

# 2015 Nursing and Allied Professionals Workforce Survey Report:

Exploring  
Emergent  
Healthcare  
Workforce  
Titles and  
Functions



Healthcare Association  
of New York State





Case Managers  
Community Health Workers  
Care Managers  
Patient Navigators  
Care Coordinators  
Health Coaches

# Key Findings

- More than 90% of hospital and health system respondents reported utilizing new and emerging titles. Hospitals responding to the survey reported using titles such as **Case Managers (68%), Patient Navigators (56%), Care Managers (49%), Care Coordinators (34%), Community Health Workers (33%),** and **Health Coaches (16%).**
- A majority of responding hospitals that reported using these titles said they require either a Bachelor's or Associate's degree for the position. The Bachelor's degree requirement is more prevalent downstate.
- The percentage of Registered Nurses (RNs) with a Bachelor of Science in Nursing (BSN) degree remained the same as last year, with 57% of RNs holding a BSN. Thirty-one percent hold an Associate's degree.
- Nearly half (47%) of respondents indicated difficulty recruiting experienced nurses and more than half (52%) reported difficulty recruiting Nurse Managers, in particular.
- The following percentages of respondents anticipate growth in outpatient settings for the following professions: RNs (60%), Medical Assistants (53%), Nurse Practitioners (NPs) (66%), Physician Assistants (PAs) (64%), Care Coordinators (60%), Licensed Clinical Social Workers (LCSWs) (46%), and Nurse Managers (44%).
- The following percentage of respondents anticipate growth in inpatient care for the following professions: RNs (50%), NPs (53%), PAs (50%), and Care Coordinators (44%).



## Introduction

*The Nursing and Allied Professionals Workforce Survey* was conducted by the Healthcare Association of New York State (HANYS), Greater New York Hospital Association (GNYHA), and Center for Health Workforce Studies (CHWS), with support from Western New York Healthcare Association, Rochester Regional Healthcare Association, Iroquois Healthcare Alliance, and Suburban Hospital Alliance of New York State.

This report summarizes the responses from 109 hospitals and health systems across the state on questions related to new healthcare workforce titles and functions in an evolving care delivery system, workforce growth and reductions, recruitment and retention challenges, educational attainment and nursing degree distribution, and vacancy and turnover rates.

Over the last few years, the healthcare delivery system has been undergoing transformative changes. New care models that are predicated on value-based, rather than fee-for-service reimbursement aim to reduce costs and improve care. The focus on primary and team-based care is dramatically changing the healthcare delivery workforce landscape. In New York State, the Delivery System Reform Incentive Payment (DSRIP) program and the State Health Innovation Plan (SHIP) will continue to effectuate further workforce changes.

This process is accelerating as DSRIP Performing Provider Systems (PPSs) implement their projects. PPS lead organizations recognize that the success of their projects is highly dependent on a competent workforce with new and evolving roles. Among DSRIP's primary goals is achieving a 25% reduction in avoidable hospitalizations over the next five years. This will require an enormous investment in recruiting, retraining, and redeploying staff. In fact, the 25 DSRIP PPSs predict they will hire more than 23,000 new workers to accomplish their specific projects. PPSs anticipate committing nearly \$500 million

All DSRIP applicants indicated that staff who will be either recruited or redeployed include the following titles:

- **Case Managers,**
- **Care Managers,**
- **Community Health Workers,**
- **Patient Navigators, and**
- **Care Coordinators.**

This year's survey focused on identifying the functions of each of these titles, educational requirements, and the training needs of the hospitals and health systems.

to a workforce budget for retraining, redeploying, and recruiting staff. While many of these staff will be redeployed from the inpatient setting, the majority will require some level of training.

Last year's *Nursing and Allied Professionals Workforce Survey Report* indicated that the majority of respondent organizations are already using Case Managers, Patient Navigators, and other emerging titles to some degree. This year's survey included additional and more specific questions about these

roles, including functions associated with them, educational requirements, and training needs. The survey focused on these emerging titles, as these professionals play a critical role in interdisciplinary care teams. As these roles and titles evolve, hospitals and health systems have created their own operational job descriptions and definitions for recruitment purposes.

Having staff in roles that support the Patient-Centered Medical Home (PCMH) and ultimately the Advanced Primary Care model that the New York State Department of Health (DOH) is developing will be critical to the success of these emerging models of care.

# National and State Background Reports

In 2011, the American Hospital Association (AHA) convened a roundtable<sup>1</sup> to discuss the future primary care workforce. Part of the charge was to define workforce roles for a new primary care environment. Recognizing the shifts in care, the group acknowledged that:

- Primary care should be centered around patients and families in a user-driven design.
  - Hospitals need to evolve from traditional facilities to health systems, partnering with the community and patients to advance the community's wellness and health needs.
  - Health systems can serve as catalysts for change to integrate and link the various components of health and wellness in a way that provides sustainable healthcare infrastructure for patients and the community.
  - There will be a fundamental shift in reimbursement from fee-for-service to value-based care.
- The workgroup acknowledged the role of the interdisciplinary team in creating effective approaches for delivering care—healthcare teams must be focused on the specific health needs of the patient and family. The group also identified several attributes that lead to successful team-based care, including:
- culturally-aware care coordinators;
  - clear role delineation, education, and development for each team member;
  - team roles that expand or can be modified to fit the specific characteristics and needs of the population being served; and
  - trust and respect among team members and an environment that allows them to practice to the full scope of their license.

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<sup>1</sup> American Hospital Association. “Workforce Roles in Redesigned Primary Care Model” (2011).

# New York State Workforce Data

In the preliminary findings of an ongoing study,<sup>2</sup> CHWS has attempted to better understand the configuration of care coordination services and emerging models of care, the functions of workers in these roles, and training needs and educational preferences for these titles. Of the programs that have participated to date in New York City, the following themes have emerged:

- Activities associated with care coordination are varied and based on the health needs of the population.
- In some models, care coordination is the function of the entire clinical team.
- Patient Navigators and Care Coordinators appear to have overlapping functions.
- Variation in qualifications is based on the needs of the population being served.
- Effective care coordination is facilitated by workers providing patient-centered care in a team-based service delivery model.

The CHWS study also revealed that participants use several titles for the function of care coordination, as it is not always provided by specific staff. PCMHs are more likely to report that the team is responsible for providing care coordination services, while accountable care organizations and health homes appear to use specific care coordination staff.

Study participants also identified other titles that are used for care coordination functions, including Patient Navigator, Community Health Worker, Care Manager, and Case Manager.

The CHWS study revealed that the roles of a Patient Navigator are often more limited than those of a Care Coordinator and are generally performed in the community. The Care Coordinator typically has more intensive case management activities. The study also found education requirements for these two job titles differed widely, where a Care Coordinator was more likely to be a Licensed Practical Nurse (LPN), RN, or Master of Social Work (MSW), Patient Navigators could have a high school diploma or Associate's degree.

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<sup>2</sup> Care Coordination Case Study, Center for Health Workforce Studies, prepared for 1199 SEIU League Training and Upgrading Fund (April 2014).

## Survey Findings: Job Titles and Functions

The findings from the *2015 Nursing and Allied Professionals Workforce Survey Report* are generally consistent with the findings of the CHWS preliminary report.

Important functions of care coordination are being performed, albeit by several different staff. Hospitals and health systems are providing many, if not all, of the critical functions that are necessary for improved health of the patient.



The chart below shows that specific functions are performed by multiple titles. The data also show that other functions are more likely to be relegated to specific staff titles. The middle column shows the percentage of all survey respondents who indicated that these functions are being performed by multiple titles, while the column on the right lists the job titles that respondents primarily reported performing a particular function (> 65% reporting). There was one notable exception: Health Coaches do not appear to be responsible for following up with patients or coordinating care between settings.

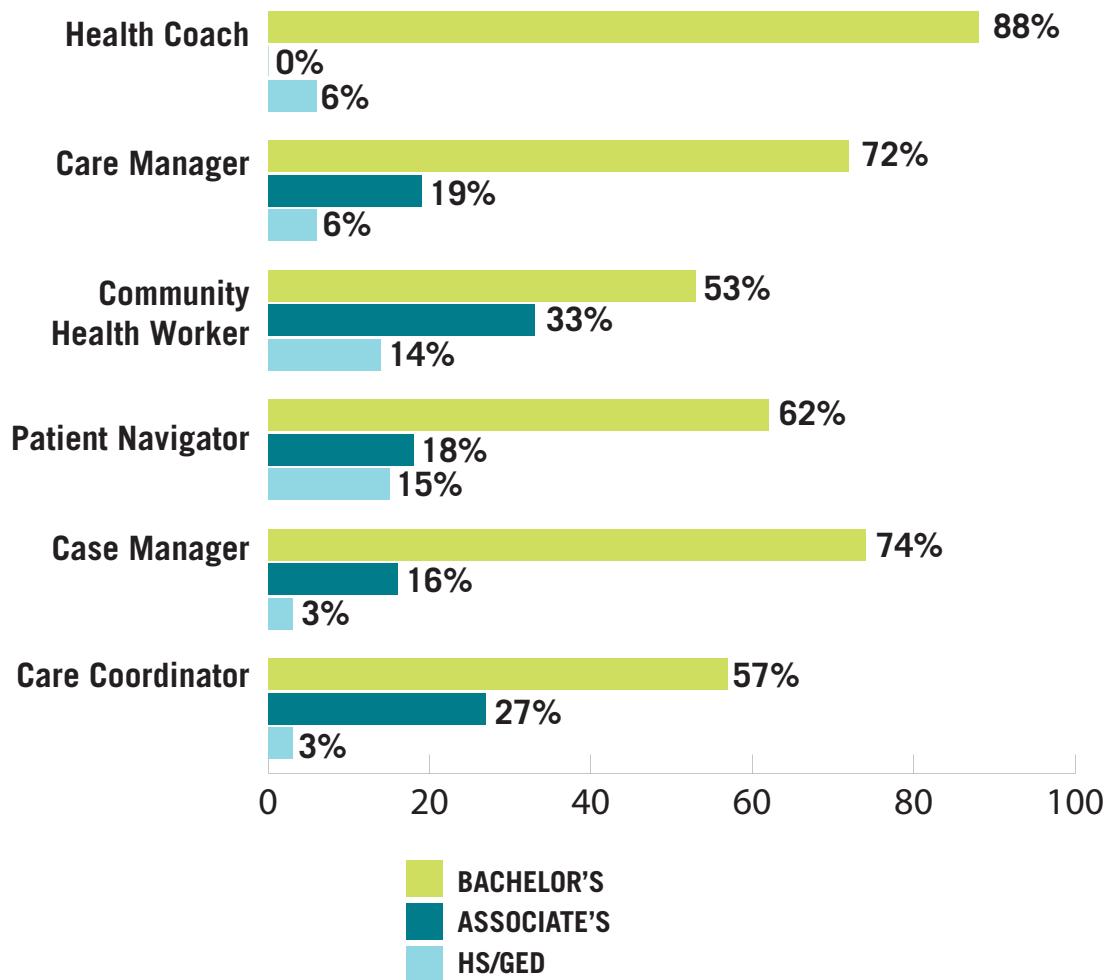
Patient Care Function	Percent of Survey Respondents Who Indicated That This Function is Performed by at Least One Emerging Title*	More than 65% of Respondents Reported That These Titles Perform the Function
<b>PATIENT ASSESSMENT</b>		
Assess patient healthcare and social service needs	96%	Care Coordinators, Case Managers, Health Coaches, and Care Managers
Assess patient financial status and arrange support	77%	Health Coaches and Care Managers
<b>PATIENT SELF-MANAGEMENT</b>		
Educate patient on chronic disease management	87%	Care Managers and Case Managers
Conduct education or care management visits	78%	Care Managers
Provide supportive counseling and coaching on problem-solving	84%	Health Coaches, Care Managers, and Case Managers
Promote treatment adherence and improve patient engagement	86%	All Titles
Help patients understand the healthcare system and available resources	93%	All Titles
Use motivational interviewing techniques	67%	Health Coaches and Care Managers
<b>CARE COORDINATION</b>		
Follow up with patients on disease registries that require a particular test or service	75%	Care Coordinators and Care Managers
Coordinate care transfers from primary care to ED	53%	None
Coordinate care transfers from input to primary care	88%	Care Coordinators, Case Managers, and Care Managers
Follow up with patients post-ED or inpatient discharge	73%	Care Coordinators and Care Managers
<b>COMMUNITY ASSESSMENT AND EMPOWERMENT</b>		
Organize and mobilize community activities/education and advocate for community	56%	Health Coaches and Community Health Workers

\* Titles include Care Coordinators, Case Managers, Patient Navigators, Community Health Workers, Health Coaches, and Care Managers.

# Educational Requirements

While the functions of these titles vary somewhat, most respondents reported requiring staff to hold at least a Bachelor's degree for these emerging titles.

## Educational Requirements: Statewide



This chart indicates educational requirements by titles based on the percentage of respondents utilizing these titles. It should be noted that, in general, a larger percentage of downstate providers requires a higher level of education for these titles than upstate providers, although the number of respondents upstate is much smaller.

# Providers' Training Needs

The survey also asked respondents to identify areas where they would be interested in additional training for these staff. It appears from the data that the majority (56% to 78%) of respondents are providing training to their staff directly on the identified functions. Functions for which hospitals said staff needed the most training included helping patients understand the health system and available resources, and using motivational interviewing techniques. Seventy percent of respondents said they are already helping patients understand the health system and available resources, and 56% indicated that they use motivational interviewing techniques. Of note, the larger percentage of respondents who indicated that they were interested in additional staff training were located downstate.

## *Inpatient vs. Outpatient Growth*

According to a March 2015 report from the Medicare Payment Advisory Commission (MedPAC), Medicare inpatient discharges declined 17% from 2006 to 2013. The same report also cites that for privately insured individuals under the age of 65, inpatient discharges decreased by 3.5% in 2012 and another 2.7% in 2013. On the other hand, outpatient spending increased by 3.8% from 2012 to 2013, and over the past seven years by 33%.

Recognizing the paradigm shift from inpatient to outpatient care, the *2015 Nursing and Allied Professionals Workforce Survey* solicited data on hospital and health system expectations for growth or reduction for certain job titles in inpatient and outpatient settings.

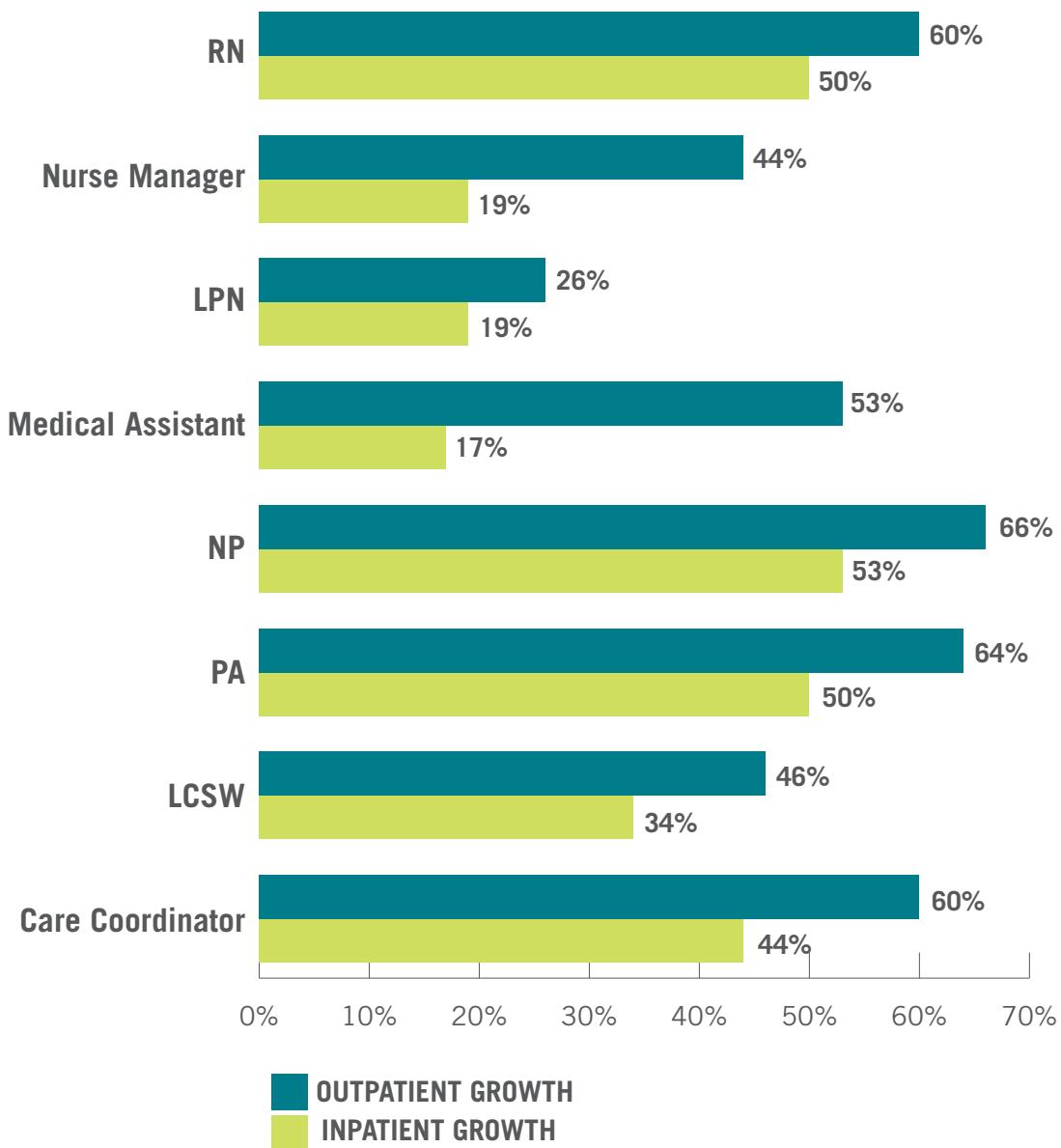
Healthcare delivery trends point to slower growth in inpatient staffing as hospitals reduce their

number of beds and as systems continue to merge in New York, as compared to a more rapid expansion in staffing for the outpatient setting. Specifically, hospitals indicated they anticipate adding staff to cover care coordination roles, as well as outpatient NPs and RNs. Notably, the staff line with the most anticipated reduction is inpatient LPNs. Also, on the inpatient side, respondents reported that for some titles there would be neither growth nor reduction. For example, 33% of respondents indicated they do not anticipate growth or reduction for PAs, and 77% of respondents indicated they do not anticipate growth or reduction for Nurse Managers.

On the outpatient side, far fewer respondents indicated neither growth nor reduction.

The vast majority of respondents did not anticipate reduction for any professions.

## Percentage of Respondents Reporting Anticipated Inpatient/Outpatient Growth Within the Next Year, by Title



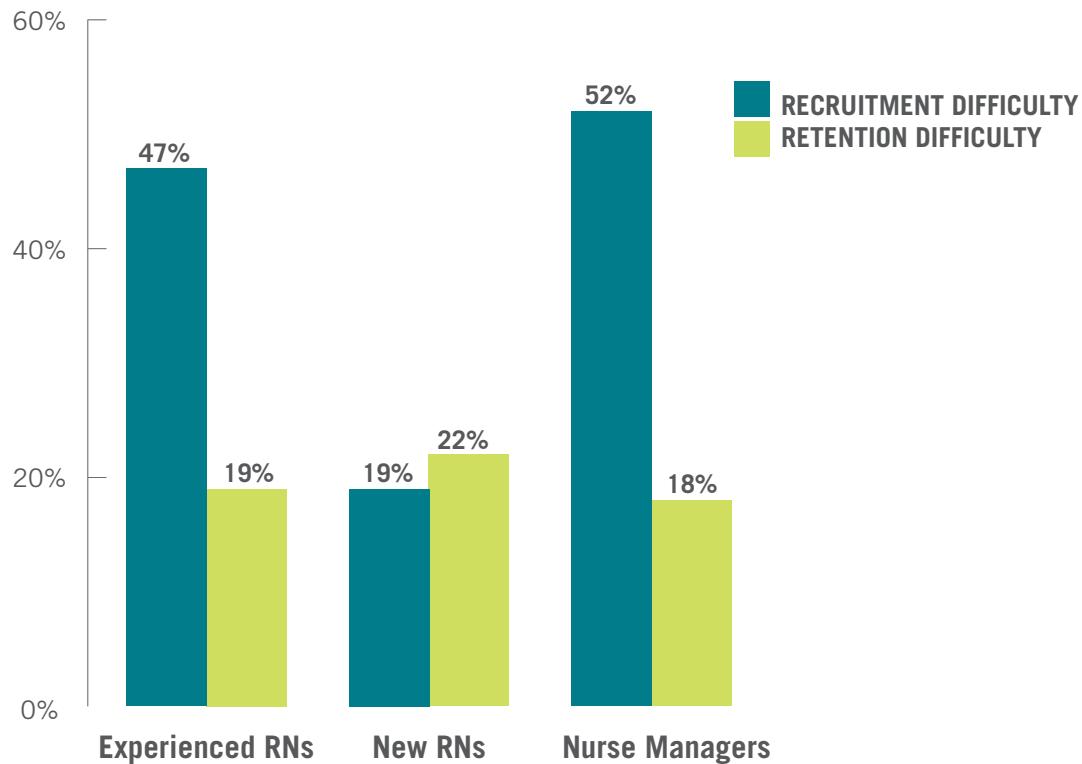
# Survey Findings: Registered Nurses

## ***Nursing Recruitment and Retention of RNs***

While nearly half (47%) of respondents reported that experienced RNs continue to be difficult to recruit, only 19% of respondents reported that newly graduating RNs are difficult to recruit. More than half (52%) of respondents indicated that Nurse Managers were very difficult to recruit.



## Difficulty Recruiting and Retaining Nurses



The survey asked respondents to identify the reasons for recruitment and retention difficulty, the options being: shortages, salary requirements, and geographic location. The results are listed below:

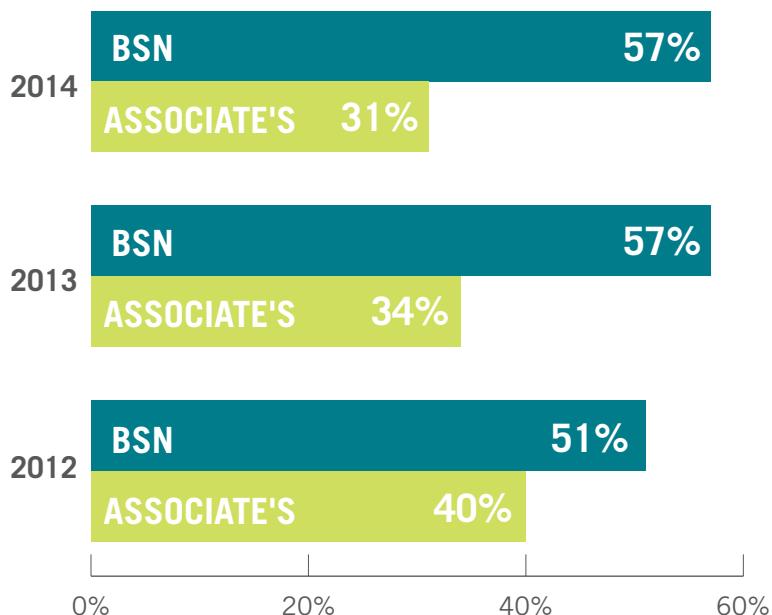
Profession	Percentage of Respondents Reporting Shortage	Percentage of Respondents Reporting Geographic Location	Percentage of Respondents Reporting Salary Requirements
Experienced RNs	50%	43%	27%
Nurse Managers	50%	43%	42%
New RNs	20%	36%	27%

## Educational Attainment of RNs

Each year, the *Nursing and Allied Professionals Workforce Survey* asks hospitals about the distribution of their RNs by degree attainment. Last year, the survey reported that a six percentage-point increase was observed in the number of RNs who have a BSN and a six percentage-point decrease in the number of Associate's degrees.

The results from this year's survey show little change from previous years findings.

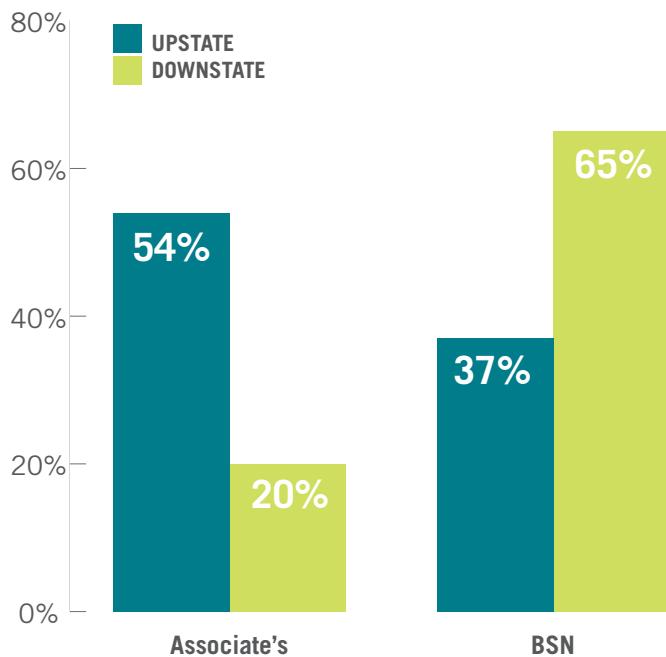
### BSN Degrees: Past Three Years



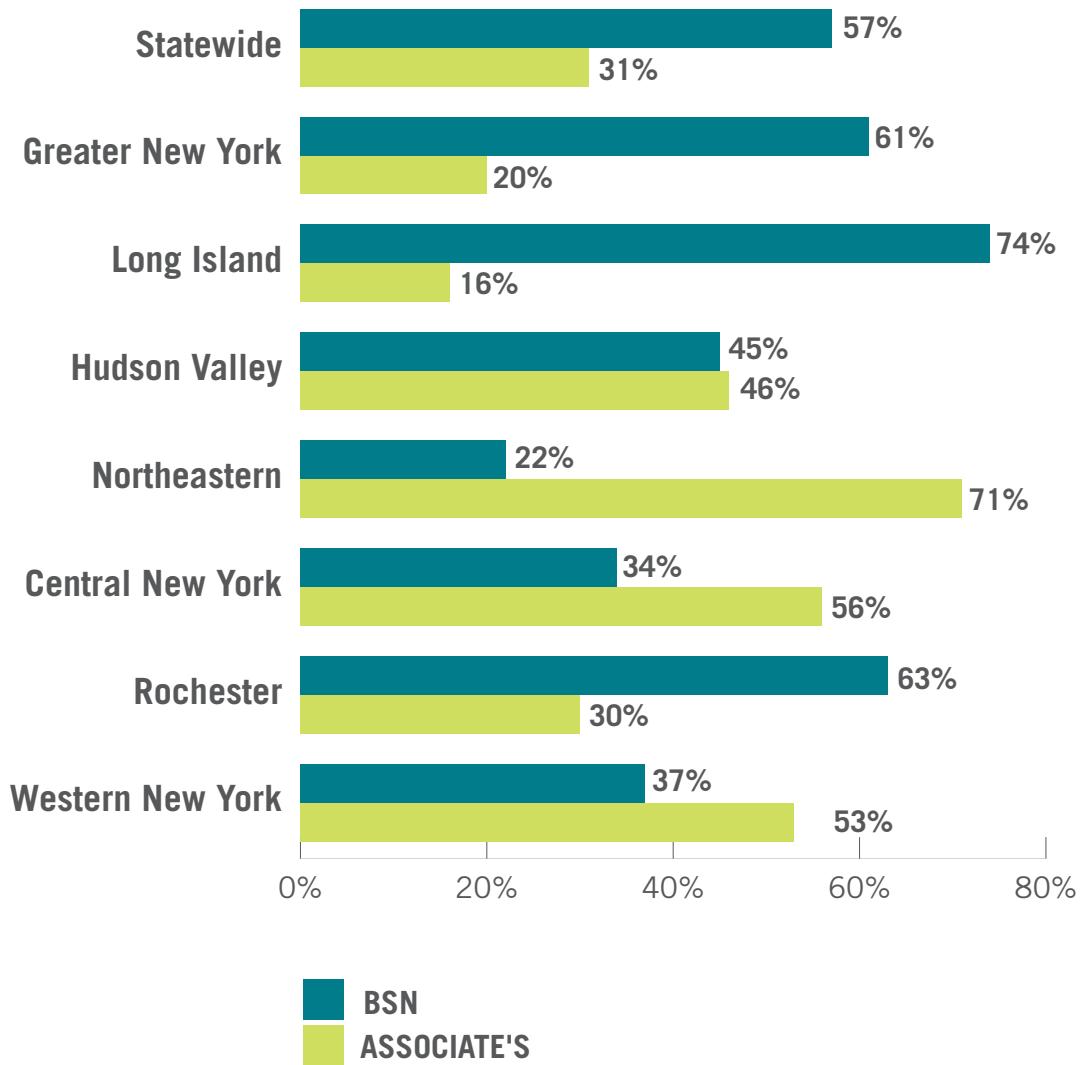
## RN Degrees: Upstate and Downstate Differences

What continues to be striking is the difference in the regional distribution of nurses with Associate's and BSN degrees. Historically, these differences have been due to the lack of BSN nursing school programs upstate.

### RN Degrees: Regional Differences



## RN Degrees by Geographic Region



The overall percentage of BSN versus Associate's degrees closely mirrors last year's findings, which is somewhat surprising, as many hospitals and health systems are reporting large numbers of RNs pursuing their BSN. The Greater New York and Nassau-Suffolk regions are driving the high percentage of BSNs, and the lower rate of BSNs in certain upstate regions may be a reflection of the lack of availability of BSN programs in those regions. These findings correspond with last year's findings with the exception of Western New York, which appears to have had a seven-percentage-point increase in BSNs since last year.

## Pursuit of Higher Education

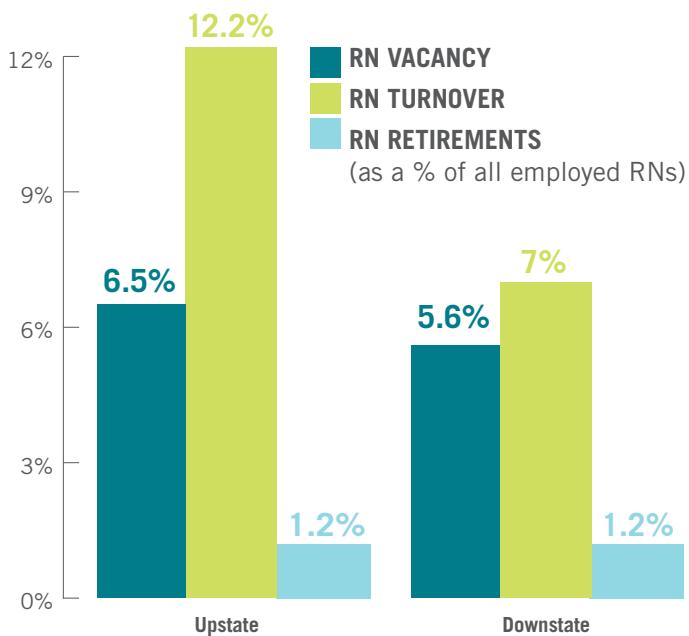
Respondents reported that nearly 6,900 employed RNs and LPNs are pursuing a higher nursing degree. Of those, 54% (3,746) are pursuing a BSN and 38% (2,634) are pursuing a Master of Science in Nursing (MSN) degree. These numbers are slightly higher than last year.

## Vacancy and Turnover Rates for RNs

The vacancy and turnover rates for RNs have remained stable over the last three years.

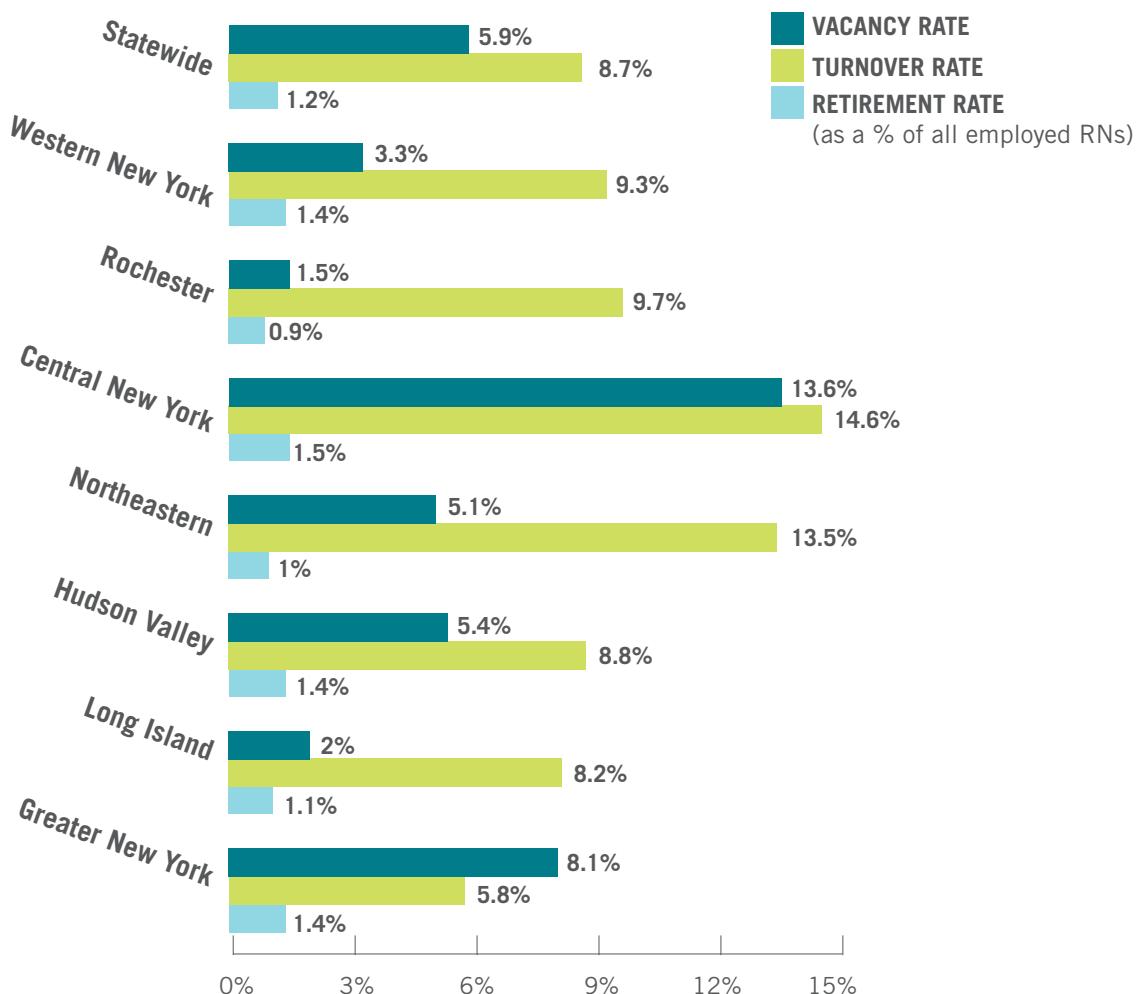
Survey Year	2012	2013	2014
<b>Vacancy</b>	5.6%	4.2%-4.9%	5.9%
<b>Turnover</b>	10.1%	8.1%	8.7%

### RN Vacancy, Turnover, and Retirement: Upstate/Downstate Differences



RN retirement rates are the same upstate and downstate (1.2%); however, RN turnover upstate is almost twice as high as downstate. In fact, as the chart on the next page illustrates, New York City has the lowest overall turnover rate compared to other regions in New York.

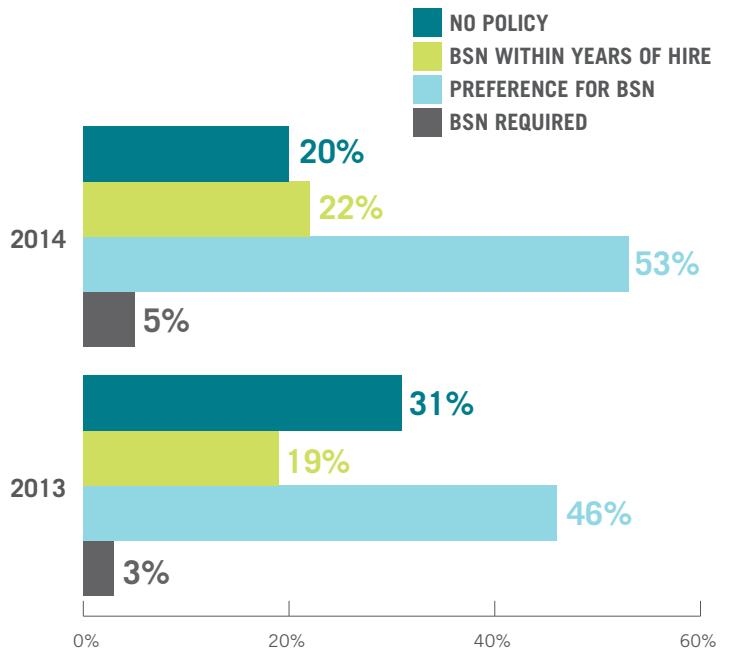
## RN Vacancy, Turnover, and Retirement Rates by Region



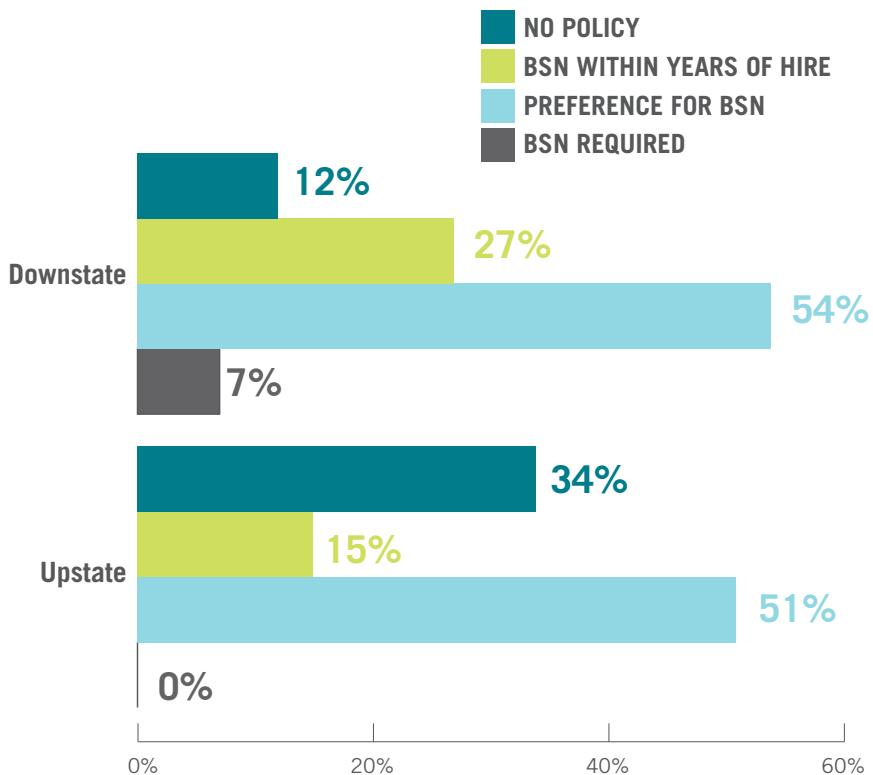
## Hiring Policies

While only 5% of respondents reported that they require a BSN, 53% of hospitals indicated a preference for nurses who hold a BSN, a seven percentage-point increase from last year's findings. An additional 22% of responding hospitals indicated that they require attainment of a BSN within a certain number of years after nurses are hired. Twenty percent had no hiring policy restrictions at all, compared to 31% last year. It seems clear from the findings that hospitals and health systems are interested in increasing the number of BSN-prepared RNs on their staff, and the majority of facilities based on last year's survey findings are providing incentives for Associate's degree RNs to achieve a BSN.

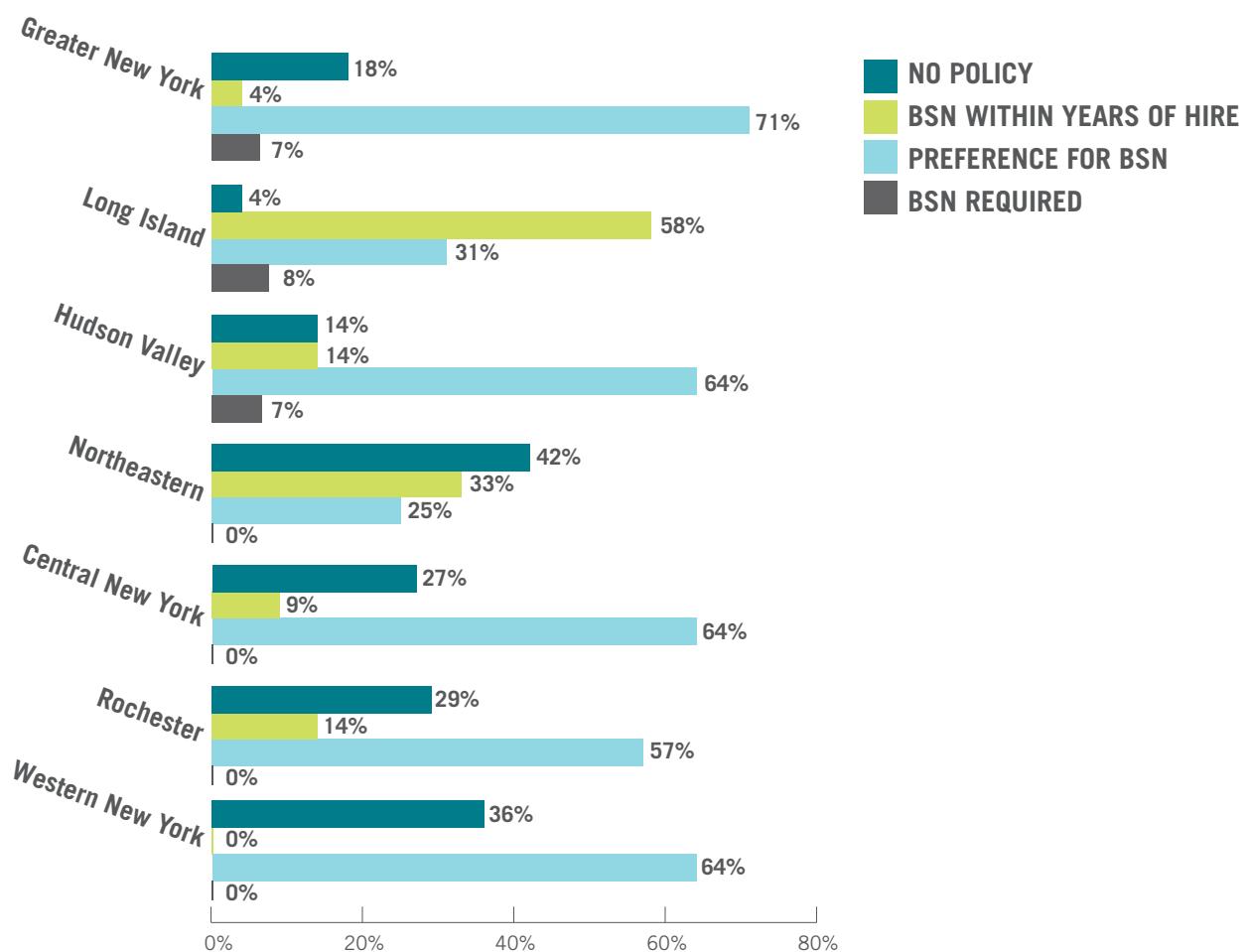
## BSN Hiring Policies



## Hiring Policies: Upstate/Downstate Differences



## Hiring Policies by Region



## Magnet Status

The Magnet Recognition Program was established by the American Nurses Credentialing Center to showcase healthcare organizations with defined professional nursing standards and policies that promote quality patient care, nursing excellence, and innovation in the professional nursing experience. Those facilities that achieve Magnet status must employ a higher percentage of BSN-prepared RNs as part of the requirements.

Of the 109 facilities that responded to the survey, 28% indicated that they had achieved Magnet status. Of the remaining respondents, 25% indicated that they are currently pursuing Magnet status and 46% are considering Magnet status, all numbers that have increased since last year's survey.

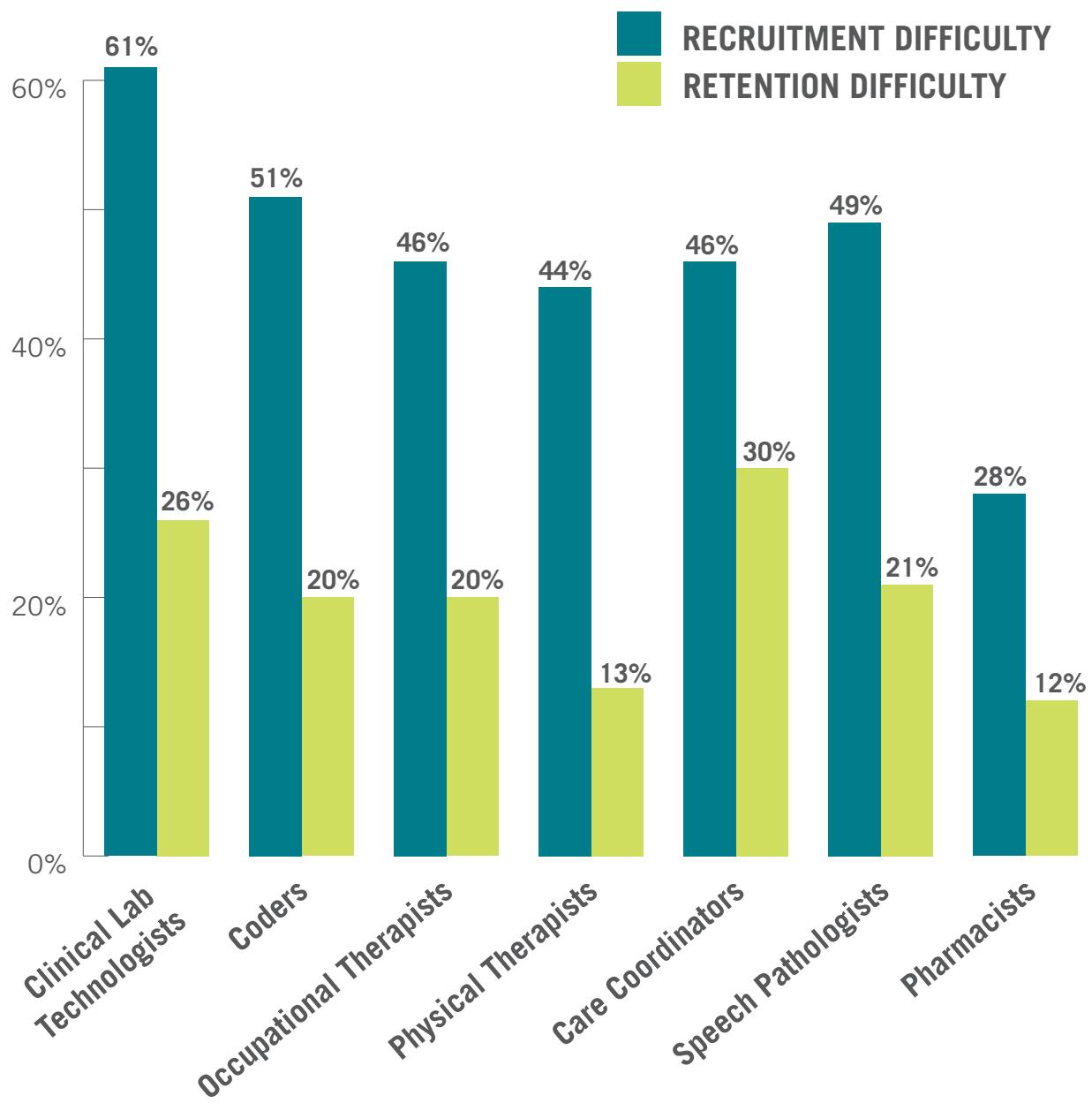
# Survey Findings: Allied Health Professionals

## ***Recruitment and Retention of Other Allied Health Professionals***

As the chart to the right illustrates, the most difficult to recruit allied health professionals included Clinical Lab Technologists, Coders, Occupational and Physical Therapists, Care Coordinators, and Speech Pathologists. Since last year's survey, fewer respondents indicated that Pharmacists were difficult to recruit (28% versus 39%).



## Difficult-to-Recruit Allied Health Professionals



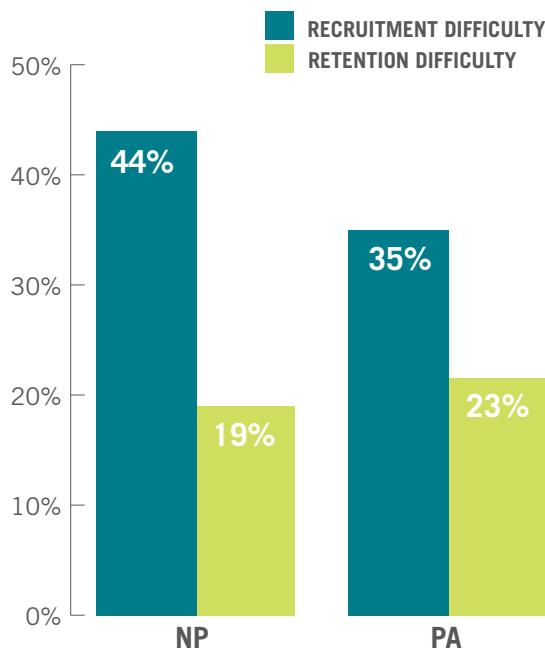
The percentage of respondents who indicated that Clinical Lab Technologists were difficult to recruit also decreased since last year by 11 percentage points. The data suggest that retaining these professionals does not present a problem. Reasons cited for the difficulty in recruiting and retaining these professionals include:

Profession	Percentage of Respondents Reporting Shortage	Percentage of Respondents Reporting Geographic Location	Percentage of Respondents Reporting Salary Requirements
Clinical Lab Tech	64%	35%	44%
Medical Coders	51%	16%	22%
Occupational Therapists	38%	20%	22%
Physical Therapists	33%	17%	33%
Care Coordinators	37%	17%	24%
Speech Pathologists	28%	14%	30%
Pharmacists	27%	29%	20%

## Nurse Practitioners and Physician Assistants

Hospitals and health systems lacking adequate primary care capacity will be heavily reliant on the ability to recruit non-physician clinicians to provide primary care. These NPs and PAs will also be critical to the interdisciplinary care team. On the inpatient side, 53% and 50% of respondents anticipate growth for NPs and PAs, respectively, while 66% and 64% anticipate growth in the outpatient setting for NPs and PAs, respectively. Approximately one-third of respondents expect neither growth nor reduction on the inpatient side, and around 22% do not anticipate any change on the outpatient side.

## Recruitment and Retention of NPs and PAs



Respondents indicated that both NPs and PAs were somewhat difficult to recruit and retain, citing shortages, geographic location, and salary requirements as the reasons. The percentage of respondents citing these reasons are listed below.

Profession	Percentage of Respondents Reporting Shortage	Percentage of Respondents Reporting Geographic Location	Percentage of Respondents Reporting Salary Requirements
NP	35%	41%	32%
PA	29%	33%	33%

# Conclusions

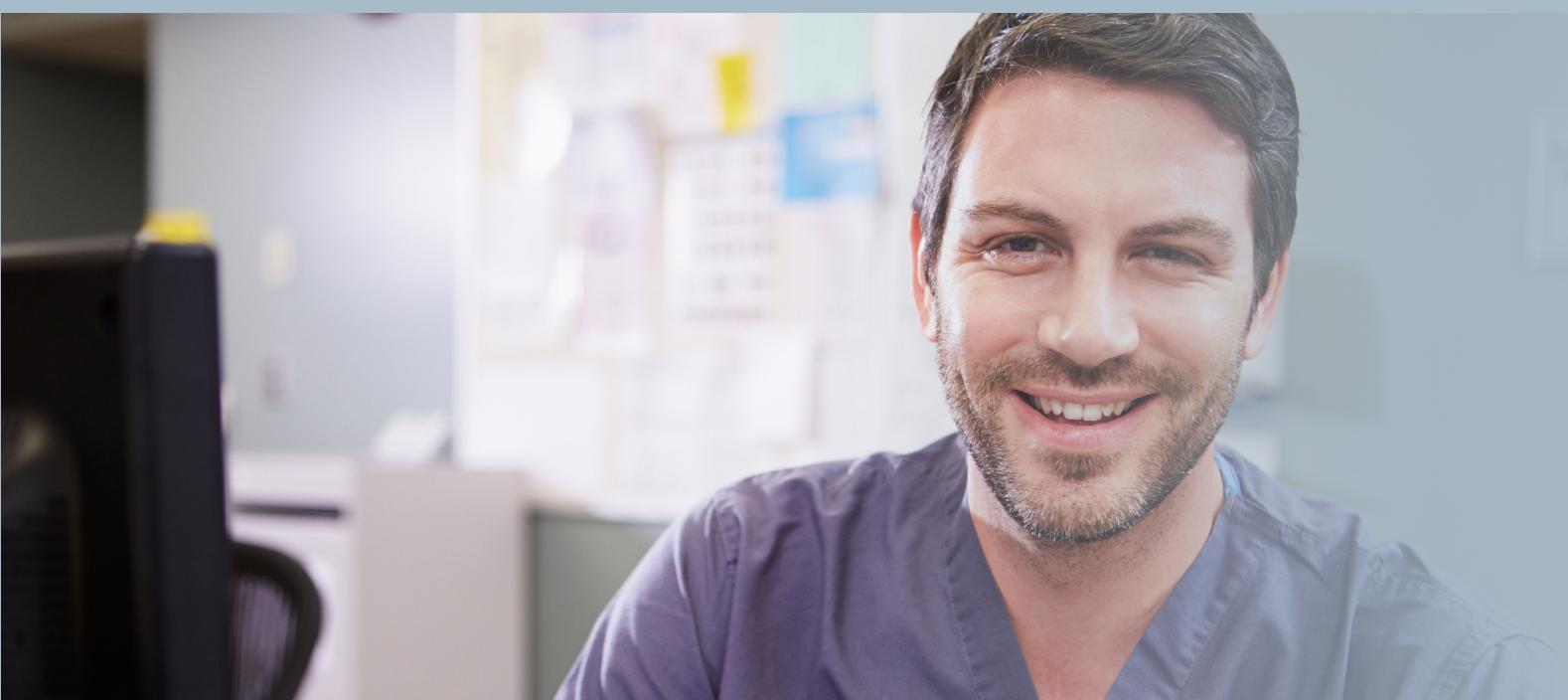
Hospitals and health systems across the state are preparing for the challenges of a changing healthcare delivery system. Providers are developing their own local solutions to address key care coordination functions by re-deploying staff titles such as Care Coordinator, Case Manager, and Patient Navigator, and the findings from this survey reflect overlap and inconsistency of the functions performed by these titles.

While the job responsibilities vary, there is convergence on the types of functions that are being performed. Hospitals and health systems are thinking about how to meet patients' needs through care coordination and are taking action. This is re-shaping the healthcare workforce, a process that will continue as the healthcare system continues its transformation.

As New York's PPSs begin to serve patients in the next few years, scope of practice issues and the functions of interdisciplinary teams will be at the forefront. The success of the various DSRIP projects will depend on the types of staff and functions that are used to meet the goals of each project. Developing and maintaining interdisciplinary care teams that acknowledge the differing needs of

patients will be critical. To succeed in this evolving environment, team members must be allowed to work to the highest level of their education and training to optimize workforce efficiency and flexibility.

The results of our survey raise additional questions about emerging healthcare workforce titles, as well as the challenges hospitals and health systems are facing. Survey respondents said that they anticipate the most growth for NPs, PAs, RNs, and Care Coordinators in outpatient settings. Together with the emerging titles on which this survey focused, these professionals will all be a critical part of interdisciplinary care teams on the front lines of achieving the healthcare triple aim of lower costs, better access, and improved quality.



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