

Washington's Health Workforce Sentinel Network *Early COVID-19 Response Report:* Primary Care Medical Clinics (not FQHCs or CHCs) 6/1/2020

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 (13 as of May 14) to the COVID-19 questions from primary care medical clinics (not FQHCs or community health clinics [CHCs]) across Washington. Responses from FQHCs and CHCs are summarized in a [separate report](#). Many of the responding primary care clinics were associated with small, often rural, hospitals. 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).

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: PPE needs, reduced service volume causing furloughs and layoffs, workforce and patient stress.

- *We had to furlough multiple staff members including a few we just hired (RN MA and front desk) Visit numbers cut in 1/2 dramatically without warning which is good for the community but hard to pay physicians ARNPs and staff. PPE was difficult to procure, testing was impossible in the beginning and the results took 12 days for a while which was not helpful at all and just made patients mad. Supporting employee mental health especially when they are having a hard time finding child care or supporting their kids schooling and their own educations outside of school has been a challenge. Our integrated behavioral team went virtual which impacted our delivery of care and warm handoffs.*
- *PPE needs, especially N95 masks and face shields.*
- *The entire organization has been affected from providers to clinical staff to support staff. Services have been reduced across the organization and revenue has decrease by at least 55% in about 2-3 weeks. We have had issues with PPE and staff stress while waiting for COVID-19 testing results to return. We have reduced hours/compensation for all staff by 25% for an 8-week period of time and we are hopeful this will be enough. Staff members [have taken] multiple week furloughs as part of our cost reduction efforts. We have eliminated all travel and education for the rest of 2020 and postponed staff pay increases until the end of year, if we are able to provide them or not - we will not know.*
- *Due to less demand for services, the need to furlough staff was most affected.*
- *Additional work load and time trying to follow and implement guidelines sorting through 100's of e-mail, webinars and phone conferences from every agency from CDC to local entities. PPE was also a challenge to manage.*
- *Nearly every department was affected. Nurses and NAC's became scarce as if they got sick or tested positive we had to keep them out of the facility. There was more demand for nurses and aides. PPE was scarce but we were able to cover it.*
- *Less demand for services related to initiation of orders from the Governor to stop elective procedures and decrease routine office visits, has resulted in staff being deployed to other areas of the facility. Some of RHC staff have been deployed to the hospital. Non-medical, essential employees are working from home. We have not needed to furlough. We have implemented PPE conservation and have enough to care for the patients. Wellness is addressed through daily email communication and one weekly zoom that include wellness resources.*
- *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*

Primary Care Medical Clinics

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 – Vulnerability of some staff, use of part time staff Helpful – Staff flexibility.

- We had people who were higher risk and could volunteer to be laid off, we had younger people job share and protected as many positions as possible.
- Unemployment verses part time, employees reported making more if they didn't work at all.
- The entire process about this has been hard. We only had 1 traveler in our facility and that assignment was coming to an end. We have a combination of full-time and part-time staff and this has been difficult for everyone.
- Our facility made best use of senior office staff members who volunteered to be more flexible with staffing needs. Part time staff workers were more seriously affected by furlough requirements. Clinical staff were more confused by the inconsistent rules or recommendations by government agencies which lead to high stress at the clinical level.
- It made it quite a bit more difficult as our staff has had to adapt heavily to our COVID 19 needs.
- As our patient volume has been dramatically decreased, we've been able to fill shifts. We do utilize agency/contracted staff to fill some of our open/posted nursing shifts, as we hire and orient/train new staff coming to our facility. We have also flexed some staff from other departments to help with open shifts. Staff have been open to take on new responsibilities.
- Independent pediatric practices particularly challenged obtaining PPE, testing supplies, etc. Particularly challenged to invest in new technologies (telemedicine, etc) and particularly challenged financially

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
<i>MA-C training cancelled by the state</i>	<i>MA-C training cancelled by the state</i>
<i>[Retention] of administrative (front desk) and clinical support (medical assistants)</i>	<i>Increase financial support to increase hourly wages</i>

Longer term workforce impact	Needs
<i>Need for more diverse physicians</i>	<i>Help paying off loans, Medicaid to Medicare parity to better be able to pay their salary and telehealth parity in payment</i>
<i>Need for more nurses</i>	<i>Pay has been a challenge - again need for Medicaid to Medicare parity to better pay their salaries for recruitment</i>
<i>More behavioral health providers</i>	<i>More trained Medicaid to Medicare parity for mental health codes</i>
	<i>More trained providers and telehealth training</i>
<i>Stable work force</i>	<i>Alternative nursing programs like the RONE program</i>
<i>Telehealth training</i>	<i>Continuation of CMS waiver</i>
<i>Increasing primary care workforce</i>	<i>Financial incentives to practice in primary care setting after graduation (loan repayment, etc)</i>
<i>Clinical rotations for new nurses</i>	<i>Allow nurse students to complete their clinical rotations</i>
<i>Nurses</i>	<i>Pipeline of graduates</i>
<i>Medical assistants, Certified nursing assistants</i>	<i>Apprenticeship pipeline; ability to link to other roles like Respiratory Therapist</i>
<i>Advanced practice registered nurses</i>	<i>Pipeline and clinical training</i>

Primary Care Medical Clinics

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: Continued problems recruiting and retaining workforce in rural areas, concerns about government policies, need for PPE use training.

- Mainly having the training on proper PPE use, how to protect the staff and have the correct supplies for cleaning etc.
- Governors shut down affected the ability to provide preventative medical care to children and adults, further exposing them to additional health risks. Children and families are not keeping up with their vaccine and preventative education requirements.
- It is a constant challenge to recruit and maintain a steady and stable workforce. Too few nurses available for rural areas. It would benefit rural areas if we had a program that would allow In hospital programs like the RONE program. Removing the road blocks for a RONE program would be beneficial for rural areas.
- The fear that was instilled in the staff members by the media and extensive emailing and notifications coming to all staff nearly with an email were a major concern. We need things to calm down, then offer education with a consistent message.
- None. We were approved and received funds from the PPP loan.

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.

Contact: healthworkforce@wasentinelnetwork.org