



EMERGING POSITIONS IN PRIMARY CARE:
Results from the 2014 Ambulatory Care Workforce Survey

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INTRODUCTION

Health care systems across the country are undertaking significant transformation efforts that focus on primary care and other ambulatory practices to help decrease health care costs and avoidable hospitalizations. To support this effort, primary care practices have adopted new care models and processes that affect workforce composition. Health system transformation initiatives in New York, which include the State Department of Health's (DOH) Delivery System Reform Incentive Payment (DSRIP) program and State Health Innovation Plan (SHIP), emphasize the role of primary care and the adoption of the patient-centered medical home (PCMH) model as catalysts for change. DSRIP requires all participating primary care providers to achieve the National Committee for Quality Assurance's (NCQA) PCMH standards by April 2017. This aligns with SHIP, where DOH's goal is for 80% of the State's primary care providers to operate under an advanced primary care model that incorporates NCQA's PCMH standards. DSRIP and SHIP build upon DOH's recently completed Hospital-Medical Home Demonstration Program (H-MH), which required its 156 participating primary care teaching practices to achieve PCMH recognition by the NCQA's 2011 standards.

These complementary initiatives, along with PCMH incentive payments from Medicaid and some commercial health insurance companies, have helped accelerate New York State's adoption of the PCMH model. New York currently has more PCMHs than any other state, comprising 14% of the country's recognized PCMHs.* Practices with NCQA's PCMH recognition are expected to monitor and manage their patient panels' health care needs and coordinate care for patients seeing multiple providers or transitioning between health care settings. These additional patient-centric activities have impacted the primary care workforce, adding new tasks to existing staff and emerging roles dedicated to care coordination.

ABOUT THE AMBULATORY CARE WORKFORCE SURVEY

In October 2014, GNYHA surveyed 120 primary care practice sites participating in DOH's H-MH program. All H-MH participants are PCMHs recognized by NCQA's 2011 standards. Forty-eight practices (40%) responded to the survey. The responses included practices across the New York downstate area, including each of New York City's five boroughs, Long Island, and Westchester. There was one response from a practice in upstate New York.

GNYHA sought to understand the composition of the primary care workforce and the roles and titles in the practices

*NCQA Physician Directory (<http://recognition.ncqa.org/index.aspx>); accessed January 13, 2015.

THE PCMH MODEL

NCQA's PCMH recognition is a primary care model that emphasizes access, communication, and care coordination to enhance quality and the patient experience. PCMH-recognized practices use population management techniques as a tool to steer away from episode-based encounters and towards longitudinal relationships between patients and their personal physicians. Information technology capabilities further these efforts, as PCMH-recognized practices are encouraged to use certified electronic health records to help manage patient care, communicate between providers, and facilitate quality reporting. Practices seeking PCMH recognition must demonstrate that the following required elements are in place:

- Patient-centered appointment access
- Structured practice team with defined roles
- Use of data for population health management
- Documentation of care planning and self-care support
- Processes for referral tracking and follow-up
- Continuous quality improvement initiatives

More information on the PCMH standards is available at <http://www.ncqa.org>.

INTRODUCTION (continued)

responsible for care coordination activities. Under the assumption that new skill sets may be required to operate successfully in the PCMH model, the survey also asked respondents to share perceived training and education gaps in the primary care workforce.

This report compiles the primary care workforce job titles provided by the respondents, and aggregates information on the positions that most frequently include care coordination activities as part of their daily responsibilities. This information can help inform job descriptions for some of the emerging ambulatory care workforce titles. The report also compiles respondents' recruitment difficulties and educational needs, information that can help GNYHA and other organizations better design education and training programs to serve the ambulatory community's needs.

The survey and report are separate from GNYHA's annual workforce survey, which is done in partnership with the Healthcare Association of New York State and focuses on staffing across the hospital. The Ambulatory Care Workforce Survey and this report focus exclusively on the hospital-based primary care setting.

SUPPORT FOR THE SURVEY AND REPORT

The Ambulatory Care Workforce Survey and this report were generously supported by a grant to the GNYHA Foundation from the New York Alliance for Careers in Healthcare (NYACH). NYACH works with industry partners in New York City to identify health care employers' workforce needs and support training initiatives that provide viable career opportunities for low-income and unemployed New Yorkers. NYACH and its partners will use the survey results to inform curriculum development and training efforts. GNYHA thanks NYACH for its support.



MAJOR SURVEY FINDINGS

AMBULATORY CARE GROWTH

A comparison of the total full-time equivalent (FTE) count as of October 2014 and the total expected FTE count in October 2016 across the 45 complete responses indicated that the primary care workforce is expected to grow by 27% in the next two years. Coordination positions, which include care coordinator, care manager, case manager, community health worker, and patient navigator, are expected to grow by 127% by October 2016—37% of the total expected growth in the primary care workforce. This may be related to anticipated needs for additional care coordination resources to facilitate PCMH and population health management activities. Respondents also expected increases among more traditional clinical positions. The highest percent increase among clinical positions was for health coaches (257%), which were only employed by 13% of respondents in October 2014.

STAFF PERFORMING COORDINATION ACTIVITIES

Primary care practices use many job titles for employees who work in care coordination and population health management activities. Among respondents, the most frequently occurring job titles were care manager, care coordinator, and patient navigator. For both care coordinator and patient navigators, more than seven in 10 respondents (73%) use peer-level individuals without clinical backgrounds for these positions. Despite the variation in titles and hiring requirements, there are notable overlaps in the tasks and activities performed within each of these roles.

More than one quarter (27%) of the respondents did not have dedicated staff in their primary care practices performing care coordination activities. Results showed that some of these activities were covered by other staff members, including medical assistants (MAs), licensed practical nurses (LPNs), and registered nurses (RNs).

TRAINING NEEDS FOR THE INCUMBENT WORKFORCE AND NEW HIRES

The survey asked respondents to identify the training needs for incumbent workers and new hires. Responses showed similar needs in both areas, and identified patient communication, teamwork and team-based care, and care coordination as areas where new and incumbent employees require additional training.

PRIMARY CARE STAFFING AND ANTICIPATED WORKFORCE GROWTH

Given anticipated changes in the ambulatory care environment, respondents were asked to provide their FTE staff complement as of October 2014 and to project their FTE complement in October 2016. There were 45 complete responses. The table below shows the percentage of respondents that currently staff each position, the current and expected FTEs by position, and the expected growth for each position.

The data below is categorized by position type (coordination, clinical, and administrative) and is sorted from the highest to lowest percentage of expected growth, which is indicated in the last column.

POSITION	PERCENT OF PRACTICES WITH POSITION	FTEs ACROSS PRACTICES IN OCTOBER 2014	EXPECTED FTEs ACROSS PRACTICES BY OCTOBER 2016	PERCENT EXPECTED GROWTH BY OCTOBER 2016
COORDINATION POSITIONS				
Community Health Worker	2%	1	29	2800%
Care Coordinator	20%	12.5	31.5	152%
Case Manager	4%	4	9	125%
Care Manager	42%	24.8	47	90%
Patient Navigator	33%	34	56.5	66%
Coordination Total		76.3	173	127%
CLINICAL POSITIONS				
Health Coach	13%	7.4	26.4	257%
Physician Assistant	16%	9.7	20.2	108%
Pharmacist	13%	4.5	8.95	99%
Social Worker	53%	34.9	56.05	61%
Nurse Practitioner	38%	42	67	60%
Registered Nurse	73%	98.1	119.9	22%
Medical Assistant	87%	208	243	17%
Licensed Practical Nurse	89%	179.8	204.5	14%
Pharmacy Technician	0%	0	2	N/A
Clinical Total		584.4	748	28%
ADMINISTRATIVE POSITIONS				
Administrative Assistant	47%	33.8	46	36%
Registrar or Front Desk	98%	290	280	-3%
Administrative Total		323.8	326	1%
ALL POSITIONS				
Total		984.5	1247	27%

JOB RESPONSIBILITIES FOR COORDINATION ROLES

JOB TASKS AND ACTIVITIES

Respondents from 73% of the practices reported staff FTEs who are dedicated to care coordination activities. To better understand the tasks completed within each job title, the survey asked respondents to indicate the typical responsibilities of staff in coordination roles. Survey responses showed overlaps and variations in the activities and tasks within the various job titles, as reflected in the table on page 8. This information may indicate the need for standardization among the many care coordination job titles.

Among the 48 respondents, care manager was the most frequently staffed position, followed by patient navigator, and care coordinator. There was variation in the functions performed by staff in these titles. For example, 67% of patient navigators and 63% of care managers assist with transportation arrangements, compared to 27% of care coordinators. Seventy-nine percent of practices using care managers have them participate in a daily huddle, while care coordinators participate in daily huddles at 91% of the practices where they are staffed. Almost all respondents with care coordinators (91%) have them participate in team meetings.

Staff members in coordination roles were generally used to provide or enhance patient self-management activities. Of the practices with care managers, 79% have the care manager provide patient education on chronic disease management, and 63% conduct education or care management visits. These responsibilities were less common among respondents with patient navigators and care coordinators.

For population health management activities, care managers and care coordinators were more likely than patient navigators to closely follow the patients during transfers to and from the hospital. A majority of care managers (79%) and care coordinators (64%) coordinate with the patients after a discharge from the emergency department or inpatient setting, compared to only 13% of patient navigators performing this function. Care managers and care coordinators were also more likely than patient navigators to coordinate a patient's transfer from the inpatient setting to the primary care setting.

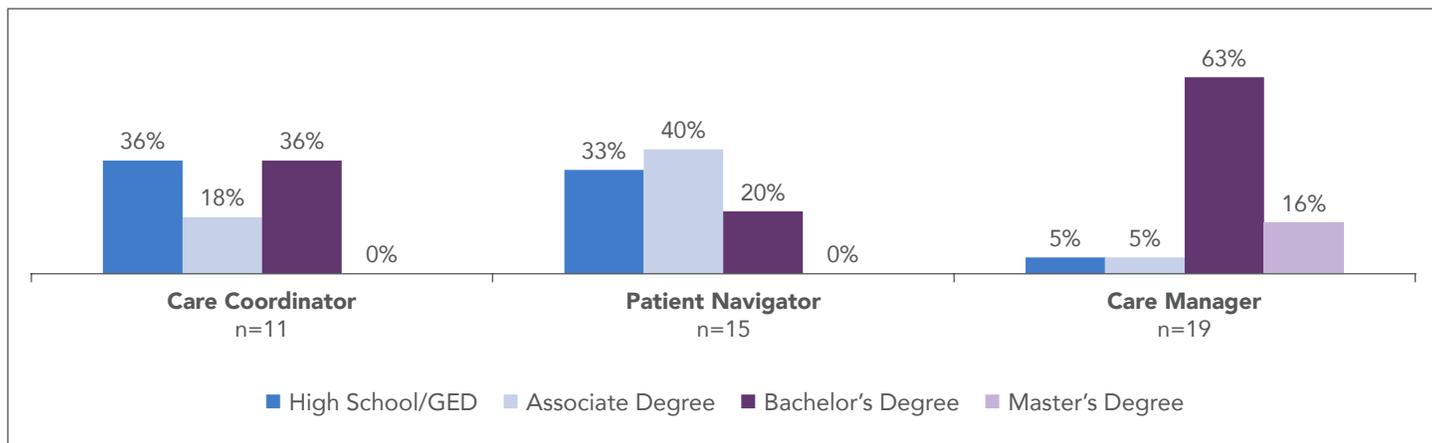
JOB RESPONSIBILITIES FOR COORDINATION ROLES (continued)

The table below lists responses for all positions and tasks, with coordination positions at the top of the table. The highlighted row indicates the number of practices that staff each position and the percentages represent the proportion of those practices who complete the corresponding activity. For example, 19 of the practices use care managers and 68% of those 19 practices have the care managers complete pre-visit planning. Some of the sample sizes (n) were low due to a small number of respondents employing staff in these particular positions; they are indicated in red.

	CARE MANAGER	PATIENT NAVIGATOR	CARE COORDINATOR	HEALTH COACH	CASE MANAGER	COMMUNITY HEALTH WORKER
Respondents Staffing Position	n=19	n=15	n=11	n=8	n=2	n=1
VISIT PREPARATION AND FLOW						
Complete Pre-visit Planning	68%	73%	55%	13%	50%	0%
Assist with Transportation Arrangements	63%	67%	27%	13%	50%	100%
Participate in Daily Huddles	79%	80%	91%	38%	50%	100%
Participate in Team Meetings	84%	80%	91%	50%	100%	100%
PATIENT SELF-MANAGEMENT						
Educate Patients on Chronic Disease Management	79%	33%	45%	75%	100%	0%
Use Motivational Interviewing Techniques	79%	47%	73%	63%	50%	0%
Provide Referrals to Community Resources	74%	60%	82%	75%	50%	100%
Conduct Education or Care Management Visits	63%	7%	45%	63%	50%	0%
Visit Patients in Their Homes	26%	0%	9%	0%	0%	0%
POPULATION HEALTH MANAGEMENT						
Follow-up with Patients on Disease Registries Requiring a Particular Test or Service	53%	67%	64%	50%	0%	0%
Coordinate Care Transfers from Primary Care to Emergency Department (ED)	63%	13%	36%	13%	50%	0%
Coordinate Care Transfers from Inpatient to Primary Care	63%	13%	55%	13%	0%	0%
Follow-up with Patients After ED or Inpatient Discharge	79%	13%	64%	25%	0%	0%

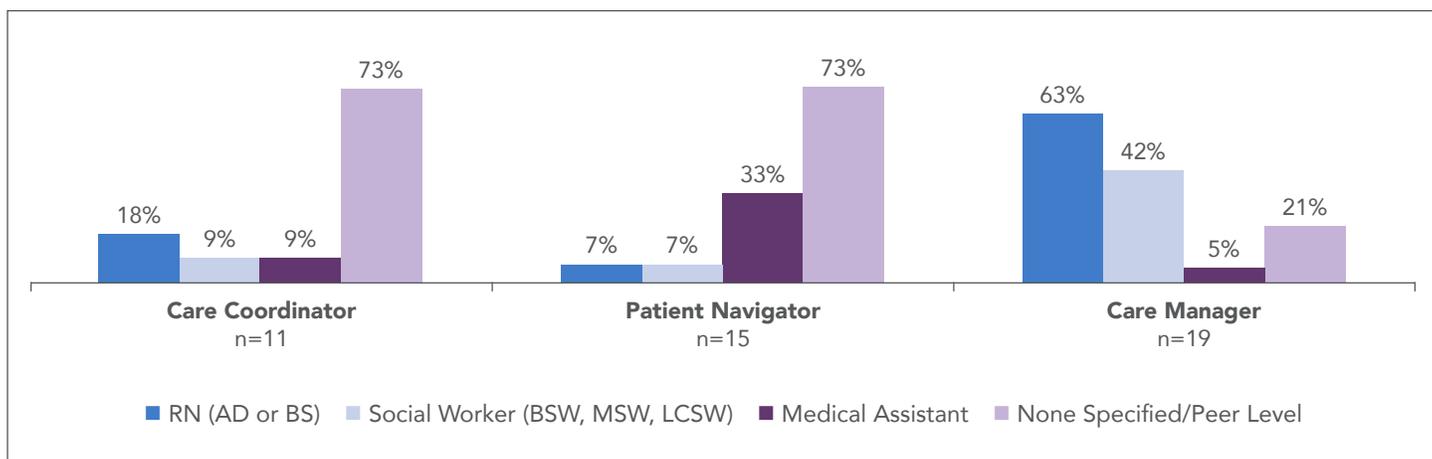
EDUCATIONAL REQUIREMENTS FOR COORDINATION POSITIONS

The survey asked respondents to provide the minimum education requirements for each position staffed in the practice. The care coordination job titles had varying education requirements, as shown in the bar graph below. The majority of practices required only a high school diploma or associate degree for most coordination job titles. Care managers were an exception: 63% of the sites required a bachelor's degree, and 16% required a master's degree. This finding seems to indicate that there is a hierarchy developing in the use of these titles. The educational requirements for all positions surveyed are included in [Appendix Table 1](#).



TYPE OF WORKERS USED FOR COORDINATION POSITIONS

Respondents also provided information on the types of workers who staff the various coordination roles. The bar graph below shows that respondents largely use peer-level workers without clinical licensure to support care coordination. Again, the exception was for care manager positions, which were typically filled by RNs and social workers. Results for all positions surveyed are included in [Appendix Table 2](#).



RECRUITMENT AND TRAINING NEEDS

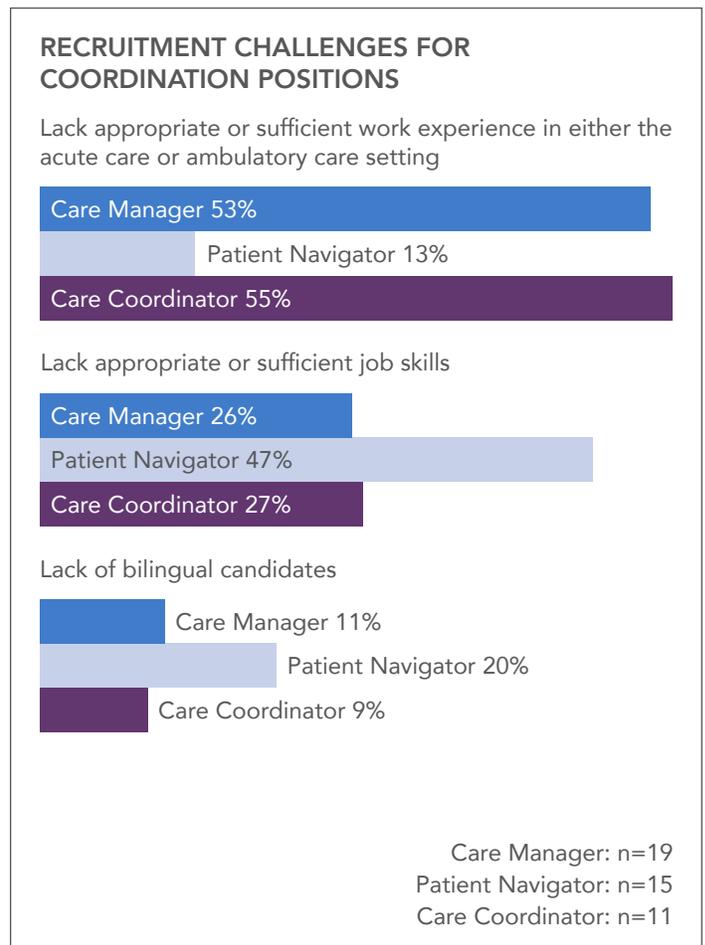
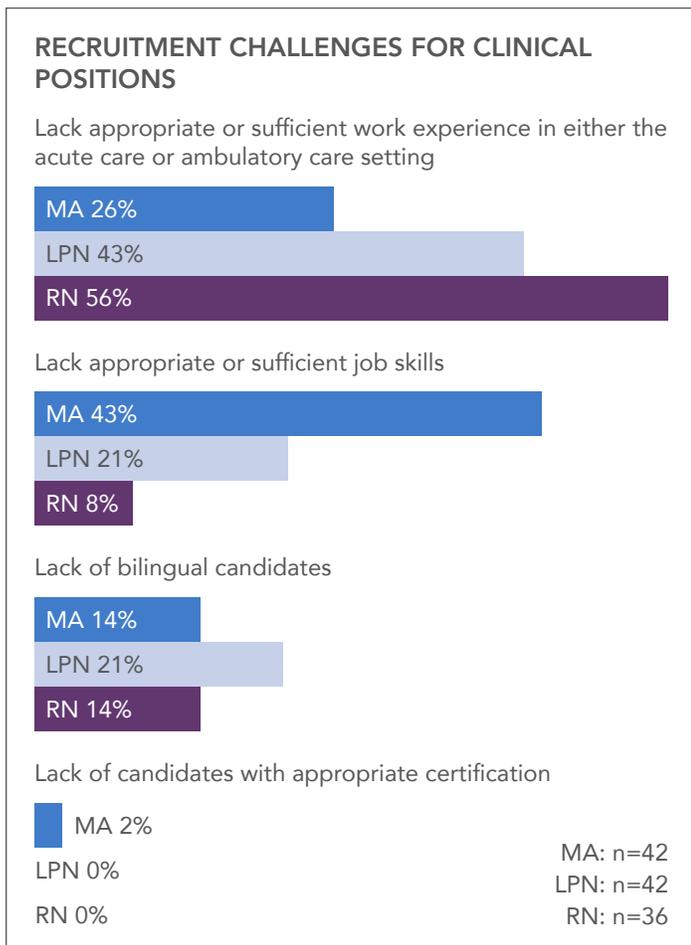
RECRUITMENT CHALLENGES

More than half of survey respondents cited lack of work experience as a challenge to nurse, care coordinator, and care manager recruitment. For care coordinators and care managers, this may be related to the more recent emergence of these job titles in the ambulatory setting. While they may have existed in the acute care or managed care environment, these job titles are newer to the outpatient setting, thus making it difficult to find candidates with ambulatory experience. This response for nurses may indicate a gap in skills required between the acute care and ambulatory experiences, and raises the question of whether skills are transferable between the inpatient and outpatient environments.

Respondents reported that lack of appropriate or sufficient job skills is particularly problematic in hiring Medical Assistants (MAs) and patient navigators. While MAs are common among ambulatory care teams, there may be new responsibilities related to care coordination and population health management that are not included in traditional training programs. This challenge for patient navigators may be attributable to the relatively new emergence of this position.

The lack of bilingual candidates was also identified as an issue by some practices, highlighting the patient population’s diversity.

Reporting these particular challenges may indicate the need for additional training programs to address the skills required for positions in the ambulatory setting. Results for recruitment challenges for all positions are included in [Appendix Table 3](#).

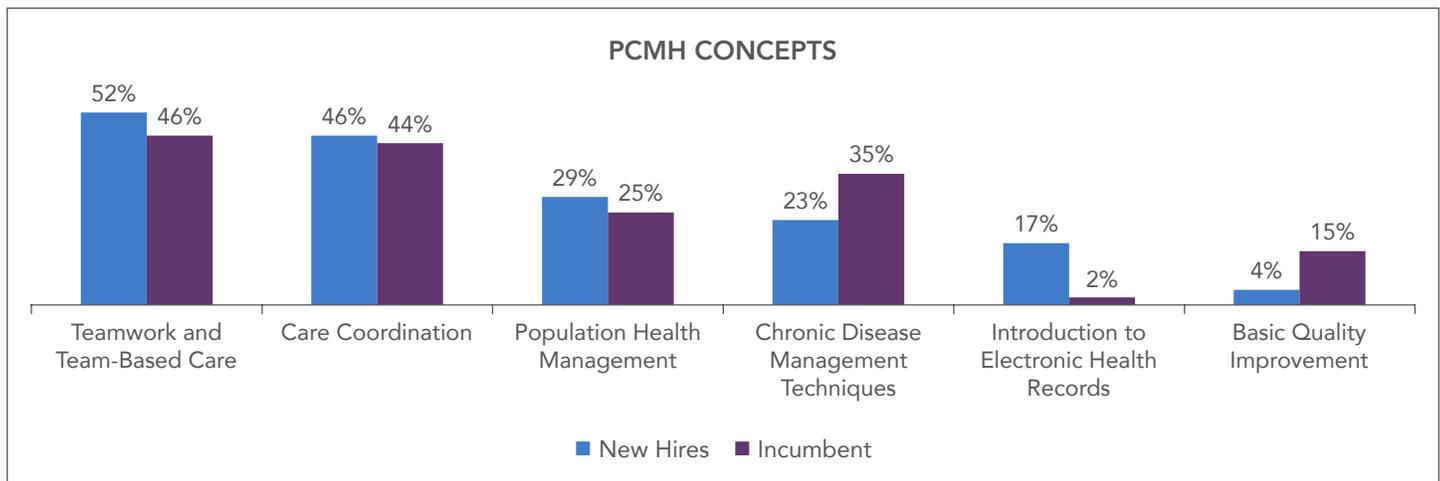
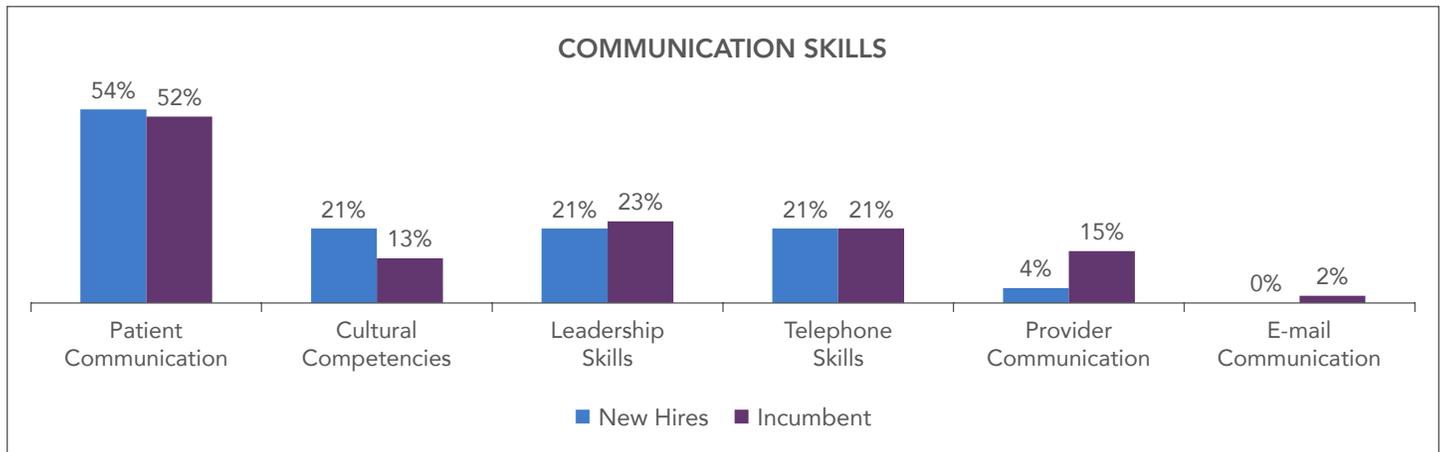


RECRUITMENT AND TRAINING NEEDS (continued)

Additional follow up with respondents and other primary care practices on recruiting and training needs may be necessary to provide further insight on how these challenges can be addressed.

TRAINING NEEDS

Respondents were asked to prioritize training needs for incumbent workers and new hires, and their answers indicate that the training needs for these two groups are similar. The highest ranked areas for training for both the incoming and incumbent workforce were patient communication, under Communication Skills, and teamwork and team-based care and care coordination, under PCMH Concepts.



CONCLUSION AND FUTURE GNYHA ACTIVITIES

Survey results indicate that the rapid changes and new expectations in the ambulatory care environment have created opportunities and challenges in New York's primary care workforce, and will continue to do so as health care transformation initiatives continue. The information provided by survey respondents will be helpful as primary care practices develop job descriptions for staff roles as they relate to coordinating care for patients. GNYHA plans to survey primary care practices again in the future to understand how the workforce landscape evolves after practice transformation initiatives begin and are more fully underway.

The recruitment challenges selected by respondents signal a need for the new workforce to have more ambulatory care experience. This challenge is amplified by the fact that some of the positions, roles, and responsibilities are relatively new to the ambulatory setting, making it difficult to find candidates with the required experience. GNYHA will work with its member hospitals, the newly formed Performing Provider Systems, and training and education partners to develop creative programs that will help the incoming workforce gain ambulatory care experience and better understand the unique nature of the outpatient environment.

Respondents provided helpful insight on training and education priorities for new hires and incumbent workers. GNYHA will work with its partners to identify and share training resources in these priority areas. GNYHA also plans to work with member hospitals to conduct a needs assessment targeted at the priority training areas to determine whether desired concepts are included in existing training resources, or whether new resources and updated curricula are necessary.

As health care delivery in New York and surrounding states evolves, GNYHA will continue to monitor changes to training and education requirements and priorities and ensure that these sites have the support that they need to deliver on the promise of population health.

APPENDIX

This appendix contains full results of the survey items from the preceding report. The sample sizes (n) in red were small due to a low number of respondents employing staff in those particular positions. It is recommended that results be interpreted with caution in the event of a low number of responses.

Table 1: Minimum Education Requirements for New Hires in Each Position

POSITION	N	HIGH SCHOOL OR GED	ASSOCIATE DEGREE	BACHELOR'S DEGREE	MASTER'S DEGREE	NO RESPONSE
COORDINATION POSITIONS						
Community Health Worker	1	100%	0%	0%	0%	0%
Case Manager	2	50%	0%	50%	0%	0%
Care Coordinator	11	36%	18%	36%	0%	9%
Patient Navigator	15	33%	40%	20%	0%	7%
Care Manager	19	5%	5%	63%	16%	11%
CLINICAL POSITIONS						
Health Coach	8	0%	25%	63%	13%	0%
Social Worker	27	0%	0%	41%	52%	7%
Registered Nurse	36	3%	36%	50%	8%	3%
Licensed Practical Nurse	42	62%	33%	5%	0%	0%
Medical Assistant	42	88%	5%	2%	0%	5%
ADMINISTRATIVE POSITIONS						
Registrar or Front Desk	47	94%	0%	2%	0%	4%

Table 2: Workers Utilized for Coordination Positions

POSITION	N	RN (ADN OR BSN)	SOCIAL WORKER (BSW, MSW, LCSW)	MEDICAL ASSISTANT	NONE SPECIFIED OR PEER LEVEL
COORDINATION POSITIONS					
Community Health Worker	1	0%	0%	0%	100%
Case Manager	2	100%	0%	50%	50%
Health Coach	8	13%	13%	38%	38%
Care Coordinator	11	18%	9%	9%	73%
Patient Navigator	15	7%	7%	33%	73%
Care Manager	19	63%	42%	5%	21%

Note: Respondents could select more than one option.

APPENDIX (continued)

Table 3: Top Recruitment Difficulties

POSITION	N	CANDIDATES LACK APPROPRIATE OR SUFFICIENT WORK EXPERIENCE IN EITHER ACUTE OR AMBULATORY CARE SETTING	CANDIDATES LACK APPROPRIATE OR SUFFICIENT JOB SKILLS	CANDIDATES LACK APPROPRIATE CERTIFICATIONS	LACK OF BILINGUAL CANDIDATES
COORDINATION POSITIONS					
Community Health Worker	1	100%	0%	0%	0%
Case Manager	2	50%	0%	0%	50%
Care Coordinator	11	55%	27%	0%	9%
Patient Navigator	15	13%	47%	0%	20%
Care Manager	19	53%	26%	0%	11%
CLINICAL POSITIONS					
Health Coach	8	63%	0%	13%	13%
Registered Nurse	36	56%	8%	0%	14%
Licensed Practical Nurse	42	43%	21%	0%	21%
Medical Assistant [†]	42	26%	43%	2%	14%
ADMINISTRATIVE POSITIONS					
Registrar or Front Desk	47	30%	40%	0%	15%

[†] Of those respondents whose practices include MAs, 66% required new hires to obtain certification by either the American Association of Medical Assistants or American Medical Technologists prior to hiring or within a certain period of time after hiring.

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