

North Carolina Health Workforce Sentinel Network Findings Brief: Primary Care Clinics

During October and November 2021, healthcare employers in North Carolina reported on their current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly May-October, 2021). This brief summarizes the responses from **primary care clinics** to some of these questions, with a special section for federally qualified health centers (FQHCs) and free or sliding scale community clinics. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at nc.sentinelnetwork.org/findings/.

Primary Care Clinics 33 Responses (not FQHCs or free/sliding scale community clinics)

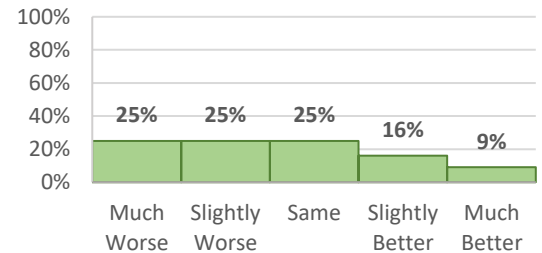
Top occupations with exceptionally long vacancies

(% of 33 responding clinics reporting long vacancies for these occupations):

1. Office Staff/Front Desk Staff (15 – 45%)
2. Medical Assistant (12 – 36%)
3. Licensed Practical Nurse (11 – 33%)
4. Certified Nursing Assistant (6 – 18%)
4. Registered Nurse (6 – 18%)
5. Physician/Surgeon (5 – 15%)

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?

(% of 32 responses to this question)



Comments on COVID-19 workforce impact over May-October 2021:

- [Much worse]** *“More staff/family members of staff out with COVID than before”*
- [Slightly worse]** *“This was due to patient volume with the surge”*
- [Same]** *“Since the beginning of the pandemic our office has not reduced hours or staffing”*

FQHCs & Free or Sliding Scale Community Clinics

Top occupations with exceptionally long vacancies

(percent of the 11 responding clinics indicating these positions were affected)

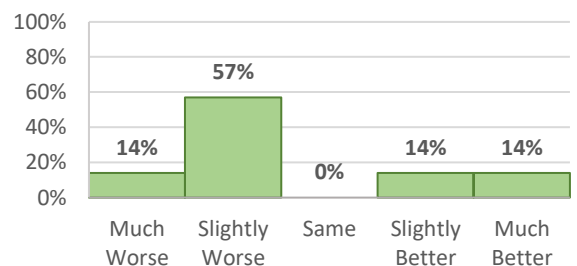
1. Licensed Practical Nurse (3 – 27%)
1. Medical Assistant (3 – 27%)
1. Office Staff/Front Desk Staff (3 – 27%)
2. Care Manager (2 – 18%)
2. Dental Assistant (2 – 18%)
2. Dental Hygienist (2 – 18%)
2. Registered Nurse (2 – 18%)
2. Physician/Surgeon (2 – 18%)

11 Responses

- 6** Federally Qualified Health Centers
- 5** Other Free or Sliding Scale Clinics

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?

(% of 7 responses to this question)



Comments on COVID-19 workforce impact over May-Oct 2021:

- [Slightly Worse]** *“Difficult to find replacement staff”*
- [Slightly Worse]** *“We could not see as many patients on teledem that we can see in person”*

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

Need	Suggested Changes
<p>Additional Staff</p>	<p>Some suggested restrictions on nursing travel agencies. <i>“Stop the bidding war [for RNs] with travel agencies within our state”</i> <i>“Stop allowing staffing agencies to price gouge”</i></p> <p>Some suggested increasing reimbursement rates to allow for payment of higher wages. <i>“Higher insurance reimbursement [to add more staff]”</i> <i>“[LPN applicants need] proper expectations of pay, or insurance to pay independent clinics more to afford LPNs”</i> <i>“[We need] reimbursement [for telemedicine] equal to in person visits”</i></p>
<p>Resources and Staff to Provide Behavioral Health or Other Services</p>	<p>Several reported the need for enhanced ability to bill for services on behalf of some employee types or to support access for uninsured patients. <i>“[We need the] ability [to] bill for multiple types of therapist. Currently only LCSW and LCAS can be billed for services for Medicare/Medicaid. This limits our ability to hire great candidates because of their credentials”</i> <i>“Provision of payer source [for] uninsured patients to access mental health services”</i> <i>“[We need] reimbursement for [a Community Health Worker to] work in the position”</i></p>

Reasons for long vacancies and high turnover reported by primary care clinics:

Many comments on receiving few or no applications, and on experiencing no-shows for interviews. Several reported turnover due to stressful conditions and competition from health care facilities with more resources as well as with non-healthcare employers.

[Licensed Practical Nurse] *“Very few LPNs available. 1 resume to every 50 CMAs”*

[Licensed Practical Nurse] *“[St]ressful workload, not enough applicants”*

[Medical Assistant] *Outbid by specialty offices and the hospital - offered higher salaries and benefits that we cannot provide in primary care*

[Medical Assistant] *Tons of applications, but the skills for family medicine are having to be taught in the clinic*

[Office Staff/Front Desk Staff] *We have experienced fewer applicants than in the past and many of those that we contact fail to show for their interview.*

[Office Staff/Front Desk Staff] *Other options in other industries are paying better for less training and complexity*

[Registered Nurse] *Teammates/applicants leaving for work from home jobs*

[Registered Nurse] *Stressful workload, wanting higher wages and people avoiding working with COVID.*

[Physician] *Hard to find a qualified MD that wants to work full time.*

[Administrator] *Administrators are in high demand and this is somewhat of a niche area of expertise*

Has your facility deployed its existing workforce in significantly new roles, or employ any new healthcare occupations?

Not many substantial redeployments or new hires reported. Several redeployed staff to cover new COVID-related responsibilities. One hired an educator to help with staff training. One hired a care manager to meet patient needs. One community clinic on a free or sliding scale hired new staff with the help of grant funding.

[New Occupation] *“Care Manager – we treat a large group of complex patients that need additional support to manage their health. We find what insurances offer is very minimal and not what the patient needs. So we are doing it ourselves”*

[New Occupation] *“Clinical Educator – hired to teach the CMAs the needed skills to work in family medicine”*

[New Occupation] *“Social Worker – received a grant which allowed us to hire a social worker”*

[Redeployment] *“Increased work duties including COVID testing, vaccines, general workflow increased due to screening time”*

[Redeployment] *“All employees have deployed in some manner but none to a significantly different role”*

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How has your facility's staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?

More than half reported that staffing needs have caused reduced office hours and number of patients the clinic can see in a day, limiting new patients, need to refer patients to other locations, and increased wait times.

"We have had to decrease the amount of patients we see in a day so that support staff is able to keep up with the patient flow. We also have to explain to the patients to allow more time for call back and for forms to be completed"

"We have had to limit new patients. Our staff is pretty overwhelmed with the patients we currently have"

"We've had to reduce office hours. Our weekend hours have been reduced and our night clinic...has been cancelled due to staffing"

[FQHC] *"We have decreased patient schedules, increased telehealth and have decreased hours, delayed our walk in flu clinics and have decreased the hours of covid testing and vaccine clinics"*

To what extent have you observed burnout as a workforce issue in the past 6 months?

Most indicated the staff at all levels of the clinic are experiencing burnout which has resulted in requested time off to address mental health needs.

"Our staff is overworked and overwhelmed. Our providers, nursing and front office staff are doing multiple jobs."

"Every single employee has verbally complained of burnout"

"Our staff has been quite resilient but COVID19 has taken [its] toll. More so than normal we will have staff ask for a mental health day..."

[FQHC] *"To a high degree. With Covid, staff has worked extra hours and harder than ever to keep up with the patient load. Already short staffed, the hard and long days are even worse on those who are always here"*

[FQHC] *"Extreme burnout especially with the MAs who were the ones on the front line when covid testing was a major service being provided"*

Have there been changes in your facility's priorities regarding orientation/onboarding for new employees, or training required for your existing workforce?

Several extended or slowed training. Some added COVID-related training, both for employee workplace safety and for accomplishing new tasks like COVID testing and vaccination.

[Medical Assistant] *"We have...revamped our orientation to allow a slower pace moving from each area of training"*

[Medical Assistant] *"Additional training and skills checks"*

[Licensed Practical Nurse] *"COVID policy specific and infection control"*

[Licensed Practical Nurse] *"[I]ncreased OSHA training, PPE equipment use, COVID testing techniques, COVID testing platforms, COVID vaccination clinics"*

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2021 Sentinel Network questionnaire (Oct-Nov 2021). Generalizability of these findings to the broader North Carolina health care system may be limited.

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 from all types of health care organizations and to join the network to provide information on your organization's workforce needs and challenges, visit: <https://nc.sentinelnetwork.org/>

Questions? Contact: nc@sentinelnetwork.org