Workforce
Training Strategy

Prepared by the Albany Medical Center Hospital PPS
PMO & Workforce Coordinating Council (WCC)

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ALBANY MEDICAL CENTER | *The Center for* **Health Systems Transformation**

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I. Introduction/Background

The Albany Medical Center Hospital (AMCH) Performing Provider System (PPS) was created in response to the New York State Department of Health's (NYSDOH) Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP´s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion from the MRT Waiver Amendment has been allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

AMCH's PPS, comprised of over 175 organizational partners and 3,900 individual providers, coalesced to address issues identified in the 2014 Community Needs Assessment (CNA), including barriers to care, clinical outcome disparities, fragmentation of care, poor communication of patient level data, gaps in services and inadequate linkages between health, behavioral health and community based providers. The CNA, conducted in collaboration with the Alliance for Better Health Care PPS, outlines health system's resources and utilization, as well as the health/social gaps and disparities for the general population, Medicaid insured and uninsured populations. The CNA was developed with substantial qualitative and quantitative data, and primary and secondary data resources.

AMCH PPS's vision of the future of health care across a large geographic region is consistent with the triple aim. Both during and after the 5 year project period, the delivery system will follow a strategic path predicated on four components: 1) increasing access and volume of primary care visits and reducing outmigration, keeping more care local and better coordinated; 2) continuing operational efficiency through economies of scale and shared use of resources; 3) value based contracts with payers and enhanced care management to ensure financial sustainability; and 4) fixed cost reduction through rightsizing, integration and potential mergers. The PPS, as represented by the PAC and the PAC's executive committee, have endorsed the vision for the future.

The identified goals and objectives of the PPS are as follows:

- Over the project period, reduce avoidable emergency room use by 25% for the target population.
- Over the project period, reduce avoidable inpatient admissions by 25% for the target population.
- Over the project period, reduce the system-wide cost of care within our 5 county service area.
- Improve system integration by co-locating services and using community based approaches to care.
- Reduce health disparities.
- Improve clinical outcomes for patients with chronic conditions.
- Improve key population health measures in the community over time.
- Transition the health care system to pay for performance so that 90% of payments are made this way.

A. Objectives

The AMCH PPS's Workforce Training Strategy ("The Strategy") provides a comprehensive depiction of the proposed tools and strategies identified to address the needs of the PPS' evolving workforce. The

AMCH PPS recognizes the workforce as the core resource in supporting the system transformation implied by DSRIP. As such, the DSRIP-related impacts on and the resulting needs of the workforce have been reviewed holistically in order to outline the PPS' training/ retraining approaches to address recruitment and retention, staff skill and career development, and mitigation of job loss.

Provider and staff training are critical to the success of DSRIP. By developing a framework for addressing the complex and changing needs of a workforce comprised of more than 17,000 employees across 65 job titles, the strategy provides a blueprint for the delivery of trainings required by DSRIP and/ or necessitated by the resulting system transformation. The Strategy supports patient-centered care and includes, but is not limited to, working within a multi-disciplinary care team, cultural competency, health literacy, evidence-based clinical protocols, patient engagement and communication techniques, care management guidelines, performance measurement and quality improvement, and patient documentation and data collection (population health). Fundamental to implementing the strategy is the identification of gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This strategy is aligned with other AMCH PPS training-related documents, such as the Practitioner Training and Education Plan, Workforce Communication and Engagement Plan, Cultural Competency Training Strategy, and Performance Reporting Training Strategy. This plan was developed in collaboration with members of the Cultural Competency and Health Literacy Committee (CCHLC), to ensure trainings are culturally and linguistically appropriate. It also serves to address the documentation requirement for the DSRIP Workforce Strategy organizational workstream Milestone #5.

B. Mission of the Workforce Coordinating Council

Within the PPS structure, the WCC was formed under the Project Advisory Committee (PAC) to provide monitoring of workforce issues and ensure that human resources are utilized efficiently and effectively. The WCC membership includes a representative body that both understands and reflects the needs of our changing workforce to include workers, and labor and training organizations. The PPS will continually review membership of the council and encourage participation from workers, organizations, and labor representation as appropriate to continue to foster a multi-disciplinary approach to planning and implementation. The Council will identify structural barriers to workforce development, and provide resources to address those barriers.

C. Role of the Workforce Coordinating Council

The Workforce Coordinating Council (WCC) will continually seek to project, identify, and respond to impacts on the workforce that are a result of the implementation of the AMCH PPS' 11 selected projects. The overarching DSRIP goal of a 25% reduction in avoidable hospital use (emergency department and admissions) has the potential to create significant employment opportunities for the workforce, as the healthcare system changes to meet the needs of the new model of care. The diversity of representation on the WCC ensures a wide-ranging viewpoint from which we are able to build an understanding of the issues facing the impacted workforce, as well as a dynamic collective skill set through which we are able to develop the AMCH PPS' training strategy.

II. Staffing Impact

A. Retraining required by DSRIP

1. Required Workforce Training

The NYS DOH requires each PPS to conduct workforce training for multiple provider types across multiple provider organizations to ensure impacted staff are given the proper tools and resources to succeed. The AMCH PPS will conduct several required trainings throughout the entirety of DSRIP via multiple training platforms. These trainings are integral to successful project implementation and a few of them also have the potential to drive Achievement Values (AVs).

2. Expected Workforce Training

As workforce needs change with the implementation of projects, retraining will be developed in collaboration with our Workforce Development Vendor and will assist us in prospectively shaping the workforce to enhance skills in key job titles and facility types where there may be gaps. These trainings will be proactively deployed in anticipation of changes to the workforce due to project implementation.

3. Retraining for Redeployment

Training and retraining opportunities will be critical in job loss mitigation. Job titles/ functions will be identified as either "emerging" or "declining." Individual workers currently employed in declining job functions will be given priority in (re)training for emerging titles. This will allow workers to develop new skill sets, helping them transition into emerging positions. Each partnering organization within the PPS will adhere to their current policies and procedures related to hiring and transferring. This concept must also be applied to retraining for those in declining job functions within a particular facility type. While an employee's title may remain the same, transferring to a different facility type would likely change the employee's job duties and required skills; retraining will be offered to support these transfers across the AMCH PPS where applicable.

Anticipated staffing changes were illustrated in the Target Workforce State Report, which was developed by a workforce vendor, BDO Consulting (BDO), in collaboration with IHS, Inc. (IHS). Based on provided current state data, data-driven project assumptions and IHS's microsimulation modeling, the document highlights calculated changes in specific job titles by facility type based on project implementation. This allows us to prioritize training based on the project implementation schedule and on the highest areas of need.

4. Potential Retraining Impact

The retraining strategy will focus on ensuring the workforce has access to the appropriate trainings necessary during project implementation. These trainings will be utilized to enhance a worker's knowledge, skills, and abilities with the needs of the emerging delivery system. Training workers and developing their skills will prepare them for emerging positions in the evolving workforce. The AMCH PPS will provide leadership in the development of affected staff by facilitating training, evaluating training outcomes, and monitoring both emerging and declining titles.

B. Training to Address Workforce Shortages

1. Gap analysis and transition roadmap

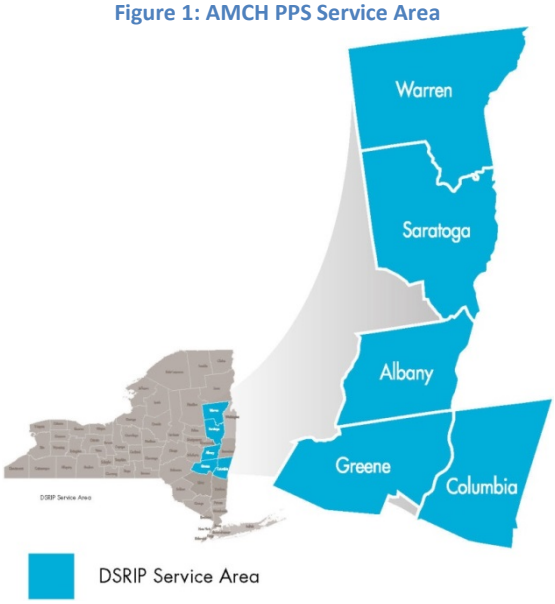
As described above, BDO, in collaboration with IHS, produced the Target Workforce State Report which identifies AMCH PPS's projected workforce needs by the end of the DSRIP program in 2020. The Target Workforce State Report was used by BDO to identify gaps between it and the reported Current Workforce State (based on the Compensation and Benefits Analysis produced by Iroquois Healthcare Association), to generate the AMCH PPS Workforce Gap Analysis Report. All three of these documents (Target Workforce State Report, Current Workforce State Report, and Gap Analysis) will be used by BDO in the development of the Workforce Transition Roadmap, which will be used by AMCH PPS to inform workforce planning and training to address any identified workforce gaps as a result of the DSRIP program.

Workforce shortages have been identified in two discrete areas: behavioral health and care coordination/navigation. The Compensation and Benefits Analysis Report revealed the highest vacancy rates within the AMCH PPS were for Psychiatric Nurse Practitioners (31.9%) and LPN Care Coordinators/Case Managers (29.6%).

The identified gap in behavioral health was consistent with results from the community forums and focus group sessions, as well as in surveying our PPS membership.

The second identified shortage in care coordination/navigation is also the most significant projected workforce increase. The Target Workforce State Report projects a total demand of 98 Care Coordinators (non-RN/navigators/CHWs/behavioral health), or 36% of total FTE demand, by 2020. It will be important for the AMCH PPS to focus on trainings in these areas in order to support the expansion of service needs in our 5-county region (see Figure 1, below).

Figure 1: AMCH PPS Service Area



2. Regional Collaborations

Just as successful implementation of the DSRIP projects require regional collaboration, so too does the supporting training strategy. The AMCH PPS is committed to working with regional educational institutions, neighboring PPSs and other local health agencies to maximize the efficiency, efficacy and sustainability of workforce training efforts in order to truly transform the regional healthcare workforce.

As an academic health center and the lead entity of the PPS, AMCH is committed to training and education, and will ensure that training improves workforce competence by focusing on knowledge, skills and abilities. Given AMCH's existing relationships with other educational institutions, such as the Albany College of Pharmacy, University of Albany's School of Social Welfare and Department of Psychology, Hudson Valley Community College and others, the PPS anticipates leveraging these partnerships to support educational and job placement initiatives.

To encourage the uptake of training, the WCC will coordinate with educational organizations to identify opportunities to earn CME and CEU credits. The WCC will also work with local community colleges to develop training opportunities for emerging titles and functions, such as Community Health Worker, Patient Navigator, and Peer Support Worker.

By working with neighboring PPSs, Alliance for Better Healthcare and Adirondack Health Institute, the AMCH PPS is working to minimize inconsistencies and/ or duplications in training for overlapping partners and to maximize the quality of service provided to patients across the 3-PPS region. Ongoing meetings with the workforce leads for these PPS' continue to illuminate opportunities for collaboration through sharing ideas, curriculum and training-related costs.

An important link for all of these collaborations is through the PPS' relationship with the Healthy Capital District Initiative (HCDI) where a broader region is represented, bringing further synergy to the NYS Prevention Agenda, PHIP, SHIP, and DSRIP and providing a forum for the sharing of information, resources, and best practices. Specifically through HCDI's Care Coordination Task Force, educational institutions, community based organizations, DSRIP PPSs, and other healthcare organizations come together to look at this emerging field and the role and education of the Community Health Worker. By bringing together participants from broad backgrounds and organizations, this emerging title will be designed to meet the needs of many disparate agencies across the region. That will make this job accessible and desirable and will assist with closing the gap in this role within the workforce.

3. Career Ladder and Pipeline Training

We will also support other training initiatives, such as career "ladder" and "pipeline" training opportunities, for both incumbent workers and students, respectively. As an example, AMCH's innovative "Grow Your Own" ladder program provides tuition support to eligible staff who want to improve their long term career prospects by taking college level courses in a matriculated degree program. To support pipeline training, we will look to work with local high schools and colleges to provide information to students about the many exciting career paths within the field of healthcare. Through regional collaboration, we will also look to support the development of pipeline training opportunities such as training for Community Health Workers (CHWs) to move toward roles in Care

Coordination. We will also coordinate with other regional educational institutions to offer credit bearing courses on our campus as a way of encouraging the pursuit of education for staff, as appropriate. We expect and encourage that similar programs will be created and supported at other partner organizations within the PPS.

III. Training Implementation

A. Course Design Framework

1. Course Outline Selection and Approval

a) Alignment with PPS Training Strategies

The PMO developed multiple training strategies with which this Workforce Training Strategy is aligned.

- Clinical Integration- Accenture

AMCH PPS contracted Accenture to lead the development of the Clinical Integration (CI) Care Coordination Model (CCM), which integrates both DSRIP and AMCH-defined objectives to develop a coordination/communication strategy. The CI CCM strives for standardization of leading Care Coordination practices in order to reduce readmissions, promote better health outcomes and increase patient engagement/self-management.

Clinical Integration Training Schedule (to be included in Appendix)

- Practitioner Engagement

Practitioner (inclusive of all licensed healthcare providers) education is vital to engagement. Through education, health care practitioners will become active members of the AMCH PPS-wide Care Team, engaging in and with our integrated care delivery system, to deliver evidence based care to our patients across the continuum of care.

The Practitioner Engagement Training and Education Plan is a dynamic strategy to train and educate practitioners and other groups about the DSRIP initiative, the PPS-specific quality improvement agenda, the eleven selected projects, and the impact that they may have on their organization and surrounding communities.

The Clinical and Quality Affairs Committee (CQAC), project-specific subcommittees, Project Management Office (PMO), WCC and the Medical Director of AMCH PPS will take the lead on executing the approved curriculum, developing a training schedule and operationalizing the schedule to maximize participation by practitioners. CQAC & project subcommittees will review the curriculum regularly and update as needed.

- Cultural Competency

Provider and staff training is a critical component of the AMCH PPS's Cultural Competency and Health Literacy (CC/HL) Strategy, which aims to address cultural and linguistic barriers and health literacy issues of our patient population by identifying gaps and developing a coordinated response to address them.

The Cultural Competency Training Strategy is an additional component of the CC/HL Strategy, specifically focused on cultural competency trainings of the AMCH PPS partners to address the drivers of health disparities.

- Performance Reporting

The AMCH PPS recognizes that DSRIP is predicated on quantitative reporting from all participants. Reporting is necessary to evaluate transformation, performance metrics, quality improvement, engagement, payment and various other workstream outcomes, including patient and staff satisfaction. To ensure performance reporting is done accurately and completely in a standardized way, the AMCH PPS has prepared the Performance Reporting Training Strategy to outline the plans that will be utilized to train all necessary and appropriate staff in collecting, analyzing and reporting data required to demonstrate performance.

b) Training Needs Assessments

The AMCH PPS will partner with regional workforce partners and training vendors to develop curricula or utilize existing curricula for training and retraining workers as needed. The need to proactively develop training programs and identify emerging needs as the DSRIP projects unfold will be considered. Existing workers and new hires will be able to access training at no cost.

The WCC will serve as a multidisciplinary body to coordinate the efforts of the providers and their workers. AMCH PPS will continue ongoing conversations with neighboring PPSs about the feasibility of pooling resources to share curricula, training resources and potentially vendors, to make more efficient use of available dollars.

A comprehensive analysis of training needs was performed by the PMO. To complete the analysis, the WCC will perform a full assessment of training needs across the PPS to ensure providers have access to resources and materials specifically focused on clinical quality and performance measures. Training needs will vary based on provider types, geography, population served, and project implementation across the PPS. Identified staff will have access to trainings such as DSRIP 101, Cultural Competency & Health Literacy, HIPAA, 42CFR, Data Security, and Compliance.

More specific trainings will be necessary in Primary Care, Behavioral Health and Substance Abuse settings, and other specialties. These trainings will include, but are not limited to, PCMH, Care Coordination, Clinical Integration, and IT-Infrastructure change requirements. Community Based Organizations (CBOs) will have a need for trainings to include: patient navigation, HIXNY connectivity, identifying patient barriers, and where to find resources for patients in need.

The WCC and CQAC, working in collaboration with participating practitioner organizations, will conduct ongoing assessments of training and educational needs of practitioners working at respective organizations.

Content will be developed based on input and feedback from provider organizations through multiple engagement opportunities such as PAC, committee meetings, project sub-committee meetings, and consumer listening sessions:

- Project Subcommittee Meetings: members will continue to play a critical role in providing guidance to ensure partner considerations are incorporated into project-related trainings.
- Consumer Listening Sessions: PPS partnering organizations will recruit and host small groups of consumers to learn their perspectives on the healthcare system. Their comments will be incorporated in determining areas of focus for training. Several of these listening sessions occurred in March 2016 and more are scheduled for the fall of 2016.

c) Curriculum Approval Process

All trainings will be reviewed and approved by the designated committees as appropriate. For example, all clinical training programs must be reviewed and approved by the Medical Director and CQAC. The WCC will have an active role in training project review and selection where appropriate.

d) Course Approach and Timing Methods for Training Delivery

As part of the training needs assessment, the project teams and the project sub-committees will identify the target audience, training content, suitable timing for training and mode of delivery. The WCC and other applicable approving bodies will approve the most appropriate method, taking into account the target audience, impact, cost, and feasibility. The options for training content delivery are as follows:

1. Committee Meetings (PAC)
2. Live presentations
3. Webinars
4. Workshops
5. Recorded presentations
6. Literature/ policy reviews
7. Evidence-based guideline dissemination
8. Online/ Learning Management System (HealthStream)
9. Vendors
10. Train the Trainer

AMCH PPS will provide a detailed training program using various modes of communication. Additionally, existing trainings and/ or alternate modes of delivery which meet the stated learning objectives of a required training can be utilized by partnering organizations, where appropriate, after approval by the responsible committee/ project sub-committee. Contracted organizations may be required to provide training to the entire workforce impacted by DSRIP. An example of this would be the required Audit and Compliance Training. Several other trainings will be project- or provider-specific such as Clinical Integration or Care Coordination Training.

e) Prioritization of Training

Training implementation will be based on a number of factors, including, but not limited to project roll-out and deliverable due dates, immediacy of risk of redeployment, availability of training opportunities, and criticality for project implementation.

f) Training Schedule

Based on the needs assessments and prioritization scheme, a comprehensive training schedule will be developed and disseminated to partners based on their project participation. To assist with coordination and tracking, this schedule will indicate the trainings they are required to report by quarter. These schedules will be updated bi-annually, or as needed, and will be communicated through various mechanisms, such as the PPS' website.

g) Primary Course Audience

(1) Individual Staff

Role-based training will be essential in certain areas of project implementation, such as training for the Community Health Worker or Care Navigator, or those pursuing recognition as a Certified Asthma Educator.

(2) New, Multi-disciplinary Staff

At the core of system transformation is a new model of care reliant on multi-disciplinary care teams. These teams will be developed in various settings and will require some similar training across settings, such as care management and care coordination training, risk stratification, and quality improvement. Some training will be specific to the care setting. As an example, in the primary care and behavioral health settings, training will be implemented on Patient Centered Medical Home standards and primary and behavioral health integration.

Additionally, teams will learn to work with staff in new roles, such as Peer Support Workers and Community Health Workers. Given the diversity of education levels associated with the many roles affected by DSRIP, trainings will be modified to meet varied literacy and comprehension needs.

B. Training Guidelines and Expectations

1. Logistics and Facilities Requirements

WCC and/ or the training vendor will be responsible for ensuring facilities purposed for training activities meet the needs of trainees, including those with special needs. It will be the intent of those coordinating training to select ADA-compliant facilities, often using the 3-region hub model to localize training events and minimize staff and workflow impact. It will also be the intent of the training coordinators to offer alternate dates and times for instructor-led courses, as well as alternate modes of delivery for trainings provided outside of the classroom (eg. recorded webinar sessions).

2. Documentation Requirements

Training materials will be available for review and will be updated as appropriate to ensure materials are up to date with all DOH DSRIP requirements and expectations.

a) Training Template

For all trainings to be delivered to staff by an organization, a training template will be customized to communicate the resources and requirements for the given training. Included in the template is information about the training objectives, where to locate the training, who is required to complete the training, and how to report on training activities. A recorded webinar explaining the template will be openly available to partners.

3. The Role of Cultural Competency and Health Literacy Committee (in training development)

As the nation becomes increasingly diverse, the U.S. health care system faces the challenge of addressing patient's unique cultural and linguistic needs. Failing to meet these needs can lead to health disparities, poor health outcomes, and limited health care access, all of which have serious implications on overall population health and rising health care costs. Thus, the AMCH PPS recognizes the significant need to address health disparities with culturally and linguistically competent care in order to achieve the DSRIP's overall goal of reducing 25% of avoidable hospital uses by 2020. Health literacy is known to affect patients' ability to navigate the health care system, share personal information, and engage in self-management. Patients with low health literacy often utilize the emergency department as their primary source of care, and lack understanding about self-care and prevention strategies. The AMCH PPS plans to develop solutions to address these health literacy challenges.

Within the PPS structure, the Cultural Competency and Health Literacy Committee (CCHLC) was formed to identify cultural competence and health literacy challenges for the AMCH PPS to overcome, build a strategic plan to develop culturally competent organizations and a culturally responsive system of care, pursue initiatives to promote cultural competency and health literacy in participating organizations' missions, structures, and operations, and collaborate with community-based organizations (CBOs) to achieve and maintain cultural competence and health literacy. WCC will collaborate with CCHLC to coordinate, communicate, and promote trainings that will enhance cultural competence and health literacy across the PPS as outlined in the CCHLC Training Strategy.

4. Technology Requirements

With roughly 26,000 full and part-time employees within the PPS and robust training requirements, technology will have to be leveraged in order to deliver widespread training initiatives. The use of WebEx, YouTube, and HealthStream requires some minimum specifications be met and/ or permissions be granted. The AMCH PPS is committed to assisting partners in meeting these technology requirements to ensure seamless implementation of the training strategy.

C. Training Evaluation

1. Pre- and Post- Training Assessments

HealthStream will allow the AMCH PPS to track completion rates and test scores for pre- and post-training assessments. This information will provide valuable information related to trainees' self-reported effectiveness of online training programs. Furthermore, there will be pre- and post-training

assessments for each in-person training to capture trainees' improvement on awareness, knowledge and skills. Some trainings will require a passing score, to be determined by the PMO via curriculum approval.

2. Training Efficacy

Evaluations on the content and delivery of trainings will be requested of all staff completing training. This feedback will be monitored and used to inform efforts for continuous improvement of the training process and curriculum. The AMCH PPS will also track trainees to understand who is receiving DSRIP-related trainings in our PPS and ensure that trainings are delivered to necessary individuals.

Additionally, the PMO will utilize The Kirkpatrick Model[1], which evaluates the effectiveness of training over time. It considers the value of any type of training, formal or informal, across four levels. Level 1 Reaction evaluates how participants respond to the training. Level 2 Learning measures if they actually learned the material. Level 3 Behavior considers if they are using what they learned on the job, and Level 4 Results evaluates if the training positively impacted the organization.

This model, created by Dr. Don Kirkpatrick in the 1950s, is applied before, during and after training to both maximize and demonstrate training's value to the organization.

3. Evaluation of Process and Outcome Measures

In order to establish a direct link between training and outcomes, the AMCH PPS will utilize various process and outcome measures related to DSRIP projects in order to recognize successes and challenges of training programs. For example, if the PPS shows improvement in CAHPS measures related to health literacy, training efforts related to care coordination will be considered as one of the contributing factors for success.

4. Governance Reporting

Information within these three areas on the effectiveness of training initiatives will be analyzed, summarized and submitted quarterly to the governing bodies of the PPS with the description of the training programs delivered, completion rate data, participant feedback and proposed changes to the plan and training outcomes.

5. PDSA/ Continuous Improvement

As per the Practitioner Engagement Training and Education Plan, the CQAC and WCC will identify one organization to pilot a DSRIP training module/plan and update based on feedback from the participants. The first PDSA activity related to training is being performed with the delivery of trainings in DY2Q2. The PMO is using the PDSA approach to examine the tools and processes established to support training in Audit and Compliance, among others. Through feedback from partners and PMO staff and the analysis of training evaluations by participants, tools and approaches will be adjusted accordingly and then again reviewed through the PDSA process.

[1] http://kirkpatrickpartners.com/

D. Trainer Responsibilities

"Trainers" may be PMO staff, contracted educators, or members of a partner organization assigned to facilitate the uptake of training programs. Required trainings and the corresponding responsibilities of these individuals will be communicated to partners based on their contract deliverables. Identified trainers must have appropriate knowledge of content and be able to deliver training successfully to a diverse population in a culturally competent and linguistically appropriate manner.

It will be the responsibility of assigned trainers/ facilitators to produce required documentation supporting training event participation. Documentation requirements may vary depending on the nature of the training, but may include any/ all of the following documents:

1. Training template
2. Roster
3. Sign-In Sheets
4. Training materials

E. Communication and Engagement

1. Ongoing review of Training Strategy

The WCC is committed to continuous monitoring and improvement of the Training Strategy. Through consistent review of developing training needs, course evaluations, training outcomes measurement and partner feedback, the strategy will be modified to meet the changing needs of the PPS. Additionally, ongoing monitoring of the implementation of the Workforce Transition Roadmap, Impact Analysis data, and the Compensation and Benefits Analysis Reports provided in years three and five will inform the committee on adjustments needed to meet the needs of those in emerging and declining titles.

2. Training Tools

Training templates and organizational training schedules, as described above, will be provided directly to participating partners. Templates will also be available on the PPS's website.

3. Website

The PPS' website will be used to house training templates and a global calendar of training events offered by the PPS. This calendar will include both required and optional training opportunities.

F. Post-DSRIP Sustainability

Perhaps the greatest challenge is the development of a training strategy that can be maintained beyond the term of DSRIP to ensure the sustainability of system transformation afforded by the initiative. The PPS will continue to work on plans for sustainability which may include supporting the development of

organizational training budgets and programs and facilitation of relationships between providers and local and regional educational centers. The WCC will continue to work with partnering organizations to address the training and development needs of the PPS workforce, throughout the term of DSRIP and beyond.

IV. Conclusion

The AMCH PPS is committed to providing training that supports sustainable system transformation. By addressing trainings mandated by the DSRIP program, trainings to support redeployed workers, and trainings to develop emerging titles and workforce shortage areas, the WCC strives to reinforce DSRIP implementation by preparing employees to carry out the new model of care delivery. The AMCH PPS Workforce Training Strategy will be reviewed on an ongoing basis to ensure it continues to meet the needs of the evolving workforce.

V. APPENDIX

A. Glossary

42CFR – In the substance abuse field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the client's treatment may be disclosed with and without the client's consent. 42 CFR Part 2 applies to all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.[2]

Career Ladder – The progression of jobs in an organization's specific occupational fields ranked from highest to lowest based on level of responsibility and pay[3]

Cultural competence – "The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients."[4]

Health literacy – "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."[5]

Pipeline – An organization's ongoing need to have a pool of talent that is readily available to fill positions at all levels of management (as well as other key positions) as the company grows. At each level, different competencies, knowledge and experiences are required, and (to keep the pipeline filled) the organization must have programs designed to develop appropriate skills sets.[6]

PDSA – The "Plan, Do, Study, Act" Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. [7]

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[2] Trends in State Courts. (2012). *Substance Abuse and Confidentiality: 42 CFR Part 2*. Kunkel, Tara. Retrieved from: http://www.ncsc.org/sitecore/content/microsites/future-trends-2012/home/Privacy-and-Technology/Substance-Abuse.aspx

[3] Society for Human Resource Management (SHRM). (2015). *Developing Employee Career Paths and Ladders*. Bliss, Wendy, J.D., SPHR. Retrieved from: https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/developingemployeecareerpathsandladders.aspx

[4] Cultural Competence in Health Care: Is it important for people with chronic conditions? (2004). Retrieved from https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html.

[5] Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. Board on Neuroscience and Behavioral Health, Nielson-Bohlman, L., Panzer, A.M., Kindig, D.A., Editors, Institute of Medicine and the National Academies. The National Academies Press: Washington, D.C.

[6] Bersin by Deloitte

[7] The W. Edwards Deming Institute®. (2016). *The PDSA Cycle*. Retrieved from: https://www.deming.org/theman/theories/pdsacycle

B. CI Training Schedule

*modified slightly to show major categories

Course / Module Name	Course / Module Description	Suggested Objectives	Audience / Role	Sugg. Duration	Rec. Format	Source Materials	Prereq's	Special Considerations	Date
Initial DOH Training Sessions									
CI CCM Overview	Increase awareness and understanding of: • PPS' framework for care coordination • Recommendations for strategies, processes, tools, data sharing, and timing standards as they relate to care coordination across the PPS	• Describe the vision, framework and key elements / assumptions of the care coordination model • Identify the high level care coordination process flows and the technology that supports the process • Identify points of communication and elements for data exchange to further coordinated	• PPS Providers, e.g., physicians, nurse practitioners, physician assistants • Nurses, Social Workers (SW) and nurse case managers (CM) across settings (inc. ED, inpatient, outpatient) • Operations staff across settings,	2 hrs.	In person; recording available online	Accenture deliverables: • CI CCM • CI CCM Functions, Processes and Protocols • Leverage trainings currently offered at affiliate organizations	None	Course must be done with two separate session, one for providers and one for operations; materials/sign in sheet/schedule required for DOH requirement	5/26/2016

		transitions of care • Identify the tools and templates which will be used to facilitate care coordination and transitions of care • Understand team-based approach to integrated care delivery, and the roles of the interdisciplinary care team members • Understand the patient navigator role and identify key components and functions	including ED, inpatient, outpatient, and community-based						
Proposed Future CI Training									

Emergency Department (ED) and Observation (Obs) Care Coordination	Learn about recommended care management process steps, data sharing opportunities, communication and technology enablers and timing standards in the acute ED setting.	• Define role and functions of CM/SW and PN/CHW staff in the ED and Obs unit • Identify key process steps that facilitate coordination, care management and readmission avoidance in the ED setting • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective care coordination Describe readmission management concepts and goals and strategies. • Identify key process steps that facilitate	•ED / Obs CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1 hour	Online / webinar available for computer based training (CBT)	•Accenture deliverables: - CI CCM Functions, Processes and Protocols: ED Process Flows, Patient Navigation and technology enablers • Leverage trainings currently offered at affiliate organizations	CI CCM Overview		

		coordination and care management related to inpatient admissions and readmission management • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective care coordination • Define role of Patient Navigator in ED setting							
Inpatient Admission and Readmission Management, Clinical Review Planning and Execution	Learn about the care coordination workflow and processes related to inpatient admissions and readmission management. Review and discuss the LACE tool and risk	• Describe readmission management concepts and goals and strategies. • Identify key process steps that facilitate coordination and care management related to inpatient	• Acute, post acute and Primary care CM/SW, PN/CHW and care coordination operations staff • Other clinicians	1 hour	Online / webinar available for computer based training (CBT)	Accenture deliverables: - CI CCM Functions, Processes and Protocols: Inpatient admission, Inpatient Process Flow; Readmission Management ; Patient Navigation and technology enablers • Leverage trainings currently offered at	CI CCM Overview		

	stratification as a tool to proactively manage those patients at risk for readmissions.	admissions and readmission management • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective care coordination	and operations staff as appropriate across settings			affiliate organizations			
Ensuring Safe Transitions Of Care (ToC)	Learn about care coordination workflows and processes to improve safe transitions across the continuum (e.g., Home, Home Health, SNF/rehab, post-acute, community and acute settings). Learn about special considerations to improve safe transitions to IP and OP BH services	• Describe ToC concepts, and goals and strategies used in various acute and post-acute settings • Describe special considerations to ensure safe ToCs for people with BH needs • Provide overview of strategies to support safe ToCs for people with BH and / or	• CM/SW, PN/CHW and care coordination operations staff across all settings • Other clinicians and operations staff as appropriate across settings	2 hour	Online / webinar available for computer based training (CBT)	Accenture deliverables: • CI CCM Functions, Processes and Protocols: Discharge Planning and Transitions of Care / Behavioral Health and Substance Abuse Inpatient Bed and Outpatient; Discharge to Home / Self Care / OP / PCP; Discharge to Home Health; Discharge to PAC Facility; Transitions in Primary Care; Patient Navigation and technology enablers • Leverage trainings currently offered at affiliate organizations	CI CCM Overview		

		substance abuse issues • Identify key process steps that facilitate coordination and care management related to ToC. • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective ToC.				(e.g. Catholic Charities)			
Addressing Non-Clinical Barriers	Learn about effective ways to identify and address non-clinical barriers. Learn about the role of patient navigator / CHW as a care coordination team member positively effecting patient engagement and outcomes.	• Describe social determinants of health and goals and strategies to address non-clinical barriers • Define roles and responsibilities of Patient Navigators (PNs) / Community Health Workers	• CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1 hour	Online/webinar available for computer based training (CBT)	Accenture deliverables: • CI CCM Functions, Processes and Protocols: Patient Navigation and Technology Enablers • Leverage trainings currently offered at affiliate organizations	CI CCM Overview		

		(CHWs). • Identify key process steps that facilitate activating PN / CHWs as an active member of the interdisciplinary care team. • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective care coordination							
Risk Stratification	Learn about evidence-based risk stratification tools for use in the acute and post-acute settings, including a model adapted from AAFP and Camden Coalition of Health Care Providers, as	• Describe the purpose of using risk stratification tools related to care coordination • Demonstration of and practice how to use / apply risk stratification tools in	• CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1.5 hour	Online/webinar available for computer based training (CBT)	•Accenture deliverables: - CI CCM Functions, Processes and Protocols: Risk Stratification in Primary Care • Leverage trainings currently offered at affiliate organizations	CI CCM Overview	Course must be done with two different groups (providers and operations); materials/sign in sheet/schedule required for DOH requirement	

	well as LACE Index Scoring Tool. Learn how to leverage these tools to more efficiently and effectively target higher risk patients.	practice. • Identify key process steps that integrate risk stratification into coordination and care management in both acute and post acute settings • Identify opportunities for capturing and sharing risk assessment and stratification results, and leveraging technology to promote effective use of risk stratification to improve outcomes							

CM Assessments and Care Plans	Learn about PPS-wide adopted standardized information to be captured and shared in CM assessments in acute and post-acute settings across the continuum. Learn how to develop and add to a patient's "living" care plan that integrates patient goals. Learn about the PPS-wide adopted standardized information to be captured and shared in care coordination care plans for acute and post-acute settings across the continuum. Learn how to ask, what to ask	• Describe key components / elements of the CM assessment, and how the CM assessment can be leveraged to support care across the continuum. • Describe care plan purpose, key components, goal creation, revision, and prioritization. • Identify for acute and post acute settings where in the workflow the CM assessment and care plan are completed or revised, and key process steps related to the CM assessment and care plan	• CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1.5 hour	In person (to allow for role playing and modeling); recording available online	Accenture deliverables: • CI CCM Functions, Processes and Protocols: CM Assessment; Patient Engagement / Care Plan • Leverage trainings currently offered at affiliate organizations	CI CCM Overview Motivational Interviewing PAM Cultural / Health Literacy Training	This training will be dependent on further refinement of the CM assessment (i.e. scripting questions) and Care Plan and establishing additional technology enablement	

		• Identify opportunities for capturing and sharing key data elements of the CM assessment and the care plan, and leveraging technology to promote effective sharing of the CM assessment.							
COMPLEMENTARY TRAINING: Suggested External Trainings that supplement CI Trainings									
Hixny	Learn about Hixny, Hixny's functionality and how it supports your care coordination workflows and processes.	TBD - Determined by Hixny	• PPS Providers across settings • CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1 hour	TBD	N/A	Suggest CI CCM Overview and any process modules relevant to the participant's role	• Hixny capabilities will be to be developed and processes will need to be adapted to specific tech enablers prior to training • Users will need log ins and access	

Effective Communication / Motivational Interviewing (MI)	Learn about effective communication techniques, including motivational interviewing to improve patient interactions and engagement.	• Describe communication techniques, including MI, and potential impact on patient engagement. • Identify key process steps where utilizing MI and other effective communication techniques facilitate coordination and care management • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective care coordination	• CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1 hour	Online/webinar available for computer based training (CBT)	• Leverage Motivational Interviewing Network of Trainers: http://www.motivationalinterviewing.org/ • Leverage trainings currently offered at affiliate organizations			

Cultural Competency and Health Literacy 101	Gain knowledge of cultural competency and health literacy and it's value-add to your organization and care coordination.	• Describe cultural competency and health literacy general definitions and key concepts. Describe strategies to address barriers related to: low literacy; cognitive deficits; adaptive devices for communication; language; cultural / spiritual /religious; LGBT and disabilities • Identify key process steps that facilitate integration of cultural competency, health literacy and disability sensitivity into coordination	• CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1 hour	Online/webinar available for computer based training (CBT)	• Leverage CCHLC subcommittee / training deliverables for DY1Q3-12/31/2015 ("Approve of developed health literacy trainings specific to targeted populations (web-based, group learning, etc. Approve of developed patient and provider materials, including web-based learning and other technologies, to be field tested.") • Leverage materials used by Center for Disability Services from MN literacy partnership • Leverage trainings currently offered at affiliate organizations	CI CCM Overview		

		and care management processes • Identify opportunities for capturing and sharing key data elements and leveraging technology to promote effective care coordination							
Patient Activation Measure (PAM)	Learn about the PAM assessment tool, how it can help you measures patients' behavior, knowledge, and engagement, and how it relates to DSRIP Program requirements.	Describe the PAM assessment tool Understand how this assessment tool is used to measures patients' behavior, knowledge, and engagement in their own healthcare decisions. Understand PAM administration and the	• CM/SW, PN/CHW and care coordination operations staff • Other clinicians and operations staff as appropriate across settings	1 hour	Online/webinar available for computer based training (CBT)	• Leverage project subcommittee • Leverage NYSDOH PAM materials and webinars • Leverage trainings currently offered at affiliate organizations	CI CCM Overview		

		PAM population (nonutilizing and low-utilizing Medicaid members) the DSRIP Program requirement.							

C. Emerging Titles

Emerging Titles (Job Descriptions)						
Job Titles	**Required Education**	**Preferred Education**	**Years of Experience**	**Licensure**	**General Responsibilities**	**Source**
Care Associate	High School diploma or equivalency required,	Associate Degree in healthcare related field preferred.	**1.** 2 years of experience in community based programs or demonstrated progressive advancement in responsibilities in healthcare setting such as clinic, hospital, etc.		**1.** Demonstrates customer focused interpersonal skills to interact in an effective manner with practitioners, the interdisciplinary health care team, community agencies, patients, and families with diverse opinions, values, and religious and cultural ideals. **2.** Capability to openly address and acknowledge observed issues and concerns. **3.** Proficient in basic computer skills to include Microsoft Word and Excel, is accurate in keyboard entry of data into relevant computer systems such as electronic health records, databases and spreadsheets and possess an aptitude to learn various system software as needed. **4.** Exhibits attention to detail, and ability to be flexible in performing a variety of tasks. **5.** Has ability to complete projects within designated timelines and the ability to prioritize duties is	Suffolk Care Collaborative

Care Manager / Care Coordinator	**1.** Associates degree required. Bachelor's degree preferred. **2.** Registered Nurse with valid New York State license is required and registration renewed/maintained every 3 years. **3.** CCM preferred. **5.** Master's prepared mental health clinician (LCSW, LMSW or LMHC) or licensed Registered Nurse (RN) required (may be substituted for a Bachelors/Master's).	Bachelor's degree and advanced degree	**1.** Minimum 2 years clinical utilization management/case management experience required. **2.** New York State licensure with a minimum 1 year direct service experience in the delivery of mental health and substance abuse treatment services required.	Registered Nurse	**1.** Job Responsibilities varied greatly, from RN Position to MSW Position.	CDPHP Website

Community Health Navigator	**1.** Associates degree in Human Services, Nursing or related field required. **2.** High School diploma with an additional 2 years of human services experience will be considered		**1.** A minimum of three years human services experience required **2.** Experience coordinating services for targeted populations **3.** Knowledge of community resources highly desired **4.** Community outreach experience preferred		**1.** Investigates, assesses and plans interventions to help patients cope with social, emotional, economic and environmental problems. **2.** Interviews patients, assesses priorities and documents care activity. Navigators will assist clients/families with obtaining community assistance by referral and coordination with appropriate resources. **3.**The Community Health Navigator will develop and maintain collaborative working relationships with community based organizations, social service agencies and other service providers in order to coordinate services across multiple agencies/service providers	Bassett Healthcare Network, Herkimer, NY

Community Health Worker	High school graduate or GED.		No number of specific years of experience expressed	Current Certification as Community Health Worker certification	**1**. Assist patients in overcoming barriers and obtaining needed medical care and social services. **2.** Facilitate and coordinate services between providers. **3.** Help patients in utilizing resources, including scheduling appointments, and assisting with completion of applications for programs for which they may be eligible. **4.** Assist patients in understanding care plans, and results in an effective manner while strictly adhering to the policies and procedures in place. **5**. Document activities, service plans, and results in an effective manner while strictly adhering to the policies and procedures in place. **6.** Motivate patients to be active, engaged participants in their health. **7**. Build and maintain positive working relationships with the patients, providers, and nurses. **8**. Continuously expanding knowledge & understanding of community resources.	Texas DSRIP http://jobs.utsouthwestern.edu/job/community-health-worker-dsrip-program-clinical-519766/ Southwestern Medical jobs

Health Coach/ Health Promotion Specialist	Bachelor's degree in health education, nutrition, community, public health, nursing, or related field required.	Master's degree preferred.	Did not specify	Certified Health Education Specialist preferred.	**1.** Responsible for developing, implementing and evaluating various health promotion offerings in worksite, community and provider settings contribute to the development of various community and employer group partnerships and participate in the delivery of population health management programs/initiatives, including health education programs and health screenings, within these settings to support health improvement among our members and the community. **2.** Maintain a current understanding of health promotion and wellness research and best-practices and will present consultative and programming information in a professional manner to a variety of audiences in diverse settings. Regular reporting, analysis and evaluation of program, health assessment, utilization and employee survey data, or other data is required.	CDPHP website (careers)
Health Educator (Listed in BLS)	Bachelors		General health education for children and adults 1 year experience		**1.** Essential duties include outreaching to those within the shelter system in order to provide general health education for children and adults and the services and programs that are offered by TFH. **2.** Must be well organized, have strong customer service skills, and be able to communicate effectively. Some fieldwork required. Computer literacy and ability to speak Spanish is desirable. Bachelor's degree required.	http://www.indeed.com/cmp/The-Floating-Hospital,-Inc./jobs/Health-Educator-9c192f52df9bfbec?q=Health+Educator
Mental/ Behavioral Health Technician	Certificate or Associate's Degree in Behavioral Health, Psychiatric or	Bachelor's Degree Licensed Mental/ Behavioral Health	4 Years	Mental/ Behavioral Health Technician (Preferred)	1. Understand & implement individual treatment plans, record patient behavior & provide a safe, supportive environment for the patient. 2. Provide & record patient medications and assisting on daily activities.	http://study.com/articles/Behavioral_Health_Technician_Job_Description_Duties_and_Requirements.html

	Mental Health Technology	Technician				
Patient Navigator	Bachelors degree in Nursing, Social Work, Psychology, Human Services, or other health related field.		2 to 5 years of experience in the Health Care setting		**1.** Responsible for coordinating services for identified patients to ensure access to appropriate primary care and specialist care services.	AMCH PPS (ED Care Triage Project)

Peer Support Worker (Peer Care Coordinator)	Completion of an internship or comparable training in peer advocacy; experience in providing advocacy services to people who are mentally ill and or homeless.	Past or current recipient of mental health, substance services or homeless services preferred.	**1.** Knowledge of mental illness and substance abuse disorders. **2.** Basic knowledge of treatment, rehabilitation, and community support programs as they relate to clients and their families. **3.** Basic knowledge of techniques for identifying risk, including crisis management techniques.		**1.** Engage in-patient clients at acute care hospitals, state psychiatric centers or state operated residences and participate in the coordination of their discharge. **2**. Provide intensive emotional and practical support to clients as they transition back into their communities and into a support housing living environment. **3.** Conduct home visits as assigned. **4.** Develop short term person centered treatment plans to assist client towards achieving their goals. **5.** Monitor and record client's progress with respect to treatment goals. **6.** Assist and instruct individuals in attending to personal hygiene, grooming, nutrition and daily living. **7.** Support clients in sustaining community tenure by ensuring strong linkage to community based treatment programs and resources. **8.** Accompany clients to appointments with community based treatment providers and other services as needed. **9.** Assist and supervise in meal preparation, laundry and light house keeping tasks. **10.** Comply with all required in-service training and staff development. **11.** Perform other related duties as assigned.	CBO-"People get better with us"- New York, https://careers-iclinc.icims.com/jobs/2867/peer-care-coordinator/job?mode=job&iis=Job+Board&iisn=Indeed.com&mobile=false&width=890&height=500&bga=true&needsRedirect=false&jan1offset=-300&jun1offset=-240

Social/ Human Service Assistant	Qualified Health Practitioner (LMSW, LCSW, or LMHC) or Certified Rehabilitation Counselor (CRC) required.		**1.** Minimum of 3 years relevant work experience preferably as an employment specialist. **2.** Management experience strongly preferred, especially disability/employment management experience.		**1.** Assist in administration of the ACE Program, including maintaining and updating client charts, inputting client information into databases (including Salesforce, NYC Med Portal and NYESS), maintaining statistics on client participation/success and preparing monthly reports. **2.** Carry caseload of ACE clients including completing all client enrollment documentation, meeting at least weekly with clients to assess their vocational skills, strengths and limitations. Develop individualized vocational plans. Assist clients with resume preparation, cover letter writing, and interview skills. **3**. Provide counseling support throughout job search process and once clients are employed, provide on-going job retention. **4.** Process referrals and conduct intakes for newly referred ACE clients **5.** Supervise ACCES-VR program including intakes, staff assignments, and monthly reports. **6.** Assist in designing and implementing the vocational HCBS model including development of forms and reports, conducting initial intakes, managing on-going contacts with Health Homes, coordination with internal finance/billing department, and implementing processes and protocols. **7.** Conduct outreach for client referrals to community-based organizations, hospitals, residences, and other social service providers. **8**. Provide coverage for ACE Coordinator as needed.	http://www.indeed.com/viewjob?jk=ba3e65e1eb797532&q=Social+Services+Assistant&l=New+York%2C+NY&tk=1acpfbo0954bedrv&from=web

Transitional Care Coordinator	BSN and NYS Registered Nurse (RN) license	PRI certification	2+ years of Acute experience		1. Conducts a full spectrum of care, including: pre-surgery scheduling/prep, coordinating during the surgical stay, then doing the follow up with post-discharge phone calls. Utilization and/or Concurrent Review experience within an Acute Care facility. Previous experience with Assessments and Discharge Planning, and work in a fast-paced environment. 2. Exceptional clinical skills, computer savvy, Great interpersonal skills, Excellent communication skills (written and verbal), strong attention to detail. 3. Experience with Case Management in a Hospital setting Interqual/Milliman experience. EPIC and All scripts experience	http://www.advanceweb.com/jobs/search/jobview/868952/transitional-care-manager-rn.html?jobb=#forward

D. Training Template

1. Instructions

AMCH PPS Demonstration Year 2 Training Template			
Name of Training	Self Management Toolkit		
Description of Training	Skill development for medical staff by providing new ways to deliver self-management support to their patients.		
Training Objectives	This site has been divided into three modules that teach the healthcare provider to: 1. Assess where patients are with their self care and elicit a care issue relevant to their lives 2. Assist patients to set a behavioural goal that addresses their self care issue and design a simple action plan that helps the patient take his/her first steps toward achieving that goal 3. Assist patients with enacting their action plans and to undertake follow-up with patients to ensure their continued success.		
Materials Provided	http://swselfmanagement.ca/smtoolKit/		
Training Duration	49 mins		
Required Documentation	Training template, sign in sheets with signed attestation		
Project(s) Association	3.b.i- Evidence-Based Strategies for Disease Management in Hi-Risk/ Affected Populations (Adults Only)		
Milestone	12	**Contract/ Metric ID**	3.b.i_P6

Staff Titles/ Roles REQUIRED to Complete Training
All licensed clinical staff in the primary care setting
Any additional staff in the primary care setting who will assist patients in developing self- management goals (ie. Care Coordinator, Patient Navigator, Community Health Worker)
ALL NEW STAFF in required roles/ settings hired since previous quarterly report

OPTIONAL Staff Titles/ Roles to Complete Training
All other titles/ roles, as deemed appropriate by the organization

As a contract requirement, evidence of training must be submitted to the PMO within 10 days of the end of each quarter. Please see below for the DY2 reporting schedule. Brief course evaluations

will be sent to all participants and should be completed according to the schedule below. Course evaluations are optional, but strongly encouraged so we can continue to provide the highest quality training possible to our workforce.

Training Schedule		
Quarter	**Training Completed By**	**Reporting due By**
DY2Q2	9/30/2016	10/10/2016
DY2Q3	12/31/2016	1/10/2017
DY2Q4	3/31/2017	4/10/2017

Course Evaluation Schedule		
Quarter	**Evaluation Sent On of Before**	**Evaluation Completed By**
DY2Q2	10/15/2016	10/30/2016
DY2Q3	1/15/2017	1/30/2017
DY2Q4	4/15/2017	4/30/2017

PMO Contact	Contact Email	Contact Phone
Tara Foster, MS, RN	FosterT1@mail.amc.edu	518.264.4560

How to Submit Reporting

1. Complete "Training" tab with all training dates. Complete the "Roster" tab. Copy employee info for any given date from roster to sign in sheet (optional, assists with legibility). Print "Sign In" sheets, collect information and signatures for all trained staff and sign attestation on each page.
2. Save a copy of your training template using the naming convention "Organization name_TT_3.b.i_P6_09302016" For example: "ABC Hospital_TT_3.b.i_P6_09302016"
3. Scan all sign-in sheets into one file (if possible) and save using the naming convention "Organization name_SI_3.b.i_P6_09302016"
4. Email training template, sign in sheets, and any other required documentation via upload to MOVEit.

**If feasible for your organization, please list trained staff (with their email address) electronically on the roster tab for ease of distributing training evaluations. As a tip, you could enter staff information on the roster and copy to your sign in sheets before printing to also assist with legibility.*

2. Training

Organization Name:

Date of Training	Training Name	Training Description (Brief description of purpose)	Frequency of Training (weekly/bi-weekly/monthly)	Mode of Training (Web-based, in person, etc.)	Handouts given at training ?	Training Sign-in / Attendance Sheets Available (Y/N)	Number of People Trained
	Self-Management Toolkit	Skill development for medical staff by providing new ways to deliver self-management support to their patients.	Once	Web-based	Link provided	Yes	

3. Sign-In

Organization Name:					
Training Name:					
Date of Training	**Employee Name**	**Employee Title**	**NPI # (if applicable)**	**Employee Email**	**Employee Signature**
I, _____, of _____, hereby attest that the training participation information above is accurate to the best of my knowledge.					
_____			_____		_____
Signature			**Date**		**Title**

4. **Roster**

Organization Name:

Training Name:

Date of Training	Employee Name	Employee Title	NPI # (if applicable)	Employee Email