



DSRIP/SHIP Workforce Workgroup Update

PATRICK R. COONAN, ED.D, RN

Original Goals

- ▶ Promote development of a sufficient supply of primary care providers.
- ▶ Promote the development of a sufficient supply of behavioral health providers
- ▶ Address the maldistribution of providers to deliver behavioral health services
- ▶ Address the maldistribution of providers to deliver primary care
- ▶ Enhance the effectiveness of the current workforce
- ▶ Promote the ability of New York's health workforce to function effectively in and help support emerging models of care and changes in the health care delivery system

Original Sub Committee Direction

Workforce Workgroup members agreed on need to “develop core competencies and/or training standards for workers in care coordination titles”

Three subcommittees convened to focus on different aspects of effective care coordination

- **Subcommittee 1:** Identification of core competencies and functions and regulatory barriers that could impede effective care coordination
- **Subcommittee 2:** Identification of curricular content for educating the health workforce on core concepts in care coordination (embedded in health professions education curricula and to use for continuing education)
- **Subcommittee 3:** Identification of recommended core curriculum for training workers in care coordination titles

Present Workforce Workgroup Priority Focus Areas

- Strengthen the State's health workforce monitoring system.
- Develop more reliable information regarding the numbers and types of workers that may be needed to support the APC practice model under SHIP and integrated delivery models under DSRIP and ability of the existing educational system to supply them.
- Increase attractiveness of primary care careers throughout the State, including in underserved areas.
- Increase care coordination capacity.
- Clarify functional job classes related to care coordination and associated competencies for envisioned delivery system and assure available training and certification as deemed necessary.
- Provide technical assistance to providers for transformation effort.
- Develop support for existing workforce in building team-based health, behavioral health prevention effort, performance management and HIT skills.

PPS Workforce Barriers

PPSs were asked to share information on workforce barriers that they are facing, as a means to help understand where this workgroup's involvement might help to address some of these barriers

- PPS feedback focused on “on the ground” issues and barriers they are facing as they transition to project implementation, and PPS feedback provided examples of broad issues taking place across much of their network
- Much of the feedback focused on issues affecting the implementation of DSRIP Project 3.a.i, which has the goal to integrate primary care and behavioral health services

PPS feedback on workforce barriers was organized into three categories:

**Issues related to hiring
and training**

**Issues related to
reimbursement**

**Issues and delays in
licensure and reciprocity**

PPS Workforce Barriers

Specific examples of workforce barriers faced by PPSs are demonstrated in these excerpts that were pulled from their feedback

Issues related to hiring and training

- The workforce shortage is with experienced registered nurses (RNs)
- The role and function of community health workers is unclear (e.g. navigation versus health education)
- Need to find solutions to staffing shortages in primary care

Issues related to reimbursement

- Primary Care (PC) practices can only receive reimbursement for Licensed Social Workers but do not have capacity to hire them
- RNs are performing services in PC settings but cannot bill for them
- Mental health providers can bill out of Article 31 facilities, but not out of PC offices

Issues and delays in licensure and reciprocity

- There is a 3+ month wait to take the nurse licensing exams after graduation
- Reciprocal licensing process is lengthy, taking 8-16 weeks for reciprocity to occur after submitting application
- NYS does not belong to the nursing compact which could expedite reciprocity for experienced RNs

How can the involvement of this workgroup begin to address some of the workforce barriers raised by PPSs?

Workgroup Future Direction and additional sub-committees (Draft)

- ▶ Hiring and Training
- ▶ Reimbursement- Policy and Legal/legislative barriers- Out of our control for now!
- ▶ Licensure/Reciprocity and Geography
- ▶ Nursing (general), inpatient.-outpatient.-education
- ▶ Care Management Roles (responsibility, places, functional job classes)
- ▶ Health Information Technology (education, availability)
- ▶ Non-Licensed Positions and Roles (CBOs)
- ▶ Ambulatory/Primary Care Shortfalls
- ▶ Rural/Urban Primary Care (Improve Careers)
- ▶ Experiences for clinical workforce students
- ▶ Inpatient- Outpatient Approach –Fractionated Care Integration
- ▶ Behavioral Health Integration and Access
- ▶ Integration with Medical Homes