



**St. Lawrence, Jefferson and Lewis County
Regional Healthcare Workforce Planning Meeting
May15, 2014
Alexandria Bay, NY
Summarization of Round Table Discussion**

Overall Needs:

1. Care Coordination/Community Health Worker/Team-based care models
 - ✓ SUNY Assist with building coordinated care team models
 - i. Concentration, residency programs, curriculum support and soft skills
 - ii. Curriculum needs to evolve with the current change to care coordination and interdisciplinary teams and understanding each others' roles
 - iii. Curriculum needs to change from acute care to community primary care.
 - iv. Open SUNY – Develop a health care SWAT team and develop a care transition standard
 - v. Health information technology built into curriculum
 - vi. Paramedic programs (expanded community health workers – licensure advocacy with DOH/SED)
 - ✓ Health Coaches
 - i. Look to SUNY Canton/Canton Potsdam Hospital model program
2. Telemedicine/technology integration into community based health care
3. Oral Health
 - ✓ Dental – mid level providers (licensure advocacy with DOH/SED)
4. Preceptorship program- Social Work/Nurse Practitioner
5. Develop programs to assist military and post military to keep in NY
 - ✓ Active military tracks
 - ✓ Combat medic and other health related army recognize training (licensure advocacy with DOH/SED)
 - ✓ Spouses – reciprocity with licensure (advocacy DOH/SED)
6. Explore OPEN SUNY for Rural Health Program Platform
 - ✓ Distance learning in telemedicine (DLT)
 - ✓ MSW
 - ✓ Medical Lab Tech
 - ✓ Mental Health
 - ✓ Health Information Technology
 - ✓ Case Management
 - ✓ Scribes
 - ✓ Public Health
 - ✓ Behavioral Health
 - ✓ Population Health

Table One:

(Representatives from: Hudson- Mohawk Area Health Education Center, Jefferson Community College, Canton-Potsdam Hospital, Lewis Hospital, New York State Department of Health and SUNY System Administration)

1. A tale of two cities with aging and poverty - Military (FDRHPO)/NYS Retirement System
 - ✓ Needs
 - i. Oral health
 - ii. Behavioral health
 - iii. MSD Recruitment specialist
 - ✓ Shift to prevention and wellness
 - ✓ Regionalization/competition with a depressed workforce and beds to be reduced
2. Education pipeline
 - ✓ CSAC
 - ✓ Dental Hygienists
 - ✓ Two-year degree to four degree transfer programs
 - ✓ BSN acuity
 - ✓ Medical Lab Technicians
 - ✓ Computer Skills
3. Cultural competency and teams are important
4. Health sciences/Chronic Disease Case Study
 - ✓ Health coach program (1 semester – training on how to be part of a health care team)
 - ✓ Nurse faculty
 - ✓ Medical Informatics/EMR/QI/\$ in decision making
 - ✓ Regulations/licensure (online/onsite)
 - i. >120 days MD
 - ii. Army trained/experienced not adequate
 - ✓ Corporate train the trainer

Table Two:

(Representatives from: Northern Area Health Education Center, United Helpers, Canton-Potsdam Hospital, Massena Memorial Hospital, St. Lawrence County Health Initiative)

1. Medical scribes (billing and coding)
2. Technology training – no one knows all the information technology systems and the community, assist in how they interface
3. More clinical placement variety – move beyond medical surgical
4. Types of providers needed
 - ✓ Dental – mid level providers
 - ✓ Emergency Medical Services
 - ✓ Certified sterile techs
 - ✓ Four-Year Medical Techs
 - ✓ Certified Social Workers
 - ✓ Online programs that can rotate ultrasound techs

Table Three:

(Representatives from: HANYS, Fort Drum Regional Health System, United Helpers, SUNY System Administration)

1. Need more training
 - ✓ No uniformity on standards for care coordinators or case managers.
2. Access to more programs for workforce
 - ✓ MSW
 - ✓ Dental Hygiene
 - ✓ BSN
 - ✓ NP
 - ✓ Bridge program for accelerated programs for nursing (RN)
 - ✓ Nutritionists
 - ✓ Health Educators
 - ✓ Mental Health
3. Interdisciplinary education programs (focus on prevention)
4. Develop more mentoring programs for new graduates
5. Curriculum needs to go with the flow of the current change to care coordination and interdisciplinary teams and understanding each others' roles
6. Curriculum needs to change from acute care to community primary care

Table Four:

(Representatives from: Northern Area Health Education Center, SUNY Upstate Medical University, Fort Drum Regional Health Planning Organization, Massena Memorial Hospital)

1. Evolving demographics
 - ✓ Amish population is increasing.
 - ✓ Aging workforce/population/caretakers coupled with chronic disease rates, poor health literacy, increased home health needs and incomplete immunization
 - ✓ Primary care and home health
 - ✓ Models of care – require coordinators of care and team based models
 - ✓ Health (behaviors, outcomes, statuses)
 - ✓ Focus on dental health professionals, school based health workforce
2. Gaps exist
 - ✓ Need a better understanding of SUNY offerings (build awareness of programs)
 - ✓ Electronic Medical Record training, Health Information Technology training for physicians, PAs, nurses and other mid-levels
 - ✓ Scribes (certificate program at community colleges or local BOCES to assist physician in documenting the exam on the EMR during the patient visit)
3. Skills necessary
 - ✓ Written and verbal communication skills (social media persona)
 - ✓ Professional etiquette (attire and behavior important)
 - ✓ Interview skills
 - ✓ Basic job skills
 - ✓ Time management
4. Timeline to get new programs instituted (about 18 months)
 - ✓ Medical Assistant degrees

- ✓ Ultrasonographers – several unfilled positions in the region
- 5. Models need to include:
 - ✓ Team-based care
 - ✓ Collaboration with other health care professionals (nutritionist, diabetes educator)
 - ✓ Co-rotation (e.g. simultaneously rotate PA with medical student or NP)

Table Five:

(Representatives from: Northern Area Health Education Center, SUNY Upstate, River Hospital, Lewis County Public Health, Fort Drum Regional Health Planning Organization)

1. Changing healthcare landscape
 - ✓ Primary Care
 - ✓ Home Based
 - ✓ Ambulatory
2. Pipeline program assistance would be help
3. Are the students entering the workforce prepared?
 - ✓ Educationally – yes
 - ✓ Experience – no
 - ✓ SUNY to offer a preceptorship program (basic skills and tools on how to precept)
4. Where can SUNY Assist? (Recommend include in all health related programs and/or offer certification programs in:)
 - ✓ Offer an online SUNY Rural Health Platform that could be leveraged by all the rural areas in the state to assist with need and keep programs running
 - ✓ Telemedicine
 - ✓ Health Information Technology
 - ✓ Case Management
 - ✓ Public Health
 - ✓ Behavioral Health
 - ✓ Population Health
5. Other – SUNY:
 - ✓ Paramedic/community paramedic programs
 - i. Offer at additional campuses
 - ii. Bridge or recertification program (accelerated) for:
 1. Combat medics
 2. Previously registered
 3. National registration
6. Midlevel dental providers
7. Mobile Health Education Programs

Table Six:

(Representatives from: Center for Health Workforce Studies, SUNY Upstate, Fort Drum Regional Health Planning Organization, and SUNY System Administration)

1. Education Infrastructure deficits
 - ✓ Get Better at Capturing the Talent Coming off the Base
 - ✓ Other States are more receptive of field experience
2. DSRIP
 - ✓ Presents and opportunity to align acute, primary care and assistive services
3. Open SUNY – Develop a health care SWAT team and develop a care transition standard
4. SUNY Assist with building coordinated care team models
 - ✓ Concentration, residency programs, curriculum support and soft skills
5. Health care reform could flip the primary care paradigm and foster career ladders instead