

Washington's Health Workforce Sentinel Network

Findings Brief: Primary Care Medical Clinics (not FQHCs or Community Clinics)

This Findings Brief highlights current workforce needs reported by primary care medical clinics (not FQHCs or community clinics, which are reported in a separate Brief) in Washington State during October and November 2021. More findings from 2021 and earlier may be viewed at www.wa.sentinelnetwork.org/findings/.

Primary care medical clinics' current pandemic-related concerns are summarized below. Earlier pandemic-related findings may be viewed at www.wa.sentinelnetwork.org/findings/covid-19/.

Effects of the COVID-19 pandemic reported by Primary Care Medical Clinics: Themes and examples

How have your facility's staffing arrangements/configurations affected your ability to respond to patient demand during the past 6 months?

Many reported having to reduce services or temporarily close clinics due to staffing shortages, especially medical assistants.

- Due to CMA shortages we have had to decrease the number of available appt slots. We had to reschedule well child exams to future dates in order to increase capacity for acute care, mostly due to covid.
- We are limited by the number of patients we can see by MA staffing (more so than by provider staffing!).
- We had to close clinic some days due to no clinical staff.
- We are completely overloaded, over 500 phone calls per day, providers seeing close to 30 per day, charting until 10-11 pm we are fried. Also more irritated patients from waiting, life stress, covid denial and vaccine irritation.

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

- Reduce the requirements for Medical Assistants out of state to be able to apply; or allow for a shortened period for Medical Assistants to be grown here in WA.
- Payment for primary care, particularly by the major commercial payers in WA, is less than the reasonable cost of providing the service, and is the rate limiting factor on MA wages and hiring.
- We don't have access to some of the financial supports of FQHCs/RHCs, but our patient base looks the same. Increased reimbursement to private practices with very high volume Medicaid would support our ability to maintain open access.

How has the pandemic affected your ability to support educational/training opportunities ?

Most have had to reduce the number of students, but many report they are continuing to train new students/graduates.

- The clinic has continued to provide training opportunities for PA, NP, and Medical students.
- We have taken almost no ARNP students this year. We have kept MA students as a recruitment tool.
- We've had more requests for students but we just don't have the time to spend with them and their schools. The patient demand is just too high.

To what extent has your organization used recruitment incentives like sign-on bonuses during the pandemic?

What recruitment strategies have been most successful?

Many report that they are not able to offer sign-on bonuses, but some report using this strategy.

- Difficult to employ due to rising costs during the pandemic. Referrals and quick follow-up have been the most successful.
- The bonuses we have been able to pay are to recruit and value the staff we already have first..
- We have almost doubled our signing bonuses. Implemented employment agreements that specify providers have to give 90 days notice and a clawback language... if they resign within 2 years..

Have you implemented new retention strategies during the pandemic? Please describe.

Many strategies were reported, with pay increases less commonly mentioned than we heard from other settings.

- Staff care and team building and supports. Weekly compliments/prizes, workplace wellness.
- Improving our medical benefit offerings and reducing the cost of care to our employees and the practice.
- Increased pay, holding support sessions, a retreat for self care.

Compared with 2 years ago, how would you describe the number of vacancies you're now trying to fill?

Most report increases in the number of vacancies, especially among MAs, due to higher turnover rates.

Primary Care Medical Clinics* (Fall 2021)

Between 2016 and 2021, over the course of 11 reporting periods, primary care medical clinics and other health care facilities in Washington shared information about their workforce needs to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings for these clinics (not including FQHCs and community clinics, which are reported elsewhere). More Primary Care Clinic findings, along with those from other health care facilities, are at wa.sentinelnetwork.org.

Top occupations with exceptionally long vacancies				
Rank	2016 - 2019	2020	Spring 2021	Fall 2021
1	Medical assistant	Medical assistant	Medical assistant	Medical assistant
2	Physician/surgeon	Physician/surgeon	Registered nurse	Physician/surgeon
3	Registered nurse	Mental health counselor	Licensed practical nurse	Registered nurse
4	Licensed practical nurse	Registered nurse	Multiple occupations cited at same frequency (e.g., Call center associate, central access workers, SUDP, Health information technologists and medical registrar, mental health counselor, nursing assistant, psychologist, receptionist, social worker)	Mental health counselor Nurse practitioner Licensed practical nurse Nursing assistant
		Nurse practitioner		
5	Nurse practitioner	Licensed practical nurse		Multiple occupations cited at same frequency
		Physician assistant		
6	Mental health counselor	Multiple occupations cited at same frequency		

↑ Most cited

*not FQHCs or Community Clinics

Demand for healthcare workforce reported by Primary Care Medical Clinics

Many reported that staffing challenges persist related to roles affected by COVID-19

- [Multiple occupations] As time passes for the pandemic, the need for care has increased [resulting in our need] for more physicians, LPNs, NPs and PAs.
- [Medical assistant, Phlebotomist] Higher demand due to COVID requirements, increasing demands due to deferred care, COVID-19 testing and vaccinations.
- When [children] have any symptoms of covid they require assessment and testing to return to school. This created more demand than we could provide with existing MDs/NPs.

Reasons for vacancies and turnover reported by Primary Care Medical Clinics

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

- [Medical assistant] All of medicine is scrambling for CMAs and mega groups and hospital systems can pay much higher wages, so they are able to hire more of the available CMAs and hire away our existing staff as well.
- [Mental health counselor] ...some live in other states and want remote telehealth only. About half of the therapists we've offered to declined to salary and we are at the 50th percentile for a market pay survey.
- [Medical assistant, Phlebotomist] Many have left the market due to concerns about COVID-19, not wanting to affect their families, children, etc.
- [Registered nurse, LPN, MA, Phlebotomist] Burnout, child care issues and vaccine mandate.
- [Psychologist, clinical and counseling] Several left due to burn out, high patient demand, higher acuity of patients. Some left to pursue private practice while others decided to leave the profession entirely or retire early.
- [Medical/Clinical laboratory technician] COVID has had an impact on the employees' decisions to stay in healthcare that prior to COVID was not a reason to leave. Fear of affecting their families and childcare impacts.

Primary Care Medical Clinics (Fall 2021)

New roles for existing employees and new occupations hired by Primary Care Medical Clinics

Many employers reassigned staff to fill in for needed areas, often related to COVID-19 response.

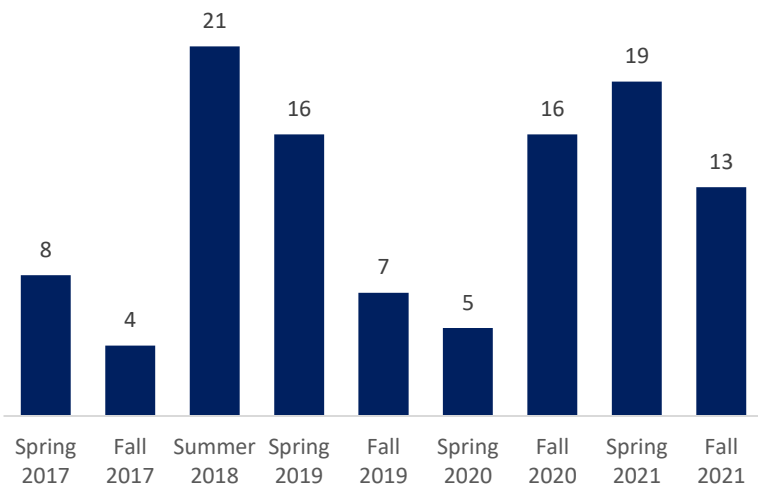
- [Nursing assistant] [CNAs are] having to staff flu and covid vaccine clinics, having to answer more phone triage to help the nurses more (referrals, prior auth etc).
- [Registered nurse] COVID-19 triage and vaccination.
- [Social worker - healthcare] Social Workers have been called to take more crisis in exam rooms, by phone etc.

Changes in Primary Care Medical Clinics' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

Onboarding and training activities are reported to continue to be affected by requirements related to COVID-19.

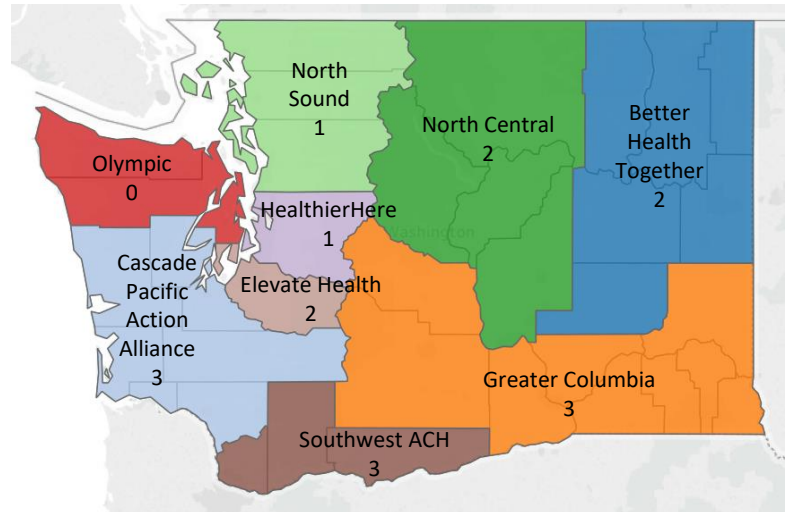
- Due to COVID-19 we have had to limit the amount of people that can be in a new employee orientation, ensure proper safety equipment (PPE) like masks, hand sanitizer, COVID vaccination, testing, social distancing.
- [Training on] PPE donning/doffing; vaccine storage and administration; COVID triage protocols including testing.
- Due to implementation of EMR attend virtual and in person training sessions. Due to COVID-19, increased training for compliance/safety.

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



*Summer 2016 and Winter 2016 not included due to space constraints

Number of Primary Care Clinics Responses by Accountable Community of Health (ACH) (Fall 2021)



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.

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