

Future Workforce State

Purpose:

As one of the prescribed DSRIP Workforce Milestones, Care Compass Network (CCN) was required to conduct an analysis of the future workforce state necessary for successful DSRIP implementation. The purpose of this analysis was to ensure CCN has considered and planned for potential worker impact resulting from system transformation. Health WorkForce New York (HWNY), the contracted workforce vendor for CCN, worked with CCN staff and partners to gather, analyze, and prepare workforce impact data in accordance with New York State Department of Health (NYSDOH) guidelines. The data collected through this process was used in conjunction with data from the recent Compensation & Benefits Analysis and the CCN Training Strategy to inform the workforce Gap Analysis and Transition Road Map.

Sources of Data:

Future state data was collected initially through a series of in-person meetings and follow up with project management staff. Data was collected utilizing a spreadsheet which requested the estimated number of staff impacted by category (retraining, redeployment, and new hire) by project and by job title supplied by NYSDOH. Project staff were provided with a listing of NYSDOH job titles and the corresponding standard occupation code and job description for uniform reporting. In addition, the CCN analytics team provided an in-depth review of care coordination needs based on Medicaid utilization rates (see Exhibit A).

This data was summarized and overlaid with additional data on the current workforce state gleaned from the recent Compensation & Benefits analysis completed by Iroquois Healthcare Association (IHA). This information included: number of raw vacancies, vacancy rates, and compensation rates by title. This data summary was presented to the revitalized Workforce Development and Transition Team (WDTT) for review and feedback. The WDTT, which serves as the workforce governing body for CCN and represents the partner perspective, met numerous times throughout the summer/fall to provide input to the Future Workforce State based on this data. CCN then re-engaged the Project Management Office (PMO) with respect to the future workforce state projections in September. The final future state projections, summarized in

Exhibit B and reported per NYSDOH guidance into the MAPP tool, represent balanced input and feedback from the WDTT and the PMO.

New Hire data was selected exclusively for presentation in the Future State as the PPS reported little to zero impact through redeployment/retraining. This assessment was considered verified through independent research citing barriers to redeploying acute care staff, as well as PPS reported issues of timing, retirement, and overall shortage. According to Kelly, Koppel, and Virkstis, (2016, p. 9) acute care staff possess skills that are not easily transferable to new care delivery models, nor do they necessarily possess the temperament for the work. One example cited is that of critical care nurses drawn to a fast-paced environment, who may not transition well into care managers. With respect to timing, healthcare workers are needed to simultaneously drive change and fulfill change. As such, new positions must be filled before old positions can be relinquished. Concerning healthcare workforce shortages and impending large scale retirements, vacancy rates upstate are extremely high with some job titles reporting triple digit vacancy rates. Given these conditions, the vast majority of “redeployment” is expected to be employees who will voluntarily self-select among numerous available options. Conversations with both the PMO and WDTT indicated that the vast majority of DSRIP workforce impact would be through existing workers who retain their current position, but are trained to take on additional duties or slightly different duties. This does not appear to meet the strict definition of retraining/redeployment as defined by NYSDOH.

Limitations of Data:

Due to delays in the contracting process, partner input to the Future State Analysis was limited to members of the WDTT. While WDTT members represent the majority of contracted partners to date, the Future State impact projections are in no way representative of the full and complete anticipated impact of DSRIP on the CCN workforce and should not be considered as such.

Sources of Additional Data:

In its Future State analysis, CCN identified a total of 17 job titles considered essential to success. To ensure the integrity of this finding, HWNY conducted a thorough review of relevant literature specific to staffing patterns and projections (Kelly, Koppel, Virkstis 2016; Peikes, Reid, Day, et al 2014; Patel, Arron, Sinsky, et al 2013). Investigation of the research included evaluation of methodology as well as study results. The literature-based analysis yielded a total of 22 job titles considered essential to system transformation compared to a total of 17 job titles considered essential to success identified in the CCN Future State analysis. Within this comparative set, a total of 15 job titles, or 88% were commonly identified.

Conclusions:

The approximate number and types of jobs which CCN must recruit to be successful have been identified with the degree of accuracy necessary to justify the overall recruitment strategy defined in the CCN Transition Road Map, although the exact degree of staff impact cannot be predicted at this time.

Trends Identified for Gap Analysis and Road Map Planning:

Categories of employment expected to be driven by DSRIP were typical and included: care coordination/management at all levels, behavioral health, and primary care. The need for all levels of behavioral health services (i.e. Psychiatrists, Psychiatric Nurse Practitioners, and Substance Abuse/Behavioral Disorder Counselors) is complicated by double digit vacancy rates that, in some instances, are three times higher than the average rate reported by the Six PPS Compensation & Benefits Analysis compilation. The anticipated need for Licensed Clinical Social Workers (LCSW) is extremely high. Sheer demand is expected to complicate recruitment despite lower than average reported vacancy rates. Indeed, partners expressed surprise at the reported vacancy rate given actual experience in attempting to recruit LCSWs. A comprehensive training and certification program to ensure Peer Support Workers meet the desired level of preparation will be needed. Plans to meet psychiatric needs in terms of MDs and NPs will need to be developed with those partners (i.e. UHS and Lourdes) who are already working to close existing gaps. Innovative strategies such as telemedicine may need to be considered in order to fill higher level physician gaps.

Next Steps:

To complete an effective Gap Analysis and Transition Road Map, CCN will need to further analyze, plan, and execute around workforce shortages as follows:

Category of Employment	Action Needed	Timeframe
Care Coordination/Management	<ul style="list-style-type: none">• Clarify needs/ expectations around these functions in order to better identify gaps and plan accordingly.• Identify and implement Peer Certification Process.• Work with local educational institutions regarding availability of Social Work students.	Fall 2016

Behavioral Health	<ul style="list-style-type: none"> • Connect with partners (i.e. UHS/Lourdes) who are working to fill existing gaps to coordinate efforts and leverage resources. • Consider telemedicine and other strategies to fill top level gaps. 	Fall 2016
Primary Care	<ul style="list-style-type: none"> • Examine functions in order to consider alternatives (i.e. Can PA's play an expanded role?) • Coordinate partner efforts at recruitment in order to leverage resources and improve outcomes. • Consider telemedicine and other strategies to fill top level gaps. 	Fall 2016

Exhibits:

Exhibit A - Analytics Team Analysis (06/01/16)
 Exhibit B - Future State Summary Table

References:

Kelly, M., Koppel, J., & Virkstis, K. (2016). Build Your Workforce from the Outside-In: The Nurse Leader's Blueprint for Future Staffing. *Advisory Board of the Nursing Executive Center*, p. 9.

Peikes, Deborah N., Reid, Robert J., Day, Timothy J. (et al) (2014). Staffing Patterns of Primary Care Practices in the Comprehensive Primary Care Initiative. *Annals of Family Medicine* 12 (2), 142-149.

Patel, Mitesh S., Aaron, Martin J., Sinsky, Thomas A. (et al) (2013). Estimating the Staffing Infrastructure for a Patient-Centered Medical Home. *The American Journal of Managed Care* 19 (6), 509-515.

Trainings Needed	2ai	2biv	2bvii	2ci	2di	3ai	3aii	3bi	3gi	4aiii	4bii
2 Day INTERACT Training			X								
2 Hour INTERACT Leadership Training			X								
30 Day Transition Protocol		X									
5 A's of Tobacco Cessation Training								X			X
BH Works Training						X				X	
Cardiovascular Guideline Education								X			
Care Coordination		X						X			
Care Transition Intervention Training											
CDSMP Master Training (possible)								X			X
CDSMP Peer Leader Training (possible)								X			X
*Certificate Program Integrated Primary Care (Onboarding/Recommend by HANYS)											
*CFR42 Oasis Confidentiality											
Clinical Competencies for Blood Pressure Measurement								X			
Clinical Guidelines (Partner Driven Re: Service/ Eligibility								?			?
CNA Training			X								
Coleman Training for Health Coach		X									
Community Education (Brochure/TV)				X							
Community Resources "Guidebook"				X							
Coordination Evidenced Based Protocols				X				?			?
Coordination Treatment/ Care Protocols				X				?			?
*Crisis De-Escalation and Triage											
*CSS Benefits											
Cultural Competency/ Health Literacy			X	X				X	X		X
*Diversion Management and PPS Hospital Protocol											
DSRIP 101			X	X				X	X		X
EHR Connectivity to RHIOS and SHIN-NY Training			X					?	X		?
Evidenced Based Protocol for Blood Pressure Measurement Competency (Partner Resp)								X			
Evidenced Based Protocols/ Engagement Process				X							
Evidenced Based Protocols/Med Management						X					

*Trainings highlighted in yellow indicate a need in multiple projects.
Astrick signifiies trainings recommended by internal Workforce Team

Trainings Needed	2ai	2biv	2bvii	2ci	2di	3ai	3aii	3bi	3gi	4aiii	4bii
Follow Up Care Coordination				X				X			
Health Home Eligibility				X	X						
*High-Tech Nursing Training (PIC line, etc.)											
Home Visitor Safety		X		X	X				X		
*IDN Overview											
*Immunization Training											
Insurance Enrollment Training				X	X						
Intake/Scheduling staff--Social Determinants of Health				X	X						
Integrated Primary Care/ Case Study and Step by Step Guide (Reiter)						X				X	
Integrating Behavioral Health into Primary Care						X				X	
IT Training (HERs; RHIO; Others to be Determined)			X	X	X			?	X		?
*Mandatory Blood Pressure Measurement Competency (Partner Resp.)											
Million Lives								X			
MOLST Training			X	X	X				X		
Motivational Interviewing Training				X	X						
Navigator Training/Trained or Credentialed				X	X						
Navigators Placed in Hot Spot/Patient Activation/Mot. Int.				X	X						
NYS Quits Referral Education								X			X
Orientation and Onboarding				X	X						
Palliative Care vs. Hospice Patient			X						X		
Patient Engagement				X	X						
Patient Navigator Occupational Training--- Certified or Credentialed to be a Patient Navigator				X	X						
*PCMH and Meaningful Use Training											
Personal Centered Methods								X			
Physician Level- Palliative Care/ Behavioral Health									X		
PPS Protocols Home Blood Pressure Measurement Monitoring								X			
PPS Wide Guide for Managing Overall Population Health								?			?
PPS Wide Guide to ID Health Home Patients and Linking to Services Under ACA								?			?
*Preventative Resource Guide											

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Trainings Needed	2ai	2biv	2bvii	2ci	2di	3ai	3aii	3bi	3gi	4aiii	4bii
Prevention Agenda								?			?
Protocols and Processes for IDS								?			?
Psychotropic Med training/Substance Abuse						X					
Resource Guide Navigation Training				X	X						
*Role Appropriate Competence/ Palliative Care Skills											
*Safety Training for Mobile Crisis Teams											
Screening and Treatment Protocols for Hypertension and High								X			
*SNF's Trained to Connect to RHIO											
SNF's Trained on HER			X								
Substance Abuse Screens and Understanding of Issues						X				X	
*TOL Protocol											
Train Others in PAM protocol				X	X						
Train the Trainer/PAM Training				X	X						
*Training for Billing for Integrated Practice (Coders/Billers)											
Training for Care Coordination Position		X		X	X			X			
Training for Navigators/Insurance Coverage Options				X	X						
Training for Personal Health Record		X									
Training on Care Coordination Software								?			
Training on Community Resources				X	X	X					
Training on VBP			X						X		
Treatment Feedback Protocols								?			
Treatment Value/Linking Patients to Community Organizations				X	X						
*Triage Protocols with ED											
UHS Residency Program						X	X				
*Understanding Triage											
Value of Patient Driven Self Management Goals in the Medical Record				X	X			X			X
Warm Referral Follow Up Training				X	X	X		X			
Warm Referral Training				X	X	X		X	X		
Warm Transfer				X	X	X		X	X		
Working as a Team (Team Roles)			X						X		

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Astrick signifiies trainings recommended by internal Workforce Team

DSRIP for Health Home Webinar	X	X
Primary Care Integrated Care Plan	X	

*Trainings highlighted in yellow indicate a need in multiple projects.
Astrick signifiies trainings recommended by internal Workforce Team



CCN Future State/ Staffing Impact Analysis Summary Data Table

Exhibit B

Job Title	Number of New Hires	CCN Current Vacancies	CCN Vacancy Rate	6 PPS Vacancy Rate	6 PPS Compensation Rate
Peer Support Workers	52	14	8.38%	10.93%	\$13.68
Licensed Clinical Social Workers	44	1	3.45%	5.31%	\$30.11
Staff Registered Nurses	30	185	6.17%	6.84%	\$28.33
Nurse Practitioner Primary Care	12	19	8.76%	11.34%	\$46.97
Primary Care Physician	12	11	8.53%	10.34%	\$103.59
Care Manager/Coordinator (Bachelor's Degree required)	10	19	7.42%	7.50%	\$24.03
Social Worker Case/Care Management	10	2	4.55%	8.72%	\$22.45
RN Care Coordinators/Case Managers/Care Transitions	10	3	3.26%	14.77%	\$29.30
Care Manager/Coordinator (AAS required) <i>Social and Human Service Assistants</i>	10	5	4.5%	6.08%	\$17.65
Health Coach	6	0	0.00%	4.17%	\$23.19
Clinical Laboratory Technologists & Technicians (i.e. Medical Technologist)	6	7	3.91%	6.47%	\$25.93
Physician Assistant Primary Care	6	6	6.32%	8.64%	\$51.34
Psychiatrists	5	4	25.00%	11.35%	\$130.96
Psychiatric Nurse Practitioners	4	1	11.11%	18.79%	\$60.41
Care or Patient Navigator (Call Center)	3	1	7.14%	11.11%	\$25.31
Substance Abuse/Behavioral Disorder Counselors	2	13	25.00%	9.18%	\$21.18
Health Information Technology - Technical Support	1	4	4.17%	5.65%	\$22.33
Respiratory Therapists (WDTT)	1	10	7.69%	4.33%	\$28.72