

# **Recruiting for Retention**

*A process built on the 3R Net model*

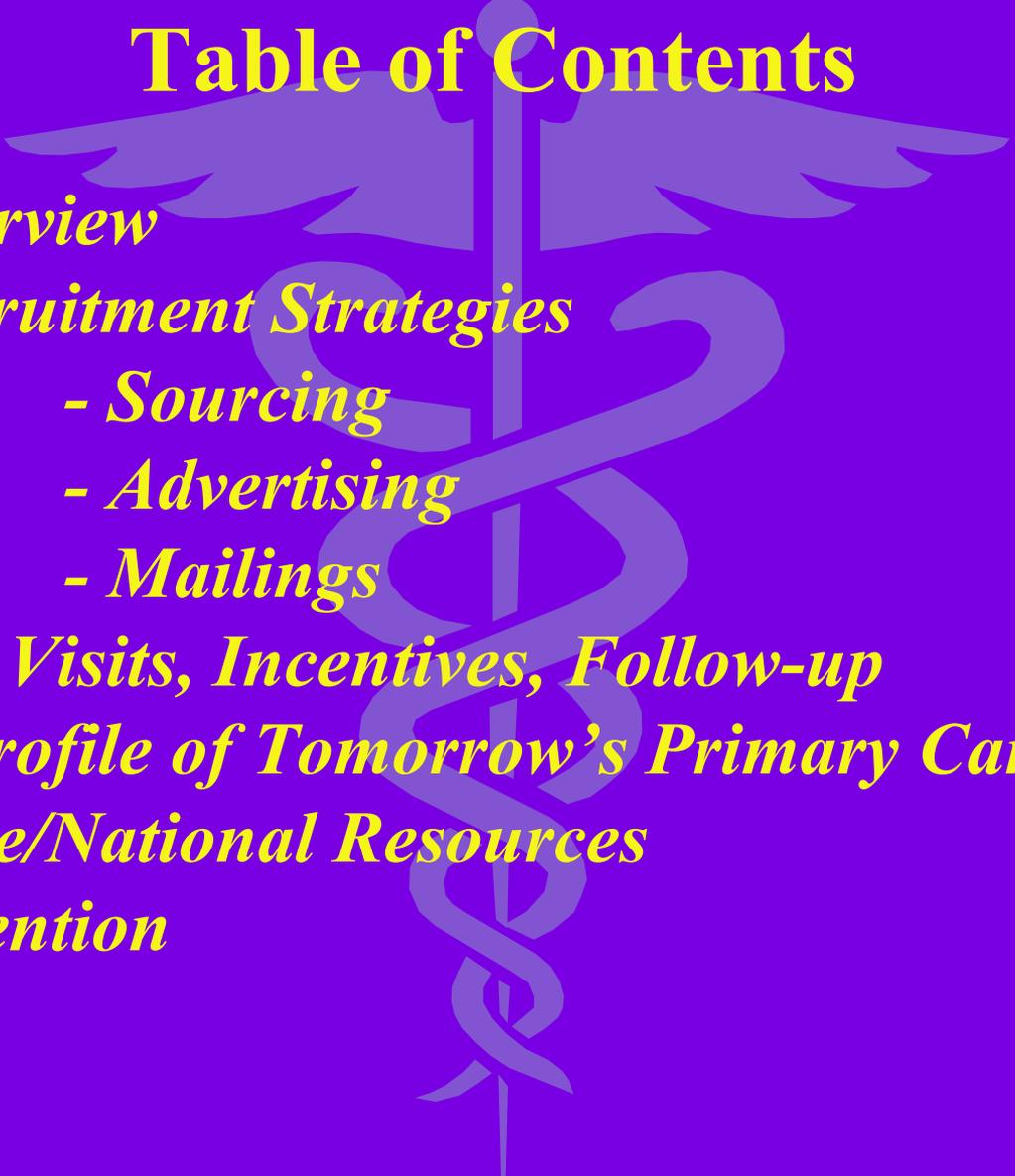
**Fred Moskol**

**Southern Rural Access Program**

**Austin, TX**

**Oct. 30, 2003**

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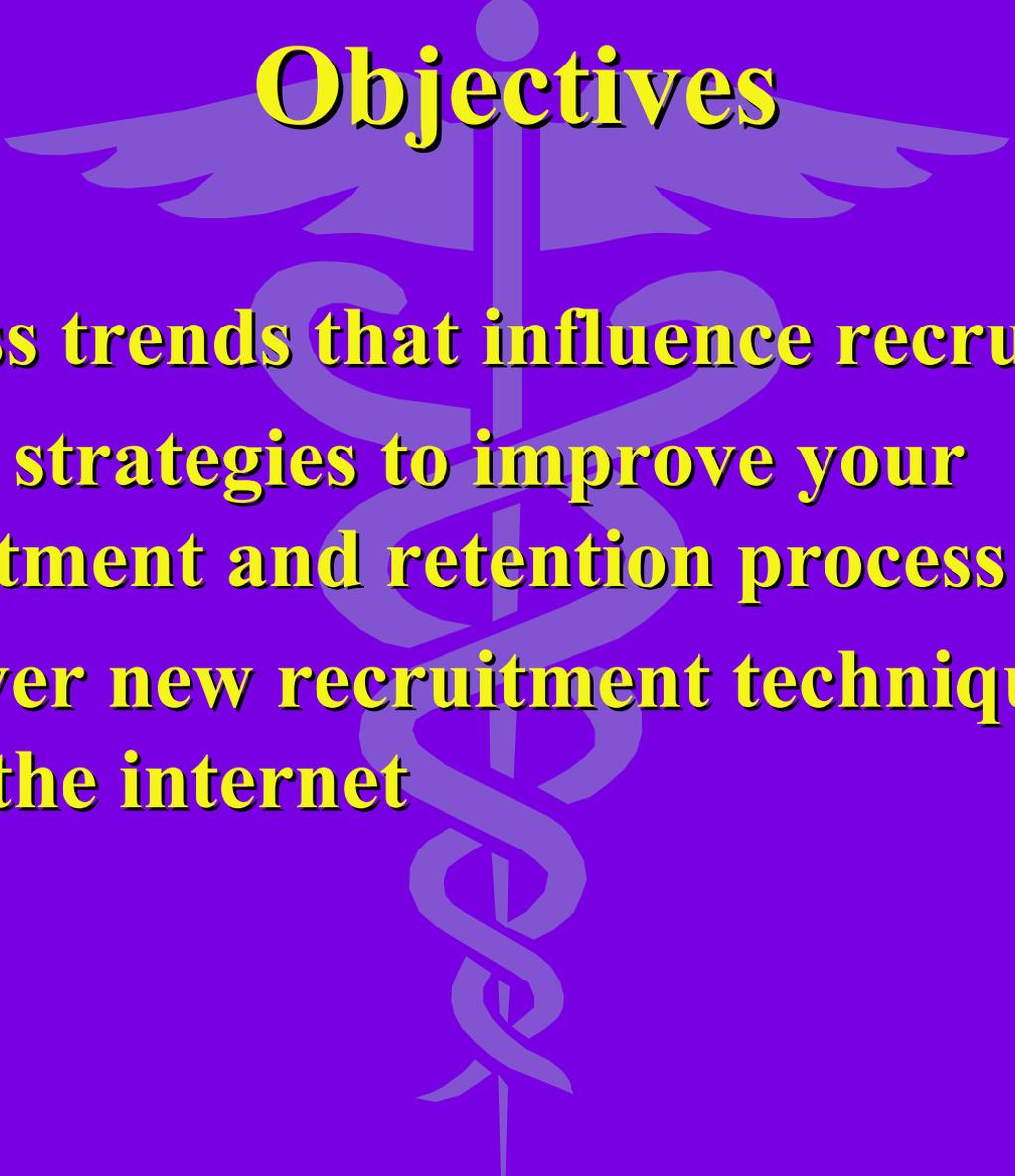
*Site Visits, Incentives, Follow-up*

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# Objectives



- **Discuss trends that influence recruiting**
- **Learn strategies to improve your recruitment and retention process**
- **Discover new recruitment techniques using the internet**

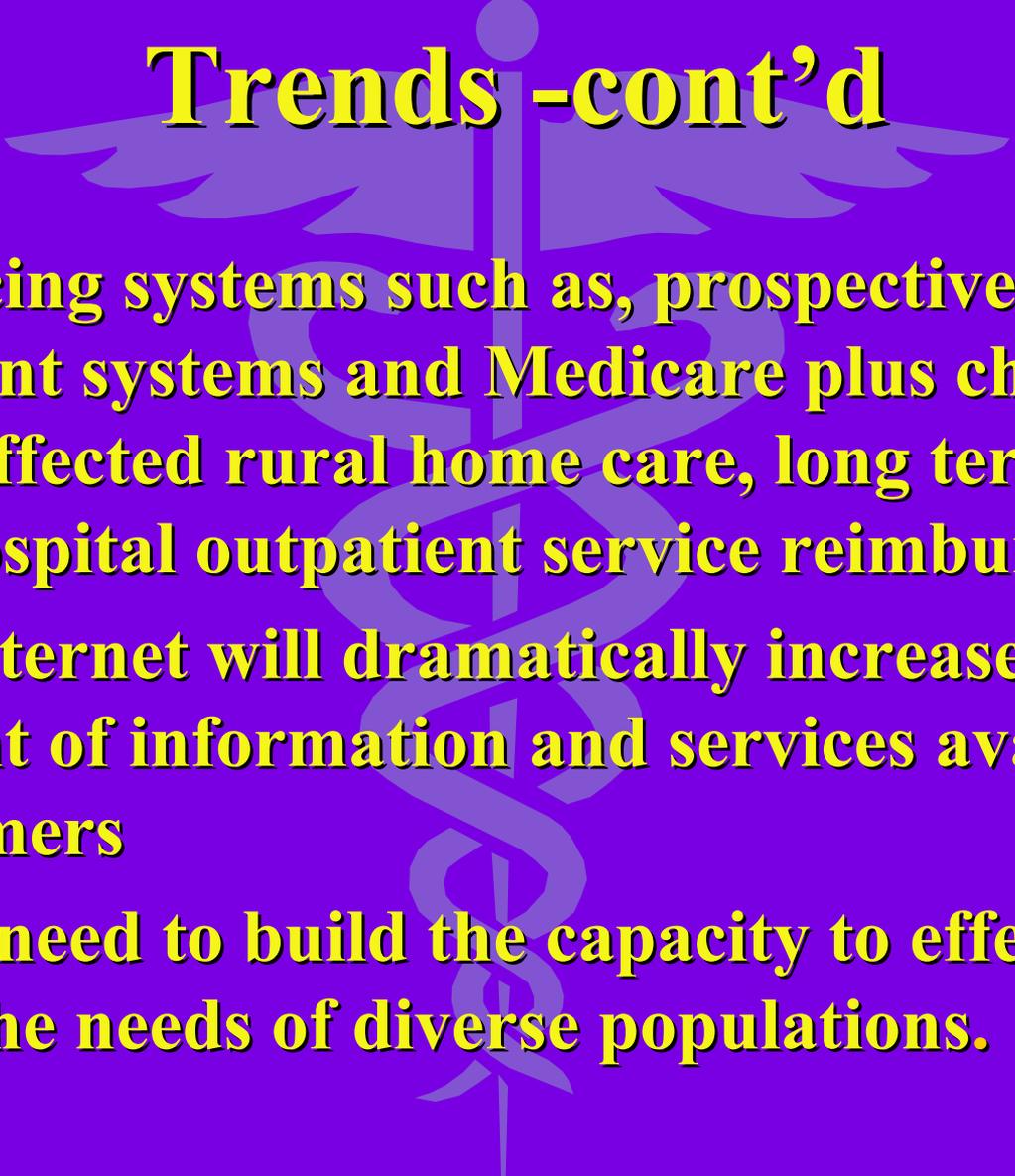
# Trends That Influence Recruitment and Retention

- **Primary Care shortages continue for rural and underserved areas**
- **Shortages are evident for sub-specialists, pharmacists, dentists, and nursing assistants**
- **Employment arrangements have changed**
  - **Hospital employers for physicians**
  - **Systems are vertically integrated**
  - **Large Physician groups**

# Trends -cont'd

- **Physicians, Nurses, Pharmacists are aging and retiring in large numbers**
- **Demand for health care services is increasing**
  - **Aging population especially in rural areas**
  - **Increased technology and more pharmaceuticals**
  - **More preventive services are available**
- **Number of PAs/NPs/NMs has doubled in the past 5 years**

# Trends -cont'd



- **Financing systems such as, prospective payment systems and Medicare plus choice, have affected rural home care, long term care, and hospital outpatient service reimbursements**
- **The Internet will dramatically increase the amount of information and services available to consumers**
- **States need to build the capacity to effectively meet the needs of diverse populations.**

# **The Four Truths** (Talley, 1990)

-with apologies to Eric H. Larson, PhD-WWAMI

- **Rural providers come from rural places**
- **Rural residency training increase the chance of choosing rural practice**
- **Family Medicine is the key rural health specialty**
- **Residents practice close to where they train**

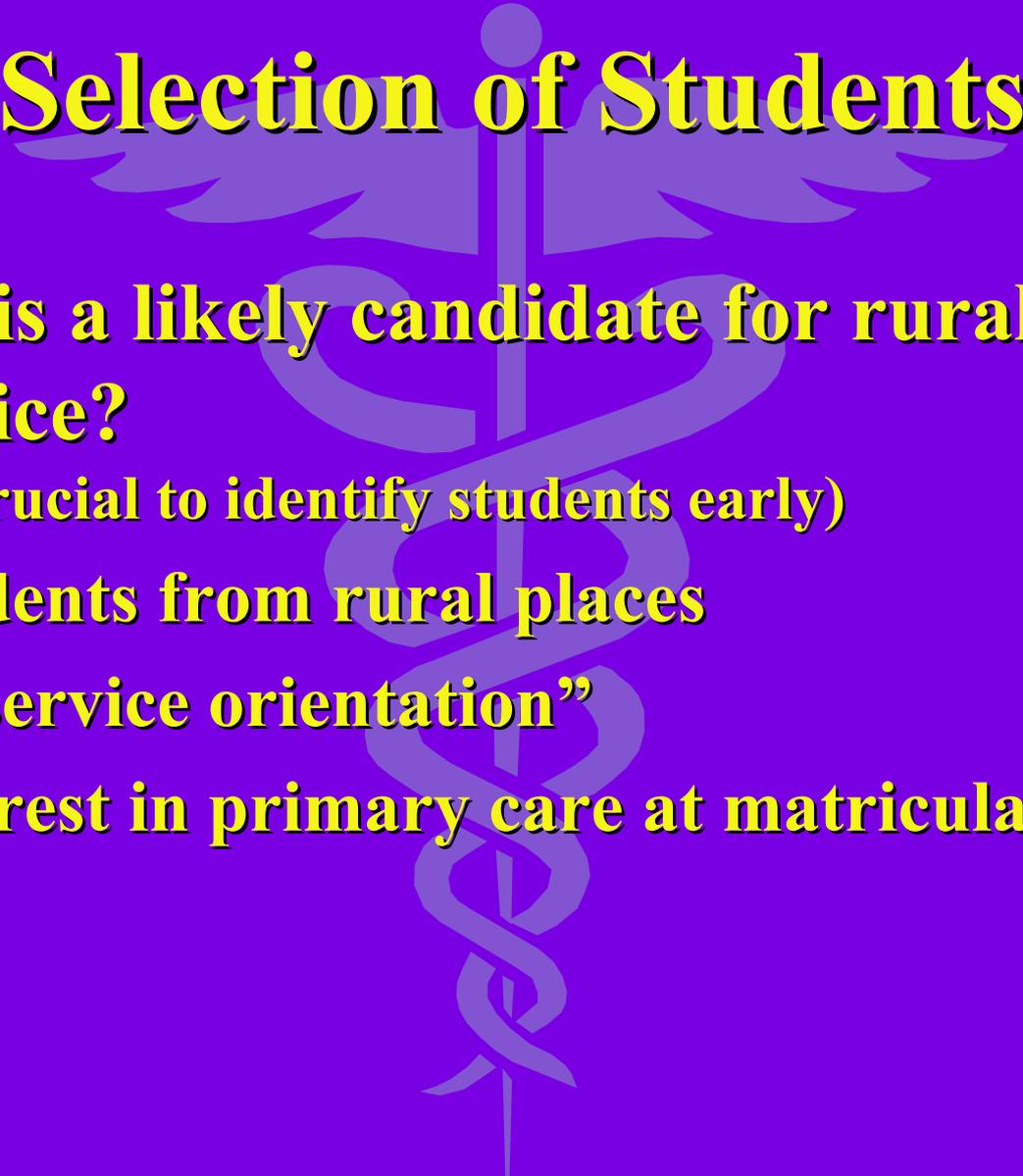
# Some candidates for ‘truths’

Women physicians will play larger and larger roles in rural care (*and urban*)

IMGs are central to the future of rural care

Rural Recruitment and Retention requires ‘community competence.’

# Selection of Students



- ◆ **Who is a likely candidate for rural practice?**  
(Crucial to identify students early)
  - **Students from rural places**
  - **A “service orientation”**
  - **Interest in primary care at matriculation**

# Undergraduate Medical Training

- *Factors common to successful programs*
  - *A strong institutional rural mission*
  - *Focus on primary care*
  - *Targeted Selection of students*
  - *Early rural clinical experiences*
  - *Community-based training outside the institution*

# Graduate Medical Training



- **Training Characteristics (Bowman and Penrod, 1998)**
  - **Higher number of rural months**
  - **Higher number of OB months**
  - **Procedural emphasis**
- **Program characteristics**
  - **Full or partial rural mission**
  - **Rural state location**
  - **Program director with rural experience**
  - **Fewer women or minority residents**

# Recruiting Women Providers

*Study by Ellsbury et al. (2002) examined gender differences in factors related to successful recruitment to rural practice in the Northwest*

*Issues examined-*

- Practice arrangements*
- Spouse related issues*
- Recruitment style*

# Gender differences in recruiting

- **Women more likely to be influenced by**
  - **Spouse issues (employment opportunities)**
  - **Flexible scheduling**
  - **Interpersonal aspects of recruiting**
- **Men and women equally influenced by**
  - **Practice content**
  - **Community factors**
  - **Practice partner compatibility**
  - **Financial issues**

# The Recruitment Process

## Community Plan & Provider Process



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# Recruitment Readiness



- **Determine provider need or access problem**
  - **Define service area (# of people)**
  - **Look at existing providers**
    - **Number**
    - **Age**
    - **Specialty**
    - **Hour's worked**
  - **Acceptance of new patients/restriction**
  - **% of population that is under/uninsured**

# **Recruitment Readiness - Cont'd**

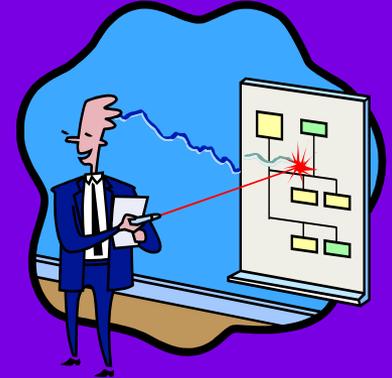
- Does the population understand the role of local providers and facilities?**
- What are specialized health care needs**
- Is there sufficient capacity? (ratios)**
- Does the community use the services or  
Is there an access problem???**
- Resources: State ORH, PCA, RHA, BP □ HC**

# **Recruitment Readiness - Cont'd**

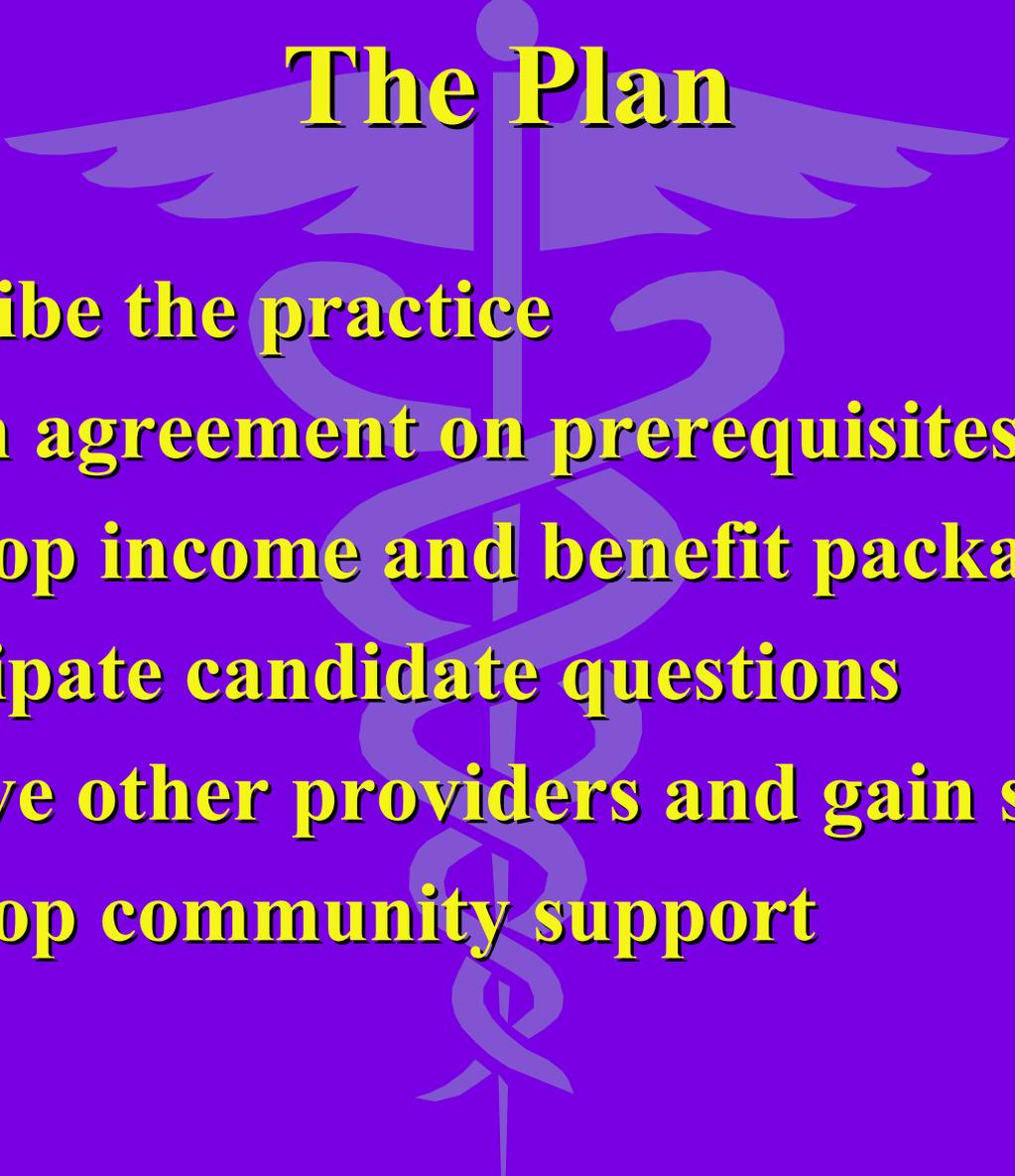
- **Know what the physicians (or other providers) want and need**
- **“Qualify” the practice**
- **Be aware of services & opportunities in your community**
- **Organize a recruitment committee that will be involved in the process**
- **Know who the recruitment coordinator is and their role in the process**

# Recruitment Readiness - Cont'd

- **Have a plan**
  - **Recruitment committee/coordinator**
- **Include all the stakeholders**
  - **Providers**
  - **Church, schools, business, government**
  - **Special interest Groups (service orgs., seniors, youth)**
  - **Those who will be patients and friends**



# The Plan



- **Describe the practice**
- **Reach agreement on prerequisites**
- **Develop income and benefit package**
- **Anticipate candidate questions**
- **Involve other providers and gain support**
- **Develop community support**

# **Develop a Workforce Plan**

- **Analyze workforce needs 3 years out**
- **Factor in retirements, attrition, and growth**
- **Connect with County Public Health to address specific health needs**
- **Retain the existing providers**
- **Maximize reimbursement through CAH, RHC, FQHC, 638s or state programs**

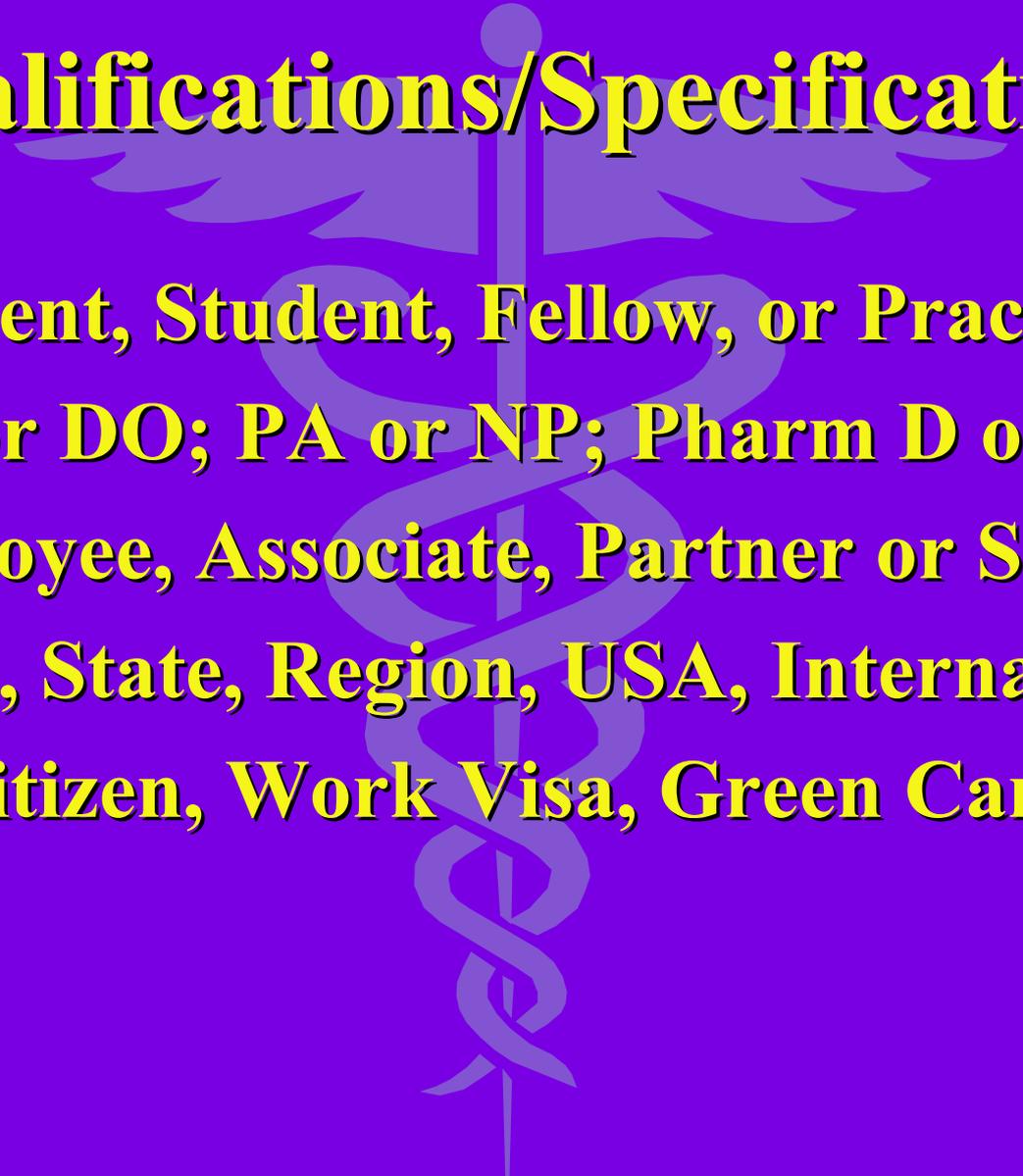
# Recruitment Strategies: Sourcing, Advertising, Mailings



# Recruitment Time Frame

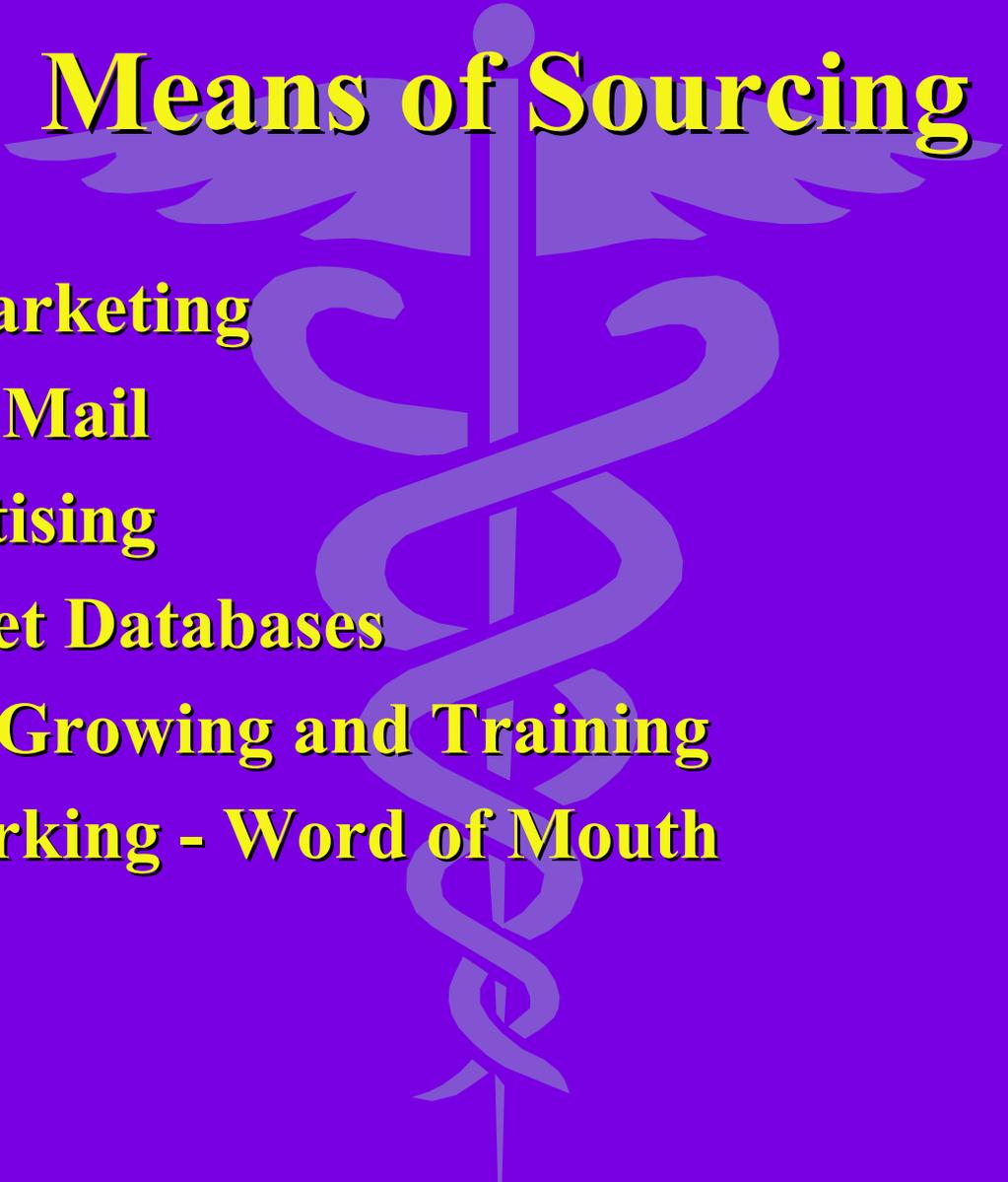
- **Average time to recruit a physician is 7-12 months in rural areas**
- **Average time to recruit a NP/PA is 2-6 months**
- **Most candidates are available to start work summer-fall after graduating**
- **Time is needed to document need, develop job description, develop marketing materials and contract,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

# Qualifications/Specifications



- **Resident, Student, Fellow, or Practicing**
- **MD or DO; PA or NP; Pharm D or BS**
- **Employee, Associate, Partner or Solo**
- **Local, State, Region, USA, International**
- **US Citizen, Work Visa, Green Card**

# Means of Sourcing



- **Telemarketing**
- **Direct Mail**
- **Advertising**
- **Internet Databases**
- **Home Growing and Training**
- **Networking - Word of Mouth**

# 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)**
- **Track your town's HP students**
- **Long-term scholarships**
- **Participate in student rotations**

# **Sourcing Candidates - cont'd**

- **State Licensing Boards**
- **Referrals from own clinic or hospital staff**
- **Bonus to employees for referrals**
- **Recruit locums physicians**
- **National Health Service Corps**
- **Recruitment firms and PracticeMatch**
- **Journal advertisements, Web classifieds**

# Promotional Materials

- **Who, What, Where**
- **70% community**
- **30% practice**
- **A picture is worth a thousand words**
- **Make it easy to follow-through with toll-free #, email, return postcard**



# Mailings / Lists

- **Mail to: specialty organizations, private, licensure boards ( <http://www.state.oh.us/med/>), training directories <http://www.residencysite.com/>**
- **3-phase mailings are most effective**
- **Plan mailings out for 6 months to 1 year**
- **A 1% response rate is considered acceptable**
- **Target the mailing and customize the message**

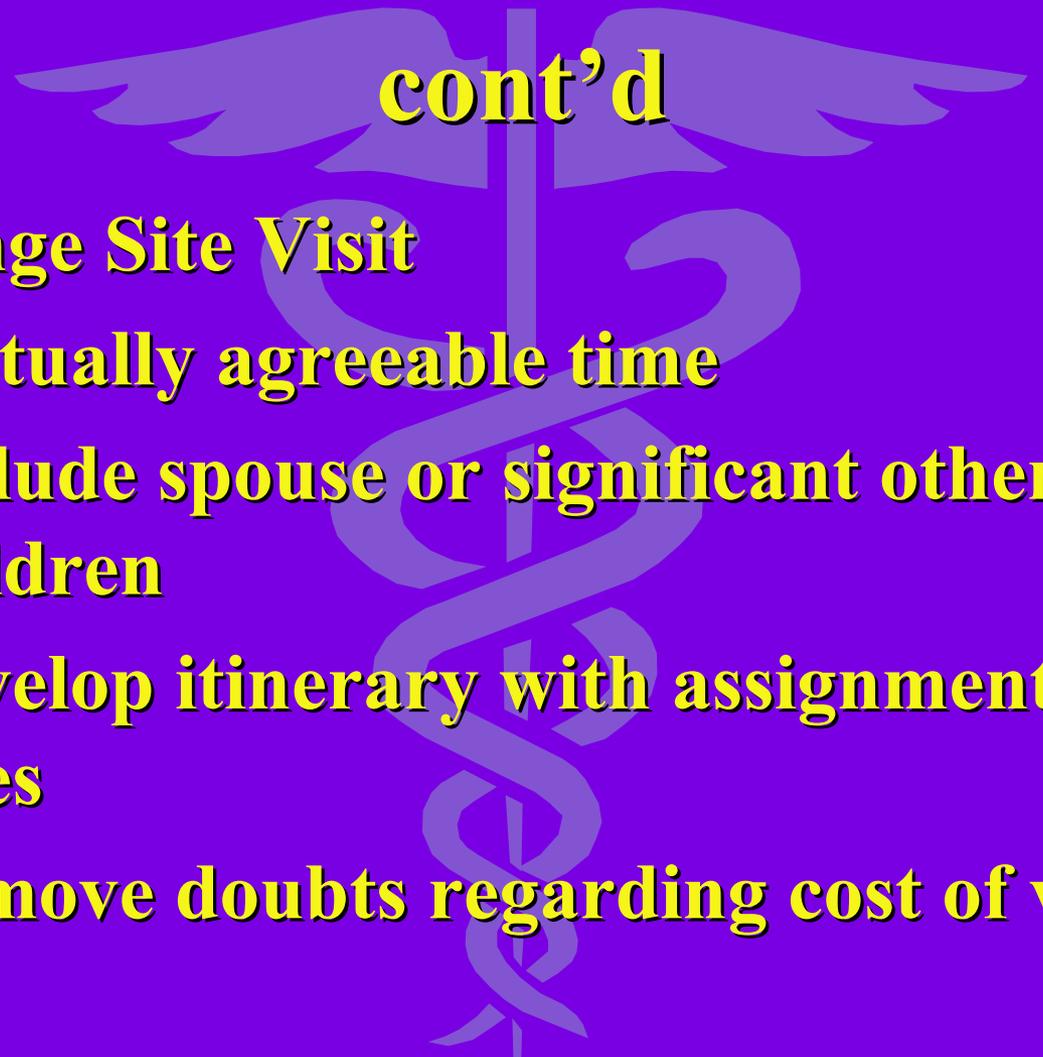
# Basic Recruitment Process

- **First call to provider or response from sourcing (mailing, word of mouth, ads, Web)**
- **Obtain CV or resume**
  - **Establish if there is any interest and determine candidate's criteria**
  - **Send basic packet w/community info**
  - **Tell the candidate when you will follow-up**
- **Reference and Background Check**

# Basic Recruitment Process-cont'd

- **Second contact or follow-up**
  - Determine the sincerity of interest
  - Provide more detail and answer questions
- **Arrange for and conduct interview**
  - In person or by phone
  - Final decision regarding interest
  - Interview spouse or significant other

# **Basic Recruitment Process - cont'd**



- **Arrange Site Visit**
  - **Mutually agreeable time**
  - **Include spouse or significant other and children**
  - **Develop itinerary with assignments and roles**
  - **Remove doubts regarding cost of visit**

# Basic Recruitment Process-cont'd

- **Conduct Site Visit**
  - **Welcome provider to community**
  - **Meet other providers and community leaders**
  - **Tour health care facilities and community sites**
  - **Discuss opportunity**

# **Basic Recruitment Process - cont'd**

- **Follow-up call after visit**
  - **What was good, what wasn't**
  - **What can be changed, what can't**
  - **Inquire regarding contract acceptance**
  - **When will final decision be made**
- **Second visit (if necessary)**
  - **Discuss Contract**
  - **Clarify negatives from candidates viewpoint**

# Criteria for Choosing a Practice

(% ranking 1st or 2nd)

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

**Merritt Hawkins Associates - 2000**

# Recruitment

*What matters to FPs in the decision to locate first practice?  
(Costra et al., 1996)*

*Highest rated items-*

- Significant other's wishes
- Medical Community friendly to FPs
- Recreation/culture
- Proximity to family /friends
- Significant other's employment
- Schools for children
- Size of community
- Initial income guarantee

# Screening Candidates- Residents and Students

- Practice Criteria
  - Geographical preferences
  - Practice needs/coverage (call)
  - Special procedures/ob/flex sig/sports med
  - Financial needs-salary/loans/bonus
  - Independent, community, or 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

# Screening Candidates- Practicing Provider

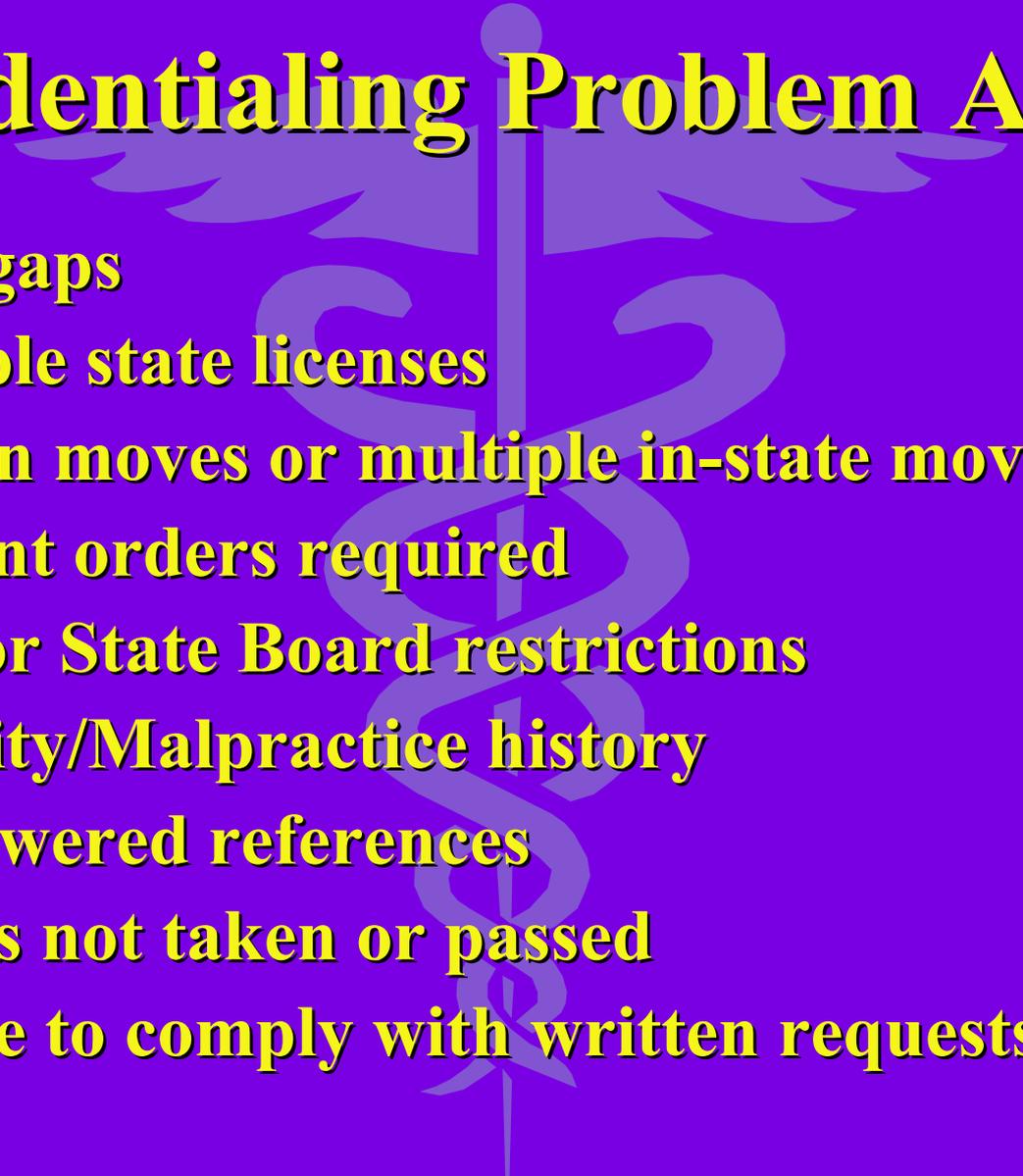
- **Practice Criteria in addition to the above**
  - **What is cause for dissatisfaction?**
  - **What are they looking for now - income, call, teaching, leadership?**
  - **Is anything being done to correct your situation?**
  - **Are there personal relationships that would make it difficult to relocate?**

# Screening Candidates



- **Credentials (Licensure, Certifications, Education)**
- **Release to check background**
- **Professional References - “3 Deep” (ask provider on committee to assist)**
- **Personal References**
- **Criminal, civil and drivers license check**

# Credentialing Problem Areas

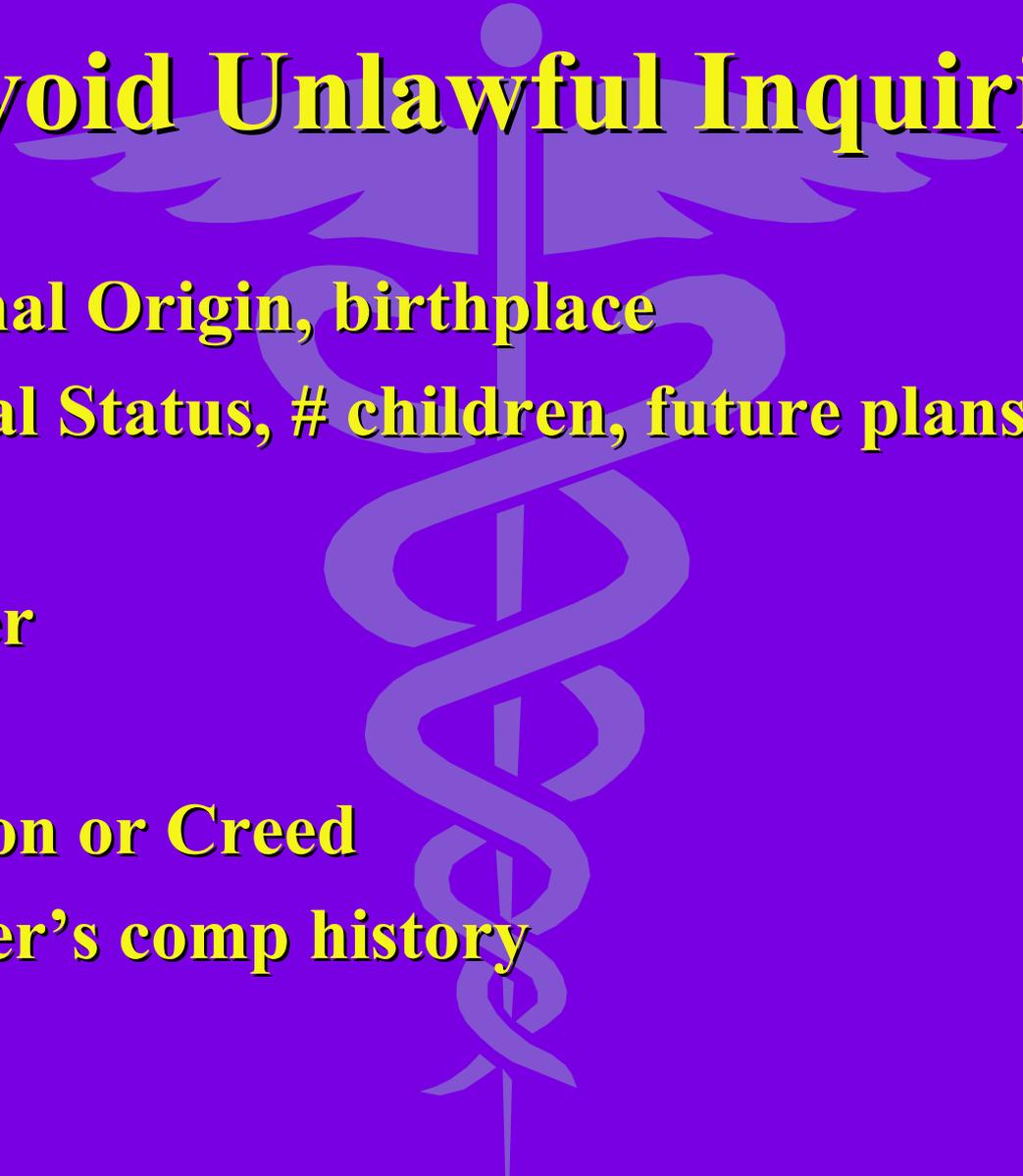


- **Time gaps**
- **Multiple state licenses**
- **Sudden moves or multiple in-state moves**
- **Consent orders required**
- **DEA or State Board restrictions**
- **Liability/Malpractice history**
- **Unanswered references**
- **Boards not taken or passed**
- **Failure to comply with written requests**

# **Interview Before a Site Visit**

- **Schedule convenient time to conduct the interview**
- **Avoid questions that are illegal**
- **Have the CV or resume in front of you**
- **Follow an outline and take notes**
- **Establish rapport, write down their questions**
- **Ask about next step and say thank you!**

# Avoid Unlawful Inquiries



- **National Origin, birthplace**
- **Marital Status, # children, future plans**
- **Age**
- **Gender**
- **Race**
- **Religion or Creed**
- **Worker's comp history**

# Interviewing the Candidates

- **Know areas well enough to be able to answer questions regarding**
  - **Community**
  - **Professional Practice (# and type of providers, call coverage, practice volume)**
  - **Hospital Size (# admissions, tertiary care)**
  - **Procedures**
  - **Practice Management**
  - **Loan Repayment**

# Interviewing the Candidate

- **Schools/colleges**
- **Recreation**
- **Religious resources**
- **Spouse or significant other opportunities**

# 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 (unsigned with a time frame, i.e. 30 days)**
- **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 in 1998

- Paid relocation expenses
- Forgiveness of income guarantee (usual 3 yrs.)
- Paid CME (83%)
- Salaries or salaries with bonus account for 73% - income guarantees down to 27%
- More signing bonuses (34%) Average \$15k
- Malpractice payments standard
- Health insurance standard
- Education loan forgiveness up to 25%

Merritt and Hawkins

# Compensation Package

## ○ Average Physician Salaries

<b>FP without OB</b>	<b>138k</b>
<b>General Surgery</b>	<b>225k</b>
<b>Internal Medicine</b>	<b>141k</b>
<b>OB/GYN</b>	<b>216K</b>
<b>Orthopedic surgery</b>	<b>312k</b>
<b>Pediatrics</b>	<b>135k</b>

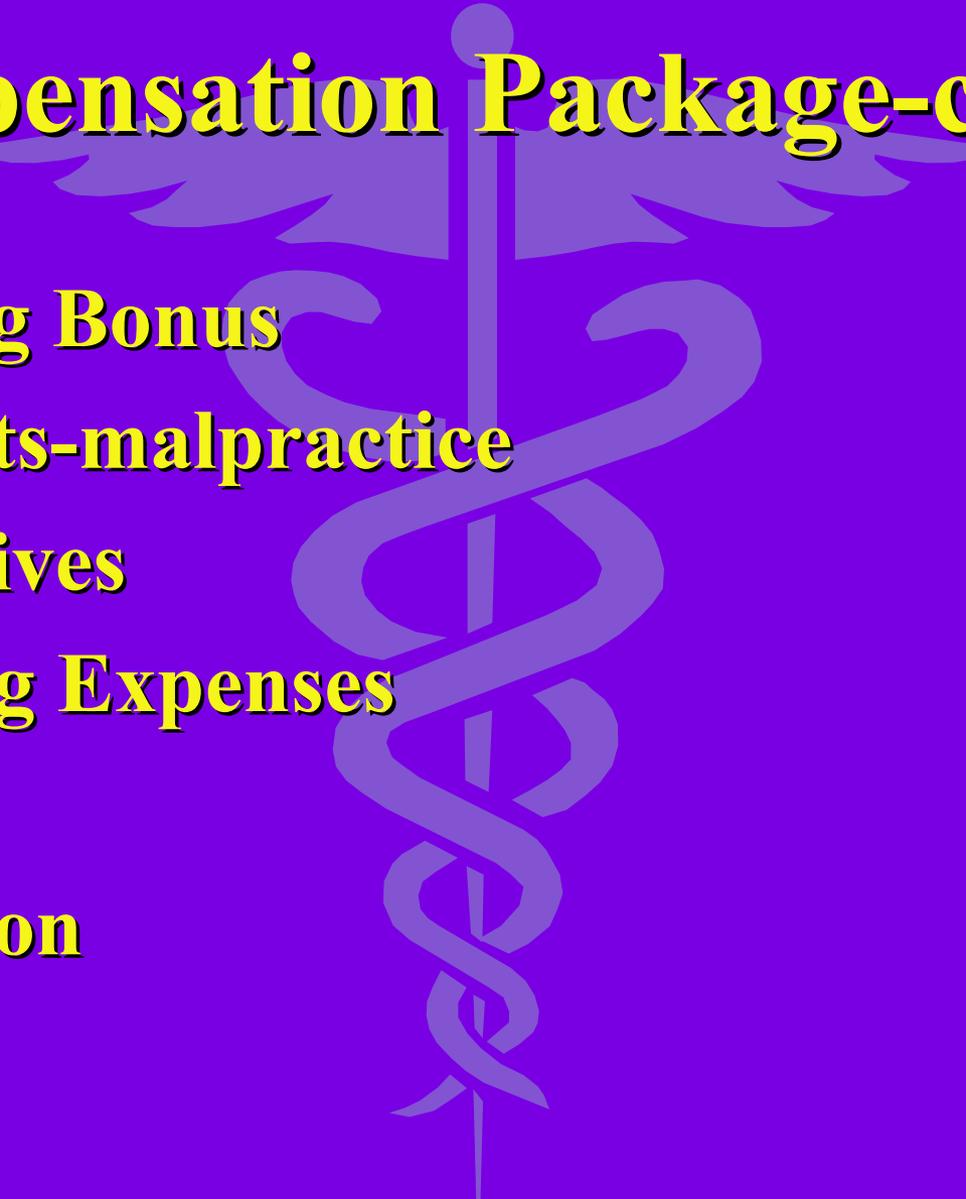
Medical Economics Jan. 2003

# Compensation-cont'd



- **Nurse Practitioners** **\$60,000**
- **Physician Assistants** **\$71,000**
- **Pharmacist** **\$80,000**
  - Board of Nursin, AMA (03), personal experience

# Compensation Package-cont'd



- **Signing Bonus**
- **Benefits-malpractice**
- **Incentives**
- **Moving Expenses**
- **CME**
- **Vacation**

# Physician Signing Bonus

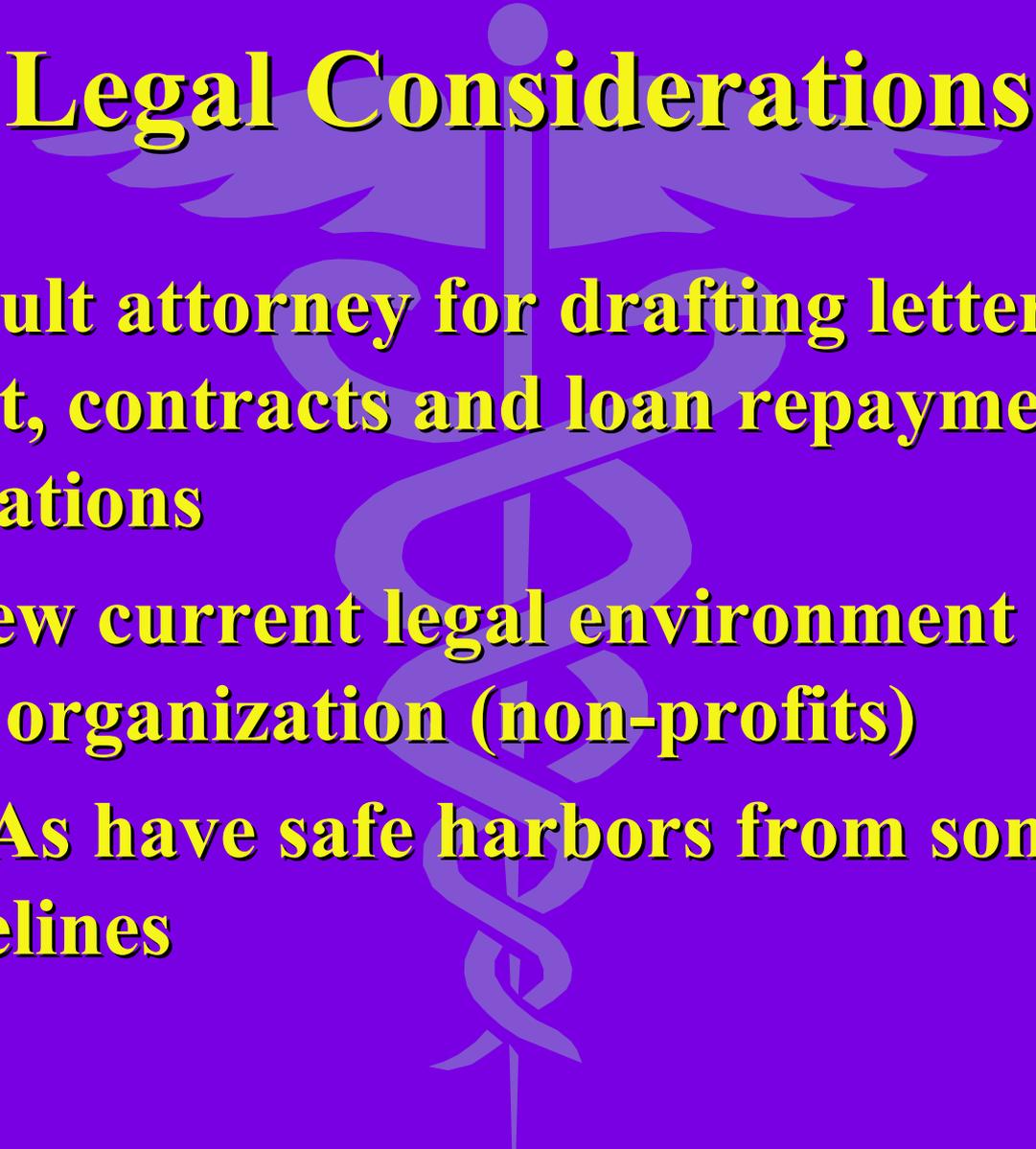
<u>Year</u>	<u>Low</u>	<u>Average</u>	<u>High</u>
2001/02	\$5,000	\$14,270	\$50,000
2000/01	\$5,000	\$15,176	\$50,000
1999/00	\$2,500	\$15,900	\$30,000
1998/99	\$5,000	\$15,400	\$50,000
1997/98	\$5,000	\$17,000	\$30,000
1996/97	\$5,000	\$15,000	\$30,000

Source: Merritt Hawkins 2002

10-30-03

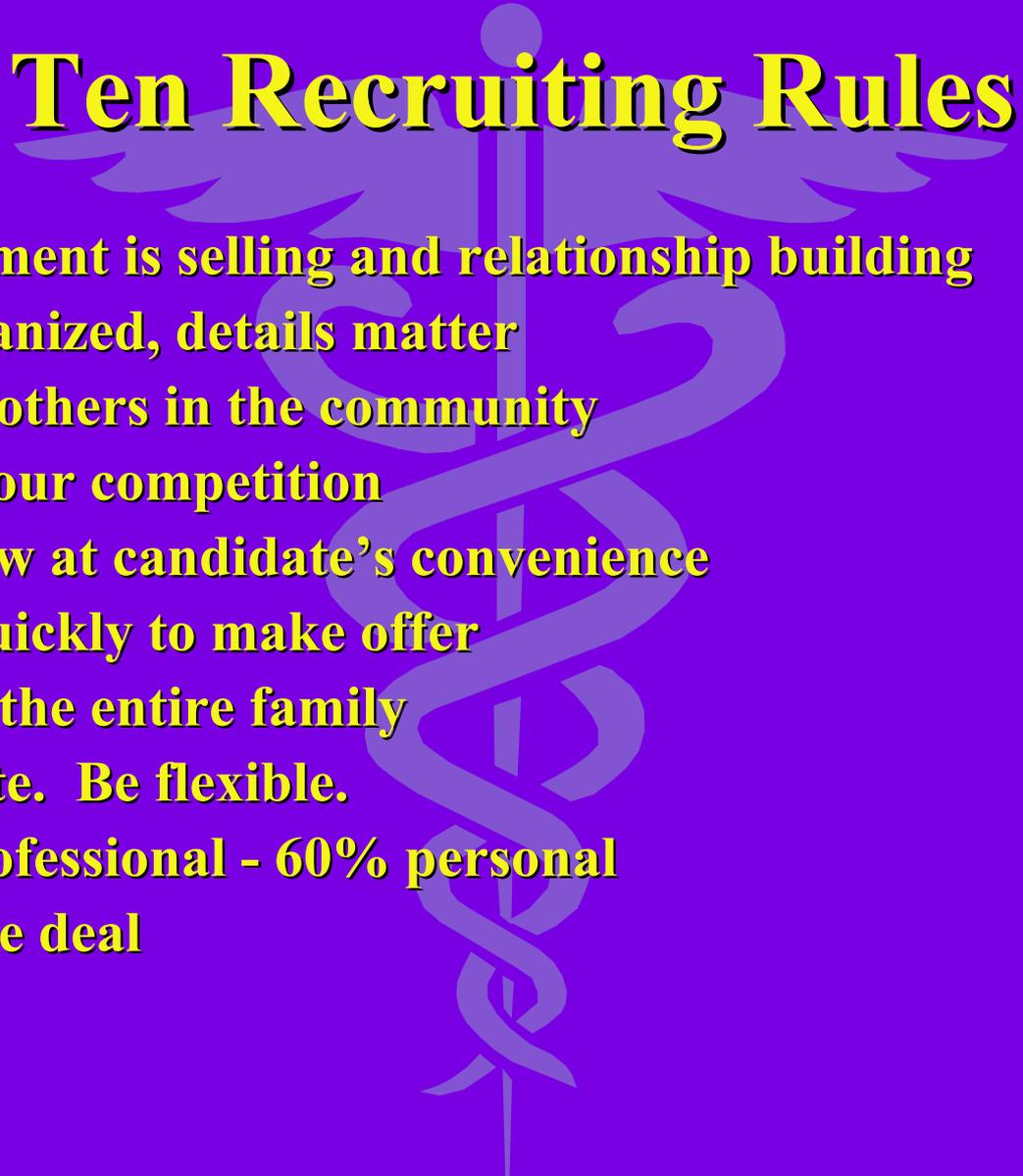
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# Legal Considerations



- **Consult attorney for drafting letters of intent, contracts and loan repayment obligations**
- **Review current legal environment for your organization (non-profits)**
- **HPSAs have safe harbors from some IRS guidelines**

# 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**

# Offering the Contract and Negotiating

- **Offers and counter offers(Date your offer)**
  - **Flexibility is important, with recognition of others**
  - **Be punctual, avoid long periods of time when nothing is said or done.**
- **Signing the Contract**
  - **Treat it like it's the first visit!! Make them feel special**

# Offering Contract and Negotiating The Financial Package

- **Income guarantee or Salary**
- **Benefits**
- **Incentive bonuses**
- **Sign-on bonuses**
- **Student loan repayment**

# Offering Contract and Negotiating

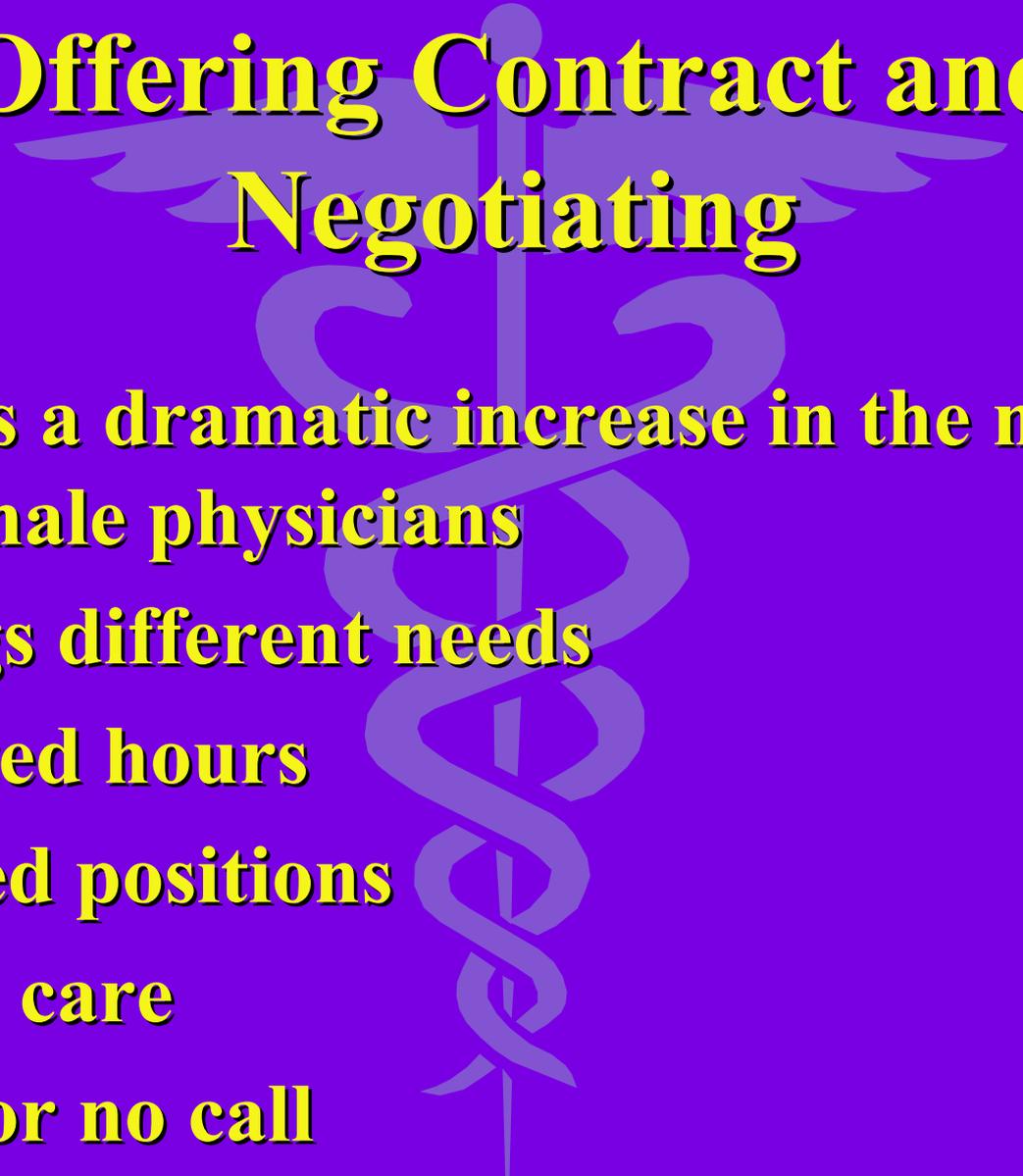
- **Be Flexible (BUT REALISTIC)**
- **If one area is weak, e.g. low salary, be creative in other areas.**
  - **No Call**
  - **8 to 5 hours**
  - **No Hospital Work**
  - **Part-time**

# Offering Contract and Negotiating

There are many reasons you need to be flexible

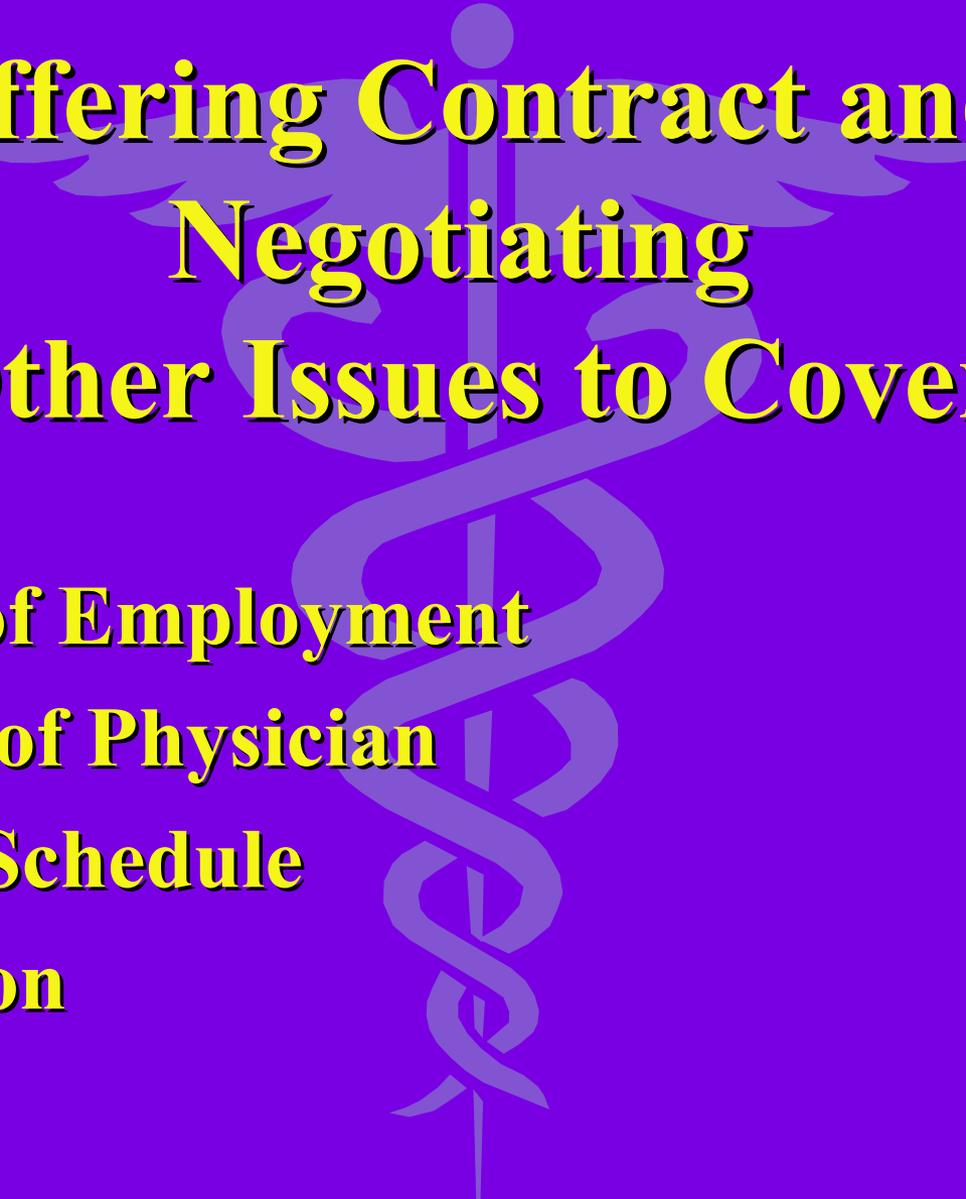
- Changes in the recruitment environment
- Current providers look at medicine as an occupation as opposed to a lifestyle
- They want balance between their work life and family life

# Offering Contract and Negotiating



**There is a dramatic increase in the number  
of female physicians**

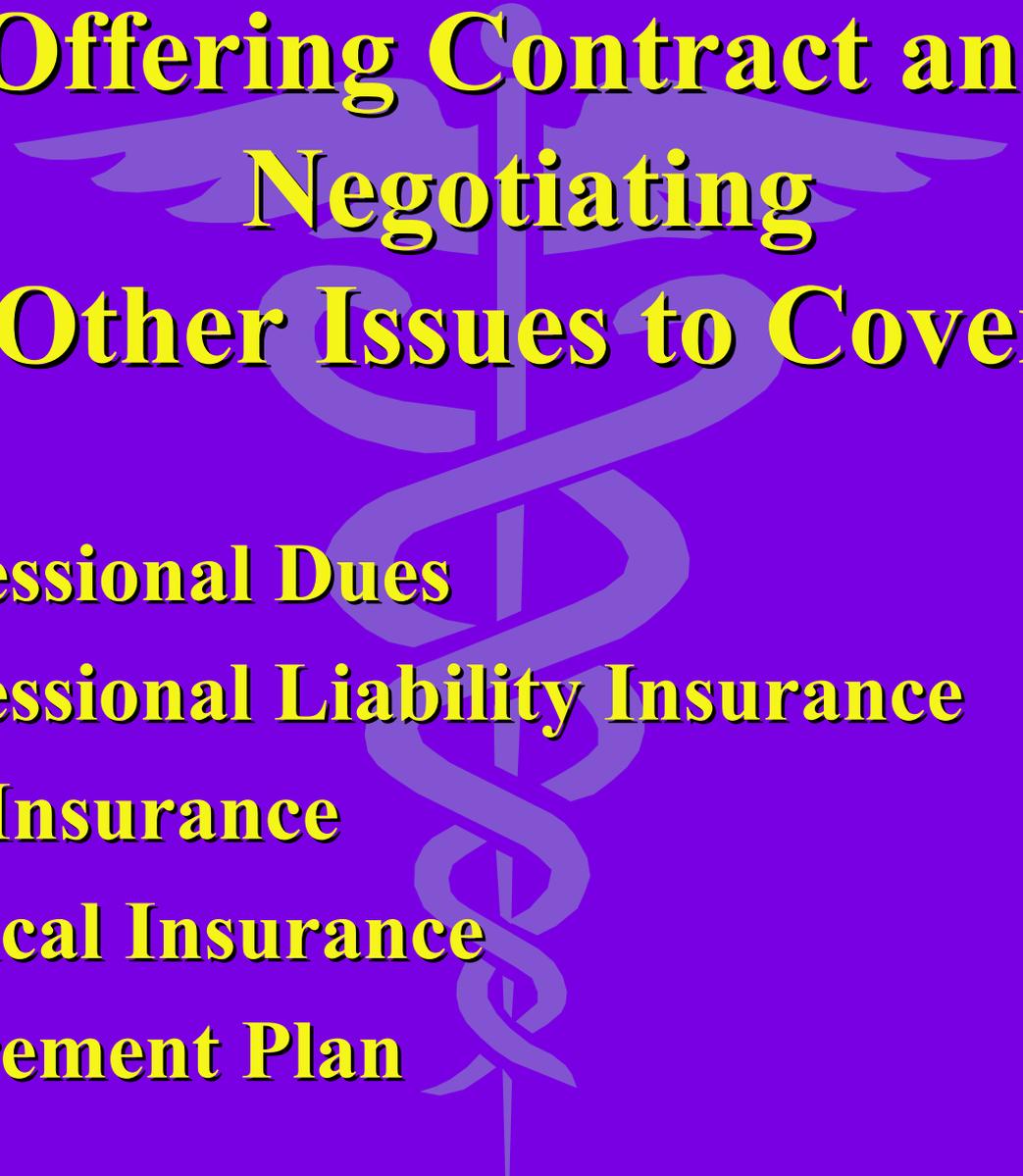
- **Brings different needs**
- **Limited hours**
- **Shared positions**
- **Child care**
- **Low or no call**



# Offering Contract and Negotiating Other Issues to Cover

- **Term of Employment**
- **Duties of Physician**
- **Work Schedule**
- **Vacation**

# **Offering Contract and Negotiating Other Issues to Cover**



- **Professional Dues**
- **Professional Liability Insurance**
- **Life Insurance**
- **Medical Insurance**
- **Retirement Plan**

# Budgetary Considerations- Summary

- **Financial Package:** guaranteed salary, signing bonus, loan repayment
- **Relocation:** Average is \$9000
- **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) - \$20,000 (commercial firm)
- **Coordinator's Salary**

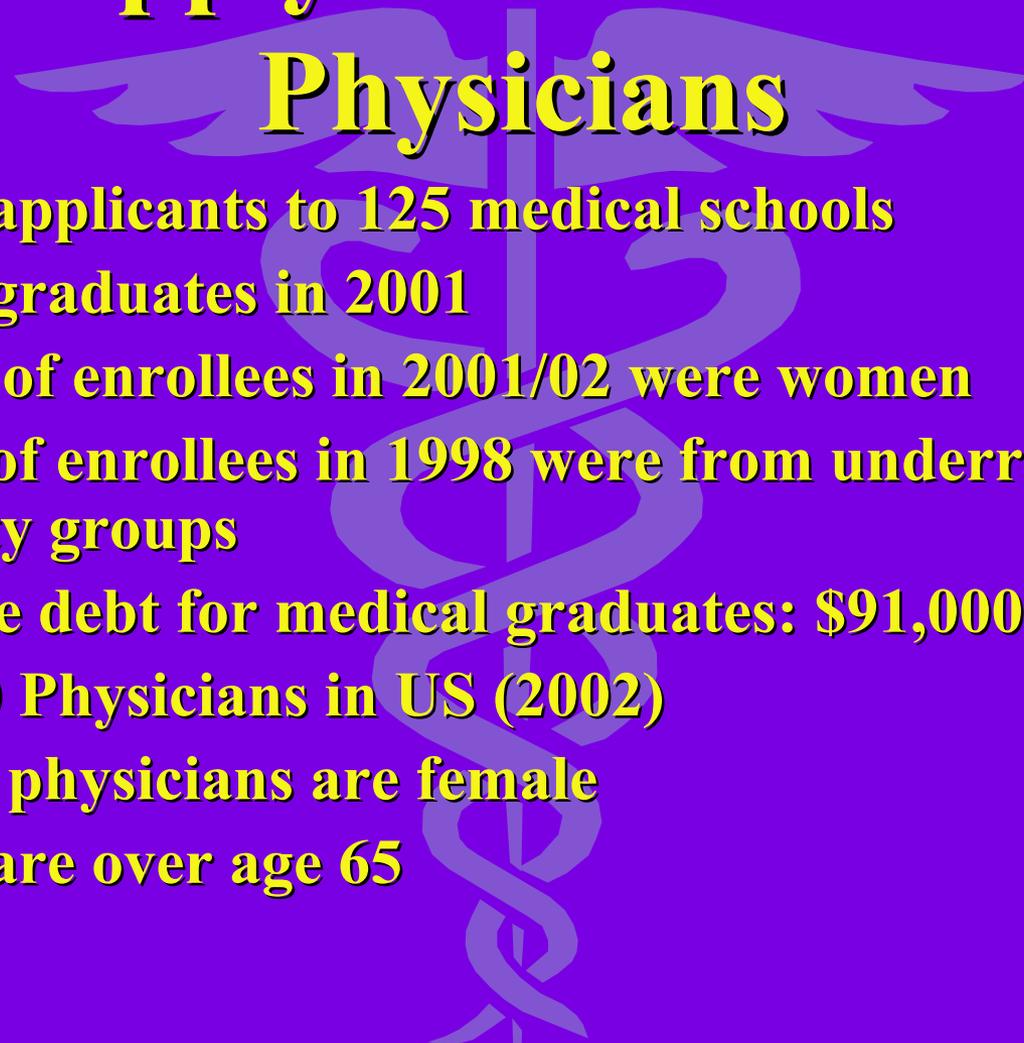
# A Profile of Tomorrow's Primary Care Team



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# Supply of Providers - Physicians

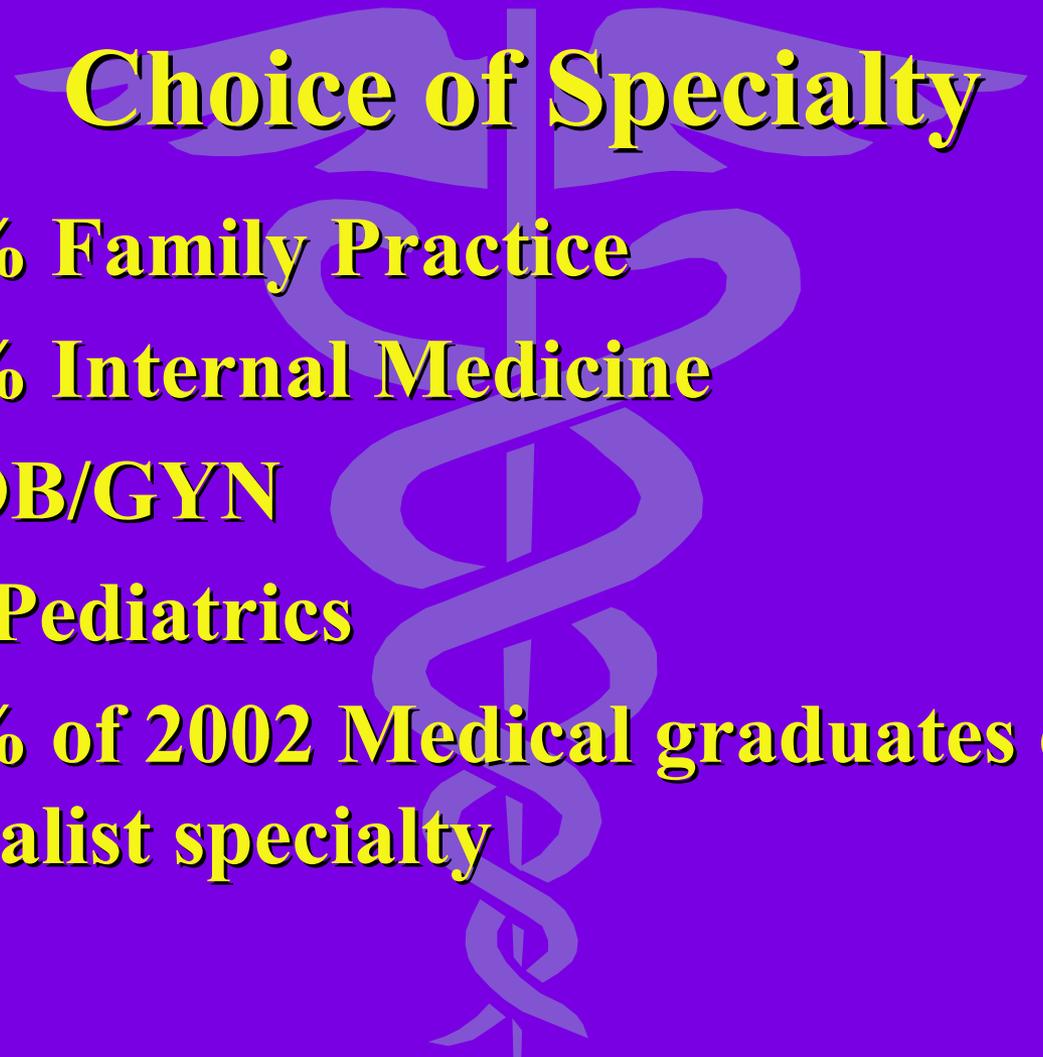


- 34,859 applicants to 125 medical schools
- 15,778 graduates in 2001
- 47.6 % of enrollees in 2001/02 were women
- 34.6% of enrollees in 1998 were from underrepresented minority groups
- Average debt for medical graduates: \$91,000
- 813,770 Physicians in US (2002)
- 25% of physicians are female
- 21.6% are over age 65

Source: Physician Characteristics & Distribution in the US 2002 edition/NRMP  
10-30-03

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# US Medical School Seniors Choice of Specialty



- **10.4% Family Practice**
- **23.8% Internal Medicine**
- **8% OB/GYN**
- **12% Pediatrics**
- **46.4% of 2002 Medical graduates chose a generalist specialty**

Source NRMP 2002

10-30-03

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# Family Practice

## ● Graduates of Family Practice

– 1980	1,884	15% female	12% IMG
– 1990	2,457	30% female	10% IMG
– 1995	2,573	40% female	22% IMG
– 1998	3,148	43% female	13% IMG
– 2000	3,649	45% female	11% IMG

Source: AAFP.org (Facts about Family Medicine)

**Now that you have the provider  
you want – don't let them get away**

