



Overview: *Health Professions Education and Training Financial Impact Assessment Tool*

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Access to Care & Clinician Support

Recruitment & Retention

National
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Service Corps

Resources

Training

Networking

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 21 National Training and Technical Assistance Partners (NTTAPs)
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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](https://www.native-land.ca)

YOUR PRESENTER



ALEX ROHLWING

MA, EMT-P

(he/him/they)

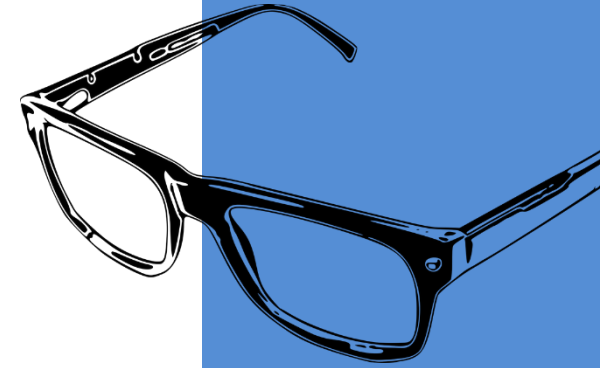
Program Manager

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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



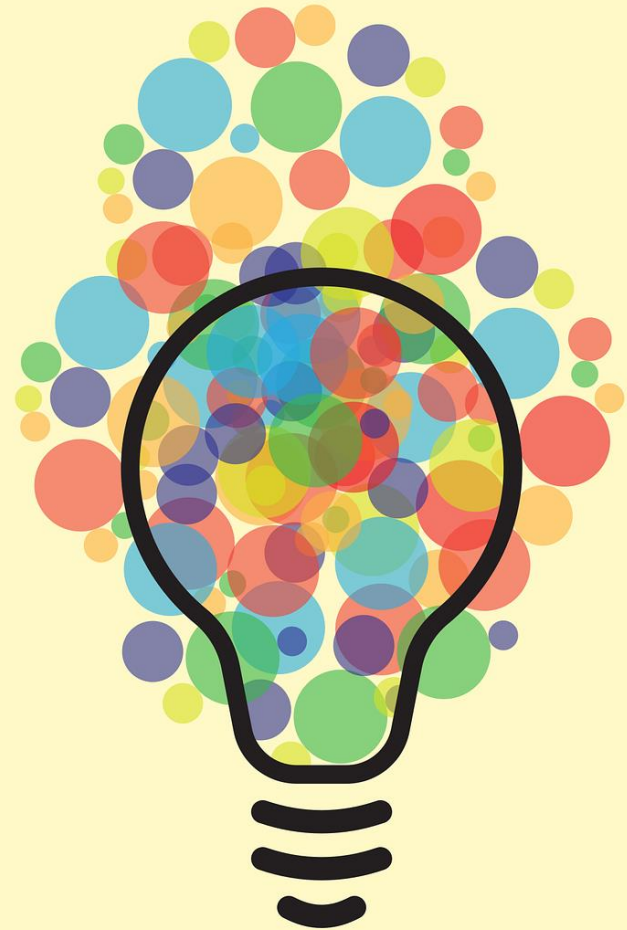
- HP-ET programs require resources—including time and people
- The Financial Impact Assessment tool is designed to assess areas of greatest positive or negative potential impact of a planned or ongoing HP-ET program
- The goal is to help health centers plan for potential hurdles in building an HP-ET 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



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 * LAST NAME *

TEST TEST

Email * PHONE *

uhbh@clinicians.org 1234

City * STATE *

ATLANTA GA

Organization Name *

ACU

Current Staff

Tell us about your current staffing situation. For the purpose of this assessment, staff categories are as follows:

Leadership Team in your C-suite and other executive members of your health center.

Non-Provider Staff are any employees that are not billed as providers. This may include members of the general care team.

Non-Physician Providers are not physicians of any specialty. This would include providers such as Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, and more.

Physician/Dentist Staff are physicians of any specialty who are employed by your health center.

	Current FTE	FTE Vacancy
Leadership Team	1	1
Non-Provider Staff	1	1
Non-Physician Provider Staff	1	1
Physician/Dentist Staff	1	1
Mental Health Providers	1	1
Non-Clinically Licensed Mental Health Staff	1	1

List any other team members who are completing this tool with you:

Organization Type (check all that apply) *

- Health Center Program Grantee
- FQHC-Migrant
- FQHC-Romemless
- FQHC-Public Housing
- FQHC-Look-Alike
- Tribal
- Other

What point in the HP-ET planning process are you at currently? (Check all that apply) *

- Just considering it and investigating options
- Initial planning (assessing type of program potential benefits possible resources etc.)
- Full planning (finding timelines seeking funding or financial support finding interested staff developing partnerships or training curriculum etc.)
- Pre-Initiation (training instruction staff advertising and recruiting learners)
- Initiation (training instruction staff advertising and recruiting learners)
- Other (please elaborate below)

Please add any details you wish to share about where your organization is in the process of developing and implementing an HP-ET program:

What clinical skill set or vocation will your HP-ET program train? (ex. "Dental Assistant" or "Physician Residents")

Yes
 No
 Unsure

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? *

Yes
 No

Note: A formal survey would be a recorded survey distributed with a plan; informal would be asking several staff to get a feel for general support for HP-ET work, like taking an informal vote during a staff or leadership meeting, or having staff members proactively state they would like to teach learners. *

2. What did the majority of staff surveyed indicate about their desire to train? *

- Very interested and willing
- Somewhat interested and willing
- Neutral (neither major interest nor major reluctance)
- Not very interested or willing
- Very reluctant to take on an instructor role

3. What is your ability to give staff interested in teaching time to train or supervise students in the clinic during their normal work period? *

- Low (multiple appointment slots open every week)
- Medium (some appointment slots available in the next month)
- High (no appointment slots for the next 3+ months)
- Very High (no appointment slots for next 6+ months)

Note: Good clinical instruction requires time to work with learners and review events in the clinic. It may also require skills training or curriculum development. This question is asking if you can accommodate a staff member cutting back on their normal work load to give them time to focus on training learners without extending their weekly work hours. For example, a nurse training a group of nursing students on clinical rotations may need to cut back on their clinic duties by four hours per week to accommodate time with learners reviewing lessons learned during time in clinic. Will that time be compensated? Will it be added to that staff member's normal work load, increasing their hours worked per week? Or will their normal work load be reduced so they can keep their weekly work hours the same? *

4. For which staff roles do you have moderate vacancies (10%-20% position vacancy rate) (select all that apply) *

- Provider (Physician, Dentist, Pharmacist, Psychiatrist/Prescribing Mental Health Provider)
- Advanced Practice Provider (Nurse Practitioner, Physician Assistant, Associate, Nurse Midwife, Non-Prescribing Mental Health Provider)
- Nurse, Dental Hygienist, Counselor, Therapist, or similar clinical support staff
- Medical Assistant, Dental Assistant, Pharmacy Technician, Lab Technician, or similar support staff
- Other staff

5. For which staff roles do you have high vacancies (30%+ position vacancy rate) (select all that apply) *

- Provider (Physician, Dentist, Pharmacist, Psychiatrist/Prescribing Mental Health Provider)
- Advanced Practice Provider (Nurse Practitioner, Physician Assistant, Associate, Nurse Midwife, Non-Prescribing Mental Health Provider)
- Nurse, Dental Hygienist, Counselor, Therapist, or similar clinical support staff
- Medical Assistant, Dental Assistant, Pharmacy Technician, Lab Technician, or similar support staff
- Other staff

6. Will training (and credentialing if needed) be provided at no cost to instruction staff or other HP-ET staff? *

- Yes
- No
- Unsure

7. How much do you anticipate your workforce needing to increase to meet demand in the next ten years? *

Note: HSA workforce demand projections estimate a nationwide 9-10% increase in demand from 2023-2033.

- Greater than 10% increase
- 5%-10% increase
- 1%-5% increase
- No increased need predicted

8. Will your planned HP-ET program target learners that could fill a staff role with a significant gap? *

- Yes
- No
- Unsure

Recruitment and Workforce Needs

This section will assess the potential impact of your HP-ET program on recruitment and meeting your workforce needs. Even the most stable workforce will face attrition from retirement and staff moving on to build their careers, so having good succession planning includes developing steady streams of recruiting opportunities. Learners and recent graduates bring new perspectives and up-to-date knowledge to your workforce, so creating access to the people entering healthcare professions is a great way to build up your organization's culture and level of patient care. Students and new graduates often also have peer groups that are routinely sharing information around job openings, so recruiting with your group can be especially effective for spreading word about opportunities at your organization.

9. What is your patient/client load? *

Note: This is often assessed as time to 3rd next available appointment. For more on this method, see the description here: <http://www.hi.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>. For information on using this method to assess your clinic's patient load and appointment availability, see the section on Appointment Access in the STAR2Center's Comprehensive Workforce Plan, available here: https://bit.ly/workforce.org/web_44sk8c-cxsp.

- Low (multiple appointment slots open every week)
- Medium (some appointment slots available in the next month)
- High (no appointment slots for the next 3+ months)
- Very High (no appointment slots for next 6+ months)

10. For which staff roles do you have high vacancies (30%+ position vacancy rate) (select all that apply) *

- Provider (Physician, Dentist, Pharmacist, Psychiatrist/Prescribing Mental Health Provider)
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- Medical Assistant, Dental Assistant, Pharmacy Technician, Lab Technician, or similar support staff
- Other staff

11. For which staff roles do you have moderate vacancies (10%-20% position vacancy rate) (select all that apply) *

- Provider (Physician, Dentist, Pharmacist, Psychiatrist/Prescribing Mental Health Provider)
- Advanced Practice Provider (Nurse Practitioner, Physician Assistant, Associate, Nurse Midwife, Non-Prescribing Mental Health Provider)
- Nurse, Dental Hygienist, Counselor, Therapist, or similar clinical support staff
- Medical Assistant, Dental Assistant, Pharmacy Technician, Lab Technician, or similar support staff
- Other staff

12. How much do you anticipate your workforce needing to increase to meet demand in the next ten years? *

Note: HSA workforce demand projections estimate a nationwide 9-10% increase in demand from 2023-2033.

- Greater than 10% increase
- 5%-10% increase
- 1%-5% increase
- No increased need predicted

13. Will your planned HP-ET program target learners that could fill a staff role with a significant gap? *

- Yes
- No
- Unsure

Staff Development

This section will assess the potential impact of your planned HP-ET program on internal staff development. Giving staff opportunities to grow professionally, accumulate new skills, and receive certifications or other credentials is financially beneficial. It saves you having to recruit for hard-to-hire roles if you can build the skills with current staff to fill those positions. It saves time with the onboarding and orientation processes—staff moving into new roles with a current workforce often achieve optimal productivity faster than new hires. Additionally, being able to build skills and grow one's career can have a positive impact on staff satisfaction and retention. All of these factors produce direct and indirect financial benefits for a health center.

14. 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? *

- Yes
- No

15. Will staff participating as learners in this HP-ET program be able to use the skills or certifications obtained to grow in their current role or take on new roles to increase their pay, title, and responsibility? Or will they be able to cross skill into a new role with higher pay? *

- Yes
- No

16. Will staff working with the HP-ET program have opportunities to take on new roles and increase pay and professional development through their involvement in the program (for example, by training learners, developing a curriculum, supporting administration of the program, etc.)? *

- Yes, many staff
- Yes, some staff
- Yes, but only one or two key staff members
- No

17. Does your organization have clear pathways for staff development and milestones for reaching professional development goals like promotions or taking on new roles? *

- Yes
- They are being developed
- No

18. Are these professional development resources and pathways clearly advertised to staff, and/or routinely discussed (at annual staff interviews, for example)? *

- Yes
- We are in the process of developing a clear professional development pathway process and means to routinely/clearly present it to staff
- No

19. Through the health center or partnerships with other training and educational organizations involved in the HP-ET program, what additional professional development resources will staff have access to and opportunity to use? *

- Additional certifications, credentials, or training (for example: instructor certifications, train-the-trainer opportunities, etc.)
- Additional continuing education credit opportunities (these could come through preceptor activities or through resources from partner organizations)
- Access to academic libraries and resources and/or adjunct or visiting faculty status (generally obtained through partnerships with educational organizations)
- Access to free or reduced cost academic education opportunities (generally obtained through partnerships with educational organizations)
- Other professional development resources
- None

20. What external funding do you anticipate receiving to support your HP-ET work? *

- Recurring grants or other major non-loan funding that will cover a large portion or majority of costs
- Non-recurring (one-time or unlikely to be renewed) grants or other non-loan funding that will cover a large portion or majority of program start-up costs (operating costs)
- Recurring grants or other non-loan funding that will cover a small portion of operating costs
- Non-recurring non-loan funding that will cover a small portion of program start-up costs
- Payment or cost sharing by partner institutions that significantly offset recurring costs
- Payment or cost sharing by partner institutions that significantly offset program startup costs

Direct Costs

Almost any HP-ET program will incur costs, some recurring and others a one-time outlay. Often, creating a strong partnership with an education or training organization, another healthcare facility, or community partners can defray costs and provide additional resources. There are many opportunities for offsetting costs, including grant funding from private, local, state, or federal sources; in-kind donations like time from qualified volunteers; and potentially cost sharing or even reimbursement from partner education organizations.

21. What facilities costs will you incur as a direct requirement of your HP-ET program? *

- Need to rent or buy significant facility space to host learners and/or additional HP-ET staff
- Need to rent small or infrequent additional space
- Will be cost sharing with a partner for some facility space to support learners
- No additional facility costs anticipated (beyond adequate space or it will be covered through partnership or other resources)
- Net gain (payment) for space used: will be reimbursed through educational institution or other partner for space used

22. What staff costs will you incur as a direct requirement of adequately staffing your HP-ET program and supporting those staff to perform HP-ET work? *

- Adding additional staff time or FTE's (full-time equivalents) to the clinical schedule to free up staff time for supporting learners
- Hiring or transitioning staff to be specifically designated to HP-ET work
- Paying overtime or providing comp time to staff supporting the HP-ET program
- Paying bonuses or other incentives to staff for HP-ET work
- Other staff costs to support the HP-ET program

23. What recurring administrative costs will you incur as a direct requirement of supporting your HP-ET program? *

- Some C-suite or other leadership administrative costs (for example: occasional CEO time spent with a partner organization or chief health officer time spent working with HP-ET program trainees or candidates)
- Significant C-suite or leadership administrative costs (for example: routine, high-level engagement with a major partner organization)
- Some HR, IT, or other admin costs (for example: routine onboarding of trainees and basic systems access or email setup, etc.)
- Significant HR, IT, or other admin costs (for example: if trainees are being hired by the health center as part of the HP-ET program and all need to be fully onboarded and given system access; or if trainees are residents or other graduate medical education program hires that are fully onboarded to health center)
- Other minor administrative costs
- Other significant administrative costs
- Fees for accreditation or other recurring program costs
- Few or no accreditation administrative costs

24. What are your anticipated materials costs for starting up your HP-ET program? *

- Significant anticipated materials costs, including textbooks or digital textbook access, training equipment, etc.
- Minimal anticipated materials costs

25. What are your anticipated costs related to establishing and maintaining a partnership(s) with another organization(s)? *

- Major initial layout for establishing partnerships (for example: contributing to a joint scholarship or purchasing copyrights to a training program)
- Significant recurring costs involved with partnerships (for example: paying for academic library or other materials access fees, paying for learners' tuition, paying for classroom space, etc.)
- Minor partnership costs (for example: sharing the salary for a preceptor or other joint employee)
- No anticipated partner costs, or costs are all offset by partner contributions

26. What external funding do you anticipate receiving to support your HP-ET work? *

- Recurring grants or other major non-loan funding that will cover a large portion or majority of costs
- Non-recurring (one-time or unlikely to be renewed) grants or other non-loan funding that will cover a large portion or majority of program start-up costs (operating costs)
- Recurring grants or other non-loan funding that will cover a small portion of operating costs
- Non-recurring non-loan funding that will cover a small portion of program start-up costs
- Payment or cost sharing by partner institutions that significantly offset recurring costs
- Payment or cost sharing by partner institutions that significantly offset program startup costs



Welcome to the STAR2 Center Health Professions Education and Training Financial Impact Assessment Tool. This assessment tool is designed to help you understand how a health professions training and education (HP-ET) program can financially affect your health center, including estimating impact to staff development and satisfaction, which can be harder to calculate using discrete figures. This tool provides relative impact estimates across four categories: Staff Satisfaction & Retention, Recruitment & Workforce Needs, Staff Development, and Direct Costs & Offsets. It is intended to help your health center assess areas of greatest potential benefit, and see where you may experience higher costs or have greatest opportunity for improving the financial sustainability of your HP-ET plans.

Health Professions Education and Training (HP-ET) is any program your health center participates in that helps to train clinical staff or related support staff roles. These programs can be entirely contained in the health center, such as a "grow your own" style in-house dental assistant training program. HP-ET can also be a partnership with an educational institution, such as providing clinical rotation opportunities for nursing students, or even taking on resident or intern physicians. The goal of an HP-ET program is to help train the next generation of care providers and to build recruiting opportunities for the health center. As health professions learners train in and experience the health center, they can be recruited to join the health center after graduation (or in the case of residents or other graduate medical education, to stay on in a permanent position after completion of their training).

HOW TO USE THE TOOL

This tool will help you estimate areas of greatest potential financial and staff impact for a planned HP-ET program. Depending on how detailed your HP-ET plans are, and how well-versed you are in your health center's workforce needs, this assessment will take around 45 minutes to one hour to complete. To navigate through the assessment, use the continue or back buttons at the bottom of each page. If you are unsure about any answer, just make your best guess and proceed. When you have completed the last question, you will arrive at the submission page. To send your responses and complete the assessment, click "submit" on that page. Upon submission, you will receive an email with a copy of your personalized report based on your answers. A PDF copy of the tool is available here, and lists all possible questions you may need to answer.

This assessment will ask a variety of questions regarding your workforce, staffing, patient load, and plans for HP-ET program development. It may be helpful to have human resources and other leadership with direct access to this information present when you take this assessment, or available to review the PDF of the question set. You may take the assessment as many times as you like. Complete it with your best estimates or assumptions.

PURPOSE OF THE TOOL

This tool will help you assess potential areas of financial impact and opportunities for a planned HP-ET program. This tool can be used early in your HP-ET program development and planning process to fine-tune your HP-ET work to best suit your workforce needs.

NEXT STEPS

Upon completing the assessment, we recommend you review your results, discuss them with relevant team members, and evaluate what next steps to take in the short and long term to address gaps and take advantage of opportunities. We also encourage you to reach out to the STAR2 Center with any questions and/or technical assistance. You can email info@clinicians.org to get in touch with the STAR2 Center team.

CONFIDENTIALITY

The individual data compiled as a result of the Assessment will be kept confidential within the STAR2 Center and its consultants. Aggregate Assessment data may be reported to assist the STAR2 Center in quality improvement initiatives, developing trainings, and progress reports to our funder. Individually identifiable information will not be included in any aggregate reports.

QUESTIONS?

Please contact the STAR2 Center Staff: info@clinicians.org

Continue

Back Continue

Back Continue

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



GROUP WALK-THROUGH



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)

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.)

Staff Expressing Interest in Providing/Supporting Instruction (Role + Training Experience + Relevant Skills)

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.

Staff or Others Expressing Interest in Receiving Training/Cross-Skilling (Current Role + Role/Skills To Be Trained)

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:

$$\text{Resources} - \text{Requirements} = \text{Surplus} \\ \text{(Shortfalls)}$$

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

EXTERNAL RESOURCE ASSESSMENT



- 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

WHAT'S MISSING?

Internal resource requirements:

External resource requirements:

Potential workarounds or options for filling resource needs:



TIMEFRAME ASSESSMENT



- 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)

ASSESSING COSTS



STAFF COSTS



Staff Name Role	FTE Salary <i>OR</i> 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) <i>OR</i> \$42 per hour	0.5 FTE <i>OR</i> 1000 hours per year (20 hours per week: 5 hours lesson planning & admin + 10 hours clinical supervision + 5 hours skills instruction)	0.023 FTE <i>OR</i> 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 <i>OR</i> $\$42 * (1000 + 48)$ $= \$42 * 1048$ = \$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

INSURANCE & OTHER COSTS



- 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 cycle = 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



A NOTE ON BUILDING PARTNERSHIPS

- **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



Financial Assessment Calculator for Provider Turnover - 2023 - Excel

File Home Insert Page Layout Formulas Data Review View Developer Help Tell me what you want to do

Clipboard Font Alignment Number Styles

B40

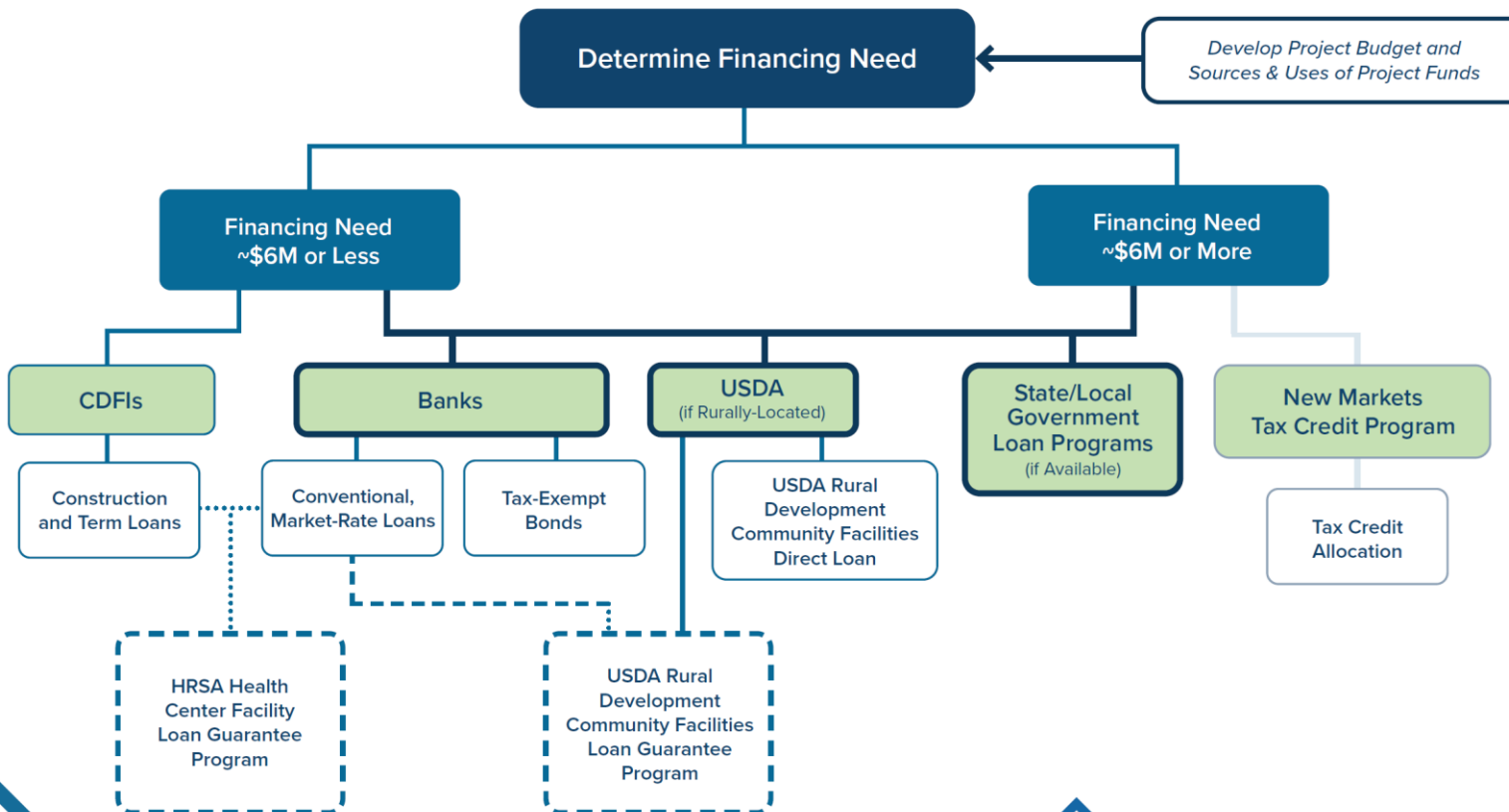
Physician Data Input Table	Input Value	National Estimate	Select Estimate
Salary Information			
Business Office (Patient Accounts/Billing) Salary and Benefits per hour	\$ 42.00	\$ 42.00	<input checked="" type="radio"/> Business Office
CEO/Administrator Salary and Benefits per hour	\$ 78.00	\$ 78.00	<input type="radio"/> CEO/Admin
Chief Medical Officer Salary and Benefits per hour	\$ 182.00	\$ 182.00	<input type="radio"/> CMO
Human Resources Salary and Benefits per hour	\$ 42.00	\$ 42.00	<input type="radio"/> HR
IT Hourly Rate plus benefits	\$ 38.00	\$ 38.00	<input type="radio"/> IT
Leaving Provider Salary plus benefits for length of vacancy	\$ 345,000	\$ 345,000	<input type="radio"/> Leaving Provider
Nurse/MA Hourly Rate plus benefits	\$ 33.00	\$ 33.00	<input type="radio"/> Nurse/MA
Other Providers Average Hourly Rate plus benefits	\$ 186.00	\$ 186.00	<input type="radio"/> Other Providers
Support Staff Salary and Benefits per hour	\$ 29.00	\$ 29.00	<input type="radio"/> Support Staff
Outside Recruiting Expenses			
Recruiting Service	\$ 20,000	\$ 20,000	<input type="radio"/> Recruiting Service
Advertising Costs (2 national journal print ads, 1 national online service x 3 mths)	\$ 14,550	\$ 14,550	<input type="radio"/> Advertising
Leaving Provider Practice Information			
Average patient visits per day by leaving provider	12	12	<input type="radio"/> Patient Visits
Average revenue/collections per visit	\$ 205	\$ 205	<input type="radio"/> Revenue per Visit
Malpractice Tail Coverage (if any)	\$ 10,000	\$ 10,000	<input type="radio"/> Malpractice
Locum Tenens or Temporary Provider Arrangements			
Estimated length of vacancy in work days	120	120	<input type="radio"/> Length of Vacancy
Locum Tenens daily rate	\$ 1,600	\$ 1,600	<input type="radio"/> Locum Tenens
Housing Expense (per month)	\$ 330	\$ 330	<input type="radio"/> Housing
Travel	\$ 330	\$ 330	<input type="radio"/> Travel
Estimated patient visits per day by Locum Tenens	7	7	<input type="radio"/> Locum Patient Visits
Interview Expense			
Number of in-person interviews	4	4	<input type="radio"/> # In-Person Interviews
Hotel Expense per night (2 nights per interview)	\$ 220	\$ 220	<input type="radio"/> Hotel
Travel Expense per interview	\$ 330	\$ 330	<input type="radio"/> Interview Travel
All Staff breakfast with candidate per interview	\$ 360	\$ 360	<input type="radio"/> Staff Breakfast
CMO lunch with candidate per interview (incl. candidate and guest)	\$ 60	\$ 60	<input type="radio"/> CMO Lunch
Number of people included in interview dinner per interview	10	10	<input type="radio"/> Dinner Part. Number
Interview Dinner Cost per person per interview, including tax and gratuity	\$ 38	\$ 38	<input type="radio"/> Dinner Cost per Person
Cost of other interview items, such as gift baskets, baby sitting service	\$ 150	\$ 150	<input type="radio"/> Other Interview Costs
Hiring Expenses			
Relocation Costs	\$ 10,000	\$ 10,000	<input type="radio"/> Relocation Costs
Signing Bonus	\$ 25,000	\$ 25,000	<input type="radio"/> Signing Bonus
Publicity Costs	\$ 250	\$ 250	<input type="radio"/> Publicity Costs
Other Costs (ex: lab coats or scrubs, other individual equipment)	\$ 180	\$ 180	<input type="radio"/> Other Hiring Costs
Tangible Costs			
A. Termination Costs		Cost	
1. Human Resources and/or Business Office Expense for terminating benefits, COBRA administration (if applicable), notifying health plans of provider change in status.	\$ 672		
2. Estimated cost of a Locum Tenens or other part time provider	\$ 20,430		
3. Malpractice tail coverage costs, if any	\$ 10,000		
A. Total Termination Costs	\$ 31,102		
B. Replacement Costs			
4. Advertising Costs	\$ 14,550		
5. Pre-Interview Staff Time - to arrange advertising; accept, sort and document applications (written and electronic); respond to telephone and written inquiries, arrange visits including logistics (hotel, travel, recruitment dinner), schedule telephone interviews and meetings with medical director, other staff involved in the decision process.	\$ 8,828		
6. Professional Recruiting Service Expenses	\$ 20,000		
7. Interview Staff Expenses	\$ 13,752		
8. Interview Direct Costs (on-site face-to-face interview visits)	\$ 6,800		
9. Post Interview Expenses - staff time for negotiation, other hiring expenses (bonus, relocation)	\$ 36,712		
B. Total Replacement Costs	\$ 102,642		
C. Net Impact to Revenue			
10. Revenue Loss from Leaving Provider	\$ 295,300		
11. Revenue Recovered from Locum Tenens	\$ 172,200		
C. Total Net Impact to Revenue (Recovered - Loss)	\$ 123,000		
D. New Hire/Onboarding Costs			
12. Payroll startup, Benefit Enrollment, establish passwords, email account	\$ 189		
13. Credentialing services cost (internal or Credentialing Verification Organization (CVO))	\$ 672		
14. Internal and external publicity announcements	\$ 250		
15. Equipment and Uniform expense	\$ 180		
16. Orientation Costs	\$ 5,118		
17. Cost of Productivity lost to startup	\$ 189,420		
D. Total New Hire/Onboarding Costs	\$ 195,829		
Total Financial Impact	\$ 452,571		

Instructions Physician Tool Non-Physician Tool Physician Tool Details Non-Physician Details Notes

Source: STAR² Center Financial Assessment for Provider Turnover Tool

OTHER RESOURCES FOR FINANCIAL PLANNING

Financing Decision Tree Model for Health Center Capital Projects



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.capl原因.org/project-costs>
- » **HRSA Health Center Facility Loan Guarantee Program Toolkit for Health Centers**
<https://www.capl原因.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.capl原因.org/NMTC>
- » **Spotlight on Capital Resources: Community Development Financial Institutions**
<https://www.capl原因.org/images/stories/Resources/publications/pub-spotlight-on-capital-resources-cdfis.pdf>
- » **Spotlight on Capital Resources: Tax-Exempt Bonds**
<https://www.capl原因.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.capl原因.org/images/stories/Resources/publications/pub-working-with-the-usda-guide-for-health-centers.pdf>
- » **Capital Link Client Case Studies**
<https://www.capl原因.org/resources/client-stories>

Source: [Capital Link Financing Decision Tree Model for Health Center Capital Projects, 2023](#)

This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$292,188 with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

OTHER RESOURCES FOR FINANCIAL PLANNING



June 2017

Health Provider Mix and Staffing Ratios



Prepared for:
Association of Clinicians for the Underserved

Prepared by:
Patricia DiPadova, MBA, PCMH CCE
John Snow, Inc.

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](#)

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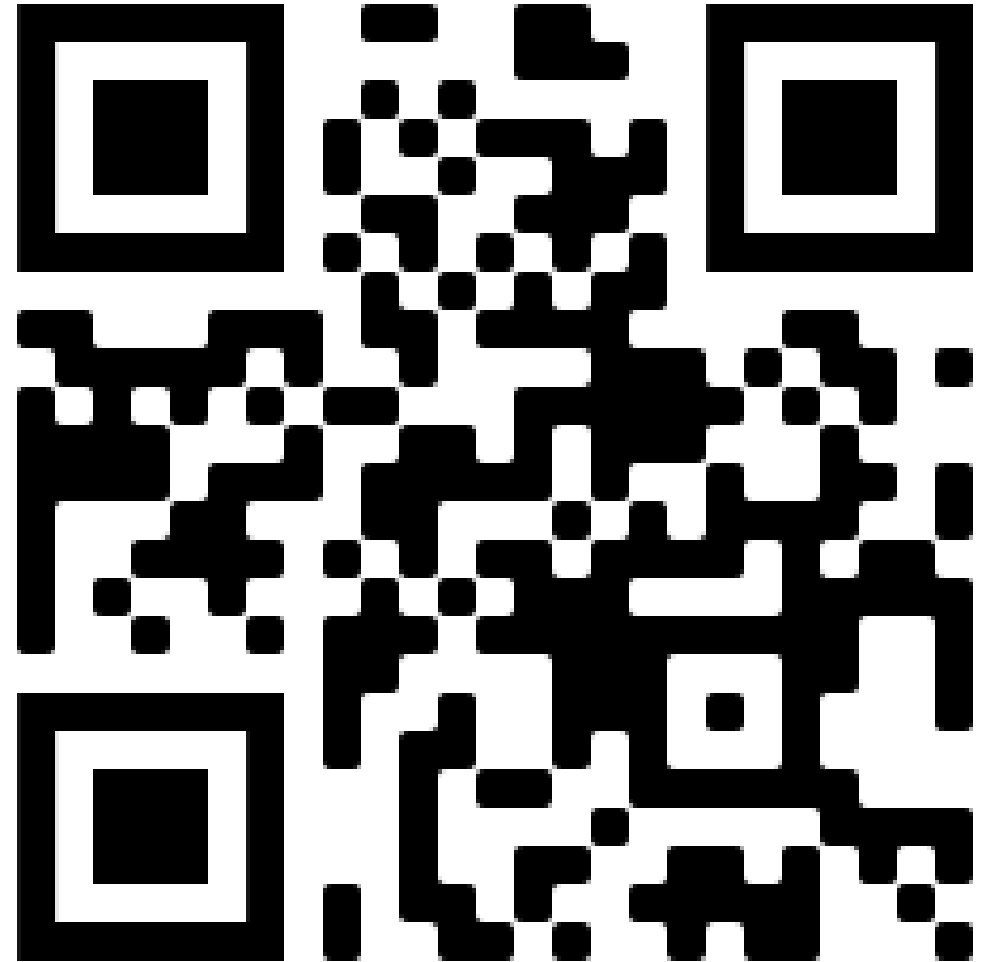
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