

## **Physician Recruitment and Retention Working Group**

**Tuesday, July 15, 2025 | 7:30-8:30am**

### **Meeting Minutes**

**Members Present:** Anton Alerte, Steven Angus, Jill Banatoski, Emily Byrne, Kathryn Cullinan, Khuram Ghumman, Amy Kohn, Andrew Lim, Liz Mahan, Traci Marquis-Eydman, Krishnan Narasimhan, William Petit, Rémy Sirkin.

**Members Absent:** Mariam Hakim-Zargar, Stephen Huot, Diana Paez.

#### **Introduction**

- Krishnan Narasimhan called the meeting to order at 7:33 am.
- William Petit motioned to approve the June meeting minutes and Traci Marquis-Eydman seconded; the minutes passed without discussion.
- Krishnan let the group know that the next meeting in August will be centered around behavioral health.

#### **Presentation on Physician Recruitment and Retention, Liz Mahan**

- Liz Mahan presented on physician recruitment from her perspective as Director of Professional Development & Solutions at the Association for Advancing Physician and Provider Recruitment (AAPPR). She spoke about the recruitment continuum, challenges in recruitment including high competition, geographic barriers, lengthy and recruitment timelines, and best practices such as proactive workforce planning, diverse sourcing strategies, competitive compensation, and mentorship. She emphasized that recruitment cannot be only about filling vacancies but rather the process has to be strategic.
- Liz also shared metric around top physician searches and recruitment timelines, with primary care vacancies taking an average of 189 days to fill.
- Proposed recommendations included a dedicated job board for the state of Connecticut, where organizations can post primary care physician/APP positions for free, and offering resources and training to organizations to develop recruitment strategies.

#### **Presentation on A Pipeline Approach to Physician Workforce Development, Traci Marquis-Eydman**

- Traci Marquis-Eydman spoke about addressing the physician workforce shortage on the retention side, presenting a pipeline approach. She shared that a significant number of medical students match in-state for their residency, then shared the current data from Connecticut medical schools and residency programs, which displayed varying levels of recruitment and retention success.

- She shared the results of a qualitative analysis of the career priorities of Quinnipiac's Netter School of Medicine graduates --> wide scope of practice was an important theme in these interviews.
  - CT is known to have a narrower scope of practice for family medicine which soured the view of what Family Medicine students could do in the state.
- Traci went through a few sample pipeline programs to increase medical school positions, expand graduate medical education (GME), and offer state-funded scholarships and loan reimbursement across different states, including Idaho, Kansas, Maine, and Vermont. She emphasized that each solution is fit for each specific state.
- Recommendations included increasing state support for residency programs and offering student debt forgiveness tied to long-term commitments working in underserved areas of the state.

### **Discussion and Recommendations**

- Anton Alerte asked Liz Mahan about the negotiation part of recruitment, asking if it compensation is the primary factor, or if other factors such as culture that influence decision-making for recruits. Liz spoke to the importance of practices going beyond offering a good contract so that physicians are more likely to enjoy where they are hired and thus are more likely to remain beyond the initial contract.
- Katie Cullinan recommended that the group split their recommendations by solutions that the state can undertake, versus recommendations for local organizations to take on.
- Khuram Ghuman commented on the need to look at why students do not go into the three most-needed specialties (internal medicine, family medicine, and pediatrics)
  - He also commented on recent federal legislation capping the amount of borrowing that students can do, which may impact students' decisions over the next 10 years.
- The group discussed where in government is the right fit for health care workforce programs. Questions were raised about whether the Working Group should recommend this work to be done in a specific agency, or if this should be left up to the legislature. Currently, there is no single agency that oversees physician recruitment, so it will take some thinking on which part of government may be best to take on these solutions.
  - Bill Petit recommended getting an audience with the governor, since the governor's office proposals get an audience in the relevant committees in the legislature.
- Bill also asked if the state could help fund residency programs in HPSAs to increase the number of residency slots in the state. Traci broadened this suggestion by

recommending a program of significant meaningful debt forgiveness on the other end, saying that Connecticut has shortages across the state, not only in HPSAs. She recommended having the amount of debt that is reimbursed increase the longer a physician stays.

- Khuram Ghumman and Steven Angus discussed the importance of addressing the practice environment, going beyond recruitment and retention. The challenge is not necessarily GME slots, some of which are going unfilled, but rather the challenge is in the retention of practicing physicians.
- Anton brought up a common chicken and the egg problem: HPSAs are HPSAs for a reason. He hopes to recruit individuals who may not have access to or have positive connections to the medical field to join medicine. There is a difference between wanting to serve a community and being stuck in a community from a contractual perspective.
- Bill brought up a question, saying that we have many GME slots, but do we fill them with CT residents or trainees who want to stay in CT? Is there a way for the State to incentivize GME programs to recruit specifically trainees who want to stay here?

### **Closing**

- The meeting adjourned at 8:32am
- The next meeting is scheduled August 19, 2025, at 7:30am.