

Gap Analysis

Purpose:

As one of the prescribed workforce milestones, Central New York Care Collaborative (CNYCC) was required to conduct a Gap Analysis between the current state of its health workforce and the future workforce state deemed necessary for successful DSRIP implementation. The purpose of this analysis was to ensure CNYCC thoroughly considered potential difficulties in securing the necessary skilled workers to fully effect system transformation and, where possible, to ensure the smooth transition of existing health care workers throughout the system. Health WorkForce New York (HWNY), the contracted workforce vendor for CNYCC, worked with CNYCC partners and staff to analyze workforce data to this end. Information resulting from the Gap Analysis will serve to inform CNYCC's Transition Road Map due to NYSDOH at the close of the quarter ending 09/30/16.

Sources of Data:

Three main sources of information were utilized to perform the Gap Analysis. These include: 1) The CNYCC Future Workforce State (Note: the CNYCC Future Workforce State analysis was prepared per NYSDOH guidance utilizing PPS/partner data, feedback, and extrapolation, as well as comparison to population health ratios and patient attribution rates and a literature review); 2) Data from the Compensation & Benefits Analysis conducted by Iroquois Healthcare Association (IHA), which produced comprehensive data on existing health care vacancies in the CNYCC territory as well as existing workforce census data (i.e. the current state); and 3) the CNYCC Training Strategy, which served to identify gaps in required training programs/content.

Redeployment/Retraining vs. New Hire:

After careful analysis, CNYCC determined that neither Redeployment nor Retraining are likely to serve as large scale, effective strategies for DSRIP workforce fulfillment. CNYCC partners reported multiple reasons for this, including:

- 1) Timing - Healthcare workers are needed to simultaneously drive change and fulfill change. As such, in many cases new positions must be filled before old positions can be relinquished;
- 2) Existing healthcare workforce shortages and impending large scale retirements - Vacancy rates upstate are extremely high, with some job titles reporting triple digit

vacancies. As such, “redeployments” are likely to involve individuals who are able to self-select among numerous available options;

3) High rate of union representation – 72% of workers within the CNYCC territory are represented by labor unions. The multiple agreements which govern when/how union employees may be redeployed are beyond CNYCC’s span of control and make involuntary redeployment unlikely; and

4) Numerous market changes, including implementation of the Affordable Care Act, which may increase utilization rates and the need for hospital-based healthcare workers.

Additional challenges with redeployment were verified through the literature review conducted as part of CNYCC’s Future State Analysis of its workforce. According to Kelly, Koppel, and Virkstis, (2016, p.9) acute staff possess skills that are not easily transferable to new care delivery models, nor do they necessarily possess the temperament for the work. One example cited was critical care nurses drawn to a fast-paced environment who may not transition well into care managers.

As a result of these multiple findings, CNYCC focused exclusively on recruiting New Hires in its workforce fulfillment strategy.

Data Presentation:

In Figure 1 below, New Hire data was overlaid with the following additional data sources: 1) Raw Vacancies as reported in the recent CNYCC Compensation & Benefits Analysis; 2) Vacancy Rate as reported in the recent CNYCC Compensation & Benefits Analysis; 3) Vacancy Rate as reported in the compilation of Six PPS Compensation & Benefits Analyses completed by IHA in upstate New York; 4) CNYCC specific compensation rate by position; and 5) the compensation rate across the Six Upstate PPS compilation report. Please note: with respect to the Six PPS Vacancy Rate, only those rates exceeding the average of 7.2% were included for comparison. Also: those compensation rates highlighted in green exceeded \$30.00/hour, which was the arbitrary cutoff point determined by IHA for what was considered a “high” compensation rate.

Please note: This table has been sorted according to number of New Hires anticipated.

Figure 1 – Part 1

Job Title	Number of New Hires	CNYCC Current Vacancies	CNYCC Vacancy Rate	6 PPS Vacancy Rate	CNYCC Compensation Rate ¹	6 PPS Compensation Rate ¹
Physician Assistant Primary Care	69	1	1.69%	8.64%	\$50.16	\$51.34
RN Care Coordinators/Case Managers/Care Transitions	54	60	14.18%	14.77%	\$29.84	\$29.30
Office Clerks	51	8	1.72%	--	\$14.48	\$14.28
LPNs	47	118	7.4%	7.37%	\$18.63	\$18.33
Licensed Clinical Social Workers	41	6	3.88%	--	\$29.10	\$30.11
Care or Patient Navigator	41	19	11.73%	11.11%	\$24.00	\$25.31
Coders/Billers	21	9	2.49%	--	\$17.45	\$17.96
Medical Assistants	17	6	2.93%	--	\$14.97	\$14.63
Nurse Practitioner Primary Care	15	10	7.72%	11.34%	\$45.89	\$46.97
Nurse Managers/Supervisors	15	36	6.91%	--	\$34.10	\$34.08
Bachelor's Social Work	26	4	8.00%	--	\$21.72	\$21.38
Secretaries and Administrative Assistants	15	20	3.43%	--	\$16.76	\$16.94
Primary Care Physician	14	9	3.45%	10.34%	\$104.08	\$103.59
Staff Registered Nurses	14	352	6.56%	--	\$27.85	\$28.33
Nurse Aides/Assistants	14	246	8.67%	10.09%	\$13.20	\$12.69
Psychiatric Nurse Practitioner	12	7	15.91%	18.79%	\$62.96	\$60.41
Technical Support	12	7	7.87%	--	\$22.67	\$22.33
Other Mental Health/ Substance Abuse Titles Requiring Certification	32	16	6.02%	--	\$23.43	\$24.92
LPN Care Coordinators/ Case Managers	6	3	10.00%	15.93%	\$20.70	\$19.31

Figure 1 - Part 2

Job Title	Number of New Hires	CNYCC Current Vacancies	CNYCC Vacancy Rate	6 PPS Vacancy Rate	CNYCC Compensation Rate	6 PPS Compensation Rate
Licensed Master's Social Workers	6	9	4.71%	--	\$24.87	\$25.67
Care Manager/Coordinator Bachelor's Degree required	6	64	10.29%	7.50%	\$22.32	\$24.03
Health Educators	6	10	9.50%	--	\$22.88	\$23.48
Other Physician Specialty (Except Psychiatrists)	5	3	3.23%	8.24%	\$109.24	\$120.23
Psychiatrists	5	4	6.45%	11.35%	\$132.49	\$130.96
Janitors and Cleaners	5	44	4.53%	--	\$11.95	\$12.43
Nutritionists/Dieticians	5	0	0.00%	--	\$26.34	\$27.66
Social Worker Care Coordinators/ Case Managers/Care Transition	3	16	13.01%	8.72%	\$23.07	\$22.45
Psychologists	2	2	2.41%	--	\$51.22	\$49.01
Health Coaches	2	1	11.11%	--	--	\$23.19
Patient Service Representatives	2	14	8.14%	--	\$16.35	\$16.16

¹ Green shading indicates high-salary positions with compensation rates that exceed \$30.00 per hour. As a result, CNYCC expects partners with limited resources to experience significant barriers to filling vacancies in these titles.

Trends Identified:

Primary Care: As expected, the need for primary care practitioners at all levels (MD, NP, PA) was identified. However, with the exception of NPs, the localized vacancy rate is below the Six PPS average rate of 7.2%. This may be due to the fact that training programs for primary care practitioners are highly concentrated in the Syracuse market. Additionally, partners reported the high need for Primary Care Physician's Assistants is not necessarily driven by current practice. Rather, it reflected the partners' desire to consider alternate methods of filling Primary Care Physician (PCP) slots that may be difficult to fill. This has been complicated by at/above average vacancy rates for Primary Care Nurse Practitioners, who have traditionally back-filled the PCP slots. Medical residents associated with teaching programs at several partner organizations also serve an important role in compensating for unmet need for primary care providers.

Nursing: The need for entry level nursing (i.e. CNAs and LPNs) was identified as high need with corresponding vacancy rates at/above average. Medical Assistants, who were identified as having a lower vacancy rate may be a potential substitute for hard to find LPNs. However, Medical Assistants are not able to provide all the functions of the LPN (i.e. injections). Vacancy rates around Staff RNs and CNAs are concerning, particularly as these categories of employee represent a potential pool from which to draw RN Case/Care Managers and Patient Navigators, respectively. The need for both Staff RNs and Nurse Managers was persistent, with vacancy rates that hover just below average.

Care Coordination and Navigation: The need for clinical care management is particularly high. The need for RN Care Managers is coupled with a vacancy rate nearly double the average rate. LPN Care Coordinators/Case Managers is similar with a 10% vacancy rate locally and more than double the Six PPS average in the surrounding area. With respect to Social Workers as Care/Case Managers, the data was contradictory, with some titles reporting very low vacancy rates and others at/above average. CNYCC will need to examine the role of care coordination further to ensure appropriate planning is done through the Transition Road Map to ensure this gap is filled. Care and Patient Navigators were identified as high need and high vacancy rate, both locally and across the Six PPS study. Partners have also reported a need for “peer navigation” in their feedback to the initial Future State analysis. CNYCC will need to determine clarity around the functions of Care/Patient Navigator and Peer Navigators to ensure adequate plans are made around this gap.

Behavioral Health: Availability of psychiatrists was reported at slightly below average, which is perhaps a benefit of the availability of localized training programs. Psychiatric Nurse Practitioners, however, are in high demand with more than double the average vacancy rate.

Administrative/Support Staff: While a number of administrative/support professionals were identified as part of Future State planning, current vacancy rates were below average and in the single digits. Technical support was the only title identified here that may pose some challenges with recruitment given the existing vacancy rate. While Patient Service Representative was also identified with a high vacancy rate, only two were identified as needed and the low rates of other administrative/support personnel would seem to indicate the pool of available candidates is there, although some specialized training may need to be applied. At least one larger partner organization has begun to use staff with combined administrative and some limited clinical responsibilities, such as medical office assistants, to meet this area of need.

Patient Education: The need for Health Educators and a Health Coach were also identified. Both have vacancy rates that exceed the average and are in the double digits.

Gap Analysis Summary: In summary, an analysis of Figure 1 indicates the following:

Job Category/Title	Highest	High	Medium	Low	Comments
Primary Care					
Physicians		X			High demand/low vacancy*.
Physicians' Assistant		X			High demand/low vacancy*.
Nurse Practitioner	X				High demand/high vacancy.
Nursing					
Certified Nurse Aides/Assistants	X				High demand/high vacancy.
LPNs	X				High demand/high vacancy.
Staff RNs		X			High demand/low vacancy*.
Nurse Managers and Supervisors		X			High demand/low vacancy*.
Care Coordination/Navigation					
RN Care Coordinators/Case Managers/Care Transitions	X				High demand/high vacancy.
LPN Care Coordinators/Case Managers			X		Low demand/high vacancy.
Licensed Clinical Social Workers		X			High demand/low vacancy*.
Bachelor's Social Work	X				High demand/high vacancy.
Licensed Masters Social Worker		X			High demand/low vacancy*.
Care Manager/Coordinator Bachelors' Degree Required			X		Low demand/high vacancy.
Social Worker/Care Coordinators/Case Managers/Care Transition			X		Low demand/high vacancy.
Care or Patient Navigation	X				High demand/high vacancy. Feedback from Workforce Committee; Additional information required to rate.
Peer Navigation					
Behavioral Health					
Psychiatrist		X			High demand/low vacancy*.
Psychiatric Nurse Practitioner	X				High demand/high vacancy.
Other Mental Health/Substance Abuse Titles Requiring Certification		X			High demand/low vacancy*.
Psychologists				X	Low demand/low vacancy.
Administrative/Support Staff					
Office Clerks		X			High demand/low vacancy*.
Coders/Billers		X			High demand/low vacancy*.
Medical Assistants		X			High demand/low vacancy*.



Secretaries and Administrative Assistants		X		High demand/low vacancy*.
Technical Support	X			High demand/high vacancy.
Patient Service Representatives			X	Low demand/high vacancy.
Patient Education				
Health Educators			X	Low demand/high vacancy.
Health Coaches			X	Low demand/high vacancy.
Other Allied Health				
Nutritionists/Dieticians			X	Low demand/low vacancy.
Janitors and Cleaners				
Janitors and Cleaners			X	Low demand/low vacancy.

**Sheer volume of demand may drive up the vacancy rate over a short period of time.*

References:

Kelly, M., Koppel, J., & Virkstis, K. (2016). Build Your Workforce from the Outside-In: The Nurse Leader's Blueprint for Future Staffing. *Advisory Board of the Nursing Executive Center*, p. 9.