Using Data to Understand and Address Your Workforce Challenges

NACHC Community Health Institute
August 25, 2015

Association of Clinicians for the Underserved

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION

Cast of Characters

❖ **Allison Abayasekara, MA**

Association of Clinicians for the Underserved

❖ **Pamela Byrnes, MS, PhD**

John Snow, Inc.

❖ **Darlene Nicgorski**

Nicgorski Consulting

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The Fun Awaits

What's the STAR² Center?

What's this new data profile?

How can you use data to address your workforce challenges?

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Solutions, Training, and Assistance for Recruitment and Retention

www.chcworkforce.org

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Partnership: PCAs, PCOs, BPHC

Regional Training

for the individual

Personalized Technical Assistance

- Phone
- Email
- On-Site

Individual R&R Profiles

65 data points from 10 data sets

Using data to identify workforce need

Health Center Recruitment and Retention Data Summary

H80CS00000: GENERIC COMMUNITY HEALTH INC.
10 MAIN ST. | ANYTOWN, US 01234

Descriptive Attributes

Health Center Organization		Service Area	
Number of Sites	6	FQHC Uninsured Penetration	48%
Medical Users	12,577	FQHC Medicaid Penetration	41%
% Non-Patient Service Revenue	22%	# Grantees serving area	9
Special Pop Focus (majority of patients)?	No	Total Pop in SA	63,334
Any Grant Conditions?	No	Total Low Income Pop in SA	33,250
EHR Installed/In-Use?	Yes	% Medicaid Pop	26%
PCMH Recognition?	Yes	% Uninsured Pop	16%
CHC ☑ MHC ☐ HO ☐ PH ☐	Urban	% Low Income Pop	52%

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Recruitment	**Health Center**	Any non-staff for senior positions (CEO,CMO)	No	NHSC MD,DO Placement / Current MD Staff	0%
		Language Focus (% Best Served nonEnglish)	52%	NHSC NP,PA,CNM Placement / Current Staff	0%
		4 Year Avg Profit/Loss (as % Expenses)	-2%	NHSC MD,DO Vacancy / Current MD Staff	0%
		Months / Med Locum,On-Call,Resid. Provider	16	NHSC NP,PA,CNM Vacancy / Current Staff	0%
		Ratio of Avg. Pay per Med FTE to MGMA mix	82%	NHSC Dentist Placement / Current Staff FTE	
		Grantee Medical HPSA Score	6	NHSC Dentist Vacancy / Current Staff FTE	
				NHSC Psych,LCSW Vacancy / Current Staff FTE	0%
	Service Area	Population Density (pop/sq.mile)	6,679	Hospital Distance (from SA Boundary)	0
		% Limited English Proficiency	31%	NHSC Vacancy % of Current MD,DO providers	0%
		Primary Care MD/DOs per 100k Pop	59	NHSC Placement % of MD,DO providers	0%
		All PC Providers per 100k Pop (wgtd by prod)	70	% of pop covered by a PC HPSA	44%
		% Non-MD providers (wgt by productivity)	16%	Dentists per 100k Pop	50
		Adjusted Allocated PC MD/DO per 100k Pop	82	NHSC Vacancy % of Area PC Dentists	0%
		Specialist MD/DOs per 100k Pop	157	NHSC Placement % of Area PC Dentists	0%

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Retention	**Health Center**	Months per Senior Admin staff (CEO/CMO)	148	Year-end Staff Count per FTE - PC MD,DOs	1.62
		Patient Panel per Med provider FTE	1,074	Year-end Staff Count per FTE - PC NP,PA,CNM	1.22
		Trend: Med Provider Panel Size	64	Avg Tenure Months/ Staff Count - PC MD	41
		Visits per FTE - PC MD,DO	3,396	Avg Tenure Months/ Staff Count - NP,PA,CNM	49
		Ratio of Visits per PC Team FTE to MGMA mix	117%	Trend: Tenure Months - PC MD,DOs	-24
		Trend: Visits per PC MD FTE	127	Clinical Quality - Diabetes (HbA1c<8%)	58%
		% NonPhysician providers (of Med prov. FTE)	42%	Clinical Quality - Hypertension (controlled)	69%
		Primary Care Clinical Support Ratio	2.12	Year-end staff individuals per FTE - Dentists	1.17
		Admin Support Ratio - Medical	0.87	Year-end Psychiatrist,Psychologist per FTE	
		Dental Clinical Support Ratio	1.00	Year-end LCSW per FTE	1.08
	S.A.	Violent crime rate per 100k Pop	341	% Pop with Non-Medical Use of Pain Meds	6%
				% Pop with Illicit Drug Dependence/Abuse	4%
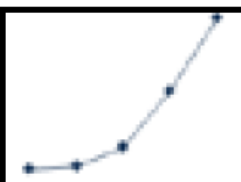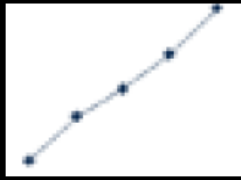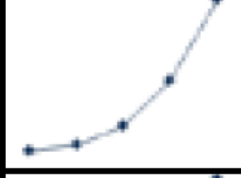
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Measure	Source
Any non-staff for senior positions (CEO,CMO)	UDS 2013 (Table 5a)
Language Focus (% Best Served nonEnglish)	UDS 2013 (Table 3b)
4 Year Avg Profit/Loss (as % Expenses)	UDS 2010-2013 (Tables 8a, 9d, 9e)
Months / Med Locum,On-Call,Resid. Provider	UDS 2013 (Table 5a)

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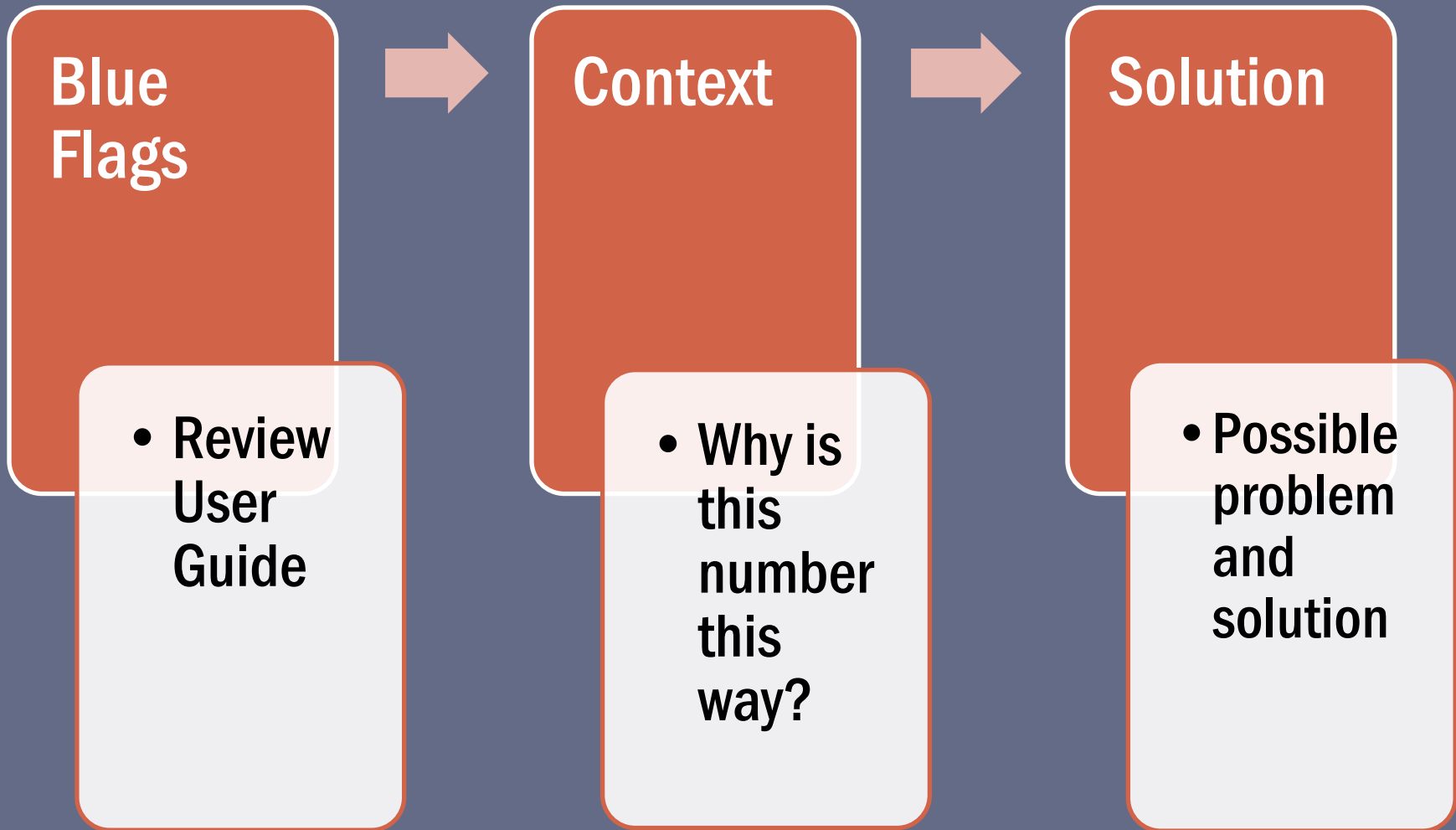| Description |
| --- |
| Are there any non-staff / contract individuals serving in the role of CEO/Executive Director or CMO? |
| Portion of the total patients seen at the Health Center that are best served in a language other than English |
| Difference between combined 4 year income (Tables 9D and 9E) minus expenses (Table 8a). Note that income is reported as cash while expenses are based on accrual |
| Average number of months that each individual listed as other than full or part time staff has been continuously in that position |

Measure Centile Distribution Across Health Centers***					
10th	25th	50th	75th	90th	Curve
N/A					
0%	1%	8%	27%	53%	
-11%	-3%	2%	8%	16%	
2	5	15	37	79	

Flag Treshold(s)
"YES"
>=0.53
<-0.11
>=12
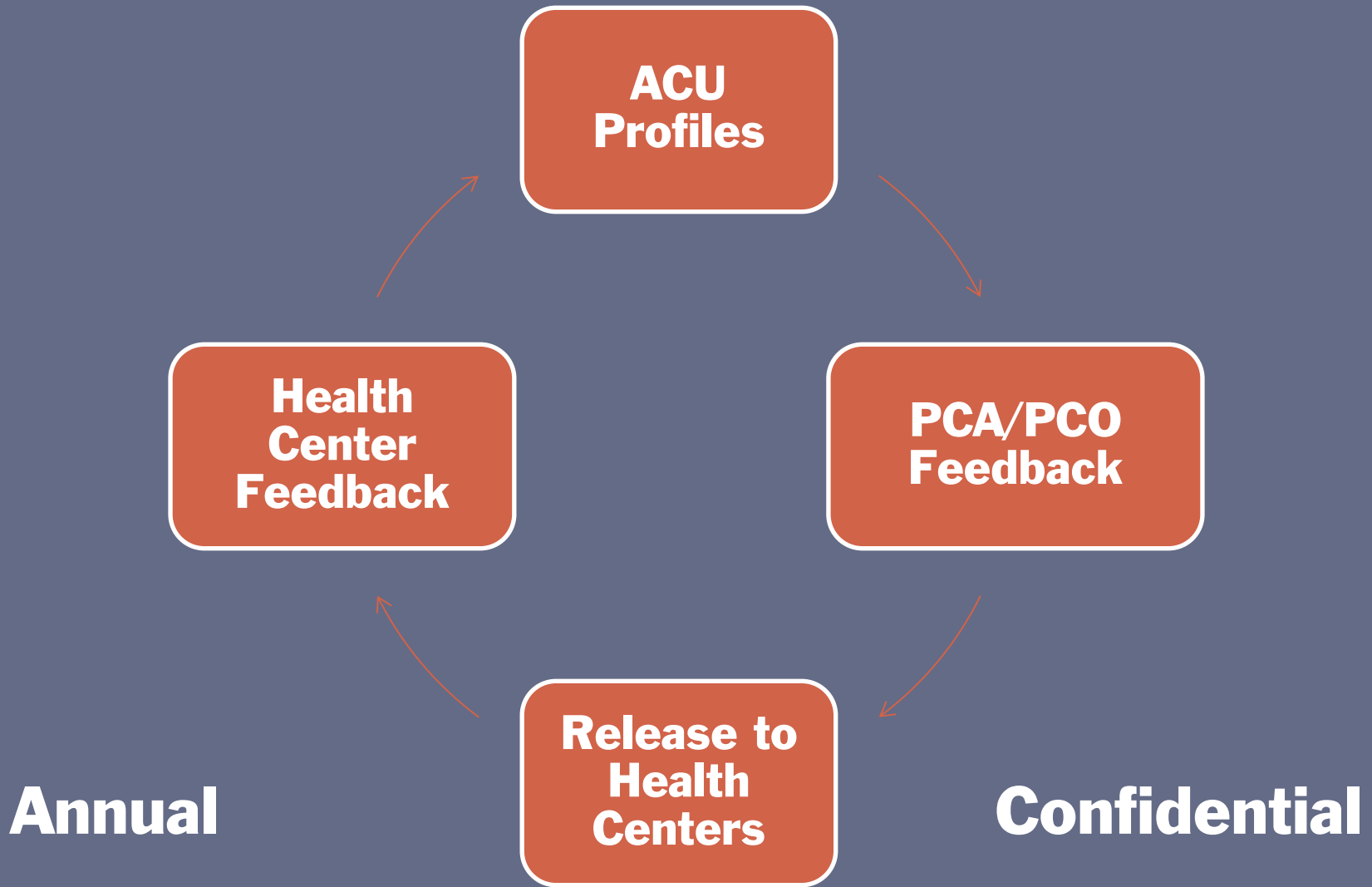
Questions

What are your biggest questions and concerns about the STAR² Center?

What are your early responses to and questions about the profiles?

Does the data support or conflict with your experiences in the field?

Recruitment and Retention Plans

Designed for NACHC CHI Learning Lab
Tuesday, August 25, 2015
1:30-4:30

Darlene Nicgorski

The Goal of R & R Plan

- **Identify the organization's need through research and strategic planning for workforce**

- **Identify an appropriate recruitment or retention strategy**

- **Choose an appropriate intervention within that strategy**

- **Build a recruitment and retention plan or identify corrective action**

Create a Strong Recruitment Strategy:

- Attract candidates
- Process for screening
- Sell your strengths
  - > Mission, patients, CHC model, community, work/life balance, professional growth opportunities, compensation
- Interview process
- Process for closing the deal
- Retain your staff

Why have a plan?

- If we don't know where we are going, we certainly won't get there.
- Recruitment & Retention in CHC's are major challenges.
- Anyone can work with the plan
- It gets everyone committed to the plan
- Roles in the process are defined
- Plan to cast a wide net-diversity

Step 1: Gather Information

- **Turnover rates per positions**
- **Results of Staff Surveys**
- **Stay Interviews**
- **List of vacancies**
- **Anticipated vacancies**
- **Interview Stakeholders**
- **Present Recruitment Strategies**

Step 2: Select Methods of Recruitment

- **Track the recruitments methods used and their success**
- **Targeting Residency programs**
- **Targeting NHSC Scholars and Loan Re payers**
- **State Loan Repayment Programs**
- **Diversity Networks**

Step 3: Recruitment Team

- Decide who is on the team per position or department
- Write it so all are clear
- Determine the roles in the process
- Agree on process
- And interview questions

Your Website & Social Media

- **What does your website say about you?**
- **How can the your local community assist?**
- **What is out there about the community?**
- **Videos on the website**
- **Links to resources in the community**
- **Testimonies**

Step 4: Recruitment Budget

- Printing
- Advertising
- Direct marketing
- Person-to-person (travel, conferences, etc.
- Site Visits (include all expenses)

Step 5: Sourcing Plan

- Job Boards for specific positions
- Directories of State Licensure Boards
- Veterans Groups
- Diversity Networks
- Residency Programs
- Website
- NACHC, NHSC, etc.

Step 6: Screening

- When do you pull out the red carpet
- Phone screens
- Have process ready
- Get team involved
- Checking credentials & background

Step 7: Site Visits

- Include family when possible
- Take care of all arrangements
- Plan itinerary 2 weeks prior to visit
- Get everyone on board
- Community leaders, etc.
- Social gathering

Step 8: Making the Offer

- Make the offer ASAP
- Time frame for response
- Thank all the staff involved in the process
- Compliant with all laws
- Follow up, follow up
- Contract, etc.
- Clear about hours, schedule, location

Step 9: Welcoming

- Announce on website
- Article in newspaper
- Set up socials including family
- Make sure all is set for start date

Retention

- Begin at the beginning
- Maintain contact
- Assist in any way
- Everything ready on day one
- Detailed onboarding process
- Continued feedback
- Regular Check Ins

Retention Strategies

- Ways to challenge/learn
- Career ladders
- New Hire Learning Academy
- Develop mentoring program
- Leadership planning
- Succession planning
- Adjustment of schedules

Retention Tips

- Keep newness and growth alive
- Everybody wants to be part of a winning organization

My Contact Info

- Darlene Nicgorsksi   VP of HR
- Darlene.n2@gmail.com
- 919-357-0504
- Credentialing and Privileging
- Recruitment and Retention of Clinical Staff
- Successful Management Strategies for Community Health Centers

Resources

- http://www.nachc.com/clinicalworkforcerecruitretain.cfm

- http://bphc.hrsa.gov/technicalassistance/resourcecenter/managementandfinance/providerrecruitmentretention.pdf

- http://www.nachc.com/client//Summary%20Report%20of%20Expert%20Interviews%2006022014.pdf

Resources

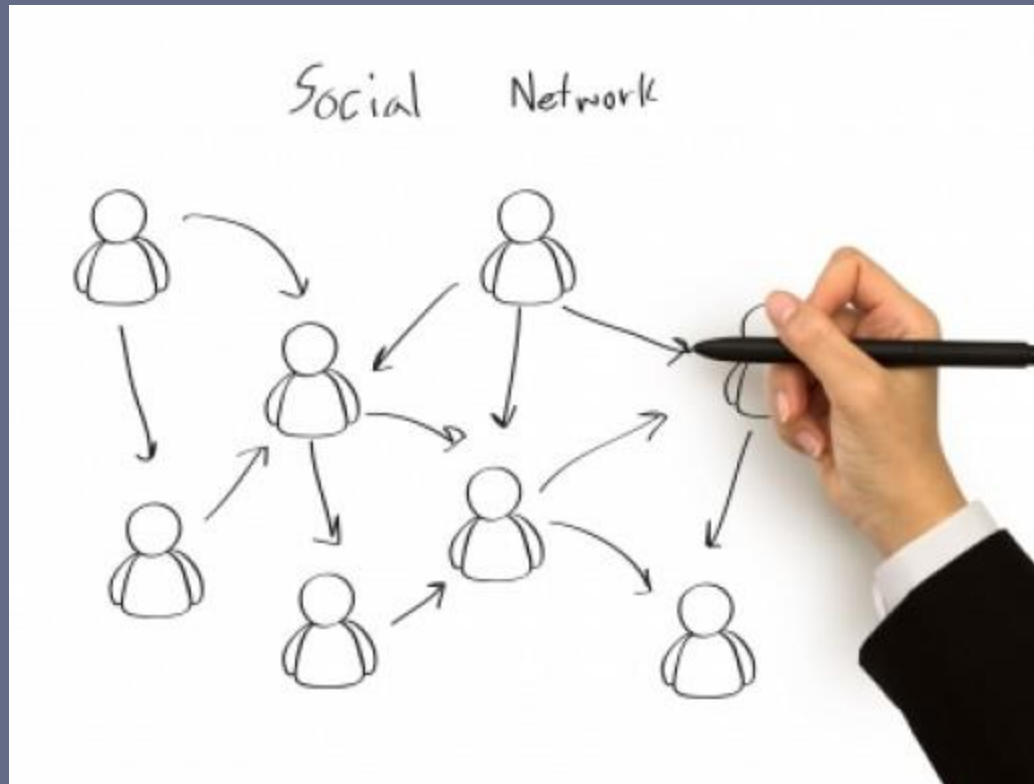- http://www.migrantclinician.org/files/resourcebox/RecruitmentandRetentionPlan1.pdf

- STAR² Center

Solutions, Training, and Assistance for Recruitment and Retention

www.chcworkforce.org

Work Groups

Group 1	Bilingual Staff
	Cultural Competency
Group 2	Avoiding Burnout
	CHC Design for Chronic Illnesses
Group 3	Retention of Younger Clinicians
	Retaining NHSC Placements

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Allison Abayasekara
- 703-562-8820
- aabayasekara@clinicians.org

STAR² Center
- 844-ACU-HIRE
- info@chcworkforce.org

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