

# A Recruitment Tool for Rural Family Physicians: The Community Apgar Program



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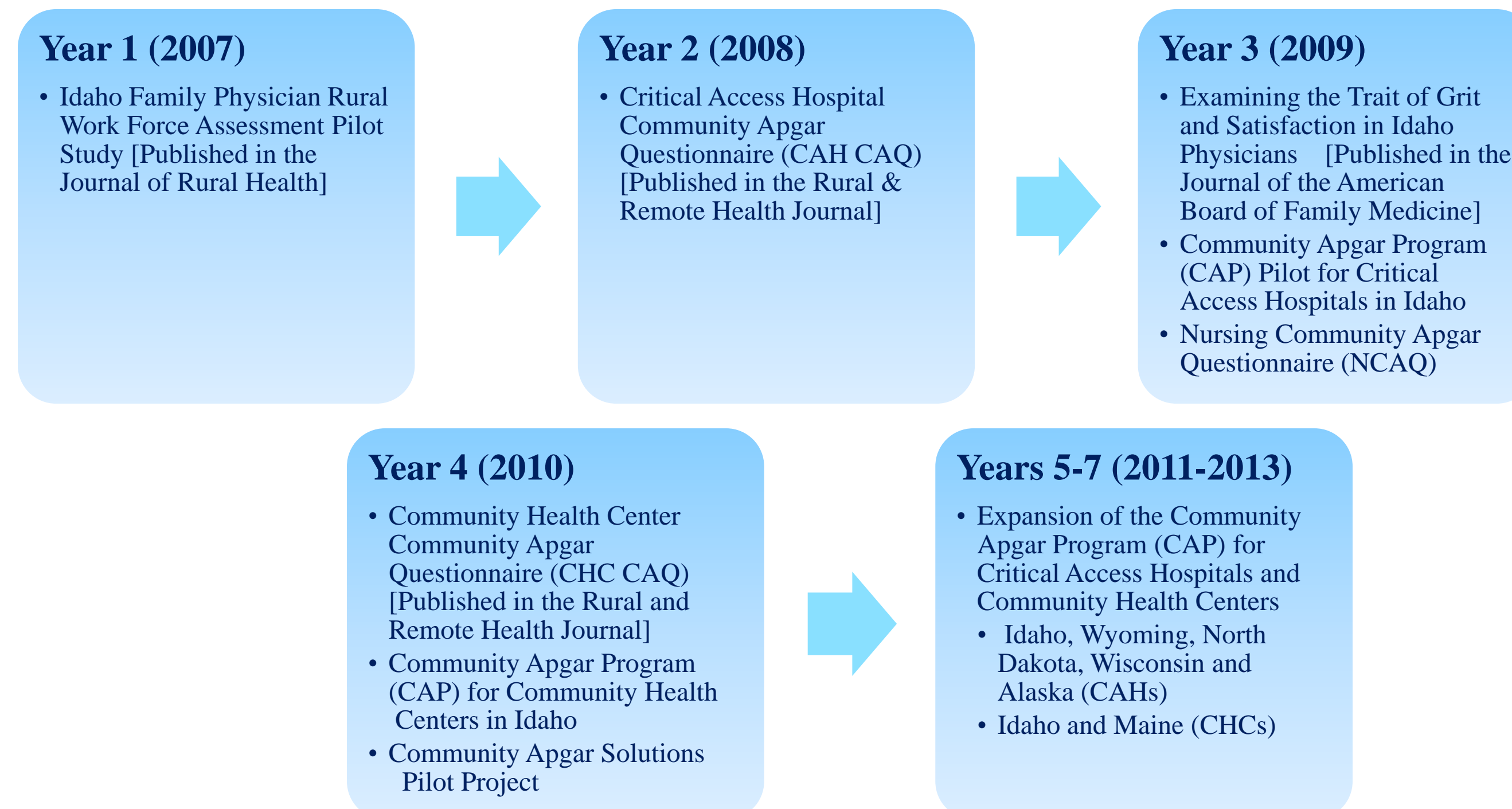
## Introduction

- The Critical Access Hospital Community Apgar Questionnaire (CAH CAQ) is a validated tool used in a rural community self-evaluation to assess assets and capabilities in recruiting and retaining physicians.
- 50 Factors in 5 Classes
- Designed to be a real-time assessment tool providing guidance for the most helpful interventions at the present.
- Developed to differentially diagnose a CAHs relative component strengths and challenges
  - prioritize improvements
  - identify marketing opportunities

## Community Apgar Program

The Community Apgar Program (CAP) is a two year program utilizing site visit interviews with rural physicians and hospital administrators to assess both modifiable and non-modifiable factors identified as most important for rural communities to aid in recruitment and retention of family physicians.

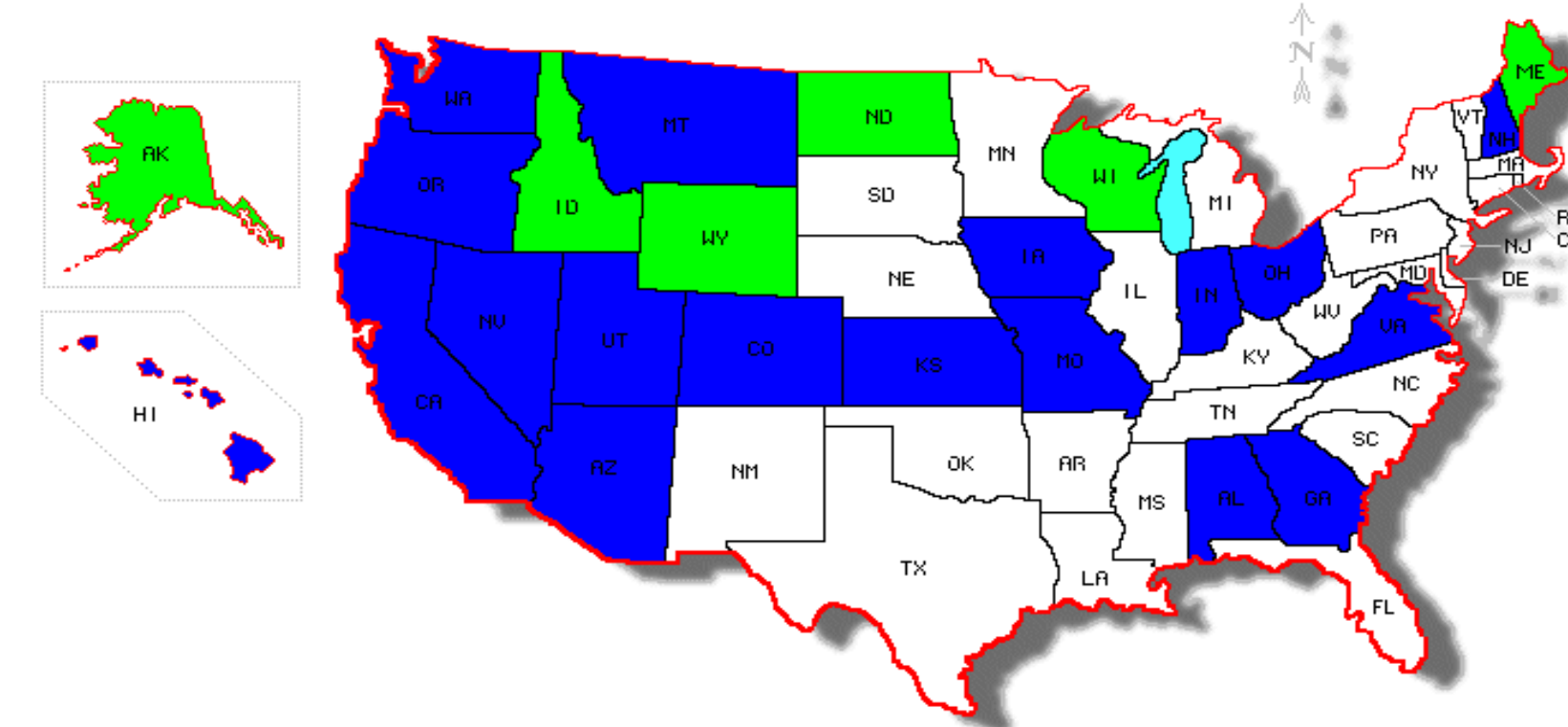
### History of CAP



### 50 Factors over Five Classes Examples



## States Participating/Interested



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

## Results

### Top 10 CAH Apgar Factors Across Five States

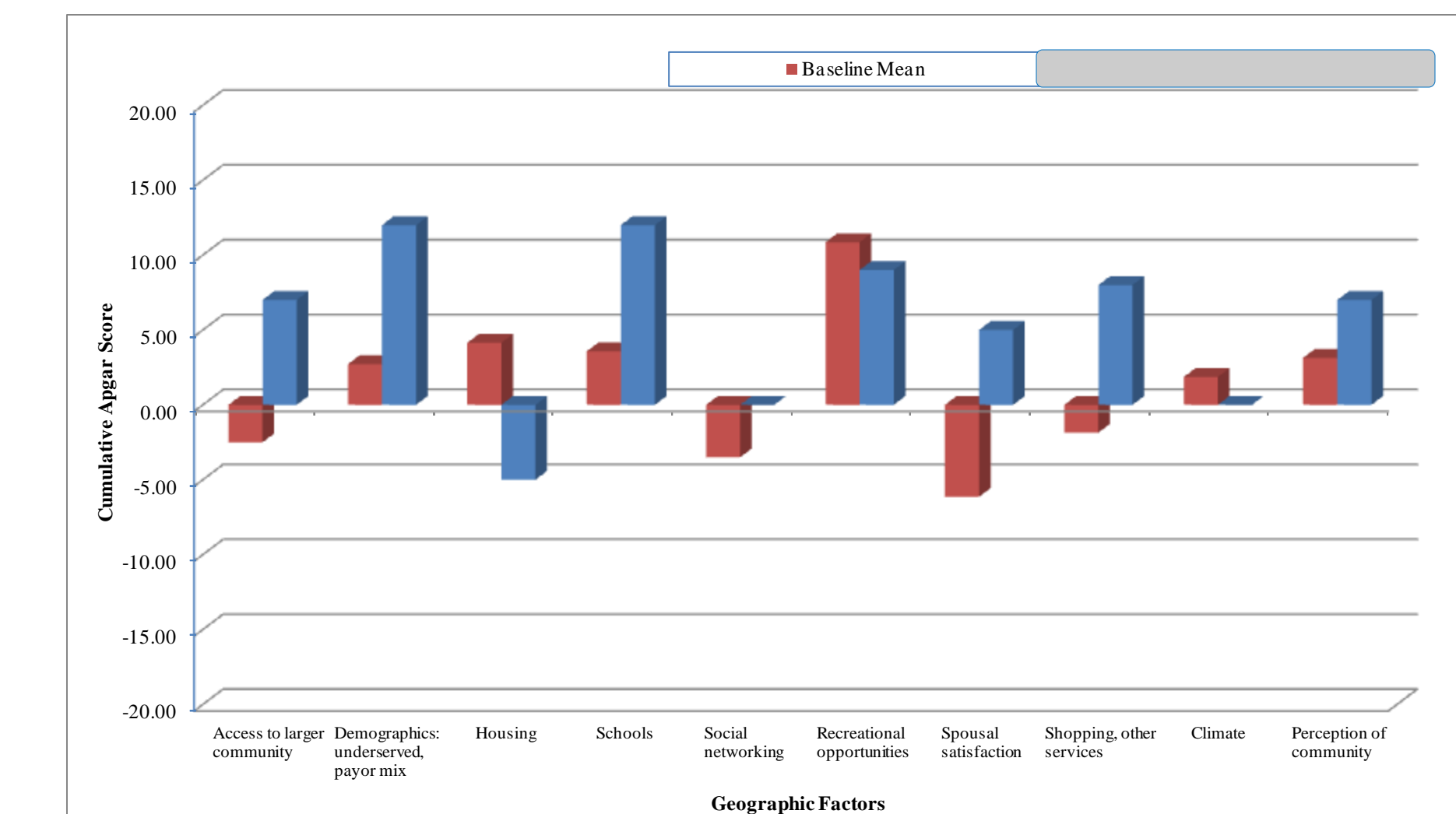
<b>Idaho (2012)</b>	<b>Wyoming (2011)</b>	<b>North Dakota (2011)</b>	<b>Wisconsin (2012)</b>	<b>Alaska (2012)</b>
Recreational opportunities	Employment status	Perception of Quality	Employment status	Moving allowance
Internet access	Loan repayment	Transfer arrangements	Recreational opportunities	Recreational opportunities
Community need/physician support	Income guarantee	Internet access	Perception of quality	Income guarantee
Loan repayment	Community need/physician support	Loan repayment	Income guarantee	Emergency medical services
Income guarantee	Recreational opportunities	Income guarantee	Nursing workforce	Inpatient care
Perception of quality	Revenue flow	Community need/physician support	Religious/cultural opportunities	Community need/physician support
Competition	Competition	Ancillary staff workforce	Physician workforce stability	Perception of quality
Stability of physician workforce	Ancillary staff workforce	Employment status	Transfer arrangement	Community volunteer opportunities
Employment status	Transfer arrangements	Moving allowance	Ancillary staff workforce	Physical plant and equipment
Call/practice coverage	Moving allowance	Schools	Community volunteer opportunities (tie for 10 <sup>th</sup> )	Welcome and recruitment (tie for 10 <sup>th</sup> )
			Revenue flow (tie for 10 <sup>th</sup> )	Perception of community (tie for 10 <sup>th</sup> )

### Research, Education and Policy Initiatives Bottom 10 Apgar Factors – Y1 CAH Overall

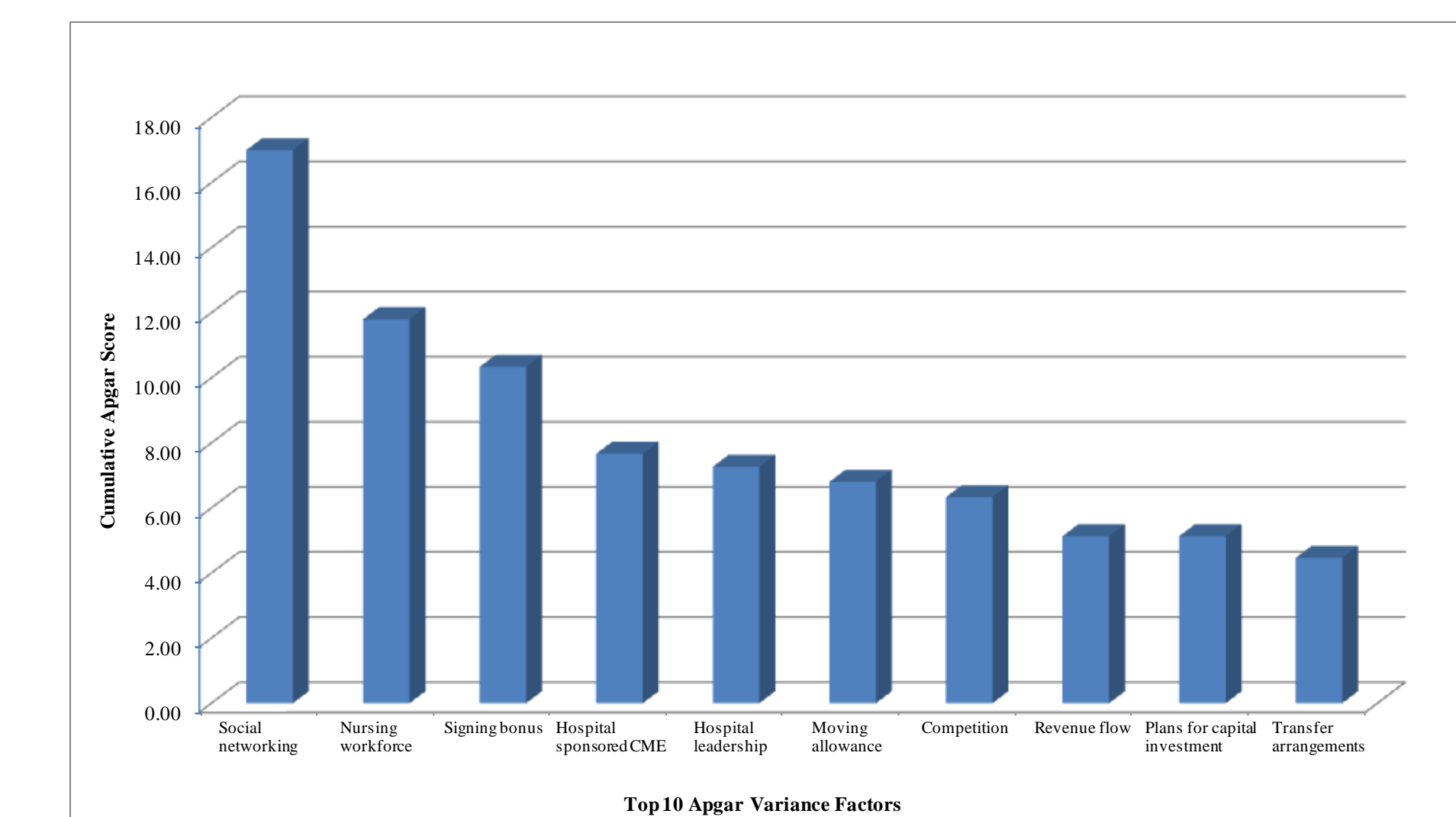
Combined (n=142)	Physicians (n=71)	Administrator (n=71)
Spousal satisfaction	Spousal Satisfaction	Spousal satisfaction
Shopping/other services	Shopping/other services	Shopping/other services
Climate	Access to larger community	Climate
Mental health	Mental health	Mental health
Access to larger community	Climate	Access to larger community
Social networking	Electronic medical records (EMR)	Allied mental health workforce
Electronic medical records (EMR)	Social networking	Social networking
Allied mental health workforce	Allied mental health workforce	Electronic medical records (EMR)
C-section	C-section	C-section
Religious/cultural opportunities	Perception of community	Mid-level supervision

## Case Study

### Case Study: CHC X: Comparative Cumulative Apgar Score for Geographic Class



### Case Study: CAH X: Top 10 Cumulative Apgar Variance Factors across All 50 Factors



## Apgar Solutions

### Apgar Solutions Examples:

- Apgar Factor – “Mental Health”**
  - Staffing and access to care
  - Ancillary mental health staffing low
  - Physician burden providing direct mental health service high
  - ASTHO grant funded onsite strategic planning
- Apgar Factor – “Perception of Community”**
  - Candidate’s first impression
  - Outdated websites and few intriguing marketing materials

## CAP Value

- Beyond “Expert Opinion”
- A new approach to the old problem of physician recruiting
- Self-empowering for the community: knowledge as power, not an outside professional recruiter
- Beyond physician recruitment to community improvement