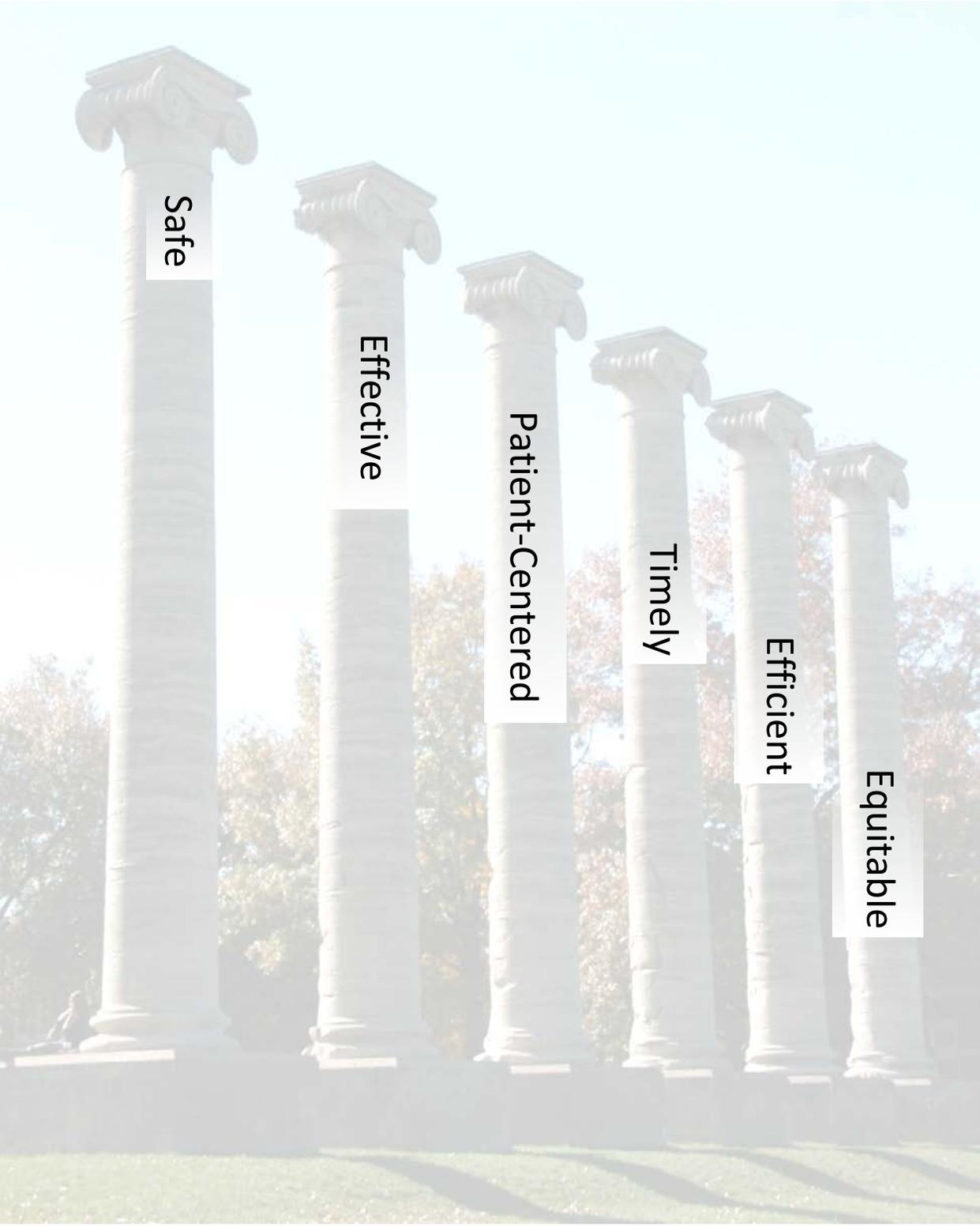


**ARRA-FUNDED NATIONAL HEALTH SERVICE CORPS
AND STATE LOAN REPAYMENT PROGRAMS
FACILITY MANAGERS SURVEY RESULTS**

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Contents

Introduction	1
Analysis of Survey Response.....	2
Background Information.....	2
Factors related to family issues	7
Factors related to practice location.....	9
Factors related to professional issues	11
Comments regarding recruitment and retention strategies	15
Appendix: Survey administered to facility managers.....	18

List of Tables:

Table 1: Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings.....	7
Table 2: Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings.....	9
Table 3: Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings.....	11
Table 4: What specific strategies have worked well regarding provider recruitment and retention? by job title	15
Table 5: Additional comments or suggestions for retaining professionals in your facility/community? by job title.....	17

List of Figures

Figure 1: Percentage of Respondents by job title.....	3
Figure 2: Percentage of respondents by facility type	4
Figure 3: Percentage of respondents by facility status	5
Figure 4: Ranking of provider needs by facility managers.....	6
Figure 5: Ranking of importance of factors for retaining providers	8
Figure 6: Ranking of important factors influencing retention of health care providers	10
Figure 7: Ranking of important factors influencing retention of health care providers	12
Figure 8: Ranking of important factors influencing retention of health care providers	13
Figure 9: Ranking of important factors influencing retention of health care providers	14

ARRA-FUNDED NATIONAL HEALTH SERVICE CORPS AND STATE LOAN REPAYMENT PROGRAMS FACILITY MANAGERS SURVEY RESULTS

Introduction

The Missouri Primary Care Office (MPCO) of the Missouri Department of Health and Senior Services received a contract under the American Recovery and Reinvestment Act (ARRA) to evaluate the recruitment and retention of health care professionals in the National Health Service Corps (NHSC) and Missouri's State Loan Repayment Program (SLRP) who had received ARRA funding. These health care providers are located in clinics providing services to the medically underserved populations in Missouri. The Missouri Primary Care Office contracted with the Department of Health Management and Informatics, within the School of Medicine, at the University of Missouri-Columbia, to assist in determining factors that are most likely to impact the retention of primary medical, dental, and behavioral health care providers in rural, underserved communities.

A panel of experts prepared a survey based on an extensive literature review and other relevant and similar studies. The experts identified three major components that are important in the recruitment and retention of health care providers in rural area. These factors are: factors related to family issues, practice location, and professional issues. SurveyMonkey was used to conduct the web-based survey, by sending e-mails to 306 intended respondents from MPCO on July 1, 2013, inviting facility managers to access the surveys through a secure link. Reminders were sent to the site contacts on July 15, 2013, and again on August 15, 2013. The survey was closed on September 6, 2013. There were 65 respondents to the survey, for a response rate of 21%.

Analysis of Survey Response

Of the 65 initial respondents to the survey, three respondents started the questionnaire, but skipped all questions that were relevant to the assessment of factors that impact health care provider retention. In addition, when responding to the survey, some of the respondents skipped one or more questions. Consequently, the number of responses obtained for individual questions varies.

Background Information

The first four questions in the survey were designed to obtain some basic background information related to respondents' job title, type of facility in which they work, facility organizational status, and perceptions about the kinds of health care professionals needed most in the community. The following discussion presents the data and the analysis regarding the survey results.

The job titles of the respondents were categorized into five groups: recruitment¹, human resources², CEO/owner³, administrator⁴, and unknown⁵. Of the potential respondents, 49 out of the 65 respondents (75.3%) responded, of which 34% indicated a variety of designations that reflected health care professional roles or left the response blank, 27% are administrators, 19% are CEO/owner, and 12% and 8% are human resources and recruitment, respectively.

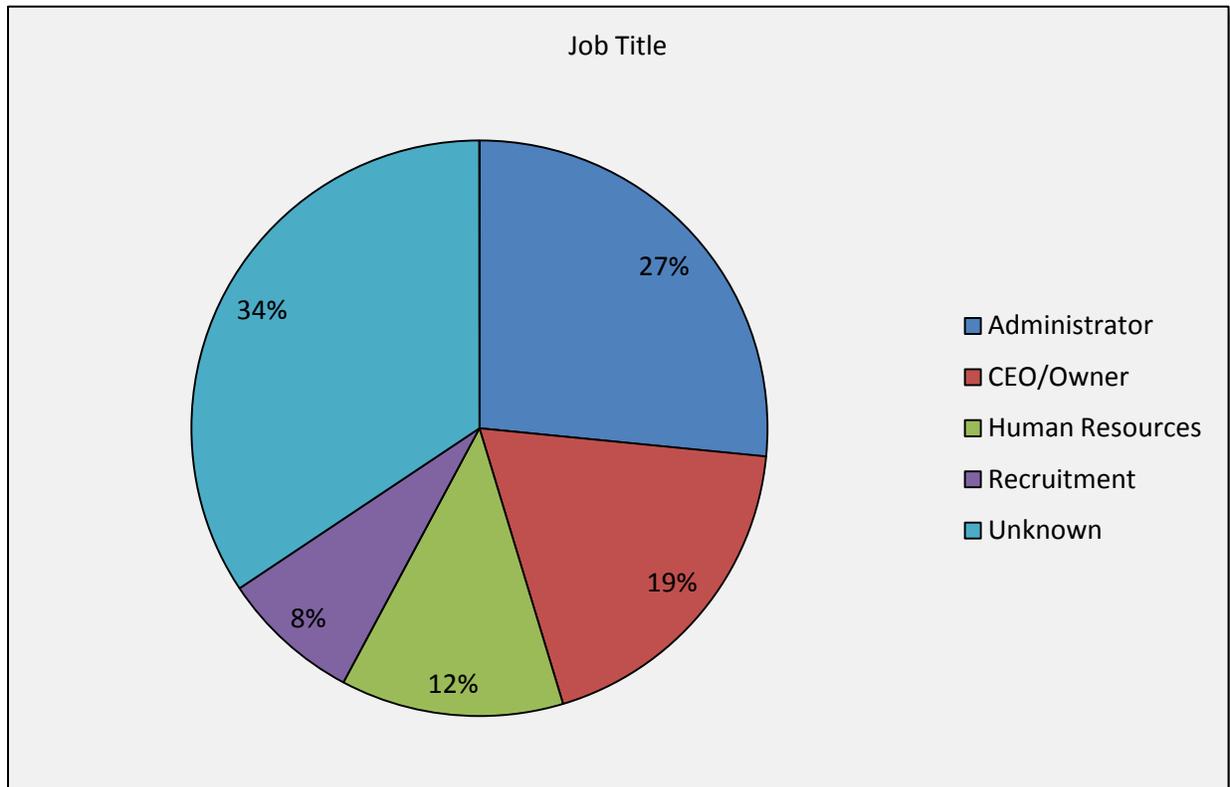


Figure 1: Percentage of Respondents by job title

¹ Recruitment category includes the respondents that reported their job title as: director of physician recruitment, assistant administrator/physician recruiter, director of physician recruiting, recruitment specialist, residency coordinator/recruiter.

² Human resources category includes the following job titles: human resources director, vice president of human resources, human resources specialist, human resource manager, and director of human resources

³ CEO/owner category included the following job titles: chief executive officer, president of private practice, practice owner, and site owner.

⁴ Administrator includes those who responded as clinic director, executive director, clinical director, office manager, administrator, executive assistant, chief operating officer, director-assistant administrator, director-clinic operations, division manager, director-clinics/behavioral health care

⁵ Respondents who reported their job title as licensed professional counselor (LPC), licensed psychologist, qualified mental health professional, licensed clinical, psychologist, or did not report their job title are categorized as unknown.

For the second question, only one out of 65 did not answer the question. Figure 2 shows that the majority of the respondents are from private practice and rural health clinics, with 25% of the respondents falling into each of these types. These are followed by federally qualified health centers with 20%, and 17% of the respondents are from community behavioral health centers (Figure 2).

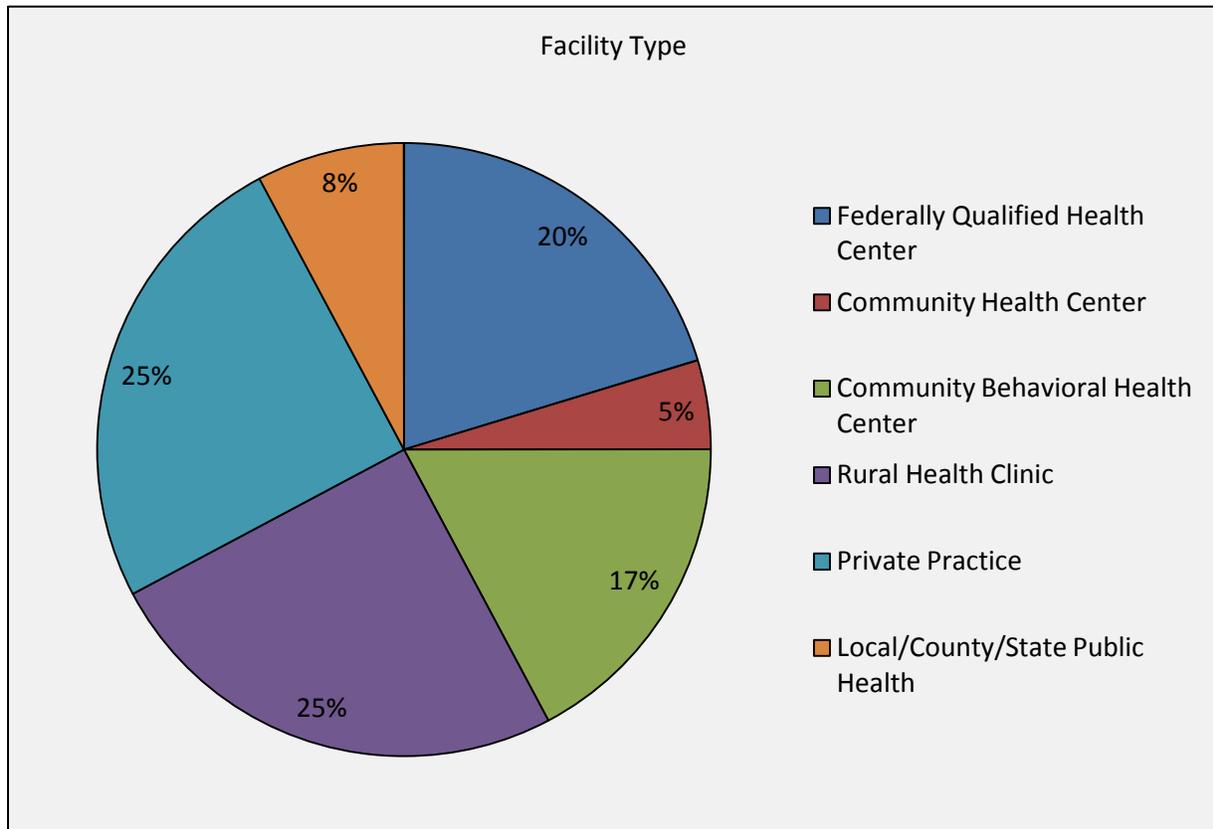


Figure 2: Percentage of respondents by facility type

The third question asked the ownership status of the facility, and only one individual out of 65 skipped answering the question. The survey results show that most of the respondents are from not-for-profit (tax-exempt) practices, with 55% of the respondents indicating the organization was not-for-profit, followed by for-profit (investor-owned) organizations with 36%, and 9% of the respondent indicated they were in government-run practices (Figure 3).

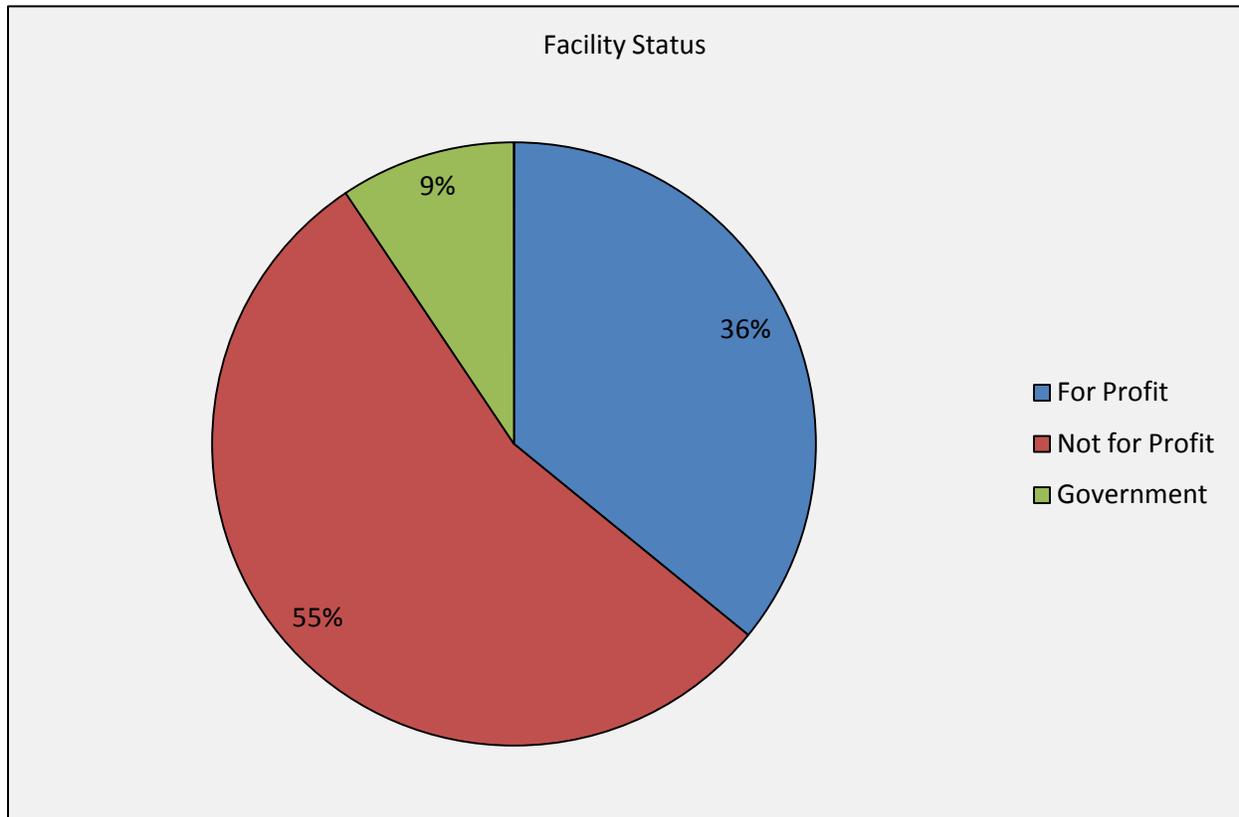


Figure 3: Percentage of respondents by facility status

The facility managers were asked to rank their perception of the kind of health care providers who were most needed in their area; five of the 65 respondents did not answer the question. The respondents identified primary care physicians and psychiatrists as the most needed medical staff in their facility. The managers as well also identified medical support staff as being highly needed, which include nurse practitioners/certified nurse midwives and licensed clinical social workers (Figure 4). In this graph, a lower number is associated with a higher priority. The numbers in the figure reflect the average score received for that factor.

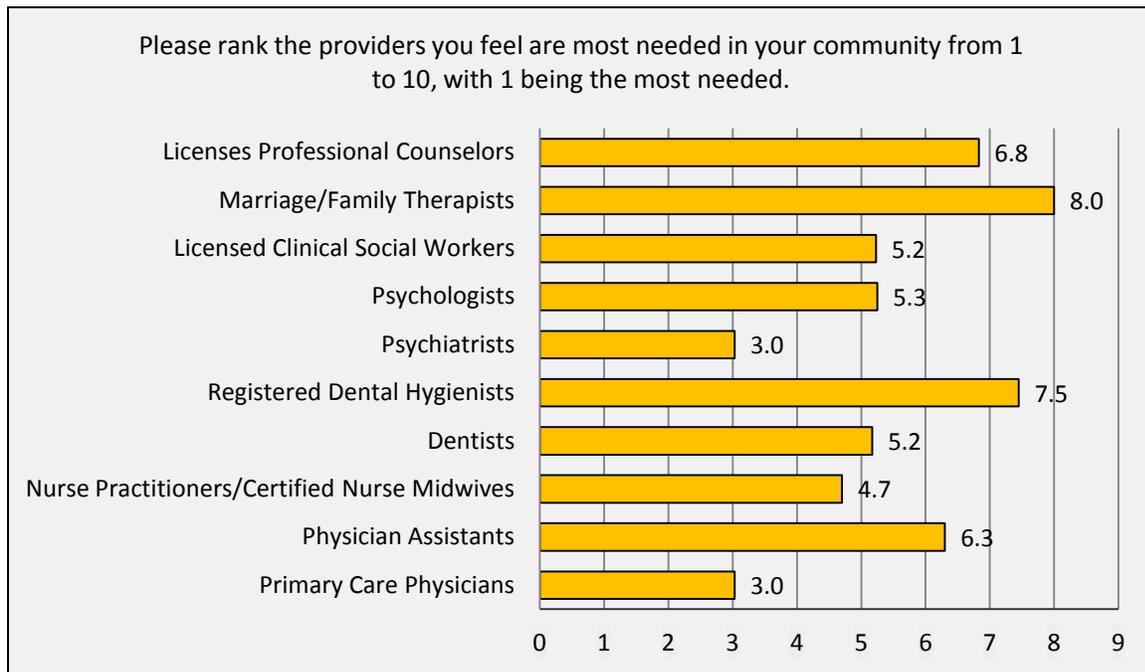


Figure 4: Ranking of provider needs by facility managers

Once background information was collected to provide a point of reference for the analysis of the balance of the questions asked, then questions began to focus more directly on the types of information associated with recruitment and retention of health care providers.

Factors related to family issues

The respondents were first asked to rank factors that are related to family issue and that are important to retaining primary care providers in rural practices (Table 1). The results show that provider and spouse of rural upbringing, spousal employment, and religious/cultural Activities are important factors for the primary care providers to practice in rural area.

Table 1: Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings

Answer Options	Very Important	Quite Important	Fairly Important	Slightly Important	Not Important	Response Count
Provider of Rural Upbringing	18	18	14	5	2	57
Spouse of Rural Upbringing	17	14	19	2	5	57
Spousal Employment	17	23	12	4	1	57
Religious/Cultural Activities	8	19	24	5	0	56
Socio-Cultural Integration	12	23	17	4	0	56
Interest In Outdoor Activities	5	13	19	15	5	57
Recreational Opportunities	4	23	20	9	1	57
<i>Answered Question</i>						57
<i>Skipped Question</i>						8

Furthermore, the respondents were asked to rank the seven before-mentioned factors as to their relative importance in retaining health care providers; 55 of 65 individuals responded to the question. They identified four major factors, which are provider and spouse of rural upbringing, spousal employment, and religious/cultural activities, as important factors in this order to retaining health care providers. The numbers in the figure reflect the average score received for that factor (Figure 5).

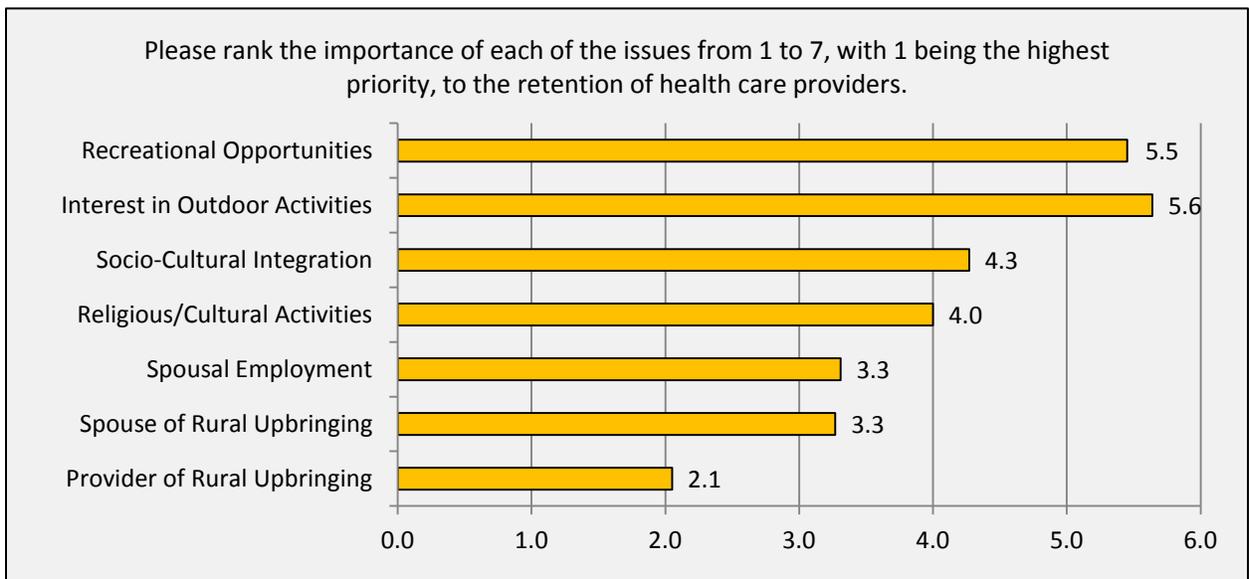


Figure 5: Ranking of importance of factors for retaining providers

Factors related to practice location

The facility managers were asked to rank factors related to practice location that they believed were important for retaining health care providers (Table 2). The majority of the respondents considered the cost of living, geographic location, and quality of local schools as the most important factors in retaining a primary care provider in a rural practice setting. Only a small percentage of the people considered the proximity to an urban area and lower crime rates as an important factor (Table 2).

Table 2: Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings

Answer Options	Very Important	Quite Important	Fairly Important	Slightly Important	Not Important	Response Count
Cost of Living	15	24	14	2	0	55
Geographic Location	28	19	7	1	0	55
Lower Crime Rates	16	24	12	3	0	55
Quality of Local Schools	37	15	3	0	0	55
Proximity to Urban Area	19	22	12	1	1	55
					<i>Answered Question</i>	55
					<i>Skipped Question</i>	10

When asked to rank the importance of the previous practice location factors, 12 managers skipped answering the question out of 65 respondents. Facility managers believe the quality of local schools is the primary factor that physicians considered when deciding to practice in rural settings. Geographic location and cost of living ranked second and third, respectively, while the proximity to an urban area and the crime rate were only considered as moderately important factors (Figure 6). In Figure 6, lower scores are associated with higher priority factors. The numbers in the figure reflect the average score received for that factor.

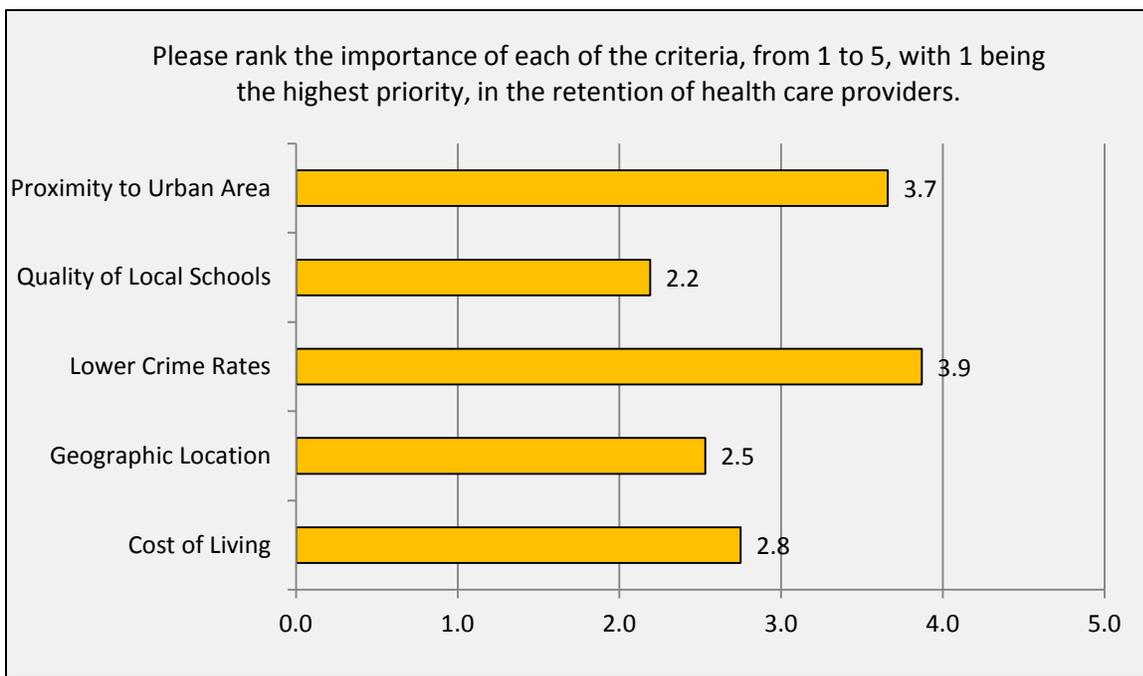


Figure 6: Ranking of important factors influencing retention of health care providers

Factors related to professional issues

The respondents were asked to identify and rank factors related to professional issues associated with retaining health care providers. Of the 53 respondents to this question, the three factors considered to be most important were: loan repayment/forgiveness opportunities (77.4% indicated it was very important), productivity incentives (67.9% indicated it was very important), and benefits like vacations and sick leave (60.4% indicated it was very important). Nearly 40% considered the leadership opportunities, service to patients, appreciation and recognition of work, and physical setting and equipment at the workplace to be quite important factors in considering the retention of primary care providers in rural settings (Table 3).

Table 3: Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings

Answer Options	Very Important	Quite Important	Fairly Important	Slightly Important	Not Important	Response Count
Leadership Opportunities	6	21	18	7	0	52
Productivity Incentives/ Competitive Salaries	36	14	2	1	0	53
Long-Term Service to Patients	11	20	19	3	0	53
Good Communication with Other Professionals, Administration, and Staff	23	22	6	2	0	53
Professional Support/ Community Network	17	27	7	2	0	53
Continuing Education Opportunities for Professional Growth	13	21	13	6	0	53
Benefits (i.e., Vacation, Sick Leave, Etc.)	32	18	3	0	0	53
Recognition/Appreciation of Efforts	13	23	14	2	0	52
Input into Decision-Making Process	20	22	11	0	0	53
On-Call Responsibilities	18	20	11	3	1	53
Loan Repayment/ Forgiveness Opportunities	41	8	4	0	0	53
Physical Plant/Equipment	4	25	16	8	0	53
<i>Answered Question</i>						53
<i>Skipped Question</i>						12

When the same criteria were given to the respondents to rank on a numerical scale, 67% still considered loan repayment and forgiveness opportunities as the most important factor that primary care providers would consider in staying in a rural setting. Other factors, such as good communication with others and leadership opportunities, were considered important, but to a far lesser degree (Figure 7). In Figure 7, a lower number is associated with higher importance. The numbers in the figure reflect the average score received for that factor.

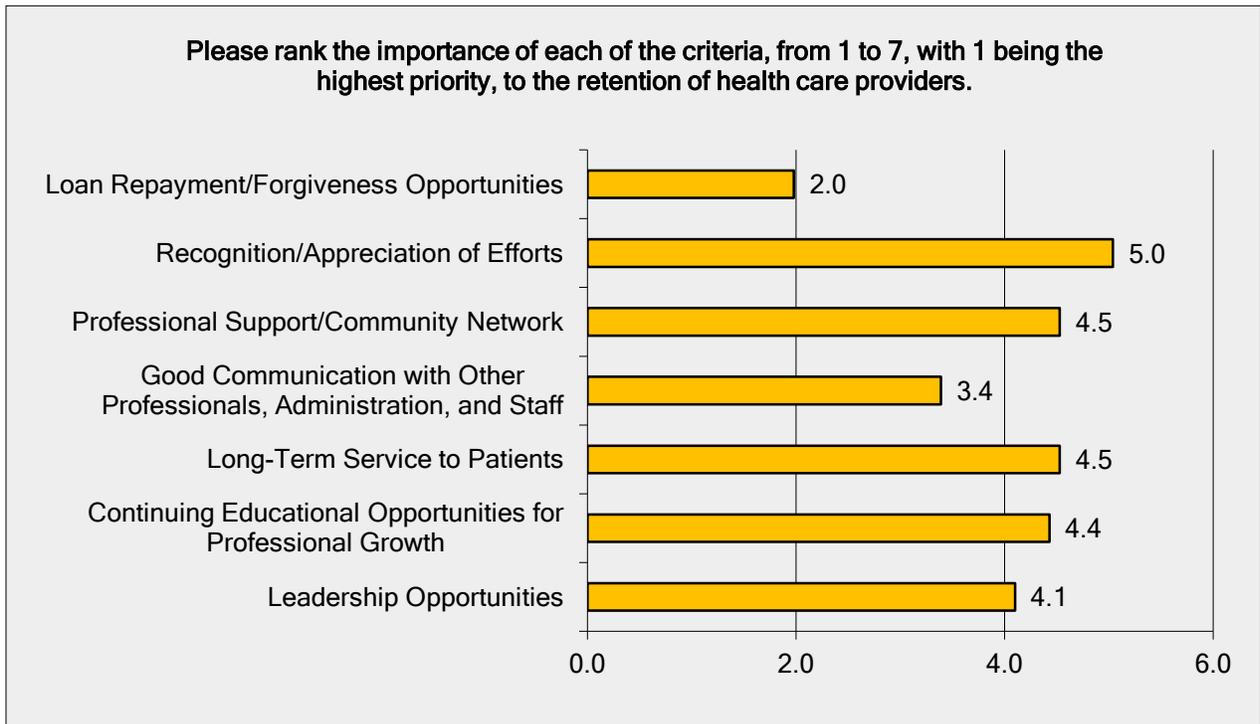


Figure 7: Ranking of important factors influencing retention of health care providers

The following information gives an idea of some of the other factors physicians take into consideration in staying in a rural setting. Among the criteria presented in this section, 75% considered productivity incentives and competitive salaries as the most important factors. Also, 63% of the 51 respondents felt that benefits, such as vacation and sick leave, were critical factors to be considered. A very small percentage considered reasons like on-call responsibilities and physical settings and equipment as factors physicians might take into account in their decision to practice in rural areas (Figure 8—lower numbers are associated with higher importance). The numbers in the figure reflect the average score received for that factor.

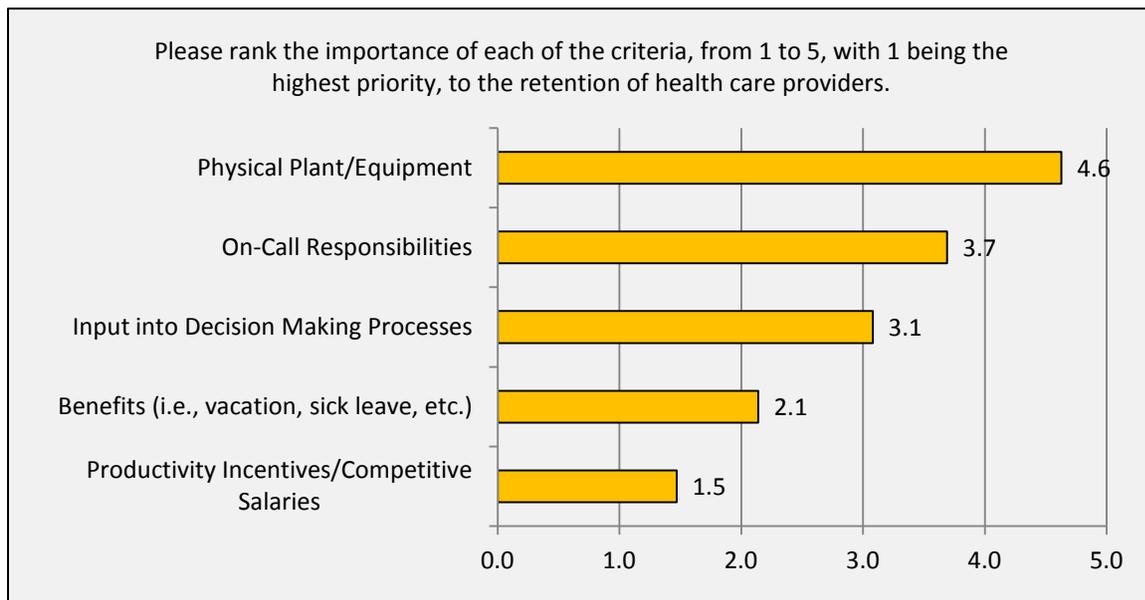


Figure 8: Ranking of important factors influencing retention of health care providers

Among the various loan repayment options, respondents were asked to rank the different programs based on their success in achieving improvements in health needs within their respective community. (Figure 9). Nearly 80% felt that the National Health Service Corps Loan Repayment program was the most successful, followed by the National Health Service Corps Scholarship and the State Loan Repayment Program. Other programs, such as the state-funded program Primary Care Resource Initiative for Missouri (PRIMO), scored less than 30% rankings in perceived success in achieving unmet medical, dental, and behavioral health needs scored less than 30% rankings in perceived success in achieving unmet medical, dental, and behavioral health needs. The numbers in the figure reflect the average score received for that factor.

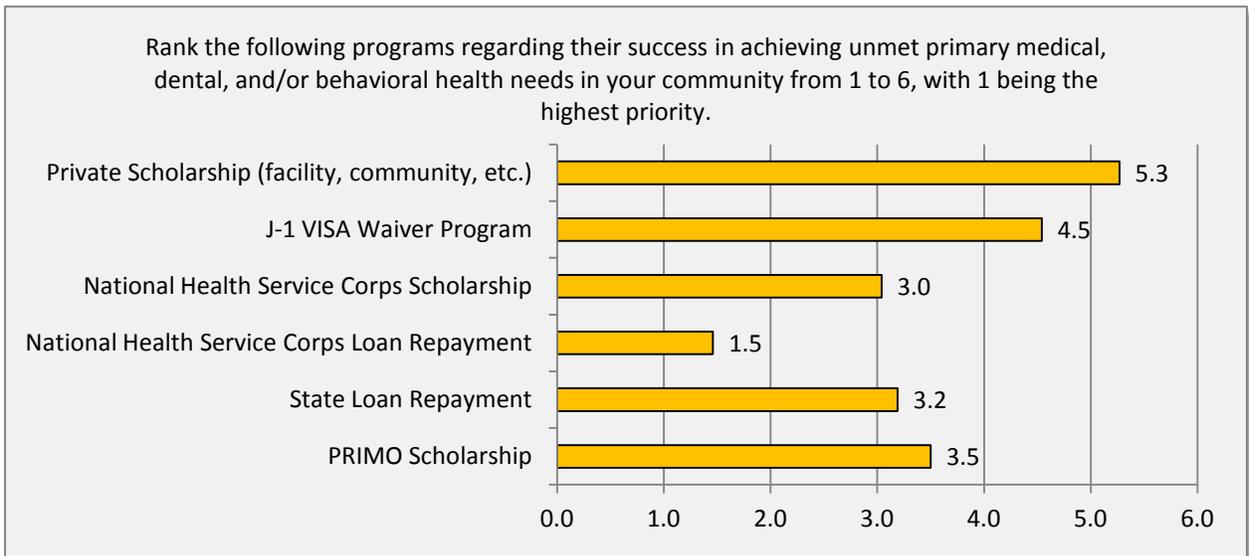


Figure 9: Ranking of important factors influencing retention of health care providers

Comments regarding recruitment and retention strategies

Finally, the facility managers were asked two open-ended questions related to recruitment and retention strategies. The first question asked the facility managers the specific strategies that have worked well regarding provider recruitment and retention. Out of 65 respondents, 34 respondents did not answer the question. The responses provided by the individuals who did respond are provided as given by respondents (Table 4).

Table 4: What specific strategies have worked well regarding provider recruitment and retention? by job title

CEO/owner
Publication of National Health Service Corp Loan Repayment Assistance Program and participation in the Delta Regional Authority Doctor program and ability to accept J-1 Visa Waiver Candidates
NHSC approved employer and additional training
Administrator
Working with recruitment firms that specialize in a specific specialty provider. Using current providers to source potential applicants. Seeking applicants who have rural upbringing and/or have family in the geographic area.
Financial incentives and sense of making a difference.
Discussing expectations upfront. Specifically that we want a long term fit, not a short term relationship. I'd rather have no physician than one that would be a bad fit. Ongoing communication and including them in the decision making process.
Competitive pay and reasonable on-call schedule
Participation in NHSC, maintaining RHC status for access in increased reimbursement as incentive to see Medicaid and Medicare patients which is 64% of our patient demographic and ownership in the clinic after one year of service.
Word of mouth
Shared call; visa docs; partnering/sharing a doc with a CAH service such as ED coverage/call; NHSC loan forgiveness
Providing a competitive salary and benefits equal to the urban areas.
Human Resources
Follow the golden rule- do unto others as you would have them do to you. Treat people with respect and give them tools to do their job.
Our Physician Recruiter and In-House Recruiter work well together under the coordination of our CEO. Our organization recruit candidates who are interested in our community and generally have interest in the rural health patient care setting. Our recruits are integrated in the community i.e., in clubs and organizations via speaking engagements, advertisements, attending civic functions, participating in annual community parades, chamber of commerce social affairs and grand openings of new businesses.
Having the availability of sites in our group that are approved for the loan repay program to place providers throughout our 4 county regions has been a plus.
Recruitment
No suggestions, haven't had a lot of luck myself
We have not benefited from this, as our site's HPSA score is too low to attract anybody to our prison.
Loan forgiveness and one liking to work in the rural area with the rural population
Getting sites certified where providers are already in place and wanting to stay.

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MANAGERS SURVEY RESULTS

Clinical Professional/Unknown
showing the positives of a small welcoming community
Loan repayment available to providers
Making sure the provider is going to be a good fit for the population we serve - having a passion for the underserved is very important. The NHSC loan repayment has been successful. Having new, well-equipped facilities has been a good recruitment tool. Having Medical Directors who meet frequently with providers and value their input is a good strategy.
Rural providers generally won't stay unless pay and benefits exceed urban jobs. They (like in property values) recognize the attractiveness in services, life-style, and opportunities in urban areas and only stay in rural areas long term if pay and benefits drive this direction. However, to do this, rural centers (with lower volume, and often transportation and other unique costs) can't really compete with urban areas on salary and benefits unless there is higher unit pay (not extant currently). This gap is temporarily filled by HRSA loan forgiveness, but when that runs out-retention becomes a systemic problem.
I am the most familiar with the National Health Service Care loan repayment program for which I am a recipient. Without this program, I like many other clinicians, would have left the area for a federal job or a job at a state that has a higher Medicaid reimbursement rate.
Work life balance and flexibility in work schedule allowing providers to phase in retirement, and work less than 5 days per week.
Recognition of work, increased responsibilities, pay incentives
Allowing physician's a lot of input into the operation of the practice. Coming up with creative ways to pay top performing providers
Making sure the person feels they are integral to the team and success of the clinic. Allow flexibility with schedule; clearly community expected outcomes; communicate appreciation through personal and public recognition.
The NHSC LRP plays a big part in recruitment and retention of faculty members.
Have tried advertising and online ad placement on OPC website....no success in either. Spoke and met with a recruiter, but can't afford that option.
Behavioral health operates 2 clinic sites that have primary care and behavior health--rural health designation and community mental health designation. We have difficulty recruiting MSW's--we offer supervision to attain license. If we could offer a more competitive salary to the big city--I think that would help.
Provide competitive salary.

The second open-ended question asked the facility manager to provide any additional comments or suggestions for retaining professionals in their facility/community (Table 5)

Table 5: Additional comments or suggestions for retaining professionals in your facility/community? by job title

Administrator
Additional comments or suggestions for retaining professionals in your facility/community? Administrator
The hardest part is getting young people just out of school to give a rural location a chance unless they are in close proximity to either a home-town or a larger urban area. The further it is from a busy metropolis, the harder it is to recruit.
Balance of providers to ensure patient load is acceptable level for income generation and family/work.
We look for people who are similar in characteristics to our current providers, want to raise their children in a close knit community and enjoy a rural area.
Recruit college age students to seek needed education so they can return to their community of origin as this makes it easier to assimilate to these rural communities.
Seems more and more partnering with surrounding CAH's is happening to replace anyone leaving.
Loan forgiveness is a big incentive for rural areas.
Human Resources
FMG has a comprehensive benefit package. Additionally, FMG makes a automatic safe harbor contribution of 3% to the employees 401k IRS regardless of whether you contribute or not. We also have always made a second profit sharing contribution of 2-3 % although we are not obligated to do so. It is not contingent on a personal contribution from the employee. This program is part of our standard benefit package for all FMG employees.
Open communication with administration. Appreciation shown for hard work and dedication to clients to provider and provider's family.
Recruitment
none
The student loan repayment program is impossible to get qualified for. I work in a prison and have applied 3 times and have been denied. Working in this setting is EXTREMELY hazardous to one's health and mental health and the HPSA score should be modified to account not only for the clients served but also the difficulties that professionals encounter. It is hard to keep good people in a setting where the threat of violence is prevalent. If I would have been approved this last time, I would be planning on staying at this facility, instead I am actively pursuing other employment opportunities.
Clinical Professional/Unknown
Better reimbursement for providers from Medicare and Medicaid. Less paperwork and better support from community for services.
Not at this time.
I think there needs to be greater emphasis on public health rotations for medical students.
Good communication is vital.
Stipend for graduate education & loan forgiveness if working in underserved area.
Eliminate the requirement that a MH counselor must be a LCSW....allow a LPC to fill that position.
The major issue is proximity to a large city. New grads seem to be interested in other lifestyles rather than rural living.
Matchmaker services.

Appendix: Survey administered to facility managers

The questions in this survey are intended to gauge the importance of various factors in the retention of primary medical, dental, and behavioral health care providers in rural communities. When answering the questions in this survey, please apply the question to the context of your local community and the providers at your practice site.

Thank you for completing this survey. Your responses will help shape future health policy for the state of Missouri.

1. Job Title of Survey Respondent:

2. Facility Type:

- Federally Qualified Health Center
- Community Health Center
- Community Behavioral Health Center
- Rural Health Clinic
- Private Practice
- Local/County/State Public Health

3. Facility Status:

- For Profit
- Not for Profit
- Government

4. Your community is located within a Health Professional Shortage Area (HPSA). Please rank the providers you feel are most needed in your community from 1 to 10, with 1 being the most needed.

<input type="text"/>	Primary Care Physicians
<input type="text"/>	Physician Assistants
<input type="text"/>	Nurse Practitioners/Certified Nurse Midwives
<input type="text"/>	Dentists
<input type="text"/>	Registered Dental Hygienists
<input type="text"/>	Psychiatrists
<input type="text"/>	Psychologists
<input type="text"/>	Licensed Clinical Social Workers
<input type="text"/>	Marriage/Family Therapists
<input type="text"/>	Licenses Professional Counselors

5. Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings.

	Very Important	Quite Important	Fairly Important	Slightly Important	Not Important
Provider of Rural Upbringing	<input type="radio"/>				
Spouse of Rural Upbringing	<input type="radio"/>				
Spousal Employment	<input type="radio"/>				
Religious/Cultural Activities	<input type="radio"/>				
Socio-Cultural Integration	<input type="radio"/>				
Interest in Outdoor Activities	<input type="radio"/>				
Recreational Opportunities	<input type="radio"/>				

6. Please rank the importance of each of the issues from 1 to 7, with 1 being the highest priority, to the retention of health care providers.

<input type="text"/>	Provider of Rural Upbringing
<input type="text"/>	Spouse of Rural Upbringing
<input type="text"/>	Spousal Employment
<input type="text"/>	Religious/Cultural Activities
<input type="text"/>	Socio-Cultural Integration
<input type="text"/>	Interest in Outdoor Activities
<input type="text"/>	Recreational Opportunities

7. Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings.

	Very Important	Quite Important	Fairly Important	Slightly Important	Not Important
Cost of Living	<input type="radio"/>				
Geographic Location	<input type="radio"/>				
Lower Crime Rates	<input type="radio"/>				
Quality of Local Schools	<input type="radio"/>				
Proximity to Urban Area	<input type="radio"/>				

8. Please rank the importance of each of the criteria, from 1 to 5, with 1 being the highest priority, in the retention of health care providers.

<input type="text"/>	Cost of Living
<input type="text"/>	Geographic Location
<input type="text"/>	Lower Crime Rates
<input type="text"/>	Quality of Local Schools
<input type="text"/>	Proximity to Urban Area

9. Complete the following table by selecting how important the following criteria are to the retention of primary care providers in rural practice settings.

	Very Important	Quite Important	Fairly Important	Slightly Important	Not Important
Leadership Opportunities	<input type="radio"/>				
Productivity Incentives/Competitive Salaries	<input type="radio"/>				
Long-Term Service to Patients	<input type="radio"/>				
Good Communication with Other Professionals, Administration, and Staff	<input type="radio"/>				
Professional Support/Community Network	<input type="radio"/>				
Continuing Education Opportunities for Professional Growth	<input type="radio"/>				
Benefits (i.e., vacation, sick leave, etc.)	<input type="radio"/>				
Recognition/Appreciation of Efforts	<input type="radio"/>				
Input into Decision-Making Process	<input type="radio"/>				
On-Call Responsibilities	<input type="radio"/>				
Loan Repayment/Forgiveness Opportunities	<input type="radio"/>				
Physical Plant/Equipment	<input type="radio"/>				

10. Please rank the importance of each of the criteria, from 1 to 7, with 1 being the highest priority, to the retention of health care providers.

<input type="text"/>	Leadership Opportunities
<input type="text"/>	Continuing Educational Opportunities for Professional Growth
<input type="text"/>	Long-Term Service to Patients
<input type="text"/>	Good Communication with Other Professionals, Administration, and Staff
<input type="text"/>	Professional Support/Community Network
<input type="text"/>	Recognition/Appreciation of Efforts
<input type="text"/>	Loan Repayment/Forgiveness Opportunities

11. Please rank the importance of each of the criteria, from 1 to 5, with 1 being the highest priority, to the retention of health care providers.

<input type="text"/>	Productivity Incentives/Competitive Salaries
<input type="text"/>	Benefits (i.e., vacation, sick leave, etc.)
<input type="text"/>	Input into Decision Making Processes
<input type="text"/>	On-Call Responsibilities
<input type="text"/>	Physical Plant/Equipment

NHSC/SLRP Retention Survey

12. Rank the following programs regarding their success in achieving unmet primary medical, dental, and/or behavioral health needs in your community from 1 to 6, with 1 being the highest priority.

<input type="text"/>	PRIMO Scholarship
<input type="text"/>	State Loan Repayment
<input type="text"/>	National Health Service Corps Loan Repayment
<input type="text"/>	National Health Service Corps Scholarship
<input type="text"/>	J-1 VISA Waiver Program
<input type="text"/>	Private Scholarship (facility, community, etc.)

NHSC/SLRP Retention Survey

13. What specific strategies have worked well regarding provider recruitment and retention?

14. Additional comments or suggestions for retaining professionals in your facility/community?

THANK YOU for taking time to complete this survey.