

Recruitment and Retention

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Looking At Colorado



“The best recruit is the one already here,” F. Moskol

- Experienced Health Professionals
- Residents & Fellows
- Leverage State Resources

Essentials Prior to The Recruitment Process

- State supported initiatives in health workforce data – NMHPC, NMHR, NMDOH, Boards
- Engage State and Federal Policy Makers
- Develop Rural Health Care Workforce Using All Models
- Strengthen Clinic and Hospital Financial Viability
- Invest in Information and Communication Technology
- Travel

Loan Obligation Programs

- NM Loan for Service - NMHED
- NM Loan Repayment - NMHED
- NM Health Service Corps -NMDOH
- National Health Service Corps
- Conrad 30 J-1 Visa Waiver Process
- Commercial Lenders
- WICHE

Successful Recruitment

- Knowledge of rural environments
- Commercial Recruitment Firm Disconnect
- Partnerships in Communities
- Partnerships with Health Centers
- Resident and Fellow Training – 1 + 2
- Locum Tenens

Recruitment Strategies

- Sourcing
- Advertising
- Mailing
- “Active Recruitment”
- Person to Person Interaction
- Adopt Technology

Use of Technology

- National Rural Recruitment and Retention Network <http://www.3rnet.org>
- Practice Sights Software

Recruitment Time Frame

- Primary care physician: 7 to 12 months in rural communities
- Specialist physician: 12 to 24 months
- Nurse Practitioner: 2 to 6 months
- Cycles of Graduation and Licensure
- Time to prepare to recruit
- Responses to marketing materials

Stages of Recruitment

- Prospects: Thousands
- Respondents: Hundreds
- Applicants: Tens
- Finalists: Three to Five
- Placement: One

National Rural Oriented Policy Organizations

- National Rural Health Association:
<http://www.nrharural.org/>
- National Association of Community Health Centers: <http://www.nachc.com/>
- Walsh Center for Rural Health Analysis:
<http://www.norc.uchicago.edu/issues/health6.asp>
- National Network for Health (USDA):
<http://www.nnh.org/>
- National Rural Health Resource Center:
<http://www.ruralcenter.org/mcrh/>

System Building: HHS Bureau of Primary Care

- 330 Programs – 85 sites funded, 135 total sites in NM
- Construction Grants
- Staffing Grants
- Integration of behavioral health
- PIN: A CHC in every county in every state

Indian Health Service

- Separate bureaucracy
- Staffing through PHS – Uniformed Corps
- Owned facilities
- Indian Self-Determination: 638 clinics and hospital services
- Current Crisis of IHS: 638, Treaties, Budget

Medicare: Unintended Consequences of Federal Policy

Bright Lights, Big City



Functional Geographic Areas

- Urban
- Rural
- Frontier

Importance of Definitions

- Allocation of Federal and State Funds
- Allocation of Workforce Resources
- Designation of eligible facility sites

Health Professional Shortage Area

- Established under the US Public Health Act
- Federal designation of a county or subdivision of a county (township/census tract)
- Availability of health services in a “rational” service area of 30 minute travel time

HPSA

- Hospitals, practices and clinics in these areas are eligible to apply for assignment of NHSC personnel and are eligible service areas for certain loan repayment, scholarship, and other PHS Programs.
- HPSAs are defined to include 1) urban and rural geographic areas, 2) population groups, and 3) facilities with shortages of professionals

HPSA Considerations

- Availability of primary care, dental and psychiatric resources
- High infant mortality
- High poverty rates
- Population groups
- Facilities
- <http://bhpr.hrsa.gov/shortage/hpsacrit.htm>

HPSAs Create Opportunities

- National Health Service Corps Scholarships
- Federal and State Loan Repayment Programs
- Rural Health Clinic justification
- Medicare Incentive Payments to Physicians
- Area Health Education Center (AHEC) grants

Medically Underserved Areas/Populations

- Community Health Center Federal Funding (“330” Grants) or “FQHCs”
- “Look Alikes” meet the definition of FQHC but do not receive Federal Funding and are eligible to receive cost-based reimbursement
- Rural Health Clinics receive favorable consideration for reimbursement purposes

Health Professional Resources

- New Mexico Health Resources:
<http://www.nmhr.org>
- New Mexico Commission on Higher Education:
<http://www.nmche.org/>
- The Center for the Health Professions:
<http://futurehealth.ucsf.edu/>
- Rural Recruitment and Retention Network:
<http://www.3Rnet.org>
- New Mexico Center for Nursing Excellence:
<http://www.nmnursingexcellence.org/>