

Gap Analysis

Purpose:

As one of the prescribed workforce milestones, Care Compass Network (CCN) 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 CCN 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 CCN, worked with CCN partners and staff to analyze workforce data to this end. Information resulting from the Gap Analysis served to inform CCN's Transition Road Map.

Sources of Data:

Three main sources of information were utilized to perform the Gap Analysis. These included: 1) The CCN Future Workforce State (Note: the CCN 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 CCN 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 CCN territory and surrounding region (i.e. the current state); and 3) the CCN Training Strategy, which served to identify gaps in required training programs/content.

Redeployment/Retraining vs. New Hire:

After careful analysis, CCN determined that neither Redeployment nor Retraining are likely to serve as large scale, effective strategies for DSRIP workforce fulfillment. CCN 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. 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 CCN’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, CCN focused exclusively on recruiting New Hires in its workforce fulfillment strategy.

Data Presentation:

In Figure 1 below, New Hire data was overlaid with the following additional data sources:

1) Raw Vacancies as reported in the recent CCN Compensation & Benefits Analysis; 2) Vacancy Rate as reported in the recent CCN 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 according to number of New Hires anticipated.

CCN Future State/Staffing Impact Analysis Summary Table

Job Title	Number of New Hires	CCN Current Vacancies	CCN Vacancy Rate	6 PPS Vacancy Rate	6 PPS Compensation Rate
Peer Support Workers	52	14	8.38%	10.93%	\$13.68
Licensed Clinical Social Workers	44	1	3.45%	5.31%	\$30.11

Figure 1 - Part 1

Job Title	Number of New Hires	CCN Current Vacancies	CCN Vacancy Rate	6 PPS Vacancy Rate	6 PPS Compensation Rate
Staff Registered Nurses	30	185	6.17%	6.84%	\$28.33
Nurse Practitioner Primary Care	12	19	8.76%	11.34%	\$46.97
Primary Care Physician	12	11	8.53%	10.34%	\$103.59
Care Manager/Coordinator (Bachelor's Degree required)	10	19	7.42%	7.50%	\$24.03
Social Worker Case/Care Management	10	2	4.55%	8.72%	\$22.45
RN Care Coordinators/Case Managers/Care Transitions	10	3	3.26%	14.77%	\$29.30
Care Manager/Coordinator (AAS required) <i>Social and Human Service Assistants</i>	10	5	4.5%	6.08%	\$17.65
Health Coach	6	0	0.00%	4.17%	\$23.19
Clinical Laboratory Technologist & Technicians (i.e. Medical Technologist)	6	7	3.91%	6.47%	\$25.93
Physician Assistant Primary Care	6	6	6.32%	8.64%	\$51.34
Psychiatrists	5	4	25.00%	11.35%	\$130.96
Psychiatric Nurse Practitioners	4	1	11.11%	18.79%	\$60.41
Care or Patient Navigator (Call Center)	3	1	7.14%	11.11%	\$25.31

Figure 1 – Part 2

Job Title	Number of New Hires	CCN Current Vacancies	CCN Vacancy Rate	6 PPS Vacancy Rate	6 PPS Compensation Rate
Substance Abuse/Behavioral Disorder Counselors	2	13	25.00%	9.18%	\$21.18
Health Information Technology - Technical Support	1	4	4.17%	5.65%	\$22.33
Respiratory Therapists (WDTT)	1	10	7.69%	4.33%	\$28.72

Figure 1 - Part 3

Trends Identified:

Care Coordination and Navigation: Out of 17 job titles identified, fully eight or 47%, relate to some form of care coordination, navigation, or coaching. Clearly, this is the primary area of need for new hires. The Project Management Office (PMO) reports a need for all levels of coordination/navigation from non-licensed care coordinators at the Associate and Baccalaureate levels to RN Care Coordinators and a particularly strong need for Licensed Clinical Social Workers. Peer Navigators are required at all levels, and a certification program to ensure proper preparation for Peer Navigators will need to be identified and implemented. Specific plans and roles for Health Coaches are envisioned as part of Project 2 b iv Care Transitions. The sheer volume of anticipated need may make recruitment difficult despite some lower than average vacancy rates for these positions. Anecdotal reports from partners indicate that hiring of LCSWs may prove more difficult than the reported vacancy rate would suggest. In the case of Health Coaches, the occupation is relatively new, which may account for lower than average vacancy rates. As such, current vacancy rates may not suggest ease of recruitment.

Behavioral Health: The need for all levels of behavioral health services (i.e. Psychiatrists, Psychiatric Nurse Practitioners, and Substance Abuse/Behavioral Disorder Counselors) is complicated by double digit vacancy rates that, in some instances, are three times higher than the average rate reported by the Six PPS Compensation & Benefits Analysis compilation. Partners within the PPS have already initiated efforts to boost recruitment and retention. CCN will explore ways in which to coordinate efforts and leverage resources to improve outcomes.

Primary Care: As expected, the need to recruit Primary Care Physicians and Nurse Practitioners was reported as high priority. The MD/NP model was described as preferred. However, given existing vacancy rates, CCN may need to consider PA’s as an alternative.

Nursing: A need for 30 new nurses was identified for CCN. Given existing triple digit vacancy rates and an aging nursing workforce, it is expected CCN will need to invest in nursing recruitment efforts to ensure the needs of the projects are met.

Gap Analysis Summary: In summary, an analysis of Figure 2 below indicates the following recruitment needs and “hot spots” as identified in red.

Job Category/Title	Priority			Comments
	High	Medium	Low	
Care Coordination/Navigation				
Peer Support Workers	X			High need; vacancy rate above average.
Care or Patient Navigators			X	Low need; vacancy rate just under average.
Care Manager/Coordinator (Bachelors Required)	X			Moderate need; vacancy rate above average. CBO partners indicate Bachelor's preferred.
Care Manager/Coordinator (Associates Required) Social and Human Service Assistants		X		Moderate need; vacancy rate below average.
Social Worker Case/Care Management		X		Moderate need; vacancy rate below average.
RN Care Coordinators/Case Managers/Care Transitions		X		Moderate need; vacancy rate below average.
Licensed Clinical Social Workers	X			High need; vacancy rate below average; anecdotal evidence suggests difficulty recruiting not evidenced in vacancy rate.
Behavioral Health				
Psychiatrist	X			High need; vacancy rate triple average.
Psychiatric Nurse Practitioner	X			High need; vacancy rate in double digits.
Substance Abuse/Behavioral Disorder Counselors	X			Low need in terms of raw numbers; however vacancy rate over 3xs the average.
Primary Care				
Physicians	X			High need; vacancy rate above average.
Physicians' Assistant		X		Low need; below average vacancy rate.
Nurse Practitioner	X			High need; vacancy rate above average.
Nursing				
Staff Registered Nurses	X			High need; vacancy rate just below average; triple digit raw vacancies.

Figure 2 – Part 1

Other Allied Health		
Health Coaches	X	Low vacancy rate; emerging occupation which may complicate recruitment despite low vacancy rate.
Respiratory Therapists		Low need; slightly above average vacancy rate.
Clinical Laboratory Technologists & Technicians (MT)	X	Moderate need; vacancy rate below average.
Other Administrative Support		
Computer Technical Support		Low need; low vacancy rate.

Figure 2 - Part 2

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.