Using Data to Understand and Address Your Workforce Challenges

Louisiana Primary Care Association October 9, 2015



Cast of Characters

- ❖ Allison Abayasekara, MA
 Association of Clinicians for the Underserved
- **❖** Pamela Byrnes, MS, PhD *John Snow, Inc.*
- ❖ Michelle Varcho, MBA
 3RNet



The Fun Awaits

What's the STAR² Center?
What's this new data profile?
How can you use data to address your workforce challenges?



STAR² Center

Solutions, Training, and Assistance for Recruitment and Retention

www.chcworkforce.org



Partnership: PCAs, PCOs, BPHC





RESOURCES TRAINING ASSISTANCE



ABOUTUS CONTACTUS

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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



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

	Descripti	ve 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%	







		Any non-staff for senior positions (CEO,CMO)	No	NHSC MD,DO Placement / Current MD Staff	0%
	Health (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%
R	Cen	Ratio of Avg. Pay per Med FTE to MGMA mix	82%	82% NHSC Dentist Placement / Current Staff FTE	
ec	ite	Grantee Medical HPSA Score	6	NHSC Dentist Vacancy / Current Staff FTE	
2 .	3			NHSC Psych,LCSW Vacancy / Current Staff FTE	0%
tn					
1 🛱	l	Population Density (pop/sq.mile)	6,679	Hospital Distance (from SA Boundary)	0
mei		Population Density (pop/sq.mile) % Limited English Proficiency	6,679 31%	Hospital Distance (from SA Boundary) NHSC Vacancy % of Current MD,DO providers	0
ment	Ser		-		
ment	Ser	% Limited English Proficiency	31%	NHSC Vacancy % of Current MD,DO providers	0%
ment	Servi	% Limited English Proficiency Primary Care MD/DOs per 100k Pop	31% 59	NHSC Vacancy % of Current MD,DO providers NHSC Placement % of MD,DO providers	0%
ment	Service Ar	% Limited English Proficiency Primary Care MD/DOs per 100k Pop All PC Providers per 100k Pop (wgtd by prod)	31% 59 70	NHSC Vacancy % of Current MD,DO providers NHSC Placement % of MD,DO providers % of pop covered by a PC HPSA	0% 0% 44%



Retention Patient Pa Trend: Me Visits per Ratio of V Trend: Vis % NonPhy Primary C Admin Su		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
	Ī	Trend: Med Provider Panel Size	64	Avg Tenure Months/ Staff Count - PC MD	41
	ea	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%	
	nt	% NonPhysician providers (of Med prov. FTE)	42%	Clinical Quality - Hypertension (controlled)	69%
	er	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
		Violent crime rate per 100k Pop	341	% Pop with Non-Medical Use of Pain Meds	6%
	Þ			% Pop with Illicit Drug Dependence/Abuse	4%



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)



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



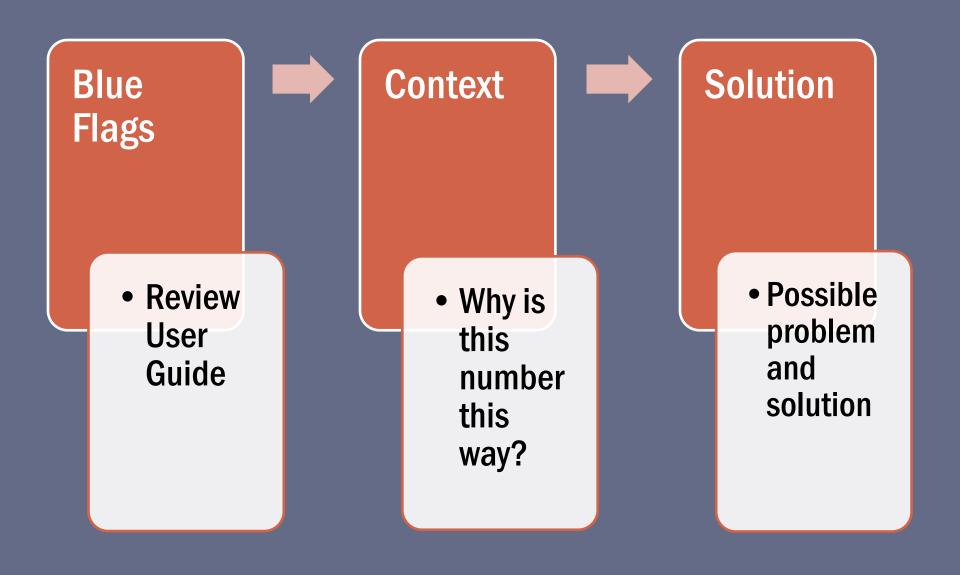
Measure Centile Distribution Across Health Centers***						
10th	25th	50th	75th	90th	Curve	
		N/ <i>A</i>	4			
0%	1%	8%	27%	53%	/	
-11%	-3%	2%	8%	16%		
2	5	15	37	79		



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









ACU Profiles

Health Center Feedback

PCA/PCO Feedback

Annual

Release to Health Centers

Confidential



Questions

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

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





Louisiana Primary Care Association Annual Meeting October 2015

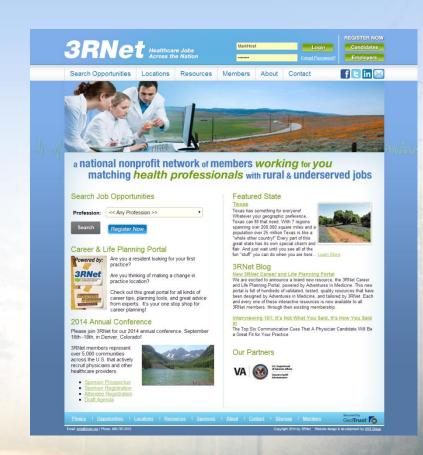
Michelle Varcho
Director of Education
Outreach
varcho@3RNet.org

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



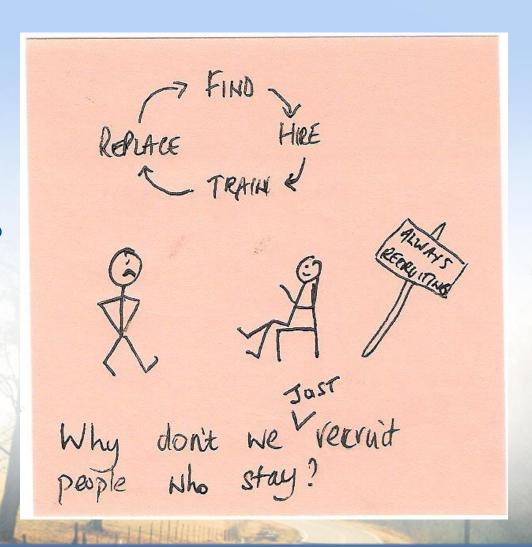


Recruitment and Retention Plan





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
- 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



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Factors to Market Your Community

Assessing Strengths/Challenges and Finding Solutions





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



So what does this mean?

- What do physicians want?
 - It depends.
- By knowing your strengths, you can target specific groups of physicians those strengths are desirable to
- If your strengths don't align with your ideal, changes must be made



	Scope of Practice	Salary	Outdoors	Call Schedule	Loan Repayment	Services	Physical Plant	Part Time	Telemed
Hospital 1	X	X	X	X	X			X	X
Hospital 2	X	X	X		X	X	X		
Hospital 3	X	X	X		X	X	X		
Hospital 4		X	X	X	X	X	X		X



Part II Searching for 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 Dorie Tschudy ,Bureau of Primary Care and Rural Health, Phone: 225-342-1583 dorie.tschudy@la.gov
 - 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 See the Recruitment and Retention Sample Action Plan for CHC's for ideas to get started



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

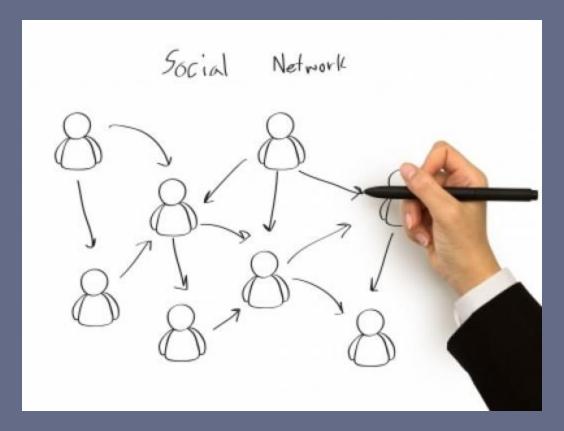
- Recruitment is a process
- Leverage collaboration
 - 3RNet, SORH, PCO, PCA
- Identify and communicate strengths
- Invest in challenges
- 3RNet Manual/Factors eBooks and other materials



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







Building Clinician Community Group **Coping with Clinician Shortages** Avoiding Burnout Group **CHC Design for Chronic Illnesses Retaining NHSC Placements** Group **Dentist Retention**



Marketing Your Community Group **Recruitment Considerations** Staffing for Mental Health Services Group **Nontraditional Provider Methods** Full-Time vs. Part-Time Group **Staffing Models for Your Needs**





Association of Clinicians for the Underserved



Allison Abayasekara

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

STAR² Center

- 844-422-8247
- info@chcworkforce.org

