TEN KEYS TO PHYSICIAN RETENTION

Guidelines for Promoting Positive Physician Relations and Retention

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Overview:

Though it is not listed that way in the dictionary, “retention” definitely comes before “recruiting” where physician staffing is concerned.

After all, in an era of pervasive physician shortages, it only makes sense to secure the doctors you have before you seek others. While doctors are not relocating at the rate they were before the economic downturn, the rate at which physicians leave one location for another currently is running at about 11% annually, according to a new study from data base company SKA (for more information on this study see http://www.ama-assn.org/amednews/2011/06/06/bisc0606.htm).

In many ways, retention and recruitment are two sides of the same coin, because the features that tend to retain physicians often are the same ones that attract new doctors to a practice. Following are ten guidelines to consider when developing a physician retention plan.

1. Understand the physicians’ perspective. Physicians are unique among professionals in the length and difficulty of the training they must complete and in the severity of the clinical, administrative, operational and moral challenges they must face. A revealing look into the mindset and priorities of today’s physicians is provided by a national physician survey Merritt Hawkins conducted on behalf of The Physicians’ Foundation. Entitled “The Physicians’ Perspective,” the survey asked physicians a wide range of questions regarding their practice metrics (hours worked, patients seen per day, etc.) and also asked them about their professional satisfaction, concerns, and future practice plans. The survey can be accessed at: http://www.physiciansfoundation.org/uploadedFiles/PF_Survey_Report_Nov08.pdf

This survey, which elicited some 12,000 physician responses, included over 4,000 written comments from physicians, underscoring the severe stress many of them are under and the anxiety they feel over their ability to provide quality care in today’s problematic practice environment. In concert with The Physicians Foundation, Merritt Hawkins wrote a book featuring hundreds of these comments, as well as an analysis of what it is like to be a physician in today’s healthcare system. Entitled, In Their Own Words, 12,000 Physicians Reveal Their Thoughts on Medical Practice in America, the book is available at www.amazon.com or at most book stores.

Merritt Hawkins also conducted a second physician survey for The Physicians Foundation, shortly after passage of health care reform. Entitled, “Physicians and Health Reform,” this survey offers further insight into how physicians view the practice of medicine post-reform and what they plan to do in their careers in the next one to three years. This survey is part of a larger white paper Merrit Hawkins completed for The Physicians Foundation entitled “Health Reform and the Decline of Physician Private Practice” and can be ordered through Merritt Hawkins by calling 800-876-0500.

These resources further underline the fact that understanding and empathizing with the mindset of doctors is the first step in physician retention.

2. Pushed, not pulled. As much as recruiters would like to tout our ability to persuade physicians to leave one practice for another, the truth is that physicians usually leave because they are dissatisfied with some element of their current practice, not because they have spoken to a silver-tongued recruiter offering a greener pasture. Doctors generally are “pushed” by some or all of the following factors:
They do not “fit” with others in the practice, emotionally, philosophically or clinically
Their expectations regarding practice parameters and compensation do not jibe with actual conditions in the practice.
Poor communication with management
Minimal input into decision making/policy
Lack of appreciation or recognition

To ensure physicians are not pushed, hospitals and medical groups need to know how staff physicians feel about where they work and where they live.

3. **You have to ask.** If you want to know how physicians on staff feel about their practices, you have to ask them. Part of this process includes conducting a yearly physician satisfaction/retention survey. The survey will seek to elicit physician pain points, recruiting needs, equipment needs, marketing needs, specialty support, retirement plans and ways in which the facility can assist them.

A sample of a physician staff survey can be found in Merritt Hawkins’ book *Guide to Physician Recruiting.* You can order the book through our publisher’s web site at: [www.practicesupport.com](http://www.practicesupport.com).

4. **Good recruiting leads to good retention.** Physician turnover often takes place because of lapses in the initial recruiting effort. If expectations regarding hours, group governance, quality of care, financials and related issues are not clearly communicated on the front end during recruiting, misunderstandings that lead to turnover can result on the back end. Make sure to spell out in writing exactly what is expected of the physician, and make sure to accurately project the financial potential of the practice so that expectations are realistic. Keep in mind that recruiting new physicians can alienate existing ones, unless the recruiting effort is based on an objective, data-driven need for additional doctors. A community needs assessment plan can help convince staff physicians that new doctors are needed and that they do not have to relocate due to incoming competition (note that the Patient Protection and Affordable Care Act requires tax-exempt hospitals to perform a community health needs assessment every three years effective March 12, 2012 or risk a $50,000 fine).

It also is important to consider that you often are not recruiting an individual but a family. Make sure you understand the needs of the spouse and children and have taken what steps you can to accommodate these needs.

5. **Formalize follow-up.** It is natural when a recruiting project is completed to go on to the next challenge. Unfortunately, a physician who has been the subject of considerable positive attention can quickly come to feel neglected and uncertain about his or her position. A regular schedule of one-on-one meetings should be conducted to avoid this at 30, 90, 180 and 365 days. It is important to stress that these meetings are not performance evaluations—they are a friendly attempt to learn how the physician and his family are fitting in.

6. **The primacy of the workplace.** Like snowflakes, no two practices are alike. Some practices are more appealing than others, not necessarily because they are located by a beach or the mountains, but because they feature a practice style and a work environment tailored to what doctor’s today prefer. You cannot control the fact that you are not close to an ocean, but you can to some extent control the quality of the medical practice environment you are offering. Following are some ways to maintain a premier physician “workshop.”
• Maintain a qualified, appropriate nursing staff. A key irritant to many physicians is lack of appropriately trained nurses
• Improve physician access to patient data
• Enhance test turnaround times
• Ensure timely, efficient OR capability
• Ensure timely, efficient patient admissions and release
• Enhance ER triage/patient turnaround
• Implement a hospitalist/surgicalist/laborist/nocturnist program
• Provide flexible scheduling
• Use locum doctors during peak usage periods to avoid physician burn-out
• Provide convenient parking/access for physicians
• Maintain appropriate equipment/electronic medical records
• Add specialty support as needed
• Maintain a quality medical staff. Physicians are very sensitive to the training and professionalism of their peers.

First and foremost, physicians are looking for environments where they can provide quality care to their patients. Though it is not always easy or inexpensive to do so, it is important to maintain a premier practice environment.

7. **The move toward integration/employment.** Health reform and market forces are promoting the integration and consolidation of hospitals, medical groups and individual physician practices. Physicians will want to be aligned with facilities that are responding to this trend. Facilities are promoting physician integration in a number of ways, including:
   • By employing physicians. Over the last year, 56% of Merritt Hawkins’ search assignments have featured hospital employment of the physician.
   • Offering gain sharing/joint ventures
   • Forming ACOs/medical homes
   • Offering physicians leadership development opportunities

The push toward more integrated delivery systems (including ACOs), and the desire of many doctors to seek relief from the burdens of private practice, are likely to accelerate the integration process, which, though difficult, may result in closer physician/hospital cooperation and enhanced physician retention.

8. **Pay for ED call.** ED call may be a part of the hospital’s physician employment agreement. If not, or if independent physicians are on staff, paying for ED call can be a good retention tool. The daily ED call pay rate for physicians in various specialties is tracked by the Medical Group Management Association’s (MGMA) *Medical Director and On-Call Compensation Survey* (call MGMA at 303-799-1111 for a full copy of the survey). Some mean daily rates from the 2010 MGMA survey by specialty are provided below:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Mean daily on-call pay rate</th>
</tr>
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<tbody>
<tr>
<td>Cardiology, inv.</td>
<td>$880</td>
</tr>
<tr>
<td>Family Practice w/o OB</td>
<td>$125</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>$467</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>$360</td>
</tr>
<tr>
<td>Ob/gyn</td>
<td>$618</td>
</tr>
</tbody>
</table>
General surgery $1,210
Neurosurgery $1,956

9. **Learn when they leave.** It is disappointing to lose a physician from the staff, but a doctor departure can be a learning experience. Schedule exit interviews with departing physicians to understand their motivations and to gain insight into what policies and procedures you may need to adjust.

10. **The “Three C’s” – Communication, Communication, Communication**

Above all else, physician retention is a matter of communication. Several years ago, Merritt Hawkins recruited a neurologist and subsequently contacted him to see how he was fitting in with a new group practice. He informed us that he was leaving because the group had not put his name on the door and on other signage, and he therefore assumed he was not wanted. A simple lapse in communication almost caused this group to lose a good doctor.

Physician communication should be both:
- Formal, through regular medical staff surveys, and
- Informal, through regular contact in the physicians’ lounge, at lunch, in the operating room, or at informal gatherings such as “pizza conferences” or “ice cream conferences.”

This thought is best encapsulated in a quote from a health system CEO that further reiterates the importance of communicating with staff physicians:

“When you need the goodwill of physicians, it is too late to create it. My advice is get ahead of the competition by having a really good relationship with your doctors.”

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