

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

Friday, March 1, 2024

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This project 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 \$550,000 with 0 percentage financed with non-governmental 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)

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Recruitment & Retention

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Health
Service Corps

Resources

Training

Networking

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LEARNING OBJECTIVES



- Understand the growing provider shortage given recent data and the impact of the COVID-19 pandemic.
- Explore the need for health professions education and training (HP-ET) programs as part of the solution to this shortage.
- Examine opportunities and strategies for creating HP-ET programs at health centers.

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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

HEALTH PROFESSIONS TRAINING PROGRAM

Core Component



ACU
ASSOCIATION OF CLINICIANS
FOR THE UNDERSERVED



Provides coordinated education and training to developing health professionals and ensures current clinicians can engage in teaching.

Components of a Comprehensive Workforce Plan



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**

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED | STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

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>

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THE GROWING PROVIDER SHORTAGE

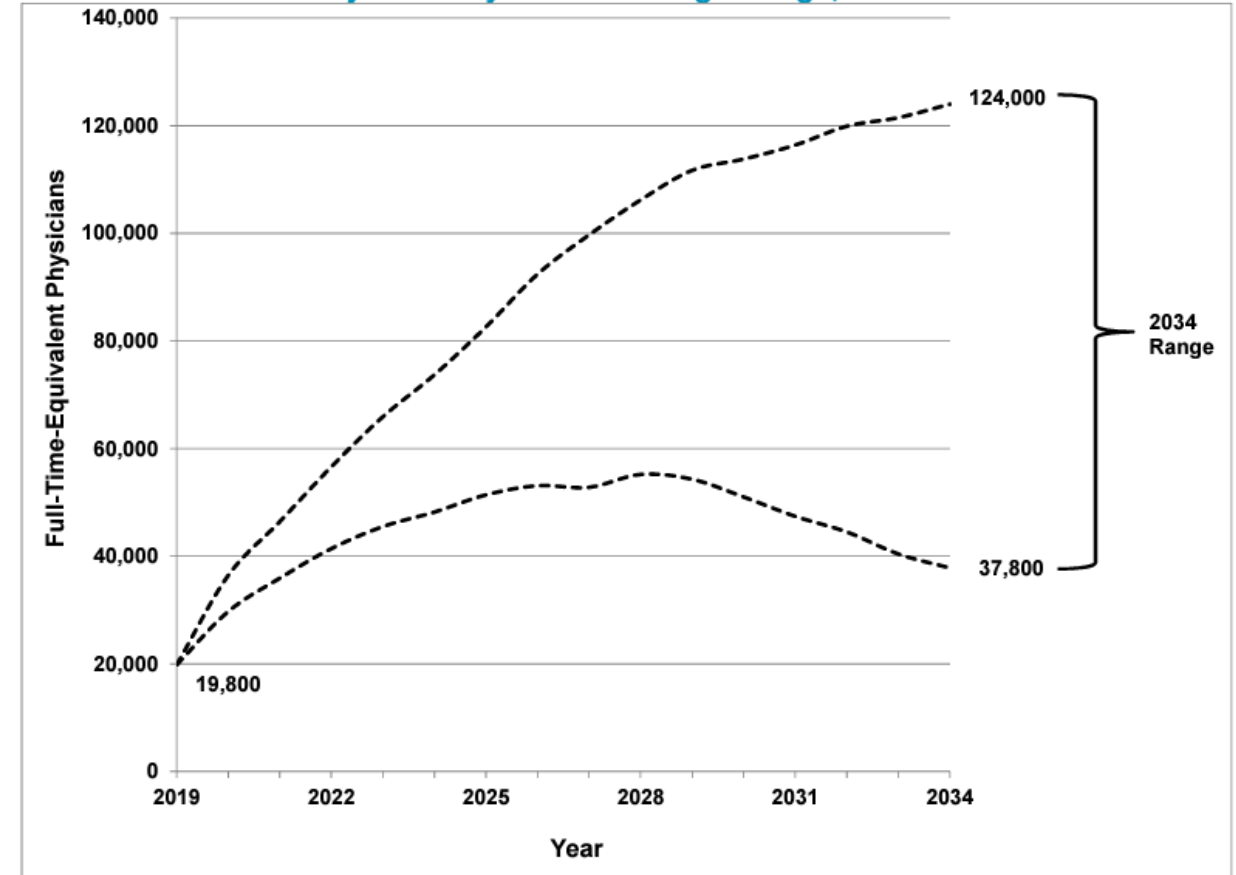
PHYSICIAN PROJECTIONS

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](#)

PHYSICIAN PROJECTIONS

Population Demographics



Population growth and aging continue to be the primary driver of increasing demand from 2019-2034



PHYSICIAN PROJECTIONS

Providers Retiring



More than **two out of five** currently active physicians will be 65 or older within the next decade.

PHYSICIAN PROJECTIONS

Impacts of COVID-19



- COVID-19 raised awareness of the disparities in health and access to care by minoritized populations, people living in rural communities, and people without medical insurance
 - If underserved populations had health care use patterns like populations with fewer access barriers, **demand would rise such that the nation would be short by about 102,400 (13%) to 180,400 (22%) physicians** relative to the current supply.
- Long-term implications of COVID-19 are still not fully known, but areas to consider include:
 - Physician mortality from COVID-19;
 - Physicians leaving the field temporarily or permanently due to stress, risk, and frustrations from COVID-19;
 - Trainees having their training times delayed or extended, or their choices of specialties affected; and
 - Changes in physicians' retirement plans due to health risks or adverse financial impacts of COVID-19

PHYSICIAN PROJECTIONS

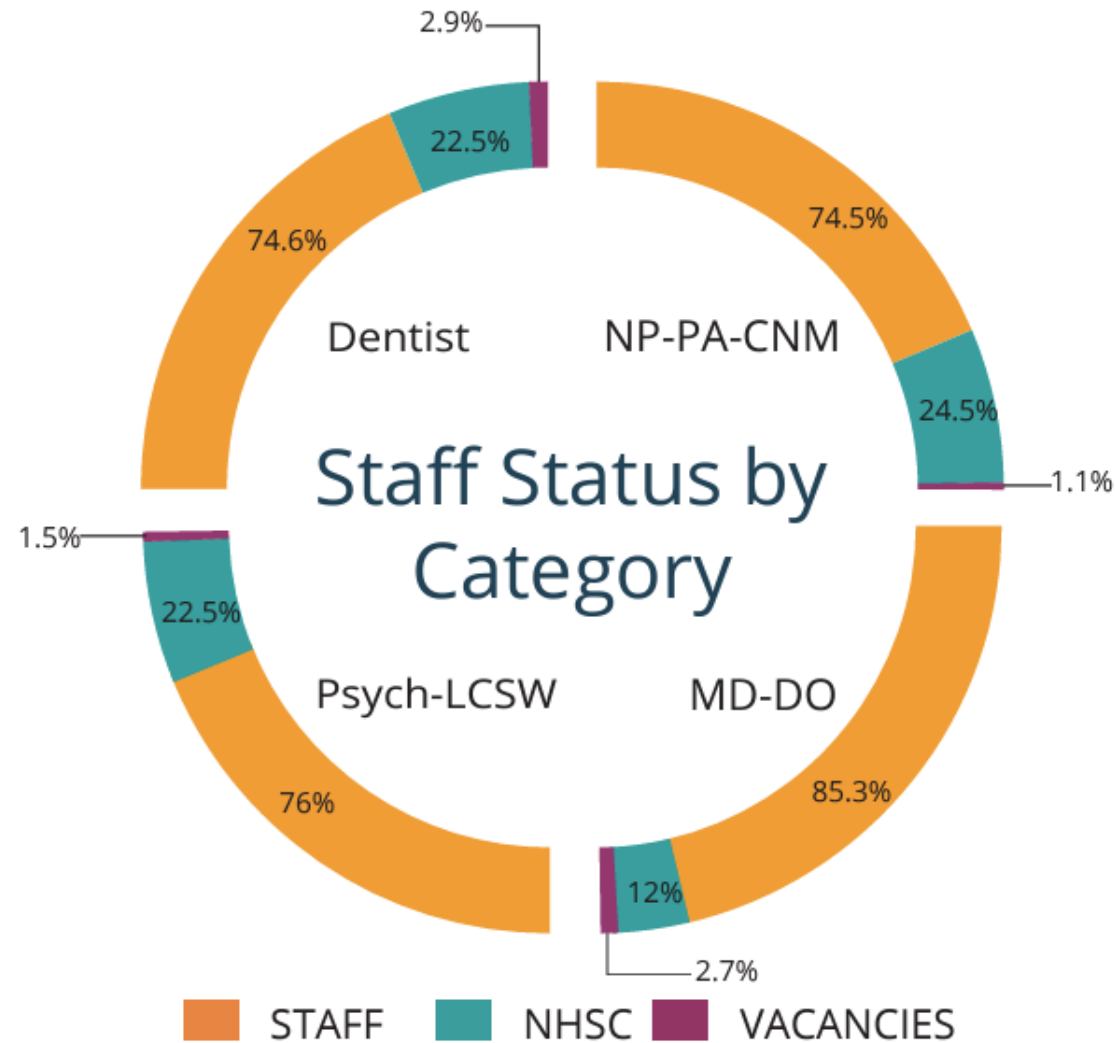
Impacts of COVID-19 Continued



- COVID-19 related factors affecting demand for physician health care services:
 - Higher-than-usual number of deaths due to the pandemic;
 - The declining birth rate;
 - The mental and emotional toll of COVID-19 on the public;
 - New demand by patients with long-COVID; and
 - Changes in expected kinds of demand because of the screening and preventive appointments missed during the pandemic
- Changes in how care is delivered:
 - The types of places where physicians work; and
 - How much of their care is provided via telemedicine

PROVIDER NEEDS AT HEALTH CENTERS

Staff Status by Category



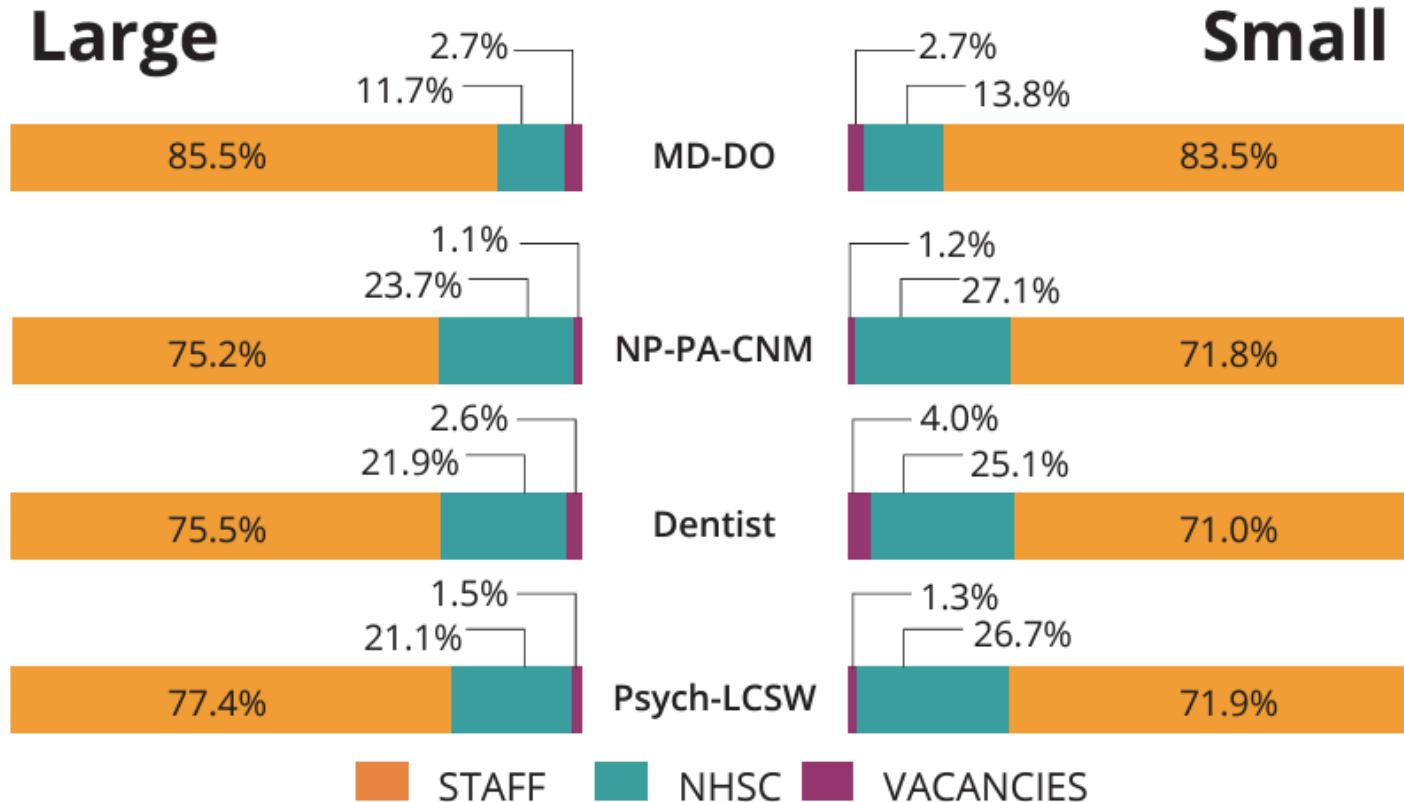
Source: [The Growing Provider Shortage: Building the Case for Developing an HP-ET Program](#)

PROVIDER NEEDS AT HEALTH CENTERS

Staff Status by Health Center Size



Staff Status by Health Center Size



Health center size is based on number of medical users seen above (“Large”) or below (“Small”) the 50th percentile of health centers nation-wide. For more information, see: STAR² Center. “Health Center Recruitment & Retention Profile: Data Summary User’s Guide.”

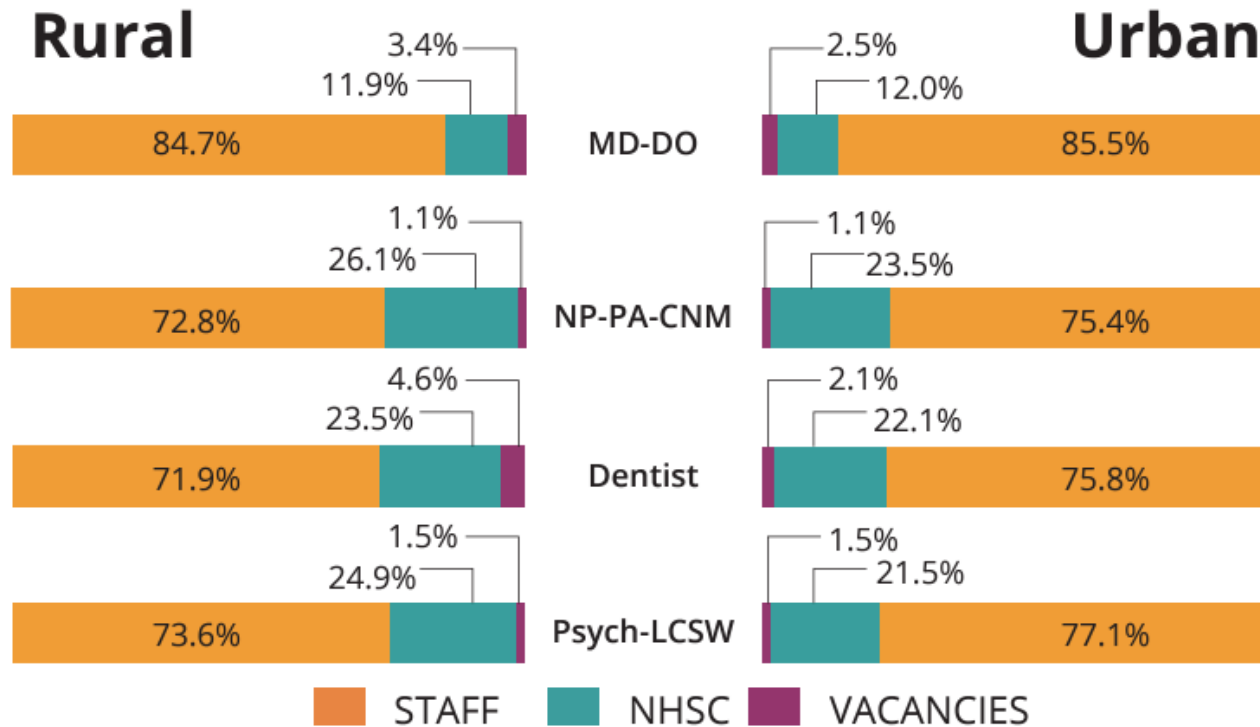
https://chcworkforce.org//sites/default/files/STAR20R%26R_ReportUserGuide_2016.pdf

PROVIDER NEEDS AT HEALTH CENTERS

Staff Status by Rural/Urban Health Center



Staff Status by Rural/Urban Health Center



“Rural” and “Urban” designations are determined based on HRSA and US Census designations of “urban” and “non-urban.” For more information, see: *Health Resources and Services Administration. “Defining Rural Population.”*

www.hrsa.gov/rural-health/about-us/what-is-rural

QUESTIONS TO CONSIDER

- Are your vacancies unusually high? Or comparatively low?
- Could your health center benefit from more recruitment efforts to fill vacancies?
- Would additional effort at retention keep your vacancy rate low and help retain current NHSC staff?

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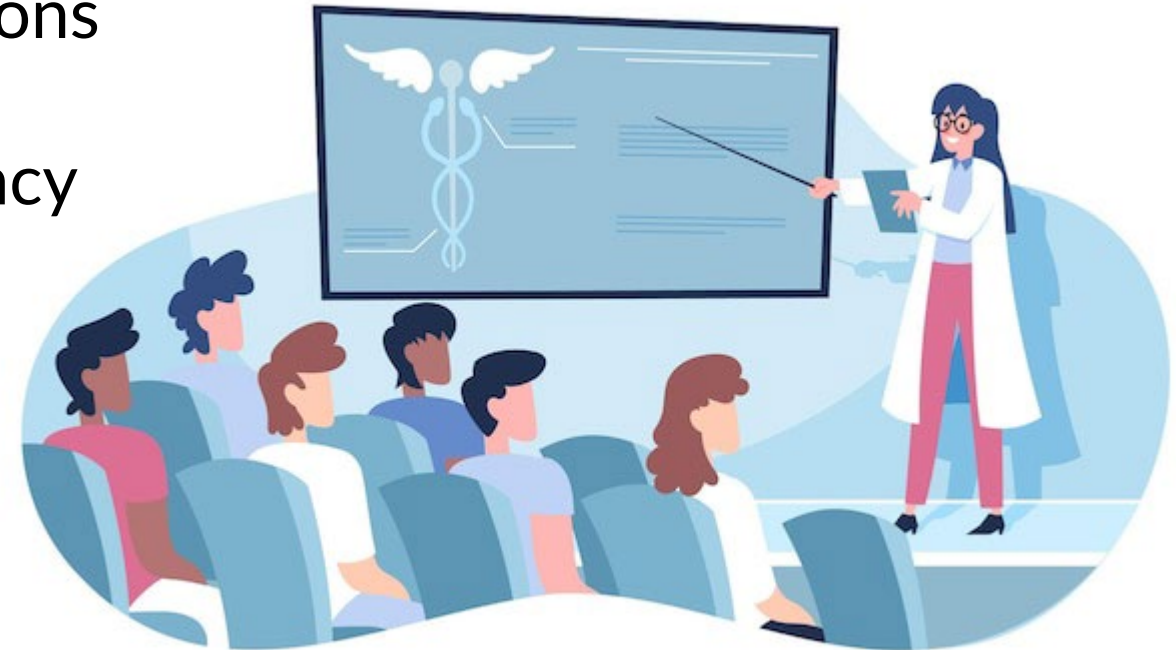
THE NEED FOR HP-ET PROGRAMS

THE NEED FOR HP-ET PROGRAMS

The Power of Growing Your Own



- The variety of HP-ET Programs is vast and can cover a range of roles, including:
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 - 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](#)

HP-ET FOR RECRUITMENT & RETENTION



Retention & Recruitment:

“Family medicine residents who graduate from...Teaching Health Center (THC) training residencies are nearly **twice as likely to pursue employment in safety-net settings** compared with non-THC graduates. This trend has been consistent over the past few years...”

Source: [Journal of the American Board of Family Medicine 2019; 32: 134-135](#)

HP-ET FOR RECRUITMENT & RETENTION



Recruitment:

Exposure to health centers

Working with underserved populations

Developing connections with HC staff

Connecting with clients

Active recruiting opportunities

Getting to know candidates

New hires require less time to get up to speed



HP-ET FOR RECRUITMENT & RETENTION



Retention:

Helping to teach and shape the next generation

Honing own skills

Potential perks for preceptors (CEUs, additional training, designated time to work with students)

Building team solidarity with current and future staff





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.

LEADERSHIP BUY-IN

Outline the Cost of Turnover



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?

CALCULATING RETURNS

$$\text{Returns (Losses)} = \text{Gains} - \text{Inputs or Expenditures}$$



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

STAR² CENTER RESOURCE HIGHLIGHT

Health Professions Education and Training Financial Impact
Assessment Tool



Click [here](#) to access the Health Professions Education and Training Financial Impact Assessment Tool



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DESIGNING AN HP-ET PROGRAM

DESIGNING AN HP-ET PROGRAM

Models & Approaches



- Accredited Programs
- Certificate Programs
- Apprenticeships
- Clerkships & Internships
- Fieldwork/Field Placements
- Partnerships with Academic Institutions or other Health Centers
- Graduate Programs
- Supervision for Licensure
- Mentorships
- Rotations
- Shadowing
- Educational Outreach
- And Much More...

DESIGNING AN HP-ET PROGRAM

Key Considerations



- Need
- Organizational Culture
- Buy-In & Engagement
- Available Faculty
- Partnerships
- Diversity, Equity, and Inclusion (DEI)
- Curriculum Development
- Capacity
- Financial Feasibility & Sustainability
- Gap Analysis
- Location/State Requirements
- Alignment with Organizational Strategy & Objectives
- Building a Culture of Education

DESIGNING AN HP-ET PROGRAM

Questions to Consider



- What staffing shortages have you seen in the last five years? Three years? One year?
- Are any staff roles becoming harder to recruit or seeing greater turnover?
- Are there trends in clinical staff availability in your region or state that indicate those roles may be harder to fill in the future?
- Are there staff in your health center that have expressed an interest in teaching or cross-skilling/up-skilling that can take those roles?
- Are there any current staff that have expressed interest in receiving training to take on jobs or roles that are hard to fill?

DESIGNING AN HP-ET PROGRAM

The Value of Human-Centered Design



Inspiration

How to better understand people?
And, engage them in the process



Ideation

Generate ideas, test, identify opportunities, and refine solutions



Implementation

Make the design available and maximize its impact

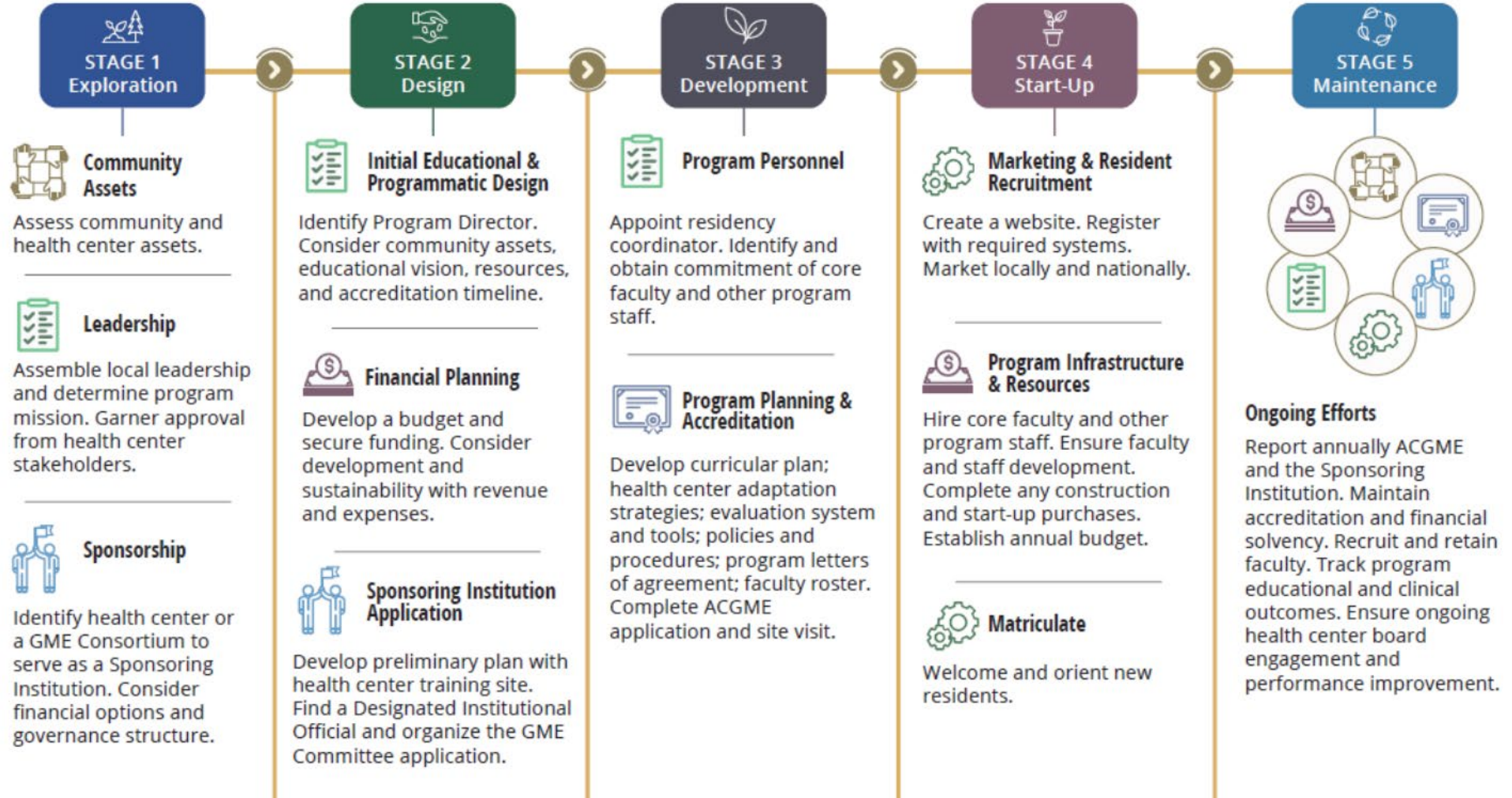


DESIGNING AN HP-ET PROGRAM

Example: Teaching Health Center Program Roadmap



Roadmap for THC Program Development



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QUESTIONS



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WORKFORCE SYMPOSIUM

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PUTTING PEOPLE FIRST



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- **Hotel Information:** [Graduate Nashville – Click here to access our dedicated booking page!](#)
- **Draft Agenda:** [Click here to download the tentative agenda \(January 2024\)](#)

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- **Draft Agenda:** [Click here to download the tentative agenda \(January 2024\)](#)



STAR² CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#)
- [Health Center Comprehensive Workforce Plan Template](#)
- [Equal Pay for Work of Equal Value White Paper](#)
- [Financial Assessment For Provider Turnover Tool](#)
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#)
- [Supporting Mental Health Through Compensation Equity Factsheet](#)
- [C-Suite Toolkit: Health Professions Education & Training for Recruitment and Retention](#)

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

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And the ACU & STAR² Center Video webpage:

www.youtube.com/channel/UCZg-CFN7Wuev5qNUWt69u0w/feed

And the STAR² Center Podcast page:

www.chcworkforce.org/web_links/star%c2%b2-center-chats-with-workforce-leaders/



UPCOMING EVENTS: REGISTER NOW!

Creativity & Well-Being: A Harmonious Union to Improve Health Centers' Organizational Culture of Employee Well-Being

Second Session: March 27 from 3-4 PM ET

Register here: <http://tinyurl.com/5n74xz5s>



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