

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

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). This brief summarizes the responses from **primary care clinics**.

More findings 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):

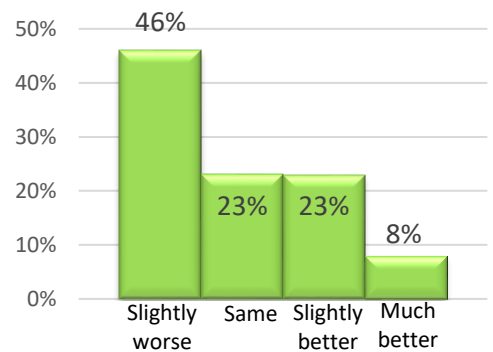
1. Medical Assistant (7 – 54%)
2. Licensed Practical Nurse (6 – 46%)
3. Registered Nurse (5 – 38%)
4. Physician/Surgeon (4 – 31%)

Reasons for long vacancies and high turnover:

[Certified Medical Assistant] *“CMAs are in high demand, which has increased salaries. Also, health systems have started their own programs to train CMAs that are competing with the community colleges where we used to obtain our CMAs. We are hiring more RNs in response, which are more expensive and want to work part-time instead of full-time.”*

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

(% of 13 responses to this question)



Federally Qualified Health Center (FQHC)

Top occupations with exceptionally long vacancies

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

1. Physician/Surgeon (5 – 71%)
2. Certified Nursing Assistant (4 – 57%)
3. Dental Assistant (4 – 57%)
4. Dental Hygienist (4 – 57%)
5. Medical Assistant (4 – 57%)
6. Registered Nurse (4 – 57%)

7 FQHC Responses

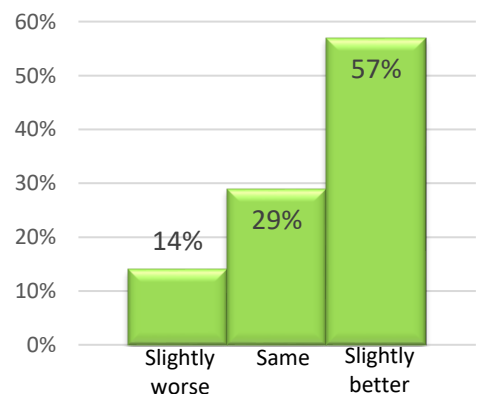
Reasons for long vacancies and high turnover reported by FQHCs and free or sliding scale community clinics:

[Physician/Surgeon] *“We are recruiting currently, but typically this is not one we have that we have had to recruit for in the past.”*

Other comments noted a lack of qualified applicants and a demand for higher salary that challenges organization to fill long vacancies.

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)

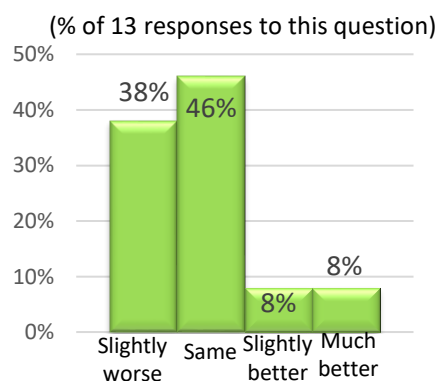


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What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
Increase pay	<p>Reimbursement adjustments (type or rate)</p> <p><i>“With the push toward BHC services being provided in primary care offices, there needs to be payment for those services that are sustainable long-term. There also needs to be workforce pipeline efforts to meet the increased demand for LCSWs and BHCs.</i></p> <p><i>“Higher reimbursement would enable increased pay to compete with hospitals and large corporate medicine.”</i></p>

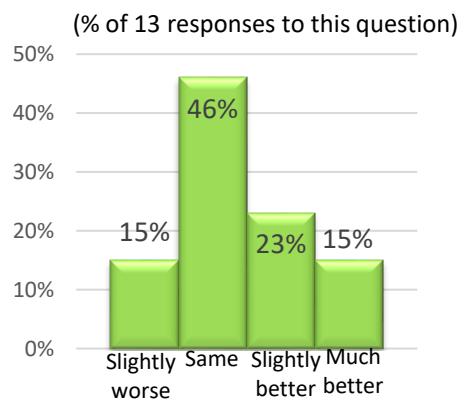
In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?



[Much Worse] *“Our demand has exceeded our staffing. We fill our schedules daily by the morning and need another provider.”*

[Slightly Worse] *“Some days we have to limit the number of same-day appointments on provider schedules because of lack of sufficient nursing to get patients ready for providers.”*

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



[Slightly Worse] *“Everyone is tired – physicians, clinical staff, and administrative staff.”*

[Slightly Better] *“We’ve had to change schedules in an effort to prevent burn-out from staff and providers. Providers are not filling in ‘holes’ in the schedules as much as they used to, leaving hallways empty. We’ve stopped Sunday sick walk-in hours. We’re closing at 3:00 on Fridays. We’ve eaten more meals provided by the office in the last 2 years than I can ever remember, and I’ve worked here for 34 years.”*

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 (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

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