Clinician Recruitment & Retention: Ideas and Solutions for Today's Challenges

NWRPCA Spring Conference May 14, 2016



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

STAR Center Resources and Data Recruitment Factors and Marketing Retention Issues and Solutions



<u>ACU</u>

ACU is a nonprofit, transdisciplinary organization of clinicians, advocates and health care organizations united in a common mission to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations.



STAR² Center

Solutions, Training, and Assistance for Recruitment and Retention

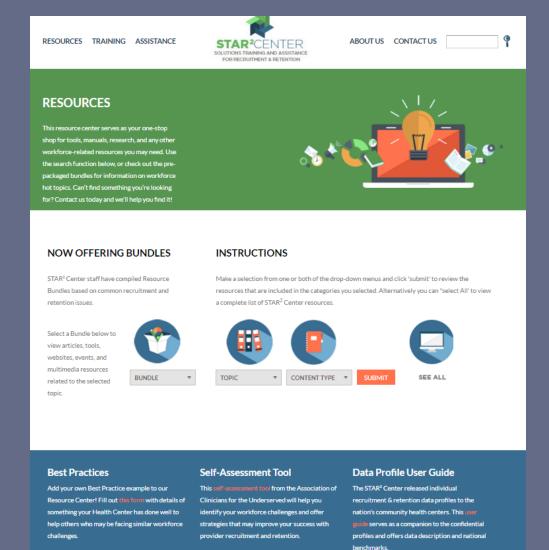
www.chcworkforce.org



Partnership: PCAs, PCOs, BPHC









Current Resources

Self Assessment Tool

Best Practice Form

Newsletter

Data Profiles!



2016 Training

Monthly Webinar Series

Hot Topics

Video Tutorials

R&R Issues

State & Regional Trainings

PCA Conferences

Advisory Groups

PCAs, CHCs, Clinicians



Personalized Technical Assistance

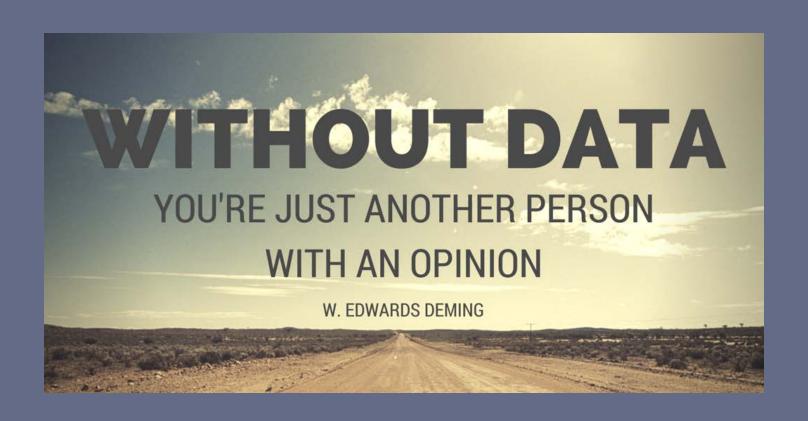
- Phone
- Email
- On-Site













Individual R&R Profiles

55 data points from 13 data sets

Using data to identify workforce need





Health Center Recruitment and Retention Data Summary HOCS000000: GENERIC HEALTH CENTER, INC. 10 MAIN ST | ANYTOWN, USA 12345

	Descript	tive Attributes
Health Center Organization		
Number of Sites	4	FQHC Uninsured Penetrat
Medical Users	8,921	FQHC Medicaid Penetratio
% Non-Patient Service Revenue	70%	# Grantees serving area
Special Pop Focus (majority of patients)?	No	Total Pop in SA
Any Grant Conditions?	No	Total Low Income Pop in S
EHR Installed/In-Use?	Yes	% Medicaid Pop
PCMH Recognition?	No	% Uninsured Pop
Grantee Medical HPSA Score	18	% Low Income Pop
CHC ✓ MHC HO PH	Urban	% of S.A. pop covered by a

Descriptive Attributes					
	Service Area				
4	FQHC Uninsured Penetration	51%			
8,921	FQHC Medicaid Penetration	29%			
70%	# Grantees serving area	13			
No	Total Pop in SA	153,434			
No	Total Low Income Pop in SA	84,849			
Yes	% Medicaid Pop	31%			
No	% Uninsured Pop	15%			
18	% Low Income Pop	55%			
Urban	% of S.A. pop covered by a PC HPSA	0%			



	I	1) NHSC MD,DD Placement / Current MD Staff	0%	6) NHSC Dentist Placement / Current Staff FTE	0%
	Health	2) NHSC NP,PA,CNM Placement / Current Staff	0%	7) NHSC Dentist Vacancy / Current Staff FTE	0%
Pocriitmont	#	3) NHSC MD, DO Vacancy / Current MD Staff	0%	8) NHSC Psych,LCSW Placement / Staff FTE	0%
3	6	4) NHSC NP,PA,CNM Vacancy / Current Staff	0%	9) NHSC Psych,LCSW Vacancy / Current Staff FTE	0%
		5) Ratio of Avg. Pay per Med FTE to MGMA mix	89%	10) Language Focus (% Best Served nonEnglish)	0%
	er			11) 4 Year Avg Profit/Loss (as % Expenses)	-7%
	Se	1) Primary Care MD/DOs per 100k Pop	33	4) Dentists per 100k Pop	21
•	Are	2) % Non-MD providers (wgt by productivity)	29%	5) Population Density (pop/sq.mile)	17,925
	ce a	3) Specialist MD/DOs per 100k Pop	144	6) % Limited English Proficiency	6%
Π		1) Months per Senior Admin staff (CEO/CMO)	50	9) Year-end Staff Count per FTE - PC MD,DOs	3.57
	l _	2) Patient Panel per Med provider FTE	959	10) Year-end Staff Count per FTE - PC NP,PA,CNM	1.35
	Health	3) Visits per FTE - PC MD,DO	2,647	11) Avg Tenure Months/ Staff Count - PC MD	54
,	at	4) Ratio of Visits per PC Team FTE to MGMA mix	99%	12) Avg Tenure Months/ Staff Count - NP,PA,CNM	68
ı		5) % NonPhysician providers (of Med prov. FTE)	60%	13) Clinical Quality - Diabetes (HbA1c<8%)	28%
	Cente	6) Primary Care Clinical Support Ratio	1.58	14) Clinical Quality - Hypertension (controlled)	43%
	te	7) Admin Support Ratio - Medical	1.57	15) Year-end staff individuals per FTE-Dentists	2.42
	7	8) Dental Clinical Support Ratio	1.58	16) Year-end Psychiatrist, Psychologist per FTE	
				17) Year-end LCSW per FTE	0.97
		1) Violent crime rate per 100k Pop		2) % Pop with Non-Medical Use of Pain Meds	3.1%
				3) % Pop with Illicit Drug Dependence/Abuse	1.9%

Health Center Recruitment and Retention Trend Summary (compared to prior year profile)

HOCSO00000: GENERIC HEALTH CENTER, INC.

	Trend Measure	Ц	Prior Year		Current Year	_	Trend	Trend % (of P
	1) NHSC MD,DO Placement / Current MD Staff		27%		18%		-9%	-34%
	2) NHSC NP,PA,CNM Placement / Current Staff][29%		33%		4%	14%
	3) NHSC MD,DO Vacancy / Current MD Staff][18%		3%		-16%	-86%
R	4) NHSC NP,PA,CNM Vacancy / Current Staff		22%		0%		-22%	-100%
Recruitment	5) Ratio of Avg. Pay per Med FTE to MGMA mix][94%		92%		-2%	-2%
Ħ.	6) NHSC Dentist Placement / Current Staff FTE][11%		31%		21%	191%
me	7) NHSC Dentist Vacancy / Current Staff FTE		16%		0%		-16%	-100%
Ē	8) NHSC Psych,LCSW Placement / Staff FTE	1	Not Included		0%			N/A
	9) NHSC Psych,LCSW Vacancy / Current Staff FTE		77%		0%		-77%	-100%
	10) Language Focus (% Best Served nonEnglish)][22%		21%		-1%	-3%
	11) 4 Year Avg Profit/Loss (as % Expenses)	Ц	4%	Ш	3%		0%	-13%
	1) Months per Senior Admin staff (CEO/CMO)	ΙГ	318	Г	280	_	-37	-12%
	2) Patient Panel per Med provider FTE	İ	710	F	724	_	14	2%
	3) Visits per FTE - PC MD,DO	İ	2,776	F	2,745		-31	-1%
	Ratio of Visits per PC Team FTE to MGMA mix	ľ	96%	F	91%	_	-5%	-5%
	5) % NonPhysician providers (of Med prov. FTE)	ľ	39%	F	42%	_	396	9%
	6) Primary Care Clinical Support Ratio	İ	2.26	F	2.23		0.03	-1%
	7) Admin Support Ratio - Medical	Ī	0.99	F	1.01		0.03	3%
Retention	8) Dental Clinical Support Ratio	İ	1.12	F	1.16		0.05	4%
ten	9) Year-end Staff Count per FTE - PC MD,DOs	Ī	1.18	Ē	1.28		0.10	8%
tio	10) Year-end Staff Count per FTE - PC NP.PA.CNM	Ī	1.37	F	1.17		0.20	-14%
Š	11) Avg Tenure Months/ Staff Count - PC MD	Ì	59	Ī	70		11	19%
	12) Avg Tenure Months/ Staff Count - NP.PA.CNM	Ī	40	Ē	44		3	8%
	13) Clinical Quality - Diabetes (HbA1c<8%)	İ	50%	Ī	47%		-3%	-7%
	14) Clinical Quality - Hypertension (controlled)	Ī	54%	Ē	63%		9%	17%
	15) Year-end staff individuals per FTE - Dentists	Ì	0.97	Ī	1.05		0.08	8%
	16) Year-end Psychiatrist,Psychologist per FTE	Ì	0.87	Ē	1.16		0.29	33%
	17) Year-end LCSW per FTE	Ī	2.84	Ē	1.39		1.45	-51%

What Now?

- Review profile and note any blue flagged data points as potential areas of interest.
- Access the <u>Profile User Guide</u> and Data Point Bundle in the <u>Resource Center</u> for more details on specific data points and what they mean.
- Review the blue flagged data points and supplementary materials with your workforce team to unpack the numbers and identify specific issues to improve your workforce program.
- Contact STAR² Center staff to further discuss your profile and/or schedule Technical Assistance.
 - info@chcworkforce.org or (844)ACU-HIRE
- . Search the STAR2 Center website (www.chcworkforce.org) for tools and training related to your specific workforce issues





Health Center Recruitment and Retention Data Summary HOCS000000: GENERIC HEALTH CENTER, INC. 10 MAIN ST | ANYTOWN, USA 12345

	Descript	ive Attributes
Health Center Organization		
Number of Sites	4	FQHC Uninsu
Medical Users	8,921	FQHC Medica
% Non-Patient Service Revenue	70%	# Grantees se
Special Pop Focus (majority of patients)?	No	Total Pop in S
Any Grant Conditions?	No	Total Low Inc
EHR Installed/In-Use?	Yes	% Medicaid P
PCMH Recognition?	No	% Uninsured
Grantee Medical HPSA Score	18	% Low Incom
CHC ✓ MHC ☐ HO ☐ PH ☐	Urban	% of S.A. pop

Service Area			
FQHC Uninsured Penetration	51%		
FQHC Medicaid Penetration	29%		
# Grantees serving area	13		
Total Pop in SA	153,434		
Total Low Income Pop in SA	84,849		
% Medicaid Pop	31%		
% Uninsured Pop	15%		
% Low Income Pop	55%		
% of S.A. pop covered by a PC HPSA	0%		







	Ī	1) NHSC MD,DO Placement / Current MD Staff	0%	6) NHSC Dentist Placement / Current Staff FTE	0%
R	2) NHSC NP,PA,CNM Placement / Current Staff	0%	7) NHSC Dentist Vacancy / Current Staff FTE	0%	
e	th	3) NHSC MD,DO Vacancy / Current MD Staff	0%	8) NHSC Psych,LCSW Placement / Staff FTE	0%
20	Ce	4) NHSC NP,PA,CNM Vacancy / Current Staff	0%	9) NHSC Psych,LCSW Vacancy / Current Staff FTE	0%
=	T.	5) Ratio of Avg. Pay per Med FTE to MGMA mix	89%	10) Language Focus (% Best Served nonEnglish)	0%
3	er	1,000 98,000		11) 4 Year Avg Profit/Loss (as % Expenses)	-7%
en	9S	1) Primary Care MD/DOs per 100k Pop	33	4) Dentists per 100k Pop	21
t	Are	2) % Non-MD providers (wgt by productivity)	29%	5) Population Density (pop/sq.mile)	17,925
	90	3) Specialist MD/DOs per 100k Pop	144	6) % Limited English Proficiency	6%



3		1) Months per Senior Admin staff (CEO/CMO)	50	9) Year-end Staff Count per FTE - PC MD,DOs	3.57
	_	2) Patient Panel per Med provider FTE	959	10) Year-end Staff Count per FTE - PC NP,PA,CNM	1.35
alth C Rete	e	3) Visits per FTE - PC MD,DO	2,647	11) Avg Tenure Months/ Staff Count - PC MD	54
	alt	4) Ratio of Visits per PC Team FTE to MGMA mix	99%	12) Avg Tenure Months/ Staff Count - NP,PA,CNM	68
	5) % NonPhysician providers (of Med prov. FTE) 60%		13) Clinical Quality - Diabetes (HbA1c<8%)	28%	
		6) Primary Care Clinical Support Ratio	1.58	14) Clinical Quality - Hypertension (controlled)	43%
£.	ite	7) Admin Support Ratio - Medical	1.57	15) Year-end staff individuals per FTE-Dentists	2.42
ă	-	8) Dental Clinical Support Ratio	1.58	16) Year-end Psychiatrist, Psychologist per FTE	
				17) Year-end LCSW per FTE	0.97
		1) Violent crime rate per 100k Pop		2) % Pop with Non-Medical Use of Pain Meds	3.1%
				3) % Pop with Illicit Drug Dependence/Abuse	1.9%



Category	Measure	Source
	1) Months per Senior Admin staff (CEO/CMO)	UDS 2014 (Table 5a)
	2) Patient Panel per Med provider FTE	UDS 2014 (Table 5)
	3) Visits per FTE - PC MD,DO	UDS 2014 (Table 5)
	4) Ratio of Visits per PC Team FTE to MGMA mix	UDS 2014 (Table 5), MGMA 2015
	5) % NonPhysician providers (of Med prov. FTE)	UDS 2014 (Table 5)
	6) Primary Care Clinical Support Ratio	UDS 2014 (Table 5)



Description

Average number of months that CEO and CMO staff individuals have been continuously in their position

Medical patients per medical provider FTE (physicians and non-physicians)

Medical visits per provider FTE for physicians

Ratio showing Health Center visits per medical FTE compared to the same mix of staff FTE seeing patients at the MGMA median for that license/specialty/position. Note: A ratio of 1 means the average visits per FTE is equivalent)

Portion of medical provider FTE at the health center that are NP, PA, or CNMs

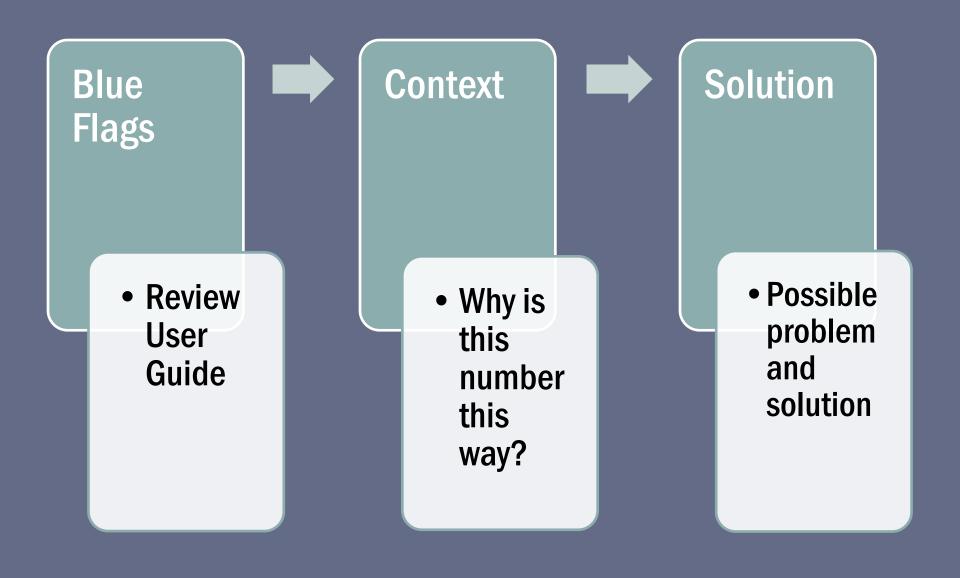
Ratio of nurses and 'other medical personnel' to medical provider FTE (physician and non-physician)





		Measure Centile Distribution Across Health Centers***								
Flag Threshold(s)	10th	25th	50th	75th	90th	Curve				
<=14	14	32	78	140	230					
>=1316	609	753	941	1,117	1,316					
>=4215	1,740	2,445	3,019	3,624	4,215					
>=1.35	63%	82%	98%	117%	135%					
<=0.14 or >=0.89	23%	37%	50%	65%	79%	/				
<=1.07	1.1	1.4	1.8	2.1	2.6	/				

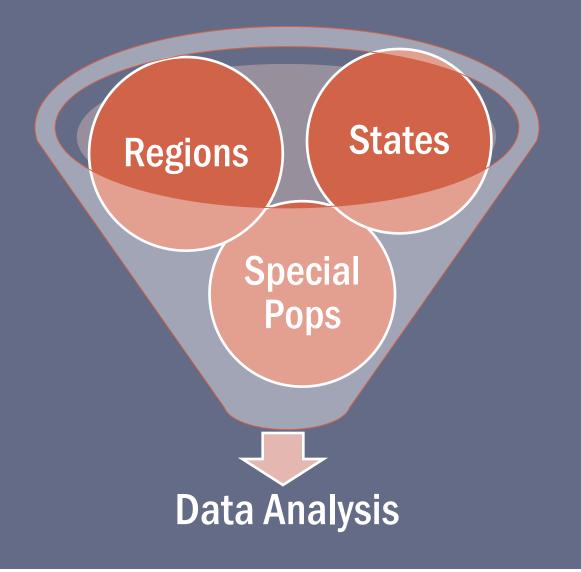




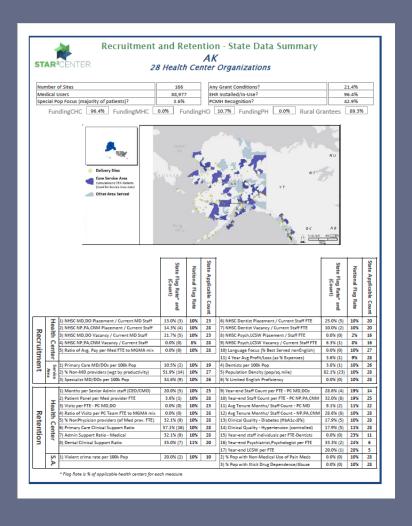


	Trend Measure	Prior Year	Current Year	Trend	Trend % (of PY)
	1) NHSC MD,DO Placement / Current MD Staff	0%	0%	0%	N/A
	2) NHSC NP,PA,CNM Placement / Current Staff	0%	5%	5%	N/A
	3) NHSC MD,DO Vacancy / Current MD Staff	10%	0%	-10%	-100%
ᄝ	4) NHSC NP,PA,CNM Vacancy / Current Staff	12%	0%	-12%	-100%
Recruitment	5) Ratio of Avg. Pay per Med FTE to MGMA mix	64%	58%	-6%	-9%
l #	6) NHSC Dentist Placement / Current Staff FTE	12%	78%	66%	572%
me	7) NHSC Dentist Vacancy / Current Staff FTE	23%	0%	-23%	-100%
nt	8) NHSC Psych,LCSW Placement / Staff FTE	Not Included	0%		N/A
	9) NHSC Psych,LCSW Vacancy / Current Staff FTE	0%	0%	0%	N/A
	10) Language Focus (% Best Served nonEnglish)	6%	7%	0%	2%
	11) 4 Year Avg Profit/Loss (as % Expenses)	3%	4%	1%	34%





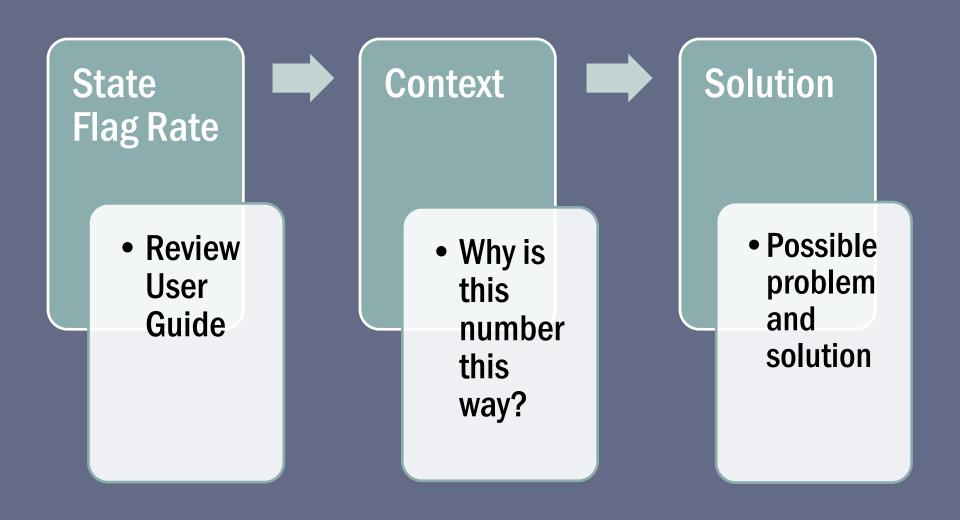






	State Flag Rate* and (Count)	National Flag Rate	State Applicable Count
6) NHSC Dentist Placement / Current Staff FTE	0.0% (0)	10%	3
7) NHSC Dentist Vacancy / Current Staff FTE	0.0% (0)	10%	3
8) NHSC Psych,LCSW Placement / Staff FTE	0.0% (0)	2%	3
9) NHSC Psych,LCSW Vacancy / Current Staff FTE	0.0% (0)	8%	3
10) Language Focus (% Best Served nonEnglish)	50.0% (2)	10%	4
11) 4 Year Avg Profit/Loss (as % Expenses)	0.0% (0)	9%	4
4) Dentists per 100k Pop	0.0% (0)	10%	4
5) Population Density (pop/sq.mile)	0.0% (0)	10%	4
6) % Limited English Proficiency	75.0% (3)	10%	4













Factors to Market Your Community Health Center

Accessing Strengths/Challenges, Community Marketing, and Finding Solutions

NWRPCA Conference May 14, 2016

Michelle Varcho
Director of Education Outreach-3RNet
Varcho@3rnet.org



www.3RNet.org



How do we market for providers?

- High Salaries?
- Loan Repayment?
- Hunting and fishing?
- Is an advantage, still an advantage, when most everyone offers it?
- What factors make ourselves stand out from our competitors?



What factors matter?

Geographic

- Schools
- Climate
- Perception of Community
- Spousal Satisfaction

Economic

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

Scope of Practice

- Teaching
- Mental Health
- Obstetrics
- Administration Duties

Medical support

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

Facilities and Community Support

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

31



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







Geographic Factors

- How does geography make CHC recruiting different?
 - Have you ever used "town has a grocery store" as a selling point in an urban area?
- Sample factors: schools, shopping and other services, spousal satisfaction
- What types of candidates do strengths in these factors matter to?



Example – Geographic Factors

- Access to a larger community
 - Advantage: Loan repayment, outdoors, and 40 miles to a large city.
 - Challenge: No specialty shopping/restaurants, 2 hours to large city on tough roads
 - Solutions: shared transportation, weekend scheduling, online options, bring services to you
- Despite geography, how can we get providers what they need?



Economic Factors

- How does compensation make CHCs different?
 - Its all about quality of life/compensation balance
- Sample factors: loan repayment, salary, competition
- What advantages do CHCs have economically?



Example – Economic Factors

- Part-time Opportunities
 - Advantage flexible, offer part time
 - Challenge need full time
 - Solutions job sharing, multiple recruits
- Can CHCs offer the flexibility newly trained physicians are looking for?



Scope of Practice Factors

- What are we asking our physicians to do?
 - Clinic, OB, GYN, impatient, mental health, supervise NPs/PAs, and administration?
- Sample factors: OB/Office GYN, mental health, teaching
- Offer, but don't require
- What advantages do CHCs have in SoP over CAHs?
 - OB/C-sections?
 - ER coverage?
 - Impatient?
 - Nursing home?



Example - Scope of Practice Factors

- Mental Health
 - Advantage not required, specialists available
 - Disadvantage isolated, lack of referral options
 - Solutions telehealth, allied providers, psych NPs
- What do physicians want to do?



Medical Support Factors

- How is a physician's practice supported in CHCs?
 - Team based care? I'm the only provider here!
- Sample factors: Specialist availability, pharmacy, language support
- Relationship with other facilities?
- Trained in urban, practicing in rural
- Onsite, virtual, traveling



Example – Medical Support Factors

- Specialist availability
 - Advantage: onsite, visiting, or virtual access
 - Disadvantage: no access
 - Solutions: telemed, partner relationships, professional contacts
- How can we make sure physicians don't feel isolated?



Hospital and Community Support Factors

- How does the community support the physician?
 - Cookies at the doorstep, urban vs rural
- Sample factors: CHC leadership, EMR, moonlighting opportunities, welcome and recruitment program
- A CHC physician is greatly appreciated, and often a pillar of the community



Example: Hospital and Community Support Factors

- Physical plant and equipment
 - Advantage: nice facility, good technology
 - Disadvantage: older facility, lack equipment
 - Solutions: plans for capitol investment, fundraising, candidate as champion
- Why is it important for candidates to feel valued?



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
CHC 1	Χ	Χ	X	X	X			Χ	Χ
CHC 2	X	Χ	X		X	X	Χ		
CHC 3	X	Χ	X		X	X	Χ		
CHC 4		Χ	X	X	X	X	X		Χ



Takeaways:

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



Thanks for coming...

-Questions ????

© 2016 3RNet www.3RNet.org May 2016 | 45

Clinician Recruitment & Retention: Ideas and Solutions for Today's Challenges

NWRPCA Spring Conference May 14, 2016



Today's Questions

What's happening with retention?

What data can I use to understand retention?

What are some potential solutions for my retention challenges?



Retention in Health Care





Costs of Turnover

Separation

Recruitment

Onboarding

Engagement

Association of Clinicians for the Underserved



Reasons for Turnover



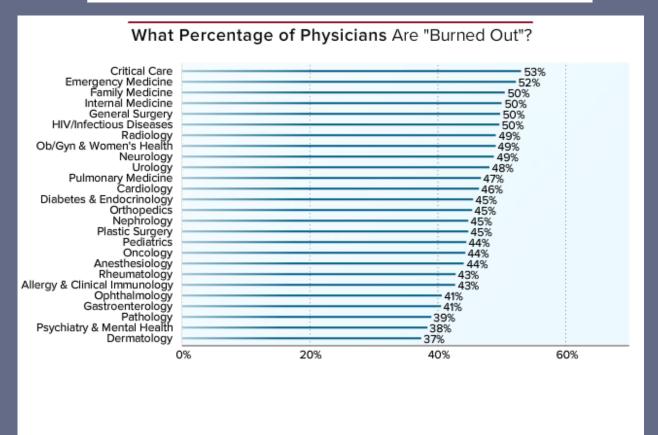


Clinician Burnout





Clinician Burnout







Clinician Burnout

Time Pressure

Lack of Teamwork

EHR

Work-Life Imbalance

Frustration with Leadership

Challenging Patient Pop







Retention Metrics

8		1) Months per Senior Admin staff (CEO/CMO)	50	9) Year-end Staff Count per FTE - PC MD,DOs	3.57
	_	2) Patient Panel per Med provider FTE	959	10) Year-end Staff Count per FTE - PC NP,PA,CNM	1.35
	e	3) Visits per FTE - PC MD,DO	2,647	11) Avg Tenure Months/ Staff Count - PC MD	54
R	alti	4) Ratio of Visits per PC Team FTE to MGMA mix	99%	12) Avg Tenure Months/ Staff Count - NP,PA,CNM	68
Retention	h	5) % NonPhysician providers (of Med prov. FTE)	60%	13) Clinical Quality - Diabetes (HbA1c<8%)	28%
	er	6) Primary Care Clinical Support Ratio	1.58	14) Clinical Quality - Hypertension (controlled)	43%
	ite	7) Admin Support Ratio - Medical	1.57	15) Year-end staff individuals per FTE-Dentists	2.42
	_	8) Dental Clinical Support Ratio	1.58	16) Year-end Psychiatrist, Psychologist per FTE	
				17) Year-end LCSW per FTE	0.97
		1) Violent crime rate per 100k Pop	7	2) % Pop with Non-Medical Use of Pain Meds	3.1%
				3) % Pop with Illicit Drug Dependence/Abuse	1.9%



Internal Retention Metrics

Turnover Rates Resignation Rates

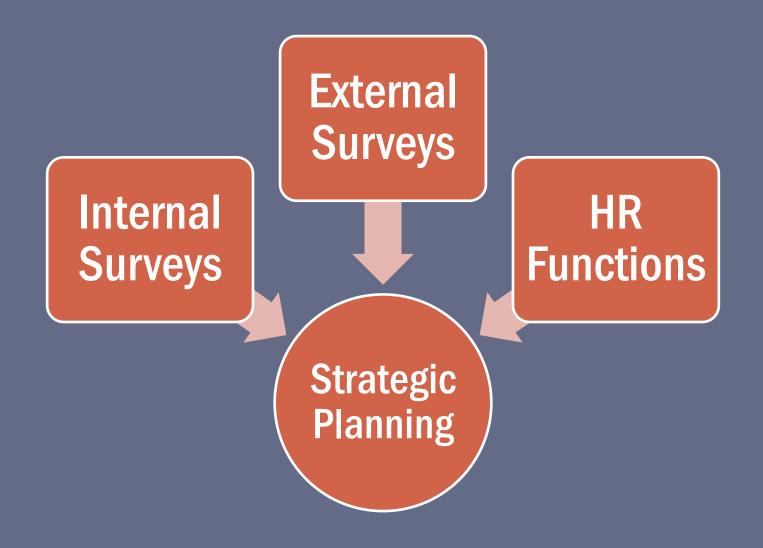
Staff Satisfaction

Workforce Age

Etc.!

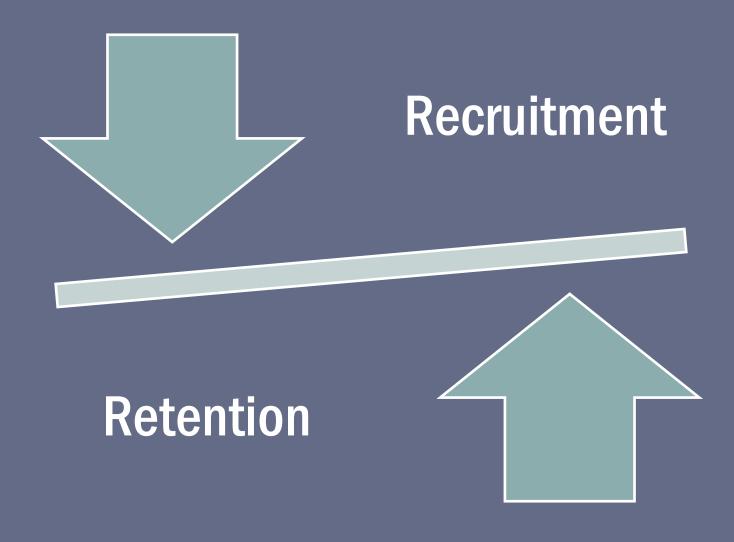






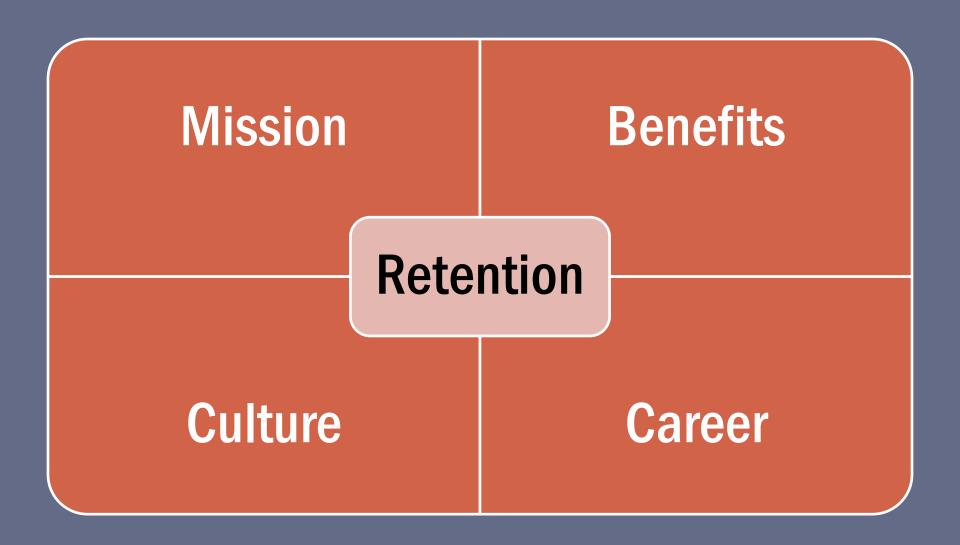






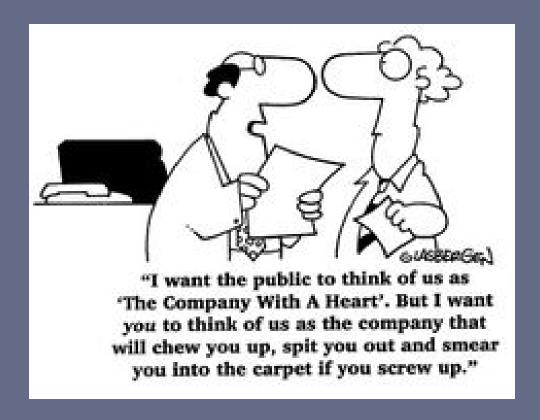








Mission Engagement





Recruitment **Onboarding** Engagement



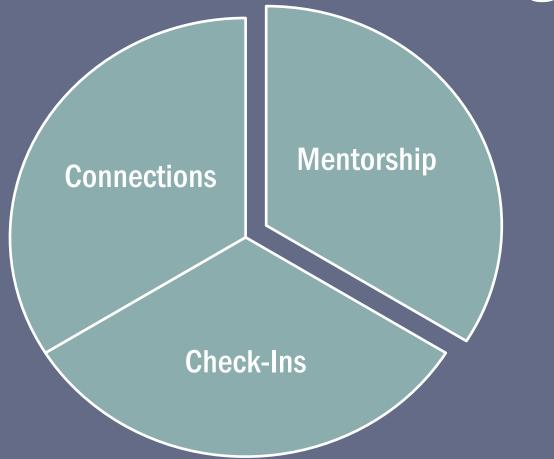


Mission: Recruitment





Mission: Onboarding



Association of Clinicians for the Underserved



Mission: Engagement

Volunteer Opportunities

Community Relationships

Sabbaticals



Benefits



Association of Clinicians for the Underserved





Work-Life Balance

Finances

Recreation



Benefits: Work-Life Balance

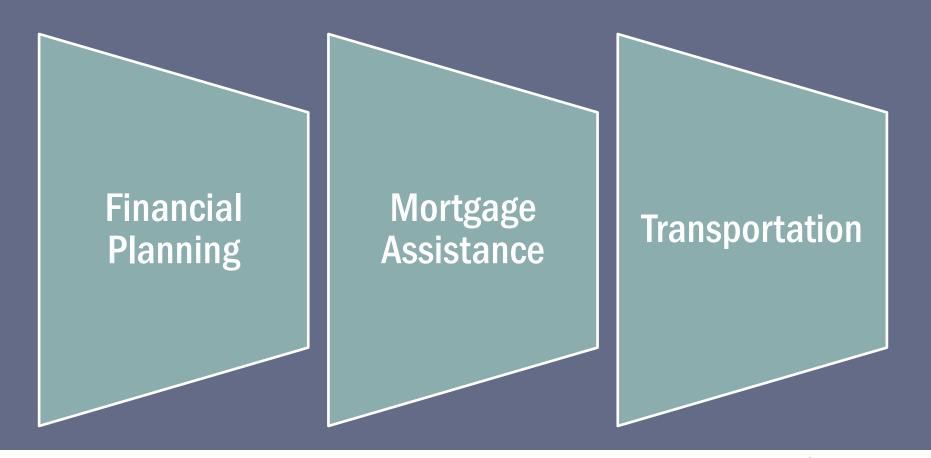
Flex Hours

Limited Call

Child Care



Benefits: Finances





Association of Clinicians for the Underserved

Benefits: Recreation



Discounts

Vacation



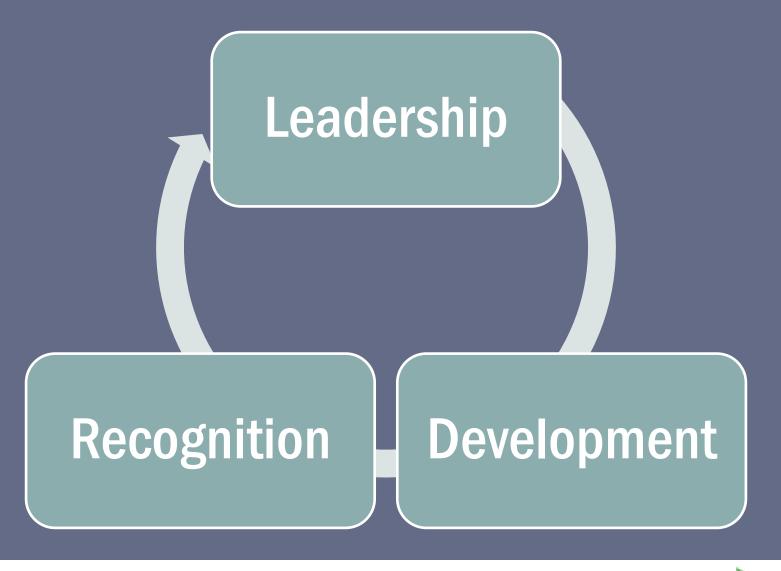
Culture



"What if, and I know this sounds kooky, we communicated with the employees."



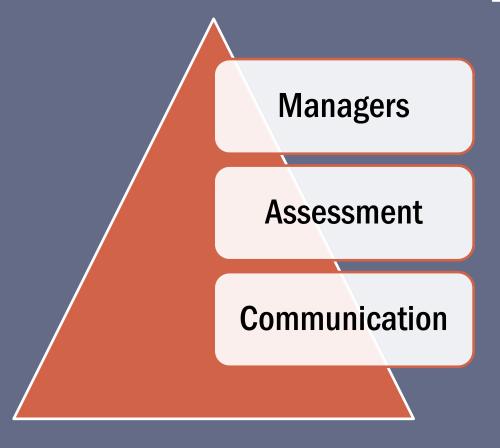








Culture: Leadership







Culture: Development

Non-Work Interactions

Personal Development

Education



Culture: Recognition

Individuals

Teams

Opportunities

Association of Clinicians for the Underserved



Career Growth









Career: Training





Career: Special Projects





Career: Financial Support

Tuition

Associations

Resources

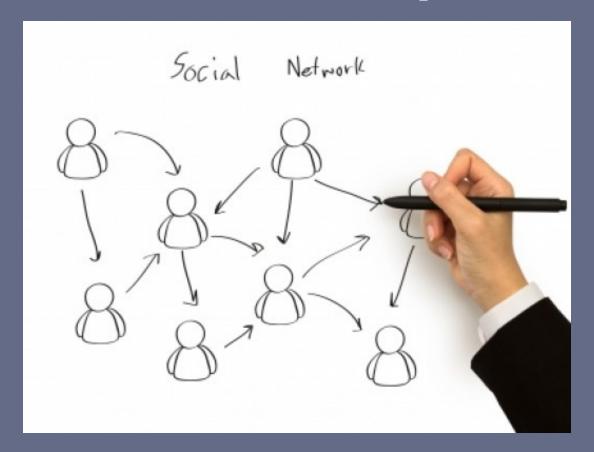




Association of Clinicians for the Underserved



Work Groups









Association of Clinicians for the Underserved



Allison Abayasekara

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

STAR² Center

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

