

Recruitment Program Welcomes New Coordinator

The Office of Rural Health is pleased to welcome our new Recruitment Services Coordinator, Sandra Assasnik. Sandra comes to Oregon from Salt Lake City, Utah, where she worked for several years as Program Manager for the Utah State Office of Rural Health & Primary Care and Diabetes Control Program. She shaped the J-1 visa waiver program for Utah, managed the state loan repayment program, and developed a recruitment and retention program for rural practice sites.

Please update your records to show Sandra Assasnik as Recruitment Services Coordinator. She may be contacted at 503-494-4450 or toll-free 866-674-4376 or via email at assasnik@ohsu.edu.

FNP Makes a Difference in Rural Oregon

Michael Sheets, FNP, retired commissioned officer in the US Public Health Service, started the Merrill Clinic in 1996. Before coming to Merrill, Oregon, Sheets spent a number of years providing health care to underserved people all over the country. He has served on Indian reservations, attended to victims of mine disasters in Kentucky, and was the first Family Nurse Practitioner in the National Health Service Corps.

Upon arriving in Merrill, Sheets recognized the lack of access to high quality health care. "When we started, it was just [a Medical Assistant, the Office Manager and me] and the wild idea that we could make a difference," Sheets said. Prior to the opening of the Merrill Clinic, the community had gone without a local primary care clinic for 15 years.

The Merrill Clinic comes from humble beginnings. Volunteers from the community expressed their desire for local health care by donating time, labor and materials to upgrade the clinic building. The clinic serves people from as far as 90 miles away; for many this is their first access to care. Last year 8,600 patients came to the clinic and its satellite office in Bonanza, Oregon, to receive biopsies, casting, suturing, well child checks, family planning and mental health services. Sheets also offers preventive care and management of chronic conditions such as diabetes and asthma. Even though the

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Dear "Aunt Sandy"

Your recruitment questions answered



Dear Aunt Sandy:

Our organization has just interviewed five family practice physicians to fill a vacancy in our hospital-based practice. We eliminated two candidates

as "not suitable" for our community and organization. Three candidates were identified as a good match; the only trouble is every time we offered the position to the physician, we were turned down. We have just about exhausted all our resources to recruit any more physicians. What do you think went wrong?
Signed,
Looking For Help

Dear "Looking For Help":

I need a little more information and perhaps you do too.

There is a story I want to pass on to you, which my colleague in another state (we'll call him Tim) recently shared with me. He had been sourcing candidates for a rural hospital. Plenty of viable candidates were interested in the position, or so it seemed. Yet after the site visit, each candidate rejected an offer of employment. During the site visit, everything seemed to be going so well.

On the last site visit, Tim went with the physician to the community. Everything was planned to perfection. The physician candidate was an avid hunter and the hospital administrator planned to take the physician duck hunting as an activity. They invited Tim too—they wore their cords, flannel jackets, and got a little muddy out there in the marshes. When they got back to town they stopped at the administrator's home. When they walked in, the "who's who" of the community greeted them with a surprise cocktail party. The administrator's wife had done this for every

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candidate who had visited. Apparently, it was enough to scare these candidates away.

Later, Tim chatted with the administrator and found out this candidate also declined the position. Tim asked the administrator if he did any follow-up after offering the position. The administrator said no. Tim called this and all the previous candidates. Sure enough, nearly everyone said the same thing—things were going well until the surprise cocktail party. The candidates complained about that event for various reasons. They felt embarrassed being in hunting clothes when everyone else was dressed in black-tie, some didn't like large groups, one physician didn't drink and felt awkward, and another wanted to get back to her family at the hotel. Tim relayed this information to the administrator and they eliminated the surprise cocktail party from the slate of events. The next site visit progressed to a contract signing!

What I am trying to tell you is that follow-up is important. When you get a negative response or hesitation to your offer, you need to ask "why" at that moment. Then you need to address those issues as quickly as possible. This may require another site visit or traveling to the candidate's home to discuss the opportunity further. For every reason that is identified, you need to develop a strategy to address or minimize the reason the candidate has declined the opportunity.

Another issue that is not addressed in your question is that of the partner/spouse/children of your candidates. What opportunities are available for the candidates' families? Remember, more often than not, the provider and family will decide during the site visit if this community is the one they will be calling "home." You need to roll out the red carpet for the clinician and his/her family. Take the time to carefully prepare an offer along with an itinerary that meets the needs of the candidate and his/her family. Make sure that prior to the visit the clinician O.K.s the itinerary.

Every time you recruit, there is a chance to collect "information" to improve your opportunity or to make better use of the site visit. Take the time to debrief your candidate and the candidate's family. Identify the reasons why the opportunity was rejected. Address those reasons before continuing further in the recruitment process—you can save yourself a lot of grief, not to mention economic resources if you take this advice.

Aunt Sandy

For recruitment and retention technical assistance, feel free to contact Sandra Assasnik, Recruitment Services Coordinator, and toll-free 866-674-4376. Please send your questions for Aunt Sandy to assasnik@ohsu.edu or FAX 503-494-4798.

Oregon's Conrad 30 Program

Another Tool for Recruitment

The Oregon Department of Human Services (Oregon DHS) has joined 44 other states by constructing a Conrad 30 program to sponsor J-1 Visa waivers for physicians to practice in Oregon. The new program offers some rural sites another recruitment option when looking for a provider.

The U.S. Department of Agriculture announced it would stop sponsoring J-1 Visa waivers in March 2002. This left many J-1 Visa waiver holders without sponsorship to practice in Oregon. Established in 1994, the Conrad 30 program (named after its author, North Dakota Senator Kent Conrad) is a means by which state departments of public health can sponsor International Medical Graduates (IMGs) for J-1 Visa waivers.

The Conrad 30 program allows states to request 30 waivers per federal fiscal year (October 1 through September 30). In Oregon, 80% of the slots allotted each year are granted to physicians practicing in the areas of family practice, internal medicine, pediatrics, OB/GYN, or psychiatry. "Psychiatry is a top priority with the federal Department of Health and Human Services," said Dia Shuhart, Conrad Program Coordinator, Oregon DHS. "While 20% of the slots will be granted to other disciplines, a health care facility must document why they need a specialty slot more than a primary care slot."

Primary care slots are reserved until August 1st of every year for primary care physicians looking for placement in health care safety net clinics and the state mental health system. After that, Oregon DHS reserves the right to reallocate any open slots to other health care facilities to fulfill their needs for a J-1 Visa waiver physician.

First priority is given to practice locations within a Health Professional Shortage Area (HPSA). Second priority is for applicants with a site in a Medically Underserved Area (MUA), and are considered based on documentation substantiating the area's need.

A health care facility is required to serve Medicare and Medicaid patients, low-income patients, uninsured patients and the population of the federal designation. A minimum of 20% of the total patient visits must be Medicaid, and/or other low-income patients. Also, a health care facility must post a sliding fee schedule in the primary language of the population being served.

"The [Conrad 30] program was created to plug a gap in access to primary care," said Shuhart. "A health care facility has to have widely advertised an open position for at least six months" before applying to the Conrad 30 program.

Conrad 30 con't.

The applying physician must have an active Oregon Medical License, be board eligible or certified, and have at least one recommendation from the physician's primary care residency program. Conrad 30 requires an executed employment contract between the physician and the health care facility, with original signatures specifying the physician's contact information as well as statements to the effect that:

- The physician will treat all patients regardless of their ability to pay;
- The physician will practice on a full-time basis for a minimum of 40 hours a week in a HPSA or MUA, and
- The term of the contract shall be for a minimum of three years from the effective date of the J-1 Visa waiver.

"Physicians must be employed by that health facility, not self-employed or in a solo practice," said Shuhart. "In addition to completion of the contract, a physician must have permanent residency status before they can start a solo practice."

The employing entity must provide the Oregon DHS Conrad 30 program with a semi-annual report that verifies the physician's employment at the health care facility. The first report is due six months after employment begins. "It's a one page form, and [it] doesn't take very long to fill out," said Shuhart. Failure to submit an accurate form every six months will result in a report of non-compliance to the Immigration and Naturalization Service (INS) by Oregon DHS.

Before submitting an application to the Oregon DHS, either the physician or the health care facility must pay a \$230 processing fee to the U.S. Department of State in order to establish a case number. Once this number is in place, the application can be sent to Oregon DHS.

Currently, Oregon DHS does not charge a processing fee for applications; however, pending legislation will put a \$2,000 fee in place this year. The above rules for the Conrad 30 program will be good for the next six months, at which time the Oregon DHS will go through a formal rule making process based on program user suggestions and experiences.

To see the complete guidelines and learn more about Oregon's Conrad 30 program, contact Dia Shuhart at the Oregon Department of Human Services, 503-945-9467, or the web at www.dhs.state.or.us/publichealth/hsp/conrad/index.cfm or via email at Dia.Shuhart@state.or.us.

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clinic serves so many from far away, and many patients are walk-ins, Sheets has been known to make house calls.

Last year the Merrill Clinic provided much more than health care. During a record drought and recession many families watched in despair as federal officials shut off water supplies to their farms. Sheets, upon learning about worsening conditions, immediately enlisted the help of the Klamath and Lake County food banks and local volunteers who set up a food bank in the clinic. While volunteers from local high schools unloaded food from delivery trucks and operated the food bank during the day, clinic staff continued to see patients. The food bank served as many as 300 people in a single day and continues at a nearby location as the Merrill Food Bank.

As the sole Family Nurse Practitioner in the area, Sheets drives a 68-mile loop each day, seeing patients at the Merrill Clinic in the morning and at the Bonanza Clinic in the afternoon. Sheets and volunteers from the community renovated an abandoned building to house the Bonanza Community Health Center. "In rural areas there is a sense of ownership of the local clinic," said Sheets. The Bonanza Clinic, which receives a state Family Planning Grant, can boast about a reduction in local teen pregnancy. The site also acts as a dispensing center for patient medications, saving travel time for local residents. The Merrill and the Bonanza clinics never turn patients away. "My philosophy has always been affordable, accessible care," said Sheets. "[You] get back 1,000 fold from your patients what you give."

Michael Sheets is currently recruiting a Family Nurse Practitioner and a dentist. For more information contact Sandra Assasnik, Recruitment Services Coordinator at the Office of Rural Health, 503-494-4450, toll-free 866-674-4376, or via email at assasnik@ohsu.edu.

New HERO Booth Attracts Recruits

The HERO program has acquired new exhibit materials to use at recruitment events and conferences. The new tabletop exhibit will feature scenic photographs from rural regions in Oregon. Francisco J. Rangel, a noted Portland scenic photographer, generously allowed the HERO program to use his photos to show off the state's extraordinary beauty.

Visit the new HERO exhibit booth at the Oregon Rural Health Conference October 2 – 4, 2003 in Newport Oregon. For more information on the conference, and to register, visit the ORH web site at www.ohsu.edu/oregonruralhealth/confbrochintro03.html.

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**The HERO Program at the
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would like to hear from you!**

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