

# Retention and Recruitment of Health Care Workforce

Tuesday, June 20

9:45-10:45, Session #3E

Speakers from Essentia Health Fosston:

Dr. Chuck Winjum, Family Practice  
Administrator Kevin Gish



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# Speaker Backgrounds



- Dr. Chuck Winjum (Perham...pop. 3,087)
  - Biology degree, University of California – Irvine
  - Navy
  - Medical School @ McGill University – Montreal
  - Residency @ University of Wisconsin
  - Prior professional experience in Crookston & Thief River Falls
  - Leadership Training through University of St. Thomas
  - **Physician** Dyad Partner
  
- Kevin Gish (Mahnomen...pop. 1,242)
  - Business Admin degree, Bemidji State University
  - University of Minnesota MHA (ISP) & SPH for LNHA
  - Prior professional experience at United Healthcare, North Memorial & North Country Health Services
  - **Administrative** Dyad Partner





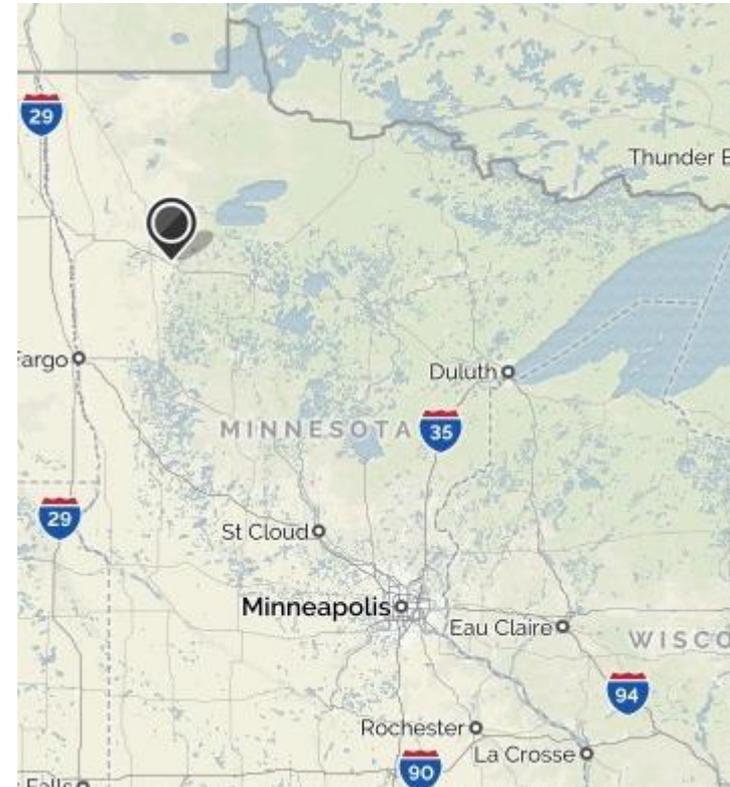
Fosston city population = 1,506  
33,000 clinic visits per year (Fosston, Bagley, Oklee)  
2,000 hospital patient days (ADC 8)  
100 births  
3,000 ER visits  
500 surgeries  
600 ambulance runs  
16,000 nursing home resident days

Hello from  
Essentia Health Fosston!

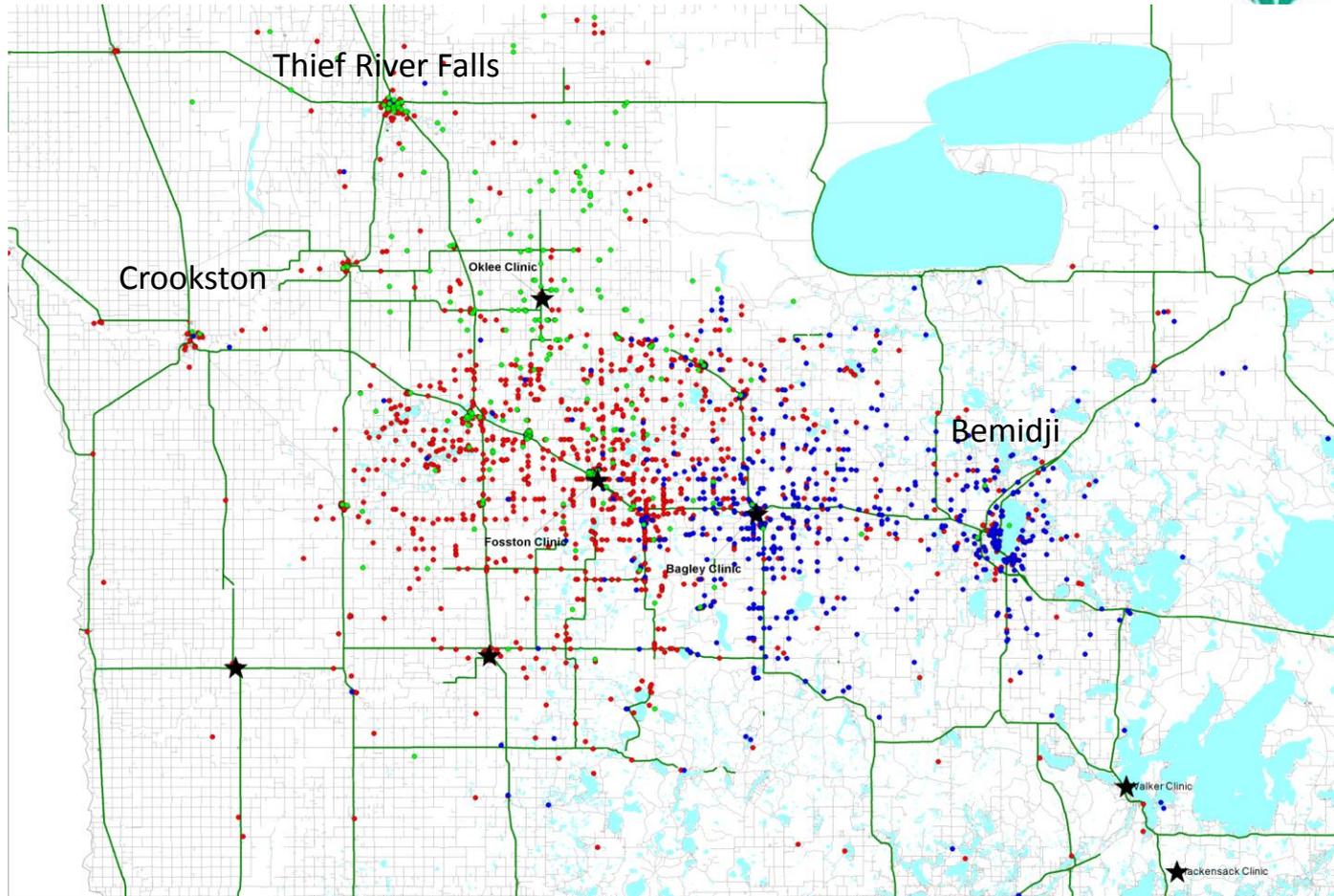
History: First Care Medical Services, Dakota Clinic / Innovis

# First off, where in the world is **Fosston**?

- 200 miles NW of Duluth, MN
- 45 miles W of Bemidji, MN
- 45 miles SE of Crookston, MN
- 70 miles SE of Grand Forks, ND
- 260 miles NW of Minneapolis, MN
- 190 miles S of Winnipeg, MB
- “Pine to Prairie”, God’s Country
- <http://www.fosston.com/>
- No overhead wires!



# Where do our EHF patients come from?



**Think patients won't travel (including past other providers) for primary & specialty care?**



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# Session Objectives



- Some ideas for keeping senior clinicians involved, engaged and practicing
- Examples of schedule and practice “flexibilities” (within limits) provided to clinicians of all ages
- Suggestions for the “how” and “who” of recruitment of new clinicians
- Steps being taken (or considered) for staff advancement and development
- Know that there is no “silver bullet”



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# Anyone not think we have a physician shortage crisis in rural America?

## Klobuchar introduces bill to encourage rural doctors

By BRAINERD DISPATCH Today at 5:00 a.m.

U.S. Sens. Amy Klobuchar, D-Minn., Susan Collins, R-Maine, and Heidi Heitkamp, D-N.D., have introduced bipartisan legislation to boost the number of doctors able to work in rural America. The Conrad State 30 & Physician Access Act would allow

**CNN Money** U.S. + Business Markets Tech

## Doctor-starved: America's heartland in crisis

The Washington Post  
*Democracy Dies in Darkness*

To Your Health

## U.S. faces 90,000 doctor shortage by 2025, medical school association warns

The Atlantic

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## Why Are There So Few Doctors in Rural America?

The rugged lifestyle has its appeal, just not for physicians.

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Rural physician shortage demands innovative solutions

Nightly News | May 25, 2013

## Doctor shortage hits hard in rural America

It's a national health care crisis. There just aren't enough doctors in our country. The shortage has hit rural America especially hard, but there may be some solutions. NBC's chief medical editor Dr. Nancy Snyderman reports.

# Retention: It's all about engagement

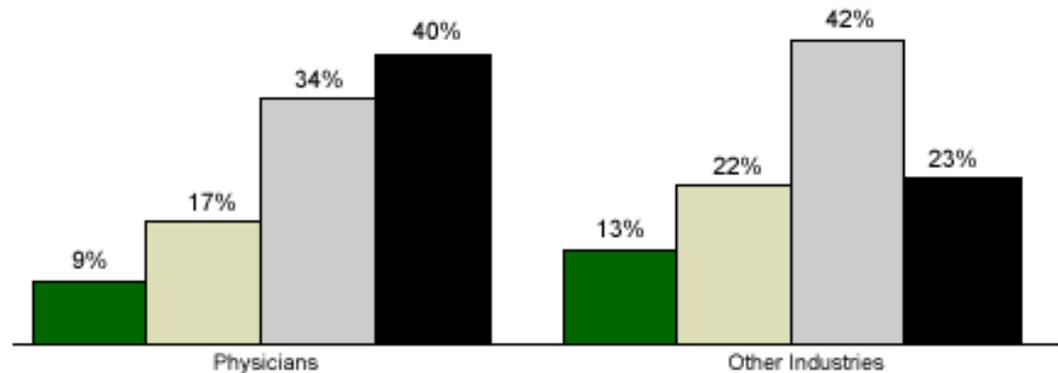
(not making people happy!)

- Images and info from Gallup (2003)
- Has much changed?



Engagement of Physicians Compared to Engagement of Customers in Other Industries

■ Fully Engaged   ■ Engaged   ■ Not Engaged   ■ Actively Disengaged



The Physician Engagement Hierarchy



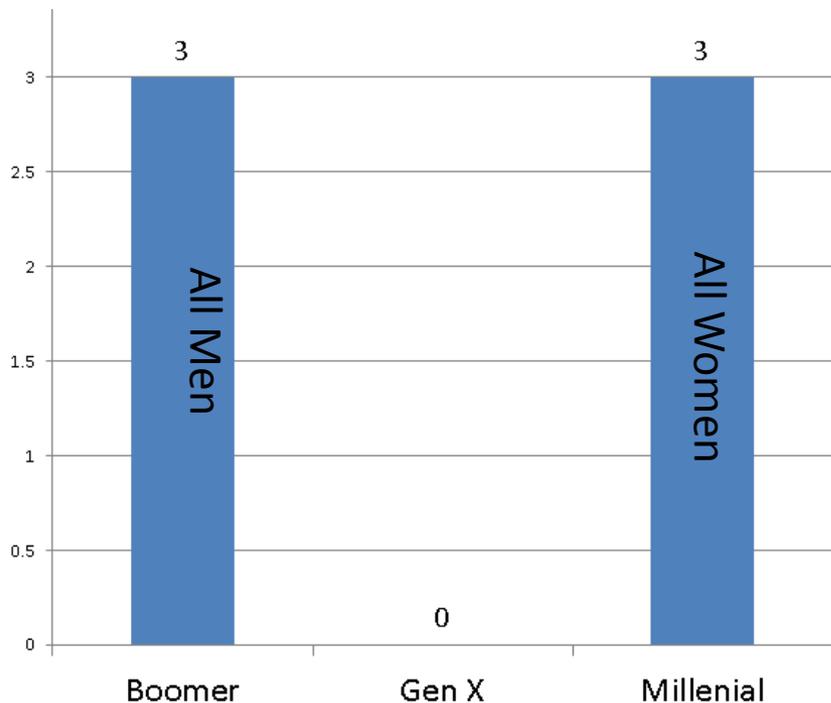
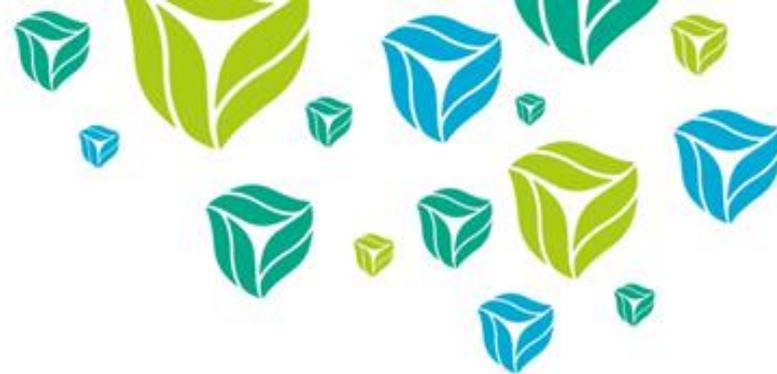
Given government, payor or employer **imposed** items (quality and satisfaction metrics, EMRs, system level policies, etc.), are we doing a good enough job of explaining ***“the why”***? Do we deliberately celebrate Wins?

# The Generations...

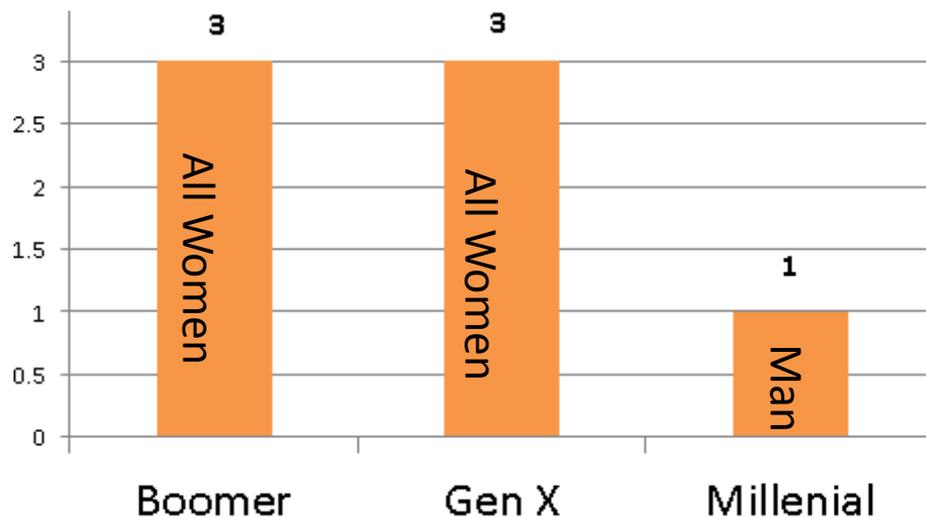
“Learning what makes physicians of different eras tick can go a long way toward making them happy and productive.” (AAFP, 2013)

- **The Traditionalists (1925-1945):** Value experience & seniority.
- **The Baby Boomers (1946-1964):** Aka “*The Me Generation*”, highly value status and are very career-path oriented. Traditional nuclear family. Entitled, competitive, driven, and anti-authoritarian. Long-term commitment to single job. Solo practice.
- **Generation X (1965-1980):** Self-directed, cynical, highly educated, balanced and family oriented. Place value on autonomy, close friends, and personal growth. Desire continued learning and skill development (retention issue). A sense of purpose is critical. Comfortable moving between jobs and organizations.
- **The Millenials (1981-1999):** Aka “*Generation Why*”, they are eco-friendly, value technology and cultural diversity. Accustomed to making an impact at any age, and do not want to wait for years to be heard. Tend to value fewer hours at work more than moving up a company ladder and receiving pay increases, and want to be judged on their output and results, not the total hours they put in. Paying off education loans.

# Our EH Fosston Primary Care Medical Staff



Physicians



NPs and PAs

Late summer 2016, over half of the Fosston clinicians were over 60!



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# The “good” old days?



- Any clinician joining this group....

- Will work in the ER and take “call”.
- Will do OB (practicing within scope).
- Will outreach to outlying clinics.
- Will move to and live in this town.
- Will get your documentation done (unassisted).
- Will “sit down, shut up and learn from those that have been here and done this well (and safely) for a long time.”
  - “The Bell-Shaped Head Syndrome”
    - “How did that happen?” Connors & Smith

- Any clinician to remain a part of this group...

- Will continue to take primary ER call
- Will work a clinic schedule of our choosing

# The “good” new days?

- No interest in ER? *Okay. We can work with that. Can you work with us?*
- OB isn't your thing? *Okay. How can we help you either get comfortable or accommodate with access to other providers?*
- Want to live on a lake or acreage? *Okay. Here are our response time requirements and options to stay in-town if patient care requires.*
- I don't necessarily want to retire, but I want to slow down. *Okay. We will work with you on options that are agreeable to all parties.*



# Doing things *differently*:



An example...

## “Nurse Navigators”

Started as EH pilot project to introduce scribes into primary care

### – Why?

- Staff survey concern: “Career growth opportunities”.
- Patients desire more time with clinician face-to-face
- Clinicians spending significant off-hours time dictating
- Quality metrics driven by data & documentation

– A Retention tool for clinicians and staff, satisfier for patients, and documented quality improvements.

– “But, how do you pay for it?” (short-term and long view).



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# “So, who (*and how*) do you recruit?” Get creative!



- Residents? (Dr. Winjum at Duluth FP)
- Current Medical Students (with rural interest):
  - **RPAP** (Rural Physician Associate Program)
  - Rural Medical Scholars program
  - UofM **SIM** (Summer internships in medicine program)
- Those applying for medical school?
- Staff nurses interested in advancing to APC?
- Graduating area high school students?
- Scholarships? Summer work opportunities (scribe, HUC)? Volunteerism? “Shadowing”?
  - Richard Sather example



# You've found an interested clinician candidate! Now what?



- Get existing clinicians on-board and make plans for their **active** participation in the interview process
  - Nothing sends a potential candidate away faster than current clinicians complaining about their jobs and/or their organization, other than perhaps those clinicians not showing up for the interview
- Prepare all for candidate's arrival and tour: Make the candidate feel welcome!
- Involve the community (this is a team sport!)
  - Appointments with...
    - A realtor who will provide a tour of your town while showing available listings
    - A representative from the school to give a tour
    - Exercise facilities? Churches? Brag up your town as well as your organization!
      - “Top 100” anyone? “Heart Safe Community”? Baby Friendly?
- **Dr. Cynthia Omakaro example**



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# So, you've **hired** your candidate! Now what?

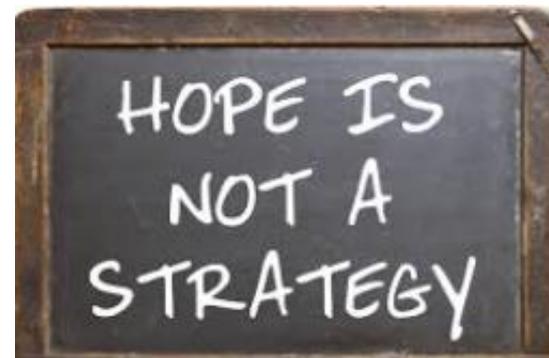


- Assess your on-boarding process
  - Talk to most recent additions to find out what worked well and what could be improved upon
- Make them feel welcome (again)!
  - Campus re-tour, re-introductions, lunch, social invitations, service group opportunities. Get them involved!
- Deliberately round with them
  - Schedule monthly lunches with Chief of Staff and Administrator to keep lines of communication open and build the relationships
    - In particular, Gen X'ers and Millennials desire frequent feedback
    - “The good, the bad, and the ugly.”



# So, what else can we do?

- Leverage professional organization relationships and lobby our representatives in congress, governor, president? Asking for what?
- Fund or create residency programs? Alone or partner?
- Simply out-recruit our competitors? (I win, you lose). Or “share”?
- Stick our heads in the sand and hope?



Questions or  
Comments?



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