

The Community Apgar Program in Rural America: A Tool for Improving Rural Communities' Recruitment and Retention of Physicians

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NOSORH Region D Annual Meeting
May 24, 2011

Presentation Overview

- Acknowledgements
- The Community Apgar Questionnaire (CAQ)
 - Validation through research for CAHs and CHCs
 - Development in Idaho and initial findings
 - The CAQ Process
 - CAQ value
 - Current program expansion and future applications
- Questions

Acknowledgements

- Contributors
 - Idaho Hospital Association
 - Idaho Primary Care Association
 - Ted Epperly, MD, Program Director and CEO, Family Medicine Residency of Idaho
 - Alex Reed, Psy.D., MPH, Director of Behavioral Science, Mental Health and Research, Family Medicine Residency of Idaho
 - Ayaka Nukui, BS, Center for Health Policy, Boise State University


Acknowledgements

- Collaborative Partners
 - Idaho Academy of Family Physicians
 - Idaho Medical Association
- Funding
 - Office of Rural Health and Primary Care, Idaho Department of Health and Welfare through a federal grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
 - In-kind contributions by Boise State University, Family Medicine Residency of Idaho, Inc., Idaho Academy of Family Physicians, Inc., the Idaho Medical Association, Idaho Hospital Association and the Idaho Primary Care Association



The Community Apgar Questionnaire

Validation through Research




Background

- How did we get here – Why research?
 - Boise State University: Ed Baker, PhD
 - Family Medicine Residency of Idaho: Dave Schmitz, MD
 - Office of Rural Health and Primary Care: Mary Sheridan
 - An intersection of workforce, education and advocacy
 - Practical knowledge, relationships, experience and investment
 - Answering needs and necessary questions
 - Applied research: Development of tools
 - Partnerships with those with "skin in the game"




Purpose of the CAQ Research

- Development and validation of a tool which identifies and weighs factors important to communities in recruiting and retaining rural family physicians
- Differentially diagnose modifiable factors for strategic planning in individual critical access hospitals
- Presentation of individual CAQ Scores facilitating discussions with key decision makers in each community for specific strategic planning and improvements
- Designed to be applied serially, like a neonatal "Apgar Score"




The Structure of the CAQ

- The Community Apgar Questionnaire (CAQ)
 - Questions aggregated into 5 Classes
 - Geographic
 - Economic
 - Scope of Practice
 - Medical Support
 - Hospital and Community Support
 - Each Class contains 10 factors for a total of 50 factors/questions representing specific elements related to recruitment and retention of family physicians in rural areas
 - Three open-ended questions



CAQ Class/Factor Examples

- Geographic Class
 - Schools, climate, perception of community, spousal satisfaction
- Economic Class
 - Loan repayment, income guarantee, revenue flow, competition
- Scope of Practice Class
 - Obstetrics, C-sections, ER, endoscopy/surgery, nursing home
- Medical Support Class
 - Nursing workforce, EMS, call coverage, perception of quality
- Hospital and Community Support Class
 - Physical plant and equipment, internet, hospital leadership, EMR




CAH CAQ and CHC CAQ: apples and oranges, both fruitful

- The Critical Access Hospital Community Apgar Program
 - Validated in 2008, Program start 2009
 - Participation and comparative state databases:
 - Ongoing in Idaho, Wyoming, North Dakota
 - Pending in Wisconsin, Alaska, Virginia (2011)
- The Community Health Center Community Apgar Program
 - Validated in 2009, Program start 2010
 - Participation and comparative state databases:
 - Ongoing in Idaho
 - Starting in Maine (June 2011)



The Community Apgar Questionnaire

Development in Idaho and Initial
Findings of the CAH CAQ



Research Design

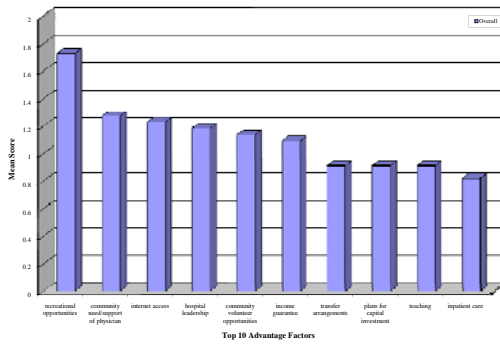
- CAQ Target Communities
 - Selected based on site visits and discussions with the IHA and the State Office of Rural Health and Primary Care
 - Twelve rural communities with critical access hospitals identified
 - Communities classified as alpha [N=6] or beta [N=6] based on historical success in recruiting and retaining family physicians
 - Final sample included 6 alpha and 5 beta communities [91.7% participation rate] as one community declined initial participation but requested to participate in subsequent community assessments



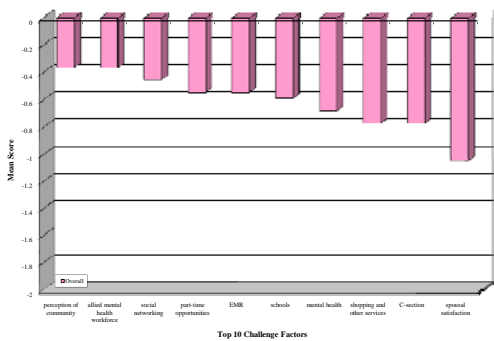
Research Design

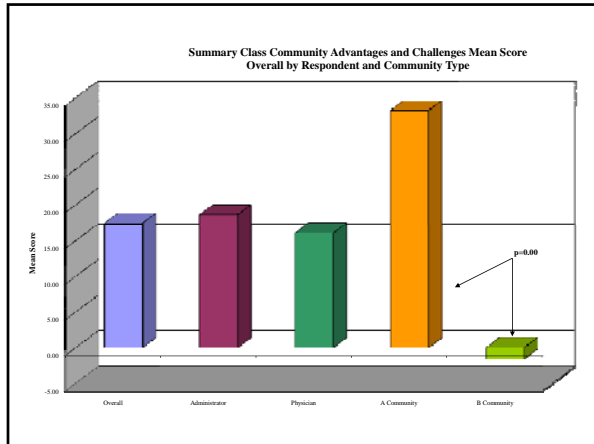
- CAQ Respondents
 - Eleven rural critical access hospital administrators and eleven rural physicians with leadership roles in recruitment and retention [Total N=22]
- CAQ Administration
 - Participants mailed the CAQ survey in advance with consent form [IRB approval from Boise State University] and one hour interviews scheduled
 - Separate structured one hour interviews for each participant where consent form was reviewed and executed and CAQ completed

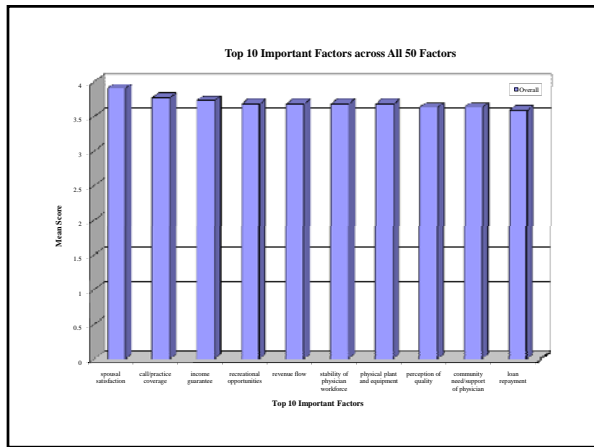
Top 10 Advantage Factors across All 50 Factors

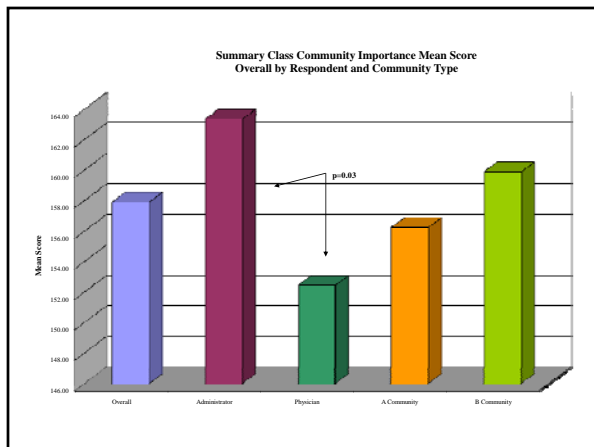


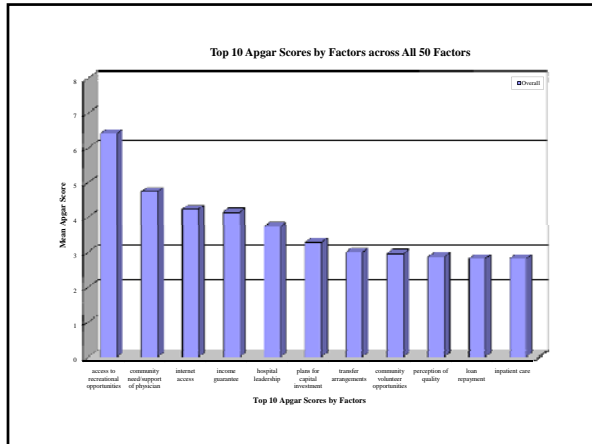
Top 10 Challenge Factors across All 50 Factors

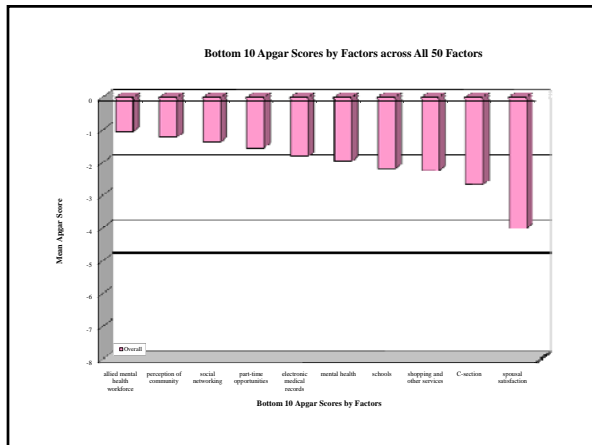


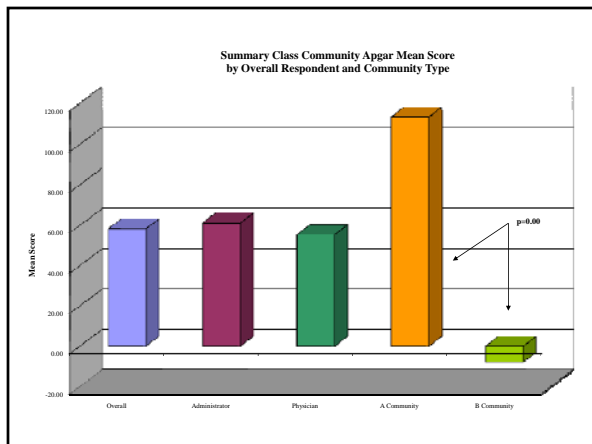


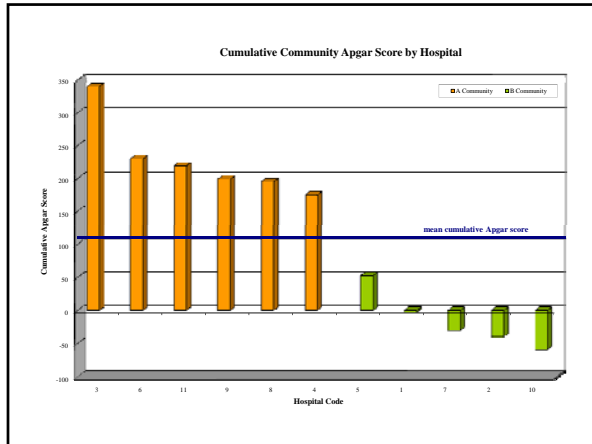


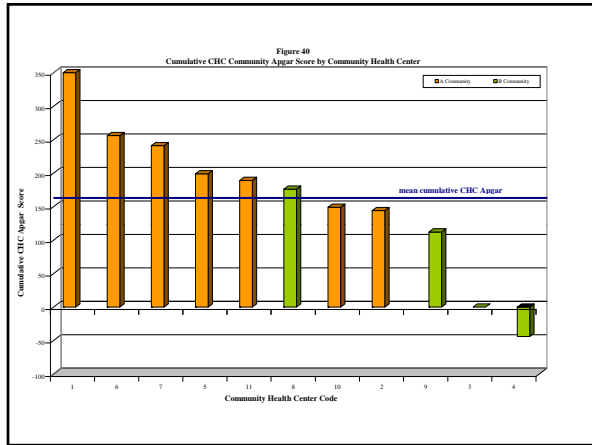













The CAH CAQ Applied in Idaho

- 27 critical access hospitals in Idaho over 4 years; 54 facilitated discussions
- Each community with private information contributes anonymously to the peer data base
- Strategic plans to address gaps are anonymously contributed to identify "best practices" and advocacy priorities


The CAQ Applied in Rural America

- Each state has its own aggregate state-wide database providing for individual community “private” analysis in reference to its own peers.
- State specific database is composed of 12-18 CAH or CHC facilities, depending on availability.
- State databases can be utilized for state-specific issues but also compared and contrasted for a regional or national perspective.



The Community Apgar Questionnaire

The Process




Year 1

- Visit one: Dr. Schmitz and/or State CAP consultant conducts site evaluation and 2 interviews
 - Hospital CEO and Lead Physician
- Data is analyzed with peer databases
- Visit two: Dr. Schmitz and/or State CAP consultant presents to hospital leadership and Board of Directors
 - Discussion of community data and comparisons with explanation of differences from peers
 - Strategic planning session for improvement of weaknesses and marketing of strengths



Year 2

- Visit three: State CAP consultant conducts a second site evaluation and 2 interviews
 - Hospital CEO and Lead Physician
- Data is analyzed with peer databases and prior year scores
- Visit four: Dr. Schmitz and/or State CAP consultant presents a second time to hospital leadership and Board of Directors
 - Discussion of community data and comparisons with explanation of differences from peers and prior year scores
 - Strategic planning session for improvement of weaknesses and marketing of strengths
 - Discussion of effectiveness of strategic plan implementation and the CAQ Program




Opportunities for Innovation in the Community Apgar Program

- Development of the most pertinent parameters for specific states?
- Consideration of use of televideo or other technology for presentations?
- Unique solutions for unique challenges such as distance and travel (Alaska)



CAQ Program

- Each Community Hospital has 2 interviews and 2 presentations approximately 1 year apart
- CAP can be continued or reinitiated years later when community changes or needs arise
- Community is well known to the CAQ consultant who can help in recruitment




Impact Beyond the Community Development

- The Community Apgar Consultant: Knowledgeable, Confident, Relationship Enriched
 - Effective Recruitment
 - Impact on Education and Pipeline
 - Impact on Advocacy: “Evidence and Grassroots”
- Sharing Resources and Expertise: 3RNet
- Publications, Presentations and Progress




The Community Apgar Questionnaire

CAQ Value: One community at a time – “a tide raising all boats...”




First Steps First:

- Engage the Leadership (CEOs, Physician leadership, Associations and Stakeholders)
- Do no harm: appropriate safeguards are taken
- Show Value to the Community – one at a time




According to the Research: The Community Apgar Score

- Shown in this retrospective study to prognosticate successful recruitment and retention of family physicians to rural critical access hospitals
- With further participation may be able to identify additional specific attributes that make communities "recruitable": mental health, EMR, specific aspects of contracts...




Validation with Research Means Confidence in Outcomes

- CEOs can have confidence in predictive value of the individual findings
- Board members can know this is worth their time and effort to better understand the issues
- Decisions made for strategic planning have individual foundational data



The CAQ Value Proposition

- Beyond "Expert Opinion"
- A new approach to the old problem of physician recruiting
- Self-empowering for the community: knowledge as power, not an outside "headhunter"
- Beyond physician recruitment to community improvement

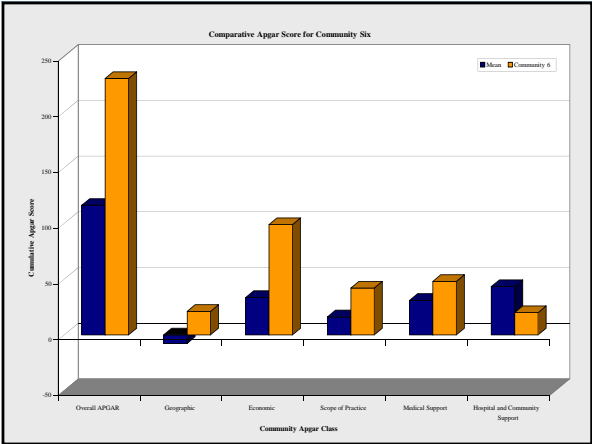


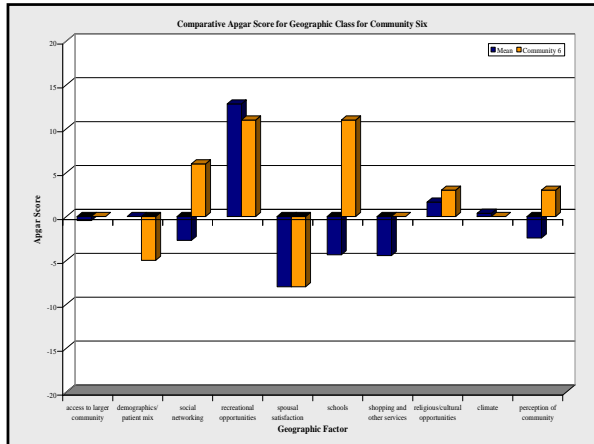
Frequently Asked Questions

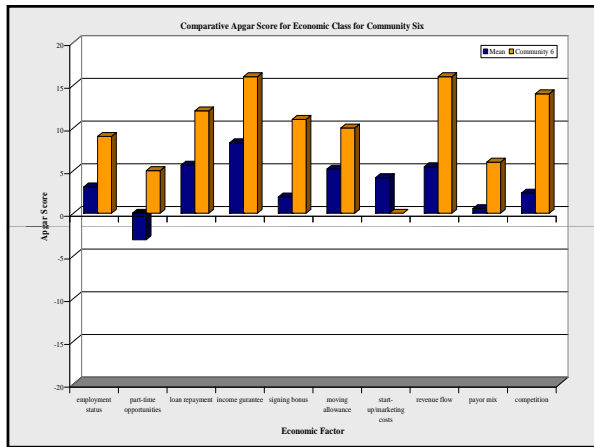
- Each community's individual data remains confidential to that community's use and board presentation
- Aggregate data is available for statewide information and efforts
- State CAP consultant will have training as a research consultant for the project

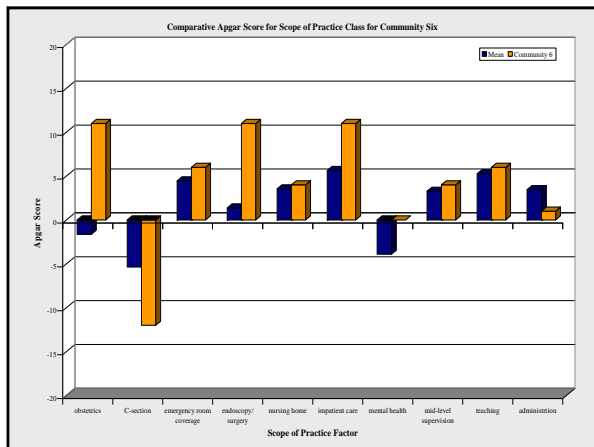
Community "6"

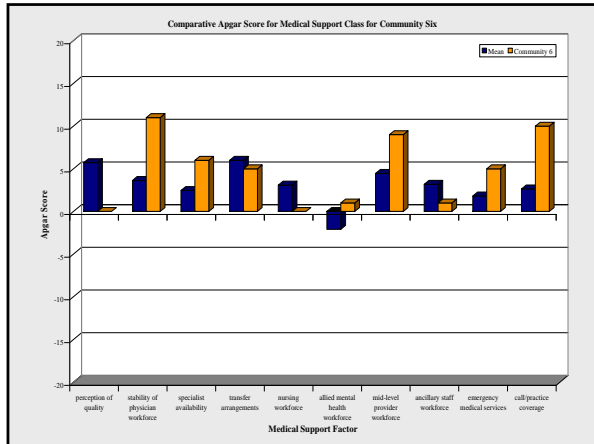
Example of Initial CAQ Assessment Information

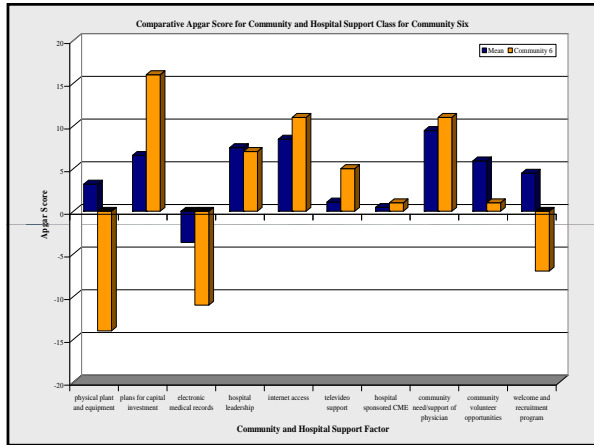


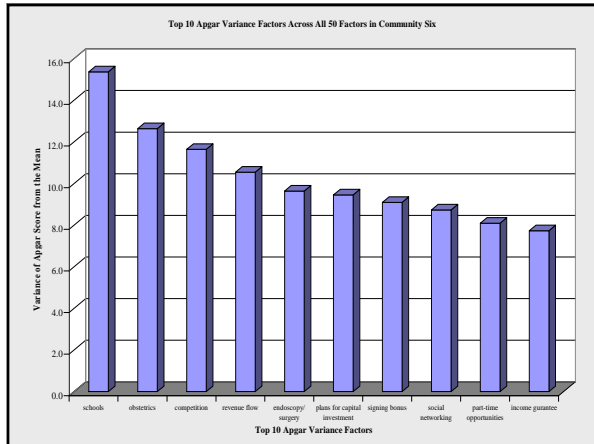


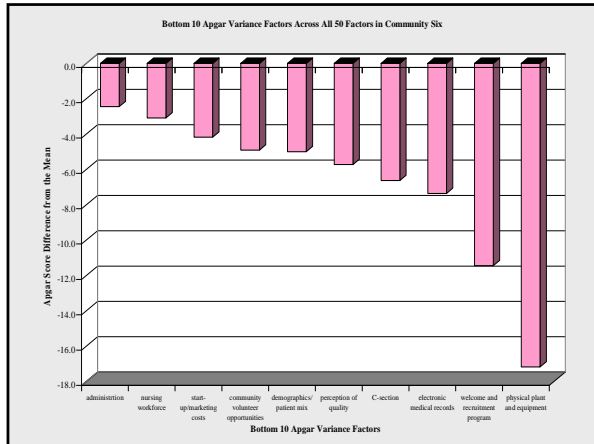


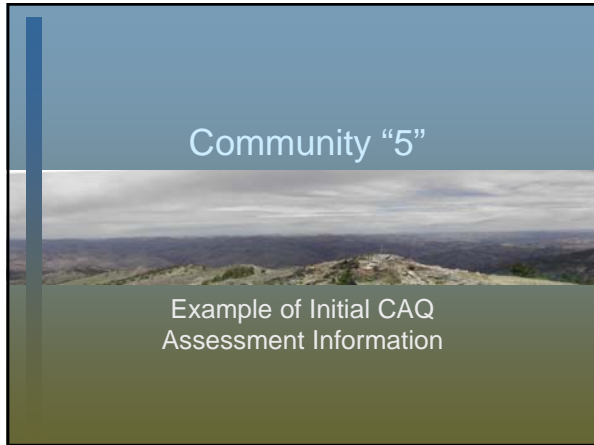


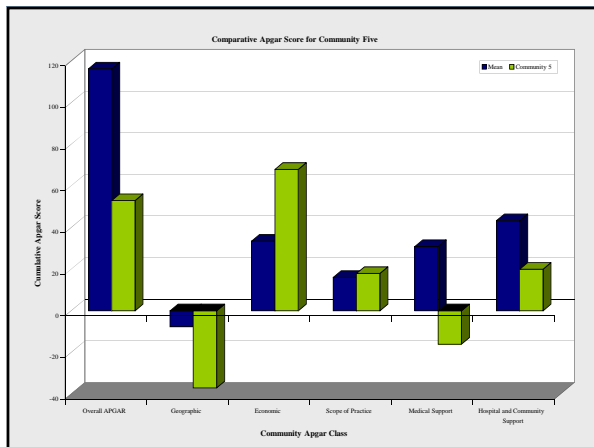


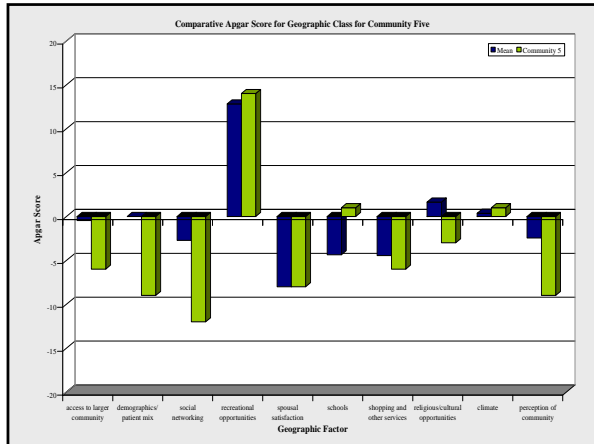


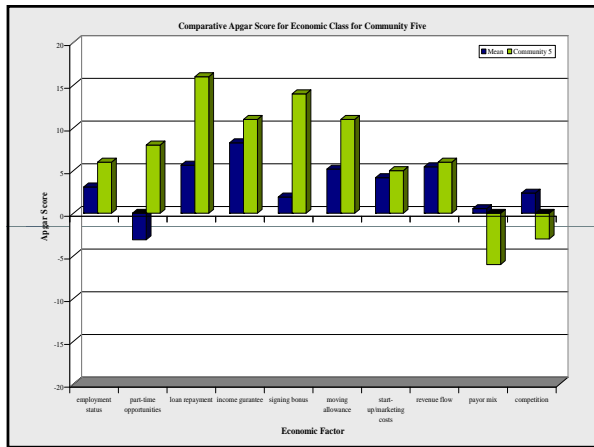


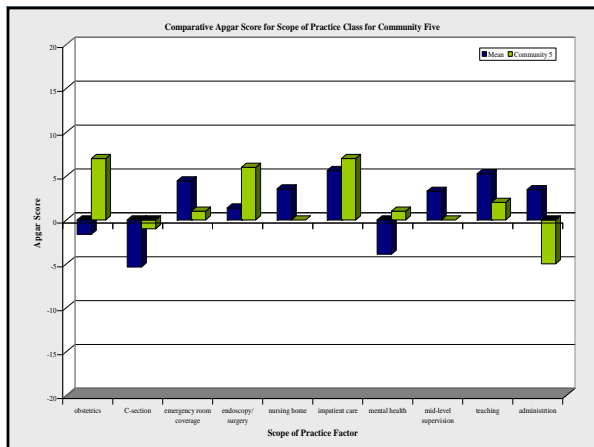


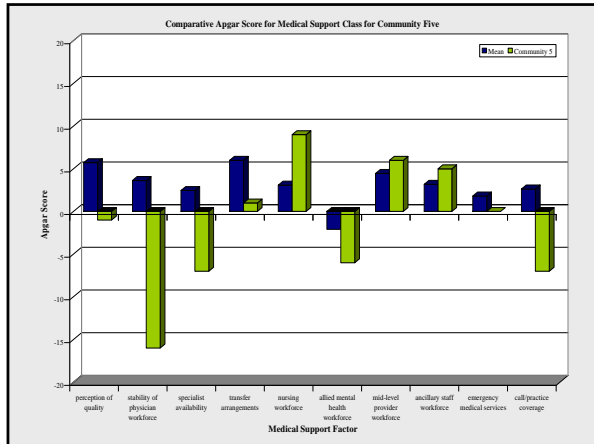


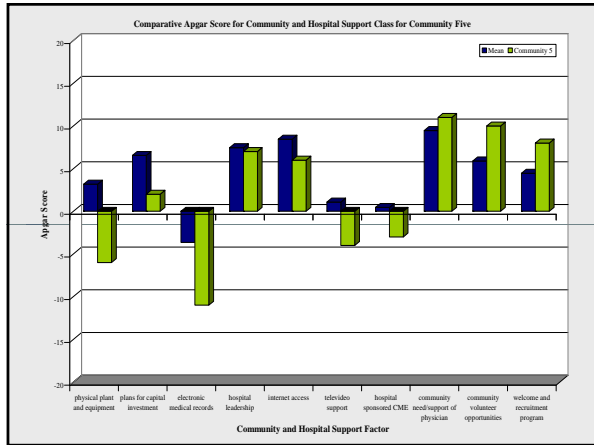


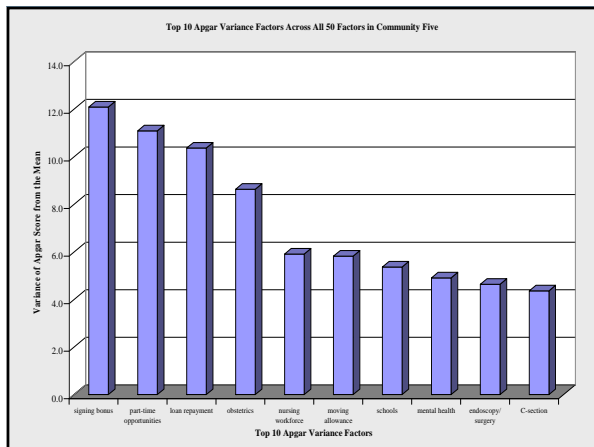


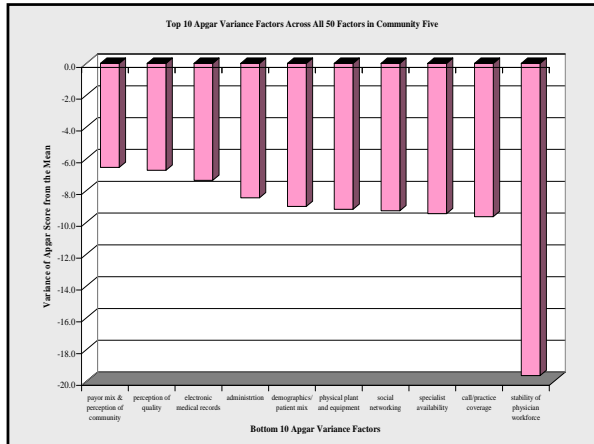


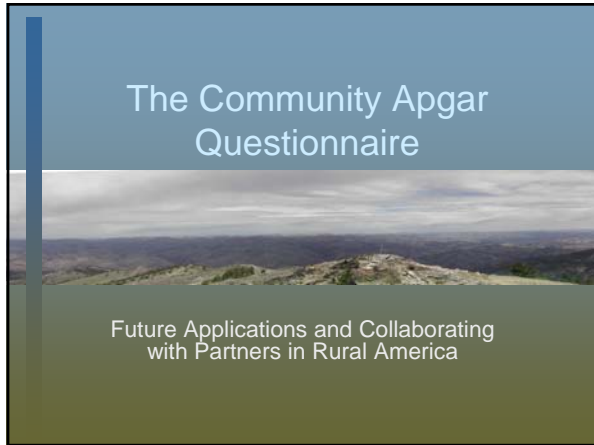















CAQ Funding

- Funding Sources
 - FLEX funds
 - State Office of Rural Health funds
 - Grant funds (e.g. USDA)
 - Educational and workforce partners
 - Direct cost share with community or state institutions



CAQ Sister Programs

- Nursing CAQ validation pilot recently completed in partnership with Boise State University Department of Nursing
- Others are be considered in the future for varying either the profession being recruited or for unique environments other than rural CAH or CHC



Questions/Suggestions/Ideas ?

More information available at:
www.ruralidaho.org
Rural Outreach Tab

Or contact:
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