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## The National Rural Recruitment and Retention Network – 3R Net

Members are state based non-profit agencies in 50 states, CNMI and the Cherokee Nation

Supported by our members and a contract from the Office of Rural Health Policy, HRSA, USDHHS



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## Why 3RNet?

- Rural populations – less access to healthcare
- 25% of the US population lives in rural areas
- Only 10% of US physicians practice in rural areas
- Rural areas average 30 dentists per 100,000 people
- Urban areas average 60 dentists per 100,000 people

Source: NRHA Issue paper, February 2006



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## 3R Net Concept - 1995

- National Career Website - Ease of use by Candidates and Members
- Up to Date High Quality Information
- State organizations should know and care more than distant recruitment firms
- People who live locally are in touch with communities and are more responsive



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## What Does the 3R Net do?

Serves as a clearinghouse for over 5,000 communities across the country where medical professionals connect with federal, state, local and other medical staff recruiters

June 1, 2010

- 36,006 Active candidates in database
- 19,106 physicians
- PAs, NPs, Pharmacists, Social Workers, RNs and many other professionals register as candidates



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## How does the 3R Net work?

- Members are non-profit state agencies recruiting physicians, dentists, nurses and other medical professionals for their entire state
- 3R Net provides a national presence where states place information and job postings
- Candidates register and learn about rural and underserved communities
- Members also access the resource library and a comprehensive recruitment and retention manual



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### 3R Net Benefits Communities

- Interactive website for medical recruitment professionals
- Too costly to develop individually (redesign)
- Able to pool resources and funds for nationwide ads and sourcing that could not be done individually
- Active server pages - Each state creates its own page with the ability to publish links, photos, practice profiles



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### 3R Net Diverse Membership

- State Offices of Rural Health
- Primary Care Offices
- Primary Care Associations
- Area Health Education Centers
- University based SORHs
- Other Non-profit state based agencies



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### Member States – Strengths

- All committed to recruitment, retention and community development
- All connected to HRSA programs
- Able to consult with and advise rural and underserved communities
- Able to advise medical professionals regarding practice opportunities, payback features, NHSC eligibility, more..



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## Members Recruit for a of Variety Facilities

- Rural Health Clinics
- Community Health Centers
- Critical Access Hospitals
- Rural Hospitals
- Private Practice Clinics
- Tribal Health
- Integrated Delivery Systems
- Prison systems



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## Members May Recruit For a Variety or Medical Professionals

- 3RNet respects the diversity of states
- Some states require a posting or placement fee
- Check with your 3RNet member at <http://www.3rnet.org/locations/>



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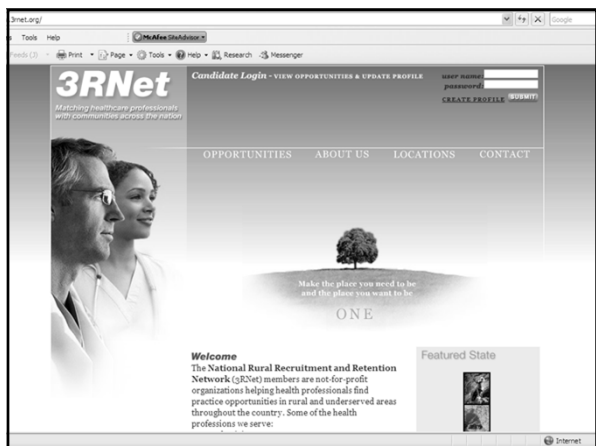
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## Who Accesses 3RNet?

- Physicians – FP, IM, Peds, GS, Others
- Dentists and Hygienists
- Physician Assistants
- Nurse Practitioners
- Pharmacists
- Registered Nurses
- Psychologists
- Social Workers
- Other Professionals – long list



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## Evaluation: 3RNet

National Research Center survey 2006 -2009:

- 2006 there were 7,125 postings, 12,632 applications and 734 placements
  - 2007 there were 5,700 postings, 15,382 applications and 681 placements
  - 2008, there were 5,894 postings, 16,513 applications and 1,023 placements
  - 2009, there were 5,449 postings, 22,227 applications and 1,253 placements
  - Since 2004, 90% of all placements were in designated shortage areas
  - YTD 2010 – 8,655 visits per month
- Note – not all members track and report



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## The Numbers

- 710 physicians placed by members in 2009
- Estimate for-profit recruitment firm fees at \$28,000 per placement
- Estimated collective savings of \$19,880,000 to rural and underserved community facilities
- Those commercial recruitment firm fee savings can be used for patient access or other health services that would not have been funded otherwise



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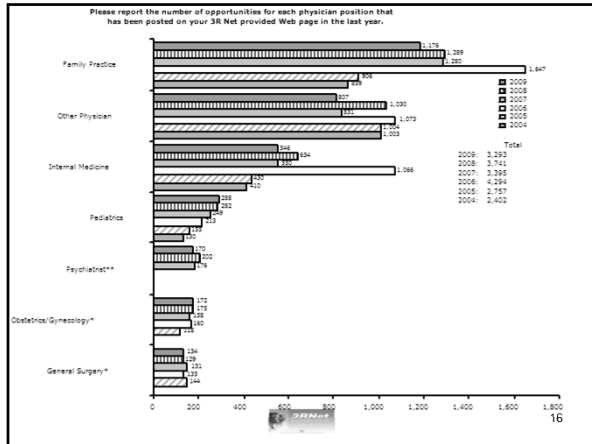
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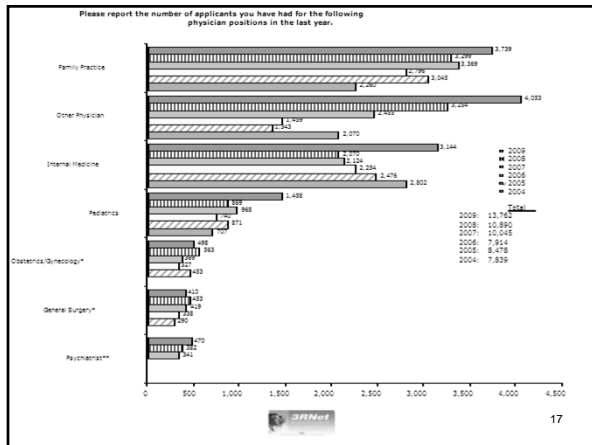
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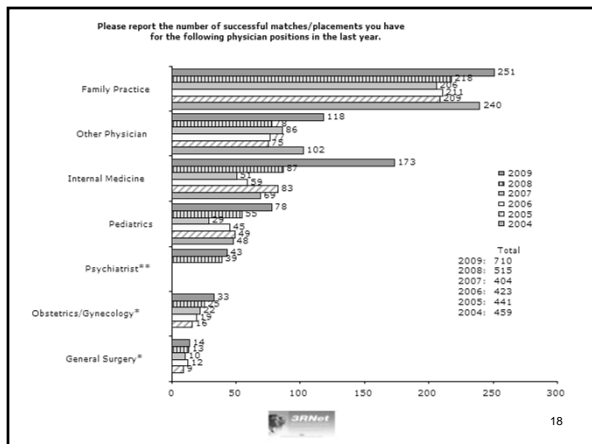
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## General Surgery Recruitment

- Fewer opportunities posted – hospitals give up after 3 to 5 years
- Lack of Anesthesia, Nursing, Primary Care Physicians and Providers
- Distance between hospitals is barrier to sharing surgery
- Family physicians need OB/GYN support (C-sections)



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## 30 Bed Hospital

- Recruiting for Surgeon for 3 years
- Resident in 2004 – wanted \$250K salary, \$250K loan forgiveness
- Hospital could not do that
- Resident found hospital in MN that did
- WI hospital hired Surgeon in 2008



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## Here Is What We Know...

- The rural and primary care physician and general surgery candidate pool is shrinking
- Candidates are signing contracts in their second year of residency
- Competition for the reduced pool is HOT!
- The Age of Technology is now
- Candidates are inundated with contacts from recruiters
- Candidates expect immediate and specific information about the practice opportunity
- Many candidates have an interest in doing procedures and in teaching



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## Community Development and Recruitment

- **Recruitment** of medical staff is essential to community development
- Community development and medical staff development must be a partnership to be successful – Rural Health Works <http://www.ruralhealthworks.org/>
- Agencies and organizations serving rural and underserved communities must collaborate



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## Recruitment – Recruitment and Retention

The long term fit!

Community Grows the Medical Services  
Medical Services Grow the Community

- Community Development plan
- Strategic Medical staff plan
- Recruitment/Retention plan
  - Compensation and benefits, contract
  - Sourcing
  - Interviewing
  - Relocation
  - Orientation and retention planning



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**3RNet**  
*Matching healthcare professionals  
with communities across the nation*

[www.3rnet.org](http://www.3rnet.org)

The National Rural Recruitment and Retention Network for Healthcare Professionals

Tim Skinner,  
Executive Director  
2004 King St.  
La Crosse, WI 54601  
[tkskinner@3rnet.org](mailto:tkskinner@3rnet.org)  
800.787.2512  
608.782.0660

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