

Addressing COVID-19's Impact on Health Centers' Finance and Operations and Response Planning for Future COVID-19 Outbreaks and Other Emergencies

Session 3: Staffing Issues



April 21, 2022

Welcome!

Before we begin, please open a new separate window OR use your phone to log into **Mentimeter**.

Step 1: Go to www.Menti.com or scan QR Code

Step 2: Enter the code **2892 5836**

We will be moving back and forth between Zoom and Mentimeter during this session.

We will be starting the session momentarily.



Housekeeping

- All participants muted upon entry
- Cameras on (if possible)
- Engage in chat
- Participate in Poll Questions on Mentimeter
- Raise hand if you would like to unmute
- Session is being recorded
- Slides and recording link will be sent via email within a week after session



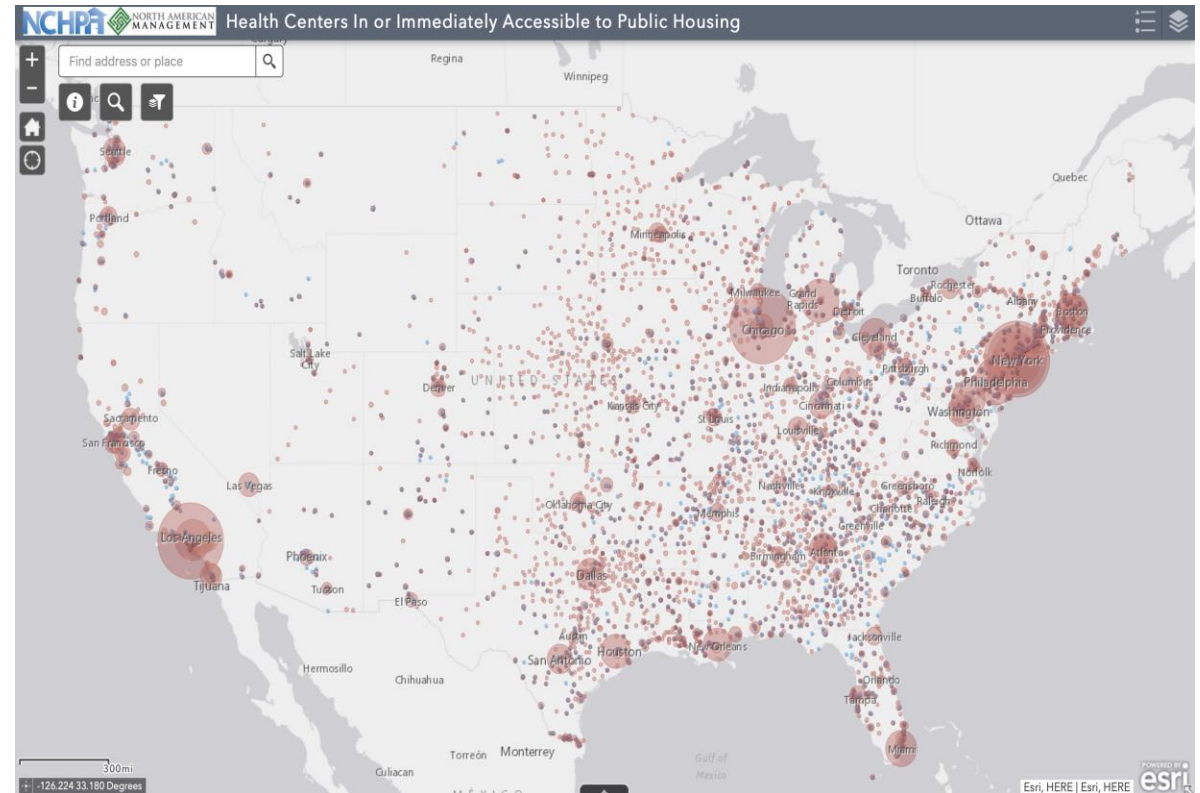
National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Health Centers close to Public Housing

- 1,375 Federally Qualified Health Centers (FQHC) = 28.5 million patients
- 435 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 107 Public Housing Primary Care (PHPC) = 866,851 patients



Source: [2020 National Health Center Data](#)

Your Introductions

- Name
- Title/role
- Organization
- Why did you decide to attend this session?

Where are you joining us from?

- Pin on image on Mentimeter

Agenda

- NCHPH Introduction
- Mentimeter icebreakers
- Presentation – David Wagner
- Presentation – Michelle Fernández Gabilondo
- Q & A



Panelists



Bob Burns, MPA

*Director, National Center for
Health in Public Housing*



**Mr. David Wagner MURP,
MHCM, CPME**

*Management Consultant,
FQHC Consultants*



**Michelle Fernández
Gabilondo, DSW, MSW**

*Associate Director of
Workforce Development,
Association of Clinicians for
the Underserved*

Addressing COVID-19's Impact on Health Centers' Finance and Operations



Addressing COVID-19's Impact on Health
Centers' Finance and Operations:
Staffing Issues



What Will We Explore In This Series?

- ▶ Survey the effects of COVID-19 on Finance, Operations, and Staffing in FQHCs and RHCs
- ▶ Identify factors experienced by member health center
- ▶ Formulate a response plan to any future COVID-19 outbreaks and other emergencies



Take-Aways for This Series...

- ▶ I will understand how COVID-19 affected health centers across finance, operations, and staffing.
- ▶ I will know how to identify the impacts of COVID-19 in these areas on my health center
- ▶ I will start to formulate a response plan so my health center can weather a future COVID-19 outbreak and other emergencies



What Will We Explore In Today's Session?

Staffing Issues

- ▶ Survey the effects of COVID-19 on staffing/operations in FQHCs and RHCs
- ▶ Identify factors experienced by member health center
- ▶ Formulate a response plan to any future COVID-19 outbreaks and other emergencies

What Take-Aways Will I have today?

Staffing Issues

- ▶ I will understand how COVID-19 affected health center staffing and operations around the nation
- ▶ I will know how to identify the staffing impacts of COVID-19 in on my health center
- ▶ I will start to formulate the staffing section of my response plan so my health center can weather a future COVID-19 outbreak and other emergencies



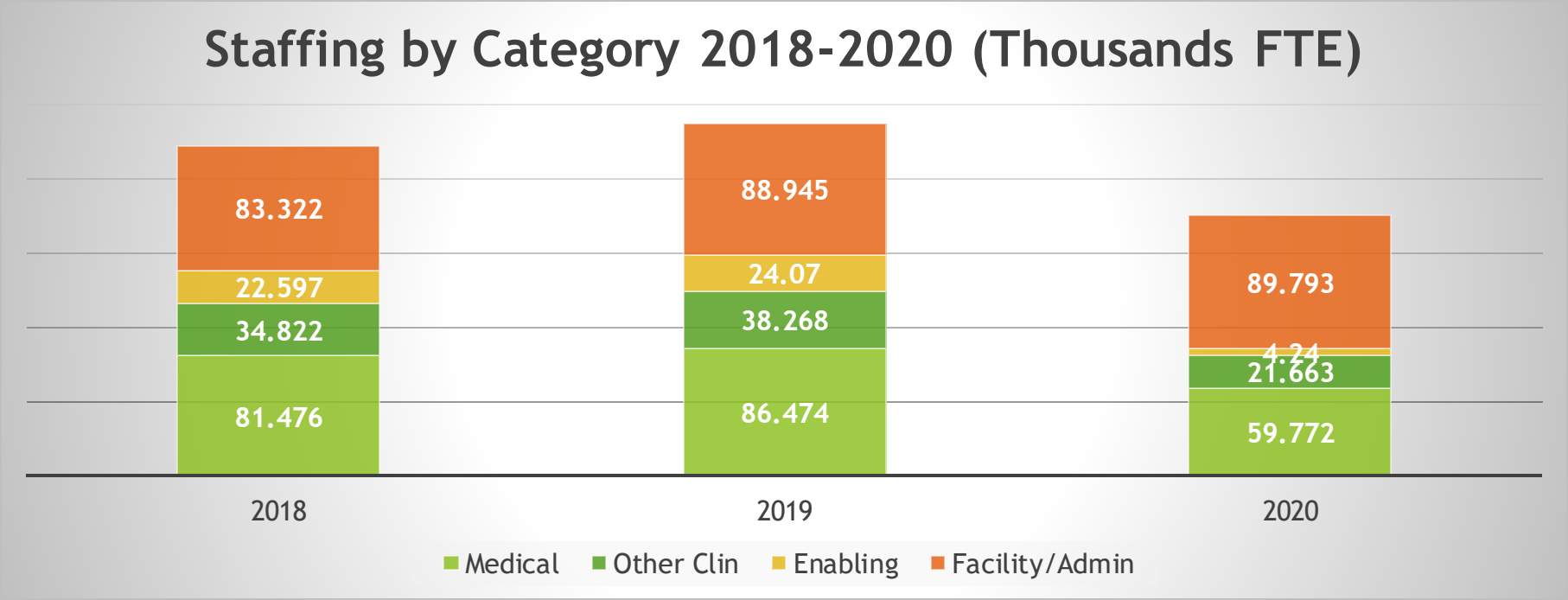
Staffing: HRSA UDS Categories

Form 5 - Staffing and Utilization

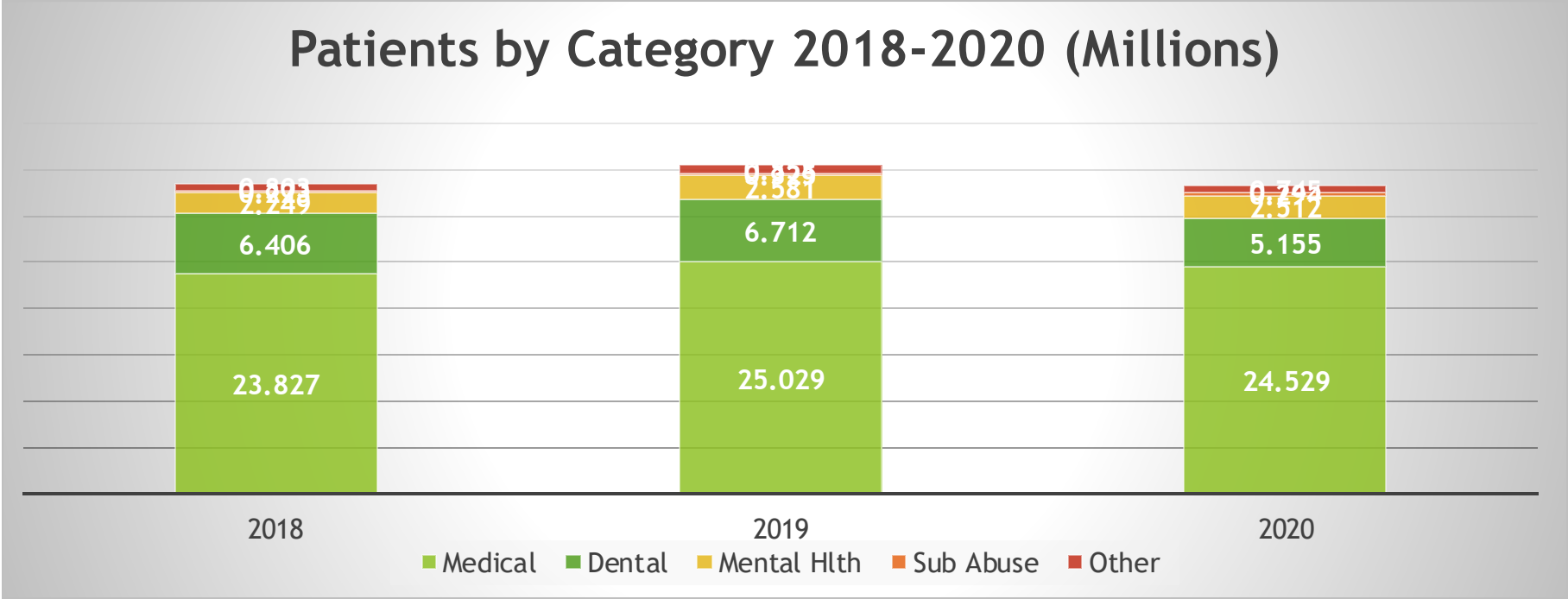
- Staffing categories
- Staffing FTE
- Visit Counts
- Unique Patient Counts



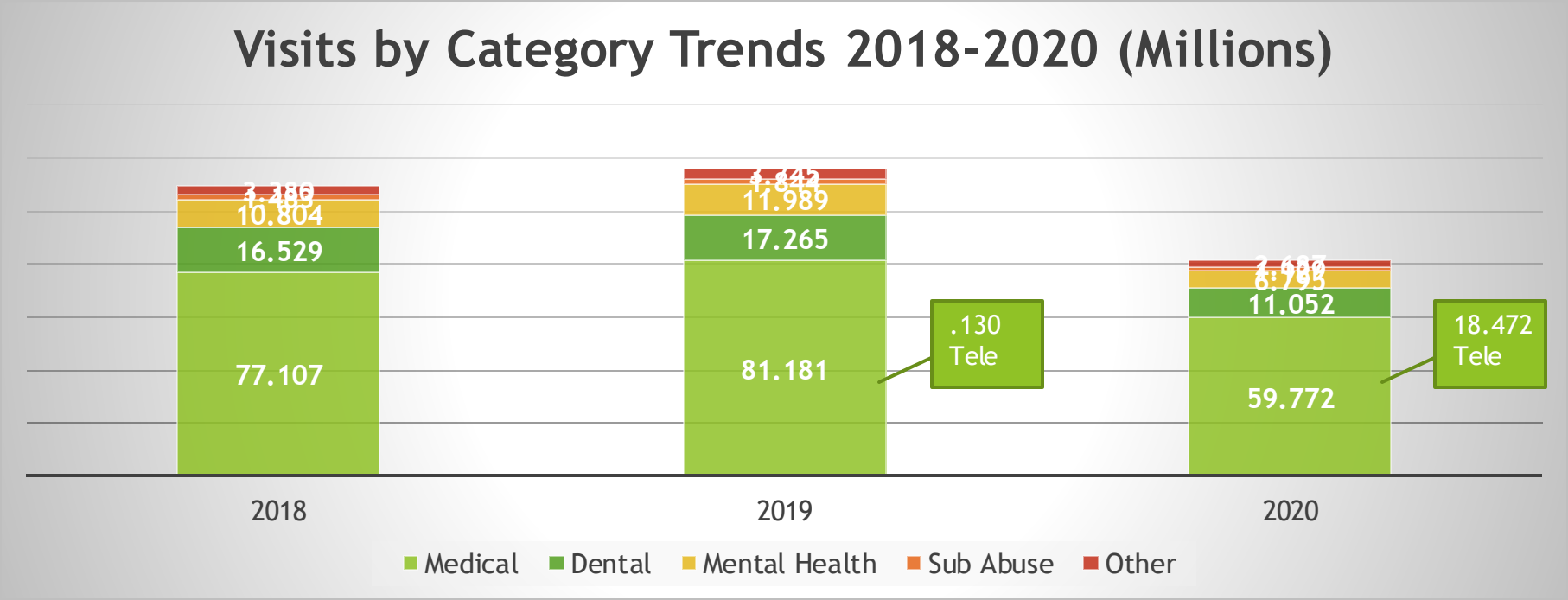
Staffing by Category Trends 2018-2020



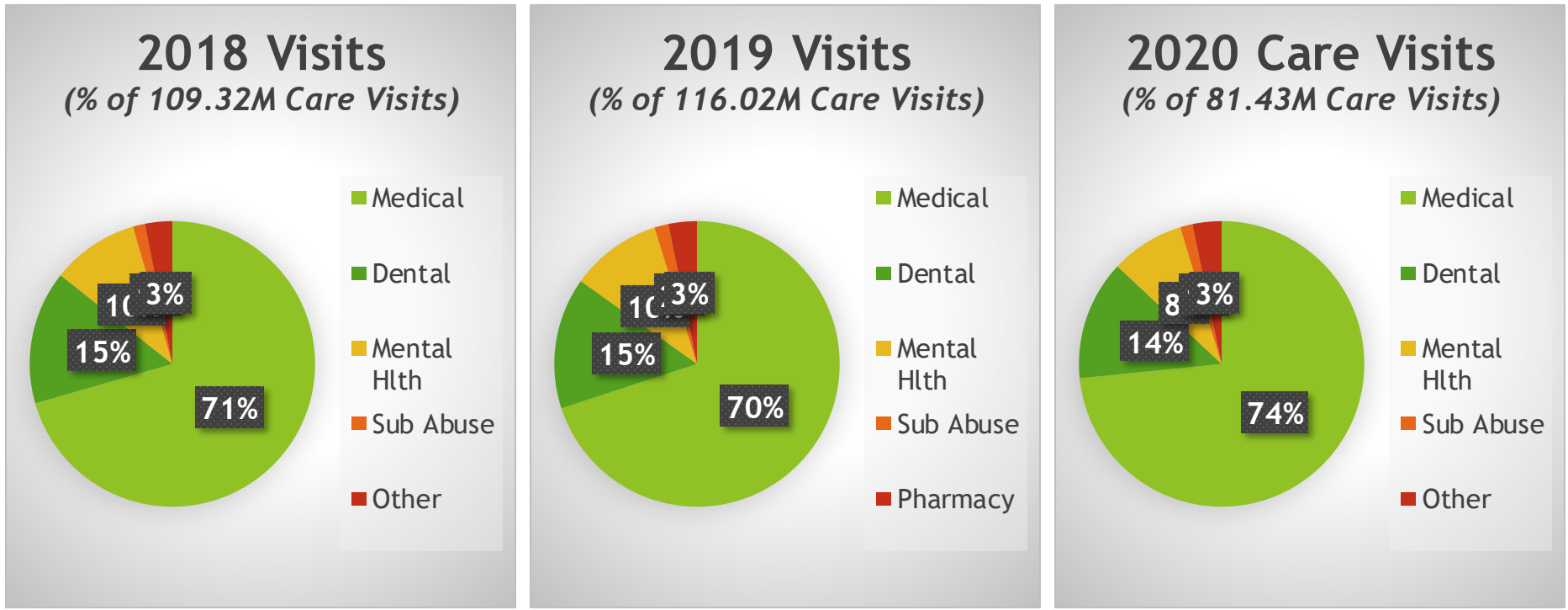
Patients by Category Trends 2018-2020



Visit Category Trends 2018-2020

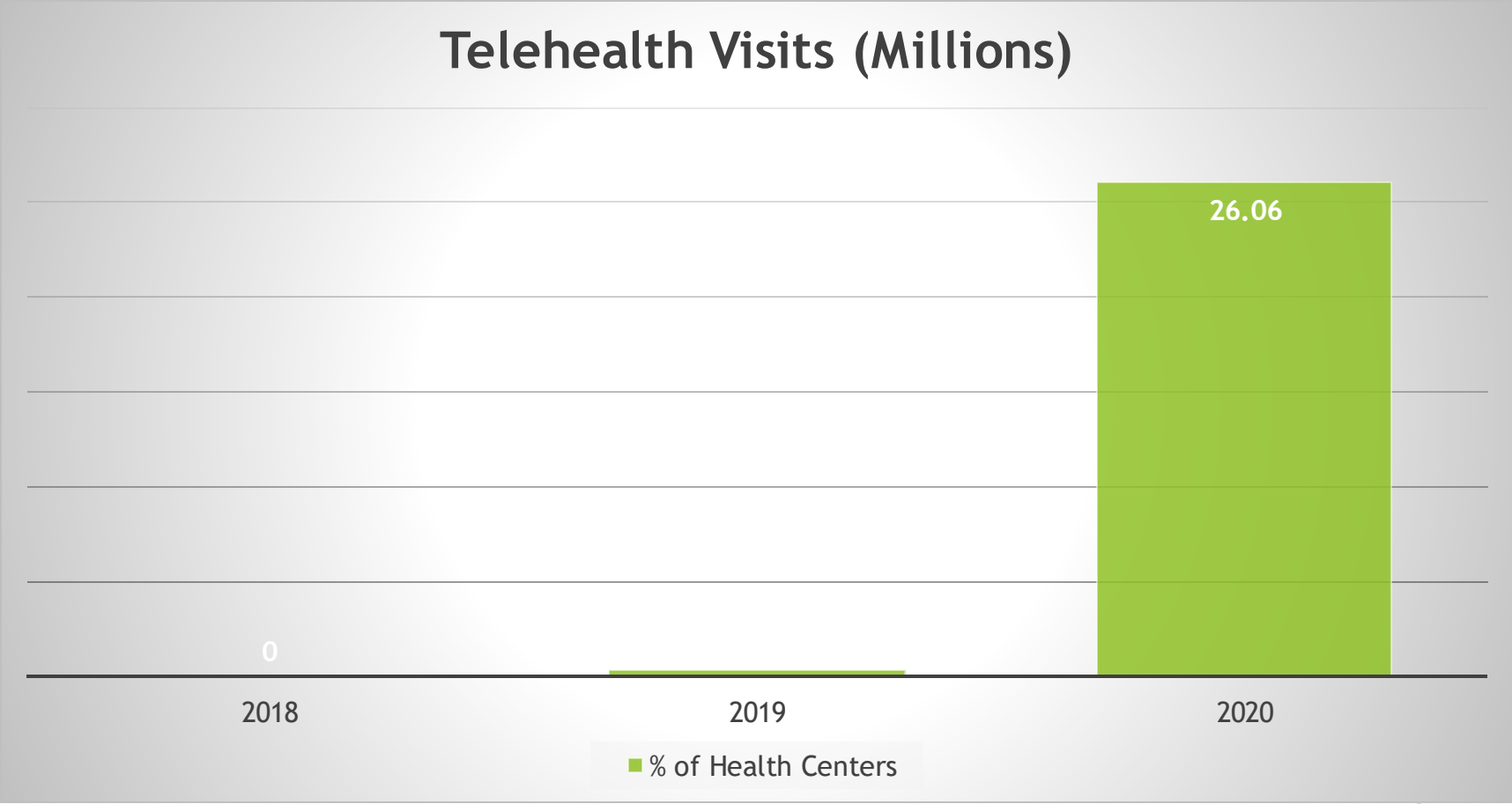


Visit Category Trends (% of Total Care Visits) 2018-2020

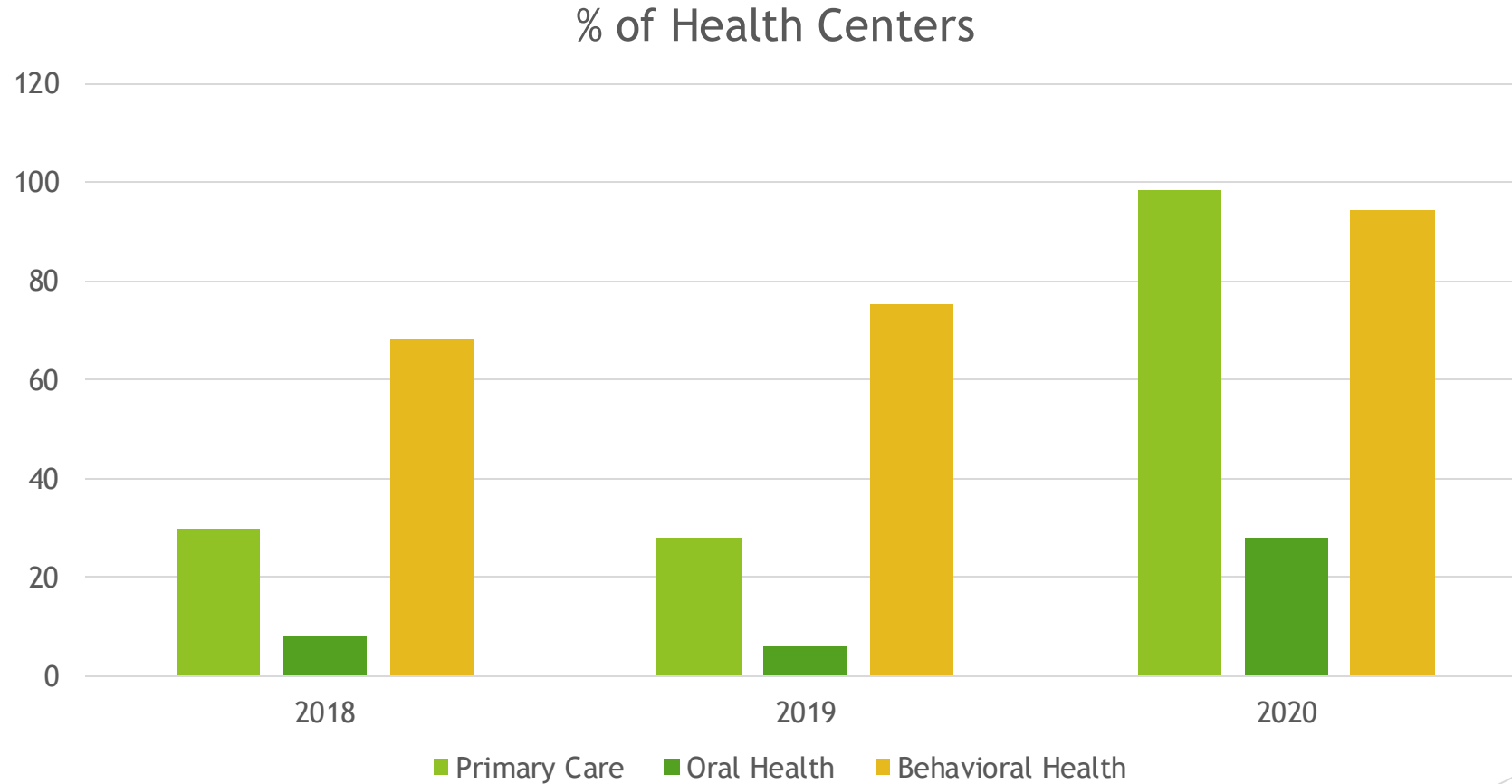


[Data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=xxxx](https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=xxxx)

Telehealth Visits



Type of Visits - Telehealth



Impacts of COVID on Health Center Staffing:

- ▶ Thousands were laid off
- ▶ Others were furloughed
- ▶ Staff covered other roles
- ▶ Staff changed roles completely
- ▶ Staff substituted without notice
- ▶ COVID vaccination major conflict



Measure, Monitor, Maneuver, Maintain

<i>System Rollup</i>	Month Actual	Month Budget	Month Prior Year	Current Month Projection	Month Variance From Budget**	Fiscal YTD Actual	Fiscal YTD Budget/ Goals	Month Pr Yr Fiscal YTD	Fiscal YTD Variance**
Encounters									
Medical	0	3067	0	0	(3067)	23014	30667	0	(7653)
Dental	0	108	0	0	(108)	547	1083	0	(536)
Behavioral Health	0	10	0	0	(10)	535	104	0	431
Revenue/Expenditures									
Net Revenue	\$ -	\$ 1,330,309.00		+	\$ (1,330,309.00)	\$ -	\$ 18,944,870.00	\$ -	#####
Labor Cost	\$ -	\$ 473,524.00		-	\$ (473,524.00)	\$ -	\$ 9,819,380.00	\$ -	\$ (9,819,380.00)
Direct Cost	\$ -	\$ 601,934.00		-	\$ (601,934.00)	\$ -	\$ 12,395,894.00	\$ -	#####
Net Operating Gain	\$ -	\$ 728,375.00		+	\$ (728,375.00)	\$ -	\$ 6,548,975.00	\$ -	\$ (6,548,975.00)
Operating Metrics									
FTE Count	0.00	0.00		-	0.00	0.00	0.00		0.00
Labor Cost per Visit	#DIV/0!	\$ 154.41		-	#DIV/0!	\$ -	\$ 320.20		\$ (320.20)
Operating Costs per Visit	#DIV/0!	\$ 196.28		-	#DIV/0!	\$ -	\$ 404.21		\$ (404.21)
Reimbursement/Visit	#DIV/0!	\$ 433.80				\$ -	\$ 617.77		
Accounts Receivable Metrics									
Days in A/R	128	45		-	83				
Collection Ratio	38%	50%		+	-12%				
Collectible Collx Ratio	73%	85%		+	-12%				
Days to Post	0.7	3		-	(2.3)				
Days to Bill	12	10		-	2				
Days to Adjudicate	22.4	30		-	(8)				
% A/R over 60	7%	7%		-	0%				
% A/R over 90	16%	23%		-	-7%				
% A/R over 120	47%	0%		-	47%				

What happened to your health center?

- ▶ Look at UDS Tables 5, 8A - Comparisons
 - ▶ By Month if Possible
 - ▶ Compare to Budget
 - ▶ Compare to Last Year
 - ▶ Compare to Nation
 - ▶ Compare to State/Local



What happened to your health center?

- ▶ Look at UDS Table 5 - Counts
 - ▶ Patient Visits
 - ▶ Specific Visit Types
 - ▶ Service Lines
 - ▶ Locations



What happened to your health center?

- ▶ Look at UDS Tables 5, 8A - Cost/Efficiency
 - ▶ Visit Type / UDS Table 8A Column C
 - ▶ Visit Type / Provider Time
 - ▶ Visit Type / Quality Measures
 - ▶ Visit Type / Clinical Outcome

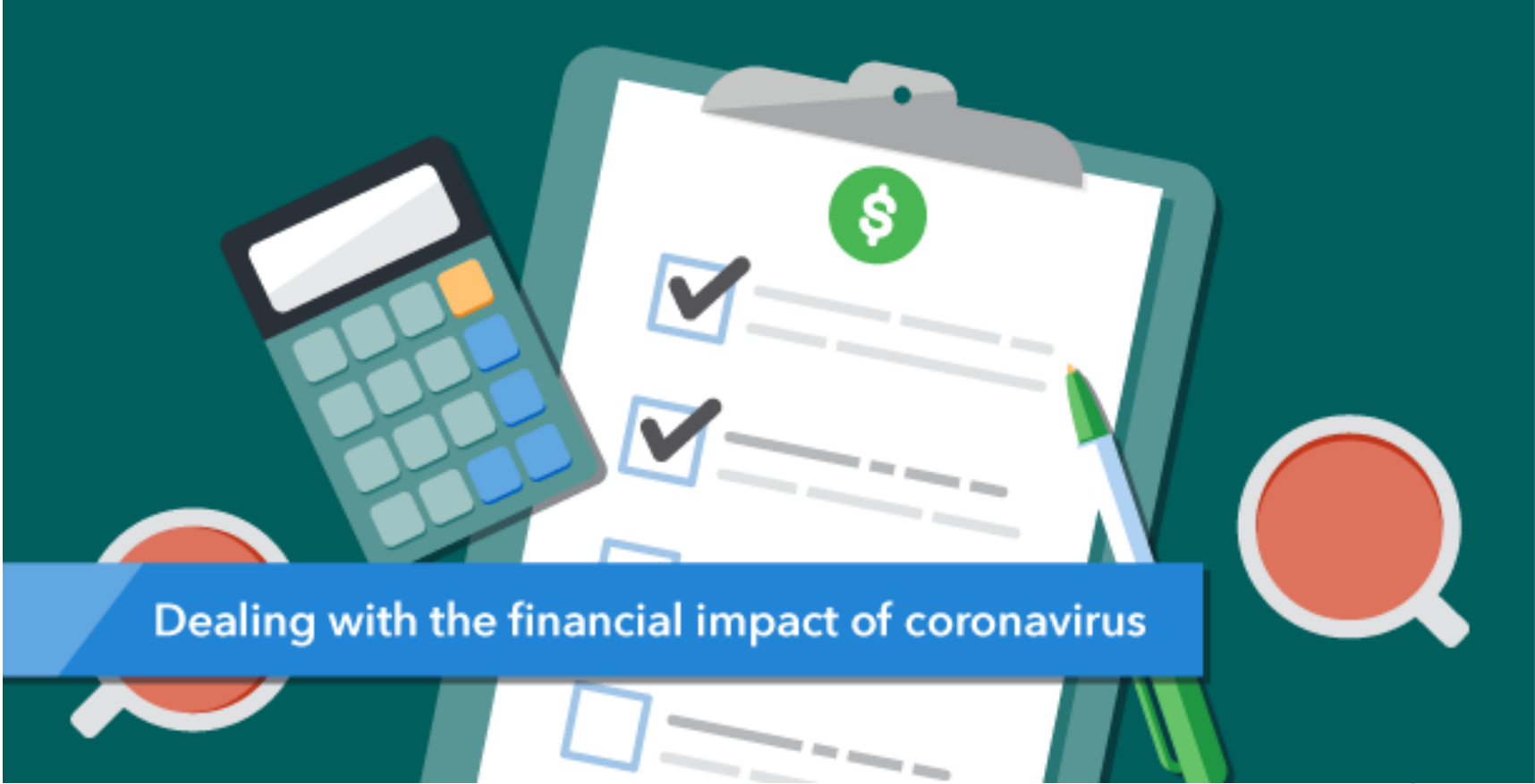


What happened to your health center?

- ▶ Look at UDS Tables 5, 8A - Variances
 - ▶ Trend - a movement over time in a particular direction (a trend can reverse and can be non-linear)
 - ▶ Shift - a sudden significant movement (can be part of a trend)



How to Prepare for The Next One..



Dealing with the financial impact of coronavirus

YOUR SPEAKER



MICHELLE FERNÁNDEZ GABILONDO, DSW, MSW
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Access to Care & Clinician Support

Recruitment & Retention

National
Health Service
Corps

Resources

Training

Networking

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- 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

www.chcworkforce.org

Contact us: info@chcworkforce.org

UPCOMING EVENTS: REGISTER NOW!



STAR² Center Workforce Symposium

May 2-3, 2022, Nashville, TN

chcworkforce.org/web_links/workforce-symposium-2022

STAR² Center Retention & Recruitment Workshop

May 4-5, 2022, Nashville, TN

chcworkforce.org/web_links/rrplan-workshop-spring2022





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

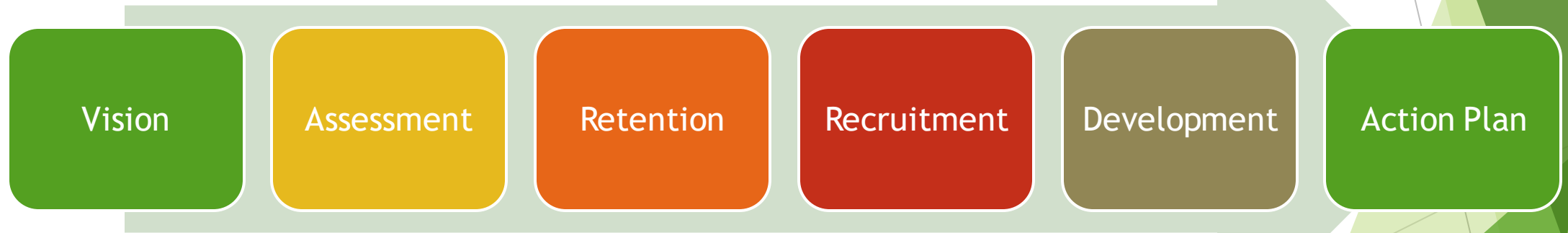


COMPREHENSIVE WORKFORCE PLAN

Definition & Components



A comprehensive workforce plan describes the process for which a health center assesses the needs of its patients and community while identifying strategies for building and sustaining its capacity to support those needs through qualified personnel that embody mission-driven, equitable, and inclusionary values.



Click [here](#) to access the Comprehensive Workforce Plan Definition document.

SELF-ASSESSMENT TOOL

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Provider
Capacity

Infrastructure

Recruitment
Plan

Retention
Plan

Leadership

Compensation

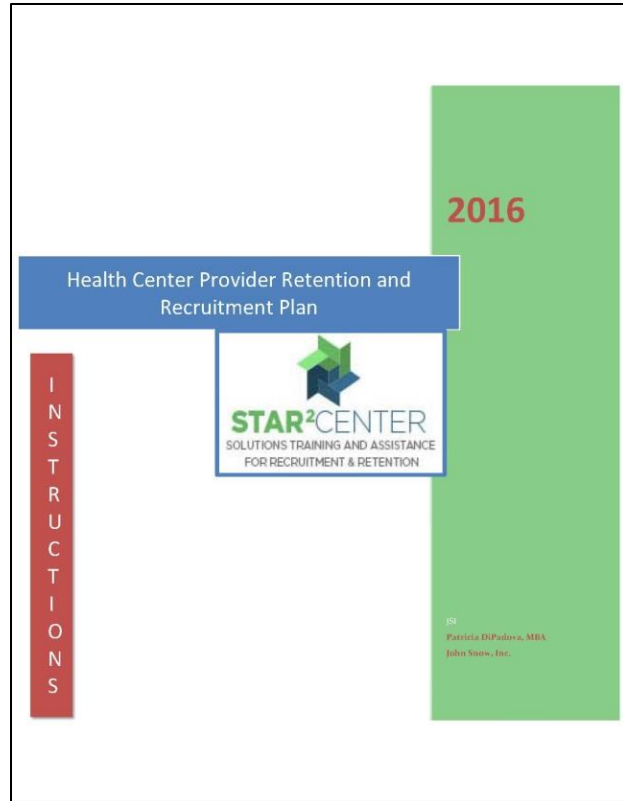
Other
Strategies

RECRUITMENT & RETENTION TEMPLATE

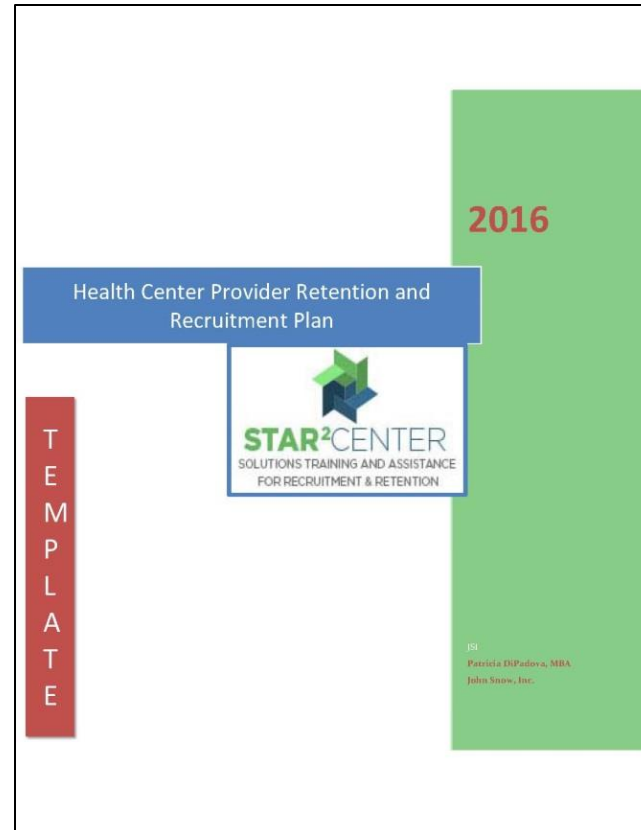
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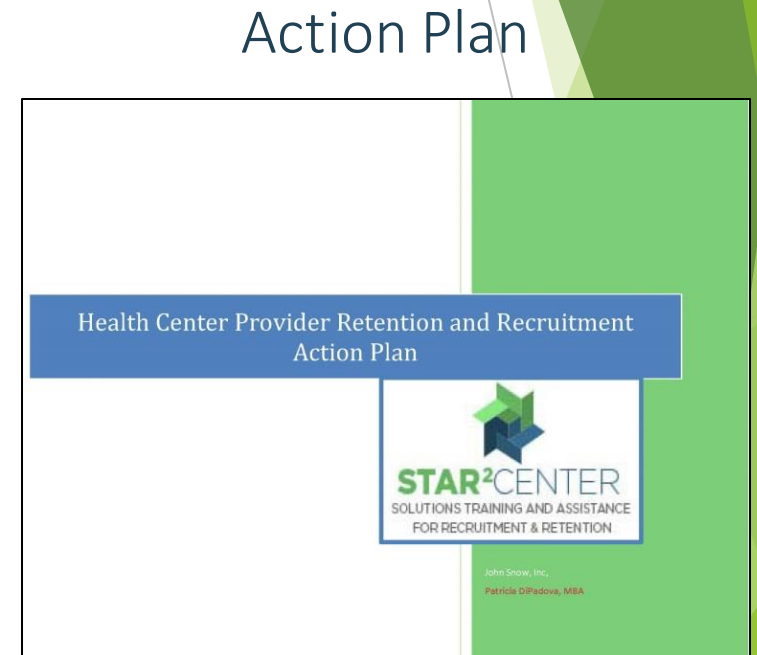
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Instructions



Template



Action Plan

STAR² CENTER R&R TEMPLATE



RETENTION PLANNING

Key Areas



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RECRUITMENT PLANNING

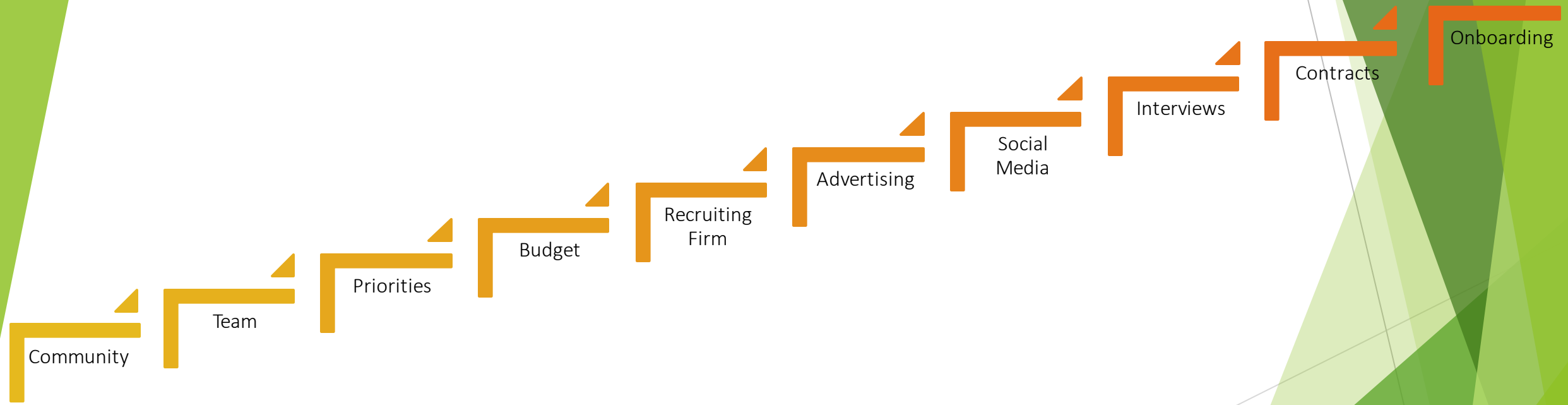
Key Areas



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FOCUSING ON THE WORKFORCE

Cost of Losing Employees



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Turnover is **EXPENSIVE!**

*Calculate your health center's turnover costs by using the [STAR² Center Financial Assessment Tool](#)

Consider the following questions:

- 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?

FINANCIAL ASSESSMENT TOOL

STAR² Center Resource



- Actual cost of provider turnover
 - Separation costs, vacancy costs, recruitment costs, onboarding costs
- Physician and non-physician tabs
- Downloadable Excel file

Tangible Costs	Cost
A. Termination Costs	
1. Human Resources and/ or Business Office Expense for terminating benefits, COBRA administration (if applicable), notifying health plans of provider change in status.	\$ -
2. Estimated cost of a Locums Tenens or other part time provider	\$ -
3. Malpractice tail coverage costs, if any	\$ -
A. Total Termination Costs	\$ -
B. Replacement Costs	
4. Advertising Costs	\$ -
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.	\$ -
6. Professional Recruiting Service Expenses	\$ -
7. Interview Staff Expenses	\$ -
8. Interview Direct Costs (on-site face-to-face interview visits)	\$ -
9. Post Interview Expenses - staff time for negotiation, other hiring expenses (bonus, relocation)	\$ -
B. Total Replacement Costs	\$ -
C. Net Impact to Revenue	
10. Revenue Loss from Leaving Provider	\$ -
11. Revenue Recovered from Locum Tenens	\$ -
C. Total Net Impact to Revenue [Recovered - Loss]	\$ -
D. New Hire/Onboarding Costs	
12. Payroll startup, Benefit Enrollment, establish passwords, email account	\$ -
13. Credentialing services cost (internal or Credentialing Verification Organization (CVO))	\$ -
14. Internal and external publicity announcements	\$ -
15. Equipment and Uniform expense	\$ -
16. Orientation Costs	\$ -
17. Cost of Productivity lost to startup	\$ -
D. Total New Hire/Onboarding Costs	\$ -
Total Financial Impact	\$ -

A CULTURE OF WELLNESS

Building a Healthy Workplace



There is no magic solution to keep every employee and team member well and happy. What is important is offering a variety of services that will benefit *them the most*. Some areas of focus include:

- Physical
- Emotional
- Financial
- Communication



A CULTURE OF WELLNESS

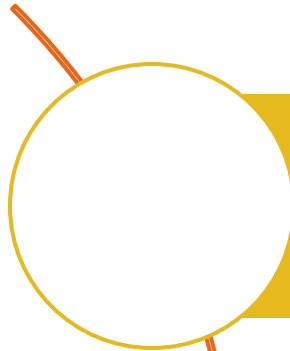
Why It Matters?



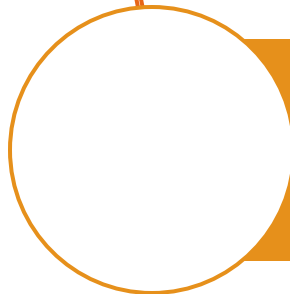
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When employees are generally in good spirits, they can **focus on their work** better.



Less turnover and staffing changes



More competitive and focused, which can help you better achieve your organization's objectives as well.

Source: *Open Source Workplace*

EMPLOYEE SATISFACTION

Issues to Address

- Staffing
- Work Load
- Management
- Financial Considerations
- Work/Life Balance

A leader develops a healthy workplace and supports a healthy/happy workforce.



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PAY EQUITY CHECKLIST

STAR² Center Resource

A tool that assists health center teams as they assess their pay equity processes and will assist in “level setting” salaries over a period of time.



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Health Center Pay Equity Checklist

WHAT IS PAY EQUITY?

Pay equity means equal pay for work of equal value. It is important to distinguish pay equity from pay equality, which means equal pay for equal work. Pay equality overlooks the inequities and restrictions marginalized groups face when seeking to access the same professional opportunities as other employees in an organization; who are often times, the most highly compensated individuals. Pay equity bridges that gap by connecting equal pay to work of equal value.

HOW TO STRIVE FOR PAY EQUITY?

- Conduct regular and ongoing pay audits
 - Gather employee data
 - Account for pay differentials
 - Questions to consider when assessing pay differentials:
 - Are there clear and written policies that outline decisions for pay differentials? Does staff know and understand this information?
 - Are pay differentials based solely on non-subjective factors? (i.e., experience, education)
 - Does your organization provide pay raises that align with salary increases for new hires?
- Identify the causes of pay gaps
- Assess the role race, gender, age, disability status,

BUILDING AN INCLUSIVE ORG TOOLKIT

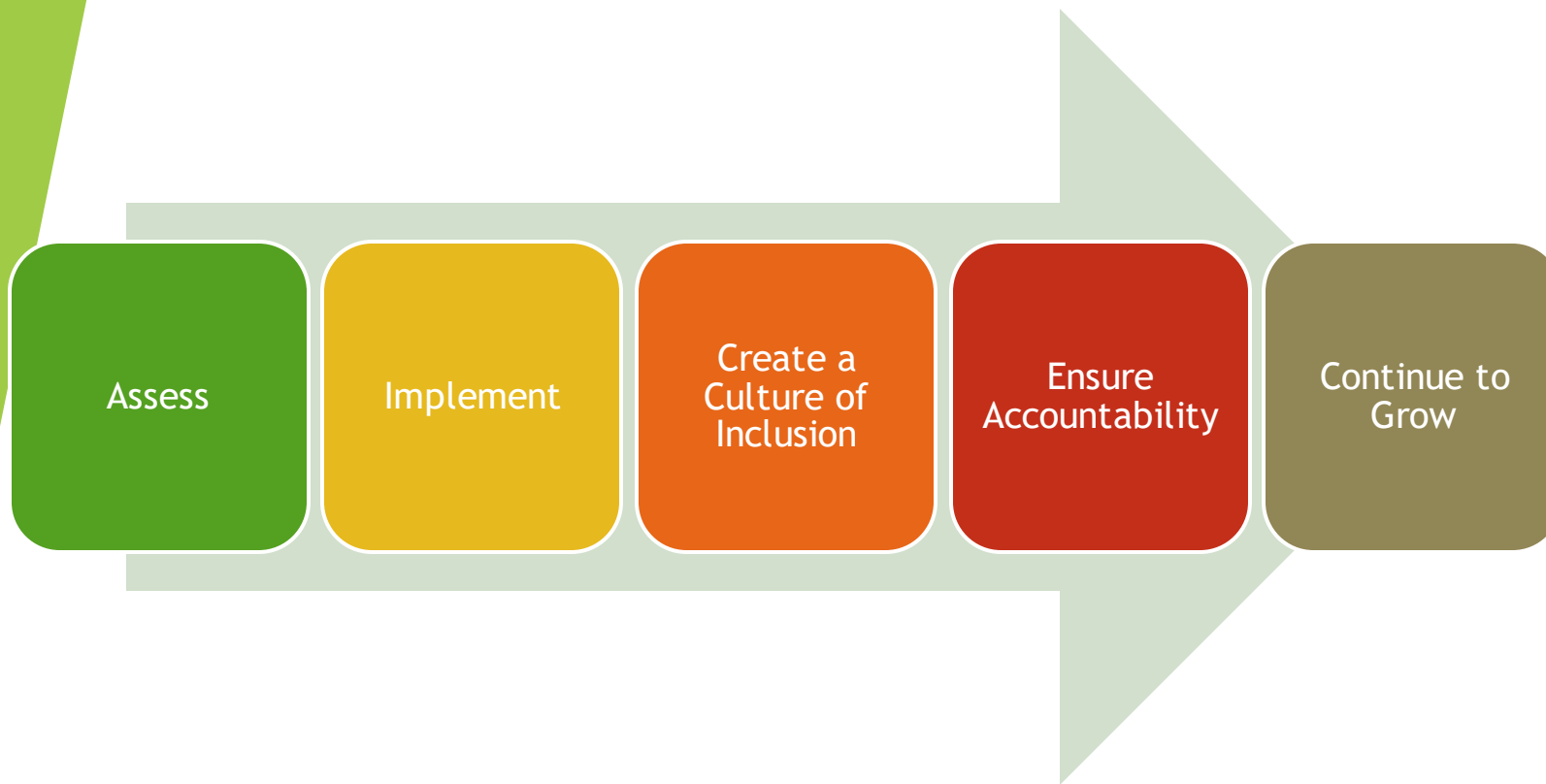
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DATA-INFORMED WORKFORCE PLAN

Core Component of a High-Functioning Health Center



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Data comes from many different sources

- Health center staff
- Community
- Patients and clients
- Organization
- Human resources
- Feedback and surveys
- And so much more...



THE FUTURE OF WORKFORCE

Change is Essential, Inevitable, & Constant



The COVID-19 pandemic and social justice movements changed the workforce landscape. Health centers need to **embrace change and adapt** to the workforce of the future in order to succeed in their workforce strategies.



STAY IN TOUCH!

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 Clinicians.org

 info@clinicians.org

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Understand Cost per Visit Type

- ▶ Understand costs per visit type.
- ▶ Extremely large cost shifts may indicate a service to be furloughed.

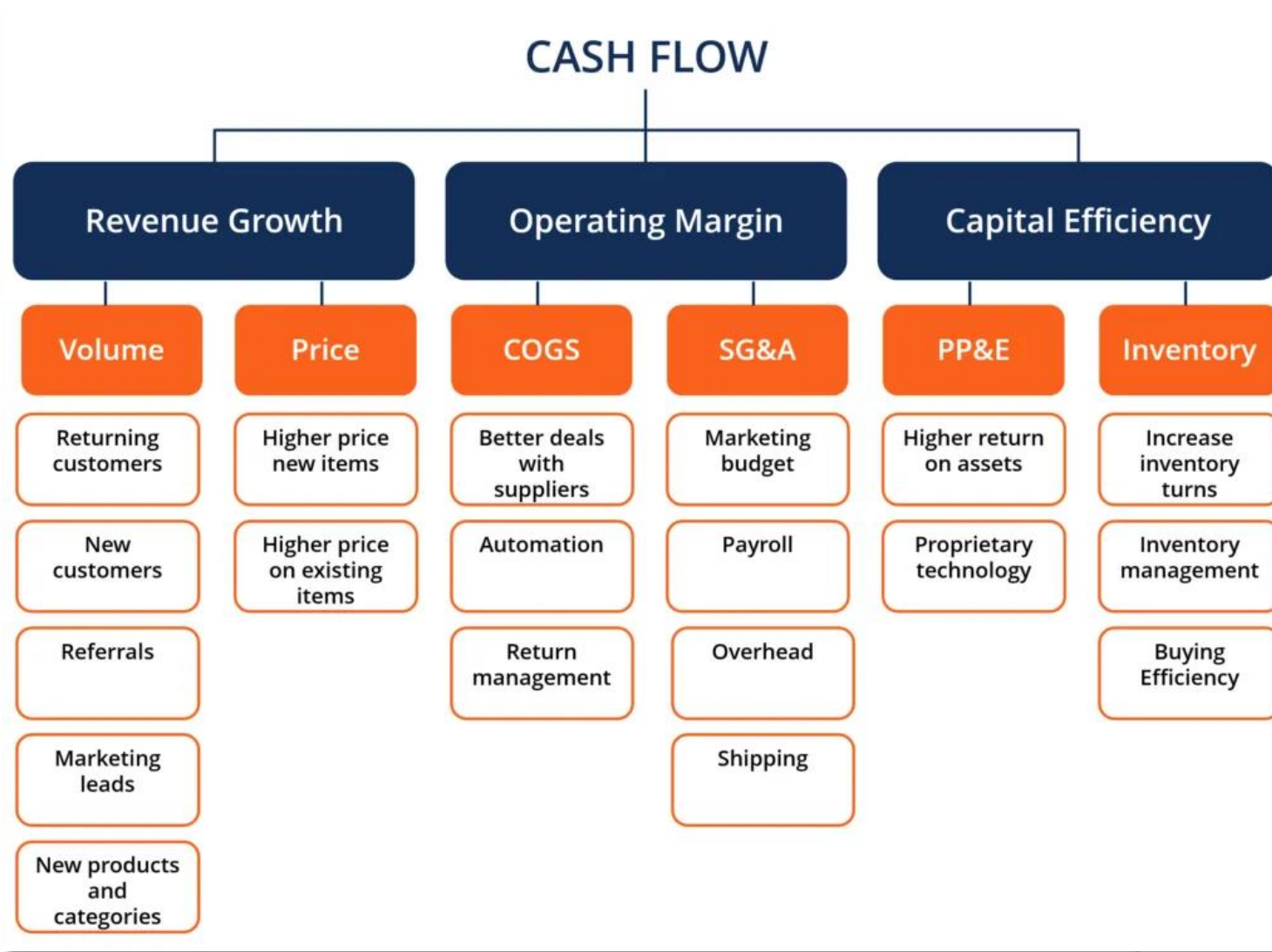


Which Services Were Loss Drivers



- ▶ Primary Care always needed
- ▶ Consider clinical care needs

Understand Cost Efficiency



Apply Your Quality Infrastructure to Finance



<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

Your Response Plan



INITIATE

- Ensure proper financial policies, procedures, and systems are in place and that staff have been trained on proper recording, submission, and/or reporting of awarded finances.
- **Benefit:** Increases the ability to detect and deter fraud, waste, and abuse.



PLAN

- Identify existing resources and capability gaps for threats and hazards and the available financial resources to fill those gaps.
- **Benefit:** Improves a jurisdiction's ability to project disaster financial needs and influence its budget.



EXECUTE

- Effectively and promptly allocate funds among disaster project activities.
- **Benefit:** Ensures that adequate monetary resources are available for a jurisdiction to complete its recovery mission.



MONITOR & CONTROL

- Monitor and track the status of recovery financial resources against stringent requirements to ensure that resources are being used accurately and judiciously.
- **Benefit:** Supports achievement of the program's desired return on investment.



CLOSE

- Close out the project by concluding procurements, archiving documents, and participating in audits.
- **Benefit:** When properly conducted, eases the burden of the audit process.

<https://www.fema.gov/sites/default/files/2020-07/disaster-financial-management-guide.pdf>





STAR² CENTER RESOURCES

- [Self-Assessment Tool](#)
- [Health Center Provider Retention and Recruitment Template](#)
- [Pay Equity Checklist](#)
- [Financial Assessment Tool](#)
- [Compensation Self-Assessment Tool](#)
- [Strategic Workforce Planning Workbook](#)
- [Chief Workforce Officer Toolkit](#)
- [Building an Inclusive Organization Toolkit](#)
- [Burnout Self-Assessment Tool](#)
- [STAR² Center Talks Workforce Success Podcast](#)



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Resources

HRSA Tables/Forms/Presentations

<https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2021-uds-manual-tables.pdf>

<https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2021-uds-financial-operational-tables-webinar.pdf>

Center for Connected Health Policy

<https://www.cchpca.org/about/national-telehealth-resource-center-partners>

FEMA Disaster Financial Management

<https://www.fema.gov/sites/default/files/2020-07/disaster-financial-management-guide.pdf>







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Next Session Reminder:

May 5, 2022, from 1 – 2 pm EDT
(Productivity Issues)



Complete Post – Evaluation Survey



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Thank you!