

Workforce Transition Roadmap

for the
Suffolk Care Collaborative
Performing Provider System

September 30, 2016





Workforce Transition Roadmap

The Path to the Target Workforce State



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Executive Summary

Creating an integrated delivery system requires having our patients served by a fully trained, culturally competent team, representing the optimal mix of professional disciplines. The Suffolk Care Collaborative (SCC) PPS is committed to developing a healthcare workforce that is value-based and focused on enhancing services and improving health outcomes. To achieve that goal, we have begun making substantial investments in workforce transformation that we believe will result in a will result a workforce that is more experienced, motivated and well trained.

Over the course of the remaining DSRIP years, our projects will be fully implementation and this transition is expected to impact the 40,000 employees within our PPS in terms of changes in workflow and approach. We also anticipate modifying job duties for some staff and the development of new skills for others as their roles change. There will also be new roles, departments and organizations created across our partner organizations to support the emerging delivery system. We estimate the need for a significant amount of training; as well as retraining and redeployment and a limited amount of new hires.

This document is the official Workforce Transition Roadmap for SCC PPS and it describes the gaps within our workforce, provides a vision for an adequately sized and competent workforce, and describes priority strategies and activities that we're initiating to close quantitative and qualitative gaps in the following areas:

- ❑ **Training & Education**
- ❑ **Recruitment & Retention**
- ❑ **Retraining & Redeployment**
- ❑ **Organizational Development**

The SCC PPS Workforce Governance Committee approved the Workforce Transition Roadmap (Milestone 2) on **October 26, 2016** during the committee meeting.



Transitioning to the Target State

Transitioning to the Target State

Our Transition Roadmap for achieving our defined target workforce state includes the following key elements:

➤ **DETAILED PLANS TO ADDRESS THE RECRUITMENT, TRAINING AND DEPLOYMENT NEEDS OF SCC ON AN ONGOING BASIS**

To accurately analyze the workforce numerical gap, we collected data from our three health systems and network partners regarding the actual current state workforce allocation to each project, as opposed to a pure headcount. This information provided a more finite number from which to calculate a gap. A comparison of our target state projections by project and current state workforce allocation yielded a quantitative gap of 100.5 (FTE).

In May 2016, a series of workforce planning sessions were held with our hubs and partners to discuss the workforce gaps. We asked each hub to provide projections for New Hires, Redeployments, Retraining, Training and other approaches they are planning to leverage to close the identified gaps. Based upon the projections received to date from all three hubs, there are plans and timelines in place to close approximately 56.2% of our workforce gaps. We will continue to work with our network partners and hubs to develop plans and timeframes to close all remaining gaps.

On a quarterly basis, a web-based Transition Roadmap / Staff Impact Survey will be distributed electronically to the network partners. The data will be aggregated and analyzed against our initial projections. Each health system will be responsible for tracking and managing gap closures with their partners. However, the SCC Workforce Management & Transformation Office will oversee the transition roadmap activities and provide technical assistance to the health systems as needed.

Per the NYS DOH Domain 1 Milestones Minimum Standards, we will provide quarterly updates on the implementation of your workforce transition roadmap which will include a summary of New Hires, Redeployments, Retraining, Training activities. The summary of activities to date have been included in the **Workforce Gap Closure Plan** section of this report.



Transitioning to the Target State

➤ A PROJECTED TIMELINE WITH REALISTIC TARGET DATES FOR ACCOMPLISHING ALL STEPS TO CLOSE WORKFORCE GAPS

Based upon the gap closure projections from each of our health systems, we developed a preliminary timeline for closing our workforce gaps by calculating Patient Engagement Targets across the DSRIP timeframe. We recognize that this initial timeline may need to be adjusted each quarter through further data analysis and discussion with our hubs and partners to make decisions around prioritizing workforce gaps. The additional factors that will enable us to give precedence to the gaps include:

- ❑ Reviewing our Project Implementation Schedule to align gap closures with the rollout of our projects
- ❑ Analyzing Attrition & Turnover data trends to understand the job types, demographics, educational levels and skillset information about the departing employees

We have included charts projecting our preliminary timeline to close gaps by quarter for our clinical projects over the remaining DSRIP years. The charts can be viewed in the **Workforce Gap Closure Plan** section of this report.



➤ DEFINED GOALS, OBJECTIVES AND STRATEGIES OUTLINING THE WAYS IN WHICH WE PLAN TO CLOSE IDENTIFIED GAPS SO AS TO MEET THE NEEDS OF SCC AND OUR NETWORK PARTNERS

Our detailed strategies to support our health systems and partners in closing all identified workforce gaps are outlined in the **Workforce Transition Strategies** section of this report

Workforce Transition Strategies

Workforce Transition Strategies

Strategic planning plays a pivotal role in the success of our workforce transformation. The SCC PPS workforce will need to be fully trained, culturally competent team, representing the optimal mix of professional disciplines. In conjunction with our workforce vendor, we have conducted a comprehensive workforce analysis that considers the current and future workforce configuration needed to serve the most complex and costly members.

Based on our analysis, we aim to develop highly effective, engaged healthcare professionals both during and after DSRIP implementation. The Transition Roadmap will serve as our “living” strategic planning document and the objectives are to:

- ❑ Work collaboratively with our network partners to evaluate and close numerical gaps across various job categories.
- ❑ Train and equip personnel with the knowledge, skills and competencies to perform all new business and clinical system and process tasks required in support of our DSRIP projects.
- ❑ Increase the skillset of the current workforce with workflow processes, job aids, evidenced-based guidelines, and real-time information about patient experience.
- ❑ Reduce the time that it takes personnel to fully adopt new business, care management and care delivery processes, thereby reducing costs of initial lost productivity and ongoing support.
- ❑ Implement change management processes to reduce anxiety staff may experience when workforce changes are implemented.



On the proceeding pages, we have outlined several strategies in four key areas that we will leverage to not only transition our workforce, but to ensure effective workforce management over the remaining DSRIP years.

Workforce Transition Strategies

I. Training & Education

Our projects include a wide variety of job categories, positions and facility types, all of which require learning to be tailored to their needs for both general, cross-cutting skills and specialty skills for specific populations, treatment levels or locations. The essential skills of our workforce require continuously updated knowledge at both the individual and organizational levels. Our goal is to facilitate training that is both effective and accessible across our network. It's also important that our training content areas target knowledge requirements for both clinical and administrative workers.

Listed below are a few of our key transition strategies for Training & Education:

- **Supporting Network Partners with identified Training Gaps**
- **Applying Blended Learning Methods**
- **Implementation of a Train-the-Trainer Process**
- **Quality Improvement Process to Evaluate Training Programs**
- **Continuous Training Needs Assessments**
- **Training Programs to Up-Skill Staff for Emerging Roles**

Workforce Transition Strategies

II. Recruitment & Retention

As we begin to transition our workforce to the future state for DSRIP, we understand that our network partners may need technical assistance in assessing, adapting and refining their recruiting and retention approaches. Recruitment and retention are key components for administering an effective workforce development plan. There are specific tactical steps that the SCC PPS, our health systems and our network partners can take to ensure the success of our recruitment and retention activities, even in a rapidly changing environment. Our goal is to work collaboratively with and support the efforts currently underway within our partner organizations.

In the bullets below, we've outlined a few of our Recruitment & Retention support strategies:

- **Designing Workforce Career Ladders for Key Positions**
- **Leveraging a Job Board / Clearinghouse**
- **Providing Technical Assistance to Network Partners with Succession Planning**
- **Implementing Workforce Diversity Initiatives**
- **Supporting Network Partners experiencing challenges with their Recruitment & Selection Process**

Workforce Transition Strategies

III. Retraining & Redeployment

Closing gaps through redeployment of displaced employees is a sensitive and complex issue that requires careful management. We believe there should be a structured approach for the identification of potential opportunities for misplaced staff, in addition to retraining and internal recruitment options. Our plan is to play an active role, where possible and appropriate, in employee redeployment. The goal is to provide partner organizations with a process that provides a clearer view of where job opportunities exist and where vacancies could be filled within an existing talent pool.

Listed below are a few transition strategies being considered for Retraining & Redeployment:

- **Providing Technical Assistance to Network Partners for Redeployment of Staff**
- **Supporting the Analysis & Review of the Existing Talent Pool**
- **Providing Guidance on Forecasting & Phased Reductions of Staff**
- **Collaborate with Partners to address Impacted Staff**

Workforce Transition Strategies

IV. Organizational Development

Transitioning our workforce and closing identified gaps requires collaboration and engagement with hubs, network partners and stakeholders. The organizational changes and development required for DSRIP will be a challenge for all of our network partners; however, by working collaboratively, we can connect various types of providers, share techniques for redeploying and retaining staff, and identify promising practices in a range of areas. Our goal is to be as inclusive as possible so that we can understand the challenges our partners are facing and determine the most optimal approach for closing workforce gaps.

In the bullets below, we've outlined a few of our Organizational Development strategies:

- **Providing Technical Assistance for Change Risk & Readiness Assessments**
- **Supporting Network Partners with Organizational Culture Change**
- **Monitoring & Addressing Concerns and Complaints Related to Workforce**
- **Provide Ongoing Support to Help Network Partners Close Workforce Skills & Competency Gaps**
- **Provide Guidance on the Sustainability of Workforce Changes**

Workforce Gap Closure Plan

Workforce Gap Closure Plan

OUR APPROACH

As previously noted, we currently have plans in place to close approximately 56.2% of our workforce gaps and will be implementing plans to close the additional workforce gaps over the remaining DSRIP years. Closing our workforce gaps will include monitoring and managing activities related to recruitment, training, redeployment and retraining. Our timelines for gaps to close by project dictates the priority level for each position-level gap. On a quarterly basis, the information in this section will be updated to include a summary of workforce transition activities, analyses of our staff impact data, and updates to our gaps to close timelines for each DSRIP project, as needed.

On the subsequent pages of this section, we have include a display of our gaps that has been updated since the submission of our Current State Assessment & Gap Analysis Report. We have also included a summary of training activities, as well as our initial gaps to close by project charts. The charts and timelines were created using data from our workforce supply and demand analysis. For this preliminary view, we focused on understanding how the workforce projections align with our patient engagement targets by quarter. The series of charts highlight our findings and gap closure plan. To develop our gaps to close timeline, we focused on the following three areas:

- ❑ **Target State Assumption:** Our analysis is based on the assumption that the target staff needed per quarter is directly proportional to the anticipated percent of patients engaged. This means that if in DSRIP Year 3, Quarter 2, 80% of patients are planned to be engaged for a particular project, then 80% of the Target State FTEs will also be needed within the same timeframe.
- ❑ **Current Allocation:** Based on the number and type of positions our network partners have already allocated to our projects, we assessed the apportionment of the current allocated positions against the projected target workforce by quarter. Our goal was to estimate the length of time in which the currently allocated positions would cover the workforce needs, and the quarters in which gaps may arise. Additionally, in this view, we have focused solely on position types in which there is a gap.
- ❑ **Critical Gap Closure Periods:** Critical gap closure periods are key periods of time to identify New Hires, Redeployments, Retraining, etc. These periods indicate that the currently allocated workforce may not be enough to cover the anticipated patient engagement at the time, and thus workforce gaps may arise. Gap closure activities will be targeted during these periods.

Workforce Gap Closure Plan

QUANTITATIVE GAPS (DEMAND VERSUS SUPPLY)

Our Workforce Gap Analysis yielded a quantitative gap of **100.5**. Subsequently, we have received projections from each hub for new hires, redeployments, retraining and training expected to occur between DY2Q2 to the end of DY5. The projections have narrowed our workforce gap to **44 FTEs**. The bullets below shows the job types accounting for the remaining gap at the end of DY5:

Job Types		Job Types	
2ai	Health Information Technology - HIT Specialist / Analyst	3bi	Non-licensed Care Coordination - Care Coordinator / Implementation Specialist*
2biv	Non-licensed Care Coordination - Community Health Associate / Resource Coordinator*	3bi	Nursing Care Managers / Coordinators - RN Care Manager / Case Manager
2bix	Nurse Practitioners - Primary Care (NP)	3bi	Physician Assistants - Primary Care (PA)
2di	Administrative Staff - Administrative Lead	3ci	Non-licensed Care Coordination - Care Coordinator / Implementation Specialist*
2di	Non-licensed Care Coordination - Outreach Supervisor	3ci	Nursing Care Managers / Coordinators - RN Care Manager / Case Manager
2di	Non-licensed Care Coordination - Outreach Worker (Community & Inpatient)	3ci	Patient Education - Certified Diabetes Educator
2di	Non-licensed Care Coordination - Wellness Coach	3ci	Patient Education - Diabetes Education Coordinator
3ai	Behavioral Health - Psychiatric Nurse Practitioner	3dii	Administrative Staff - Project Manager / Project Educator
3ai	Behavioral Health - Psychiatrist	4aii	Administrative Staff - Facility Champion
3ai	Clinical Support - Medical Assistant	4aii	Administrative Staff - Project Manager / Project Educator
3ai	Non-licensed Care Coordination - Depression Care Manager (Only IMPACT)	4aii	Behavioral Health - SBIRT Implementation Specialist
3ai	Physician Assistants - Primary Care (PA)	4bii	Administrative Staff - Project Manager / Project Educator
3ai	Physicians - Primary Care Consultant to BH	4bii	Behavioral Health - Health Coach / Addictions Counselor
3bi	Administrative Staff - Project Manager / Project Educator		

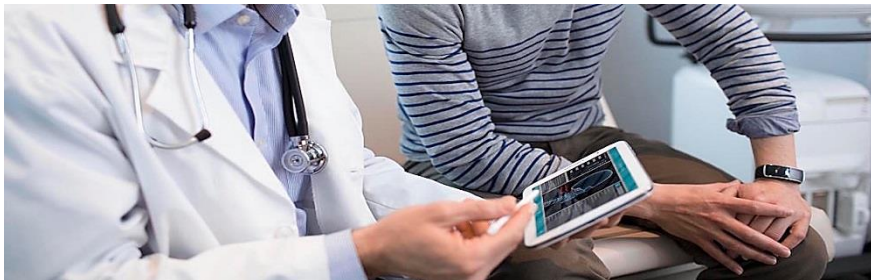
Workforce Gap Closure Plan

SUMMARY OF ACTIVITIES:

The primary workforce transition activities through DY2Q2 have been focused on training our workforce and preparing staff to work across our DSRIP projects. The SCC Central Services Organization has taken the lead in delivering training content to meet DSRIP organizational work stream level requirements related to health literacy, cultural competency, practitioner engagement, and performance reporting. Through multiple training sessions, we have been educating end users in the SCC system including Hubs, Community Based Organizations (CBOs), and Providers.

SCC and the Hubs have both provided training courses in support of project level requirements, where appropriate. While our training strategy is not yet complete, all three Hubs have offered standardized training to network partners that is aligned with our organizational priorities and focused on closing workforce skills gaps.

A number of training activities have been conducted through DY2Q2. The DSRIP Project and/or Organizational Workstream covered in our training sessions are listed in the table on the right.

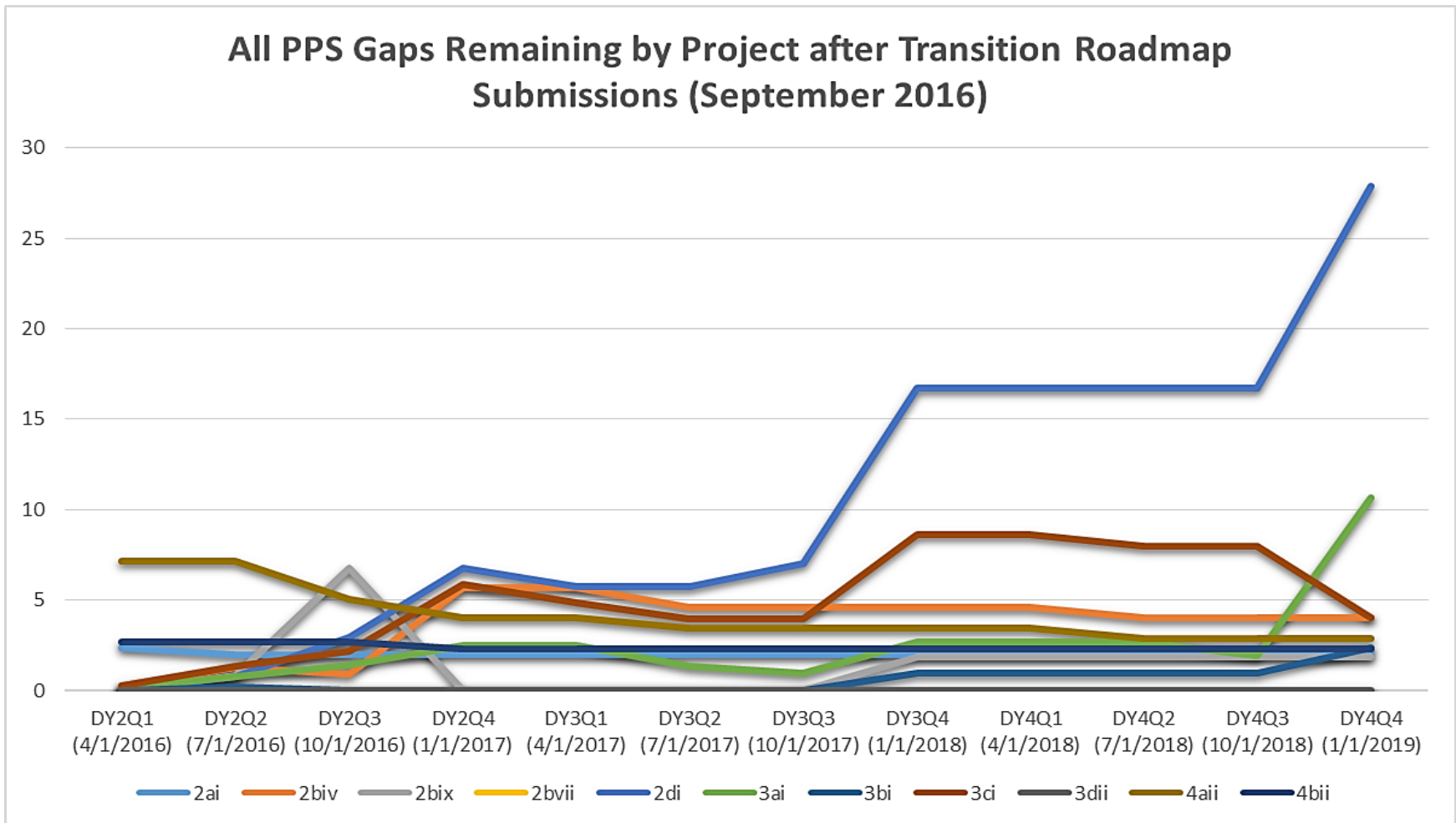


Project or Organizational Workstream

- Compliance
- Cultural Competency
- DSRIP Introduction
- Information Technology
- Performance Reporting
- Population Health
- Practitioner Engagement
- Provider Engagement
- 2ai IDS
- 2biv & 2bix TOC/OBS
- 2bvii INTERACT
- 2di PAM
- 3ai BH – PC
- 3dii ASTHMA
- 4ai SBIRT

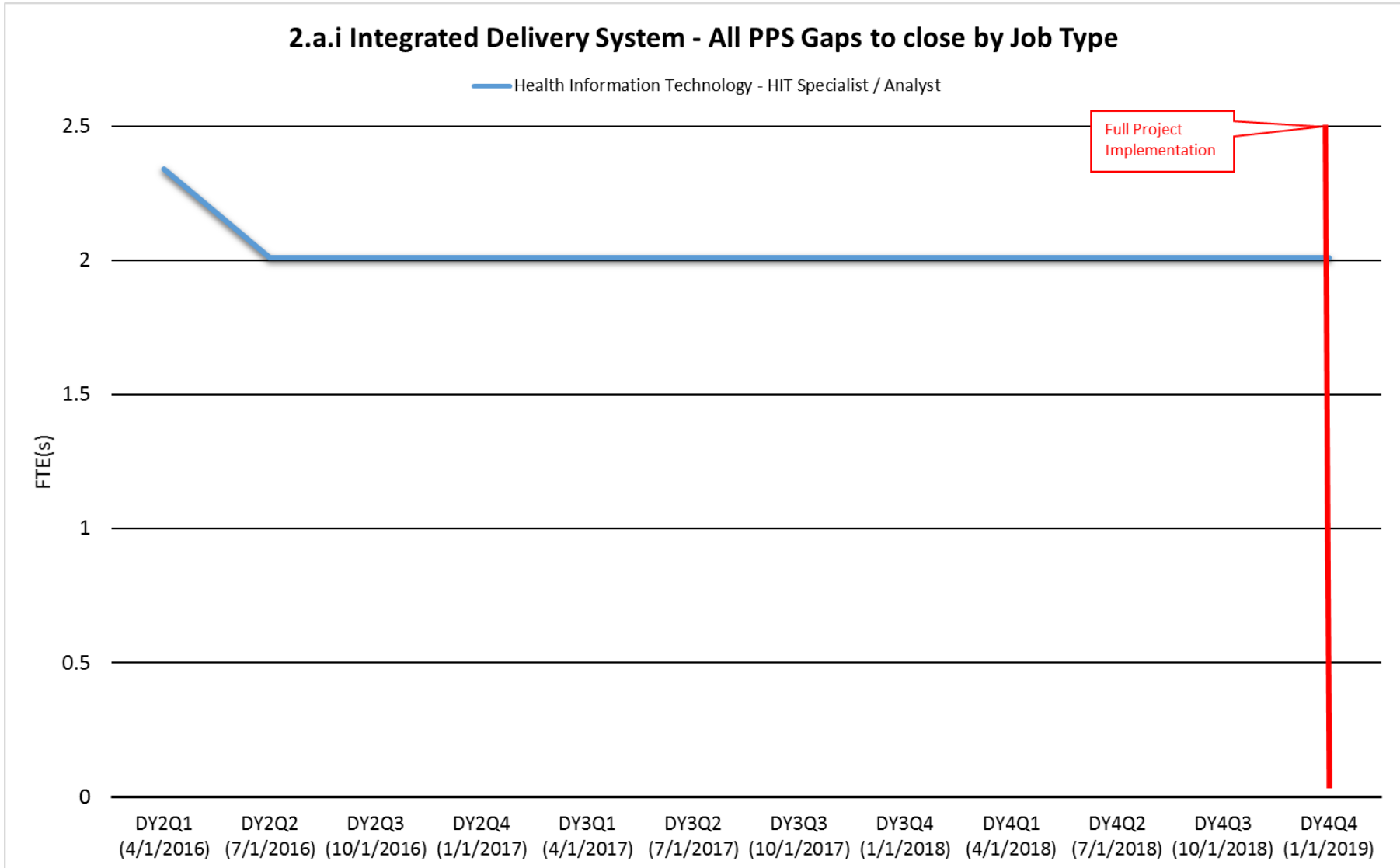
Workforce Gap Closure Plan

GAPS TO CLOSE BY PROJECT – SCC PPS (All Hubs)



Workforce Gap Closure Plan

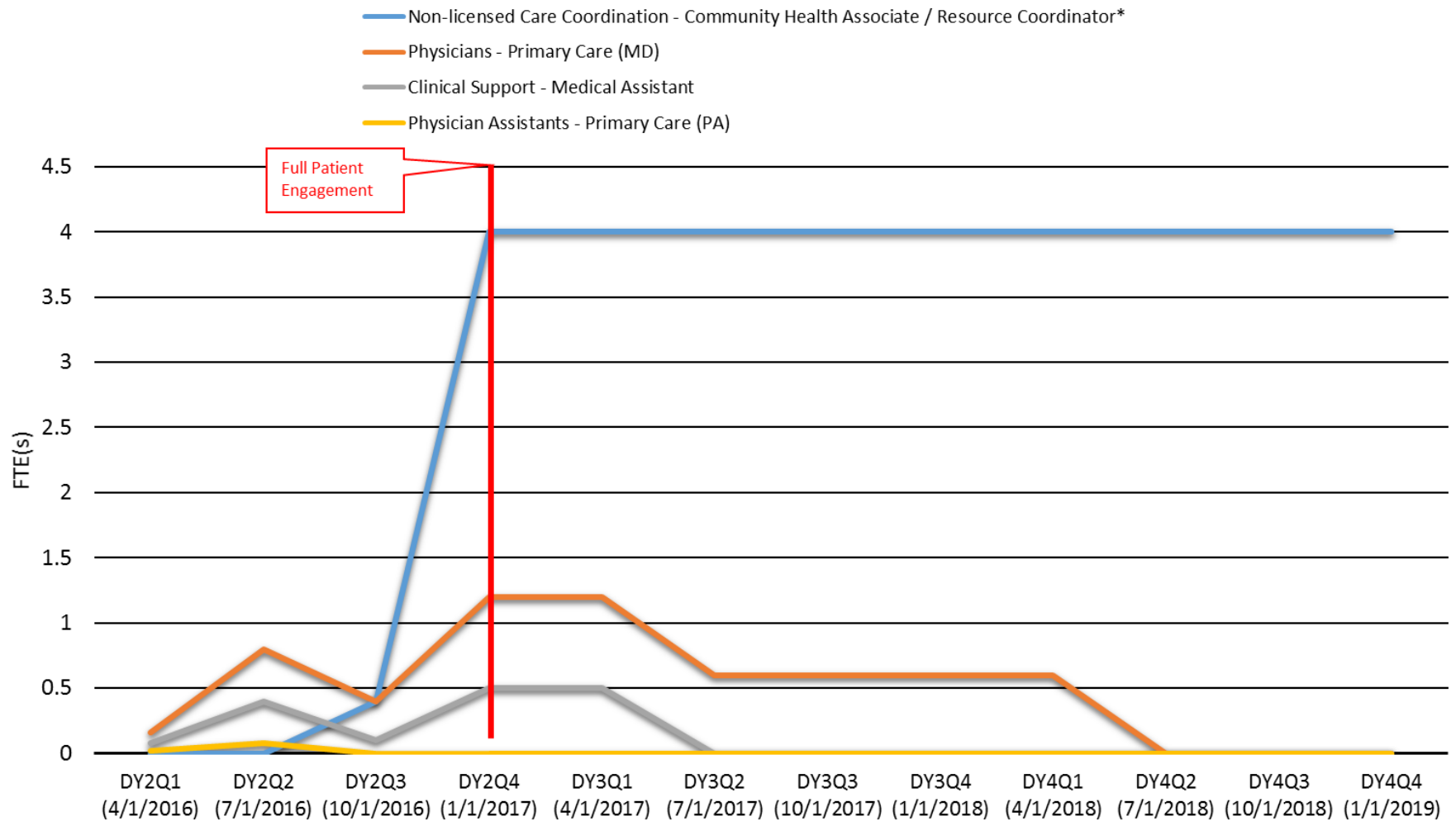
GAPS TO CLOSE BY PROJECT TIMELINE



Workforce Gap Closure Plan

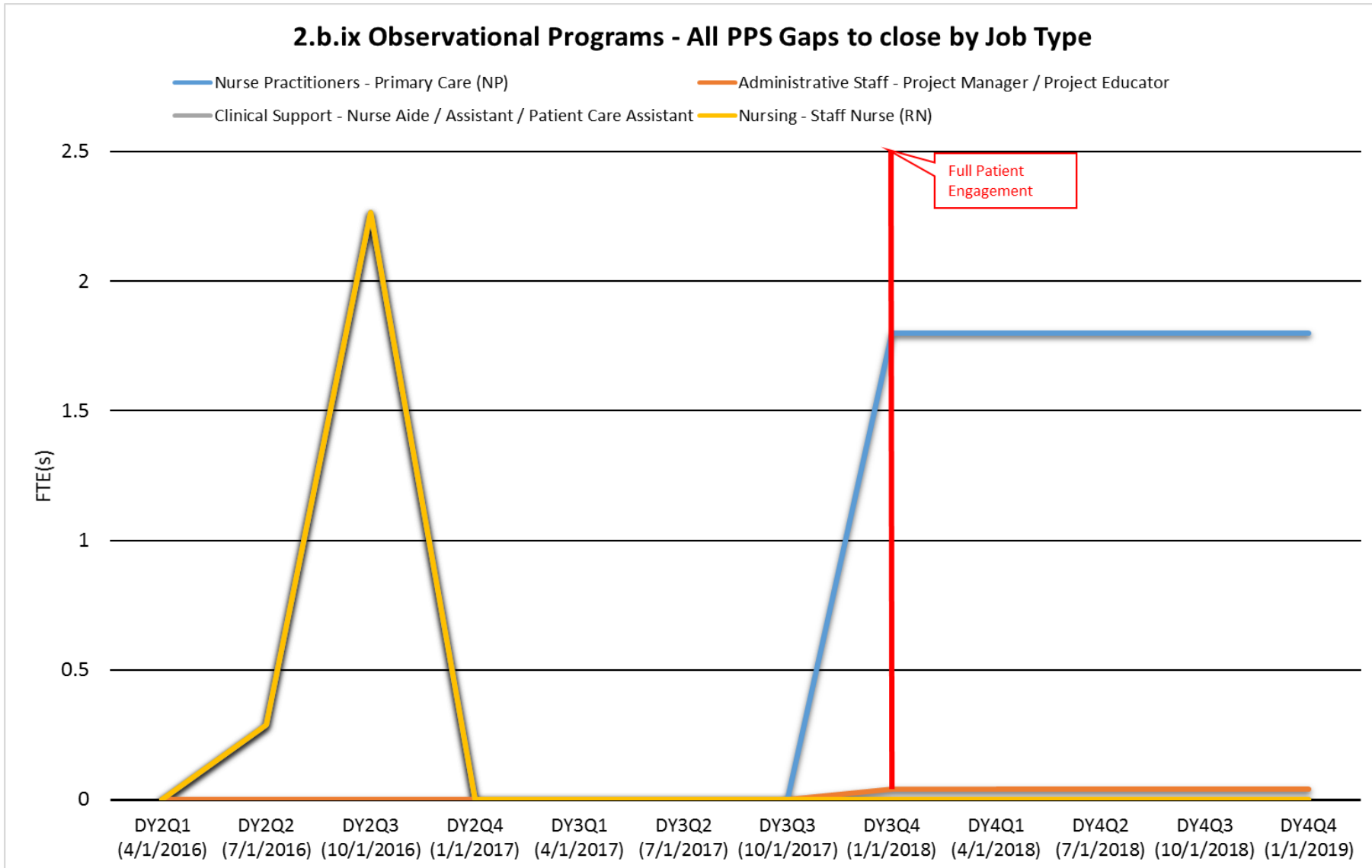
GAPS TO CLOSE BY PROJECT TIMELINE

2.b.iv Care Transitions - All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

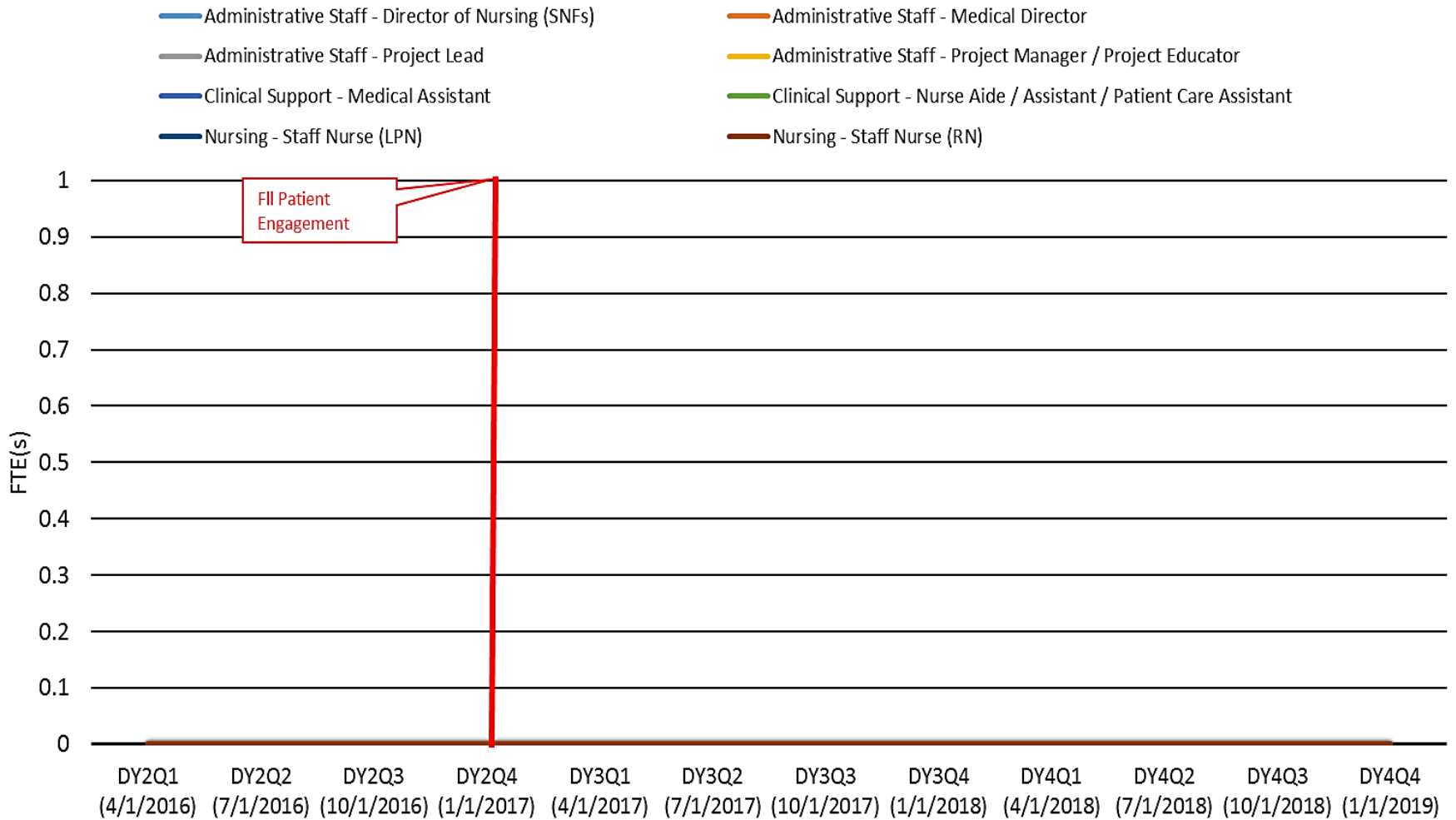
GAPS TO CLOSE BY PROJECT TIMELINE



Workforce Gap Closure Plan

GAPS TO CLOSE BY PROJECT TIMELINE

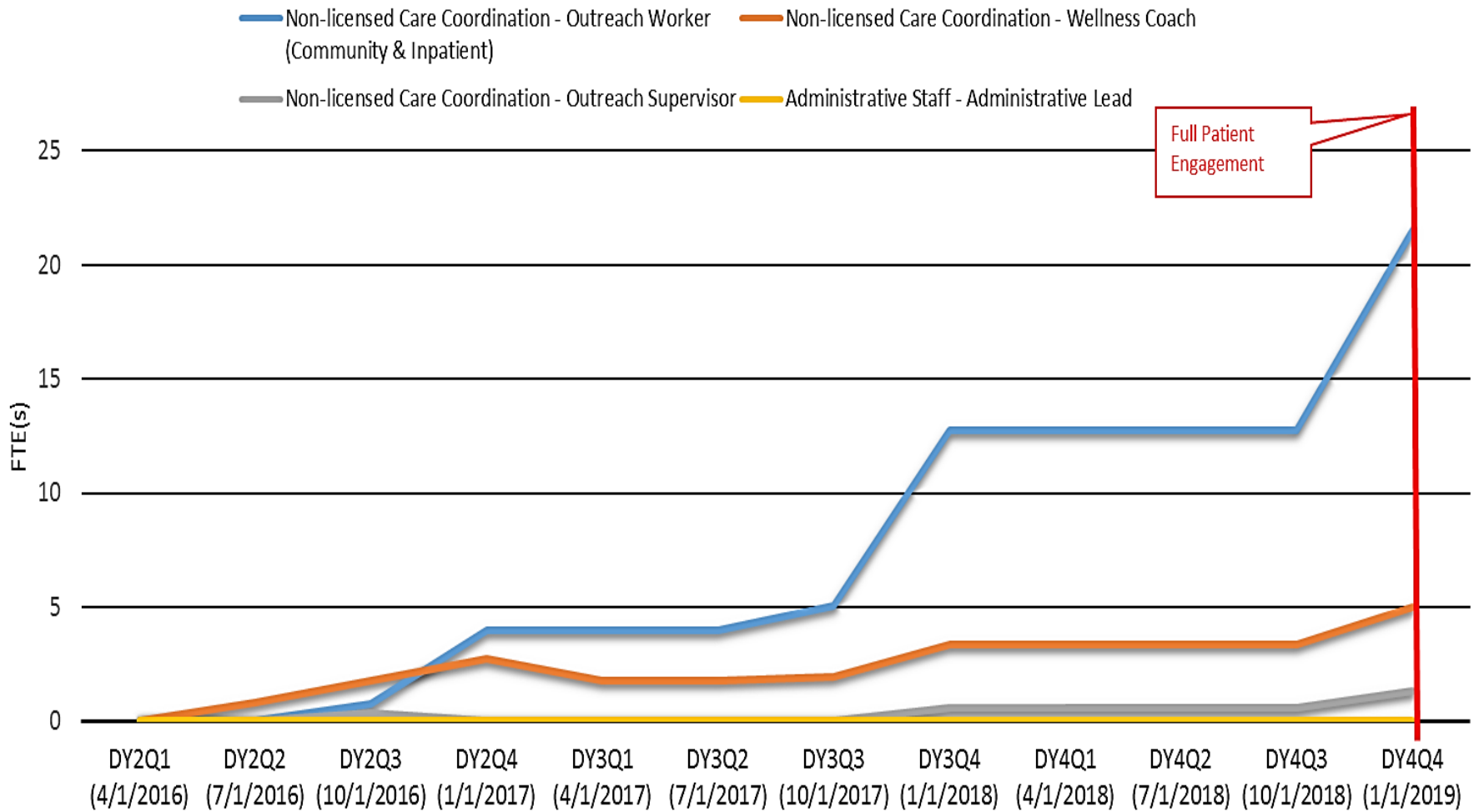
2.b.vii INTERACT - All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

GAPS TO CLOSE BY PROJECT TIMELINE

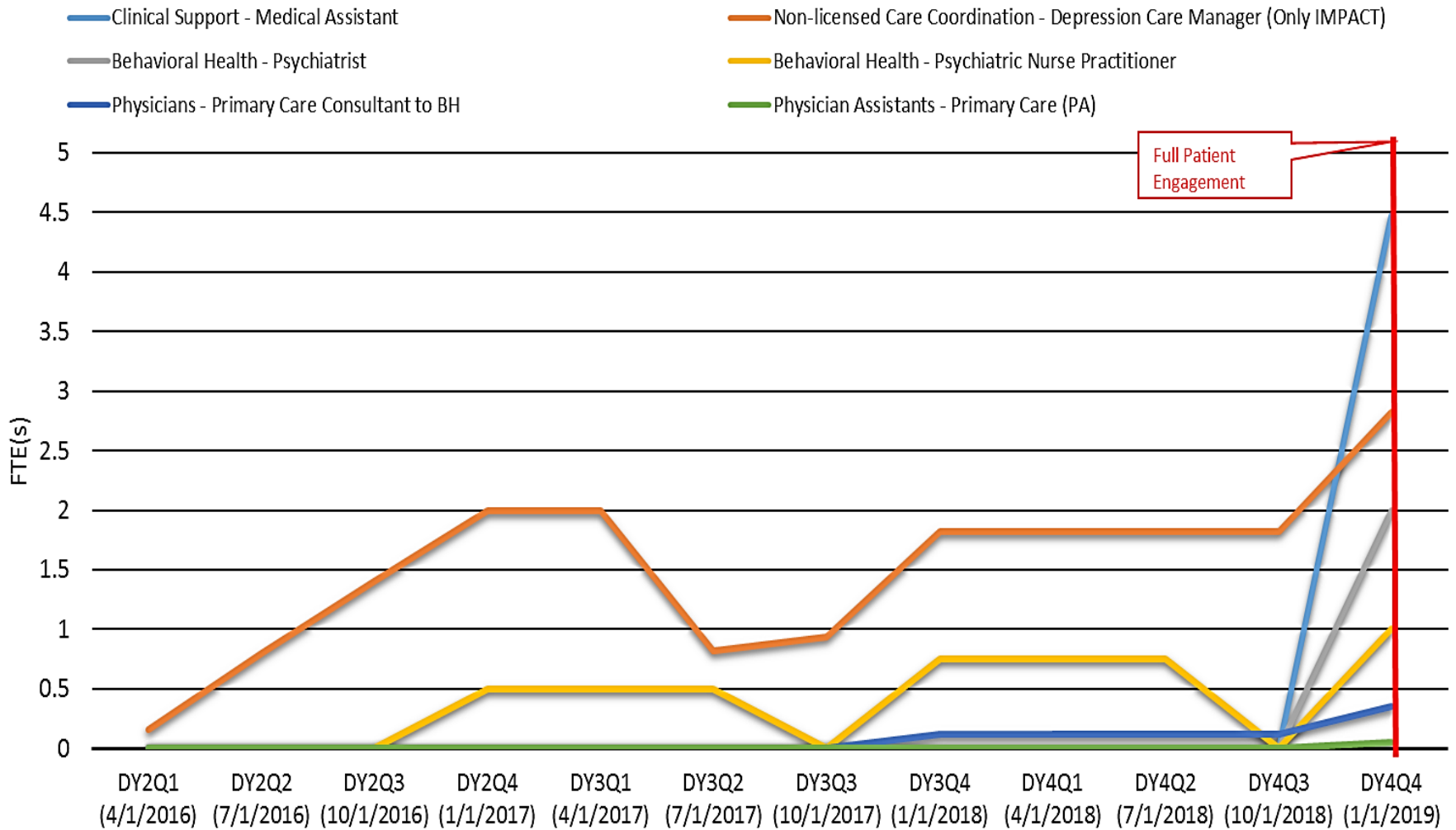
2.d.i Patient Activation - All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

GAPS TO CLOSE BY PROJECT TIMELINE

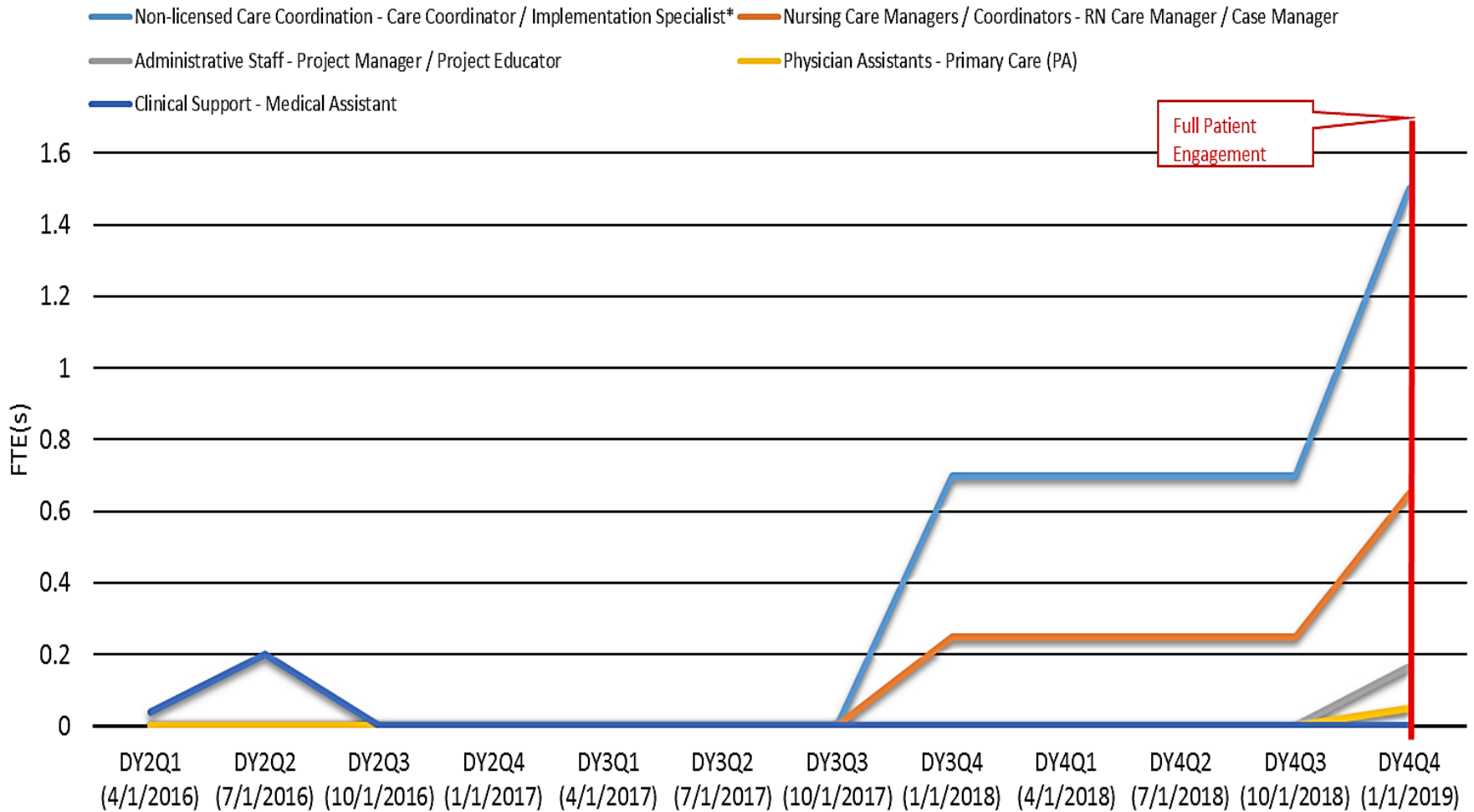
3.a.i Integration of BH & PC - All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

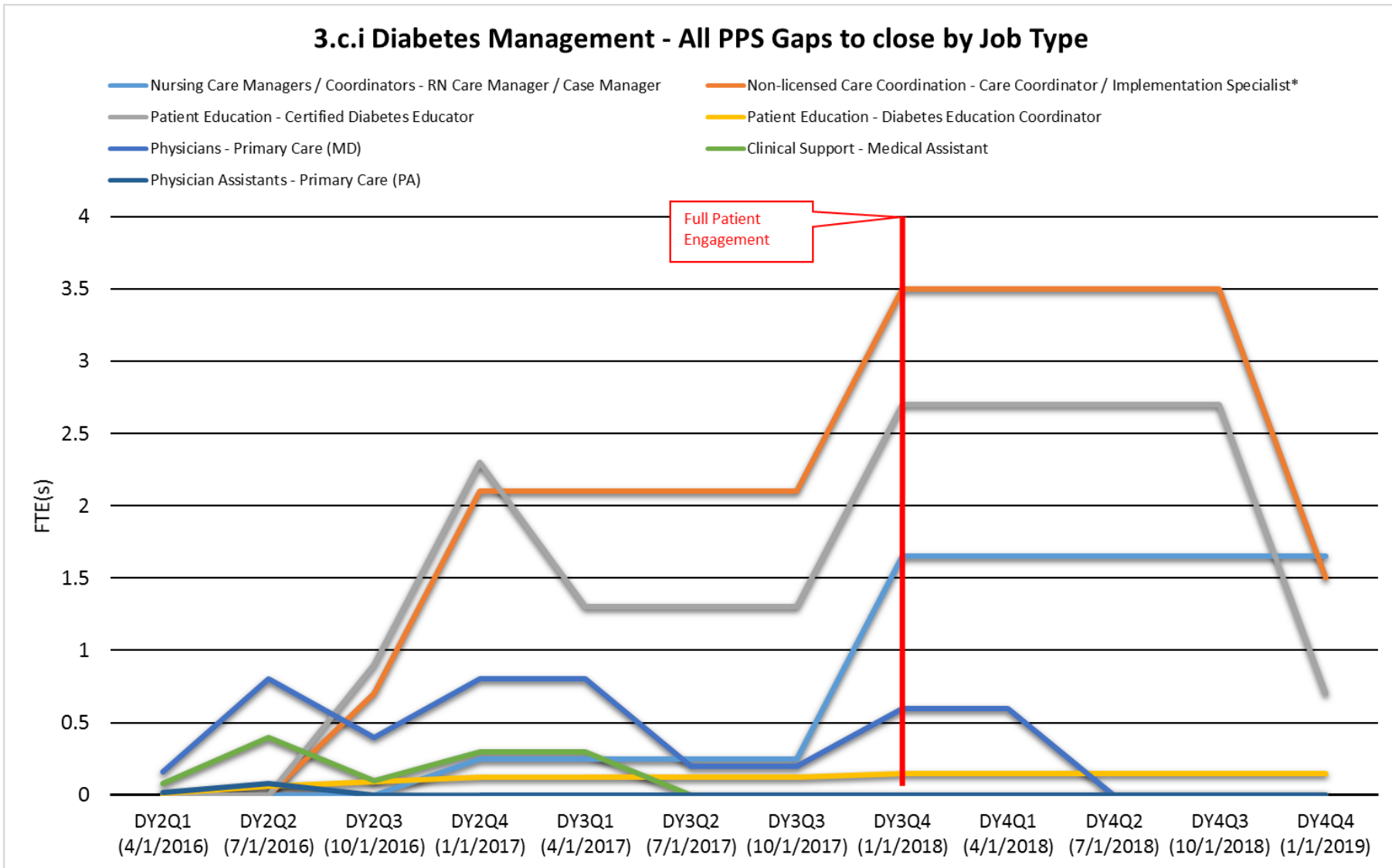
GAPS TO CLOSE BY PROJECT TIMELINE

3.b.i Cardiovascular Disease Management - All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

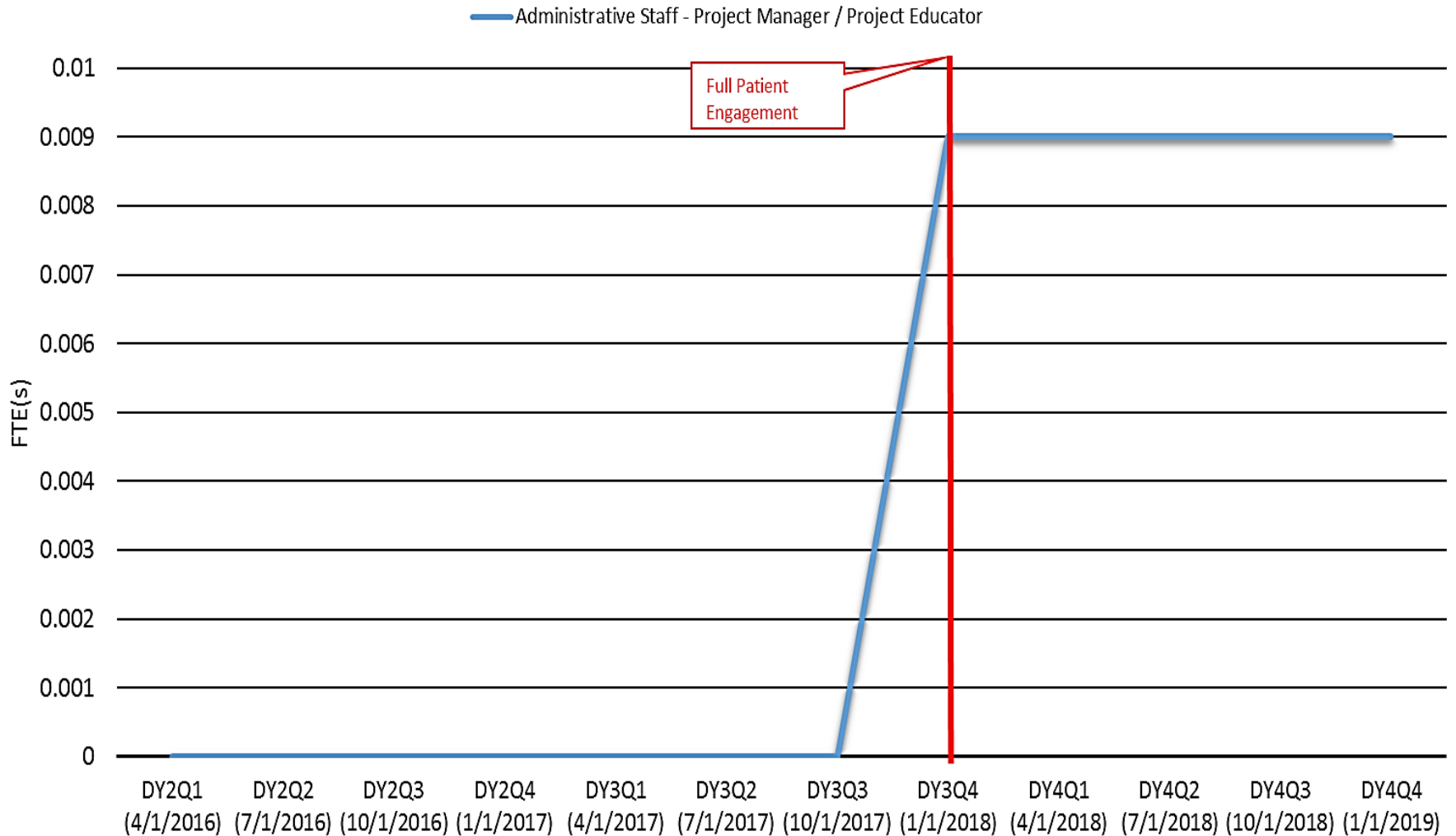
GAPS TO CLOSE BY PROJECT TIMELINE



Workforce Gap Closure Plan

GAPS TO CLOSE BY PROJECT TIMELINE

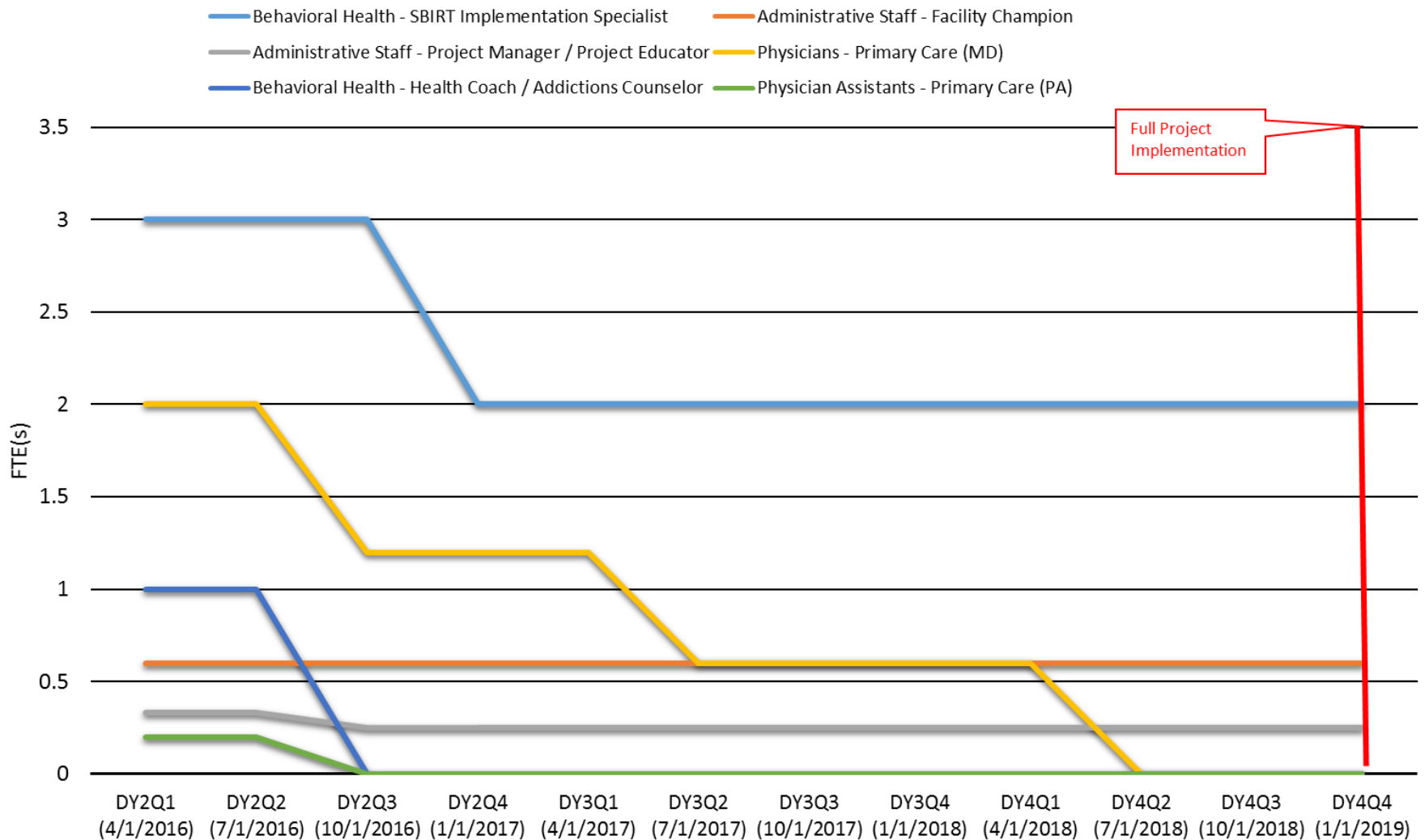
3.d.ii Asthma Self-Management - All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

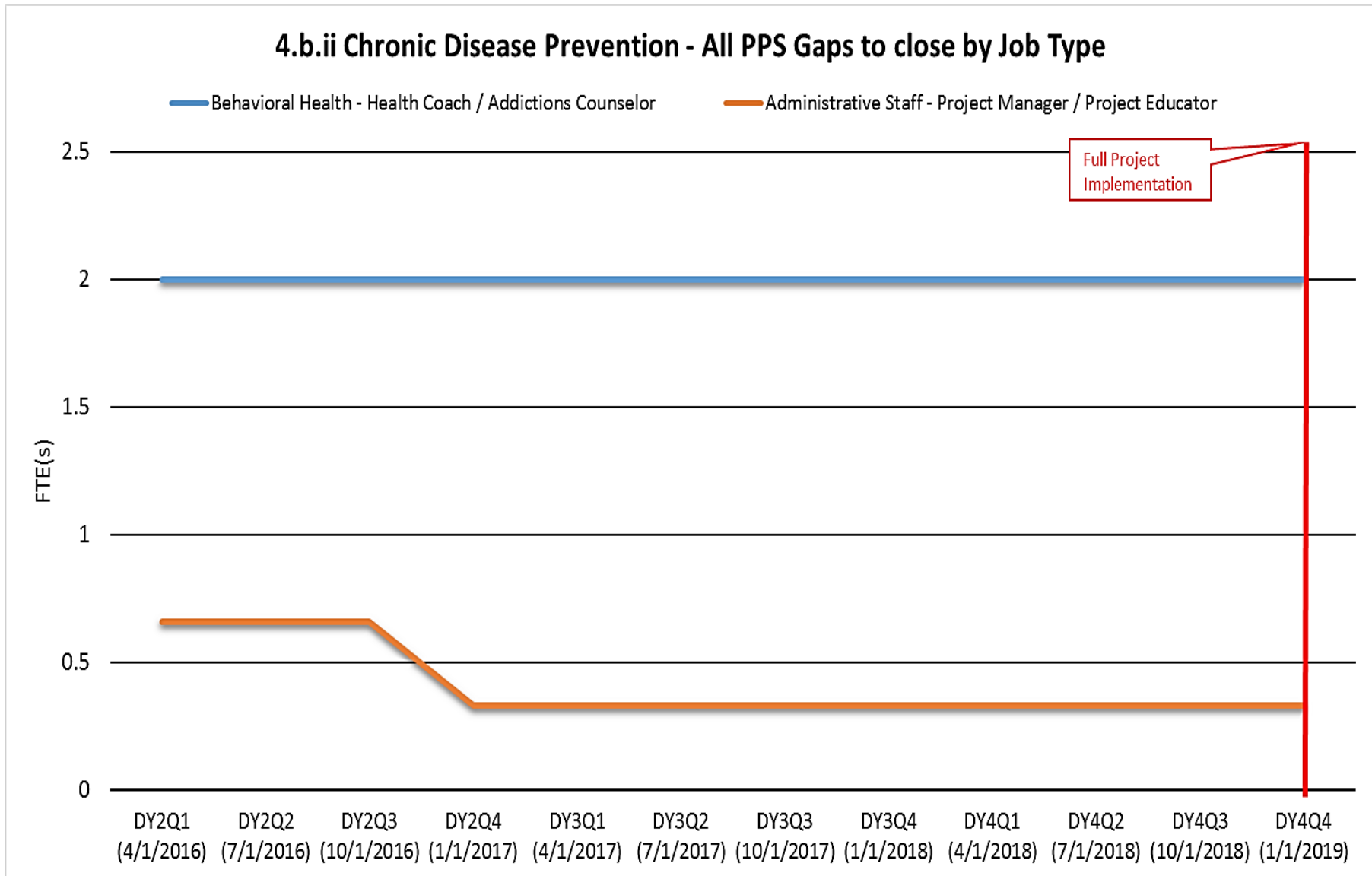
GAPS TO CLOSE BY PROJECT TIMELINE

4.a.ii Prevent Substance Abuse & Other MEDs- All PPS Gaps to close by Job Type



Workforce Gap Closure Plan

GAPS TO CLOSE BY PROJECT TIMELINE



Appendix

Appendix

Staff Impact Descriptions

DOH Staff Impact / Workforce Budget Descriptions	
Redeployed	Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who transition to another job with the same employer.
Retrained/Retraining	Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner. For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Training also includes skill development for new hires.
Training	For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.
New Hire	New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition above). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.
Other	Other includes spending related to DSRIP hiring and/or costs associated with DSRIP projects. Examples include, but are not limited to: <ul style="list-style-type: none"> - Vendor Costs for consultants, outsourced IT staff, etc. - Contingent, Temporary or Per Diem workers - Salary/benefits for staff members whose primary job responsibilities are to manage PPS Workforce areas, such as coordination, development, and delivery of training

SOURCE: NYS DSRIP Domain 1 Milestones Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process, October 2015