

Workforce Transformation

NYS Department of Health-Office of Primary
Care and Health Systems Management

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Workforce Structure

Workforce Recruitment, Training and Retention

- Health Workforce Retraining Initiative
- Medicaid Redesign - Workforce Flexibility

Health Personnel

- Federal Primary Care Cooperative agreement
- National Health Service Corp
- Underservice Designations
- Primary Care Service Corp and other loan repayment

Council on Graduate Medical Education

- Council on Graduate Medical Education
- Doctors Across New York
- Area Health Education Centers

Existing DOH Workforce Programs

- ▶ **Doctors Across New York**
 - ▶ **Physician Loan Repayment**
Help repay educational debt
 - ▶ **Physician Practice Support**
Help place physicians in MUAs
 - ▶ **Ambulatory Care Training**
Train residents and students in freestanding ambulatory care sites
 - ▶ **Diversity in Medicine**
Support training in health professions to minorities and disadvantaged students
 - ▶ **Physician Workforce Studies**
Contract with the Center for Health Workforce Studies
- ▶ **Support of Area Health Education Centers**
- ▶ Train students in health care careers
- ▶ **Primary Care Service Corp**
 - ▶ *Loan repayment for non-physician clinicians*
- ▶ **Health Workforce Retraining Initiative**
 - ▶ *Train health care workers in shortage occupations and emerging models of care*
- ▶ **Empire Clinical Research Investigation Program**
 - ▶ Train physicians in clinical research

Transformative Times

For health care in general and workforce in particular

- ▶ Implementation of the ACA. Over 960,000 individuals have enrolled for coverage in the New York State's health plan marketplace.
- ▶ New York State's on-going efforts to move from fee for service to value based reimbursement.
- ▶ Medicaid Redesign
- ▶ MRT Waiver Amendment Program--\$8 billion to transform Medicaid system
- ▶ The State Health Innovation Plan
- ▶ Population Health Improvement Program.

Key Programs

- ▶ The MRT Waiver Amendment Program including Delivery System Reform Incentive Payment Program (DSRIP), Health Home Development SPA and Medicaid Managed Care Contract Amendments
 - ▶ *Terms and conditions approved April 14, 2014*
- ▶ NYS Health Innovation Plan (SHIP)
 - ▶ *DOH received a planning grant from the CMMI in April, 2013*
- ▶ Population Health Improvement Program (PHIP)
 - ▶ *Funding included in the SFY 2014-15 budget*

Medicaid Waiver Amendment

- ▶ The new Federal Waiver will allow NYS to reinvest \$8 Billion in federal savings generated by Medicaid Redesign Team reforms and will:
 - ▶ *Will transform the state's health care system*
 - ▶ *Bend the Medicaid Curve*
 - ▶ *Assure access to Quality Care for all Medicaid members*
- ▶ \$500 Million for Interim Access Assurance Fund
- ▶ \$6.42 Billion for DSRIP-goal to reduce avoidable hospital use by 25%
- ▶ \$1.08 Billion for other Medicaid Redesign purposes including, but not limited to Health Homes, Long Term Care, Workforce and Enhanced Behavioral Health Services

The Waiver and Workforce

DSRIP: Each Performing Provider System (PPS) has to submit a comprehensive workforce strategy as part of their DSRIP application

- ▶ They must identify all workforce implications including employment levels, wages, benefits and distribution of skills
- ▶ What types of training will existing and new workers need to plan and implement their chosen proposed projects?
- ▶ Each PPS will need to include workers and their representatives in the planning and implementation of their workforce strategies (Project Advisory Committee(PAC))
- ▶ Planning Grants available to assist with project development
- ▶ Health Home State Plan Amendment: includes funding for workforce training and retraining to support this program
- ▶ Managed Care Contract Amendments: \$245 million for LTC workforce strategy

Managed Care Contract Amendments

The \$245 Million that will be incorporated into Managed Long Term Care plan capitation rates to support plans that invest in initiatives that attract, train and retain Long Term Care workers in areas the plans service

- ▶ MLTC plans will be required to develop plans to address health disparities by training and placing needed workers in Medically Underserved Areas
- ▶ For training workers in their networks in the types of skills that will be needed to support health care transformation, service integration and provider communication and coordination

New York State Health Innovation Plan (SHIP)

- ▶ Roadmap to achieve the Triple Aim for all New Yorkers of improved health, better health care quality and consumer experience and lower costs
- ▶ To support and create a more rational, patient centered care system
- ▶ Centered on the statewide implementation of an advanced primary care model
- ▶ Five Pillars
 - ▶ Improved Access - Care Coordination - Transparency - Payment for Value (not volume) - Promotion of Population Health
- ▶ Three Enablers
 - ▶ **Workforce strategy-matching capacity and skills of the health care workforce to the evolving needs of our communities**
 - ▶ Health Information Technology
 - ▶ Performance Measurement and Evaluation

SHIP Workforce Strategy

- ▶ Can be found on pages 107 - 123 of the Innovation Plan
- ▶ DOH will rely on workgroups to generate recommendations and policy decisions to implement the Plan
- ▶ The workforce strategy will focus on:
 - ▶ Expanding the supply of clinically trained workers in key geographies
 - ▶ Updated standards and educational programs to meet the needs of an Advanced Practice Model
 - ▶ Identifying potential primary care related workforce flexibility opportunities
 - ▶ Developing more robust data and planning capacity

Population Health Improvement Program (PHIP)

- ▶ The budget establishes the PHIP
- ▶ One entity in each region will be selected through a Request for Applications
- ▶ Each entity will convene stakeholders and provide a neutral forum for identifying, sharing, disseminating and helping implement best practices and strategies to promote population health and educe health care disparities

New Models of Care Delivery

- ▶ That provide patient centered care
- ▶ Coordinated care across different types of providers
- ▶ Active management of transitions across care settings
- ▶ Increased provider communication and collaboration
- ▶ Clear accountability for the total care of the patient

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