

STAR² Center

Interviews with the Field: Best Practices and Current Challenges

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Association of Clinicians for the Underserved

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Interviews with the Field: Best Practices and Current Challenges

This report was designed to bring together a variety of successful interventions employed by Health Center Program grantees (health centers) from across the country so that workforce teams can learn from one another and continue to strive for increased success in clinician recruitment and retention. Based on the recommendations of state Primary Care Association (PCA) workforce teams, interviews were conducted in March of 2017 by Mariah Blake at the Association of Clinicians for the Underserved.

These interviews documented the challenges faced by health centers, what interventions have been employed to address these challenges, and what processes and resources were helpful in their implementation. Each interviewee stressed that their “best practices” are a work in progress and that they are constantly looking to improve. ACU hopes that this report and other workforce Best Practices submitted through the [STAR² Center Best Practice Tool](#) will inspire successful innovation by other health center workforce teams.

Please contact the [Mariah Blake](#) if you would like to be connected with any interviewee to discuss their best practice.

Interviews with the Field: Best Practices and Current Challenges

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Collaborative Recruitment

Organization Name

- Community Health Centers of Central Wyoming, Wyoming

Contact Name

- Reed Barr, Director of Human Resources

Challenge Addressed

- The organization experienced turnover that caused them to close the obstetrics and gynecology (OBGYN) department and begin the recruitment process from scratch.

Description

- After analyzing the Wyoming Primary Care Association Needs Assessment and discussing their department's closure with other health professionals in their community, the organization determined that they would see recruitment success by involving community and business partners throughout the recruitment process. Since mid-2016, their revamped recruitment process now involves inviting these community partners into the interview process.

Helpful Resources

- Internal and external collaboration is essential to making this new interview process work. They have invited representatives from a private OBGYN group, a regional hospital, a residency program, and a private labor and delivery program to the table to review candidates and promote community support and collaboration.

Initial Roadblocks to Implementation

- The current leadership had some hurdles to clear in repairing community relations that had deteriorated.

How could you tell it was working?

- Each representative from the community that had been invited to attend a recruitment luncheon showed up for the luncheon saying, "This is too important to miss."

Have you continued this practice?

- Yes, this is still a relatively new process.

Tips for Success

- This process is a "modified SWAT analysis." The "threat" used to be the competition with private practice groups. Look to turn that threat in to an opportunity. Also focus on the "weakness" and be self-aware and align your actions with your words. This approach will pay off in community relations and strength of recruitment efforts.

Collaborative Recruitment

Late in 2015, Community Health Centers of Central Wyoming experienced turnover that forced the closure of their obstetrics and gynecology (OBGYN) department. Due to this closure, the health center found it increasingly difficult to work toward their organizational mission. Profit from services previously offered through the OBGYN department had helped the organization to deliver services in other areas of their organization. With these profits gone, they began to experience business and patient related stress. Reed Barr and his team compared the Wyoming Primary Care Association's Needs Assessment and met with other OBGYN professionals in the area to determine the effect of the closure of their department. This analysis helped them to determine that it would help the community as a whole, not just their bottom line, if they were to increase and improve recruitment and retention for these specific positions. The health center welcomed a new CEO in 2016 who underscored for the leadership and human resource (HR) teams the organization's place in the healthcare system. Mr. Barr and his team determined that collaborative recruiting would ensure that the health center was recruiting candidates that would fit well and thrive in their health center environment and community as a whole. Throughout the recruitment process, the team invited representatives from the private OBGYN group, regional hospital, residency program, and private labor and delivery unit to collaborate. This group was invited to review candidates' CVs, participate in sit down interviews, attend a luncheon and community meet and greet with each candidate. This collaboration also offered an opportunity to promote partnership between the departments and organizations down the road, should the candidate come on board at the health center.

The team encountered a series of hurdles as they worked to implement this plan. The relationship between the health center and local residency programs and private obstetrics (OB) providers had deteriorated under previous non-collaborative teams. Because of this sour relationship, initial communications were difficult. Additionally, the recruitment team had to adapt their interview process to accommodate community members who were not trained in the behavioral interviewing style that the team had used in the past.

The health center has made one successful hire through this still evolving process. Mr. Barr mentioned that they knew the new recruitment process was working when in early 2017 when the team was preparing to set up a luncheon for an incoming candidate with the local and private practice representatives. Leading up to the day of the luncheon, the representatives had not been able to confirm that they would attend so the organization planned to go ahead with the luncheon anyway. When the time came for the health center and community team to meet with the candidate, every member of the group showed up. Each person explained, "this is too important to miss." Recruitment data also reflected a rise in more productive interviews through this process. They have had more serious candidates moving more quickly through the initial stages of the recruitment process.

When asked to share what he thought other health centers should keep in mind when beginning a similar process, Mr. Barr framed the process is a "modified SWAT analysis." The "threat" used to be the competition with private practice groups. Look to turn that threat in to an opportunity by creating a community of support for providers. When focusing on the "weakness," be self-aware and align your actions with your words. This approach will pay off in community relations and strength of recruitment efforts. Keep your focus on successful community collaboration to do what is ultimately best for your patients.

Culture Change

Organization Name

- Siouxland Community Health Center, Iowa

Contact Name

- Susan George, Human Resources Director

Challenge Addressed

- Lack of trust at all levels of the organization led to low staff satisfaction and a high turnover rate throughout the health center.

Description

- The human resources (HR) and leadership team worked to create transparency within the organization in order to support a top down culture change. Siouxland CHC hosted a management book club, and promoted training for leadership and management positions. By investing in employees through training, support, and conversation, staff satisfaction improved and the turnover rate fell.

Helpful Resources

- The Management Book Club had important conversations after reading "The Servant Leader" by Autry and "Hanging the Mirror" by Alan Scheffer, Nancy Braun, and Mark Scheffer. The organization further invested in their managers by working with Leadership Siouxland and a High Performance Management Training at a local community college.

Initial Roadblocks to Implementation

- The initial lack of trust in health center leadership at all levels was a difficult challenge to work through when beginning the culture change.

How could you tell it was working?

- The turnover rate and staff satisfaction survey results began to improve. Comments from employees on those surveys became more expressive with one mentioning that it "feels like a new organization."

Have you continued this practice?

- Yes – there is still work to do.

Tips for Success

- From an HR perspective, it's important to know and consistently represent the organizational values. From an organizational perspective, these changes need to happen from the top down with everyone on the same page. This will take time and this will be frustrating so it is important to remain patient and consistent.

Culture Change

When Susan George joined Siouxland Community Health Center as Human Resources Director alongside a new CEO, the organization was ready for change. The organization was experiencing unfortunate turnover that looked close to becoming worse with members of the human resources (HR) and leadership teams looking to leave the organization as well. There was a notable lack of trust at all levels of the organization and the effects of that environment that were reflected in the results of staff satisfaction surveys conducted at the time. The leadership team knew it was time for a change in the culture of the health center. The change was accomplished by investing in and supporting their employees and creating an environment based on trust and transparency.

The leadership team began holding lunch meetings with employees to provide a space both to vent about what they were frustrated with or what they wanted to happen, and to share why they stayed with the organization when so many team members were leaving. The team continued to conduct employee satisfaction surveys but now made it clearer that they were using the responses to address problems and provide solutions in a timely manner. They worked to strengthen their managers by creating a Management Book Club focused on service leadership where managers were asked to have tough conversations in a respectful and professional manner. These conversations further chipped away at the previous lack of trust and promoted a supportive team environment. The team further invested in their employees by offering management training through a community program and a tech-centered training room for a smoother onboarding process that was opened to employees when not in use for formal meetings.

After beginning the process toward organizational culture change, the team faced some initial setbacks due to the lack of trust at all levels of the health center. Previously, employees had not felt heard and so were alarmed when they were asked to contribute to solutions for organizational struggles. They had not felt personally invested in the culture of the organization because they did not feel that the leadership of the organization was investing in them at a personal level. Once the organization went through a "recovery year" financially and the leadership team had continued to be transparent about the progress they were making, employees began to be really invested in change. The turnover rate improved. Employee satisfaction surveys became more expressive and more positive with 80% answering that they would recommend working at the organization to a family member (up from 50% previously). Meetings that were started to increase transparency such as the Management Book Club and monthly all staff meetings changed in tone from quiet or argumentative to lighter, relaxed, and more professional gatherings. This is only the beginning of an ongoing journey of cultural change for the health center. "We know we have work to do," says Susan George.

When asked what other health centers should keep in mind when planning to begin a culture change at their organization, Ms. George noted that it is important to stay patient, consistent, and inclusive in a full organizational change. From an HR perspective, it is important to be a consistent representation of the organizational values that the team is striving to promote. From an organizational perspective, the change needs to be inclusive and from the top down, from C-Suite to managers to providers to support staff. It is important to be there for each other and consistent in leading by example.

Employer of Choice

Organization Name

- Johnson Health Center, Virginia

Contact Name

- Gary Campbell, CEO

Challenge Addressed

- The patient to provider ratio at the health center reflected overloaded providers. Pressure began to build from the community as well. Patients were showing up at the Emergency Department because providers couldn't see them at the health center.

Description

- Mr. Campbell advocated for the adoption of a broad vision or "north star" for the organization – become an Employer of Choice. They began with an in house assessment of employee satisfaction and then began the certification process.

Helpful Resources

- The book "How to Become an Employer of Choice" and original vendor Employer of Choice International were instrumental in sparking and executing this change.
- Energy and momentum from Primary Care Association partners has become an extension of engagement in the recruitment process.

Initial Roadblocks to Implementation

- Some members of the leadership team didn't initially agree with what it would take to accomplish the goal of becoming an Employer of Choice.

How could you tell it was working?

- Within the first week people were really energized by the goal. When they hired their first provider after becoming certified it helped to show that the leadership team was actively trying to get support for their providers.

Have you continued this practice?

- Yes, this is an ongoing process. The team is setting their sights to maintain, innovate, and improve.

Tips for Success

- Before you even look at the book or contact a vendor, you have to be committed to the change!

Employer of Choice

Gary Campbell joined Johnson Health Center as interim CEO in 2014, where he and his leadership team faced a recruitment challenge. Recruiting difficulties had led to an out of balance patient to provider ratio resulting in overstretched providers at the health center. Patients began to show up at the local Emergency Department because providers were unable to see them at the health center. Turnover continued and pressure mounted from the community, board of directors, and providers to turn reverse this trend.

Mr. Campbell had read the book "How to Become an Employer of Choice" by Joyce L. Gioia and Roger Herman in the past and he and his team seized this title and certification process as their "north star" for organizational change. The team adopted this goal very soon after Mr. Campbell joined the health center and began the initial steps to prepare to become an Employer of Choice. The team first conducted an in-house assessment by conducting an employee survey and holding focus groups. Mr. Campbell set an example for the leadership team by being personally engaged in the process of gathering feedback to create the vision for the organization. His efforts to promote transparency by holding meetings that were open to anyone in the organization helped to build trust throughout the health center as they worked to make this change. Next, the team worked with the original Employer of Choice certification vendor, Employer of Choice International, to follow their certification process built around leadership. By reviewing the employee survey results as well as benefits and finances, the vendor was able to measure the effective ability to lead of the organization. Once this was measured, the team was able to identify areas for change and growth to improve their ability to effectively lead.

While the team was energized to work toward the goal of becoming an Employer of Choice, they did encounter a roadblock as they began this process. Initially, some of the leadership team did not agree with what it would take to accomplish this goal. Not everyone on the team was comfortable with the leadership journey they would need to take to become a certified Employer of Choice. Mr. Campbell noted that the goal would not matter if they only wrote it down on paper. They needed to get everyone on the same page and promote leadership engagement in order to succeed. Once the team worked through this roadblock, they saw success.

Within the first week of this effort, the health center team was energized. After the first provider hire, it became clear that the leadership was working to get help for the providers this energy increased. The team felt good about the environment they were creating. They put the employees first and the rest took care of itself. The health center became the first FQHC to be recognized as an Employer of Choice through this program. Maintaining the Employer of Choice status is an ongoing process for the health center. Mr. Campbell noted that "what got us here won't get us there." He elaborated that the leadership team cannot relax but must continue to promote employee engagement and leadership creation within the organization as they strive to be an employer of choice for employees and an organization of choice for patients in the community.

Should other health centers decide to adopt becoming an Employer of Choice as their "north star," Mr. Campbell recommends that they be committed to culture change at all levels before even picking up the book to begin the process. The process will require making hard decisions within the leadership team. Once the health center leadership team has committed to the change, pick up the book, contact the vendor and step out of your comfort zone!

Modern Website

Organization Name

- Virginia Garcia Memorial Health Center, Oregon

Contact Name

- Shilena Battan, Talent Acquisition Manager

Challenge Addressed

- The physician shortage will be making recruitment more and more competitive. It's important to find a way to promote your culture to physicians who know they are highly sought after in this environment.

Description

- Beginning in 2015, the health center made updates to the Human Resource Information System (HRIS), website, and career center. The goal of updating the website and career center was to move towards simplicity in communicating the culture of the health center and ease of submission for applicants.

Helpful Resources

- Having a staff member such as a public relations (PR) officer focused on maintaining an online and social media presence is very important. Having a Talent Acquisition staffer working with a physician-centered approach rather than a general approach to recruitment has also been helpful.

Initial Roadblocks to Implementation

- The initial lack of time and resources to devote to this effort made the initial lift difficult.

How could you tell it was working?

- The HR Director made this effort a priority and recruitment was added to the "top five" priorities in the annual plan. It became clear that there was organizational support for continuing to modernize the website and recruitment process.

Have you continued this practice?

- Yes, this will be continued. The career center especially is a work in progress.

Tips for Success

- Be sure to do your research! Know your budget and determine what is important to your team and organization. Look for sites and applications that are mobile friendly and promote ease of application for interested candidates.

Modern Website

Over the last two years, Shilena Battan and her team at Virginia Garcia Memorial Health Center have been working to modernize their online presence and recruiting process. The team took notice of the competitive nature of recruiting physicians to health centers and safety net organizations due to the ongoing physician shortage. The team observed the costs associated with locum providers over the last three years and determined that those funds could be better used elsewhere if the recruitment process were improved. Because physicians know they are highly sought after in this environment, Ms. Battan and her team looked to find a way to promote their unique organization in a way that would reach this audience. They observed that candidates who are a good fit with the organizational culture are more than likely millennials. In order to reach this demographic, the team determined that they needed to update their internet presence. An update had recently been made to the Human Resource Information System (HRIS) in operation at the organization and continued technological updates felt like a good fit.

The aim of these updates was to make the organization's website easy to use. This meant changes such as gearing the site to appeal, in a concise manner, to interested physician recruits rather than focusing on spelling out the mission and seeking donations. Changes were also made to the website's career center, which houses recruitment items such as job postings and application information for the health center. These changes included allowing for a simple resume submission rather than requiring applicants to complete a multi-step form. All of these updates needed to be mobile friendly as well for ease of access for busy potential candidates.

Ms. Battan highlighted the push to be honest, transparent, and self-promoting by keeping recruitment in mind in efforts to revamp the internet presence of the health center. She noted that there were some initial roadblocks to implementation in the lack of resources and time to devote to this effort from the start. As time wore on, she saw investment from the leadership of the health center as recruitment was made a "top five" priority in the annual plan and the HR Director made this effort a priority in their workload as well. The team gained further traction by making sure that they had a staff member whose role focused on the PR aspect of the social media and web presence they were creating as well as a Talent Acquisition team member whose focus was on physician recruitment specifically.

When asked if she would share any pointers for health center teams looking to make similar updates to their internet presence, Ms. Battan recommended a research based and mobile friendly approach. She suggested working within the organization to determine the budget for these updates and determining what is important to your team and organization. Some approaches might work better than others for a particular environment. For instance, one health center might focus on promoting a hearty Facebook or Twitter presence where another health center might find better responses through an active LinkedIn account. She also recommended looking at an organization's presence on websites such as Glassdoor and Indeed where ratings are determined anonymously by employees. Ms. Battan recommended promoting and improving the health center's representation on those sites as job seekers frequently use them to determine the work environment at a health center. Above all, Ms. Battan recommended focusing on the ease of application and communication. In this increasingly competitive physician recruitment environment, it is important to not only have concise and up to date website content, but to make it easy for applicants to submit their resume or quickly get in touch with a dedicated staff member should they want more information.

Documenting Processes

Organization Name

- Health Access Network, Maine

Contact Name

- Bill Diggins, Chief Executive Director

Challenge Addressed

- Provider recruitment has been a challenge due to the physician shortage.

Description

- The Recruitment, Onboarding, Orientation, Retention (ROOR) process and tool make it easy for a health center team to assign and track who is responsible for which stages of the recruitment, onboarding, orientation, and retention process. Through this document, the team is able to track the progress of each potential recruit through the stages of this process and which departments and/or staffers are responsible for which stages (HR, credentialing, billing, etc.) By making this a standing item on management team meeting agendas, the team has been able to reduce the variations and omissions that can lead to mistakes in the recruitment and retention process.

Helpful Resources

- The ROOR spreadsheet (available for download in the [STAR² Center Resource Center](#))

Initial Roadblocks to Implementation

- No major roadblocks presented themselves. The team was on board from the beginning and the nature of the tool itself made it easy to follow the process as a team.

How could you tell it was working?

- Not one moment in particular, but the overall ease of accountability throughout the process showed that it was a big success for the team.

Have you continued this practice?

- Yes, the health center is continuing to use this process.

Tips for Success

- It really helps to wrap your arms around the process. The tool helps to reduce variation, which in turn reduces errors in the recruitment and retention process. This reduction in errors is good for the organization and for the providers that are looking to come on board.

Documenting Processes

Throughout Bill Diggins' career, he frequently found himself "diagnosing" what could be fixed or updated in medical groups and health centers. For some time, retention had been the focus of workforce efforts he encountered. Due to the growing physician shortage, however, he noted that recruitment was set to take the spotlight as a bigger challenge for workforce teams. There would be less room for errors in the recruitment and retention process moving forward. Mr. Diggins also drew on his experience to note that onboarding and orientation are big missed opportunities in the recruitment and retention process if not done right. "When you've been doing this long enough," he mentioned, "you notice the rookie mistakes."

With his mind on avoiding those mistakes moving forward, about 10 years ago Mr. Diggins and his team created the Recruitment, Onboarding, Orientation, and Retention (ROOR) process and accompanying spreadsheet. This document is designed to take a workforce team through a step-by-step process of successfully bringing a provider on board. This includes onboarding and orienting a newly recruited employee to support later retention efforts. Initially designed for a hospital setting, the process and spreadsheet can be tailored to work for any organization. The tool spells out, step by step, which staff members or departments should be handling which stages in the process of recruiting, onboarding, orienting, and retaining a provider.

In 2011, Mr. Diggins brought the ROOR process with him when he joined Health Access Network as Interim and then Chief Executive Director. The HAN team was enthusiastic about beginning to make the ROOR process a part of their ongoing recruitment and retention efforts. Therefore, Mr. Diggins did not note any major roadblocks to its implementation. He observed that by making a check on the ROOR process a part of the standing agenda for management meetings, there was more accountability for its successful implementation. Rather than one, defining moment where the process clicked successfully in to place, Mr. Diggins and his team observed a general ease of accountability throughout the process. By following the detailed stages of the ROOR document and looking at where recruits were in the progression of those stages, the team was able to check that all details related to any given stage were taken care of. This led to fewer complications related to mistakes especially with credentialing and onboarding, which in turn, saved the team time and money. Mr. Diggins and his team plan to continue using this process and highly recommend that other health centers adopt a similar method.

When asked what health center workforce teams should keep in mind when implementing this process as part of their workforce strategy, Mr. Diggins stressed the importance of taking a comprehensive approach to the process. He noted that by really "wrapping your arms around the process," workforce teams can reduce variation throughout each step and reduce the opportunity for errors and financial complications due to these variations. This process, according to Mr. Diggins, is good for both the organization and the provider candidates moving through the recruitment and retention process. By following the ROOR document, the health center promotes a neat and complete process to joining the health center to potential provider candidates who might turn away at a sloppy recruitment process in this competitive environment. The Health Access Network (HAN) team has shared the ROOR spreadsheet with the STAR² Center. Any interested workforce teams can access the document in the [STAR² Center Resource Center](#).