NC CENTER ON THE WORKFORCE FOR HEALTH

Summary of April 4, 2022 Meeting

On April 4, 2022, educators, employers, providers, health professional associations, government, regulatory agencies, payers, and other leaders attended a virtual meeting to review data about the North Carolina workforce for health, discuss establishing the Center on the Workforce for Health, provide feedback on its goals and strategies, and help identify short- and long-term measures of success.

Hugh Tilson, JD, MPH (NC AHEC) brought the meeting to order and reviewed the meeting agenda (attached). He then introduced Secretary Kody Kinsley (NC Department of Health and Human Services) who provided opening remarks.

Secretary Kinsley's touched upon the ongoing challenges facing the health care workforce in North Carolina and issues related to the state's under-resourcing of solutions to address these challenges. He indicated three key DHHS priorities that require additional people, time, and financial investments: behavioral health and resilience, substance use prevention and treatment, child and family well-being, and building a strong and inclusive workforce that recognizes the impacts of the pandemic. Secretary Kinsley also identified Medicaid expansion as the strongest way to sustain the health care workforce, urged thoughtfulness about investments and addressing multiple goals, and expressed gratitude for the partners doing this work.

Erin Fraher PhD, MPP, and Hilary Campbell, PharmD, JD (Sheps Center for Health Services Research, University of North Carolina at Chapel Hill) then presented, "Data and Insights on the North Carolina Workforce for Health." The presentation included an overview of data on workforce from NC Nursecast, the sentinel survey, and other sources, including data on: maldistribution of NC's workforce and rural workforce shortages, workforce demographics that don't reflect state diversity, value-based care & addressing social drivers of health, and projected nurse shortages.

Dr. Fraher and Dr. Campbell explained that many of the workforce challenges facing the state were present before COVID-19 but have been exacerbated by the pandemic, including burnout and moral distress, chronic workforce shortages in underserved communities, the shift of the workforce from acute to ambulatory care settings, and the increased growth of virtual care. They acknowledged that much is still unknown about the effects of the pandemic on the health workforce. They emphasized that North Carolina benefits from a strong infrastructure to draw on including excellent data and analytical capabilities; collaborative stakeholder relationships, the well-established regional and local reach of NC AHEC & NC DHHS' Office of Rural Health, and a robust community college and university system.

Ms. Michelle Ries (North Carolina Institute of Medicine) provided instructions for facilitated small group discussions with meeting participants broken into four groups: Health care workers, employers, educators, and government/regulators. Each group discussed the following questions: 1) What data and information leap out at you? 2) What are the challenges that this information reflects? Does this reflect your reality? 3) What challenges are critical, and need most of your attention now? 4) What challenges do you see on the horizon, that will need to be addressed later?

Highlights from small group discussions:

<u>Health Care Workers:</u>

- Insufficient number of medical students go to primary care practices in rural areas.
- There are chronic shortages AND crises of long-term care and hospitals. If you put resources on crises, you will fail for generations for primary care. Have to do both from a policy perspective, but big dilemma.

- Systemic problem of attracting health workforce to rural and underserved areas, unconvincing the legislature to make this a sustained, ongoing effort. Needs a long-term approach.
- Missing behavioral health information.
- Striking to see those nurses working in behavioral health facilities had lowest deficits.
- Looking at CNAs and LPNs, are we not paying people living wages?
- Need to really focus on improving communities, especially rural ones.
- There is good data in health professions data system, but segmented by profession type, is hard to look at some of the granular data.
- If you can't compete for low-wage workers because of how payers pay, it's a big problem.
- A real pain point for practices is the non-professional workforce, staff turnover, front desk. While able to compete for wages with other sectors, taking a toll on smaller rural practices.
- Primary care physicians in rural NC, people leaving rural counties, leaving older adults there.
- Growth of NC, those are heavily older adult populations, they are going to face access issues.
- We must have sustained focus on workforce, including everyone in the office. Burnout, how do we stabilize so we don't lose more folks. Need to handle the crisis and create more sustainable systems.
- From an AMA study, 1 in 3 health care workers polled planned to leave profession within the next two years.
- Really glad not hearing the word resilience, the workforce IS resilient, but need to do things from systemic level.
- Aware of statistic about feeling fear and anxiety, with increase of violence toward health care workers. What can we do to make our health care facilities safe?
- We don't have numbers of how many tried to have residency spots but weren't able to. Last year there were close to 10,000 across the country who tried to get spot but couldn't, so what can we do to increase that?
- Need to focus on underlying economic realities of rural practice. Rural NC is usually the lowest paid in specialty standpoint.
- Spouse can't find jobs in rural area.
- If legislature increases loan repayment, it needs to make it scholarships. That support, upfront for commitment to work in rural area, lessens overall debt. This could be considered for other non-physician professions.
- Diversity in the workforce is an important issue.
- Critical to be thinking about community-based models of care. If we listen to communities, they have the answer.
- Want to challenge us to be thinking about systemic-level issues that we will not be able to change in local communities unless we look at macro level.

<u>Employers:</u>

- Fast trajectory of change due to pandemic
- Concerns about shrinking talent pool
- Across multiple sectors, increased enrollment in training programs, but severe faculty shortages.
- Data presented on nursing also similar for EMTs – need data for this workforce
- Impact of losing acute care staff to competing industries, many are concerned about sustainability of wage gap – health care is an ecosystem and impacts on one sector also impact others
- Questions about impact of private equity moving into ambulatory care?
- Mental health facilities and private practices are also struggling to hire and retain staff
- Concern about changing NC demographics and impact of insufficient health workforce
- Scope of practice concerns.

Educators:

- Sheps data reflect what educators are seeing in the field
- Group expressed concern that dental assistant data were missing from Sheps presentation, some expressed concerns about shortages
- Group also said that the situation may be worse than what the data currently show
- Group expressed concern that nurses who were working as travelers may never return to their previous positions
- Shortages of nursing faculty are especially problematic
- Salary differentials between nursing faculty and clinical nurses have always been problematic but are exacerbated now with salary increases due to shortages and traveler nurses
- Getting clinical nurses into faculty positions can be difficult due to their lack of needed credentials; often they need to upskill
- Preceptor shortages and lack of clinical sites limit the ability of educational programs to expand enrollments
- While the Sheps data are not surprising, it's important to dig deeper to understand the "why". How much of current situation is due to burnout vs other factors?

Regulators/Government:

- Nursing faculty retirements is a big concern and not reflected in the data presented. Nurses are not wanting to take the faculty role -- there are other roles they can take (APRN, leadership) outside of educators. The shortage has sped up. Endorsement #s for out of state nurses are increasing -- but not into acute care settings.
- Need to look at interdisciplinary efforts in rural and not just one profession - interprofessional solution. Rural needs a hybrid solution.
- Need to consider telehealth data and broadband - how can we use that to map to access to workforce.
- What does each community college have the potential to do in terms of creating career ramps in those areas?
- The respiratory care profession – pre-pandemic had 20% vacancy rate (4500 in NC pre-pandemic to over 6000 now; but the need has increased too).
- Interstate sharing of workforce is an issue: "rearranging the deck chairs" - they are also leaving the state. White paper published.
- There is no line item in the community college budget for promotion of programs.
- 900 RT will retire in the next few years, plus burnout. There will be a significant deficit. Loss of institutional knowledge.
- During the pandemic, pharmacists can now initiate some care (hormonal contraceptive as an example). The issue is less about numbers, and more about how pharmacists can be better leverages in rural areas to continue to be an access point.
- Scope of practice issues are a problem in this state - there is untapped capacity that could be used in rural areas.
- Pharmacy technicians are needed. Their pay is low, and there are Intra-professional scope of practice issues.
- Direct care workers are under-paid, and their work is hard. Need to have more pathways so that these are not "dead end jobs".
- How do we bring more people into the workforce that reflect the communities they serve?

- In a rural area the value may be more valuable for technicians since there are fewer jobs and folks are looking to stay in the community. although it may pay less it may be more values, also community colleges will have an opportunity to create a career ladder and hopefully provide entry to our HMP.

Following small group breakout discussions, Mr. Tilson reconvened the large group for the next session, a panel discussion that included Mr. Tilson, Dr. Fraher, and Ms. Kathy Colville providing additional context and information about the "design phase" for the Center on the Workforce for Health. Mr. Tilson gave an overview of the desired purpose of the Center: 1) to provide a collaborative, intentional forum to discuss challenges within the health care workforce, and 2) to identify potential solutions. Mr. Tilson acknowledged the potential use of a Center to help partners move toward a shared goal of addressing health workforce challenges.

Dr. Fraher discussed the opportunities presented by the development of the Center. She addressed the Center's name and the intentionality of using "workforce for health" instead of health workforce" to signal how the workforce supports multiple dimensions of health: the health of patients and populations, the health of communities, the health of the health care delivery infrastructure and the health providers themselves. She noted that the state often lurches from oversupply to shortage but, with better data and more coordinated efforts, we can smooth that cycle. Dr. Fraher closed with a call for collaboration and group intervention on these challenging workforce issues.

Ms. Colville discussed the process of developing and running the Center on the Workforce for Health. She addressed topics including the Center's operations anywhere would it be housed, and the overall start-up effort, including milestones, dedicated staffing, and sustainable support requirements. Ms. Colville discussed the process of stakeholder and partner identification, and the need to understand both the macro forces at play in the state and the potential pain points for Center discussions.

Following this session, participants were divided into small groups of 3-4 participants. Groups were asked to discuss the following questions: 1) What feels most useful about the Center on the Workforce for Health? 2) What is most useful to your organization, to your profession, and/or to NC health ecosystem as a whole? 3) What are potential pitfalls and challenges that we should address from the outset? 4)What would success look like in 3-5 years?

Highlights of these conversations included:

- Need good data, especially for performance metrics and health outcomes.
- Need for someone to help identify the real workforce gaps and to project for future needs.
- Shortage of faculty/educators/preceptors for healthcare students.
- Need to frame discussions to include team-based care.
- Have used Sheps Center data for years.
- Needs to be a consistent and comprehensive effort.
- DHHS can help in establishing goals for workforce.
- We need to understand the work under way and develop a single, coordinated effort.
- Break out of our own silos, including individual professions.
- Need to educate kids about careers in health professions to help with shortages.
- Equity/ diversity of workforce.
- Must show there is a pathway for students – particularly underrepresented minorities and students from rural areas.
- Legislature doesn't fund health professions enough to promote programs to increase number of students.
- Getting folks out of major centers where they get trained.
- What would success look like?

- Can't boil the ocean.
- Can't get bogged down with complexity of work
- Get current programs fully enrolled.
- Center needs a clear sense of its structure and governance, particularly if it plans to make policy recommendations to the state.
- Start someplace very good and very ripe (but not perfect necessarily) to have an outcome/success in first 3 to 5 years to build a track record of success.
- Emphasize collaborative practice which allows all professions to work to the full extent of their scope of practice.
- Need to be very careful discussing health workforce shortage when advocating for Medicaid Expansion with legislators.
- What does success look like: a comprehensive plan to advocate collectively instead of professions pitted against each other for scraps of funding.
- Engaged stakeholders are essential – solving the problem in siloes is like playing whack-a-mole. But the danger is not being action-oriented/no one taking responsibility for change.
- Working to achieve consensus-building to advance actionable solutions. Want to reiterate that the end goals hopefully will support legislative, regulatory, and payment reforms.
- Needing to center to focus on just the workforce, but also the communities they are serving, supporting them to express their proposed solutions and be a part of the change.

After reconvening the group, Ms. Ries facilitated a discussion of the following questions: 1) What excites you about the work of the Center that we've discussed? 2) What haven't we talked about that we should be talking about? 3)Who's not here that needs to be here? 4)Who needs to be connected to this effort early? 5)What is the right balance of local organizations vs. statewide organizations? 6)What are some other workforce efforts we need to be aligned with?

Highlights of the discussion included:

- Look for some blue ocean wins that everyone can agree on.
- For the tougher stuff, ensure that there is a transparent process for setting priorities. Some groups may need to sacrifice in the short term to get some wins.
- Consider going out to HC foundations to pilot some approaches; don't just go to the general assembly.
- The silos have been an issue for years.
- Data from the Center presents opportunities for collaboration / partnerships.
- Drawing from the book 'what got you here won't get you there' by M. Goldsmith, we must do things differently.
- We will not have an overnight fix to the workforce issues, meanwhile, what can we do to enhance efficiencies and effectiveness with the existing workforce across all health professions.
- We need to pick things that we can lend collective energy behind. If we are all united, we have a better chance of success. Looking at the workforce as a whole I think is important.
- From a policy perspective bringing together the community colleges and hospitals to streamline those interested in this work to be connected to providing care.
- The workforce is not growing at the same rate as the need for care: the workforce shortages we see exponential growth in the age cohorts that consume the most healthcare.
- Sustainability is critical --many solutions in the past haven't been sustained. We need to convince the legislature of sustained funding.
- We aren't going to fix this overnight. We need support from the NC General Assembly.

Who's not here that needs to be involved?

- There are many stakeholders who have an interest in addressing workforce for health needs and opportunities. The process going forward needs to be inclusive and with attention to those parties that might not be traditionally linked to health services.
- Because stakeholders have different experiences and interests, attention needs to be paid on providing ongoing education for all parties about relevant issues and opportunities for improvement.

Following the large group discussion, Mr. Tilson asked meeting participants to address the following question: "What is one policy change or investment that you believe would make a difference for the NC workforce for health?" Staff from convening organizations reviewed and categorized participants' responses as follows:

Policy Change/Investment Category 1: Establishment, Governance/Structure, and Priorities of the Center on the Workforce for Health:

- Provide funding to establish the NC Center on Workforce for Health (2 responses)
- Create public relations campaign around workforce needs
- Creation of regional groups to address priority areas
- Community engagement in workforce issues
- Sustained and strategic attention all along the pipeline, including reducing economic barriers and promoting work/life balance barriers to entry and retention. Not one thing, but an on-going approach to building and sustaining diverse workforce especially for underserved areas

Policy Change/Investment Category 2: Education of the Workforce for Health

- North Carolina Community College System funding
  - Increase funding for community colleges to make faculty salaries competitive (2 responses)
  - Student recruitment funding for the North Carolina Community College System
  - Community college funding
- General
  - Increase faculty pay for health care educators (2 responses)
  - Increase funding for preceptors

Policy Change/Investment Category 3: Legislative Action and NCGA Staffing

- Medicaid expansion (5 responses)
- Pass SB 345: PA Team-Based Healthcare
- Approve the SAVE Act for access to care for all people in North Carolina
- Increase staffing for intellectual/developmental disability supports, and require LME/MCOs to staff the individual support plans they authorize and budget for
- Require coverage for the delivery of health care and mental health services through telehealth
- Increase Medicaid payment rates to improve competitiveness in hiring
- NCGA Health Committee Staffers for House and Senate
- Maintain (make permanent) nearly all the flexibilities allowed during the emergency in order to improve access to care

Policy Change/Investment Category 4: Workforce Incentives and Supports

- Eradicate childcare deserts in the state and better support women so they can stay in the workforce
- Incentives to practice in rural communities
- More funding for loan repayment for health care workforce
- Loan repayment for rural independent practices
- Paid leave
- Support primary care small practice to ensure continuity of care