WELCOME!

EXPLORING AND USING THE RECRUITMENT & RETENTION PLAN TEMPLATE
WEBINAR 1: ASSESSMENT AND PLANNING
OCTOBER 11, 2016
2:00-3:00PM ET

STAR² CENTER

- www.chcworkforce.org | 844-ACU-HIRE

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WEBINAR HOUSEKEEPING

We are Recording

Ask Questions

Have Fun

PRESENTER

- Paddy DiPadova | Senior Health Care Consultant, John Snow, Inc.

- Pamela Byrnes | Senior Consultant, John Snow, Inc.

AGENDA

- Introduction to Health Center Provider Retention and Recruitment Plan Tools

- Part 1: Practice Assessment

# STAR² CENTER RECRUITMENT & RETENTION PLAN TOOLS

Purpose:

Assist health centers in developing a written Retention and Recruitment plan. The Retention and Recruitment Plan Template provides a structure and thought process for improving retention and recruitment practices.

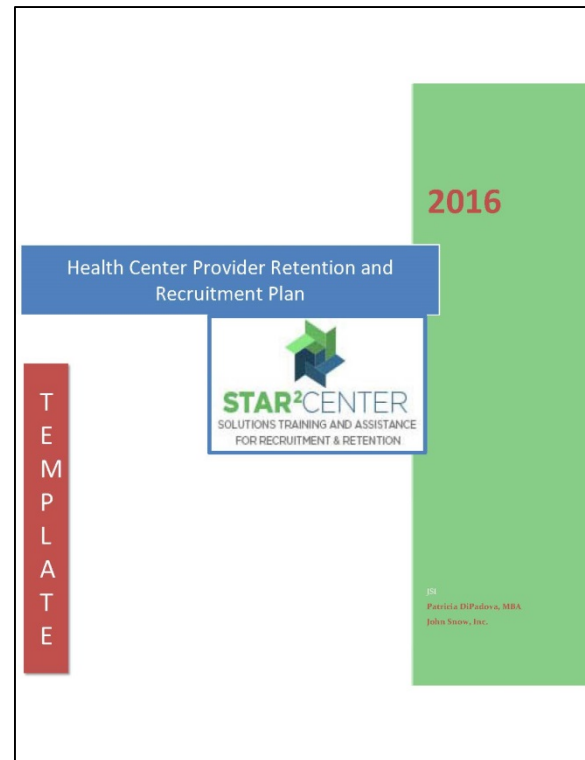http://www.chcworkforce.org/acu-health-center-provider-retention-and-recruitment-plan-template

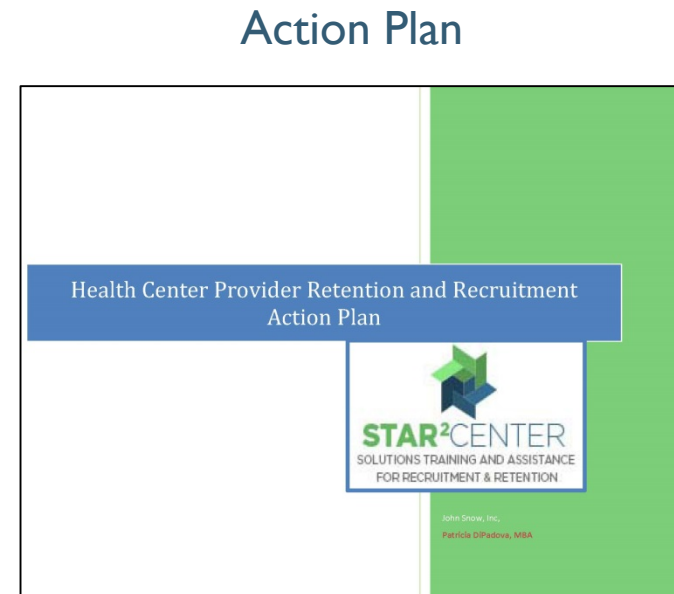# HEALTH CENTER PROVIDER RETENTION & RECRUITMENT PLAN TOOLS

Health Center Provider Retention & Recruitment Plan Tools
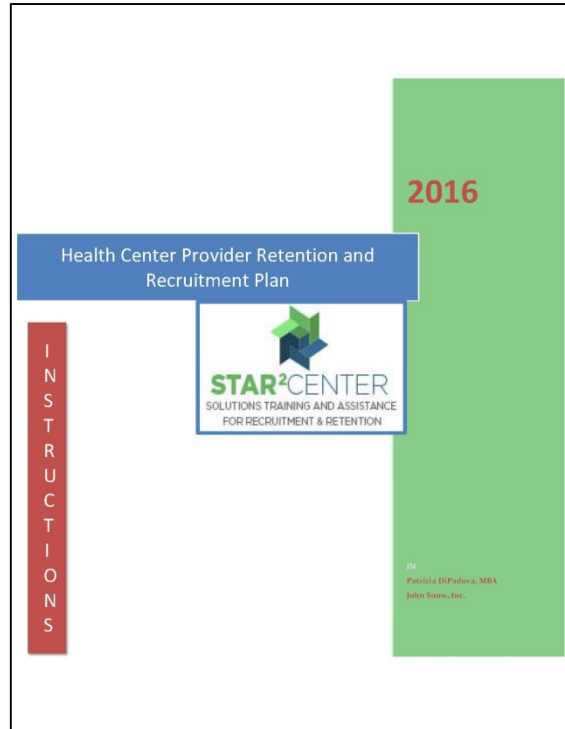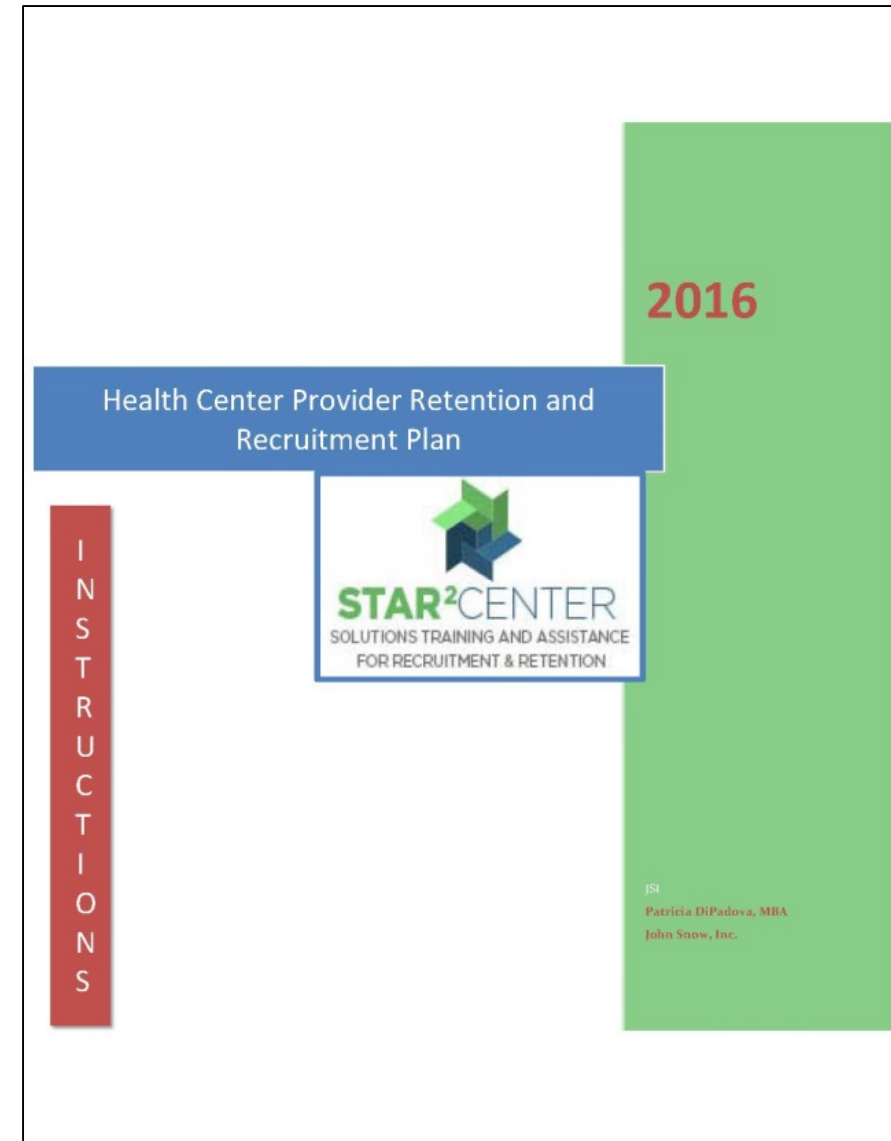

Instructions

Template

Action Plan

INSTRUCTIONS

- How to Use the Retention and Recruitment Template and the Action Plan Documents

- Rationale for each element

- Benchmark Data

- Examples

TEMPLATE

- Modify and save as your own plan
- Main body of document – MS Word
- MS Excel tracking form
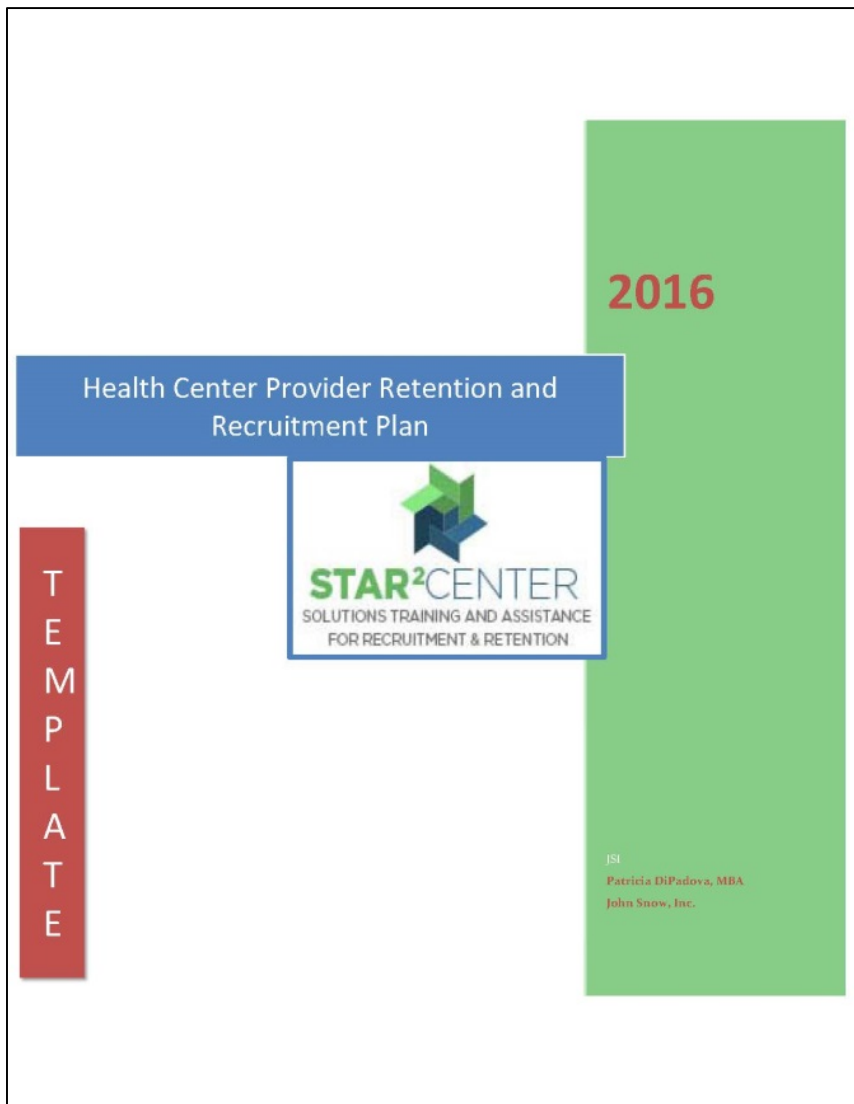
ACTION PLAN

- Keep track of gaps and opportunities

- Identify strategies for improvement

- Create a timeline for completion

Health Center Provider Retention and Recruitment Action Plan

John Snow, Inc,
Patricia DiPadova, MBA

MAIN SECTIONS OF R&R PLANNING TOOLS

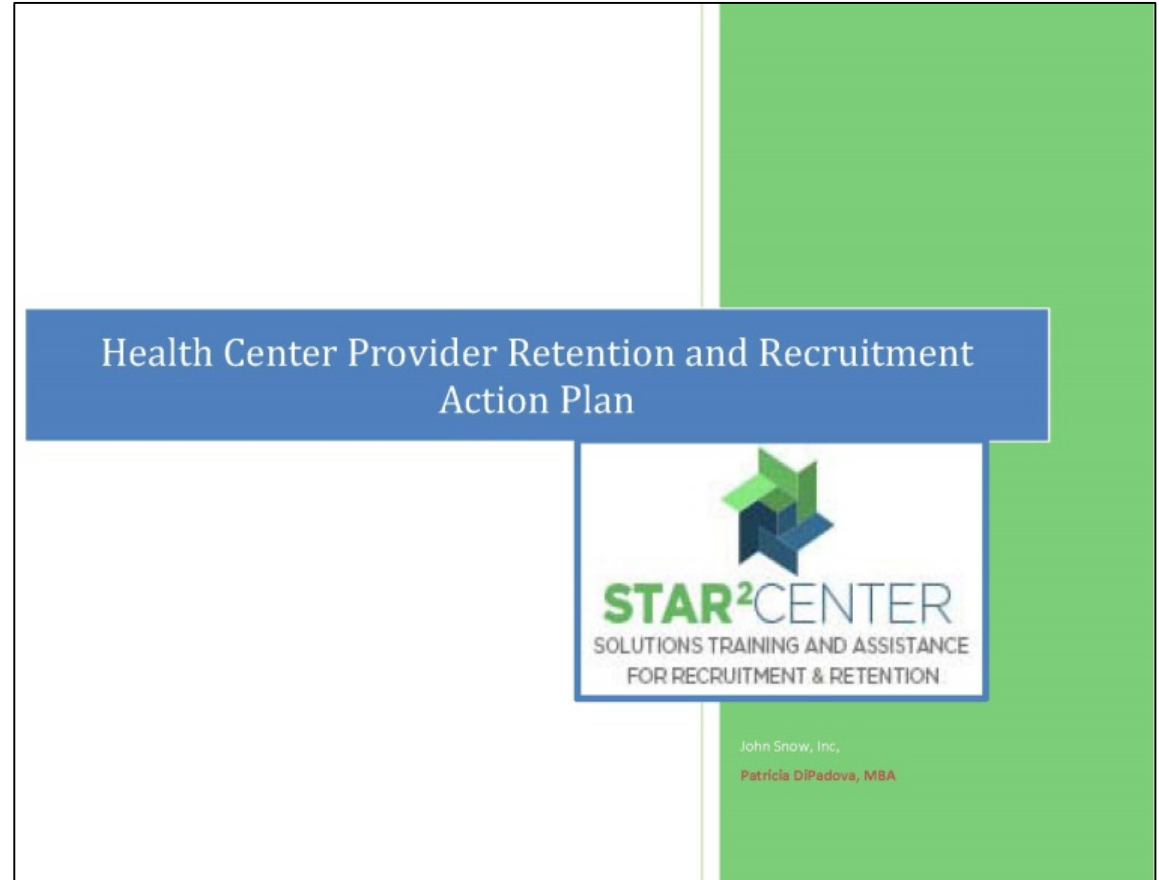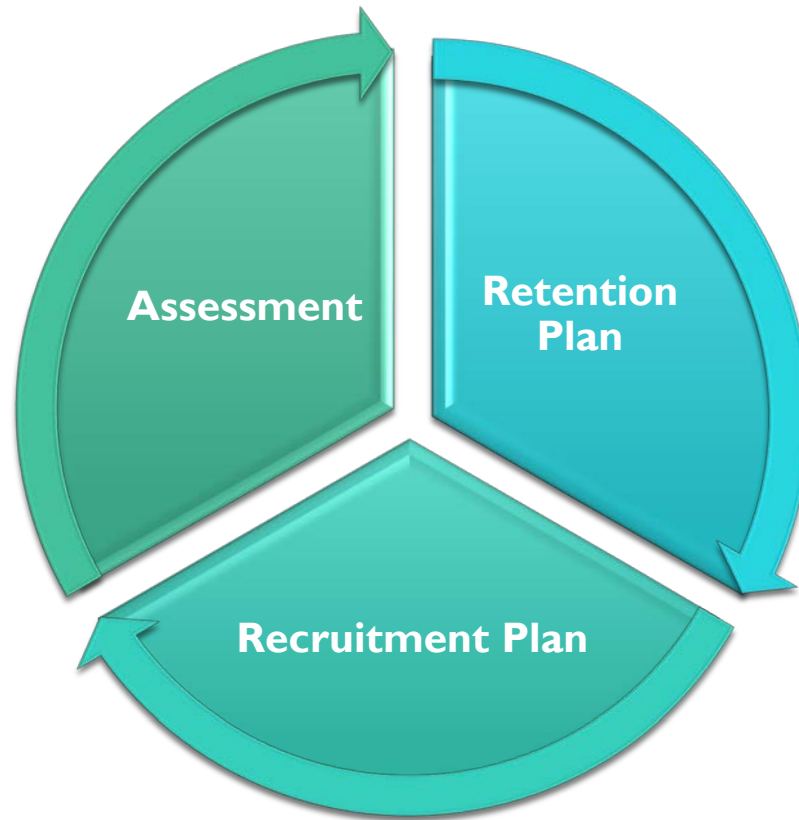# BENEFITS OF PRACTICE ASSESSMENT

WHY CONDUCT A PRACTICE ASSESSMENT?

- Better understanding of the practice
- Identify issues impacting
    - Operational Efficiency
    - Quality
    - Barriers to Care
    - Access
    - Provider and Support Staff
        - Satisfaction
        - Retention
    - Patient Satisfaction
    - Use of Resources
- Develop an improvement plan and strategies
- Review and modify recruitment and retention strategies

THE MODEL FOR IMPROVEMENT

AIM: What are we trying to accomplish?

MEASURES: How will we know if a change is an improvement?

CHANGE: What changes can we make that will result in improvement?

Act | Plan
Study | Do
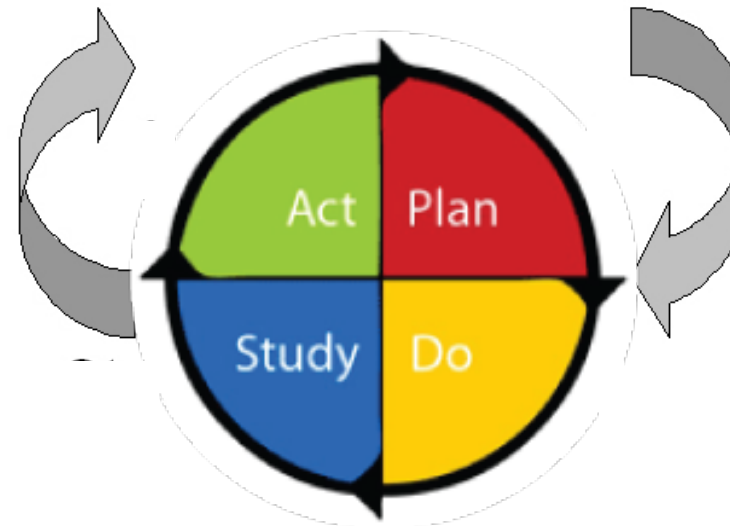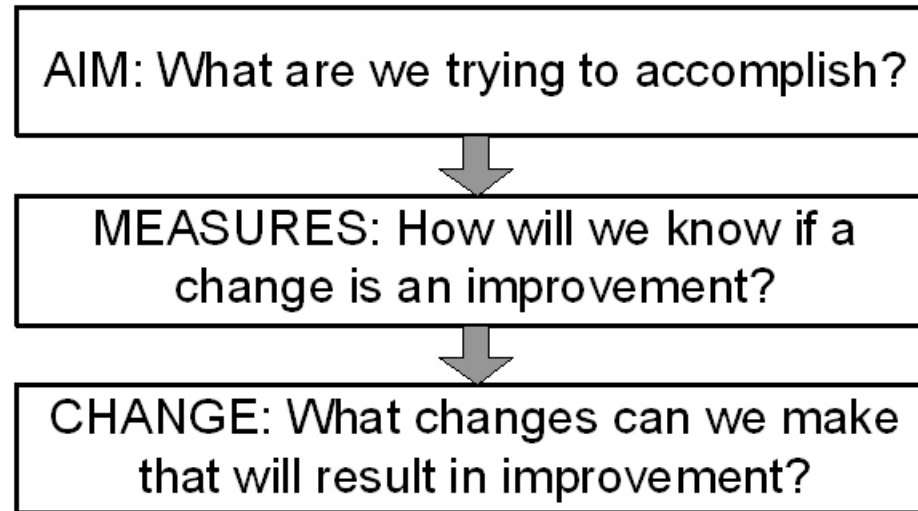
Testing ideas before implementing changes

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PLANNING

Collect the Data

Compare to Benchmarks/ Policy/ Guidelines

Identify Reasons for Differences (Root Cause)

Develop Action Plan
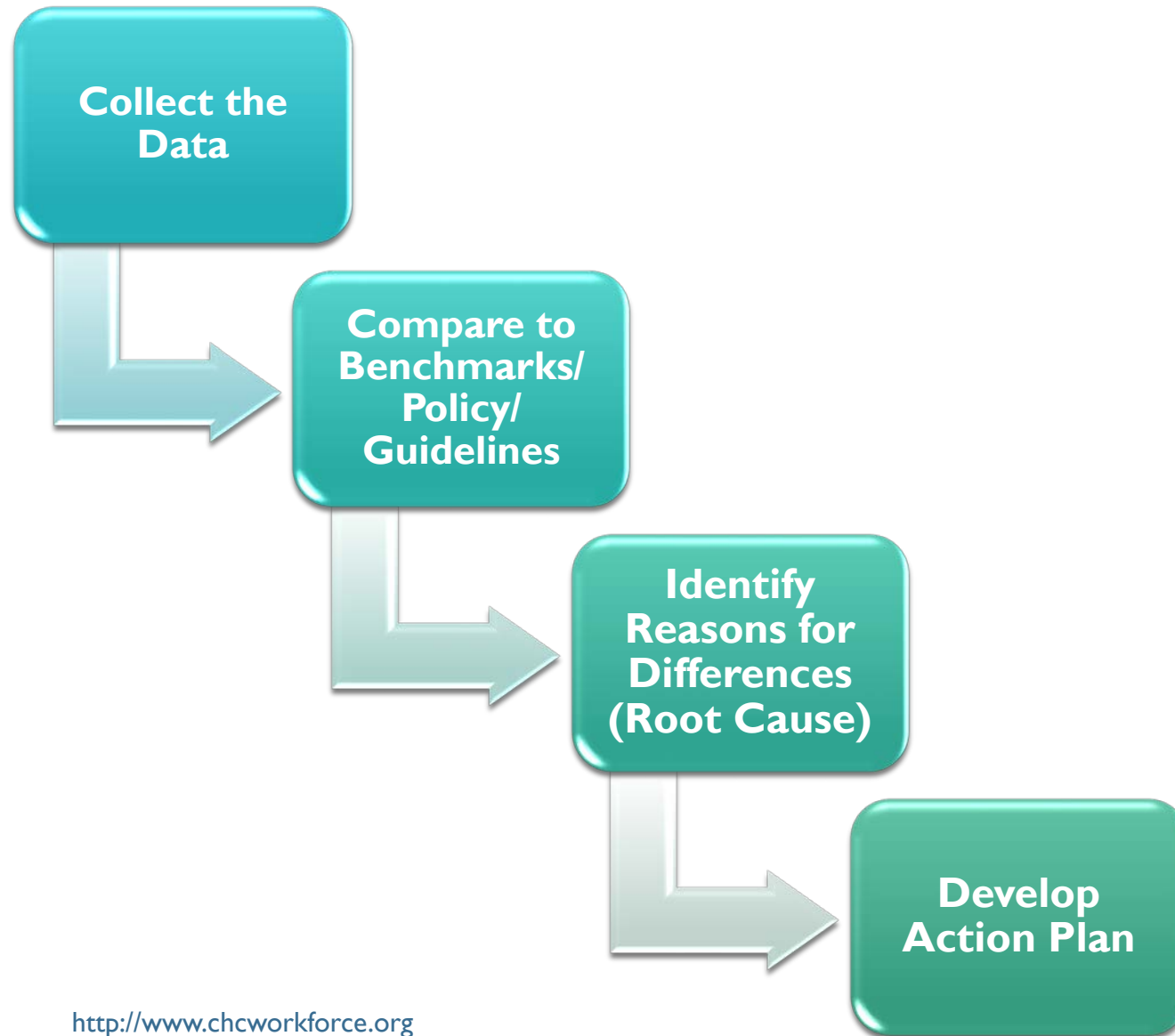
ACTION PLAN DETAIL

Assessment

Assessment of the health center's current practice measures and strategic planning with identified gaps or barriers, opportunities and strategies for unmet needs.

Practice Assessment	Gaps/Barriers	Opportunities	Strategies for Improvement	Timeline
Provider Capacity and Demand				
Appointment Access				
Care Teams and Provider Mix				
Support Staff				
Patient Schedules				
Provider Satisfaction				
Provider Succession Planning				

OPERATIONAL ASSESSMENT & STRATEGIC PLANNING

Provider Capacity and Demand	**Appointment Access**	**Care Teams and Provider Mix**
Non-Provider Support Staff	**Provider Schedules**	**Provider Satisfaction**
	Provider Succession Planning	

PRODUCTIVITY

- Still predominant measure of patient care

- Financial stability

- Impacts patient access

- Provider and support staff satisfaction

  - Issues with both low and high provider productivity

MEASURING PRODUCTIVITY

Measurement Period: _____

Provider Name	Provider Type*	Provider Specialty**	FTE	Health Center Visits	Health Center Visits per 1.0 FTE	UDS Mean# Visits per 1.0 FTE	% Difference from Mean
(Last, First)	(degree or licensure)	(areas of expertise)			(Visits/FTE)	(Fill in from Attachment 1)	(1.0 - [HC Visits/FTE ÷ UDS Mean]]

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PRODUCTIVITY ANALYSIS

Provider Name	Provider Type*	Provider Specialty**	% Difference from Mean	Possible Reasons for Differences
(Last, First)	(degree or licensure)	(areas of expertise)	(1.0 - [HC Visits/FTE ÷ UDS Mean]]	

PRODUCTIVITY ANALYSIS (CONT)

		Possible Causes	Possible Consequences
Productivity	Low	• Provider 1st year of practice or 1st year practicing in the Health Center • Lost clinic time due to travel between clinic sites • Differences in on-call coverage distribution among providers • Scheduling issues (addressed in scheduling section) • Staffing issues (addressed in staff section) • Inefficient use of space • Slow pace • Low patient demand • Excess capacity	• Reduced patient access • Unfair labor distribution for higher producing providers • Provider boredom or dissatisfaction • Possible reduced revenue • Less efficient use of resources
	High	• Experienced provider • Extended clinic hours • Differences in on-call coverage distribution among providers • Scheduling issues (addressed in scheduling section) • Fast pace • High patient demand • Capacity shortage	• Overworked provider • Unfair labor distribution for higher producing providers • Provider burnout • Staff stress • Provider vacancy

APPOINTMENT ACCESS

- Provides key information on how easily patients can get appointments

- Important for determining recruitment needs

- PCMH measure (3rd next available appt)

- Develop policies based on clinical norms

  - Sick, follow up, physicals

MEASURING APPOINTMENT ACCESS

Specialty	Provider Name	Provider Type	Appointment Type	3rd next appointment			Meets Written Policy	If No
				Date	# Days Provider	# Days Team	(Y/N)	Reason/Corrective Plan
Family Practice			Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
	Provider 1	MD	Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
	Provider 2	DO	Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
Internal Medicine			Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
	Provider 3	MD	Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
Pediatrics			Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
	Provider 4	MD	Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					
	Provider 5	PA	Sick Visit					
			Follow Up					
			Preventive Visit (Physical)					

*If the third next available appointment is the same day, report as "0"

APPOINTMENT ACCESS ANALYSIS

Provider Name	Team	Access within Policy Limits	Productivity	Identified Capacity Gap	Other Non-Capacity Gap
(Last, First)	(or service)	Y/N	Low (>10% below avg.), Average, High (>10% above avg.)		

CAPACITY ANALYSIS

		Productivity	
		Low	High
Appointment Access	**Low (long wait for apt)**	**Situation:** Provider with available capacity but unable to meet demand. **Potential Reasons:** New or slow provider; office hours being used for other activities such as admin, QI; office hours not reflecting contracted hours; limited exam room space; limited support staff, etc. **Action:** Identify reasons for low access and target with an action plan.	**Situation:** Efficient provider with high patient demand. **Potential Reasons:** Understaffed due to a vacancy or increased patient demand. **Action:** More capacity needed to meet patient demand. Assess whether the situation is temporary (i.e. vacation coverage) if not, may need to recruit or review team-based care structure.
	High (short wait for apt)	**Situation:** Low provider demand. **Potential Reasons:** New provider who could benefit from marketing practice; or working in a established provider team to help build practice.; unpopular provider, etc. **Action:** Review low demand causes.	**Situation:** Efficient provider meeting patient demand. **Potential Reasons:** Well functioning practice and efficient provider. **Action:** If provider is experiencing stress, review schedule to lengthen wait for appointments within clinic standards. Should review recruitment long term plan if demand is likely to increase.

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CAPACITY ANALYSIS

		Productivity	
		Low	**High**
Appointment Access	**Low (long wait for apt)**	**UNLIKELY NEED TO RECRUIT** Situation: Provider with available capacity but unable to meet demand. Action: Identify capacity issues and resolve prior to recruitment decision.	**NEED TO RECRUIT** Situation: Efficient provider with high patient demand. Action: More capacity needed to meet patient demand. May need to recruit or review team-based care structure.
	High (short wait for apt)	**UNLIKELY NEED TO RECRUIT** Situation: Low provider demand. Action: Review low demand causes. If new provider, market practice; if established provider in an otherwise busy practice, identify and resolve issues prior to recruitment decision. If neither, there is unlikely a need to recruit.	**PLAN FOR FUTURE RECRUITING** Situation: Efficient provider meeting patient demand. Action: If provider is experiencing stress, review schedule to lengthen wait for appointment within clinic standards. Should review recruitment long term plan if demand is likely to increase.

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CARE TEAMS AND PROVIDER MIX

- Inter-professional teams – strong model

- Promote provider retention and recruitment

- Fundamental to Patient Centered Medical Home Recognition (PCMH)

- Consider Non-Physician Providers for Physician vacancies

RATIO OF NON-PHYSICIAN PROVIDERS TO PHYSICIANS

UDS Table 5 Line #	Staffing Ratios	Your Health Center	UDS 2014 National Rollup	2015 MGMA Mean per Physician FTE (Based on 2014 Data)		
			Per Provider FTE	FP	IM	Ped
8/10a	Ratio Non Physician Providers to Physicians		0.81	1.01	0.49	0.41

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NON-PROVIDER SUPPORT STAFF

- Reasonable ratio of well-trained support staff to providers

  - Eases provider work load

  - Improves patient flow

  - Improves provider efficiency

  - Improves provider and support staff satisfaction

- High Ratio – Inefficient use of resources

NON-PROVIDER STAFF ANALYSIS

Staffing Ratios	Your Health Center	UDS 2014 National Rollup Per Provider FTE	Compare to UDS	2015 MGMA Mean per Provider FTE (Based on 2014 Data)			Compare to MGMA
				FP	IM	Ped	
Nurses		0.71		0.87	1.08	0.91	
Other Medical Personnel (Med Asst, Nurses' Aides)		1.15		0.89	0.69	1.03	
Patient Support Staff (Front Desk/Appt Staff)		1.40		0.87	1.11	0.80	

PROVIDER SCHEDULES

- Drive productivity and access

- Impacted by

  - Support Staff coverage

  - Exam Room availability

    - Number of exam rooms

    - Pattern of provider scheduling

      - Day

      - Week

- On-Call Schedule

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PROVIDER SCHEDULES (CONT.)

Provider Distribution - Sample Week
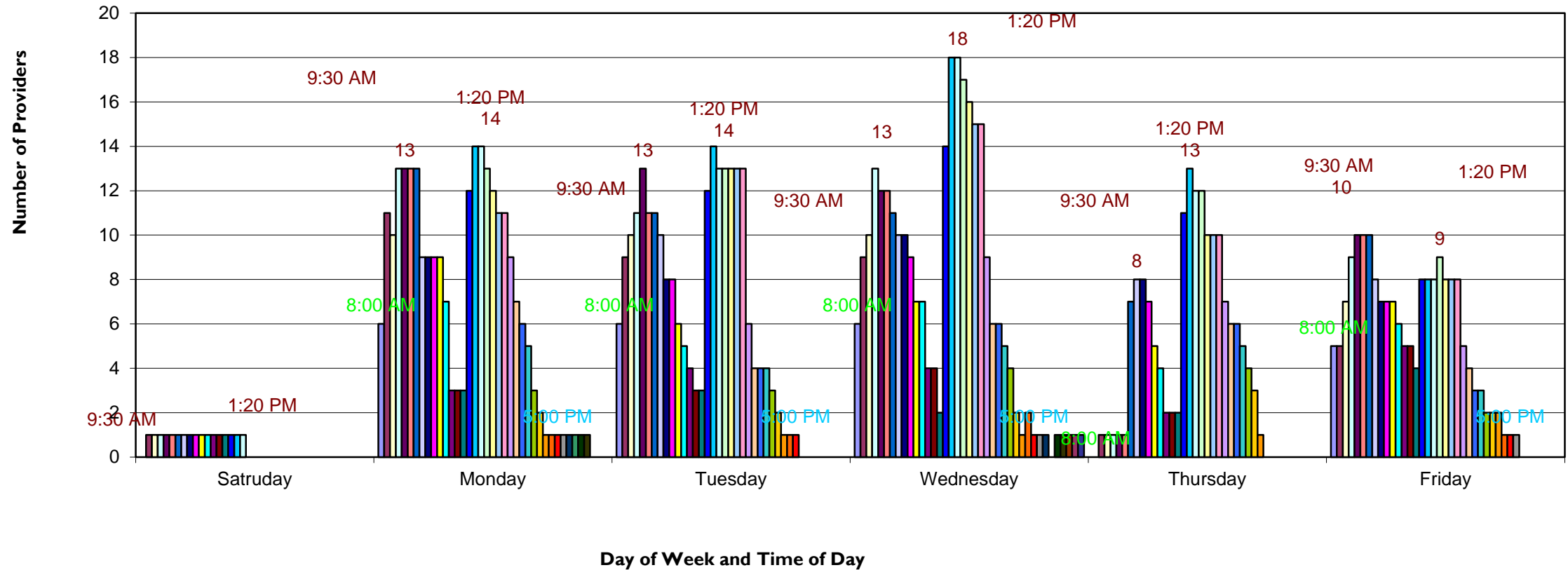
ASSET MATCHING: PROVIDERS, SUPPORT, EXAM ROOMS

Team		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Providers					
	Support					
	Rooms					
PM	Providers					
	Support					
	Rooms					

MAIN REASONS FOR PROVIDER DISSATISFACTION

- Staffing
  - lack of training
  - lack of partnership between support staff and providers
- Work load
- Management
  - need for better "facility flow" and infrastructure
  - lack of power to make improvements
  - not heard by management
- Financial considerations
- Scheduling/vacation
  - inflexible schedules
  - lack of work/life balance

MEASURING AND PROMOTING PROVIDER SATISFACTION

Exit Interviews

Regular Evaluation
Meetings

Social Gatherings

Satisfaction
Surveys

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PROVIDER SUCCESSION

- Retirement
    - Provider age
    - General physical health
    - Future plans and aspirations
        - Discuss plans on a regular basis
        - Many retire both before and well after 65
- Changes in FTE
    - Family growth
    - Slow down approaching retirement

STRATEGIC PLANNING:
RETIREMENT, EXTENDED LEAVE, AND CHANGES IN FTE

Provider	Provider Age Range			Over Age 50		All Ages	
	< 50	51 - 60	61+	Discussed Retirement? (Y/N)	Planned Age for Retirement	Major Leave Plans	Expected Changes in FTE
Provider 1							
Provider 2							
Provider 3							

WRAP UP

Practice Assessments

- Provide fundamental information critical to a better understanding of the practice
- Help to identify issues impacting Retention and Recruitment
- Assist in developing an improvement plan and strategies for better Retention and Recruitment

NEXT STEPS

Complete Practice Assessment

1. Communicate Results to Practice Team
2. Develop Action Plan
3. Implement Action Plan
4. Update Practice Assessment

Complete Retention and Recruitment Plan

1. Part II. Retention
2. Part II. Recruitment
3. Develop Action Plans
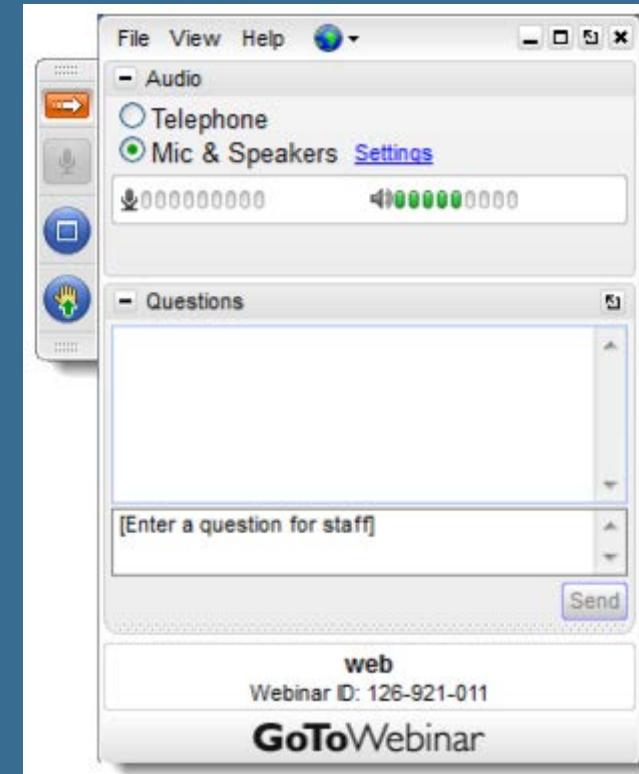
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FUTURE WEBINARS

- Webinar 2: Planning for Retention
  - Tuesday, November 8, 2016
    - 2:00-3:00pm ET
- Webinar 3: Designing a Successful Recruitment Process Through Planning
  - Tuesday, December 13, 2016
    - 2:00-3:00pm ET

http://ow.ly/nXoK304NP97

Questions?

- Raise your hand
- Use the chat & questions boxes
- Email mblake@clinicians.org

THANK YOU!