

# Health Workforce Planning in New York: What Do We Need to Know?

---

## **Professional Practice Committee New York State Board of Regents**

Albany, New York

May 8, 2017

Jean Moore, DrPH, MSN

Director

Center for Health Workforce Studies

School of Public Health | University at Albany, SUNY

[jean.moore@health.ny.gov](mailto:jean.moore@health.ny.gov)



**CHWS**

Center for Health Workforce Studies

# 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
- Workforce impacts
- Workforce issues and challenges
- Data and information on the health workforce
- Next steps

# 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
- Team based models of care
- Emphasis on population health

# New York's Programs to Transform Health Care

	<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>

# Workforce Impacts

---

- 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)

# So What's the Problem?

---

- Inadequate primary care capacity
- Maldistribution of available workforce
- Health professions students are not trained in team-based models of emerging functions
- Scope of practice restrictions
  - Health professionals not always allowed to do what they are trained and competent to do
  - Shared responsibility (scope overlap) needed for team-based care is challenging to achieve

---

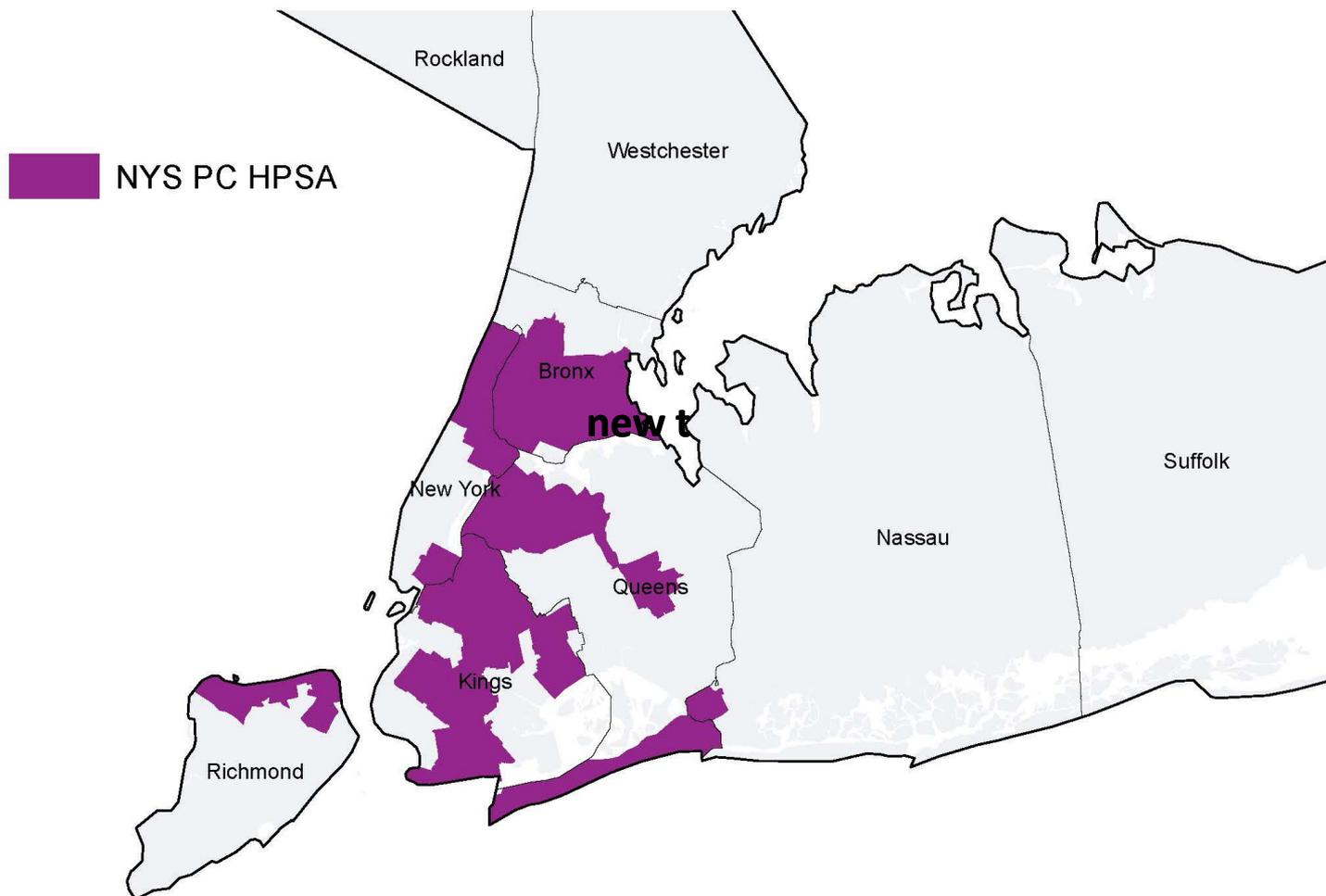
# Health Workforce Data and Research in New York

# Why Collect Health Workforce Data?

---

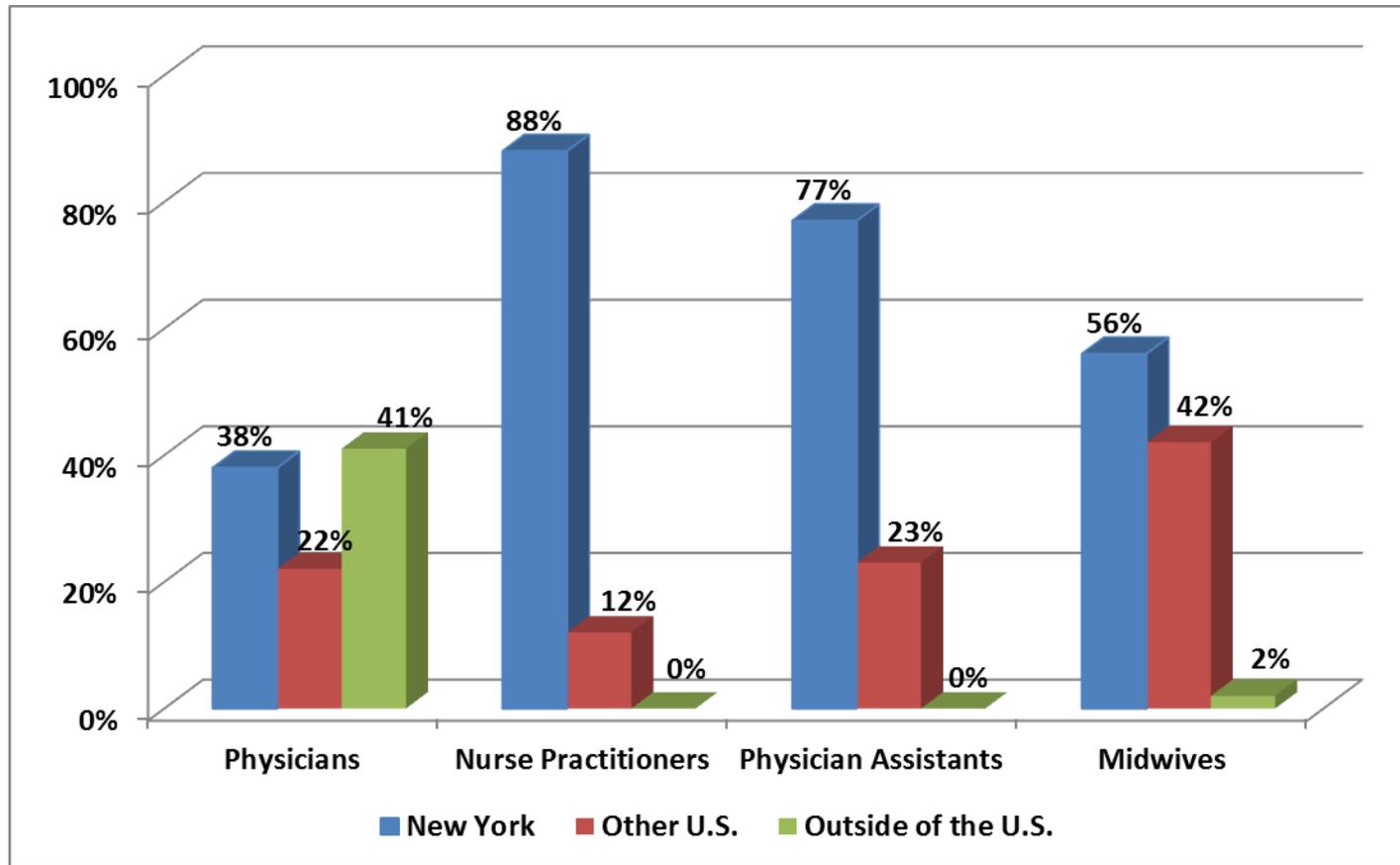
- To support effective health workforce planning
  - Identify areas for federal shortage designation
  - Conduct workforce capacity assessments – supply and distribution in relation to demand and need
    - Primary care
    - Behavioral health
    - Oral health
  - Inform decision-making for state and federal provider incentive programs
    - National Health Service Corps
    - J-1 Visa Waiver Program
    - Doctors Across New York Practice Support and Loan Repayment Programs
    - Primary Care Service Corps
  - Educate providers, educators, prospective health professions students

# Primary Care Health Professional Shortage Areas in New York City



# Are We Growing Our Own Primary Care Practitioners?

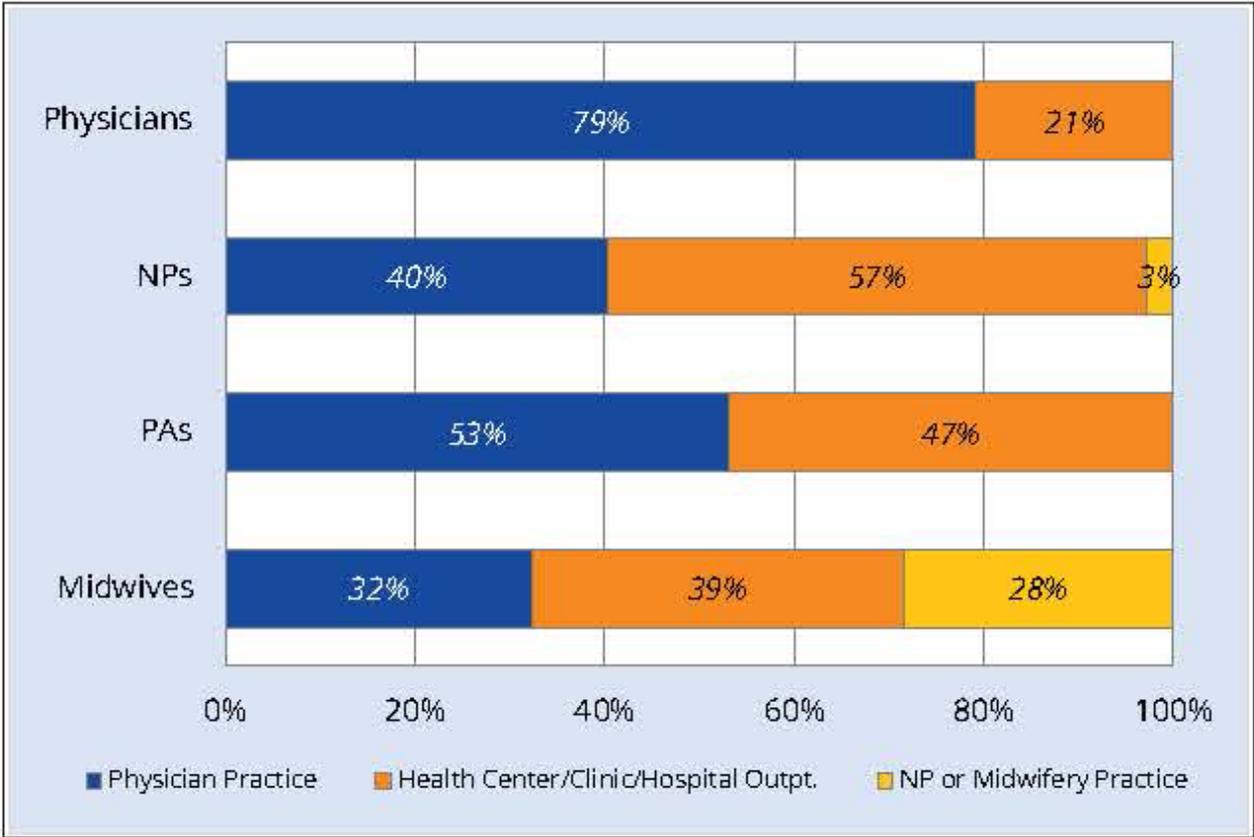
## Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY



Source: Center for Health Workforce Studies

# Variation in Practice Settings for New York's Primary Care Providers

Practice Settings of New York's Primary Care Providers, 2014



Source: Center for Health Workforce Studies

# NY Data Collection Efforts

---

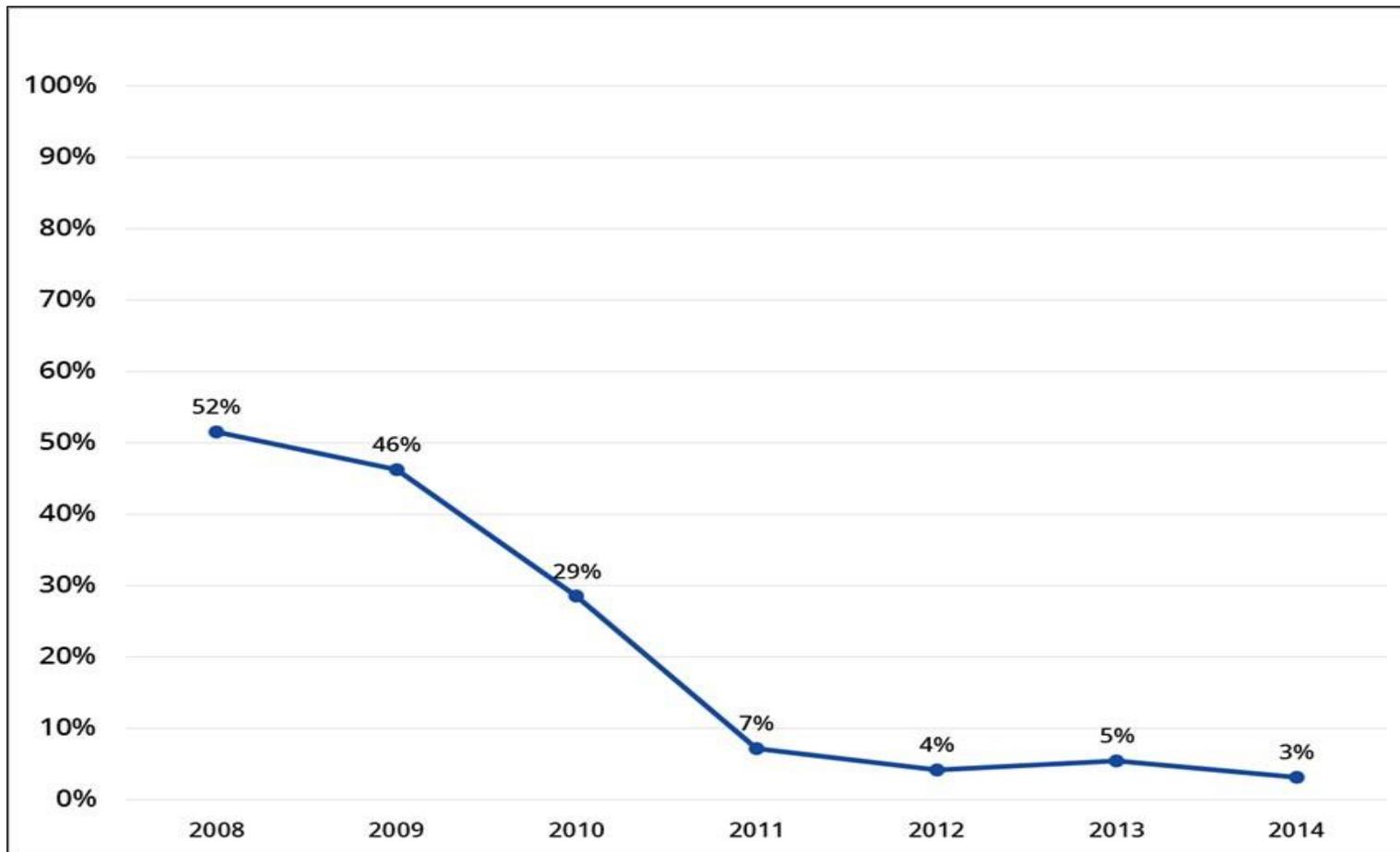
- The Center for Health Workforce Studies (CHWS), in collaboration with the New York State Department of Health (DOH) and the New York State Education Department (SED), has been primarily responsible for health workforce supply data collection in New York
- Supply data has historically been collected through voluntary surveys at time of license renewal for:
  - physicians
  - nurse practitioners (NPs)
  - physician assistants (PAs)
  - midwives
  - registered nurses (RNs)
  - dentists
  - dental hygienists

# Declining Response Rates

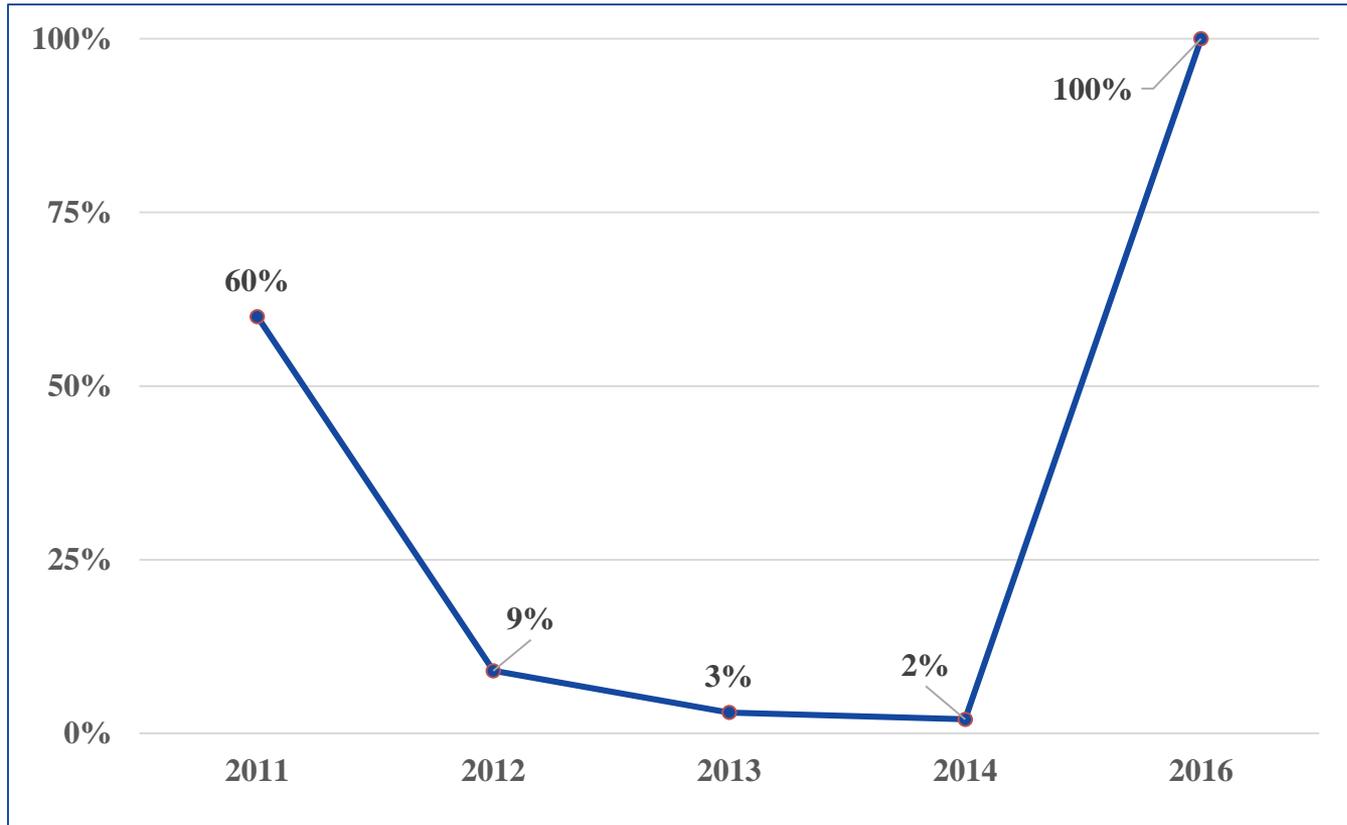
---

- Starting in 2010, health professionals increasingly renewed their licenses online, and this resulted in sharp declines in survey response rates
- Data now collected through voluntary re-registration surveys are insufficient for analyses required to support effective health workforce planning in the state

# Dentist Re-registration Survey Response Rates, 2008-2014



# Nurse Practitioner Re-registration Survey Response Rates, 2011-2016



# Recent Development:

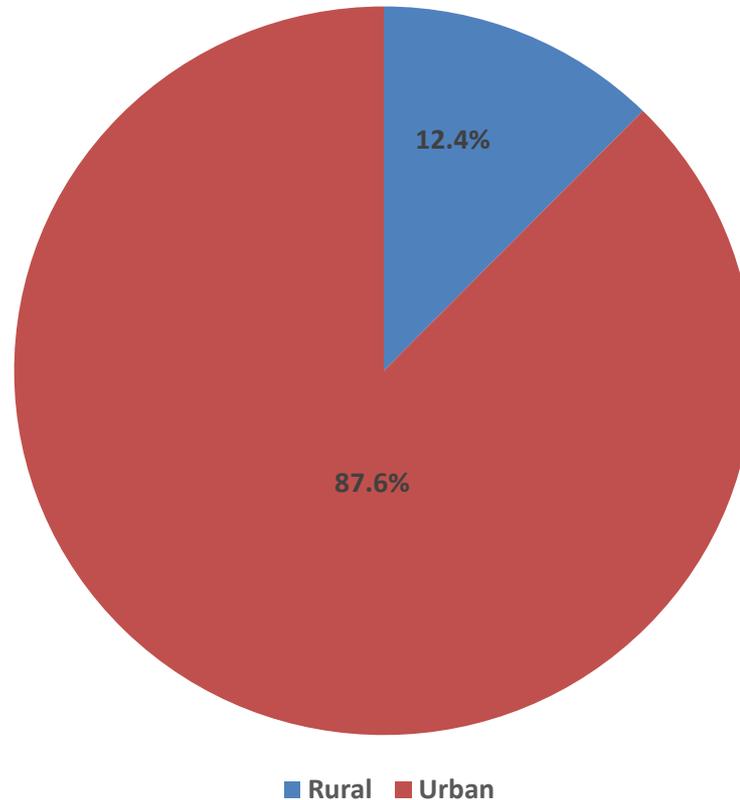
## Statutorily Mandated NP Re-Registration Survey

---

- Effective September 1 2015, NPs licensed in NY are required by law to provide information to the state at the time of relicensure
- DOH, SED and CHWS worked collaboratively on survey design and data collection
- CHWS compiled, analyzed and disseminated survey data
- Year 1: nearly 100% response rate, about 1/3 of NPs in the state
- Research brief, based on these data, was released in October
- A more detailed report based on these data to be released later this year
- Public use data base under development

# Distribution of NPs in NY

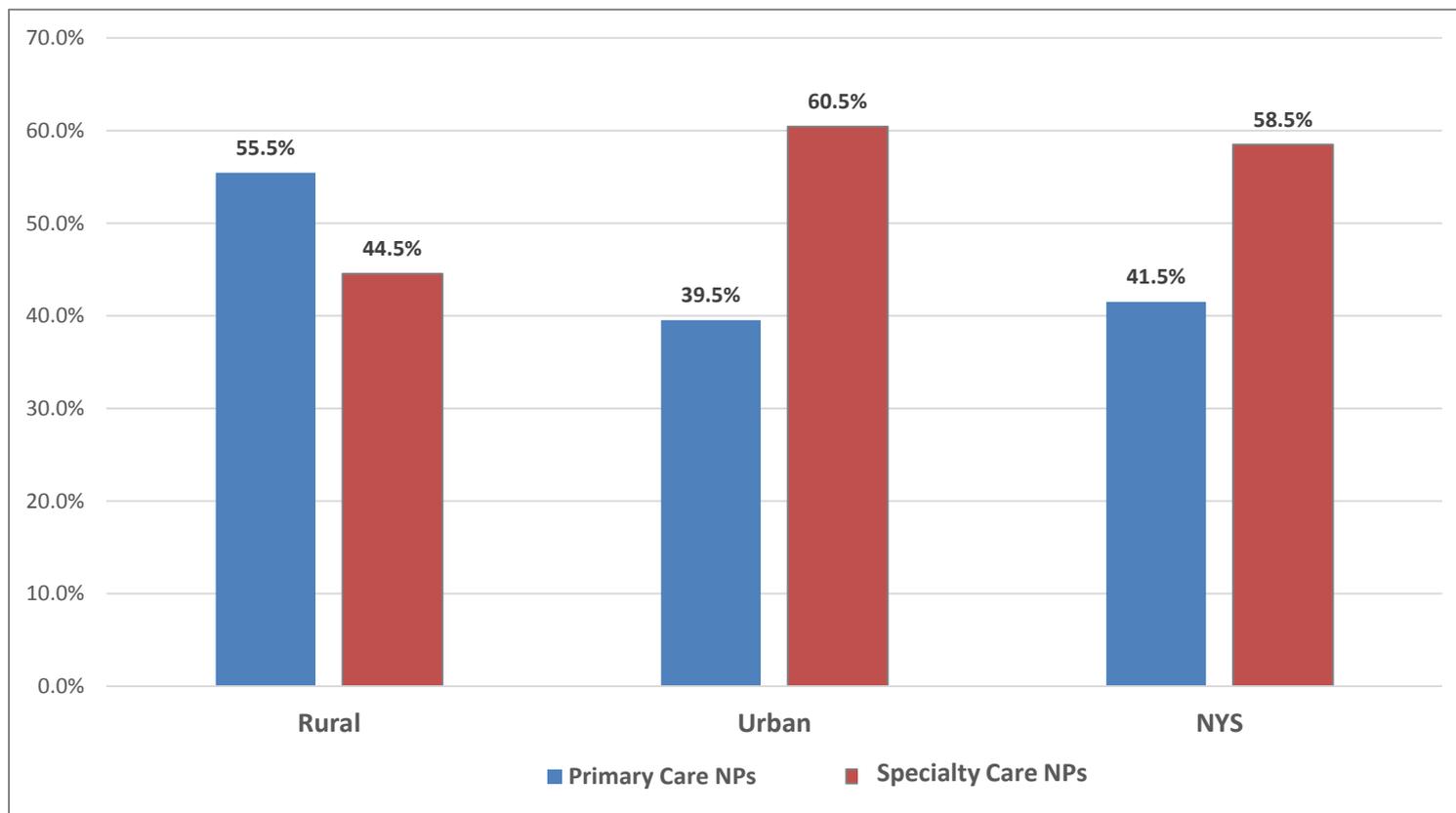
Number and Percentage of New York State Active NPs by Rural/Urban Practice Location, 2016



Source: Center for Health Workforce Studies

# More NPs in Rural Locations Work in Primary Care Practices, Compared to NPs in Urban Areas

Percentage of Active NPs in Primary Care and Specialty Care by Rural/Urban Location, 2016



Source: Center for Health Workforce Studies

# DSRIP/SHIP Workforce Workgroup: Data Subcommittee

---

- Charge
  - Identify New York's health workforce data needs
  - Review current gaps in health workforce data
  - Recommend potential data collection strategies that can effectively address these needs

# Guiding Principles for Future Data Collection Strategies

---

- Build on existing reporting requirements for health professionals in the state
- Develop brief profession-specific surveys focused on key demographic, educational, and practice characteristics
- Make survey completion mandatory
- As applicable, link surveys to the registration/reregistration process
- Use the most cost-effective, efficient strategies for data collection

# Subcommittee Recommendations

---

- Use Physician Profile to support data collection on physicians
- Mandate data collection through re-registration surveys for all other health professions licensed by SED
- Support SED request to reallocate resources to update its aging computer system in order to facilitate better data collection and dissemination

# NYS Senate Has Introduced a Bill to Mandate Health Workforce Data Collection

---

- S5344
  - Proposes collecting data through the Physician Profile to support health workforce planning
  - Proposes collecting data through mandatory re-registration surveys for all other health professions licensed by SED (approximately 40 professions)
    - Surveys will be modeled after the one used for NPs

---

Thank you

QUESTIONS?