



**The Michigan Center for Rural Health
Physician Retention Study Report**

**Guide to Successful Rural Physician
Retention**

**Funded by
Blue Cross Blue Shield Of Michigan
October 2009**

MI-SORHI

Michigan Strategic Opportunities
for Rural Health Improvement

A State Rural Health Plan
2008-2012

MI-SORHI

- Availability and Accessibility to Health Care Services, with a focus on:
- Primary and Specialty Care, Oral Health, Mental Health
- Recruitment and Retention of Health Care Providers (Nurses, Physician Assistants, Dentists, Physicians, and Allied Health)
- Healthy Lifestyles

MI-SORHI

- **Objective A-5:** By 2012, develop a retention model to assist rural hospitals, certified rural health clinics and federally qualified health centers in their retention planning efforts.

Retention Study

Methodology

- Phase One: Literature review
- Phase Two: Regional focus groups
- Phase Three: Survey of rural physicians
Survey of 60 "ARPMs"
- Phase Four: Published Study and Tool



KEY FINDINGS

MCRH PHYSICIAN RETENTION STUDY Physician Survey 2009

Professional Retention Factors

- Almost 100% of the physician respondents to the survey rated "Professional Satisfaction with Practice" as *Somewhat Important or Very Important*, making this the number one ranked retention factor.
- 98% of the physician respondents rated "Competent Medical Support Staff" as *Somewhat Important or Very Important*, making this the second highest ranked retention factor.
- "Open Communication and Support of Hospital Administration" was rated as *Somewhat Important or Very Important*, making this the third highest ranked retention factor

Family/Personal Retention Factors

- 95% of the physician respondents rated “Safety of the Community” as *Somewhat Important or Very Important*, making this the number one ranked retention factor regarding family and personal issues.
- “A Comfortable Lifestyle” for the physician and his or her family was the second highest ranked personal/family retention factor.
- Closely tied to this was “Adequate Leisure/Personal Time,” which was the third highest ranked personal/family retention factor.

Other Notable Findings

- Contrary to popular belief, “Compensation” was not the number one retention factor according to the physician respondents, although it was in the top 5.
- Almost 50% of the physician respondents stated that they would NOT leave their current practice for a more lucrative offer.
- Again, a commonly held belief is that being raised in a rural environment is an important factor. However, 51% of the physicians rated this factor as *Not Important at All or Somewhat Not Important*.
- When asked if they would leave their current practice within 3 years, almost 67% of the physician respondents replied “No.”

Administrator, Recruiter, Practice Manager (ARPM) Survey

- 17% of the ARPM respondents stated that they spent 100% of their workweek on physician recruitment and retention. The average for all respondents was 38% of their workweek.
- However, when asked how much of their workweek was devoted to physician retention only, the average for all respondents was 12% of their workweek.
- 80% of the ARPM respondents stated that they did NOT have a written, formalized retention plan.

Retention Tool

- Table of Contents
- Physician Retention Plan Introduction
- New Physician Orientation – Step One
- New Physician Orientation – Step Two
- New Physician Orientation – Step Three

Retention Tool

- Provider needs assessment
- Physician to Population Ratios
- Opportunity Profile
- Practice Opportunity Questionnaire
- Signing Bonus/Promissory Note
- Physician Satisfaction Survey
- Physician Exit Interview.
- Developing a Mentor Program

Step One begins with the signed employment agreement

- Keep in contact after contract is signed; communicate often.
- Ensure licensure and credentialing process are progressing.
- Communicate with realtor on relocation.
- Plan orientation sessions: Community, practice site, hospital. Send to physician.
- Maintain routine communication.
- Ensure the physician's office and exam rooms are ready.
- Obtain office space and complete necessary renovations.
- Plan social events that help ease family members into the community.

Step Two begins the first day in the community.

- Provide a detailed orientation schedule for first two weeks prior to relocation.
- Welcome the physician and their family within the first week of relocation.
- "Welcome" basket sent to the home on the new physician's first day of work.
- Include meeting with hospital administration (if applicable).
- Hospital tour (include relevant department directors).
- Clinic tour (lunch with staff).
- Clinic orientation involves the new physician with issues regarding equipment, office space scheduling, support staff, business cards, etc.
- Physician mentor introduced (if applicable).
- Contact the spouse and family to see how they are adjusting to the community and to integrate the social mentor (if applicable).
- Marketing sends announcement introducing the new physician to the clinic and system.

Step Three involves the first six months, first year, second year, and third year

- Monthly meetings with identified Hospital Administrators, practice managers, and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to the situation.
- Monthly meetings with identified VPs, practice manager and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to their situation.
- Marketing of practice or outreach needs to be incorporated into the process.
- As information becomes available, track patient volume, and revenue and expenses. After three months schedule quarterly meetings for the remainder of the first year (15-minute meetings).
- Recruiter meets with physician after two months to see if expectations have met reality.

NEW PROVIDER PRE-ORIENTATION CHECKLIST STEP ONE

PROVIDER NAME: _____
(First Last) MD DO PA NP

PROVIDER SPECIALTY: _____

ANTICIPATED START DATE: ORIENTATION: _____ PATIENTS: _____

CLINIC LOCATIONS: ___A___B___C___D___F___
(Check Primary Location)

Task Description	Party Responsible	Date Completed	Notes/Comments
PROCESSED SERVICES			
Return employment agreement to physician	_____	_____	_____
Process signing bonus/ premissory note	_____	_____	_____
Send welcome letter to physician	_____	_____	_____
Initiate internal announcements providing notification of new provider	_____	_____	_____
Notify equipment chair (hospital)	_____	_____	_____
Notify credentialing	_____	_____	_____
Notify credentialing coordinator (provider)	_____	_____	_____
Initiate relocation assistance to provider (if needed)	_____	_____	_____

Retention is a process

The retention process does not end after three years. It is a continuous activity where the facility "Checks in" and asks the question, "How are we doing?"

Questions?












