

NOSORH Annual Meeting  
Asheville, October 29, 2013  
Don Pathman  
Tom Rauner

## RECRUITMENT AND RETENTION

### Data and systems to monitor and evaluate loan repayment programs



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### *Understand Your States' Recruitment and Retention Processes*

- States' general recruitment & retention partnership makeup:
  - 3R Net organizational member
  - Primary Care Office
  - Office of Rural Health
  - In-state recruiters for safety net sites (PCA and in-house recruiters)
- Communication among partners within your state
  - Do you know who these partners are in your state? Get to know them.
- Integration and collaboration
  - The increased demand for primary care providers challenges safety net sites, especially in rural areas.

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### The Importance of Data Collection

- Data sharing around recruitment & retention efforts
  - Learn together to better understand and define retention. Think outside of the state's boundaries—we are all interconnected in our recruitment and retention activities.
  - There is a desire and ability to reaffirm retention best practices with one another and sites in your state.
  - Improve data gathering approaches to enhance data to support health care providers and practice sites.
  - A desire to improve the capacity to gather and interpret data by using a retention management system for on-going assessment.
  - A desire to create a learning collaborative around retention as recruitment becomes more challenging for rural areas.
  - Ability to codify retention for assessment of program, state and national purposes.

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### Overview

- Formation of the Multi-State/NHSC Retention Collaborative
- The Collaborative's 2012 survey
  - states' use of findings
- Building an ongoing retention management data system
- Where to go from here?
  - continue to develop the information system
  - collaborate in interventions

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### Formation of the Multi-State/NHSC Retention Collaborative

- 2011 HRSA solicitation:  
State PCOs Retention and Evaluation Activities under the ARRA
  - Activity 5. "... include an evaluation plan that describes the technical capacity to collect and analyze data related to the ... effectiveness of differing retention strategies."
- Collaborate to address common data gathering and interpreting needs
- The group's goals with its 2 years of funding:
  - together gather data to document NHSC retention and its causes
  - begin working together around common retention issues
  - design and implement an ongoing retention data system
  - set the groundwork for continuing to work and learn together

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### States participating in the 2012 Multi-State/NHSC Retention Collaborative




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## Participants of the 2012 Multi-State/NHSC Retention Collaborative

### PARTICIPATING STATES/ORGANIZATIONS

Alaska Department of Health and Social Services  
California Office of Statewide Health Planning and Development  
Delaware Department of Health and Social Services  
Iowa Department of Public Health  
Kentucky Department of Public Health  
Montana Department of Public Health and Human Services  
Nebraska Department of Health and Human Services  
New Mexico Health Resources, Inc.  
North Carolina Office of Rural Health and Community Care  
University of North Dakota Dept. of Family & Comm. Medicine  
Washington State Department of Health

#### Coordinating Center

- NC Foundation for Advanced Health Programs
- Maggie Sauer, President
- Jackie Fannell

#### Academic Partner

- UNC Cecil G. Sheps Center for Health Services Research
- Don Pathman
- Roger Akers

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## Survey Data

- Collaborative's 2012 survey  
All NHSC and state program participants since 2006  
– 1,200 respondents (~50% participation)
- 2011 *Survey of Retention in BCRS Programs*  
NHSC participants in 2009-2011  
– ~500 respondents (54% participation)

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## Findings of the First Year Retention Survey of the Multi-State/NHSC Retention Collaborative

November 5, 2012

Cecil G. Sheps Center for Health Services Research  
The University of North Carolina at Chapel Hill

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Thomas R. Konrad, PhD  
Stephanie Pierson, MSHI  
Maria Tobin  
Mattias Jonsson

Prepared for the Multi-State/NHSC Retention Collaborative  
under contract to the North Carolina Foundation for Advanced Health Programs

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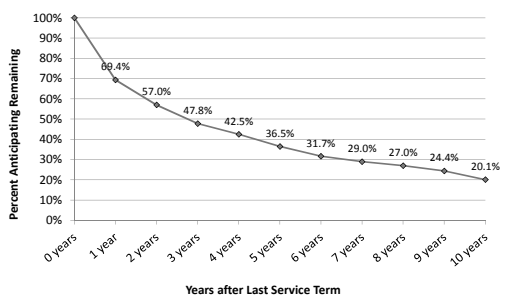
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**Figure I.B.2. Anticipated Retention** for Clinician-Participants (n=849) of the NHSC and States' Programs (2012)




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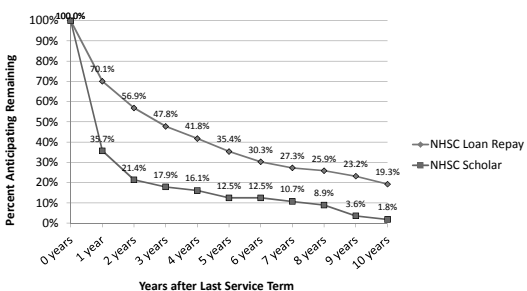
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**Figure I.B.3. Anticipated Retention in NHSC Loan Repayment (n=638) and Scholarship (n=56) Programs**




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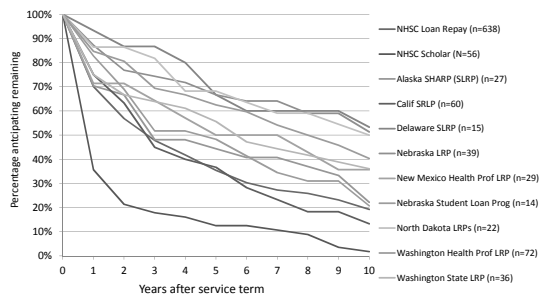
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**Figure I.B.4. Anticipated Retention in NHSC Loan Repayment, NHSC Scholarship and States' Programs**




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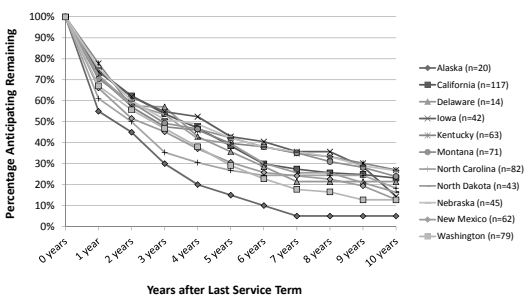
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**Figure I.B.5. Anticipated Retention for Clinician-Participants of the NHSC Loan Repayment in Each of the 11 States**




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**Table II.B.2. Anticipated Retention, by Clinician Discipline**

	Percentage That Anticipate Remaining in Service Site	
	At Least 2 Years	At Least 10 Years
<b>Primary Care</b>		
Physicians		
Nurse Practitioner		
Physician Assistant		
<b>Dental Health</b>		
Dentist		
<b>Mental Health</b>		
Psychologist		
Social Worker		
Other Mental Health		

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**Table II.B.2. Anticipated Retention, by Clinician Discipline**

	Percentage That Anticipate Remaining in Service Site	
	At Least 2 Years	At Least 10 Years
<b>Primary Care</b>		
Physicians	62.7%	25.3%
Nurse Practitioner	45.1%	10.7%
Physician Assistant	46.1%	14.1%
<b>Dental Health</b>		
Dentist	47.1%	23.0%
<b>Mental Health</b>		
Psychologist	65.6%	24.4%
Social Worker	64.8%	20.4%
Other Mental Health	66.1%	19.6%

\* p ≤ .05

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**Table II.A.2x. Anticipated Retention by Clinicians' State Backgrounds**

	% Anticipate Remaining in Service Site	
	At Least 2 Years	At Least 5 Years
<b>Served in state where s/he grew up</b>		
Yes		
No		
<b>Served in state where s/he trained</b>		
Yes		
No		

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**Table II.A.2x. Anticipated Retention by Clinicians' State Backgrounds**

	% Anticipate Remaining in Service Site	
	At Least 2 Years	At Least 5 Years
<b>Served in state where s/he grew up</b>		
Yes	61.6%	41.7%
No	51.5%	31.1%
<b>Served in state where s/he trained</b>		
Yes	63.3%	41.0%
No	49.5%	31.0%

\* p ≤ .05

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**Table II.C.2. Anticipated Retention within Service Sites, by Type of Service Organization**

	Percentage That Anticipate Remaining in Service Site	
	At Least 2 Years	At Least 10 Years
Federally qualified health center		
Rural health center		
Mental health and substance abuse facility		
Prison		
"Other" primary care practice		
Indian Health Service site		
Hospital based clinic		
Tribal site		

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**Table II.C.2. Anticipated Retention within Service Sites, by Type of Service Organization**

	Percentage That Anticipate Remaining in Service Site	
	At Least 2 Years	At Least 10 Years
Federally qualified health center	45.3%	11.2%
Rural health center	61.4%	22.9%
Mental health and substance abuse facility	65.0%	22.2%
Prison	64.2%	29.6%
"Other" primary care practice	65.1%	34.9%
Indian Health Service site	45.9%	8.1%
Hospital based clinic	70.0%	40.0%
Tribal site	56.0%	4.0%

\* p ≤ .05

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Was data from the 2012 survey useful to PCOs/states and actually used?

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Was data from the 2012 survey useful to PCOs/states and actually used?

- Current on-line evaluation survey of PCOs/states that participated in the Collaborative in 2012 and 2013 (n=13)
- 11 of 13 PCOs/states responded so far

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States' sharing of 2012 survey data (n=9)

	# states reporting sharing	State average # shared
FQHC, RHC, PCA leaders, staff and members	8	57
State workforce committee members	6	55
State recruiters	6	21
Academics/Faculty	5	30
Clinicians (e.g., CHC medical directors)	3	11
State legislators	2	47

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Presentations with 2012 survey data (examples)

Conference/Meeting	# attendees	Key points of discussion
NM Workforce Summit	40	All day presentation and discussion
National Rural Health Association annual conference	100	Participants were interested in overall findings, variation by state, practice setting and program type.
Statewide Office of Rural Health (a separate group from SORH)	10	Group was interested in the finding that state of origin and training were associated with greater anticipated retention. This supports our efforts to strongly recruit from our Instate programs.
Rural Health Advisory Commission who's members are appointed by the Governor and meet quarterly	20	Most interested in the variation of retention among the NHC and State Incentive Programs. They are supportive of these efforts and interested in outcomes.
Annual Rural Health Conference	263 at meeting; 45 attended the session where the report was discussed.	Some members of the group expressed concerns about how to balance bottom line financial issues with the "job satisfaction" side of the retention equation. High patient volume remains a solvency requirement at many organizations.

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Ratings of 2012 survey data (n=8 states)

Evaluation questions (abstracted)	Modest or not at all	Moderate	Very or Fairly
Usefulness of report to state		1	7
Usefulness of having other states' data	1		7
How new was the info for your state?			8
How trustworthy was the info?			8
How controversial was the info?	7	1	
How actionable was the info?	1	2	6
How great are the expected changes in the state's programs because of the info?	3	2	3

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States' changes and initiatives planned based on 2012 survey data (examples)

Abstracted comments
Three presentations to legislative committees dealing with health professional workforce issues.
The information demonstrated the effectiveness of our state incentive program and was helpful in securing additional legislative appropriation for our incentive programs.
We chose to focus two efforts on the FQHCs in our state since retention at those service sites was low overall and we have many NHSC and state LRP clinicians at those sites.
Proposal to increase funding for the state service corps with a focus on retention funding.
Proposal to increase funding of the state loan repayment program, doubling the total dollars from \$1.5 million to \$3 million annually.

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Next step for the MS/NHSC Retention Collaborative: 2013—build a longitudinal information system

- to be used for years/decades
- to manage individuals as well as programs
- based on the “retention module” from Practice Sights
- survey timing—
  - For clinicians: 3 months into service, end of each service year, end of service contract, periodically for alumni
  - For administrators: end of each service year

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Content of questionnaires (examples)

- Start-of-Service –
  - Clinician demographics, background, training, family situation
  - Service contract—motivation, dates, prior contracts, debt amts.
  - Service site—selecting it, rating process, role of service program
- End-of-Year/End-of-Service
  - Work/Job—content, hours, roles, patients characteristics, income, satisfaction ratings
  - Community ratings; family satisfaction
  - Service contract—renewal plans, ratings of program, needs?
  - Retention expectations

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PS Retention Management System: growth in data over time

Early 2013

	3 months in program (SOS)			
	Back-ground	Family needs	Site match	Reten expect.
Clin 1	X	X	X	X
Clin 2	X	X	X	X
Clin 3	X	X	X	X
Clin 4	X	X	X	X

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PS Retention Management System: growth in data over time

late 2013

	3 months in program (SOS)				1 yr in program (EOY)			
	Back-ground	Family needs	Site match	Reten expect.	Hours, pats.	Site Sat	Reten expect.	Program assess
Clin 1	X	X	X	X	X	X	X	X
Clin 2	X	X	X	X	X	X	X	X
Clin 3	X	X	X	X	X	X	X	X
Clin 4	X	X	X	X	X	X	X	X

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PS Retention Management System: growth in data over time

2014

	3 months in program (SOS)				1 yr in program (EOY)				2 yrs in program (finishing) (EOS)					
	Back-ground	Family needs	Site match	Reten expect.	Hours, pats.	Site Sat	Reten expect.	Program assess	Hours, pats.	Site Sat	Reten expect.	Program assess	New job	Broad feedback
Clin 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 2	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 3	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 4	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 5	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 6	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 7	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clin 8	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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### Annual and End of Service Summary Report on Clinic Serving in Nebraska

**Program:** NHSC Loan Repayment Program  
**Contract Year:** 1, 2, 3, 4, 5, 6  
**Specialties:** All  
**Disciplines:** All  
**Report Date:** 09/09/2013  
**Reporting period:** 01/01/2012 to 09/09/2013  
**Content Included:** Items/Realms from the End of Service and End of Contract questionnaires, specifically information on:  
 (A) clinician's demographics  
 (B) clinician's work and principal practice sites, e.g., work hours, patient demographics  
 (C) clinicians' satisfaction ratings of their jobs and communities  
 (D) clinicians' anticipated retention and future practice plans  
 (E) clinicians' ratings of the NHSC Loan Repayment Program

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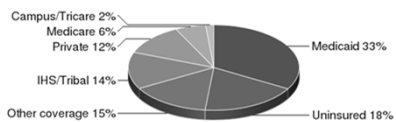
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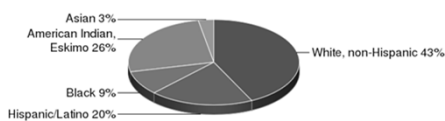
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Patient insurance distribution (group average)



Patient race/ethnicity distribution (group average)




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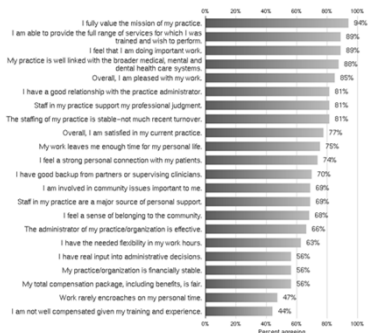
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Percentage of clinicians who agree with various positive statements about their work and practices (vs. feel neutral or disagree)




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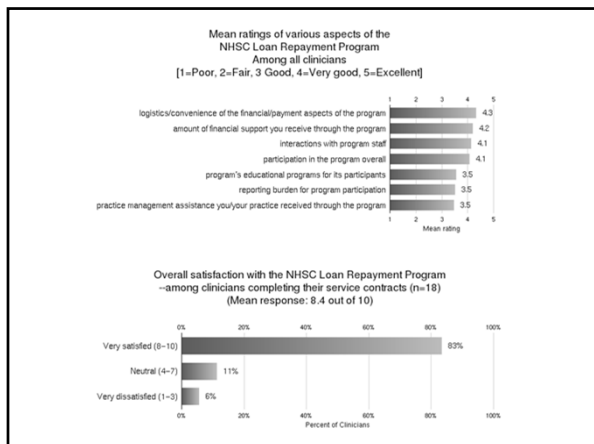
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### Future of the Multi-State/NHSC Retention Collaborative

PCO evaluation questions	Yes	No
Collaborative has been a positive experience?	10	0
Collaborative has met state's goals (at least moderately well)?	10	0
State wishes to continue with the Collaborative?	10	0

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### What the Collaborative hasn't yet achieved

A PCO's concern/suggestion:  
*I'm not sure what the "Management" in Retention Management System means - who is responsible for it? The PCOs, the Collaborative Members, NHSC, Sheps?*

Observations of the past two years' activities:

- All interventions have been *within* states; any successes have been for individual states
- Few conversations *among* PCOs/states
- Little group learning on use of data from information system
- Little group learning about managing clinicians or retention

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Next steps for the Collaborative and its retention information system

- strengthen collaboration; add states
- continue developing the information system
  - add targeted items to questionnaires
  - expand reports
  - more formal data analyses
- expand collaboration with the NHSC
  - obtain quarterly data feeds
  - share information and coordinate retention activities with NHSC staff
- secure ongoing funding

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