



Retention and the National Health Service Corps

NHSC National Advisory Council
January 10, 2013



Discussion Goals with NAC

- Review topline results on 2012 Retention Survey (Short term survey and Long Term survey)
- Overview of BCRS Retention Strategy & BCRS-led initiatives
 - Policy Efforts
 - External Affairs and Social Media Initiatives
 - BCRS Regional Office Efforts
 - NHSC Sites – Solicit input from NAC
- Input from 2 Council Members (Tito & Ron) who operate sites and recruit/retain clinicians
- Solicit feedback from NAC on challenges, other considerations and next steps for NHSC

Retention & NHSC

- Retention is fundamental to the NHSC mission. All BCRS-led initiatives are undertaken with the understanding that they directly, or indirectly, impact provider retention.
- The Customer Satisfaction and Retention Surveys assess current customer satisfaction and short term retention rates. Results from the 2010, 2011, and 2012 surveys indicate that the relationship between NHSC providers and their employer/site is a primary reason why a provider will choose to leave or stay at the site.

Definitions and Terms: NHSC Retention

- **Short-term Retention:** Up to one year after service completion
- **Long-term Retention:** 10 years after service completion
- Retention in the Corps is percentage of NHSC clinicians who remain practicing in underserved/HPSAs, **after** completion of their service obligation with NHSC
- NHSC does not provide members with any additional financial incentives to remain in a HPSA.

2012 Annual Short Term Retention Survey

- 82 percent of NHSC clinicians who completed their service obligation continued to practice in a HPSA up to one year later.
- 2012 short-term retention increased by 28 percent when compared to the 2000 rate of 64 percent.

2012 Long Term Retention Survey

- The 2012 long-term retention (10 years after service completion) of NHSC clinicians is 55% a 6% increase over the 2000 rate of 52%.
- Long-term retention rates are higher for those who serve in rural vs. urban communities.

SHORT- AND LONG-TERM RETENTION RATES

	2000	2012	retention increase
Short term	64%	82%	+ 28%
Long term	52%	55%	+ 6%

¹ Evaluating Retention in the BCRS Programs, Final Report, March 30, 2012
² Evaluating Retention of the National Health Service Corps, Final Report, May 31, 2000

Factors Affecting Retention: Clinicians

- Clinician's motivation and timing when joining the NHSC.
- Professional satisfaction at the clinician's practice site.
- Sustained non-financial engagement with the NHSC.
- Other factors that influence NHSC provider retention:
 - Commitment to underserved communities
 - Ability to become part of the community where they serve

NHSC Retention Strategy: Goals

- Increase understanding of the elements and benefits of a “Culture of Retention” among NHSC sites.
 - *(Measured every other year through the NHSC Partner Satisfaction Survey)*
- Maintain, or improve, the short term retention rate of 80% for NHSC providers serving in underserved communities.
 - *(Measured annually through the NHSC Participant Satisfaction Survey)*
- Maintain, or improve, the current long term retention rate of 55% for NHSC providers serving in underserved communities.
 - *(Measured through long-term retention survey)*

NHSC Retention Strategy: Sites

- **Strategy #1:** Provide clear expectations to NHSC sites regarding their role in recruiting and retaining providers in alignment with the NHSC mission.
- **Strategy #2:** Provide a suite of online tools and resources to enhance and improve the ability of an NHSC site to retain primary care providers.
- **Strategy #3:** Conduct interactive and informative technical assistance webinars for NHSC sites to develop, implement, and institutionalize provider retention practices.
- **Strategy #4:** Educate NHSC sites about the financial benefits of having a robust recruitment and retention program.
- **Strategy #5:** Recognize NHSC sites that have recruitment and retention activities that may serve as replicable models of success.
- **Strategy #6:** Assess the landscape of NHSC sites as it relates to site recruitment and retention practices.

NHSC Retention Strategy: Providers

- **Strategy #1:** Increase the awareness of, and exposure to, a variety of NHSC site types and practice models, for NHSC Scholars, Students and Service Awardees, to assist them in finding the best site match.
- **Strategy #2:** Establish a support network for NHSC scholars and loan repayment participants to promote meaningful peer-to-peer relationships among NHSC members and grow “national” community.
- **Strategy #3:** Support the professional development of Corps members through educational resources, and training opportunities that enhance their ability to successfully practice in underserved communities.

NHSC Retention Strategy: Summary

- Customer Service
 - Standardizing customer service transactions, including response times
 - Training all BCRS staff
 - Call Center training, scripts, monitoring
- Communication and Outreach
 - Corps Connection – electronic newsletter
 - NHSC Facebook Page – social media
 - NHSC Ambassadors – human capital
 - Corp Community Day – national recognition
- Business Value to Sites and Providers
 - NHSC Job Center – recruitment tool, cost savings, global outreach
 - Virtual Job Fairs – 4-5 planned for 2013
 - Expansion of PrimaryCareForAll.hrsa.gov
 - Scholars and GPS Program
- BCRS Regions: Enhanced Engagement with Sites & Providers
 - Scholar Placement – direct Regional assistance
 - Site Visits
 - Technical Assistance, webinars, share best practices around retention
- BCRS Policy Initiatives
 - Scholar Completion – non-competitive transition to LRP at HPSA ≥ 14
 - Allow Contemporary Clinic Practice: telemedicine & home health



Regional Retention Initiatives

- Enhanced Scholar Placement
 - Scholars assigned to state lead for state scholar is interested in serving
 - Leverage state partnerships to ensure scholar placement is optimized
 - Job site allows scholars to look for a “site” early and not rely on vacancies
 - Convey to scholars that our goal is to work with them to identify a placement for their career not just their service obligation (key factors)

Regional Site Visits & Retention

- Site visits conducted: 1,108 in FY12 & 1,203 in FY11
- In the NHSC customer satisfaction survey 40% of respondents (1,867) reported receiving a site visit in 2012, 30% indicated they interacted with RO staff – high level of satisfaction (score 79) with these interactions
- New BMISS site visit functionality allows for DRO to set and readily adjust site visit priorities

Retention Component of Site Visits

- Site visit template includes 10 “Participant Interview-Retention Questions”
- Site visit template for site administrators includes 3 questions on retention and address 5 components of a recruitment and retention plan and 6 site retention strategies
- Site visits, Corps Community Day, and NHSC communications provide continual recognition of participant service and increasingly recognition of the contributions of sites

Lessons from 2012 Scholar Placement Conference Site Retention Session

- Sites in attendance expressed interest in continuing to participate in recruitment initiatives such as the Scholar Placement Conference
- Request for best practices
- Assistance with social media
- Job site increasing the number of position inquiries by clinicians seeking employment
- Recognize/reward sites that retain clinicians

NAC Members & Retention Experience

Ronald Yee, M.D., MBA

Chief Medical Officer
United Health Centers
Parlier, CA

Tito L. Izard, M.D.

President/Chief Executive Officer
Milwaukee Health Services, Inc.
Milwaukee, WI

NAC Discussion: Questions to start us

- Are we (NHSC team) on the right path? Are we providing the right tools?
- From a field perspective, what works well in retaining providers? What are the challenges/barriers?
- How do we promote a “culture of retention” among NHSC sites – where do we target some of the initiatives within a site?
- What kind of technical assistance would provide the most benefit to sites?
- What is the best way to lay out a business case for retention among sites?
- If the Department were to conduct a high-level study/research around primary care provider retention rates in the underserved, what research questions should be explored/asked that haven’t been asked already?