Overview:
Health Professions Education and Training Financial Impact Assessment Tool

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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Access to Care & Clinician Support

Recruitment & Retention

National Health Service Corps

Resources

Training

Networking

STAR² CENTER

- National Cooperative Agreement awarded in 2014

- Funded by the Bureau of Primary Healthcare

- One of 21 National Training and Technical Assistance Partners (NTTAPs)

- Produces **FREE** Resources, Training, and Technical Assistance

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Contact us: info@chcworkforce.org

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LAND ACKNOWLEDGEMENT

This meeting was planned on and is being presented from unceded territories of various Indigenous, Native American, and First Nations peoples. We humbly offer gratitude and respect to the elders, past and present citizens of these tribes, and to all indigenous peoples that are historically and contemporarily tied to the lands that make up what is now called the United States.

Check out this resource to see whose land you're occupying:

native-land.ca

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LEARNING OBJECTIVES

- ✓ Learn the goal and intended use of the STAR² Center's HP-ET Financial Impact Assessment Tool

- ✓ Review how to use the tool and helpful organization and program information to have on-hand

- ✓ Do a test-run through the tool and discuss various situations and options
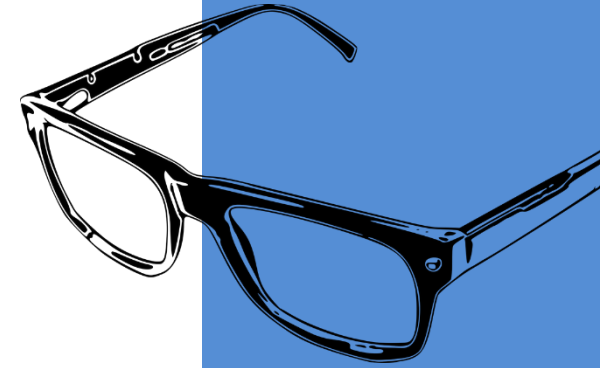
INTENDED USE

➢ HP-ET programs require resources—including time and people

➢ The Financial Impact Assessment tool is designed to assess areas of greatest positive or negative potential impact of a planned or ongoing HP-ET program

➢ The goal is to help health centers plan for potential hurdles in building an HP-ET program, and pitch the potential benefits to leadership, partners, and staff

IMPACT CATEGORIES

➢ The HP-ET Tool examines potential impact across 4 main categories:

1. Staff Satisfaction & Retention

2. Recruitment & Workforce Needs

3. Staff Development

4. Direct Costs (& Offsets)
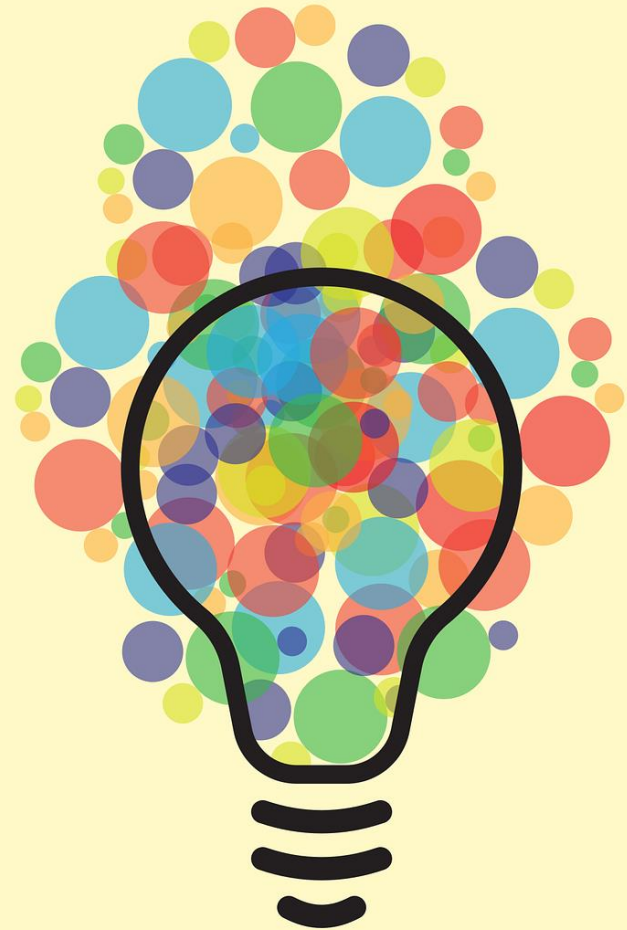
IMPACT CATEGORIES

➢ The HP-ET Tool provides a discussion of the final impact scores for each category

➢ It also provides recommendations, cautions around high impacts, and resources for further information

IMPACT CATEGORIES

➢ The STAR² Center team is also available to discuss your impact assessment results and provide further resources or one-on-one TA

➢ Email us at: info@clinicians.org

HP-ET FINANCIAL IMPACT ASSESSMENT

Where do I find the HP-ET Financial Impact Assessment Tool?

https://chcworkforce.org/web_links/hpet-financial-impact-tool/

HP-ET FINANCIAL IMPACT ASSESSMENT

ACU — ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER — SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

HP-ET Financial Impact Assessment

Thank you for taking the time to complete this financial assessment, which will highlight key opportunities and costs associated with starting an HP-ET program. To start, tell us a bit about yourself.

PERSON COMPLETING FORM

First Name: TEST
Last Name: TEST
Email: ohlwing@clinicians.org
Phone: 1234
City: ATLANTA
State: GA
Organization Name: ACU

Current Staff

Staff Satisfaction & Retention

HP-ET programs can improve staff retention through a variety of factors, including increasing satisfaction among clinical and support staff interacting with learners. This section investigates potential gains in areas that bolster workforce satisfaction and retention.

1. Have you surveyed staff (formally or informally) regarding desire to teach, mentor, or train learners?

Recruitment and Workforce Needs

This section will assess the potential impact of you HP-ET program on recruitment and meeting your workforce needs.

7. What is your patient/client load?

Staff Development

This section will assess the potential impact of your planned HP-ET program on internal staff development.

15. Will this HP-ET program be open to already employed staff wishing to participate as learners to build skills to take on new roles at the health center?

Direct Costs

Almost any HP-ET program will incur costs, some recurring and others a one-time outlay.

YOUR RESULTS: KEY AREAS OF FINANCIAL IMPACT

KEY PROGRAM INFORMATION

When completing the assessment, some useful information to have ready is:

❑ Numbers of clinical FTEs and vacancies at your health center (including mental health staff)

❑ Type of HP-ET program you are planning to develop

❑ What pre-planning or needs assessment you have already done (if this is your first step, that's totally okay!)

❑ Any current plans for how the program will run and how staff will be assigned to/working in it

❑ Any current plans for compensating staff for being preceptors or other time given to the HP-ET work

❑ A general idea of your client/patient load (often assessed using the "third next available appointment" method)

❑ An idea or estimate of your current workforce vacancies and how your workforce needs are likely to change in the future

❑ An understanding of whether or not your planned HP-ET program will support staff development, skill-building, or career development within your current staff

❑ Some potential direct costs, like additional facilities, materials (textbooks or equipment, for example), and dedicated staff time

❑ Potential grants or other funding that will help support the program

❑ Potential partner institution involvement that will help support the program or reduce costs

*Note: A lot of this information hinges on workforce planning. See the STAR² Center's Comprehensive Workforce Plan Template for support with this process and some very useful planning tools.

QUESTIONS

Let's do a walk-through of the tool together!

FEATURED RESOURCES:

- ✓ STAR² Center HP-ET Resource Bundle

- ✓ The STAR² Center's "Building HP-ET Programs" Webinar Series

☐ **Programs of greatest benefit?**

☐ *Internal* **resources?**

☐ *External* **resources?**

☐ **Timeframes?**

PROGRAM ASSESSMENT

Metric	1 Year Ago	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
Staff Role with Greatest Shortage					
Staff Role with Longest Time to Fill a Vacancy					
Staff Shortages with Greatest Impact to Operations					

Notable Trends in Provider or Other Occupation Numbers (from UDS, MGMA, or other sources)	Staff Expressing Interest in Providing/Supporting Instruction (Role + Training Experience + Relevant Skills)	Staff or Others Expressing Interest in Receiving Training/Cross-Skilling (Current Role + Role/Skills To Be Trained)
Ex: HRSA UDS trends estimate the demand on the mental health workforce will exceed supply in the next decade. Psychiatric PA-level and NP-level practitioners are expected to continue to exceed demand, while the supply of psychiatrists is already well below the demand curve. (This could indicate focusing on recruiting more Mental Health NPs and PAs would be a more sustainable approach, depending on scopes of practice in your area.)	Ex: We have one psychiatrist and one clinical social worker (LCSW) who have expressed interest in providing a clinical training environment for social workers and mental health nurse practitioners (MHNPs). Our LCSW served as a preceptor for social work students for two years in her prior practice. Our psychiatrist has no teaching experience but has expressed a willingness to learn and provide instruction.	We have one social worker on staff who is interested in fulfilling their clinical training requirements to become licensed. There is a university one hour away that trains social workers who may need clinical training opportunities.

The Resource Equation:

Resources – Requirements = Surplus (Shortfalls)

INTERNAL RESOURCE ASSESSMENT

- ❑ Leadership Support
  - ❑ One or more members of C-Suite
  - ❑ Full C-Suite Support
- ❑ Board of Directors/Advisory Board Support
  - ❑ One or more board members' support
  - ❑ Majority of board members' support
  - ❑ Full board support
- ❑ Patient Population That Would Benefit
  - ❑ Diverse patient population that would benefit from additional staff diversity and training
  - ❑ Patients have stated an interest in being part of the healthcare training community
- ❑ Potential Community Interest, Support, or Benefits
- ❑ Training Space for
  - ❑ Clinical experience (supervised patient care)
  - ❑ Skills practice
  - ❑ Didactic instruction, group discussions, etc
- ❑ Financial Resources
  - ❑ Income from services provided
  - ❑ Grants or donations from government or non-government sources
  - ❑ Payment or other funding from training and education institutions
  - ❑ Loans or other funding

❑ Higher-level educational institutions
- ❑ Technical/community colleges
- ❑ State colleges
- ❑ Private Universities
- ❑ State or regional institutions that may have relevant remote/hybrid training programs & the ability to send students further afield for clinical training (ex: many PA programs)

❑ Local high schools or community colleges with—or interested in developing—vocational skills programs

❑ Student organizations or college/university job boards & clinical rotation opportunity posts

❑ Area hospitals, clinics, or independent practices (as potential partners)

❑ Minority-serving institutions with health training programs

❑ Your primary care association (PCA)

❑ Area Health Education Centers (AHEC)

❑ National Training & Technical Assistance Partners (NTTAPs)—including the STAR² Center

❑ Fellow health centers (as consultants on creating programs or as partners in building a shared program)

❑ Accrediting bodies relevant to your training program

❑ External funding/grant/loan opportunities

*Note, with this initial assessment, you just need a ballpark amount to try to understand what level of funding you can potentially access…one of the goals in building your program is to optimize funds to cover ramp-up costs while eventually increasing revenue through greater staff retention, team productivity, and recruitment

Internal resource requirements:

_____

_____

_____

External resource requirements:

_____

_____

_____

Potential workarounds or options for filling resource needs:

_____

_____

_____

- ❑ Assessment, planning, and partnership investigation
- ❑ Program design (curriculum, staff and learner role and expectations, staff development opportunities, program timelines, assessments/testing/evaluations, etc.)
- ❑ Staff training (train-the-trainer, preceptor training, obtaining required certifications, etc.)
- ❑ Engaging partners and negotiating contracts/agreements
- ❑ Designing a program monitoring, evaluation, and improvement process
- ❑ Start of first training cohort
- ❑ Completion/graduation of first cohort
- ❑ Collecting feedback from learners, partners, and staff
- ❑ Implementing improvements
- ❑ Funding durations estimates and/or grant timelines
- ❑ Return on investment goals

Activity	Milestone 1	Goal Completion Date for Milestone 1	Milestone 2	Goal Completion Date for Milestone 2	Final Completion Date
Ex: Staff Training ("Train the Trainer")	Identify a training program or develop staff training curriculum	6 months	Staff are selected and enrolled for the train-the-trainer course	6-7 months	8 months (Staff complete the one-month train-the-trainer)

STAFF COSTS

Staff Name | Role	FTE Salary OR Pay per Hour (including overhead/benefits)	Hours or % FTE (as decimal) Spent on HP-ET Work	Hours or % FTE Spent Receiving Training or Credentialing	Total Staff Cost: Pay Rate * (HP-ET Hours + Training Hours)
Ex: Sample Person | RN Clinical Rotation Instructor	**$85,000 per one year FTE** (includes benefits & overhead) OR **$42 per hour**	**0.5 FTE** OR **1000 hours per year** (20 hours per week: 5 hours lesson planning & admin + 10 hours clinical supervision + 5 hours skills instruction)	**0.023 FTE** OR **48 hours per year** (3 hours per month CEUs + occasional clinical instruction training and professional development)	$85,000 *(0.5 + 0.023) =$85,000 * 0.523 **= $44,455** OR $42 * (1000 + 48) = $42 * 1048 **= $44,016**

Note: You may notice above there is some slight difference in the estimates between pay per hour and salary full time equivalent (FTE) due to rounding. Be as consistent as possible in your rounding methods and in using FTE or hourly pay, which should minimize these small discrepancies between estimates for different staff.

TRAINEE COSTS

Trainee Cohort Size	Number of Cohorts per Year	Stipend or Salary per Trainee	Benefits & HR Overhead	Total Trainee Cost per Year = Cohort Size * Cohorts per Year * (Stipend + Overhead)	Notes
Ex: 12 Medical Assistant Program learners per cohort	2 cohorts per year	$18 per hour x 30 hours per week x 25 weeks = **$13,500**	20% = **$2700** per learner	12*2*($13500+$2700) = 24*$16200 **= $388,800**	Each cohort will include two additional part-time (10 hours per week) MA Apprentice students from local high school; those costs are not listed here as a state grant is paying for their program costs.

FACILITIES COSTS

Facility Space Requirements (square feet)	Facility Lease Cost per Square Foot per Month (monthly lease payment / total facility square footage)	Utility Cost per Square Foot per Month (monthly average utility payment [power, water, waste, internet, etc] / facility square footage)	Maintenance & Janitorial Service Cost per Square Foot per Month	Other Recurring Monthly Costs per Square Foot (ex: security, bio waste, etc)	Total Monthly Cost per Square Foot (lease cost per sq ft + utility cost + maintenance & janitorial + other costs)	Total HP-ET Facility Cost per Month (HP-ET facility space requirements * cost per square foot)
Ex: **1000 square feet** of facility space	$50,000 per month lease / 25,000 sq ft facility = **$2.00 per square foot**	$15,000 per month / 25,000 sq ft = **$0.60 per sq ft**	$12,000 per month (incl staff salaries and supplies) / 25,000 sq ft = **$0.48 per sq ft**	$8000 per month / 25,000 sq ft = **$0.32 per sq ft**	$2.00 + $0.60 + $0.48 + $0.32 = **$3.40 per square foot**	1000 sq ft * $3.40 per sq ft per month = **$3400 per month**

SUPPLY COSTS

Non-Recoverable Supply	Cost per Unit	Units per Trainee or Staff	Number of Trainees or Staff per Cohort	Total Cost Per HP-ET Cohort
Badge and access credentials	$50	1	12 Trainees + 3 Staff	$750
Office supplies (pens, notebooks, printing, miscellaneous)	$500	Program office supply budget (one unit per training cohort)	NA	$500
Education materials (coursebooks or online training course and software access, pocket guides, reference books, etc)	$400 Student Edition $1000 Instructor Edition	1	12 + 1 Instructor Edition	$5800
Trainee equipment (ex: stethoscope & BP cuff)	$100	1	12	$1200
Cohort training equipment (ex: butterfly needles, tourniquets, and blood draw kits)	$3000	Training supply budget per cohort	NA	$3000
Trainee uniforms	$40	2	12	$960
				$12,210

*These are broad categories and may be added to or broken out into discreet line items as needed for your calculations. Examples have been filled to illustrate the table. You will want to produce your own estimates.

MARKETING, RECRUITMENT, & PARTNERSHIP COSTS

Staff Name | Role	HP-ET Promotion Duties	Estimated Time (hours per week)	Pay Rate (including benefits & overhead)	Total Cost per Week	Notes
Ex: Mary Nguyen | RN & HP-ET Instructor	In-person information sessions for job fairs and at local college	2 hours per week, including presentation development	$60/hr	$120 per week	Estimated 25 weeks per year HP-ET program promotion work

ADMINISTRATIVE COSTS

Staff Hour Cost Estimates—For HP-ET Program Startup
*Repeating cost for each training cohort

Name | Role	Pay Rate (including overhead)	Contract Drafting & Reviewing	Budget, Tracking, & Cost Estimates	*Staff Supervision & Support	*Trainee Processing & Onboarding	*IT & Credential Setup	*Coordinating with Partner Organization(s)	Other Admin Duties (describe)	Totals
Ex: Raul Hernandez | HR Director	$60/hr	16 hours	4 hours	20 hours	40 hours	15 hours	40 hours initial setup 15 hours throughout each cohort thereafter	10 hours HP-ET staff pay processing	

➢Program-specific liability insurance

➢Other program fees or costs

COST (OFFSETS)

Income Source	Amount (total)	Timeframe (Annual? Semester? Monthly? Etc)	Recurring	Amount per Learner	Notes
Ex: State healthcare worker education grant	$100,000	Annual	Contingent on reapplication for grant & state budget	$25,000 x 4 learners	Specific reporting and accounting requirements, see <www…>. Current funding cylcle = 3 years (2024-2027).
Ex: Donation from retired physician	$20,000	One-time	No	NA	Donation from retired health center physician for health center medical education initiatives

- **Research**
- **Outreach**
- **Proposal**
- **Negotiation**
- **Maintenance & Improvement (Communication)**

Returns (Losses) = Gains – Inputs or Expenditures

Potential Losses
- Reduced patient load per FTE
- Reduced income per patient visit

Tangible Returns
- Reduced turnover
- Fewer position vacancies/increased recruitment
- Client retention
- Increased shift coverage
- Savings on certification, training, or CMEs now obtained in-house

Intangible Returns
- Staff Satisfaction
- Quality of Care
- Client Satisfaction
- Improved Site Reputation and Community Links
- Partnerships

OTHER RESOURCES FOR FINANCIAL PLANNING

Source: *STAR² Center Financial Assessment for Provider Turnover Tool*
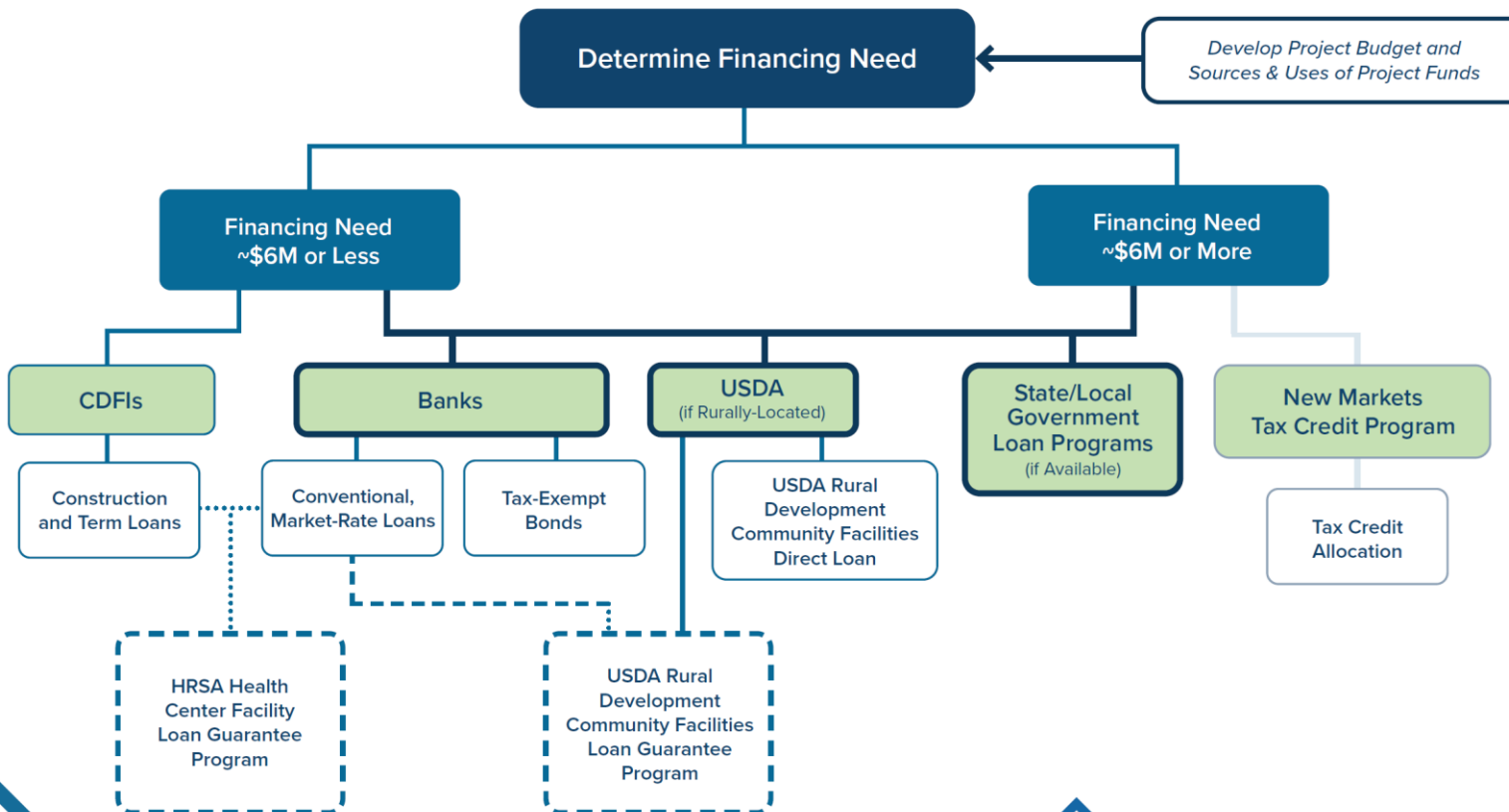
Source: *Capital Link Financing Decision Tree Model for Health Center Capital Projects, 2023*

OTHER RESOURCES FOR FINANCIAL PLANNING

Resources

>> **Estimating Health Center Project Costs**
https://www.caplink.org/project-costs

>> **HRSA Health Center Facility Loan Guarantee Program Toolkit for Health Centers**
https://www.caplink.org/hrsa-loan-guarantee-program-toolkit-for-health-centers

>> **HRSA Health Center Facility Loan Guarantee Program Instructions**
https://bphc.hrsa.gov/sites/default/files/bphc/initiatives/hcf-lgp-instructions.pdf

>> **New Markets Tax Credits**
https://www.caplink.org/NMTC

>> **Spotlight on Capital Resources: Community Development Financial Institutions**
https://www.caplink.org/images/stories/Resources/publications/pub-spotlight-on-capital-resources-cdfis.pdf

>> **Spotlight on Capital Resources: Tax-Exempt Bonds**
https://www.caplink.org/images/stories/Resources/publications/pub-spotlight-on-capital-resources-tax-exempt-bonds.pdf

>> **Working with the USDA: Opportunities for Rural Federally Qualified Health Centers**
https://www.caplink.org/images/stories/Resources/publications/pub-working-with-the-usda-guide-for-health-centers.pdf

>> **Capital Link Client Case Studies**
https://www.caplink.org/resources/client-stories

Source: *Capital Link Financing Decision Tree Model for Health Center Capital Projects, 2023*

Source: *STAR² Center Health Provider Mix and Staffing Ratios*

Additional Supporting Tools:

HRSA Uniform Data System (UDS) Dashboards

STAR² Center Data Profile Dashboards

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
STAR² Center Self-Paced Courses

And the STAR² Center's
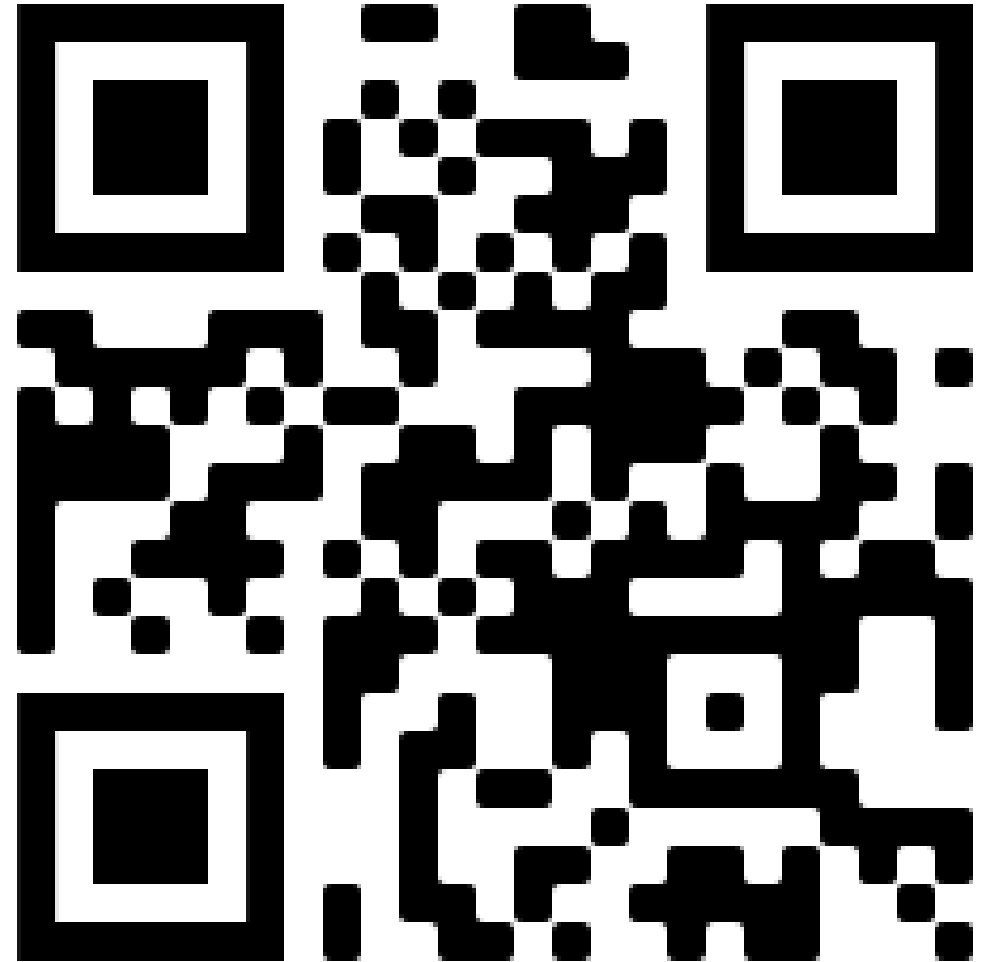**Podcast Series**, *STAR² Center Talks Workforce Success*

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