Fill in the Blanks

The latest trends in clinic staffing

By Elizabeth Siemsen and Mike Coppola, MBA

The lingering effects of the pandemic and overall economic environment continue to impact staffing in medical groups. From the results of our *2023 Clinic Staffing Survey* based on 2022 performance, the most critical issues facing AMGA members were turnover, a lack of qualified applicants, and labor expenses.

The *2023 AMGA Clinic Staffing Survey* included both qualitative and quantitative findings. Quantitatively, the benchmarks include metrics by specialty and for each clinic role, and ratios per physician, per provider, and per 10,000 work RVUs (wRVUs). On the qualitative side, medical group leaders were questioned about priorities and tactics relating to the ongoing workforce instability. The goal of combining these two methods was to understand more fully how groups were dealing with the staffing issues, adapting, and preparing for future staffing constraints.

We aim to discuss the trends in the survey results on clinic staffing levels and provide insights on how the market is working to continue to provide care and optimize operations despite the operational difficulties created by workforce shortages. The insights provide a glimpse into how groups are thinking about care redesign in the face of ongoing labor challenges and tactics to recruit and retain staff.

Demand for Staff

In the *2023 AMGA Clinic Staffing Survey*, the median total clinic staff of 2.12 per provider has returned to pre-pandemic levels, when three years ago, the *2020 AMGA Operations and Finance Survey* results showed a median of 2.13 (Figure 1). Beginning with the 2021 survey results (based on 2020 data), overall staffing was impacted by fluctuations in clinic staffing levels and provider levels throughout the pandemic.

Figure 1

2023 Median Total Clinic Staff per Provider

Looking at the 2020 results as a baseline, the decline in the 2021 survey was the result of the sharp volume decline at the onset of the pandemic combined with substantial operational changes. These changes included layoffs and furloughs to manage staffing-to-demand under extreme circumstances. At the onset of the pandemic, some groups went so far as to close clinic locations in response to the drop in demand and as operations evolved during the pandemic.

On a closer look, the recovery in the staffing seen in the 2023 survey results can be attributed more to increases in front office/administrative roles rather than clinical roles. Groups became more efficient through a combination of staffing challenges and operational improvements resulting in a decline in the medical staffing levels for medical assistants (MAs) from 0.93 in the 2020 survey down to 0.77 in the 2023 survey. By contrast, the trend for median total front office/administrative support roles show a nominal increase

from 0.63 per provider in the 2020 survey to 0.71 in the 2023 survey. The recovery in staffing overall appears to mask the challenges to staff most patient care roles.

Real Differences when Volume Adjusted

Looking at the staffing trend using a per 10,000 wRVU basis provides a lens for how groups staffed to demand over the four-year period. The median total clinic staff per 10,000 wRVU in the 2023 survey is 3.79. This metric has seen a steady decline from the 2020 survey results. One factor impacting this metric is the 2021 Centers for Medicare and Medicaid Services (CMS) physician fee schedule changes, which increased wRVU, particularly in the outpatient setting, beginning in the 2022 survey year results. The decline in the 2021 ratio is to be expected, given a decline in both number of staff and overall wRVU from patient care impacted by the onset of the pandemic. In the 2022 results, further decline is partially attributable to the combination of the volume recovery and the CMS wRVU weight changes. The even lower 2023 results indicate a smaller number of staff in total compared to the prior year. Where the trend in the per provider metrics indicates an increase in clinic staff outpacing the increase in the number of providers, the trend on the median per 10,000 wRVU basis indicates the staffing recovery is slower than the increase in wRVU in the clinic setting.

This trend is driven primarily by staffing for direct patient care roles of registered nurse (RN) and MA. The same decline in the per provider metrics is present for ratios of these roles in the per 10,000 wRVU metric. The graph below shows the trends for these roles, each indicating lower staffing levels (see Figure 2).

Figure 2

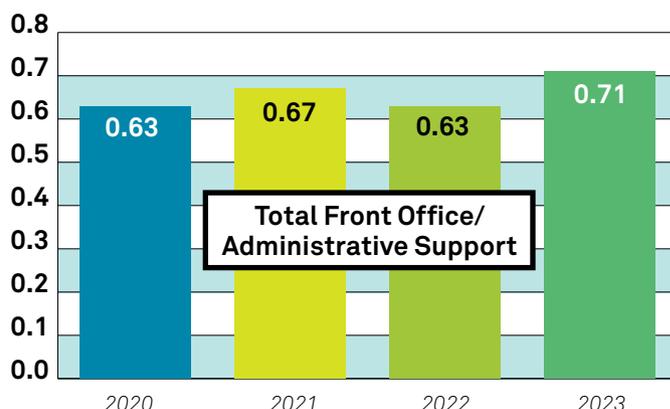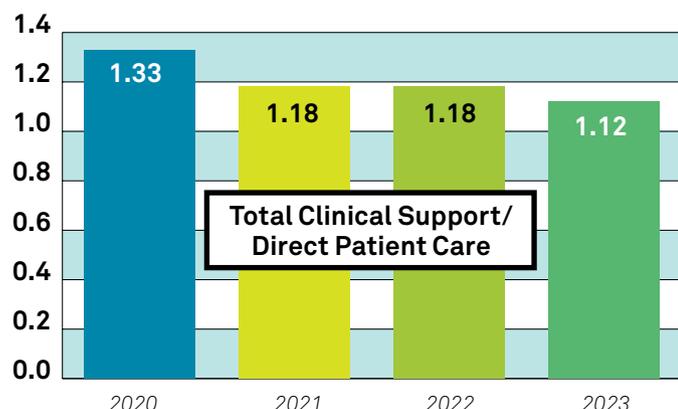# Trend Comparison: Median Staffing per Provider
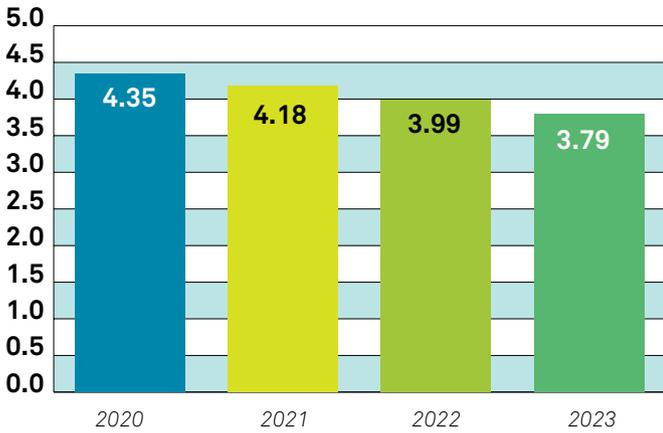
Figure 3
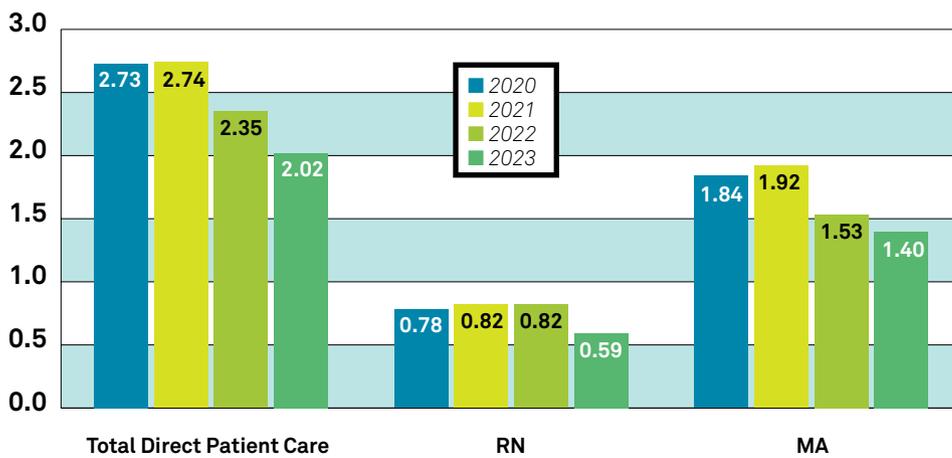## Median Total Clinic Staff per 10,000 wRVU

Median Clinic Staff per 10,000 wRVU

Figure 4

groups have been employing myriad potential solutions to manage staffing instability while meeting demand for patient care during this time. The *2023 AMGA Clinic Staffing Survey* specifically attempted to identify tactics deployed to meet the current challenge. This includes tactics focused on three areas: compensation and incentives, process improvement and automation, and care model changes (see Figures 5–7).

Compensation and incentive tactics vary between those focused on attracting applicants and those focused on retaining existing talent. Leveraging wages and labor expenses is a common tool organizations use both to retain and to attract talent, and the survey results outline several levers groups use involving wages. Comparing the 2023 results to those from the prior year, the percentage of groups pursuing these options increased. For example, 88.2% of respondents indicated the use of referral bonuses in 2023, an increase from 82.8% in 2022, and 55.7% of respondents are looking at making changes to benefits packages, also an increase from 2022 at 41.1%.

Sign-on bonuses are a common recruitment tool, and 77.6% of respondents indicated their use in 2023, up from 69.0% in 2022.

Now more than ever, medical groups are focusing on approaches to improve clinic operations with increased efficiency. Groups are beginning to explore the use of AI technology to automate processes and reduce or eliminate administrative tasks to help address staffing challenges. Of those responding, 90.6% are increasing the use of their online patient portal to reduce phone calls for scheduling services, reviewing results, and accepting payment. Of the groups responding, 66.7% indicate increasing utilization of automated approaches to copay collection prior to the visit. Resources to support the check-in process are further streamlined for 65.8% of respondents who have deployed self-check-in/kiosks for office visits. Leveraging technology is one key approach groups are employing to reduce the reliance on person-to-person interactions for these types of tasks.

Care model changes are not new, but staffing shortages have also led groups to research different care models and resources in the clinic setting to meet patient care needs more effectively and efficiently. Of the respondents, 72.2% are making changes to the care team in 2023, up from only 52% in 2022. Groups are increasing efforts to ensure staff are working at the top end of their skill sets in efforts to drive engagement and retention.

Overall, the trend from the 2020 through 2023 survey results, on a per 10,000 wRVU basis, indicates careful management of clinic staff resources to patient demand, whether driven by intentional operation decisions or a lack of available staff resources.

Working Through Workforce Challenges

Survey results indicate that the median increase in staffing cost from 2022 to 2023 was 10%. The increase in staffing cost is driven by engaging temporary labor resources, paying premiums over standard wage rates to current staff to fill open shifts, and overall inflationary wage increases that will not reverse.

Medical group executives identified the lack of reliable staff in the MA role as most detrimental to clinic operations. Medical

Figure 5

Tactics Implementing in 2023 and/or Implemented In 2022 as a Response to the Staffing Challenges in the Market

Tactic	Percentage
Virtual/remote work options	93.51%
Referral bonuses	88.16%
Coordination with local educational institutions for training	85.53%
Sign-on bonuses	77.63%
Job-sharing/schedule flexibility	71.83%
Centralization	70.83%
Use of temporary labor	70.67%
Change position/job requirements	66.20%
Changes to benefits package/requirements	55.71%

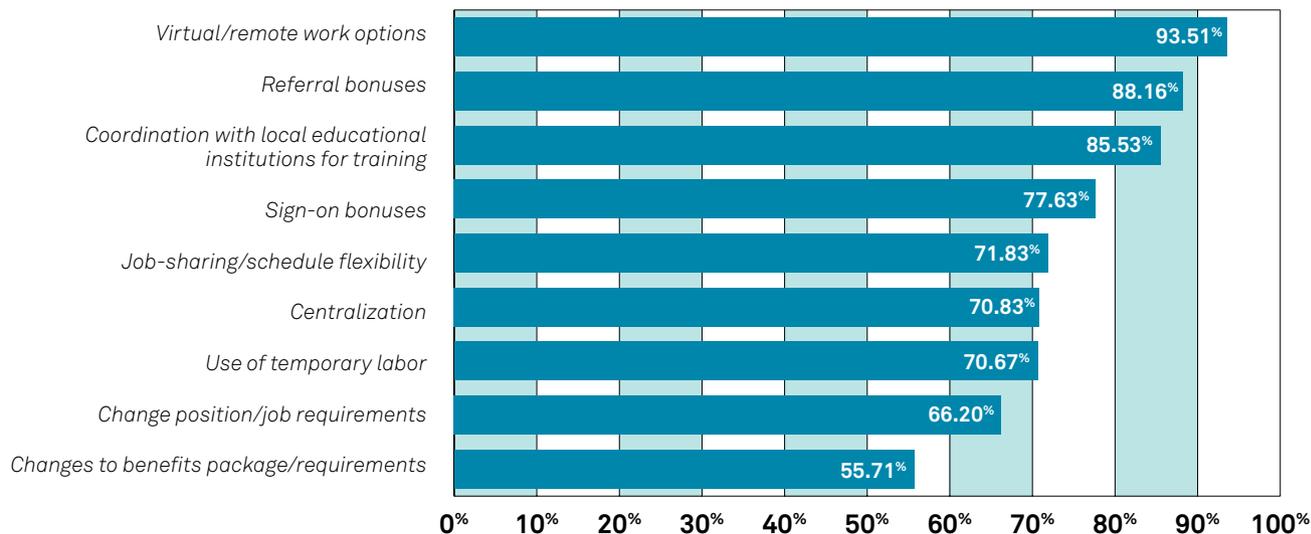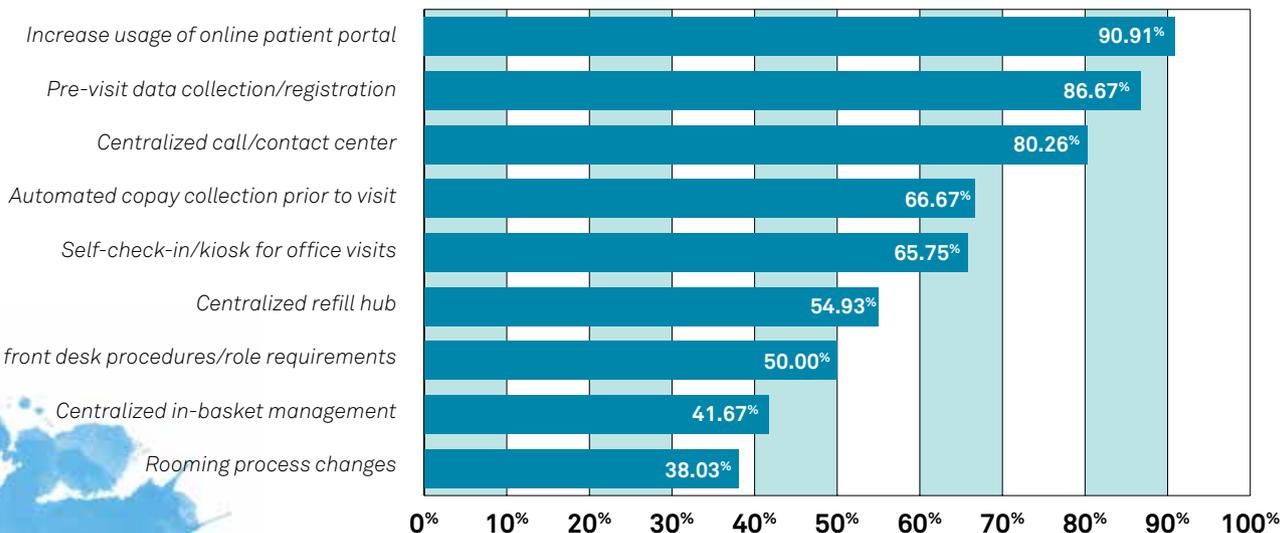0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Figure 6

Process Automation/Improvement Tactics Implementing in 2023 and/or Implemented in 2022 as a Response to the Staffing Challenges in the Market

Tactic	Percentage
Increase usage of online patient portal	90.91%
Pre-visit data collection/registration	86.67%
Centralized call/contact center	80.26%
Automated copay collection prior to visit	66.67%
Self-check-in/kiosk for office visits	65.75%
Centralized refill hub	54.93%
Updated front desk procedures/role requirements	50.00%
Centralized in-basket management	41.67%
Rooming process changes	38.03%

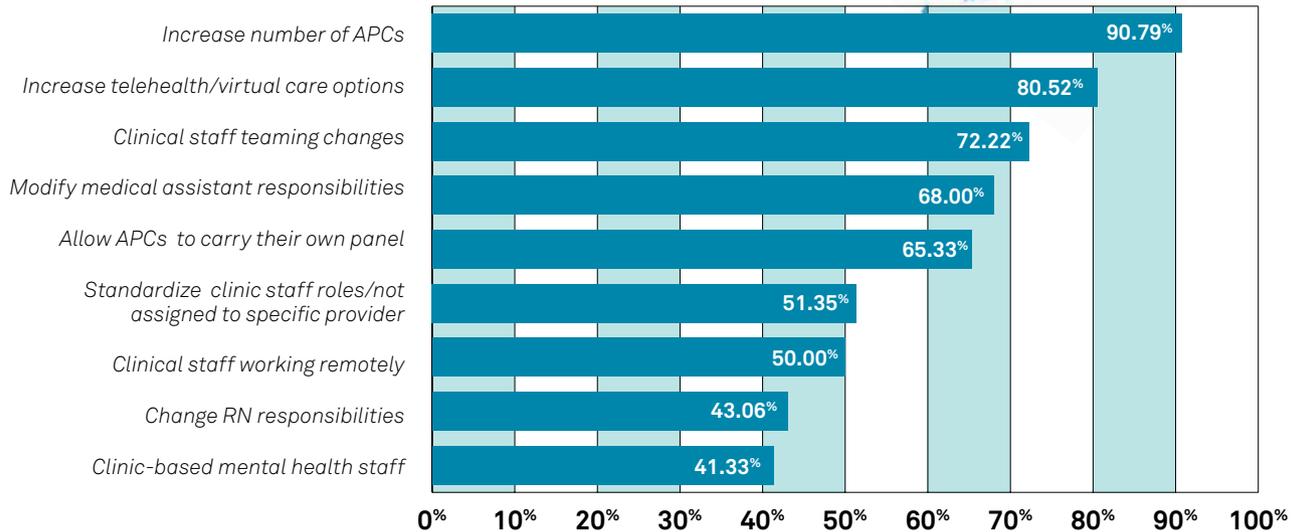0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Survey Demographics
The *2023 AMGA Clinic Staffing Survey* results contain responses and data from medical groups with more than 7,900 clinics and 30,000 physician FTEs. A total of 86% of the respondents are from system-affiliated medical groups. More than 60% of the clinics represented in the data are in the North and South regions, with 11%–20% from the East and West regions. Approximately 90% of participating groups are multispecialty groups with primary care.

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Figure 7

Care Model/Staffing Structure Tactics Implementing in 2023 and/or Implemented in 2022 as a Response to the Staffing Challenges in the Market

Tactic	Percentage
Increase number of APCs	90.79%
Increase telehealth/virtual care options	80.52%
Clinical staff teaming changes	72.22%
Modify medical assistant responsibilities	68.00%
Allow APCs to carry their own panel	65.33%
Standardize clinic staff roles/not assigned to specific provider	51.35%
Clinical staff working remotely	50.00%
Change RN responsibilities	43.06%
Clinic-based mental health staff	41.33%

The continued projection of physician shortages has led to increased use and recruitment of advance practice clinicians (APCs), as evidenced by 90.8% of respondents indicating an increase in the number of APCs in 2023, up from 70.4% in 2022 (see Figure 7). A key consideration when considering APCs in care models is whether the APCs are extenders or replacements for physician capacity. APCs as a percent of total providers is a metric worth monitoring as APCs continue to grow within more medical groups and in support of more specialties.

The pandemic magnified the need for specialized skill sets like behavioral health and social work. These roles were more likely to have been reduced during the height of the pandemic, but are increasing in prevalence in the survey data. While RNs and medical assistants (MAs) are vital to the operations of most clinics, data in the 2023 survey show a rebound in the use of licensed practical nurses (LPNs) as part of the care team. After several years of decline, 61% of clinics reported data for LPNs in the 2023 results, compared to 38% in the 2021 survey. Large increases are also apparent in groups reporting ancillary staff resources (pharmacy and radiology), as well as increases in the ratios for behavioral health staff, social workers, and RN care coordinators—further evidence of the full recovery of a wider breadth of clinical resources in the clinic setting.

Looking Forward

We may be starting to see light at the end of the tunnel, at least in some areas. The leaders surveyed indicated that hiring challenges for APCs would resolve in 2023, with MAs stabilizing in 2024.

According to respondents, the outlook for RNs and physicians was not as clear and could take three years or longer to be managed. Again, the focus on APC hiring enabled groups to quickly expand access and meet demand. The most successful groups will integrate these resources into the care team in a deliberate way to optimize operations.

Groups will continue to evaluate and implement approaches to address clinic staffing, regardless of recovery made in this area. Even if clinics stabilize turnover and hiring, margin pressure will continue to push ongoing change in clinic processes, care team development, skill sets, and technology. Some of the strategies have a longer timetable to see the results, like education programs and relationships with local schools, but the investment provides a pipeline for potential future candidates. The makeup of clinic staff resources and care teams will continue to evolve. At the same time, groups recognize the need to retain current employee talent as a key component of their workforce strategy and will be looking at tools and engagement strategies to decrease turnover. The focus on compensation changes to ensure market competitiveness and process improvements to assist in day-to-day operations and flow both align with a work environment in which employees choose to remain. All of these pieces lay the groundwork for emerging from the current crisis and being prepared for the next one. **GPJ**

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