

# Provider and Community Experience Subcommittee (P&CE)

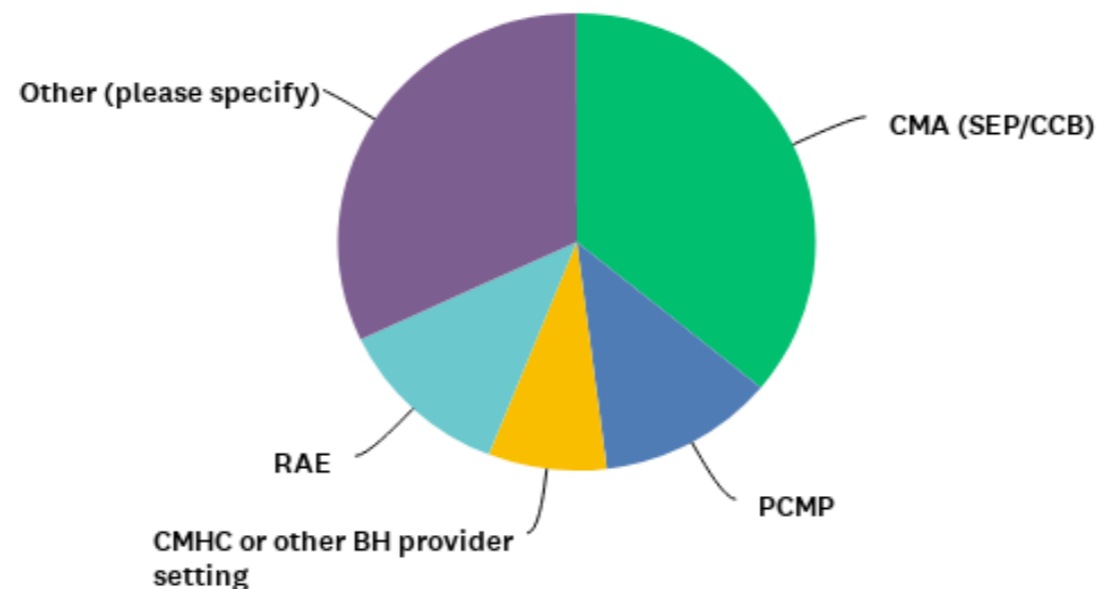
Primary Care Workforce Discussion 1.13.22

January 2022

# 4-Question Survey Monkey 1.13.22

[Click here](#) for complete results

Q1 What setting do you work in/represent: SEP/CCB, PCMP clinic, RAE, other, etc.



25 responses:

9 - CMA(SEP/CCB)

3 - PCMP

2 - CMHC or other BH provider

3 - RAE

8 - Other - *public health, retired provider, health alliance, advocates*

## *Q2: Specific to your work, what are the top three challenges relative to the primary care workforce/workforce in a primary care setting? Be specific.*

### Response themes:

- Shortage of providers and support staff, turnover, retention
- Cutting back on extended hours due to staff shortages
- Lack of willing providers due to low reimbursement rates
- Workload and burnout
- Impacts of COVID: PPE cost, loss of staff due to mandates; Staff out sick/remaining staff overburdened; COVID vaccine-focus takes away from other areas, falling behind on screens, immunizations, admin time for COVID related that may not be billable
- Primary care providers not trained in BH or IDD/DD, managing patients out of their scope (lack of access to specialists or untimely access)
- Inadequate care coordination
- Low pay rate, non-competitive wages/benefits
- No time for person-centered practice
- Women have left due to lack of daycare
- Patient no-shows
- Struggle to make progress on KPIs, APMs (frustration that these initiatives are not hold)
- Financial struggles (especially for smaller clinics): fewer patients hurt bottom line; providers going without pay; increased wages to offset risk
- Cost of education is high - no loan repayment programs or incentives for non-clinical staff who show a devotion to the health care field

## *Q3: If you have recommendations relative to the challenges, what are they? Be specific.*

### Response themes:

- State supported health care workforce database for job applicants
- Increase pay and benefits, provide incentives for continued employment especially in safety net
- Fix administrative licensing policy that limits PAs from being hired into many practices
- Increase reimbursement rates
- Create a stronger more diverse workforce pipeline
- Build capacity and support training to attract/retain staff and provide growth opportunities for support roles
- Easily accessible resource for common disorders
- More student loan assistance/forgiveness
- More levels of certifications and expanded scopes of practice
- More encouragement of mental health days, or hours off
- Allow virtual signatures for all paperwork
- Value-based contracting
- Take some items of the plate of the practices to increase their capacity/bandwidth
- Make APM easier or put on hold, only count established patients in KPIs

## *Q4: How might the ACC program help with these challenges?*

### Response themes:

- Don't know how ACC program can help
- ACC can contribute little to these issues
- Increase reimbursement rates
- Reduce provider burden
- Fund retention incentives and other staff specific incentives
- Fund training
- Decrease barriers for PA practice
- Encourage PCMPs to bolster ability to identify and address BH conditions
- Change payment models
- Reimburse for primary to specialist case-based care collaboration
- Increase RAE payments to providers and standardize across RAEs.
- Remove inconsistent and challenging barriers to care established by the RAEs, such as variations in prior-auth for BH
- KPI for staff retention
- Decrease pressure and initiatives on primary care

# P&CE Contact info

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