



FLHSA

Finger Lakes Health Systems Agency

Regional Consortium on Health Care Workforce

**Consortium Kick-off Meeting
Thursday, January 28, 2016**

Consortium Kickoff Agenda

Welcome and Introductions

Anne Kress

- Agenda Review & Desired Outcomes
- Review Submitted Hopes

The Case for Regional Collaboration

Trilby de Jung

- Why Workforce
- Regional Workforce Planning

Governance and Operational Structures

Melissa Wendland

- Charge Statement
- Governance & Advisory Teams: ACTION NEEDED
- Consortium & Advisory Team Roles
- Deliverables & Timeline

Guiding Principles for Action

Anne Kress

Meeting Close

Anne Kress

Desired Outcomes for Today

1. Review macro forces driving change, regional initiatives and their goals
2. Create a shared understanding of rationale for a Regional Workforce Consortium
3. Reach consensus on Phase I structure, deliverables and general approach
4. Agree how we will conduct our work together

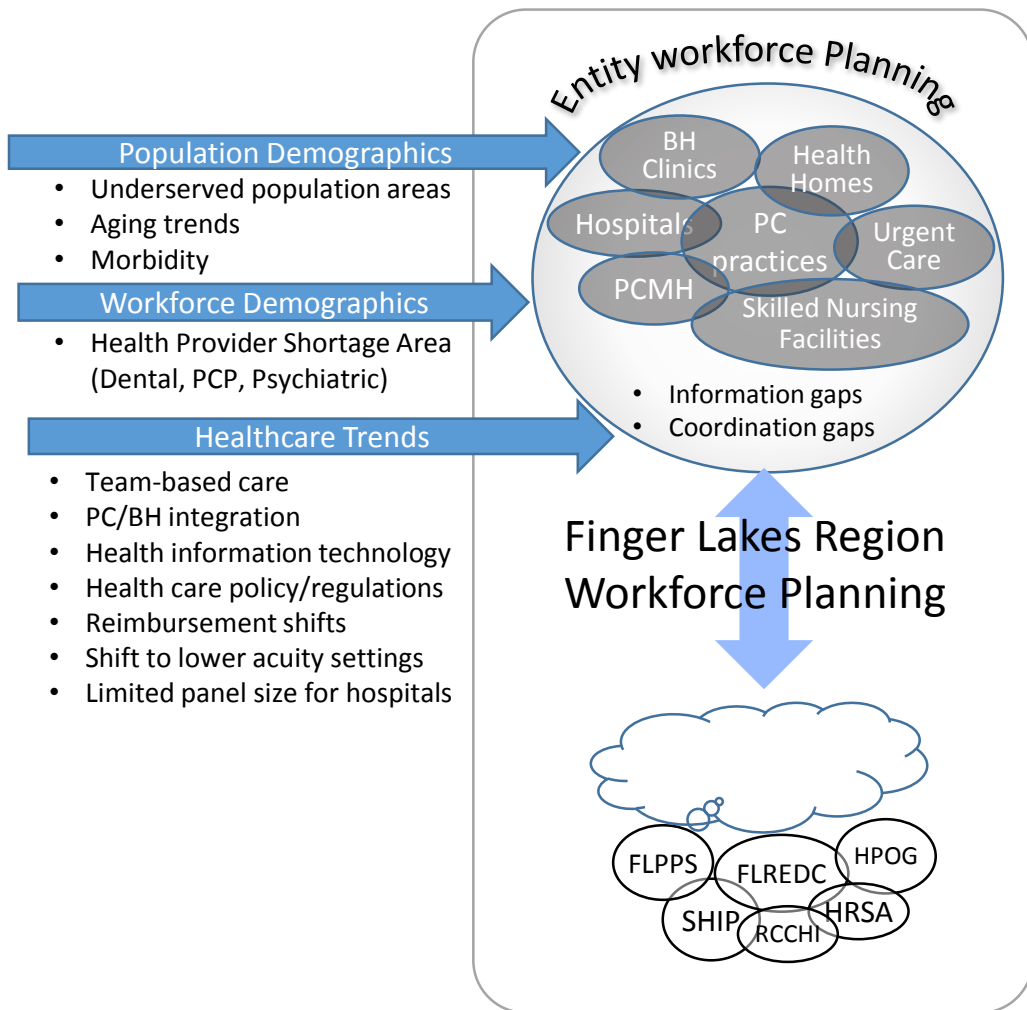
Workforce Consortium Phase 1 Hopes

- ✓ Become informed of NYS & Regional workforce initiatives and **identify gaps**
- ✓ Better understand regional differences
- ✓ **Prioritize areas of need** and **coordinate** regional efforts
- ✓ Focus! Keep it simple
- ✓ Understand future models of care and impact on workforce **needs for skills and training**
- ✓ Identify and recommend strategies to address regulatory barriers
- ✓ Understand novel ideas to help address short term gaps using technology (Telemedicine)

Why Workforce?

- Emerged as a cross-cutting issue from RCCHI recommendations
- RCCHI's focus on prevention and integrated care highlights new roles, responsibilities and workflows for team-based care
 - Care Managers, Home Health Aides, Community Health Workers, and Peer Advocates
- Changes require careful definitions and attention to the barriers presented by limitations on scope of license and certification requirements
- **Workforce preparation is integral to improving regional health**

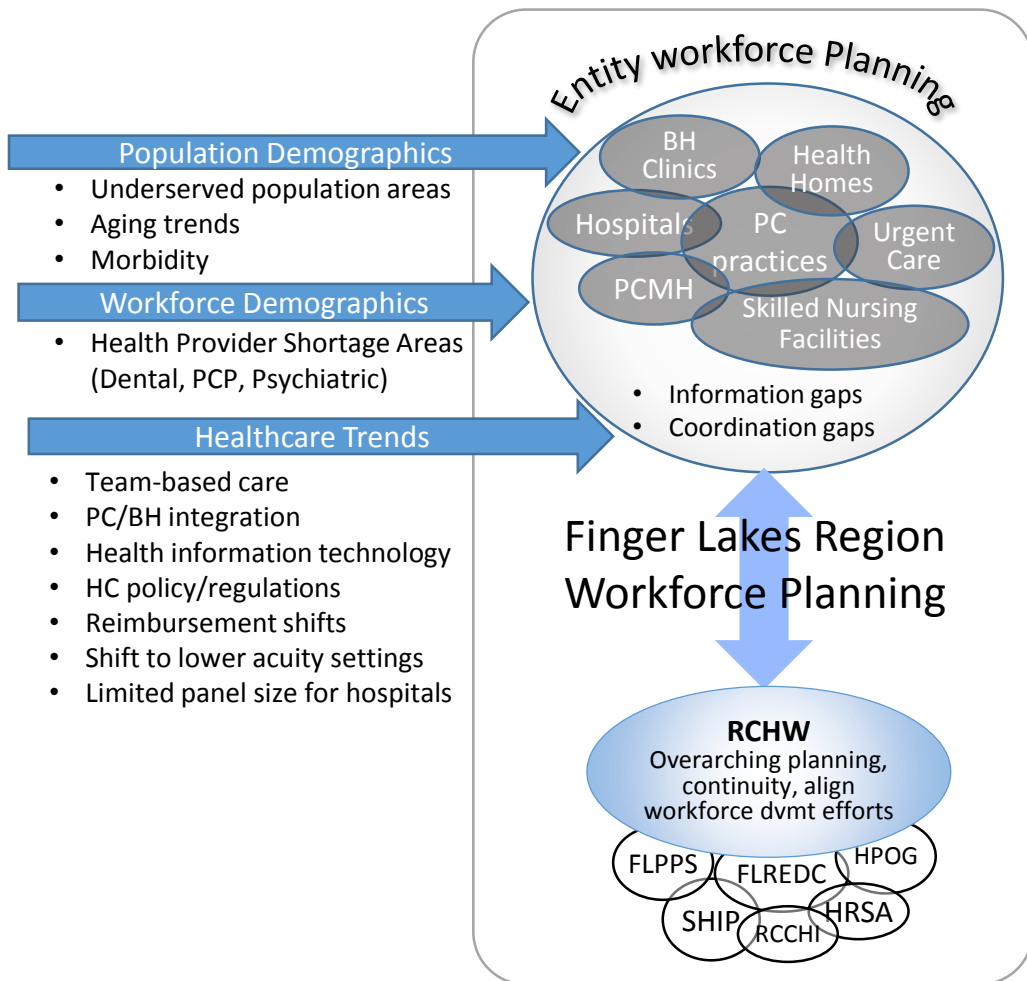
Regional Health Care Workforce Planning



Gaps:

- FLPPS addresses Medicaid predominantly
- SHIP does not cover senior care
- HPOG addresses low income

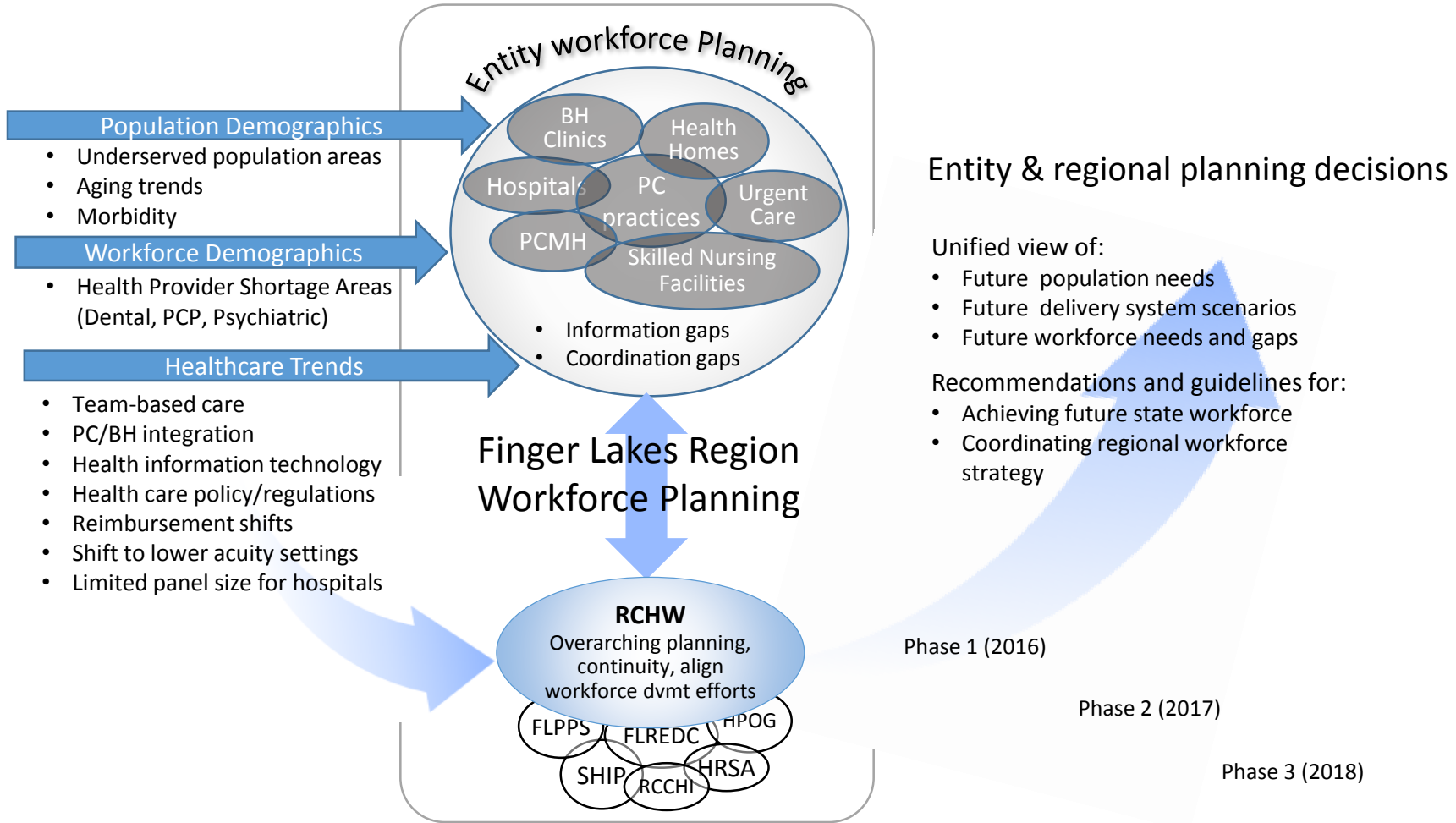
Regional Health Care Workforce Planning



RCHW closes workforce planning gaps by:

- Coordinating and integrating across multiple workforce planning forums
- Building on other regional work
- Examining the needs of all patients across payors

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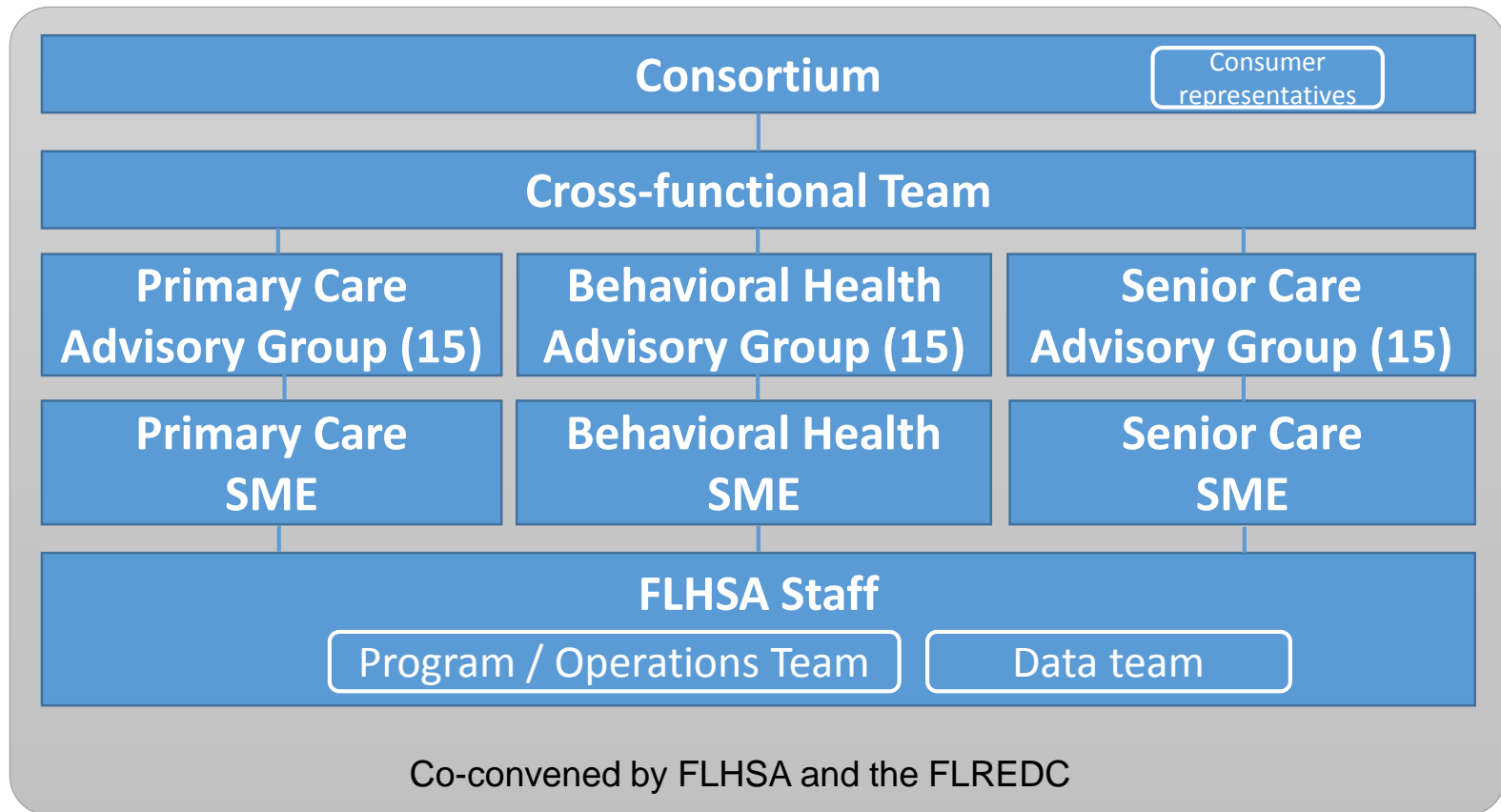
RCHW Charge Summary

- Inform on regional health care trends and implications
- Inform and coordinate on current & future state capacity needs & gaps
- Recommend strategies/action plans for addressing top priority needs & gaps
- Coordinate regional action that supports implementing select recommendations

Includes settings outside of the acute hospital (e.g., schools, offices, clinics, pharmacy...)

Does not include physician education, care provided in the hospital, inpatient and emergency room or surgical settings

Governance & Operational Structure



Advisory Team Workgroup Focus

Advisory Team*	Area of Focus	Settings**
Primary Care	<ul style="list-style-type: none"> • Focus on effective team based care • Pediatric care through geriatric care 	Primary care offices, FQHC, Article 28 clinics, urgent care and after hours settings, college and school health clinics, and community settings
Behavioral Health Care	<ul style="list-style-type: none"> • Mental health and/or substance use disorders managed through outpatient care • Fostering integration with primary care 	Primary care settings (above), behavioral health provider offices and counseling services (psychiatrist, psychologist, MSW), outpatient mental health and substance use clinics
Seniors needing Long-term Care services	<ul style="list-style-type: none"> • Team based care for seniors receiving long term care services 	Home with Certified Home Health Care, Adult Day Care, PACE Programs, Assisted Living, Skilled Nursing Facility & Hospice

* Does not include care provided in the hospital, inpatient and emergency room or surgical settings

** Pharmacy in scope for all 3 Advisory Teams

ACTION NEEDED: Create (3) Advisory Teams

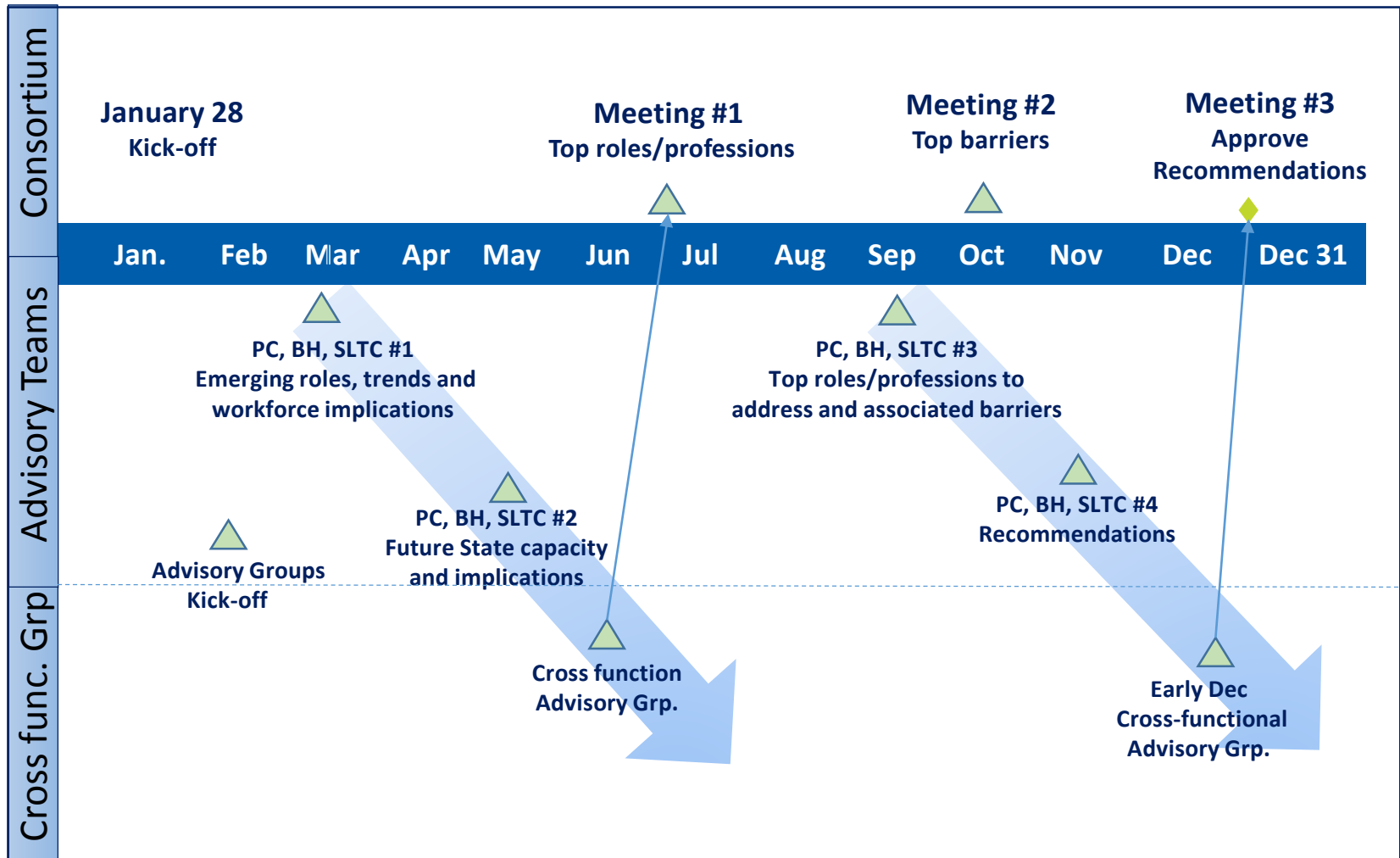
Motion to approve and accept three (3) Advisory Teams focused on workforce needs related to:

- 1 – Team based care in Primary Care offices
- 2 – Team based care in outpatient Behavioral Health and integration with Primary Care
- 3 – Team based care for Seniors needing Long Term Care services (home, community and institutional)

RCHW Phase I Deliverables

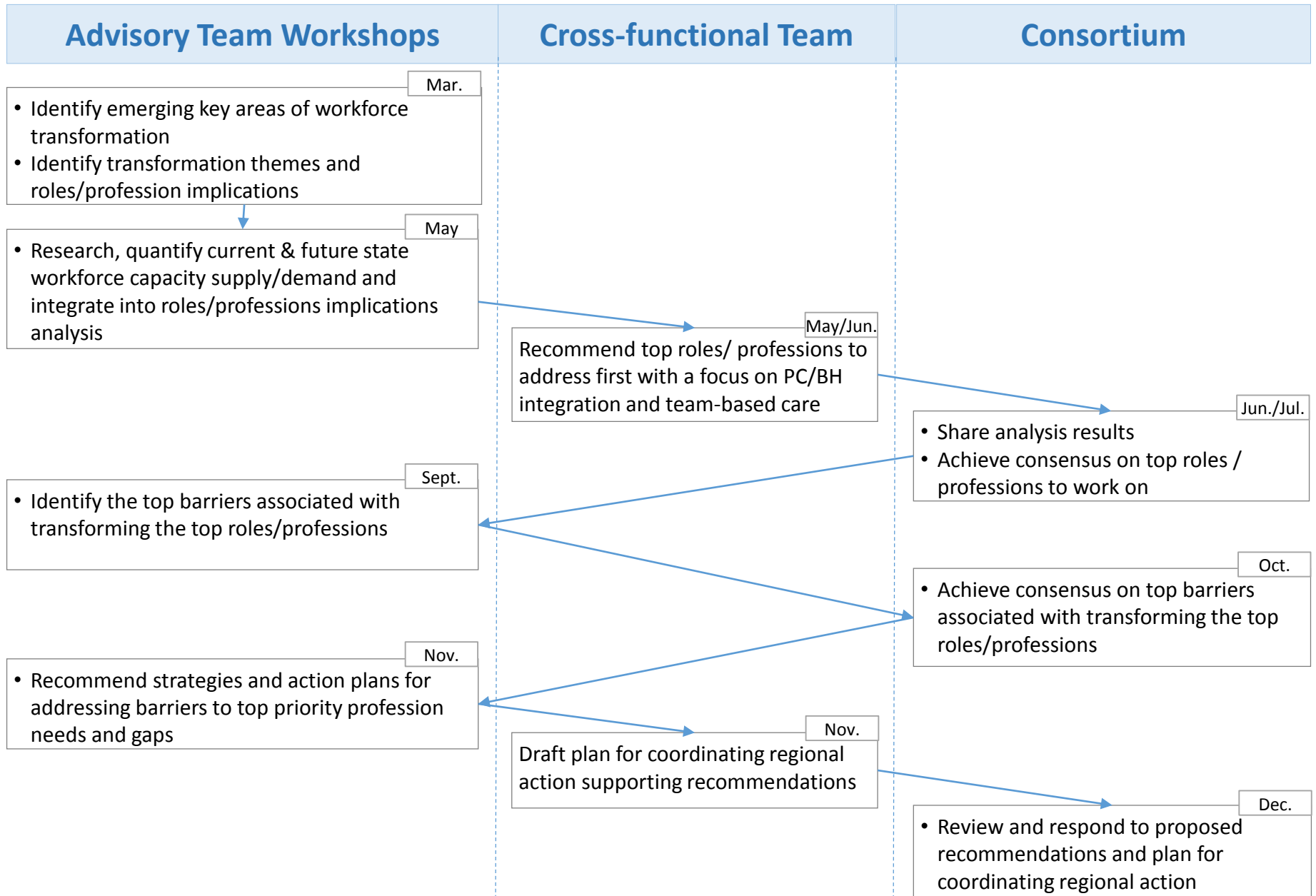
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2016 Timeline – Phase 1



Notes: Consumer orientation held 12/13/15; SLTC = seniors needing long-term care

RCHW Workflow - Workshops



Guiding Principles for Unified Action

Guiding Principles	Rules of Engagement
All voices are heard	<ul style="list-style-type: none"> • Step up, then step back • We listen first to understand, then respond be heard
We commit to supporting internal agreements externally	Consistent communications outside of the consortium.
We give up the right of an infinite appeal	We honor team consensus
We agree to create an environment that develops trust	<ul style="list-style-type: none"> • Our actions are consistent with our words • What's said in the room stays in the room unless otherwise agreed to • We keep commitments
We commit to finding the 'sweet spot' that benefits population health and those developing the health care workforce	We continually look for the 'AND' in our thought processes
We engage in fact-based decision making	We understand that some decisions will need to be made with incomplete information

What we believe

What we do

Outcomes for Today

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THANK YOU!