New York State Health Workforce Data and Discussion

CUNY Health and Human Services Inaugural Meeting

CUNY Graduate Center
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Center for Health Workforce Studies

• Based at the University at Albany School of Public Health
• Established in 1996
• Committed to collecting and analyzing data to understand workforce dynamics and trends
• Goal: Assisting health workforce planners to understand issues related to the supply, demand, distribution, and the use of health workers

www.chwsny.org
What’s Changing in Health Care?

• Shift 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, e.g., inappropriate hospital readmissions
Workforce Implications

• New models of care are emerging, most modeled after accountable care organizations
• Team-based approaches are increasingly popular
• Team composition and roles vary, depending on patient need and workforce availability
• Teams often include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

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So What’s the Problem?

• Inadequate primary care, oral health and behavioral health capacity for underserved populations

• Maldistribution of available workforce

• Health professions students not consistently exposed to team-based models of care or emerging functions

• Scope of practice restrictions
  o Health professionals not always allowed to do what they are trained and competent to do
  o Shared responsibility (scope overlap) needed for team-based care is challenging to achieve
Health Workforce Research Questions of Interest Are Changing

- Tended to be siloed: how many? where? do we have enough?
- Now we ask broader questions: what do patients need? what are the best workforce strategies to deliver these services?
- Examples of studies:
  - Studying state-specific scope of practice variation and its impact on health outcomes
  - Use of telehealth services by providers in New York, barriers and facilitators
  - Medicaid claims analysis to better understand service delivery patterns as well as commuting patterns for care

www.chwsny.org
Better Information for Better Outcomes

• Monitoring New York’s Health Workforce (www.chwsny.org)
  o New York Resident Exit Survey
  o Annual Survey of RN Education Programs in New York
  o NP re-registration survey

• Oral Health Workforce Research Center (www.oralhealthworkforce.org)
  o Strategies to expand access to oral health services

• Health Workforce Technical Assistance Center (www.healthworkforceTA.org)
  o Resources to support health workforce planning
Graduate Medical Education in the U.S. and New York

- In the U.S., there are almost 10,000 programs and more than 120,000 residents
- In New York, there are more than 1,100 programs and almost 16,000 residents
  - 12% of all programs and 13% of all residents in the U.S. train in New York
- California trains the 2nd highest number of physicians
  - Almost 11,000 annually (or about 5,000 fewer than New York)
The New York Resident Exit Survey

- Conducted annually since 1998 (except for 2004 and 2006)
- A survey of all residents and fellows completing training in New York (approximately 5,000 annually)
- Substantial support and assistance from GME directors
- Average annual response rate greater than 60%
- Survey asks about:
  - Demographics and background
  - Post-graduation plans
  - Characteristics of post-graduate employment
  - Job search experience
  - Impressions of new physician job market
Demand for Primary Care Specialties Stronger Than Demand for Other Specialties

**STRONGEST DEMAND:**
Family Medicine
Adult Psychiatry
Emergency Medicine
Dermatology
Child & Adolescent Psychiatry
General Internal Medicine

**WEAKEST DEMAND:**
Pathology
Nephrology
Radiology
Pediatric Subspecialties
Cardiology
Physical Medicine & Rehabilitation
Gender Diversity at Parity
Racial/ethnic Diversity Is Not

50% Female New Physicians

15% Black, Hispanic, American Indian New Physicians

50% Female in the US

33% Black, Hispanic, American Indian In the US
51% of new physicians trained in NY plan to practice out of state

Most common reasons for leaving NY:

- 29% Proximity to Family
- 17% Better Salary Outside NY
- 10% Better Jobs in Desired Locations

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Few New Physicians Reported Plans to Practice in Underserved Areas

18% Indicated Plans to Practice in a HPSA

Only 5% Reported Plans to Practice in a Rural Area
Gender Pay Disparities in New Physician Income Has Increased Over Time

Gender Differences in Physician Income in 2016 Dollars, 2001-2016

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Annual Survey of Registered Nursing Education Programs in New York

• One-page survey sent to nursing deans and program directors

• Conducted every year since 2000

• Asks about applications, acceptances and graduations, barriers to expanding capacity and an assessment of the job market for new graduates

• 87% response rate for the 2018 survey
Statewide, the Number of New RN Graduations Grew Slightly in 2018

Annual Number of ADN and BSN Graduations from NYS RN Education Programs, 2002-2018
The Number of BSN Completer Graduations Statewide Declined in 2018

BSN and BSN Completer Graduations in NYS, 2002-2018

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In New York City, BSN Graduations Are Increasing While ADN and BSN Completer Graduation are Declining

RN Graduations by Degree Type for Nursing Education Programs in NYC, 2014-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>ADNs</th>
<th>BSNs</th>
<th>BSN Completers</th>
<th>Total</th>
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<tr>
<td>2014</td>
<td>1,790</td>
<td>1,026</td>
<td>825</td>
<td>3,641</td>
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<td>2015</td>
<td>1,521</td>
<td>1,211</td>
<td>844</td>
<td>3,576</td>
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<td>2016</td>
<td>1,443</td>
<td>1,364</td>
<td>851</td>
<td>3,658</td>
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<tr>
<td>2017</td>
<td>1,401</td>
<td>1,362</td>
<td>756</td>
<td>3,519</td>
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<tr>
<td>2018</td>
<td>1,304</td>
<td>1,507</td>
<td>760</td>
<td>3,571</td>
</tr>
</tbody>
</table>
In NYC, Private Schools Produce More BSNs Compared to CUNY/SUNY

ADN and BSN Graduation from RN Education Programs in NYC, by Program Sponsorship, 2002-2018

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Lack of Clinical Training Sites a Barrier to Expanding Capacity at CUNY RN Education Programs

Reasons Cited for Turning Away Qualified Applicants, by Program Sponsorship

- SUNY
- CUNY
- Private
The Job Market for New RNs in NYC Is Much More Challenging than in Other Regions

Percent of Nursing Deans Reporting ‘Many Jobs’ for Their Graduates, by Region

- Capital District: 100%
- Central New York: 100%
- Finger Lakes: 100%
- Hudson Valley: 63%
- Long Island: 67%
- Mohawk Valley: 64%
- New York City: 46%
- North Country: 100%
- Southern Tier: 100%
- Western New York: 67%
Mandatory NP Re-Registration Survey

• Effective September 1, 2015, NPs licensed in NY are required by law to provide information to the state at the time of license renewal
  o Renew their licenses every three years for each NP certification held

• DOH, SED and CHWS worked collaboratively on survey design and data collection

• CHWS manages analysis of NP survey data
  o Routinely produces reports on NY NPs
  o Building a public use data file drawn from NP survey responses which is required by law
The NP Re-registration Survey

- Based on federal Minimum Data Set recommended guidelines
- Includes 22 questions
  - Licensure
  - Demographics
  - Education
  - Practice characteristics
  - Future plans
  - Collaborative practice
75% of the State’s NPs are Actively Practicing in New York

- Working or Volunteering as NP: 75%
- Working only as RN: 12%
- Not Currently Working/Retired: 11%
- Working by Neither as NP nor RN: 2%
Primary Care NPs

• There are an estimated 4,100 active primary care NPs in the state, representing more than 4,000 FTEs
• The median age of primary care NPs is 51
• Forty-five percent of primary care NPs work in primary care HPSAs
• The majority of primary care NPs (57%) work in health centers, clinics, hospital outpatient settings and another 26% worked in private physician practices
• Active NPs in rural areas are more likely to work in physician practices than NPs in urban areas (33% compared to 24%, respectively)
Psychiatric NPs

- There are an estimated 1,180 active psychiatric NPs in the state, representing 1,135 FTEs
- There are more active psychiatric NPs per capita in rural areas than urban areas
- The median age of psychiatric NPs is 56, and a much higher percentage of active psychiatric NPs is 60 years of age or older compared to all other NPs
- Forty-one percent of psychiatric NPs work in mental health HPSAs
  - A higher percentage of psychiatric NPs in rural areas of the state practice in mental health HPSAs (58%) compared to 37% of psychiatric NPs in urban areas.
NP Supply and Distribution by Region

Estimated Count of Patient Care NPs per 100,000 in New York State by Region

- Capital District: 53.0
- Central New York: 85.6
- Finger Lakes: 86.9
- Hudson Valley: 45.3
- Long Island: 61.2
- Mohawk Valley: 58.3
- New York City: 51.9
- North Country: 48.1
- Southern Tier: 61.9
- Western New York: 64.3
- Statewide: 57.2
Legislative Proposal for Mandatory Reporting for all Other Health Professions

- Legislative proposal to mandate data collection for all other licensed health professions in the state
  - Mandatory re-registration survey with a small number of questions on demographics, education, and practice characteristics
  - Record level data are confidential
  - Public reporting of data in aggregate
NY providers reported:

- All: experienced RNs hard to recruit, but newly trained RNs are not
- Hospitals: Hard to recruit clinical laboratory technologists, psychiatric NPs and physician assistants
- Nursing homes and home health: Hard to recruit occupational therapists, physical therapists, speech language pathologists
- Community health centers: Hard to recruit psychiatrists, psychiatric NPs and family/general practice physicians
Workforce Research Can Inform Health Planning

• Assess the feasibility of state policies
  o BSN in 10
  o RN minimum staffing ratios

• Study the impacts of scope of practice change on processes and outcomes of care
  o Nurse practitioners
  o Dental hygienists

• Identify effective workforce strategies that increase access to care for the underserved
Thank You

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  @Centerforhealthworkforcestudies

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