

## Washington's Health Workforce Sentinel Network

### Early COVID-19 Response Report:

### Community Health Centers/FQHCs 5/18/2020

The Spring 2020 Washington Health Workforce Sentinel Network added four questions about the impact of the COVID-19 crisis on health care facilities' workforce and operations. These questions were in addition to the regular detailed questions about their health workforce changes and issues that are obtained twice yearly.

Below is a report of initial responses (19 as of May 14) to the COVID-19 questions from federally qualified health centers (FQHCs) or community clinics providing care free or on sliding fee scale across Washington. COVID-19 related findings will be reported along with responses for other workforce demand questions, as well as for other types of health care facilities, on the Sentinel Network dashboard (see [wa.sentinelnetwork.org](http://wa.sentinelnetwork.org)).

#### When responding to the COVID-19 emergency (since approximately February 2020), which occupations and/or service roles, if any, were most affected at your facility(ies), and in what ways?

##### **THEMES: Many furloughs and layoffs, heavy impact on dental, PPE needs, increased use of telehealth, difficulty hiring behavioral health staff**

- *Staff positions affected - Dentist, Dental Assistants, Dental Receptionist, Patient Access Specialists-Dental, Health Information Specialists, Community Health Workers, Patient Accounts Specialists-Dental, Patient Eligibility Specialists. many social services and community outreach positions.*
- *PPE needs, testing supplies, change in way we deliver medical services, outside drive in clinic, telehealth, reduction in staffing due to pt scheduling changes, and at risk staff.*
- *Nearly all of our organizations were impacted by furloughs either complete or partial. The biggest impact was dental as we mostly closed our dental practice.*
- *Problematic vacancies; PPE needs, employee mental health*
- *Had to furlough about 17 dental staff; in need of N95 masks, looking for hand sanitizers to distribute to the homeless*
- *Dental was most impacted due to dental emergencies only, and compounded on that was PPE. We had a wait list for dental emergencies due to issues with obtaining appropriate PPE. Overall, general in person visits have declined, moving as many visits to telehealth visits as we have been able to.*
- *Dental - almost all were furloughed; then as time went on all staff at some point were furloughed including medical providers, MAs and Nurses. Less demand due to trying to keep people at home. We launched telehealth and got approved for phone visits, but volumes still went down. PPE was in short supply as was testing supplies for COVID 19. Additionally, turn around time for testing was 7-14 days.*
- *Problematic vacancies: We are desperately needing to increase our capacity to offer behavioral health to Spanish speaking populations that is linguistically and culturally appropriate. COVID19 has aggravated this need significantly. Most impacted by impact: Dental services and PPE are most acute...everything else has taken a hit.*
- *All pediatric providers practicing in outpatient (ambulatory) setting their administrative and clinical support staff and their patients and families have been significantly impacted by the COVID-19 pandemic. Lack of PPE, lack of testing supplies, loss of revenue (visit volumes decreased by ~ 70%), loss of staff (laid off, furloughed, etc), lack of access to safe health care, significant psycho-social stress for staff, patients and families related to closure of schools, loss of jobs, loss of child care, social isolation, etc*
- *Dental Services - With the guidelines updated to cancel all non emergency dental appointments, our ability to provide dental services was reduced drastically.*
- *Our dental office was closed due to close proximity to others, limited PPE and wrong kinds of PPE, and governor mandates.*

## Community Health Centers/FQHCs

### Occupations and/or service roles most affected (cont.)

- *Less demand for preventive services such as exams and cleanings. People were only coming in for emergent problems. We furloughed the hygienists and some of the dentists and assistants and focused on emergent care.*
- *The FQ Community Health Center I was employed by permanently laid off all 5 of us Dental Hygienists and furloughed many of its Dentists.*
- *My staff have moved from face to face services to telephonic based services. The company I work for has no clue how to implement telecommuting and that has become a major issue*
- *Our biggest-affected service was dental. With the stay-at-home orders for dental only allowing emergent care, we were limited to dental emergencies. This created an 85% drop in visits. With this, we did voluntary short-term leave for staff which resulted in a 30% drop in staff fte. There has been increased fear in many staff concerning exposure to Covid-19. We have dealt with this by moving staff to clinics that were designated as "non-covid sites" if they requested this. Although there has been anxiety concerning lack of PPE resources, we have been fortunate to have enough PPE for the time being.*
- *...home/community/school based and on site children group services were impacted the most. [those] staff ...laid off first, along with some support staff. ...increase of services request ...slow down of applicants for open positions. [stopped] all interns on site or placement due to safety ...and at home to services our clients and patients.*
- *All service roles were affected quite drastically ... less demand for most services ...The frontier nature of our service area presents significant challenges in providing telehealth services. There is not any reliable internet connectivity throughout the service area. The clinic has placed several employees on ""standby"", as well as a number of employees with amenable job duties and reliable connectivity working remotely from home. The clinic has also experienced increased difficulty filling vacancies for behavioral health providers.*

### Is there anything about your facility(ies)' staffing arrangements that made it easier or harder to respond to the emergency? If so, for which occupations and why?

**THEMES: Problematic – Childcare needs for staff, transition to telehealth, providing dental services, staff layoffs due to reduced service volumes. Helpful – Prior implementation of IT, remote work arrangements**

- *We closed one smaller medical clinic and moved providers/staff around to other clinics...*
- *Harder to respond; younger staff needing to stay home for child care issues and older staff needing to stay home for medical reasons...affected positions - call center staff; medical assistants, medical providers, pharmacy technicians*
- *Closing school/lack of daycare has been hard because we have so many younger employees with small children...*
- *Last year we started more formal work around remote work arrangements, which enabled us to more quickly move staff to work from home during the pandemic.*
- *IT investments in our last two years were a life saver as it allowed us to stand up virtual care relatively quickly. COVID19 created a mindset open for rapid adoption of new approaches and technologies. We are proven that we are more capable to accept change in a crisis. Never waste a good crisis!*
- *Independent pediatric practices particularly challenged obtaining PPE, testing supplies, etc. Particularly challenged to invest in new technologies (telemedicine, etc) and particularly challenged financially*
- *Dentistry, dental hygiene practices in particular, create a large amount of aerosols that make it a hazard for ourselves and our patients. Protocols and standards need to be in place to understand how to maintain clean and safe working and patient conditions.*
- *Dental Hygiene/Dental we need STRICT MANDATED GUIDANCE. Recommendations are NOT taken seriously*
- *No real issues...Some people took voluntary leave due to being at higher risk due to underlying health issues.*
- *We had and continue to have difficulty doing video telehealth due to lack of equipment or programs. This is being resolved, but slowly. In addition, we had no telework protocols in place. We are just now starting telehealth for appropriate staff. Our Quality Department had the appropriate mix of staff to facilitate the emergency response and the implementation of employee health protocols.*
- *HR practices and agency support that allowed for coverage of health and wages for those laid off. IS was able to be set up telephonic services for providers/therapist to work from home and onsite staff able to do video. Some staff laid off or sent home due to duties or high risk staff.*

## Community Health Centers/FQHCs

From your experiences with the COVID-19 emergency, what are your facility(ies)' top workforce needs over the short and longer term that could be alleviated by new or modified policy, regulatory, and/or payment rules?

Short term workforce impact	Needs
Staffing with childcare issues	
SUD/ODD	Licensures
Retain... administrative (front desk) and clinical support (medical assistants)	Increase financial support to increase hourly wages
Appropriate PPE	Specific guidelines from CDC
	Continue state payment for teledentistry
Staff are safest working from home when high risk	Implement a sustainable telecommute policy
	High risk staff and others who are telecommuting need to do so in a supportive environment
	Needs televisit funds for tools and training
---	Continuation of reimbursement rates for phone and telehealth visits
Substance Use Disorder/chemical dependency professionals; mental health counselors, lack of licensed clinical social workers	[Address] supervision hours, payment/coverage; allow other licensed behavioral health providers reimbursement for Medicare services
Lack of internet connectivity	Allow continued telephonic services as telehealth

Longer term workforce impact	Needs
Externships have stopped in clinics, so worry about new grads coming out and limited rotations they have	---
Telemedicine potential	Protect patient/provider relation
Telemedicine	Enhance training for clinicians
Home Health devices	Allow as billable practice-care coordination
Cross sector engagement for health	Start with incentives across K-12 and Healthcare
Capacity for behavior change	Funding/payment that incentivises measurable behavior change
Infrastructure for telehealth	Funding for internet connectivity
Recruitment/retention of qualified staff	Reimbursement for services rendered by non-licensed/other licensed providers

Are there additional important workforce issues resulting from the COVID-19 emergency at your facility(ies) that you feel should be recognized and addressed?

### THEMES: Risks of providing dental services, child care, need for and risks of providing preventive care.

- If providers needs visas, premium processing has stopped, so could delay non-US provider start dates.
- The need for no cost and low cost child care facilities for medical staff.
- The engagement of Ag. growers and food processing employers in more robust health and safety programming and implementation of prevention efforts is an emerging acute problem that needs immediate attention and leadership from policy and industry leadership.
- There are so many issues with dentistry that need to be looked at by dental professionals, not lobbyists, politicians, or medical providers. We are in a unique position that is often overlooked. However we provide necessary healthcare to the public and while we need to return to caring for patients, we need to also be safe to do so for ourselves and our patients.

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### Additional important workforce issues (cont.)

- *Dental Hygiene/Dental being #1 for transmission due to aerosols and suspended aerosols. MANDATED PPE provided by the EMPLOYER. You will not die from not having your teeth cleaned. We see people everyday that have never had their teeth cleaned.*
- *I think it's important that we not bring back regular preventive care too soon. It puts the staff and the patients at risk. You need to have an abundance of caution when you're working in somebody's mouth. It makes both sides vulnerable even with PPE.*

### About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus is on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

#### **Why become a Sentinel? As a Sentinel, you can:**

- Communicate your workforce needs and ensure that the state is prepared to respond to the transforming healthcare environment.
- Have access to current and actionable information about emerging healthcare workforce needs.
- Compare your organization's experience and emerging workforce demand trends with similar employer groups.

To view an interactive summary of findings and to provide information from your organization: [www.wa.sentinelnetwork.org](http://www.wa.sentinelnetwork.org).

Contact: [healthworkforce@wasentinelnetwork.org](mailto:healthworkforce@wasentinelnetwork.org)