

“We’ve Always Done It This Way”

“War” stimulates innovation and reassessment.

Should we:

1 Reassign personnel?

2 Change reporting structures?

3 Identify/promote new leaders?

4 Accelerate supply chains?

5 Lower bureaucratic barriers?

Embrace/Pivot To New Delivery Models

- Necessity, expanding reimbursement and patient preferences driving use
- Extending to basic services, including med checks and wellness exams
- Billing and coder training to process new telehealth applications
- Revised staffing assumptions

*Source: Survey of Physicians and Covid-19. Merritt Hawkins and The Physicians Foundation

**Source: Alavere

48% of physicians
now treat patients through telemedicine
up from 18% in 2018*

1 in 3 physician services
paid for by telemedicine*

96% of primary care
medicare services

29% of gastroenterology
medicare services

A More Flexible Staffing Strategy

- Community pop-up centers – how to staff and operate?
- Coordination with other sites/modes of care (telehealth, urgent care, ASCs, etc.)
- 49% of Covid-19 patients may require post-acute care at SNFs and HHAs
- Predictive analytics applied to the medical staff
- Strategic use of locum tenens
- **End of rigid FTEs?**





The Primacy Of The Workshop

You can't control your local geography, economy or weather

You can control the physician “workshop”

The key to both retention and recruitment

How Do You Create A Better Workshop?

- Offer clear, competitive, fair compensation
- 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/complexivist program



How Do You Create A Better Workshop?

- Provide flexible scheduling
- Use locum doctors during peak usage periods to avoid physician burn-out
- Provide convenient parking/access for physicians
- Implement efficient, physician-friendly EHR
- Maintain appropriate equipment
- Add specialty support as needed
- Maintain a quality medical staff. Physicians are very sensitive to the training and professionalism of their peers.
- Reduce as much as possible regulatory, pre-authorization, reimbursement and related nonclinical paperwork (“let doctors be doctors”).





Recruiting Physicians Today

A New Landscape

- Physicians are questioning long-held assumptions
- Do I want to remain in private practice?
- Do I want to remain an employee?
- Do I want to live in a city?
- Do I want to stay in patient care?
- Do I need a sabbatical?
- Is locum tenens the answer?
- Time to retire?



A Seller's Market

More Questions, More Interest, More Candidates
“The Fish Are Biting”



Is Your Grass Greener?

- Flexible schedules
- Tailored scope of practice
- Scribe-assisted EHR
- Expanded telehealth
- Creative compensation formulas
- Safety protocols
- Stability

Compensation: The Pre-COVID Formula

Salary Plus Production Bonus, With The Production Based On:

RVUs	73%
Net Collections	13%
Gross Billings	2%
Patient Encounters	12%
Quality/Value	64%

What Will “Volume” & “Value” Look Like Post-COVID?

Source: Merritt Hawkins 2020 Review of Physician and Advanced Practitioner Recruiting Incentives

What Will Salaries Look Like?

Specialty	Average Starting Salary
Family Practice	\$240,000
OB/GYN	\$327,000
Orthopedic Surgery	\$626,000
Pulmonology	\$436,000



How Will Telehealth Affect Compensation?

Source: Merritt Hawkins 2020 Review of Physician and Advanced Practitioner Recruiting Incentives

Physician Recruiting Now

3 OPTIONS

1. Proceed as usual
(in-person interviews)
2. Put recruiting on hold
3. Innovate & maintain momentum



Advancing The Process

What Can Be Done Remotely?

Job description:

- Clinical
- Teaching,
- Research
- Administrative,
- Procedural
- Call

and other responsibilities/characteristics can all be described by phone or video



What Can Be Done Remotely?

Facilities:

- Office Space
- Equipment
- Patient Rooms
- Proximity Of All Facilities

All can be reviewed using marketing videos and pictures, campus maps, equipment lists, Facetime tours



What Can Be Done Remotely?

Personality Fit

Video conference discussions can go beyond professional conversation and can be used for both parties to get to know each other on a personal level.

Community Fit

Many candidates may already have ties to your area, and in some cases they may already have a strong motivation to live there. If not, a real estate agent can provide information about the area, virtual home tours, and other information about the area can give them a strong level of comfort with the community.

What Can Be Done Remotely?

These details are often not discussed until after an onsite interview, so this part of the recruitment process may not be substantially different if the candidate does not visit in person.



Incentives

- *Salary
- *Benefits
- *Bonuses
- *Schedules
- *Terms

What Can Be Done Remotely?

Signing:

A growing number of candidates have and are completing the entire process – including signing – remotely.

The “Zoom” culture may result in a more efficient and cost-effective process post-COVID, as remote interaction becomes the social and business norm.



Remote Recruiting: The Silver Lining

- Candidate interviews can now be set within a week
- The contract process is accelerated
- The new normal going forward





The Battle Is Over

What Changed?

How we access care....
“convenience on steroids”

Staffing patterns and
priorities...flexibility and
teamwork

A new mindset....healthcare as a
universal challenge, not an
“encounter”

What Still Counts – But More So?

Social determinants of health...
more of us struggling

Consolidation...
did only the large survive?

Reimbursement...
doing more with less

BUT MOST IMPORTANTLY....



AAMC Revises Physician Shortage

PROJECTION UPWARD

On June 26, 2020, the AAMC released its annual report on physician supply and demand trends. It now projects a shortage of up to 139,000 physicians by 2033, up from its 2019 projection of 121,900 too few physicians by 2032.

Patient aging, physician aging and Covid-19 are cited as factors driving the shortage

Source: The Complexities of Physician Supply and Demand: Projections From 2018 – 2033. Association of American Medical Colleges. June 26, 2020



People.

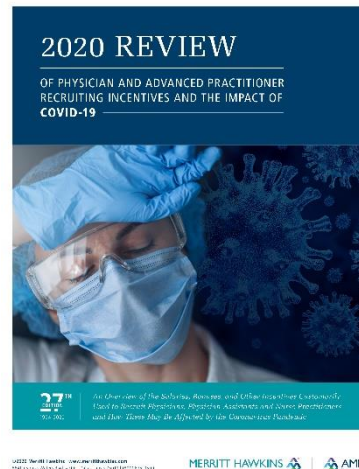
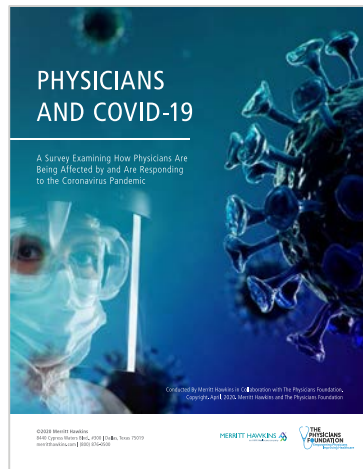
- Healthcare is still about those skilled, compassionate, and courageous enough to provide it
- Pre-COVID supply and demand dynamics – population growth, aging, illness – will persist
- Recruit, retain and respect the people you need.





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