

## Washington's Health Workforce Sentinel Network

### Examples of Findings from Primary Care Medical Clinics (not FQHCs or Community Clinics)

From October 5 to November 8, 2020, representatives from primary care medical clinics (not FQHCs or 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](http://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 primary care medical clinics : Themes and examples

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

**THEMES:** Staffing levels are driven by patient visits, which have fluctuated since the start of the pandemic

- Initial reduction in total staff due to decreased patient volume/demand and changes in workflow, ie transition to more telemedicine. By early summer, patient volumes have rebounded and in person patient visits also increased (decrease in telemedicine) which resulted in us staffing back up.
- Early in pandemic we laid off and/or furloughed 10 staff due to stopping well child care. Since then we have adapted our schedules & buildings to be able to safely resume well child care while separating sick patients from well children.

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

**THEMES:** Some employers reported that no staff were disproportionately affected or that all were equally affected, but others reported difficulties for clinical staff or those with children.

- Everyone was kept working and getting full benefits (if they qualified) - some had to do other jobs along the way (as allowed by the unions).
- Those with school age children and/or spouses out of work [were most affected].
- Clinical care staff, as opposed to reception, billing and administration, carry a heavier burden in terms of constant changes to their workflow and workload.

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

**THEMES:** A variety of issues were reported by employers.

- We could not get enough PPEs and ran out of what we could [get] very quickly.
- Unions prevented some flexibility in the use of and/or training of staff.
- Because of the dedication of our staff we found our experience in all the flexing necessary to respond to the pandemic was easier than we have heard reported by other 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:** Several employers mentioned the need for more nurses and medical assistants. Others indicated more coordination at the state and federal levels was needed.

- Loan repayment programs for Medical Assistants like they have for the MD/DO/PA/ARNP/RN.
- Create a central supply chain [for procuring PPE] that can meet our needs.
- Make [COVID] testing easily and efficiently available and results quickly supplied. We had to wait 7-10 days before knowing the results.
- Regulatory bodies that agree on PPE measure in light of supply chain shortages and with evidence-based practice.

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

**THEMES:** Most employers said telehealth positively impacted their practice, but some challenges were mentioned.

- Telehealth has allowed our practice to remain viable and continue to be of service to those in need. It has been the single largest reason our entity has survived the impacts of COVID. Retaining payment parity (paying in person visits at the same rate as telehealth) is critical.
- This has been a tremendous help for both our employees and especially our patients. I sincerely hope this can continue post-pandemic. Both providers and patients have found it to be beneficial.
- There was a learning curve, and it took some time convincing my elderly patients that this a legitimate office visit. Also, making a referral took more time, and it was longer for patients to be seen by specialists.

## Primary Care Medical Clinics (not FQHCs or Community Clinics)

Representatives from primary care medical clinics (not 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 primary care medical clinics (not FQHCs or community clinics) can be found on the Sentinel Network dashboard ([wa.sentinelnetwork.org](http://wa.sentinelnetwork.org)) as well as for other types of health care facilities.

### Occupations with exceptionally long vacancies in Primary Care Medical Clinics: 2016-2020

Top occupations with exceptionally long vacancies		
Rank	2016 - 2019	2020
1	Medical assistant	Medical assistant
2	Physician/surgeon	Physician/surgeon
3	Registered nurse	Mental health counselor
4	Licensed practical nurse	Registered nurse
		Nurse practitioner
5	Nurse practitioner	Licensed practical nurse
		Physician assistant
6	Mental health counselor	Multiple occupations cited at same frequency

← Most cited

#### **Demand for healthcare workforce reported by primary care medical clinics (Fall 2020)**

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

- We were unable to afford to keep ARNP due to decrease in patient volume from COVID quarantine.

##### **Employers report increased demand for some occupations in response to the COVID-19 pandemic**

- More pediatricians retiring early due to COVID.
- We needed to hire an LPN and a Phlebotomist due to COVID testing in our clinic.

##### **Other employers, however, report increased demand for reasons not related to the pandemic**

- [Medical assistant] Increase in demand due to quality documentation and preventative services.
- [Mental health counselor] We began a Collaborative Care Program [requiring hiring] a behavior healthcare manager.
- [Medical assistant] We had a couple of MAs resign and an RN retire. We decided to fill all open positions with MA-Cs.

#### **Reasons for vacancies reported by primary care medical clinics**

##### **The COVID-19 pandemic has introduced some new challenges, but many pre-COVID challenges persist**

- [Medical assistant] Child care issues; unemployment benefits at a richer amount than their regular compensation.
- [Physician assistant] Pandemic delayed graduation for most PAs. Qualified candidates were afraid to travel for site interviews and made last minute cancellations.
- [Mental health counselor & Social worker] Very tight market with many organizations looking to hire LICSWs for behavioral health integration in primary care.
- [Mental health counselor & Medical assistant] Due to our rural location and the qualifications needed for the position, it was extremely difficult to recruit candidates.

## Primary Care Medical Clinics (not FQHCs or Community Clinics)

### New roles for existing employees and new occupations hired by primary care medical clinics

Many employers reassigned staff to screen patients or fill in for needed areas.

- [Medical assistant & Registered nurse] Pre-Screening all patients for Covid-19 exposure and symptoms prior to triaging them.
- [Physician assistant] Ramping up learning and providing care using Telehealth.
- [Registered nurse] RNs deployed to Emergency Department and Acute Care units.

### Changes in primary care medical clinics' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

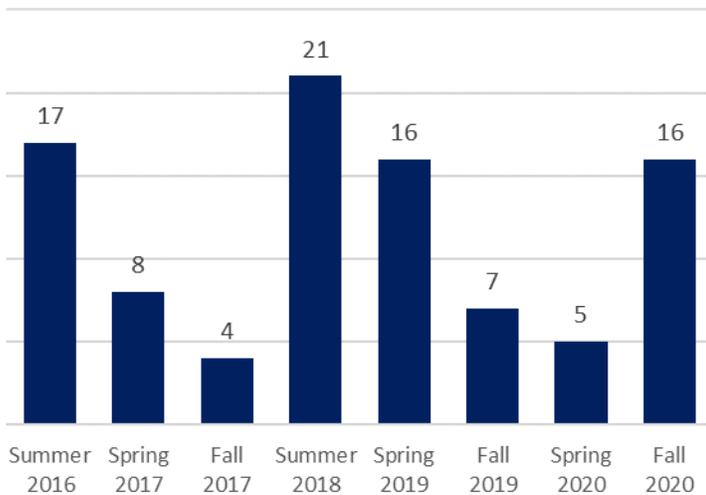
The content of onboarding and training sessions focus primarily on COVID-19 protocols

- Teaching use of Telehealth tools and impressing on the need of staying safe, avoiding gatherings and completing screening questionnaires prior to starting work.
- Training and support on implementing triage, drive thru flu clinics, COVID testing drive thru and PPE safety training.
- Infection control training; donning and doffing, PPE, etc.

Changes to the way information is delivered has been necessary

- Much of the onboarding is being done virtually.
- Any training that may have been scheduled for on site, was either cancelled or postponed to a virtual platform.

Number of Sentinel Network Responses from Primary Care Clinics in WA by Data Collection Date\*



\*Winter 2016 not included due to space constraints

Number of Primary Care Clinics Responses by Accountable Community of Health (ACH) (Fall 2020)



### 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](http://www.wa.sentinelnetwork.org).

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