



Employer reality: Healthcare Workforce Challenges and Opportunities

❑ What are the most serious workforce shortages your organization is currently facing?

Specific workforce shortages vary geographically across our locations. Filling vacancies in rural settings is especially challenging. While there may be an adequate number of nurses in one location, one hundred miles away, another location could be struggling to fill vacancies and therefore has to rely on costly contract staffing. In general, healthcare workers are highly skilled, highly trained individuals who work in stressful environments, making these positions subject to turnover and hard to replace.

That said, we have shortages in all aspects of our workforce. Specifically, in the area of skilled technologists – Imaging Techs (Nuclear Med, CT, MRI, Radiology), Medical Technologists, Cardiovascular Techs, Laboratory Technicians, and Surgical Techs. There are national shortages that are contributing factors. There are also national shortages of Rehab professionals (Occupational, Physical, Respiratory, Speech), which also impact Billings Clinic Logan Health. On the provider side, there is a nationwide shortage of physicians and Advanced Practice Providers (APPs) in most specialties. Specifically, in our system, Cardiologists, Oncologists, Neurologists, Psychiatrists and Licensed Social workers are some of the most difficult to recruit, even with the use of external recruitment firms.

❑ Which occupations are hardest to recruit for, and which are hardest to retain?

- Our staffing has stabilized in many areas, so the positions with the most serious shortages are often the hardest to recruit. These are the highly technical healthcare specific roles where there are simply not enough higher education institutions offering these programs. Every healthcare organization in the state and region is competing for the limited supply of graduates from a small number of programs. This also makes these positions difficult to retain, given the abundance of opportunities these individuals may be able to relocate and accept a position almost anywhere in the country.
- The positions with the highest turnover tend to be the more entry level positions such as Patient Access, Scheduling, Environmental Services, and Lab Technicians/Phlebotomists, X-Ray Techs/Surgical Techs/OR RNs as well as long-term care caregivers and CNAs.

❑ What recruiting strategies are you using today, and what results are you seeing?

BCLH engages in a multi-faceted holistic approach to recruitment. We utilize the best practice career sites such as Indeed and LinkedIn, industry specific career sites when applicable, in addition to smaller job boards and job fairs. We have noted success with these technical recruitment tools can be varied, especially when recruiting to rural areas.

We maintain a physical presence at career events both locally and regionally, and more recently we are expanding into other states. Our relationships and pipelines of working with local educational institutions are incredibly important. We have many students that come to us for clinical rotations, job shadows, externships, and internships. This allows us to show these students what working at Billings Clinic Logan Health is like, and we see remarkable success in hiring these students, both during their schooling, and once they obtain their degree and licensure. Lastly, the importance of our brand and standing in our communities has led to us being an employer of choice, where prospective employees actively seek out opportunities. Word of mouth is still one of our most effective recruitment tools.

We are also investing in growing our own because we find that retention is better. This includes education, leveling, upscaling, tuition assistance, and partnering with vendors for workforce development. Consistent with this strategy, we look forward to exploring apprenticeship opportunities.

We see the greatest success when we invest in "grow-your-own" workforce strategies.

Examples include:

- RN Residency Program
- CNA Trainee Program
- RMA Trainee Program
- RMA to CMA Career Pathing
- Surgical Technology Internship Programs
- Relationship-based recruiting
- Early engagement with students and local schools (Classroom Visits & Presentations)
- Internal career pathway development (Oncology Infusion Fellowship, Operating Room RN Fellowship/PeriOp101)

☒ Where are the biggest barriers: pay, training capacity, supervision, licensing timelines, geography, reimbursement, or something else?

All the items mentioned above pose workforce barriers.

- One of our biggest barriers tends to be the national shortages of certain positions, and the added difficulty of recruiting that small candidate pool to smaller rural areas. Compensation is always a moving target, but we are committed to being as competitive as possible.
- Lagging reimbursement structures make it difficult to pay wages competitive with nonhealthcare jobs on the lower end of the pay scale for jobs such as CNAs, MAs and as well as registration and billing staff. We often see these workers leaving healthcare jobs for better pay and benefits as well as better hours to work in another industry such as retail or hospitality.

- Additionally, virtual options allow employees opportunities to work from home. This has added an additional barrier to recruitment as many of our jobs require at least some on-site presence. In rural areas especially, this has shrunk the availability of the pool since individuals who may have sought employment at the hospital now can look to remote work as a competing option.
- Geography also often plays a part in recruitment and retention. While some areas are generally considered a more desired location than others, there are barriers that go beyond personal preference. The lack of affordable housing and childcare can be a deterrent to even the most motivated recruit. Additionally, many areas face a shortage of viable employment options for spouses.
- Training capacity and opportunities are a contributing factor to workforce shortages in our region. Across the board, we lack programs in a multitude of fields, such as lab and radiology technicians.
- On the physician side, while we see opportunities to create and expand new residency programs in our state, the capacity of our practicing physicians to teach more residents is limited. Most of our physicians are already teaching medical students, APP students, and residents (i.e., learners). Adding more residents means requiring more teaching time from physicians with busy schedules. In most areas, there are already waiting lists for patients to be seen. When a physician has a learner with them, they want the experience to be as meaningful as possible. That means taking more time to ensure that the learner is truly learning. Generally, when physicians teach, they are not as efficient as normal and therefore, see fewer patients. We must balance the needs of future generations with the needs of today's patients.
- The national immigration process and delayed processing of visa applications, even for experienced healthcare workers, has proven to be a barrier in recent months. Changes with the current situation have made it more difficult to fill highly specialized professions with foreign workers. This is especially true when it comes to physician recruitment in certain specialties for which there a quite simply not enough US physicians to meet the needs of our population.
- Our biggest obstacle in relation to licensure requirements relates to supervision requirements for behavioral health providers to gain full licensure.
- While our community is supportive of "growing our own" healthcare workforce, stronger partnerships are needed between high schools and colleges to better guide younger generations toward healthcare careers. At times, it feels as though our Talent Acquisition teams are carrying much of the responsibility for generating interest, providing information, and connecting community members with training opportunities at colleges and universities. Many students and families simply are not well informed about where to begin, and they often lack the support needed to successfully navigate the education and training pathway.

❓ For long-term care and similar settings, are the workforce issues different from those faced by hospitals or clinics?

Often, long term care is a vastly different environment. This work can be challenging both physically and emotionally, leading to burnout and turnover. Also, especially true in this area, reimbursement is not adequate to cover the cost of operations, which makes it difficult to pay competitive wages.

❓ Are there occupations where you would hire and train more people if the financial or regulatory structure made it more workable?

Yes! We are doing as much as we can and would absolutely do more of everything if we had the capacity and adequate reimbursement to cover the educational costs and impact to productivity. Since these educational pathways are expensive, and may not be accessible to everyone, there are more opportunities for scholarships, or more resources/incentives for hospitals to provide in-house training programs, apprenticeships or other support with tuition while employed.

❓ If the task force were to focus on only a few employer-facing barriers, what should rise to the top?

Survey the front-line leaders of hospitals large and small to better understand their most important needs. Ensure that the education system can be nimble, flexible, and adaptable. Focus on getting the funding for the on-the-job side of things in concert with both secondary and higher education, so we are rowing in the same direction. Focus on more Degree/Licensure opportunities locally/regionally that are historically difficult to hire for – Nuclear Medicine, Respiratory Therapy, Cardiovascular Technologists, etc. We need to establish an ongoing feedback loop from healthcare facilities on what is needed. We also feel there are opportunities to expand high school learning beyond CNA to include other occupations such as phlebotomists.