

Optimizing Rural Health Recruitment at the VA



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Our Mission

VA's Mission Statement:

To fulfill President Lincoln's promise: "To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's Veterans."

Mission Reflection:

This mission reflects the VA's commitment to providing comprehensive care and support to Veterans and their families in recognition of their service and sacrifices for the country.

NRS and NSO Rural Services



Physician/Provider Sourcing, Recruiting, Consultation

- NRS and NSO will support the top 1-2 mission-critical physician recruitments*
- Healthcare Recruitment and Retention Site Assessments
- Rapid Response Recruitment Team (RRRT) deployments
- PPR CoP
- Recruiter U. and 1-on-1 on-site PPR orientation visits



Applicant Tracking System, USAStaffing, USAJOBS

- ATS - 85K Healthcare leads, opportunity and applicant tracking
- USAStaffing Cognos reports
- OPM Agency Talent Portal (ATP)



HotJobs Campaigns to Large Targeted Listservs

- GovDelivery specialty-centric listservs
- All MD/DO, Dentist, Podiatrist, CRNA, and Psychology assignments
- 32 Campaigns per month
- 871K Physicians and providers
- 165.9K Transitioning military
- 5.6M Emails sent w/51% open rate
- 2.3K Referrals



Health Professions Trainee (HPT) Recruitment

- VA Trainee Recruitment Events (VA-TRE)
- VA Trainee Recruitment and Hiring Workgroup



Leading Industry Job Boards and Social Media

- PracticeLink
- PracticeMatch
- HealtheCareers
- DocCafe
- 3RNet (rural)
- LinkedIn
- Lumina
- Naylor
- YMCareers



Exhibiting/Recruiting at Medical Conferences and Career Fairs

- 25 Large conferences in FY26
- 1,500+ in-person recruiter-led contact hours with mission-critical leads
- 53.4K leads
- 709 hires since FY24
- 46 Virtual physician/provider career fairs in FY 25 with averages of 168 attendees and 40 1-on-1 recruiter-led engagements

* Temporary until PPR is hired/trained



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Overview

VHA Overview:

The Veterans Health Administration (VHA) is the largest integrated healthcare system in the United States.

Number of Veterans Enrolled: 9.1 Million.

- **Total Facilities:** Approximately 1,380 health care facilities.
- **Medical Centers:** 170 VA Medical Centers.
- **Outpatient Sites:** 1,193 outpatient sites of varying complexity.
 - **Includes:** Community-based outpatient clinics, community living centers, domiciliaries, and other facilities providing healthcare services to Veterans.
- **Rural Sites of Care:** VA operates 459 rural sites of care, excluding Vet Centers, to ensure our Veterans have access to the necessary resources, no matter where they live.



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Rural Veteran Demographics / Challenges

There are 4.7 million rural and highly rural Veterans with 2.7 million enrolled in VA.

- 58 percent of rural enrolled Veterans have at least one service-connected condition.

Rural Veterans enrolled in VA's health care system are significantly older:

- 55 percent are over the age of 65 and have more medically complex diagnosis (diabetes, obesity, high blood pressure and heart conditions) that require more frequent, ongoing and costly care.

The next generation of rural Veterans also has multiple medical and combat-related issues.

- More than 301,000 rural Veterans served in Iraq and Afghanistan.



Shortages by Occupation

Rural vs Non-Rural VHA Staffing Shortage Occupations

Clinical Occupations		Non-Clinical Occupations	
Rural	Non-Rural	Rural	Non-Rural
Physician	Physician	Police	Custodial Worker
Registered Nurse	Registered Nurse	Health System Specialist	Police
Psychologist	Psychologist	General Engineering	Medical Support Assistant
Social Work	Practical Nurse	Custodial Worker	Food Service Worker
Practical Nurse	Nursing Assistant	Food Service Worker	General Engineering
Nursing Assistant	Social Work	Medical Support Assistant	Medical Supply Aide and Tech
Medical Technologist	Medical Technologist	Biomedical Engineer	Biomedical Engineer
Dentist	Health Aide and Technician		Supply Clerical and Technician
	Diagnostic Radiologic Technologist		
	Medical Instrument Technician		
	Pharmacy Technician		

Source: results of the 2024 Annual Workforce Planning cycle

Workforce Demand and Supply

As the Nation's largest integrated healthcare delivery system, the VHA faces workforce challenges similar to the private healthcare industry, but on a larger scale.

Demand vs. Supply:

Both clinical and nonclinical staff demands exceed the supply of appropriately trained professionals, particularly in rural and highly rural areas.

Rural-Specific Challenges:

Rural Veterans and their caregivers face significant challenges accessing healthcare and other services due to rural healthcare delivery limitations, including:

- Fewer physician practices, hospitals, and other health delivery resources.
- Hospital closings due to financial instability.
- Greater geographic distance and technology barriers.
- Reduced access to reliable internet and phone services.

Workforce Demographics

Loss Rates:

VHA's average 3-year loss rate is 7.8% for physicians and 7.3% for nurses.

Growth Rates:

VHA's average 3-year growth rate is 2% for physicians and 5% for nurses.

Rural Facilities:

Historically rural VHA facilities experience higher loss rates and lower growth rates compared to VHA overall.

Key Areas for Improvement in VA's Rural Health Recruitment

Internal studies, VA Time-to-Hire (T2H) data, and current industry benchmarking data highlight several areas for improvement in the VA's rural health recruitment efforts.

Areas for Improvement

Staffing Levels for Professional Recruiters	Talent Pools
Time-to-Hire	Employee Morale and Clinical Capacity
Recruitment Processes	Advanced Recruitment Strategies
Candidate Retention	Hiring Manager Satisfaction



Empowering Recruitment and Retention: The PACT Act of 2022

In response to ongoing workforce challenges, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxins (PACT) Act of 2022 provides VHA with unprecedented authorities and flexibilities to enhance recruitment and retention.

Key Provisions and Benefits:

- Contract Buy-Out Program (CBOP) for Rural Providers.
- Critical Skills Incentive (CSI).
- Retention Incentives Upfront.
- Elimination of Incentive/Award Caps.
- Waiver of Restrictions for Hiring Housekeeping Aids.

Enhancing Recruitment and Retention at Rural VAMCs

To remain competitive, rural VAMCs must act now to improve recruitment and retention by integrating flexibilities, authorities, and incentives into local plans and business practices.

10 Key Rural Strategies and Tools

Local Plans	Loan Repayment Programs
National Sourcing Office	Candidate Experience
Specialized Recruiters	Internal Talent Pools
Pay Incentives	Work Environment
Hiring Flexibilities and Authority	Employee Retention

Transforming VA Recruitment and Retention

Reimagining Recruitment and Retention at the VA

Overview of Challenges:

The US Department of Veterans Affairs (VA) is facing recruitment and retention challenges across the Veterans Health Administration (VHA).

Innovative Solutions:

- Centralized/matrixed operation.
- Rural recruiting initiatives.
- Leveraging AI in targeting those with local/rural ties.
- Streamlined hiring vs. traditional federal hiring.
- StayinVA touchpoints.
- Centralized non-citizens processing office.

Rural Recruitment Strategies

Optimized Tactics for Rural Recruitment

- Field-Based Rural Health Physician/Provider Recruiters and Nurse Recruiters.
- Centralized Rural Health Recruitment Model.
- Strategic Leadership and Staffing.
- Streamlined and Proactive Recruitment Processes.
- Enhanced Candidate Experiences.
- Building Robust Talent Pipelines.
- Integration of Best Practices.

Rural Recruitment Strategies continued

Optimized Tactics for Rural Recruitment Con't.

- Operational Efficiencies Through Scale.
- Leveraging Technology.
- Nationwide Rural Lifecycle Operation.
- Marketing & Outreach.
- Consulting and High Reliability Operations.
- Talent Sourcing and Pipeline Development.
- Training/Development.
- Competitive Advantage.



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Conclusion

Centralizing the recruitment and retention operations within the VA is imperative to addressing the systemic challenges and inefficiencies currently faced, especially in rural health care recruitment. This reorganization will ensure timely hiring, better candidate experiences, increased clinical capacity, and an overall competitive edge in the healthcare labor market. By implementing robust, centralized rural recruitment teams and leveraging best practices, the VA can uphold its commitment to delivering exceptional care to Veterans.



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Empowering Rural Excellence: A Collaborative Initiative for Strengthening VA Primary Care through Community of Practice



Karla L. Miller, MD

08/26/2025



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- ▶ The contents do not represent the views of Department of Veterans Affairs or the United States government.



The WHY?



**The rural
healthcare
workforce is
critical to the
health and well-
being of rural
communities**



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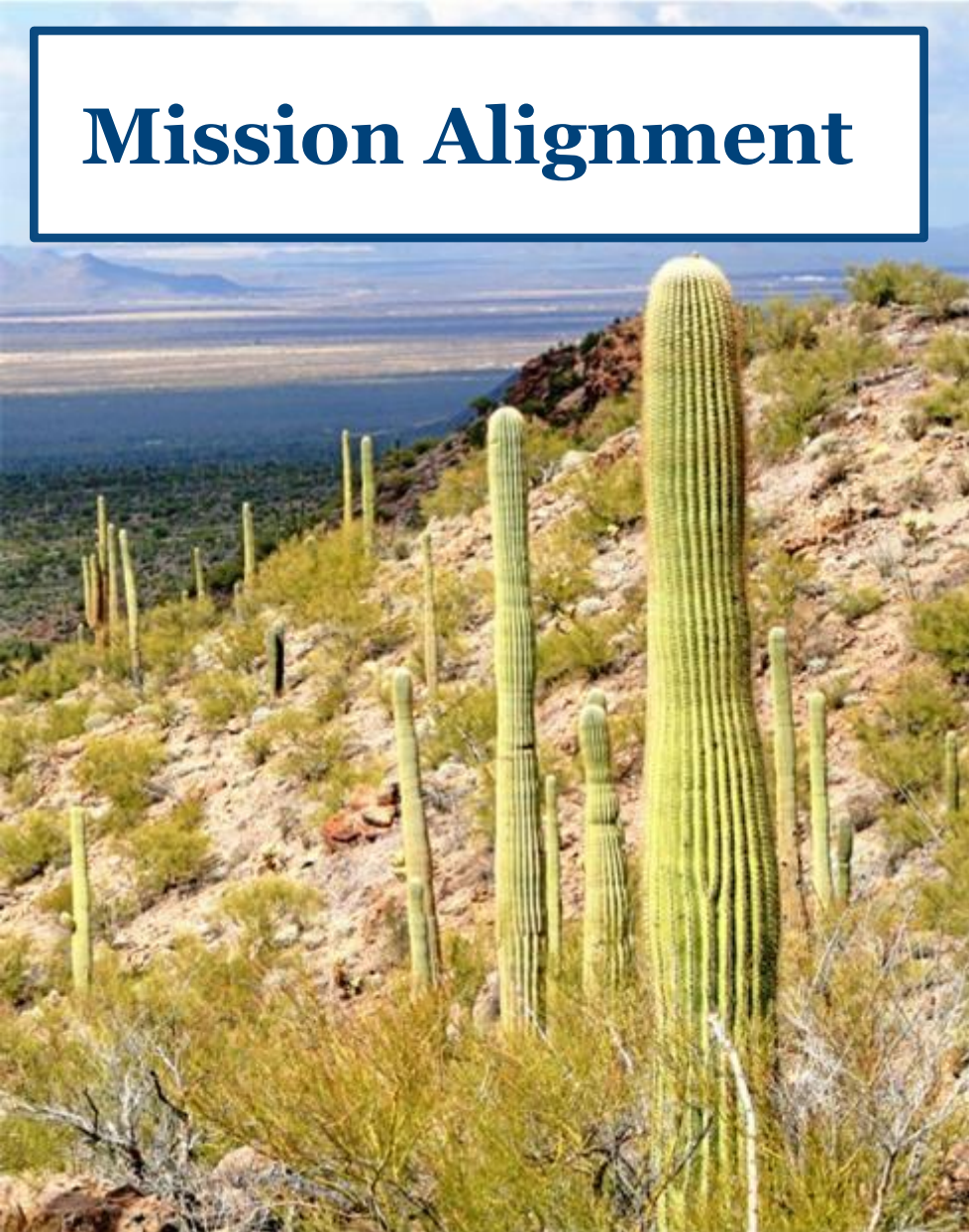
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Purpose

- ▶ To discuss a collaborative initiative between VA Office of Rural Health and Workforce Management Consulting (WMC) to develop a community of practice (CoP) among rural VA primary care providers (PCPs)



Mission Alignment



- ▶ VA WMC (HR) Mission: To provide world class consultation and operational guidance to the VHA community to **ensure an engaged and high-performing workforce to care for Veterans and their families**

Why a Rural VA PCP CoP? Identifying the Need

- ▶ Rural primary care clinics have greater clinical staff turnover and burnout than their urban counterparts.^{1,2}
- ▶ Opportunities for professional development (PD) are cited among factors impacting professional satisfaction, rural PCP recruitment and retention.³
- ▶ Little is known about the professional development experiences of rural primary care providers in the VA context.

1. Office of Rural Health Workforce Team Meeting Presentation (2021). Workforce Development. WMC Team: L. Pomeroy, P. Youngblood, L. Elliot, J. Marfield.

2. Rinne, et al. National Burnout Trends Among Physicians Working in the Department of Veterans Affairs. J GEN INTERN MED (2020).

3. Asghari S, et al. A systematic review of reviews: Recruitment and retention of rural family physicians. Can J Rural Med. 25(1):20-30.

Why a Rural VA PCP CoP? Identifying a Need

We heard from rural PCPs

FY22 qualitative interviews of rural VA PCPs and leaders across geographic regions about their professional development (PD) needs and found these themes:

- ▶ **Effective and timely communication of PD** “I was here for more than 20 years before I heard of any PD”
- ▶ **Dedicated time for engagement in PD** “Providing time to implement project...[is key] because in a clinic day there isn't 'spare' time.”
- ▶ **Better access to PD for rural providers** “If I have to go to main VA, it's a 2 hour drive each way.”
- ▶ **More system barriers to overcome (understaffed PACTs, inadequate panel coverage, more CITC burden, conflicting metrics)** “You have to consider if it [PD] will be worth the benefit, since there will be added burden to rescheduling your patients.”
- ▶ **Professional isolation** “You feel pretty isolated, opportunities to network would be something I am looking for.”
- ▶ **Mentorship is hard to find** “It's something [mentoring] we would like to do, but we just haven't had the resources. It would be really valuable, a great investment, I think it would help keep people from leaving.”

Why a Rural VA PCP CoP? Identifying a Need

We heard from rural PCPs

FY23 National Survey Phase (~2100 PCPs with 20% response rate):

To expand findings from interviews and evaluate PD across rural VA PCPs nationally

- ▶ PD is important to their professional satisfaction and retention
- ▶ PD is not always geographically accessible and time is a frequent barrier
- ▶ Opportunities to network with each other are desired to combat professional isolation
- ▶ PD offerings are not always relevant to their rural practice environment
- ▶ They are interested in diverse topics and learning modalities



What are the benefits of a CoP?

Individual

- ▶ **Combatting professional isolation:** Promoting belonging, connection, and pride in rural health professional identity
- ▶ **Knowledge-Sharing:** learn through real world problem solving
- ▶ **Validating Providers' Experience from the front lines:** Reassurance from peers and sense of being heard
- ▶ **Sharing best practices** and sparking innovation
- ▶ **Creating relationships** between leaders and frontline rural health providers
- ▶ **Growing careers and opportunities** through networking and peer mentorship



What are the benefits of a CoP?

Health Res Policy Syst. 2022 Jul 8;20(1):79
BMC Fam Pract. 2012 Aug 21;13:87
J Interprof Care. 2018 Mar;32(2):136-142
BMC Health Serv Res **11**, 273 (2011)
Best Pract Res Clin Obstet Gynaecol 2007,
21:565-579.

Organizational

- ▶ **Improving** knowledge-sharing and dissemination
- ▶ **Enhancing** synergies across rural clinics
- ▶ **Creating** an effective learning health systems culture
- ▶ **Reducing** time/cost to retrieving relevant information
- ▶ **Reducing** rework and reinvention
- ▶ **RETAINing** rural providers



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Steps in Community of Practice Development

1. Convened project team members from Workforce Management Consulting, VA Office of Primary Care, education, and geographically diverse rural VA PCPs
2. Established the CoP mission statement
3. Reviewed the needs assessment findings to identify an actionable list of priorities
4. Outlined the CoP's aims and processes in a charter
5. Outlined communication tools, audience, and frequency

Steps in Community of Practice Development

6. Leveraged team member rural provider networks to identify VA clinic sites with high interest and leadership support
7. Assessed technologic resources and capacity needs
 - ▶ VA ECHO collaboration: existing infrastructure for data support, CME
 - ▶ Created directory for organizing discussions, presentations, and resources
8. Identified major discussion content areas through core team meetings
9. Determined facilitator roles and recruited facilitators for the CoP
10. Outlined evaluation plan for monitoring CoP impact and evolution

Establishing the CoP Mission

To **engage, educate, and empower** rural VA PCPs by:

- ▶ **Providing** opportunities to learn and share best practices in rural VA health care delivery
- ▶ **Facilitating** professional networks and collaborations
- ▶ **Advocating** for resources that promote the professional development of strong clinical leaders

Early Successes and Impact

- ▶ Completed 10 monthly CoP sessions
 - ▶ CoP has engaged rural PCPs from 10 of the 17 fully rural VA facilities defined by WMC
 - ▶ 212 unique participants from 107 unique sites and primary care is the most represented specialty
 - ▶ Excluding the 65 of 212 unique participants for which rurality data was missing, one-third of participants were rural
 - ▶ Of 77 CoP evaluation respondents in Q1/2, over 50% report that they care for a panel of rural Veterans.
- Engaged the Office of Primary Care as another program office collaborator



Early Successes and Impact

Response rate to evaluation questions was 53% (77/143) with the following results:

- ▶ 80% report the content is relevant to rural VA practice needs
- ▶ 70% report the CoP decreases feelings of professional isolation
- ▶ 73% report the CoP increases feelings of community with other rural VA clinicians
- ▶ 77% report the CoP positively impacts overall professional satisfaction
- ▶ 91% of respondents report leadership support for CoP participation



Early Successes and Impact

Reported Benefits of CoP from Rural PCPs:

- “Shared common issues”
- “Being able to hear from other rural providers”
- “Just meeting other providers across the US”
- “Knowing that other VISNs have the same problem, it’s not just us”
- “Specific shared examples on alerts that burden PCPs”
- “Topics applicable to all areas of primary care”
- “Feel good” talk; [makes me] proud of the VA”
- “[Informed about] future direction of care in the community”



Future Directions

- ▶ Partner with WMC to socialize the CoP to newly recruited rural PCPs
- ▶ Engage WMC speakers with the CoP on topics such as Stay in VA, and current retention incentives
- ▶ Leverage WMC relationships with rural and highly rural VA sites to help us prioritize who and how we engage
- ▶ Optimizing CoP marketing strategies to further maximize engagement of rural PCPs





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