

FLPPS - Katherine Rogala katherine_rogala@flpps.org

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Organization Profile

Organization Name	Mail Address
FLPPS	1 S. Washington St., Suite 200, Rochester, New York, United States, NY 14614

Exec. Name	Contact Name	Phone	Email
Carol Tegas	Katherine Rogala katherine_rogala@flpps.org	585-239-9300	carol_tegas@flpps.org

Mission/Vision Mission: To improve the healthcare delivery system for the Medicaid population.

Vision: To create an accountable, coordinated network of care that improves access, quality and efficiency of care for the safety net patient population.

Receive County Funds? no

Div. of Corp. N/A? no

Proposal Information

Project Name Transformational Community Care Coordination (TC3)

Summary A strong healthcare system is vital to economic development and recovery. Currently, the healthcare system in Monroe County is in crisis. While there were industry challenges prior to COVID, the effects of the pandemic have been severe, forcing the healthcare system into a public health crisis. Due to severe labor shortages as well as insufficient revenue streams, Skilled Nursing Facilities (SNFs) and Home Health Care Agencies (HHCAs) cannot recruit and retain the staff they need. Currently, there are over 1,110 licensed but not staffed SNF beds in Monroe County while the number of patients in the hospital medically ready for discharge continues to grow. This proposal seeks transformational aide from Monroe County to solve this problem by collaboratively transforming the healthcare delivery system and revitalizing our community's healthcare workforce.

The community-driven proposal includes three components:

1. A transformational workforce development program that will pay SNFs and HHCAs for the successful recruitment and training of certified nursing assistants (CNAs), home health aides (HHAs), licensed practical nurses (LPNs), and registered nurses (RNs), which will expand service capacity within the SNFs and HHCAs;
2. A transformational Complex Care Program that will provide block grant support SNFs to aid with the excessive costs of complex SNF patients who are more expensive to care for and therefore not being accepted by SNFs; and
3. A transformational transportation program for those patients in need of transportation to the SNF or home setting, so that they do not needlessly stay hospitalized while waiting for transportation.

Workforce/Economic?	Health/Safety?	Infrastructure/Sustainability?
yes	yes	yes

Description In workforce development, 1,600 Monroe County residents will receive training and support to start or continue a career in healthcare, improving household income. This increased workforce will address a public health crisis: Hospital beds are filled with patients who are medically-ready for discharge, but lack SNF beds due to staff shortages and insufficient revenues. Others cannot be released to home because they need licensed homecare services but face a shortage of HHAs.

From 2017 to 2021, the vacancy rate for SNFs in Monroe Country more than tripled, growing from 7% to 27%. In 2021, Hill Haven SNF closed, resulting in the loss of 288 SNF beds. During COVID, the healthcare workforce was decimated from resignations and retirements of workers who did not want to be exposed to COVID. Some left because they opposed vaccine mandates, others either left the workforce or pursued other job opportunities.

With negative media attention on nursing homes during COVID, recruitment of healthcare workers became more difficult. A TC3 survey of Monroe County SNFs (see attached), showed turnover rates up to 82% in SNFs. Many SNFs closed beds or suspended admissions because they could not staff these beds and comply with NY State mandates of 3.5 care hours per patient day. This has resulted in as many as 300 ALC (Alternative Level of Care) patients in the hospital awaiting nursing home placement or other post-acute care.

The result is unprecedented numbers of ALC patients in Rochester's hospitals who cannot be released because appropriate access to post-acute care is unavailable (see attachments). These "boarders" leave no room for new hospital admissions. Patients in the Emergency Departments (EDs) who require hospitalization are held in the EDs while waiting for a bed, limiting available capacity for trauma patients and others needing critical emergency services in the EDs. The "boarding" limits scheduling non-emergency surgeries, since surgeons cannot schedule surgery patients when there are no hospital beds available. This has led to surgeon and patient

dissatisfaction, and potential for surgeons leaving and relocating. The overall result is decreased access to healthcare. The problem also created a fiscal crisis, due to both lower hospital reimbursement rates for ALC patients (compared to acute patient rates) and lost (higher) reimbursement rates for admissions. The shortage of HHAs, CNAs, LPNs, and RNs and a lack of financial resources for SNFs and HHCAs, has placed the entire Monroe County health system on the verge of collapse. Solutions include three critical strategies:

1. Transformational Workforce Development Program:

a. As outlined in the budget narrative, Monroe County (MC) SNFs and HHCAs will receive \$11,500 per CNA/HHA employed and trained. Funding will help these agencies to compete in the labor market by enhancing wages and building a career pathway to attract and retain workers. Funds must only be used for direct employee costs (wages, benefits, training, bonuses and social determinants of health (childcare, transportation, etc.) These payments will be structured in individual contracts between FLPPS and the SNFs/HHCAs, so payments are based upon completion of agreed-upon milestones.) Existing training programs will be utilized within the SNFs and HHCAs as well as at Monroe Community College, BOCES, and REOC.

b. For LPNs and RNs, funding is for scholarship support for:

1. MC residents;
2. Currently employed by MC SNF or HHCA;
3. Written commitment to serve in MC SNF or HHCA for 12 months post-degree;
4. Tuition/fees not otherwise covered

c. FLPPS will provide a campaign to promote careers in healthcare with help from its community-based partners to grow the labor supply and attract candidates in this competitive labor market.

2. Transformational Complex Care Program:

a. FLPPS will manage funds and provide payments to SNFs including regional affiliated SNFs for complex patients needing SNF placement based on varying degrees of clinical complexity, defined in TC3 Criteria attachment;

b. Hospital Executive Council in Syracuse, operating a comparable program for 20+ years, will provide operational guidance.

3. Transformation Transportation Program: A contributing problem is that transportation for ALC patients is significantly late for about 20% of patients.

a. Monroe Ambulance and AMR will guarantee timely access to all MC hospitals to transport ALC patients. Funds will be used for any costs not reimbursed to the transporter by insurers.

The strategies above address the infrastructure of the healthcare system by creating sustainable training programs for future generations of critical healthcare workers, stabilizing the local healthcare delivery system.

The project is not possible without this funding. COVID created a "perfect storm" that is unlikely to be replicated in the near future. Once a healthy supply of new healthcare workers is developed, and the industry recovers from the severe financial crisis created by COVID, the amount of supplemental funding needed to support these initiatives will be reduced. Funding will develop the infrastructure needed to be able to keep the healthcare workforce in balance. Without significant ARPA funding from Monroe County, patient flow will worsen and access to critical and necessary post-acute services will continue to deteriorate.

The system is transformed by funds flowing through local employers (SNFs and HHCAs) enabling them to hire, support and develop critical workers before training, eliminating barriers to employment and career development. Funds will restore optimal patient flow across the entire healthcare system.

The project will train 1,600 new healthcare workers in MC. The project will reduce empty MC SNF beds and decrease "wasted bed days" in the hospital, both by 50%. Lastly, this project will support the transition of 1,000 additional patients per year to SNFs. Funding will enable the once-thriving healthcare system to again contribute to a thriving local economy with a robust workforce.

This funding will be used to train, support and retain the local workforce, ensuring they are appropriately supported and incentivized, enabling the entire healthcare system to function smoothly, as it has in the past. After reaching sustainable equilibrium, Monroe County residents will have a healthcare system to be proud of, that meets the needs of its population, contributes to the County's ability to recruit new businesses and industries, and enables increased economic growth.

Company Strengths The lead applicant, FLPPS received IRS designation as a 501 (c)(3) organization in 2014 in response to NY State's Delivery System Reform Incentive Payment (DSRIP) program. DSRIP was a demonstration project intended to redesign the Medicaid delivery system and reduce avoidable hospitalization over five years. FLPPS's award was the second largest in NY, covering 13 counties in the Finger Lake region and partnering with hundreds of healthcare and community-based organizations. The program included 11 projects with over 125 individual milestones. FLPPS project management skills and solid implementation plan enabled the achievement of 99% of the dollars awarded in connection with project milestones. With over 100 partner organizations, FLPPS continued its redesign efforts after the 5-year program was successfully completed, by supporting over 80 System Transformation Projects addressing the integration of health care and community services. FLPPS also operates a subsidiary health home, Greater Rochester Health Home Network (GRHHN), working with dozens of care management agencies, and manages other large scale federal and foundation grants FLPPS has evolved to become a regional leader in healthcare reform as well as in workforce development, serving as the Long-Term Care Workforce Investment Organization (WIO) for the Western Region of New York State, and has been working for the last few years to support initiatives that retain, recruit, and retrain healthcare workers in the long-term care sector.

FLPPS partner, Common Ground Health, is the premier healthcare researcher and planner in the region, and was created in 1961 (as the Patient Care Council), becoming the nation's first health care planning organization. Both organizations are widely respected throughout NY State.

FLPPS and Common Ground Health co-convene the Regional Consortium on Health Care Workforce which provides leadership advisory on a wide range of issues, including increasing training, improving reimbursement, and reducing shortages for key health care positions.

Community Resources TC3 is a collaboration between FLPPS, Common Ground Health, community nursing homes, community-based home health care agencies, URMC and RRH, the Urban League, Catholic Charities Refugee Workforce program and the various MWBEs listed in the budget serving as skilled vendors to accomplish the goals of this transformational project. The project leaders of TC3 are partners in Monroe County's application for Good Jobs Finger Lakes, and serve as active members of the Finger Lakes Regional Economic Development Council's (REDC's) Workforce and Talent Workgroup. TC3 seeks to leverage and support the work of these groups while addressing a public health crisis and redesigning and improving the Monroe County's health care infrastructure.

The draft July 2022 Finger Lakes Regional Economic Development Council's (REDC's) Workforce and Talent Workgroup Regional Workforce Inventory highlights the high need for health care workers, the historically low unemployment rate (3.1%) and projected employment growth in other industries that exacerbates the tight labor market problem. The Inventory notes that more than 1,000 workers are needed to fill private sector jobs created in just the last few months. Filling these highly skilled positions will require attracting new workers to Monroe County, but every national magazine that rates the best places to live and work includes having high quality healthcare as a prime rating criteria. A well-functioning healthcare sector is essential to supporting Bring Monroe Back goals, and can help to leverage the growth and development of the Monroe County economy. Leadership, involvement and partnership from the healthcare sector with other industry leaders in Monroe County can build back a stronger economy and create a better place to live and work.

FLPPS has worked with all the partners in this application and in the community since 2015. Common Ground Health has worked on health care workforce issues with the entire healthcare and economic development community for many decades. While FLPPS is the lead applicant for this initiative, Common Ground Health is a strong partner that will work to lead this project along with FLPPS.

All the partners in this application are committed to solving this problem. Each is spending a significant amount of their professional staff's time to further analyze the needs and develop solutions and will continue to devote time as a TC3 Advisory Committee for this funding. FLPPS has already committed a \$4 million workforce grant for the region to ready the infrastructure at the community college level and Monroe Community College plans to expand the career pathway programs to support the goals of this proposal. TC3 has already applied to the City of Rochester for complementary funding for this initiative. (That proposal supplements this proposal by focusing on building pre-employment and employment skills, mostly among candidates who are currently unemployed and need extra supports to become employable as HHAs, thereby growing the labor force as well as moving candidates out of poverty.) FLPPS partners (see letters of support) are also contributing their time and efforts to this initiative.

Audience Most (> 95%) of the workers who enter the career pathway as HHAs, CNAs, and LPNs will be from lower-income, vulnerable, minority and underserved populations. Those who benefit from the RN program may have already advanced in their careers and may now be at a higher income level. With organizations such as Urban League, Catholic Charities Refugee Workforce program, Refugees Helping Refugees, Action for a Better Community and others helping to recruit new workers, these candidates will also have support (including language access support) from these partner organizations in addition to the supports that grant funding is able to provide. While not involved in the workforce development component, most patients who will benefit from this transformational project are also low-income: Medicaid patients. A recent point-in-time analysis that divided 865 patients into 3 tiers showed 51% of patients ready for discharge but awaiting placement were Medicaid (25% Medicaid, 49% medically complex and 26% Medicaid AND complex). A third audience that will be impacted by the project is caregivers. When a loved one is hospitalized, caregivers miss work to be with them in the hospital. Enabling timely discharges will reduce the amount of missed work, as caregivers relax their vigilance when their loved one settles comfortably into a new routine. A final audience will be children who attend childcare while their parent is in training or at work. It is estimated that at least 80% of those participating in TC3 will have one or more children who benefit from the provided childcare subsidy, estimated at 320 children total.

Beneficiaries of the project include at least 400 employees, 320 children, 1000 patients and 500 caregivers per year (2,220 per year X 4 years =8,880 beneficiaries).

There will be no fees for community members to participate in this project.

<i>Cost 1st Year</i>	<i>Cost All Years</i>	<i>Residents 1st Year</i>	<i>Residents All Years</i>	<i>FT Employees</i>	<i>PT Employees</i>
\$14,158,309.00	\$57,697,493.00	2,220	8,880	321	82

Volunteers

0

Staffing Katherine Rogala, Senior Director of Program Management, has been at FLPPS since 2019 and sets direction and leads organizational strategy for large scale healthcare system transformation efforts. She led planning efforts for the FLPPS Career Pathways and Social Supports Program and is overseeing the implementation of this workforce development initiative in the 13-county FLPPS region. Katherine is also overseeing 20 large scale, high-impact initiatives involving more than 30 Partners. Katherine is an accomplished healthcare executive with governance, strategic planning, business expansion, operations, finance, and organization-design experience. She is skilled at collaborating, coordinating, and implementing large-scale initiatives. Katherine has held various executive positions at a regional integrated healthcare organization. On this grant, Katherine will supervise the Senior Program Manager and Program Coordinator and will monitor and oversee project start-up and program implementation and delivery.

Kristina Owens, Senior Program Manager, has been at FLPPS since 2019, and plans and implements large-scale initiatives, and coordinates activities to facilitate collaboration and drive the achievement of goals. Kristina is supporting the FLPPS Career Pathways and Social Supports Program. Kristina was previously Director of Acute and Ambulatory Services at a healthcare system. Kristina is a Fellow of the American College of Medical Practice Executives. On this grant, Kristina will provide program and project management support and work closely with the Program Coordinator to support project start-up activities and program implementation and delivery.

A full time Program Coordinator will be hired. She/he will have experience in workforce development programs and be knowledgeable about healthcare and long-term care.