



# **Workforce Current State Assessment & Gap Analysis Report**

**For  
Bronx Health Access  
Performing Provider System**

**September 30, 2016**



# Workforce Current State Assessment and Gap Analysis

**This report includes findings from the BHA PPS 2015 Workforce Survey**  
*Analysis and Report Prepared by KPMG, LLP*



**Bronx Health Access PPS, 1276 Fulton Avenue, Bronx, New York 10456**

	<u>Page</u>
❑ Executive Summary	4
❑ BHA PPS 2015 Workforce Survey Overview	5
❑ Workforce Current State Assessment	10
❑ Target Workforce State	20
❑ Gap Analysis	23
❑ Attrition & Turnover	32
❑ Appendices	34



Bronx Health Access (BHA) Performing Provider Systems (PPS) includes a wide range of health care and social service providers, such as physicians, nursing homes, Federally Qualified Health Centers (FQHCs), community-based organizations, hospitals, and behavioral health providers. The goal of the BHA Performing Provider System is to create an accountable, coordinated network of care that improves access, quality and efficiency of care for the safety net patient population. Because our workforce is integral to achievement of this goal, we performed a comprehensive Workforce Current State Assessment and Gap Analysis to gain a better understanding of the human capital within our network.

In December 2015, we distributed a comprehensive Workforce Survey to our partners to assess the incumbent workforce. Subsequently, we designed our Target State workforce model and then contrasted our current supply and future workforce demand. This comparison enabled us to identify workforce needs over the 5-year DSRIP period. The findings have provided us with an understanding of where workforce gaps exist, which gaps represent potential risks to our PPS, what actions need to be taken to close the gaps and therefore mitigate any associated risks.

In collaboration with our health systems and partners, we have already begun designing a gap closing strategy and transition roadmap for each DSRIP project. Our gap closing strategy will essentially become our workforce management plan and will outline practical and actionable strategies that can be implemented over the remaining DSRIP years.

This document serves as the official Current State Assessment Report and Gap Analysis for the BHA PPS. It summarizes our workforce survey results, the evaluation of our current workforce state, and the estimation of gaps between the current workforce and future workforce state.



**The BHA PPS Steering Committee approved the Current State Assessment & Gap Analysis Report (Milestone #3) on Sep 27, 2016.**

# 2015 Workforce Survey Overview

## Survey Overview

### Survey Administration

The BHA PPS distributed a comprehensive, electronic Workforce Survey in December 2015 to gather self-reported workforce data to analyze the healthcare workers within our network. Our survey, a web-based questionnaire, was developed by our Workforce Committee and distributed to our network. We held three webinars to provide our partners with an overview of the survey and provide them with a forum to ask questions. A pre-notification email letter and preparatory checklist were also disseminated to respondents. Over the 12-week completion timeframe, a number of reminder emails were sent, in addition to telephone outreach by members of the workforce committee and PPS PMO office.

The survey was distributed to partner organizations representing the following facility types:

- Primary Care Practices
- Hospitals
- Skilled Nursing Facilities (SNFs)
- Community Based Organizations
- Federally Qualified Health Centers (FQHC's)
- Health Homes
- Behavioral Health
- Substance Abuse
- Developmental Disability Services



### Survey Objectives

The objectives of the Bronx Health Access Current State Workforce Survey were:

- To determine current workforce supply at the organizational level, and where possible, at the site level for various job categories
- To quantify distinct headcounts and attrition rates of the existing workforce at the position level
- To develop a quantitative model of various job families/job types including Incumbents-Ready Now, Redeploys-Ready Now, Redeploy-Retrains, New Hire & Retrains by Project

## Survey Questionnaire

Our Workforce Committee, which includes representatives from several of our key partner organizations, as well as staff from of our PPS PMO Office, collaborated with our workforce vendor to develop the survey questions. The survey questions were applicable to multiple provider groups and were based on the delivery system reform incentive payment program (DSRIP) requirements, the populations to be served, and the workforce positions needed to deliver the services within each of our projects. The survey questionnaire included five sections:

- 1) General Information
- 2) Cultural Competency/Health Literacy
- 3) Training
- 4) Labor Unions
- 5) Workforce Metrics

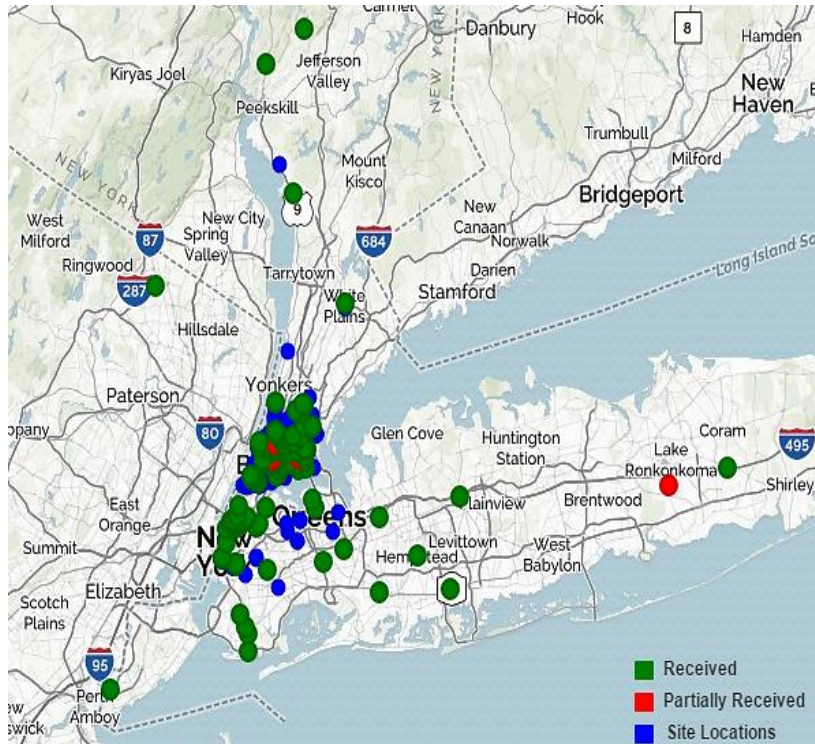
The graphic on the right highlights the sections and contents included in our Workforce Survey.

The results of the Workforce Survey served as the basis for our **Current State Workforce Assessment**. The detailed findings from the survey have been summarized in the next section of this report.

BHA PPS DSRIP WORKFORCE SURVEY	
WORKFORCE SURVEY CHECKLIST	
This checklist is provided to help you prepare for the range of questions in the survey and it provides an overview of the information you will need to provide. Prior to completing the survey, you are encouraged to identify the department/business leaders and information sources you will need to provide the most accurate responses to the questions.	
<b>General Information:</b>	
<input type="checkbox"/>	Respondent Information
<input type="checkbox"/>	Organization official name and location
<input type="checkbox"/>	Physical Site/Service Location name and address
<input type="checkbox"/>	Facility Classifications
<input type="checkbox"/>	Health Care and Social Services
<b>Cultural Competency / Health Literacy:</b>	
<input type="checkbox"/>	Strengths and Challenges
<input type="checkbox"/>	Populations Served
<input type="checkbox"/>	CC/HL Activities
<input type="checkbox"/>	Health Care Disparities
<b>Training:</b>	
<input type="checkbox"/>	DSRIP Related Training
<input type="checkbox"/>	Health Information Technology (HIT) Training
<input type="checkbox"/>	Types of internal employee training provided
<input type="checkbox"/>	External training available at your organization
<b>Labor Unions</b>	
<input type="checkbox"/>	Labor Union Representation
<b>Workforce:</b>	
<input type="checkbox"/>	Total headcount (Full-time/Part-time/Hourly/Contract) and number of fulltime equivalents (FTEs)
<input type="checkbox"/>	Number of new hires (Full-time/Part-time/Hourly/Contract) and number of fulltime equivalents (FTEs)
<input type="checkbox"/>	Number of new separations (Full-time/Part-time/Hourly)
<input type="checkbox"/>	Number of new retirements (Full-time/Part-time/Hourly)
<b>Please note:</b> The timeframe for the workforce information requested in this section is as follows:	
<input type="checkbox"/>	2015 Overall Current Workforce
<input type="checkbox"/>	2014 Workforce as of 12/31/2014

## Survey Responses

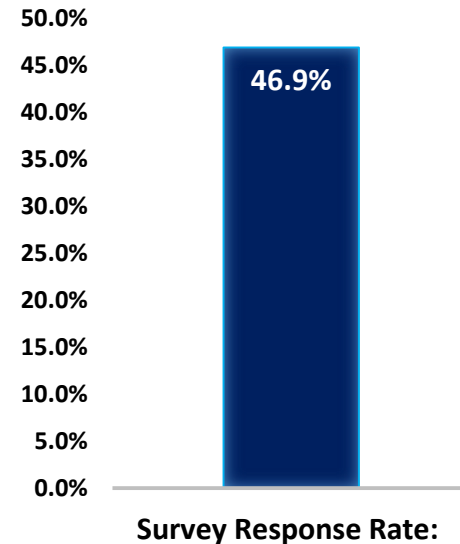
**Responses by Partner Organizations and Sites**



The response rate is a metric of surveys distributed and received and not a measure of completeness or accuracy of the survey data. The map above provides a geographical display of the surveys received with and without responses to all of the survey questions.

**Response Rate**

We administered a web-based workforce survey on December 9, 2015 to 241 network partners. The survey was released with an explanatory email, checklist and glossary. The completion date was February 26, 2016 and our partners were provided with technical assistance, as needed, and sent up to four reminder emails. The survey resulted in a total of 113 responses, which included partially completed surveys. An overall response rate of **46.9%** was achieved (113/241).





## Data Analysis

The data collected through our workforce survey is housed in our workforce vendor's Data Analytics Workspace; a protected, web-based tool, which allows querying and filtering of the data to perform standard what-if analyses.

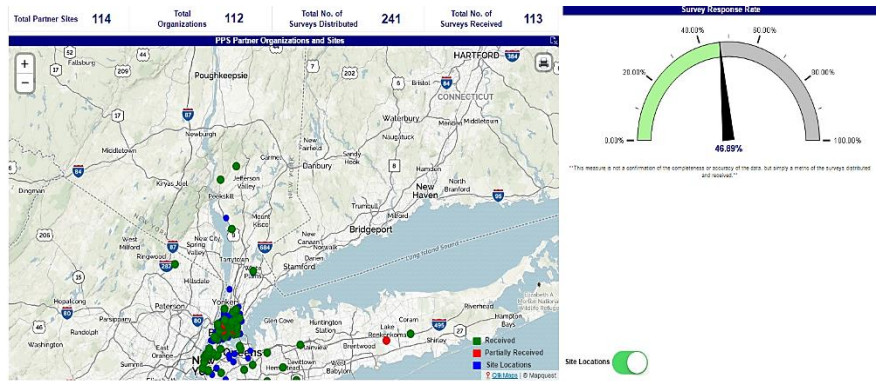
The KPMG Workforce portal **houses, analyzes and visualizes** our data for planning, reporting and management of our workforce milestones.

- 01 Survey Statistics
- 02 Current State
- 03 Target State
- 04 Gap Analysis
- 05 Gap Closure
- 06 Transition Roadmap

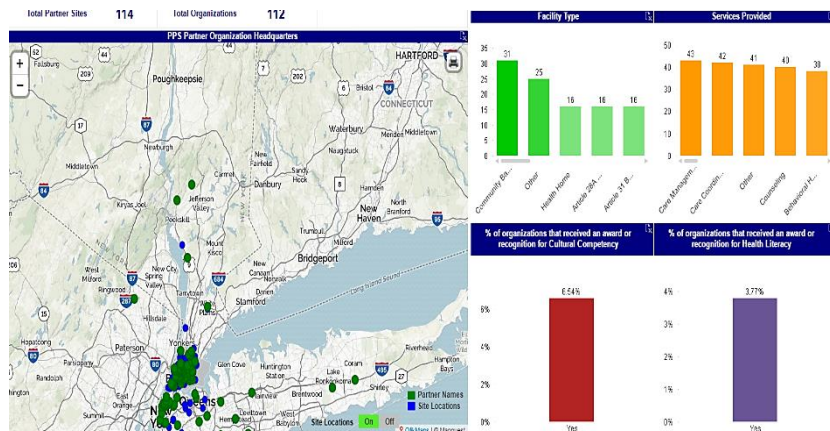


HOME PAGE

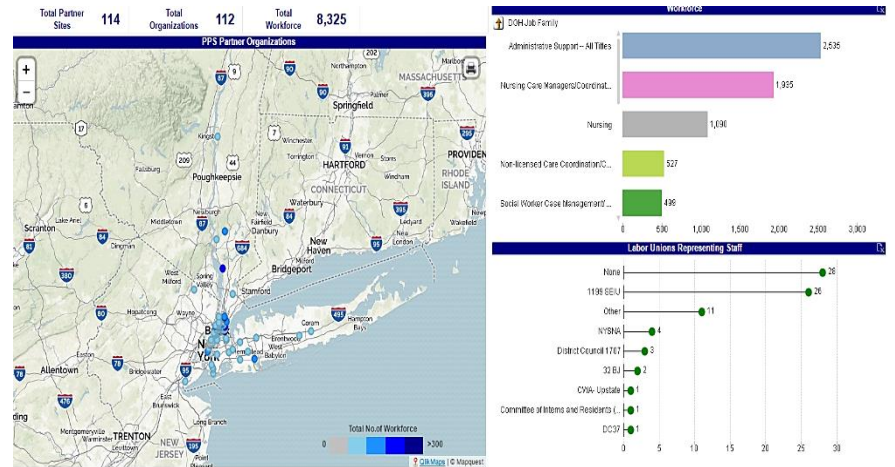
Current state survey findings can be viewed & analyzed for specific partner organizations



Facility types, services provided and PCMH status by partner organizations



Job families, types, and functions; and union affiliation

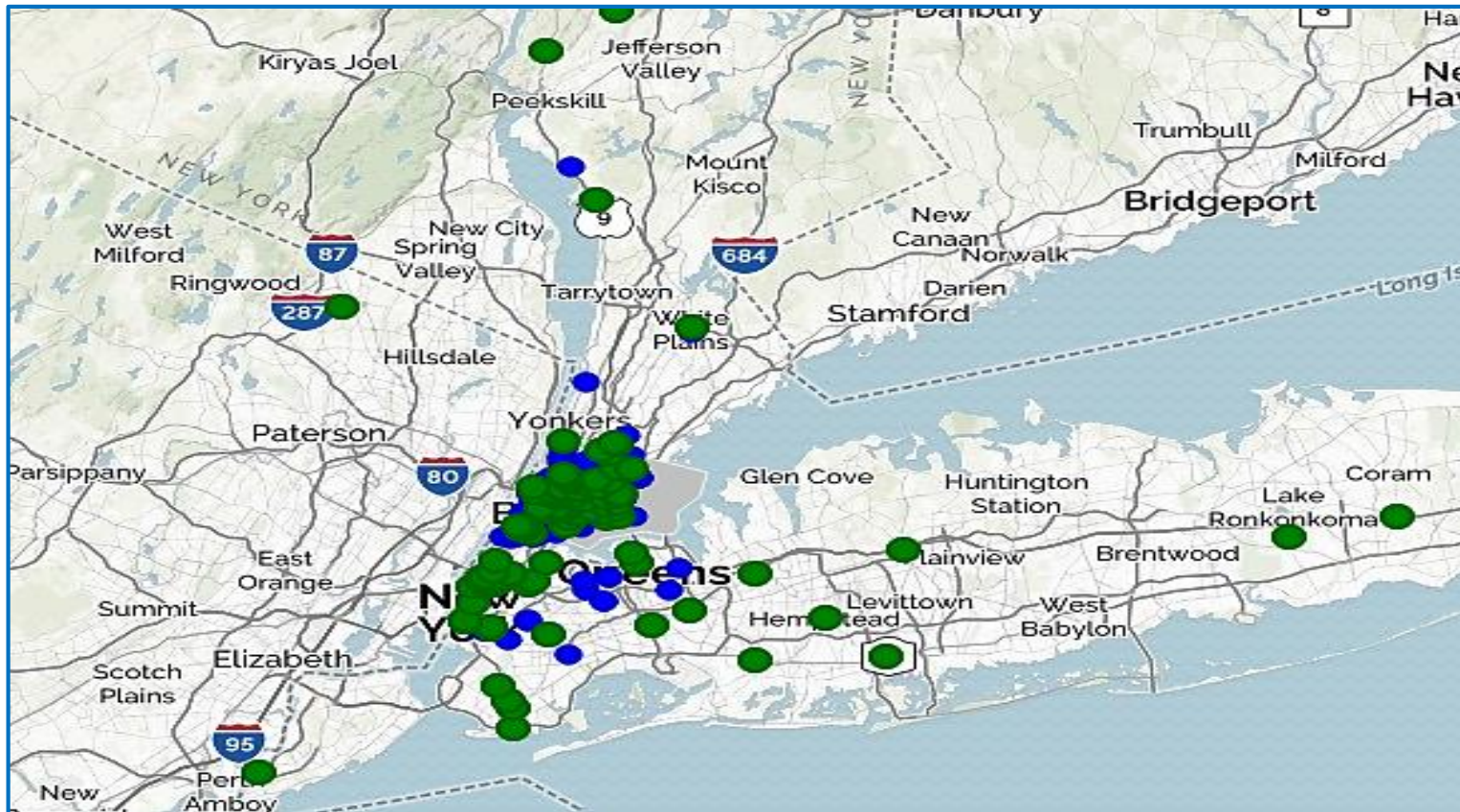


# **Workforce Current State Assessment**

## Our Partners

### Physical Sites & Service Locations

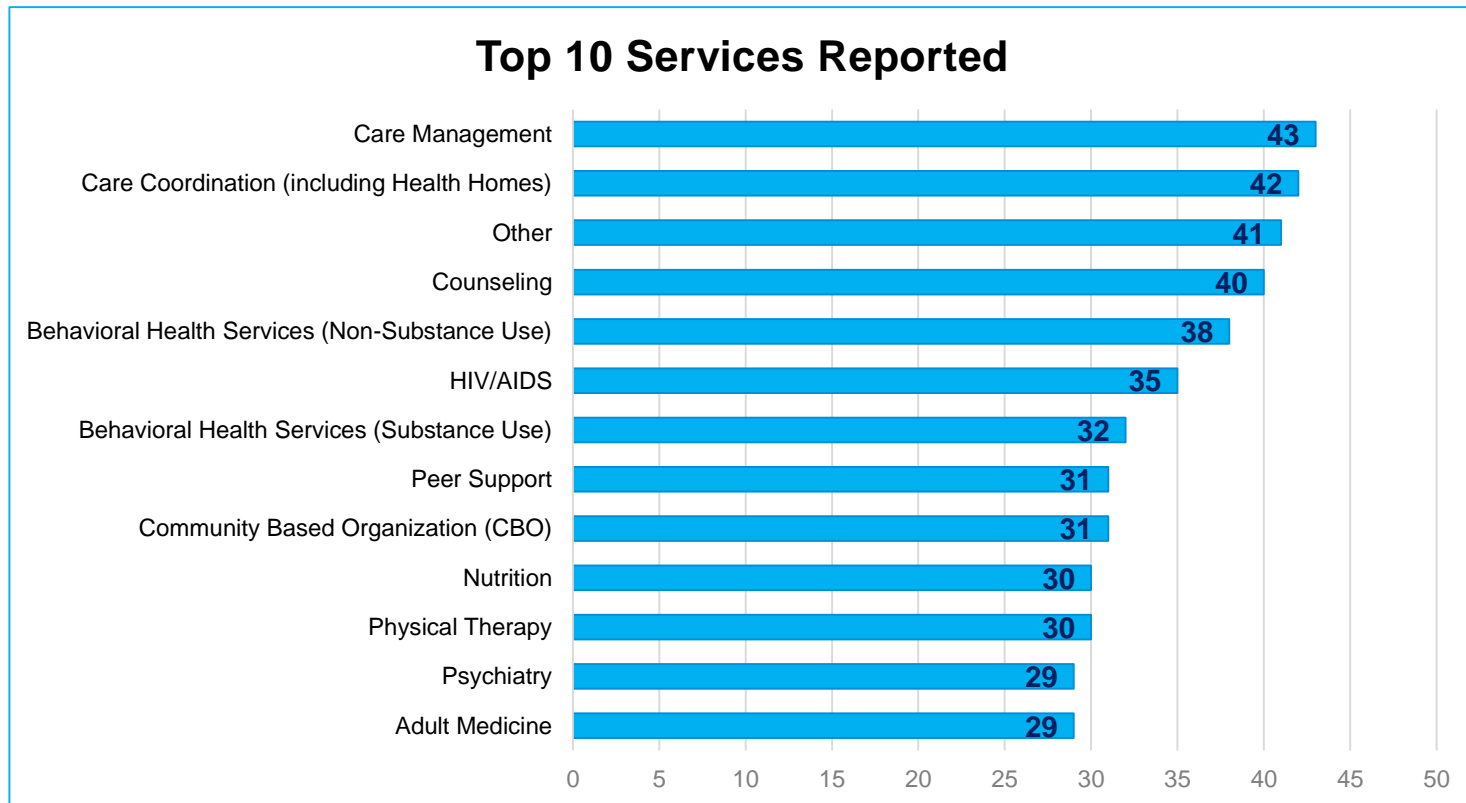
Through our workforce survey, we collected information about the physical sites and service locations of our partners. This geographic information was used to help us align workforce needs with the population-based health issues identified in our Community Needs Assessment (CNA). As part of our project planning process, the geographical data enabled us to strategically determine the areas within our region with the greatest workforce needs.



## Our Capacity

### Services

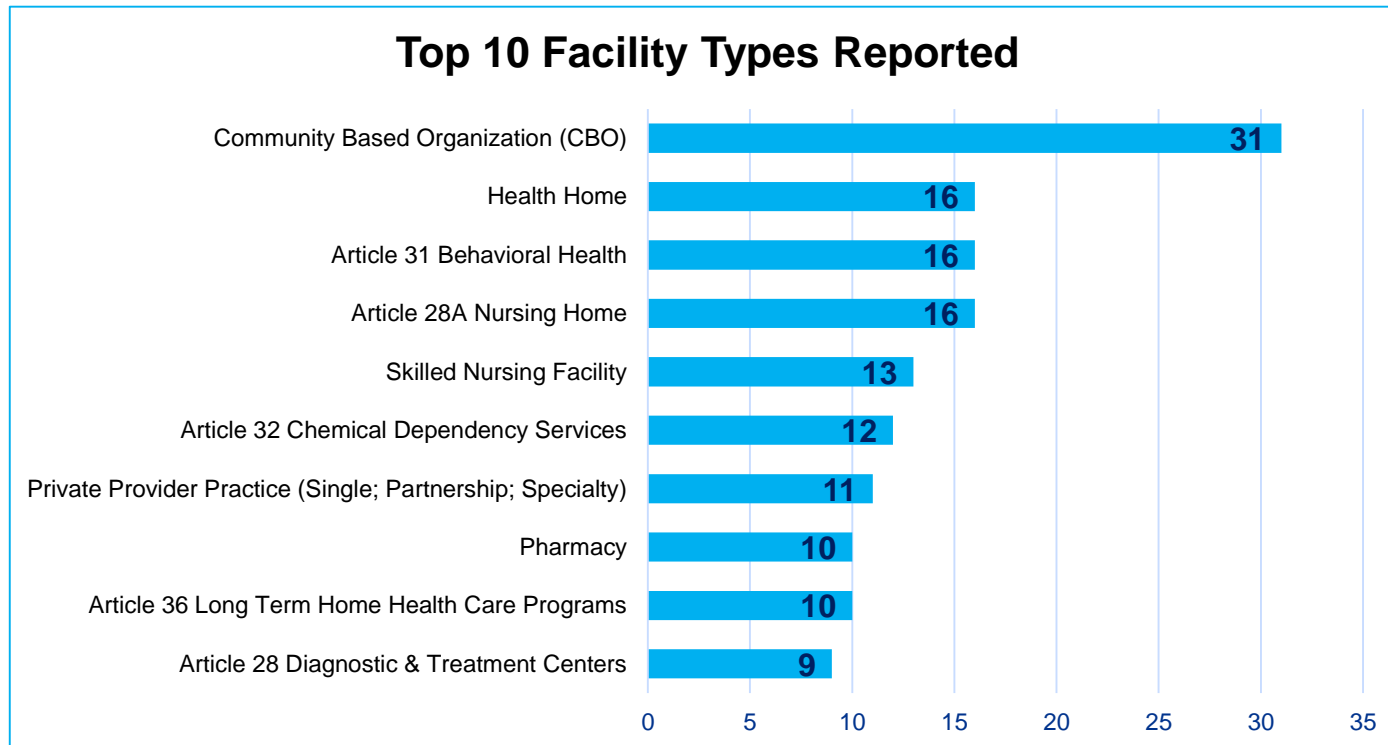
Our goal is to offer a team-based, quality care and treatment through our DSRIP projects. To achieve this goal, we assessed the types of services offered by our network partners to determine our overall service capacity and capabilities. The survey results provided insights regarding the depth of the clinical services and social supports available to our targeted members. The information also revealed where gaps may exist with the type of care and workforce positions needed for our projects. Based on the chart below, 38% of our partners provide Care Management Services, while 25.7% of our partners provide Psychiatric and Adult Medicine Services.



## Our Capacity

### Facility Types

The Workforce Survey respondents were asked to provide a facility designation for their organization and/or service site. The survey allowed respondents to select all applicable designations. Information regarding facility types was a key variable in determining future workforce needs. To meet the clinical and social support needs of the members in our service area, workforce requirements will vary by facility type. Of the top ten facility types reported in our survey, 26.5% of our partners are designated as a Community Based Organization (CBO). The chart below displays the other facility designations selected by the majority of the survey respondents.



## Our Workforce

### Job Categories

In our Workforce Survey, respondents were able to self-report current headcounts for positions across each of the DOH job categories. The total headcount for the reported incumbent workforce positions was 8,325. The chart below displays the job categories with the largest headcounts. (Administrative Support = 30.5%, Nursing Care/Case Managers = 23.2%, and Nursing = 13.1%)

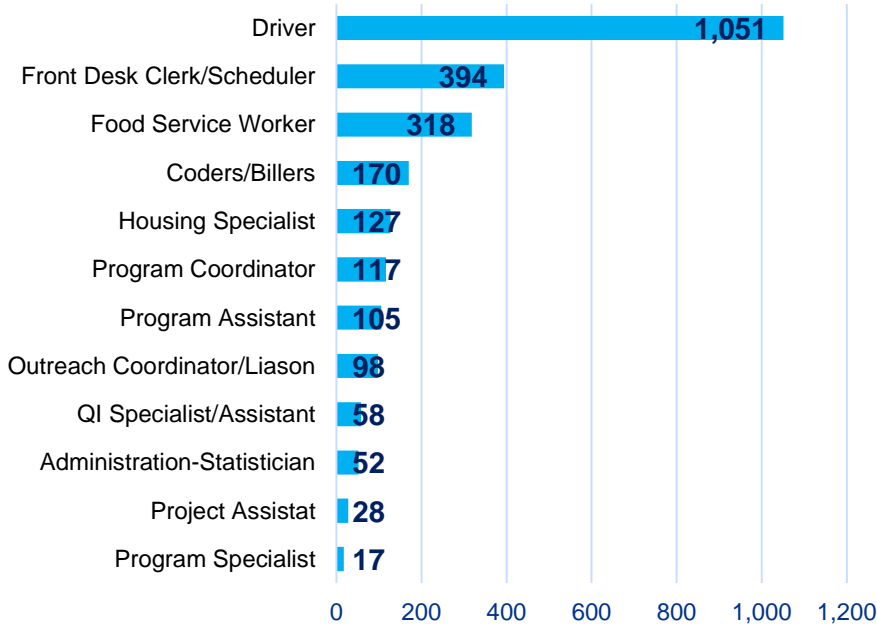


## Our Workforce

The Administrative Support job category had the highest reported headcount for incumbent staff. The Driver job type accounted for 41.4% of the positions reported in this job category. The Nursing Care/Case Manager job category had the 2<sup>nd</sup> highest reported headcount for incumbent staff. The Home Care Nurse job type accounted for 44.8% of the positions reported in this job category. The bar charts below display the additional positions reporting within these two job categories.

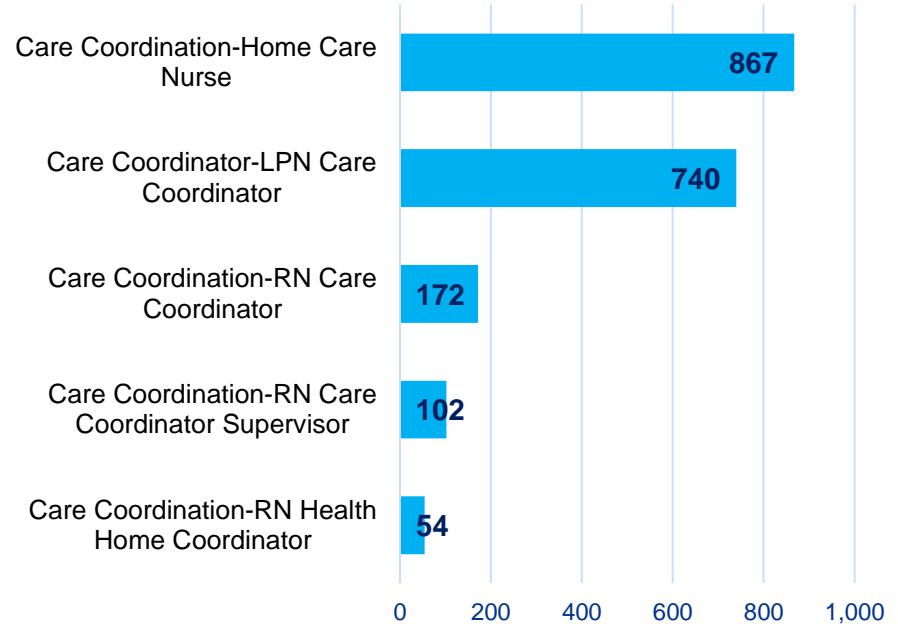
### Administrative Support Job Types

(N = 2,535)



### Nursing Care/Case Manager Job Types

(N = 1,935)

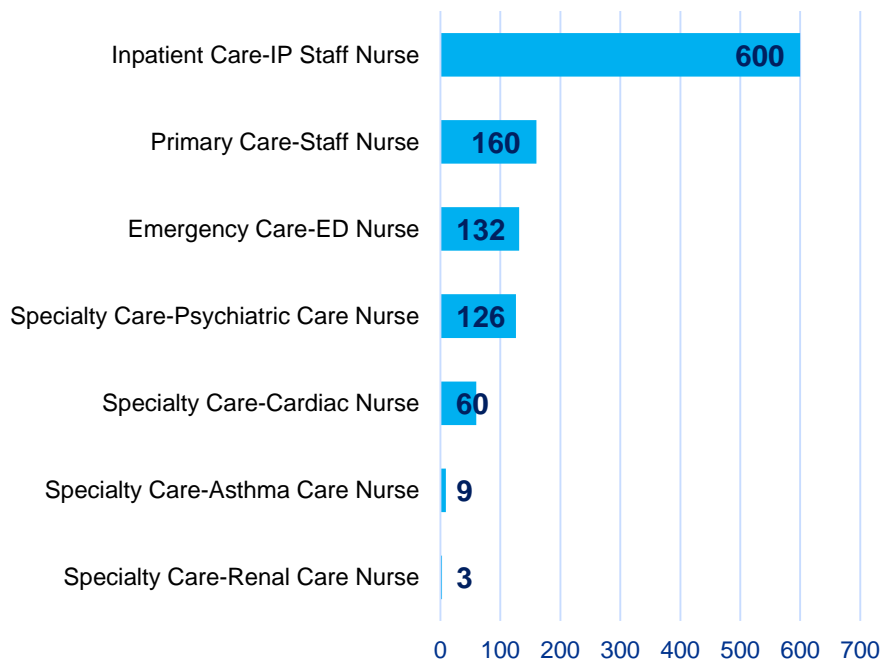


\*SeniorCare EMS reported having 1,000 drivers (400 FT, 400 PT & 200 Hourly)

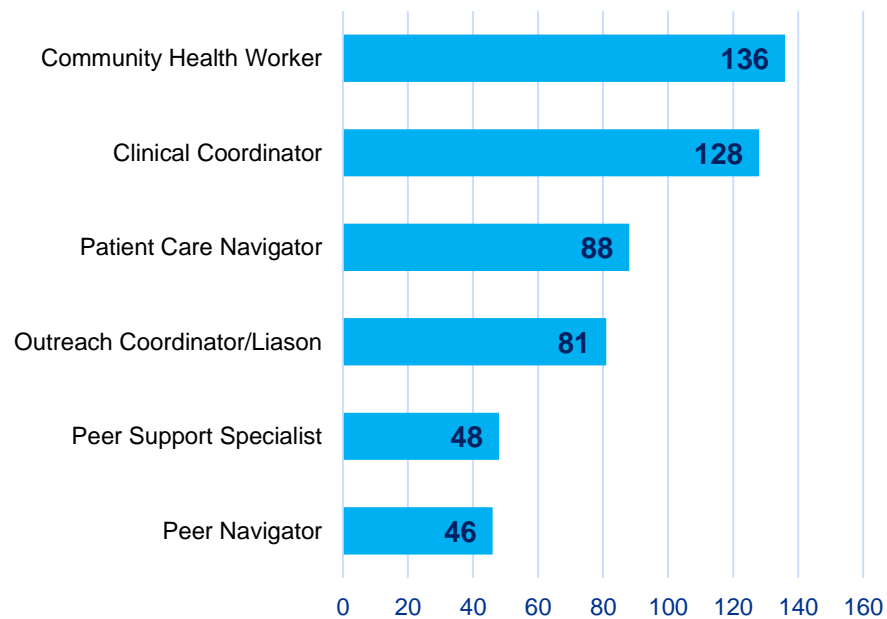
## Our Workforce

The bar charts below display the positions reporting within the Nursing and Non-Licensed Care Coordinator / Patient Navigator / Community Health Worker job categories.

### Nursing Job Types



### Non-Licensed Care Coordinator Job Types

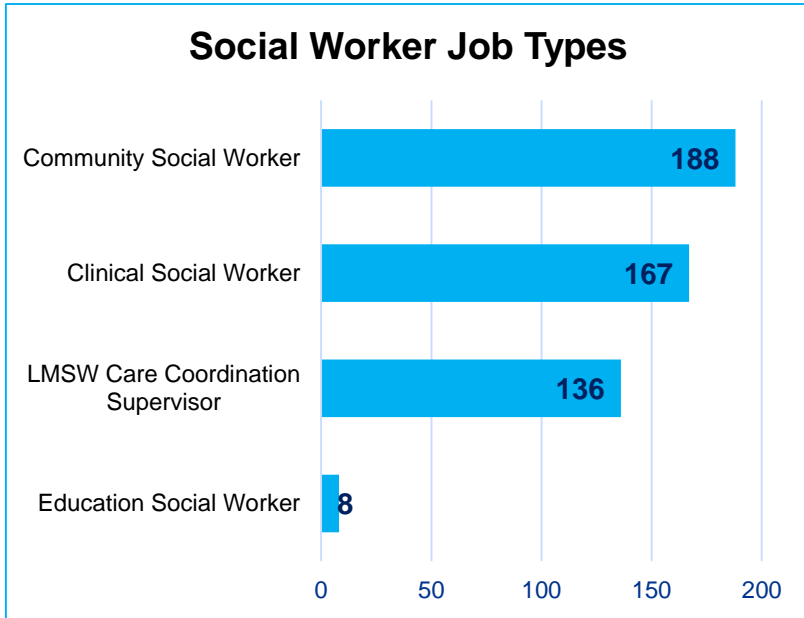




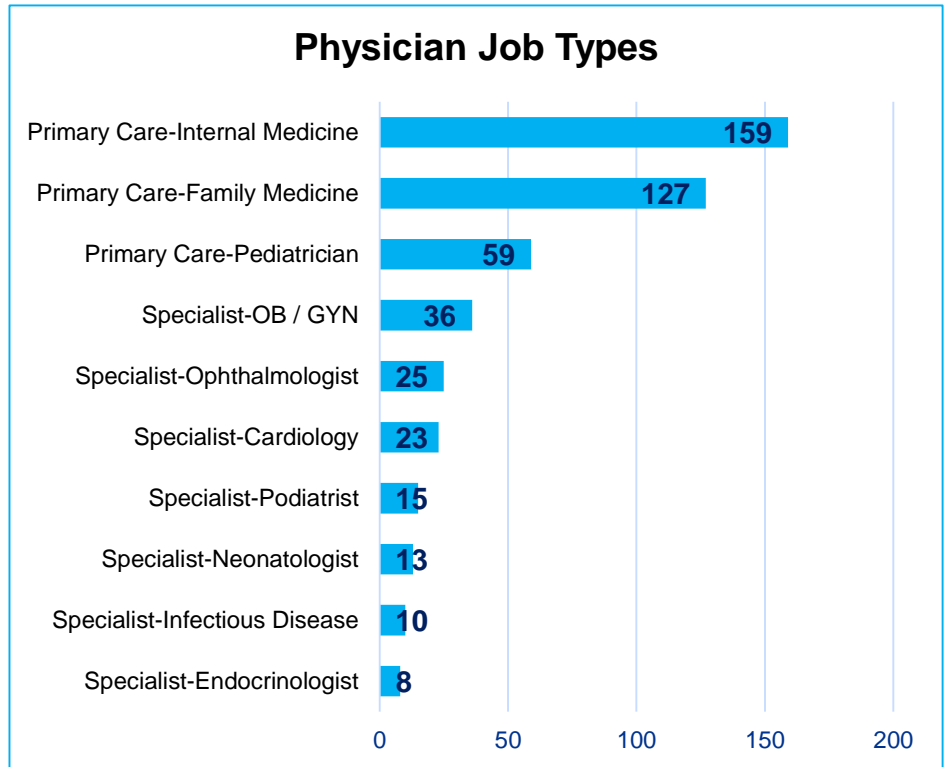
## Our Workforce

The bar charts below display the positions reporting within the Social Worker and Physician job categories.

### Social Worker Job Types

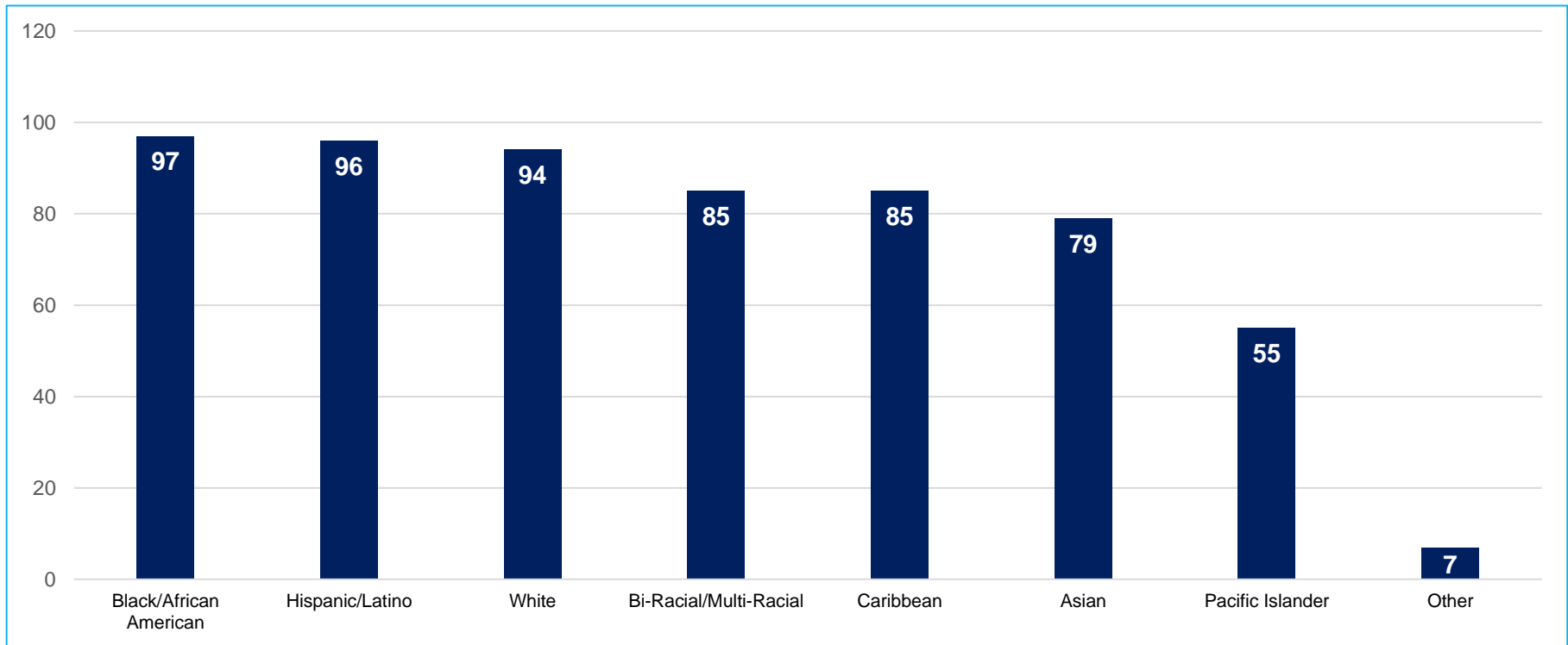


### Physician Job Types



## Our Population

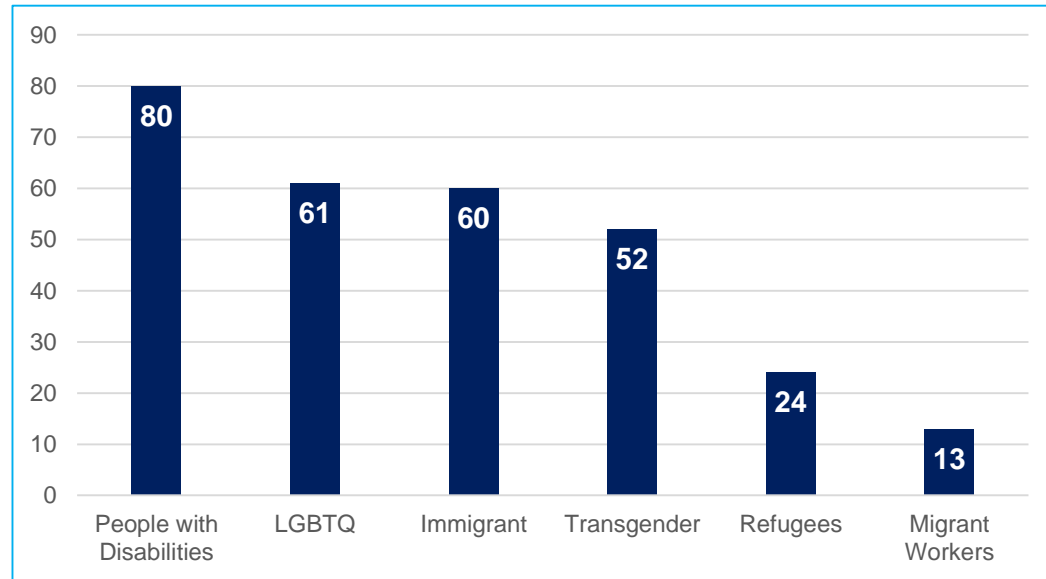
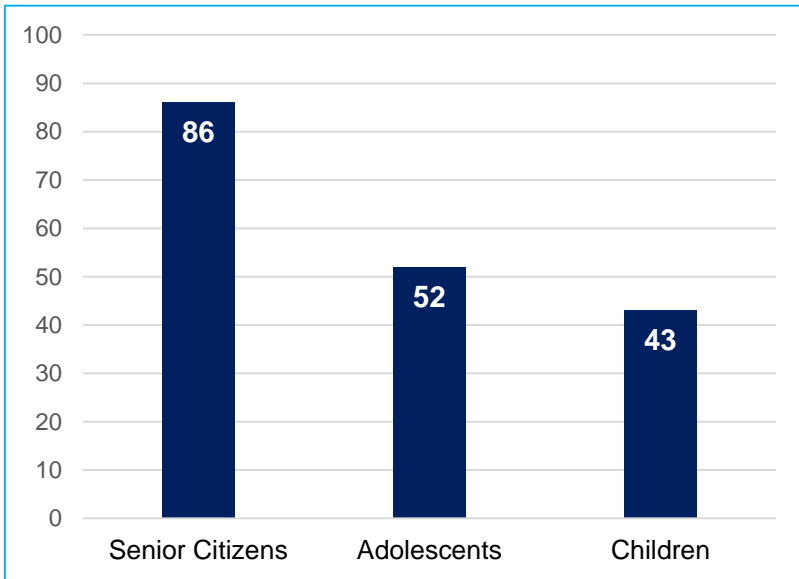
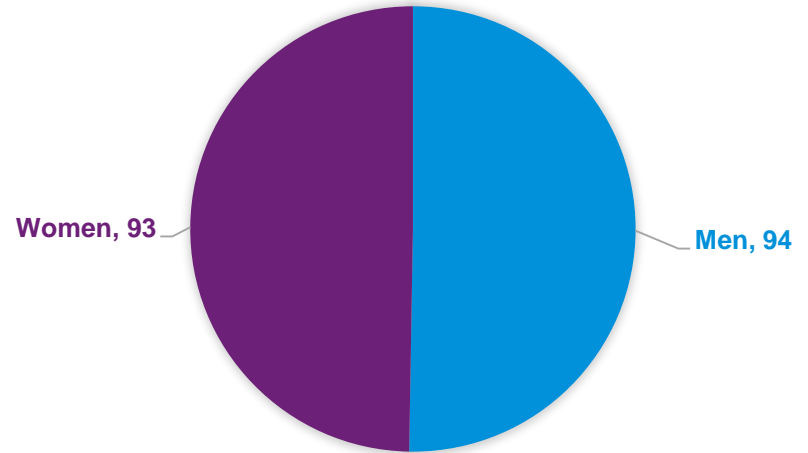
The BHA PPS is diverse in its demography. Our Community Needs Assessment\* (CNA) results indicated that only 16% of the total population is white, more than 66% of the population identifies as being Hispanic or Latino, and 33% as African American. However, the reported populations served by our responding partners are highlighted in the chart below. Of the 112 partner responds, the mix of race/ethnicity for the populations they serve is relatively equal (87% Black/African American, 86% Hispanic/Latino, 84% White).



## Our Population

The BHA PPS partners self-reported that the populations they serve are split between women and men. Based on the chart below on the left, 77% of our partners provide services to Senior Citizens, 46% to Adolescents and 38% to Children.

Additionally, an overwhelming number of our responding partners provide services to People with Disabilities (71%), while only 12% reported providing services to Migrant Workers.

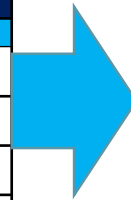


# Target Workforce State

### Target State Projections

The future state workforce model for the Bronx Health Access (BHA) PPS estimates the need for approximately **385.05** positions to support the DSRIP projects. The two DOH job category with the highest workforce need is Non-Licensed Care Coordinators and Physicians. The tables below provide a numerical projection of workforce needs by job category and job type.

DOH Job Category	# of Projected Positions (in FTE)
Non-licensed Care Coordination	146.75
Physicians	68
Administrative Staff	34.55
Behavioral Health	29.3
Nursing Care Managers / Coordinators / Navigators / Coaches	29
Nursing	18.8
Clinical Support	15.25
Patient Education	10
Administrative Support	9.2
Other Allied Health	6.5
Nurse Practitioners	6
Social Worker Case Management / Care Management	5.5
Health Information Technology	4.2
Physician Assistants	2
<b>385.05</b>	

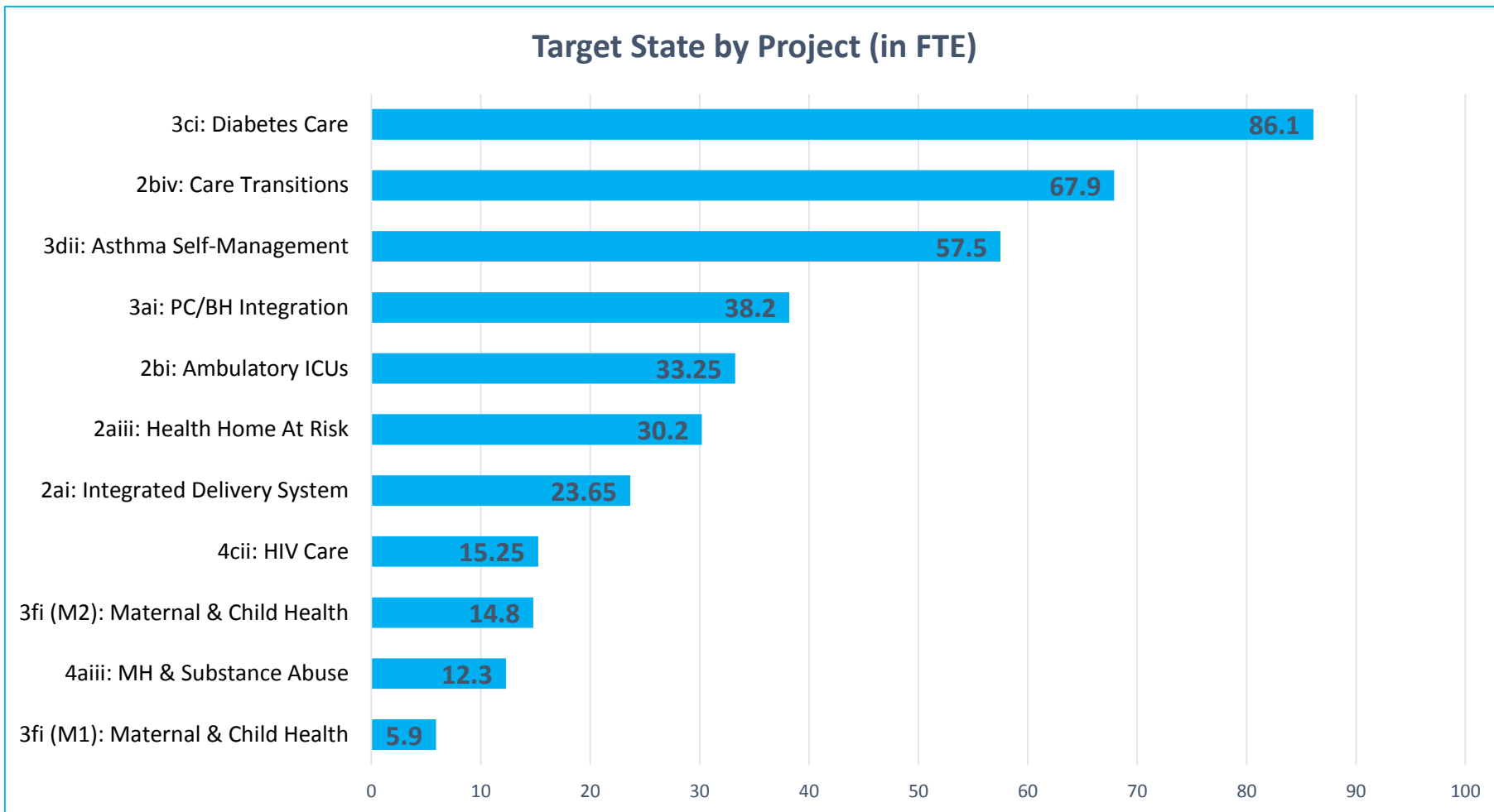


### Top 2 Job Categories with highest workforce needs

DOH Job Category	Job Type(s)	Target State (in FTE)
Non-licensed Care Coordination	Care Coordinator	144.75
	Care Manager	
	Community Health Worker / Community Outreach Worker	
	Community Health Worker (Hospital)	
	Community Health Worker (Clinics)	
	Care / Patient Navigator	
	Peer Support Specialist	
	Care Coordinator Supervisor	2
Physicians	Endocrinologist	1
	Ophthalmologist	1
	Other Specialists (Except Psychiatrists)	8
	Primary Care (MD) / Consultant	57
	Vascular Surgeon	1
		<b>241</b>

## Staffing-by-Project (Estimated Demand)

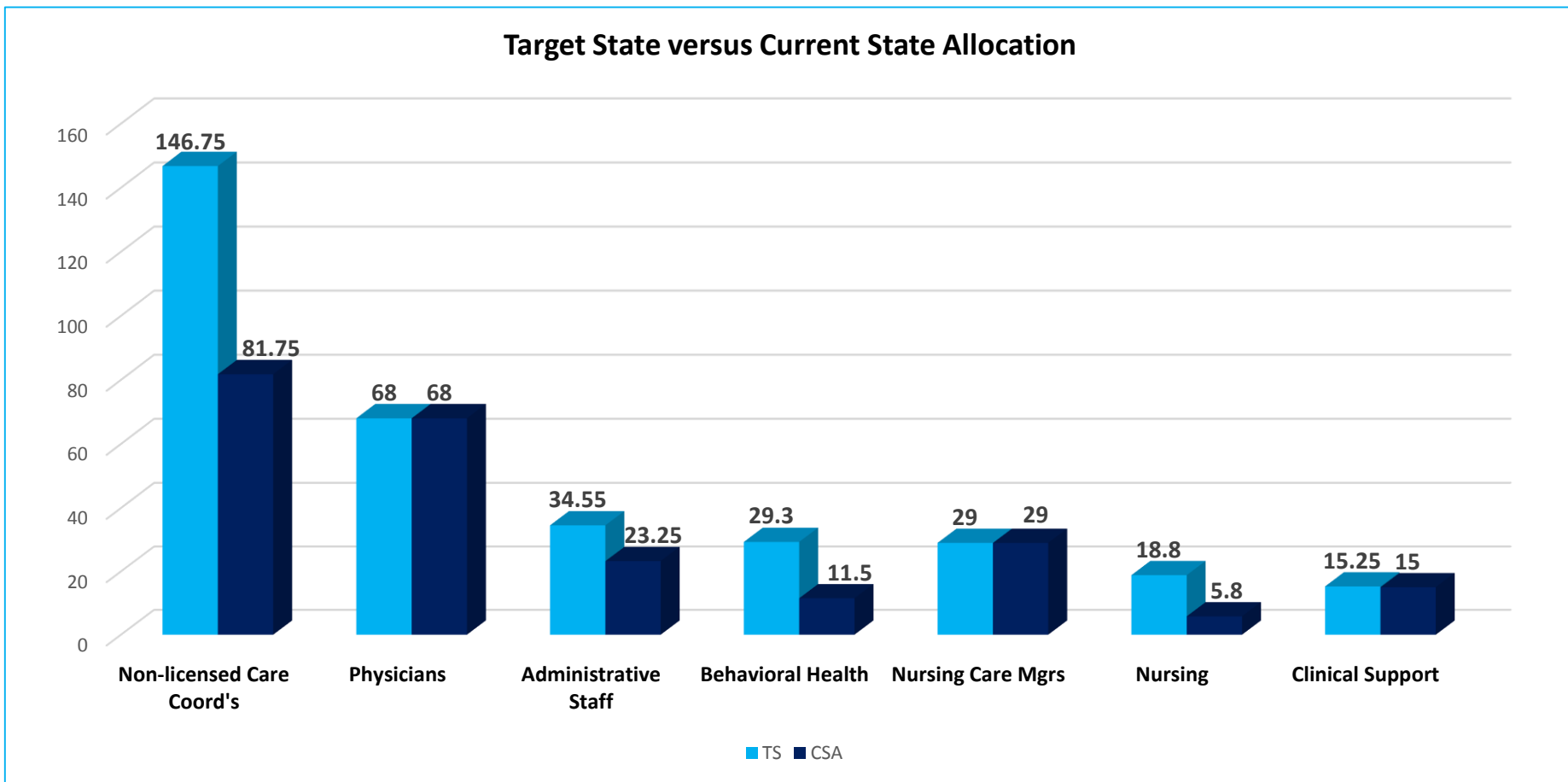
The chart below provides the total number of projected target state positions for each of the BHA clinical projects. Of the 385.05 projected future state positions, Project 3ci – Diabetes Care is estimated to need 22.4% of those positions, while Project 3fi (model 1) – Maternal & Child Health is only estimated to need approximately 1.5%.



# Workforce Gap Analysis

## Quantitative Gaps (Demand versus Supply)

To accurately analyze the workforce numerical gap, we collected data from our network partners regarding the actual current state allocation to each project. This information provided a more finite number than the total headcounts provided in the workforce survey. A comparison of our target state projections and the current state allocation yielded a quantitative gap of **124.1**. The chart below shows the differences in the incumbent staff versus the future demand for the top 7 workforce job categories.





## Quantitative Gaps (By Job Category)

The Non-Licensed Care Coordinator Job Category has both the highest projected need and the largest workforce gap. The table below displays the specific job types needed within this category. It also provides the target state projection, number of incumbent staff and the numerical gap to be filled.

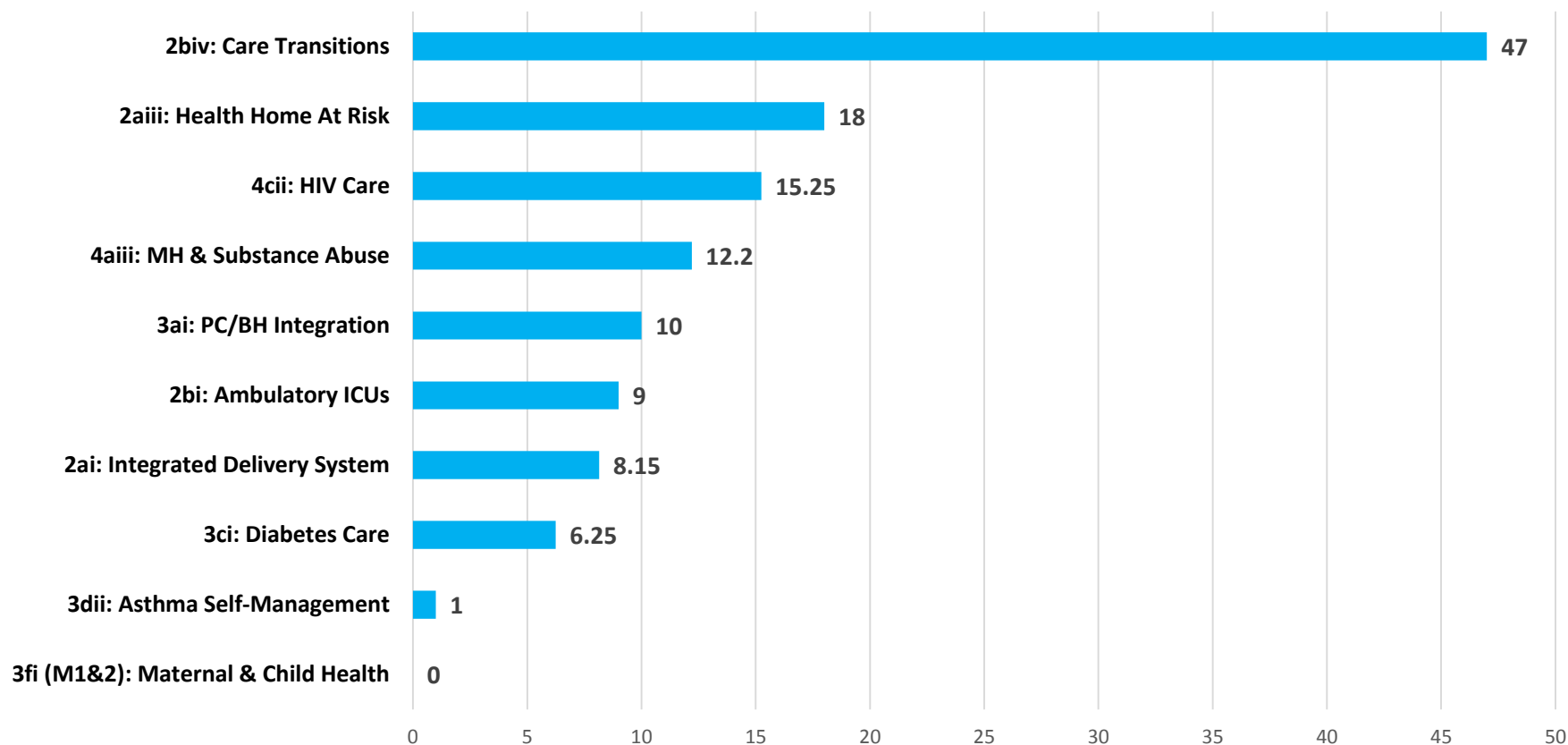
DOH Job Category	Position Type(s)	Total Target State Number (FTE)	Total Current State Allocation (FTE)	Numerical Gap (FTE)
Non-licensed Care Coordination	Care Coordinator	144.75	80.75	-64
	Care Manager			
	Community Health Worker / Community Outreach Worker			
	Community Health Worker (Hospital)			
	Community Health Worker (Clinics)			
	Care / Patient Navigator			
	Peer Support Specialist			
	Care Coordinator Supervisor	2	1	-1

The Non-Licensed Care Coordinator’s are vital positions within DSRIP projects 2aiii Health Home At Risk, 2bi Ambulatory ICU’s, 2biv Care Transitions, 3ci Diabetes Care, 3dii Asthma Self-Management, 3fi (m1 & m3) Maternal & Child Health, and 4cii HIV Care.

## Quantitative Gaps (By Project)

The chart below displays the number of positions that need to be filled by project, as revealed through our gap analysis. 44.2% of our workforce gaps are in project 3ci Diabetes Care and 23.5% are in 2biv Care Transitions. These two projects also have the highest projected target workforce needs.

Workforce Gaps by Project (in FTE)



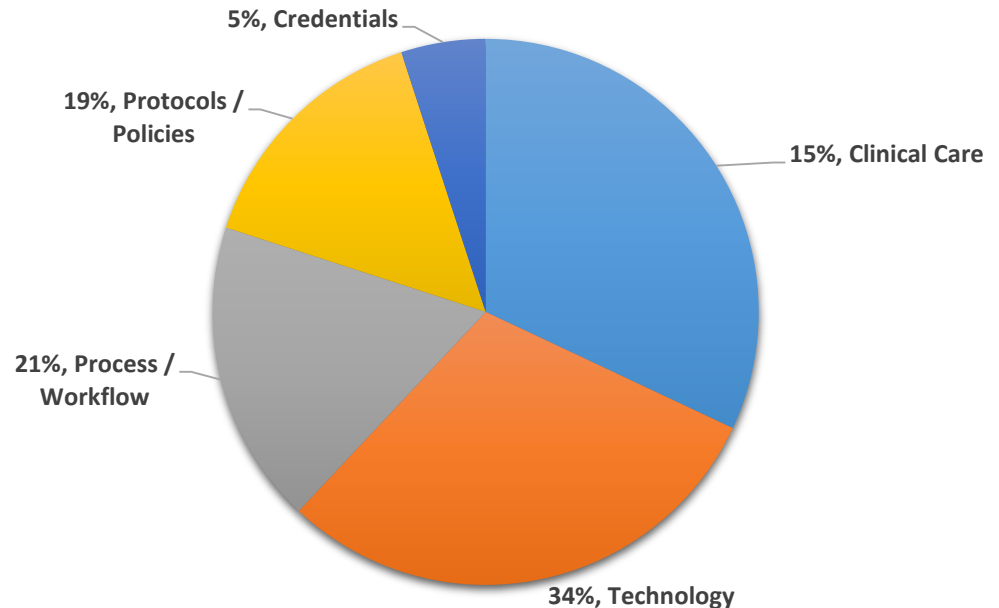
## Qualitative Gaps (Workforce Skills)

Our current state workforce assessment revealed both qualitative, as well as quantitative gaps. Qualitative gaps were identified by analyzing the skills and competencies currently possessed across workforce within the Bronx Health Access PPS and those needed in the future state to support the DSRIP projects. Qualitative gaps were evaluated using the five focus areas outlined below:

- Clinical Care** The training and skills needed to provide high-quality, coordinated care specific to the patient's clinical needs and circumstances.
- Technology** The knowledge & ability to utilize new technology systems, such as EHRs and Care Management Systems in the delivery of DSRIP services.
- Process / Workflow** The knowledge and understanding of new and/or updated processes and clinical workflows related to the DSRIP projects.
- Protocol / Policies** The knowledge and understanding of new and/or updated evidenced-based guidelines and standards of care policies based on the care delivery models
- Credentials** A license, certification, qualification and/or achievement required for specific DSRIP projects

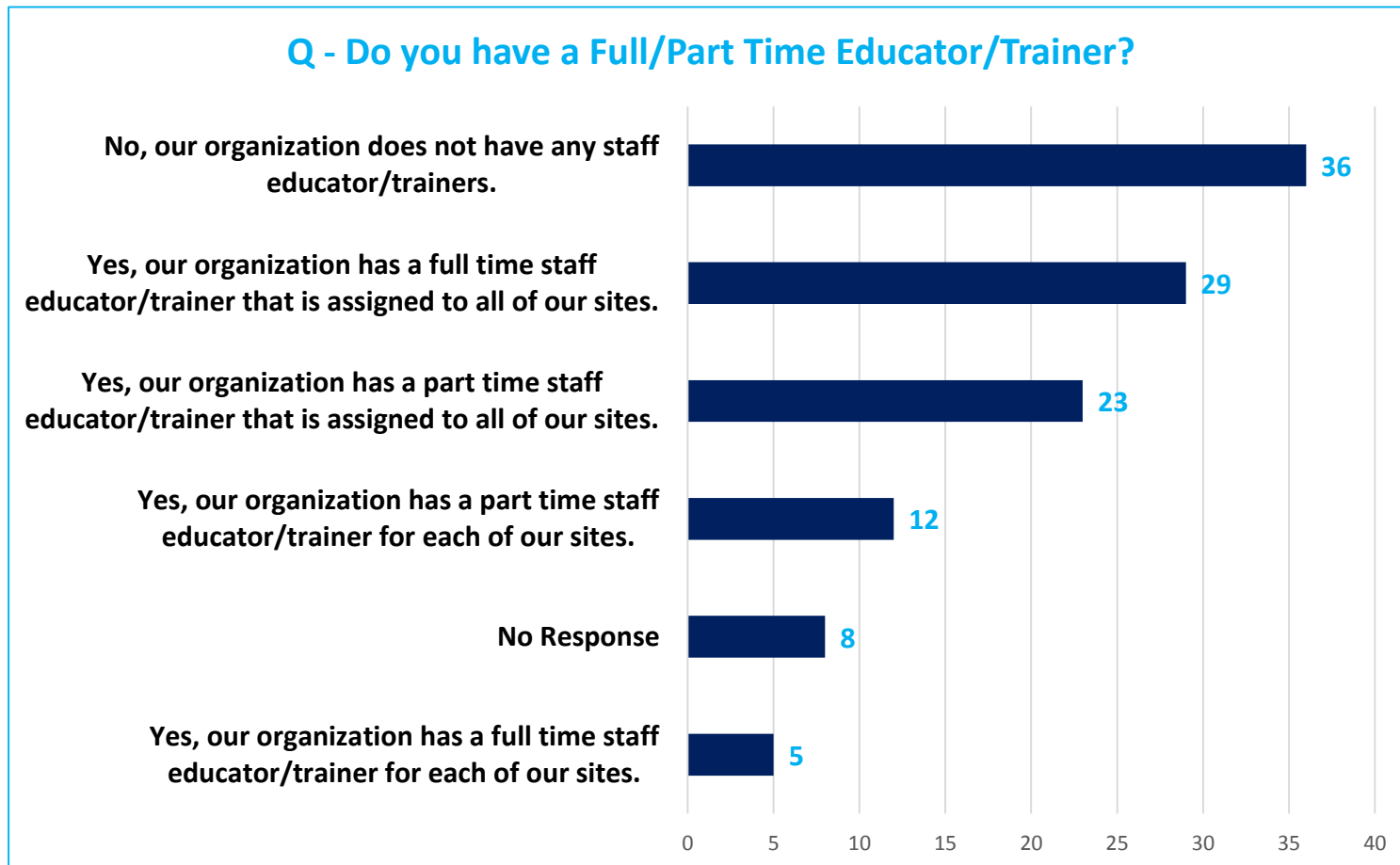
We evaluated the skills and competency gaps for each project across our 5 focus areas. The pie chart below outlines the identified qualitative gaps. Our Training Strategy addresses each of the skills gaps and curriculum is being developed within project training modules to close the gaps.

**Skills & Competencies Gaps**



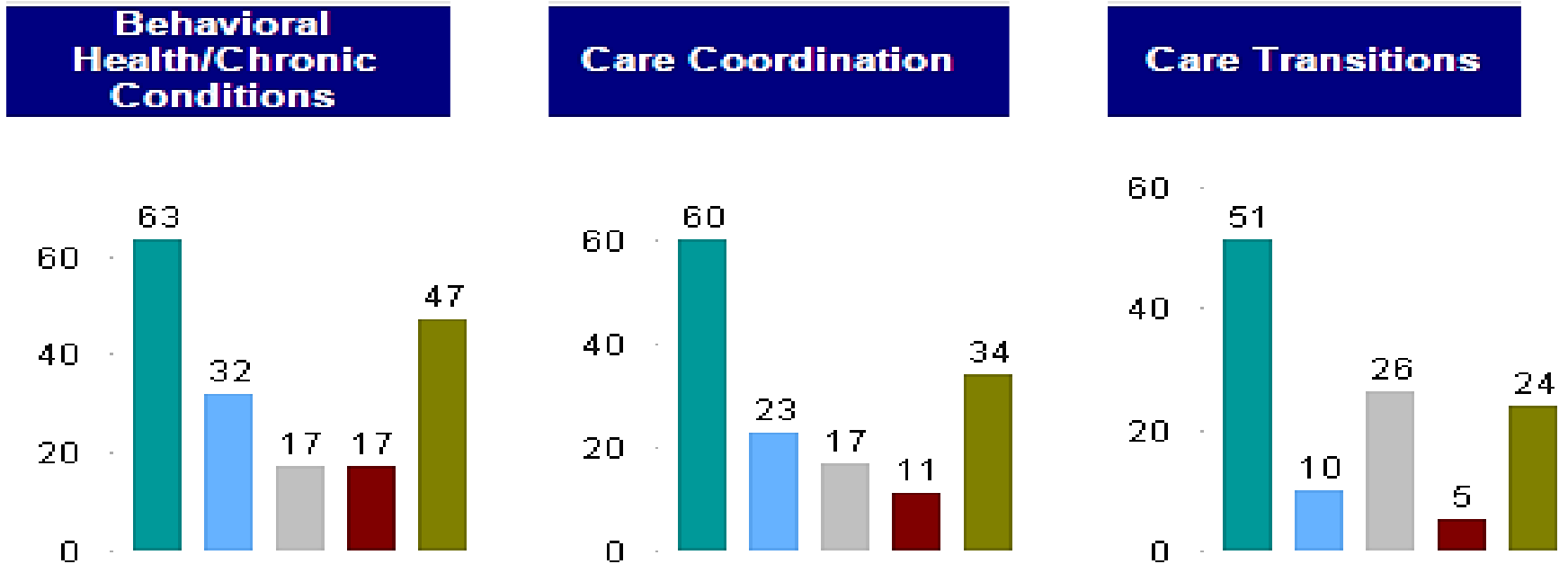
## Training Gaps

4.4% of the BHA network partners indicated that their organization/site has a full or part-time trainer on staff, however, 31.9% indicated they do not. The table on page 2 lists the 36 partners who do not have a full or part-time trainer on staff.



## Training Gaps

The majority of the BHA partners provide training internally for Behavioral Health/Chronic Conditions (35.8%), Care Coordination (41.4%) and Care Transitions (44%).

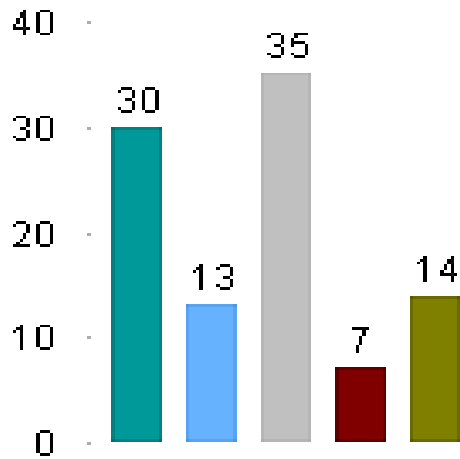


- Training is provided internally
- Training is provided by an external vendor
- Training is not available but would like to have (Training Gap)
- Our organization has the capacity to develop and provide this training externally
- Training is required for all staff

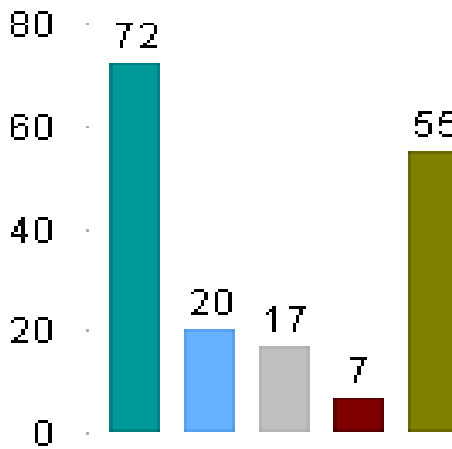
## Training Gaps

The majority of the BHA partners provide training internally for Cultural Competency (42%) and Health Literacy (38.8%), Survey responses indicate that a combination of internal & external methods are used for Community Health Worker training (43.4%)..

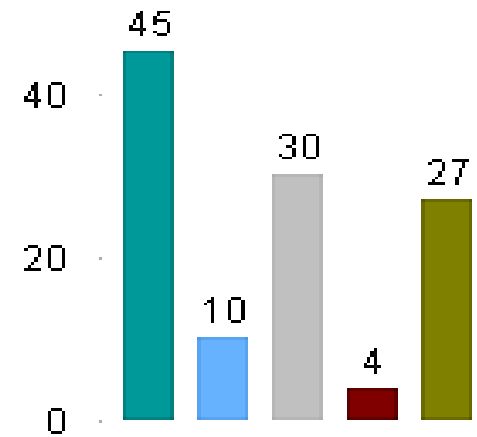
### Community Health Worker Training



### Cultural Competency



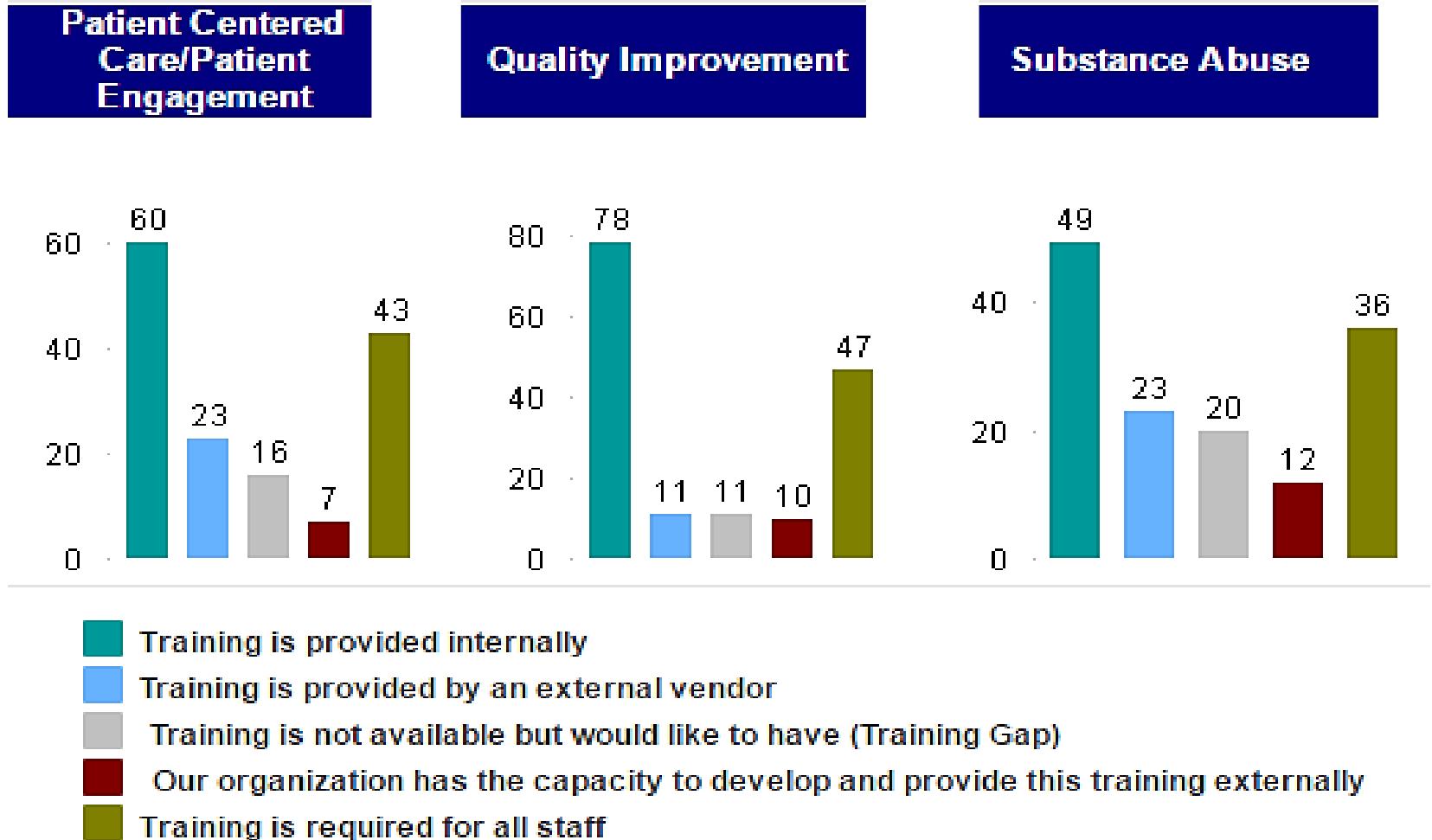
### Health Literacy



- Training is provided internally
- Training is provided by an external vendor
- Training is not available but would like to have (Training Gap)
- Our organization has the capacity to develop and provide this training externally
- Training is required for all staff

## Training Gaps

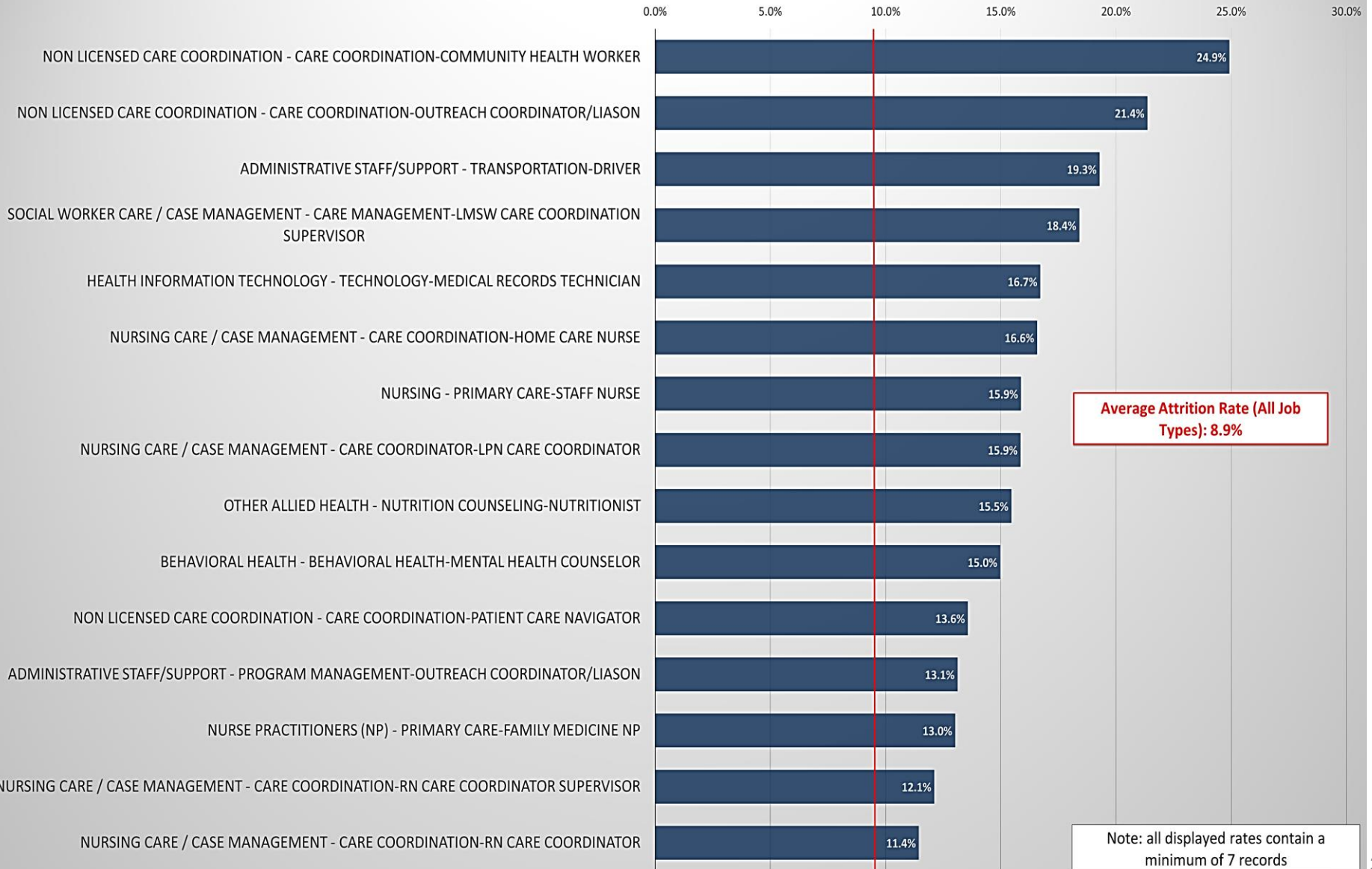
The majority of the BHA partners provide training internally for Patient Centered Care/Patient Engagement (40.3%), Quality Improvement (49.7%) and Substance Abuse (35%).



# Attrition & Turnover



## Average Attrition Rate (annualized) 2014, 2015



**Average Attrition Rate (All Job Types): 8.9%**

Note: all displayed rates contain a minimum of 7 records

# Appendices

### Appendix A: Attrition Analysis

---

#### Notes and Methodology

---

Utilized workforce information gathered 11/2015-3/2016

---

Collected 2014 and 2015 workforce information. This information included, by job type, current staff headcount, new hires headcount, and separations/retirements headcounts.

---

While the survey collected information at the site level, workforce and attrition data have been aggregated to the organization level.

---

Attrition rate is the percent of separations (including retirements) out of the average workforce during the specified period.

---

Outliers were identified as attrition values more than 3 times above or below the interquartile range. Once identified, outliers were removed from the analysis to control for extreme values.

---

While included in the summary table, attrition rates comprised of data from 5 or fewer organizations may not be reliable.

---

## Allocation Algorithm

### Appendix B: Allocation Algorithm

- Algorithm:  $((HC * MF) / (P + J)) / S$ 
  - HC: 2015 Headcount
  - MF: Medicaid Factor (0.087). The Medicaid factor is derived from the percent of the Bronx Health Access region census population (2,290,851) that is attributed to the PPS (199,631)
  - P: Number of Projects Utilizing Job Type
  - J: Number of Target State Job Types sharing Survey Job Type
  - S: a constant indicating an assumption of participation in at least one other PPS (S=2)
- Algorithm applied to Workforce Survey Responses of Partners that did not complete Allocation survey
- Total allocation is the sum of the algorithm result and the Partner specified allocation totals by job type