

# Health Workforce Monitoring: The New York Experience

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## *Florida Healthcare Workforce Summit*

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# 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 (e.g., AMA Masterfile, SK&A)**

# Transforming Data into Information

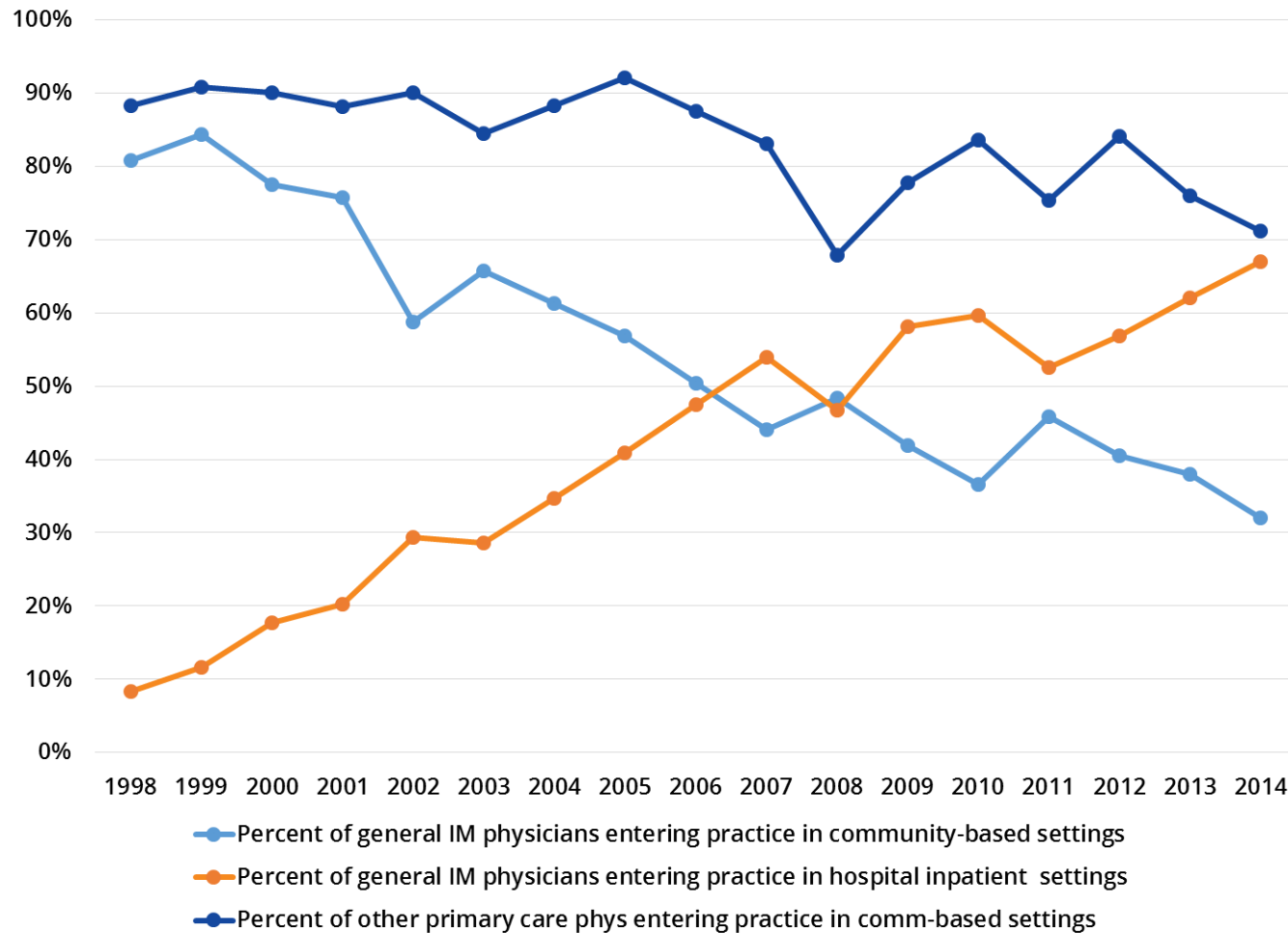
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- **To support local, regional and state health workforce planning efforts**
  - Describe supply, distribution, characteristics of health professionals
  - Identify shortage areas
- **To inform health workforce programs and policies**
  - Doctors Across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

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# What Are We Learning?

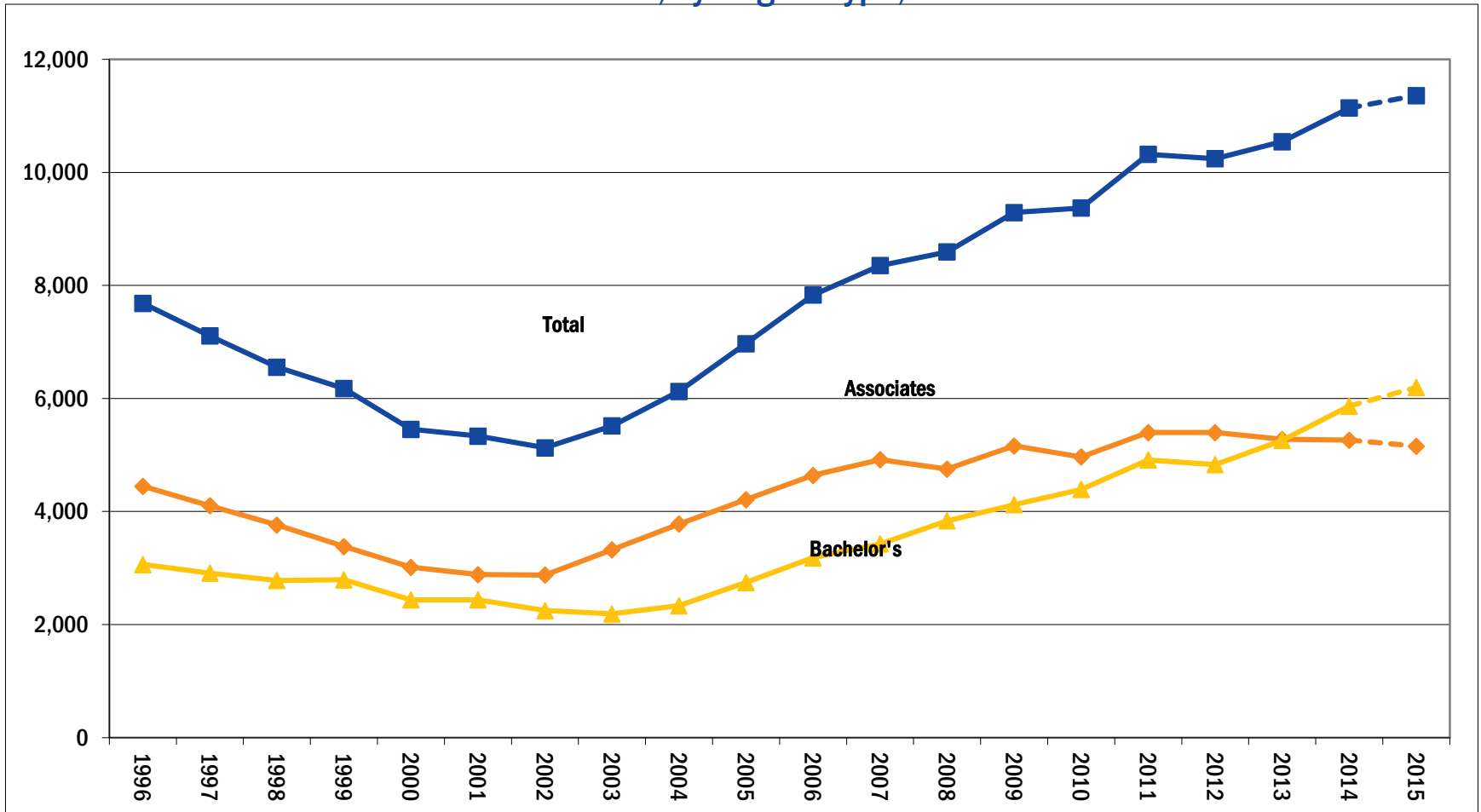
# More New PC Physicians Plan to Work in Inpatient Settings in New York



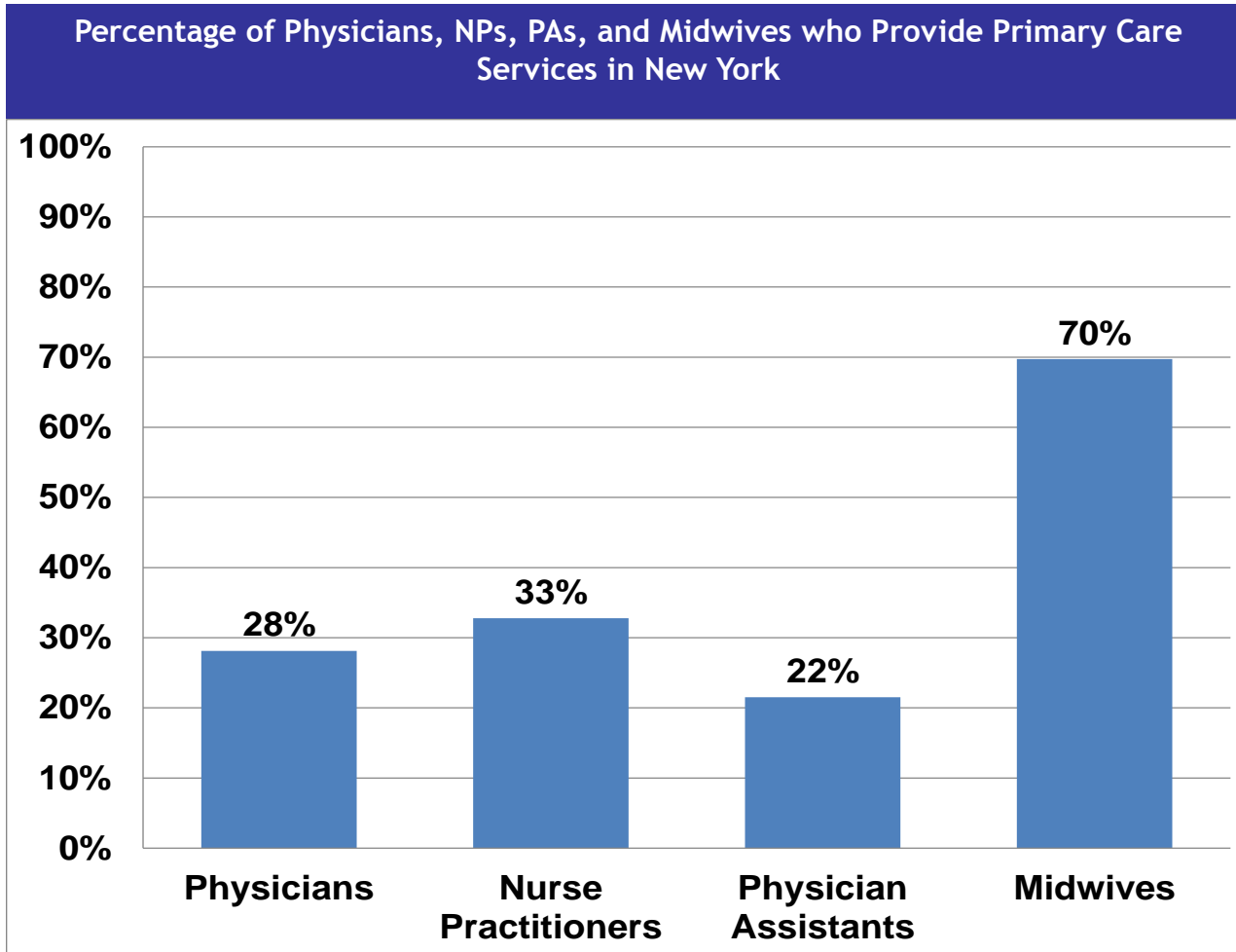
Source: Center for Health Workforce Studies

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

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



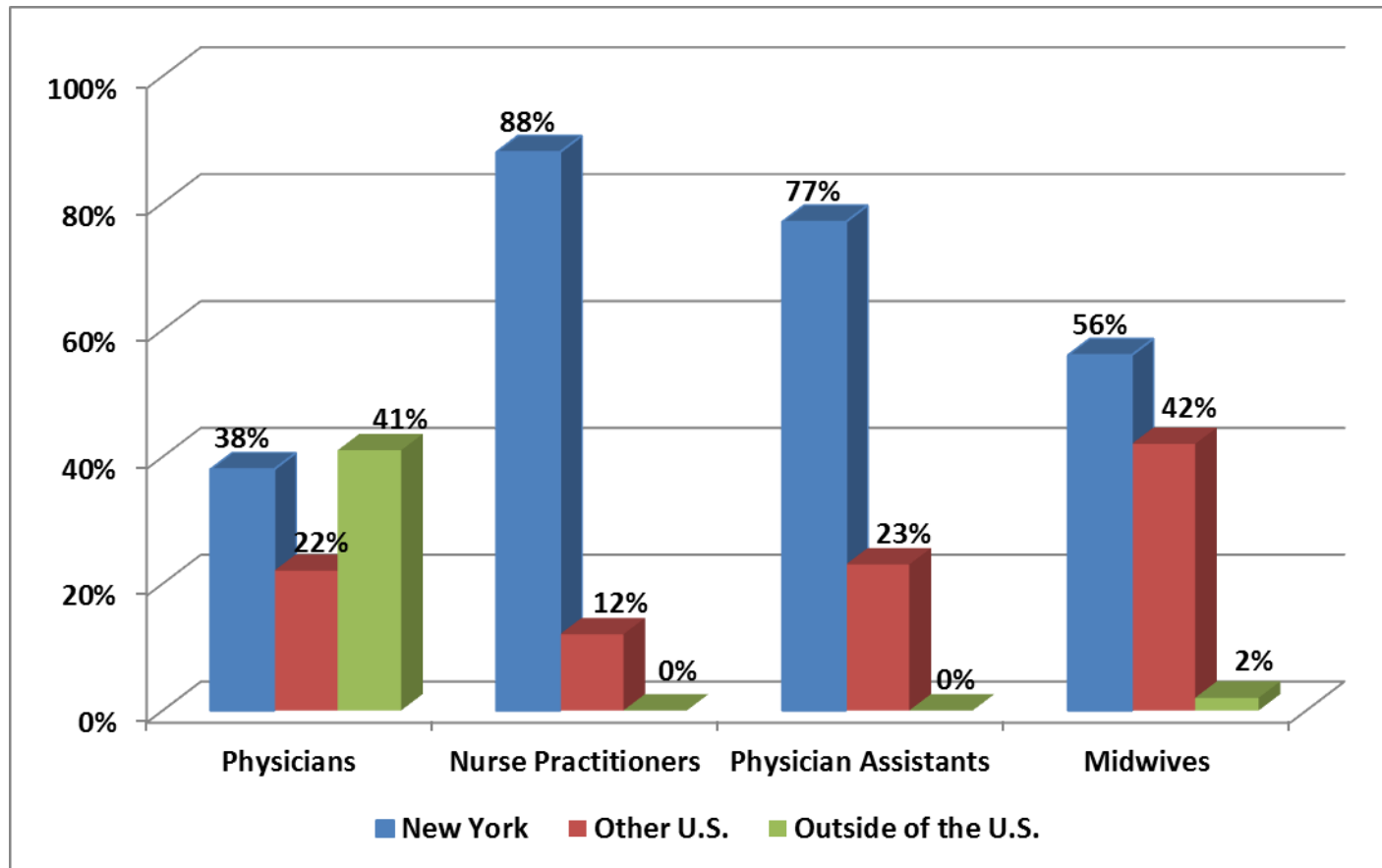
# Who Are New York's Primary Care Practitioners?



Source: Center for Health Workforce Studies

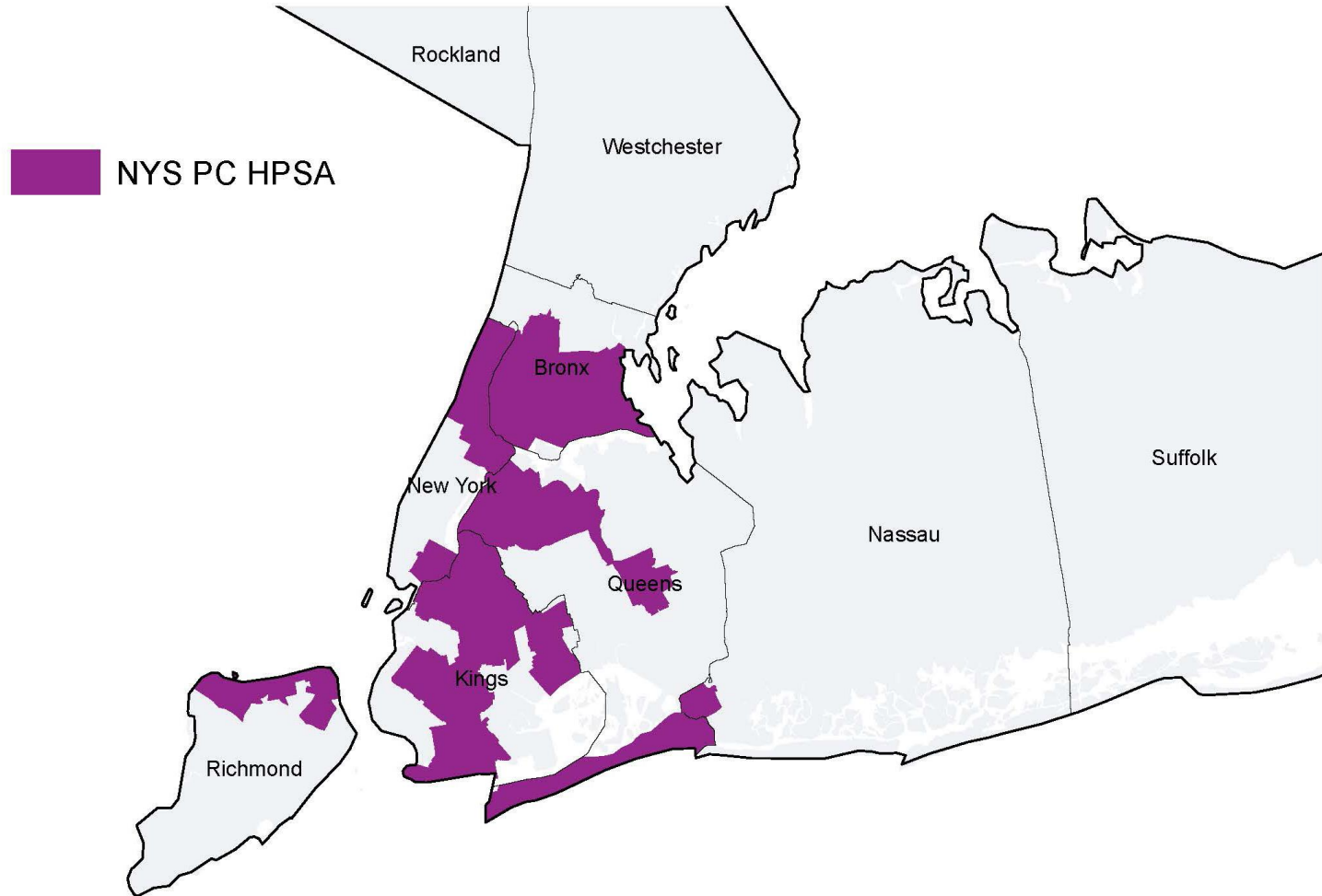
# Are We Growing Our Own Primary Care Practitioners?

## 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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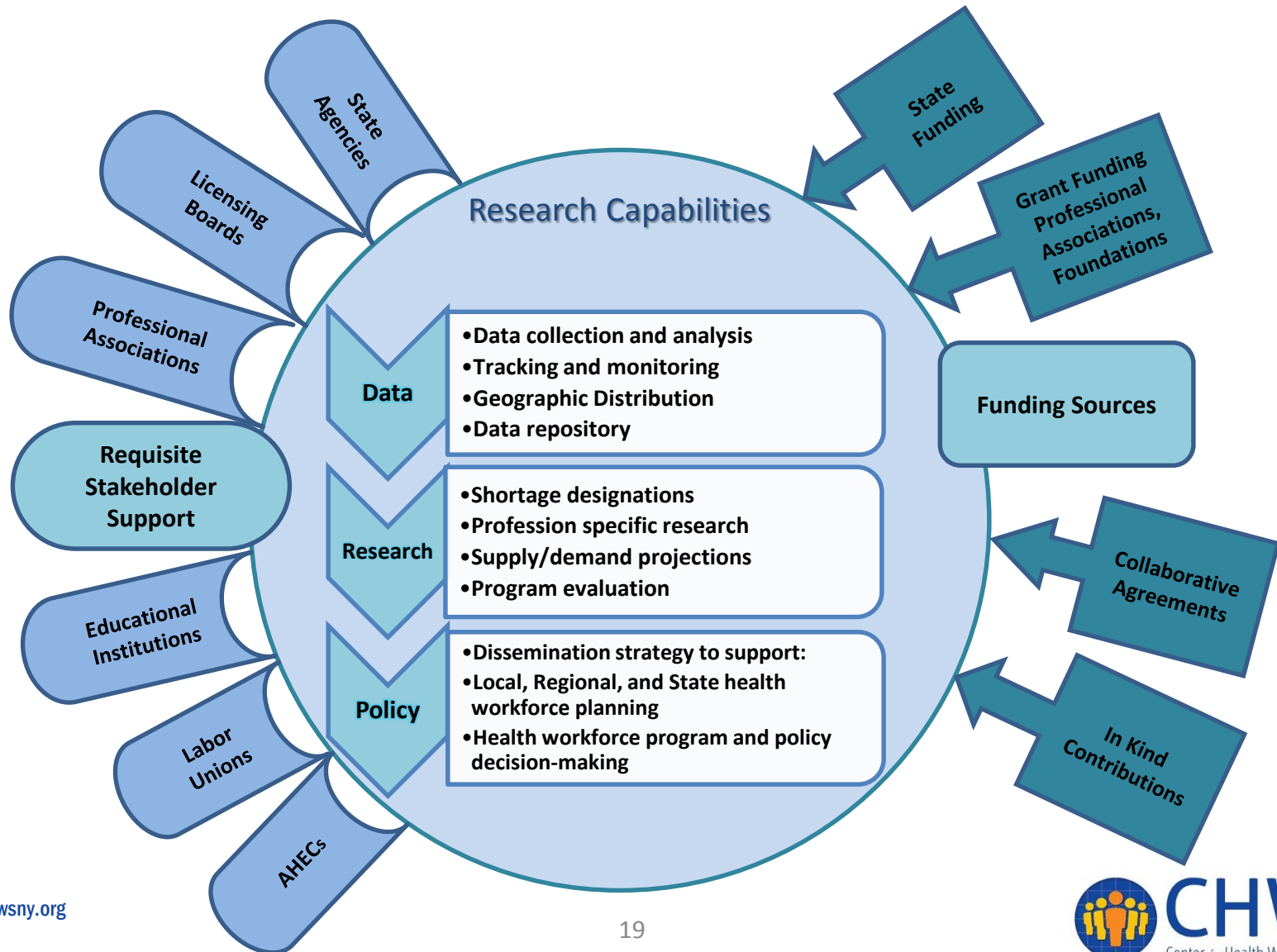
- **Conducted in collaboration with provider associations**
- **In 2015, NY providers reported:**
  - **All providers: experienced RNs hard to recruit, but newly trained RNs are not**
  - **Hospitals: Hard to recruit and retain clinical laboratory technologists, HIT staff and medical coders**
  - **Nursing 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:

