Recruitment and Retention Committee Roles

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Park River Hospital Board
by
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Center for Rural Health

Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND

Focuses on:
- Education, Training, & Resource Awareness
- Community Development & Technical Assistance
- Native American Health
- **Rural Health Workforce**
- Rural Health Research
- Rural Health Policy

Web site: http://medicine.nodak.edu/crh
Recruitment Process

Retention or Exit Interviews & Succession Planning

Strategic Planning

Recruitment & Retention

Needs Assessment

Candidates

Hire, Orient, Welcome to Town

Knowledge of the Environment: National Health Care Challenges

Medicine

Shortage of physicians

Growing pressure from AAMC and others for more allopathic medical schools

Knowledge of the Environment: National Health Care Challenges

Pressing need in
- Nursing
- Radiological Techs
- Respiratory Techs
- Laboratory Medicine
- PT
- OT
- Pharmacy Techs
- Dentistry


Knowledge of the Environment: National Health Care Challenges

Demand for health care services is increasing

- Aging population
- Increased technology and more pharmaceuticals
- More preventive services are available
Predictors for Rural Practice

The strongest predictor of physicians choosing a rural practice was if they grew up in a rural area!

Source: Presentations at the 3rd Annual Physician Workforce Research Conference; AAMC; May 2007
**Recruitment Time Frame**

- Average time to recruit a physician is 7-12 months in rural areas
- Average time to recruit a NP/PA is 2-6 months
- Most candidates are available to start work summer-fall after graduating
- Time is needed to document need, develop job description, develop marketing materials and contract, source, conduct site visits, and negotiate

**Community Characteristics**

- May lack understanding about the types of providers, i.e., MDs, PAs, NPs
- May not understand what they need to do
- May not know the related costs
Recruitment is Part of a Process

- Successful recruitment is based on the combined efforts of the community, the practice, and hospital.
- Physician recruitment in rural or underserved areas requires community involvement.
- Successful medical staff development in underserved areas is tied to community development.

The community grows a sustainable health system and if you don’t use the system – you may lose it!

Develop a Workforce Plan

- Analyze workforce needs 3 years out.
- Factor in retirements, attrition, and growth.
- Retain the existing providers.
- Maximize reimbursement through CAH, RHC, FQHC, 638s or state programs.
Recruitment Readiness

- Does the population understand the role of local providers and facilities?
- What are specialized health care needs?
- Is there sufficient capacity?
  - physician to population ratio
  - adequate coverage for call
- What is the use of local providers?

Orientation that Leads to R & R

Get and keep the family involved in Community Activities

- BBQ's/Picnics
- Church/School Activities
- Clubs
- “Family Day”/ Retreats
Recruitment Committee

- Help to define the recruitment process
- Determine how the community relates to the physician and family on a person level?
- Determine the support from community?
- Is family adjusting well?

Community Development – Medical Staff Development

- What does the community need from a physician?
- Who is responsible for development of a plan?
- Is the plan realistic based on community needs?
- Community and medical buy-in?
- Is this a viable community with a viable medical practice?
- Is it realistic to be recruiting for a physician or would other practitioners be more appropriate?
**Essential Activities for Community Medical Staff Development**

- Develop strategic plan for both
- Develop recruitment plan
- Promote your community and practice in a positive and HONEST way

**Budgetary Considerations**

- Financial Package: guaranteed salary, **signing bonus**, loan repayment
- Relocation: Average is $5000
- Promotional Expenses: ads, Web, exhibits, photos, brochures, postage
- Travel for Site Visits: Average is $1,000
- Sourcing: Lists, Labels, phone calls, 800#
- Placement Fees: $7,000(state)-$40,000+ (commercial firm) Good/Bad idea???
- Coordinator’s Salary (if specifically hired for the task of R & R coordinator)
Ten Recruiting Rules

♣ Recruitment is selling and relationship building
♣ Get organized, details matter
♣ Involve others in the community
♣ Know your competition
♣ Interview at candidate’s convenience
♣ Move quickly to make offer
♣ Recruit the entire family
♣ Negotiate -- Be flexible
♣ 40% professional - 60% personal

Close the deal

Factors in Choosing a Site
Criteria for Choosing a Practice

- 89% Location
- 46% Financial Package
- 28% Adequate Call Coverage
- 19% Lifestyle Amenities
- 15% Loan Forgiveness

Merritt Hawkins Associates - 2000

Practice Criteria

- Geographical preferences
- Practice needs/coverage (call)
- Special procedures/ob/flex sig/sports med
- Financial needs-salary/loans/bonus
- Independent, community, corporate site
- Where else are they looking?
- Timing for visit/decision/start
Screening Candidates: Residents and Students... Personal Preferences

- Family Needs and Interests
- Religious and Cultural
- Recreational
- Other family

Means of Sourcing

- Telemarketing
- Direct Mail
- Advertising
- Internet Databases
- Home Growing and Training
Sourcing Candidates

- State Placement Program/Alumni Lists
- Medical, nursing and specialty associations
- HP Job Fairs/Receptions
- Medical residency, Graduate Nursing, PA, Dental and Pharmacy Programs (University)
- Long-term scholarships
- Encourage rural student/resident rotations

Sourcing Candidates - cont’d

~ State Licensing Boards
~ Recruit locums physicians
~ National Health Service Corps
~ Journal advertisements
~ Web classifieds
Community Site Visits

Preparing for Site Visits

- Patient demographics
- Patient referrals
- Collaborative arrangements with others
- Payer mix and reimbursement rates
- Practice considerations (tours of ER, OB, Procedure rooms)
- Supervision and management
- Reason for vacancy
- Type of compensation and benefits
Preparing for Site Visits - cont’d

- Local and regional schools
- Housing availability, property
- Recreational, social, and cultural opportunities (library, pool, community center)
- Worship opportunities
- Businesses and economic development

Site Visit Follow-up

- Send a thank you letter
- If you are interested, make an offer or invite them for another visit
- Send the candidate a written offer within 2 weeks
- Send contract or agreement
- Follow-up calls to answer questions or address concerns, and negotiate contract
Summary: Site Visit Tips

- Include the spouse/SO and children
- Have an itinerary that includes tailored activities
- Don’t compromise on accommodations
- Have supportive, enthusiastic people involved
- Don’t overwhelm the candidate and spouse
- Have a sample contract available
What Were the Most Common Recruitment Incentives Used

- Paid relocation expenses
- Forgiveness of income guarantee (usual 3 yrs.)
- Paid CME
- Salaries or salaries with bonus
- Signing bonuses
- Malpractice payments standard
- Health insurance standard
- Education loan forgiveness

Compensation Package

<table>
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<tr>
<th>Average Physician Salaries</th>
<th>2003</th>
<th>2006</th>
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<tbody>
<tr>
<td>FP without OB</td>
<td>138k</td>
<td>142K</td>
</tr>
<tr>
<td>General Surgery</td>
<td>225k</td>
<td>261K</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>141k</td>
<td>148K</td>
</tr>
</tbody>
</table>

TODAY: FP range is 150K – 170K

Source: Medical Economics Jan. 2003; Jackson & Coker 2006 website
Incentive Programs

State Loan Repayment

- Physician may receive up to $90,000 for 2 years of service
  - involves a 50/50 state-community match
- NPs and PAs may receive up to $10,000 – also a 1:1 community match for a 2 year service obligation

Not Eligible for the National Health Service Corps
J-1 Visa Program

- Foreign physicians who want to stay in the U.S.
  - Must practice 3 years in a HPSA or MUA
Retention and Turnover

- Turnover rates are highest in the first three years
- Retention plan needs to be most active in the first three years
- Frequency of scheduled contact with the new physician starts weekly
- Continue regular visits/monthly/quarterly

Reasons for Leaving

**PHYSICIAN:**
- Lack of control over practice
- Scheduling concerns including call
- Referrals
- Not part of the decision-making process/no feedback
- Contract Issues/unmet expectations

**SPOUSE:**
- Difficulty finding employment
- Challenges making new friends
- Few events/activities to be involved in
- Not welcome
Retention Points….

- Starts with good orientation
- Call schedule – how will this be handled
- Cultural understanding
- Is there emotional support from partners and community?
- Is family included in events?
- Is there a sense of belonging?

Retention Points….

- Start with good orientation
- Develop a plan for ER call
- Cultural understanding
- Is there emotional support from partners and community?
- Is family included in events?
- Is there a sense of belonging?
For more information contact:

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Connecting resources and knowledge to strengthen the health of people in rural communities.