Physician Recruitment Strategies
&
Implementation Plan
February 26, 2019

Bridges Community Health Centre
Fort Erie and Port Colborne/Wainfleet

Centre de santé communautaire
Votre bien-être, notre raison d'être!
HAMILTON | NIAGARA

NIAGARA FALLS COMMUNITY HEALTH CENTRE

Quest Community Health Centre
Every One Matters.

Niagara Community Health Centre Collaborative

Physician Recruitment Strategies and Implementation Plan

February 26, 2019

A. Background

Niagara Region Community Health Centres (CHCs) initiated a process in the fall of 2018 for the CHC Chairs and Executive Directors to meet to begin to discuss how to work together to "champion transformative change within Niagara's primary health care system in order to maximize the health and wellbeing of people and communities facing exceptional barriers to health." Later that year the Acting Chair of the HNHB LHIN Board of Directors invited the Niagara Sub-Region CHC Chairs and Executive Directors to join him at a Governance to Governance meeting that would also include two additional LHIN Board representatives, the LHIN CEO, and two other senior staff members. The meeting focused on opportunities for stronger collaboration between the Niagara CHCs. It was noted that the CHC model and multi service approach has a high degree of integration that aligns with the overall objectives of the LHIN Anchor Tables and local sub-region planning. However, a key concern identified by the LHIN was physician recruitment and the fact that physician surplus funding was annually being returned to the Ministry of Health and Long Term Care. Following this meeting, and a subsequent meeting with LHIN staff and CHC EDs, the CHCs were asked to develop a primary care recruitment strategy and implementation plan that would address this issue as well as result in improved access to primary care services. The recruitment strategy and implementation plan are presented below.

B. Goal Statement

Maximize client access to family physicians at Niagara's four Community Health Centres, expending all physician salary revenue by year end, and doing so within the context of an interdisciplinary primary health care model where staff, working at full scope, provide individualized services to vulnerable and marginalized populations.

C. Guiding Values

The physician recruitment strategies and implementation plan will be guided by the values that direct and support the work of the Niagara Sub-Region CHC Chair-Executive Director Collaborative:

- ❖ Champions an equitable, inclusive and respectful primary health care system in Niagara
- ❖ Challenges the status quo with integrity and transparency and is a catalyst for system innovation
- ❖ Embraces community driven cooperation and partners to influence change
- ❖ Acts and learns from a community informed and evidence based approach, integrating changes that move us forward as efficiently and effectively as possible.
- ❖ Respects the local autonomy of each member CHC and the accountability of organization representatives to the Board of Directors of each member CHC.
- ❖ Contributes to strengthening our individual and collective impact

D. Our Current State

Developing our physician recruitment strategy and implementation plan requires a clear understanding of our current reality with respect to service delivery, allowing us to build on our strengths, address challenges, and respond as effectively as possible to the needs of our clients. Consistent with this, twelve CHC Indicators of Success with respect to service access, and their status, are highlighted in Table 1 below.

Table 1: Performance Indicators, Targets and Actuals 2018-2019 (Q3)

Performance Indicators	Bridges CHC 2018/19		Centre de Santé 2018/19		Niagara Falls CHC 2018/19		Quest CHC 2018/19	
	Q3		Q3		Q3		Q3	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Cervical Cancer Screening (PAP Tests)	75%	82%	70%	73%	70%	84%	75%	76%
Colorectal Screening Rate	70%	75%	60%	73%	60%	77%	70%	75%
Influenza Vaccination Rate	45%	52%	45%	25%	45%	57%	45%	63%

Performance Indicators (cont'd)	Bridges CHC		Centre de Santé		Niagara Falls CHC		Quest CHC	
	2018/19		2018/19		2018/19		2018/19	
	Q3		Q3		Q3		Q3	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Interdisciplinary Care for Diabetes Clients	90%	93%	90%	99%	90%	99%	90%	94%
Retention Rate (for Nurse Practitioners {NPs} and Physicians)	80%	99%	90%	100%	66%	69%	80%	85%
Access to Primary Health Care	95%	99%	85%	89%	70%	73%	70%	87%
Offer same day/next day service	Yes		Yes		Yes		Yes	
Offer extended hours	Yes		Yes		Yes		Yes	
Funded FTE Physician Positions	3.0		4.0		3.5		3.56	
Current # of FTE physicians	1.6		4.0		0.6		2.6	
Funded FTE NP Positions	2 (one per site)		1.0		3		2.56	
Current # of FTE NPs Offer extended hours	3.2 (using physician surplus revenue to fund additional 1.2 FTEs)		1.0		4.0 (using physician surplus revenue to fund additional 1.0 FTEs)		3.06 (using physician surplus revenue to fund additional .5 FTEs)	

While the Niagara Sub-Region CHCs score very well on the majority of the indicators summarized above, at the same time several challenges have been and continue to be experienced when considering how to optimize physician recruitment:

- Working with vulnerable and marginalized populations and highly complex clients that face many systemic barriers when trying to access regular health care services.
- Annualized approval is required to transfer physician revenue to Nurse Practitioners (NPs); the lack of ongoing approval limits the CHCs ability to recruit NPs on a permanent basis, which would in turn increase access.

- In addition to CHC data re physician FTEs (see chart page 3) **d**ata re current situation of physicians locally/LHIN wide and provincially is needed to effectively plan.
- Information re competitiveness of CHC physician salaries compared to other models is limited or not available, leading to potential misperceptions.
- CHC physician salaries decreased on January 1, 2013 by 1.37%; on April 1, 2013 by .5% and on June 1, 2015 by another 2.65%. (Note: based on most recent negotiations with the OMA the total amount the province pays to doctors will increase by at least 3.5 percent over four years. The four-year agreement is retroactive to April 1, 2017).
- Several features to Niagara Region itself combine to make physician recruitment challenging. These include its size (the Region covers a land area of 1,854.25 square km; its comparatively small population (431,000); and the multiple distinct urban communities combined with large rural areas.

E. Physician Recruitment Strategies and Implementation Plan

Six strategies have been identified with respect to maximizing client access to family physicians at Community Health Centres. Each has specific action steps to support its implementation. Several of these strategies and/or action steps are already underway across all or some of the CHCs.

Strategy #1: Maximize Recruitment Resources

Action Steps

- Regular meetings with recruitment program staff/resources
  - Link to current recruitment programs in Niagara – e.g. Jill Croteau, Physician Recruitment and Retention Coordinator, Niagara Region/Jill Cappa, Regional Advisor, Health Force Ontario, Marketing and Recruitment Agency
    - Set up Quarterly meetings to debrief and plan
- Explore potential for accessing HR Support/Professional Recruitment services
- Identify strategic physician recruitment fairs in and out of province and ensure our participation

Strategy #2: Collect information from physicians who leave CHCs/don't take positions

Action Steps

- Debrief with Physicians who leave CHCs re challenges/potential changes.
- Obtain Recruiter's perspectives on why Physicians are not taking CHC positions/specific challenges recruiters face in attracting physicians to the Niagara Region.

- ❖ Work with Recruiters to establish debriefing sessions/other strategies to collect information from potential physician candidates for CHCs who do not take CHC positions (e.g. submit anonymous questionnaires).

Strategy #3: Network with physicians to identify potential candidates/bridge with their contacts

Action Steps

- ❖ Link with LHIN Physicians/Physicians on LHIN Committees working in/with the community (e.g. Darija Vujosevic, Clinical Lead, Niagara Sub Region; Jennifer Everson, Primary Care Lead HNHB LHIN).
- ❖ Outreach to current CHC physicians re their contacts/who might be interested; ideas for networking/who do they know /network with.
- ❖ Connect with the solo practitioners with/from whom Niagara CHC Collaborative programs are working/receive referrals (i.e. Interprofessional Primary Care (IPC); Chronic Obstructive Pulmonary Disease (COPD); Diabetes Education; Urgent Service Access Team (USAT); Physiotherapy; Feet First).
- ❖ Link to local physician bodies/groups that meet.
- ❖ Generate/provide promotional materials to all of the above.

Strategy #4: Establish regular venues to connect with the education system

Action Steps

- ❖ Reach out to medical residency program – selective recruitment of medical students; undergraduate and post graduate placement and engagement (e.g. service delivery/research).
- ❖ Build/strengthen relationships with staff at University/Schools of Medicine.
- ❖ Strengthen relationship with current and future medical learners and foster the development of these learners by providing opportunities for social and professional relationships to be established within our communities.

Strategy #5: Develop a Marketing & Communications Strategy

Action Steps

- ❖ Explore potential for Incentives/Engagement (similar challenges recruiting staff to work with vulnerable populations as recruiting staff to work in the North, for example).
  - Meeting with Chamber of Commerce/their Not for Profit Council to discuss CHCs, Physician recruitment and thoughts re potential incentives from their membership.
  - Contact Municipalities to discuss access to relocation grants for physicians from outside the Niagara Region.
  - Access funding through alternative/non-government sources (e.g. Wise Guys Charity Fund; Foundations/donations) to host:

- Events for Medical Learners – e.g. hockey games; dinners; Niagara Falls; Learner Wellness
- Appreciation events for current providers/families.

❖ Review physician recruitment advertisements generated by other CHCs to identify engaging/appealing features including specific wording/community information/ compensation/ development & training opportunities/other benefits that could inform a standardized posting/inventory of postings that can be used regularly/reviewed and updated as appropriate.

Strategy #6: Explore Alternative/Creative Models that continue to maximize service access to vulnerable populations

Action Steps

❖ Investigate the viability of combining a percentage of physician funding (amount to be determined) to cost share a physician lead position that would:

- Hold an academic position with McMaster's DeGroote School of Medicine, Niagara Campus (or other as/if appropriate), which would support:
  - supervising an ongoing rotation of medical students in the CHCs, creating a continuous flow of physician access in the CHC settings
    - bi-weekly group supervision meetings
    - access physically as well as virtually, where appropriate
    - up to three hours in each CHC weekly to review charts
    - provide on call support to learners on an as needed basis
  - the provision of vital exposure to vulnerable, marginalized populations by medical students
  - participating in recruitment of new physicians to Niagara.

❖ Explore the feasibility of establishing a shared team of physicians to provide services/fill vacancies across the four Niagara CHCs (potential to link to physician lead position in first bullet point above).

❖ Advocate for more flexible and creative use of physician funding.

❖ Continue to advocate for competitive hourly/annual salary rates for physicians.

F. Next Steps

The Niagara CHC Collaborative plans to meet on an ongoing basis, has developed a Terms of Reference (see Attachment A), and is currently in the process of identifying priority agenda items. Our Physician Recruitment Strategies and Implementation Plan has been identified as one of the priorities for the fiscal year 2019-2020. A next step is to identify specific targets for the Plan, together with responsibility centres and reporting formats/ mechanisms.

Attachment A

The Niagara Community Health Centre Collaborative (NCHCC)

Terms of Reference

Who we are

The Niagara Community Health Centre Collaborative (NCHCC) is composed of not for profit, community governed, inter-professional, Community Health Centres (CHCs) providing primary health care in the Niagara region.

Membership:
Community Health Centres in the Niagara Sub-Region of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN).

- Bridges Community Health Centre
- Centre de Santé Communautaire
- Niagara Falls Community Health Centre
- Quest Community Health Centre

Organization Representatives

- Board Chair or designate, CHC in Niagara Sub-Region
- Executive Director or designate, CHC in Niagara Sub-Region

Corresponding Member

- The Alliance for Healthier Communities

Our Mission

The NCHCC champions transformative change within Niagara's primary health care system. We improve the health and wellbeing of people and communities who face exceptional barriers to health and ensure that people with complex needs have increased access to services in accordance with the CHC model of health and wellbeing.[1]

Our Values[2]

The NCHCC

- Champions an equitable, inclusive and respectful primary health care system in Niagara

- Challenges the status quo with integrity and transparency and is a catalyst for system innovation
- Embraces community driven cooperation and partners to influence change
- Acts and learns from a community informed and evidence based approach
- Respects the local autonomy of each member CHC and the accountability of Organization Representatives to the Board of Directors of each Member CHC.

Our Work Together

The NCCHC operates with a shared leadership model and each member contributes to the success of meetings and their outcomes. Members work collaboratively to promote clinical proficiency, continuous quality improvement, operational efficiency, and effective community led governance.

The NCCHC leverages our collective impact as Community Health Centres by creating a forum to:

- Meet and exchange ideas related to primary health care in the Niagara region
- Identify potential areas of collaboration
- Discuss the needs of communities, strategic priorities of the HNHB LHIN, directives from Ontario Ministry of Health and Long-Term Care, and developments in the Community Health Sector
- Give and receive peer support and mentoring
- Consider interactions with the HNHB LHIN and other policy makers and stakeholders on issues
- Create shared communication strategies to promote awareness of the work of CHCs.

Facilitator

- The Members will appoint a Facilitator (from within or outside of the Membership) responsible for preparing agendas, facilitating meetings, identifying action items, and circulating draft minutes for approval by the Members.
- The Facilitator may call upon the Member hosting a meeting to provide support for minute taking for the meeting.
- The Facilitator's term and tasks will be determined by the Members and reviewed annually, or more frequently at the request of the Facilitator or a majority of the Members. The Facilitator is not the spokesperson for the NCHCC and is not authorized to meet with anyone on behalf of the NCHCC.

Decision Process:

- By consensus

Confidentiality:

- Members respect and maintain confidentiality

Meetings:

- Meetings will be held monthly for the first 6 months after inception; then every two months, or at the request of the Facilitator as approved by a majority of the membership.

Quorum

- Shall consist of at least one Organization Representative (Board Chair or Executive Director, not including designates) from each member CHC participating either in person or by electronic means.

Meeting Location:

- The four Community Health Centres will take turns in hosting the meeting by rotation.

Documents:

- Minutes are kept by the Facilitator and distributed to Members 10 days before the next scheduled meeting.
- Agenda items are forwarded to the Facilitator at least 7 days prior to the meeting.
- Agenda is distributed at least 5 days before the meeting.

Annual Review and Evaluation

- The NCHCC Terms of Reference will be reviewed annually (last updated, January 23, 2019).
- Annual evaluation of the effectiveness of NCCHC meetings will take place in December of each year.

[1] All NCHCC Members have endorsed the mission statement of The Alliance for Healthier Communities.
[2]Adapted from “Championing Transformative Change –The Alliance for Healthier Communities.” Our multi-sector approach to transformation of Niagara‘s primary community health system has a high degree of integration which aligns with the overall objectives of the planning of the HNHB LHIN and the Niagara Sub Region.