

Learning from Data and Successful Strategies to Improve Your Workforce Programs

South Carolina Primary Health Care Association
October 30, 2015

Association of Clinicians for the Underserved



Cast of Characters

❖ Allison Abayasekara, MA

Association of Clinicians for the Underserved

❖ Pamela Byrnes, MS, PhD

John Snow, Inc.

❖ Michelle Varcho, MBA

3RNet

Association of Clinicians for the Underserved



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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STAR² Center

Solutions, Training, and Assistance
for Recruitment and Retention

www.chcworkforce.org

Association of Clinicians for the Underserved



Partnership: PCAs, PCOs, BPHC



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RESOURCES



RESOURCES

This resource center catalogs toolkits, manuals, research, and other types of information about clinician recruitment and retention. The collection highlights both original materials and tools created by partner organizations. Almost all items are free. Take a look around and let us know if there's anything specific you'd like to see, or anything of your own you'd like to include!



TOPIC



CONTENT TYPE



SEE ALL

Featured Resource

The [Recruitment, Onboarding, and Retention Toolkit](#) from the National Association of Community Health Centers offers tools, checklists, and general information about a variety of workforce issues.

Self-Assessment Tool

This [self-assessment tool](#) from the Association of Clinicians for the Underserved will help you identify your workforce challenges and offer strategies that may improve your success with provider recruitment and retention.

Data Profile User Guide

The STAR² Center released individual recruitment & retention data profiles to the nation's community health centers. This [user guide](#) serves as a companion to the confidential profiles and offers data description and national benchmarks.

Regional Training



for the individual

Association of Clinicians for the Underserved

Personalized Technical Assistance

- Phone
- Email
- On-Site



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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

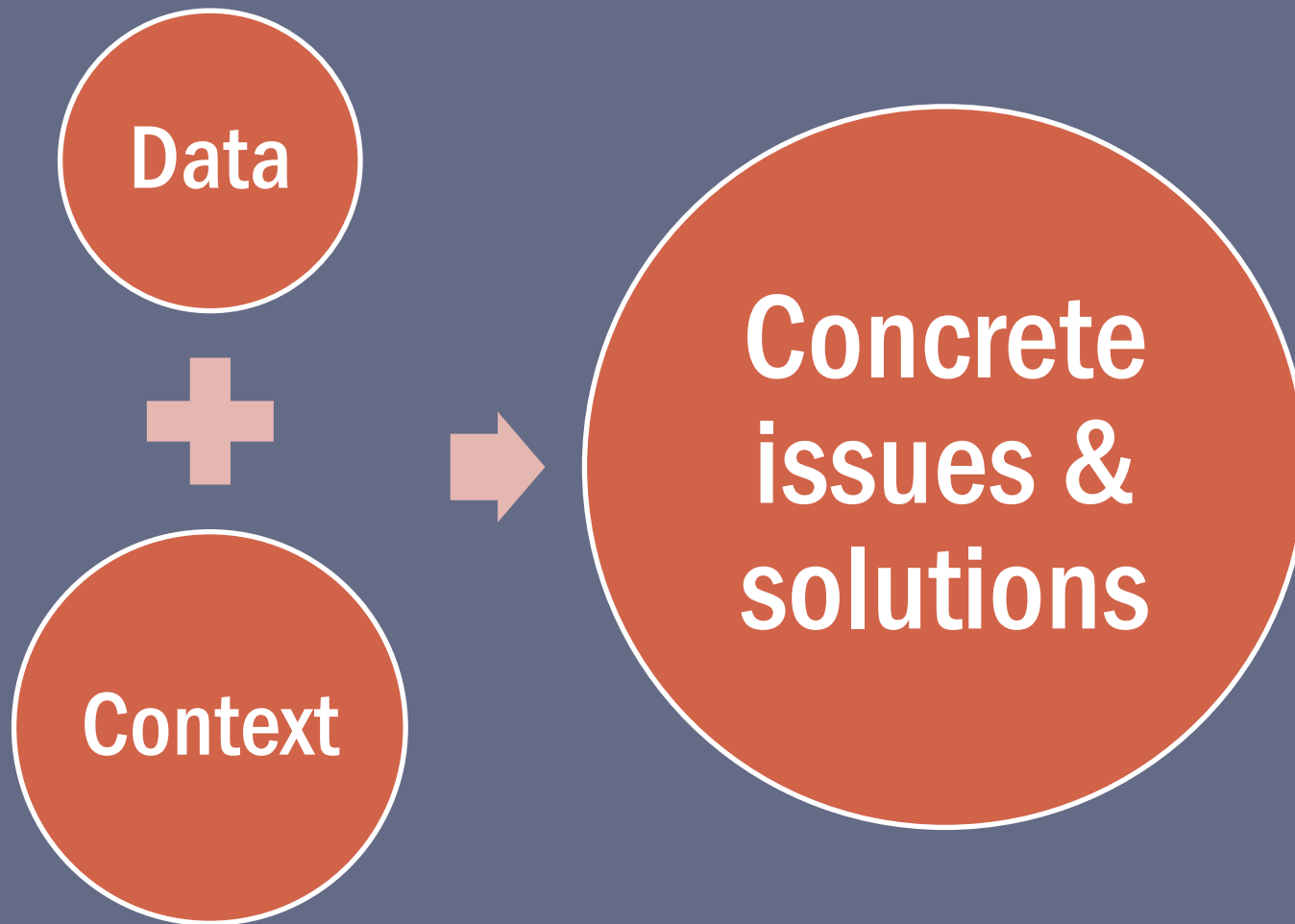
Health Center Organization		Service Area	
Number of Sites	6	FOHC Uninsured Penetration	48%
Medical Users	12,577	FOHC Medicaid Penetration	41%
% Non-Patient Service Revenue	22%	# Grantees serving area	9
Special Pop Focus (majority of patients)?	No	Total Pop in SA	63,334
Any Grant Conditions?	No	Total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



Category	Metric	Value	Metric	Value	
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)	22%	NHSC NP,PA,CNM Placement / Current Staff	0%
		4 Year Avg Profit/Loss (as % Expenses)	4%	NHSC MD,DO Vacancy / Current MD Staff	0%
		Months / Med Locum, On-Call, Resid. Provider	23	NHSC NP,PA,CNM Vacancy / Current Staff	0%
		Ratio of Avg. Pay per Med FTE to MGMA mix	91%	NHSC Dentist Placement / Current Staff FTE	20%
		Grantee Medical HPSA Score	13	NHSC Dentist Vacancy / Current Staff FTE	0%
	Service Area			NHSC Psych,LCSW Vacancy / Current Staff FTE	0%
		Population Density (pop/sq.mile)	9,597	Hospital Distance (from SA Boundary)	0
		% Limited English Proficiency	16%	NHSC Vacancy % of Current MD,DO providers	0%
		Primary Care MD/DOs per 100k Pop	143	NHSC Placement % of MD,DO providers	0%
Retention	Health Center	All PC Providers per 100k Pop (wgt'd by prod)	163	% of pop covered by a PC HPSA	100%
		% Non-MD providers (wgt by productivity)	12%	Dentists per 100k Pop	32
		Adjusted Allocated PC MD/DO per 100k Pop	87	NHSC Vacancy % of Area PC Dentists	0%
		Specialist MD/DOs per 100k Pop	100	NHSC Placement % of Area PC Dentists	0%
		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
	Service Area			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%)	56%
SA	% 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	1.08	
	Dental Clinical Support Ratio	1.00	Year-end LCSW per FTE	1.08	
	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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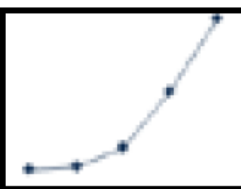
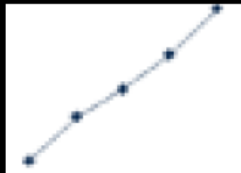
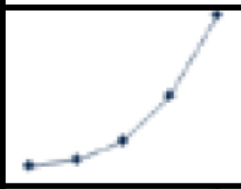


Measure	Source
Any non-staff for senior positions (CEO,CMO)	UDS 2013 (Table 5a)
Language Focus (% Best Served nonEnglish)	UDS 2013 (Table 3b)
4 Year Avg Profit/Loss (as % Expenses)	UDS 2010-2013 (Tables 8a, 9d, 9e)
Months / Med Locum,On-Call,Resid. Provider	UDS 2013 (Table 5a)

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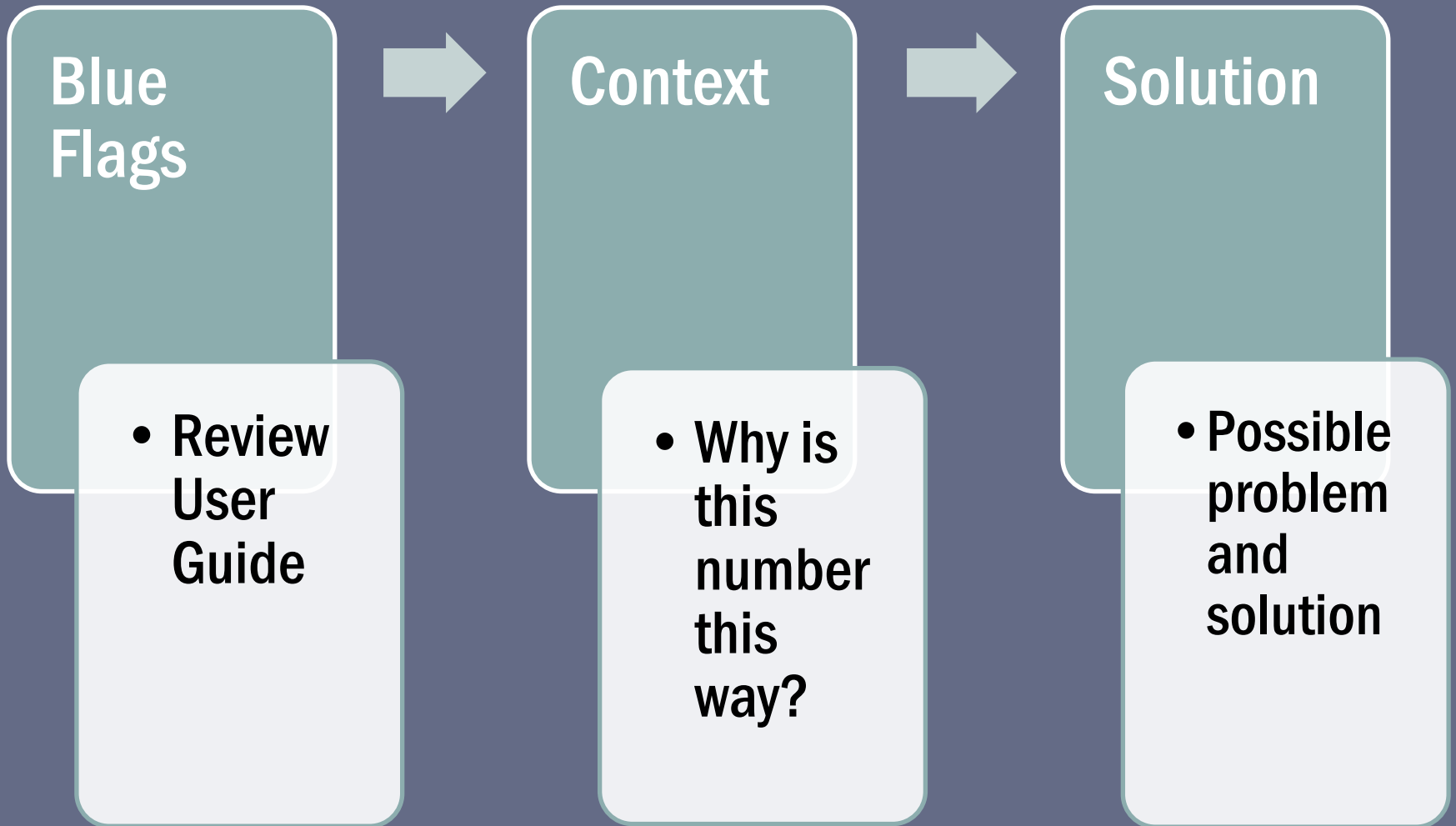
Description
Are there any non-staff / contract individuals serving in the role of CEO/Executive Director or CMO?
Portion of the total patients seen at the Health Center that are best served in a language other than English
Difference between combined 4 year income (Tables 9D and 9E) minus expenses (Table 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

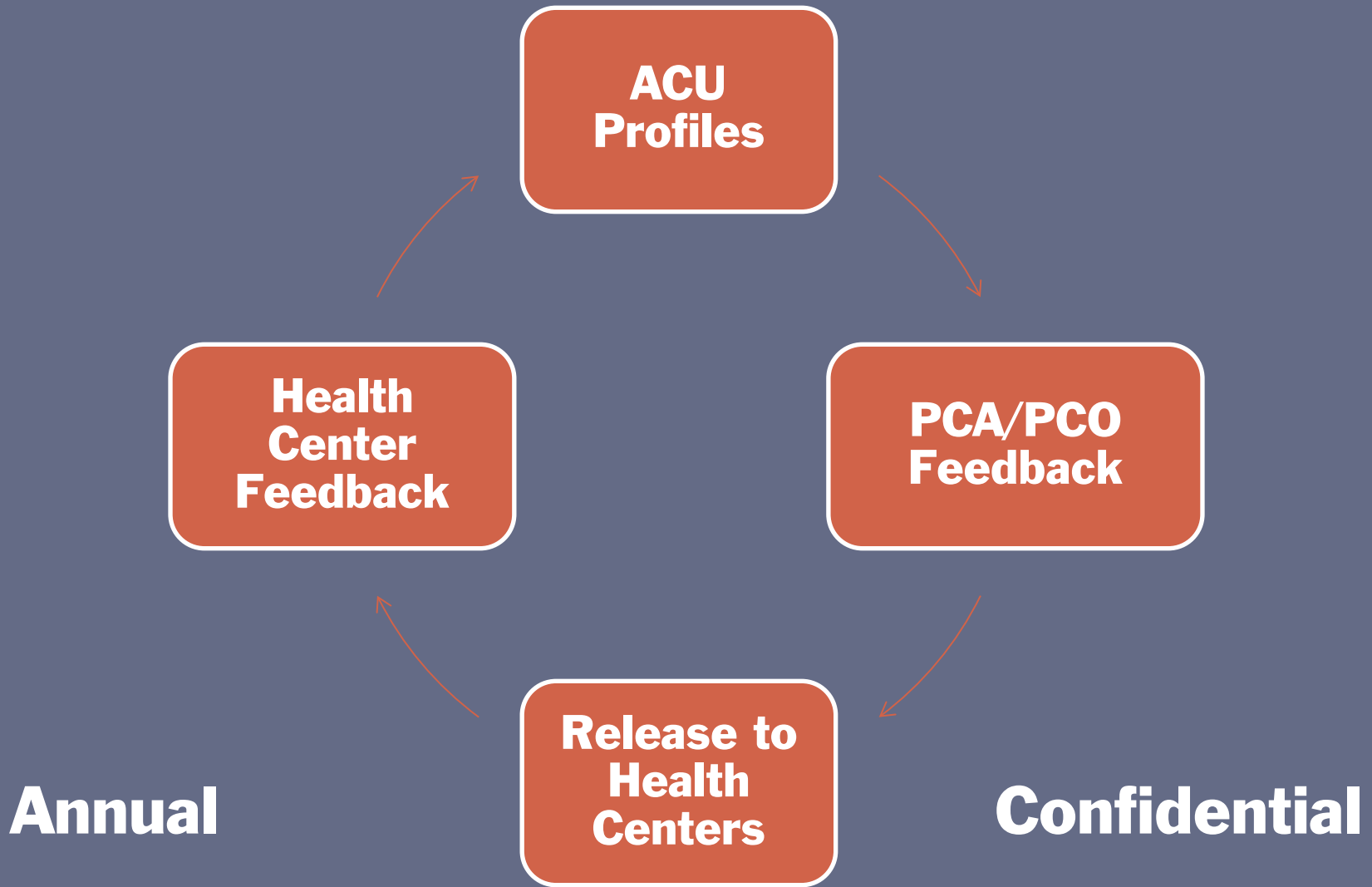
Measure Centile Distribution Across Health Centers***					
10th	25th	50th	75th	90th	Curve
N/A					
0%	1%	8%	27%	53%	
-11%	-3%	2%	8%	16%	
2	5	15	37	79	

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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?

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STAR² Center

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- info@chcworkforce.org

Association of Clinicians for the Underserved

3RNet



*National Rural Recruitment
and Retention Network*

South Carolina Primary Health Care Association Annual Meeting October 2015

Michelle Varcho
Director of Education
Outreach
varcho@3RNet.org



www.3RNet.org

3RNet.org

- Non profit membership association
- Each member in unique
- Celebrating 20 years
- Post any job
- In 2014, there were:
 - Over 45,000 active candidates
 - 9,566 job postings
 - 3,101 new candidate registrations
 - 1,718 professionals placed

3RNet Healthcare Jobs Across the Nation

REGISTER NOW
Candidates
Employers

Search Opportunities Locations Resources Members About Contact

a national nonprofit network of members *working for you* matching *health professionals* with rural & underserved jobs

Search Job Opportunities

Profession: << Any Profession >>

Search Register Now

Career & Life Planning Portal

Powered by: 3RNet

Are you a resident looking for your first practice?

Are you thinking of making a change in practice location?

Check out this great portal for all kinds of career tips, planning tools, and great advice from experts. It's your one stop shop for career planning!

2014 Annual Conference

Please join 3RNet for our 2014 annual conference, September 16th -18th, in Denver, Colorado!

3RNet members represent over 5,000 communities across the U.S. that actively recruit physicians and other healthcare providers.

- Sponsor Prospectus
- Sponsor Registration
- Attendee Registration
- Draft Agenda

Featured State

Texas

Texas has something for everyone! Whatever your geographic preference, Texas can fill that need. With 7 regions spanning over 200,000 square miles and a population over 25 million Texas is like a "whole other country." Every part of this great state has its own special charm and flair. And just wait until you see all of the fun "stuff" you can do when you are here. [Learn More.](#)

3RNet Blog

New 3RNet Career and Life Planning Portal

We are excited to announce a brand new resource, the 3RNet Career and Life Planning Portal, powered by Adventures in Medicine. This new portal is full of hundreds of validated, tested, quality resources that have been designed by Adventures in Medicine, and tailored by 3RNet. Each and every one of these interactive resources is now available to all 3RNet members, through their existing membership.

Interviewing 101: It's Not What You Said, It's How You Said It!

The Top Six Communication Cues That A Physician Candidate Will Be a Great Fit for Your Practice.

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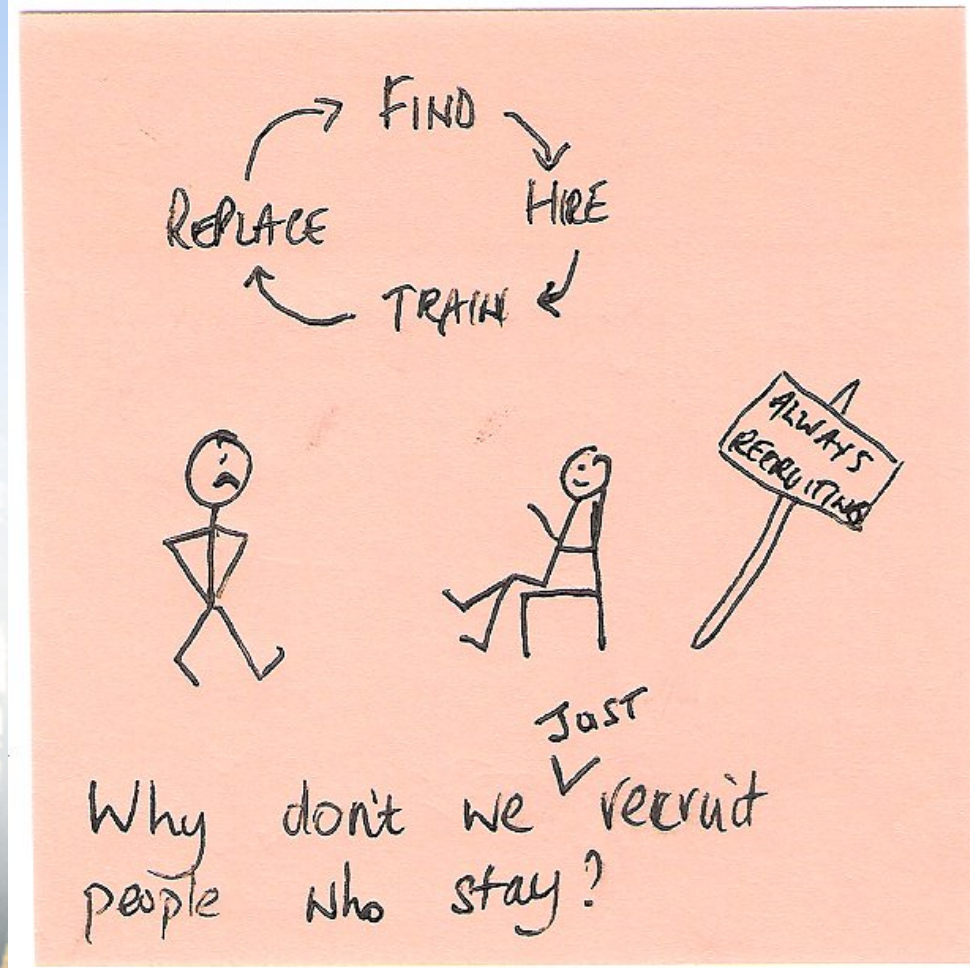
*National Rural Recruitment
and Retention Network*

Recruitment and Retention Plan



www.3RNet.org

Is this your idea of Recruitment?



What is Recruitment?

Definition of recruitment

- The process of finding and hiring the best-qualified candidate
- Timely and cost effective manner
- Process includes
 - Analyzing the requirements of a job
 - Attracting employees to that job
 - Screening and selecting applicants
 - Hiring
 - Integrating the new employee to the organization.

What is Retention?

Definition of retention?

- An effort by a business to maintain a working environment which supports current staff in remaining with the company.
- Many employee retention policies are aimed at addressing the various needs of employees to enhance their job satisfaction and reduce the substantial costs involved in hiring and training new staff.

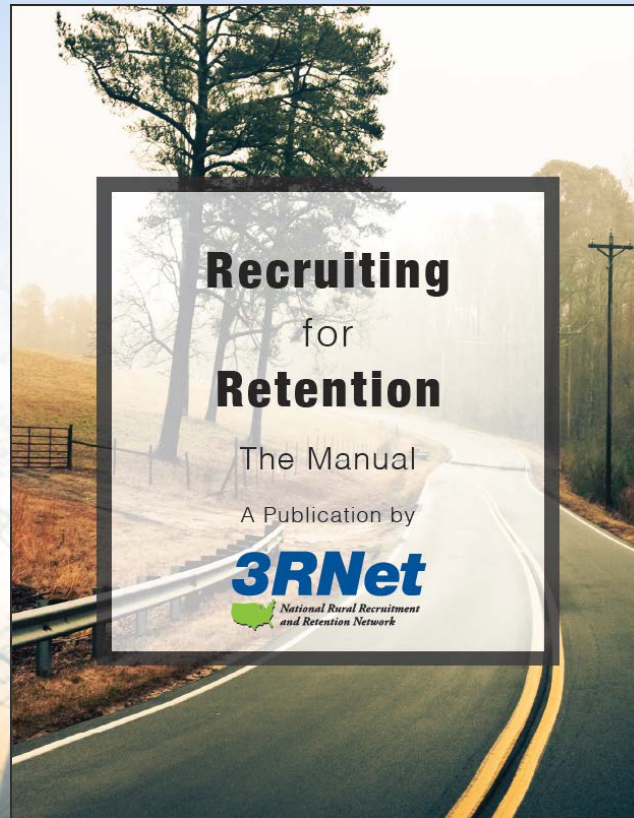
“Recruitment and retention are not separate events – they are part of a process.” *Tim Skinner, ex-officio ED 3RNet*

Recruitment

Retention

RECRUITENTION

R & R Plan Action Steps



Part I

Planning and Preparation

Planning and preparation are the most important ingredients for ensuring a successful recruitment effort. They are also the most often neglected.

- 3RNet

1. Assess the Need
2. Gain support of key stakeholders
- 3. Form a recruitment and retention committee**
4. Define your opportunity
5. Define the ideal candidate
6. Develop a recruitment budget

Form a Recruitment and Retention Committee

- No matter what the size of your organization this needs to be thought out and roles assigned
- Some members may wear more the one hat in the process, but it is a team effort
- Use the fillable Worksheet included on the training follow up page to help guide your team formation.
- Your efforts will be hard pressed to succeed if you skip this step!

***People want to practice where
they are needed and welcome.
Show them they are supported
by as many members of the
community as possible.***

- 3RNet

1. Assess the Need
2. Gain support of key stakeholders
3. Form a recruitment and retention committee
4. **Define your opportunity**
5. **Define the ideal candidate**
6. Develop a recruitment budget

3RNet



*National Rural Recruitment
and Retention Network*

Factors to Market Your Community

Assessing Strengths/Challenges and Finding Solutions



www.3RNet.org

Where did these factors come from?

- Idaho Family Medicine Residency
 - Dr. Dave Schmitz
 - dave.Schmitz@FMRIdaho.org
- Boise State University
 - Dr. Ed Baker
 - ebaker@boisestate.edu



What factors matter in rural?

Geographic

- Schools
- Climate
- Perception of Community
- Spousal Satisfaction

Economic

- Loan Repayment
- Competition
- Part-time Opportunities
- Signing Bonus

Scope of Practice

- Emergency Care
- Mental Health
- Obstetrics
- Administration Duties

Medical support

- Nursing Workforce
- Call/practice Coverage
- Perception of Quality
- Specialist Availability

Hospital and Community Support

- EMR
- Welcome & Recruitment
- Televideo Support
- Plan for Capital Investment

Part II Searching for Candidates

- 7. Generate Candidates

Generate Candidates

- Use your unique selling points (USPs) in a creative way with graphics, pictures, quotes, etc.
- Create many different types of ads:
 - Short profile
 - Classified ad
 - Internet version
 - Promotional packages, maybe video?
 - “Elevator speech”

Generate Candidates, Continued

- Use multiple methods of sourcing to have greatest impact
 - On line job boards and advertising like **3RNet**
 - **Your 3RNet contact is** Stacey Day Halford, SC Office of Rural Health, **Phone:** 803-454-3850,extn 2009,
Stacey@scorh.net
 - Direct mail and email blasts
 - Databases like PracticeMatch, PracticeLink and Profiles
 - Social media – Facebook, LinkedIn, Twitter
 - Search firms – Understand the different types and your responsibilities (contingency, retained and hybrid)
 - Journals and print media

Part III

Screening candidates

8. Interview Candidates by phone or video conferencing
9. Conduct credential check
10. Interview the spouse/significant other
11. Check references
12. Conduct site visit

Part IV

Follow Up and Follow Through

- 13. Follow up communication
- 14. Negotiations
- 15. **Retention plan implementation**

Develop a Retention Plan

- Complete onboarding process timely.
- Create a schedule to meet with new provider on monthly basis.
- Talk with spouse and family to decide how often to meet.
- Meet with all primary care providers to discuss retention issues quarterly.
- Conduct provider and/or employee survey.
- Work with medical staff to create long range development plan.
- Identify potential barriers to retention and address those barriers.

Collaborating with Key Players

- 3RNet Member
 - “One stop shop”, Trusted Resource
 - <https://www.3RNet.org/locations>
- Primary Care Office
 - Loan repayment, J-1 Visa Waiver, HPSA designations
 - <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>
- Area Health Education Centers (AHEC)
 - Rotations, CE, Pipeline
 - <http://www.nationalahec.org/AHECDirectory.taf>
- State Office of Rural Health - NOSORH
 - <http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>
- Primary Care Association
 - <http://www.nachc.com/nachc-pca-listing.cfm>

Basic Science

- “*Recruiting for Retention*” The Recruitment and Retention Manual of the 3RNet updated in 2009, 2013, 2015
- “*Recruitment and Retention of Clinicians*” NACHC Manual by Illinois, Mississippi, Arizona and Virginia PCA’s completed in 2005 and updated in 2010 www.nachc.com/client/documents/RecruitmentRetentionBestPracticesModel.pdf
- “*Midwest Retention Toolkit*” 2012
- Association of Staff Physician Recruiters (ASPR) www.aspr.org

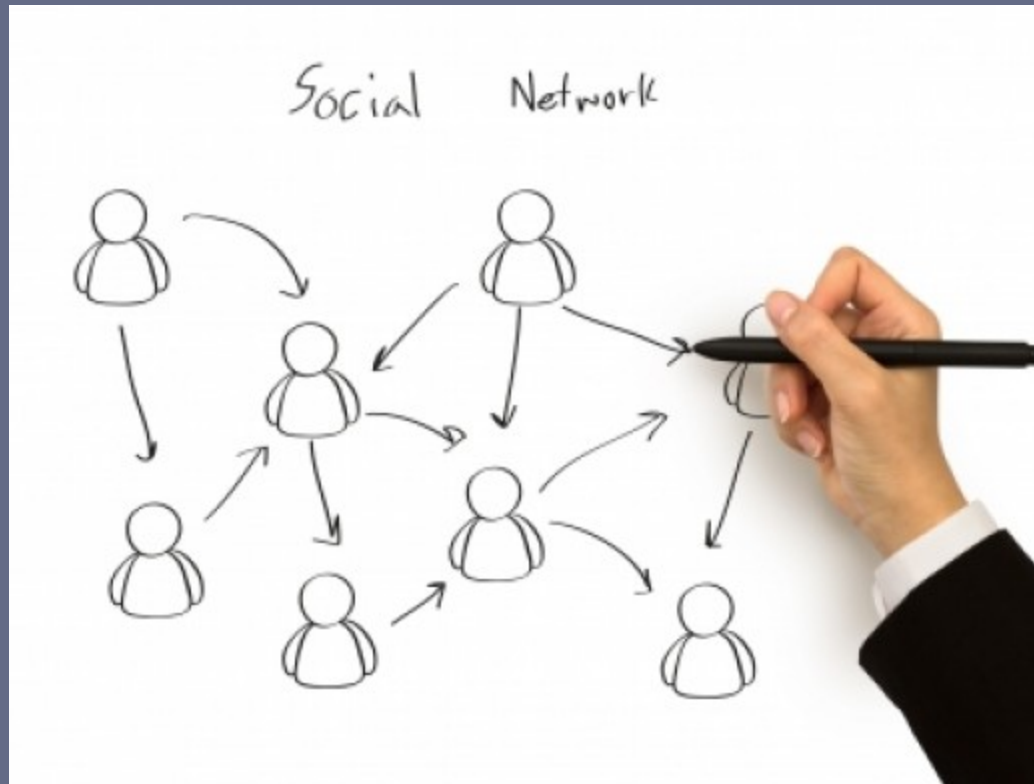
Takeaways

- Recruitment is a process
- Leverage collaboration
 - 3RNet, SORH, PCO, PCA
- Identify and communicate strengths
- Invest in challenges

Thank you for coming...

- www.3RNet.org
- Michelle Varcho, Director of Education Outreach
 - varcho@3RNet.org
- Mike Shimmens, Executive Director
 - shimmens@3RNet.org
- 1-800-787-2512

Work Groups



Association of Clinicians for the Underserved

Group 1 **Formal Recruitment Plans**

Roadblocks and Next Steps

Group 2 **Avoiding Burnout**

CHC Design for Chronic Illnesses

Group 3 **Retaining NHSC Placements**

Retaining Younger Clinicians

Group **Marketing Your Community**

1 **Recruitment Considerations**

Group **Staff Satisfaction Surveys**

2 **Engagement & Accountability**

Group **Full-Time vs. Part-Time**

3 **Staffing Models for Your Needs**



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