



DEPARTMENT OF VETERANS AFFAIRS

VISN 23: Rural Healthcare Provider Retention Strategies

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Introduction

Successful rural healthcare provider retention begins at the time of recruitment. There are many approaches to recruiting rural healthcare providers; key among these are recruitment of individuals who grew up or previously lived in rural areas, those who completed residency training in a rural area, participated in other rural training programs, receive loan repayment, or are in a visa deferment program. It is essential to set expectations early in the recruitment process (e.g., in-place resources, on-call availability, back-up, and professional consultation).

Identifying and understanding personal needs can be as important as meeting practice needs in retaining rural healthcare providers. Key findings from review of the literature for retaining rural healthcare providers include the following:

Personal Persuaders

- Provide adequate time away from work and on-call responsibilities for work/life balance. Real or perceived, workload and the lack of backup is a recurrent concern of individuals considering rural locations.

Key Findings

- Rural healthcare provider **retention** is better when the **recruitment** process follows proven best practices for recruiting rural healthcare providers.
- It's not just about a professional career; resources need to be invested to meet personal needs and expectations to retain rural healthcare providers.
- Do not underestimate the role of community engagement in retaining rural healthcare providers.

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- Identify opportunities for spouses/partners as well as children if applicable
- Build and sustain strong community attachments with the healthcare provider and their family.
- Reinforce the greater purchasing power potential in rural communities.

Professional Satisfiers

- Provide facilities and infrastructure needed to adequately support a healthcare practice, including stable staffing levels (e.g., nurse practitioners, support staff, operational support) and appropriate equipment upgrades.
- Provide for professional development such as rotations through academic hospitals/clinics (locum tenens backup) and continuing education in community health competencies.
- Be intentional in promoting the value of relationships with patients and clinical autonomy.
- Facilitate consultation and professional connection with networks of providers (peers within the same specialty and other specialists) using tele-informatics and tele-health, as these professional connections are valued by health care professionals and can help combat feelings of isolation.

Some Additional Observations

- “Other duties as assigned” within VA can be problematic for recruiting and retaining healthcare providers.
- If providers are enticed to come to the rural clinic/hospital for money alone, they will likely leave if offered more money somewhere else. Simply put, if they come for money, they will leave for money.

Innovative Approaches

- Some rural hospitals have successfully recruited health care professionals by explicitly providing them with paid time off each year to engage in international missionary work, hoping to attract those who are passionate about working with isolated populations.
- Changing models of medical education are emerging as well. Hoping to prepare students for the unique challenges of treating rural populations, several new medical schools are training students in the rural communities in which they hope these students will remain post-graduation.

Other “Pools” of Potential Rural Healthcare Partners

At differing points in healthcare providers’ careers and experience, they may become more receptive to rural locations that earlier in their professional life were not appealing. Urban healthcare professionals looking for a change, greater professional autonomy, or a place to raise a family may give rural localities a second look.

For healthcare providers that prefer to be employed by a hospital or facility, options within the rural setting can be explored as well.

Conclusions

The key summary points listed above were based on a comprehensive review of the literature cited below, and conversations with personnel in the VA Healthcare Retention & Recruitment Office (HRRO).

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VISN 23: Rural Healthcare Provider Retention Strategies
ORH Project Summary Brief — 2012

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