Montefiore Hudson Valley Collaborative (MHVC) PPS

Milestone #1:
Target Workforce State

Montefiore

Target Workforce State

Montefiore Hudson Valley Collaborative
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Table of Contents

The Montefiore Hudson Valley Collaborative (MHVC) is a Performing Provider System (PPS) comprised of a group of providers who have come together to improve healthcare as part of the New York State Department of Health's Delivery System Reform Incentive Payment Program (DSRIP). Working together, we will champion new models of providing Medicaid beneficiaries with higher quality care, while reducing expenditures through enhanced care coordination, community-focused care and education.

To achieve this vision, our PPS staff and network partners have worked collaboratively to define the target workforce state, including the types of positions, qualifications, skills and competencies needed to meet the DSRIP goals both now and in the future. During DSRIP Year 1, we executed a rigorous analysis of our PPS workforce demand related to the clinical projects. We evaluated our workforce demand in terms of capabilities, capacities and the alignment of the workforce to the functional business requirements mandated by the New York State Department of Health (NYSDOH).

The demand analysis was conducted through a mix of focus group sessions and interviews with the network partners, project leads, clinical experts and other MHVC PPS core team members. Valuable insights have been gleaned regarding the functional business requirements of the ten projects and the future workforce needs to deliver against the DSRIP goals.

This document will serve as the initial Target Workforce State Model for MHVC. It will outline MHVC's understanding of workforce needs, including the commensurate skills and competencies required and the quantitative estimation of the workforce demand.
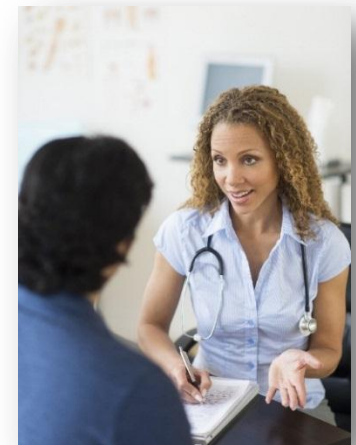
SCOPE OF THE FORECASTING PROCESS

Successful implementation of our PPS DSRIP projects involves a variety of provider and facility types, as well as multiple workforce positions with varying functions and qualifications. The convergence of multiple provider types to execute each project was a key consideration in the workforce planning efforts. Assessing the differences in the functions, skills, and education levels of job roles across many work environments, such as long-term care, acute care, and ambulatory settings, was also an integral component of our target state forecasting process.

Focus groups were formed to complete the initial target state planning and forecasting process. Listed below is an outline of the process steps:

Analyze our PPS DSRIP Project Plan and Services:
- Evaluate the PPS project plan and the services included within each project, including reviews of process maps, operations manuals, staffing models, etc.
- Conduct a thorough review of the requirements for each project and the specific services to be provided to each target population
- Determine the workforce implications and impacts of each project requirement

Segment the Workforce for Each Project:
- Outline the specific job functions and job types available within each of our network partner organizations (based on the DOH Job Categories)
- Identify the job types and/or job titles needed for each project
- Catalog the job types/job titles by partner organization, including emerging roles
- Acquire required qualifications for each job category and job type
- Obtain the required position ratios (caseloads, panel sizes, etc. - if applicable) for each partner organization
- Determine which projects would use new and/or current positions
- Estimate the number of positions (by job type) that are needed to support each project now and in the future 5

THE APPROACH

The MHVC PPS core team members, project leads and representatives from our network partner organizations, and others worked collaboratively through a series of focus group meetings to identify the types of positions, qualifications, and competencies needed to meet the DSRIP goals for each project. Our approach included an analysis of the impact on future workforce demand of the known path, as well as alternative futures, using a combination of demand forecasting techniques.

We anticipate changes in the workforce needs once our projects are fully implemented. By analyzing the impact of the alternative futures, we will be able to respond quickly to rapid changes from the known path to the alternative future. Multiple scenarios were analyzed to allow our PPS to move above and below the known path for the number of staff and mix of capabilities required. Forecasting techniques were used to enable our PPS to assess the likelihood, consequence, and mitigation strategy for each alternative future identified. The graphic below outlines our target state analysis approach.

Research	Construct	Validate
• Conduct a literature review of optimal staffing models and position ratios related to each DSRIP project • Identify the skills, licensures, and certification requirements by job category and/or job type based on the platform (i.e. model of care, delivery process, capabilities)	• Develop a position-by-project staffing model based on the DOH job categories • Use the target population number for each project as the denominator • Apply current and national ratios or benchmarks to calculate the estimated number of positions needed by job type	• Present the position-by-project staffing models to MHVC Project Leads & Partners to review and validate • Adjust the estimated number of positions (if needed) based on focus group feedback and finalize the target state model

6

Creating and using alternative roles proves crucial for the implementation of the DSRIP projects. These roles either 1) combine the skills and competencies of multiple positions into a specific position, or 2) empower staff to perform at the highest end of their licensure and/or certification levels. Alternative roles allow staff to perform the tasks and obligations necessary to execute the projects successfully, while being mindful of the costs to hire, retrain, and/or redeploy a limited number of staff. Throughout the focus groups, multiple roles were mentioned that can be categorized as alternative roles.

A list of discussed alternative roles include, but are not limited to:
RN Care Manager - can combine the functions of a social worker, RN, and LPN
Staff Registered Nurse – can combine the functions of a RN, health coach, and health educator
Peer Support Specialist / Peer Educator – can supplement staff RNs with health coach/health educator functions
Social Worker / Care Manager and Behavioral Health Roles – can be interchangeable with psychologists for certain functions
Nurse Practitioner / Physician Assistant – can perform physician duties in most cases

To most efficiently and effectively fulfill the requirements of the DSRIP projects and provide quality care to our patients, alternative roles were included in our Target Workforce State Model.

OVERVIEW OF DSRIP PROJECT WORKFORCE NEEDS

2.a.i Create an Integrated Delivery System

- **Core Functions**:
  - Establishing connectivity to support reporting, EHR, HIE/DIRECT, claims-based analytics, care plan sharing, and consumer technology
  - Sustainable payment arrangements for partners
  - Improving provider/organization shortages

- **Core Job Categories Required:**
  - Administrative Staff
  - Administrative Support
  - Nursing Care Managers
  - Nurse Educators
  - Social Worker Case Managers
  - Health Information Technology

2.a.iii Health Home At-Risk Intervention Program

- **Core Functions**:
  - Build care management resources and integration
  - Establish a care management pathway
  - Ensure quality services and uniformity across the care management continuum

- **Core Job Categories Required:**
  - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
  - Social Worker Case Managers
  - Administrative Staff

2.a.iv Create a Medical Village

- **Core Functions**:
  - Minimize excess capacity leading to inefficient healthcare resource usage
  - Close the gap of unmet community needs

- **Core Job Categories Required:**
  - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
  - Nursing Care Managers
  - Social Worker Case Managers
  - Nurse Practitioners
  - Staff Registered Nurses

2.b.iii ED Care Triage for At-Risk Populations

- **Core Functions**:
  - Developing clinical patient navigators and connectivity to outpatient providers
  - Connections to care managers
  - Organizing community-based organizations and peer support to work alongside clinical patient navigators

- **Core Job Categories Required:**
  - Physicians
  - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
  - Nursing Care Managers & Staff Registered Nurses
  - Social Worker Case Managers
  - Administrative Support

OVERVIEW OF DSRIP PROJECT WORKFORCE NEEDS

3.a.i Integration of Primary Care and Behavioral Health

- **Core Functions**:
  - Apply the existing and newly developed care management infrastructure
  - Maintain strong involvement of community based resources using peer resources and social supports as key components of recovery needs
  - Close gaps in technology preventing ideal communication & care plan development between primary care and behavioral health organizations
- **Core Job Categories Required:**
  - Behavioral Health
  - Physicians, Physician Assistants & Nurse Practitioners
  - Staff Registered Nurses
  - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
  - Nursing Care Managers

3.a.ii Behavioral Health Community Crisis Stabilization

- **Core Functions**:
  - 24/7 crisis hotline
  - Mobile crisis team

- **Core Job Categories Required:**
  - Behavioral Health
  - Other Allied Health
  - Administrative Staff
  - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers

OVERVIEW OF DSRIP PROJECT WORKFORCE NEEDS

3.b.i Cardiovascular Disease Management

- **Core Functions**:
  - Assist members with cardiovascular conditions in getting sufficient outpatient care
  - Utilize care managers and coordinated care teams to ensure that care for patients with complex needs are integrated and easily communicated between providers

- **Core Job Categories Required:**
  - Nursing Care Managers
  - Physicians, Physician Assistants & Nurse Practitioners
  - Staff Registered Nurses
  - Patient Educators
  - Administrative Staff
  - Other Allied Health

3.d.iii Asthma Management

- **Core Functions**:
  - Assign an asthma site champion at each project site
  - Develop an interdisciplinary asthma improvement team
  - Communicate the program's primary goal of decreasing asthma IP/ER utilization
  - Establish an asthma patient registry
  - Integrate key elements of the asthma guidelines into the EHR

- **Core Job Categories Required:**
  - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
  - Nursing Care Managers & Staff Registered Nurses
  - Physicians
  - Administrative Staff

OVERVIEW OF DSRIP PROJECT WORKFORCE NEEDS

4.b.i Promote Tobacco Use Cessation

- **Core Functions**:
    - Adopt tobacco-free outdoor policies.
    - Implement the US Public Health Services Guidelines for Treating Tobacco Use.
    - Use electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange).
    - Facilitate referrals to the NYS Smokers' Quitline

- **Core Job Categories Required:**
    - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
    - Behavioral Health

4.b.ii Chronic Disease Preventative Care & Management

- **Core Functions**:
    - Incorporate Prevention Agenda goals and objectives into hospital Community Service Plans
    - Adopt and use certified electronic health records
    - Adopt medical home or team-based care models
    - Create linkages with and connect patients to community preventive resources

- **Core Job Categories Required:**
    - Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers
    - Behavioral Health
    - Other Allied Health

3.a.i Integration of Primary Care and Behavioral Health

- Crisis / Sensitivity Skills
- IMPACT Model
- Primary Care & Behavioral Health
- PCMH 2014 Level 3 Standards

3.d.iii Asthma Management

- Care Coordination / Transitions Process
- PASP Evidence Based Guidelines
- Evidenced-Based Guidelines for the Diagnosis and Management of Asthma

3.a.ii Behavioral Health Community Crisis Stabilization

- Crisis / Sensitivity Skills
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Patient Care Skills for Navigators

4.b.i Promote Tobacco Use Cessation

- Brief Interventions & the 5 A's of Smoking Cessation

3.b.i Cardiovascular Disease Management

- Brief Interventions & the 5 A's of Smoking Cessation
- Evidenced-Based Guidelines for Cardiovascular Disease
- Stanford Model

4.b.ii Chronic Disease Preventative Care & Management

- Chronic Disease Prevention Strategies and Processes

DOH Job Category	Position Type(s)	DSRIP Project #	New (N) or Current (C) Role	Is Training required for Readiness? (Y or N)	Is there a Skills / Competency Gap to be filled? (Y or N)	Total Target State (Headcount)
Physicians	Primary Care (including PCP Consultant)	2aiv, 3ai, 3bi	C	Y	Y	159
	Emergency Medicine	2biii	C	Y	Y	20
	Hospitalist	2biii	C	Y	Y	8
	GI Specialist	2aiv	C	Y	Y	1
	Cardiologist	3bi	C	Y	Y	15
	Oncologist	2aiv	C	Y	Y	0.5
	Radiologist	2aiv	C	Y	Y	0.5
	Pediatricians	2aiv	C	Y	Y	3
	Pulmonologist - Adult	3diii	C	Y	Y	20
	Pulmonologist - Pediatric	3diii	C	Y	Y	20
Physician Assistants	Emergency Medicine	2biii	C	Y	Y	8
	Cardiac Care	3bi	C	Y	Y	5
Nurse Practitioners	Primary Care NP	2aiv, 3aii	C	Y	Y	14
	Emergency Medicine	2biii	C	Y	Y	8
	Psychiatric NP	3aii	C	Y	Y	4
	Cardiac NP	3bi	C	Y	Y	5

DOH Job Category	Position Type(s)	DSRIP Project #	New (N) or Current (C) Role	Is Training required for Readiness? (Y or N)	Is there a Skills / Competency Gap to be filled? (Y or N)	Total Target State (Headcount)
Nursing	Staff Nurse (RN)	2aiv, 2biii, 3ai, 3aii,	C/N	Y	Y	72
	Cardiac Care RN	3bi	C	Y	Y	25
	Pulmonary Care / Respiratory RN	3diii	C	Y	Y	4
	RN Supervisor	2aiv	C/N	Y	Y	2
	Nurse Educators	2ai	C/N	Y	Y	2
	Staff Nurse (LPN)	2aiv, 2biii, 3ai	C/N	Y	Y	33.6
Clinical Support	Clinical Lab Tech	2aiv	C	Y	Y	6
	Psych Tech	2aiv	C	Y	Y	6
	Medical Assistant	3aii	C	Y	Y	8
	Nurse Aide / Assistant	2aiv	C	Y	Y	6
Non-licensed Care Coordination / Case Mgmt / Care Mgmt / Patient Navigators / Community Health Workers *(Except RNs, LPNs, and Social Workers)*	Care / Patient Navigator (including Call Center)	2aiii, 2aiv, 3ai, 3aii	C/N	Y	Y	123.25
	Community Health Worker / Community Outreach Worker	2aiii, 2aiv, 3diii, 4bi	C/N	Y	Y	129.25
	Referral Coordinator	2aiii, 2aiv, 2biii, 3ai	C/N	Y	Y	212.25
	Peer Support Specialist / Peer Educators	2aiii, 2biii, 3ai, 4bii	C/N	Y	Y	122.25

DOH Job Category	Position Type(s)	DSRIP Project #	New (N) or Current (C) Role	Is Training required for Readiness? (Y or N)	Is there a Skills / Competency Gap to be filled? (Y or N)	Total Target State (Headcount)
Behavioral Health *(Except Social Workers providing Case/Care Management, etc.)*	Psychiatrist	3ai, 3aii	C	Y	Y	68
	Licensed Social Worker	3ai, 3aii	C	Y	Y	126
	Mental Health Therapist / Behavioral Health Specialist / Milieu Counselor / Therapeutic Aide	3ai, 3aii, 4bii	C	Y	Y	45.5
	Substance Use Counselor / CASAC in Training	3ai, 3aii	C	Y	Y	25.5
	Peer Support Specialist	3aii	C	Y	Y	75
	Addiction Counselor (School & Community)	4bi, 4bii	C	Y	Y	88
Social Worker Case Management / Care Management	Licensed Social Worker	2aiii, 2aiv, 2biii, 3ai,	C	Y	Y	93
Nursing Care Managers/ Coordinators / Navigators / Coaches	RN Care Manager (including Depression Care Manager)	2aiii, 2aiv, 2biii, 3ai, 3bi, 3diii	C/N	Y	Y	320.5
Patient Education	Health Educator	3bi	C	Y	Y	12.5
	Health Coach (including Call Center)	3bi	N	Y	Y	12.5
Home Health Care	-	-	-	-	-	0
Other Allied Health	Clinical Pharmacist	3aii, 3bi	C	Y	Y	4
	Dietician / Nutritionist	4bii	C	Y	Y	10
	Driver	4bii	N	Y	Y	5

DOH Job Category	Position Type(s)	DSRIP Project #	New (N) or Current (C) Role	Is Training required for Readiness? (Y or N)	Is there a Skills / Competency Gap to be filled? (Y or N)	Total Target State (Headcount)
Administrative Staff	Executive Director	2ai	N	Y	Y	0.25
	Compliance Officer	2ai	N	Y	Y	0.25
	Director of Workforce Development & Management	2ai	N	Y	Y	0.5
	Manager of Workforce Development & Management	2ai	N	Y	Y	0.5
	Training Specialist (non clinical)	2ai	N	Y	Y	0.5
	Senior HR Specialist	2ai	N	Y	Y	0.5
	Medical Director	2ai	N	Y	Y	0.25
	Director of Finance & Contracting	2ai	N	Y	Y	0.25
	Facility / Change Champions	2ai	N	Y	Y	7.2
	Communications Manager	2ai	N	Y	Y	0.25
	Community Engagement Manager	2ai	N	Y	Y	0.25
	Director of Practice Transformation	2ai	N	Y	Y	0.25
	Director of Quality & Innovation	2ai	N	Y	Y	0.25
	Contract Manager	2ai	N	Y	Y	0.25
	MHVC Project Manager	2ai	N	Y	Y	0.5
	PCMH Project Specialist	2ai	N	Y	Y	1
	Value Based Payment Project Manager	2ai	N	Y	Y	0.25
	Population Health Management Specialist	2ai	N	Y	Y	1
	Project Manager	2ai, 2aiii, 2aiv, 2biii, 3ai, 3aii, 3bi, 3diii, 4bi, 4bii	N	Y	Y	5
	Care Coordinator Supervisor	2aiii	N	Y	Y	21
	Peer Support Specialist Supervisor	3aii	N	Y	Y	5
	Community Health Worker Supervisor	3diii	N	Y	Y	5

DOH Job Category	Position Type(s)	DSRIP Project #	New (N) or Current (C) Role	Is Training required for Readiness? (Y or N)	Is there a Skills / Competency Gap to be filled? (Y or N)	Total Target State (Headcount)
Administrative Support	Administrative Assistant	2ai	C	Y	Y	1
	Front Desk Clerk / Office Clerk	2aiii, 2aiv, 3ai	C	Y	Y	79.5
	Patient Registrar	2aiv, 2biii	C	Y	Y	5
	Intake / Referral Coordinator	3aii	N	Y	Y	8
Health Information Technology	Assoc. Dir. of IT Transformation	2ai	N	Y	Y	1
	iDS Reporting Specialist	2ai	N	Y	Y	1
	HIT Specialist / Analyst	2ai	N	Y	Y	1
	Coder	2aiv	C	Y	Y	4
	Reporting / Data Analyst	2aiii, 3ai, 3aii, 3diii, 4bii	C/N	Y	Y	67.5
Midwives	Midwives	-	-	-	-	0
Janitors & Cleaners	Janitors & Cleaners	-	-	-	-	0
					TOTAL:	2146.30

18

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