

North Carolina Health Workforce Sentinel Network *Findings Brief: Specialty Medical 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 **specialty medical offices, practices, or 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/.

14 Specialty Medical Clinic Responses

Top occupations with exceptionally long vacancies

(% of 14 responding specialty medical offices, practices, or clinics reporting long vacancies for these occupations):

1. Medical Assistant (5 – 36%)
2. Office Staff (3 – 21%)

■ Other occupations with extraordinarily long vacancies reported in just one response each included: audiologist, physical therapist, speech-language pathologist, surgery/test scheduler, among others.

-- No other occupations with extraordinarily long vacancies were reported in more than one response --

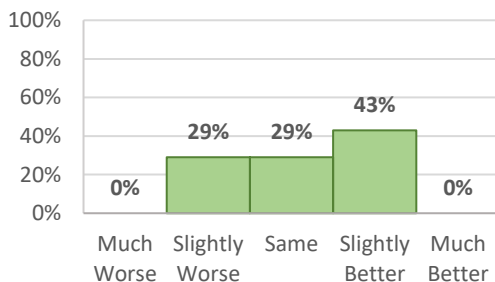
Reasons for long vacancies and high turnover reported by specialty medical clinics:

[Medical Assistant] *“The candidate pool was very poor, and candidates would either not show for interviews or would show but then not engage further toward the hiring process. It took over six months to fill what used to be an easy position to fill”*

[Office Staff] *“Significant Turnover and Increasing Salary”*

[Speech-Language Pathologist] *“Covid 19 has impacted all service providers who provide services in homes and daycares- SLPs don't want to return to homes and daycares and the daycares and families don't want to welcome them back. PLUS, SLPs are demanding more money in a decreasing rate environment”*

In the past 6 months, has COVID-19's impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 14 responses to this question)



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

[Slightly Worse]: *“Slightly worse: surgeries cancelled during covid surges led to frustration, increased workload, upset patients”*

[Slightly Worse]: *“Very difficult to recruit people even though we have raised hourly wages and still offer excellent benefits”*

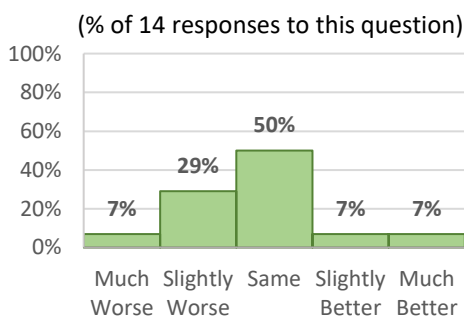
[Slightly Better]: *“We are finally seeing more qualified candidates...”*

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
Assistance with insurance company interactions	<p>Several reported specific needs and difficulties with insurance companies, related to both administrative burden and payment.</p> <p><i>“Develop “gold card” exceptions [because] preauthorizations have increased”</i></p> <p><i>“Reimbursement denials have increased...make them pay via insurance commissioner investigation and NC legislative hearings”</i></p> <p><i>“[Need] more reasonable contracts with insurance companies. They have become monopolies”</i></p>
Increased compensation	<p>Several suggested requiring increased reimbursement rates.</p> <p><i>“Need to increase reimbursement to practices and reduce inflation for employees [to achieve] consistent staffing”</i></p> <p><i>“Increased compensation rates for our services [through] coordination with [General Assembly] to require insurers to cover speech language pathology services”</i></p> <p><i>“Require regular cost of business raises [because] insurance companies’ reimbursement levels have decreased requiring more insurance personnel”</i></p>

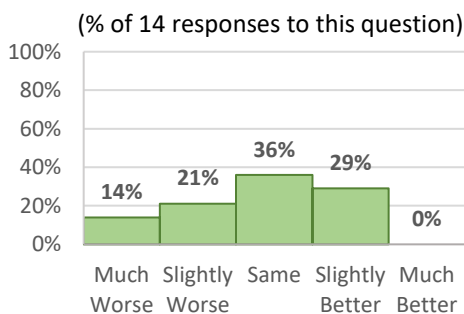
In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?



[Slightly Worse] *“Finding good candidates to fill open positions in a very competitive market has been tough for a independent office”*

[Much Better] *“We continued to care for patients throughout the pandemic, but staffing was always very tough. Now we are fully staffed again”*

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



[Much Worse] *“Remaining employees had to perform two or three jobs”*

[Slightly Worse] *“Individuals just worn out with COVID”*

[Slightly Better] *“We have been conducting a wellness program throughout the pandemic, to help address stress and fears”*

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

Only one redeployment and one new role were reported, with one related to COVID-19 and one unrelated.

Redeployment: *“Promoted [office staff] to new positions since prior persons (2) refused to get the Covid vaccine and we had to fire them”*

New Occupations: *“This [new Quality Specialist] provides data analysis and support for value based care initiatives that the practice is working on currently. This change is not related to the COVID-19 pandemic”*

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