The Growing Provider Shortage: Building the Case for Developing an HP-ET Program

Overview: The Need for Health Center Health Professions Education & Training (HP-ET) Programs

Provider shortages have plagued healthcare organizations for decades, and these shortages have been exacerbated by the COVID-19 Pandemic. The Association of American Medical Colleges (AAMC) projects that by 2034, there will be a shortage of Primary Care Physicians between 17,800 and 48,000.\(^1\) In addition to the shortage of physicians, the COVID-19 pandemic also led to the “Great Resignation” in the United States which caused staffing shortages among all levels of clinical staff. These increasing shortages have highlighted the need for HP-ET Programs as a way to “grow your own” workforce at health centers. The variety of HP-ET Programs is vast and can cover a range of roles, including:

- Community Health Worker (CHW) training programs
- Medical Assistant (MA) training programs
- Internship and externship rotations for Physicians and Dentists
- Imbedded Primary Care Residency programs

By providing pathways to one or more needed clinical roles, health centers have the ability to use these programs as a major recruitment tool for vital positions at their organizations. Understanding what roles are currently in demand, and which are likely to increase in demand in the near future, is critical to assessing what type of HP-ET or other recruitment programs can most benefit a health center.

Provider Needs Based on National Health Service Corps (NHSC) Vacancy Data\(^2\)

The graphs below show three types of “staff status”:

1. **STAFF** – fully onboarded staff hired by health centers **not** on a National Health Service Corps (NHSC) contract
2. **NHSC** – fully onboarded NHSC staff working at health centers
3. **VACANCIES** – unfilled positions at health centers based on eligible NHSC vacancies reported by health centers

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In addition to the first graph, which shows total national figures, the next two graphs show differences in staff status based on the type or size of health center:

- Rural versus Urban
- Large versus Small

Staff Status by Health Center Size

**Large**
- MD-DO: 85.5%
- NP-PA-CNM: 75.2%
- Dentist: 75.5%
- Psych-LCSW: 77.4%

**Small**
- MD-DO: 83.5%
- NP-PA-CNM: 71.8%
- Dentist: 71.0%
- Psych-LCSW: 71.9%

*Health center size is based on number of medical users seen above ("Large") or below ("Small") the 50th percentile of health centers nation-wide. For more information, see: STAR2 Center. “Health Center Recruitment & Retention Profile: Data Summary User's Guide.” https://chcworkforce.org/sites/default/files/STAR2%20R%26R_ReportUserGuide_2016.pdf*
*“Rural” and “Urban” designations are determined based on HRSA and US Census designations of “urban” and “non-urban.” For more information, see: Health Resources and Services Administration. “Defining Rural Population.” https://www.hrsa.gov/rural-health/about-us/what-is-rural*

The third graph shows staff status types based on the region the health centers are in. While vacancies may appear small for some provider types, it is important to keep in mind that even a small gap in provider coverage can lead to major increases in workload for other provider staff. It is also important to note that while the hope is always that NHSC staff will remain at the health center where they fulfill their NHSC contract, some will likely move to other health centers or to other organizations. Because of this possibility, it is important to look at NHSC slots, as well as some portion of standard staff slots, as potential vacancies.

Use this data to see how your health center compares to those with similar traits or in the same region. Consider the following: Are your vacancies unusually high? Or comparatively low? Think about your recruitment and retention work compared to your current and predicted vacancies. Could your health center benefit from more recruitment efforts to fill vacancies? Would additional effort at retention help keep your vacancy rate low and help retain current NHSC staff?
### Staff Status by Health Center Region

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<th>NP-PA-CNM</th>
<th>Psych-LCSW</th>
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**Legend:**
- Orange: STAFF
- Teal: NHSC
- Maroon: VACANCIES

**Data for Regional Breakdown:**
- **MD-DO:**
  - Region 1:
    - STAFF: 81.8%
    - NHSC: 15.5%
    - VACANCIES: 2.7%
  - Region 2:
    - STAFF: 91.3%
    - NHSC: 4.7%
    - VACANCIES: 4.0%
  - Region 3:
    - STAFF: 79.1%
    - NHSC: 14.9%
    - VACANCIES: 6.0%
  - Region 4:
    - STAFF: 87.2%
    - NHSC: 12.7%
    - VACANCIES: 0.1%
  - Region 5:
    - STAFF: 88.6%
    - NHSC: 10.5%
    - VACANCIES: 0.9%

- **NP-PA-CNM:**
  - Region 1:
    - STAFF: 74.2%
    - NHSC: 25.0%
    - VACANCIES: 0.8%
  - Region 2:
    - STAFF: 70.7%
    - NHSC: 29.3%
    - VACANCIES: 0.0%
  - Region 3:
    - STAFF: 76.1%
    - NHSC: 23.8%
    - VACANCIES: 0.1%
  - Region 4:
    - STAFF: 68.5%
    - NHSC: 27.3%
    - VACANCIES: 4.2%
  - Region 5:
    - STAFF: 70.9%
    - NHSC: 28.6%
    - VACANCIES: 0.5%

- **Psych-LCSW:**
  - Region 1:
    - STAFF: 77.5%
    - NHSC: 22.5%
    - VACANCIES: 0.0%
  - Region 2:
    - STAFF: 70.4%
    - NHSC: 29.6%
    - VACANCIES: 0.0%
  - Region 3:
    - STAFF: 73.9%
    - NHSC: 26.1%
    - VACANCIES: 0.0%
  - Region 4:
    - STAFF: 68.2%
    - NHSC: 31.8%
    - VACANCIES: 0.0%
  - Region 5:
    - STAFF: 78.9%
    - NHSC: 21.0%
    - VACANCIES: 0.1%

**Note:** The percentages may not sum up to 100% due to rounding.
Options for Establishing Health Professions Education and Training (HP-ET) Programs:

Just like the variety of HP-ET Programs themselves, there are myriad institutions with which community health centers can partner. Some examples include:

- **Area Health Education Centers (AHECs):** have been working with healthcare organizations to assist them in recruiting and retaining a workforce committed to serving historically underserved populations, for over fifty years. These programs typically target primary and secondary schools and are a great way for potential future staff to learn about what community health centers are as an employment option.

- **Primary Care Associations (PCAs):** are another great resource for health centers looking to establish pathway programs. Located in all 50 states and United States territories, many PCAs are working with health centers in their states/regions/territories to establish and maintain a variety of HP-ET programs.

*Regions depicted are the 10 HRSA administrative regions. Health Resources and Services Administration. “HRSA Office of Intergovernmental and External Affairs.” https://www.hrsa.gov/about/organization/offices/hrsa-iea*

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**Academic Institutions:** such as community or state colleges, universities, and medical schools can provide partnerships for establishing rotation sites or even full-scale residency programs.

**Health Resources and Services Administration (HRSA):** frequently provides funding support to establish or expand Teaching Health Center Graduate Medical Education (THCGME) programs for nurses, advanced practice providers, and physicians.

For more information on building or growing an HP-ET program, as well as workforce trends and data, access the following resources:

**HP-ET Programs**


Education Health Center Initiative – Building Graduate Medical Education programs - [https://educationhealthcenter.org/](https://educationhealthcenter.org/)

CHAMPS Retention and Recruitment Resources – Pathway development, education health center, and other workforce resources - [http://champsonline.org/tools-products/rrresources](http://champsonline.org/tools-products/rrresources)

**STAR² Center Workforce Data Resources**


[for access, contact the STAR² Center at info@clinicians.org]

ACU’s STAR2 Center – [www.chcworkforce.org](http://www.chcworkforce.org)

HRSA Workforce Projections - [https://data.hrsa.gov/topics/health-workforce/workforce-projections](https://data.hrsa.gov/topics/health-workforce/workforce-projections)

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