WORKING DRAFT

STRATEGIC PLAN for Physician Recruitment 1990

TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS
with
TEXAS DEPARTMENT OF HEALTH
and
PUBLIC HEALTH SERVICE

DRAFT

This report represents a formalization of of joint activities between the Texas Association of Community Health Centers (TACHC), the Texas Department of Health (TDH), and the Public Health Service (PHS) that have evolved over the past several years. This is a draft document. All or parts are open for discussion, change, and approval by the TACHC membership.

Introduction:

With the reduction in National Health Service Corps (NHSC) scholars, locating a sufficient number of physicians to practice in Texas' Community Health Centers (CHCs) has become crucial. Current CHC data indicate that there are 45 physician vacancies in Texas CHCs. This represents a 15% increase in physician vacancies over a three month period. Without physicians some CHCs may be unable to remain open. Another structure for locating, engaging, and keeping physicians for CHCs must be created.

To respond to this critical need--future crisis--the TACHC entered into a contract with Charles Alfero of New Mexico Health Resources (NMHR). Mr Alfero assessed the recruitment efforts at the state and CHC level, outlined the necessary aspects for a successful recruitment effort, and developed state and CHC specific recommendations. These recommendations and recruitment aspects will become part of the comprehensive written recruitment strategic plan that Mr. Alfero will be developing. Preliminary implementation of CHC specific elements of the plan will begin during the TACHC 6th Annual Meeting.

Implementation of the state recruitment efforts have begun. To improve recruitment outcomes at the state level, Mr. Alfero recommended drafting a mission statement and goals for the Memorandum of Agreement (MOA) between TACHC and TDH. This document is a response to that recommendation.

Report:

A mission statement, goals and related objectives and action steps were developed. The goals were developed from the following seven aspects of recruitment:

1. Needs Assessment-tracking vacancy information, and coordinating systems;
2. Site Promotion-developing recruitment materials;
3. Provider Identification-assessing of the provider pools;
4. Points of Provider Contact-developing and expanding provider pool contacts;
5. Referrals to CHCs-matching prospective providers with CHCs;.
6. Assistance to the CHCs-assessing the need for and providing technical assistance to CHCs;
7. Follow-up and Retention Support-maintaining communication at the state level and between the physicians and the CHCs.

Ten goals were drafted based on these aspects. The goals were broken into increments, or objectives. A lead state entity, TDH or TACHC, was assigned to each objective. The lead entity has responsibility for outlining and implementing outcome measures--the action steps--for attaining the objectives. Narratives are included to clarify and provide background on many of the goals and objectives. Timelines are an important component of the strategic planning process. General timelines are provided for each of the goals. Timelines will be established for all objectives and action steps at a later point.

Before proceeding with the mission statement and goals and objectives three important considerations should be noted.

First, the need for health providers goes beyond physicians. While most of our current state efforts focus on physician recruitment, the word provider is used in the goal statements. In the future, this state effort (plan) will take a stronger consideration of CHCs' other health-care provider needs.

Next, recruitment is only one part of having physicians practicing in CHCs. Retention, while not discussed at length, is and will become a greater concern for <u>keeping</u> good health-care providers.

Finally, the overarching goal of the MOA is to recruit health providers for CHCs. To that end this is a pro-active workplan. However, at this time, the recruitment efforts at the state level can only be that of facilitator. Only a CHC can effectively promote their site, compensation package, or geographic location. The TACHC and TDH role, in effect, is that of case manager. As "case managers," the MOA effort will be devoted to expanding the provider pools; assuring smooth information flow between potential providers, state entities, and CHCs; and assisting CHCs to positively promote their centers.

MISSION : To assure an adequate number of appropriately qualified health-care professionals to Section 329/330 projects serving medically underserved populations.

Goal One: Assess Applicable Resources (including staff), and Coordinate Recruitment Implementation.
Timeline: 3 months

Narrative: Recruitment efforts have been underway at the state level. The following objectives are designed to assess the existing structure and resources and determine the need for new strategies and additional resources

Objective 1: Assess primary resources and define general duties for the recruitment process.
Lead: TACHC & TDH will take the lead for this objective, jointly developing and implementing the related action steps.
Timeline: 1 month

Action Step: TACHC and TDH will work jointly to outline the available and potential primary resources and general responsibilities:

TACHC resources: Suzanne Rossel: 50% time/liason and contact with CHCs; coordination of TDH resources; provision of technical assistance to CHCs.

TDH resources: Barry Good: 100% time/development of physician recruitment pools; technical assistance to CHCs. Field coordinators: direct provision of technical assistance; contact person between CHCs and state; follow-up on recruitment process.

PHS resources:

Objective 2: Identify and prioritize contacts with supporting resources.
Lead: The TACHC and the TDH will take joint lead responsibility for this objective.
Timeline: 3 months

Action Step: Arrange meetings with contacts to develop communication and cooperation between entities.

Action Step: Develop MOA with the Texas Higher Education Coordinating Board to assure a priority status for CHC participation in the physician student loan repayment program.

Objective 3: Develop action steps and timelines for implementing goals 2 through 10.
Lead: TACHC and TDH.
Timeline:

Action Step: A coordinated implementation of the recruitment process will result from developing and implementing the action steps for the following goals.

Goal Two: Develop Statewide and CHC Specific Physician Vacancy List, and Develop and Implement a Distribution Mechanism.
Timeline: 3 to 6 months

Narrative: Currently, TACHC and TDH maintain vacancy lists for sites. However, to eliminate duplication and assure timely and accurate information a reassessment of the vacancy listing process is necessary.

Objective 1: Review and evaluate the TDH/TACHC system for tracking and disseminating site-specific physician vacancy information.
Lead: TACHC will take the lead for this objective.
Timeline: 1 month

Action Step: State current vacancy listing activities.

The current activities for determining vacancies at the CHCs are carried out by the TACHC office. Every two months, TACHC staff contact the CHCs to compile their provider vacancies. A list of these vacancies are entered into a computer database by site. The TDH maintains a site availability list (SAL) that is updated on an ad hoc basis.

Objective 2: Create centralized listings of current and future vacancies.
Lead: TACHC & TDH
Timeline: 3 to 6 months

Narrative: TACHC will continue to collect the initial CHC vacancy data. The data will be collected on a monthly basis. The TDH will maintain a centralized computer database of the vacancies. The TACHC will have access to the information through a modem connection.

Action Step: Outline vacancy information criteria; create phone survey instrument based on these criteria, i.e., vacancies by site, specialty, health-care provider.

Action Step: Create database for entering and manipulating the data.

Action Step: Survey Community Health Centers monthly.

Objective 3: Create coordinated mechanisms to maintain a current status on vacancies.
Lead: TACHC will develop the updating mechanism, and field coordinators will be responsible for providing updates.
Timeline: 3 to 6 months

Action Step: TDH field coordinators will update vacancy information on a weekly basis.

Action Step: Develop vacancy list update mechanisms.

Objective 4: Create and implement mechanisms for distributing the vacancy listings.
Lead: TACHC & TDH
Timeline: 6 months

Action Step: Assess existing and potential provider pools and develop methods for providing vacancy lists that include only information that is pertinent to a specific provider pool.

Action Step: Compile mailing list

<u>Goal Three</u>: Develop Statewide and CHC Specific Physician Recruitment Materials.
Timeline: 6 months to 1 year

Narrative: Provider pools often need information about CHCs. Effective, efficient promotional materials are necessary for initial contacts with provider pools. Following initial contact, site specific information is then important for individuals interested in practicing at a CHC.

The first objective defines steps for developing general materials. Objective two outlines the process for creating site information.

Additionally, goals three through five focus on recruitment efforts directed at provider pools; goals six and seven outline the steps for recruiting interested individuals.

Objective 1 (Statewide): Recruitment material
Lead: TACHC (longterm)
Timeline: Undetermined

a. Centralize advertising functions.
   i. determine best advertising vehicles
   ii. develop generalized media advertising products, i.e., for periodical advertisements

Lead: TDH or TACHC depending on the particular presentation mode.
Timeline: Undetermined

b. Develop informational presentation materials, i.e., video, slide-show, audio, exhibit materials.

Lead: TACHC and TDH
Timeline: 3 to 6 months

c. Assess and streamline the existing information packet; develop generic CHC brochure, letters, area profile.

Action Step: Review information packets from other associations--states.

Objective 2 (CHC) Specific Recruitment Materials:
Lead: TACHC & TDH field coordinators
Timeline: 6 months

a. Provide technical assistance to CHCs in developing site and area specific recruitment materials.

Action Step: Develop production kits.

Action Step: Visit CHCs requesting assistance.

<u>Goal Four</u>: Identify and Develop Relationships with Prospective Provider Sources.
Timeline: to 1 year--ongoing

<u>IDENTIFICATION PHASE</u>:
Narrative: Currently the TACHC and TDH are focusing recruitment efforts at the primary care residency programs in Texas, i.e., family practice, ob-gyn, pediatrics.
Timeline:

Objective 1: Assess the needs of the CHCs for providers [from vacancy list]
Lead: TACHC
Timeline:

Objective 2: Identify prospective provider sources.
Lead: TACHC and TDH.
Timeline:

Action Step: Assess provider pools based on vacancy data assessments. Differentiate provider pools by specialty, general practice expectations, and experience levels.

Objective 3: Prioritize recruitment efforts based on the Provider Need Assessments.
Lead: TACHC and TDH.
Timeline:

Action Step: State recruitment efforts are already focused on family practice, ob-gyn, and pediatric residents. Continue and expand on this recruitment track.

DEVELOPMENT STAGE:

Narrative: This part of goal four deals with developing relationships with the prioritized provider pools.

Timeline:

Objective 4: Assess and develop appropriate contact methodologies to suit the specific provider sources.
Lead: TACHC and TDH.

Timeline:

Action Step: List contact people and define initial communication modes.

Action Step: Develop contact tools, i.e., phone contacts with program directors, presentation to program directors, presentation to residents.

Objective 5: Initiate contacts with prioritized provider sources [from Objective 3, above].
Lead: TACHC and TDH.

Timeline:

Narrative: A prioritization of physician residency programs has been completed. Programs are prioritized into two tiers. Family practice and pediatric training programs that include the largest number of residents and those programs most interested in community oriented primary care comprise the first tier.

Since February 1989, visits with and presentations to 25 primary care residency program directors have been completed by TACHC and TDH staff. PHS staff also attended some of these visits, providing information concerning PHS supports and opportunities.

The visits served a dual purpose. First, the presentation provided the program directors with information about CHCs. Second, during the visits, arrangements were made to meet with the resident-physicians. Currently, TACHC and TDH are scheduling luncheons with the program residents.

The luncheons will take place during November and December 1989 and January 1990. A CHC Medical Director and a TACHC staffperson or a TDH field coordinator will act as hosts and presenters. The presentations will provide an overview of CHC practice opportunities. Detailed information from interested residents will be compiled for later referral to a specific CHC.

Objective 6: Maintain and expand relationships as applicable.
Lead: TDH and TACHC

Timeline:

Narrative: It will be necessary to expand efforts beyond the previous focus, i.e., first tier primary care resident programs. Efforts should also be directed at medical school students, established physicians, and physician/placement entities ,such as the Texas Medical Association (TMA) and the Texas Association of Family Practitioners (TAFP).

Goal Five: Develop Coordinated Information Processes.

Timeline:

Narrative: Various entities work cooperatively with the MOA to place physicians in rural and/or underserved areas. Each entity has specific, categorical program interests. This goal addresses the integration of information and mutual support systems between the entities to assure a timely, accurate, and unduplicated flow of information to prospective providers.

Objective 1: Develop information distribution processes that are appropriate for prospective providers.
Lead: The lead for this objective varies according to the lead entity for a particular provider pool.

Timeline:

Objective 2: Develop and maintain a coordinated network of participating entities [to assure prospective providers receive information in a timely and effective manner].
Lead: TDH and TACHC in coordination with other entities.
Timeline:

Action Step: Follow through with explicit agreements between the entities concerning information flow to prospective providers and communication networks between entities.

Objective 3: Implement information distribution processes. (Objective 1, above.)
Lead: TDH and TACHC in coordination with other entities.
Timeline:

Objective 4: Create a management process for follow-up, reassessment, and adaptation of each information distribution process [to assure continued effective relationships with prospective providers].
Lead: TDH and TACHC in coordination with other entities.
Timeline:

<u>**Goal Six**</u>: (information to individual health-care providers) Develop coordinated systems to collect and transmit needed initial information to and from responding providers. Use this information to develop a match system.
Timeline: 3 months to 1 year

Narrative: Having developed materials and contacted provider pools, response mechanisms are needed for individual health-care providers interested in CHC opportunities.

Objective 1: Develop two-way information intake tools according to the various response modes
Lead: TACHC
Timeline: 3 months

Narrative: During initial contacts with interested providers, vital information must flow between the CHC representative and the individual. This information will guide the prospective provider and the CHCs toward mutually beneficial site placements.

Action Step: Review PHS and NMHR intake forms; develop intake forms, i.e. phone and face-to-face meetings with residents. (Focus at this point on physicians.)

Objective 2: Develop data management systems to store and match CHC needs and respondents.
Lead: TACHC.
Timeline: 3 to 6 months

Narrative: This objective links the vacancy list system with prospective provider needs to establish a current status profile of providers and CHCs.

Action Step: Create "database" for entering data collected with the intake forms.

Objective 3: Develop coordinated and specific response mechanisms to information requests.
Lead: TACHC and TDH.
Timeline: 6 months to 1 year

Objective 4: Develop and maintain a network of participating entities [to assure the timely and effective flow of paperwork and information].
Lead: TACHC and TDH
Timeline: 6 months, ongoing

Narrative: Prospective providers are contacted by and in contact with several entities. Many of these entities, such as PHS Region VI and Texas Higher Education Coordinating Board, are working cooperatively with the MOA effort. Establishing and maintaining a flow of information with these cooperating entities will reduce duplication and avoid confusion.

Goal Seven: Implement and maintain a coordinated system to appropriately match responding physicians with CHCs.

Timeline: 1 year, ongoing

Narrative: A mechanism is needed to closely match the interests and needs of both a prospective provider and a CHC. This mechanism would reduce wasted time and effort by both parties allowing for a full exposure to CHC opportunities.

Objective 1: Implement Goal Six/Objective 2--the match system.
Lead: TACHC working with TDH field coordinators.
Timeline: 1 year, ongoing

Narrative: TACHC, working with TDH field coordinators, would determine which CHCs to contact concerning a particular physician to initiate CHC specific recruitment activities.

Action Step: Establish methodology for selecting CHCs to contact.

Objective 2: Monitor the match process.
Lead: TACHC and TDH field coordinators.
Timeline: 3 months, ongoing

Action Step: Maintain contact with the CHC and establish timelines for the field coordinators

Action Step: Provide updated information concerning CHC/physician contacts and outcomes.

Objective 3: Assess recruitment/match activities of the CHCs.
Lead: TACHC and TDH field coordinators.
Timeline: 3 to 6 months

Action Step: Develop questionnaire to determine match activity outcomes.

Goal Eight: Support the Immediate CHC Recruitment Efforts.

Narrative: Individual CHCs may find themselves at varying levels of recruitment capabilities. The effective recruitment process involves many important aspects. Promotional materials including form letters, and brochures are important. However, it is vital that CHCs involve their community in the recruitment effort. Additionally, the recruitment process includes several levels of activities, i.e., clerical, developmental, and promotional; an efficient and effective recruitment effort requires the coordination of these tasks.

Timeline: 3 months to 1 year

Objective 1: Provide assessment findings (from Goal seven, Objective 3) to CHCs, and assess technical assistance needs.
Lead: TACHC
Timeline:

Action Step: Review CHC recruitment and retention plans and questionnaire responses.

Action Step: Provide written recommendations concerning problems and solutions.

Objective 2: Make available technical assistance through TACHC or TDH(Objective 1, above).
Timeline:

Action Step: Make determinations concerning appropriate technical assistance

Objective 3: Advise and update CHCs concerning the availability of third-party assistance and information, such as through the PHS office.
Timeline:

Goal Nine: Develop a System to Coordinate and Track Providers and Centers through the Recruitment Process.

Timeline: ongoing

Objective 1: Monitor follow-up completions.
Lead: TACHC and TDH field coordinators.

Objective 2: [Upon pprovider/CHC match] support the practice initiation and physician retention.
Lead: TACHC and TDH.

Objective 3: [Non-match] reestablish provider availability and reassess; restart the process with Goal 7, Objective 1.
Lead: TACHC and TDH.

Goal Ten: Identify Statewide and CHC Longterm Recruitment Initiatives and Develop Appropriate Implementation Strategies.

Narrative: The timeline for this goal is multi-year. Current recruitment activities are predicated on a shortterm outcome due to the current physician shortage crisis. An overall system solution demands a multi-disciplined, i.e., political, educational, and financial, solution. This goal addresses ongoing, longterm initiatives in the social and political environment in which CHCs operate.

MAP OF MEETING ROOMS AT THE FOUR SEASONS HOTEL