

Workforce Current State Assessment and Gap Analysis



Based on findings from the Montefiore Hudson Valley Collaborative PPS 2015 Workforce Survey



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Executive Summary

The Montefiore Hudson Valley Collaborative (MHVC) Performing Provider System (PPS) consists of a group of nearly 250 healthcare providers, community-based organizations, local government officials and more, from across Westchester, Rockland, Orange, Sullivan, Dutchess, Ulster and Putnam counties who have come together to form the MHVC. To achieve the New York State Department of Health's (NYSDOH) Delivery System Reform Incentive Payment Program (DSRIP) vision, MHVC is committed to restructuring, educating and equipping the relevant workforce to provide comprehensive care to the targeted population. To achieve this objective, MHVC performed a comprehensive Current State Assessment and Gap Analysis of the relevant human capital within its network partners.

In 2015, MHVC administered a comprehensive Workforce Survey across its provider network to assess the incumbent workforce. MHVC compared the survey results to its target workforce state (projected future state) projection model to understand and identify the workforce gaps over the 5-year DSRIP period. The findings have provided MHVC with an understanding of where workforce gaps exist, which gaps represent potential risks to its network partners, what actions need to be taken to close the gaps and therefore mitigate any associated risks.

In collaboration with MHVC and its network partners, a team has already begun designing a gap closing strategy and transition roadmap for each MHVC project. The gap closing strategy will become the workforce management plan essentially, and will outline specific actions that could be implemented over the remaining DSRIP years.

This document serves as the official Current State Assessment Report and Gap Analysis for MHVC. It summarizes the workforce survey results, the assessment of the workforce current state, and the estimation of gaps between the workforce current and target state (previously provided).

The MHVC Workforce Transformation Subcommittee (Workforce Governance Body) approved the Gap Analysis (Milestone 3) on June 28, 2016.





Montefiore Hudson Valley Collaborative Performing Provider System 2015 Workforce Survey



2015 Workforce Survey: Overview

Survey Administration

To gather self-reported workforce data and meet the workforce assessment criteria outlined by the NYS DOH, our network providers developed and distributed a comprehensive, electronic workforce survey. Data were collected through a web-based questionnaire that was emailed to our network partners. The survey was administered in one release and the process included: a pre-notification email letter, the main survey email, and a number of reminder emails and phone contacts by the Performing Provider System Workforce Staff to partners.

The survey was distributed to partner organizations representing the following facility types:

- Primary Care Practices
- Hospitals
- Skilled Nursing Facilities (SNFs)
- Community Based Organizations
- Federally Qualified Health Centers (FQHC's)
- Health Homes
- · Behavioral Health
- Substance Abuse
- Developmental Disability Services

Survey Objectives

The objectives of the Montefiore Hudson Valley Collaboration Current State Workforce Survey were:

- To determine current workforce supply at the organizational level, and where possible, at the site level for various job categories
- To quantify distinct headcounts and attrition rates of the existing workforce at the position level
- To develop a quantitative model of various job families/job types including Incumbents-Ready Now, Redeploys-Ready Now, Redeploy-Retrains, New Hire & Retrains by Project





Survey Questionnaire

A core group of our network provider staff members, including the Medical Director, IT Transformation Director and Workforce Director, collaborated with our workforce vendor to develop the survey questions. The survey questions were applicable to multiple provider groups and were based on the delivery system reform incentive payment program requirements, the populations to be served, and the workforce positions needed to obtain the desired care management outcomes. The survey questionnaire included six sections:

- 1) General Information
- 2) Training
- 3) Cultural Competency/Health Literacy
- 4) Health Information Technology
- 5) Services Provided
- 6) Workforce Metrics

The graphic on the right highlights the sections and contents included in our Workforce Survey.

The results of the Workforce Survey served as the basis for our Current State Workforce Assessment. The detailed findings from the survey have been summarized in this report.

2015 Workforce Survey: Overview



MHVC DSRIP WORKFORCE SURVEY

General Information:

- Physical Site/Service Location name and address
- Organization official name and location
- Cities (also known as hamlets and villages) where services are provided
- Hours of service
- Quality Improvement Process
- Facility types and services provided
- # Patient Population Served

Training:

- Types of internal employee training provided
- External training available at your organization

Cultural Competency / Health Literacy:

- Strengths and Challenges
- Populations Served
- **★** CC/HL Activities

Health Information Technology:

- **€** Electronic Health Record (EHR)
- Meaningful Use
- Regional Health Information Organization (RHIO)

Services Provided:

- **■** Service Location Classification
- Service Provided by Site

Workforce:

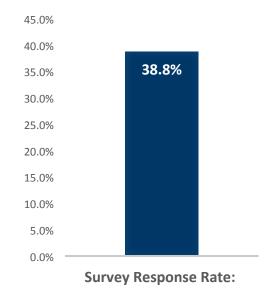
- NYS DOH Workforce Job Categories (Only complete for positions that are applicable to your site or organization)
- **★** Total number of employees (FT, PT, Hourly, Contractor)
- ★ Number of employees receiving benefits (FT, PT, Hourly, Contractor)
- ★ Number of Expected Retirements (FT, PT, Hourly, Contractor)
- Number of Separations/Terminations (FT, PT, Hourly, Contractor)
- Number of New Hires (FT, PT, Hourly, Contractor)

Please note: The timeframe for the workforce information requested in this section is from 2014 through the end of 2019.



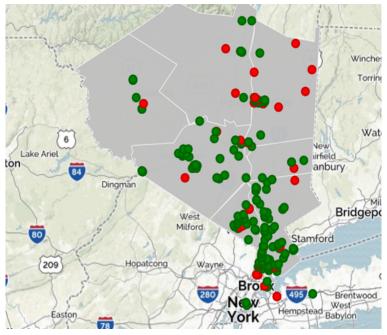
Response Rate

We administered a web-based workforce survey on November 13, 2015 to 250 network partners. The survey was released with an explanatory email, checklist and glossary. The completion date was December 11, 2015 and our partners were provided with technical assistance, as needed, and sent up to four reminder emails. The survey resulted in a total of 97 responses, which included partially completed surveys. An overall response rate of 38.8% was achieved (97/250).



2015 Workforce Survey: Overview

Montefiore Hudson Valley Collaborative Partner Organizations and Sites



The response rate is a metric of surveys distributed and received and not a measure of completeness or accuracy of the survey data. The map above provides a geographical display of the surveys received with and without responses to all of the survey questions.



2015 Workforce Survey: Overview

The data collected through our workforce survey is housed in our workforce vendor's Data Analytics Workspace; a protected, web-based tool, which allows querying and filtering of the data to perform standard what-if analyses.

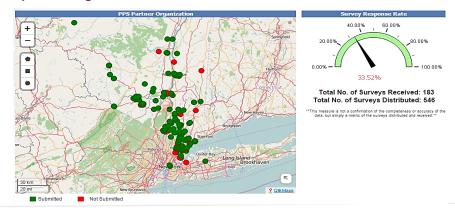
The KPMG Workforce portal **houses**, **analyzes and visualizes** our data for strategy, planning and reporting



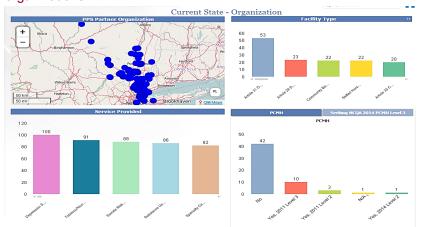


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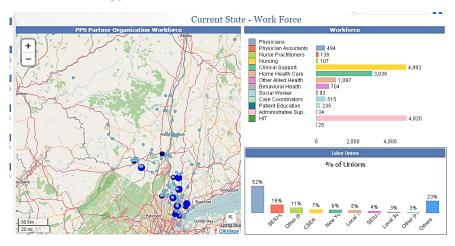
Current state survey findings can be viewed & analyzed for specific **partner organizations**



Facility types, services provided and PCMH status by partner organizations



Job families, types, and functions; and union affiliation





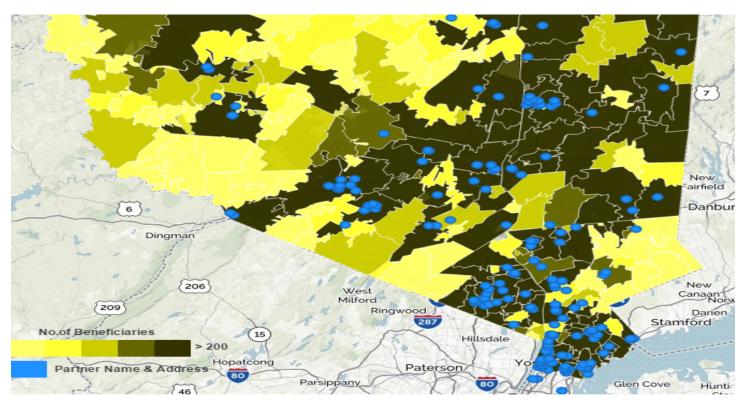
Montefiore Hudson Valley Collaborative Performing Provider System Workforce Current State



Workforce (Organization Data)

Physical Sites & Service Locations

Our Community Needs Assessment (CNA) used geographic information to identify particular population-based health issues. To align our workforce planning model with the needs of our targeted population, we gathered general information about our partner organizations and their service sites in our workforce survey. Survey respondents were asked to provide information regarding their Physical Site/Service Location and the Cities in which their services are provided. We used this information to strategically determine the areas within our region with the greatest workforce needs based on the location of our attributed population.

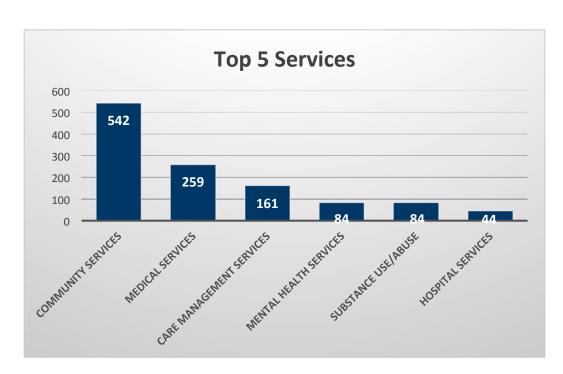




Workforce (Organization Data)

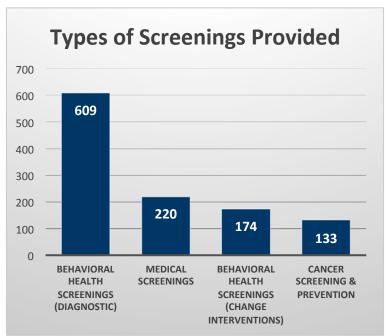
Services

Assessing the services provided by our partner organizations was an integral component in understanding where gaps may exist with positions needed to support our DSRIP projects.



Screenings

Our Workforce Survey included questions related to the screenings that would be offered through our DSRIP projects to the engaged members.

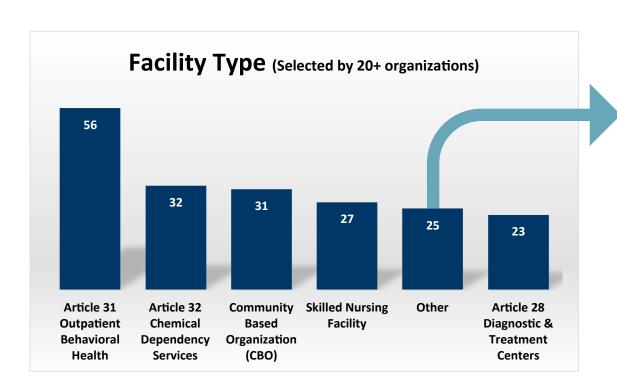




Workforce (Organization Data)

Facility Types

As the health care landscape changes in the state of New York as a result of the delivery system reform incentive payment program, the impact on workforce positions will vary by facility type. The Workforce Survey respondents were asked to provide a facility designation for their organization and/or service site. The survey allowed respondents to select all applicable designations. Information regarding facility types was a key variable in determining future workforce needs.



Other (Facility Types)
Home Health Care
Adolescent Day Treatment
Employee Assistance Program
Office Mental Health Licensed Residential Treatment
Federally Qualified Health Center Look-Alike
Licensed Homeless Shelters
Foster Care - Group Residence
Social Adult Day
Jail Based Clinical Services
Medicaid Service Coordination
Personalized Recovery Oriented Services (PROS)
Children's Residential
Clinical Laboratory Evaluation Program (CLEP)
Faculty Practices
School-based clinics
Ambulance Transportation
Critical Access Hospital
Adult Care Mgt. and Children's Waiver & Case Mgt.
Behavioral Health
Substance Abuse
Developmental Disability Services

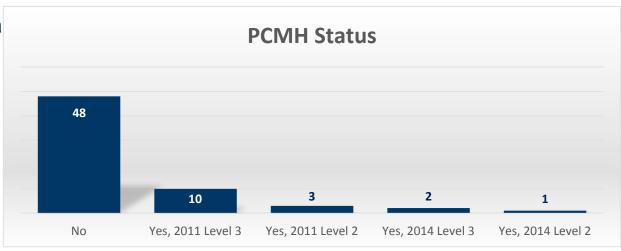


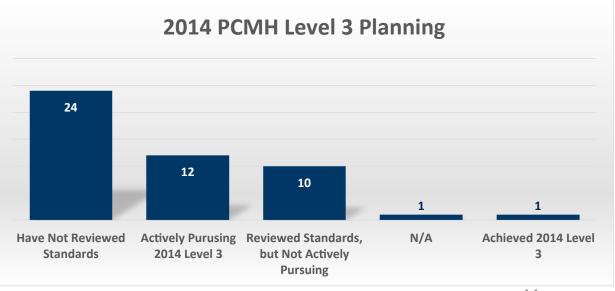
Workforce (Organization Data

Primary Care Medical Home (PCMH)

One of the delivery system reform incentive payment program requirements is to ensure that all participating primary care providers participating in specified projects meet the NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH or Advanced Primary Care accreditation by Demonstration Year (DY) 3.

Our Workforce Survey included two PCMH questions to enable us to assess both the current and future PCMH accreditation status of our partners.



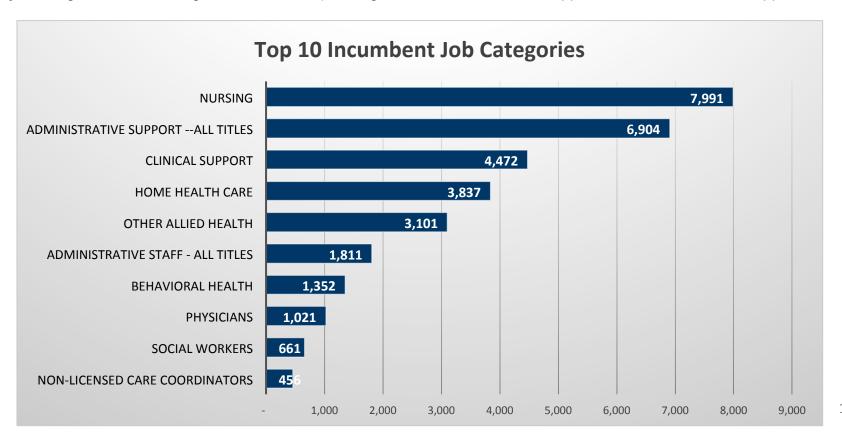




Workforce (Position Data)

Incumbent Staff

In our Workforce Survey respondents were able to self-report current headcounts for positions within each of the DOH job categories. The total headcount for the reported incumbent workforce positions was 55,716. The chart below displays the ten job categories with the largest headcounts. (Nursing 14.3%, Administrative Support 12.4%, and Clinical Support 8.03%)





Workforce (Position Data)

The Nursing job category had the highest reported headcount for incumbent staff. The Staff Registered Nurse position accounted for 77% of the positions in this job category. The pie charts below displays the positions within the Nursing and Administrative Support job categories.

Nurse

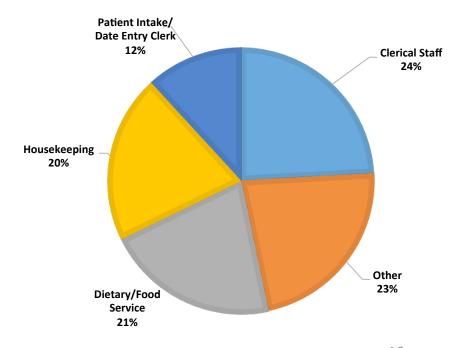
77%

Breakout of the positions reported within the Nursing category

Other Registered
Nurse (RN
Utilitzation
Review)
5%
Licensed
Practical Nurse
(LPN)
18%

Staff Registered

Breakout of the positions reported within the Administrative Support category





Montefiore Hudson Valley Collaborative Performing Provider System Target Workforce State



Target Workforce State

Target State Projections

Montefiore Hudson Valley Collaboratives' future state workforce model estimates the need for approximately 1,470.25 positions for the DSRIP projects.

DOH Job Category	# of Projected Positions
Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers	378.60
Behavioral Health	343.80
Nursing Care Managers/ Coordinators / Navigators / Coaches	148.30
Physicians	181.40
Nursing	96.16
Administrative Support	93.5
Social Worker Case Management / Care Management	51.20
Health Information Technology	45.60
Administrative Staff	9.70
Nurse Practitioners	38.20
Clinical Support	21.36
Patient Education	15.46
Other Allied Health	8.65
Physician Assistants	6.67
Home Health Care	0
Midwives	0
Janitors & Cleaners	0
TOTAL	1,470.25

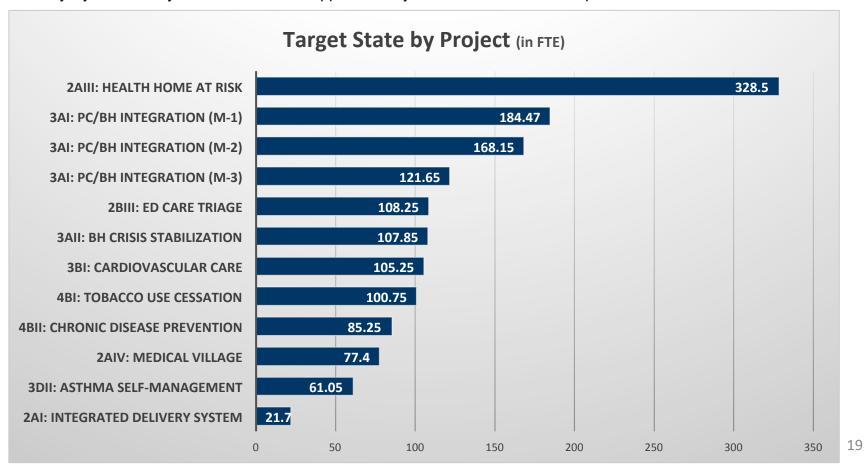
DOH Job Category	Position Type/Job Title	Target State (in FTE)
Non-licensed Care Coordination /	Care / Patient Navigator	75.55
Case Mgmt / Care Mgmt / Patient	Community Health Worker / Community Outreach Worker	82.25
Navigators / Community Health	Referral Coordinator	137.25
Workers	Peer Support Specialist / Peer Educators	83.35
	Addictions Counselor	103.00
	Licensed Clinical Social Worker	33.60
	Licensed Social Worker	70.80
Dalassianal Haalala	Mental Health Therapist / Behavioral Health Specialist / Milieu Counselor / Therapeutic Aide	35.30
	Peer Support Specialist (BH)	45.00
	Psychiatrist	40.80
	Substance Use Counselor (CASAC / CASAC-T)	15.30



Target Workforce State

Staffing-by-Project (Estimated Demand)

The chart below provides the total number of projected target state positions for each of the our clinical projects. Project 2aiii – Health Home At Risk is estimated to need 22.3% of the target state positions, while project 2ai – Integrated Delivery System is only estimated to need approximately 1.5% of the future state positions.



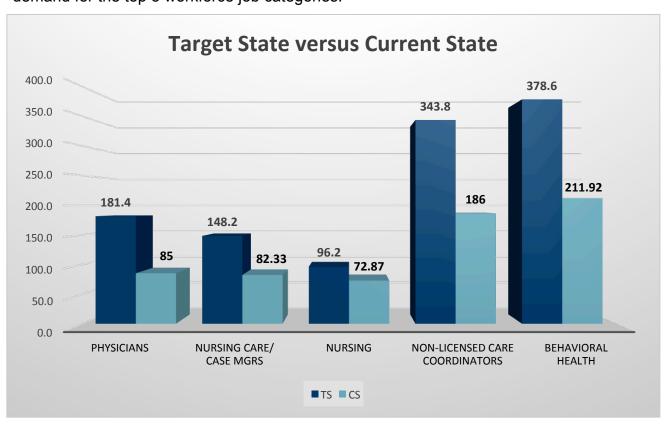


Montefiore Hudson Valley Collaborative Performing Provider System Workforce Gap Analysis



Quantitative Gaps (Demand versus Supply)

To accurately analyze the workforce numerical gap, we collected data from our network partners regarding the actual current state allocation to each project. This information provided a more finite number than the total headcounts provided in the workforce survey. A comparison of our target state projections and current state allocated supply yielded a quantitative gap of **613.78**. The chart below shows the differences in the current allocated supply versus the future demand for the top 5 workforce job categories:



PPS Workforce Totals

Target State Projection: 1470.25

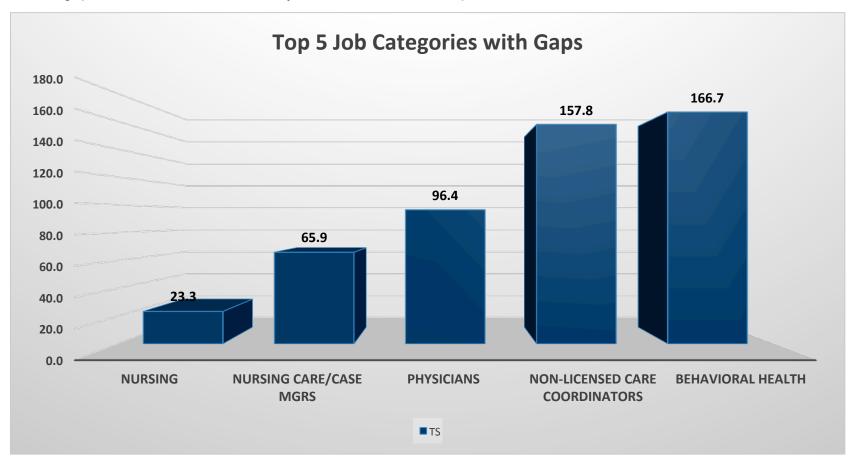
Current State Allocation: 856.49

Numerical Gap: 613.78



Quantitative Gaps (By Job Category)

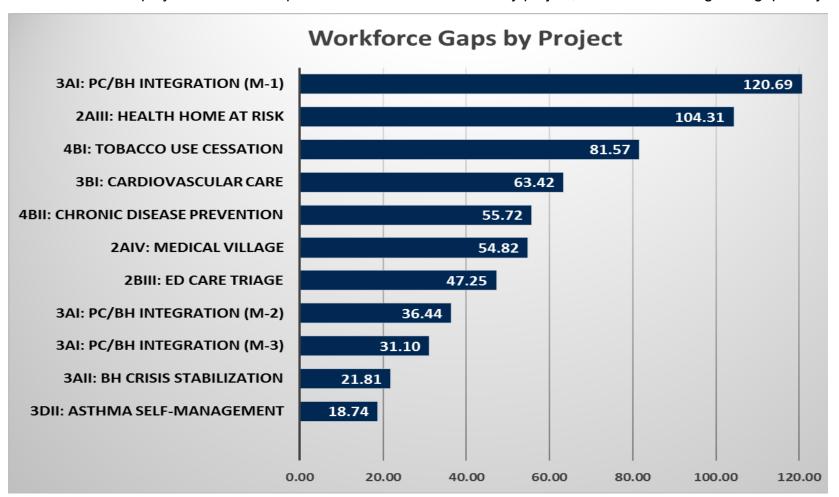
There were a total of 81 positions across 14 job categories identified for our Target State model. We compared the target state positions with the reported current state numbers. The chart below outlines the 5 job categories with the largest workforce gaps that will need to be filled by our Transition Roadmap.





Quantitative Gaps (By Project)

The chart below displays the number of positions that need to be filled by project, as revealed through our gap analysis.





Qualitative Gaps (Workforce Skills)

Our current state workforce assessment revealed both qualitative, as well as quantitative gaps. Qualitative gaps were identified by analyzing the skills and competencies currently possessed across workforce within the Montefiore Hudson Valley Collaborative and those needed in the future state to support the DSRIP projects. Qualitative gaps were evaluated using the five focus areas outlined below:

W:

Clinical Care The training and skills needed to provide highquality, coordinated care specific to the patient's clinical needs and circumstances.

Technology

The knowledge & ability to utilize new technology systems, such as EHRs and Care Management Systems in the delivery of DSRIP services.

Process / Workflow The knowledge and understanding of new and/or updated processes and clinical workflows related to the DSRIP projects.

Protocol / Policies

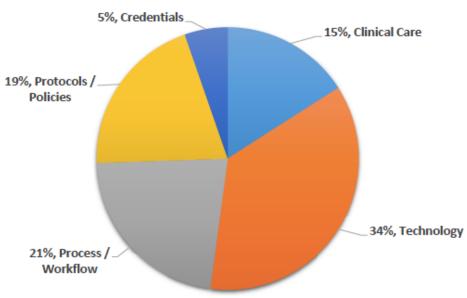
The knowledge and understanding of new and/or updated evidenced-based guidelines and standards of care policies based on the care delivery models

Credentials

A license, certification, qualification and/or achievement required for specific DSRIP projects

We evaluated the skills and competency gaps for each project across our 5 focus areas. The pie chart below outlines the identified qualitative gaps. Our Training Strategy addresses each of the skills gaps and curriculum is being developed within project training modules to close the gaps.

Skills & Competencies Gaps

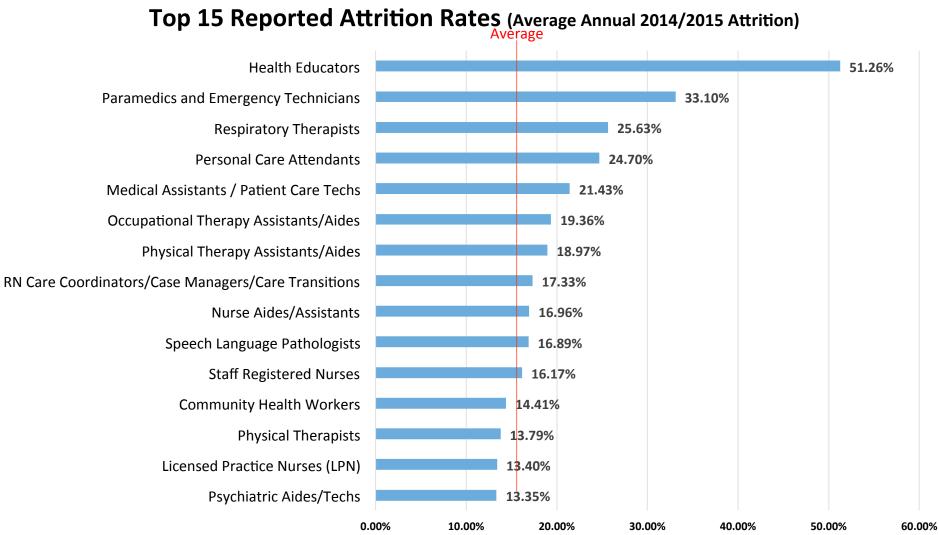




Montefiore Hudson Valley Collaborative Performing Provider System Attrition & Turnover Rates



Attrition & Turnover Rates





Montefiore Hudson Valley Collaborative Performing Provider System Appendices



Attrition Analysis

Appendix A: Attrition Analysis

Notes and Methodology

Utilized workforce information gathered 11/2015-3/2016

Collected 2014 and 2015 workforce information. This information included, by job type, current staff headcount, new hires headcount, and separations/retirements headcounts.

While the survey collected information at the site level, workforce and attrition data have been aggregated to the organization level.

Attrition rate is the percent of separations (including retirements) out of the average workforce during the specified period.

Outliers were identified as attrition values more than 3 times above or below the interquartile range. Once identified, outliers were removed from the analysis to control for extreme values.

While included in the summary table, attrition rates comprised of data from 5 or fewer organizations may not be reliable.



Allocation Algorithm

Appendix B: Allocation Algorithm

- Algorithm: ((HC*MF) / (P + J)) / S
 - HC: 2015 Headcount
 - MF: Medicaid Factor (0.087). The Medicaid factor is derived from the percent of the Montefiore Hudson Valley Collaborative 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