

SEPTEMBER 30, 2016

# AHI PPS TRAINING STRATEGY



Adirondack Health Institute

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 *Lead*    *Empower*    *Innovate*

## Introduction

The AHI Performing Provider System (PPS) is an integrated, multi-sector network of over 100 organizations and agencies serving individuals across a largely rural area of upstate New York. The network serves community members in Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington counties. The AHI PPS has been formed as a partnership to plan for and manage health care restructuring in the northern New York/Adirondack region and administer the NYS Department of Health (DOH) DSRIP (Delivery System Reform Incentive Payment) program. The nine county service area spans nearly 11,000 square miles and the network serves approximately 144,000 Medicaid beneficiaries. The AHI PPS Training Strategy will outline an effective training plan to ensure the health care workforce is prepared to successfully transform health care in our region.

The AHI PPS region has experienced consistent long-term shortages of certain health care workers. Historically, many types of physicians, mid-level providers, and other staff in areas such as primary care, behavioral health, long-term care and home care have experienced high vacancy rates.

The DSRIP program has recognized the key role that workforce plays in improving outcomes. The AHI PPS has developed a series of key reports to better understand the state of the current workforce and how it will need to be developed to support successful transformation of the health care system. The AHI PPS conducted a Compensation and Benefits Analysis to assist in obtaining baseline information related to the impact of DSRIP project implementation on specific job titles. This analysis will be updated two times throughout the life of DSRIP. The AHI PPS Current State analysis was developed from partner survey responses. It outlines the job titles related to the DSRIP projects with the number of current employees as well as vacancies and vacancy rates. The Future State Report utilized microsimulation to estimate the need over the next five years for those same job titles identified in previous reports as well as new titles related to the implementation of DSRIP projects. In addition, the future state assessment took in to consideration the workforce needs anticipated related to the demographics of the AHI PPS region. The AHI PPS used these reports to create three additional planning documents. The AHI PPS Workforce Gap Analysis synthesized the data from the Current State and the Future State analyses to assist the PPS in understanding where the greatest needs exist. The AHI PPS Workforce Training Strategy and Transition Road Map have been developed utilizing data from previous analyses as well as project specific initiatives.

## Training Strategy Goals

The AHI PPS Workforce Training Strategy will outline a training plan to guide the PPS to successful health care transformation with a well prepared workforce. Training will be varied from training modules to assist with current positions (for skill building and added duties) to training that allows for certifications and possibly academic degrees to improve upon identified shortages in key areas such as primary care, behavioral health as well as post-acute care settings in home health and long term care.

The AHI PPS is grounding our work in the Institute for Healthcare Improvement's Triple Aim: Improve the health of the population, improve the experience of care, and improve the value. The training strategy will enable the AHI PPS to fulfil the following overall goals:

1. Reduce preventable inpatient hospitalizations and Emergency Department use for Medicaid beneficiaries by 25% over five years
2. Ensure the full care continuum participates in health system transformation
3. Increase the number of primary care providers that are certified as Patient Centered Medical Home or Advanced Primary Care

4. Increase primary care capacity
5. Increase options for home and community-based care
6. Connect a wider range of providers to Regional Health Information Organizations (RHIO) and/or regional Population Health Management technology
7. Increase the proportion of care that is provided under a value-based payment (VBP) methodology.

## Training Strategy

1. Identify necessary training required for successful project implementation and completion of project milestones (includes identification of training which crosses multiple projects and/or workstreams). Complete by 9/30/16. See Appendix A. Template includes the following steps:
  - a. Identify topics
  - b. Specific job titles/roles to target for training (includes those positions which may be at risk related to redeployment)
  - c. Medium for delivery (in-person, on-line, blended, other)
  - d. Time line for initiation of training
  - e. Time line for completion of training
2. Identify the most appropriate learning management system (LMS) for the AHI PPS. LMS will assist in tracking training as well as providing an on-line medium for training delivery (given the vast geography of the PPS, web based training will be necessary to reach across the PPS). Training content to include LMS provided content as well as content developed by the PPS lead organization. The following steps will be necessary:
  - a. Identify system that will provide the most assistance for the PPS. Guidance received from project managers and Training & Resources Workgroup. Approval obtained from Workforce Committee. Complete by 10/31/16
  - b. Implement LMS. Complete by 11/30/16.
3. Completion of Annual Training Plan. See Appendix B for template. First prospective report to be completed for DSRIP Year 3 by March 1, 2017. Each year will then follow on the following timeline:
  - a. Project Managers will begin in January and complete by March 1.
  - b. Plans reviewed by the Training and Resources Workgroup by April 1.
  - c. Plan to include:
    - i. Personnel to be trained (identify positions that may be at risk for redeployment)
    - ii. Medium for training
    - iii. Steps for training completion
    - iv. Expected outcome – percentage or number of individuals to be trained
4. Complete Annual Training Plan Outcomes. Review of previous year and plan for next year will be completed at the same time to allow for updates – adding to the next year if the plan for the previous year was not complete. Adjust for any barriers that would need to be mitigated. See Appendix C for templated. Review of DSRIP Year 1 and 2 completed by March 2017 and follow the timeline below for years that follow:
  - a. Project Managers will begin in January and complete by March 1.

- b. Assess – were training needs met. If yes, status is complete. If no, carryover to next year and address barriers in steps for completion.
5. Identify training (organizational training, educational institution training, training through other initiatives and programs) which support shortages in key areas in the AHI PPS and support training through the Training Fund. This will be monitored and updated on an ongoing basis throughout each DSRIP Year. Targeted positions will be updated based on analysis from compensation and benefits analysis completed in March 2018 and March 2020. Based on analyses completed by September 2016, current positions with greatest needs include:
  - a. HHA/PCA/CNA
  - b. Primary Care Providers
  - c. Behavioral Health Providers
6. Complete and track training. Completion documented via identified action items in each training plan. Tracking will occur via sign-in sheets (from project managers or partner organizations), reports from an LMS, and information from Training Fund Requests. This will continue throughout the life span of DSRIP.
7. Evaluation of progress towards training goals will occur with monitoring by project managers via quarterly and year-end review.

Evaluation of training will occur at in-person sessions as well as webinar sessions when possible. Feedback will be utilized to guide the development of additional training or areas to build upon and strengthen within the program. Evaluation of training will be an ongoing component of the training strategy.

Information obtained from evaluations may include:

  - a. Perception of objectives being met,
  - b. Assessment of presenter’s knowledge, expertise and teaching ability
  - c. Identification of most helpful information from training and will assist in current position
  - d. Identification of the least helpful information in the training
  - e. Other topics that may be helpful for training/be of interest

Identification of Training



Learning Management System



## Appendix A:

Training Identification by Project/Workstream				
Cultural Competency				
Training Topic	Staff Trained	Delivery	Training Start	Timeline for completion
Training Focused Upon Individuals with Low Socio-Economic Status including Bridges Out of Poverty	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	In-person, on-line	DY1	Ongoing through DY5
Training Focused Upon Individuals with Mental Health and Substance Abuse Challenges including SAMSA evidenced based practices	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	In-person, on-line	DY2	Ongoing through DY5
Training Focused Upon Individuals in the Racial, Ethnic and Linguistic Minority including National CLAS standards and Disparities Solutions	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	In-person, on-line	DY2	Ongoing through DY5
Training Focused Upon Individuals Living in Rural Areas including Rural Health Information Hub with Evidence-based Interventions for Communities	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	In-person, on-line	DY2	Ongoing through DY5
Training Focused Upon Individuals with Mental Health and Substance Abuse Challenges including SAMSA evidenced based practices	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	In-person, on-line	DY2	Ongoing through DY5
Training Focused Upon Aging and Elderly Individuals including Evidence-based Practices for Healthy Aging, Improving the Quality of Life for Individuals with Dementia.	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	In-person, on-line	DY2	Ongoing through DY5
Training Focused Upon Individuals with Disabilities including Evidence-based Practices on working with youth, young adults and older adults with disabilities	Clinicians, Clinical Support and Direct Care Staff, Executives and Non-clinical Support Staff	in-person/on-line	DY2	Ongoing through DY5
Project: 2ai Integrated Delivery System				
Training Topic	Staff Trained	Delivery	Training Start	Timeline for completion
Clinical Interoperability System	Partners will determine	TBD	DY2	DY3-4
Care Coordination	Care coordination and emerging titles	In-person/on-line	DY2	DY3-4
DSRIP 101	Across all titles	Webinar/on-line	DY2	DY3-4

Alerts and Secure Messaging	Partners will determine	TBD	DY2	DY3-4
Value Based Payment	Administration - Finance	On-line/in-person	DY2	DY3-4
<b>Project: 2aii Increase Certification of Primary Care Practitioners with PCMH Certification and/or Advanced Primary Care Models</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
DSRIP 101 and Integrated Delivery Systems	Care Coordinators, Care Team, Administration	In-person, on-line, print information	DY1	Ongoing through DY5
NCQA and PCMH	Care Coordinators, Care Team, Administration, Primary Care Provider, Medical Scribe	in-person, on-line (webinar, website), electronic communication	DY2	DY2
Sharing Health Information - SHIN-NY, Meaningfully Using EHRs to Optimize Patient Care	Care Coordinators, Care Team, Administration, Medical Scribe	In-person, on-line, print information	DY2	DY2
Integrating Behavioral Health Into Primary Care	Primary Care Providers	In-person, on-line, print information	DY2	Ongoing through DY5
Advanced Care Planning and Palliative Care	Care Coordinators, Care Team, Administration, Primary Care Provider	In-person, on-line (webinar), print information	DY3	DY3
Population Health Management and Evidenced Based Decision support	Primary Care Providers	In-person, on-line, print information	DY3	DY3
Building a Medical Neighborhood	Care Coordinators, Care Team, Administration, Primary Care Provider	in-person/on-line	DY3	DY3
Identifying and Managing High Risk Patients	Care Coordinators, Care Team, Administration, Primary Care Provider	in-person/on-line	DY2	DY2
Leveraging Use of Telemedicine	Care Coordinators, Care Team, Administration, Primary Care Provider	In-person/on-line	DY3	DY3
Clinical Protocols of the AHI PPS	Care Coordinators, Care Team, Administration, Primary Care Provider	In-person/on-line	DY3	DY3
Care Coordination - Following Hospital Discharge	Care Coordinators, Care Team, Administration	In-person/on-line	DY3	DY3
Strategies to Avoid ED Visits	Care Coordinators, Care Team, Administration, Primary Care Provider	In-person/on-line	DY3	DY3
Patient Activation, Behavioral Health, Motivational Interviewing	Care Coordinators, Care Team, Administration		DY3	DY3

Continuous Quality Improvement	Practice Administration, Primary Care Providers	In-person, on-line	DY2	DY2
Value Based Payment	Practice Administration	In-person, on-line	DY4	DY4
Health Literacy and Cultural Competency	Care Coordinators, Care Team, Administration, Primary Care Provider, Medical Scribe, Practice Administration	In-person, on-line	DY2	DY4

**Project: 2aiv Create a Medical Village**

Training Topic	Staff Trained	Delivery	Start	Timeline for completion
<b>CVPH:</b>				
“Warm-handoff” training with behavioral health transition services training	Patient Navigators, behavioral health staff	In-person	DY3	DY3-4
DSRIP 101	Across all titles	Webinar/on-line	DY3	DY3-4
Alerts and Secure Messaging	Partners will determine	TBD	DY3	DY3-4
Value Based Payment	Administration - Finance	On-line/in-person	DY3	DY3-4

**Glens Falls Hospital:**

Care management training in complex case management, crisis de-escalation, and the creation of linkages for adults and adolescents to appropriate care resources and supportive services.	Care Managers	In-person	DY2	TBD by GFH
System-wide training in crisis de-escalation	All staff in Crisis Stabilization Program	In-person	DY2	TBD by GFH
Assessment training.	All behavioral health staff	In-person	DY2-3	TBD by GFH

**Project: 2bviii Hospital - Home Care Collaboration**

Training Topic	Staff Trained	Delivery	Training Start	Timeline for completion
Best Practices for Discharge Planning Coordination	Hospital and Home Care: Case Managers, Transition Coaches, Primary Care Providers, Social Workers)	TBD	DY2	Ongoing through DY5
Interact Quality Improvement Program	Hospital and Home Care: Case Managers, Transition Coaches, Primary Care Providers, Social Workers)	In-person	TBD	Ongoing through DY5
Evidenced Based Preventive Medicine/Chronic Disease Management	Home Care: RN, HHA, PCA	In-person	DY2	Ongoing through DY5
HHA/PCA Training	Prospective HHA/PCA	In-person	DY1	Ongoing through DY5



<b>Project: 2di Patient Activation</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
PAM/CFA	Community Navigators, providers in "hot spots"	In-person	DY1	Ongoing through DY5
Motivational Interviewing	Community Navigators	in-person/on-line	DY2	Ongoing through DY5
Measurements of Health Literacy	Providers in "hot spots"	in-person/on-line	DY2	Ongoing through DY5
Health Literacy/Cultural Competency	Community Navigators, providers in "hot spots"	in-person/on-line	DY2	Ongoing through DY5
Shared Decision Making	Community Navigators, providers in "hot spots"	in-person/on-line	DY2	Ongoing through DY5
Bridges Out of Poverty	Community Navigators, titles determined by CBO's	in-person/on-line	DY2	Ongoing through DY5
Connectivity to Health Care Coverage	Community Navigators	in-person/on-line	DY2	Ongoing through DY5
<b>Project: 3ai Integration of Primary Care and Behavioral Health</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
DSRIP 101/Integrated Delivery System	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator	on-line	DY1	DY2
Building a Medical Neighborhood	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator	on-line	DY3	DY3
Identifying & Managing High Risk Pts	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator	on-line	DY2	DY2
Strategies to Avoid ED Visits	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator	on-line	DY3	DY3
Patient Activation, Behavioral Health, Motivational Interviewing	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator, LCSW, Psychiatric NP, Psychiatrist, LMSW	on-line	DY3	DY3

Integrating Behavioral Health into Primary Care	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator, LCSW, Psychiatric NP, Psychiatrist, LMSW	on-line	DY2	DY2
Building Referral Networks for Community Crisis Stabilization and Ambulatory Detoxification Programs	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator, LCSW, Psychiatric NP, Psychiatrist, LMSW	on-line	DY3	DY3
Behavioral Health Screening Beyond PHQ	Care/Case Managers, primary care physician, physician assistant, medical assistant, practice administrator	on-line	DY2	DY2
<b>Project: 3aii Behavioral Health community Crisis Stabilization Services</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
NAPPI - Train the Trainer	Program Staff -	In-person	DY2	DY2
NAPPI	Program Staff -	In-person	DY2	Ongoing through DY5
TCI/Therapeutic Crisis Intervention for Schools	Licensed Clinicians - Behavioral Health Providers	In-person	DY2	DY2
Peer Specialist	Peer Support Workers	Per OMH regulations - blended on-line and in-person	DY2	Ongoing through DY5
<b>Project: 3aiv Development of Withdrawal Management</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
LOCADTR Training		On-line	DY2	DY2
Recovery Coach Training	Recovery Coaches	Per OASAS regs	DY2	DY2
CASAC Training	CASAC	Per OASAS regs	DY2	DY2
<b>Project: 3gi Integration of Palliative Care in to PCMH</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
Clinical Guidelines for Integrating Palliative Care into Primary Care	Care/Case Managers (primary care, home care, hospice), Primary Care Providers, RNs (hospice, home care), Social Workers (hospice, home care)	In-person, on-line	DY2	Ongoing through DY5

CAPC Training Modules	Care/Case Managers (primary care, home care, hospice), Primary Care Providers, RNs (hospice, home care), Social Workers (hospice, home care)	On-line	DY2	Ongoing through DY5
Advance Care Planning	Providers in "hot spots"	In-person, on-line	Tentative DY3	Ongoing through DY5
<b>Project: 4aiii Strengthen Mental Health and Substance Abuse Infrastructure Across Systems</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
ACES	Physicians, Care Managers, Social Workers, NP, PA, RN, Psychologists, CASAC-G	in-person/on-line	DY2	Ongoing through DY5
SBIRT	Physicians, Care Managers, Social Workers, NP, PA, RN, Psychologists, CASAC-G	On-line	DY2	Ongoing through DY5
Bridges Out of Poverty - Train the Trainers	Care Managers, Social Workers, NP, RN, Psychologist, CASAC-G, Frontline Staff, Crisis Workers	In-person	DY2	DY2
Bridges Out of Poverty	Care Managers, Social Workers, NP, RN, Psychologist, CASAC-G, Frontline Staff, Crisis Workers	In-person	DY2	Ongoing through DY5
<b>Project: 4bii Increase Access to High Quality Chronic Disease Preventative Care</b>				
<b>Training Topic</b>	<b>Staff Trained</b>	<b>Delivery</b>	<b>Training Start</b>	<b>Timeline for completion</b>
Spirometry Testing	Physicians, NP, PA, Nursing Staff	On-line/in-person	DY2	Ongoing through DY5
GOLD Standard	Physicians, NP, PA, Nursing Staff	In-person	DY2	Ongoing through DY5
COPD - Chronic Disease Awareness	Physicians, NP, PA, Nursing Staff	On-line/in-person	DY2	Ongoing through DY5

### Appendix B:

Proposed Project/Workstream Annual Training Plan Template

Project:					
Training Topic	Staff Trained	Delivery	Action Items	Expected Outcomes	Resources Needed

### Appendix C:

Proposed Project/Workstream Annual Training Plan Outcomes Template

Project						
Training Topic	Staff Trained	Delivery	Action Items	Expected Outcomes	Actual Outcome	Status