Regional Consortium on Health Care Workforce

Consortium Kick-off Meeting
Thursday, January 28, 2016
Consortium Kickoff Agenda

Welcome and Introductions
  • Agenda Review & Desired Outcomes
  • Review Submitted Hopes

The Case for Regional Collaboration
  • Why Workforce
  • Regional Workforce Planning

Governance and Operational Structures
  • Charge Statement
  • Governance & Advisory Teams: ACTION NEEDED
  • Consortium & Advisory Team Roles
  • Deliverables & Timeline

Guiding Principles for Action

Meeting Close
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

Population Demographics
- Underserved population areas
- Aging trends
- Morbidity

Workforce Demographics
- Health Provider Shortage Area (Dental, PCP, Psychiatric)

Healthcare Trends
- Team-based care
- PC/BH integration
- Health information technology
- Health care policy/regulations
- Reimbursement shifts
- Shift to lower acuity settings
- Limited panel size for hospitals

Finger Lakes Region Workforce Planning

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

www.flhsa.org
2/11/2016
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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Regional Health Care Workforce Planning

Entity & regional planning decisions

Unified view of:
- Future population needs
- Future delivery system scenarios
- Future workforce needs and gaps

Recommendations and guidelines for:
- Achieving future state workforce
- Coordinating regional workforce strategy

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Finger Lakes Region Workforce Planning

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RCHW
Overarching planning, continuity, align workforce dvmt efforts

Phase 1 (2016)
Phase 2 (2017)
Phase 3 (2018)
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

Co-convened by FLHSA and the FLREDC
## Advisory Team Workgroup Focus

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<tr>
<th>Advisory Team*</th>
<th>Area of Focus</th>
<th>Settings**</th>
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<tbody>
<tr>
<td>Primary Care</td>
<td>• Focus on effective team based care</td>
<td>Primary care offices, FQHC, Article 28 clinics, urgent care and after hours settings, college and school health clinics, and community settings</td>
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<tr>
<td></td>
<td>• Pediatric care through geriatric care</td>
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<tr>
<td>Behavioral Health Care</td>
<td>• Mental health and/or substance use disorders managed through outpatient care</td>
<td>Primary care settings (above), behavioral health provider offices and counseling services (psychiatrist, psychologist, MSW), outpatient mental health and substance use clinics</td>
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<td></td>
<td>• Fostering integration with primary care</td>
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<tr>
<td>Seniors needing Long-term Care services</td>
<td>• Team based care for seniors receiving long term care services</td>
<td>Home with Certified Home Health Care, Adult Day Care, PACE Programs, Assisted Living, Skilled Nursing Facility &amp; Hospice</td>
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** 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

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

Crossfunc. Grp. Kick-off

Advisory Teams

Jan. Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Dec 31

Meeting #1
Top roles/professions

Meeting #2
Top barriers

Meeting #3
Approve Recommendations

PC, BH, SLTC #1
Emerging roles, trends and workforce implications

PC, BH, SLTC #2
Future State capacity and implications

PC, BH, SLTC #3
Top roles/professions to address and associated barriers

PC, BH, SLTC #4
Recommendations

Cross function Advisory Grp.

Early Dec Cross-functional Advisory Grp.

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

- Identify emerging key areas of workforce transformation
- Identify transformation themes and roles/profession implications
- Research, quantify current & future state workforce capacity supply/demand and integrate into roles/professions implications analysis
- Identify the top barriers associated with transforming the top roles/professions
- Recommend strategies and action plans for addressing barriers to top priority profession needs and gaps

Cross-functional Team

- Recommend top roles/ professions to address first with a focus on PC/BH integration and team-based care
- Draft plan for coordinating regional action supporting recommendations

Consortium

- Share analysis results
- Achieve consensus on top roles/ professions to work on
- Achieve consensus on top barriers associated with transforming the top roles/professions
- Review and respond to proposed recommendations and plan for coordinating regional action

### Guiding Principles for Unified Action

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<th>Guiding Principles</th>
<th>Rules of Engagement</th>
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| All voices are heard | • Step up, then step back  
• We listen first to understand, then respond to 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 | • 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

1. Reviewed macro forces driving change, regional initiatives and their goals

2. Created a shared understanding of rationale for a Regional Workforce Consortium

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4. Agreed how we will conduct our work together
THANK YOU!