

The National Advisory Council on the National Health Service Corps

Jim Macrae
Acting Administrator
Health Resources and Services Administration

Dear Mr. Macrae,

The National Advisory Council on the National Health Service Corps (NACNHSC) has concluded its discussion for Fiscal Year 2016 regarding health professional shortage areas and scoring, retention rates, the NHSC satisfaction survey, and the award process. The purpose of this letter is to provide and describe priorities and recommendations for the future of the NHSC.

PRIORITIES

1. Create value-added providers for NHSC approved sites. The NHSC participants who have chosen to work in high need communities represent a diverse and unique group of health professional who can further strengthen, and fortify a resource needed by underserved communities across the country. Analysis of NHSC data shows that 88% of health professionals are retained in a health professional shortage area after their service is complete. These individuals contribute to the health of their patients, the community population and the economy.

In order to promote retention of these providers, the NHSC should ensure that all participating sites and those communities, have knowledge of and access to the most current onboarding and retention practices as well as access to evidence-based best practices shared between clinical health centers and academic institutions. The NACNHSC uses the term retention to mean the participants continued practice in a designated HPSA underserved area after their service obligation is complete.

The NHSC can effectively influence the recruitment and retention of these value-added providers by creating expectations for NHSC approved sites to review selected onboarding and retention materials on an annual basis such as the manual created by the Rural Recruitment and Retention Network (3RNet.org).

Leveraging the existing success and influence of the NHSC would help create environments at approved sites that foster the development of clinical leadership skills and provide experiences in integrated care settings that provide team-based care and take a population health approach. The NACNHSC recommends implementing the following activities:

- Conduct a literature review of existing successful onboarding and retention strategies that are readily available.
- Create a central repository of this information that is accessible to NHSC approved sites and program participants.
- Require documentation of an annual review of this information that designates a HPSA area with a score assigned.

2. Establish a balance between field strength and provider retention (of 82%) in underserved communities throughout the service areas of the NHSC. The NACNHSC encourages more collaboration on the determination of the field strength number goal. NHSC should more fully integrate the characteristics of those providers most likely to remain in a HPSA into the application process for all programs. These characteristics, in addition to some external factors including but not limited to race, ethnicity, relationship with the community and/or a personal history can be deduced from the NHSC Satisfaction Survey and a rapid response request conducted by the HRSA-funded Carolina Health Workforce Center (CHWRC).

The intent of the initial rapid response request was to help NHSC identify the characteristics of healthcare providers who received financial incentives (e.g. scholarship support or loan repayment in return for service) to practice in Health Professional Shortage Areas (HPSAs) that increase the likelihood of their remaining in these underserved areas after they complete service obligations. CHWRC staff was asked to conduct a literature search and prepare a document that compares individual-level provider characteristics and external factors that are associated with provider retention.

The following is a summary of the major findings of the CHWRC Rapid Response report that are related to retention and field strength.

- Studies vary on their definition of retention but for the most part, findings support relatively strong retention rates.
- Federal and state financial incentive programs in exchange for service in underserved areas are important levers to incent providers to work in communities with high needs.
- NHSC program participants remained in practice in underserved areas ten years after they had completed their service contracts. Data suggests that NHSC participants are more likely to practice in underserved areas over the long term compared to non-participants, but it is not clear whether this is due to NHSC participation or to career preferences that prompted their initial interest in the NHSC.
- The two-year retention was more likely if the clinician was working in a state where s/he was raised or trained, but otherwise, no individual characteristics were associated with retention, nor was provider discipline.
- Retention of providers following service contract completion is related to external factors the site could not control or internal factors the site could control such as schedule, salary increase, opportunity for advancement. The Council encourages the NHSC to provide information and/or data on these factors that do influence retention by providing access to the information.
- Data indicates that participants in loan repayment programs are more likely to be retained in practices serving underserved populations than are participants in scholarship

programs. Providers enter scholarship programs early in their professional education when they may have less clearly defined career goals and may not have narrowed their professional interests. In comparison, those who enter loan repayment programs tend to be older and may have a better sense of their intended career path, as well as the needs of their family. Studies of state scholarship and loan repayment programs demonstrate similar findings. The data is clear that satisfaction with the professional environment plays a significant role in provider retention. Clinicians who have completed their service obligations are more likely to be retained in practice settings serving underserved populations if they have good professional experiences. All sites would benefit from an aggregation of multi-site exit interview findings. Specifically, the literature indicates that retention in these settings are higher if clinicians report that sites are well-run and problems are addressed quickly, that the site offers professional development opportunities, offers opportunities for leadership, offers mentorship of new clinicians, and gives providers influence over work schedules and clinic policies. Although not associated with marital status, retention is associated with providers reporting that their families' needs are being met. This last factor associated with retention is related to a good match between the provider's family and the community where the practice is based, such as career opportunities for a spouse or educational opportunities for his/her children.

- Other external factors predictive of retention included working in a busy practice, having a three-year term of service rather than a two-year term of service, being able to provide a full scope of services, and participation in a loan repayment program rather than a scholarship program.

To promote provider retention, the literature suggests that interventions may be appropriate in two areas: A) improving the work environment for program participants, and B) ensuring good "fits" between providers and service sites, with attention to the needs of the providers' families.

After review of a summary report of the CHWRC response, the NACNHSC concluded that the NHSC program implications are vast. Because the program's intention is not only to draw healthcare providers to underserved areas but also to retain them, specific actions should be taken to assure clinician satisfaction regarding his/her assignment and the community experience is being addressed. Specific changes to the programs may include:

- Developing a questionnaire for applicants to help identify to what degree the applicant exemplifies the characteristics of providers who remain working in HPSAs.
- Instituting a more rigorous application process utilizing in person and telephone interviews to screen for characteristics likely to remain in a HPSA and include retention related questions.
- Creating a qualitative assessment or focus groups to identify the salient characteristics common to those clinicians who have stayed past their service commitment in a designated HPSA
- Creating a standardized orientation and regular site verification acknowledging compliance for NHSC sites before receiving a Scholar or LRP recipient.
- Site monitoring and tracking to ensure NHSC participant satisfaction with the work environment.

- A more robust site profile that will help NHSC determinate opportunities for technical assistance.
- Offering suggestions to sites to support retention including flexible schedules and hours, part-time opportunities, and mentoring programs.
- Match.com-like tool to assist participants in choosing the “right fit” for job and community, including a section for provider spouse and family needs– this effort is already underway via the job portal expansion.
- Promoting practice models that train future site leaders.
- Resuming site, school and participant visits and technical assistance needs with the site.

3. Mentorship and Training throughout Service Commitment Expectation. NACNHSC supports mentorship and training opportunities at NHSC approved sites with an expectation that NHSC members participate in educating health professions students. The National Health Service Corps (NHSC) Mentor Program is an invaluable resource that pairs self-selected NHSC clinicians and Ambassadors with NHSC scholars and loan repayors. The overall goal is to allow providers to share their experiences, best practices, and other lessons learned, with young students who are transitioning from training to service. Mentors are available to discuss a variety of issues including, but not limited to, new trends in primary care, challenges faced during in-school training, service site selection, and professional development. Ultimately, the NHSC Mentor Program is the means through which students can get the additional support they will need to enhance their ability to successfully practice in communities of greatest need. NACNHSC supports the use of the Mentor Program throughout the clinician’s service commitment and beyond.

The mentor program could also be extended to site POCs who may find it useful to collaborate on issues such as recruitment and retention. HRSA should work to partner NHSC sites with academic institutions to educate future providers about health professional shortage areas and access to care in underserved communities.

Thank you for your leadership of HRSA and your consideration of these recommendations.

Sincerely,

National Advisory Council
National Health Service Corps

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