

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

In May through June 2023, 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 Jan.-June 2023). This brief summarizes the responses from **primary care clinics and federally qualified health centers (FQHCs)**.

More findings and responses from other health care settings may be viewed at nc.sentinelnetwork.org/findings/.

16	Primary Care Clinics Responses (PCCs)
4	Federally Qualified Health Centers (FQHCs) Responses

Highlights

- In the last 6 months, PCC survey respondents reported:
 - Exceptionally long **vacancies** for medical assistants (MAs) and certified nursing assistants (CNAs)
 - Highest **turnover** for MAs, CNAs, and office staff/front desk staff
 - **Burnout** improved for 25% of respondents, remained the same for 25%, and **worsened slightly for 50%**
 - **Impact of staff shortages**, due to the pandemic, on providing quality care remained the same for 67% respondents, improved for 20% and worsened slightly for 13% of respondents
 - For those that use **telehealth**, 19% are providing more telehealth visits than a year ago, 13% are providing the same level of telehealth, 31% are providing fewer telehealth visits, and 19% of respondents no longer provide telehealth but did a year ago

- In the last 6 months, FQHC survey respondents reported:
 - Exceptionally long **vacancies** for MAs, physician/surgeons, peer counselors, and physician assistants (PAs)
 - Highest **turnover** for MAs, physician/surgeons, Phlebotomist, Physician Assistants (PAs), and other nurses/nursing
 - **Burnout worsened for 50%** of respondents, improved for 25%, and remained the same for another 25%
 - **Impact of staff shortages**, due to the pandemic, on providing quality care remained the same for 50% and worsened slightly for the remaining 50% of respondents.
 - Of the four respondents, one never provided **telehealth**, one continues to provide telehealth visits at the same

Exceptionally long vacancies

by Facility Type

PCPs:

- MAs (19% of respondents)
- CNAs (13% of respondents)

FQHCs:

- MAs (50% of respondents)
- Physicians/surgeons (50% of respondents)
- Phlebotomists (50%)
- PAs (50%)
- Other Nursing (50%)

Reasons for Vacancies

“We could not find qualified certified medical assistants to work with our providers assisting with physician visits. We have changed, and started to employ CNAs as well as medical assistants who are not certified, but trained in-house.” – PCP

“Lack of experience from [MA] candidates and very high salary expectations.” –PCP

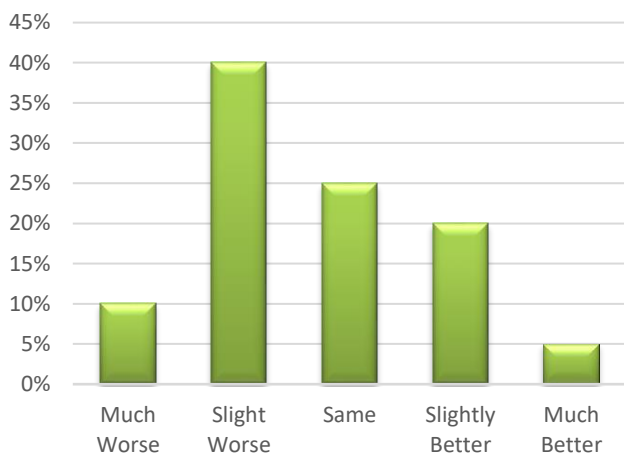
“There is a lack of [MA] applicants, or applicants who did not meet requirements.” - FQHCs

NC Sentinel Findings Brief: Primary Care Clinics

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

Need	Suggested Changes
Attract and retain employees	<ul style="list-style-type: none"> • Increase staff pay • Provide more paid sick time • Allow staff to work more flexible schedules • Expand family leave options • Offer staff a 30-60 day leave of absence for staff to take for wellness purposes with job security guaranteed • Offer affordable benefits for small business owners so smaller clinics do not have to pass on the expenses to their staff or clients • Provide support (financial or otherwise) for non-4 year university students, but instead certificate or two-year degree programs. • Increase or improve insurance and Medicaid/Medicare reimbursement rates so offices can pay staff more • Increase pediatrician salaries to be closer to adult providers • Increase pediatric subspecialist salary – sometimes they make less than general peds even if they have more years of experience
Access specialists as needed to support primary care providers	<ul style="list-style-type: none"> • Employ a neonatologists or neonatologist NP and/or have access to neonatologists to improve quality of care through [specialty] consultation

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 on our staff is starting to feel burnout including physicians and managers due to not having adequate staff or staff that needs more training due to being a non-licensed staff member.”*

“Staff are leaving the healthcare industry or going to larger organizations for more money.”

“Increase in paperwork. Formularies that change all the time and clash with shortages of meds in pharmacies. Increased referrals for conditions created by tripledemic – increased otitis media, increased conjunctivitis that doesn’t resolve the normal way, and increased mental health issues.”

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Summer 2023 Sentinel Network questionnaire (Jan-June 2023). 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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