

**Health Care Workforce Partnership  
Recruitment and Retention Workgroup  
Meeting Minutes**

Curtis State Office Building Garden Level Conference Room  
January 25, 2012

**Introductions**

Cindy Nau began the meeting. Introductions were made and roll call was taken.

**Presentation from Kansas Recruitment and Retention Center**

Joyce Grayson, Director of Rural Health and Education Service, KU Medical Center, presented [an overview of Rural Health and Education Services](#).

The following notes are in addition to the information provided in Joyce's slide presentation:

- The focus is on rural Kansas, however there are urban areas being served if considered underserved. Johnson, Sedgwick, Douglas, Shawnee and Wyandotte counties are the only counties that are not rural counties.
- The Kansas Bridging Plan offers a type of loan forgiveness of up to \$26,000 in exchange for three years of service. The state provides \$10,000, which is to be matched by the employer. It is paid in two \$5,000 increments during the 2<sup>nd</sup> and 3<sup>rd</sup> year of residency. The \$16,000 to be paid by the employer is worked out between the resident and the employer. Distribution of those funds varies. If the resident defaults on the loan it is to be paid back with a 15% interest rate. There is only funding for nine slots a year. Average number of applicants is twelve. A resident can't practice in Kansas until three steps are completed. Four years in medical school, followed by 3 years of residency must be completed to become eligible for board certification.
- The Kansas Locum Tenens provides temporary coverage to primary care physicians. This allows rural physicians time off for personal or professional reasons. KU faculty sometimes chooses to provide coverage, but typically coverage is provided by a resident. There is a limitation of how long residents can work so they may only provide coverage if it fits into their schedule. All requests go through an extensive approval process to insure the person approved has the time and is capable of providing the coverage. It is a good way to earn money while in residency. The pay is a flat rate of \$1,000 per weekday, \$1,200 per weekend day in addition to travel reimbursement and provision of malpractice insurance.
- The Kansas Medical Resource program is the newest program. It is about two-and-a-half to three years old. It provides extended coverage for all physicians, specialties, nurses and allied health members in rural Kansas. It addresses coverage problems in other areas. Completed residents, retired members and other specialties qualify to provide coverage. A competitive wage is paid.

- The Kansas Recruitment and Retention Center services both job candidates and employers. The center holds career fairs, presents at conferences, creates professional ads and maintains online efforts to recruit candidates. They recruit regionally and nationally. Coastal states have been tapped in the last few years with good response. Kansas offers low malpractice rates and low cost of living, which are good recruitment tools. The KU residency programs are visited quarterly along with other schools. The primary candidates are physicians; however they do recruit for any clinically based candidates, which include physician assistants, advanced practice nurses, allied health, psychiatrists and dentists.
- There is a prescreening process for interested candidates. Two recruiters screen the candidates via telephone to gauge professional and personal interest. Google is always used to check candidates along with licensure information. Employers fill in forms and answer questions to determine what they are looking for. The center writes a job description, provides community information and posts the job order for the client. Some clients need very little assistance, others need a lot. The last challenge is the turnover rate for hospital administrators and safety net clinics.
- If there is a qualified candidate with no job match, center staff will call employers to see what may be coming open and is not yet posted.
- Kansas Recruitment Center placed 127 health care provides from 2004-2011. *{Per request, Joyce will send breakout of placement data, esp. for primary care. Will also send client breakout of practices.}*
- Other tools include:
  - Kansas Career Opportunities, which is an annual career fair held once a year in Kansas City and Wichita;
  - Kansas Connection Newsletter published three times a year opening communication with rural communities;
  - Web and marketing resources. Many rural sites do not have a website or a person dedicated to maintain a website. Assistance is given in creating the website and staff can be trained to maintain it.
- The Pipeline Retention project was created to bridge the gap between students, communities and employers. A survey was completed in early 2011 to determine how important retention was. Five hundred individuals were surveyed. The return rate was 40%. Of those responding 92% thought retention was important, but it was seen as being in control of the employer, “Community” was not in the client’s control, but all other factors were. The definition of retention was not given and it was determined there is a profound lack of knowledge in the meaning of retention. Those responding felt they would stay in their first position less than one year before moving on. The national average for a physician is three years. Salary and heavy student debt are driving factors.
- The community needs to recognize they must be involved in the process to keep providers long term. The spouse also becomes a factor. It takes one-and-a-half to three years for a family/spouse to adjust to the change in a rural community. There is a need to educate physicians about the time it will take

to adjust. Communities need to recognize it takes a village and time, not just “welcome brownies.” There needs to be someone in the community to connect with the family and help get the spouse and family interested and invested in the community. Luncheon activities are held to talk with the spouse when possible.

- We need to fill in the gaps. Coaching students is provided on what the ideal position looks like. It needs to become shared ownership. Half the problem is educating the provider not to take a job that will not work for them and their families for five years. Look at how long they will last in a position. Need to look at the debt the students are coming out with. Also look at the number of students we can get through our medical programs and develop a career opportunity checklist so they can rank what is important to them. Education is the key for both the employee and employer. Kansas needs to ask our students to stay in Kansas.
- There will be a survey sent out at the end of February. Hope to have results by summer.

**Review of Action Plan**

The Recruitment and Retention Workgroup’s action plan is posted in the minutes from the last meetings. Six regional meetings will be held in April—two per day. Need to determine where they should be held. **KANSASWORKS** virtual services will be utilized. Might be difficult to get CEOs to show. Jill Mick will survey her counties to see how many would be interested and available. Start with sharing ideas/resources we currently know of and let participants provide their input.

April 19<sup>th</sup> is not an option. Members need to submit other conflicting dates.

An invitation will be drafted for review by co-chairs Joyce Grayson and Martha Gabehart. Cindy will send information out to the entire health care workforce partnership committee asking for date conflicts.

**Next meeting**

The committee discussed dates for the next meeting. The meeting wizard will be used to set up a meeting date either on February 9<sup>th</sup> or the 14<sup>th</sup> or thereafter.

<b>ATTENDEES</b>	
JOYCE GRAYSON, <i>Co-Chair</i>	MARTHA GABEHART, <i>Co-Chair</i>
CARLA DECKHERT	JILL MICK
JENNIFER FORBES	MELANIE LIRA
JAMES FOSTER	KIA WALKER
<b>STATE BOARD STAFF</b>	
CINDY NAU	
<b>COMMERCE STAFF</b>	
ANN DUFFY	