

## FOOD FOR THOUGHT



Roughly 21% of the population of the U.S. lives in a rural area. These rural populations tend to be older, poorer, sicker, and less educated, and they are much less likely to have private or public health insurance. They also are more likely to engage in risky health-related behaviors and to experience a higher rate of chronic conditions. Put all this together and you have a pretty bleak picture of health care in rural America. Now add to this the fact that less than 11% of all the physicians work in rural areas, and the picture gets even more murky. And conventional wisdom says that only 3-5% of the current group of resident physicians plan to seek employment in a rural area, and you have the makings of a real crisis. How successful each of you are in recruiting and retaining physicians for your rural communities takes on tremendous importance. It has never been a real easy task. And it is not going to get any easier in the near future. So with this in mind, let's discuss some of the things you can do to increase your chances of hiring and keeping the physicians we all need to keep the rural populations we serve happy and healthy.

## Bringing Together Communities and Providers: Making the Match

Wyoming Health Resources Network

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## 2007 Rural Medicine Survey

- 32% said they'd never found the right rural medicine opportunity.
- 29% said they never had been offered a position in a rural area.
- 25% said they just never considered it.
- 11% said they'd only be interested in a particular rural area.
- Only 15% said they didn't want to live there.
- Only 6% said they didn't want to work there.

"2007 Physician Survey on Practicing Rural Medicine,"  
<http://www.locumtenens.com/lifestyle> 10-000

## 2007 Rural Medicine Survey

The majority of respondents who had rural health experience (almost 800 respondents) said they prefer practicing rural medicine, but prefer urban/suburban living:

- Almost half (48%) prefer rural practice vs. 36% who prefer urban/suburban practice.
- More than half (54%) prefer urban/suburban living vs. almost a third (30%) who prefer rural living.

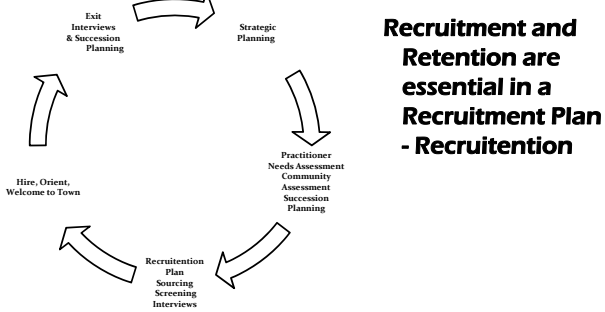
### The Four Truths (Talley, 1990)

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

### The Hardest Part About Recruiting to Rural Communities

- Community Buy-in
- Advertising in the right place
- Finding the right fit
- Promoting rural health in a positive/honest way
- It is never ending
- Spouse not liking the area/distances
- Placing J-1 providers

### Recruitment is Part of a Process Not an Unrelated Event (3Rnet)



*“Matching the right practitioner with the right practice.”*

- Clarifying the Need
- Create a plan
- Building Your Recruitment Team
- Finding/Meeting the Candidate
- Attributes for Achieving Success
- Finding and Keeping: Retention

## For Success, Consider These Questions:

- What does the community need to do to recruit a physician(or other)?
- Who is responsible for each step?
- Is there a realistic plan to accomplish each step?
- How will the community know if the steps are carried out properly?
- Who will lead the community group?
- How will we assure our hard work doesn't end up in a file?

## R&R Plan

- Define candidate criteria AND where you can compromise
- Salary, Benefits
- Have a job description
- Definition of job site, co-workers, atmosphere
- Screening, Interviewing, Offer, Contract?
- Relocation, Orientation
- Recruit, Retention, Recruit

## Create a Budget

- If you are using a national search firm, expect to pay between \$15,000 and \$45,000+ placement fee, depending on the position.  
If it is a retained search, there will be additional costs.
- Factor in the costs of long distance phone calls, mailings, recruiting materials, and advertising.
- The site should always pay the costs associated with site visits for the candidate and spouse, including airfare, hotel, meals, rental car.

## Budget cont.

- Expect to pay relocation costs (you can, however, put a cap on them).
- Factor in a signing bonus if you pay them.
- Factor in wages and benefits for the first year.
- Understand what is available in the form of loan repayment programs.
- Factor in the costs of mentoring and/or training for your facility.

## Create a Position Profile

- Scope of practice/job requirements – procedures expected, equipment knowledge, experience
- Know state licensing requirements and hospital credentialing process
- Call schedule – who is in the call group, how often are they on call, compensation
- Staffing – patient/provider ratio
- Work space/dept./floor
- Number of patients; median age; prevalent medical problems

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## Gain Support for the Effort

- Enlist the support of the department staff and administration.
- Form a recruitment committee that will be available to help entertain candidates.
- Have a single point of contact !!!!
- If someone is opposed, how do you plan to address that?
- Enlist the support of your chamber of commerce, realty firms, etc.

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## Sourcing Plan

- WHRN- 3RNET
- Commercial websites
- Advertising - Journals
- Direct Mailings
- Training programs – visits and teaching
- National exhibits
- WICHE and WWAMI Students
- NHSC
- Search Firms- retained and/or contingency

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## Best Used Resources by Residents - 2006 and 2003

	2006	2003
• Internet	77%	38%
• Personal Networking	76%	61%
• Physician Recruiters	55%	43%
• Residency Program	52%	25%
• Specialty Society	17%	4%
• Journal Ads	7%	19%

2006 Merritt Hawkins Final Year Resident Survey (n = 285)

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## Who & Where Are They?

Practicing physicians --

Target nearby states and those with similar geography and climates.

Also target states where certain conditions are not favorable (i.e. malpractice insurance cost increases; Medicare & Medicaid reimbursement rates are low, etc.)

## Who & Where Are They?

A few words about the new generation—

- Most current WY docs are baby boomers
- Most new docs are Gen Y or Gen Xers

We have to bridge the gap between the two.....

## Who & Where Are They?

What the new generation wants:

- Friendly professional colleagues and support staff
- Loan repayment
- 3-4-5 weeks of vacation
- Limited call and reasonable work week
- CME's opportunities
- High salary
- Access to specialists
- PERKS
- HAND HOLDING.....



## Who & Where Are They?

IMGs & FMGs

May be only option for those clinics/hospitals located in federally-designated health professional shortage areas (HPSAs).

Three-year commitment. Roughly 900 looking for jobs every year: 60% are IM; 20% from India, 9.5% from the Philippines, 6% from Pakistan.

## You Need a What?

The J-1 Visa Waiver Program provides foreign trained physicians with a visa waiver to enable them to remain and practice in the United States after the completion of their residency or fellowship training in exchange for a minimum service obligation.

You know what you  
want...  
You know where they  
are...  
Now what?

## What the Candidate Deserves

- An immediate phone call once you have their resume.
- Input into their site visit.
- Immediate follow up after the site visit.
- Open and honest job negotiations.
- Assistance with your facility's credentialing process.
- Assistance with state licensing board.
- Prompt repayment of expenses they incurred during the site visit.
- Prompt answers to their questions.
- Courtesy – if you didn't like them, tell them you intend to continue your search.
- Orientation to your facility.

## Screening and Interviewing

- Who screens CVs and candidates?  
Recruiter, Lead physician, Clinic Manager
- Google and FSMB (*Federation of State Medical Boards*)  
– cheap and quick
- NPDB [www.npdb-hipdb.com](http://www.npdb-hipdb.com)  
(**National Practitioner Data Bank**)
- Who makes the first phone call?

**THE #1 RULE – RESPOND NO LATER THAN THREE WORKING DAYS!**

## Making the Right Match

- Does the candidate fit your profile?
- Do you understand his/her family's needs?
- Does he/she want your community?

If yes, then proceed:

- ✓ Initial screen  
fairly short to determine if candidate should be pursued

### ✓ Follow up screen

this call comes after the candidate has had a chance to review the materials you've sent. Answer questions about the community

If both sides are still interested,

### ✓ Phone interview

conducted by HR, dept. head or a member of your recruitment committee;

set aside (and request the candidate do the same) an hour for this conversation.

## Background Checks and Credentialing

Obtain a signed release of information;



Verify all references: peer, educational programs, references from current site if working;

Legal and credit history: legal history is a matter of public record and can be obtained by contacting the county and/or district courts where the candidate lives; a credit check can be completed with your local credit bureau.

## Red Flags

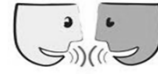
- Unexplained gaps in employment or educational history;
- Frequent moves and/or several jobs;
- Moves that do not include increased responsibility;
- Training not completed at accredited programs;
- Look for honors and awards;
- Their resume is not well written and/or has grammatical or spelling errors;
- References are overly cautious in their remarks;
- Bad credit report;
- Legal history.



## Telephone Interviews



- Tell them ahead of time what you expect....
- 30 to 60 minutes – have questions AND answers ready
- Phone calls need to come from recruiter  
REMEMBER ONE POINT OF CONTACT!
- You have identified community people who can talk too – right?
- Spouse or life partner- DO THEY WANT TO TALK?



It is ALL about

C-O-M-M-U-N-I-C-A-T-I-O-N

## Interviewing

- Multiple phone interviews and visits are important before spending your hard earned money on flights, etc.
- Cost of interviewing is yours, not the candidates
- Oh – you have outlined the interview process in the plan. Of course you have!

## How Can I Get Them?

### Site visits

1. Develop fool-proof, personalized site visits checklist
2. Don't scrimp on accommodations or meals. You only have one chance to make a good first impression.
3. Leave some time each day for the candidate and family to explore the community or relax a little.
4. Involve the whole community (as much as possible)
5. Pay attention to spouse's needs

## How Can I Get Them?

6. If you have done a good job of finding out about the candidate before the visit, then the visit itself will be a relaxed time for everyone to get to know each other better.
7. Have sample contract ready for candidate's review.
8. Get feedback from your physicians and questions immediately after the visit.
9. Stay in touch with candidates after visit (call back within 3-5 days. Can be administrator and/or physicians)

## Getting the Most From a Site Visit

The site visit is intended to be informative and relaxing; a "getting to know you" time.

- ❖ The candidate should visit at least two days with one of them being a weekday.
- ❖ The candidate's spouse/SO/or other decision maker **MUST** attend.
- ❖ The candidate should have input into the schedule. Make certain they see everything they need to (schools, rec center, shopping, etc).

- ❖ Plan to cover all expenses associated with the visit. Children's airfares are on a case-by-case basis, but if they are on the visit, a sitter should be arranged and paid for by the site.
- ❖ Prepare an agenda and make certain the candidate has a copy. Make certain all names and titles that they will be meeting are included.
- ❖ Make certain the candidate knows the dress code and what to expect from the weather. Be sure you know if there are dietary restrictions.

- ❖ Provide a copy of the candidate's CV to all who will be interacting with him/her.
- ❖ Alert in-house staff that the visit will be taking place. During the tour, make sure and introduce the candidate to key staff (house supervisor, head nurses, heads of depts.)
- ❖ Prepare for questions they are likely to ask.
- ❖ Include tours of all facilities the candidate will work at.

- ❖ Introduce to key people in your community.
- ❖ Arrange a community tour. If you use a realtor, make certain they understand the purpose of the visit.
- ❖ Arrange a visit with key people if the spouse/SO is looking for work.
- ❖ Develop and have ready a draft contract or letter of intent.
- ❖ Build some free time into the schedule.
- ❖ House them in your best hotel (no private homes!).

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- ❖ Have a welcome basket in their room when they arrive.
- ❖ Have a final agenda in their room or at the front desk. Include a city map with the route to their first event clearly marked.
- ❖ If possible, someone should be at the airport to welcome them, even if they have a rental car.

**Remember: it is crucial you sell the entire family on your community!**

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## Interviewing

- If one trip works, great
- If two visits are needed, that's OK, too
- How about the physician visits one week and the spouse the next?
- Spend your money wisely, but include the spouse or life partner
- Kids, Grandparents?



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## Interviewing – Oh, it is OK to have fun

- Interviews - enable candidate to interview the group and see the community
- Sure - have multiple people ask the same question all day long
- Goal - learn about medical skills and interests, what is fun, family needs, cultural and recreational needs

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## Follow Up Activities

- Don't assume they're busy and you don't want to bother them. Rest assured, other hospitals are calling and you want your name first in their mind.
- Follow up begins with a phone call within two days of the visit to see if they have any questions. If they do, get an immediate response.
- Have one of your committee members call them.

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## Closing the Deal

- Always keep in mind that "negotiation" is key. Consider if their expectations are deal breakers.
- Both sides need legal advice before signing a contract.
- Full disclosure is essential. The candidate needs to understand the political climate, both in your facility and out.
- Schedule a second visit for house hunting. If the contract isn't signed, do it then and follow it by a small celebration.

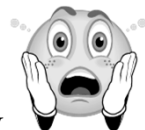
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## OH NO - She Said No

Do not forget to follow up with candidate, even if they decline your offer!!

Find out why



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## Relocation becomes Orientation

- Send the local paper, other publications
- Who does the doctor want to talk with, how often?
- Include spouse or life partner
- Plan social events – careful now
- Keep in touch with the physician and spouse to "check in" on relocation preparations
- Physician and Social Mentors call the new physician and spouse
- Ensure the physician's office and exam rooms are ready
- Marketing announcement introducing the new physician to the clinic and community

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## How Can I Keep Them?

### Ask questions

- Are there unmet expectations or promises?
  - Are referral patterns established and appropriate?
  - Are there adequate CME opportunities?
  - Are on-call responsibilities realistic and reasonable?
  - Is physician plant and equipment satisfactory?
  - Is support staff satisfactory?
  - Is patient load satisfactory?
  - Let the community know how proud you are of your new healthcare team member; use hospital newsletters and local newspapers
- REMEMBER!** Without showing your appreciation, you will be recruiting again.

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--IT TAKES EVERYONE--  
**RETENTION**  
**SHOULD BE A**  
**COMMUNITY**  
**EFFORT**

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## The Retention Committee

- Should include a medical staff member, hospital and clinic administrators, and a few key community members, including someone who is assigned to provider spouse/family retention.

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## First Year Plan

- Sends a "Welcome" basket to the home on the new physician's first day of work
- Social mentor calls to welcome spouse/family within the first week of relocation
- Physician orientation schedule starts on first day
- Physician mentor meets with new physician on first day

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## Years Two and Three

- Define meetings with mentors – what is realistic?
- Define meetings with the Administrator and leadership
- Who will track meetings with staff?

## Survey Recommendations for All Health Care Workers

1. Set up roundtable discussions between the corporate leaders of your organization and health services workers. Allowing others to share their views helps build trust, and trust builds loyalty.
2. Establish periodic "walkarounds" for corporate leaders to foster informal interaction among all groups during all shifts. Working side-by-side with employees so that you can personally see, feel and hear what challenges they face each day builds trust, too.

## Recommendations

- 3. Create an employee recognition committee made up of workers from all levels in your organization with the objective to monitor the effectiveness of your existing employee recognition program and make recommendations for changes as necessary.
- 4. Measure employee satisfaction through surveys on a regular basis, keep staff informed of what actions you are taking based on the survey results, and implement resolutions in a timely manner.
- 5. Conduct periodic pay reviews in your region to make sure that your organization's compensation is competitive, and make appropriate adjustments.

## WELCOME THEM TO *THEIR* TOWN

- Community activities
- Schools
- Invite to events or activities
- Employment for spouse or partner (you already checked that out)
- US citizens and visa holders?

## TURNOVER

- Turnover rates are highest in the first three years – 50% of those leaving
- Recruitment and retention plan needs to be most active in the first three years
- Frequency of scheduled contact with the new physician starts weekly and tapers off over time – under ideal conditions

## Physicians Leave Because:

- Poor cultural fit in the practice
- Work pressure and hours incompatible with quality lifestyle
- Did not adjust well to the community
- Spouse and/or family was not happy
- The Mayberry Syndrome



## Physicians Leave Because:

- Recruited away for better compensation
- The practice is different than expected or explained
- Poor or no feedback in the first crucial months
- Lack of control over practice – schedule, referrals, I want my own nurse

## WHAT DO WE DO IF THEY LEAVE?

1. Learn something from your loss.
2. Determine the reasons behind his or her decision to leave and try to address them before you begin recruiting a replacement.
3. From the loss of a provider, you should learn that **recruitment is an ongoing task.**

**WHAT DO WE DO  
IF THEY LEAVE?**

**RECRUIT!**

**RECRUIT!**

**RECRUIT!**

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