



CREATING A CULTURE OF RETENTION AT YOUR HEALTH CENTER

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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Recruitment & Retention

National
Health
Service
Corps

Resources

Training

Networking

NATIONAL COOPERATIVE AGREEMENTS

Pipeline &
Team-Based
Care

Community Health
Center Inc.

Recruitment
& Retention

Association of
Clinicians for the
Underserved



COMMUNITY HEALTH CENTER, INC.

Clinical Workforce Development: Transforming Teams, Training the Next Generation

<https://www.weitzmaninstitute.org/NCA>

STAR² CENTER

Solutions, Training, and Assistance
for Recruitment and Retention

www.chcworkforce.org

STAR² CENTER

Resources

- Self-Assessment Tools
- R&R Plan Template
- Resource Library

Training

- Webinars
- Self-Paced Courses
- Learning Collaboratives

Assistance

- Individualized TA
- Data Profiles
- Connections to other NCAs

HEALTH CENTER WORKFORCE PLANNING



A PLAN BY ANY OTHER NAME...



TODAY'S DISCUSSION: PLAN VS. STRATEGY

A strategy is a specific process with identified metrics.

A plan is a structure that links multiples strategies together.

WHAT'S THE NAME OF THE GAME?

Retention is the
single most important thing
for growth.

~Alex Schulz



TODAY'S FOCUS

Using data & strategy to
build a culture of retention



"So things are good, stuff is OK, and I reiterate
my request for more specific data."

RETENTION OF
EMPLOYEES?

**YES, IT IS
IMPORTANT!**

WE CAN REPLACE THEM

OTHERS PAY MORE SO WE CAN'T KEEP THEM

IT IS A COMPETITIVE MARKET

THE COST OF LOSING SOMEONE IS NOT THAT GREAT

WE WERE GLAD TO SEE THEM GO

THEY WERE UNHAPPY ANYWAY

PROJECT FOR HUMAN RESOURCES

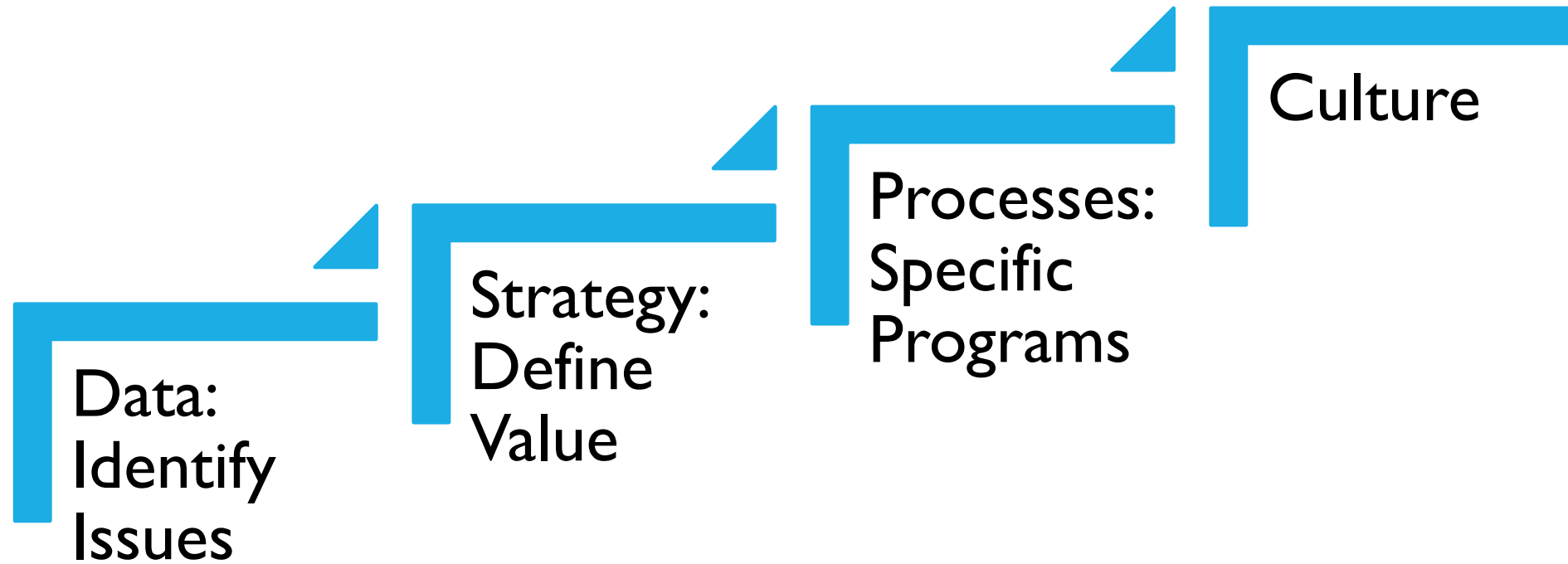


WITHOUT DATA

YOU'RE JUST ANOTHER PERSON

WITH AN OPINION

W. EDWARDS DEMING



USUAL SUSPECTS

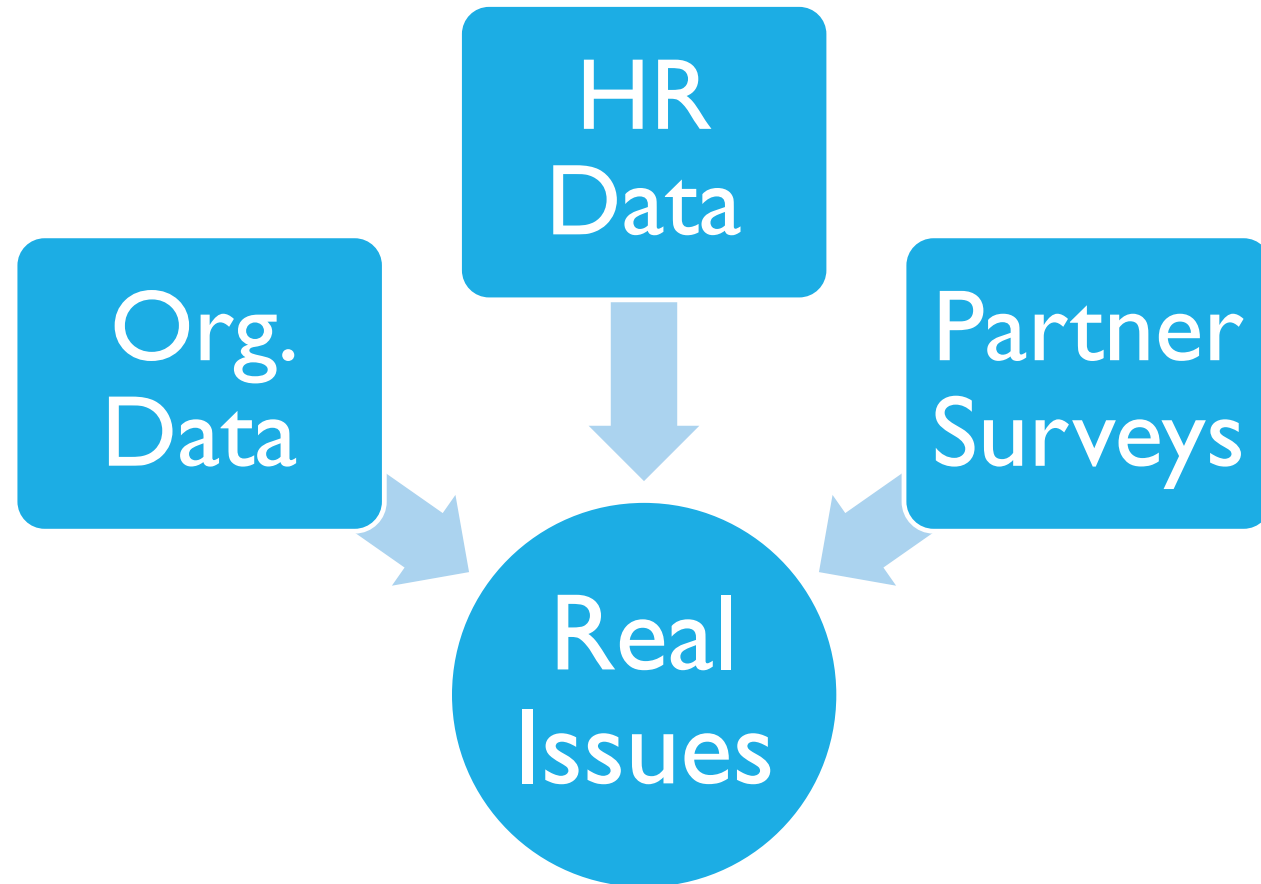
Location

Finances

Administration

Burnout

IDENTIFY ISSUES



ORGANIZATION DATA

Retention	Health Center	1) Months per Senior Admin staff (CEO/CMO)	50	9) Year-end Staff Count per FTE - PC MD,DOs	3.57
		2) Patient Panel per Med provider FTE	959	10) Year-end Staff Count per FTE - PC NP,PA,CNM	1.35
		3) Visits per FTE - PC MD,DO	2,647	11) Avg Tenure Months/ Staff Count - PC MD	54
		4) Ratio of Visits per PC Team FTE to MGMA mix	99%	12) Avg Tenure Months/ Staff Count - NP,PA,CNM	68
		5) % NonPhysician providers (of Med prov. FTE)	60%	13) Clinical Quality - Diabetes (HbA1c<8%)	28%
		6) Primary Care Clinical Support Ratio	1.58	14) Clinical Quality - Hypertension (controlled)	43%
		7) Admin Support Ratio - Medical	1.57	15) Year-end staff individuals per FTE-Dentists	2.42
		8) Dental Clinical Support Ratio	1.58	16) Year-end Psychiatrist,Psychologist per FTE	
			17) Year-end LCSW per FTE	0.97	
		1) Violent crime rate per 100k Pop		2) % Pop with Non-Medical Use of Pain Meds	3.1%
				3) % Pop with Illicit Drug Dependence/Abuse	1.9%

HR DATA

Turnover
Rates

Resignation
Rates

Staff
Satisfaction

Workforce
Age

Etc.!

PARTNER DATA

Community
Recruitment

Regional
Investments

Workforce
Projections

DATA TOOLS

- Self-Assessment Tool
- Data Profiles for FQHCs

Strategic Planning

4. Indicate the level of information available regarding your center's strategic planning efforts. Select the statement below that is most true:

Please select one:

- A. Our group has not conducted strategic planning activities during the last three years.
- B. Our group has conducted strategic planning activities in the last three years, but provider retirement/transition issues were never raised or addressed.
- C. Our group has conducted strategic planning activities in the last three years, during which provider retirement/transition issues were raised, but have been put off.
- D. Our group has conducted strategic planning and has a defined objective for provider transition/retirement as part of our overall strategic plan.

Practice Infrastructure

5. On average, how many days per month are providers on-call for the health center for medical coverage? (Enter average on-call days per month per provider):

Physicians Non-Physician Providers

6. In how many sites do providers typically work in an average month (enter number of sites)?

Physicians Non-Physician Providers

7. Do providers cover regular office hours on evenings and weekends?

Physicians Yes No Non-Physician Providers Yes No

8. Please provide estimated support staff full time equivalencies (FTEs) for support related to direct clinical care (does not include overall administrative and billing staff). (Note: Clinical Support/Provider FTE will be automatically calculated.)

Clinical Support Staff FTE Clinical Support/Provider FTE

9. Do you regularly assign new patients to an individual provider's patient panel?

Yes
 No

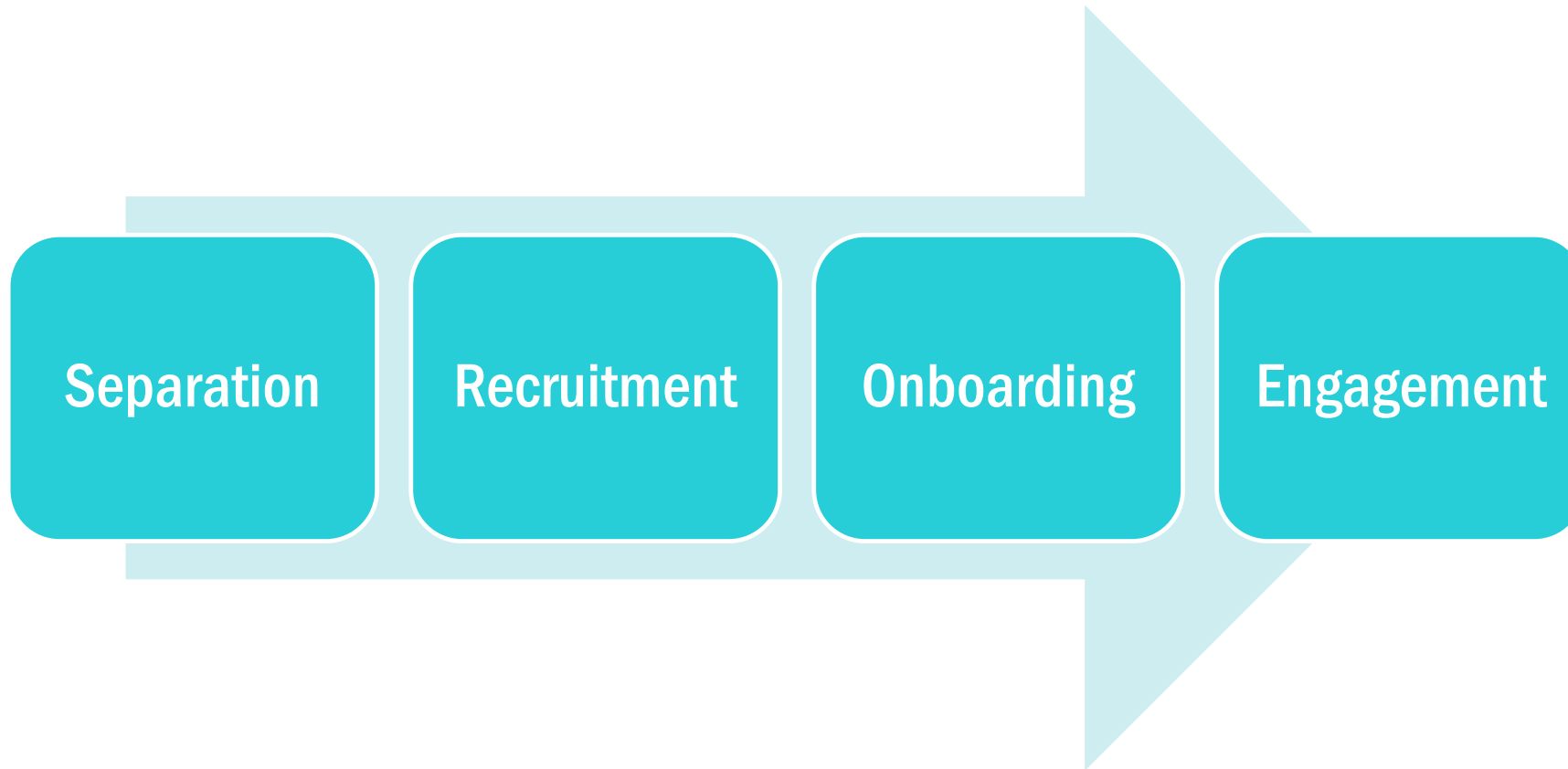
10. Do you regularly assign new patients to the patient panel for a group of providers?

Yes
 No

DEFINE VALUE

- What's the actual cost of turnover?
- What's the cost of a provider vacancy?
- How much does it cost to recruit?
- How much money is your org losing to these workforce issues?
- How can you better invest money to retain staff and minimize losses?

COSTS OF TURNOVER



ASSESSMENT TOOLS

- Separation Costs
- Vacancy Costs
- Recruitment Costs
- Onboarding Costs

Tangible Costs	Cost
A. Termination Costs	
1. Human Resources and/ or Business Office Expense for terminating benefits, COBRA administration (if applicable), notifying health plans of provider change in status.	\$ -
2. Estimated cost of a Locums Tenens or other part time provider	\$ -
3. Malpractice tail coverage costs, if any	\$ -
A. Total Termination Costs	\$ -
B. Replacement Costs	
4. Advertising Costs	\$ -
5. Pre-Interview Staff Time - to arrange advertising; accept, sort and document applications (written and electronic); respond to telephone and written inquiries, arrange visits including logistics (hotel, travel, recruitment dinner), schedule telephone interviews and meetings with medical director, other staff involved in the decision process.	\$ -
6. Professional Recruiting Service Expenses	\$ -
7. Interview Staff Expenses	\$ -
8. Interview Direct Costs (on-site face-to-face interview visits)	\$ -
9. Post Interview Expenses - staff time for negotiation, other hiring expenses (bonus, relocation)	\$ -
B. Total Replacement Costs	\$ -
C. Net Impact to Revenue	
10. Revenue Loss from Leaving Provider	\$ -
11. Revenue Recovered from Locum Tenens	\$ -
C. Total Net Impact to Revenue [Recovered - Loss]	\$ -
D. New Hire/Onboarding Costs	
12. Payroll startup, Benefit Enrollment, establish passwords, email account	\$ -
13. Credentialing services cost (internal or Credentialing Verification Organization (CVO))	\$ -
14. Internal and external publicity announcements	\$ -
15. Equipment and Uniform expense	\$ -
16. Orientation Costs	\$ -
17. Cost of Productivity lost to startup	\$ -
D. Total New Hire/Onboarding Costs	\$ -
Total Financial Impact	\$ -



RETENTION PROCESSES



MISSION

Recruitment



Onboarding

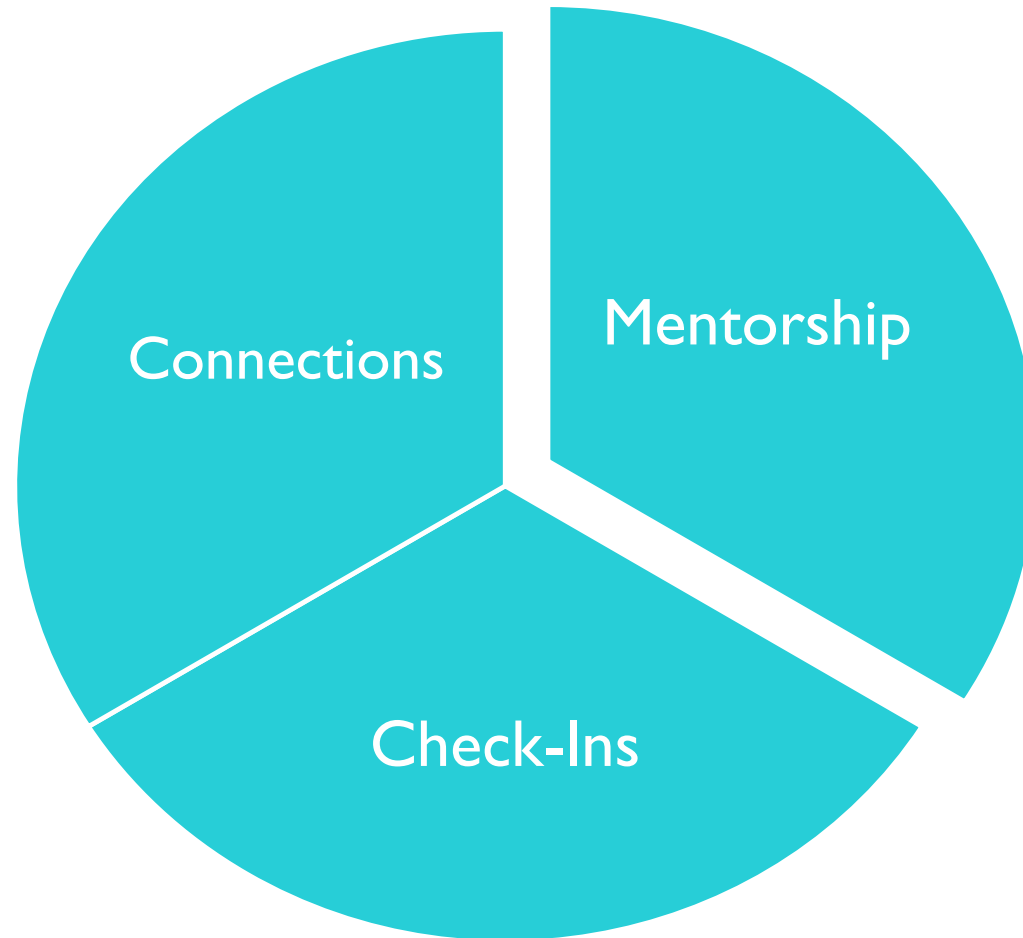


Engagement

MISSION: RECRUITMENT



MISSION: ONBOARDING



MISSION: ENGAGEMENT

Volunteer Opportunities

Community Relationships

Sabbaticals

COMPENSATION

Strategy

Work-Life
Balance

Finances

Recreation

COMPENSATION: WORK-LIFE BALANCE



Flex Hours

Limited Call

Child Care

COMPENSATION: FINANCES

Financial
Planning

Mortgage
Assistance

Transportation

COMPENSATION: RECREATION

Concierge Services

Discounts

Vacation

CAREER PATH



CAREER PATH: TRAINING



CAREER PATH: SPECIAL PROJECTS



CAREER PATH: FINANCIAL SUPPORT

Tuition

Associations

Resources

RECOGNIZE YOUR EMPLOYEES!

- Informally
- Formally
- Publically
- Privately



STAY INTERVIEWS



- Weekly-Monthly Check-Ins
- What's energizing you?
- What's challenging you?
- What would you like to share?
- What questions do you have?

QUESTIONS?



STAY IN TOUCH!

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