

Washington's Health Workforce Sentinel Network Examples of Findings from Community Health Centers

From October 5 to November 8, 2020, representatives from federally qualified health centers (FQHCs) and community clinics answered five questions about how the COVID-19 pandemic affected their organization. Themes from their responses are highlighted below. To see their full responses as well as summaries from Spring 2020, go to www.wa.sentinelnetwork.org/findings/covid-19. On the following pages are summaries of responses to other Sentinel Network questions.

Effects of the COVID-19 pandemic reported by community health centers* : Themes and examples

Have there been overall staffing changes at your facility due to the COVID-19 pandemic?

THEMES: Staffing levels fluctuated as the pandemic evolved. Some service areas were affected more than others

- We have added three per diem Certified Nurse Assistant positions to accommodate staffing fluctuations.
- Employees have quit due to the risk of working during COVID.
- Dental clinics were closed for about 2 months and reopened and have ramped back up.

Were any of your staff disproportionately affected by COVID-19?

THEMES: Nursing and dental staff were the most affected. Risk of transmission in the community, not just at work

- A few of the nursing staff were out an extended period of time due to COVID-19 either due to illness or had a family member who was ill.
- Nursing - the bulk of our protocols for screening and triage landed on the nurses.
- Dental was greatly impacted due to type of services, need for additional PPE. Other roles such as MAs were also impacted as many are female single parents with no childcare coverage.

What about the staffing arrangements at your facility made it easier or harder to respond to the pandemic?

THEMES: Organizational communication was key, but outside factors beyond the control of planners added difficulties

- We were able to respond to the COVID-19 pandemic due to collaboration and planning within our organization.
- Issues with high-risk staff not being able to work, so finding coverage.
- Childcare is the hardest area that is affecting our clinics.

As a result of the COVID-19 pandemic, what are your top workforce needs that could be alleviated by new or modified policy, regulatory, and/or payment rules?

THEMES: A variety of policy solutions were suggested

- Allow the current situation of telehealth to continue [with current] reimbursement model.
- [Need more nurses for] agricultural worker screening - need to screen twice a day has been difficult with current staff.
- Need more graduates in [dental hygiene and medical assistant] programs.
- The union environment [is] making us less agile and less able to flex to respond.

Describe the workforce impact, if any, of the use of telehealth at your facility in response to the pandemic.

THEMES: Some successfully implemented telehealth, others report challenges

- We moved quickly to telehealth (never offered this pre-COVID), which worked great for our patients and staff who would not have been able to work in-clinic (health issues, child care, etc.).
- We were able to utilize telehealth for visits which did create an avenue for patients to be seen who were uncomfortable with presenting in person.
- Video visits have been difficult and take significantly longer with patients. Patients are often in public places (grocery stores, parks, etc.) when taking the video call. Providers are spending a lot more time asking questions to compensate for lack of a physical exam, and then more documentation to cover their assumptions and findings.
- We have not been comfortable allowing clinicians (Mental Health Counselors) to work from home to avoid HIPAA confidentiality concerns while their families are home too. [Also] when clinicians are new graduates working under an Agency Affiliated license we feel they need the support of an onsite supervisor.

*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

Community Health Centers (Fall 2020)

Representatives from federally qualified health centers (FQHCs) or community clinics provided information to the Washington State Health Workforce Sentinel Network nine times between Summer 2016 and Fall 2020. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from federally qualified health centers (FQHCs) or community clinics can be found on the Sentinel Network dashboard (wa.sentinelnetwork.org) as well as for other types of health care facilities.

Community Health Centers* - Occupations with exceptionally long vacancies: 2016-2020

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Fall 2020**
1	Registered nurse	Medical assistant	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Registered nurse
	Physician/ Surgeon			Physician/ Surgeon				
2	Mental health counselor	Nurse practitioner	Social worker	Dental assistant	Registered nurse	Physician/ Surgeon	Dental assistant	Mental health counselor
				Registered nurse		Dental assistant	Medical assistant	
						Registered nurse	Nurse practitioner	
3	Medical assistant	Dental assistant	Mental health counselor	Mental health counselor	Medical assistant	Mental health counselor	Mental health counselor	Physician/ Surgeon
		Registered nurse		Nurse practitioner			Physician Assistant	
4	Nurse practitioner	Physician/ Surgeon	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Dental assistant	Chem. dependency professional	Dentist	Multiple occupations cited at same frequency
					Mental health counselor	Nurse practitioner		
5	Dental assistant	Mental health counselor	Multiple occupations cited at same frequency					
	Social worker							

↑ Most cited

Demand for healthcare workforce reported by community health centers* (Fall 2020)

Some employers report lower demand for some healthcare workers, which stems from COVID-19 closures

- [Family medicine physician, Dental hygienist, Pharmacy technician, Dental assistant, Medical assistant] Due to COVID, increase in telehealth from in-person services, but overall demand for services is lower due to COVID.
- [Nurse practitioner, Medical Assistant] Patients were not willing to be seen in clinic because of the fear of Covid exposure.

Covering absences and accounting for fluctuating community need increased demand for some occupations

- [We had higher demand for RNs, CNAs and Screeners] due to staff being out for covid and non-covid reasons.
- Due to COVID, higher need for behavioral health telehealth services [Mental Health Counselor and Psychologist].
- When the pandemic first started we had a decline in business but as the stay at home order started lifting we had a definite increase in need [for Mental health counselor, Peer counselor, Social worker, RN and CNA].

*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

** Spring 2020 findings not shown due to low response

Community Health Centers (Fall 2020)

Reasons for vacancies reported by community health centers*

Most difficulties in filling open positions were not related to COVID-19, although the pandemic is a factor

- *[Family medicine physician] FQHCs pay lower than other ambulatory and acute systems, so it is difficult to fill. Just as difficult during COVID.*
- *[Social worker - Child, family and school] We are currently in need of some supervisor roles which make the position harder to fill.*
- *[Registered nurse] I'm not sure there is an impact from the pandemic for this role. There is a shortage of RNs in our area.*
- *[Medical assistant] Lack of Medical assistants and even the externs we are taking are making more money in private practice, so hard to fill openings.*

Reasons for worker retention/turnover problems reported by community health centers*

Some, but not all, turnover issues were related to the COVID-19 pandemic

- *[Mental health counselor, Peer counselor, Registered nurse] The pandemic has heightened underlying difficulties. Stress with how we see clients and worrying about how to take care of children at home because there isn't any school is stressing workers out.*
- *We had some dental hygienists and MAs move to private practice and earn more money.*
- *[Nursing assistant] We have experienced turnover due to disciplinary actions.*

Changes in community health centers' priorities* regarding orientation/onboarding for new employees and training for existing/incumbent workers

The content of onboarding and training sessions focus primarily on COVID-19 protocols

- *COVID-19 guideline updates, specifically around infection control for all staff and providing telehealth visits.*
- *All employees were trained on usage of PPE and new policies related to Covid.*
- *Special training is needed in the new ways we engage clients because of the pandemic. It is much different. Documenting for the care, making sure we are reaching out to clients are some examples of new training needs.*

Changes to the way information is delivered has been necessary

- *[We moved to] a combination of virtual and in person orientation/onboarding.*

New roles for existing employees and new occupations hired by community health centers*

Behavioral health and primary care providers switched to telehealth. Other staff saw a change in their work status.

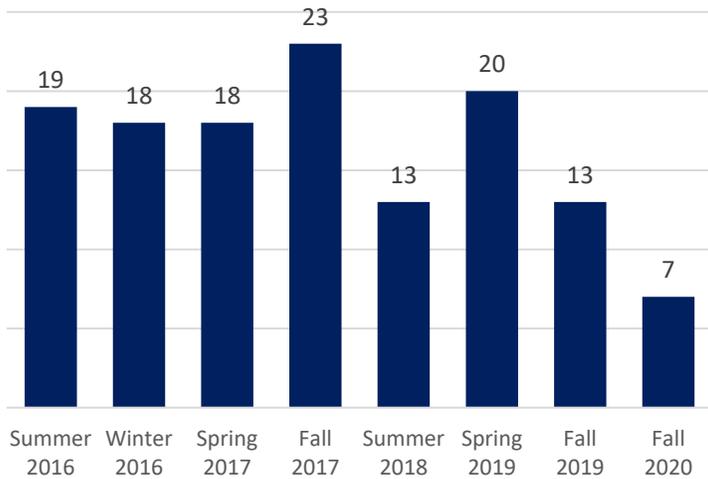
- *[Mental health counselor, Psychologist, Family medicine physician] Due to COVID - moved to 100% telehealth in March, Only starting to see uptick with in-person visits as of September.*
- *[Medical assistant, Dental hygienist, Dental assistant] Some put on standby, some stayed as is, some moved to a float pool (worked per diem).*

Many facilities have implemented new roles for door screening and assisting with contact tracing. Sometimes these are new hires, but often it is a new role for existing employees, such as RNs or nursing assistants.

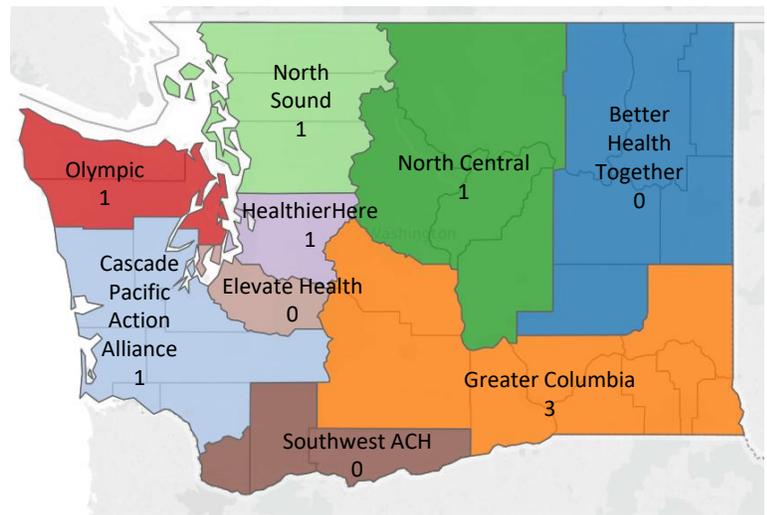
*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

Community Health Centers (Fall 2020)

Number of Sentinel Network Responses from Community Health Centers* in WA by Data Collection Date**



Number of Community Health Centers* Responses by Accountable Community of Health (ACH) (Fall 2020)



*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

** Spring 2020 findings not shown due to low response

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 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

Program Director: Susan Skillman, Senior Deputy Director, UW Center for Health Workforce Studies skillman@uw.edu

Operations Director: Benjamin Stubbs, Research Scientist, UW Center for Health Workforce Studies bstubbs@uw.edu