

# Health Workforce Monitoring: The New York Experience

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## ***Florida Healthcare Workforce Summit***

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Jean Moore, DrPH, MSN  
Center for Health Workforce Studies  
School of Public Health | University at Albany, SUNY  
[jean.moore@health.ny.gov](mailto:jean.moore@health.ny.gov)



# Impacts of Health Reform

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- 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
- Team based models of care

# New York's Health Reform Programs

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

# Health Workforce Research Questions of Interest

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- Used to be siloed, profession-specific research: how many? where? do we have enough?
- Health reform changed that
  - Shift in focus to primary care and prevention
  - Greater concern with cost, quality and access
- Now we ask broader questions: what do patients need; what are the best workforce strategies to deliver these services?
  - State-specific oral health access issues and potential workforce strategies
  - Use of telehealth services by providers in New York, barriers and facilitators
  - Medicaid claims analysis to better understand commuting patterns for care

# New York Center for Health Workforce Studies

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- Academic health workforce research center based at a public university
  - Key partners/funders
    - State (Health, SUNY, Education, Labor)
    - Provider associations
    - Health labor unions
- Primarily responsible for monitoring New York's health workforce using primary and secondary data
- <http://www.chwsny.org/>

# Health Workforce Data Collection and Analysis

## What Do We Need to Know?

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- **Supply and distribution:** How many, where, what do they do
- **Educational Pipeline:** graduates per year, in-state retention
- **Demand:** recruitment and retention difficulties by provider type and by region

# Primary Data Collection Strategies

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- Health workforce supply: on-going re-registration surveys using Minimum Data Set guidelines
  - Mandatory: nurse practitioners
  - Voluntary: physicians, physician assistants, midwives, RNs, dentists, dental hygienists
- Educational pipeline: survey of programs and/or surveys of new graduates
  - Annual Nursing Deans and Directors survey
  - Annual Resident Exit survey
- Demand: annual recruitment and retention surveys of health care providers
  - Hospitals
  - Home care agencies
  - Nursing homes
  - Community health centers

# Secondary Data Sources that Support Health Workforce Research

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- American Community Survey (U.S. Census)
- Area Health Resource File (HRSA)
- Behavioral Risk Factor Surveillance System (CDC)
- Bureau of Labor Statistics
  - Occupational Employment Statistics
- National Provider Identifier (NPI) Registry



# Secondary Data Sources that Support Health Workforce Research

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- Medical Expenditure Panel Survey (AHRQ)
- Integrated Postsecondary Education Data System (NCES)
- National Sample Survey of RNs & NPs (HRSA)
- Propriety databases (eg, AMA Masterfile, SK&A)

# Transforming Data into Information

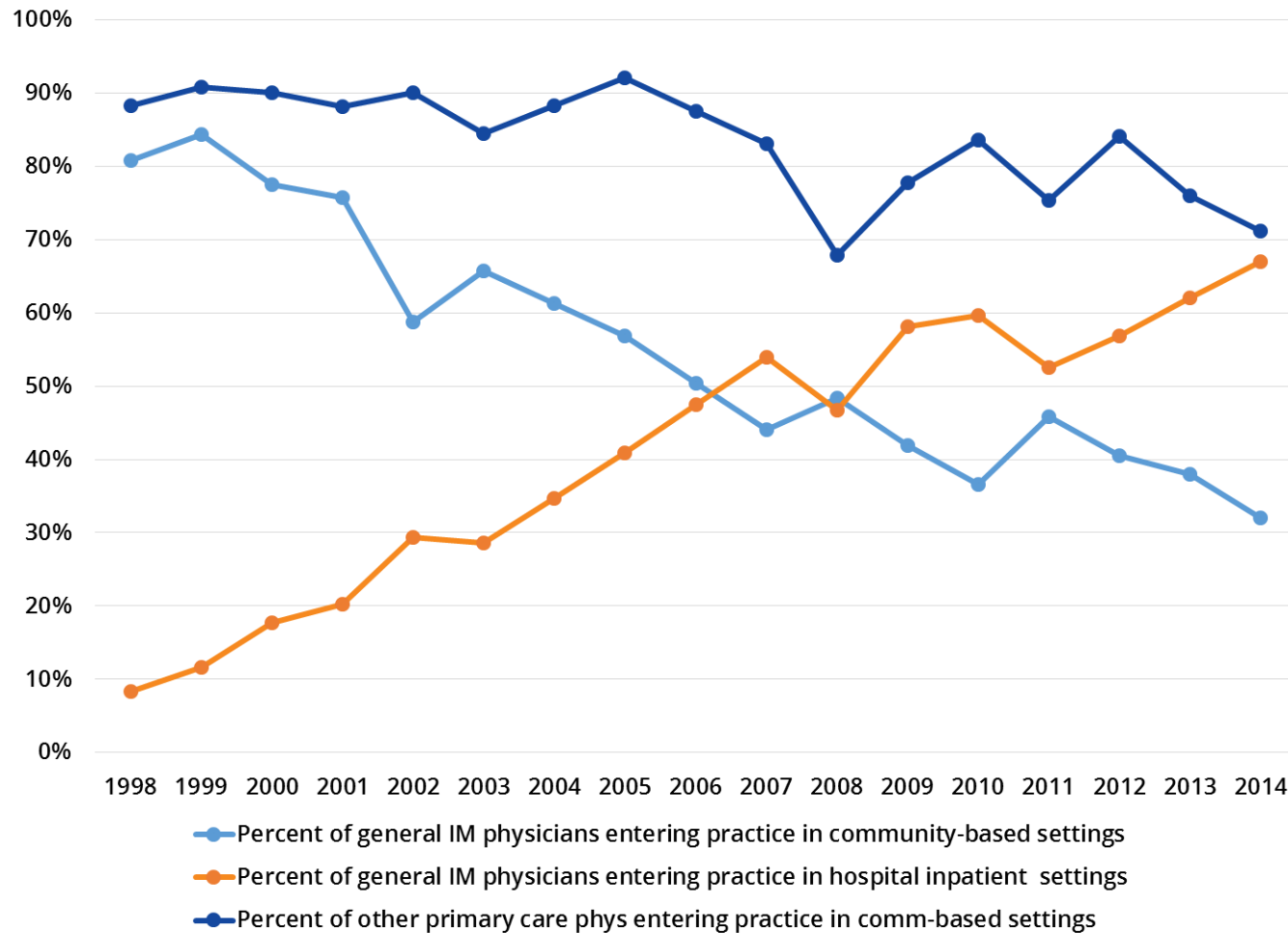
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- To support local, regional and state health workforce planning efforts
  - Describe supply, distribution, characteristics of health professionals
  - Identify shortage areas
- To inform health workforce programs and policies
  - Doctors Across New York
  - Primary Care Services Corps

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# What Are We Learning?

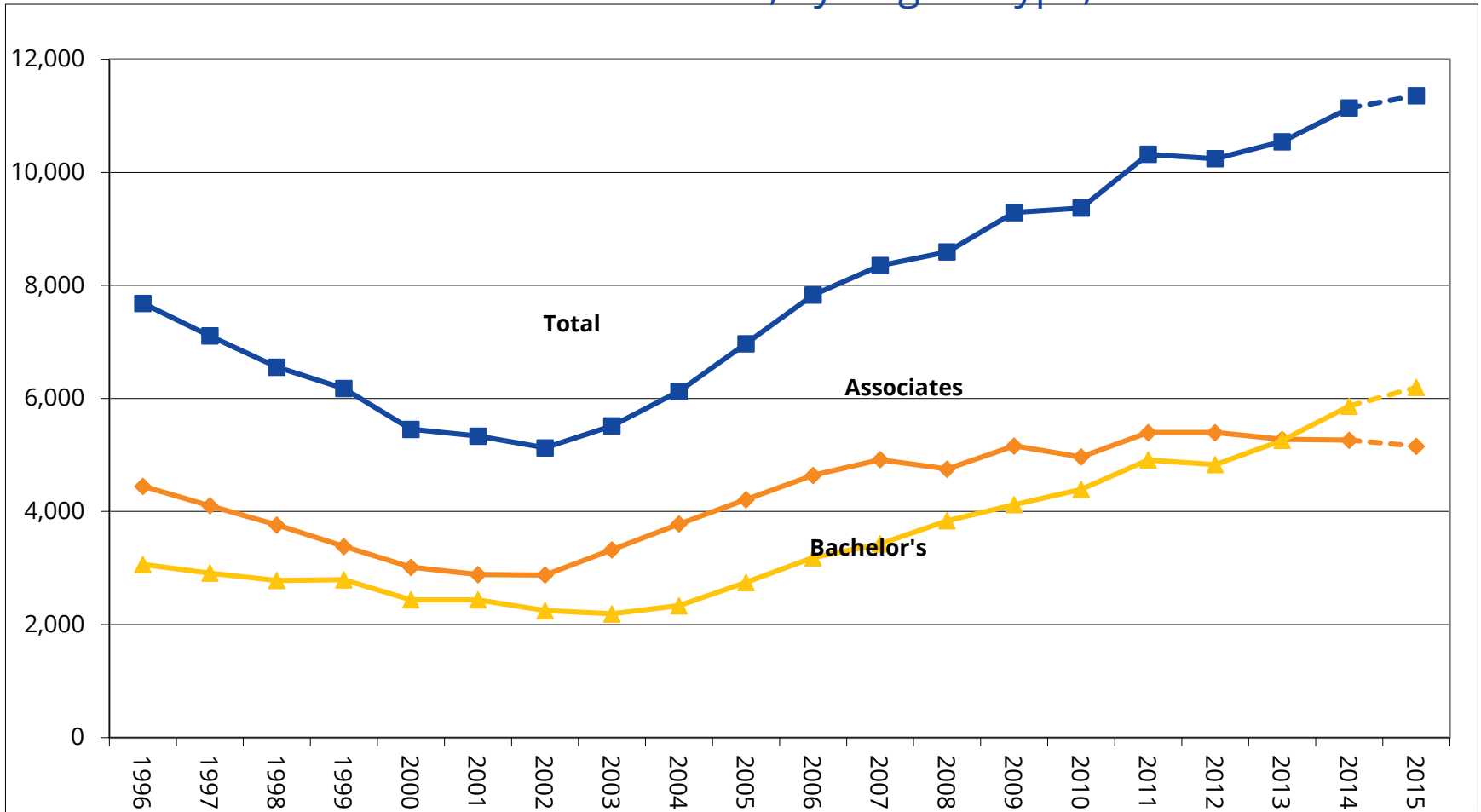
# More New PC Physicians Plan to Work in Inpatient Settings in New York



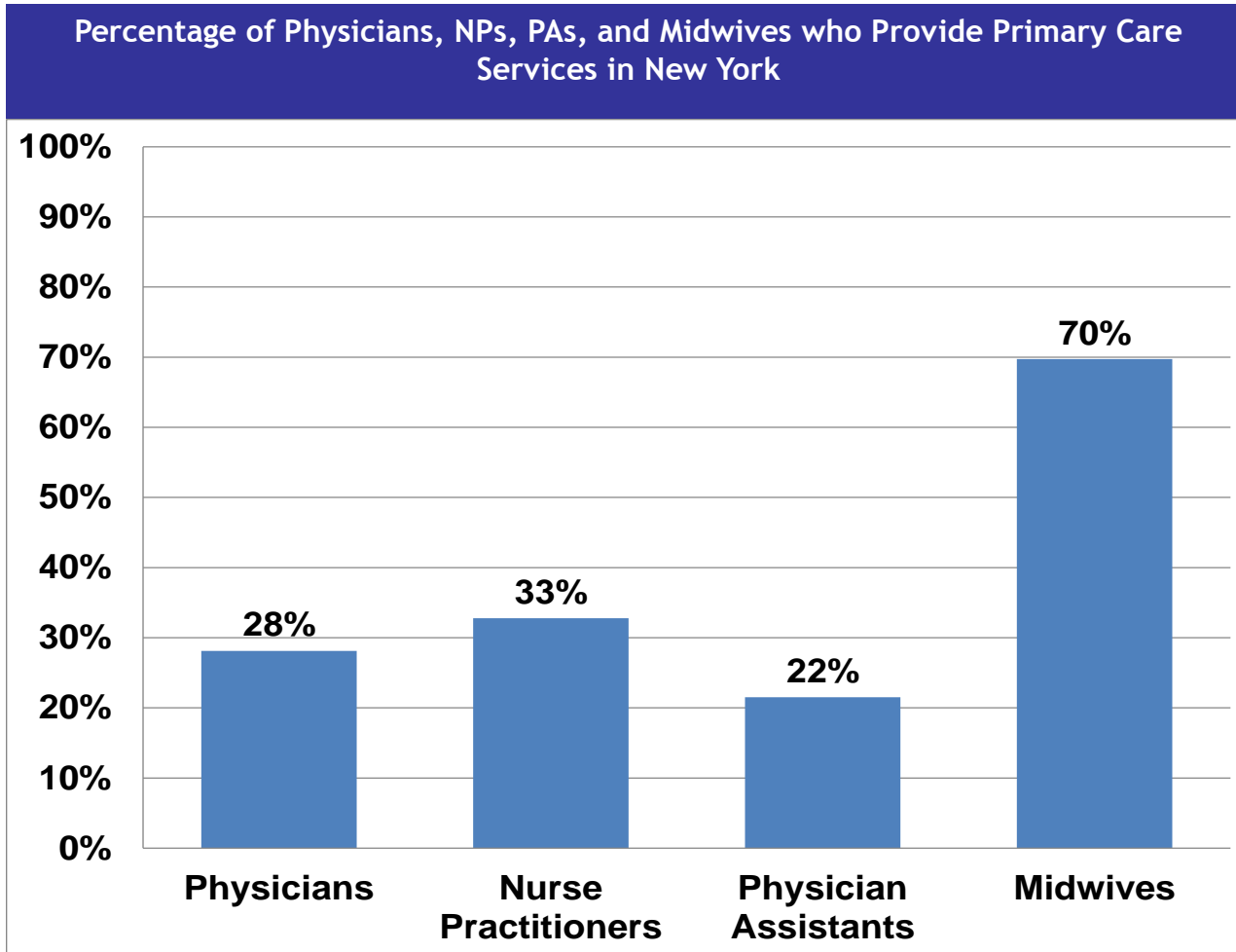
Source: Center for Health Workforce Studies

# Nursing Deans Survey Tracks Growing Number of RN Graduations in New York

New York RN Graduations, by Degree Type, 1996-2015



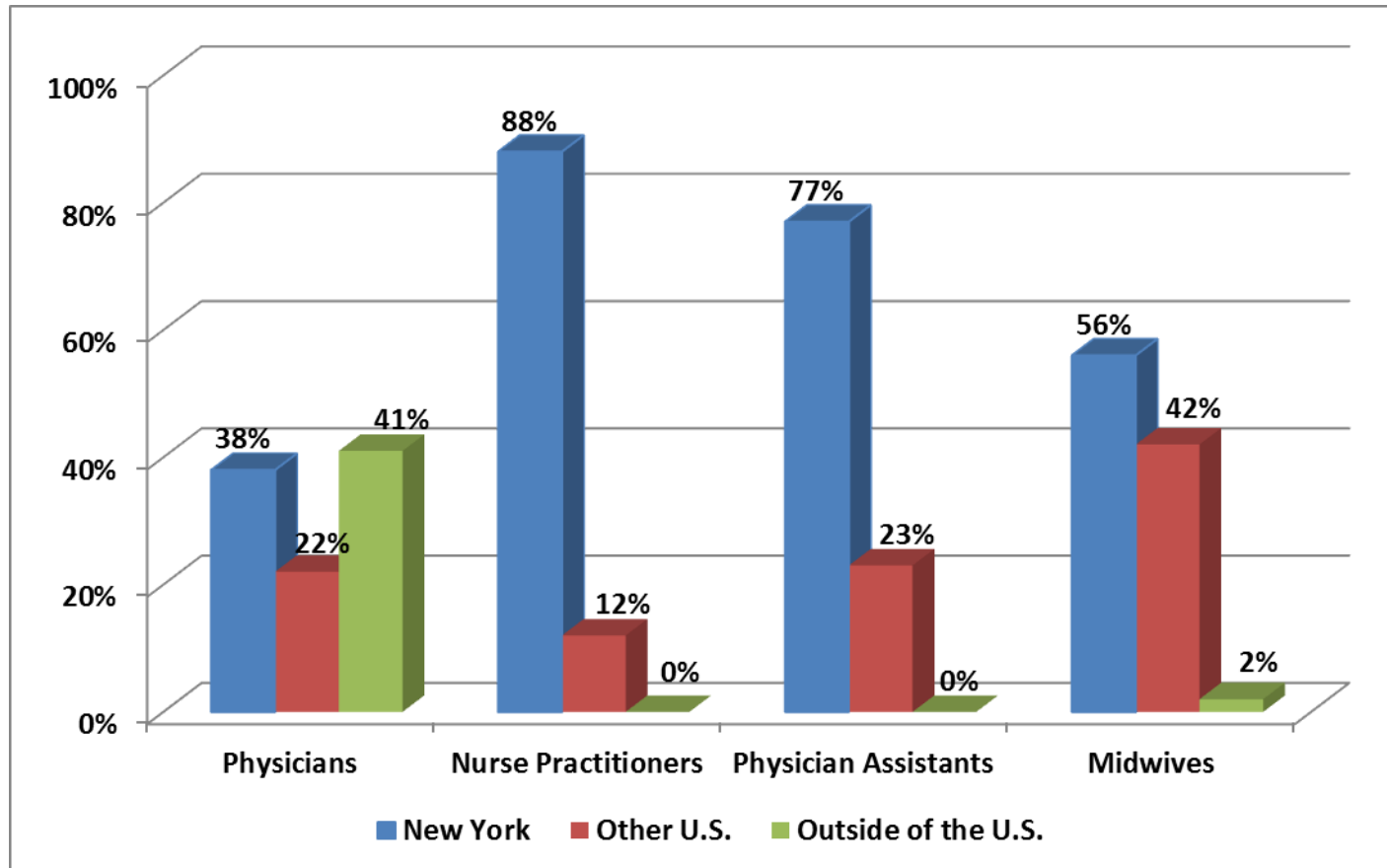
# Who Are New York's Primary Care Practitioners?



Source: Center for Health Workforce Studies

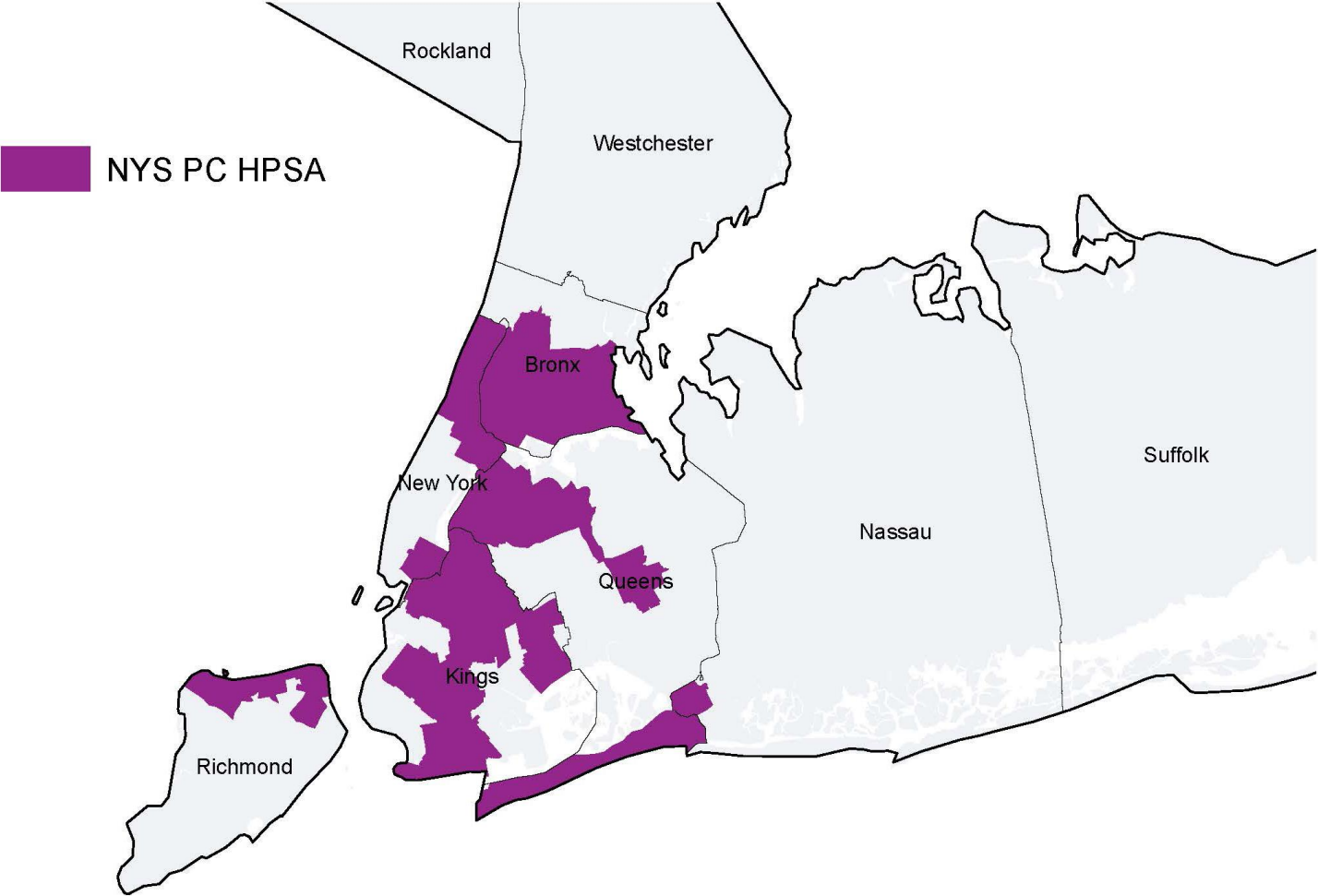
# Are We Growing Our Own Primary Care Practitioners?

## Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY



Source: Center for Health Workforce Studies

# Primary Care Health Professional Shortage Areas in New York City





# Demand Surveys Provide Evidence of HWF Recruitment and Retention Issues

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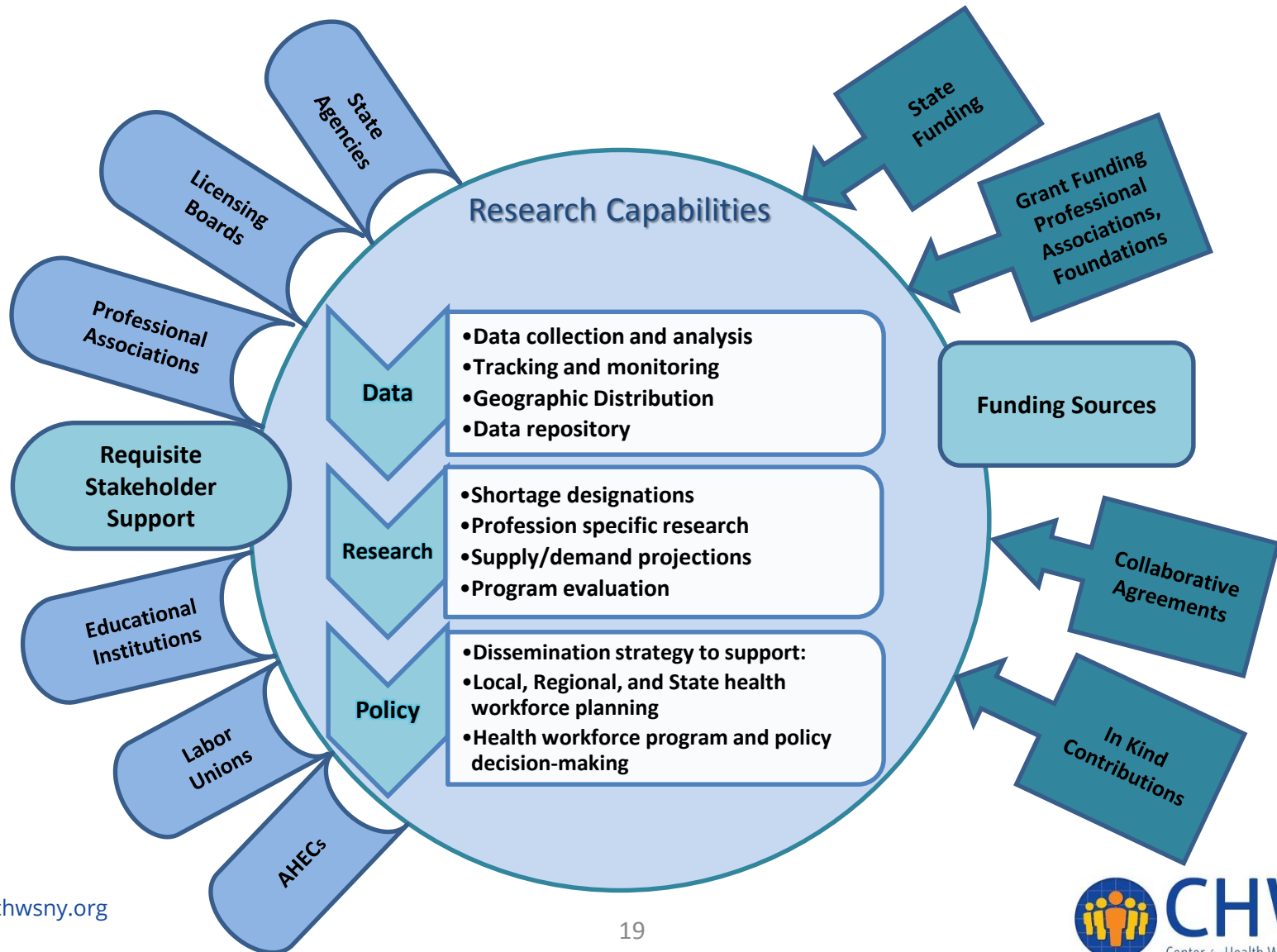
- Conducted in collaboration with provider associations
- In 2015, NY providers reported:
  - All providers: experienced RNs hard to recruit, but newly trained RNs are not
  - Hospitals: Hard to recruit and retain clinical laboratory technologists, HIT staff and medical coders
  - Nursing homes and home health: Hard to recruit occupational therapists, physical therapists, speech language pathologists, dietitians/nutritionists
  - Community health centers: Hard to recruit dentists, geriatric nurse practitioners and psychiatric nurse practitioners

# Requirements for Effective State Health Workforce Planning

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- Collaboration among key stakeholders
  - Public/private partnerships
  - Agree to disagree
- Consensus on the value of data and objective research to inform state workforce policy
- Collective commitment to a plan for health workforce data collection and analysis
- Secure long-term support for health workforce monitoring

# Critical Needs for Successful Workforce Planning Efforts



# Long Term Sustainability

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- Build sustainable strategic partnerships among stakeholders
- Secure stable funding
- Stay relevant, using data and research to inform strategies to address workforce issues facing the state
- Evaluate impacts of the state's workforce policies and programs on health outcomes and population health

# CHWS Cooperative Agreements with HRSA

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- Health Workforce Technical Assistance Center
  - Goal: to support the efforts of National Center for Health Workforce Analysis
  - Provides technical assistance to states and others engaged in health workforce planning

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# Thank You

## Questions?

- Visit us on:

