



Key Informant Interview Report

December 2014

Association of Clinicians for the Underserved

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Table of Contents

Executive Summary.....	2
Overview	4
Recruitment Challenges.....	4
Retention Challenges	5
Health Center Program Strengths.....	6
National Workforce Issues & Trends	7
Tools and Resources	8
Recommendations	9
Conclusion.....	10
Appendix 1: Key Informant Interview List	11
Appendix 2: Interview Guide	12

This publication was made possible by grant number U30CS26934 from the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HRSA.

Executive Summary

The Association of Clinicians for the Underserved (ACU) has begun establishment of a training and technical assistance center for clinician recruitment and retention at community health centers. To begin that effort, ACU sought to learn about the work that other organizations were already doing to address clinician workforce issues, and talk to known experts in the field about recruitment and retention challenges, opportunities, and needs.

RECOMMENDATIONS

Interviews yielded four main recommendations for health center growth in the recruitment and retention arena:

- Development of Provider Satisfaction Programs
- Prioritized Continual Funding for Workforce
- Health Center Involvement in Training Health Professionals
- Individualized Technical Assistance

A focus on provider satisfaction at the local level, coupled with prioritized funding for workforce programs and new training models, would greatly improve the workforce environment for health centers. Given individualized technical assistance, health centers could learn about good models and make the best plan for their specific team of providers and their community.

The group of almost 20 interviewees provided insight into the workforce landscape:

Recruitment

Competition has greatly increased for a shrinking pool of primary care practitioners. Health centers struggle to market and position themselves as the most attractive job prospects despite a lack of financial resources and geographical challenges. Administrative planning and prioritization of recruitment activities remains a real challenge in the environment of fast-moving health care reform and emphasis on quality initiatives. Access to federal funding to support some of these activities is often limited or on a one-time basis, making continued prioritization difficult.

Retention

Demand on providers in health centers is extremely high, leading to burnout and dissatisfaction with the health center operations. When health center providers do not feel part of the strategic decisions of the health center, and do not feel they have enough professional or personal development, they are more easily recruited away to other organizations with higher salaries and more attractive benefits packages. If the provider is not a fit for the health center or community culture, this process will take place soon after the clinician arrives at the health center and causes major disruption in patient access and health center operations.

Health Centers Program

Health centers have core strengths that make them attractive for both recruitment and retention of providers. The core mission of the health center and the statutory advantages of the federal Health Centers program are the number one draw for clinicians looking for career opportunities. The increase in new training models that gives health professionals exposure to health centers and underserved communities at an early stage increase the likelihood that those clinicians will choose, and stay with, health centers.

National Workforce Trends

Emerging trends, strategic programming, and policy implementation all play a part in shaping the health care workforce for health centers. The implications of the Patient Protection and Affordable Care Act (ACA) and what it will mean for recruitment trends and workforce needs are still being discovered. New national models of training and practice are shifting the landscape for both the pool of available clinicians and the way health centers structure their care teams. All of these changes are set against an uncertain federal funding policy and a changing American demographic.

Tools and Resources

A wealth of tools and resources exist for health centers, but they lack a centralized place they can access them. Both health centers and the national and state organizations that support them would benefit from a clearinghouse of templates, best practices, toolkits, and new information.

Overview

Starting in July 2014, the Association of Clinicians for the Underserved (ACU) received a national cooperative agreement from the Health Resources and Services Administration, Bureau of Primary Health Care, to set up a national training and technical assistance center for clinician recruitment and retention at community health centers. As part of the needs assessment for this project, ACU identified key national and state stakeholders in the workforce space and conducted interviews with them to identify and understand national issues, trends and priorities regarding health center recruitment and retention.

Organization types represented included national workforce organizations, primary care associations, primary care organizations, and others. A complete list of the 20 interview participants is included as Attachment 1.

The interviews were conducted in-person by telephone over a period of four weeks. The interviews focused on capturing an accurate picture of the clinician workforce challenges, strengths, and needs at community health centers. Interview questions focused specifically on:

- 1) Recruitment Challenges and Opportunities
- 2) Retention Challenges and Opportunities
- 3) National Issues & Trends
- 4) Tools and Resources

The Key Informant Interview Guide is attached as Appendix 2.

Recruitment Challenges

Participants identified many challenges in clinician recruitment for health centers. While a shortage of primary care practitioners has always been a problem, this shortage is exacerbated by greater competition from organizations like hospitals. As other health systems engage in primary care in unprecedented fashion, health centers struggle to position themselves as more attractive practice opportunities when issues such as salary and geography can be problematic. Health centers also face other administrative and funding issues that make this recruitment process difficult.

Competition & Salary

There is a national lack of sufficient numbers of primary care providers. As the pool of primary care physicians decreases, the competition increases and health centers are often at a disadvantage. Hospitals are entering the primary care field in an unprecedented way, expanding their onsite services and buying private practices. As the hospitals' needs for primary care practitioners increases, so does local competition. Often hospitals can offer higher salaries, signing bonuses, and other amenities that are more attractive to practitioners. Lower salaries are especially challenging to the recruitment process, as health professionals are graduating with staggering student loan debt.

Geography

The physical locations of many health centers also offer their own set of recruitment challenges. There can be social and cultural stigma attached to safety net practices, the populations they serve,

and the locations in which they exist. Rural areas especially struggle to attract practitioners. Clinicians look for communities that offer career opportunities for their partners, quality educational opportunities for their children, and cultural amenities for their lifestyles. That lifestyle infrastructure can make or break a clinician's initial interest in and ongoing commitment to a specific community. Since primary care practitioners are in such high demand, they can easily choose other job opportunities that offer better options for their families.

Administrative Challenges

Health centers are under great demand to provide patient care while also participating in a number of quality initiatives and organizational transformation. While workforce shortages are an ongoing need, health centers do not have projections of this need. Often there is not a staff person dedicated to this work, and the absence of capacity and surplus of competing priorities results in a fragmented or incomplete recruitment process. Health centers frequently lack comprehensive recruitment plans that engage all of the appropriate health center staff, and management lacks training or education about workforce best practices and strategic planning. Health centers thus focus on more immediate objectives rather than investing in workforce initiatives that will serve them in the future.

Federal Funding

While access to the National Health Service Corps (NHSC) Loan Repayment and Scholarship Programs continues to be a powerful tool for attracting primary care practitioners to care for the underserved, the funding for NHSC is limited. Health centers located in urban areas typically do not have a high enough Health Professional Shortage Area (HPSA) score to qualify their clinicians for the programs. In FY2013, all of the loan repayment awards were made to providers located in areas with a HPSA score of 14 or higher (<http://nhsc.hrsa.gov/loanrepayment/>). HPSA criteria also does not take into account some access issues like language proficiency.

Retention Challenges

Once health centers have recruited primary care practitioners, they put in a great deal of effort to retain them. Provider burnout is the primary challenge in retention, as the demands of working in underserved communities can be overwhelming for those not trained in a similar setting. Those stresses paired with lower compensation and administrative inefficiency can lead to an unsatisfied provider who is easily recruited away either within that same community or to a more desirable geographical location.

Provider Burnout

The number one challenge for retention at health centers is provider burnout. High productivity loads, administrative burdens tied to quality initiatives, and a complex patient population all work together to create a demanding environment for clinicians. Practitioners may feel additionally overwhelmed by adjusting to the safety net practice, as many education and training programs offer a comprehensive clinical experience but sometimes lack sufficient training for working in underserved communities.

Uncompetitive Benefits Packages

Health centers may offer lower salaries than local competitors. While they can make up some of that difference through programs like loan repayment, this is only truly effective for clinicians who are early in their careers. Some hospitals and health systems are also able to offer additional

benefits, such as sign-on bonuses and additional vacation days. Providers may also perceive they will have more support for processes like billing, training, EHR use, etc. in hospital systems rather than in health centers.

Managerial Inefficiency

When health centers struggle with administrative effectiveness, provider retention also struggles. Providers need to be engaged with the administration, have clear channels of communication with executives about health center plans and initiatives, and understand the long-term benefits of the short-term burdens they may be experiencing with projects like EHR implementation. Middle management and relationships with supervisors play a big role in creating an operationally smooth organization. Health centers also need to have clear, structured retention plans.

Poor Community Fit

Providers may also leave health centers because they do not fit well with either the health center or the community. Clinicians are often searching for the right community amenities and opportunities for their families, and if the community is not a fit with the family, then it cannot be a fit for the clinician. As is the case with other practice environments, sometimes a provider is not the right fit for the health center culture or the patients.

Health Center Program Strengths

While participants identified different recruitment and retention challenges, the strengths and opportunities for health centers fell along the same lines. The health center mission is first and foremost the greatest workforce strength. Clinicians with a passion for serving underserved communities are drawn to the mission and the model of health centers. Health centers, through national strategic programming, offer attractive benefits such as eligibility for loan repayment and malpractice coverage. Those benefits, along with emerging training models, are great opportunities for health centers to grow their recruitment and retention programs.

Health Center Mission

The health center mission to provide comprehensive, quality care to the underserved continues to serve as a draw to clinicians looking for a meaningful career. The health center model of being consumer owned and community based is unique in the healthcare landscape, and allows practitioners to engage in improving the health of an entire community. Clinicians at health centers have the opportunity to be invested in the communities they serve, be engaged in public health work, and connect to the larger community of health centers.

Loan Repayment and Scholarship Programs

Ongoing loan repayment opportunities through state and federal programs serve as strong recruitment and retention tools for health centers. Health centers' automatic HPSA designation helps with this process, as does the program's long history with the NHSC. Primary care practitioners learn about health center opportunities through these programs, and can be enticed to making short-term commitments early in the careers. Often this initial commitment leads to a long-term commitment to working in underserved communities, even if those providers do not stay at their initial practice site.

Malpractice Coverage

One great benefit to physicians at health centers is access to Federal Tort Claims Act (FTCA) coverage. FTCA coverage saves health center grantees millions of dollars annually and ensures employees of recognized health centers cannot be directly sued. This coverage is part of an overall benefits package for health center physicians and part of an effective retention package for health centers.

New Training Models

The Teaching Health Center model offers an effective way to introduce residents to health centers and prepare them for the unique experience of working in underserved communities. Other emerging models, such as AT Still University, build the health center experience directly into education and training. Exposure to health centers, rural areas, and safety net experiences influence students' and residents' decisions to work in those places. Increased awareness of the opportunities at health centers and appropriate training for work in an underserved area all lead to more successful recruitment.

National Workforce Issues & Trends

Several emerging national issues are already having an effect on recruitment and retention at health centers. Implementation of the Patient Protection and Affordable Care Act (ACA) has brought increased coverage, Medicaid expansion, and a rise in the Accountable Care Organization (ACO) model. National quality and program initiatives complicate the picture, as does the changing demographics of both the provider and patient populations. Need for primary care practitioners is high, and changing state and local environments can increase that demand.

ACA Implementation

Medicaid expansion and increased coverage for Americans present new access challenges. As a large number of newly-insured patients attempt to access health care services, demand for primary care practitioners will only increase. Health centers and other types of practice sites must attract and retain adequate numbers of clinicians to meet this demand. This increased demand for primary care services has already led to a more competitive environment, and the rise of the ACO model in the ACA environment only increases that competition.

Changing National Demographics

Generational differences in work style and preferences are creating a new dynamic as young clinicians enter the field. Clinicians want different things from practice, whether it is a more flexible schedule or the ability to engage in advocacy work. Health centers must adjust both their recruitment and retention strategies to meet the needs of these clinicians while sustaining effective patient care and financial viability. An aging patient population will also create new demands and challenges for health centers and the providers who care for them, and health centers must staff clinician care teams appropriately to meet these demands.

Emerging Training Models

Funding for innovative programs like Teaching Health Centers and Rural Training Tracks are creating a new crop of clinicians. These clinicians are being trained in a different way that affects the types of practice opportunities they are interested in upon completion of residency. The increase of these new training models is welcome, but coincides with the increase of hospitals buying small practices and lessening the number of preceptorship opportunities in rural communities. Health centers must meet that training need.

Patient Centered Medical Home (PCMH)

The rise of the team-based model of care and PCMH implementation at health centers presents unknown changes to recruitment patterns in the safety net. While many health centers previously relied on a physician-heavy recruitment plan, they must now evaluate what balance of different types of clinicians is most effective for their individual health center's need and patient population. Once health centers identify the appropriate care team, they must adjust their recruitment strategies to assemble the most effective provider team.

Federal Funding

The future is unclear for investments in both the health center and the NHSC program. If any financial support is removed, the results could be disastrous for health centers generally but also for the long-term workforce strength of health centers. The potential for change in Graduate Medical Education (GME) payments for resident physicians is also uncertain and adds an element of ambiguity to the national picture.

Tools and Resources

Many organizations are working on recruitment and retention issues and have developed a wealth of resources for health centers and the organizations that support health centers. These include but are not limited to:

- 3RNet Recruitment and Retention Guide
- American Academy of Family Physician White Papers
- Association of Staff Physician Recruiters Training Modules
- [Community APGAR Program](#)
- [Medical Group Management Association Salary Survey](#)
- Merritt Hawkins Issue Briefs
- [Michigan Primary Care Association Recruitment and Retention Toolkit](#)
- [Midwest Retention Toolkit](#)
- [National Association of Community Health Centers Recruitment and Retention Toolkit](#)
- New York Health Workforce Tracking Reports
- North American Management Monograph
- [Robert Graham Center White Papers](#)
- [Rural Assistance Center Topic Guide](#)
- [Rural Training Track Technical Assistance Program](#)

Health centers and other organizations would benefit from the development of an online resource center that highlighted existing resources, including:

- Templates for Recruitment and Retention Plans
- Sample Contracts for Providers
- Best Practices Documents
- Toolkits for Recruitment and Retention
- Catalog of NHSC Investment in Health Centers
- Recent Workforce Research
- Workforce Training Opportunities
- New Grant Opportunities
- Tools for Marketing

This resource center needs to offer information that is easily accessible and easily updated. Health centers must also be able to access the information without feeling overwhelmed.

Recommendations

Health centers have many opportunities to strengthen their recruitment and retention efforts. Internal operational investments in programs and policies that offer personal and professional development to providers will ensure that health centers retain and attract new staff. An ongoing, prioritized funding strategy at the national level across multiple organizations will help health centers understand and develop comprehensive workforce strategies. New national and local models of training health professionals will ensure that underserved communities “grow their own” providers. Individualized technical assistance will ensure health centers have the support and guidance they need as they embark on this process.

Development of Provider Satisfaction Programs

Health centers must make investments in the clinicians they employ through developing satisfaction programs designed for their health center staff. Some health centers have created initiatives like mentor programs, networking with other community providers, regular evaluation of provider schedules, flexible scheduling, incentive pay, and support for professional development. These initiatives demonstrate the health center’s interest in encouraging its providers and retaining them long-term. Satisfied providers are the best recruiters, and the retention program will make the recruitment program easier.

Prioritized Continual Funding for Workforce

Health centers would greatly benefit from an ongoing investment at the Federal level across a multitude of programs, including NHSC and Primary Care Association funding. Workforce issues must be set as an ongoing priority in the midst of other national changes. The national issues identified earlier all demand time and funding resources from health centers, and without financial incentives behind addressing workforce issues, those other changes will take priority.

Health Center Involvement in Training Health Professionals

Health centers must be more actively engaged in training health professionals across disciplines. An expansion of the Teaching Health Center model would be a good start. As more students and residents are trained at health centers, their awareness of health centers as viable career choices and their skill sets in working in underserved communities will increase. As members of those communities see and work with health professionals, they may see health professionals as options for themselves. In this way health centers can gain more clinicians while helping to recruit future providers.

Individualized Technical Assistance

While many tools and resources have been developed to help health centers create formal recruitment and retention plans, few health centers have the capacity to synthesize all of the information and make an individualized plan. Health centers would greatly benefit from individual attention both on the phone and in person with recruitment and retention experts.

Conclusion

Health centers continue to struggle with recruitment and retention issues. Increased competition, administrative and managerial challenges, limited financial resources, and community attractiveness all contribute to this struggle. As national issues such as ACA implementation and PCMH transformation exacerbate these issues, health centers would benefit from more national resources.

Many organizations and individuals are engaged in helping health centers increase their efficacy in clinician recruitment and retention. Despite the numerous resources in the space, health centers and the organizations that support them still need one place they can go to access the breadth of available resources, training, and technical assistance. The ACU CHC Workforce Center can serve as this clearinghouse and triage center, directing health centers to topic-specific resources and organizations, e.g. rural recruitment, while offering both online and onsite training and technical assistance.

Appendix 1: Key Informant Interview List

Name	Organization	Title
Joni Adamson	Missouri Primary Care Association	Manager of Recruitment & Workforce Development
Tracy Bradford	Arkansas Primary Care Office	Director
Jeffrey Caballero	Association of Asian Pacific Community Health Organizations	Executive Director
Ashley Colwell	Illinois Primary Health Care Association	Manager of Workforce Development
Amy L. Elizondo	National Rural Health Association	Program Services Vice President
Jillian Hopewell, MPA, MA	Migrant Clinicians Network	Director of Education
Alex Lehr O'Connell, MPH	Community Health Partners for Sustainability	Director
Jose Leon, MD	North American Management	Clinical Quality Manager
Beth Malinowski	California Primary Care Association	Assistant Director of Policy
Richard Marquez	Colorado Primary Care Office	Workforce Programs Specialist
Susan Mason-Bouterse	Alaska Primary Care Office	Director
Jean Moore, BSN, MSN	Center for Health Workforce Studies	Center Director
Donald E. Pathman, MD	Professor; Director, Program on Health Professions and Primary Care	Cecil G. Sheps Center for Health Services Research
Victoria Raschke, MA	National Health Care for the Homeless Council	Director, Training and Technical Assistance
E. Roberta Ryder	National Center for Farmworker Health	President & CEO
Mike Shimmens	3RNet	Executive Director
Robert M. Trachtenberg, MS	National Area Health Education Center Organization	Executive Director
Chris Workman, MASW	Kentucky Primary Care Office	Director
Ron Yee, MD, MBA	National Association of Community Health Centers	Chief Medical Officer

Appendix 2: Interview Guide

Recruitment and Retention Training and Technical Assistance Center Key Informant Interview Guide

September – October 2014

Date: _____ Time: _____

Organization: _____

Name: _____ Position: _____

Phone Number: _____ Email: _____

Interviewer: _____

Introduction: I am _____ and I am working with the Association of Clinicians for the Underserved. We have just received a new national Cooperative Agreement with HRSA to establish a national training and technical assistance center to support Community Health Centers with provider recruitment and retention. We want to make sure we have an accurate picture and understanding of the national issues, trends and priorities regarding health center recruitment and retention. As a key stakeholder, we were hoping you could provide information to help us develop the necessary technical assistance and tools to meet health center needs.

1. Can you tell me about your organization and your role in it?
(NCAs - prompt to include experience with community health centers and recruitment and retention, partners)
(PCAs – prompt to include length of time working on R&R issues in the state, partners)

Recruitment

2. What do you think the greatest challenges are for health centers trying to recruit providers?
 - a. What do you know about the causes of these barriers?
 - b. What is your organization doing to overcome these barriers?
 - c. Do you have ideas of strategies to overcome the barriers?
3. What do you think the greatest opportunities are for health centers trying to recruit providers?

- a. Do you have ideas of how to optimize these opportunities?

Retention

4. What do you think the greatest challenges are for organizations trying to retain providers?
 - a. What do you know about the causes of these barriers?
 - b. What is your organization doing to overcome these barriers?
 - c. Do you have ideas of strategies to overcome the barriers?
5. What do you think the greatest opportunities are for organizations trying to retain providers?
 - a. Do you have ideas of how to optimize these opportunities?

National

6. What are your impressions of national issues that will impact recruitment and retention in health centers? Are you aware of any trends or upcoming issues we should be aware of?

Tools

7. Are you aware of any tools or resources that we should review in developing the technical assistance center?
8. Do you have tools or resources for health centers that you would like us to highlight through the technical assistance center?
9. Do you know of any resources for PCAs, PCOs, NCAs, or others that you would like to highlight or like to see developed?

Trainings

10. Do you have ideas about the best venues to reach the health centers in greatest need of technical assistance for recruitment and retention?

Technical Assistance

11. Are there experts you can suggest the technical assistance center might call on for consultative services for health centers?
12. Do you have any other comments, concerns or questions relative to recruitment and retention for health centers?
13. Is there someone else who might have useful information for me that you might suggest I interview?

Thank you for your time today. Your input has been very helpful.