Community Health Center Experiences with Clinical Workforce Vacancies, Recruitment and Retention

Findings from the 2015-16 National Health Center Clinical Workforce Survey

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What Are Community Health Centers?

Community, Migrant, Homeless, and Public Housing Health Centers are preventive and primary care providers who:

• serve in federally-designated medically underserved areas (MUAs)

• are non-profit

• offer services on a sliding fee scale to anyone who enters

• are governed by a consumer-majority board

• employ a broad definition of “health”
Community Health Centers Today

- Serving **over 24 million patients** who are predominantly:
  - low income (92% < 200% FPL)
  - uninsured or insured by Medicaid (46% Medicaid, 27% Uninsured)
  - members of racial/ethnic minority groups (62%)
  - suffering from complex and chronic conditions

- **1,300+** organizations with **9,000+** delivery sites

- **Over 170,000 staff**, with the majority delivering health and wellness care services
  - Number of clinical care staff has almost doubled since 2005

Survey Overview

• GOAL: Assess current clinical vacancies, staffing priorities, perceptions of recruitment and retention challenges, and participation in programs that place or train clinicians in underserved areas.

• Methods
  • Online survey to 2014 UDS FQHC CEOs or designee
  • Fielded Nov 2015 - Jan 2016
  • N = 499 (39% response rate)
  • Representative of health centers nationally along key characteristics
    • Size (total patients)
    • Patient mix (percent with Medicaid, Uninsured)
    • Geography (urban/rural location)
    • Costs of care
FIGURE 1 | PERCENT OF HEALTH CENTERS REPORTING A VACANCY FOR SPECIFIC CLINICAL POSITION

- ANY CLINICAL VACANCIES
- FAMILY PHYSICIAN
- NURSE PRACTITIONER
- MEDICAL ASSISTANT
- REGISTERED NURSE
- LICENSED CLINICAL SOCIAL WORKER
- DENTIST
- LICENSED PRACTICAL NURSE/LICENSED VOCATIONAL NURSE
- INTERNIST
- PEDIATRICIAN
- PSYCHIATRIST
- DENTAL HYGIENIST
- OTHER LICENSED MENTAL HEALTH AND/OR SUBSTANCE ABUSE STAFF
- PHYSICIAN ASSISTANT
- OBSTETRICIAN/GYNECOLOGIST
- PSYCHOLOGIST
- NON-LICENSED MENTAL HEALTH AND/OR SUBSTANCE ABUSE STAFF
- PHARMACIST
- CERTIFIED NURSE MIDWIFE
- VISION SERVICES STAFF

56% experiencing at least one opening for a behavioral health staff member.
Health centers have higher average vacancy rates for physicians than those experienced by hospitals (21% vs. 18%).

FIGURE 3  PERCENTAGE OF HEALTH CENTERS RATING SPECIFIC CLINICAL VACANCIES AS VERY DIFFICULT TO FILL

70%      ...    66%  60%  50%  40%  30%  20%  10%  0%

8%    8%    8%    8%    5%    4%
Health centers report spending the most time recruiting for psychiatrist, family physician, and internist vacancies, the three vacancies identified most often as ‘very difficult to fill.’
FIGURE 5  TOP 5 VACANCIES RATED AS HEALTH CENTERS' HIGHEST PRIORITY TO FILL

- FAMILY PHYSICIAN: 51%
- BEHAVIORAL HEALTH SPECIALIST: 10%
- DENTIST: 8%
- INTERNIST: 6%
- NURSE PRACTITIONER: 5%

Note: 10% inclusive of 5% of respondents selecting a Licensed Clinical Social Worker, 4% selecting Psychiatrist, and 1% selecting Other Licensed Mental Health and/or Substance Abuse Staff. 21% of respondents selected another clinical staff position.
Health Center Recruitment and Retention Experiences
Responses varied little when comparing the half of health centers who chose a family physician vacancy as their highest priority to fill with those that chose another vacancy.
FIGURE 7 — STAFF HIRED BY HEALTH CENTERS IN THE PAST TWO YEARS

60%

50%

40%

30%

20%

10%

0%

60%

58% 30% 30% 18% 10% 4%

Note: 18% report “None of the Above” and 6% report “Do Not Know”. Totals do not equal 100% as respondents were asked to “Check all that apply.”
FIGURE 8 — WHERE HEALTH CENTER STAFF WORK AFTER LEAVING HEALTH CENTER

PRIVATE PRIMARY CARE PRACTICE
- FREQUENTLY: 30%
- OCCASIONALLY: 37%
- RARELY: 16%
- NEVER: 5%
- I DON’T KNOW: 12%

HOSPITAL
- FREQUENTLY: 25%
- OCCASIONALLY: 35%
- RARELY: 19%
- NEVER: 8%
- I DON’T KNOW: 13%

ANOTHER HEALTH CENTER/FQHC
- FREQUENTLY: 9%
- OCCASIONALLY: 35%
- RARELY: 32%
- NEVER: 13%
- I DON’T KNOW: 11%
Importance of the National Health Service Corps
FIGURE 9  TOTAL NHSC PARTICIPANTS BY PROVIDER TYPE, AND PERCENTAGE OF PARTICIPANTS AT HEALTH CENTERS

Source: NHSC data as of September 30, 2015. Retrieved from Bureau of Health Workforce, HRSA, DHHS.
Health Professions Education and Training in Health Centers
FIGURE 10 — PERCENT OF HEALTH CENTERS REPORTING KEY BARRIERS TO PARTICIPATING IN RESIDENCY TRAINING PROGRAMS

LACK OF FORMAL RELATIONSHIPS WITH AREA MEDICAL SCHOOLS AND/OR TEACHING HOSPITALS
LACK OF SPACE
BUDGETARY CONSTRAINTS OR INADEQUATE FUNDING
LACK OF KNOWLEDGE IN HOW TO SET UP A HEALTH PROFESSIONS TRAINING PROGRAM
COMPLEXITY OF SETTING UP RESIDENCY PROGRAM
CONCERN ABOUT LOST PRODUCTIVITY OF HEALTH CENTER'S STAFF DUE TO TEACHING
DISTRACTION FROM HEALTH CENTER'S SERVICE MISSION (E.G. PREFER TO FOCUS ON DIRECT CARE)
CONTINUITY OF PATIENT CARE IN LIGHT OF RESIDENT TURNOVER
PATIENTS' PERCEPTIONS OF RESIDENTS
MISALIGNMENT OF UNIVERSITY AND HEALTH CENTER MISSIONS AND/OR APPROACHES TO CARE

Note: Includes respondents who indicate they do not participate in residency training programs (N = 151). Totals do not equal 100% as respondents were asked to "Check all that apply."
FIGURE 11 — ORGANIZATIONS HOLDING THE ACCREDITATION FOR HEALTH CENTERS’ RESIDENCY TRAINING PROGRAMS

Note: Includes respondents who indicate they participate in a residency training program (N = 348). Totals do not equal 100% as respondents were asked to “Check all that apply.”
Main Takeaways

• Nearly all health centers (95%) are experiencing at least one clinical staff vacancy.
  • Two million more patients could be served if all health centers’ clinical vacancies were filled today.

• Family physicians:
  • Most common vacancy, challenging to fill, long average time open
  • Top priority vacancy to fill for half of sample

• Health centers still recruiting for many different positions (e.g. behavioral health).
  • Recruitment and retention challenges = sharp competition, health center location

• Health centers draw from the network of other health centers across the US to recruit their clinical staff.

• Continued relationship with and reliance on NHSC at health centers
  • More than half all NHSC participants are delivering care at health centers
  • Nearly two-thirds of all NHSC clinical vacancies are at health centers

• While many health centers are participating in clinical health professions training
  • Common barriers for others = budgetary constraints, lack of relationships with area medical schools
Limitations

• Survey
  • Potential for recall bias
  • 39% response rate

• Focused on clinical workforce only

• New funding opportunities can influence current vacancies and hiring priorities
  • E.g. new oral health funding
Questions?

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