

State Responses to Address Health Workforce Needs in the Pandemic

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Health Workforce Technical Assistance Center (HWTAC)

- HWTAC is based at the Center for Health Workforce Studies (CHWS) at the School of Public Health, University at Albany, State University of New York
- Provides technical assistance to states and organizations that engage in health workforce planning
- Conducts a number of projects each year designed to provide expert assistance with health workforce data collection, analysis, and dissemination
- HWTAC's website has an extensive resource library of videos, webinars, reports, resource briefs, FAQs, and state health workforce data collection strategies
- Visit us at healthworkforceTA.org

Background and Methods

- The primary objective of this research is to better understand how states responded to health workforce needs during the early stages of the COVID-19 pandemic
- Conducted 32 key informant interviews in 23 states between July and September 2020
- Key informants included state primary care officers, hospital administrators, association directors, long-term care employees, and fellow researchers, among others

Interview Questions

- Each interview was approximately an hour in length
- Interviews were loosely structured and focused on the following questions:
 - How did COVID-19 impact your state?
 - How were health care workers in your state affected by the pandemic?
 - What health workforce policies were implemented in response to the pandemic?
 - How effective were these policies?

How Did States Respond To the Pandemic?

- States used executive orders to respond to the pandemic
 - Executive orders are temporary, but they can be implemented quickly
- Regulatory Flexibility
 - Scope of Practice
 - Facilitating the licensing of out-of-state health care professionals
 - Enabling the greater use of telehealth services

Building Surge Capacity for Acute Care Services

- Recruitment of additional health workers from within and out-of-state
- Shifting existing staff within health systems to areas of greater need
- Utilizing existing staff in new roles

Demand for Health Care Professionals

- The most sought-after health professionals were those with respiratory care and intensive care experience, including:
 - Nurses
 - Physicians
 - Respiratory therapists
- Staffing agencies were overwhelmed during the initial stages of the pandemic

Impacts on Ambulatory Care Services

- Ambulatory care services and elective procedures were “paused” in many parts of the country
 - Limited in-person services
 - Some individuals were furloughed, and others were redeployed
- Lack of access to personal protective equipment (PPE) contributed to the pause
- Telehealth services increased dramatically
 - Behavioral health providers indicated that patients were more likely to show up for telebehavioral health visits

The Health Professions Education Pipeline Was Also Disrupted

- Education pipeline disruption
 - Clinical rotations were not completed
 - Some professions had difficulty meeting clinical requirements due to the “pause”
 - Nurses couldn’t access testing sites for the National Council Licensure Examination (NCLEX)
- Strategies to ensure on-time graduation
 - Providing alternatives to clinical rotations (eg, simulation, off-shift rotations)
 - Allowing trainees to volunteer at health care facilities for education credit
 - Extending the time new nurses could work on a limited permit while waiting to take their exams

Vulnerable Populations

- American Indians living on tribal lands
- Minorities
- Immigrants and refugees
- Meatpacking plant workers
- Residents in nursing homes and assisted living communities
- Rural areas also faced unique challenges since they often lack resources needed to manage acutely ill patients

Closing Thoughts

- We need to continue to monitor the pandemic's impact on the health workforce
- Evaluate the emergency measures enacted by states
- The strategies used to confront the pandemic may ultimately lead to permanent policy changes that create greater access to care

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