

Bringing the Community Apgar Program to California: A Process for Improving Communities' Recruitment and Retention of Physicians



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Family Medicine Residency of Idaho**

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Boise State University**

**Chris Muffett, Director of Communications
Maine Primary Care Association**

**California State Office of Rural Health Webinar
April 4, 2012**

Presentation Overview

- Acknowledgements
- The Community Health Center Community Apgar Questionnaire (CHC CAQ)
 - Background
 - Development
 - Selected State and Community Level Findings
- The Community Health Center Community Apgar Program (CHC CAP)
 - The CHC CAP process
 - The Maine experience
- Questions



Acknowledgements

- Contributors
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 - Katrina Hoff, Director of Workforce Development, Idaho Primary Care Association
 - Ted Epperly, MD, Program Director and CEO, Family Medicine Residency of Idaho



Acknowledgements

- Funding

- Mary Sheridan, Supervisor, State Office of Rural Health and Primary Care, Idaho Department of Health and Welfare through a federal grant from the US Department of Health and Human Services, Health Resources and Services Administration
- Jim Girvan, Dean, College of Health Sciences, Boise State University, through a College of Health Sciences research fund
- Research and Physician Faculty time contributions made by Boise State University and Family Medicine Residency of Idaho



The Community Health Center Community Apgar Questionnaire (CHC CAQ)



BACKGROUND

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”



Background

- Six Years of Work
 - Year 1
 - Idaho Family Physician Rural Work Force Assessment Pilot Study (Published in the Journal of Rural Health)
 - Year 2
 - Critical Access Hospital Community Apgar Questionnaire (CAH CAQ) [Published in the Rural and Remote Health Journal]
 - Year 3
 - Examining the Trait of Grit and Satisfaction in Idaho Physicians
 - Community Apgar Program (CAP) Pilot for Critical Access Hospitals in Idaho
 - Nursing Community Apgar Questionnaire (NCAQ)



Background

- Six Years of Work (cont.)
 - Year 4
 - Community Health Center Community Apgar Questionnaire (CHC CAQ)
 - Community Apgar Program (CAP) for Community Health Centers in Idaho
 - Community Apgar Solutions Pilot Project
 - Years 5 & 6
 - Expansion of the Community Apgar Program (CAP) for Critical Access Hospitals and Community Health Centers
 - Wyoming, North Dakota, Wisconsin and Alaska (CAHs)
 - Maine (CHC)



The Community Health Center Community Apgar Questionnaire (CHC CAQ)



DEVELOPMENT

Development

- Community Health Center Community Apgar Questionnaire (CHC CAQ) Research Objectives
 - Develop an objective measurement tool to assess the characteristics and parameters of Idaho community health centers related to successful recruitment and retention of family physicians



Development

- The CHC CAQ
 - Questions aggregated into 5 Classes
 - Geographic
 - Economic
 - Scope of Practice
 - Medical Support
 - Facility 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 community health centers
 - Three open-ended questions



Development: Class/Factor Examples

- Geographic Class
 - Schools, climate, perception of community, housing, spousal satisfaction
- Economic Class
 - Loan repayment, salary, signing bonus, part-time opportunities
- Scope of Practice Class
 - Mental health, inpatient care, obstetrics, emergent care, administrative duties



Development: Class/Factor Examples

- Medical Support Class
 - Nursing, allied mental health, pharmacy, perception of quality, call coverage
- Facility and Community Support Class
 - Physical plant and equipment, EMR, CHC leadership, community support of physician



Development

- Community Apgar Score
 - Constructed from the sum of weighed parameters in the five classes of the CAQ
 - similar to the five dimensions of the neonatal Apgar
 - a repeatable measure of a community's assets and capabilities
 - Designed to differentially diagnose a community health center's relative component strengths and challenges
 - prioritize improvements
 - identify marketing opportunities

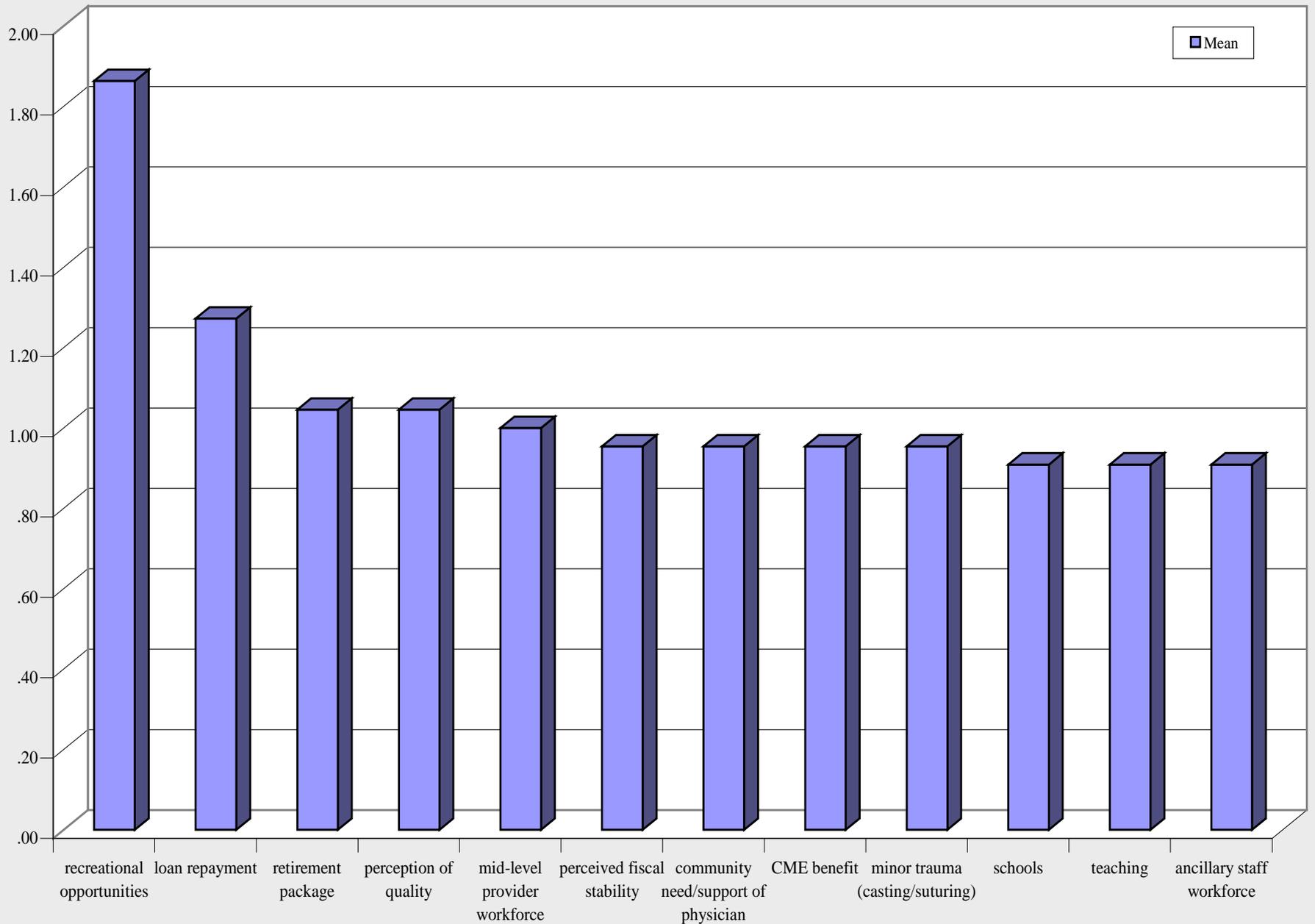


The Community Health Center Community Apgar Questionnaire (CHC CAQ)



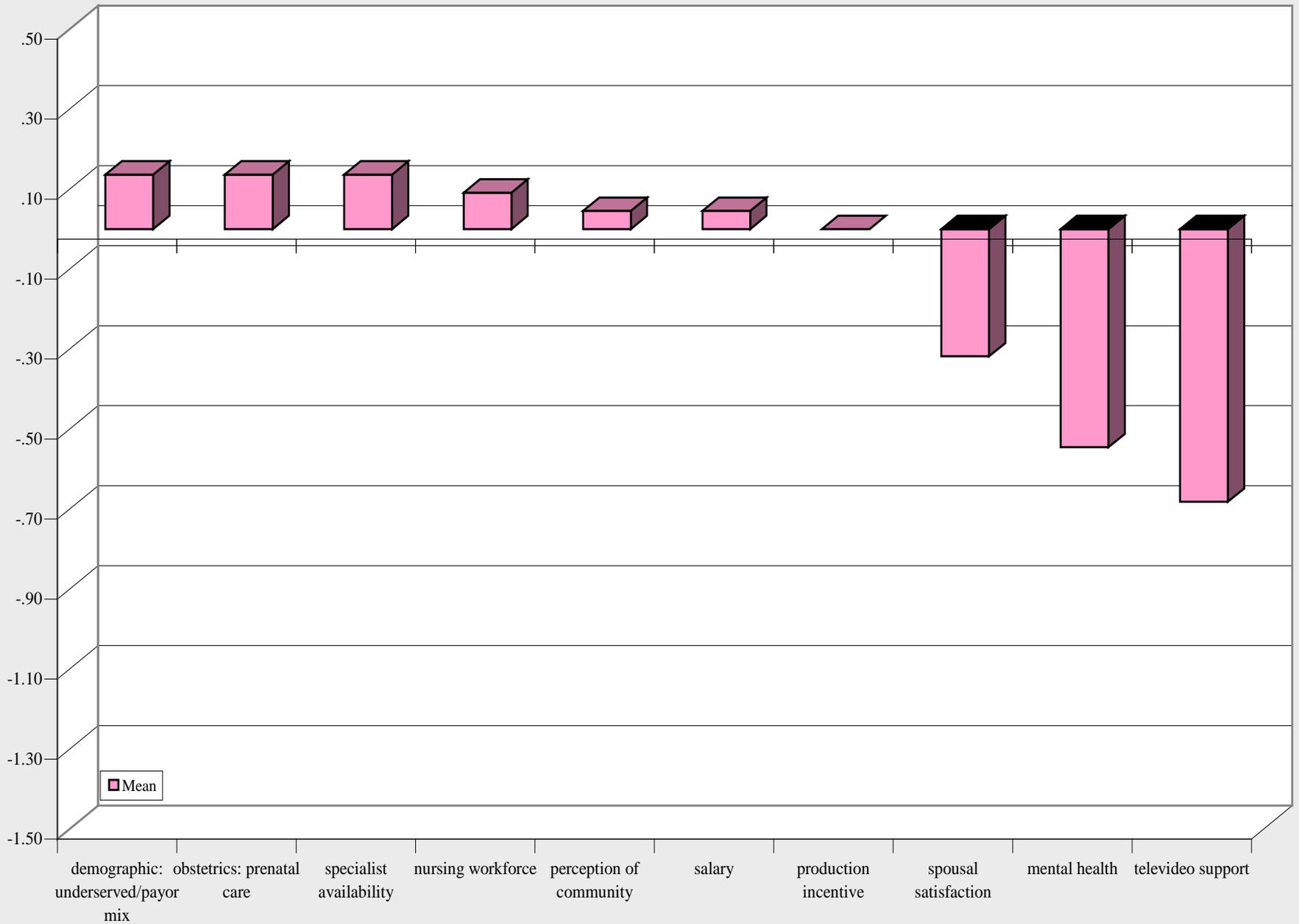
SELECTED STATE LEVEL FINDINGS

Top 10 CHC Advantage Factors across All 50 Factors



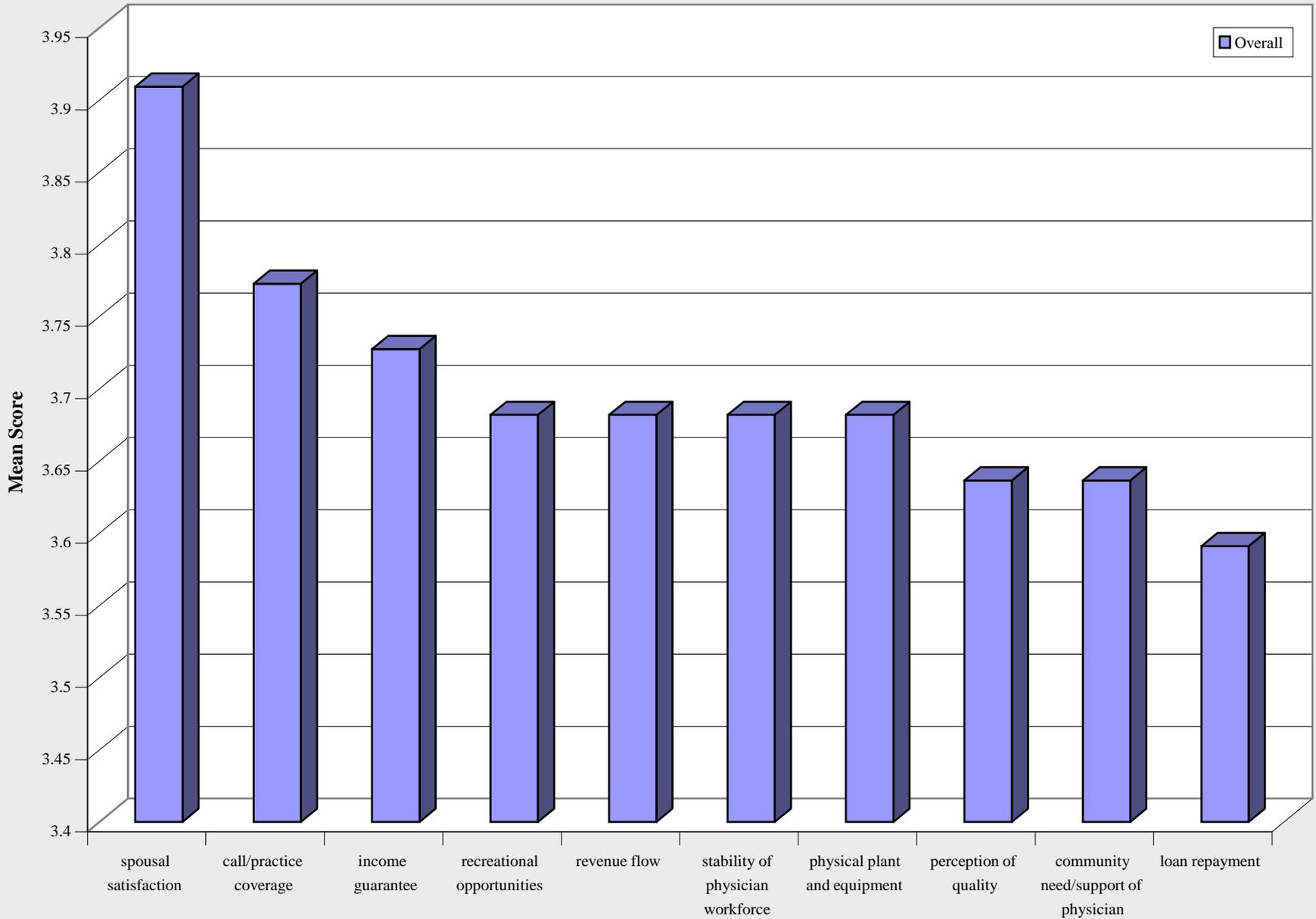
Top 10 CHC Advantage Factors

Top 10 CHC Challenge Factors across All 50 Factors



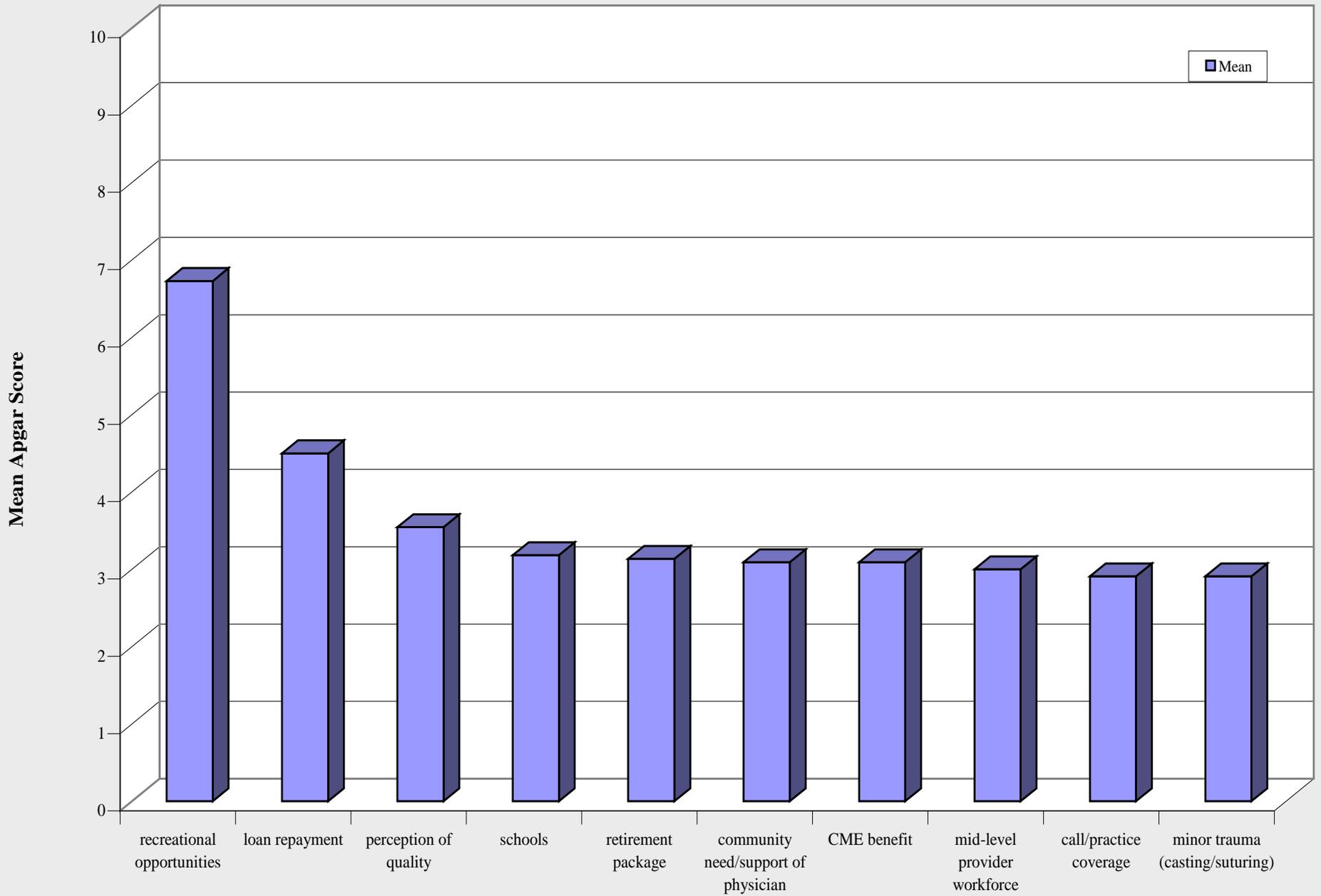
Top 10 CHC Challenge Factors

Top 10 Important Factors across All 50 Factors



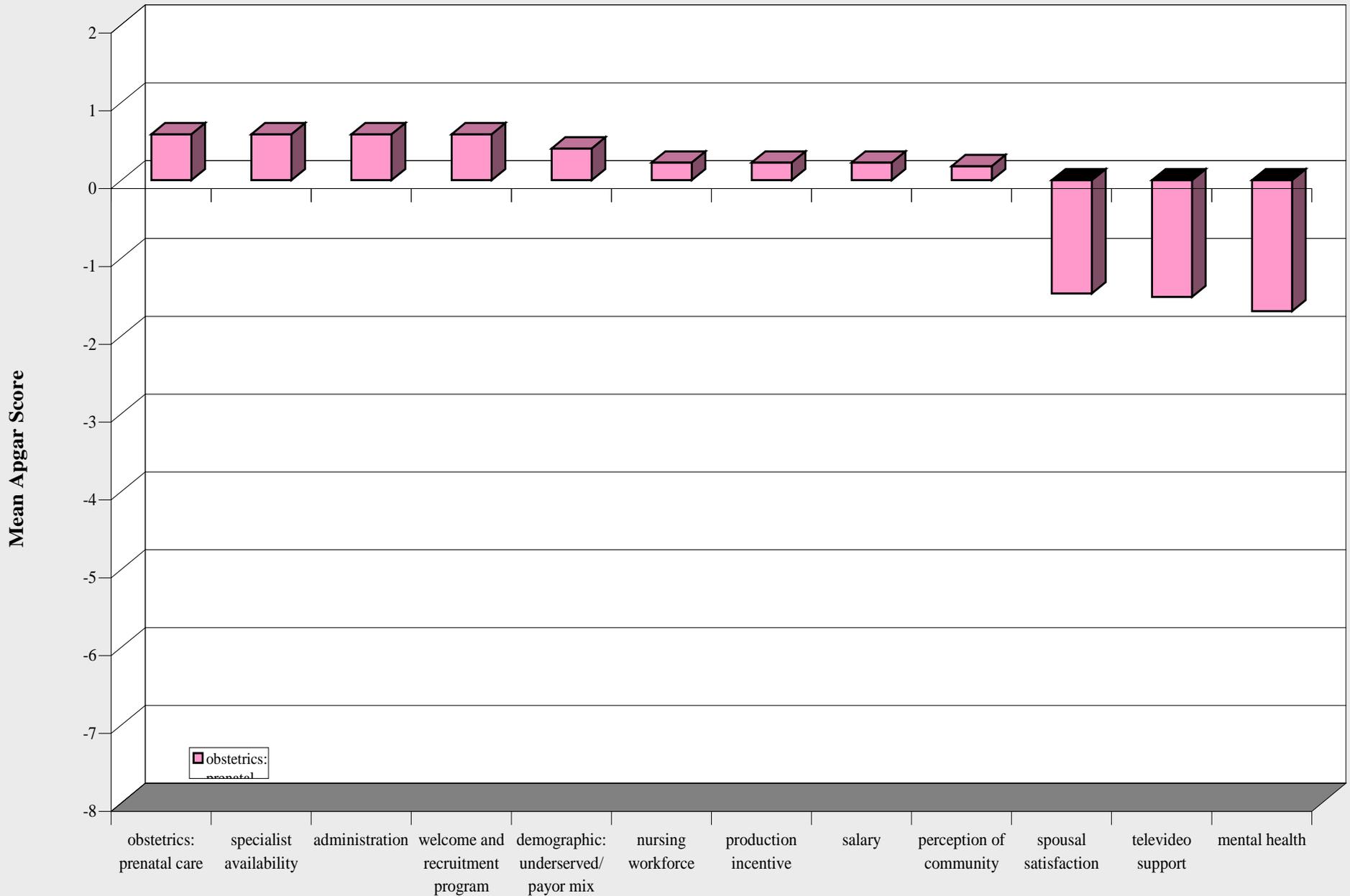
Top 10 Important Factors

Top 10 CHC Apgar Scores by Factors across All 50 Factors



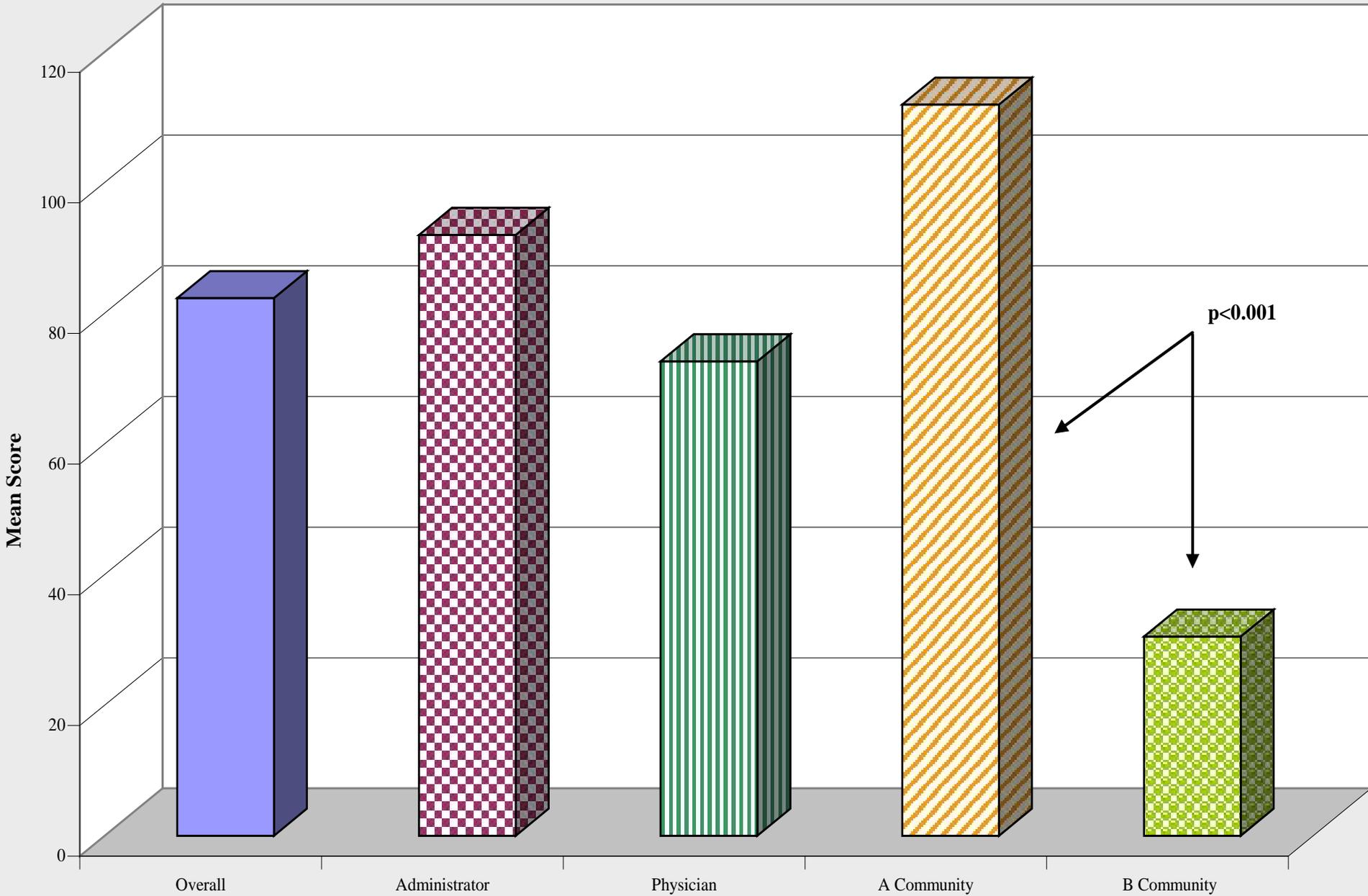
Top CHC 10 Apgar Scores by Factors

Bottom 10 CHC Apgar Scores by Factors across All 50 Factors

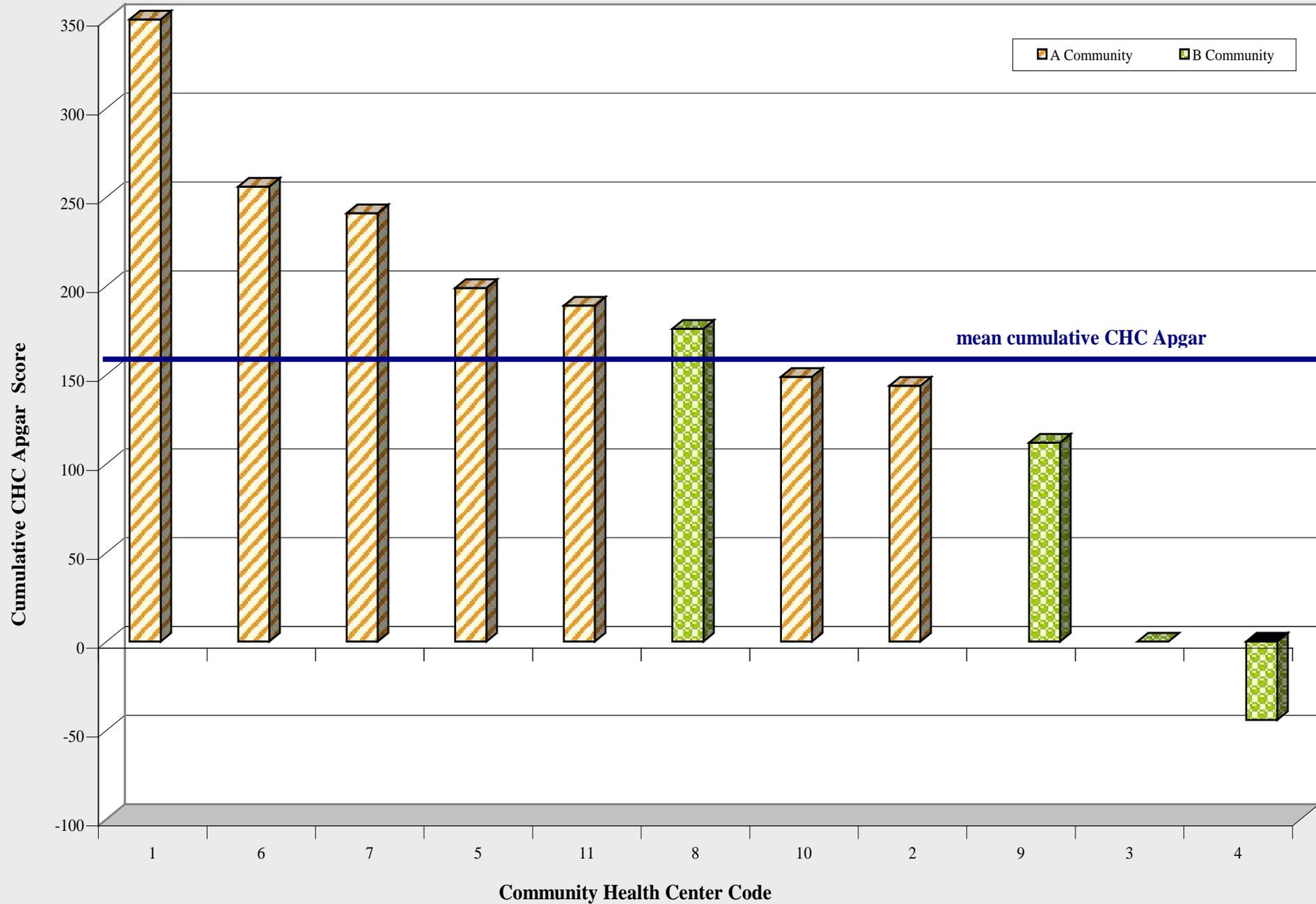


Bottom 10 CHC Apgar Scores by Factors

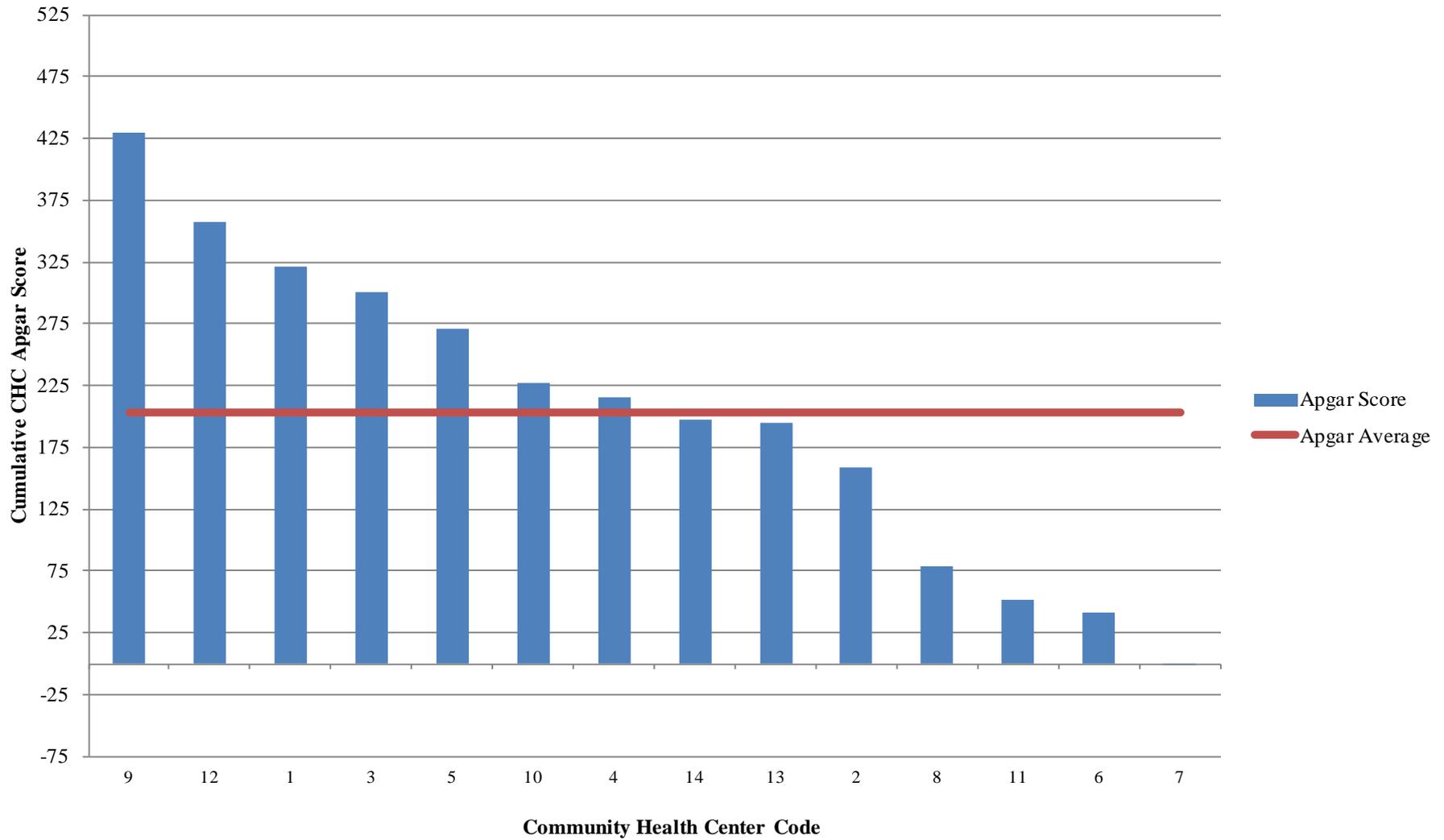
Summary Class CHC Community APGAR Mean Score
by Overall Respondent and Community Type



Cumulative CHC Community Apgar Score by Community Health Center



Cumulative CHC Community Apgar Score – Maine Facilities

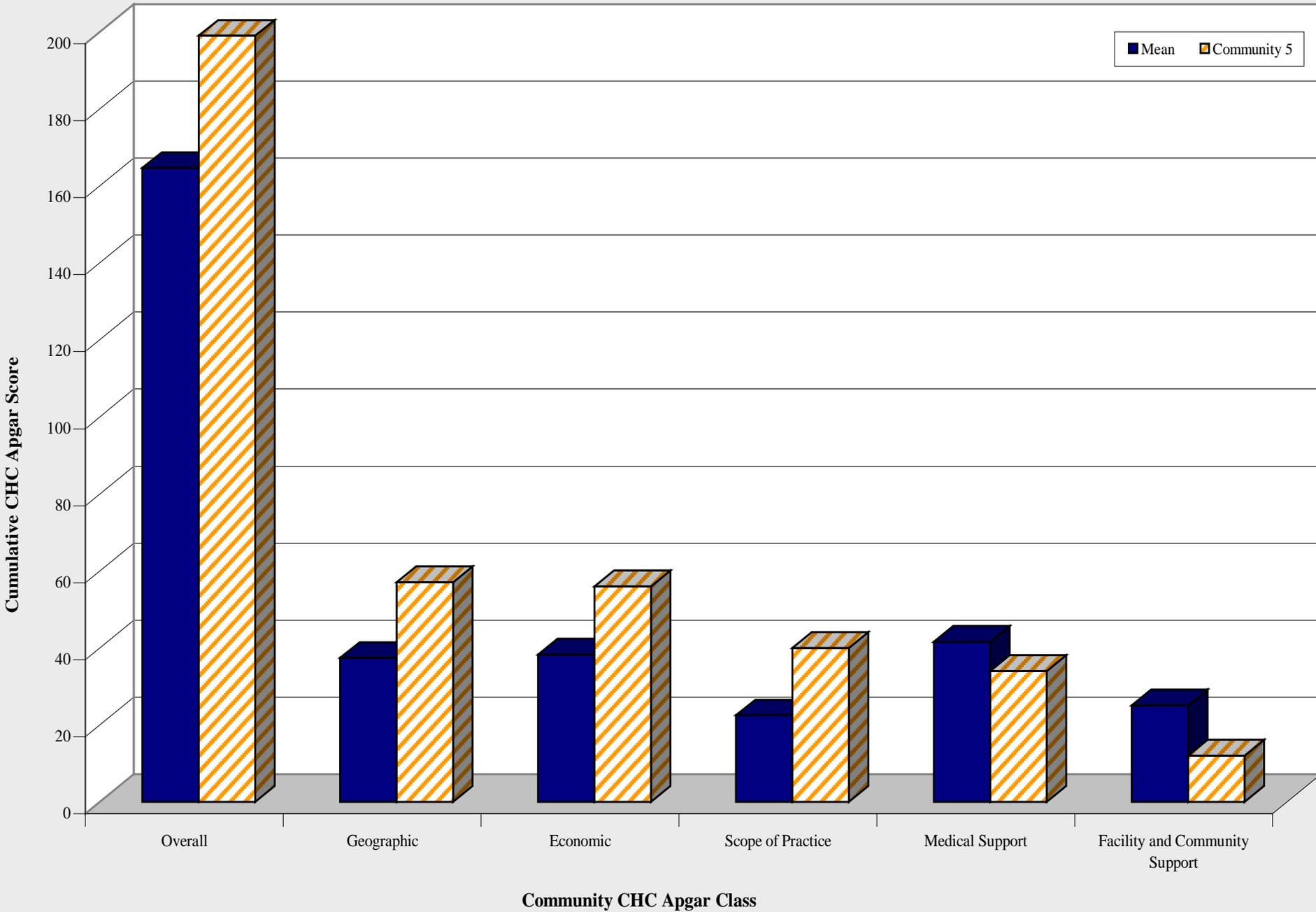


The Community Health Center Community Apgar Questionnaire (CHC CAQ)

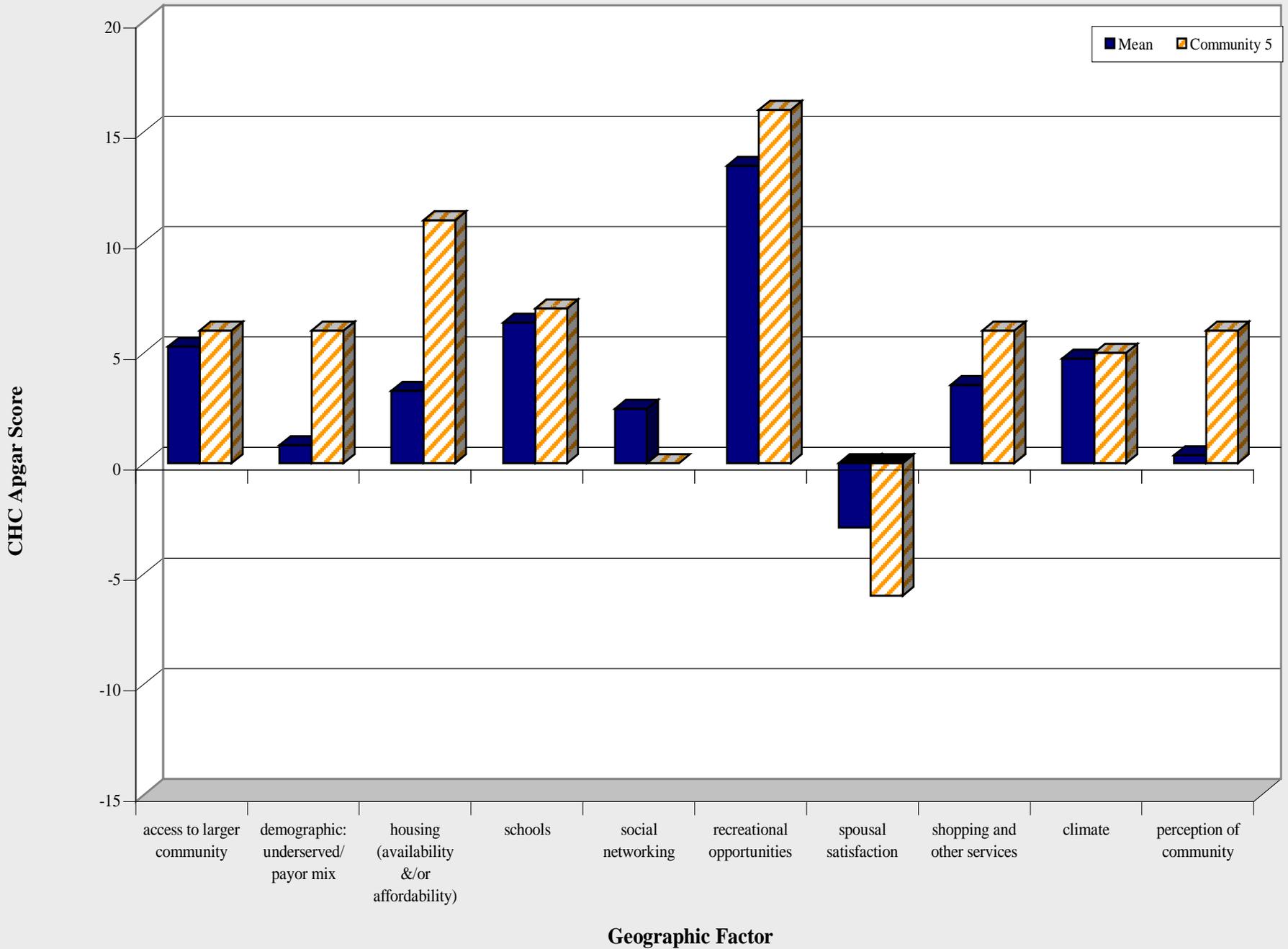
COMMUNITY “5”



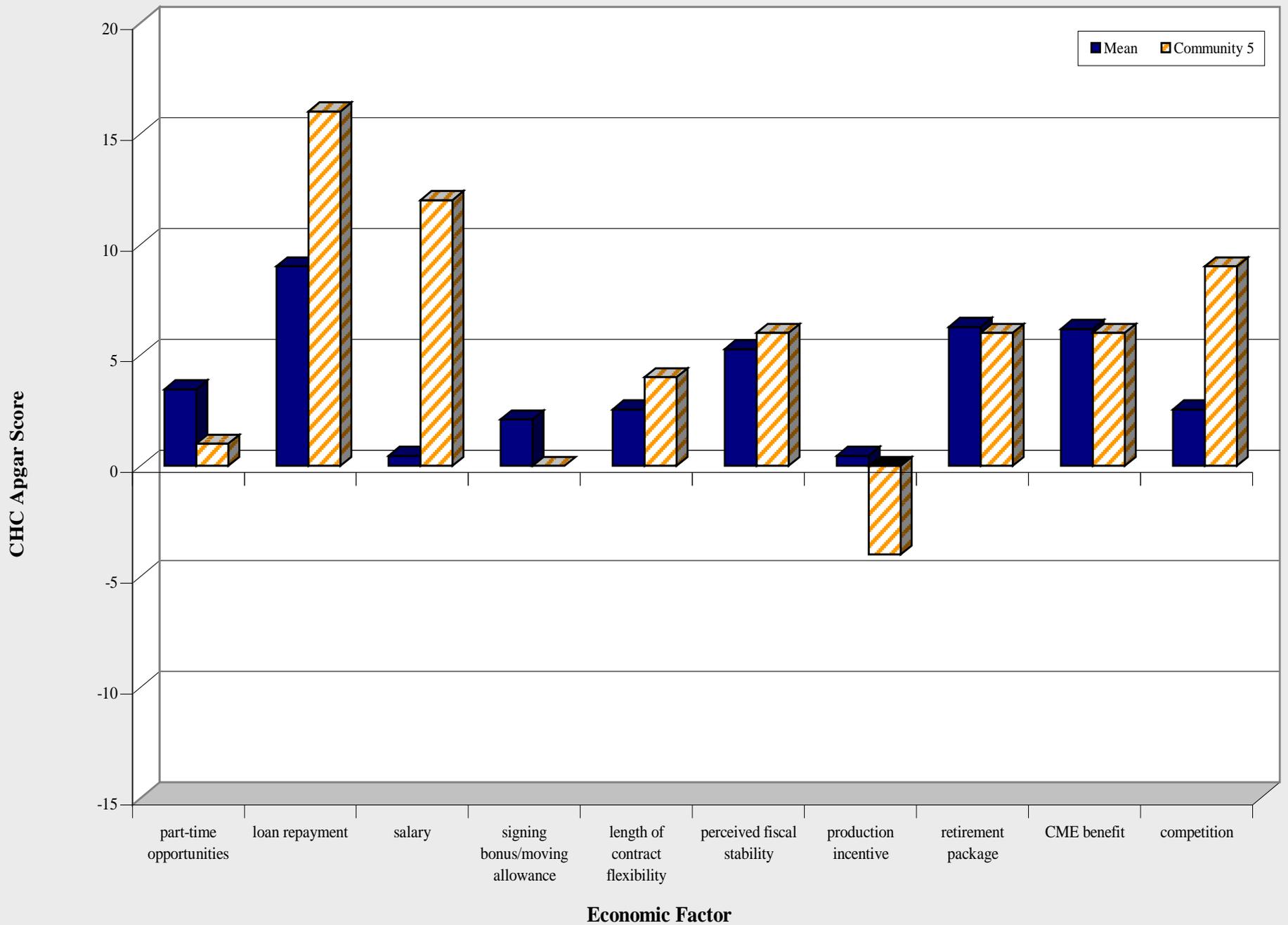
Comparative CHC Apgar Score for Community Five



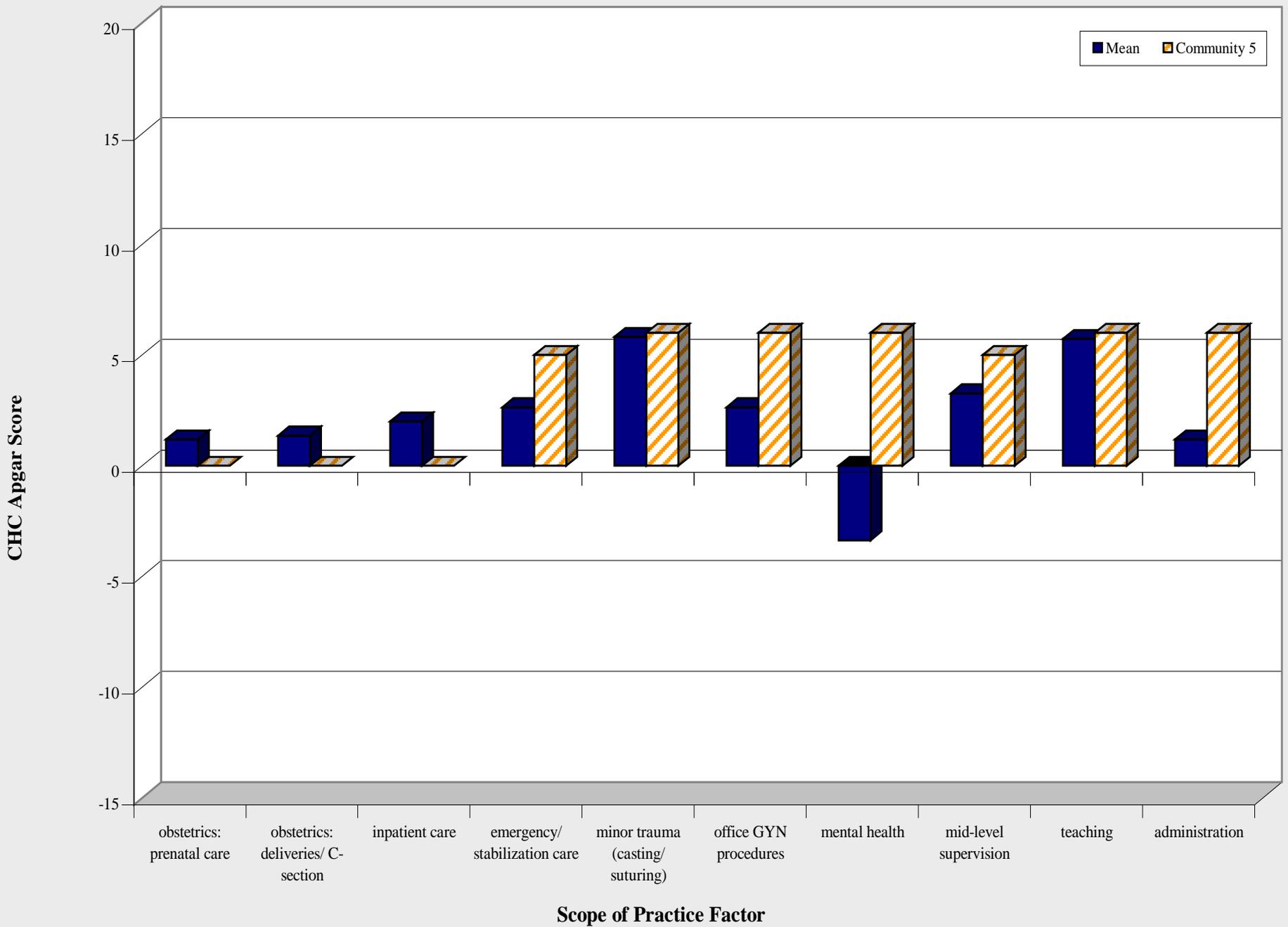
Comparative CHC Apgar Score for Geographic Class for Community Five



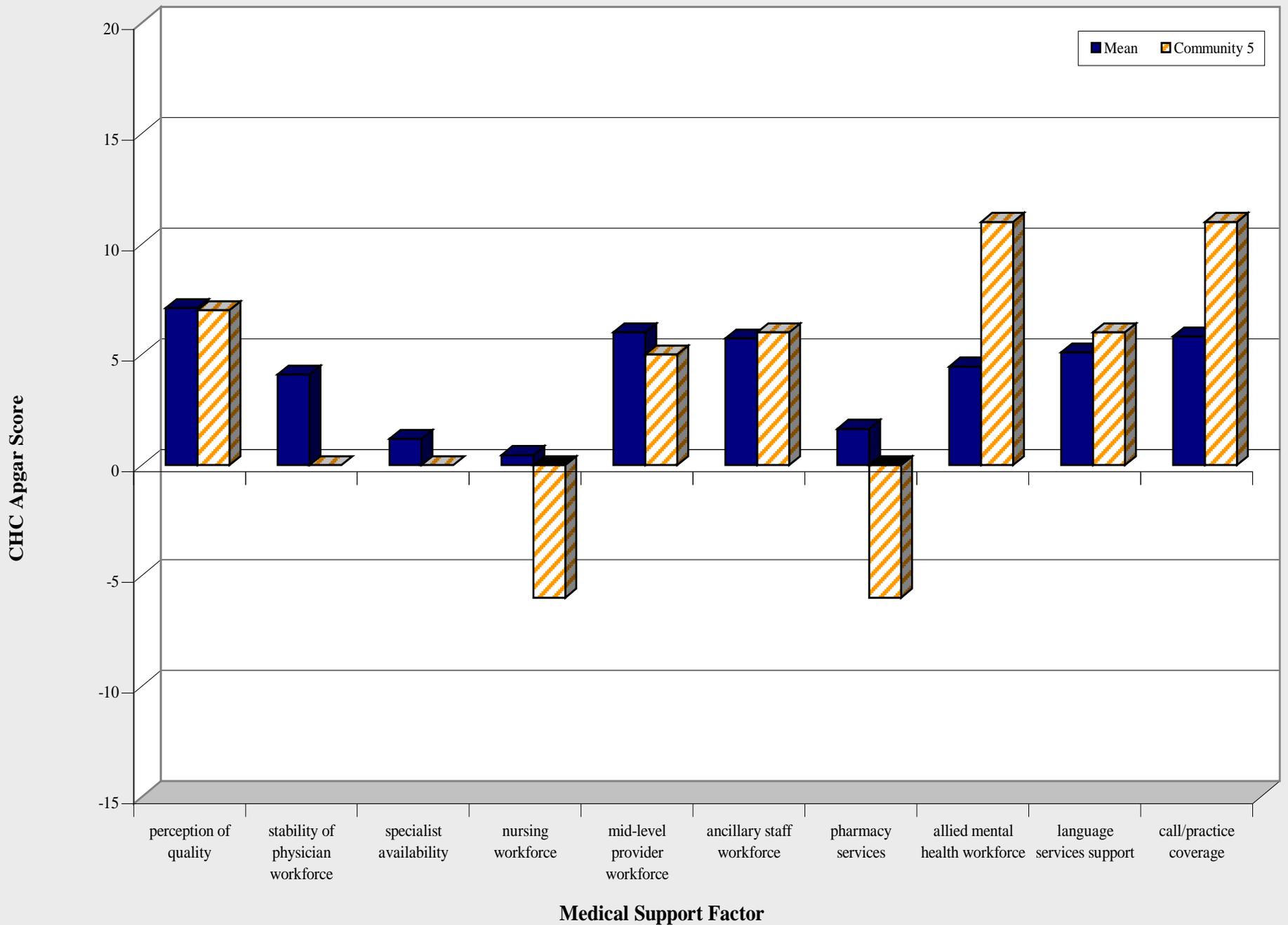
Comparative CHC Apgar Score for Economic Class for Community Five



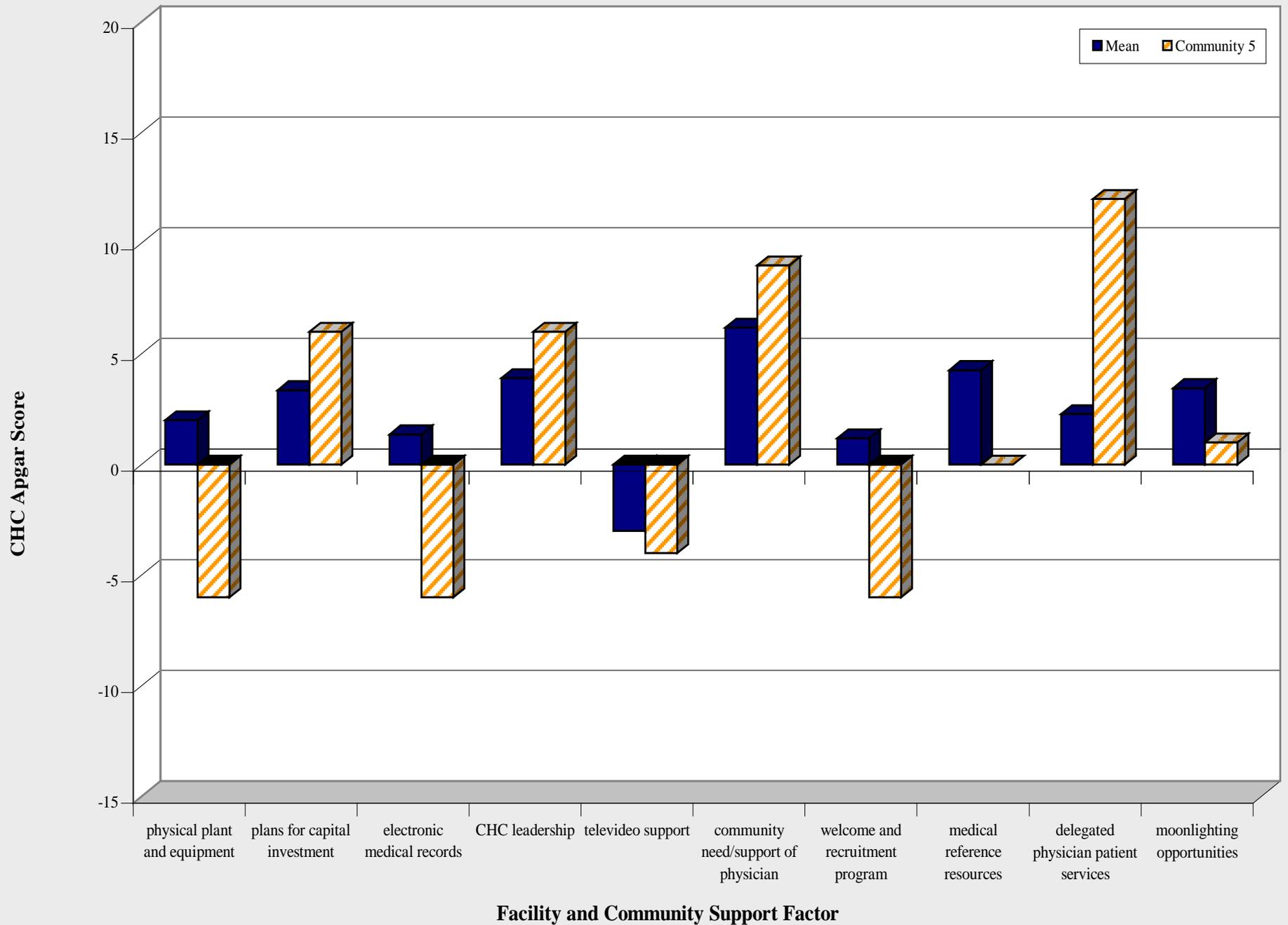
Comparative CHC Apgar Score for Scope of Practice Class for Community Five



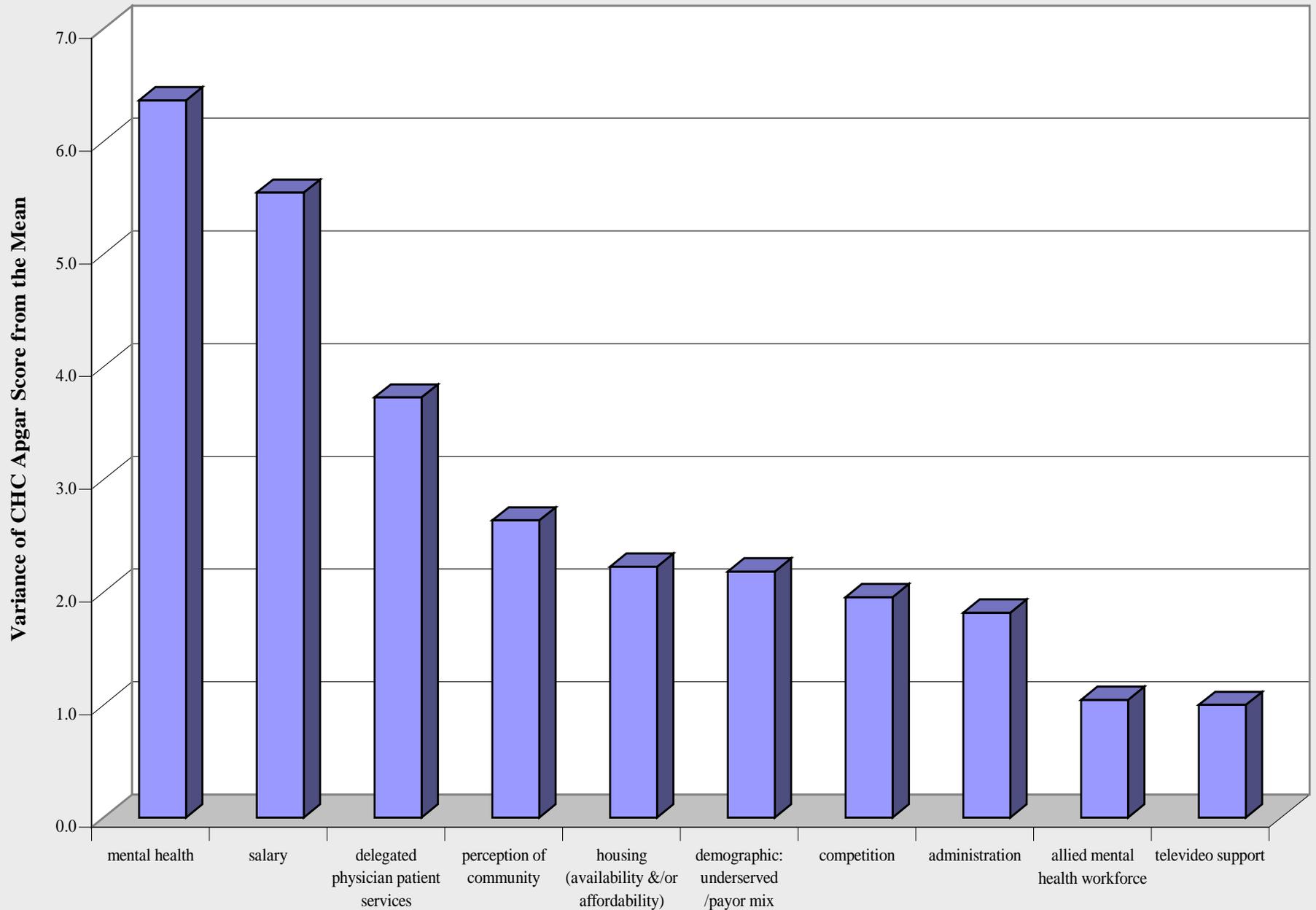
Comparative CHC Apgar Score for Medical Support Class for Community Five



Comparative CHC Apgar Score for Facility and Community Support Class for Community Five

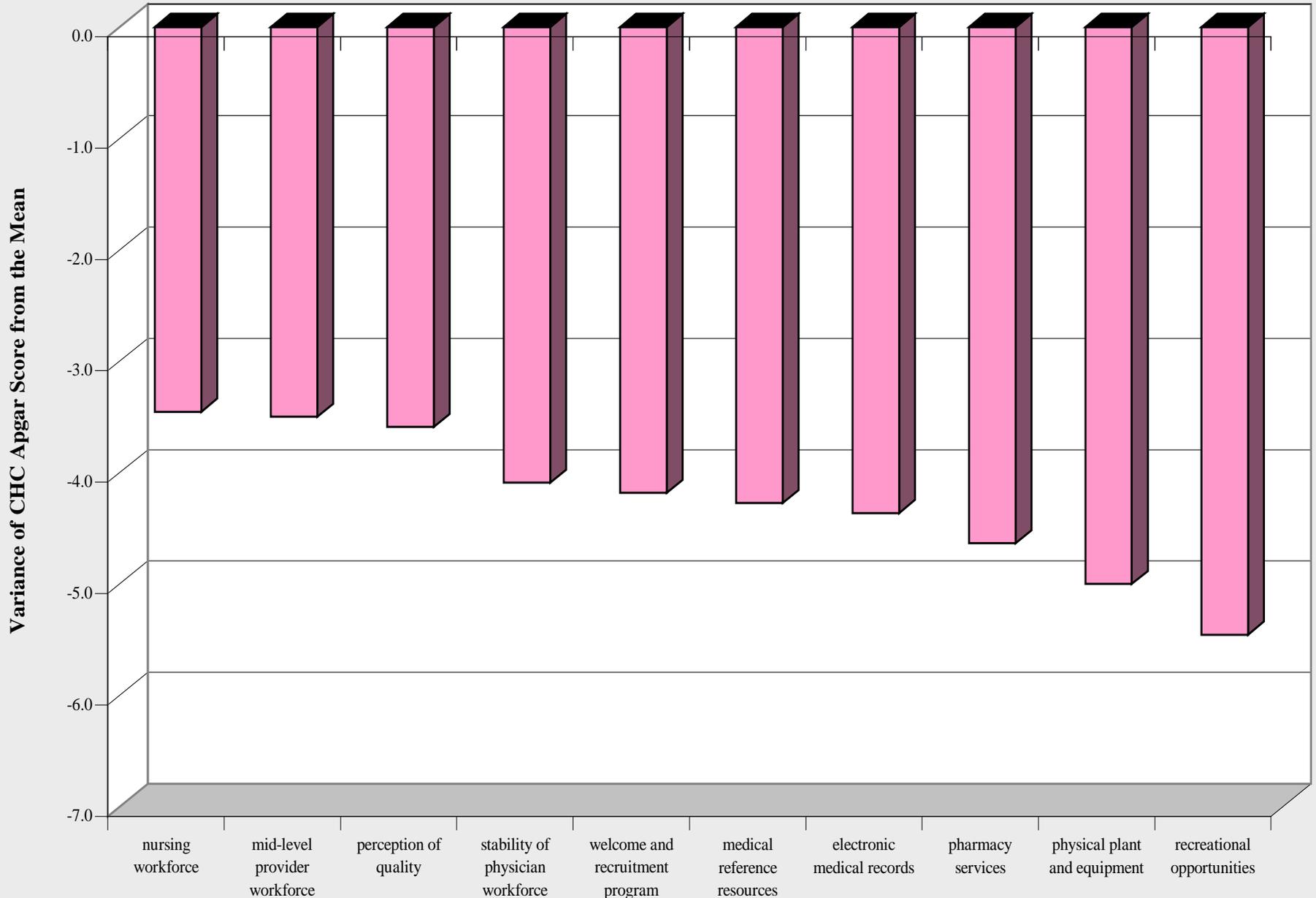


Top 10 CHC Apgar Variance Factors Across All 50 Factors in Community Five



Top 10 CHC Apgar Variance Factors

Bottom 10 CHC Apgar Variance Factors Across All 50 Factors in Community Five



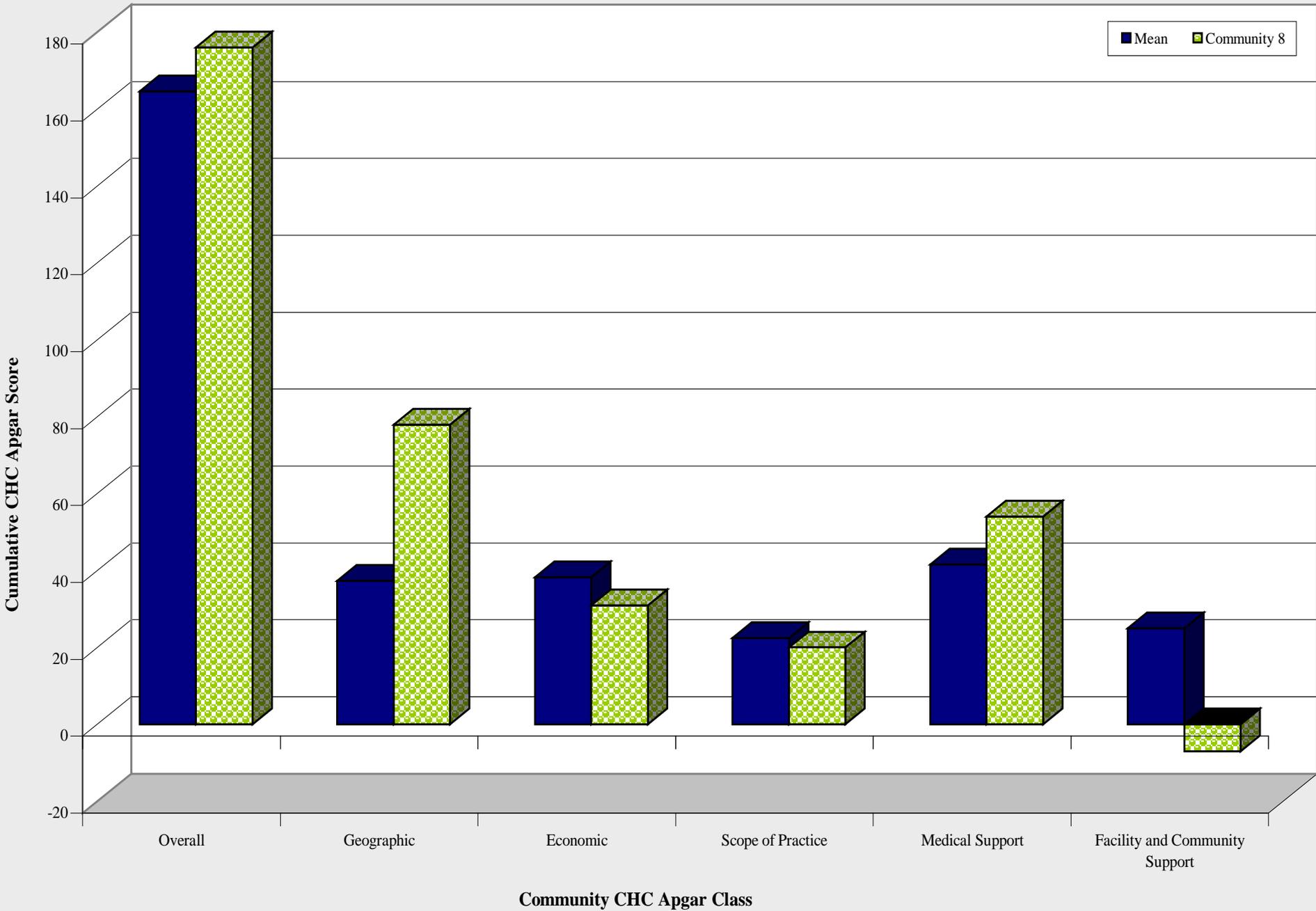
Bottom 10 CHC Apgar Variance Factors

The Community Health Center Community Apgar Questionnaire (CHC CAQ)

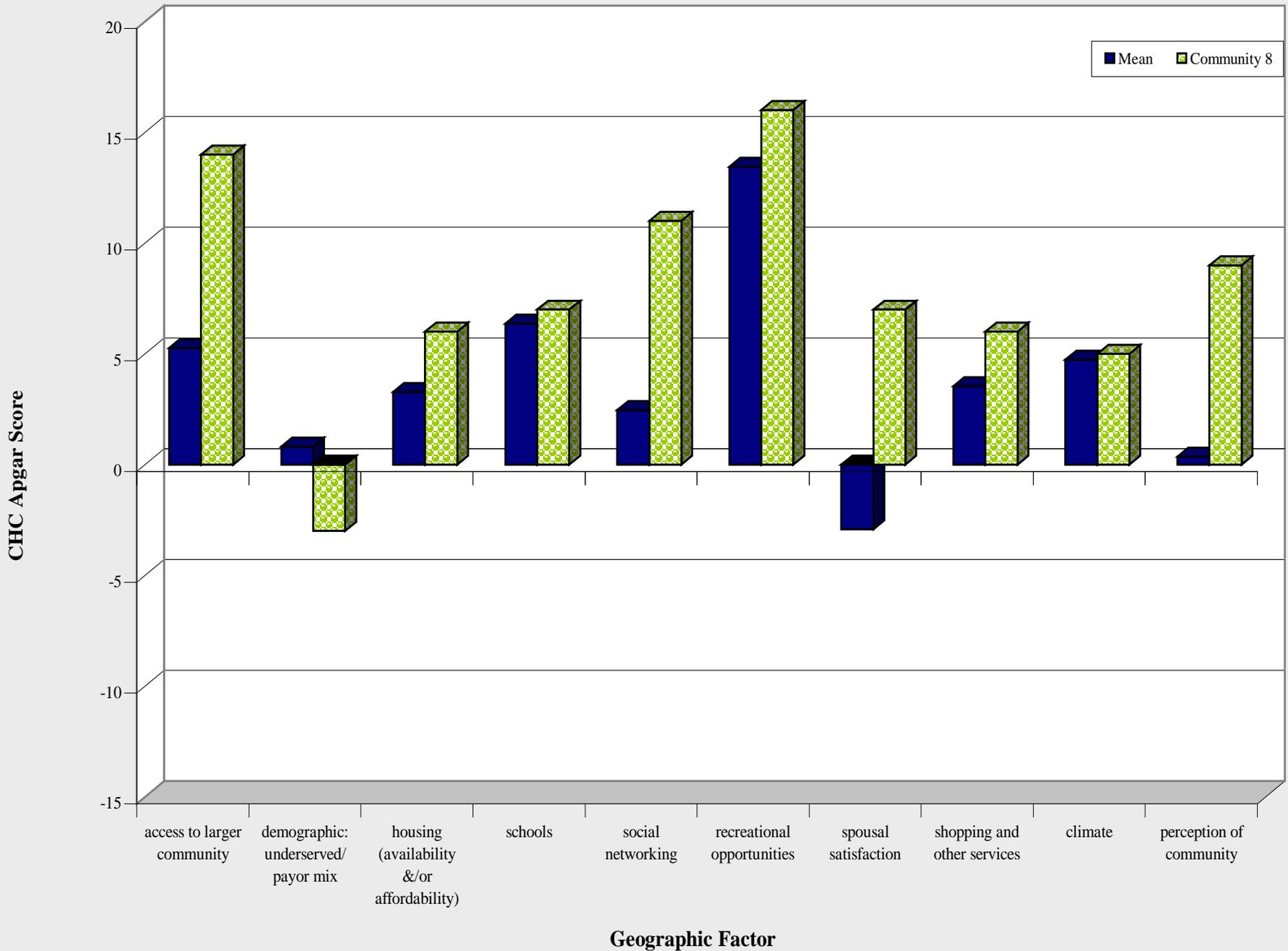
COMMUNITY “8”



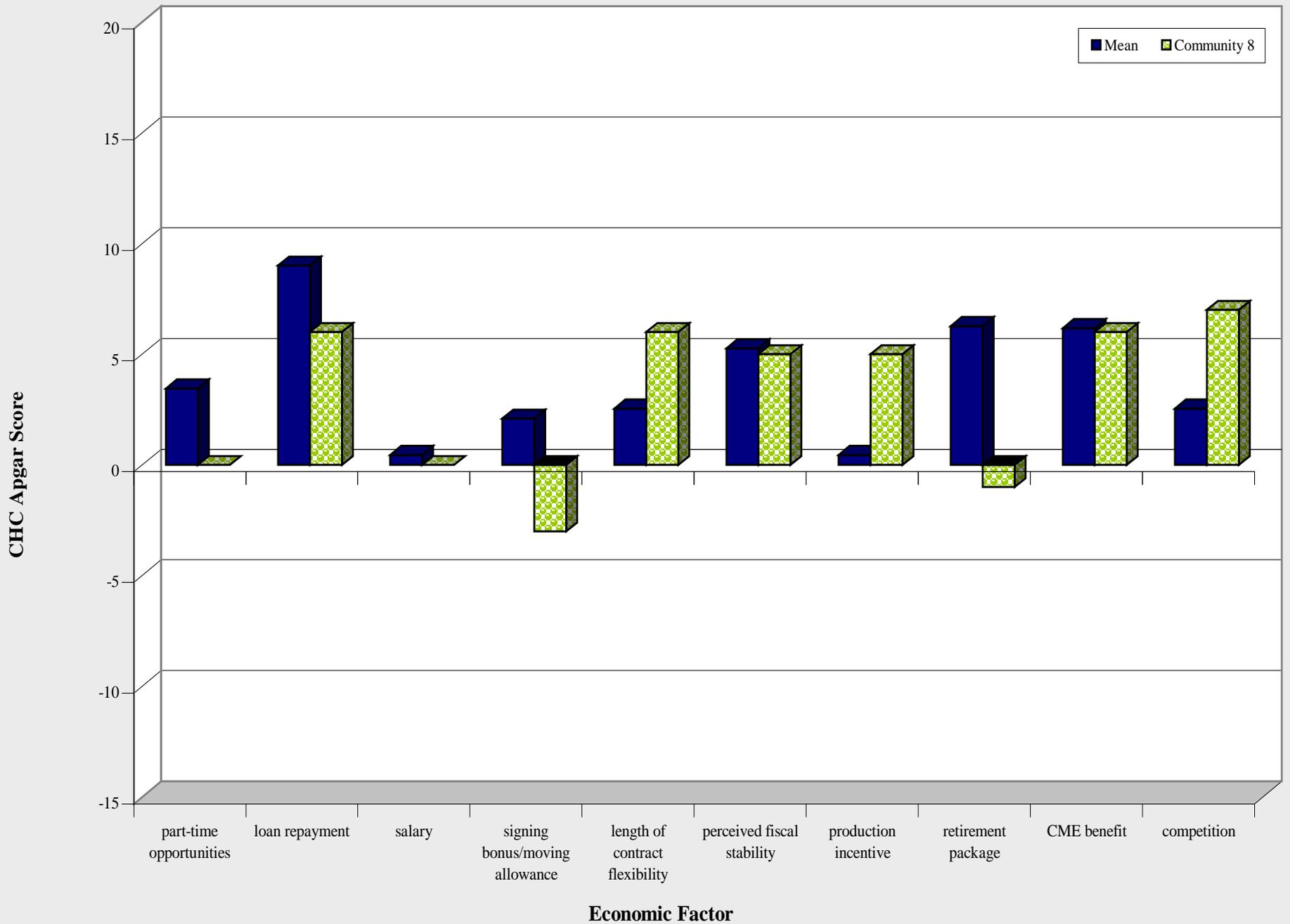
Comparative CHC Apgar Score for Community Eight



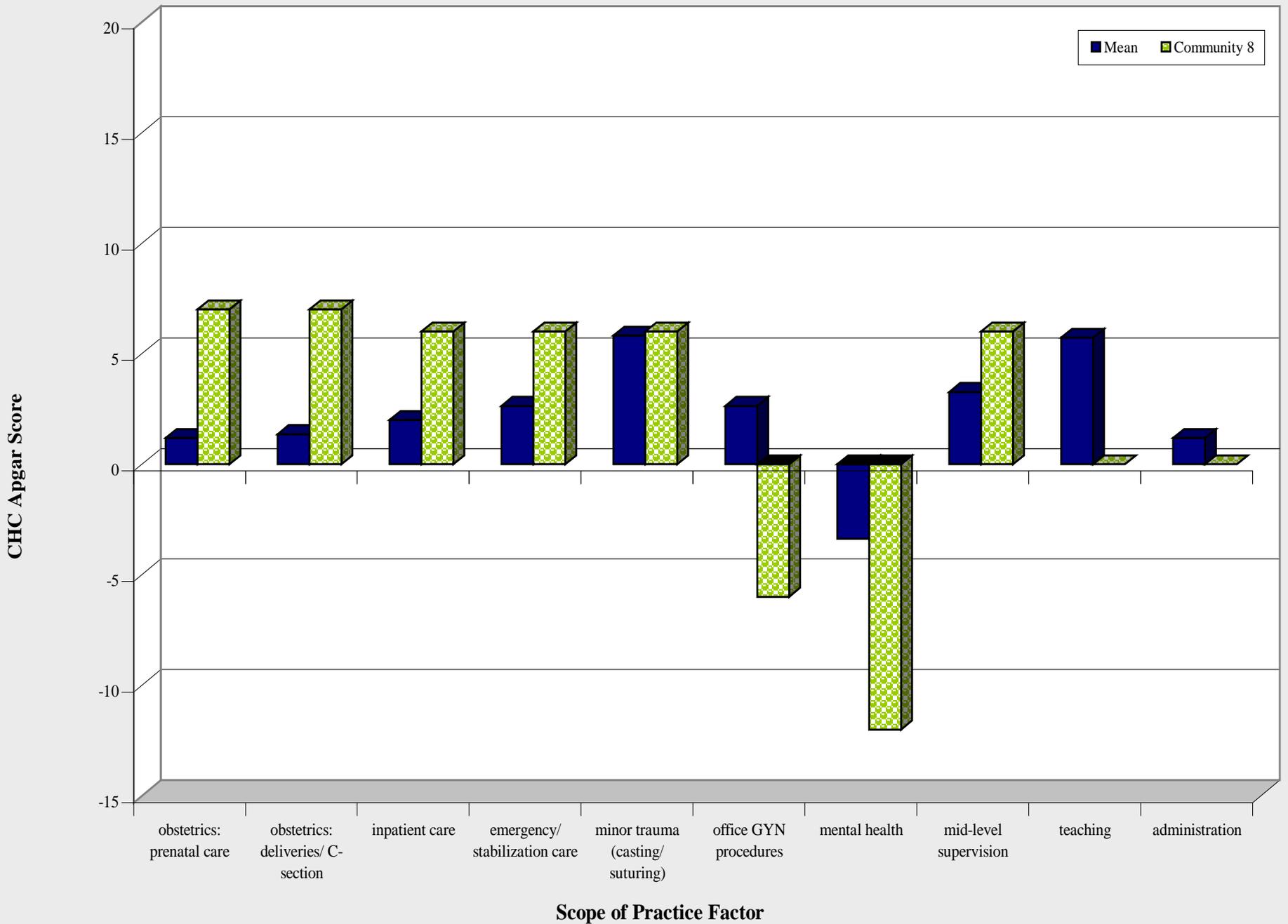
Comparative CHC Apgar Score for Geographic Class for Community Eight



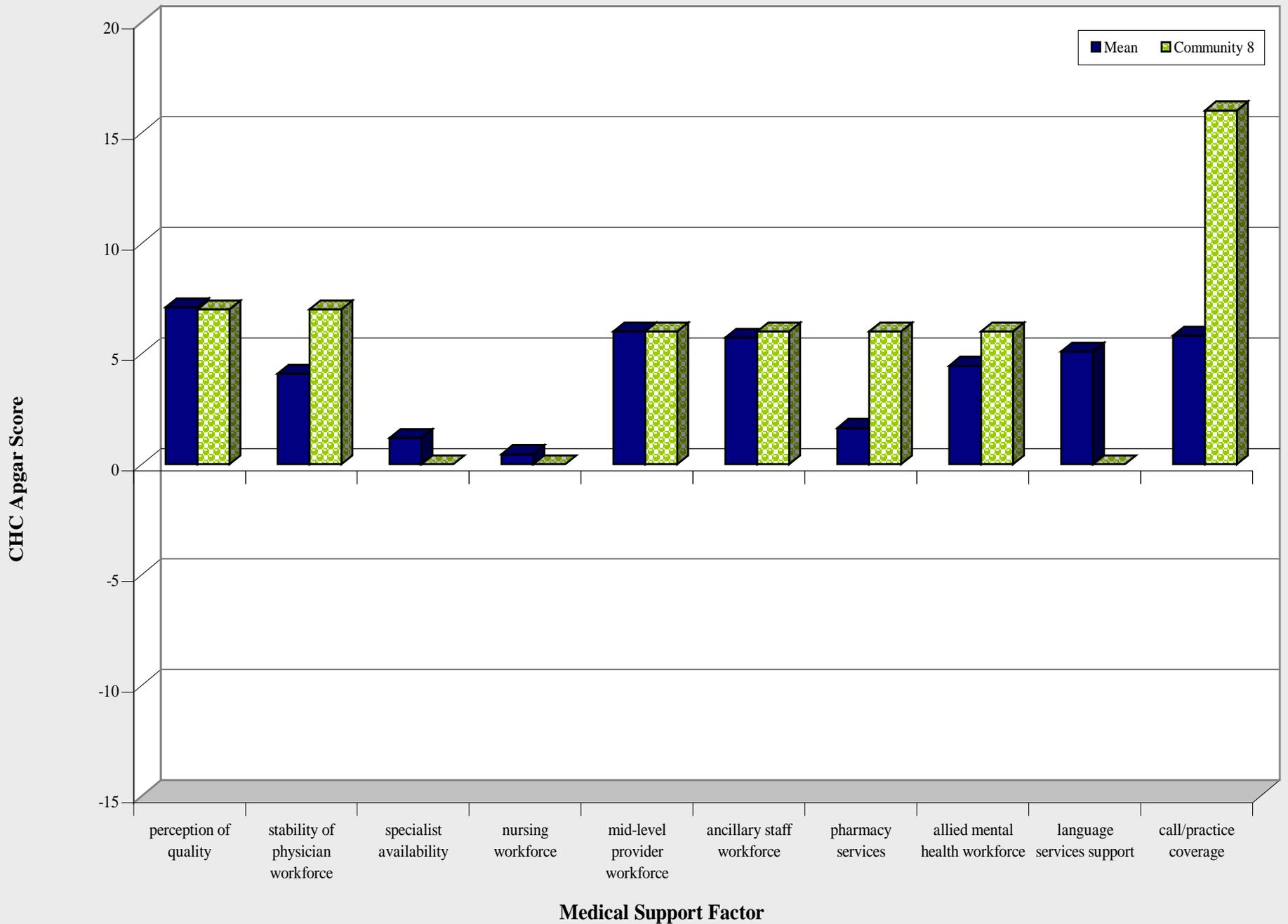
Comparative CHC Apgar Score for Economic Class for Community Eight



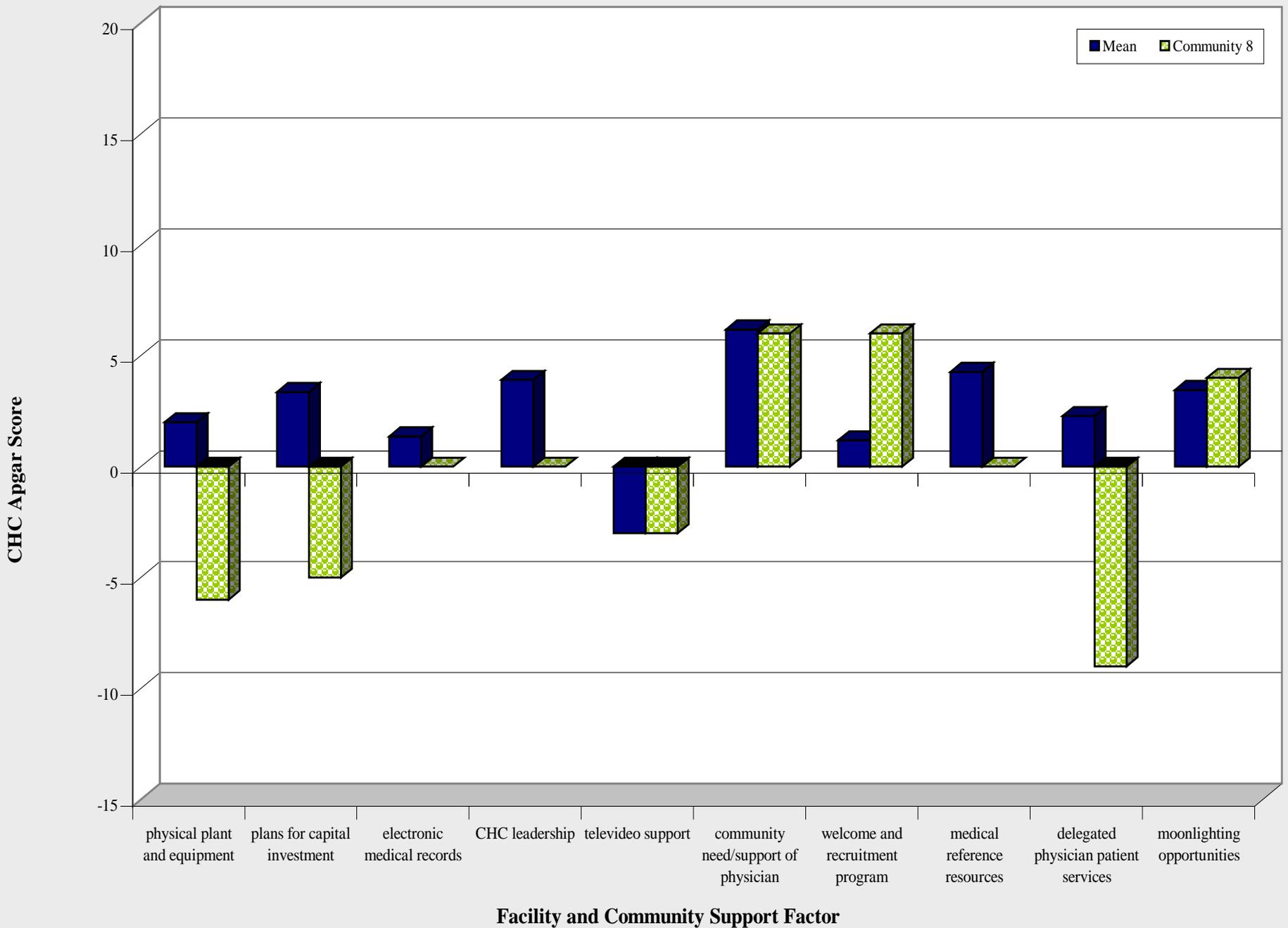
Comparative CHC Apgar Score for Scope of Practice Class for Community Eight



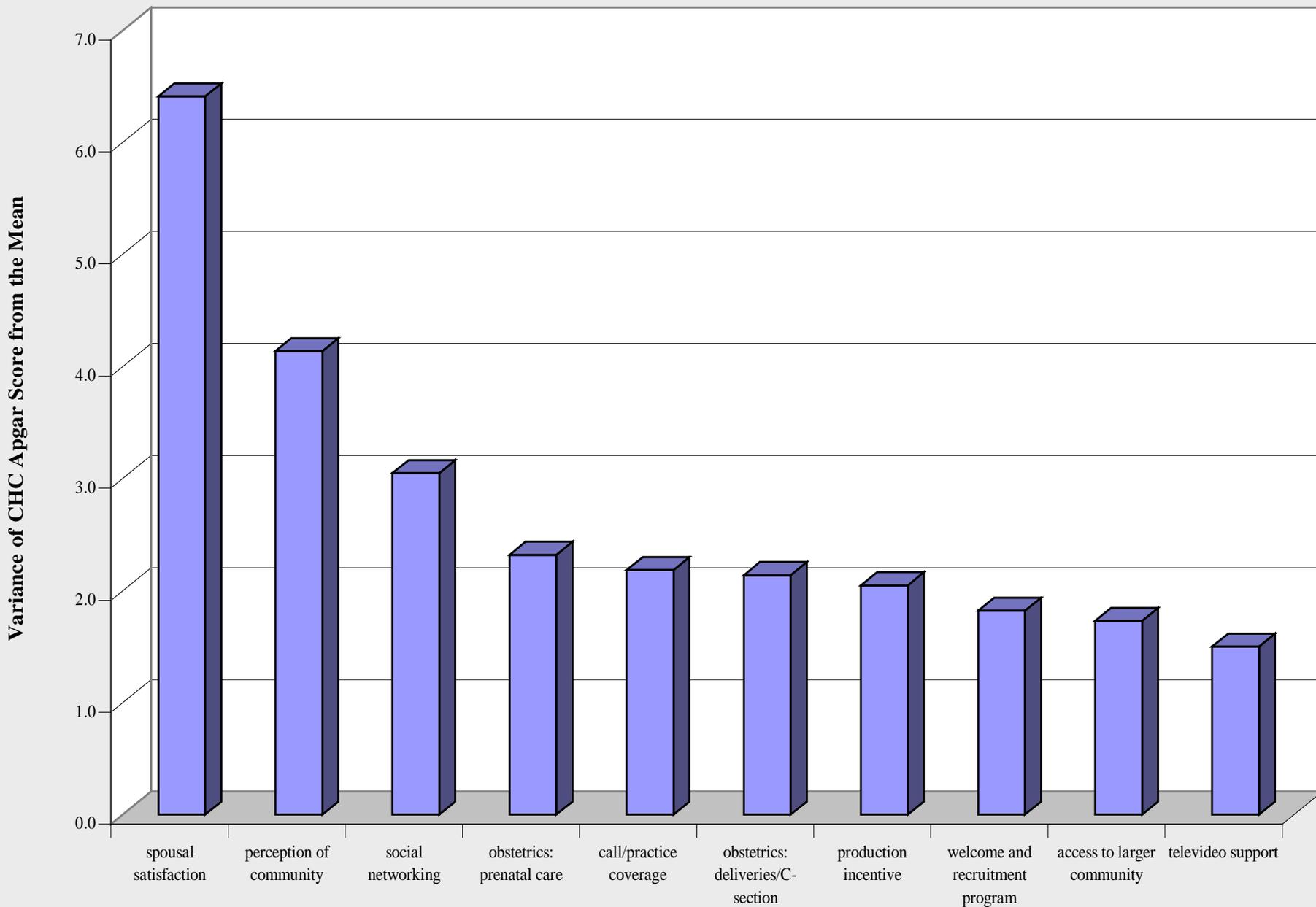
Comparative CHC Apgar Score for Medical Support Class for Community Eight



Comparative CHC Apgar Score for Facility and Community Support Class for Community Eight

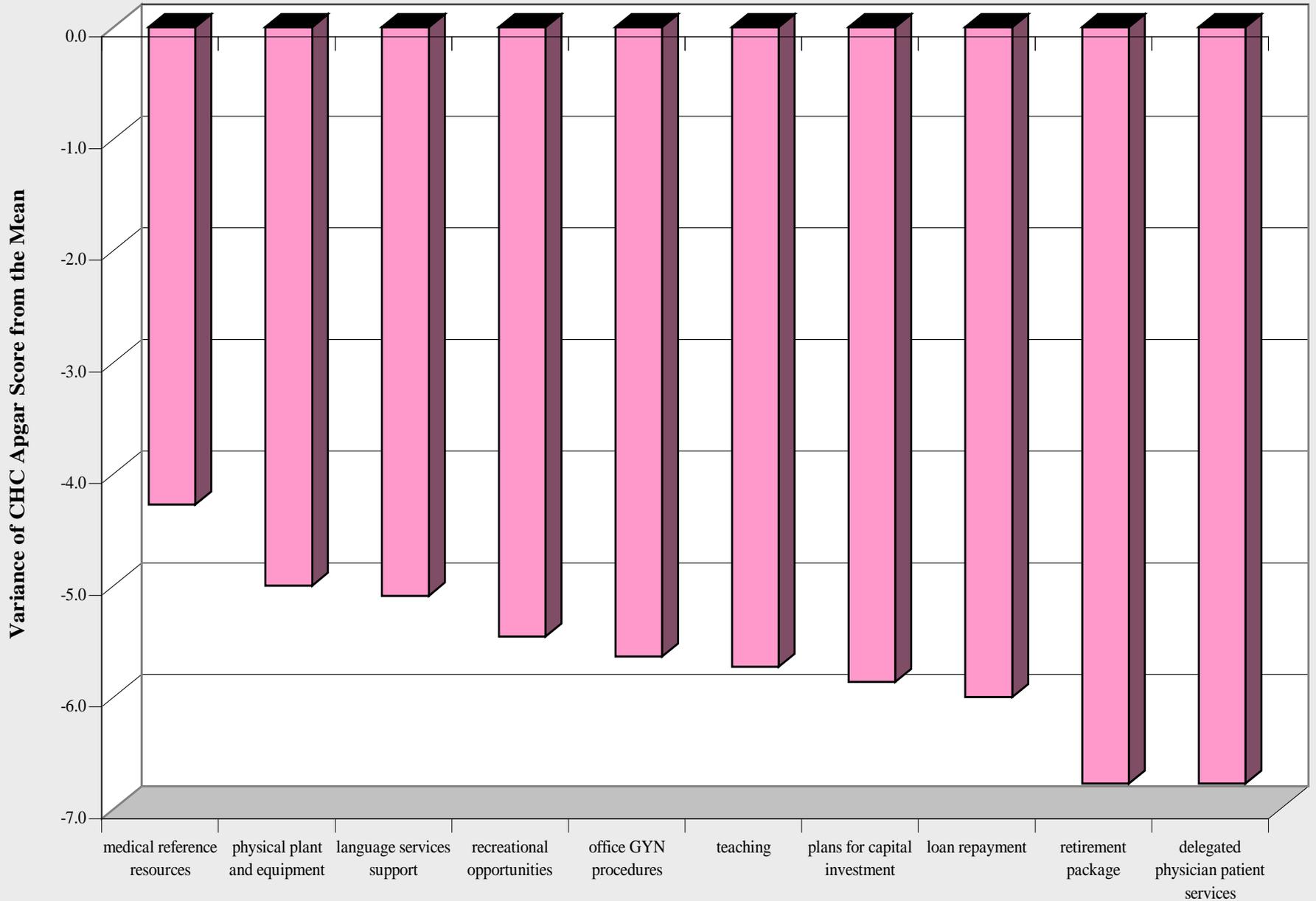


Top 10 CHC Apgar Variance Factors Across All 50 Factors in Community Eight



Top 10 CHC Apgar Variance Factors

Bottom 10 CHC Apgar Variance Factors Across All 50 Factors in Community Eight



Bottom 10 CHC Apgar Variance Factors

The Community Health Center Community Apgar Program (CHC CAP)



CHC CAP PROCESS

Year 1

- Visit one: Dr. Schmitz and/or CA consultant conducts site evaluation and 2 interviews
 - Administrator and Lead Physician
- Data is analyzed with peer databases
- Visit two: Dr. Schmitz and/or CA consultant presents to 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: CA consultant conducts a second site evaluation and 2 interviews
 - Administrator and Lead Physician
- Data is analyzed with peer databases and prior year scores
- Visit four: Dr. Schmitz and/or CA consultant presents a second time to 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



CHC CAP

- Each site has 4 visits with 2 presentations approximately 1 year apart
- Time requirement is about 2 hours plus the strategic planning board meeting per year
- CAQ can be continued or reinitiated years later when community changes or needs arise
- The CA consultant and your CPCA will be stronger as they can be better informed for recruitment



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



Validation with Research Means Confidence in Outcomes

- Administrators 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



Additional Considerations

- Ongoing support will be available from Dr. Schmitz and Dr. Baker for the Maine program
- IRB and other issues will be addressed with the primary research team
- State and regional data comparisons will be a future goal
- Linkages to the State Office of Rural Health, residencies, workforce agencies, and others will also be a benefit from aggregate data



Regional and National Use of the Community Apgar Project

- The Peer Group Data Bases (anonymous):
 - Idaho, Wyoming, Maine, Wisconsin, Alaska, (possibly adding California, Nevada, Virginia, Montana, Washington, others)
 - Individual state comparisons
 - Regional database
 - National database
 - Individual communities benefit immediately
 - Further research with a “rising tide raising all boats”



The Community Health Center Community Apgar Program (CHC CAP)



THE MAINE EXPERIENCE

Questions

