



**Department  
of Health**

**Medicaid  
Redesign Team**

# **DSRIP Workforce Workshop**

**February 27<sup>th</sup>, 2015**

**Albany, NY**

# NEWS HEADLINE: Healthcare reform bearing down on New York State results in DSRIP affecting Medicaid recipients, impacting Workforce

## Healthcare Trends/Disruptors

Unprecedented transformation due to economic, demographic, technological and regulatory changes

Transition from pay-for-volume to pay-for-value and utilization-based reimbursement will continue to drive fundamental business model evolution

Providers are working to provide better care for more people, while balancing quality, cost, and access successfully

The emergence of technology innovations and business models that parallel the evolution of accountable care

## DSRIP Impact on Workforce

Reduction of 25% **Medicaid hospital admissions**  
Greater **coordinated** care and **integration** of systems

Shifting of care and services from emergency room settings to **ambulatory and clinic settings**

**Increased staffing** among key positions, including care managers, case managers, social workers, and patient navigators

**New skills** for the workforce in working with decision aids, telehealth and other self-care technologies; and real-time information about patient experience



## What we have in store for you today...

Share learnings and provide feedback on the collective workforce application

Explain key requirements of the implementation plan and provide recommendations to address the requirements

A PPS panel from across the state to share learnings, including workforce challenges and opportunities

Labor representatives will share best practices on training and workforce development strategies

# Today's Agenda

Agenda	Presenter/Participant	Time
<b>Workforce: Broad Impacts and Considerations</b>		
Opening	<ul style="list-style-type: none"> <li>• Sig Shirodkar</li> </ul>	11:30AM – 11:45AM
The Workforce Challenges: Identifying, Designing, and Implementing Change	<ul style="list-style-type: none"> <li>• Dave Steinman</li> </ul>	
<b>Workforce Implementation Plan Overview</b>	<ul style="list-style-type: none"> <li>• Steve Bucaro</li> <li>• David Gottesman</li> </ul>	11:45AM – 12:10PM
<b><i>Lunch</i></b>		<b>12:10PM – 12:35PM</b>
<b>PPS Panel: Workforce Discussion</b>	<ul style="list-style-type: none"> <li>• June Keenan (Westchester Medical Center)</li> <li>• Kari Burke (CNY Care Collaborative)</li> <li>• Selena Griffin-Mahon (Bronx Lebanon Hospital Center)</li> <li>• Tracy Leonard (North Country Initiative)</li> </ul>	12:40PM – 1:20PM
<b>Labor Management Collaborative Strategies</b>	<ul style="list-style-type: none"> <li>• Jenny Tsang-Quinn, MD</li> <li>• Helen Schaub</li> <li>• Selena Pitt</li> <li>• Rosa Mejias</li> </ul>	1:20PM – 2:00PM

## What we are hearing from you on your Workforce challenges?

How do I go about collecting the necessary workforce data from my member organizations to report up to the DOH?

How do I mitigate the anticipated shortages in talent within my region for specific jobs?

How do I get visibility into a surplus of talent in a different region or PPS that I may want to tap into?

How can I meet the training needs of my workforce (i.e., curricula, templates, tools, approaches, best practices)?

Are there standard job profiles for jobs likely to be impacted or created by DSRIP? Who would be responsible to create or provide these?



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# **The Workforce Challenges: Identifying, Designing, and Implementing Change**

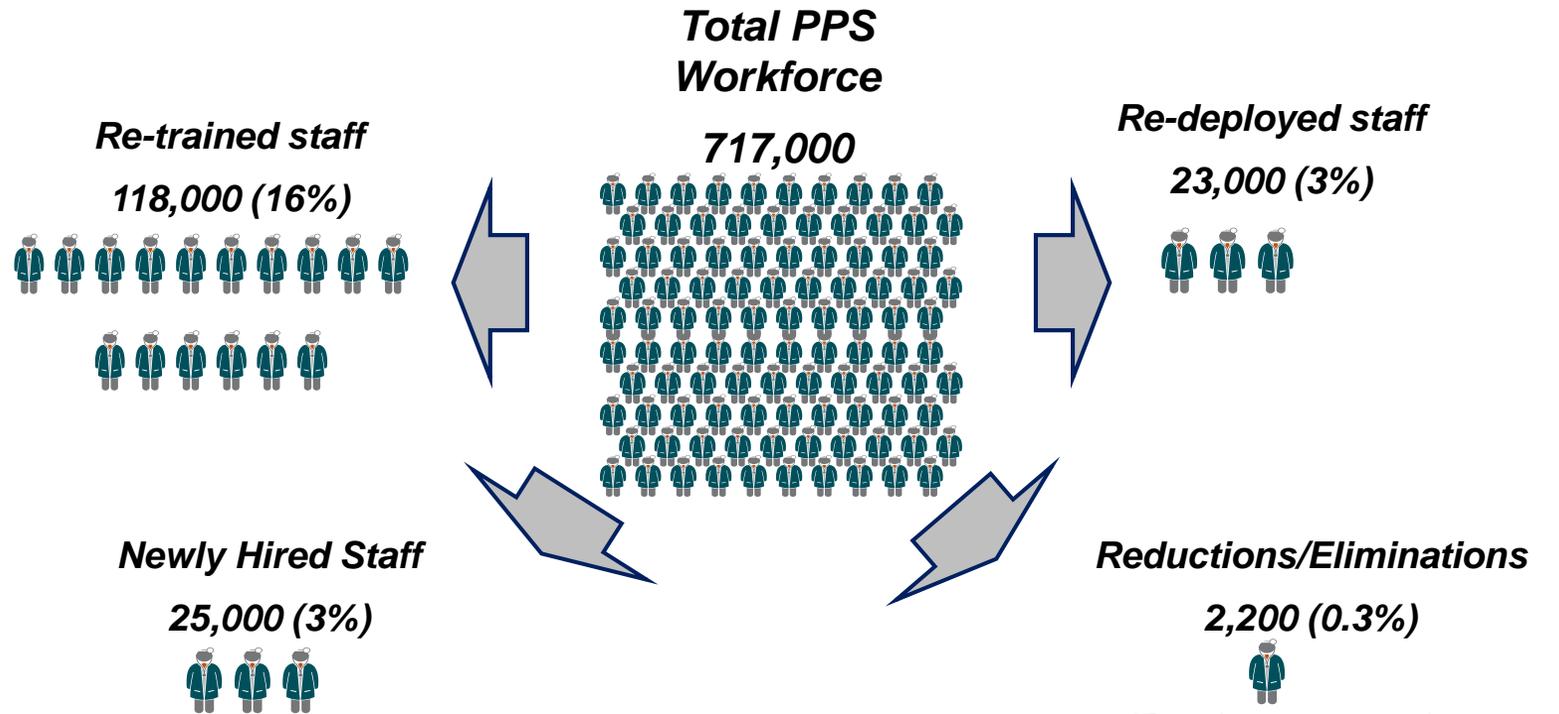
**Dave Steinman**

February 2015

# Workforce: The Challenges

## PPS Applications: Sunny Side Up

- For the 25 PPSs, as described in their approved applications, workforce transformation is one of the key building blocks in each of the DSRIP strategies
- The 25 PPSs have identified a combined workforce of over 717,000 statewide



Based on the application submissions, the 25 PPSs in total estimated that statewide workforce impacts will include:

# Workforce: The Challenges

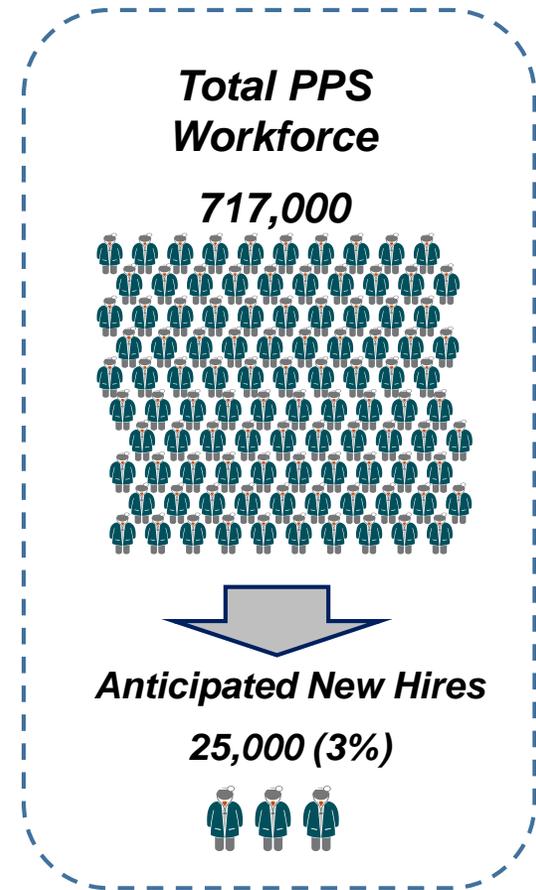
## PPS Applications: New Hires

- All 25 PPSs identified the need to add new hires, totaling 25,000 FTEs
- Range: 30 - 7,000

### Key questions regarding new hire estimates/requirements:

1. What differences in assumptions are driving this very large range?
2. Do these numbers include any retrained or redeployed staff?
3. Have these numbers been “logic tested” for availability/affordability?
4. Do these numbers anticipate opportunities to “co-employ” with other regional PPSs?
5. Have opportunities for contracting with partners and/or vendors been considered as cost-effective alternatives to new hiring?

- *If a PPS is not far along towards operating like an integrated delivery system, they might be underestimating the number of new hires needed*
- *Conversely, if a PPS is far along towards operating like an integrated delivery system, they might be overestimating the number of new hires needed*



# Workforce: The Challenges

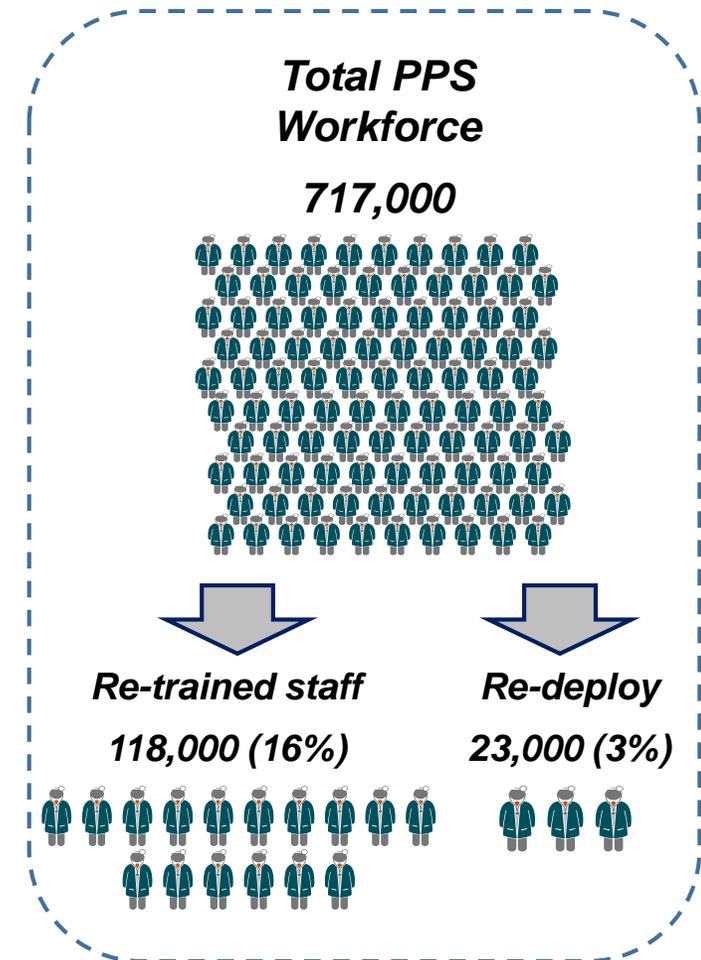
## PPS Applications: Retraining and Redeployment

- 20 PPSs identified the need to retrain and/or redeploy staff
- Range: 15 – 21,000 (retraining) and 19 – 9,000 (redeployment)

### Key questions regarding retraining/redeployment estimates/requirements:

1. What assumptions drove 5 of 25 PPSs to conclude there were no needs to retrain or redeploy any staff (at least 2 of the 5 estimated at least some staff reductions)?
2. What assumptions drove some PPSs to conclude that retraining and redeployment was a relatively minor issue (impacting less than 1% of its current workforce) while others concluded it was a major issue (impacting almost 50% of its workforce)?
3. How were the following issues accounted for in developing retraining and redeployment estimates:
  1. Licensing
  2. Timing of phasing in / phase out of specific roles/functions
  3. Union status of initial positions vs. target positions

- *Many PPSs may have underestimated the magnitude of the retraining & redeployment needs required in achieving DSRIP program goals*



# Workforce: Project Impact on Jobs

## Example: Project 2.a.i: Creating an IDS

### Jobs Reduced/Eliminated in PPS Networks

**Clinical:**

Ancillary Service Technicians	Emergency Physicians
Registered Nurses	Medical Assistants
Hospitalists	Pharmacy Techs

**Support:**

Unit Clerks	Billing
Receptionists	Transportation
Nutrition	Security

**Other:**

Utilization Review	Middle Management
Discharge Planning	

### Jobs Created in PPS Networks

**Clinical:**

Primary Care Physicians	Behavioral Health Professionals
Nurse Practitioners	Medical Assistants

**Support:**

Patient Navigators	Case and Care Managers
Receptionists/Phone Operators	Billing/Back Office Personnel
Office Managers	IT Support

- Jobs impacted most will primarily be hospital-based, while the ones to be created are office or clinic-based

## Workforce: Job Reductions

### PPS Applications: Resistance to Facing/Stating Program Impact

	Estimated New Hires	Estimated Retraining	Estimated Redeployment	Estimated Position Reductions
Number of PPSs who estimated this figure on DSRIP Application	25	18	16	5
Range of stated figures across applications	30 - 7,125	15 – 21,120	19 – 9,000	<b>30 – 1,760</b>

- *20 PPSs identified either Minimal or No Reductions in Positions as a result of DSRIP*

# Workforce: The Job Reductions Challenge

## Jobs will be eliminated

Planning (to be useful) must directly embrace that concept, develop estimates of position reduction and projected timing, and be honest and pragmatic about how the impact of those reductions can be mitigated.

## Job reductions will almost all be in hospital positions

Conversely, job creation(s) will largely take place in non-hospital environments, which are not likely to be unionized currently, and they may well resist the creation of new union jobs.

## Timing will exacerbate the challenge

With regard to retraining and redeployment, new positions will need to be created and functioning successfully, in order to create the environment for position reductions. So, in many cases, staff in positions to be reduced will not be available at the times needed to fill new positions,

## Job elimination for licensed individuals

Potentially, this will be more disruptive than for others, in that licensed individuals will seek opportunities which allow them to fully utilize their license(s) and training, naturally. DSRIP will often not provide/create those opportunities.

## Workforce: Next Steps

### *Key Activities*

1. Develop approach to PPS level Workforce governance (policy development) and management (policy execution).
2. Identify and engage professional assistance in addressing the DSRIP Workforce Challenge.
3. Revisit, on a project by project basis, the likely impact on position reduction of each selected project plan, include scale and speed, to develop a realistic profile of the nature and timing of those positions to be created, and those to be eliminated, in achieving DSRIP program goals.
4. Perform an analysis of skills for jobs to be reduced/eliminated as compared to skills required for positions to be created/new hires.
5. Develop and execute a broad based program of communicating with the PPS partners, employees, unions, and the public regarding Workforce issues.



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# **Workforce Implementation Plan Overview**

**Steve Bucaro**

**David Gottesman**

February 2015

## Workforce Implementation Plan Components

### Milestones

1. Define **target workforce state** (in line with DSRIP program's goals)
2. Create a **workforce transition roadmap** for achieving your defined target workforce state.
3. Perform **detailed gap analysis** between current state assessment of workforce and projected future state
4. Produce a **compensation and benefit analysis**, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.
5. Develop **training strategy**

### Free Response Questions

1. Major Risks to Implementation & Risk Mitigation Strategies
2. Major Dependencies on Other Workstreams
3. Roles and Responsibilities
4. Key Stakeholders
5. IT Expectations
6. Progress Reporting

***Workforce Impact Measures are NOT required in your Implementation Plan***

# Define Target Workforce State

**Milestone #1**

## What It Means & Why It's Important

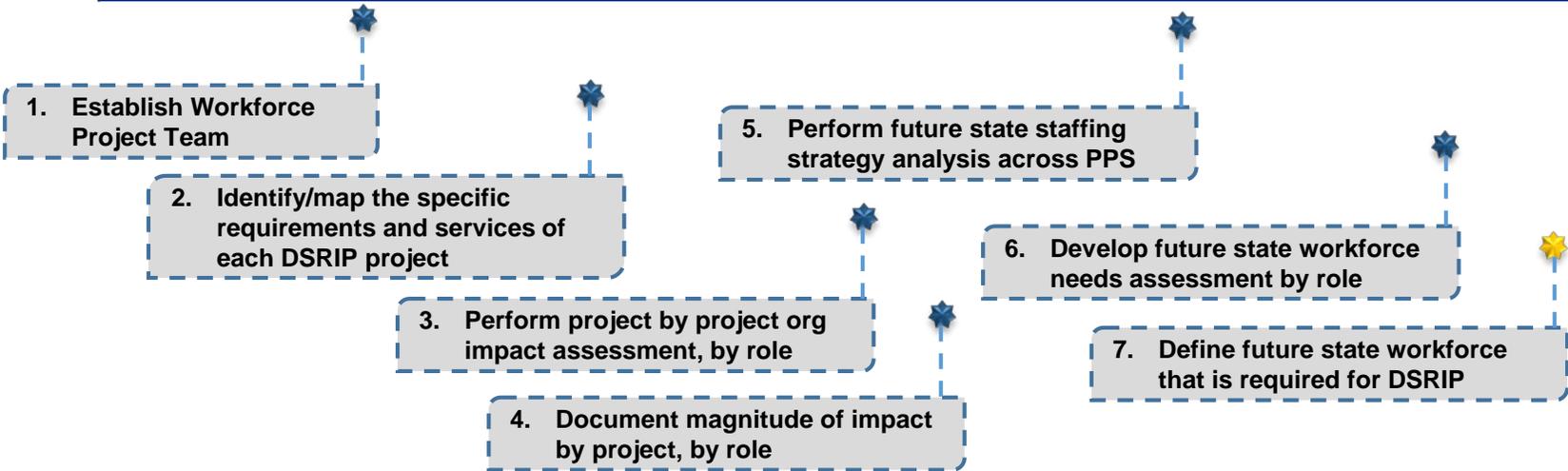
- A target workforce state defines what the makeup of the PPS will look like, by position and geography, once DSRIP projects have been implemented
- Understanding DSRIP project workforce needs is a critical first step to transforming the workforce in a way that allows DSRIP projects to succeed

## Key Considerations

- Is there a function/service that supports the future state need today?
- What are the resources and skill needed to support DSRIP projects?
- What resources are required to maintain current functions?
- What are available mechanisms for data collection and analysis?

## What You'll Need

- **Stakeholders:** WF Committee, WF Project Team, Project Leads, HR, Training Leads
- **Key Data Needs:** Staffing models needed to support DSRIP projects, current headcounts, organizational structures, labor market information, HR Policies, Procedures, Metrics



# Create a Workforce Transition Roadmap

## Milestone #2

### What It Means & Why It's Important

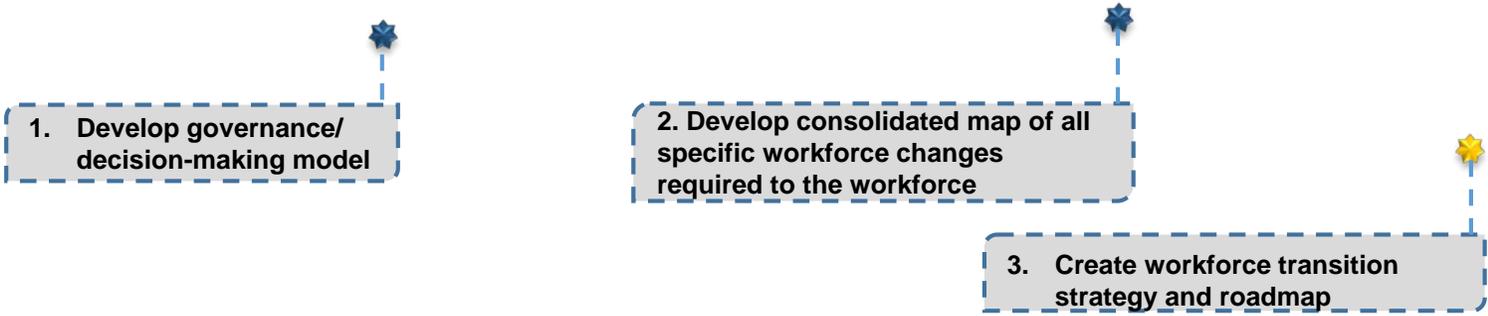
- A workforce transition roadmap lays out the plan and steps PPSs will take to transform its workforce in order to meet DSRIP project needs
- A workforce transition roadmap illuminates the “how” “when” and “to where” with regard to shifting the workforce to meet DSRIP project needs

### Key Considerations

- Will the transformation affect the contracts with existing vendor services?
- Does the transition align with speed and scale of project implementation?
- What level of redeployment/retraining/hiring will be involved?
- How will existing policies at PPSs members impact the transition strategy?
- What are likely sources and destinations of redeployed staff?

### What You'll Need

- **Stakeholders:** WF Committee, WF Project Team, Project Leads, HR
- **Key Data Needs:** Staffing models needed to support DSRIP projects, Current recruitment expenses/capacity, organizational structures, labor market information, HR Policies, Procedures, Metrics, job descriptions of new positions, including qualifications, wages and benefits



# Perform Detailed Gap Analysis

## Milestone #3

### What It Means & Why It's Important

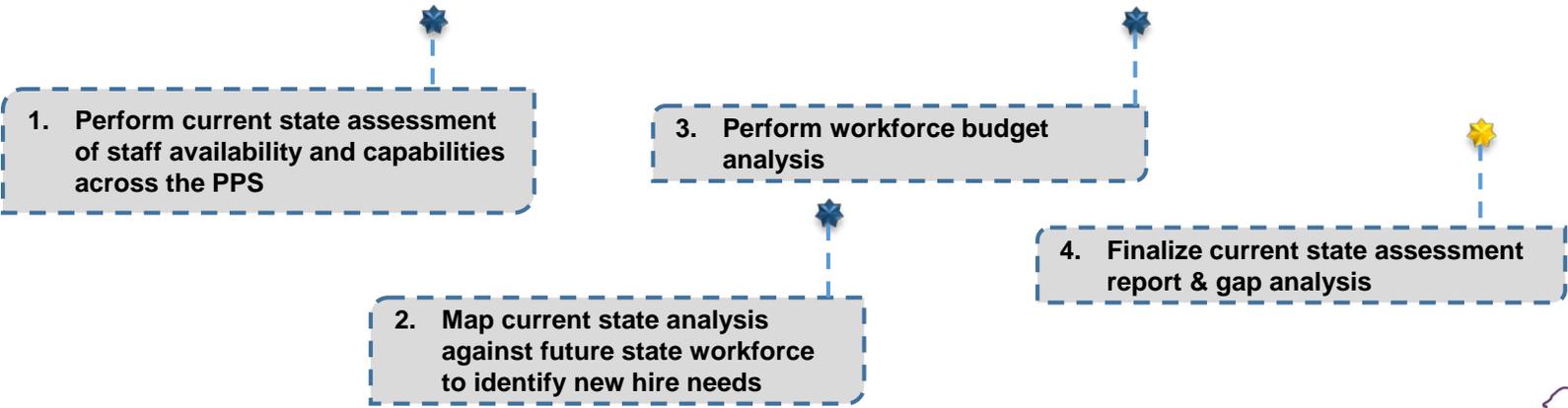
- A detailed gap analysis indicates to what extent redeployment, retraining, and hiring will be used to transition the workforce in a way that meets DSRIP project needs
- A gap analysis is a critical input to the workforce transition roadmap

### Key Considerations

- For future state workforce needs, what amount of training will be needed?
- Will HR policies across PPS members impact particular gap strategies?
- What existing positions are good candidates of retraining or redeployment?
- What roles will be need to hire to fill workforce gaps? Are there shortages?
- How much will it cost to execute the gap strategy?

### What You'll Need

- **Stakeholders:** WF Committee, WF Project Team, Project Leads, HR, Training Leads
- **Key Data Needs:** Labor market information, HR Policies, Procedures, Metrics, Job descriptions, Average cost per person to retrain, redeploy, and recruit/hire, Turnover % of PPS



# Produce Compensation and Benefit Analysis

## Milestone #4

### What It Means & Why It's Important

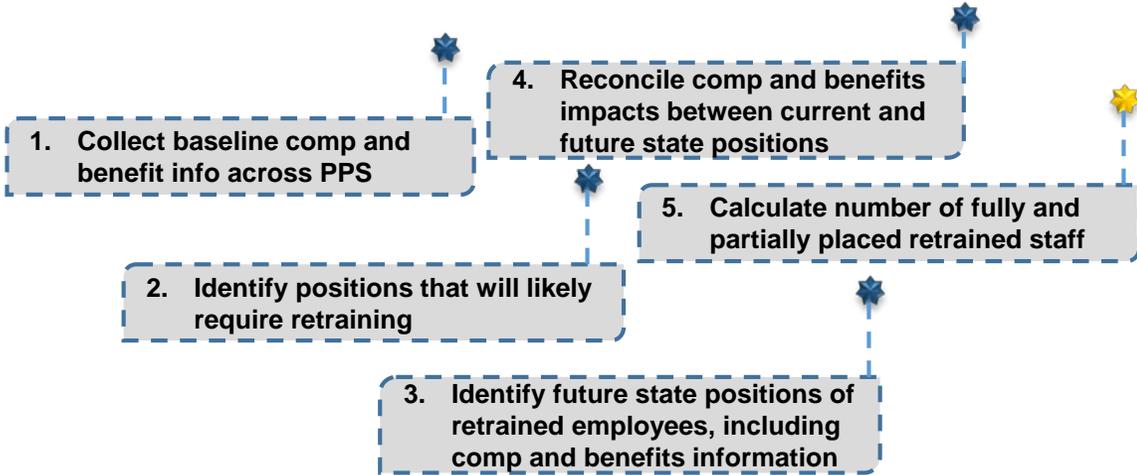
- A compensation and benefit analysis provides a detailed and accurate understanding of the impacts to redeployed or retrained staff
- This analysis provides clarity around specific impacts to redeployed or retrained staff who receive full or partial placements

### Key Considerations

- Are there any changes in salary or benefits as a result of the deployment?
- Have the HR policies of all members of the PPS been taken into account?
- Will geography impact salaries and benefits of redeployed staff?
- Will special consideration be provided to partially placed staff?
- Will support be provided to staff redeploying to lower paying positions?

### What You'll Need

- **Stakeholders:** WF Committee, WF Project Team, Project Leads, HR
- **Key Data Needs:** Staffing models needed to support DSRIP projects, current headcounts, organizational structures, HR Policies, Procedures, Metrics, Job descriptions of new positions, including qualifications, wages and benefits



# Develop Training Strategy

## Milestone #5

### What It Means & Why It's Important

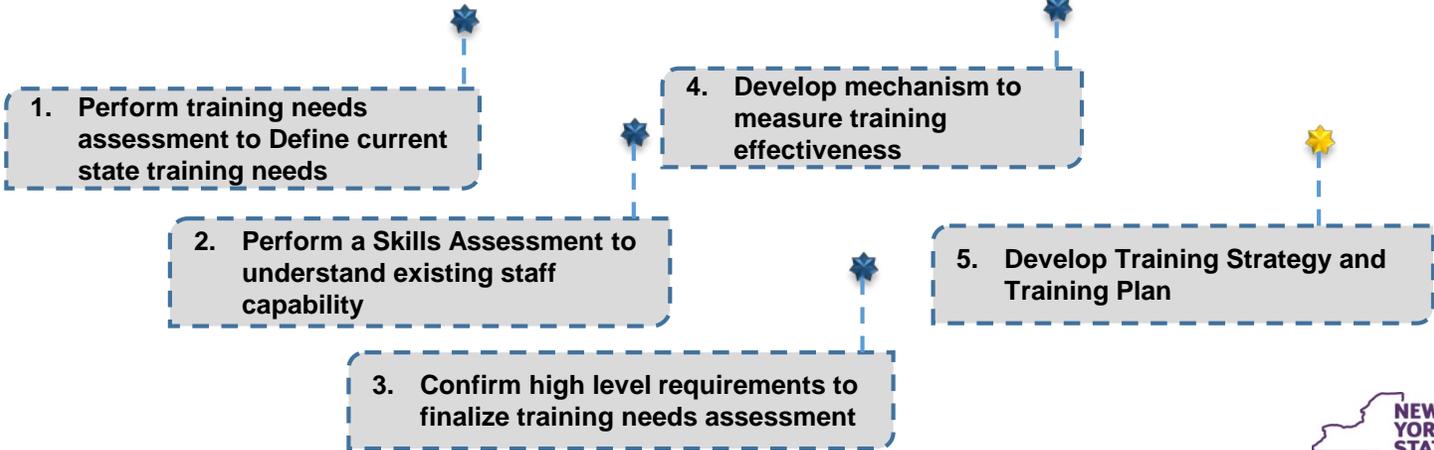
- A training needs assessment defines the approach, timeline, deliverables, roles and responsibilities, and other components of the training program
- The Strategy and Plan will lay out how and when impacted staff will receive necessary training, as well as other high level training objectives

### Key Considerations

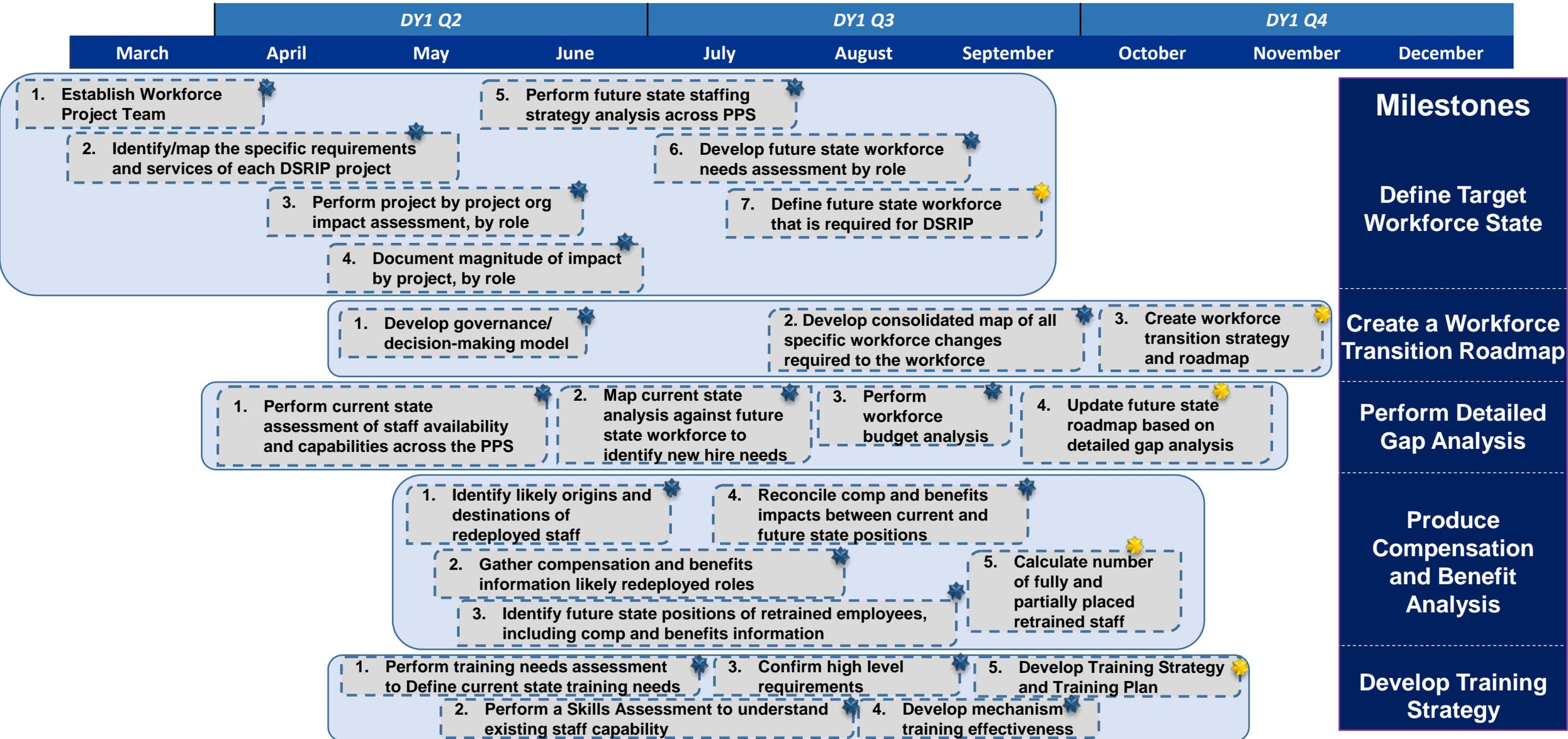
- What amount of training will be needed (and for whom)?
- Will the needed training be significant (new certifications/licenses), medium (new processes, new skills) or minor (new steps/activities to existing work)?
- Does PPS currently have needed training programs in place today?
- What technology will be needed to support training (e.g. LMS)?

### What You'll Need

- **Stakeholders:** WF Committee, WF Project Team, Project Leads, HR, Training Leads
- **Key Data Needs:** Number of people need retraining by level/role, Training/certifications required by level/role/department, Types of technology or infrastructure necessary to orchestrate training sessions



# Activities Timeline (timing will vary by PPS)



- Milestones**
- Define Target Workforce State
- Create a Workforce Transition Roadmap
- Perform Detailed Gap Analysis
- Produce Compensation and Benefit Analysis
- Develop Training Strategy

# Suggested Tools To Help Reach Milestones

Suggested Tools

<b>Workforce Impact Assessment</b>	Identifies and documents level of workforce impact by project and by role
<b>Future State Staffing Strategy</b>	Provides a holistic view of the areas within the PPS, identifying resource needs to support DSRIP projects
<b>Future State Workforce Needs</b>	Captures detailed information on future state roles needed by project, including staffing assumptions and job descriptions/qualifications
<b>Redeployment Needs Assessment</b>	Identifies employees to be redeployed to meet project needs, including those at risk of layoff
<b>Compensation and Benefit Analysis</b>	Identifies compensation and benefit impacts resulting from redeployment and retraining
<b>Training Needs Assessment</b>	Provides the diagnostic framework to determine how a capability gap, technical and behavioral, can be addressed through a learning and development approach
<b>Skills Assessment</b>	Assesses and documents the gap between the skills required in the future state and the skills currently existing within the PPS, with a focus on job descriptions/ qualifications
<b>Budget Assessment Template</b>	Lays out the criteria needed to formulate the high level budget to support the execution of the Workforce Strategy
<b>Stakeholder Assessment</b>	Identifies the project's key stakeholders and evaluates their current commitment and the level of commitment required from them for projects to succeed
<b>Communications Strategy/Plan</b>	Provides approach and logistics to be used for the development and execution of all communication activity, including delivering key messages to stakeholders

Value Add



# Suggested Tools To Help Reach Milestones

## Workforce Impact Assessment

Tool	Description	Benefit	Key Information Needs
<b>Workforce Impact Assessment</b>	The Workforce Impact Assessment is a tool to identify and document the level of workforce impact as a result of each DSRIP project.	This tool will enable the PPS to identify and focus on the roles of the workforce that are most impacted by each DSRIP project and to what extent (e.g. High, Medium, Low), as well as the levers (train, redeploy, hire) to address these impacts.	<ul style="list-style-type: none"> <li>• DSRIP project impacts and requirements</li> <li>• Organizational impact to current state (e.g. is a service being created, replaced, etc.)</li> <li>• Level of impact to healthcare roles</li> <li>• Likely strategy to address gap between current state and future state (e.g. retrain, redeploy, hire)</li> </ul>

Project	Project #	Will Services Be: Created (N) Replaced (R), Consolidated (C) Optimized (O)	High Level Workforce Impact (High, Medium, Low)	Specific Roles Affected and to what degree (H, M, L, NA) and Retrain, Redeploy, Hire															
				Administrative				Physician				Mental Health Provider				Case Manager			
				Impact	Train	Redeploy	Hire	Impact	Train	Redeploy	Hire	Impact	Train	Redeploy	Hire	Impact	Train	Redeploy	Hire
Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health	2.a.1	N	H	L		X		M	X			H	X		X	H			X



# Suggested Tools To Help Reach Milestones

## Future State Staffing Strategy

Tool	Description	Benefit	Key Information Needs
<b>Future State Staffing Strategy</b>	The Future State Staffing Strategy tool breaks down the resource need to a PPS Member level by project, and provides a holistic view of the areas within the PPS that will need more, less, or different resources to support the DSRIP projects.	This tool can be used to identify which resources will be impacted by DSRIP projects, and how many to redeploy, retrain, and hire. This information can later be used to drive the budget strategy.	<ul style="list-style-type: none"> <li>• DSRIP project impacts and requirements</li> <li>• Key business drivers of change</li> <li>• PPS members impacted by project</li> <li>• Future state workforce project needs (e.g. additions/subtractions by role, new roles)</li> </ul>

STEP 1: Determine Future State Need (Increases and Decreases to Workforce)														
Projects	Describe Business Driver of Change (will services be created, replaced, consolidated, or optimized)	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7	Member #8	Member #9	Member #10	SubTotal Needed	Subtotal Displaced	Total Impact by Role and Project
<b>Project 1</b>	<b>Decrease patient visits in Member 1 by 50%; Increase visits by 50% and complexity of services offered in Members 3 and 4</b>													
	Administrative	-5	2	0	3							5	-5	0
	Physician	-10	4	0	0							4	-10	-6
	Mental Health Provider	0	0	6	0							6	0	6



**Thank You**



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**Lunch Break**



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# PPS Panel: Workforce Discussion

February 2015

## Objectives and Format

### Objective

- PPSs will learn from their peers around common workforce challenges, what PPSs are doing related to implementation planning

### Format

- The moderator will pose workforce questions to panelists
- Should time permit, audience members will also be able to pose question to panelists

## Panelists

Selena Griffin-Mahon



Bronx-Lebanon Hospital Center  
Health Care System

Kari Burke



CNY CARE COLLABORATIVE

Tracy Leonard



NORTH COUNTRY  
INITIATIVE

June Keenan



Westchester  
MEDICAL CENTER

**Thank You**



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# Labor Management Collaborative Strategies

**Helen Schaub**

Vice President  
New York State Director of Policy and Legislation  
1199SEIU United Healthcare Workers East

**Selena Pitt**

Assistant Director Workplace Skills  
DSRIP Project Manager  
1199SEIU Training and Employment Funds

**Jenny Tsang-Quinn, MD**

Associate Vice President for Primary Care Services  
Chief of Network Development  
Maimonides Medical Center

**Rosa Mejias**

Director  
Job Security Fund and Employment Center  
1199SEIU Training and Employment Funds



Maimonides  
Medical Center



## Maimonides Case Study

### Brooklyn Health Home and CMMI Innovation Project

#### Key Similarities to DSRIP

**Multiple Partners** – including Primary Care practices and CBOs.

**Staffing Patterns** – focus on integrated care requiring care coordination, Primary Care, behavioral health providers, care managers, navigators, and outreach/patient engagement.

**New model of care delivery** – emphasizes HIT, integrated care, care coordination and inter-disciplinary teams.

**Workforce Planning** - iterative process that strongly engages clinical leaders, operational leaders, and patient care managers

- Collaborative process of curriculum development
- Workforce committee made up of care managers, care manager supervisors, administrators, labor and other frontline workers
- Developed list of competencies needed with TEF facilitating
- TEF designed training schema

# Maimonides Case Study

## Training Schemas

Care  
Coordination  
Fundamentals

Care Manager  
Trainer

Care Navigator  
Training

Outreach  
Workers

Interdisciplinary  
Care Team  
Training

# Maimonides Case Study

## Care Coordination Fundamentals

Care  
Coordination  
Fundamentals

Care Manager  
Trainer

Care Navigator  
Training

Outreach  
Workers

Interdisciplinary  
Care Team  
Training

### Care Coordination Fundamentals

- Leveraged HCRA funding.
- Customized for introduction to the project itself; included are goals of the project, care management vision, structure and health care reform context.
- Everyone required to receive this training. Some modules possibly waived for more experienced patient care coordinators (i.e. chronic disease basics)- cultural competency included.

# Maimonides Case Study

## Care Manager Trainer

Care  
Coordination  
Fundamentals

Care Manager  
Trainer

Care Navigator  
Training

Outreach  
Workers

Interdisciplinary  
Care Team  
Training

### Care Manager Trainer

- Care Managers were sometimes new to the role or in other cases steeped in behavioral health but not chronic diseases.
- Care management for the non-clinical provider - diving into Chronic Diseases with a focus on co-morbidity and patient self-management, Mental Health, Motivational Interviewing and developing a care plan.

# Maimonides Case Study

## Care Navigator Training

Care  
Coordination  
Fundamentals

Care Manager  
Trainer

Care Navigator  
Training

Outreach  
Workers

Interdisciplinary  
Care Team  
Training

### Care Navigator Training

- Understanding the specific EHR system, navigating third party payer systems; community resources, etc.
- Providing support to the patient and care management staff.

# Maimonides Case Study

## Outreach Workers



**Outreach Workers**

- Roles and responsibilities, specifics of gaining consent, enrollment.
- Safety in the streets and in the homes.

**Very similar to Community Health Workers**

# Maimonides Case Study

## Interdisciplinary Care Team Training

Care Coordination Fundamentals

Care Manager Trainer

Care Navigator Training

Outreach Workers

Interdisciplinary Care Team Training

### Interdisciplinary Care Team Training

- Care managers, doctors, navigators and outreach workers were trained on how to use the dashboard; a custom design HIT platform for the virtual care coordination optimized to share information, develop and implement care plans.
- Emphasizes cross-sector team collaboration based on the model of care.



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# Q&A

February 2015



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# **Workforce Development Strategies for DSRIP**

February 2015

## DSRIP: Focus on Quality Care; Quality Jobs

### *Impact on healthcare industry and employees*

- Qualified employees in acute, long term and new ambulatory settings.
- Shared goals: improved health outcomes, positive economic impact on healthcare workers, strong and healthy communities.
- Recognize the importance of keeping experienced healthcare workers who may be displaced by DSRIP within the healthcare industry.
- Creating opportunities for community members in healthcare.
- Skills and people to meet clinical needs.

## Four Key Factors

**Nature of the Work**

**Workforce Trends**

**Educational/Qualification Alignment**

**Cultural Change Management**

**COLLABORATION TO ACHIEVE CHANGE IS KEY**



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## Four Key Factors Nature of the Work

### Nature of the Work

- Balancing caseloads and acuity among the appropriate professionals:
  1. What does a realistic staffing pattern look like?
  2. How will attributed lives be served and by whom?
  3. Which professionals are best suited to serve which populations (consider co-morbidities)?

### Workforce Trends

- Availability of qualified workers (NP, Certified Asthma Educators for example)
- Availability of jobs within the model/network

### Educational/Qualification Alignment

- Aligning education programs with practice
- TEF's role working with Higher Ed

### Cultural Change Management

- **Process of culture change**
  1. Necessary understanding of the model by everyone in the PPS to ensure a successful system change.
  2. Frontline supervisors and frontline workers need to understand the model and provide meaningful input.
  3. Culture change – labor/management collaboration to foster change.

# Four Key Factors Workforce Trends

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## Workforce Availability Considerations

### Availability of qualified workers –

- Nurse Practitioner – 500 to 600 graduates per year
- Certified Asthma Educators – Less than 400 in NYS

### What roles and jobs need to be filled quickly?

- Who can perform the functions?
- Can training prepare people to do jobs?

***What does everyone need to know?***

***Who will be at-risk later in the project?***

## Four Key Factors

### Educational/Qualification Alignment

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  3. Which professionals are best suited to serve which populations (consider co-morbidities)?

#### Workforce Trends

- Availability of qualified workers (NP, Certified Asthma Educators for example)
- Availability of jobs within the model/network

#### Educational/Qualification Alignment

- Aligning education programs with practice
- TEF's role working with Higher Ed

#### Cultural Change Management

- **Process of culture change**
  1. Necessary understanding of the model by everyone in the PPS to ensure a successful system change.
  2. Frontline supervisors and frontline workers need to understand the model and provide meaningful input.
  3. Culture change – labor/management collaboration to foster change.

# Four Key Factors

## Cultural Change Management

### Nature of the Work

- Balancing caseloads and acuity among the appropriate professionals:
  1. What does a realistic staffing pattern look like?
  2. How will attributed lives be served and by whom?
  3. Which professionals are best suited to serve which populations (consider co-morbidities)?

### Workforce Trends

- Availability of qualified workers (NP, Certified Asthma Educators for example)
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### Educational/Qualification Alignment

- Aligning education programs with practice
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### Cultural Change Management

- **Process of culture change**
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## Sample Workforce Development Strategies

**i.** Adding modules to explain PPS model/vision of care to core training; i.e. care coordination or cultural competency.

**ii.** Working with higher education to develop or realign new programs.

**iii.** Creating talent pools and pipeline programs – career pathways, diversity, cohort models and adult learner strategies – i.e. NP cohort.

**iv.** Overcoming literacy and math obstacles.

**v.** Culture change – Supporting leaders for quality care with an emphasis on those providing the care coordination services – LMP facilitation services/ worker input and feedback loops.

**vi.** Research & Development – Research educational and labor trends to ensure workforce development efforts are aligned with national standards and avoid duplication.

## Final Thoughts

Agreement to provide current vacancies to the Fund's database and Referral Center (EC).

Agreement to accept referrals from the Fund for current and prospective job openings for all classifications.

The Funds agrees to process the applications through our mechanism and to give prompt consideration to the applicants.



**Department  
of Health**

**Medicaid  
Redesign Team**

# QUESTIONS AND ANSWERS

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**Thank You**



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