Recruitment and Retention of Primary Care Physicians at Community Health Centers in Massachusetts

Judith Savageau[1], MPH, Linda Cragin[2], MS, Joan Pernice[3], RN, MS, Warren Ferguson[2], MD, Donna Johnson[4], LICSW
[1]Center for Health Policy and Research, [2]MassAHEC Network, University of Massachusetts Medical School,
[3]Massachusetts League of Community Health Centers, [4]Massachusetts Department of Public Health

Center for Health Policy and Research
UMASS MEDICAL SCHOOL
A Commonwealth Medicine Center of Distinction

MassAHEC Network
UMASS MEDICAL SCHOOL
A Commonwealth Medicine Academic & Community Partnership

Introduction and Study Objectives

For the medically disenfranchised, access to primary care continues to dwindle as demonstrated by high patient volumes in emergency rooms.

Community health centers (CHCs), the "safety net" for the American health care system, are committed to providing care to the uninsured and medically underserved. CHCs distinguish themselves as medical homes by providing family-centered, culturally competent care, directed by a primary care physician with the involvement of many other health professionals. With a national shortage of primary care physicians, CHCs face vacancies and challenges in recruitment and retention.

This study's objectives were to: characterize the current Massachusetts CHC primary care physician (PCP) workforce; identify factors related to preparedness to practice in a CHC, recruitment, and retention; correlate physician satisfaction with organizational improvement opportunities; and identify relevant recruitment and retention strategies for the future.

Methods

A 112-item survey was developed to elicit information about physician and practice demographics; medical education training; past and current participation in recruitment programs; preparedness to practice in a CHC; the process of selecting a CHC practice setting; satisfaction with current practice arrangement; retention strategies; and future practice plans.

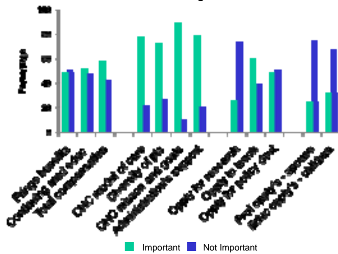
Email requests to complete a web-based survey were sent to 569 PCPs working in CHCs, using contact information provided by the Massachusetts League of Community Health Centers.

Frequency and percentile distributions were used to profile the demographic characteristics and survey responses. Questions originally scored on a 5-point Likert-scale were collapsed into two or three categories. Summary scores for groups of variables were computed based on factor analysis, correlation matrices and Cronbach's alpha reliability scores. Chi-square tests, t-tests, correlations, and one-way analyses of variance (depending on the nature of the data) were used to assess potential bivariate relationships between key recruitment and retention variables. A mixed model linear regression was performed assessing factors related to the domain of whether the provider expected to be working in a CHC in the next five years (the outcome variable).

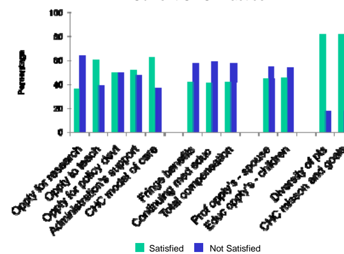
Results

Of the original 569 e-mailed surveys, a total of 294 completed and eligible surveys (representing 46 of 62 CHCs) were available for analysis, for a response rate among eligible participants of 57.8% (294 of 509 PCPs).

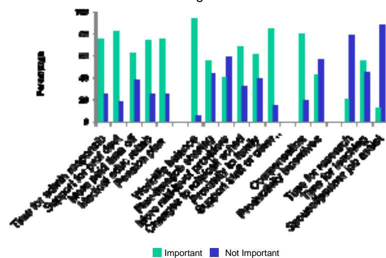
Importance of Select Factors When Deciding to Join a CHC



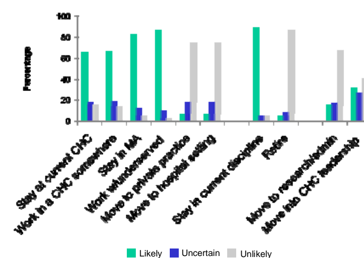
Satisfaction with Select Factors at Current CHC Practice



Importance of Select Factors in Continuing to Practice at CHC



Likelihood of Career Changes in the Next Five Years



Our multivariate analyses revealed that <u>those PCPs who reported a higher likelihood of remaining in a CHC setting within the next 5 years</u> were more likely to: 1) be female; 2) be in practice longer than 10 years; 3) practice in Boston CHCs; 4) feel very prepared to practice in a CHC upon completion of residency training; 5) feel the interview process was very important when first considering a CHC setting; 6) feel that compensation was not an important factor when making a decision to join the CHC, <u>BUT</u> that satisfaction with their current compensation was a very important retention factor; 7) feel very satisfied with the mission and goals of the CHC; 8) feel very satisfied with the diversity of patients at the CHC; and 9) feel that having opportunities for research and teaching were less important retention factors in their current practice.

Socio-demographic and Practice Characteristics of Surveyed PCPs

Characteristic	Result
Gender, Age, Race, and Ethnicity	59% female 30-73 years old (Mean: 45; SD: 9) 75% white 88% non-Hispanic
Language	61% spoke at least one additional non-English language 46% spoke Spanish 15% spoke at least 2 additional languages
CHC Region	51% Boston-based
Employment Status	72% employed full-time 1-42 years in practice (Mean: 13; SD: 9) 34% hired since 2000; 60% hired since 2004
Medical Specialty	39% Family Medicine; 31% Internal Medicine; 27% Pediatrics; 3% OB/GYN
Medical Education and Training	Medical school: 31% MA; 24% New England / NY; 16% IMG Residency: 43% MA; 26% New England / NY; 1% IMG
Medical Education Debt	At end of medical school: 36% none; 34% <= $50,000; 40% > $50,000 Current medical education debt (as of 2008): 73% none; 10% <= $50,000; 17% > $50,000

Discussion

The results of the study may be limited by self-reported information with a potential under- or over-reporting of perceptions. The study was conducted in one state and may not be generalizable to other locales. It was conducted at a time of Massachusetts health care reform; perceptions of providers may have been clouded by current pressures compared to several years ago.

Primary care compensation has been recognized as an important concern for recruitment into the field. However, once a commitment is made to primary care, other factors emerge as more important to continuing to practice in a Massachusetts CHC. With the nation's increasing focus on health care reform modeled after Massachusetts' experience and its impact on primary care, these results indicate opportunities to better prepare medical students and residents for careers in CHCs and to recruit and retain this critical workforce. Addressing primary care compensation is one strategy attaining national significance. Equally important is addressing PCP-identified priorities in the CHC environment to help retain those PCPs that plan to remain in their current or another CHC over the next five years as well as those currently undecided about their future.

Acknowledgements

Joan Bohlke[2], MPP, Julia Dyck[4], MPA/H, Elizabeth O'Connell[1], MS, Leslie Bailey[3], MBA/MPH