

IN THIS ISSUE

Going Beyond the Numbers:
An Implementation Process for
Your Medical Staff Plan (p1)

PHG finds a Pediatric Otolaryngologist
for a West Virginia-based Facility! (p2)

PHG Kicks off 2013 By Focusing on New
Ways to Better Meet Clients' Needs (p3)

PINNACLE HEALTH GROUP

PINNACLE LOCUM TENENS

CLIENT NEWSLETTER › MAY-JUNE 2013 › VOL. 19 › ISSUE 1



Going Beyond the Numbers: An Implementation Process for Your Medical Staff Plan

While many hospitals focus on getting ahead of the curve in medical advancements, information technology and infrastructure – facilities may neglect to spend as much time ensuring that they have the right physicians to meet the future needs of their community. One tool that is used by facility leaders and administrators is a medical staff plan. A staffing plan guides physician recruiting efforts, providing facilities with a blueprint they can follow to know how many and what types of physicians to recruit in each specialty.

Whether a hospital conducts its own medical staff planning or contracts with a consulting firm, every hospital should have an up-to-date staffing plan. Reports suggest that medical staffing changes are becoming more common – while in the past changes in practices averaged 6-7% a year, medical staff changes in the 10–20 percent range are becoming the norm. Two factors driving this increase are the high number of physicians moving from private practice to employment models and the larger number of physicians who are of retirement age. It is therefore recommended that facilities complete a staffing plan about every three years and revisit the plan annually to make necessary modifications.

What industry changes are impacting medical staffing?

There are a number of forces driving changes in the healthcare industry that have an impact on physician recruiting. The most significant may be the accessibility of physicians in key specialties. According to estimates by the Association of American

CONTINUED ON PAGE 2

Medical Colleges, there will be a shortage of 63,000 doctors by 2015 and 130,600 by 2025. The Office of the Inspector General has cited physician scarcities in various specialties including: obstetrics, family practice, general surgery, neurosurgery, orthopedics, urology, otolaryngology, cardiology, gastroenterology, neurology and oncology. One of the factors contributing to the shortage is the large number of medical professionals reaching retirement age. It is estimated that one out of every three practicing physicians in the U.S. is over 55 and many of them are expected to retire in the next 10 to 15 years.

As physicians are moving towards retirement, the aging population is also impacting the patient base, with a large group of patients, nearly 15 million, becoming eligible for Medicare in the coming years. By 2020, the American Hospital Association estimates that boomers will account for four in 10 office visits to physicians. “The data is very clear that older Americans use more physician services than younger Americans,” says Edward Salsberg, director of the Center for Workforce Studies for the Association of American Medical Colleges. “All the major illnesses, in terms of use of services and costs of services, are illnesses that afflict the elderly far more than young people. Things like heart disease and cancer clearly are very, very heavily associated with aging.”

The limited physician supply with growing demand will obviously impact an organization’s ability to recruit physicians and thus deliver necessary healthcare services. Two additional forces that are sure to impact physician staffing are economic and regulatory uncertainty. Although it is still not clear just what healthcare reform will look like and what the ultimate impact will be—there is no denying that the nation’s healthcare cost curve is changing. Economic pressures along with regulatory pressures will ultimately change the services that healthcare providers are able to offer their communities and changes in service offerings go hand-in-hand with changes in staffing requirements.

Given all of the forces driving change, the most important consideration for hospitals is obviously to ensure that patients have uninterrupted access to high-quality healthcare services. A medical staff plan will help healthcare organizations promptly address transitions and fill current and potential gaps in the availability of physicians who will service the community. To ensure the plan is effective, there are certain mistakes that need to be avoided during development and implementation.

Common Mistakes in Developing and Implementing a Medical Staffing Plan:

1. Failure to involve medical staff in the planning process:

Whether a hospital conducts its own medical staff development plan or contracts with a consulting firm, it is crucial to involve medical staff members in the process. By involving physicians from inception, they better understand the hospital’s goals and recruiting decisions. Physicians have insight into specialist referral patterns and other issues that impact the

Pinnacle Health Group Finds a Pediatric Otolaryngologist for a West Virginia-based Facility!

THE NEED:

A healthcare facility in West Virginia that offers a comprehensive range of services to its nearby communities, set up a new pediatric otolaryngology department due to its increasing demand. Since it is a new service, the facility needed an experienced physician to take a leadership role as the director of the department. The healthcare organization partnered with Pinnacle Health Group in recruiting for this new position.

The physician search was not only challenging because it was a leadership position, but it also difficult due to the limited supply of pediatric otolaryngologists. In fact, the American Medical Association listed only 216 pediatric otolaryngologists practicing in the country.

THE ACTION:

Pinnacle Health Group (PHG) worked swiftly in initiating a detailed sourcing and marketing campaign with the administrators. PHG started making first-hand site visits for community profiling and implemented a proactive recruitment plan to acquire a quality pool of physician candidates. PHG employed telemarketing and direct mail campaigns using Digital Press. PHG also advertised the opportunity to various job distribution services, as well as print and online publications. PHG sourced more quality candidates by targeting specialty-specific groups, such as the American Society of Pediatric ENT.

After further candidate assessments, PHG acquired many responses using these approaches. As with every successful physician placement, PHG constantly communicated with the facility’s administrators for follow-ups on the search process.

THE RESULT:

Pinnacle Health Group presented a physician who was greatly interested in the opportunity due to its close proximity to his family. Aside from his great personality, the administrators were impressed with his credentials, having two decades of experience and training in the specialty. His management skills, which came from private practice work, made him a great fit for the hospital. With innovative sourcing technology, proactive communication and attention to detail, Pinnacle Health Group has yet again exceeded the client’s expectations!

If you are interested in our recruiting services please contact Mike Broxterman, Chief Operating Officer, at 1-800-492-7771 or **send him an email.**

ability to see patients in a timely manner—this is crucial information to have as you go about implementing a staffing plan. If plans are developed exclusively by senior executives and the board, others will feel that the plans are being imposed on them and they may be less committed to assisting with successful implementation.

2. Ignoring changes in the way healthcare is provided:

There are a number of changes that have taken place over the last several years that need to be considered to ensure physician need calculations are not skewed. The first example is the increased use of non-physician or mid-level providers. Many healthcare providers have been faced with the need to provide more primary care and at the same time lower their costs. An increased desire to deliver primary care at a discount along with the shortage of available primary care physicians, has prompted many to consider hiring more mid-level practitioners to do some of the work once performed by primary care doctors. It would be a mistake to overlook this possibility. A second example would be the increased use of Hospitalists and Laborists. Hospitalists typically function as internists, but also work as subspecialists in areas such as pulmonary medicine or obstetrics/gynecology. Laborists, whose sole focus is to manage the patient in labor, eases the burden on OB/GYNs by allowing private OB/GYNs less disruption in their office and operating room schedules. Other changes in care patterns to be considered include increased screening colonoscopies to detect colon cancer which has raised the need for gastroenterology and growth in interventional cardiology procedures which has decreased the need for cardiac surgery.

3. Assuming that one set of physician-to-population ratios applies to all markets:

While there are many markets with the same population numbers, there can be underlying differences in the population needs driven by health status or age mix of the residents. An example would be the need for pediatrics or cardiology in cities with very different age demographics. For instance, Fort Wayne, Indiana and Sarasota, Florida have a



similar population but vastly different demographic make up. The need for pediatricians in Sarasota, FL will not be nearly as great as the need in Fort Wayne, In. The same difference applies to the need for cardiologists in Sarasota versus Fort Wayne.

4. Looking at the hospital's strategic or economic requirements rather than community needs:

Gone are the days when a hospital could bring in more revenue just by hiring more doctors. As John Commins from HealthLeaders wrote, "As with any industry, the business model follows the labor pool. The days when American hospitals and medical groups could backfill their service or revenue or quality issues by throwing more doctors at the problem are soon to be over, because physicians will be either unavailable or too expensive. With fewer revenue engines in white coats to go around, hospitals will have to begin processes now to explore opportunities for nurses, technicians and other professionals to close the gap."

So in summary, avoid these common mistakes by making sure you: 1) involve medical staff on the front end of the medical staff planning process; 2) consider the changing ways that patient care is provided including the potential impact of mid-level providers, hospitalists, laborists etc. 3) make sure you have accounted for the unique demographics that make up your population/patient base and 4) put community need first in both plan development and implementation.

What you can do to ensure a successful outcome

In addition to the steps listed above, other things you should do to ensure a successful outcome include:

Make sure that your plan includes both quantitative and qualitative data:

Examples of qualitative data that should be included are:

- A survey of the medical staff to get input on patient referrals and practice volumes. You need to determine if there is potential "leaking" to competing practices or long wait times that could lead to patient frustration.
- A community survey to get patient perceptions on access to healthcare as well as facility and physician quality. In some cases the physicians may not be



PHG Kicks Off 2013 by Focusing on New Ways to Better Meet Clients' Needs

Atlanta, GA, March 2013—For healthcare facilities, filling your staffing needs can be compared to a relay race. The finish line is a fully staffed facility that is successfully serving patients and meeting the healthcare needs of the community. And just like a relay, multiple stages may be needed to successfully complete the race.

“In 2013, Pinnacle Health Group is better meeting the placement needs of customers, by bringing new management and new focus to our Locum Tenens business and also adding the placement of Advanced Practice Providers to our service offerings — all available through our redesigned website,” said Mike Broxterman, COO of PHG.

Clark Fowler joined PHG in January, bringing 11 years of experience in recruiting for Locum Tenens. By more fully integrating Locum Tenens into the business, PHG can provide initial coverage to meet client's immediate needs and at the same time work to find the facility the perfect permanent solution. As a result, PHG can help clients start, accelerate, and finish the race to meet their placement needs, often in record time.

PHG is also helping clients to embrace the trend of using Advanced Practice Providers as a viable staffing solution. Physician Assistants and Nurse Practitioners can help to mitigate the challenges resulting from physician shortages. PHG's database now includes over 37,000 non-physician providers including Physician Assistants, Nurse Practitioners, Nurse Midwives and Nurse Anesthetists.

Contact PHG today or visit the newly designed website at www.phg.com. The redesigned website, introduced May 2013, is just one of many ways that PHG is responding to clients' needs including increased staffing options, improved searching functionality, upgraded sourcing techniques and a growing number of experienced managers who know the marketplace and can assist clients in finding their perfect staffing solution.

About Pinnacle Health Group:
Pinnacle Health Group (PHG), one of the nation's largest physician recruitment firms, was established in 1994, and has over 19 years of experience in the business. By concentrating on delivering high quality, results-focused service, we have satisfied the needs of many healthcare organizations throughout the United States. For more information, please contact Mike Broxterman, Chief Operating Officer, at 1-800-492-7771 or **send him an email.**

aware of patient frustrations caused by long wait times or quality of care. It helps to ask those that you seek to serve.

- Physician focus group interviews to evaluate access in the physician's specialty, referral patterns, and “hot spot” concerns for medical staff. You should also seek opinions of primary care physicians who may have insight into specialist referral issues as they may also be knowledgeable on other areas impacting their ability to see patients in a timely manner.

Make sure that you are getting the most of our your existing staff, i.e.:

In some cases facilities can mistakenly identify unproductive practices or physician staff as physician need. It is therefore important to make sure that current resources are being properly utilized.

Understand Market Conditions by Specialty

Consider looking at a wide range of data to determine what the market expectations are for a given specialist. Physician compensation data from the Medical Group Management Association (MGMA) is useful, but can be a bit dated (depending what time of year you are looking at it). Speaking to those who are actively recruiting a given specialist will give you “real time” data on what prospective candidates are expecting in a compensation package. As an example, right now, MGMA data states the median income for Outpatient Family Medicine is \$188,000+/- . Based on what the market is dictating for open positions across the country, a competitive offer for Outpatient Family Medicine is closer to \$200,000. Keep in mind that many factors come into play when recruiting any physician. Make sure the offer is competitive (or better than competitive), that the employer is looking for the right specialists with the right skill set and that the timeline is realistic. If the search is for a very specific skill set with below market money, than expect the search to go on longer. If there is a high sense of urgency, then the parameters and compensation must be adjusted accordingly.

Assess Internal Resources and Ability to Recruit vs. Need for External Assistance

Assessthe resourcesyou have on staff and whether you have the ability to recruit the physicians you need utilizing these resources. There are many physician database/job board tools that you can use if you choose to conduct some of the searches internally. If a number of searches are needed, it may be more effective to choose a search firm that can assist you with your recruiting efforts. Interviewing a number of firms will help you to assess the capabilities of each and identify a firm with the knowledge and expertise you need to be successful. A search firm can help to assess the competitiveness of your practice opportunity in the market.

Create a Plan to go After Your Target Market

Given information about the opportunity, a detailed sourcing plan should be developed to go after each target market. A good sourcing plan will utilize a number of tactics for reaching your target market including: direct mail; journal ads; email campaigns; social media, etc. You must realize that

different physicians can be reached through different communications methods; therefore a variety of channels should be utilized.

Budget for Searches by Specialty

The budget will determine the balance between internal and external resources that will be used. You should not assume that every search will cost the same amount, “harder to place” specialties may require larger budgets for additional sourcing campaigns.

Predict Length of Time Needed for Each Search

Predicting the time needed to place a doctor will be driven by three variables: 1) the offer/compensation; 2) the urgency and 3) any unique parameters associated with the search. Recent surveys indicate that timetables for a successful physician placement have practically doubled since 2002, so it is imperative that you are realistic about what it will take to find the right physician to meet your practice need.

Generate a Timeline to Start Recruiting

A standard medical staff plan sets a minimum target for when to start a physician search, but it is essential that you use the information above to generate a more realistic timeline that determines when to start recruiting. Since each specialty and situation varies tremendously, it is important to plan when you will start your search and what resources (internal versus external) will be used. It is wise not to wait until you have failed internally to seek external assistance, but instead to plan according to the difficulty of the search.

Prioritize the List of Searches

Based on the timeline, your final determination is which search needs to be done first and which searches can begin later. In summary, the key to every physician search is setting it up right on the front end so that good upfront planning will pay dividends in the end.

Pinnacle Health Group has successfully applied this process to a Georgia-based health system’s 200+ bed, full-service medical center. To learn more about the case study, please contact **Mike Broxterman**, Chief Operating Officer, at **1-800-492-7771** or [send him an email](#).

About Pinnacle Health Group

Pinnacle Health Group (PHG) is a full-service physician recruitment firm in its 20th year of successfully placing physicians across the country. By concentrating on delivering high quality, results-focused service, we have satisfied the needs of many healthcare organizations throughout the United States. In addition, PHG provides licensure and credentialing assistance and screening services, which include qualification, background, and reference checks, as well weekly updates for clients. Pinnacle Health Group protects all information consistent with applicable law. Please visit our disclaimer / privacy policy page for more info.

Staff Writers

Andrew Estialbo
jestialbo@phg.com

Michelle Kornahrens
mkornahrens@phg.com

Staff Editor

Julie Johnson
jjohnson@phg.com

© PINNACLE HEALTH GROUP

1455 Lincoln Parkway
Suite 350
Atlanta, GA 30346

Associate offices located in:
Cincinnati, OH; Hartsburg, MO;
and Sarasota, FL

800-492-7771 (main)
404-816-8831 (local)
www.phg.com

