Clinician Recruitment and Retention Strategies for Migrant Health Centers

Tuesday, May 5th, 2009
Impact of Clinician Shortages & Recruitment Practices

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Workforce Coordinator
Northwest Regional Primary Care Association (NWRPCA)
Northwest Regional Primary Care Association

- Non-profit membership association
- Ensuring equal access to primary health care for residents living in Region X – Alaska, Idaho, Oregon & Washington
- Support and Strengthen migrant & community based health centers
- Celebrating 25 years at work!
M/CHCs are the Model

$67 billion annual savings if every American made appropriate use of primary care –

- *Annals of Family Medicine 12/04*
The Bush Administration’s Initiative to Expand Health Centers

- Four year initiative (FY 2002 to FY 2005) to add new access points and expand medical capacity at existing access points

- From 2001 to 2005,
  - the number of federally funded community health centers increased from 44 to 78 (77%), and
  - the number of FTE clinical staff increased from 695 to 1129 (62%)—434 new positions

- Need for many more clinicians
Access for All America Plan –
National Association of Community and Health Centers (NACHC)

- What is ACCESS for All America - The ACCESS for All America Plan is a comprehensive plan to reduce the ranks of America’s medically disenfranchised by preserving, strengthening, and expanding health centers to reach a total of 30 million patients by the year 2015.

- To reach 30 million patients HCs need:
  - Additional 15,585 PC providers and 14,000 nurses

- To reach 69 million patients HCs need:
  - Additional 51,200 PC providers and 44,000 nurses

http://www.nachc.org
## Numbers to Meet the Access Goals

<table>
<thead>
<tr>
<th>State</th>
<th>State Portion of</th>
<th>Additional Workforce Needed to serve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 Million CHC Patient Target</td>
<td>69 Million CHC Patient Target</td>
</tr>
<tr>
<td>Arizona</td>
<td>654,933</td>
<td>1,567,289</td>
</tr>
<tr>
<td>California</td>
<td>3,194,431</td>
<td>5,884,068</td>
</tr>
<tr>
<td>Idaho</td>
<td>237,446</td>
<td>642,025</td>
</tr>
<tr>
<td>Nevada</td>
<td>227,669</td>
<td>669,951</td>
</tr>
<tr>
<td>Oregon</td>
<td>606,051</td>
<td>1,695,256</td>
</tr>
<tr>
<td>Washington</td>
<td>1,164,670</td>
<td>2,674,298</td>
</tr>
<tr>
<td>Florida</td>
<td>2,821,226</td>
<td>8,755,761</td>
</tr>
</tbody>
</table>

Access Transformed, NACHC, 2008
M/CHC – Staffing Challenges

- Approximately 35% of physicians nationwide are within 10 years of retirement
- Increase in clinician interest in career/lifestyle balance
- Rural CHCs had a higher proportion of vacancies and longer-term vacancies and reported greater difficulty filling positions compared with urban CHCs
- Increasing Lack of Interest in Primary Care
  - Limited availability of residency programs
  - Decline in graduates choosing Primary Care instead of specialties
- Those interested in Primary Care tend to practice in areas with many professionals already (not areas of high need)
- Physician recruitment in CHCs was heavily dependent on National Health Service Corps scholarships, loan repayment programs, and international medical graduates with J-1 visa waivers.
Big Bucks not in Primary Care

Experts say the single greatest factor behind the primary care shortage is the fact that doctors such as McGrew are likely to make less money over the course of their careers than classmates who become specialists.

A study this year by Physician Search, a national physician recruiting firm, showed that for doctors in practice three or more years, primary care physicians overall make the least amount of money. While salaries for specialists such as ophthalmologists average $256,000 per year, and experienced heart surgeons average $558,000, primary care internists average $160,000.

Portland Tribune, Fewer Doctors, More Waiting, by Peter Korn; August 7, 2008
Clinician Shortage

Primary Care Providers in Short Supply

Active primary care physicians for every 100,000 people in each state, Jan. 2008

U.S. rate

Percentage of medical school graduates who said they intended to go into primary health care

Source: Association of American Medical Colleges

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Clinician Vacancies

Figure 1: Primary Care Physician Vacancy Rates at Health Centers, 2004

- Family Physicians/General Practitioner (20.8%)
- OBGYN (14.1%)
- Internist (15.7%)
- Pediatrician (26.5%)
- Psychiatrist (25.1%)

Figure 2: Other Clinician Vacancy Rates at Health Centers, 2004

- Dentists (16.6%)
- Nurses (11.0%)
- Nurse Practitioner (9.0%)
- Physician Assistant (9.0%)
- Pharmacist (9.0%)

Health Professional Demographics

- Although enrollment of under-represented minorities (URMs) in health professions schools steadily increased in the early 1990s, enrollment has declined in many of the health professions in recent years.
- The problem of under representation of many minority groups in health professions is the end result of profound disparities in educational opportunities and support, beginning at the earliest schooling stages.
- To address racial and ethnic disparities in the health professions means to confront fundamental social inequities in educational and life opportunities in the US.
- Lack of basic educational opportunities and achievement for many minority groups are the fundamental problems leading to the under representation of these groups in the health professions.
- Despite the considerable resources invested in diversity programs, academic achievement and entry into the health professions by URMs have not increased significantly.
Impact of clinician shortage on M/CHCs

- More and more M/CHCs must compete with each other as well as other mission-driven healthcare organizations for the same number of providers
M/CHCs need to be even more strategic and savvy in recruiting clinicians if they want to compete with other healthcare organizations.
M/CHCs competition

- With a limited number of candidates, we are vying against the following:
  - Hospital systems
  - Training programs
  - Private practice
  - Locum tenens agencies
President’s response to shortages

To cope with the growing shortage, federal officials are considering several proposals. One would increase enrollment in medical schools and residency training programs. Another would encourage greater use of nurse practitioners and physician assistants. A third would expand the National Health Service Corps, which deploys doctors and nurses in rural areas and poor neighborhoods.

The New York Times
April 26, 2009
By Robert Pear
National Initiatives to Support M/CHC Workforce-Resources

- Increase medical school enrollment
- Increase primary care residency slots
- Increased exposure of residents to training in impoverished communities (and maintaining funding for residency programs placing in underserved areas)
- Increase capacity of National Health Service Corps and J-1 Visa Waiver Programs
- Review state scope of practice laws to improve collaborative practices and location options for PC professionals
Successful Recruitment is Strategic

- Prepare and Organize
- Searching for the candidate
- Retaining your candidate
- *Pipeline and Cooperations*
The Playing Field – Recruitment

- Recruitment is not getting any easier
- Clinicians may have many different opportunities when searching for a practice
- The M/CHCs must make a concentrated, competitive strategic effort to recruit clinicians and make the M/CHC that clinicians “professional home”
Physicians do not approach their careers the way others do.
Most Physicians are not looking to “climb the corporate ladder”.
Most physicians are not attracted to medicine because of money.
Intellectual curiosity is the reason most physicians were attracted to medicine.
Physicians are drawn to medicine for the doctor/patient relationship.
M/CHC Needs Assessment

- What resources/tools do you need to get started?
- What are your M/CHC recruitment needs?
- Is the offered salary competitive? Benefits package?
- Is your clinical opportunity tailored to the changing workforce:
  - Life/Work Balance
  - Women in the Workforce
  - Other
- How can you wrap your incentive package – can you think of any unconventional partners?
- Do you know what positions you will need when?
Recruiter – Preparing your Recruitment Team

- Is there buy-in from your M/CHC team? Have you gained community support and need for the new hire?
- Have you developed and trained your recruitment team?
- Is there support for the candidate’s partner?
- Do you have process and procedures in place so your team will be successful?
Marketing your M/CHCs

- Professional Malpractice Costs Covered
- Mission Driven Environment
- Commitment to Quality Care
- Evidence based medicine
- Strong Support Network of Colleagues
- Potential of NHSC Scholars or Loan Repayment
Marketing our M/CHCs — cont.

- Does your job postings actually market your position? (what do docs want to know?)
- Do you participate in training programs?
- Where will sourcing be effective?
- What does your community have to offer? Why do you work at your M/CHC?
- Market to the community to become recognizable as a valued safety net provider
- Create unified marketing materials
- Market through current recruits
- Clinician Training Programs
  - Do the Program Directors know who you are?
  - Do the Program Coordinators know who you are?
  - Do the students of training programs know who you are?
  - Published? IHI, JASPR?
  - Do all of your physicians/healthcare professionals know who you are?
When/Where Physicians search

When physicians search

- Most job searching that begins during residency takes place in the third year.
- Eighty-two percent (82%) of those who began their search during fellowship did so in their second or third year.
- Nearly two-thirds of physicians in practice looked for a position within the last two years.

Where physicians get leads

- Eight in ten use personal or professional referrals.
- Three-fourths use physician recruiters.
- At least seven in ten use e-mails sent to them, online job sites, and classified print ads.

How physicians search in print

- Seven in ten use classified/recruitment ads in print.
- NEJM is the most popular print source, as well as the most useful, among all physicians.
- The top reason for using NEJM is accessibility, followed by reliability and job listings.

How physicians search online

- NEJM is the top online classified/recruitment source.
- The most important factor for using an online site is quality of jobs.
## Resources used by Region X Recruitment Collaborative – candidates entering database

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>2008</th>
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<tbody>
<tr>
<td>Internet</td>
<td>64%</td>
</tr>
<tr>
<td>Personal Networking</td>
<td>17%</td>
</tr>
<tr>
<td>Events</td>
<td>3%</td>
</tr>
<tr>
<td>Residency Program</td>
<td>6%</td>
</tr>
<tr>
<td>Print Mailing</td>
<td>4%</td>
</tr>
<tr>
<td>None mentioned</td>
<td>7%</td>
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</tbody>
</table>
NCHRC Recruitment - Sourcing

- Regional & National Associations
- National Job Posting Sites
- Regional and National Internet Job Posting Sites
- Residency Visits & Job Boards
- State Medical Associations
- Newspapers
- Professional Journals
- Direct Mail
- Meet and Greet

- Creation of a Referral Program
- Mid-level Career Professionals
- Military Personnel
- Diversity Recruitment
- Osteopathic and Allopathic Schools
## Retention Literature Review

Prepared by: Jan Capps, presentation – NWRPCA Clinician Recruitment & Retention

<table>
<thead>
<tr>
<th>Factors that are related to retention or intention to stay</th>
<th>Factors related to leaving or intention to leave</th>
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<tbody>
<tr>
<td><strong>Personal</strong></td>
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<tr>
<td>- Participation in a rural health program in medical school</td>
<td>- Being a NHSC scholar</td>
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<tr>
<td>- Have an obligation to a state scholarship, loan repayment, or other state program.</td>
<td>- Distance from family and friends</td>
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<tr>
<td>- Working in state where grew up or trained</td>
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<tr>
<td>- Desire to work in a rural area</td>
<td></td>
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<tr>
<td>- Parenting a minor-age child</td>
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<tr>
<td><strong>Job</strong></td>
<td></td>
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<tr>
<td>- Satisfaction with physician-patient relationships</td>
<td>- Satisfaction with having adequate personal time away from work</td>
</tr>
<tr>
<td>- On-call 2 or fewer times per week</td>
<td>- Excessive working hours</td>
</tr>
<tr>
<td>- Schedule flexibility</td>
<td>- Perception of having a high workload</td>
</tr>
<tr>
<td>- Variety of work</td>
<td>- Less satisfied with pay</td>
</tr>
<tr>
<td>- Satisfaction with their earnings</td>
<td></td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td></td>
</tr>
<tr>
<td>- Quality of medical staff</td>
<td>- Bad personnel management</td>
</tr>
<tr>
<td>- Years of experience of the agency director</td>
<td>- Lack of administrative support and quality</td>
</tr>
<tr>
<td>- Opportunities to achieve professional goals.</td>
<td>- Not letting clinicians be flexible with their work time and call schedule</td>
</tr>
<tr>
<td>- Higher proportion of the public funding in the agency</td>
<td>- Less satisfied with their relationships with the non-physician staff in their offices</td>
</tr>
<tr>
<td>- Good company benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
</tr>
<tr>
<td>- Physicians’ satisfaction with their communities</td>
<td>- Less satisfied with their relationships with their communities</td>
</tr>
<tr>
<td>- Feeling accepted and appreciated by their communities</td>
<td>- Poor local school system</td>
</tr>
<tr>
<td>- Feeling prepared for living in a rural community</td>
<td></td>
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</tbody>
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Workforce – Pipeline & Collaboration

- AT Still Hometown Program
- AT Still Medical Student Rotations
- Educational Health Center Initiative - UW Family Medicine Residency Collaboration
- Adjunct Faculty
Osteopathic Doctors are a good fit for M/CHCs

Resource – American Osteopathic Association [www.osteopathic.org](http://www.osteopathic.org)
The Recruiter Environment - FPs

Top Medical Schools in United States – as mentioned in USNews 2007
The American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) currently accredits 25 colleges of osteopathic medicine in 28 locations.

http://www.aacom.org/
Conclusions

- Growth and need – supply and demand
- Best Practices – identifying which work best for your clinic
- M/CHCs continue to evolve and strategize with changing environment
- Recruitment remains continually difficult
- National programs for assistance are being created – get connected!
- Strategies and structure are necessary for successful recruitment
- Buy-in and communication are imperative for sourcing candidates
- Continual evaluations of recruitment practices are paramount to success
- Innovative retention practices are crucial as an integration of recruitment
- Pipeline activities “grow your own” strategies are key
Primary care, McGrew says, will provide her with “more messy social and emotional issues” in her practice. And that’s just what she’s looking for.

As a teenager in Santa Cruz, Calif., she says, her first job was as a home health aide. She recalls walking into trailer homes and learning on the spot how to change the diapers of disabled adults.

That experience, McGrew says, “allowed me to get to know people in this way that was more personal than you get to know your average neighbor, sometimes more personal than you get to know friends and family members.”

Portland Tribune, Fewer Doctors, More Waiting, by Peter Korn; August 7, 2008
Resources

The Northwest Regional Primary Care Association
www.nwrpca.org

Migrant Clinicians Network
www.migrantclinician.org

Association of Staff Physician Recruiters
www.aspr.org

Bureau of Clinician Recruitment Services (BCRS)
www.hrsa.gov/bcrs

Community Health Association of Mountain/Plain States (CHAMPS)
www.champsonline.org

National Health Service Corps
http://nhsc.hrsa.gov

National Association of Community Health Centers
www.nachc.org