



# WELCOME!

## STAR<sup>2</sup> SELF ASSESSMENT TOOL WALK THROUGH

Monthly Webinar Series

September 13, 2016

2:00-3:00pm ET

# STAR<sup>2</sup> CENTER

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# WEBINAR HOUSEKEEPING

We are  
Recording

Ask  
Questions

Have Fun

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# PRESENTER

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



# STAR<sup>2</sup> SELF ASSESSMENT TOOL

## WALK THROUGH

# STAR<sup>2</sup> SELF ASSESSMENT TOOL

## Purpose:

Assist health centers to identify strategies that may improve their success with provider recruitment and retention.

<http://www.chcworkforce.org/acu-self-assessment-tool>

# HOW THE INFORMATION IS USED

- Identifies topics for further exploration
- Provides brief recommendations on identified topics in a follow up email to HC
- Informs on aggregate HC needs to help target STAR<sup>2</sup> Center resources and trainings
- Provides baseline information for individual technical assistance requests and training workshops

STAR<sup>2</sup> Center has a considerable number of resources on topics included in the Self-Assessment in our Resource Library.

- <http://www.chcworkforce.org/resources>

# CONFIDENTIALITY

- Data is kept in confidence by STAR<sup>2</sup> and its consultants
- Aggregate data may be used to further:
  - Training development
  - Quality Improvement Initiatives
  - Progress Reports to funders
    - No Individually identifiable information will be included on aggregate reports



# BRIEF OVERVIEW

The Tool consists of 32 Questions and takes about 20-30 minutes to complete

It can be used to:

- Assist health centers in identifying strategies to improve provider recruitment and retention
  - Upon completion of the assessment health centers will receive brief recommendations on topics of interest based on your responses.
- Assist STAR<sup>2</sup> in identifying individual health center needs (for example training or TA)

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# COMPLETING THE TOOL

- May require more than one person to complete
- Can provide estimates



## **Provider Recruitment and Retention Self-Assessment Tool**

### **OVERVIEW**

Solutions Training and Assistance for Recruitment & Retention Center or STAR<sup>2</sup> Center provides training and technical assistance to Community Health Centers for provider recruitment and retention. This Self-Assessment Tool has been designed to assist your health center in identifying topics for further exploration. The tool includes questions about your current provider vacancies and hiring practices plus your use of best practices for recruitment and retention.

### **HOW TO USE THE TOOL**

The tool includes 32 questions. It should take approximately 20-30 minutes to complete. To navigate through the assessment use the continue/save or back buttons at the bottom of each page. When you have completed the last question (#32) you will arrive at the submission page. To send the survey click 'submit' on that page. Upon submission, you will receive an automated email with recommendations based on the results of the assessment.

### **USES OF THE TOOL**

The Self-Assessment Tool's primary purpose is to help you identify strategies that may improve your success with provider recruitment and retention. Using your responses, the Self-Assessment Tool will provide brief recommendations on those topics you might want to pursue. The STAR<sup>2</sup> Center has a considerable number of resources available to you on topics included in the Self-Assessment in our Resource Library.

The STAR<sup>2</sup> Center will also be providing trainings based on the individual needs of health centers. The Self-Assessment Tool will be used to identify these needs and allow us to focus trainings on specific aspects of recruitment and retention. Whenever possible, trainings will include an interactive component using the Self-Assessment Tool and follow-up with each participating health center.

**a** Finally, for those health centers requesting technical assistance, the Self-Assessment Tool will provide valuable information by providing an overview of your health center, targeting your health center's unique issues, and matching your needs to the appropriate technical assistance resource or consultant.

## **NEXT STEPS**

Once you have completed the Self-Assessment, you will receive an email with feedback about your results and recommendations for strategies you may choose to implement in your health center. To follow up on the recommendations, access our Resource Library, get information on trainings or request technical assistance; please visit [CHCWorkforce.org](http://CHCWorkforce.org) or call 1-844-ACU-HIRE (1-844-228-4473). Most resources and services are free for "Health Center Program Grantee" and "FQHC Look-Alike" health centers.

## **CONFIDENTIALITY**

The individual data compiled as a result of the Self-Assessments will be kept confidential within the STAR<sup>2</sup> Center and its consultants. Aggregate Self-Assessment data may be reported to assist the STAR<sup>2</sup> Center in quality improvement initiatives, developing trainings, and progress reports to our funder. Individually identifiable information will not be included on any aggregate reports.

### **If you have any questions please contact:**

Allison Abayasekara

Solutions, Training, and Assistance for Recruitment and Retention Center (a.k.a. STAR<sup>2</sup> Center)  
Phone Number: 844-ACU-HIRE (844-228-4473)

Email: [info@chcworkforce.org](mailto:info@chcworkforce.org)

Website: [www.chcworkforce.org](http://www.chcworkforce.org)



## Provider Recruitment and Retention Self-Assessment

If your organization has multiple sites and the recruitment and retention issues of most concern are for a specific site or sites, please answer the following questions for that site or sites, otherwise answer for the entire organization. In either case, some questions, such as leadership, may lend themselves better to the entire organization.

### Person Completing Form

First Name \*

Last Name \*

Email \*

Phone \*

Organization Name \*

City \*

State \*

**If the main recruitment concerns are regarding a particular site or sites within the organization, please specify the site name or names. If you are responding for your entire organization, enter "All Sites" in the box below.**

Site Name(s) \*

**Organization Type (check all that apply):**

\*

- FQHC-Community Health Center
- FQHC-Migrant
- FQHC-Homeless
- FQHC-Public Housing
- Look-Alike
- Tribal
- Other

**Have you completed this Recruitment and Retention Self-Assessment before?**

\*

- Yes
- No

## Provider Information

1. Please complete the following table for your organization or site. Please only complete the table for the site or site(s) on which you want to focus your recruitment or retention efforts. You can complete it for your entire organization, a single site, or multiple sites in aggregate if that is where your need is focused.

Please provide a brief description of the site or site(s) you are including in the table. For example, if you are including your entire health center just note "Entire Health Center." If you are only including one site, just note the site you are including. If you are including multiple sites, but not your entire health center, note those sites you are including.

This information is meant to provide meaningful information to assist you in your recruitment efforts, but not to pose a barrier to completing the self-assessment. Feel free to use estimates or to indicate that you do not know the information. Also, feel free to add any other descriptive information you think would be pertinent to your situation.

Enter description of sites included in this table. If responding for the entire organization enter "All Sites."

\*

Specialty	A. FTE Currently Employed	B. FTE Outside Contract	C. FTE Vacancy	D. FTE Total	E. Months Vacant	F. Vacancy % of Total
1. Physician/Pediatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
2. Physician/Family Practice	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
3. Physician/Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
4. Physician/OBGyn	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
5. Physician/Specialist (describe): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
6. Nurse Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
7. Physician Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
8. Certified Nurse Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
9. Dentist	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
10. Dental Hygienist	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
11. Psychiatrist	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
12. Psychologist/PhD	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
13. Psychologist/Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
14. MSW	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
15. LCSW	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
16. Other (describe) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
17. Total	0.00	0.00	0.00	0.00	0	<input type="text"/>



2a. If you employ family practitioners, do you require them to provide obstetrical services, including deliveries?

- Yes
- No

2b. If you employ non-physician providers, do you require them to provide obstetrical services, including deliveries?

- Yes
- No

**3. Indicate the approximate percentage of providers in your group who fall within the following age ranges as of today:**

**Providers under 50**

Physician/Dentist \*

Non-Physician Provider \*

**Providers Age 51-60**

Physician/Dentist \*

Non-Physician Provider \*

**Providers Age 61 and Older**

Physician/Dentist \*

Non-Physician Provider \*

## Strategic Planning

4. Indicate the level of information available regarding your center's strategic planning efforts.  
Select the statement below that is most true:

Please select one: \*

- A. Our group has not conducted strategic planning activities during the last three years.
- B. Our group has conducted strategic planning activities in the last three years, but provider retirement/transition issues were never raised or addressed
- C. Our group has conducted strategic planning activities in the last three years, during which provider retirement/transition issues were raised, but have been put off.
- D. Our group has conducted strategic planning and has a defined objective for provider transition/retirement as part of our overall strategic plan.

## Practice Infrastructure

5. On average, how many days per month are providers on-call for the health center for medical coverage? (Enter average on-call days per month per provider):

Physicians \*

Non-Physician Providers \*

6. In how many sites do providers typically work in an average month (enter number of sites)?

Physicians \*

Non-Physician Providers \*

7. Do providers cover regular office hours on evenings and weekends?

Physicians \*

Yes

No

Non-Physician Providers \*

Yes

No

8. Please provide estimated support staff full time equivalencies (FTEs) for support related to direct clinical care (does not include overall administrative and billing staff). (Note: Clinical Support/Provider FTE will be automatically calculated.)

Clinical Support Staff FTE

Clinical Support/Provider FTE

9. Do you regularly assign new patients to an individual provider's patient panel? \*

Yes

No

10. Do you regularly assign new patients to the patient panel for a *group* of providers? \*

Yes

No

11. Does your practice site have an electronic medical record (EMR) or electronic health record (EHR)? \*

Yes

No

## Recruitment Plan

13. Is provider recruitment on an ongoing process whether or not there is a current vacancy?

- \*  Yes
- No
- Unknown

14. Does your health center have a written recruitment plan?

- \*  Yes
- No
- Unknown

15. Does the general community your health center serves play a role in the recruitment plan?

- \*  Yes
- No
- Unknown

16. If you have a written recruitment plan, please check the details included in your recruitment plan (check all that apply):

- Use Professional Recruitment Firm
- Advertising
- Screening Process
- Interview Process
- Follow-up with Candidates
- Recruitment Budget
- Our recruitment plan does not included these components

## Retention Plan

17a. Does your health center have a written retention plan ? \*

Yes

No

Unknown

18. Does your health center conduct provider satisfaction surveys? \*

No

Yes, more than once per year

Yes, less than once per year

Unknown

19. Which of the following are potential problems/issues for providers in your center (check all that apply):

- Availability of relief coverage for vacations, holidays and family emergencies.
- Quality of public elementary and secondary schools.
- Compatibility with others in health care community
- Availability of quality housing
- Availability of practice partners and consulting specialists
- Income potential
- Employment opportunities for spouse/partner
- Availability of continuing education opportunities
- Availability of medical specialty services for referral
- Availability of surgical specialty services for referral
- Availability of behavioral health services for referral

## Leadership

20. Please check only one response. Executive Leaders:

- Are focused on short-term business priorities
- Visibly support and create an infrastructure for quality improvement, but do not commit resources
- Allocate resources and actively regard quality improvement initiatives
- Support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement and spread quality improvement initiatives
- No response applies

21. Please check only one response. Clinical Leaders:

- Intermittently focus on improving quality
- Have developed a vision for quality improvement, but no consistent process for getting there
- Are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving
- Consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes
- No response applies

22. The organization's hiring and training processes (check all that apply):

- Focus only on the narrowly defined functions and requirements of each position
- Reflect how potential hires will affect the culture and participate in quality improvement activities
- Place a priority on the ability of new and existing staff to improve care and created a patient-centered culture
- Support and sustain improvements in care through training and incentives focused on regarding patient-centered care

## Provider Compensation and Benefits

23. What is your current provider compensation model? (check all that apply)?

	Physician/Dentist	Non-Physician Provider
Incentives for production (revenue, visits or RVU based)	<input type="checkbox"/>	<input type="checkbox"/>
Straight Salary	<input type="checkbox"/>	<input type="checkbox"/>
Incentives for Quality	<input type="checkbox"/>	<input type="checkbox"/>
Incentives for Patient Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>
Incentives for internal administrative task completion	<input type="checkbox"/>	<input type="checkbox"/>
End of year bonus	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

24. When did your center last review the provider compensation model? (month/year)

Date:



25. What are the components of the benefit package for providers? (check all that apply)

	Physician/Dentist	Non-Physician Provider
Vacation	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>
Sick	<input type="checkbox"/>	<input type="checkbox"/>
Educational Leave	<input type="checkbox"/>	<input type="checkbox"/>
Educational Travel	<input type="checkbox"/>	<input type="checkbox"/>
Educational Conference or Other Required Educational Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

## Provider Compensation and Benefits, (con't.)

26. Do you offer the following moving assistance for new providers? (check all that apply)

	Physician/Dentist	Non-Physician Provider
Moving Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating Home Search	<input type="checkbox"/>	<input type="checkbox"/>
Assistance Finding Child Care	<input type="checkbox"/>	<input type="checkbox"/>
Spousal/Partner Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other Moving Assistance (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

27. Please check all that apply regarding provider schedules.

	Physician/Dentist	Non-Physician Provider
Part-time provider schedules are available (part-time or job sharing)	<input type="checkbox"/>	<input type="checkbox"/>
Flexible provider schedules are available (school hours, evenings, weekends)	<input type="checkbox"/>	<input type="checkbox"/>
Neither part-time or flexible provider schedules are available	<input type="checkbox"/>	<input type="checkbox"/>

## Strategies

28. Is the practice recognized as a Patient-Centered-Medical Home (PCMH)? \*

- Yes
- No
- Unknown

29. Does the health center participate in the National Health Service Corps Loan Repayment program (NHSC)? \*

- Yes
- No
- Unknown

30. Does the health center participate in state Loan Repayment Programs? \*

- Yes
- No
- Not available in your state
- Unknown

32. Does the health center participate in your state's J-1 Visa Waiver Program? \*

- Yes
- No
- Unknown

32. Does your health center have a relationship with a provider residency program? \*

- Yes
- No
- Unknown



**You have now completed the Star2 Provider Recruitment and Retention Self-Assessment. Click the "Submit Form" button below to send.**



# SAMPLE RESPONSE EMAIL

# NEXT STEPS

- Follow up on Recommendations
  - Access STAR<sup>2</sup> Resource Library
  - Information on Trainings
  - Request Technical Assistance
- CHCWorkforce.org or call 1-844-ACU-HIRE (1-844-228-4473)
- Most resources and services are free
  - Health Center Grantees and FQHC Look-Alikes



THANK YOU!