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AHI PPS
CURRENT STATE REPORT AND
GAP ANALYSIS



Adirondack Health Institute

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Introduction

The AHI Performing Provider System (PPS) is an integrated, multi-sector network of over 100 organizations and agencies serving individuals across a largely rural area of upstate New York. The network serves community members in Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington counties. The AHI PPS has been formed as a partnership to plan for and manage health care restructuring in the northern New York/Adirondack region and administer the NYS Department of Health (DOH) DSRIP (Delivery System Reform Incentive Payment) program. The nine county service area spans nearly 11,000 square miles and the network serves approximately 144,000 Medicaid beneficiaries. The AHI PPS Training Strategy will outline an effective training plan to ensure the health care workforce is prepared to successfully transform health care in our region.

The AHI PPS region has experienced consistent long-term shortages of certain health care workers. Historically, many types of physicians, mid-level providers, and other staff in areas such as primary care, behavioral health, long-term care and home care have experienced high vacancy rates.

The DSRIP program has recognized the key role that workforce plays in improving outcomes. The AHI PPS has developed a series of key reports to better understand the state of the current workforce and how it will need to be developed to support successful transformation of the health care system. The AHI PPS conducted a Compensation and Benefits Analysis to assist in obtaining baseline information related to the impact of DSRIP project implementation on specific job titles. This analysis will be updated two times throughout the life of DSRIP. The AHI PPS Current State analysis was developed from partner survey responses and outlines job titles with numbers of current employees as well as vacancies and vacancy rates. Utilizing microsimulation, the Future State Report estimated future workforce needs related to project implementation as well as the demographics of the region. Data from the Current State and the Future State has been synthesized to create the Workforce Gap Analysis to assist the PPS understand where the greatest needs exist. In addition, information from these documents will assist in the creation of the AHI PPS Workforce Training Strategy and Transition Road Map.

Current State Report

The AHI PPS Current State Analysis was completed simultaneously with the Compensation and Benefits Analysis through a contract with the Center for Health Workforce Studies. Current state data was received from 95 out of 104 partner organizations within the AHI PPS, representing 87% of the network. Requested information included the number of staff, the number of full time equivalents (FTEs), the number of vacancies (in FTE's) and the vacancy rates for specified job titles.

Historically, the AHI PPS region has experienced consistent long-term shortages with high vacancy rates of many types of physicians, mid-level providers, and other staff in areas such as primary care, behavioral health, long-term care and home care. The analysis of the current state of the workforce corroborated this with a large number of vacancies in these key areas. The highest vacancy rates in the PPS include many positions within behavioral health including psychiatrists, psychiatric nurse practitioners, psychologists, psychiatric aides/techs and licensed master social workers.

The information below is a list of the job titles with vacancy rates identified over 15%.

Job Titles with Highest Vacancy Rates

Job Category	Number of Reporting Organizations	Number of Individuals Employed	FTEs	FTE Vacancies/ Intend to fill	Position Vacancy Rate	Impact Assessment
Psychiatrists	16	46	32	12.5	28.3%	High
Occupational Therapy Assistants/Aides	18	27	18	7	27.8%	Medium/High
Nutritionists/Dieticians	26	72	41	13	24.0%	Low/Medium
Psychiatric Nurse Practitioners	14	21	17	4.5	21.1%	High
Peer Support Worker	10	93	90	20	18.3%	Medium
Other - Nursing Care Manager	3	14	14	3	17.6%	Low
Other - Home Health	7	537	412	86	17.3%	High
Occupational Therapists	28	133	49	10	17.0%	Medium/High
Psychiatric Aides/Techs	5	54	37	7	15.9%	Low
Licensed Masters Social Workers	14	83	65	12	15.6%	High

Findings:

- The highest vacancy rate was found with psychiatrists at 28.3%. The majority of vacancies for psychiatrists were identified in the inpatient setting (4 vacancies) outpatient mental health and substance abuse (3.5 vacancies), community based organizations (3 vacancies) and diagnostic and treatment centers and skilled nursing facilities (1 vacancy noted in each). Broken down further, the current state assessment identified a 43.8% vacancy rate for child and adolescent psychiatrists with 5.5 vacancies identified in community based organizations (3), outpatient mental health (1.5) and inpatient settings (1). There were several other titles related to behavioral health with vacancy rates over 15%. Psychiatric nurse practitioner vacancies were identified in the outpatient mental health and substance abuse setting (2.5) and diagnostic and treatment centers with (2). Licensed Master Social Worker vacancies were identified in the community based setting (8), home care setting (3) and inpatient setting (1). Psychiatric Aide/Tech was identified with 7 vacancies in the inpatient setting. While less than a 15% vacancy rate was reported (10.4%), there were also vacancies for Licensed Clinical Social Workers at community based organizations (7), outpatient mental health and substance abuse providers (3.5), as well at skilled nursing facilities, inpatient settings and diagnostic and treatment centers (with 1 vacancy each).
- Occupational Therapy Assistant/Aide vacancies were identified in the inpatient and skilled nursing facility settings with 3 vacancies each and 1 vacancy in the hospital outpatient setting. Occupational Therapists had a slightly lower vacancy rate and vacancies in the inpatient setting (4), home care setting (3), skilled nursing facility setting (2), other (1).
- Nutritionist/Dietitian, a majority of vacancies are found in the inpatient setting with 8 vacancies, 3 vacancies in private medical practices and 2 vacancies in the inpatient setting.

- Peer support worker vacancies occurred primarily in the community based setting with 17 identified, followed by outpatient mental health and substance abuse with 2 vacancies and inpatient setting with 1.
- Other – Nursing Care Manager/Coordinators/Navigators/Coaches had 3 vacancies identified for skilled nursing care.
- Other – Home Health titles such as home companions, direct support staff and direct support professionals have 81 vacancies in community based organization and 5 vacancies in home health care settings.

The chart below is a list of the job titles with 25 or more vacancies.

Job Titles with the Highest Number of Vacant Positions

Job Category	Number of Reporting Organizations	Number of Individuals Employed	FTEs	FTE Vacancies/ Intend to fill	Position Vacancy Rate	Impact Assessment
Staff Registered Nurses	62	2129	1665	184	10.0%	Medium/High
Nurse Aides/Assistants (CNAs)	21	1290	1027	174	14.5%	High
Other - Home Health	7	537	412	86	17.3%	High
Personal Care Aides	10	1130	916	85	8.5%	High
Licensed Practical Nurses (LPNs)	52	799	620	84	11.9%	Medium
Housekeeping	33	683	457	38.5	7.8%	Low
Other - Clinical Support	16	647	380	37	8.9%	Low
Certified Home Health Aides	12	324	225	36	13.8%	High
Patient Care Techs (Associates)	8	370	241	32	11.7%	Medium
Other - Behavioral Health	28	314	285	29	9.2%	Medium
Dietary/Food Service	28	563	376	28.5	7.0%	Low
Nurse Managers/Supervisors	58	333	290	26	8.2%	Low
RN Care Coordinators/Case Managers/Care Transitions	28	328	260	25.5	8.9%	Medium

Findings:

- The largest number of open positions was identified in the staff RN positions with a vacancy rate at 10% and the highest shortage noted in the inpatient setting with 135 vacancies. Vacancies were also identified in skilled nursing facilities (14), home care (13), hospital outpatient clinics (7), diagnostic and treatment centers (5), community based organizations (3), Office of People with Developmental Disabilities organizations (2), outpatient mental health and substance abuse settings (2), private practices (2) and other (1). Additional vacancies were noted in nursing: Nurse managers/Supervisor with a vacancy rate of 8.2% and 26 vacancies noted in the inpatient setting (11), skilled nursing facilities (6), home care (5), hospital outpatient setting (2) and diagnostic and treatment centers; and RN Care Coordinator/Care Managers/Care Transitions with a vacancy rate

of 8.9% and 25.5 vacancies noted in home care (19.5), hospital outpatient settings (3) and inpatient settings (3).

- Certified Nursing Assistants followed close behind with 174 vacancies and a slightly higher vacancy rate at 14.5%. The majority of vacancies were identified in skilled nursing facilities (134) followed by inpatient settings (40).
- Other – Home Health was identified in both the categories of over 15% vacancy rate and over 25 vacancies. Eighty-six vacancies were identified with job titles such as home companions, direct support staff and direct support professionals with the majority in community based organizations.
- Personal Care Aide was identified with 85 vacancies and a vacancy rate of 8.5% with vacancies primarily noted in home care (59), other organizations (25) and inpatient setting (1).
- Licensed Practical Nurse (LPN) was identified with 84 vacancies with a vacancy rate of 11.9%. Vacancies were identified in the skilled nursing facilities (30), outpatient mental health (21), hospital outpatient (15), hospital inpatient (8), diagnostic and treatment centers (7) and private practices (3).
- Housekeeping vacancies were identified in the inpatient setting (22), skilled nursing facilities (9.5) and hospital outpatient settings (6) and outpatient mental health/substance abuse setting with a 8.9% vacancy rate for 38.5 vacancies.
- Other - Clinical Support with titles such as activities assistants, respite support, medical imaging, support associates, mental health therapy aides and secure treatment aide identified 36 vacancies in community based organizations (20), inpatient (13), diagnostic and treatment centers (1), hospital inpatient (1), skilled nursing facility (1) and private practice (1) with an overall vacancy rate of 8.9%.
- Home Health Aide vacancies were identified at 36 with the majority in home care agencies with 35 followed by 1 vacancy in the inpatient setting. The overall vacancy rate for this position was reported at 13.8%
- Patient Care Tech/Associate was identified with 32 vacancies primarily in the inpatient setting (30) followed by the hospital outpatient setting (2) with a vacancy rate of 11.7%.
- Other – Behavioral Health titles, including behavior intervention specialists, rehab counselors and recovery coaches, reported 29 vacancies in outpatient mental health/substance abuse settings (12), community based organizations (9), “other” organizations (3), home care (1), skilled nursing facility (1) and private practices (1) with a vacancy rate of 9.2%.
- Dietary/Food Service was identified with 28.5 vacancies in skilled nursing facilities (13), inpatient settings (13) and outpatient mental health/substance abuse settings with a vacancy rate of 7.0%.

Identified Priorities for the AHI PPS

The initial priority needs for the AHI PPS workforce are related to behavioral health, primary care and home care. Information below provides a snapshot of the needs that were easily identified from current state analysis data across all reporting organizations. . Other data was more difficult to extract due to the crossover in facility types in the data collection tool. In years that follow, the PPS will take steps to be able to gather more specific data in targeted priority areas. The AHI PPS did expand data collection on several job titles in addition to the list provided by NYS DOH, however once the initial data collection was complete, additional data needs have been identified for future assessments.

Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	Number of Reporting Organizations	Number of Individuals Employed	FTEs	FTE Vacancies/ Intend to fill	Position Vacancy Rate	Impact Assessment
Child and Adolescent Psychiatrists	8	11	7	5.5	43.8%	High
Adult Psychiatrists	18	35	24	7	22.1%	High
Psychiatric Nurse Practitioners	14	21	17	4.5	21.1%	High
Child and Adolescent Psychologists	5	10	10	2	16.7%	High
Licensed Masters Social Workers	22	140	131	17	11.5%	High
Substance Abuse and Behavioral Disorder Counselors	9	32	31	4	11.4%	High
Licensed Clinical Social Workers	24	128	117	13.5	10.4%	High
Adult Psychologists	2	9	9	1	10.0%	High
Other Mental Health/Substance Abuse Titles Requiring Certification	12	53	48	3	5.9%	Medium/High
Licensed Mental Health Counselors	13	97	83	5	5.7%	High

Behavioral health providers, particularly those providing care to children and adolescents, had the highest vacancy rates at the time of the assessment. The highest number of vacancies related to Licensed Master Social Workers and Licensed Clinical Social Workers.

Primary Care Providers	Number of Reporting Organizations	Number of Individuals Employed	FTEs	FTE Vacancies/ Intend to Fill	Position Vacancy Rate	Impact Assessment
Primary Care Physicians	24	179	156	11	6.6%	High
Primary Care Physician Assistants	15	111	91	10	9.9%	High
Primary Care Nurse Practitioner	15	81	67	9	11.8%	High

Home Health Care	Number of Reporting Organizations	Number of Individuals Employed	FTEs	FTE Vacancies/ Intend to Fill	Position Vacancy Rate	Impact Assessment
Certified Home Health Aides	12	324	225	36	13.8%	High
Personal Care Aides	10	1130	916	85	8.5%	High
Other	7	537	412	86	17.3%	High

Data below also includes other job titles that have been identified to have medium – high project impact.

Other Titles with Medium - High Project Impact	Number of Reporting Organizations	Number of Individuals Employed	FTEs	FTE Vacancies/ Intend to Fill	Position Vacancy Rate	Impact Assessment
Nursing						
Staff Registered Nurses	62	2129	1664	184	10.0%	Medium-High
Licensed Practical Nurses (LPNs)	52	799	620	84	11.9%	Medium-High
Social Worker Case Management/ Care Management						
Bachelors Social Workers	11	34	32	2.5	7.2%	Medium
Licensed Masters Social Workers	14	83	65	12	15.6%	Medium-High
Social Worker Care Coordinators/Case Managers/Care Transition	13	49	45	4	8.1%	Medium
Emerging Titles: Non-licensed Care Coordination/Case Management/Care Management/ Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)						
Care Manager/Coordinator	19	73	71	5	6.6%	High
Patient or Care Navigator	7	14	13	0	0.0%	Medium
Community Health Worker	6	18	15	1	6.1%	High
Peer Support Worker	10	93	89	20	18.3%	Medium
Patient Education						
Certified Asthma Educators	0	0	0	0	0.0%	Medium
Certified Diabetes Educators	6	8	6	1	13.9%	Medium
Health Coach	2	5	5	0	0.0%	Medium
Other Allied Health						
Clinical Laboratory Technologists and Technicians	13	368	232	24	9.4%	Medium-High
Nutritionists/Dieticians	26	72	41	13	24.0%	Medium-High
Occupational Therapists	28	133	49	10	17.0%	Medium-High
Occupational Therapy Assistants/Aides	18	27	18	7	27.8%	Medium-High
Pharmacists	12	127	78	3.25	4.0%	Medium
Pharmacy Technicians	11	110	61	5	7.6%	Medium
Physical Therapists	35	266	172	15	8.0%	Medium-High
Physical Therapy Assistants/Aides	31	109	66	5	7.0%	Medium-High
Respiratory Therapists	13	95	53	5	8.6%	Medium-High
Speech Language Pathologists	22	45	24.5	4	14.0%	Medium-High

Gap Analysis

The gap analysis utilized information from the current state assessment as well as documentation from the future state assessment. The current state assessment has been outlined above. The AHI PPS Future State Assessment was completed through the Center for Health Workforce Studies with a subcontract with IHS. The assessment utilized a microsimulation model to estimate the workforce needs over the course of the DSRIP timeline related to project implementation needs as well as the workforce needs anticipated taking into account the unique demographics of the AHI PPS – for example an aging population. The future state assessment captured the number of additional health care workforce staff needed (or declines where indicated) by 2020. The workforce gaps were identified by comparing the future workforce needs (both related to DSRIP project implementation and the changing demographics in our region) and the current workforce.

Findings:

The gaps were evaluated in areas will be most impacted by the implementation of the AHI PPS projects – acute care setting (inpatient hospital and ER), outpatient settings (outpatient primary care, behavioral health sites, community based care), post-acute (home care and long term care settings), and the addition of new services related to crisis stabilization.

The analysis of the current state of the workforce corroborated the historical need for primary care providers, behavioral health providers as well as needs in post-acute care, with a large number of vacancies in these key areas. The highest vacancy rates includes many positions within behavioral health including psychiatrists, psychiatric nurse practitioners, psychologists, licensed master social workers and psychiatric techs.

The table on the following page illustrates the findings of the gap analysis.

Job Titles	Project Implementation Needs	Demographic Needs	Total Future State Needs	Current Vacancies	Total Workforce Gap
Acute Care Setting					
Emergency Physicians	-3.5	0.5	-3	2	-1
NP & PA - ED					0
RN - ED	-14.5	2	-12.5		-12.5
Hospitalists	-19	1	-18		-18
RN - Inpatient	-222.5	69	-153.5	148	-5.5
LPN - Inpatient	-12	9	-3	8	5
Nurse Aides - Inpatient	-56.5	15.5	-41	70	29
Outpatient Settings					
Primary Care Providers	46.5	18.5	65	13	78
Nurse Practitioner	1		1	5	6
Direct Medical support (can include Medical assistants, therapists and LCSW)	81.5	32.5	114	7	121
LCSW	22.5		22.5	11.5	34
SW	1		1	13	14
Psychiatrist/NPP	3	-0.5	2.5	12	14.5
Direct Admin support	67	23	90		90
Indirect Admin support	4		4		4
Care Managers/Navigators/CHW	95.5		95.5	3	98.5
Recovery Coaches/Care Managers	9		9	3	12
Health Coach (Palliative Care Trainer)	2		2		2
RN	30.5	13.5	44	34	78
LPN				46	46
Addiction Counselors	3		3	1	4
Medical Director	0.5		0.5		0.5
Peer Support	8		8	19	27
Advance Practice Palliative Care Providers PA and NP	39.5		39.5		39.5
Pharmacists		6.5	6.5		6.5
Post-Acute Care Setting					
RN Care Coordinators -Home Care	35	9.5	44.5	19.5	64
Home Health Aides	31	20.5	51.5	35	86.5
Personal Care Aides	59.5	39.5	99	59	158
LPN - Home Care		2.5	2.5		2.5
RN Long Term Care		19	19	20	39
LPN Long Term Care		22.5	22.5	30	52.5
Nurse Aides – Long Term Care		94	94	134	228

Job Titles	Project Implementation Needs	Demographic Needs	Total Future State Needs	Current Vacancies	Total Workforce Gap
Crisis Stabilization Center					
Psychiatric Nurse Practitioner	1		1		1
Behavioral Health Providers (addiction counselors, LCSWs)	16		16		16
Psych RN	1		1		1
RN	8		8		8
SW	16		16		16
Youth and Family Therapists	7		7		7
Case Managers	14		14		14
CHW - Peer Support	12		12		12
Maintenance/IT support staff	2.5		2.5		2.5
Admin Staff	10		10		10

Current State data for the Acute Care Setting was obtained from vacancy information identified from the Inpatient provider type. Current State data for Outpatient Settings was obtained from vacancy information obtained from Outpatient Services for Mentally Disabled (Article 31) and Substance Abuse (Article 32), Outpatient Clinics (Article 28), Office of People with Developmentally Disability Clinics (Article 16), Diagnostic and Treatment Centers (Article 28), Private Provider Practices, Non-licensed Community Based Organizations. Current State data for Post-Acute Care Setting was obtained from vacancy information from Home Care/Hospice and Skilled Nursing Facility provider types.

Data synthesized from the current state and future state was consistent with historical workforce needs: needs remained in primary care providers, behavioral health providers and post-acute care needs relating to home care and long term care staff. The needs included:

- 112 primary care providers. In addition, the 2016 AHI Medical Home Provider Survey indicated that an additional 17 primary care physicians in the AHI PPS region plan to retire within the next five years. With the potential retirements the need for PCPs grows to nearly 130.
- 47 Social Workers and 14 Psychiatrists/Psychiatric Nurse Practitioners. The need is highest for providers working with children and adolescents.
- Nearly 87 Home Health Aides and 158 Personal Care Aides.
- 228 Certified Nursing Assistants.
- Nearly 100 individuals in emerging titles such as Care Manager, Community Health Workers, Community Navigators.

The increased need for primary care providers and behavioral health providers was primarily due to future needs related to AHI PPS DSRIP project implementation. However, the needs associated with post-acute care related to home health and long term care were magnified significantly due to a high number of vacancies.

A decrease demand for registered nurses in acute care settings was identified over time with the future state assessment, however this was negated by the large number of current vacancies for acute care nurses. Recruitment for RNs in hospitals within the PPS region has been difficult with significant shortages remaining. Any changes in the nursing workforce in acute care settings is felt to occur through gradual attrition with recruitment still a concern in the early years of DSRIP.

Conclusion

This data provides an important starting point for planning and while the completion rate for the current state assessment was quite high at 87%, it represents as snapshot in time as of December 31, 2015. Vacancies have fluctuated since the data was obtained with PPS partners indicating more vacancies have occurred within some of the targeted priority areas. Understanding this, the PPS partners have indicated a need to conduct an annual current state assessment instead of the required DSRIP Years 1, 3 and 5 to appropriately monitor the impact upon the vacancies in the key areas and assess if other changes are occurring. The AHI PPS will expand fields to break out job titles in classifications that will be most useful for planning for workforce needs. Other points to consider when reviewing the data include the chance that the modelling and assumptions utilized in the microsimulation may not align perfectly with the needs of the AHI PPS. Project implementation plans may be changed and updated due to conditions at the time of actual task implementation. Delays in implementation or changes in engaged partners will impact the currently proposed needs and gaps upon the workforce. The PPS identified some risk related to positions that were not yet created when the initial current state analysis was completed and may not have been captured in future state assumptions. New titles may emerge throughout the course of DSRIP implementation. The AHI PPS will continue to engage partners on the needs within organizations to successfully employ the right health care workforce in the right places.