3RNet

Recruiting *for* Retention *Academy*

Practical solutions for rural & underserved communities

Recruitment and Retention of Providers in Rural Areas

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Executive Director
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3RNet
National Rural Recruitment and Retention Network

NMHR: "Recruitment for the Difficult Locations"

- Public – Private Partnership, 1981
- Rural Primary Health Care Act Recruitment
- NMDOH Primary Care Office
- NMDOH Office of Rural Health
- "Private Placements" support some activity
- Technical Assistance to Boards and Staff
- Workforce related research
- NM Primary Care Association Partnership
- Meeting coordination and logistics

Musts

- “The best employee to hire is already working in your organization,” Fred Moskol
- “First to contact, first to contract”
- Vacancies must be known and real

Recruitment and Retention are Driven and Defined by Employers

- Corporate administrators and directors are responsible for adopting recruitment and retention programs.
- Absence of recruitment and retention plans eventuate in poor results.
- Few organizations develop recruitment AND retention plans.
- Few Rural organizations can afford to employ professional recruiters.

Recruitment and Retention Defined

- Recruitment is the process of identifying the best qualified candidates (from within or outside) for a job vacancy in a cost effective and timely manner.
- Retention is made up of the clinic or system practices that meet the needs of employees and encourage them to remain employed in place.

Which Professionals Usually Are Recruited For Rural Providers?

- Family Practitioners;
- Dentists, Dental Hygienists;
- Family Nurse Practitioners, Physician Assistants, Nurse Midwives;
- Ancillary and operational staff.

High Tech, High Touch

- Recruitment and tracking software
- Smart phones
- Skype or Facetime
- Access to Job Boards or referrals from such: 3RNET, Practice Link, Practice Match
- “First to Contact, First to Contract”
- http://www.3rnet.org

Recruitment Activities

- Job fairs
- Residency visits
- Presentations to in-coming and out-going classes
- Breakfast, lunch and dinner
- CV and resume review
- Contract review
- Match-making

“Everything works, Nothing Works”

- High expenditure on travel and networking
- Resident relationships: resume and contract review
- Few expenditures on print advertising, giveaways, and/or mass mailings

Competition for Health Professionals Increasing for Rural and Urban Underserved

- Aging of the health professional population;
- Rural versus urban;
- Primary care versus specialty care;
- Less than 1% of physicians go into rural practice.

Keys to Successful Recruitment

- Preparation – is a physician or dentist really needed?
- Action Plan – is a formal study required?
- Persistence.
- Adequate Budget for recruitment and compensation.
- Community support and involvement – is a recruitment team needed?
- Adequate human resources (people), not departments.
- Optimism; and,
- Realistic expectations in terms of time and competition.

State Supported Retention Programs

- NMDOH NM Health Service Corps Community Program
- NMDOH Rural Health Provider Income Tax Credit –Rural and Underserved

Most Common Barriers to Successful Recruitment and Retention

- Too much call frequency;
- Lack of attention to or job opportunities for significant other;
- Lack of communication among parties;
- Low compensation guarantee;
- Limited benefits;
- School choice;
- Limited housing options;
- Cultural misalignment: a bad “fit.”

Recruitment Staffing Issues

- Administrators and Directors
- Untrained recruitment staff
- “Human Resources”
- Internal procedures
- Lack of responsiveness

The Best Recruit:

- Is someone already employed in the organization.
- Costs of replacement recruitment processes are expensive and or contribute to declines in revenue.
- New graduates often cost more than keeping someone in place.

Questions frequently asked about Community Related Issues by Applicants

- Is the clinic successful financially?
- Can my significant other find a satisfying job?
- What educational opportunities are there for my family?
- What is the local school, public and private, situation?
- What religious institutions are there?
- What are the recreational, social and cultural opportunities?
- Will I fit in culturally?
- Where can we shop?

Significant Others Want Answers

- Is there loan repayment available? If so, what kind?
- Will my _____ earn what was promised?
- What housing is available?
- What are the other providers like?
- Are there good schools?
- Can I work locally?
- Can I practice my religion freely?
- Where is the closest place to shop?
- Can I get a good “feel” for the community while my _____ interviews?

Retention

- 50% of physicians leave within three years;
- 12% of physicians leave within one year;
- Some health professionals do not appear after being hired and contracts signed;
- Scholarships have the least impact upon retention;
- New hires, especially those with loan obligations almost immediately begin looking for other positions: two year cycle of obligation contracts.

Retention is a continuous process

- Evaluate whether a community recruitment and retention committee should be organized;
- Follow guidelines and boundaries about interactions with employees;
- New hires should be welcomed into the community;
- Providers and their significant others should receive an orientation to the community;
- Anticipate questions that might lead them to leave for which answers will encourage them to stay;
- Integrate them, if they want, into local cultural life; and,
- Help to reduce isolation.

Sources of Potential Conflicts that Might Lead to Early Departure

- Value differences;
- Perceptual differences;
- Personality clashes;
- Scarce resources;
- Role pressures;
- Poor communication skills; and,
- Unresolved situations.

Important Issues In Primary Care Physician Retention, by Rank Higher to Lower

- Availability of relief coverage;
- Quality of local schools;
- Compatibility with professional colleagues;
- Housing availability;
- Telephone consultation;
- Availability of peers within the clinic or practice;
- Income potential;
- Local consultation;
- Continuing education opportunities; and,
- Local cultural and social participation.

How Does Physician Income Play a Role?

- For established physicians, with stable community life, income frequently is of little importance;
- Income is more of a problem for the significant other;
- Internal differences among incomes within a clinic system contributes to problems;
- High debt in comparison to income;
- There is reimbursement discrimination in our health care system versus those who work with the poor and dependent.

Lifestyle Issues

- “Call” for health care providers is the most important issue for lifestyle;
- “1” in “4” is a target to achieve – but it requires four interchangeable providers;
- With communities that have less than four providers of a single discipline, “groups without walls” might be created.

Resources

- National Rural Recruitment and Retention Network's Recruitment and Retention Manual;
- National Health Service Corps;
- Your Department of Health Office of Primary Care/Rural Health;
- Your Higher Education Department;
- PracticeSights Clinician Recruitment and Retention Management System: https://www.practicesights.org/

Roadblocks to Recruitment and Retention

- Primary care providers are in short supply;
- Unrealistic expectations may exist about the ability to recruit or retain providers;
- Lack of attention to family issues;
- Seeking the perfect candidate;
- Lack of planning and recruiter employment;
- No contact with candidates within 24 hours;
- No formal offer letters or contract documents;
- Lack of community need for the type of provider.


DEAD
END

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Practical solutions for rural & underserved communities

Retention Takes Center Stage

Mike Shimmens
Executive Director, 3RNet

3RNet
National Rural Recruitment and Retention Network

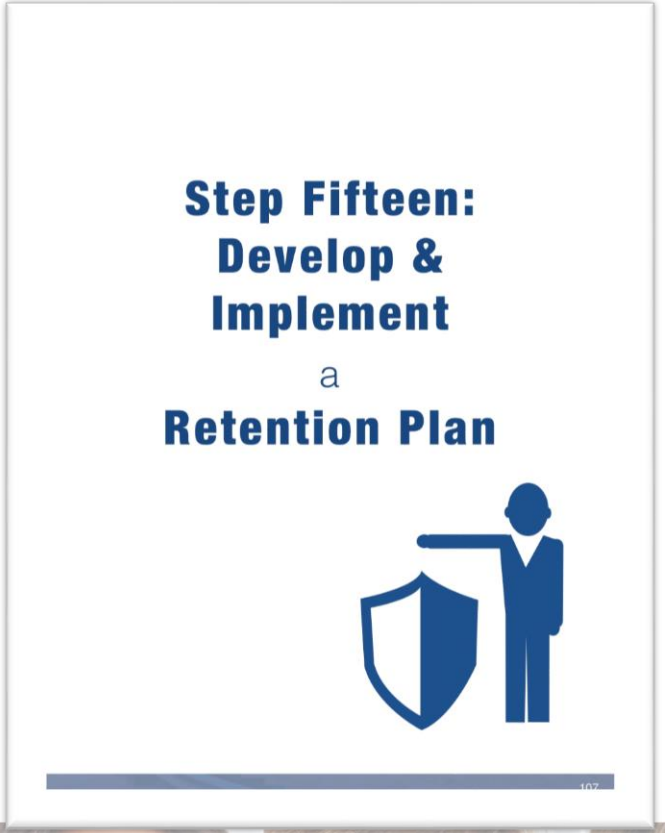
A Brief History of 3RNet

- Founder and visionary Fred Moskol of Wisconsin
- Started in 1995 and grew out of NOSORH initially
- Concept was similar to a coop for job postings; members would work with rural and underserved communities to help them produce strong health professional practice profiles and place them on this thing called the internet
- Now has 53 Organizational Members including 2 federal agencies, one commonwealth and one sovereign nation
- Website was upgraded and mobile enabled in 2016.

All along we've had both Recruitment and Retention in our name and this sums up our founding principle:

"Recruitment and retention are not separate events – they are part of a process." - Tim Skinner, ex-officio ED 3RNet

Chapter 15 of R for R Manual



1990's and Retention

- Literature reviews by many sources indicate that research into the area of health care professional retention increased greatly by the mid-1990's
- This may have been driven in part by the founding and growth of the Association of Staff Physician Recruiters(ASPR) starting in 1991
- This growing group began to add some science to the whole recruitment and retention process
- Tim Skinner, former ED of 3RNet was one of the founding members of ASPR

Programs of Interest

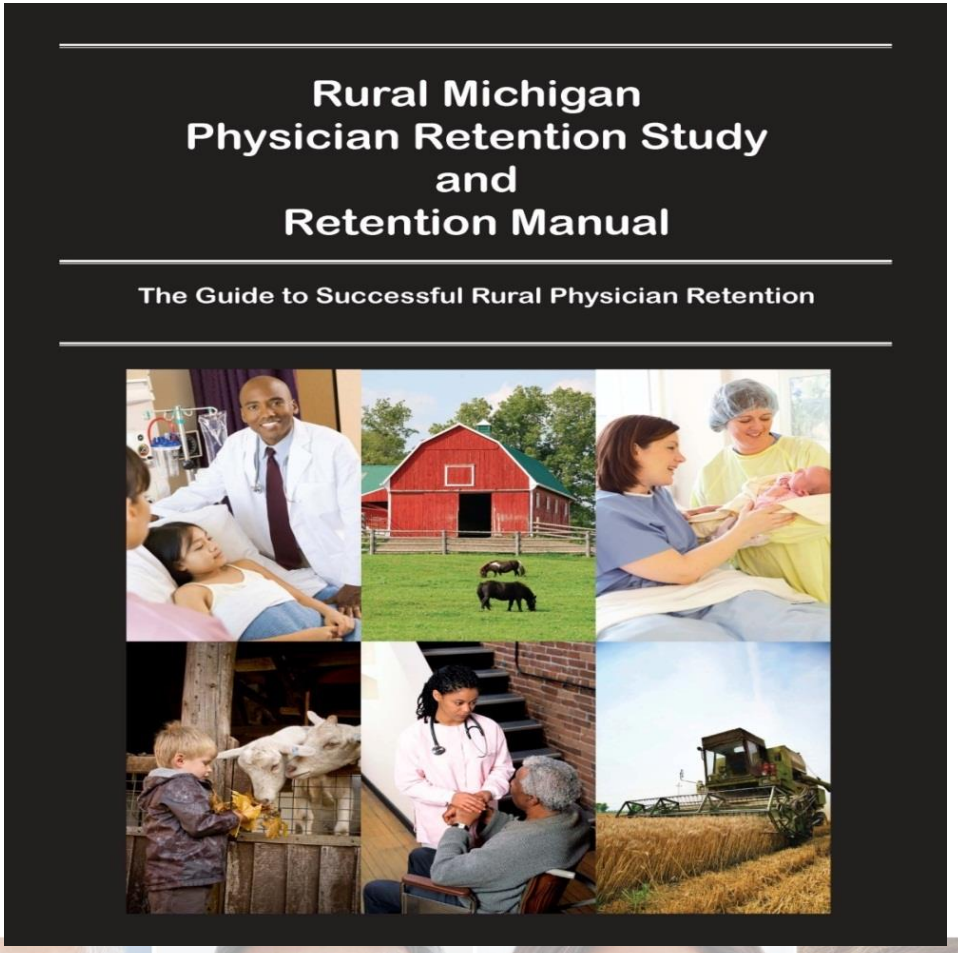
West Virginia

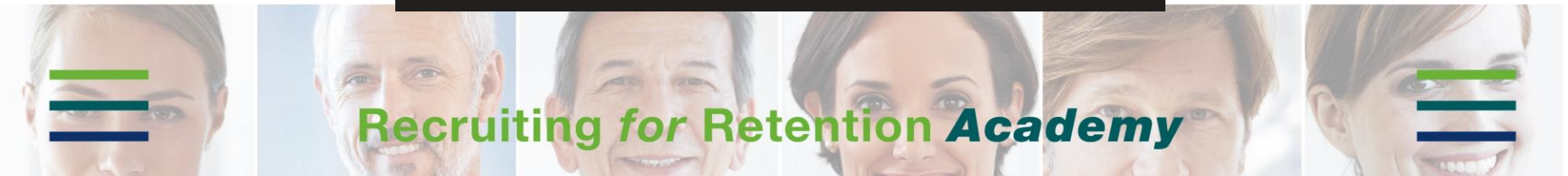
- The Recruitable Community Program (RCP) was initiated in WV in 1998 and focuses on increasing a rural community's recruiting potential.
- Enhancing the ability of rural communities to recruit medical providers through community development and increased knowledge of recruitment and retention issues.

Community Apgar Questionnaire (CAQ)

- Founded in 2007 by Dave Schmitz, MD and Ed Baker, PhD; based on Apgar score for newborn babies
- Initial funding for the project was from Idaho Office of Rural Health and Primary Care
- 50 factor CAQ is a tool that identifies and weighs factors important to communities in recruiting and retaining rural family physicians
- 3RNet has used this research as the basis for their successful series of eBooks featuring Factors to Market Your Rural Community (CHC and RHC versions as well)

Michigan Center for Rural Health





The Guide to Successful Rural Physician Retention

- Study was funded by Blue Cross Blue Shield of MI and released in 2009. Was a parallel study to one published in 2001 that focused mainly on rural provider recruitment
- Very good literature review identifying both professional retention factors and personal/family retention factors
- Excellent tool kit of forms and other materials

Retention Model – Step 1 Onboarding

- Step 1 includes the time between when a candidate agrees to your offer or signs a contract and their relocation or start date.
- This may be months or possibly even years between the two events

Suggested activities may include:

- Keep in contact after contract is signed; communicate often.
- Ensure licensure and credentialing process are progressing.
- Communicate with realtor on relocation.
- Plan orientation sessions: Community, practice site, hospital. Send to physician.
- Maintain routine communication.
- Ensure the physician's office and exam rooms are ready.
- Obtain office space and complete necessary renovations.
- Plan social events that help ease family members into community

Retention Model – Step 2 Orientation

- Step 2 includes those activities from the first day of relocation through the first two weeks on the job.

Suggested activities may include:

- Provide a detailed orientation schedule for first two weeks prior to relocation.
- Welcome the physician and their family within the first week of relocation.
- “Welcome” basket sent to the home on the new physician’s first day of work.
- Include meeting with hospital administration (if applicable).
- Hospital tour (include relevant department directors).
- Clinic tour (lunch with staff).
- Clinic orientation involves the new physician with issues regarding equipment, office space scheduling, support staff, business cards, etc.
- Physician mentor introduced (if applicable).
- Contact the spouse and family to see how they are adjusting to the community and to integrate the social mentor (if applicable).
- Marketing sends announcements introducing the new physician.

Retention Model – Step 3 Communication/Retention

- Includes those activities after the first two weeks on the job and the first 3 years of work.

Suggested activities may include:

- Monthly meetings with identified Hospital Administrators, practice managers, and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to the situation.
- Marketing of practice or outreach needs to be incorporated into the process.
- As information becomes available, track patient volume, and revenue and expenses. After three months schedule quarterly meetings for the remainder of the first year (15-minute meetings).
- Recruiter meets with physician after two months to see if expectations have met reality.

3RNet Retention Planning Worksheet

3RNet
National Rural Recruitment and Retention Network

Retention Planning Worksheet

Create your retention team: Keep in mind the skill sets needed in each role as you select the participants.

Coordinator	Keeps all activities on time and tracks progress; updates plan as needed from feedback.
Onboarding Representative	Oversees credentialing, relocation, marketing, spouse/SO employment.
Orientation Representative	Oversees office set up, EMR training, facility tours and introductions, initial patient scheduling.
Communication Representative	Oversees mentorship, recognition, practice reviews, satisfaction surveys, family community acclimation.
Spouse/SO/Family Liaison	Additional support to families and may be a non-employee.
Other Support Team Members	Important to success of overall retention plan.

Notes

Identify resources needed and available.

Materials	Policy & procedures manuals, Medical staff bylaws, EMR training manual, etc.
Contacts	Lists of medical staff contacts and community members who may assist in retention work.
Budget	Determine how much money will be needed for retention elements.

Notes

Retention elements and tasks with timelines.

Onboarding Plan	This includes tasks related to credentialing, marketing, relocation and family welcoming activities.
Orientation	Tasks around mandatory and individual orientation of provider.
Recognition Activities	Formal, informal and day to day recognition activities.
Social Activities	Regularly scheduled events to assist in assimilation to the community for the provider and family.
Mentorship	Are you large enough to need one? Formal or informal?
Practice Review	Who will perform these? At what interval? What tool(s) will be used to evaluate?
Satisfaction Surveys	Who will perform, at what interval and using what tool(s)? What will be done with the information?
Exit Surveys	What questions could you ask of departing providers to help you improve retention? Who does this survey?

Notes

Evaluate your retention plan.

Survey New Providers About Steps in the Process	What tool? Who does survey? At what time?

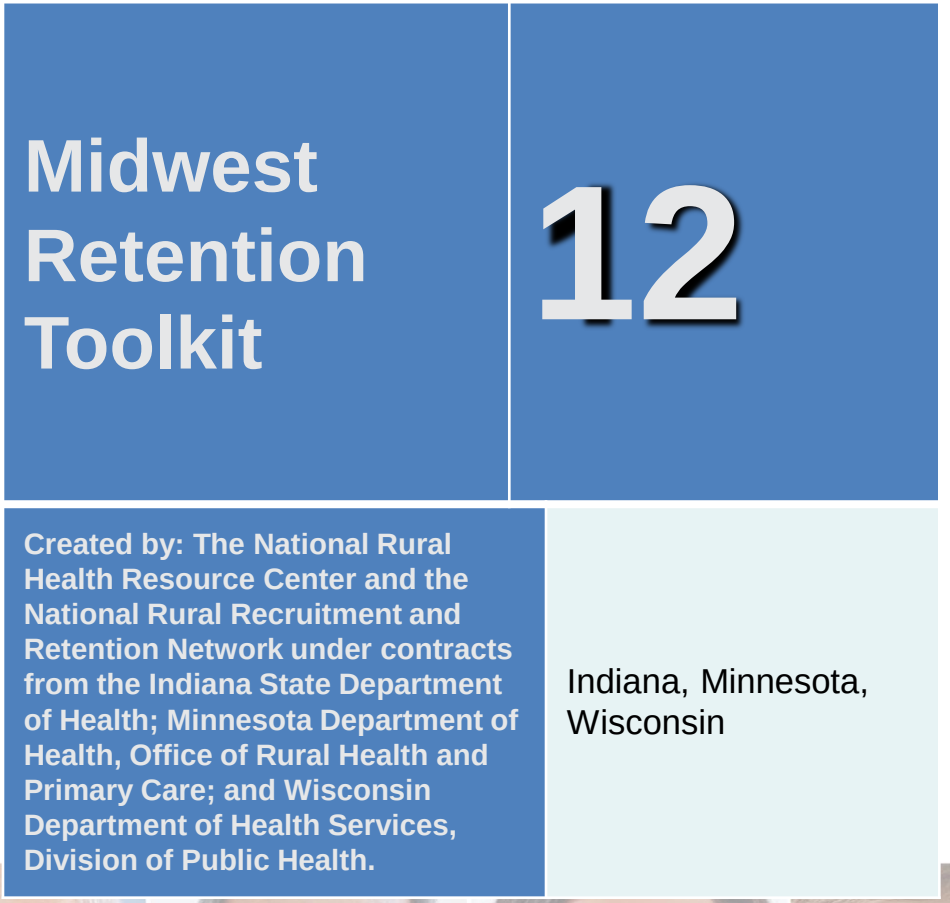
Notes

Tips from others at this workshop.

What ARRA meant to retention

- In 2011, 36 state Primary Care Offices (PCO) were provided ARRA funding by the NHSC to implement two year projects to support and track the retention of NHSC health care providers in underserved communities
- This was done as part of an increase in NHSC scholars and loan repayors to over 10,000 clinicians
- Projects of all types were undertaken and we mention two here.

Three State Collaborative Study with Toolkit



Midwest Retention Toolkit Details

- 3RNet and National Rural Health Resource Center were co-creators with state PCO's
- Mentions studies in two other states ND and SD
- Contains a list of Top 10 Retention Factors
- Lists 5 key components of a Retention Plan
  1. Goals, timeline and person accountable
  2. Committee or those part of the plan
  3. Resources (materials, community contacts, budget)
  4. Elements of retention
  5. Evaluation (outcome measures)

Multi-State Collaborative – 11 States

Findings of the First Year Retention Survey of the Multi-State/NHSC Retention Collaborative

November 5, 2012

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STATE /ORGANIZATION PARTICIPANTS IN COLLABORATIVE

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California Office of Statewide Health Planning and Development
Delaware Department of Health and Social Services
Iowa Department of Public Health
Kentucky Department of Public Health
Montana Department of Public Health and Human Services
Nebraska Department of Health and Human Services
New Mexico Health Resources, Inc
North Carolina Office of Rural Health and Community Care
University of North Dakota Dept of Family & Community Med
Washington State Department of Health

Multi-state details

- Lead researcher is Dr. Don Pathman and the Sheps Center at UNC; Sponsor is Center for Health Leadership and Innovation in North Carolina
- Project leader is Tom Rauner of NE PCO (current 3RNet President)
- States participating grew from original 11 to 18
- Goal was to assess retention within their states and identify best practices to maximize retention of NHSC clinicians
- Survey both NHSC and state funded programs when requested by the state

Now Practice Sights

- 1st year activities project activities centered around a cross-sectional survey that builds on the NHSC Long Term Retention Survey; 11 key findings reported
- Data will allow stable estimates of retention and the predictors of retention for each participating state
- 2nd year activities centered on designing and building a longitudinal retention data gathering system that routinely surveys clinicians as they serve in loan repayment and other service programs
- This web based system is designed to stand alone as Practice Sights – 18 States now using system!

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Building a Retention Strategy

Allison Abayasekara, MA
Association of Clinicians for the Underserved

3RNet
National Rural Recruitment and Retention Network

ACU

ACU is a nonprofit, transdisciplinary organization of clinicians, advocates and health care organizations united in a common mission to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations.

www.clinicians.org

STAR²CENTER

SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

Solutions, Training, and Assistance for Recruitment and Retention

www.chcworkforce.org

Resources

- Resource Center
- Self-Assessment Tool
- Data Profiles
- R&R Plan Template
- Best Practices Form
- Newsletter

Training

- Video Tutorials of Tools
- Monthly Webinar Series
- Regional Webinars
- Trainings at PCA Conferences
- Advisory Groups

September 2016

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13 Using ACU's Self-Assessment Tool to Identify Your Workforce Needs	14 ACU at 3RNet 2016 Annual Conference	15 STAR² Center at Indiana PHCA	16	17
18	19	20	21	22 STAR² Center at APHCA Annual Conference	23	24
25	26	27	28 STAR² Center Virtual Office Hour	29 STAR² Center at WPHCA Fall Learning Session	30	1

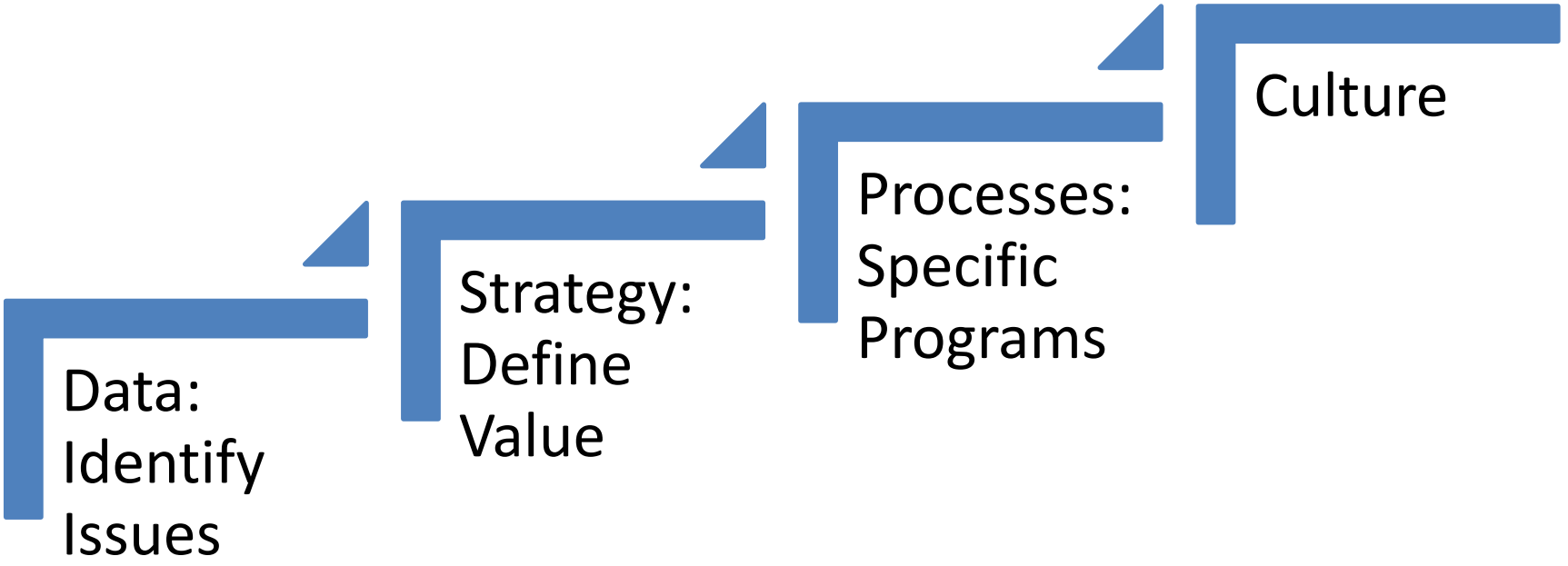
See all events

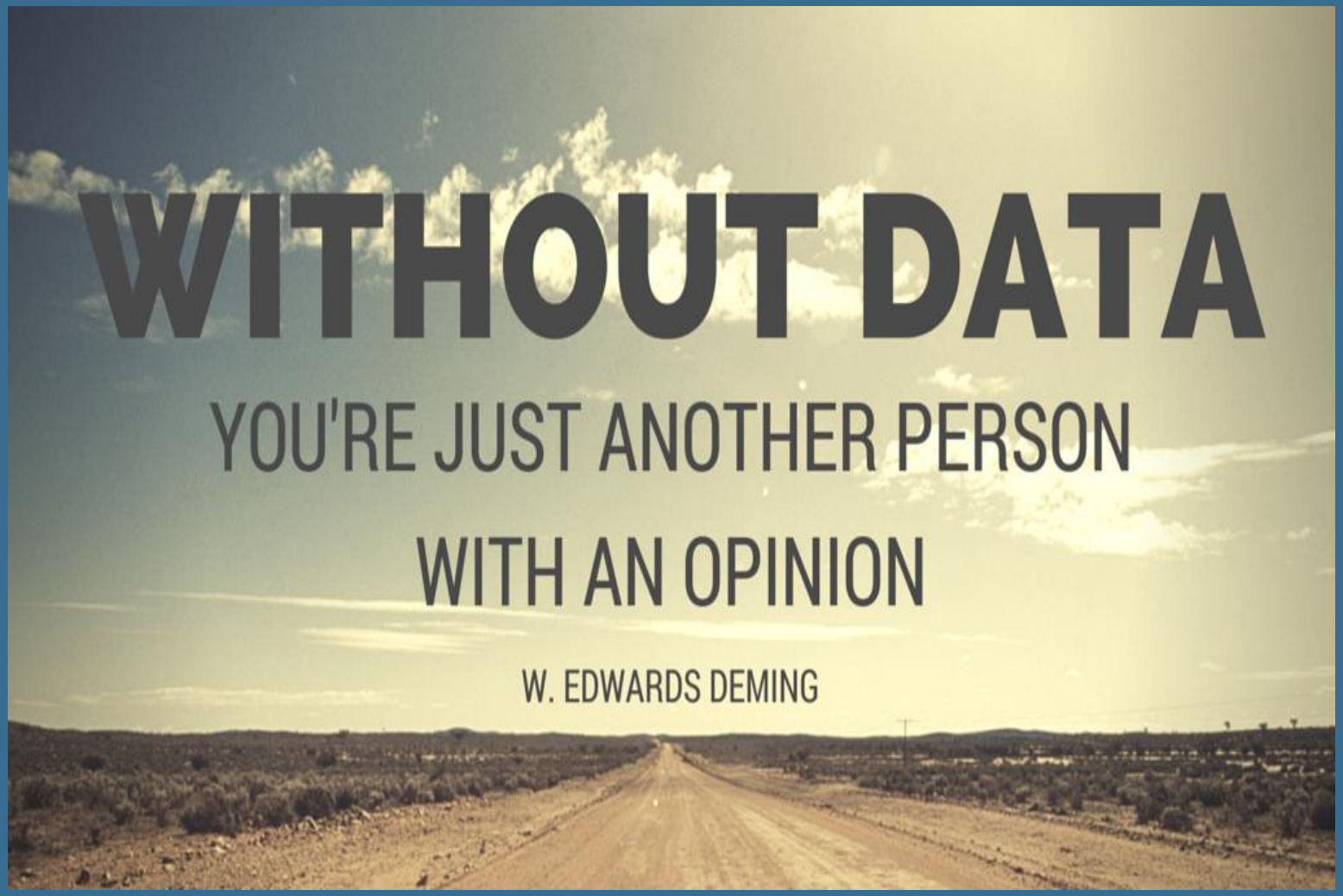
Assistance

- Phone
- Email
- On-Site

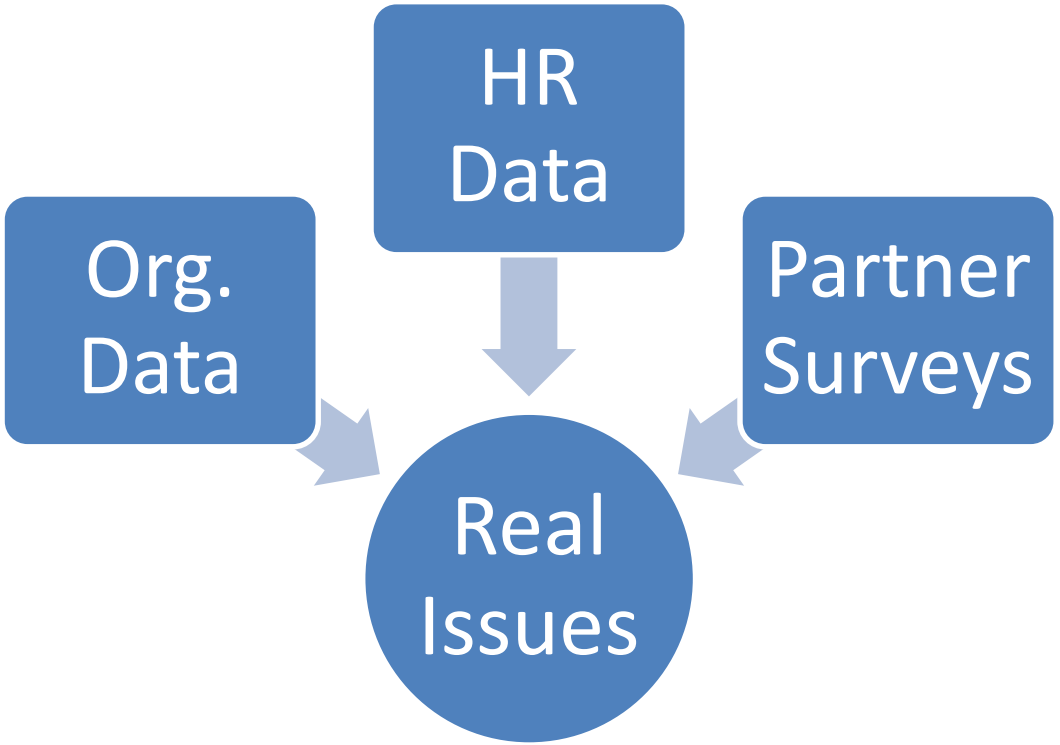
Today's Focus

Using data & strategy to build effective retention processes


Data: Identify Issues
Strategy: Define Value
Processes: Specific Programs
Culture


WITHOUT DATA
YOU'RE JUST ANOTHER PERSON
WITH AN OPINION
W. EDWARDS DEMING

Identify Issues



Data Tools

- Self-Assessment Tool
- Data Profiles for FQHCs
- Resource Center: Staff Satisfaction & Engagement Tools

Stategic Planning

4. Indicate the level of information available regarding your center's strategic planning efforts. Select the statement below that is most true:

Please select one:

- A. Our group has not conducted strategic planning activities during the last three years.
- B. Our group has conducted strategic planning activities in the last three years, but provider retirement/transition issues were never raised or addressed
- C. Our group has conducted strategic planning activities in the last three years, during which provider retirement/transition issues were raised, but have been put off.
- D. Our group has conducted strategic planning and has a defined objective for provider transition/retirement as part of our overall strategic plan.

Practice Infrastructure

5. On average, how many days per month are providers on-call for the health center for medical coverage? (Enter average on-call days per month per provider):

Physicians ____ Non-Physician Providers ____

6. In how many sites do providers typically work in an average month (enter number of sites)?

Physicians ____ Non-Physician Providers ____

7. Do providers cover regular office hours on evenings and weekends?

Physicians ○ Yes ○ No Non-Physician Providers ○ Yes ○ No

8. Please provide estimated support staff full time equivalencies (FTEs) for support related to direct clinical care (does not include overall administrative and billing staff). (Note: Clinical Support/Provider FTE will be automatically calculated.)

Clinical Support Staff FTE ____ Clinical Support/Provider FTE ____

9. Do you regularly assign new patients to an individual provider's patient panel? ○ Yes ○ No

10. Do you regularly assign new patients to the patient panel for a group of providers? ○ Yes ○ No

"We put up new curtains, we repainted the hallways, and we even replaced the lights in the restrooms.

So why are we still having retention problems?"

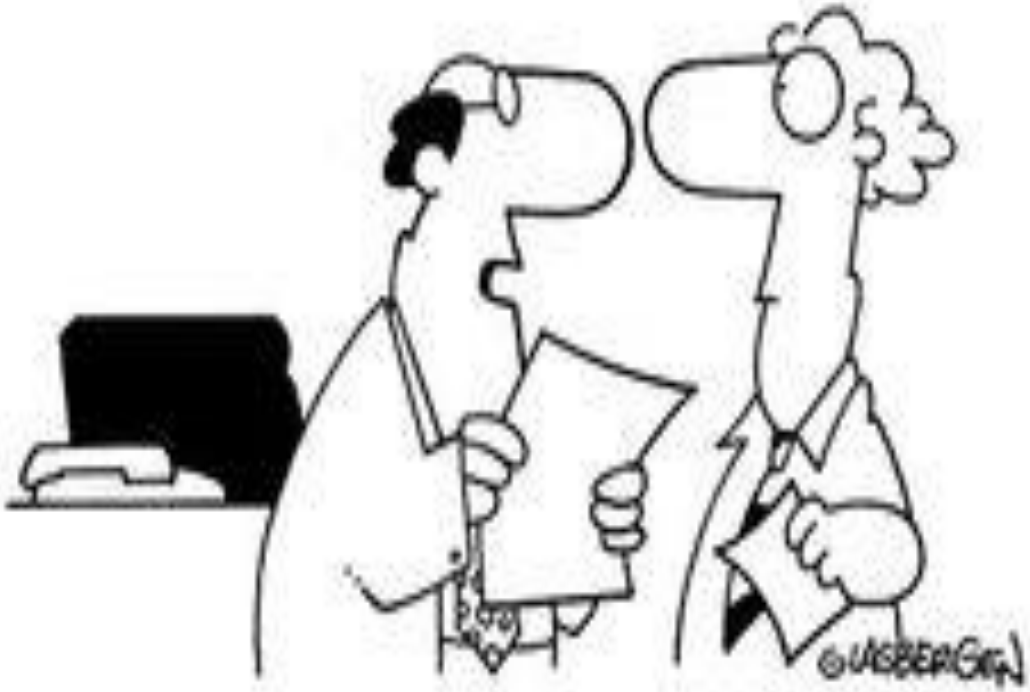
Define Value

- What's the actual cost of turnover?
- What's the cost of a provider vacancy?
- How much does it cost to recruit?
- How much money is your org losing to these workforce issues?
- How can you better invest money to retain staff and minimize losses?

Assessment Tools

- Separation Costs
- Vacancy Costs
- Recruitment Costs
- Onboarding Costs

Tangible Costs	Cost
A. Termination Costs	
1. Human Resources and/ or Business Office Expense for terminating benefits, COBRA adminstration (if applicable), notifying health plans of provider change in status.	$ -
2. Estimated cost of a Locums Tenens or other part time provider	$ -
3. Malpractice tail coverage costs, if any	$ -
A. Total Termination Costs	**$ -**
B. Replacement Costs	
4. Advertising Costs	$ -
5. Pre-Interview Staff Time - to arrange advertising; accept, sort and document applications (written and electronic); respond to telephone and written inquiries, arrange visits including logistics (hotel, travel, recruitment dinner), schedule telephone interviews and meetings with medical director, other staff involved in the decision process.	$ -
6. Professional Recruiting Service Expenses	$ -
7. Interview Staff Expenses	$ -
8. Interview Direct Costs (on-site face-to-face interview visits)	$ -
9. Post Interview Expenses - staff time for negotiation, other hiring expenses (bonus, relocation)	$ -
B. Total Replacement Costs	**$ -**
C. Net Impact to Revenue	
10. Revenue Loss from Leaving Provider	$ -
11. Revenue Recovered from Locum Tenens	$ -
C. Total Net Impact to Revenue [Recovered - Loss]	**$ -**
D. New Hire/Onboarding Costs	
12. Payroll startup, Benefit Enrollment, establish passwords,email account	$ -
13. Credentialing services cost (internal or Credentialing Verification Organization (CVO))	$ -
14. Internal and external publicity announcements	$ -
15. Equipment and Uniform expense	$ -
16. Orientation Costs	$ -
17. Cost of Productivity lost to startup	$ -
D. Total New Hire/Onboarding Costs	**$ -**
Total Financial Impact	**$ -**



"I want the public to think of us as 'The Company With A Heart'. But I want you to think of us as the company that will chew you up, spit you out and smear you into the carpet if you screw up."

Retention Processes

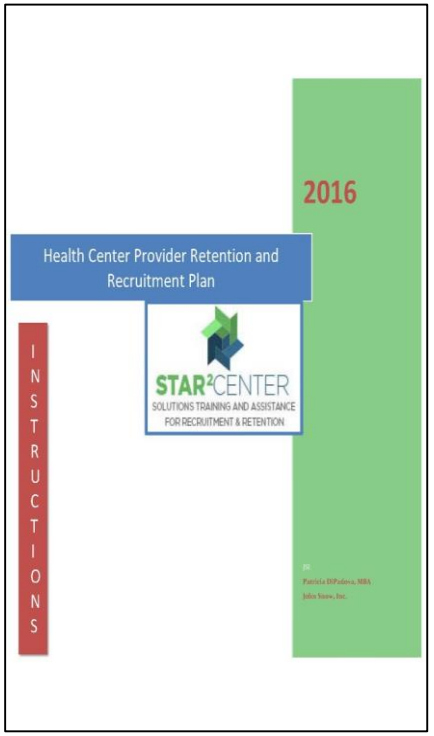
- Mission
- Compensation
- Benefits
- Work Schedules
- Career Path

Mission

- Recruitment
- Onboarding
- Communication

Career Path

Process Tools



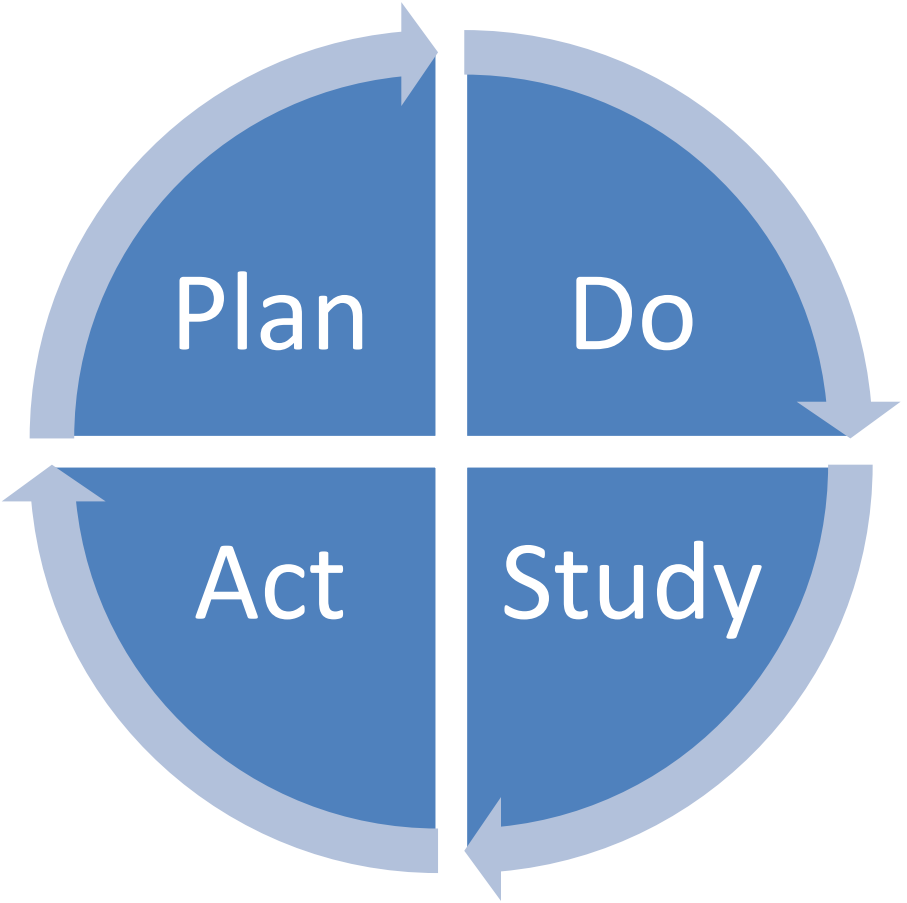
STAR^2 Center Recruitment & Retention Plan

"What if, and I know this sounds kooky, we communicated with the employees."

Stay Interviews

- Weekly-Monthly Check-Ins
- What's energizing you?
- What's challenging you?
- What would you like to share?
- What questions do you have?

Data Realignment!



Stay In touch!

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