SHIP/DSRIP Workforce Workgroup Meeting

January 28, 2020

Agenda

Timing	Topic	Slide(s)	Speaker(s)
10:30 – 10:45	Welcome and Introductions		Wade Norwood & Jean Moore
10:45 – 11:00	1115 Waiver/DSRIP Update		Peggy Chan & Katherine Stanton
11:00 – 12:30	Health Workforce Data Collection, Analysis and Use		National Governor's Association
12:30 – 1:00	Lunch and Networking		
1:00 – 1:35	Accomplishments Subcommittees • Barriers to Effective Care Coordination • Care Coordination Curriculum • Care Coordination Training Guidelines • Health Care Data • Primary Care and Behavioral Health Integration • Workforce Compendium Rural Residency		 Wade Norwood Angella Timothy Jean Moore Jean Moore Amy Jones Melissa Wendland Susan Mitnick
1:35 – 1:55	Workforce Workgroup Next Steps		Eugene Heslin
1:55 – 2:00	Adjournment		Wade Norwood, Jean Moore, & Eugene Heslin

DSRIP Update

Health Workforce Data Collection, Analysis & Use

Stakeholdering: Identification & Engagement

Executive Branch	Legislative Branch	Employers/Providers	Community Partners
Governor's Office	Health committees	Health Systems/Payers	Universities
Health/PCO	Labor/regulatory committees	Professionals & Provider Associations	AHECs
Labor	Legislative champion	Clinics (RHCs, FQHCs)	Health Associations
Education		Community Mental Health Centers	Chambers of Commerce
Professional Boards		Long-Term Care	Other NGOs

Cross-sector Committee/Council/Stakeholder Groups

Select Examples of Other States' Stakeholdering

Texas

Statewide Health Coordinating Council

- Established in statute; sits within DHHS agency
- 17-member council (13 are governor-appointed) incl. State agencies, professionals, public, etc.
- Purpose: ensure health care services and facilities are available to all Texans through health planning activities

Virginia

Department of Health Professions' Healthcare Workforce Data Center

- Established in statute; sits within licensing agency
- Staff that convene numerous advisory committees and workgroups
- Purpose: to provide advice and expertise with development of the data center, workforce surveys, and reporting information online on this web site

Oklahoma

Governor's Council on Workforce and Economic Development: Healthcare Workforce Subcommittee

- Established in statute as a response to WIOA
- 15-member body (employers, professionals, academic, insurer); Staffed by DOH
- Purpose: Inform, coordinate and facilitate statewide efforts to ensure that a well-trained, adequately distributed, and flexible healthcare workforce is available to meet the needs of an efficient and effective healthcare system in Oklahoma

Indiana

Governor's Health Workforce Council

- Established by press release
- 15-member governor-appointed body (state agencies, employers, legislators, academia, etc.); chaired by workforce development)
- Purpose: coordinating health workforce-related policies, programs, and initiatives within Indiana

Authority

Minimal collection; high manual labor

Strategies	Examples of States
No authority outlined; survey as needed	
No authority outlined; voluntary licensure survey	
Data collection in statute (voluntary or mandatory) without consequence	MN, NM
Mandatory data collection (statute) with consequence	AZ, IN, NH

Robust collection and automatio

Authority

New York Data Collection Authority

- Education Law, Title 8, Article 139, Section 6902*
  - Statute gives the Department of Education the authority to collect data necessary to "to enable the Department of Health to evaluate access to needed services in this state"
  - Statute only applies to nurse practitioners
- Public Health Law, Article 29-D, Title 1, Section 2995**
  - Gives State Department of Health authority to collect information for physician profiles through voluntary surveys
  - Data points include a list of specific questions. Legislation requiring additional fields has not passed
  - Statutes do not include
    - Mandates for other types of providers beyond Nurse Practitioners
    - Funding
    - Additional information for physicians
- Senate Bill S5093 was introduced in the 2019-2020 session
  - SB S5093 would have amended current law to require responses from a range of health providers, but did not pass

Methodology

Least Comprehensive

Methodology	Examples of States
Ad hoc data collection & HPSA preparation	
Inter-agency data sharing supports HPSAs- (Generally this refers to the use of Medicaid data)	
Systematic, proactive HPSA application preparation	CT, MN, TX
Mechanism for robust analyses (merging, statistical analysis)	IN, UT (for other workforce analyses)

Most Comprehensive

New York Data Collection Methodology

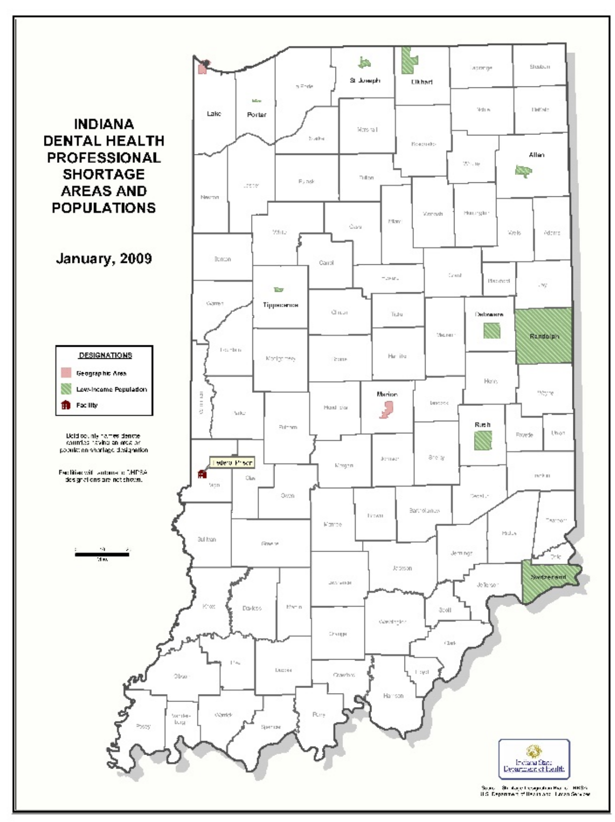
- Data Sources
  - License data is collected through voluntary surveys during the re-registration process. Data includes questions pertaining to:
    - Demographic characteristics
    - Educational background
    - Practice details
  - Recruitment and retention surveys
  - Exit surveys
  - Medicaid claims are used for HPSA designation
  - Physician Profiles (sourced from Health Commerce System)
- Data Analysis
  - State Departments of Health and Education work together to create and update provider surveys
  - Surveys are updated and housed at the University of Albany Center for Health Workforce Studies (CHWS)

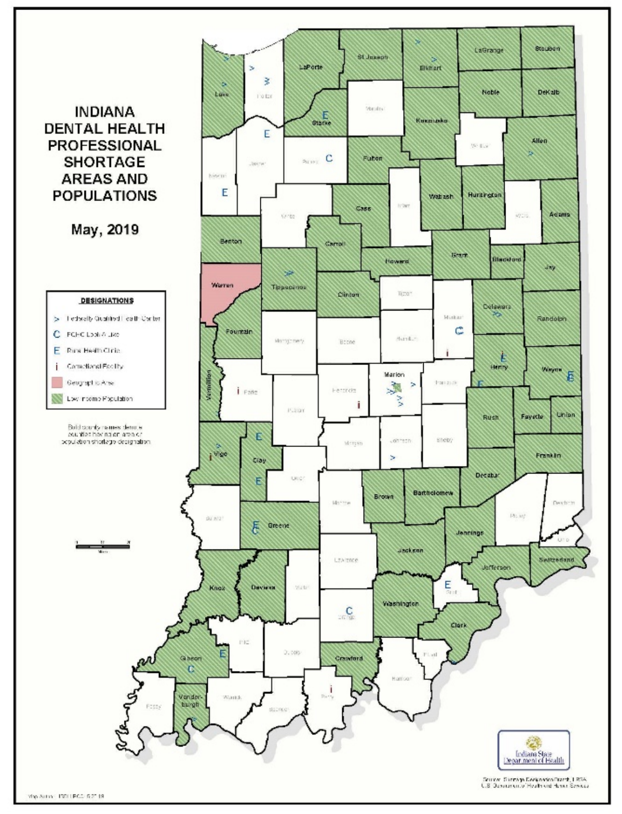
Use

Use	Examples of States
HPSAs	
+ Technical reports	
+ Policy briefs, special reports	
+ Robust state health workforce analyses	IN, UT (separate effort from HPSAs)

Single use ↕ **Broad applications**

Indiana Health Workforce Data Story: Starting with HPSAs





Use- Indiana Examples

- Telemedicine Participation Among Indiana Physicians
- Provider Capacity to Serve Medicaid Enrollees
- Provider Perceived Barriers to Participating in Medicaid
- Career Pathways in Health Care
- In State Retention of Graduates from State Nursing Programs
- Evaluating Recruitment and Retention Programs
- A Deeper Dive into Health Sector Priorities
- The Workforce in the Context of Facilities and Public Health Indicators
- Exploring Enhancements to Workforce Portability
- Using Data and Regulatory Policy to Understand Available Supply

North Carolina Health Workforce Data and Policy Briefs Series

This series of briefs demonstrates the value of investing in systems to reliably gather health workforce data and examines how to best use workforce data to support policy, using North Carolina's experience as an example.

- A North Carolina Overview
  - Overview of how health workforce data are collected and analyzed to inform health workforce policy decisions in North Carolina
- Reports Used to Inform Policy in North Carolina
  - Compendium of brief analytical papers from the Program on Health Workforce and Policy that use workforce data to answer policy questions and inform decisions for the state of North Carolina
- How Stakeholders Use Data in North Carolina
  - Describes the stakeholders who use the Health Professions Data System in North Carolina to make decisions or allocate resources in the state
- Using Data to Evaluate the Need for New Educational Programs
  - Details how data have been used to determine whether or not new health professions education programs are needed in the state

Utah Medical Education Council

The UMEC conducts ongoing health care workforce analyses and to assess Utah's training capacity and graduate medical education (GME) financing policies.

- Created in 1997 by H.B.141
- "Advise the State Board of Regents and the Legislature on the status and needs of health care professionals in training"
- "conduct surveys…, to assess and meet changing market and education needs"
- "appoint advisory committees of broad representation on interdisciplinary clinical education, workforce mix planning and projections, funding mechanisms, and other topics as is necessary"
- 2014- Designated as Utah's Nursing Workforce Information Center.

UMEC System Flow

Collection and consolidation of pertinent data

information

Healthcare workforce reports

policy tools

Stakeholders

- Rural Interests
- Higher Education
- Legislature/ Governor
- Insurance Industry
- State/Local Government
- General Public
- Providers

Virginia Department of Health Professions

- Section 54.1-2506.1 of the *Code of Virginia in 2009* provides for the Department of Health Profession's collection and maintenance of the Healthcare Workforce Data Center's data for workforce and health planning purposes
- Virginia Healthcare Workforce Data Center
- https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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Virginia Department of Health Professions

Data collections through surveys

- Static Information → Healthcare workforce reports → Policy and program planning tools → Stakeholders
- Dynamic information → Online data visualizations → Policy and program planning tools → Stakeholders
- Static Information → Nursing education program reports → Program planning → Stakeholders

Stakeholders

- State agency partners (Department of Health, Virginia Health Workforce Development Authority, etc.)
  - HPSA designation
  - Analyzing policy impact
- Sunrise and sunset reviews of professions seeking licensure
- Governor/Legislature
- Virginia Longitudinal Data System
- Hospital Association
- Healthcare Workforce Associations
- Local government
- National government
- Students
- General public
- Providers

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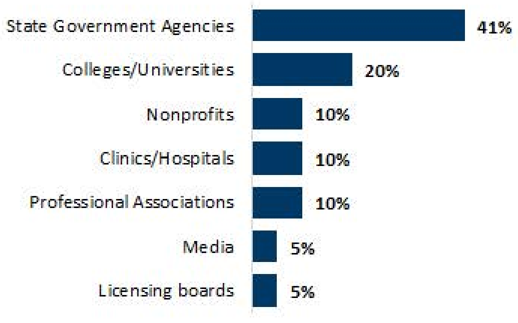
Using Workforce Data to Inform Decision Making

Minnesota Dept. of Health, Office of Rural Health and Primary Care



Authority

Minn. Stat. 144.051 – 0.052
Minn. Rules 4695.0100-4695.0300

Consumers of workforce data

(noted in chart above)

Impact

Medicaid Policy
Advisement
Workforce Development

Minnesota Dept. of Health, Office of Rural Health and Primary Care

Medicaid Policy Advisement

- Data driven recommendations by Dental Advisory Committee to state Medicaid program to:
  - Reimburse collaborative practice dental hygienists for screening and assessments
  - Remove requirements for collaborative practice dental hygienists to setup a 501(c)3 to be eligible for direct payments from Medicaid

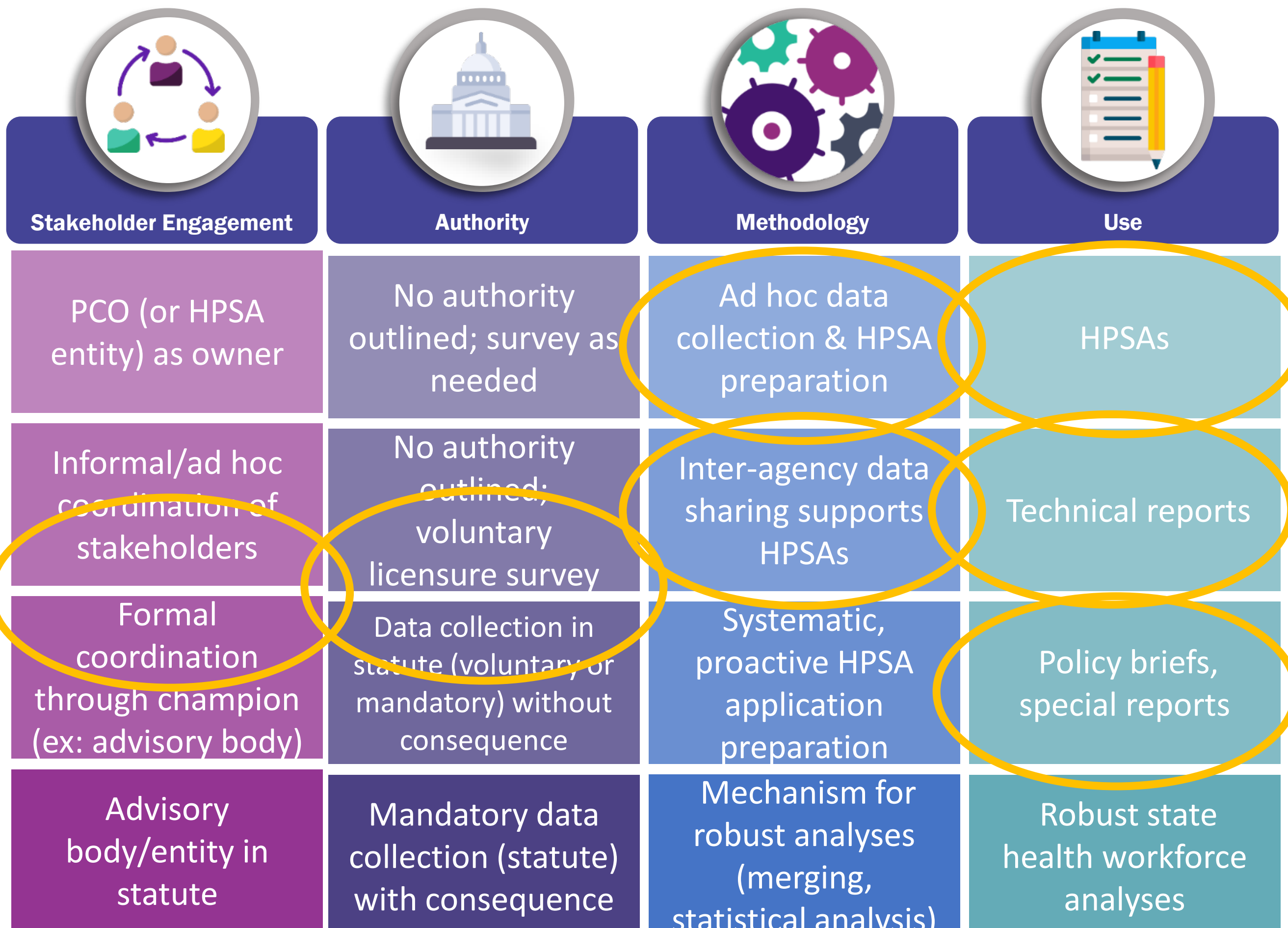
Value: Increase and incent the practice of collaborative practice dental hygiene to open up oral health access

Workforce Development

- **Dental therapy** (new profession) data to track counts, demographics, geographic availability, employment patterns. MN's DT data and expertise is a national resource for other states
- Quantifying distribution and numbers of foreign born and foreign trained physicians in MN to inform/support the passage of the **International Medical Graduate Assistance Program** into law
- Quantifying "leaks" from the mental health education pipeline, following **conversions of mental health graduates to licensed mental health providers**, comparing wage differentials between licensed and unlicensed mental health providers
- Support **HPSA designations** to attract workforce investments to increase access
- Efforts to streamline and **reduce the administrative burden** and excessive paperwork requirements for licensed substance use counselors

Value: Advance the state's workforce to ensure access to oral health, provider diversity, mental health and primary care investments

2020 New York



Lunch and Networking

Accomplishments

Barriers to Effective Care Coordination Subcommittee

Subcommittee Charge:

- Identify core competencies and care coordination functions carried out by licensed and non-licensed workers ad well as non-licensed family and friends
- Identify barriers that, if address, would support the achievement of DSRIP and SHIP goals and advance the progress of these transformative activities by:
    - Promoting patient-centered and team-based care
    - Maximizing practice efficiencies and enabling health care professionals to work at the top of their licenses
    - Helping increase and expand access to high quality health care, especially in underserved areas
- Identify ways to address such barriers

Barriers to Effective Care Coordination Subcommittee Members

- Finger Lakes Health System Agency (Common Ground Health) – Wade Norwood (Chair)
- New York State Education Department – Doug Lentivech (Co-Chair)
- 1199 SEIU United Healthcare Workers East – Helen Schaub
- City University of New York – Bill Ebenstein
- Community Health Workers Association of New York – Sergio Matos
- Cornell University – John August
- Greater New York Hospital Association – Tim Johnson
- Iroquois Healthcare Alliance – Gary Fitzgerald
- Healthcare Association of New York State – Robin Frank, Kathryn Gordon
- Maimonides Medical Center – Karen Nelson
- Monroe Community College – Anne Kress
- New York State Department of Health – Judith Mazza
- New York State Office of Mental Health – Nicole Haggerty, Melissa Harshbarger, Lloyde Sederer, M.D.

Care Coordination Curriculum Subcommittee

Subcommittee Charge

- Subcommittee #2 was charged with identifying and developing guidelines for care coordination competencies that can be recommended for inclusion in the educational criteria for licensed professionals
- The guidelines provide clarity and consistency across the continuum of licensed and non-licensed health care education programs
- The subcommittee also explored the idea of making care coordination competencies available to non-licensed individuals who serve as members of the health care team

Care Coordination Curriculum Subcommittee Members

- Adelphi University- Dr. Patrick Coonan (Chair)
- New York State Department of Health – Thomas Burke (Interim Chair)
- Albany College of Pharmacy & Health Sciences – Greg Dewey
- Albany College of Physicians – Lisa Noel
- City University of New York – Dr. William Ebenstein
- Medical Society of the State of New York – Lisa Harring
- Monroe Community College – Dr. Andrea Wade
- New York State Department of Health – Angella Timothy
- New York State Society of Physicians Assistants – Daniel Forsberg
- Northwell Health – Dierdre Duke
- University of Rochester School of Medicine – Dr. Mark Taubman

Recommended Competencies, Learning Goals and Objectives

- The subcommittee identified core care coordination competencies and knowledge in five domains:
  - Values and Ethics
  - Roles and Responsibilities
  - Effective Team-Based Communication
  - Teams and Teamwork
  - Fundamental Knowledge of Healthcare

- At least one learning goal was identified for each competency
- At least one learning objective was identified for each goal
- At least one recommended topic was identified for each learning objective

Implementation

- **Northwell Health** – Northwell includes much of the content/topics articulated in the CC Guidelines for health Professional Students in its own curriculum for training Community Health Workers, some of which are hired by Northwell and others by external partners such as Community Based Organizations. The curriculum also includes modules on Coordination of Care, Transitions of Care & Patient Centered Care.

- **Monroe Community College –** Using SUNY IITG grant funding, the curriculum was converted into an online resource/course that is intended to be an open resource as a stand-alone Massive Open Online Course (MOOC) or as content resource for other programs. A proposed Care Coordination certificate is going through campus curriculum approval and it is anticipated that SUNY/NYSED approval will be requested in the next couple of months.

Curricular Guidelines for Care Coordination Training

Subcommittee Charge

- Develop care coordination training guidelines for all workers who provide these services
  - Standardized guidelines assure a consistent base of knowledge on care coordination
  - Supports stackable credentials and career mobility

Committee membership

- Comprised of representatives of organizations engaged in the State's workforce development efforts around care coordination education and training
- Membership
  - Center for Health Workforce Studies; Jean Moore and Bridget Baker
  - JFK, Jr. Institute for Worker Education, City University of New York; Carrie Shockley and William Ebenstein
  - Fort Drum Regional Health Planning Organization; Tracy Leonard
  - New York Alliance for Careers in Healthcare; Shawna Trager
  - 1199SEIU/League Training & Upgrading Fund; Sandi Vito, Selena Pitt and Becky Hall

Committee Activities

- Collectively, the group
  - Shared and reviewed a wide array of care coordination training curricula, including:
    - CUNY Credited Course Sequence in Care Coordination and Health Coaching
    - New York Alliance for Careers in Healthcare Training
    - North Country Care Coordination Certificate Program
    - 1199SEIU Care Coordination Fundamentals
  - Found key concepts and themes on care coordination drawn from these curricula
  - Based on these themes, identified 9 modules that, in the group's opinion, best represent core content for care coordination training

Modular Content

- Includes recommended topics with learning objectives and links to open-source on-line resources (where available)
- Contains a bibliography of readings that cover a wide array of topics relevant to care coordination training
- Designed to serve as a resource for those engaged in planning and delivering care coordination training programs

9 Modules

- Module 1: Introduction to New Models of Care and Healthcare Trends
- Module 2: Interdisciplinary Teams
- Module 3: Person-Centeredness and Communication
- Module 4: Chronic Disease and Social Determinants of Health
- Module 5: Cultural Competence
- Module 6: Ethics and Professional Behavior
- Module 7: Quality Improvement
- Module 8: Community Orientation
- Module 9: Technology, Documentation and Confidentiality

Modular Content: A Starting Point

- Modules are designed to be adapted to account for factors such as
  - the education level and experience of trainees,
  - the needs of target population,
  - the setting, and
  - geography (i.e. rural/urban variation).
- Additional modules that are not included in the core curriculum could be added, based on identified need for additional training
- Components of the curriculum could also be integrated into the training of other health workers, for example, home health aides, medical assistants, and community health workers.

Full Report

- https://www.health.ny.gov/technology/innovation_plan_initiative/docs/core_curriculum_train_ccw.pdf

Health Care Data Subcommittee

Subcommittee Charge:

- Identify New York’s health workforce data needs
- Review current gaps in available health workforce data
- Recommend potential data collection strategies that can effectively address these needs

Subcommittee members:

- Jean Moore- Center for Health Workforce Studies
- Kate Breslin - Schuyler Center for Analysis & Advocacy
- Kathryn Gordon- The Healthcare Assoc of NYS
- Lacey Clarke - CHCANYS
- Tim Johnson- The Greater NY Hospital Assoc
- Carla Nelson- The Greater NY Hospital Assoc
- Cherlyn Fay - NYSDOH
- Angella Timothy - NYSDOH
- Tom Burke - NYSDOH
- Susan Mitnick - NYSDOH

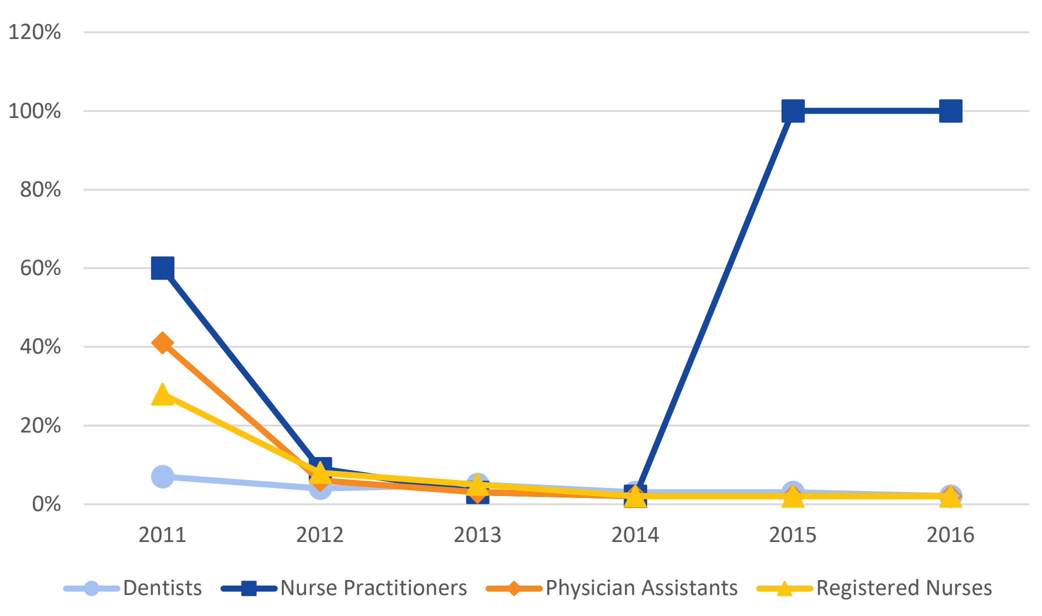
Background

- The Center for Health Workforce Studies (CHWS), in collaboration with the New York State Department of Health (DOH) and the New York State Education Department (SED), has been primarily responsible for health workforce supply data collection in New York
- Supply data has historically been collected through voluntary surveys at time of license renewal for:
  - physicians
  - nurse practitioners (NPs)
  - physician assistants (PAs)
  - midwives
  - registered nurses (RNs)
  - dentists
  - dental hygienists

Physician Re-registration Survey Response Rate, 1997-2014

Year	Response Rate
1997	20%
1998	52%
1999	60%
2000	49%
2001	55%
2002	69%
2003	84%
2004	83%
2005	84%
2006	83%
2007	73%
2008	64%
2009	54%
2010	24%
2011	7%
2012	5%
2013	5%
2014	3%

Re-registration Survey Response Rates for Dentists, NPs, PAs, and RNs, 2011 - 2016



Statutorily Mandated NP Re-Registration Survey

- Effective September 1 2015, NPs licensed in NY are required by law to provide information to the state at the time of relicensure
- DOH, SED and CHWS worked collaboratively on survey design and data collection
- CHWS compiled, analyzed data
  - Disseminated reports, briefs based on these data
- Developed a public use data base

Guiding Principles for Future Data Collection Strategies

- Build on existing reporting requirements for health professionals in the state
- Collect information based on federal Minimum Data System guidelines, specifically key demographic, educational, and practice characteristics
- Make survey completion mandatory
- As applicable, link surveys to the registration/reregistration process
- Use the most cost-effective, efficient strategies for data collection

Data Collection on Physicians

- Physician Profile – mandatory reporting system for the state's licensed physicians
- Made available to the public on the DOH website (http://www.nydoctorprofile.com)
- Asks many (but not all) of the questions needed for workforce planning
- Additional information needed:
  - Demographics
  - Training status
  - Work status at principal and secondary practice locations
  - Near term retirement plans

Data Collection on Physicians: Next Steps

Subcommittee Recommendation:

Introduce a statutory amendment to the law governing the Physician Profile Program (Public Health Law 2995a) to support the collection of data through the Profile that are needed for health workforce planning purposes

- workforce planning data will be considered confidential and will only be reported in aggregate

Data Collection for Other Health Professions

- With the exception of physicians and NPs, no other health professions are required to provide information to the state that can be used for health planning purposes
- There are approximately 44 health professions licensed by SED
- Basic information on these health professionals could inform workforce planning and program development

Other Health Professions: Next Steps

- Subcommittee Recommendation
  - Use the approach that worked for NPs
    - Mandatory survey at license renewal and updates at each subsequent renewal
    - Data considered confidential
    - De-identified public use data files
- Health Professions Data Bill
  - Introduced in 2018-19 legislative session – passed in Senate, but not Assembly
  - Reintroduced in 2019-20 legislative session

Primary Care and Behavioral Health Integration Subcommittee

Subcommittee charge:

- Identify barriers to the integration of physical and behavioral health services related to scope of practice, regulatory, or reimbursement limitations
- Identify need for the continuing education of the existing workforce to enable it to provide integrated care
- Identify core competencies and develop recommendations for training the behavioral health care workforce

Subcommittee members:

- New York State Office of Mental Health – Amy Jones-Renaud (Chair)
- Associated Medical Schools of New York – Jo Wiederhorn
- City University of New York – Bill Ebenstein
- Cornell University – John August
- Fort Drum Regional Health Planning Organization – Tracey Leonard
- Healthcare Association of New York State – Victoria Aufiero
- MVP Health Care – Margaret Leonard
- New York City Department of Health and Mental Hygiene – Myla Harrison
- New York State Association of Alcohol and Substance Abuse Providers – John Coppola
- New York State Department of Health – Margaret Adeigbo, Priti Irani, Angella Timothy, Lisa Ullman, Eric Zasada
- New York State Office of Alcoholism and Substance Abuse Services – Julia Fesko
- New York State Office of Mental Health- Johney Barnes, Danielle Chapman, Crystal Scalesci, Lloyd Sederer, M.D.
- New York State Office for People with Developmental Disabilities – Virginia Scott-Adams, Dianne W. Henk
- St. Joseph's Treatment and Recovery Center – Katie Kirkpatrick
- United Hospital Fund – Greg Burke

Achievements in Behavioral Health

- Convened workgroup on workforce challenges for BH Integration
  - Reviewed roles and tasks performed in integrated setting, and identified workforce barriers to integration
  - Made recommendations to SIM/DSRIP Workforce Workgroup

- Conducted a webinar series for PTTAs to provide guidance on working with sites to integrate BH in PCMH
  - Topics included: Assessment, Screening, Depression treatment in Primary Care, Medication Adherence, Workflows, Sustainability/VBP
    - Recordings available as resource

- Provided best practices and resources to primary care based on experience with the Collaborative Care Medicaid Program

Future Directions for Behavioral Health

- Continue to promote the integration of physical and behavioral health
  - Encourage the adoption of evidence-based best practices
- Provide resources and support to providers looking to integrate
- Share knowledge on adoption of BH in primary care and using measurement to drive accountability and fidelity
- Encourage measurement-based care for BH
- Evaluate potential cost-savings and factors that impact successful implementation

Workforce Compendium Subcommittee

- **Chair:** Melissa Wendland

- **Members:** Steven Brooks, Stacey Farber, Daniel Liss, Marc-Andre Massena, Susan Mitnick, Carla Nelson, Chelsea Sack, Katherine Stanton, Scott Rader

- **Goal:** To develop standards and processes for the creation of a Workforce “Best Practices” Compendium

Workforce Compendium Subcommittee

Achievements

- Developed processes and templates
- Compendium website went live on 10/30/2019
- Sent request for first round of submissions 10/31/2019
- 5 submissions received and currently under review for inclusion
- Targeting March 1, 2020 for first release of compendium entries
- Compendium will continue to grow after SIM/DSRIP

Rural Residency Program

Goals:

- Address primary care shortages in rural areas through rural residency training and physician retention strategies
- Support development of accredited rural-based GME programs to help alleviate primary care workforce shortages and prepare physicians to deliver quality services in a networked, team-based, value-driven primary care model

Achievements to Date

- Three of the five participating programs have received ACGME certification and have residents in training:
  - Arnot Ogden Medical Center
  - Champlain Valley Physicians Hospital
  - Cayuga Medical Center
- Working towards accreditation:
  - Samaritan Medical Center
  - Mary Imogene Bassett Hospital
- When fully implemented 60 additional residents will be trained in a rural program

Related Innovations

- Mary Imogene Basset plans to merge their 1-year Family Medicine Nurse Practitioner training program training with the Family Medicine residency.

- UPMC Chautauqua is developing a Family Medicine Residency Program. First class anticipated for July 2021.

Workforce Workgroup Next Steps

Potential Future Focus Topics

1. Interagency Coordination
2. Barriers to Care: Scope of Practice/Regulation
3. Primary Care Health Integration-Behavioral and Dental Health
4. Best Practices/Compendium
5. Data Collection
6. Technological Innovation/Integration
7. Career Ladder Issues

Adjournment

NEW
YORK
STATE
Department
of Health