Rural Recruitment for Retention
Providing Physicians a Road Map for Rural North Dakota

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History of Partnerships that work for rural ND:
UND SMHS, AHEC, CRH and our communities!

Began CAP Partnership with CRH
• 2011

8 ND CAH's participated in Y3 & Y4
• Nov 2014 - late 2016

RHEN Feasibility Studies
• Ongoing

16 ND CAH's participated in Y1 & Y2
• Sept 2011 - March 2013

RHEN/ Future Projects
• Ongoing

September 2015
Health Workforce Stats-
2015 Biennial Report

- Most of ND’s population is located within a federal designated primary care HPSA. 1 in 20 people live in a county that does not have a primary care physician.
- 14 of ND’s 53 counties, with a combined population of 35,752 (approx. 4% of the population) have no primary care physicians.
- More than half of all primary care physicians (57%) in ND graduated from UND SMHS or completed a residency here.
- North Dakota is a net physician “exporter” (more ND SMHS graduates practice in other states than other states’ graduates practicing in ND).
  - One important predictor of eventual practice location is where physicians obtain their residency training, since many physicians start practicing in the general vicinity of where they completed post-medical school residency training.

Source: 2015 biennial report

Presentation Overview

- The Community Apgar Project
  - Use of the Community Apgar Program
  - Development of Community Apgar Solutions
- The Rural Health Education Network (Proposed)
  - Medical student tracks (ROME)
  - Rural Training Track (RTT) residency program development
  - Rural rotation and rural continuity training experiences for residents
  - Community engagement, including learner service projects
- Where do we go from here?
  - Your ideas that will allow us to work most effectively together
Community Apgar Program
A Tool for Improving the Recruitment and Retention of Critical Access Hospital and Community Health Center Physicians
Top Apgar Factors
2016 North Dakota Comparative Database

North Dakota (2016) Top Apgar
- Transfer arrangements
- Ancillary staff workforce
- Competition
- Income guarantee
- Community need/physician support
- C-section
- Emergency medical services
- Obstetrics
- Perception of quality
- Schools (Tie)
- Mid-level provider workforce (Tie)

North Dakota (2016) Bottom Apgar
- Spousal satisfaction
- Mental Health
- Electronic medical records
- Shopping/Other Services
- Access to larger community
- Allied mental health workforce
- Climate
- Emergency room coverage
- Specialist availability
- Payer Mix
Examples from Hospital Level Report

Comparative Cumulative Apgar Score

Hospital X

Community Apgar Class

Overall Apgar Geographic Economic Scope of Practice Medical Support Hospital and Community Support

Cumulative Apgar Score

Baseline Mean
Comparative Cumulative Apgar Score

Hospital X

Comparative Cumulative Apgar Score for Geographic Class

Access to larger community
Demographic, patient mix
Social networking
Recreational opportunities
Spousal satisfaction
Schools
Mortgaging and other services
Religious, cultural opportunities
Climate
Perception of community

Geographic Factors

Cumulative Apgar Score

Baseline Mean

Geographic
Economic
Scope of Practice
Medical Support
Hospital and Community Support

Community Apgar Class

Overall Apgar
Geographic
Economic
Scope of Practice
Medical Support
Hospital and Community Support

Cumulative Apgar Score

Baseline Mean

McKenzie County Memorial Hospital

Baseline Mean

Nelson County Health System

Access to larger community
Demographic, patient mix
Social networking
Recreational opportunities
Spousal satisfaction
Schools
Mortgaging and other services
Religious, cultural opportunities
Climate
Perception of community

Geographic Factors

Cumulative Apgar Score

Baseline Mean

Geographic
Economic
Scope of Practice
Medical Support
Hospital and Community Support

Community Apgar Class

Overall Apgar
Geographic
Economic
Scope of Practice
Medical Support
Hospital and Community Support

Cumulative Apgar Score

Baseline Mean
Hospital X
Comparative Cumulative Apgar Score for Economic Class

Comparative Cumulative Apgar Score for Scope of Practice Class
Hospital X
Top 10 Cumulative Apgar Variance Factors across All 50 Factors

Top 10 Apgar Variance Factors

1. Physical plant and equipment
2. Access to larger community
3. Demographic, patient mix
4. Nursing workforce
5. Emergency medical services
6. Schools
7. Physician workforce stability
8. Inpatient care
9. Transfer arrangements
10. Endoscopy, surgery

Bottom 10 Cumulative Apgar Variance Factors across All 50 Factors

Bottom 10 Apgar Variance Factors

1. Call, practice coverage
2. Climate
3. Allied mental health workforce
4. Schools
5. Televideo support
6. Community volunteer opportunities
7. Ancillary staff workforce
8. Employment status
9. Welcome and recruitment
10. Mid-level supervision
We’re all in this together!
Rural Health Education Network

- The Rural Health Education Network (RHEN) is:
  - Training of both graduate (residents) and the undergraduate (medical students) medical professional students
  - Utilizing an interprofessional health education model
  - In the context of providing a team-based approach in health care delivery
  - Targeted to deliver a competent and confident rural physician workforce to fit rural community recruitment and retention

RHEN for North Dakota

RHEN for ND will:
- Make the most of North Dakota’s education resources while further providing an efficient model for learner placement and workforce retention

Examples of similar work:
- Completed feasibility studies
  - McKenzie County Healthcare System
  - Coal Country Community Health
  - Sakakawea Medical Center
  - Standing Rock Indian Hospital
  - CHI St. Joseph’s Health Center
Time for your input and suggestions!

Thank you!

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