

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

During June of 2022, healthcare employers in North Carolina reported on their current workforce needs by answering 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 January-June, 2022). This brief summarizes the responses from **primary care offices, practices, and clinics** to some of these questions. 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

13 Responses (not FQHCs or free/sliding scale community clinics)

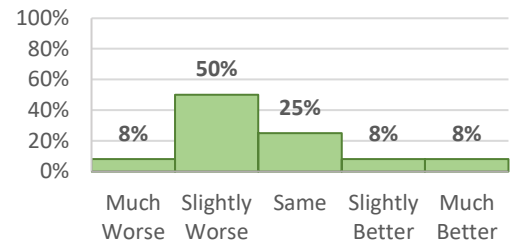
Top occupations with exceptionally long vacancies

(% of 13 responding clinics reporting long vacancies for these occupations):

1. Medical Assistant (7 – 54%)
2. Office Staff (5 – 38%)
3. Licensed Practical Nurse (4– 31%)
3. Registered Nurse (4 – 31%)
4. Certified Nursing Assistant (3 – 23%)

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

(% of 12 responses to this question)



Comments on COVID-19 workforce impact over January-June 2022:

- [Much Worse]** *"Applicant pool is insufficient"*
- [Slightly Worse]** *"I receive no applicants for jobs posted"*
- [Slightly Worse]** *"Have had to close offices multiple times to shift staff"*
- [Slightly Better]** *"COVID testing and general volumes decreased"*

FQHCs & Free or Sliding Scale Community Clinics

Top occupations with exceptionally long vacancies

(percent of the 7 responding clinics indicating these positions were affected)

1. Physician/Surgeon (3 – 43%)
2. Office Staff (2 – 29%)
2. Registered Nurse (2 – 29%)
2. Medical Assistant (2 – 29%)

7 Responses

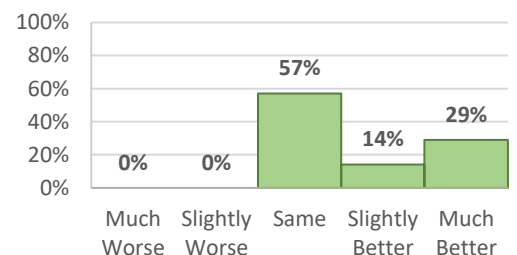
- 5 Federally Qualified Health Centers
- 2 Other Free or Sliding Scale Clinics

Reasons for long vacancies and high turnover reported by FQHCs and free or sliding scale community clinics:

- [Registered Nurse]** *"This occupation is being impacted nationally by a shortage of qualified workers. This is resulting in competition and increased salaries/bonuses"*
- [Medical Assistant]** *"Lack of qualified applicants"*

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)

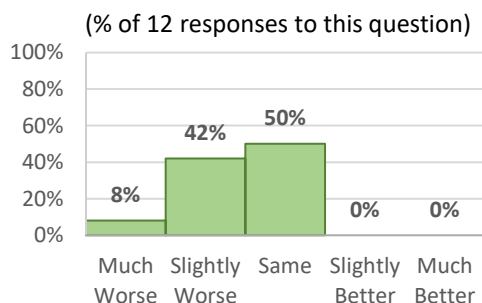


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What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
Ability to better recruit staff through financial improvements	<p>Several suggested financial assistance for staff or practices. <i>“Assistance with salary parity [for] nursing”</i> <i>“Education payment [for] physicians [and] physician assistants”</i></p> <p>Several suggested increased insurance coverage or reimbursement. <i>“Higher reimbursement from insurance companies [to support] higher pay scale”</i> <i>“Cover uninsured [with] Medicaid expansion”</i> <i>“Pay for risk based models of care”</i></p>
Reduction of workload intensity	<p>Several reported a need for reducing the intensity of practice workload, with one specifically highlighting prior authorizations. <i>“[Need] work environment and hours sustainable [in primary care office]”</i> <i>“Eliminate prior auths [for] a shorter work day”</i></p>

In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?

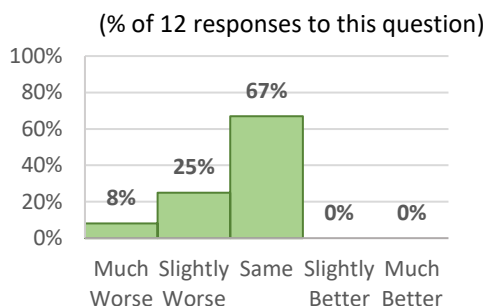


[Much Worse] *“Increased acuity plus intermittent attendance of staff is a vice grip of stress on all”*

[Slightly Worse] *“Time to appointment has increased due to staff shortages and COVID”*

[Slightly Worse] *“Testing for COVID has drastically stressed our ability to care for patients. Increased wait times and generally caused work load increases”*

In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?



[Much Worse] *“Overload of administrative burden”*

[Slightly Worse] *“Mental health of parents and patients affects the day to day workings of our office. Parents are short with our staff, children have behavior problems because of poor coping and trauma from the school year”*

[Slightly Worse] *“Covid 19 burnout [is] leading to [staff] looking at other positions”*

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

Several occupations covered other duties or rotated through high-activity areas when necessary. New nursing positions were added based on anticipated upcoming workload.

[Redeployment] *“Medical Assistants [redeployed] to cover front desk when necessary”*

[Redeployment] *“[Medical Assistants, CNAs, and LPNs were] all were able to participate in [a] program which gave them the opportunity, based on competency, to work in the acute care setting.”*

[Redeployment] *“Family Nurse Practitioners...have rotated to the hospitalist service during covid surges”*

[New Occupation] *“Extra nursing position to support current staff and in anticipation of pediatric Covid vaccine”*

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (June 2022). 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