



Suffolk Care
Collaborative

June 30, 2016

DSRIP Target Workforce State



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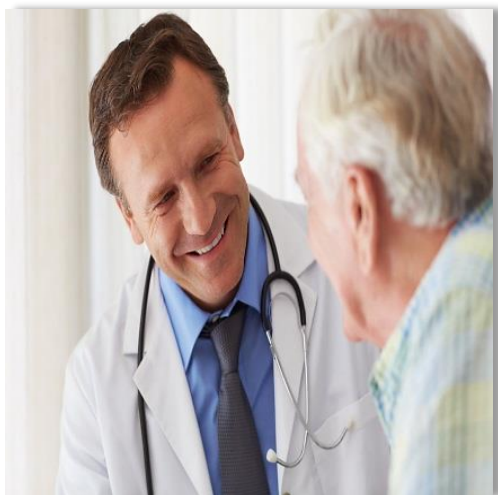
TARGET WORKFORCE STATE

DSRIP Workforce Milestone #1



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EXECUTIVE SUMMARY

The Suffolk Care Collaborative (SCC) is comprised of three Hub sites: Stony Brook (SB), Northwell Health (NWH), and Catholic Health Services (CHS). The State of New York requires all Performing Provider Systems (PPS) to submit a target state workforce model that outlines our projections of workforces needs related to the Delivery System Reform Incentive Payment Program (DSRIP). This document provides the target state workforce projections for our PPS. It will outline our approach to evaluating the workforce needs across each health system and determining the optimal staffing levels for each project.

From our perspective, designing the target workforce model was a pivotal step in helping to facilitate the transition into a unique, integrated delivery system. Each of our DSRIP projects incorporate the diverse strategies proposed by our three Hub sites and provide the foundational paradigm for the skills, competencies, credentials and other qualifications needed across our workforce.

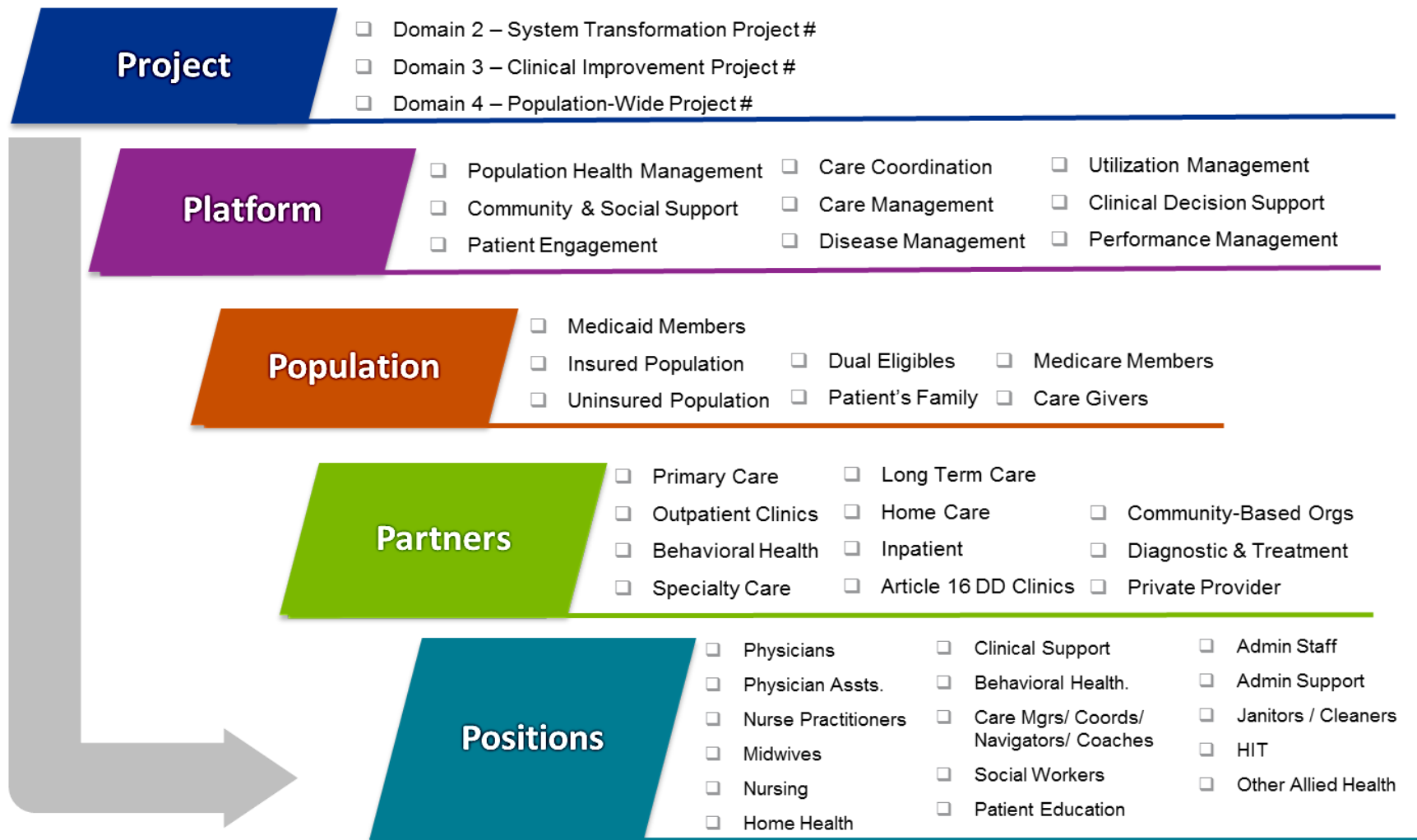


To identify our target workforce state, we conducted a rigorous analysis of our PPS workforce demands related to the DSRIP projects. We evaluated our workforce demand in terms of capabilities, capacities, and the alignment of the workforce to the functional business requirements mandated by the New York State Department of Health (NYSDOH).

Through a mix of meetings and working sessions with the Project Leads, Clinical Experts, and other SCC PPS core team members, we identified the types of positions, qualifications, and competencies needed to meet the DSRIP goals both now and in the future. Our approach included scenario planning using demand forecasting techniques to analyze the possible future needs of our PPS workforce.

FRAMEWORK

To determine our future workforce needs, we used an assessment framework provided by our workforce vendor. This framework enabled us to identify the capabilities and processes applicable to each project, outline the population service needs, pinpoint the key partners to engage in each project, and classify the specific job categories and positions needed to support each project.



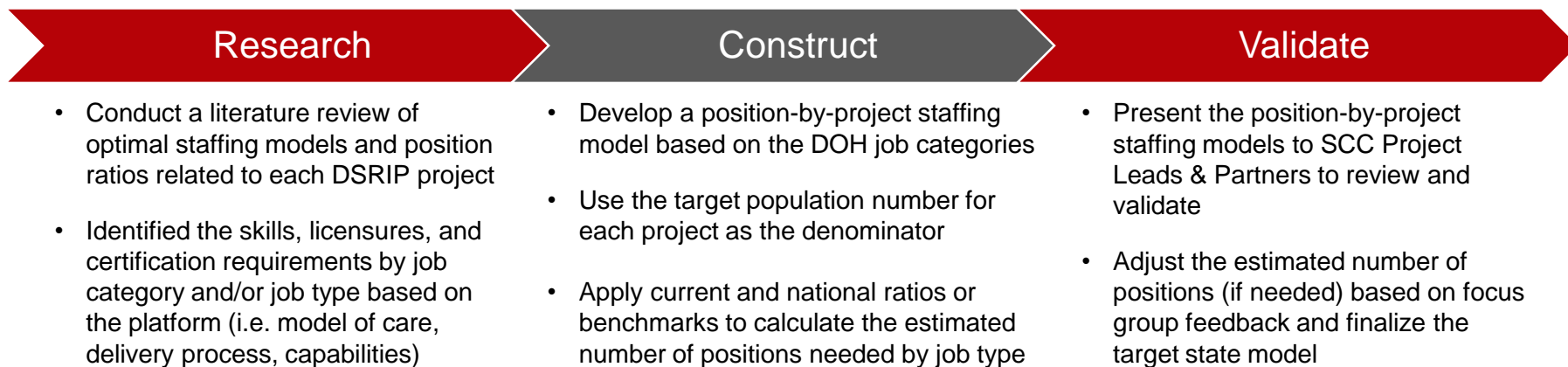
SCOPE AND APPROACH

THE APPROACH

Focus groups were formed to complete the initial target state planning and forecasting process. The focus groups evaluated the project plans and clinical summaries for each project, in addition to reviewing process maps, operations manuals and project charters. Our workforce vendor conducted a thorough review of the DOH requirements for each project and the specific services to be provided to each target population to help the focus groups determine the workforce implications.

Building on the work of the focus groups, the Health Systems and Partner Organizations were engaged through a series of Web-Based meetings to help validate the types of positions, qualifications, and competencies needed to meet the DSRIP goals for each project. Our approach included an analysis of the impact on future workforce demand of the known path, as well as alternative futures, using a combination of demand forecasting techniques.

The graphic below outlines our target state analysis approach.



WORKFORCE PROJECTIONS

DOH Job Category	Job Type/Job Title	DSRIP Project #	New (N) or Current (C) Role	Is Training required for Readiness? (Y or N)	Is there a Skills / Competency Gap to be filled? (Y or N)	PPS Target State (in FTE)
Physicians	Hospitalist / Internal Medicine - General	2.b.ix	C	Y	Y	2.44
	Primary Care	3.a.i, 3.b.i, 4.b.ii	C/N	Y	Y	55.08
	Primary Care Consultant to BH	3.a.i	C	Y	Y	0.90
	Cardiologist	3.b.i	C	Y	Y	15.80
Physician Assistants	Primary Care	3.a.i, 3.b.i	C	Y	Y	13.90
Nurse Practitioners	Primary Care Nurse Practitioner	2.b.ix, 3.a.i, 3.b.i	C	Y	Y	27.14
Nursing	Staff Nurse (RN) / including SNF	2.b.vii, 2.b.ix, 3.a.i	C/N	Y	Y	49.42
	Staff Nurse (LPN) / including SNF	2.b.vii, 2.b.ix	C/N	Y	Y	64.11
	Pulmonary Care / Respiratory Nurse Educator	3.d.ii	C	Y	Y	2.75
Clinical Support	Medical Assistant	2.b.vii, 3.a.i	C	Y	Y	25.82
	Nurse Aide / Assistant / Patient Care Assistant	2.b.vii, 2.b.ix	C	Y	Y	176.62
Nursing Care Managers / Coordinators / Navigators / Coaches	RN Care Manager / Case Manager	2.a.i, 2.b.iv, 2.b.ix, 3.b.i	C/N	Y	Y	23.70

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Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers* <i>(Except RNs, LPNs, and Social Workers)</i>	Community Health Associate / Resource Manager	2.a.i, 2.b.iv	C/N	Y	Y	12.00
	Care Coordinator / Implementation Specialist	3.c.i	C/N	Y	Y	7.00
	Depression Care Manager (Only IMPACT)	3.a.i	N	Y	Y	4.00
	Outreach Worker (Community and Inpatient)	2.d.i	N	Y	Y	30.00
	Wellness Coach	2.d.i	N	Y	Y	5.50
	Community Health Worker / Care Coordinator	3.a.i, 3.d.ii	C/N	Y	Y	5.00
	Outreach Supervisor	2.d.i	N	Y	Y	1.98
Behavioral Health <i>(Except Social Workers providing Case/Care Management, etc.)</i>	Psychiatrist	3.a.i	C	Y	Y	9.00
	Psychiatric Nurse Practitioner	3.a.i	C	Y	Y	10.00
	Behavioral Health Specialist	3.a.i	C	Y	Y	2.50
	SBIRT Implementation Specialist (Dual role with Health Coach/Addictions Counselor)	4.a.ii	N	Y	Y	10.00
	Health Coach / Addictions Counselor	4.a.ii, 4.b.ii	N	Y	Y	6.00
Social Worker Case Management / Care Management	Social Worker Case Manager	2.a.i, 2.b.iv, 2.b.ix	C/N	Y	Y	14.70

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Administrative Staff	Medical Director (SNFs)	2.b.vii	C	Y	Y	1.44
	Director of Nursing (SNFs)	2.b.vii	C	Y	Y	1.72
	Facility Champion	4.a.ii	N	Y	Y	0.76
	Medical Director	2.a.i	N	Y	Y	0.25
	Administrative Lead	2.d.i	N	Y	Y	0.09
	Project Lead	2.a.i, 2.b.iv, 2.b.vii, 2.b.ix, 2.d.i, 3.a.i, 3.b.i, 3.c.i, 3.d.ii, 4.a.ii, 4.b.ii	N	Y	Y	1.45
	Project Manager (Project Educator: Added by NWH on 7/15/16)	2.a.i, 2.b.iv, 2.b.vii, 2.b.ix, 2.d.i, 3.a.i, 3.b.i, 3.c.i, 3.d.ii, 4.a.ii, 4.b.ii	N	Y	Y	10.73
	Program Coordinator (CHW Supervisor)	3.d.ii	N	Y	Y	1.00
	Implementation Specialist	3.a.i, 3.b.i	N	Y	Y	2.00
	IDS Project Co-Lead	2.a.i	N	N	N	0.04
	IDS Project Manager	2.a.i	N	N	N	0.50
	TOC Project Manager	2.a.i	N	N	N	0.50
	PCMH Project Manager	2.a.i	N	N	N	1.50
	Director of Care Management	2.a.i	N	N	N	1.30
Value Based Payment Project Manager	2.a.i	N	N	N	0.25	

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Administrative Staff	Community Engagement Project Manager	2.a.i	N	N	N	0.50
	Community Health Activation Program Manager	2.a.i	N	N	N	0.50
	Network Performance & Workforce Director	2.a.i	N	N	N	0.25
Patient Education	Diabetes Education Coordinator	3.c.i	C	Y	Y	0.15
	Certified Diabetes Educator	3.c.i	N	Y	Y	7.00
Administrative Support	Care Management Associate	2.a.i	N	Y	Y	1.00
	Office Clerk / Data Entry Clerk	3.a.i	C	Y	Y	36.96
Health Information Technology	IT Project Lead	2.a.i	N	N	N	1.40
	HIPAA / Security	2.a.i	N	Y	Y	1.40
	Chief Technology Office	2.a.i	N	N	N	0.10
	Director of Patient Engagement	2.a.i	N	Y	Y	0.20
	IT Staff	2.a.i	N	Y	Y	1.30
	IT Project Manager	2.a.i	N	N	N	1.50
	HIT Specialist / Analyst	2.a.i	C/N	Y	Y	9.00
Home Health Care						0.00
Other Allied Health						0.00
Midwives	Midwives					0.00
Janitors & Cleaners	Janitors & Cleaners					0.00
						660.15

SOURCES

Listed below are various research sources used to compare national ratios, productivity standards, and case loads for various job categories and job types.

- <https://aims.uw.edu/sites/default/.../CollaborativeCareStaffingRatios.pptx>
- <http://bhpr.hrsa.gov/healthworkforce/supplydemand/medicine/physician2020projections.pdf>
- <http://cepac.icer-review.org/wp-content/uploads/2011/04/CHW-Draft-Report-05-24-13-MASTER1.pdf>
- <http://dhss.alaska.gov/dbh/Documents/CAC/2013winter/IBHC-ElizabethWeeks.pdf>
- <http://healthaffairs.org/blog/2015/03/11/care-team-redesign-transforming-medical-assistant-roles-in-primary-care/>
- <http://rc.rcjournal.com/content/58/3/438.full.pdf>
- <https://www.advisory.com/~media/Advisory-com/Research/HCAB/Resources/2013/Advisory-Board-Staff-Audit-Tool.pdf>
- [http://www.futurehealth.ucsf.edu/Content/8866/2010-06 Physician Assistant and Nurse Practitioner Staffing Patterns in California's Licensed Community Clinics 2005-2008.pdf](http://www.futurehealth.ucsf.edu/Content/8866/2010-06%20Physician%20Assistant%20and%20Nurse%20Practitioner%20Staffing%20Patterns%20in%20California's%20Licensed%20Community%20Clinics%202005-2008.pdf)
- <http://www.human-resources-health.com/content/pdf/1478-4491-10-2.pdf>
- <http://www.ibhp.org/index.php?section=pages&cid=110>
- [http://www.iienet2.org/uploadedFiles/SHSNew/Tools and Resources/Feature%201%20Perfect%20ED%20Study\(1\).pdf](http://www.iienet2.org/uploadedFiles/SHSNew/Tools%20and%20Resources/Feature%201%20Perfect%20ED%20Study(1).pdf)
- <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf>
- <http://www.merrithawkins.com/pdf/Merritt-Hawkins-Physician-to-Population-Ratios.pdf>
- <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NurseStaffing/2014-Nurse-Staffing-Updated-Literature-Review.pdf>
- http://www.who.int/hrh/en/HRDJ_2_2_05.pdf