BRONX HEALTH ACCESS

Performing Provider System (PPS)

Bronx Health Access Network

WORKFORCE TRAINING STRATEGY

September 27, 2016

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1. EXECUTIVE SUMMARY

The Bronx Health Access (BHA) Performing Provider System (PPS) includes a wide range of health care and social service providers, such as physicians, nursing homes, Federally Qualified Health Centers (FQHCs), community-based organizations, hospitals, and behavioral health providers. Our network partners employ approximately 30,000 healthcare professionals. The goal of the BHA PPS is to create an accountable, coordinated network of care that improves access, quality and efficiency of care for the safety net patient population.

What follows herein are the training needs, the training approach, and the segment of the workforce that is identified for training. The goal of this training strategy is to align the workforce with BHA's DSRIP projects and goals. Based on the training needs assessment, project selection, DSRIP goals, and the community needs assessment, the training included in this training strategy is used to drive change, increase knowledge, enhance skills, and improve the ability of the workforce to provide care.

This document serves as an initial projection of the training needs for the BHA PPS. Through the course of DSRIP, these trainings may change based on a number of factors such as collaborations with other PPSs, changes in partner and patient engagement, as well as changes in the regional healthcare landscape.

The training strategy is intended to develop and support a workforce that is interdisciplinary and engaged in patient-centered care. It includes five ways to meet this goal as well as ways to mitigate risk, including retraining the current workforce, training newly hired staff, training to support redeployment strategies that will mitigate job loss resulting from the system transformation, training to support recruitment and retention strategies, and engagement of all BHA's planning process has resulted in a workforce training strategy that incorporates each of the five areas mentioned above, and supports BHA's transition to achieving its goal of creating a well-trained, engaged, patient-focused workforce.

a. Re-Training the Existing Workforce

The workforce training strategy details the plan for staff requiring retraining. Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction

whether provided by a college or other training provider[1]. Because maintaining stability to the current workforce is an important goal, retraining is crucial to its overall training strategy. The training strategy identifies the staff requiring re-training, the training required to support these roles, the skills acquired as a result of the training, and how these skills support the projects in which the employees work.

b. Training Newly Hired Staff Needed to Accomplish DSRIP Goals in Each of BHA's Projects

BHA's selected projects strategically position the PPS to accomplish its DSRIP goals. The PPS anticipates that new staff will be required to deliver care within these projects and successfully meet these goals. New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed. New hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff[2]. Newly hired staff may be hired in existing titles or in emerging roles. BHA's gap analysis will provide a definitive view of the impact for new hires. However, BHA's workforce planning process has presented preliminary needs for new hires. The training strategy identifies the training needed for newly hired staff and the skills acquired from those trainings.

c. Training to Support Redeployment Strategies

BHA's workforce strategy includes identifying jobs that may be most at-risk of facing job loss as a result of the healthcare system transformation. Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who transition to another job with the same employer[3]. This may require training staff for other jobs or roles available within the PPS network. The workforce training strategy provides a plan for training redeployed staff or training needed to prepare staff for redeployment. This training would

[1] NYSDOH DSRIP website
[2] NYSDOH DSRIP website
[3] NYSDOH DSRIP website

align with any career pathways and talent pipelines the PPS has included in its transition roadmap.

d. Training to Support Recruitment and Retention Strategies

BHA recognizes that recruitment and retention of highly qualified staff is critical to achieving its workforce goals. The current state survey analysis provides results about the needed credentials for various titles within its network. Additionally, initial workforce planning efforts have resulted in staffing models for each project and the basic qualifications needed for the positions providing care. This includes on-boarding training that supports change.

e. Stakeholder and Worker Engagement

The workforce strategy includes engaging its partners and workforce in the planning process. BHA also included this approach with its workforce training strategy. The Workforce Committee met regularly with Project Teams and workgroups to ensure that the training needs were understood. The training strategy identifies the PPS' approach to assessing training needs, competencies needed, modalities and measurement.

2. BACKGROUND

a. Organizational Background:

For over 120 years, Bronx-Lebanon Hospital Center has been successful in providing quality health care to those in need, regardless of their financial circumstances. Today Bronx-Lebanon is the largest voluntary, not-for-profit health care system serving the South and Central Bronx, with 972 beds at two major hospital divisions, comprehensive psychiatric and chemical dependency programs, two specialized long-term care facilities, and an extensive BronxCare Network of medical practices, including the Dr. Martin Luther King, Jr. Health Center that provides more than one million visits annually. Bronx-Lebanon is now among the largest providers of outpatient services in New York City, and it's ER is responding to 140,000 visits annually, one of the busiest in New York.

In looking to the future, Bronx-Lebanon's selection by the New York State Department of Health as a Performing Provider System (PPS) lead for its Delivery System Reform Incentive Payment (DSRIP) program represents an important opportunity for the hospital and its community partners to achieve progressive health care change. It will result in the implementation of a high performing health care delivery system to meet the needs of

Medicaid beneficiaries, as well as the low income and uninsured populations, with the most important benefit, an overall improvement in health status.

BHA PPS is dedicated to improving health in the Bronx as a whole—which means working with all of the PPSs in the Bronx. BHA PPS has signed a joint letter of commitment to work together with both the HHC and St. Barnabas PPSs on implementation of DSRIP projects. The PPSs seek common ground on issues such as: the use of common metrics for common projects; the return of attributed patients to their primary PPS; and opportunities for collaboration across PPSs to assure continuity of patient care and collaboration implementing change "on the ground". In addition, the BHA PPS collaborates and shares resources with the Mount Sinai Performing Provider System.

b. Community Needs Assessment

The Community Needs Assessment that was conducted by the PPS directly informs how the PPS is developing its training strategy. The PPS is diverse in its demography. Only 16% of the total population is white. More than 66% of the population identifies as being Hispanic or Latino and 33% as African American. Spanish is primarily identified as the most common non-English language spoken in the home, although the Bronx is home to immigrants from a variety of other non-Spanish speaking countries. The PPS currently does not have sufficient numbers of Spanish speaking staff; consequently, the PPS has developed innovative trainings such as a Spanish Language class designed to help dental professionals communicate with patients, and a Bilingual RN program as well as other contextualized Spanish classes attended by Social Workers, PCTs, Activity Therapists, doctors, dieticians pharmacists, and Ophthalmic Technicians.

In addition, the population served by the BHA PPS faces significant socio-economic challenges; the Bronx is an economically depressed area. On average, more than 38% of households in the BHA PPS live below the federal poverty level. In some neighborhoods of the BHA PPS, is it as high at 47% of households live below the federal poverty level. The unemployment rate in the BHA PPS is 15.8% compared to 14.2% for Bronx overall. The BLHC PPS's residents are poorer in comparison to the rest of the Bronx (28.8%) and have a higher rate of unemployment.

The population served by the BHA PPS has significant incidences of behavioral health concerns. The BHA PPS includes Riker's Island because the Bronx Lebanon Health Center does extensive work with the Department of Health and Mental Hygiene, Bureau of Correctional Health Services to improve the health of people transitioning out of incarceration and back into the community. There are over 53,000 releases from the prison system annually. Over 70% of people released to the community after incarceration return

to the areas of greatest socioeconomic and health disparities, including Bronx County. One of the challenges in treating this population is that when they are in the corrections system, all health care is provided in-house so those individuals lose their Medicaid eligibility. Once these individuals are released from the corrections system, they return to the community and usually become Medicaid beneficiaries again looking to connect with providers in the Bronx community. This population suffers from a myriad of health conditions: 3.9% are self-report HIV infected; 5% have diabetes; 12% have hypertension; 23.7% have asthma; 23.4% have a mental health condition or needs; 46.8% report drug use; and 58.3% use tobacco. Using data from the New York Department of Health, Vital Statistics Data (as of March 2014), the leading causes of premature death (Death before age 75) in Bronx County is as follows: 1) Cancer; 2) Heart Disease; 3) Unintentional Injury; 4) AIDS; and, 5) Diabetes. This top five causes accounted for 63% of the 13,806 premature deaths recorded for the most recent three-year period.

c. Workforce Committee

This report was written and reviewed by the BHA Workforce Committee. The Workforce Committee includes partner representatives from multiple facility types who are senior Human Resources and Training and Education professionals, several in senior leadership in their respective agencies, as well as labor union representation. The Committee develops and is responsible for execution of workforce training and education strategies that address the projected needs of the BHA PPS workforce. In developing the Training Strategy as well as developing and implementing trainings, the Workforce Committee works in close collaboration with the Clinical Project Teams.

The following are the members of the BHA Workforce Committee and the organization they are representing:

Last Name	First Name	Organization
Agosto	Rosa	Urban Health Plan
Cherenfant	Denise	1199SEIU Training and Employment Funds
Diaz-Chermack	John	Hospice of NY
Ferracaku	Aurela	Argus Community Inc.
Gayle	Judith	Hospice of NY
Giandurco	Cathy	Premier Home Health Care
Granston	Duane	Bronx-Lebanon Hospital Ctr.
Griffin-Mahon	Selena	Bronx-Lebanon Hospital Ctr.
Gutierrez	Meredania	1199SEIU Training and Employment Funds

Halley	Marcia	University Consultation Center
McCauley	Robert	NYSNA
Napolitano	Linda	1199SEIU Training and Employment Funds
Peterson	Clara	Visiting Nurses
Pons	Lucia	Dennelisse Corp
Sanchez	Nestor	Dennelisse Corp
Tyrpak	Jed	Committee of Interns & Residents
Wallach	Roy	Arms Acres and Conifer Park
Witham	Debbie	VIP Community Services
Xu	Sui Ling	1199SEIU Healthcare Workers East

3. ASSESSMENT: APPROACH AND METHOD OF ASSESSING TRAINING NEEDS

Our current state workforce assessment revealed both qualitative, as well as quantitative gaps. Qualitative gaps were identified by analyzing the skills and competencies currently possessed across the workforce within the Bronx Health Access PPS and those needed in the future state to support the DSRIP projects. Qualitative gaps were evaluated using these five focus areas: Clinical Care, Technology, Process/Workflow, Protocol/Policies, Credentials.

We evaluated the skills and competency gaps for each project across the 5 focus areas. Our training strategy addresses each of the skills gaps and curriculum is being developed within project training modules to close the gaps.

4. WORKFORCE TRAINING NEEDS

The Workforce Committee and the Project teams have identified both Project specific training needs (which are detailed below in the applicable Project sections), as well as skills and competencies that will need to be learned by all staff involved in DSRIP initiatives. These skills, outlined below, are a key part of the system change envisioned under Project 2.a.i "Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management".

a. Project Selections

DSRIP requires that the workforce strategy be closely linked to the selected clinical projects. The following are the projects selected by the PPS:

2.a.i	Increase Certification of Primary Care Practitioners with PCMH Certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)
2.a.iii	Health Home At Risk Intervention Program.
2.b.i	Ambulatory ICU's
2.b.iv	Care Transitions Intervention - reduce 30 day readmissions
3.a.i	Integration of Primary Care/Behavioral Health Services
3.c.i	Strategies for disease mgmt in high risk/affected areas
3.d.ii	Expansion of Asthma Home based self management program
3.f.i	Increase support programs-Maternal/Child Health/High Risk Pregnancies
4.a.iii	Strengthen mental health/substance abuse infrastructure across systems
4.c.ii	Increase early access to/retention in, HIV Care (area1; goal#2)

b. 2.a.i Training Needs

Staff involved in DSRIP projects will need to learn a set of new skills and competencies to achieve the 2.a.i goal of developing creating an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management.

A foundational piece of DSRIP training and education is a basic understanding of the goals of DSRIP, the system transformation envisioned, and the impact on how patients will receive care and how care will be delivered. To further this goal, BHA is actively utilizing an on-line training entitled “DSRIP 101”. This interactive, 30 minute e-learning course, DSRIP 101, is appropriate for both frontline workers and managerial staff. Designed for those who are unfamiliar with DSRIP, the course will give participants a basic understanding of the initiative and the rationale behind why DSRIP is being instituted in the state of New York. The course focuses on the triple aim (better care, better health and lower costs) and how DSRIP will meet it through reforming the healthcare system to a system in which well and preventative care become the standard for New York State.

As the PPS develops new electronic HIE/EHR systems to hold medical records and communicate more effectively among partner organizations, staff on all projects will need to receive training on these systems. Similarly, where the PPS develops system wide IDS protocols, staff will require training to assure uniform application. The PPS is working with the Bronx RHIO to onboard partners with requirements for submitting and sharing data.

With BHA PPS's focus on integration of care across the continuum of services, as well as a greater role for Care Managers and Care Coordinators in many projects, high functioning inter-disciplinary teams, both working in person and virtually, will be critical to meeting project goals and objectives. The Care Coordination cross-functional workgroup has been tasked with identifying models to share across projects. Training to practice efficient communication, coordination and documentation to build mutually respectful relationships is necessary to ensure success. Training will address workflow, clinical decision-making, and team member roles.

Particular emphasis will be given to developing more bi-lingual staff for all projects. The PPS has already launched, and will continue trainings such as a Spanish Language class designed to help dental professionals communicate with patients, and a Bilingual RN program. Other contextualized Spanish classes include those attended by Social Workers, PCTs, Activity Therapists, doctors, dieticians pharmacists, among.

There is also a recognition of the need to incorporate a fundamental understanding of behavioral health, and the social determinants of health as these are topics critical to PPS projects.

<u>Cultural Competency and Health Literacy</u>

Cultural competency and health literacy training is an essential component of the trainings that all staff working on PPS projects need. As a sub-committee of the Workforce Committee, the Cultural Competency and Health Literacy Committee works with the Workforce Committee to develop content and curriculum for trainings. In addition, issues of cultural competency will be embedded in many other training curriculums, such as motivational interviewing and peer trainings. The PPS's strategic vision for delivering culturally competent care will consider the context of culture and its influence when interacting with patients and their families so as to provide care that results in optimal health outcomes. Culture may include ethnic, religious, or linguistic needs, but also address other types of culture such as LGBTQ, new immigrants, poverty and other groups. The vision for health literacy is that professionals and institutions will communicate effectively so that community members can make informed decisions and take appropriate actions to protect and promote their health.

c. Project Specific Trainings

2.a.iii Health Home At-Risk Program: *Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services.*

This project will expand access to community primary care services and develop integrated care teams (physicians and other practitioners, behavioral health providers, pharmacists, nurse educators and care managers from Health Homes) to meet the individual needs of higher risk patients. These patients do not qualify for care management services from Health Homes (HH) under current NYS HH standards; rather, these patients possess a single chronic condition; are at risk for developing a second and are on a trajectory of decreasing health and increasing need that will likely make them HH eligible in the near future.

The core functions of staff associated with this project are to expand access to community primary care services, develop integrated care teams to meet individual needs of higher risk patients, build care management resources and establish a care management pathway.

Key staff titles involved in this project that will need training include Case Coordinators, Care Managers, Patient Navigators and Community Health Workers, as well as Administrative Staff.

The primary skills and competencies needed by staff are Care Coordination and Care Transitions trainings around standardized procedures and protocols that preventative and primary care providers will implement to identify at- risk individuals and ensure referral and retention into appropriate medical attention.

In addition, BHA PPS is the first PPS to pilot a Community Health Worker ("CHW") Apprenticeship program to help develop capacity in this needed area. The classroom training and mentoring part of the program is currently grant funded. CHWs are front-line public health workers who are trusted members of and/or have a close relationship with the community they serve. This relationship enables Community Health Workers to serve as an intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. The apprenticeship program will be a hybrid model (time and competency based) with approximately 3 weeks of classroom/on-line work and a six month internship. Upon successful completion, the apprenticeship is intended to lead to full-time work.

2.b.i Ambulatory Intensive Care Units /ICUs

This project will create Ambulatory ICUs for patients with multiple co-morbidities including non-physician interventions for stabilized patients with chronic care needs. An Ambulatory ICU will create a multi-disciplinary provider team for patients with complex medical, behavioral conditions and social complexities. As part of this multi-disciplinary team, the project is piloting trainings for Community Health Workers to train as health coaches; these coaches will then meet patients at gyms to both support their exercise programs and maintain a counseling relationship.

This project will involve physicians and nurse practitioners, social workers, Case Coordinators, Care Managers, Patient Navigators and Community Health Workers, as well as Administrative Staff.

The primary skills and competencies needed by staff are trainings on the new ambulatory care protocols developed by the Project so that appropriate patients are referred to services to ensure that patient care is better managed.

2.b.iv Care Transitions Interventions Model: to reduce 30-day readmissions for chronic health conditions.

A significant cause of avoidable readmissions is non-compliance with discharge regiments. The goal of this project is to provide a 30-day supported transition period after a hospitalization to ensure discharge directions are understood and implemented by the patients at high risk of readmission, particularly patients with cardiac, renal, diabetes, respiratory and/or behavioral health disorders. Non-compliance is a result of many factors including health literacy, language issues, and lack of engagement with the community health care system.

The core function of staff engaged in this project is to identify the relevant factors for patient non-compliance and find solutions, including community based support.

Key staff requiring training with this project include Nursing staff, Case Coordinators, Care Managers, Patient Navigators and Community Health Workers, as well as administrative staff.

The primary skills and competencies needed by staff are Care Coordination training and Care Transitions trainings to identify at- risk individuals and ensure referral and retention into appropriate services.

3.a.i Integration of Behavioral Health: *Integration of primary care and behavioral health services.*

The Project objective is to integrate mental health and substance abuse with primary care services to ensure coordination of care for both services.

The core functions of staff involved in this project is to identify behavioral health diagnoses earlier, allowing rapid treatment, ensure treatments for medical and behavioral health conditions are compatible and do not cause adverse effects, and de-stigmatize treatment for behavioral health diagnoses.

Key staff requiring training on this project includes psychiatrists, Depression Care Managers, Medical Assistants, CASACs as well as administrative staff.

The primary skills and competencies needed by staff are skills to conduct screening assessments such as the PHQ2's and 9's, SBIRT training, and the IMPACT model of collaborative care.

3.c.i Chronic Disease Management: Diabetes Care: *Evidence – based strategies for disease management in high risk/affected populations*

The Project objective is to support implementation of evidence-based best practices for disease management in medical practice related to diabetes. The goal of this project is to ensure that clinical practices in the community and ambulatory care setting use evidence based strategies to improve management of diabetes. Specifically, this includes improving practitioner population management, increasing patient self-efficacy and confidence in self-management, and implementing diabetes management evidence based guidelines.

This Project requires the work of a wide range of staff categories including the following: Physicians, Physicians Assistants, and Nurse Practitioners, psychiatrists and psychologists, Care Coordinators, Patient Navigators, Community Health Workers, Nutritionists, Peer and Diabetes Educators, as well as administrative staff.

Training for this project will focus primarily on the Chronic Care Model, ADA Standards Guidelines, Stanford Model for Diabetes Self-Management, as well as Care Management and Care Coordination.

3.d.ii Asthma Home-based Self-Management Programs: *Expansion of asthma home-based self-management program.*

The objective of this Project is to implement an asthma self-management program including home environmental trigger reduction, self-monitoring, medication use, and medical follow-up to reduce avoidable ED and hospital care.

This Project requires the work of the following staff: Physicians, Physicians Assistants, Nurse Practitioners and other nursing staff, and Community Health Workers

Staff will need to be trained on evidence-based asthma management guidelines. Staff involved in this project will need training on how to teach patients to recognize environmental triggers, self-monitoring and self-management, medication use, and encourage medical follow-up. Some staff will also receive training on smoking cessation and motivational interviewing. Community Health Workers will also need to be trained on the importance of confidentiality and on ethics and respecting boundaries of patients/clients during home visits. Staff will be trained on housing advocacy – specifically on the resources available in the community for referrals to their related families.

3.f.i Increase Support for Maternal and Child Health – Model 1and 3 – Prenatal Care: Increase support programs for maternal & child health (Including high risk pregnancies).

The objective of this project is to reduce avoidable poor pregnancy outcomes and subsequent hospitalization as well as improve maternal and child health through the first two years of the child's life by creating an evidence-based home visitation model for pregnant high-risk mothers and implementing a Community Health Worker program on the model of the Maternal and Infant Community Health Collaborative program.

The staff engaged in this work will include Social Workers, Case Managers, Nursing Care Managers, Patient Navigators, Community Health Workers, and Physicians

Staff will need to be trained on evidence-based model for pregnant high-risk mothers. Community Health Workers will need training on patient engagement and community referrals

4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure Across System: Promote Mental Health and Prevent Substance Abuse (MHSA)

This project will help to strengthen mental health and substance abuse infrastructure across systems through collaboration among leaders, professionals, and community members working in mental, emotional and behavioral ("MEB") health promotion to address substance abuse and other MEB disorders.

Key staff involved in this Project includes behavioral health professionals as well as health information technology staff. Staff will require training on evidence-based protocols for substance use prevention, mental health literacy, and effective crisis response. These trainings include universal models (for all students or staff), selective models (for early intervention of students in groups more likely to experience issues with mental illness or substance abuse), and targeted models (to address students with known behavioral health issues). Additionally, all staff will be trained on general information needed to work effectively in a school and to familiarize staff with the many available (i.e. through DOE or OSH, Thrive NYC, etc.) programs already in the schools. Staff will also receive training on conducting a structured interview and how to use developed program evaluation tools. Trainings will be tailored to the specific needs of each school and will be developed into a toolkit to be left with the school at the end of the 4-year project.

4.c.ii Early Access to and Retention in HIV Care: Prevent HIV and STDs

This project is designed to increase early access to, and retention in, HIV care in large part through the work of Peer navigators, Case Managers, Community Health Workers. Key trainings for this project include training for Peers and Peer supervisors around patient engagement and education, understanding boundaries, confidentiality and supervisor training as well as evidence based prevention protocols.

5. TRAINING STRATEGY

a. Best Practices for Adult Learners

A mixture of teaching and learning strategies will be employed to allow learners to use their preferred learning styles to learn and retain the training information. Various modalities of training such as e-learning, webinars, classroom based, and train-the-trainer will be utilized based on type of training and training audience.

Training needs of the professionals across the BHA PPS network vary based on learning styles, roles and nature of their work, time-commitment, access to technology, and the benefits gained. BHA PPS's commitment to cultural competency is demonstrated by its approach to providing learner-centered approaches and flexibility in the menu of trainings presented or required for its workforce. The strategy is to tailor the content and delivery of the core competencies to the specific learner needs. The training programs will deliver an ample understanding of training approaches to healthcare; provide the learner with the practical skills essential to working in a diverse work environment that increasingly demands efficiency.

The diversity of patients and healthcare related situations very in a healthcare facility, and the healthcare staff must be trained to deal with the ever changing working environment. This requires them to think critically and respond to situations with well thought out solutions, to achieve a successful outcome. The training strategy will teach the learner critical thinking skills. These courses will show the learner new ways to approach situations, and how their actions impact care.

The training strategy used by learners, will be comprehensive in its approach to teaching and learning. A mixture of teaching and learning strategies will be employed to allow learners to use their preferred learning styles to learn and retain the training information. These strategies will be used in all training programs. We will deploy the following training strategies for learning, Constructive Learning Theory, Differentiated Instructional Theory, and Collaborative Learning Theory.

Constructive Theory uses the experience that people gain during their life time to help them learn. By relating life experiences to learning healthcare teachers can help students understand healthcare related problems in a new way. This learning tool helps students 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 learners. Understanding the importance of diversity in teaching and learning is very

important to the learning experience because not all students 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 students in classrooms

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

b. Training Modalities

The PPS is offering trainings in multiple modalities to both accommodate staff work schedules as well as learning styles and preferences. On-line and webinar trainings are being developed, as well as traditional classroom offerings. Where applicable, Train-the-Trainer models will be utilized which will create pools of experts who can more easily reach a large portion of the workforce. In addition, the PPS is emphasizing trainings that allow staff to gain additional certifications or professional licenses. The PPS is also encouraging Partners to incorporate trainings, such as DSRIP 101, into new employee orientation and in-service trainings, so that DSRIP education is embedded in all aspects of education.

c. Risk and Mitigation

The diversity of patients and healthcare related situations vary across healthcare sectors, and the healthcare staff must be trained to deal with the ever changing working environment. This requires learning to think critically and respond to situations with well thought out solutions needed to achieve a successful outcome. Collaboration with the Cultural Competency Health Literacy Committee will support this effort.

An additional challenge faced by all health care providers is the ability to remove staff from patient care for training. Some solutions that will be implemented by the PPS include on-line learning which can be done outside of patient care hours. The PPS is utilizing an on-line platform where on-line trainings can be posted and accessed by staff anytime. In

addition, the PPS is utilizing backfill in certain circumstances to ensure staff continuity during training periods.

Where more traditional classroom trainings are appropriate, the PPS is sensitive to the challenges of staff attending trainings in addition to managing patient care. To address this, the PPS has offered high-demand courses (such as contextualized Spanish for Healthcare Workers) at multiple times and at multiple convenient locations, including on location at partner facilities.

Finally, where the PPS actively looks within the expertise within the PPS partners to develop and host trainings and serve as curriculum developers. This serves to increase engagement and participation from partners and their staff.

Appendices

A. *Domain 1 Minimum Standards Documentation for "Develop Training Strategy"*

Milestone #8: Develop training strategy:

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate it has developed a workforce training strategy that has been approved by the PPS workforce governing body. It must provide the IA:

- A finalized workforce training strategy, approved by the PPS workforce governing body.

  The plan should identify:

  - Plans for individual staff training.
  - Plans for training new, multi-disciplinary teams.

Validation Process: As part of its oversight responsibilities, the IA will be validating the completion of Domain 1 milestones and measures. The IA will conduct a more extensive review of certain information to ensure the information submitted by the PPS is accurate and verifiable. Furthermore, the IA will:

- Review the workforce training strategy to ensure that it meets the minimum needs.

Minimum Standards of Supporting Documentation to Substantiate Ongoing Quarterly Report Updates: After the successful completion of the initial milestone, the PPS must provide the following information to the IA each quarter.

- Updates on the implementation of your workforce training strategy, including:
  - Evidence of up-take of training programs, including both individual training and training for new, multi-disciplinary team.
- Copies of training schedule to document trainings delivered during the quarter.

Validation Process: The IA will perform the validation process similar to the methodology described above.

B. ***NYS DOH Definitions***

New hires

New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition below). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.

Redeployed Personnel

Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1and who transition into another job title, including those who transition to another job with the same employer.

Retraining

Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner.

Training

For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.

C. ***Trainings***

Bronx Health Access Trainings		
The following chart outlines trainings that have been done in DY 1 and are being done in DY 2 along with the associated projects		
Training	**Projects**	**Timeline**
Care Coordination Customer Service for Security	**3.d.i**	
Care Manager Training for Care Transition and Coordination	**3.d.i**	DY2
Training Dental Residents to work with Community Health Workers	**3.a.i**	DY2
Chronic Care Model Training - TTT	**3ci**	DY 1-2
DSRIP 101 - e-course	**2.a.i**	Ongoing
Language of Care – Spanish for Healthcare Workers	**2.a.i**	DY 1-2
Medical Assistant Refresher	**2.a.iii, 3.a.i, 3.b.i, 3.c.i, & 3.d.ii**	DY2
Nutritional Counseling for Dental	**3.a.i**	DY 1-2
Stanford Model self management for Diabetes: Staff train the trainer (Leaders)	**3.c.i**	DY2
Language of Caring for Staff & Physicians	**2.a.i**	DY2
Stanford Model PEER Staff Training & Start up TTT	**3.c.i**	DY2
MA Course	**2.a.iii, 3.a.i, 3.b.i, 3.c.i, & 3.d.ii**	DY2
Language of Care	**2.a.i**	DY 1-2
CASAC Training	**4.a.ii**	DY2
Language of Caring	**2.a.i**	DY2
SBIRT Training	**3.a.i**	DY2
Stanford Diabetes Self Management for Leaders & Peers	**3.c.i**	DY2

D. *Training Descriptions*

DSRIP 101

The interactive, 30-minute e-learning course, DSRIP 101, is appropriate for both frontline workers and managerial staff. Designed for those who are unfamiliar with DSRIP, the course gives participants a basic understanding of the initiative and the rationale behind why DSRIP is being instituted in the state of New York. The course focuses on the Triple Aim (better care, better health and lower costs) and how DSRIP will meet it through reforming the healthcare system to a system in which well and preventative care become the standard for New York State. Participants will gain an understanding of care delivery and how their work will change due to this system transformation.

Care Coordination Customer Service for Security Guards

This course provides an overview of basic patient navigation skills with an emphasis on issues of cultural competency and understanding of how personal bias can affect the role of a security guard. Topics include communication skills, body language, professional interaction and roadblocks to effective communication. This course also covers the importance of understanding how to maintain professional boundaries.

Care Manager Training

Care Managers have to interface with the interdisciplinary team (which includes clinicians), to oversee patients' wellness needs, help set patient's goals, and educate patients to make sure they adhere to a care plan. In order to do this, they must have a strong understanding of common chronic illnesses and appropriate care management interventions for those living with such illnesses. These modules teach workers about common chronic conditions, and how to provide care management services to those with such conditions with a focus on patient self-management and the promotion of healthy lifestyle behaviors. The following common chronic conditions are covered in detail: hypertension, cardiovascular disease, diabetes, HIV/AIDS and substance abuse and mental illnesses. Since health coaching and motivational interviewing are proven methods for moving patients towards independence and self-management, the training delves into these methods in detail.

Training Dental Staff to Work with Community Health Workers

This course introduces clinical dental staff to the role of community health workers including an overview of their scope of practice, roles, skills and core competencies.

Chronic Care Model for Diabetes

This program from the Institute for Family Health Institute provides training on evidence-based approaches to patient-centered diabetes care including review of the elements of the chronic care model and quality improvement foundations.

Language of Care – Spanish for Healthcare Workers

The Foreign Language Program offers contextualized 40 hour language training program over 10 weeks for health care staff to enable them to communicate with their non-English speaking patients and family.

Medical Office Assistant Refresher and Certification Program

This review course includes discussion and instruction around the current US healthcare trends and New Models of Care. This refresher course will also prepare Medical Assistants to sit for the National Health Career Association (NHA) Examination. Upon successful completion of the program the participants are eligible to take the certification exam. The NHA has since 1989 worked with thousands of schools across the country to produce better program outcome and better professionals. Students will also review and perform venipuncture and capillary puncture, EKG and vital signs while utilizing proper safety procedures.

Nutritional Counseling for Dental

This course covers the relationships between oral health and nutrition using evidence based practice. Topics include nutrition basics, dietary assessment tools, pediatric nutrition disorders, adolescents and normal nutrition, eating disorders and effects of disordered eating amount adults, deleterious lifestyle habits (smoking and drinking), vitamins and minerals, elderly and malnourished, health complications and advanced diabetes, nutrition fads and diet myths. The course also includes motivational interviewing from the dentists' perspective.

Language of Caring for Physicians and Staff

This program help physicians communicate with patients, families and the entire healthcare team in ways that build relationships, earn trust, and foster engagement cooperation. The program teaches specific communication skills key to family and patient-centered care and better clinical outcomes. Modules include mindful practice, collaboration and teamwork, effective openings and closings, engaging patients and their families as partners, communicating with empathy and effective explanations.

Stanford Model for Chronic Disease Management Model Training

The Stanford Model, a community-based intervention emphasizing social supports and personal empowerment, was developed by Stanford University's patient education program. Patients participate in a six-week course and explore the following topics: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) decision making, and, 7) how to evaluate new treatments. Participants in this training are acclimated with the model, its goals and principles.

Introduction to Cultural Competency e-course

Cultural Competency is the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations, which is increasingly important in the rapidly changing healthcare industry. It allows healthcare providers to accommodate diverse patient populations, improve the quality of care delivered and build awareness. By the end of this e-course, participants will be able to: define cultural competence and health disparities, describe some of the ways that healthcare professionals can provide cross-cultural care and identify things that can be done to provide culturally competent care and promote health literacy.

IMPACT Model for Depression Care Management

The IMPACT (Improving Mood—Providing Access to Collaborative Treatment) Model is an evidence-based program designed to provide collaborative care for those with a diagnosis of depression. In a large clinical trial, about half of those receiving the treatment showed a 50 percent decrease in depressive symptoms. This program trains the care team in the model including training PCPs in psychopharmacology and training Care Managers in cognitive behavioral therapy and patient activation.

SBIRT Training

Training on the evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Risky substance use is a health issue and often goes undetected.

CASAC Training

Coursework to satisfy the requirements of the New York State Office of Alcoholism and Substance Abuse Services (OASAS) for state certification. The training will cover the five

domains for CASAC preparation including assessment, counseling, case management, client, family and community education, and professional responsibility.