



Fall, 2018

Washington's Health Workforce Sentinel Network Findings Summaries – Multiple Settings and Occupations

Sentinel employers in Washington provided information to the Washington Health Workforce Sentinel Network every 4 to 5 months from July 2016 through October 2017. Below are some brief summaries of findings for a selection of occupations and healthcare settings.

- **Behavioral health workforce**
- **Healthcare professions education**
- **Skilled nursing facilities (SNF)**
- **Small hospitals (25 beds or fewer)**
- **Large hospitals (more than 25 beds)**
- **Community Health Clinics (Federally qualified health center [FQHC] or community clinic providing care free or on sliding fee scale)**
- **Primary care clinics (not community clinic or FQHC)**
- **Dentist Offices/Dental Clinics**
- **Findings by Accountable Communities of Health (ACHs)**

Behavioral health workforce – Findings from Washington's Health Workforce Sentinels

Behavioral – mental health clinics and community health centers have been some of the most active participants in the Sentinel Network since its inception in 2016. Some of the challenges they report include:

- Difficulty finding employees with experience in both behavioral health and primary care settings.
- Increased reporting requirements.
- Meeting supervision requirements and lengthy credentialing processes for newly-graduated mental health providers can be difficult.
- Very high demand for chemical dependency professionals and primary care providers with training in treating substance use disorders.
- For more findings, see the [report on select behavioral health occupations](#).

The recent report "[Washington's Behavioral Health Workforce Assessment](#)" used Sentinel Network findings, which were generally consistent with the stakeholder and key informant input, to develop recommendations included in the report. These recommendations included:

- Increasing access to clinical training and supervised practice for those entering behavioral health occupations
- Expanding the workforce available to deliver medication-assisted behavioral health treatments.
- Adjusting reimbursement rates to better support competitive recruitment and retention of a skilled behavioral health workforce.
- Promoting team-based and integrated (behavioral and physical health) care.

Healthcare professions education - Findings from Washington's Health Workforce Sentinels

- Sentinel Network findings indicate that training/educational programs located within the communities in which graduates will eventually work are valued. Additionally, the closure of local programs can make it hard to find enough qualified candidates, especially in rural areas.
- Sentinels report training priorities for new and existing employees, which could be used to inform educational program content. For example, employers reported the following training priorities in the most recent data collection round (July – Sept. 2018): Buprenorphine training, medication assisted treatment, trauma informed care, transgender populations, integration of physical and mental health and motivational interviewing, among others.
- Hiring managers at educational institutions also report their workforce demand needs. For example, Sentinels from educational institutions report prolonged vacancies for faculty positions due to lower pay scales and higher educational requirements compared to industry employers.

Skilled nursing facilities (SNF) - Findings from Washington's Health Workforce Sentinels

- SNFs around the state named registered nurse, nursing assistant and licensed practical nurse positions as consistently difficult to fill.
 - Nearly 80% of Sentinels from SNFs cited exceptional recruiting difficulty for RNs and nursing assistants, with explanations such as: *"We have a hard time competing with the multiple hospitals nearby (RNs),"* and *"not enough qualified applicants (RNs),"* and *"We especially struggle to find qualified applicants for night shift (nursing assistants)"* *"Many are using this position as a nursing school requirement then leaving (nursing assistants),"* and *"The patient acuity and staffing guidelines are not matched (nursing assistants)."*
- These facilities report many strategies to orient new nurses to the skills needed in long term care and to increase nurses' comfort providing these services.
 - Strategies mentioned for RNs include: *"We're increasing the amount of training days that each employee receives to ensure that they are comfortable in their role before working on their own,"* *"We added a significantly increased new hire orientation process, in order to help new hires adjust and to help with retention,"* and *"initial shadowing of a nurse day. 72 hrs orientation w/ Unit manager to build rapport."*
- Increased workload and complying with new regulations are cited as reasons for staff burnout and turnover by some SNFs.

- New occupations being employed in the SNF setting include “Environmental aide”, who support nursing assistants by providing services to residents such as providing ice, water, snacks, checking on call lights, etc.

Small hospitals (25 beds or fewer) - Findings from Washington’s Health Workforce Sentinels

- Small hospitals around the state most often report difficulty recruiting **registered nurses, physicians, medical/clinical laboratory technicians and technologists, nursing assistants and medical assistants**, among other occupations
- The **rural locations** where many small hospitals are found are associated with many of their recruitment challenges. *“We are very small and somewhat isolated; physicians/families want more urban options.”*
- Competition with larger hospitals is also cited as a barrier to recruitment and retention. *“We have a for-profit hospital less than five miles away that pays higher wages, and we also compete with a hospital that offers union wages (we are non-union).”*
- Regarding clinical laboratory technologists: *“Too many open positions elsewhere and not enough Lab Techs to fill them? Wages are comparable. Cost of living here is very expensive.”*

Large hospitals (more than 25 beds) - Findings from Washington’s Health Workforce Sentinels

- Occupations with retention/turnover problems reported by large hospitals included **registered nurses (RNs)** and **physicians**.
 - For **RNs**, some of the turnover was attributed to RNs being *“able to transfer within organization to other training position,” “seeing more patients (in ER, OR, PACU, ACU and OB)”*, and *“workload/patient acuity issues.”*
 - Retirement was cited as a key reason for **physician** turnover by several hospitals.

Community Health Clinics (Federally qualified health center [FQHC] or community clinic providing care free or on sliding fee scale) - Findings from Washington’s Health Workforce Sentinels

- **Medical assistants, registered nurses, physicians/surgeons, dental assistants and mental health counselors** were the top occupations listed by community health clinics as experiencing exceptionally long vacancies or increased demand from July 2016 to October 2017. **Nurse practitioners, clinical social workers, dentists and dental hygienists** were also frequently mentioned.
- Reasons cited by CHCs for recruitment problems included:
 - Low compensation /benefits compared other facility types.
 - *“We’re now offering a \$1,000 signing bonus for MAs.”*
 - Applicants with required experience or educational attainment are hard to find.
 - The new focus on integrated behavioral health care is especially difficult for these clinics. The limited number of providers with these skills are in high demand. Supervision requirements are a challenge for some employers.

“Organizations that did not historically provide [behavioral health] services are now doing integrated care and creating more positions for the job market.”

- Rural areas report difficulty due to lack of local supply, long commutes and lack of opportunity for spouses. Urban areas report difficulties due to high cost of living.
- A lack of training programs, especially for **dental assistants** and **dental hygienists**.
- Many potential applicants seem to prefer working in other settings, such as hospitals or specialty clinics.
- High employee turnover, expansion of services and increased patient loads have caused increases in demand.
- Approximately a quarter of Sentinels from community health centers reported changes in orientation/onboarding priorities for new employees or changes to training priorities for existing employees.
 - Examples of changes to orientation and training priorities included new apprenticeship programs for some occupations such as **medical assistants and dental assistants**. Expanded mentorship or “residency” programs for some occupations such as **nurse practitioners, registered nurses and mental health counselors**.

Primary care clinics (not community clinic or FQHC) - Findings from Washington’s Health Workforce Sentinels

- Among rural primary care clinics, **physicians** (family medicine, pediatrics, and other specialties) were most often cited as being difficult to recruit.
- Among primary care clinics serving urban (or a mix of urban and rural) residents, **medical assistants** were most commonly cited as being difficult to recruit, with wages and inadequate supply cited as reasons. Examples of the problem were described as *“There are not enough applicants, and when there are any, higher wages are demanded. This is causing a severe strain on our clinic.”* and *“Cost of living in our area has increased so much but we would be unable to offer similar level increases in wages without going out of business.”*

Dentist Offices/Dental Clinics - Findings from Washington’s Health Workforce Sentinels

- Most Sentinels from dental clinics reported having exceptionally long vacancies for **dental assistant** positions.
 - Reasons cited included: *“Not enough qualified candidates,” “No local training options,”* and *“wage issues.”*
- More than half the Sentinels from dental offices, including those in community health clinics, also reported difficulty filling **dental hygienist** positions.
 - Reasons included: *“Many hygienists are asking for exceptionally high pay that we and other community health centers cannot pay,”* and *“High wage demands while lowered insurance reimbursements for the procedures they are paid to do.”*
- An example of new onboarding procedures for **dental hygienist** employees reported by a dental clinic was:

- *“Far more focus in being placed on systemic wellness education, diabetes education, and now we will be adding a preventive silver diamide fluoride education component to help stabilize clients with existing decay, as it is significantly more effective than fluoride varnish treatments.”*

Health Workforce Sentinels - Findings by Accountable Communities of Health (ACHs)

- In most ACHs, healthcare facilities report **registered nurses, medical assistants, chemical dependency professional/substance abuse and behavioral disorder counselors and mental health counselors** as being among the occupations with exceptionally long vacancies.
- Some examples of issues being tracked by employers include:
 - *“Recruitment and retention to account for both turnover and newly created positions has been a challenge. Burnout and compassion fatigue is a staffing issue we are watching.”* regarding **RNs** in Healthier Here ACH.
 - *“Issues with Counselors overwhelmed with workload of a Community-based program”* regarding **mental health counselors** in North Sound ACH.
 - *“24 Hour RN coverage, not enough RNs - others are covering the shifts causing issues.”* regarding **RNs** in Greater Columbia ACH.
 - *“Flat growth in insurance reimbursements makes budget for pay and benefits tough to expand.”* regarding **dental assistants** in Olympic ACH.
 - *“Very limited workforce and all organizations need them. Pay is key driver and we pay mid-market so those facilities on the higher end have an advantage. Our process sometimes can take too long as well so we lose good candidates to faster moving organizations.”* regarding **medical assistants** in Better Health Together ACH.

More details of workforce demand at the ACH level can be viewed at the “Findings” by “Accountable Communities of Health (ACH)” page at <http://wasentinelnetwork.org/findings/ach/>.