterian Hospital, the PPS will leverage the embedded NYP Talent Acquisition (TA) department to recruit the necessary staff. This Department has significant experience recruiting for all needs of a 25,000+ employee major academic medical center, including both clinical, administrative, and support staff. The TA Department leverages a combination of (1) passive recruitment through the NYP careers website, (2) more active recruitment through external job boards (Monster.com, etc.), and (3) direct recruitment through in-person events (e.g. job fairs). As an example, the NYP TA team hosted an early RN Care Manager job fair to successfully recruit staff for a number of the projects, including 2.b.iv and 2.b.i. These strategies are also adjusted to meet the collective bargaining arrangements for positions participating in a Union role.

2. Leveraging 1199TEF-Overseeen "Job Board"

The PPS, as part of its agreement with the 1199 Training and Education Fund, will be submitting its recruitment needs to an 1199TEF-sponsored/managed job board. These 1199TEF recruitment team will work with the relevant employers to develop effective job postings and screenings to target candidates who might meet the needs of the position, the project, and the PPS.

3. Leveraging Community-Based Organization (CBO) Experience in Recruiting Community Members

The PPS is looking to recruit a number of positions (e.g. Community Health Workers and Patient Navigators) that must reflect the composition of the community intended to be served by the projects, including a focus on cultural and linguistic competency, knowledge of community assets, and shared experience. These positions may be recruited directly through CBOs which have direct roots in the community and have the highest likelihood of identifying natural community leaders/advocates for these roles.

The PPS, under the guidance of the PPS Workforce Advisory Workgroup and the 1199 Training and Education Fund, will also have a multi-pronged training strategy (to be developed). This strategy will include:

1. Developing Role-Based Trainings for Specific Recruitment Needs

The PPS will provide specific role-based trainings for each required role in a project. For example, specific training will be developed for RN Care Managers who are operating in an ambulatory primary care setting. These trainings will be deployed through a variety of methods, including (1) in-person group training, (2) one-on-one coaching from supervisors, and (3) shadowing of existing staff or aligned community programs.

2. Developing Broad Training to Meet the Needs of a Post-DSRIP Transformed Healthcare Environment



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The PPS is also working on developing broad healthcare transformation, population health, and quality improvement trainings to make available to all providers and professions in the PPS network. These trainings will be delivered both in-person and via a web-based learning management system (LMS) to optimize scale and efficacy. Examples of the trainings will include:

- A. Quality Improvement 101
- B. Evolving Payment Models / Value-Based Purchasing
- C. DSRIP Overview 101

The PPS will continue to survey and **deploy** additional workforce and additional training assets throughout the DSRIP performance period. The PPS realizes that community and project needs will continue to evolve throughout the DSRIP performance period. As such, the PPS will continue to survey the collaborators for their collective training needs.

Anticipated Target Dates for Key Steps in Meeting Future Workforce State

The PPS has laid out the following key milestone dates for its workforce efforts. The PPS anticipates that these are both realistic and well-aligned with the overall transformation efforts of the projects.

Milestone	Anticipated Completion Date
Finalize recruitment of target workforce needs	DY2Q4
	(March 2017)
Finalize training strategy for all PPS recruitment needs and collaborator needs	DY2Q4
	(March 2017)
Establish PPS-centralized Learning Management System, to support registration for	DY2Q3
web-based and in-person material	(December 2016)
Distribute PPS-provided materials on quality improvement, population health, and	DY2Q3
healthcare transformation	(December 2016)
Distribute PPS-provided Cultural Competency and Health Literacy materials, including	DY2Q3
Quality Interactions © Resource Library	(December 2016)

Methods to Close Identified Gaps and Meet Needs of PPS and Network Collaborators

The PPS will continue to close the gaps in its anticipated workforce needs through a variety of efforts (some outlined above):

- 1. Continuous Review of PPS Training Needs and Development of Updated Training Materials/Opportunities
- 2. Continuous Recruitment of All Required Professionals to Meet Project Requirements and Close Gaps on Performance Metrics
- 3. Close Alignment with PPS Workforce Vendors, including 1199 Training and Education Fund
- 4. Continuous Conversation with Union Collaborators, including 1199SEIU and New York State Nurses Association (NYSNA)



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5. Continuous Review of P4P Metric Performance and Adjustment of Projects to Meet Community Needs

Continued Reporting for Workforce Gap Closure

The continued workforce gap closure will be reported through the NYS-required impact analysis worksheets. This will show the new staff added for each of the quarters, as recruitment and project implementation continue.

Approval: This Milestone was approved by the Workforce Advisory Workgroup on October 19, 2016.