

## Washington's Health Workforce Sentinel Network

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

Primary Care Medical Clinics (not FQHCs or Community Clinics) provided information about their workforce needs to the Washington State Health Workforce Sentinel Network, most recently in April/May 2021. This Findings Brief provides response themes as well as examples of specific comments, with an emphasis on the most recent findings. Responses from Primary Care Clinics from 2016 to the present may be viewed at [www.wa.sentinelnetwork.org/findings/](http://www.wa.sentinelnetwork.org/findings/).

Themes from Primary Care Clinics' responses to pandemic-related questions are highlighted below. More pandemic-related findings from earlier in the pandemic are at [www.wa.sentinelnetwork.org/findings/covid-19/](http://www.wa.sentinelnetwork.org/findings/covid-19/).

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

##### **In the past 6 months, have there been overall staffing changes at your facility due to the COVID-19 pandemic?**

**THEMES:** Responses split evenly between those with extra staffing challenges due to COVID and those without.

- *We have had a lot of staff turnover especially in MAs. We have had a really hard time filling RN positions and have few applicants and have laid off one ARNP due to the decrease in revenue from COVID19.*
- *Telehealth and virtual visits caused low census and furloughs. No RIFs [reductions in force].*
- *Staff added to work at the temperature/COVID-19 symptoms check-in station at front door.*
- *There have not been staffing changes due to COVID.*

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

- *We have a core of devoted, smart staff that rose to the challenge and they as people made it easier because they care. Having schools closed and few daycares with added stress on parents made it challenging to keep MAs in particular.*
- *Fortunate to have staff that were willing to take additional shifts to cover testing and administration of the vaccine.*
- *We kept all employees at their FTE through out the pandemic. I think with many facilities that have essential workers - the employees are experiencing work fatigue (jealousy of those working from home).*

##### **Describe the workforce impact, if any, of the use of telehealth at your facility over the past 6 months.**

**THEMES:** Telehealth was useful for specific tasks. Most, but not all, clinics experienced a benefit.

- *Providers started using telehealth to see patients prior to coming into the clinic or for routine check-in with patients.*
- *This has allowed to keep patient volumes in our lobby to be lower (but has been used less over the last 6 months).*
- *Telehealth has helped us to schedule in ways where we can have physicians do televisits while the MAs do COVID swabbing. It has helped us to do better behavioral health follow ups and to safely see patients that are covid positive.*
- *No impact.*

##### **Did your organization do anything to encourage your staff to receive the COVID-19 vaccine? If so, what strategies were or were not successful?**

- *We sent emails to staff with vaccination information and held Q&A sessions for all staff with our physicians. Staff only vaccination days were held.*
- *We have a low % of staff who have received the vaccine. There is not much of an incentive to get it as everyone still has to wear a mask and continue to social distance. We are a public hospital district so offering incentive is challenging.*
- *We had staff members tell their "Why" stories (why they got the vaccine) by email to the entire organization. All of the stories shared were very powerful.*
- *Offered but not mandated.*

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

- *HB 1155 nursing staffing law has placed strict requirements around the use of mandatory on-call. Modifications to the law, especially for CAHs [critical access hospitals] would be very helpful.*
- *Including better reimbursement for telehealth.*
- *Medicaid to Medicare parity so we can pay a better wage to retain and recruit staff.*

## Primary Care Medical Clinics (Spring 2021)

Between 2016 and 2021, over the course of 10 reporting periods, Primary Care Medical Clinics and other health care facilities in Washington provided key, on-the-ground information to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings. More Primary Care Clinic findings, along with those from other health care facilities, are at [wa.sentinelnetwork.org](http://wa.sentinelnetwork.org).

### Occupations with exceptionally long vacancies in Primary Care Medical Clinics\*: 2016-2021

Top occupations with exceptionally long vacancies			
Rank	2016 - 2019	2020	Spring 2021
1	Medical assistant	Medical assistant	Medical assistant
2	Physician/surgeon	Physician/surgeon	Registered nurse
3	Registered nurse	Mental health counselor	Licensed practical 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)
		Nurse practitioner	
5	Nurse practitioner	Licensed practical nurse	
		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

- [Registered nurse] Lots of turnover due to retirement, burnout, younger RNs being recruited away, and people taking the job then declining at the last minute. Lots of churn.
- [Medical assistant, receptionist] Lots of turnover and quitting due to COVID19 stresses and stresses at home managing online school for their kids.

#### 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] MA is considered a "hot job" for pay inflation. Has been difficult to keep up with competitor wage changes across our region. Also inadequate training programs to meet demand..
- [Registered nurse] Fewer applicants, applicants requiring higher pay due to competition with health systems and low medicaid reimbursement. COVID 19 has taken many women out of the workforce and we are all competing for the same few applicants left. There is a lot of burnout due to COVID19.
- [Receptionist] Very few applicants, many are afraid to work around patients even with safety protocols. Salary has been an issue with unemployment pay and competition due to COVID19.
- Many clinic RN's, MA's, Registrars and LPN's were redeployed to COVID RN phone lines, testing and vaccines leaving vacancies in Primary Care clinics.

## Primary Care Medical Clinics (Spring 2021)

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

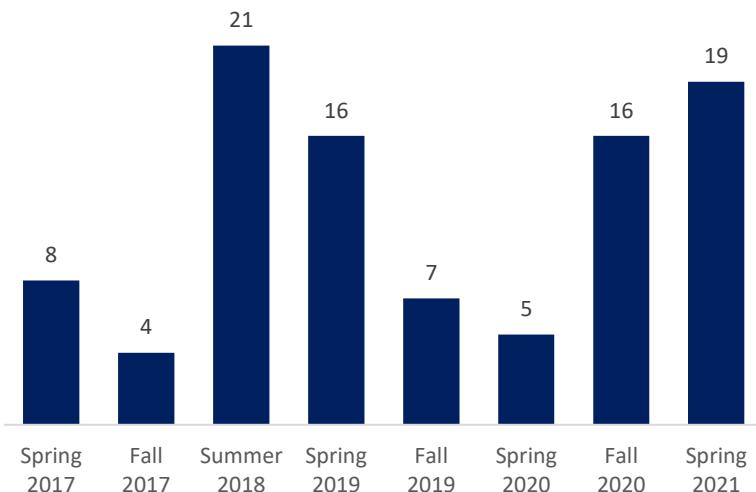
Many employers reassigned staff to screen patients or fill in for needed areas.

- [Medical assistant] MAs were utilized as COVID screeners while the Clinic was seeing less patients..
- [Medical assistant] Help with COVID-19 testing and vaccination.
- [Registered nurse] They worked in vaccine distribution, testing, "respiratory clinic" and RN COVID line.
- New roles hired: Screener, RN for testing staff, visit supervisor

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

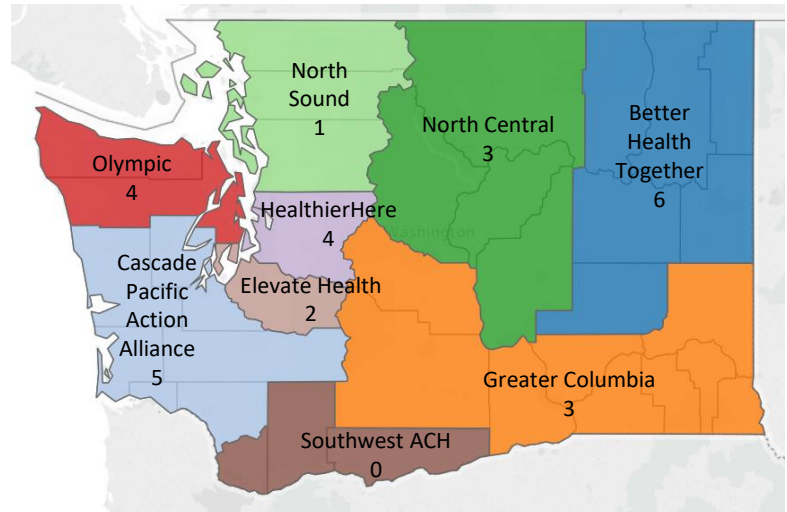
- Due to staffing shortages onboarding was hurried.
- All onboarding went virtual with focus on COVID precautions and enhanced PPE training.
- Training on screening for triage to get televisits vs in person visits and learning new questions regarding possible MIS-C and COVID19 symptoms and vaccine questions regarding pregnant women and nursing moms and family members.
- More training on COVID screening and protocols and safety PPE use.

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

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