



Workforce Transition Roadmap

Supplemental Information

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1 NYS Milestone Requirement

Workforce Milestone #2: “Create a workforce transition roadmap for achieving your defined target workforce state. The PPS must demonstrate it has defined the target workforce transition roadmap and received governance body approval.”

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: Evidence of the finalized PPS workforce transition roadmap that includes:

- ✧ Plans for recruitment, training and deployment needs of the PPS on an ongoing basis
- ✧ Realistic target dates for all steps
- ✧ Ways to close identified gaps so as to meet the needs of the PPS and its network partners

2 Identification of Gaps

The gaps identified in this report highlight specific areas of improvement that must be addressed to move beyond the current state and toward achievement of the goals of Millennium’s implementation plan.

2.1 Shortages: Workforce Gaps

Based on the information collected from the organizational assessments, partner facilities reported experiencing the following shortages: RNs, LPNs, CNAs, nurse managers, personal care aids, community health workers, care coordinators, care managers, social workers, primary care physicians, physiatrists, psychologists and other allied health positions. Among all reported job titles, primary care physicians are currently the most needed position.

This is consistent with the Healthcare Association of New York States (HANYs) “2015 Physician Advocacy Survey: Where are the Doctors?” report. This report is based on a survey of hospitals and practice managers across the state and documents a shortage of physicians in New York. According to this report, the reasons for the primary care shortage included:

- ✧ An aging primary care workforce
- ✧ Medical school debt

- ✧ Fewer residents choosing primary care (lower salary)
- ✧ Lack of interest in practicing in underserved areas of the state

This gap has been a continuous trend since 2009 when "HANYs members reported a dramatic increase in the number of departing physicians and severe difficulty in recruiting replacements."

Plan to Address Gaps

This gap needs to be tackled with a regional approach. For instance, a shortage of dependable and qualified nurses in a primarily rural county (such as Chautauqua County) would not necessarily be approached in the same manner as a nursing shortage in a primarily urban county (such as Erie County).

Targeted Training

For example, the nursing shortage in Chautauqua County can largely be attributed to a high turnover rate within the entry-level workforce. Information collected during organizational assessments indicated that much of this turnover was due to a lack of a strong work ethic and professional skills. It is recommended that nurses and healthcare workers in the region attend additional training to enhance their interpersonal and professional skills as well as present a positive work environment.

Creative Incentives

In contrast, the nursing shortage in Erie County, which is comprised primarily of urban communities, can also be attributed to retainability issues, but for different reasons. In this case, retainability is due to smaller offices competing with the benefit packages of large hospitals. For smaller facilities to address this challenge, they need to find ways to incentivize their nursing staff to remain in the region by offering other perks such as free or reduced-cost childcare, mileage reimbursement for long commutes, housing options, extra personal time off, flexible schedules, or quality training opportunities.

Retention Incentives

The shortage of physicians, especially in rural areas, has been clearly documented. Therefore, using incentives to recruit and retain physicians is crucial. For example, Stay Bonuses offer a financial reward for physicians or employees who work for a practice for a given period of time. Additionally, a facility could offer other long-term compensation incentives such as deferred compensation plans. Many smaller facilities cannot bill enough to justify lucrative pay packages, therefore, they should look for assistance from agencies such as the National Health Service Corps which provides incentives including

loan repayment for doctors willing to practice in underserved regions. Other packages can be offered such as extended vacation time (with coverage) or limited weekend or on-call time.

Community Collaboration

Millennium will continue work with government and community-based organizations (CBOs) to continue to attract qualified professionals to the area. Millennium will also act as a conduit to encourage facilities and organizations to create and offer incentives as mentioned above. Additionally, Millennium employs the HWapps platform to post partner vacancies as well as providing an extensive learning management system to provide training and retraining opportunities for the healthcare industry.

2.2 Culture and Language Gaps

Facilities reported that they are currently in need of a bilingual workforce. There is an increasing demand for Spanish-speaking staff and interpreters/translators to adequately assist and educate patients in navigating the healthcare system.

Secondly, as reported in organizational assessments, there is also a need for cultural competency training for healthcare professionals. Cultural education needs to include information on both urban and rural populations such as the Seneca, Amish, Mennonite, and migrant groups in order to better understand their medical practices and beliefs.

Plan to Address Gaps

Language Barriers

While it is no easy task to anticipate and address every language barrier that partner facilities may have, small steps can be taken to help ensure that the care, communication, and overall patient experience is of high quality. In communities where large populations of Spanish-speaking people receive care, providing staff with basic Spanish comprehension and speaking skills could drastically increase the continuity and quality of care. Where offering full translation services may not be an option, equipping staff with these basic comprehension/speaking skills could bridge some of the gaps between healthcare providers and members of these communities.

Cultural Competency

In addition to language barriers, healthcare workers in WNY serve members of many indigenous cultures that are found in urban and rural communities. An example of this would be a community health worker working with members of an Amish community or

a Seneca tribe. In any situation, when working with various cultures, healthcare workers must be fully educated on the cultural beliefs of the individuals they are serving. Healthcare providers who are culturally and linguistically competent are able to incorporate their patients' traditions and personal views successfully into effective plans of care. When care balances a patient's traditions with Western medicine, patients feel supported, respected, more satisfied with care, and may be more likely to continue with the treatment plan. Healthcare workers are in need of cultural competency/cultural awareness trainings in order to recognize cultural behaviors and beliefs, sustain effective relationships with clients, and adapt to cross-cultural situations.

Training Opportunities

Millennium Collaborative Care will offer quality cultural competency curricula and basic Spanish language courses to its partners through the HWapps learning system.

2.3 Job Titles: Gaps in Definitions

During the data collection process, partner facilities struggled to identify their current staff titles with the NYS Department of Health job titles. When facilities were not certain on how to classify their staff, they would often choose to report such employees in the "Other" category. Lack of clear job descriptions with job titles and requirements for each position has affected the accuracy of the data reported. For example, one facility may employ a "community health worker" where another facility refers to the same position as a "patient navigator." Having clear definitions of job titles and requirements would have minimized the "other" categorizations. This is a top priority for the Millennium Training Strategy subcommittee.

Plan to Address Gaps

Education and Guidance

Moving forward, providing a clear understanding of DSRIP program goals and outcomes across all partners is our primary focus. Standardized DSRIP job titles and descriptions are necessary to ensure uniformity and accuracy in reporting. As previously mentioned, many facilities were unsure of how to structure and categorize their employees into the NYS-developed job titles list. Education and guidance to clarify disparities will be provided to ensure more unified data reporting by partner facilities.

Crosswalk of Job Titles

Millennium has assigned the Training Strategy subcommittee the task of looking at and identifying existing job descriptions and correlating them with the NYS-developed job titles list.

2.4 Communication Gaps

A number of facilities reported that more communication was needed from the PPS. Accordingly, the information and feedback gathered during the initial Organizational Assessments stated facilities had unanswered questions, unclear direction, and a general sense of uncertainty about what the next steps would be under the terms of their involvement in their respective DSRIP project.

Plan to Address Gaps

Partner Summits

The suggestion and request for a DSRIP partner “summit” is frequently noted during communication with the partners. Many administrators, HR directors, staff trainers, and providers are looking to network and mutually learn from their cohorts. This can be effectively approached by way of holding gatherings to encourage regional cohesion and esprit de corps among DSRIP partners.

Coordination with Project Managers

The workforce director and R-AHEC have teamed with Millennium project managers to strengthen communication with the partners. Millennium project managers are the relationship managers bridging the communication gap between the PPS, workforce, and partners to minimize or clarify reporting requirements. The workforce team is providing individual meetings and trainings as needed for our partners.

Ongoing Efforts

Millennium’s Training Strategy subcommittee is exploring options for holding summits/meet-and-greets, in various locations of Millennium’s catchment area. Educational facilities, CBOs, key stakeholders, and partners will be invited to attend. In addition to the summits, Millennium will continue to conduct Project Advisory Committee meetings, post information on its website, and publish a quarterly newsletter.

2.5 Anticipated Gaps

In many cases the partnering facilities were unable to answer questions concerning anticipated staff retraining, redeployment, and recruitment due to being in the early phases of the DSRIP project rollout. However, most facilities did not report an anticipated need to redeploy or retrain their staff since the majority are currently understaffed. As DSRIP projects further develop, it is anticipated that the need for new hires and the healthcare workforce shortages will continue to increase, especially in rural areas. With the development of new technologies, it is expected that telemedicine will play a major role in providing care to geographically isolated patients in light of these staffing shortages. As previously mentioned, the need for specialists, primary care providers, and nursing staff will continue to increase.

Plan to Address Gaps

Millennium project managers, R-AHEC (contract workforce vendor), the workforce team, and administrative staff will continue meeting with the partners and evaluating their needs for training, information, and education. Upon identifying future gaps, the staff will develop a plan to assist their facilities with resolving these issues.