

Three Strategies to Recruit and Retain Your Primary Care Dream Team

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Underinvestment in primary care has been a chronic problem in America. And now, almost two years after the COVID-19 pandemic began, the challenge has taken on new urgency. Primary care is grappling with an acute [workforce shortage](#), where not only clinicians, but also support staff, are in short supply.

With applicant pools shrinking and burnout at an all-time high, how can independent primary care physicians keep their practices running at full tilt? We sat down with representatives from Aledade's ACO member practices to discuss three creative approaches to recruiting and retaining top talent in today's job market.

1. Connect with local learning institutions.

As the number of workers entering healthcare dwindles, practices are finding it doubly challenging to recruit practice staff. One way practices work around this limited pool of candidates is to go directly to the source: colleges and universities.

For Monica Lindley, CEO of Mid-Delta Health Systems, this has meant building strong connections with a local college so medical assistant (MA), licensed practical nurse (LPN) and LPN-to-registered nurse (RN) bridging program students have the opportunity to rotate through this community health center. Practices who are at a distance from learning institutions may find partnering with online programs to be an advantageous option. Angie Walker, CMC, CMO, Office Manager at the Walker Clinic in De Queen, Arkansas, has begun offering a preceptorship through Walden University. The program has attracted nurse practitioners completing their coursework virtually to **perform their clinical rotation on site at the clinic**, introducing them to a potential career at the organization or in independent primary care.

"The benefit far outweighs the work and monitoring involved," Walker said. "Seeing how a student performs in that function tells you a huge amount about how they're going to be as an employee as well."

2. Consider alternative work schedules.

In today's competitive job market, where work-from-home positions are on the rise, applicants are looking beyond base salaries to a job's holistic benefits package. Many primary care practices have found offering [flexible work arrangements](#) to be an effective strategy for both recruitment and retention.

When the Walker Clinic expanded operations to 12 hour days, seven days a week, to meet the needs of its community, Walker knew she'd need to reimagine the clinic's work schedule to avoid fatiguing staff. Adopting a new block schedule model, employees began working three consecutive 12-hour days per week, with a modification in the fourth week that affords each employee **eight days off in a row**.

Together with periodic incentives like a cruise raffle for employees who picked up shifts or maintained perfect attendance, Walker says she's seen higher retention and engagement.

"We seem to have a lower absenteeism rate. [Employees] don't have to take a vacation day to go to the doctor. We set that schedule for the year, and they save their vacation time for vacation," Walker said.

3. Stand up a bonus program aligned with practice goals.

In 2020, primary care practices participating in Aledade Medicare Shared Savings Program (MSSP) ACOs earned average shared savings revenues of \$198,000, and practices in non-MSSP ACOs earned an average of \$140,000.* [These revenues](#) can be a boon to a practice's bottom line, and several administrators opt to use at least a portion to reward - and retain - practice staff.

According to Evan Saulino, MD, PhD, a family physician and regional medical director at Aledade, the key is **aligning value-based care work with your practice's payment structure** so staff members realize how their daily activities support quality care goals. "This also keeps the team focused on what they can do and not frustrated by what they can't do," Dr. Saulino said.

Some organizations award annual bonuses using a simple percentage, while others take a more nuanced approach. Dr. Saulino recommends incentivizing team members who are involved in value-based care work and who have completed a minimum tenure at the practice (e.g. a year of service). At the Walker Clinic, the bonus program unites clinical and nonclinical team members in tackling a given quality measure (e.g., mammograms), which is assigned a biannual bonus payment value. According to Walker, it's this cross-functional alignment that's been key to the clinic achieving shared savings.

"We all have to be on the same page and moving in a fluid motion, or we're just not going to get there," Walker said.