



CNYCC Workforce Transition Roadmap

Purpose and Introduction:

The Central New York Care Collaborative (CNYCC) has completed the following Workforce Transition Roadmap in fulfillment of Milestone #6 (“Create a workforce transition roadmap for achieving your defined target workforce state”) of the DSRIP program’s workforce initiative. The purpose of this document is to describe our PPS’s approach to meet the ongoing recruitment, retention, training, and deployment needs of our PPS network for key gap positions necessary to fulfill our DSRIP goals. Target dates and the description of potential strategies to close gaps identified in the CNYCC Gap Analysis (Milestone #7) are included for reference. Central New York Care Collaborative (CNYCC) reviewed the future workforce state, the baseline staffing levels and the resultant gap analysis to design a transition road map to move the partners of our PPS toward success in participating in their selected projects and to meet the goals, spirit, and transformative intent of the DSRIP program.

It is important to note the CNYCC PPS is comprised of both highly diverse and geographically dispersed partners including rural and urban settings. As such, CNYCC’s role is to support, facilitate, and coordinate efforts across the partnership while recognizing and differentiating among the partner’s varied needs.

CNYCC worked closely with the PPS Workforce Committee to identify and prioritize workforce needs and to recommend solutions designed to address those needs as outlined in this document. The Workforce Committee is comprised of subject matter experts from across the spectrum of human resources and workforce development including talent acquisition, total rewards, employee relations, and employee training and development. Union representatives also serve on the Workforce Committee to assure that the broad needs of the labor force are being taken into consideration.

Future State Needs:

Based on the data collected from the PPS partners, the trends in the healthcare labor market across Central New York, and the anticipated outcomes of DSRIP, CNYCC developed an idealized, target future state. Our current state, along with an understanding of existing dynamics among our PPS partners and the desired future state, have enabled the identification of critical activities that should be implemented and undertaken to advance our partner network to the desired future state. The collection of these activities provides a transition roadmap that builds on our current state to advance our partner network and close the anticipated workforce gaps.



CNYCC has identified workforce gaps in the following areas:

- Nursing (RNs and LPNs)
- Mid-Level Positions (NPs and PAs)
- MDs (Primary Care and Psychiatrists)
- Care Coordinators/Navigators
- Behavioral Health Workers (Social Workers and Psychologists)
- Medical Assistants and Patient Service Representatives

The CNYCC Gap Analysis document provides a detailed description of the anticipated gaps by job title. The greatest volume of needs identified by the Future State Analysis are in nursing, care coordination, and behavioral health. The need for nurses is consistently high in Central New York but the increased needs from expanded primary care, health homes and care management agencies, population health programs and increased home care services will further exacerbate the shortage. Also impacting nursing volume is the time required by staff nurses to complete the EMR for the encounters which leaves direct patient contact to be assumed by the LPNs and Medical Assistants. The higher rate of turnover within those roles suggests that more individuals are needed to enter the profession. The other challenges may be in fulfillment of less traditional placements including expanded primary care, supporting embedded providers in behavioral health or community based organizations, and supporting population health programs.

The care coordination/navigation segment, which includes RN Care Coordinators/Case Managers, Care Managers/Care Coordinators with a Bachelor's Degree required, and Care Navigators, is emerging and must grow significantly to meet the needs in Central New York. The need for over 100 new positions is projected for this segment with a high volume of turnover likely to occur as workers react to new duties and reporting structures. Partners have reported substantial self-selection out of these titles by recent hires with little succession planning in place. This trend is likely to continue until better selection criteria is established and these titles gain traction in the labor market. Limited numbers of qualified candidates applying to these titles will put a greater emphasis on retention and development.

The behavioral health segment, including Psychologists, Licensed Clinical Social Workers, Substance Abuse and Behavioral Disorder Counselors, and Peer Specialists are needed in increasing numbers throughout Central New York to meet the existing unmet need as well as additional demand created by integrated care delivery models. Currently, availability is greatest in the urban population centers of our PPS with extra focus in future planning needed to enhance access to these professionals in rural areas.



Among providers, there is persistent unmet need for MDs, particularly in primary care and psychiatry, as well as for physician extenders and mid-levels such as PAs and NPs. Many providers in Central New York are nearing retirement, a challenge whose solution most certainly will require close partnership with local institutions of higher education. Lacking both the attractive, comparatively high starting salaries of the North Country and the perceived quality of life attractions of downstate, Central New York has historically faced particular physician recruitment challenges. This current state of unmet need will be further exacerbated by the transition to population health models of care that drive increased demand for outpatient services.

CNYCC has identified a number of programs and steps to facilitate our partners in reaching the best case vision for Central New York to find, secure, and retain the large number of physicians, psychiatrists, nurses, behavioral health specialists, mid-level providers, population health specialists, and care collaboration specialists needed to provide care to every engaged patient. Those plans follow this narrative and share the strategy, steps to achieve the goal, and anticipated time for engagement.

Subject Matter Expert Support:

CNYCC has established a formal Workforce Committee comprised of subject matter experts from across the spectrum of Human Resource/ Workforce Development including talent acquisition, total rewards, employee relations, instructional designers and training delivery. The committee is also comprised of individuals from all partner segmentation. One of the opportunities and goals of this committee is to discover and share best practices that support collaboration and results in greater speed and volume of care across our region. This cooperation among this very diverse group is really the crux of this transition road map. When workforce related issues emerge that require a high degree of resources to achieve the goals of the PPS then subcommittees will be formed by subject matter experts, such as the considerations around a LMS. As this body becomes more collaborative and productive so will all of the PPS partners.

Conclusion:

CNYCC completed a thorough analysis of its workforce needs through consultation with its workforce vendor as well as the Project Management Team and the contracted partners through the workforce committee. As a result of that process significant recruitment challenges and training needs were identified. The actions recommended in this Transition Roadmap are designed to address the issues identified through the workforce analysis. The recommended timelines were proposed to ensure the PPS stays on track with workforce development and, ultimately, to ensure the PPS has the workforce needed for successful DSRIP project implementation and transform the delivery of care throughout New York.



Recruitment/Retention		
Proposed Strategy	Targeted Positions	Projected Timeline
<p>Partner with local universities and community colleges to develop or expand training programs for gap positions</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Inventory currently available programs offered by local universities and community colleges and compare to gap positions 2. For programs aligned with gap positions, gather historical enrollment, tuition, and other program details 3. For programs aligned with gap positions with limited capacity for additional enrollment, engage with leadership to identify opportunities for & resolution of barriers to program expansion 4. For gap positions without existing programs, gauge local universities/community college interest in developing new programs 5. Provide both expanding and new program with PPS vacancy and compensation data & facilitate access to preceptor/mentorship programs to enhance job readiness of program graduates 	<p>Primary Care Physicians (PCPs), Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other behavioral health (BH) counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>January 2017, ongoing</p>
<p>Establish a central job posting resource</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Conduct needs assessment/solicit input from partner organizations regarding desired features 2. Identify and engage with vendor 3. Engage with partner organizations to create linkages to their existing, organization-specific postings 4. Share layout and demo capability of central job posting resource with Workforce Committee before publication 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>April 2017</p>
<p>Execute recruitment marketing campaigns for gap positions outside the Central New York region</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Develop prototype ads for gap positions 2. Work with firm to identify national and/or international target markets outside of range of partners' current ad reach 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>July 2017</p>



<p>3. Vet and refine prototype ads and target markets with input from workforce committee and partners seeking to fill gap positions</p>		
<p>Publicize and share best practices supporting job shadowing, preceptor/mentorship, and volunteer programs</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Inventory available preceptors/mentors/shadow leader programs 2. Convene identified programs to discuss best practices 3. Communicate best practices to broader partner network 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>October 2017</p>
<p>Incentivize recruitment of targeted gap positions for partner organizations</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Identify eligible partner organizations 2. Establish incentive program details with input from workforce & finance committee 3. Publicize funding opportunity to eligible partner organizations 4. Measure results of the program to determine effectiveness, make adjustments to the program design as needed 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>October 2017</p>
<p>Develop career ladders to advance workers into gap positions</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Partner with academia, organized labor, and existing regional workforce development entities to identify and define career ladders for gap positions 2. Identify partner organizations with employees at lower rungs of identified career ladders 3. Engage with the leadership of identified organization to develop plans for advancing employees to higher rungs of the career ladders 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>June 2018</p>



<p>Develop PPS-wide professional development resource service</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Identify existing career counseling/coaching programs 2. Contract with program(s) to offer discounted access to employees of partner organizations 3. Publicize the service to the HR departments of partner organizations with promotional materials for employees 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>June 2018</p>
<p>Support succession planning for partners with physicians approaching retirement</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Identify physicians in gap positions nearing retirement age or planning to vacate their positions for other reasons 2. Approach practices to determine if a succession is in place or if assistance is desired 3. Approach residency programs to identify residents interested in local placements after graduation 4. Develop pairings of residents and retirement age physicians for mentorship and to increase familiarity with practice 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>January 2017</p>

Training		
Strategy	Targeted Positions	Projected Timeline
Please refer to CNYCC Training Strategy		

Deployment		
Strategy	Targeted Positions	Projected Timeline
<p>Contract with staffing vendor(s) to offer discounted placement services to PPS network</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Identify local firms with demonstrated success in recruiting gap positions 2. Contract with identified firm(s) to offer discounted services to partner organizations 3. Measure results of recruitment efforts to evaluate effectiveness 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>April 2017</p>



<p>Identify and facilitate opportunities for staff sharing by partner organizations</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Scan centralize job postings for complimentary part-time openings and identify partner organizations with unmet need for part-time coverage for gap positions 2. Broker relationships between partner organizations with complimentary needs and support recruitment of shared employee 	<p>PCPs, Psychiatrists, Nurses (BSN, RN, LPN), Mid-levels (PA, NP), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>April 2017</p>
<p>Contract with local firm to establish a float pool for gap positions</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Identify local firms with capability to establish float pools for gap positions 2. Contract with identified firm(s) to offer discounted access to partner organizations 3. Measure results of program to evaluate effectiveness 	<p>Nurses (LPN, RN), Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>October 2017</p>
<p>Identify and facilitate placement for displaced PPS partner employees into gap positions</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. Establish infrastructure & process for partner reporting of displaced workers 2. Identify displaced workers from positions at lower rungs of identified career ladders and target for training 3. Support displaced workers in accessing appropriate training resources 	<p>LPNs, Social Workers, Psychologists, other BH counselors, peer specialists, Care Coordinators/Navigators, Medical Assistants and Patient Care Techs</p>	<p>October 2017</p>
<p>Develop program to ensure delivery of care coordination services across the PPS network</p> <p>Recommended Steps:</p> <ol style="list-style-type: none"> 1. As part of development of PPS-wide care coordination strategy, identify unmet need for care coordination across the PPS 2. Evaluate options to deploy care coordinators to fill identified unmet need 3. Support the ongoing training of care coordinators 	<p>Care Coordinators/ Navigators</p>	<p>June 2017</p>



Future State Staffing Summary Table

Job Title	Number of New Hires	CNYCC Current	CNYCC Vacancy Rate	6 PPS Vacancy Rate	CNYCC Compensation Rate	6 PPS Compensation Rate
Physician Assistant Primary Care	69	1	1.69%	8.64%	\$50.16	\$51.34
RN Care Coordinators/Case Managers/Care Transitions	54	60	14.18%	14.77%	\$29.84	\$29.30
Office Clerks	51	8	1.72%	--	\$14.48	\$14.28
LPNs	47	118	7.4%	7.37%	\$18.63	\$18.33
Licensed Clinical Social Workers	41	6	3.88%	--	\$29.10	\$30.11
Care or Patient Navigator	41	19	11.73%	11.11%	\$24.00	\$25.31
Coders/Billers	21	9	2.49%	--	\$17.45	\$17.96
Medical Assistants	17	6	2.93%	--	\$14.97	\$14.63
Nurse Practitioner Primary Care	15	10	7.72%	11.34%	\$45.89	\$46.97
Nurse Managers/Supervisors	15	36	6.91%	--	\$34.10	\$34.08
Bachelor's Social Work	26	4	8.00%	--	\$21.72	\$21.38
Secretaries and Administrative Assistants	15	20	3.43%	--	\$16.76	\$16.94
Primary Care Physician	14	9	3.45%	10.34%	\$104.08	\$103.59
Staff Registered Nurses	14	352	6.56%	--	\$27.85	\$28.33
Nurse Aides/Assistants	14	246	8.67%	10.09%	\$13.20	\$12.69
Psychiatric Nurse Practitioner	12	7	15.91%	18.79%	\$62.96	\$60.41
Technical Support	12	7	7.87%	--	\$22.67	\$22.33
Other Mental Health/ Substance Abuse Titles Requiring Certification	32	16	6.02%	--	\$23.43	\$24.92
LPN Care Coordinators/ Case Managers	6	3	10.00%	15.93%	\$20.70	\$19.31
Licensed Master's Social Workers	6	9	4.71%	--	\$24.87	\$25.67
Care Manager/Coordinator Bachelor's Degree required	6	64	10.29%	7.50%	\$22.32	\$24.03
Health Educators	6	10	9.50%	--	\$22.88	\$23.48
Psychiatrists	5	4	6.45%	11.35%	\$132.49	\$130.96
Janitors and Cleaners	5	44	4.53%	--	\$11.95	\$12.43
Nutritionists/Dieticians	5	0	0.00%	--	\$26.34	\$27.66
Social Worker Care Coordinators/ Case Managers/Care	3	16	13.01%	8.72%	\$23.07	\$22.45
Psychologists	2	2	2.41%	--	\$51.22	\$49.01
Health Coaches	2	1	11.11%	--	--	\$23.19
Patient Service Representatives	2	14	8.14%	--	\$16.35	\$16.16

KEY

1.28 x Original	Emerging title	Highly Compensated
1.6 x Original	+RFP data	Below PPS Other reports
3.57 x Original	+RFP data	