

A female healthcare professional with dark hair, wearing blue scrubs and a stethoscope, is smiling while looking at a tablet computer. She is standing in a hospital room with a patient bed visible in the background. The overall scene is bright and professional.

# **Workforce Transition Roadmap**

**For  
Bronx Health Access  
Performing Provider System**

**September 30, 2016**



# Workforce Transition Roadmap

The Path to the Target Workforce State



**Bronx Health Access PPS, 1276 Fulton Avenue, Bronx, New York 10456**

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The Bronx Health Access (BHA) PPS is committed to building a diversified, progressive and stable health care workforce for the future. This requires investing in our staff by providing essential resources for a successful transition. To fulfill this commitment, we have already begun implementing steps to build a high-performing workforce that is prepared for ongoing reform. Our DSRIP Workforce Transition Roadmap will involve defining new skills and competencies, leveraging emerging roles, enhancing recruitment tactics, and much more. By engaging our workforce and collaborating with our network partners to meet staffing requirements, we will inevitably develop a workforce that is more experienced, motivated and well trained.

Sharpening the focus on workforce development is essential to ensuring that we employ a sufficient number of trained professionals who are prepared to deliver high-quality services through the BHA projects. Building a fully integrated delivery system requires having our patients served by an engaged, culturally competent team, representing the optimal mix of professional disciplines.

This document is BHA's official Workforce Transition Roadmap and it outlines our steps for closing gaps within our workforce, managing processes for redeployment and retraining, supporting our network partners with organizational development and describing the priority strategies that we're initiating to help achieve our goals in the following essential workforce areas:

- ❑ **Training & Education**
- ❑ **Recruitment & Retention**
- ❑ **Retraining & Redeployment**
- ❑ **Organizational Development**



**The BHA PPS Steering Committee approved the Workforce Transition Roadmap (Milestone #2) on Sep 27, 2016.**

# Transitioning to the Target State

## Our Transition Roadmap

The Bronx Health Access (BHA) PPS believes that workforce development is a critical component of a successful transformation of healthcare services within New York State. We recognize the vital importance of preparing our workforce to accommodate and manage an extraordinary amount of change within the healthcare arena. In our Transition Roadmap, we have outlined a comprehensive approach to moving our workforce towards the desired target state. The Transition Roadmap serves as our central source for aligning and monitoring the action steps from each of our strategic workforce planning documents.

This roadmap is our activation plan which was developed based upon insights gleaned from our workforce data and the staffing-by-project models we plan to implement over the remaining DSRIP years. The primary focus of our transition plan will be closing identified workforce gaps and addressing impacts to staff as a result of DSRIP.

Based upon the requirements outlined by the NYS Department of Health (DOH), our Transition Roadmap for achieving our defined target workforce state includes the following key elements:

### ➤ **DETAILED PLANS TO ADDRESS THE RECRUITMENT, TRAINING AND DEPLOYMENT NEEDS OF BHA ON AN ONGOING BASIS**

We identified and analyzed both quantitative and qualitative gaps within our workforce. To accurately analyze the workforce numerical gap, we collected data from our network partners regarding the actual current state workforce allocation to each project, as opposed to a pure headcount. This information provided a more finite number from which to calculate a gap. A comparison of our target state projections by project and current state workforce allocation yielded a quantitative gap of **124.1**. (FTE).

In the ***Closing Workforce Gaps*** section of this document, we have provided data charts which highlight our workforce gaps by project and position.

## ➤ A PROJECTED TIMELINE WITH REALISTIC TARGET DATES FOR ACCOMPLISHING ALL STEPS TO CLOSE WORKFORCE GAPS

We have developed a preliminary timeline for closing our remaining workforce gaps by calculating Patient Engagement Targets across the DSRIP timeframe. However, we recognize that this initial timeline will need to be refined through further data analysis and discussion with our network partners to make decisions around prioritizing workforce gaps. The additional factors that will enable us to give precedence to the gaps include:

- ❑ Reviewing BHA's Project Implementation Schedule to align gap closures with the rollout of our projects
- ❑ Analyzing Attrition & Turnover data trends to understand the job types, demographics, educational levels and skillset information about the departing employees

We have included charts projecting our preliminary timeline to close gaps by quarter for our clinical projects over the remaining DSRIP years. The charts can be viewed in the **Closing Workforce Gaps** section of this document.



## ➤ DEFINED GOALS, OBJECTIVES AND STRATEGIES OUTLINING THE WAYS IN WHICH WE PLAN TO CLOSE IDENTIFIED GAPS SO AS TO MEET THE NEEDS OF BHA AND OUR NETWORK PARTNERS

We have outlined several approaches and strategies for closing all identified workforce gaps. Each of our gap closure approaches involve communication and collaboration with our network partners. Our strategies are listed in the **Workforce Strategic Planning** section of this document.

# Closing Workforce Gaps



## OUR APPROACH

Our workforce vendor supported the BHA PPS Workforce Staff, Workforce Committee Members and Project Work Groups in analyzing and understanding our project staffing data. The objective of our data analyses was to obtain more insight regarding our workforce supply and demand and to use this information for planning purposes. For this preliminary view, we focused on understanding how the workforce projections align with our patient engagement targets by quarter. In this section, we have included a series of charts that highlight our findings and gap closure plan.

Our supply and demand analysis focused on the following three areas:

- ❑ **Target State Assumption:** Our analysis is based on the assumption that the target staff needed per quarter is directly proportional to the anticipated percent of patients engaged. This means that if in DSRIP Year 3, Quarter 2, 80% of patients are planned to be engaged for a particular project, then 80% of the Target State FTEs will also be needed within the same timeframe.
- ❑ **Current Allocation:** Based on the number and type of positions our network partners have already allocated to our projects, we assessed the apportionment of the current allocated positions against the projected target workforce by quarter. Our goal was to estimate the length of time in which the currently allocated positions would cover the workforce needs, and the quarters in which gaps may arise. Additionally, in this view, we have focused solely on position types in which there is a gap.

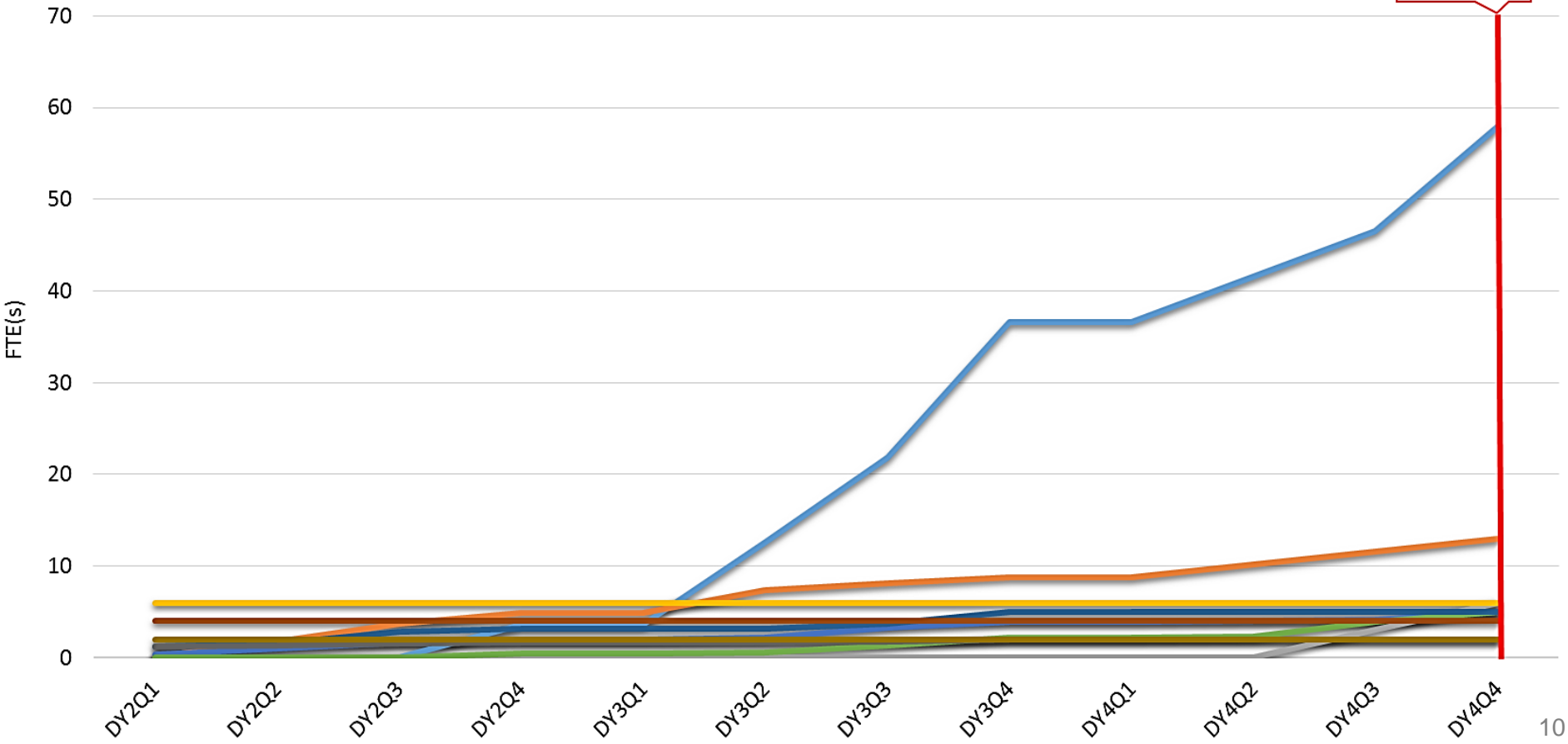


- ❑ **Critical Gap Closure Periods:** Critical gap closure periods are key periods of time to identify New Hires, Redeployments, Retraining, etc. These periods indicate that the currently allocated workforce may not be enough to cover the anticipated patient engagement at the time, and thus workforce gaps may arise. Gap closure activities will be targeted during these periods.

## Top 10 Gaps to close, by Job Type and Quarter

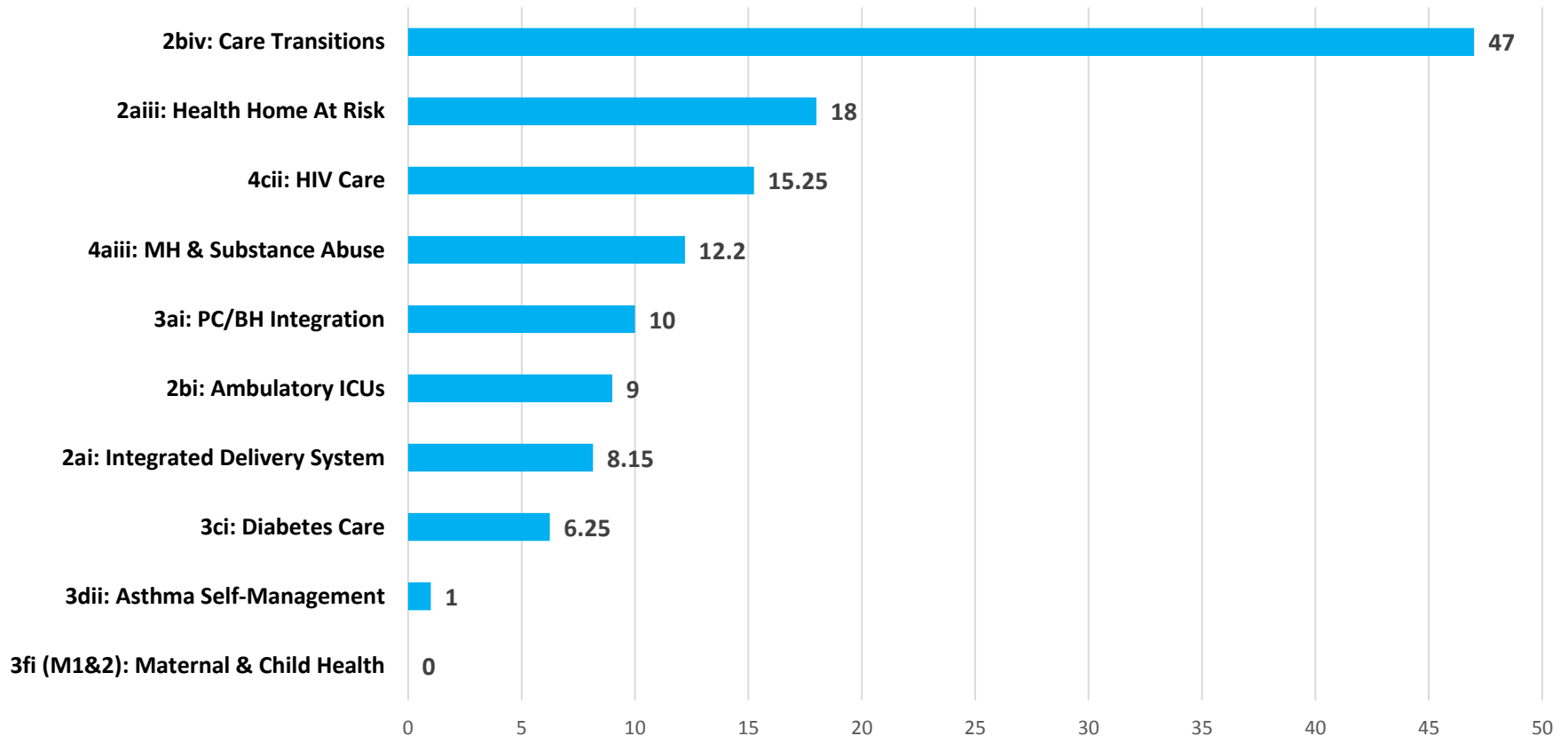
- Non-licensed Care Coordination - Care Coordination all titles
- Behavioral Health - Depression Care Manager
- Administrative Support - Administrative Assistant / Data Entry Clerk / Office Clerk
- Patient Education - Peer Educator
- Administrative Staff - Program Director / Manager / CHW Supervisor / Medical Director
- Nursing - Registered Nurse/Care Transitions
- Behavioral Health - School Behavioral Health Consultant
- Behavioral Health - Psychiatrist / Psychiatrist (Consultant)
- Administrative Staff - Care Coordination Liaison (Clearing House)
- Administrative Staff - Training Specialist

Full Patient Engagement



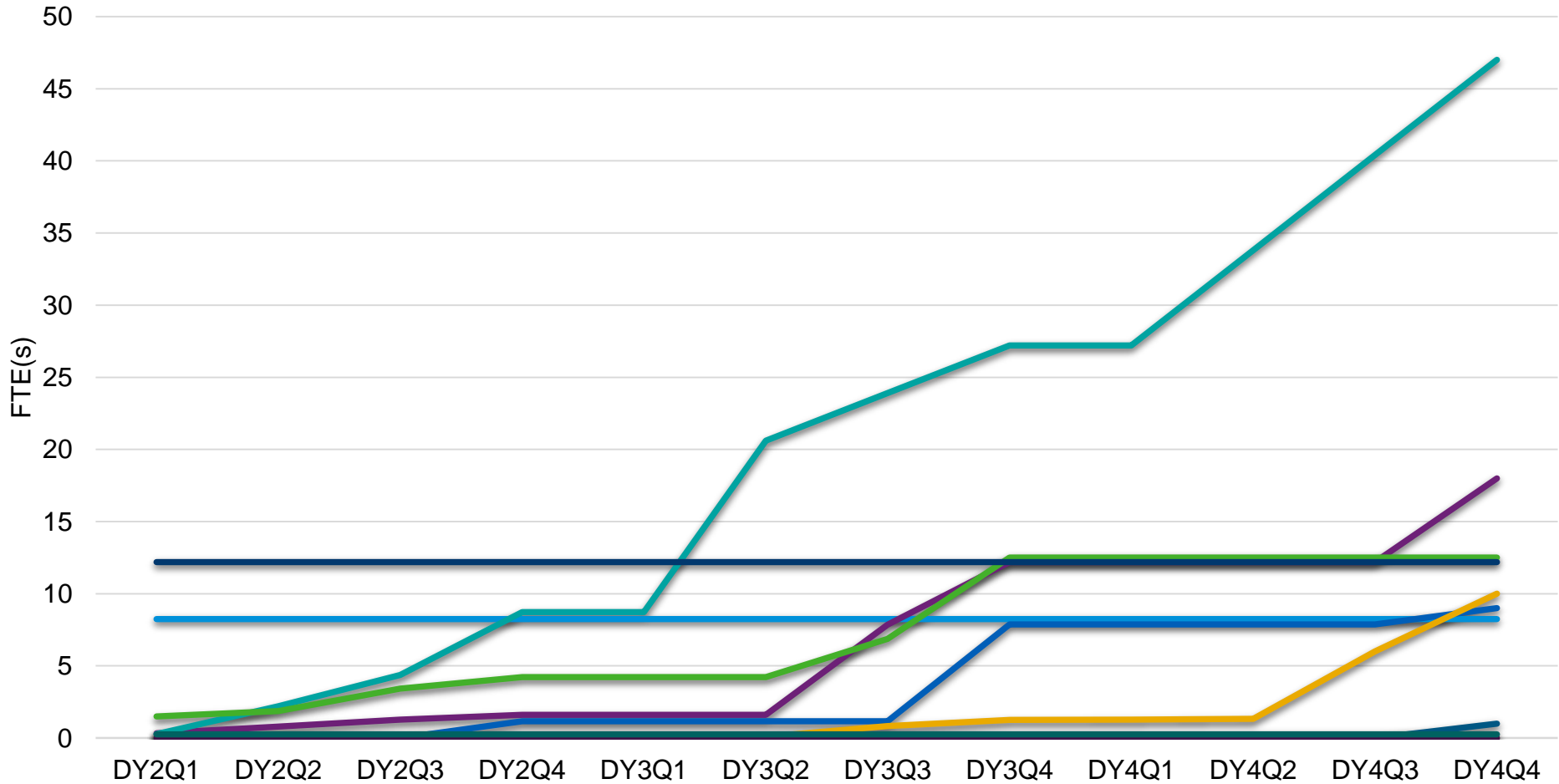
The chart below displays the number of workforce position gaps that need to be filled by project. These numerical gaps were derived by subtracting the total FTE projections from the current allocated staff for each project. Only position types with gaps are included in the calculations. Positions with surpluses were excluded from the analyses. On the following pages, we have included charts projecting our analyzed timeline of gaps to close by quarter for all projects, as well as individual projects over the remaining DSRIP years.

### Workforce Gaps by Project (in FTE)

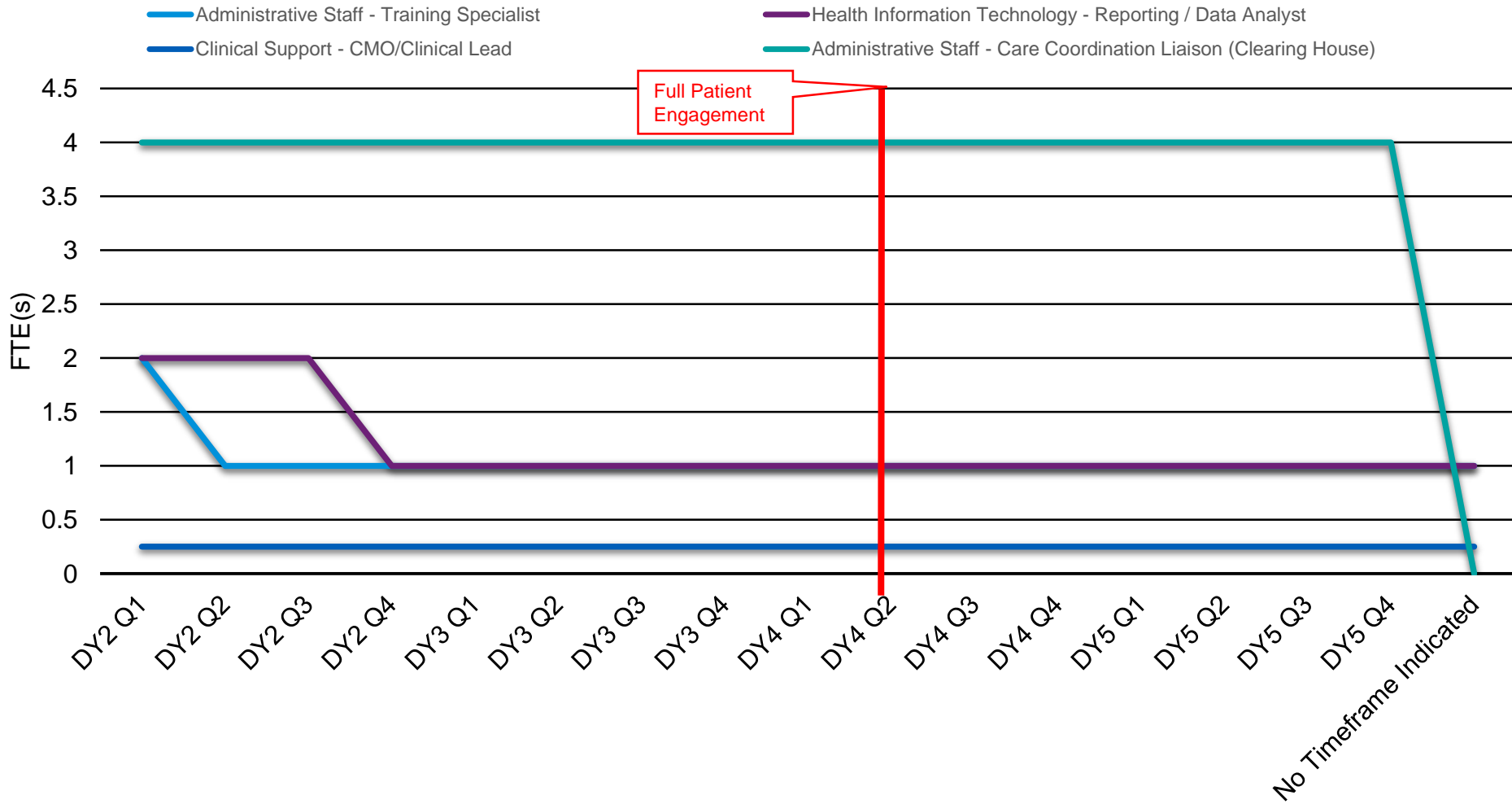


## Gaps to Close by Quarter, by Project (excludes surpluses)

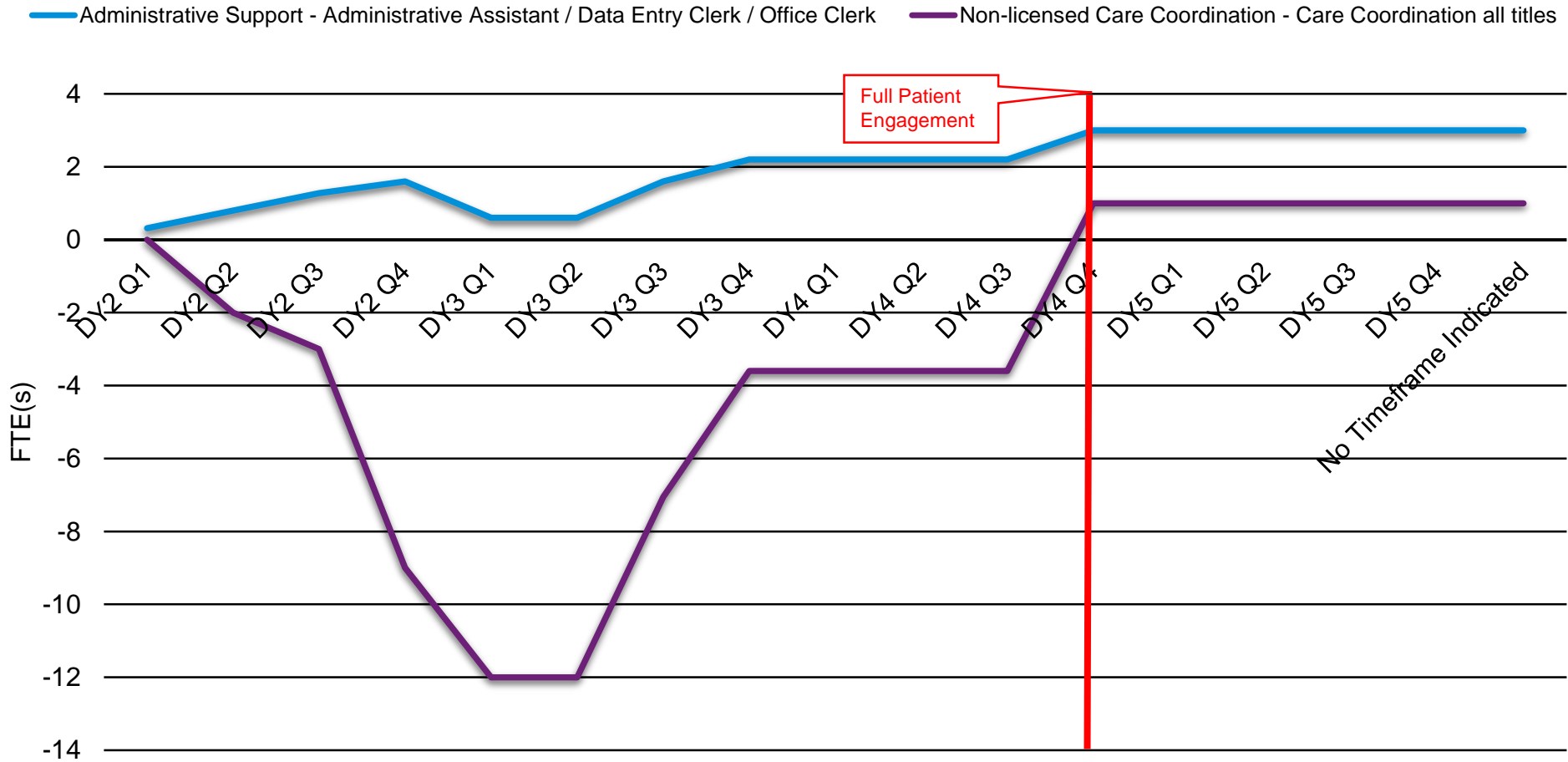
2ai 2aiii 2bi 2biv 3ai 3ci 3dii 3fi 4aiii 4ci



## 2.a.i Integrated Delivery System - Gaps to close by Job Type

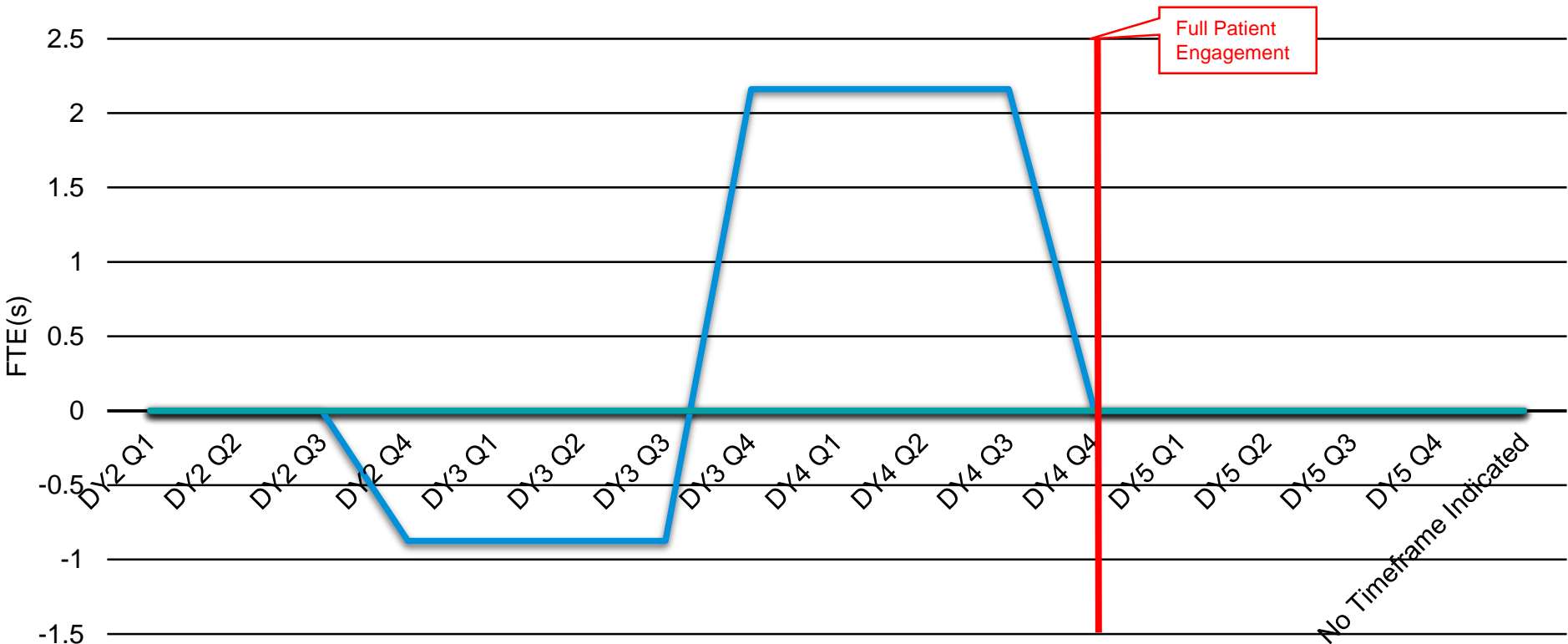


## 2.a.iii Health Home At-Risk - Current State Allocation Gaps by Quarter



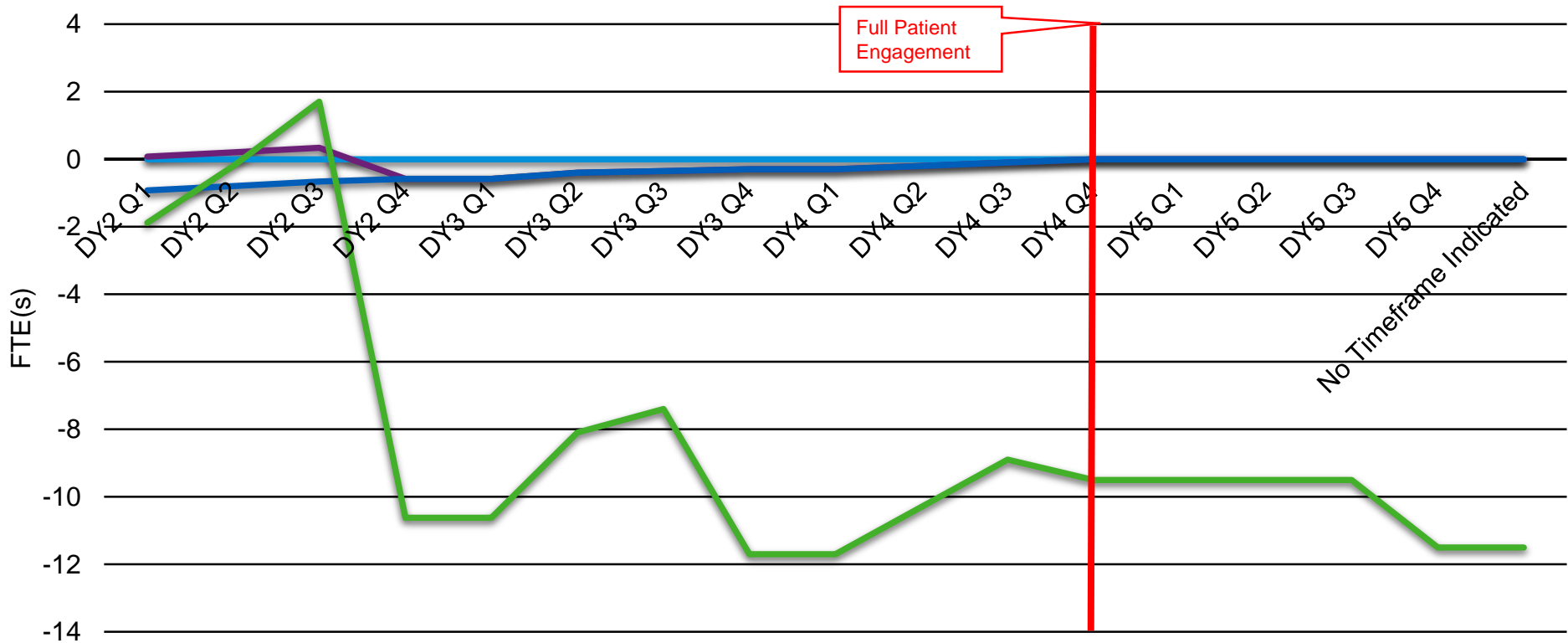
## 2.b.i Ambulatory ICU - Current State Allocation Gaps by Quarter

- Non-licensed Care Coordination - Care Coordination all titles
- Administrative Staff - Program Director / Manager / CHW Supervisor / Medical Director
- Administrative Staff - Project Lead
- Nurse Practitioners - Primary Care (NP)



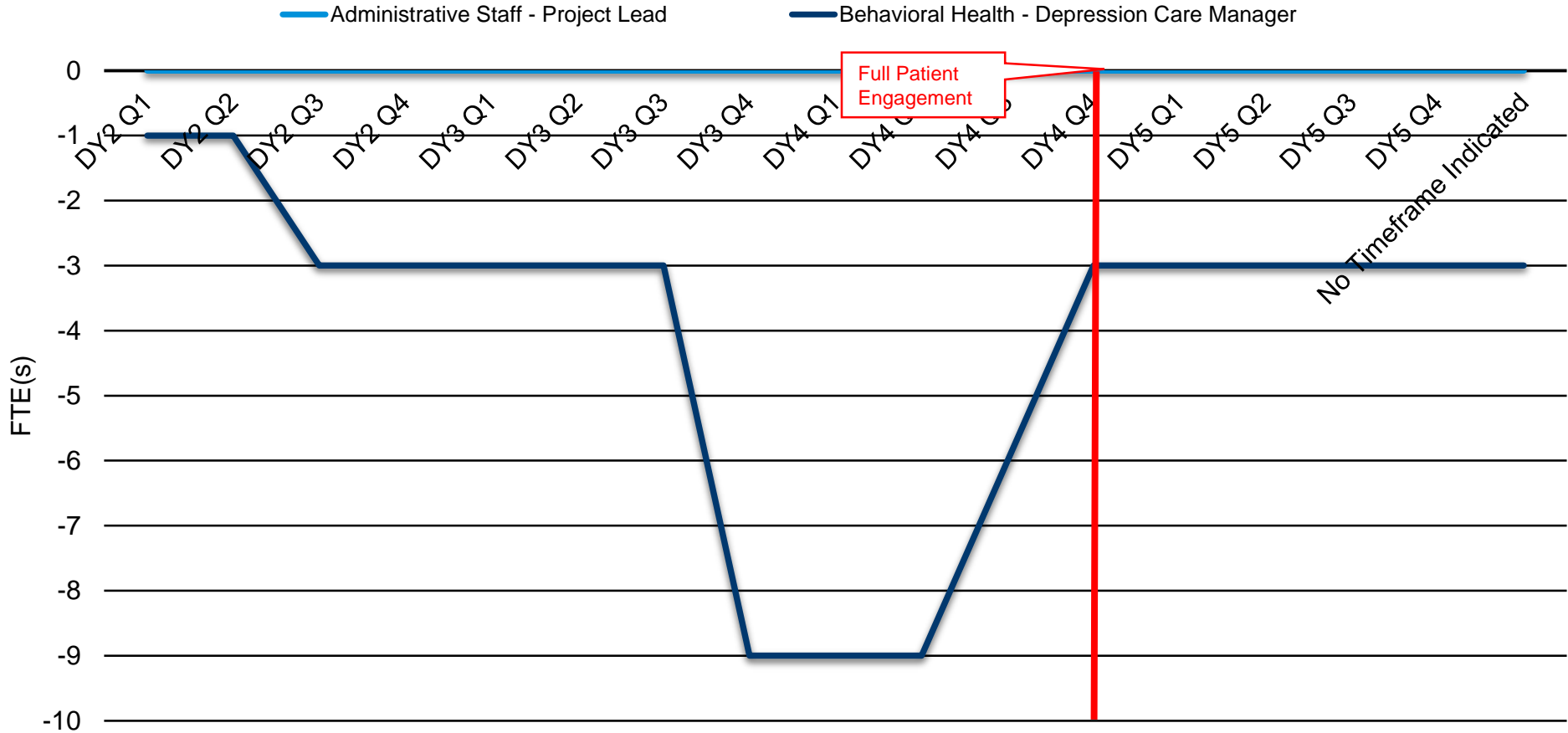
## 2.b.iv Care Transitions - Current State Allocation Gaps by Quarter

- Other Allied Health - Clinical Pharmacist
- Administrative Support - Administrative Assistant / Data Entry Clerk / Office Clerk
- Nurse Practitioners - Primary Care (NP)

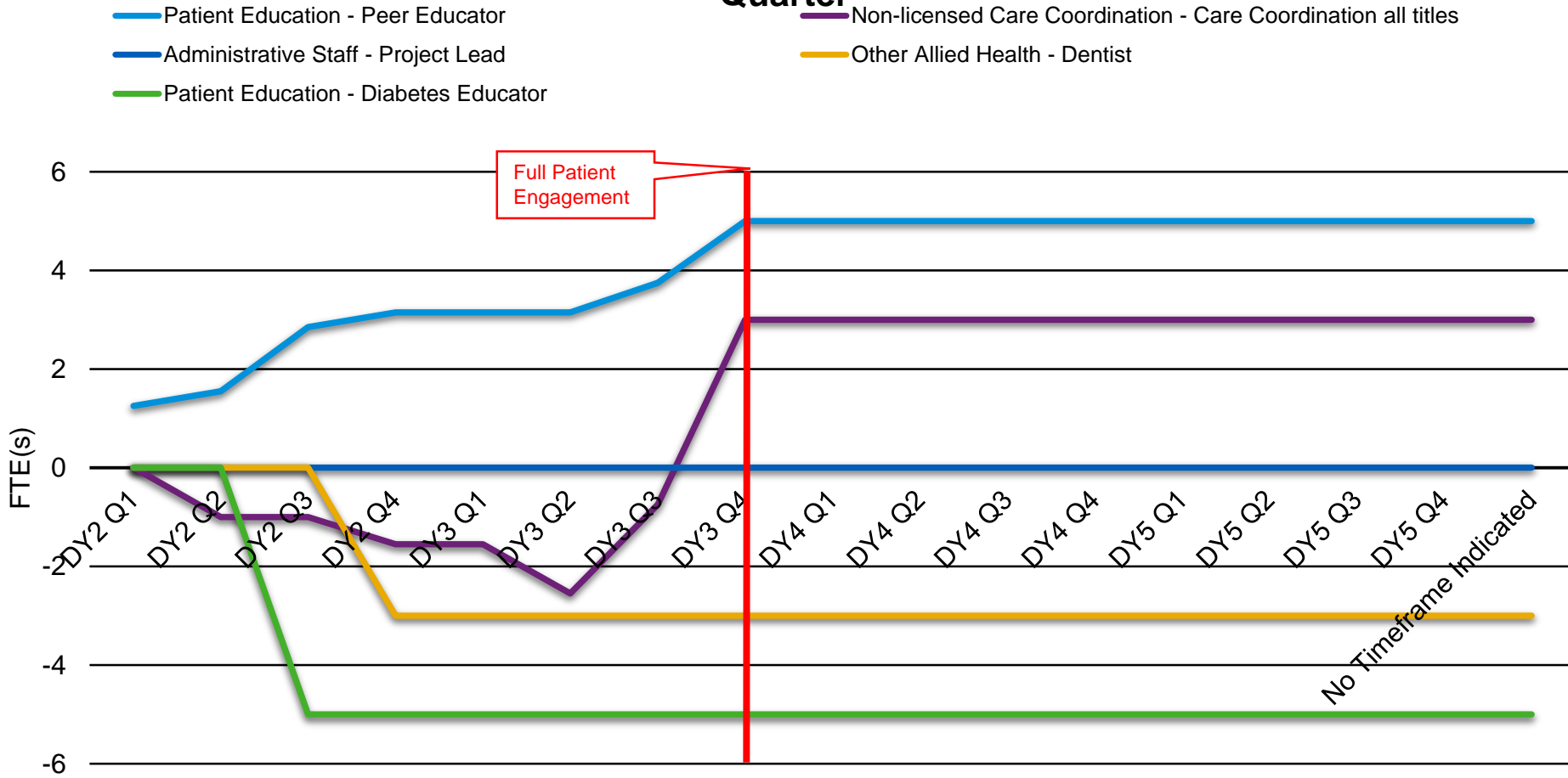




## 3.a.i Primary Care-Behavioral Health Integration - Current State Allocation Gaps by Quarter



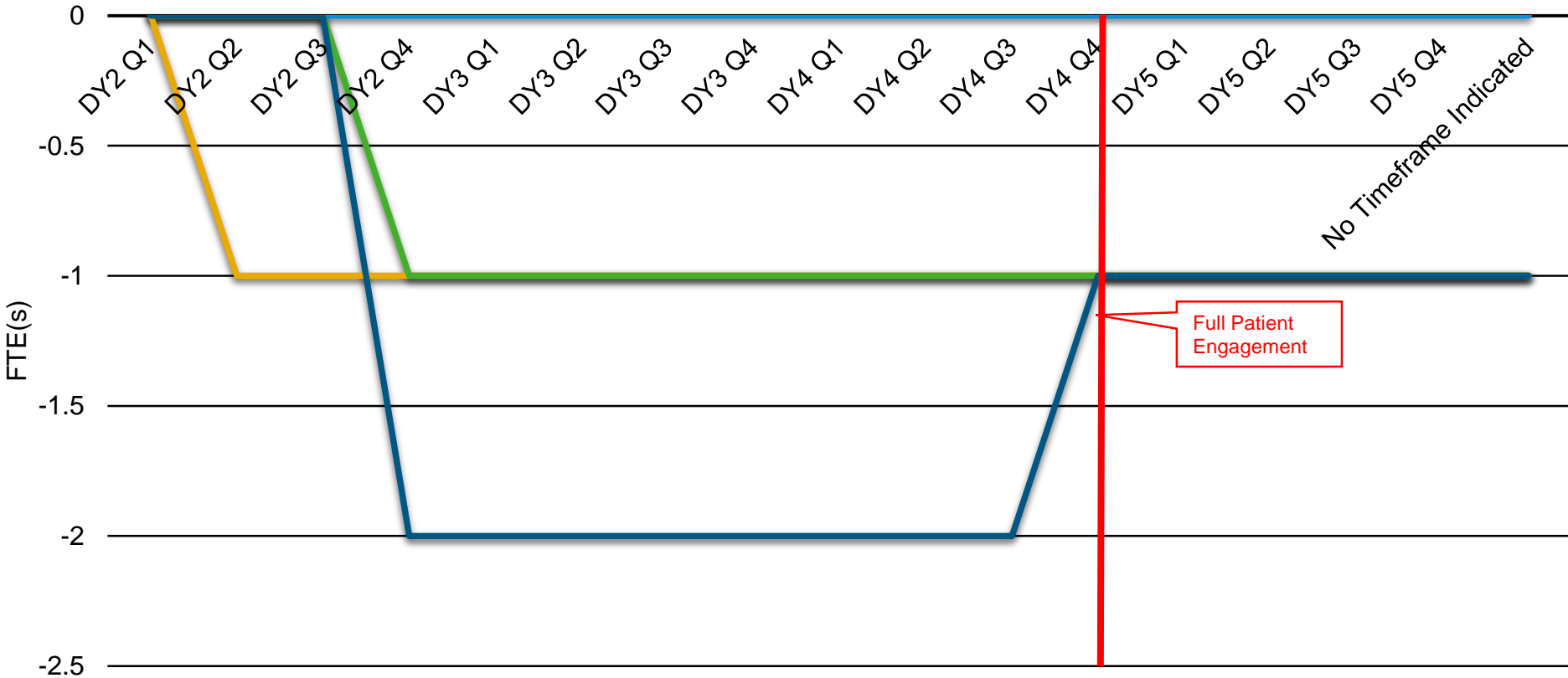
## 3.c.i Diabetes Care Management - Current State Allocation Gaps by Quarter



No Timeframe Indicated

### 3.d.ii Asthma Care Management - Current State Allocation Gaps by Quarter

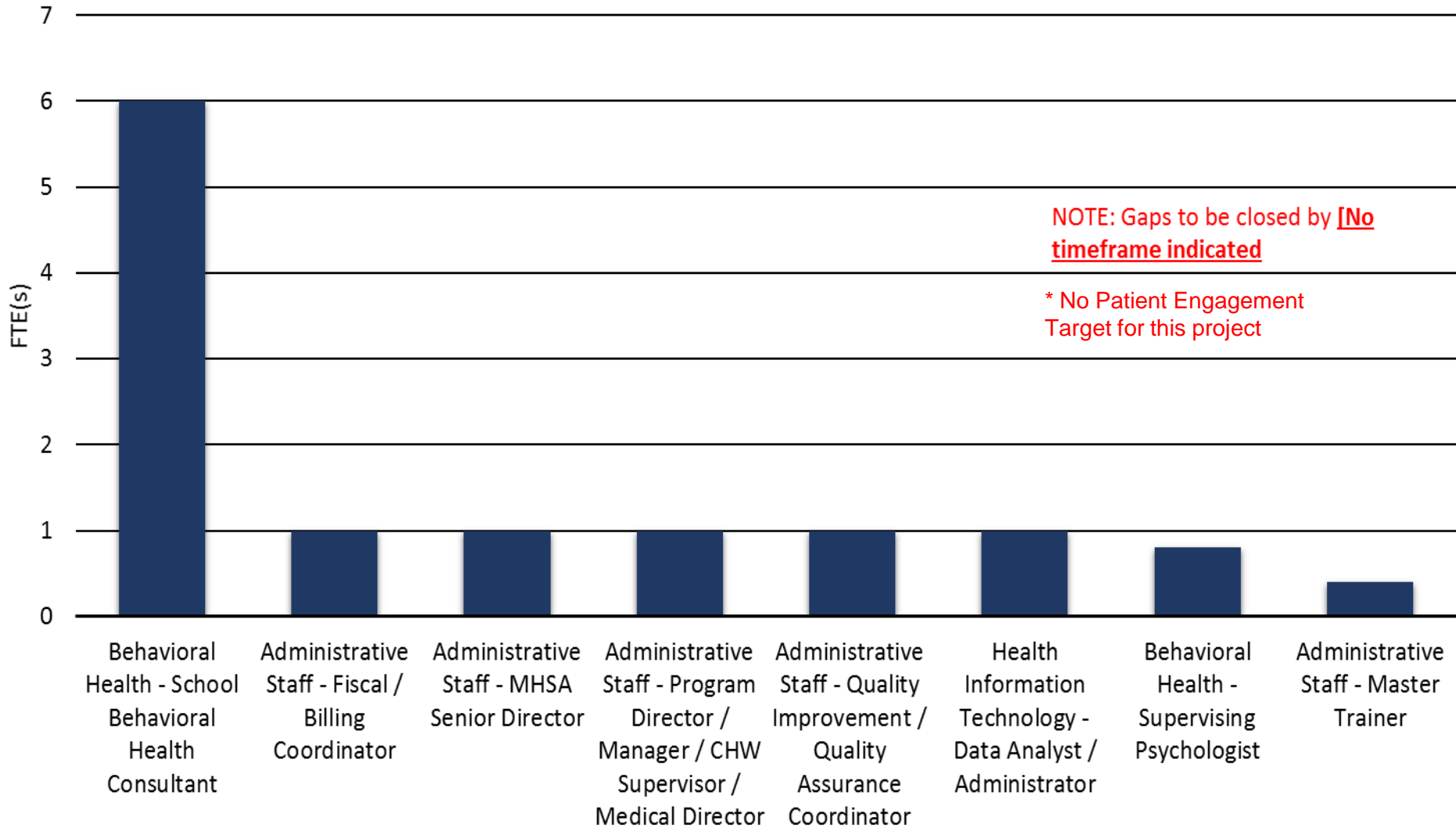
- Nurse Practitioners - Primary Care (NP)
- Administrative Staff - Program Director / Manager / CHW Supervisor / Medical Director
- Nursing - Other Registered Nurse (Specialists)



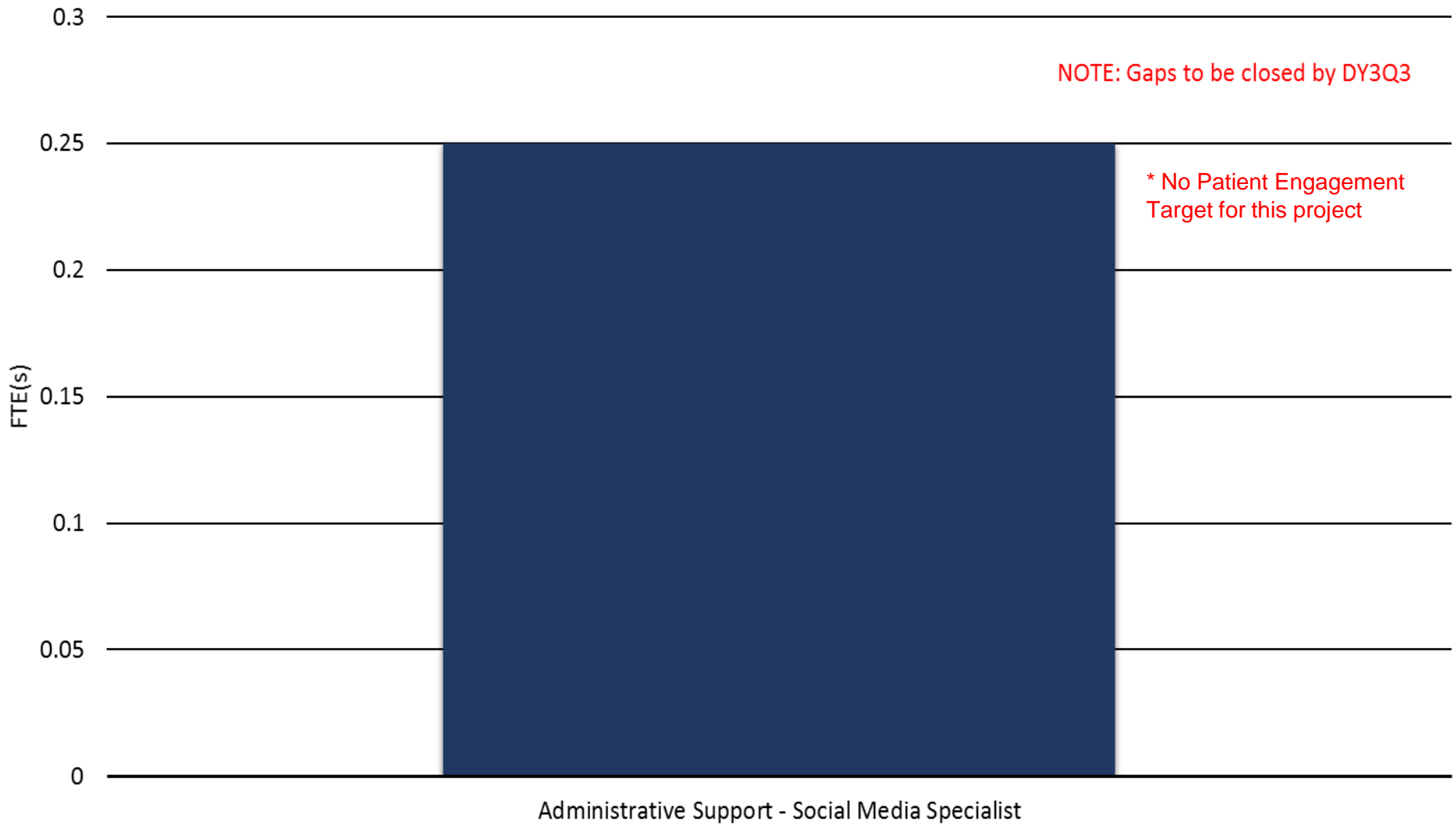
No Timeframe Indicated

Full Patient Engagement

4.a.iii Mental Health Infrastructure - Gaps to close by Job Type



## 4.c.i HIV Care (Access & Retention) - Gaps to close by Job Type



# Workforce Strategic Planning

As previously noted, our transition roadmap is our activation plan for achieving the desired future state. However, we believe that our roadmap must also be closely integrated with other workforce development areas such as Communication & Engagement, Training, Staff Impact Analysis and Compensation & Benefits Analysis. This will enable us to strategically prepare our workforce, address staffing needs across our network and apply a uniformed approach to workforce management.

We aim to develop highly effective, engaged healthcare professionals both during and after DSRIP implementation. The Transition Roadmap will serve as our “living” strategic planning document and the objectives of are to:

- ❑ Work collaboratively with our network partners to evaluate and close numerical gaps across various job categories.
- ❑ Train and equip personnel with the knowledge, skills and competencies to perform all new business and clinical system and process tasks required in support of our DSRIP projects.
- ❑ Increase the skillset of the current workforce with workflow processes, job aids, evidenced-based guidelines, and real-time information about patient experience.
- ❑ Reduce the time that it takes personnel to fully adopt new business, care management and care delivery processes, thereby reducing costs of initial lost productivity and ongoing support.
- ❑ Implement change management processes to reduce anxiety staff may experience when workforce changes are implemented.



On the proceeding pages, we have outlined several strategies in four key areas that we will leverage to not only transition our workforce, but to ensure effective workforce management over the remaining DSRIP years.

## I. Training & Education

Our projects include a wide variety of job categories, positions and facility types, all of which require learning to be tailored to their needs for both general, cross-cutting skills and specialty skills for specific populations, treatment levels or locations. The essential skills of our workforce require continuously updated knowledge at both the individual and organizational levels. Our goal is to facilitate training that is both effective and accessible across our network. It's also important that our training content areas target knowledge requirements for both clinical and administrative workers.

Listed below are a few of our key transition strategies for Training & Education:

- **Supporting Network Partners with identified Training Gaps**
- **Applying Blended Learning Methods**
- **Implementation of a Train-the-Trainer Process**
- **Quality Improvement Process to Evaluate Training Programs**
- **Continuous Training Needs Assessments**
- **Training Programs to Up-Skill Staff for Emerging Roles**



## II. Recruitment & Retention

As we begin to transition our workforce to the future state for DSRIP, we understand that our network partners may need technical assistance in assessing, adapting and refining their recruiting and retention approaches. Recruitment and retention are key components for administering an effective workforce development plan. There are specific tactical steps that both Bronx Health Access PPS and our network partners can take to ensure the success of our recruitment and retention activities, even in a rapidly changing environment. Our goal is to work collaboratively with and support the efforts currently underway within our partner organizations.

In the bullets below, we've outlined a few of our Recruitment & Retention support strategies:

- **Designing Workforce Career Ladders for Key Positions**
- **Leveraging a Job Board / Clearinghouse on our PPS Portal**
- **Providing Technical Assistance to Network Partners with Succession Planning**
- **Implementing Workforce Diversity Initiatives**
- **Supporting Network Partners experiencing challenges with their Recruitment & Selection Process**

### III. Retraining & Redeployment

Closing gaps through redeployment of displaced employees is a sensitive and complex issue that requires careful management. We believe there should be a structured approach for the identification of potential opportunities for misplaced staff, in addition to retraining and internal recruitment options. Our plan is to play an active role, where possible and appropriate, in employee redeployment. The goal is to provide partner organizations with a process that provides a clearer view of where job opportunities exist and where vacancies could be filled within an existing talent pool.

Listed below are a few transition strategies being considered for Retraining & Redeployment:

- **Providing Technical Assistance to Network Partners for Redeployment of Staff**
- **Supporting the Analysis & Review of the Existing Talent Pool**
- **Providing Guidance on Forecasting & Phased Reductions of Staff**
- **Development & Implementation of Processes/Procedures for Working with Impacted Staff**

## IV. Organizational Development

Transitioning our workforce and closing identified gaps requires collaboration and engagement with our network partners and stakeholders. The organizational changes and development required for DSRIP will be a challenge for all of our network partners; however, by working collaboratively, we can connect various types of providers, share techniques for redeploying and retaining workers, and identify promising practices in a range of areas. Our goal is to be as inclusive as possible so that we can understand the challenges our partners are facing and determine the most optimal approach for closing workforce gaps.

In the bullets below, we've outlined a few of our Organizational Development strategies:

- **Providing Technical Assistance for Change Risk & Readiness Assessments**
- **Supporting Network Partners with Organizational Culture Change**
- **Monitoring & Addressing Concerns and Complaints Related to Workforce**
- **Provide Ongoing Support to Help Network Partners Close Workforce Skills & Competency Gaps**
- **Provide Guidance on the Sustainability of Workforce Changes**

# Appendix

## Allocation Algorithm used for Patient Engagement/Gap Closure

- Algorithm:  $((HC * MF) / (P + J)) / S$ 
  - HC: 2015 Headcount
  - MF: Medicaid Factor (0.087). The Medicaid factor is derived from the percent of the Bronx Health Access region census population (2,290,851) that is attributed to the PPS (199,631)
  - P: Number of Projects Utilizing Job Type
  - J: Number of Target State Job Types sharing Survey Job Type
  - S: a constant indicating an assumption of participation in at least one other PPS (S=2)
- Algorithm applied to Workforce Survey Responses of Partners that did not complete Allocation survey
- Total allocation is the sum of the algorithm result and the Partner specified allocation totals by job type

## Staff Impact Descriptions

DOH Staff Impact / Workforce Budget Descriptions	
Redeployed	Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who transition to another job with the same employer.
Retrained/Retraining	Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner. For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Training also includes skill development for new hires.
Training	For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.
New Hire	New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition above). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.
Other	Other includes spending related to DSRIP hiring and/or costs associated with DSRIP projects. Examples include, but are not limited to: <ul style="list-style-type: none"> <li>- Vendor Costs for consultants, outsourced IT staff, etc.</li> <li>- Contingent, Temporary or Per Diem workers</li> <li>- Salary/benefits for staff members whose primary job responsibilities are to manage PPS Workforce areas, such as coordination, development, and delivery of training</li> </ul>

SOURCE: NYS DSRIP Domain 1 Milestones Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process, October 2015