

## Practice Sights Retention Collaborative & Data Management System



The Practice Sights Retention Collaborative and Data Management System (Practice Sights) at the Foundation for Health Leadership and Innovation (FHLI) is a partnership between state organizations, the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (Sheps Center), 3RNet and FHLI. The purpose of Practice Sights is two-fold:

- Routinely collect data to identify and document outcomes to enhance the retention of clinicians and, through its collaborative design,
- Build shared interest, cooperation and group wisdom in best practices to promote retention among collaborative states.

The Practice Sights Program Leadership Team is comprised of representatives from the PCOs, Sheps Center, 3RNet and FHLI.

In, 2012, state Primary Care Offices supported by HRSA and participating in a National Health Service Corps ARRA grant program created a collaborative to learn from one another and share information and ideas regarding best practices for retention. It quickly expanded to include all NHSC and state loan repayment program health care providers. Through this collective approach and, in partnership with the leadership team, information is collected and shared. Healthcare provider recruitment and retention is the core of meaningful healthcare transformation. The Collaborative will not only collect data but provide opportunities to explore use of the data as it relates to new models of healthcare and unique recruitment and retention needs.

The Practice Sights Retention Management System:

- Provides a standardized and state-of-the-art way for states to routinely gather real-time data from clinicians as they serve in states' and the National Health Service Corps' (NHSC) loan repayment, scholarship and other incentive programs.
- Is a broad, multi-dimensional and adaptable platform.
- Gathers, analyzes and presents retention data for clinicians (of all types) serving in incentive programs in a variety of settings
- Is the first system for collecting and sharing retention information within states and nationally.

Practice Sights collects data through online questionnaires sent to clinicians and practice administrators via email.

- Each state independently manages the operation of the program to gather information from site administrators and clinicians serving within their state.
- Computer, analytic and faculty staff of the Sheps Center provide expertise on data collection, analysis and dissemination.
- Data collected is the property of the collaborative member.

Practice Sights is programmed to cue Start of Service, End of Year, End of Contract, Administrator and Alumni questionnaires at specific points in time during a clinician's service obligation.

The questionnaires were developed at the Sheps Center and tested in North Carolina prior to the development of the Retention Management System. All states/programs utilize the same set of questionnaires. Requests to revise or add additional questions will be reviewed by the Leadership Team and Sheps Center to determine if the requested changes would be relevant and useful across the programs/states in the collaborative and to determine the cost for such changes. Please let us know if you would like to review the questionnaires currently available in the system.

States utilize the system to:

- Send questionnaires
- Follow up with reminders
- Access data collected in the form of individual clinician responses and summative reports.

Clinician and site administrator responses are the key to providing a rich set of data and the system is designed so that states can routinely follow-up with clinicians to increase the rate of questionnaire completions.

Summative reports are available on demand with up-to date data per program/per state for:

- Start of Service
- End of Year/End of Contract
  - Includes the ability to compare data from multiple programs within a state and programs in other states (a minimum of 3 other states' programs must be designated to maintain anonymity).
  - Filtering option to compare disciplines, specialties, gender, practice type and in state/out of state education and upbringing with a specific program.
- Administrator
- Alumni
  - Filtering option to compare disciplines, specialties, gender, practice type and in state/out of state education and upbringing with a specific program.

Webinars are conducted throughout the project year to assist in education, interpretation and opportunities to use the data and assist states' in their recruitment and retention work. Webinars will also suggest ways in which programs can work with other stakeholders in their state regarding workforce issues and support.

### **Ongoing development**

The Practice Sights Retention Data Management System has continued to evolve since its inception in 2013. System expansions are, and will be, a continual process with input from collaborative members as we learn and better understand how the system can be used and what types of changes or new features/enhancements will best serve states. Enhancements are undertaken as funding permits.

## **Funding**

FHLI subsidizes the Retention Data Management System under a sub-award agreement administered by the National Rural Health Association funded by the US Office of Rural Health Policy and the National Health Service Corps. **Collaborative members pay an annual fee of \$1,500.00.\*** Collaborative members enter into an Agreement with FHLI for the Retention Management System. Services provided to collaborative members include:

- Training
- Technical Assistance
- Sheps Center management and monitoring of the system
- Preparation and upload of NHSC clinician and administrator data files
- Assistance in preparation and upload of state program clinician and administrator data files
- Coordination of meetings/webinars for collaborative members
- Ongoing development is limited by the imagination and resources available.

## **Roles and responsibilities of state participants**

- Maintain up-to-date data for obligated providers within the Practice Sights Retention Management System
- Monitor and initiate the questionnaire process in the Practice Sights Retention Management System.
- Review completed questionnaires and provide any follow-up needed, using available resources within the Retention Collaborative and one's state.
- Provide feedback to the System staff and wider Collaborative on the usefulness of the Retention Management System software, on system bugs, and suggested changes.
- Actively participate in the communications, idea-sharing, and community-building activities of the collaborative.
- Provide the System's annual base financial support amount of \$1,500 and if possible additional support for enhancements.

## **UNC Sheps Responsibilities**

- Academic guidance
- System management and enhancements

For more information on the Practice Sights Retention Collaborative and Management system visit <https://www.practicesights.org/About.aspx>, or contact Jackie Fannell at [Jackie.fannell@foundationhli.org](mailto:Jackie.fannell@foundationhli.org), Tom Rauner at [thomas.rauner@nebraska.gov](mailto:thomas.rauner@nebraska.gov), or Donald Pathman, MD at [don.pathman@unc.edu](mailto:don.pathman@unc.edu).

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\* Eleven state Primary Care Offices provided funds through the American Recovery and Reinvestment Act (ARRA) in 2012 to create the Retention Management System; they now pay a reduced annual fee of \$500.

### FOUNDING STATES/ORGANIZATIONS

Alaska Department of Health and Social Services  
 Arkansas Department of Health  
 California Office of Statewide Health Planning and Development  
 Delaware Department of Health and Social Services  
 Kentucky Department of Public Health  
 Missouri Department of Health and Senior Services

Nebraska Department of Health and Human Services  
 New Mexico Health Resources, Inc.  
 North Carolina Office of Rural Health and Community Care  
 University of North Dakota Dept. of Family & Comm. Medicine  
 Washington State Department of Health

### COORDINATING CENTERS

UNC-Chapel Hill, Cecil G. Sheps Center for Health Services Research  
 Foundation for Health Leadership and Innovation

## SAMPLE QUESTIONS FROM END OF CONTRACT QUESTIONNAIRE

**Apart from any on-call time, on average how many hours do you spend in the following activities each week:**

clinical work	<input type="text"/>	hours	
leadership/administrative roles	<input type="text"/>	hours	What are your administrative titles or roles? <input type="text"/>
community work	<input type="text"/>	hours	What are your key community roles? <input type="text"/>
teaching (e.g., students, residents)	<input type="text"/>	hours	
other roles	<input type="text"/>	hours	Please specify roles: <input type="text"/>
Total	<input type="text" value="0"/>	hours	

**About how many weekday nights and weekend days are you on-call each week (apart from scheduled clinic hours)?**

**In which of the following settings do you currently provide care? (check all that apply)**

- office/clinic/outpatient
- hospital inpatient
- emergency department
- nursing home and other extended care facilities
- Other site (specify)

**Approximately what percentage of your patients are insured under: (Please make your best estimate)**

Medicaid	<input type="text"/>	%
Medicare	<input type="text"/>	%
Champus or Tricare (military) coverage	<input type="text"/>	%
private (non-public) health insurance	<input type="text"/>	%
Indian Health Service or tribal coverage	<input type="text"/>	%
uninsured	<input type="text"/>	%
other type of coverage	<input type="text"/>	% Please specify: <input type="text"/>

Please indicate your level of agreement or disagreement with each of the following statements about your current practice/office/organization.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Work rarely encroaches on my personal time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work leaves me enough time for my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the needed flexibility in my work hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong personal connection with my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am doing important work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fully value the mission of my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My practice is well linked with the broader medical, mental and dental health care systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good backup from partners or supervising clinicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to provide the full range of services for which I was trained and wish to perform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff in my practice support my professional judgment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff in my practice are a major source of personal support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My practice/organization is financially stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staffing of my practice is stable - not much recent turnover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The administrator of my practice/organization is effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good relationship with the practice administrator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have real input into administrative decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with each of the following statements about how well you and your family are faring in your community.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	NA
My spouse is happy in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse is happily employed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My children are happy in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community provides well for my children's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I / We live close enough to family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I / We enjoy the activities the community offers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I / We have access to most of the things we like to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I / We feel safe in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Your future

Looking ahead from now, about how many years do you anticipate remaining in:  
*(provide a single year best estimate, even if only a rough guess)*

- your current practice?  years
- your current community?  years
- rural practice?  years  NA, not now in a rural practice
- a medically underserved area,  
whether urban or rural?  years  NA, not now in an underserved area
- North Carolina?  years

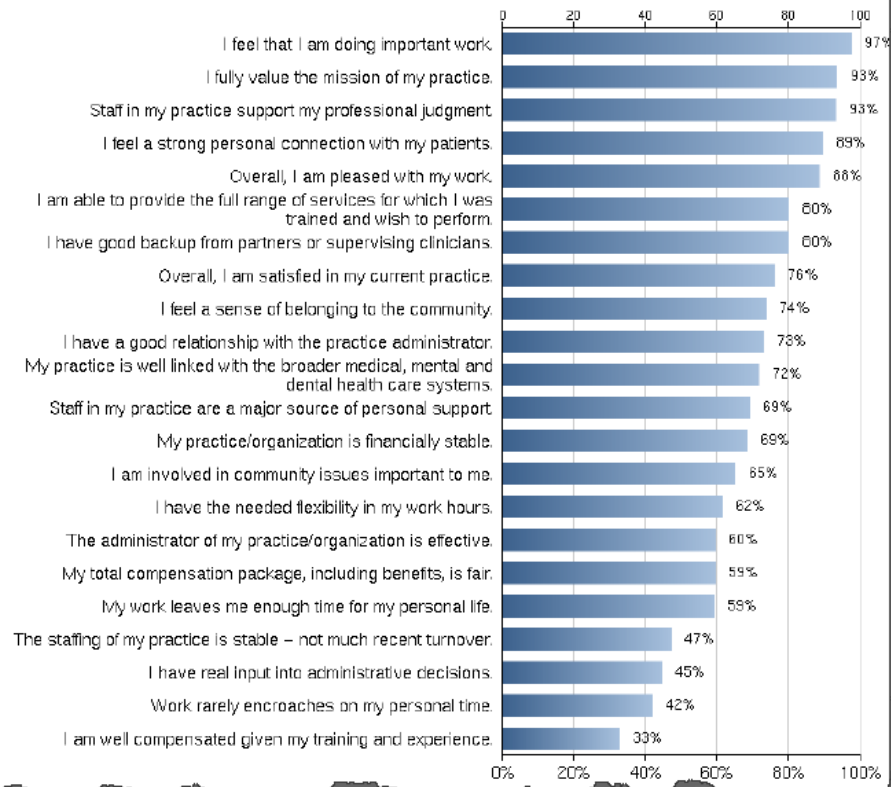
## SAMPLE REPORT DATA FROM END OF CONTRACT QUESTIONNAIRE

Weekly work hours *			
	Average	Median	% of clinicians reporting hours
Clinical work	38.1	40	98.8%
Leadership and administrative work	2.2	0	38%
Community work	0.8	0	16.8%
Teaching	1.9	0	21.6%
Other roles	0.9	0	10.8%

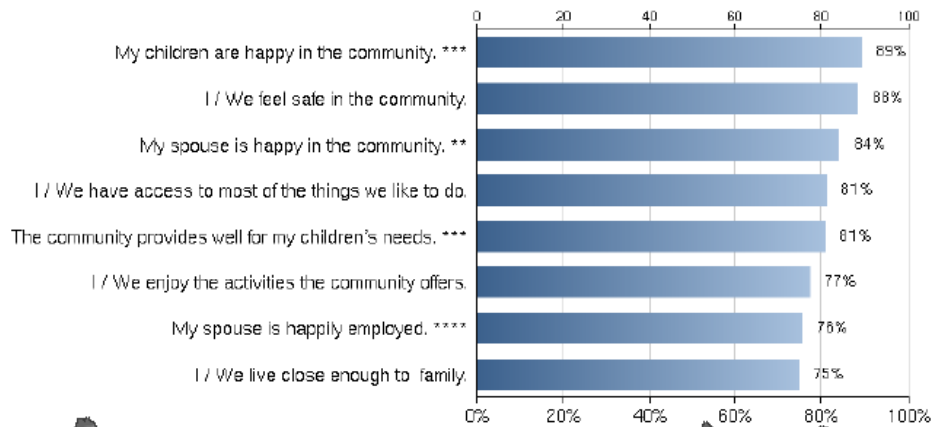
Number of nights and/or weekend days on-call each week			
	Average	Median	
Among all clinicians	1.4	0	
Among clinicians who do any call	3.4	2	

Locations where clinicians provide care (n=333 clinicians) *		
	Number	Percent
Office/clinic/outpatient	312	94%
Hospital inpatient	46	14%
Emergency department	17	5%
Nursing home and other extended care facilities	32	10%
Other	33	10%

Percentage of clinicians who agree with various positive statements about their work and practices (vs. are neutral or disagree) \*



Percentage of clinicians who agree with various positive statements about how they and their families are faring in the community (vs. feel neutral or disagree) \*



## D. Clinicians' anticipated retention and future practice plans

How many more years clinicians anticipate they will remain in . . .				
	Mean	Median	25th Percentile	75th Percentile
their current practice	9.7 year(s)	5 year(s)	2 year(s)	15 year(s)
their current community	15.6 year(s)	10 year(s)	5 year(s)	30 year(s)
rural practice *	14.4 year(s)	10 year(s)	5 year(s)	20 year(s)
a medically underserved area, whether urban or rural **	15.3 year(s)	15 year(s)	5 year(s)	25 year(s)
their current state	18.6 year(s)	20 year(s)	6 year(s)	30 year(s)

\* excludes those who indicate they are not currently in a rural area

\*\* excludes those who indicate they are not currently in a medically underserved area

### Average number of years clinicians now anticipate they will remain in . . .

