

COVID-19 and the Health Workforce

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Abstract

The health workforce has been greatly affected by COVID-19. In this commentary, we describe the articles included in this health workforce research supplement and how the issues raised by the authors relate to the COVID-19 pandemic and rapidly changing health care environment.

Keywords

COVID-19 pandemic, health workforce research, access to care

The COVID-19 pandemic has had a profound impact on the health care delivery system. It has changed the way care is delivered and demonstrated the need for a sufficiently sized and well-trained health workforce. The health workforce has been crucial to the nation's ability to manage the pandemic.

A number of workforce strategies were implemented to initially respond to the pandemic and build surge capacity. Many of these strategies focused on creating state-level regulatory flexibility. States modified scope of practice rules for health professionals, allowing some to practice more autonomously. Some states allowed health professionals licensed in other states to practice in their state even though they were not members of cross-state licensing compacts. In addition, state and federal laws and regulations were implemented to support the use of telemedicine so patients could consult with health care providers from home.

The full impact of COVID-19 on the health workforce will not be known for some time, but a number of the resulting changes may be long lasting. The articles in this supplement were written prior to the pandemic and cover a variety of health workforce issues, all of which have been affected by the pandemic. Below, we describe the articles in this special issue and their relationship to the pandemic and the rapidly changing health care environment.

Fraher et al. (2020) described the evolving role of medical assistants (MAs) in primary care offices. MAs are a low cost and flexible workforce for primary care practices, and they are increasingly taking on new roles. For this study, MAs and family medicine physicians in North Carolina were surveyed to assess their perspectives about the role of MAs in the practice. The study finds that MAs and physicians agree on the role of MAs in most activities including visit planning and direct patient care, but there are some key differences.

The roles of MAs have continued to evolve during the pandemic. MAs are often responsible for the initial screening

of patients entering a clinic for symptoms of COVID-19 in North Carolina. They have also been vital to the expanded use of telemedicine in primary care practices. MAs call patients ahead of telehealth visits to ensure they know how to use the video system and assist them when they do not. In addition, MAs have also taken a more active role in care coordination since the onset of the pandemic, scheduling follow-up visits and referrals to specialty clinics.

Pittman et al. (2020) examined variation in the productivity of advanced practice clinicians (APCs; nurse practitioners and physician assistants) across community health centers (CHCs). They analyzed organization-level conditions such as staffing ratios and productivity incentives that may contribute to high or low CHC productivity. They found that organizational policies that treat APCs and physicians the same were associated with higher CHC productivity. These policies include scheduling APCs and physicians for the same number of visits and not paying physicians to supervise APCs. These results suggest that organization-level policies and practices that provide APCs with greater autonomy and authority may

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increase the productivity of CHCs and other facilities during and after the pandemic.

In their article, Surdu et al. (2020) assessed trends in gender diversification in dentistry. Between 2010 and 2016, the percentage of women dentists increased from 25% to 30%. The authors reported that female dentists are more racially/ethnically diverse and have different practice characteristics than their male counterparts. The impact of the pandemic on dentistry has been significant. It's possible that the pandemic may accelerate the paradigm shift in dentistry from an emphasis on intervention and treatment to an emphasis on prevention and early diagnosis. Many dental services generate aerosols, making infection control for COVID-19 challenging. As a result, dental practices may be forced to use less invasive approaches, which generate less aerosol, to treat oral health issues.

Access to dental care remains a significant problem for underserved populations, many of whom lack any dental insurance or rely on limited dental benefits to pay for care. Surdu et al.'s study suggests that gender diversification could help mitigate disparities in access. They find that female dentists are more likely to serve publicly insured patients, which is likely of even greater importance in a time of high unemployment and greater reliance on public benefit programs. It is also notable that female dentists are younger than their male counterparts, which could lead to a durable shift in the care of underserved populations.

Mroz et al. (2020) described impacts of organizational characteristics on occupational and physical therapy assistant employment in skilled nursing facilities (SNFs). Therapy assistants represent about half of the therapy workforce in SNFs. Nursing homes have been at the center of the COVID-19 crisis in the United States due to the large outbreaks in these facilities and the high mortality rates. The high mortality rate in these settings was not surprising because nursing homes care for vulnerable populations in close quarters. Short-stay residents in SNFs receive therapy so they can return home, while long-stay residents receive therapy to prevent or slow further declines in function. Individuals who have survived COVID-19 may also benefit from therapy in SNFs to address functional limitations resulting from or made worse by the infection. The pandemic required multiple changes to the delivery of care in nursing homes, including the provision of occupational and physical therapy services. For example, group therapy sessions in communal spaces, which were being used to provide more cost-effective therapy services, were no longer tenable and treatments had to be provided to patients individually in their rooms.

Dudley et al. (2020) examined the impact of state policies on nurse delegation in home-based care. They conducted semistructured interviews of directors of long-term care programs, home care and home health agency directors,

and direct care workers in four states. Home care aides provide essential services to people with disabilities in their homes. Their ability to meet their clients' needs is key to their clients' safety and ability to remain at home. The authors reported that regulations that reduce home care aides' scope of work hinder their ability to provide care in the home. The pandemic has helped providers recognize that it is safer to provide care to people at home, and policies to support and expand home-based care will help protect those with disabilities and long-term care needs.

The health workforce issues considered in the articles in this supplement are arguably even more important today than at the time of the papers' preparation due to the changes to the health care system caused by COVID-19. The pandemic has forced states to innovate to meet the needs of their population and at the center of that response has been the health workforce. All health care providers have been affected by COVID-19, including those working in primary care, oral health, and long-term care, which are considered in this issue. Health care providers in primary care now increasingly rely on telemedicine to safely consult with patients, oral health care providers have had to cope with minimizing aerosol generating procedures, and health workers in long-term care have had to change the way they deliver therapy services. The pandemic has also exposed the vulnerabilities of these important workers, and protection of their health and well-being—and that of their families—must be prioritized. Health workers have been affected by the pandemic, and there is growing recognition of the need for a strong and resilient health workforce.


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