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COMMENTARY

# Partnering Around Data to Address Clinician Retention in Loan Repayment Programs: The Multistate/NHSC Retention Collaborative

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State and federal loan repayment and scholarship programs continue to grow in number and workforce size. As a sign of maturation, these venerable recruitment programs now also strive to retain the clinicians they have successfully drawn into areas of need, to extend an otherwise short-term staffing fix into a long-term solution for an underserved community.

To promote retention, loan repayment and related incentive programs should help their clinicians be happy in their practices, jobs, and communities. But given their historic focus on recruitment and tight budgets, incentive programs have generally not had the funding, staff, and community relationships to remain in contact with clinicians as they serve. Programs are generally not in a position to know of and help resolve the professional and personal issues that often arise for young clinicians and affect their retention. Further, programs typically operate alone and are unable to learn from one another.

This commentary describes the joint activities of 11 state Primary Care Offices (PCOs) and partnering state offices that are collaborating to better understand and bolster retention among clinicians serving in the National Health Service Corps (NHSC) and in their states' own incentive programs. We describe the *Multistate/NHSC Retention Collaborative* they formed and its initial activities, and we describe the Collaborative's current joint information collecting and reporting system created to guide program improvements. This paper's aim is to show how a collaborative initiative based around strong data can help states better support clinicians and build retention within incentive programs.

## The Collaborative's Origins and Initial Cross-State Survey

The Multistate/NHSC Retention Collaborative was formed in 2012 when 11 state PCOs pooled American Recovery and Reinvestment Act funds they received to assess and promote retention among NHSC clinicians. Collaborating states ranged geographically from Alaska to California, Delaware, and North Carolina. To first document retention, the Collaborative partnered with the North Carolina Foundation for Advanced Health

Programs and the University of North Carolina's (UNC) Cecil G. Sheps Center for Health Services Research to survey NHSC clinicians then serving in participating states. To broaden its reach, the survey incorporated clinicians serving in 5 incentive programs offered by states, including 2 sponsored jointly with the NHSC. The survey's questionnaire was adapted from the NHSC's 2011 study, *Evaluating Retention in the BCRS Programs* (http://nhsc.hrsa.gov/currentmembers/membersites/retainproviders/retentionbrief.pdf). The Collaborative's survey was fielded in the summer of 2012. Its 50% response rate yielded 823 clinician respondents serving in the NHSC and 206 serving in state programs.

A report (http://www.ncfahp.org/Data/Sites/1/practicesights/multi-state-nhsc-retention-collaborative-final-report.pdf) was generated in the fall of 2012 with information from these 1,029 respondents combined with data from another 562 NHSC clinicians in these same states that responded in the NHSC's 2011 retention study. The report presented numerous tables and graphs addressing many facets of clinicians, programs, practices, jobs, and communities germane to retention. Findings were presented side-by-side for each state and program to permit head-to-head comparisons (see Figure 1). Through webinars the Collaborative's PCOs and partnering state agencies, such as offices of rural health, reviewed the report findings, their significance and possible program responses. Despite the potential sensitivity of comparative data, the tone of conversations was open, collegial, and trusting.

In the summer of 2013, 10 months after the fall 2012 survey report, Collaborative members in 8 states responded to a formal query from the Collaborative's leaders on how their state had used the survey results (the 3 other PCOs had staffing turnover that hindered reporting). Together, the 8 states had distributed 1,250 copies of all or portions of the report, most commonly to leaders and staff of health centers and primary care associations, as well as to state workforce committees and recruiters. In 5 states findings were presented at various in-state workforce conferences and to advisory committees. The report's information was widely regarded as new, useful, trustworthy, and actionable. Seeing comparison data for other states proved to be particularly compelling. States used the data to support or expand programs, design, and fund retention activities, and expand eligible disciplines. One dramatic statement:

> *"In [State] the results of the Multi-State study contributed to a statewide summit on retention that contributed to the Governor of [State] to propose to the legislature to increase funding for loan repayment and loan for service programs by $1.6 million. . . . The results . . . were used by the [State] Legislative Finance Committee to produce recommendations . . . and acted upon by the legislature in January and February 2014."*

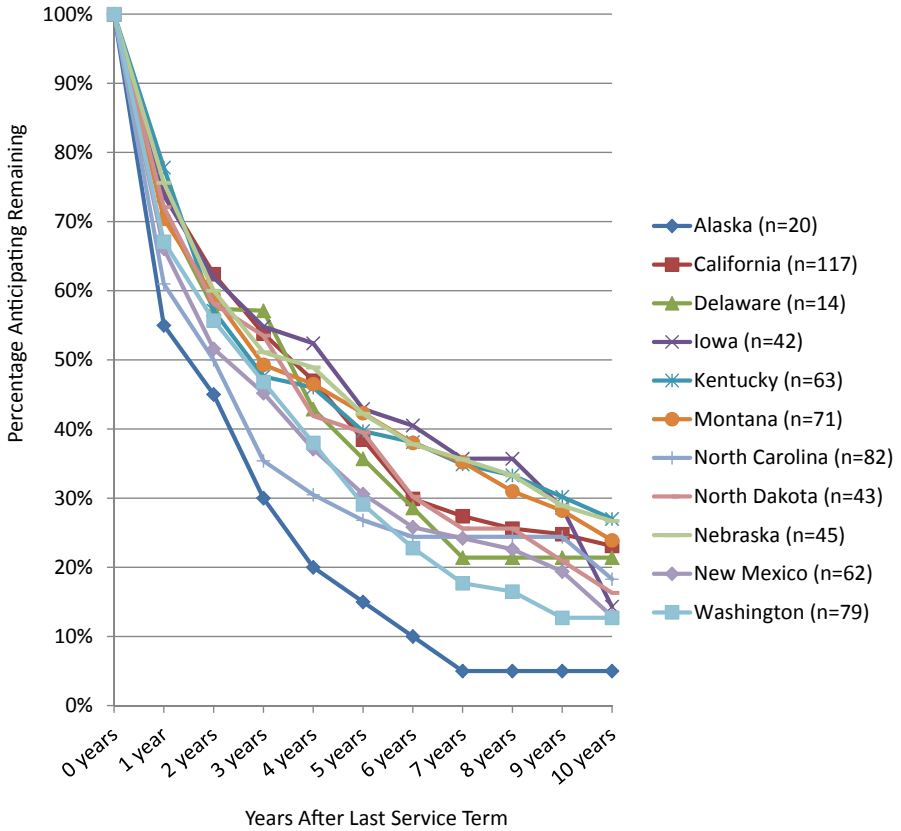
## Current Activities of the Collaboration: The Practice Sights Retention Management System

Two states left the collaborative after its first year—principally for reasons of funding and changes in PCO leadership—and 2 new states joined. Having experienced the usefulness of good data and collaborating in data gathering but also recognizing the limitations of one-time surveys, the Collaborative sought to build an information system that would continuously collect information to monitor clinicians as they served in incentive programs. The Collaborative partnered with the NC Foundation for Advanced Health Programs around a "retention module" that had recently been added to the Foundation's Practice Sights software program (Cary, North Carolina. https://www.practicesights.org/Home.aspx). Practice Sights was well known to PCOs as recruitment information management software many states used and as a tool in the National Rural Recruitment and Retention Network's (3RNet) online national job search site (https://www.3rnet.org/). The addition of a retention module to this recruitment information software allowed "recruiters" to remain in contact with clinicians after job placement as they worked in rural and underserved areas.

In the spring of 2013 and with funding from the US Office of Rural Health Policy, the Collaborative linked with the NC Foundation and UNC staff to create a new retention information system that moved the Practice Sights retention module from a server-based format to a more widely accessible online format with new functionality to meet the Collaborative's needs. The new *Practice Sights Clinician Retention Management System* became active in July 2013 and continues to operate and expand capacity.

This retention information management system operates as follows. Participating states' PCOs and state program staff input basic information for each new clinician as he or she enters their state's service programs, including names, disciplines, and service contract dates, as well as information on service sites. The NHSC provides this information for NHSC clinicians in each participating state. Cuing off clinicians' contract start and end dates, the information system alerts PCO staff when it is

**Figure 1** Percentage of NHSC Loan Repayment Program clinicians serving in the 11 states that anticipate remaining at their service sites in the years following their service terms.[a]




[a]From "Findings of the First Year Retention Survey of the Multi-State/NHSC Retention Collaborative," Figure I.c.5.((http://www.ncfahp.org/Data/Sites/1/practicesights/multi-state-nhsc-retention-collaborative-final-report.pdf)

time for a questionnaire to be sent. Questionnaires for clinicians are cued 3 months after a clinician's contract start date, at the end of each contract year, at the end of the contract term, and then annually or biannually for alumni. Questionnaires are also cued annually for service site administrators. Clinicians and administrators receive e-mail requests and reminders to provide feedback to their programs through the questionnaires, which they access through a URL link.

The content of the system's questionnaires for clinicians is tailored to the appropriate stage of their contract cycle. This allows information on clinicians' backgrounds, motivations and family needs to be asked only once, at the beginning of their contracts. Through the annual questionnaires, information is gathered on recent practice experiences and current issues, including descriptions of clinicians' work, patients, clinicians' satisfaction with various aspects of their jobs and communities, retention plans, any assistance needed from program staff, and anonymous evaluations of their programs. The alumni questionnaire only asks about clinicians' work since fulfilling service contracts. Service site administrators provide information on the practice's mission and patients, and they assess the performance of the site's current clinicians-in-service and rate various aspects of the NHSC or state program.

A key feature of the Retention Management System is its reporting function. Questionnaire responses from each clinician can be viewed by PCOs and program staff to keep abreast on how each clinician is doing and to promptly recognize and intervene in any issues. PCOs can also produce on-demand summative reports for all program clinicians or for subgroups such as those serving over a specified time period, mental health practitioners or clinicians serving in federally qualified health centers. Alternatively, 2 groups of clinicians within a

given program can be compared side-by-side, eg, mental health and dental health clinicians. These automated reports present the information gathered through the system's various questionnaires in a series of graphs and tables, much like the Collaborative's 2012 survey report. The reports of the Retention Management System are different from the 2012 report in that data are continuously updated and reports can be created on-demand and specially tailored to subgroups. This is an ever-growing, malleable system. System data can also be downloaded for additional, ad hoc analyses.

## The Collaborative's Future

The Collaborative's efforts to work together and to base their activities on a data system are unique. The Collaboration allows participants to learn from one another through common data, share knowledge, and maintain momentum and direction through the group's energy. The group's current challenges are to establish a stable funding base, expand collaboration among members, and devise more ways to use their shared information to assist clinicians and bolster retention. Other states are invited to join by contacting the authors.