# Applying Nursing Workforce Data in Today's Practice

## 2017 Future of Nursing Summit

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# 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

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# Today's Presentation

- What's changing in health care

- Workforce impacts, issues and challenges

- Data and information on the nursing workforce in New York

- Looking ahead

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# The Changing Health Care Delivery System

- Shifts focus to primary care and prevention

- Goal of improving population health by increasing access to high quality, cost-effective health care services

- Service integration: primary care, behavioral health and oral health

- Increased use of multi disciplinary teams in service delivery

- Emphasis on chronic disease management and care coordination

- Payment reform – paying for quality of care, not quantity of services

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# New York's Programs to Transform Health Care

| | Delivery System Reform Incentive Payment (DSRIP) Program | State Health Innovation Plan (SHIP) State Improvement Model |
|---|---|---|
| **Goals** | • Large-scale reform of the delivery system accountable for safety net patients<br>• 25% reduction in avoidable hospital use over 5 years | • Integrated, value-based care through population health-based care delivery models and payment innovation<br>• 80% of New Yorkers impacted within 5 years |
| **Scope** | • All providers that qualify as Safety Net providers, along with coalitions (PPS) of other proximate providers<br>• All Medicaid patients attributed to those coalitions | • All primary care practices<br>• All payers<br>• All New Yorkers |
| **Units** | • Provider Performing Systems (PPSs) | • Primary care practices (of any size or affiliation) |
| **Payment models** | • Provider incentive payments based on project milestones and outcomes; transition to value based payment | • Range of payment models, unique to payers but aligned across them, including P4P, shared savings, capitation, etc. |

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# 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 and workforce availability

- Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

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# 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."
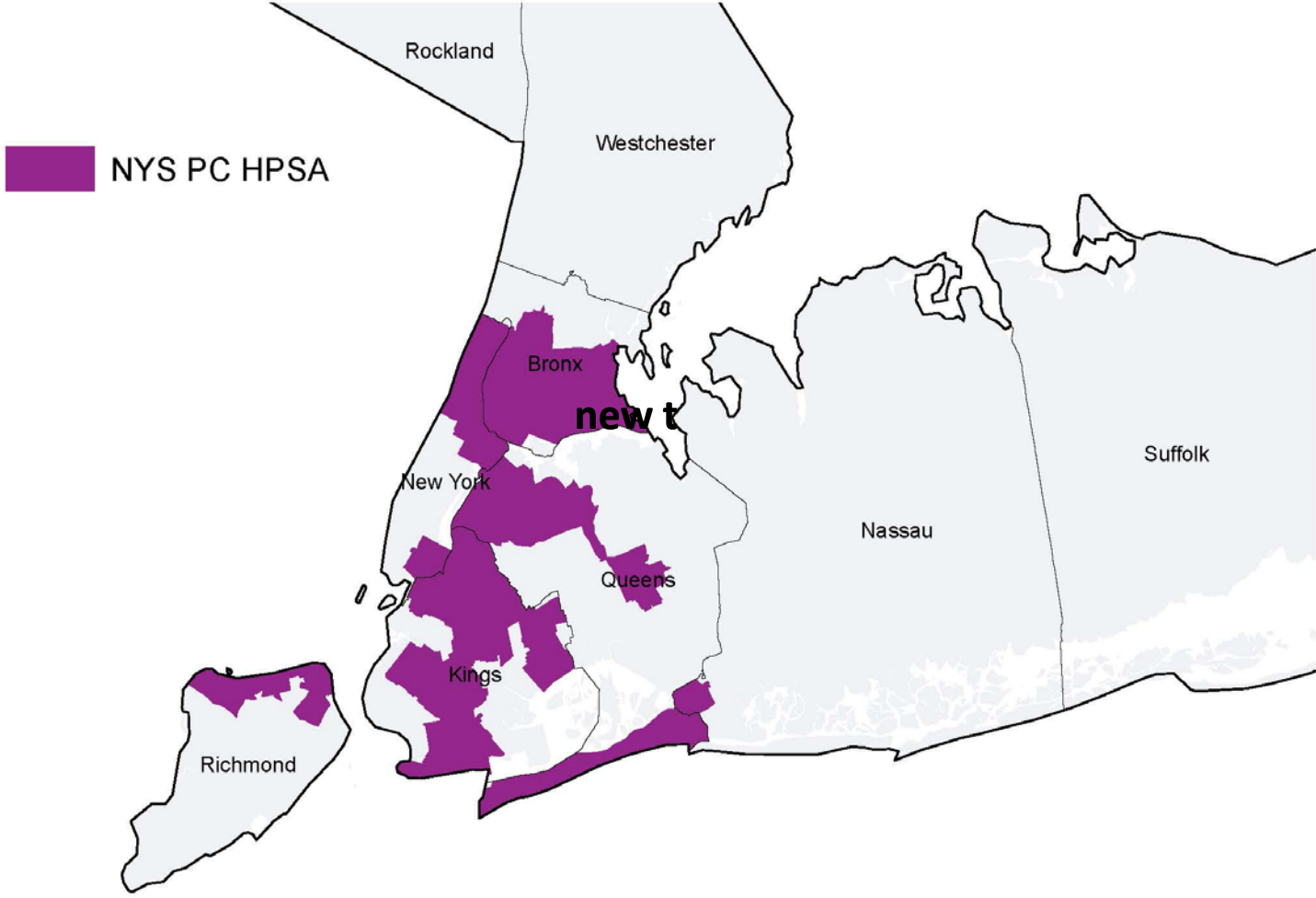
  Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
  - o Higher levels of patient satisfaction
  - o Better clinical outcomes

- The most effective and efficient teams demonstrate a substantial amount of shared responsibility (scope overlap)

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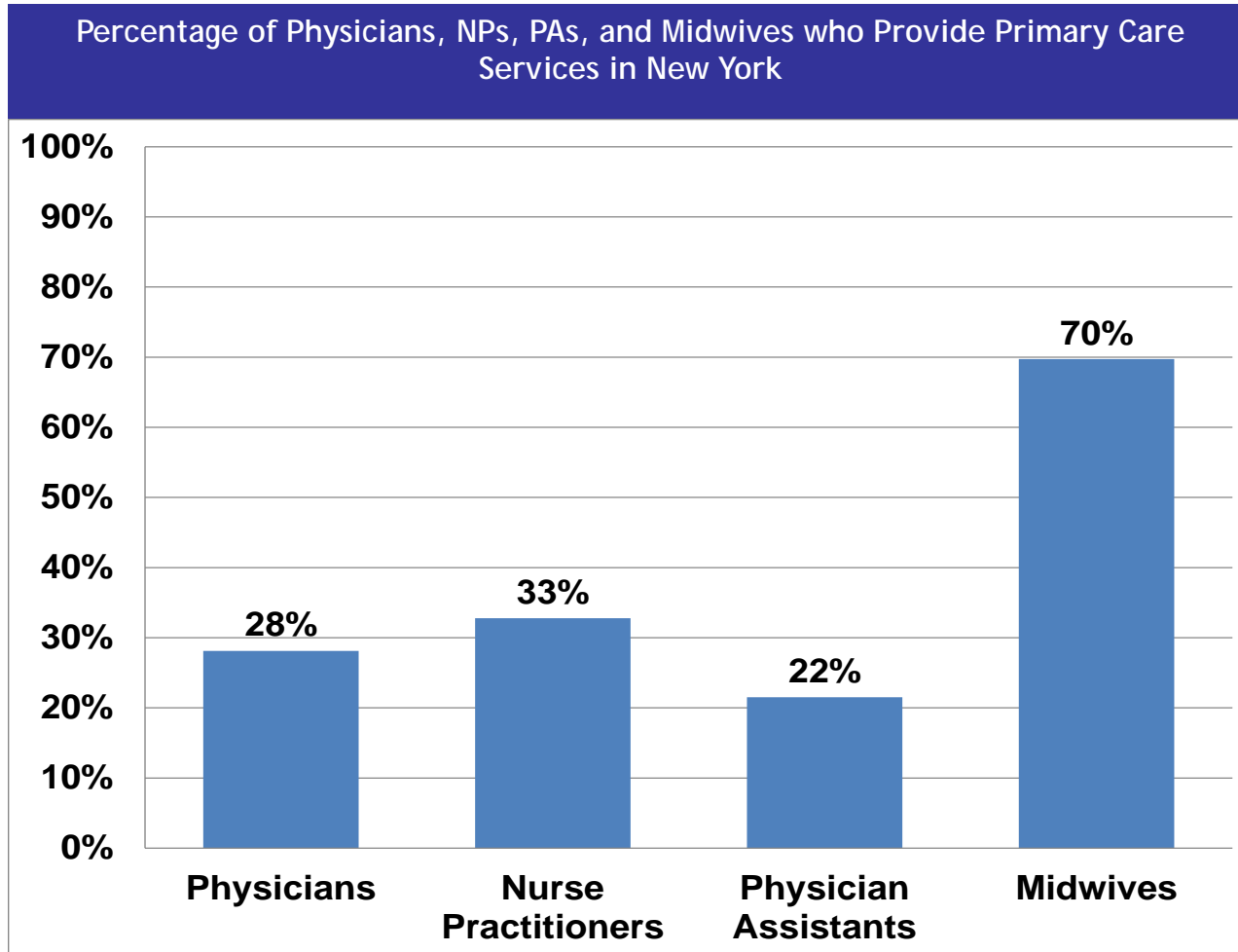Center *for* Health Workforce Studies

# So What's the Problem?

- Inadequate primary care capacity

- Maldistribution of available workforce

- Health professions students are not trained in team-based models of care and 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

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# Primary Care Health Professional Shortage Areas in New York City

Source: Center for Health Workforce Studies

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# Who Are New York's Primary Care Practitioners?



Percentage of Physicians, NPs, PAs, and Midwives who Provide Primary Care Services in New York

- Physicians: 28%
- Nurse Practitioners: 33%
- Physician Assistants: 22%
- Midwives: 70%

Source: Center for Health Workforce Studies

# What is Scope of Practice?

- Professional scope of practice, i.e. professional competence, describes the services that a health professional is trained and competent to perform

- Legal scope of practice, based on state-specific practice acts, define what services a health professional can and cannot provide under what conditions

- Legal scope of practice and professional competence overlap, but amount of overlap varies by state and by profession

# Issues With State Based Health Professions Regulation

- Mismatches between professional competence and state-specific legal scopes of practice

- Lack of uniformity in legal scopes of practice across states for some health professions

- Lack of flexibility to support shared responsibility (scope overlap)

- The process for changing state-specific scope of practice is slow and adversarial

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# State to State SOP Variation: Nurse Practitioners



ALLOWED / LIMITED

- AUTONOMOUS PRACTICE
- PRIMARY CARE PROVIDER
- INDEPENDENT PRESCRIBING
- ORDER PHYSICAL THERAPY
- SIGN DEATH CERTIFICATE
- SIGN HANDICAP PARKING PERMITS
- SIGN WORKERS' COMP CLAIMS

NOT ALLOWED

NO LAW

View the interactive version online:
www.bartonassociates.com/np-laws

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DISCLAIMER

This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org
The 2012 Pearson Report - www.webnponline.com
The Nurse Practitioner's 24th Annual Legislative Update - www.tnpj.com
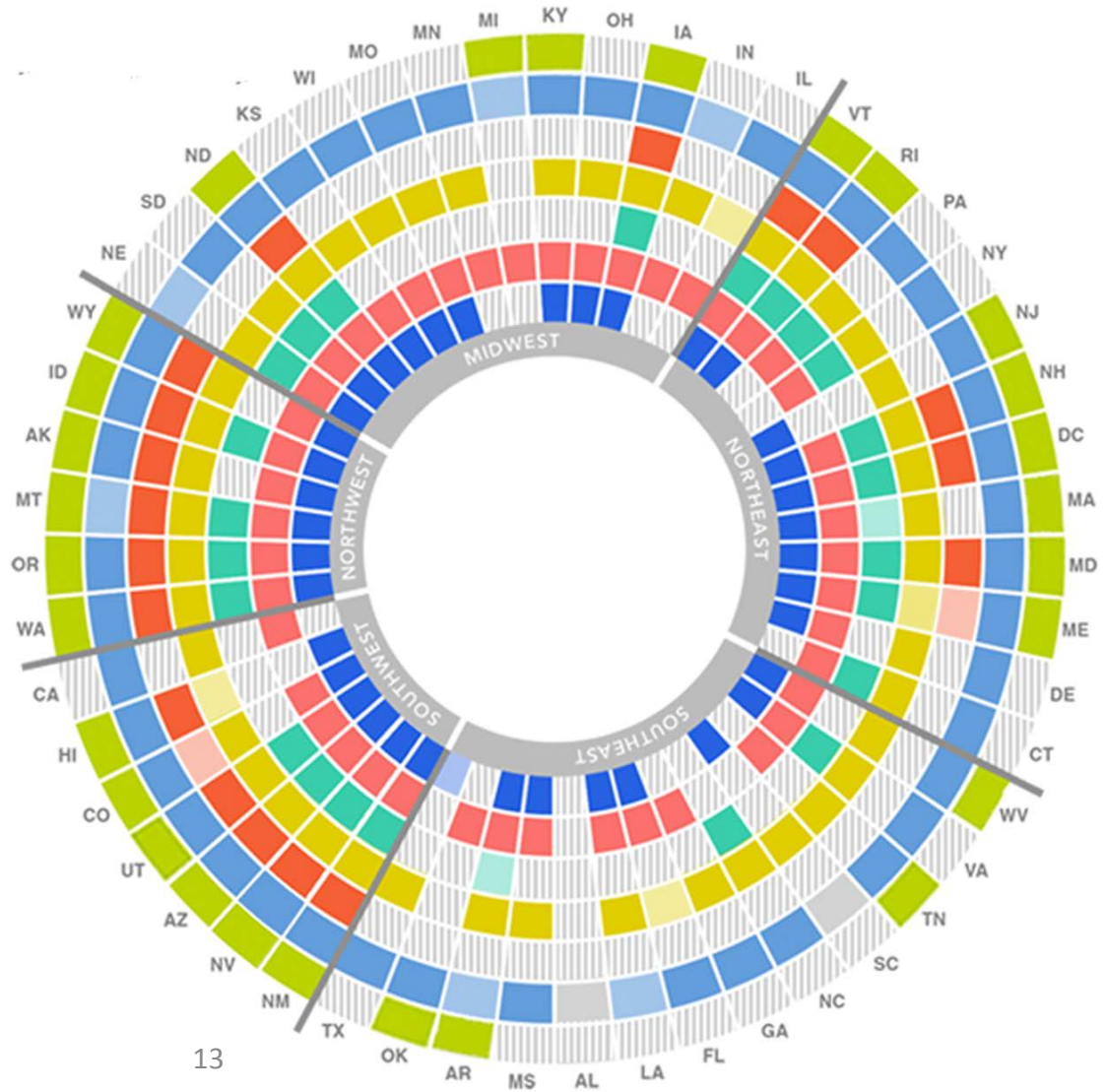
# Key Workforce Strategies

- Expand the size and composition of the primary care workforce in the state

- Better prepare the health workforce for new roles in emerging models of care

  - o Working on teams
  - o Ambulatory care, primary care
  - o New roles and functions – population health, data analytics, care coordination

- Better align legal scopes of practice with professional competence

- Address workforce maldistribution in rural and inner city underserved communities

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# **Health Workforce Data and Research in New York**

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# Why Collect Health Workforce Data?

- Urgent need for workforce data transformed into information

  - 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 Do We Need to Know?

- **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

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# 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

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# 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
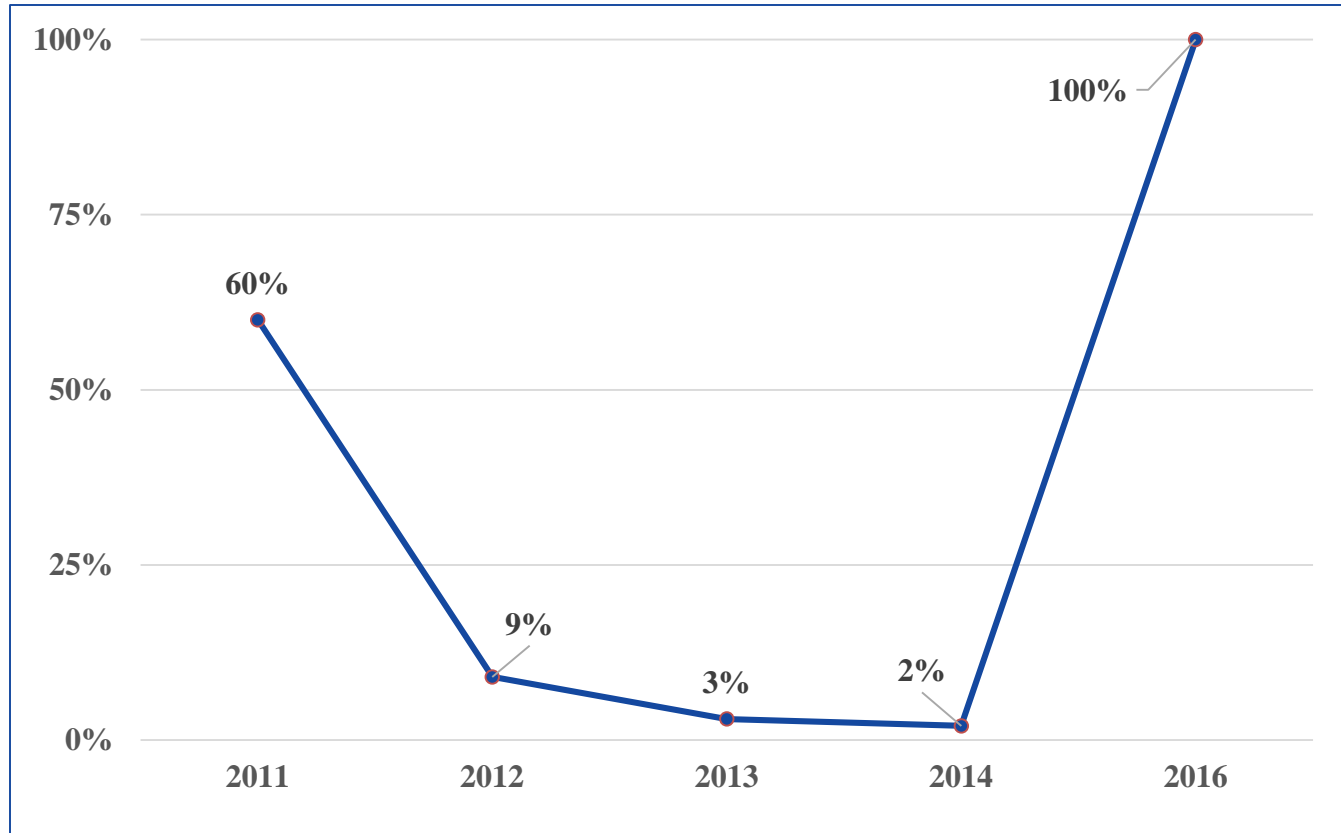
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# Registered Nurse Re-registration Survey Response Rate, 2008-2014
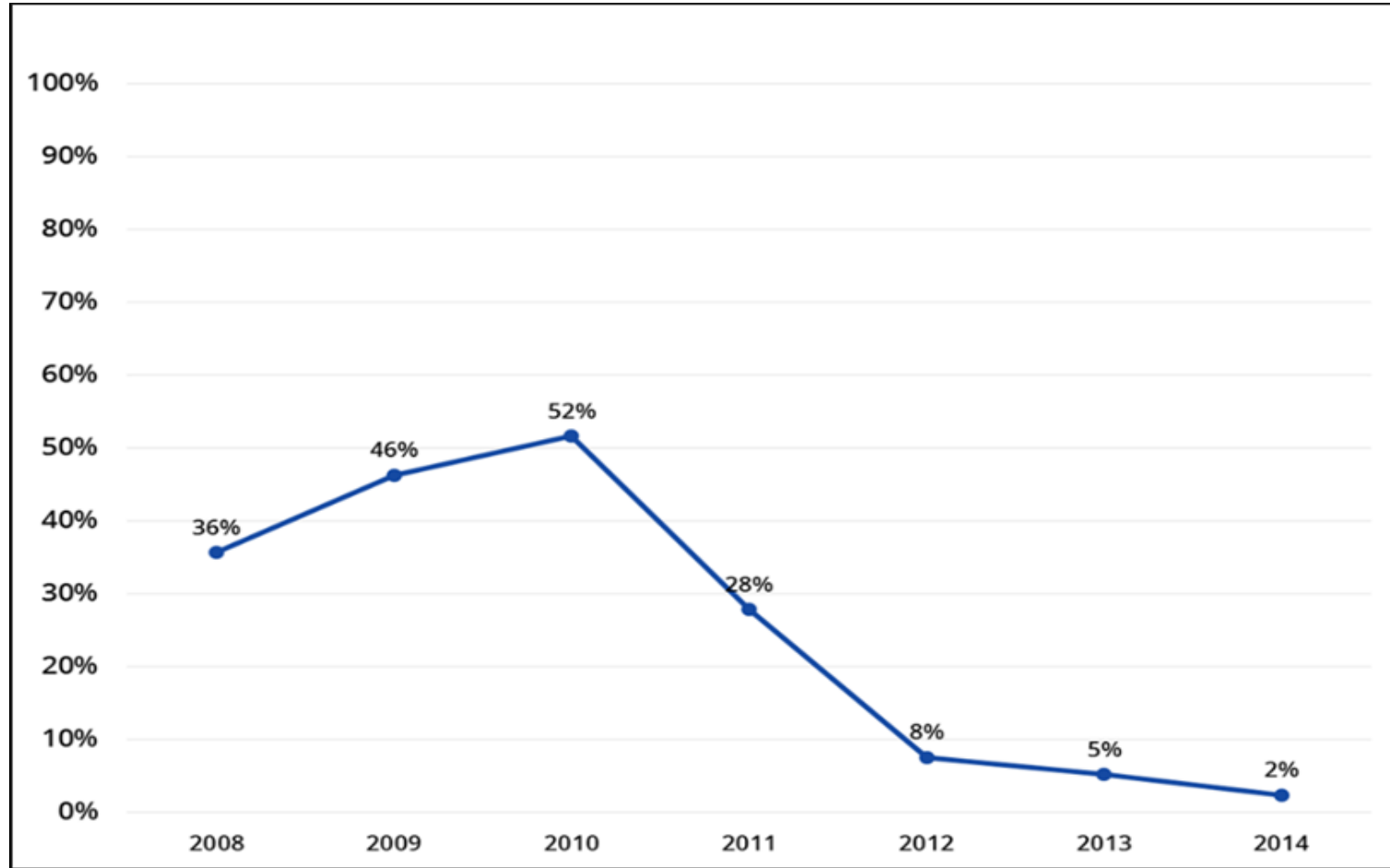
# Other Sources of Data on Other Health Professions in the State

- Alternative Health Workforce Data Sources
  - American Community Survey (ACS)
  - Occupational Employment Statistics (OES)
  - National Practitioner Identifier
  - Proprietary Vendors (SK&A, AMA MF)

- Issues with These Data Sources
  - Lacks needed detail
  - Not always current
  - Not always accurate or complete
  - Sometimes reports jobs, not people

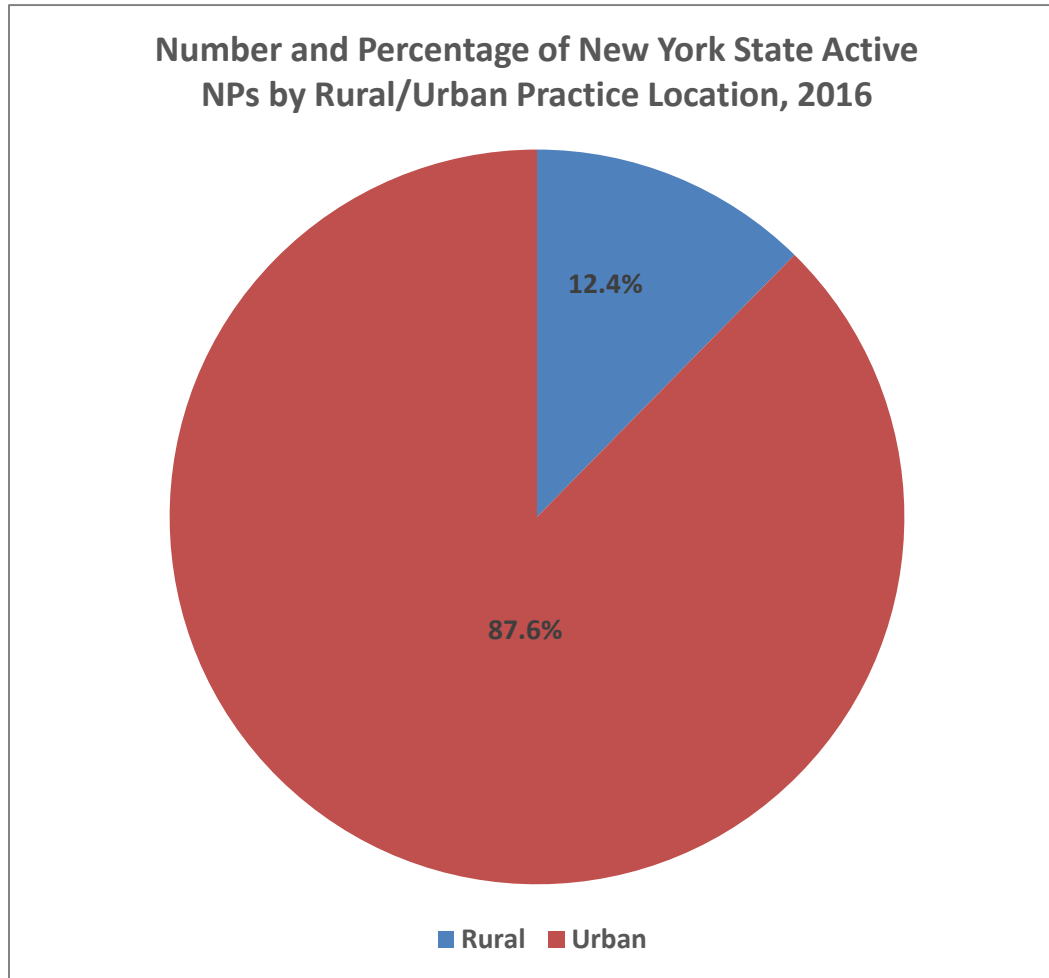# Nurse Practitioner Re-registration Survey Response Rates, 2011-2016

# 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**



12.4%

87.6%

■ Rural ■ Urban

Source: Center for Health Workforce Studies

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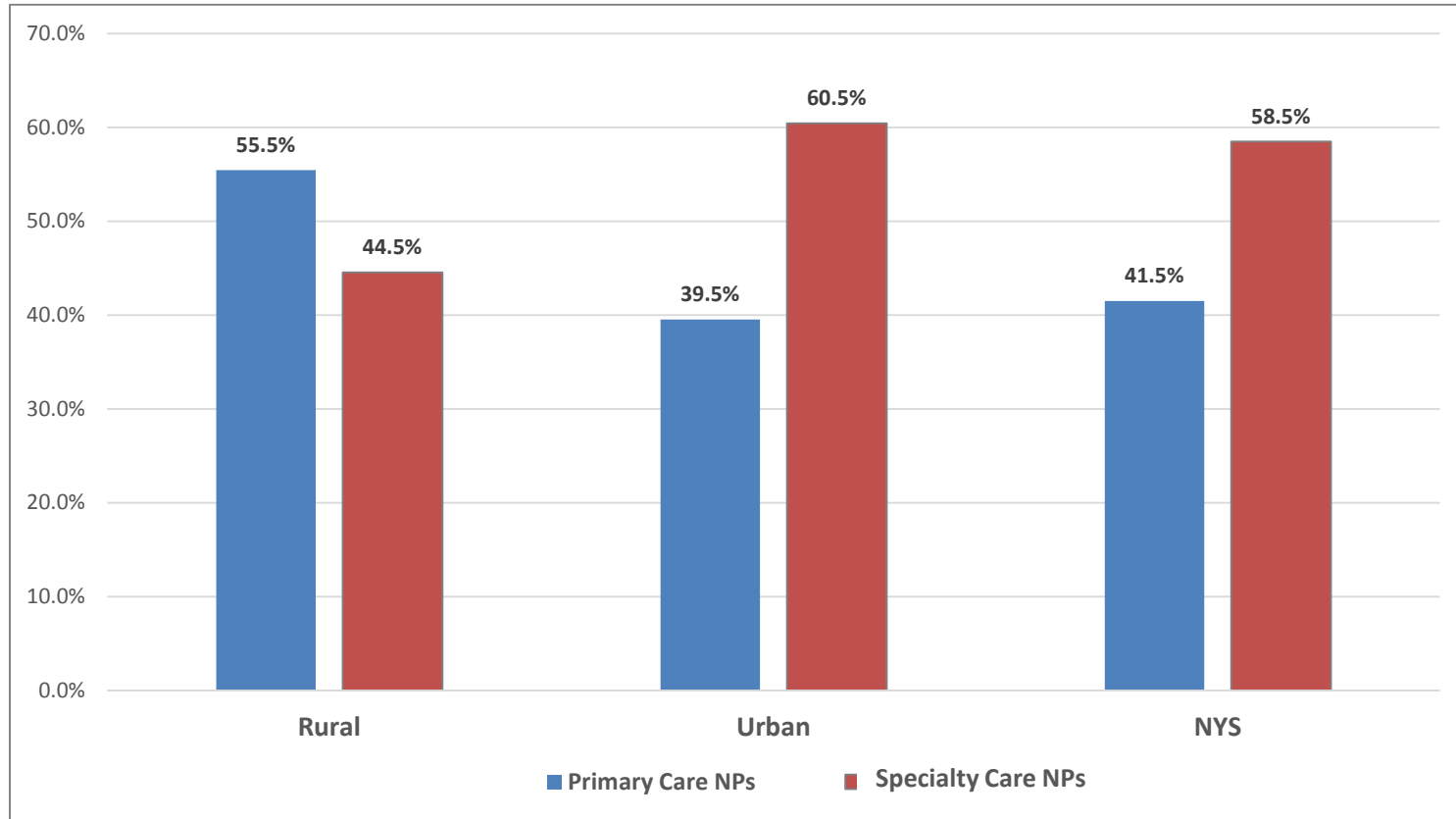
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# NYS Senate Introduced a Bill to Mandate Health Workforce Data Collection

- S5344

  o Proposes collecting data through the Physician Profile to support health workforce planning

  o 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

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# Annual Nursing Deans and Directors Survey

- CHWS conducts an annual 'fax back' survey of nursing education programs in the state
  - Asks about:
    - applications, acceptances, and graduations
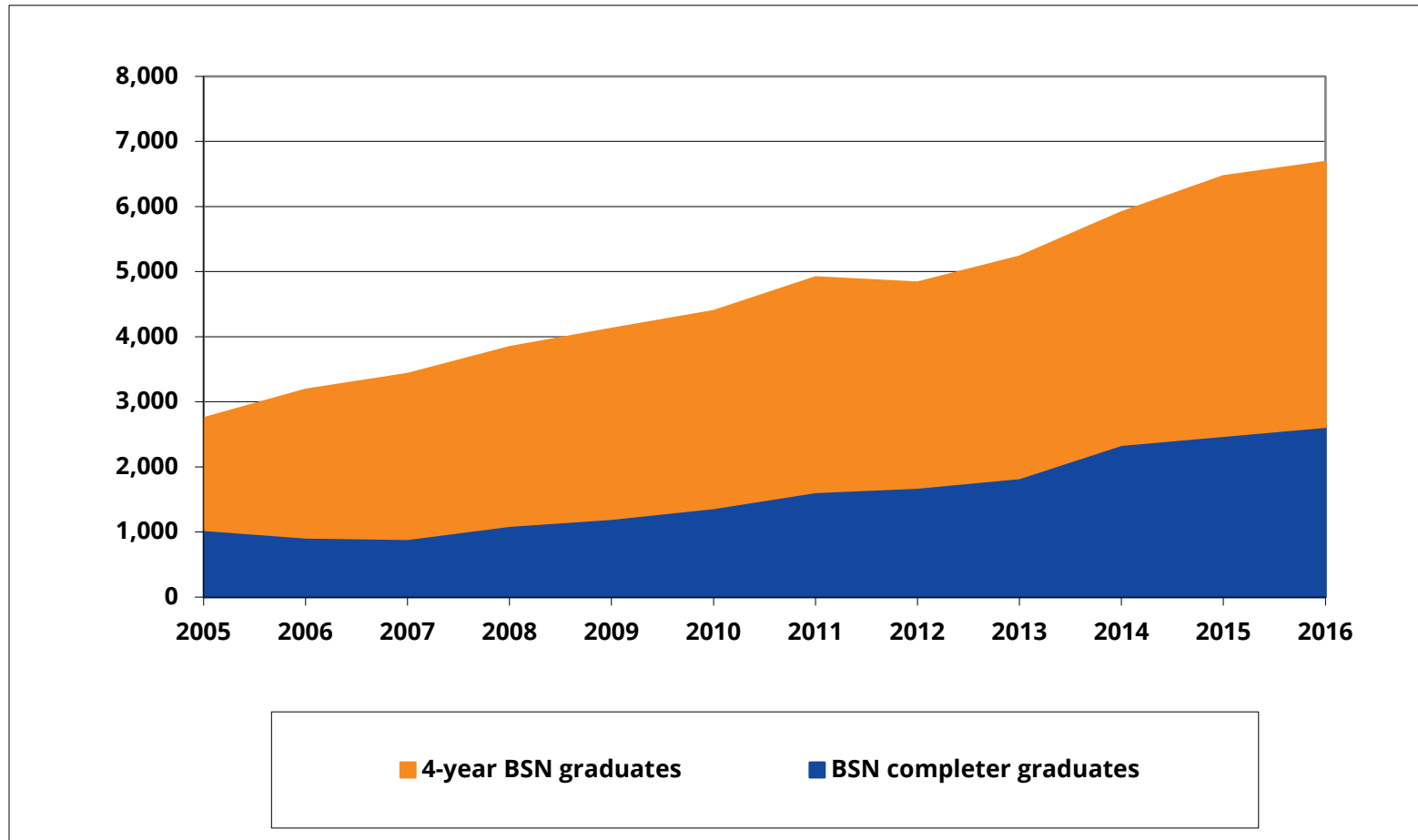    - Perceptions of the job market for their graduates
- Annual response rate well over 90%

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

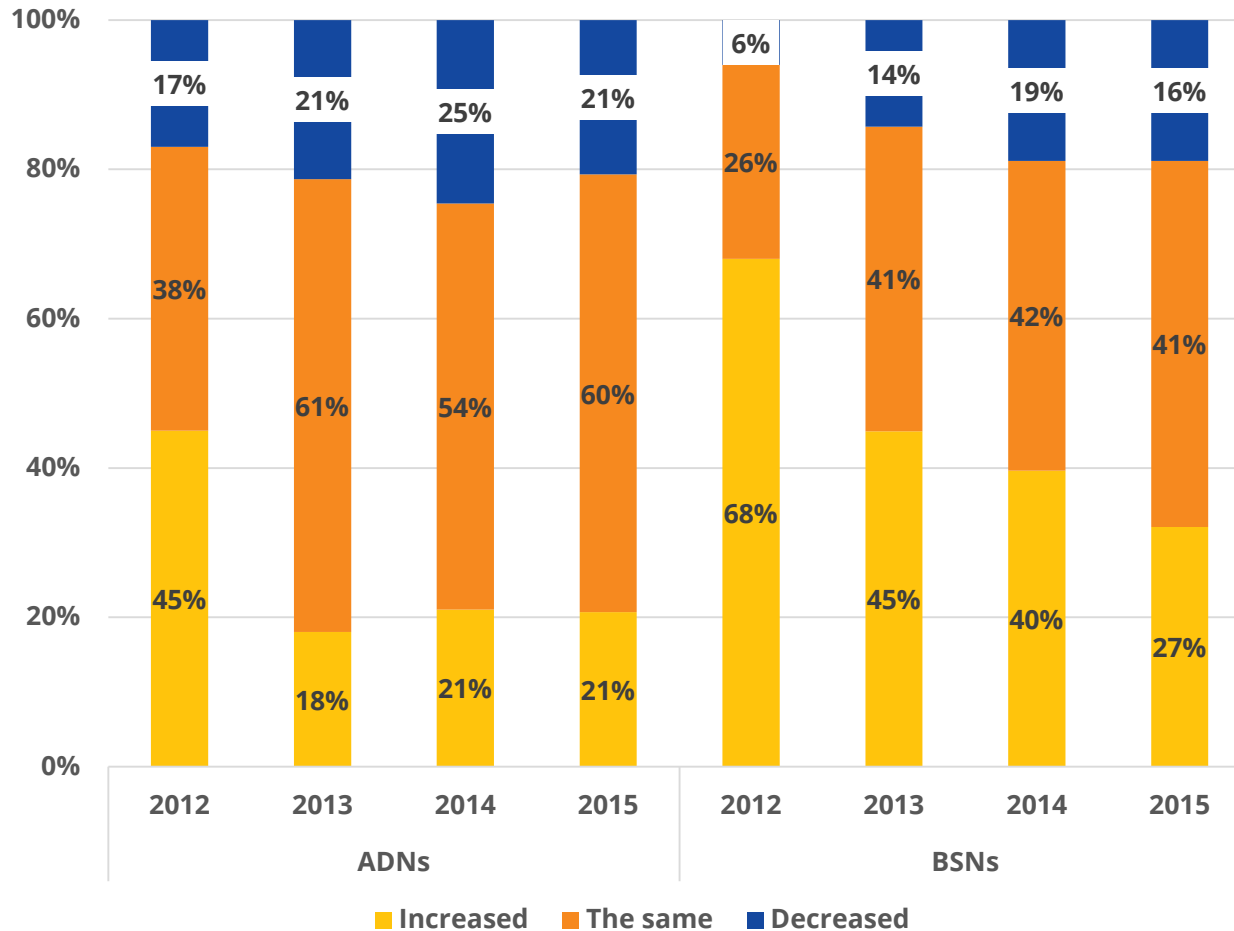New York RN Graduations, by Degree Type, 1996-2016

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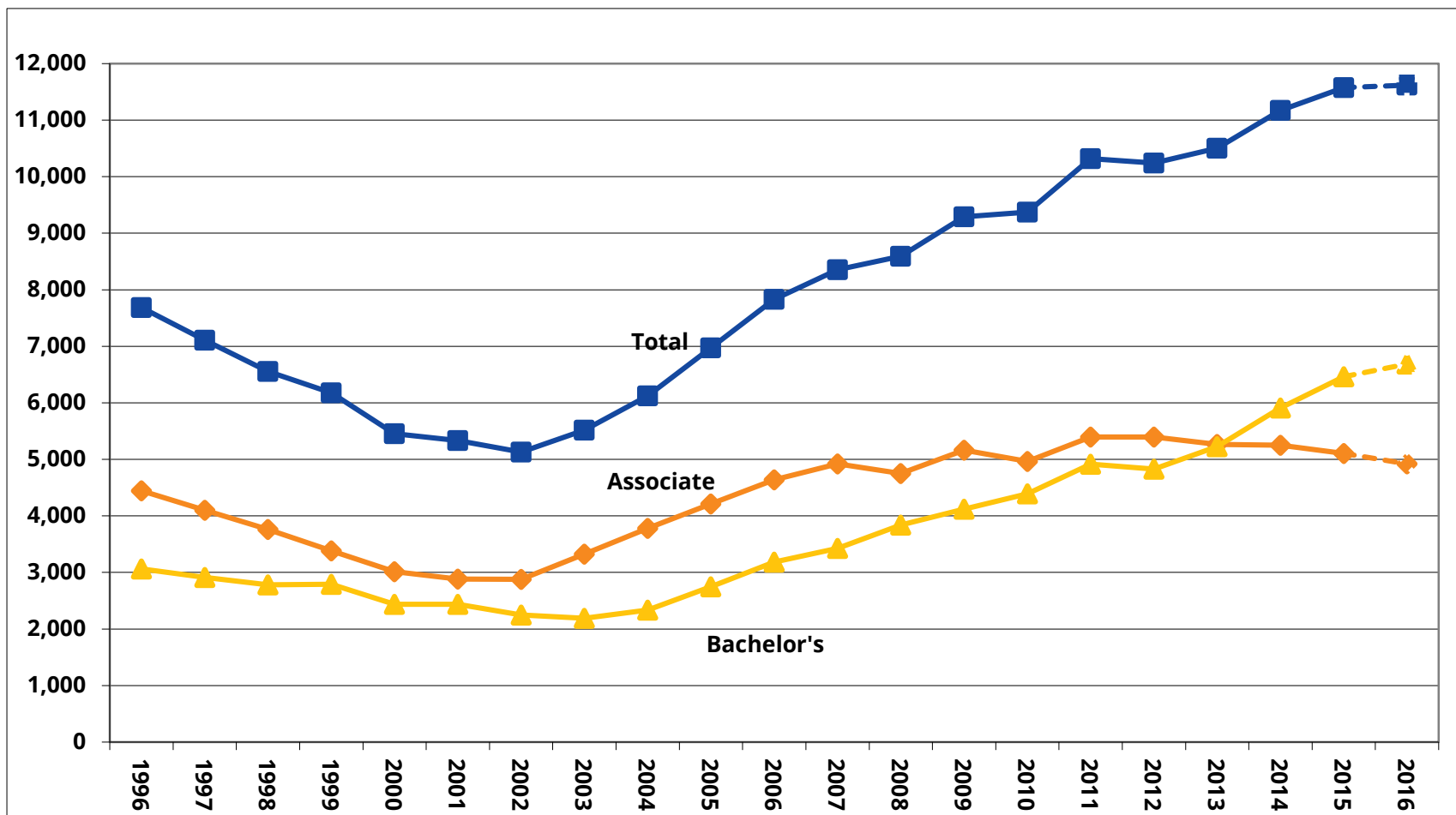
# Growing Number of BSN-Completers

## Graduations from BSN 4-Year and BSN Completer Programs, 2005-2016

# Variation in Applicants by Program Type

## Percent Change in Number of Applications By Degree Type, 2006-2015



**ADNs**

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Decreased | 17% | 21% | 25% | 21% |
| The same | 38% | 61% | 54% | 60% |
| Increased | 45% | 18% | 21% | 21% |

**BSNs**

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Decreased | 6% | 14% | 19% | 16% |
| The same | 26% | 41% | 42% | 41% |
| Increased | 68% | 45% | 40% | 27% |

Legend: ■ Increased ■ The same ■ Decreased

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# Variation in Acceptances by Program Type

## Percent Change in Number of Acceptances By Degree Type, 2006-2015



**ADNs**

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Decreased | 27% | 27% | 18% | 16% |
| The same | 55% | 63% | 67% | 79% |
| Increased | 18% | 10% | 16% | 5% |

**BSNs**

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Decreased | 6% | 17% | 8% | 13% |
| The same | 35% | 42% | 58% | 62% |
| Increased | 59% | 42% | 32% | 21% |

Legend: ■ Increased  ■ The same  ■ Decreased

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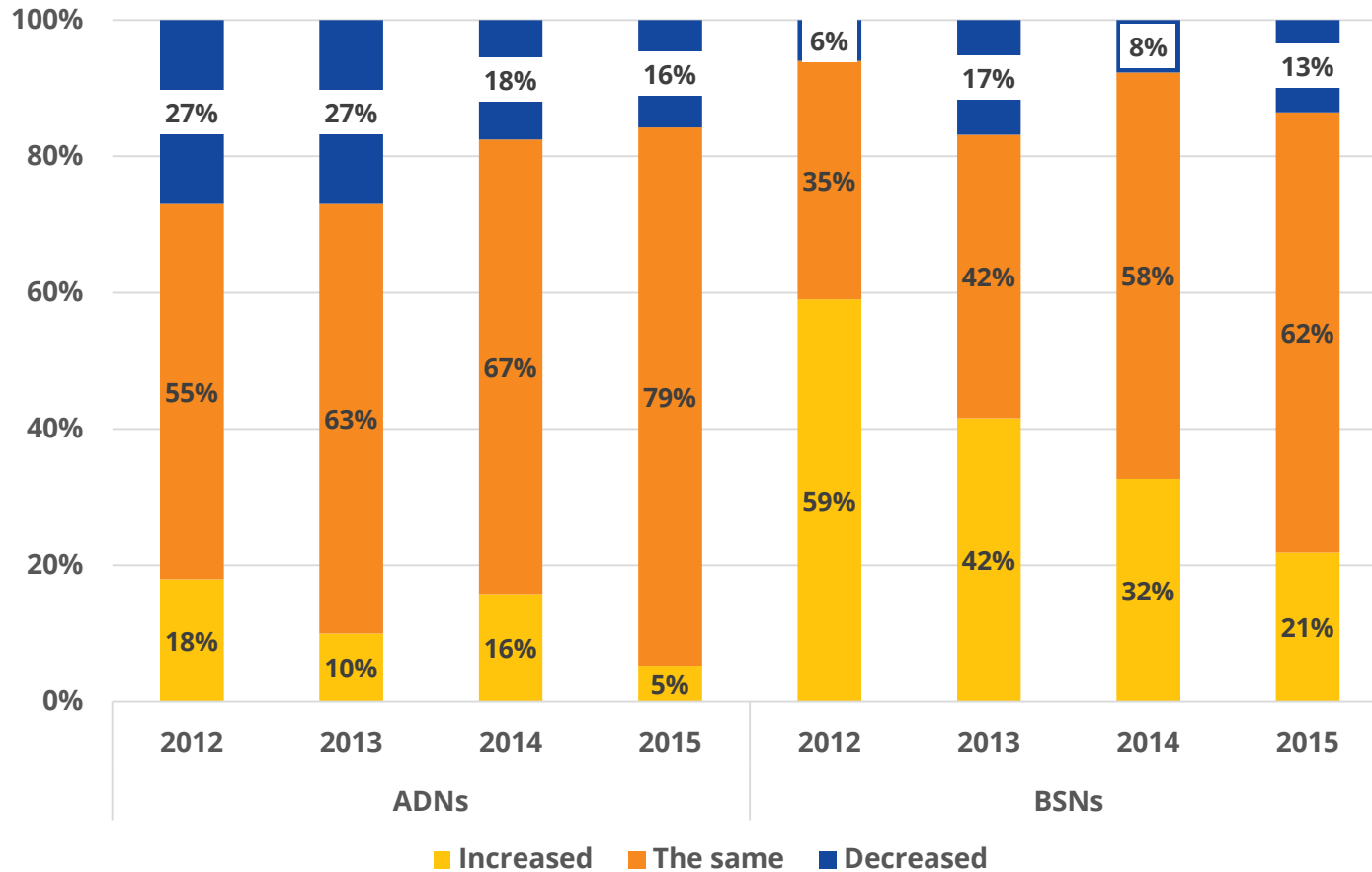
# Provider Demand Surveys:
# RN Recruitment and Retention Issues

- Involves collaborations with provider associations

- In 2015, NY providers reported:

  o All providers: experienced RNs hard to recruit, but newly trained RNs are not

  o Hospitals: Hard to recruit and retain clinical laboratory technologists, HIT staff and medical coders

  o Nursing homes and home health: Hard to recruit occupational therapists, physical therapists, speech language pathologists, dieticians/nutritionists

  o Community health centers:  Hard to recruit dentists, geriatric nurse practitioners and psychiatric nurse practitioners

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# The Future of RN Workforce in NY

- Currently there is a relative balance between the supply of and demand for registered nurses (RNs) in New York State, with the supply of RNs being slightly greater than the demand

- Demand for RNs in New York is expected to grow between 2015 and 2025, especially in long-term care settings.

- If current training and retirement patterns remain the same, the supply of RNs is expected to grow and continue to meet projected demand; however, changes in the estimated number of RN graduates or retirements could lead to future RN supply-and-demand imbalances

- The impact of changes to health policy on future demand for RNs is less certain

  o Will declining demand for RNs in acute care be offset by increasing demand for RNs in ambulatory care?

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# As We Plan for the Future

- Support efforts to collect better workforce data on RNs and LPNs in the state

- Make the case for nursing in the broader health care delivery system - in acute care, long-term care and ambulatory care

- Prepare nurses for the future – new skills and new work settings

- Describe impacts of the nursing workforce on cost, quality and access to care

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# Thank you

# QUESTIONS?