

North Carolina Health Workforce Sentinel Network Findings Brief:

In Nov. through Dec. 2022, healthcare employers in North Carolina reported on their current workforce needs related to staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly June - Dec. 2022). One of the questions they answered asked, **“What are your top workforce needs that could be alleviated by new or modified policies, regulations, and/or payment rules?”** Employers then had the opportunity to provide context around policy, regulation, or payment rule.

This brief contains samples of answers by facility type along with some summative context about themes that emerged across facilities. More findings and responses from other health care settings may be viewed at nc.sentinelnetwork.org/findings/.

Summary of Policy, Regulation, and Payment Rule Changes for Fall 2022

Nearly all feedback to this question related to challenges around staffing, whether on the inflow side (education, recruitment related to finding qualified candidates, and offering attractive pay) or the retention side (better pay through adjusted reimbursement or salary rates, workplace safety, having professionals do the tasks they are trained to do). A few respondents noted support for specific policies or initiatives noted below, as well as general challenges in the workforce like cost of living and access to transportation.

Adjust reimbursement or salary rates

- *“Better reimbursement and less denials from insurance companies.” – Hospitals*
- *“Additional market review on compensation after many organizations stopped use of survey data.” – Hospitals*
- *“Telehealth reimbursement at parity across insurance companies.” – BH - Mental Health Office/Practice or Clinic*
- *“Increase Medicaid reimbursement rates so can afford to hire qualified staff.” – BH - Other out-of-facility behavioral health services*
- *“Increase Medicare payment that could be funneled to nurse salaries to meet hospital compensation.” – Hospice or palliative care services*
- *“Fix special assistance rates and increase personal care services reimbursement.” – LTC assisted living facility*
- *“Salary adjustments needed.” – Local health department or public health organization*
- *“Higher reimbursement rates from local/state/federal agencies.” – BH - Substance use disorder residential treatment facility*
- *“Increased rates for state-funded services that match the rates for intermediate care facilities (ICF).” – BH - Other residential treatment facilities*

Offer training and educational incentives

- *“Allow more community colleges and universities in NC to offer additional teaching programs in needed areas.” – Hospitals*
- *“Financial incentives to entice labor market participants to pursue clinical training relative to other vocational studies.” – Hospitals*
- *“State investment in creation and funding of bottlenecks in growth of clinical training opportunities at educational institutions.” – Hospitals*
- *“Incentives to go to school for pediatricians and to work in non-health systems.” – FQHCs*

Regulate staffing agency practices around contract or travel positions

- *“State/federal regulations regarding compensation/pay rates for travelers as well as stipulations around travel assignments. The high pay rates for traveler/agencies are not sustainable long-term for hospital systems. Certain mile radius requirements may need to be considered as well.” – Hospitals*
- *“Consider adjustment to posture regarding Nursing License Compact. Create laws permitting punitive action against or disincentivizing predatory “traveler” firms, including heavy tax burdens.” – Hospitals*

Support specific policies or efforts

- *“Support of HR1195 by congress [Workplace Violence Prevention for Health Care and Social Service Workers Act].” – Hospitals*
- *“Passing of the Social Work Interstate Compact.” – BH - Mental Health Office/Practice or Clinic*

Address persistent workforce issues related to cost of living and transportation

- *“Transportation needs for self-pay patients.” – BH - Mental Health Office/Practice or Clinic*
- *“State-level action to adjust zoning standards, incentive middle-market rental housing construction, and incentivize investment in housing over other local opportunities.” – Hospitals*

NC Sentinel Findings Brief: Behavioral Health

Responses by Facility Type

115 Responses out of 149 Survey Respondents to this question for Fall 2022	2	Acute care hospital bed (25 beds or fewer)
	24	Acute care hospital bed (25 beds or more)
	12	Behavioral Health - Mental Health Office/Practice or Clinic
	7	BH - Other out-of-facility behavioral health services
	2	BH - Other residential treatment facilities
	2	BH - Substance use disorder treatment facilities
	6	FQHCs
	10	Home care or home health service
	1	Hospice or palliative care facilities
	11	Local health dept or public health organizations
	12	LTC - assisted living facilities
	4	LTC - group home or family care home
	8	LTC - nursing home or skilled nursing facility
	9	Primary care medical office/practice or clinic (not FQHCs)
6	Specialty office/practice or clinic	

Similarities or differences of responses to previous survey rounds

Across many healthcare settings, employers said that the ability to pay competitive wages, regulating temporary staffing agencies, and ensuring a robust worker pipeline were their top priorities. These match the top priorities reported to the Sentinel Network six months ago and the six months prior, indicating the persistent nature of these challenges.

Priorities mentioned by employers in June - July 2022 also discussed in this survey, but not in the first survey, include: the need for workplace safety, and innovative solutions to housing, transportation, and childcare shortages that affect recruitment and retention in some settings.

Like the last year's worth of Sentinel survey responses, 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 continue to be the workers that employers are most concerned about.

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2022 Sentinel Network questionnaire (Nov. - Dec. 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