



Mountain States Group^{INC.}

NATIONAL HEALTH SERVICE CORPS CLINICIAN RETENTION PROJECT

Organizational Retention Survey Results

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NATIONAL HEALTH SERVICE CORPS CLINICIAN RETENTION PROJECT

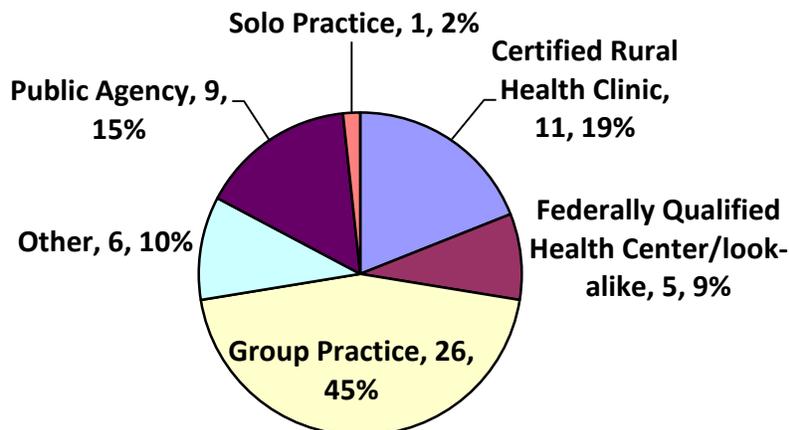
Organizational Retention Survey Results

On April 26, 2012, 149 letters were sent to Idaho National Health Service Corps (NHSC) loan repayment sites. They were requested to complete an online survey focused on clinician retention. A link to the survey was included and an email was sent May 7, 2012 to all 149 NHSC sites reminding them to complete the survey. The survey was available from April 25, 2012 through May 29, 2012. A total of 58 sites completed the survey. The response rate was 39% (58/149). The report contains 2 sections; the first contains some highlights from the results followed by the actual responses for each question.

HIGHLIGHTS

Close to 45% of responding sites were group practices (26), with another 19% certified rural health clinics. Nine percent (9%) of responding sites were Federally Qualified Health Centers, 16% were public agencies, and 1 solo practice. Ten percent (10%) selected other.

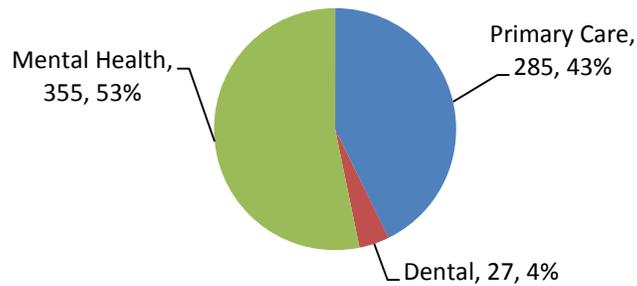
Distribution of Respondents by Facility Type



The average number of years respondents reported working at their facility was 8.37 years. The range was from 1 year to 30 years. Slightly more than one quarter (26%) worked at their facility less than 4 years. Another 36% worked 4 to 9 years; 28% worked 10 to 14 years, and 10% worked at their facility over 15 years. The average number of years respondents reported working at their current position was 6.87 years. The range was from 1 year to 20 years. Slightly more than one quarter (29%) worked at their current position less than 4 years. Another 41% worked 4 to 9 years; 23% worked 10 to 14 years, and 7% worked at their current position over 15 years.

Thirty-four sites indicated they were in rural areas (58%) and 23 or 40% selected urban areas. One site serves a combination of both rural and urban communities. The sites responding employed a total of 667 health professionals with the following distribution. Slightly more than half (53%) of employees were mental health professionals, 43% primary care, and only 4% employed dentists or dental hygienists.

Distribution of Health Professionals Employed by Responding Sites

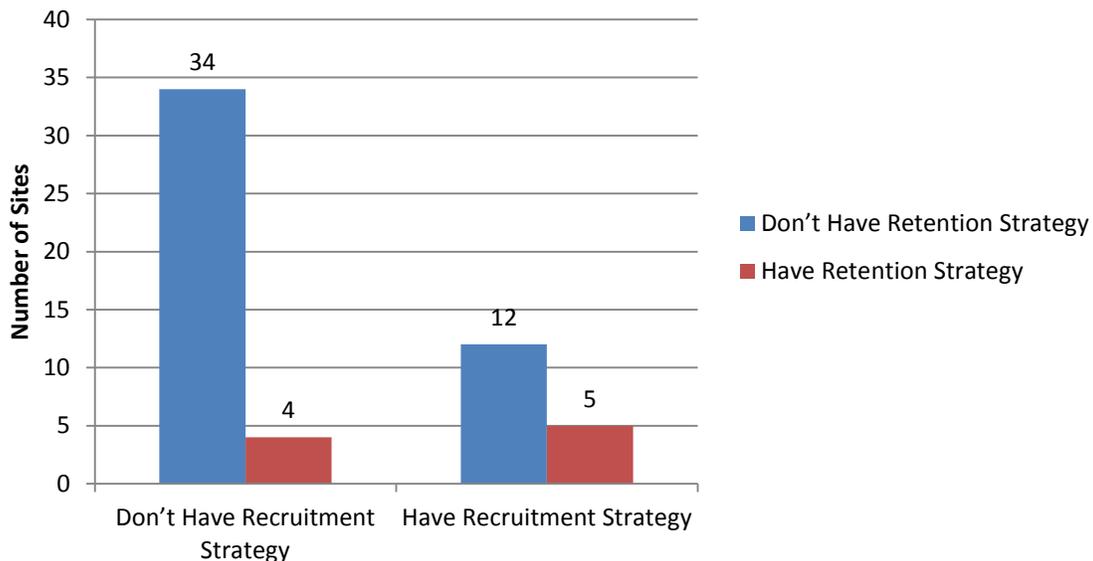


The most frequently recruited health professional was primary care physicians followed by licensed clinical social workers. Others frequently recruited included licensed professional counselors, nurse practitioners, and physician assistants. Sites reported recruiting sixty-five (65) mental health professionals and 64 primary care professionals over the past 12 months.

One hundred eighty-nine health professionals reportedly left their practice over the past 3 years. Primary care professionals consisted of 44% (84) of the total reported professionals who left their practice within the past 3 years and mental health professionals who left were 52% of the total or 98. Only 7 dental professionals left their practice or less than 4% of the total reported (189).

Of the 54 sites that reported, 44 or 81% use an in-house recruitment process only. Only 5 sites outsourced their recruitment process, and 6 used a combination of both. Close to 70% or 39 of the 55 sites responding indicated they **do not** have a formal recruitment strategy. Of those 17 who have a recruitment strategy, only 5 have a retention strategy. Of the other 38 that do not have a recruitment strategy, 34 or close to 90% **do not** have a retention strategy either.

Recruitment vs Retention Strategies



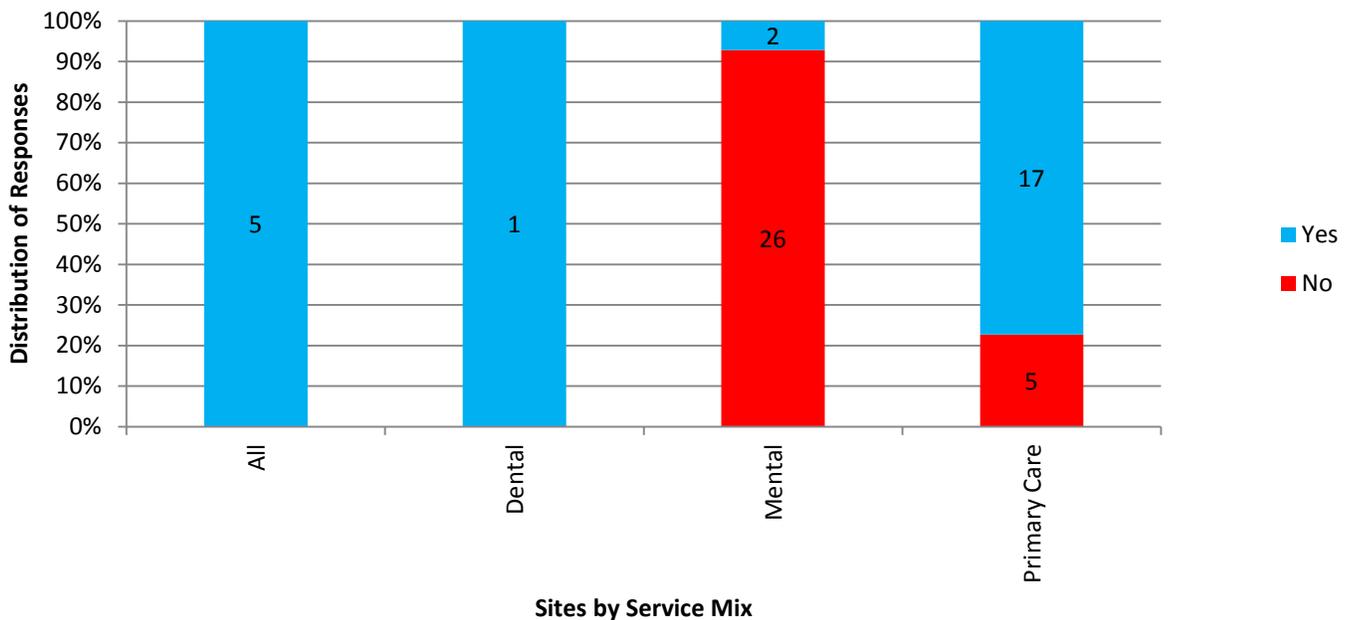
If you look at facilities by service mix, the five facilities providing all types of care and the one dental facility all reported having neither a recruitment nor retention strategy or plan. Forty-six percent (46%) of all primary care facilities reported having a recruitment strategy and only 8% had a retention strategy. Only 21% of mental health providers had a recruitment strategy but 25% reported having a retention strategy.

Service Type	Recruitment Strategy No	Recruitment Strategy Yes	Retention Strategy No	Retention Strategy Yes
All	5	0	5	0
Dental	1	0	1	0
Mental	21	6	20	7
Primary Care	11	11	20	2
Grand Total	38	17	46	9

The administrator/CEO and medical clinical director were most involved in the interview/hiring process. Roughly one quarter of NHSC sites include the candidate’s spouse or partner in the recruitment process, another 24% include local hospital administration, and 17% include other area providers. Local realtors (15%), school district personnel (12%), and local business leaders (5%) were mentioned less frequently.

Less than 45% of sites provide reimbursement support for site visits by potential candidates. It varies widely by type of facility but “other” sites, rural health clinics and Federally Qualified Health Centers more frequently provide this type of support.

Site Visit Support by Service Mix

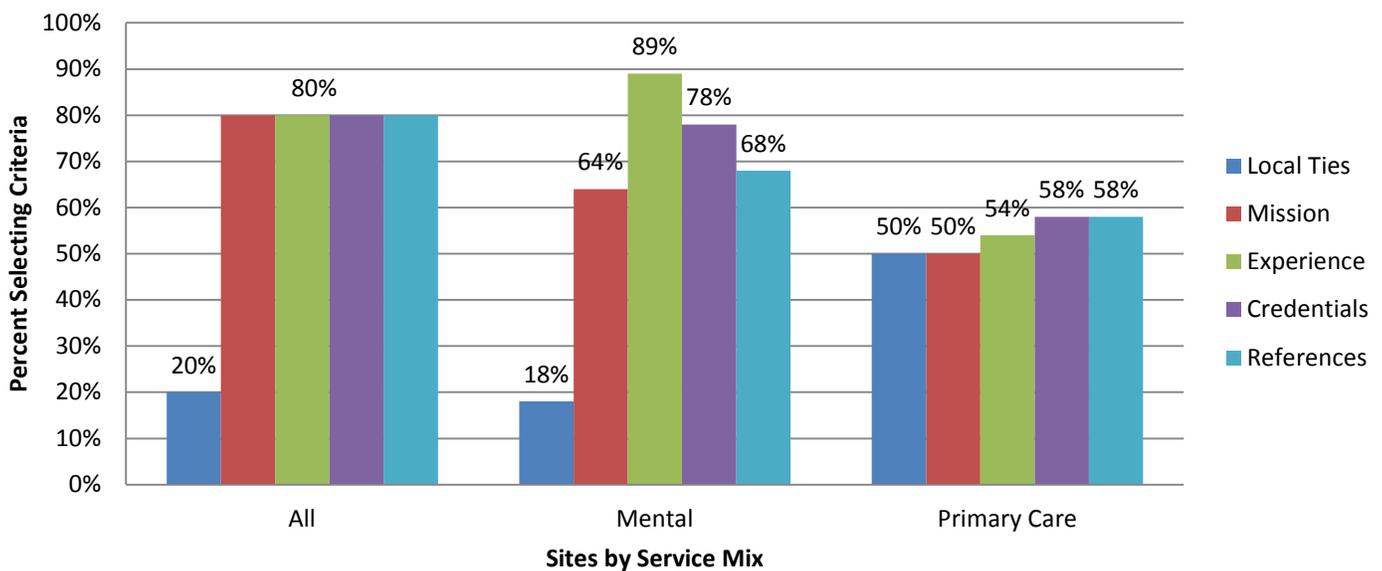


A distribution of sites by service mix by whether the site provides support for site visits indicates that slightly more than ¾ of primary care sites provide some form of support for their site visits whereas 93% of mental health professionals will not get any support for site visits. Professionals being

recruited by sites that provide all types of services and dental sites were more likely to get support for site visits.

The most important selection criterion for new hires was experience which was selected by 42 out of the 58 NHSC sites. Credentials, reference checks, and commitment to mission followed with 39, 37, and 34 sites responding. If you look at the responding sites by service mix, having local ties was selected by only 1 out of the 5 facilities providing all types of services and 28 or 18% of mental health providers and 12 or 50% by primary care providers. Mission alignment, experience, credentials and references were all selected by 4 out of the 5 facilities providing all types of services. Mental health providers selected experience most often with 89%, followed by credentials with 78%, references (68%) and mission alignment (64%). Primary care providers selected credentials and references most with 58% each following by experience (54%), and mission and local ties with 50% each.

Percent of All Facilities by Service Mix By Hire Criteria



The vast majority of respondents stated they conduct exit interviews with 43 or 81% selecting “yes”. The most frequently selected individual involved in the exit interview process was administrator/CEO followed by human resources staff. The most frequently selected lesson learned from the exit interview process was to pay a competitive salary followed by work conditions.

The vast majority of respondents reported having a formal orientation or training plan with 45 or 80% selecting “yes”. Only 4 sites reported not having a formal orientation/training plan. Thirteen reported their plan was one month or more, and 11 reported 1 and 2 weeks duration. Slightly more than half (55%) of respondents or 30 reported having an orientation handbook or manual.

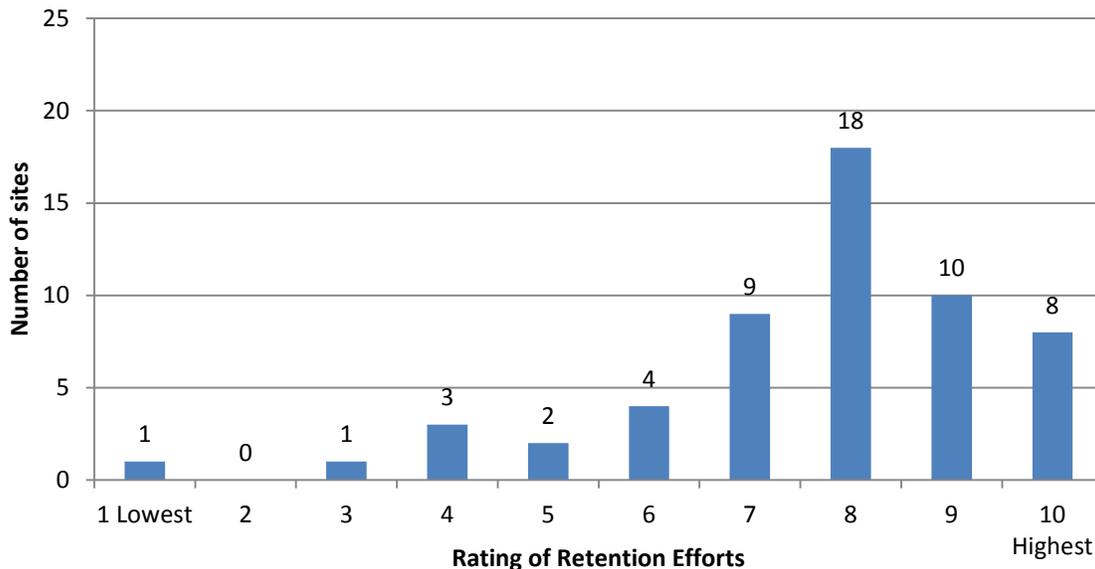
Close to three fourths of all sites provided health (74.1%) and dental insurance (70.7%); 83% provided paid vacation; 81% provide continued education support and liability insurance; 71% provide paid sick leave; 67% provide retirement; 53% provide life insurance; and 50% provide vision insurance. Half of all responding sites reported reviewing salary scales every year. Slightly more

than a quarter review them every 2 to 3 years and 9% review them every 6 months. Five percent (5.2%) never review salary scales and another 10% did not respond to the question. Two thirds (66.7%) of the 54 NHSC sites that responded to this question reported having a method to determine competitive wage rates. The most frequently mentioned sources were Medical Group Management Association, National Association of Community Health Centers, Northwest Regional Primary Care Association, and Idaho Hospital Association.

Only 9 sites or 16% have a formal retention strategy or plan. Eleven out of 24 sites indicated they have a strategy addressing communication between management and health professionals. Fourteen out of 26 sites indicated they have a strategy addressing monetary and non-monetary methods of recognition. Ten out of 25 sites indicated they have a strategy addressing teambuilding between management and health professionals. Twelve out of 23 sites indicated they have a strategy addressing feedback from health professionals to management.

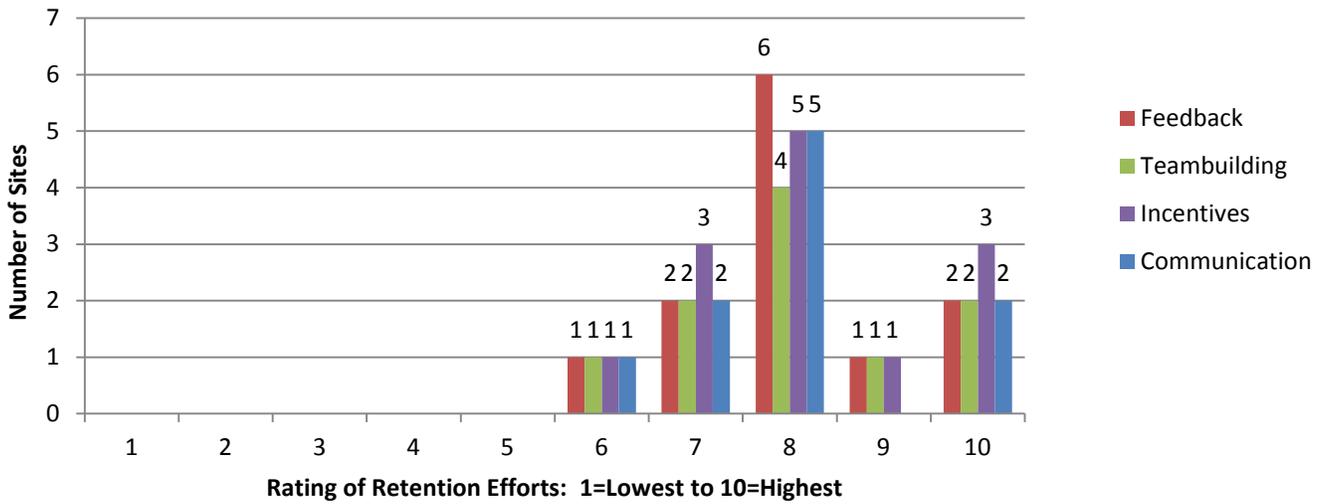
The majority of sites or 78% ranked themselves 7 out of 10 or above for their efforts to retain good health professionals. The overall weighted average for this rating was 7.6.

Site Rating of Efforts to Retain Good Health Professionals



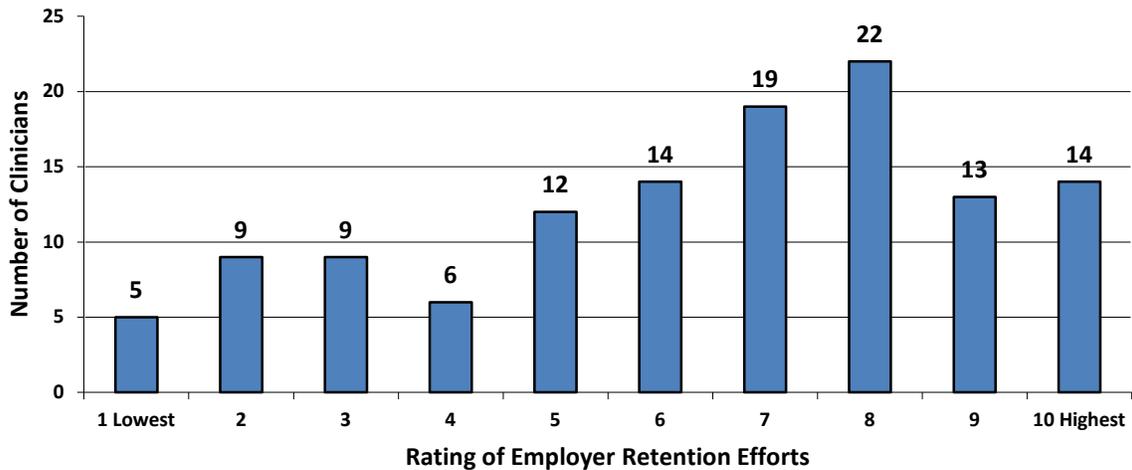
Sites that reported having any retention strategies all rated their efforts at 6 and above. Those rating their efforts at 8 had more sites reporting these strategies. Those sites rating themselves at 9 did not report having a communication strategy. Three sites rated themselves at 10 and 2 had at least 3 of the 4 retention strategies.

Rating of Retention Efforts by Sites Having Various Retention Strategies



In a previous survey¹, when clinicians were asked to rate their employer’s efforts to retain them, ratings were lower. Only 55% of clinicians ranked employer efforts at 7 out of 10 or above. The weighted average of this rating for clinicians was 6.4.

Rating of Employer Retention Efforts



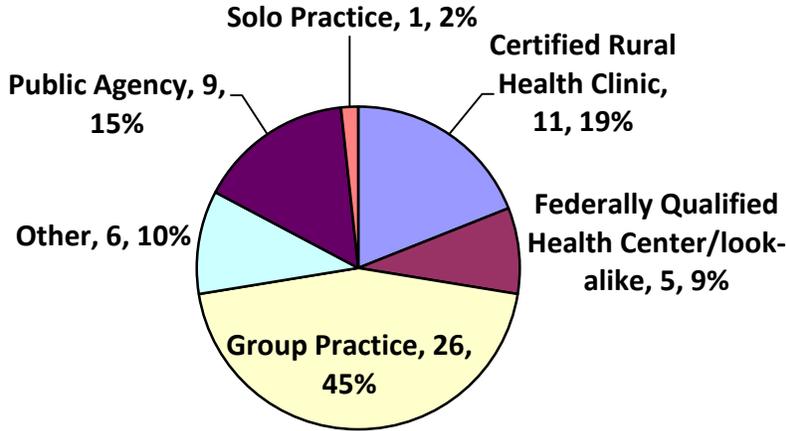
¹ NHSC Clinician Retention Survey Results, 2012. http://www.idahoahhec.org/pdf/NHSC_SURVEY.pdf

SURVEY RESULTS

1. Please check the type of facility you manage:

Forty-five percent (45%) of sites were group practices, with another 19% certified rural health clinics. Nine percent (9%) of responding sites were Federally Qualified Health Centers, 15% were public agencies, 2% solo practice, and 10% were “other”.

Distribution of Respondents by Facility Type

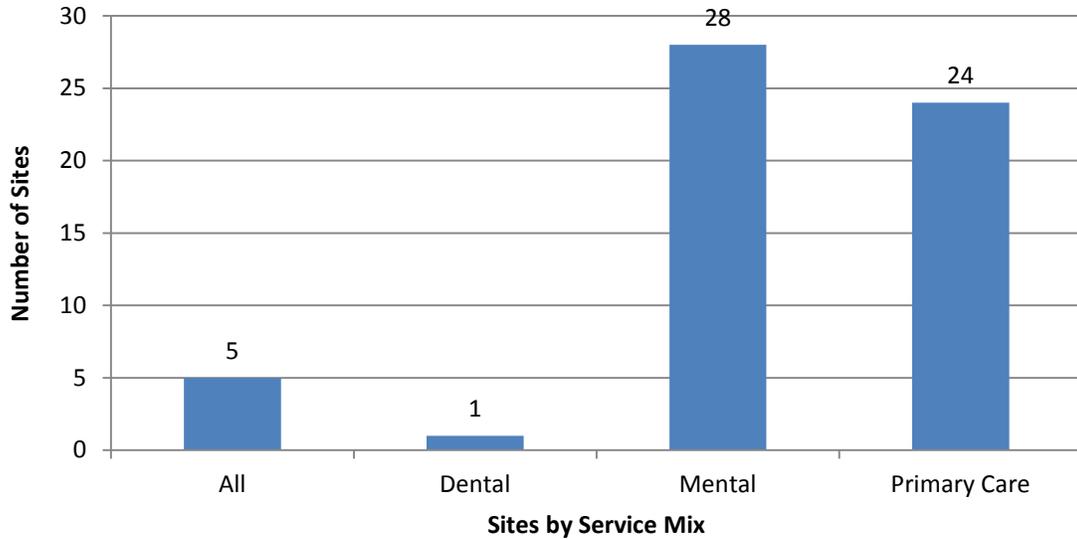


There were varying degrees of response rates by facility type. All of those in the “Other” category responded to the survey and public health agencies responded with 56.3% followed by certified rural health clinics with a response rate of 47.8%. Only one solo practice site responded; slightly more than a quarter of the federally qualified health centers and one third of the group practices responded. The table below displays the total survey respondents by type, the total number of sites that received the survey by type, and the response rate for each.

Type of Facility	Total Responses	# of Sites Surveyed	Response Rate by Type of Site
Certified Rural Health Clinic	11	23	47.8%
Federally Qualified Health Center/look-alike	5	19	26.3%
Group Practice	26	78	33.3%
Other	6	6	100.0%
Public Agency	9	16	56.3%
Solo Practice	1	7	14.3%
Grand Total	58	149	38.9%

The sites were also grouped by the type of service they primarily provided to facilitate further data analysis, e.g. dental, mental, primary care or all (primarily FQHCs). Close to half of the sites (48%) provide mental health services with another 41% providing primary care. There was only one site that provided dental care only and 5 sites that provided dental, mental, and primary care. The following chart displays the service mix of all responding sites.

Sites by Service Mix

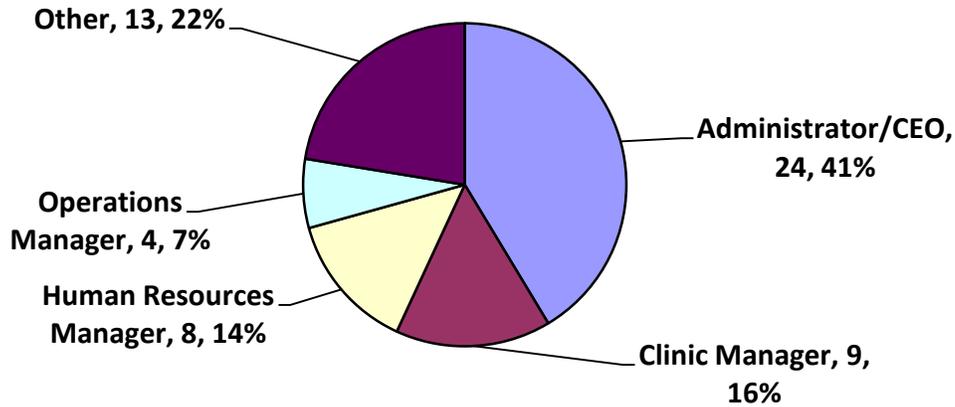


2. Please enter your job title:

Most respondents selected administrator or CEO as their job title (41%). Sixteen percent (16%) selected clinic manager, 14% selected human resources manager, and 7% selected operations manager. Twenty-two percent (22%) selected other and listed the following titles:

- Project Manager
- Chief Operating Officer
- Executive Assistant
- Executive Director
- Program Manager
- Programs Coordinator
- Medical staff recruiting
- Region 5 CMH Chief
- Head Therapist
- Region VI Program Manager
- Health Director (non-medical administrative director)
- Owner/clinician

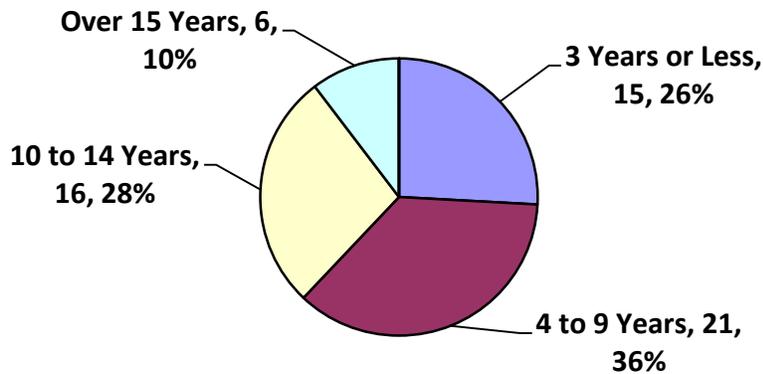
Distribution of Respondents by Job Title



3. How long have you worked at this facility? (please enter number of years)

The average number of years respondents reported working at their facility was 8.37 years. The range was from 1 year to 30 years. Slightly more than one quarter (26%) worked at their facility less than 4 years. Another 36% worked 4 to 9 years; 28% worked 10 to 14 years, and 10% worked at their facility over 15 years. The chart and table below contain the data reported.

Distribution of Respondents by Years Worked at Facility



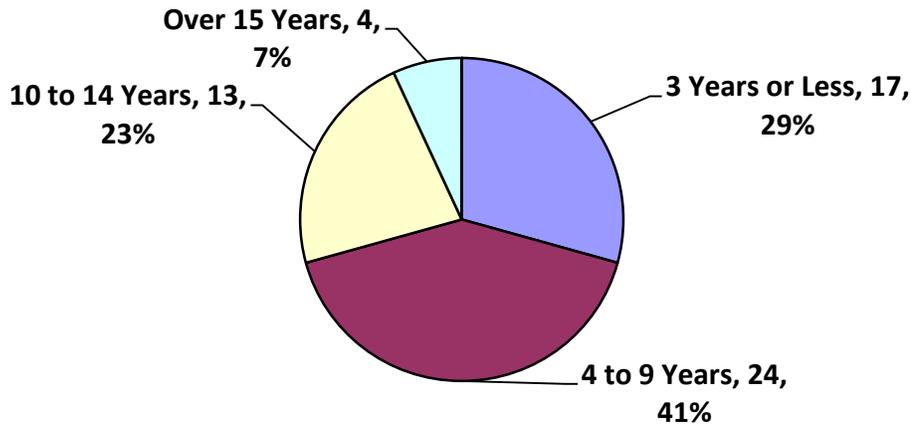
The average number of years worked by type of facility is displayed in the table below.

Type of Facility	Average # Years
Certified Rural Health Clinic	9.7
Federally Qualified Health Center/look-alike	5.6
Group Practice	7.8
Other	11.8
Public Agency	8.4
Solo Practice	1.0
Grand Total	8.4

4. How many years have you worked in your current position? (please enter number of years)

The average number of years respondents reported working at their current position was 6.87 years. The range was from 1 year to 20 years. Slightly more than one quarter (29%) worked at their current position less than 4 years. Another 41% worked 4 to 9 years; 23% worked 10 to 14 years, and 7% worked at their current position over 15 years. The chart and table below contain the data reported.

Distribution of Respondents by Years Worked in Current Position



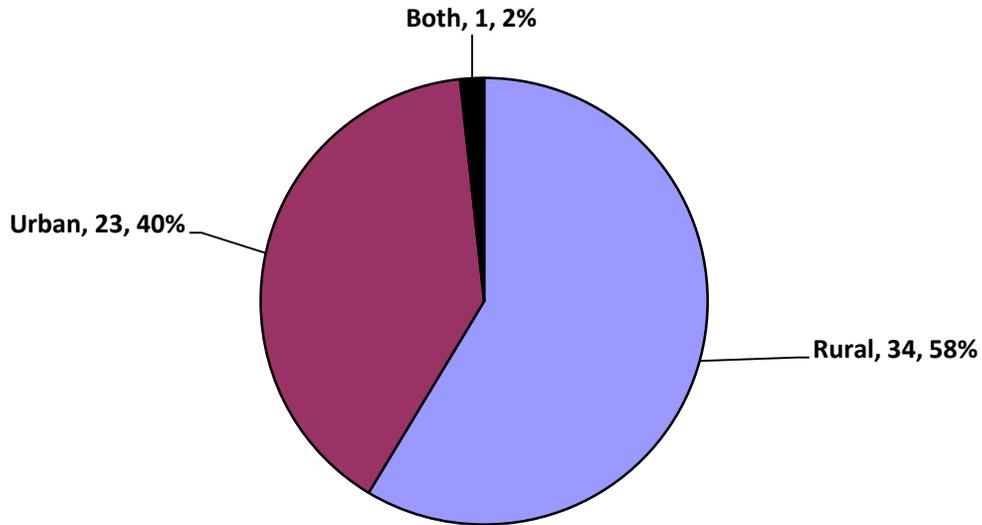
The average number of years worked in their position by type of facility is displayed in the table below.

Type of Facility	Average # Years
Certified Rural Health Clinic	8.0
Federally Qualified Health Center/look-alike	5.6
Group Practice	6.8
Other	8.7
Public Agency	4.7
Solo Practice	10.0
Grand Total	6.9

5. Please check if your facility is in an urban or rural area:

Sites were asked to select urban defined as Coeur d’Alene, Lewiston, Boise-Nampa, Pocatello, and Idaho Falls and rural defined as all other areas. Thirty-four sites selected rural (58%) and 23 or 40% selected urban. One site serves a combination of both rural and urban communities. The chart below displays the results and the table that follows lists the location by facility type.

Percentage of Respondents by Rural and Urban Areas



6. Please list the number of health professionals currently employed at your facility for each category: (please enter number)

There was a wide range of different types of health professionals reported at these 58 facilities. Primary care professionals (physicians and mid-levels) comprised 43% of the total; dental professionals were only 4%; and mental health professionals were the majority with 53%. The following table lists the total number reported by discipline. Several sites listed responses under other for various other disciplines.

Discipline	Total FTEs
Certified Nurse Midwife	1
Dental Hygienist	8
Dentist	19
Licensed Clinical Social Worker	133.6
Licensed Professional Counselor	137
Marriage and Family Therapist	32
Physician (Psychiatrist)	22.50
Psychiatric Nurse Specialist	8
Psychologist	22
Nurse Practitioner	53.1
Physician (Primary Care)	181
Physician Assistant	50
Grand Total	667.2

7. Are you currently recruiting or have you recruited over the past 12 months for any of the following health professionals? (please enter number for each category that applies)

The most frequently recruited health professional was primary care physicians followed by licensed clinical social workers. Others frequently recruited included licensed professional counselors, nurse

practitioners, and physician assistants. Sixty-five (65) mental health professionals and 64 primary care professionals were the health professionals most often recruited with 48% and 47% of total health professionals recruited. Dental professionals comprised 5% of the total recruits.

Discipline	Total	# Sites Recruiting
Certified Nurse Midwife	0	0
Dental Hygienist	1	1
Dentist	6	4
Licensed Clinical Social Worker	28	17
Licensed Professional Counselor	20	13
Marriage and Family Therapist	2	2
Physician (Psychiatrist)	5	5
Psychiatric Nurse Specialist	5	3
Psychologist	5	4
Nurse Practitioner	19	14
Physician (Primary Care)	32	18
Physician Assistant	12	9
Grand Total	135	

8. If you are currently recruiting or have recruited over the past year, what was the average number of months to recruit and hire any of the following health professionals? (please enter the number of months for each applicable type)

The health professionals that took the longest to recruit were psychologists (57 months) and psychiatrists (30 months), however, one site reported 100 months for a psychiatrist and one site reported 108 months for a psychologist. If you took out these outliers, the average for both would be 16 months for a psychiatrist and 6 months for a psychologist. Primary care physicians took an average of 10 months. The table below depicts the total number of months reported, the number of sites recruiting for that particular discipline, and the average months it took to recruit and hire the various health professionals.

Discipline	Total Months	# Sites Recruiting	Average
Certified Nurse Midwife	0	0	0
Dental Hygienist	1	1	1
Dentist	13	4	3.25
Licensed Clinical Social Worker	46.5	15	3.1
Licensed Professional Counselor	42.5	12	3.54
Marriage and Family Therapist	0	0	0
Physician (Psychiatrist)	182	6	30.33
Psychiatric Nurse Specialist	1	1	1
Psychologist	114	2	57
Nurse Practitioner	54	12	4.5
Physician (Primary Care)	163	16	10.19
Physician Assistant	38	9	4.22
Grand Total	655		

9. How many health professionals have left your practice in the past 3 years? (please enter the number for each applicable type)

Thirty-nine (39) primary care physicians reportedly left 17 practices in the past 3 years with an average of 2.29 physicians per site. Licensed clinical social workers and licensed professional counselors followed with 35 and 37 leaving respectively. Primary care professionals consisted of 44% (84) of the total and mental health professionals were 52% (98). Only 7 dental professionals left their practice or less than 4% of the total reported (189). The table below depicts the total number by profession that left, the number of sites affected, and the average.

Discipline	Total	# Sites	Average
Certified Nurse Midwife	0	0	0
Dental Hygienist	2	1	2
Dentist	5	3	1.67
Licensed Clinical Social Worker	35	18	1.94
Licensed Professional Counselor	37	20	1.85
Marriage and Family Therapist	4	3	1.33
Physician (Psychiatrist)	12	10	1.2
Psychiatric Nurse Specialist	1	1	1
Psychologist	9	3	3
Nurse Practitioner	16	14	1.14
Physician (Primary Care)	39	17	2.29
Physician Assistant	29	17	1.7
Grand Total	189		

10. What type of recruitment process do you use? If “out-sourced”, please describe in comment field.

Of the 54 sites that reported, 44 or 81% use an in-house recruitment process only. Only 5 sites out-sourced their recruitment process, and 6 used a combination of both. The table below displays the results by type of facility.

Type of Facility	In-house Only	Out-sourced Only	Both
Certified Rural Health Clinic	8	2	1
Federally Qualified Health Center/look-alike	4	0	1
Group Practice	21	1	2
Other	6	0	0
Public Agency	5	2	2
Solo Practice	0	0	0
Grand Total	44	5	6

Comments Describing Other:

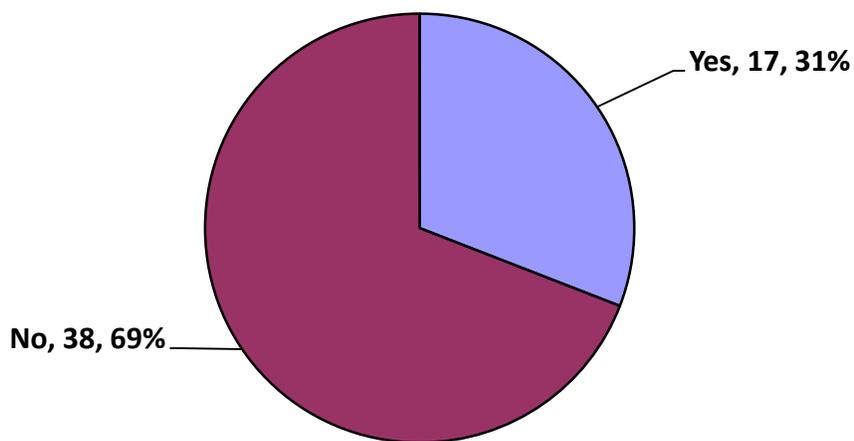
- Contact local physicians, post position at Dept. of Labor and local papers.
- Currently not recruiting.

- Have not recruited in recent past, but for the most part it would be completed in conjunction with our local critical access hospital.
- In addition to our own ad placements and work with residencies, we take referrals from contingency recruiters but we manage the effort after that.
- Job service.
- Listed on Career Builders.
- Mid Level providers is all in house. Physician is Contingent Search Firms and in house. Have agreements with 12 contingent firms and open offer for one retained firm.
- Newspapers, job searches, Job Service.
- None.
- Place an ad, hope for the best.
- Statewide web site.
- Use recruitment agencies to help with physician recruiting.
- We've done both.

11. Do you have a formalized recruitment strategy? If yes, please describe in the comment box.

Close to 70% of the 55 sites responding indicated they **do not** have a formal recruitment strategy. If you look at type of facility, “other” sites led in terms of having a formal recruitment strategy with 50% of their total, followed by public health agencies with 44.4% and rural health clinics with 36.4% of their total reporting a recruitment strategy. The chart and table that follow display the total number of responses and responses by type of facility and the respective percent of all responding facilities who have a formal recruitment strategy.

Percentage of Respondents Having Formal Recruitment Strategy



Comments Describing Other:

- Advertising in the following: Labor Dept., Local Newspapers, On-line

- Contacting every university/college with a school of medicine, who offers psychiatry, with a job posting. I have contacted by fax, email and letter. I also use 3RNet. I have listed with agencies who allow me to advertise for free.
- HR does it for us.
- Human Resources create job and position announcements.
- Medical Staff Development Plan
- Place ad in local papers, websites. We will help with moving expenses. We offer good wages and benefit package.
- Recruit in-house first if possible (non-medical positions), then advertise locally - the professional positions are only part-time, so we try to find someone local.
- Recruitment plan
- State of Idaho Human Resource Division manages any needed recruitment
- The state carries a register from which we hire.
- We build the schedule for our clinic in 6 month increments. We have the winter schedule done by August and summer done by February. From this demand analysis we forecast needs for providers and search accordingly. The physicians are contracted and so unless we have a problem or notice of non-renewal we do not work on any type of expansion or succession plan.
- We follow our Medical Staff Development Plan
- We have a process of sending out information to different Family Medicine Residency Programs. However, in our most recent efforts, we had two physicians who are from this area that approached us in coming to work here.
- We work with FP residencies, primarily in Idaho but in other states as well, to develop potentially interested candidates. We attend recruitment fairs, run ads to target the resident audience and send mailings to the programs.
- Work with 2-3 physician recruiting firms, preferably contingent firms and not retained firms.

12. Who is involved in the interview/hiring process? (check all that apply)

Among the respondents, the administrator/CEO and medical clinical director were most involved in the interview/hiring process for each type of facility. The table following displays the type of individuals involved by type of facility.

Type of Facility	Administrator/ CEO	Medical/ Clinical Director	Human Resources Staff	Other Staff
Certified Rural Health Clinic	12	10	7	7
Federally Qualified Health Center/look-alike	5	5	3	3
Group Practice	18	11	5	9
Other	5	5	2	6
Public Agency	7	6	5	7
Solo Practice	1	0	0	0
Grand Total	48	37	22	32

Respondents also listed several “other staff” who are involved in the interview/hiring process (see below).

Certified Rural Health Clinic

- All providers
- Appropriate department heads
- Board of Trustees
- Clinic manager
- Clinical Supervisor
- Current clinicians
- Mid-levels and clinic manager, Trustee Physician Search Committee

Federally Qualified Health Center/look-alike

- Board and appropriate support staff
- COO
- Nurse Manager, Pharmacy Manager, Current Providers

Other

- Board members
- Counseling Services Director and Director of Operations
- Medical Staff and Hospital Administrative Team
- Nursing supervisor and if mental health, the psychologist
- Tribal Council

Public Agency

- Myself and others as needed.
- Operations Manager
- Program supervisory staff, and typically 1 or 2 line staff members
- Sr. Leadership
- Supervisors
- Team supervisor

Group Practice

- All of the medical and mid-level staff, nursing directors in the hospital and clinic, CFO
- Clinical Leads
- Department Heads/Leadership Team
- Directors and quality assurance manager
- Office Assistant
- Often a tenured clinician will sit in on the interview
- Owning Doctors and Office Manager
- Partnership
- Same specialty

13. What, if any, other entities/individuals outside your organization are included in the recruitment process?

Roughly one quarter of NHSC sites include the candidate's spouse or partner in the recruitment process, another 24% include local hospital administration, and 17% include other area providers. Local realtors (15%), school district personnel (12%), and local business leaders (5%) were mentioned less frequently. The table below distributes the responses by type of facility.

Type of Facility	Candidate's Spouse/ Partner	Local Hospital Administration	Other Area Providers	Local Realtors	School District Personnel	Local Business Leaders	Other
Certified Rural Health Clinic	6	6	3	4	3	2	1
Federally Qualified Health Center/look-alike	2	1	0	1	0	0	0
Group Practice	3	3	4	1	3	1	4
Other	3	2	0	3	0	0	0
Public Agency	1	2	3	0	1	0	2
Solo Practice	0	0	0	0	0	0	0
Grand Total	15	14	10	9	7	3	7

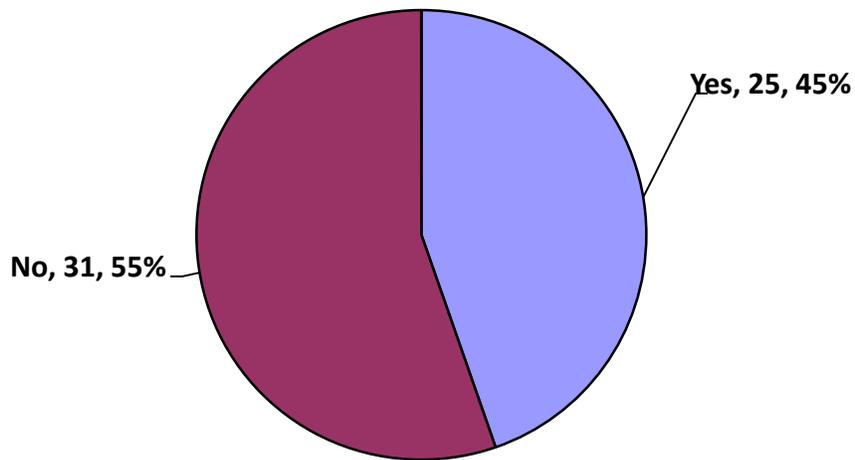
Others listed include:

- Any other community person depending on the candidate/spouse/family interest.
- Hospital Board trustees.
- Local Chamber of Commerce and local Economic Development Council.
- None.
- None of the ones listed.
- Other Indian Health Service organizations.
- Other professionals in the community.
- Sometimes I have had juvenile probation reps or other department reps.
- We are a hospital.
- We talk to Dental Schools on up-coming graduates.

14. Do you provide reimbursement support of a site visits for potential candidates?

Less than 45% of sites provide reimbursement support for site visits by potential candidates. If you look at the distribution by type of facility and the percentage by type, over 80% of the rural health clinics, FQHCs, and other facilities provide this type of support. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents Providing Support for Site Visits



Type of Facility	No	Yes
Certified Rural Health Clinic	2	8
Federally Qualified Health Center/look-alike	1	4
Group Practice	19	6
Other	1	5
Public Agency	7	2
Solo Practice	1	
Grand Total	31	25

Other comments:

- Depends on how desperate we are to hire and the qualifications of candidate.
- It's never been necessary.
- Physician 2 visits, mid-levels 1 visit.
- With stipulations.

15. What are the most important selection criteria for new hires? (check all that apply)

The most important selection criterion for new hires was experience which was selected by 42 out of the 58 NHSC sites. Credentials, reference checks, and commitment to mission followed with 39, 37, and 34 sites responding. Responses varied widely by type of facility. The table below displays the responses by type of facility for each criterion.

Type of Facility	Local Ties	Commitment to Mission	Experience	Credentials	Reference Checks	Other
Certified Rural Health Clinic	5	5	5	8	7	2
Federally Qualified Health Center/look-alike	1	5	4	3	3	0
Group Practice	7	15	20	14	14	2
Other	3	5	3	5	5	1
Public Agency	2	4	9	9	8	0
Solo Practice	0	0	1	0	0	0
Grand Total	18	34	42	39	37	5

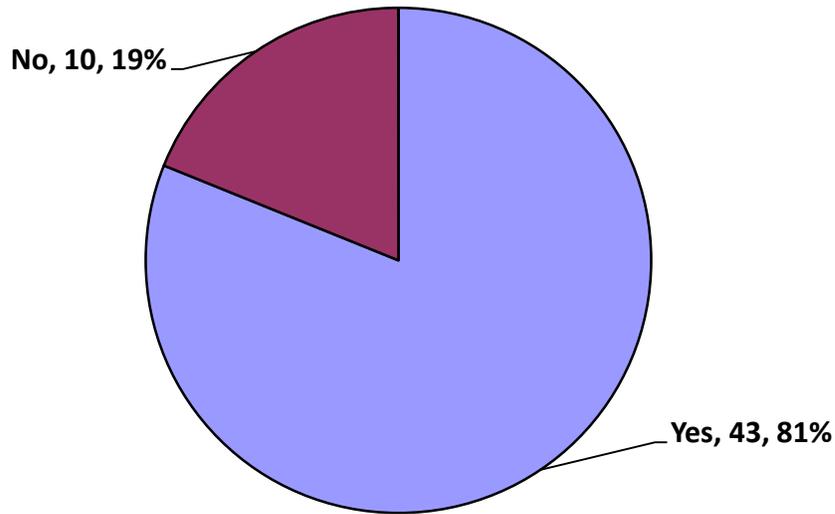
Other comments:

- Ability of clinician and family, if applicable, to relocate to this very remote area of the state.
- All technical items are of course important but someone can be the most qualified, highly sought after person in their profession and we aren't interested if they don't come to us because of our Mission and who we are here to serve.
- All the above
- Board certified or board eligible. Commitment to rural, full-scope practice.
- Criminal back ground checks
- Fit of family to our local culture, outdoor enthusiast, we have long winters if a non-skier.
- Practice and personality compatibility with other practitioners.
- Want rural; good fit with current providers.

16. Do you conduct exit interviews with health professionals who leave?

The vast majority of NHSC sites conduct exit interviews with 43 or 81% selecting “yes”. If you look at responses within types of facilities, all solo and public agencies conduct exit interviews, and between 70% and 80% of the other types conduct exit interviews. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents Conducting Exit Interviews



Type of Facility	No	Yes
Certified Rural Health Clinic	3	7
Federally Qualified Health Center/look-alike	1	4
Group Practice	5	18
Other	1	4
Public Agency	0	9
Solo Practice	0	1
Grand Total	10	43

Comments:

- Discussions happen when they indicate that are planning to leave.
- Have not had to do that in my tenure, but yes, I would.
- It doesn't happen very often.
- Just recently started an on-line exit interview.
- Not Applicable
- We have never had any but yes we would.

17. Who is involved in the exit interview? (check all that apply)

The most frequently selected individual involved in the exit interview process was administrator/CEO followed by human resources staff. The table below displays responses by type of facility.

Type of Facility	Administrator/ CEO	Medical/ Clinical Director	Human Resources Staff	Other Staff	Not Applicable
Certified Rural Health Clinic	6	1	2	0	0
Federally Qualified Health Center/look-alike	2	1	3	0	1
Group Practice	12	9	9	3	2
Other	1	1	2	1	1
Public Agency	4	2	6	1	0
Solo Practice	1	0	0	0	0
Grand Total	26	14	22	5	4

Others involved:

- Board Members
- Clinic manager
- Director of Operations and Counseling Services Director
- Doctors and Office Manager
- Office Assistant
- Tribal Council members

18. What lessons were learned in the exit interview to aid future retention efforts? (check all that apply)

The most frequently selected lesson was to pay a competitive salary followed by work conditions. The responses varied widely by type of facility. The table below displays the responses by type of facility.

Type of Facility	Competitive Salary	Benefits	Location	Commute	Work Conditions	Other	Not Applicable
Certified Rural Health Clinic	2	1	3	1	3	1	2
Federally Qualified Health Center/look-alike	0	1	1	0	1	1	3
Group Practice	8	7	5	3	4	2	8
Other	2	0	0	0	2	2	2
Public Agency	6	0	1	0	5	0	1
Solo Practice	0	0	0	0	0	0	0
Grand Total	18	9	10	4	15	6	16

Other comments:

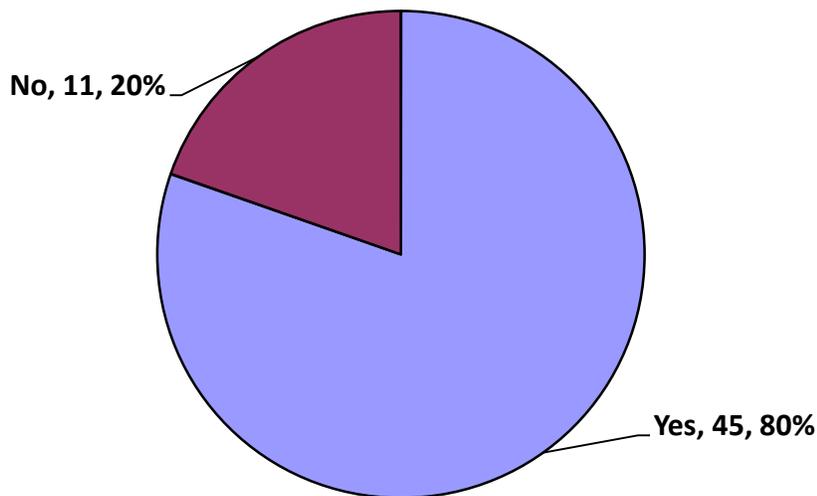
- All were going on into different areas of clinical work besides counseling.

- Be sure the family is ready to live in a small community. We are 100 miles from the nearest mall shopping, etc.
- Family in other areas.
- Generally has been a need to relocate, psychiatrists higher salary as a part of the local hospital and in-patient care system.
- Have increase base salary; continue to change the schedule to give better life-style for staff. Last 2 staff leaving mentioned concern with schools for children. Hospital staffs are working with school staff to improve facilities, to the extent possible.
- Person wanted to move to Alaska.
- Small town with nothing to offer spouses. Examples: Shopping, Cultural,
- The main reason most professionals leave our agency is because they don't reside in our city but live in nearby city and wish to work closer to home. Also, they leave because they wish to work with primarily insurance or private pay clients rather than with clients on public assistance.

19. Do you have a formal orientation/training plan and process for new hires?

The vast majority of NHSC sites reported having a formal orientation or training plan with 45 or 80% selecting “yes”. If you look at responses within types of facilities, all FQHCs and other facilities have a formal plan and process and between 70% and 89% of the other types have a formal plan. The one solo practice did not. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Formal Orientation/Training Plan



Type of Facility	No	Yes
Certified Rural Health Clinic	3	7
Federally Qualified Health Center/look-alike	0	5
Group Practice	6	19
Other	0	6
Public Agency	1	8
Solo Practice	1	0
Grand Total	11	45

Comments:

- This is really for non-medical staff.
- We do for the Physician Assistant; not the physicians.
- We will have one when faced with a new hire.

20. How long is your formal orientation/training plan or process?

Thirteen reported their plan was one month or more, and 11 reported 1 and 2 weeks duration. Nine reported “other”.

Type of Facility	1 week	2 weeks	3 weeks	One month or more	Other
Certified Rural Health Clinic	2	0	0	3	3
Federally Qualified Health Center/look-alike	4	0	0	0	1
Group Practice	2	9	1	4	3
Other	1	1	0	2	1
Public Agency	2	1	0	4	1
Solo Practice	0	0	0	0	0
Grand Total	11	11	1	13	9

The following were descriptions of their plans by type of facility.

Certified Rural Health Clinic

- 3 days
- It depends on the position and staff experience. It varies.
- They get one full day of orientation and then we have them work with specific individuals over the course of several weeks. Due to the low volumes in a rural hospital, it’s impossible to do all the orientation at once.
We also have a 90 day review of performance and complete a checklist that all elements of orientation have been completed.

Federally Qualified Health Center/look-alike

- Varies by position.

Group Practice

- 3 days

- For employees without a lot of experience in the field they are mentored ongoing for up to a year
- One week initially but we also assign a mentor to the new hire that maintains routine contact for a minimum of 6 months
- Ongoing
- Our orientation training takes approximately a week and that is followed by a 90 day probationary period which includes on-going training and remedial training.
- We are in the process of developing an orientation manual.

Other

- One full day of New Hire Orientation then works with Medical Staff to complete orientation.
- Our orientation training takes approximately a week and that is followed by a 90 day probationary period which includes on-going training and remedial training.

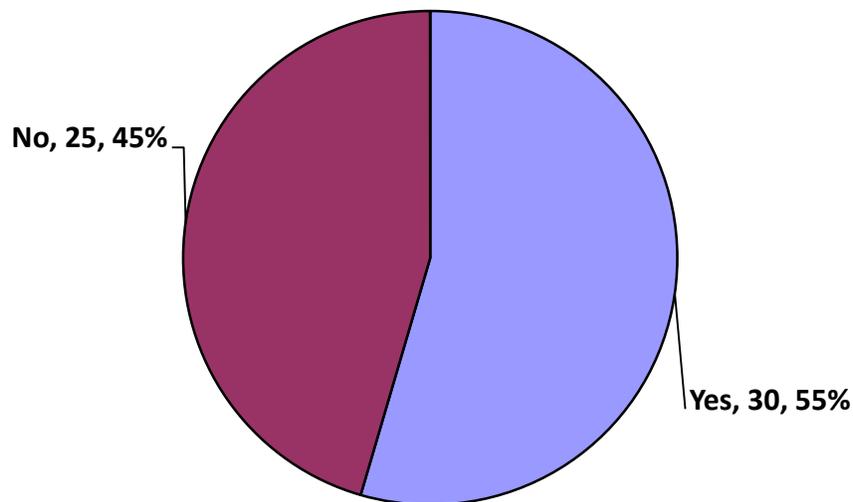
Public Agency

- One day
- The process is spread out over a number of weeks involving group classes, individual meetings with HR staff and on-line courses.

21. Do you have a health professional orientation handbook or manual?

Slightly more than half (55%) of NHSC sites reported having an orientation handbook or manual with 30 selecting “yes”. If you look at responses within types of facilities, the solo facility reported having a handbook or manual and all others reported varying degrees from 33% of public agencies to 64% of group practices that have an orientation handbook/manual. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Orientation Handbook or Manual



Type of Facility	No	Yes
Certified Rural Health Clinic	5	5
Federally Qualified Health Center/look-alike	3	2
Group Practice	9	16
Other	2	3
Public Agency	6	3
Solo Practice	0	1
Grand Total	25	30

Comments:

- Have manual for the Emergency Dept.
- We are in the process of developing an orientation manual.
- We currently have one for locums clinicians that would be used as a part of the orientation for a new hire.
- We have a Policy and Procedures manual.
- We have medical staff bylaws. Would be interested in what a physician handbook would look like.

22. Would you be willing to share a copy of your health professional orientation handbook/manual? (please list your name/address in the comment box if yes)

Of the 30 responses, 10 sites were willing to share their orientation handbook/manual but only five provided contact information. The chart below reports all responses and the table that follows displays responses and percentages by type of facility.

Type of Facility	No	Yes
Certified Rural Health Clinic	2	2
Federally Qualified Health Center/look-alike	0	1
Group Practice	11	5
Other	1	2
Public Agency	5	0
Solo Practice	1	0
Grand Total	20	10

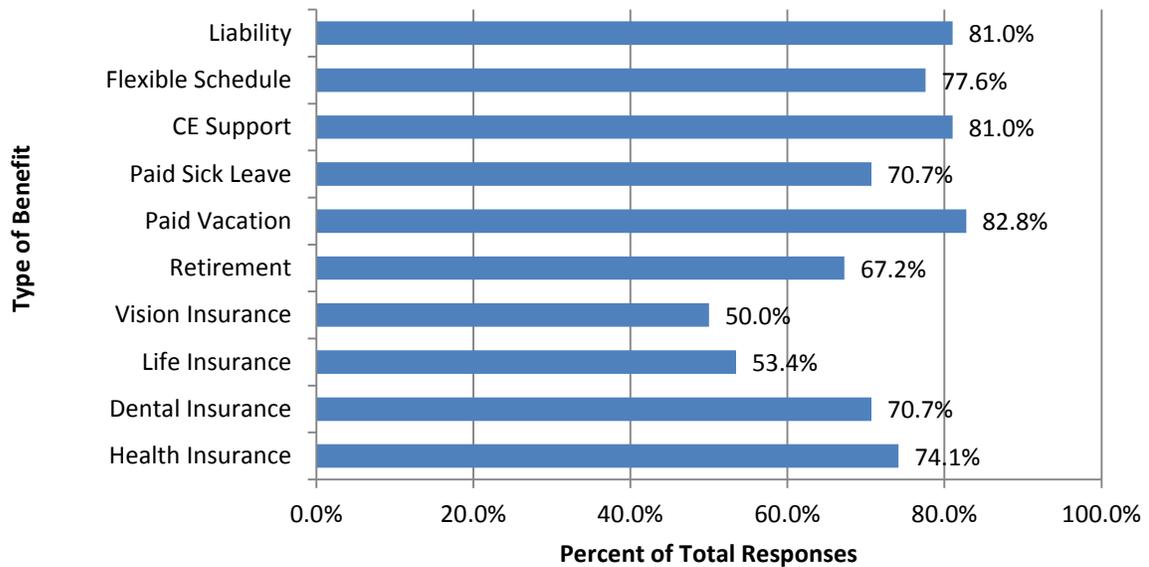
Comments:

- Is not formally formatted. ER Director goes through basic orientation and uses manual with lists of phone numbers and other pertinent guides.
- We are open to sharing our manual for a professional fee. We have spent multiple years and a lot of labor working on this manual.
- We do not have a completed version available at this time.

23. What type of benefits do you provide to health professionals (please check all that apply)

Close to three fourths of all sites provided health insurance and 71% provide dental insurance; 83% provided paid vacation; 81% provide continued education support and liability insurance; 71% provide paid sick leave; 67% provide retirement; 53% provide life insurance; and 50% provide vision insurance. The chart below depicts the percentage of responding sites that provide various benefits. The tables that follow distribute the various benefits by type of facility.

Percentage of All Respondent Sites Providing Various Benefits

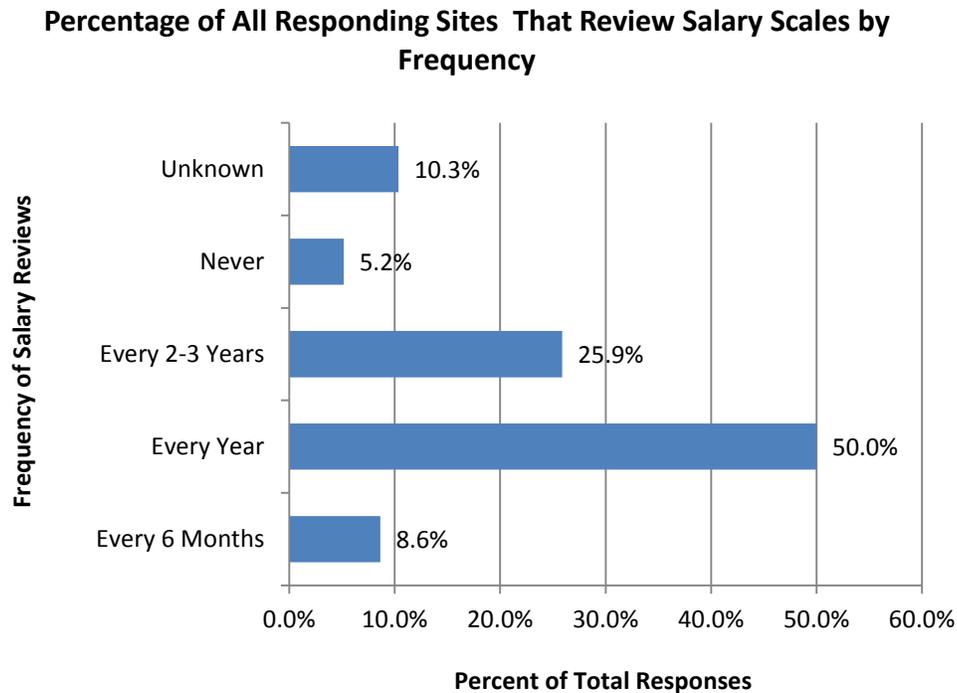


Other:

- 401(k) match, AD&D insurance, dependent life and AD&D, Holiday (8.5/yr)
- Above benefits are not available for contracted staff.
- AFLAC
- Cafeteria Plan, Flex Spending, EAP
- CME budget and days off. Licensing/memberships budget
- Flex account for un-reimbursed medical expenses, pay all licenses, DEA, Board of Med. and subscriptions to their favorite medical resource index.
- HRA
- Membership to fitness facility, Employee Wellness Program
- Nursing Staff is eligible for some benefits.
- Sign on Bonus, Relocation
- The above are benefits for the Physician Assistant and Physicians who are employed.
- We are a wellness focused agency and as such we provide our professionals and employees with incentives for practicing a wellness oriented lifestyle (i.e. gym membership support, weight loss/control incentives, nutrition education, yoga, etc.) Most of which is provided on site.
- We offer a reimbursement that can be used for liability insurance, supplies and/or CEUs for each full time profession, up to \$1000 per year.

24. How often do you review salary scales for health professionals?

Half of all responding sites reported reviewing salary scales every year. Slightly more than a quarter review them every 2 to 3 years and 9% review them every 6 months. Five percent (5.2%) never review salary scales and another 10% did not respond to the question. The chart below displays all responses by the frequency of the review and the tables below distribute responses by type of facility.



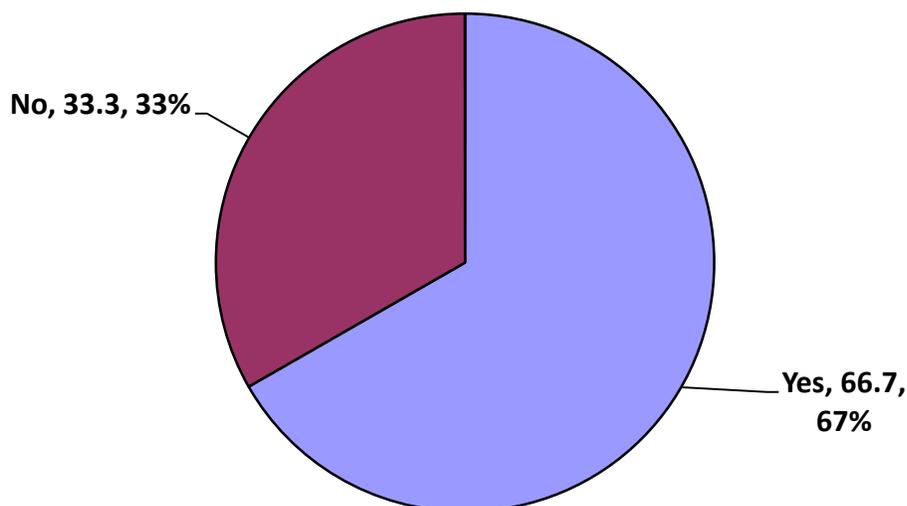
Comments:

- As needed. Occurs about every 2-3 years, but is not on a set schedule.
- But it depends on budget.
- Every month.
- Formally. But continuously are collecting data and watching trends.
- Since this is a state agency, salaries are only reviewed with legislative approval.
- This happens at the state legislative level, with no set period. For example, state employees just received a 2% salary increase, first such increase in many years.
- We pay of a % of the billed amount.
- We review our physician contracts and salary each year.
- When budgets allow.

25. Do you have a way to determine competitive wage rates for new health professionals? If yes, what source do you use? (please enter source in comment box)

Two thirds (66.7%) of the 54 NHSC sites that responded to this question reported having a method to determine competitive wage rates. If you look at responses within types of facilities, the “other” facilities all reported having a method to determine competitive wages and all others reported varying degrees from 56-58% for public agencies and groups to 80% of rural health clinics and FQHCs. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Competitive Wage Determination Method



Comments:

Certified Rural Health Clinic

- Compare with the State of Idaho pay scale for therapists and social workers.
- Idaho hospital.
- IMGMA.
- Looking at industry standards within our community.
- MGMA
- MGMA and IHA benchmarks and PayScale.

Federally Qualified Health Center/look-alike

- MGMA.
- NACHC salary survey.
- NACHC, NWRPCA, MGMA.
- Regional and national surveys.

Group Practice

- City wide clinic surveys of family practice offices. Idaho Medical Group Management salary survey for SE Idaho.
- Compare local competition.
- Idaho Salary Index, Market research.
- It usually comes through word of mouth of other professionals in the community. We also call other agencies and ask their wage.
- Look at data that comes through hospital association and hospital management organizations, etc.
- MGMA salary survey.
- MGMA survey results and information from physician recruiting firms.
- Online and local market.
- Online resources and community rates.
- Regional wage and salaries.
- We watch what other places are paying and we hear what other places are paying. We typically pay higher than other similar agencies.

Other

- Careerbuilder.com, Monster.com, Idaho statistics for occupational positions, Federal statistics for occupations.
- IHA Salary survey.
- Medical Group Management Association.
- State & local county/government jobs.
- Wage survey and AMA.

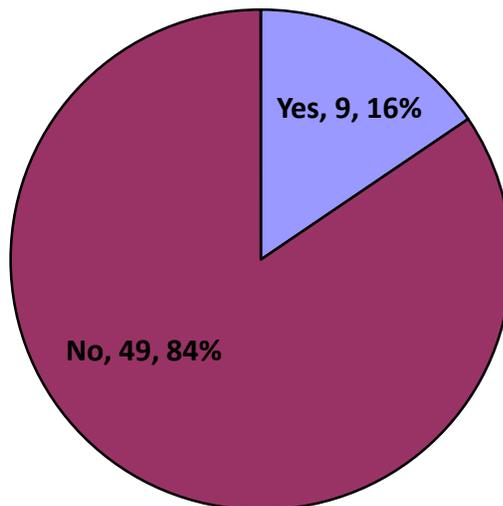
Public Agency

- Compare with other providers in the area doing similar work.
- IHA Salary survey.
- Our Human Resource office in Boise does this, so I am not sure of the specifics.
- Regional wage and salaries.
- State surveys.
- The state human resources division has a process for reviewing prevailing wage rates.
- WWAMI Salary Survey.

26. Do you have a formal retention strategy or plan? If yes, please describe in comment box.

Only 9 sites or 16% have a formal retention strategy or plan. No FQHC or solo practice had one and only 1 public agency selected yes. If you look at responses within types of facilities, slightly more than a quarter of the rural health clinics have a formal retention plan and only 19% of group practices reported having a plan. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Formal Retention Plan



Comments:

Certified Rural Health Clinic

- It would be very helpful to see what others are doing and to have something to build off of for my organization rather than reinvent the wheel.
- Our employees come first; we provide support and assistance to ensure a positive working environment.

- Routine communication meetings Involvement in medical center activities Production bonus
- We have an employee retention policy and procedure in place.

Group Practice

- Pay for training.
- Staff work well together and we ask for and get feedback through medical staff meetings and our CMO.
- We do regular in-service meetings to address retention needs. (Every 3 months).

Other

- We do not have one, but would be interested in what others are doing.
- When interviewing potential applicants we have a series of questions that we ask that helps us determine if they are a good fit - long term for our organization. We are not interested in hiring for the sake of hiring, nor do we hire because we are looking.

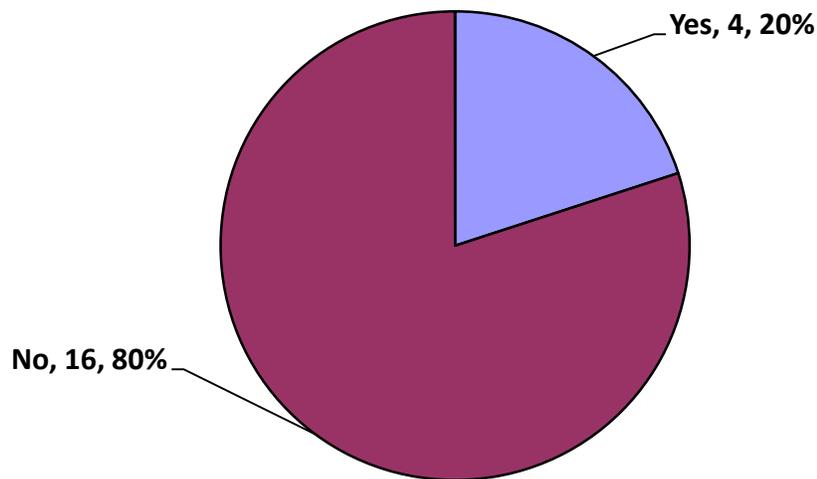
Public Agency

- By allowing and giving the benefits already listed.
- Informal policy that we have regular communication with our staff, address concerns/needs quickly, and encourage team collaboration.

27. Would you be willing to share a copy of your retention strategy or plan? (please list your name/address in comment box if yes)

Only 4 sites out of 20 or 20% indicated they would be willing to share their formal retention strategy or plan and only one provided contact information and would provide it free; another site would provide for a fee. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents Willing to Share Formal Retention Plan

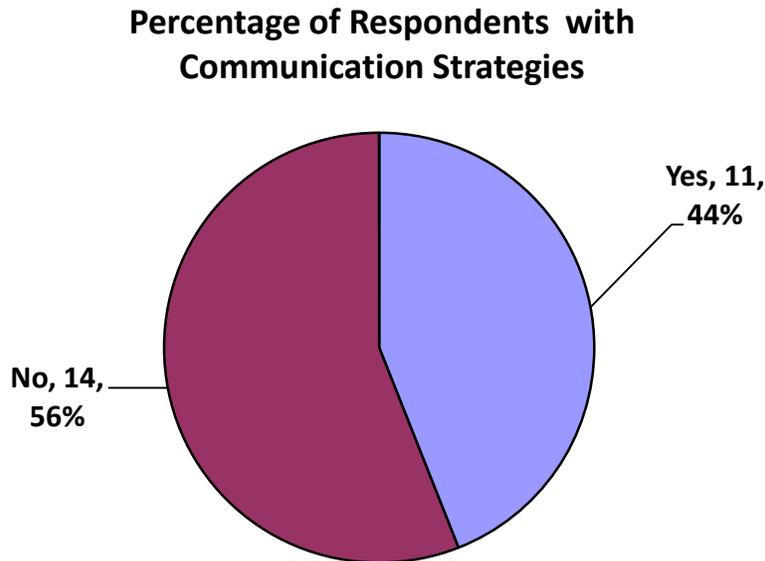


Comments:

- Already did in listing the benefits we provide.
- No strategy in place.
- We are open to sharing our manual for a professional fee. We have spent multiple years and a lot of labor working on this manual

28. Does this strategy address communication between management and health professionals? If yes, please describe in comment box.

Eleven out of 25 sites selected yes they have a strategy addressing communication between management and health professionals. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.



Comments:

Certified Rural Health Clinic

- All providers are evaluated annually by the CEO. Performance measures are reviewed monthly for comparison to benchmarks.
- Open door policy
- We ensure all health care professionals are aware of future changes within the company.

Group Practice

- No strategy in place.
- Keep employee up to date with current trainings.
- Most of our employees were hired before they applied for NHSC, so they learn about NHSC after they start working for us. As for communication between management and professionals, in our policy and procedure manual we outline various ways they can communicate.
- We do interoffice communications trainings
- We have an open door policy and we are up to negotiations.

Other

- Good communication between med staff and CEO, open door policy, but not written down formally.

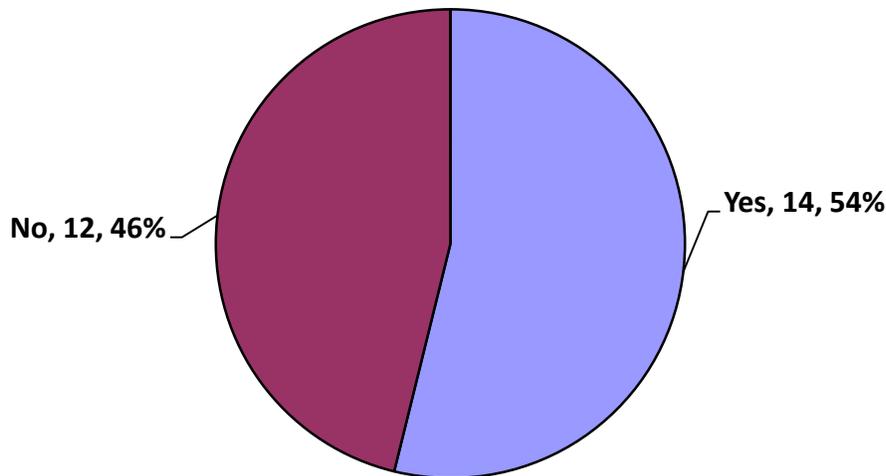
Public Agency

- Open door policy is emphasized from the beginning.

29. Does this strategy include monetary and non-monetary methods of recognition for outstanding work? If yes, please describe in comment box.

Fourteen out of 26 sites selected yes they have a strategy addressing monetary and non-monetary methods of recognition. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Monetary/Non-Monetary Recognition



Comments:

Certified Rural Health Clinic

- Production bonus
- Productivity bonus
- Recognition of above standard performance
- Yearly employee reviews at times will result in monetary compensation for outstanding work.

Group Practice

- Gift cards, public recognition in front of other employees
- No strategy in place
- Pay for them to receive education
- We do employee recognition called shout outs, and we have employee potlucks and get-togethers on-going
- We offer raises at the time of review if performance dictates!
- We use the same system of both monetary and non-monetary rewards with all of our employees. When an employee does something outstanding we usually provide some sort of reward for that effort (i.e. gift card, movie tickets, flowers, certificates, etc.).
- Yearly wages, gifts throughout year, quarterly luncheons

Other

- Medical and mid-level staff have base salary plus production bonus based on a % of visits/services performed

Public Agency

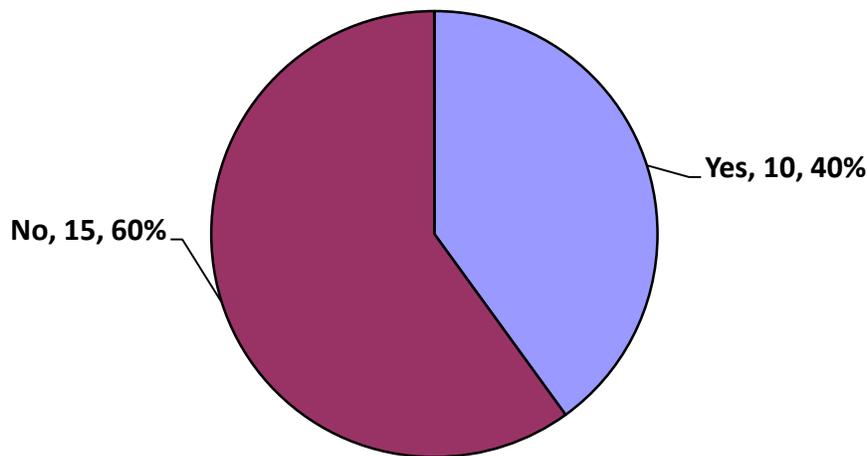
- Bonuses and raises available as allowed by budget

- We are a state run agency, so when the legislature approves pay increases they are determined by merit
- We do have employee appreciation weeks and other activities
- Yearly merit raise

30. Does this strategy address teambuilding between management and health professionals? If yes, please describe in comment box.

Ten out of 25 sites selected yes they have a strategy addressing teambuilding between management and health professionals. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Teambuilding Strategies



Comments:

Certified Rural Health Clinic

- Open door communication and mentoring programs.

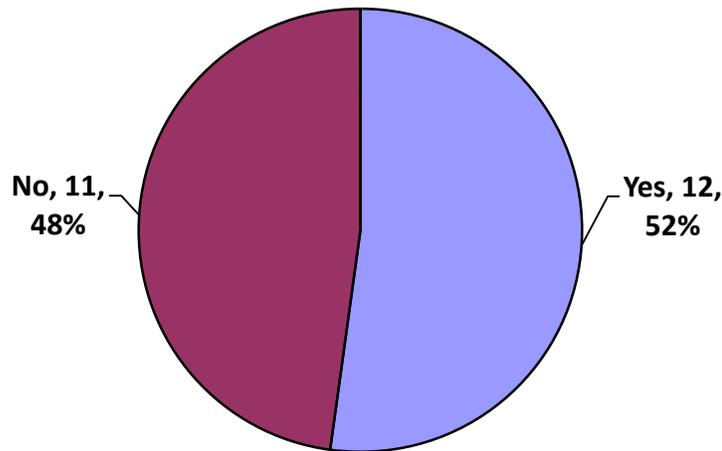
Group Practice

- At our agency, program directors are responsible for teambuilding and each are allowed to approach that endeavor however they see fit. It usually involves some sort of team exercise followed by ongoing mentoring for new members.
- How to work with others and develop skills in employees.
- No strategy in place.
- Not currently but we are looking to improve this strategy.
- They then share with other co-workers.

31. Does this strategy address a method of feedback from health professionals to management? If yes, please describe in comment box.

Twelve out of 23 sites selected yes they have a strategy addressing feedback from health professionals to management. The chart below reports all responses and the tables that follow displays responses and percentages by total responses and percentages by type of facility.

Percentage of Respondents with Feedback Strategies



Comments:

Certified Rural Health Clinic

- I am accessible by all providers. Meet monthly at Clinic Staff and Medical Staff meetings to discuss and present on topics of interest.
- Regular reviews of job performance

Group Practice

- Employee's fill out confidential feedback forms on their supervisors.
- No strategy in place.
- Please see comment above regarding communication.
- Return and report of trainings then teach to our lower level staff
- We offer an open door policy to the health professionals.

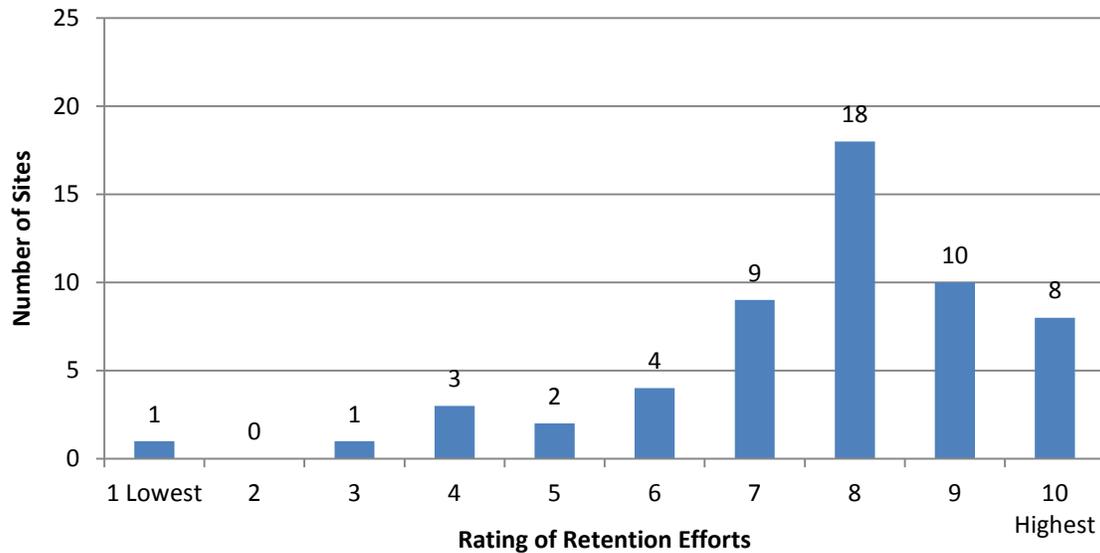
Public Agency

- Open door policy.

32. On a scale of 1 (lowest) to 10 (highest), how would you rate your efforts to retain good health professionals?

The majority of sites selected 7 or above in terms of their efforts to retain good health professionals. The chart below displays all responses for the 56 sites answering this question and the table below distributes responses by type of facility. The weighted average was 7.6 overall and ranged from 6.7 to 9.0.

Site Rating of Retention Efforts



Comments:

Certified Rural Health Clinic

- We can retain them unless it's a situation out of our control, i.e. spouse discontent, family needs, etc.

Group Practice

- We came together as a group very purposefully, with a shared vision and mission and we are committed to our community so we have not had retention issues.

Other

- Half of medical staff have been here for 15-28 years. Others tend to stay 5-8 years.

Solo Practice

- It is only me!

33.If you have other comments or feedback, please list.

Group Practice

- There are so many children in the area on Medicaid that need treatment. However, DentaQuest will not allow any more dentists to have providers' numbers. The doctors in the area that have numbers have quit accepting Medicaid so our doctors because we see everyone. (comment cut off due to space limitations)
- We are very small in our operations. Although we are listed as urban, in reality, we are rural sporting 65,000 people if we are lying a bit.