

HIV TAC TEAM



Recruiting and Retaining Clinicians with HIV Service Delivery Experience

Presenters: Mike Shimmens & Allison Abayasekara
September 16, 2015

Pre-Webinar Poll Question

What is your role in the P4C project?

- 1) Clinical staff (22%)
- 2) Non-clinical staff (22%)
- 3) Department of Health staff (22%)
- 4) Federal staff (22%)
- 5) Other (11%)

Recruiting and Retaining Clinicians

with HIV Service Delivery Experience

September 16, 2015

Introductions

- Mike Shimmens



- 3RNet.org

- Allison Abayasekara - ACU



STAR² Center

Solutions, Training, and Assistance
for Recruitment and Retention

www.chcworkforce.org

Association of Clinicians for the Underserved



Partnership: PCAs, PCOs, BPHC



Association of Clinicians for the Underserved



RESOURCES

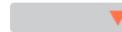


RESOURCES

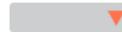
This resource center catalogs toolkits, manuals, research, and other types of information about clinician recruitment and retention. The collection highlights both original materials and tools created by partner organizations. Almost all items are free. Take a look around and let us know if there's anything specific you'd like to see, or anything of your own you'd like to include!



TOPIC



CONTENT TYPE



SEE ALL

Featured Resource

The [Recruitment, Onboarding, and Retention Toolkit](#) from the National Association of Community Health Centers offers tools, checklists, and general information about a variety of workforce issues.

Self-Assessment Tool

This [self-assessment tool](#) from the Association of Clinicians for the Underserved will help you identify your workforce challenges and offer strategies that may improve your success with provider recruitment and retention.

Data Profile User Guide

The STAR² Center released individual recruitment & retention data profiles to the nation's community health centers. This [user guide](#) serves as a companion to the confidential profiles and offers data description and national benchmarks.

Regional Training



for the individual

Association of Clinicians for the Underserved

Personalized Technical Assistance

- Phone
- Email
- On-Site



Association of Clinicians for the Underserved

Individual R&R Profiles

65 data points from 10 data sets

Using data to identify workforce need



Health Center Recruitment and Retention Data Summary

H80CS00000: GENERIC COMMUNITY HEALTH INC.

10 MAIN ST. | ANYTOWN, US 01234

| Descriptive Attributes | | | |
|--|--------|----------------------------|--------|
| Health Center Organization | | Service Area | |
| Number of Sites | 6 | FQHC Uninsured Penetration | 40% |
| Medical Users | 12,577 | FQHC Medicaid Penetration | 41% |
| % Non-Patient Service Revenue | 22% | # Grantees serving area | 9 |
| Special Pop Focus (majority of patients)? | No | Total Pop in SA | 63,334 |
| Any Grant Conditions? | No | Total Low Income Pop in SA | 33,250 |
| EHR Installed/In-Use? | Yes | % Medicaid Pop | 26% |
| PCMH Recognition? | Yes | % Uninsured Pop | 16% |
| CHC <input checked="" type="checkbox"/> MHC <input type="checkbox"/> HO <input type="checkbox"/> PH <input type="checkbox"/> | Urban | % Low Income Pop | 52% |

Delivery Sites

Core Service Area
Cumulative to 75% Patients (based on service area area)

Other Area Served
Cumulative 75%-100% Patients

Results Table Key

Org. or Service Area Value

Minimum Value of Attribute

Maximum Value of Attribute

Note: Includes health fair events, activities, and pop-up structures

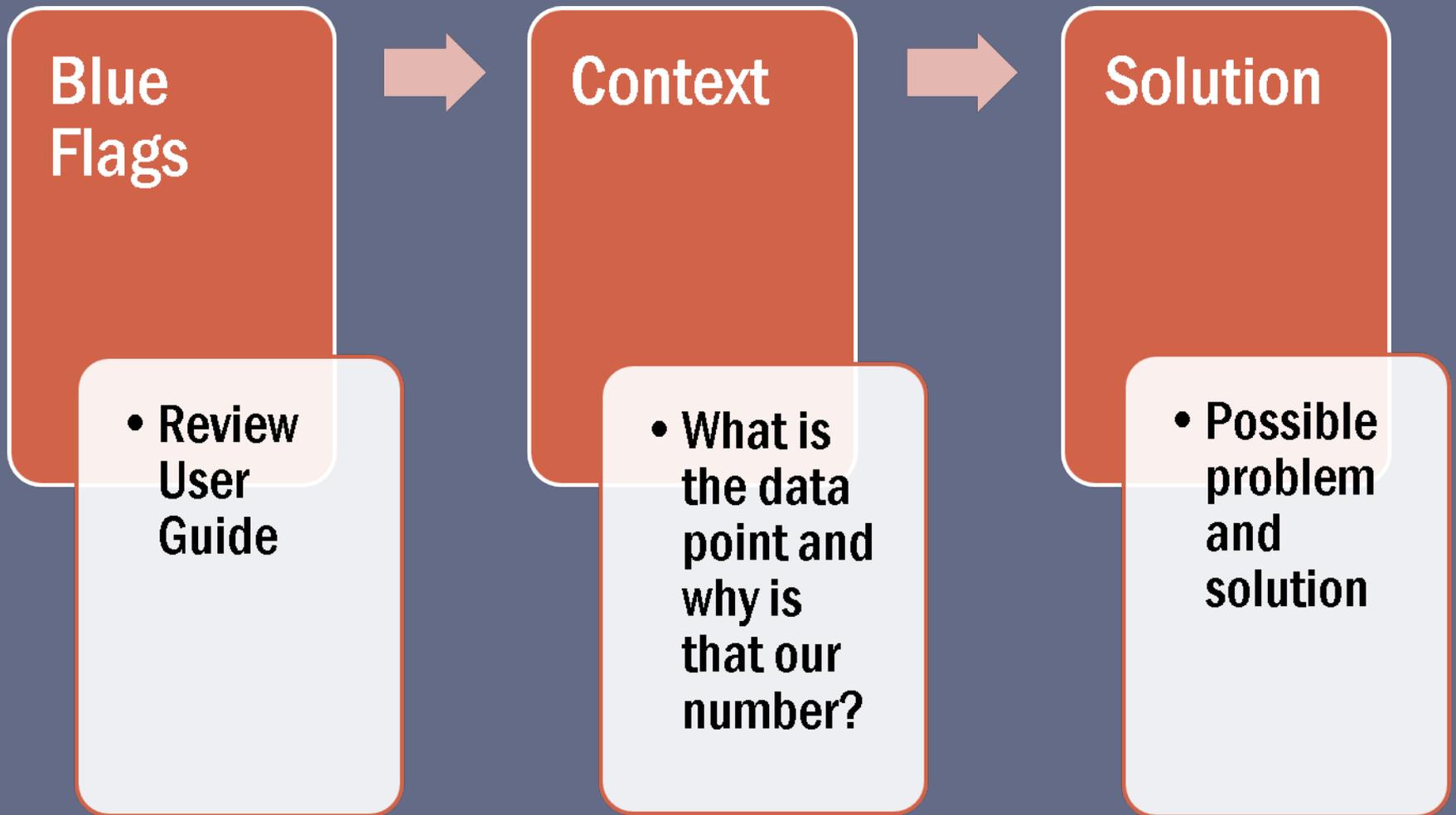
| | | | | | |
|---|---|--|---|---|------|
| Recruitment | Health Center | Any non-staff for senior positions (CEO,CMO) | No | NHSC MD,DO Placement / Current MD Staff | 0% |
| | | Language Focus (% Best Served nonEnglish) | 22% | NHSC NP,PA,CNM Placement / Current Staff | 0% |
| | | 4 Year Avg Profit/Loss (as % Expenses) | 4% | NHSC MD,DO Vacancy / Current MD Staff | 0% |
| | | Months / Med Locum,On-Call,Resid. Provider | | NHSC NP,PA,CNM Vacancy / Current Staff | 0% |
| | | Ratio of Avg. Pay per Med FTE to MGMA mix | 91% | NHSC Dentist Placement / Current Staff FTE | 20% |
| | Grantee Medical HPSA Score | 13 | NHSC Dentist Vacancy / Current Staff FTE | 0% | |
| | | | NHSC Psych,LCSW Vacancy / Current Staff FTE | 0% | |
| | Service Area | Population Density (pop/sq mile) | 9,597 | Hospital Distance (from SA Boundary) | 0 |
| | | % Limited English Proficiency | 16% | NHSC Vacancy % of Current MD,DO providers | 0% |
| | | Primary Care MD/DOs per 100k Pop | 143 | NHSC Placement % of MD,DO providers | 0% |
| All PC Providers per 100k Pop (wgt'd by prod) | | 163 | % of pop covered by a PC HPSA | 100% | |
| % Non-MD providers (wgt by productivity) | | 12% | Dentists per 100k Pop | 32 | |
| Adjusted Allocated PC MD/DO per 100k Pop | | 87 | NHSC Vacancy % of Area PC Dentists | 0% | |
| Specialist MD/DOs per 100k Pop | 100 | NHSC Placement % of Area PC Dentists | 0% | | |
| Retention | Health Center | Months per Senior Admin staff (CEO/CMO) | 148 | Year-end Staff Count per FTE - PC MD,DOs | 1.62 |
| | | Patient Panel per Med provider FTE | 1,074 | Year-end Staff Count per FTE - PC NP,PA,CNM | 1.22 |
| | | Trend: Med Provider Panel Size | 64 | Avg Tenure Months/ Staff Count - PC MD | 41 |
| | | Visits per FTE - PC MD,DO | 3,396 | Avg Tenure Months/ Staff Count - NP,PA,CNM | 49 |
| | | Ratio of Visits per PC Team FTE to MGMA mix | 117% | Trend: Tenure Months - PC MD,DOs | -24 |
| | Trend: Visits per PC MD FTE | 127 | Clinical Quality - Diabetes (HbA1c<8%) | 58% | |
| | % NonPhysician providers (of Med prov. FTE) | 42% | Clinical Quality - Hypertension (controlled) | 69% | |
| | Primary Care Clinical Support Ratio | 2.12 | Year-end staff individuals per FTE - Dentists | 1.17 | |
| | Admin Support Ratio - Medical | 0.87 | Year-end Psychiatrist,Psychologist per FTE | | |
| | Dental Clinical Support Ratio | 1.00 | Year-end LCSW per FTE | 1.08 | |
| SA | Violent crime rate per 100k Pop | 341 | % Pop with Non-Medical Use of Pain Meds | 6% | |
| | | | % Pop with Illicit Drug Dependence/Abuse | 4% | |

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| Measure Centile Distribution Across Health Centers*** | | | | | |
|---|------|------|------|------|---|
| 10th | 25th | 50th | 75th | 90th | Curve |
| N/A | | | | | |
| 0% | 1% | 8% | 27% | 53% |  |
| -11% | -3% | 2% | 8% | 16% |  |
| 2 | 5 | 15 | 37 | 79 |  |

Association of Clinicians for the Underserved





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Association of Clinicians for the Underserved



What is Recruitment?

Is this your definition of recruitment?

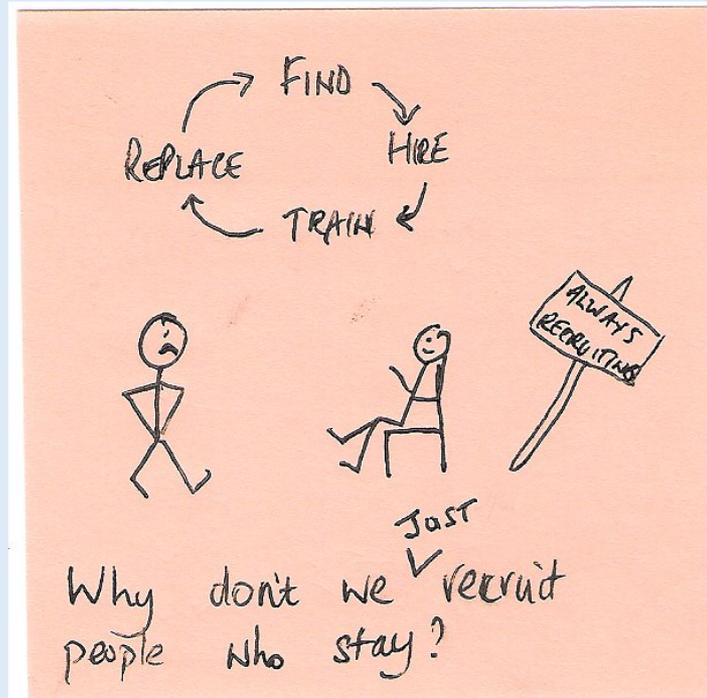
- The process of finding and hiring the best-qualified candidate
- Timely and cost effective manner
- Process includes
 - Analyzing the requirements of a job
 - Attracting employees to that job
 - Screening and selecting applicants
 - Hiring
 - Integrating the new employee to the organization.

What is Retention?

Is this your definition of retention?

- An effort by a business to maintain a working environment which supports current staff in remaining with the company.
- Many employee retention policies are aimed at addressing the various needs of employees to enhance their job satisfaction and reduce the substantial costs involved in hiring and training new staff.

Or is this?



“Recruitment and retention are not separate events – they are part of a process.” Tim Skinner, ex-officio ED 3RNet



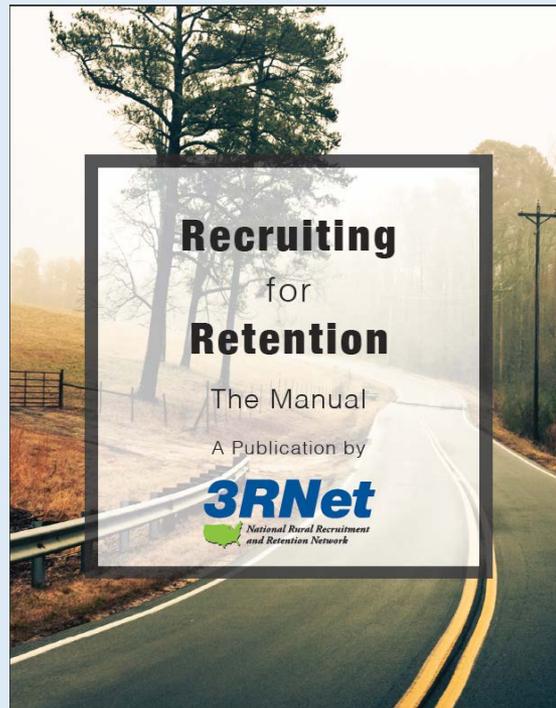
Poll Question #1

Do you have a written provider recruitment and retention plan in your organization?

Yes (40%)

No (60%)

4 Part R & R Plan: 15 Action Steps



Part I Planning and Preparation

Planning and preparation are the most important ingredients for ensuring a successful recruitment effort. They are also the most often neglected.

- 3RNet

1. Assess the Need
2. Gain support of key stakeholders
3. Form a recruitment and retention committee
4. Define your opportunity
5. Define the ideal candidate
6. Develop a recruitment budget

Poll Question #2

What do you believe is the most important part of the planning and preparation step?
(multiple answers allowed)

- 1) Assess the need (50%)
- 2) Develop a budget (0%)
- 3) Form a recruitment and retention team (50%)
- 4) Define the ideal candidate (25%)



For me, it's all about the team!



www.3RNet.org

Form a Recruitment and Retention Committee

- No matter what the size of your organization this needs to be thought out and roles assigned
- Some members may wear more the one hat in the process, but it is a team effort
- **Use the 3RNet CHC Recruitment Team fillable worksheet to assist you.**
- Your efforts will be hard pressed to succeed if you skip this step!

Define the Opportunity

Job Descriptions

Poll Question #3

Do you use job descriptions in the interview process?

Yes (80%)

No (20%)

Job Descriptions

- Job Descriptions are a useful, plain-language tool that gives an employee a clear and concise resource to use as a guide for job performance.
- Supervisors can use a job description as a measuring tool to ensure that the employee is meeting job expectations.
- A job description can be written with 5 steps
 - **Step 1: Perform a Job Analysis**
 - **Step 2: Establish the Essential Functions**
 - **Step 3: Organize Data Concisely**
 - **Step 4: Add a Disclaimer**
 - **Step 5: Add the Signature Lines**

Step 1: Perform a Job Analysis

- Interview employees to find out what tasks are being performed.
- Observe how the tasks are performed.
- Have employees fill out questionnaires or worksheets. (See template Job Analysis Questionnaire)
- Collect data on jobs from other sources such as salary surveys and the Occupational Outlook Handbook (www.bls.gov/OCO/).
- ** If the job description is for a newly created position conduct the interview with the supervisor of the new position and have him/her complete the questionnaire.*

Step 1: Perform a Job Analysis (contd.)

- The results of the information gathered should be documented and reviewed by the employee and the employee's immediate supervisor for any changes in the following:
 - **Knowledge**-comprehension of a body of information acquired by experience or study.
 - **Skill**- a present, observable competence to perform a learned activity.
 - **Ability**- a behavior that results in an observable product.
 - **Physical characteristics**- the physical attributes an employee must have to perform the job duties with or without a reasonable accommodation.
 - **Environmental factors**-working conditions (inside or outside the office).
 - **Credentials/experience**- the minimum level of education, experience and certifications acceptable for the position.

Step 2: Establish the Essential Functions

- Essential functions of the position must be defined and the following steps with help define essential and marginal functions. This will help provide a better avenue for ADA accommodations requests.
- The use of the term “essential functions” should be a part of the job description.
 - Step 1: Ensure that the tasks as part of the job function are truly necessary or a requirement to per the job.
 - Step 2: Determine the frequency at which the task is performed or how much time is spent performing the task.
 - Step 3: Determine the consequences of not performing the function and whether this would be detrimental to the employer’s operation.
 - Step 4: Determine if the task can be redesigned or performed in another way.
 - Step 5: Determine if the task can be reassigned to another employee.

Step 3: Organize the Data Concisely

- The structure of the job description may vary from company to company, however, all job descriptions within the same company should have the same appearance.
- The following topics should be included (See Infosheet Topic for Job Descriptions)

Step 4: Add the Disclaimer

- It is a good idea to add a statement that indicates that the job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee. Other duties, responsibilities and activities may change or be assigned at any time with or without notice.

Step 5: Add the Signature Lines

- Signatures are an important part of validating the job description. They show that the job description has been approved and that the employee understands the requirements, essential functions and duties of the position. Signatures should include those of the supervisor and of the employee.
- A draft of the job description should be presented to upper management and the position supervisor for review and approval. A draft allows a chance to review, add or subtract any detail before the final job description is approved.

Step 5: Add the Signature Lines (contd.)

- The final job descriptions should be kept in a secure location, and copies should be used for job postings, interviews, accommodation requests, compensation reviews and performance appraisals. Employers may also wish to post them on their intranet.
- For your review see Sample Job Description Template-
Generic

***People want to practice where
they are needed and welcome.
Show them they are supported
by as many members of the
community as possible.***

- 3RNet

Part II Searching for candidates

Poll Question #4

My best source of provider candidates is:
(multiple answers allowed)

- 1) Newspaper ads (0%)
- 2) Journal ads (20%)
- 3) On-line job boards (80%)
- 4) Word of mouth referrals (40%)
- 5) Employment search firms (20%)

Step 7 Generate Candidates

- Use your unique selling points (USPs) in a creative way with graphics, pictures, quotes, etc.
- Create many different types of ads:
 - Short profile
 - Descriptive profile with photos
 - Internet version
 - Promotional packages, maybe video?
 - “Elevator speech”

Step 7 Continued

- Use multiple methods of sourcing to have greatest impact
 - On line job boards and advertising like Aidsportal or **3RNet**
Find your state member: 3RNet.org/locations
 - Journals and print media
 - Direct mail and email blasts
 - Databases like PracticeMatch, PracticeLink and Profiles
 - Employee referral programs
 - Residency programs with HIV training tracks
 - Social media – Facebook, LinkedIn, Twitter
 - Search firms – Understand the different types and your responsibilities (contingency, retained and hybrid)

Part III Screening candidates

8. Interview Candidates by phone or video conferencing
9. Conduct credential check
10. Interview the spouse/significant other
11. Check references
12. Conduct site visit

The Interview Process

- The Interview Process is one of the best tools an employer can use in retaining employees. Ensuring the position and the employee are a right fit from the beginning through the interview process will lead to a number of benefits for the employer, including but not limited to, cost reduction from less turnover, continuity in clinical or operational workflow, higher employee engagement and better quality of care for patients.
- There are two main components to the Interview Process:
 - Developing an interview team
 - Creating an interview questionnaire and scoring guideline

Developing an Interview Team

- The Interview Team should be comprised of different levels that will have knowledge of the type of work the position performs. This would include a direct supervisor, a peer, a partner and an HR representative.
 - For example if the position was for a clinical nurse, you would include in the team, the Nursing Manager, another Nurse, the Physician that would be working with nurse and an HR representative
 - If you have someone new to interviewing it can help to conduct mock interviews and to prepare a list of possible questions the candidate may ask.

Create Interview Questions

- Behavioral based questions can be effective in learning if the candidate matches the attributes you have established for your ideal candidate.
- When creating interview questions keep the candidate **and** their family in mind.
- The questionnaire should include questions to help determine the following:
 - Degree of interest and depth of knowledge in your opportunity
 - Ideal work setting in professional and personal(communitiy) terms
 - Most important factor in selecting a position
 - What motivates/inspires candidate
 - Experience and exposure to the type of work of the position
 - Desired compensation, benefits, arrangements

Sample Questions

- How would your patients or colleagues describe you?
- What frustrates you most when dealing with (patients, family, nursing staff, boards, administration)?
- Describe how you handle pressure situations in terms of carrying out your responsibilities and interacting with various audiences.
- Give examples of work teams that you have served on and describe your role on those teams.
- Describe a mistake you made in dealing with people. What would you have done differently?
- What motivates you?

Part IV Follow up and Follow Through

13. Follow up communication
14. Negotiations
15. Retention plan implementation

Poll Question #5

There is a generic retention plan you can adopt for your organization?

True (40%)

False (60%)

Michigan Center for Rural Health

Rural Michigan Physician Retention Study and Retention Manual

The Guide to Successful Rural Physician Retention



Retention Model – Step 1 Onboarding

- **Includes the time between when a candidate agrees to your offer or signs a contract and their relocation or start date.**
- *Suggested activities may include:*
- Keep in contact after contract is signed; communicate often.
- Ensure licensure and credentialing process are progressing.
- Communicate with realtor on relocation.
- Plan orientation sessions: Community, practice site, hospital. Send to physician.
- Maintain routine communication.
- Ensure the physician's office and exam rooms are ready.
- Obtain office space and complete necessary renovations.
- Plan social events that help ease family members into the community.

Retention Model – Step 2 Orientation

- **Includes those activities from the first day of relocation through the first two weeks on the job.**
- *Suggested activities may include:*
- Provide a detailed orientation schedule for first two weeks prior to relocation.
- Welcome the physician and their family within the first week of relocation.
- “Welcome” basket sent to the home on the new physician’s first day of work.
- Include meeting with hospital administration (if applicable).
- Hospital tour (include relevant department directors).
- Clinic tour (lunch with staff).
- Clinic orientation involves the new physician with issues regarding equipment, office space scheduling, support staff, business cards, etc.
- Physician mentor introduced (if applicable).
- Contact the spouse and family to see how they are adjusting to the community and to integrate the social mentor (if applicable).
- Marketing sends announcements introducing the new physician.

Retention Model – Step 3 Communication

- **Includes those activities after the first two weeks on the job and the first 3 years.**
- *Suggested activities may include:*
- Monthly meetings with identified Hospital Administrators, practice managers, and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to the situation.
- Monthly meetings with identified VPs, practice manager and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to their situation.
- Marketing of practice or outreach needs to be incorporated into the process.
- As information becomes available, track patient volume, and revenue and expenses. After three months schedule quarterly meetings for the remainder of the first year (15-minute meetings).
- Recruiter meets with physician after two months to see if expectations have met reality.

3RNet Retention Planning Worksheet

- Fillable form to use in you planning efforts

Resources from this webinar

- CHC Recruitment Team Worksheet – fillable form
- Topic for Job Description Worksheet
- Job Analysis Questionnaire
- Sample Job Description Template/Generic – fillable form
- Retention Planning Worksheet – fillable form

3RNet



*National Rural Recruitment
and Retention Network*

Thank you for your time today.

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HIV TAC TEAM

Thank you for participating in this Webinar. We hope that you are able to find the information provided useful as you continue your P4C project. We ask that you take a few moments to complete the feedback survey you will receive in a message following this webinar.



HIV TAC TEAM

Thank you for participating in today's webinar

Please email if you have any question(s):

P4CHIVTAC@mayatech.com