Building a Stronger Health Workforce: Where is the Healthcare Workforce Heading in a Post-Covid World?

Katie Gaul
Director, South Carolina Office for Healthcare Workforce

NCSL National Occupational Licensing Meeting, June 20, 2022

Building and Supporting the Healthcare Workforce South Carolina Needs

What we'll cover

- Who's in the health workforce?

- Healthcare employment

- Impact of COVID-19 on the health workforce

- State policy responses

- Building a strong healthcare workforce requires multiple approaches

- Finding and using data to support decisions

- This is **not** a scope of practice talk, but SOP is important

- Examples are not comprehensive

The Healthcare Workforce

Healthcare may be recession-proof…

Figure 1. Percent change in employment, private industry, 2001–14 annual averages

Percent
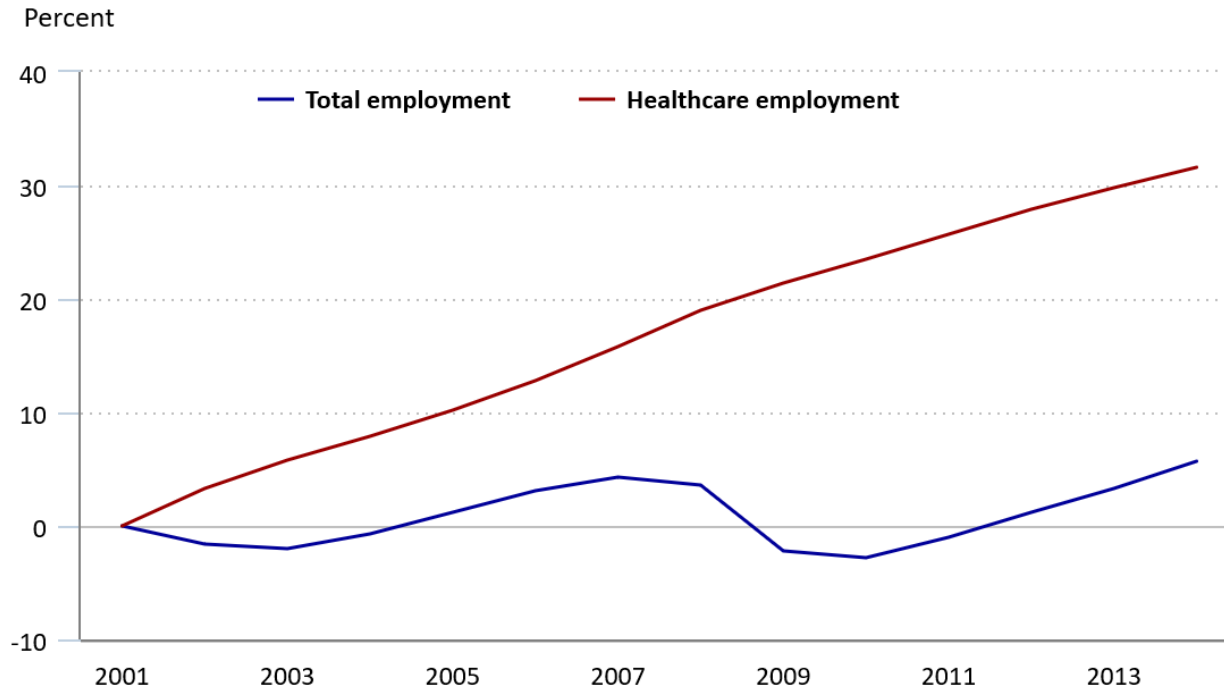
Click legend items to change data display. Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages.

Source: Dolfman M, Insco M, Holden RJ. "Healthcare jobs and the Great Recession," *Monthly Labor Review,* U.S. Bureau of Labor Statistics, June 2018, https://doi.org/10.21916/mlr.2018.17. Accessed 6/14/2022.

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… but is it pandemic-proof?

Chart 11. Employment in healthcare, seasonally adjusted, January 2010–December 2020

Thousands
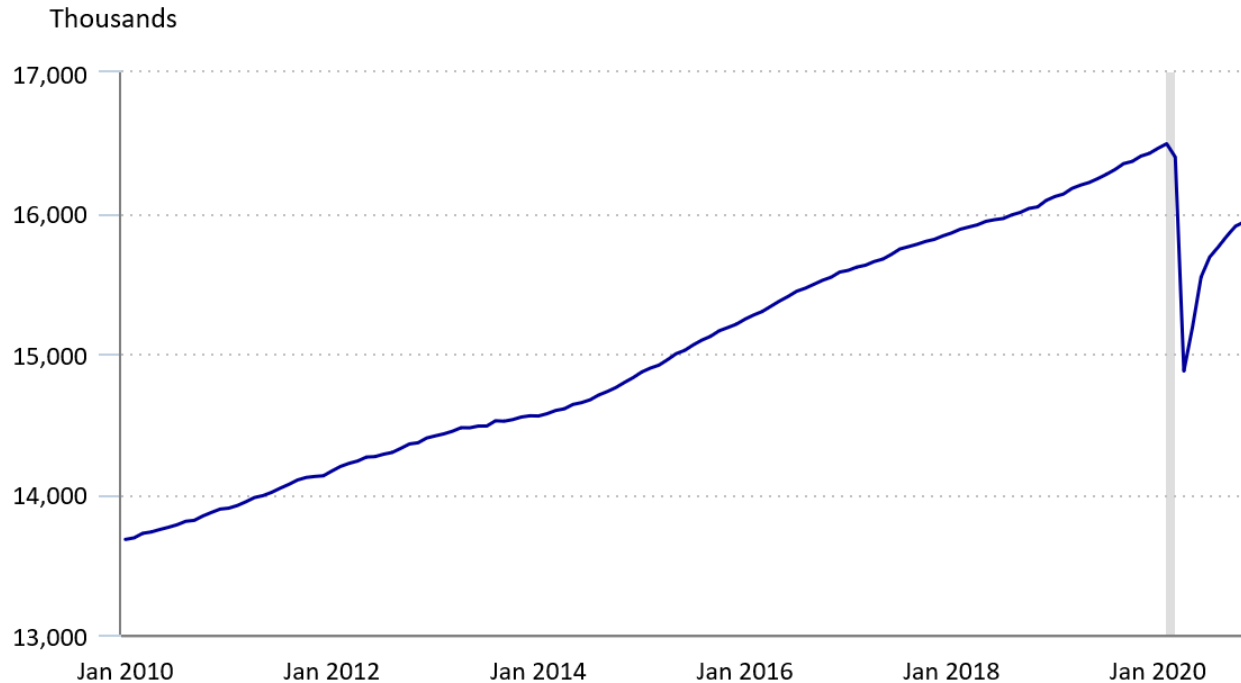
Click legend items to change data display. Hover over chart to view data.
Note: The vertical line at February 2020 represents the start of a recession, as determined by the National Bureau of Economic Research (NBER). When this chart was published, the NBER had not yet determined an endpoint for that recession.
Source: U.S. Bureau of Labor Statistics, Current Employment Statistics survey.

Source: Ansell R, Mullins JP. "COVID-19 ends longest employment recovery and expansion in CES history, causing unprecedented job losses in 2020," *Monthly Labor Review*, U.S. Bureau of Labor Statistics, June 2021, https://doi.org/10.21916/mlr.2021.13. Accessed 6/14/2022.

Nurses and the Great Attrition

The Atlantic

HEALTH

WHY HEALTH-CARE WORKERS ARE QUITTING DROVES

Forbes

HEALTHCARE

Amid Healthcare's Great Resignation, Burned Out Workers Are Pursuing Flexibility And Passion

Deb Gordo

I write abou
consumers.

May 17, 2022

The Washington Post
Democracy Dies in Darkness

HEALTH

Young ER doctors risk their lives on the pandemic's front lines. But they struggle to find jobs.

By Ben Guarino

January 4, 2021 at 2:23 p.m. E

Nearly 1 in 5 Health Care Workers Have Quit Their Jobs During the Pandemic

Medical workers cited COVID-19, poor pay and burnout as reasons for layoffs, resignations

SHARE ⌄

FIERCE Healthcare

Providers   Health Tech   Finance   Payers   Regulatory   Special Reports

PROVIDERS

Third of nurses plan to leave their jobs in 2022, survey finds

By **Heather Landi** • Mar 22, 2022 11:13am

American Nurses Association   Workforce   COVID-19   Workplace Safety

MORNING CONSULT
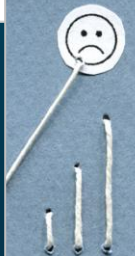
October 4, 2021 at 12:01 am ET

COVID-19 turned the health system and health workforce on their heads

- Healthcare practices closed

- Elective procedures were canceled

- Workers were furloughed, laid off or reassigned

- Focus on critical care, surge capacity, vaccination, testing

- Increased use of telehealth and remote technology

- Patients put off routine testing, treatment and procedures

- Increased demand for mental/behavioral health services

- Increased turnover and vacancy rates, travel nursing

And states responded

- Temporary waivers and relaxed policies for licensure, scope of practice under public health emergency orders

- Developed volunteer corps

- Increased focus on rural broadband

- Continued interest in interstate licensure compacts

Some of these temporary policies were made permanent, others being allowed to lapse

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Some examples:

- **Delaware** – Registering with Medical Reserve Corps allows clinical workers licensed in other states to provide in-person healthcare services within the state (EO)

- **Michigan** – allowed med students, EMTs, PTs to work under supervision as "respiratory therapist extenders" (EO)

- **South Carolina** – granted graduates of nursing schools temporary licenses until they can take the NCLEX (joint order, legislation)

- **California** – California Health Corps and California Medical Assistance Teams function as a Medical Reserve Corps – other states developed similar systems

Telehealth – "hard to put this genie back in the bottle"

- States and Medicare temporarily removed policies limiting the use of telehealth
    - Originating site
    - Provider type
    - Service expansion
    - Audio-only
    - Prescribing requirements
    - Consent requirements
    - Cross-state licensing
    - Private Payer
- Center for Connected Health Policy: https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies/

Not everything revolves around Covid: other workforce issues

- Improving birth outcomes

- Mental and behavioral health

- Medicaid expansion

- Health equity, workforce diversity

- … among others

Building a strong healthcare workforce requires multiple approaches

Policy

Education

Practice

Regulation

Payment

Data

Education

- Impact of Covid
  - Health professions education
  - Clinical placements

- Students as unlicensed assistive personnel

- Disconnect between education and practice

- Recognition of multiple education pathways
  - On the job training (OJT)
  - Apprenticeships
  - Technical schools/community colleges
  - Universities, professional schools
  - Stackable credentials …

- Faculty recruitment and retention

Practice

- Impact of Covid
  - Pressure on workers that are also caregivers
  - Increased work stress
  - Travel nursing, staffing, PPE

- Turnover – people are leaving their jobs, not necessarily their profession

- True vs operational vacancies

- Burnout/Resiliency

- Workplace violence

- Recruitment and retention

Regulation

- Impact of Covid
  - Rapid response to policy changes
  - Challenges in regulation and discipline*
  - Delays in processing licenses

- Licensure portability, mobility, expedited licensure

- Scope of practice

- Data collection

- Certificate of Need (CON)

Scheidt L. Challenges to Nursing Regulation During the Pandemic: A Case Study. *Journal of Nursing Regulation*. 2022 Jan;12(4):47-49. https://www.sciencedirect.com/science/article/pii/S2155825622000126, accessed 6/13/2022.

Payment

- Fee-for-service vs value-based care

- Telehealth

- Medicaid/Medicare rates

- Recognized CMS provider types

- Surprise billing

Health Workforce Pipeline

Education Pipeline

Trained People

Healthcare Workforce

Provider/Employee Attrition
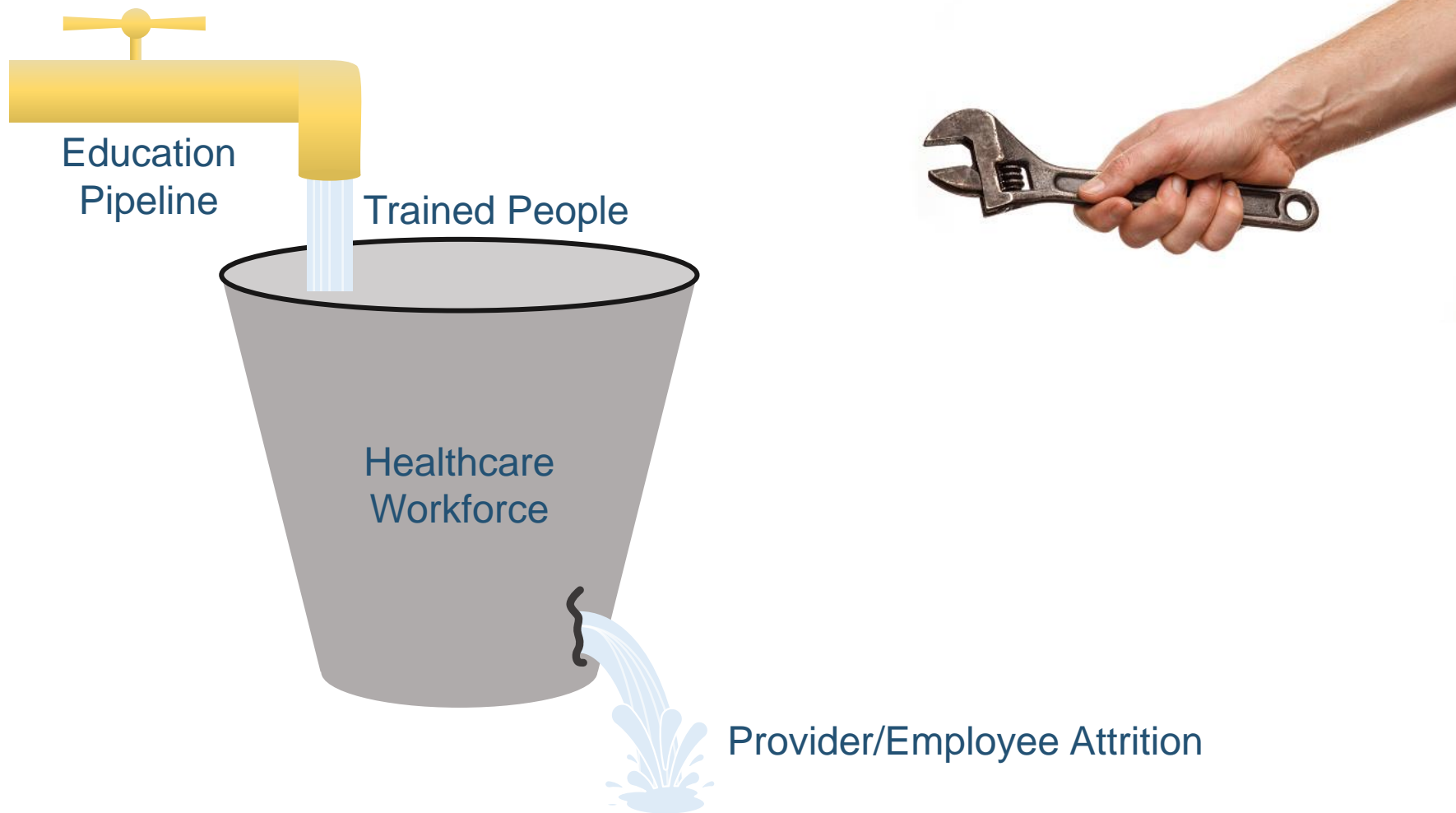
A note on credentialing

- Licensure is a state function under state police powers…
  … but licensing for federal healthcare workers operates
      like a licensure compact

- Licensure is mandatory to practice in certain professions; certification is generally voluntary

- Regulation with mission to protect public/consumers

- License portability, compacts

- Scope of practice varies state to state
  - Codified in state practice acts
  - Some functions specified through administrative rulemaking

Example of federal efforts to support health workforce issues

- American Rescue Plan Act (ARPA) –
  - Stimulus funding, unemployment, provider relief, tax credits
  - Vaccine distribution, testing, contact training
  - Support for health care safety net
  - Increased funding to develop, expand and support public health system and workforce

- Public Health AmeriCorps

- Medicare – telehealth

- SAVE Act (workplace violence)

- Resident Reduction Act (increase GME slots)

Office for Healthcare Workforce

The South Carolina Office for Healthcare Workforce **studies the issues that affect the balance of supply and demand for different types of healthcare professionals** in South Carolina.

In SC, we track 20 licensed professions

- Dentists, Dental Hygienists
- Nurses: LPN, RN, NP, CNM, CRNA, CNS
- Occupational Therapists, OT Assistants
- Optometrists
- Pharmacists, Pharm Techs
- Physical Therapists, PT Assistants
- Physician Assistants
- Physicians
- Respiratory Care Practitioners
- Social Workers
- New!: Psychologists

South Carolina Health Professions DATA BOOK
Published 2021
www.scahec.net/scohw

South Carolina

Physicians, 2019

Total Physicians (excluding federal physicians)	13,047
Family Practice	1,984
Internal Medicine	1,596
Obstetrics / Gynecology	604
Pediatrics	908
General Surgery	440
Psychiatry (general)	564
All Other Physicians (specialists)	6,951
Physicians per 10,000 Population	25.3
Primary Care Physicians per 10,000 Population	9.9

Nurses

	2018	2020
Registered Nurses	41,559	43,753
Certified Nurse Midwives	67	77
Nurse Practitioners	3,366	4,503
Certified Registered Nurse Anesthetists	1,152	1,204
Clinical Nurse Specialists	68	69
Licensed Practical Nurses	8,486	8,712

Other Health Professions

Dentists 2019	2,463
Dental Hygienists 2019	2,754
Occupational Therapists 2019	1,594
Occupational Therapy Assistants 2019	935
Optometrists 2019	551
Pharmacists 2019	4,955
Pharmacy Technicians 2019	7,199
Physical Therapists 2019	3,202
Physical Therapist Assistants 2019	1,920
Physician Assistants 2020	1,338
Respiratory Care Practitioners 2019	2,139
Clinical Social Workers 2019	2,685
Psychologists 2020	524

Demographics

Estimated Population in 2019

Age:	0 - 19	20 - 64	65 +	Total	% by Race
White	807,448	2,044,936	729,567	3,581,951	69.6%
Black	403,021	831,842	193,325	1,428,188	27.7%
Other	37,370	87,074	14,131	138,575	2.7%
Total	1,247,839	2,963,852	937,023	5,148,714	100%
% by Age	24.2%	57.6%	18.2%	100%	

Vital Statistics and Health Status Indicators, 2019

|		
Resident Births / Deaths	57,044	50,948
Total Pregnancies: # / Rate	68,292	69.4
% of Births < 2500 grams		9.9
Teen Pregnancies: # / Rate	4,425	14.2
Infant Mortality Rate: White / Black	5.0	10.9
Cancer Deaths		10,481
% of Adults Diagnosed With Heart Disease		4.7
% of Adults Diagnosed With Hypertension		38.3
% of Adults Diagnosed With Diabetes		12.4
% of Adults Who Currently Smoke		17.5
% of Adults Reporting a Sedentary Lifestyle		28.8
% of Adults Overweight or Obese (BMI ≥ 25)		69.3

Facility Data

General Hospital Beds 2021	11,765
Hospital Discharges Within Home County 2019	64%
Skilled Nursing Facility Beds 2021	20,491

Socio-Economic Data, 2019

% of Adults Without Health Insurance	13.7
% Unemployed	2.8
% of Households With Income < $25,000	37.7
% With High School Education or Less	43.3
# Medicaid Full Benefit Members (includes CHIP)	1,065,536
Per Capita Income	$45,455

https://www.scahec.net/scohw/reports/136

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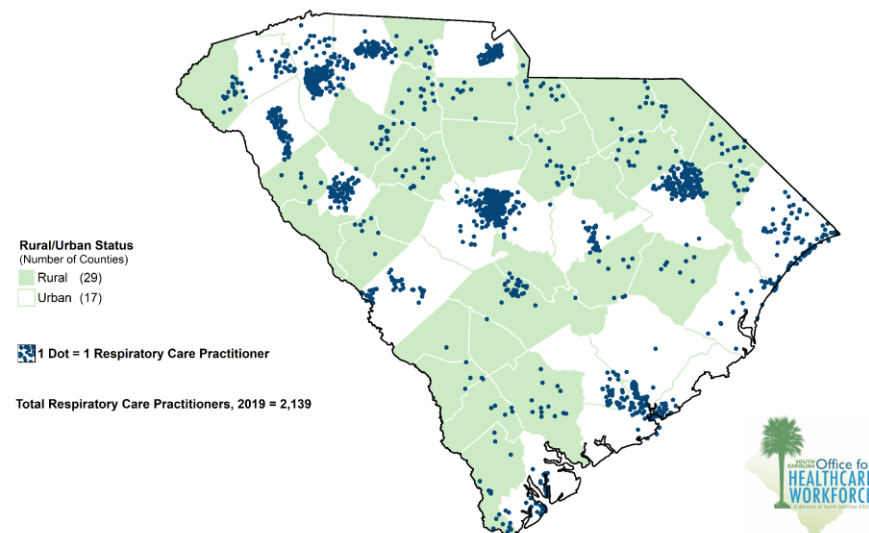
Same picture, different year

2009

Respiratory Care Practitioners (RCPs) by Primary Practice Location, South Carolina, 2009
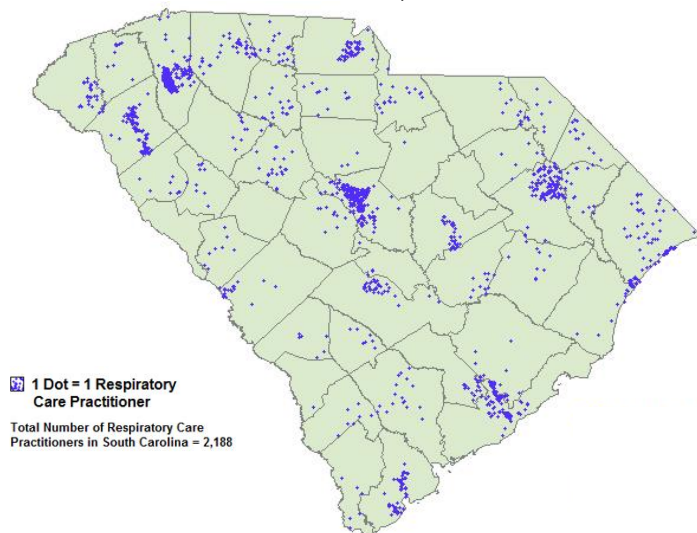
1 Dot = 1 Respiratory Care Practitioner

Total Number of Respiratory Care Practitioners in South Carolina = 2,188

This information is based on all Respiratory Care Practitioners with an active license to practice and a practice location in South Carolina as reported during the license renewal period ending 03/15/2009. Locations plotted here are the primary practice zip code locations. Dots are randomly placed within the zip code area and may not represent the street location of the practice.

2019

Respiratory Care Practitioners (RCPs) by Primary Practice Location South Carolina, 2019

Rural/Urban Status
(Number of Counties)
Rural (29)
Urban (17)

1 Dot = 1 Respiratory Care Practitioner

Total Respiratory Care Practitioners, 2019 = 2,139

Office for HEALTHCARE WORKFORCE

This information is based on all respiratory care practitioners with an active license to practice and a primary practice location in a nonfederal setting in South Carolina as of 8/1/2019. Counts are based on self-reported primary practice location. Dots are randomly scattered within the zip code area and may not represent the actual street address of the practice. Source: South Carolina Office for Healthcare Workforce, SC AHEC, with data collected by the SC Department of Labor, Licensing and Regulation and obtained from the Revenue and Fiscal Affairs Office. Rural definition from the U.S. Census Bureau, Geography Division, https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2010-urban-rural.html. Rural counties are those counties where 50% or more of the population lives outside an urbanized area, based on the 2010 Census counts.

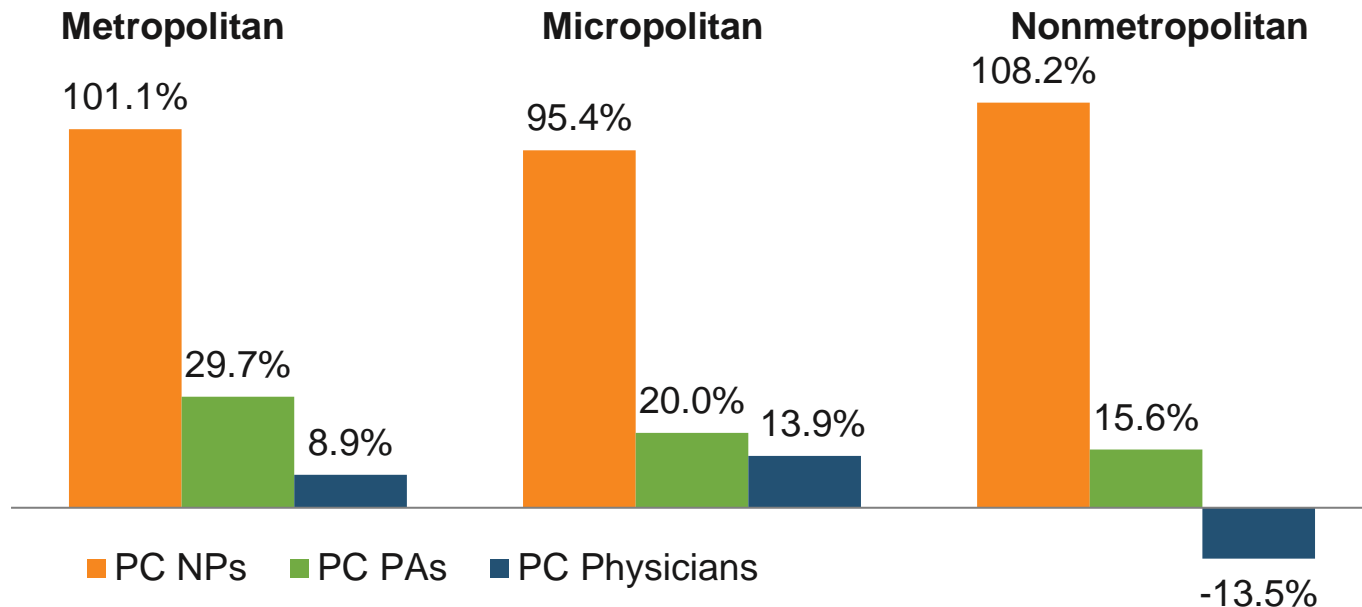# Our provider workforce has grown faster than the state's population

Growth in Physicians, Physician Assistants, Nurse Practitioners and Total Population Relative to 2010, South Carolina

NPs 195.3%
PAs 97.1%
Physicians 28.4%
Total Pop 12.8%
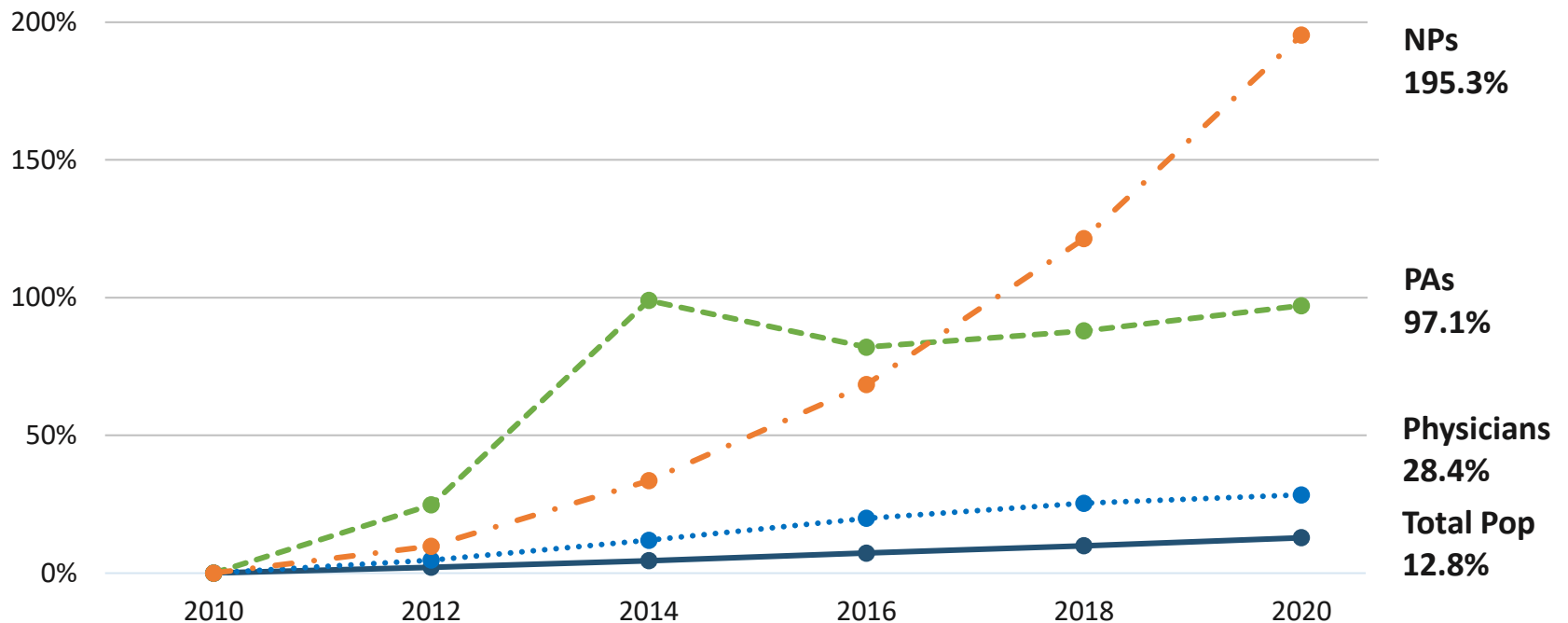
Notes: This information includes all physicians, PAs and NPs with an active license to practice and a primary practice location in a nonfederal setting in South Carolina as of two months after the end of each profession's license renewal period (2019 for physicians and PAs, 2020 for NPs). Physician counts include residents-in-training. **Provider data source**: SC Office for Healthcare Workforce, with data derived from the SC Department of Labor, Licensing and Regulation and obtained from the SC Revenue and Fiscal Affairs Office. **Population data source**: DHEC SCAN, https://apps.dhec.sc.gov/Health/SCAN_BDP/tables/populationtable.aspx, all ethnicities, both sexes, all ages, 2008-2020.
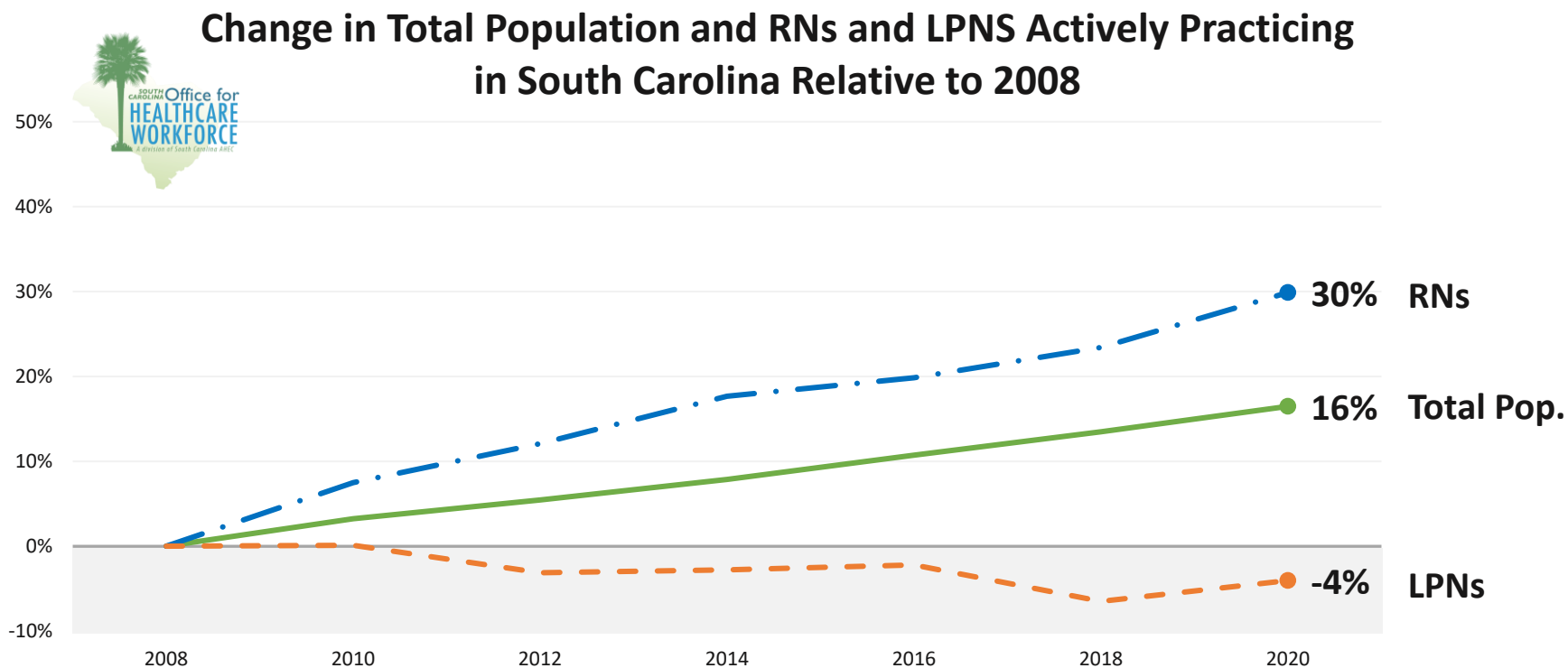
The nurse practitioner workforce is helping to maintain access to primary care in rural South Carolina, where the number of primary care physicians has declined.

Percent change in the number of primary care NPs, PAs, and physicians per 10,000 population by MSA region, South Carolina, 2009-2019

	Metropolitan	Micropolitan	Nonmetropolitan
PC NPs	101.1%	95.4%	108.2%
PC PAs	29.7%	20.0%	15.6%
PC Physicians	8.9%	13.9%	-13.5%

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Office for HEALTHCARE WORKFORCE
A division of South Carolina AHEC

RNs are growing, and faster than the state's population

Change in Total Population and RNs and LPNS Actively Practicing in South Carolina Relative to 2008

The information in this table includes all licensed practical nurses and registered nurses with an active license to practice and a primary practice location in a nonfederal setting in South Carolina as of two-months after their license lapse date (April 30 of even years, Sept 30, 2020).

Nurse data source: South Carolina Office for Healthcare Workforce, South Carolina AHEC, with data collected by the SC Board of Nursing under the SC Department of Labor, Licensing and Regulation and obtained from the South Carolina Revenue and Fiscal Affairs Office. Population data source: DHEC SCAN, https://apps.dhec.sc.gov/Health/SCAN_BDP/tables/populationtable.aspx, all ethnicities, both sexes, all ages, 2008-2020.

Knowledge vs. Preparedness

https://www.scahec.net/scohw/reports

States collect health workforce data in different ways

- Licensure

- Surveys

- Continuous Monitoring

- Secondary data (eg, claims data)

# Collecting a **Minimum Data Set** can answer core questions

- Guidelines developed by the Health Resources and Services Administration (HRSA) and other experts to collect **basic, consistent and comparable data** on supply and distribution of health professionals

- https://bhw.hrsa.gov/data-research/explore-health-workforce-data-policy

- https://www.healthworkforceta.org/publications/the-health-workforce-minimum-data-set-mds-what-you-need-to-know/

But supply data are only one part of the picture

- **Supply data** help us understand how many professionals there are
  - Data sources: Licensure/certification data, BLS, professional associations

- **Demand data** help us understand how many professionals we might need
  - Data sources: State departments of employment and workforce, national surveys (NAMCS), utilization (claims) data, Washington Sentinel Network

- **Education data** help us understand how many students are being trained in which professions, in which programs, in which places
  - Data sources: IPEDS, state commissions on higher ed, individual schools, state longitudinal education data systems (P-20)

Does your state collect health workforce data?

State Health Workforce Data Collection Inventory
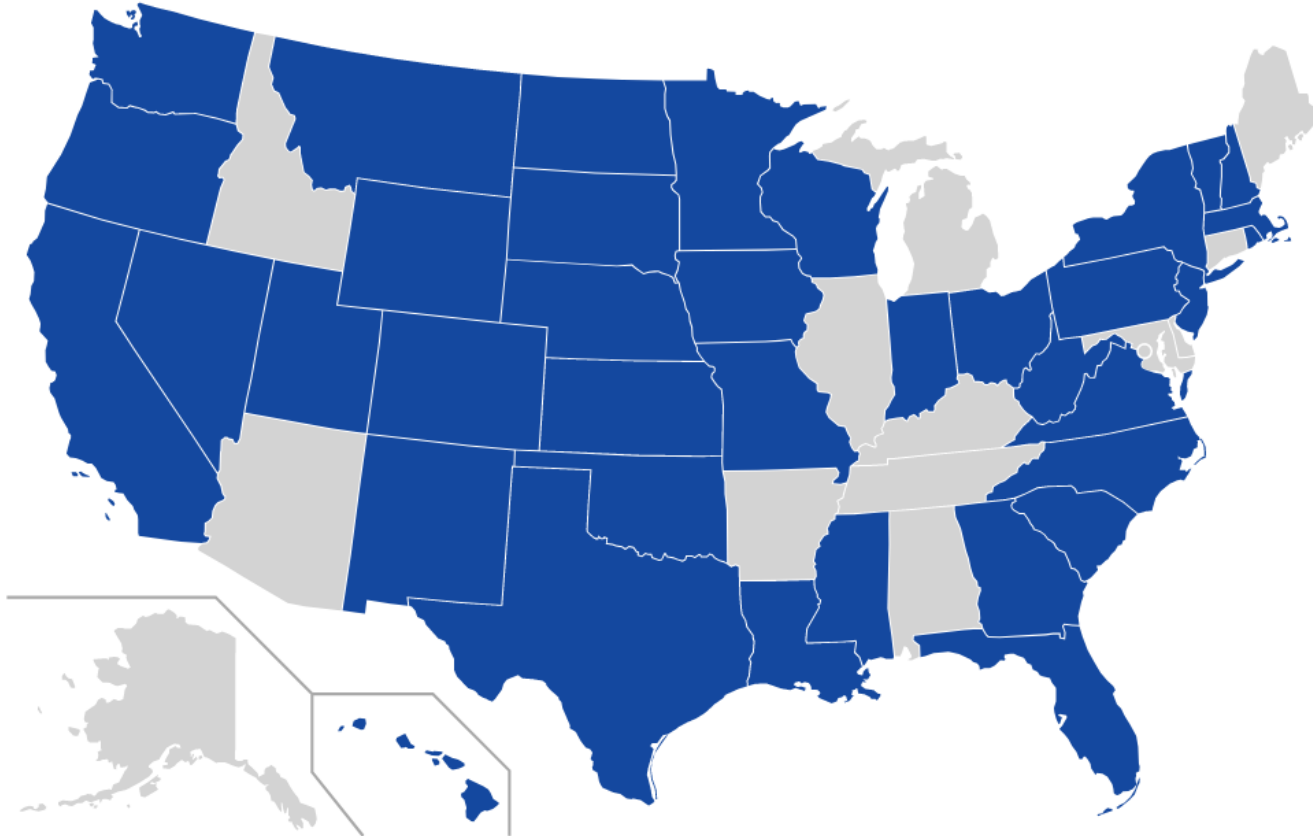
Note: Map doesn't reflect current efforts in Arizona , Alabama or Connecticut.

Key

- Data collection for selected professions
- Data collection, but not for selected professions
- No reported data collection

HWTAC
Health Workforce Technical Assistance Center

Source: https://www.healthworkforceta.org/data-collection-inventory/, accessed 5/25/21.

Tips for how to use workforce data

- Pay attention to data sources and limitations – be an informed data consumer

- Caution: **Not everything is a shortage**

- Understand supply vs demand data

- Understand age distributions

- Understand education and retention trends
  - **It's not just about training more**, it's about keeping the ones we train and recruiting them to where they're needed

- Use data to inform contentious policy issues (like SOP)

- Ask questions!

Questions?

South Carolina AHEC builds and supports the healthcare workforce South Carolina needs for every community to have access to diverse, high-quality, patient-focused care.

Contact:

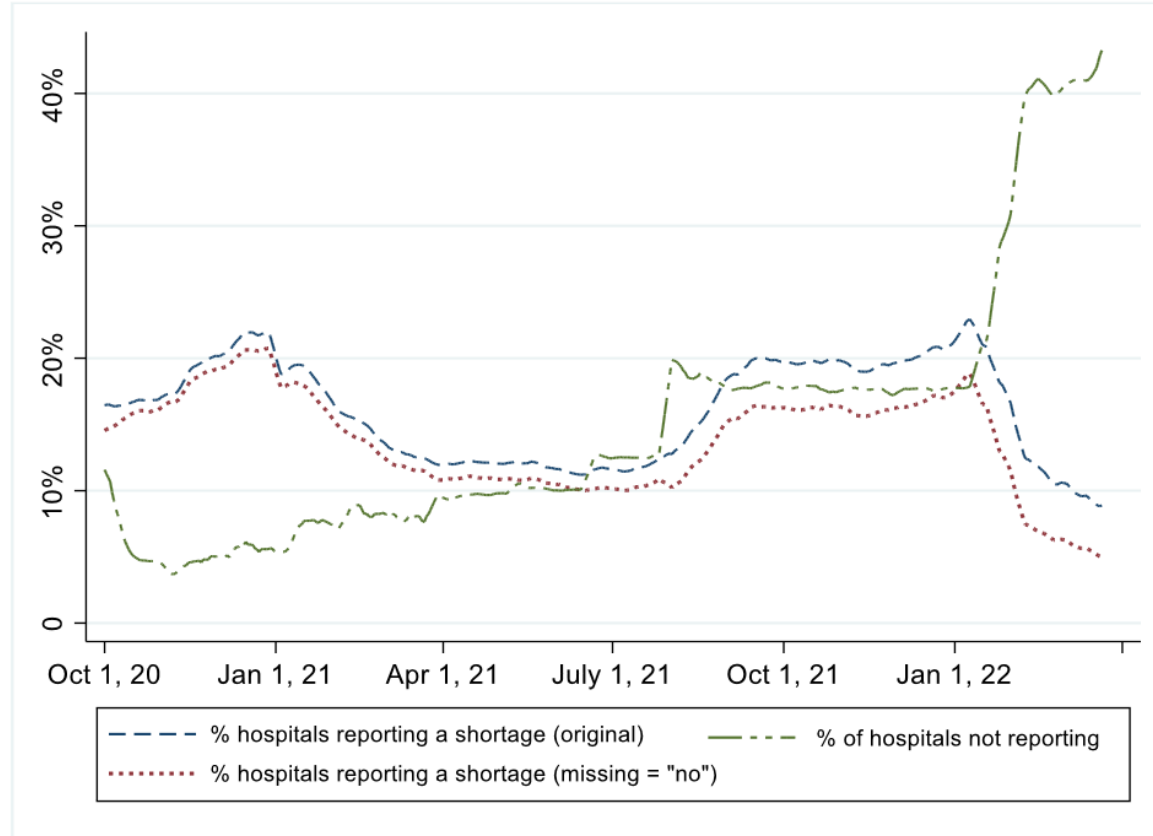**Katie Gaul, MA**
Director, SC Office for Healthcare Workforce
gaulk@musc.edu | 843-792-5943 | www.scahec.net/scohw

Extra slides

Fewer hospitals reporting shortages

APPENDIX

Appendix Figure 1: Percent of Hospitals Reporting Critical Staffing Shortages and Percent of Non-Reporting Hospitals (7-day Moving Average, October 1, 2020 – March 21, 2022)

Legend:
- – – – % hospitals reporting a shortage (original)
- – · – · % of hospitals not reporting
- · · · · · % hospitals reporting a shortage (missing = "no")

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