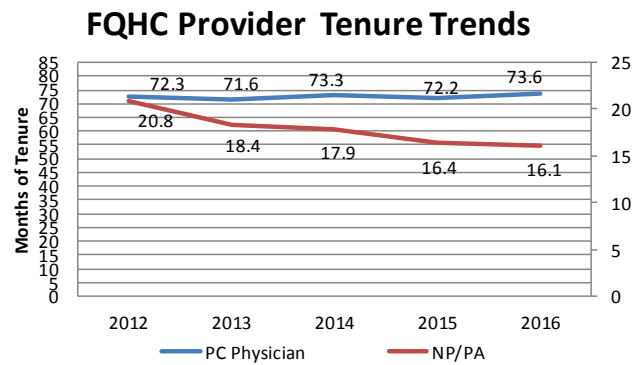


Primary care provider recruitment needs for health centers are escalating since the advent of the Affordable Care Act with increased insurance coverage and the concomitant increase in demand for primary care providers. In addition, while primary care physician tenure remains relatively constant at about 6 years; nurse practitioners and physician assistants, on average, have a tenure length of less than 1.5 years with a steadily decreasing trend (Figure 1).



Uniform Data System (UDS). Bureau of Primary Health Care (BPHC). 2012-2015.

Figure 1. Health Center Provider Tenure Trends

How much is your provider vacancy costing you?

The actual cost of a provider vacancy includes many components. The most straightforward costs to measure are recruiting costs and those for temporary replacement providers, such as locum tenens. Hard recruitment costs alone can be as high as \$88,000 per vacancy.⁶ Total costs for locum tenens can run as high as \$1,500 per day¹⁻⁷ a large drain on center resources for a prolonged vacancy. As demand for primary care providers surges across all provider types, the increase in competition can drive up recruitment costs and the time required to fill vacancies.⁸ Many health centers do not consider all of the costs associated with provider vacancies.

Revenue. The impact on health center revenue is often underestimated. Estimated lost revenue is about \$150,000 per provider for each 6 months of vacancy with a temporary provider in place.¹ Some estimates of lost revenue can be as high as \$495,000 for a 6 month period without a temporary provider in place, depending on provider type.⁶ The impact on revenue often lags even after a new provider is hired due to the need for time for onboarding and building a panel.

Quality. One of the most serious costs for a short-staffed provider workforce is the impact on quality of care. Providers may need to take on additional patients to cover vacancies and additional duties, such as more days on call or increased administrative tasks.⁵ In addition, support staff may become overworked trying to accommodate patients in already tight schedules and provide greater support to providers seeing a higher volume of patients. These stressors can lead to patients “falling through the cracks” and potentially impact quality.

Provider and Support Staff Satisfaction. Provider vacancies put stress on the entire health center. The remaining providers and support staff want to meet patient demands, but may be frustrated by the additional workload, inability to fully meet demand in a timely fashion, and potential impact on quality. Low provider and support staff satisfaction can lead to staff finding other employment opportunities, exacerbating the staffing shortage further.

Loss of Market Share. Health centers without enough providers often have poor appointment access for patients. In addition, potential adverse impacts to quality and provider/support staff satisfaction can cause a less pleasant patient experience. While health centers tend to serve underserved markets, those patients with choices may opt to leave the practice. Patient migration away from the health center can cause permanent damage to the community's regard and value for the site.

Value of a Strong Retention and Recruitment Plan.

Clearly, retaining providers promotes financial health and stability as well as higher quality and provider/support staff satisfaction. A strong provider retention plan focuses on improving health center culture to promote retention. Some conditions that promote provider retention include flexible schedules, incentive based compensation, and healthy relationships with administration. In this way, health centers can show providers that they are valued. It is equally important to have a strong recruitment plan. Recruitment plans include planning for future vacancies through retirement, family changes, or unforeseen events. A strong recruitment plan is the best way to mitigate the negative impacts from provider vacancies through a rapid response that will be more likely to shorten the length of the vacancy.

Tools. The STAR² Center has developed tools to assist in planning for retention and recruitment. The financial impact tool is a simple calculator based on current research to help determine total recruitment hard costs, including lost revenue and the cost of health center staff time required for recruitment efforts. The retention and recruitment plan template is a comprehensive assessment and planning tool that can be easily tailored to reflect health center needs.

Financial Assessment Tool -
<http://www.chcworkforce.org/star%C2%B2-center-financial-assessment-tool>

Retention and Recruitment Plan Template -
<http://www.chcworkforce.org/acu-health-center-provider-retention-and-recruitment-plan-template>

References

1. DiPadova, P. "STAR² Center Financial Assessment Tool." Association of Clinicians for the Underserved (ACU). Accessed at <http://www.chcworkforce.org/star%C2%B2-center-financial-assessment-tool>.
2. DiPadova, P. "ACU Health Center Provider Retention and Recruitment Plan Template." Association of Clinicians for the Underserved (ACU). Accessed at <http://www.chcworkforce.org/acu-health-center-provider-retention-and-recruitment-plan-template>.
3. Eilrich, F.C., Doeksen, G.A., St. Clair, C.F. "The Economic Impact of a Rural Primary Care Physician and the Potential Health Dollars Lost to Out-migrating Health Services." National Center for Rural Health Works, Oklahoma State University, Oklahoma Cooperative Extension Service. January 2007. Accessed at http://ruralhealthworks.org/downloads/Economic/Physician_Dollars_Jan_2007.pdf.
4. Metivier, J. "Budget planning: Beginning at the end!" Association of Staff Physician Recruiters (ASPR). Journal of ASPR. Winter 2013. Accessed at <http://www.aspr.org/?814>.
5. Robinson, J. "The Cost of a Physician Vacancy. Part I and Part II." Merritt Hawkins. May 9, 2012. Accessed at <http://www.merrithawkins.com/Clients/BlogPostDetail.aspx?PostId=39321>
6. Schutte, L. "What You Don't Know Can Cost You: Building a Business Case for Recruitment and Retention Best Practices." Summer 2012. Association of Staff Physician Recruiters (ASPR). Accessed at <http://www.aspr.org/?696#>.
7. Miller, Philip. Trend - The Growing Use of Locum Tenens Providers as a Supplement To Permanent Medical Staff. 2010. Accessed at http://www.staffcare.com/uploadedFiles/StaffCare/Content/Resource_Center/The%20Growing%20Use%20of%20Locum.pdf October 2015
8. Schutte, L. "Understanding the Real Costs of Recruiting and Retaining Physicians." New England Journal of Medicine (NEJM) Career Center. Recruiting Physicians Today. Volume 20 No. 3 May/June 2012. Accessed at http://employer.nejmcareercenter.org/rpt/NEJM_RPT_MayJune2012.pdf.