



Performing Provider System (PPS)

Westchester Medical Center Health Network

WMCHHealth PPS Workforce Transition Roadmap

December 20, 2016

Acknowledgements

The WMCHHealth PPS Transition Roadmap is supported by the involvement of the PPS Leadership, Workforce team, KPMG, and Workforce Committee.

The WMCHHealth PPS Workforce Committee approved this document on December 20, 2016.

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WMCHHealth PPS



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Introduction

WMCHHealth PPS Workforce Transition Roadmap defines plans for recruitment, training, deployment needs and ways to close identified gaps in the PPS Partner network. Through ongoing engagement of WMCHHealth PPS Partners, the PPS will collect updates and revise the roadmap. Roadmap partner survey findings will continue to provide insight on for the workforce related to DSRIP transformation to an integrated health care delivery system.

This document will serve as WMCHHealth PPS Workforce Transition Roadmap and will outline steps to close workforce gaps through key transition strategies.

Transitioning to the Target State

Our Transition Roadmap

Workforce development is a critical component of a successful transformation of healthcare services within New York State. Between the fall of 2015 and the spring of 2016, a workforce survey was distributed in four waves to key partners to obtain workforce and organizational information. Using data obtained from the responses received, a gap analysis was determined comparing the Current State to the Target State Model. An overall gap of 1140 FTEs was identified. The outcome of the analysis revealed gaps between the current workforce and the target state. This information serves as the baseline for a comprehensive and structured approach to the workforce transformation.

The Transition Roadmap serves as the logical next step in the workforce transformation as it functions to define how the current workforce will grow, whether that be through expanded partnerships, new hires, or redeployments over the remainder of the DSRIP timeframe ending at the end of March 2020. In addition, it also serves to inform how the workforce will be prepared with respect to training and retraining over time.

In December 2016/7, additional workforce planning data used to construct the Transition Roadmap was obtained from key partner organizations. Rather than collect the data using the same online survey platform used for the Workforce Survey, an Excel workbook was created to facilitate the process and reduce the time burden to complete. The Excel workbook contained several tabs to collect information on current staffing, training and retraining activity to-date, and plans for new hires, redeployments, training, & retraining between now and the remaining DSRIP timeframe. Respondents were asked to submit workforce information as it pertains to individuals working on DSRIP activities. In addition to the Excel Workbook, a step by step guide was created along with reference documents to assist partners. Also, a Webinar was held to discuss the Transition Roadmap and explain how to complete the workbook.

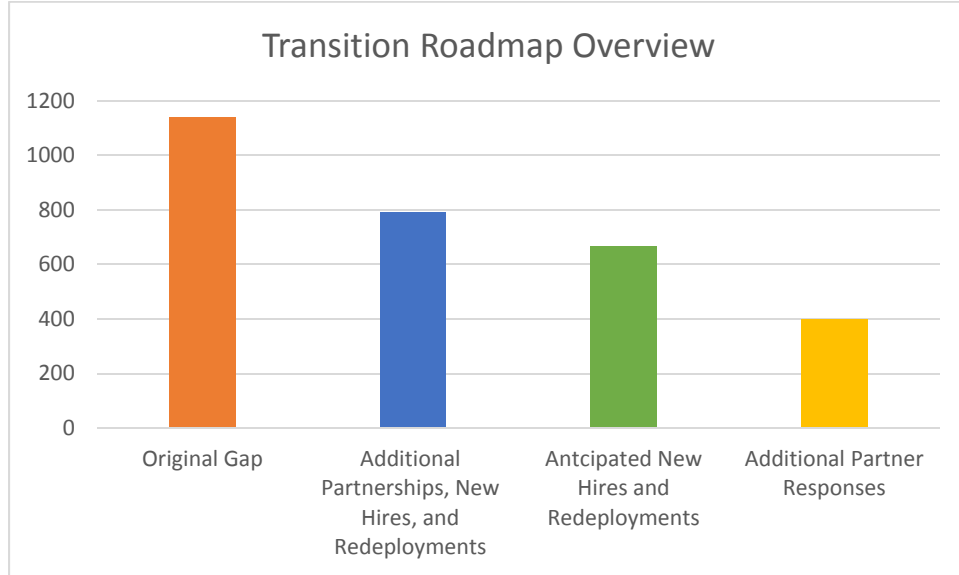
The Transition Roadmap Workbook was distributed to 56 key partner organizations in December of 2016. 31 completed responses were received (55.4% response rate). The impressive response rates can be attributed to the one on one outreach efforts made to individual stakeholders at key partner organizations and the collaborative relationship that has developed since the beginning of DSRIP.

Using the recently collected data on current staff, that includes subsequent new partnerships formed, new hires, redeployments and training, the workforce gap was recalculated. Revised gap analysis identified a 31% reduction in the aggregate gap from 1140 FTEs to 790 FTEs. *(Refer to the Orange and Blue columns in figure1 on the following page)*

Next, incorporating the workforce planning data on future new hires and redeployments reduced the workforce gap an additional 15% from 790 FTEs to 667 FTEs through 2019. *(Refer to the Green column in figure1 on the following page)*

With the data from the additional 10 responses expected by the end of December, the remaining workforce gap will most likely narrow to 400 FTEs. (Refer to the Yellow column in figure 1).

Figure 1: Reduction of Workforce Gap over Time



Detailed Findings

We have split this section into 3 categories. The 1st table has Position Types where we have already met the Target State. The 2nd table has Position Types where we will have met the Target State based on planned hires and redeployments without additional action. The 3rd table has Position Types where a gap remains even after planned hires and redeployments.

Position Types Meeting the Target State Today

A closer examination of the Transition Roadmap reveals variation in the workforce gaps by job categories and positions. **Of the 36 Position Types defined in the Target State Model, the following 22 already have the current staffing to meet future needs.** For many of these Position Types, we are not only meeting but surpassing the target requirements. For further detail see Appendix D.

Figure 2: List of Position Types that currently meet Target Staffing Targets

No.	Job Category	Position Type(s)	Target	Current workforce as of Dec 2016
1	Health Information Technology	Technical Support	92	92.1
2	Physician Assistants	Other Physician Assistant Specialists	3.6	4.3
3	Behavioral Health	Psychologists	2.8	12
4	Clinical Support	Other Clinical Support	4	13
5	Clinical Support	Patient Care Techs	3	19.7
6	Nurse Practitioners	Other Nurse Practitioner Specialists (Except Psychiatric NPs)	6.7	30.3
7	Nursing	Nurse Managers/Supervisors	3	23.8
8	Behavioral Health	Substance Abuse and Behavioral Disorder Counselor	109	123
9	Physicians	Psychiatrists	2.8	29.4
10	Nurse Practitioners	Primary Care Nurse Practitioners	8.4	25.5
11	Nursing	LPNs	38.4	75.5
12	Administrative Staff- All Titles	Other Admin Managers (Financial/Human Resources)	3.8	71.6
13	Administrative Support- All Titles	Secretaries and Administrative Assistants	12	84.7
14	Physicians	Primary Care Physicians	47.3	128.3
15	Behavioral Health	Other Behavioral Health (Behavioral	20	89.7

		Health Specialists/Social and Human Services Assistants/Psychiatric Aides and Techs)		
16	Administrative Support- All Titles	Other Administrative Support (Transportation, etc)	5.5	123.8
17	Behavioral Health	Other Mental Health/Substance Abuse Titles Requiring Certification (Mental Health Therapists/Addiction Counselors/Peer Support Specialists)	90	93.6
18	Administrative Staff- All Titles	General and Operational Managers	13	124.9
19	Clinical Support	Medical Assistants	9	139.5
20	Administrative Support- All Titles	Clerical (Patient Registrar/Intake Coordinator/Unit Clerk/Office Clerk)	30.5	205.7
21	Non-Licensed Care Coordination/Case Management/Care Management (Except RNs, LPNs, and Social Workers)	Care Manager/Coordinator (Patient or Care Navigator/Community Health Worker)	12	116.4
22	Behavioral Health	Licensed Clinical Social Workers/Licensed Masters Social Worker	20	212.3
23	Nursing	Other Registered Nurse (Specialists) - Psychiatric	.6	1.0

Position Types which Will Meet the Target State based on Planned Hires and Redeployments

An additional 2 Position Types will acquire the necessary staffing volume to meet future requirements given the planned new hires and redeployments identified in the Transition Roadmap. For further detail see Appendix D.

Figure 3: List of Position Types that are planned to meet Target Staffing Targets

No.	DOH Job Category	Position Type(s)	Target	Planned Workforce (2019)
1	Patient Education	Health Educators	25	27
2	Physician Assistants	Primary Care Physician Assistants	3.5	6.3

Position Types that May Still have a Gap

We anticipate that there will still be a gap with the remaining 11 Position Types after accounting for planned new hires, deployments, and training. For further detail see Appendix D. Implementing our strategies for closing the gap outlined in this document, we will work to narrow and eliminate the gap throughout the DSRIP program.

Figure 4: List of Position Types that we anticipate will not meet Future Staffing Targets

No.	Job Category	Position Type(s)	Target	Remaining Gap (2019)
1	Non-Licensed Care Coordination/Case Management/Care Management (Except RNs, LPNs, and Social Workers)	Patient or Care Navigator/Community Health Worker/Peer Support Worker	397.7	-337.3
2	Nursing	Other Registered Nurses (Utilization Review, Staff Development, etc)	116	-102.6
3	Nursing	Staff Registered Nurses	223.2	-67.6
4	Nursing	LPN Care Coordinator/Case Manager/Nurse Home Health Coordinator	50	-45.5
5	Behavioral Health	Social Work Case Manager/Care Manager/Care Coordinator/Care Transition	91.4	-41.4
6	Patient Education	Certified Asthma Educators	29.9	-29.9
7	Physicians	Other Specialists (Except Psychiatrists)	36.9	-20.9
8	Nursing	RN Care Manager/Case Manager	42	-18.5
9	Other Allied Health	Nutritionists/Dieticians	10	-5.7
10	Clinical Support	Nurse Aide / Assistant	4	-2
11	Patient Education	Certified Diabetes Educators	0.3	-0.3

Workforce Strategic Planning

1. Plans to address the recruitment, training, and deployment needs of WMCHHealth PPS on an ongoing basis

Strategic planning is critical in the success of our workforce transformation. The Transition Roadmap will serve as the “living” strategic planning document with the following objectives:

- Work collaboratively with our network partners to evaluate and close identified gaps across various job categories.
- Train and equip personnel with skills and competencies related DSRIP Transformation.
- Support and implement change management processes
- Assist with workflows, care management, and care delivery processes related to DSRIP Transformation.

These strategies will be used by the PPS to not only transition our workforce, but to support workforce development over the remaining DSRIP years.

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 is also important that our training content areas target knowledge requirements for both clinical and non-clinical workforce.

Listed below are our key transition strategies for reducing the gap:

Re-examine Target State and Position Types- Given that some Position Types have more staff than required by the Target State, while some positions in the same Job Category have insufficient staff, there may be potential to re-examine the Target State and adjust some responsibilities to more accurately match our current Position Types.

Practitioner Education & Training- The crux of this strategy is centered on the concept of Medical Neighborhood as the organizing principle through which PPS integrate our delivery system and through which DSRIP projects and resources are deployed. A Medical Neighborhoods is a large-scale non-physical construct that highlights the connections between Primary Care, and the constellation of other Clinicians and Health Care Professionals providing healthcare services to patients within it, along with area hospitals, community and CBOs, State and local Public Health agencies. The region-specific Medical Neighborhood meetings are forums for practitioner education and training around DSRIP goals, the benefits of an integrated delivery system in achieving these goals and the concept of Medical Neighborhoods as locus of change. Additionally,

the PPS offers PAM (Patient Activation Measures) Training, Patient Centered Medical Home (PCMH) Coaching and support, and Performance Reporting training.

Developing a Care Navigation and Care Coordination Framework- WMCHHealth PPS Care Navigation and Care Coordination Framework will identify training needs and leverage training programs. Based on core care management principles, the framework recognizes the virtual relationship between hospital, community organizations and PCP groups and the opportunity to support their efforts and challenges at clinical integration in care transitions and care planning.

Online Learning Management Platform via Moodle- WMCHHealth PPS has launched an online learning management platform built on the open source Moodle platform that serves as the primary source of e-learning courses and access to educational material. This resource is accessible to all network partners and stakeholders. In addition, this platform allows WMCHHealth PPS to track participant involvement and collect feedback.

Cultural Competency and Health Literacy-Using surveys, focus groups, and community engagement sessions, WMCHHealth PPS identified cultural competency challenges to develop a Cultural Competency and Health Literacy Training strategy. The primary goal of this strategy is to enhance cultural and linguistic awareness through promotion of education and inter-professional collaboration of all providers in an effort to foster an organizational culture that promotes the provision of equitable, person-centered health care and services. Preliminary data from the Community Needs Assessment reveals emerging roles and PCP shortages in priority neighborhoods.

DSRIP Specific Trainings- DSRIP project implementation require a concerted engagement effort across the clinical and non-clinical partner's workforce. Each project has a Project Advisory Quality Committee (PAQC) that serves as an advisory body and consists of members from partner organizations. These PAQCs are intended to serve as a vehicle to disseminate information and training, as well as to collect stakeholder input to ensure training is available to meet specific project requirements.

Support outside WMCHHealth PPS- Leveraging regional healthcare workforce retraining initiatives and regional workforce education and training opportunities around social determinants of health.

Other training strategies will include:

- Ongoing partner feedback on workforce training needs
- Applying Blended Learning Methods (Application of e-learning combined with traditional classroom methods and independent study to create a new hybrid methodology)
- Implementation of a Train-the-Trainer Process
- Quality Improvement Process to Evaluate Training Programs

- Continuous Training Needs Assessments
- Training Programs to enhance skills of incumbent Staff for Emerging Roles

2. Projected timeline with realistic target dates for accomplishing all steps to close workforce gaps

WMCHHealth PPS has developed a preliminary timeline for closing our remaining workforce gaps. However, PPS recognize that this initial timeline will need to be refined through further data analysis and discussion with our network partners to make decisions around prioritizing workforce gaps. The additional factors that will enable us to give precedence to the gaps include:

- Align gap closures with the continual implementation and timeline of DSRIP project and initiatives
- Analyze Attrition & Turnover data trends to understand job types, demographics, educational levels, and skillset information about the departing employees.

3. Defined goals, objectives, and strategies outlining the ways in which PPS plan to close identified gaps to meet the needs of WMCHHealth PPS and our network partners

As the PPS begins to transition our workforce to the future state for DSRIP, the PPS understands that our network partners may need technical assistance in assessing, adapting, and refining their Recruitment & Deployment approaches. Our goal is to work collaboratively with our partner organizations and support the efforts their current efforts. These efforts are communicated through various platforms such as PPS committees, PPS Partner Network communications, and PPS Medical Neighborhood meetings.

Closing gaps will be supported through resources leveraged to identify potential opportunities, in addition to retraining and recruitment options. The PPS will assist where possible and appropriate in redeployment. The goal is to provide partners with a process that provides a clearer view of where job opportunities exist and where vacancies could be filled within an existing talent pool.

Example of additional key transition strategies for Gap Closing:

- Designing Workforce Career Ladders for Key Positions
- Leveraging Job Boards
- PPS will support partners experiencing challenges with their Recruitment & Selection Process by leveraging community workforce networks such as the Westchester County Association BLUEPRINT for Talent initiative, United Way of Westchester and Putnam EARN Action Work Group (workforce community stakeholders addressing vocational training and pipeline needs), Unions, and PPS counties government labor department key stakeholders.

Appendix A

Assumptions

Redefining Job Categories and Job Positions

While preparing the Transition Roadmap Workbook, a decision was made to revise the list of DOH Job Categories and Positions to streamline data collection and remove ambiguity. The original list of 48 Positions within the Target State Model was reduced to 36 positions with the revised list.

The Current State, Target State, and Gap Analysis was updated to reflect the change in the list of DOH Job Categories and Positions.

Additional Partner Response Data

An additional 10 responses are expected to be received by the end of December based on commitments made by each of the partner organizations. With the inclusion of these additional responses, the overall response rate will be 73.2% (41/56).

Appendix B

DOH Job Categories and Positions (1/2)

Figure 5: Position Types

DOH Job Category	Position Type(s)
Physicians	Primary Care Physicians
	Psychiatrists
	Other Specialists (Except Psychiatrists)
Physician Assistants	Primary Care Physician Assistants
	Psychiatric Physician Assistants
	Other Physician Assistant Specialists
Nurse Practitioners	Primary Care Nurse Practitioners
	Psychiatric Nurse Practitioners
	Other Nurse Practitioner Specialists (Except Psychiatric NPs)
Nursing	Nurse Managers/Supervisors
	Staff Registered Nurses
	Other Registered Nurses (Utilization Review, Staff Development, etc)
	LPNs
	LPN Care Coordinator/Case Manager/Nurse Home Health Coordinator
	RN Care Manager/Case Manager
Clinical Support	Medical Assistants
	Nurse Aides/Assistants
	Patient Care Techs
	Other Clinical Support
Behavioral Health	<i>Psychiatrists (See above under Physicians)</i>
	Psychologists
	<i>Psychiatric Nurse Practitioners (See above under Nursing)</i>
	Licensed Clinical Social Workers/Licensed Masters Social Worker
	Substance Abuse and Behavioral Disorder Counselor
	Social Work Case Manager/Care Manager/Care Coordinator/Care Transition
	Other Mental Health/Substance Abuse Titles Requiring Certification (Mental Health Therapists/Addiction Counselors/Peer Support Specialists)
	Other Behavioral Health (Behavioral Health Specialists/Social and Human Services Assistants/Psychiatric Aides and Techs)
Patient Education	Certified Asthma Educators
	Certified Diabetes Educators
	Health Educators
	Other Patient Education

Non-Licensed Care Coordination/Case Management/Care Management (Except RNs, LPNs, and Social Workers)	Care Manager/Coordinator (Patient or Care Navigator/Community Health Worker)
	Patient or Care Navigator/Community Health Worker/Peer Support Worker
Administrative Staff- All Titles	General and Operational Managers
	Other Admin Managers (Financial/Human Resources)
Administrative Support- All Titles	Clerical (Patient Registrar/Intake Coordinator/Unit Clerk/Office Clerk)
	Secretaries and Administrative Assistants
	Other Administrative Support (Transportation, etc.)
Health Information Technology	Health Information Managers
	Hardware Maintenance
	Software Programmers
	Technical Support
Home Health Care	Certified Home Health Aides
	Personal Care Aides
	Other Home Health Care
Other Allied Health	Nutritionists/Dieticians
	Pharmacists
	Pharmacy Technicians
	Other Allied Health

Appendix C

Workforce Transition Processes

Figure 6: Definitions of key terms

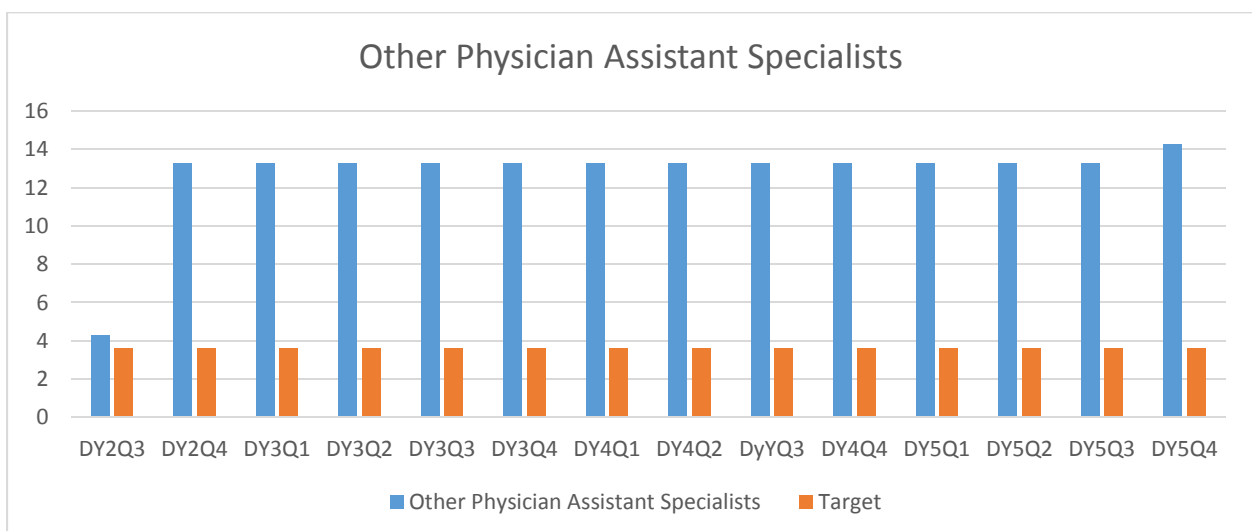
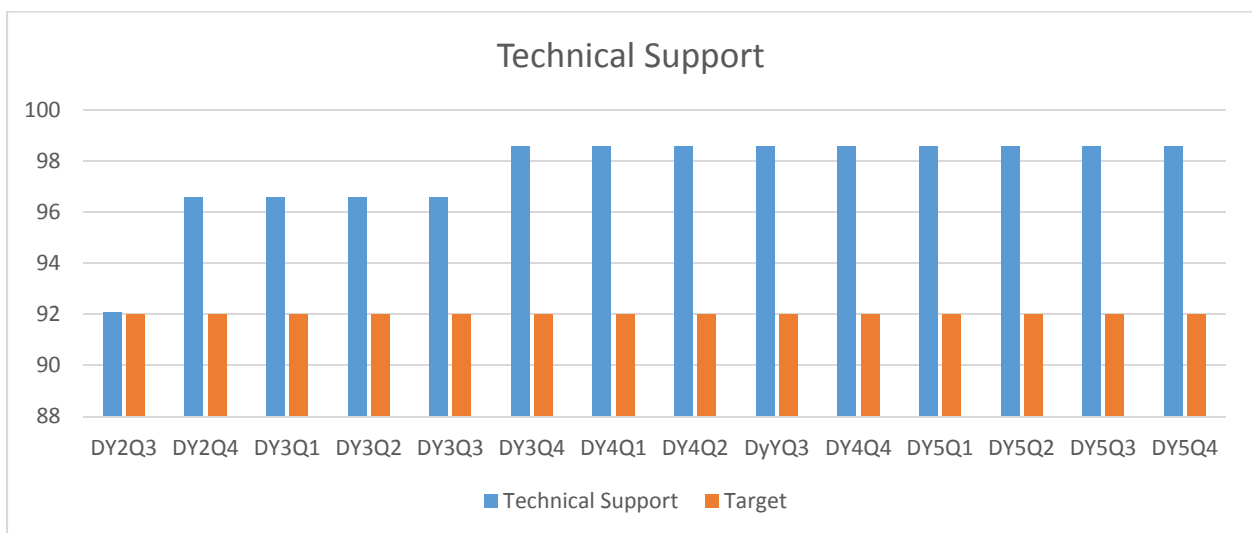
Process	Description
Incumbent	Current FTE that is employed already for a given job type, facility, and project as DY2Q3 (Oct-Dec 2016)
New Hire	All personnel hired as a result of DSRIP, exclusive of personnel who are redeployed. New Hires includes all new employees who support the DSRIP projects and 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.
Redeployment	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.
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.
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.
Other	Defined as freelancers, independent professionals, temporary contract workers, independent contractors, or consultants

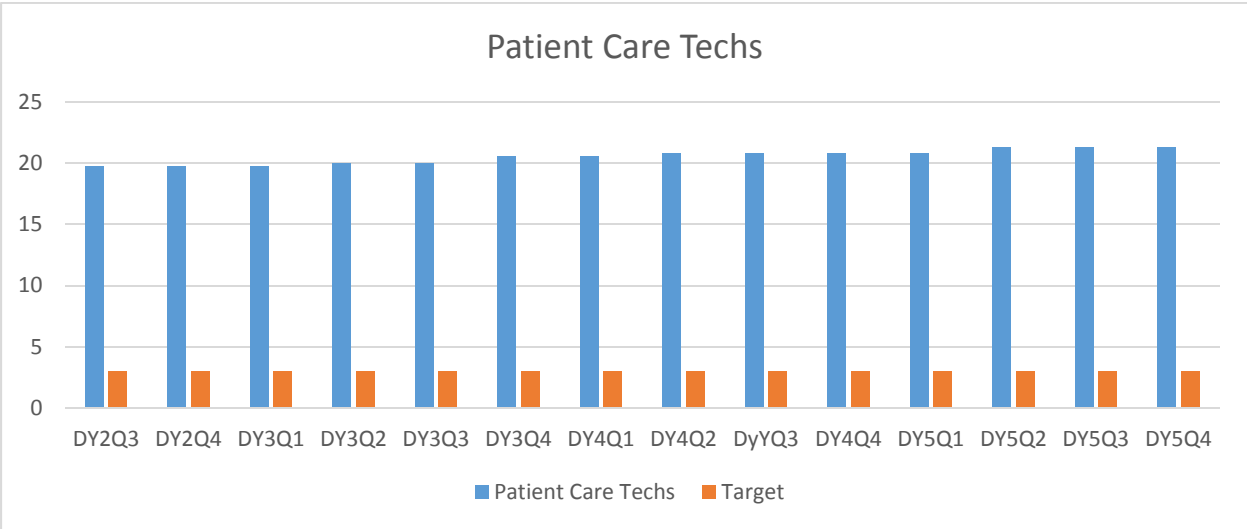
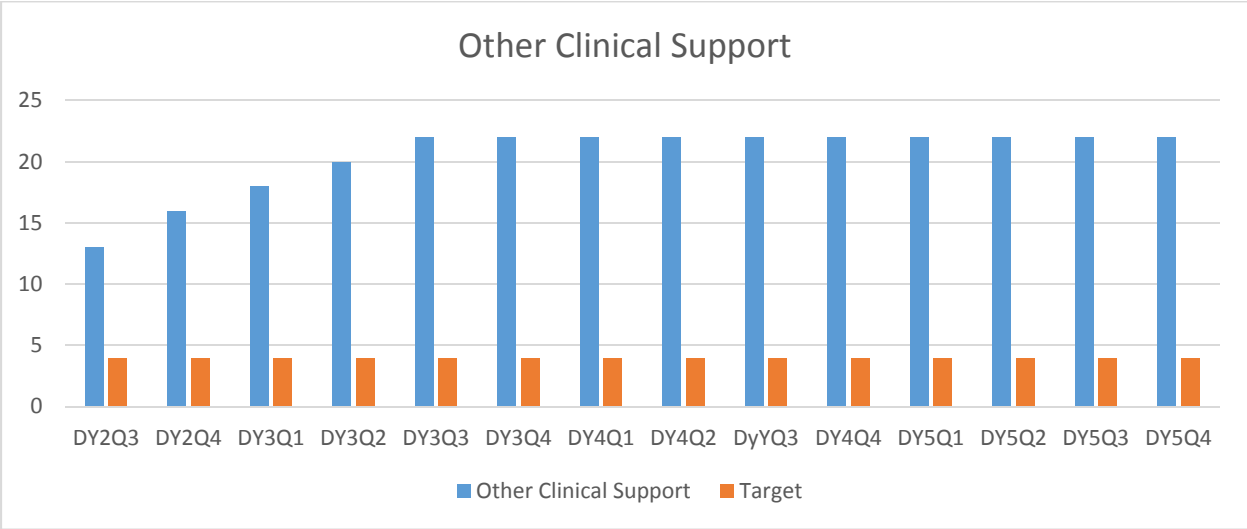
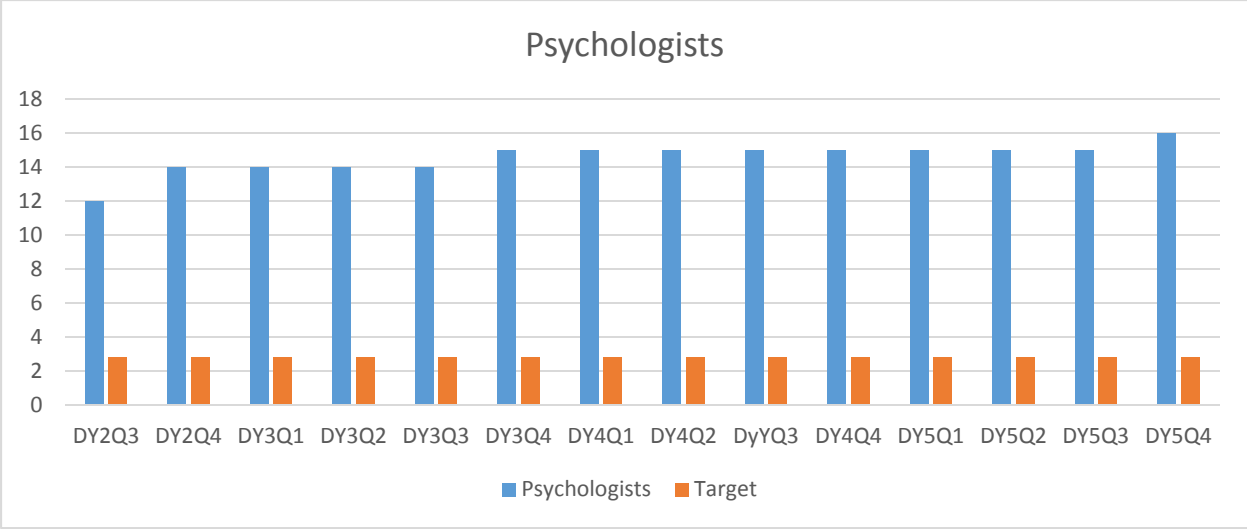
Appendix D

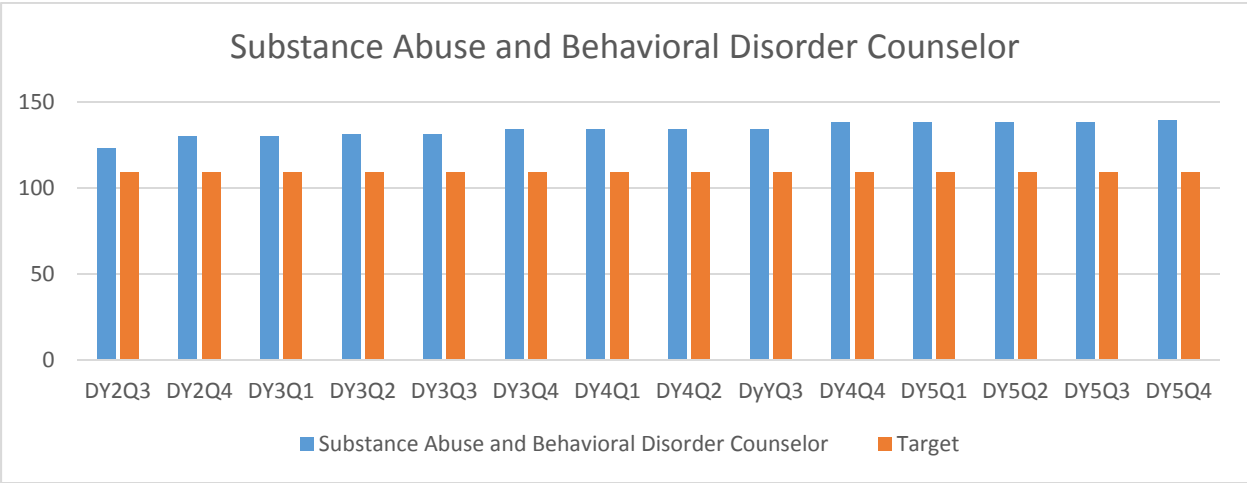
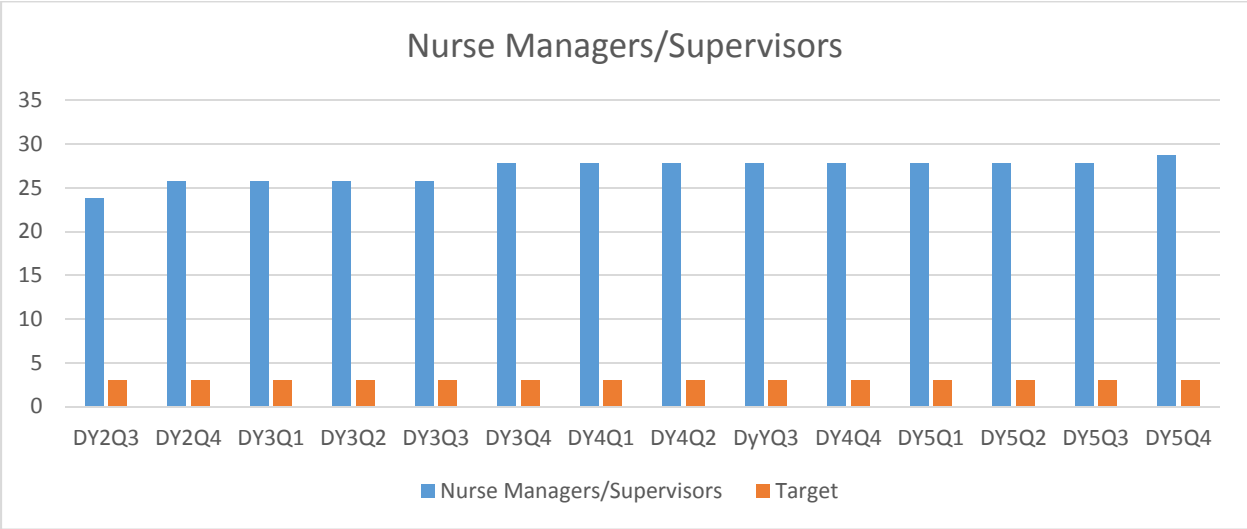
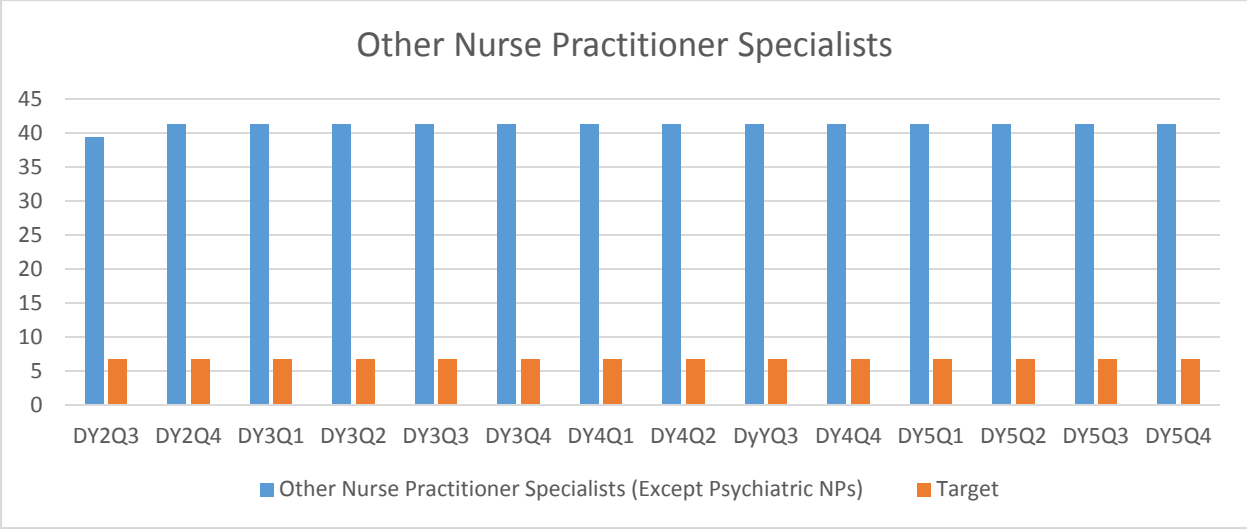
Charts of Position Types Meeting the Target State Today

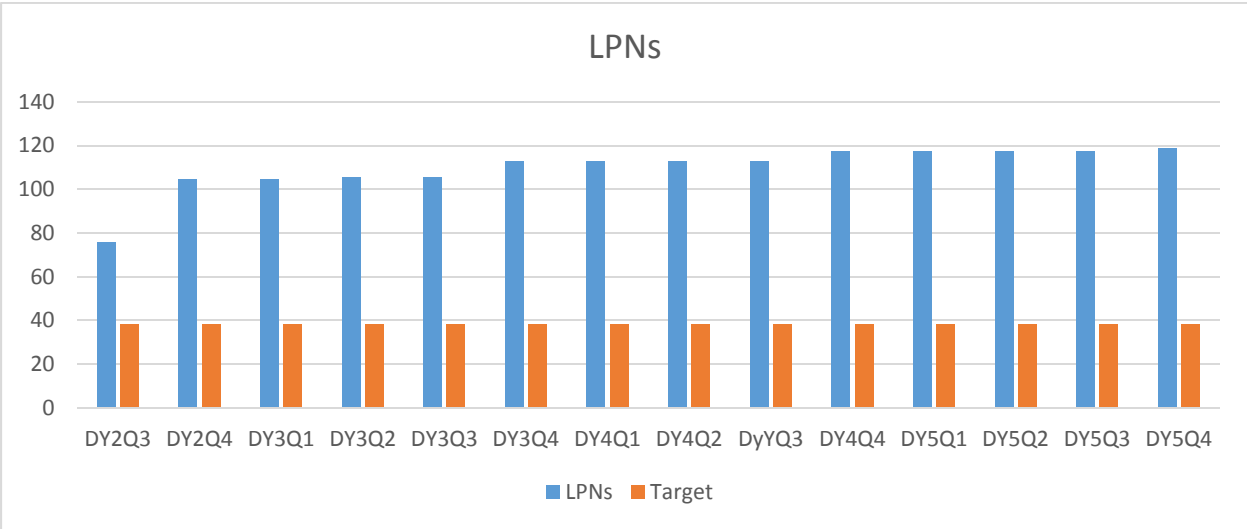
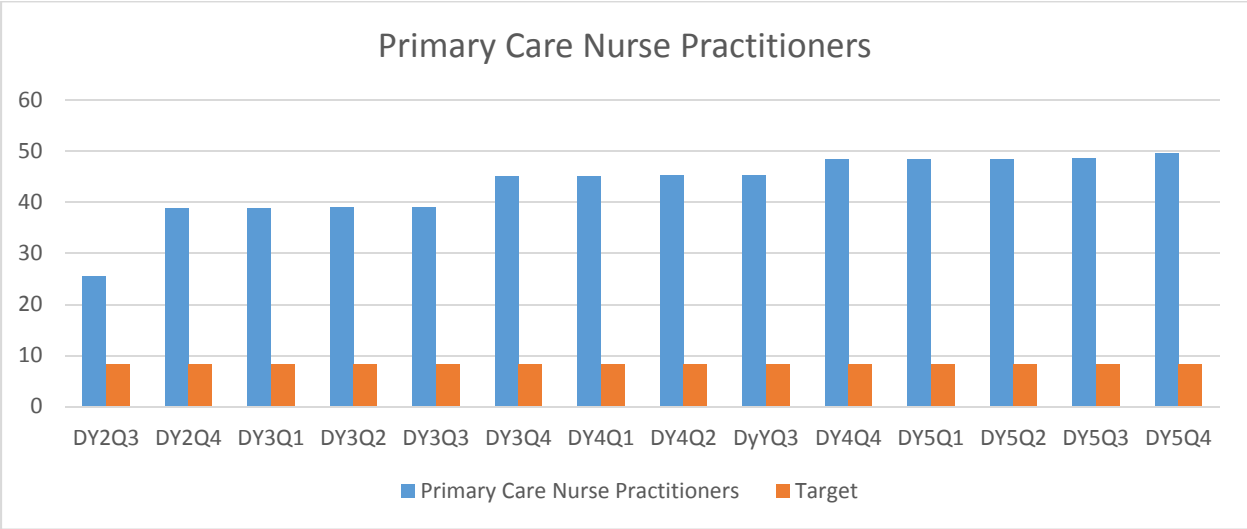
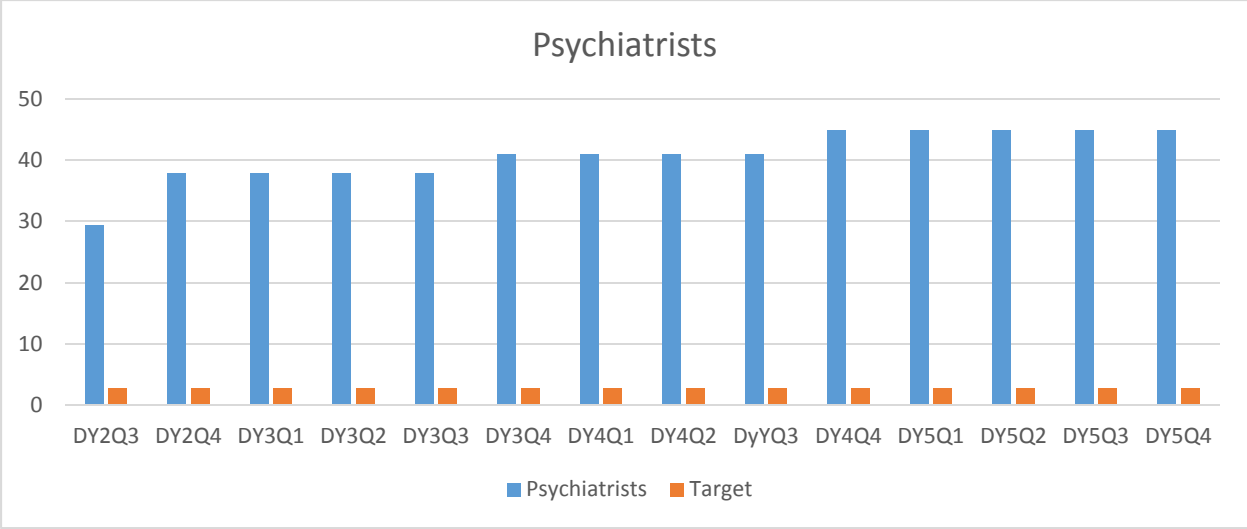
Throughout Appendix D, the Blue bar indicates the planned workforce based on Partner reports, and the Orange bar indicates the Target State.

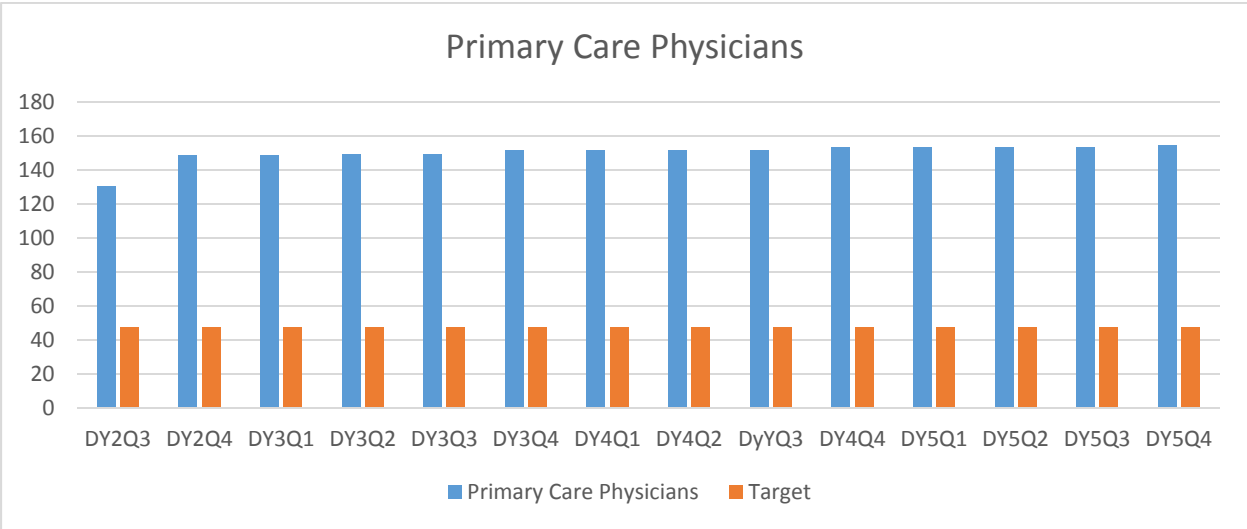
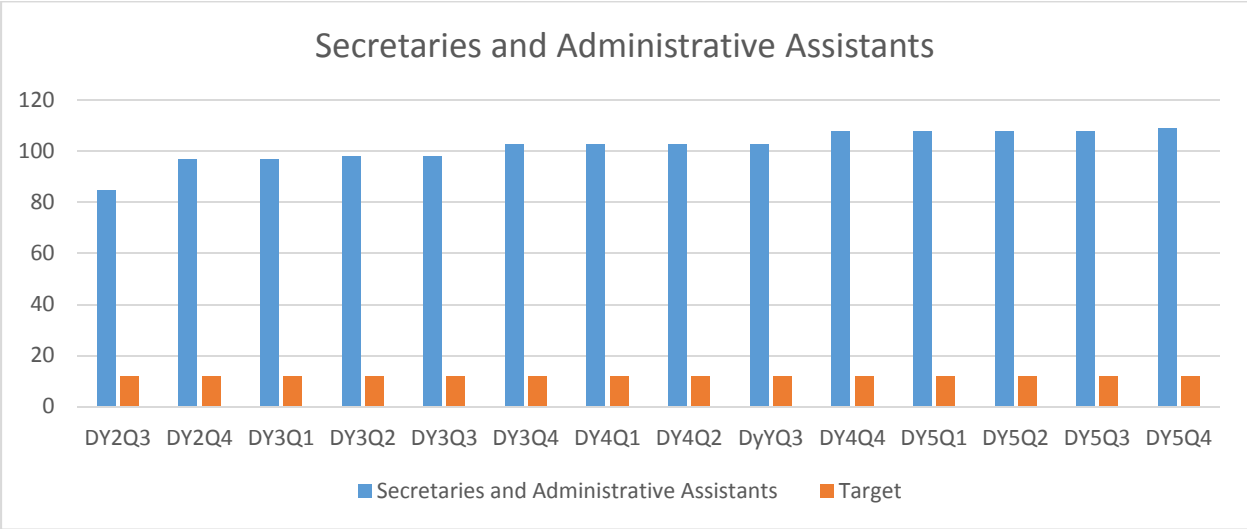
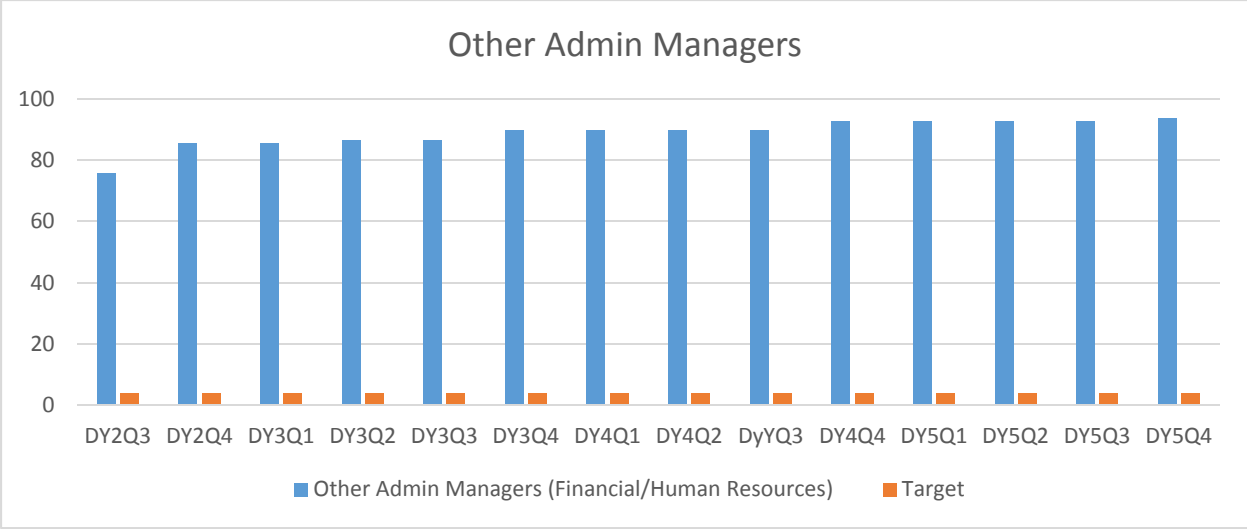
- 1. 23 Job Positions that currently meet Future State targets with current workforce as of December 2016.** Below are individual charts of each of these 23 Job Positions showing the planned workforce by FTE count by DSRIP quarter through 2020 along with the projected Future State Staffing targets. As you can see, the workforce as of DY2Q3 or December 2016 (defined in blue) exceeds the target (defined in orange).

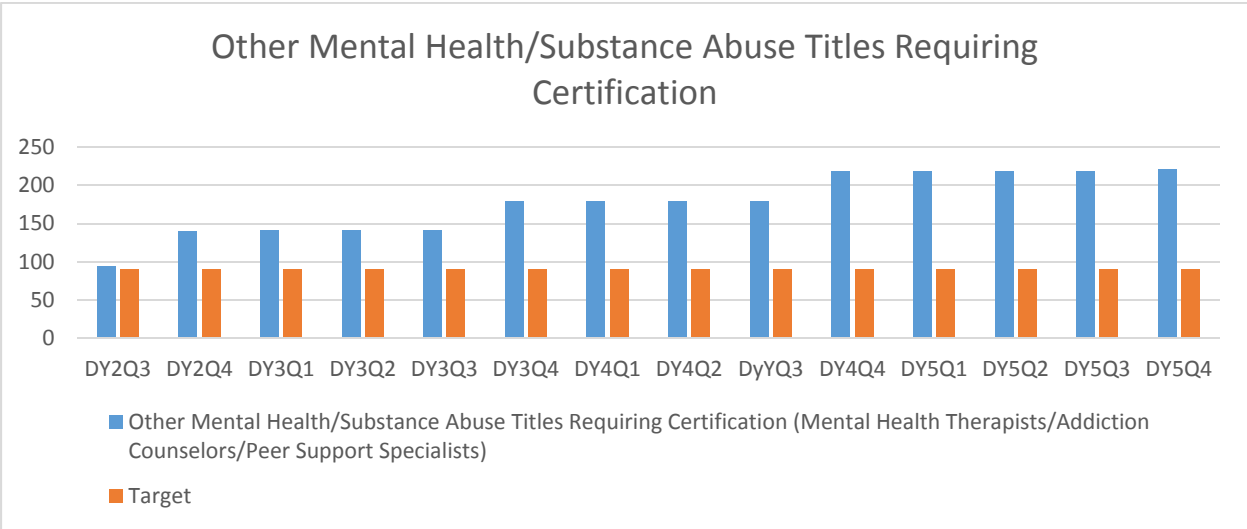
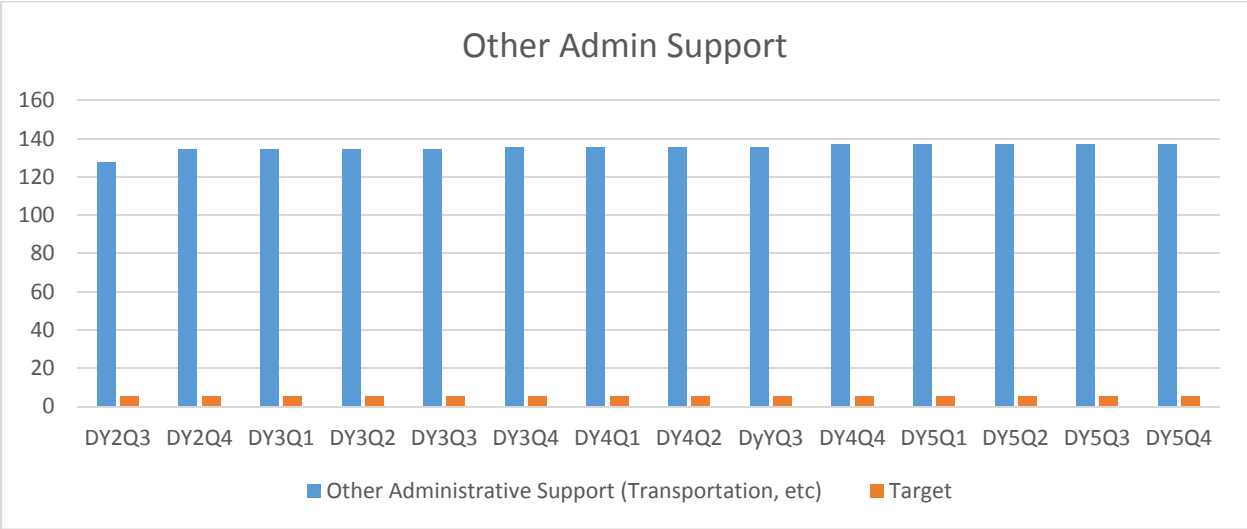
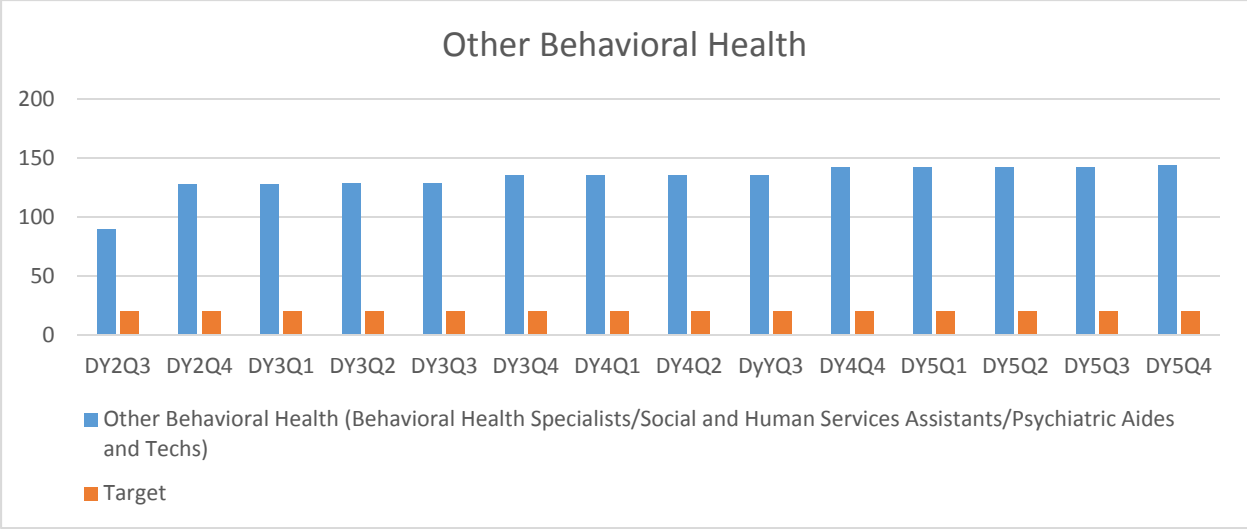


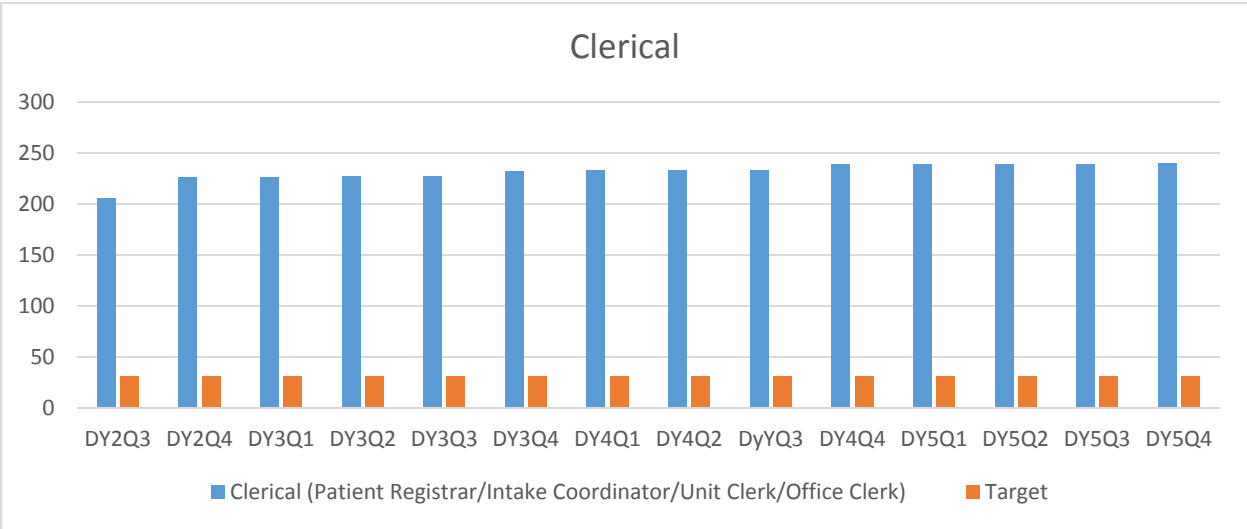
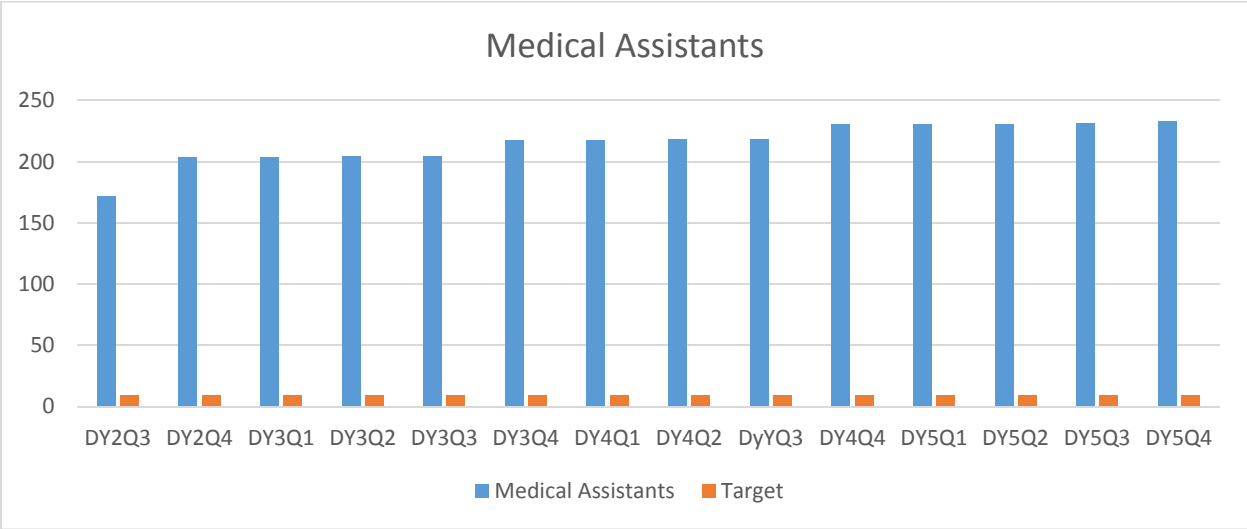
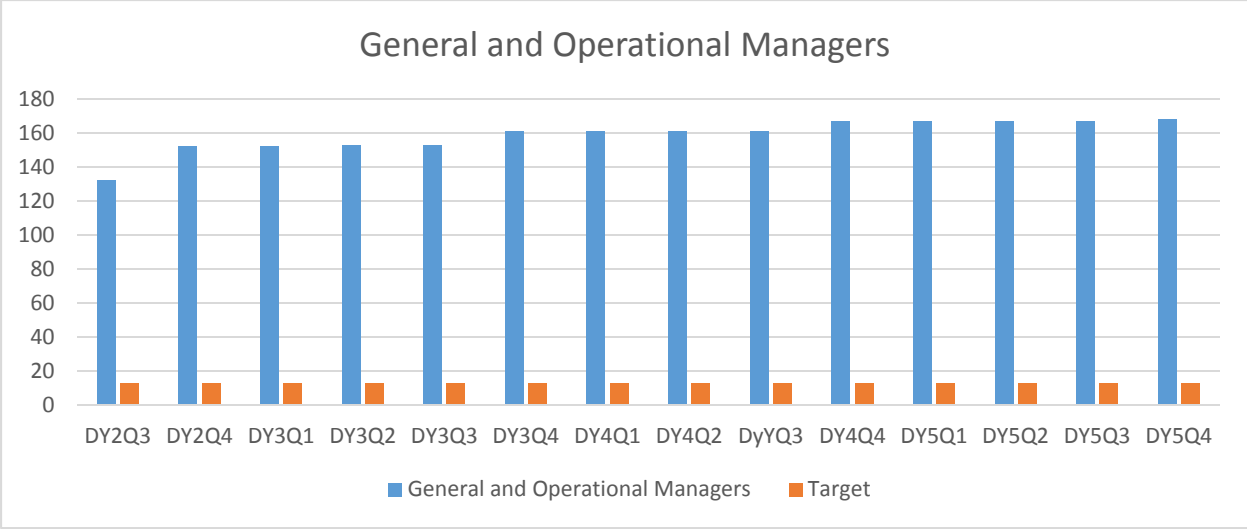


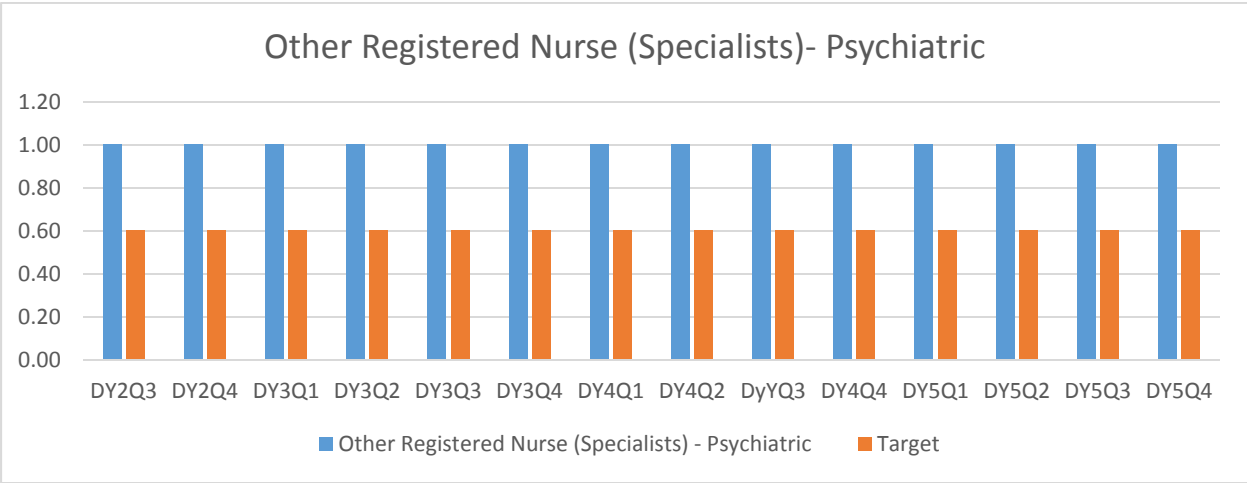
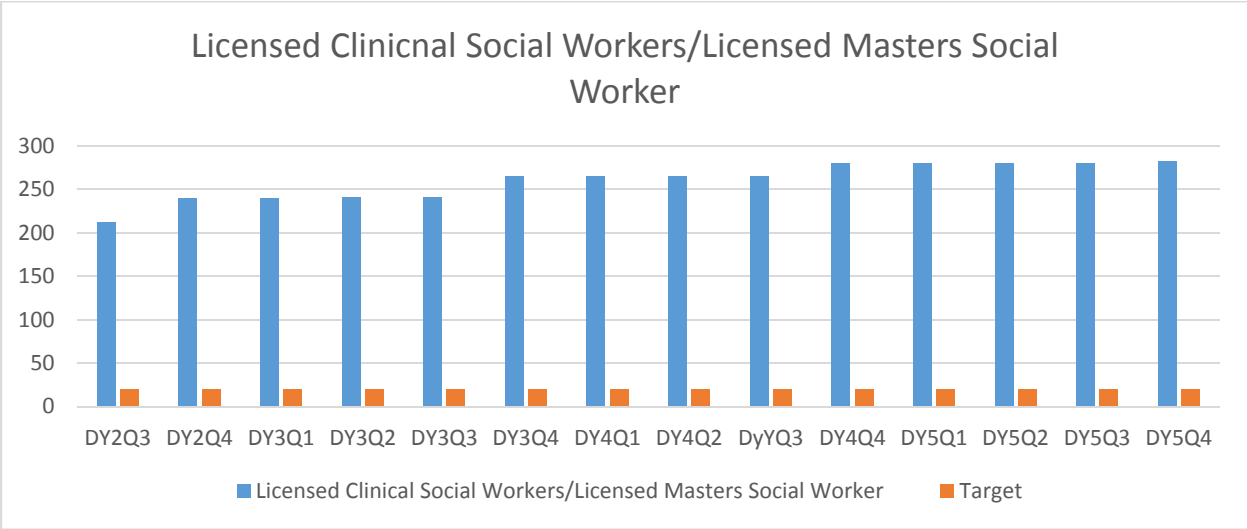
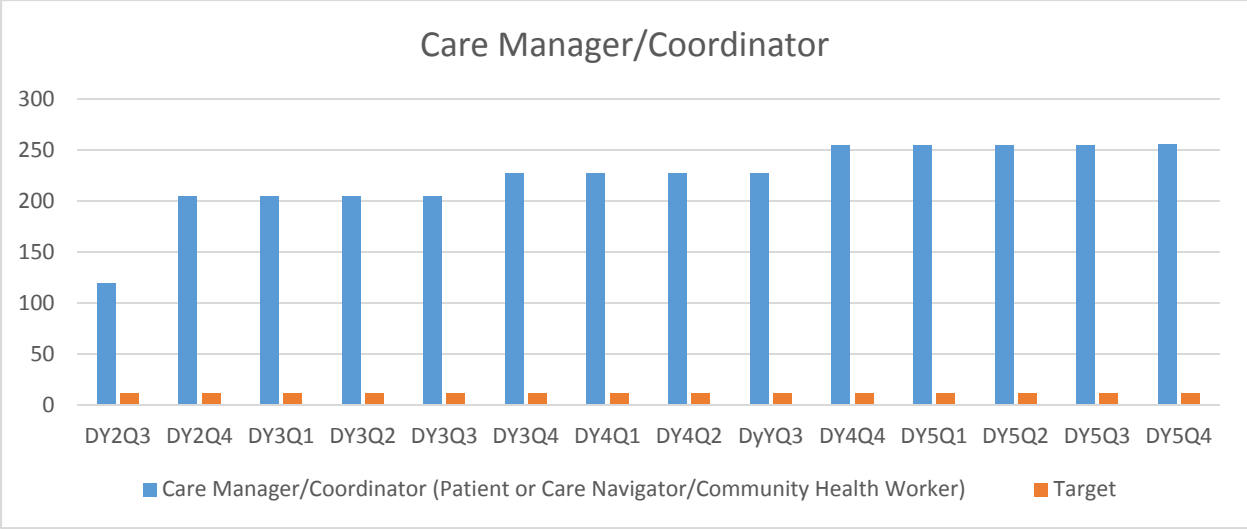






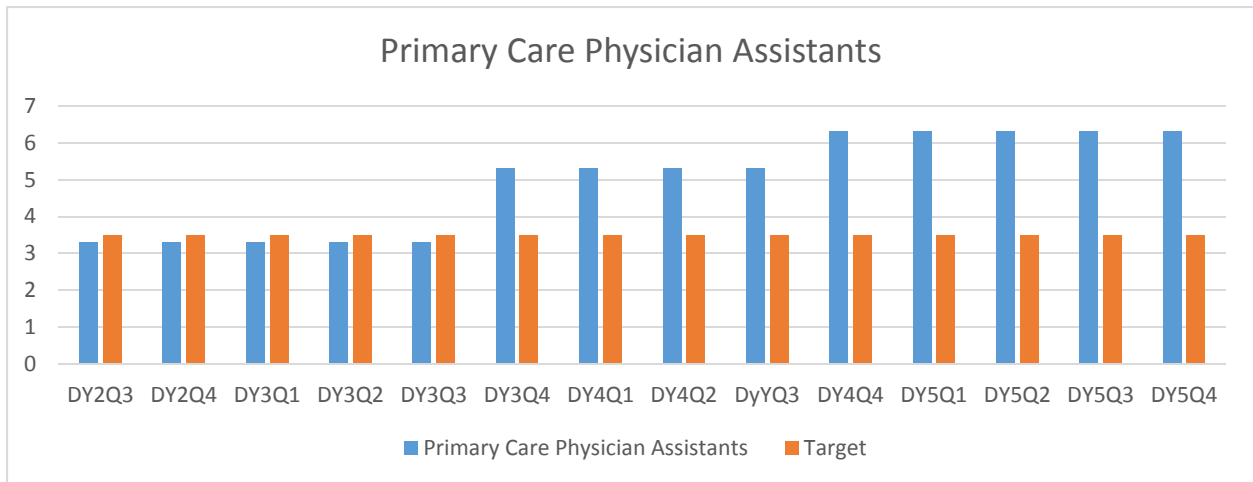
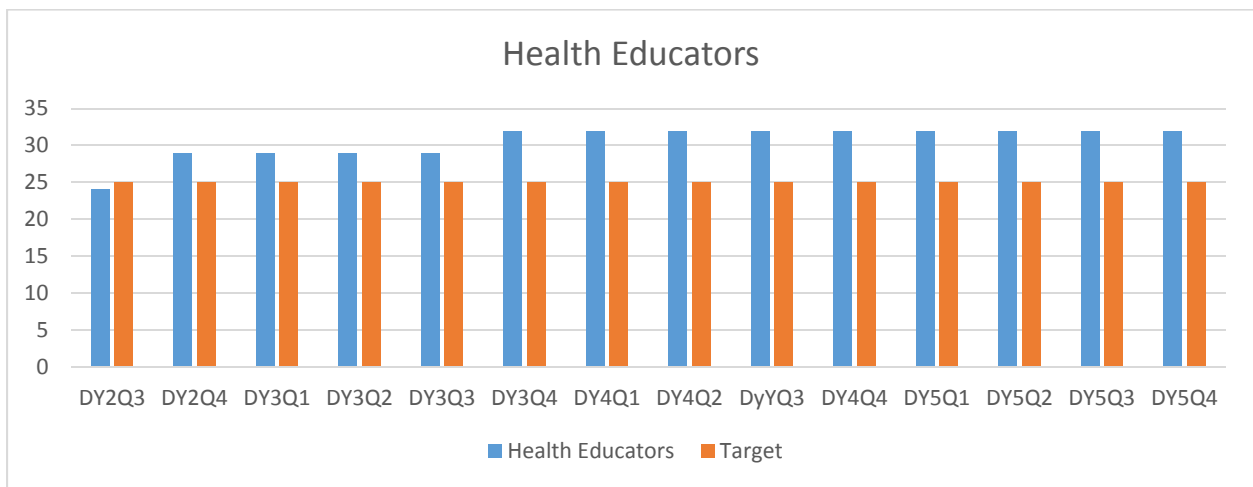






Charts of Position Types Which Will Meet the Target State Based on Planned Hires and Redeployments

- 2. Job Positions that will meet future state targets by 2019 based on planned new hire and redeployment projections obtained in December of 2016 from partners.** Below are individual charts of each of these 2 Job Positions showing the planned workforce by FTE count by DSRIP quarter through 2020 along with the projected Future State Staffing targets. As you can see, the workforce (defined in blue) will reach and/or succeed the target (defined in orange).



Charts of Position Types that May Still have a Gap

3. 11 Job Positions that may have remaining gaps after accounting for planned new hires, redeployments, and training. Below are individual charts of each of these 11 Job Positions showing the planned workforce by FTE count by DSRIP quarter through 2020 along with the projected Future State Staffing targets. As you can see, the workforce (defined in blue) may not reach the target (defined in orange) given the data workforce planning data current available as of December 2016. Implementing our strategies for closing the gap outlined in this document, we will work to narrow and eliminate the gap throughout the DSRIP program.

