

## *National Advisory Council (NAC) on the National Health Service Corps Executive Summary*

The National Health Service Corps (NHSC) National Advisory Council (Council) convened on Thursday, February 10 and Friday, February 11, 2011, in Bethesda, Maryland to provide insight and guidance to the NHSC on current programs and future initiatives. The meeting agenda included:

- NHSC and BCRS program updates
- Findings from recent research and future research plans
- Modernization of the Corps (communications and recruiting; Site Partnership Initiative; customer service)
- Prospective topics for the Council's agenda

### NHSC and BCRS Updates

BCRS Associate Administrator and NHSC Director Rebecca Spitzgo updated the Council on the completed reorganization of the Bureau's structure, which allows for more efficient and responsive service to Corps members, as the NHSC grows. Ms. Spitzgo also gave Council members an overview of the modernized communications and information systems designed to better serve Corps clinicians.

### Findings From Recent Research and Future Research Plans

Results from discussion groups that were held in Summer 2010 were presented by Council member Kristin Baird. In the discussion groups, sites, Scholars, and awardees expressed a strong sense of pride in being part of the Corps and appreciation for financial support. However, the groups also revealed a sense of frustration regarding communication, continuity, and customer service.

BCRS Deputy Associate Administrator, Kim Kleine, presented results of the customer satisfaction and retention survey. *NHSC partners* surveyed revealed moderate satisfaction with customer service, praise for NHSC training and orientation, and strong loyalty, measured by likelihood of promoting NHSC as a partner and recommending participation. Support from the NHSC is the primary area for improvement according to partner responses. The survey among *NHSC participants* found moderate to high customer satisfaction (scores higher than overall federal government scores). Communication and information are top priority areas for improvement, while site experience is considered a strength and there is strong loyalty to the Corps, measured by the likelihood of recommending NHSC and intent to remain in an underserved area after fulfillment of their obligation.

An assessment of state loan repayment programs and a retention survey was presented by Council member Dr. Don Pathman. This research recommended better coordination between NHSC and states (especially communications about changes), and more flexibility in how states manage their programs and their connections with NHSC.

Based on the research, the Council discussed enhanced provider education (including rotations and preparation for Corps sites), and broader communications for better provider recognition and support.

#### Modernization of the Corps (recruiting; sites; customer service and satisfaction)

NHSC continues to be upgraded and expanded. The mission and identity of the Corps, a point of discussion at the previous Council meeting, continue to be revised and tested. NHSC will prepare and deploy multiple tools, including newsletters, e-blasts, a new video, the Web site, social media, conference exhibits, school visits, and more in the coming months to continue to recruit prospective students and providers, and retain them in underserved communities. The communication chain will include various stakeholders such as regional offices, Ambassadors, Council members, and current and former clinicians. The goal is a widely recognized positive NHSC identity that boosts interest among providers and partners. Communications will be measured for effect on awareness of NHSC among target audiences and for generation of applications.

The *Site Partnership Initiative* will work with PCO's and the regions to improve the site experience from application through participation. Planning, communications, and the new online portal will make it easier to apply and renew as a site; accurately post vacancies; recruit, manage, and retain providers; and share solutions and best practices. Site evaluation will include careful assessment of potential and actual problems, and aggressive pursuit of provider feedback. The goal is to make NHSC sites places where providers want to practice, employees want to work, and patients want to receive care.

NHSC is improving *customer service* by working to make every touch point easier and more efficient. Similar to the NHSC Loan Repayment Program application that launched in November 2010, the application process for all programs is being streamlined and made completely electronic. Requests for information or assistance from current Corps members are now being triaged to assess the situation and ensure quick response. Metrics will include tracking the timeliness of responses and how quickly the clinician inquiry is resolved. Improved customer service will also be demonstrated by more frequent and consistent information to all stakeholders. The new online customer service portal will enable participants to easily review and update their own information as well as conduct transactions online.

The Council praised the Bureau's modernization, including use of Council recommendations. The Council suggested the Bureau publicize the successful and ongoing emphasis on customer service and modernization.

#### The Council's Future Role and Agenda

Council members and Bureau staff are looking forward to using the Council's expertise to help identify and evaluate NHSC changes (policy, program, etc.) and address or research potential issues. Bureau staff will seek Council input, as appropriate, especially on issues for future meetings. The Council encouraged activities such as conference calls and written products to increase its involvement beyond in-person meetings. Thus far, Council members have identified the eight topics listed below as prospective areas for research and/or discussion at future meetings.

- Gathering retention details such as where people practice, and the types of communities and patients they serve

- NHSC recruiting and retention demographics (especially race/ethnicity of providers and patients) and geography (especially high-need, hard-to-fill areas, and those with a need but lower HPSA scores)
- Additional health care disciplines to consider for eligibility in the NHSC and the potential to include experienced professionals who are not seeking loan repayment or a scholarship
- Education, including teaching health centers, and support for program directors; rotations and preparation for NHSC sites and communities; mentoring or coaching for a better service experience; and business components
- Practice site issues, including satisfaction among managers and providers; problems and solutions
- Better use of Ambassadors and alumni, including clarity on their roles
- Better multidirectional relationships with partners (PCOs, PCAs, AHECs, ORHs, and others)
- NHSC's impact on primary care, health outcomes, and public health