

# The Healthcare Workforce Crisis

Health Care Cabinet

November 9, 2021

Matthew Barrett, President & CEO, CAHCF/CCAL

Paul Kidwell, Senior Vice President, Policy, Connecticut Hospital Association

Mag Morelli, President, LeadingAge Connecticut

Tracy Wodatch, President & CEO, Connecticut Association for Healthcare at Home

# Why are we here together?



- ▶ Severe workforce shortages across the continuum of care
- ▶ Whole sector solutions required to meet breadth of need
- ▶ Shortages impact patient movement and care across settings

# Connecticut's Healthcare Providers - A Slice



## Hospitals/Health Systems

- ▶ 1.8 million days of inpatient care (331,000 admitted patients)
- ▶ 8.3 million outpatient services
- ▶ 1.1 million emergency department visits



## Nursing Homes

- ▶ 209 nursing homes across the state
- ▶ 18,000 residents
- ▶ Over 70% of residents are Medicaid beneficiaries



## Home Care

- ▶ 90 home health care agencies serving 15,000 patients
- ▶ 700 homemaker/companion agencies serving 25,000 LTSS clients
- ▶ 7500 PCAs (self-directed) services nearly 5,000 clients

# Connecticut's Healthcare Workforce

- ▶ Largest workforce sector in Connecticut
- ▶ 16% of all jobs in Connecticut or about 270,000 jobs
- ▶ Hospitals/Health Systems: 110,000 jobs
- ▶ Nursing Homes: 30,000 jobs



# Connecticut's Healthcare Workforce (cont.)

- ▶ Specialized staff requiring:
  - ▶ Certification
  - ▶ Technical training
  - ▶ College-level education
  - ▶ Advanced degrees
  - ▶ Ongoing education
- ▶ Critical reliance on the education pipeline
- ▶ Significant and diverse number of disciplines needed to provide care across the spectrum and to all patients, clients, and residents



# Pre-pandemic Workforce Challenges

- ▶ Workforce challenges preceded the COVID-19 pandemic
- ▶ Data pointed to a growing need for skilled professionals, most especially nurses
- ▶ Governor's Workforce Council (GWC) identified need to produce approximately 7,000 new workers a year
- ▶ GWC identified 2,500 CNA open positions at nursing homes alone
- ▶ GWC highlighted need for:
  - ▶ Nurses
  - ▶ Skilled Technicians
  - ▶ Home Health Aides



# Case Study: Nursing

- ▶ More than 50 percent of Connecticut's nursing workforce is over 50
- ▶ Governor's Workforce Council estimates need of approximately 3,000 new nurses a year
  - ▶ Currently graduation approximately 1,900 nurses a year
- ▶ Limited capacity has nursing schools turning away potential candidates for nursing education



# The Pandemic's Strain on Workforce

- ▶ Significant toll on workforce after 20 months of combatting the virus
  - ▶ 6 in 10 indicating that it has impacted their mental health
  - ▶ 3 in 10 considered leaving profession
- ▶ Clinical professionals choosing opportunities off of the front lines of clinical care
- ▶ Employees looking for opportunities outside of healthcare
- ▶ Many considering or opting for retiring early



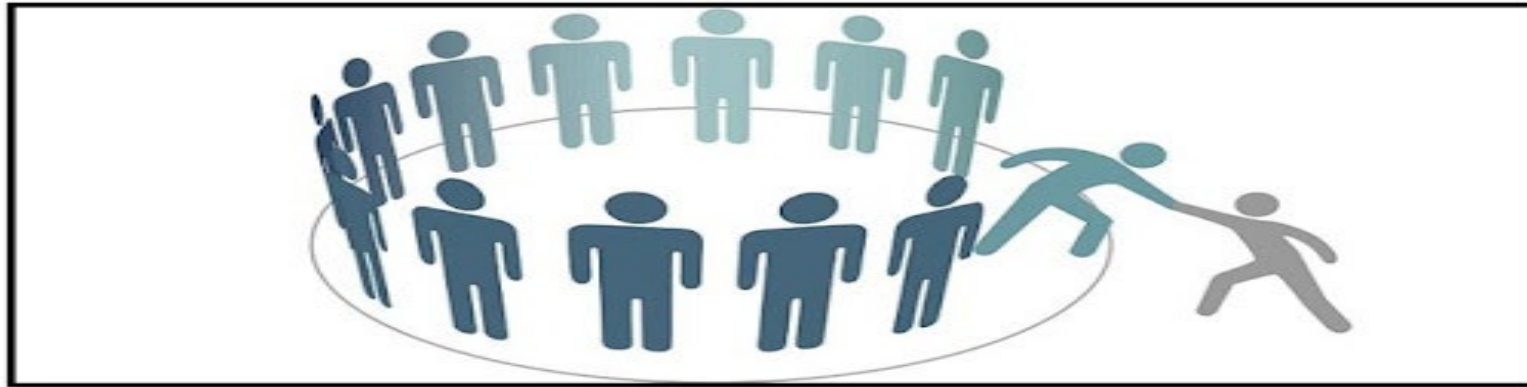
# COVID-19 Impact on Workforce Supply and Access

- ▶ Labor costs up approximately 15% nationally
- ▶ Staff turnover up between 18 and 30 percent
- ▶ Approximately 380,000 jobs lost in the nursing home sector
- ▶ Vacancies for nurses up 30 percent
- ▶ National demand resulting in direct care staffing companies driving up costs to unaffordable levels
- ▶ 58% of nursing homes limiting new admissions due to staffing challenges
- ▶ 100% of respondents to CT Association for Healthcare at Home survey turned down between 25-100 cases a month due to staffing shortage



# Focus on Retention

- ▶ Focus on wellness and creating a culture that promotes self-care and assists with resilience
- ▶ Continue to build workplaces where employees feel safe, valued and engaged
- ▶ Offer opportunities to build skills and grow into new roles



# Enhancing the Pipeline

- ▶ Partnering with universities, colleges, technical schools, and high schools to establish skills needs for the future
- ▶ Need to grow capacity to educate and train future workforce
  - ▶ Additional student slots
  - ▶ Additional faculty and staff
  - ▶ Streamline the LPN to RN training process
  - ▶ Improve affordability and accessibility
- ▶ Examine opportunities to expand clinical placements in all settings



# Focus on Equity and Diversity

- ▶ Extending the focus on equity to the workforce
- ▶ Imperative to adopt diversity, equity and inclusion initiatives in clinical education, recruitment and retention



# Partnership Required

## State Support Needed to Maintain Patient Access to Services

- ▶ Financial assistance to bridge the gap; address immediate workforce shortage
  - ▶ Per diem, locum tenens, travelers
  - ▶ Incentives for remaining or returning to the healthcare sector
- ▶ Reimbursement needs to fully support care delivery
- ▶ Expansion of education and training opportunities
  - ▶ Fund additional faculty positions and placements
  - ▶ Loan forgiveness
  - ▶ Tuition assistance
  - ▶ Online training opportunities
- ▶ Review staff intensive laws/regulations
  - ▶ Workforce supply inadequate to meet staffing ratios
  - ▶ Mandated staffing roles issued without regard to workforce availability
- ▶ Elevated partnership with state economic development and workforce officials
- ▶ Public awareness campaign to inspire job seekers to look at healthcare employment

