



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

OneCityHealth

Partners for a Healthy NYC

**Delivery System Reform Incentive Payment Program
Workforce Strategy Deliverable**

October 25, 2016

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Executive Summary

The overall goal of the Delivery System Reform Incentive Payment (“DSRIP”) program is to reduce avoidable hospitalizations and emergency department (“ED”) visits by the Medicaid population in New York State (“NYS”) by 25% through the transformation and redesign of the existing health care system.

As part of the OneCity Health Performing Provider System’s (“PPS”) participation in the DSRIP program and completion of certain Workforce Strategy Milestones, OneCity Health engaged BDO Consulting (“BDO”) as its workforce vendor, to assist in the development of a Workforce Current State Assessment and Gap Analysis utilizing the Current State Workforce Report and the Target Workforce State Report to identify gaps in workforce resources and estimate workforce impacts as a result of system transformation and project implementation of clinically integrated programs related to DSRIP program implementation.

OneCity Health Gap Analysis Report was developed in collaboration with key stakeholders as well as the other participating Workforce Consortium members (Bronx Partners for Health Communities PPS, Community Care of Brooklyn PPS and NYU Lutheran PPS) to bring more uniform workforce evaluation across the four New York City boroughs supporting collaboration across networks in data gathering, analysis, and strategy development. OneCity Health collaborated through several in person working sessions and conference calls with participation from project leadership and clinical staff.

As detailed within this report, the Gap Analysis summarizes the completed Current Workforce State Report and the Target Workforce State Report as well as identifies gaps between the current and target workforce states.

OneCity Health Gap Analysis Report will be leveraged in the development and implementation of the Workforce Transition Roadmap Report to assist the PPS in reaching its target workforce state by the end of the five-year program. The gap analysis will also assist the PPS in identifying challenges in the achievement and management of DSRIP workforce impacts including redeployment, retraining, and new hire needs to effectively implement the selected DSRIP projects.

Summary Gap Analysis Findings

Many of the estimated non-DSRIP and DSRIP impacts are following national, New York State and New York City healthcare workforce trends. Workforce shortages and surpluses are occurring across facility settings and job categories and specific job titles. Aggregated across job titles, OneCity Health’s overall vacancy rate of 5.3% could largely be attributed to a “natural” or “structural” unemployment rate driven by normal employee turnover;¹ however

¹ The Budget and Economic Outlook: 2015-2025 January 26, 2015 Report, Congressional Budget Office <https://www.cbo.gov/publication/49892>

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vacancy rates for a number of positions exceed normal thresholds and are driven by workforce shortages and difficulty recruiting certain positions.

OneCity Health's workforce is projected to experience increases in demand for certain health care providers such as primary care providers ("PCPs"), care managers, nursing positions, clinical support, and administrative support positions. These positions are impacted by changes expected over the next five years that are both non-DSRIP as well as DSRIP related changes.

Primary care and outpatient settings are expected to have the largest workforce gap because of the anticipated increased demand for PCPs. Several DSRIP programs will be directing non-emergent patients to different care settings rather than to the ED. The impacts of the ED Care Triage and Health Home at Risk programs and increased referrals through the co-location of primary care and behavioral health services are expected to decrease the amount of Potentially Preventable Visits (PPV). Based on the reported Current State Workforce data, the existing vacancy rate for PCPs is approximately 10.7% across the OneCity Health network, well above what might be attributed to normal turnover. Given the anticipated increased demand for PCPs that will result from DSRIP, combined with current reported vacancy rates, this gap in the PPS's workforce may become more significant as project goals are realized.

When only DSRIP program impacts are factored, the PPS is projected to experience decreased Hospital Inpatient/ED demand for ED physicians, nursing positions including nurse practitioners, physician assistants, and registered nurses as patients are directed to seek care outside these settings. Based on the PPS's reported Current State Workforce data, nursing positions had a vacancy rate of approximately 7.2%, nurse practitioners 11.2% and staff physician assistants 10.4%. These higher vacancy rates suggest potential shortages in the workforce or difficulties in recruiting. Due to anticipated workforce impacts unrelated to DSRIP but resulting from changing demographics, there is likely to be an increase in demand for the number of nursing positions needed to address additional care demands related to population growth. Given the vacancy rates reported both across the PPS as well as in the /Hospital Inpatient/ED settings and the anticipated increased demand for nursing positions as a result of population growth, the projected reduction for nursing positions is likely to be offset by the existing reported gaps and new needs within the PPS's workforce.

As a result of anticipated project impacts for the co-location of primary care and behavioral health services, an increased demand for behavioral health positions, specifically licensed clinical social workers, is projected. Additionally, based on the current state workforce data reported, there are shortages and high vacancy rates for behavioral health positions currently within the PPS's network. As a result, existing gaps in the PPS's behavioral health workforce will likely expand further due to project impacts.

OneCity Health anticipates an increased utilization of care managers/coordinators, community health workers ("CHWs"), and registered nurse care coordinators/case managers as a result of increased care management of patients across multiple DSRIP programs and the anticipated development of a care management organization to support DSRIP. Based on the

current state workforce data reported, the vacancy rate across the OneCity Health’s network for patient or care navigators and CHWs is approximately 7.5%. Given this vacancy rate and the need to hire a significant number of care management staff, the PPS has identified that this workforce gap will need to be filled through new hires, redeployment and retraining.

I. Background & Purpose

1. Overview of the DSRIP Program

The goal of the DSRIP program is to encourage health care system redesign and promote collaboration across providers and community-level partners to reduce avoidable inpatient admissions and emergency room visits by 25% over the next five years for the NYS Medicaid populations. In line with this goal, the transformation of the existing health care system and implementation of DSRIP projects will have implications on the PPS’s workforce needs.

The DSRIP program, with 25 Performing Provider Systems (“PPSs”) across NYS, is collaborative in nature as each PPS has developed a robust partnership network comprised of health care providers and community based partners within the PPS’s designated service areas. The purpose of this collaborative program is to create partnerships and integrated care delivery networks to implement the PPS’s selected DSRIP projects and ultimately improve delivery and access to health care in more appropriate settings for the Medicaid population within a value based payment framework. Further, as a component of the program, the NYS Department of Health (“DOH”) has positioned stakeholder and community engagement as a primary driver for addressing health issues within the PPSs’ service areas through collaboration with community based partners. The DSRIP program is designed to leverage community based partners as care access points for the Medicaid and uninsured populations as they have the capabilities, resources, and community relationships in place to address many of the cultural and social impacts that prevent patients from accessing more appropriate care settings.

While the program’s overall goal is to reduce avoidable hospital inpatient use and potentially preventable ED visits (“PPVs”) by 25%, the individual DSRIP projects focus on a number of positive health outcomes around systems transformation, clinical improvement and population health including the creation of integrated delivery systems, the co-location of behavioral health and primary care, and the self-management of chronic conditions such as diabetes and asthma.

As a result, the workforce within the PPS will be impacted as the provision of care shifts from inpatient and ED environments to outpatient settings with a focus on more effective case management and an increasing role for community based providers. It is anticipated that the workforce will be impacted by emerging DSRIP-related job titles and positions such as patient navigators that will create a need for workforce new hires, redeployment, and retraining.

2. Overview of the Performing Provider System

OneCity Health is comprised of a robust partnership network of health care organizations and CBOs geographically located within the PPS's service areas of the Bronx, Brooklyn, Manhattan and Queens. The PPS's lead entity, New York City Health and Hospitals ("NYC H+H"), serves as the overall driver and coordinator of the PPS's DSRIP program. As the fiduciary, NYC H+H is responsible for ensuring quarterly reporting of the PPS's progress to the DOH and for distributing DSRIP funds for project implementation and other DSRIP-related expenses. NYC H+H is the largest public health system in the United States and, along with its PPS partners forms the largest PPS in New York State serving the largest number of Medicaid and uninsured patients.

OneCity Health has approximately 250 unduplicated partner organizations with over 1,100 individual provider sites. Non-Licensed CBOs make up the largest group of providers in the PPS. The lead entity, NYC H+H, is comprised of 11 inpatient hospitals, six diagnostic and treatment centers, 33 health centers, academic medical centers, and clinics with FQHC look-alike designation, five long-term care centers and a home health agency. Many of these organizations are clinical training sites and facilitate workforce development.

The OneCity Health PPS is governed through contracts between NYC H+H and all PPS partners that define roles and responsibilities and flow funds for work completed.

3. Purpose of the Workforce Gap Analysis

The purpose of the Workforce Gap Analysis, as part of the DSRIP Workforce Strategy Milestones, is to identify and understand the gaps that exist within the OneCity Health workforce by leveraging findings from the Current Workforce State and the Projected Target Workforce State reports to inform the PPS's overall workforce strategy throughout the five demonstration years.

OneCity Health engaged BDO to identify workforce gaps that currently exists as well as workforce needs to inform the PPS's workforce strategy for achieving the target workforce state. The PPS's Workforce Gap Analysis was created in collaboration with the PPS's Workforce Governance Body and included input from providers within the PPS's partner network. OneCity Health has multiple union partners that serve on their health governance committees. OneCity Health labor partners provided valuable input into the workforce planning effort and helped with the mapping of NYC Health + Hospitals titles/functions with those provided by NYS Department of Health (DOH) and reviewed final workforce documentation before submission to the DOH. Labor representatives currently provide and will continue to provide various supports around workforce planning.

As defined within this report, OneCity Health Gap Analysis summarizes the Current Workforce State Report and the Target Workforce State Report and then identifies gaps between the current and target workforce state. The analysis will be used by the PPS to understand and forecast workforce needs in terms of redeployment, retraining and new hire needs. It takes

into consideration the needs of the current state of the workforce as well as the demand for health care services and providers within the PPS's network as a result of the DSRIP program and general population growth over the next five years.

OneCity Health's Gap Analysis will be used to inform the development and implementation of the Workforce Transition Roadmap Report which will be used to assist the PPS in reaching its target workforce state by the end of the program. The Gap Analysis will also assist the PPS in projecting workforce impacts including redeployment, retraining, and new hire needs to effectively implement the selected DSRIP projects.

II. Current Workforce State Assessment Overview

1. Current Workforce State Assessment Approach

To assess the Current Workforce State, OneCity Health engaged BDO and the Center for Health Workforce Studies ("CHWS") to collect and synthesize information pertaining to the current workforce, including staffing, infrastructure, culture, strengths, and challenges. The assessment included the development and distribution of a workforce survey to OneCity Health partners; additional data requests and stakeholder engagement sessions focused on obtaining other pertinent data on the PPS workforce.

The survey was designed in collaboration with key OneCity Health stakeholders as well as Workforce Consortium members (NYU Lutheran PPS, Community Care of Brooklyn PPS, Bronx Partners for Healthy Communities PPS). Survey data allows for evaluation of workforce data by facility type as well as by job title (data reported aligns with DOH provided job titles). BDO engaged key OneCity Health stakeholders, including labor representatives throughout the survey design process and provided feedback around job titles, descriptions and classifications, among others.

OneCity Health partners were asked to provide workforce data by job title pertaining to total headcount, full time equivalents ("FTEs"), number of vacancies, average hourly wages, fringe benefits (%), and collective bargaining agreements as well as data pertaining to temporary and agency staff including total headcount, hours, and FTEs. The survey also included sections for PPS partners to indicate minimum requirements for certain job titles pertaining to degrees/education and years of experience. Partners surveyed were asked to only provide relevant workforce data for individuals working within the PPSs geographic region and thus serving the attributed Medicaid and uninsured population. The purpose for collecting this level of workforce data is to establish a baseline or current state of the PPS's workforce and compare these findings to the projected target workforce state to identify workforce gaps between the two. Current state survey data will also help to inform workforce training and general workforce strategy and planning.

OneCity Health PPS lead, NYC Health + Hospitals (NYC H+H) has been in the forefront of providing care to the HIV population of New York City. Because of this, a separate primary

care (“HIV”) job title category was included under the physician’s job title category. This provided a baseline for HIV providers for project 4.c.ii - Access/Retention of HIV Care and will help track the transition of HIV care from specialty care to primary care chronic disease management.

The survey included supporting documentation with instructions, frequently asked questions (“FAQs”), and DOH job title descriptions. In addition, two live webinars were conducted for the OneCity Health partners to facilitate completion of the survey.

Further, in an effort to maximize survey response rates, BDO and CHWS provided multiple communication touch points including reminder emails and phone calls to engage the designated workforce contact for each partner who had not yet submitted a survey.

The survey was provided to PPS partners on February 2, 2016 and submissions were accepted through April 1, 2016. A total of 400 surveys were completed and submitted by 155 organizations, with an overall survey response rate of 76% by OneCity Health PPS partners.

Following the survey deadline, BDO and CHWS aggregated the workforce data reported by the OneCity Health partners. Workforce current state findings on an overall basis as well as by facility type and by job title are reported in the sections below. All data collected and summarized within this report are in line with anti-trust provisions².

The following facility types were used to categorize the PPS partner organizations.

- Inpatient Services for Mentally Disabled (Article 31)
- Outpatient Services for Mentally Disabled (Article 31)
- Inpatient Services for Substance Abuse/Chemical Dependency (Article 32)
- Outpatient Services for Substance Abuse/Chemical Dependency (Article 32)
- Article 28 Diagnostic & Treatment Centers (“D&TC”)
- Article 16 Clinics - Services for the individuals with developmental disabilities Home Care/Hospice (including Certified Home Health Agencies, Licensed Homecare Services Agencies, and Hospice)
- Hospital based Article 28 Outpatient Clinics
- Hospital Inpatient/Emergency Department (“ED”)
- Non-Licensed Community Based Organization (“CBO”)
- Nursing Home/Skilled Nursing Facility (“SNF”)
- Private Provider Practice

² This report was prepared in accordance with the United States Department of Justice (“USDOJ”) Antitrust Safety Zone: Exchanges of Price And Cost Information Among Providers. In relation to any wages, salaries, and/or benefits data of health care personnel collected and reported within this Gap Analysis Report for OneCity Health, the following conditions were first satisfied:

- The survey was managed by a third party administrator, BDO and CHWS;
- The data provided by survey participants is cumulative workforce data as of December 31, 2015 and is therefore more than 3 months old; and
- Data was collected and reported for at least five providers or facility types upon which each disseminated statistic is based. Thus, no individual provider's data represents more than 20 percent of a reported statistic and any information disseminated is sufficiently aggregated such that it would not allow recipients to identify prices charged or compensation paid by any particular provider.

- Pharmacies
- Retail Clinics
- Other (includes facilities such as Health Homes, non-licensed and licensed residential housing, and adult daycare).

2. Current Workforce State Survey Findings

Throughout this document, New York State Department of Health (NYSDOH) designated job categories are marked as distinct from NYSDOH designed job titles by capitalizing job categories (note: exception for tables and exhibits).

Exhibit 1 provides a breakdown of the surveys received from partners by facility type. A total of 400 surveys were completed. OneCity Health has approximately 250 unduplicated providers with 1,100 provider sites among the partner organizations. Non-Licensed community-based organizations (“CBOs”) make up 17% of all surveys submitted. The “Other” category comprises 22% of the total while Home Care/Hospice (12%) and Non-Licensed CBO (12%) followed. PPS partners were directed to select the “Other” option if their facility did not fit into one of the 13 DOH specified facility types. Examples of “Other” facilities include Adult Day Health Centers, Care Management Agencies (including Health Homes), Supported Housing, and non-licensed and licensed Residential providers. Outpatient Article 28 D&TC were the fourth most frequent facility type reported at 9% followed by Nursing Home/SNF at 8% and Hospital Inpatient/ED at 8%.

Exhibit 1: Current State Workforce Survey Response by Facility Type

<u>Facility Type</u>	<u>Number of Survey Responses</u>
Other	87 (22%)
Home Care/Hospice	47 (12%)
Non-Licensed CBO	46 (12%)
Article 28 Diagnostic & Treatment Centers	35 (9%)
Nursing Home/SNF	33 (8%)
Hospital Inpatient/ED	33 (8%)
Hospital Article 28 Outpatient Clinics	32 (8%)
Outpatient Services for Mentally Disabled (Art 31)	27 (7%)
Outpatient Services for Substance Abuse (Art 32)	20 (5%)
Inpatient Services for Mentally Disabled (Art 31)	13 (3%)
Private Provider Practice	10 (3%)
Pharmacies	7 (2%)
Article 16 Clinics (OPWDD)	6 (2%)
Inpatient Services for Substance Abuse (Art 32)	4 (1%)
Grand Total	400

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Exhibit 2 shows Hospital Inpatient/ED has the largest headcount for all job titles making up 27% (32,113) of the PPS total (119,606). Home Care Hospice represents the second largest facility type headcount with 26% (31,570) of the headcount total. Certified home health aides make up the largest component of jobs within the Home Care/Hospice facility type category (64%).

Exhibit 2: Total Reported PPS Workforce by Facility Type (Headcount)

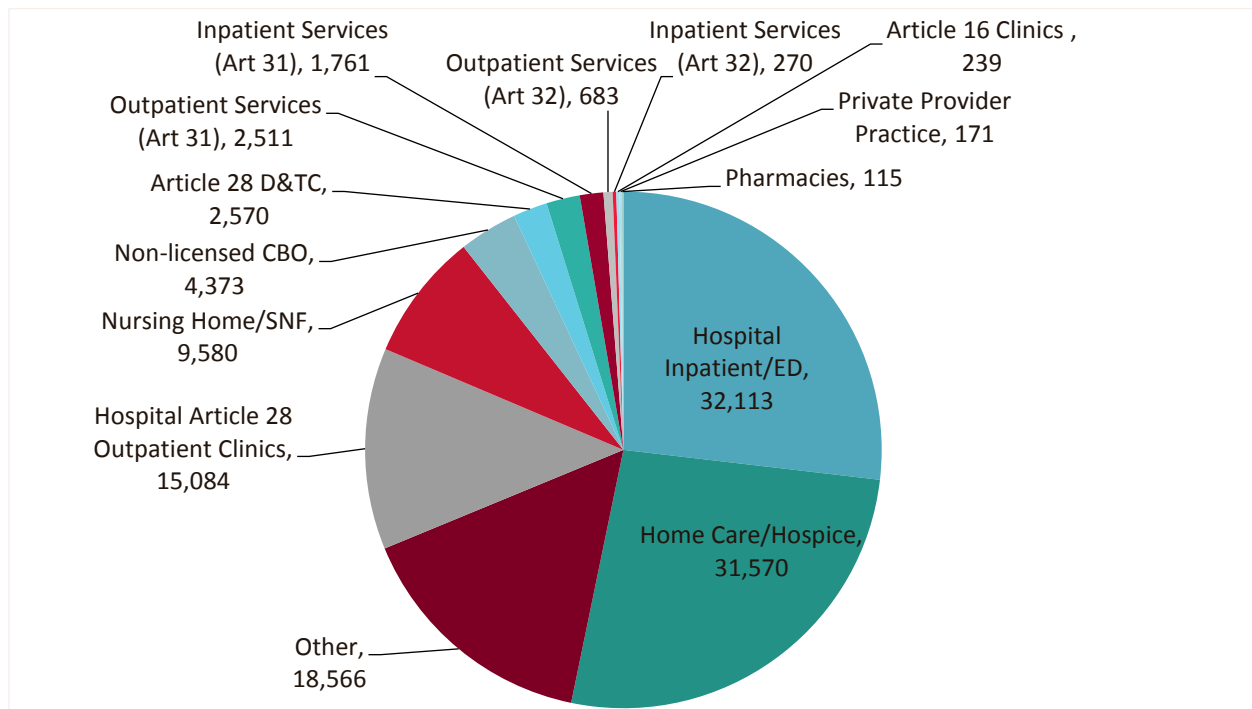
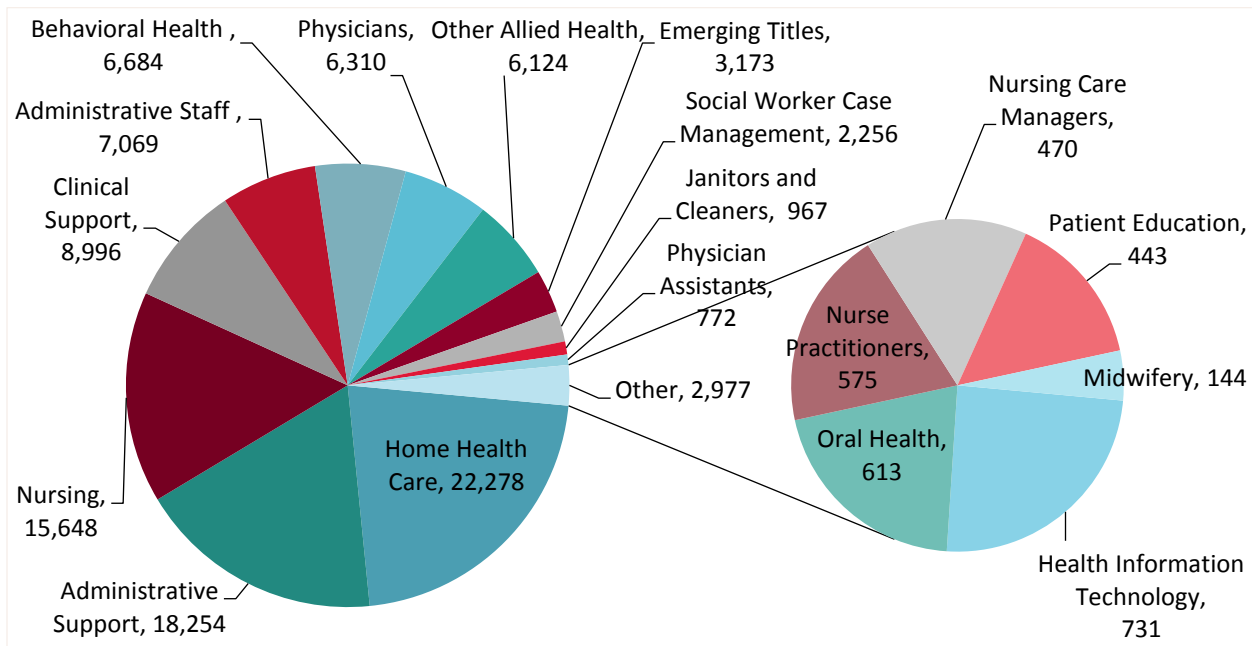


Exhibit 3 provides a breakdown of the total workforce reported by FTE. The total Home Health/Hospice facility headcount represents 19% of the total FTEs (22,278). Administrative support is the second largest DOH job category representing about 15% of total FTEs reported. Nursing represents the third largest category at 13%. Clinical Support (8%) Administrative Staff (6%), Behavioral Health (6%), Physicians (5.3%), Other Allied Health (5.1%), Emerging Titles (2.7%) Social Worker Case Management/Care Management (1.9%) and Janitors and Cleaners (1%) round out the rest of the top 10 job categories. A complete listing of job titles within each job category is in the *Appendix* under **section 2** - (Current State Workforce Data - Total Reported Workforce Data by Facility Type (Headcount and FTEs)) and **section 3** - (Current State Workforce Data - Total Reported Vacancies by Job Title (Current FTEs and FTE Vacancies)).

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Exhibit 3: Total Reported PPS Workforce by Job Title (FTEs)



A. Job Titles Categories across Facility Types

This section details the reported DOH Job categories by FTEs across facility types. As listed in the *Appendix* under section 4 - [Total PPS Workforce by Facility Type (FTEs and Headcount)], the following are the top facility types by total FTEs: Hospital Inpatient/ED (30,473), Home Care/Hospice (22,059), “Other” Facility Types (15,875), Nursing Homes/SNFs (7,791), and Non-Licensed CBOs (3,608).

Exhibits 4 through 10 provide aggregated workforce data across each facility type for the reported DOH job categories by FTEs. For a more detailed breakout of the job titles included within each of the DOH job categories, *Appendix section 1* has been included for additional reference.

Workforce data has been recorded for all facility types across the PPS with the exception of Article 32 Inpatient Facilities and Retail Clinics; no workforce headcount or FTE data were reported for these facility types.

In *Exhibit 4*, for Hospital Inpatient/ED, nursing represents the largest job title category at 27% and Administrative Support represents 24%, followed by Clinical Support (13%), Physicians (12%), Other Allied Health (8.4%), and Behavioral Health (5.5%). As anticipated, with 12 participating hospital partners, Hospital Inpatient/ED has the largest total employed FTEs (30,473). The Hospital Inpatient/ED facility type employs fewer part-time employees than Home Care/Hospice. 95% of all Hospital Inpatient/ED employees have full-time positions while Home Care/Hospice has 70% of job titles headcount reported as full time. As expected

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in the general home health workplace, there are more part-time workers with full-time workers at around 44%.³

Exhibit 4: Hospital Inpatient/ED, Total Reported Workforce by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>
Nursing	8,200
Administrative Support	7,338
Clinical Support	3,918
Physicians	3,549
Other Allied Health	2,561
Behavioral Health (Except Social Workers providing Case/Care Mgmt., etc.)	1,673
Administrative Staff	1,238
Physician Assistants	482
Social Worker Case Management/ Care Management	385
Emerging Titles	332
Nurse Practitioners	265
Janitors and Cleaners	169
Health Information Technology	99
Midwifery	90
Oral Health	86
Nursing Care Managers/Coordinators/Navigators/Coaches	56
Patient Education	32
Grand Total	30,473

In *Exhibit 5*, Home Health Care Job Categories make up 72% of all positions in the Home Care/Hospice setting. This category includes: certified home health aides which are 80% of total job titles, and home health aides/personal care aides (Level I&II), which are the remaining 20%. Home health nurses are 10% of the total job titles while Administrative Support and Administrative Staff make up 6% and 5%, respectively. Home Health/Hospice facilities have the second largest number of reported FTEs (22,059) - just behind Hospital Inpatient/ED. OneCity Health had sixteen participating partners reporting data for Hospital Inpatient/ED

Exhibit 5: Home Care/Hospice, Total Reported Workforce by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>
Home Health Care	15,789

³ Wage and employment numbers for the U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (OES) Program, available at: <http://www.bls.gov/oes/tables.htm>. <http://phinational.org/sites/phinational.org/files/phi-facts-5.pdf>

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Nursing	2,308
Administrative Support	1,334
Administrative Staff	1,041
Other Allied Health	525
Behavioral Health	370
Health Information Technology	203
Emerging Titles	143
Nursing Care Managers/ Coordinators/Navigators/Coaches	138
Clinical Support	112
Physicians	39
Social Worker Case Management/Care Management	26
Patient Education	16
Janitors and Cleaners	8
Nurse Practitioners	8
Grand Total	22,059

In *Exhibit 6*, Nursing Homes/SNF represent the fourth largest OneCity Health reported workforce facility type with a total of 7,791 FTEs. Clinical Support (40%) and Nursing (22%) are the two largest job categories within this facility type, with Administrative Support next at 18%. The ratio of FTEs (7,791) to total headcount (9,580) is 81%.

Exhibit 6: Nursing Home/SNF, Total Reported Workforce by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>
Clinical Support	3,080
Nursing	1,731
Administrative Support	1,439
Other Allied Health	590
Administrative Staff	252
Home Health Care	183
Physicians	154
Janitors and Cleaners	122
Social Worker Case Management/Care Management	77
Behavioral Health	73
Health Information Technology	37
Nurse Practitioners	18
Physician Assistants	16
Nursing Care Managers/Coordinators/Navigators/Coaches	11
Oral Health	7
Emerging Titles	1
Grand Total	7,791

The “Other” facility type was used by providers that were unable to find a match with the facility types listed. This made “Other” the third largest headcount/FTEs of all facility types. In *Exhibit 7*, Home Health Care represents 6,005 FTEs or 38% of the total “Other” facility types. Administrative Staff and Administrative Support lead the job categories, together

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representing 21% of total reported FTEs. Nursing represents 8%; Emerging Titles represents 6% and Behavioral Health 5%.

Exhibit 7: “Other” Facility Types, Total Reported Workforce by DOH Job Category

DOH Job Category	Reported FTEs
Home Health Care	6,005
Administrative Staff	1,704
Administrative Support	1,639
Nursing	1,254
Emerging Titles	1,000
Behavioral Health	805
Social Worker Case Management/Care Management	735
Clinical Support	703
Physicians	565
Other Allied Health	484
Janitors and Cleaners	323
Health Information Technology	174
Patient Education	170
Nursing Care Managers/Coordinators/Navigators/Coaches	129
Oral Health	114
Nurse Practitioners	34
Physician Assistants	34
Midwifery	2
Grand Total	15,875

In *Exhibit 8*, the Non-Licensed CBO facility type is dominated by Behavioral Health positions (29%) and Administrative Staff positions (22%). Emerging titles make up 20% of total positions with Administrative Support next at 21%. Social Worker Case Management is 9% of reported FTEs. The top five Behavioral Health positions reported by Non-Licensed CBOs include social and human services assistants, psychiatric aides/techs, licensed masters social workers, psychiatrists and licensed clinical social workers. Additionally, Emerging Title positions reported by Non-Licensed CBOs include care managers/coordinators, community health workers, peer support workers, patient or care navigators, and “other” emerging title jobs.

Exhibit 8: Non-Licensed CBO, Total Reported Workforce by DOH Job Category

DOH Job Category	Reported FTEs
Behavioral Health	1,055
Administrative Staff	804
Emerging Titles	758
Administrative Support	358
Social Worker Case Management/Care Management	328
Other Allied Health	67
Janitors and Cleaners	61
Home Health Care	57

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Patient Education	44
Health Information Technology	31
Nursing	29
Nursing Care Managers/Coordinators/Navigators/Coaches	8
Clinical Support	5
Nurse Practitioners	3
Grand Total	3,608

As detailed in *Exhibit 9* below, Article 28 Diagnostic and Treatment Centers (D&TC) represent the sixth largest OneCity Health facility type with a reported 2,337 FTEs. Administrative Support (21%) and Administrative Staff (14%) together make up 35% of total job titles. Administrative Staff and Support job titles include executive, financial, human resources, coders, and office clerks, among others. Clinical Support (nurse’s aides, patient care associates, medical assistants, etc.) make up 10% of the total job titles, Nursing staff at 9% and Physicians at 8.7%.

**Exhibit 9: Article 28 D&TC
Total Reported Workforce by DOH Job Category**

<u>DOH Job Category</u>	<u>Reported FTEs</u>
Administrative Support	501
Administrative Staff	323
Clinical Support	225
Nursing	209
Physicians	204
Behavioral Health	144
Other Allied Health	141
Emerging Titles	138
Oral Health	86
Nurse Practitioners	85
Patient Education	70
Nursing Care Managers/Coordinators/Navigators/Coaches	60
Social Worker Case Management/Care Management	49
Health Information Technology	37
Physician Assistants	30
Midwifery	20
Janitors and Cleaners	15
Grand Total	2,337

Outpatient Article 31 facilities comprises mental health programs including clinic, day treatment, and psychiatric rehab. As detailed in *Exhibit 10*, within Article 31 outpatient facilities, Behavioral Health leads all other job categories with 38% of total reported positions. Administrative Staff and Administrative Support together represent 33% of the total, Social Workers Case Management 11% and Emerging Titles 9%.

Exhibit 10: Article 31 Outpatient, Total Reported Workforce by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>
Behavioral Health	758
Administrative Support	330
Administrative Staff	322
Social Worker Case Management/Care Management	215
Emerging Titles	176
Janitors and Cleaners	78
Other Allied Health	64
Nursing	29
Health Information Technology	26
Clinical Support	6
Patient Education	1
Grand Total	2,005

B. Reported FTE Vacancies

Survey respondents were asked to report FTE vacancies, defined as the number of budgeted positions that are vacant and are actively being recruited for.

Exhibit 11 summarizes OneCity Health PPS reported workforce FTE vacancies for all corresponding DOH Job Categories. Nursing job titles made up the highest number of vacancies reported across all facility types with 1,044 FTEs or 22.5% of the total vacancies (4,645 FTEs). Administrative Support represents 17% of reported vacancies. The Administrative job titles include coders, office clerks, among others. Behavioral Health and Clinical Support are both 12% and Physicians make up 7% of the total. This is followed by Other Allied Health (6%), Administrative Staff (5.7%) Emerging Titles (5%) and Home Health Care (4.9%). A more detailed breakdown of the 4,645 vacancies reported by job title across all OneCity Health partner organizations is located in *Appendix*.

Exhibit 11: Total FTE Vacancies Reported Across All Facility Types (By Job Title)

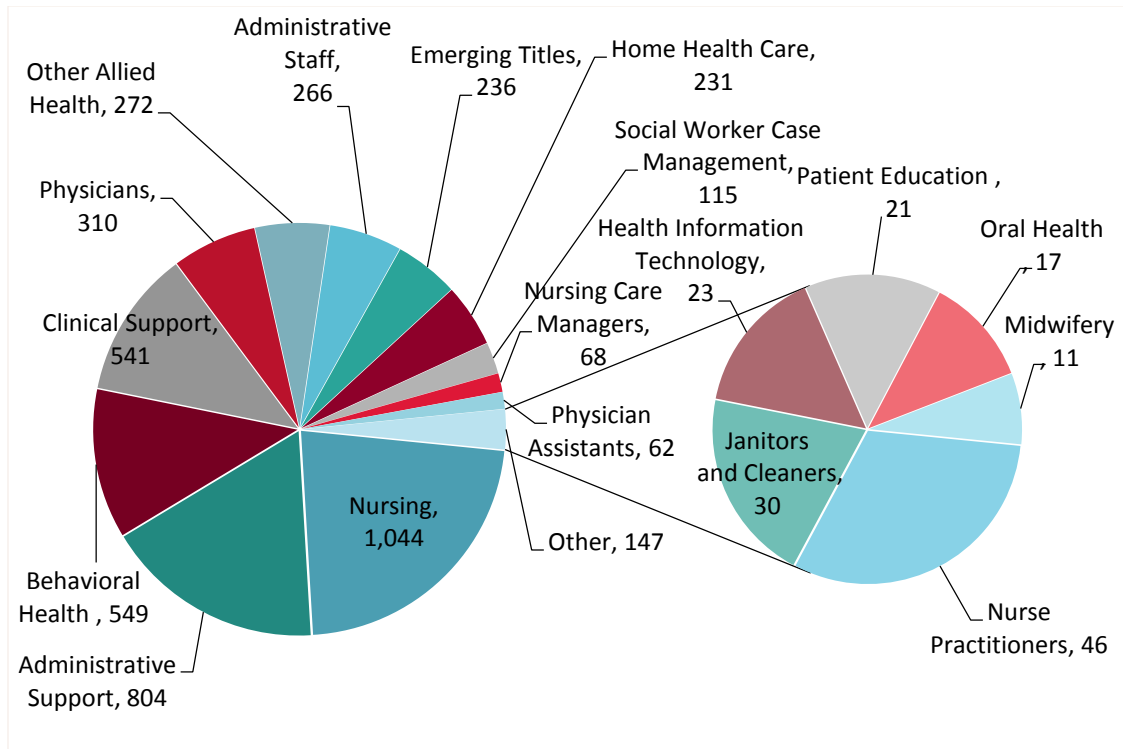


Exhibit 12 compares reported FTEs against reported FTE vacancies in the Hospital Inpatient/ ED facility type with a total of 1,116 vacancies reported. Administrative Support has the largest amount of reported vacancies at 290 FTEs followed by Clinical Support at 235 FTE vacancies. Of 8,200 reported FTEs in the Nursing category, it has the largest number of reported vacancies at 220. Within this category, partners reported highest job title vacancies among staff registered nurses, per diem nurses and licensed practical nurses. Clinical Support vacancies were primarily for patient care associates/assistants.

Exhibit 12: Hospital Inpatient/ED, Total Reported Workforce Vacancies by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>	<u>Reported FTE Vacancies</u>
Administrative Support	7,338	290
Clinical Support	3,918	235
Nursing	8,200	220
Physicians	3,549	115
Behavioral Health	1,673	92
Other Allied Health	2,561	89
Physician Assistants	482	26

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Administrative Staff	1,238	15
Social Worker Case Management/Care Management	385	8
Nurse Practitioners	265	8
Emerging Titles	332	7
Janitors and Cleaners	169	7
Midwifery	90	4
Health Information Technology	99	1
Nursing Care Managers/Coordinators/Navigators/Coaches	56	1
Grand Total	30,473	1,116

As detailed in *Exhibit 13* in the Home Care/Hospice Facility type, the Nursing category represents the highest number of reported vacancies (308 FTEs). Staffing vacancies reported for Home Health Care positions were largely reported as certified home health aides. Behavioral Health staffing vacancies were identified as being mainly social and human service assistants and social workers.

Exhibit 13: Home Care/Hospice, Total Reported Workforce Vacancies by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>	<u>Reported FTE Vacancies</u>
Nursing	2,308	308
Home Health Care	15,789	231
Behavioral Health	370	60
Administrative Support	1,334	59
Nursing Care Managers/Coordinators/Navigators/Coaches	138	41
Other Allied Health	525	38
Administrative Staff	1,041	38
Social Worker Case Management/Care Management	26	13
Physicians	39	9
Health Information Technology	203	5
Patient Education	16	3
Clinical Support	112	3
Nurse Practitioners	8	1
Grand Total	22,059	809

“Other” facility types reported 750 FTE vacancies, which represents approximately 16% of the total PPS reported vacancies. The “Other” facility types reported the highest number of vacancies for Nursing staff (162 FTEs). Next, Administrative Staff at 117 FTEs and Behavioral Health staff at 90 FTEs. Clinical Support staff (86 FTEs) and administrative support (86 FTEs) followed as detailed in *Exhibit 14* below.

Behavioral Health staffing needs for “Other” facility types were identified as social and human service assistants, psychiatric aides/techs and licensed clinical social workers.

Exhibit 14: Other, Total Reported Workforce Vacancies by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>	<u>Reported FTE Vacancies</u>
Nursing	1,254	162
Administrative Staff	1,704	117
Behavioral Health	805	90
Clinical Support	703	86
Administrative Support	1,639	86
Emerging Titles	1,000	67
Physicians	565	40
Social Worker Case Management/Care Management	735	39
Other Allied Health	484	27
Health Information Technology	174	11
Nursing Care Managers/Coordinators/Navigators/Coaches	129	8
Janitors and Cleaners	323	7
Patient Education	170	4
Nurse Practitioners	34	4
Physician Assistants	34	2
Grand Total	15,875	750

Hospital Outpatient Clinics (Article 28) reported 702 FTE vacancies, as indicated in *Exhibit 15*, with a reported need primarily for Administrative Support (209 FTEs), Nursing (101 FTEs) and Clinical Support (97 FTEs) positions. Administrative Support job needs were largely identified as being housekeeping and office clerks. Nursing positions vacancies were largely identified as staff registered nurses with 75 FTE vacancies. For the Clinical Support category, patient care techs/associates represented 43 FTE vacancies and medical assistants 41 FTE vacancies.

**Exhibit 15: Hospital Outpatient Clinics (Article 28),
Total Reported Workforce Vacancies by DOH Job Category**

<u>DOH Job Category</u>	<u>Reported FTEs</u>	<u>Reported FTE Vacancies</u>
Administrative Support	4,807	209
Nursing	1,563	101
Clinical Support	897	97
Physicians	1,751	79
Other Allied Health	1,569	63
Behavioral Health	706	59
Physician Assistants	203	25
Administrative Staff	1,161	23
Nurse Practitioners	147	13
Oral Health	317	9
Emerging Titles	467	7
Social Worker Case Management/Care Management	353	7
Midwifery	33	4

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Janitors and Cleaners	38	3
Patient Education	107	2
Nursing Care Managers/Coordinators/Navigators/Coaches	58	1
Health Information Technology	96	1
Grand Total	14,515	702

Exhibit 16 describes the workforce vacancies reported by Nursing Homes/SNFs totaling 294 FTE vacancies. The Nursing Homes/SNFs highest reported vacancies are for Nursing, Clinical Support and Administrative Support job categories.

Seventy three FTE Nursing vacancies were reported for licensed practical nurses and staff registered nurses Clinical Support vacancies (100 FTEs) were mainly comprised of nurse aides/assistants (CNAs) (97 FTEs). Under Administrative Support, staffing needs were primarily dietary/food services (12 FTEs) and housekeeping (5 FTEs).

Exhibit 16: Nursing Home/SNF, Total Reported Workforce Vacancies by DOH Job Category

<u>DOH Job Category</u>	<u>Reported FTEs</u>	<u>Reported FTE Vacancies</u>
Nursing	1,731	103
Clinical Support	3,080	100
Administrative Support	1,439	32
Other Allied Health	590	30
Physicians	154	14
Administrative Staff	252	5
Oral Health	7	3
Social Worker Case Management/Care Management	77	2
Nursing Care Managers/Coordinators/Navigators/Coaches	11	2
Emerging Titles	1	1
Nurse Practitioners	18	1
Grand Total	7,791	294

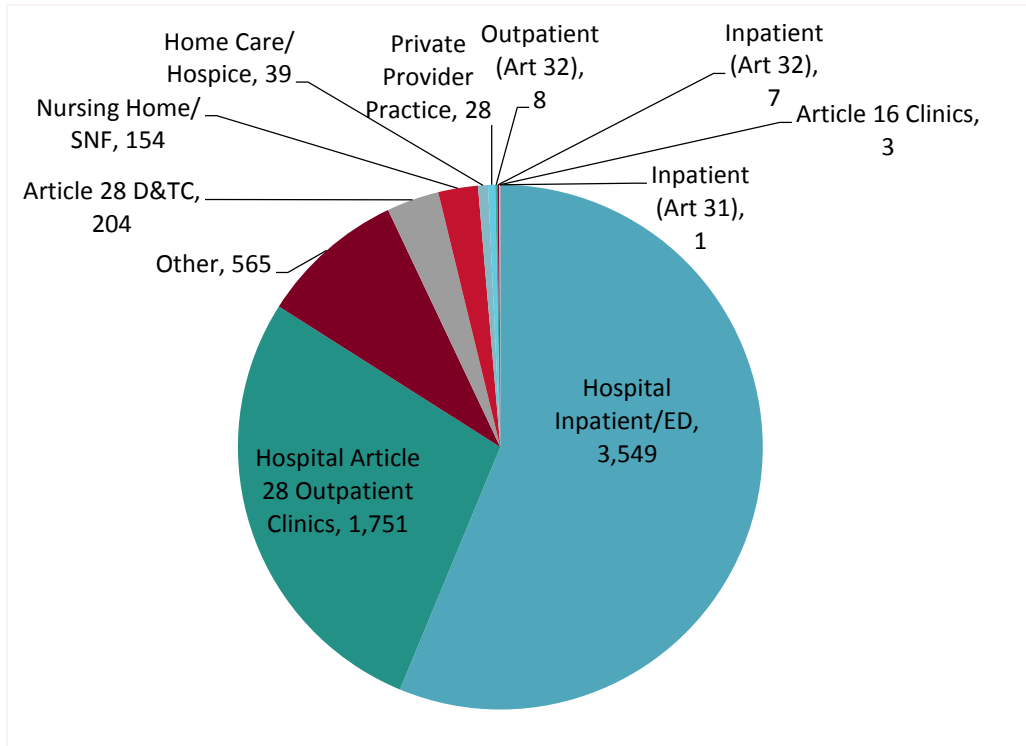
C. Physician Workforce

The pie chart below provides an overall summary of OneCity Health PPS Physician workforce with a total of 6,310 Physician FTEs reported. To ensure consistency in the reporting across the PPS, Physicians were identified by job titles as being primary care physicians, HIV primary care, cardiologists, emergency medicine specialists, endocrinologists, obstetricians/gynecologists, pediatricians, other specialties, residents, and fellows. Complete job title definitions and education/training requirements for each Physician job title have been included in *Appendix 1* for additional reference.

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As detailed in *Exhibit 17*, Physician FTEs in the Hospital Inpatient/ED setting make up 56% of all employed Physicians. This is expected with the large amount of tertiary hospitals included in the PPS. Outpatient Clinics (Article 28) represent 28% of reported Physician FTEs, Other Providers 9%, D&TC (Article 28) 3% and Nursing Home/SNF 2.4%.

Exhibit 17: Total Reported Physicians by Facility Type (FTE)



With the number of medical school residency programs at participating hospitals, residents are the top physician category with 42% of the total. *Exhibit 18* below highlights “other specialties” representing the second largest category with 25% of physicians, although this category includes all other physician specialty groups. Primary care physicians are 12% of all physicians, followed by pediatricians (6%), emergency medicine physicians (6%) and cardiologists (2%). Additionally the PPS reported 58 primary care (HIV) physicians.

Exhibit 18: Total Reported Physicians by Job Title (FTEs)

<u>Physician Job Titles</u>	<u>Reported FTEs</u>
Residents	2,670
Other Specialties (Except Psychiatrists)	1,571
Primary Care	770
Pediatrician (General)	358
Emergency Medicine	390
Obstetricians/Gynecologists	252
Fellows	107

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Cardiologists	108
Primary Care (HIV)	58
Endocrinologists	26
Grand Total	6,310

As detailed in *Exhibit 19*, 772 physician assistants were reported across the PPS’s network, with the Hospital/ED reporting the highest number of physicians assistants FTEs (482), followed by the Hospital Article 28 Outpatient Clinics (203), “Other” facility types (34) and D&TC Article 28 Outpatient Centers (30).

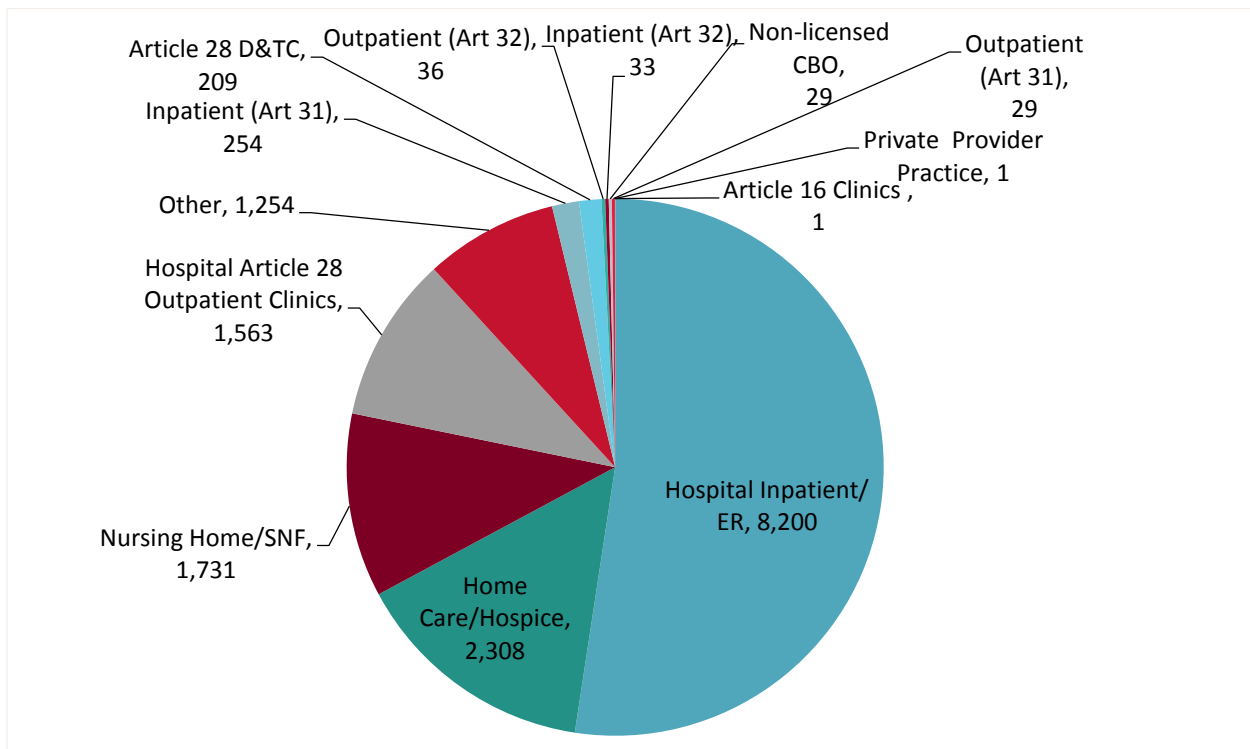
Exhibit 19: Total Reported Physician Assistants by Facility Type (FTEs)

<u>Physician Assistant Titles</u>	<u>Reported FTEs</u>
Hospital Inpatient/ED	482
Hospital Article 28 Outpatient Clinics	203
Other	34
Article 28 Diagnostic & Treatment Centers	30
Nursing Home/SNF	16
Inpatient Services for Substance Abuse (Art 32)	5
Private Provider Practice	3
Outpatient Services for Substance Abuse (Art 32)	1
Grand Total	772

D. Nursing Workforce

Hospital Inpatient/ED employs the largest amount of Nurse FTEs in the OneCity Health PPS with 52% (8,200 FTEs) of the total, as detailed below in *Exhibit 20*. Home Care/Hospice is the second largest facility component with 15% Nursing Home/SNF employs 11%; Hospital Outpatient Clinics (Article 28) follow at 10% with “Other” facilities at 8%. Nursing is the sixth largest job title category in total employed FTEs (9,580) behind Hospital Inpatient/ED (32,113) Home Health Care (31,570), Other (18,566) and Hospital Article 28 Outpatient Clinics (15,084).

Exhibit 20: Total Reported Nurses by Facility Type (FTEs)



In addition to the number of nursing FTEs reported for each facility type within the PPS, *Exhibit 21* shows an overall summary of the various nursing job titles and corresponding FTEs reported by OneCity Health partners under the DOH job category of Nursing. As the *Exhibit* indicates, the majority (63%) of nursing FTEs are identified as staff registered nurses (9,840) and are largely employed by Hospital Inpatient/ED facilities. Nurse managers/supervisors are the second largest job title with 2,264 FTEs or 14.4% of the total. Licensed practical nurses reported 2,264 nursing job titles (14% of total) and are mostly employed by Nursing Homes/SNFs and Hospital Inpatient/ED facility types.

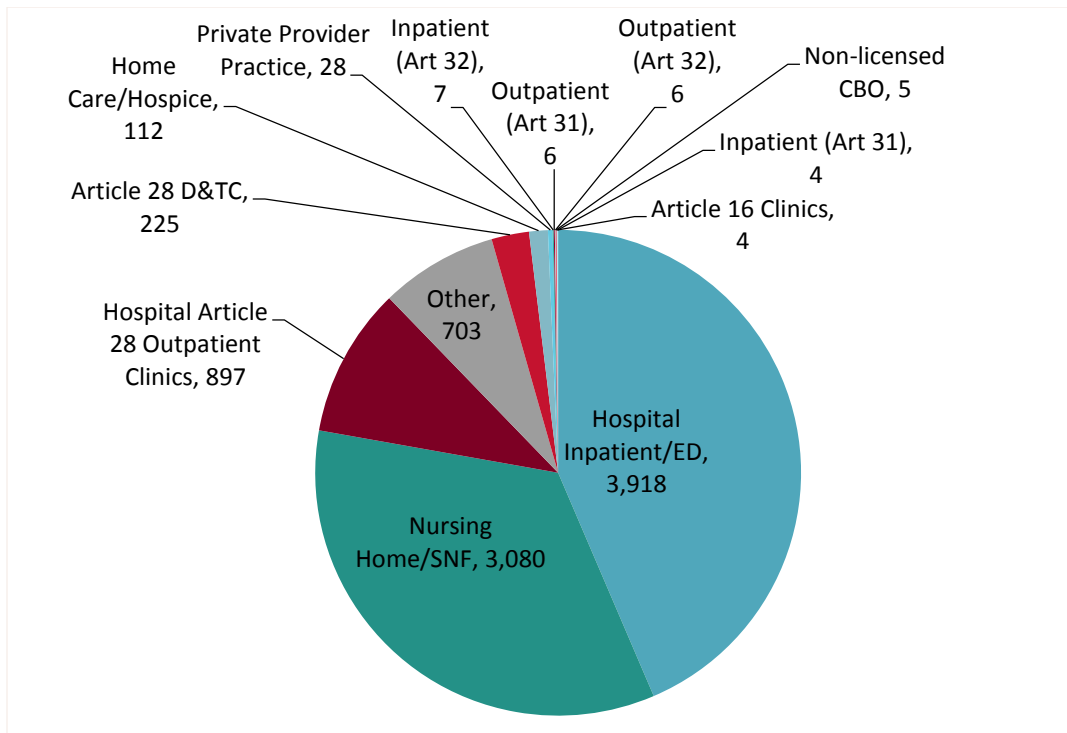
Exhibit 21: Total Reported Nurses by Job Title (FTEs)

<u>Nursing Job Titles</u>	<u>Reported FTEs</u>
Staff Registered Nurses	9,840
Nurse Managers/Supervisors	2,264
Licensed Practical Nurses	2,252
Per Diem Staff Registered Nurses	661
Other	346
Other Registered Nurses (Utilization Review, Staff Development, etc.)	285
Grand Total	15,648

E. Clinical Support Workforce

Exhibit 22 shows a summary of OneCity Health Clinical Support Staff with a total of 8,996 FTEs reported. Clinical Support staff includes medical assistants and nurse aides/assistants. Of the total reported Clinical Support workforce across all facility types (by FTEs), approximately 44% are employed by Hospital Inpatient/ED. The next highest employers of Clinical Support staff are Nursing Homes/SNFs and Article 28 D&TCs with 34% and 10% of total FTEs, respectively “Other” facility type provides 8% of the total.

Exhibit 22: Total Reported Clinical Support Staff by Facility Type (FTEs)



In addition to the number of Clinical Support staff reported by each facility type, *Exhibit 23* provides an overall summary of the various Clinical Support job titles and corresponding FTEs associated with each job title. As the *Exhibit* indicates, more than 53% of Clinical Support FTEs reported are identified as nurse aides/assistants (4,788 FTEs), with most being staffed at Nursing Homes/SNFs (63%) facility type followed by Hospital Inpatient/ED facilities (16%).

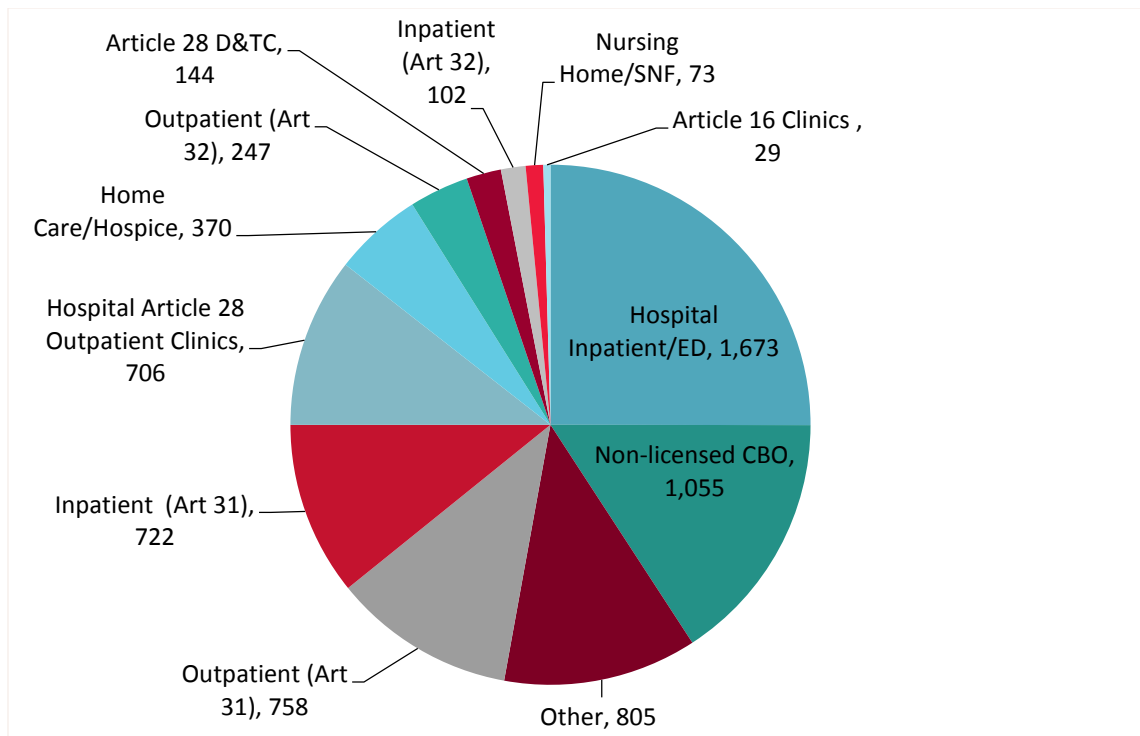
Exhibit 23: Total Reported Clinical Support Staff by Job Title (FTEs)

<u>Clinical Support Job Titles</u>	<u>Reported FTEs</u>
Nurse Aides/ Assistants (CNAs)	4,788
Medical Assistants	2,205
Patient Care Techs (Associates)	1,831
Other	172
Grand Total	8,996

F. Behavioral Health Workforce

For the Behavioral Health workforce, *Exhibit 24*, the Hospital Inpatient/ED facility comprises the largest number of hired FTEs with 25% of the total or 1,673 FTEs. Non-Licensed CBO is second with 16%; followed by the “Other” facility type (12%) Outpatient (Article 31) (11%) and Hospital Inpatient (Article 31) (10.8%).

Exhibit 24: Total Behavioral Health Workforce by Facility Type (FTEs)



In addition to the number of Behavioral Health FTEs reported across each facility type, *Exhibit 25* provides an overall summary of the various behavioral health job titles and the corresponding FTEs reported by PPS partners under the DOH job category of Behavioral Health. As the *Exhibit* indicates, 25% of Behavioral Health FTEs are identified as social and

human services assistants (1,594 FTEs) and are primarily reported as working for Non-Licensed CBOs.

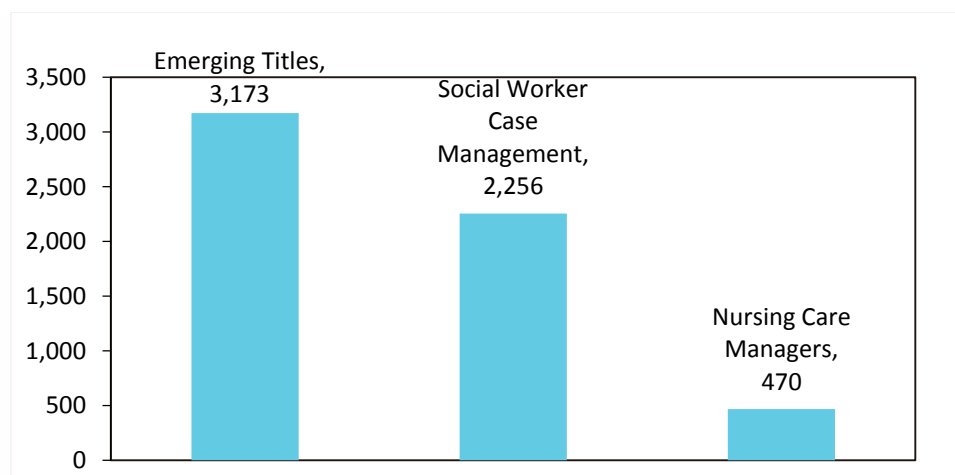
Exhibit 25: Total Reported Behavioral Health Workforce by DOH Job Title (FTEs)

Behavioral Health Job Titles	Reported FTEs
Social and Human Service Assistants	1,570
Psychiatric Aides/Techs	975
Licensed Masters Social Workers	802
Psychiatrists	770
Licensed Clinical Social Workers	626
Substance Abuse and Behavioral Disorder Counselors	609
Other Mental Health/Substance Abuse Titles Requiring Certification	459
Other	417
Psychologists	374
Psychiatric Nurse Practitioners	82
Grand Total	6,684

G. Care Management Workforce

The bar chart below (*Exhibit 26*) provides an overall summary of the OneCity Health reported care management workforce. This includes reported Emerging Title positions, Nursing Care Managers, and Social Worker Case Management positions for a total of 5,899 FTEs or approximately 6% of the PPS’s total reported workforce by FTE. Emerging Title positions represent 54% of the total care management workforce. Specific Emerging Titles jobs are listed in *Exhibit 27*.

Exhibit 26: Total Care Management Workforce, by DOH Job Category



Emerging titles have an average vacancy rate of over 7. 4% suggesting these positions are in high demand and have a limited supply of qualified applicants.

Exhibit 27: Total Reported Emerging Titles by Job Title

<u>Emerging Job Titles</u>	<u>Reported FTEs</u>
Care Manager/Coordinator	1,481
Community Health Worker	773
Other	417
Patient or Care Navigator	330
Peer Support Worker	173
Grand Total	3,173

Exhibit 28 shows job titles and reported FTEs for those positions included under the Nursing Care Managers job category which are mainly represented by registered nurse care coordinators/case managers/care transitions staff (382 FTEs or 81% of total job titles) and are mainly reported in the Home Care/Hospice facility type setting.

Exhibit 28: Total Reported Nursing Care Managers by Job Title

<u>Nursing Care Manager Job Titles</u>	<u>Reported FTEs</u>
Registered Nurse Care Coordinators/Case Managers/Care Transitions	382
Other	55
Licensed Practical Nurse Care Coordinators/Case Managers	33
Grand Total	470

Exhibit 29 provides job titles and reported FTEs for those positions included under the Social Worker Case Management job category which are mainly represented by licensed masters social workers (605 FTEs) and licensed clinical social workers (451 FTEs). Most of the social worker job titles provide services at “Other” facilities, Outpatient Article 31 Clinics and Hospital Inpatient/ED.

Exhibit 29: Total Reported Social Workers by Job Title

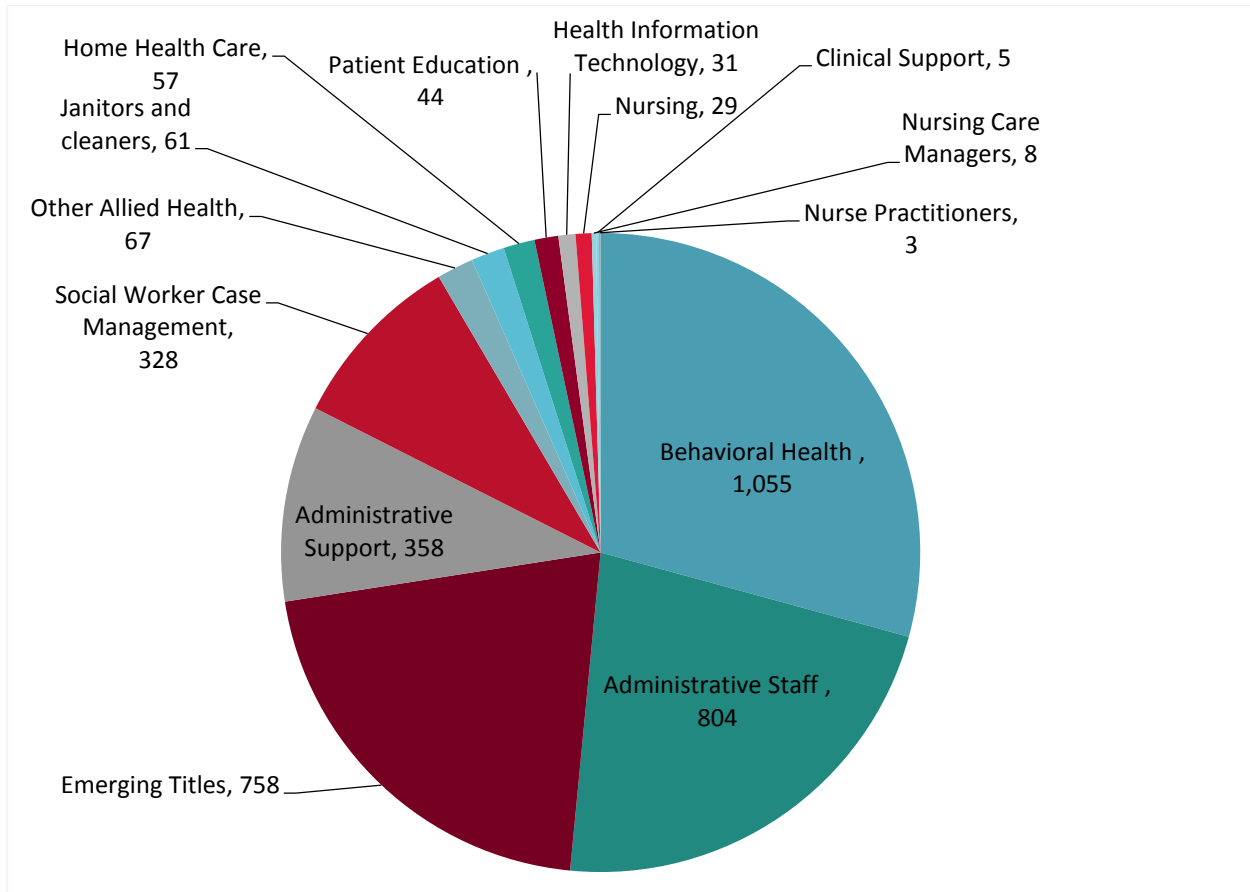
<u>Social Worker Job Titles</u>	<u>Reported FTEs</u>
Licensed Masters Social Workers	605
Licensed Clinical Social Workers	536
Bachelors Social Workers	451
Social Worker Care Coordinators/Case Managers/Care Transition	391
Other	273
Grand Total	2,256

H. Non-Licensed Community Based Organizations

The pie chart below (*Exhibit 30*) shows a summary of the OneCity Health Non-Licensed CBO workforce across job categories, with 3,608 FTEs reported, representing 3.5% of the PPS’s total reported workforce. The Behavioral Health workforce makes up nearly 29% of the Non-Licensed CBO workforce with 1,311 FTEs reported, followed by Administrative Staff (804 FTEs), Emerging Titles (758 FTEs) and Administrative Support (358). Hospital Inpatient/ED

and the Non-Licensed CBOs reported the largest Behavioral Health workforce across all facility types.

Exhibit 30: Total Reported Non-Licensed CBO Workforce by Job Title



I. Reported Job Requirements

In addition to reporting on the PPS’s current state workforce around headcount, FTEs and FTE vacancies, OneCity Health partners were asked to report on job requirements pertaining to minimum years of experience and degree requirements for job titles falling under the DOH job categories Clinical Support, Nursing Care Managers/Coordinators, Social Worker Case Management/Care Management, Emerging Titles, and Patient Education. *Exhibits 31 and 32* provide a summary of the total reported minimum years of experience and minimum degree requirements pertaining to each job title. The summary exhibits provide details on job requirements aggregated across facility types. Note, response rates related to experience and degree requirements were low compared to the remaining survey questions.

As indicated in *Exhibit 31*, for Medical Assistants, 87% of PPS partners reported requiring only 0-2 years of experience, and approximately 13% reported a requirement of 3-5 years of experience.

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Within the Nursing Care Managers/Coordinators category, 57% of partners reported that registered nurse care coordinators’/case managers’ experience requirements were on average a minimum of 0-2 years, and approximately 11% of PPS partners reported requiring 6-10 years of experience for this position. For licensed practical nurse care coordinators/case managers, all partners reported requiring 0-2 years of experience.

For the Social Worker Case Management /Care Management category, the majority of partners required less than 5 years’ experience for all positions, but 7% of partners reported requiring more than 15 years of experience for bachelors social workers. For the emerging title positions across all job titles, a majority of respondents reported requiring between 0-5 years of experience, with most requiring less than two years of experience.

100% of PPS partners reported that certified diabetes and asthma educators were expected to have 0-2 years of experience, while for health coaches half required 0-2 years and half required 3-5 years of experience.

Exhibit 31: Total Reported Workforce Experience Requirements by Job Title (All Facility Types)

Job Title	Minimum Years of Experience Required				
	0-2 Years	3-5 Years	6-10 Years	11-15 Years	>15 Years
Clinical Support					
Medical Assistants	87%	13%	0.00%	0.00%	0.00%
Nursing Care Managers/Coordinators/Navigators/Coaches					
Registered Nurse Care Coordinators/Case Managers/Care Transitions	57%	29%	11%	3%	0.00%
Licensed Practical Nurse Care Coordinators/Case Managers	100%	0.00%	0.00%	0.00%	0.00%
Other	50%	50%	0.00%	0.00%	0.00%
Social Worker Case Management/Care Management					
Bachelors Social Workers	73%	20%	0.00%	0.00%	7%
Licensed Masters Social Workers	65%	26%	9%	0.00%	0.00%
Licensed Clinical Social Workers	45%	32%	19%	3%	0.00%
Social Worker Care Coordinators/Case Managers/Care Transition	68%	32%	0.00%		
Other	76%	19%	0.00%	0.00%	0.00%
Emerging Titles					
Care Manager/Coordinator	48%	49%	1%	0.00%	2%
Patient or Care Navigator	81%	19%	0.00%	0.00%	0.00%
Community Health Worker	35%	63%	2%	0.00%	0.00%
Peer Support Worker	96%	2%	2%	0.00%	0.00%
Other	68%	25%	3%	2%	2%
Patient Education					
Certified Asthma Educators	100%	0.00%	0.00%	0.00%	0.00%
Certified Diabetes Educators	100%	0.00%	0.00%		
Health Coach	50%	50%	0.00%	0.00%	0.00%

Exhibit 32 details the PPS partners’ reported degree requirements for the corresponding job titles provided in the table with the exception of bachelors social workers, licensed masters social workers, and licensed clinical social workers which were reported as Not Applicable (“N/A”), presumably because the title of the job indicates the degree requirement.

For Clinical Support, 68% of PPS partners reported an associate’s degree as a minimum degree requirement. 32% of PPSs reported “Other” required minimum degree requirement which pertain to either the specific completion of NYS DOH prescribed training program for phlebotomy or the completion of a facility-based training program in the performance of electrocardiographs and basic life support procedures including certification in Cardio-Pulmonary Resuscitation. Comparable NYC Health + Hospitals (NYC H+H) job titles for medical assistants are phlebotomists and patient care associates. Sixty-nine percent of respondents reported requiring registered nurse care coordinators/case managers/care transitions to have a bachelor’s degree while 31% require only an associate’s degree.

Degree requirements under the Emerging Titles category varied among positions. For the care manager/coordinator and peer support worker positions, 80% and 74%, respectively, required a bachelor’s degree. Surprisingly, community health workers were expected to be more highly educated with 74% requiring a master’s degree, while patient care navigators were only required by 20% to have a bachelor’s degree or higher.

100% of providers report requiring a bachelor’s degree for certified diabetes and asthma educators and health coaches (this may be explained by low response rates).

Exhibit 32: Total Reported Workforce Degree Requirements by Job Title

Job Title	Minimum Degree Requirements			
	Associate’s	Bachelor’s	Master’s	Other
Clinical Support				
Medical Assistants	68%	0.00%	0.00%	32%
Nursing Care Managers/Coordinators/Navigators/Coaches				
Registered Nurse Care Coordinators/Case Managers/Care Transitions	31%	69%	0.00%	0.00%
Licensed Practical Nurse Care Coordinators/Case Managers	N/A	N/A	N/A	N/A
Other	50%	50%	-	-
Social Worker Case Management/Care Management				
Bachelors Social Workers	N/A	N/A	N/A	N/A
Licensed Masters Social Workers	N/A	N/A	N/A	N/A
Licensed Clinical Social Workers	N/A	N/A	N/A	N/A
Social Worker Care Coordinators/Case Managers/Care Transition	19%	38%	42%	0.00%
Other	22%	28%	50%	0.00%
Emerging Titles				
Care Manager/Coordinator	11%	80%	5%	4%
Patient or Care Navigator	50%	30%	0.00%	20%
Community Health Worker	15%	6%	74%	6%

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Peer Support Worker	6%	74%	0.00%	19%
Other	26%	47%	11%	17%
Patient Education				
Certified Asthma Educators	0.00%	100%	0.00%	0.00%
Certified Diabetes Educators	0.00%	100%	0.00%	0.00%
Health Coach	0.00%	100%	0.00%	0.00%

J. Agency & Temporary Staff by Job Title

In addition to reporting on the employed workforce, PPS partners were asked to provide details around Agency/Temporary Staff in the form of total headcount, hours, or FTEs to provide an approximate understanding of the PPS’s current state workforce pertaining to Agency/Temporary Staff. *Exhibit 33*, below, provides a summary reported across all facilities with the exception of Article 32 Inpatient, Article 32 Outpatient, Pharmacies, and Retail Clinics as no Agency/Temporary Staff data were reported by these facilities.

The Agency and Temporary Staff data is categorized by the DOH provided job categories most of which employ at least some level of Agency/Temporary Staff, with the exception of Emerging Title positions and midwives, which were not reported.

Home Health Care titles have the highest reported Agency/Temporary Staff based on total reported headcount and also the highest total hours accrued by Agency/Temporary Staff. Hospital Inpatient/ED had the highest total FTE count at 1,516.

However, it should be noted that PPS partners individually reported Agency/Temporary Staff data based on how this data is collected/reported by that partner, thus one partner may have only reported this data by total hours while another may have only reported it by headcount or FTE.

Exhibit 33: PPS Reported Agency/Temporary Employee Data by Job Title

<u>Job Title</u>	<u>Headcount</u>	<u>Total Hours</u>	<u>FTEs</u>
Home Health Care	2,807	198	246
Other Allied Health	1,728	60,416	516
Clinical Support	1,446	6,326	926
Nursing	1,389	6,570	690
Administrative Support	631	12,101	433
Behavioral Health	578	9,387	175
Administrative Staff	295	4,353	248
Emerging Titles	143	4,238	44
Health Information Technology	103	5,091	88
Nurse Practitioners	99	2,197	65
Physicians	50	228	6
Oral Health	37	4,292	32
Janitors and Cleaners	23	1,080	6

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Physician Assistants	11	106	7
Social Worker Case Mgmt./ Care Mgmt.	8	3,959	2
Patient Education	3	3,946	3
Midwifery	2	0	0
Nursing Care Mgrs./ Cord./Nav./Coaches	1	2,081	1
Grand Total	9,353	126,568	3,488

3. Current Workforce State Summary

The current state survey aggregated data is a snapshot of the workforce makeup of OneCity Health PPS partners. This “snapshot” provides a baseline of the workforce and will help inform workforce planning.

OneCity Health PPS has over 119,606 employees and 101,507 Full Time Equivalent (FTE) positions. Hospital Inpatient/ED facilities have the largest headcount (32,113 or 26.8%) among all facility types with nearly the same amount of FTEs (30,473). This is understandable as OneCity Health had 16 Hospital Inpatient/ED survey responses. Home Care/Hospice has the second largest headcount at 31,570 (26.3%) and the second largest FTE count (22,059) among all facilities. The Home Care/Hospice facility type employs many more part time workers compared with other health providers. Combined Administrative Staff and Support are the largest FTE DOH Job Category at 25%. Home Health Care is second at 22% with Nursing third at 15% followed by Clinical Support (8.8%) and Physicians at 6.2%. OneCity Health is the largest DSRIP PPS in New York State and serves one of the most diverse Medicaid and Uninsured population’s communities in the country.

As part of this comprehensive workforce analysis, current vacancies are an important part of the baseline calculations. The vacancies contribute to our baseline by more accurately reflecting the actual job category shortages across the OneCity Health PPS partners. Nursing has the largest number of vacancies in PPS job categories with 930 FTEs.

The survey collected additional data on years of experience required, minimum degree requirements, Collective Bargaining Agreement (CBA) status and Agency and Temporary Staff headcount, FTEs and hours worked. Many of the NYC H + H (Hospital, Outpatient D&TC, Nursing Homes, etc.) job titles are reported to be covered by a CBA’s. Most of the CBO’s reported job titles are not covered by a CBA.

OneCity Health also has a large amount of agency and temporary staff working within their Hospital Inpatient/ED settings. The job titles that pre-dominate are Clinical Support (24%), Administrative Staff and Administrative Support (20%), Nursing (20%), Other Allied Health (15%), Home Health Care (7%) and Behavioral Health (5%).

Non-DSRIP Factors Impacting Workforce & Overall Workforce Insights

Factors outside DSRIP related activities are important to consider in establishing the current workforce state and in planning workforce activities throughout Demonstration Year 5 in 2020 and beyond.

Staffing & Recruitment

Many health care organizations in New York have experienced workforce recruitment and retention problems for many health care professions and occupations. In the early stages of DSRIP, OneCity Health was required to perform a Community Needs Assessment (“CNA”) which identified workforce shortages faced by the PPS. OneCity Health has had particular difficulty recruiting and retaining nursing, clinical support and behavioral health workers. The nursing profession has experienced structural difficulties with an aging workforce in which demand is outpacing supply.⁴ In behavioral health occupations, psychiatrists and licensed clinical social workers (LCSW) have been difficult for NYC H + H, OneCity Health’s largest partner, to recruit and retain.

Training

1199 TEF has recently been selected as OneCity Health’s strategic advisor for training. OneCity Health will utilize 1199 TEF resources and expertise and leverage the existing training resources of their partners in the development of PPS training programs. NYC Health + Hospitals, the PPSs largest partner, also has training resources that may be leveraged by the PPS. Each facility has their own training department and Central Office provides additional training support across facilities. These staffing teams include a Training Director and one/two facilitators and development of a train the trainer approach is in progress to provide additional support across facilities. NYC Health + Hospitals work with multiple partners to support training and typically will identify training partners through an RFP process once a training need is identified. Additionally, NYC Health + Hospitals has an Ambulatory Care Outpatient in-house training team of 15 coaches focused on primary care and behavioral health.

OneCity Health will also procure a Learning Management system to support administration, documentation, tracking, reporting delivery and evaluation of e-learning courses and other training programs. In order to maximize quality effectiveness, OneCity Health will evaluate trainings pre-implementation through vetting processes and post-implementation through direct oversight processes with support from 1199 TEF.

Labor Relations/Collective Bargaining Agreements

OneCity Health has multiple union partners (DC37 and affiliated locals including local 371, 420, 768, 1549; 1199 SEIU, NYSNA and The Doctor’s Council) that support the PPSs governance committees, including the Care Models Committee, which oversees the development of care models planning, and the Stakeholders and Patient Engagement Committee, which oversees

⁴ The Atlantic, February 3, 2016, “The US is Running Out of Nurses”, Author: Rebecca Grant.

both cultural competency and workforce planning, and the Workforce Committee. Labor representatives currently provide and will continue to provide various supports around workforce planning.

As previously mentioned, the current state survey collected information regarding Collective Bargaining Agreements coverage for job titles within each facility type. When completing the survey, PPS partners were instructed to indicate “Yes” if a certain job title was covered by a CBA. The PPS partners who indicated job titles having CBAs were calculated based on a percentage of the total job titles reported for a certain facility type. Thus, if a job title indicates a CBA status of 100% then all PPS workforce with that job title are reported as being covered by CBAs at a particular facility type. However, if for example, a job title indicates a CBA status of 50%, then half of the reported workforce with that job title is covered by CBAs at the particular facility type.

Nursing job titles had a large variation in terms of CBA status reporting. For example, across all facility types reporting nursing staff, staff registered nurses had the following CBA affiliation status in Hospital Inpatient/ED (76%), Hospital Outpatient Article 28 (78%) and Inpatient Article 31 (56%). Licensed practical nurses reported an 88% CBA status for Hospital Inpatient/ED and a 100% CBA affiliation status for Hospital Outpatient Article 28.

Further details pertaining to facility types’ reported CBA coverage for specific job titles by facility type are detailed in *Appendix section 4*.

Cultural Competency

Sustaining cultural competency training and health literacy improvement in the workforce is also a key component for all DSRIP projects being implemented by OneCity Health. The PPS cultural competency strategy will be informed by bidirectional communication and community engagement including assessment, intervention design, implementation, measurement and continuous improvement. OneCity Health cultural competency and health literacy strategic plan is will utilize the framework developed by NYC Health + Hospitals to expand and enhance its internal cultural competency and health equity initiatives. Also, OneCity Health smaller provider and community-based partners have extensive experience and expertise in providing care and services appropriate for the cultural and communications needs of specific populations that may be leveraged in the DSRIP program.

Some of the additional challenges highlighted in the OneCity Health Community Needs Assessment (CNA) addressed the lack of culturally and linguistically competent specialists and can cause the need for multiple visits that might not otherwise be necessary. This includes challenges OneCity Health providers face in delivering culturally competent care, and in engaging patients and their families - challenges made more difficult by NYC’s considerable language, ethnic, and cultural diversity. Respondents to CNA community surveys also noted the lack of culturally competent behavioral health care services.

III. Target Workforce State Assessment Overview

1. Target Workforce State Assessment Approach

The Target Workforce State Report will help guide OneCity Health’s workforce strategy to ensure a smooth transition from the current workforce state to the target workforce state in line with DSRIP goals and the proposed implementation of PPS’s specific DSRIP projects.

To reach DSRIP goals, OneCity Health PPS requires information on the adequacy of its current health workforce supply in its service area and an understanding of how the demand for health care services and health professions is projected to evolve in relation to current supply with the implementation of the DSRIP program. The target workforce state analysis defines the anticipated impacts that the program will have on OneCity Health’s current workforce, identifies new positions and staffing needs, and provides the overall workforce strategy throughout the five year DSRIP program.

The Target Workforce State Report will be used, in conjunction with the Current Workforce State Report (previously presented in this report), to identify gaps between current workforce supply and projected future target state workforce needs as part of the Gap Analysis presented below. OneCity Health engaged BDO Consulting (“BDO”) as its workforce vendor, in collaboration with IHS, Inc. (“IHS”) to develop the Target Workforce State Report through analysis of workforce impacts resulting from factors independent of DSRIP (demographic shifts and effects of health insurance coverage under ACA) and implementation of the DSRIP program.

Development of the OneCity Health Target Workforce State Report was conducted in collaboration with the PPS’s Executive Committee (“Workforce Governance Body”) and included input from multiple stakeholders within the PPS’s partner network as well as external data sources. External data sources included local, state and national surveys, medical claims databases, published literature and IHS’s Health Care Demand Microsimulation Model (HDMM).

OneCity Health is implementing eleven projects under DSRIP, focusing on achieving the provision of high quality, integrated primary, specialty and behavioral health care services in outpatient and community settings with acute care hospitals used primarily for emergent and acute care service delivery. Based on findings from the PPS-sponsored Community Needs Assessment (CNA) the PPS selected five system transformation projects (Domain 2), four clinical improvement projects (Domain 3), and two population-wide prevention projects (Domain 4).

The primary research questions that guided modeling the workforce impact of each DSRIP project include:

1. How many patients will be affected by this intervention?

2. What are the current health care utilization patterns of affected patients, and how will this initiative change care utilization patterns?
3. What mix of providers will be used to implement the intervention and meet future patient demand for services?
4. Will the project as designed materially impact the region's healthcare delivery workforce?

Target Workforce State Summary Findings

The following provides a summary of the Target Workforce State Report for purposes of comparison to the Current State Report in order to identify gaps. More detailed target workforce state findings can be found in the Target State Report deliverable.

Through 2020, the demand for health workers within the OneCity Health network will change as individual DSRIP components are implemented and select external trends, such as demographic changes, outside of the DSRIP evolve. As a result, it is worth noting that although this analysis has been conducted using the most topical data and sophisticated modeling tools, the total impact on the future healthcare workforce remains uncertain.

Exhibit 34 summarizes staffing impacts by 2020 of DSRIP-related projects and non-DSRIP related demographic and healthcare coverage changes across select OneCity Health care settings and key job categories. In some cases non-DSRIP impacts offset or moderate the effects of DSRIP while in other cases they magnify DSRIP workforce impacts. Notable projected impacts across the OneCity Health include:

- By 2020, the combined impacts of a growing and aging population, expanded medical insurance coverage under ACA and DSRIP implementation will increase demand for health care providers modeled by approximately 2,190 - 2,191 full time equivalent (FTEs).
 - Independent of DSRIP workforce, demand is projected to grow by about 1,166 - 1,167 FTEs.
 - The projected impact of DSRIP implementation alone is estimated to increase demand for health providers modeled by approximately 1,024 FTEs.
- The largest workforce impacts of both DSRIP and changes independent of DSRIP are projected to take place among registered nurses in Hospital Inpatient/ED settings, and non-nursing care coordinators and primary care providers and support staff in outpatient and community-based settings. Estimated changes in demand among other health professions are less significant.
 - Net demand for registered nurses is estimated to grow by about 237 - 238 FTEs, as anticipated DSRIP related declines of about 216 FTEs, primarily in hospital inpatient settings, are offset by growth in demand for registered nurses due to non-DSRIP related environmental factors (453 - 454 FTEs).
 - DSRIP related demand for non-nursing care coordinators is projected to rise by about 625 - 626 FTEs. These positions include community health workers, educators and patient navigators.

- An estimated additional 357 - 358 FTE administrative support staff and 343 FTE medical assistants may also be required in primary care and other outpatient settings to support primary care providers, psychiatrists and other medical and behavioral health specialties to meet both DSRIP related needs and those associated with population growth and aging and expanded medical insurance coverage under ACA.

Registered Nurses

The net impact in demand for registered nurses as a result of the DSRIP and non-DSRIP impacts is estimated to result in an increase in demand by approximately 237 FTEs. The net impact is the result of an increase of 454 FTEs from non-DSRIP related impacts (population growth), and a decline of approximately 216 FTEs resulting from the anticipated decline in inpatient utilization as a result of the DSRIP program. Further, as described in the Current Workforce State Report, PPS partners have reported a high number of FTE vacancies across nursing positions in the PPS's network suggesting that shortages may already exist for registered nurses. Thus, the projected increase in registered nurse FTEs may have a larger impact on the PPS's nursing workforce.

Primary Care Providers

Workforce impacts independent of the DSRIP program are estimated to drive an increase in demand for primary care providers across the four boroughs by approximately 18% from 2015 to 2020. It is anticipated that the demand for physicians in OneCity Health's PPS service area will likely continue to grow due to general population growth, resulting in an estimated increase in demand for and estimated 107 PCP FTEs.

Additionally, as a result of DSRIP program impacts, an increase in demand for 88 additional PCPs is estimated, resulting in an overall projected increase of 195 PCP FTEs due to both DSRIP and non-DSRIP impacts by 2020.

Further, an estimated increase in demand for approximately 357 FTEs for administrative support and approximately 343 FTEs for medical assistants is also projected to staff primary care and other outpatient settings to address DSRIP-related needs, population growth, an aging population, and expanded medical insurance coverage.

Care Coordinators and Community Health Workers

As a result of the DSRIP program, an increase in the demand for care coordinators/community health workers is projected for the PPS.

DSRIP program impacts are expected to increase demand by approximately 918 FTEs combined for care coordinators, care managers, community health workers, and health educators. This workforce impact is largely the result of staffing needs associated with the PPS's implementation of the ED Care Triage program (Project 2.b.iii), Patient Activation Activities (Project 2.d.i) Health Home at Risk Intervention (Project 2.a.iii), enhancing

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community-based health navigation services and the expansion of Asthma Self-Management Programs (Project 3.d.ii).

The projected increase in the demand for care managers and licensed health educators, as well as care coordinators/navigators reflects the enhanced roles of these professions in improving community health and managing chronic diseases under the DSRIP program.

Please note, for comparison purposes of the projected target workforce staffing impacts, *Exhibit 34* and *Exhibit 35* have been provided. *Exhibit 34* details the projected workforce impacts of the PPS's future state in 2020, while *Exhibit 35* summarizes the reported current workforce state by reported FTEs and vacancy rates for the job titles. As detailed within *Exhibit 35*, the Current State Workforce Report findings were aggregated across various reported job titles and facility types to align with the care settings and job categories indicated within *Exhibit 34* and throughout the projected workforce findings for each DSRIP project⁵.

The numbers being reported do not include total reported workforce for all job titles. For reference, the PPS's Current Workforce State Report (provided in the first section of this report) provides further details around the reported current workforce with a reported workforce of 119,606 (by headcount) or 101,507 FTEs.

⁵ Care Settings Reported:

Primary and Community-Based Settings - This includes the following facility types: 1)Outpatient Services for the Mentally Disabled (Article 31), 2)Outpatient Services for Substance Abuse (Article 32), 3)Article 28 Diagnostic and Treatment Centers, 4)Article 16 Clinics (OPWDD), 5)Home Care/Hospice, 6)Hospital Article 28 Outpatient Clinics,7)Non-Licensed CBO, 8)Private Provider Practice, 9)Pharmacies and 10)Retail Clinics.

Hospital Inpatient/ED Settings - This includes the following facility types: 1)Inpatient Services for the Mentally Disabled (Article 31), 2)Inpatient Services for Substance Abuse (Article 32) and 3)Hospital Inpatient/ED

Care Managers/Coordinators/Navigators/Coaches- Inclusive of all Facility Types

Nursing Homes - This only includes the Nursing Home/SNF facility types

Job Titles Reported:

Primary Care Providers - This only includes the Job Titles 1)Primary Care and 2)Primary Care - HIV.

Physician Specialists- This category includes Cardiologists, Endocrinologists, Obstetricians / Gynecologists, and Pediatricians. The Nurse Coordinator Leaders job category includes LPN Care Coordinators / Case Managers and "Other" related job titles.

Psychiatrists/Psychiatric Nurses - Job Titles include: 1)Psychiatrists, 2)Psychiatric Nurse Practitioners and 3)Psychiatric Aides/Techs

Clinical Social Workers - Job Titles include: 1)Licensed Masters Social Workers, 2)Licensed Clinical Social Workers, 3)Bachelors Social Workers, 4)Social Worker Case Management/ Care Management - Licensed Masters Social Workers, 5)Social Worker Case Management/ Care Management - Licensed Clinical Social Worker and 6)Social Worker Care Coordinators/Case Managers/Care Transition

Registered Nurses - Job Titles include: 1)Nurse Managers/Supervisors, 2)Staff Registered Nurses, 3)Other Registered Nurses (Utilization Review, Staff Development, etc.) and 4)Per Diem Staff Registered Nurses

Administrative Support - Job Titles include: 1) Office Clerks, 2)Secretaries and Administrative Assistants, 3)Coders/Billers, 4)Dietary/Food Service, 5)Financial Service Representatives, 6)Housekeeping, 7)Medical Interpreters, 8)Patient Service Representatives, 9)Transportation and 10) Other Administrative Support

Nurse Aides/Assistants - Nursing Other and Nurse Aides/Assistants (CNAs) Job Titles Only

Nurse Coordinator Leaders - LPN Care Coordinators/Case Managers and Nursing Care RN Care Coordinators - RN Care Coordinators/Case Managers/Care Transitions Job Titles Only

Exhibit 34: OneCity Health PPS Summary of Projected DSRIP Staffing Impacts (FTEs)

Setting and Job Category	Non-DSRIP Impact	DSRIP-related Impact	Total Impact
<i>Primary and Community-Based Settings</i>			
Primary Care Providers	107.5	88	195.5
Cardiologists	17.5	9	26.5
Endocrinologists	5	0	5
Psychiatrists/Psychiatric Nurse Practitioners	15.5	14	29.5
Psychologists	57	0	57
Licensed Mental and Substance Abuse Providers (e.g., Clinical Social Workers, Mental Health Counselors, Psychologists, Addiction Counselors)	0	139.5	139.5
Registered Nurses	57	43.5	100.5
Licensed Practical Nurses	18	0	18
Nurse Aides/Assistants	17.5	0	17.5
Medical Assistants	188.5	154.5	343
Administrative Support Staff	189	168.5	357.5
<i>Emergency Department</i>			
Emergency Physicians	3.5	-30.5	-27
Nurse Practitioners & Physician Assistants	2	-5	-3
Registered Nurses	29	-109	-80
<i>Hospital Inpatient</i>			
Hospitalists	7	-22.5	-15.5
Registered Nurses	367.5	-263	104.5
Licensed Practical Nurses	48.5	-15	33.5
Nurse Aides/Assistants	36.5	-66.5	-30
<i>Care Managers/Coordinators/Navigators/Coaches</i>			
Registered Nurse Care Coordinators and Managers	0	112.5	112.5
Care Coordinators (Non-Registered Nurses)	0	625.5	625.5
Community Liaisons	0	6.5	6.5
Community Health Workers (Asthma)	0	117	117
Asthma Educators	0	23.5	23.5
Cardiovascular Disease Educators	0	23.5	23.5
Palliative Care Educators	0	10	10
Registered Nurse Total	453.5	-216	237.5
Total FTEs	1,166.5	1,024	2,190.5

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Exhibit 35: OneCity Health PPS Current State Reported Workforce

Job Category	Reported Workforce (FTEs)	Vacancy Rates
<i>Primary and Community-Based Settings</i>		
Primary Care Providers	465	8.6%
Cardiologists	28	8%
Endocrinologists	12	34.2%
Psychiatrists/Psychiatric Nurses	347	14.7%
Psychologists	178	5.8%
Clinical Social Workers	1,900	7.5%
Registered Nurses	3,393	11.5%
Licensed Practical Nurses	492	7.5%
Nurse Aides/Assistants	405	8.4%
Medical Assistants	998	5.7%
Administrative Support Staff	7,549	4.4%
<i>Hospital Inpatient/ ED</i>		
Emergency Physicians	241	8.6%
Primary Care Physicians	220	9.1%
Specialists (except Psych)	1,176	6.2%
Residents and Fellows	2,214	-
Physician Assistants	486	5.3%
Registered Nurses	7,699	3.8%
Licensed Practical Nurses	773	5.2%
Nurse Aides	1,442	4.6%
Nurse Practitioners	152	4.5%
<i>Care Managers/Coordinators/Navigators/Coaches</i>		
Nurse Coordinator Leaders	88	61%
Registered Nurse Care Coordinators	382	3.8%
Care Coordinators (Non-Registered Nurses)	1,481	6.5%
Asthma Educators	8	30%
Cardiovascular Disease	-	-
<i>Nursing Home/SNFs</i>		
Primary Care Physicians	120	10.8%
Specialists (except Psych)	39	2.5%
Physician Assistants	16	0%
Registered Nurses	851	6.7%
Licensed Practical Nurses	859	6.6%
Nurse Aides	3,036	3.3%
Nurse Practitioners	18	5.5%
Total FTEs	36,888	

Target Workforce State Analysis Conclusions

The demand for health care services and providers within the OneCity Health network will change over time independent of any DSRIP impact; As a result, these projections suggest that any DSRIP-related changes in demand need to take into account broader trends affecting the demand for health care services and providers within the PPS's service area. In some cases non-DSRIP impacts will likely offset or moderate the effects of DSRIP while in other cases they may magnify DSRIP workforce impacts.

Because of DSRIP, large increases are anticipated in numbers of care coordinators, primary care providers and support staff, which reflects the enhanced demand for these professions within a transformed delivery system. There will likely also be opportunities to redeploy and train nursing and other staff currently in inpatient and ED settings where service demand is projected to decline to assume roles in outpatient and community-based settings where demand is projected to grow. Although the estimated workforce impacts of several DSRIP projects do not appear significant, they help explain how DSRIP goals, including reductions in inappropriate care, might be achieved through counseling, improved access to primary and behavioral health services, and better care management for patients with chronic conditions.

One caveat to consider in this analysis to inform the Target Workforce State Report is that the projections may underestimate the DSRIP impact of certain projects (e.g., Project 2.a.iii: Health Home at Risk, Project 3.b.i: Disease Management for CVD and Project 3.d.ii: Expansion of Asthma Home-based Self-Management). The analysis for the above projects was conducted on actively engaged patient populations that were Medicaid only and therefore staffing needs may increase if the projects serve non-Medicaid patients as well.

In conclusion, based on the best available modeling inputs and assumptions, results suggest that implementing DSRIP as designed will impact the OneCity Health network and healthcare delivery workforce, especially when combined with the projected impacts of demographic shifts and expanded health insurance coverage. This information was used to inform the development of the Workforce Gap Analysis presented in the next section.

IV. Workforce Gap Analysis

A. Workforce Gap Analysis Approach

As described throughout this report, it is anticipated that the PPS's current workforce both as a result of the DSRIP program and general population growth will be impacted over the next five years.

The purpose of developing the Workforce Gap Analysis Report as part of the DSRIP Workforce Strategy milestones, is to identify and understand potential gaps between the current state of the workforce (as outlined in the Current State Report) and projected workforce state (as outlined in the Target Workforce State Report) to inform the PPS's overall workforce strategy. The Workforce Gap Analysis will inform and enable the PPS to forecast redeployment, retraining, and new hire needs.

Further, the Gap Analysis will help inform the development and implementation of the workforce Transition Roadmap Report which will assist the PPS in (1) reaching its target workforce state by the end of the DSRIP program and (2) ensure that the PPS strategically minimizes workforce disruptions and maximizes opportunities for retraining and redeployment of the existing labor force.

The following sections detail identified workforce gaps, leveraging projected impacts from the Target Workforce State Report, and describe factors responsible for the workforce gaps. These findings are based on the outputs of the Microsimulation Model used in the development of the Target Workforce State Report. Additional details around the summary findings provided in this section can be found in the PPS's Target Workforce State Report.

B. Non-DSRIP Related Workforce Impacts

In addition to the anticipated impact on the workforce as a result of DSRIP, the demand for health care services and providers are anticipated to change as trends independent of DSRIP, such as changing population demographics, evolve.

To properly model the target workforce state, all potential factors were taken into account such as increased service utilization as a result of a growing and aging Medicare population and expanded medical insurance coverage under the Affordable Care Act (ACA). These impacts are estimated to drive an increased demand for health providers by approximately 3-6% for OneCity Health's PPS population. Additionally, while the DSRIP program specifically targets Medicaid patients, many PPS partners provide services to the Medicare, commercially insured and uninsured populations that will also benefit from the clinical initiatives being implemented as part of DSRIP.

While the impacts of the DSRIP projects are anticipated to drive an increased demand for certain provider types such as PCPs, behavioral health and care management positions, the

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program is also anticipated to drive a decrease in demand for providers in the Hospital Inpatient/ED setting. However, given anticipated growth in inpatient service utilization resulting from population growth, an aging population, and expended care coverage, the decrease in demand for certain inpatient positions resulting from DSRIP is likely to be off-set by non-DSRIP impacts. Further, non-DSRIP impacts will only further increase demand for providers in community based settings.

Exhibit 36 summarizes projected impacts on the workforce not caused by DSRIP. These anticipated impacts, along with the projected impacts caused by DSRIP, were combined to understand the overall estimated workforce impacts across the PPS workforce. This analysis provides an estimation of overall workforce impacts at the end of the DSRIP program in 2020.

Exhibit 36: Total Estimated Non-DSRIP Workforce Impacts for the OneCity Health PPS (by FTE)

<u>Cumulative Workforce Impacts across Care Settings & Professions</u>	<u>Non-DSRIP FTE Impacts</u>
Primary Care Providers	107.5
Specialist Physicians	
Emergency Physicians	3.5
Hospitalists	7
Cardiologists	17.5
Endocrinologists	5
Nurse Practitioners and Physician Assistants	
Emergency Department	2
Nursing	
<i>Staff Registered Nurses</i>	453.5
Registered Nurse Care Coordinators and Managers ^a	0
Hospital inpatient	367.5
Emergency	29
Office/Clinic	57
<i>Licensed Practical Nurses</i>	66.5
Hospital Inpatient	48.5
Office/Clinic	18
<i>Nurse Aides/ Assistants</i>	54
Hospital Inpatient	36.5
Office/Clinic	17.5
Clinical Support	
Medical Assistants	188.5
Administrative Support Staff	189
Behavioral Health	
Psychiatrist/Psychiatric Nurse	15.5
Psychologists	57
Licensed Mental and Substance Abuse Providers (e.g., Clinical Social Workers, Mental Health Counselors, Psychologists, Addiction Counselors)	0
Total FTEs	1,166.5

C. DSRIP Related Workforce Impacts

i. Project 2.a.iii: Health Home at Risk Intervention Program

The Health Home at Risk program actively manages individuals to support self-management, assessment, care plan development, education and facilitate linkages to primary care providers and community services. Through this project, OneCity Health and its partners will work to extend care management services to individuals who have one chronic disease and are at risk of worsening health and who are likely to benefit from care management due to characteristics such as social risk factors. In addition, the Health Home at Risk program accepts uninsured patients with two or more chronic diseases who are ineligible for Health Home services due to their insurance status.

OneCity Health will work with both Health Home and Patient Centered Medical Home (PCMH) teams in creating partnerships that offer care management and care coordination services. The PPS plans to significantly expand care management services and is partnering with up to 4 NYSDOH designated Health Home (HH) lead agencies.

The following program impacts are anticipated because of this initiative throughout 2020:

- A decline of 3.7% in inpatient days.
- A 4.2% decline in ED visits.
- A 1.8% increase in primary care visits.
- A 2% increase in specialty outpatient visits.

Additional projected impacts by 2020 include:

- Approximately 19,000 fewer inpatient days.
- A decrease of 6,300 ED visits.
- An increase of 12,700 primary care visits.

Staffing impacts based on modeling by care settings and job titles most likely to be affected by 2020 include:

- **Care coordinators providing care management:** Approximately 508 FTEs associated with care management may be required.
- **In outpatient/office settings:** An estimated increase in FTEs: 8-9 primary care providers, 11 direct administrative support, 15 direct medical support FTEs, and 4-5 additional registered nurses.
- **In the ED settings:** A decline of approximately 3 FTE emergency physicians, 10 registered nurses, and a small impact on demand for nurse practitioners and physician assistants.

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- **In the inpatient setting:** The projected FTE impact is largest for registered nurses, with an expected decline of 113 FTEs. Further a decline is expected for nurse aides/assistants (-28 FTEs), hospitalists (-9-10) and licensed practical nurses (-6).

Examining the projected workforce impacts detailed in *Exhibit 37* by care setting and job title, the following workforce impacts are projected for this project:

Exhibit 37: Home Health at Risk: Projected Impact

<i>Health Profession</i>	2017	2018	2019	2020
Workforce FTE implications				
<i>Office/Outpatient</i>				
Primary Care Providers	0	1.5	3.5	8.5
Direct Medical Support	0	3	6	15
Direct Admin Support	0	2	4.5	11
Registered Nurses	0	1	1.5	4.5
<i>Emergency Department</i>				
Emergency Physicians	0	-0.5	-1	-3
Nurse Practitioners and Physician Assistants	0	0	0	-0.5
Registered Nurses	0	-2	-4	-10.5
<i>Inpatient</i>				
Hospitalists	0	-2	-4	-9.5
Registered Nurses	0	-22.5	-45.5	-113.5
Licensed Practical Nurses	0	-1.5	-2.5	-6.5
Nurse Aides/Assistants	0	-5.5	-11.5	-28.5
<i>Care Coordinator/Care Managers⁶</i>				
Non-Registered Nurse Care Coordinators	0	102	203	508
Registered Nurses	0	20	41	102

Registered nurses within inpatient facilities are estimated to decrease by 114 FTEs by 2020. . In the office and outpatient settings, there may be approximately 8.5 additional FTE physicians required, offset by a decrease in demand for approximately 12 FTE physicians in hospital (inpatient and emergency) settings. As the number of actively engaged patients increase through DSRIP Demonstration Years 3 - 5, the demand for Hospital Inpatient/ED FTEs will decrease and an anticipated FTE demand will increase both the Office and Outpatient settings.

Care Coordinator/Care Managers Workforce Gaps

⁶ IHS assumption: care coordination/care manager FTEs from 2.b.iii, 3.a.i, 3.b.i and 3.d.iii are modeled under this project

As indicated in *Exhibit 36* the greatest impact on the OneCity Health workforce by Health Home at Risk Project 2.a.iii will be on FTEs associated with care coordination and care management activities with a combined 610 FTE estimated increase by 2020. The non-registered nurse care coordinator positions are estimated to increase by 508 FTEs, and care coordination registered nurses are expected to increase by about 102 FTEs. Based on the Current Workforce State Data reported, the vacancy rate reported across the PPS for patient or care navigator and community health worker positions is approximately 6%, indicating there may already be a shortage in the workforce.

Primary Care Provider Workforce Gaps

While the staffing impacts described are anticipated to be minimal in both the primary care and ED settings, based on the current state workforce data reported, a vacancy rate of approximately 9.5% reported for PCPs across the four boroughs indicates that workforce shortages currently exist for PCPs that will likely be further exacerbated by DSRIP implementation as well as through non-DSRIP impacts including population growth.

Nursing Workforce Gaps

The projected decrease in demand for nursing positions including nurse practitioners and registered nurses in the inpatient setting because of DSRIP is likely to be offset by expansion in outpatient settings. Further, in the current state survey a vacancy rate of approximately 6.7% was reported for all nursing positions including registered nurses, licensed practical nurses, nurse managers/supervisors, per diem staff registered nurses, and “other” nursing job titles across care settings.

Due to anticipated increased demand for nursing workforce in NYC, there is also likely to be an increase in demand nursing positions to address additional care demands related to population growth.⁷

While there are projected decreases in certain positions resulting from DSRIP initiatives, these will be counterbalanced by growth in utilization of services across care settings resulting from population growth and aging in the region.

ii. Project 2.b.iii: ED Care Triage for At-Risk Populations

OneCity Health’s implementation of an ED Triage program identifies patients presenting with avoidable emergency room use and seeks to educate/reinforce patients’ relationship with a PCP. These patients and their families will be educated on appropriate use of services to reduce Potentially Preventable Visits (PPVs). This will be accomplished by linking patients without a primary source of care to a PCP through open access scheduling of appointments, extended office hours, enhanced EHRs, and referring patients to Health Homes and Home Care Services as appropriate. The PPS’s implementation plan for Project 2.b.iii focuses on

⁷ Center for Health Workforce Studies, The Health Care Workforce in New York
See: <http://chws.albany.edu/archive/uploads/2014/08/nytracking2014.pdf>

three components for patients and providers: linkage to primary care for patients presenting at the ED for non-urgent care; provision of patient support for understanding and engaging in health condition self-management; and, improving provider communication with patients and care management transition teams.

In addition, this project will deploy ED care management staffing to implement standard transitions management work for the ED patient population.

This project focuses on increasing PCP and PCMH capacity, requiring an increase in hours of operation, on-site service offerings, and convenient access points for patients in lower-cost care settings. The target population for this project are Medicaid and uninsured patients with one or more ED visits who are at-risk of developing chronic conditions or patients requiring more intensive ED care management services post discharge. This project has the most direct impact on the statewide goal to reduce avoidable ED use among the Medicaid population by 25% within five years. It is likely to also reduce hospital visits by promoting community based alternatives to admission.

Upon completion of the DSRIP program in 2020, the following projected workforce impact estimates have been calculated based on the PPS's attributed Medicaid lives:

- ED Visits may decrease by approximately 54,400 visits.
- With more patients being directed to a PCP, an additional 27,200 primary care visits are estimated.

Patients presenting with non-urgent conditions in the ED will be identified and linked to care managers, navigators, and PPS partners for follow up. More PCPs will enhance access by providing extended office hours for their practices and open access scheduling for easier off hours scheduling.

OneCity Health's initial focus for Project 2.b.iii: ED Care Triage for At-Risk Populations involves EDs who see patients at-risk for higher rates of potentially preventable visits. The PPS is reinforcing standard processes for linking patients to follow-up primary care, including processes to identify patients at greatest need of follow-up. Care management programs are being implemented to assist patients identified as high risk in the ED care setting with their transition to the community setting.

Examining the FTE effect by setting, *Exhibit 38* shows the following projected changes in utilization:

- **In office/outpatient settings:** An increase in an estimated 12 primary care provider FTEs, 21 direct medical support, 15 administrative support, and 6 registered nurses FTEs.
- **In the ED setting:** An expected decline of 24-25 emergency physician FTEs, 89 registered nurse FTEs, and slightly fewer nurse practitioners and physician assistant FTEs.

Exhibit 38: Emergency Department Triage: Projected Impact by 2020

	2017	2018	2019	2020
Office/Outpatient				
Primary care providers	0	7.5	12	12
Direct medical support	0	13	21.5	21.5
Direct admin support	0	9	15.5	15.5
Staff registered nurses	0	3.5	6	6
Emergency Department				
Emergency physicians	0	-14.5	-24.5	-24.5
Nurse practitioners	0	-0.5	-1	-1
Physician assistants	0	-2	-3.5	-3.5
Staff registered nurses	0	-53.5	-89	-89

Primary Care Provider Workforce Gaps

Based on the current state workforce data reported, a vacancy rate of approximately 9.5% was reported for PCPs across the PPS, indicating that workforce shortages currently exist for PCPs. This PCP vacancy rate further increases the PCP gap projected by DSRIP projects.

Additionally, by 2030, an anticipated growth in demand for physicians in NYS will likely outpace the growth in supply for physicians. Using forecasting models, CHWS found that between 2006 and 2030, the forecasted gap between supply and demand may result in a shortage of approximately 2,500 to 17,000 additional physicians.⁸ This forecasted shortage of Physicians impacting NYS, may further impact the PPS as it works to address increased demands for PCPs as a result of project impacts.

Nursing Workforce Gaps

The projected decrease in demand for ED nurse practitioners and registered nurses as a result of this project’s impacts are likely to be somewhat offset based on the number of reported nursing vacancies reported across the PPS as well as in the PPS’s ED. As previously mentioned, a vacancy rate of approximately 6.7% was reported for all nursing positions including registered nurses, licensed practical nurses, nurse managers/supervisors, per diem staff registered nurses, and “other” nursing job titles. Additionally, a vacancy rate of approximately 9.7% was reported for nurse practitioners. The reduction to the PPS’s nursing positions in the ED is likely to most significantly occur in DY4, assuming full project implementation and a significant reduction in the ED’s number of potentially preventable visits (approximately 54,400 visits). There is also likely to be an increase in demand for the number of nursing positions needed to address additional care demands related to population growth.⁹ As a result, this city-wide increase in demand for nursing workforce further suggests

⁸ Center for Health Workforce Studies, New York Physician Supply and Demand Through 2030.

See: <http://chws.albany.edu/archive/uploads/2012/07/nyphysd2010f.pdf>

⁹ Center for Health Workforce Studies, The Health Care Workforce in New York

See: <http://chws.albany.edu/archive/uploads/2014/08/nytracking2014.pdf>

that the anticipated decline in nursing FTEs as a result of DSRIP projects are likely to be offset by general population demand. Further, the expansion of outpatient services will provide opportunities for staff redeployment to the outpatient setting.

Based on a review of the projected workforce impacts as part of the PPS's target workforce state as well as a review of the reported vacancy rates for specific positions being impacted as part of the ED Triage Project's implementation, the demand for PCPs and nursing positions within the PPS are likely to continue to increase over the course of the five year DSRIP program and, offset the projected decrease in demands for certain positions as a result of this project's anticipated impacts.

iii. Project 2.b.iv: Care Transitions to Reduce 30 Day Readmissions

The objective of the Care Transitions project is to reduce Potentially Preventable Readmissions (PPRs) to hospitals by providing a 30-day supported transition period after a hospitalization for patients at high risk of readmission due to modifiable risk factors, engagement in follow-up care, education and other risk factors.

For OneCity Health, patients at risk for readmission will be provided with transition care management for a period of 30 days post-discharge. Patients will be identified based on referrals from the clinical teams at each of our hospitals, supplemented by data on utilization history and by structured criteria that support clinical review of patient histories. OneCity Health will implement the project through the development of Transition Management Teams (TMTs). The TMTs will work closely with hospital staff and psychiatric and substance abuse peers to create a comprehensive plan for patients who are at a high risk of returning to the hospital within weeks of being discharged. The teams, provided by NYC H+H Health and Home Care Division as well as from our community based partners, will be made up of a registered nurse, social worker, and community liaison who work closely together to ensure that patients have follow-up PCP appointments, transportation, supplies, medications and that social determinants of health are addressed. In addition, TMTs will refer patients to Health Homes if criteria is met, work with the patient's MCO in order to identify additional resources and ensure that all identified goals are addressed including all social determinants of health. The team will ensure that communication with patients care team members happen on an on-going basis and that care plans are kept up to date and address goals and current issues. It is expected that patients will graduate after 30 days and that those individuals who have unmet goals will be linked to longitudinal care management programs.

Examining the utilization impacts by setting, estimated changes suggest the following:

- Readmissions will decline by approximately 1,300.
- Inpatient days will decline by approximately 6,700 days.
- ED visits will decline by approximately 600 visits.

Additional projected impacts include:

- **Care coordinators providing care management:** An increase of 24 care coordinators including a mix of 10-11 registered nurses, 7-8 social workers, and 6-7 community liaisons.
- **In the ED setting:** The projected impact on overall workforce FTEs is small.
- **In the inpatient setting:** A decline in FTEs of approximately 40 registered nurses, 10 nurse aides, 3-4 hospitalists, and 2-3 licensed practical nurses.

According to analysis findings, Project 2.b.iv's: Care Transitions to Reduce 30 Day Readmissions greatest impact on OneCity Health's workforce FTEs will be on registered nurses and nurse aides employed in inpatient settings, reflective of decreasing readmissions and inpatient days. The impact on the ED is expected to be minimal, while care coordination efforts will require about 24 FTEs.

Exhibit 39 details the projected annual impact of this program, upon complete implementation, by 2020.

Exhibit 39: Care Transitions to Reduce 30 Day Readmissions: Projected Impact

<u>Workforce Impacts by Care Settings and Title</u>	<u>Total Workforce Impacts</u>
<i>Emergency Department</i>	
Emergency Physicians	-0.5
Nurse Practitioners and Physician Assistants	0
Registered Nurses	-1
<i>Inpatient</i>	
Hospitalists	-3.5
Registered Nurses	-40
Licensed Practical Nurses	-2.5
Nurse Aides	-10
<i>Total Care Coordinators</i>	
Transitional Care Nurses (Registered Nurses)	10.5
Transitional Coordinator (Social Workers)	7.5
Community Liaisons	6.5

Care Coordinator Workforce Gaps

Total care coordinators will see the largest demand increase in FTEs with an estimated gain of 25 FTEs. With a current state vacancy rate of around 3.5%, care coordinators presently do not have any initial workforce shortage gaps as experienced with staff registered nurses and PCPs however with a significant number of positions to fill across the PPS and across the state this could create a gap in the workforce that will be difficult to fill.

iv. Project 2.d.i: Implementation of Patient Activation Activities

OneCity Health Patient Activation Activities project targets under-utilizers of the health care system and engages them to seek primary and preventive care services. OneCity Health will focus on Medicaid and uninsured patients with chronic illness, immigrants, and the undocumented – as these groups have been shown to have lower insurance rates and irregular contact with the healthcare system. Project goals include closing gaps in care identified by the PPS CNA and improving outcomes of uninsured and low and non-utilizing Medicaid beneficiaries in the PPS service area.

To achieve these goals, OneCity Health will employ the following approaches:

- Outreach and patient identification
- Eligibility determination and enrollment in healthcare coverage
- Patient activation and education
- Community and provider linkages to care for all patients
- Increase screening and referrals at the community level for people with care management needs

The project approach will leverage existing provider and community-based staff to improve patient engagement, strengthen existing partnership, develop new partnerships with entities providing primary care and preventive services, and increase the use of these services. By using Patient Activation Measures (PAM) to identify a patient's stage of activation, OneCity Health can customize the beneficiary's care plan based on the level of activation.

Core project components with workforce demand implications are the impact of newly activated patients and patients newly enrolled in healthcare coverage, an estimated 55,000 uninsured and Medicaid recipients previously not utilizing, underutilizing or inappropriately using the healthcare system. New access will likely increase service demand for primary care and preventive services and some specialty care and reduce inappropriate ED use and hospitalizations. In the short term (1-5 years) this initiative will likely increase use of health care services. In the long term the goal is to reduce avoidable disease onset and the associated use of health care services associated with such disease. Projected project effects by care setting include:

- **Ambulatory care settings (Health Homes, FQHCs, other):** Staffing among PCPs, PCMH care managers, behavioral health counselors and other care coordinators likely will rise to accommodate increased numbers of enrolled uninsured and Medicaid patients at PCMHs, Health Homes and other ambulatory care settings.
- **Primary care physician settings:** Increased number of referrals due to better care management will require increases among PCP providers to accommodate growing number of new patients
- **Emergency department settings:** Outreach to establish a usual source of care with a primary care provider can help reduce avoidable emergency visits
- **Inpatient care settings:** In the longer term, prevention has the potential to reduce or delay onset of chronic disease and associated use of health care services

Exhibit 40 summarizes modeling results and projected target state impacts of this DSRIP clinical improvement project. By 2020 the net projected annual utilization impact is the following:

- Approximately 1,993 fewer emergency visits.
- Approximately 1,071 fewer inpatient days.
- Approximately 110,000 additional primary care visits.

Additional projected impacts include:

- **Care coordinators providing care management:** An increase of 110 care coordinator FTEs.
- **In primary care settings:** An increase in the following FTEs: 32 primary care providers, 56 direct medical support staff, 40 administrative support staff and 16 registered nurses.
- **In the ED setting:** Minimal estimated change in demand for emergency department staff FTEs is expected.
- **In the inpatient setting:** An expected decline of 13 FTE staff registered nurses accompanied by small impacts on other inpatient staff.

Exhibit 40: Patient Activation: Projected Impact

	2017	2018	2019	2020
Workforce FTE implications				
Primary Care Providers (Outpatient and Community-based)	6.5	32	32	32
Direct Medical Support	11.5	56.5	56.5	56.5
Direct Admin Support	8	40	40	40
Staff registered nurses	3	16	16	16
Emergency Department				
Emergency Physicians	0	-1	-1	-1
Nurse Practitioners and Physician Assistants	0	0	0	0
Staff Registered Nurses	-0.5	-3.5	-3.5	-3.5
Inpatient				
Hospitalists	0	-1	-1	-1
Staff Registered Nurses	-2.5	-13	-13	-13
Licensed Practical Nurses	0	-0.5	-0.5	-0.5
Nurse Aides/Assistants	-0.5	-3	-3	-3
Care Coordinator (e.g., Medical Assistants, licensed practical nurses, or Social Workers)	22	110	110	110

By increasing patient activation, OneCity Health is expected to increase screening and preventive services, as well as enable patients to better manage existing conditions.

Therefore, the results indicate a corresponding rise in partner primary care service demand and additional FTEs to meet this need.

Primary Care Providers (Outpatient and Community-based)

Due to the impact of the Patient Activation Activities project, demand for primary care providers (PCPs), direct medical support and administrative support in outpatient and community-based settings is anticipated to increase by almost 145 FTE's by 2020. PCP demand is expect to increase by 32 FTEs, direct medical support by 57 FTEs and direct administrative support by over 40 FTEs because of the increased numbers of enrolled uninsured and Medicaid patients at PCMHs, Health Homes and other ambulatory care settings.

A smaller anticipated impact in the demand for physicians in the Hospital Inpatient/ED settings will see a decrease in about 2 FTEs.

Nursing Workforce Gaps

In the Hospital Inpatient/ED setting, about 20 nursing FTEs are estimated to be displaced (decrease in 17 registered nurse FTEs, 3 nurse aides/assistants and 0.5 licensed practical nurses.) This is offset by the estimated demand increase for registered nurses in the Outpatient/Community-based settings (Increase in 16 registered nurse FTEs).

Care Coordinator Gaps

Care coordinators (social workers, licensed practical nurses and medical assistants) will see the largest increase in demand from this project with an estimated increase of 110 FTEs by 2020.

v. Project 3.a.i: Integration of Primary Care and Behavioral Health Services

To address the needs of individuals with co-morbid physical and behavioral health (BH) needs, OneCity Health intends to better integrate behavioral health and primary care services by pursuing three models:

- Model 1: Increasing the physical co-location of behavioral health providers into primary care sites.
- Model 2: Co-locate primary care services at behavioral health sites.
- Model 3: Implementing the Improving Mood-Providing Access to Collaborative Treatment (IMPACT) model for depression across the PPS service area.

Assuming full project implementation, the following impacts in terms of health care utilization as a result of the integration of primary care and behavioral health services have been projected:

- Behavioral health-related ED visits are projected to decrease by approximately 1,000 visits on an annual basis.
- Behavioral health-related inpatient days are projected to reduce by 1,600 days by 2020.

- Primary Care visits could increase by 7,100.

Based on modeling results summarized above, by 2020 the net projected PPS-wide workforce impact associated with this DSRIP initiative will likely include:

- **In the outpatient/office setting:** An increase of approximately 139 licensed clinical social worker FTEs (or similarly licensed personnel such as mental health counselors, addiction counselors, or psychologists), 14 FTEs in psychiatrists/psych nurse practitioners, 13-14 FTE primary care providers, 74 FTEs in administrative support staff and 23 FTE increase in clinical support staff.
- **In the ED setting:** Minimal anticipated impact on providers.
- **In the inpatient setting:** A 9 FTE decline in registered nurses accompanied by small declines in licensed practical nurses, hospitalists and nurse aides/assistants.

Achieving project goals will increase access to behavioral health services and, modeling results suggest, a corresponding rise in BH care providers and associated support staff. While a reduction in FTEs in the ED and inpatient settings is also anticipated, the projected impact in these settings is small, supporting the project goal that most of the care in this project will be received in a primary care setting.

Exhibit 41: Integration of Behavioral Health into Primary Care Projected Impacts	
<u>Workforce Impacts by Care Setting and Job Title</u>	<u>Total Workforce Impacts (by FTE)</u>
<i>Behavioral Health Setting</i>	
Licensed Clinical Social Worker	139.5
Psychiatrists/Psychiatric Nurses	14
Primary Care Providers	13.5
Medical Support	23.5
Admin Support	74.5
Registered Nurses	1.5
<i>Emergency Department</i>	
Emergency Physicians	-0.5
Nurse Practitioners or Physician Assistants	0
Staff Registered Nurses	-1.5
<i>Inpatient</i>	
Hospitalists	-1
Registered Nurses	-9
Licensed Practical Nurses	-0.5
Nurse Aides/Assistants	-2.5

The goals of this project are to increase access to behavioral health services and as a result, the projected workforce impacts in behavioral health settings are anticipated to address the number of behavioral health providers and associated support staff needed to meet increased care demands.

Behavioral Health Workforce Gaps

Based on the projected workforce impacts, the PPS is likely to experience an increased demand in licensed clinical social workers and administrative support to support increased patient visits. A significant gap currently exists in the behavioral health workforce as illustrated by the current reported vacancy rate of 8.2% and analysis done by the PPSs largest partner NYC Health + Hospitals. The implementation of Project 3ai will only increase the existing behavioral health workforce gaps.

Hospital Inpatient/ED Workforce Impacts:

The projected workforce impacts, however, for the ED and inpatient settings suggest minimal impacts to the PPS’s workforce with a slight reduction of workforce FTEs which are primarily due to the modest project impacts for patients who are referred to and receive behavioral health counseling following screenings and as a result have fewer ED visits and inpatient stays.

vi. Project 3.b.i: Evidence-based Strategies to Improve Management of Cardiovascular Disease

OneCity Health is implementing a cardiovascular disease management program using evidenced based strategies to assist patients managing heart conditions. This program will address major cardiovascular disease (CVD) risk factors in New York City. This includes improving prescribing and adherence to aspirin prophylaxis among eligible patients, improving blood pressure control by updating and strengthening implementation of HTN guidelines, improving cholesterol control by updating current cholesterol management and treatment guidelines, and increasing smoking cessation by enabling PCPs to distribute nicotine replacement therapy at the point-of-care. The targeted patient population will include all uniquely attributed adult patients aged 18 years or older with cardiovascular conditions based on a defined set of ICD-10 diagnosis codes.

As detailed within *Exhibit 42*, a may include:

- An estimated increase of 24 Certified CVD Educator FTEs or staff to support this role (OneCity Health may leverage other staff to address this need in its care model)
- **In outpatient/office setting:** An increase of 23 additional primary care FTEs, 69 direct medical and administrative support staff FTEs, 16 additional staff registered nurse FTEs, and 9 FTE cardiologists
- **In the ED setting:** A slight decrease in emergency department staff
- **In inpatient settings:** A decrease in demand for hospital inpatient staff—including approximately 31 fewer registered nurse and 8 fewer nurse aides/assistants FTEs

Exhibit 42: Cardiovascular Disease Management: Project Impact

<u>Workforce Impacts by Care Setting and Job Title</u>	<u>Total Workforce Impacts (by FTE)</u>
<i>Primary Care/Outpatient</i>	
Primary Care Providers	23
Medical Support	40

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Admin Support	28.5
Registered Nurses	16
Specialist (Cardiologist)	9
<i>Emergency Department</i>	
Emergency Physicians	-0.5
Nurse Practitioners & Physician Assistants	0
Registered Nurses	-2
<i>Inpatient</i>	
Hospitalists	-2.5
Registered Nurses	-31.5
Licensed Practical Nurses	-2
Nurse Aides/Assistants	-8
<i>Certified CVD Educators 1 : 2,000 patients</i>	23.5

As represented in the exhibit, the CVD management project is anticipated to increase primary care and cardiologist demand in the outpatient and community settings. There will also be a substantive increase in demand for Certified CVD Educators or staff to support this need. OneCity Health is using collaborative care nurses (non-care management) to complete blood pressure monitoring requirement as one of the components of the project. Although workforce gaps for this position do not currently exist, as demand increases throughout the project’s implementation, this may change as patients become actively engaged within the CVD management project.

Primary Care Providers (Outpatient and Community-based)

Due to the anticipated impact of the CVD management project, demand for primary care providers (PCPs), direct medical support and administrative support in outpatient and community-based settings is anticipated to increase by 116 FTEs by 2020. PCP demand is expect to increase by 23 FTEs, direct medical support by 40 FTEs and direct administrative support by over 29 FTEs. Cardiologist demand is expected to increase by 9 FTEs.

Nursing Workforce Gaps

In the Hospital Inpatient/ED setting, about 42 nursing FTEs are estimated to be displaced (decrease in 32 registered nurse FTEs, 8 nurse aides/assistants and 2) licensed practical nurses This is somewhat offset by the estimated demand increase for registered nurses in the outpatient/community-based settings (Increase in 16 registered nurse FTEs).

Certified CVD Educators Gaps

An estimated 24 additional Certified CVD Educators are estimated to be required by 2020.

vii. Project 3.d.ii: Expansion of Asthma Home-based Self-management Program

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OneCity Health PPS identified a high number of asthma-related ED visits which can be attributed to high rates of smoking as well as lack of primary care access across the four boroughs. To mitigate risk and decrease asthma rates, the PPS plans to implement an integrated asthma self-management program and evidence-based best practices to control asthma-related symptoms and educate patients on asthma triggers.

Primary project interventions include:

- Increasing PC/PCMH capacity by up to 10% by 2020, including additional staffing, expanded hours of operation, and increased scope of onsite services, such as point-of-care testing and specialty services.
- Implementing evidence-based clinical guidelines for asthma management at each PCMH site.
- Developing home-based assessment and self-management programs in conjunction with community-based partners who provide community health worker services to reduce home environmental triggers.
- Tracking population outcomes via an asthma registry.

Assuming full project implementation, a reduction of 300 ED visits, 530 fewer inpatient days, and a reduction in approximately 2,100 urgent (unscheduled) primary care visits are estimated.

As detailed in *Exhibit 43*, additional projected impacts include:

- Increased need for 23 FTE asthma educators/health coaches.
- **In primary care settings:** Minimal staffing changes.
- **In the ED setting:** Minimal staffing changes.
- **In the inpatient setting:** Minimal staffing changes.

Exhibit 43: Asthma Self-Management Projected Workforce Impacts by Care Setting	
<u>Workforce Impacts by Care Setting and Job Title</u>	<u>Total Workforce Impacts (by FTE)</u>
<i>Primary Care/Outpatient</i>	
Primary Care Providers	-1
Medical Support	-2
Admin Support	-1
Registered Nurses	-0.5
<i>Emergency Department</i>	
Emergency Physicians	0
Nurse Practitioners & Physician Assistants	0
Registered Nurses	-0.5
<i>Inpatient</i>	
Hospitalists	-0.5
Registered Nurses	-3.5
Licensed Practical Nurses	0

Nurse Aides/Assistants	-1
Certified Asthma Educators	23.5

As shown in *Exhibit 43*, the asthma self-management project is projected to have minimal impacts in primary care /outpatient settings and Hospital Inpatient/ED settings. The greatest impacts, however, are projected to occur in terms of an increased demand for certified asthma educators for the provision of asthma-self management services. Community health workers will be deployed to assist patients and their families with asthma management, including through the provision of home visits. Based on the current workforce state data, the PPS’s network includes approximately 7.5 certified asthma educator FTEs with a 40% vacancy rate reported. (Although this is a smaller sample size of 7.5 FTEs with 2 reported vacancies).

viii. Project 3.g.i: Integration of Palliative Care into the PCMH Model

Palliative care is a specialized form of medical care, specifically for individuals with serious illnesses, with the goal to provide relief from the symptoms and stress of their condition to develop improved quality of life for both patients and their families. Focusing on pain and symptom control, communication and coordination, family/caregiver and emotional support, palliative care allows patients and their families to understand their treatment options and develop end of life plans as necessary.

This project was chosen for implementation as findings from the Community Needs Assessment (CNA) indicated that many residents hospitalized with at least one chronic condition could benefit from palliative services. The CNA also indicated that the prevalence of chronic conditions that could benefit from palliative services outweigh the availability of such services, a deficiency that will worsen with time given the aging population. The target population will be patients, aged 18 and older, who are eligible for a primary palliative care intervention, with eligibility criteria specified by diagnosis based on ICD-10 codes of chronic diseases that could benefit from palliative care (e.g., cancer, advanced depression, stroke, etc.). The main focus is on training and education for PCPs and staff on palliative care. The PPS will focus on providing training and education related to strengthening and enhancing primary care teams’ skills and abilities in advanced illness management in primary care delivery settings.

Exhibit 44 summarizes modeling results and projected target state impacts of this DSRIP clinical improvement project. By 2020 the net projected annual utilization impacts include:

- 1,400 fewer readmissions.
- 9,000 fewer inpatient days.
- 700 fewer ED visits.

Additional projected impact includes:

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- An increase of 10 additional health coach FTEs.
- In the ED setting: Minimal change in demand for emergency department staff.
- In the inpatient setting: A possible decline in FTEs of 53 registered nurses, 13 nurse aide/assistants, 5 hospitalists, and 3 licensed practical nurses.

Palliative care services are generally lacking in the PPS service area. Although the analysis suggests a large decrease in FTEs counterintuitive to the goals of the project (to increase palliative care services), these are FTEs that are potentially associated with caring for patients who may have had readmissions or longer stays due to poor management of their serious illnesses. As readmissions and length of stay (LOS) decrease, some inpatient FTEs can be redeployed to providing more palliative care.

Exhibit 44: Integration of Palliative Care: Projected Impact

<u>Workforce Impacts by Care Setting and Job Title</u>	<u>2020 - DY 5 Impacts (by FTE)</u>
<i>Emergency Department</i>	
Emergency Physicians	-0.5
Nurse Practitioners and Physician Assistants	0
Staff Registered Nurses	-1
<i>Inpatient</i>	
Hospitalists	-4.5
Staff Registered Nurses	-53.5
Licensed Practical Nurses	-3
Nurse Aides/Assistants	-13.5
<i>Health Coaches 1:2,000 patients</i>	10

Hospital Inpatient/ED Workforce Gaps

Within the Hospital Inpatient/ED settings, *Exhibit 44* indicates a larger decrease in the number of registered nurses and nurse aides/assistants and a slight decrease in the number of licensed registered nurses as a result of project impacts starting in DY2 and increasing significantly up to DY5. Demand for registered nurses is estimated to increase to 54 registered nurse FTEs. Based on the current state data reported, a vacancy rate of 6.7% for registered nurses and a vacancy rate of 6.3% for licensed practical nurses were reported across the PPS. In the Hospital Inpatient/ED setting, lower vacancy rates were reported for registered nurses (3.7%) and licensed practical nurses (5.2%). Similarly, the projected reduction in demand for nurse aides/assistants by 15 FTEs will likely be offset by the existing vacancy rates (4.8%) reported for these positions in the Hospital Inpatient/ED setting as well as by non-DSRIP related factors including addressing population growth.

Health Coaches Workforce Gaps

As indicated within *Exhibit 45*, there is a projected increase in the number of Health Coaches for the Palliative Care project. The increase is estimated to be 10 additional FTEs. Based on

the current workforce state data reported, the vacancy rate reported across the PPS for Health Coaches is approximately 80% (This came from a very low sample size - 2.5 FTEs with 2 reported vacancies).

D. Other DSRIP Projects where Workforce Impacts were Not Projected

i. Project 2.a.i: Creation of an Integrated Delivery System

OneCity Health is implementing an Integrated Delivery System (“IDS”) and transforming healthcare delivery through an organized and collaborative network of providers. These include primary, behavioral, specialty, long-term and post-acute care providers as well as social service and community-based providers. All PPS providers are included in the IDS, and OneCity Health is partnering with 4 Health Homes (HH) that will subcontract with community based organizations to enhance enrollment, early intervention, and outreach efforts in the coverage of the population. Additionally, the IDS will include care transitions in inpatient and ED, care management for super-utilizers and enhanced PCMH care management staff. The IDS goals are to increase PC/PCMH capacity by up to 10% by DY5, including additional staffing, expanded hours of operation and increased scope of onsite services, such as point-of-care testing and specialty services.

For purposes of projecting workforce impacts as a result of DSRIP project implementation, it was assumed that implementation of Project 2.a.i: Creation of an Integrated Delivery System and the development of an IDS does not have an independent effect on the PPS’s workforce needs, thus workforce impacts were not projected and gaps were not identified for this project.

ii. Domain 4 Projects - Project 4.a.iii: Strengthen Mental Health and Substance Abuse Infrastructure Across Systems and Project 4.c.ii: Increase Early Access to, and Retention in, HIV care

The analysis within this report does not separately model the two population-wide prevention projects. One project is strengthening mental health and substance abuse infrastructure. While this project is not explicitly modeled, the goals and impacts of this project are in some cases aligned with other clinical improvement projects that are modeled (e.g., integrating primary care and behavioral health services) including strengthening team settings and care coordination. OneCity Health is implementing focused on training to screen children in middle schools for behavioral health issues as part of Project 4.a.iii: Strengthen Mental Health and Substance Abuse Infrastructure Across Systems.

The workforce impact related to the increased access to and retention of HIV care has not been separately modeled in this analysis. In collaboration with seven New York City PPSs, OneCity Health will implement a program focused on developing common approaches and resources, addressing identified gaps in HIV care spanning the New York City boroughs

(Project 4.c.ii: Increase Early Access to, and Retention in, HIV Care). The PPSs’ HIV Collaborative include strengthening screening and linkage infrastructure, identification and treatment of patients eligible for pre-exposure prophylaxis treatment, and enhancement of peer support programs for HIV patients. Although the Domain 4 projects are likely to have some workforce impact, there is not enough information at this time to make informed assumptions about the population-wide projects’ potential impacts on the PPS’s workforce as a result of implementing this project independent of the impacts of the other projects modeled.

E. Other Identified Workforce Gaps

The Current Workforce State Report section of this report shows certain gaps in staff training, and cultural competency and health literacy needs were identified within the PPS’s workforce. A workforce gap is the need for training programs for both clinical and non-clinical staff to ensure consistency of identified best practices and clinical protocols for each of DSRIP project being implemented across multiple partners. For example, ED staff will need to be trained on the PPS’s new ED discharge procedures, and primary care and behavioral health providers will need to be trained on the PPS’s new primary care and behavioral health integration protocols and procedures.

In line with the PPS’s plans to create an integrated delivery system and ensure consistent coordination of care across clinical as well as community-based settings, training programs are needed to ensure that PPS partners are connected to a RHIO/SHIN-NY and understand how to appropriately and consistently document patient interactions and records.

Additionally, and as identified within the PPS’s Community Needs Assessment and cultural competency and health literacy assessment strategic plan, the PPS’s network reported a need for improved language and cultural competency capabilities across providers and social services to more appropriately address patients’ health and social needs.

Finally, based on data reported by OneCity Health partners, current workforce gaps exist within specific DOH job categories. *Exhibit 45* shows the PPS’s highest reported vacancy rates were identified for nurse care managers/coordinators/navigators/coaches (14.6%), behavioral health staff (8.21%), nurse practitioners (8%), and physician assistants (8%). As detailed in this report, these positions are likely to experience impacts as a result of DSRIP project implementation as well as overall changes in demand due to population growth.

Other DOH job categories which are also likely to be impacted as a result of DSRIP and non-DSRIP related factors include emerging titles and nursing positions. Similarly, these positions also reported high vacancy rates of 6.7% to 7.4% across the PPS’s network.

Exhibit 45: PPS Reported Workforce Vacancy Rate by DOH Job Categories

<u>DOH Job Categories</u>	<u>Reported FTEs</u>	<u>Reported FTE Vacancies</u>	<u>Reported FTE Vacancy Rate</u>
Nursing Care Mgrs./ Coordinators/Navigators/Coaches	470	68.5	14.57%
Behavioral Health	6,684	548.6	8.21%
Nurse Practitioners	575	46.0	7.99%

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Physician Assistants	772	61.6	7.98%
Midwifery	144	11.0	7.63%
Emerging Titles	3,173	235.7	7.43%
Nursing	15,648	1,043.8	6.67%
Clinical Support	8,996	541.0	6.01%
Social Worker Case Management/Care Management	2,256	115.0	5.10%
Physicians	6,310	310.2	4.92%
Patient Education	443	21.0	4.74%
Other Allied Health	6,124	272.0	4.44%
Administrative Support	18,254	804.0	4.40%
Administrative Staff	7,069	266.3	3.77%
Janitors and Cleaners	967	29.9	3.09%
Health Information Technology	731	22.5	3.08%
Oral Health	613	16.8	2.73%
Home Health Care	22,278	231.0	1.04%
Grand Total	101,507	4,644.9	4.58%

V. Conclusion

As detailed in this Gap Analysis Report, the overall DSRIP project workforce impacts are projected to be moderate. In specific instances where high workforce vacancies are reported and general workforce shortages already impact the PPS provider community, DSRIP projects may work to either minimize or further expand gaps that currently exist within the PPS's workforce.

Following five year implementation of the DSRIP program, due to the combined impact of the program as well as non-DSRIP related impacts, the PPS's workforce is projected to experience a potential increase in demand for health care providers including PCPs, nursing positions, clinical support, administrative support, behavioral health positions and care management positions, with the largest impact associated with care managers/coordinators.

The PPS's workforce is anticipated to experience an increase in demand for PCPs as patients are redirected to seek care from providers outside of the ED setting and in outpatient and community-based settings. This will be due to combined impacts of the ED Triage project, the Health Home at Risk project, and increased referrals through the co-location of primary care and behavioral health services. In addition to increasing the demand for PCPs, project impacts are estimated to result in the increase in demand for clinical and administrative support positions to support the projected increase in utilization of primary care and outpatient services.

As a result of anticipated project impacts for the integration of primary care and behavioral health services, increased demand for behavioral health positions is anticipated for licensed clinical social workers and licensed master social workers, among others. Based on the Current Workforce State data reported across the PPS, higher vacancy rates were reported for

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behavioral health job titles. At the PPS level, an 8.2% vacancy rate was reported for behavioral health positions indicated shortages already exists among the PPS network that will only increase with DSRIP implementation.

OneCity Health also anticipates an increased utilization of community-based health and primary care as a result of the PPS projects Health Home at Risk, ED Triage, Patient Activation and the Integration of behavioral health into Primary Care.

As a result, workforce demand for PCPs, clinical social workers, registered nurses, medical assistants and administrative support staff is projected to increase. This anticipated impact is partly due to the significant number of Medicaid beneficiaries being incentivized to seek care with their primary care providers. The current workforce state data shows the vacancy rate reported across the PPS for PCPs as 9.5%. Given the anticipated increase in utilization of community-based providers and the high vacancy rate reported for these positions, the existing gap for PCPs is likely to increase throughout DSRIP implementation into 2020.

I. APPENDIX 1- DOH Job Categories by Job title, Definition and Education Requirements

DSRIP WORKFORCE CATEGORIES			
Job Titles	Definitions	Educational/Training Requirements	Additional Information
Physicians			
Primary Care	Physicians who diagnose, treat, and help prevent diseases and injuries that commonly occur in the general population. May refer patients to specialists when needed for further diagnosis or treatment.	4 years of undergraduate school, 4 years of medical school, and, depending on specialty, 3-to-8 years in internship and residency programs. State physicians licensure is required; board specialty is optional.	Primary care is considered family practice, general practice, and general internal medicine. Physicians include M.D.s and D.O.s. May be certified by the American Board of Family Medicine, American Board of General Practice, or American Board of Internal Medicine.
Primary Care (HIV)	To be considered a primary care (HIV) physician, at least half of the visits to said physician must come from HIV-positive patients.		May be certified by the American Board of Internal Medicine with a subspecialty in Infectious Disease.
Cardiologists	Physicians who specialize in diagnosing and treating diseases/conditions of the heart and blood vessels.		Cardiologists include Physicians specializing in: Pediatric Cardiology, Cardiovascular Disease, Interventional Cardiology, and Clinical Cardiac Electrophysiology. May be certified by the American Board of Internal Medicine with a subspecialty in Cardiovascular Disease Management.
Emergency Medicine	Physicians who specialize in the prevention, diagnosis, and management of acute and urgent aspects of illness and injury.		May be certified by American Board of Emergency Medicine.
Endocrinologists	Physicians who specialize in diagnosing diseases that affect glands of the endocrine system, and treating frequently complex conditions involving several systems within the human body.		May be certified by American Board of Internal Medicine, with a subspecialty certificate in Endocrinology, Diabetes, and Metabolism.
Obstetricians/Gynecologists	Physicians who specialize in providing care related to pregnancy, childbirth, and the female reproductive system. This includes preventive care, prenatal care, detection of sexually transmitted diseases, pap screening, family planning, and diagnosis and treatment of the female reproductive system.		Can serve as a primary care physician and/or serve as consultants to other physicians. May specialize in behavioral problems, infertility, urinary tract infections, operative gynecology, etc. May be certified by the American Board of Obstetrics and Gynecology.
Pediatrician (General)	Physicians who diagnose, treat, and help prevent children's and adolescent's diseases and injuries.		May be certified by American Board of Pediatrics.
Other Specialties (Except Psychiatrists)	Treat injuries or illnesses. Physicians examine patients; take medical histories; prescribe medications; and order, perform, and interpret diagnostic tests. They counsel patients on diet, hygiene, and preventive healthcare. Surgeons operate on patients to treat injuries, such as broken bones; diseases, such as cancerous tumors; and deformities, such as cleft palates.		
Residents	A resident physician is a medical school graduate participating in a GME program and training in a specialized area of medicine. Acts as both a student and a health care provider, working in concert with other members of the health care team to provide direct medical care to patients.	All Residents must have a final medical diploma (MD, DO, MBBS, etc.).	
Fellows	A recent residency graduate participating in a fellowship to specialize in one particular field.	Physician residency graduate undergoing continued specialty training, usually ranging from 1-to-3 years.	
Physician Assistants			
Primary Care	Provide healthcare services typically performed by a physician, under the supervision of a physician. Conduct complete physicals, provide treatment, and counsel patients. May prescribe medication.	Must complete an accredited educational program. These programs usually lead to a master's degree. All states require physician assistants to be licensed. Must graduate from an	In many cases, the specialty of the PA is defined by the setting s/he practices in or the specialty of the supervising physician.

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Other Specialties		accredited educational program for physician assistants.	
Nurse Practitioners			
Primary Care	Diagnose/treat acute, episodic, or chronic illness, independently or as part of a healthcare team. May focus on health promotion and disease prevention. May order, perform, or interpret diagnostic tests such as lab work and x-rays. May prescribe medication.	At least a master's degree in one of the APRN roles. Must also be licensed in their state and pass a national certification exam. NPs must be a licensed RN and certified in at least 1 of 15 specialties in NYS.	In many cases, the specialty of the NP is defined by the setting s/he practices in or the specialty of the collaborating physician.
Other Specialties (Except Psychiatric NPs)			
Midwifery			
Midwives	Diagnose/coordinate all aspects of the birthing process, either independently or as part of a healthcare team. May provide well-woman gynecological care.	Master's degree in one of the APRN roles. Must also be licensed in their state and pass a national certification exam. Must have specialized, graduate nursing education.	
Nursing			
Nurse Managers/Supervisors	Manages the functions of the nursing floor. Responsible for the nurse activity on the floor and they oversee unit policies. They may or may not perform direct patient care. Administers an assigned nursing program or organizational unit with responsibility for planning, selecting and/or devising the methods and policies/procedures to be used and for directing nursing supervisors and/or other personnel in the accomplishment of designated goals. Negotiates interdepartmental resources, and communicates and plans with managers of staff in other departments to ensure effective level of service to the unit/program.	One of three education paths: a bachelor's degree in nursing, an associate's degree in nursing, or a diploma from an approved nursing program. Registered nurses must also be licensed.	May have an additional degree in management, business, or another field.
Staff Registered Nurses	Registered nurses (RNs) provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members.		
Other Registered Nurses (Utilization Review, Staff Development, etc.)	RN with responsibility outside of direct care that may involve reviewing charts or developing educational programs.		Additional experience or training may be required, such as in education.
Licensed Practical Nurses	Care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required.	Licensed practical and licensed vocational nurses must complete a state- approved educational program, which typically takes about 1 year to complete. They must also be licensed.	
Clinical Support			
Medical Assistants	Perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, and preparing patients for examination as directed by physician.	Postsecondary education such as a certificate. Others enter the occupation with a high school diploma and learn through on-the-job training.	
Nurse Aides/Assistants (CNAs)	Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants.	In New York State, nurse aides do not need certification to work in hospitals, though many hospitals prefer at least a high school diploma or additional certification in skills such as phlebotomy. In nursing homes, CNAs must complete a state-approved education program and must pass their state's competency exam to become certified.	

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Patient Care Techs (Associates)	Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants.	Many times PCTs/PCAs receive classroom and hands-on training through the hospital or facility that will employ them. Training and education requirements for PCTs/PCAs who work in hospitals or physician offices vary by institution. In some instances, employers may require a high school diploma or an associate degree and will provide on-the-job training. Others may require prior nursing aide experience as an LPN or CNA certificate.	
Oral Health			
Dentists	Provide basic diagnoses and treatment of the teeth, gums, and mouth-related issues. Clinical duties include providing advice and instruction to patients on proper care of the teeth and gums.	Licensed practice, required through the state.	
Dental Hygienists	A licensed dental professional working under the supervision of a dentist to meet the oral health needs of patients. Often provides patient care through clinical service and dental health counseling.	Dental hygienists need to be licensed in NYS, which includes either an associate or bachelor's degree.	
Dental Assistants	A licensed certified dental professional working under the supervision of a dentist to meet the oral health needs of patients. Duties often include taking impressions, selecting and prefitting orthodontic pieces, and removing stitches. <u>Unlicensed</u> dental assistants act as an extra pair of hands for the dentist, providing supportive services with a dentist who is personally performing the service or procedure.	To become a licensed certified dental assistant, must possess a high school diploma (or equivalent), complete a program in dental assisting registered by the NYS Education Dept., and pass the CDA licensing exam.	In NYS, dental assistant licensure is preferred but not required.
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)			
Psychiatrists	Physicians who diagnose, treat, and help prevent disorders of the mind.	4 years of undergraduate school, 4 years of medical school, and, depending on their specialty, 3 to 8 years in internship and residency programs.	
Psychologists	Diagnose and treat mental disorders; learning disabilities; and cognitive, behavioral, and emotional problems, using individual, child, family, and group therapies. May design and implement behavior modification programs.	Need a doctoral degree or specialist degree in psychology, a master's degree is sufficient for some positions. Practicing psychologists also need a license or certification.	
Psychiatric Nurse Practitioners	Diagnose/treat acute, episodic, or chronic illness, independently or as part of a healthcare team. May focus on health promotion and disease prevention. May order, perform, or interpret diagnostic tests such as lab work and x-rays. May prescribe medication.	At least a master's degree in one of the APRN roles. Must also be licensed in their state and pass a national certification exam. NPs must be a licensed RN and certified in at least 1 of 15 specialties in NYS. For this role, NPs usually have their certificate in behavioral health.	
Licensed Masters Social Workers	Assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education.	Clinical social workers must have a master's degree and two years of post-master experience in a supervised clinical setting. Clinical social workers must also be licensed in the state in which they practice.	
Licensed Clinical Social Workers			
Substance Abuse and Behavioral Disorder Counselors	Counsel and advise individuals with alcohol, tobacco, drug, or other problems, such as gambling and eating disorders. May counsel individuals, families, or groups or engage in prevention programs. Excludes social workers, psychologists, and mental health counselors providing these services.	High school diploma to a master's degree, depending on the setting, type of work, state regulations, and level of responsibility. Workers with a high school diploma typically go through a period of on-the-job training.	
Other Mental Health/Substance Abuse Titles Requiring Certification	Any mental health provided not defined above that required a license or certification such as a marriage and family therapist or certified behavior analyst.	Level of education will vary depending on the title and the state's licensure and certification requirements.	

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Social and Human Service Assistants	Social and human service assistants provide client services, including support for families, in a wide variety of fields, such as psychology, rehabilitation, and social work. They assist other workers, such as social workers, and they help clients find benefits or community services.	Requirements for social and human service assistants vary, although they typically have at least a high school diploma and must complete a brief period of on-the-job training. Some employers prefer to hire workers who have additional education such as an associate degree or experience.	
Psychiatric Aides/Techs	Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients. Includes psychiatric orderlies.	Psychiatric technicians typically need postsecondary education, and aides need at least a high school diploma. Both technicians and aides get on-the-job training.	
Nursing Care Managers/ Coordinators/Navigators/Coaches			
RN Care Coordinators/Case Managers/Care Transitions	While there is no standard definition for care/case managers/coordinators, care coordinator/managers will coordinate the needs of assigned patients across multiple providers; develop comprehensive plans to manage care delivery across a continuum of care. Assist in utilization of resources, clinical care, and promote clear communication among care team including treating physicians by ensuring awareness regarding patient care plans. Facilitate patient health education and support patient self-management of disease and behavior modification interventions. Manage high-risk patient care including management of patients with multiple co-morbidities or those at high risk of hospital readmission. Facilitate patient treatment adherence based on protocol and providers' orders. Participate as part of team for health outcomes reporting, programmatic evaluation, data collection and clinical audits.		Some agencies/facilities may require an RN degree to fill this role.
LPN Care Coordinators/Case Managers			Some agencies/facilities may require an LPN to fill this role.
Social Worker Case Management/ Care Management			
Bachelors Social Workers	Interviews patients and relatives to obtain social history relevant to medical problems and planning. Assists patients with environmental difficulties that interfere with obtaining maximum benefits from medical care. Serves as liaison between medical and nursing staffs, patients, relatives and appropriate outside agencies. Interprets and assists in resolving social problems that relate to medical condition and/or hospitalization. Requires a Bachelor's degree in Social Work or equivalent.	Bachelor's degree in social work.	
Licensed Masters Social Workers	Supervises or performs a variety of services, such as advising on social problems, arranging for discharge or postoperative care at home or in institutions, placement of children in foster homes or adults in nursing homes, financial assistance to patients or families during illnesses and alleviation of anxieties or fears concerning permanent disabilities, disfiguring illnesses or uncertainty about the future.	Social workers are licensed in NYS as either Licensed Clinical Social Workers or Licensed Masters Social Workers. Clinical social workers must have a master's degree and three years of post-master's experience in a supervised clinical setting. Only Licensed Clinical Social Workers can bill for psychotherapy services. Licensed Masters Social Workers do not need post-master's experience to practice.	
Licensed Clinical Social Workers			

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<p>Social Worker Care Coordinators/Case Managers/Care Transition</p>	<p>While there is no standard definition for care/case managers/ coordinators, care coordinator/managers will coordinate the needs of assigned patients across multiple providers; develop comprehensive plans to manage care delivery across a continuum of care. Assist in utilization of resources, clinical care, and promote clear communication among care team including treating physicians by ensuring awareness regarding patient care plans. Facilitate patient health education and support patient self-management of disease and behavior modification interventions. Manage high-risk patient care including management of patients with multiple co-morbidities or those at high risk of hospital readmission. Facilitate patient treatment adherence based on protocol and providers' orders. Participate as part of team for health outcomes reporting, programmatic evaluation, data collection and clinical audits.</p>		<p>Some agencies/facilities may require a social worker to fill this role.</p>
<p>Emerging Titles: Non-licensed Care Coordination / Case Management/Case Management / Patient Navigators / Community Health Workers (Except RNs, LPNs, and Social Workers)</p>			
<p>Care Manager/Coordinator</p>	<p>While there is no standard definition for care/case managers/ coordinators, care coordinator/managers will coordinate the needs of assigned patients across multiple providers; develop comprehensive plans to manage care delivery across a continuum of care. Assist in utilization of resources, clinical care, and promote clear communication among care team including treating physicians by ensuring awareness regarding patient care plans. Facilitate patient health education and support patient self-management of disease and behavior modification interventions. Manage high-risk patient care including management of patients with multiple co-morbidities or those at high risk of hospital readmission. Facilitate patient treatment adherence based on protocol and providers' orders. Participate as part of team for health outcomes reporting, programmatic evaluation, data collection and clinical audits.</p>	<p>Unless the organization requires a specific degree such as social worker, RN, and LPN, current training and education requirements vary greatly, though typically a high school is required.</p>	
<p>Patient or Care Navigator</p>	<p>Coordinates the care needs of assigned patients and develops comprehensive plans to manage care delivery across the patient care continuum. Partners with patients and their primary physicians to develop customized care plans based on their individual needs and preferences. Collaborates with physicians, nurses, allied health professionals, social work, and others to ensure appropriate tests and treatments are delivered in a timely fashion. Advocates for the patient. Balances care needs and financial considerations to ensure efficient and effective treatments are achieved.</p>	<p>Unless the organization requires a specific degree such as social worker, RN, and LPN, current training and education requirements vary greatly, though typically a high school is required.</p>	
<p>Community Health Worker</p>	<p>Community health workers collect data and discuss health concerns with members of specific populations or communities.</p>	<p>Typically have at least a high school diploma and must complete a brief period of on-the-job training. Some states have certification programs for community health workers.</p>	
<p>Peer Support Worker</p>	<p>Typically, a peer support worker has had a significant life altering experience and works to assist individuals encountering similar hurdles. Also referred to as a Peer Worker, Recovery Support, Recovery Coach, Peer Mentor, or Peer Support Specialist. Job duties include recovery coaching, emotional support, advocacy, mentoring, outreach support, and organizing/attending alcohol-and-drug-free recreational activities.</p>	<p>No educational requirements, but a high school diploma or GED is preferred. Some facilities may require some training in counseling.</p>	

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Patient Education			
Certified Asthma Educators	A currently certified health care provider whose primary responsibility is the provision of asthma coordination and counseling services. An asthma educator is an expert in educating individuals with asthma and their families on the knowledge and skills necessary to minimize the impact of asthma on their quality of life.	Must be currently licensed or credentialed Physician (MD, DO), Physician Assistant (PA-C), Nurse (RN, LPN, NP), Respiratory Therapist (RRT, CRT), Pulmonology Function Technologists (CPFT, RPFT), Pharmacist (RPh), Social Worker (CSW), Health Educator (CHES), Physical Therapist (PT), or Occupational Therapist (OT) or must have provided a minimum of 1000 hours of direct patient asthma education, counseling, or coordinating services. Must also pass exam by the National Asthma Educator Certification Board, Inc.	Certification is voluntary and not required by law for employment in the field.
Certified Diabetes Educators	Provide and manage health education programs that help individuals, families, and their communities maximize and maintain healthy lifestyles. Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. May serve as resource to assist individuals, other health professionals, or the community, and may administer fiscal resources for health education programs.	A certified diabetes educator is a professional that meets certain licensure requirements, such as an RN, registered dietician, or other health care professional who have national CDE certification.	
Health Coach	Empower patients to make behavior and lifestyle changes through physical fitness and nutrition counseling in order to manage/prevent chronic diseases.	Education/training requirements vary widely by industry. Health Coaches are often Certified Personal Trainers. Most positions/settings will provide on-the-job training, but some prefer employee to have Health Coach Certification.	If a HHA or otherwise also functions as a Health Coach, please only count primary role. May also be called Wellness Coaches.
Health Educators	Health educators teach people about behaviors that promote wellness. They develop and implement strategies to improve the health of individuals and communities. Community health workers collect data and discuss health concerns with members of specific populations or communities.	Bachelor's degree. Many employers require the Certified Health Education Specialist (CHES) credential.	Some positions/settings may require master's degree.
Administrative Staff -- All Titles			
Executive Staff	Devise strategies and policies to ensure that an organization meets its goals. They plan, direct, and coordinate operational activities of companies and organizations.	Education/training requirements vary widely by position and industry, many have at least a bachelor's degree and a considerable amount of work experience.	
Financial	Financial managers are responsible for the financial health of an organization. They produce financial reports, direct investment activities, and develop strategies and plans for the long-term financial goals of their organization.	Bachelor's degree and 5 years or more of experience in another business or financial occupation, such as loan officer, accountant, auditor, securities sales agent, or financial analyst.	
Human Resources	Human resources managers plan, direct, and coordinate the administrative functions of an organization. They oversee the recruiting, interviewing, and hiring of new staff, consult with top executives on strategic planning, and serve as a link between an organization's management and its employees.	Combination of education and several years of related work experience to become a human resources manager. Although a bachelor's degree is sufficient for most positions, some jobs require a master's degree. Candidates should have strong interpersonal skills.	
Administrative Support -- All Titles			
Office Clerks	General office clerks perform a variety of administrative tasks, including answering telephones, typing or word processing, making copies of documents, and maintaining records.	High school diploma or equivalent. Most learn their skills on the job.	
Secretaries and Administrative Assistants	Secretaries and administrative assistants perform routine clerical and administrative duties. They organize files, draft messages, schedule appointments, and support other staff.	High school graduates with basic office and computer skills usually qualify for entry-level positions. Most secretaries learn their job in several weeks, many legal and medical secretaries require several months of training to learn industry-specific terminology. Executive secretaries usually need several years of related work experience.	

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Coders/Billers	Bill and account collectors, sometimes called <i>collectors</i> , try to recover payment on overdue bills. They negotiate repayment plans with debtors and help them find solutions to make paying their overdue bills easier. <i>Medical coder</i> , commonly referred to as <i>health information technicians</i> , organize and manage health information data. They ensure that the information maintains its quality, accuracy, accessibility, and security in both paper files and electronic systems. They use various classification systems to code and categorize patient information for insurance reimbursement purposes, for databases and registries, and to maintain patients' medical and treatment histories.	High school diploma. A few months of on-the-job training is common. May also include formal education.	
Dietary/Food Service	Daily operation of restaurants and other establishments that prepare and serve food and beverages. They direct staff to ensure that customers are satisfied with their dining experience and the business is profitable.	High school diploma and long-term work experience in the food service industry. However, some receive training at a community college, technical or vocational school, culinary school, or a 4-year college.	
Financial Service Representatives	Securities, commodities, and financial services sales agents connect buyers and sellers in financial markets. They sell securities to individuals, advise companies in search of investors, and conduct trades.	Bachelor's degree may be required for entry-level jobs, and a master's degree in business administration (MBA) is useful for advancement.	
Housekeeping	Maids and housekeeping cleaners perform general cleaning tasks, including making beds and vacuuming halls, in private homes and commercial establishments.	No formal training or education is required. Most workers learn on the job.	
Medical Interpreters	Convert information from one language into another language. Interpreters work in spoken or sign language; translators work in written language.	May require a bachelor's degree, native-level fluency in English and at least one other language. Many complete job-specific training programs. Some organizations may require national certification.	
Patient Service Representatives	Patient service representatives work with patients in different health care settings to assist with complaints or issues or to provide information on the services being offered.	Patient service representatives typically need a high school diploma and are trained on the job. They should be good at communicating with people and have some experience using computers. Some organizations may require additional education or training.	
Transportation	Drive ambulance or assist ambulance driver in transporting sick, injured, or convalescent persons. Assist in lifting patients. Emergency medical technicians (EMTs) and paramedics care for the sick or injured in emergency medical settings. People's lives often depend on their quick reaction and competent care. EMTs and paramedics respond to emergency calls, performing medical services and transporting patients to medical facilities.	High school diploma. All emergency medical technicians (EMTs) and paramedics must complete a postsecondary educational program. All states require EMTs and paramedics to be licensed; requirements vary by state.	
Janitors and Cleaners			
Janitors and Cleaners	Janitors and building cleaners keep many types of buildings clean, orderly, and in good condition.	Janitors and building cleaners do not need any formal educational credential, though some organizations may require a high school education. However, high school courses in shop can be helpful for jobs involving repair work.	
Health Information Technology			
Health Information Technology Managers	Computer and information systems managers, often called information technology (IT) managers or IT project managers, plan, coordinate, and direct computer-related activities in an organization. They help determine the information technology goals of an organization and are responsible for implementing computer systems to meet those goals.	Bachelor's degree in computer or information science, plus related work experience, is required. Many computer and information systems managers also have a graduate degree.	
Hardware Maintenance	Computer, ATM, and office machine repairers install, fix, and maintain many of the machines that businesses, households, and other consumers use.	Knowledge of electronics is essential. Most workers take some postsecondary classes, although some who can demonstrate knowledge may be hired with a high school diploma. Strong communication and customer-service skills are important because these workers often interact with customers to figure out what needs to be repaired.	

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Software Programmers	Software developers are the creative minds behind computer programs. Some develop the applications that allow people to do specific tasks on a computer or other device. Others develop the underlying systems that run the devices or control networks.	Bachelor's degree in computer science and strong computer programming skills.	
Technical Support	Computer support specialists provide help and advice to people and organizations using computer software or equipment. Some, called computer network support specialists, support information technology (IT) employees within their organization. Others, called computer user support specialists, assist non-IT users who are having computer problems.	Bachelor's degree is required for some computer support specialist positions, but an associate's degree or postsecondary classes may be enough for others.	
Home Health Care			
Certified Home Health Aides	Home health aides help people who are disabled, chronically ill, or cognitively impaired. They often help older adults who need assistance. In some states, home health aides may be able to give a client medication or check the client's vital signs under the direction of a nurse or other healthcare practitioner.	No formal education requirements for home health aides, but most aides have a high school diploma. Home health aides working in certified home health or hospice agencies must get formal training and pass a standardized test.	
Personal Care Aides (Level I)	<p>Personal care services are assistance from a personal care aide with nutritional, environmental support, and personal care functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, ordered by the attending physician, and based on an assessment of the patient's needs and of the appropriateness and cost-effectiveness of services.</p> <p>HOUSEKEEPING or "Level 1" - for those who because of disability need assistance with housekeeping, cleaning, and meal preparation, grocery shopping, and laundry, but they do not need help with "personal care" tasks such as bathing or dressing. Services are limited by state law to 8 hours per week.</p> <p>Note: Adults who have Medicare, who would otherwise be required to enroll in a Managed Long Term Care Plan, but who only need Housekeeping services, may NOT enroll in MLTC. They obtain Housekeeping services by applying at the local district/HRA.</p>	Trained on the job. There are no formal education requirements for personal care aides, but most aides have a high school diploma.	
Personal Care Aides (Level II)	<p>Personal care services are assistance from a personal care aide with nutritional, environmental support, and personal care functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, ordered by the attending physician, and based on an assessment of the patient's needs and of the appropriateness and cost-effectiveness of services.</p> <p>PERSONAL CARE or "Level 2" - includes all of the Housekeeping (Level 1) tasks plus assistance with personal needs: bathing, dressing, grooming, toileting, walking, feeding, assisting with administering medications, preparing meals with special diets, and routine skin care. In amendments of December 2015, "turning and positioning" was specifically added as a task, as needed by bedbound individuals who cannot turn themselves, putting them at risk of bedsores.</p>	Trained on the job. There are no formal education requirements for personal care aides, but most aides have a high school diploma.	
Other Allied Health			
Clinical Laboratory Technologists and Technicians	Collect samples and perform tests to analyze body fluids, tissue, and other substances.	Technologists need a bachelor's degree. Technicians usually need an associate's degree or a postsecondary certificate. Clinical laboratory technologists and technicians must be licensed in NYS.	Technologists may also supervise technicians.
Nutritionists/Dietitians	Evaluate the health of their clients and advise clients on which foods to eat and avoid improving their health.	Bachelor's degree is required. Most have advanced degrees. Nutritionists may earn the Certified Nutrition Specialist (CNS) credential through a Master's or Doctoral degree and an exam. Dietitians may earn the Registered Dietitian Nutritionist (RDN) credential through a Bachelor's degree and an exam.	May choose to specialize as a clinical, community, or management dietician/nutritionist.

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Occupational Therapists	Occupational therapists treat injured, ill, or disabled patients through the therapeutic use of everyday activities. They help these patients develop, recover, and improve the skills needed for daily living and working.	Master's degree in occupational therapy. All states require occupational therapists to be licensed or registered.	
Occupational Therapy Assistants/Aides	Help patients develop, recover, and improve the skills needed for daily living and working. Occupational therapy assistants are directly involved in providing therapy to patients, while occupational therapy aides typically perform support activities. Both assistants and aides work under the direction of occupational therapists.	Associate's degree from an accredited occupational therapy assistant program. In most states, occupational therapy assistants must be licensed. Occupational therapy aides typically have a high school diploma or equivalent.	
Optometrists	Healthcare professionals who provide primary vision care, ranging from sight testing and correction to the diagnosis, treatment, and management of vision changes.	Doctor of Optometry (OD), a 4-year program. All states require optometrist to be licensed.	May complete a 1-yr residency program to get advanced clinical training in the area in which they choose to specialize.
Pharmacists	Pharmacists dispense prescription medications to patients and offer expertise in the safe use of prescriptions. They also may provide advice on how to lead a healthy lifestyle, conduct health and wellness screenings, provide immunizations, and oversee the medications given to patients.	Doctor of Pharmacy (Pharm.D.), a 5- or 6-year professional degree. They also must be licensed, which requires passing two exams. Additional education is required in New York to provide immunizations.	
Pharmacy Technicians	Help licensed pharmacists dispense prescription medication to customers or health professionals.	High school diploma or the equivalent. Learn through on-the-job training, or they may complete a postsecondary education program. Most states regulate pharmacy technicians, which is a process that may require passing an exam or completing a formal education or training program.	
Physical Therapists	Help injured or ill people improve their movement and manage their pain. These therapists are often an important part of rehabilitation and treatment of patients with chronic conditions or injuries.	Need a Doctor of Physical Therapy (DPT) degree. All states require physical therapists to be licensed.	
Physical Therapy Assistants/Aides	Physical therapist assistants (sometimes called PTAs) and physical therapist aides work under the direction and supervision of physical therapists. They help patients who are recovering from injuries and illnesses regain movement and manage pain.	Associate's degree from an accredited physical therapist assistant program. Physical therapist aides generally have a high school diploma and receive on-the-job training.	
Respiratory Therapists	Care for patients who have trouble breathing—for example, from a chronic respiratory disease, such as asthma or emphysema. Their patients range from premature infants with undeveloped lungs to elderly patients who have diseased lungs. They also provide emergency care to patients suffering from heart attacks, drowning, or shock.	Typically need an associate's degree, but some have bachelor's degrees. Respiratory therapists are licensed in all states except Alaska; requirements vary by state.	
Speech Language Pathologists	Speech-language pathologists (sometimes called speech therapists) assess, diagnose, treat, and help to prevent communication and swallowing disorders in patients. Speech, language, and swallowing disorders result from a variety of causes, such as a stroke, brain injury, hearing loss, developmental delay, a cleft palate, cerebral palsy, or emotional problems.	Master's degree. They must be licensed in most states; requirements vary by state.	

II. APPENDIX 2 - Current State Workforce Data - Total Reported Workforce Data by Facility Type (Headcount and FTEs)

There is one Facility Type not included - Retails Clinics - because there was a total of 0 Headcount and 0 Total FTEs.

1. Article 16 Clinics

Job Title	Total Headcount	Total FTEs
Administrative Staff	17	15
Executive Staff	7	5
Financial	3	3
Other	7	7
Administrative Support	30	25
Coders/Billers	6	3
Medical Interpreters	1	0
Office Clerks	5	4
Other	6	5
Patient Service Representatives	2	2
Secretaries and Administrative Assistants	10	11
Behavioral Health	37	29
Licensed Clinical Social Workers	2	2
Licensed Masters Social Workers	6	6
Other	5	4
Other Mental Health/Substance Abuse Titles Requiring Certification	2	2
Psychiatric Nurse Practitioners	1	1
Psychiatrists	3	2
Psychologists	18	13
Clinical Support	5	4
Medical Assistants	5	4
Emerging Titles	70	70
Care Manager/Coordinator	62	62
Other	4	4
Patient or Care Navigator	4	4
Health Information Technology	1	1
Health Information Technology Managers	1	1
Janitors and Cleaners	1	1
Janitors and Cleaners	1	1
Nurse Practitioners	3	2
Primary Care	3	2
Nursing	1	1
Licensed Practical Nurses	1	1
Nursing Care Managers/ Coordinators/Navigators/Coaches	5	5

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Other	1	1
Registered Nurse Care Coordinators/Case Managers/Care Transitions	4	4
Oral Health	1	1
Dentists	1	1
Other Allied Health	25	19
Nutritionists/Dieticians	4	4
Occupational Therapists	5	4
Optometrists	2	1
Physical Therapists	8	4
Speech Language Pathologists	6	6
Physicians	9	3
Other Specialties (Except Psychiatrists)	6	1
Primary Care	3	2
Social Worker Case Management/ Care Management	34	14
Licensed Clinical Social Workers	22	9
Licensed Masters Social Workers	12	5
Grand Total	239	190

2. Diagnostic & Treatment Centers (Article 28)

Job Title	Total Headcount	Total FTEs
Administrative Staff	342	323
Executive Staff	85	79
Financial	53	49
Human Resources	31	27
Other	173	168
Administrative Support	528	501
Coders/Billers	69	62
Dietary/Food Service	1	1
Financial Service Representatives	2	2
Housekeeping	55	48
Office Clerks	180	177
Other	54	51
Patient Service Representatives	88	84
Secretaries and Administrative Assistants	69	66
Transportation	10	9
Behavioral Health	160	144
Licensed Clinical Social Workers	44	42
Licensed Masters Social Workers	16	15
Other	6	6
Other Mental Health/Substance Abuse Titles Requiring Certification	11	12
Psychiatric Nurse Practitioners	9	7
Psychiatrists	42	34
Psychologists	10	7
Social and Human Service Assistants	2	2
Substance Abuse and Behavioral Disorder Counselors	20	20
Clinical Support	228	225
Medical Assistants	206	205
Nurse Aides/Assistants (CNAs)	1	1
Other	10	8
Patient Care Techs (Associates)	11	11
Emerging Titles	145	138
Care Manager/Coordinator	45	45
Community Health Worker	24	24
Other	20	17
Patient or Care Navigator	51	51
Peer Support Worker	5	2
Health Information Technology	46	37
Hardware Maintenance	17	13
Health Information Technology Managers	8	6
Other	8	6
Software Programmers	4	4

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Technical Support	9	8
Janitors and Cleaners	19	15
Janitors and Cleaners	19	15
Midwifery	25	20
Midwives	13	8
Other	12	11
Nurse Practitioners	94	85
Other Specialties (Except Psychiatric NPs)	31	30
Primary Care	63	56
Nursing	232	209
Licensed Practical Nurses	95	94
Nurse Managers/Supervisors	44	43
Other	1	0
Other Registered Nurses (Utilization Review, Staff Development, etc.)	4	4
Per Diem Staff Registered Nurses	16	3
Staff Registered Nurses	72	65
Nursing Care Managers/ Coordinators/Navigators/Coaches	63	60
Licensed Practical Nurse Care Coordinators/Case Managers	1	1
Other	44	44
Registered Nurse Care Coordinators/Case Managers/Care Transitions	18	15
Oral Health	100	86
Dental Assistants	46	42
Dental Hygienists	8	8
Dentists	42	33
Other	4	3
Other Allied Health	153	141
Clinical Laboratory Technologists and Technicians	33	32
Nutritionists/Dieticians	26	26
Occupational Therapists	11	9
Optometrists	5	3
Other	50	47
Pharmacists	5	3
Pharmacy Technicians	2	2
Physical Therapists	10	9
Physical Therapy Assistants/Aides	2	2
Speech Language Pathologists	9	7
Patient Education	81	70
Certified Asthma Educators	1	1
Certified Diabetes Educators	1	1
Health Educators	45	34
Other	34	34
Physician Assistants	36	30
Other Specialties	5	4
Primary Care	31	26
Physicians	266	204
Cardiologists	7	1
Emergency Medicine	1	1
Endocrinologists	2	1

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Fellows	1	0
Obstetricians/Gynecologists	37	26
Other Specialties (Except Psychiatrists)	49	30
Pediatrician (General)	51	48
Primary Care	106	90
Primary Care (HIV)	11	6
Residents	1	1
Social Worker Case Management/ Care Management	52	49
Bachelors Social Workers	1	1
Licensed Clinical Social Workers	22	21
Licensed Masters Social Workers	20	19
Other	5	5
Social Worker Care Coord. /Case Managers/Care Transition	4	4
Grand Total	2,570	2,337

3. Home Care/Hospice

Job Title	Total Headcount	Total FTEs
Administrative Staff	1,147	1,041
Executive Staff	173	127
Financial	271	268
Human Resources	193	179
Other	510	468
Administrative Support	1,406	1,334
Coders/Billers	129	124
Financial Service Representatives	6	4
Office Clerks	351	347
Other	313	300
Patient Service Representatives	324	286
Secretaries and Administrative Assistants	283	273
Behavioral Health	450	370
Licensed Clinical Social Workers	27	27
Licensed Masters Social Workers	151	94
Other	69	66
Other Mental Health/Substance Abuse Titles Requiring Certification	50	42
Psychiatric Aides/Techs	4	2
Psychiatric Nurse Practitioners	2	2
Psychiatrists	7	5
Social and Human Service Assistants	138	131
Substance Abuse and Behavioral Disorder Counselors	2	2
Clinical Support	199	112
Nurse Aides/Assistants (CNAs)	66	52
Other	88	34
Patient Care Techs (Associates)	45	26
Emerging Titles	146	143
Care Manager/Coordinator	71	68
Other	68	68
Patient or Care Navigator	7	7
Health Information Technology	222	203
Hardware Maintenance	6	2
Health Information Technology Managers	37	31
Other	6	5
Software Programmers	111	108
Technical Support	62	56
Home Health Care	24,574	15,789
Certified Home Health Aides	19,523	13,109
Other	105	29
Personal Care Aides (Level I)	1,346	913
Personal Care Aides (Level II)	3,600	1,738

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Janitors and Cleaners	11	8
Janitors and Cleaners	11	8
Nurse Practitioners	11	8
Other Specialties (Except Psychiatric NPs)	6	3
Primary Care	5	5
Nursing	2,463	2,308
Licensed Practical Nurses	112	86
Nurse Managers/Supervisors	182	154
Other	306	273
Other Registered Nurses (Utilization Review, Staff Development, etc.)	183	164
Per Diem Staff Registered Nurses	542	527
Staff Registered Nurses	1,138	1,105
Nursing Care Managers/ Coordinators/Navigators/Coaches	200	138
Licensed Practical Nurse Care Coordinators/Case Managers	22	17
Other	3	3
Registered Nurse Care Coordinators/Case Managers/Care Transitions	175	118
Other Allied Health	606	525
Nutritionists/Dieticians	10	2
Occupational Therapists	87	74
Occupational Therapy Assistants/Aides	3	3
Other	103	100
Physical Therapists	346	300
Physical Therapy Assistants/Aides	12	10
Speech Language Pathologists	45	36
Patient Education	18	16
Health Educators	11	10
Other	7	6
Physicians	47	39
Fellows	3	3
Other Specialties (Except Psychiatrists)	26	20
Primary Care	18	16
Social Worker Case Management/ Care Management	70	26
Bachelors Social Workers	42	8
Licensed Clinical Social Workers	8	3
Licensed Masters Social Workers	14	10
Other	5	5
Grand Total	31,570	22,059

4. Hospital Inpatient/ED

Job Title	Total Headcount	Total FTEs
Administrative Staff	1,267	1,238
Executive Staff	936	920
Financial	144	142
Human Resources	119	119
Other	68	57
Administrative Support	7,727	7,338
Coders/Billers	154	151
Dietary/Food Service	677	563
Financial Service Representatives	553	544
Housekeeping	1,560	1,443
Medical Interpreters	16	18
Office Clerks	1,893	1,814
Other	1,950	1,928
Patient Service Representatives	92	85
Secretaries and Administrative Assistants	747	709
Transportation	85	83
Behavioral Health	1,723	1,673
Licensed Clinical Social Workers	54	54
Licensed Masters Social Workers	52	52
Other	1	1
Other Mental Health/Substance Abuse Titles Requiring Certification	82	77
Psychiatric Aides/Techs	759	735
Psychiatric Nurse Practitioners	27	26
Psychiatrists	390	378
Psychologists	143	136
Social and Human Service Assistants	3	3
Substance Abuse and Behavioral Disorder Counselors	212	210
Clinical Support	4,208	3,918
Medical Assistants	1,222	1,187
Nurse Aides/Assistants (CNAs)	1,646	1,427
Other	6	2
Patient Care Techs (Associates)	1,334	1,303
Emerging Titles	337	332
Care Manager/Coordinator	5	4
Community Health Worker	244	242
Other	0	0
Patient or Care Navigator	59	59
Peer Support Worker	29	28
Health Information Technology	100	99
Hardware Maintenance	3	3
Health Information Technology Managers	13	12
Other	81	81

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Software Programmers	1	1
Technical Support	2	2
Janitors and Cleaners	171	169
Janitors and Cleaners	171	169
Midwifery	97	90
Midwives	81	75
Other	16	14
Nurse Practitioners	272	265
Other Specialties (Except Psychiatric NPs)	242	236
Primary Care	30	29
Nursing	8,598	8,200
Licensed Practical Nurses	811	719
Nurse Managers/Supervisors	1,174	1,164
Other	20	15
Other Registered Nurses (Utilization Review, Staff Development, etc.)	34	34
Staff Registered Nurses	6,559	6,268
Nursing Care Managers/ Coordinators/Navigators/Coaches	56	56
Registered Nurse Care Coordinators/Case Managers/Care Transitions	56	56
Oral Health	98	86
Dental Assistants	36	36
Dental Hygienists	4	1
Dentists	26	22
Other	32	27
Other Allied Health	2,682	2,561
Clinical Laboratory Technologists and Technicians	861	836
Nutritionists/Dieticians	112	112
Occupational Therapists	80	75
Occupational Therapy Assistants/Aides	1	0
Optometrists	3	2
Other	706	651
Pharmacists	293	281
Pharmacy Technicians	177	173
Physical Therapists	116	108
Physical Therapy Assistants/Aides	7	5
Respiratory Therapists	301	299
Speech Language Pathologists	25	20
Patient Education	37	32
Certified Asthma Educators	1	1
Health Educators	9	9
Other	27	22
Physician Assistants	494	482
Other Specialties	304	292
Primary Care	190	190
Physicians	3,853	3,549
Cardiologists	76	68
Emergency Medicine	314	241

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Endocrinologists	19	12
Fellows	30	28
Obstetricians/Gynecologists	118	111
Other Specialties (Except Psychiatrists)	910	877
Pediatrician (General)	166	107
Primary Care	286	193
Primary Care (HIV)	32	20
Residents	1,902	1,891
Social Worker Case Management/ Care Management	393	385
Bachelors Social Workers	50	50
Licensed Clinical Social Workers	223	218
Licensed Masters Social Workers	105	102
Social Worker Care Coord./Case Managers/Care Transition	15	15
Grand Total	32,113	30,473

5. Hospital Outpatient Clinic (Article 28)

Job Title	Total Headcount	Total FTEs
Administrative Staff	1,189	1,161
Executive Staff	776	765
Financial	142	138
Human Resources	70	65
Other	201	193
Administrative Support	4,907	4,807
Coders/Billers	122	120
Dietary/Food Service	145	132
Financial Service Representatives	400	400
Housekeeping	901	870
Medical Interpreters	15	12
Office Clerks	1,406	1,388
Other	1,323	1,309
Patient Service Representatives	58	51
Secretaries and Administrative Assistants	485	473
Transportation	52	52
Behavioral Health	744	706
Licensed Clinical Social Workers	87	86
Licensed Masters Social Workers	88	87
Other	2	1
Other Mental Health/Substance Abuse Titles Requiring Certification	69	68
Psychiatric Aides/Techs	29	26
Psychiatric Nurse Practitioners	27	26
Psychiatrists	161	147
Psychologists	150	142
Social and Human Service Assistants	4	4
Substance Abuse and Behavioral Disorder Counselors	127	119
Clinical Support	903	897
Medical Assistants	762	761
Nurse Aides/Assistants (CNAs)	62	62
Other	6	6
Patient Care Techs (Associates)	73	69
Emerging Titles	481	467
Care Manager/Coordinator	4	4
Community Health Worker	401	394
Other	5	5
Patient or Care Navigator	54	51
Peer Support Worker	17	14
Health Information Technology	101	96
Hardware Maintenance	7	6
Health Information Technology Managers	9	7
Other	80	80
Software Programmers	1	1

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Technical Support	4	2
Home Health Care	243	243
Certified Home Health Aides	198	198
Other	45	45
Janitors and Cleaners	38	38
Janitors and Cleaners	38	38
Midwifery	36	33
Midwives	36	33
Nurse Practitioners	152	147
Other Specialties (Except Psychiatric NPs)	59	57
Primary Care	93	90
Nursing	1,577	1,563
Licensed Practical Nurses	281	280
Nurse Managers/Supervisors	440	435
Other	20	16
Other Registered Nurses (Utilization Review, Staff Development, etc.)	5	5
Staff Registered Nurses	831	827
Nursing Care Managers/ Coordinators/Navigators/Coaches	58	58
Registered Nurse Care Coordinators/Case Managers/Care Transitions	58	58
Oral Health	347	317
Dental Assistants	122	121
Dental Hygienists	16	16
Dentists	102	74
Other	107	107
Other Allied Health	1,654	1,569
Clinical Laboratory Technologists and Technicians	552	532
Nutritionists/Dieticians	161	159
Occupational Therapists	35	33
Occupational Therapy Assistants/Aides	1	1
Optometrists	15	12
Other	373	329
Pharmacists	197	191
Pharmacy Technicians	88	87
Physical Therapists	52	48
Physical Therapy Assistants/Aides	7	6
Respiratory Therapists	153	152
Speech Language Pathologists	20	18
Patient Education	109	107
Certified Asthma Educators	1	1
Certified Diabetes Educators	2	2
Health Educators	67	65
Other	39	39
Physician Assistants	213	203
Other Specialties	136	128
Primary Care	77	75
Physicians	1,973	1,751
Cardiologists	29	24
Emergency Medicine	148	114

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Endocrinologists	17	12
Fellows	10	10
Obstetricians/Gynecologists	99	91
Other Specialties (Except Psychiatrists)	494	474
Pediatrician (General)	222	169
Primary Care	363	301
Primary Care (HIV)	31	23
Residents	560	532
Social Worker Case Management/ Care Management	359	353
Bachelors Social Workers	69	69
Licensed Clinical Social Workers	205	201
Licensed Masters Social Workers	69	68
Social Worker Care Coord./Case Managers/Care Transition	16	15
Grand Total	15,084	14,515

6. Inpatient Services for Mentally Disabled (Article 31)

Job Title	Total Headcount	Total FTEs
Administrative Staff	90	76
Executive Staff	16	12
Financial	12	8
Human Resources	11	8
Other	51	48
Administrative Support	278	258
Coders/Billers	19	16
Dietary/Food Service	76	75
Housekeeping	11	7
Office Clerks	62	58
Other	27	26
Patient Service Representatives	2	2
Secretaries and Administrative Assistants	66	61
Transportation	15	15
Behavioral Health	849	722
Licensed Clinical Social Workers	88	69
Licensed Masters Social Workers	149	125
Other	70	67
Other Mental Health/Substance Abuse Titles Requiring Certification	28	20
Psychiatric Aides/Techs	161	161
Psychiatric Nurse Practitioners	5	3
Psychiatrists	108	74
Psychologists	20	17
Social and Human Service Assistants	212	178
Substance Abuse and Behavioral Disorder Counselors	8	7
Clinical Support	8	4
Other	7	3
Patient Care Techs (Associates)	1	1
Emerging Titles	27	19
Care Manager/Coordinator	12	12
Peer Support Worker	15	7
Health Information Technology	21	10
Health Information Technology Managers	8	4
Other	3	2
Software Programmers	4	0
Technical Support	6	3
Janitors and Cleaners	116	109
Janitors and Cleaners	116	109
Nursing	271	254
Licensed Practical Nurses	39	34
Nurse Managers/Supervisors	46	44
Other Registered Nurses (Utilization Review, Staff Development, etc.)	10	9
Staff Registered Nurses	176	167

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Oral Health	2	2
Dental Assistants	1	1
Dental Hygienists	1	1
Other Allied Health	28	27
Nutritionists/Dieticians	9	9
Occupational Therapists	2	2
Other	2	1
Pharmacists	6	6
Pharmacy Technicians	8	8
Physical Therapists	1	1
Physicians	1	1
Pediatrician (General)	1	1
Social Worker Case Management/ Care Management	70	59
Bachelors Social Workers	3	3
Licensed Clinical Social Workers	17	7
Licensed Masters Social Workers	50	50
Grand Total	1,761	1,540

7. Inpatient Services for Substance Abuse (Article 32)

Job Title	Total Headcount	Total FTEs
Administrative Staff	29	30
Executive Staff	6	6
Financial	6	6
Human Resources	7	7
Other	10	11
Administrative Support	30	30
Coders/Billers	2	2
Dietary/Food Service	3	3
Financial Service Representatives	3	3
Office Clerks	4	4
Secretaries and Administrative Assistants	15	15
Transportation	3	3
Behavioral Health	108	102
Licensed Clinical Social Workers	65	62
Licensed Masters Social Workers	4	2
Other Mental Health/Substance Abuse Titles Requiring Certification	10	10
Psychiatrists	2	1
Substance Abuse and Behavioral Disorder Counselors	27	27
Clinical Support	7	7
Medical Assistants	7	7
Emerging Titles	13	11
Care Manager/Coordinator	13	11
Health Information Technology	7	7
Hardware Maintenance	1	1
Software Programmers	3	3
Technical Support	3	3
Home Health Care	0	0
Janitors and Cleaners	19	19
Janitors and Cleaners	19	19
Nurse Practitioners	3	2
Primary Care	3	2
Nursing	33	33
Licensed Practical Nurses	20	20
Nurse Managers/Supervisors	1	1
Staff Registered Nurses	12	12
Nursing Care Managers/ Coordinators/Navigators/Coaches	2	2
Other	2	2
Other Allied Health	5	5
Pharmacy Technicians	5	5
Physician Assistants	5	5
Primary Care	5	5
Physicians	8	7

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Primary Care	8	7
Social Worker Case Management/ Care Management	1	1
Social Worker Care Coordination/Case Managers/Care Transition	1	1
Grand Total	270	262

8. Non-Licensed CBO

Job Title	Total Headcount	Total FTEs
Administrative Staff	896	804
Executive Staff	172	123
Financial	210	198
Human Resources	56	53
Other	458	430
Administrative Support	403	358
Coders/Billers	18	18
Dietary/Food Service	32	29
Housekeeping	41	36
Medical Interpreters	2	1
Office Clerks	69	59
Other	31	27
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	197	177
Transportation	12	12
Behavioral Health	1,477	1,055
Licensed Clinical Social Workers	7	7
Licensed Masters Social Workers	113	92
Other	87	53
Other Mental Health/Substance Abuse Titles Requiring Certification	6	6
Psychiatric Nurse Practitioners	4	1
Psychiatrists	17	13
Psychologists	8	4
Social and Human Service Assistants	1,214	860
Substance Abuse and Behavioral Disorder Counselors	21	20
Clinical Support	6	5
Medical Assistants	4	3
Other	2	2
Emerging Titles	856	758
Care Manager/Coordinator	599	557
Community Health Worker	75	71
Other	93	58
Patient or Care Navigator	27	27
Peer Support Worker	62	45
Health Information Technology	49	31
Hardware Maintenance	4	3
Health Information Technology Managers	9	5
Other	3	1
Software Programmers	10	7
Technical Support	23	16
Home Health Care	60	57
Certified Home Health Aides	19	18
Other	15	14

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Personal Care Aides (Level I)	23	23
Personal Care Aides (Level II)	3	3
Janitors and Cleaners	71	61
Janitors and Cleaners	71	61
Nurse Practitioners	6	3
Other Specialties (Except Psychiatric NPs)	1	0
Primary Care	5	3
Nursing	38	29
Licensed Practical Nurses	13	11
Nurse Managers/Supervisors	1	1
Staff Registered Nurses	24	17
Nursing Care Managers/ Coordinators/Navigators/Coaches	9	8
Registered Nurse Care Coordinators/Case Managers/Care Transitions	9	8
Other Allied Health	79	67
Nutritionists/Dieticians	59	55
Occupational Therapists	8	7
Occupational Therapy Assistants/Aides	1	1
Physical Therapists	6	0
Physical Therapy Assistants/Aides	1	0
Speech Language Pathologists	4	3
Patient Education	47	44
Certified Asthma Educators	3	3
Certified Diabetes Educators	1	1
Health Educators	38	35
Other	5	5
Physicians	1	0
Primary Care	1	0
Social Worker Case Management/ Care Management	376	328
Bachelors Social Workers	106	101
Licensed Clinical Social Workers	9	8
Licensed Masters Social Workers	60	59
Other	137	98
Social Worker Care Coordinators/Case Managers/Care Transition	64	63
Grand Total	4,373	3,608

9. Nursing Home/SNF

Job Title	Total Headcount	Total FTEs
Administrative Staff	273	252
Executive Staff	92	88
Financial	90	86
Human Resources	38	29
Other	53	50
Administrative Support	1,681	1,439
Coders/Billers	29	27
Dietary/Food Service	640	526
Financial Service Representatives	7	6
Housekeeping	620	552
Office Clerks	60	52
Other	222	184
Patient Service Representatives	2	2
Secretaries and Administrative Assistants	87	84
Transportation	14	7
Behavioral Health	80	73
Licensed Clinical Social Workers	12	13
Licensed Masters Social Workers	30	28
Other	5	4
Other Mental Health/Substance Abuse Titles Requiring Certification	1	1
Psychiatrists	14	13
Psychologists	7	7
Social and Human Service Assistants	11	8
Clinical Support	3,768	3,080
Nurse Aides/Assistants (CNAs)	3,680	3,014
Other	44	37
Patient Care Techs (Associates)	44	28
Emerging Titles	1	1
Other	1	1
Health Information Technology	52	37
Hardware Maintenance	10	10
Health Information Technology Managers	26	15
Other	15	12
Software Programmers	1	1
Home Health Care	502	183
Certified Home Health Aides	483	172
Other	19	11
Janitors and Cleaners	134	122
Janitors and Cleaners	134	122
Nurse Practitioners	22	18
Other Specialties (Except Psychiatric NPs)	1	1
Primary Care	21	17
Nursing	2,073	1,731

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Licensed Practical Nurses	978	859
Nurse Managers/Supervisors	256	208
Other	42	22
Other Registered Nurses (Utilization Review, Staff Development, etc.)	37	30
Per Diem Staff Registered Nurses	73	59
Staff Registered Nurses	687	555
Nursing Care Managers/ Coordinators/Navigators/Coaches	15	11
Registered Nurse Care Coordinators/Case Managers/Care Transitions	15	11
Oral Health	12	7
Dental Assistants	1	1
Dental Hygienists	3	2
Dentists	7	4
Other	1	0
Other Allied Health	693	590
Nutritionists/Dieticians	59	54
Occupational Therapists	84	77
Occupational Therapy Assistants/Aides	74	72
Optometrists	2	2
Other	177	138
Pharmacists	19	10
Pharmacy Technicians	5	3
Physical Therapists	95	89
Physical Therapy Assistants/Aides	84	84
Respiratory Therapists	54	32
Speech Language Pathologists	40	29
Physician Assistants	18	16
Other Specialties	2	2
Primary Care	16	14
Physicians	166	154
Cardiologists	2	2
Fellows	1	1
Obstetricians/Gynecologists	2	1
Other Specialties (Except Psychiatrists)	32	30
Primary Care	125	114
Primary Care (HIV)	4	6
Social Worker Case Management/ Care Management	90	77
Bachelors Social Workers	14	14
Licensed Clinical Social Workers	17	17
Licensed Masters Social Workers	16	16
Other	12	11
Social Worker Care Coordinators/Case Managers/Care Transition	31	19
Grand Total	9,580	7,791

10. Other

Job Title	Total Headcount	Total FTEs
Administrative Staff	1,928	1,704
Executive Staff	296	277
Financial	296	274
Human Resources	173	122
Other	1,163	1,032
Administrative Support	1,859	1,639
Coders/Billers	104	90
Dietary/Food Service	218	208
Financial Service Representatives	87	78
Housekeeping	136	108
Office Clerks	265	219
Other	485	409
Patient Service Representatives	101	101
Secretaries and Administrative Assistants	437	401
Transportation	26	24
Behavioral Health	1,070	805
Licensed Clinical Social Workers	52	50
Licensed Masters Social Workers	91	72
Other	171	146
Other Mental Health/Substance Abuse Titles Requiring Certification	35	25
Psychiatric Aides/Techs	74	52
Psychiatric Nurse Practitioners	4	2
Psychiatrists	56	34
Psychologists	63	37
Social and Human Service Assistants	512	374
Substance Abuse and Behavioral Disorder Counselors	12	11
Clinical Support	794	703
Medical Assistants	14	13
Nurse Aides/Assistants (CNAs)	241	232
Other	98	70
Patient Care Techs (Associates)	441	388
Emerging Titles	1,053	1,000
Care Manager/Coordinator	648	644
Community Health Worker	38	37
Other	176	176
Patient or Care Navigator	117	102
Peer Support Worker	74	42
Health Information Technology	247	174
Hardware Maintenance	21	19
Health Information Technology Managers	44	29
Other	36	24
Software Programmers	55	37
Technical Support	91	64

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Home Health Care	7,374	6,005
Certified Home Health Aides	3,934	3,934
Other	1,938	1,659
Personal Care Aides (Level I)	1,102	12
Personal Care Aides (Level II)	400	400
Janitors and Cleaners	356	323
Janitors and Cleaners	356	323
Midwifery	2	2
Midwives	2	2
Nurse Practitioners	35	34
Other Specialties (Except Psychiatric NPs)	7	7
Primary Care	28	28
Nursing	1,354	1,254
Licensed Practical Nurses	137	129
Nurse Managers/Supervisors	225	209
Other	22	20
Other Registered Nurses (Utilization Review, Staff Development, etc.)	44	38
Per Diem Staff Registered Nurses	83	67
Staff Registered Nurses	843	792
Nursing Care Managers/ Coordinators/Navigators/Coaches	139	129
Licensed Practical Nurse Care Coordinators/Case Managers	17	15
Other	5	5
Registered Nurse Care Coordinators/Case Managers/Care Transitions	117	109
Oral Health	114	114
Dental Assistants	40	40
Dental Hygienists	8	8
Dentists	39	39
Other	27	27
Other Allied Health	578	484
Clinical Laboratory Technologists and Technicians	175	160
Nutritionists/Dieticians	19	16
Occupational Therapists	19	16
Occupational Therapy Assistants/Aides	1	1
Optometrists	62	31
Other	127	106
Pharmacists	45	44
Pharmacy Technicians	36	29
Physical Therapists	38	32
Physical Therapy Assistants/Aides	5	5
Respiratory Therapists	39	35
Speech Language Pathologists	12	9
Patient Education	196	170
Certified Asthma Educators	2	2
Certified Diabetes Educators	13	9
Health Coach	3	3
Health Educators	16	15
Other	162	141
Physician Assistants	36	34

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Other Specialties	2	2
Primary Care	34	32
Physicians	685	565
Cardiologists	13	11
Emergency Medicine	42	34
Endocrinologists	2	1
Fellows	66	66
Obstetricians/Gynecologists	26	21
Other Specialties (Except Psychiatrists)	208	132
Pediatrician (General)	51	31
Primary Care	26	20
Primary Care (HIV)	4	3
Residents	247	246
Social Worker Case Management/ Care Management	746	735
Bachelors Social Workers	168	168
Licensed Clinical Social Workers	47	46
Licensed Masters Social Workers	210	208
Other	161	153
Social Worker Care Coordinators/Case Managers/Care Transition	160	160
Grand Total	18,566	15,875

11. Outpatient Services for Mentally Disabled (Article 31)

Job Title	Total Headcount	Total FTEs
Administrative Staff	377	322
Executive Staff	83	56
Financial	86	80
Human Resources	36	28
Other	172	159
Administrative Support	380	330
Coders/Billers	34	27
Dietary/Food Service	14	9
Financial Service Representatives	2	2
Housekeeping	6	3
Office Clerks	125	109
Other	84	79
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	113	100
Transportation	1	1
Behavioral Health	1,034	758
Licensed Clinical Social Workers	257	200
Licensed Masters Social Workers	297	202
Other	71	62
Other Mental Health/Substance Abuse Titles Requiring Certification	240	182
Psychiatric Nurse Practitioners	22	11
Psychiatrists	85	59
Psychologists	15	9
Social and Human Service Assistants	8	3
Substance Abuse and Behavioral Disorder Counselors	39	31
Clinical Support	11	6
Medical Assistants	2	2
Other	9	5
Emerging Titles	228	176
Care Manager/Coordinator	65	64
Community Health Worker	2	2
Other	103	73
Patient or Care Navigator	4	4
Peer Support Worker	54	33
Health Information Technology	47	26
Hardware Maintenance	4	2
Health Information Technology Managers	13	7
Other	6	5
Software Programmers	6	1
Technical Support	18	10
Janitors and Cleaners	85	78
Nursing	39	29
Licensed Practical Nurses	11	9

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Nurse Managers/Supervisors	1	1
Other Registered Nurses (Utilization Review, Staff Development, etc.)	1	1
Per Diem Staff Registered Nurses	1	0
Staff Registered Nurses	25	18
Other Allied Health	93	64
Clinical Laboratory Technologists and Technicians	2	1
Nutritionists/Dieticians	1	1
Occupational Therapists	2	1
Other	86	60
Physical Therapists	1	1
Speech Language Pathologists	1	1
Patient Education	1	1
Other	1	1
Social Worker Case Management/ Care Management	216	215
Bachelors Social Workers	37	37
Licensed Clinical Social Workers	4	3
Licensed Masters Social Workers	63	63
Other	1	1
Social Worker Care Coordinators/Case Managers/Care Transition	111	111
Grand Total	2,511	2,005

12. Outpatient for Substance Abuse (Article 32)

Job Title	Total Headcount	Total FTEs
Administrative Staff	93	71
Executive Staff	42	30
Financial	10	8
Human Resources	8	6
Other	33	27
Administrative Support	141	129
Coders/Billers	30	29
Dietary/Food Service	8	6
Financial Service Representatives	6	6
Housekeeping	3	3
Office Clerks	23	22
Other	33	25
Secretaries and Administrative Assistants	34	34
Transportation	4	3
Behavioral Health	263	247
Licensed Clinical Social Workers	14	14
Licensed Masters Social Workers	28	28
Other	8	7
Other Mental Health/Substance Abuse Titles Requiring Certification	15	14
Psychiatric Nurse Practitioners	4	2
Psychiatrists	16	9
Psychologists	4	4
Social and Human Service Assistants	7	6
Substance Abuse and Behavioral Disorder Counselors	167	162
Clinical Support	7	6
Medical Assistants	5	4
Other	2	2
Emerging Titles	65	57
Care Manager/Coordinator	11	10
Community Health Worker	4	4
Other	17	16
Patient or Care Navigator	25	25
Peer Support Worker	8	2
Health Information Technology	9	6
Hardware Maintenance	3	3
Health Information Technology Managers	3	1
Technical Support	3	1
Janitors and Cleaners	24	23
Janitors and Cleaners	24	23
Nurse Practitioners	1	1
Other Specialties (Except Psychiatric NPs)	1	1
Nursing	42	36
Licensed Practical Nurses	12	12

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Nurse Managers/Supervisors	4	3
Other	1	1
Other Registered Nurses (Utilization Review, Staff Development, etc.)	1	1
Per Diem Staff Registered Nurses	4	4
Staff Registered Nurses	20	15
Nursing Care Managers/ Coordinators/Navigators/Coaches	4	4
Registered Nurse Care Coordinators/Case Managers/Care Transitions	4	4
Patient Education	4	4
Health Educators	4	4
Physician Assistants	3	1
Other Specialties	2	0
Primary Care	1	1
Physicians	11	8
Other Specialties (Except Psychiatrists)	4	2
Primary Care	7	6
Social Worker Case Management/ Care Management	16	14
Licensed Clinical Social Workers	4	4
Licensed Masters Social Workers	10	8
Social Worker Care Coord./Case Managers/Care Transition	2	2
Grand Total	683	607

13. Pharmacies

Job Title	Total Headcount	Total FTEs
Administrative Staff	33	28
Executive Staff	2	2
Financial	6	6
Human Resources	1	1
Other	24	19
Other Allied Health	82	69
Pharmacy Technicians	47	42
Pharmacists	35	28
Grand Total	115	97

Private Provider Practice

Job Title	Total Headcount	Total FTEs
Administrative Staff	8	5
Executive Staff	6	3
Financial	2	2
Administrative Support	72	66
Coders/Billers	11	7
Financial Service Representatives	4	4
Housekeeping	3	3
Office Clerks	26	24
Other	15	15
Secretaries and Administrative Assistants	13	13
Behavioral Health	1	0
Psychiatrists	1	0
Clinical Support	29	28
Medical Assistants	22	21
Other	3	3
Patient Care Techs (Associates)	4	4
Emerging Titles	1	1
Care Manager/Coordinator	1	1
Health Information Technology	6	5
Health Information Technology Managers	2	2
Software Programmers	2	2
Technical Support	2	1
Janitors and Cleaners	2	2
Janitors and Cleaners	2	2
Nurse Practitioners	11	10
Primary Care	11	10
Nursing	1	1
Nurse Managers/Supervisors	1	1
Other Allied Health	3	3
Clinical Laboratory Technologists and Technicians	1	1
Physical Therapy Assistants/Aides	2	2
Physician Assistants	3	3
Primary Care	3	3
Physicians	34	28
Cardiologists	2	2
Endocrinologists	1	0
Obstetricians/Gynecologists	1	1
Other Specialties (Except Psychiatrists)	4	4
Pediatrician (General)	5	1
Primary Care	21	20
Grand Total	171	150

III. APPENDIX 3 - Current State Workforce Data - Total Reported Vacancies by Job Title (Current FTEs and FTE Vacancies)

Total Reported FTE Vacancies by Job Title Across All Facility Types (FTE and FTE Vacancies)			
Job Title	Sum of FTEs	Sum of FTE Vacancies	Vacancy Rate
Administrative Staff	7,069	266	3.77%
Executive Staff	2,491	40	1.61%
Financial	1,268	34	2.64%
Human Resources	642	18	2.80%
Other	2,668	175	6.55%
Administrative Support	18,254	804	4.40%
Coders/Billers	676	26	3.85%
Dietary/Food Service	1,552	62	3.98%
Financial Service Representatives	1,048	17	1.62%
Housekeeping	3,072	130	4.24%
Medical Interpreters	31	1	3.24%
Office Clerks	4,278	182	4.26%
Other	4,358	247	5.68%
Patient Service Representatives	615	32	5.21%
Secretaries and Administrative Assistants	2,417	83	3.43%
Transportation	208	23	11.23%
Behavioral Health	6,684	549	8.21%
Licensed Clinical Social Workers	626	57	9.11%
Licensed Masters Social Workers	802	90	11.16%
Other	417	81	19.32%
Other Mental Health/Subst. Abuse Titles Requiring Certification	459	7	1.53%
Psychiatric Aides/Techs	975	58	5.95%
Psychiatric Nurse Practitioners	82	19	23.80%
Psychiatrists	770	103	13.37%
Psychologists	374	28	7.40%
Social and Human Service Assistants	1,570	89	5.69%
Substance Abuse and Behavioral Disorder Counselors	609	17	2.79%
Clinical Support	8,996	541	6.01%
Medical Assistants	2,205	117	5.31%
Nurse Aides/Assistants (CNAs)	4,788	192	4.01%
Other	172	13	7.67%
Patient Care Techs (Associates)	1,831	219	11.95%
Emerging Titles	3,173	236	7.43%
Care Manager/Coordinator	1,481	97	6.55%
Community Health Worker	773	30	3.82%
Other	417	42	10.08%
Patient or Care Navigator	330	32	9.70%
Peer Support Worker	173	35	20.39%

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Health Information Technology	731	23	3.08%
Hardware Maintenance	62	2	3.21%
Health Information Technology Managers	121	4	3.59%
Other	216	2	0.93%
Software Programmers	165	9	5.45%
Technical Support	167	5	3.12%
Home Health Care	22,278	231	1.04%
Certified Home Health Aides	17,431	203	1.16%
Other	1,758	3	0.17%
Personal Care Aides (Level I)	948	20	2.11%
Personal Care Aides (Level II)	2,141	5	0.23%
Janitors and Cleaners	967	30	3.09%
Janitors and Cleaners	967	30	3.09%
Midwifery	144	11	7.63%
Midwives	118	8	7.10%
Other	26	3	10.09%
Nurse Practitioners	575	46	7.99%
Other Specialties (Except Psychiatric NPs)	334	13	3.88%
Primary Care	242	33	13.68%
Nursing	15,648	1,044	6.67%
Licensed Practical Nurses	2,252	142	6.29%
Nurse Managers/Supervisors	2,264	88	3.89%
Other	346	26	7.51%
Other Registered Nurses (Util. Review, Staff Development, etc.)	285	42	14.74%
Per Diem Staff Registered Nurses	661	154	23.31%
Staff Registered Nurses	9,840	592	6.02%
Nursing Care Managers/ Coordinators/Navigators/Coaches	470	68	14.57%
Licensed Practical Nurse Care Coordinators/Case Managers	33	1	3.04%
Other	55	53	96.13%
Registered Nurse Care Coordinators/Case Managers/Care Transitions	382	15	3.82%
Oral Health	613	17	2.73%
Dental Assistants	241	7	2.91%
Dental Hygienists	36	2	5.60%
Dentists	173	8	4.48%
Other	164	0	0.00%
Other Allied Health	6,124	272	4.44%
Clinical Laboratory Technologists and Technicians	1,561	67	4.26%
Nutritionists/Dieticians	437	16	3.66%
Occupational Therapists	299	26	8.70%
Occupational Therapy Assistants/Aides	78	2	2.56%
Optometrists	51	2	2.99%
Other	1,431	67	4.68%
Pharmacists	563	10	1.78%
Pharmacy Technicians	349	18	5.11%
Physical Therapists	593	30	4.97%
Physical Therapy Assistants/Aides	114	5	4.38%
Respiratory Therapists	518	14	2.70%

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Speech Language Pathologists	129	17	12.90%
Patient Education	443	21	4.74%
Certified Asthma Educators	8	3	40.00%
Certified Diabetes Educators	13	1	8.00%
Health Coach	3	2	80.00%
Health Educators	172	14	8.12%
Other	248	1	0.40%
Physician Assistants	772	62	7.98%
Other Specialties	428	37	8.56%
Primary Care	345	25	7.25%
Physicians	6,310	310	4.92%
Cardiologists	108	5	4.46%
Emergency Medicine	390	40	10.17%
Endocrinologists	26	5	19.14%
Fellows	107	9	8.40%
Obstetricians/Gynecologists	252	18	7.25%
Other Specialties (Except Psychiatrists)	1,571	125	7.92%
Pediatrician (General)	358	23	6.41%
Primary Care	770	66	8.57%
Primary Care (HIV)	58	13	22.63%
Residents	2,670	7	0.26%
Social Worker Case Management/ Care Management	2,256	115	5.10%
Bachelors Social Workers	451	19	4.28%
Licensed Clinical Social Workers	536	11	2.05%
Licensed Masters Social Workers	605	34	5.62%
Other	273	22	7.97%
Social Worker Care Coordinators/Case Managers/Care Transition	391	29	7.42%
Grand Total	101,507	4,645	4.58%

APPENDIX 4 - Current State Workforce Data - Total Reported Job Titles with CBA Status
(Percentage) by Facility Type

There are four Facility Types not included - Article 16 Clinics, Pharmacies, Private Provider Practice and Retail Clinics - because there was a total of 0.00%.

1. Diagnostic & Treatment Centers (Article 28)

Job Title	Reported CBA Status (%)
Administrative Staff	
Financial	6.67%
Administrative Support	
Coders/Billers	25.00%
Dietary/Food Service	100.00%
Financial Service Representatives	100.00%
Housekeeping	60.00%
Office Clerks	42.86%
Other	14.29%
Patient Service Representatives	14.29%
Secretaries and Administrative Assistants	9.09%
Transportation	66.67%
Behavioral Health	
Licensed Clinical Social Workers	27.27%
Licensed Masters Social Workers	40.00%
Other Mental Health/Substance Abuse Titles Requiring Certification	33.33%
Psychiatric Nurse Practitioners	25.00%
Psychiatrists	26.32%
Psychologists	12.50%
Substance Abuse and Behavioral Disorder Counselors	50.00%
Clinical Support	
Medical Assistants	29.17%
Nurse Aides/Assistants (CNAs)	100.00%
Other	14.29%
Patient Care Techs (Associates)	25.00%
Emerging Titles	
Care Manager/Coordinator	25.00%
Community Health Worker	50.00%
Other	12.50%
Patient or Care Navigator	40.00%
Health Information Technology	
Other	20.00%
Janitors and Cleaners	

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Janitors and Cleaners	37.50%
Midwifery	
Midwives	14.29%
Nurse Practitioners	
Other Specialties (Except Psychiatric NPs)	9.09%
Primary Care	14.29%
Nursing	
Licensed Practical Nurses	33.33%
Nurse Managers/Supervisors	6.67%
Staff Registered Nurses	15.00%
Nursing Care Managers/ Coordinators/Navigators/Coaches	
Registered Nurse Care Coordinators/Case Managers/Care Transitions	16.67%
Oral Health	
Dental Assistants	35.71%
Dental Hygienists	14.29%
Dentists	18.18%
Other	50.00%
Other Allied Health	
Nutritionists/Dieticians	50.00%
Optometrists	25.00%
Other	12.50%
Pharmacists	33.33%
Pharmacy Technicians	100.00%
Patient Education	
Health Educators	22.22%
Other	28.57%
Physician Assistants	
Primary Care	18.18%
Physicians	
Cardiologists	28.57%
Obstetricians/Gynecologists	35.29%
Other Specialties (Except Psychiatrists)	21.05%
Pediatrician (General)	46.67%
Primary Care	23.08%
Primary Care (HIV)	14.29%
Social Worker Case Management/ Care Management	
Licensed Clinical Social Workers	25.00%
Licensed Masters Social Workers	14.29%

2. Home Care/Hospice

Job Title	Reported CBA Status (%)
Administrative Support	
Coders/Billers	18.18%
Office Clerks	11.43%
Secretaries and Administrative Assistants	11.43%
Behavioral Health	
Other	44.44%
Psychiatric Nurse Practitioners	50.00%
Psychiatrists	50.00%
Home Health Care	
Certified Home Health Aides	42.31%
Personal Care Aides (Level I)	58.33%
Personal Care Aides (Level II)	62.50%
Janitors and Cleaners	25.00%
Janitors and Cleaners	25.00%
Nursing	
Licensed Practical Nurses	21.05%
Other	7.69%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	16.67%
Per Diem Staff Registered Nurses	11.43%
Staff Registered Nurses	8.11%
Other Allied Health	
Physical Therapy Assistants/Aides	25.00%

3. Hospital Inpatient/ED

Job Title	Reported CBA Status (%)
Administrative Staff	
Executive Staff	4.35%
Financial	93.75%
Human Resources	93.33%
Other	100.00%
Administrative Support	
Coders/Billers	88.24%
Dietary/Food Service	88.89%
Financial Service Representatives	88.24%
Housekeeping	88.89%
Medical Interpreters	100.00%
Office Clerks	88.89%
Other	76.19%
Patient Service Representatives	88.89%
Secretaries and Administrative Assistants	71.43%
Transportation	87.50%
Behavioral Health	
Licensed Clinical Social Workers	100.00%
Licensed Masters Social Workers	100.00%
Other	100.00%
Other Mental Health/Substance Abuse Titles Requiring Certification	100.00%
Psychiatric Aides/Techs	100.00%
Psychiatric Nurse Practitioners	38.46%
Psychiatrists	72.22%
Psychologists	50.00%
Social and Human Service Assistants	100.00%
Substance Abuse and Behavioral Disorder Counselors	88.24%
Clinical Support	
Medical Assistants	90.91%
Nurse Aides/Assistants (CNAs)	87.50%
Patient Care Techs (Associates)	85.00%
Emerging Titles	
Community Health Worker	88.24%
Patient or Care Navigator	71.43%
Peer Support Worker	100.00%
Health Information Technology	
Hardware Maintenance	100.00%
Other	86.67%
Software Programmers	100.00%
Technical Support	50.00%
Janitors and Cleaners	
Janitors and Cleaners	87.50%
Midwifery	

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Midwives	54.55%
Nurse Practitioners	
Other Specialties (Except Psychiatric NPs)	63.64%
Primary Care	63.64%
Nursing	
Licensed Practical Nurses	88.89%
Nurse Managers/Supervisors	88.89%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	66.67%
Staff Registered Nurses	76.19%
Nursing Care Managers/ Coordinators/Navigators/Coaches	
Registered Nurse Care Coordinators/Case Managers/Care Transitions	100.00%
Oral Health	
Dental Assistants	33.33%
Dental Hygienists	33.33%
Dentists	100.00%
Other	33.33%
Other Allied Health	
Clinical Laboratory Technologists and Technicians	22.22%
Nutritionists/Dieticians	88.89%
Occupational Therapists	46.67%
Other	80.00%
Pharmacists	88.24%
Pharmacy Technicians	88.89%
Physical Therapists	50.00%
Physical Therapy Assistants/Aides	14.29%
Respiratory Therapists	93.75%
Speech Language Pathologists	38.46%
Patient Education	
Certified Asthma Educators	100.00%
Health Educators	50.00%
Other	75.00%
Physician Assistants	
Other Specialties	73.33%
Primary Care	64.29%
Physicians	
Cardiologists	71.43%
Emergency Medicine	69.23%
Endocrinologists	81.82%
Fellows	50.00%
Obstetricians/Gynecologists	71.43%
Other Specialties (Except Psychiatrists)	76.19%
Pediatrician (General)	73.33%
Primary Care	71.43%
Primary Care (HIV)	50.00%
Residents	91.67%
Social Worker Case Management/ Care Management	
Bachelors Social Workers	91.67%
Licensed Clinical Social Workers	88.24%

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Licensed Masters Social Workers	80.00%
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4. Hospital Outpatient Clinic (Article 28)

Job Title	Reported CBA Status (%)
Administrative Staff	
Financial	88.89%
Human Resources	86.67%
Other	100.00%
Administrative Support	
Coders/Billers	93.75%
Dietary/Food Service	100.00%
Financial Service Representatives	94.12%
Housekeeping	90.00%
Medical Interpreters	83.33%
Office Clerks	94.12%
Other	94.44%
Patient Service Representatives	93.33%
Secretaries and Administrative Assistants	70.83%
Transportation	100.00%
Behavioral Health	
Licensed Clinical Social Workers	87.50%
Licensed Masters Social Workers	100.00%
Other	50.00%
Other Mental Health/Substance Abuse Titles Requiring Certification	100.00%
Psychiatric Aides/Techs	100.00%
Psychiatric Nurse Practitioners	70.00%
Psychiatrists	100.00%
Psychologists	60.87%
Social and Human Service Assistants	100.00%
Substance Abuse and Behavioral Disorder Counselors	100.00%
Clinical Support	
Medical Assistants	89.47%
Nurse Aides/Assistants (CNAs)	100.00%
Patient Care Techs (Associates)	92.86%
Emerging Titles	
Care Manager/Coordinator	100.00%
Community Health Worker	100.00%
Other	50.00%
Patient or Care Navigator	91.67%
Peer Support Worker	85.71%
Health Information Technology	
Hardware Maintenance	75.00%
Other	100.00%
Software Programmers	100.00%
Home Health Care	
Certified Home Health Aides	100.00%
Other	100.00%

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Janitors and Cleaners	
Janitors and Cleaners	92.31%
Midwifery	
Midwives	55.56%
Nurse Practitioners	
Other Specialties (Except Psychiatric NPs)	86.67%
Primary Care	77.78%
Nursing	
Licensed Practical Nurses	100.00%
Nurse Managers/Supervisors	94.12%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	66.67%
Staff Registered Nurses	78.26%
Nursing Care Managers/ Coordinators/Navigators/Coaches	
Registered Nurse Care Coordinators/Case Managers/Care Transitions	83.33%
Oral Health	
Dental Assistants	86.67%
Dental Hygienists	54.55%
Dentists	83.33%
Other	66.67%
Other Allied Health	
Clinical Laboratory Technologists and Technicians	4.00%
Nutritionists/Dieticians	94.12%
Occupational Therapists	50.00%
Optometrists	28.57%
Other	80.95%
Pharmacists	100.00%
Pharmacy Technicians	100.00%
Physical Therapists	41.67%
Physical Therapy Assistants/Aides	50.00%
Respiratory Therapists	100.00%
Speech Language Pathologists	63.64%
Patient Education	
Certified Asthma Educators	100.00%
Certified Diabetes Educators	100.00%
Health Educators	92.31%
Other	100.00%
Physician Assistants	
Other Specialties	100.00%
Primary Care	93.75%
Physicians	
Cardiologists	90.91%
Emergency Medicine	100.00%
Endocrinologists	88.89%
Fellows	100.00%
Obstetricians/Gynecologists	87.50%
Other Specialties (Except Psychiatrists)	89.47%
Pediatrician (General)	90.00%
Primary Care	90.00%

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Primary Care (HIV)	100.00%
Residents	86.67%
Social Worker Case Management/ Care Management	
Bachelors Social Workers	100.00%
Licensed Clinical Social Workers	100.00%
Licensed Masters Social Workers	100.00%

5. Inpatient Services for Mentally Disabled (Article 31)

Job Title	Reported CBA Status (%)
Administrative Staff	
Financial	14.29%
Human Resources	14.29%
Other	80.00%
Administrative Support	
Dietary/Food Service	80.00%
Housekeeping	100.00%
Office Clerks	71.43%
Secretaries and Administrative Assistants	10.00%
Transportation	50.00%
Behavioral Health	
Licensed Clinical Social Workers	20.00%
Licensed Masters Social Workers	40.00%
Other	50.00%
Other Mental Health/Substance Abuse Titles Requiring Certification	16.67%
Psychiatrists	8.33%
Psychologists	28.57%
Social and Human Service Assistants	83.33%
Substance Abuse and Behavioral Disorder Counselors	50.00%
Emerging Titles	
Care Manager/Coordinator	66.67%
Peer Support Worker	100.00%
Health Information Technology	
Health Information Technology Managers	12.50%
Janitors and Cleaners	
Janitors and Cleaners	50.00%
Nursing	
Licensed Practical Nurses	66.67%
Nurse Managers/Supervisors	33.33%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	100.00%
Staff Registered Nurses	55.56%
Oral Health	
Dental Assistants	100.00%
Dental Hygienists	100.00%
Other Allied Health	
Nutritionists/Dieticians	100.00%
Occupational Therapists	100.00%
Pharmacists	50.00%
Pharmacy Technicians	50.00%
Physical Therapists	100.00%
Social Worker Case Management/ Care Management	
Licensed Clinical Social Workers	100.00%
Licensed Masters Social Workers	50.00%

6. Inpatient Services for Substance Abuse (Article 32)

Job Title	Reported CBA Status (%)
Behavioral Health	
Psychiatrists	50.00%
Physician Assistants	
Primary Care	50.00%

7. Non-Licensed CBO

Job Title	Reported CBA Status (%)
Administrative Support	
Dietary/Food Service	33.33%
Other	25.00%
Secretaries and Administrative Assistants	2.78%
Emerging Titles	
Care Manager/Coordinator	5.26%
Peer Support Worker	9.09%
Home Health Care	
Certified Home Health Aides	75.00%
Other	75.00%
Personal Care Aides (Level I)	66.67%
Janitors and Cleaners	
Janitors and Cleaners	30.77%

8. Nursing Home/SNF

Job Title	Reported CBA Status (%)
Administrative Support	
Coders/Billers	33.33%
Dietary/Food Service	64.00%
Housekeeping	64.00%
Office Clerks	50.00%
Other	20.00%
Behavioral Health	
Licensed Masters Social Workers	8.33%
Other	33.33%
Psychiatrists	10.00%
Clinical Support	
Nurse Aides/Assistants (CNAs)	62.96%
Other	50.00%
Patient Care Techs (Associates)	100.00%
Emerging Titles	
Other	100.00%
Janitors and Cleaners	
Janitors and Cleaners	46.15%
Nursing	
Licensed Practical Nurses	62.07%
Per Diem Staff Registered Nurses	14.29%
Staff Registered Nurses	23.08%
Oral Health	
Dental Assistants	100.00%
Dental Hygienists	66.67%
Other Allied Health	
Nutritionists/Dieticians	11.11%
Occupational Therapists	10.00%
Occupational Therapy Assistants/Aides	12.50%
Other	22.22%
Pharmacists	50.00%
Pharmacy Technicians	100.00%
Physical Therapists	10.00%
Physical Therapy Assistants/Aides	16.67%
Speech Language Pathologists	7.14%
Physician Assistants	
Primary Care	8.33%
Physicians	
Other Specialties (Except Psychiatrists)	16.67%
Primary Care	6.67%
Social Worker Case Management/ Care Management	
Licensed Clinical Social Workers	25.00%

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Licensed Masters Social Workers	12.50%
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9. Other

Job Title	Reported CBA Status (%)
Administrative Staff	
Executive Staff	6.76%
Financial	8.33%
Human Resources	10.91%
Other	41.51%
Administrative Support	
Coders/Billers	8.33%
Dietary/Food Service	50.00%
Financial Service Representatives	40.00%
Housekeeping	72.00%
Office Clerks	47.50%
Other	8.57%
Patient Service Representatives	33.33%
Secretaries and Administrative Assistants	10.45%
Transportation	42.86%
Behavioral Health	
Licensed Clinical Social Workers	50.00%
Licensed Masters Social Workers	40.74%
Other	47.06%
Other Mental Health/Substance Abuse Titles Requiring Certification	41.67%
Psychiatric Aides/Techs	100.00%
Psychiatrists	12.50%
Psychologists	44.44%
Social and Human Service Assistants	68.00%
Substance Abuse and Behavioral Disorder Counselors	11.11%
Clinical Support	
Medical Assistants	16.67%
Nurse Aides/Assistants (CNAs)	100.00%
Other	4.55%
Patient Care Techs (Associates)	50.00%
Emerging Titles	
Care Manager/Coordinator	19.35%
Other	21.43%
Peer Support Worker	75.00%
Health Information Technology	
Hardware Maintenance	100.00%
Health Information Technology Managers	10.00%
Other	5.56%
Software Programmers	9.09%
Technical Support	13.89%
Home Health Care	
Certified Home Health Aides	50.00%
Other	80.00%

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Personal Care Aides (Level I)	66.67%
Janitors and Cleaners	
Janitors and Cleaners	57.14%
Midwifery	
Midwives	100.00%
Nurse Practitioners	
Other Specialties (Except Psychiatric NPs)	25.00%
Primary Care	14.29%
Nursing	
Licensed Practical Nurses	35.29%
Nurse Managers/Supervisors	3.85%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	16.67%
Per Diem Staff Registered Nurses	11.11%
Staff Registered Nurses	31.25%
Other Allied Health	
Nutritionists/Dieticians	9.09%
Occupational Therapists	16.67%
Occupational Therapy Assistants/Aides	100.00%
Optometrists	100.00%
Other	46.15%
Pharmacists	33.33%
Pharmacy Technicians	33.33%
Physical Therapists	12.50%
Physical Therapy Assistants/Aides	100.00%
Respiratory Therapists	50.00%
Speech Language Pathologists	16.67%
Patient Education	
Certified Asthma Educators	50.00%
Certified Diabetes Educators	50.00%
Health Educators	20.00%
Other	33.33%
Physician Assistants	
Other Specialties	50.00%
Primary Care	100.00%
Physicians	
Cardiologists	100.00%
Emergency Medicine	100.00%
Endocrinologists	100.00%
Fellows	100.00%
Obstetricians/Gynecologists	50.00%
Other Specialties (Except Psychiatrists)	50.00%
Pediatrician (General)	12.50%
Primary Care	25.00%
Primary Care (HIV)	50.00%
Residents	100.00%
Social Worker Case Management/ Care Management	
Bachelors Social Workers	20.00%
Licensed Clinical Social Workers	16.67%

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Licensed Masters Social Workers	8.70%
Other	44.44%
Social Worker Care Coordinators/Case Managers/Care Transition	54.55%

10. Outpatient Services for Mentally Disabled (Article 31)

Job Title	Reported CBA Status (%)
Administrative Staff	
Executive Staff	15.00%
Financial	22.22%
Human Resources	22.22%
Other	42.11%
Administrative Support	
Coders/Billers	25.00%
Dietary/Food Service	57.14%
Housekeeping	100.00%
Office Clerks	50.00%
Other	8.33%
Secretaries and Administrative Assistants	30.00%
Behavioral Health	
Licensed Clinical Social Workers	33.33%
Licensed Masters Social Workers	40.00%
Other	27.27%
Psychiatric Nurse Practitioners	15.38%
Psychiatrists	18.18%
Psychologists	55.56%
Social and Human Service Assistants	80.00%
Substance Abuse and Behavioral Disorder Counselors	25.00%
Clinical Support	
Medical Assistants	100.00%
Emerging Titles	
Community Health Worker	100.00%
Patient or Care Navigator	100.00%
Peer Support Worker	50.00%
Health Information Technology	
Hardware Maintenance	33.33%
Technical Support	25.00%
Janitors and Cleaners	
Janitors and Cleaners	44.44%
Nursing	
Licensed Practical Nurses	80.00%
Staff Registered Nurses	46.67%
Other Allied Health	
Other	75.00%
Social Worker Case Management/ Care Management	
Bachelors Social Workers	50.00%
Licensed Masters Social Workers	33.33%
Social Worker Care Coordinators/Case Managers/Care Transition	80.00%

11. Outpatient Services for Substance Abuse (Article 32)

Job Title	Reported CBA Status (%)
Administrative Staff	
Executive Staff	6.67%
Financial	12.50%
Human Resources	12.50%
Other	9.09%
Administrative Support	
Coders/Billers	7.69%
Dietary/Food Service	33.33%
Office Clerks	14.29%
Secretaries and Administrative Assistants	6.67%
Behavioral Health	
Psychiatric Nurse Practitioners	33.33%
Psychiatrists	12.50%
Substance Abuse and Behavioral Disorder Counselors	5.26%
Health Information Technology	
Technical Support	33.33%
Janitors and Cleaners	
Janitors and Cleaners	12.50%
Nursing	
Staff Registered Nurses	11.11%
Physician Assistants	
Primary Care	100.00%
Social Worker Case Management/ Care Management	
Licensed Masters Social Workers	50.00%

IV. APPENDIX 5 - Total PPS Workforce by Facility Type (FTEs and Headcount)

Total PPS Workforce by Facility Type (FTEs and Headcount)		
<u>DOH Job Category</u>	<u>Reported FTEs</u>	<u>Reported Headcount</u>
Hospital Inpatient/ED	30,473	32,113
Home Care/Hospice	22,059	31,570
Other	15,875	18,566
Hospital Article 28 Outpatient Clinics	14,515	15,084
Nursing Home/SNF	7,791	9,580
Non-Licensed CBO	3,608	4,373
Article 28 Diagnostic & Treatment Centers	2,337	2,570
Outpatient Services for Mentally Disabled (Art 31)	2,005	2,511
Inpatient Services for Mentally Disabled (Art 31)	1,540	1,761
Outpatient Services for Substance Abuse (Art 32)	607	683
Inpatient Services for Substance Abuse (Art 32)	262	270
Article 16 Clinics (OPWDD)	190	239
Private Provider Practice	150	171
Pharmacies	97	115
Retail Clinics	0	0
Grand Total	101,507	119,606