

Health Center Recruitment & Retention

Maximize Your Success!

Andrea Martin

CHAMPS Workforce Development and Member
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Tuesday, March 19, 2012

11:30 am – 1:00 pm Mountain Time
12:30 pm – 2:00 pm Central Time

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Hosted by:



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Learning Objectives

Part 1:

- Understand the unique preferences and tendencies of Region VIII health center staff, as expressed in the **2011 Region VIII Health Center Recruitment & Retention Survey**, and be able to utilize position-specific details to tailor recruiting and retention practices.

Part 2:

- Understand the impact of a **provider onboarding program** on improved satisfaction and ultimately higher retention rates, and be able to utilize this information to gain leadership buy-in for the program.



Learning Objectives, continued

Part 2, continued:

- Identify components of the onboarding program that can be **realistically implemented** at the health center, and understand how to successfully implement those components.
- Be able to complete a **provider orientation satisfaction survey** before and after implementing the new program to measure its impact, and be able to communicate results to leadership for support of ongoing program improvements.



POLL

**Which title best fits
your role at your
organization?**



POLL

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



Part 1: Region VIII Health Center Staff Preferences/Tendencies

Andrea Martin

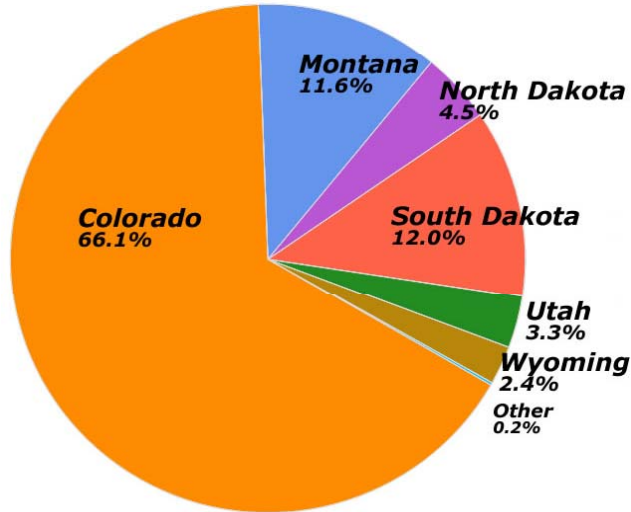
**2011 Region VIII Health Center
Recruitment & Retention Survey**

[www.CHAMPSonline.org/ToolsProducts/
PublicationsMedia/Publications.html#RandR](http://www.CHAMPSonline.org/ToolsProducts/PublicationsMedia/Publications.html#RandR)



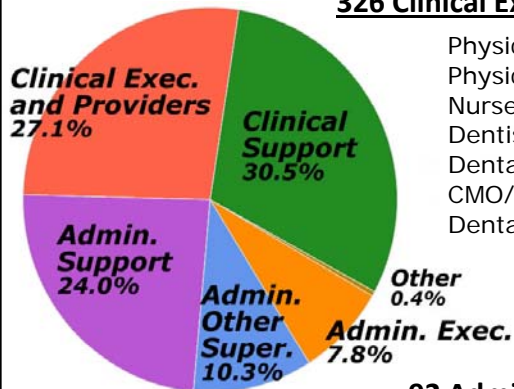
Participants Demographics

1,229 Participants – 54 Health Centers



Responding Position Types

326 Clinical Executives (Leaders) & Providers

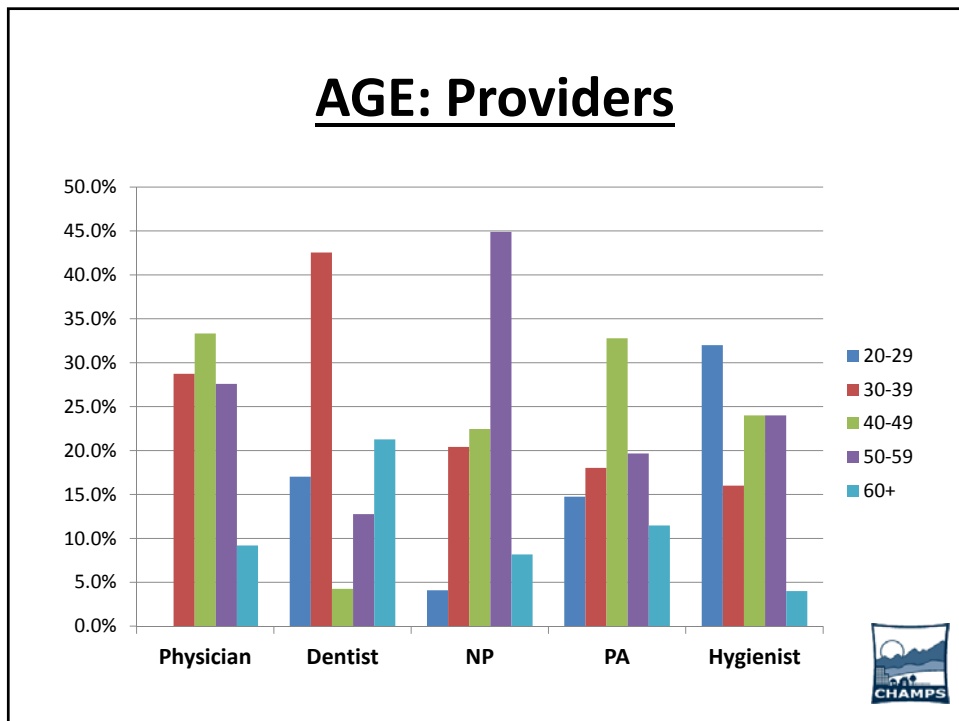
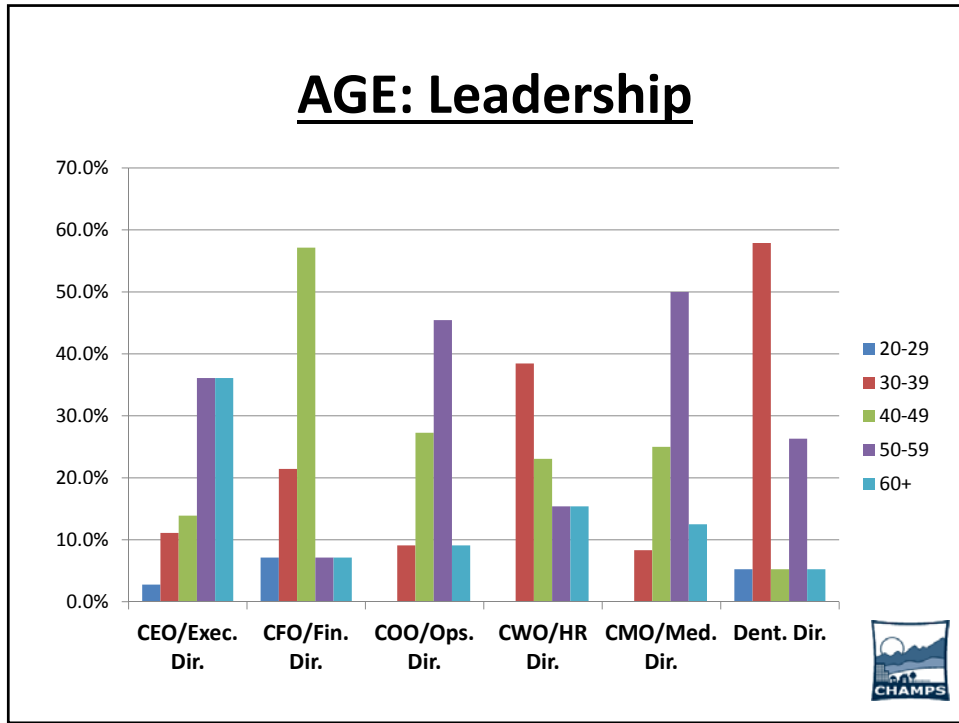


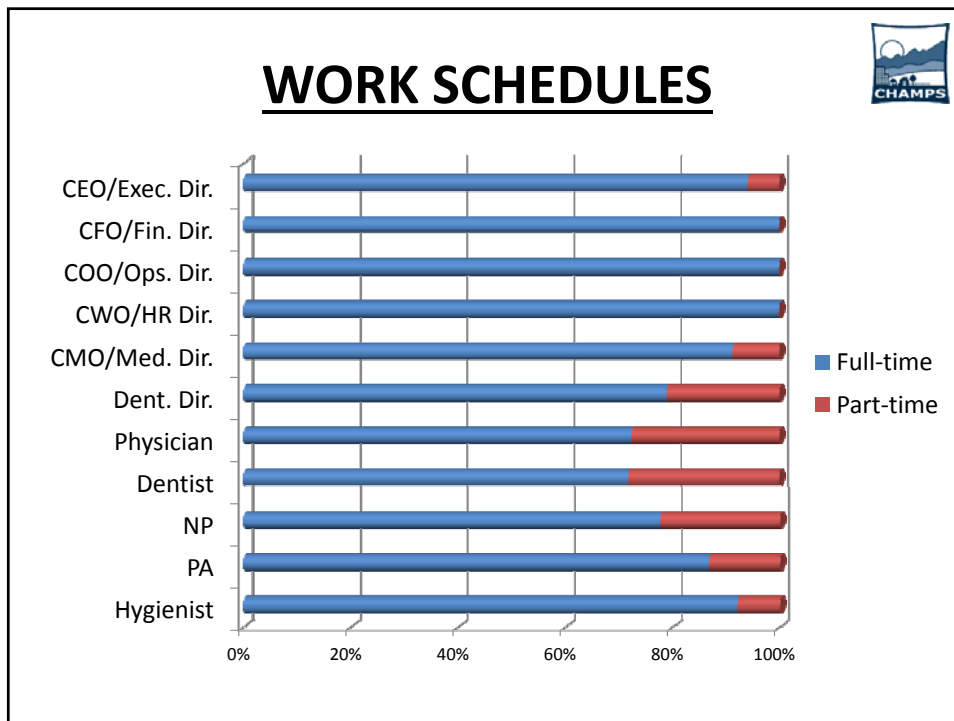
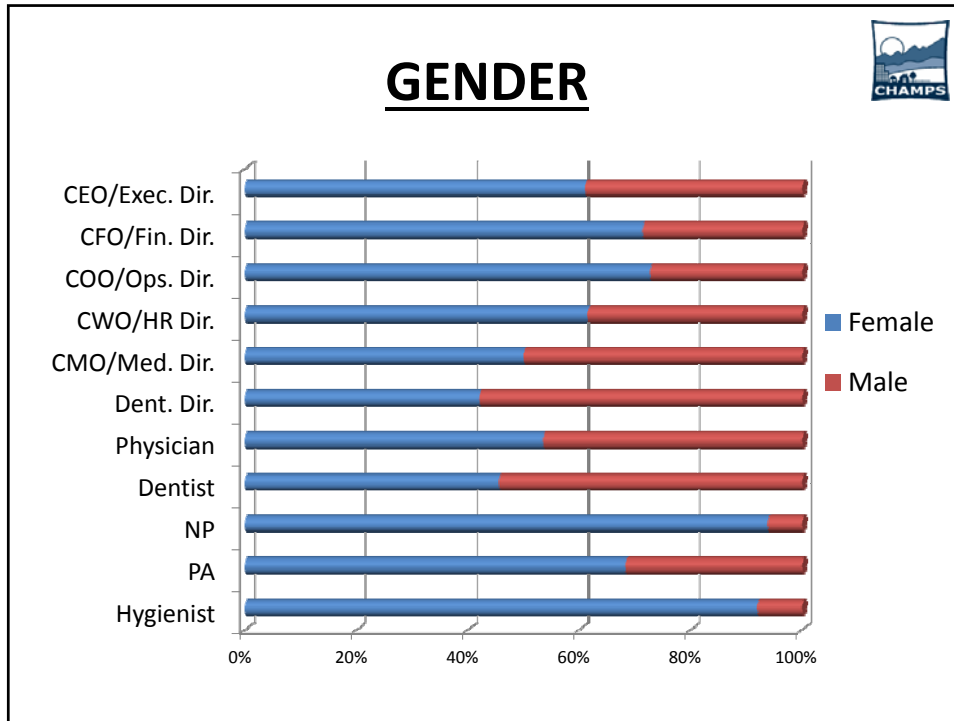
Physician (87)	26.8%
Physician Assistant (61)	18.8%
Nurse Practitioner (49)	15.1%
Dentist (47)	14.5%
Dental Hygienist (25)	7.7%
CMO/Medical Director (24)	7.4%
Dental Director (19)	5.8%

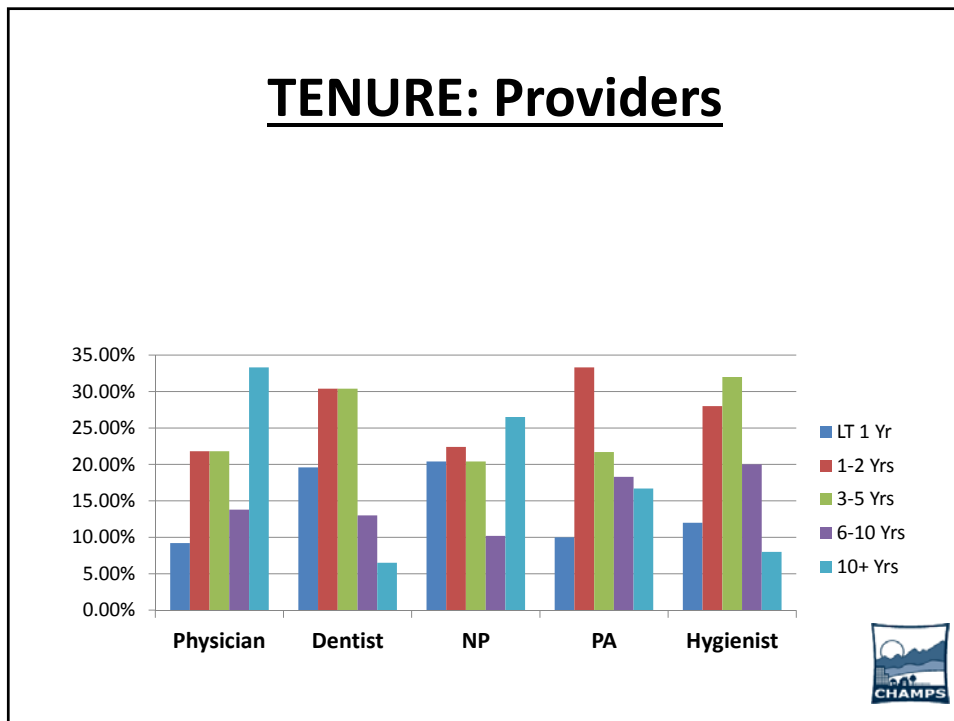
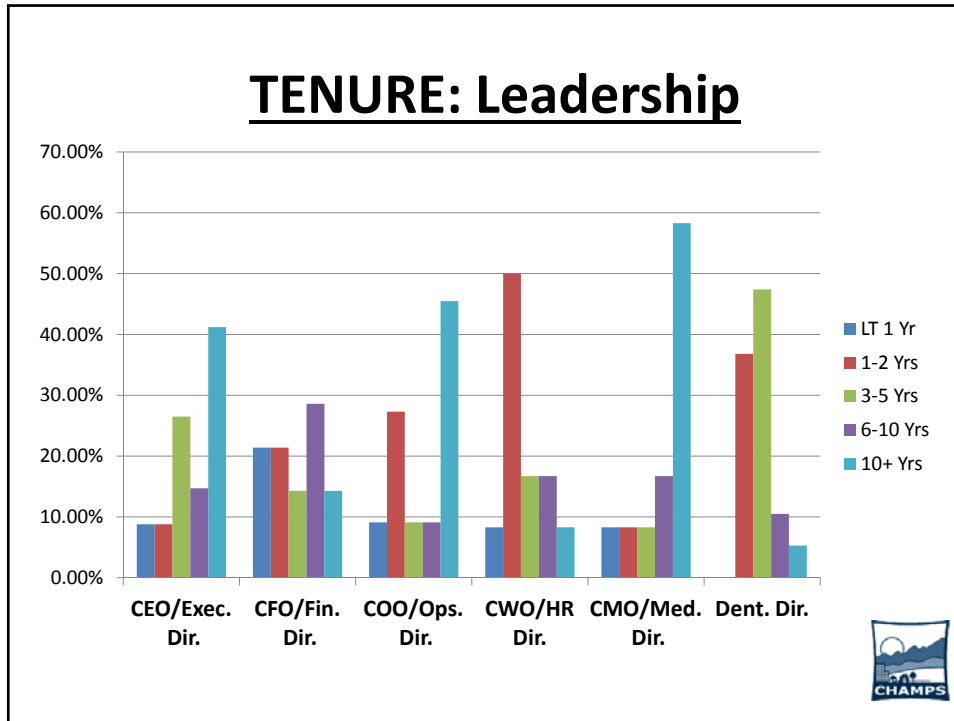
92 Administrative Executives (Leaders)

CEO/Executive Dir. (36)	39.1%
CFO/Finance Dir. (14)	15.2%
CWO/HR Dir. (13)	14.1%
COO/Operations Dir. (11)	12.0%

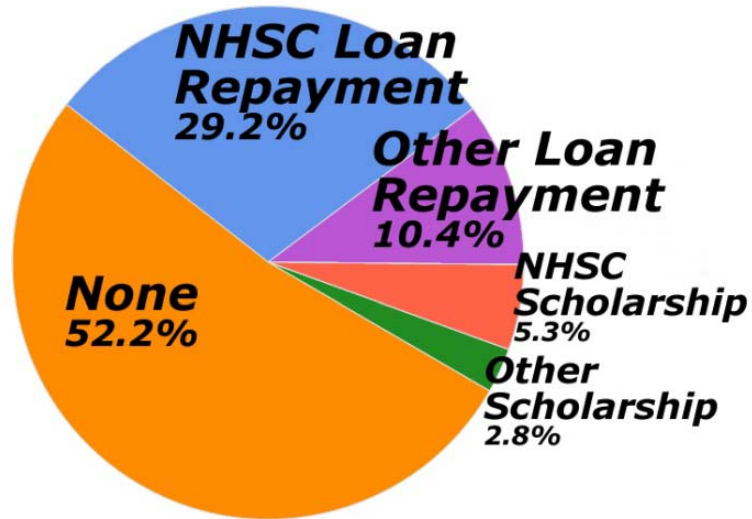








INCENTIVES –
Clinical Leaders/Providers



Recruitment
Findings



POLL

Do you craft “ads”
specific to the
positions you are
recruiting?

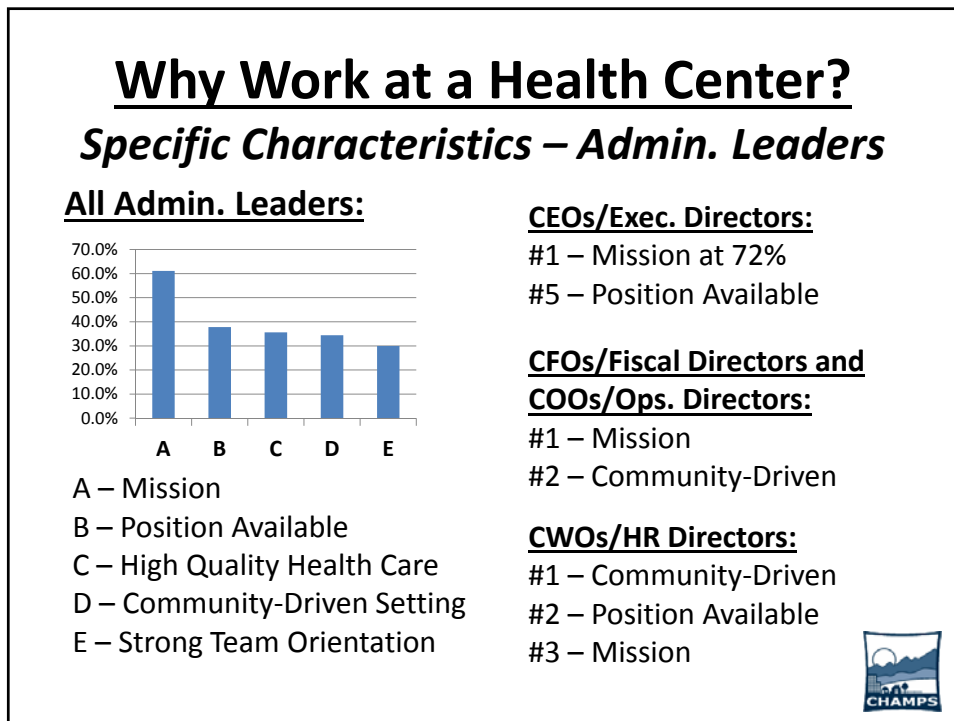
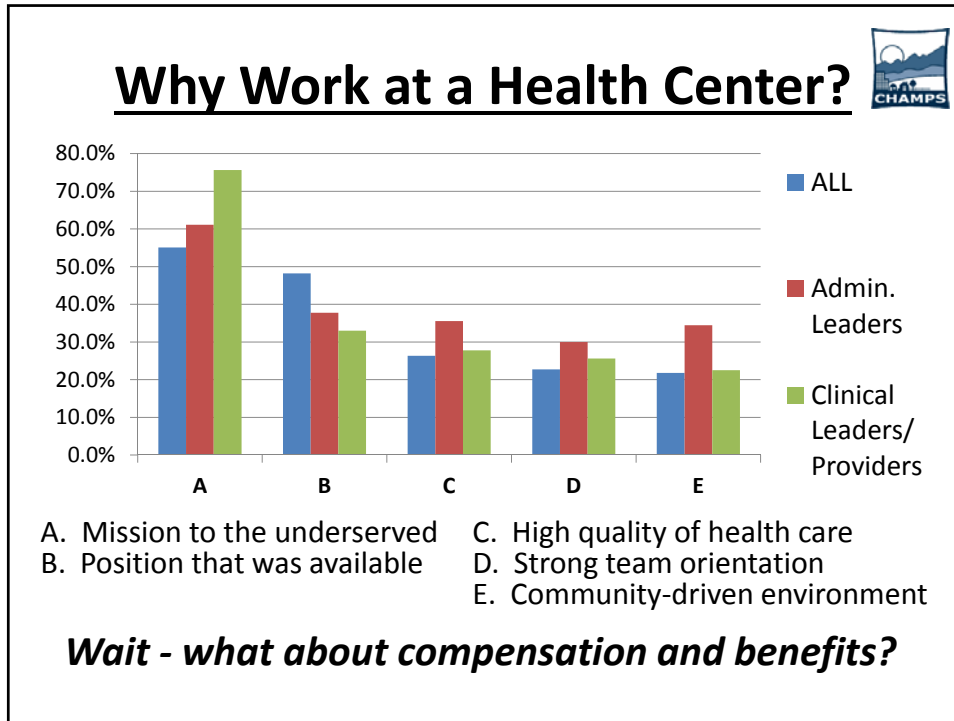


Why Work at a Health Center?

Options:

- *It was the position that was available to me*
- *Mission to the underserved*
- *Community-driven setting (patients/clients as board of directors members)*
- *High quality of health care*
- *Strong team orientation*
- *Opportunity for loan repayment/scholarship*
- *Scope of practice*
- *Intellectual challenge of clinical problems seen*
- *Practice autonomy*
- *Available technology*
- *State, regional, and national networks of support*
- *Compensation package*
- *Benefits package*
- *Other*

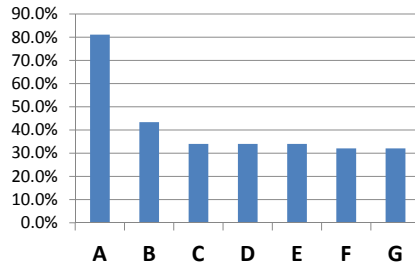




Why Work at a Health Center?

Specific Characteristics – Clinical Leaders

All Clinical Leaders:



A – Mission

B – Scope of Practice

C – Position Available

D – Opp. for LR/Scholarship

E – Benefits Package

F – Community-Driven Setting

G – High Quality Health Care

CMOs/Medical Directors:

#1 – Mission at 87.5%

#4 – Strong Team Orientation

#5 – Intellectual Challenge of Problems Seen

CDOs/Dental Directors:

#2 – Opp. For LR/Scholarship

#3/#4 – Scope of Practice/
Benefits (tie)

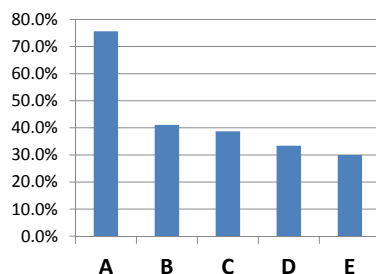
#5 – Community-Driven



Why Work at a Health Center?

Specific Characteristics – Other Providers

All Providers:



A – Mission

B – Scope of Practice

C – Opp. for LR/Scholarship

D – Position Available

E – Intellectual Challenge of Problems Seen

Physicians:

#5 – High Quality Care

Nurse Practitioners:

#2 – Practice autonomy

Physician Assistants:

#2 – Opp. For LR/Scholarship

Dentists:

#3 – Position that was available

Dental Hygienists:

Tied for #1 – Benefits



Most Useful Job-Seeking Resources

Options:

- Advertisements in local papers
- Advertisements on online job sites
- Advertisements in professional journals
- Job/career fairs
- Previous professional contacts (e.g., sites of rotations, internships, externships, volunteering, etc.)
- Word of mouth (e.g., family members, friends, colleagues, etc.)
- Other

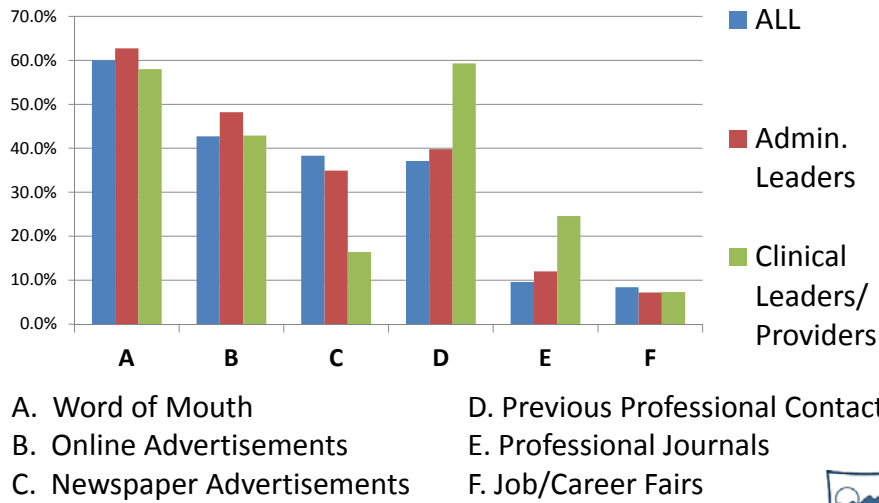


POLL

Guess: which job-seeking resource was identified as the most useful for clinical leaders/providers?



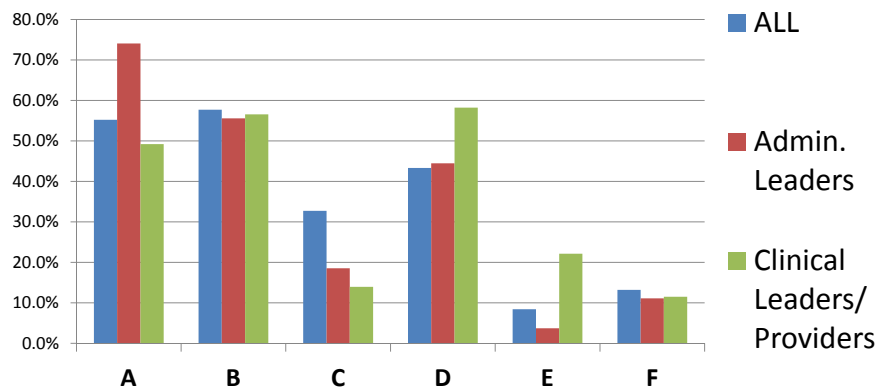
Most Useful Job-Seeking Resources



- A. Word of Mouth
- B. Online Advertisements
- C. Newspaper Advertisements
- D. Previous Professional Contacts
- E. Professional Journals
- F. Job/Career Fairs



Most Useful Job-Seeking Resources Hired in Past 2 Years



- A. Word of Mouth
- B. Online Advertisements
- C. Newspaper Advertisements
- D. Previous Professional Contacts
- E. Professional Journals
- F. Job/Career Fairs



Most Useful Online Job Sites – Administrative Leaders

- CraigsList.org
- Indeed.com
- Monster.com
- State and local job service sites (various)
- Health center websites
- CareerBuilder.com
- CHAMPS Job Opportunities Bank (JOB)
- JobsHQ.com
- HealthCareers.com
- NACHC job board
- Newspaper sites



Most Useful Online Job Sites – Clinical Leaders/Providers

- National Health Service Corps (NHSC) job board
- Health center websites
- CareerBuilder.com
- CraigsList.org
- 3RNet job board
- Indeed.com
- Monster.com
- HealthCareers.com
- CHAMPS Job Opportunities Bank (JOB)
- Professional association sites (various)
- NACHC job board
- JobsHQ.com



Previous Location

Options:

- High school
- College/University undergraduate program
- Graduate program
- Hospital
- Private practice clinic
- Other health-care setting
- Other public service (e.g., school, government, etc.)
- Other non-profit
- Other for-profit
- Unemployed



Previous Location - Leaders

- **CEO/Executive Director:** Hospital / Other Healthcare Setting / Other Public Service (21% ea)
- **CFO/Finance Director:** Other Non-Profit (36%), Other For-Profit (29%)
- **COO/Operations Director:** Other Non-Profit (27%)
- **CWO/HR Director:** Other Non-Profit / Other For-Profit / Unemployed (25% ea)
- **CMO/Medical Director:** Other Healthcare Setting (50%), Private Practice Clinic / Residency (17% ea)
- **CDO/Dental Director:** Graduate Program (37%), Private Practice Clinic (26%)

Previous Location - Providers

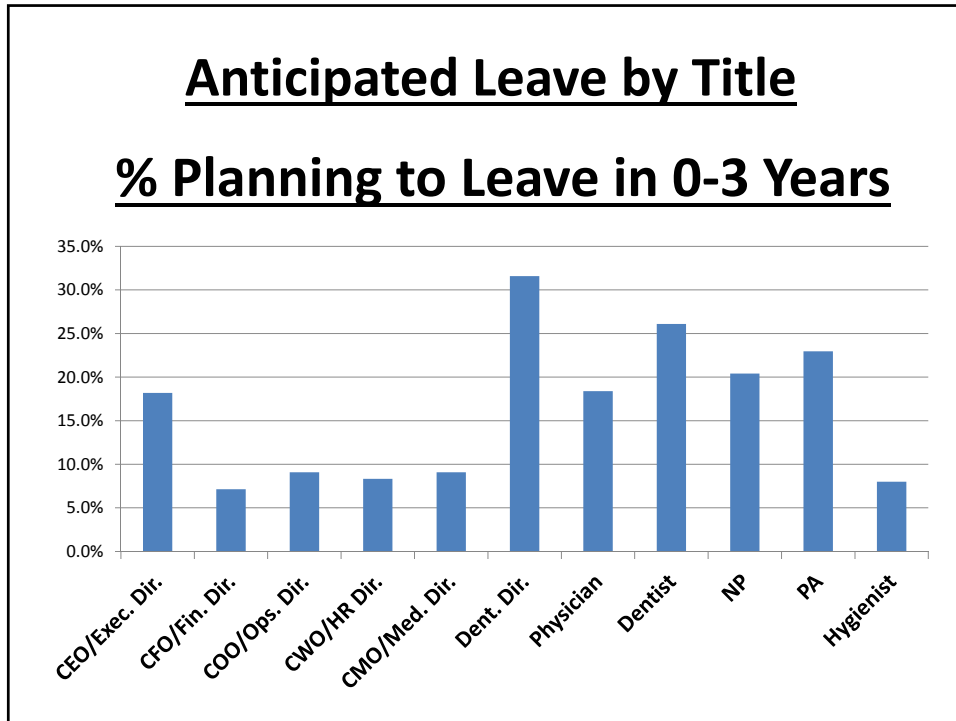
- **Physician:** Residency (25%), Private Practice Clinic / Other Healthcare Setting (18% ea)
- **Dentist:** Private Practice Clinic (48%), Graduate Program (20%)
- **Nurse Practitioner:** Hospital (20%), Graduate Program / Private Practice Clinic (18% ea)
- **Physician Assistant:** Graduate Program / Private Practice Clinic (25% ea)
- **Dental Hygienist:** Private Practice Clinic (64%)

Retention Findings





- ### Reasons for Anticipated Leave
- Of ALL planning to leave in 0-3 years:
 - Need for Professional Growth (24%)
 - Dissatisfaction (21%)
 - Retirement (18%)
 - Top reasons for Administrative Leaders:
 - Retirement (46%)
 - Need for Professional Growth (27%)
 - Top reasons for Clinical Leaders/Providers*:
 - Upcoming move/new location (25%)
 - Dissatisfaction (20%)
 - Retirement (20%)
- *"End of service commitment" expressed by less than 2% of clinical leaders/providers planning to leave
- 



Reasons for Anticipated Leave

- Physicians:
 - Dissatisfaction (29%)
 - Retirement (21%)
- Dentists:
 - Dissatisfaction (30%)
 - Professional Growth / New Location (20% ea)
- Nurse Practitioners:
 - New Location (30%)
 - Professional Growth/ Retirement/ Flexibility (20% ea)
- Physician Assistants:
 - New Location (36%)
 - Dissatisfaction (29%)
 - Professional Growth/ Higher Comp. (21% ea)



What Factor, Strongly Affecting Retention, Do Health Centers Have Influence Over?

Factors Influencing Satisfaction

Options:

- *National health center policy*
- *Mission of organization*
- *Quality of care that patients/clients receive*
- *Patient/client interactions*
- *Scope of practice*
- *Freedom to use, or restrictions in use of, your own professional judgment*
- *Excitement/challenge of work*
- *Availability of technology*
- *Quality of equipment/facilities*
- *Relationships with supervisor(s)*
- *Relationships with other co-workers*
- *Competency of support staff*
- *Organizational communication style*
- *Compensation package*
- *Benefits package*
- *Recognition activities/programs*
- *Opportunity for flexible work schedule*
- *Opportunity to play a leadership role in the organization*
- *Opportunity for continuing education/professional development*
- *Opportunity for promotion*
- *Opportunity to participate in a mentoring program*
- *Family life in/around community*
- *Recreational opportunities in/around community*
- *Other*

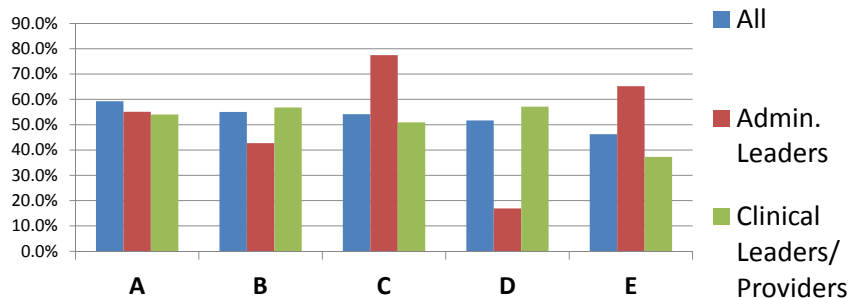


POLL

Guess: which satisfaction characteristic was identified as the most influential for administrative leaders?



Factors Influencing Satisfaction



- A. Quality of Care
- B. Co-Worker Relationships
- C. Mission
- D. Patient/Client Interactions
- E. Excitement/Challenge of Work

Wait - what about compensation and benefits?

Top Satisfaction Factors – Admin. Leaders

CEO/Executive Director: Mission (83%),
Quality of Care (77%)

CFO/Finance Director: Freedom to Use
Professional Judgment (86%), Mission /
Opportunity to Play Leadership Role (64% ea)

COO/Operations Director: Mission (91%),
Quality of Care (54%)

CWO/HR Director: Opportunity to Play Leadership
Role (92%), Mission / Excitement/Challenge
(83% ea)



Top Satisfaction Factors – Clinical Part 1

CMO/Medical Director: Mission (79%),
Quality of Care / Patient/Client Interactions /
Opportunity to Play Leadership Role (71% ea)

CDO/Dental Director: Patient/Client Interactions
(63%), Quality of Care (53%)

Physician: Mission / Quality of Care (61% ea),
Relationships with Co-Workers (58%)

Dentist: Patient/Client Interactions (60%),
Relationships with Co-Workers (55%)



Top Satisfaction Factors – Clinical Part 2

Nurse Practitioner: Patient/Client Interactions (74%), Scope of Practice (57%)

Physician Assistant: Relationships with Co-Workers (62%), Mission (56%)

Hygienist: Quality of Care / Benefits (60% ea), Patient/Client Interactions / Relationships with Co-Workers (56% ea)



Areas Contributing to SATISFACTION

Able to Help Atmosphere Autonomy Benefits **Care**
 Clients Communication **Community Coworkers**
 Enjoy Working Enviroment **Flexibility** Freedom **Helping**
Patients Mission Opportunities to Learn **Patient Interaction**
 People Schedule **Serve Services Staff** Team Approach
Team Work Underserved Population **Variety** Work Environment

Personal

Organizational

Values

Interpersonal

FQHC

Negative

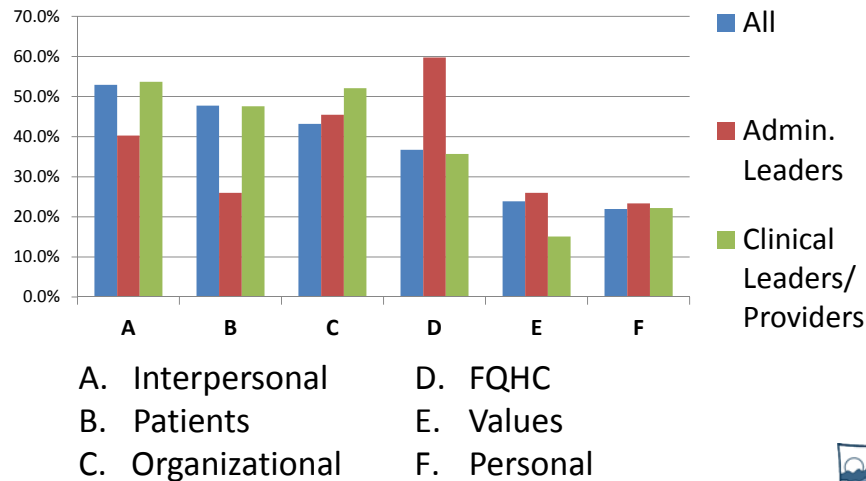
Patients

External



Areas Contributing to SATISFACTION

PEOPLE, especially INTERPERSONAL RELATIONSHIPS



Top Satisfaction Areas – Admin. Leaders

CEO/Executive Director: FQHC (70%),
 Organizational (47%), Interpersonal (43%)

Top Sub-Group: Employee Relationships (40%)

CFO/Finance Director: FQHC (55%),
 Organizational (46%), Values (27%)

COO/Operations Director: FQHC (64%),
 Values (36%), Interpersonal (27%)

CWO/HR Director: Interpersonal (64%),
 Organizational (55%), Values / Personal (46% ea)



Top Satisfaction Areas – Clinical Part 1

CMO/Medical Director: Organizational (74%),
Interpersonal / Patients (48% ea), FQHC (39%)

CDO/Dental Director: FQHC (61%), Patients /
Organizational (56% ea), Interpersonal (44%)

Physician: Organizational (57%),
Interpersonal (55%), Patients (39%)

Dentist: Interpersonal (55%), Patients /
Organizational (46% ea), FQHC (36%)

*Top Sub-Group, All Titles:
Employee Relationships*



Top Satisfaction Areas – Clinical Part 2

Nurse Practitioner: Patients (69%),
Interpersonal (53%), Organizational (49%)

Physician Assistant: Interpersonal (54%),
Patients (49%), FQHC (44%)

Hygienist: Patients (52%), Interpersonal /
Organizational (40%), Personal (32%)

*Top Sub-Group, All Titles:
Employee Relationships*



Areas Contributing to DISSATISFACTION

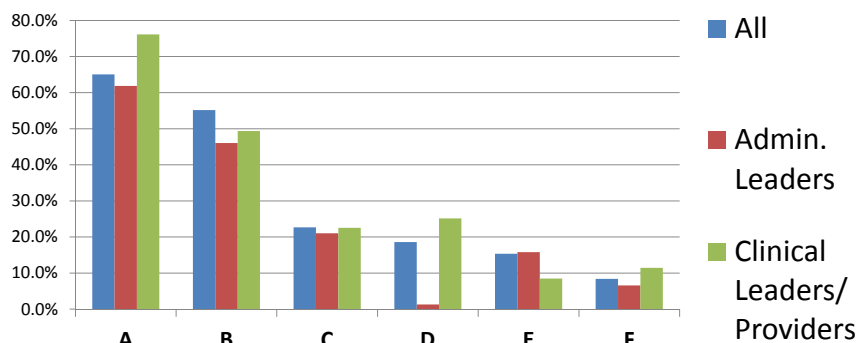
Care Clinic Communication
 Compensation Customer Service Employees
 Equipment Wages Health Center Job Medical
 Patients Pay Raises Salary Scheduling
 Team Technology Staff EMR Work Load Workers

Personal Organizational Values
 Interpersonal FQHC Positive
 Patients External



Areas Contributing to DISSATISFACTION

ORGANIZATIONAL ISSUES AND INTERPERSONAL RELATIONSHIPS



A. Organizational D. Patients
 B. Interpersonal E. Values
 C. Personal F. FQHC



Top Dissatisfaction Areas – By Titles

ORGANIZATIONAL

Top Area for All Breakout Titles

Highest for CDOs/Dental Directors (89%)

Lowest for COOs/Operations Directors (46%)

INTERPERSONAL

2nd Highest Area for 10 of 11 Titles

CFOs – most likely to mention “Interpersonal”

CDOs – most likely to mention “Personal”

Hygienists – most likely to mention “Patients”



Top Dissatisfaction Sub-Groups - Leaders

CEO/Executive Director

Organizational: Staff (28%)

CFO/Finance Director

Interpersonal: Communication (45%)

COO/Operations Director

Organizational: Policies/Procedures/Operations (36%)

CWO/HR Director

Interpersonal: Communication (36%)

CMO/Medical Director

Interpersonal: Employee Relationships (43%)

CDO/Dental Director

Personal: Compensation (33%)



Top Dissatisfaction Sub-Groups - Providers

Physician

Organizational: Staff (37%)

Dentist

Organizational: Staff (45%)

Nurse Practitioner

Organizational: Staff (47%)

Physician Assistant

Organizational: Policies/Procedures/Operations (43%)

Hygienist

Interpersonal:

Employee Relationships (38%)



Changes to Increase Satisfaction

WHAT THEY SAY:

All Staff:

- #1 – Increased Compensation (Personal) – 17%
- #2 – Improved Patient Services (Organizational) – 13%
- #3 – Improved Staffing (Organizational) – 12%

Administrative Leaders:

- #1 – Improved Staffing (Organizational)
- #2 – Improved Policies/Procedures/Processes (Organizational) – 14%
- #3 – Improved Patient Services (Organizational) – 12%

Clinical Leaders/Providers:

- #1 – Improved Patient Services (Organizational) – 22%
- #2 – Increased Compensation (Personal) – 19%
- #3 – Improved Staffing (Organizational) – 13%



Changes to Increase Satisfaction Top Sub-Groups by Title

WHAT THEY SAY:

CEO/Executive Director: Improved Staffing – 23%

CMO/Medical Director: Improved Patient Services – 35%

CDO/Dental Director: Improved Compensation – 46%

Physician: Improved Patient Services – 29%

Dentist: Improved Compensation – 23%

Nurse Practitioner: Improved Patient Services – 27%

Physician Assistant: Improved Compensation – 38%

Hygienist: Improved Communication – 24%



Changes to Increase Satisfaction

WHAT ELSE THE DATA TELLS US:

Remind staff why they're there.

- E.g., factors from “why work at a health center”
- Address their impact on the mission

Don't forget to address their ability to :

- Work as a team
- Have positive relationships with superiors, co-workers, subordinates, and patients
- Communicate effectively

FUTURE: 2013 RVIII Needs Assessment

What factors will CONTRIBUTE TO and RESTRICT your health center's ability to be successful over the next 3 years?

CONTRIBUTING FACTORS:

60% - staff/staffing

RESTRICTING FACTORS:

59% - staff/staffing



Part 2: Region VIII Health Center Best Practice

Julie Reinders

Sr. HR Generalist/Provider Specialist

Clinical Family Health Services (CFHS) Provider Onboarding Program



Purpose

In this presentation I will discuss the CFHS **new provider on-boarding process** and hopefully offer some best practices, that have proven successful for CFHS, in which you can utilize in developing or improving your own CHC's new provider processes.

These processes have been integral in **reducing CFHS provider turnover by 13% just within the last 3 years.**



Learning Objectives – Part 2

- Get **leadership buy-in**: discuss with site leadership the importance of a successful on-boarding process resulting in improved provider job satisfaction and ultimately higher provider retention rates
- Identify pieces from the on-boarding process discussed in the webcast that you can **realistically implement** at your site and implement these changes



Learning Objectives – Part 2, con't

- Complete a **provider orientation satisfaction survey** prior to implementing the new on boarding process and then repeat the survey with folks who have been through the new on-boarding process in order to measure the impact the new process has had on the folks who have experienced it verses those who have not.
- **Communicate the results** to the health center's leadership team and encourage them to support additional on-boarding improvements



What have been your biggest challenges with on-boarding providers at your center?

- Balance urgency to become productive with meaningful orientation
- Infrequency of onboarding keeps program weak
- IT learning curve, grant requirements, mission
- Providing enough time to train into systems, quality initiatives, etc.
- Gauging readiness for practice (NPs)
- Staff time
 - Staff time



CFHS New Provider Processes:

- New Provider **Recruiting** Process
- New Provider **Hiring** Process
- New Provider **Orientation** Process
- New Provider **Credentialing and Privileging** Process
- On-going **Designated Provider Representative** Support



POLL

At what point do you begin establishing a relationship with a new provider (in your current process)?



New Provider Recruiting Process

- Notification of new provider position details from CMD
- Screen potential candidates (build relationships) and communicate screening details to hiring CMD



New Provider Recruiting Process, con't

- Interview Process with site interview team
 - Invitation and internal interview communication
 - Group interview (as applicable)
 - Hospital and site tour (as applicable)
- Interview follow up with chosen candidate(s)
 - References, back ground screening, salary range/benefits, orientation process summary



New Provider Hiring Process

- Salary placement and approval
- Offer to candidate
 - Benefits (if not already communicated/confirm)
 - Start date
 - New hire process overview



New Provider Hiring Process, con't

- New provider hiring internal CFHS communication to prompt preparation for new provider
- New provider credentialing packet and contract
 - CFHS
 - Hospital (if applicable)



POLL

What is the duration of
your current new
provider orientation?



New Provider Orientation Process

- EMR training schedule from EMR trainer
- Schedule and confirm meetings with:
 - Provider Specialist
 - Administration
 - Pharmacy
 - Dental
 - Call Center
 - Billing Coding
 - Skype Call w/Scheduling Specialist
 - Lunch w/CEO



New Provider Orientation Process, con't

- Email orientation draft with return deadline to Operations at site to schedule site meetings
 - Shadowing and EMR scribing, group visits, CMD and Ops meetings
- Site Ops returns completed orientation
- Internal orientation communication to CFHS participants



New Provider Orientation Process, con't

- Email orientation to new provider along with new hire details
- Facilitate orientation flow throughout orientation period (approximately 3 weeks)
- Patient ramp up period over 3 months
 - First month see 1 patient and hour, increase as new provider is comfortable
 - Expectation is provider will see 17.5 patients/ day



New Provider Credentialing & Privileging Process

- CFHS credentialing packet sent to new provider
- External credentialing communications/to do's
 - Avista iPN (private insurance credentialing)
 - Colorado Access
 - MCARE and MCAID application



New Provider Credentialing & Privileging Process, con't

- CFHS temporary privileges approved before new provider can see patients on their own (end of orientation)
 - Primary source verification
 - NPDB, OIG, DORA
 - Education and restriction of privileges
 - Returned completed and signed SOP and privileges request form



Designated On-Going Provider Representative Support

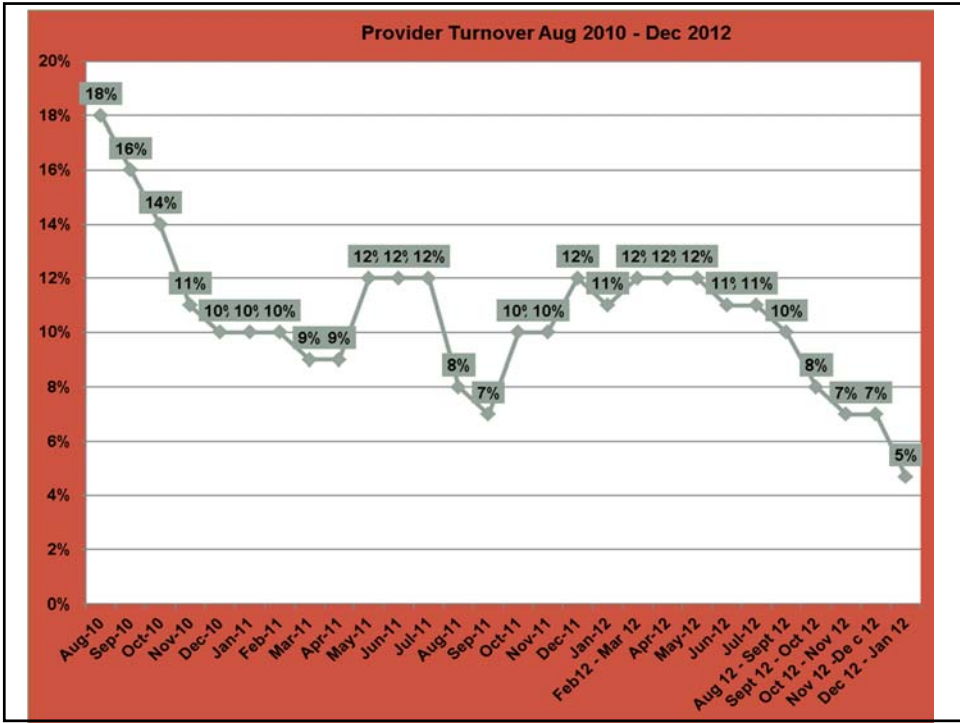
- Pay and benefit assistance
- Continuous loan repayment support
- FTE management
 - pay/benefits
 - tracking and reporting
- CFHS policy and process resource
- Provider relations



Designated On-Going Provider Representative Support, con't

- CME support
- Credentialing and privileging management
- Provider feedback to Executive Team
- Licensing and DEA guidance and compliance
- CMD and provider-management support





Questions?





Thank You for Joining Us!

Your opinions are very important to us.

Please complete the event Evaluation for this webcast.

If you are applying for 1.25 (General) recertification credit hours toward PHR, SPHR and GPHR recertification through the HR Certification Institute, you must complete the credit questions found at the end of the Evaluation.

Each person should fill out their own Evaluation/Credit Survey.

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