



March 20, 2023

The Honorable Bernard Sanders
Chairman
Committee on Health, Education, Labor & Pensions
U.S. Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor & Pensions
U.S. Senate
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

Thank you for your leadership in addressing the dire workforce shortage impacting the national health care system. Trinity Health is pleased to share our experience with the Senate Committee on Health, Education, Labor and Pensions.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 123,000 colleagues and more than 26,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 135 continuing care locations, the second largest Program of All-Inclusive Care for the Elderly (PACE) program in the country, 136 urgent care locations and many other health and well-being services. Trinity Health has 15 medical groups with 1,324 primary care providers and 4,193 specialty care providers. Based in Livonia, Michigan, Trinity Health returned \$1.4 billion to its communities in FY22 in the form of charity care and other community benefit programs.

Health care workforce shortages in our country are not new. However, the increased demands and uncertainties created by COVID-19 compelled many workers to leave the profession. Other factors driving the health care workforce shortage include: a dearth of nursing educators, lower enrollment rates in nursing schools and an aging workforce.

Without bold intervention, the shortage is projected to grow. More than two of every five active physicians in the United States will be 65 years or older within the next decade.¹ Approximately one in three physicians, advanced practice providers, and nurses surveyed intend to reduce work hours; while one in five physicians and two in five nurses intend to leave their practice altogether.² Projections indicate there will be approximately 200,000 openings for registered nurses each year over the next decade;³ and an estimated shortage of between 37,800 and 124,000 physicians by 2034.⁴ Trinity Health is already challenged by a 16% registered nurse vacancy rate and a 14% vacancy rate for clinical support staff.

¹ IHS Markit Ltd. (2021, June 11). *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034*. Association of American Medical Colleges. <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

² Sinsky, C., Brown, R., Stillman, M., & Linzer, M. (2021, December). COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*. <https://doi.org/10.1016/j.mayocpiqo.2021.08.007>.

³ U.S. Bureau of Labor Statistics. *Registered Nurses*. Occupational Outlook Handbook. <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#:~:text=Job%20Outlook,-Employment%20of%20registered&text=About%20203%2C200%20openings%20for%20registered,force%2C%20such%20as%20to%20retire.>

⁴ IHS Markit Ltd. (n 1).

Post-acute care settings are experiencing severe workforce shortages. Workers are not choosing to enter or remain in careers—such as certified nursing assistant—because they can receive competitive pay for less laborious work elsewhere.

Staffing shortages are negatively impacting access to home care—the least restrictive and least expensive care option. Trinity Health’s home health program is in the unfortunate position of turning away 200 patients a week because we lack the staff to support the demand.

Skilled nursing facilities are also experiencing significant worker shortages. Occupancy levels at Trinity Health’s nursing homes are 13% lower than pre-pandemic levels because of staffing. The unfortunate result is many patients are being kept in hospital settings even though they are ready for post-acute care. This practice further exacerbates staffing challenges in hospitals. It also leaves patients in a more expensive care setting and slows their medical treatment plan.

Staffing agencies recklessly drove up labor costs during the COVID-19 pandemic. As health professionals left the workforce – to care for themselves or family members – and as patient acuity levels increased requiring greater staffing needs, health systems had to rely on external staffing agencies to fill demand. Agencies raised rates. These same agencies that only months prior charged \$50- \$75/hour, began charging \$150-250/hour for nursing positions. Trinity Health’s use of contract labor continues to remain higher than pre-pandemic levels. The resulting increase in labor expenses threatens our ability to make needed investments in community health.

Staffing agencies also flipped the table. Pre-pandemic, the role of agency staff was to provide short-term relief in the most challenged areas, often taking shifts and assignments that employed staff did not desire. After recruiting employed staff to join agencies, these same agencies began demanding different terms such as guaranteed hours (including overtime), shorter assignments (which led to constant turnover), block scheduling (often no weekends or holidays), and reduced credentialing requirements. These terms created concerns about the quality of agency staff while also leading to dissatisfaction among our employed staff.

In addition to increased demand and stress, front-line health care workers are also experiencing an increase in verbal and physical threats. Workplace violence is a serious and growing problem in health care settings. In fact, 44% of nurses report experiencing physical violence since the COVID-19 pandemic began.⁵

Thinking Differently About our Workforce

Trinity Health is transforming how we empower, engage, reward and build a safe environment for our colleagues. We are committed to meeting the needs of all who serve with us by creating a caring colleague culture and by listening to and investing in our workforce.

- **Retention and Recruitment:** Trinity Health is focused on pay and benefits provided to our colleagues, with special attention to those who are the lowest paid. We launched new initiatives and pilot programs including retention bonuses, flexible benefits, colleague referral bonuses and early access to earned wages. Colleagues who have been with us since the beginning of COVID-19 have received two bonuses to date.
- **FirstChoice:** Our internal staffing agency allows Trinity Health to utilize our nurses and clinicians—such as respiratory therapists—in hospitals across our health system. More than 3,000 mobile nurses and clinicians serve in the FirstChoice program to provide staffing support where it is needed most.
- **Colleague Well-Being:** We continue to support colleague well-being through:

⁵ Byon, H. D., Sagherian, K., Kim, Y., Lipscomb, J., Crandall, M., & Steege, L. (2021, August 3). Nurses' Experience With Type II Workplace Violence and Underreporting During the COVID-19 Pandemic. *Workplace Health Saf.* <https://doi.org/10.1177/21650799211031233>.

- Colleague care resiliency rounding - a real-time human one-on-one connection to colleagues in high-volume, highly demanding areas either in person, virtually or telephonically.
- Virtual support groups - providing individual counseling services (in person and virtual), phone coaching and self-guided video courses.
- Brave space for nurse leaders - webinars designed specifically for nurse leaders to pause, reflect on their experiences, share stories, take time for self-care and support one another.
- Healing Experiences - sessions bring teams or groups of leaders and colleagues together to reflect on their experiences, share stories, take time for self-care and support one another.
- **New Care Model:** We are implementing a transformational team care model to improve patient care while providing nurses and care partners new opportunities. The model includes a virtual role for the experienced nurse to care for patients, coordinate complex care and provide mentoring to early career nurses.
- **Workforce Development:** Trinity Health has implemented more than 12 programs using the U.S. Department of Labor's apprenticeship program as a framework that leads to stackable credentials and helps increase workforce diversity for in-demand jobs. Our programs include career development services and pathways that have resulted in \$1 million in economic wage increases for colleagues in entry-level roles. In some markets, Trinity Health is the lead employer in creating industry sector strategy councils with other regional employers, community colleges and workforce development agencies.
- **Addressing Violence:** Trinity Health has employed a variety of strategies and tactics to combat escalating violence toward colleagues including de-escalation and workplace violence prevention training, tools for early identification of high risk of violence patients and behavioral emergency response teams.

However, these measures are not sufficient to address the current workforce shortage challenges. We need policymakers to take bold action to strengthen the health care workforce.

Address Immediate Workforce Crisis

- Provide funding for educational loan pay-downs and vouchers for clinicians and other front-line workers across the care continuum.
- Provide funding for research and demonstration programs related to clinician well-being.
- Expand the availability of childcare.
- Provide expedited visa relief for foreign health care workers.
- Increase Medicaid reimbursement to support higher staff wages in nursing homes and assisted living facilities.
- Halt skilled nursing facility staffing ratio requirements as providers respond to the critical workforce shortage.
- Support efforts to facilitate health care worker movement across states, including expedited licensure review and expansion of licensure compacts.
- Commission a study on the effects of staffing agencies on the health industry as a result of the COVID-19 pandemic and prevent future price gouging.
- Make it a federal crime to assault or intimidate a health care worker if it interferes with the ability of that worker to perform their duties.
- Establish a grant program for hospital violence prevention training programs, enhanced coordination with state and local law enforcement, and physical plant improvements, such as metal detectors and panic buttons.
- Make telehealth flexibilities permanent to expand access to care.
- Reimburse remote patient monitoring as an add-on for Medicare home health.

Build and Maintain a Strong Workforce Pipeline

- Increase the number of residency slots eligible for Medicare funding.
- Reject reductions to Medicare funding for direct and indirect graduate medical education.
- Reauthorize the Health Resources and Services Administration (HRSA) Titles VII and VIII workforce programs.

- Provide grants to expand, modernize and support schools of medicine and nursing, especially in rural and underserved areas.
- Create incentives for health systems to establish nursing and physician assistant residency programs and create additional clinical placements.
- Establish grants for cultural and linguistic competency training in residency programs and in-service training for health care professionals.
- Provide funding for nursing faculty recruitment including development programs and financial incentives.
- Fund new and existing clinical care models that use a multi-disciplinary team to integrate clinical care, behavioral health and social care.
- Allow nurses and other clinicians to practice in collaborative, team-based environments according to their highest level of education, training and licensure.
- Fund the development of "earn and learn" programs that allow individuals to earn income while gaining work experience and education, like apprenticeships.
- Expand workforce training capacity by growing real-time labor force data, supporting reskilling programs including digital skill needs and providing tax incentives for training programs led by industry, educators and non-profit organizations.

Please consider Trinity Health a partner and resource in your efforts to confront the health care workforce crisis. It is imperative that we work together to address the workforce shortage and the access challenges it is creating for patients. If you have questions or need additional information, please contact me or Maggie Randolph, Director, Public Policy & Analysis, at margaret.randolph@trinity-health.org.

Sincerely,



Gay Landstrom
Senior Vice President & Chief Nursing Officer
Trinity Health