Recruiting and Retaining Qualified Physicians and Advanced Practitioners in a Mobile, Stressed Environment

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Information Overload

Today the average adult reading the *New York Times* absorbs more data than 17th century man got in a lifetime.

According to *Science News*, 90% of the content on the web was created in the last two years.
Objectives

- Assess the current practitioner situation.
- Identify what makes rural/CHC recruiting more challenging.
- Mobile rural/CHC recruitment – what is it and where are you?
- Know the questions to ask, the resources available and the next steps to creating a rural/CHC recruiting plan.
- Talk about retention and ABR!
Tennessee Education Statistics

- 84.6 primary care physicians per 100K population – 31st in US
- Active female physicians – 26.7% – 40th in US
- 26.5% of active physicians are over the age of 60 – 25th in US
- US active physicians who are international medical graduates – 16.7% – 30th in US
- Percentage of physicians educated in Tennessee – retained to practice:
  - Undergraduate – 35.1%
  - Graduate Medical – 43.7%
  - Combined – 65.5% – number 28 ranking in the United States

Source(s): AAMC State Physician Workforce Data
Medical School by the Numbers

• Graduating US Medical Students by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2007</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>6.1%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>16.8%</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

• Graduating US Female Medical Students

<table>
<thead>
<tr>
<th></th>
<th>1961</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Total Physicians</td>
<td>31,078</td>
<td>85,260</td>
</tr>
<tr>
<td>Total Women</td>
<td>1,970</td>
<td>39,888</td>
</tr>
<tr>
<td>% of Women</td>
<td>6.3%</td>
<td>46.8%</td>
</tr>
</tbody>
</table>

Source(s): AAMC Data Book, April 2015
Tennessee Statistics

- Over 6 million residents with a current physician workforce of 4,072
- 22.8% of Tennessee’s residents live in rural/CHC areas
- 26 FQHCs operating in Tennessee at 187 sites
- 90 rural health clinics in Tennessee
- 1,107 additional PCPs needed by 2030

Source(s): Robert Graham Center – Projecting Primary Care Physician Workforce & Rural Health Information Hub
NP & PA Statistics

Widely held belief that Nurse Practitioners and Physician Assistants hold the key to the primary care shortage. NPs and PAs prefer to be called Advanced Practitioners.

**Nurse Practitioners**
- 205,000 licensed
- Mean salary of $89,960 according to BLS
- 87% serve in primary care
- Prescriptive authority in 50 states
- Licensed by National Board

**Physician Assistants**
- 95,583 licensed in 2013
- Projected growth of 108,300 by 2020
- Mean salary of $90,930 according to BLS
- 36.1% serve in primary care
- Prescriptive authority, must be working with licensed physician
- Licensed by state

*Source(s): AANP National Nurse Practitioner Database, 2014 & Certified Physician Assistants – An Annual Report of the NCCPA*
The national physician shortage of 20,000 today and 130,000 by 2025 affects the recruiting efforts of all organizations.

- 73% of the employers surveyed expect they will have the same or more job openings in 2015 than in 2014.
- 2,157 HPSAs are rural/CHCs compared to 910 in metro locations.
- New physicians want to work five fewer hours per week.
- Almost half of recruiters surveyed agree that the most difficult part of their recruiting process is finding qualified candidates.

Source(s): HealtheCareers 2015 Healthcare Recruiting Trends Survey, NRHA – What’s Different About Rural/CHC Health Care, Atlantic, Why I Am Becoming a Primary Care Doctor
According to a CHI reported survey, 1.8% of students would not choose a community with a population below 25,000.

25% of the population live in rural areas while only 10% of physicians practice there.

Access to specialty care is limited.

Cases may be chronic, difficult to manage and will often have mental, emotional and economic factors to address.

Patients have a lower percentage of insurance coverage.

Expectations may not meet market reality.

Small communities may not offer support to FMGs.

Supply won’t change to meet the demand. It is what it is and we have to adapt to that supply.
The National Market – Connecting with Candidates

Candidates have access to every job available on their tablet or smart phone – rural/CHC, metro, recent graduate, or experienced physician if they cannot find you, you don’t exist....

- 95% have a mobile phone
- 56% use a mobile tablet for education not simply patient care
- 70% look at email on their mobile devices
- 63% view job opportunities on their mobile device
- 33% requested information with their mobile device
- 25% practicing physicians get 24-40 jobs solicitations a month

Source(s): AMD News
Candidate Experience

Apple, Samsung, Starbucks, Nike, Macy’s, Ford, and Amazon...

These companies created high level consumer expectations with the ease in which consumers can connect and use their sites.

Why does this matter to you?

Because the candidates you are competing for expect this level of experience!
How Do You Compete?

WHAT DO YOU DO?

With ALL the Primary Care positions available, how are the best candidates going to find your job?

There are a lot of ways to answer this question.

HERE'S OUR SOLUTION

CREATE A NATIONAL, MOBILE PHYSICIAN RECRUITING STRATEGY.
Today’s rural/CHC recruitment must be:

- Evaluated
- Mobile Friendly (to compete)
- Customized (leverage your uniqueness)
- Focused on the Candidate Experience

Candidates tell us that they are looking at 5-7 opportunities at any given time!
Time Allocation Evolution

Time Allocation Today
- Sourcing / Database Mining / Cold Calling
- Phone Screenings
- Interview Preparation & Interview
- Contract Negotiation
- On-Boarding Candidate

Time Allocation in the Future
- Sourcing / Database Mining / Cold Calling
- Phone Screenings
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Multiply by the Number of Searches in Progress
ADP Research Group reports 46% of recruiters feel their current processes work well, while only 16% of candidates agree.

3 of 5 candidates rate their recruiter as non-responsive at some point during the recruitment process.
So...What is a Rural/CHC Recruiting Strategy?

**Mobile Rural/CHC Recruitment**

- A well defined plan with compensation, benefits, process and organization that is pre-determined
- Optimized resources selected to deliver the most access
- A mobile optimized website that allows the candidate to self-educate and to initiate contact
- A plan to connect with candidates
- Coordinated social media (if using social media)
- On-boarding and retention plan
Preparing Your Plan

Don't simply jump in the creek – finding a physician is important!

1. Ensure that all involved parties are on-board.
   ◦ After a candidate is identified is not the time to find out that someone does not agree.

2. Identify and select recruiting core team.

3. Don't try to change or hide what you cannot control.
   ◦ You cannot control location, so don’t try to hide it.
   ◦ Identify what makes you unique.
   ◦ Utilize existing physicians – why did they choose you?
   ◦ Physician satisfaction is huge!

4. Clearly define your “ideal” candidate and then your must-haves.
   ◦ Consider J-1, H1-B, IMG, new graduates, malpractice parameters (again agreement is pivotal).
Preparring Your Plan

5. Can you articulate to candidates the positive attributes of rural/CHC medicine?
6. Evaluate the compensation package.
   - Will you offer loan repayment?
   - Salary may need to be more than existing staff.
   - Ensure you take advantage of all the government offered possibilities.
7. Ensure your process is clear and fully communicated.
   - Contacting candidates, setting up interviews, holding interviews (spouses and family as well), post interview follow-up, making an offer, negotiating and preparing a contract. Don’t lose a candidate due to lack of professional follow through.
Preparing Your Plan

8. Identify the resources you have available.
   ◦ Financial/Human

9. Understand your competition and exposure – get the most bang for your buck!
   ◦ Job search is national and local.

10. Complete the Mobile Recruiting Checklist.

11. Be consistent – the average time to recruit a candidate is 251 days.

12. Evaluate plan to put your best foot forward.

13. Carefully consider on-boarding and retention plans.
Now that you have a competitive opportunity, you have to present it to the marketplace:

How mobile ready are you?
Evaluate Your Current Situation:

“Mobile Recruitment Evaluation”

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Line</th>
<th>30&quot; Phone</th>
<th>60&quot; Phone</th>
<th>90&quot; Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is your site ready for the April 21, 2015 Google search changes?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Does your website have an option to be displayed on mobile devices?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Does your organization implement a mobile strategy?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Do your candidates have access to application?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Can a candidate organize their contact information on your site?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Create “The Plan”

Having a plan ensures that everyone can follow the plan and minimize derailment.

Review the answers to all your checklist questions and create a step-by-step plan toward success.
Internal or External – The Questions?

External Resource Options

- **Retained** – Upfront retainer, mail, monthly billing and placement fee – dedicated recruiter.
- **Contingent** – Larger placement fee, no money upfront – shotgun approach.
- **Databases & Job Boards** – Pay monthly or posting service fee, post and pray, sourcing and screening required.
- **Journal & Association Advertising** – Typically expensive, one-shot ad in print, check for online advertising.
A mobile ready site can be accessed on any size tablet or smart phone!

- Must work on iPhone or Android platform.
- Must offer information that is candidate-friendly.
  - Must allow candidates access to initiate contact. (The heaviest recruiting activity takes place at 8:00pm – do you want to be in the office?)

Source(s): www.theinlinegroup.com
Keep In Mind

• This is all about the candidate - content must be candidate-specific.
• Responsive to all smart devices (iOS, Windows, Android, etc.).
• In rural/CHC areas, mobile devices are often the best connection to the online experience.
• If possible, allow the candidate the ability to contact you from the page, if not, include clear directions for getting in touch with you.
• Immediately follow-up with every candidate who contacts you.
• You are competing on a national stage; your process must be professional.
Keep That Lure In The Water

Now that you have a candidate-friendly site, get the word out and keep the word out.

We like to say, “Keep your lure in the water. The right candidate is out there. You just have to be available when they swim by.”

Contact candidates with:

- Email
- Mail
- Phone
- Social Media
Time Allocation Evolution

Time Allocation Today

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Time Allocation in the Future

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Multiply by the Number of Searches in Progress
Retention

The best retention plan begins at the point of recruitment:

• Set compensation expectations at the very beginning to avoid dissatisfaction.
• Ensure your community can meet the needs of the candidate (i.e. schools, religion, culture).
• Mentor each candidate and family.
• Assist candidates in areas of difficulty.
• Sponsor J1 and H1B as they move toward citizenship.
• Identify career path and concerns of the new hire and resolve to work through them.
Retention

Keep the ones you have happy.

- Evaluate performance, goals and expectations routinely.
- Award achievement of goals.
- Involve physicians in decisions where possible.
- Implement a mentor program.
- Identify areas for training and provide where possible.
- Get to know them as people - listen to their concerns.
- Assess burn-out and take action.
Final Thoughts – ABR

A final reminder...Always Be Recruiting!

- You never know when you might meet a future associate.
- Communicate – your peers are a great source of talent.
- Treat departing physicians like old friends – they are excellent ambassadors to your facility. (Send Christmas and birthday cards.)
- Wherever you go...Always Be Recruiting.