

Emerging Workforce Developments: Keeping Pace With New York's Evolving Health Care Delivery System

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The Center for Health Workforce Studies at the University at Albany, SUNY

- Established in 1996
- A center of the UAlbany School of Public Health
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- Broad array of funders in support of health workforce research

Today's Presentation

- Health care delivery transformation
- Health reform impacts on health workforce
- Workforce issues and challenges
- Data and information on the home care workforce
- Planning for the future

The Changing Health Care Landscape

Goals of health reform

- To increase access to basic health care services
- To provide high quality, cost-effective care
- To improve population health

What Changes With Health Reform?

- Shift in focus away from acute care to primary and preventive care
- Service integration: primary care, behavioral health and oral health
- Better coordination of care
- Payment reform, moving away from fee-for service and toward value based payment
 - incentives for keeping people healthy and penalties for poor outcomes, eg, inappropriate hospital readmissions

New York's Health Reform Programs

	Delivery System Reform Incentive Payment (DSRIP) Program	State Health Innovation Plan (SHIP) State Improvement Model
Goals	<ul style="list-style-type: none"> • Large-scale reform of the delivery system accountable for safety net patients • 25% reduction in avoidable hospital use over 5 years 	<ul style="list-style-type: none"> • Integrated, value-based care through population health-based care delivery models and payment innovation • 80% of New Yorkers impacted within 5 years
Scope	<ul style="list-style-type: none"> • All providers that qualify as Safety Net providers, along with coalitions (PPS) of other proximate providers • All Medicaid patients attributed to those coalitions 	<ul style="list-style-type: none"> • All primary care practices • All payers • All New Yorkers
Units	<ul style="list-style-type: none"> • Provider Performing Systems (PPSs) 	<ul style="list-style-type: none"> • Primary care practices (of any size or affiliation)
Payment models	<ul style="list-style-type: none"> • Provider incentive payments based on project milestones and outcomes; Value Based Payment 	<ul style="list-style-type: none"> • Range of payment models, unique to payers but aligned across them, including P4P, shared savings, capitation, etc.

Workforce Implications of Health Reform

- New models of care are increasing in number (Patient Centered Medical Homes, Accountable Care Organizations, Preferred Provider Systems)
- Team-based approaches to care are frequently used in these models
- Team composition and roles vary, depending on the patient population
- Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

Multidisciplinary Teams Shown to Have Positive Impacts on Patient Outcomes

- “The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care.”

Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
 - Higher levels of patient satisfaction
 - Better clinical outcomes
- The most effective and efficient teams demonstrate a substantial amount of shared responsibility (scope overlap)

Home Care Innovations to Support At-Risk Patients

- **Key goal: Improved management of chronically ill patients**
 - **fewer unnecessary ED visits and hospitalizations**
- **New home care activities:** increasing involvement with care transitions, care coordination and using 24/7 call centers
- **Increasing use of technology** to stabilize and maintain patients at home
- **New workforce strategies:** use of nurse practitioners, expanded and advanced roles for home health aides (eg, health coaches, navigators, etc.), more support for family care givers

Barriers to Home Care Innovations

- Failure to recognize the value of home care to improve outcomes for chronically ill at-risk patients
 - Few home care agencies play key roles in DSRIP planning activities
 - Challenging to build collegial relationships with providers, particularly those in different settings
- Competition from other providers
- Technology limitations: interoperability issues
- Data gaps
- Adequate reimbursement to cover the cost of services

Facilitators of Home Care Innovations

- Measurable outcomes – reduced ED visits and avoidable readmissions
- Integration of home care in health care delivery systems
- Emerging technology to facilitate care and to engage patients

What Are the Workforce Issues We Face?

- Workforce maldistributions, particularly in underserved areas and for certain populations
- Health workforce is not always prepared for team-based care
- Health workforce is not often trained in emerging functions
- Scope of practice restrictions

Interest in Scope of Practice (SOP) Regulation is Increasing

- Effective team based models of care rely on shared responsibility, ie, scope overlap
- SOP restrictions can interfere with effective team function
- Recognition that SOP regulation impacts on cost, quality and access to health services

What is Scope of Practice?

- Professional scope of practice, ie, professional competence, describes the services that a health professional is trained and competent to perform
- Legal scope of practice, based on state-specific practice acts, defines what services a health professional can and cannot provide under what conditions in a given state
- Legal scope of practice and professional competence overlap, but amount of overlap varies by state and by profession

Issues With State Based Health Professions Regulation

- Mismatches between professional competence and state-specific legal scopes of practice
- Lack of uniformity in legal scopes of practice across states for some health professions
- The process for changing state-specific scope of practice is slow and adversarial

State to State SOP Variation: Nurse Practitioners



View the interactive version online:
www.bartonassociates.com/np-laws

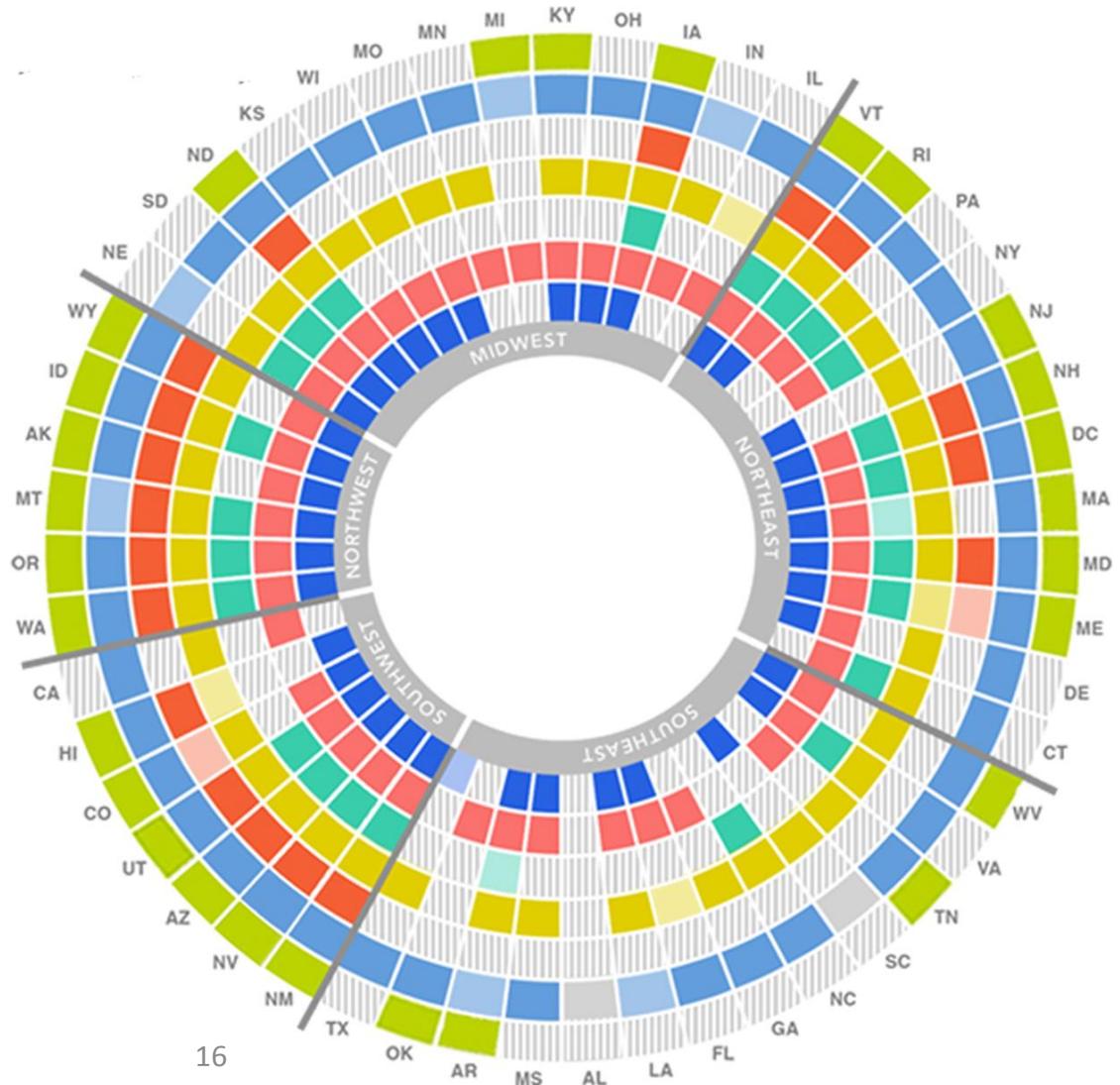
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DISCLAIMER

This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org
 The 2012 Pearson Report - www.webnponline.com
 The Nurse Practitioner's 24th Annual Legislative Update - www.tnpj.com

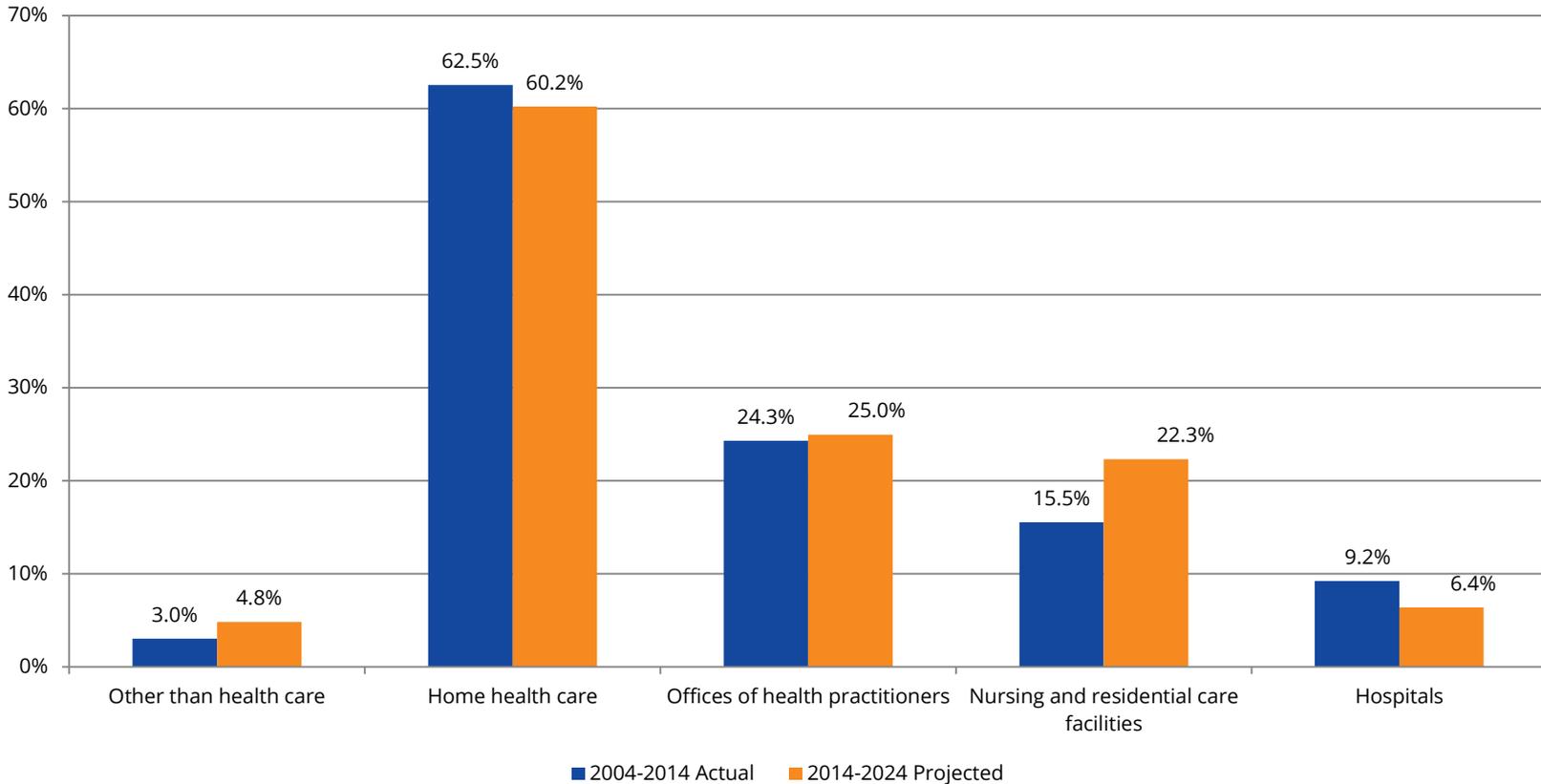


States Are Adopting Their Own Strategies to Expand Access to Health Services

- + Designed to address local needs and can account for factors unique to that state
- Continues to contribute to state-to-state variation in SOP, training, qualifications for similar titles
- As states learn from each other, there will be more consistency in state regulations for professions over time

Home Care Workforce Data and Research

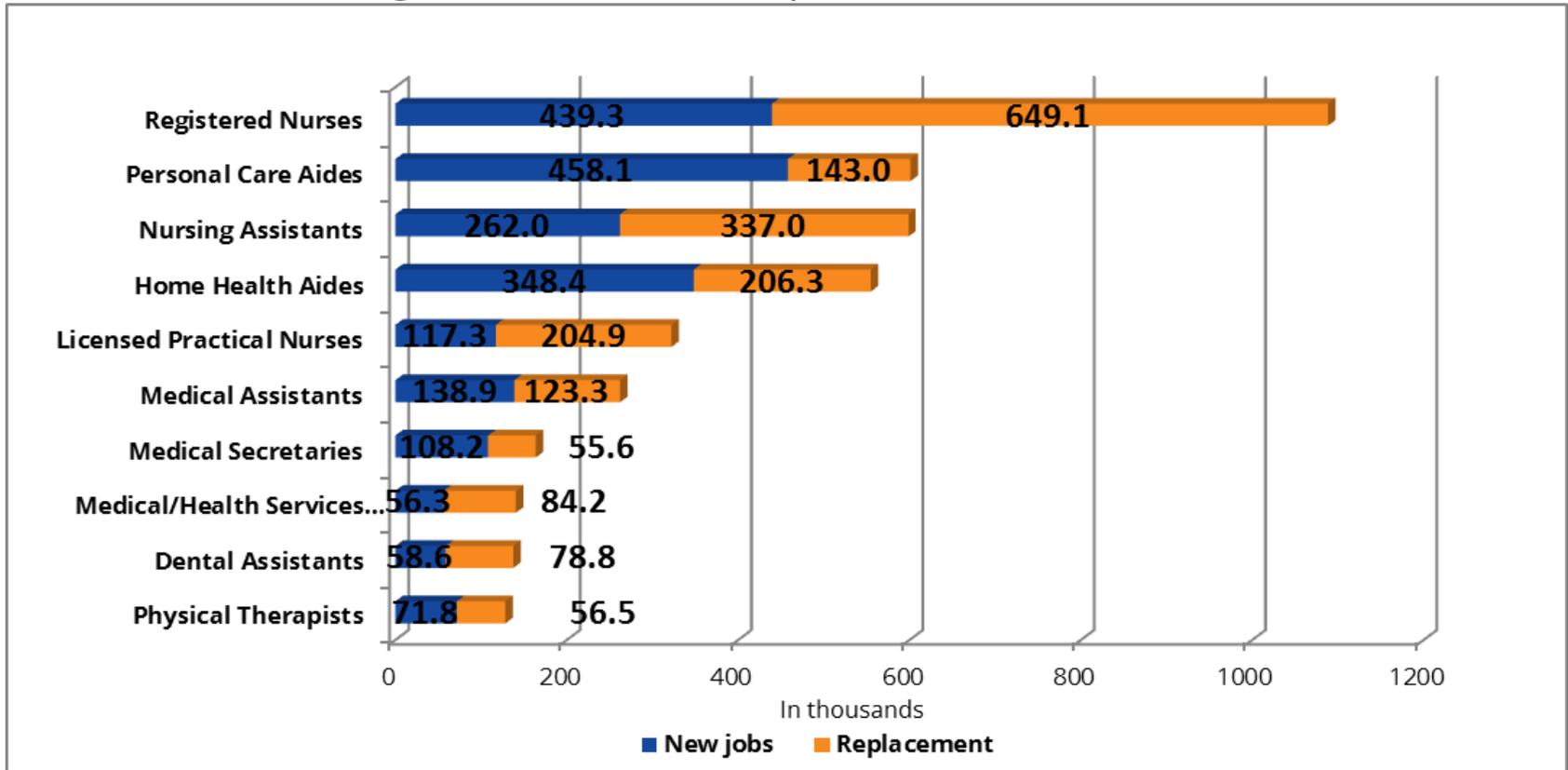
Average Annual Job Growth in U.S. for Selected Health Sector Settings, 2004-2014 and 2014-2024



Source: US Department of Labor, Bureau of Labor Statistics. Employment Projections program: Table 1.9, 2014-24 Industry-Occupation Matrix Data, by Industry; and Table 2.7, Employment and Output by Industry

Between 2014 and 2024, Demand for Personal Care Aides and Home Health Aides Is Expected to Grow

Fastest Growing Health Care Occupations, 2014-2024 (in Thousands)



Source: US Department of Labor, Bureau of Labor Statistics. Employment Projections program: Table 1.9, 2014-24 Industry-Occupation Matrix Data, by Industry

Between 2000 and 2014, Home Care Jobs in New York Grew the Fastest

Health Care Jobs in New York by Setting, 2000 & 2014

Setting	2000	2014	Number Change	Percent Change
Hospitals	410,300	437,325	27,025	6.59%
Ambulatory care (excluding home health)	245,600	319,470	73,870	30.08%
Nursing home and personal care facilities	143,200	159,819	16,619	11.61%
Home health care	64,600	152,256	87,656	135.69%
Total	863,700	1,068,870	205,170	23.75%

Source: New York State Department of Labor, ES-202 Data

Variable Job Growth in Regional Home Health Care Employment in New York

Home Health Care Employment in New York by Department of Labor Region, 2010 & 2014

Region	2010	2014	Change Between 2010 and 2014	
			Number	Percent
Capital District	3,049	3,419	370	12.14%
Central New York	1,404	2,142	738	52.56%
Finger Lakes	3,473	3,589	116	3.34%
Hudson Valley	9,499	11,037	1,538	16.19%
Long Island	13,120	16,649	3,529	26.90%
Mohawk Valley	1,416	1,365	-51	-3.60%
New York City	74,711	107,005	32,294	43.23%
North Country	532	837	305	57.33%
Southern Tier	1,102	1,061	-41	-3.72%
Western New York	4,892	5,152	260	5.31%
Total	113,429	152,256	38,827	34.23%

Recruitment Difficulties Reported by New York's Home Health Agencies in 2014

- Most difficult to recruit (on a scale of 1-5, with 5 as 'most difficult')
 - Occupational Therapists (4.1)
 - Speech-Language Pathologists (3.9)
 - Physical Therapists (3.8)
 - Dietitians/Nutritionists (3.8)
 - Experienced RNs (3.8)
 - Personal Care Aides (3.2)
 - Home Health Aides (3.0)

Retention Difficulties Reported by New York's Home Health Agencies in 2014

- Most difficult to retain (on a scale of 1-5, with 5 as 'most difficult')
 - Experienced RNs (3.4)
 - Respiratory Therapists (3.2)
 - Speech-Language Pathologists (3.1)
 - Personal Care Aides (3.1)
 - Occupational Therapists (3.0)
 - Physical Therapists (3.0)
 - Licensed Clinical Social Workers (3.0)
 - Newly licensed RNs (3.0)

Growing Demand Projected for Many Occupations in Home Care

Employment Projections for Selected Health Occupations in New York, 2014-2024

Occupation	2014	2024	Change Between 2014 and 2024		Average Annual Openings
			Number	Percent	
Home Health Aides	161,970	235,510	73,340	45.3%	10,992
Personal Care Aides	164,700	215,950	51,250	31.1%	6,457
Registered Nurses	183,210	214,460	31,250	17.1%	7,447
Social Workers *	24,790	30,870	6,080	24.5%	1,204
Physical Therapists	16,740	21,650	4,910	29.3%	939
Speech-Language Pathologists	10,960	13,320	2,360	21.5%	512
Occupational Therapists	9,760	11,940	2,180	22.3%	407

* Includes health care, mental health, and substance abuse social workers

Source: New York State Department of Labor, Labor Statistics, Long-Term Employment Projections, 2014-2024

Key Workforce Issues

- Need to develop strategies to better prepare the health workforce for emerging models of care
 - Working on teams
 - Ambulatory care, primary care
 - New roles and functions – population health, data analytics, care coordination
- Address statutory and regulatory barriers to effective team-based care
- Consider workforce strategies that can effectively address the maldistribution of health care workers

As We Plan for the Future

- Use data and evidence to inform decisions
- Build strategic partnerships
- Develop capacity for team based care and equip workers with the knowledge and skills to address the health care needs of the population
- Explore innovative approaches to training and service delivery
- Evaluate the impacts of these efforts on cost, quality and access to care

Questions?

- Visit the Center's website at: <http://www.chwsny.org/>

