



ADVOCATE COMMUNITY PROVIDERS

WORKFORCE TRAINING STRATEGY

DEPARTMENT OF WORKFORCE,
COMMUNITY, AND GOVERNMENT RELATIONS

SEPTEMBER 30, 2016

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1. Executive Summary

Advocate Community Providers (ACP) Performing Provider System (PPS) was founded in 2014 and officially incorporated in 2015 to participate in the Delivery System Reform Incentive Payment (DSRIP) program. Unlike other PPSs, ACP is a physician-led network consisting predominantly of neighborhood medical practices and providers and, as such, it faces unique challenges and opportunities. Supporting and monitoring the labor force transformation required for proper implementation of DSRIP projects is a core purpose of ACP.

In order to deliver this colossal task, ACP PPS's leadership structured the organization and its workforce to be the facilitators of this transformation for its network. It was determined from the onset that training would constitute the organizing principle and major function of the entire PPS. ACP directly undertakes the task of training its membership, largely small and independent neighborhood-based medical practices, to:

- Implement ten DSRIP projects,
- Reinforce the cultural competency of its providers and the health literacy of its patients,
- Assist its network Primary Care Providers (PCPs) in obtaining the National Committee for Quality Assurance (NCQA) 2014 Patient-Centered Medical Home (PCMH) Level 3 Certifications, and
- Support network readiness for VBP.

The training strategy outlines ACP's approach to training, methodology, timeline, evaluation and reporting processes and communication plan.

In order to grasp the proposed training strategy, it is important to read this report in conjunction with the current workforce state, target workforce state, gap analysis, and transition roadmap documents.

The training strategy was prepared by the Department of Workforce, Community, and Government Relations and included input from partnering entities through the ACP Workforce Advisory Committee and the Steering Committee.

The Board of Directors approved the document.

2. Introduction

ACP Workforce Training Strategy has been created to serve as the primary document that outlines and explains the PPS's plan to meet the identified needs and goals of ACP and its network. This was done with the goal of establishing a streamlined, clinically integrated delivery system (IDS) with Primary Care Providers consistently meeting the requirements established for the PCMH model to better serve the network's Medicaid recipients. Included in this process is a commitment to workforce development. As a central component in the New York State DSRIP program, patient centered care and compatible workforce development training will support appropriate allocation of funds required for reinvestment to better care through higher quality service for improved outcomes at a lower cost, and with a 25% reduction in avoidable hospital use by Medicaid beneficiaries by the year 2020.

As required by DSRIP, PPS's must develop comprehensive strategies for identifying, developing/procuring, and implementing a workforce strategy that mitigates job loss through skill

enhancement in needed areas, retrains, and redeploys workers into emerging and expanding job titles and supports the new models of patient centered and value based payment model of care delivery. ACP's workforce training strategy has been informed by findings from ACP's community needs assessment, member survey, target state, gap analysis, and transition roadmap. The plan was developed collaboratively with our Workforce Advisory Committee, which membership consists of a cross-section of ACP network member representatives, ACP staff, and 1199SEIU Training and Employment Fund. Using the data gathered, ACP was able to identify the major factors contributing to barriers in health access and health disparities for our target populations and subsequently the training needed to support the PPS system delivery and health outcome project goals in ACP's catchment area: Bronx, Brooklyn, Manhattan, and Queens.

The training strategy includes what our team agrees will be the most efficient and cost effective way to provide our networks members and their staff with evidence-based and best-practice trainings, where possible, toward providing culturally competent, coordinated, and integrated care. These trainings fit multiple modalities that allow ACP network members primary care provider base to meet NCQA Level 3 standards for PCMH and Advanced Primary Care (APC) models. The plan includes trainings offered to key titles impacted by DSRIP and our training curriculum provider partners,

ACP has outlined the implementation strategy in the workforce transition roadmap for training. These steps will imbue existing staff with the competencies required for effective healthcare reform; understanding their role in healthcare transition, and knowledge in population health, cultural competency, interdisciplinary teams, integrated care, care coordination, and care management. This cross-modality approach allows ACP to meet the unique needs of ACP provider members and create appropriate platforms and processes for achieving our stated goal of increasing health literacy and raising healthcare provision to new and higher levels in the next three years.

ACP PPS Background

Advocate Community Providers (ACP) Performing Provider System (PPS) was founded in 2014 and officially incorporated in 2015 to participate in New York State Department of Health (NYSDOH) Delivery System Reform Incentive Payment (DSRIP) program. The program seeks to reinvest over \$6 billion saved by the State's Medicaid Redesign Team (MRT) efforts to reduce Medicaid costs, with an overall goal to reduce avoidable Medicaid hospital admissions and Emergency Department (ED) utilization by 25 percent over the next five years. ACP is the only community-based, physician-led PPS of the 25 networks funded by New York State.

At the heart of ACP is a careful, patient-centered, culturally responsive process of modifying patient behavior and raising healthcare literacy to new levels. The vision of ACP is to create an integrated delivery system to transform healthcare delivery in New York City. ACP will work with our network providers to increase access to primary care and specialty services to narrow gaps in care and reduce healthcare disparities, collaborate with community-based providers and stakeholders to identify and address the needs of the patient, promote disease prevention and population health measures to reduce avoidable hospital visits by 25 percent, promote evidence-based medical protocols that are patient centric to improve the quality of care, and incorporate health information technology to foster enhanced communication between healthcare providers.

Overview: Training as an Organizing Principle of ACP PPS

As the only physician led Performing Provider System (PPS) in the State of New York ACP faces unique workforce and training challenges. The ACP network is comprised of 2,000 physicians and 950 providers in the Bronx, Brooklyn, Manhattan, and Queens who care for 650,000 Medicaid patients. The provider and patient base represents the most ethnically diverse PPS in the system. In the Bronx and in Brooklyn for example, the ACP network of physicians and patients spreads to every single zip code in each borough.

In order to meet the needs of this massive, diverse network the PPS leadership determined from the onset, that training would constitute an organizing principle and a major function of the entire PPS.

The training principle is reflected in the following practices:

Job Descriptions

As a training entity the training function is reflected in all job descriptions. All members of the PPS staff have been tasked with some degree of responsibility for training and preparing the network membership for DSRIP success. Some staff members bear direct responsibility for providing training while others play ancillary roles such as curriculum development, and providing administrative, logistical and technical support to the training process.

Physical Planning and Layout

The centrality of the PPS training function is evident in the physical layout of its operational headquarters. ACP's Training Center covers more than 50% of the overall space. The Training Center includes:

- 100 seat, adaptable training room with audio-visual equipment
- 35-person conference room with large flat screen television
- 10-person conference room with flat screen television
- Kitchen support and dining area
- Administrative spaces for individual work and study

Funds Flow

Up to 16% of all funds flowed to members of the network are designated to be utilized towards training and preparing staff for DSRIP.

Engagement of IPAs and ACOs

The success and “glue” of the ACP network is grounded in the work of Independent Practice Associations (IPAs) and Accountable Care Organizations (ACOs) that constitute its organizational base. Decades of experience organizing Primary Care Providers and specialists made it possible for ACP to carve a space within the DSRIP milieu. IPAs play a significant role in the re-organization of Primary Care and providing direct training to their members. This includes contracting to the IPAs and ACOs for PCMH certification as well as other training and administrative functions.

PMO & Physician Engagement Team

The PMO and Physician Engagement Team work closely with ACP medical practices and provide training on implementation of protocols, reporting and data management, and other process and procedures. In addition, PMO staffs play a critical role in developing a training agenda and review of curricula for medical practices in order to respond to project requirements and assure successful project implementation

Community Health Worker Initiative

ACP has developed and implemented a Community Health Worker (CHW) training and deployment program to support the work of the medical practices. CHWs are trained to provide “On the Job” training and support to medical office personnel in techniques for effective patient engagement, tracking, navigation and retention and community outreach and organizing. The development and retention of skills in these areas will be critical after DSRIP.

Training Objectives

The objectives of the strategy are:

1. To identify and address the training needs of the current workforce of ACP network providers
2. To introduce the methodology to our training design and culturally competent materials that will align the workforce with ACP’s ten DSRIP projects and PCMH transformation and perform tasks as newly formed interdisciplinary care teams.
3. To develop highly trained ACP staff by increasing the skill set that will allow them to offer the support necessary for network providers during and after Project implementation and PCMH level 3 certification processes.
4. To provide training to support redeployment strategies
5. To provide training to support recruitment and retention strategies
6. To implement the Workforce Engagement Strategy.

Guiding Principles

In order to meet the objectives abovementioned, the training strategy adheres to the following fundamentals:

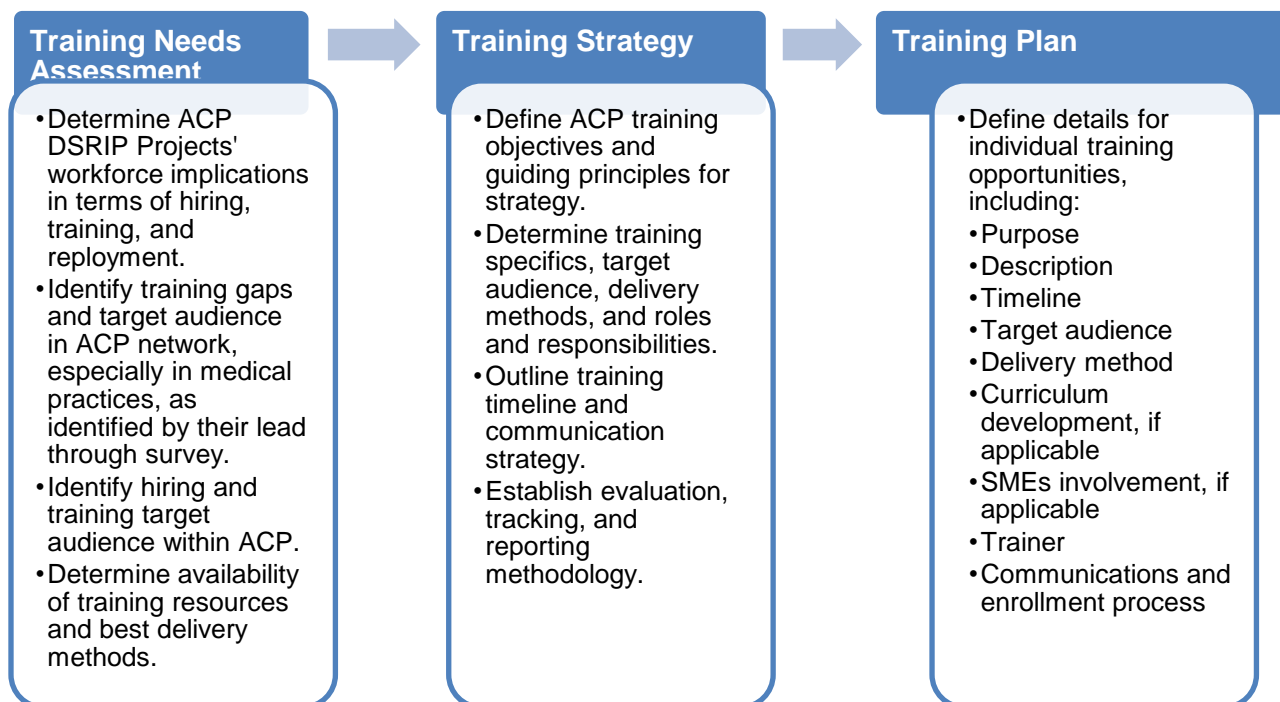
1. ACP PPS was created to facilitate the transformation and sustainability of our network providers under DSRIP and, as such, it is a training entity.
2. Trainings will address DSRIP needs identified by ACP Project Managers for proper project implementation and workforce development.
3. Trainers must have a clear understanding of DSRIP, ACP, and ACP projects.
4. Training materials will be culturally responsive and tailored to the target audience.
5. All training materials will be made available online through HWApps, a learning platform.
6. Assessments will be conducted for all trainings and participants and the need for further training and resources will be made available.

ACP Department of Workforce, Community, and Government Relations will track training participation, results, and measure impact overtime in collaboration with the 1199 TEF.

3. Training Needs Assessment

To develop the training strategy, ACP carried out a comprehensive training needs assessment on the workforce implications of the ten DSRIP projects and input collected from our medical practices, ACP's major stakeholder. ACP Project Managers identified the skill-sets required to meet the project goals in medical practices, community-based organizations, and hospitals. ACP network providers, with an emphasis on neighborhood private practices, were invited to complete a survey to provide information on training gaps they had experienced as a result of DSRIP and 2014 (PCMH) level 3 transformation requirements. On this survey tool, ACP network providers were also able to share information on their preferred training delivery mode and format given their unique small business structure.

Along with the assistance of ACP's workforce subject matter expert (SME), the Center for Health Workforce Studies (CHWS) in Albany, and 1199SEIU Training and Education Fund (TEF) in New York City, ACP was able to prioritize trainings, identify staff to be impacted by the DSRIP process, determine appropriate delivery formats, align resources, and provide structure for DSRIP training curriculum development.



Current Workforce Analysis Findings

As required by NYS DOH, ACP carried out a current workforce state analysis and developed target workforce state in line with DSRIP program's goals. ACP secured the CHWS to administer the workforce survey, through which information on training needs was also

collected. Similarly, CHWS, in collaboration with IHS, Inc. (IHS), worked to define the target workforce state through the analysis of workforce impacts as a result of system transformation and implementation of clinically integrated programs. Both documents were created in collaboration with ACP's Workforce Advisory Committee and included input from providers within the ACP's network.

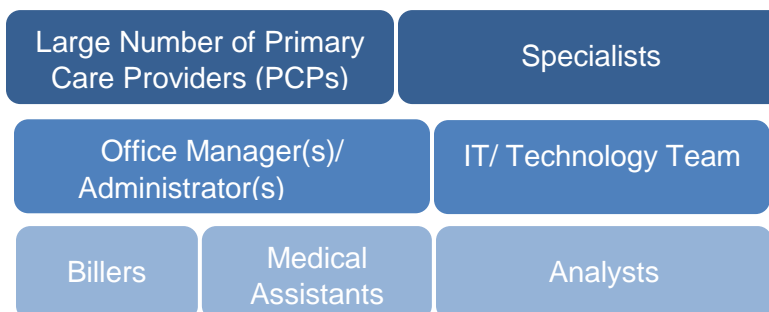
The majority of ACP's physicians are small community-based independent practices, primary care physician (PCP). Often the PCP is the sole practitioner with a small support staff. Our network is made up of the following provider facility types. Below is a breakdown of our PPS members by facility type.

In addition to these efforts, on May 31, 2016 ACP organized a symposium on "The Workforce: Challenges and Opportunities for Neighborhood Medical Practices and Providers" to obtain a broader understanding of the impact of the DSRIP program from stakeholders. This event allowed us to gain a broader understanding of the impact the DSRIP program will have on our network members. The participants shared their needs, interests and concerns for their respective workforce / staff. This process provided valuable information and contributed greatly on network members needs and interests as they pertain to the DSRIP process and further helped to inform the development of this training strategy. ACP has also deployed its community health workers (CHWs) to administer supplementary training needs assessments in neighborhood medical practices throughout the four boroughs.

The majority of ACP physicians are small community based independent practices. Often times, the PCP is the sole practitioner with a small support staff.



The next second to largest type of ACP's category of practice is the multi-specialty group, which involves PCP practices with a larger infrastructure, multiple PCPs, and specialists:



The structure of ACP's network and our providers present unique challenges and opportunities for advancing healthcare provision among large diverse populations. These concerns were considered and addressed in the training strategy and implementation plan.

DSRIP Project Requirements

ACP selected ten DSRIP projects:

System transformation projects:

2.a.i — Integrated Delivery System: ACP is creating an integrated system that will enable primary care providers (PCPs) and specialists to better coordinate services and improve patient outcomes.

2.a.iii — Health Home At-Risk Intervention: Comprehensive care plans have been developed for patients with a progressive chronic disease, serious mental illness, or traumatic brain injury, who are at risk of developing another due to medical and social factors.

2.b.iii — ED Care Triage for At-Risk Populations: Linkages are being created between hospital emergency departments (ED) and PCPs so that a follow up appointment is scheduled with the PCP when a patient visits the emergency room.

2.b.iv — Care Transitions to reduce 30-Day Readmissions: ACP is connecting hospitals to PCPs so that every patient with a hospital admission is scheduled for an appointment with his or her PCP within 7-10 days in order to avoid 30-day readmission.

Clinical improvement projects:

3.a.i — Integration of Primary Care and Behavioral Health: ACP is integrating the IMPACT model into primary care by training in-practice depression care managers to provide education and support to mental health and substance abuse patients.

3.b.i — Cardiovascular: Implementing evidence-based best practices for adults with cardiovascular conditions.

3.c.i — Diabetes: Promoting evidence-based strategies to improve diabetes management.

3.d.iii — Asthma: Ensuring access for all patients with asthma to care that is consistent with evidence-based guidelines for self-management of asthma.

Population Health Projects:

4.b.i — Tobacco Use Cessation: Decreasing the prevalence of cigarette smoking in adults by promoting counseling in medical offices and facilitating referrals to the NYS Smokers' Quitline.

4.b.iii — Chronic Disease Prevention: Increasing the number of patient who receive evidence-based preventive care, including screening tests and vaccinations.

ACP conducted an in-depth analysis of the requirements of each project to determine the impact on the workforce of the four sectors: ACP, medical practices, CBO partners, and hospitals. Partners reviewed the parameters of the impacted titles, discussed how they could meet the needs that would emerge from getting each of the projects up to scale and completed

and how to operationalize training needs toward improving patient engagement and clinical outcomes.

This process helped ACP identify additional training partners. The results of the training needs assessment are outlined below.

Broad ACP DSRIP Project-Required Trainings		
Project	Objective	Trainings
2.a.i	Insure that electronic health records (EHR) systems used by participating safety net providers meet Meaningful Use (MU) standards by the end of DY 3.	Train staff on EHR systems and integrated delivery systems (IDS). Educate appropriate staff on ACP resources to facilitate VBP transition.
	PCPs to achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models.	Certify ACP 2014 PCMH Level 3 content manager experts. Educate PCPs and appropriate staff on ACP's resources for transformation (i.e. vendors, content experts, team-based care, etc.)
2.a.iii	Insure proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services.	Train staff on project, patient eligibility guidelines, referral process, and information sharing platforms.
2.b.iii	Link patients who visit ED with PCP and track action plan.	Train hospital patient navigators (PNs) and ACP community health workers (CHWs) on project protocol, referral process, and technology tools.
2.b.iv	Provide a 30 day supported transition period after a hospitalization.	Educate staff on transition of care model, technology tools, and referral process for ACP team-based care resources (i.e. care coordinators and CHWs)
3.a.i	Provide collaborative team-based care through implementation of the project's three models: integrate behavioral health services into the PC settings, integrate PC services into behavioral health sites, and implement IMPACT into independent PCP practices.	Train staff on project protocol, IMPACT model, and performing evidence-based assessments, such as PHQ2/9, DAST, and AUDIT C by integrating these into the EHRs.
3.b.i	Increase cardiovascular disease patient self-efficacy and self-management through care plans, LSM counseling, and the use of ACP-produced language appropriate, culturally sensitive educational material on cardiovascular disease.	Train staff on evidence-based project protocols, Million Hearts initiative, ACP community resource guide, Stanford Model, and Coleman transition of care models.

3.c.i	Promote diabetes patient education to increase self-efficacy and self-management through care plans, LSM counseling, and the use of -produced language appropriate, culturally sensitive educational material on diabetes.	Train staff on evidence-based project protocols ACP community resource guide, Stanford Model, and Coleman transition of care models.
3.d.iii	Insure access for all patients with asthma to care consistent with evidence-based medicine guidelines for asthma management.	Train staff on evidence-based project protocols, with an emphasis on medication adherence; ACP community resource guide; Stanford Model; and Coleman transition of care models.
4.b.i	Promote cessation counseling among smokers, including people with disabilities, refer smokers through warm hand-offs to community-based services, NY Quits, and provide language appropriate, culturally sensitive educational materials.	Train staff to use EHR to complete five As, HEDIS coding metrics, and implement tobacco use intervention program, including warm hand-offs. In addition to ACP community resource guide, Stanford Model, and Coleman transition of care models.
4.b.ii	Promote patient screening for chronic diseases, such as cancer, following evidence-based guidelines, send reminders for preventative care and follow-ups, and provide language appropriate, culturally sensitive educational material.	Train staff on project protocols, HEDIS coding metrics, ACP community resource guide, Stanford Model, and Coleman transition of care models.

Based on the training project requirements, ACP identified the following courses by department/staff line:

ACP Training Plan Overview			
Training	Trainer/Entity/Vendor	Trainee	Objective
DSRIP 101 Tutorial and Video (onboarding)	1199SEIU TEF	ACP staff and providers	Educate ACP staff, partners, providers, and staff on DSRIP transformation and project metrics.
DSRIP & ACP PPS Project Specific Protocols (on-site)	ACP Physician Engagement Specialists & Project Managers		
DSRIP & ACP PPS Project Specific Protocols (group training)			

Healthcare Effectiveness Data and Information Set (HEDIS)	National Committee for Quality Assurance (NCQA)	ACP staff and providers	Train staff on HEDIS performance measures.
2014 Level 3 Patient Centered Medical Home (PCMH) Content Certified Expert		ACP PCMH support staff and others	Develop in-house content expert to facilitate PCP transformation to attain 2014 PCMH Level 3 Certification.
2014 PCMH Level 3 Support	CCACO, Insight Management, HQ Analytics, and Precision Quality.	ACP staff and providers	Service network PCPs with transformation specialist to help them become 2014 PCMH Level 3 Certified.
Data Analytics	General Assembly	ACP Data Analysts	Use descriptive statistical analysis to make informed, effective decisions on large data sets in order to better serve ACP's technology and population health needs.
Community Health Worker: Core Training and Ongoing Seminars	SIANI Consultants, LLC	ACP CHWs	Provide ACP CHWs with a comprehensive training to prepare them to carry out patient engagement, home visits, and other duties.
Master Certificate in Applied Project Management Healthcare	Villanova University	ACP Project Managers	Enhance project managers' overall productivity and performance.
Stanford Model: Chronic Disease Self-Management	Health People	Selected CHWs, care coordinators, and patients.	Prepare selected group to carry out workshops in the community to promote chronic disease self-management.
	Quality and Technical Assistance Center (QTAC)		
Health Insurance Portability and Accountability Act (HIPAA)	Healthicity	ACP staff and providers	Train ACP staff and network providers on protecting the privacy and security of patients' health information.
Code of Conduct and Compliance	ACP Compliance Department		Provide ACP staff and network providers with understanding of DSRIP specific compliance requirements and best practice.
Care Management/Care Coordination	Centene	Centene staff	Provide training to Care Managers/Care Coordinators and back office staff

Approach to lifestyle modification for children	Get Focused on Reading	ACP staff	Train ACP staff on innovative approach to engage children in exercise and reading.
Salient Medicaid Enterprise System Analyst Training Classes	Salient HHS	ACP Data Analysts, Project Managers, and others	Train appropriate staff on NYS Salient Medicaid Enterprise to access and manipulate data on NYS Medicaid claims, encounters, and related to examine Medicaid populations and utilization.
Care Navigator (onboarding)	MediSys Care Navigator Trainers	MediSys Primary Care Navigators and other staff	Prepare Navigators and other staff to help patients on their path toward health improvement by training them on pre-visit planning, Epic, MyChart, Medical Interpretation, Missing Member Services, ED Triage and 30-Day Care Transition projects.
Jamaica Hospital ED (onboarding)	MediSys Emergency Department Referral Navigator	MediSys ED Referral Navigators	
Flushing Hospital ED (onboarding)			
DSRIP Asthma Project	MediSys DSRIP Facilitators	MediSys Primary Care Navigators and other staff	
Physician Follow Up Scheduling	MediSys Patient Information Representative	MediSys Patient Information Representative and Nursing Manager	

Home Care Agency	✓	✓								
Inpatient	✓	✓		✓						
Non-licensed CBO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Home/SNF	✓	✓								
Private Practice Provider	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Approach to Training

Courses will show the learner new ways to approach situations and how their actions impact care. The training strategy represents a comprehensive approach to teaching and learning. A mixture of teaching and learning strategies are utilized in order to reach all learners and match their preferred learning styles. These strategies are used in all training programs. The training strategies for adult learning are based on a theoretical framework that includes: Constructive Learning Theory, Differentiated Instructional Theory and Collaborative Learning Theory.

Constructive Learning Theory uses the experience that people gain during their lifetime to help them learn. By relating life experiences to learning healthcare training instructors can help participants understand healthcare related problems in a new way. This learning tool helps participants to relate concepts to their environment and has proven effectively constructive to the learning experience.

Differentiated Instructional Theory will provide a learning structural environment for adult learners. Understanding the importance of diversity in teaching and learning is very important to the learning experience because not all participants are alike. Therefore, differentiated instruction applies an approach to teaching and learning that gives students multiple options for taking in information and making sense of ideas. Differentiated instruction is a teaching theory based on the premise that instructional approaches should vary and be adapted in relation to individual and diverse participants in classrooms.

Collaborative Learning Theory is based on the view that knowledge is a social construct. Collaborative activities are mostly based on four principles: 1) The learner or student is the primary focus of the instruction; 2) Interaction and doing are of primary importance; and 3) Working in groups is an important mode of learning a structured approach to developing solutions to real-world problems. Collaborative learning can occur peer-to-peer or in larger groups. Peer-learning or peer instruction is a form of collaborative learning that requires participants to work in pairs of small groups to discuss concepts or find solutions to problems.

Training Delivery Methods

ACP is incorporating different training delivery methods on our training plan in an attempt to make information available to the workforce in a manner that is not disruptive of the day-to-day operations of our network providers. Following the guiding principles, ACP is making every attempt to make training and supporting materials available on our online workforce portal. The table below illustrates the different delivery methods used:

On-the-Job Training	Instructor-Led Group Training Offsite	Web-based Training
<ul style="list-style-type: none"> • To be held at the practice/partners' facility. • Training to be provided following a train-the-trainer format. • Detailed oriented opportunity. • May interfere with regular workflow. 	<ul style="list-style-type: none"> • Training would be offered in ACP headquarters or appropriate facility. • Suitable for complex materials. • It may follow a train-the-trainer or end-user format. • Evaluation to be done in person and in writing. • Detailed oriented opportunity, but it may interfere with regular workflow. 	<ul style="list-style-type: none"> • Training made available on ACP's Workforce Portal. • Training would be accessible 24/7 and therefore less disruptive with providers' workflow. • Exercises and evaluations would be submitted online. • Opportunities to retake the training would be available if needed. • Each training would have a section for question submission.

ACP relies heavily on on-the-job training, especially for the on-boarding process of network providers and partners. This delivery method, while effective, presents certain logistical challenges for ACP staff. ACP continues to carry out on the job training, but it also incorporates online tools on our workforce portal to support it and make it more accessible.

Roles and Responsibilities

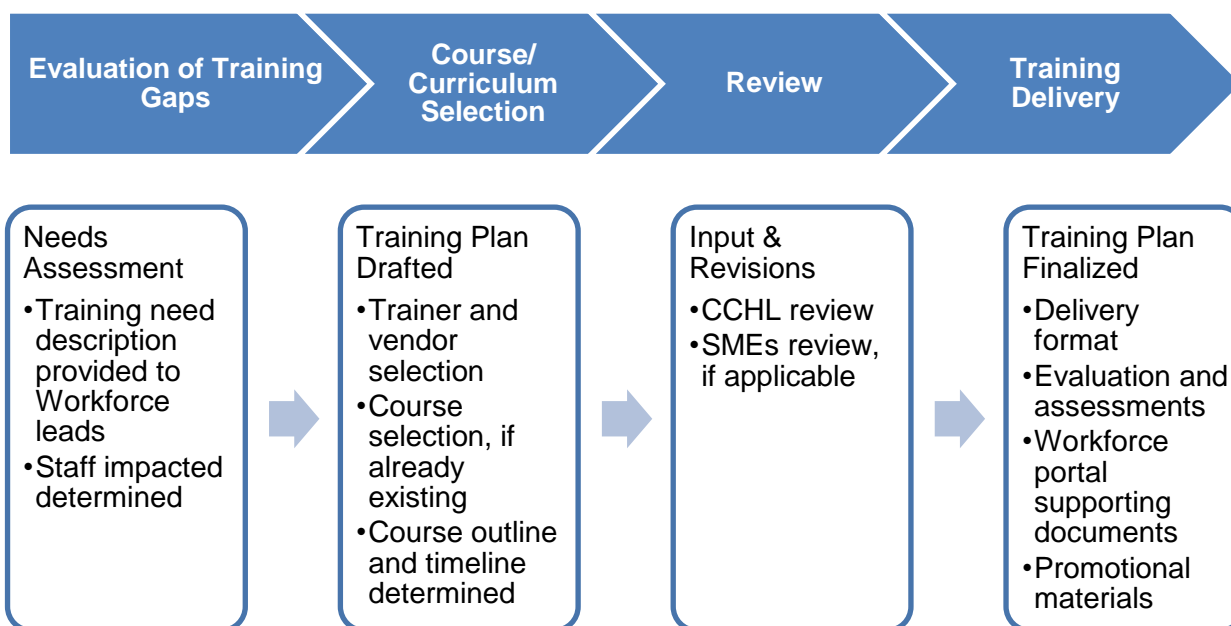
ACP Department of Workforce, Community, and Government Relations is responsible for the workforce workstream, and as such is responsible for implementation and for managing and monitoring the training plan. The Department of Workforce, Community, and Government Relations works in conjunction with the following departments and entities:

Roles	Responsibilities
ACP Department of Workforce, Community, and Government Relations (Workforce workstream) Leads	Conduct training needs assessment, develop training strategy, and oversee training plan.
	Present and gather input from Workforce Advisory Committee, PAC, network providers, and other stakeholders, as needed.
	Monitor and report on training efforts on Staff Impact Analysis reporting template.
ACP Workforce Advisory Committee	Provide feedback on Workforce Workstream deliverables.
	Facilitate resources for trainings as needed.
ACP Project Managers	Oversee the development of project protocols and patient guidelines.
	Assist in development and identification of existing training materials and delivery format, and provide feedback periodically.
ACP Operations Leads	Through collaboration with HR department, identify internal ACP training gaps.
	Make recommendations for internal ACP workforce development opportunities and staff lines impacted.
ACP Cultural Competency Health Literacy (CCHL) Lead	Review training curriculum and materials to insure cultural responsiveness.
	Assist in determining need to translate materials to other languages based on target audience.
ACP Network and Provider Operations Department	Assist in coordination of training scheduling and enrollment of staff to be impacted.
	Provide feedback on delivery formats.
ACP Communications Department	ACP in developing promotional materials.
	Promote ACP trainings on social media and external communications.
1199SEIU TEF & Other SMEs	Collaborate with ACP in identifying appropriate trainings and/or developing trainings.
	Support ACP in the development of training assessments, evaluations, and delivery method selection.

Workforce Portal Administrator	Provide technical assistance in uploading materials, maintaining and troubleshooting website if needed.
	Collect and report to ACP training assessments and evaluations.
	Generate reports on online training programs and document download activity.
ACP IT Department	Provide troubleshooting support as needed.
PCMH Vendors	Service network PCPs with transformation specialist to help them become 2014 PCMH Level 3 Certified

Training Development and Methodology

The development of training courses, series, and materials will largely be the product of the collaboration among the Department of Workforce, Community, and Government Relations, Project Managers, Cultural Competency Health Literacy Lead, Operation Leads, and Network and Provider Operations Department.



Evaluation of training gaps: The Department of Workforce, Community, and Government Relations is responsible for gathering and assessing input from network providers on an ongoing basis. For this purpose, it works in conjunction with the Network and Provider Operations Department. Similarly, Operation Leads and Project Managers will communicate to the Department of Workforce, Community, and Government Relations of additional trainings for internal ACP staff and network providers in relation to DSRIP.

Course/curriculum selection The Department of Workforce, Community, and Government Relations seeks to mitigate the training gap through existing partnerships with vendors, select course materials and set the training timeline from the identified training needs and staff lines. In

the event a new vendor needs to be contracted for training purposes, Workforce workstream leads seeks the input of the Workforce Advisory Committee.

Review: All trainings is reviewed by the CCHL lead and revised accordingly. If additional trainings are needed in another language, other than English, these are translated. If ACP needs to develop course curriculum from scratch to meet our training needs, then this is done through a SME.

Training delivery: After trainings are revised, then the delivery format is determined in collaboration with the Project Managers, Operation Leads, and Network and Provider Operations Department accordingly. Evaluation and assessments are approved by the same individuals. Training materials, to the extent that is possible, will be made available on the workforce portal and therefore accessible to all workforce for reference. Workforce workstream leads seeks the assistance of the Communications Department to promote training opportunities among our partners and providers. Efforts are targeted to specific job titles as much as possible.

Measuring Training Effectiveness

The Department of Workforce, Community, and Government Relations will monitor the training scheduling, enrollment and attendance, outcomes, and long-term impact of all trainings.

Scheduling for on the job and instructor led offsite trainings are determined in collaboration with the Operation Leads and Network and Providers Operations Department. They assist the Workforce workstream, lead to identify the best dates and times for these training formats to minimize disruption of the day-to-day operations and maximize attendance and retention.

Enrollment for the trainings is done electronically through the HWApps workforce portal or email as much as possible. If needed, trainings will have a sign-in sheet and education attestation. This information will be recorded and monitored by the Workforce workstream leads.

Training outcomes are measured through evaluations and assessments carried out after each training. For in person trainings (on the job and instructor led offsite trainings) the evaluations and assessments are collected on paper and entered manually on a tracking sheet. Web-based training reports are generated by the workforce portal platform. Evaluations are used to measure the impact of the training as well as feedback to improve the quality of different elements, such as materials and delivery format.

ACP will measure the long-term impact of all trainings by tracking specific facilities' training participants and reconciling them with performance metrics whenever possible. This exercise will allow the Workforce workstream leads to carry out further assessment of specific trainings, and improve quality.

Reporting Results

The Department of Workforce, Community, and Government Relations reports training by the facility type, using the Staff Impact analysis reporting template as required by NYS DOH. The department tracks and reconciles all training reports monthly.

5. Integrating Cultural Competency and Health Literacy Strategy

Based on the ACP Community Needs Assessment (ACP CNA), ACP network members serve a large and diverse population of New York City. Fifty-six percent minority households, forty percent of the population was born outside of the United States and sixteen percent of households in the catchment area have limited proficiency in speaking English. ACP recognizes the evidence of the language and cultural barriers to healthcare access and the health disparities in these communities. Our PPS also acknowledges other marginalized populations represented through the four focus boroughs, senior citizens, those living with mental and physical disabilities, uninsured, formerly incarcerated, members of the LGBTQ community) who also face health disparities and challenges in accessing appropriate healthcare services.

ACP has created a training plan that addresses integration of Cultural Competency/Health Literacy (CC/HL) that includes the standards of Culturally and Linguistically Appropriate Services (CLAS) that will lessen health disparities and provide trainings that advance culturally sensitive and patient centered care.

Working with ACP PPS partners with input from the New York Academy of Medicine and Verite' Healthcare Consulting the Workforce Committee, and community based stakeholders assisted with gathering information on the diverse populations. Surveys, interviews, and focus groups were also in tandem with statistical data for numerous indicators of health status, health behavior, health care utilization to gather information for a comprehensive CNA. Training partners are working to identify training programs that correlate with CLAS standards. ACP will work to expand offerings to our network partners with tailored instruction CC/HL offerings.

Appendix

- i. Workforce Communication and Engagement Strategy

**WORKFORCE
COMMUNICATIONS
AND ENGAGEMENT
STRATEGY**

December 2015



COMMITTEE

- Moises Peres
- Leo Perez
- Thomas Milligan
- Jon Reinish, SKDK



INTRODUCTION

- ACP'S diverse workforce is made up of a cross-section of health care sector employees:
 - ACP employees
 - Employees of partner organizations
 - Medical staff who support providers (e.g., physician assistants, registered nurses, nurse practitioners; care managers and coordinators, IT and administrative staff)



INTRODUCTION

- The ACP network connects these disparate workers through our shared DSRIP mission that:
 - May require new skills and training
 - Depends on open communication and dialogue
 - Creates professional opportunities through job creation, new roles



GOALS

- Deliver learning and training opportunities
 - Provide skills and professional training through in-person and on-line experiences;
- Communicate the shared mission and create a sense of community within the ACP Network
 - Reinforce core DSRIP goals, patient-centric preventative approach, and importance of collaboration
- Promote mobility and professional opportunities
 - Provide transparency and create an open marketplace for advancement



STRATEGY

- Deploy a broad range of media
 - Print, electronic, web,, environmental
- Communicate information regarding ACP, DSRIP, job training and growth opportunities, employment availability and other job and employment related issues;
- Interactive
 - opportunities for two- way communication with the workforce.



TACTICS

Events, Media and Special Projects

Workforce Collateral

- Develop talking points, FAQs and other materials to convey the ACP story
- Host physician training or briefing to review talking points and messaging and answer questions (down the line)

Deliver E-Newsletter to the Workforce

- Expand distribution of existing ACP Newsletter; expand editorial to appeal to workforce audience



TACTICS

Events, Media and Special Projects

Engage Key Workforce Members in Media Opportunities

- Ensure that workforce and staff are included and interviewed in stories to create goodwill, a sense of empowerment and camaraderie, and ensure that all voices are heard and magnified.
- Local, community, and borough media is especially helpful in telling personal stories and promoting distinctions
- We recommend awards each month – and that they are promoted in the press



TACTICS

Events, Media and Special Projects

Create a Social Presence

- Social media is an important platform for both external and internal audiences.
- Facebook, LinkedIn, Instagram and Twitter provide opportunities to communicate to employees on their personal networks



TACTICS

Website: Build an Online Platform:

- Redesign and expand existing ACP website with two secure (password-protected) portals to reach ACP's distinct workforce audiences:
 - ACP employees (an intranet),
 - Employees of partners and providers
- Private portals offer features to foster greater collaboration and knowledge sharing
 - E.g., such as a document repository, discussion boards, private messaging, a central newsfeed



TACTICS

Employee Portal (Intranet)

One-stop resource for employee materials and to streamline internal processes.

- Easy access to announcements, news, tools and resources
 - Employee handbook, benefits, payroll
 - Employee directory/employee profiles
 - Links for training, compliance
- Onboarding to simplify the new hire process



TACTICS

Provider/Physician Portal

Easy access to announcements, news, tools and resources for broader network of providers and physicians.

- **Featured Jobs:** Job openings from various providers and links to the full descriptions.
- **Resources:** Helpful resources that employees can easily review or download.
 - For example, physician materials might include research/white papers, protocols, educational materials.



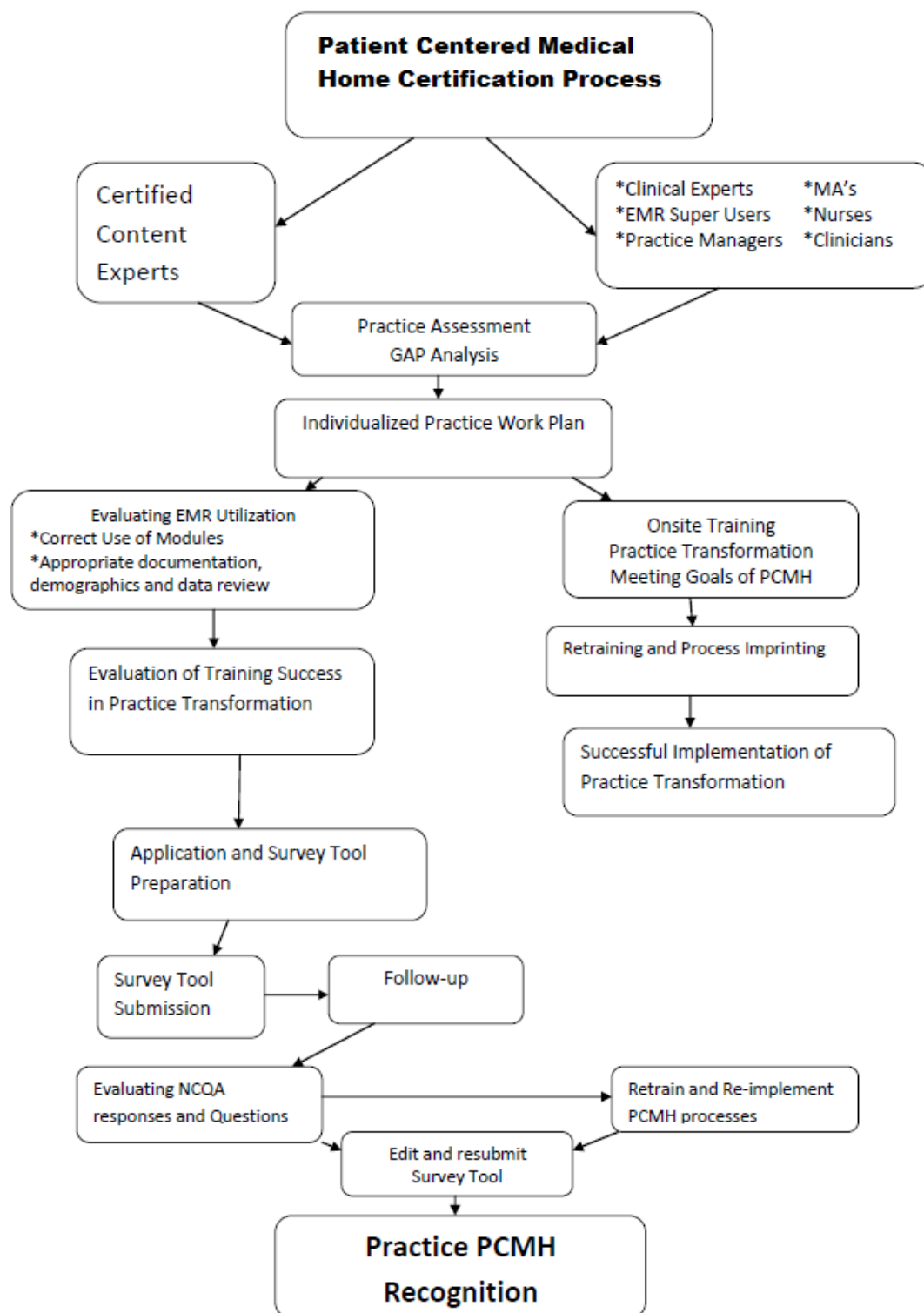
TACTICS

Provider/Physician Portal

- **Training:** Access to online and in-person training and development opportunities.
- **Collaboration/Interactivity:** Discussion boards, private messaging are potential features.



ii. PCMH Transformation



Source: Insight Management, Gap Analysis Plan. September 2016.

vi. **Training Evaluation Form****Evaluation Form**

Training Name: _____

Training Date: _____

Job Title: _____

Organization: _____

Training Category: New Hire Redeployed Training / Retraining

I. Overall Evaluation of the training: Rate each item regarding your opinion of the training.
Please indicate your answer by circling the number that corresponds to your answer.

	Overall Course Evaluation	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1.	The content of this course is relevant to my job.	5	4	3	2	1
2.	The content was as described in publicity materials.	5	4	3	2	1
3.	The program was well paced within the allotted time.	5	4	3	2	1
4.	The program met my expectations.	5	4	3	2	1
5.	The material was presented in an organized manner	5	4	3	2	1
6.	I would recommend this program to a colleague.	5	4	3	2	1
7.	There was enough time for discussion and questions.	5	4	3	2	1
8.	I can incorporate concepts learned during the course into my daily work right away.	5	4	3	2	1

II. Overall quality of presentations: Rate the quality of the training presentation. Please indicate your answer by circling the number that corresponds to your answer.

	Presentation Quality	Excellent	Good	Average	Fair	Poor
1.	Clarity of presentation	5	4	3	2	1
2.	Relates material to problems & issues in my work	5	4	3	2	1
3.	Questions	5	4	3	2	1
4.	Discussion	5	4	3	2	1
5.	Case Studies	5	4	3	2	1
6.	Exercises	5	4	3	2	1
7.	Audio-visual aids	5	4	3	2	1

III. Individual Facilitator Evaluation: Rate the presenter using the scale below.

Facilitator Name: _____

Facilitator's Organization: _____

	Facilitator Quality	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1.	Well-Prepared	5	4	3	2	1
2.	Knowledgeable	5	4	3	2	1
3.	Enthusiastic	5	4	3	2	1
4.	Easy to Understand	5	4	3	2	1
5.	Organized	5	4	3	2	1
6.	Professional	5	4	3	2	1