



Solutions to Community Recruitment Challenges:
It's the Right Time
For the Right People
To be in the Right Places



David Schmitz, MD FAFFP
Chief Rural Officer and Program Director for RTTs
Family Medicine Residency of Idaho
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What is Rural and How do I Fit?


- We must not only do what we know...
 - But we must also know what we are doing
- All learning, teaching and doing is contextual to both our internal reasoning and the external environment
- Rural medicine is just one example of necessitated adaptation to a resource-limited environment



One Example

Source: 2011 AMA State Physician Workforce Data Book

- Idaho ranks 47th for Active Patient Care Physicians per capita
- Idaho ranks 47th for Active Primary Care Patient Care Physicians per capita
- Idaho ranks 49th for Residents and Fellows per capital



What We Do: Operationalizing the Vision for Rural Workforce

- **Education** (teaching what we know)
- **Research** (knowing what we know)
- **Outreach** (giving what we know)
- **Advocacy** (growing what we know)

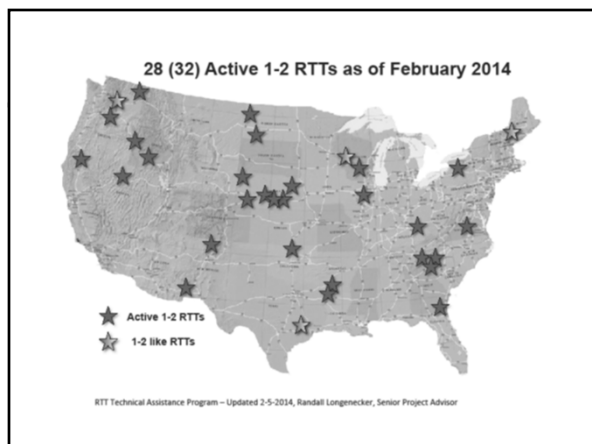
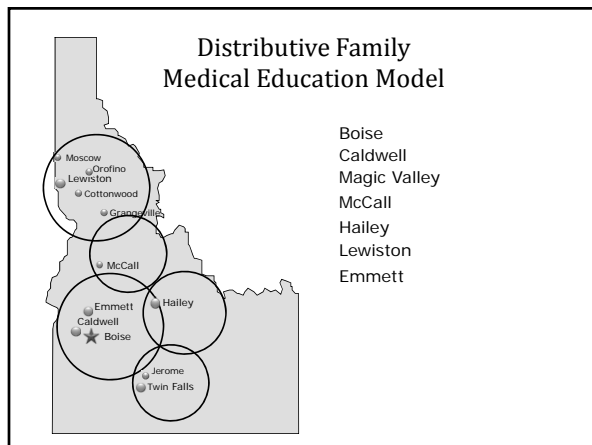
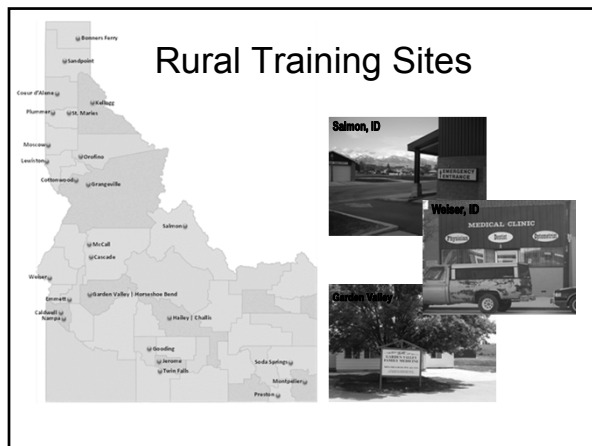
Valuing Research: Focus on Rural Workforce

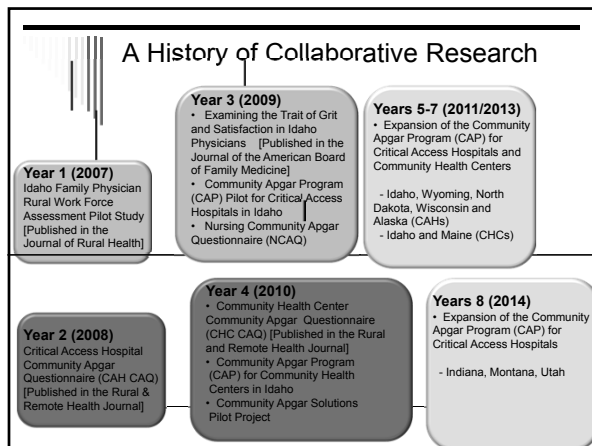
- How did we get here – Why research?
 - An intersection of workforce, education and advocacy
 - Partnerships with those with a natural interest in the work
 - IAFP, IHA, IRHA, IPCA, Governor's office, SBOE, Idaho Legislature, RPIP, AHEC, SEARCH, others.
 - Idaho has a natural laboratory
 - Networking and exporting what we have learned:
 - Regionally (WWAMI)
 - Nationally (NOSORH, NRHA, NAPCRG)
 - Globally (WONCA WWPRP)

Example: FMRI's Mission in Advancing Rural Workforce

- Researching what we do and what we think we know
 - Evidenced based curricular development
 - Accurate workforce assessments: quantitative and qualitative
 - Community-focused differential workforce development: A validated tool improving recruitment for communities
 - Physician-focused workforce development: Improving the educational "pipeline" of a rural physician workforce
 - Person centered care in the context of family and community

"We must not only do what we know...
-but also know what we are doing."





FMRI: Results and Benefits of Rural Workforce Research

- **Funded Projects Aligned with FMRI Mission**
- **Relationship Development to Partner Organizations**
- **Visibility at Statewide Level with Partners**
- **Solid Platform for Advocacy**
- **Sought as Expert Resources for Idaho and Nationally**
- **National Networking and Opportunities**
- **Help Meet FMRI Academic Goals for Publishing**
- **Curriculum and Internal FMRI Development**
- **Statewide Community Relationships by Funded Onsite Visits**
- **Direct Value to Communities Statewide: Community Apgar Program**
- **Increased Relationships to Funding Agencies: Idaho SORH, ORHP, etc.**
- **Direct Resident Benefits: Curriculum and Workforce**
- **Faculty Growth and Satisfaction**

THE JOURNAL OF RURAL HEALTH

CURRENT RESEARCH IN RURAL HEALTH

Rural Idaho Family Physicians' Scope of Practice

Ed Baker, PhD;¹ David Schmitz, MD;² Ted Epperly, MD;² Ayaka Nukui, BS;² & Carissa Moffat Miller, PhD¹

¹ Center for Health Policy, Boise State University, Boise, Idaho
² Family Medicine Residency of Idaho, Boise, Idaho

Abstract

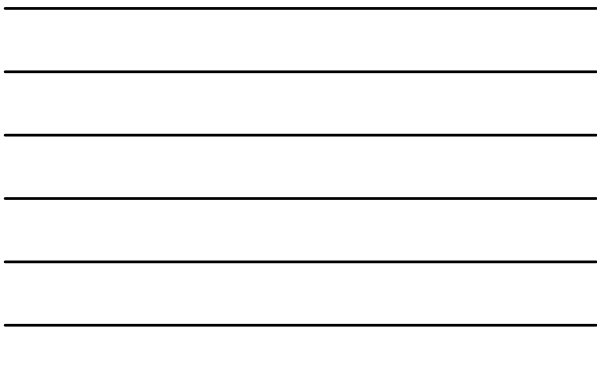
Context: Scope of practice is an important factor in both training and recruiting rural family physicians.

Purpose: To assess rural Idaho family physicians' scope of practice and to examine variations in scope of practice across variables such as gender, age and employment status.

Methods: A survey instrument was developed based on a literature review and was validated by physician educators, practicing family physicians and executives at the state hospital association. This survey was mailed to rural family physicians practicing in Idaho counties with populations of less than 50,000. Descriptive, bivariate and multivariate analyses were employed to describe and compare scope of practice patterns.

Results: Responses were obtained from 92 of 248 physicians (37.1%).

This research was funded by the Idaho Department of Health and Welfare, Office of Rural Health and Primary Care through a grant from the US Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy (grant number 94928002107-18-01). Financial contributions to this research were also made by Boise State University, the Family Medicine Residency of Idaho, the Idaho Academy of Family Physicians, Inc., and the Idaho Hospital.



Selected Findings: Rural Family Physician Survey (cont.)

FP Reported Scope of Practice by Gender and Year

Scope of Practice Activity	Year	Male (%)	Female (%)
ER Inpatient admission/coverage	2012	15.0	47.1
	2007	38.1	51.4
Wound healing services	2012	70.0	80.6
	2007	85.0	89.9
Mental health services	2012	65.0	79.4
	2007	81.0	90.0
Transition of care	2012	77.9	95.0
	2007	71.0	76.2
Other health services	2012	86.6	85.0
	2007	90.5	90.5

Legend: Male (light gray bar), Female (dark gray bar)

p-value for ER Inpatient admission/coverage: 0.010


X-axis: Percentage (0 to 100)



A New Response to the Same Old Problem...

What if there was a similar test for hospitals – quick and repeatable with intervention measures on standby – to assess readiness for recruiting physicians?

- Something new
- Something based on quantifiable data
- Something that incorporates the whole community
- Something that shows people on graphs and charts where they are and how to achieve their goals.

A black and white photograph of a male doctor in a white lab coat kneeling on the floor. He is looking down at a young child who is sitting on the floor next to a large stuffed animal. The child is holding a book. The doctor is smiling and appears to be interacting with the child. The background is a plain wall.

CAH CAQ Development: Class/Factor Examples

Geographic

- Schools
- Climate
- Perception of Community
- Spousal Satisfaction

Economic

- Loan Repayment
- Competition
- Part-time Opportunities
- Signing Bonus

Scope of Practice

- Emergency Care
- Mental Health
- Obstetrics
- Administration Duties

Medical support

- Nursing Workforce
- Call/practice Coverage
- Perception of Quality
- Specialist Availability

Hospital and Community Support

- EMR
- Welcome & Recruitment
- Televideo Support
- Plan for Capital Investment

States Participating/Interested

•States Participating in the CAP
 •States Interested in Implementing the CAP

Results

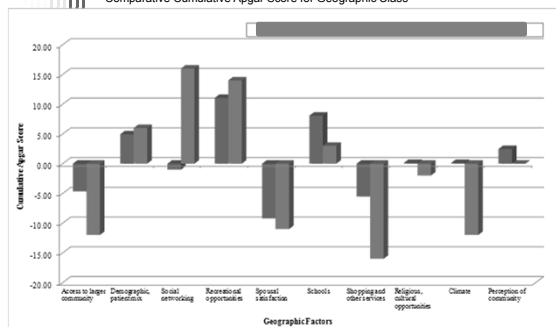
Top 10 Apgar Factors - CAH

Idaho (2012)	Wyoming (2011)	North Dakota (2011)	Wisconsin (2012)	Alaska (2012)
<ul style="list-style-type: none"> •Recreational opportunities •Internet access •Community need/physician support •Loan repayment •Income guarantee •Perception of quality •Competition •Stability of physician workforce •Employment status •Call practice coverage 	<ul style="list-style-type: none"> •Employment status •Loan repayment •Income guarantee •Community need/physician support •Recreational opportunities •Revenue flow •Competition •Ancillary staff workforce •Transfer arrangements •Moving allowance 	<ul style="list-style-type: none"> •Perception of Quality •Transfer arrangements •Internet access •Loan repayment •Income guarantee •Community need/physician support •Ancillary staff workforce •Employment status •Moving allowance •Schools 	<ul style="list-style-type: none"> •Employment status •Recreational opportunities •Perception of quality •Income guarantee •Nursing workforce •Religious/cultural opportunities •Physician workforce stability •Transfer arrangement •Ancillary staff workforce •Community volunteer opportunities (tie for 10th) •Revenue flow (tie for 10th) 	<ul style="list-style-type: none"> •Moving allowance •Recreational opportunities •Income guarantee •Emergency medical services •Inpatient care •Community need/physician support •Perception of quality •Community volunteer opportunities •Physical plant and equipment •Welcome and recruitment (tie for 10th) •Perception of community (tie for 10th)

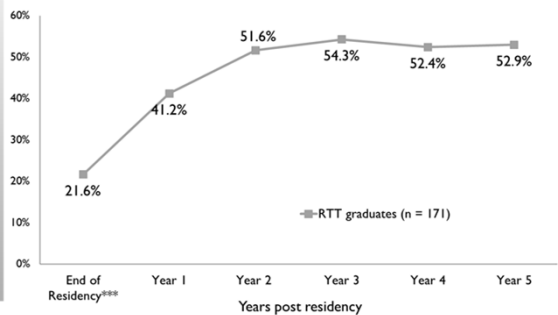
Bottom 10 Apgar Factors - CAH

Idaho (2012)	Wyoming (2011)	North Dakota (2011)	Wisconsin (2012)	Alaska (2012)
<ul style="list-style-type: none"> •Spousal satisfaction •Shopping/other services •Schools •Mental health •Allied mental health workforce •C-section •Access to larger community •Electronic medical records •Obstetrics •Religious/Cultural opportunities 	<ul style="list-style-type: none"> •Spousal satisfaction •Shopping/other services •Access to larger community •Mental health •Social networking •Allied mental health workforce •Religious/cultural opportunities •Climate •Electronic medical records •Nursing home 	<ul style="list-style-type: none"> •Climate •Spousal satisfaction •Shopping/other services •Mental health •Access to larger community •Emergency room coverage •Demographic/patient mix •Social networking •Allied mental health workforce •Electronic medical records 	<ul style="list-style-type: none"> •Spousal satisfaction •Televideo support •Inpatient care •Shopping/other services •Mental health •Social networking •Climate •Electronic medical records •Perception of community •Mid-level supervision 	<ul style="list-style-type: none"> •Spousal satisfaction •Shopping/other services •Climate •Access to larger community •Part-time opportunities •C-section •Endoscopy, surgery •Employment status •Electronic medical records •Social networking

Hospital X
Comparative Cumulative Apgar Score for Geographic Class



RTT graduates in rural practice (NPI data)



Physician Rural Training Tracks: Graduate Update

Davis G. Patterson, PhD
WWAMI Rural Health Research Center, University of Washington

David Schmitz, MD
Family Medicine Residency of Idaho

April 22, 2014 • NRHA Annual Conference • Las Vegas, NV



Rural Workforce Development from the Perspective of the Medical Student: Assessment of Factors for Recruiting and Retaining Medical Students to Rural Communities using the Community Apgar Questionnaire

Alex J. Reed, PsyD, MPH
David Schmitz, MD
James Girvan, PhD, MPH
Edward Baker, PhD

Summary of Interesting Findings

- Many of the participants are interested in working in a rural setting (39.7%).
- Most of the participants are thinking about a spouse, partner or s.o. when choosing a career or practice location (67.7%)
- The top 2 factors relate to family and work/life balance (spousal satisfaction and call coverage)
- Students looking to practice in these locations rate these factors most highly:

Rural	Suburban	Urban
OB & trauma	Schools	Access to large community
Loan repayment	Shopping	Part time work
Mental health	Subspecialist avail	Teaching
		Mental health
		Language support
		Hospital CME

Bottom 10 Apgar Factors

Idaho (2014)	Wyoming (2011)	North Dakota (2011)	Wisconsin (2012)	Alaska (2012)	Indiana (2014)	Montana (2014)
•Mental health •Spousal satisfaction •Shopping/ other services •Access to larger community •Allied mental health workforce •Electronic medical records •Schools •Access to larger community •Payor mix •C-section •Perception of community	•Spousal satisfaction •Shopping/ other services •Access to larger community •Mental health •Social networking •Allied mental health workforce •Religious/ cultural opportunities •Climate •Electronic medical records •Nursing home	•Climate •Spousal satisfaction •Shopping/ other services •Mental health •Access to larger community •Emergency room coverage •Demographic/ patient mix •Social networking •Allied mental health workforce •Electronic medical records	•Spousal satisfaction •Televideo support •Inpatient care •Shopping/ other services •Mental health •Social networking •Climate •Electronic medical records •Perception of community •Mid-level supervision	•Spousal satisfaction •Shopping/ other services •Climate •Access to larger community •Part-time opportunities •C-section •Endoscopy/ surgery •Employment status •Electronic medical records •Social networking	•Allied mental health workforce •Mental health •Social networking •Shopping/ other services •Spousal satisfaction •Televideo support •Welcome and recruitment •Perception of community •Demographic/ patient mix •Call practice coverage	•Spousal satisfaction •Mental health •Allied mental health workforce •Shopping/ other services •Climate •Physician workforce stability •Electronic medical records •Televideo support •Administration •Payor mix


Don't Know the Answers?

- Start by asking some of the right questions:
 - What are the current opportunities for professional fulfillment in rural health care?
 - How will I discover present and innovative pathways to achieve preparation for rural health service?
 - Do I understand the impact a rural health career choice can make for patients and communities?
- “Can and will I make a difference?”

Now its *your* turn...

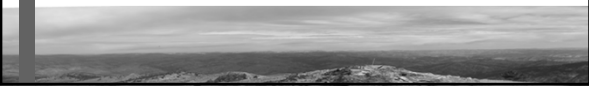
- to Make All the Difference

- What are the times we live in?
 - It is the Right Time
- Who is able to serve, doing what we know we must do for better health?
 - For the Right People
- Where must we position ourselves to make a contribution?
 - To be in the Right Places



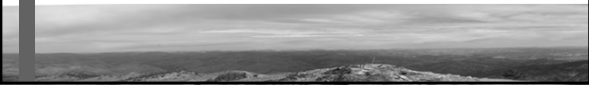
The role residency programs play in providing physicians in rural American

- The right people
 - Where do they come from
 - Why do they come here
 - How do they fit in and settle
- With the right skills
 - Curriculum and mentorship
 - Competence and confidence
- In the right places
 - “Train to Remain” is “Recruitment”



Learn how State Offices of Rural Health and State Rural Health Associations can support residency programs

- What are SORHs and doing or have you done in this area?
- Are there practices or ways that SORHs and can learn from each other?
- What support or resources might SORHs and SRHAs need in the efforts?



Best Practices (and Addressing Tough Challenges)

- Examples of what works:
- Examples of obstacles or barriers in what ought to work well (but hasn't so far):

Community Apgar Solutions

- Mental Health Patient Services
- Telehealth Support Solutions
- Physician Contracting Strategies
- Medical Staffing Solutions
- Place-based Medical Education
- Community Strategies for Recruitment

Thank you !
David Schmitz
dave.schmitz@fmridaho.org

Time for your Questions and Suggestions
