



Health leaders discuss the evolution of workforce policy in Maryland

Nicole Pasia | Jun 15, 2022 | Maryland

Maryland's health care employers continue to face the rise of remote work, workforce burnout, and pressure to recruit and retain a diverse workforce that represents the communities they serve.

Three experts shared remarks on how the state should work to strengthen the health care workforce at our 2022 Maryland State of Reform Health Policy Conference in Baltimore last month.



Get the latest state-specific policy intelligence for the health care sector delivered to your inbox.

Subscribe

Manny Ocasio, Chief Human Resource Officer at Luminis Health, noted changes in the health workforce due to the pandemic.

“During the pandemic, 25% of women exited the workforce at once,” he said. “Not in many cases because of voluntary reasons, but because they were forced by their circumstances and by the fact that many of them are still the primary caregivers [in their families].”

He said the pandemic has shifted demand in the nursing market. Hospitals and other employers do not want to sign contracts with travel nurses due to increased labor costs, at the expense of patient care. Additionally, he said some nurses are often forced to switch to a job that no longer engages them in direct patient care.

Another reason employers are struggling to fill vacancies is the lack of acknowledgement of the outside factors that impact an employee's ability to work or apply for a job.

“

“For those of you who are hiring managers, or those of you who are in some degree of talent acquisition, I want you to ask yourself, ‘What do I know about the people who applied for this position?’” said Richard Laferriere, Lead Director of Workforce initiatives & Strategic Diversity Management at CVS Health.

“‘Are they a caretaker? Are they on public assistance? Do they have a disability?’ If you look in your applicant tracking system for that information, you’re not going to find it. You’re probably not exactly allowed to ask some of those things, either. As employers, hiring leaders, recruiters, how do we understand the people who are coming to us looking for jobs?”

The panel brought up other examples of how not incorporating social determinants of health can bar people from entering the health workforce. For example, individuals with criminal backgrounds can face barriers when trying to apply for licensure to provide health services.

Dreamers—undocumented immigrants who entered the US under the age of 16—can meet the educational requirements and receive training to become a nurse in the state of Maryland, but are often denied licensure for not having a social security number. Legislators attempted to pass a bill during the 2022 Legislative Session that would prohibit health occupation boards from doing so, but the bill ultimately failed.

Health employers in Maryland must also diversify the sources where they look for employment, according to Ocasio.

“Historically Black colleges and universities have generally had more trouble placing their students [in the health care workforce],” he said. “We at Luminis Health are going to every HBCU that has a nursing program between Delaware and North Carolina as our target. We believe that we have a duty to diversify the workforce. If you start at home with HBCUs and Hispanic-serving institutions, we can at least ameliorate some of the effects [of workforce disparities.]”

Allison Roenigk Ciborowski, President and CEO of LeadingAge Maryland, stressed the importance of working with the state legislature and health occupation boards to study the workforce shortage.

She specifically highlighted SB 440, which passed this session. This bill establishes the Commission to Study the Health Care Workforce Crisis In Maryland and requires the Commission to submit a final report to the General Assembly by Dec. 31st, 2023.

“The goal behind this legislation is to kind of force all of these stakeholders to be in a room together to talk and to have an actionable report that they provide to the legislature,” she said.

The panel also spoke on how employers are working to reconfigure their schedules—essentially moving away from the 9-to-5 format. For example, Ocasio highlighted Luminis Health’s Weekender Plan, which allows nurses to only work weekend shifts and remain their family’s primary caregiver during the week while still earning the same amount of pay as a 36-hour work week.

He also said many employers—not just in the health care sphere—are optimizing the hybrid telework model and allowing employees to work 3 days in the office and 2 at home.

Laferriere acknowledged that there are still many ways the hybrid model can improve, and that it starts with the intentional planning that prioritizes the time employees can connect and collaborate with each other.