

Gap Analysis

Purpose:

As one of the prescribed workforce milestones, Bassett PPS LLC, d.ba. Leatherstocking Collaborative Health Partners (LCHP) was required to conduct a Gap Analysis between the current state of its health workforce and the future workforce state deemed necessary for successful DSRIP implementation. The purpose of this analysis was to ensure LCHP thoroughly considered potential difficulties in securing the necessary human capital to fully effect system transformation and, where possible, to ensure the smooth transition of existing health care workers throughout the system. Health WorkForce New York (HWNY), the contracted workforce vendor for LCHP, worked with LCHP partners and staff to analyze workforce data to this end. Information resulting from the Gap Analysis was used to inform LCHP's Transition Road Map.

Sources of Data:

Three main sources of information were utilized to perform the Gap Analysis. These included: 1) The LCHP Future Workforce State (Note: the LCHP Future Workforce State analysis was prepared per NYSDOH guidance utilizing PPS/partner data and feedback, as well as a literature review); 2) The Compensation & Benefits Analysis conducted on behalf of LCHP by Iroquois Healthcare Association (IHA), as well as the compilation of Six PPS Compensation & Benefits Analysis conducted upstate by IHA. Both Compensation & Benefits reports also produced comprehensive data on existing health care vacancies in the LCHP territory and surrounding region (i.e. the current state); and 3) the LCHP Training Strategy, which served to identify gaps in required training programs/content.

Redeployment/Retraining vs. New Hire:

After careful analysis, LCHP determined that neither Redeployment nor Retraining are likely to serve as large scale, effective strategies for DSRIP workforce fulfillment. LCHP partners reported multiple reasons for this, including:

- 1) 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;
- 2) Existing healthcare workforce shortages and impending large scale retirements - Vacancy rates upstate are extremely high, with some job titles reporting triple digit

vacancies and more than double the average vacancy rate . As such, “redeployments” are likely to involve individuals who voluntarily self-select among numerous available options; and

3) Numerous market changes, including implementation of the Affordable Care Act, which may serve to increase utilization rates and the need for hospital-based healthcare workers.

Additional challenges with redeployment were verified through the literature review conducted as part of LCHP’s Future State Analysis of its workforce. According to Kelly, Koppel, and Virkstis, (2016, p.9) acute 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 was critical care nurses drawn to a fast-paced environment who may not transition well into care managers. As a result of these multiple findings, LCHP focused exclusively on recruiting New Hires in its workforce fulfillment strategy.

Data Presentation:

Please see attached Exhibit A -Future State Data Table. In this table, New Hire data was overlaid with the following additional data sources: 1) Raw Vacancies as reported in the recent LCHP Compensation & Benefits Analysis; 2) Vacancy Rate as reported in the recent LCHP Compensation & Benefits Analysis; 3) Vacancy Rate as reported in the compilation of Six PPS Compensation & Benefits Analyses completed by IHA in upstate New York; and 4) the compensation rate across the Six Upstate PPS Compilation Report. Please note: with respect to the Six PPS Compilation Report, the average vacancy rate was reported at 7.2%. Also: those compensation rates highlighted in green exceeded \$30.00/hour, which was the arbitrary cutoff point determined by IHA for what was considered a “high” compensation rate. Please note this table has been sorted by the number of New Hires projected.

Trends Identified:

Throughout the Gap Analysis process, LCHP and its partners reported extreme recruiting challenges, which they attributed to the following: remote geographic location; high cost of living; and a limited economic base that results in extremes of wealth and poverty. These recruiting challenges have a particular impact on those job titles identified as key for DSRIP success. Of the 43 total job titles identified by LCHP, 26% have a vacancy rate that is more than double the average identified by the Six PPS Compensation & Benefits Analysis Compilation prepared by IHA for the upstate region. Within these areas of extreme shortage, a number of

titles critical to DSRIP success were identified. They included: Primary Care Physician (PCP) 40%; Primary Care Nurse Practitioner (PCNP) 30%; and Psychiatric Nurse Practitioner 17.65%.

Primary Care: Primary care was particularly hard hit with extreme vacancies reported in both PCP and PCNP. However, the vacancy rate for Physician's Assistant in primary care was reported at 5.56%. Expansion of the PA role should be considered as a possible option for overcoming recruitment challenges in this key area.

Nursing: Nursing was identified as a particularly high demand occupation at all levels, from certified nurse aides to RNs and MS/PhD required for nursing faculty. Many partners cited the need for experienced nursing staff that existing avenues of new recruits do not meet. Many employers reported taking on the role of educators to provide extended on-boarding. Partners stated that, in some cases, they are providing up to 18 months of additional, on-the-job training for nursing school graduates. Partners reported a variety of workforce issues with respect to nursing. These included: recruitment, retention; training capacity; quality of training; training curricula that does not align with DSRIP needs; and need for extended onboarding. Partners also reported a need for more LPNs and for existing LPNs to be used to full capacity. There was a clear preference for LPNs over medical assistants; however the need for medical assistants remained strong.

Social Workers: There was a clear need for licensed Social Workers at both the Masters and Clinical level. Vacancy rates in this category are slightly higher than average, but clearly not as dramatic as primary care or nursing.

Entry Level Healthcare Workers: Recruiting entry level healthcare workers was identified as a challenge in the following areas: Care/Patient Navigators; Certified Home Health Aides; Nurse Aides and Assistants; Medical Assistants; and Patient Service Representatives. Changes to minimum wage law and purported plans for large scale expansions to the local tourism market were cited as additional, potential barriers to recruiting entry level healthcare workers. The need for several types of entry level workers may also set the stage for competition within the industry. The region's high cost of living, was also cited as a factor affecting the ability of entry level workers to sustain.

Other Physician Specialty: A need for other physician specialty recruitment was identified as a category; however, more information from partners is required in order to plan an

effective recruitment strategy. Identifying other physician specialty needs will be included in the Transition Road Map.

Low Need/High Vacancy: Four job titles were cited as being in low demand, however, the high vacancy rates associated those titles may justify raising the priority level for recruitment. These titles included: Substance Abuse/Behavioral Disorder Counselors, Computer Technical Support, Physician Assistant Other Specialty, and Speech Pathologist. Although only one or two of each was identified as needed, the functions of these positions do not lend themselves to readily available substitutes. As such, the rating of priority importance for these titles should be considered when planning for future staffing needs.

Gap Analysis Summary: In summary, an analysis of the attached Exhibit B LCHP Gap Analysis Summary Table indicated the PPS recruitment needs, with areas of concern highlighted in red.

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.

Exhibits:

Exhibit A - Data Summary Table

Exhibit B - Gap Analysis Summary Table

Job Category/Title	Priority			Comments
	High	Medium	Low	
Primary Care				
Physicians	X			44.07% Vacancy rate.
Nurse Practitioners	X			30% Vacancy rate.
PA's			X	Low demand and vacancy; reconsider for PCNP role?
Other Specialties				
Physicians	X			26.56% Vacancy rate.
Nurse Practitioners other than Psychiatric NPs		X		Medium demand (4); double digit vacancy rate.
Physician Assistant other specialty		X		Low demand (2) but double digit vacancy rate.
Nursing				
Staff Registered Nurses	X			Vacancy rate more than double the 6 PPS average.
Nurse Managers/Supervisors	X			Vacancy rate in double digits; 6 needed.
Other Registered Nurses (Utilization Review, Staff Development, etc.)			X	Below average vacancy rate.
Nursing Care Managers/Coordinators/Navigators/Coaches				
RN Care Coordinators/Case Managers/Care Transitions	X			Vacancy rate more than double the 6 PPS average.
LPNs	X			Vacancy rate more than double the 6 PPS average.
LPN Care Coordinators/Case Managers	X			Vacancy rate more than double the 6 PPS average.
Bachelor's Social Work			X	Medium demand; low vacancy.
Licensed Masters Social Workers		X		Vacancy rate in double digits, but not double average.
Social Worker Care Coordinators/Case Managers/Care Transitions			X	Low demand and low vacancy.
Clinical Support				
Nurse Aides/Assistants	X			Vacancy rate more than double the 6 PPS average.
Medical Assistants	X			Above average vacancy (8.36%).
Non-Licensed Care Coordination/Case Management/Care Management/Patient Navigators/CHW				
Care or Patient Navigator	X			Sheer volume may create recruitment challenge despite low vacancy rate.
Care Manager/Coordinator (Bachelor's degree required)			X	Low demand and low vacancy.

Community Health Worker (All education levels and training)		X	Low demand and low vacancy.
Home Health Care			
Certified Home Health Aides	X		Vacancy rate more than double the 6 PPS average.
Behavioral Health			
Licensed Clinical Social Worker		X	Above average vacancy but still in single digits.
Psychologists		X	Low demand and low vacancy.
Psychiatric Nurse Practitioners	X		17.65% Vacancy rate.
Psychiatrists		X	While demand is low (2), the vacancy is more than double the 6 PPS average.
Substance Abuse/Behavioral Disorder Counselors		X	Low demand and low vacancy.
Other Mental Health/Substance Abuse Titles Requiring Certification		X	Quantity needed low (1); slightly higher than average vacancy rate.
Patient Education			
Certified Asthma Educators		X	Medium demand and low vacancy.
Certified Diabetes Educators		X	Low demand and low vacancy.
Health Educators		X	Low demand and low vacancy.
Administrative Support - All Titles			
Office Clerks		X	Medium demand and low vacancy.
Secretaries and Administratives Assistants		X	Low demand and low vacancy.
Coders/Billers		X	Low demand and low vacancy.
Patient Service Representatives		X	Low demand and low vacancy.
Transportation		X	Low demand and low vacancy.
Health Information Technology			
Computer Technical Support		X	Low demand (2) but double digit vacancy rate.
Health Information Technology Manager		X	Low demand and low vacancy
Other Allied Health			
Nutritionists/Dieticians		X	Medium demand and low vacancy.
Respiratory Therapists		X	Medium demand and low vacancy.
Physical Therapists		X	Medium demand; vacancy just above average.



LCHP Gap Analysis Summary Table

Exhibit B

Physical Therapy Assistant/Aides	X	Low demand and low vacancy. Low demand (1); vacancy rate above average.
Speech Language Pathologist	X	Medium demand; vacancy rate above average.
Occupational Therapist	X	Medium demand; vacancy rate above average.