



Comprehensive Workforce Planning: Vision & Assessment

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Recruitment & Retention

National
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Resources

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

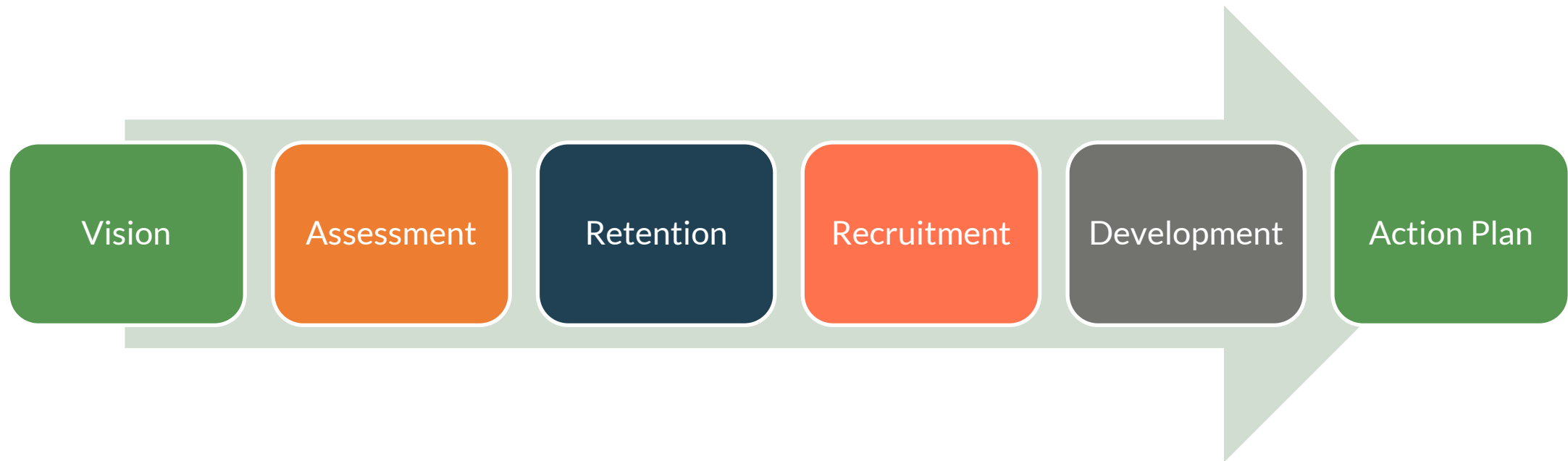


COMPREHENSIVE WORKFORCE PLAN

Definition & Components



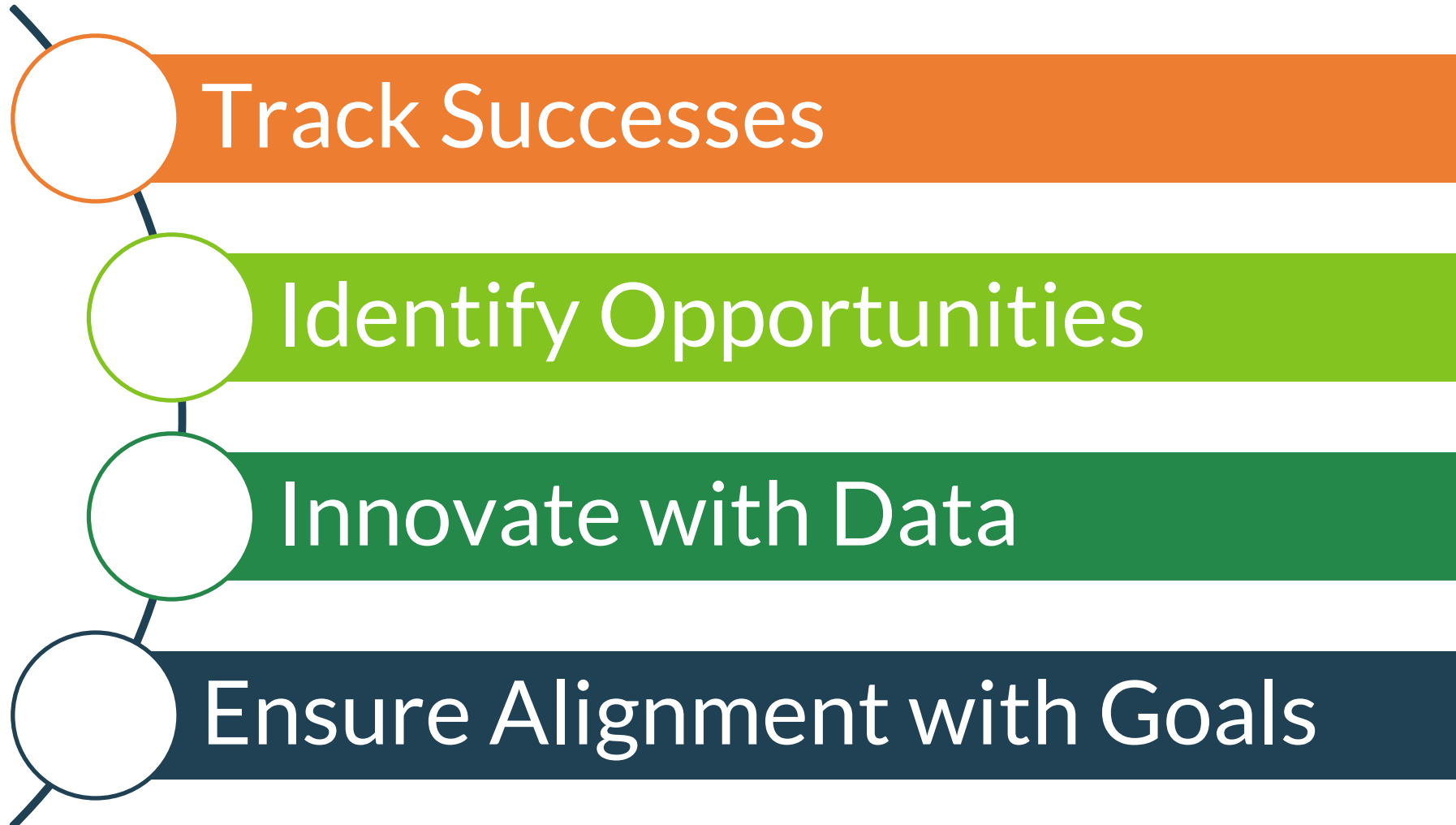
A comprehensive workforce plan describes the process for which a health center assesses the needs of its patients and community while identifying strategies for building and sustaining its capacity to support those needs through qualified personnel that embody mission-driven, equitable, and inclusionary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



Click [here](#) to access the Comprehensive Workforce Plan Definition document.

COMPREHENSIVE WORKFORCE PLAN

Why Is It Important?



Components of a Comprehensive Workforce Plan



HP-ET Plan



COMPREHENSIVE WORKFORCE PLAN

SELF-ASSESSMENT

https://chcworkforce.org/web_links/acu-self-assessment-tool/

Webinar on how to use the Self-Assessment Tool:

<https://chcworkforce.org/videos/star%c2%b2-center-using-acus-self-assessment-tool-to-identify-your-workforce-needs/>



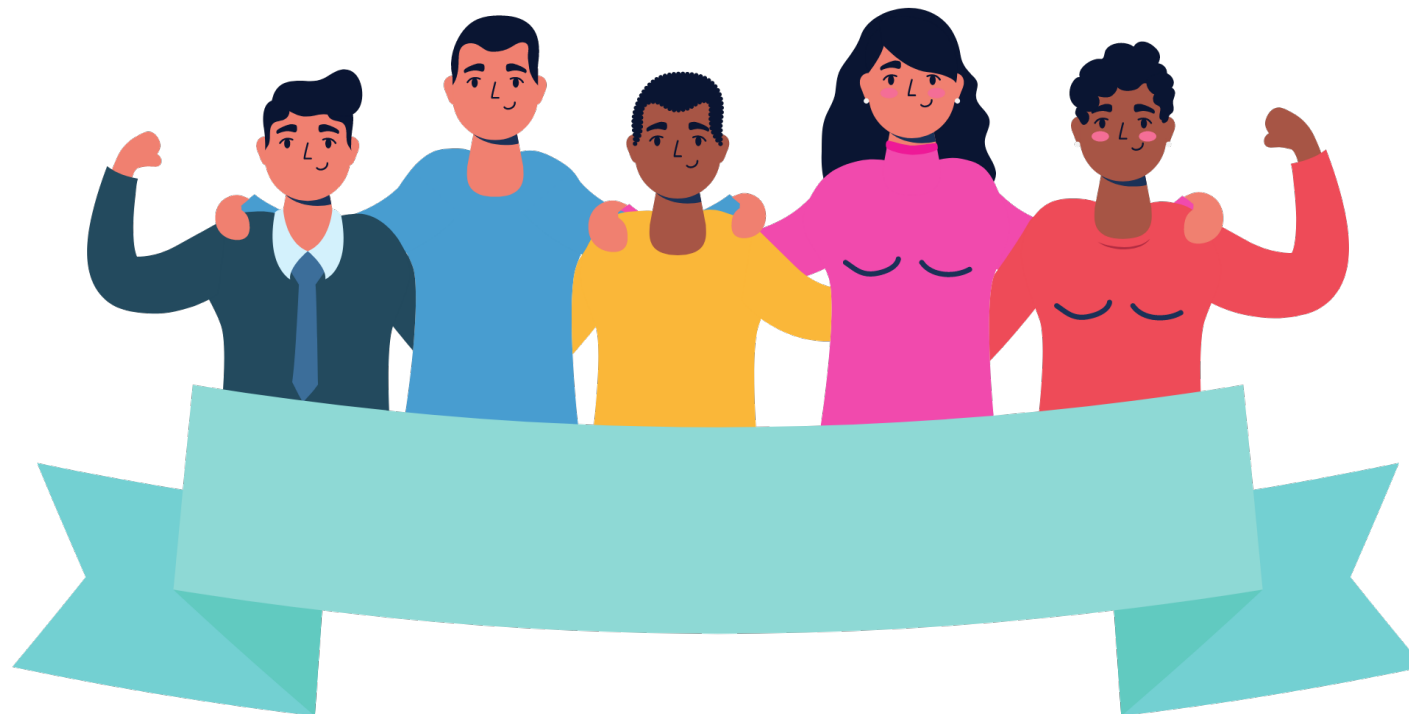
VISION

COMPREHENSIVE WORKFORCE PLAN

Vision



Identifying your health center's **vision** is the first step and it serves as the foundation for the organization's comprehensive workforce plan. The goal is to think “big” and work in tandem with health center staff and patients to identify the current and future workforce needs of the organization and the community it serves.



KNOW YOUR “WHAT” & “WHY”

Vision vs. Mission



Vision

*Goals, future actions,
what the organization
hopes to achieve?*



Mission

*Objectives, how to
reach them, why the
organization exists?*

HEALTH CENTER PROGRAM

It's Roots & History



“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.”

Written by: Helen Rhea Vernier, ACU’s Training Specialist, for [NW Pulse](#)

DEVELOPING A VISION

Consider All Types of Stakeholders



Think about your:

- Community
- Patients
- Staff (all levels, regardless of position)
- Future Staff
- Board Members
- Health Center Program
- Health Equity
- Advocacy
- Changing Landscape of Healthcare
- Future Needs & Wants



Your vision, mission and values need to reflect both the work you do externally with your patients and community and the way you take care of your staff internally.



ACU
ASSOCIATION OF CLINICIANS
FOR THE UNDERSERVED



STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION



ASSESSMENT

COMPREHENSIVE WORKFORCE PLAN

Assessment



An **assessment** of a health center's current workforce needs include outlining areas of strength and opportunities for growth and improvement. A thorough assessment also includes identifying patient and community needs and results should serve as the baseline data used to develop a health center's workforce strategy.

COMPREHENSIVE WORKFORCE PLAN

Assessment Data



- **Community** (e.g., workforce projections, recruitment trends, compensation standard, regional investments)
- **Organization** (e.g., vacancies, retirement rates, investments, salary/compensation)
- **Human resources** (e.g., stay interviews, exit interviews, workforce demographics, turnover rates, resignation rates, yearly reviews)
- **Health center staff** (e.g., feedback, staff satisfaction surveys, formal/informal conversations and check-ins)
- **Patients and clients** (e.g., feedback, patient satisfaction surveys)

And so much more...

OPERATIONAL ASSESSMENT

Why is it Important?



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



OPERATIONAL ASSESSMENT

Key Areas



**Provider
Capacity &
Demand**

**Productivity
Analysis**

**Appointment
Access**

**Care Teams
& Provider
Mix**

Support Staff

Scheduling

**Provider &
Staff
Satisfaction**

PROVIDER CAPACITY & DEMAND

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)	$[(\text{Column 6} \div \text{Column 7}) - 1.0] \times 100$ <p>*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.</p>

The amount of demand on a provider's production metrics can result in dissatisfaction.

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

Third Next Available Appointment Method



Measure using the **“The Third Next Available Appointment Method”**

The Institute for Healthcare Improvement (IHI) defines the Third Next Available Appointment as the “Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam.”



APPOINTMENT ACCESS

	Low Productivity	High Productivity
Low Access (long wait for appointment)	<p>UNLIKELY NEED TO RECRUIT</p> <p>Situation: Provider with available capacity, but unable to meet demand.</p> <p>Action: Identify capacity issues and resolve prior to recruitment decisions.</p>	<p>NEED TO RECRUIT</p> <p>Situation: Efficient provider with high patient demand.</p> <p>Action: More capacity needed to meet patient demand. May need to recruit or review team-based care structure.</p>
High Access (short wait for appointment)	<p>UNLIKELY NEED TO RECRUIT</p> <p>Situation: Low provider demand.</p> <p>Action: Review low demand causes. If it is a new provider, market practice. If it is an established provider, in an otherwise busy practice, identify and resolve issues prior to recruitment decision. If neither, there is unlikely a need to recruit.</p>	<p>PLAN FOR FUTURE RECRUITING</p> <p>Situation: Efficient provider meeting patient demand.</p> <p>Action: If provider is experiencing stress, review schedule to lengthen wait time for appointments within clinic standards. Review recruitment long-term plan, if demand is likely to increase.</p>

CARE TEAM / PROVIDER MIX

Physician & Non-Physician Providers



It is important to assess the type of providers you need recruit for a specific position and be open to recruiting both physician and non-physician providers. Support a **team-based care model** where everyone can work at the top of their license and collaborate in a supportive environment.



NON-PROVIDER SUPPORT STAFF

Review Staffing Ratios



Maintaining a reasonable “**support staff to provider ratio**” and using well-trained support staff appropriately will help to retain providers and support staff.

Adjustments in staffing ratios may increase productivity and quality of care.



ADDRESSING STAFFING SHORTAGES

Think About Pathway Development



- **Address the Workforce Gap**
 - Medical Assistants
 - Dental Assistants
 - Multilingual Providers
 - Behavioral Health Staff
- **Requires Planning, Funding, and Leadership Support**
 - Identify the ROI
- **Make Connections**
 - Local Schools (e.g., Universities, Community Colleges, Professional Schools)
 - Minority Serving Institutions
 - Professional Organizations (ex: The National Institute for Medical Assistant Advancement [NIMAA])
- **Utilize Data!**



PROVIDER / PATIENT SCHEDULES

Find the Right Balance



- Type and number of providers covering office hours
- Days and times office is open
- Time of clinical session (start to end)
- Support staff availability
- Exam room availability
- Provider specialty
- Number and type of patients seen
- Patient panel demographics
- Provider preference

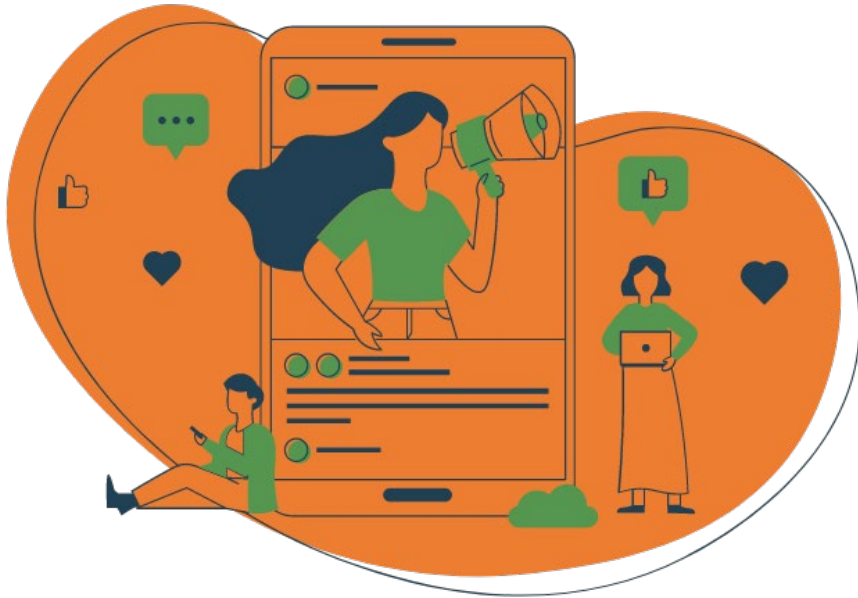


PROVIDER / PATIENT SCHEDULES

On-Call



On-call coverage, particularly for small or rural health centers, can be a major issue in both retention and recruitment. If call coverage is an issue for your health center, consider exploring the following strategies:



- Contract with a local practice to **share call**
- Contract with the local hospital for coverage
- **Expand non-physician providers** to include 1st tier call coverage with physician back-up
- **Expand office hours** during times with high call volumes, typically 7-9 PM, to alleviate stress on the covering provider

PROVIDER SATISFACTION

Issues to Address



- **Staffing:** most commonly mentioned factors are a lack of training and a lack of partnership between support staff and providers
- **Work load:** often exacerbated by staffing issues
- **Management:** need for better “facility flow” and infrastructure, lack of power to make improvements, not heard by management
- **Financial considerations:** salaries not competitive
- **Scheduling/vacation:** inflexible schedules, lack of work/life balance





WITHOUT DATA
YOU'RE JUST ANOTHER
PERSON WITH AN OPINION

W. Edwards Deming

DATA INFORMED WORKFORCE PLAN

Core Component



Uses **organizational, human resources, and community data** to help develop a realistic and dynamic plan for staffing.



TYPES OF DATA

Quantitative & Qualitative



Quantitative

Expressed by **numbers**

counted, measurable



Qualitative

Expressed by **language**

descriptive, conceptual

“Data storytelling [is] the ability to convey data not just in numbers or charts, but as a **narrative** that humans can comprehend. Just as with any good story, a data tale has to have a beginning, a middle, and an end. It needs to be presented **without bias** and with the **proper empathy** and context...”

- Beth Stackpole <https://mitsloan.mit.edu/ideas-made-to-matter/next-chapter-analytics-data-storytelling>



Storytelling to Showcase Data

- Simplifies the process
- Functions as a powerful tool
- Acknowledges that not everyone is a data scientist
- Captures emotion
- Creates action and motivation
- Increases decision-making
- Meets the user where they are at
- Should be visually appealing and easy to understand





You should not use your data to fit your narrative

YOUR DATA CREATES THE NARRATIVE

DATA PROFILES

STAR² Center Resource



- Data visualization (interactive maps/charts/graphs)
- Interpret what the data means
- Drill down on data elements and service area characteristics
- Compare your organization to other health centers on each measure
- Focus on comparison group of best relevance
- Examine trends in your data and the data for comparative groups
- Health Centers view their own data
- PCAs view data from the perspective of any health center in their state





STAR² CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#) *(Newly updated!)*
- [Health Center Comprehensive Workforce Plan Template](#) *(formerly Health Center Provider Recruitment & Retention Plan - Newly updated!)*
- [Equal Pay for Work of Equal Value White Paper](#) *(New resource!)*
- [Financial Assessment For Provider Turnover Tool](#) *(Newly Updated!)*
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#) *(A Brand New Tool!)*
- [Supporting Mental Health Through Compensation Equity Factsheet](#)

[You can find all of the STAR² Center's free resources here](#)

[Sign up for our newsletter here for new resources, trainings, and updates](#)

READY TO LEARN MORE?

Check out the
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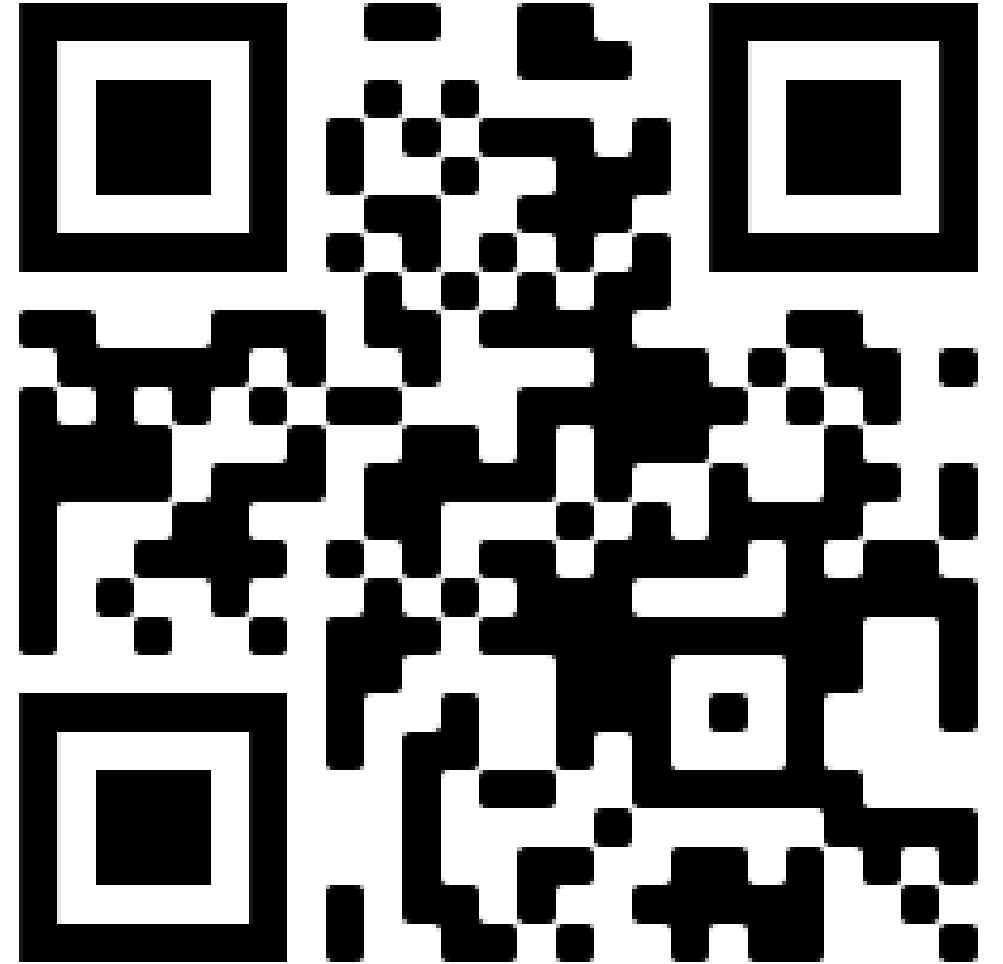
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