

The Future State of the Healthcare Workforce

OCTOBER UPDATE



Staten Island
Performing Provider System, LLC

EXECUTIVE SUMMARY

- The Current State of the DSRIP-related workforce on Staten Island includes union and non-union staff and leaders working for about 50 provider organizations.
- The Future State workforce on Staten Island is being planned to achieve the goals of NY DSRIP that anticipate reductions in unnecessary hospitalizations and emergency department (ED) visits.





EXECUTIVE SUMMARY (CONT'D)

- Greater collaboration and coordination of care among providers on Staten Island is already underway and will be further developed.
- Increased services and longer hours of service for patients in the community will result in less need for ED visits.
- Higher complexity and acuity of care in skilled nursing facilities and in the outpatient and home settings will result in fewer hospitalizations and re-hospitalizations.



EXECUTIVE SUMMARY (CONT'D)

- Hospital bed numbers and hospital staffing are not likely to decrease on Staten Island as a result of DSRIP, but current bed shortages should be ameliorated and the percentage of the healthcare workforce serving in hospitals should decrease by shifting unnecessary and preventable hospitalizations and ED visits to the outpatient setting.
- SIUH provides inpatient detox. RUMC has inpatient psych but does not do inpatient detox. Reductions in inpatient psych beds may be possible once additional services are available for outpatients, and staff may be able to be redeployed from inpatient to outpatient detox programs.
- Both Staten Island hospitals and behavioral health providers anticipate expanding primary care services.



EXECUTIVE SUMMARY (CONT'D)

- Both Staten Island hospitals anticipate expanding outpatient behavioral health and ambulatory detox services.
- Staffing will increase in the outpatient setting so that the share of the healthcare workforce in the hospital setting will decrease as a percentage of the total even though hospital based employment is not likely to decrease.
- Care Management services will be expanded.
- The role and number of Community Health Workers will be expanded, particularly through the PAM project.
- DSRIP Projects drive new and redeployed workforce, particularly Community Health Workers, Care & Case Coordinators, Patient Navigators, Community Social Worker.

EXECUTIVE SUMMARY (CONT'D)

- Value Based Payment (VBP) reform will drive greater focus on quality metrics and cost containment.
- Staff will be familiar with DSRIP and the nature and importance of VBPs through comprehensive training provided by SIPPS.
- SIPPS will continue to use multimedia methods to engage providers.



CURRENT STATE OF WORKFORCE

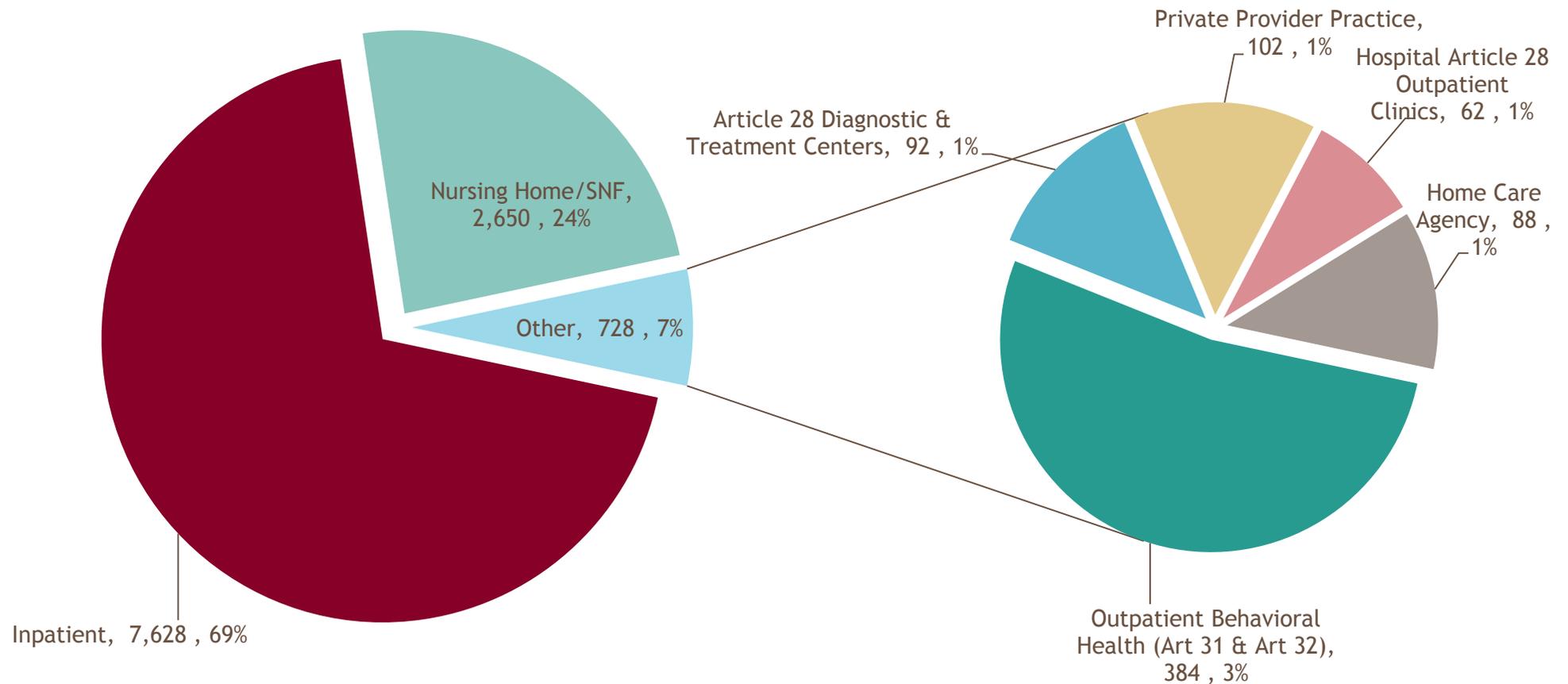


- Through data collection and survey process the current state workforce has been identified to be approximately 11,000.
- Nursing, Nurse Aides, and Clinical Support are the most common positions on Staten Island.
- Staff Registered RN is the most common position on Staten Island followed by Nurse Aides/Assistants.
- Majority of the workforce currently serves in the hospital and nursing home setting as these are the largest providers.

CURRENT STATE BY FACILITY TYPE



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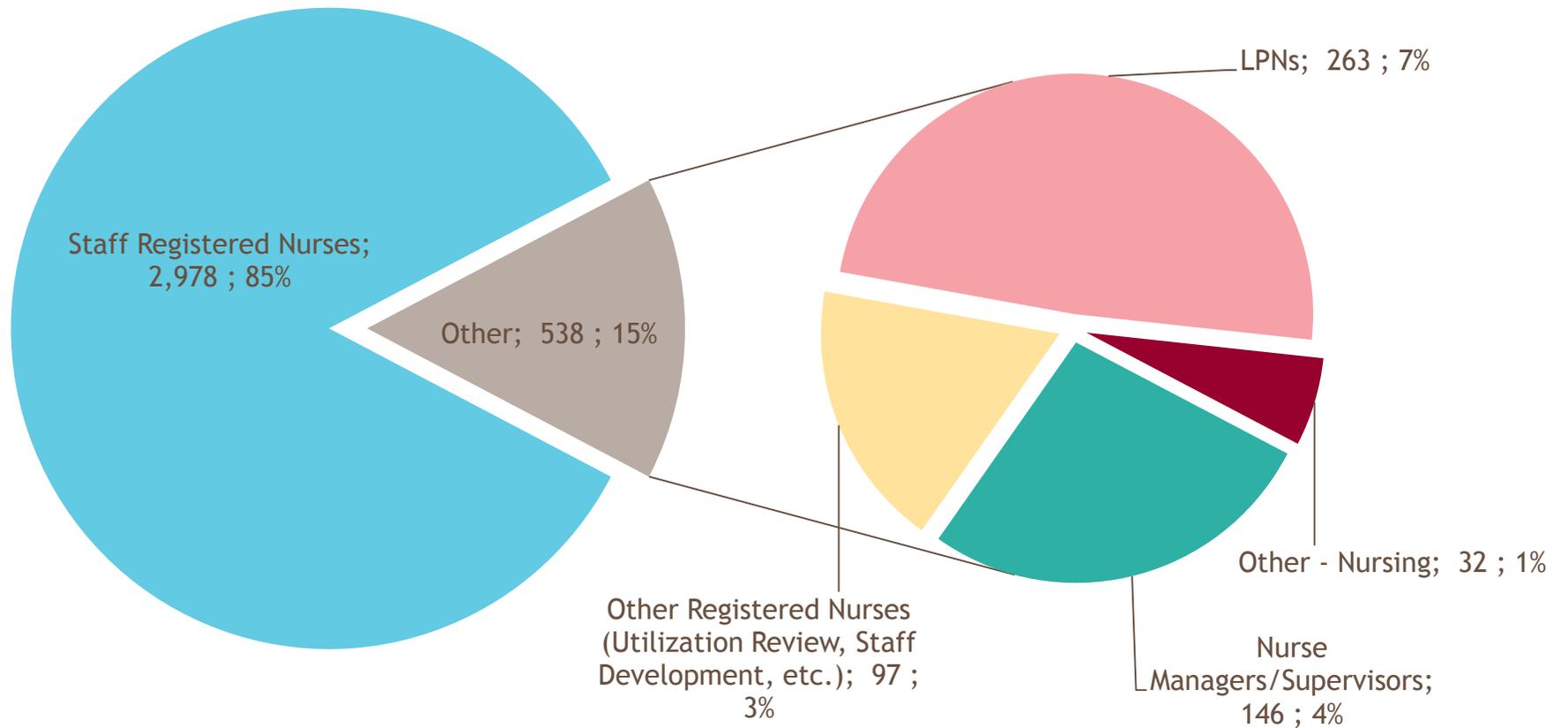


- Outpatient Behavioral Health (Art 31 & Art 32)
- Article 28 Diagnostic & Treatment Centers
- Private Provider Practice
- Hospital Article 28 Outpatient Clinics
- Inpatient
- Home Care Agency
- Nursing Home/SNF

CURRENT STATE OF NURSING POSITIONS



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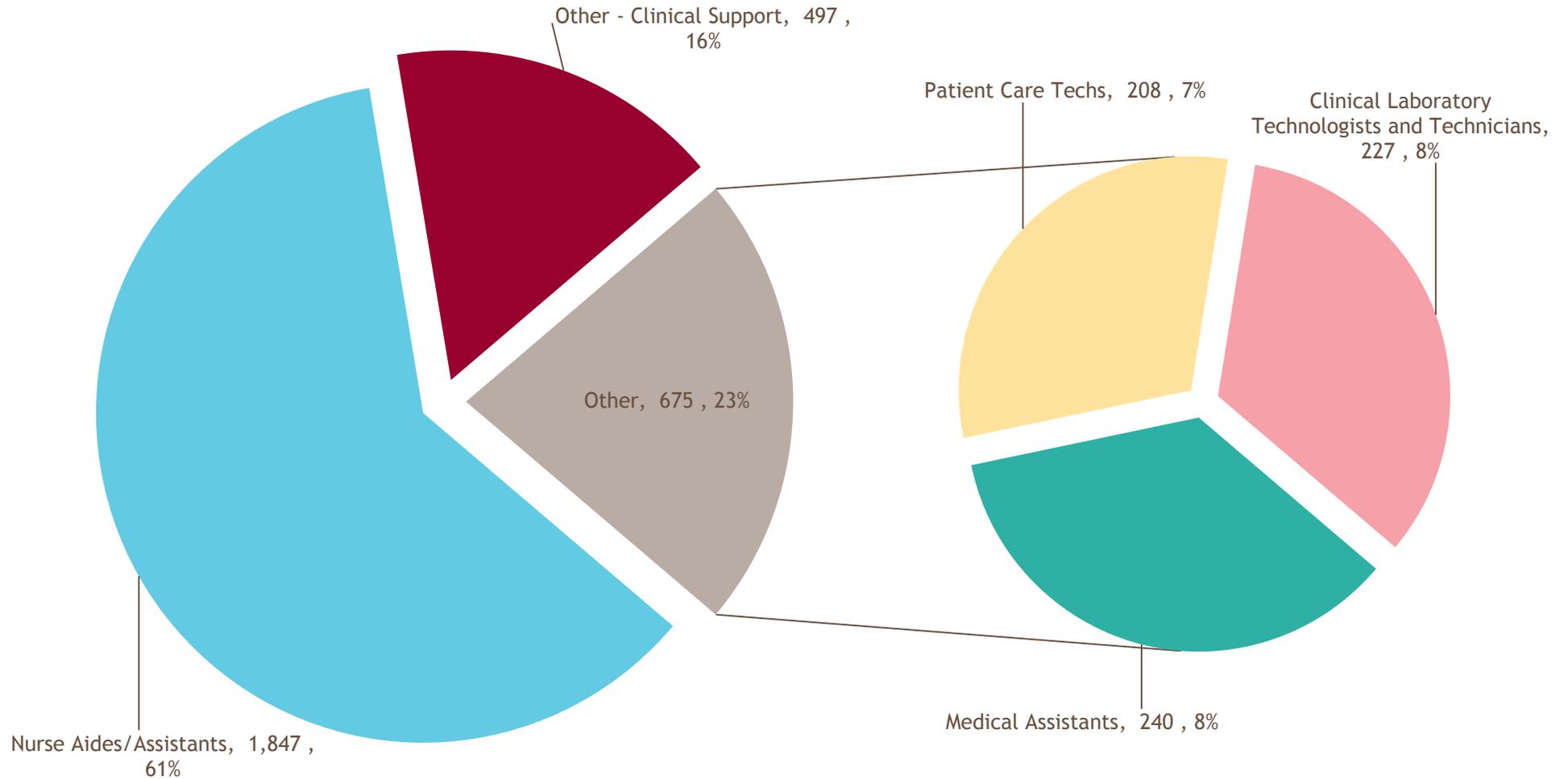


- Nurse Managers/Supervisors
- Staff Registered Nurses
- Other Registered Nurses (Utilization Review, Staff Development, etc.)
- LPNs
- Other - Nursing

CURRENT STATE OF CLINICAL SUPPORT POSITIONS

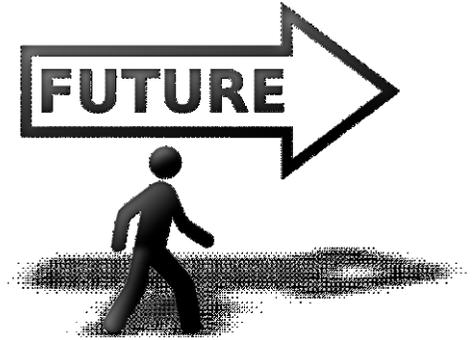


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■ Medical Assistants ■ Nurse Aides/Assistants ■ Patient Care Techs ■ Clinical Laboratory Technologists and Technicians ■ Other - Clinical Support

DEVELOPMENT OF THE FUTURE STATE



- Understanding overall DOH goals and individual project requirements.
- Reviewing implementation plan submissions regarding anticipated workforce needs.
- Collecting and compiling survey data.
- Meeting with providers and discussing their latest workforce projections.
- Having follow-up discussions with providers.
- Presenting draft Future Workforce State for feedback and final approval by the SIPPS Workforce Committee and Board.



FUTURE STATE WORKFORCE SUMMARY

- The following positions been identified as new hires across DSRIP Projects:

Job Title/Role	Current	Additional FTEs
Community Health Worker	4	6
Care Manager/ Coordinator	93	12
Patient or Care Navigator	27	TBD
Peer Support Worker	0	TBD
Health Coach	5	TBD
Health Educators	7	TBD

- As DSRIP progresses, these positions are expected to see continued growth in order to achieve milestones.
- There is further need to identify the appropriate number of Health Educators, Health Coaches, and Peer Support Workers.

FUTURE STATE WORKFORCE SUMMARY

- In total, approximately 93 FTEs have been identified as new hires for the future state workforce.
- These positions cross projects and facility types.
- Medical Assistants, Social Workers, RNs, PCPs (both NP & MD), and Community Health Workers are the most common required roles across SIPPS.
 - Currently there are 225 Social Workers on Staten Island and a need for 10 additional FTEs to support DSRIP projects.
 - An additional 17 Medical Assistants across project domains has been identified as potential new hires.
- Many of the providers interviewed also expressed the need for a Project Manager to oversee DSRIP projects at their organization to ensure quality metrics are being met and to manage data collection for the DOH.

FUTURE STATE WORKFORCE SUMMARY (CONT'D)

- Administrative positions and/or data analysts may also be necessary to support the project manager.
- Some organizations have already hired or redeployed current staff to fill the project manager role, often in a part time capacity.
- These organizations stated that as projects ramp up, this role will require protected time or need to become a full time position.

FUTURE DSRIP PROJECTS SELECTED TO HAVE THE GREATEST IMPACT ON SI IN REDUCING UNNECESSARY HOSPITALIZATIONS AND ER VISITS

➤ Domain 2 System-wide Projects

- **2aiii Health Home at Risk:** Proactive management of higher risk patients through greater access to primary care and support services.
- **2biv Care Transitions Intervention Model:** Reducing 30 day readmissions for chronic health conditions through early identification and intervention to stabilize patients within SNFs.
- **2bvii Implementing INTERACT:** Inpatient transfer avoidance program for SNF aims to manage higher acuity conditions within the SNF.
- **2bviii Hospital-Home Care collaboration solutions:** Provides services allowing patients to return to their homes rather than a SNF.



DOMAIN 2 FUTURE STATE WORKFORCE REQUIREMENTS

- The following positions have been identified in order to support Domain 2 projects:

Job Title/Role	Additional FTEs
Social Worker	6
Project Manager	6
Care Manager / Coordinator	9
Community Health Worker	3
RN	4
Administrative/Secretary/Scribe	2

- Many of the partner organizations indicated the need for a Project Manager position to manage all DSRIP projects for their organization.
 - It was indicated this role most likely would require a clinical and IT/Data Analysis background, and could potentially be created through an RN Manager role.



FUTURE DSRIP PROJECTS SELECTED TO HAVE THE GREATEST IMPACT ON SI IN REDUCING UNNECESSARY HOSPITALIZATIONS AND ER VISITS

➤ Domain 3 Clinical Improvement Projects

- **3ai (Model 1&2) Integration of primary care and behavioral health services:** Identifying and treating behavioral health problems earlier, before need for high acuity services.
- **3aiv Development of withdrawal management and enhanced abstinence services within community based treatment programs:** Reducing need for ED and inpatient care for substance abuse.
- **3ci Evidence-based strategies for disease management in diabetes:** Engaging community providers in evidence based practice and patients in self management to reduce ED visits and hospitalizations for diabetes.
- **3gii Integration of palliative care into nursing homes:** Improving quality of life for patients and families while reducing return to ED or hospital.



DOMAIN 3 FUTURE STATE WORKFORCE REQUIREMENTS

- The following positions have been identified in order to support Domain 3 projects:

Job Title/Role	Additional FTEs
Behavioral Health / SA Counselors	2
Care Coordinator	6
Clerks/Registrars/Administrative Support	9
LPN	7
Medical Assistant	10
PCPs (NP & MD)	6
Psychiatrist	1
RN	6
Social Worker	6

- Survey responses and interviews also indicated the need for additional support staff such as administrative assistants, clerks, and registrars in order to support the clinical staff and increasing patient population across Domain 3 projects.



FUTURE DSRIP PROJECTS SELECTED TO HAVE THE GREATEST IMPACT ON SI IN REDUCING UNNECESSARY HOSPITALIZATIONS AND ER VISITS

➤ Domain 4 Population Projects

- **4aiii Strengthen mental health & substance abuse infrastructure:** participation in MEB health promotion & prevention, expansion of collaborative care in primary care settings, and provision of cultural and linguistic training on MEB promotion, prevention, & treatment.
- **4bii Increase access to high quality chronic disease preventive services:** targeting Staten Island residents with cancer, COPD, and hypertension and those at risk for chronic disease because of smoking or obesity.



DOMAIN 4 FUTURE STATE WORKFORCE REQUIREMENTS

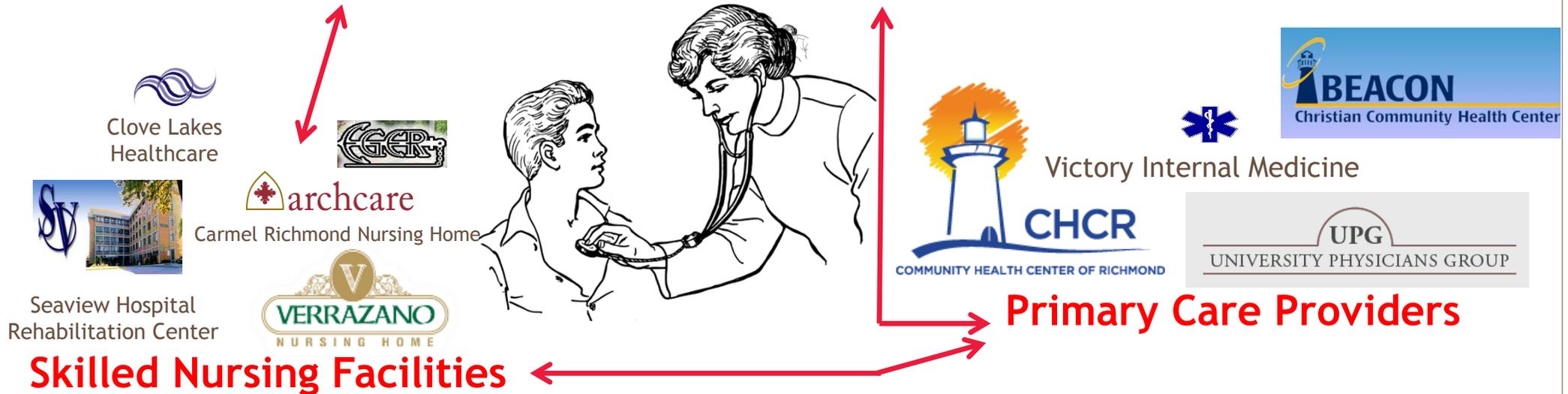
- Hired or redeployed positions identified on previous slides for Domain 2 and 3 will also directly support Domain 4 population projects.
- Additionally, Community Health Workers, Health Educators, and Health Coaches are expected high growth areas, and total FTE requirements are still being determined.



COLLABORATIVE CARE ACROSS PROVIDERS



Hospitals and EDs ← → **Behavioral Health Providers**



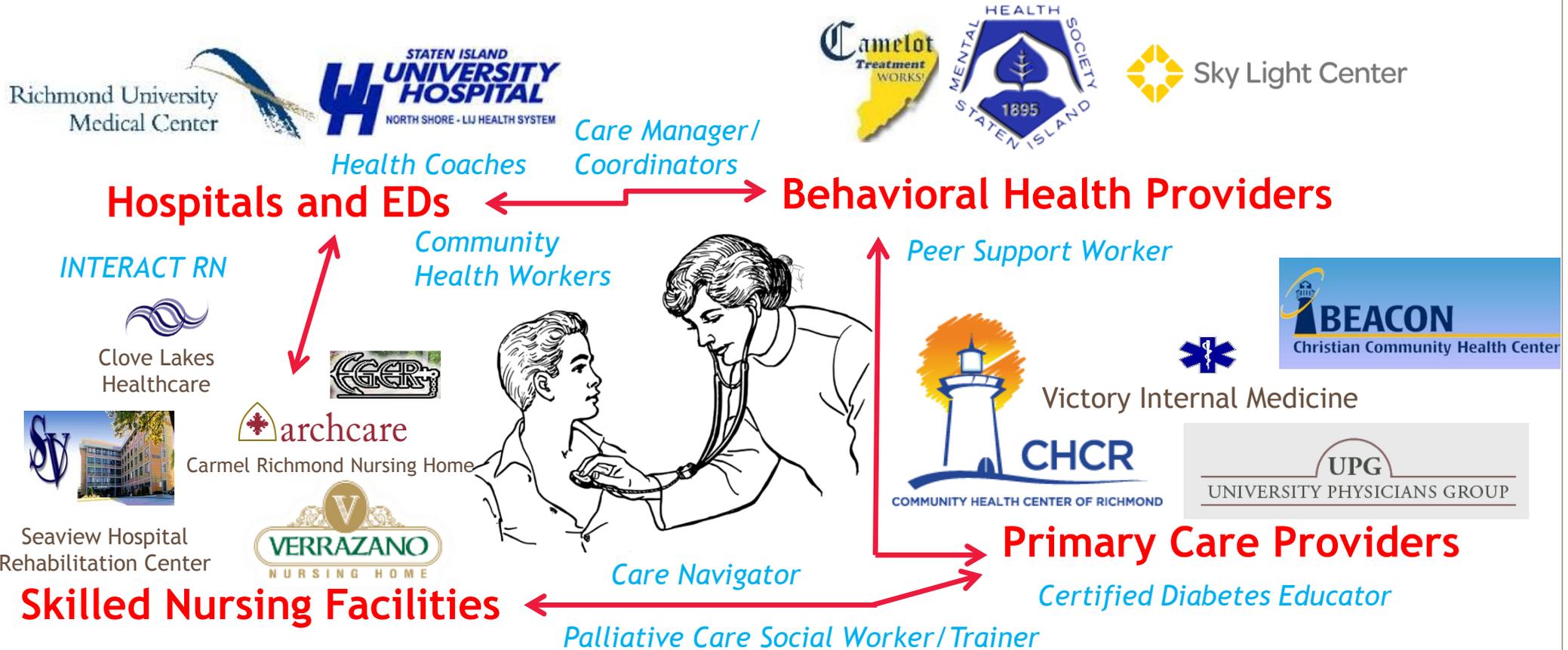
- Patients and families are at the center, experiencing multidisciplinary care that is well coordinated in the most appropriate lowest cost setting to meet their needs



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COLLABORATIVE CARE ACROSS PROVIDERS

Facilitated by new DSRIP Positions



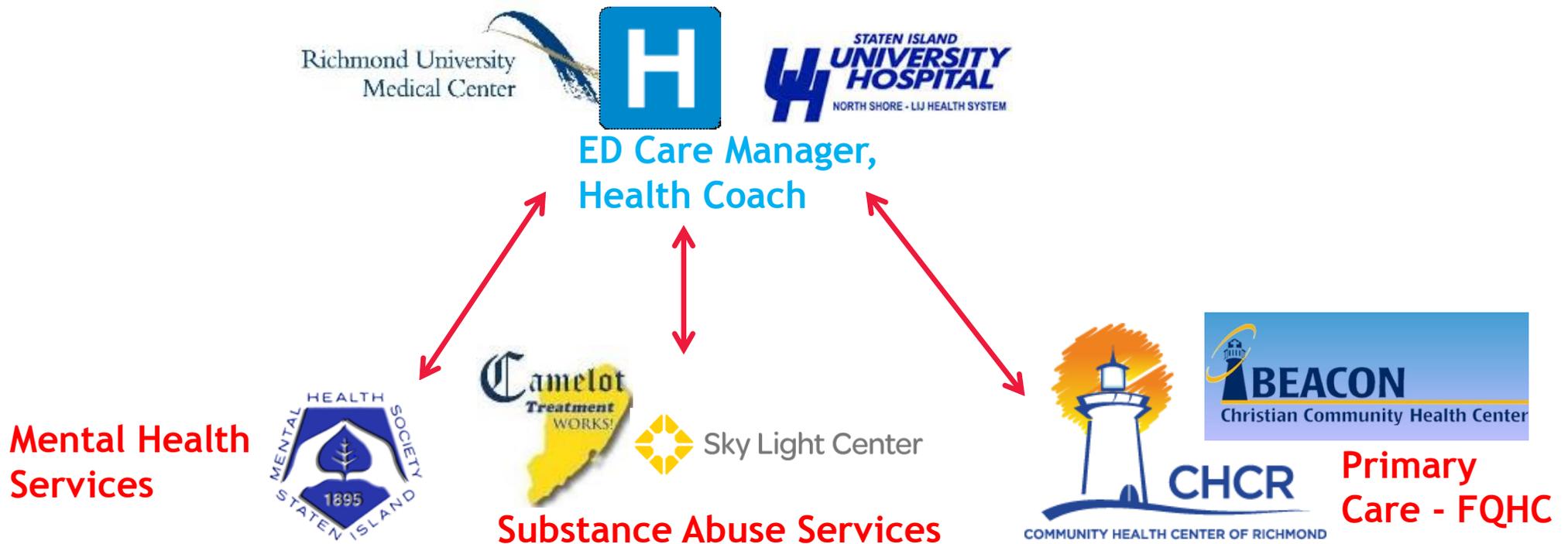
- Patients and families are at the center, experiencing multidisciplinary care that is well coordinated in the most appropriate lowest cost setting to meet their needs

SPECIFIC COLLABORATIVE CARE MODELS ARE ALREADY BEING PLANNED FOR THE FUTURE STATE

- Integrating hospital ED processes with community organizations
- Behavioral health providers working more closely with hospitals and primary care providers
- SNFs providing higher acuity services with ED and hospital providers more informed of SNFs' capabilities



INTEGRATING HOSPITAL ED PROCESSES WITH COMMUNITY BASED ORGANIZATIONS FOR MANAGEMENT OF PATIENTS FREQUENTING ED FOR BEHAVIORAL HEALTH CONDITIONS



- ED Team created, Health Coach knows community services and has contacts to appropriately refer patients identified in the ED for the proper community services. A Community Service Provider may visit Patient in the ED or Hospital to ensure effective transition outpatient and community care.

SKILLED NURSING FACILITIES COLLABORATING WITH HOSPITALS FOR BETTER CARE OUTSIDE THE HOSPITAL



- SNF facilities all participating in INTERACT and integration of Palliative Care and have already documented reduced hospital transfers. They are also providing higher acuity care and are educating the hospitals and community providers that they can provide higher acuity care including IV antibiotics and other services previously assumed to be only provided in the inpatient setting.



FUTURE STATE HOSPITAL BEDS

- Given that there has already been closure of 2 hospitals in the past decade on Staten Island, and current demand exceeds capacity, further reduction in hospital bed numbers is not feasible.
- However, by DSRIP projects reducing unnecessary hospitalizations and ED visits, those who most need a bed on Staten Island should experience reduced wait times for needed inpatient care, contributing to overall improved quality of care on Staten Island.





FUTURE STATE HOSPITAL WORKFORCE

- Similarly, given the prior significant reductions in staff with the closure of 2 hospitals on Staten Island, further reductions in hospital staffing is not expected to be significant, but the percentage of staff working in the inpatient and ED settings is likely to decrease as growth in healthcare services is focused on the community and outpatient settings.

FUTURE STATE TRAINING

- Training will use a hub and spoke model with a central coordinator working for SIPPS.
- Training gaps related to DSRIP and its emerging jobs have been identified by SIPPS in conjunction with BDO Consulting, xG Health, and 1199 SEIU TEF and these gaps will be the target for new and enhanced training.
- SIPPS is working with 1199SEIU TEF to utilize existing curriculum and create new curriculum to address training needs of new DSRIP titles.
- Job titles are ranked as High, Medium and Low priority for each set of training.



FUTURE STATE TRAINING (CONT'D)

- There will be general courses that are not project specific, including:
 - **DSRIP 101:** a global course to teach all staff about DSRIP and how their job contributes to the goals of DSRIP.
 - **Preparation for Value Based Payments**
 - **Change Management**
 - **Lean Training**
 - **Coaching**
 - **Service Excellence** (may also be domain specific)
 - **Cultural Competency/Health Literacy**



FUTURE STATE TRAINING (CONT'D)

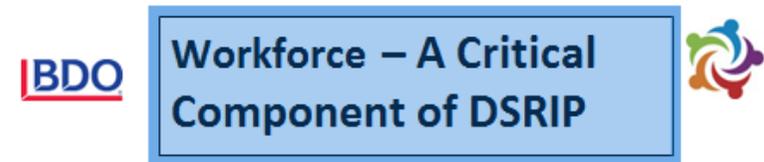
- Project Specific course will include:
 - Care Coordination and Care Pathways
 - Community Health Workers (CHW) (with higher Ed as outlined below)
 - Evidence Based Preventative and Chronic Disease Management
 - INTERACT
 - Patient Activation Measure (PAM)
 - IMPACT Model Education
 - Rapid Cycle Improvement
- With the significant need for new CHWs, specific training for these positions is a high priority.
 - SIPPS is reaching out to College of Staten Island City University of New York (CSI) to create CHW training locally.

GREATER ENGAGEMENT OF PROVIDERS ACROSS SIPPS

- Regular electronic communication with updates, educational white papers, and newsletters



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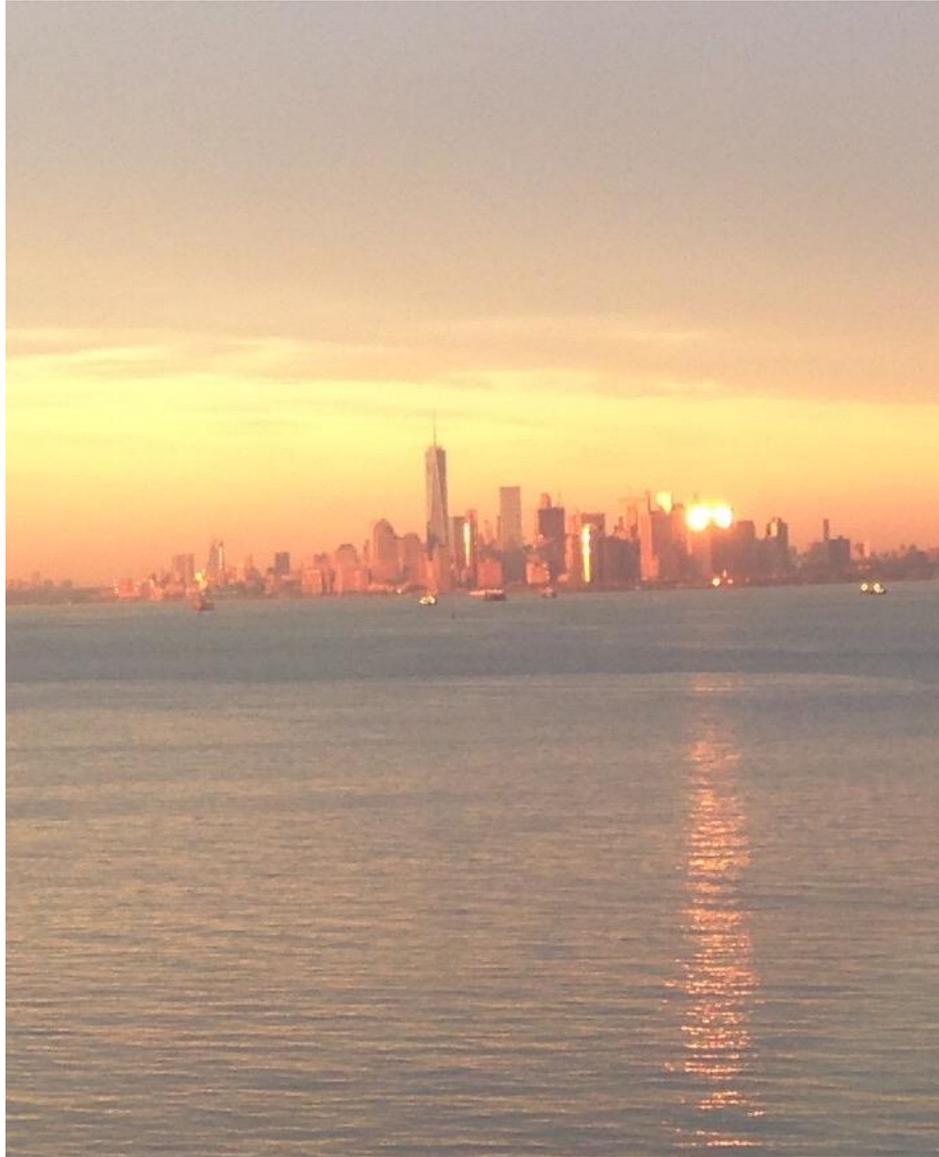


DSRIP (Delivery System Reform Incentive Payment) is underway in New York State, and is now in the second quarter of year one of this five year project that will transform health care delivery and payment methodologies on Staten Island and across the state with the **goals of reducing unnecessary hospitalizations and emergency room visits by 25%**. The Staten Island Performing Provider System (SIPPS) is off to a great start having been awarded a total five year DSRIP valuation of \$217,087,986 (which has the potential to reach \$282,214,382 if all bonuses from exceeding expectations are earned but could be far less if anticipated targets are not met)

- In person meetings at PPS offices and on site with the providers



**EACH SUNSET MOVES US CLOSER TO THE
FUTURE STATE OF STATEN ISLAND HEALTHCARE**



(This photo and that on the cover were both taken from the SIPPS' office.)