A driving force for health equity

Transmitted via email

March 20, 2023

The Honorable Bernie Sanders
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

Re: *Request for Information on Examining Health Care Workforce Shortages*

Dear Chairman Sanders and Ranking Member Cassidy,

On behalf of OCHIN, we appreciate the opportunity to provide recommendations in response to the *Request for Information on Examining Health Care Workforce Shortages.* OCHIN is a nonprofit national health information technology innovation and research network that is comprised of community-based providers at more than 1,000 health care sites with 22,000 providers in 47 states, reaching more than 6 million patients.

Since its inception over 22 years ago, the OCHIN collaborative of community providers has focused on expanding access in rural and underserved communities to quality health care services through technology solutions, technical assistance, operational support, informatics, evidence-based research, and workforce development, training, and continuous evaluation. Today, the OCHIN network includes federally qualified health centers (FQHC), FQHC look-alikes, rural health clinics, local public health agencies, corrections, school-based clinics, tribal health organizations, youth authorities, and small rural hospitals.

Examining the Needs of Today's Health Care Workforce

Across the nation, every state is facing critical health IT workforce shortages in community health centers, local public health departments, and small rural hospitals during a time of worsening patient health inequities. As the unfilled jobs gap widens, the onus has been placed on other non-health IT staff to acquire an increasing array of IT skills and competencies. The deepening shortage of HIT professionals illustrates the need for improved HIT workforce development and training of all health staff, not just staff in the HIT department to meet the needs of patients.

The impact of COVID-19 has decimated the health IT workforce, especially among operational and support staff at community clinics and local public health agencies. Community clinics are struggling to fill vacancies among staff who shoulder administrative and operational duties so that clinicians can focus on care delivery. While hospital staffing shortages have been widely reported, health centers have lost essential support and operational staff and face capacity challenges. This creates an alarming dynamic as community clinics play a critical role in mitigating demands on emergency departments, particularly in rural and underserved communities. Further, without operational and support staff, health center clinical teams shoulder more administrative, health IT, and operational duties that exacerbate clinical team

burnout.

In the OCHIN network, the collaborative's evaluation and analysis team conducted an analysis[1] of member EHR Support Analyst staffing to determine if there is a relationship between EHR Support Analyst staffing ratios/site staffing ratios and seven key performance categories of health centers that are addressed by EHR Support Analysts referred to as "Member Support Program Report" (MSPR).[2] The metrics cover a wide array of categories from operational to clinical metrics such as quantifying failed electronic prescriptions and failed refill requests, for example. We found a correlation between the ratio of EHR Support Analyst to clinic staff and member performance based on the MSPR metrics including the following:

- When adjusting for daily encounters, members with high staff to analyst ratios are significantly associated with worse overall performance than low ratios. Medium staff to analyst ratios have worse performance on average than low ratios, but not at a statistically significant level.
- These findings support OCHIN's current recommendations to member clinics to have staffing ratio of one EHR Support Analyst for every 100 or less clinic staff, with the understanding that the lower the ratio (particularly 1:73 or less), the better the performance.

The foregoing underscores the importance of addressing shortages to ensure both operational and clinical optimizations.

Additional driving forces behind the urgent need for HIT workforce development include:

- Skills gaps in the nation's primary care community clinics grappling with high turnover, clinician burnout, and growing demand for tech and linguistic/cultural competencies to care for diverse populations.
- A rapidly evolving need for workforce upskilling in cybersecurity and technology methods as well as strategies to address natural disasters, and future public health emergencies that are disparity multipliers in rural and underserved communities.
- Increasing mandates for accurate digital health care data collection, security, and information exchange to support new payment and delivery models that require population health management and address social determinants of health such as value-based payment models.
- Long-standing health inequities exacerbated by the convergence of the COVID-19 pandemic with the opioid epidemic and mental health crisis, which disparately impacts rural and underserved communities.

From electronic vaccine passports and online appointment registration to interoperable EHR systems, remote patient management, and social service resource locators (SSRL), technology is in every facet of health care, and it supports efficient, improved, and improved access and health outcomes for patients. New health care delivery and payment models, research, and public health modernization all hinge on meaningful access to modern, secure health information technology and its optimal use by clinicians, patients, social service providers, public health officials, and other health care stakeholders.

Yet, many federal and state recruitment, training, education, and workforce development programs lag

[1] EHR Support Analysts Evaluation, March 1, 2023.

[2] The MSPR Measures include: (1) user acceptance testing completion; (2) revenue cycle integrity; (3) provider opportunity (such as orders with unchanged defaults or SmartTool composition); (4) error pools and "in baskets" (such as failed electronic prescriptions and failed refill requests); (5) Jira responsiveness (exceeding recommended response time); (6) provider masterfile; and (7) work queue volumes (such as potential duplicate patients, lab interface errors, referral provider not indicated).

far behind the need and demand in underserved communities, particularly in rural America. Traditional workforce training programs do not match the existing workforce skills needed by community clinics, frequently take place in brick-and-mortar settings, require college admission or diplomas, take too long, are cost prohibitive for individuals in rural and underserved communities, and are challenging to navigate for individuals facing persistent structural inequality. Federal and state programs remain fragmented without a defined roadmap for technology and health care workforce development and upskilling for existing workforce. They also do not include robust, representative pipelines to address burgeoning demand for talent at the intersection of healthcare and technology. Federal and state funding is largely targeted to programs that do not account for the rapidly evolving technology and health care needs of community-based and public health providers and do not offer modular training for in-demand skills with practical real-world applications that allow for quick progress. Further, many programs fail to provide a pathway to career opportunities and create barriers for many (by requiring high school diploma, college credits, or enrollment in costly programs).

Modernizing the Health Care Workforce

OCHIN is in a unique position to offer recommendations to address health care work force shortages. OCHIN has been supporting and training health centers and health care professionals nationwide for 20+ years. Closing the digital divide includes investing in workforce development expansion that emphasizes connections to community-based health clinics and technology training. The nation needs to invest in and rapidly scale a continuum of health IT professional development, upskilling, and training programs for the health care workforce, present and future. Increasing skills and opportunity for those at the lower paid end of the labor market while establishing pipelines within health care for underserved, underemployed, and under resourced individuals and communities connects workers to high-quality jobs or entry-level work with clearly defined routes to career advancement and well-paid careers with benefits.

OCHIN urges Congress to modernize the nation’s workforce development and training programs by prioritizing the following key elements:

1. Workforce development and training of individuals from rural and underserved communities in partnership with community health clinics, local public health agencies, and rural hospitals as bridges and ladders to additional opportunities in health care and/or technology with a professional pathway along the continuum of options, from community health worker to clinician, health informaticist, or technologist.

2. Targeted investments in community-based workforce development and training at the intersection of health and technology to strengthen community resilience and increase culturally competent care while increasing technology literacy in rural and underserved communities.

3. Building an inclusive workforce, including opportunities for rural America, which is essential in the mission to drive improved health outcomes for patients and communities. Studies show that health disparities will be narrowed by focusing career ladders on individuals with direct ties to the communities where providers and local public health departments need staff--this is particularly true for rural communities.

4. In addition to core health IT workforce development and training, ensure funding for recruitment, funded externships, and ongoing evaluation to keep pace with the evolving needs of employers, changing needs of each community, and need to provide real world agile, experiential learning that

keeps pace with rapid changes in technology. Specific funding is needed to evaluate the workforce needs of the future in the safety net.

5. Programs that enable learners to train anywhere with online flexibility and convenience – at their pace and on their schedule. This is particularly important for rural communities where brick and mortar training programs limit access while increasing costs (including travel and/or re-location costs) to access entry-level and career enhancing opportunities.

6. Creating successful career ladders that include entry-level programs that do not require enrollment in college or any additional requirements beyond a GED as well as upskilling professional development options in technology and priority employment placement.

7. While the need for HIT technical experts will remain, training and upskilling should be an integral part of the professional development of the broader health care team. Pivoting and taking advantage of the shortage in HIT staff to explore alternatives can allow providers to educate and train traditionally non-HIT employees, reducing reliance on single staff members and increasing core competencies among all in the health care field.

The nation's community health centers and public health departments can serve as a leading-edge, community-based training ground to help address the triple challenge of health disparities and digital inclusion for patients in rural and underserved communities, pandemic response and economic recovery for under-resourced communities, and career-track training for underrepresented young people in the burgeoning health IT sector. Current federal and state workforce development and training programs and apprenticeship programs must be updated to account for rapidly evolving technology-based skills and non-traditional workplace settings.

Finally, OCHIN also urges policymakers to ensure health care providers can modernize their health care IT systems with adequate resources to support rapidly evolving cybersecurity training needs and measures.

Thank you for your leadership and inclusive approach to gathering stakeholder feedback to develop solutions to address the persistent health care workforce shortages that adversely impact patients, providers, and communities. Please contact me at stollj@ochin.org if we can provide any additional information or be of further assistance.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs