Adirondack Regional Healthcare Workforce Planning Meeting

March 26, 2014

Plattsburgh
STATE UNIVERSITY OF NEW YORK
Health-Related Programs: SUNY Plattsburgh

- Biological Science Program
  - 3+4 Optometry option
  - Biochemistry
  - Cytotechnology
  - Medical Technology
- Chemistry
- Communication Disorders and Sciences
  - Speech-Language Pathology, MA
- Clinical Mental Health Counseling, MS
- Nursing Program
- Nutrition Program
- Pre-med, pre-dental, pre-veterinary, pre-optometry
- Psychology
- Social Work Program
Significant Needs

• Low number of primary care providers
• Low number of psychiatric providers
• High number of emergency room visits
• Low number of BS prepared nurses
RP²

Right Professionals in the Right Places

Collaboration
Education/Training info: Information on health related degrees and certificates offered by community colleges, four year colleges and BOCES programs. Also includes information on employer provided training related to HHA and PCA.

Funding Resources: Provides information related to scholarships and loan repayment programs for health related fields.

Healthcare Employer Resources: Provides contact information for healthcare employers in an 8-county Adirondack region.

County specific information provides employer information sorted by:
- Acute care
- Primary care
- Home care
- Skilled nursing care
- Behavioral Health
- Public Health
- One Stop contact information
SUNY ADIRONDACK
Continuing Education
Washington Hall, 640 Bay Road, Queensbury, NY 12804
Phone: (518) 743-2238 * Email: conted@sunyacc.edu * www.sunyacc.edu/ContinuingEd

- Medical Coding ICD-10 Certification Program
- Pharmacy Technician
- Phlebotomy Technician
- Other In-Demand Certifications
- Customized Contract Training
# Workforce Priority Setting Survey Results

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Percentage</th>
<th>Priority Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>High or Somewhat High Priority</td>
<td>89%</td>
<td>Educate guidance counselors on local healthcare jobs and academic preparation</td>
</tr>
<tr>
<td></td>
<td>86%</td>
<td>Promote healthcare jobs to students/parents/job seekers</td>
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<tr>
<td></td>
<td>75%</td>
<td>Provide worksite training in the Business of Healthcare [supervisions, data analysis, finance skills]</td>
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<td></td>
<td></td>
<td>Develop nurse educators/other clinical preceptors</td>
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<td></td>
<td></td>
<td>Create a rural track for Primary Care students/residents</td>
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<tr>
<td></td>
<td></td>
<td>Develop career ladders in healthcare management/leadership</td>
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<tr>
<td></td>
<td></td>
<td>Promote telehealth/telemedicine</td>
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<tr>
<td></td>
<td></td>
<td>Provide worksite training in Team Approach to Care [communication, teamwork, conflict resolution]</td>
</tr>
<tr>
<td></td>
<td>75%</td>
<td>Locate healthcare career advisors on college campuses</td>
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<tr>
<td></td>
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<td>Develop career ladders in care coordination</td>
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Plan Overview

- The Champlain Valley Family Medicine Residency will be a community hospital administered, university affiliated program. FAHC and UVM support is essential.

- Mission: To train family medicine physicians that excel in the leadership of high quality and value, patient and family centered care teams for people of all ages in their communities.

- Goal: To provide high quality primary care to the region by addressing the short term needs of patients who do not have access to physicians in Clinton County and addressing long term projected primary care physician shortages in Clinton, Essex, Franklin, and St. Lawrence Counties.
## Future Physician Needs

<table>
<thead>
<tr>
<th>County</th>
<th>Fam Prac</th>
<th>Int Med</th>
<th>Pediatrics</th>
<th>OB/GYN</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>4.92</td>
<td>5.4</td>
<td>4.89</td>
<td>(2.51)</td>
<td>(0.33)</td>
</tr>
<tr>
<td>Essex</td>
<td>0.22</td>
<td>13.58</td>
<td>7.22</td>
<td>4.69</td>
<td>3.72</td>
</tr>
<tr>
<td>Franklin</td>
<td>6.25</td>
<td>8.13</td>
<td>3.16</td>
<td>2.47</td>
<td>(2.75)</td>
</tr>
<tr>
<td>St. Lawrence</td>
<td>8.13</td>
<td>16.63</td>
<td>18.37</td>
<td>5.21</td>
<td>(0.43)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19.52</td>
<td>43.74</td>
<td>33.64</td>
<td>9.86</td>
<td>0.21</td>
</tr>
</tbody>
</table>

Family Medicine physicians can address the need in the highlighted boxes.

### Physician Age & Projected Changes

<table>
<thead>
<tr>
<th>Age Range</th>
<th>2010</th>
<th>2020</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-44</td>
<td>20%</td>
<td>21%</td>
<td>+1%</td>
</tr>
<tr>
<td>45-64</td>
<td>66%</td>
<td>62%</td>
<td>-4%</td>
</tr>
<tr>
<td>65plus</td>
<td>14%</td>
<td>17%</td>
<td>+3%</td>
</tr>
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Source: Center for Health Workforce Studies and HANYS Market Expert
**Strengths**

- Fits with mission, vision, & needs of the hospital & system
- Significant need in community for PCPs – aging population and PCP supply
- Linkage with FAHC & UVM – faculty develop, scholarly endeavors, student clerkships, potential faculty
- CVPH Health Center’s new location
- Strong leadership and physician support
- Significant funding opportunities

**Concerns**

- Recruitment of Program Director will be a challenge – Program Director will need training
- Current Health Center does not provide family medical care
- Volumes may require residents to go elsewhere for pediatric rotation
- Due to hospital specific Medicare rate, CVPH is excluded from IME funding
Costs & Funding: 4-4-4 Program

- Funding: CVPH will look to alternate sources of funding to offset these costs including the following:
  - FAP Commitment
  - Funding from NYS
  - Philanthropic support from the CVPH Foundation
  - Grants (NYS Health Foundation, Josiah Macy Foundation, Hearst Foundation, The Commonwealth, Regional Development Council, etc.)
  - Investments from other organizations for time residents spend onsite
Timeline and Next Steps

- Fall 2013: Seek approval from CPI & FAP Boards
- Winter 2013: Petition NYS for funding support
- Spring 2014: Establish UVM/FAHC affiliation agreements
- Summer 2014:
  - Hire Program Director*
  - Identify and hire primary faculty and adjunct faculty*
  - Formal curriculum development
  - Develop MOU for program components
  - Affiliation agreement for away rotations
- September 2014:
  - New application form complete
  - Schedule RRC visits
- Spring 2015: RCC accreditation
- Summer 2015: Marketing of program
- Fall/Winter 2015: First interview season
- March 2016: Match day
- July 2016: First residents start

*Contingent on securing funding
MS in Nursing: Adult / Gerontological Nurse Practitioner
Nursing Programs

• Major in Nursing (BS, pre-licensure)
• RN-to-BS Program
  – Online
  – Classes at CVPH
  – Classes at SUNY Adirondack
Planting the seed

• “When are you going to have a Masters program?”
• “How about a DNP program?”
MS in Nursing

• Does not require master plan amendment
• Provides earlier graduates who can meet healthcare needs
• Phases in transition to DNP
Adult / Gerontological Primary Care

• Clinical availability
• Faculty expertise
• Meets community needs
Sprouting

• Letter of Intent approved
• Curriculum and program approved by department
• Submitted to division
• On to Faculty Senate, SUNY, State Education Department
• Fall 2015 start (Hopefully!)
Program Development/Review Process

**CAMPUS (1 Yr+)**
- Submits Program Proposal
  - Circulates Program Announcement
    - President
      - Governance
        - Committee
          - Department

**SUNY SYSTEM (30 days*)**
- Reviews Program Proposal
  - Requests More Info
    - Amends Master Plan (Extends time)
      - Disapproves

**SED (30 days OCUE/OP 30+ days)**
- Reviews Program
  - Approves Program/Transmits to SED
  - Requests More Info or Canvass for MPA
    - Planning Review (Extends time)
      - Disapproves

**Board of Regents**
- Regents Review
- DOB Review
- Approval

**Governor**
- Governor Approval
What it will look like...

• Primarily online, low residency
• Synchronous seminars, possibly with Family Medicine Residents
• Curriculum (14 courses)
  – Graduate nursing core
  – Direct care core
  – Adult-gerontological core
  – 500 hours of clinical
Room for growth

• DNP
• Other tracks
Clarkson Physician Assistant Program
Physician Assistants

• Origins
• Physician / PA Team
• Interdisciplinary team approach
• Services:
  - Conducting physical exams
  - Obtaining medical histories
  - Diagnosing and treating illnesses
  - Ordering and interpreting tests
  - Counseling on preventive health care
  - Assisting in surgery
  - Prescribing medications
PA Education

• Average 27 months
• Medical model
• Total Immersion
• Clinical Areas
  – Ambulatory Med
  – Internal Med
  – Peds
  – ED
  - Behavioral Health
  - Women’s Health
  - General Surgery
  - 2 Electives
Clarkson’s Master of Science Degree

- 28 months – 7 consecutive semesters
- 3 phases
  - Didactic (12 months)
    - Modular format
  - Clinical (15 months)
  - Summative (1 month)
- 700 applicants for 20 seats
- 6 full time faculty – 2 adjuncts – 2 staff and part-time Medical Director
History

- Discussed initially in 2008
- Chair hired February 2010
- Directors hired September 2010
- NYSED application November 2010
- ARC-PA application January 2011
- ARC-PA site visit April 2011
- ARC-PA and NYSED approvals September 2011
History

- Applicant interviews
- Clinical site exploration ongoing
- Charter class January 2012
Students

• Total 56 in 3 classes – Majority from NY State
• Class of 2014 - graduates in May
• Class of 2015 – in Clinical Phase
• Class of 2016 – in Didactic phase 1st semester
• Class of 2017 – interviews in progress
• Avg GPA 3.4 (current students)
• 172 Pre-PA undergrad applicants for Fall
Clinical Sites

- St. Lawrence
- Jefferson
- Franklin
- Clinton
- NYC
Challenges

• Clinical Sites
  – Administration
  – Preceptors
  – Promises vs. Reality
  – Expectations of stakeholders

• Faculty
  – Recruitment
  – Retention

• Student recruitment
  – More NNY applicants
  – More diversity
Health Professions Moving Forward

• DPT program > 30 students this year
• PA program > 30 students in 2-3 years
• OT program under construction
Questions?
Service Area – Clinton, Franklin, and Essex Counties
Funding – NYSDOH, Charles D. Cook Office of Rural Health

Health Workforce Initiative: Improve health system capacity by advancing workforce training/education within the region.

- Research based training programs to ensure a dementia-capable frontline workforce.
- Institute for Health Care Improvement’s *Triple Aim Initiative* – Sponsor training for current and future health care providers through IHI Open School.
- Support the development of Graduate Certificate Programs.
- Occupational assessment of aging related workforce training needs and resources that can be shared among providers.
Health Workforce Training Needs
2014 Survey Results

Sponsored by the Eastern Adirondack Healthcare Network with funding from the New York State Department of Health and the Charles D. Cook Office of Rural Health
Partners

- Eastern Adirondack Health Care Network
- Northern Area Health Education Center, Inc. (NAHEC)
- Adirondack Rural Health Network
- Hudson Mohawk AHEC
Overview

- Survey the training needs of incumbent healthcare workers and existing community resources
- To link providers with existing resources
- 75 Healthcare facilities in 7 counties
- 61% response rate
Facility Types

- Nursing Home
- Hospital
- Public Health
- Mental Health
Training Needs – Position

- Physician (Category I CME)
- Physician Extenders (NP’s, PA’s)
- Management (Department...)
- Nursing (RN/BSN)
- Business Office/Billing Staff
- Entry level nursing (CNA;...)

0.00 0.50 1.00 1.50 2.00 2.50 3.00
Respondents Willing to Share Existing Training

90% of Yes Respondents willing to share /conduct at no charge and were willing to provide contact information regarding same.
Available Topics/Resources

- Dementia/Behavior Modification
- Medication Management
- Wound Care
- Home Health Aide; Certified Nurse Aide; Personnel Care Aide Training; CNA to HHA
- Infection Control
- Diabetes Education
- Elder Abuse/Neglect
- Team Building
- Open seating at various sessions
Learning Management Systems

Respondents Currently Using LMS

- Yes: 65%
- No: 35%

57% of those not currently using an LMS were interested in doing so.
Mandatory trainings (i.e. fire safety, etc.) 41%
Continuing Education programs 39%
Other 20%

Learning Management Systems
Greatest Need (not yet addressed)

- Team building and communication
- 24/7 interactive, engaging modules
- End of Life transitions
- Coding/documentation (2)
- Outcomes/performance measures (2)
- Nursing skills competency
- Cultural competency
- Patient education
- Project management
Greatest Resource to Offer

- Leadership Series
- New Nurse Residency Program
- General/Clinical Orientations
- Hospice Expertise/Bereavement
- Life Safety Programs
- Vendors
- Technology (3) (Equipment/LMS/Internet)
- Home Health/Personnel Care Aide Training
- Membership services
General Comments

- CE is important; take every opportunity
- Need for low/no cost alternatives
- Online resources that are reliable and affordable
Next Steps

- Complete data base of workforce training resources (topics/contacts) to be shared among regional providers at low or no cost.

- Follow up with respondents who are interested in Learning Management Systems
Organizational Mission Statement

Our mission is to lead North Country healthcare organizations in transforming our regional healthcare systems...through collaboration, engagement, planning, and development.

Member Hospitals

- Alice Hyde Medical Center
- Canton–Potsdam Hospital
- Claxton–Hepburn Medical Center
- Massena Memorial Hospital
- Samaritan Medical Center
- Community Providers, Inc. (Champlain Valley Physician Hospital & Elizabethtown Community Hospital)
Fiber Network Meaningful Utilization Study

- Rural Health Network funded project
- The study will identify our current state and gaps, assess opportunities and their associated costs, and provide a return on investment analysis for three focus areas including:
  - Telemedicine
  - Professional development
  - Voice Over Internet Protocol (VoIP) services
Barriers & Recommendations

- Lack of regional/statewide investment
  - Recommendation: Coordinated Statewide investment is required. Become a statewide leader in telemedicine.

- Lack of a centralized coordination to make it happen
  - Recommendation: Develop a rural New York State Telemedicine Resource Center.

- Policy development
  - Recommendation: Ensure licensing and credentialing policies do not hinder growth. License held in the state in which the provider is located not the state in which the patient is located.
Barriers & Recommendations

- Current Medicaid reimbursement is limiting

  **Recommendations:**
  - Expand eligible spoke and hub sites to include:
    - Article 31 clinics (i.e Behavioral Health)
    - Skilled Nursing Facilities (SNF)
    - Private practices
    - Federally Qualified Health Centers (FQHC) regardless of opting in or out of Ambulatory Patient Groups (APGs)
  - Expand eligible providers to include:
    - Psychologists
    - Social workers
    - Psychiatric nurse practitioners
    - Physician extenders (NPs & PAs)
  - Coverage for telemedicine should be required in Medicaid Managed Care (MMC) plans
Barriers & Recommendations

- Private payer reimbursement is minimal
  - Recommend an all-payer mandate: Reimbursement should be available for those services that would ordinarily be covered if delivered in person
Tracy Leonard
Network Director
tleonard@fdrhpo.org

David Storandt
Telemedicine Project Coordinator
dstorandt@fdrhpo.org

Corey Zeigler
Director, North Country Health Information Partnership
czeigler@fdrhpo.org

Main Office: (315) 755-2020
Objectives: April 2014 – March 2015

1: Develop, implement, and support strategic regional health planning.
   - Continue to convene public health, hospital, and community-partners.
   - Expand involvement of behavioral health providers in the planning process.
   - Ensure planning is evidence-based and data-driven.

2: Establish and facilitate an all-inclusive regional process for review of funding opportunities, prioritization, and subsequent joint planning of programs and/or applications.

3: Increase access to high-quality chronic disease preventive care and management in clinical and community settings.
   - Provide health care organizations and clinicians with training related to quality improvement and the use of health information technology to increase the use of clinical preventive services and disease management.
   - Highlight community needs and communicate disease burden to engage consumers, communities, and relevant stakeholders
   - Promote awareness of, and demand for, community preventive services.

4: Ensure the Adirondack Rural Health Network is well-positioned to become part of a Regional Health Improvement Collaborative.

5: Coordinate and collaborate with Northern NY Rural Health Networks.
What’s New With...

DSRIP and SHIP
Delivery Systems Reform Incentive Payment Program
State Health Improvement Plan
- Stephanie Fargnoli, SUNY

North Country Health Systems Redesign Commission
- Cathy Homkey, CEO
  Adirondack Health Institute

Funding Applications
- Heather Eichin, SUNY
Key Components of DSRIP

- Payments are performance-based
- Open to public and safety net providers
- Pre-approved menu of projects to choose from
- Requires regional collaboration

REDUCE AVOIDABLE HOSPITALIZATIONS STATEWIDE BY 25%
Regional Collaboration

Transform the healthcare delivery system by working together to improve quality and health outcomes while lowering cost.

Develop programs and investments that address those needs, with measurable metrics and milestones.

Identify community needs, healthcare challenges and quality objectives.

Partners should include:
- Hospitals
- Nursing Homes
- Clinics & FQHCs
- Behavioral Health Providers
- Home Care Agencies
- Other Key Stakeholders
SUNY High Needs Program for Health Care

Over $18 million dedicated to increasing nursing and medical technology students from 2006-2011.

Enrollment in Nursing programs has increased by over 2,700 in Bachelor programs, 950 in Masters, and 185 in Doctoral programs from 2007-2012.

In 2013-14 Competitive RFP, 9 awards were made in Healthcare for a total of over $2.7 million.

RFP to be issued in April for 2014-15 cycle, grant proposals in areas of high levels of nursing, occupational therapists, physical therapists, physical therapy assistants, radiologic technologists/technicians, diagnostic medical sonographers, pharmacists, and medical health service managers.
What’s Next…

• Communication Strategy/Format/Frequency

• DSRIP Planning Forums
  • April 7 – Plattsburgh Holiday Inn
  • April 8 – High Peaks Resort, Lake Placid
  • April 10 – Queensbury Hotel
Collaboration

- Two or more with an intersection of a common objective
- Join forces – share ideas, experiences, resources
- Win/win – let go of control
- Intentional structure
- Ongoing facilitation
- Critical reflection

Common goal achieved