# 2018

# Recruitment and Retention Measures National Summary

**STAR²CENTER**
**SOLUTIONS TRAINING AND ASSISTANCE**
**FOR RECRUITMENT & RETENTION**

Pamela J. Byrnes, John Snow Inc.
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for the Underserved
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# I.   Introduction

The Solutions, Training, and Assistance for Recruitment and Retention (STAR$^2$) Center was developed under a HRSA Training and Technical Assistance National Cooperative Agreement in 2014, to provide resources, training, and technical assistance to Health Center Program Grantees and Look-Alikes (health centers) around clinician recruitment and retention. One of the first activities of the newly formed STAR$^2$ Center was to collect and analyze a diverse range of indicators thought to be related to recruitment and retention issues, and their underlying causes, at both the organizational and service area levels. These measures were compiled into a one-page Data Profile for each organization as a means of prioritizing need and identifying issues that may be contributing to recruitment and/or retention difficulties. In the second year of the project an additional page of trends for each factor was developed. In this report those measures continue to be examined at the national level to create profiles of sub-groups of health centers based on different crosscutting attributes such as grant type, organizational size, and corporate structure. In addition to a small set of purely descriptive measures, the bulk of the data elements were assigned a 'flagging point', indicating that the value for an organization was notably different from the norm for that measure and in a direction that may be indicative of recruitment and/or retention issues. It is important to note that a "flag" is not necessarily an indicator that something negative or bad is happening. Rather it is suggestive of a possible impact on recruitment and/or retention. By examining differential flagging rates between the sub-groups, it is possible to identify the broad patterns that exist within the data and highlight areas of particular need among the health center community.

# II.   Methods and Overview

The STAR$^2$ Center has produced and distributed <u>Health Center Recruitment & Retention Data Profile</u> reports to all Health Center Program grantees and Look-Alike organizations (health centers) nationally for the past three years. The profiles calculated a diverse range of measures thought to be of potential relevance for recruitment (15 measures) or for retention (19 measures) of health care providers. Within each of these two main categories, the measures were further separated into those descriptive of the organization itself and those that describe the organization's service area. The recruitment and retention measures were evaluated against a 'flagging threshold' to highlight those measures that may be particular points of interest for that organization. This assessment is based on the rate at which the organizations in each group are 'flagged' as having values that are of potential interest/concern for each measure. These values are indicated by highlighted cells in the individual grantee reports. The threshold(s) are set separately for each measure and are generally set to flag approximately 10% of organizations nationally, identifying those for which the measure was most out of the norm at the end(s) of the scale logically most related to recruitment and retention issues. Where less than 10% of grantees

exhibited a particular trait, or where a 'natural' flagging point existed for the measure, this parameter can vary. The flag points and distribution of results are included in the separate 'User Guide' distributed with the individual reports. Finally, not every measure was applicable to every grantee (dentist productivity for an organization without dentists for example). As such, the flagging rate for each metric is reported only for the organizations for which the measure is valid.

The detailed results of this year's national summary measures can be found in Appendix A, which shows both the descriptive measures as well as the measures for which flagging thresholds and rates are set. The table is color coded to highlight the sub-group in the category with the highest values, and calculations are provided to show the degree of difference between the measure for the highest and lowest values. The valid percent of health centers and count of centers flagged for each measure can be found in Appendix B. Appendix C has the one-year trend in flagging rates.

As there is a great deal of stability in the pool of health centers from year to year, this report will not seek to reiterate all of the patterns identified in the previous National Summaries. Rather, this report will largely summarize the results in relation to the findings from the prior year; noting key changes that are seen in comparison to the patterns observed. While many of the organizations are consistent between the years, there was much change taking place in the safety net delivery system in which they operated during this time.

The total number of metrics on the report also decreased from the report initially developed. Measures that no longer appear in the profile reports are not addressed in this update. Note also that comparisons between years are made based on the flagging rate for each year, so underlying changes in the flagging points or portion of eligible health centers for any measure could have an impact on results.

Prior to conducting the analysis, certain groups of health centers that received Data Profiles were omitted as "base exclusions" because their particular situation is notably different for the purposes of many of these measures, and their inclusion might skew results. These include health centers reporting no FTE staff (such as Migrant voucher programs), no patients (new, non-operational), and grantees in the US Territories and Puerto Rico where demographics are notably different and some data is not available. The following sub-groups of grantees were then selected for this analysis:

| Grouping | Sub-Group | Prior Count | Current Count |
|---|---|---|---|
| National | Total Health Centers | 1359 | 1425 |
| | Total *(after base exclusions)* | 1307 | 1383 |
| Grant Type | Community Health Center (CHC) only *(not multiple funded)* | 814 | 873 |
| | Homeless (HCH) *(including singly and multiple funded)* | 258 | 287 |

| | | | |
|---|---|---|---|
| | Migrant/Seasonal (MHC) (*including singly and multiple funded*) | 158 | 162 |
| | Public Housing (PH) (*including singly and multiple funded*) | 79 | 96 |
| Rurality – see notes | Urban | *N/A* | 797 |
| | Rural | *N/A* | 586 |
| Size | Large (10,000+ patients) | 598 | 667 |
| | Small (less than 10,000 patients) | 709 | 716 |
| Corporate Structure | Corporate Entity, Federal Tax Exempt (Private non-profit) | 1105 | 1188 |
| | U.S. Government Entity (Public Health Centers) | 85 | 92 |

Two changes from the last National Summary should be noted. The 'rurality' dimension was not reported in the last national data analysis due to an apparent misclassification of rural/urban status in the federal data. This situation was rectified in the 2016 UDS data used for this report year, so the rural/urban comparisons are again provided. However, because of the lack of prior year data, no trend analysis can be provided. The second change is the deletion of two of the measures in the Recruitment Service Area Level relating to population to provider ratios. The Primary Care Service Area (PCSA) data, produced by The Dartmouth Institute under contract to HRSA, had provided a source for a range of provider ratios, but that project has been discontinued. We were able to obtain the American Medical Association's (AMA's) physician Masterfile to produce similar calculations for some of those elements using published PCSA methods, however this data set only reports on physicians, so the prior measures for non-MD/DO providers (NP, PA, CNM) and Dentists are not included. Additionally, although the methods used in the PCSA data were replicated to the degree possible using the AMA Masterfile, exact comparisons are not able to be made between the two and therefore trend analysis is not possible for these two measures.

# III.   Findings

## A. *Descriptive Measure Summary*

Prior to examining the results of the analysis of the recruitment and retention measures based on the flagging rates, it is important to consider the makeup of the health center sub-groups. After making the 'base exclusions' discussed above, 42 organizations representing 436,705 patients were eliminated. The analysis was focused on the remaining 1,383 health centers nationally, representing 10,487 service delivery sites and just over 22 million patients. The organization and patient counts are noted to have increased compared to last year due to growth in the program overall.

The mix of grant funding types remained similar, with the great majority of grantees with special population funding also having basic CHC funding. Homeless (HCH), Public Housing (PH), and

special population funded public health centers showed a drop of nearly 5% each in the percent serving a majority of special population patients.

Patient Centered Medical Home (PCMH) recognition remained fairly stable across all types of health centers. Looking by type of population funding, CHC-Only grantees remained the lowest at 68%. Homeless and Public Housing grantees both showed increases over last year (4% and 6% respectively). Small organizations (56%) and public health centers (56%) continue to lag behind in PCMH participation compared to large health centers (85%) and private non-profits (74%). Nearly all health centers now have EHR systems installed.

***Primary Care Medical HPSA Scores:*** This measure is descriptive only and reported as averages. The average score for all centers, after exclusions, was 14.1 and there was only a modest degree of variation among the categories. Migrant centers had the highest average (15.4).

Health Professional Shortage Area (HPSA) scores are important in examining individual organizational profiles as a low score can explain lack of participation in the National Health Service Corps (NHSC) to some degree.

## B. Recruitment

The Recruitment measures are focused on attributes that are thought to be related to the ability of the health center, or the community, to attract new providers. Some are indicators of ongoing difficulties in recruiting staff, while others may be indicators of underlying causes for those difficulties.

### 1. Health Center Level Recruitment Measures

Many of the data elements in the organization-level recruitment section focus on the degree to which NHSC providers are either present as part of the current staff or the organization has vacancies listed. Both of these measures are examined in comparison to the percentage of current staff represented by NHSC placements or vacancies. These measures are flagged on the 'high' end of the scale, however, low participation in the NHSC for organizations with ongoing recruitment needs and scores amenable to placement may also be viewed as a potential problem indicator.

**NHSC PARTICIPATION**

***NHSC vacancies***:  Migrant health centers (MHC) continue to show the greatest level of flagging for vacancy listings compared to current staff across all categories of providers and types of organizations. Large centers flag higher than smaller ones for all types of providers, particularly for Psych/LCSWs (10% v 4%) and NP/PA/CNWs (14% v 6%). It is important to consider whether being low in this trait is a good thing or not.  It could be an indication that centers are not posting vacancies.

***NHSC placements***:   There was very little change in flagging rates across all types of health centers and all categories of staff from last year. MHCs continue to have the highest rates of flagging for MD/DO staff as a percent of current staff (14% and 12% respectively), although each shows a decline in the rate from last year of 2% each. Public Housing centers continue to have the lowest in all categories.

## LANGUAGE AND CULTURE

MHCs continue to have the highest flagging rate for high portions of patients best served in a language other than English (15%), a 5% increase in flagging rate over last year. There was virtually no change in the flagging rates across other types of health centers compared to last year. Urban health centers are second highest with a flagging rate of 13%.

## FINANCES AND PAY RATES

***Financial health***:   It must be reiterated that this factor is examined by pooling 4 years of UDS financial data (acknowledging that different accounting bases for revenue vs expenses in the UDS can lead to mismatched values) and examining net surplus/deficits. Although the impact of the Affordable Care Act (ACA) is muted by combining 4 years' worth of data, one might expect flagging rates to fall due to increased revenue from newly insured patients in the years following ACA implementation. However, because the flagging points are reset each year to match the current distribution, that effect cannot be observed as a direct outcome. The metric had flagged at an 11% deficit 2 years ago, dropping to a 10% deficit last year, and to a 9% deficit threshold for the current report based on 2016 UDS. Small health centers continue to have the highest flagging rates (15%) and one of the highest rates of increase over last year (+3%). Urban health centers and public health centers each have a flagging rate of 13%. MHCs have the lowest rate of flagging of all types of centers; 2% compared to the national average of 11.1%, and also notably experienced a 4% decline in flagging from last year. In contrast, PHs, while slightly below the national average at 10% flagging, show an increase of 4% over last year.

***Pay rates:*** The pattern of flagging for pay rates compared to the Medical Group Management Association (MGMA) median for providers of the same mix of staff at each health center remain largely the same again this year. However, due to a 4% decrease in flagging rates (from 10% to 6%), Public Housing centers show a drop from highest among the special population types. Small health centers and public health centers have the highest rates of flagging at 11% each. The gap between small and large centers lessened from last year due to a small increase among the larger centers. The gap increased between private non-profits and public centers, in this case due to a rise in flagging of the public centers.

## 2.  Service Area Level Recruitment Measures

The characteristics of the service area of the organization can also have a significant effect on the recruitment prospects. The indicators of this focus largely on questions of professional isolation

and support, as well as the mix of other providers in the community. In addition, indicators of community-level provider shortages are an important indicator of the health center's role in the overall access picture for the area and the degree to which the organization might be expected to fill gaps in provider availability. As noted above, two of the previously reported measures had to be deleted from the current report due to a change in availability of the PCSA data, and the subsequent reliance on direct AMA Masterfile data that does not include information on non-MD/DO providers.

**PROVIDER AVAILABILITY**

*Ratio of population to providers*: As noted above, switching data sources between last year and this year made trend analysis invalid for this measure. CHC-only health centers flagged at the highest rate (10%) among the groupings by funding categories. Private non-profit health centers flagged 4.5 times more than Public Health centers (9% v 2%). Small health centers flagged 2.4 times more than large ones (12% v 5%).

*Specialist Physicians:* Availability of specialty physicians is a long-standing problem for health centers in general and certainly for ones in remote areas and those serving special populations. The data bears this out to a great extent. Fifteen percent (15%) of rural health centers flagged on this measure compared to 5% of urban ones. Small health centers flagged twice as much as larger ones (12% v 6%). Interestingly among the population specific funded centers, CHC-only organizations have the highest rate of flagging at 11%. MHCs are much lower at 6%, an interesting finding given their mostly predominant locations.

**LOCATION and ISOLATION**

*Population Density:*  The remoteness of an area is also a significant issue for recruitment, and clearly many of the service area measures are focused around rural health centers. Rural health centers have the highest rate of flagging of all health centers at 23%, with virtually no flagging among urban centers. Smaller centers flagged for low density 4 times more frequently than larger ones (16% v 4%). By population type, singly funded CHC's continue to show the highest rate of flagging for population density, followed closely by MHCs, while few HCHs and no PHs are in low-density areas.

*Language:* The other community characteristic examined is percent of population with limited English proficiency. Here the opposite pattern was observed with most of the flagging focusing on large (11%) and urban health centers (14%) vs. 7% and 2% respectively for the counterpart small and rural centers. The rates of flagging across all types of centers remain fairly stable from the prior year with the exception of PHs, which show an increase in flagging from 5% to 13%.

## *C. Retention*

Once a health center in an underserved community attracts a needed provider, either directly or with the assistance of programs like the NHSC and J-1 visa waivers, the next challenge is keeping that provider in place over the long term. The Retention measures in the profiles are focused on attributes considered to be indicative of the ability of the health center to maintain a stable pool of providers. Some measures are indicators of the presence of difficulties with staff retention at a given organization, while others may be indicators of underlying causes for those difficulties – either within the health center or at the community level.

## 1. Health Center Level Retention Measures

**STAFFING FACTORS**

*Continuity:* The measures related to retention can first be examined to identify evidence of staff turnover and/or fragmentation. By comparing the year-end staff head count to the total FTE over the course of the year, one can look at the degree to which positions are potentially being filled by multiple individuals instead of more full time providers. This can be the case when attracting and retaining staff is an issue or, conversely, when staff have left before the end of the year, leaving more FTEs than individuals at year-end. An emerging strategy of planned job sharing may also impact this measure. Health centers with Health Care for the Homeless funding have the highest flagging rate for this measure related to physician providers among the population-based funded centers. On the other end of the continuum PHs flag at only 12%, although this is an increase from the 10% last year. There is little variation in flagging rates in this group for non-physician medical providers. Size of organization does seem to have an impact on flagging for both physicians and non-physicians. Flagging rates for small centers exceed those of large centers for physicians and NP/PA/CNMs. Public health centers have the highest rate of flagging across all types of health centers for physicians and non-physician providers compared to private non-profits. While they experienced a decrease from the previous year, they continue to be significantly higher than private non-profits in both. The discrepancy between private non-profit and public centers suggests that public organizations experience greater turnover or perhaps are assigning different providers to fill clinic positions throughout the year.

Year-end staffing to FTE ratio measures were also calculated for dentists and mental health providers including psychiatrist/psychologists and LCSWs. Flagging rates for dentists show relatively low variability across the sub-groupings, with flagging rates in the low 20%s for all categories with the exception of public health centers. These organizations have the highest rate at 33%. While rates in all other health center types show a moderate decline in this measure, public centers had a 14% increase over last year. The measures for mental health providers also

showed minor variation across the types of health centers with a couple of exceptions. For both measures (psychiatrist/psychologist and LCSW) HCH grantees exceed the flagging rates of the other grantee-types at 33%, the next highest being CHC-only at 26%. MHCs experienced a 10% increase in flagging from the previous year, while PHs saw a 13% decrease. Once again, public health centers flagged the highest of all groups at 37% for psychiatrists/psychologist and 40% for LCSWs. These rates compare to 24% and 26% respectively for private non-profits.

**Staff Tenure:** While the previous measure looks at staffing structure over a 1-year period, a more direct measure of retention is the tenure of staff at the health center over multiple years. The UDS allows the calculation of average tenure months for providers by staffing category using cumulative months and year-end FTE by category. While this measure is prone to the impacts of planned retirement for individual long term staff or staff hired due to recent growth, it does provide a window into the longevity of staff in their positions overall. Here there is considerably more variability in the results across sub-groups.

Organizational size appears to be the most prominent differentiating factor in this area, with small health centers flagging for low provider tenure over 5 times more frequently than larger organizations for both provider groups. Flagging rates for MHCs and PHs are about half that of CHC-only and Homeless centers. Most notably MHCs have a mere 1% flagging rate for NP/PA/CNMs indicating that once these providers go to work at MHCs, they tend to stay. It is interesting that private non-profit organizations and public health centers flag at the same rates on the tenure measures for both types of providers.

**Senior Management:** Looking at tenure for the CEO/CMO roles, MHCs reversed their trend from the previous years, doubling their flagging rate from 6% to 12%. Conversely, the flagging rate for public health centers declined markedly to nearly close the gap with private non-profits previously experienced. As seen in the staff tenure measure, size does seem to matter. Small health centers flag at nearly twice the rate of large centers (13% v 7%).


**STRUCTURE OF WORK**

The next set of measures focuses on the workload that providers are responsible for. Faced with lack of providers and high demand, some organizations place increasing burdens on the providers that are available – a situation that can lead to burnout and counter-productive results. This can be measured based on the size of the patient panel that each provider FTE is responsible for, and on the level of patient visit productivity they are generating.

**Panel Size:** Looking at the size of panel, high panel size across physician and non-physician providers flagged more frequently in MHCs. This may be model-driven to some degree due to turnover in the individual patients in the target population throughout the year. Smaller health centers had a decrease in flagging from last year, widening the gap between them and larger

centers. Conversely, the gap between private non-profit and public health centers narrowed slightly, due mostly to a decrease in the flagging rate among public entities, although this group of centers has the highest flagging rate of all categories. The flagging rate among urban centers exceeds that of rural centers (11% v 7%).

*Productivity:* Looking at the different, though related, measure of productivity for physicians (measured by visits), MHCs again this year flag at more than twice the rate of singly funded CHCs, HCHs, and PHs for high productivity. Larger centers continued to flag higher than smaller ones. The gap in flagging between public health centers and private non-profits closed due to a decrease in the public centers. A measure comparing productivity to MGMA median productivity for an equivalent mix of staff produced largely similar results with the exception of public health centers, which experienced a significant decrease in flagging, thereby closing the gap with private non-profits. Comparing productivity to external MGMA median productivity for the equivalent whole team staffing, including non-physician providers, produced very similar findings.

*Staff Profiles:* The structure of the provider staff, both in terms of the relative utilization of physicians and non-physician providers, and degree of clinical support available can also be a significant driver of provider satisfaction and retention, as well as impacting the practical level of productivity that a provider can effectively manage. Looking at the ratio of physicians to non-physician providers, there was very little change from last year. Size and corporate type seem to have the greatest influence on this factor with small centers flagging three times as often as large ones (12% v 4%) and public centers flagging more than twice private non-profits (15% v7%).

There was little change in the flagging rates across all types of centers for primary care clinical support ratios compared to last year. Again, size and corporate type show the greatest differentials in flagging. Small centers flag more than five times the rate of large centers (17% v 3%); public centers flagging at 15% compared to 9% for private non-profits. MHCs flag lowest of all funding types of centers on the measure of primary care clinical support.

The flagging rates for dental support ratios and administrative support ratios followed the same pattern as the primary care clinical support ratios. Size and corporate type seem to have the greatest influence, although the gap between large and small centers narrowed slightly while the gap between public centers and private non-profits increased slightly.

*Quality:* The quality of clinical care being delivered can also be an important factor in the decision of providers to continue practicing at a particular organization. The clinical quality measures included in the profiles focus on the outcome-based clinical control of diabetes, as measured by hemoglobin A1c levels, and control of diagnosed hypertension. By grant type, MHCs have the lowest rate of flagging for diabetes control and the greatest decrease from last year. Smaller centers have twice the flagging rate of larger ones; similarly, urban centers flag nearly twice as frequently as rural ones by percentage. MHCs also show a significantly lower rate of

flagging for hypertension compared to the other types of funded organizations. This was largely due to a decline in the Migrant flagging rate from last year. The size and corporate status of the organization appear to make a somewhat greater difference, with small centers and public health centers flagging at a higher rate compared to their counterparts. The smaller centers' flagging rate remained nearly three times more frequent that larger centers. The gap between public health centers and private non-profits, while continuing to be significant, lessened quite a bit due to a decrease among the public health centers.

## 2. Service Area Level Retention Measures

The Data Profiles included three measures pertaining to characteristics of an organization's service area that are thought to potentially impact retention of health care providers.

*Crime:* The violent crime rate is an indicator used in the County Health Rankings, and is considered to be indicative of communities where personal safety may be in question, as well as presenting a difficult context in which to work towards improving the health of the population. There was a large gap in the flagging rate of urban health centers. Urban centers flagged on this measure at 5 times the rate of rural ones. As noted above the prior year's data on urban/rural comparisons was not useable, so trends cannot be assessed. PHs flag most frequently among population-based centers – Migrant were the lowest in the group. This is partially the result of a 4% increase in Public Housing flagging and a 3% decrease in Migrant flagging compared to the prior report, widening an already notable gap. It is interesting to note that, while not a large difference, smaller health centers flagged more frequently than larger ones due to a small uptick from last year.

*Substance Use Disorder (SUD):* SUD in the community is also considered to be a negative factor for provider retention based on issues of drug seeking behavior among patients as well as the complications that come with treating this population. The Data Profiles looked at both non-medical use of prescription pain relievers, as well as illicit drug dependence. Interestingly, the rates of flagging for these two measures are not consistent within the types of centers. For example, MHCs showed the highest rate of flagging for non-medical use of pain relievers with PH being the lowest at less than half the rate. However, HCHs flag most frequently for illicit drug dependence with singly funded CHCs flagging the least. Similarly, rural health centers flag higher than urban centers on non-medical use of pain relievers (13% v 8%) and urban centers flag higher on illicit drug use (12% v 7%). The gap between private non-profit organizations and public health centers grew slightly from last year for non-medical use of pain relievers; however, there was a significant increase in flagging among the public centers in illicit drug use thereby widening the gap on that measure.

# Conclusions and Next Steps

The information provided in this national Data Profile summary is meant to highlight the relative and differential effect, among different types of organizations, of the many factors that can impact a health center's efforts to recruit and retain staff. The measures focus both on health center organizational characteristics, as well as characteristics of their service areas. Differences by funding category, size, and corporate structure were observed across many domains, highlighting the fact that the issues underlying recruitment and retention struggles are not uniform and vary greatly based on community and organizational profiles. While the findings do not identify causal relationships between the measures and health center recruitment and retention experiences, they are potentially useful tools for health centers to begin to identify strategies to increase getting and keeping staff.

The STAR[2] Center will use the information in this report to further understand the training and technical assistance needs of health centers.  In the coming year, STAR[2] will refine the metrics included in these profiles based on feedback and analyses available since they were initially produced, and further analyze health center characteristics in order to tailor support to the health centers as they continue to strive to serve their communities.

# APPENDIX A

# TABLES OF RESULTS

# Recruitment and Retention National Measure Analysis
## Flagging Summary

| Health Center Groupings | Number of Health C | Number of Sites | Medical Users | Descriptive Measures Funding CHC | Funding HCH | Funding MHC | Funding PH | Special Pop Focus | EHR Installed/In-Use? | PCMH Recognition? | Grantee Medical HPSA Score | Any Grant Conditions? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All - Base Exclusions | 1383 | 10,487 | 22,102,093 | 91% | 21% | 12% | 7% | 5.1% | 99.1% | 69.8% | 14.1 | 20.7% |
| | | | | | | | | | | | | |
| CHC Only | 873 | 5,294 | 11,243,327 | 100% | 0% | 0% | 0% | 0% | 99% | 68% | 1405% | 22% |
| HO Any | 287 | 3,311 | 6,040,991 | 79% | 100% | 12% | 18% | 20% | 100% | 76% | 1414% | 22% |
| MHC Any | 162 | 1,978 | 4,570,382 | 97% | 22% | 100% | 9% | 9% | 100% | 83% | 1538% | 17% |
| PH Any | 96 | 1,119 | 2,550,582 | 88% | 54% | 16% | 100% | 4% | 100% | 82% | 1482% | 25% |
| Spread | | | | | | | | N/A | | | | |
| Spread%Max | | | | | | | | | | | | |
| Max % of National | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Urban | 797 | 6,456 | 15,197,547 | 87% | 30% | 8% | 11% | 7% | 99% | 70% | | 22% |
| Rural | 586 | 4,031 | 6,904,546 | 97% | 8% | 17% | 2% | 3% | 99% | 70% | | 19% |
| Spread | | | | | | | | N/A | | | | |
| Spread%Max | | | | | | | | | | | | |
| Max % of National | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Large-10kplus | 667 | 7,658 | 18,744,538 | 97% | 24% | 18% | 9% | 2% | 100% | 85% | 14.2 | 20% |
| Small-under10k | 716 | 2,829 | 3,357,555 | 86% | 18% | 6% | 5% | 8% | 98% | 56% | 14.0 | 21% |
| Spread | | | | | | | | N/A | | | | |
| Spread%Max | | | | | | | | | | | | |
| Max % of National | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 9,338 | 19,621,312 | 96% | 21% | 12% | 7% | 4% | 99% | 74% | 14.3 | 22% |
| U.S. Government Entity | 92 | 656 | 1,313,063 | 79% | 36% | 10% | 8% | 20% | 98% | 54% | 13.7 | 21% |
| Spread | | | | | | | | N/A | | | | |
| Spread%Max | | | | | | | | | | | | |
| Max % of National | | | | | | | | | | | | |

# Recruitment and Retention National Measure Analysis
## Flagging Summary

| Health Center Groupings | Number of Health Centers | Recruitment Grantee Level Measures | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | NHSC MD,DO Vacancy / Current MD Staff | NHSC Dentist Vacancy / Current Staff FTE | NHSC Psych,LCSW Vacancy / Current Staff FTE | NHSC NP,PA,CNM Vacancy / Current Staff | NHSC MD,DO Placement / Current MD Staff | NHSC Dentist Placement / Current Staff FTE | NHSC NP,PA,CNM Placement / Current Staff | NHSC Psych,LCSW Placement / Staff FTE | Language Focus (% Best Served nonEnglish) | 4 Year Avg Profit/Loss (as % Expenses) | Ratio of Avg. Pay per Med FTE to MGMA mix |
| **All - Base Exclusions** | **1383** | **9.8%** | **10.9%** | **7.0%** | **10.1%** | **9.6%** | **9.9%** | **9.3%** | **1.0%** | **8.9%** | **11.1%** | **8.4%** |
| | | | | | | | | | | | | |
| **CHC Only** | 873 | 10% | 11% | 6% | 10% | 9% | 11% | 10% | 1% | 8% | 9% | 8% |
| **HO Any** | 287 | 9% | 9% | 7% | 8% | 12% | 8% | 9% | 1% | 6% | 12% | 5% |
| **MHC Any** | 162 | 14% | 14% | 14% | 18% | 14% | 11% | 10% | 1% | 15% | 2% | 5% |
| **PH Any** | 96 | 9% | 10% | 10% | 12% | 8% | 5% | 4% | 1% | 7% | 10% | 6% |
| *Spread* | | *4.7%* | *5.2%* | *7.7%* | *9.9%* | *6.0%* | *6.1%* | *6.3%* | *0.4%* | *9.3%* | *9.7%* | *3.5%* |
| *Spread%Max* | | *34.1%* | *36.2%* | *54.2%* | *55.1%* | *41.8%* | *55.2%* | *59.9%* | *31.8%* | *62.5%* | *79.8%* | *41.7%* |
| *Max % of National* | | *141.6%* | *133.1%* | *201.2%* | *177.6%* | *150.3%* | *111.1%* | *112.2%* | *112.9%* | *167.9%* | *110.2%* | *101.1%* |
| | | | | | | | | | | | | |
| **Urban** | 797 | 6% | 9% | 7% | 9% | 9% | 8% | 7% | 1% | 13% | 13% | 9% |
| **Rural** | 586 | 15% | 13% | 8% | 12% | 10% | 12% | 12% | 1% | 4% | 8% | 7% |
| *Spread* | | *8.9%* | *4.5%* | *1.4%* | *3.6%* | *1.3%* | *4.3%* | *4.9%* | *0.3%* | *9.1%* | *5.0%* | *1.8%* |
| *Spread%Max* | | *59.7%* | *33.6%* | *17.4%* | *29.6%* | *12.9%* | *34.3%* | *40.1%* | *25.7%* | *71.7%* | *37.8%* | *19.9%* |
| *Max % of National* | | *153.4%* | *124.0%* | *112.1%* | *120.4%* | *108.1%* | *124.7%* | *129.8%* | *118.9%* | *143.6%* | *119.1%* | *109.2%* |
| | | | | | | | | | | | | |
| **Large-10kplus** | 667 | 10% | 13% | 10% | 14% | 11% | 11% | 8% | 1% | 11% | 7% | 6% |
| **Small-under10k** | 716 | 9% | 9% | 4% | 6% | 8% | 9% | 10% | 1% | 7% | 15% | 11% |
| *Spread* | | *0.6%* | *4.2%* | *6.1%* | *8.5%* | *3.5%* | *1.7%* | *2.4%* | *0.4%* | *4.1%* | *7.8%* | *4.9%* |
| *Spread%Max* | | *5.6%* | *32.5%* | *61.2%* | *58.8%* | *30.7%* | *15.6%* | *22.5%* | *36.8%* | *37.2%* | *52.4%* | *45.6%* |
| *Max % of National* | | *102.9%* | *117.4%* | *141.0%* | *143.4%* | *118.6%* | *107.8%* | *112.3%* | *121.2%* | *123.8%* | *133.8%* | *128.2%* |
| | | | | | | | | | | | | |
| **Corporate Entity, Federal Tax Exempt** | 1188 | 11% | 11% | 7% | 11% | 10% | 10% | 10% | 1% | 9% | 9% | 7% |
| **U.S. Government Entity** | 92 | 3% | 5% | 4% | 7% | 8% | 14% | 9% | 1% | 3% | 13% | 11% |
| *Spread* | | *7.6%* | *6.8%* | *3.2%* | *4.1%* | *2.6%* | *3.5%* | *1.0%* | *0.4%* | *5.5%* | *4.0%* | *3.6%* |
| *Spread%Max* | | *69.9%* | *59.8%* | *42.6%* | *38.3%* | *25.8%* | *25.5%* | *10.6%* | *27.4%* | *62.6%* | *30.3%* | *33.4%* |
| *Max % of National* | | *111.0%* | *103.9%* | *106.0%* | *106.0%* | *106.5%* | *137.2%* | *105.2%* | *141.9%* | *98.2%* | *117.9%* | *129.6%* |

## Recruitment and Retention National Measure Analysis
## Flagging Summary

| Health Center Groupings | Number of Health C | Recruitment Service Area Level Measures | | | | | |
|---|---|---|---|---|---|---|---|
| | | Primary Care MD/DOs per 100k Pop | % Non-MD providers (wgt by productivity) | Specialist MD/DOs per 100k Pop | Dentists per 100k Pop | Population Density (pop/sq.mile) | % Limited English Proficiency |
| **All - Base Exclusions** | **1383** | **8.6%** | **100.0%** | **9.0%** | **100.0%** | **9.9%** | **9.0%** |
| | | | | | | | |
| **CHC Only** | 873 | 10% | 100% | 11% | 100% | 13% | 9% |
| **HO Any** | 287 | 5% | 100% | 2% | 100% | 2% | 7% |
| **MHC Any** | 162 | 7% | 100% | 6% | 100% | 10% | 8% |
| **PH Any** | 96 | 4% | 100% | 4% | 100% | 1% | 13% |
| *Spread* | | *5.6%* | *0.0%* | *8.6%* | *0.0%* | *12.0%* | *5.9%* |
| *Spread%Max* | | *57.2%* | *0.0%* | *77.9%* | *0.0%* | *92.0%* | *47.0%* |
| *Max % of National* | | *113.1%* | *100.0%* | *122.8%* | *100.0%* | *131.8%* | *139.4%* |
| | | | | | | | |
| **Urban** | 797 | 7% | 100% | 5% | 100% | 0% | 14% |
| **Rural** | 586 | 11% | 100% | 15% | 100% | 23% | 2% |
| *Spread* | | *4.7%* | *0.0%* | *10.1%* | *0.0%* | *23.1%* | *12.0%* |
| *Spread%Max* | | *41.4%* | *0.0%* | *67.9%* | *0.0%* | *99.5%* | *85.4%* |
| *Max % of National* | | *131.7%* | *100.0%* | *165.2%* | *100.0%* | *234.3%* | *156.7%* |
| | | | | | | | |
| **Large-10kplus** | 667 | 5% | 100% | 6% | 100.0% | 4% | 11% |
| **Small-under10k** | 716 | 12% | 100% | 12% | 100.0% | 16% | 7% |
| *Spread* | | *6.3%* | *0.0%* | *6.4%* | *0.0%* | *12.2%* | *3.2%* |
| *Spread%Max* | | *53.7%* | *0.0%* | *52.9%* | *0.0%* | *77.2%* | *30.5%* |
| *Max % of National* | | *135.4%* | *100.0%* | *134.7%* | *100.0%* | *159.3%* | *118.7%* |
| | | | | | | | |
| **Corporate Entity, Federal Tax Exempt** | 1188 | 9% | 100% | 9% | 100% | 9% | 9% |
| **U.S. Government Entity** | 92 | 2% | 100% | 8% | 100% | 11% | 0% |
| *Spread* | | *6.5%* | *0.0%* | *0.7%* | *0.0%* | *1.6%* | *9.2%* |
| *Spread%Max* | | *74.4%* | *0.0%* | *8.7%* | *0.0%* | *14.8%* | *100.0%* |
| *Max % of National* | | *102.0%* | *100.0%* | *96.0%* | *100.0%* | *109.7%* | *102.3%* |

# Recruitment and Retention National Measure Analysis
## Flagging Summary

| Health Center Groupings | Number of Health C | Retention Grantee Level Measures (Page 1) | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Year-end Staff Count per FTE - PC MD,DOs | Year-end Staff Count per FTE - PC NP,PA,CNM | Avg Tenure Months/ Staff Count - PC MD | Avg Tenure Months/ Staff Count - NP,PA,CNM | Year-end staff individuals per FTE - Dentists | Year-end Psychiatrist,Psychologist per FTE | Year-end LCSW per FTE |
| All - Base Exclusions | 1383 | 18.6% | 20.4% | 9.9% | 9.9% | 20.8% | 25.4% | 27.0% |
| | | | | | | | | |
| CHC Only | 873 | 18% | 20% | 10% | 11% | 20% | 22% | 26% |
| HO Any | 287 | 23% | 20% | 10% | 9% | 22% | 35% | 33% |
| MHC Any | 162 | 17% | 17% | 5% | 1% | 20% | 19% | 24% |
| PH Any | 96 | 12% | 16% | 6% | 5% | 23% | 18% | 20% |
| | *Spread* | *10.6%* | *4.0%* | *5.0%* | *9.8%* | *2.8%* | *16.6%* | *12.3%* |
| | *Spread%Max* | *46.1%* | *19.7%* | *49.1%* | *88.8%* | *12.3%* | *48.0%* | *37.6%* |
| | *Max % of National* | *123.4%* | *99.5%* | *101.5%* | *112.4%* | *110.4%* | *135.8%* | *120.8%* |
| | | | | | | | | |
| Urban | 797 | 19% | 22% | 9% | 12% | 21% | 28% | 29% |
| Rural | 586 | 19% | 18% | 11% | 7% | 20% | 20% | 24% |
| | *Spread* | *0.0%* | *4.4%* | *1.2%* | *4.3%* | *1.5%* | *8.8%* | *5.2%* |
| | *Spread%Max* | *0.2%* | *19.8%* | *11.5%* | *36.5%* | *7.2%* | *31.0%* | *18.1%* |
| | *Max % of National* | *100.1%* | *109.3%* | *107.2%* | *118.4%* | *103.0%* | *111.2%* | *107.0%* |
| | | | | | | | | |
| Large-10kplus | 667 | 16% | 16% | 3% | 3% | 20% | 25% | 28% |
| Small-under10k | 716 | 22% | 25% | 17% | 16% | 22% | 26% | 26% |
| | *Spread* | *6.5%* | *8.5%* | *14.1%* | *12.8%* | *2.3%* | *1.3%* | *1.5%* |
| | *Spread%Max* | *29.2%* | *34.5%* | *83.1%* | *79.3%* | *10.3%* | *4.9%* | *5.4%* |
| | *Max % of National* | *119.0%* | *120.8%* | *170.3%* | *163.1%* | *106.5%* | *103.3%* | *102.1%* |
| | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 18% | 19% | 9% | 9% | 20% | 24% | 26% |
| U.S. Government Entity | 92 | 30% | 27% | 9% | 10% | 33% | 37% | 40% |
| | *Spread* | *11.8%* | *8.2%* | *0.4%* | *0.7%* | *13.2%* | *12.8%* | *14.7%* |
| | *Spread%Max* | *39.8%* | *30.2%* | *4.2%* | *6.9%* | *39.6%* | *34.6%* | *36.3%* |
| | *Max % of National* | *159.9%* | *133.6%* | *94.5%* | *100.4%* | *160.2%* | *145.6%* | *150.0%* |

# Recruitment and Retention National Measure Analysis
## Flagging Summary

| Health Center Groupings | Number of Health C | Retention Grantee Level Measures (Page 2) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Months per Senior Admin staff (CEO/CMO) | Patient Panel per Med provider FTE | Visits per FTE PC MDs | Ratio of visits per PC Team FTE to MGMA mix | % Non-physician providers (of Med provider FTE) | Primary Care Clinical Support Ratio | Dentist:Clinical Support Ratio | Admin Support Ratio - Medical | Clinical Quality - Diabetes (HbA1c<8%) | Clinical Quality - Hypertension (controlled) |
| All - Base Exclusions | 1383 | 9.9% | 9.5% | 9.8% | 10.0% | 8.4% | 10.1% | 9.8% | 8.0% | 9.7% | 10.9% |
| | | | | | | | | | | | |
| CHC Only | 873 | 10% | 10% | 9% | 9% | 9% | 11% | 10% | 7% | 8% | 11% |
| HO Any | 287 | 10% | 8% | 6% | 8% | 7% | 8% | 9% | 10% | 10% | 13% |
| MHC Any | 162 | 12% | 14% | 21% | 20% | 5% | 4% | 9% | 4% | 6% | 4% |
| PH Any | 96 | 8% | 10% | 9% | 6% | 9% | 7% | 11% | 5% | 9% | 8% |
| *Spread* | | *4.0%* | *5.9%* | *14.7%* | *14.1%* | *4.5%* | *7.1%* | *2.2%* | *6.1%* | *4.5%* | *8.6%* |
| *Spread%Max* | | *32.5%* | *43.6%* | *71.2%* | *69.3%* | *47.9%* | *65.6%* | *19.9%* | *62.0%* | *45.0%* | *66.4%* |
| *Max % of National* | | *124.4%* | *143.4%* | *211.5%* | *204.1%* | *113.4%* | *107.1%* | *111.7%* | *121.6%* | *104.3%* | *118.3%* |
| | | | | | | | | | | | |
| Urban | 797 | 9% | 11% | 10% | 10% | 8% | 9% | 8% | 9% | 12% | 12% |
| Rural | 586 | 11% | 7% | 9% | 10% | 9% | 11% | 12% | 6% | 7% | 9% |
| *Spread* | | *1.3%* | *3.7%* | *0.4%* | *0.7%* | *1.8%* | *2.4%* | *4.1%* | *3.0%* | *4.7%* | *3.0%* |
| *Spread%Max* | | *12.4%* | *33.5%* | *4.5%* | *7.2%* | *19.4%* | *21.0%* | *33.9%* | *32.0%* | *40.0%* | *24.3%* |
| *Max % of National* | | *107.7%* | *116.6%* | *101.9%* | *104.3%* | *112.6%* | *113.8%* | *124.2%* | *115.7%* | *120.4%* | *111.4%* |
| | | | | | | | | | | | |
| Large-10kplus | 667 | 7% | 12% | 13% | 14% | 4% | 3% | 6% | 4% | 6% | 6% |
| Small-under10k | 716 | 13% | 7% | 7% | 6% | 12% | 17% | 14% | 11% | 13% | 16% |
| *Spread* | | *6.1%* | *5.7%* | *6.5%* | *7.7%* | *8.3%* | *13.6%* | *8.0%* | *7.1%* | *6.8%* | *9.5%* |
| *Spread%Max* | | *47.3%* | *46.1%* | *49.6%* | *54.9%* | *67.2%* | *82.0%* | *56.6%* | *62.0%* | *52.7%* | *61.3%* |
| *Max % of National* | | *129.7%* | *131.4%* | *134.0%* | *139.7%* | *148.2%* | *165.4%* | *144.2%* | *142.7%* | *134.1%* | *142.0%* |
| | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 10% | 9% | 9% | 10% | 7% | 9% | 9% | 7% | 9% | 10% |
| U.S. Government Entity | 92 | 12% | 16% | 9% | 12% | 15% | 14% | 16% | 15% | 8% | 17% |
| *Spread* | | *2.6%* | *7.3%* | *0.7%* | *2.4%* | *8.0%* | *5.1%* | *7.5%* | *8.6%* | *1.1%* | *7.3%* |
| *Spread%Max* | | *20.9%* | *44.8%* | *7.2%* | *20.4%* | *52.8%* | *36.3%* | *45.8%* | *56.3%* | *12.2%* | *41.9%* |
| *Max % of National* | | *123.1%* | *172.1%* | *96.1%* | *119.8%* | *182.2%* | *140.6%* | *167.1%* | *189.6%* | *89.5%* | *159.1%* |

# Recruitment and Retention National Measure Analysis
## Flagging Summary

| Health Center Groupings | Number of Health C | Retention Service Area Level | | | Domain Averages | | | |
|---|---|---|---|---|---|---|---|---|
| | | Violent crime rate per 100k Pop | % Pop with Non-Medical Use of Pain Relievers | '% Pop with Illicit Drug Dependence/ Abuse | Recruitment Health Center Level Average | Recruitment Health Center Level Average | Recruitment Health Center Level Average | Recruitment Health Center Level Average |
| **All - Base Exclusions** | **1383** | **9.8%** | **10.0%** | **10.2%** | **8.7%** | **39.4%** | **13.4%** | **10.0%** |
| | | | | | | | | |
| **CHC Only** | 873 | 9% | 9% | 9% | 9% | 40% | 13% | 9% |
| **HO Any** | 287 | 13% | 10% | 14% | 8% | 36% | 14% | 12% |
| **MHC Any** | 162 | 2% | 15% | 12% | 11% | 39% | 12% | 10% |
| **PH Any** | 96 | 17% | 7% | 13% | 8% | 37% | 11% | 12% |
| | *Spread* | *14.8%* | *8.1%* | *4.9%* | *3.2%* | *4.5%* | *3.1%* | *3.2%* |
| | *Spread%Max* | *88.8%* | *52.8%* | *36.1%* | *29.8%* | *11.2%* | *21.8%* | *26.1%* |
| | *Max % of National* | *169.4%* | *154.4%* | *133.6%* | *124.4%* | *102.6%* | *104.7%* | *123.4%* |
| | | | | | | | | |
| **Urban** | 797 | 15% | 8% | 12% | 8% | 38% | 14% | 12% |
| **Rural** | 586 | 3% | 13% | 7% | 9% | 42% | 12% | 8% |
| | *Spread* | *11.4%* | *4.9%* | *4.9%* | *1.2%* | *4.3%* | *1.6%* | *3.8%* |
| | *Spread%Max* | *78.2%* | *38.4%* | *40.1%* | *12.8%* | *10.3%* | *11.4%* | *32.7%* |
| | *Max % of National* | *148.1%* | *128.5%* | *120.4%* | *108.1%* | *106.3%* | *104.6%* | *115.8%* |
| | | | | | | | | |
| **Large-10kplus** | 667 | 9% | 9% | 9% | 9% | 38% | 11% | 9% |
| **Small-under10k** | 716 | 11% | 11% | 12% | 8% | 41% | 16% | 11% |
| | *Spread* | *2.2%* | *1.6%* | *2.9%* | *1.3%* | *3.6%* | *4.9%* | *2.3%* |
| | *Spread%Max* | *20.5%* | *15.2%* | *25.2%* | *13.6%* | *8.7%* | *30.9%* | *20.4%* |
| | *Max % of National* | *111.1%* | *107.9%* | *113.9%* | *106.8%* | *104.4%* | *118.3%* | *111.0%* |
| | | | | | | | | |
| **Corporate Entity, Federal Tax Exempt** | 1188 | 10% | 9% | 10% | 9% | 39% | 13% | 10% |
| **U.S. Government Entity** | 92 | 11% | 15% | 16% | 7% | 37% | 19% | 14% |
| | *Spread* | *1.5%* | *5.8%* | *6.6%* | *1.8%* | *2.5%* | *6.4%* | *4.6%* |
| | *Spread%Max* | *13.0%* | *38.0%* | *40.6%* | *20.0%* | *6.3%* | *33.6%* | *32.4%* |
| | *Max % of National* | *114.2%* | *152.3%* | *159.7%* | *100.6%* | *99.7%* | *141.2%* | *142.3%* |

# APPENDIX B

# Valid Percent and Flag Counts

# Recruitment and Retention National Measure Analysis

| Health Center Groupings | Number of Health C | Recruitment Grantee Level Measures | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | NHSC MD,DO Vacancy / Current MD Staff | NHSC Dentist Vacancy / Current Staff FTE | NHSC Psych,LCSW Vacancy / Current Staff FTE | NHSC NP,PA,CNM Vacancy / Current Staff | NHSC MD,DO Placement / Current MD Staff | NHSC Dentist Placement / Current Staff FTE | NHSC NP,PA,CNM Placement / Current Staff | NHSC Psych,LCSW Placement / Staff FTE | Language Focus (% Best Served nonEnglish) | 4 Year Avg Profit/Loss (as % Expenses) | Ratio of Avg. Pay per Med FTE to MGMA mix |
| **Valid Percent of Health Centers** | | | | | | | | | | | | |
| **All - Base Exclusions** | **1383** | **98%** | **77%** | **79%** | **99%** | **98%** | **77%** | **99%** | **79%** | **99%** | **100%** | **100%** |
| | | | | | | | | | | | | |
| CHC Only | 873 | 98% | 77% | 78% | 99% | 98% | 77% | 99% | 78% | 99% | 100% | 100% |
| HO Any | 287 | 99% | 83% | 90% | 100% | 99% | 83% | 100% | 90% | 100% | 100% | 100% |
| MHC Any | 162 | 98% | 90% | 78% | 100% | 98% | 90% | 100% | 78% | 99% | 100% | 100% |
| PH Any | 96 | 99% | 84% | 92% | 99% | 99% | 84% | 99% | 92% | 100% | 100% | 100% |
| | | | | | | | | | | | | |
| Urban | 797 | 100% | 77% | 85% | 98% | 100% | 77% | 98% | 85% | 99% | 100% | 100% |
| Rural | 586 | 97% | 77% | 71% | 100% | 97% | 77% | 100% | 71% | 99% | 100% | 100% |
| | | | | | | | | | | | | |
| Large-10kplus | 667 | 100% | 87% | 86% | 100% | 100% | 87% | 100% | 86% | 100% | 100% | 100% |
| Small-under10k | 716 | 97% | 68% | 72% | 98% | 97% | 68% | 98% | 72% | 99% | 100% | 100% |
| | | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 99% | 80% | 81% | 99% | 99% | 80% | 99% | 81% | 99% | 100% | 100% |
| U.S. Government Entity | 92 | 100% | 72% | 76% | 99% | 100% | 72% | 99% | 76% | 100% | 100% | 100% |
| | | | | | | | | | | | | |
| **Direct Flag Count** | | | | | | | | | | | | |
| **All - Base Exclusions** | **1383** | **133** | **116** | **77** | **138** | **131** | **105.9378** | **128** | **11** | **122** | **153** | **116** |
| | | | | | | | | | | | | |
| CHC Only | 873 | 89 | 72 | 44 | 86 | 75 | 72.0225 | 85 | 7 | 69 | 82 | 74 |
| HO Any | 287 | 26 | 22 | 17 | 23 | 34 | 17.9949 | 27 | 2 | 16 | 35 | 15 |
| MHC Any | 162 | 22 | 21 | 18 | 29 | 23 | 16.0056 | 17 | 1 | 24 | 4 | 8 |
| PH Any | 96 | 9 | 8 | 9 | 11 | 8 | 4.0032 | 4 | 1 | 7 | 10 | 6 |
| | | | | | | | | | | | | |
| Urban | 797 | 48 | 55 | 44 | 67 | 72 | 49.9719 | 57 | 6 | 101 | 105 | 73 |
| Rural | 586 | 85 | 61 | 33 | 71 | 59 | 56.0216 | 71 | 5 | 21 | 48 | 43 |
| | | | | | | | | | | | | |
| Large-10kplus | 667 | 67 | 74 | 57 | 96 | 76 | 62.031 | 54 | 7 | 73 | 47 | 39 |
| Small-under10k | 716 | 66 | 42 | 20 | 42 | 55 | 44.034 | 74 | 4 | 49 | 106 | 77 |
| | | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 127 | 108 | 72 | 126 | 120 | 96.9408 | 116 | 10 | 103 | 108 | 86 |
| U.S. Government Entity | 92 | 3 | 3 | 3 | 6 | 7 | 8.9976 | 8 | 1 | 3 | 12 | 10 |

# Recruitment and Retention National Measure Analysis

| Health Center Groupings | Number of Health C | Recruitment Service Area Level Measures | | | | | |
|---|---|---|---|---|---|---|---|
| | | Primary Care MD/DOs per 100k Pop | % Non-MD providers (wgt by productivity) | Specialist MD/DOs per 100k Pop | Dentists per 100k Pop | Population Density (pop/sq.mile) | % Limited English Proficiency |
| **Valid Percent of Health Centers** | | | | | | | |
| All - Base Exclusions | 1383 | 99% | 100% | 99% | 100% | 100% | 100% |
| | | | | | | | |
| CHC Only | 873 | 99% | 100% | 99% | 100% | 100% | 100% |
| HO Any | 287 | 100% | 100% | 100% | 100% | 100% | 100% |
| MHC Any | 162 | 99% | 100% | 99% | 100% | 100% | 100% |
| PH Any | 96 | 100% | 100% | 100% | 100% | 100% | 100% |
| | | | | | | | |
| Urban | 797 | 100% | 100% | 100% | 100% | 100% | 100% |
| Rural | 586 | 98% | 100% | 98% | 100% | 100% | 100% |
| | | | | | | | |
| Large-10kplus | 667 | 100% | 100% | 100% | 100% | 100% | 100% |
| Small-under10k | 716 | 98% | 100% | 98% | 100% | 100% | 100% |
| | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 100% | 100% | 100% | 100% | 100% | 100% |
| U.S. Government Entity | 92 | 97% | 100% | 97% | 100% | 100% | 100% |
| **Direct Flag Count** | | | | | | | |
| All - Base Exclusions | 1383 | 118 | 1383 | 123 | 1383 | 137 | 124 |
| | | | | | | | |
| CHC Only | 873 | 84 | 873 | 95 | 873 | 114 | 76 |
| HO Any | 287 | 13 | 287 | 7 | 287 | 5 | 19 |
| MHC Any | 162 | 12 | 162 | 10 | 162 | 17 | 13 |
| PH Any | 96 | 4 | 96 | 4 | 96 | 1 | 12 |
| | | | | | | | |
| Urban | 797 | 53 | 797 | 38 | 797 | 1 | 112 |
| Rural | 586 | 65 | 586 | 85 | 586 | 136 | 12 |
| | | | | | | | |
| Large-10kplus | 667 | 36 | 667 | 38 | 667 | 24 | 71 |
| Small-under10k | 716 | 82 | 716 | 85 | 716 | 113 | 53 |
| | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 104 | 1188 | 102 | 1188 | 110 | 109 |
| U.S. Government Entity | 92 | 2 | 92 | 7 | 92 | 10 | 0 |

# Recruitment and Retention National Measure Analysis

| Health Center Groupings | Number of Health C | Retention Grantee Level Measures (Page 1) | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Year-end Staff Count per FTE - PC MD,DOs | Year-end Staff Count per FTE - PC NP,PA,CNM | Avg Tenure Months/ Staff Count - PC MD | Avg Tenure Months/ Staff Count - NP,PA,CNM | Year-end staff individuals per FTE - Dentists | Year-end Psychiatrist,Psychologist per FTE | Year-end LCSW per FTE |
| | | **Valid Percent of Health Centers** | | | | | | |
| **All - Base Exclusions** | **1383** | **88%** | **96%** | **97%** | **98%** | **66%** | **28%** | **52%** |
| | | | | | | | | |
| CHC Only | 873 | 88% | 95% | 97% | 98% | 65% | 25% | 49% |
| HO Any | 287 | 88% | 97% | 97% | 99% | 72% | 38% | 64% |
| MHC Any | 162 | 92% | 99% | 96% | 100% | 82% | 33% | 54% |
| PH Any | 96 | 93% | 96% | 98% | 99% | 77% | 41% | 61% |
| | | | | | | | | |
| Urban | 797 | 92% | 94% | 98% | 98% | 69% | 33% | 57% |
| Rural | 586 | 83% | 97% | 95% | 99% | 63% | 22% | 44% |
| | | | | | | | | |
| Large-10kplus | 667 | 100% | 99% | 100% | 99% | 81% | 38% | 66% |
| Small-under10k | 716 | 77% | 92% | 94% | 97% | 52% | 19% | 39% |
| | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 90% | 96% | 97% | 99% | 70% | 30% | 55% |
| U.S. Government Entity | 92 | 70% | 96% | 97% | 99% | 49% | 29% | 46% |
| | | | | | | | | |
| | | **Direct Flag Count** | | | | | | |
| **All - Base Exclusions** | **1383** | **226** | **270** | **133** | **134** | **190** | **100** | **193** |
| | | | | | | | | |
| CHC Only | 873 | 136 | 169 | 85 | 95 | 114 | 48 | 111 |
| HO Any | 287 | 58 | 56 | 28 | 25 | 46 | 38 | 60 |
| MHC Any | 162 | 26 | 28 | 8 | 2 | 27 | 10 | 21 |
| PH Any | 96 | 11 | 15 | 6 | 5 | 17 | 7 | 12 |
| | | | | | | | | |
| Urban | 797 | 136 | 168 | 74 | 91 | 117 | 75 | 132 |
| Rural | 586 | 90 | 102 | 59 | 43 | 73 | 25 | 61 |
| | | | | | | | | |
| Large-10kplus | 667 | 104 | 107 | 19 | 22 | 108 | 64 | 121 |
| Small-under10k | 716 | 122 | 163 | 114 | 112 | 82 | 36 | 72 |
| | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 191 | 217 | 108 | 108 | 167 | 85 | 167 |
| U.S. Government Entity | 92 | 19 | 24 | 8 | 9 | 15 | 10 | 17 |

# Recruitment and Retention National Measure Analysis

| Health Center Groupings | Number of Health Centers | Retention Grantee Level Measures (Page 2) | | | | | | | | | | Retention Service Area Level | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Months per Senior Admin staff (CEO/CMO) | Patient Panel per Med provider FTE | Visits per FTE - PC MDs | Ratio of visits per PC Team FTE to MGMA mix | % Non-physician providers (of Med provider FTE) | Primary Care Clinical Support Ratio | Dentist:Clinical Support Ratio | Admin Support Ratio - Medical | Clinical Quality - Diabetes (HbA1c<8%) | Clinical Quality - Hypertension (controlled) | Violent crime rate per 100k Pop | % Pop with Non-Medical Use of Pain Relievers | '% Pop with Illicit Drug Dependence/Abuse |
| | | Valid Percent of Health Centers | | | | | | | | | | Valid Percent of Health Centers | | |
| All - Base Exclusions | 1383 | 99% | 100% | 99% | 100% | 100% | 100% | 78% | 100% | 100% | 100% | 98% | 100% | 100% |
| | | | | | | | | | | | | | | |
| CHC Only | 873 | 99% | 100% | 98% | 100% | 100% | 100% | 78% | 100% | 100% | 100% | 98% | 100% | 100% |
| HO Any | 287 | 99% | 100% | 100% | 100% | 100% | 100% | 83% | 100% | 100% | 100% | 100% | 100% | 100% |
| MHC Any | 162 | 100% | 100% | 99% | 100% | 100% | 100% | 90% | 100% | 100% | 99% | 99% | 100% | 100% |
| PH Any | 96 | 100% | 100% | 99% | 100% | 99% | 100% | 85% | 100% | 100% | 100% | 100% | 100% | 100% |
| | | | | | | | | | | | | | | |
| Urban | 797 | 99% | 100% | 100% | 100% | 99% | 100% | 78% | 100% | 100% | 100% | 100% | 100% | 100% |
| Rural | 586 | 99% | 100% | 97% | 100% | 100% | 100% | 78% | 100% | 100% | 100% | 97% | 100% | 100% |
| | | | | | | | | | | | | | | |
| Large-10kplus | 667 | 99% | 100% | 100% | 100% | 100% | 100% | 88% | 100% | 100% | 100% | 100% | 100% | 100% |
| Small-under10k | 716 | 99% | 100% | 97% | 100% | 99% | 100% | 69% | 100% | 100% | 100% | 97% | 100% | 100% |
| | | | | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 99% | 100% | 99% | 100% | 100% | 100% | 81% | 100% | 100% | 100% | 99% | 100% | 100% |
| U.S. Government Entity | 92 | 98% | 100% | 100% | 100% | 100% | 100% | 73% | 100% | 100% | 100% | 97% | 100% | 100% |
| | | Direct Flag Count | | | | | | | | | | Direct Flag Count | | |
| All - Base Exclusions | 1383 | 136 | 131 | 133 | 138 | 115 | 139 | 106 | 111 | 134 | 151 | 134 | 138 | 141 |
| | | | | | | | | | | | | | | |
| CHC Only | 873 | 85 | 84 | 74 | 76 | 80 | 94 | 67 | 62 | 73 | 97 | 80 | 81 | 76 |
| HO Any | 287 | 27 | 22 | 17 | 23 | 19 | 23 | 21 | 28 | 29 | 37 | 38 | 29 | 39 |
| MHC Any | 162 | 20 | 22 | 33 | 33 | 8 | 6 | 13 | 6 | 9 | 7 | 3 | 25 | 19 |
| PH Any | 96 | 8 | 10 | 9 | 6 | 9 | 7 | 9 | 5 | 9 | 8 | 16 | 7 | 12 |
| | | | | | | | | | | | | | | |
| Urban | 797 | 74 | 88 | 79 | 77 | 60 | 72 | 50 | 74 | 93 | 97 | 116 | 63 | 98 |
| Rural | 586 | 62 | 43 | 54 | 61 | 55 | 67 | 56 | 37 | 41 | 54 | 18 | 75 | 43 |
| | | | | | | | | | | | | | | |
| Large-10kplus | 667 | 45 | 83 | 87 | 93 | 27 | 20 | 36 | 29 | 41 | 40 | 58 | 61 | 58 |
| Small-under10k | 716 | 91 | 48 | 46 | 45 | 88 | 119 | 70 | 82 | 93 | 111 | 76 | 77 | 83 |
| | | | | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 1188 | 114 | 107 | 110 | 113 | 85 | 107 | 86 | 79 | 103 | 120 | 115 | 112 | 115 |
| U.S. Government Entity | 92 | 11 | 15 | 8 | 11 | 14 | 13 | 11 | 14 | 7 | 16 | 10 | 14 | 15 |

# APPENDIX C

# One-Year Trends

# 1 Year Trend in Measure Flagging
## (Diff. from prior year)

| Health Center Groupings | Number of Health C | Number of Sites | Medical Users | Funding CHC | Funding HCH | Funding MHC | Funding PH | Special Pop Focus | EHR Installed/In-Use? | PCMH Recognition? | Grantee Medical HPSA Score | Any Grant Conditions? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Descriptive Measures** | | | | | | | | |
| All - Base Exclusions | 76 | 1,609 | 2,222,829 | 3% | 1% | 0% | 1% | -0.5% | 1.0% | 3.0% | N/A | -0.4% |
| | | | | | | | | | | | | |
| CHC Only | 59 | 918 | 1,039,489 | 0% | 0% | 0% | 0% | 0.1% | 1% | -1% | N/A | -2% |
| HO Any | 29 | 415 | 791,907 | 4% | 0% | -1% | 1% | -4.6% | 1% | 4% | N/A | 1% |
| MHC Any | 4 | 275 | 377,385 | 1% | 1% | 0% | 1% | 1.0% | 1% | 0% | N/A | 0% |
| PH Any | 17 | 146 | 387,185 | 3% | -2% | -1% | 0% | -4.7% | 0% | 6% | N/A | 7% |
| | | | | | | | | | | | | |
| Urban | 181 | 2,288 | 4,958,359 | 4% | 2% | 1% | 2% | -2% | 1% | 7% | N/A | -2% |
| Rural | -105 | (679) | (2,735,530) | 4% | -4% | 0% | -1% | 0% | 1% | 0% | N/A | 0% |
| | | | | | | | | | | | | |
| Large-10kplus | 69 | 1,363 | 2,251,821 | 1% | 1% | -1% | 0% | 0% | 1% | 3% | N/A | -1% |
| Small-under10k | 7 | 246 | (28,992) | 3% | 1% | 0% | 1% | 0% | 1% | 2% | N/A | 0% |
| | | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 83 | 1,472 | 2,064,802 | 1% | 1% | 0% | 1% | 0% | 1% | 1% | N/A | -1% |
| U.S. Government Entity | 7 | 74 | 253,753 | 3% | -3% | -2% | 2% | -5% | 0% | -1% | N/A | -2% |

# 1 Year Trend in Measure Flagging
## (Diff. from prior year)

| Health Center Groupings | Number of Health C | Recruitment Grantee Level Measures | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | NHSC MD,DO Vacancy / Current MD Staff | NHSC Dentist Vacancy / Current Staff FTE | NHSC Psych,LCSW Vacancy / Current Staff FTE | NHSC NP,PA,CNM Vacancy / Current Staff | NHSC MD,DO Placement / Current MD Staff | NHSC Dentist Placement / Current Staff FTE | NHSC NP,PA,CNM Placement / Current Staff | NHSC Psych,LCSW Placement / Staff FTE | Language Focus (% Best Served nonEnglish) | 4 Year Avg Profit/Loss (as % Expenses) | Ratio of Avg. Pay per Med FTE to MGMA mix |
| **All - Base Exclusions** | **76** | **-0.6%** | **0.8%** | **-0.9%** | **2.2%** | **-0.8%** | **-0.2%** | **-0.8%** | **-1.2%** | **0.9%** | **1.7%** | **0.0%** |
| | | | | | | | | | | | | |
| **CHC Only** | 59 | -1% | 1% | -2% | 1% | 0% | -1% | 0% | -1% | 0% | 2% | 0% |
| **HO Any** | 29 | 0% | -1% | -1% | 2% | -2% | -1% | -2% | -3% | 1% | 1% | -1% |
| **MHC Any** | 4 | 1% | -1% | 3% | 8% | -2% | 2% | -3% | -2% | 5% | -4% | -1% |
| **PH Any** | 17 | 3% | 5% | 7% | 10% | -3% | -1% | -2% | 0% | -2% | 4% | -4% |
| | | | | | | | | | | | | |
| **Urban** | 181 | 0% | 2% | 0% | 2% | 0% | 0% | -3% | -2% | 1% | 3% | -1% |
| **Rural** | -105 | 1% | 0% | -2% | 3% | -1% | 0% | 2% | -1% | -1% | 0% | 0% |
| | | | | | | | | | | | | |
| **Large-10kplus** | 69 | 0% | 2% | -1% | 5% | -2% | 1% | -1% | -1% | 1% | 1% | 1% |
| **Small-under10k** | 7 | -1% | 0% | -1% | 0% | 0% | -1% | 0% | -1% | 1% | 3% | -1% |
| | | | | | | | | | | | | |
| **Corporate Entity, Federal Tax Exempt** | 83 | -1% | 0% | -1% | 2% | -1% | 0% | -1% | -1% | 1% | 1% | -1% |
| **U.S. Government Entity** | 7 | -3% | 1% | -1% | 1% | 0% | 0% | -4% | -2% | -1% | -1% | 1% |

# 1 Year Trend in Measure Flagging
## (Diff. from prior year)

| Health Center Groupings | Number of Health C | Recruitment Service Area Level Measures | | | | | |
|---|---|---|---|---|---|---|---|
| | | Primary Care MD/DOs per 100k Pop | % Non-MD providers (wgt by productivity) | Specialist MD/DOs per 100k Pop | Dentists per 100k Pop | Population Density (pop/sq.mile) | % Limited English Proficiency |
| All - Base Exclusions | 76 | -1.6% | 91.0% | -1.1% | 89.9% | 0.0% | 0.0% |
| | | | | | | | |
| CHC Only | 59 | -1% | 89% | -3% | 88% | 0% | 0% |
| HO Any | 29 | 0% | 96% | 1% | 97% | 0% | 0% |
| MHC Any | 4 | -6% | 97% | -2% | 85% | 0% | -2% |
| PH Any | 17 | -1% | 95% | 4% | 96% | 1% | 7% |
| | | | | | | | |
| Urban | 181 | -1% | 95% | 4% | 96.6% | 0% | -1% |
| Rural | -105 | -2% | 88% | -3% | 84.0% | 5% | -1% |
| | | | | | | | |
| Large-10kplus | 69 | -2% | 95% | 1% | 93.0% | 1% | -1% |
| Small-under10k | 7 | -1% | 88% | -3% | 87.4% | 0% | 0% |
| | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 83 | -1% | 92% | -1% | 90% | -1% | 1% |
| U.S. Government Entity | 7 | -8% | 89% | -6% | 87% | 3% | -2% |

# 1 Year Trend in Measure Flagging
## (Diff. from prior year)

| Health Center Groupings | Number of Health C | Retention Grantee Level Measures (Page 1) | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Year-end Staff Count per FTE - PC MD,DOs | Year-end Staff Count per FTE - PC NP,PA,CNM | Avg Tenure Months/ Staff Count - PC MD | Avg Tenure Months/ Staff Count - NP,PA,CNM | Year-end staff individuals per FTE - Dentists | Year-end Psychiatrist,Psychologist per FTE | Year-end LCSW per FTE |
| **All - Base Exclusions** | **76** | **-1.0%** | **1.1%** | **-0.6%** | **0.2%** | **-2.4%** | **0.7%** | **-0.9%** |
| | | | | | | | | |
| CHC Only | 59 | -2% | 1% | -2% | 1% | -1% | -4% | -3% |
| HO Any | 29 | 3% | 0% | 3% | 2% | -5% | 5% | 4% |
| MHC Any | 4 | 2% | 3% | -1% | -3% | 0% | 4% | 10% |
| PH Any | 17 | 3% | -1% | -2% | -5% | -5% | 3% | -13% |
| | | | | | | | | |
| Urban | 181 | -2% | 1% | 0% | 2% | -4% | 2% | 1% |
| Rural | -105 | 0% | 0% | 0% | -2% | -2% | -3% | -5% |
| | | | | | | | | |
| Large-10kplus | 69 | 0% | 1% | 0% | 2% | -2% | 1% | 0% |
| Small-under10k | 7 | -2% | 1% | 0% | 0% | -3% | 1% | -2% |
| | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 83 | 0% | 1% | -1% | 0% | -3% | 0% | -1% |
| U.S. Government Entity | 7 | -6% | -3% | -2% | 1% | 14% | -5% | 0% |

# 1 Year Trend in Measure Flagging
## (Diff. from prior year)

| Health Center Groupings | Number of Health C | Retention Grantee Level Measures (Page 2) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Months per Senior Admin staff (CEO/CMO) | Patient Panel per Med provider FTE | Visits per FTE - PC MDs | Ratio of visits per PC Team FTE to MGMA mix | % Non-physician providers (of Med provider FTE) | Primary Care Clinical Support Ratio | Dentist:Clinical Support Ratio | Admin Support Ratio - Medical | Clinical Quality - Diabetes (HbA1c<8%) | Clinical Quality - Hypertension (controlled) |
| **All - Base Exclusions** | **76** | **0.4%** | **-0.3%** | **0.0%** | **0.5%** | **0.5%** | **0.6%** | **-0.5%** | **-1.5%** | **0.7%** | **1.4%** |
| | | | | | | | | | | | |
| CHC Only | 59 | 0% | 1% | 1% | 1% | 1% | 2% | -1% | -1% | 0% | 2% |
| HO Any | 29 | -3% | -2% | -1% | -1% | 0% | -3% | -2% | -2% | -1% | 3% |
| MHC Any | 4 | 6% | 2% | 3% | 1% | -1% | -2% | 1% | -1% | -3% | -4% |
| PH Any | 17 | 2% | 3% | -1% | 1% | 6% | 1% | 2% | -2% | 2% | -1% |
| | | | | | | | | | | | |
| Urban | 181 | -1% | -1% | -2% | 1% | 0% | 0% | -1% | -2% | 1% | 2% |
| Rural | -105 | 2% | 0% | 2% | 0% | 1% | 2% | 1% | -2% | -1% | 0% |
| | | | | | | | | | | | |
| Large-10kplus | 69 | 1% | 1% | 2% | 3% | 0% | -1% | 0% | 0% | 1% | 1% |
| Small-under10k | 7 | 0% | -2% | -2% | -2% | 1% | 2% | -1% | -2% | 1% | 2% |
| | | | | | | | | | | | |
| Corporate Entity, Federal Tax Exempt | 83 | 1% | 1% | 1% | 1% | 0% | 1% | 0% | -1% | 0% | 2% |
| U.S. Government Entity | 7 | -8% | -4% | -3% | -5% | 2% | 1% | -10% | -1% | -2% | -7% |

# 1 Year Trend in Measure Flagging
## (Diff. from prior year)

| Health Center Groupings | Number of Health C | Retention Service Area Level | | | Domain Averages | | | |
|---|---|---|---|---|---|---|---|---|
| | | Violent crime rate per 100k Pop | % Pop with Non-Medical Use of Pain Relievers | '% Pop with Illicit Drug Dependence/ Abuse | REC-GR Avg | REC-SA Avg | RET-GR Avg | RET-SA Avg |
| **All - Base Exclusions** | **76** | **-0.2%** | **-0.5%** | **-0.2%** | **0.1%** | **29.7%** | **-0.1%** | **-0.3%** |
| | | | | | | | | |
| **CHC Only** | 59 | 0% | 1% | 1% | 0% | 29% | 0% | **1%** |
| **HO Any** | 29 | -1% | -3% | 0% | -1% | 32% | 0% | **-1%** |
| **MHC Any** | 4 | -3% | -5% | -5% | 1% | 29% | 1% | **-4%** |
| **PH Any** | 17 | 4% | 1% | 0% | 2% | 34% | 0% | **2%** |
| | | | | | | | | |
| **Urban** | 181 | -1% | -2% | 0% | 0% | 32% | 0% | -1% |
| **Rural** | -105 | -2% | 2% | -2% | 0% | 28% | 0% | **0%** |
| | | | | | | | | |
| **Large-10kplus** | 69 | -1% | -2% | -1% | 0% | 31% | 1% | -1% |
| **Small-under10k** | 7 | 1% | 1% | 1% | 0% | 29% | 0% | **1%** |
| | | | | | | | | |
| **Corporate Entity, Federal Tax Exempt** | 83 | 0% | -1% | 0% | 0% | 30% | 0% | **0%** |
| **U.S. Government Entity** | 7 | -2% | 1% | 6% | -1% | 27% | -2% | **2%** |