

## North Carolina Health Workforce Sentinel Network

### *Findings Brief: Suggested Policy, Regulatory, and Payment Changes*

During October and November 2021, healthcare employers in North Carolina reported on current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities and the effect of the COVID-19 pandemic. One of the questions they answered was, **“What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?”** (hereafter referred to as the policy change question).

Below are examples of priorities mentioned by employers in home care or home health services, local health departments or public health organizations, dentist offices or dental clinics, skilled nursing facilities/nursing homes/assisted living facilities, hospitals, and primary care clinics or federally qualified health centers. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at [nc.sentinelnetwork.org/findings/](https://nc.sentinelnetwork.org/findings/).

#### **What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?**

##### **Home care or home health services:**

Some employers suggested scope of practice and regulatory changes, especially for Patient Care Assistants/Personal Care Aides (PCAs), Certified Nursing Assistants (CNAs), and Licensed Practical Nurses (LPNs).

- *“Continue to allow experienced PCA’s [sic] to handle CNA-type cases”*
- *“Reduce requirements for needing a Certified Nursing Assistant. Allow the agency to train PCA to meet client’s needs. Re-evaluate the medical needs of clients against the everyday needs. Many of the best Caregivers are not licensed and therefore limited in whom they can work with”*
- *“Regulators [should] allow an LPN to perform Assessments or supervisions also. This is a way to possibly help the RN to not become so overwhelmed with all the additional duties they may have and it could help cut costs to the agency”*
- *“Change the policy which would allow someone who is trained by [an] RN to assist the client who requires a CNA to perform the CNAs duties. People are trainable and most can do the job effectively--they just aren’t certified. Also, raise reimbursement amounts so we can pay individuals an honest livable wage”*

##### **Local health departments or public health organizations:**

Respondents highlighted the need for increased funding to pay for public health programs and worker salaries.

- *“Funding from the legislature for each county to have a full time Communicable Disease nurse”*
- *“Discontinue use of [contracted] staff and give the funding to the local health department instead”*
- *“Better pay is a MUST – LHD [local health department] staff all underpaid in comparison to other RNs. And yet, our knowledge and MULTITUDE of tasks, responsibilities, and TRAININGS is massive”*

Some responses indicated that state job classifications can be a barrier to hiring.

- *“[There are challenges due to] constraints in hiring with antiquated job specs that we must make fill our need”*
- *“[The] state is working on modification of state position descriptions and list of nursing specialties that can qualify as PH [public health] nurses [to make it] easier to hire nurses with non-PH backgrounds”*

##### **Dentist offices and dental clinics:**

Most respondents said there was a need for more dental hygienists and dental assistants. There were many suggested policy solutions.

- *“Increase hygiene workforce by allowing k-12 schools to return to normal, eliminating COVID related unemployment benefits, adding additional hygiene programs, and increase capacity of existing hygiene programs”*
- *“Increase funding/class size in community college dental hygiene programs”*
- *“Bigger graduation class from schools [for hygienists and assistants], easier for out of state license to move to NC”*
- *“Changing the policies in NC to allow for reciprocity between state lines for RDH [registered dental hygienists]”*
- *“[We need] staff that can work full time [and] government subsidized childcare”*
- *“We’re over saturated with dentists, have no RDHs, no DAs [dental assistants]. That is going to cause an increase in pay for Hygiene and DAs that is needless, but also unaffordable for dentists”*

## What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

### Skilled nursing facilities/nursing homes/assisted living facilities

Many employers felt that state and federal regulations were too punitive or hampered their ability to hire workers.

- *“There are too many regulations now. These regulations have burdened the staff and have caused confusion and frustration causing many staff to leave the industry”*
- *“Easing of guidelines surrounding visitation restrictions if a single [COVID] case (or a scant few cases) is identified.”*
- *“We need more nursing assistants... Require national 75-hour training (NC has adopted 120). Remove federal rule blocking CNA training for unrelated deficiencies”*
- *“Facilities should not lose the CNA program when cited for substandard quality of care automatically. It should be looked at on a case-by-case basis”*
- *“Emergency or temporary rules for a reduction in staffing hours during a pandemic as long as the care needs of the residents are met”*

Higher reimbursement rates would allow employers to increase wages to retain current workers.

- *“Higher reimbursement would help supply the funds to be returned to the workers by high wage increases and giving positions the pay they deserve”*
- *“In order to [pay higher wages] we will need higher payment rates from insurance, Medicaid, Medicare etc”*

Some employers indicated that more workers, especially nurses, are needed.

- *“Educate more nurses. Eliminate unnecessary rules restricting LPNs, who can do most everything in skilled care”*
- *We need more training facilities for nursing assistants and nurses”*

### Hospitals:

Almost all answers to this question mentioned the need to control the hiring practices of travel agencies, which are seen as pulling workers, especially nurses and respiratory therapists, out of hospitals that are already short-staffed.

- *“We experienced recruitment of 50% of our CCU RNs [critical care unit registered nurses] and several respiratory therapists by travel staffing agencies offering extremely high compensation packages and referral bonuses. The same agencies sent travelers to fill those vacancies”*
- *“Meals for travelers - RNs and RRTs [registered respiratory therapists] can earn an additional \$1000 a week to drive 50 miles away; it's a non taxable loophole that hospitals cannot compete”*
- *“Contract / Travel Nurses are getting paid too much. Price gouging is unfair”*
- *“Put greater guardrails on contract agencies; this dynamic has to change; price controls are necessary”*
- *“[We need to] Regulate the traveler industry”*

Other responses focused on the need to ensure an adequate pipeline of healthcare workers.

- *“Need more expansion of RN schools - Must open up and hire more faculty for nursing schools”*
- *“Need more healthcare skilled individuals in the workforce. Especially, RNs, CRNAs, MLT, MT, EMTP, Medical Asst, Nursing Asst., Vascular Tech, Ultra sonographers, Echo Techs. Community Colleges and Universities need to accept more students into these programs”*
- *“Help us market healthcare careers to high school students”*
- *“GA and SC are graduating more nurses than their healthcare systems need, NC is producing thousands less. We need to pour funding and support into healthcare education up to and including free community college for key skills such as nursing”*

### Primary care medical clinics and federally qualified health centers (FQHCs):

Some respondents indicated the need for modified reimbursement practices to allow them to offer additional services.

- *“Reimbursement [for telemedicine should be] equal to in person visits”*
- *“Currently only LCSW [licensed clinical social worker] and LCAS [licensed clinical addiction specialist] can be billed for” services for Medicare/Medicaid. This limits our ability to hire great candidates [with other credentials]”*
- *“[There is a need for] provision of a payer source for uninsured patients to access mental health services”*
- *“[We need] reimbursement for work [by community health workers]”*

Some employers indicated that staffing agencies should be regulated.

- *“Stop the bidding war with travel agencies within our state”*
- *“Stop allowing staffing agencies to price gouge”*

Response counts and priorities cited by North Carolina employers across healthcare settings

Response counts

Employers representing 338 facility types responded to the Sentinel Network questionnaire during October and November 2021. Of those, 187 answered the question, “What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?” The chart to the right shows the number of responses by facility type.

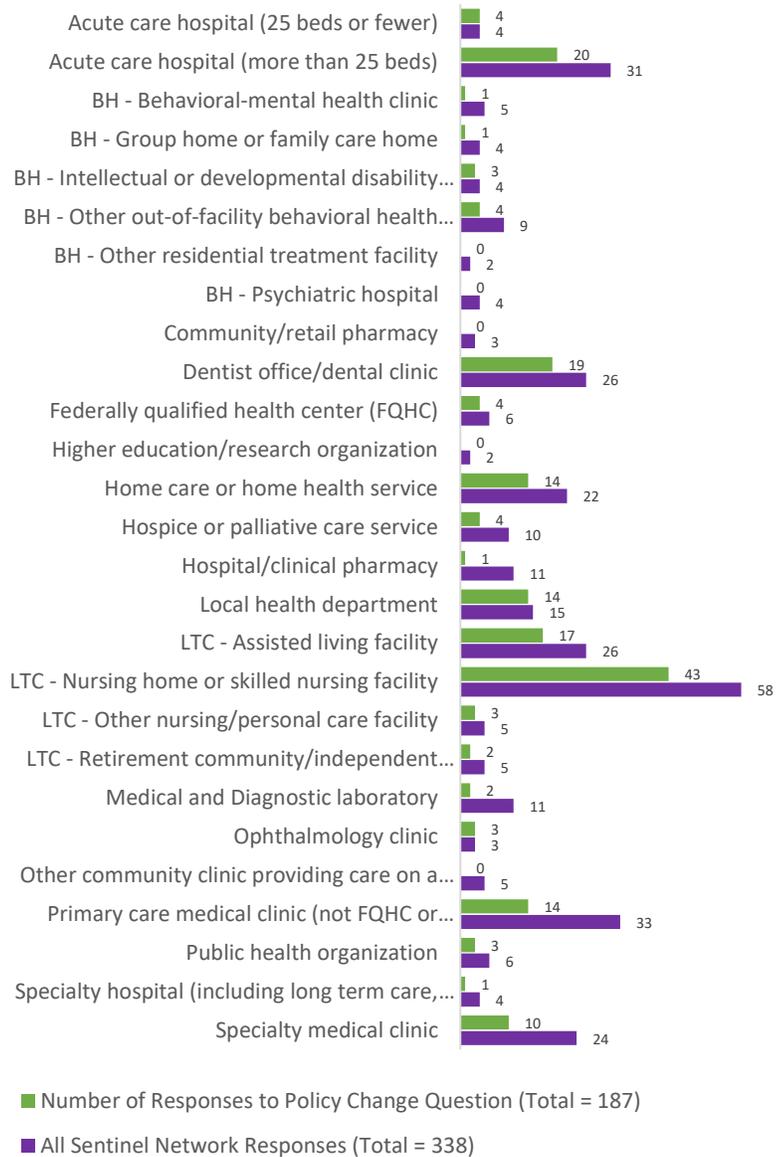
Employer priorities across many settings

We reviewed the answers to the policy change question provided by North Carolina healthcare employers and identified their top priorities.

Across many healthcare settings, employers said that the ability to pay competitive wages, limiting incentives for current employees to leave for lucrative traveler positions, evaluating the effectiveness of some state and federal regulations, and ensuring a robust worker pipeline were their top priorities. Employers indicated that employee turnover due to the COVID-19 pandemic is of great concern, but that many of the issues that affect their workforce predate COVID-19 and have only been made worse by the pandemic.

The top occupations that employers mentioned in their answers regarding needed policy changes were certified nursing assistants (CNAs), registered nurses (RNs) and licensed practical nurses (LPNs), indicating that these are the workers employers are most concerned about.

Number of Responses by Facility Type



Data Limitations & Notes

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses and join the network to provide information on your organization’s workforce

About the North Carolina Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses and join the network to provide information on your organization’s workforce needs and challenges: <https://nc.sentinelnetwork.org/>

Questions? Contact: [nc@sentinelnetwork.org](mailto:nc@sentinelnetwork.org)