

Physician and Provider Recruitment: A Rural Perspective

Adrian MacGregor, M.S. Ed., Leader of MDH Outreach Services

anmacgregor@mdh.org

Jerome Anderson, D.O., Medical Director of MDH Laboratory Services

jdanderson@mdh.org

-We are employees of McDonough District Hospital. The opinions discussed today are not necessarily those of MDH.

Physician and Provider Recruitment: A Rural Perspective

- ***What are we up against?***
- Number of physicians within the country
- Number of physicians willing to relocate to communities of 50K or less in population
- Number of physicians retiring within the next decade
- Physician Burn-Out statistics
- Educational Loan Burden
- We will always be recruiting

Physician and Provider Recruitment: A Rural Perspective

- ***Ensuring your recruitment process works for you***
 - Do you really have an opening? What does your community needs assessment tell you?
 - Creating a medical staff profile
 - Understanding the average age of your medical staff
 - Comparing the number of physicians within each specialty to national physician to population ratios
 - Reviewing annually, setting your recruitment strategy
 - Recruitment Package = FMV (Fair Market Value)
 - Understanding what sources to utilize
 - MGMA annual compensation survey
 - Merritt Hawkins annual compensation survey
 - Modern Healthcare's annual compensation report
 - Legal Counsel; healthcare specialization (imperative)
 - Building Your Recruitment Team:
 - Medical Staff, Senior Administration, Clinic Managers, Community Leaders, Realtors
 - Educating your recruitment team on the process, ahead of a site visit
 - Feedback, Feedback, Feedback & improve...

Physician and Provider Recruitment: A Rural Perspective

- ***Sourcing Strategies***
 - Grow your own: creating touch points to the local hospital to develop partnerships with area students headed into medical training program
 - Shadowing experiences & volunteer opportunities
 - Connecting impressionable upstarts with key leadership (President/CEO, Chief of Staff, Board Chairman)
 - Providing financial incentive attract talent to your organization

Physician and Provider Recruitment: A Rural Perspective

- ***The value of site visits to regional training programs***
 - Where does your medical staff come from?
 - Telling the story of your organization with key medical training program representatives
 - Better in person (standing out)
 - How many recruitment solicitations physicians in training receive...weekly
 - Creating a relationship with the program and its by-products (physicians)
 - Staying in touch; annually

Physician and Provider Recruitment: A Rural Perspective

- ***Other in-house recruitment strategies***
 - Utilizing proprietary databases
 - Practicelink
 - Practicematch
 - Specialty Academy websites
 - Specialty Academy conferences, specialty (online or hard copy) newsletters
 - Job fairs (PracticeMatch & Career MD)
 - Locum Tenens firms
 - GPO vendor list
 - Follow up, follow up, follow up

*****Please note: this is not a product endorsement*****

Physician and Provider Recruitment: A Rural Perspective

- ***Site Visit***
 - Virtual interviews
 - In person evaluation
- Design/Process
 - Candidate's needs...
 - Organized site visits sell
- Key Stakeholders – build into the process
 - The Obvious
 - The Over-looked (Realtors, Receptionists, Hotel Managers)
 - “All comes down to how the visit started and how it ends..”

Physician and Provider Recruitment: A Rural Perspective

- ***Closing the deal – be realistic***
- Value of having your ducks in a row...prior to the site visit
 - This is the real work; know the candidate
 - Having your timeline established with candidate
 - Site visit is 95% meet, greet, first impressions
 - 5% review of previously discussed recruitment package
 - Out the door – with a timeline
- Advise all candidates to have counsel review contracts / offers
- High pressure sales – save for the car lot
- Remember...your recruit may be your physician!
- Smaller facilities can provide the 1:1 attention

Physician and Provider Recruitment: A Rural Perspective

- Successful Medical Staff Members: “Availability, Affability, and Ability...in that order.”
- Successful Recruitment Program: “You’re only as good as your last recruit.”
- Going the extra mile: “An ounce of prevention is worth more than a pound of cure.”
- Don’t sell yourself short: “It’s like an old shoe, doesn’t always look that great from the outside, but feels right when you put it on.”

***Very important to find out early
on what the candidate's priorities
are in their future practice plans!***

Physician Engagement

-Imperative to have local doctors involved in the whole process of recruitment, including initial contact with candidates... ***first impressions are critical!***

-Physicians recruit other Physicians!

Physician Engagement

-The docs who participate in the recruitment process must have an excellent understanding of the recruitment strategy of the hospital and be true champions of the recruiting cause.

-Must also be knowledgeable of the *generational differences of physicians.*

Physician Engagement

-Ideally, work to identify at least one (preferably two) docs who are willing to get involved by making phone calls, as well as meeting and greeting candidates, etc., during the onsite visits

-Doesn't have to be a physician of the specialty needed, *but it's always a plus if it is.*

Physician Engagement

- These docs should be able to commit enough time to attend recruitment committee meetings and have a seat at the table for planning & strategy
- Local physician leaders are great choices for these duties

Board of Directors Engagement

-Identify Board member(s) who are willing to meet candidates and attend dinners, etc.

Community Leader Engagement

Encourage other community leaders in the recruitment process (local business owners, bankers, mayor, retired physicians, etc.)

*Work to enhance your hospital's
exposure to medical students and
residents!*

-Investigate your hospital being a site for residents' rotations (typically, internal medicine, family medicine, general surgery, ER)

-Typically much more involved than just having medical students rotate through your facility.

Investigate potential to align with a regional medical school for student rotations, especially those with a strong emphasis on rural medicine (example: U. of Illinois College of Medicine, Rockford and Peoria campuses)

Special Recruitment Situations

Local or hometown
recruit/sponsorship for medical
school

Local or hometown student for medical school

Pros:

- No need to “sell” community to candidate
- Probable long term employment because of family ties
- Possible immediate name recognition

Local or hometown student for medical school

Cons:

- Specialty or subspecialty chosen may not match the future needs of the community
- Spouse/significant other may want to reside elsewhere
- Student simply changes their mind

Husband-Wife “teams”

Husband-Wife “teams”

Pros:

-Significant increase in “production capacity” with two docs joining at once

Husband-Wife “teams”

Cons:

- Call issues if in the same specialty, or even if different specialties
- Vacation issues if the same specialty
- “Double loss” if the couple moves to another job location

Tough decisions...

-Turning down or passing on a candidate in a specialty that you really need (past medical issues, personality issues, less than stellar reference checks)

-Probably best to get input from as many of the stake holders/medical staff as possible if turning down a candidate

Physician and Provider Recruitment: A Rural Perspective

- Questions
- Handouts Available