

ACU's STAR Center

Comprehensive Workforce Plan Workshop

**CHOOSE YOUR OWN
WORKFORCE ADVENTURE!**

MAY 1-2 | NASHVILLE, TN



Day 1: Assessment & Retention





WELCOME & INTRODUCTIONS

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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED



Access to Care & Clinician Support

Recruitment & Retention

National
Health
Service Corps

Resources

Training

Networking

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 22 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

www.chcworkforce.org

Contact us: info@chcworkforce.org

TODAY'S AGENDA

You are
here!

Wednesday, May 1: Assessment & Retention

9:00-10:00AM: Welcome & Introduction

10:00AM-12:00PM (*includes break*): Practice Assessment

12:00-1:00PM: Lunch

1:00-3:30PM: Topics in Retention

1:00-1:50PM: Organizational Culture

1:50-2:00PM: Break

2:00-2:45PM: **Compensation & Benefits OR Work Schedules OR Career Paths**

2:45-3:30PM: **Compensation & Benefits OR Work Schedules OR Career Paths**

3:30-4:00PM Wrap Up



COMMUNITY AGREEMENTS

- Respectfully engage
- Be present
- Listen with respect
- Trust intent
- Acknowledge impact
- Provide grace



LET'S GET TO KNOW EACH OTHER

Get to know your tablemates!

Share:

1. Your name, organization, role, and how long you have been part of the Health Center Movement
2. What you're hoping to get out of the Workshop?
3. Favorite interview question to ask/you've been asked



LET'S PRACTICE MENTIMETER!



menti.com
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WORKFORCE IS THE FUEL



A health center with a **full tank** identifies workforce as an essential organizational issue, invests in appropriate operational and staffing resources, and has some key features...



CORE COMPONENTS

Data-Informed
Workforce Plan

Equitable &
Effective
Compensation
Structure

Positive Culture
Focused on
Engagement

Tested
Recruitment &
Retention
Strategies

Health
Professions
Training Program

Chief Workforce
Officer

High-Functioning
Managers

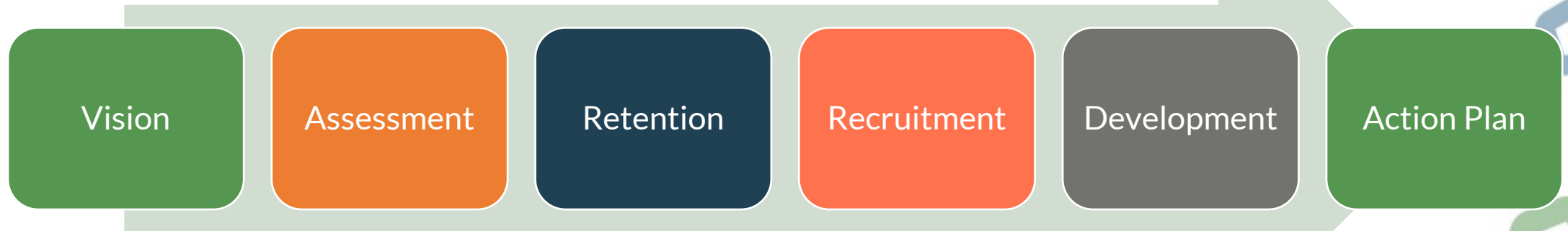
Policies that
Support Diversity
& Cultural
Respect

COMPREHENSIVE WORKFORCE PLAN

Definition & Components

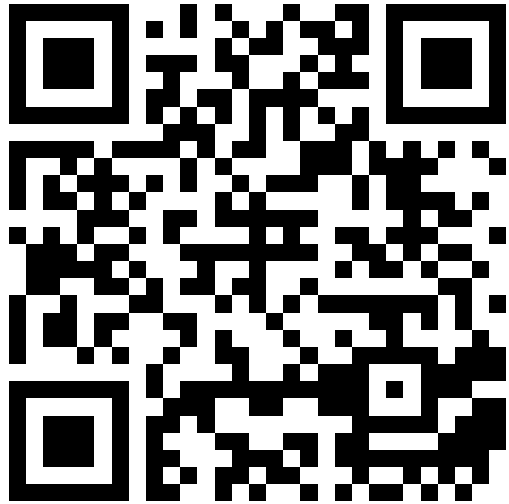


A comprehensive workforce plan describes the process for which a health center assesses the needs of its patients and community while identifying strategies for building and sustaining its capacity to support those needs through qualified personnel that embody mission-driven, equitable, and inclusionary values.

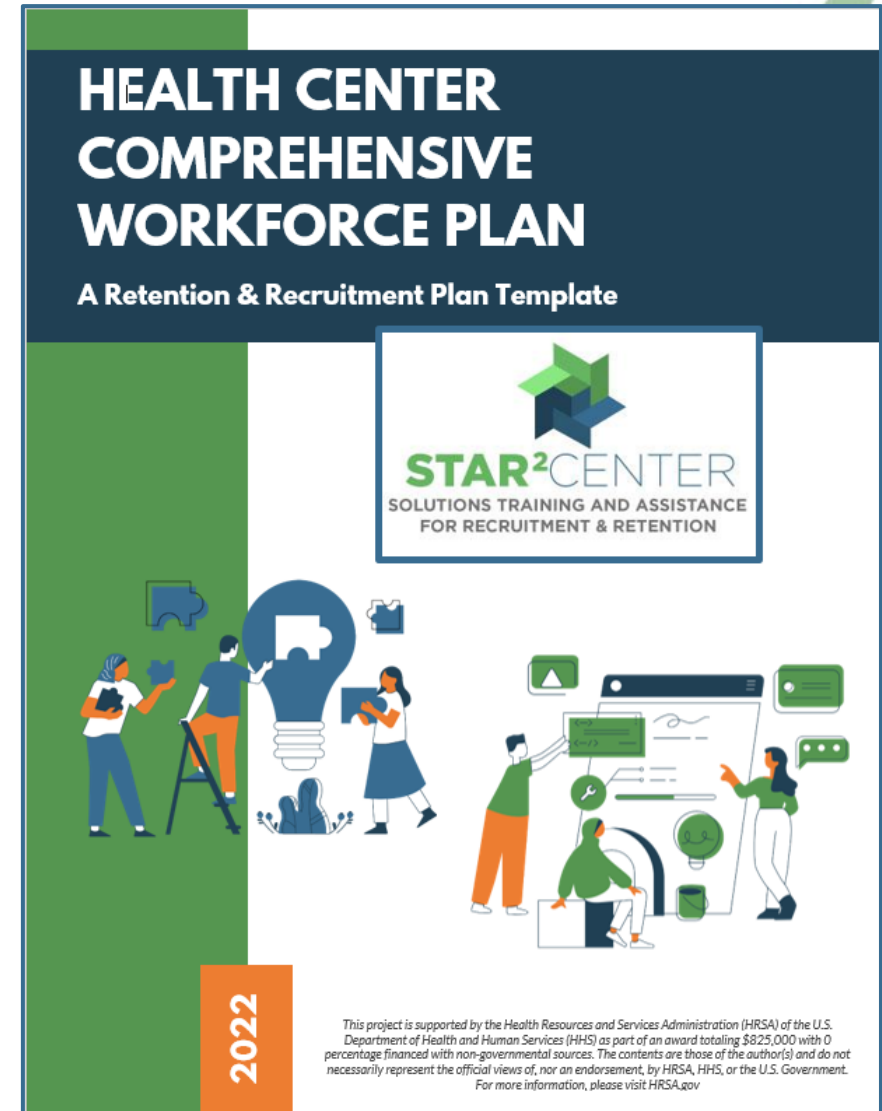


Click [here](#) to access the STAR² Center's Comprehensive Workforce Plan Definition.

HEALTH CENTER COMPREHENSIVE WORKFORCE PLAN



Click [here](#) to access the
Health Center
Comprehensive
Workforce Plan!



2022

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COMPREHENSIVE WORKFORCE PLAN

Why Is It Important?



- Track Successes
- Identify Opportunities
- Innovate with Data
- Ensure Alignment with Goals

COMPREHENSIVE WORKFORCE PLAN

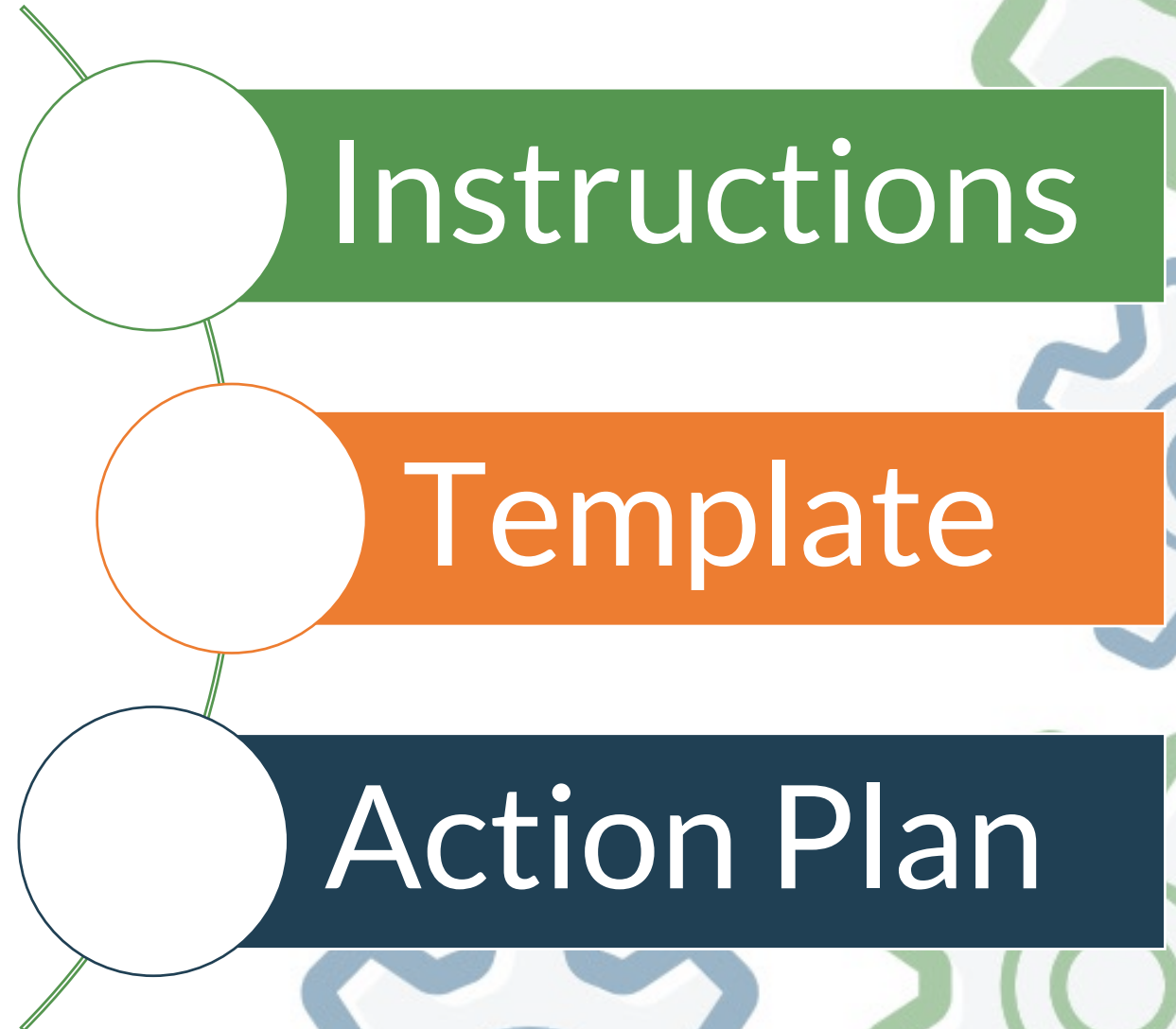
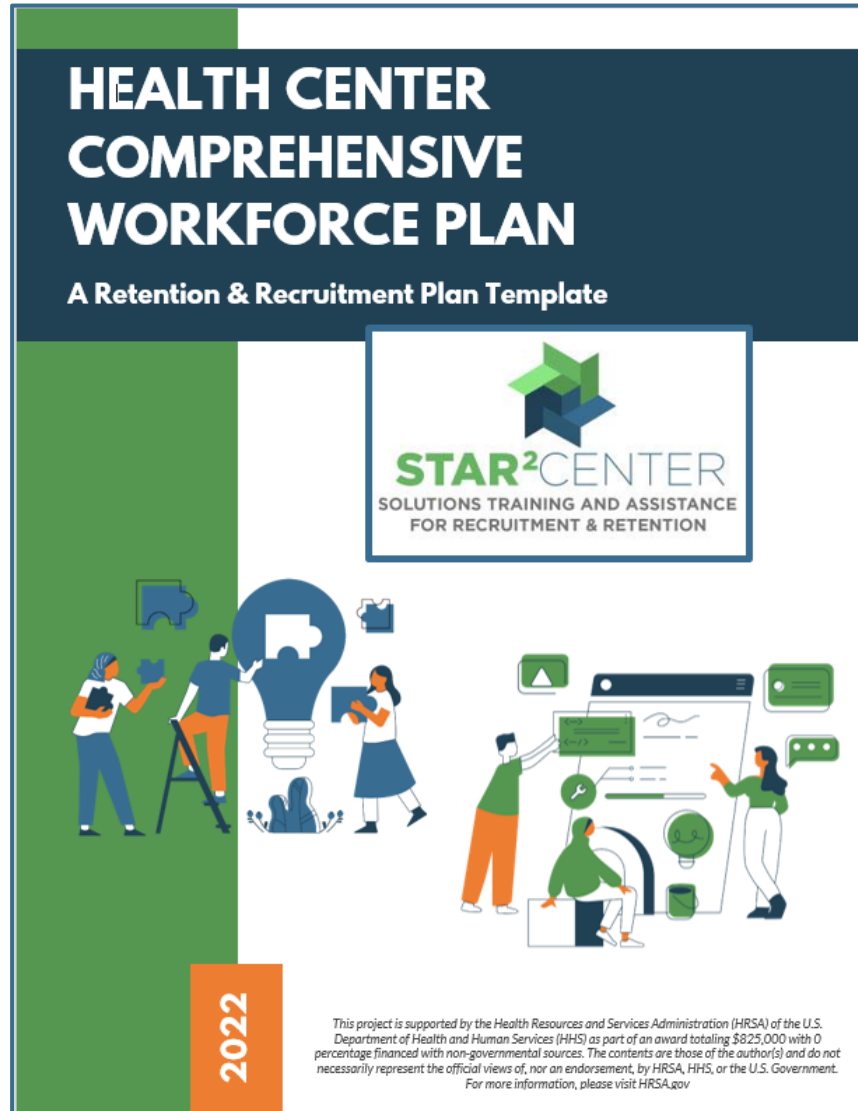
Write It Down & Review It!

Review and update the Retention and Recruitment Plan periodically along with general health center strategic planning.

Optimally, an annual review is recommended.



COMPREHENSIVE WORKFORCE PLAN TEMPLATE



CWP TEMPLATE

Instructions



How to Use Tool

Rationale for Each Element

Benchmark Data

Examples

CWP TEMPLATE

Template



CWP TEMPLATE

The HC CWP Template provides a blank version of each of the tables and tools outlined in the HC CWP Instructions. For easy access, each of the headers for the different sections of the template are hyperlinked back to their corresponding instructions, which provide examples and explanations for how to complete this portion of the document.

CWP Review Tracker

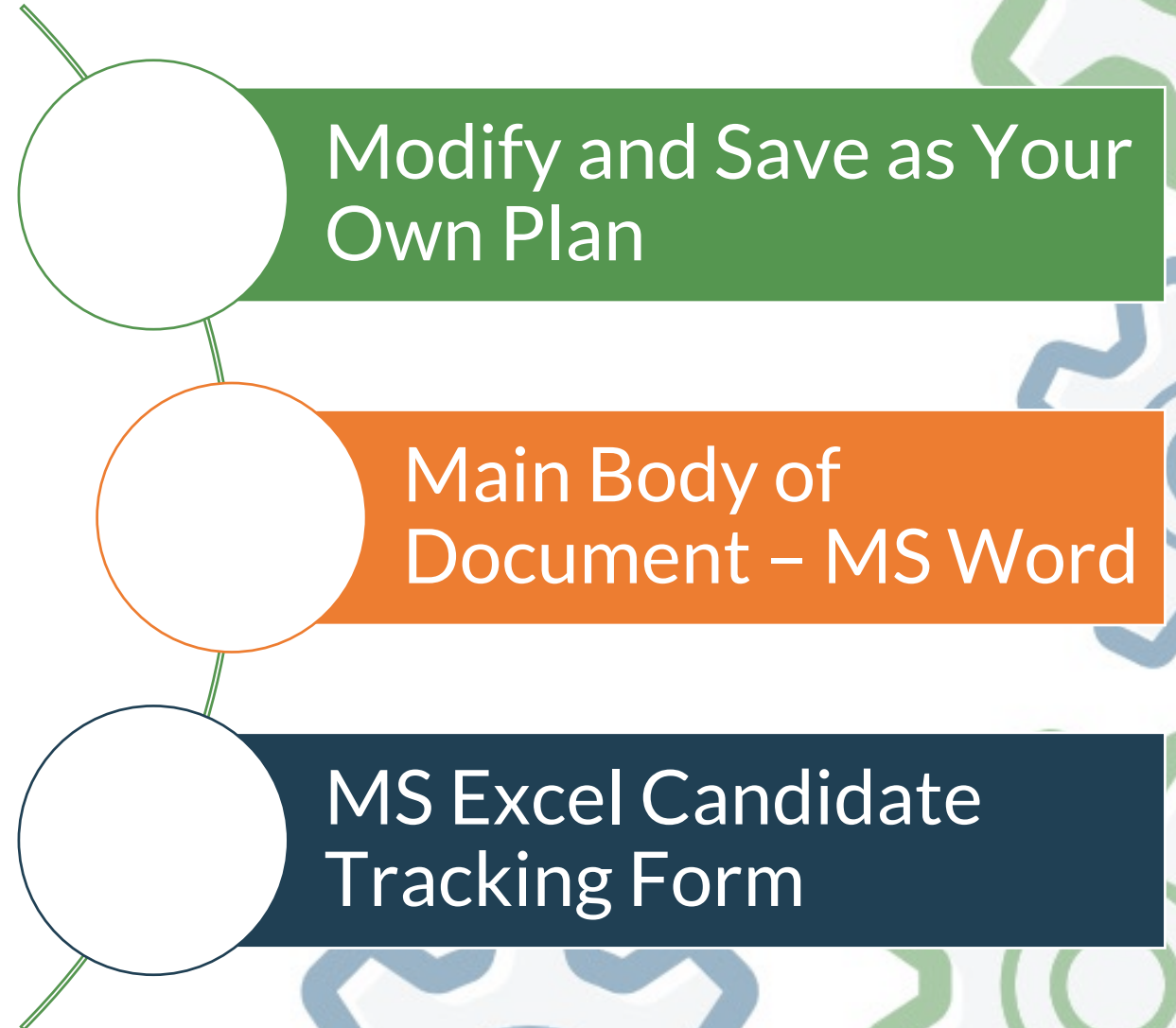
COMPREHENSIVE WORKFORCE PLAN	
Last Date of Review	_____
Anticipated Next Date of Review	_____

Vision

The HC vision is:

The vision was last updated on _____

The next date of review is planned for _____



CWP TEMPLATE

Action Plan



Keep track of gaps and opportunities

Identify strategies for improvement

Create a timeline for completion

STAR² COMPREHENSIVE WORKTEMPLATE



LET'S PRACTICE MENTIMETER!



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APPLYING THE JEDI & WELLNESS LENSES

TAKING THE PATH OF JEDI

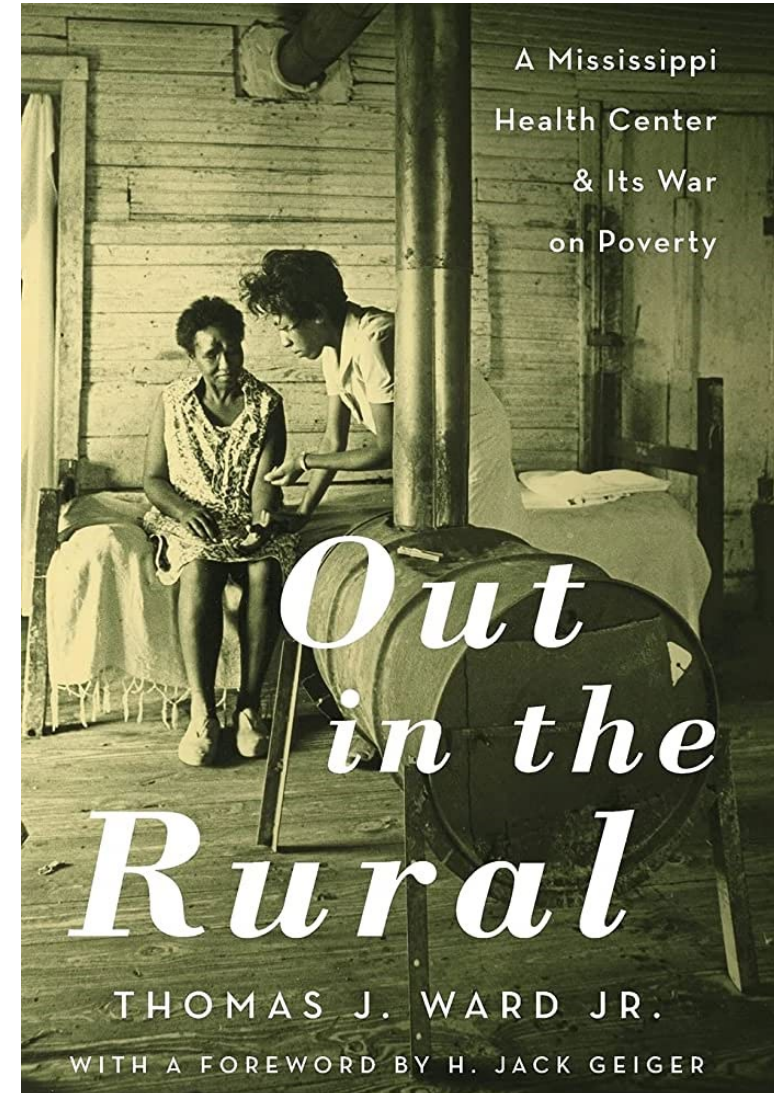


LIVING THE LEGACY



“The Health Center Movement traces its roots in the United States back to the Civil Rights Movement, Migrant Workers Movement, and President Lyndon B. Johnson’s “war on poverty” in the 1960s. Leaders including Dr. H. Jack Geiger, Dr. Count D. Gibson Jr., Dolores Huerta, Cesar Chavez, President Jimmy Carter, Senator Edward M. Kennedy, and many others paved the way for the successful health center model that serves over 28 million people today.”

Source: [NW Pulse](#).



WHY DOES JEDI MATTER?

Diversity and Inclusion Drive Employee Engagement



Social Justice Case

- Moral principles of equality and justice

Functional Case

- Better decision-making
- Better results
- Lower turnover

Engagement Case

- Team collaboration and commitment
- Innovation, dedication, team support
- Company values

DO NOT MAKE A BUSINESS CASE FOR DIVERSITY!

JUSTICE IN THE WORKPLACE



A just workplace will:

- Embrace a culture of openness
- Prioritize pay equity
- Create fair decision-making processes
- Involve managers in organizational justice efforts
- End unfair treatment in the workplace

Source: [ChartHop](#)

An equitable workplace may have:

- Pay parity up and down the org chart
- A widely diverse executive team
- Accessibility and accommodations for employees of all abilities
- Fair and equal access to learning and development opportunities

Source: [Workhuman](#)

DIVERSITY IN THE WORKPLACE



A diverse workplace may have:

- Employees from diverse backgrounds and experiences
- Recruitment strategies aimed at increasing underrepresented groups and higher gender diversity
- Diverse teams where employees feel accepted and valued for their unique contributions

Source: [Workhuman](#)

INCLUSION IN THE WORKPLACE



An inclusive workplace may have:

- A strong sense of physical and psychological safety
- Flexible work options
- Employee Resource Groups (ERGs) for employees with similar experiences to connect
- Celebrations of diverse holidays and traditions

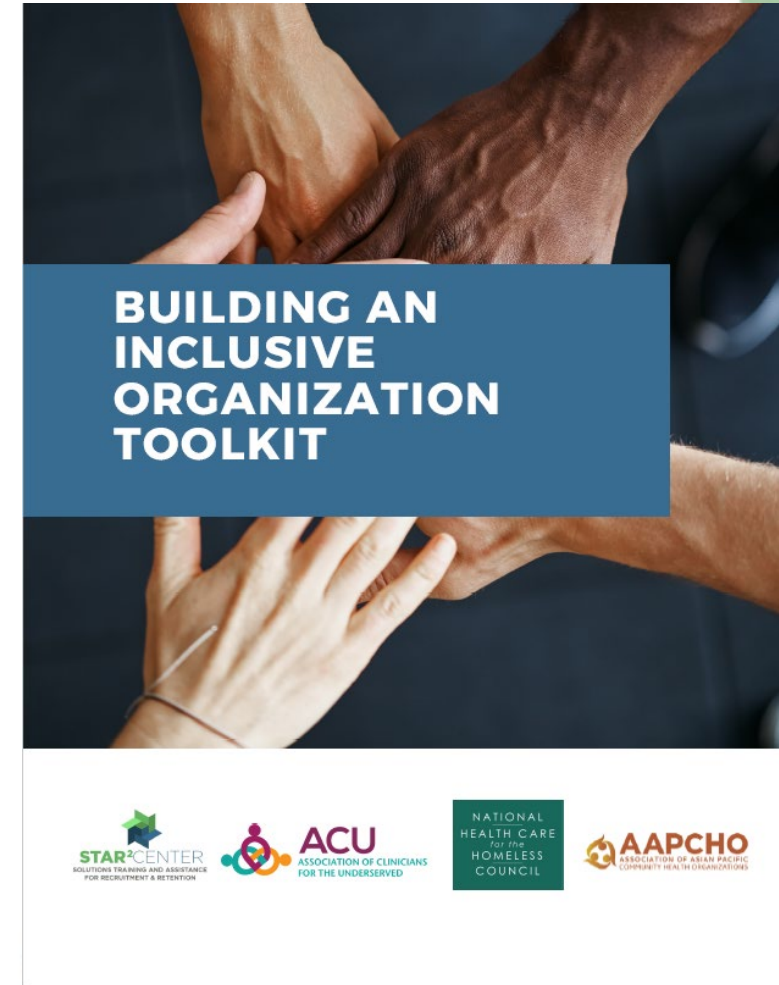
Source: [Workhuman](#)

STAR² CENTER RESOURCE HIGHLIGHT

Building An Inclusive Organization Toolkit



Click [here](#) to access the Building An Inclusive Organization Toolkit!



A CULTURE OF RETENTION

Staff Wellness



Focus wellness services on:

- Physical
- Emotional
- Financial
- Communication

There is no magical solution or right way to practice wellness, but it **must be** a focus of the organization.



Leadership needs to
reflect the
organization's values in
its day-to-day actions

Alignment of a health
center's mission with
the beliefs and values
of its workforce is
critical



WHAT DOES IT MEAN TO APPLY A LENS?

JEDI & Wellness



“[A lens is simply a] framework to guide decision-making policies, procedures, programs, or decisions that are being considered.”





PRACTICE ASSESSMENT

AVAILABLE TOOLS



Self-
Assessment
Tool



Financial
Assessment
Tool



Strategic
Planning
Workbook

OPERATIONAL ASSESSMENT

Why is it important?

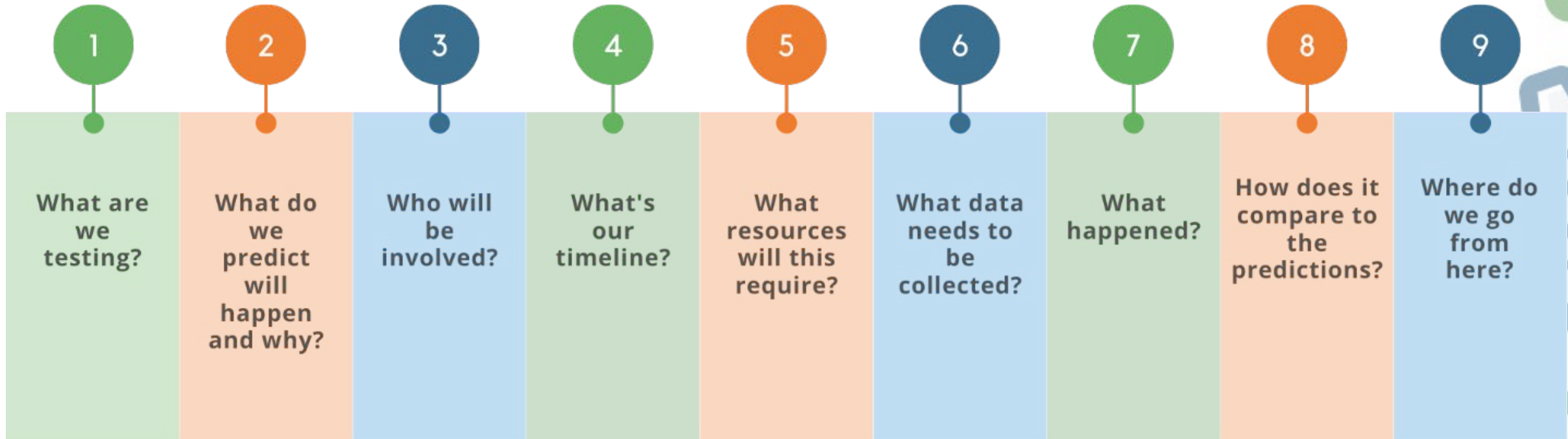


Without a comprehensive assessment of operations, it is difficult to determine the true recruitment gaps.

Using the findings of the assessment, the health center can make an improvement plan to fill gaps, make corrections, and consider different recruitment and retention strategies.

CWP STRATEGIC PLANNING

Implementation Questions



OPERATIONAL ASSESSMENT & STRATEGIC PLANNING



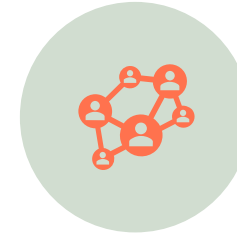
**PROVIDER
CAPACITY &
DEMAND**



**PRODUCTIVITY
ANALYSIS**



**APPOINTMENT
ACCESS**



**CARE TEAMS &
PROVIDER MIX**



SUPPORT STAFF



SCHEDULING



**PROVIDER & STAFF
SATISFACTION**



Time for a Break (10 min)



PROVIDER CAPACITY & DEMAND



Table 1a. Provider Productivity (Clinical Visits)

Measurement Period: _____

Provider Name	Provider Type	Provider Specialty	FTE	Clinical Visits	Clinical Visits per 1.0 FTE	UDS Mean Clinical Visits per 1.0 FTE	Percentage Difference from Mean
(Last, First)	(Degree or Licensure)	(Area of Expertise)		Number of patients seen	(Clinical Visits ÷ FTE)	Use UDS Table 5	$[(\text{Column 6} \div \text{Column 7}) - 1.0] \times 100$ *Column 6: Clinical Visits per 1.0 FTE *Column 7: UDS Mean Clinical Visits per 1.0 FTE

Table 1b. Provider Productivity (Virtual Visits)

Measurement Period: _____

Provider Name	Provider Type	Provider Specialty	FTE	Virtual Visits	Virtual Visits per 1.0 FTE	UDS Mean Virtual Visits per 1.0 FTE	Percentage Difference from Mean
(Last, First)	(Degree or Licensure)	(Area of Expertise)		Number of patients seen	(Virtual Visits ÷ FTE)	Use UDS Table 5 (UDS Virtual Visits ÷ UDS FTE)	$[(\text{Column 6} \div \text{Column 7}) - 1.0] \times 100$ *Column 6: Virtual Visits per 1.0 FTE *Column 7: UDS Mean Virtual Visits per 1.0 FTE **A negative result indicates percent below the UDS mean; a positive result is percent above the national mean.

PRODUCTIVITY ANALYSIS



	Possible Causes	Possible Outcomes
Lower Productivity	<ul style="list-style-type: none">• Provider first year of practice or first year practicing in the health center• Lost clinic time due to travel between clinic sites• Differences in on-call coverage distribution among providers• Scheduling issues• Staffing issues• Inefficient use of space• Low patient demand• Excess capacity• Greater time spent with patients	<ul style="list-style-type: none">• Reduced patient access• Unfair labor distribution for higher producing providers• Possible reduced revenue• Disengagement• Higher quality of care• Better patient outcomes• Increased satisfaction
Higher Productivity	<ul style="list-style-type: none">• Experienced provider• Extended clinic hours• Differences in on-call coverage distribution among providers• Scheduling issues• High patient demand• Capacity shortage• Less time spent with patients	<ul style="list-style-type: none">• Overworked provider• Unfair labor distribution for higher producing providers• Provider burnout• Staff stress• Provider vacancy• Higher turnover• Lower quality of care

APPOINTMENT ACCESS

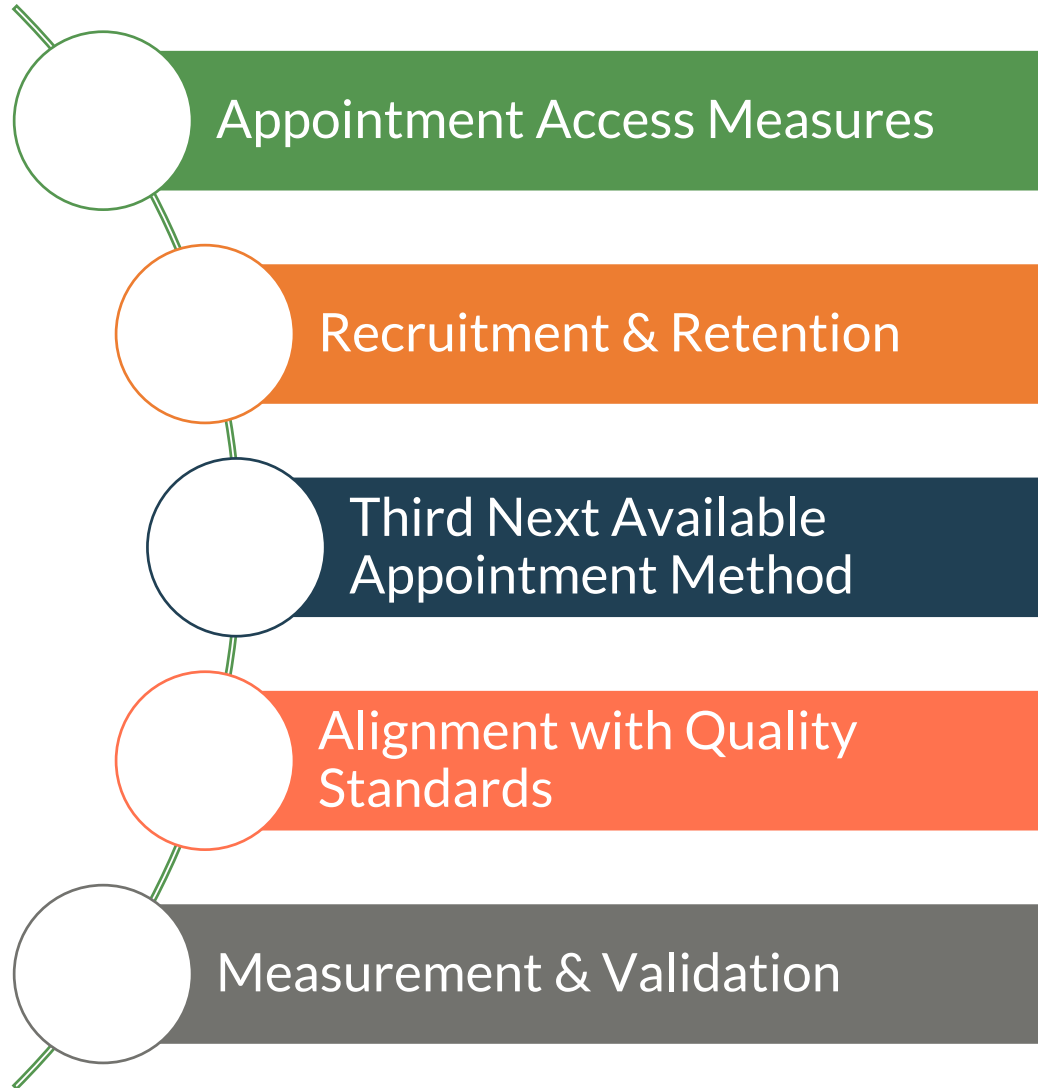


Table 3. Weekly Appointment Access Report Today's Date _____

Specialty <small>(medical, dental, behavioral health, vision)</small>	Provider Name	Provider Type	Appointment Type	Third next appointment			Meets Written Policy (Y/N)	If No, Reason/Corrective Plan
				Date	# Days Provider	# Days Team		
Family Medicine			Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 1	MD	Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 2	DO	Sick Visit					
			Follow Up					
			Preventive Visit					
Pediatrics			Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 4	MD	Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 5	PA	Sick Visit					
			Follow Up					
			Preventive Visit					
Psychiatry			Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 6	MD	Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 7	NP	Sick Visit					
			Follow Up					
			Preventive Visit					

***If the "third next available" appointment is the same day, report it as "0".**

CARE TEAMS & PROVIDER MIX



Inter-professional care teams are essential for a strong healthcare model and can aid in provider retention and recruitment.

SUPPORT STAFF

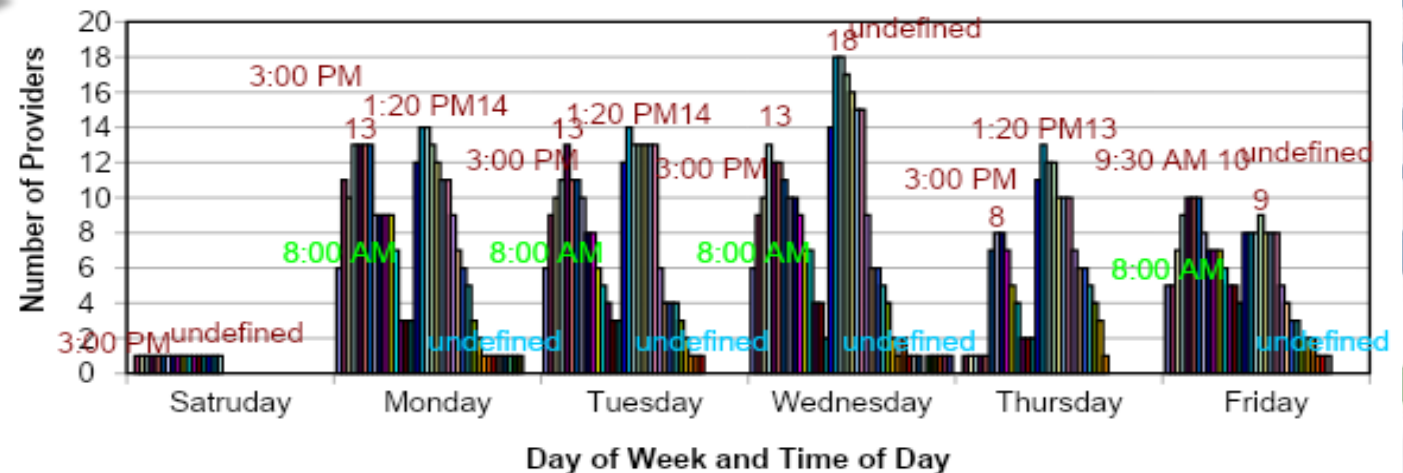
Table 6. Ratios of HC Support Staff to Provider Staff in Comparison to UDS Mean|

Date Assessed	HC Support Staff	HC Provider Staff	Ratio of HC Support Staff to Provider Staff	UDS Support Staff FTEs <i>*will be a large number</i>	UDS Provider Staff FTEs <i>*will be a large number</i>	Ratio of UDS Support Staff to UDS Provider Staff per FTEs	Comparison of HC Ratio with UDS Ratio
	<p>Based on your HC's staffing numbers</p> <p>*It can be individual support staff (ex: nurses); multiple support staff (nurses + laboratory personnel); or total support staff (may include administrative staff)</p>	<p>Based on your HC's staffing numbers</p> <p>*It can be physician specialty, (ex: pediatricians); non-physician provider (physician assistants); total physicians or a mix of different physician specialties (family physicians + OBGYN); total non-physician providers or a mix of non-physician providers (ex: nurse practitioners + physician assistants)</p>	<p>Column 2 ÷ Column 3</p>	<p>Use UDS Table 5</p> <p>*It can be individual support staff (ex: row 11, nurses); multiple support staff (row 11 + row 13, nurses + laboratory personnel); or total support staff (may include administrative staff)</p>	<p>Use UDS Table 5</p> <p>It can be physician specialty, (ex: row 5, pediatricians); non-physician provider (ex: row 9b, physician assistants); total physicians or a mix of different physician specialties (ex: row 1 + row 4; family physicians + OBGYN); total non-physician providers or a mix of non-physician providers (ex: row 9a + row 9b, nurse practitioners + physician assistants)</p>	<p>Column 5 ÷ Column 6</p>	<p>Column 4 ÷ Column 7</p> <p>*A number greater than 1 indicates you have a larger support staff to provider ratio than the national average; a number less than 1 indicates your ratio is lower than the national average.</p>

SCHEDULING

- Provider/Patient Schedules
 - Type and number of providers covering office hours on specific days and times
 - Time a clinical session starts and ends, including lunch breaks and administrative responsibilities
 - Number and type of patients who are seen at any particular time during a clinical session
- Office Schedules
- On-Call Schedules
 - Contract with a local practice to share on-call providers
 - Contract with the local hospital for coverage
 - Expand non-physician providers to include first tier call coverage with physician back-up
 - Expand office hours during times with high call volumes, typically 7:00-9:00 PM, to alleviate stress on the covering provider

Figure C. Provider Distribution - Sample Week



PROVIDER & STAFF SATISFACTION



STAR² Center resources to help improve provider and staff satisfaction:

- [Implementing Staff Satisfaction Surveys Infographic](#)
- [Empowering Your Workforce: Considerations For Implementing & Responding to Staff Satisfaction Surveys Webinar](#)
- [Clinician Wellbeing Resource Bundle](#)
- [DEI Resource Bundle](#)
- [Compensation Resource Bundle](#)
- [Workforce Self-Care Resource Bundle](#)
- [STAR² Center Original Resources Bundle](#)
- [STAR² Center Talks Workforce Success Podcast](#)
- [The Power of Stay Interviews Webinar](#)



Please go
to page 54
of the
CWP
Template

Provider Capacity & Demand (Table 1a & Table 1b)

Table 1a. Provider Productivity (Clinical Visits)

Measurement Period: _____

Provider Name	Provider Type	Provider Specialty	FTE	Clinical Visits	Clinical Visits per 1.0 FTE	UDS Mean Clinical Visits per 1.0 FTE	Percentage Difference from Mean
(Last, First)	(Degree or Licensure)	(Area of Expertise)		Number of patients seen	(Clinical Visits ÷ FTE) (Column 5 ÷ Column 4)	Use UDS Table 5 (UDS Clinical Visits ÷ UDS FTE)	[(Column 6 ÷ Column 7) - 1.0] X 100 *Column 6: Clinical Visits per 1.0 FTE *Column 7: UDS Mean Clinical Visits per 1.0 FTE **A negative result indicates percent below the UDS mean; a positive result is percent above the national mean.

Time for a Break (Lunch!)



TODAY'S AGENDA

Wednesday, May 1: Assessment & Retention

9:00-10:00AM: Welcome & Introduction

10:00AM-12:00PM (*includes break*): Practice Assessment

12:00-1:00PM: *Lunch*

1:00-3:30PM: Topics in Retention

You are
here!

1:00-1:50PM: Organizational Culture

1:50-2:00PM: *Break*

2:00-2:45PM: **Compensation & Benefits OR Work Schedules OR Career Paths**

2:45-3:30PM: **Compensation & Benefits OR Work Schedules OR Career Paths**

3:30-4:00PM Wrap Up

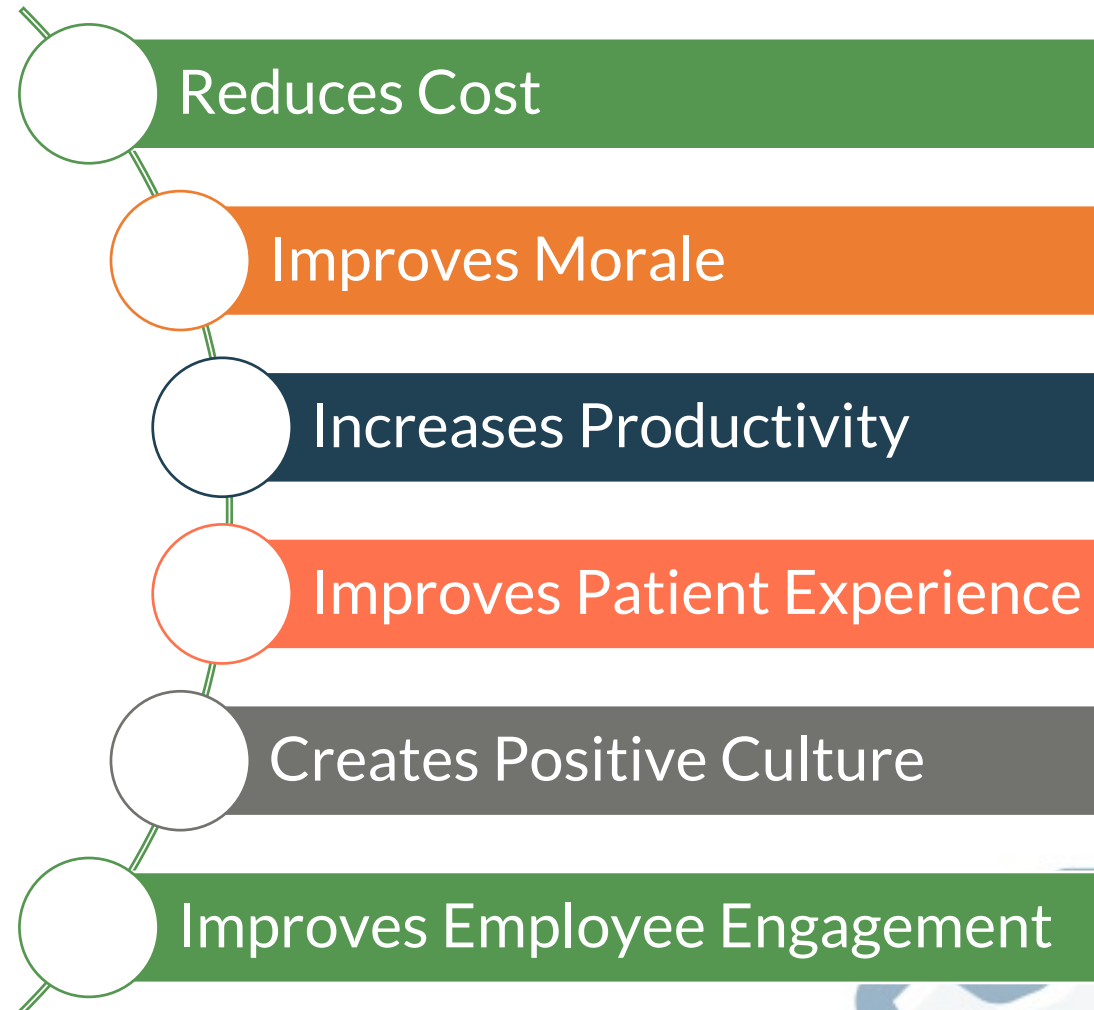




RETENTION

RETENTION PLANNING

Why Does Retention Matter?



BUILDING A BUSINESS CASE

Define the Value of Retention with Data



Turnover is **EXPENSIVE!**

*Calculate your health center's turnover costs by using the [STAR² Center Financial Assessment Tool](#)

Therefore, use data to make a business case for retention:

- What's the actual cost of turnover?
- What's the cost of a provider vacancy?
- How much does it cost to recruit?
- How much money is your organization losing to these workforce issues?
- How can you better invest money to retain staff and minimize losses?

RETENTION PLANNING

Key Areas



MISSION



COMPENSATION



BENEFITS



WORK SCHEDULE



CAREER PATHS





MISSION & CULTURE

CORE COMPONENTS

Data-Informed
Workforce Plan

Equitable &
Effective
Compensation
Structure

Positive Culture
Focused on
Engagement

Tested
Recruitment &
Retention
Strategies

Health
Professions
Training Program

Chief Workforce
Officer

High-Functioning
Managers

Policies that
Support Diversity
& Cultural
Respect

CORE COMPONENT

Positive Culture Focused on Engagement



Focuses on a **culture of two-way communication** to continually improve the practice experience, reduce burnout, and support transdisciplinary teams in a consistent way.



MISSION

Engaging Mission-Driven Employees



67% of millennials are engaged at work when they strongly agree that the mission or purpose of their company makes them feel their job is important.

Source: [Gallup](#)

With mission-driven workers, organizations realize:

- major performance gains
- increased employee loyalty and retention
- greater customer engagement
- improved strategic alignment
- enhanced clarity about work priorities

MISSION

Engaging Mission-Driven Employees



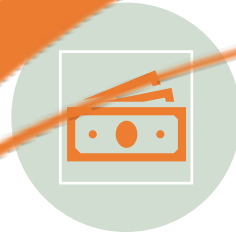
- Include a mission moment during staff meetings
- Recognize systemic injustices, the organization's role in addressing them; check-in with staff
- Continuously communicate the direct connection between the organization's mission and everyone's work
- Create a coffee break or book club for staff to come together to discuss an article of interest
- Share patient stories

RETENTION PLANNING

Key Areas



MISSION



COMPENSATION



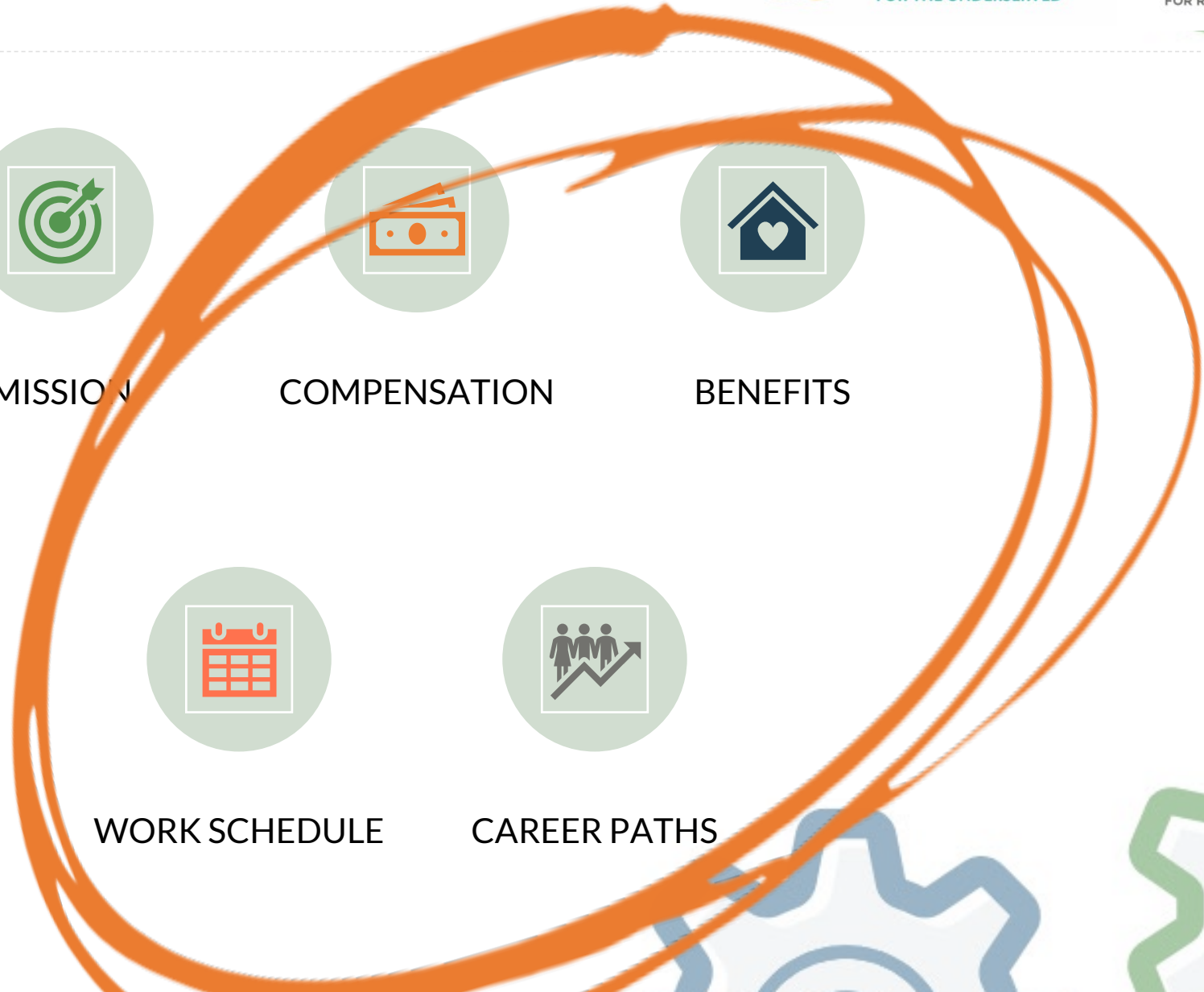
BENEFITS



WORK SCHEDULE



CAREER PATHS



LET'S GET INTO IT!



Please go to
page 65 of the
CWP
Template

1. Fill out this section of the CWP to the best of your ability.
2. Share your organization's mission with your table-mates.
3. Think about and share what your organization's mission means to you – what resonates the most, what inspires you?

Time for a Break (10 mins)



Topics in Retention: Choose Your Own Adventure

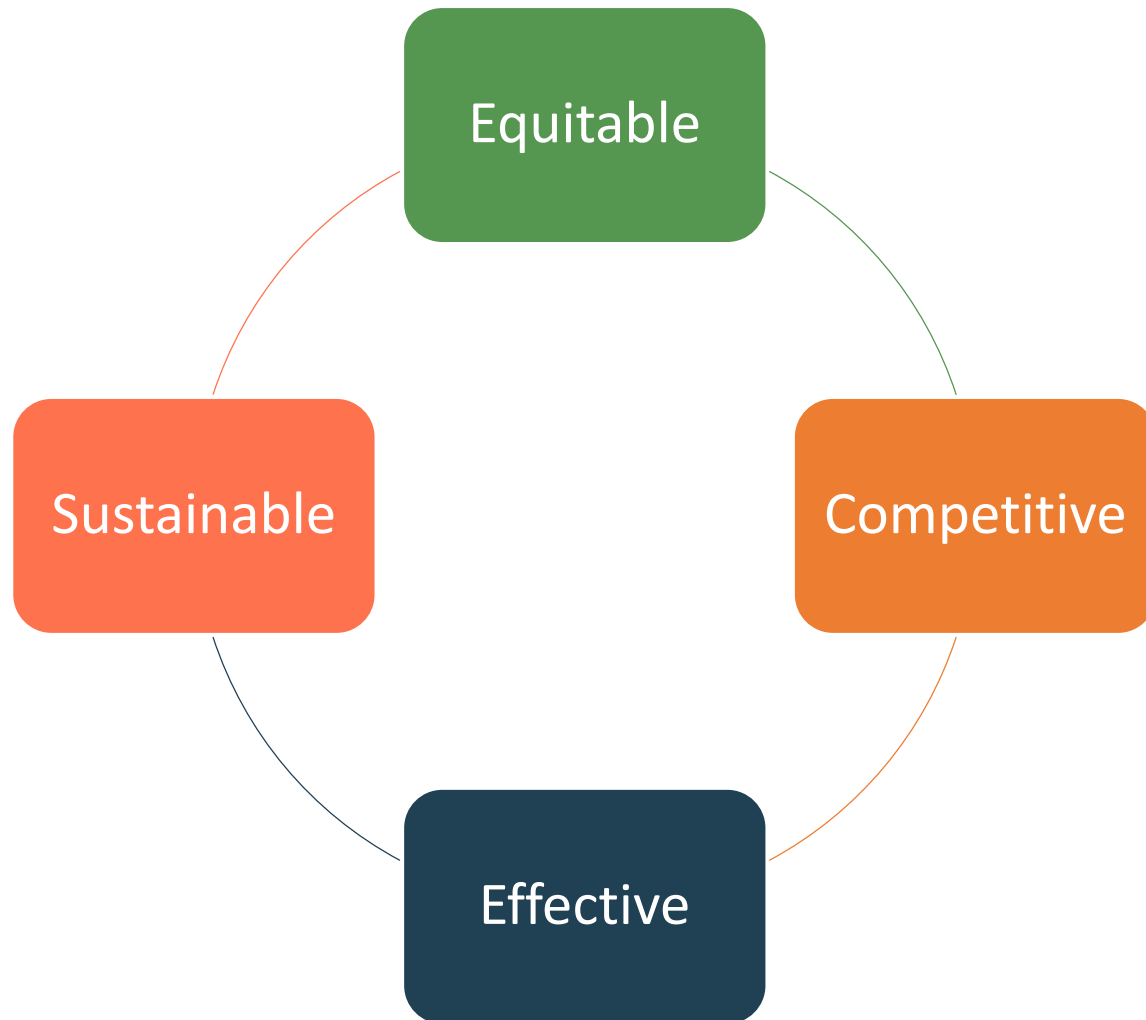




COMPENSATION & BENEFITS

FOCUS ON COMPENSATION

A Compensation Plan Must Be...



Equitable and **effective** compensation structure defines a **sustainable** approach to total compensation that is **competitive** and attractive to potential and current staff and maintains fairness.



COMPENSATION

ELIMINATE PAY INEQUITIES

- Conduct regular pay audits
 - Maintain transparency and fairness
- Move to stop using salary history
- Create equitable, inclusive, and fair salary ranges
 - Post in job announcement
 - Stick to it!
- Understand the importance of pay equity and transparency in the retention and recruitment of different workforce generations

STAR² CENTER RESOURCE HIGHLIGHT

Pay Equity Checklist



Click [here](#) to access the Pay Equity Checklist!



STAR² CENTER Health Center Pay Equity Checklist

WHAT IS PAY EQUITY?

Pay equity means equal pay for work of equal value. It is important to distinguish pay equity from pay equality, which means equal pay for equal work. Pay equality overlooks the inequities and restrictions marginalized groups face when seeking to access the same professional opportunities as other employees in an organization; who are often times, the most highly compensated individuals. Pay equity bridges that gap by connecting equal pay to work of equal value.

HOW TO STRIVE FOR PAY EQUITY?

- Conduct regular and ongoing pay audits
 - Gather employee data
 - Account for pay differentials
 - Questions to consider when assessing pay differentials:
 - Are there clear and written policies that outline decisions for pay differentials? Does staff know and understand this information?
 - Are pay differentials based solely on non-subjective factors? (i.e., experience, education)
 - Does your organization provide pay raises that align with salary increases for new hires?
 - Identify the causes of pay gaps
 - Assess the role race, gender, age, disability status, etc. play in the identified pay differentials
 - Implement remediation policies and practices
 - Update operational procedures

FOCUS ON BENEFITS

Think Outside the Box



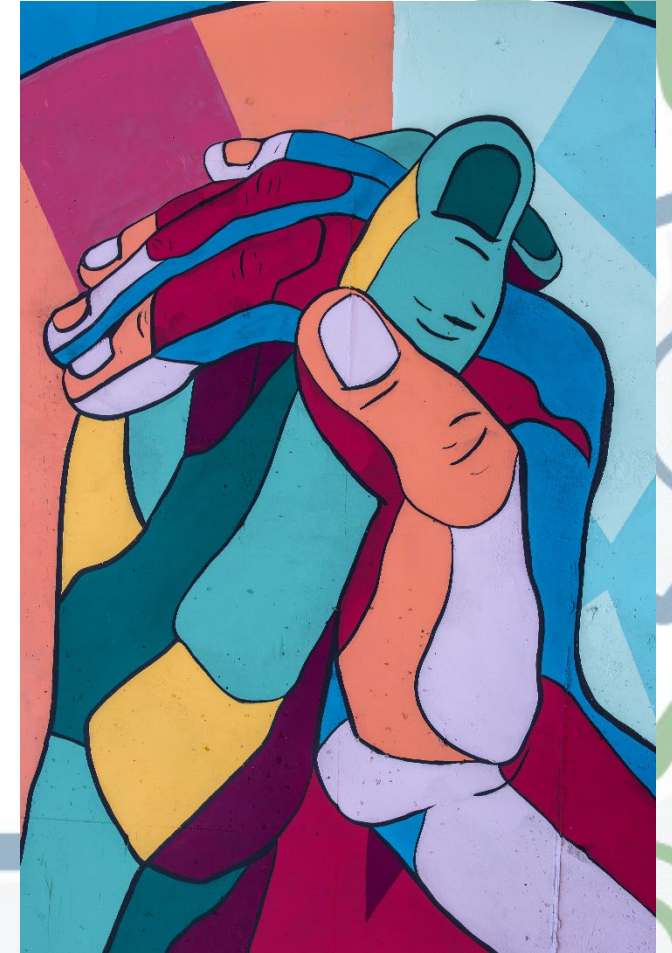
Speak with the workforce about what they need/want!

FOCUS ON BENEFITS

Think Outside the Box



- Does your healthcare plan include transgender care?
- Does your leave include maternal and paternal leave? Is it paid?
- Is holiday leave flexible and does it include people of different backgrounds and belief systems?
- Do you offer mentorship programs? If so, is it specific to BIPOC and other underrepresented/diverse groups?
- Are training programs offering students what they need?
- Does your leave policy define family broadly? (ex: bereavement leave)
- How much emphasis is put on continuing education and career ladders? Are you looking at it from a DEI lens?
- Do your benefits take into account parents (especially single parents)?
- How important is work-life balance in your benefits package?



ACTIVITY



Build a thriving wage.

1. Choose 1-2 positions at your organization.
2. Come up with a “Thriving Wage” for that/those position/s. Scale that across the career spectrum.
3. Compare your calculations to the MIT Living Wage Calculator (QR Code on next page)

MIT LIVING WAGE CALCULATOR OR



<https://livingwage.mit.edu/>

LET'S GET INTO IT!



Please go to
page 67 of the
CWP
Template

1. Fill out this section of the CWP to the best of your ability.
2. What are some of your organization's benefits that you are most excited about?
3. Where would you like to grow your organization's benefits?
4. How are your organization's benefits aligned with JEDI & Wellness Principles?



WORK SCHEDULES

WORK SCHEDULES

Flexibility is Key



- As of **2019**,
 - Nearly **a third** of workers had sought out a new job because their current workplace didn't offer flexible work opportunities, such as remote work or flexible scheduling
 - **Fifty-two percent** of respondents had tried to negotiate flexible work arrangements with their companies
 - **Eighty percent** of those surveyed said that they would be more loyal to their employers if they had flexible work options
 - About **two-thirds** of the workers said they are more productive working outside of a traditional office environment, citing fewer distractions and interruptions, reduced stress from not commuting, and minimal dealings with office politics as their main reasons.

WORK SCHEDULES

Flexibility is Key



A no- or low-cost strategy for staff retention and recruitment is **work schedule innovation**. Adequate clinical coverage and on-call coverage is the highest priority for health centers, but this is not always best achieved with traditional full-time schedules. There are many advantages to part-time, flexible, hybrid, or remote schedules.



HYBRID & REMOTE WORK

No Longer an Option, It's an Expectation



- 9-5 work day has changed
 - Embrace generational differences
 - Understand the benefits for working students, parents, those with different needs
- Develop policies and procedures
 - Write them down!
 - Get input from staff
 - Make sure everyone understands
- Be aware of legal requirements
 - Ex: tax implications for employees working in different states
- Think about remote work needs
 - Access and cost of phone, computer, Wi-Fi, office materials
 - Consider offering stipends



Please go to page 68 of the CWP Template

1. What opportunities does your health center offer for remote and/or hybrid work schedules? Is it available to all staff and are staff aware of these opportunities?
2. What are some of your health center's the policies and procedures regarding work schedules? Are they written down?
3. Does your health center collect staff feedback when developing its work schedule policies and procedures?

LET'S GET INTO IT!



List the positive effects of flexible work schedules on:

- Clinicians:
- Non-Clinical Staff:
- Women/Femmes:
- Parents:
- People with Disabilities/Neurodiverse People:
- Students:
- Others:





CAREER PATHWAYS, STAFF DEVELOPMENT, & HP-ET

CAREER PATHS

Make Them Available and Accessible



Staff are often more likely to stay with an organization if there are opportunities for **professional growth and advancement.**



CAREER PATHS

Key Steps



Disclose skills- and competency-based career paths

Determine the required skills and competencies to reach various roles or career stages

Identify available training and professional development resources for employees to gain those skills

Clearly and consistently communicate that information to employees

DEVELOPMENT STRATEGIES



- Provide professional development, continuing education, and mentorship
 - Ensure it meets the needs of BIPOC individuals and other underrepresented/diverse groups
- Remember, experience is as important as education
- Invest in career ladders that train a diverse and inclusive group of employees for the successful and equitable achievement of leadership positions



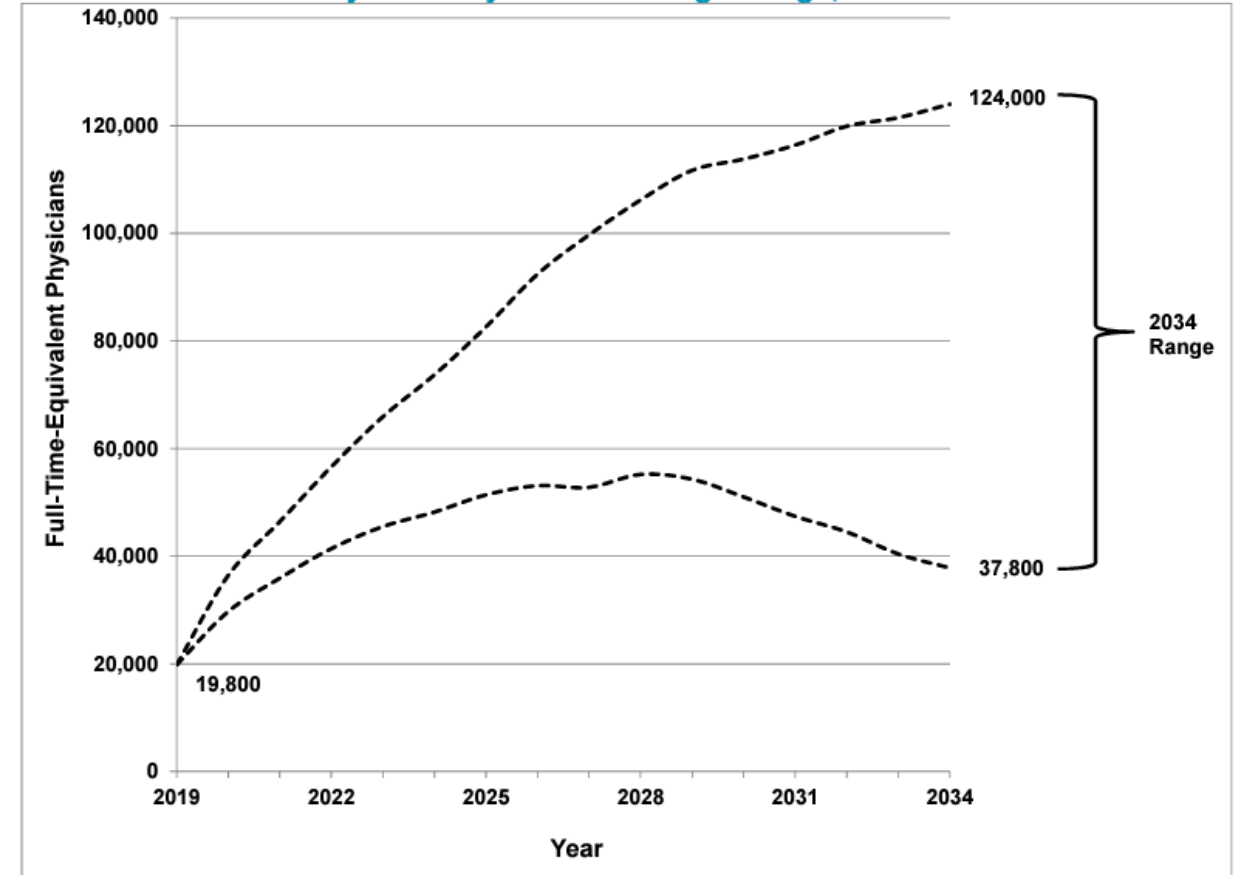
PHYSICIAN PROJECTIONS

The Shortage is Growing...



- Total physician shortage between **37,800 and 124,000** physicians by 2034
 - A primary care physician shortage of between **17,800 and 48,000** is projected by 2034.
 - A shortage of non-primary care specialty physicians of between **21,000 and 77,100** is projected by 2034

Exhibit ES-1: Total Projected Physician Shortage Range, 2019-2034



Note: Because complex systems have internal checks and balances to avoid extremes, the upper and lower bounds of the shortage projections reflect the range of most likely outcomes. The divergence over time represents increasing uncertainty.

Source: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)

STAR² CENTER RESOURCE HIGHLIGHT

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



Click [here](#) to access the **The Growing Provider Shortage: Building the Case for Developing an HP-ET Program Resource**



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 Data²

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

¹ IHS Markit Ltd., The Complexities of Physician Supply and Demand: Projections From 2019 to 2034, Washington, D.C., 2021.
² Health Resources and Services Administration. "Data Explorer." Accessed June 2023. <https://data.hrsa.gov/tools/data-explorer>

THE NEED FOR PATHWAYS PROGRAMS

The Power of Growing Your Own



- The variety of Pathways 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



Source: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)



CONTEXT & CONCERNS

- Staff time commitment/added workload
- Finding partners
- Accreditation
- Leadership buy-in
- Adequate staffing
- Adequate learner pool
- Cost

REALISTIC EXPECTATIONS

- Different requirements for different programs
- Building partnerships vs going it alone
- Increased staff/resource demand
- Time to ramp up and see results

HP-ET TO “GROW-YOUR-OWN”

Benefits & Return on Investment (ROI)



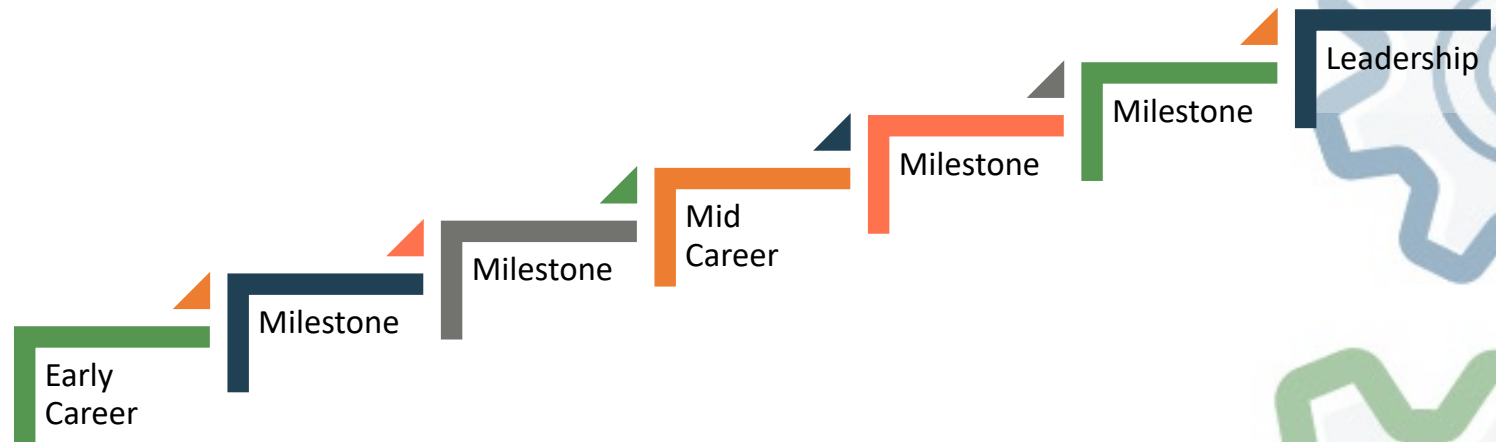
- Increased employee satisfaction and retention equals less turnover
- Positive economic impact to community
- Less time to fill open positions
- Greater access to care
- Increased efficiency



* Nearly 60% of medical residents practice within 100 miles of their residency program and more than half stay in the same state.

Please go
to page 68
of the
CWP
Template

Map out a career path available to your staff. Move from an early career role all the way through a leadership position. Include milestones offered by your health center that lead to career advancement such as talent development, continuing education opportunities, promotions, etc.



LET'S GET INTO IT!



1. What are the benefits to developing and offering accessible and equitable career paths?
2. What are the costs of offering career ladders to staff?
3. What career paths does your health center offer?
4. How do you address diversity, equity, inclusion (DEI) in those career paths?



LET'S GET INTO IT!



**Please go to
page 80 of the
CWP
Template**

- 1. Share with your table what your organization is doing regarding HP-ET.**
- 2. If you have an HP-ET Program, what positions do you focus on? If you do not have one, what positions would you most like to build one for?**



WRAP UP

ADDITIONAL STRATEGIES



- Training Managers
- Training Leaders
- Team Cohesion
- Stay Interviews
- Staff Satisfaction Surveys



QUESTIONS



TOMORROW'S AGENDA

Thursday, May 2: Recruitment

9:00-9:15AM: Day 1 Recap, Reflections, & Icebreaker

9:15AM-12:15PM (*includes break*): Topics in Recruitment

9:15-10:00AM: **Community & Team OR Succession & Workforce Planning OR Recruitment Budget**

10:00-10:45AM: **Community & Team OR Succession & Workforce Planning OR Recruitment Budget**

10:45-11:00AM *Break*

11:00-11:45AM: **Job Descriptions OR Interviewing**

11:45-AM-12:15PM: **Job Descriptions OR Interviewing**

12:15-1:15PM: *Lunch*

1:15-3:30PM: Onboarding

1:15-2:15PM: Onboarding for Success

2:15-2:30PM: *Break*

2:30-3:30: Onboarding – Communicating Retention

3:30-4:00PM Wrap Up

