N.C. Department of Health and Human Services

Office of Rural Health and Community Care

Physician Recruitment and Retention Efforts

N.C. Department of Health and Human Services

Rural Healthcare Provider Retention Strategies Department of Veterans Affairs Summary Brief 2012

Findings from Review of Literature

http://www.ruralhealth.va.gov/docs/issue-briefs/rural-provider-retention.pdf

Key Recruitment Approaches

- Recruitment of individuals who grew up or previously lived in rural areas,
- Those who completed residency training in a rural area, participated in other rural training programs,
- Receive loan repayment, or are in a visa deferment program.

Personal Persuaders

- Provide adequate time away from work and on-call responsibilities for work/life balance. Real or perceived, workload and the lack of backup is a recurrent concern of individuals considering rural locations.
- Identify opportunities for spouses/partners as well as children if applicable
- Build and sustain strong community attachments with the healthcare provider and their family.
- Reinforce the greater purchasing power potential in rural communities.

Professional Satisfiers

- Provide facilities and infrastructure needed to adequately support a healthcare practice, including stable (support) staffing levels and appropriate equipment upgrades.
- Provide for professional development such as rotations through academic hospitals/clinics (locum tenens backup) & continuing education in community health competencies.
- Be intentional in promoting the value of relationships with patients and clinical autonomy.
- Facilitate consultation and professional connection with networks of providers using teleinformatics and telehealth, as these professional connections are valued by health care professionals and can help combat feelings of isolation

Innovative Approaches

- Some rural hospitals have successfully recruited health care professionals by explicitly providing them with paid time off each year to engage in international missionary work, hoping to attract those who are passionate about working with isolated populations.

- Changing models of medical education are emerging as well. Hoping to prepare students for the unique challenges of treating rural populations, several new medical schools are training students in the rural communities in which they hope these students will remain post-graduation.

Key Findings

- Rural healthcare provider **retention** is better when the **recruitment** process follows proven best practices for recruiting rural healthcare providers.

- It's not just about a professional career; resources need to be invested to meet personal needs and expectations to retain rural healthcare providers.

- Do not underestimate the role of community engagement in retaining rural healthcare providers.

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Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us?

Rural Healthcare Research and Policy Center Literature Review 2000 – 2010

http://www.ruralhealthresearch.org/pdf/primary_care_lit_review.pdf

Recruitment and Retention

- The most effective primary care recruitment strategies include targeting students with rural backgrounds, exposing students to rural areas & issues during medical school, and offering financial incentives to practice and remain in rural areas.

- Older and nontraditional medical students are more likely to practice in rural areas.

- Low salaries, cultural isolation in rural areas, poor-quality schools and housing, and a lack of spousal job opportunities are significant barriers to recruiting rural primary care providers.

- National Health Service Corps opportunities are perceived as effective recruitment tools.

Training Pipeline and Education

- A small number of medical schools and residency programs train the majority of rural physicians.
- In 2005, over one-third of the urban family medicine programs listed rural training as an important part of their mission, but only 2.3 percent of the training they supported actually took place in rural areas.
- Rural longitudinal clinical experiences and training tracks increase the number of family medicine residency programs located in rural communities.
- It is important to fund ambulatory training, as most rural family medicine clinical practice occurs outside of the hospital setting.
- Policies should be enacted which lead to more medical school applicants having rural backgrounds.
- A few medical schools may serve as models for others that aim to train women who later enter rural practice.

Lifestyle and Compensation

- Factors associated with physician dissatisfaction commonly include compensation, access to cultural activities, lack of time away from work, and access to continuing medical education opportunities.
- Compensation is the only one of these factors associated with decisions to move from rural practice.
- Physicians in rural areas who were younger than 33 were more likely to move to an urban practice.
- Parts of the Medicare Modernization Act of 2003 were less effective than they were intended to be for many rural practitioners.

Role of Mid-levels and International Medical Graduates

- 47% of active PAs participate in primary care to some degree.
- Rural participation among PAs remains high.
- It is not clear if the historical contribution of PAs to primary care for rural and underserved populations can be sustained.
- International medical graduates serve a vital role in filling rural primary care workforce gaps in many states, but this is not the case in others.
- If all primary care doctors in the J-1 Visa program were to leave, the number of rural counties with no primary care physicians would increase from 161 to 212.

New Directions

- Patients seem to benefit greatly from the additional clinicians and individualized care associated with case and disease management programs such as the Patient-Centered Medical Home (PCMI).
- Case-management programs can ensure the viability of rural primary care providers by guaranteeing a stream of revenue.
- In rural areas, a lack of community resources to provide patient education or address psychosocial problems may increase the workload of care managers.
- Rural communities have found success integrating mental health services with primary care.

North Carolina

Review of current activities

Highlight what aligns with current literature

Identify future opportunities

High School

- National Health Service Corp (NHSC) sponsors Community Day with local primary care providers and local high schools.
- Magnet school - City of Medicine Academy in Durham NC, is a high school program that provides a four-year health career curriculum for students interested in pursuing health care careers.
- **MAHEC Health Careers Education Awareness Programs starts recruiting in the early stages of education.**

University

- **Expanding numbers and types of providers to address the increasing primary care shortage and a focus on rural.**
- ORHCC recruitment team reaches out to students and facility prior to graduation and at career days.
- DMHDDSA has a tuition-assistance contract with UNC School of Nursing for the Psychiatric Mental Health Nurse Practitioner program.

University

- **NHSC awards tax free scholarships to medical students for tuition, required fees, and other educational costs.**
  - **Need based with a focus on disadvantaged**
  - Seven (7) scholars in NC for the FY13
- **Private and foundations also provide stipends for medical students with a focus on primary care and rural.**

Residency

- Federal Funding
  - Under the current system, each teaching hospital makes Graduate Medical Education (GME) expansion decisions based on the needs of their individual health care system

- Medicaid Funding SY13
  - 5 Public Hospitals – Disproportionate Share (DSH) payments
  - 7 Private Hospitals – Supplemental payments
  - Upper Payment Limit (UPL) allow ECU and UNC to access additional federal funds.
  - Through claims 16 teaching hospitals receive claims plus direct / indirect payments

Residency

- **We have developed strong and ongoing relationships with the State's primary care & psychiatric residency programs**, the UNC & ECU School of Dentistry, and nine AHEC Programs. We assertively reach out to future providers, frequently attending local and national exhibits and opportunities fairs.

- **The new Teaching Health Center Graduate Medical Education** program is a $230 million, five-year HRSA initiative which began in 2011 to support an increased number of primary care residents and dentists trained in community-based ambulatory patient care settings.

- Campbell University **residents with a "virgin" hospital** will have the opportunity to train alongside primary care physicians at Southeastern Regional Medical Center.

Health Professional Shortage Areas (HPSA)

- ORHCC works with state/federal governments and local communities to identify shortage areas of primary medical care, dental or mental health providers.
- These areas are designated as HPSAs following federal guidelines, making them eligible to qualify for federal funding and services.
- **Priority is to maximize loan repayment**
- In SFY 2013, the ORHCC has 86 counties with a primary care HPSAs, 82 counties with a dental HPSAs and 62 counties with a mental HPSAs.

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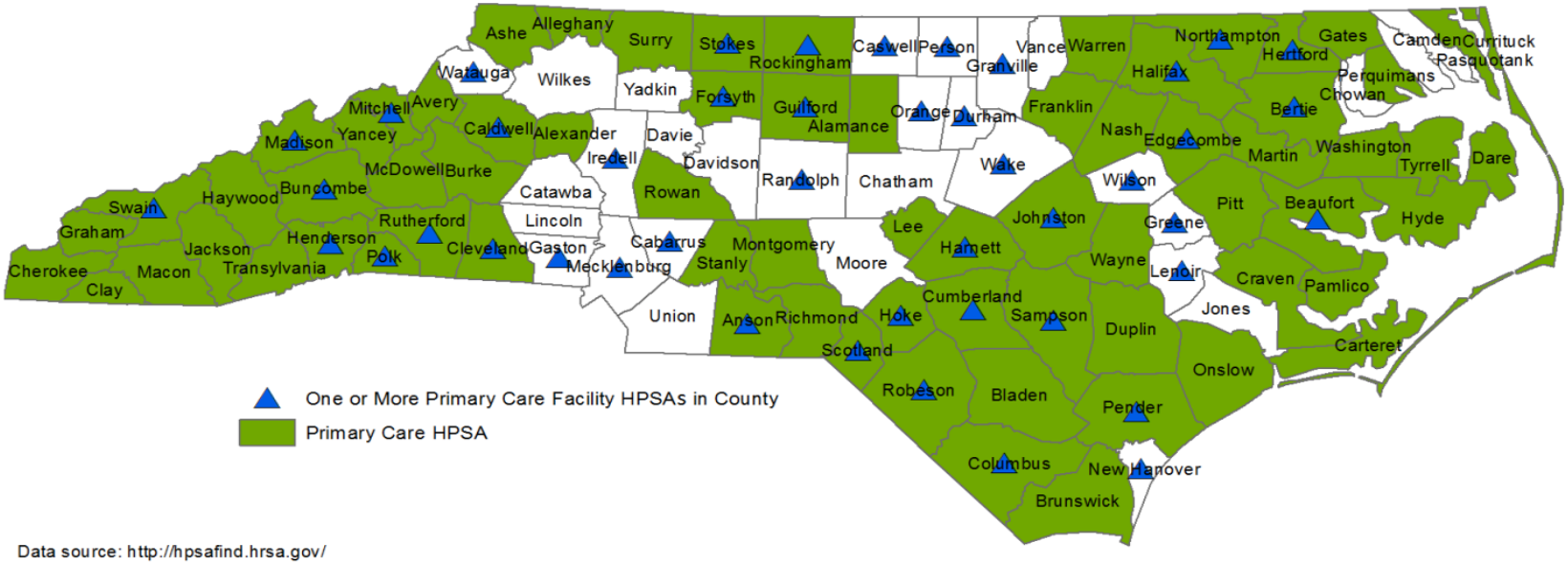
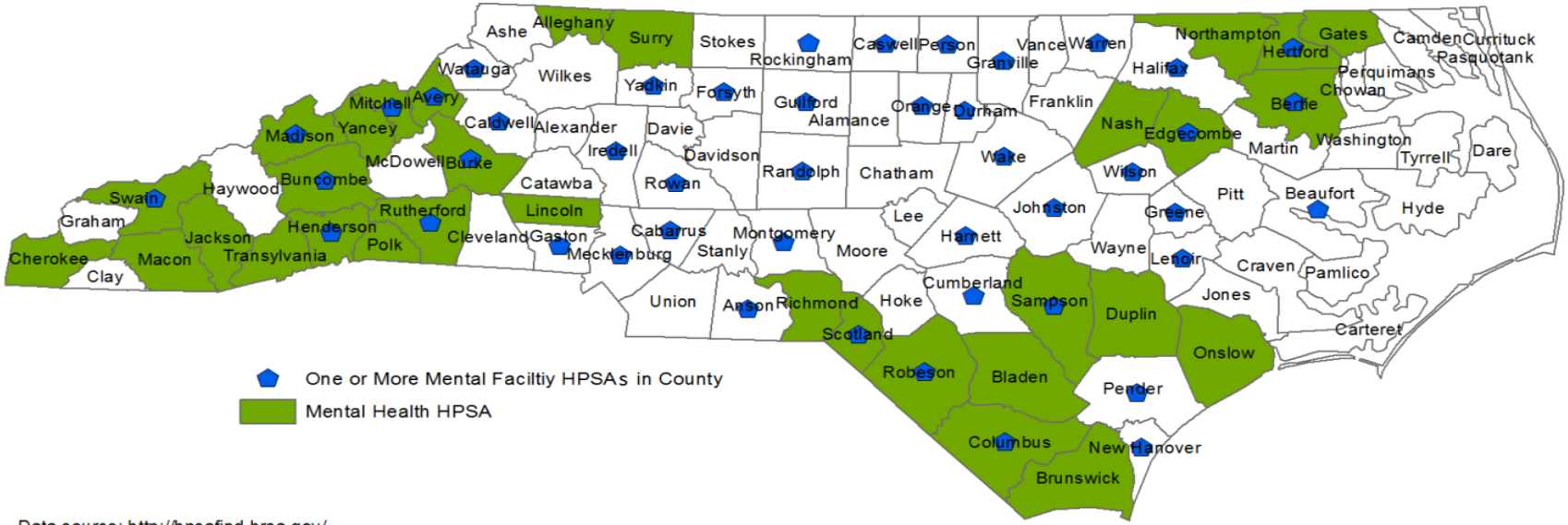
Primary Care HPSA Designations



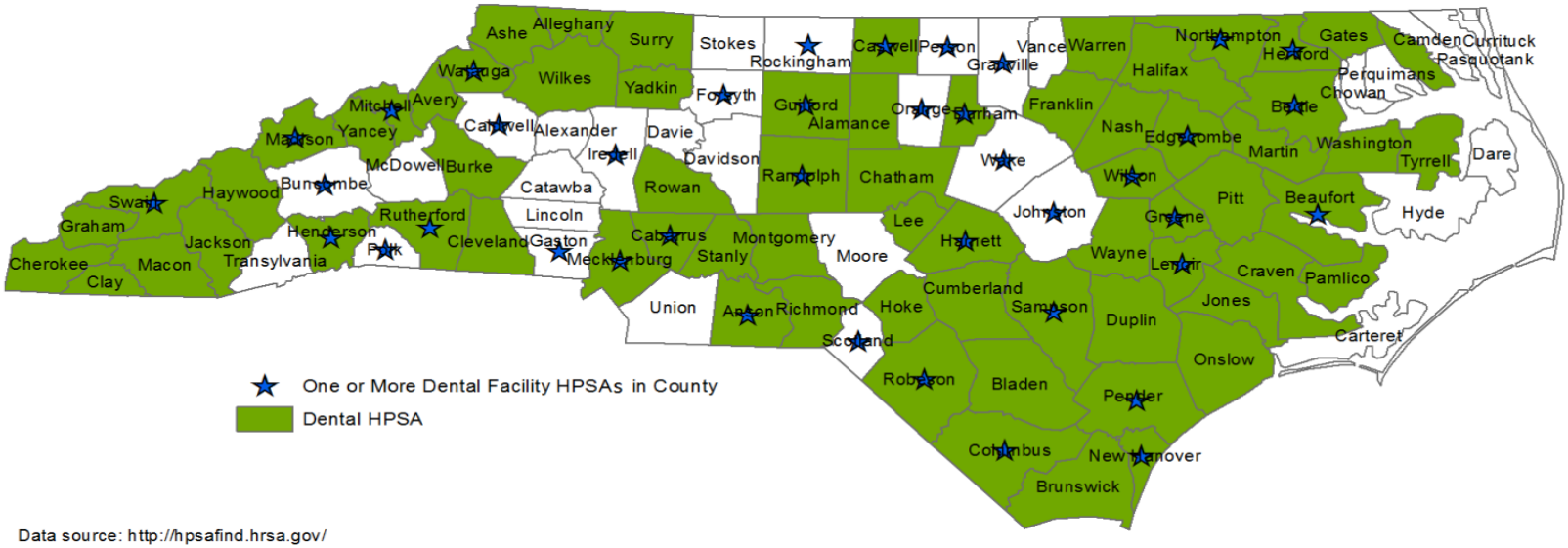
Data source: http://hpsafind.hrsa.gov/

Mental Health HPSA Designations



Data source: http://hpsafind.hrsa.gov/

Dental HPSA Designations



Data source: http://hpsafind.hrsa.gov/

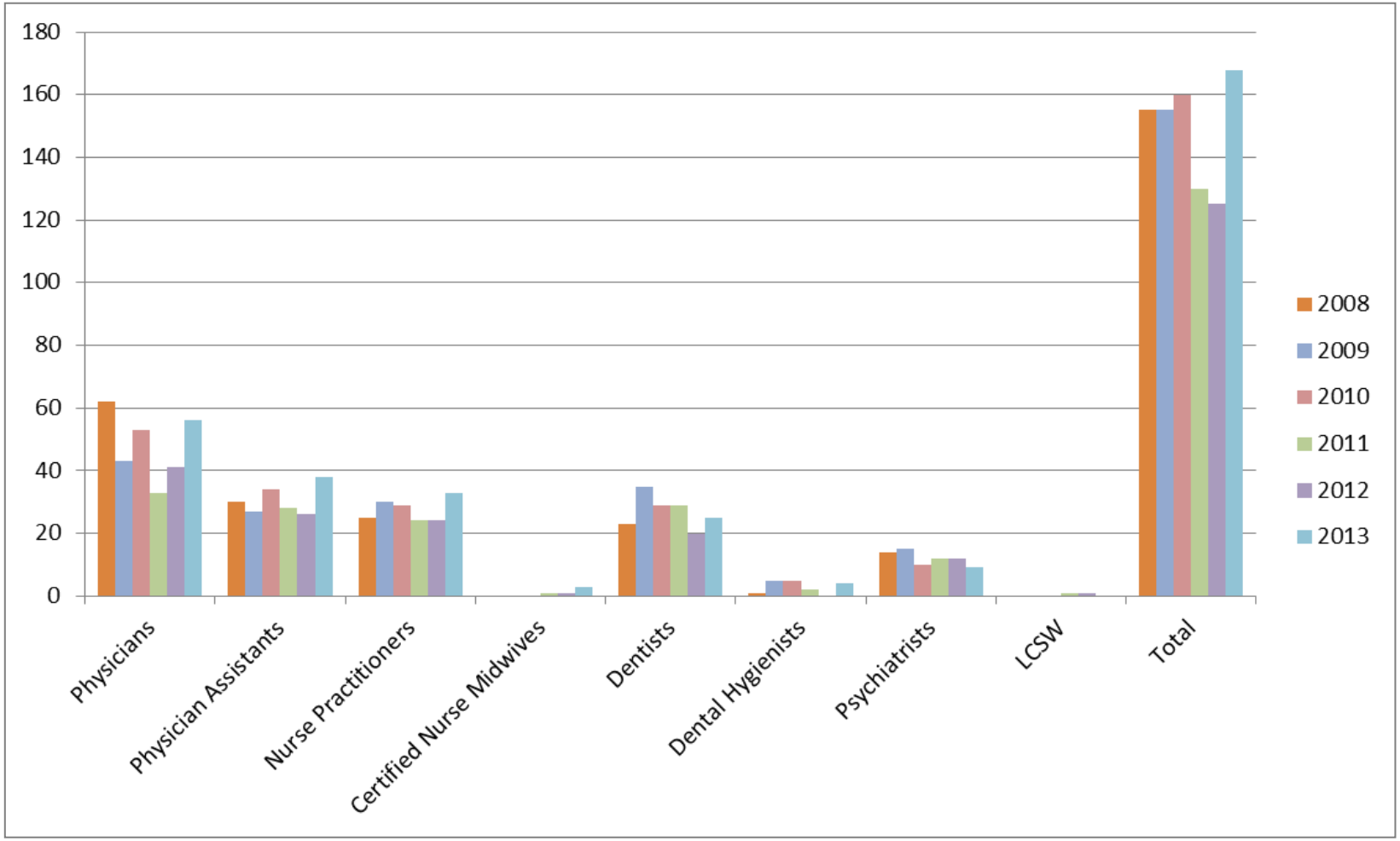
ORHCC's Recruitment

- The Office of Rural Health and Community Care recruits primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists and psychiatrists to the practices that service rural and underserved populations across the state.

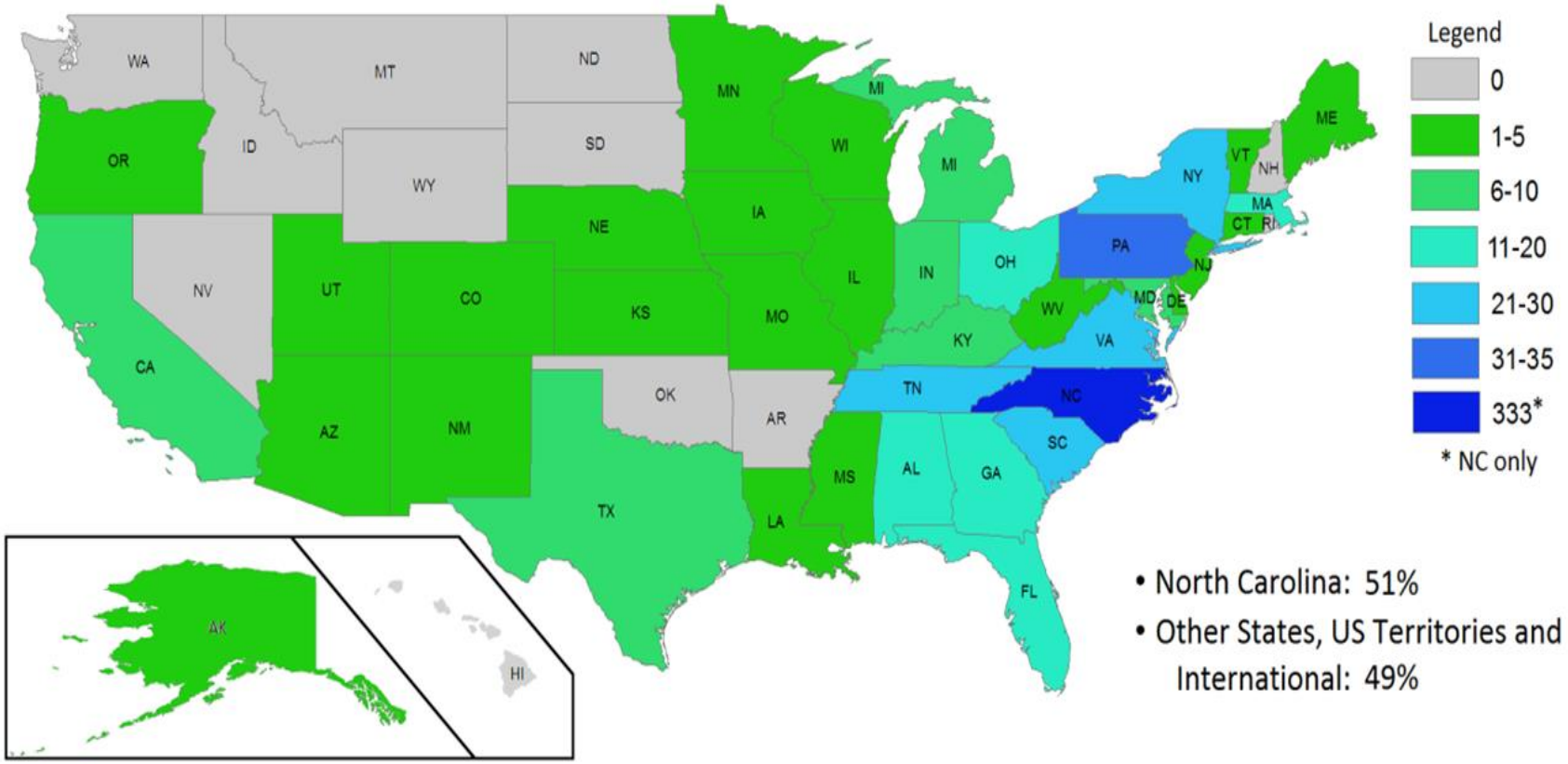
- We make compatible matches based on the needs of the community as well as the provider. **With the community, we jointly develop detailed descriptive community and practice profiles for each site**. These profiles are then circulated to prospective candidates.

- Collaborate with the Division of State Operated Health Care Facilities recruiter.

Providers Recruited SFY 08-13



Location of provider prior to placement from SFY 08-13



- North Carolina: 51%
- Other States, US Territories and International: 49%

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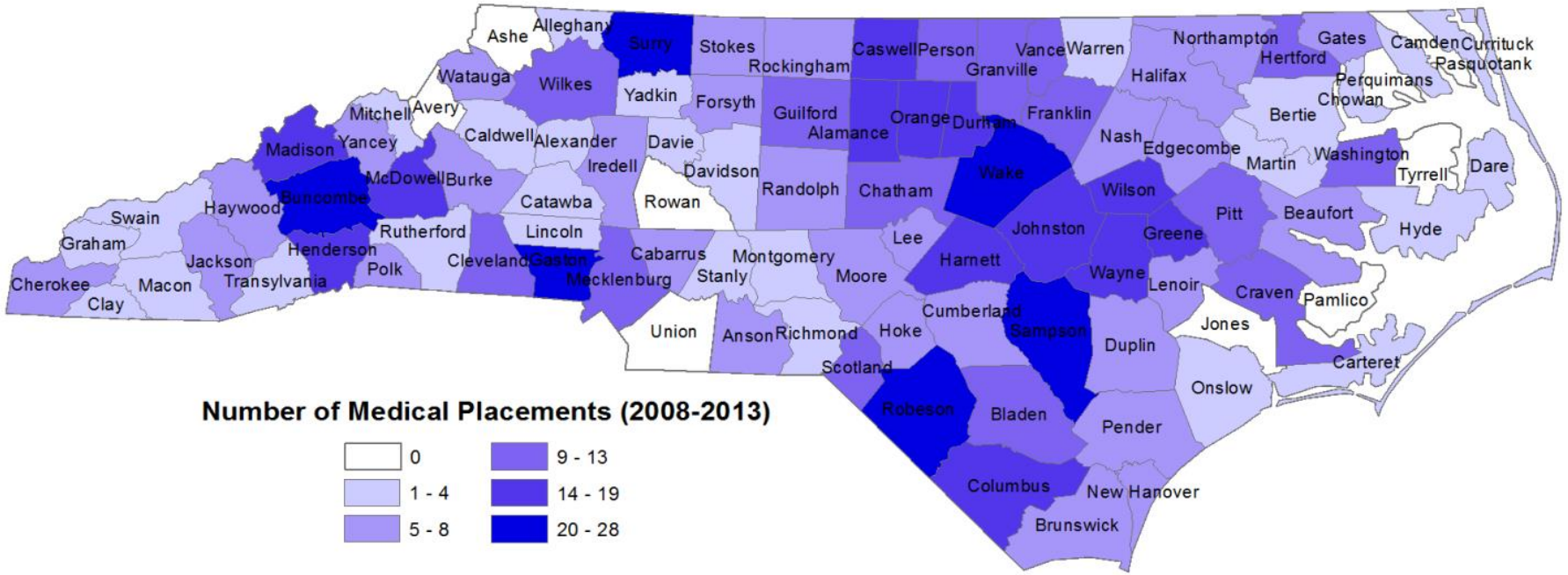
Medical Professional Placements SFY 08-13



ORHCC's Outcomes

- 168 new health professionals were recruited in SFY 13 (37% increase over SFY 2012).
- $27,025 per placement ($9,593 with State funds per placement).
- **68% were in either a geographic, population or facility HPSA.**
- An estimated $48 million in revenue was generated in the health sector.
- There was a 9.6:1 return on investment (with State dollars, the return on investment was 28.8:1).

Federal Loan Repayment

National Health Service Corp (NHSC)

- Administered by HRSA and offers both Scholarships and Loan Repayment programs.
- In the loan repayment program, Corp members are required to practice full-time for at least two years in an approved site.
- Approved sites are located across the country in HPSAs. Two years of service with the Corp will result in $50,000 for loan repayment, 5 years of service will repay $145,000 and 6 or more years will repay your total debt.

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NHSC Loan Repayment

National Health Service Corps loan repayment program				
Disciplines	**National**	**Anticipated NC Share**	**NC Actual**	**%**
Non-Psychiatrist Physician (MD/DO)	2,425	43	73	170%
Nurse Practitioner	1,792	32	36	113%
Physician Assistant	1,483	26	67	258%
Dentist (DDS/DMD)	1,327	24	28	117%
Licensed Professional Counselor	1,082	19	13	68%
Licensed Clinical Social Worker	1,034	18	9	50%
Health Service Psychologist	887	16	28	175%
Psychiatrist (MD/DO)	245	4	4	100%
Dental Hygienist	245	4	8	200%
Nurse Midwife	204	4	2	50%
Marriage and Family Therapist	165	3	0	0%
Psychiatric Nurse Specialist	42	1	0	0%
Total	10,931	194	268	138%

State Loan / Incentive Payments

- Focus on community, safety net, and non-profit practices.
- Providers qualify for nontaxable loan repayment for 1-4 years up to $100,000 (MDs) and 60,000 (Mid-levels).
- Taxable high needs service bonus are available to providers without loans, up to ½ of loan repayment amounts.
- In SFY 13, 73 providers received new incentive contracts.

State Loan Repayment

NC LOAN REPAYMENT AND PROVIDER INCENTIVE PROGRAM		
Disciplines	**Active Actual**	**Percentage of Total**
Non-Psychiatrist Physician (MD/DO)	37	24%
Nurse Practitioner	34	22%
Physician Assistant	31	20%
Dentist (DDS/DMD)	25	16%
Licensed Professional Counselor	0	0%
Licensed Clinical Social Worker	0	0%
Health Service Psychologist	3	2%
Psychiatrist (MD/DO)	19	12%
Dental Hygenist	4	3%
Nurse Midwife	2	1%
Marriage & Family Therapist	0	0%
Psychiatric Nurse Specialist	0	0%
TOTAL	**155**	**100%**

NC Medical Society Foundation Community Practitioner Program

- Offers loan repayment to private providers.
- Requires contact with North Carolina Office of Rural Health to rule out eligibility for state or federal loan repayment assistance before applying to the CPP Program.
  - Highly collaborative to ensure we maximize federal, state and NCMS resources
  - Application is started with ORHCC and entered into a shared data base.

Sample of Quality of Care in RHC

Quarterly Medicaid Claims-Derived Measures for ORHCC Rural Health Centers - Year Ending Mar 2013 vs. Mar 2012 (Outcome)

Diabetes	Year Ending	A1C Testing Denom	Eye Exam Denom	Cholesterol Screening Denom	A1C %	Eye Exam %	Cholesterol Screening %
RHC	Mar-13	468	467	457	**94%**	**37%**	**84%**
RHC	Mar-12	445	445	436	**90%**	**52%**	**82%**
CCNC TOTAL	Mar-13	16,338	16,195	15,350	**89%**	**42%**	**75%**
CCNC TOTAL	Mar-12	14,715	14,561	13,816	**88%**	**49%**	**74%**
Best Network Performance	Mar-13				**91%**	**48%**	**83%**
HEDIS Mean 2011					**83%**	**53%**	**75%**
HEDIS 90th Percentile 2011					**91%**	**70%**	**84%**
NCQA DRP Goal						**60%**	

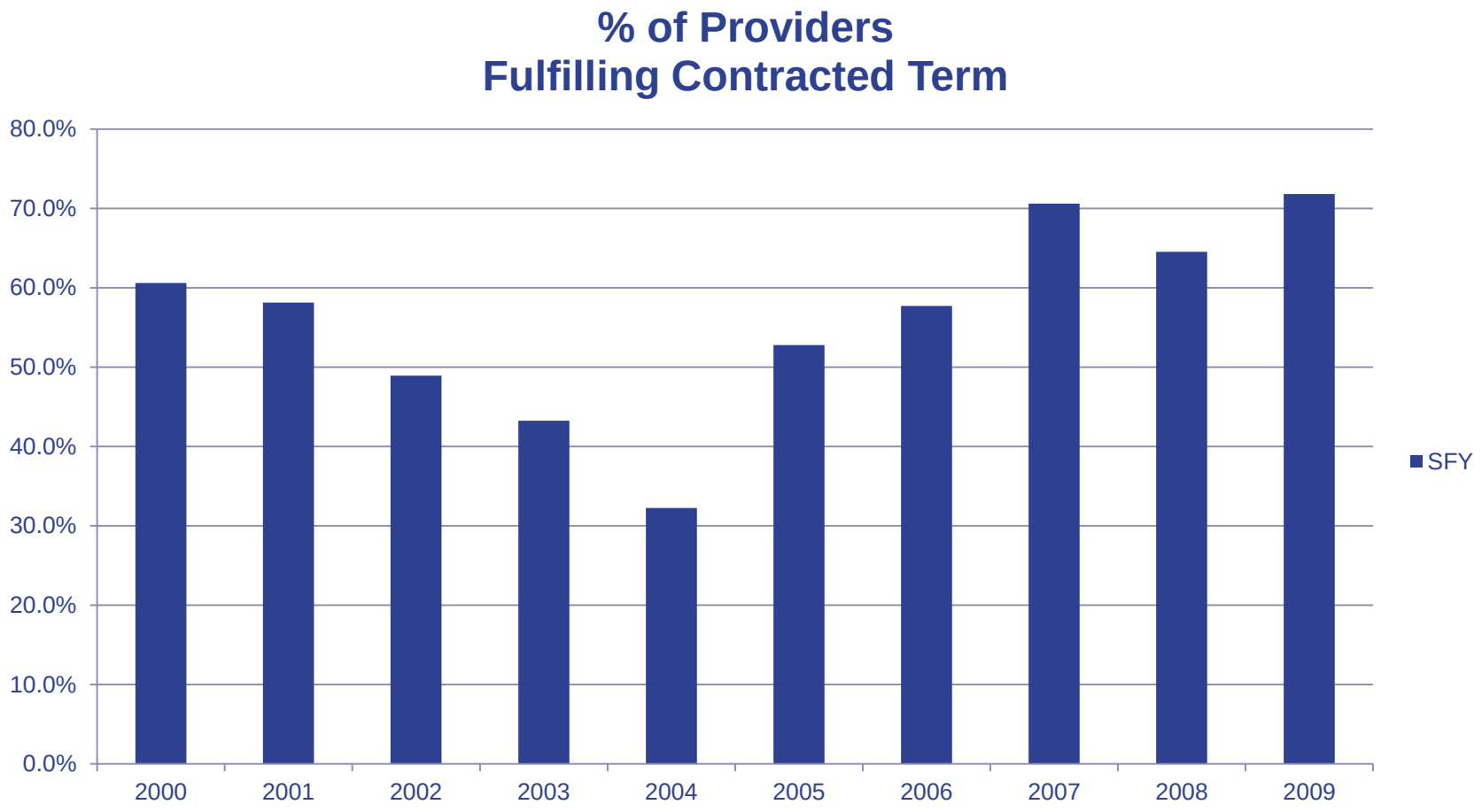
Sample of Quality of Care in RHC

Annual Chart Review - Medicaid Diabetes Quality Measures – CY12

Diabetes	A1C Control < 8.0	A1C Control > 9.0 (poor)	BP Control < 130/80	BP Control > 140/90 (poor)	LDL Cholesterol Control < 100	LDL Cholesterol Control > 130 (poor)	Foot exam
RHC	59.60%	27.60%	33.70%	30.20%	56.10%	25.70%	80.20%
CCNC	60.70%	28.30%	36.60%	28.00%	46.90%	35.80%	78.40%
HEDIS Mean	48.10%	43.00%			35.20%		
HEDIS 90th %	59.40%	29.00%			46.40%		
NCQA DRP Goal	≥65%	≤15%	≥25%	≤35%	≥50%	≤35%	≥80%

* Sample = additional measures are available both chart review and claims

ORHCC Provider Retention



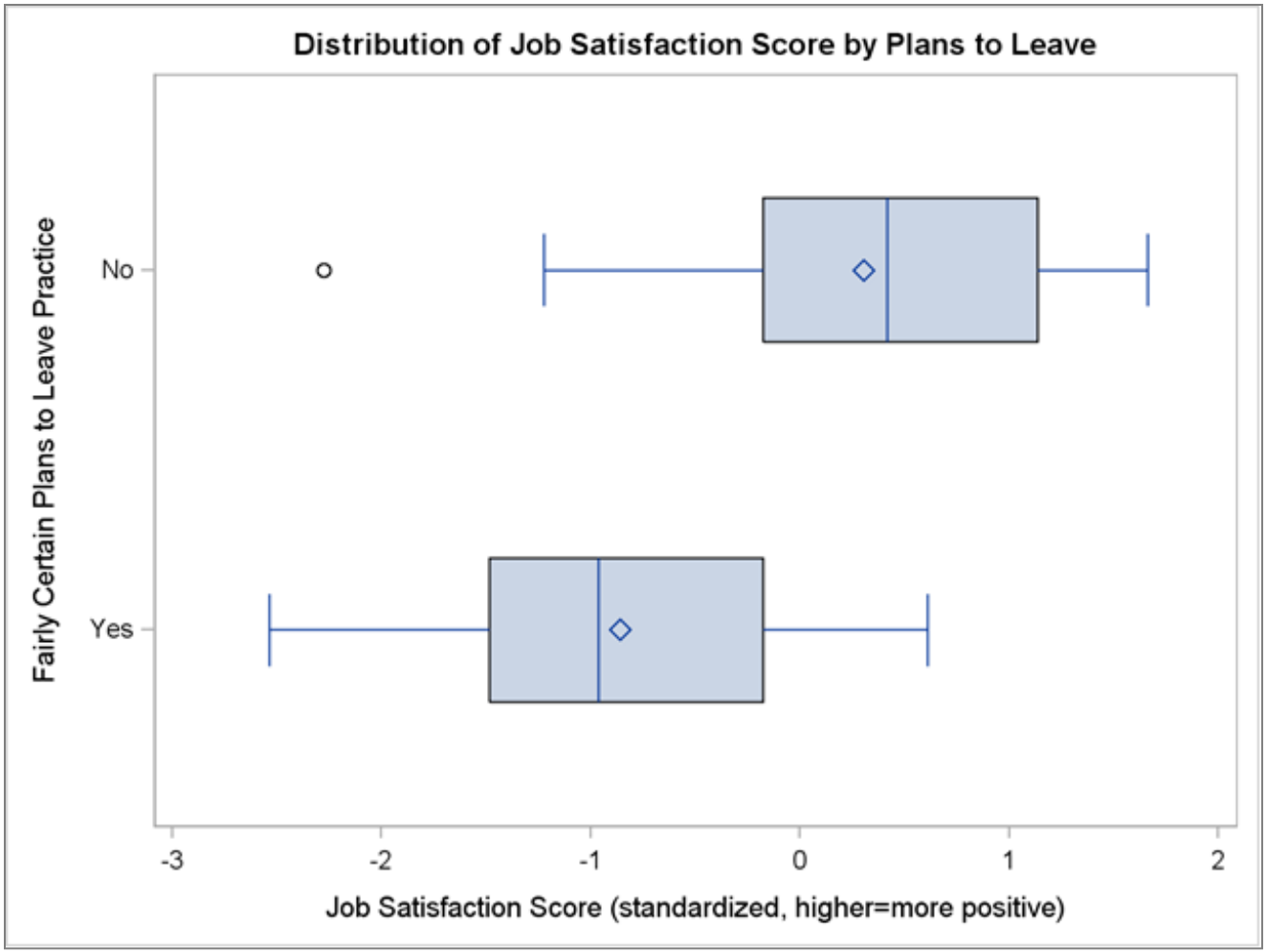
* Positive if provider leaves for NHSC funding (began tracking in FY 12)

Provider Surveys

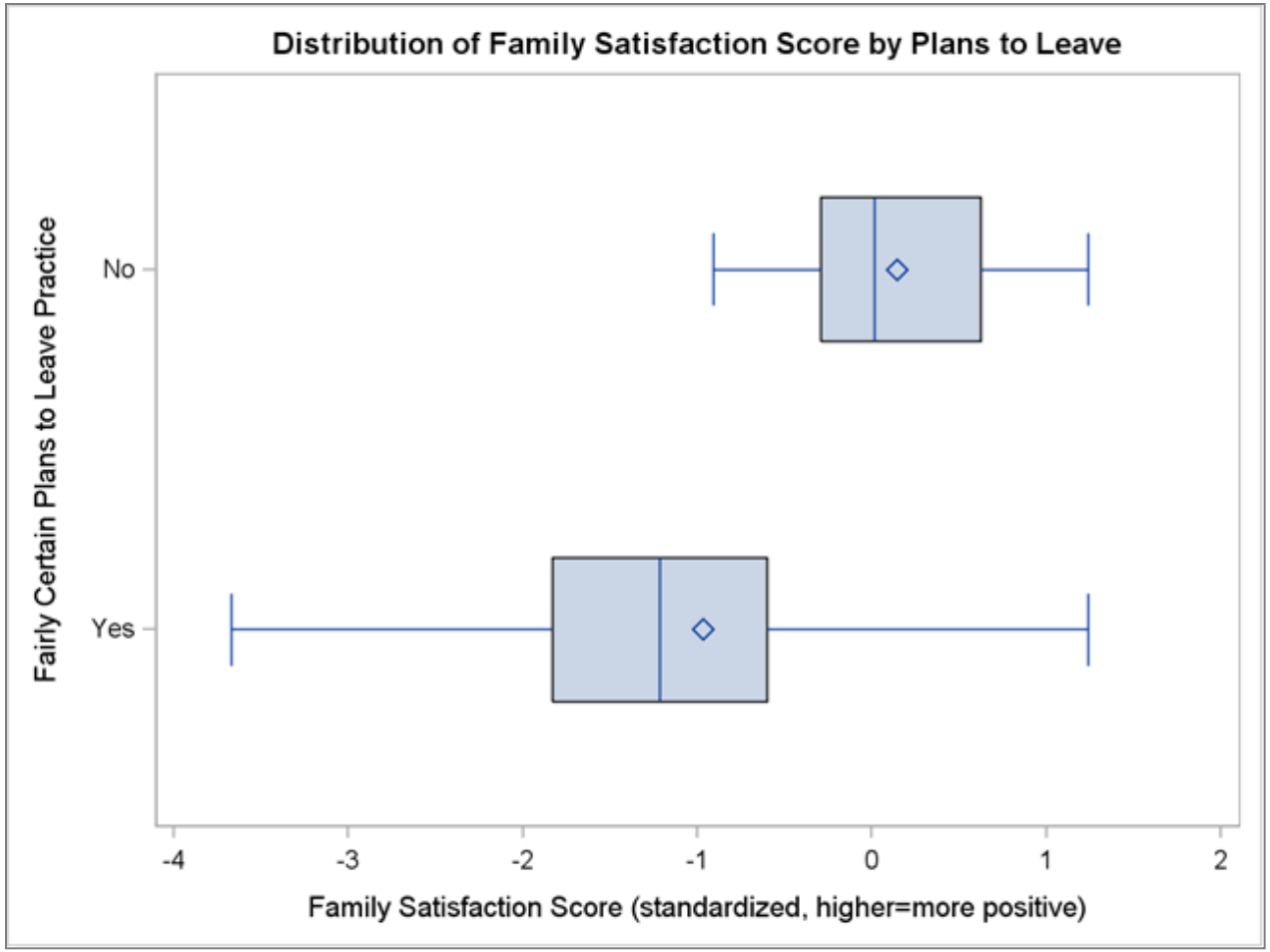
- Provider Retention surveys started in July, 2010. They are conducted annually and at the end of service.

- Preliminary results suggest:
  - Levels of **satisfaction** (job, practice, family) and **community engagement** tend to remain consistent over time for an individual. So there isn't much difference between individual providers' annual scores and end of service scores.
  - Job satisfaction, Family satisfaction and community involvement are related to whether a provider has 'fairly certain plans to leave the practice' at the end of service
  - Will need to look at age and sex as potential factors

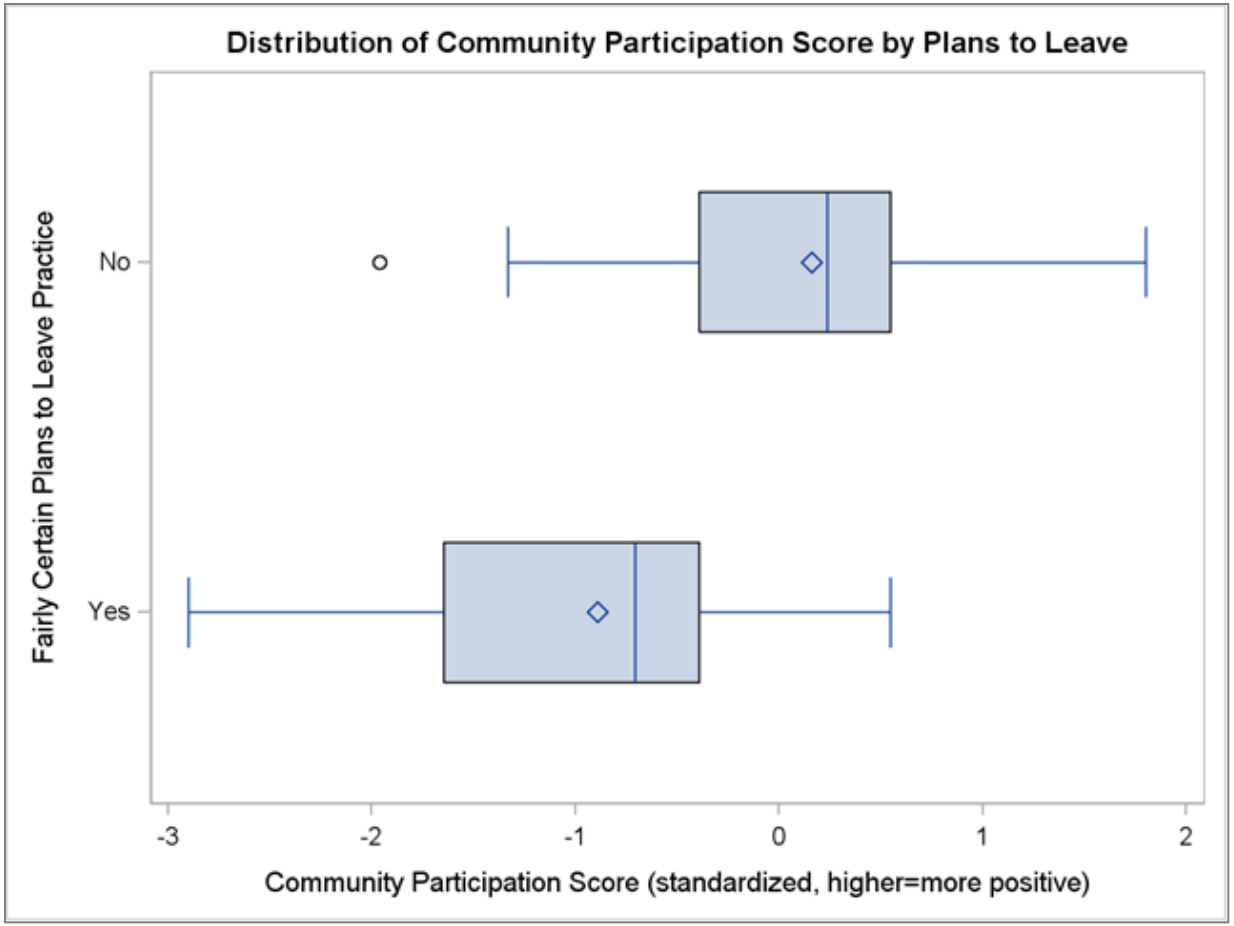
Job Satisfaction



Family Satisfaction



Community Integration



Opportunities

- Incentivize universities / residency programs to retain their students and work in rural / underserved areas.

- Create the infrastructure to conduct a thorough analysis and develop a plan for DHHS GME educational needs. Identify the resources necessary to support the plan implementation.
  - Maintain new slots developed through teaching centers
  - Explore opportunity to continue and expand with Medicaid / Private partners.
  - Explore opportunities with “virgin” hospitals

- Work with Sheps center on enhanced monitoring capabilities.

Other Opportunities

- Promote systems that waste less.
  - Work providers at the top of their license
  - Promote team based care
  - Reduce Administrative waste

- Enhance supportive systems.
  - Competent office staff
  - Time off / back up support
  - Continued medical education and specialist consultation
  - Expanded use of technology

Thank You

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