Development of a Provider Onboarding Program – Preparing New Graduate Advanced Practice Providers for Practice in Federally Qualified Health Centers

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Purpose: Access Community Health Network (ACCESS) is addressing provider turnover, its associated cost, and improving continuity of care through implementation of an onboarding structure that supports new graduate advanced practice providers (APPs) in their transition into practice at their federally qualified health centers (FQHCs).

Problem: ACCESS employs 250 providers, including 70 APPs, in its 36 health centers across Chicago and surrounding suburbs and serves as the medical home for over 180,000 patients annually. ACCESS has not utilized a formalized onboarding process for providers which has led to some difficult transitions into practice, particularly for APPs starting directly after graduate program completion. New graduate APPs are especially at risk for burnout and professional dissatisfaction with inadequate support during their transition into practice, which can lead to high rates of turnover. Low provider retention drastically affects access to quality care for individuals and families in healthcare provider shortage areas, creating a stressful environment for new providers and continuing the cycle of burnout.

Methods: A systemic organizational review through surveys, focus groups and direct input from stakeholders of strengths, limitations and failures of previous onboarding practices was completed. Contributing stakeholders included ACCESS senior leadership, human resources, medical services, credentialing department, health center managers and staff, clinical support services, regional medical directors, and experienced and new APPs. Identified challenges facing new APPs included knowledge gaps, inadequate support, and not feeling prepared to handle patient volume. Feedback was used to develop short term and long term measurable goals, which were combined with known onboarding best practices to create an ideal onboarding program outline. A core group of APPs was consulted to further develop specific content and structure for the provider onboarding program.

Results: Five provider onboarding core components were created—well communicated post-hire coordination, a welcoming health center environment, assigned mentorship, core curriculum and a schedule appropriate for transition into practice. Standardized post-hire communication between human resources, medical services, credentialing, the onboarding program, and health center managers was established. A checklist was created for health center managers to ensure the APP’s health center is prepared for their arrival. A mentoring timeline was developed, identified APP onboarding mentors were trained in program curriculum, shadowing and supervised practice requirements, and completion of APP practice evaluation after transition to independent practice. A three part core curriculum focusing on organizational culture, care management through EHR navigation, and FQHC practice resources was developed to be reviewed over a set timeline to avoid information overload and increase retention of information. A guideline for a clinic schedule appropriate for transition into independent practice was developed.

Conclusion: ACCESS implemented its organization wide provider onboarding program September 2016 starting with new hire FNPs, PNPs and family medicine PAs, and is currently developing content for its CNMs and WHNPs. An APP provider onboarding manager was appointed with allotted FTEs to oversee the implementation and further development of the program. The impact of the program will be measured through data collection of the program’s short term and long term measurable goals.

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DEVELOPMENT OF A PROVIDER ONBOARDING PROGRAM
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Introduction
Access Community Health Network (ACCESS) employs 250 providers, including 70 advanced practice providers (APPs), in its 36 health centers across Chicago and surrounding suburbs and serves as the medical home for more than 180,000 patients annually. ACCESS is addressing provider turnover - and its associated cost - and improving continuity of care through implementation of an onboarding structure that supports new graduate APPs in their transition into practice.

Methods & Development
A systematic organizational review of strengths, limitations and failures of previous onboarding practices through surveys, focus groups, and direct input by new and experienced APPs and health center managers. Results were evaluated through data collection of impact of the program in the first four months. The impact of the program will be evaluated through evaluation and further development of the program.

New and Experienced APPs

Core curriculum

Timeline: Mentor + Curriculum
Month One
• First week: New Employee Orientation
• Second week: Curriculum Part 1, shadowing mentor

Month Two
• Curriculum Part 3, transition to independent practice in assigned health center with weekly half day return to mentor’s health center for practice evaluations and supervised practice

Schedule Appropriate for Transition into Practice*
Month Two – Transition to Assigned Health Center
• 1st week: 60-minute appointments
• 2nd – 4th weeks: 30-minute appointments

Month Three – Independent Practice
• 15-minute established appointment and 30-minute new patient appointments
• Two 30-minute chart review slots each morning and afternoon - at the middle and end of each 4 hour block - totaling 2 hours of chart review daily

*Recommendations can be adjusted as needed.


Core onboarding components:
1. Well communicated post-hire coordination
2. Welcoming health center environment
3. Assigned mentorship
4. Core curriculum
5. Schedule appropriate for transition into practice

Well Communicated Post-Hire Coordination
A workflow process was created to outline responsibilities and communication between departments and individuals involved in onboarding including Human Resources, Medical Services, Credentialing, Regional Operational Managers, and Health Center Managers. A core group of APPs was formed to further develop specific content and structure for the provider onboarding program.

Welcoming Health Center Environment
ACCESS initiated small changes to make new providers feel welcome. For example, a welcome card is signed by all health center staff and placed on the new provider’s prepared work station for their first day.

Challenges facing new APPs included knowledge gaps, inadequate support, and feeling unprepared to handle patient volume. Feedback was used to develop short- and long-term measurable goals, which were combined with onboarding best practices regarding learning pace and support network, to create an onboarding outline. A core group of APPs was formed to further develop specific content and structure for the provider onboarding program.

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New and Experienced APPs

Assigning Mentorship
• New providers are paired with mentors for three months for direct training, shadowing and supervised practice in mentor’s health center, and practice evaluations once practicing independently.
• Mentors are experienced APPs who are trained by the onboarding program.
• 0.1 FTE is allotted administrative time while actively mentoring.

Core Curriculum
• Reviewed directly with mentor
• Goal: Pace delivery of information to avoid information overload, increase retention of information and provide support through transition into practice
• Checklist includes: Demonstrated tasks, tip tools, resources, policies, and online learning management modules
• Divided into three parts: Health Center and ACCESS Culture, EHR Navigation, Practicing in an FQHC

Initial Feedback
"[My mentor’s] teaching style has helped me gain knowledge and organizational skills as well as confidence."
"The onboarding process was not only relevant to getting me prepared for clinical practice at ACCESS but also served as a wonderful transitional tool."
"[My mentor] went above and beyond. I must say I learned more from her than any other preceptor to date."

Conclusion
ACCESS implemented its Provider Onboarding Program in September 2016, starting with new hire FNPs, WHNPs and family medicine PAs. An APP provider onboarding manager was appointed with allotted FTEs to oversee the implementation and further development of the program. Sixteen APPs entered the program in the first four months. The impact of the program will be evaluated through data collection of the program’s short- and long-term measurable goals.

Next Steps
• Curriculum development and mentor training for CNMs and WHNPs
• Develop continued Epic training, as well as billing and coding training in collaboration with the ACCESS IS and Revenue Cycle departments
• Develop further cultural sensitivity and social determinants of health trainings

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