Assessing Critical Access Hospital (CAH) Assets & Capabilities for Recruiting and Retaining Physicians: The Wisconsin Community Apgar Program

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Presentation Overview

- Background/Purpose/Development
- Wisconsin Comparative Database Results
- Examples from Hospital Level Report
- Next Steps
- Questions/Comments for Discussion
- Findings from the National Apgar Database
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  - Lisa MacKenzie, Graduate Research Assistant
  - Bradley Morris, Undergraduate Research Assistant

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 Critical Access Hospital CAQ (CAH CAQ)

- A validated tool used to assess a rural community’s assets and capabilities in recruiting and retaining family physicians.
- This should accurately correlate to historical community-specific workforce trends.
- Designed to be a real-time assessment tool providing guidance for the most helpful interventions at the present.

Purpose of the CAH CAQ (cont.)

- Presentation of individual CAQ Scores facilitating discussions with key decision makers in each community for specific strategic planning and improvements.
- The CAH CAQ can also be used to track a community’s progress over time, similar to the clinical use of Apgar scores in newborns.
CAH CAQ Development

- **Goal**
  - Develop an objective measurement tool (CAH CAQ) to assess the characteristics and parameters of rural Idaho communities related to successful recruitment and retention of family physicians

- **Process**
  - Research the scientific literature
  - Site visits to rural Idaho communities
  - Discussions with rural physicians and hospital administrators

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CAH CAQ Development

- **The CAH 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 medicine physicians in rural areas
  - Three open-ended questions
CAH CAQ Development: Class/Factor Examples

Geographic
- Schools
- Climate
- Perception of Community
- Spousal Satisfaction

Economic
- Loan Repayment
- Competition
- Part-time Opportunities
- Signing Bonus

Scope of Practice
- Emergency Care
- Mental Health
- Obstetrics
- Administration Duties

Medical support
- Nursing Workforce
- Call/Practice Coverage
- Perception of Quality
- Specialist Availability

Hospital and Community Support
- EMR
- Welcome & Recruitment
- Televideo Support
- Plan for Capital Investment

Use of the CAH CAQ: Wisconsin Sample and Administration

- CAH CAQ Target Communities in Wisconsin
  - 12 critical access hospitals
  - 12 hospital administrators and 12 physicians for a total sample of 24

- CAH CAQ Administration for Year 1 of Program
  - Participants mailed the CAH 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
Use of the CAH CAQ: Wisconsin Analyses and Reporting

- Wisconsin Analyses
  - Development of a Wisconsin comparative database for physician recruitment and retention
  - Statewide technical report and presentation for Year 1 results
  - 12 critical access hospital individual Board reports each year of the program

- CAH CAQ Board Reports
  - Individual data from each Wisconsin critical access hospital reviewed with Board of Directors of each facility each year of the program
  - Action plans developed in Year 1 for improvement in areas identified by the CAH CAQ
  - Year 2 review focuses on movement towards achieving improvement identified in Year 1

Making the most of the CAH CAQ

Recruiting and Retaining Family Physicians:
- community self-evaluation
- prioritizing improvement plans
- advertising and interviewing
- negotiation strategies and contract construction
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

Future of the CAH CAQ

- With further research and collaboration, this tool could also be used to share successful strategies communities have used to overcome challenges which may be difficult or impossible to modify.
- CAH CAQ surveys may be useful in identifying trends and overarching themes which can be further addressed at state or national levels.
States Participating/Interested

- States Participating in the CAP
- States Interested in Implementing the CAP

Wisconsin Comparative Database Results
Top 10 CAH Community Advantages Mean Score

- Recreational opportunities
- Employment status
- Income guarantee
- Nursing workforce
- Religious, cultural opportunities
- Community volunteer opportunities
- Ancillary staff workforce
- Perception of quality
- Transfer arrangements
- Mid-level provider workforce

Top 10 CAH Community Advantages Mean Score (Continued)

- Community need: physician support
Top 10 CAH Community Challenges Mean Score

Class CAH Community Importance Cumulative Score
Scope of Practice Class CAH Community Apgar Mean Score

Medical Support Class CAH Community Apgar Mean Score
Top 10 CAH Community Apgar Mean Score (Continued)

Top 10 Factors - Apgar

Bottom 10 CAH Community Apgar Mean Score

Bottom 10 Factors - Apgar
Cumulative CAH Community Apgar Score – Wisconsin Hospitals

Examples from Hospital Level Reports
Hospital X
Comparative Cumulative Apgar Score for Geographic Class

Comparative Cumulative Apgar Score for Economic Class
Comparative Cumulative Apgar Score for Scope of Practice Class

Hospital X

Comparative Cumulative Apgar Score for Medical Support Class

Hospital X
Comparative Cumulative Apgar Score for Hospital and Community Support Class

Hospital X

Cumulative Apgar Score

Baseline Mean

Hospital and Community Support Factors

Top 10 Apgar Factors across All 50 Factors

Schools, Demographics, patient mix, Revenue flow, Part-time opportunities, Recreational opportunities, Employment status, Mid-level physician, workforce, Nursing workforce, Moving, Moving allowance, Access to larger community
Hospital X
Bottom 10 Apgar Factors across All 50 Factors

Top 10 Cumulative Apgar Variance Factors across All 50 Factors
Hospital X
Bottom 10 Cumulative Apgar Variance Factors across All 50 Factors

Next Steps

- Return in Fall 2012 to re-assess using Community Apgar Questionnaire at original 12 critical access hospitals
- Develop Year 2 Wisconsin comparative database
- Develop reports for 12 individual critical access hospitals using updated Year 2 Wisconsin comparative database
- Present individual reports to 12 critical access hospitals highlighting progress towards action plan goals
Questions/Comments for Discussion

Findings from the National Apgar Database

- States Participating in the CAP
- States Interested in Implementing the CAP
### Top 10 Apgar Factors

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<td>• Employment status</td>
<td>• Perception of Quality</td>
<td>• Employment status</td>
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<td>• Community need/support of physician</td>
<td>• Loan repayment</td>
<td>• Transfer arrangements</td>
<td>• Recreational opportunities</td>
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<td>• Internet access</td>
<td>• Income guarantee</td>
<td>• Internal access</td>
<td>• Perception of quality</td>
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<td>• Income guarantee</td>
<td>• Community need/physician support</td>
<td>• Loan repayment</td>
<td>• Income guarantee</td>
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<td>• Hospital leadership</td>
<td>• Reimbursement opportunities</td>
<td>• Community need/physician support</td>
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<td>• Plans for capital investment</td>
<td>• Revenue flow</td>
<td>• Ancillary staff workforce</td>
<td>• Ancillary staff workforce</td>
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<td>• Transfer arrangements</td>
<td>• Competition</td>
<td>• Ancillary staff workforce</td>
<td>• Employment status</td>
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<td>• Community volunteer opportunities</td>
<td>• Ancillary staff workforce</td>
<td>• Moving allowance</td>
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<td>• Perception of quality</td>
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### Bottom 10 Apgar Factors

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<td>• Spousal satisfaction</td>
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<td>• Climate</td>
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<td>• C-section</td>
<td>• Shopping other services</td>
<td>• Social networking</td>
<td>• Televideo support</td>
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<td>• Shopping other services</td>
<td>• Access to larger community</td>
<td>• Mental health</td>
<td>• Inpatient care support</td>
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<td>• Mental health</td>
<td>• Allied mental health workforce</td>
<td>• Emergency room services</td>
<td>• Inpatient care support</td>
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<td>• Electronic medical records</td>
<td>• Religious/cultural opportunities</td>
<td>• Emergency room services</td>
<td>• Social networking</td>
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<td>• Part-time opportunities</td>
<td>• Climate</td>
<td>• Religious/cultural opportunities</td>
<td>• Climate</td>
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<tr>
<td>• Social networking</td>
<td>• Allied mental health workforce</td>
<td>• Demographic patient mix</td>
<td>• Emergency room services</td>
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<td>• Perception of community</td>
<td>• Climate</td>
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<td>• Allied mental health workforce</td>
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<td>• Mid-level supervision</td>
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