# Workforce Gap Analysis Report

BRONX PARTNERS FOR HEALTHY COMMUNITIES

**Delivery System Reform Incentive Payment Program**

**Workforce Strategy**

**Issued: 9/30/16**

BDO

## Exhibit of Contents

## Exhibit List

## Executive Summary

The overall goal of the Delivery System Reform Incentive Payment ("DSRIP") program is to reduce avoidable hospitalizations and 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 Bronx Partners for Healthy Communities Performing Provider System ("BPHC" or "the PPS") participation in the DSRIP program and completion of certain Workforce Strategy Milestones, SBH Health System ("SBH") engaged BDO Consulting ("BDO") on behalf of the BPHC PPS, as its workforce vendor, to assist in the development of a detailed gap analysis between the current workforce state and the projected target workforce state. The gap analysis identifies gaps in workforce resources and informs the projection of workforce impacts as a result of system transformation and project implementation of clinically integrated programs related to the DSRIP program.

BPHC's gap analysis was developed in collaboration with key PPS stakeholders as well as Workforce Consortium members (OneCity Health PPS, Community Care of Brooklyn PPS and NYU Lutheran PPS) to ensure that workforce needs and impacts of the DSRIP projects were being evaluated consistently across the PPSs and were comprehensive of the PPS's specific service area. Collaboration took place through several in person working sessions and conference calls with representation from multiple PPS Leads. BPHC PPS stakeholders, including DSRIP Project Managers and Clinical Workgroup Members, provided significant input regarding project implementation strategies. PPS stakeholders identified workforce that may be impacted and identified staffing needs for the DSRIP projects to inform the development the PPS's gap analysis.

As detailed within this report, the gap analysis summarizes reported findings from the completed current workforce state assessment and the projected workforce impacts as part of the target workforce state, leveraging these findings to identify possible gaps between the PSS's current and target workforce states.

The BPHC gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap 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

Overall DSRIP project workforce impacts are projected to be minimal across the PPS except for emerging title positions in the area of Care Management. Based on the current workforce state reported by the PPS Partners, the PPS's overall existing moderate vacancies amongst nursing and behavioral health positions will normalize some of the project workforce turnover. In specific instances where high workforce vacancies are reported, the impacts of DSRIP projects can work to either potentially minimize or further impact gaps that currently exist within the PPS's workforce.

Following a 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 potential impacts in demand for health care providers including Primary Care Providers ("PCPs"), nursing positions, Clinical Support, and Administrative Support positions.

Within the primary care / outpatient settings, the PPS's workforce gap is due to the anticipated increase in demand for PCPs as patients are redirected to seek care outside of the Emergency Department ("ED") through the combined impacts of the ED Triage project and increased referrals from the co-location of primary care and behavioral health services. Based on the PPS's reported current workforce state data, a vacancy rate of approximately 8% exists for PCPs across the PPS's network, which is above a rate that might be attributed to normal turnover. Further, the growth in overall demand for Physicians in NYS is forecasted to outpace growth in the current supply of Physicians. Given this workforce supply factor combined with the anticipated increase in demand for PCPs as well as current reported vacancy rates, the PCP gap in the PPS's workforce is likely to be further impacted over time as project goals are realized.

Within the ED / inpatient settings, the PPS is projected to experience a decrease in demand for ED Physicians as well as a decrease in demand for nursing positions including Nurse Practitioners ("NPs"), Physician Assistants ("PAs"), and Registered Nurses ("RNs") as patients seek care outside of the ED / inpatient settings as a result of the DSRIP program. However, the projected decrease in demand for ED / inpatient workforce is likely to be offset by factors unrelated to the DSRIP program such as population growth in the Bronx. For example, given ongoing changes within the Bronx's market, the PPS does not anticipate a decline in nursing positions but rather an increase in demand, particularly as some positions are redeployed to the outpatient setting or used to fill the current existing nursing vacancy rate in the PPS of over 10%.

As a result of anticipated project impacts for the co-location of primary care and behavioral health services, an increase in demand for Behavioral Health positions, specifically Licensed Clinical Social Workers, is projected. Additionally, based on the current workforce state data reported, there are significant vacancy rates for Behavioral Health positions currently within the PPS's network. As a result, gaps in the PPS's Behavioral Health workforce exist and are likely to be further increased as a result of project impacts.

Additionally, with the anticipated increase in community-based health care coordinators and navigators as a result of the care transition projects, demand for Community Health Workers, Care Managers and Coordinators is projected to increase. Based on the current workforce state data, the vacancy rate reported across the PPS's network for Patient or Care Navigators and Community Health Worker positions is rather minimal, but many such positions do not currently exist within the PPS network. Given the anticipated increase in utilization of patient navigation services and the overall increase in demand for care management services throughout NYS, these factors are likely to further expand the existing gap and potentially raise difficulties in recruitment for such positions.

# I. Background & Purpose

## A. 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 Medicaid populations in NYS. In line with this goal, the transformation of the existing health care system and implementation of the chosen DSRIP projects will have implications on the PPS's workforce needs.

The DSRIP program, with a total of 25 performing provider systems ("PPS") across NYS, is collaborative in nature as each of the PPSs has developed a robust partnership network comprised of health care providers and community-based organizations 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. 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 organizations ("CBOs") and other community-based resources. The DSRIP program is designed to leverage CBOs 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 visits ("PPVs") by 25%, the individual DSRIP projects will 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 of the program and its overall goal, the workforce within the PPS will be impacted as the provision of care shifts from inpatient 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.

## B. Overview of the Performing Provider System

BPHC is comprised of a robust partnership network of health care organizations and CBOs geographically located within the PPS's service area in the Bronx. The PPS's Lead Entity, SBH Health System ("SBH"), serves as the overall driver and coordinator of the PPS's DSRIP program and projects. SBH is responsible for quarterly reporting of the PPS's progress to the DOH and for distributing DSRIP funds for DSRIP project implementation and other DSRIP-related expenses.

The BPHC is a coalition of over 200 Bronx-based organizations with two anchor hospitals, St. Barnabas Health System and Montefiore Medical Center. Within the PPS there are 40-plus community-based clinical provider organizations, 23 behavioral health/substance abuse centers, 20 home care services, 8 housing and homeless agencies, developmental disability providers, health plans and 20-plus non-clinical community-based organizations (CBOs). The partner organizations work collaboratively to increase patient access, care quality, and efficiency in healthcare delivery. Through the 10 DSRIP projects undertaken by BPHC, designed to meet the community's unique health needs, BPHC is building a coordinated, community-based healthcare system focused on the wellness of every Bronx resident.

## C. Purpose of the Workforce Gap Analysis

The purpose of conducting a workforce gap analysis, as part of the DSRIP Workforce Strategy Milestones, is to identify and understand the gaps that exist within the BPHC workforce by leveraging findings from the current workforce state and the projected target workforce state to inform the PPS's overall workforce strategy throughout the five year program.

BPHC engaged BDO to identify workforce gaps that currently exist 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.

As defined within this report, BPHC's gap analysis summarizes the current workforce state assessment and the projected target workforce state and then identifies gaps between the current and target workforce states. The analysis will be used by the PPS to understand and forecast workforce needs in terms of redeployment; retraining and new hire needs to effectively implement the selected DSRIP projects. 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.

BPHC's gap analysis will then be leveraged to inform the development and implementation of the workforce transition roadmap which will be used to assist the PPS in reaching its target workforce state by the end of the program.

# II. Current Workforce State Overview

## A. Current Workforce State Assessment Approach

In order to assess the current workforce state, Bronx Partners for Healthy Communities 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 current state workforce assessment included the development and distribution of a survey to its PPS Partners to collect workforce data pertaining to the PPS's network, and additional data requests and stakeholder engagement sessions focused on obtaining supplemental data on the PPS workforce.

The survey was designed in collaboration with key BPHC stakeholders as well as Workforce Consortium members (OneCity Health PPS, Coordinated Care of Brooklyn PPS, NYU Lutheran PPS, and BPHC PPS) to evaluate workforce data by facility type as well as by job title (data reported aligns with DOH designated job titles and includes additional job titles as designated by the PPS). BPHC stakeholders provided significant input into survey design, distribution and collection.

Within the survey, PPS Partners were requested 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. The partners surveyed were asked to only provide relevant workforce data for individuals working within the PPSs geographic region and thus serving the attributed Medicaid 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.

The survey, along with supporting documentation including survey instructions, frequently asked questions ("FAQs"), DOH job title descriptions, and two live webinars, was made available to the PPS Partners to facilitate completion of the current state workforce survey. PPS partners were asked to complete the survey using workforce data as of December 31, 2015. Organizations were requested to complete one survey per organization, per facility type for the following facilities:

- 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
- Article 16 Clinics – Services for 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
- Pharmacies
- Retail Clinics
- Other (includes facilities such as health homes, non-licensed and licensed residential housing, and adult daycare).

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

The survey was made available for completion on February 2, 2016 and submissions from the PPS Partners were accepted through April 1, 2016. A total of 152 surveys were completed and submitted by 114 organizations, with an overall survey response rate of 56% by the PPS's Partners. The 152 surveys completed accounted for 221 unique facility responses highlighted in *Exhibit 1* below. The highest respondents to the survey were those organizations that were identified as Home Care/ Hospice, and "Other", with 52 responses each. Organizations defined as "Other" facility types were generally identified as agencies providing residential / housing services or other community services within the PPS's network.

**Exhibit 1: Current State Workforce Survey Responses (by Facility Type)**

| DOH Facility Types | Reported Facility Types |
|---|---|
| Home Care / Hospice | 52 |
| Other | 52 |
| Non-licensed CBO | 29 |
| Nursing Home / SNF | 25 |
| Outpatient Services for Mentally Disabled (Art 31) | 20 |
| Article 28 Diagnostic & Treatment Centers | 12 |
| Inpatient Services for Mentally Disabled (Art 31) | 9 |
| Outpatient Services for Substance Abuse (Art 32) | 8 |
| Pharmacies | 4 |
| Private Provider Practice | 4 |
| Hospital Inpatient / ER | 2 |

| DOH Facility Types | Reported Facility Types |
|---|---|
| Inpatient Services for Substance Abuse (Art 32) | 2 |
| Article 16 Clinics (OPWDD) | 1 |
| Hospital Article 28 Outpatient Clinics | 1 |
| Retail Clinics | 0 |
| **Grand Total** | **221** |

Following the survey deadline, BDO and CHWS aggregated the workforce data reported by the PPS Partners and reported current workforce state findings on an overall basis as well as by facility type and by job title. All relevant compensation data collected and summarized within this report are in line with anti-trust provisions[1].

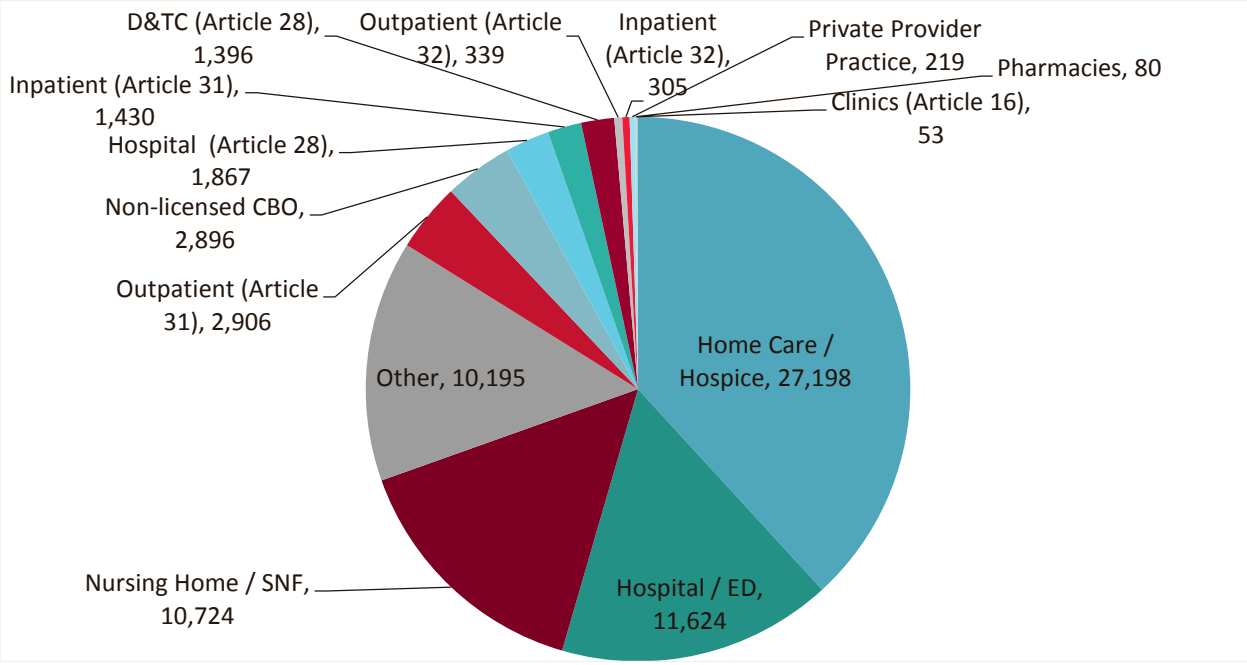
## B. Current Workforce State Survey Findings

The aggregated workforce data from the current workforce state survey is being leveraged by BPHC to gain an understanding of the current workforce across all 202 organizations within the PPS's network. As previously described, the survey's response rate was approximately 56% and thus the current workforce state data presented in the following sections aim to provide an approximate representation of the PPS's current workforce state by detailing reported workforce data across Facility Types and Job Titles by headcount, FTEs, and FTE vacancies, as well as agency and temporary staff by headcount, hours, and FTEs, but does not provide workforce data that is comprehensive of the entire workforce within the PPS. Although the response rate was only 56%, the PPS did receive response from its largest providers; thus the data received from the 221 facilities in *Exhibit 1* likely represents over 56% of the PPS workforce.

The following pie charts provide an overall summary of the BPHC reported workforce which includes a total headcount of 71,232 individuals or 48,030 FTEs.

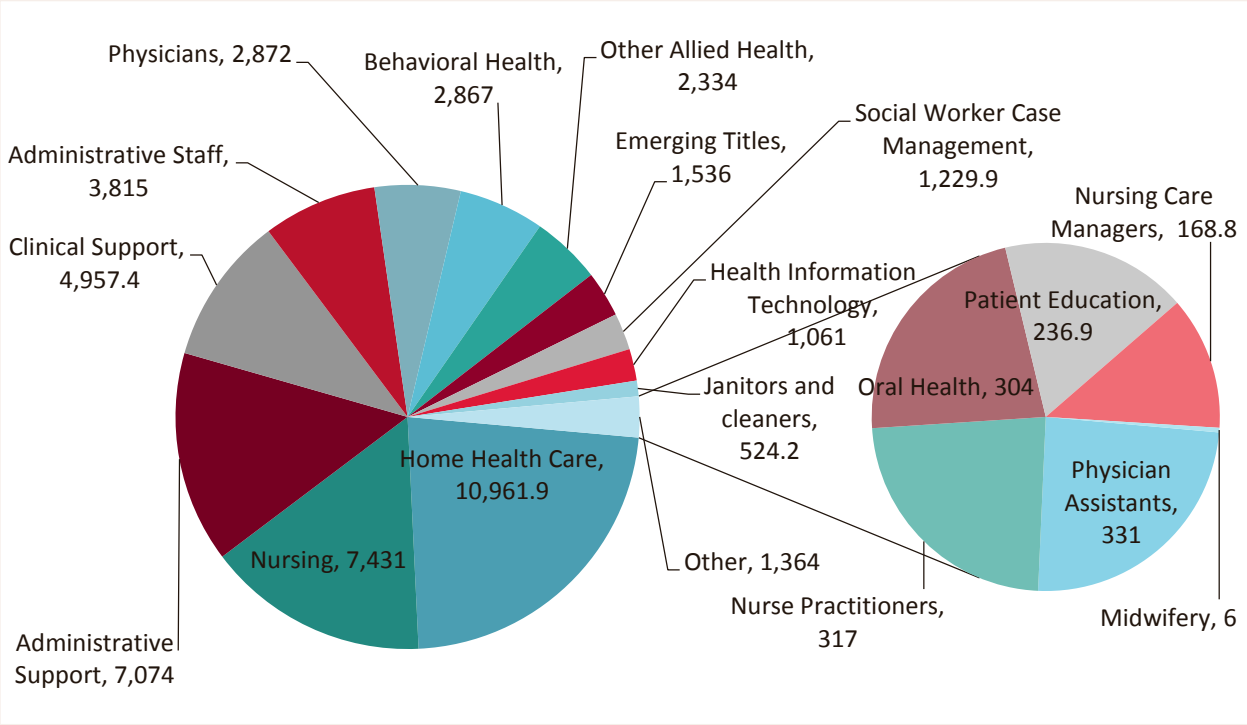
As detailed in *Exhibit 2*, which describes the total reported workforce across all Facility Types (by headcount), 38% of the PPS's workforce is represented by staff employed by Home Care Agencies / Hospices. The next largest numbers of workforce providing care in the PPS are at Hospital / ED, Nursing Home / Skilled Nursing Facilities ("SNFs"), "Other" Facility Types and Article 31 Outpatient Services for Mentally Disabled.

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




As detailed in *Exhibit 3*, which reports the total reported workforce across all DOH Job Categories (by FTEs), nearly 23% (10,962 FTEs) of the PPS's reported FTEs are represented by the Home Health Care Job Category which contains titles such as Certified Home Health Aides, Personal Care Aides (Level I and Level II), and "Other" job titles. In addition to Home Health Care jobs, the aggregated survey data indicated that the PPS is also largely comprised of Nursing (7,431 FTEs), Administrative Support (7,074 FTEs), Clinical Support (4,957 FTEs), and Administrative staff (3,815 FTEs) jobs.

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




## 1. Job Titles

The following section details the reported DOH Job Categories by FTEs across facility types. Due to rounding of each individual DOH Job Category for presentation purposes, the Reported FTEs may not add up to the Grand Total. *Exhibit 4* through *Exhibit 15* provides 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 reported tables below**, Appendix 1** has been included for additional reference.

Workforce data has been recorded for all facility types across the PPS with the exception of Retail Clinics as no workforce headcount or FTE data was reported for these facility types by the PPS partners.

As detailed in *Exhibit 4*, Article 16 Clinics represent the smallest portion of the PPS's overall workforce with a total of 1 facility reporting a total of 41 FTEs. The Article 16 Clinics are largely comprised of Home Health Care titled positions.

**Exhibit 4: Article 16 Clinics, Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Home Health Care | 35 |
| Administrative Staff | 2 |
| Administrative Support | 1 |
| Janitors and cleaners | 1 |

| DOH Job Category | Reported FTEs |
|---|---|
| Nursing | 1 |
| Social Worker Case Management/ Care Management | 1 |
| Other Allied Health | 1 |
| **Grand Total** | **41** |

As detailed in *Exhibit 5*, Article 28 D&TCs represent approximately 2% of the PPS's overall workforce with a total of 1,081 FTEs reported. The workforce for this facility type is largely represented by Administrative Support (202 FTEs), Administrative Staff (196 FTEs), and Nursing (122 FTEs). The Administrative Support and Staff jobs reported for this facility type include Human Resources, Executive Staff, Patient Service Representatives, Secretaries and Administrative Assistants, Office Clerks, Coder/Billers, Financial Service Representatives, Housekeeping, and "Other" administrative job titles.

**Exhibit 5: Article 28 Diagnostic & Treatment Centers, Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Administrative Support | 202 |
| Administrative Staff | 196 |
| Nursing | 122 |
| Health Information Technology | 114 |
| Clinical Support | 111 |
| Other Allied Health | 92 |
| Behavioral Health | 48 |
| Physicians | 45 |
| Nurse Practitioners | 40 |
| Emerging Titles | 32 |
| Oral Health | 28 |
| Physician Assistants | 19 |
| Patient Education | 12 |
| Janitors and cleaners | 11 |
| Social Worker Case Management/ Care Management | 5 |
| Midwifery | 5 |
| **Grand Total** | **1,081** |

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*Exhibit 6* details the reported workforce for Article 28 Hospital Outpatient Clinics with 1,880 FTEs reported across this facility type and Nursing, Administrative Support, Physicians and Other Allied Health representing the total reported workforce for this facility type.

**Exhibit 6: Hospital Outpatient Clinic (Article 28), Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Nursing | 399 |
| Administrative Support | 292 |
| Physicians | 259 |

| DOH Job Category | Reported FTEs |
|---|---|
| Other Allied Health | 247 |
| Clinical Support | 195 |
| Home Health Care | 160 |
| Behavioral Health | 144 |
| Social Worker Case Management/ Care Management | 45 |
| Oral Health | 34 |
| Health Information Technology | 28 |
| Administrative Staff | 23 |
| Emerging Titles | 22 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 15 |
| Physician Assistants | 12 |
| Nurse Practitioners | 3 |
| Patient Education | 2 |
| **Grand Total** | **1,880** |

Article 31 Inpatient facilities report Behavioral Health jobs (217 FTEs) as largely representing the overall reported workforce for this facility type with a total of 426 FTEs reported, as indicated in *Exhibit 7*. The most common job titles reported by this facility type include Social and Human Service Assistants and Licensed Masters Social Workers.

**Exhibit 7: Inpatient (Article 31), Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Behavioral Health | 217 |
| Administrative Support | 71 |
| Emerging Titles | 51 |
| Administrative Staff | 50 |
| Janitors and cleaners | 14 |
| Nursing | 11 |
| Health Information Technology | 6 |
| Clinical Support | 2 |
| Social Worker Case Management/ Care Management | 1 |
| Other Allied Health | 1 |
| Physicians | 1 |
| **Grand Total** | **426** |

As detailed in *Exhibit 8* for Article 31 Outpatient facilities, Behavioral Health (564 FTEs), Administrative Support (257 FTEs), Administrative Staff (249 FTEs) and Social Worker Case Management / Care Management (187 FTEs) are reported as mainly representing the overall reported workforce for these facilities.

**Exhibit 8: Outpatient (Article 31), Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Behavioral Health | 564 |
| Administrative Support | 257 |
| Administrative Staff | 249 |
| Social Worker Case Management/ Care Management | 187 |
| Emerging Titles | 167 |
| Janitors and cleaners | 75 |
| Nursing | 28 |
| Other Allied Health | 21 |
| Health Information Technology | 16 |
| Clinical Support | 5 |
| Patient Education | 1 |
| **Grand Total** | **1,571** |

In *Exhibit 9,* similarly to Article 31 Inpatient facilities, Article 32 Inpatient facilities report Behavioral Health jobs (99 FTEs) and Administrative Support (66 FTEs) as largely representing the overall reported workforce for this facility type with a total of 301 FTEs reported.

**Exhibit 9: Inpatient (Article 32), Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Behavioral Health | 99 |
| Administrative Support | 66 |
| Nursing | 38 |
| Administrative Staff | 33 |
| Emerging Titles | 19 |
| Clinical Support | 18 |
| Physician Assistants | 10 |
| Physicians | 7 |
| Health Information Technology | 6 |
| Patient Education | 3 |
| Other Allied Health | 3 |
| **Grand Total** | **301** |

Article 32 Outpatient Facilities report Behavioral Health Positions (127 FTEs) and Administrative Support (95 FTEs) as largely representing the facility's workforce, as detailed in *Exhibit 10*.

**Exhibit 10: Outpatient (Article 32), Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Behavioral Health | 127 |
| Administrative Support | 95 |
| Administrative Staff | 23 |

| DOH Job Category | Reported FTEs |
|---|---|
| Nursing | 15 |
| Health Information Technology | 5 |
| Janitors and cleaners | 4 |
| Physicians | 4 |
| Emerging Titles | 4 |
| **Grand Total** | **276** |

As previously described and further detailed in *Exhibit 11*, Home Care Agencies / Hospices represent nearly 32% of the total reported workforce data with a total of 15,274 FTEs reported. Based on the data collected, the DOH Job Categories of Home Health Care, Nursing, Administrative Staff and Administrative Support positions largely comprise most of the Home Care / Hospice FTEs reported. Home Health Care jobs include Certified Home Health Aides, Personal Care Aides (Level I and Level II), and "Other" home health job titles.

Nursing jobs include Staff Registered Nurses, "Other" Registered Nurses, Nurse Managers / Supervisors, Licensed Practical Nurses, Per Diem Staff Registered Nurses, and "Other" nursing job titles.

**Exhibit 11: Home Care / Hospice, Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Home Health Care | 9,018 |
| Nursing | 2,010 |
| Administrative Staff | 1,301 |
| Administrative Support | 1,291 |
| Other Allied Health | 551 |
| Behavioral Health | 364 |
| Health Information Technology | 290 |
| Emerging Titles | 140 |
| Clinical Support | 111 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 88 |
| Social Worker Case Management/ Care Management | 47 |
| Physicians | 34 |
| Patient Education | 20 |
| Janitors and cleaners | 6 |
| Nurse Practitioners | 4 |
| **Grand Total** | **15,274** |

Reported workforce for the PPS's Hospital / ED represents approximately 22% of the overall workforce reported across the PPS with Nursing, Physicians, Administrative Support, and Clinical Support positions largely contributing to the total Hospital / ED reported FTEs, as described in *Exhibit 12*.

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

| DOH Job Category | Reported FTEs |
|---|---|
| Nursing | 2,633 |
| Physicians | 2,237 |
| Administrative Support | 2,073 |
| Clinical Support | 848 |
| Other Allied Health | 739 |
| Administrative Staff | 410 |
| Health Information Technology | 383 |
| Behavioral Health | 359 |
| Physician Assistants | 276 |
| Nurse Practitioners | 232 |
| Social Worker Case Management/ Care Management | 108 |
| Oral Health | 105 |
| Emerging Titles | 22 |
| Patient Education | 15 |
| **Grand Total** | **10,438** |

Nursing Homes / SNFs represent the PPS's third largest facility type for reported workforce at nearly 18% of BPHC's total reported workforce. As detailed in *Exhibit 13*, Nursing Home / SNF workforce are largely comprised of Clinical Support (3,199 FTEs), Nursing (1,531 FTEs), Administrative Support (1,472 FTEs) and Home Health Care positions (1,106 FTEs).

**Exhibit 13: Nursing Home / SNF, Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Clinical Support | 3,199 |
| Nursing | 1,531 |
| Administrative Support | 1,472 |
| Home Health Care | 1,106 |
| Other Allied Health | 419 |
| Administrative Staff | 305 |
| Janitors and cleaners | 91 |
| Behavioral Health | 68 |
| Social Worker Case Management/ Care Management | 66 |
| Health Information Technology | 52 |
| Physicians | 40 |
| Nurse Practitioners | 27 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 18 |
| Emerging Titles | 16 |
| Physician Assistants | 7 |
| Oral Health | 3 |
| **Grand Total** | **8,420** |

Similar to the overall PPS workforce summary, Non-licensed CBOs represent approximately 5% of BPHC's total reported workforce. As represented in *Exhibit 14*, Non-licensed CBOs workforce is largely comprised of Emerging Title Positions (592 FTEs), Social Worker Case Management / Care Management (417 FTEs), Administrative Support (404 FTEs), and Administrative Staff (363 FTEs). The significant Emerging Title positions reported include Care Managers, Community Health Workers, Peer Support Workers, Patient or Care Navigators, and "Other" Emerging Title jobs.

**Exhibit 14: Non-licensed CBO, Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Emerging Titles | 592 |
| Social Worker Case Management/ Care Management | 417 |
| Administrative Support | 404 |
| Administrative Staff | 363 |
| Behavioral Health | 228 |
| Clinical Support | 146 |
| Nursing | 143 |
| Janitors and cleaners | 134 |
| Health Information Technology | 35 |
| Other Allied Health | 20 |
| Patient Education | 15 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 9 |
| Nurse Practitioners | 3 |
| Physicians | 2 |
| **Grand Total** | **2,510** |

*Exhibit 15* highlights PPS Partners that could not be classified under the facility types previously mentioned but provided workforce data as "Other" Facility Types with a total of 5,610 FTEs reported. "Other" Facility Types' workforce represent nearly 12% of the total PPS workforce data and is the fourth largest facility type within the PPS for reported workforce and includes facilities such as Care Management organizations and Supportive Housing facilities. Several of the highest reported job categories within this facility type include Administrative Support (845 FTEs), Administrative Staff (829 FTEs), Behavioral Health (645 FTEs) and Home Health Care (643 FTEs) positions.

**Exhibit 15: "Other" Facility Types, Total Reported Workforce by DOH Job Category**

| DOH Job Category | Reported FTEs |
|---|---|
| Administrative Support | 845 |
| Administrative Staff | 829 |
| Behavioral Health | 645 |
| Home Health Care | 643 |
| Nursing | 502 |

| DOH Job Category | Reported FTEs |
|---|---|
| Emerging Titles | 472 |
| Social Worker Case Management/ Care Management | 354 |
| Clinical Support | 319 |
| Physicians | 236 |
| Other Allied Health | 198 |
| Janitors and cleaners | 188 |
| Patient Education | 169 |
| Health Information Technology | 127 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 39 |
| Oral Health | 27 |
| Physician Assistants | 8 |
| Nurse Practitioners | 8 |
| Midwifery | 1 |
| **Grand Total** | **5,610** |

## 2. Reported FTE Vacancies

PPS partners were asked to report FTE vacancies, defined as the number of budgeted positions that are vacant and that are actively being recruited for. Exhibit 16 provides an overall summary of the BPHC reported workforce FTE vacancies across all facility types, for all corresponding DOH Job Categories. A total of 3,076 FTE vacancies were reported within the PPS.

As detailed in *Exhibit 16*, which reports the total FTE vacancies across all Facility Types, approximately 25% of the FTEs vacancies within the PPS's workforce are represented by Nursing positions with 773 FTEs vacancies reported.

Other DOH Job Categories which reported significant FTE vacancies include Administrative Support (440 FTEs), Behavioral Health (308 FTEs), Administrative Staff (258 FTEs) and Clinical Support (232 FTEs) positions.

**Exhibit 16: Reported Vacancies By Facility Type (FTEs)**

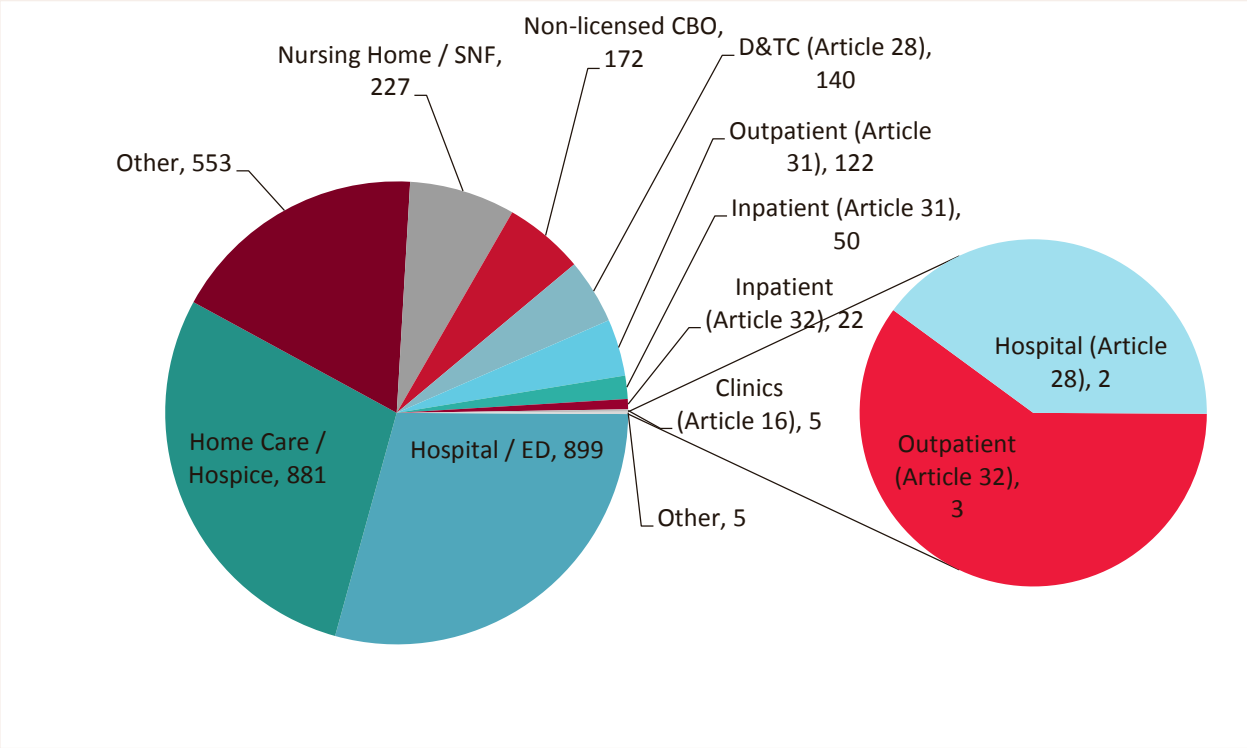



*Exhibit 17* through *Exhibit 28* provides details around the reported FTE vacancies for each facility type. For a more detailed breakout of the reported FTE vacancies by job titles included under the DOH Job Categories that are provided in the following tables, please reference **Appendix 2**.

Workforce data pertaining to FTE vacancies was reported across all facility types within the PPS with the exception of Retail Clinics, as no FTEs/employee headcounts were provided, and Pharmacies, and Private Provider Practices, as no FTE vacancies were reported.

The Reported FTEs for each DOH Job Category may not add up to the Grand Total, as any DOH Job Category that had 0 Reported FTE Vacancies was removed from the exhibit. Due to rounding of each individual DOH Job Category for presentation purposes, the Reported FTE Vacancies also may not add up to the Grand Total.

As *Exhibit 17* indicates, the reported FTE vacancies for Article 16 Clinics represent a small portion of the overall reported workforce vacancies across the PPS with a total of 5 FTE vacancies and all were within the Home Health Care job category.

**Exhibit 17: Clinics (Article 16), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Home Health Care | 35 | 5 |
| **Grand Total** | **41** | **5** |

Article 28 D&TCs, as detailed in *Exhibit 18*, accounted for 5% of the total workforce vacancies reported with Health Information Technology (25 FTEs), Administrative Staff (20 FTEs) and Administrative Support (16 FTEs) staff representing the greatest number of reported FTE vacancies by DOH Job Category.

**Exhibit 18: Diagnostic & Treatment Centers (Article 28), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Health Information Technology | 114 | 25 |
| Administrative Staff | 196 | 20 |
| Administrative Support | 202 | 16 |
| Behavioral Health | 48 | 15 |
| Nursing | 122 | 12 |
| Clinical Support | 111 | 12 |
| Physicians | 45 | 12 |
| Social Worker Case Management/ Care Management | 5 | 7 |
| Emerging Titles | 32 | 5 |
| Nurse Practitioners | 40 | 5 |
| Oral Health | 28 | 4 |
| Other Allied Health | 92 | 4 |
| Patient Education | 12 | 2 |
| Physician Assistants | 19 | 1 |
| **Grand Total** | **1,081** | **140** |

Article 28 Hospital Outpatient Clinic's (*Exhibit 19*) reported 2 FTE workforce vacancies with the vacancies for Other Allied Health positions.

**Exhibit 19: Hospital Outpatient Clinic (Article 28), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Other Allied Health | 247 | 2 |
| **Grand Total** | **1,880** | **2** |

Article 31 Inpatient (*Exhibit 20*) reported a total of 50 FTE vacancies, predominately for Behavioral Health positions.

**Exhibit 20: Inpatient (Article 31), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Behavioral Health | 217 | 30 |
| Emerging Titles | 51 | 6 |
| Administrative Support | 71 | 6 |
| Administrative Staff | 50 | 3 |
| Other Allied Health | 1 | 2 |
| Clinical Support | 2 | 2 |
| Nursing | 11 | 1 |
| Janitors and cleaners | 14 | 1 |
| **Grand Total** | **426** | **50** |

Article 31 Outpatient Facilities reported a total of 122 FTE vacancies primarily in Behavioral Health (44 FTEs), Emerging Titles (30 FTEs) and Administrative Staff (18 FTEs) positions, as indicated in *Exhibit 21*.

**Exhibit 21: Outpatient (Article 31), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Behavioral Health | 564 | 44 |
| Emerging Titles | 167 | 30 |
| Administrative Staff | 249 | 18 |
| Administrative Support | 257 | 16 |
| Social Worker Case Management/ Care Management | 187 | 5 |
| Other Allied Health | 21 | 4 |
| Nursing | 28 | 3 |
| Janitors and cleaners | 75 | 2 |
| **Grand Total** | **1,571** | **122** |

Similarly, Inpatient Article 32 (*Exhibit 22*) and Outpatient Article 32 (*Exhibit 23*) facilities reported very low workforce vacancies with staffing needs reported for Behavioral Health and Administrative Support staff.

**Exhibit 22: Inpatient (Article 32), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Behavioral Health | 99 | 11 |
| Administrative Support | 66 | 3 |
| Nursing | 38 | 2 |
| Physicians | 7 | 2 |

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Emerging Titles | 19 | 2 |
| Health Information Technology | 6 | 1 |
| Administrative Staff | 33 | 1 |
| **Grand Total** | **301** | **22** |

**Exhibit 23: Outpatient (Article 32), Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Administrative Support | 95 | 2 |
| Administrative Staff | 23 | 1 |
| **Grand Total** | **276** | **3** |

Home Care Agencies / Hospices reported the 2nd largest number of workforce vacancies, representing approximately 29% of the PPS's total workforce vacancies. Similarly, as mentioned in the FTE vacancy summary, Nursing and Home Health Care positions represent the majority of reported workforce staffing needs, as indicated in *Exhibit 24*. The Nursing category, which represents the highest number of reported vacancies (367 FTEs), includes the following job titles: Per Diem Staff Registered Nurses, Staff Registered Nurses, Other Registered Nurses, Nurse Managers/Supervisors, Licensed Practical Nurses, and "Other" nursing positions. Staffing vacancies reported for Home Health Care (181 FTEs) positions include Certified Home Health Aides and Personal Care Aides (Level I) and (Level 2).

**Exhibit 24: Home Care / Hospice, Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Nursing | 2,010 | 367 |
| Home Health Care | 9,018 | 181 |
| Administrative Staff | 1,301 | 68 |
| Administrative Support | 1,291 | 63 |
| Behavioral Health | 364 | 62 |
| Other Allied Health | 551 | 43 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 88 | 43 |
| Health Information Technology | 290 | 24 |
| Social Worker Case Management/ Care Management | 47 | 14 |
| Physicians | 34 | 9 |
| Patient Education | 20 | 3 |
| Clinical Support | 111 | 3 |
| Nurse Practitioners | 4 | 1 |
| **Grand Total** | **15,274** | **881** |

Hospital / ED reported the largest number of workforce vacancies for BPHC (*Exhibit 25*). The 899 FTE vacancies reported represent nearly 30% of the PPS's total workforce vacancies. Similar to many of the Facility Types within the PPS, Nursing positions were reported as having the highest number of vacancies (228 FTEs) followed by Administrative Support (209 FTEs) and Physicians (83 FTEs) positions.

**Exhibit 25: Hospital / ED, Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Nursing | 2,633 | 228 |
| Administrative Support | 2,073 | 209 |
| Physicians | 2,237 | 83 |
| Clinical Support | 848 | 79 |
| Health Information Technology | 383 | 75 |
| Physician Assistants | 276 | 54 |
| Behavioral Health | 359 | 45 |
| Other Allied Health | 739 | 40 |
| Administrative Staff | 410 | 38 |
| Nurse Practitioners | 232 | 32 |
| Social Worker Case Management/ Care Management | 108 | 6 |
| Oral Health | 105 | 4 |
| Emerging Titles | 22 | 4 |
| Patient Education | 15 | 2 |
| **Grand Total** | **10,438** | **899** |

*Exhibit 26* describes the workforce vacancies reported by Nursing Homes / SNFs for a total of 227 FTE vacancies. The Nursing Homes / SNFs reported need for Nursing, Clinical Support and various support positions. Nursing reported (84 FTEs) vacancies include Per Diem Registered Nurses, Staff Registered Nurses, Nurse Managers/Supervisors, and Licensed Practical Nurses. Clinical Support reported (68 FTEs) vacancies include Nurse Aides/Assistants (CNAs) and Patient Care Techs (Associates).

**Exhibit 26: Nursing Home / SNF, Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Nursing | 1,531 | 84 |
| Clinical Support | 3,199 | 68 |
| Home Health Care | 1,106 | 30 |
| Other Allied Health | 419 | 17 |
| Administrative Support | 1,472 | 13 |
| Physicians | 40 | 7 |
| Administrative Staff | 305 | 4 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 18 | 2 |
| Health Information Technology | 52 | 1 |

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Janitors and cleaners | 91 | 1 |
| **Grand Total** | **8,420** | **227** |

Non-Licensed CBOs reported a total of 172 FTE vacancies, as indicated in *Exhibit 27*, with a reported need for Social Worker Case Management / Care Management and Emerging Title positions. Reported needs for Social Worker Case Management / Care Management jobs include Social Worker Care Coordinators/Case Managers/Care Transition, "Other" positions, Licensed Masters Social Workers, Bachelors Social Workers, and Licensed Clinical Social Workers. Reported Emerging Title positions' needs include Care Managers/Coordinators, Peer Support Workers, and "Other" positions, Community Health Worker, and Patient or Care Navigator.

**Exhibit 27: Non-licensed CBOs, Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Social Worker Case Management/ Care Management | 417 | 45 |
| Emerging Titles | 592 | 32 |
| Administrative Staff | 363 | 26 |
| Administrative Support | 404 | 24 |
| Janitors and cleaners | 134 | 20 |
| Behavioral Health | 228 | 15 |
| Patient Education | 15 | 4 |
| Nursing | 143 | 4 |
| Health Information Technology | 35 | 2 |
| **Grand Total** | **2,510** | **172** |

In *Exhibit 28*, "Other" Facility Types reported the 3rd highest number of workforce vacancies with 553 FTE vacancies, which represented approximately 18% of the total BPHC reported vacancies. Similar to the overall reported PPS workforce needs for Administrative Support and Behavioral Health Staff reported a high number of vacancies for Administrative Support staff (88 FTEs) and Behavioral Health staff (87 FTEs).

Administrative Support staffing needs for "Other" Facility Types were identified most often for Patient Service Representatives and Office Clerks while Behavioral Health staffing needs include Social and Human Service Assistants, Psychiatric Aides/Techs and Licensed Clinical Social Workers.

**Exhibit 28: Other, Total Reported Workforce Vacancies by DOH Job Category**

| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Administrative Support | 845 | 88 |
| Behavioral Health | 645 | 87 |

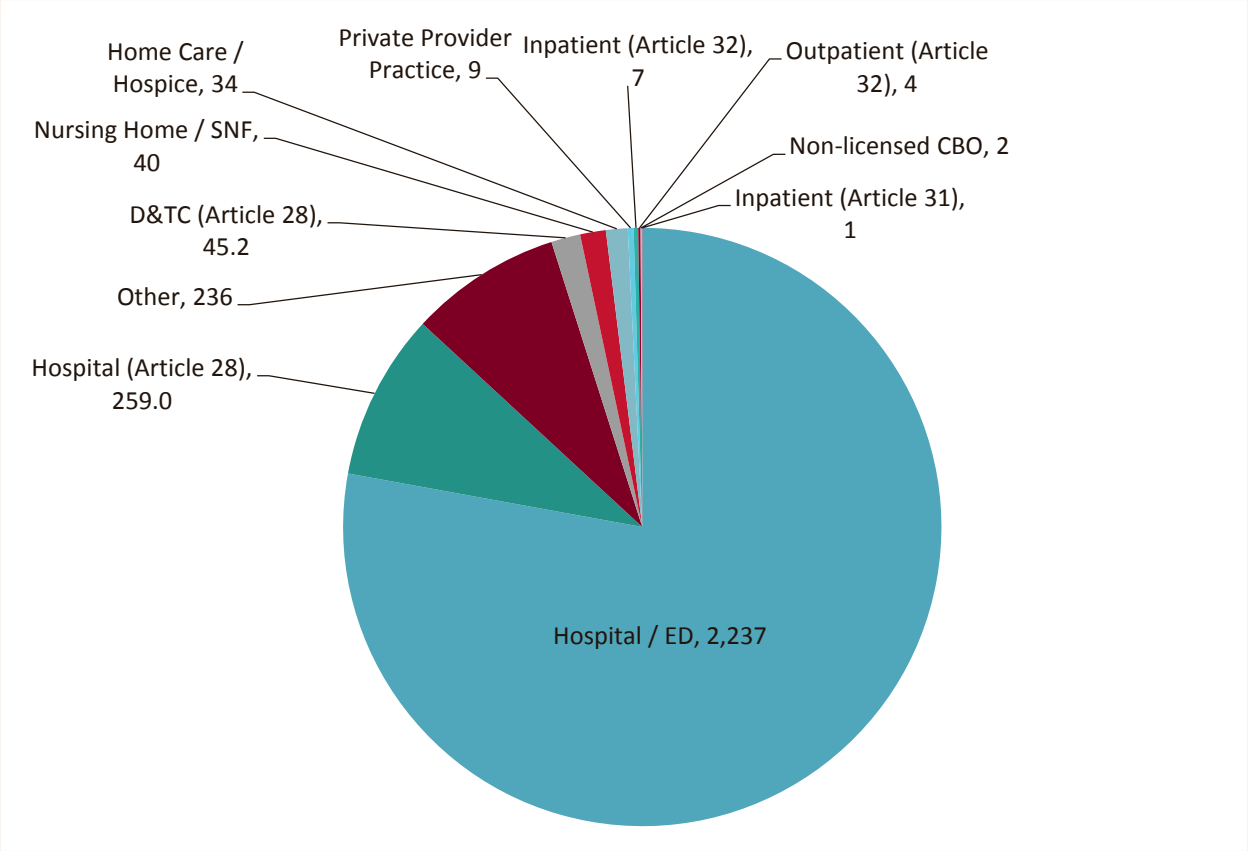
| DOH Job Category | Reported FTEs | Reported FTE Vacancies |
|---|---|---|
| Administrative Staff | 829 | 79 |
| Nursing | 502 | 72 |
| Clinical Support | 319 | 67 |
| Emerging Titles | 472 | 53 |
| Social Worker Case Management/ Care Management | 354 | 30 |
| Other Allied Health | 198 | 25 |
| Health Information Technology | 127 | 16 |
| Physicians | 236 | 12 |
| Home Health Care | 643 | 11 |
| Nurse Practitioners | 8 | 4 |
| Janitors and cleaners | 188 | 4 |
| Patient Education | 169 | 3 |
| Oral Health | 27 | 2 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 39 | 2 |
| **Grand Total** | **5,610** | **555** |

## 3. Physician Workforce

The pie chart below provides an overall summary of the BPHC reported Physician workforce data with a total of 2,872 Physician FTEs reported.

As detailed in *Exhibit 29*, which indicates the total reported Physician workforce across all Facility Types (by FTE), nearly 78% of the PPS's Physicians are employed by a Hospital / ED facilities. The next highest employer of Physicians is Hospital Outpatient Clinic (Article 28) with 259 FTEs, followed by "Other" Facility Types with 236 FTEs.

**Exhibit 29: Total Reported Physicians by Facility Type**




In addition to the number of Physician FTEs reported across each Facility Type, *Exhibit 30* provides a summary of the various job titles and the numbers of corresponding FTEs reported by the PPS Partners under the DOH Job Category of Physicians. As indicated, the number of Physician FTEs that are reported are largely identified as being Residents (1,332 FTEs) working at Hospital / ED facilities. Similar to the Resident positions, Other Specialties (Except Psychiatrists) (743 FTEs) and Primary Care (335 FTEs) were the next highest reported Physician job titles across the PPS.

**Exhibit 30: Total Reported Physicians by Job Title**

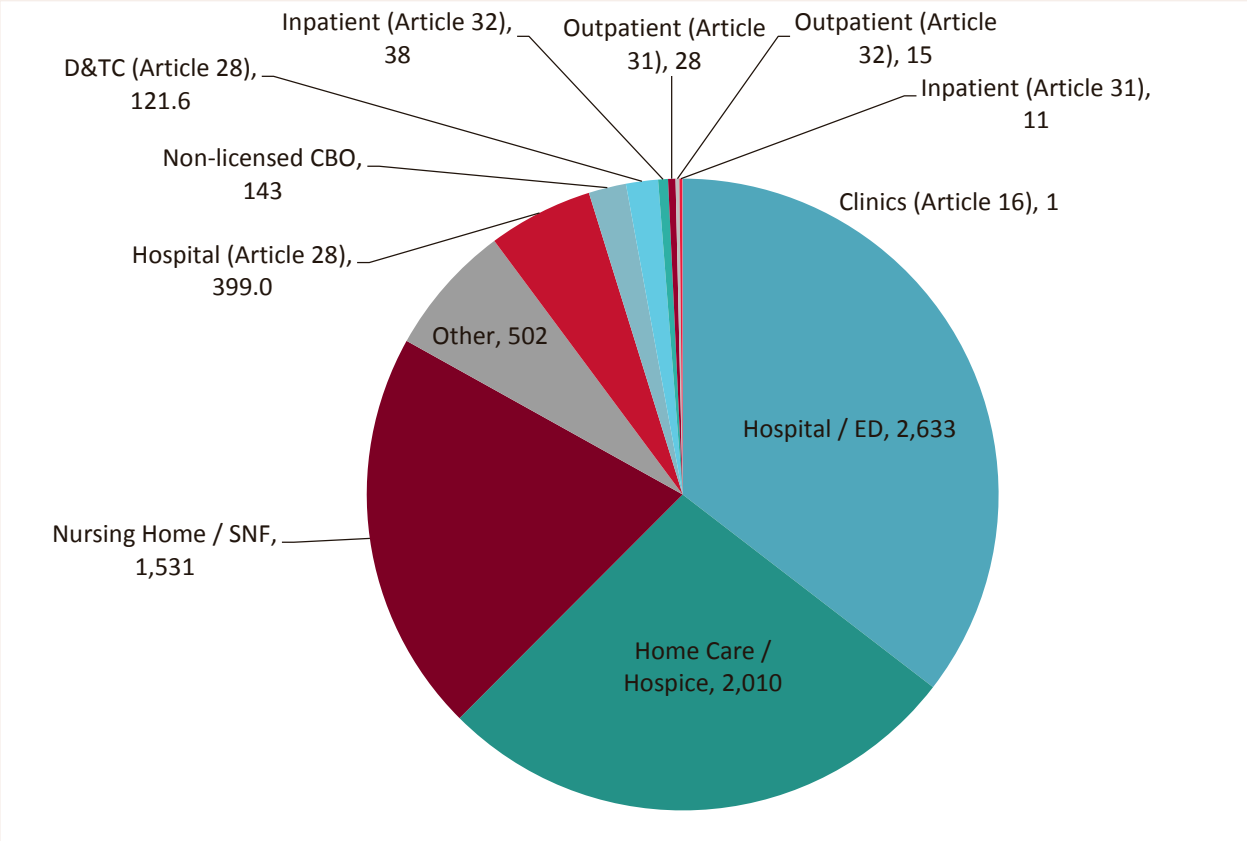
| Physician Job Titles | Reported FTEs |
|---|---|
| Residents | 1,332 |
| Other Specialties (Except Psychiatrists) | 743 |
| Primary Care | 335 |
| Emergency Medicine | 126 |
| Obstetricians/Gynecologists | 120 |
| Cardiologists | 84 |
| Pediatrician (General) | 70 |
| Fellows | 40 |
| Endocrinologists | 13 |
| Primary Care (HIV) | 10 |
| **Grand Total** | **2,872** |

## 4. Nursing Workforce

The following pie chart provides an overall summary of the BPHC reported nursing workforce with a total of 7,431 Nursing FTEs reported, representing more than 15% of the PPS's total reported workforce.

As detailed in *Exhibit 31*, which indicates the total reported nursing workforce across all Facility Types (by FTE), 83% of the PPS's Nurses are employed either by Hospital / ED, Home Care / Hospices or Nursing Home / SNF facilities.

**Exhibit 31: Total Reported Nurses by Facility Type**




In addition to the number of nursing FTEs reported for each Facility Type within the PPS, *Exhibit 32* provide an overall summary of the various nursing job titles and corresponding FTEs reported by the PPS Partners under the DOH Job Category of Nursing. As the table indicates, the majority of the nursing FTEs are identified as being Staff Registered Nurses (4,833 FTEs) and are largely employed by Hospital / ED or Home Care Agencies / Hospices. Licensed Practical Nurses are the next highest reported nursing job titles with 1,508 FTEs and are largely employed by Nursing Homes / SNFs.

**Exhibit 32: Total Reported Nursing by Job Title**

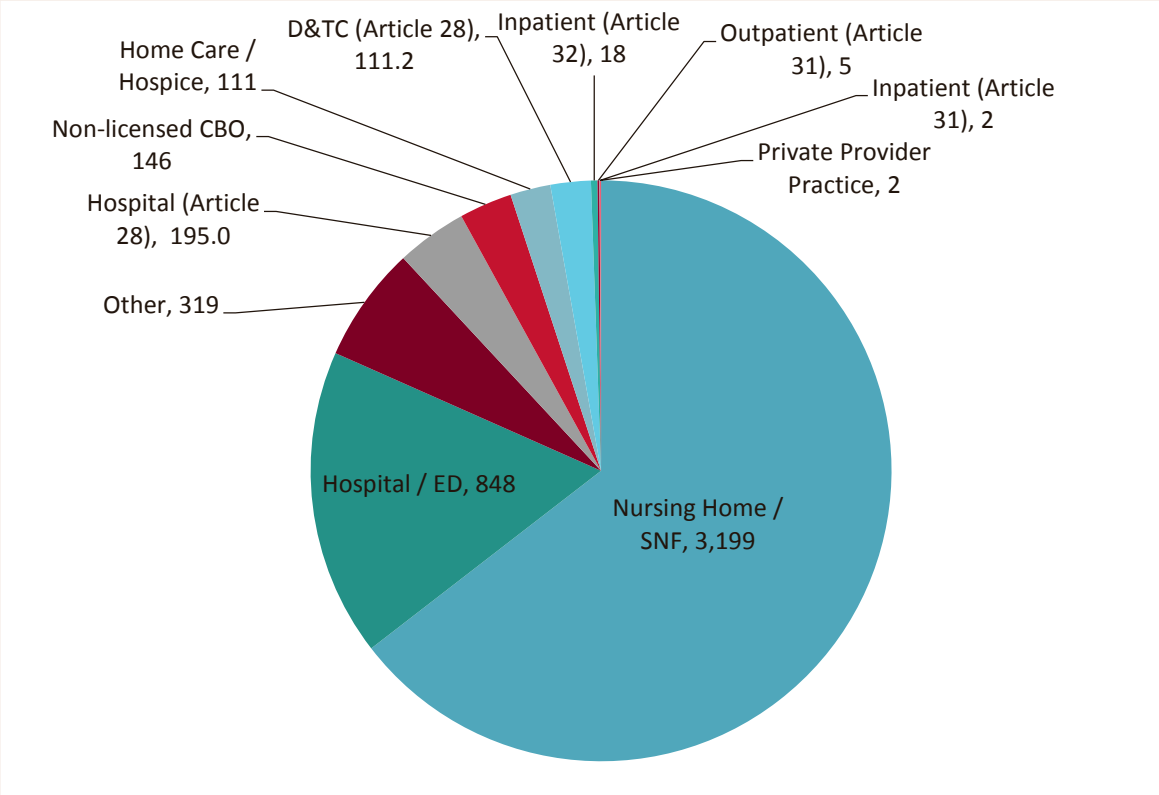
| Nursing Job Titles | Reported FTEs |
|---|---|
| Staff Registered Nurses | 4,833 |
| Licensed Practical Nurses | 1,508 |
| Nurse Managers/Supervisors | 594 |
| Other Registered Nurses (Utilization Review, Staff Development, etc.) | 246 |
| Other | 145 |
| Per Diem Staff Registered Nurses | 107 |
| **Grand Total** | **7,431** |

## 5. Clinical Support Workforce

The following pie chart provides an overall summary of the BPHC reported Clinical Support Staff with a total of 4,957 FTEs reported. Clinical Support staff includes Medical Assistants, Nurse Aides/Assistants, Patient Care Technicians, and "Other" Clinical Support job titles and represents approximately 10% of the PPS's total reported workforce.

As detailed in *Exhibit 33*, which indicates the total reported Clinical Support workforce across all Facility Types (by FTEs), approximately 65% of the PPS's Clinical Support staff are employed by Nursing Homes / SNFs with 3,199 FTEs reported. The next highest employers of Clinical Support staff are reported by the Hospital / ED and Article 28 D&TCs with 848 FTEs and 319 FTEs, respectively.

**Exhibit 33: Total Reported Clinical Support Staff by Facility Type**




In addition to the number of Clinical Support staff reported by each Facility Type, *Exhibit 34* provides an overall summary of the various Clinical Support job titles and the corresponding FTEs associated with each job title. As the table indicates, approximately 70% of Clinical Support FTEs reported are identified as being Nurse Aides/Assistants or 3,488 FTEs, with most of them being staffed at Nursing Homes / SNFs.

Further details around reported years of experience and minimum degree requirements for Clinical Support Staff are described in *Exhibit 42* and *Exhibit 43*.

**Exhibit 34: Total Reported Clinical Support Staff by Job Title**

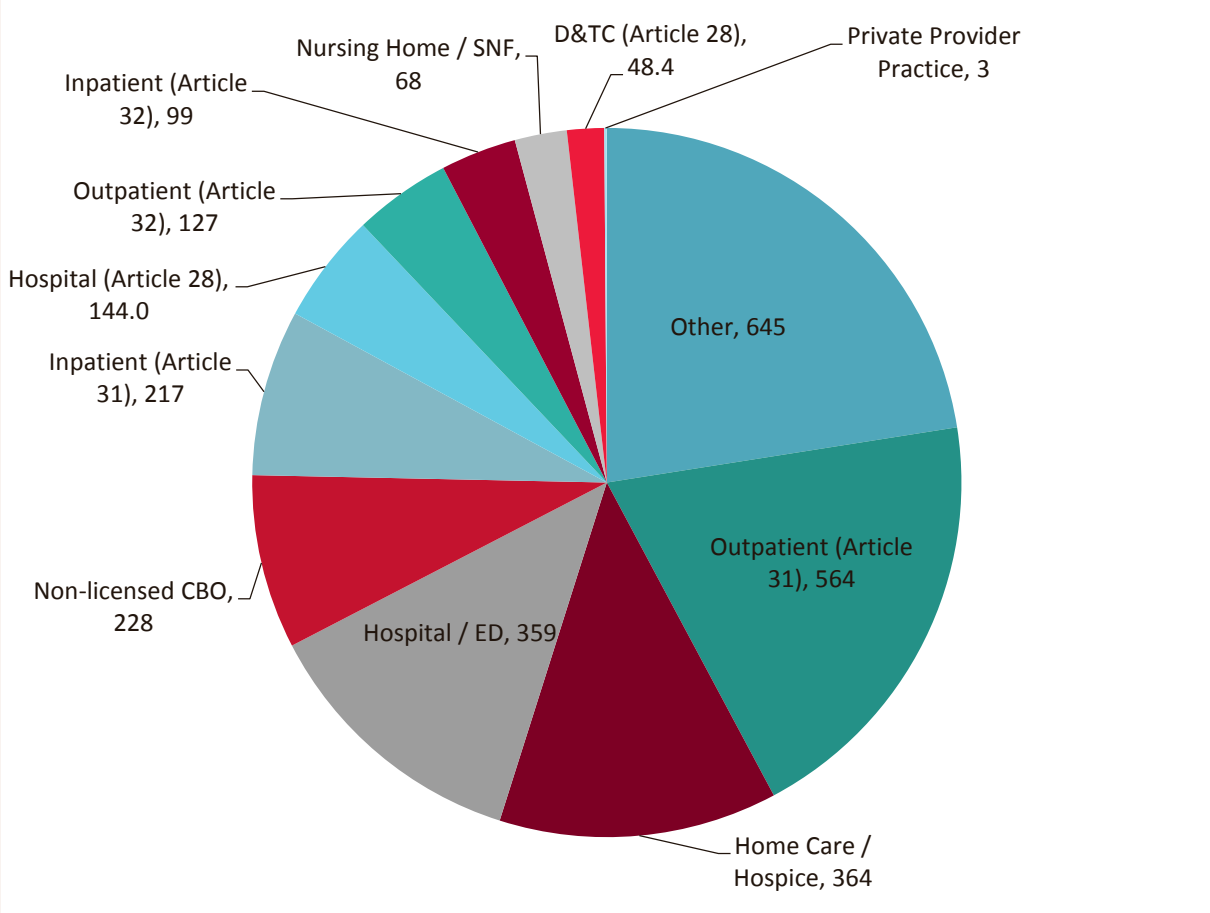
| Clinical Support Job Titles | Reported FTEs |
|---|---|
| Nurse Aides/Assistants (CNAs) | 3,488 |
| Other | 685 |
| Patient Care Techs (Associates) | 634 |
| Medical Assistants | 150 |
| **Grand Total** | **4,957** |

## 6. Behavioral Health Workforce

The following pie chart provides an overall summary of the BPHC reported Behavioral Health workforce with a total of 2,867 FTEs reported. The Behavioral Health reported workforce represents approximately 6% of the PPS's total reported workforce.

As detailed in *Exhibit 35*, which indicates the total reported Behavioral Health workforce across all Facility Types, nearly 42% of the PPS's reported Behavioral Health workforce is employed by either "Other" or Outpatient Article 31 facilities with 1,209 FTEs reported.

**Exhibit 35: Total Behavioral Health Workforce by Facility Type**




In addition to the number of Behavioral Health FTEs reported across each Facility Type, *Exhibit 36* provides an overall summary of the various Behavioral Health job titles and the corresponding FTEs reported by the PPS Partners under the DOH Job Category of Behavioral Health. As the table indicates 25% of the Behavioral Health FTEs are identified as being Social and Human Services Assistants (707 FTEs) and 22% are identified as Licensed Master Social Workers (644 FTEs).

**Exhibit 36: Total Behavioral Health Workforce by Job Title**

| Behavioral Health Job Titles | Reported FTEs |
|---|---|
| Social and Human Service Assistants | 707 |
| Licensed Masters Social Workers | 644 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 366 |
| Licensed Clinical Social Workers | 295 |
| Other | 226 |
| Substance Abuse and Behavioral Disorder Counselors | 196 |
| Psychiatrists | 188 |
| Psychologists | 145 |
| Psychiatric Aides/Techs | 78 |
| Psychiatric Nurse Practitioners | 22 |
| **Grand Total** | **2,867** |

## 7. Care Management Workforce

The following bar chart provides an overall summary of the BPHC reported Care Management workforce which is inclusive of reported Emerging Title positions, Nursing Care Managers, and Social Worker Case Management positions for a total of 3,046 FTEs reported or approximately 6% of the PPS's total reported workforce by FTE.

As detailed in *Exhibit 37*, which indicates the total reported Care Management workforce across all Facility Types (by FTE), Emerging Title and Social Worker Case Management / Care Management positions represent approximately 91% of the total Care Management Workforce with 3,046 FTEs reported.

**Exhibit 37: Total Care Management Workforce by DOH Job Category**

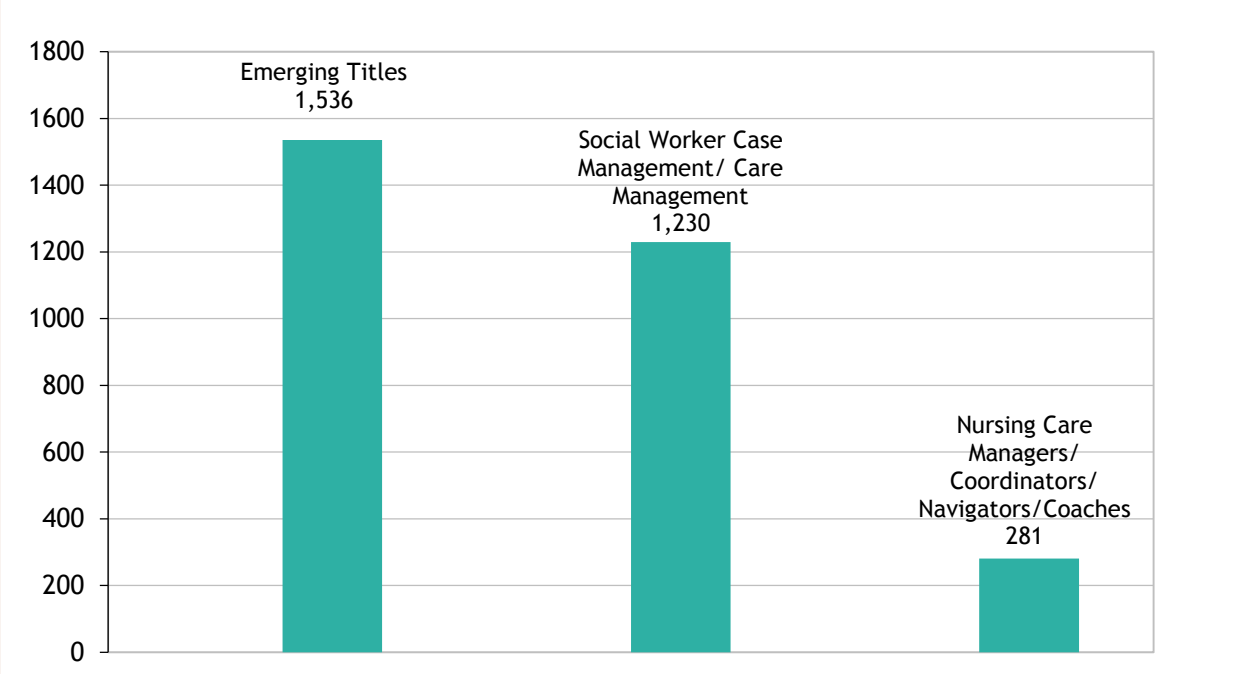



*Exhibit 38* provides job titles and reported FTEs for those positions that are included under the DOH Job Category for Emerging Titles, which is mainly represented by Care Managers / Coordinators (929 FTEs) and is mainly reported to provide services at Non-licensed CBOs and "Other" facility types.

**Exhibit 38: Total Reported Emerging Titles by Job Title**

| Emerging Job Titles | Reported FTEs |
|---|---|
| Care Manager/Coordinator | 929 |
| Other | 370 |
| Peer Support Worker | 96 |

| Emerging Job Titles | Reported FTEs |
|---|---|
| Patient or Care Navigator | 90 |
| Community Health Worker | 50 |
| **Grand Total** | **1,536** |

*Exhibit 39* provides job titles and reported FTEs for those positions that are included under the DOH Job Category for Social Worker Case Management, which is mainly represented by Social Worker Care Coordinators/Case Managers/Care Transition (444 FTEs) and Licensed Masters Social Workers (351 FTEs). Social Worker job title was mainly reported to provide services at Non-licensed CBOs and Non-licensed CBOs and "Other" facility types.

**Exhibit 39: Total Reported Social Workers by Job Title**

| Social Worker Job Titles | Reported FTEs |
|---|---|
| Social Worker Care Coordinators/Case Managers/Care Transition | 444 |
| Licensed Masters Social Workers | 351 |
| Other | 179 |
| Bachelors Social Workers | 170 |
| Licensed Clinical Social Workers | 86 |
| **Grand Total** | **1,230** |

*Exhibit 40* provides job titles and reported FTEs for those positions that are included under the DOH Job Category for Nursing Care Managers which is mainly represented by RN Care Coordinators / Case Managers / Care Transitions staff (199 FTEs) and is mainly reported to provide services at Home Care / Hospice settings.

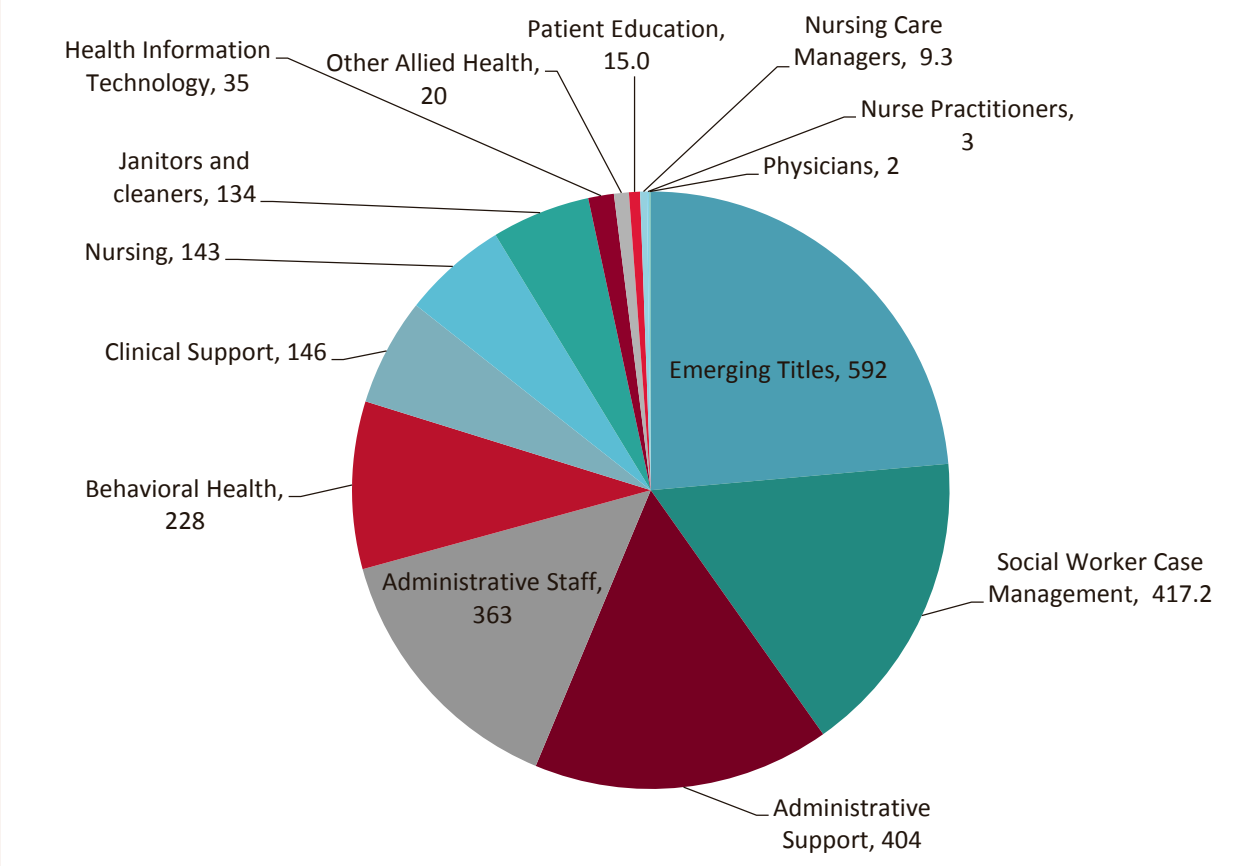
**Exhibit 40: Total Reported Nursing Care Managers by Job Title**

| Nursing Care Manager Job Titles | Reported FTEs |
|---|---|
| RN Care Coordinators/Case Managers/Care Transitions | 199 |
| Other | 62 |
| LPN Care Coordinators/Case Managers | 20 |
| **Grand Total** | **281** |

## 8. Non-licensed CBOs

The following pie chart provides an overall summary of the BPHC reported Non-licensed CBO workforce across DOH Job Categories with a total of 2,510 FTEs reported, representing approximately 5% of the PPS's total reported workforce. As indicated in *Exhibit 41*, Emerging Title workforce makes up nearly 24% of the PPS's Non-licensed CBO workforce with 592 FTEs reported, followed by Social Worker Case Management / Care Management (417 FTEs), Administrative Support (404 FTEs) and Administrative Staff (363 FTEs).

**Exhibit 41: Total Reported Non-licensed CBO Workforce by Job Title**



## 9. Reported Job Requirements

In addition to reporting on the PPS's current workforce state regarding headcount, FTEs and FTE vacancies, the BPHC partners were also asked to report on job requirements pertaining to minimum years of experience and degree requirements for job titles falling under the DOH Job Categories including Clinical Support, Nursing Care Managers / Coordinators, Social Worker Case Management / Care Management, Emerging Titles, and Patient Education. *Exhibit 42* and *Exhibit 43* provide a summary of the total reported workforce minimum years of experience and minimum degree requirements pertaining to each job title. The summary tables provide details on job requirements aggregated across Article 31 Outpatient, Article 32 Inpatient, Article 32 Outpatient, Article 28 D&TCs, Home Care / Hospice, Hospital / ED, Non-licensed CBOs, Nursing Homes, Private Provider Practices, and "Other" Facility Types.

As indicated in *Exhibit 42*, most of the job titles which requested input from the PPS partners on years of experience required at least a minimum amount of experience. With the exception of Certified Asthma Educators, the majority of these jobs required between 0-5 years of experience. Based on the data reported, a small portion of PPS Partners reported requiring more than 15 years of experience for Licensed Masters Social Workers.

**Exhibit 42: Total Reported Workforce Experience Requirements by Job Title**

| | Minimum Years of Experience Required | | | | |
|---|---|---|---|---|---|
| Job Title | 0-2 Years | 3-5 Years | 6-10 Years | 11-15 Years | +15 Years |
| **Clinical Support** | | | | | |
| Medical Assistants | 89.47% | 10.53% | 0.00% | 0.00% | 0.00% |
| Nursing Care Managers/ Coordinators/ Navigators/Coaches | | | | | |
| RN Care Coordinators/Case Managers/Care Transitions | 72.22% | 27.78% | 0.00% | 0.00% | 0.00% |
| LPN Care Coordinators/Case Managers | 87.50% | 12.50% | 0.00% | 0.00% | 0.00% |
| Other | 37.50% | 62.50% | 0.00% | 0.00% | 0.00% |
| **Social Worker Case Management/ Care Management** | | | | | |
| Bachelors Social Workers | 46.67% | 53.33% | 0.00% | 0.00% | 0.00% |
| Licensed Masters Social Workers | 63.16% | 31.58% | 2.63% | 0.00% | 2.63% |
| Licensed Clinical Social Workers | 60.00% | 30.00% | 10.00% | 0.00% | 0.00% |
| Social Worker Care Coordinators/Case Managers/Care Transition | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% |
| Other | 61.11% | 38.89% | 0.00% | 0.00% | 0.00% |
| **Emerging Titles** | | | | | |
| Care Manager/Coordinator | 51.56% | 48.44% | 0.00% | 0.00% | 0.00% |
| Patient or Care Navigator | 81.82% | 18.18% | 0.00% | 0.00% | 0.00% |
| Community Health Worker | 11.11% | 88.89% | 0.00% | 0.00% | 0.00% |
| Peer Support Worker | 95.00% | 5.00% | 0.00% | 0.00% | 0.00% |
| Other | 81.08% | 18.92% | 0.00% | 0.00% | 0.00% |
| Patient Education | | | | | |

| | Minimum Years of Experience Required | | | | |
|---|---|---|---|---|---|
| Job Title | 0-2 Years | 3-5 Years | 6-10 Years | 11-15 Years | +15 Years |
| Certified Asthma Educators | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Certified Diabetes Educators | 60.00% | 40.00% | 0.00% | 0.00% | 0.00% |
| Health Coach | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% |

As *Exhibit 43* details, the majority of job titles that requested input from PPS Partners on minimum degree requirements required an Associate's Degree, with the exception of LPN Care Coordinators/Case Managers, Bachelors Social Workers, Licensed Masters Social Workers and Licensed Clinical Social Workers, which were all indicated as "Not Applicable."

Additionally, several of the job titles including Social Worker Care Coordinator, Care Manager / Coordinator, Community Health Worker, Certified Diabetes Educator, and "Other" Social Worker Case Management job titles reported requiring Masters Degrees.

**Exhibit 43: Total Reported Workforce Degree Requirements by Job Title**

| | Minimum Degree Requirements | | | |
|---|---|---|---|---|
| Job Title | Associate | Bachelor's | Master's | Other |
| **Clinical Support** | | | | |
| Medical Assistants | 72.73% | 9.09% | 0.00% | 18.18% |
| **Nursing Care Managers/ Coordinators/ Navigators/Coaches** | | | | |
| RN Care Coordinators/Case Managers/Care Transitions | 37.50% | 62.50% | 0.00% | 0.00% |
| LPN Care Coordinators/Case Managers | N/A | N/A | N/A | N/A |
| Other | 25.00% | 75.00% | 0.00% | 0.00% |
| **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 | 50.00% | 25.00% | 25.00% | 0.00% |
| Other | 11.76% | 23.53% | 64.71% | 0.00% |
| **Emerging Titles** | | | | |
| Care Manager/Coordinator | 13.33% | 81.67% | 1.67% | 3.33% |
| Patient or Care Navigator | 44.44% | 44.44% | 0.00% | 11.11% |
| Community Health Worker | 8.00% | 0.00% | 92.00% | 0.00% |
| Peer Support Worker | 0.00% | 80.00% | 0.00% | 20.00% |
| Other | 18.52% | 44.44% | 14.81% | 22.22% |
| **Patient Education** | | | | |
| Certified Asthma Educators | 0.00% | 0.00% | 100.00% | 0.00% |
| Certified Diabetes Educators | 0.00% | 50.00% | 50.00% | 0.00% |
| Health Coach | 50.00% | 50.00% | 0.00% | 0.00% |

## 10. 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, total hours, or total FTEs in order to provide an approximate understanding of the PPS's current workforce state pertaining to Agency / Temporary Staff. *Exhibit 44*, below, provides a summary of the aggregated Agency / Temporary Staff reported across all facilities with the exception of Article 16 Clinics, Article 31 Inpatient, Article 32 Inpatient and Outpatient, Pharmacies, Non-licensed CBO, Private Provide Practices, and Retails Clinics, as no Agency / Temporary Staff data was reported by these facilities.

The Agency and Temporary Staff data is categorized by the DOH-provided Job Categories and most job categories employ at least some level of Agency / Temporary Staff with the exception of Emerging Title Positions, Midwives and patient educators, which were not reported.

A review of the data indicates that Behavioral Health job titles have the highest reported Agency / Temporary Staff based on total reported headcount, while Other Allied Health job titles have the highest total reported hours accrued by Agency / Temporary Staff.

However, it should be noted that PPS Partners individually reported Agency / Temporary Staff data based on how this data is collected/reported at their individual facility so responses did vary. In some cases Partners may have only reported this data by total hours while other Partners reported this data by Headcount or FTE. In addition, some partners also excluded providing Agency/Temporary staff data, citing legal restrictions.

**Exhibit 44: PPS Reported Agency/Temporary Employee Data by Job Title**

| Job Title | Headcount | Total Hours | FTEs |
|---|---|---|---|
| Administrative Staff | 13 | 75.0 | 3.0 |
| Administrative Support | 23 | 481.0 | 7.3 |
| Behavioral Health | 421 | 337.3 | 78.8 |
| Clinical Support | 295 | 192.3 | 97.9 |
| Emerging Titles | 0 | - | - |
| Health Information Technology | 1 | - | - |
| Home Health Care | 340 | 135.0 | 216.0 |
| Janitors and cleaners | 10 | 36.3 | - |
| Midwifery | 0 | - | - |
| Nurse Practitioners | 5 | 7.0 | 1.0 |
| Nursing | 299 | 453.5 | 47.5 |
| Nursing Care Managers/ Coordinators/Navigators/Coaches | 3 | 72.5 | 1.6 |
| Oral Health | 4 | 35.0 | 1.0 |
| Other Allied Health | 70 | 2,102.9 | 84.1 |
| Patient Education | 0 | - | - |

| Job Title | Headcount | Total Hours | FTEs |
|---|---|---|---|
| Physician Assistants | 8 | 67.5 | 6.0 |
| Physicians | 60 | 171.5 | 18.6 |
| Social Worker Case Management/ Care Management | 6 | 1.0 | 0.1 |
| **Grand Total** | **1,558** | **4,167.7** | **562.9** |

## C. Current Workforce State Summary

The data reported throughout Section II provides an overview of the Bronx Partners for Healthy Communities current workforce state as reported by PPS partners that participated in the survey, and will be leveraged by the PPS to facilitate workforce planning throughout the DSRIP program. As previously described, the PPS's total reported workforce state includes a headcount of 71,232 individuals or approximately 48,030 FTEs. Based on the data reported over 38% of the PPS's workforce is represented by staff employed by Home Care Agencies / Hospices. Other major workforce employers include Hospital / ED, Nursing Home / Skilled Nursing Facilities ("SNFs"), "Other" Facility Types and Article 31 Outpatient Services for Mentally Disabled.

While Home Care Agencies / Hospices represent the largest workforce employers in the PPS, based on the data reported, the Home Health Care job titles are also the most represented jobs within the PPS, with over 10,962 FTEs reported, followed by the Nursing, Administrative Support, Clinical Support and Administrative Staff jobs.

The PPS Partners also reported on FTE vacancies occurring within the PPS's workforce. Based on the data provided, approximately 25% of FTE vacancies are represented within the PPS's Nursing Staff with 773 FTE vacancies reported, followed by Administrative Support and Behavioral Health staffing vacancies. Further, based on the data provided, while Home Care Agencies / Hospices are the reported largest employers by facility types within the PPS, they also report nearly the highest workforce vacancies across the PPS's various facility types with approximately 29% FTE vacancies reported.

The PPS also collected additional workforce data including minimum job requirements related to minimum years of experience and minimum degree requirements, CBA status, and Agency / Temporary Staff for specific job titles to further inform the PPS's workforce planning efforts throughout the DSRIP program.

### 1. Other Factors Impacting Workforce & Overall Workforce Insights

This section of the current workforce state report aims to provide further insights around the PPS's workforce planning outside of DSRIP-related factors that may impact workforce planning.

## Current Resources and Workforce Partners

The BPHC current goal is to ensure that its policies and practices around recruiting, promoting and hiring staff are in line with the PPS's goal for a fully representative and diverse workforce. In doing so, BPHC is working with the area community colleges, Community-Based Organizations (CBO's), 1199 Training Fund and NYSNA to identify candidates that meet the PPS's staffing needs. BPHC is committed to offering competitive salaries, using flexible hours, and employing job sharing as feasible to improve recruitment and retention efforts.

## Current Workforce State Strengths & Resources

BPHC has assembled a diverse network of providers each with existing resources and strengths that may be leveraged to support the goals of DSRIP. The many assets of Montefiore Medical Center (MMC) are key to BPHC strengths. MMC's Care Management Organization (CMO) is a leader in population health management (PHM) and value-based care, coordinating care delivered by nearly 3,500 providers across the Bronx and Westchester for 300,000 individuals in multiple insurance programs. In addition, the MMC IPA represents the county's largest clinically integrated enterprise and MMC's BAHN Health Home and ACO are local leaders in PHM supporting the goals of the PPS.

Additionally Montefiore and SBH provide a strong pipeline of physician capacity for the Bronx. Montefiore has one of the largest residency programs in the country, with over 1400 residents and SBH is the primary teaching hospital of the new Sophie Davis School of Biomedical Education/CUNY School of Medicine. Also, BPHC utilizes its robust community network of community-based organizations and local community colleges to support the staffing and needs of programs vital to DSRIP.

## Current State of Training and Development

As BPHC seeks to meet the demands and goals of DSRIP, there is a need to both retrain a significant number of workers in the existing workforce and hire more healthcare professionals and care management staff to meet this expanding demand. Leveraging the 1199 Training Fund and Montefiore Medical Centers' expertise, new and existing staff will be trained to fulfill emerging roles. In addition to the partners mentioned, BPHC also is contracting with community-based organizations to perform training and support program deployment. Such organizations include a.i.r. nyc, a home-based asthma self-management services provider and Health People, which will train peer educators in deploying the Stanford Chronic Disease Self-Management and LEAP amputation prevention patient engagement programs. The PPS also employs a workforce liaison to coordinate its workforce and training strategy, including collaborating with the 1199 Training and Employment Fund and other contracted vendors.

## Current State of IT and How it Relates to the Workforce

The BPHC current state of technology services to establish a program for monitoring and assisting Partners, especially small primary care practices, in adopting EHRs/EMRs. The BPHC

founding members have a close working and governance relationship with the Bronx RHIO and contribute data to it for HIE and analytics. The PPS will utilize the RHIO platform to better connect partners throughout the Bronx.

## Existing State of Cultural Competency Workforce Programming/Planning

In order to ensure a systematic and sustainable implementation of cultural competency and health literacy strategies, BPHC will deploy a set of strategic interventions as part of its core programs, including workforce training, community outreach and clinical improvement projects.

The plan seeks to generate a systematic and sustainable process for integrating cultural competence practices and health literacy resources across the PPS. The programs include implementation of training and re-training programs, clinical improvement projects emphasizing the significance of cultural literacy, and community outreach.

The Cultural Competence/Health Literacy Working Group regularly reviews the results of health surveys and community health profiles. They gather inputs from coordinators of community engagement forums, including the Not62! Campaign and the Bronx Borough President Annual Health Summit, and seek information from PPS project coordinators to enable regular updating of priority groups and their specific needs.

## Current Workforce State Weaknesses & Trends

PPS members report enormous barriers recruiting and retaining staff in the Bronx. Additionally BPHC partners report that recruiting and retaining bilingual, culturally competent staff with the training and skills required to perform the increasingly complex tasks required in care settings is a principal challenge, and care settings are often under-resourced as a result. Currently BPHC has a significant turnover rate of 15%. The high rate of turnover has complicated staffing due to many factors that make recruitment in the Bronx difficult. Shortages of primary care physicians in the Bronx have been well documented. Partners and the CNA reveal that these shortages extend to psychiatrists, behavioral health specialists and care management workers which are all areas that were found in the current state survey to be in great need. BPHC's workforce strategy will need to combat these shortages in order to hire and retain staff to meet the workforce needs of the community.

## Current/Existing Resource Shortages

As highlighted previously in the report, there is a shortage of health care providers in the PPS to meet the current cultural and linguistic hurdles that much of the population experiences when accessing healthcare services.

In addition to this need, the PPS Partners reported 3,076 FTE vacancies across all job titles as shown in *Exhibit 45* below. The PPS has also been affected by high turnover rates, and according to the PPS Organizational Application, approximately 10,000 staff will need retraining to implement the BPHC clinical projects.

**Exhibit 45: Total FTE Vacancies Reported Across All Facility Types**

| Facility Type | Reported FTE Vacancies |
|---|---|
| Hospital / ED | 899 |
| Home Care / Hospice | 881 |
| Other | 553 |
| Nursing Home / SNF | 227 |
| Non-licensed CBO | 172 |
| Diagnostic & Treatment Centers (Article 28) | 140 |
| Outpatient (Article 31) | 122 |
| Inpatient (Article 31) | 50 |
| Inpatient (Article 32) | 22 |
| Clinics (Article 16) | 5 |
| Outpatient (Article 32) | 3 |
| Hospital Outpatient Clinic (Article 28) | 2 |
| Pharmacies | 0 |
| Retail Clinics | 0 |
| Private Provider Practice | 0 |
| **Grand Total** | **3,076** |

# III. Target Workforce State Assessment Overview

## A. Target Workforce State Assessment Approach

The Target Workforce State report identifies the PPS's projected workforce needs by the end of the DSRIP program in 2020. Findings and project impacts from the report are summarized within this section, and any existing workforce gaps between the current and target workforce state are detailed in the Gap Analysis report.

Similar to the current workforce assessment, as detailed above, development of the BPHC target workforce state 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).

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 those 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?

## B. Target Workforce State Summary Findings

As the DSRIP program progresses over the five years, the demand for health care workforce within the BPHC network will continue to evolve as DSRIP projects are implemented, impacts of those projects are realized, and as external factors outside of the DSRIP program evolve. As a result, it is worth noting that although this analysis was conducted using best efforts and project implementation assumptions to model workforce impacts over the DSRIP program, the target workforce state described within this report is a projection to inform BPHC workforce planning, and workforce needs will be continually reevaluated as project impacts are realized overtime.

*Exhibit 46* below summarizes the estimated target workforce state staffing impacts by 2020 of both DSRIP-related projects and demographic and healthcare coverage changes independent of DSRIP across select BPHC care settings and key job categories. In some cases non-DSRIP related impacts offset or moderate the effects of DSRIP while in other cases they magnify DSRIP workforce impacts. Notable projected impacts across the BPHC PPS 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 providers modeled by approximately 832.5 FTEs
    - Independent of DSRIP, workforce demand is projected to grow by approximately 620.5 FTEs
    - The projected impact of DSRIP implementation alone is estimated to increase demand for health providers modeled by approximately 212 FTEs
- The largest workforce impacts of both DSRIP and changes independent of DSRIP are projected to take place among registered nurses, and primary care providers and medical, administrative support staff and non-nurse Community Health Workers in outpatient and community-based settings
    - Net demand for registered nurses is estimated to decrease by approximately 4.5 FTEs, as anticipated DSRIP related declines of about -213.5 FTEs (primarily in hospital inpatient settings), are offset by growth in demand of 209 FTEs for registered nurses due to non-DSRIP related environmental factors. DSRIP related demand for non-nursing care coordinators is projected to rise by about 266 FTEs due to staffing needs mostly associated with the Health Home at Risk Intervention initiative
    - An estimated additional 174 FTE administrative support staff and 144.5 FTE medical assistants also are likely to be required in non-acute care settings to support primary care providers, psychiatrists and other medical and behavioral health specialties in meeting both DSRIP related needs and those associated with population growth and aging
- The largest workforce impacts of DSRIP implementation alone are estimated to take place among non-nursing care coordinators. Estimated changes in demand among other health professions are less significant.
- Projected workforce impacts by 2020 associated with implementation of individual DSRIP programs vary greatly.
    - The impact of the Health Home at Risk Intervention initiative on projected health care use and workforce demand is greater than the impact of any other BPHC DRSIP project due largely to the size of the population targeted which is currently estimated to grow from about 5,760 in 2017 to 57,600 by 2020
        - The most significant projected workforce impacts of this initiative include demand for an additional 235 FTE care coordinators accompanied by a decrease in demand for registered nurses in hospital inpatient settings of about -103 FTEs. This DSRIP-related decrease will be offset by increased demand for nurse coordinator leaders (46 FTEs) in other care settings and the effects of demographic shifts and other factors independent of DSRIP

In addition, for comparison purposes of the projected target workforce staffing impacts, *Exhibit 47* has been provided and details the reported current workforce state for the PPS pertaining to the job titles and categories being reported within *Exhibit 46* and throughout this report. However, the numbers being reported do not include the PPS's total reported

workforce for all job titles. For reference, the PPS's current workforce state report provides further details around the reported current workforce with a reported workforce of 71,232 (by headcount) or 48,029 FTEs.

**Exhibit 46: BPHC PPS Summary of Projected DSRIP Staffing Impacts**

| | Target State Analysis | | |
|---|---|---|---|
| **Setting and Job Category** | **Non-DSRIP Impacts** | **DSRIP-related Impacts** | **Total Impacts** |
| ***Primary and Community-Based Settings*** | | | |
| Primary Care Providers | 55.5 | 40.5 | 96 |
| Cardiologists | 8.5 | 4.5 | 13 |
| Endocrinologists | 2.5 | 2.5 | 5 |
| **Psychiatrists / Psychiatric Nurse Practitioners** | 8 | 4 | 12 |
| Psychologists | 37 | - | 37 |
| Clinical Social Workers | - | 42 | 42 |
| Registered Nurses | 28.5 | - | 28.5 |
| Licensed Practical Nurses | 9 | 24 | 33 |
| Nurse Aides / Assistants | 8.5 | 0 | 8.5 |
| Medical Assistants | 97 | 47.5 | 144.5 |
| Administrative Support Staff | 103 | 71 | 174 |
| ***Emergency Department*** | | | |
| Emergency Physicians | 2.5 | -14.5 | -12 |
| Nurse Practitioners & Physician Assistants | 1.5 | -3 | -1.5 |
| Registered Nurses | 20.5 | -52.5 | -32 |
| ***Hospital Inpatient*** | | | |
| Hospitalists | 3.5 | -18 | -14.5 |
| Registered Nurses | 160 | -220 | -60 |
| Licensed Practical Nurses | 21 | -14.5 | 6.5 |
| Nurse Aides / Assistants | 36.5 | -64 | -27.5 |
| Pharmacists | 17.5 | 1 | 18.5 |
| ***Care Managers / Coordinators / Navigators / Coaches*** | | | |
| Nurse Coordinator Leaders | - | 46 | 46 |
| **RN Care Coordinators** | - | 13 | 13 |
| Non-Nursing (Community Health Workers) | - | 266 | 266 |
| CVD Educators | - | 15.5 | 15.5 |
| Diabetes Educators | - | 13 | 13 |
| Asthma Educators | - | 8 | 8 |
| **Total FTEs** | **620.5** | **212** | **832.5** |

**Exhibit 47: BPHC PPS Current State Reported Workforce by Target State Corresponding Job Titles**

| **Job Category** | **Reported Workforce (FTEs)** |
|---|---|
| ***Primary and Community-Based Settings*** | |
| Primary Care Providers | 331.8 |
| Cardiologists | 82.2 |
| Endocrinologists | 12 |
| Psychiatrists / Psychiatric Nurses | 250.2 |
| Psychologists | 125.4 |
| Clinical Social Workers | 1,339.5 |
| Registered Nurses | 4,352.3 |
| | |
| | |
| Medical Assistants | 10.3 |
| Administrative Support Staff | 1,627.8 |
| ***Hospital Inpatient & Emergency Department*** | |
| Emergency Physicians | 103.6 |
| Primary Care Physicians | 33.7 |
| Specialists (except Psych) | 846.6 |
| Residents and Fellows | 1,189 |
| Physician Assistants | 285.5 |
| Registered Nurses | 2,501.8 |
| Licensed Practical Nurses | 180.6 |
| Nurse Aides | 5 |
| | |
| Nurse Practitioners | 231.9 |
| ***Care Managers / Coordinators / Navigators / Coaches*** | |
| Nurse Coordinator Leaders | 48.1 |
| RN Care Coordinators | 120.6 |
| Care Coordinators (non-RN) | 929.3 |
| Diabetes Educators | 11 |
| Asthma Educators | 4.5 |
| **Total FTEs** | **14,622.7** |

## C. Target Workforce State Summary Conclusions

As previously described, the purpose of the Target Workforce Report is to analyze and project the PPS's anticipated future workforce needs as a result of system transformation through the DSRIP program in addition to non-DSRIP related impacts.

The demand for health care services and providers within the BPHC network will change over time independent of any DSRIP impact. Independent of DSRIP, demand for physicians and other health professions in the Bronx and BPHC's service area will grow. As a result, these projections suggest that any DSRIP-related changes in demand need to be taken into account in the context of broader trends affecting the demand for health care services and providers within BPHC'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.

Under DSRIP, large increases are anticipated in numbers of care coordinators, and 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 hospital nursing and other staff currently in inpatient and ED settings, where 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 (e.g., asthma management) may be less significant than those cited above, they help explain how DSRIP goals, including reductions in inappropriate care use, might be achieved through counseling, improved access to primary and preventive health services, and better care management for patients with chronic conditions.

Therefore, based on available modeling inputs and assumptions, these modeling results suggest that implementing DSRIP as designed will likely materially impact the BPHC network and healthcare delivery workforce, especially when combined with the projected impacts of demographic shifts and expanded health insurance coverage. This information will be used to inform development of a gap analysis and workforce transition plan intended to guide achievement of the BPHC future state.

# IV. Workforce Gap Analysis

## A. Workforce Gap Analysis Overview

As described throughout this report, BPHC PPS's current workforce is projected to experience changes both as a result of the DSRIP program and general population growth. The purpose for conducting a workforce gap analysis, as part of the DSRIP Workforce Strategy Milestones, is to identify and understand the gaps that exist within BPHC's workforce by leveraging the findings described within this report from the current workforce state as well as projected workforce impacts as described within the PPS's Target Workforce State Report to inform the PPS's overall workforce strategy.

The gap analysis will be used to identify workforce needs in terms of redeployment, retraining, and new hire needs. Further, the gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap, which will be used to assist the PPS with workforce planning to reach its target workforce state by the end of the program.

The following sections detail identified workforce gaps, through leveraging projected impacts from the Target Workforce State Report, and describes factors that are responsible for workforce gaps.

## B. Non-DSRIP Related Workforce Impacts

The demand for health care services and providers within the PPS network will change over time independent of the anticipated DSRIP impact. A growing and aging population will impact health care utilization and care delivery over time and will influence how the PPS and its partners provide care to patients within the network.

Leveraging the HDMM, the projected change in demand for physician specialties and other health occupations in four New York City boroughs was simulated based on projected population characteristics independent of DSRIP across all patients regardless of insurance status. These projections were then scaled to the BPHC PPS based on its estimated market share of Bronx discharges by payer. Much of the growth is driven by the growing and aging Medicare population.

*Exhibit 48* summarizes the projected impact between 2015 and 2020 of changing borough-wide demographics on physician demand by specialty.[1] The projections illustrate that total physician demand in the Bronx is projected to grow about 6% (or by approximately 230 FTEs)

[1] Inpatient market share was used as a proxy for total market share, as the PPS's outpatient and emergency department market share of borough-wide utilization were unavailable.

between 2015 and 2020 independent of the effects of DSRIP.[2] Demand for primary care physicians in the Bronx is projected to grow about 6% during this period (or by approximately 68 FTEs). The PPS's share of total physician demand growth in the Bronx is projected to be approximately 149 FTEs and the PPSs demand for primary care specialties independent of DSRIP is projected to grow by approximately 43 FTEs based on current market share assumptions. These projections suggest that any DSRIP-related changes in physician demand need to be understood in the context of broader trends affecting the demand for health care services and providers. In addition further increasing the gap, on a regional basis, New York City and the Hudson Valley region are projected to experience potential gaps between physician supply and demand up to 14% by 2030. The resulting shortage of primary care physicians would range from 1,223 to 3,153 physicians in New York City and from 225 to 458 physicians in the Hudson Valley.[3]

**Exhibit 48 : Projected Impact of Changing Demographics on Physician, 2015 to 2020**

| | | Bronx Total Growth | | BPHC PPS Impact |
|---|---|---|---|---|
| | Specialty | FTE Growth | % Growth | FTE Growth |
| Primary Care | Total primary care | 68 | 7% | 43 |
| | Family medicine | 21.5 | 7% | 13.5 |
| | Internal medicine | 35 | 8% | 23 |
| | Pediatrics | 10.5 | 3% | 6 |
| | Geriatrics | 1 | 7% | 0.5 |
| | Hospitalists (primary care trained) | 5.5 | 4% | 3.5 |
| Medical Specialties | Allergy & immunology | 3 | 15% | 2 |
| | Cardiology | 13 | 8% | 8.5 |
| | Critical care/pulmonology | 3.5 | 6% | 2 |
| | Dermatology | 3.5 | 9% | 2.5 |
| | Endocrinology | 3.5 | 8% | 2.5 |
| | Gastroenterology | 6.5 | 9% | 4 |
| | Infectious disease | 1.5 | 4% | 1 |
| | Hematology & oncology | 6 | 8% | 4 |
| | Nephrology | 6 | 8% | 4 |
| | Pediatric subspecialty | 2.5 | 2% | 1.5 |
| | Rheumatology | 2.5 | 9% | 1.5 |
| Surgery | General surgery | 6.5 | 8% | 4 |
| | Colorectal surgery | 0 | 3% | 0 |
| | Neurological surgery | 1.5 | 8% | 1 |
| | Ophthalmology | 7.5 | 9% | 5 |
| | Orthopedic surgery | 7 | 9% | 4.5 |
| | Otolaryngology | 3.5 | 9% | 2.5 |
| | Plastic surgery | 2 | 6% | 1 |
| | Thoracic surgery | 1.5 | 8% | 1 |

[2] This projected growth in physician workforce demand reflects the growing and aging population and was calculated using the Healthcare Demand Microsimulation Model.

| | | Bronx Total Growth | | BPHC PPS Impact |
|---|---|---|---|---|
| Other | Urology | 4 | 8% | 2.5 |
| | Vascular surgery | 1 | 7% | 0.5 |
| | Obstetrics & gynecology | 14.5 | 6% | 11.5 |
| | Anesthesiology | 6 | 6% | 4 |
| | Emergency medicine | 3.5 | 2% | 2.5 |
| | Neurology | 5 | 6% | 3 |
| | Other medical specialties | 8 | 6% | 5 |
| | Pathology | 1.5 | 2% | 1 |
| | Physical med & rehab. | 4.5 | 7% | 3 |
| | Psychiatry | 13 | 4% | 7.5 |
| | Radiology | 14.5 | 10% | 9.5 |
| | **Total** | **230** | **6%** | **149** |

*Exhibit 49* summarizes projected growth in Bronx FTE demand between 2015 and 2020 for select health professions, as well as the growth in demand for providers in the BPHC PPS network. Similar to the approach for developing PPS-specific physician, FTE demand projections were scaled to the BPHC PPS based on estimated inpatient market share.[4] Detailed information for the Bronx's by care setting is provided in the appendix.

However independent of DSRIP, demand for registered nurses is projected to be strong. Estimations for registered nursing growth is projected to be about 428 FTEs between 2015 and 2020 with significant growth in demand of nurses, home health aides, and various therapist and technologist titles. Applying the PPS market share to applicable settings, registered nurse demand will grow by about 227 FTEs. In addition, a study conducted by the Center for Health Workforce Studies have indicated that the number of RN's needed in the NYC workforce generally is projected to increase from 68,000 positions to 77,400 from 2010 to 2020. Thus it's estimated there will be 9,400 openings which suggest a 13.8% increase in the size of the workforce needed, which would be separate of DSRIP.[5]

**Exhibit 49: Projected Growth in Demand for Select Health Workers Between 2015 to 2020 Based on Changing Demographics and Expanded Insurance Coverage**

| Health Profession | Bronx Total | BPHC PPS Network | | | | |
|---|---|---|---|---|---|---|
| | | Inpatient | Emergency | Ambulatory | Home Health | Total |
| Registered nurse | 428 | 160 | 20.5 | 28.5 | 17.5 | 226.5 |
| Licensed practical nurse | 117 | 21 | 0 | 9 | 4.5 | 34.5 |
| Nurse aide | 252 | 36.5 | 0 | 8.5 | 4 | 49 |
| Home health aide | 85 | 0 | 0 | 0 | 53.5 | 53.5 |

[4] Inpatient market share was used as a proxy for total market share, as the PPS outpatient and ED market share of borough-wide utilization were unavailable.
[5, 2] Center for Health Workforce Studies, The Health Care Workforce in New York .See: http://chws.albany.edu/archive/uploads/2014/08/nytracking2014.pdf

| Health Profession | Bronx Total | BPHC PPS Network | | | | |
|---|---|---|---|---|---|---|
| | | Inpatient | Emergency | Ambulatory | Home Health | Total |
| Pharmacist | 25 | 0 | 6.5 | 11 | 0 | 17.5 |
| Pharmacy technician | 30 | 0 | 6.5 | 15 | 0 | 21.5 |
| Pharmacy aide | 4 | 0 | 0.5 | 2 | 0 | 2.5 |
| Psychologist | 59 | 0 | 0 | 37 | 0 | 37 |
| Chiropractor | 6 | 0 | 0 | 3.5 | 0 | 3.5 |
| Podiatrist | 2 | 0 | 0 | 1.5 | 0 | 1.5 |
| Dietitian | 10 | 2.5 | 0 | 1 | 0 | 3.5 |
| Optician | 4 | 0 | 0 | 2.5 | 0 | 2.5 |
| Optometrist | 3 | 0 | 0 | 1.5 | 0 | 1.5 |
| Occupational therapist | 75 | 32 | 0 | 11 | 1 | 44 |
| Occupational therapist aide | 13 | 5 | 0 | 2 | 0 | 7 |
| Occupational therapy assistant | 21 | 5 | 0 | 6.5 | 0 | 11.5 |
| Radiation therapist | 2 | 1 | 0 | 0.5 | 0 | 1.5 |
| Radiological technologist | 8 | 0 | 4 | 5 | 0 | 9 |
| Respiratory therapist | 11 | 3.5 | 0.5 | 1 | 0 | 5 |
| Respiratory therapy technician | 2 | 0.5 | 0 | 0 | 0 | 0.5 |
| Medical clinical technician | 25 | 12 | 1 | 3 | 0 | 16 |
| Medical clinical lab technologist | 25 | 12 | 0 | 3 | 0 | 15 |
| Medical sonographer | 9 | 3.5 | 0 | 2 | 0 | 5.5 |
| Nuclear medicine technologist | 2 | 1 | 40 | 0.5 | 0 | 41.5 |

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

Overarching project goals include proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services. The targeted population for this intervention includes patients with a single chronic illness who, based on their history of care plan adherence and/or social needs, are identified as at-risk and could benefit from care management and care coordination services. In particular, these include patients with cardiology and respiratory conditions, who alone accounted for 40% of readmissions to SBH Health System and Montefiore Medical Center (MMC) in 2012.

Using the HDMM, preliminary estimates suggest that, in comparison to non-participants, participants experience:

- 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

As shown in *Exhibit 50*, the distribution of staffing impacts by care settings and job titles most likely to be affected by 2020 include:

- A large infusion of 235 care coordinator FTEs and 46 nurse coordinator leader FTEs may potentially be required to support the level of care management called for under this initiative to serve 57,600 patients
- **In outpatient/office settings:** A possible increase of 11,500 primary care visits and 5,800 specialist visits could increase demand for primary care providers by 8-9 FTEs, specialist providers modestly, direct medical support by about 13 FTEs, and direct administrative support by 6-7 FTEs
- **In the ED setting**: A potential decline of 5,800 visits could reduce demand for emergency physicians modestly and reduce demand for RNs by about 9-10 FTEs
- **In the inpatient setting:** A potential decline of 17,300 inpatient days could contribute to a large decrease in FTE RNs (-103), nurse aides (-34), LPNs (-8) and hospitalists (-8)

**Exhibit 50: Health Home at Risk Intervention Program Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job Title | Total Workforce Impacts |
|---|---|
| ***Office/outpatient*** | |
| Primary care providers | 8.5 |
| Direct medical support | 13 |
| Medical assistants | 8.5 |
| License practical nurses | 4.5 |
| Direct admin support | 6.5 |
| Specialist providers | 3.5 |
| **Emergency department** | |
| Emergency physicians | -2.5 |
| NPs and PAs | -0.5 |
| Staff registered nurses | -9.5 |
| **Inpatient** | |
| Hospitalists | -8.5 |
| Staff registered nurses | -103 |
| Licensed practical nurses | -8 |
| Nurse aides/assistants | -34.5 |
| **Coordinators/educators** | |
| Care coordinators | 234.5 |
| Nurse coordinator leaders | 46 |

The analysis suggests that project 2.a.iii's greatest impact on the PPS workforce will be on the FTEs associated with care coordinators, along with increases in office-based primary care and specialty care providers and direct support. Workforce FTEs in the ED and inpatient

settings are anticipated to decline, with a greater impact on the inpatient setting and specifically on RNs, owing to this patient population achieving better control of their health.

### Primary Care / Outpatient Workforce Gaps

The projected increase in demand for primary care providers as a result of project impacts is approximately 8-9 FTEs. Additionally, by 2020, the anticipated growth in demand for PCPs due to changing demographics and expanded insurance coverage is 43 FTEs based on the PPS's current market share. As reported in the current state workforce data, there are 27 FTE vacancies for PCPs across the PPS – a vacancy rate of approximately 8.0% - indicating that workforce shortages currently exist for PCPs. The vacancy rate of PCPs within the PPS's current workforce may further increase both DSRIP and non-DSRIP related impacts, particularly in DY4 as approximately 16% of the PPS's attributed lives are engaged in this project.

### ED / Inpatient Workforce Gaps

The projected decrease in demand for inpatient nursing positions, including RNs, LPNs, and Nurse aids/assistants, as a result of project impacts is likely to be offset based on market changes as well as the number of reported nursing vacancies in the PPS. The Health Home initiative is expected to create a 112-113 FTE reduction in the demand for RNs (inpatient and ED combined), in addition to reductions in the demand for LPNs and nurse aides.

As part of the PPS's overall current workforce state data, a vacancy rate of approximately 10.4% was reported for all nursing positions, which includes RNs and LPNs. Further, 158 of the reported 523 RN FTE vacancies exist in the inpatient setting and 60 of the reported 144 LPN FTE vacancies exist in the inpatient setting. These vacancies can mitigate the declining demand for inpatient RNs due to project impacts. Additionally, due to anticipated workforce impacts unrelated to the DSRIP program such as additional care demands related to population growth, there is likely to be an increase in demand for nursing workforce in NYC. Thus, the anticipated decline in nursing FTEs as a result of DSRIP projects are likely to be offset by general population demand and current vacancy rates.

### Care Management Workforce Gaps

As indicated in *Exhibit 6*, there is a significant projected increase in the number of Care Management positions required to staff the Health Home initiative, including 235 care coordinator FTEs and 46 nurse coordinator leader FTEs. Assuming full project implementation by DY4, the PPS will need to expand their care management workforce by 25% above their current reported headcount of 929 care coordinator FTEs. The need to significantly expand the care management workforce in a short period of time will likely create a gap that will need to be filled through retraining/redeployment of staff.

## D. Project 2.b.iii: Emergency Department Care Triage for At-Risk Populations

Many patients who visit the emergency department have non-urgent conditions that could have been treated in a less expensive setting. The goals of this initiative are to (1) identify ED patients who would be better served by a primary care provider who can provide continuity of care; (2) link patients without a primary source of care to a primary care provider (PCP), and (3) educate patients on appropriate use of ED services. The statewide target is to reduce avoidable ED use among the Medicaid population by 25% within five years. Working towards this goal, BPHC's focus for project 2.b.iii includes all patients who meet program criteria.

The target patient population modeled is all attributed patients with two or more ED visits within the previous six months (or 4+ in the last rolling 12 months) potentially appropriate for diversion or usually treated and released from the ED. This includes patients with ambulatory sensitive chronic conditions and at-risk patients requiring more intensive ED care management services post discharge. Program components include PPS connectivity to community PCPs, especially PCMHs, but also home health providers and other resources; and intensive ED care management provided to at-risk patients.

For patients without a primary care provider presenting with minor illnesses, patient navigators will assist the patient to secure an appointment with a primary care provider who is either Advanced Primary Care (APC) certified or has PCMH 2014 Level 3 recognition. For patients with a primary care provider, patient navigators will assist the member in receiving a timely appointment with their own provider.

By 2020 the net projected PPS impact associated with achieving this model reduction in ED visits may be the following (detailed in *Exhibit 51*):

- Approximately 19,600 fewer ED visits
- An additional 9,800 primary care visits (under our assumption that 50% of diverted ED visits will result in a visit to a PCP)

Examining the FTE effects by setting, changes in utilization suggest that by 2020:

- **In the ED setting:** The PPS network may require approximately 9 fewer emergency physician FTEs, 32 fewer RN FTEs, as well as slight decreases in nurse practitioners and physician assistant FTEs
- **In the office/outpatient settings:** an estimated 4-5 additional primary care provider FTEs, 7 direct medical support FTEs, and several additional FTEs in direct administrative support may be required

**Exhibit 51: DSRIP ED Triage Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| **Office/Outpatient** | |
| Primary care providers | 4.5 |

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| Direct medical support | 7 |
| Medical assistants | 4.5 |
| Licensed practical nurses | 2.5 |
| Direct admin support | 3.5 |
| **Emergency Department** | |
| Emergency physicians | -9 |
| Nurse practitioners & physician assistants | -2 |
| Staff registered nurses | -32 |
| **Care coordinators** | 12.5 |
| Registered nurses | 5 |
| Social workers | 1.5 |
| Non-nurse navigators | 6 |

## Primary Care Provider Workforce Gaps

The ED triage project is likely to increase the demand for PCPs by approximately 4-5 FTEs, as many patients will be redirected to a primary care provider, increasing the number of primary care visits by approximately 9,800 visits in the year 2020. As stated previously, the demand for PCPs due to non-DSRIP related impacts is also expected to increase, resulting in enhanced demand for PCPs as a result of this project. The current state workforce data reports a vacancy rate of 8% across the PPS. Thus, the PPS will need to address the increased demand for PCPs from project impacts adding to a shortage that already exists.

## Nursing Workforce Gaps

In support of an overarching goal of reducing avoidable ED admissions by 25%, project impacts are likely to result in a decrease in the demand for ED providers, particularly with the nursing workforce, as there is an expected decline of 32 RN FTEs. This reduction to the PPS's nursing positions is likely to occur most significantly in DY4, assuming full project implementation and a significant reduction in the number of potentially preventable ED visits by approximately 19,600 visits. However, the projected decrease in demand for nursing positions as a result of the ED Triage project is likely to be offset by market changes as well as by the number of reported nursing vacancies across the PPS.

Within the PPS's inpatient setting, there are 158 reported RN FTE vacancies. Further, the non-DSRIP impact on demand for ED RNs is estimated to be 20-21 FTEs. Thus, the anticipated decline in the demand for ED nurses as a result of DSRIP projects may be balanced by the combined opportunities of vacant positions and increased demand due to non DSRIP-related impacts such as population growth.

## E. Project 2.b.iv: Care Transitions to Reduce 30-Day Readmissions

The objective of project 2.b.iv is to reduce Potentially Preventable Readmissions (PPRs) to hospitals by providing a 30-day supported transition period after a hospitalization by patients at high risk of readmission due to lack of effective patient education, engagement in follow-up care and other risk factors.

At-risk patients will be identified using a standardized risk assessment tool, which will look at frequent admissions and re-admissions in the past year, and patients will be provided with more intensive care management through a two-pronged approach. First, evidence-based care transition models including Project RED, BOOST and others will be enhanced and extended to all PPS hospitals. Second, coordination of medical and social services outside the hospital walls will be strengthened with PCPs, post-acute providers and other CBOs. RED interventions provide comprehensive discharge planning, patient education, and post-discharge patient follow-up using designated discharge advocates who help patients reconcile their medicines and schedule follow-up appointments with their physicians.

To support the project the PPS will hire, retrain and redeploy clinical (RN, SW and LPN) and non-clinical (unit clerks and/or medical assistants) staff as care managers, navigators, and care coordinators. Care managers will assist with arranging follow-up appointments with primary care providers through expanded and enhanced centralized scheduling systems.

*Exhibit 52* details the following potential impacts of this program upon completion in 2020:

- Readmissions may decrease by approximately 1,200
- Inpatient days may decline by approximately 6,400 days
- ED visits may be reduced by 600 visits

Examining the FTE effect by setting, changes in utilization suggest the following:

- Approximately 16 care coordinator FTEs (with some care coordinators also assisting with ED triage)
- **In the ED setting**: Small decreases in workforce FTEs
- **In the inpatient setting:** FTE workload is projected to decline by about 39 RNs, 10 nurse aides, as well as several hospitalists and LPNs

**Exhibit 52: Care Transitions to Reduce 30 Day Readmissions Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| **Emergency Department** | |
| Emergency physicians | -0.5 |
| Nurse practitioners and physician assistants | 0 |
| Registered nurses | -1 |
| **Inpatient** | |
| Hospitalists | -3 |

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| Registered nurses | -38.5 |
| Licensed practical nurses | -2 |
| Nurse aides | -9.5 |
| **Total care coordinators** | 16 |
| Registered nurses | 8 |
| Licensed practical nurses | 3 |
| Pharmacists | 1 |
| Social workers | 1.5 |
| Other non-nurse navigators | 2.5 |

According to the analysis, project 2.b.iv's greatest impact on workforce FTEs will be on the inpatient setting, and particularly on RNs and nurse aides, reflective of decreasing readmissions, which leads to a reduction in inpatient days. The impact on the ED is expected to be minimal, while care coordination efforts will require a combined 16 FTEs associated with care coordinators, nurse coordinators and social workers. Current shortfalls in staffing that may already be in the PPS network have not been taken into account.

### ED / Inpatient Workforce Gaps

As mentioned in the previous analyses, the PPS's current workforce state reported a need for nursing positions, with an overall vacancy rate of 10.6% for RNs, which is higher than the New York City vacancy rate of approximately 8%. Within the inpatient setting, there are 158 reported RN FTE vacancies, although there are no reported nurse aide vacancies.

In addition to the reported staffing needs for RN positions, the PPS is likely to experience an increased demand for these positions due to population growth, expanded insurance coverage, and an aging population. None-DSRIP related impacts are expected to increase the demand for inpatient RNs by 160 FTEs, inpatient LPNs by 21 FTEs, and inpatient nurse aides/assistants by 36-37 FTEs by the year 2020. Thus, even with the projected decline in the number of inpatient RNs, LPNs, and nurse aides due to project impacts, a gap still exists for these positions within the PPS's workforce.

### Care Management Workforce Gaps

In contrast to the inpatient setting, project 2.b.iv requires increased staffing for RNs and LPNs in the care management setting, along with slight increases in non-nursing coordinator positions. Based on the current workforce state data, vacancy rates for both nursing and non-nursing coordinators is relatively low, at 5% and 4% respectively. However, with an emerging need for providers trained in care coordination, the PPS is likely to experience a gap in staffing needs when the project becomes fully implemented between DY3 and DY4.

## F. Project 3.a.i: Integration of Primary Care & Behavioral Health Services

To address the needs of individuals with co-morbid physical and behavioral health needs, the BPHC intends to better integrate behavioral and physical health outcomes by pursuing three related models of primary care and behavioral health integration: (1) increasing the physical co-location of behavioral health providers into primary care sites; (2) increasing the physical co-location of primary care health providers into behavioral health sites; and (3) implementing the Improving Mood–Providing Access to Collaborative Treatment (IMPACT) model for depression across the PPS service area. The target population for the two models is Medicaid beneficiaries age 12 and older who receive primary care and/or behavioral health at committed partner sites.

This intervention will be phased-in over two years beginning in DY2 and aims to have 100% of patients actively engaged by DY3Q4. Projected changes in utilization by 2020 as a result of program implementation include (*Exhibit 53*):

- BH-related ED visits may decrease by about 500
- BH-related inpatient days may fall by about 800 days

By 2020 the net projected PPS-wide workforce impact associated with this DSRIP initiative will likely include:

- **In the outpatient/office setting**: approximately 42 FTE increase in licensed clinical social workers as well as a 35 FTE increase in direct administrative support FTEs
- **In the ED setting**: Minimal anticipated impact on the providers in this setting
- **In the inpatient setting**: 5 FTEs reduction in RNs, with modest projected FTE reductions in hospitalists, licensed practical nurses and nurse aides/assistants

**Exhibit 53: Integration of Behavioral Health into Primary Care Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| **Office setting** | |
| Licensed clinical social worker | 42 |
| Psychiatrists/psych nurses | 4 |
| Primary care providers | 1 |
| Direct medical support | 1 |
| Direct admin support | 35.5 |
| **Emergency Department** | |
| Emergency physicians | 0 |
| Nurse practitioners or physician assistants | 0 |
| Staff registered nurses | -1 |
| **Inpatient** | |
| Hospitalists | -0.5 |
| Staff registered nurses | -5 |
| Licensed practical nurses | -0.5 |
| Nurse aides/assistants | -1.5 |

The project goals will increase access to behavioral health services and the results indicate a corresponding rise in demand for BH care providers and associated support staff FTEs. While a reduction in workforce FTEs in the ED and inpatient settings is also anticipated, the projected impact in these settings is small, as is the overall impact of the project, due primarily to the modest increases in numbers who receive BH counseling even after full project implementation. Additionally, the current shortfalls in BH providers have not been taken into account.

### 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 facilitate the shift to community-based care. The increase in demand is projected to start in DY2 with the greatest impacts anticipated during DY4, as 26.6% of the PPS are expected to be actively engaged in this project. The current vacancy rate for Administrative Support workforce within the PPS is 6%, but increased demand for these positions as a result of DSRIP project impacts will likely widen this gap.

Based on the current workforce state data reported by Article 31 and Article 32 Behavioral Outpatient facilities, a vacancy rate of 6% exists among all Behavioral Health positions. However, a high vacancy rate exists particularly among Licensed Clinical Social Workers, which has a reported 11% FTE vacancy rate. Overall, the PPS reported a vacancy rate of approximately 11% for Behavioral Health positions. In addition to the reported vacancy rates for these positions across the PPS, the supply of Psychiatrists in NYS is forecasted to decline between 11.6% - 17.5%, while state-wide demand is projected to increase between 4.1% - 28.0% by 2030.[6] These external factors both impacting the supply and demand for Psychiatrists are likely to further increase the PPS's workforce gaps and create more difficulties in recruiting the necessary workforce to address project impacts. Recruitment difficulties are likely to primarily impact Article 31 Outpatient and Article 32 Outpatient facilities' Behavioral Health workforce during DY4 as a result of the projected workforce impacts for this project.

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

BPHC will pursue a multi-pronged approach to address major cardiovascular disease (CVD) risk factors. This includes improving prescription and adherence to aspirin prophylaxis among

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

eligible patients, improving blood pressure control by updating and strengthening implementation of hypertension (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 (ages 18+ years) with cardiovascular conditions based on a defined set of ICD-9 diagnosis codes.

*Exhibit 54* below summarizes modeling results and projected impacts. By 2020 the net projected annual utilization impact associated with this DSRIP clinical initiative is the following:

- Emergency visits may decline by about 900
- Inpatient days may potentially decrease by about 5,100
- 30,800 additional urgent (unscheduled) visits to primary care providers is estimated
- 15,400 more visits to cardiologists may occur

The projected workforce impact includes:

- Approximately 15-16 additional CVD health coaches to provide counseling services to 30,800 patients
- **In outpatient/office settings:** an increase of 15-16 additional primary care providers and 4-5 additional cardiologists, supported by approximately 30 direct medical support staff and 15 direct administrative support staff
- **In the ED setting**: a slight decrease in emergency department staff
- **In inpatient settings:** a decrease in demand for hospital inpatient staff—including approximately 30 fewer RN FTEs

**Exhibit 54: CVD Management Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| **Outpatient/Office setting** | |
| Primary care providers | 15.5 |
| Direct medical support | 30 |
| Medical assistants | 20 |
| Licensed practical nurses | 10 |
| Direct admin support | 15 |
| Specialists (Cardiologists) | 4.5 |
| **Emergency Department** | |
| Emergency physicians | -0.5 |
| Nurse practitioners and physician assistants | 0 |
| Staff registered nurses | -1.5 |
| **Inpatient** | |
| Hospitalists | -2.5 |
| Staff registered nurses | -30 |

| | |
|---|---|
| Licensed practical nurses | -1.5 |
| Nurse aides/assistants | -7.5 |
| CVD health coaches | 15.5 |
| Care coordinators | 10 |

In terms of workforce implications, the analysis suggests that the greatest impact of this project on workforce will be in outpatient settings where most care management activities associated with this project will occur. The project also has impact on nursing staff in the inpatient setting. There is minimal workforce impact in the ED setting.

### Primary Care / Outpatient Workforce Gaps

The most significant impacts to occur from the CVD Management initiative are within the outpatient setting. Current shortages already exist among PCPs in the PPS, where there are 27 reported FTE vacancies, a rate of approximately 8.0%. Medical assistants also have a reported vacancy rate of 8.0%, and LPN's have a reported vacancy rate of 9.6%. Cardiologists have a vacancy rate of 10.7%.

Additionally, by 2020, the anticipated growth in demand for PCPs due to non-DSRIP related impacts is 55-56 FTEs based on the PPS's current market share; the growth in demand for medical assistants is 97 FTEs, for LPNs is 30 FTEs, and for cardiologists is 8-9 FTEs. The combination of both DSRIP and non-DSRIP related impacts is expected to create a gap in staffing needs for many of these primary care / outpatient positions.

### ED / Inpatient Workforce Gaps

Within the inpatient setting, the largest workforce impacts are predicted to occur among the nursing staff. An anticipated decline in ED visits and inpatient days will likely decrease the demand for RNs by about 30 FTEs, and nurse aides/assistants by 7-8 FTEs. However, workforce gaps reported in the Current Workforce State include high reported vacancy rates for the PPS's nursing workforce with RNs experiencing a vacancy rate of approximately 10.6%, including 6.5% in inpatient settings. Additionally, non-DSRIP impacts such as population growth and an aging population are expected to increase the need for inpatient RNs by 160 FTEs and inpatient nurse aides/assistants by 45 FTEs. Therefore, while this project's goals aim to reduce ED and inpatient utilization through CVD self-management, the projected decrease in demand for nursing positions is likely to be offset by the PPS's identified existing workforce needs as well as a change in population dynamics.

Other workforce impacts expected to occur in the inpatient setting are for care management positions such as CVD health coaches and care coordinators. Both of these positions are expected to see an increase in demand by 15-16 FTEs and 10 FTEs, respectively. The current reported vacancy rate for health educators is 21.6%. As a result, project implementation will likely widen this gap.

## H. Project 3.c.i: Evidence-based Strategies to Improve Management of Diabetes

Diabetes was the single most frequently mentioned health issue in CNA key informant interviews. The PPS goal is to reduce progression of disease and lower hospital utilization rates. To achieve the reduction, BPHC will develop multidisciplinary care teams including PCPs, endocrinologists, cardiologists, nurses, social workers, pharmacists, diabetic educators, and others to fill current gaps in patient care and compliance.

Under this program, BPHC will also implement evidence-based protocols with guidelines on the diagnosis and management of diabetes and will develop educational programs to improve the community's knowledge of diabetic risk factors and diabetes management with focus on lifestyle modification, and self-management per evidence-based clinical guidelines.

By 2020 the projected annual health care use impacts associated with this initiative include the following (*Exhibit 55*):

- Approximately 3,500 fewer emergency visits (relative to no change in care use patterns)
- 6,400 fewer inpatient days
- 25,800 additional primary care visits
- 6,500 additional visits to an endocrinologist

The workforce impact by 2020 includes the following:

- Approximately 13 additional diabetes health coaches to provide services to an estimated 25,800 patients
- **In primary care settings:** an increase of 12-13 primary care providers, 22-23 additional direct medical support staff, and 11-12 direct administrative staff
- **In the ED setting**: a slight decrease in emergency department staff (e.g., 5-6 RNs)
- **In inpatient settings:** a decrease in demand for hospital inpatient staff—including approximately 38 fewer RN FTEs, and 9-10 fewer nurse aides FTEs

**Exhibit 55: Diabetes Disease Management Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| ***Outpatient/Office setting*** | |
| Primary care providers | 12.5 |
| Direct medical support | 22.5 |
| Medical assistants | 15 |
| Licensed practical nurses | 7.5 |
| Direct admin support | 11.5 |
| Specialists (Endocrinologists) | 2.5 |
| ***Emergency Department*** | |

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| Emergency physicians | -1.5 |
| Nurse practitioners and physician assistants | -0.5 |
| Staff registered nurses | -5.5 |
| ***Inpatient*** | |
| Hospitalists | -3 |
| Staff registered nurses | -38 |
| Licensed practical nurses | -2 |
| Nurse aides/assistants | -9.5 |
| Diabetes health coaches | 13 |
| Care coordinators | 7.5 |

In terms of workforce implications, the analysis suggests that the overall estimated impact of this DSRIP project is not significant. Primary care and inpatient settings will likely experience some change, while the emergency department will experience modest impacts. The primary Inpatient impacts include decreases in FTEs associated with staff RNs and other nursing staff. The results indicate that successful participation in the care management program also will impact primary care settings in the short-to-midterm, but current possible staffing shortfalls have not been taken into account.

## Primary Care / Outpatient Workforce Gaps

At the primary care / outpatient settings, the PPS will experience increases from DY2 to DY4 for the demand of PCPs as well as Medical and Administrative Support as a result of project impacts due to an anticipated increase in the number of PCP visits, assuming full project implementation. Similarly and as described for Project 2.c.i, workforce gaps within the primary care / outpatient setting currently exist due to a reported vacancy rate of approximately 8.0% reported for PCPs across the PPS. As a result of project impacts, an increased demand for PCPs and a projected shortage of PCPs in NYS, this gap is likely to further increase throughout the DSRIP program's term. Similar vacancy rates are also reported for Medical and Administrative Support, and these positions may also experience a gap in staffing.

As a result of project implementation and the provision of increased diabetes self-management services, an increase in the demand for Certified Diabetes Educators is anticipated. This increase in demand may occur initially in DY2 but will increase in DY4 and DY5 as approximately 7.5% of the PPS's Medicaid attributed lives become actively engaged in diabetes self-management services. Based on the current state data reported, the PPS's network includes approximately 11 Certified Diabetes Educator FTEs with 1 vacancy reported for this position. Thus, based on the PPS Partners' reported data, workforce gaps for this

position do not currently exists but as demand increases throughout the project's implementation, this is likely to change.

### ED / Inpatient Workforce Gaps

Although workforce impacts in the ED are projected to be minimal, there are anticipated project impacts occurring within the inpatient setting, particularly with a decreased demand for RNs during DY4 due to an estimated reduction in approximately 3,500 ED visits. Further, workforce gaps reported in the ED and inpatient settings include a vacancy rates for the PPS's nursing workforce of approximately 9.0%. As a result of the high number of reported vacancies, the projected decrease in demand for these positions is likely to be offset by the PPS's identified existing workforce needs.

## I. Project 3.d.ii: Expansion of Asthma Home-based Self-Management Program

BPHC chose this project because addressing asthma is a high need in the Bronx based upon their CNA and analysis of NYS DOH Medicaid claims data. There is a high level of utilization associated with asthma in the Bronx, much of which is preventable. The target population for this project will be attributed beneficiaries with an asthma diagnosis. The PPS will actively engage a proportion of patients who either have had three or more PCP visits or an ED visit or hospital discharge with asthma as the primary diagnosis in the past year. To implement this project, BPHC will be contracting with a.i.r. nyc, a community-based organization (CBO) that has provided home-based services to families with asthma since 2001 for the implementation of its model. Strategies to be employed include:

1. Instituting evidence-based asthma management protocols for primary care providers (PCPs) to help reduce asthma exacerbations;
2. Conducting outreach to PCPs to ensure they are aware of and can easily refer asthma patients to the home-based visiting program;
3. Establishing protocols to link asthma patients who visit the ED with PCPs and care coordination services via PCMHs or the Health Home;
4. Establishing IT systems to transmit data from the CHWs back to the PCP to integrate the asthma action plan and data collected during asthma home visits into a care planning tool and the patient's medical record; and
5. Implementing clinical guidelines across PCMH partners modeled on the National Asthma Education and Prevention Program's guidelines.

*Exhibit 56* summarizes modeling results and projected target state impacts of this DSRIP clinical improvement project. By 2020 the net projected annual utilization impact associated with this DSRIP clinical initiative is the following:

- A reduction of 1,300 emergency visits
- 900 fewer inpatient days
- 2,800 fewer urgent (unscheduled) primary care visits

The projected workforce impact includes:

- Approximately 8 asthma health coaches to provide services to 15,500 patients
- **In primary care settings:** Very minimal change, with slight decreases in FTEs associated with providers in this setting
- **In the ED setting:** Minimal changes in demand for emergency department staff FTEs
- **In the inpatient setting:** A small decline in demand for hospitalists and other hospital inpatient staff FTEs (including 5-6 fewer RNs)

**Exhibit 56: Asthma Management Projected Workforce Impacts (by FTE)**

| Workforce Impacts by Care Setting and Job | Total Workforce Impacts |
|---|---|
| **Office/Outpatient** | |
| Primary care providers | -1.5 |
| Direct medical support | -2.5 |
| Direct admin support | -1 |
| Care coordinators | -1 |
| **Emergency Department** | |
| Emergency physicians | -0.5 |
| Nurse practitioners & physician assistants | 0 |
| Staff registered nurses | -2 |
| **Inpatient** | |
| Hospitalists | -0.5 |
| Staff registered nurses | -5.5 |
| Licensed practical nurses | -0.5 |
| Nurse aides/assistants | -1.5 |
| **Asthma health coaches** | 8 |

### Patient Education Workforce Impacts

The results of the analysis suggest that this DSRIP initiative will have only a small effect on workforce numbers and mix providing direct medical care to this asthma population. The greatest impact projected to occur is an increased demand for Asthma health coaches for the provision of asthma self-management services. This increase in demand will likely be felt in DY2, assuming initial project implementation impacts, but will primarily increase starting in DY4 through DY5 as the PPS engages increasingly more Medicaid attributed lives in asthma self-management services. Based on the current workforce state data, the PPS's network includes approximately 5 Certified Asthma Educator FTEs with 1 vacancy rate reported for this position. Based on this reported data, workforce gaps for this position do not currently exist but as demands increase throughout the project's implementation, this may change as patients become actively engaged and asthma self-management service utilization increases.

## J. Other DSRIP Projects where Workforce Impacts were Not Projected

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

In an effort to serve the Bronx's racially, ethically, and linguistically diverse population through culturally sensitive, evidence-based coordinated care, BPHC has committed to

implementing an Integrated Delivery System ("IDS") and transforming healthcare delivery through an organized and collaborative network of primary, behavioral, specialty, long-term and post-acute care providers as well as through social service and community-based providers.

A review of the literature on this topic suggests that better integration can allow some services currently performed by specialists to instead be performed by generalists, and some services currently performed by physicians to instead be performed by non-physicians, and thus reduce duplication of tests.[7] For purposes of projecting target workforce needs, it was assumed that better integration of the delivery system does not have an independent effect on health workforce needs (other than the addition of Health Information Technology personnel to implement network integration). However, the IDS is necessary for the PPS's other DSRIP projects to be successful in identifying and risk stratifying patients to provide interventions and coordinate and manage care for these patients.

### 2. Domain 4 Projects: Strengthen Mental Health and Substance Abuse Infrastructure and 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. Therefore the workforce impacts will be captured in these projects, detailed below. The workforce impact related to the increased access to and retention of HIV care has not been separately modeled in this analysis. Although Bronx Partners anticipates that Domain 4 projects will have some workforce impact (e.g. community based health workers involved in outreach to the population with HIV), it is assumed that some of these impacts will have been captured in other projects, and there is not enough information to make informed assumptions about Domain 4's potential independent impacts on the workforce at this time.

### 3. Other Identified Workforce Gaps

Within the Current Workforce State section of the report, certain gaps in staff training as well as cultural competency and health literacy needs were identified within the PPS's workforce. One current barrier is recruitment and retention of bilingual, culturally competent staff to address the needs of the PPS's diverse patient population. Difficulties in retention are marked by a high turnover rate of 15%, and include shortages of primary care physicians, psychiatrists, behavioral health specialists, and care management workers.

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 workforce, training programs

[7] Weiner, JP, Blumenthal, D, Yeh, S. The Impact of Health Information Technology and e-Health on the Future Demand for Physician Services. Health Affairs. November 2013. 32:11
http://www.michigan.gov/documents/mdch/The_Impact_of_Health_Information_Technology_and_e-Health_on_the_Future_Demand_for_Physician_Services_441001_7.pdf

are needed to ensure that PPS Partners are well connected through utilization of the RHIO platform.

## V. Conclusion

As detailed throughout the gap analysis, overall DSRIP project workforce impacts are projected to occur mainly for Primary Care Providers, Medical Assistants, Nurses, Behavioral Health providers and the Care Management workforce. However, in specific instances where high workforce vacancies are reported that already impact the PPS's provider community, the impacts of DSRIP projects can work to either minimize or increase gaps that currently exist within the PPS's workforce. Assuming that DSRIP projects are implemented successfully and that actively engaged goals are met, the BPHC PPS is likely to experience overall the greatest workforce impacts during DY4 of the DSRIP program. In addition, 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 in non-clinical based positions such as Administrative Support positions.

As a result of the DSRIP projects within the primary care / outpatient settings, 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 due to combined impacts of the ED Triage 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.

For the anticipated project impacts of the co-location of primary care and behavioral health services, an increase in demand for Behavioral Health positions is projected, specifically for Licensed Clinical Social Workers and Administration Support positions. As a result of the existing identified Behavioral Health workforce gaps within the PPS, the projected impacts of this project are likely to further enhance these identified gaps.

Within the ED / inpatient settings, the PPS's workforce is anticipated to experience a decrease in demand for ED Physicians as well as a decrease in demand for nursing positions including NPs, PAs, and RNs as DSRIP project impacts are potentially realized and patients seek care outside of the ED and inpatient settings. However, in certain instances, given the vacancy rates reported both across the PPS as well as in the ED / inpatient setting, the projected reduction in demand for nursing positions is likely to be offset by the existing reported gaps within the PPS's workforce.

Additionally, the BPHC PPS also anticipates a significant increase in utilization of community-based health care navigation services as a result of the PPS's implementation of projects to redirect care. As a result, workforce demands for Patient Navigators, Community Health Workers, and Care Managers / Coordinators are projected to increase. In addition, given the anticipated increase in utilization of patient navigation services and the significant vacancy

rate reported for these positions currently, the existing gap for Care Management and Care Coordination staff is likely to increase as BPHC successfully implements the DSRIP projects proposed above.

# VI. Appendix

## 1. DOH Job Categories by Job Title, Definition and Educational/Training Requirements

| DSRIP WORKFORCE CATEGORIES | | | |
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| **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, and 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** | | | |

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| **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 accredited educational program for physician assistants. | In many cases, the specialty of the PA is defined by the setting s/he practices in or the specialty of the supervising physician. |
| **Other Specialties** | | | |
| **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.<br><br>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.<br><br>Unlicensed 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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| **Social Worker Care Coordinators/Case Managers/Care Transition** | 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 a social worker to fill this role. |
| **Emerging Titles: Non-licensed Care Coordination / Case M anagement/Care Management / Patient Navigators / Community Health Workers (Except RNs, LPNs, and Social Workers)** | | | |
| **Care Manager/Coordinator** | 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. | 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. | |
| **Patient or Care Navigator** | 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. | 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. | |
| **Community Health Worker** | Community health workers collect data and discuss health concerns with members of specific populations or communities. | 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. | |
| **Peer Support Worker** | 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. | No educational requirements, but a high school diploma or GED is preferred. Some facilities may require some training in counseling. | |

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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 *collectors,* 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. *Medical coder,* commonly referred to as *health information technicians,* 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)** | 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.<br><br>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.<br><br>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. | 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)** | 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.<br><br>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. | 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/Dieticians** | Evaluate the health of their clients and advise clients on which foods to eat and avoid to improve 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. Dieticians 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. |

| | | | |
|---|---|---|---|
| **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. | |

## 2. Current Workforce State Data – Total Reported Workforce Data by Facility Type (Headcount and FTEs)

**Article 16 Clinics**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **19** | **16** |
| Executive Staff | 12 | 9 |
| Financial | 2 | 2 |
| Other | 5 | 5 |
| **Administrative Support** | **37** | **28** |
| Coders/Billers | 5 | 2 |
| Medical Interpreters | 1 | 0 |
| Office Clerks | 7 | 4 |
| Other | 12 | 10 |
| Patient Service Representatives | 2 | 2 |
| Secretaries and Administrative Assistants | 10 | 10 |
| **Behavioral Health** | **16** | **9** |
| Licensed Masters Social Workers | 1 | 1 |
| Other | 2 | 1 |
| Psychiatric Nurse Practitioners | 1 | 1 |
| Psychiatrists | 4 | 2 |
| Psychologists | 8 | 3 |
| **Clinical Support** | **9** | **7** |
| Medical Assistants | 5 | 4 |
| Other | 4 | 3 |
| **Emerging Titles** | **27** | **27** |
| Care Manager/Coordinator | 14 | 14 |
| Other | 1 | 1 |
| Patient or Care Navigator | 12 | 12 |
| **Health Information Technology** | **1** | **1** |
| Health Information Technology Managers | 1 | 1 |
| **Home Health Care** | **198** | **179** |
| Personal Care Aides (Level II) | 198 | 179 |
| **Janitors and Cleaners** | **8** | **7** |
| Janitors and Cleaners | 8 | 7 |
| **Nurse Practitioners** | **3** | **2** |
| Primary Care | 3 | 2 |
| **Nursing** | **10** | **7** |
| Licensed Practical Nurses | 1 | 1 |
| Nurse Managers/Supervisors | 1 | 1 |
| Staff Registered Nurses | 8 | 5 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **5** | **5** |
| Other | 1 | 1 |
| RN Care Coordinators/Case Managers/Care Transitions | 4 | 4 |

| | | |
|---|---|---|
| **Oral Health** | **1** | **1** |
| Dentists | 1 | 1 |
| **Other Allied Health** | **129** | **229** |
| Nutritionists/Dieticians | 4 | 0 |
| Occupational Therapists | 10 | 3 |
| Optometrists | 2 | |
| Other | 89 | 11 |
| Physical Therapists | 11 | 4 |
| Speech Language Pathologists | 13 | 3 |
| **Physicians** | **9** | **3** |
| Other Specialties (Except Psychiatrists) | 6 | 1 |
| Primary Care | 3 | 2 |
| **Social Worker Case Management/ Care Management** | **35** | **11** |
| Licensed Clinical Social Workers | 22 | 6 |
| Licensed Masters Social Workers | 13 | 4 |
| **Grand Total** | **507** | **324** |

**Article 28 Diagnostic & Treatment Centers**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **161** | **139** |
| Executive Staff | 59 | 54 |
| Financial | 49 | 40 |
| Human Resources | 25 | 17 |
| Other | 28 | 27 |
| **Administrative Support** | **447** | **439** |
| Coders/Billers | 38 | 37 |
| Financial Service Representatives | 8 | 8 |
| Housekeeping | 22 | 22 |
| Office Clerks | 41 | 41 |
| Other | 8 | 7 |
| Patient Service Representatives | 261 | 258 |
| Secretaries and Administrative Assistants | 65 | 62 |
| Transportation | 4 | 4 |
| **Behavioral Health** | **146** | **132** |
| Licensed Clinical Social Workers | 19 | 16 |
| Licensed Masters Social Workers | 68 | 69 |
| Other | 1 | 1 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 4 | 4 |
| Psychiatric Nurse Practitioners | 7 | 7 |
| Psychiatrists | 22 | 14 |
| Psychologists | 14 | 11 |
| Social and Human Service Assistants | 7 | 7 |
| Substance Abuse and Behavioral Disorder Counselors | 4 | 4 |
| **Clinical Support** | **218** | **206** |
| Medical Assistants | 211 | 200 |
| Other | 1 | 0 |
| Patient Care Techs (Associates) | 6 | 6 |
| **Emerging Titles** | **38** | **38** |
| Care Manager/Coordinator | 2 | 2 |
| Community Health Worker | 1 | 1 |
| Other | 21 | 21 |
| Patient or Care Navigator | 14 | 14 |
| **Health Information Technology** | **39** | **34** |
| Hardware Maintenance | 10 | 6 |
| Health Information Technology Managers | 9 | 9 |
| Other | 11 | 11 |
| Software Programmers | 2 | 2 |
| Technical Support | 7 | 6 |
| **Janitors and Cleaners** | **15** | **18** |
| Janitors and Cleaners | 15 | 18 |
| **Midwifery** | **15** | **11** |

| | | |
|---|---|---|
| Midwives | 15 | 11 |
| **Nurse Practitioners** | **64** | **54** |
| Other Specialties (Except Psychiatric NPs) | 3 | 3 |
| Primary Care | 61 | 51 |
| **Nursing** | **115** | **107** |
| Licensed Practical Nurses | 47 | 45 |
| Nurse Managers/Supervisors | 9 | 9 |
| Per Diem Staff Registered Nurses | 4 | 1 |
| Staff Registered Nurses | 55 | 52 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **5** | **4** |
| Other | 1 | 1 |
| RN Care Coordinators/Case Managers/Care Transitions | 4 | 3 |
| **Oral Health** | **208** | **175** |
| Dental Assistants | 111 | 107 |
| Dental Hygienists | 21 | 16 |
| Dentists | 75 | 50 |
| Other | 1 | 1 |
| **Other Allied Health** | **166** | **106** |
| Clinical Laboratory Technologists and Technicians | 4 | 3 |
| Nutritionists/Dieticians | 2 | 2 |
| Occupational Therapists | 16 | 13 |
| Optometrists | 66 | 34 |
| Other | 27 | 14 |
| Pharmacists | 1 | 0 |
| Pharmacy Technicians | 3 | 3 |
| Physical Therapists | 18 | 16 |
| Physical Therapy Assistants/Aides | 2 | 2 |
| Speech Language Pathologists | 27 | 19 |
| **Patient Education** | **25** | **24** |
| Health Educators | 21 | 20 |
| Certified Diabetes Educators | 3 | 3 |
| Other | 1 | 1 |
| **Physician Assistants** | **23** | **14** |
| Other Specialties | 3 | 0 |
| Primary Care | 20 | 14 |
| **Physicians** | **637** | **513** |
| Cardiologists | 7 | 1 |
| Emergency Medicine | 2 | 0 |
| Endocrinologists | 2 | 0 |
| Obstetricians/Gynecologists | 86 | 21 |
| Other Specialties (Except Psychiatrists) | 46 | 11 |
| Pediatrician (General) | 33 | 27 |
| Primary Care | 33 | 27 |
| Primary Care (HIV) | 16 | 15 |

| | | |
|---|---|---|
| Residents | 412 | 412 |
| **Social Worker Case Management/ Care Management** | **32** | **27** |
| Bachelors Social Workers | 11 | 11 |
| Licensed Clinical Social Workers | 2 | 1 |
| Licensed Masters Social Workers | 17 | 13 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 2 | 2 |
| **Grand Total** | **2,354** | **2,040** |

**Article 28 Hospital**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **21** | **21** |
| Executive Staff | 3 | 3 |
| Financial | 9 | 9 |
| Human Resources | 3 | 3 |
| Other | 6 | 6 |
| **Administrative Support** | **1** | **1** |
| Secretaries and Administrative Assistants | 1 | 1 |
| **Behavioral Health** | **7** | **6** |
| Licensed Clinical Social Workers | 2 | 2 |
| Licensed Masters Social Workers | 5 | 4 |
| **Emerging Titles** | **12** | **10** |
| Community Health Worker | 3 | 3 |
| Other | 4 | 4 |
| Peer Support Worker | 5 | 3 |
| **Health Information Technology** | **7** | **7** |
| Hardware Maintenance | 4 | 4 |
| Health Information Technology Managers | 3 | 3 |
| **Janitors and Cleaners** | **12** | **13** |
| Janitors and Cleaners | 12 | 13 |
| **Nurse Practitioners** | **4** | **4** |
| Primary Care | 4 | 4 |
| **Nursing** | **2** | **2** |
| Licensed Practical Nurses | 1 | 1 |
| Staff Registered Nurses | 1 | 1 |
| **Oral Health** | **2** | **1** |
| Dental Hygienists | 1 | 1 |
| Dentists | 1 | 0 |
| **Other Allied Health** | **4** | **4** |
| Clinical Laboratory Technologists and Technicians | 2 | 2 |
| Nutritionists/Dieticians | 1 | 1 |
| Optometrists | 1 | 1 |
| **Patient Education** | **3** | **3** |
| Health Educators | 3 | 3 |
| **Physicians** | **2** | **1** |
| Obstetricians/Gynecologists | 1 | 0 |
| Primary Care | 1 | 0 |
| **Social Worker Case Management/ Care Management** | **3** | **3** |
| Bachelors Social Workers | 3 | 3 |
| **Grand Total** | **80** | **74** |

**Article 31 Inpatient**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **2** | **2** |
| Executive Staff | 1 | 1 |
| Financial | 1 | 1 |
| **Administrative Support** | **22** | **21** |
| Coders/Billers | 5 | 5 |
| Office Clerks | 2 | 1 |
| Patient Service Representatives | 2 | 2 |
| Secretaries and Administrative Assistants | 13 | 12 |
| **Behavioral Health** | **57** | **37** |
| Licensed Clinical Social Workers | 13 | 11 |
| Licensed Masters Social Workers | 22 | 13 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 7 | 5 |
| Psychiatric Nurse Practitioners | 3 | 1 |
| Psychiatrists | 5 | 2 |
| Psychologists | 2 | 2 |
| Substance Abuse and Behavioral Disorder Counselors | 5 | 5 |
| **Health Information Technology** | **1** | **1** |
| Health Information Technology Managers | 1 | 1 |
| **Janitors and Cleaners** | **1** | **1** |
| Janitors and Cleaners | 1 | 1 |
| **Nursing** | **1** | **0** |
| Staff Registered Nurses | 1 | 0 |
| **Grand Total** | **84** | **61** |

**Article 31 Outpatient**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **538** | **133** |
| Executive Staff | 59 | 12 |
| Financial | 198 | 37 |
| Human Resources | 68 | 18 |
| Other | 213 | 66 |
| **Administrative Support** | **286** | **59** |
| Coders/Billers | 54 | 3 |
| Housekeeping | 8 | 4 |
| Office Clerks | 30 | 8 |
| Other | 144 | 19 |
| Patient Service Representatives | 1 | 1 |
| Secretaries and Administrative Assistants | 48 | 24 |
| Transportation | 1 | 1 |
| **Behavioral Health** | **180** | **91** |
| Licensed Clinical Social Workers | 24 | 14 |
| Licensed Masters Social Workers | 53 | 27 |
| Other | 11 | 6 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 7 | 6 |
| Psychiatric Nurse Practitioners | 3 | 1 |
| Psychiatrists | 8 | 2 |
| Psychologists | 10 | 5 |
| Social and Human Service Assistants | 64 | 29 |
| **Clinical Support** | **28** | **16** |
| Medical Assistants | 2 | 2 |
| Other | 26 | 14 |
| **Emerging Titles** | **169** | **158** |
| Care Manager/Coordinator | 151 | 147 |
| Community Health Worker | 2 | 2 |
| Patient or Care Navigator | 1 | 1 |
| Peer Support Worker | 15 | 8 |
| **Health Information Technology** | **116** | **11** |
| Hardware Maintenance | 2 | 2 |
| Health Information Technology Managers | 33 | 1 |
| Other | 62 | 5 |
| Software Programmers | 8 | 0 |
| Technical Support | 11 | 3 |
| **Janitors and Cleaners** | **60** | **19** |
| Janitors and Cleaners | 60 | 19 |
| **Nursing** | **12** | **9** |
| Licensed Practical Nurses | 2 | 2 |
| 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 | 7 | 6 |
| **Other Allied Health** | **88** | **62** |
| Other | 86 | 61 |
| Speech Language Pathologists | 2 | 1 |
| **Patient Education** | **31** | **27** |
| Certified Diabetes Educators | 1 | 0 |
| Other | 30 | 27 |
| **Social Worker Case Management/ Care Management** | **167** | **165** |
| Bachelors Social Workers | 27 | 27 |
| Licensed Clinical Social Workers | 4 | 3 |
| Licensed Masters Social Workers | 62 | 61 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 74 | 74 |
| **Grand Total** | **1,675** | **752** |

**Article 32 Outpatient**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **12** | **12** |
| Executive Staff | 7 | 7 |
| Financial | 1 | 1 |
| Human Resources | 2 | 2 |
| Other | 2 | 2 |
| **Administrative Support** | **9** | **8** |
| Coders/Billers | 3 | 3 |
| Office Clerks | 1 | 1 |
| Secretaries and Administrative Assistants | 5 | 4 |
| **Behavioral Health** | **45** | **39** |
| Licensed Clinical Social Workers | 3 | 2 |
| Licensed Masters Social Workers | 10 | 10 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 5 | 5 |
| Psychiatrists | 3 | 2 |
| Substance Abuse and Behavioral Disorder Counselors | 24 | 20 |
| **Emerging Titles** | **4** | **4** |
| Care Manager/Coordinator | 3 | 3 |
| Peer Support Worker | 1 | 1 |
| **Health Information Technology** | **1** | **0** |
| Health Information Technology Managers | 1 | 0 |
| **Janitors and Cleaners** | **1** | **1** |
| Janitors and Cleaners | 1 | 1 |
| **Nursing** | **7** | **5** |
| Licensed Practical Nurses | 1 | 0 |
| Nurse Managers/Supervisors | 2 | 1 |
| Staff Registered Nurses | 4 | 4 |
| **Physicians** | **2** | **1** |
| Primary Care | 2 | 1 |
| **Social Worker Case Management/ Care Management** | **2** | **1** |
| Licensed Clinical Social Workers | 1 | 0 |
| Licensed Masters Social Workers | 1 | 1 |
| **Grand Total** | **83** | **71** |

**Home Care / Hospice**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **802** | **777** |
| Executive Staff | 88 | 83 |
| Financial | 200 | 194 |
| Human Resources | 99 | 128 |
| Other | 415 | 372 |
| **Administrative Support** | **1,189** | **1,133** |
| Coders/Billers | 100 | 96 |
| Financial Service Representatives | 8 | 8 |
| Housekeeping | 5 | 3 |
| Office Clerks | 214 | 208 |
| Other | 277 | 272 |
| Patient Service Representatives | 312 | 281 |
| Secretaries and Administrative Assistants | 273 | 266 |
| **Behavioral Health** | **472** | **344** |
| Licensed Clinical Social Workers | 41 | 8 |
| Licensed Masters Social Workers | 158 | 100 |
| Other | 71 | 52 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 50 | 42 |
| Psychiatric Nurse Practitioners | 2 | 2 |
| Psychiatrists | 7 | 5 |
| Social and Human Service Assistants | 141 | 134 |
| Substance Abuse and Behavioral Disorder Counselors | 2 | 2 |
| **Clinical Support** | **14** | **14** |
| Nurse Aides/Assistants (CNAs) | 14 | 14 |
| **Emerging Titles** | **41** | **38** |
| Care Manager/Coordinator | 36 | 33 |
| Other | 5 | 5 |
| **Health Information Technology** | **192** | **188** |
| Hardware Maintenance | 1 | 1 |
| Health Information Technology Managers | 30 | 28 |
| Other | 6 | 5 |
| Software Programmers | 104 | 104 |
| Technical Support | 51 | 51 |
| **Home Health Care** | **18,157** | **9,207** |
| Certified Home Health Aides | 15,344 | 7,846 |
| Other | 105 | 29 |
| Personal Care Aides (Level I) | 647 | 294 |
| Personal Care Aides (Level II) | 2,061 | 1,038 |
| **Janitors and Cleaners** | **12** | **9** |
| Janitors and Cleaners | 12 | 9 |
| **Nurse Practitioners** | **7** | **3** |
| Other Specialties (Except Psychiatric NPs) | 2 | 1 |

| | | |
|---|---|---|
| Primary Care | 5 | 2 |
| **Nursing** | **2,362** | **1,617** |
| Licensed Practical Nurses | 89 | 72 |
| Nurse Managers/Supervisors | 155 | 149 |
| Other | 204 | 109 |
| Other Registered Nurses (Utilization Review, Staff Development, etc.) | 198 | 180 |
| Per Diem Staff Registered Nurses | 571 | 27 |
| Staff Registered Nurses | 1,145 | 1,081 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **235** | **170** |
| LPN Care Coordinators/Case Managers | 19 | 14 |
| Other | 32 | 25 |
| RN Care Coordinators/Case Managers/Care Transitions | 184 | 130 |
| **Other Allied Health** | **756** | **438** |
| Nutritionists/Dieticians | 8 | 1 |
| Occupational Therapists | 124 | 66 |
| Occupational Therapy Assistants/Aides | 6 | 3 |
| Other | 38 | 13 |
| Physical Therapists | 492 | 325 |
| Physical Therapy Assistants/Aides | 16 | 10 |
| Speech Language Pathologists | 72 | 20 |
| **Patient Education** | **20** | **18** |
| Health Educators | 13 | 12 |
| Other | 7 | 6 |
| **Physicians** | **43** | **32** |
| Fellows | 3 | 3 |
| Obstetricians/Gynecologists | 0 | 0 |
| Other Specialties (Except Psychiatrists) | 22 | 14 |
| Primary Care | 18 | 16 |
| **Social Worker Case Management/ Care Management** | **70** | **15** |
| Bachelors Social Workers | 26 | 2 |
| Licensed Clinical Social Workers | 6 | 2 |
| Licensed Masters Social Workers | 34 | 8 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 4 | 4 |
| **Grand Total** | **24,372** | **14,003** |

**Hospital / ED**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **60** | **57** |
| Executive Staff | 29 | 29 |
| Financial | 14 | 14 |
| Human Resources | 17 | 14 |
| **Administrative Support** | **396** | **339** |
| Coders/Billers | 12 | 12 |
| Dietary/Food Service | 58 | 42 |
| Housekeeping | 102 | 89 |
| Office Clerks | 76 | 60 |
| Patient Service Representatives | 119 | 107 |
| Secretaries and Administrative Assistants | 29 | 29 |
| Transportation | 0 | 0 |
| **Clinical Support** | **285** | **256** |
| Nurse Aides/Assistants (CNAs) | 253 | 225 |
| Patient Care Techs (Associates) | 32 | 30 |
| **Nurse Practitioners** | **3** | **2** |
| Other Specialties (Except Psychiatric NPs) | 2 | 2 |
| Primary Care | 1 | 0 |
| **Nursing** | **767** | **676** |
| Licensed Practical Nurses | 1 | 1 |
| Nurse Managers/Supervisors | 35 | 28 |
| Per Diem Staff Registered Nurses | 59 | 8 |
| Staff Registered Nurses | 672 | 639 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **37** | **35** |
| RN Care Coordinators/Case Managers/Care Transitions | 37 | 35 |
| **Other Allied Health** | **175** | **147** |
| Clinical Laboratory Technologists and Technicians | 44 | 36 |
| Nutritionists/Dieticians | 5 | 5 |
| Occupational Therapists | 5 | 5 |
| Pharmacists | 32 | 30 |
| Pharmacy Technicians | 25 | 24 |
| Physical Therapists | 12 | 12 |
| Physical Therapy Assistants/Aides | 2 | 1 |
| Respiratory Therapists | 43 | 29 |
| Speech Language Pathologists | 7 | 7 |
| **Physician Assistants** | **45** | **33** |
| Other Specialties | 40 | 28 |
| Primary Care | 5 | 5 |
| **Physicians** | **146** | **144** |
| Fellows | 6 | 5 |
| Primary Care | 2 | 1 |
| Residents | 138 | 138 |

| | | |
|---|---|---|
| **Social Worker Case Management/ Care Management** | **23** | **23** |
| Licensed Masters Social Workers | 22 | 22 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 1 | 1 |
| **Grand Total** | **1,937** | **1,711** |

**Non-licensed CBO**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **1,965** | **740** |
| Executive Staff | 210 | 79 |
| Financial | 625 | 182 |
| Human Resources | 194 | 55 |
| Other | 936 | 424 |
| **Administrative Support** | **1,188** | **467** |
| Coders/Billers | 150 | 10 |
| Dietary/Food Service | 64 | 57 |
| Housekeeping | 79 | 58 |
| Office Clerks | 161 | 101 |
| Other | 409 | 70 |
| Patient Service Representatives | 1 | 1 |
| Secretaries and Administrative Assistants | 276 | 162 |
| Transportation | 48 | 9 |
| **Behavioral Health** | **1,856** | **1,315** |
| Licensed Clinical Social Workers | 90 | 92 |
| Licensed Masters Social Workers | 109 | 78 |
| Other | 68 | 62 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 1 | 1 |
| Psychiatric Nurse Practitioners | 8 | 1 |
| Psychiatrists | 71 | 34 |
| Psychologists | 28 | 18 |
| Social and Human Service Assistants | 1,472 | 1,022 |
| Substance Abuse and Behavioral Disorder Counselors | 9 | 7 |
| **Clinical Support** | **59** | **12** |
| Medical Assistants | 1 | 1 |
| Other | 58 | 11 |
| **Emerging Titles** | **506** | **426** |
| Care Manager/Coordinator | 301 | 271 |
| Community Health Worker | 16 | 13 |
| Other | 156 | 130 |
| Patient or Care Navigator | 1 | 1 |
| Peer Support Worker | 32 | 12 |
| **Health Information Technology** | **313** | **36** |
| Health Information Technology Managers | 83 | 3 |
| Other | 148 | 7 |
| Software Programmers | 28 | 6 |
| Technical Support | 54 | 20 |
| **Home Health Care** | **15** | **15** |
| Certified Home Health Aides | 5 | 5 |
| Other | 1 | 1 |
| Personal Care Aides (Level I) | 6 | 6 |

| | | |
|---|---|---|
| Personal Care Aides (Level II) | 3 | 3 |
| **Janitors and Cleaners** | **191** | **71** |
| Janitors and Cleaners | 191 | 71 |
| **Nurse Practitioners** | **1** | **1** |
| Primary Care | 1 | 1 |
| **Nursing** | **135** | **101** |
| Licensed Practical Nurses | 26 | 24 |
| Nurse Managers/Supervisors | 14 | 14 |
| Staff Registered Nurses | 95 | 64 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **17** | **9** |
| LPN Care Coordinators/Case Managers | 6 | 5 |
| RN Care Coordinators/Case Managers/Care Transitions | 11 | 4 |
| **Other Allied Health** | **95** | **63** |
| Nutritionists/Dieticians | 62 | 54 |
| Occupational Therapists | 8 | 0 |
| Occupational Therapy Assistants/Aides | 1 | 0 |
| Other | 9 | 6 |
| Physical Therapists | 6 | 1 |
| Physical Therapy Assistants/Aides | 1 | 0 |
| Speech Language Pathologists | 8 | 2 |
| **Patient Education** | **3** | **3** |
| Certified Asthma Educators | 3 | 3 |
| **Physicians** | **3** | **2** |
| Pediatrician (General) | 3 | 2 |
| **Social Worker Case Management/ Care Management** | **187** | **179** |
| Bachelors Social Workers | 28 | 26 |
| Licensed Clinical Social Workers | 26 | 26 |
| Licensed Masters Social Workers | 55 | 55 |
| Other | 45 | 40 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 33 | 33 |
| **Grand Total** | **6,534** | **3,441** |

**Nursing Home / SNF**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **116** | **111** |
| Executive Staff | 34 | 34 |
| Financial | 57 | 54 |
| Human Resources | 14 | 14 |
| Other | 11 | 9 |
| **Administrative Support** | **534** | **500** |
| Coders/Billers | 6 | 6 |
| Dietary/Food Service | 183 | 177 |
| Housekeeping | 175 | 170 |
| Office Clerks | 27 | 21 |
| Other | 99 | 91 |
| Patient Service Representatives | 1 | 1 |
| Secretaries and Administrative Assistants | 29 | 28 |
| Transportation | 14 | 7 |
| **Behavioral Health** | **27** | **19** |
| Licensed Clinical Social Workers | 3 | 3 |
| Licensed Masters Social Workers | 4 | 3 |
| Other | 3 | 3 |
| Psychiatrists | 4 | 2 |
| Psychologists | 2 | 0 |
| Social and Human Service Assistants | 11 | 8 |
| **Clinical Support** | **1,283** | **1,022** |
| Nurse Aides/Assistants (CNAs) | 1,254 | 1,015 |
| Other | 19 | 7 |
| Patient Care Techs (Associates) | 10 | 0 |
| **Health Information Technology** | **16** | **12** |
| Hardware Maintenance | 10 | 10 |
| Health Information Technology Managers | 3 | 2 |
| Other | 3 | 0 |
| **Home Health Care** | **167** | **138** |
| Certified Home Health Aides | 148 | 127 |
| Other | 19 | 11 |
| **Janitors and Cleaners** | **75** | **63** |
| Janitors and Cleaners | 75 | 63 |
| **Nurse Practitioners** | **7** | **2** |
| Primary Care | 7 | 2 |
| **Nursing** | **857** | **702** |
| Licensed Practical Nurses | 367 | 350 |
| Nurse Managers/Supervisors | 71 | 59 |
| Other | 10 | 5 |
| Other Registered Nurses (Utilization Review, Staff Development, etc.) | 11 | 6 |
| Per Diem Staff Registered Nurses | 33 | 17 |
| Staff Registered Nurses | 365 | 265 |

| | | |
|---|---|---|
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **8** | **7** |
| Other | 1 | 1 |
| RN Care Coordinators/Case Managers/Care Transitions | 7 | 6 |
| **Oral Health** | **5** | **2** |
| Dental Assistants | 1 | 0 |
| Dental Hygienists | 1 | 1 |
| Dentists | 3 | 1 |
| **Other Allied Health** | **249** | **159** |
| Nutritionists/Dieticians | 35 | 27 |
| Occupational Therapists | 29 | 24 |
| Occupational Therapy Assistants/Aides | 38 | 26 |
| Optometrists | 2 | 0 |
| Other | 26 | 11 |
| Pharmacists | 13 | 6 |
| Pharmacy Technicians | 2 | 1 |
| Physical Therapists | 37 | 28 |
| Physical Therapy Assistants/Aides | 49 | 23 |
| Respiratory Therapists | 6 | 6 |
| Speech Language Pathologists | 12 | 7 |
| **Physician Assistants** | **7** | **7** |
| Primary Care | 7 | 7 |
| **Physicians** | **62** | **22** |
| Cardiologists | 1 | 0 |
| Obstetricians/Gynecologists | 1 | 0 |
| Other Specialties (Except Psychiatrists) | 16 | 1 |
| Primary Care | 44 | 21 |
| **Social Worker Case Management/ Care Management** | **54** | **37** |
| Bachelors Social Workers | 8 | 8 |
| Licensed Clinical Social Workers | 15 | 15 |
| Licensed Masters Social Workers | 5 | 5 |
| Other | 9 | 3 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 17 | 6 |
| **Grand Total** | **3,467** | **2,802** |

**Pharmacies**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Other Allied Health** | **31** | **26** |
| Pharmacists | 10 | 10 |
| Pharmacy Technicians | 21 | 16 |
| **Grand Total** | **31** | **26** |

**Private Provider Practices**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **1** | **0** |
| Executive Staff | 1 | 0 |
| **Administrative Support** | **34** | **3** |
| Coders/Billers | 5 | 1 |
| Office Clerks | 3 | 0 |
| Other | 12 | 0 |
| Secretaries and Administrative Assistants | 14 | 2 |
| **Clinical Support** | **6** | **3** |
| Medical Assistants | 6 | 3 |
| **Janitors and Cleaners** | **1** | **0** |
| Janitors and Cleaners | 1 | 0 |
| **Nursing** | **1** | **0** |
| Nurse Managers/Supervisors | 1 | 0 |
| **Physicians** | **6** | **3** |
| Other Specialties (Except Psychiatrists) | 3 | 0 |
| Pediatrician (General) | 3 | 3 |
| **Grand Total** | **49** | **9** |

**"Other" Facility Types**
**Total Reported Workforce Data (Headcount and FTEs)**

| Job Title | Total Headcount | Total FTEs |
|---|---|---|
| **Administrative Staff** | **1,260** | **287** |
| Executive Staff | 153 | 34 |
| Financial | 424 | 77 |
| Human Resources | 138 | 26 |
| Other | 545 | 150 |
| **Administrative Support** | **1,038** | **324** |
| Coders/Billers | 131 | 25 |
| Dietary/Food Service | 44 | 25 |
| Housekeeping | 30 | 19 |
| Office Clerks | 74 | 16 |
| Other | 470 | 156 |
| Secretaries and Administrative Assistants | 181 | 70 |
| Transportation | 108 | 13 |
| **Behavioral Health** | **653** | **256** |
| Licensed Clinical Social Workers | 11 | 5 |
| Licensed Masters Social Workers | 27 | 24 |
| Other | 42 | 36 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 11 | 5 |
| Psychiatric Nurse Practitioners | 2 | 2 |
| Psychiatrists | 28 | 4 |
| Psychologists | 34 | 21 |
| Social and Human Service Assistants | 497 | 157 |
| Substance Abuse and Behavioral Disorder Counselors | 1 | 1 |
| **Clinical Support** | **65** | **32** |
| Medical Assistants | 1 | 1 |
| Nurse Aides/Assistants (CNAs) | 30 | 29 |
| Other | 34 | 3 |
| **Emerging Titles** | **159** | **136** |
| Care Manager/Coordinator | 101 | 100 |
| Community Health Worker | 11 | 11 |
| Other | 17 | 5 |
| Patient or Care Navigator | 19 | 19 |
| Peer Support Worker | 11 | 2 |
| **Health Information Technology** | **235** | **22** |
| Health Information Technology Managers | 66 | 4 |
| Other | 120 | 6 |
| Software Programmers | 16 | 0 |
| Technical Support | 33 | 12 |
| **Home Health Care** | **840** | **678** |
| Other | 840 | 678 |
| **Janitors and Cleaners** | **153** | **99** |
| Janitors and Cleaners | 153 | 99 |

| | | |
|---|---|---|
| **Nurse Practitioners** | **3** | **3** |
| Other Specialties (Except Psychiatric NPs) | 3 | 3 |
| **Nursing** | **218** | **171** |
| Licensed Practical Nurses | 44 | 42 |
| Nurse Managers/Supervisors | 27 | 18 |
| Other Registered Nurses (Utilization Review, Staff Development, etc.) | 18 | 18 |
| Staff Registered Nurses | 129 | 94 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **71** | **70** |
| LPN Care Coordinators/Case Managers | 2 | 2 |
| RN Care Coordinators/Case Managers/Care Transitions | 69 | 69 |
| **Other Allied Health** | **169** | **149** |
| Clinical Laboratory Technologists and Technicians | 46 | 36 |
| Occupational Therapists | 13 | 13 |
| Other | 76 | 70 |
| Physical Therapists | 8 | 7 |
| Speech Language Pathologists | 26 | 23 |
| **Patient Education** | **2** | **2** |
| Health Coach | 2 | 2 |
| **Physicians** | **12** | **1** |
| Pediatrician (General) | 2 | 1 |
| Primary Care | 10 | 0 |
| **Social Worker Case Management/ Care Management** | **186** | **185** |
| Bachelors Social Workers | 65 | 65 |
| Licensed Clinical Social Workers | 10 | 10 |
| Licensed Masters Social Workers | 54 | 54 |
| Other | 8 | 8 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 49 | 48 |
| **Grand Total** | **5,064** | **2,416** |

## 3. Current Workforce State Data – Total Reported FTE Vacancies by Job Title (FTE and FTE Vacancies)

Total Reported FTE Vacancies by Job Title across All Facility Types
(FTE and FTE Vacancies)

| Job Title | Total FTEs | Total FTE Vacancies |
|---|---|---|
| **Administrative Staff** | **2,295** | **87** |
| Other | 1,061 | 66 |
| Financial | 611 | 12 |
| Human Resources | 278 | 6 |
| Executive Staff | 345 | 3 |
| **Administrative Support** | **3,322** | **149** |
| Patient Service Representatives | 653 | 41 |
| Other | 624 | 34 |
| Secretaries and Administrative Assistants | 669 | 16 |
| Coders/Billers | 199 | 15 |
| Office Clerks | 461 | 12 |
| Dietary/Food Service | 301 | 11 |
| Housekeeping | 364 | 10 |
| Transportation | 34 | 9 |
| Financial Service Representatives | 16 | 0 |
| Medical Interpreters | 0 | 0 |
| **Behavioral Health** | **2,248** | **197** |
| Social and Human Service Assistants | 1,358 | 76 |
| Other | 162 | 37 |
| Licensed Masters Social Workers | 329 | 34 |
| Licensed Clinical Social Workers | 154 | 32 |
| Psychiatric Nurse Practitioners | 15 | 5 |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 67 | 4 |
| Psychiatrists | 66 | 3 |
| Psychologists | 60 | 3 |
| Substance Abuse and Behavioral Disorder Counselors | 38 | 2 |
| Psychiatric Aides/Techs | 0 | 0 |
| **Clinical Support** | **1,567** | **86** |
| Nurse Aides/Assistants (CNAs) | 1,282 | 73 |
| Medical Assistants | 210 | 7 |
| Other | 38 | 5 |
| Patient Care Techs (Associates) | 36 | 1 |
| **Emerging Titles** | **836** | **95** |
| Care Manager/Coordinator | 569 | 49 |
| Other | 166 | 16 |
| Peer Support Worker | 25 | 14 |

| | | |
|---|---|---|
| Patient or Care Navigator | 47 | 9 |
| Community Health Worker | 29 | 7 |
| **Health Information Technology** | **313** | **12** |
| Software Programmers | 113 | 3 |
| Hardware Maintenance | 23 | 3 |
| Technical Support | 92 | 3 |
| Health Information Technology Managers | 52 | 2 |
| Other | 33 | 1 |
| **Home Health Care** | **10,217** | **274** |
| Certified Home Health Aides | 7,978 | 163 |
| Other | 719 | 68 |
| Personal Care Aides (Level II) | 1,220 | 43 |
| Personal Care Aides (Level I) | 300 | 0 |
| **Janitors and Cleaners** | **301** | **10** |
| Janitors and Cleaners | 301 | 10 |
| **Midwifery** | **11** | **2** |
| Midwives | 11 | 2 |
| Other | 0 | 0 |
| **Nurse Practitioners** | **71** | **15** |
| Primary Care | 62 | 15 |
| Other Specialties (Except Psychiatric NPs) | 9 | 0 |
| **Nursing** | **3,398** | **408** |
| Staff Registered Nurses | 2,210 | 181 |
| Per Diem Staff Registered Nurses | 53 | 145 |
| Nurse Managers/Supervisors | 279 | 25 |
| Other Registered Nurses (Utilization Review, Staff Development, etc.) | 204 | 24 |
| Licensed Practical Nurses | 538 | 21 |
| Other | 114 | 13 |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | **300** | **52** |
| Other | 28 | 44 |
| RN Care Coordinators/Case Managers/Care Transitions | 251 | 8 |
| LPN Care Coordinators/Case Managers | 21 | 0 |
| **Oral Health** | **177** | **7** |
| Dental Assistants | 107 | 3 |
| Dentists | 52 | 3 |
| Dental Hygienists | 18 | 1 |
| Other | 1 | 0 |
| **Other Allied Health** | **1,176** | **65** |
| Other | 185 | 15 |
| Physical Therapists | 393 | 14 |
| Occupational Therapists | 124 | 9 |
| Speech Language Pathologists | 82 | 8 |
| Clinical Laboratory Technologists and Technicians | 77 | 6 |
| Respiratory Therapists | 35 | 3 |
| Pharmacy Technicians | 44 | 3 |
| Physical Therapy Assistants/Aides | 36 | 2 |

| | | |
|---|---|---|
| Nutritionists/Dieticians | 90 | 2 |
| Pharmacists | 45 | 2 |
| Optometrists | 35 | 1 |
| Occupational Therapy Assistants/Aides | 29 | 0 |
| **Patient Education** | **77** | **4** |
| Health Coach | 2 | 2 |
| Other | 35 | 1 |
| Health Educators | 35 | 1 |
| Certified Diabetes Educators | 3 | 0 |
| Certified Asthma Educators | 3 | 0 |
| **Physician Assistants** | **54** | **12** |
| Primary Care | 25 | 9 |
| Other Specialties | 29 | 3 |
| **Physicians** | **722** | **16** |
| Primary Care | 68 | 6 |
| Fellows | 8 | 6 |
| Other Specialties (Except Psychiatrists) | 26 | 3 |
| Primary Care (HIV) | 15 | 1 |
| Pediatrician (General) | 33 | 0 |
| Emergency Medicine | 0 | 0 |
| Endocrinologists | 0 | 0 |
| Residents | 550 | 0 |
| Cardiologists | 1 | 0 |
| Obstetricians/Gynecologists | 21 | 0 |
| **Social Worker Case Management/ Care Management** | **645** | **55** |
| Licensed Masters Social Workers | 223 | 33 |
| Social Worker Care Coordinators/Case Managers/Care Transition | 168 | 13 |
| Bachelors Social Workers | 142 | 6 |
| Licensed Clinical Social Workers | 63 | 3 |
| Other | 50 | 0 |
| **Grand Total** | **27,730** | **1,545** |

## 4. Current Workforce State Data – Total Reported Job Titles with CBA Status (Percentage) by Facility Type

**Exhibit 40: Article 28 Diagnostic & Treatment Centers**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Staff** | |
| Human Resources | 12.50% |
| Financial | 8.33% |
| **Administrative Support** | |
| Financial Service Representatives | 100.00% |
| Housekeeping | 100.00% |
| Office Clerks | 37.50% |
| Patient Service Representatives | 33.33% |
| Secretaries and Administrative Assistants | 16.67% |
| Coders/Billers | 14.29% |
| **Behavioral Health** | |
| Psychologists | 50.00% |
| Substance Abuse and Behavioral Disorder Counselors | 50.00% |
| Social and Human Service Assistants | 50.00% |
| Licensed Masters Social Workers | 33.33% |
| Licensed Clinical Social Workers | 20.00% |
| **Clinical Support** | |
| Patient Care Techs (Associates) | 100.00% |
| Medical Assistants | 25.00% |
| Emerging Titles | |
| Care Manager/Coordinator | 50.00% |
| **Health Information Technology** | |
| Software Programmers | 100.00% |
| Hardware Maintenance | 33.33% |
| Technical Support | 25.00% |
| Health Information Technology Managers | 16.67% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 40.00% |
| **Midwifery** | |
| Midwives | 33.33% |
| **Nursing** | |
| Per Diem Staff Registered Nurses | 50.00% |
| Licensed Practical Nurses | 50.00% |
| Staff Registered Nurses | 28.57% |
| **Oral Health** | |
| Dental Assistants | 18.18% |
| Dental Hygienists | 16.67% |
| **Other Allied Health** | |
| Pharmacy Technicians | 50.00% |
| Physical Therapy Assistants/Aides | 50.00% |
| Other | 50.00% |

| | |
|---|---|
| Optometrists | 33.33% |
| Physical Therapists | 16.67% |
| Speech Language Pathologists | 14.29% |
| **Patient Education** | |
| Other | 100.00% |
| **Physician Assistants** | |
| Primary Care | 16.67% |
| **Physicians** | |
| Other Specialties (Except Psychiatrists) | 12.50% |
| **Social Worker Case Management/ Care Management** | |
| Licensed Masters Social Workers | 20.00% |

**Exhibit 41: Article 28 Hospital**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Staff** | |
| Human Resources | 100.00% |
| Other | 100.00% |
| Financial | 100.00% |
| **Behavioral Health** | |
| Licensed Masters Social Workers | 100.00% |
| Licensed Clinical Social Workers | 100.00% |
| **Emerging Titles** | |
| Community Health Worker | 100.00% |
| Other | 100.00% |
| **Health Information Technology** | |
| Hardware Maintenance | 100.00% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 100.00% |
| **Nursing** | |
| Licensed Practical Nurses | 100.00% |
| **Oral Health** | |
| Dental Hygienists | 100.00% |
| **Patient Education** | |
| Health Educators | 100.00% |
| **Social Worker Case Management/ Care Management** | |
| Bachelors Social Workers | 100.00% |

**Exhibit 42: Home Care / Hospice**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Support** | |
| Coders/Billers | 33.33% |
| Secretaries and Administrative Assistants | 18.18% |
| Office Clerks | 15.38% |
| **Behavioral Health** | |
| Psychiatrists | 50.00% |
| Psychiatric Nurse Practitioners | 50.00% |
| Other | 40.00% |
| **Home Health Care** | |
| Personal Care Aides (Level II) | 42.86% |
| Certified Home Health Aides | 31.25% |
| Personal Care Aides (Level I) | 20.00% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 25.00% |
| **Nursing** | |
| Licensed Practical Nurses | 30.77% |
| Other Registered Nurses (Utilization Review, Staff Development, etc.) | 17.65% |
| Per Diem Staff Registered Nurses | 16.00% |
| Staff Registered Nurses | 13.04% |
| Other | 8.33% |
| **Other Allied Health** | |
| Physical Therapy Assistants/Aides | 20.00% |

**Exhibit 43: Hospital / ED**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Support** | |
| Dietary/Food Service | 100.00% |
| Patient Service Representatives | 100.00% |
| Housekeeping | 100.00% |
| **Clinical Support** | |
| Patient Care Techs (Associates) | 100.00% |
| Nurse Aides/Assistants (CNAs) | 100.00% |
| **Nursing** | |
| Staff Registered Nurses | 100.00% |
| Per Diem Staff Registered Nurses | 100.00% |
| Licensed Practical Nurses | 100.00% |
| **Nursing Care Managers/ Coordinators/Navigators/Coaches** | |
| RN Care Coordinators/Case Managers/Care Transitions | 100.00% |
| **Other Allied Health** | |
| Physical Therapists | 100.00% |
| Pharmacists | 100.00% |
| Speech Language Pathologists | 100.00% |
| Nutritionists/Dieticians | 100.00% |
| Pharmacy Technicians | 100.00% |
| Occupational Therapists | 100.00% |
| Physical Therapy Assistants/Aides | 100.00% |
| Respiratory Therapists | 100.00% |
| **Physician Assistants** | |
| Primary Care | 100.00% |
| Other Specialties | 100.00% |
| **Social Worker Case Management/ Care Management** | |
| Social Worker Care Coordinators/Case Managers/Care Transition | 100.00% |
| Licensed Masters Social Workers | 100.00% |

**Exhibit 44: Non-Licensed CBOs**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Staff** | |
| Other | 50.00% |
| **Administrative Support** | |
| Transportation | 100.00% |
| Dietary/Food Service | 71.43% |
| Office Clerks | 68.75% |
| Housekeeping | 64.29% |
| **Behavioral Health** | |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 100.00% |
| Licensed Clinical Social Workers | 88.89% |
| Other | 87.50% |
| Licensed Masters Social Workers | 83.33% |
| Social and Human Service Assistants | 68.75% |
| Psychologists | 54.55% |
| Substance Abuse and Behavioral Disorder Counselors | 50.00% |
| **Emerging Titles** | |
| Peer Support Worker | 73.33% |
| Care Manager/Coordinator | 18.18% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 68.75% |
| **Nursing** | |
| Staff Registered Nurses | 53.85% |
| Licensed Practical Nurses | 20.00% |
| **Other Allied Health** | |
| Other | 50.00% |

**Exhibit 45: Nursing Homes / SNFs**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Support** | |
| Dietary/Food Service | 57.14% |
| Housekeeping | 50.00% |
| Office Clerks | 50.00% |
| Coders/Billers | 50.00% |
| **Clinical Support** | |
| Patient Care Techs (Associates) | 100.00% |
| Nurse Aides/Assistants (CNAs) | 42.86% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 50.00% |
| **Nursing** | |
| Licensed Practical Nurses | 44.44% |
| Per Diem Staff Registered Nurses | 33.33% |
| Staff Registered Nurses | 22.22% |
| **Oral Health** | |
| Dental Assistants | 100.00% |
| Dental Hygienists | 100.00% |
| **Other Allied Health** | |
| Pharmacy Technicians | 100.00% |
| Pharmacists | 100.00% |
| Physical Therapy Assistants/Aides | 16.67% |
| Nutritionists/Dieticians | 14.29% |
| Occupational Therapists | 14.29% |
| Physical Therapists | 14.29% |
| **Social Worker Case Management/ Care Management** | |
| Licensed Masters Social Workers | 50.00% |
| Licensed Clinical Social Workers | 33.33% |

**Exhibit 46: "Other" Facility Types**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| Administrative Staff | |
| Other | 57.14% |
| Administrative Support | |
| Transportation | 100.00% |
| Housekeeping | 85.71% |
| Office Clerks | 80.00% |
| Dietary/Food Service | 75.00% |
| Other | 10.00% |
| **Behavioral Health** | |
| Social and Human Service Assistants | 88.89% |
| Other | 75.00% |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 75.00% |
| Licensed Masters Social Workers | 71.43% |
| Licensed Clinical Social Workers | 66.67% |
| Psychologists | 60.00% |
| **Clinical Support** | |
| Medical Assistants | 100.00% |
| **Emerging Titles** | |
| Peer Support Worker | 100.00% |
| Care Manager/Coordinator | 33.33% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 66.67% |
| **Nursing** | |
| Staff Registered Nurses | 75.00% |
| Licensed Practical Nurses | 60.00% |
| **Other Allied Health** | |
| Other | 60.00% |
| **Social Worker Case Management/ Care Management** | |
| Social Worker Care Coordinators/Case Managers/Care Transition | 50.00% |
| Bachelors Social Workers | 33.33% |

**Exhibit 47: Article 31 Outpatient**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Staff** | |
| Other | 62.50% |
| Financial | 14.29% |
| Human Resources | 12.50% |
| **Administrative Support** | |
| Transportation | 100.00% |
| Office Clerks | 83.33% |
| Housekeeping | 75.00% |
| Secretaries and Administrative Assistants | 12.50% |
| **Behavioral Health** | |
| Social and Human Service Assistants | 100.00% |
| Psychologists | 66.67% |
| Other Mental Health/Substance Abuse Titles Requiring Certification | 50.00% |
| Licensed Masters Social Workers | 50.00% |
| Other | 50.00% |
| Licensed Clinical Social Workers | 25.00% |
| **Clinical Support** | |
| Medical Assistants | 100.00% |
| **Emerging Titles** | |
| Peer Support Worker | 80.00% |
| Care Manager/Coordinator | 60.00% |
| **Health Information Technology** | |
| Hardware Maintenance | 100.00% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 83.33% |
| **Nursing** | |
| Licensed Practical Nurses | 100.00% |
| Staff Registered Nurses | 50.00% |
| **Other Allied Health** | |
| Other | 50.00% |
| **Social Worker Case Management/ Care Management** | |
| Bachelors Social Workers | 50.00% |
| Social Worker Care Coordinators/Case Managers/Care Transition | 50.00% |
| Licensed Masters Social Workers | 33.33% |

**Exhibit 48: Article 32 Outpatient**
**CBA Status Reported by Job Title**

| Job Title | Reported CBA Status (%) |
|---|---|
| **Administrative Staff** | |
| Other | 100.00% |
| Financial | 100.00% |
| Human Resources | 50.00% |
| Executive Staff | 25.00% |
| **Administrative Support** | |
| Secretaries and Administrative Assistants | 33.33% |
| **Emerging Titles** | |
| Peer Support Worker | 100.00% |
| **Janitors and Cleaners** | |
| Janitors and Cleaners | 100.00% |
| **Nursing** | |
| Licensed Practical Nurses | 100.00% |
| Social Worker Case Management/ Care Management | |
| Licensed Clinical Social Workers | 100.00% |
| Licensed Masters Social Workers | 100.00% |