WHAT NEW PHYSICIANS WANT — 2014 EDITION

By Andrea Clement Santiago, The Medicus Firm

Each year, The Medicus Firm conducts a survey of physician practice preferences. One thing the annual survey consistently reveals is that residents and fellows typically have slightly different practice preferences than those of more experienced physicians. Here are a few statistics from the 11th annual survey, conducted this summer, regarding the practice preferences of new physicians coming out of training and seeking their first practice opportunity.

Town Size/Community Population
39.1% of Residents/Fellows prefer Major Metro (pop. 500k+), as opposed to 31.1% of practicing physicians.
4.7% of Residents/Fellows are open to a small city (pop. 25k-100k), as opposed to 11.6% of practicing physicians.

Practice Setting
Both new and practicing physicians agree that Single-specialty group is their most desirable practice setting (30.5%, and 28.1%, respectively).
They also agreed on their second-favorite practice setting, Hospital Employment (21.9% of new physicians, and 23.7% of practicing physicians selected this is their most desirable practice setting).

However, for new physicians, Academic/University-employed was nearly a tie for second place with 21% of the vote, whereas only 12.6% of practicing physicians chose academics as their top choice.

Only one percent of new physicians prefer solo practice, compared to 7.7% of practicing physicians.

Motivating Factors
An overwhelming 47% of new physicians chose “Geographic Location” as their top factor in selecting a practice opportunity – compared with 22% of practicing physicians.

For practicing physicians, compensation was the most motivating factor with 39.5% of the vote, compared with 34.3% of new physicians.

NAPR Members: If you are interested in receiving a complimentary copy of the 2014 Physician Practice Preference Survey, please email surveys@TheMedicusFirm, and please reference “NAPR Survey Request” in the subject line.
n a recent strategic planning forum, a discussion ensued among the attendees about effective recruitment approaches. Veteran professionals asserted telephone interaction with physicians was best. Mid-career recruiters, while in agreement with their tenured colleagues, shared that email dialogue was most effective and near immediate. The comments about instant gratification caught the attention of those new to the industry triggering assertions founded by exaggerated percentages of success they experienced through texting and various social networking outlets. The discussion quickly escalated from a common sharing of ideas to a heated debate. As words and demonstrative expressions swirled around the room, it occurred to me that the quest to find the most effective physician recruiting method to date has yet to be exhausted despite best efforts. And so, intrigued and sparked with excitement, I embarked to unveil the mysterious secret sought by so many about an age old challenge promising a plentiful bounty – the most effective method in recruiting physicians.

In the early years, during the mid 1970s, physician recruitment was a gentlemen’s agreement, a sort of handshake business. Physicians were recruited by word of mouth that later evolved into recruiters calling programs to obtain names of residents with the intent of matching them to a job. Physician recruiters required only two tools for their trade: a telephone and determination. Fast forward to the mid 1990s, the Internet gave promise to alleviating the seemingly endless search for physician names and expanding “hunting season” from late spring/summer to a yearlong proposition. The World Wide Web explosion with job boards, lists, mailing and advertising companies increased visibility along with an influx of professionals entering the physician recruitment industry. Interestingly, despite all the technology advancements, social and psychological science studies, countless matrix analysis, ROI evaluations and professional education forums, the secret to the most effective physician recruitment tactic remains unanswered.

Perhaps, an effective physician recruitment method does not solely rely on technology, statistical data seeking to correlate calls to placements or marketing dollars spent on recruitment venues. Success in physician recruitment requires tools and ability that come from within each of us. The creativity, tenacity, sincerity and ability to connect with another human serve as key. These attributes combined with a profound understanding that while people (yes, physicians are people too) share commonalities, they are also uniquely individual.

And so, I offer for your consideration that there is no one solution, no one size fits all. Perhaps, the sooner we accept that a tactic that worked with one candidate might require tweaking for another. Successful recruiters understand that a creative multi-pronged recruitment approach combined with appropriate tenacity and flexibility in finding a preferred communication to connect with a physician on their terms is paramount.
It is that time of year. Summer vacation is over, kids are back in school, and routines are in full swing. Before you know it the fall holidays will be upon us. Your NAPR board is also in full swing. This fall your Board of Directors will be meeting to plan our next two years. We will be discussing trends in healthcare, recruiting, and the direction your association should be going to capitalize on these trends.

We are continuing to provide relevant and timely content for our members through our myriad of educational offerings, including a third set of Log-in’s this year. Additionally, we just began a new relationship with Ron Rosenberg that will offer members, free of charge, access to a wealth of marketing resources for your business, department or for your own personal growth. I, along with the Board of Directors and the Membership Committee, continue to be committed to increasing member value for all of our members. This is one example of that commitment.

I am looking forward to a productive fall. If you have any suggestions or ideas for your board, this is the time to get in touch with any of us, as we embark upon another bi-annual strategy session this October.
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4 KEYS TO PHYSICIAN RECRUITMENT DURING THE SHORTAGE

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By Heather Punke

The challenge of physician recruitment is intensifying, as hospitals and health systems compete for a dwindling number of physicians. The number of primary care physicians in the market is slowly shrinking as fewer medical students enter the pipeline. In fact, the Association of Medical Colleges has predicted the nation will be short 62,900 physicians by 2015.

“As a result of the shortage, we’ve seen more hospitals in nationwide competition for the shrinking pool of physicians,” says Tony Stajduhar, president of the permanent recruitment division of Jackson & Coker, a national physician recruitment firm. The increased competition means hospitals and health systems must be at the top of their game in order to recruit quality physicians.

Here, Mr. Stajduhar shares four keys to successful physician recruitment during the physician shortage.

1. Identify the need as soon as possible. It will likely take a minimum of one year to recruit, sign and get a physician to start his or her new position, according to Mr. Stajduhar. Hospitals should anticipate six months to advertise the position, interview and sign a physician. Then it may take six more months for the physician to shut a practice down, move and obtain a new license.

Done correctly, long-term planning and identifying physician needs can pay off during the physician shortage. Mr. Stajduhar recommends planning for physician recruitment two to five years in advance. “If you do it year to year, you will always be putting out fires,” he says. When making the long-term list, hospitals and health systems need to be sure the needs on the list are legitimate. “It’s not just a wish list,” he cautions. Instead, the list should be of physicians the facility or system absolutely will need.

2. Recruit with a sense of urgency. Along with planning in advance for future physician needs, once a physician is found, hospitals need to move quickly to sign him or her. “When it is time for action, whether for a call, setting dates, providing sample agreements, etc., [hospitals] need to be all over it,” Mr. Stajduhar says.

Part of moving with urgency is having the C-suite make timely follow-up calls and having a boilerplate contract already drawn up before interviews, so the candidate can have a contract in hand as soon as possible. “I’m not suggesting to come up with something quickly; do due diligence,” Mr. Stajduhar cautions. “But there should be no hold up. The leg work should be done on the front end to avoid delays.” That way, quality physicians are locked down before they can be offered a position elsewhere.

3. “Wow” each candidate. With remaining physicians in high demand, impressing each and every candidate becomes more important. “Physicians and [their] families are like everyone else, they need to feel wanted and needed both professionally and personally,” explains Mr. Stajduhar. “[Recruitment] success stories are those that bring people into the interview process and make the entire family feel needed and welcome.” In order to impress the entire family and make candidates feel special, hospitals should tailor the interview process for each candidate when possible.

Mr. Stajduhar emphasizes that physicians are much more likely to take a position at a hospital that takes steps to impress them. “If you’re not doing this, and they’re interviewing elsewhere and someone else is, I can promise you the other hospital will win.”

4. Be financially competitive. It’s a physician’s market, so to speak, and since they are in such high demand, they expect to be compensated competitively. “It’s out there everywhere, they know the competitive salary range,” Mr. Stajduhar says, so hospitals must be able to compete financially in order to attract quality physicians. If a hospital or health system doesn’t compete financially, “it’s a hard sell to even get the interview,” Mr. Stajduhar says.

Even though the physician shortage has recruitment competition on the rise, hospitals and health systems that adhere to these four keys are more likely to be successful in today’s market.
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8 SIGNS YOU ARE A PHYSICIAN RECRUITER FOR LIFE

By Andrea Clement Santiago, The Medicus Firm

For many people, once you’ve been a physician recruiter, the job may get into your blood, so to speak. If you have worked as a physician recruiter, in-house or with a firm, for any number of years, you may be able to relate to a few of these traits.

You Might Be a Physician Recruiter if:

1. A chance meeting with any person becomes an in-depth discussion about his or her career, life goals and professional background.
2. Your first question when you meet someone is “what is your specialty?”
3. Your nightmares consist of doctors chasing you down long dark corridors with counteroffers, resignation letters, or unsigned contracts.
4. Your phone is always on, at all hours of the night, in case that perfect fellowship-trained orthopedic surgeon needs to discuss a new practice opportunity at 3:00am your time.
5. You have stalked a fax machine at some point in your life, waiting for a contract to come across with a doctor’s signature at the bottom.
6. You’re tempted to do complete background and reference checks on any doctor before you’ll see him or her as a patient – and at the very least you Google them before your visit.
7. You forever refer to all résumés as CVs, even your own, or that of anyone else, even if s/he is not a physician, scientist, or academic.
8. You crave that feeling of accomplishment of placing the perfectly matched candidate in a great opportunity that improves his/her life, and the family’s life, and makes everyone happy! There is nothing like helping a community gain talented healthcare providers, while also enhancing the lives and careers of others.

Andrea Clement Santiago is the Director of Media Relations for The Medicus Firm physician search. A former physician recruiter, Andrea also writes about healthcare job search as the Health Careers Expert at About.com.
The passage of health care reform, while setting in motion long-overdue efforts to insure an additional 32 million Americans, will increase the need for doctors and exacerbate a physician shortage driven by the rapid expansion of the number of Americans over age 65. Increasing graduate medical education by eliminating the 13-year freeze in Medicare’s support for training positions is essential to address the projected shortfall.

Unless We Act Now, America Will Face a Shortage of More than 90,000 Doctors in 10 Years

- The U.S. Department of Health and Human Services estimates that the physician supply will increase by only 7 percent in the next 10 years. In some specialties, including urology and thoracic surgery, the overall supply of physicians will actually decrease. At the same time, the Census Bureau projects a 36 percent growth in the number of Americans over age 65, the very segment of the population with the greatest health care needs.

- As a result, by 2020 our nation will face a serious shortage of both primary care and specialist physicians to care for an aging and growing population. According to the AAMC’s Center for Workforce Studies, there will be 45,000 too few primary care physicians – and a shortage of 46,000 surgeons and medical specialists – in the next decade.

- Our doctors are getting older, too. Nearly one-third of all physicians will retire in the next decade just as more Americans need care.

- The shortfall in the number of physicians will affect everyone, but the impact will be most severe on vulnerable and underserved populations. These groups include the approximately 20 percent of Americans who live in rural or inner-city locations designated as health professional shortage areas.

Both an Aging U.S. Population and Greater Number of Insured Drives Demand for Physician Care

- Though the number of primary care physicians continues to grow (and has doubled in the last three decades), older patients are sicker and have multiple chronic conditions that require more time and coordination. Team-based approaches, like the “medical home,” may help reduce the shortage but will not eliminate it.

- Even with the best prevention possible, as the number of elderly grows and people live longer, so will the number of patients with age-sensitive conditions like cancer (almost 100 times higher in older adults); more oncologists, surgeons, and other specialists will need to be trained to ensure timely access to high-quality services.

- In addition to the 15 million patients who will become eligible for Medicare, 32 million younger Americans will become newly insured as a result of health care reform and thereby intensify the demand for physicians even further.

- Because educating and training physicians takes up to a decade, graduate medical education (residency training) must be expanded now.

To Ensure an Adequate Physician Workforce, the Medicare Freeze on Residency Training Must End

Because of the concern with likely shortages, the number of medical schools is increasing, and there will be an additional 7,000 graduates every year over the next decade. Still, there can be no substantial increase in the number of residency training positions supported by the federal government.

- Medicare’s support for physician training has been frozen since 1997. Unless the number of residency training positions expands at the nation’s teaching hospitals, the United States will face a declining number of physicians per capita just as the baby boomers swell the Medicare rolls.

- Congress must lift the freeze on Medicare-supported residency positions. Because all physicians must complete three or more years of residency training after

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Projected Supply and Demand, Full-time Equivalent Physicians Active in Patient Care Post Health Care Reform, 2008-2025

<table>
<thead>
<tr>
<th>Year</th>
<th>Physician Supply (All Specialties)</th>
<th>Physician Demand (All Specialties)</th>
<th>Physician Shortage (All Specialties*)</th>
<th>Physician Shortage (Non-Primary Care Specialties)</th>
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they receive an M.D. degree, Medicare must continue paying for its share of training costs by supporting at least a 15 percent increase in GME positions, allowing teaching hospitals to prepare another 4,000 physicians a year to meet the needs of 2020 and beyond.

A Physician Workforce Shortage Loomed Even Before the Passage of Health Care Reform.

An analysis of the projected supply and demand for physicians, conducted by the Health Resources and Services Administration in 2008, foretells of a total shortage across the entire workforce. Particularly evident is the deficit projected in nonprimary care subspecialties, with a shortage of 35,000 surgeons and 27,000 medical specialists by 2020.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration; Exhibit 51, Baseline FTE Supply Projects of Active Physicians, and Exhibit 52, Baseline Physician Requirements Projections, December 2008.

AAMC Studies Show Deficit Across Specialties

Current analysis by the AAMC not only factors in the expansion of health care insurance as a result of reform, but also the changes in physician retirements and specialty choice, as well. This newer model illustrates the critical shortfall in the number of all physician specialties that care for older adults. Even five years from now – in 2015 – there will be a deficit of 62,900 physicians. Looking out further – to 15 years from now, in 2025 – that shortage is likely to have doubled, with a projected deficit of more than 130,000 physicians across all specialties.

Source: AAMC Center for Workforce Studies, June 2010 Analysis

*Total includes primary care, surgical, and medical specialties.

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WASHINGTON INSIDER

By Dave Wenhold, CAE

(*Disclaimer: The Washington Insider is written without bias, spin, or partisanship. The articles that are included are a mix from both sides of the argument. Our job is to provide NAPR members with political stories and information from the Hill and D.C. We understand that politics can be controversial to some, but this information is provided to you in a no-nonsense manner to help you as a businessperson.)

5 Things Every Small Business Should Know
What do small business owners need to pay attention to this fall? Health care, Internet security and new technology make the list. Here are five things that small businesses need to be on top of over the next several months: Health care, Internet security, New technology, Internet sales tax, Tax deductions. READ MORE

Women Owned Business get an Advocate!
In an effort to address the lack of women-owned businesses, Senator Kirsten Gillibrand (D-NY) and Representative Grace Meng (D-NY) have banded together to promote legislation that would expand access and opportunities for small businesses owned by women. In fact, one of their most important points was that the federal government has not met its “existing goals” of awarding five percent of all federal contracts to women-owned small businesses. This failure has cost women-owned small businesses about $56 million in revenue in 2013. READ MORE

Study Finds Small-Business Health Plans Are Cheaper on SHOP
On Thursday, in a NYTimes post answering basic questions about how the Affordable Care Act affects small business, we raised the issue of how insurance premiums purchased on the marketplaces set up for small businesses, known as SHOP exchanges, compare to premiums for insurance purchased off the exchanges. It was something of an unsatisfying discussion. Insurance that is available both on SHOP and off must carry the same price in both places, but in most states there are many plans available only off-SHOP, and there are competing theories as to whether they cost more or less than exchange plans. READ MORE

VA Will Increase Pay for New Docs, Dentists
The Veterans Affairs Department wants to increase the annual salaries of new physicians and dentists by up to $35,000 as part of a nationwide recruitment effort to hire more doctors and improve veterans’ access to care. The change, which the department announced Wednesday, would update existing pay tables for several categories of physicians in the Veterans Health Administration, enabling newly hired doctors to potentially earn between $20,000 and $35,000 more than the current salary ranges. The pay ranges for physicians who serve in leadership roles, including department undersecretaries and VA medical center directors, would not change. The notice outlining the new policy will be published Thursday in the Federal Register and will take effect on Nov. 30. READ MORE

What’s Up With Immigration Reform?
With Immigration Reform advocates preparing a significant September push urging the White House to take up the issue, the President and his advisors remain locked in an intense debate as to whether President Obama should announce a plan to defer deportations for millions of undocumented immigrants before November’s elections, mindful that whatever decision they make could be declared the reason that the

Continued on page 13
Democrats (potentially) lose the Senate. With several endangered Senate Democrats like Sens. Kay Hagan (NC), Mark Pryor (AR), Mark Begich (AK), and Mary Landrieu (LA) looking stronger than expected at this point in the election cycle, both options regarding immigration reform carry risks that could potentially shake up the political environment, creating a September or October surprise and a potential change in the electorate.

While a major announcement on immigration before the election could excite the progressive and liberal base, particularly in left-leaning states like Colorado, it could antagonize and drive Republican turnout in states like Arkansas, Alaska, Louisiana, and North Carolina where Latinos comprise a smaller fraction of the state’s voting age population. However, should the President not act until after November and the party still loses the November elections, immigration reform advocates will argue that had the President acted, the Democratic base would have been more motivated to turn out.

Court Tosses Obamacare Mandate Lawsuit Brought by Doctors
A federal appeals court has summarily tossed a lawsuit challenging the Obama administration’s delay of Obamacare’s employer mandate — a case that is similar to the one that House Republicans plan to file against the President.

This suit was filed by the Association of American Physicians and Surgeons, which argued that the delay could hurt doctors financially. But the 7th Circuit Court of Appeals in Chicago on Friday said the plaintiffs don’t have a right to sue.

A unanimous three-judge panel threw out the case only three days after oral argument, a breakneck speed. The physicians’ group argued that the Obama administration doesn’t have the right to delay the implementation of the employer mandate, particularly without delaying the individual mandate, too. The doctors said they are harmed because when people pay the penalty, they have less income to buy medical care from them.