

DSRIP Workforce Target State

Westchester Medical Center | Center for Regional Healthcare Innovation (CRHI) PPS



September 30, 2016



**Performing Provider
System (PPS)**

Westchester Medical Center Health Network

Target Workforce State

Westchester Medical Center
Center for Regional Healthcare Innovation
7 Skyline Drive
Hawthorne, New York 10532

(September 30, 2016)



Performing Provider System (PPS)

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The New York State Department of Health (NYSDOH) requires all Performing Provider Systems (PPS) to submit a Target Workforce State Projection Model for each DSRIP project. The Center for Regional Healthcare Innovation (CRHI) PPS took a comprehensive analytical approach to developing our workforce target state model. This provided a mathematically derived baseline projection of the workforce demand. Planning for the target state of our workforce involved analyzing the anticipated human capital resource needs of our partner organizations.

Our evaluation framework involved outlining the project requirements, determining workforce functional needs, and identifying the job types essential for success. This process also involved a focus group meeting with behavioral health experts to analyze workforce variables, such as service delivery models, technological changes, expected patient engagement targets, population demographics and disease states, and skill requirements within different job families.



This document provides an overview of how our target state model was developed. 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).

The projections we've put forth provide a baseline evaluation of the Target Workforce State needs for CRHI. Due to the inevitable uncertainties in forecasting future demand, we plan to refine our target state workforce projections with scenario planning. The objective of our ongoing planning efforts will be to understand the plausible future business scenarios that may impact our workforce demands and adjust our projections, if necessary.

The WMCHealth PPS Workforce Committee approved the Target State Workforce Model (Milestone #1) on Sep 19, 2016.

No.	Project Name	Project Objectives
Domain 2 - System Transformation Projects		
2.a.i	Create Integrated Delivery Systems that are focused on Evidence Based Medicine / Population Health Management	- Build an integrated, collaborative and accountable service delivery structure to end service fragmentation and increase the alignment of incentives.
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	- To expand access to community primary care services and develop integrated care teams (physicians and other practitioners, behavioral health providers, pharmacists, nurse educators and care managers from Health Homes
2.a.iv	Create a medical village using existing hospital infrastructure	- To reduce excess bed capacity and repurpose unneeded hospital infrastructure into “medical villages,” integrated outpatient service centers providing emergency/urgent care as well as access to the full range of outpatient medicine.
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	- To provide a 30 day supported transition period after a hospitalization to ensure discharge directions are understood and implemented.
2.d.i	Implementation of Patient and Community Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	- To increase patient activation related to health care paired with increased resources that can help the uninsured (UI), non-utilizing (NU) & low utilizing (LU)populations
Domain 3 - Clinical Improvement Projects		
3.a.i	Integration of primary care and behavioral health services	- Integration of mental health and substance abuse with primary care services to ensure coordination of care for both services.
3.a.ii	Behavioral health community crisis stabilization services	- To provide readily accessible behavioral health crisis services that will allow access to appropriate level of service and providers, supporting a rapid de-escalation of the crisis.
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	- To support implementation of evidence-based best practices for disease management in medical practice.
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	- To ensure access for all patients with asthma to care consistent with evidence-based medicine guidelines for asthma management.
Domain 4 - Population-wide Projects: New York's Prevention Agenda		
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	- To decrease the prevalence of cigarette smoking by adults 18 and older; Increase use of tobacco cessation services including NYS Smokers’ Quitline and nicotine replacement products.
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This strategy targets chronic diseases that are not included in domain 3.b., such as cancer)	- To increase the numbers of New Yorkers who receive evidence based preventive care and management for chronic diseases.

What is the Workforce Target State?

The DSRIP Workforce Target State Model is an organizational milestone under Domain 1 which the WMC CRHI PPS will be submitting to the DOH in DY2Q2 (Oct 2016).

PPS's must submit a finalized Target Workforce State, which includes:

- ✓ Evidence of workforce needs associated with each DSRIP project, including consideration of skills and licensure requirements
- ✓ Evidence of involvement of network providers in the development of workforce target state plan
- ✓ Consideration of future staffing needs for project implementation and inclusion of such needs in the workforce roadmap

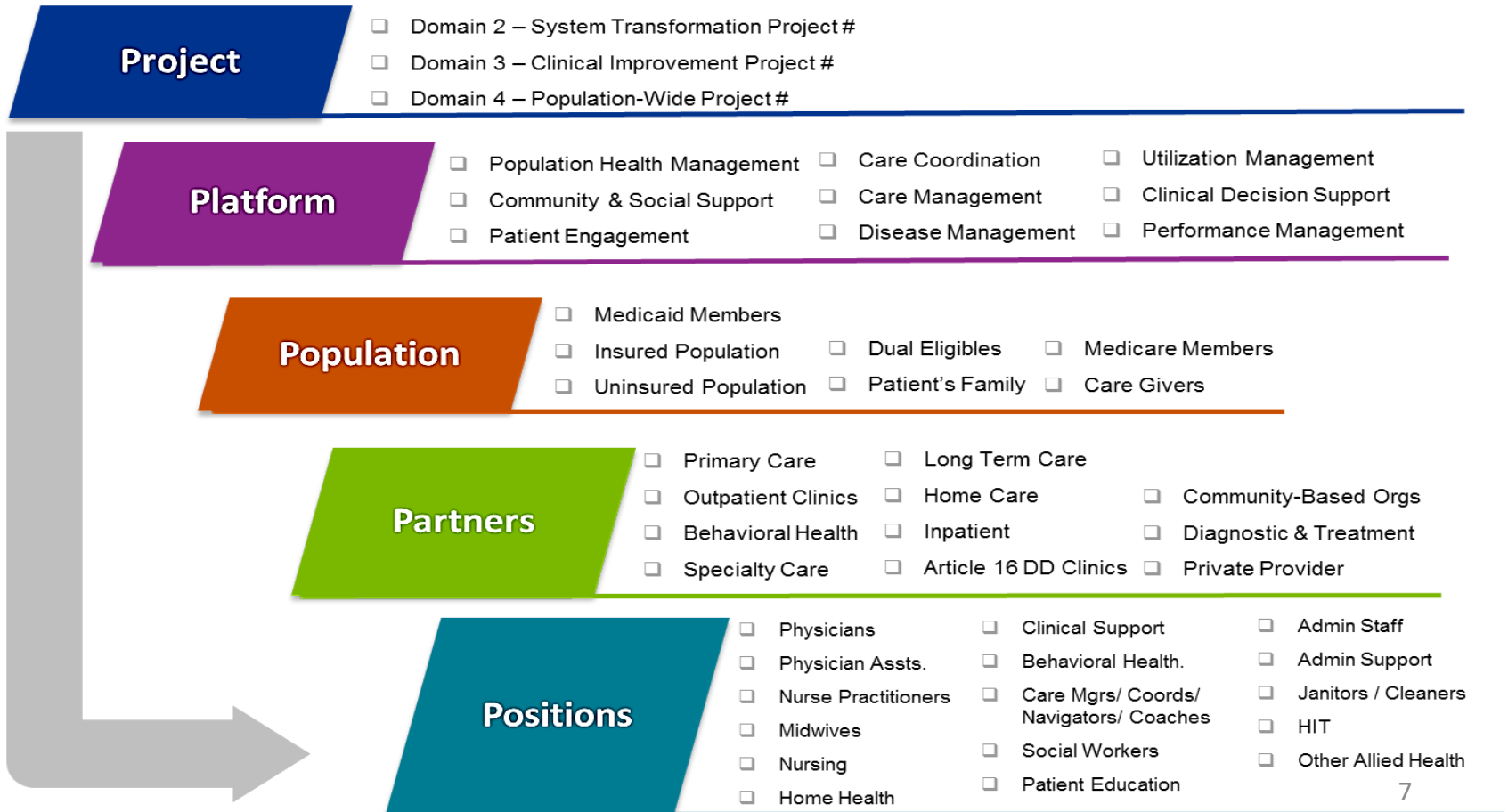
The PPS Target State Model will be submitted to the DOH as a document upload in MAPP.

Designing the Target State Model by Project

- ✓ What types of positions are needed to implement the project?
- ✓ What skills, competencies, licenses and/or certifications are required?
- ✓ How many positions are needed to:
 - ✓ Serve the population (considering the various conditions & diagnoses)
 - ✓ Manage the program
 - ✓ Supervise the clinical, care coordination and/or community-based staff
 - ✓ Support the HIT, EHR & reporting requirements
- ✓ Will employees across the PPS partner organizations be “ready now” for this project?

THE TARGET STATE FORECASTING PROCESS

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.



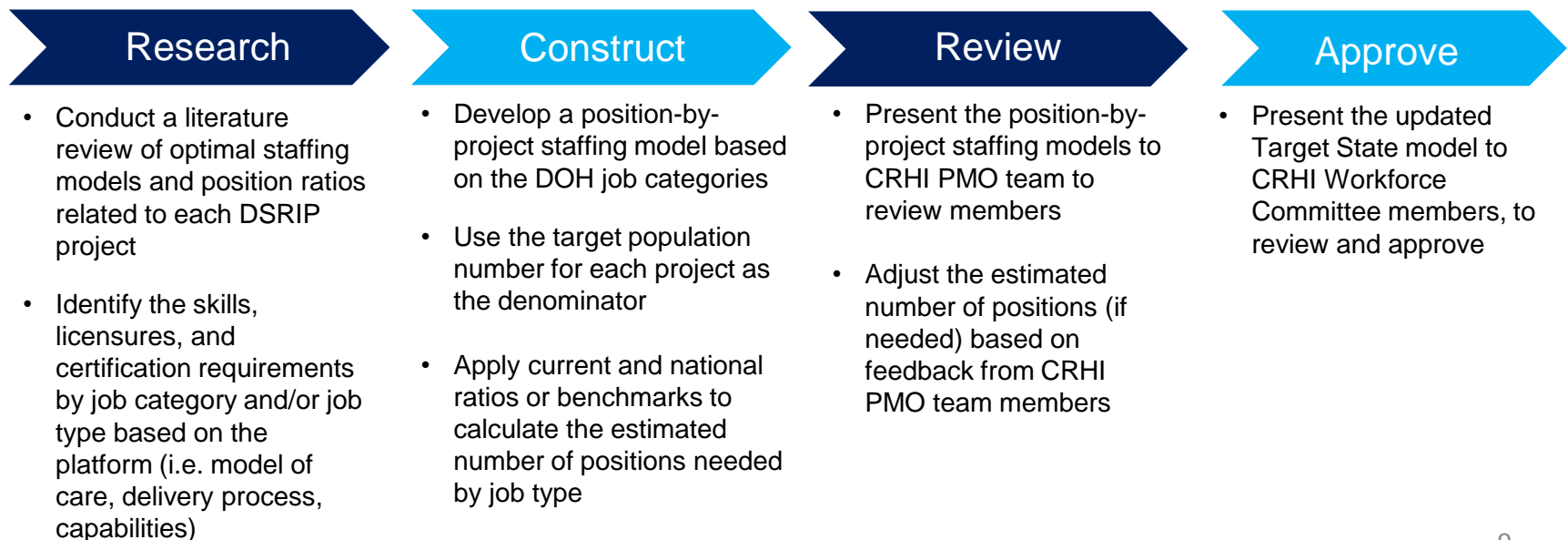
SOURCE: NYS DSRIP Workforce Reporting Summary, December 2015

Physicians	Behavioral Health (Except Social Workers providing Case/Care Management, etc.) (cont'd)	Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	Health Information Technology
Primary Care	Licensed Clinical Social Workers	Care Manager/Coordinator	Health Information Technology Managers
Other Specialties (Except Psychiatrists)	Substance Abuse and Behavioral Disorder Counselors	Patient or Care Navigator	Hardware Maintenance
Physician Assistants	Other Mental Health/Substance Abuse Titles Requiring Certification	Community Health Worker	Software Programmers
Primary Care	Social and Human Service Assistants	Peer Support Worker	Technical Support
Other Specialties	Psychiatric Aides/Techs	Administrative Staff – All Titles	Other
Nurse Practitioners	Other	Executive Staff	Home Health Care
Primary Care	Nursing Care Managers/ Coordinators/Navigators/Coaches	Financial	Certified Home Health Aides
Other Specialties (Except Psychiatric NPs)	RN Care Coordinators/Case Managers/Care Transitions	Human Resources	Personal Care Aides
Midwives	LPN Care Coordinators/Case Managers	Other	Other
Nursing	Social Worker Case Management/ Care Management	Administrative Support – All Titles	Other Allied Health
Nurse Managers/Supervisors	Bachelor's Social Work	Office Clerks	Nutritionists/Dieticians
Staff Registered Nurses	Licensed Masters Social Workers	Secretaries and Administrative Assistants	Occupational Therapists
Other Registered Nurses (Utilization Review, Staff Development, etc.)	Social Worker Care Coordinators/Case Managers/Care Transition	Coders/Billers	Occupational Therapy Assistants/Aides
LPNs	Other	Dietary/Food Service	Pharmacists
Other	Patient Education	Financial Service Representatives	Pharmacy Technicians
Clinical Support	Certified Asthma Educators	Housekeeping	Physical Therapists
Medical Assistants	Certified Diabetes Educators	Medical Interpreters	Physical Therapy Assistants/Aides
Nurse Aides/Assistants	Health Coach	Patient Service Representatives	Respiratory Therapists
Patient Care Techs	Health Educators	Transportation	Speech Language Pathologists
Clinical Laboratory Technologists and Technicians	Other	Other	Other
Other		Janitors and cleaners	
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)			
Psychiatrists			
Psychologists			
Psychiatric Nurse Practitioners			

HOW THE TARGET STATE WAS CONSTRUCTED?

The CRHI PPS Workforce PMO team members, Project Leads, and a targeted group of Behavioral Health network partners worked collaboratively through a series of meetings to identify the types of positions, qualifications, and skills and competencies needed to meet the DSRIP goals for each project. Staffing-by-Project projection models were created for all CRHI DSRIP projects except 2ai. Staffing projections for the Domain 4 projects and Medical Village will need to be reassessed once the projects are fully implemented and discussions have been held with our network partners. Updates to our target state staffing projections will be submitted in a subsequent quarter.

The model below demonstrates the approach we followed to achieve the most efficient Target Workforce State.





WORKFORCE PROJECTIONS

The tables on the preceding pages outline the projected staffing models by Job Category for each position type and DSRIP project.

DOH Job Category	Position Type(s)	Location of Position	DSRIP Project #s	Total Target State Number (FTE)
Administrative Staff	Community Health Worker Supervisor	Partner	3diii	3.8
	Front Office Manager	Partner	3ai	10.0
	PAM Training Coordinator	PPS	2di	0.5
	Project Lead	PPS	2aiii, 2aiv, 2biv, 2di, 3ai, 3aii, 3ci, 3diii, 4bi, 4bii	3.0
Administrative Support	Administrative Assistant	Partner	2aiii, 3ai, 3aii	12.0
	Intake Coordinator	Partner	2aiv, 2biv	9.0
	Office Clerk	Partner	2aiv, 2biv, 2di, 3ai	21.5
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	Addictions Counselor / Community	Partner	4bi, 4bii	55.0
	Addictions Counselor / School-Based	Partner	4bi, 4bii	48.0
	Behavioral Health Specialist	Partner	4bii	20.0
	Licensed Clinical Social Worker	Partner	3ai, 3aii	12.0
	Mental Health Therapist	Partner	3ai, 3aii	6.0
	Peer Support Specialist	Partner	3ai, 3aii	84.0



WORKFORCE PROJECTIONS

DOH Job Category	Position Type(s)	Location of Position	DSRIP Project #s	Total Target State Number (FTE)
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	Psychiatrist	Partner	3ai, 3aii	2.8
	Psychologist	Partner	3ai, 3aii	2.8
	Substance Abuse Counselor	Partner	3ai, 3aii	6.0
Clinical Support	Clinical Lab Tech	Partner	2aiv	4.0
	Medical Assistant	Partner	3ai, 3aii	9.0
	Nurse Aide / Assistant	Partner	2aiv	4.0
	Patient Care Tech	Partner	3ai	3.0
Health Information Technology	Reporting / Data Analyst	PPS & Partner	2aiii, 2aiv, 2biv, 2di, 3ai, 3aii, 3diii, 4bi	67.0
	Systems Analyst	PPS & Partner	2aiii, 2biv	25.0
Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers	Care / Patient / Community Navigator	Partner	2aiii, 2aiv, 2biv, 2di, 3ai, 3aii	409.7
	Care / Referral Coordinator / Manager	Partner	2aiv, 2biv, 3ai, 3aii, 3ci	
	Community Health Worker / Community Outreach Worker	Partner	2aiii, 2aiv, 2di, 3diii, 4bi	
Nurse Practitioners	Other Specialists (Except Psychiatrists)	Partner	2biv, 3ai, 3aii	6.7
	Primary Care NP	Partner	2aiv, 2biv, 3ai, 3aii	8.4



WORKFORCE PROJECTIONS

DOH Job Category	Position Type(s)	Location of Position	DSRIP Project #s	Total Target State Number (FTE)
Nursing	Care Transitions Nurse (IP)	Partner	2biv	112.0
Nursing	Other Registered Nurse (Specialists)	Partner	3diii	4.0
Nursing	Other Registered Nurse (Specialists) - Psychiatric	Partner	3aii	0.6
Nursing	RN Supervisor	Partner	2aiv	3.0
Nursing	Staff Nurse (LPN)	Partner	2aiv, 3ai	38.4
Nursing	Staff Nurse (RN)	Partner	2aiv, 3aii	106.7
Nursing	Staff Registered Nurse (ER)	Partner	3aii	1.7
Nursing	Staff Registered Nurse (OP)	Partner	2biv, 3ai	114.8
Nursing Care Managers / Coordinators / Navigators / Coaches	RN Care Manager / Case Manager	Partner	2aiv, 3diii	42.0
Nursing Care Managers / Coordinators / Navigators / Coaches	RN Health Home Coordinator	Partner	2aiii	50.0
Other Allied Health	Driver	Partner	4bii	5.0



WORKFORCE PROJECTIONS

DOH Job Category	Position Type(s)	Location of Position	DSRIP Project #s	Total Target State Number (FTE)
Other Allied Health	Nutritionist / Dietician	Partner	4bii	10.0
Patient Education	Asthma Educator	Partner	3diii	29.9
Patient Education	Diabetes Educator	Partner	3ci	0.3
Patient Education	Peer Educator	Partner	4bii	25.0
Physician Assistants	Other Specialists (Except Psychiatrists)	Partner	2biv, 3ai, 3aii	3.6
Physician Assistants	Primary Care	Partner	2biv, 3ai, 3aii	3.5
Physicians	Other Specialists (Except Psychiatrists)	Partner	2aiv, 2biv, 3ai, 3diii	36.9
Physicians	Primary Care	Partner	2aiv, 2biv, 3ai, 3aii, 3diii, 4bii	47.3
Social Worker Case Management / Care Management	Licensed Social Worker	Partner	2aiv	8.0
Social Worker Case Management / Care Management	Social Worker Care Manager/Coordinator	Partner	2aiii, 3aii	91.4
			TOTAL:	1567.4

Target State Components		
Column Headers	DOH Required?	Definition
DOH Job Category	Yes	The DOH produced a list of Job Categories and potential positions that each PPS may need in order to successfully implement the DSRIP projects (see below for the list of categories and definitions)
Job Type/Job Title	Yes	Job Types/Job titles that utilized among the partner organizations
Core	No	Resources dedicated full-time to the delivery of the project-related services
System	No	Support Resources (i.e. clinical, non-clinical, admin.) utilized at least part-time to support the project
Contingent	No	Resources used in the project on an “As Needed” or consultative basis
New or Current Role	No	If the PPS already has employees with the specific position title and responsibilities, then the position is a current role. If the position stated is not already in place throughout the PPS and needs to be hired; or if the function of the role is different than what's needed for the DSRIP project, then it is considered a new role (new could be a redeployed position)
Required Qualifications	No	The specific Degrees, Licenses/Certifications, and Skills/Competencies required for each position to perform the necessary responsibilities for the DSRIP projects
Is Training Required for Readiness?	No	Will additional training be needed for each position to perform the required responsibilities for the DRSIP projects?
Required Position Ratio	No	This ratio was determined by examining scholarly research, talking with the project groups, and analyzing the caseload and panel size of each position
Total Target State Number	Yes	The Target State number was 1) produced mathematically based on the patient engagement target number and the required position ratio or 2) estimated by Project Leads, Clinical Experts and other CRHI PPS core team members
Total Reported Current State	Yes	The Current State number was retrieved from the results of the Current State survey that each partner organization submitted

Target State Components	
DOH Job Category	Functional Definition
Physicians	Providing leadership in developing and supervising a patient's overall health care plan, including diagnosis and treatment of acute and chronic illnesses, provides continuous care for the patient while in the hospital or ambulatory setting and working collaboratively with the healthcare team to provide optimal care
Physician Assistants	Under the direction & supervision of a physician; supervising a patient's overall health care plan, including diagnosis and treatment of acute and chronic illnesses, provides continuous care for the patient while in the hospital or ambulatory setting, providing education to patients & families, and working collaboratively with the healthcare team to provide optimal care
Nurse Practitioners	Providing leadership in developing and supervising a patient's overall health care plan, including diagnosis and treatment of acute and chronic illnesses, provides continuous care for the patient while in the hospital or ambulatory setting, providing education to patients & families, and working collaboratively with the healthcare team to provide optimal care
Nursing	Clinical care provided by RNs and LPNs to support the prescribed treatment of acute and chronic patient illnesses; visiting admitted patients at bedside before they are discharged from the hospital; providing education to patients & families and scheduling and making home visits to patients discharged from the hospital
Clinical Support	Assisting in the treatment and diagnosis of patients, to include taking vitals, lab specimens and samples, logging and analyzing data on a computer, taking x-rays, and performing specific functional procedures/tests
Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers <i>(Except RNs, LPNs, and Social Workers)</i>	Coordination & Monitoring of the options and services required to meet the patient's medical care and other service needs; this may include scheduling, tracking and follow up with patients about appointments with their medical, behavioral health, and social service providers, and patient education
Behavioral Health <i>(Except Social Workers providing Case/Care Management, etc.)</i>	The assessment and treatment of mental illnesses, such as depression or personality disorder, substance use disorders, and other addictive behaviors
Social Worker Case Management / Care Management	LCSW's & LMSW's responsible for the assessment, planning, management, coordination, monitoring, and evaluation of the options and services required to meet the patient's clinical & non-clinical service needs; This may include diagnosis and assessment-based treatment planning for BH conditions.

Target State Components	
DOH Job Category	Functional Definition
Nursing Care Managers/ Coordinators / Navigators / Coaches	RN's and/or LPN's responsible for the assessment, planning, management, coordination, monitoring, and evaluation of the options and services required to meet the patient's medical care and other clinical service needs; this may also include scheduling, tracking and follow up with patients about appointments with their medical, behavioral health, and social service providers
Patient Education	Teaching and providing information to patients to promote disease self-management, evidence based wellness and prevention
Home Health Care	Care provided by a team of skilled practitioners to patients in their homes which may include nursing care; physical, occupational, and speech-language therapy; and medical social services
Other Allied Health	Specialized ancillary support functions such as pharmacy services, dietary & nutritional support, occupational services, physical therapy, respiratory therapy and speech language pathology
Administrative Staff	Activities focused on the management & oversight of DSRIP projects and/or project staff, including but not limited to Operations, Finance, Human Resources and Quality Improvement
Administrative Support	Support activities such as, patient intake, scheduling, phone calls, medical billing and coding, transportation, food service, medical interpretation, housing services and clerical
Health Information Technology	Staff used to support a variety of technology needs including EHR, EMR, Secure Messaging, Reporting, database management, population health analysis and patient registries
Midwives	Assisting women in all stages of pregnancy, childbirth and post-delivery. They also work closely with obstetricians and gynecologists in diagnosing and treating women with acute and chronic illnesses
Janitors & Cleaners	Responsible for cleaning buildings, removing debris, and keeping areas neat and tidy. Vacuums and buffs floors, shampoos carpets, empties trash receptacles, and replace lining of trash cans

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 Californias Licensed Community Clinics 2005-2008.pdf](http://www.futurehealth.ucsf.edu/Content/8866/2010-06%20Physician%20Assistant%20and%20Nurse%20Practitioner%20Staffing%20Patterns%20in%20Californias%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