

PARTICIPANT HANDOUTS

Retention of the Medical Provider at a Community Health Center

Presented by:

Matt Pflieger, DO – Medical Director at the Pecos site of Clinica Family Health Services

Live Broadcast Date/Time:

Wednesday, March 18, 2015

11:30 a.m.–1:00pm Mountain Time / 12:30–2:00pm Central Time

Event Overview:

Community Health Centers (CHCs) often struggle with long term retention of medical providers. The effect of losing a provider on a clinic can be profound, in terms of patient care, clinical quality, and financial stability. The reasons for poor retention are multifactorial, complex, and not what you would always expect. By breaking down the large topic of retention into smaller components, one can start to develop a strategy of engaging providers actively and more efficiently. Dr. Pflieger will discuss the provider retention process he has utilized at his site, starting with recruitment and going all the way through burn-out. He will debunk myths around retention and challenge people to get specific around topics like “work-life balance,” “burn-out,” and “Millennials,” as well as address what retention truly means.

Learning Objectives:

Participants will:

1. Be able to develop a personal site and organizational plan for provider retention.
2. Understand the factors that contribute to provider satisfaction.
3. Be able to identify what characteristics in a provider lend to better long term satisfaction.
4. Develop managerial skills that can be applied to different generations of providers.
5. Develop confidence in setting a culture at the clinic that promotes stability.

CONTENTS

Page 2:

CHAMPS Archives
Descriptions of CCHN & CHAMPS
Speaker Biography
Additional Resources
Retention Plan Worksheet
Slides

Page 3:

Page 4-6:

Pages 7-28:



CHAMPS ARCHIVES

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DESCRIPTION OF CCHN

Colorado Community Health Network (CCHN) is a non-profit organization representing the 18 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY

Matt Pflieger has been practicing at Clinica Family Health Services since 2009 and has been the medical director of Clinica's Pecos site since 2013. He has maintained a full-scope Family Medicine practice which includes labor and delivery and inpatient medicine. Since becoming the Pecos site medical director, he has been the supervisor for a large clinic with 19 providers encompassing Family Medicine, Pediatric and OB/GYN physicians, as well as Nurse Practitioners and Physician Assistants. In addition, he also manages four Behavioral Health Providers. He is directly involved in the recruiting, hiring, and managing of these providers. Over the past year, he has participated in the Advanced Physician Leadership Program through the Regional Institute of Health and Environmental Leadership (RIHEL) to develop deeper leadership skills and collaborate on solutions that can improve the value of healthcare to Coloradans.

ADDITIONAL RESOURCES

[CHAMPS 2011 Region VIII Recruitment and Retention Survey](#)

[CHAMPS Recruitment & Retention Resources](#)

[NACHC Recruitment, Onboarding & Retention – A toolkit for CHCs](#)

[RIHEL – Regional Institute Health and Environmental Leadership](#)

Bibliography

[Fernández-Aráoz, Claudio. *It's Not the How or the What but the Who: Succeed by Surrounding Yourself with the Best.* Boston: Harvard Business Review, 2014.](#)

[Kearns Goodwin, Doris. *Team of Rivals: The Political Genius of Abraham Lincoln.* New York: Simon & Schuster, 2006.](#)

[Linzer, Mark, et al. "10 Bold Steps to Prevent Burnout in General Internal Medicine". *Journal of General Internal Medicine* \(Sept. 4, 2013\).](#)

[Peckham, Carol. "Physician Burnout: It Just Keeps Getting Worse". *Medscape Family Medicine* \(Jan. 26, 2015\).](#)

[Petterson, Stephen, et al. "Projecting US Primary Care Physician Workforce Needs: 2010-2025". *Annals of Family Medicine* Vol. 10 \(2012\): 503-509.](#)

[Pink, Daniel. *Drive: The Surprising Truth About What Motivates Us.* New York: Riverhead Books, 2011.](#)

[Remen, Rachel Naomi. *Kitchen Table Wisdom.* New York: Riverhead Books, 1996.](#)

[Rock, David. *Quiet Leadership: Six Steps to Transforming Performance at Work.* Seattle: Harper Business, 2007.](#)

[Twenge, Jean. *Generation Me: Why Today's Young Americans Are More Confident, Assertive, Entitled, and More Miserable Than Ever Before.* New York: Atria Books, 2014.](#)

[Welch, Jack. *Jack: Straight from the Gut.* Dublin: Business Plus, 2003.](#)

[Wooden, John. *Wooden on Leadership: How to Create a Winning Organization.* New York: McGraw Hill, 2005.](#)

My Retention Strategy

This is an outline to develop your own comprehensive strategy based on the needs of your clinic.

This worksheet will follow the structure of the lecture.

1. Recruiting

- a. Organized
- b. Efficient
- c. Screening Process
- d. Interview Day
- e. The spouse
- f. Don't hire because you have to.

2. Orientation

- a. Mid-levels
- b. Physicians
- c. Medical Directors

3. Engagement

- a. Monthly meetings between Supervisor or Supervising physician and mid-level.
- b. Millennial vs Gen X vs Baby-Boomer

4. Communication

- a. Constant
- b. Vision and Mission communication
- c. Annual reviews
- d. Participatory
- e. Clinic Director and Medical Director co-communication
- f. Executive level

5. Compensation

- a. Equitable
- b. Market value
- c. Benefits vs. salary
- d. Provider Realism

6. Recognition

- a. Peer recognition
- b. Team recognition
- c. VP, supervisor recognition
- d. Fulfilling recognition
- e. Relationship development

7. Development

- a. CME
- b. Time restraints of learning everything you need to know
- c. On-site training
- d. Learning from mistakes

8. Work-Life balance

- a. Encourage a healthy balance.
- b. Anticipate problems
- c. 'A friend on the team'
- d. Develop perseverance

9. Burn-out

- a. Empathy
- b. Develop Boundaries
- c. Personal expectations vs. Organizational expectations
- d. Motivational Interviewing

Retention of the Medical Provider at the Community Health Clinic

PRESENTED BY: MATT PFLIEGER, DO
MEDICAL DIRECTOR, PECOS SITE,
CLINICA FAMILY HEALTH

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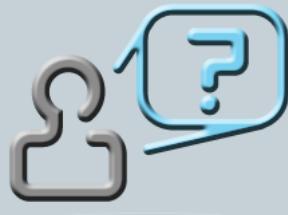
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Interactive Poll

How often do you recruit for providers ?

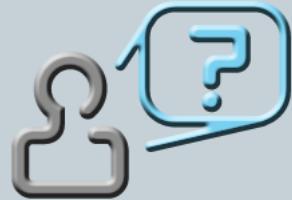
- Never
- Periodically
- Frequently
- Constantly
- Not Applicable



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Interactive Question

How many people total are watching this event at your computer (yourself included)?



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Learning Objectives

- Be able to develop their own site and organizational plan for provider retention.
- Understand the factors that contribute to provider satisfaction.
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- Develop managerial skills that can be applied to different generations of providers.
- Develop confidence in setting a culture at the clinic that promotes stability.

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Why me for this lecture?

- Full-scope Family Medicine at Clinica Family Health since 2009.
- Medical Director at the Pecos site since 2013
- Residency at Swedish Family Medicine in Denver. Chief Resident during my third year
- Medical School at Midwestern University in Downers Grove, IL
- Completed the Advanced Physician Leadership Program through RIHEL and Colorado Medical Society
- Locums work at CHC sites, my wife is a family doctor at another CHC

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“Providers go where they are invited, stay where they are well treated and grow where they are cultivated”

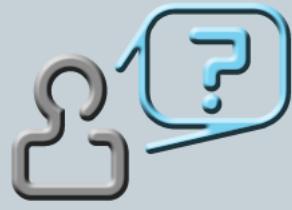
Roger Bonds

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Interactive Question

What is the average cost of a 12 month physician vacancy, including recruiting costs? (per the AMGA)

- \$5,000
- \$25,000
- \$1.2 million
- It costs nothing



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Why is this important?

- AMGA records physician turnover is 6% by several surveys in the last few years. Mid-level turn-over is reported as high as 14%
- HRSA predicts a shortage of 20,000 primary care physicians by 2020
 - We could decrease this to 6500 if we use NP/PAs effectively
- We need 52,000 more primary care physicians by 2025
 - *Ann Fam Med* 2012;10:503-509. doi:10.1370/afm.1431.
- It is expensive to recruit and orient a new provider
 - Have to consider lost revenue from non-utilized visits

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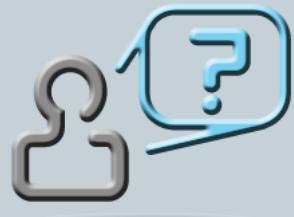
Let us not forget that provider turnover is awful for patient care.

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Interactive Question

Does your organization have a clear plan for provider retention?

- Yes
- No
- Unsure



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What is Retention?

- Thanks to CHAMPS for guidance and their recruitment and retention survey
 - *CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*
- You have to determine this for yourself.
 - Depends of history of organization, locale, other similar practices
- It can't be a moving target
 - You will never be satisfied if you have no definition
- Set a goal
 - Be audacious.

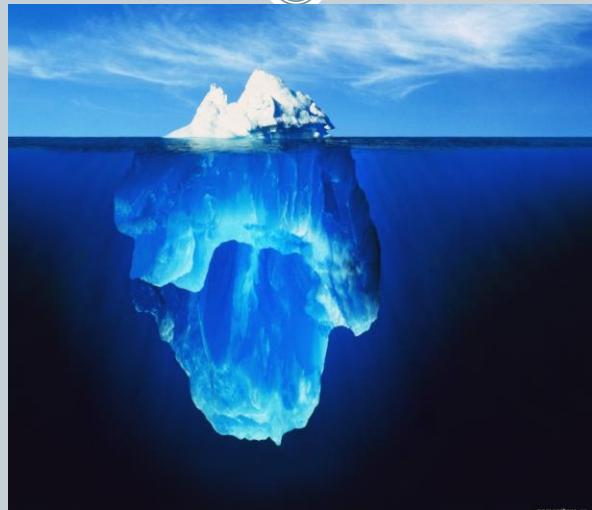
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Create your strategy

- See the handout
- It is necessary to take a long, comprehensive view of retention
- It takes HR working closely with clinical staff to understand the problem and create a plan
- It takes some honesty on your staff and some willingness to listen to your co-workers
- Are you reading? Are you learning from others?
- Are you willing to ask the right questions from the right people?

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Why so much detail?



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Where do you begin?

Develop a Pipeline and Mentor



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The Pipeline



- Have students rotate with you and let them experience the practice.
 - This could be a double edged sword
 - You better be perceived as organized and well run
- Organize a relationship with schools and residencies to stream line the process
- Get your best provider on the job of taking students
 - Could be a way of retaining a provider who loves to teach

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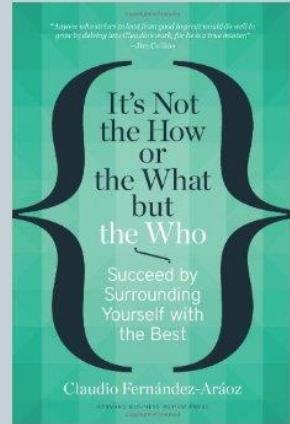
Recruitment

- Organized
 - First impressions are important
- Efficient
 - Take it from the pros
 - Candidates want to feel connected to the process
 - ✖ Don't leave them in the dark
- Screening
 - Avoid certain schools?
 - Are you good at looking at a CV for key experiences that will lead to perseverance?
 - Jumping around a lot?
 - New grad vs experienced?
 - Sometimes conventional is not good

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Recruitment

- Interview day
 - Team based
 - Check your emotions
 - And your blood sugar
 - Standardized questions?
 - Differing environments help assess
 - the candidate
 - Who is the best at this?
 - What are your trigger words?
 - Mine are ‘Justice’ and ‘Mission’



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Recruitment

- The spouse
 - Probably more important than the candidate
 - Will they be able to find a job? School? Friends?
- Don't hire because you have to
 - Don't step into a situation that you will regret 6 months later.

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Interactive Question

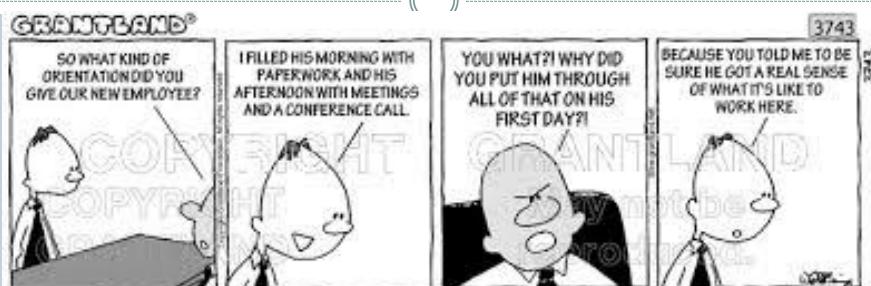
It takes 8 months for most new providers to decide to leave their practice.

- True
- False



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Orientation



- NP/PA
- Physicians

- Honesty
- Clarity
- Culture
- Time

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Orientation

and mixed with some other thoughts

• Medical Leadership

- Don't just promote the person who has been there the longest
- Don't think that the title gives them the skills
- Give them the time to do their job.
 - They are the tree trunk
 - Be mindful of how hard the middle management role can be
- Start a pipeline of leadership NOW.

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Orientation

• NP and PAs

- They didn't go through a residency
- They need to have protected time with their supervisor/mentor to discuss clinical cases, care management
 - This is risk management and just a good thing to do.

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Engagement

- Clinica 'MD support' experience

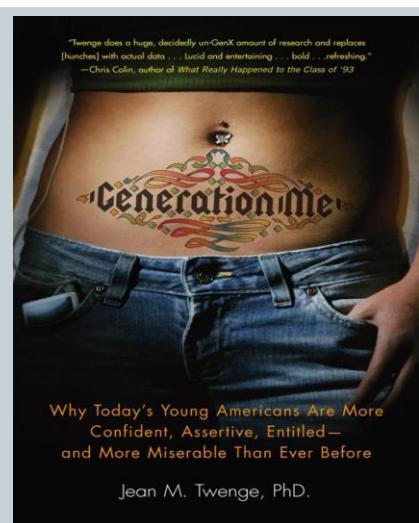
- 7-13 slots blocked in a row to do site support, labs, paperwork, flip visits, crisis management, etc.
- A big sense of 'ahhhhhhhh'.
- We realize that the MD/DO role may have to change as we have few candidates for the positions.

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Engagement

- Millennials

- Love 'em or hate 'em, they are here to stay
- They need to know you love them and that they can trust you
- They expect to advance
- They were taught that they have all the answers
- They think their friends have awesome jobs



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Engagement



- Baby-Boomers

- Please help them with the Millennials.
- Show them that you are working just as hard as them
 - ✖ Work is a value
- They need to be recognized for going that extra mile
- Inclusivity

- Gen-X

- Get to the point and get out of the way
- More used to one training and then having to figure it out
- We need to learn to ask for help (my own confession)

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Communication



- Constant

- What is my role as the medical director?
 - ✖ A lot of things but I can not neglect the supervisor role

- Mission/vision

- Especially with Millennials
- We belong to a work sector that is doing truly good work.

- Participatory

- Loop back with outcomes
- Provider's responsibility in that communication

- Clinic Director and Medical Director team

- Executive Level

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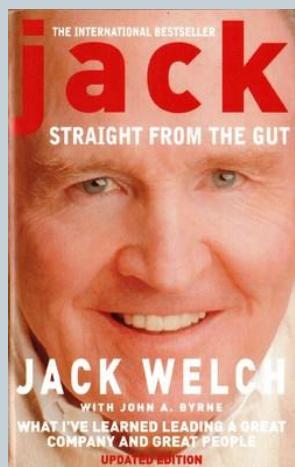
Communication

- I suspect the micro-communication you give is more important than the macro-communication.
- The rat experiment
- Body Language/consistency/fake?



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Communication

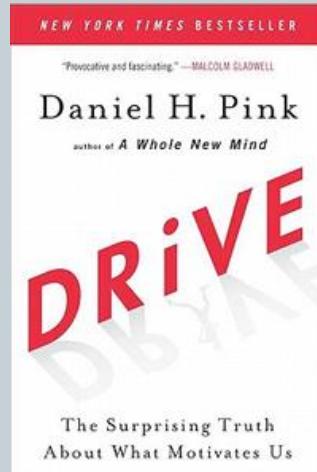


- Annual Reviews
 - 360 degree review
 - Chart review
 - Appreciative Inquiry
 - Get out of the office
 - Don't sugar coat a review with someone who might be let go.

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Compensation

- Equitable
- Market wage
- Benefits
 - Maybe more important?
- Provider Realism
- Clinica example of pay raises
- Careful with incentive pay



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Recognition

- Peer Recognition
- Team Recognition
- Supervisor Recognition
- Fulfilling Recognition
 - Not contrite
 - You have to learn how your provider wants it.
- Relationship Development

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Development

- CME
 - Don't let providers waste CME dollars.
- Time restraints of having to learn everything you need to see patients
 - This is a coaching issue
- On-site Training
- Learning from mistakes or bad outcomes
 - A good peer review process
 - Balint
- Let providers create a niche

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Work-Life Balance



A moving target
and
everyone has an opinion

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Work-Life balance



My opinion:

Work life balance is not the organization's fault, but it is your problem.

- Coach on perseverance
 - Especially after the honeymoon phase
- A friend on the team
- Anticipate problems
- Encourage a healthy balance, whatever that means for each person

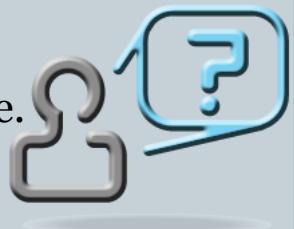
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Interactive Question



What is the burnout rate of family medicine doctors per year?

- 20%
- 40%
- 50%
- 0% We are happy, all the time.



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Burnout

- What?

- You know it when you see it.
- *This is a big source of HR/operational and Clinical disconnect*

- Burnout rates

- Physician Burnout: It Just Keeps Getting Worse. *Medscape*. Jan 26, 2015.
- Difficult to define it and therefore study it.
- ‘Cog in the Wheel’, ‘Too many beauracratic tasks’, ‘Increasing computerization of patient care’, ‘Too many hours at work’
- Linzer M, Levine R, Meltzer D, Poplau S, Warde C, West CP. *10 Bold Steps to Prevent Burnout in General Internal Medicine*. J Gen Intern Med 29(1):18–20

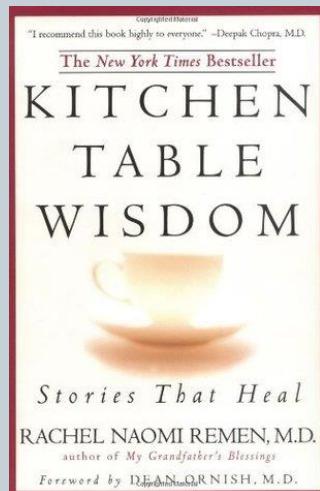
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Burnout

- Empathy
- Coaching on boundaries
- Personal Expectations vs. Organizational expectations
- Motivational Interviewing

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“The antidote for professionalism is grieving.”



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PDSA

- How do you know it is working?
 - Exit surveys are essential
 - Yearly employee surveys – internal and external
 - Measure turnover
 - Focus groups

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Retention strategies applied



What are you doing to retain MA's,
nurses', support staff?

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“I will not like you all the same.
I will love you all the same and
I will give you the treatment you
earn and deserve.”

John Wooden

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Thank You for Joining Us!



Matt Pflieger, DO
Medical Director, Pecos site,
Clinica Family Health
mpflieger@clinica.org



Please join us next on April 15, 2015 for a new
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