

Coronavirus – impact on health care workforce

A breakdown of key trends impacting the health care workforce during the COVID-19 pandemic

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Producer

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Key trends in the health care workforce during the COVID-19 pandemic

High risk



- Health care workers are **on the front line of the pandemic**
- **Supply shortages** are putting them at greater risk and could force them to **make life and death decisions**

Unemployment



- **Delays in non-urgent procedures** are leading to **lay offs** in outpatient offices
- Health care system gained **312,000 jobs in May**, after significant job losses from February to March

Labor shortages



- States are taking action to **expand their workforces** by recruiting retired practitioners and medical students
- **Child care shortages and mental stress** also strain the labor field

Health care employment dropped by 1.4 million in April as the pandemic forced delays in non-urgent procedures

Relevant employment trends in the health sector



The vast majority of job losses were from outpatient facilities as the federal government told providers to delay unnecessary visits



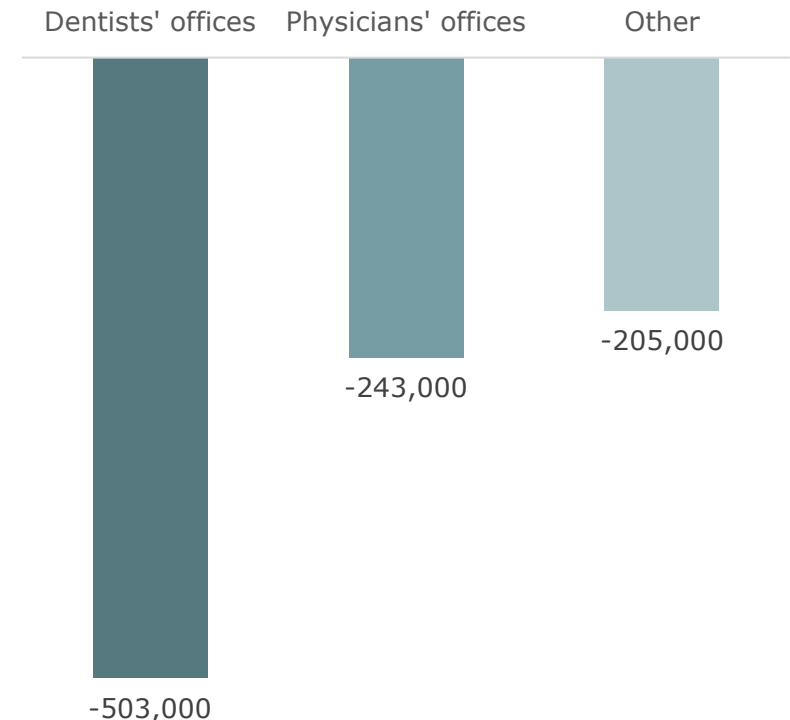
Hospitals did not see any job losses in net in March, but some hospital systems have begun cutting worker pay and benefits



The health care sector has seen a hiring boom in recent years, but **most of those roles were administrative rather than clinical**

Health care system job losses in April, by type

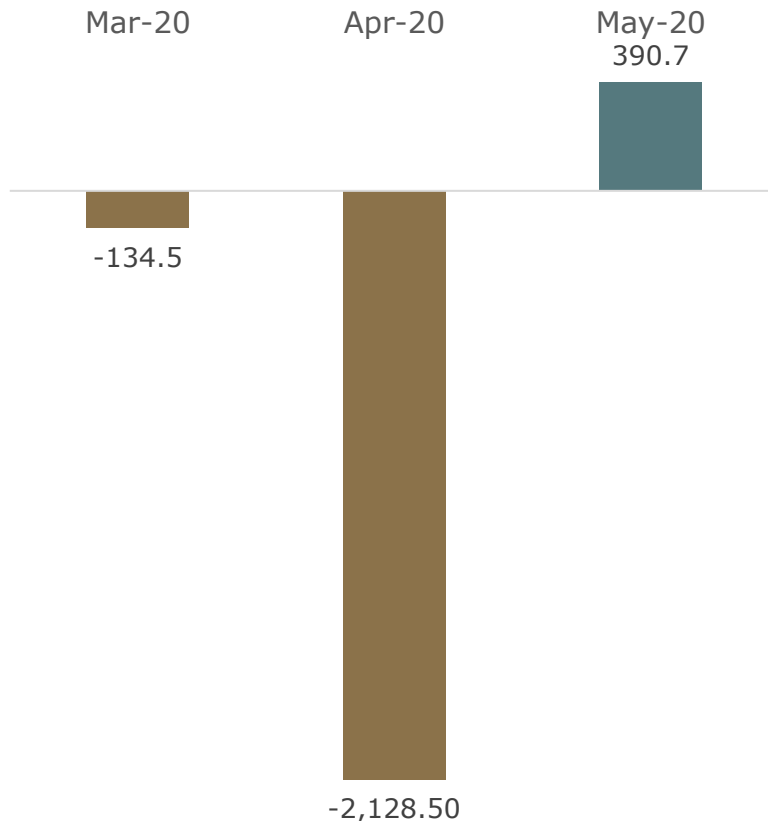
BUREAU OF LABOR STATISTICS, APRIL 2020



In May, health care employment rose, showing a slight recovery from drastic drops in previous months

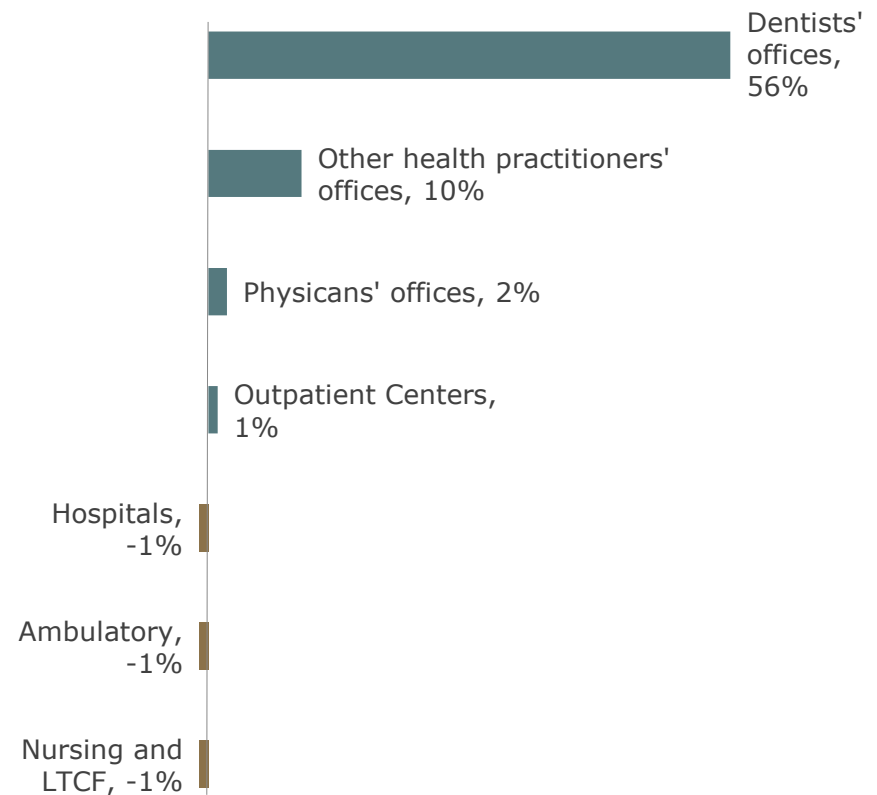
Health care and social assistance employment changes in thousands

BUREAU OF LABOR STATISTICS, IN THOUSANDS



Share of health care employment changes from April to May, by industry

PETERSON-KFF, APRIL-MAY 2020



Sources: Bureau of Labor Statistics, Peterson-KFF.

Health care workers on the frontline spend more time around the virus, increasing their risk of contracting COVID-19

PPE shortages



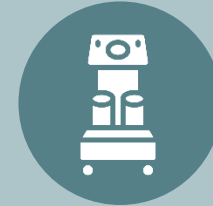
- The US does not have enough personal protective equipment (PPE), like masks and gloves, to keep workers from becoming infected, leading providers to adapt with non-medical substitutes, like bandanas
- Reports of these shortages were corroborated by a recent report from the HHS OIG
- Frontline health workers in China, Italy, and the US have died of COVID-19

Mental toll



- In a recent report from the HHS OIG, hospital administrators expressed that fear and uncertainty were taking a professional and personal emotional toll on staff
- Workers run the risk of spreading the disease to their families, driving some to socially distance from members of their household

Impact of supply shortages

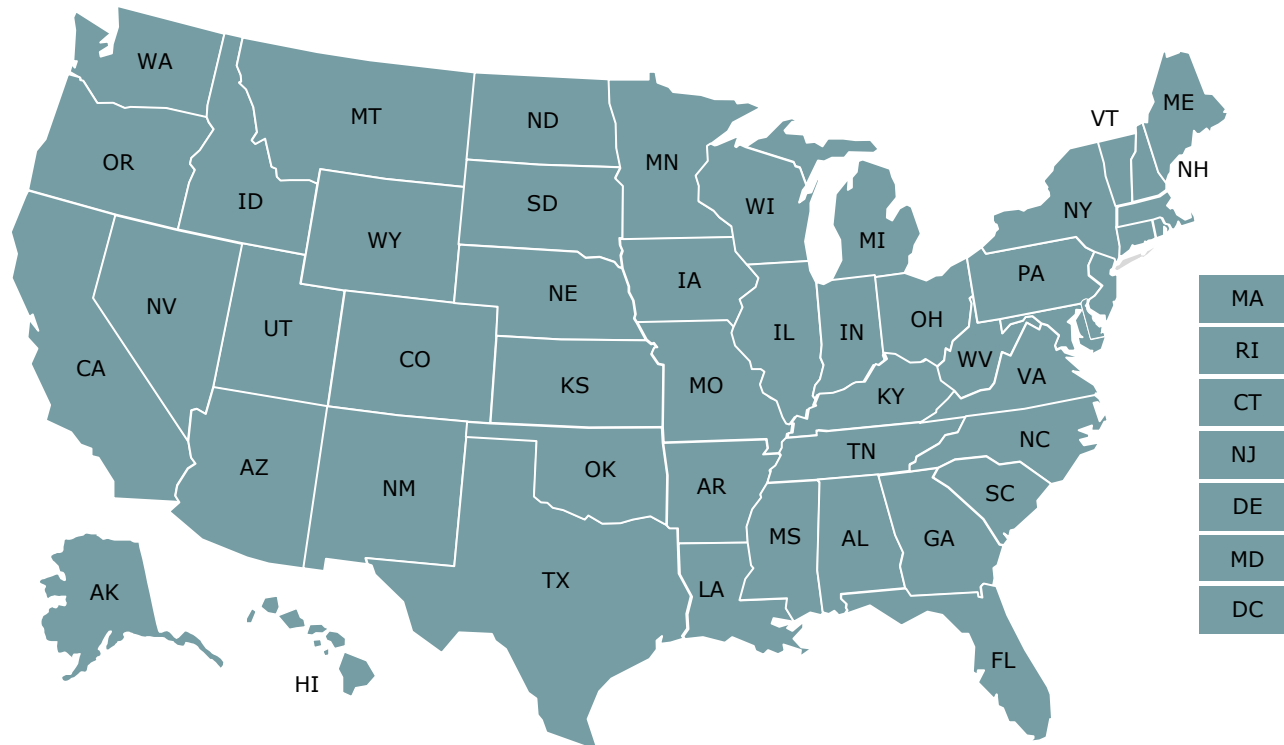


- Were hospitals to run out of life-saving equipment, like ventilators, health care workers may be put in the position of deciding which patient receives essential treatments
- *Example:* NYU Langone Health told ER doctors they have “sole discretion” to place patients on ventilators and have institutional support to “withhold futile intubations”

As of May 5, all states and territories are waiving certain licensure requirements in response to COVID-19

States with waivers on licensure requirements, allowing medical professionals with valid licenses practice out-of-state

FEDERATION OF STATE MEDICAL BOARDS, AS OF MAY 5



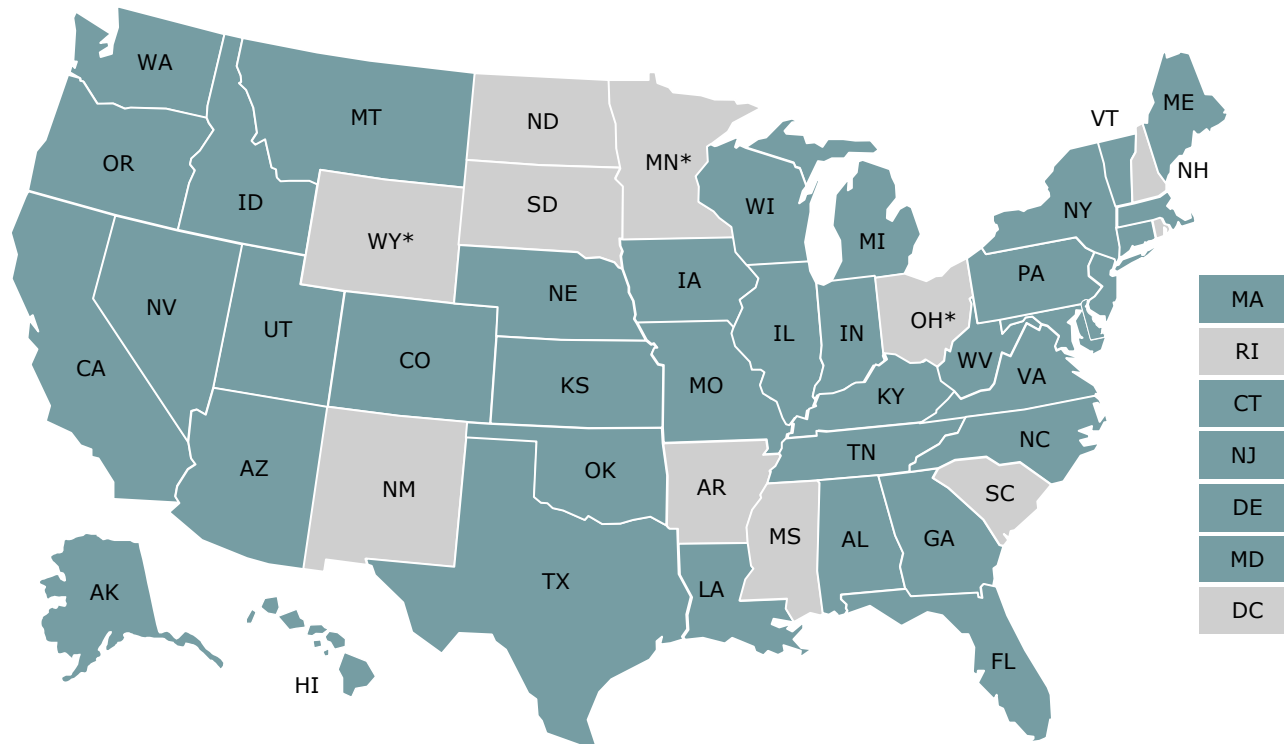
Sources: Federation of State Medical Boards.

Molly Newell | Slide last updated: June 23, 2020.

As of June 9, 39 states are expediting licensure for inactive or retired licensees

States expediting license renewal or activation for inactive or retired licensees

FEDERATION OF STATE MEDICAL BOARDS, AS OF JUNE 9



* State is considering policy change, has a bill pending, has vague existing guidance, or requires that out-of-state practitioners have a preexisting relationship with the patient

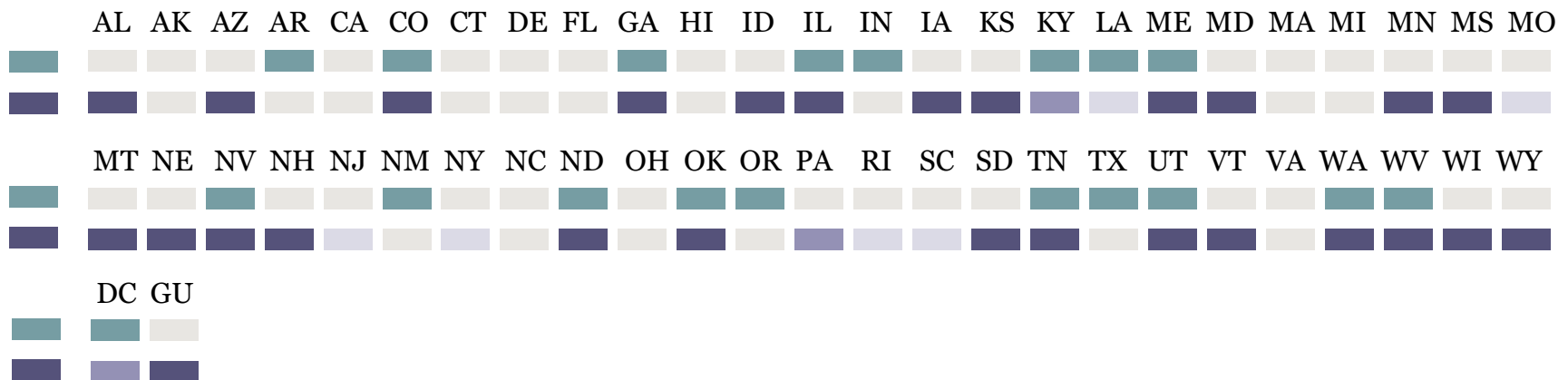
Sources: Federation of State Medical Boards.

States are activating interstate compact laws in response to COVID-19, making it easier for practitioners to work where needed most

State membership of interstate licensing compacts

NCSL, ILMCC, APRIL 1, 2020

- States that have passed a version of the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)
- States that have joined the Interstate Medical Licensure Compact (IMLC)
- States where compact legislation to join IMLC has been introduced
- States where IMLC legislation passed, implementation in process



What is UEVHPA?

- UEVHPA legislation allows states to recognize out-of-state licenses for certain health practitioners during a state of declared emergency
- States must have a system in which all volunteers must register
- Developed in 2006 by the Uniform Law Commission

What is the IMLC?

- States within the Interstate Medical Licensure Compact have a permanently expedited process that allows doctors with a license in one state to quickly apply for a license in another compact state
- Roughly 80% of physician meet IMLC licensure criteria

Sources: National Conference of State Legislators, Interstate Medical Licensure Compact Commission, Politico.

Some schools are offering early graduation for medical and nursing students to bolster the available health workforce

Highlights



California: The newly created California Health Corps is recruiting health care providers, including medical students nearly completed with their studies



Massachusetts: The state's Board of Registration of Medicine is prepared to offer medical school graduates with provisional 90-day limited licenses



New York: State law allows students who have graduated medical school to practice under the supervision of a licensed physician as long as it is a part of an accredited residency program



Illinois: Gov. Pritzker said his administration is exploring options to allow some fourth-year medical students and nursing students at the end of their programs to help with relief efforts

Barriers to fast-tracking



Strict state licensing requirements



Low PPE availability limits the number of health workers who can responsibly work with patients

The nation's 4.5 billion direct care workers face unique risks during the COVID-19 pandemic



Impact on direct care workers

- Many of the tasks direct care workers perform—including moving patients or helping them bathe—make social distancing impossible
- Shortages of gloves, masks, and other PPE put workers at an increased risk of contracting or transferring the infection
- Workers are less likely to have health insurance or paid sick leave, meaning that quarantining could have severe economic consequences



Impact on patients

- At least 12 million people rely on direct care services annually, particularly the elderly and those with severe disabilities who are highly vulnerable
- Requiring in-home care increases the risk of contracting and transferring the infection
- There are concerns that the pandemic will exacerbate existing shortages of direct care workers, making it harder for patients to access needed services

Profile of direct care workers

Nearly 90%
are women

Almost 60%
are people of color

1 in 4
is an immigrant

Nearly one in three health care workers has a young child at home

Health workers' child care needs

4.6
million

or 30%, of frontline health workers have children under age 14

78
percent

of those workers are women

15
percent

of health workers have children but don't have another family member to provide care

3.5
million

children of health care workers in the most populated areas who could need emergency child care

Gaps in child care availability



Many normal sources of childcare have closed, including schools and day care. In 15 states, schools have closed or recommended closures to the end of the academic year.



Some state governors are allowing certain child care centers to remain open for essential workers and their children.



Some hospitals and universities have set up **independent babysitting networks** for health workers.