

## North Carolina Health Workforce Sentinel Network *Findings Brief: Specialty Medical 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 **specialty medical clinics** to some of these questions. The specialty clinic category covers a wide range of specialties; no more than two clinics of any one type responded to the questionnaire, other than ophthalmology clinics, which are categorized separately on the NC Sentinel website just because they had a sufficient number of responses (three) to do so. Their responses are combined with all the other specialty clinics here. 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/).

### 27 Specialty Medical Clinic Responses

24 Specialty Medical Clinics  
3 Ophthalmology Clinics

#### Top occupations with exceptionally long vacancies (% of 27 responding specialty clinics reporting long vacancies for these occupations):

1. Office Staff/Front Desk Staff (9 – 33%)
2. Medical Assistant (8– 30%)
3. Registered Nurse (4 – 15%)
4. Ophthalmic medical technicians (3 – 11%)

- Because of the variety in this category, many disparate occupations were reported as having long vacancies by one or two responses each, from athletic trainer to human resources personnel, from histotechnologist to medical aesthetician.
- All three responding ophthalmology clinics reported long vacancies for ophthalmic medical technicians

#### Reasons for long vacancies and high turnover reported by specialty medical clinics:

[Registered Nurse] *“Burnout”*

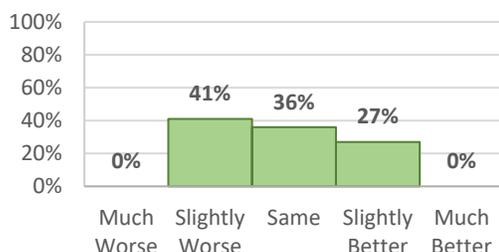
[Medical Assistant] *“We required 2 + years experience in a clinical setting with EMR, plus Covid vaccination was required. Very hard to get this in applicants”*

[Medical Assistant] *“Most applicants are asking for \$21hr and above with less than 1 year experience”*

[Office Staff/Front Desk Staff] *“New Front Desk employees hired could not handle the rigors of our office/pace of work load, left due to better paying position elsewhere”*

[Ophthalmic Medical Technician] *“Rarely do we have applicants with experience. If we find a candidate who has good qualities- communication skills, customer service- then we put them in a 12 week training program at our clinic. We had five new hires and none of them completed training”*

#### In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse? (% of 21 responses to this question)



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

[Slightly Worse] *“Other healthcare facilities are offering high salaries and sign-on bonuses that entices our current employees to leave”*

[Slightly Worse] *“Patient volume has increased but staffing/retention issues have gotten worse”*

[Same] *“Not much change, luckily pretty well staffed”*

[Slightly Better] *“We are becoming comfortable with COVID cleaning, scheduling patients”*

**NC Sentinel Findings Brief: Specialty Medical Clinics**

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

Need	Suggested Changes
<p><b>Ability to Attract &amp; Retain Skilled Staff</b></p>	<p><b>Several made various suggestions about increasing the pool of or pipeline for candidates.</b>  <i>"[We need] more training of medical assistants at local community colleges"</i>  <i>"There is a need for] better high school and community college education"</i>  <i>"Increase Medicaid reimbursement rates to enable agencies to increase hourly wages"</i>  <i>"[We see] mothers staying home...instead of being in the candidate pool – we are hopeful that with [availability of] childhood vaccination, this will ease"</i></p> <p><b>Several expressed discontent about benefits they perceived to incentivize unemployment; some suggested new incentive programs.</b>  <i>"Eliminate unemployment benefits for those who can physically work and [add new] educational incentives"</i>  <i>"Limit time frame to receive unemployment pay to encourage individuals to go back to work"</i>  <i>"[Introduce] incentives for individuals who are working [and] to get certified or go back to school"</i></p>
<p><b>Reduce Compliance Difficulties</b></p>	<p><b>Responses expressed frustration, but few possible solutions related to administrative burden and compliance.</b>  <i>"We are having more difficulty keeping up with the ever-changing rules in health insurance"</i>  <i>"Reduce [HIPAA] to allow patient testimonials in video or written or in person"</i>  <i>"[We currently] need too many employees in [the] insurance department – decrease [or] eliminate insurance companies (dream on)"</i></p>

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

Some indicate reducing the number of patients seen in the clinic a day. For those that did not need to limit patient care, it was frequently at the expense of requiring staff to work to exhaustion.

- "We have limited our schedule in order to see the number of patients possible with a smaller staff"*
- "We have managed to keep the same number of appointments, however, my staff is exhausted!"*
- "Current staff stays after closing to respond to patients"*

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

Most noted that staff experienced burnout or stress, especially due to extended working hours.

- "This is a daily struggle for many of our staff who are working short staffed and longer hours"*
- "Staff overworked and tired of dealing with hateful & non compliant patients"*

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

Not many responses reported onboarding/training changes. Several changed training to compensate for hiring less experienced staff. Some added COVID-specific training. One focused on increasing staff familiarity with insurance plans.

- "More training. Time to observe workflow before training"*
- "Increase in training due to hiring less qualified staff"*
- "All staff have been through multiple online training modules related to several different aspects of COVID-19 that may affect their safety, infection control, vaccines, PPE, etc"*
- "More emphasis on understanding insurance benefit plans [for office staff/front desk staff]"*

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

Few new roles were reported. Several hired new patient screeners to evaluate patients for COVID symptoms upon entry or redeployed existing staff for this task. One reported hiring a financial counselor to improve receipt of payment. Another redeployed office staff to accomplish some tasks from home to reduce COVID risk.

*“Financial counselor – we have been experiencing increased issues receiving payment for services and proactively are addressing this issue with a new position”*

*“Patient screener – screening patients for any fever or illness upon entry to our buildings”*

*“[CNAs are doing] patient illness screening upon entry to our center”*

*“We rotated this [Front Desk Staff/Office Staff/Scheduler] position between working from home and working in the office to mitigate risk associated with COVID-19 to essential healthcare worker role.*

*“[Dental Assistant is working with] front desk, scheduling, records, data”*

**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](mailto:nc@sentinelnetwork.org)