

# Finders-Keepers: Physician Recruitment and Retention Practices That Work



**JACKSON**  
Physician Search

## LEARNING OBJECTIVES

ONE

Identify “fit” as the **critical success factor** for **high-performance recruitment**

TWO

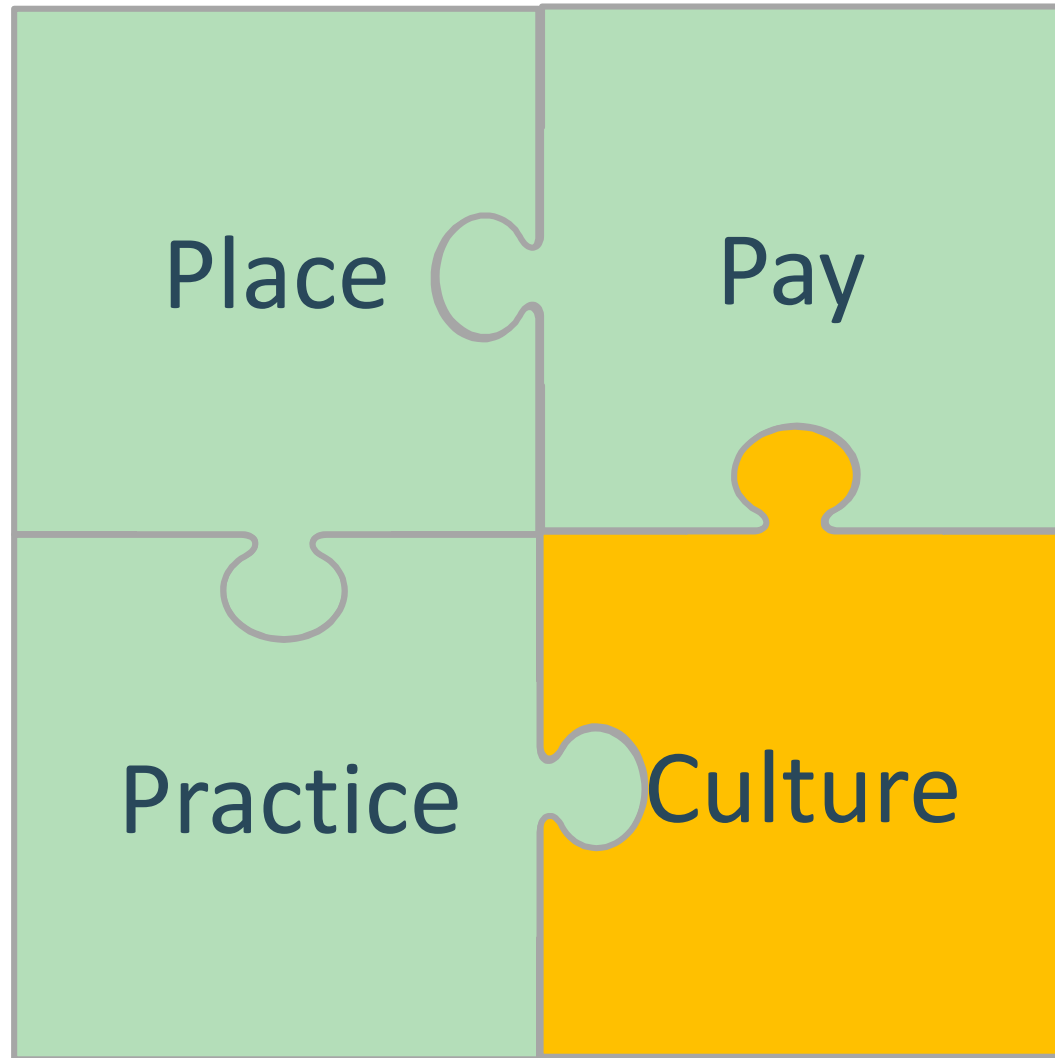
Describe **systematic approach to onboarding** that results in **long-term retention**

THREE

Understand **team roles** and responsibilities to create a **seamless continuum** from recruitment through retention



# **Pieces in the Recruitment Puzzle**



# PHYSICIAN COMPENSATION

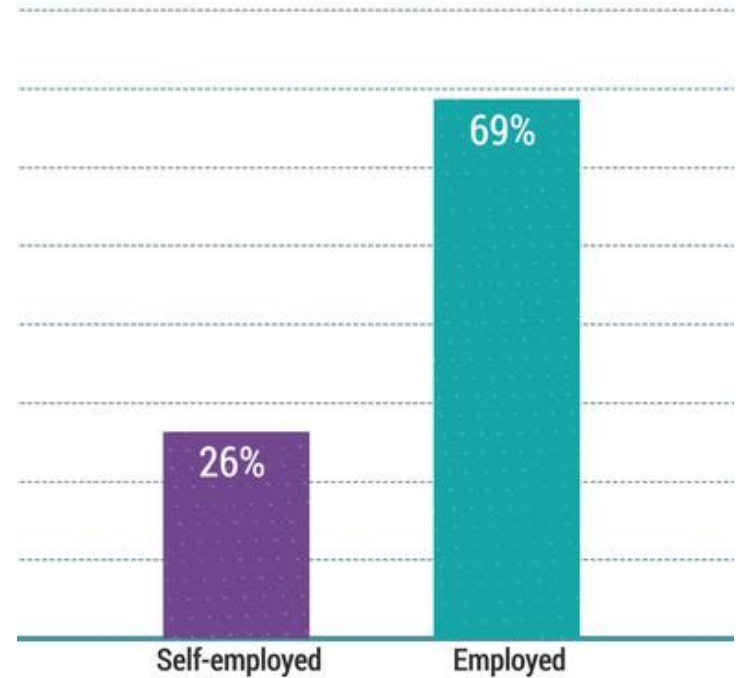
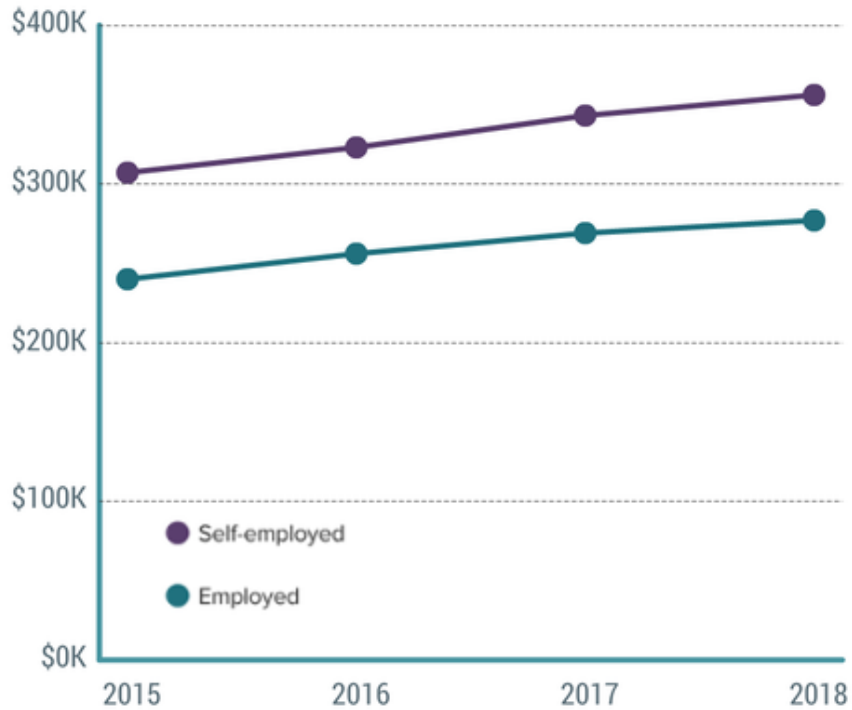


\$319K	North Central
\$309K	Southeast
\$306K	Northwest
\$303K	South Central
\$303K	Great Lakes
\$299K	West*
\$281K	Mid-Atlantic
\$277K	Southwest
\$275K	Northeast

\*West includes Alaska and Hawaii

SOURCE: Medscape Physician Compensation Report 2018

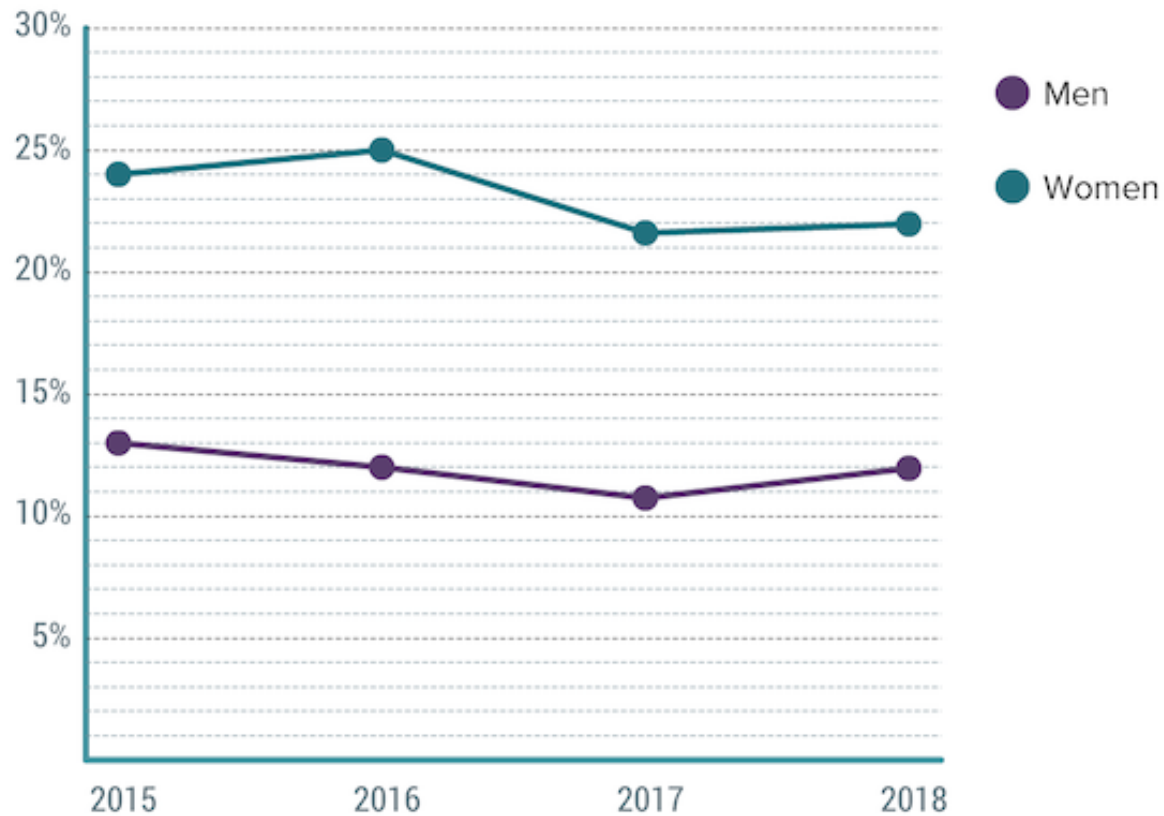
# PHYSICIAN PRACTICE TYPE



SOURCE: Medscape Physician Compensation Report 2018

# PHYSICIAN PRACTICE TYPE

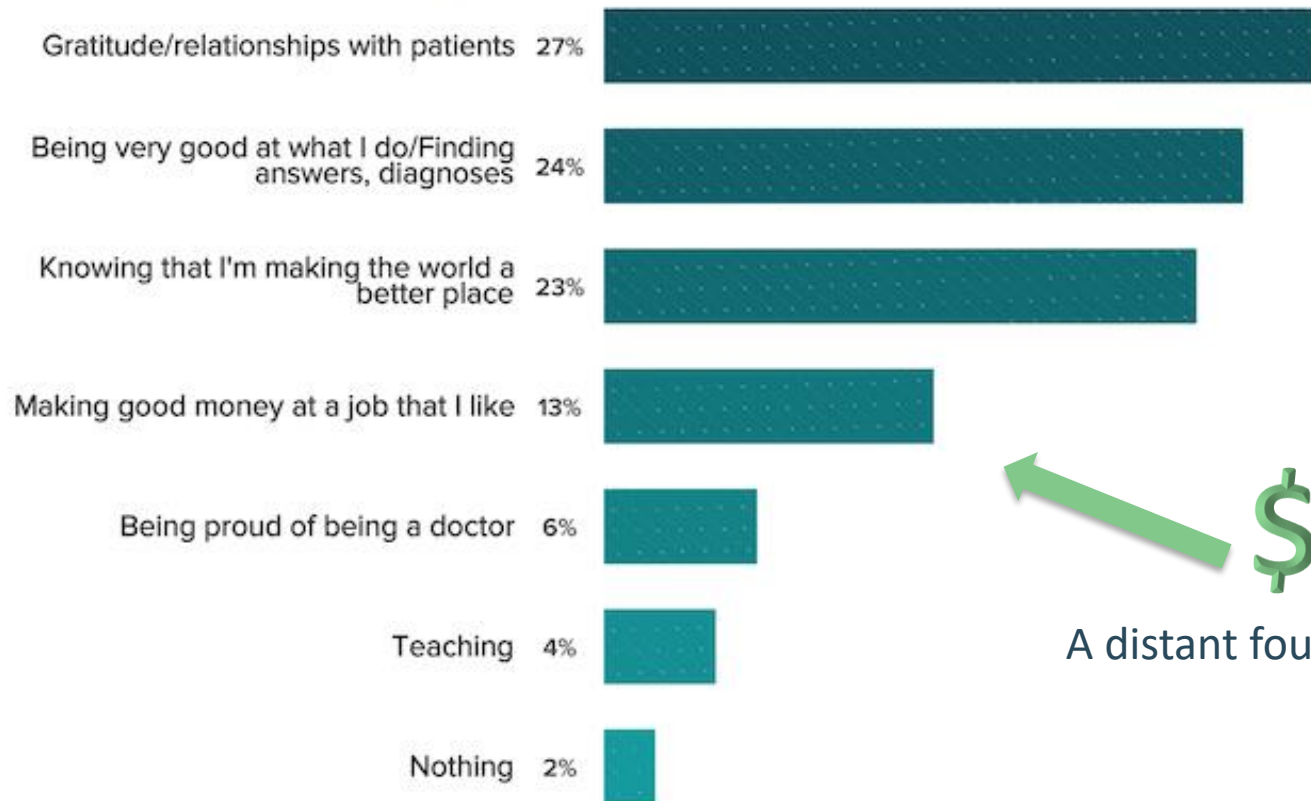
Physicians Working Part-Time, by Gender



SOURCE: Medscape Physician Compensation Report 2018

# MORE IMPORTANT THAN MONEY

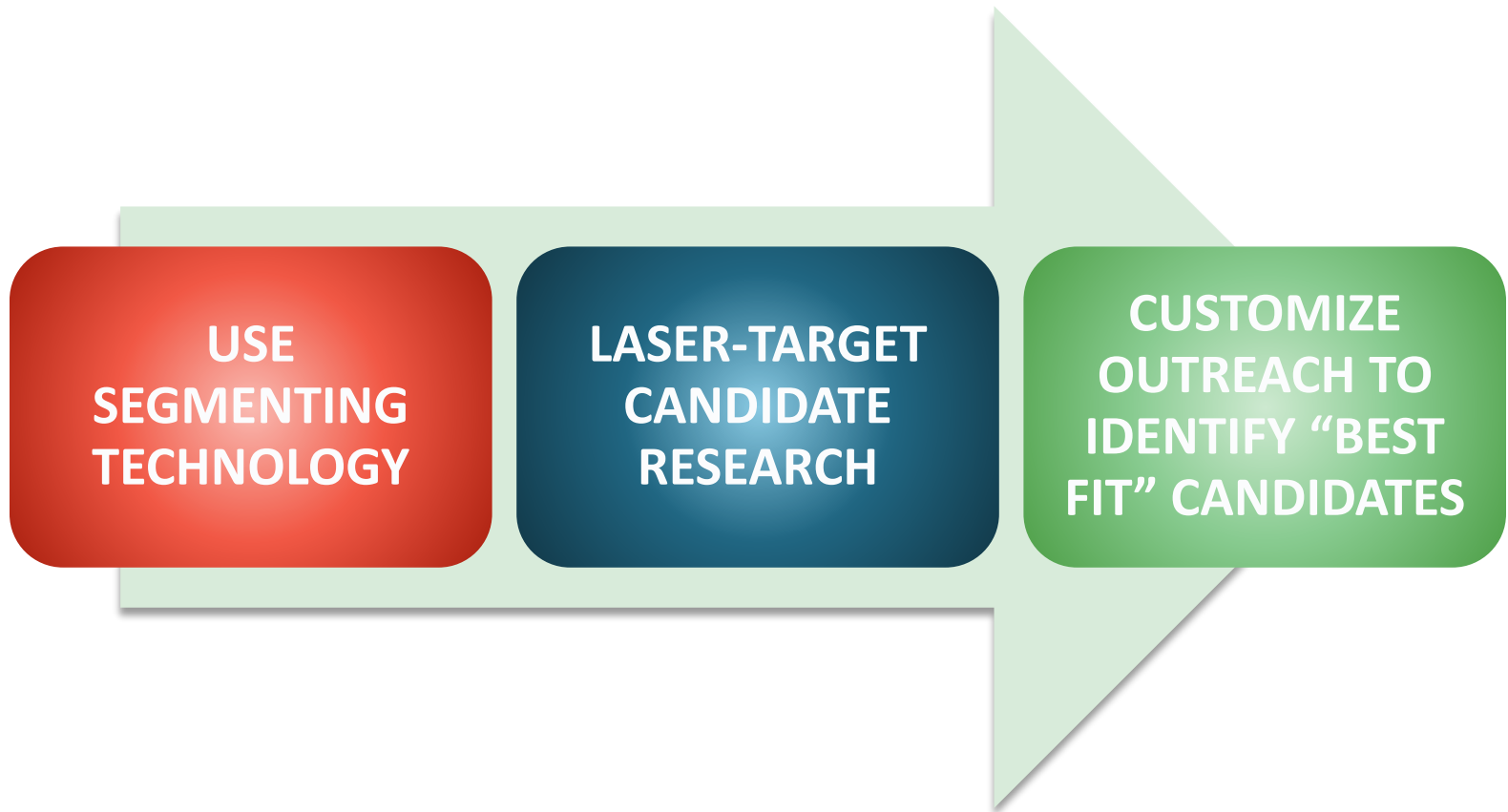
What Is the Most Rewarding Part of Your Job?



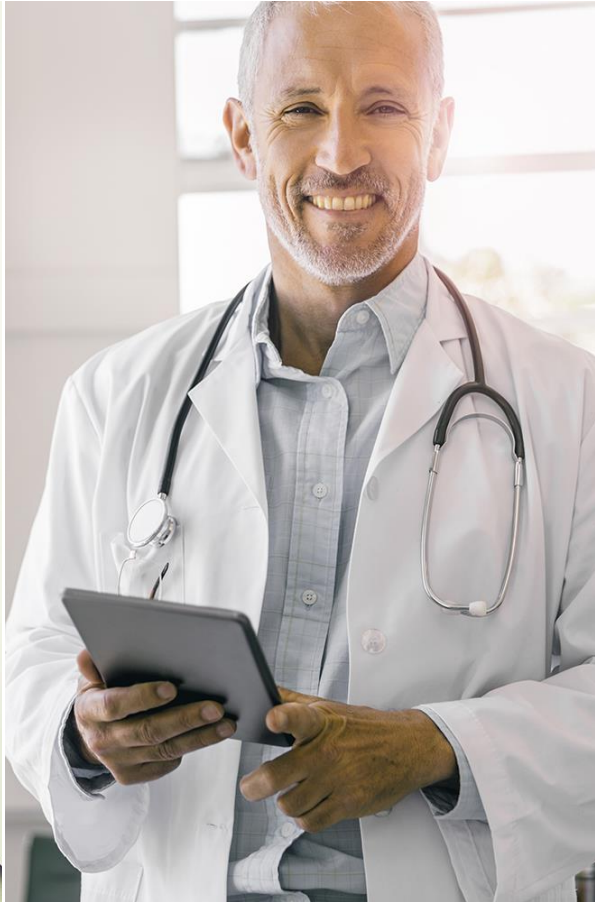
SOURCE: Medscape Physician Compensation Report 2018



# FOCUS ON FIT IN SOURCING PROCESS



## RISE OF THE DIGITAL OMNIVORE



**87%**

of physicians **ages 26-55**  
are using social media

**65%**

of “traditional” physicians  
**ages 56-75**  
are using social media

Source: CDW Healthcare 2015 Healthcare Social Media Report -  
<http://www.cdwcommunit.com/resources/infographic/social-media/>

# REACHING DIGITAL OMNIVORES

Low Supply and High Demand Means Increased Need to Reach Passive Candidates



SOURCE: NEJM Career Center

# SOURCING CANDIDATES

over  
95%

of physicians prefer to receive information about job opportunities via email.

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49% of healthcare professionals read job opportunity emails after 6 p.m.

## BEWARE...YOU MUST BE RELEVANT

**16%**

contacted  
**once**  
per week

**55%**

of physicians get  
**weekly**  
job  
opportunities

*Less than*

**10%**

of recruiter  
communications are

**relevant**

**39%**

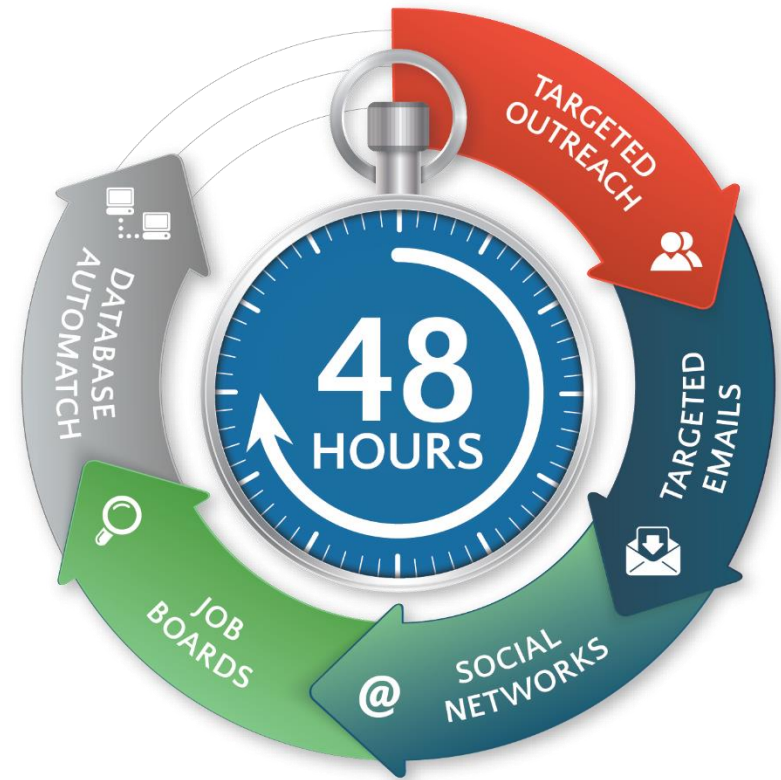
multiple  
contacts  
per week

Source: Doximity Physician Survey

## BE EFFICIENT AND STRATEGIC

1. Streamline the Process
2. Shorten the Search
3. Control your Expenses

*Accelerating your search by even 30 days can equate to tens of thousands in revenue/reduced vacancy costs.*



## TRANSPORTATION

Make it Worry-Free



## SEND OFF

Leave No Question Unanswered



## COMMUNITY TOUR

Showcase Lifestyle

## HOTEL



## HOSPITALITY

Create a Memorable Welcome

## DINING/SOCIAL

Tailor the Team



## FOLLOW UP

Reinforce the Fit



## PROFESSIONAL TOURS

Prepare Everyone



## CEO INTERVIEW

Sell the Vision

# CULTURE AND ENGAGEMENT

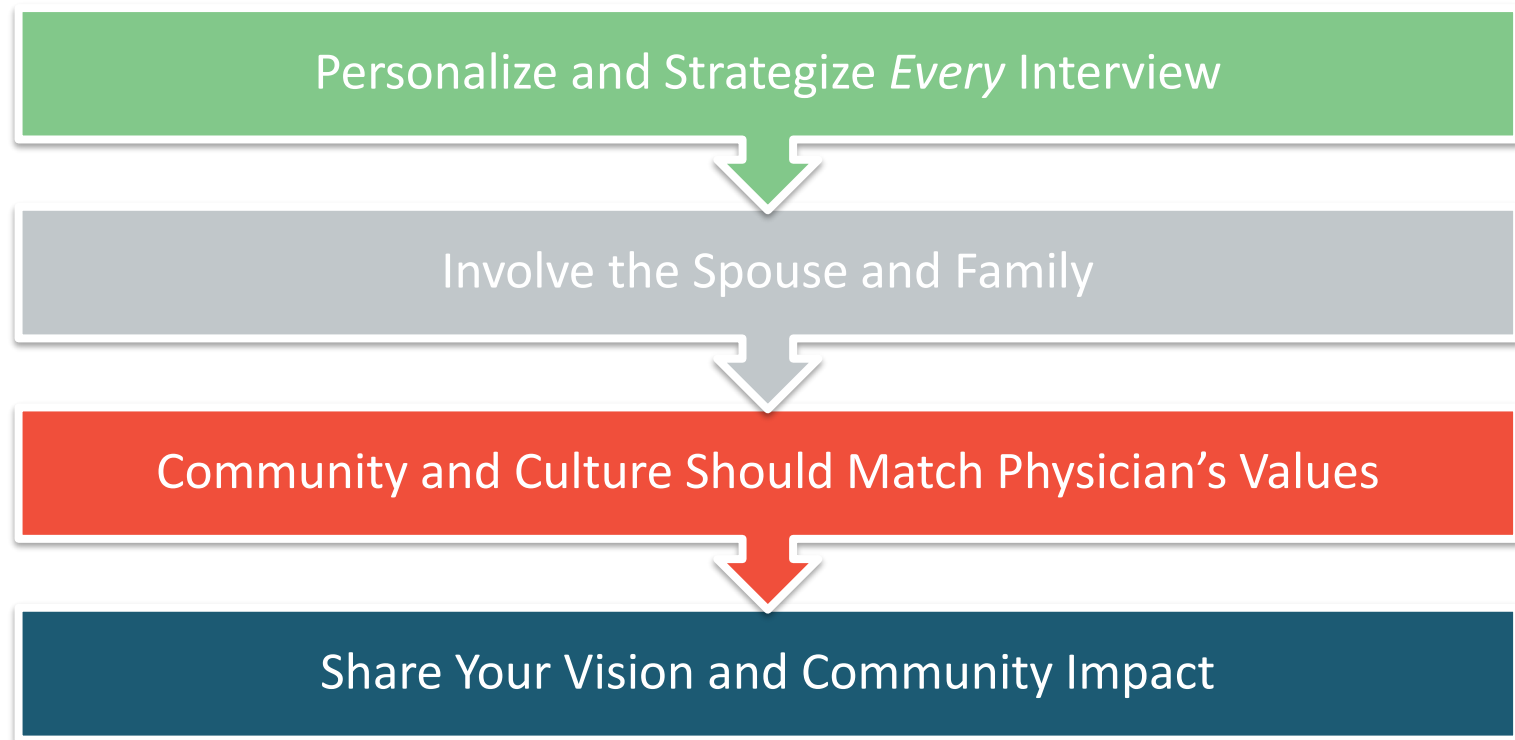
## The Interview: Window to Your Culture





# CULTURE AND ENGAGEMENT

## The Interview: Selling the Vision



## CULTURE AND ENGAGEMENT

**...who sells the  
vision?**

**...who shows the  
culture?**

# TILLER-HEWITT PHILOSOPHY

Long-Term Retention starts

**WAY BEFORE**

and goes

**WAY BEYOND**

Recruitment

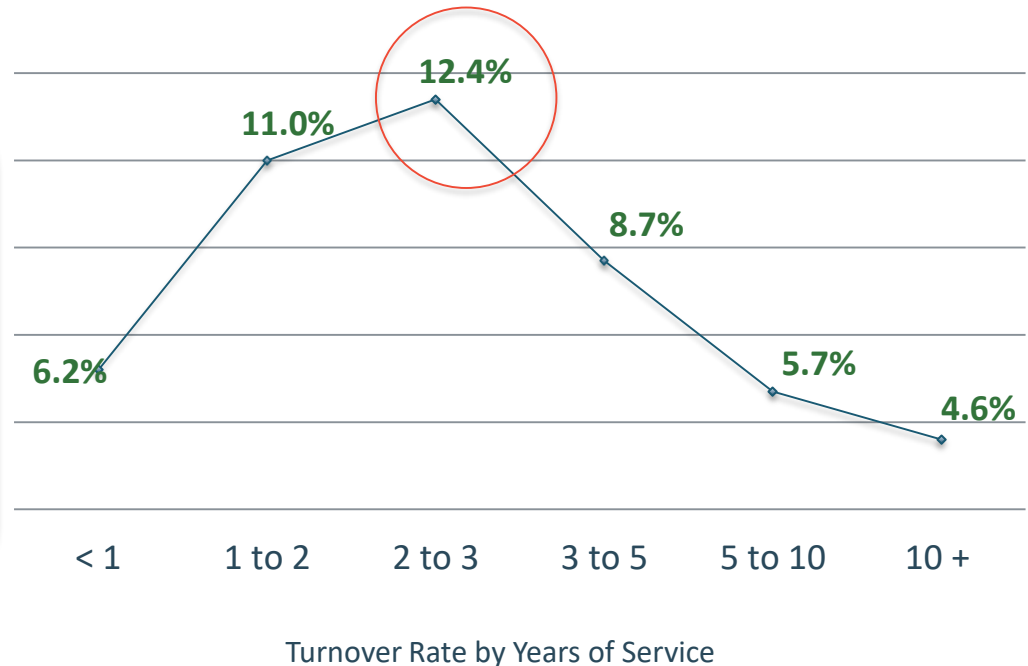
**Goal: Recruit to Retain**

High Quality, Productive

Happy, Engaged, Passionate Providers

# PHYSICIAN TURNOVER: EARLY YEARS ARE MOST CRITICAL

Annual physician  
turnover at  
all-time high:  
**6.8%**  
average



Source: 2013 Physician Retention Survey from American Medical Group Association

# TURNOVER COSTS WELL OVER \$1 MILLION PER PHYSICIAN



Recruiting costs:  
**\$250,000**

Search expenses, sign-on  
bonuses, income  
guarantees, relocation  
costs

Lost Revenue:  
**\$1,000,000+**

\$1,448,458 avg. annual  
revenue  
generated per physician

# WHAT IS YOUR BIGGEST BARRIER TO RETENTION?



Source: Tiller-Hewitt HealthCare Strategies, Interactive Poll at MGMA 2016 Annual Conference

# ORIENTATION IS NOT EQUAL TO ONBOARDING & NAVIGATION



# ORIENTATION VS. ONBOARDING

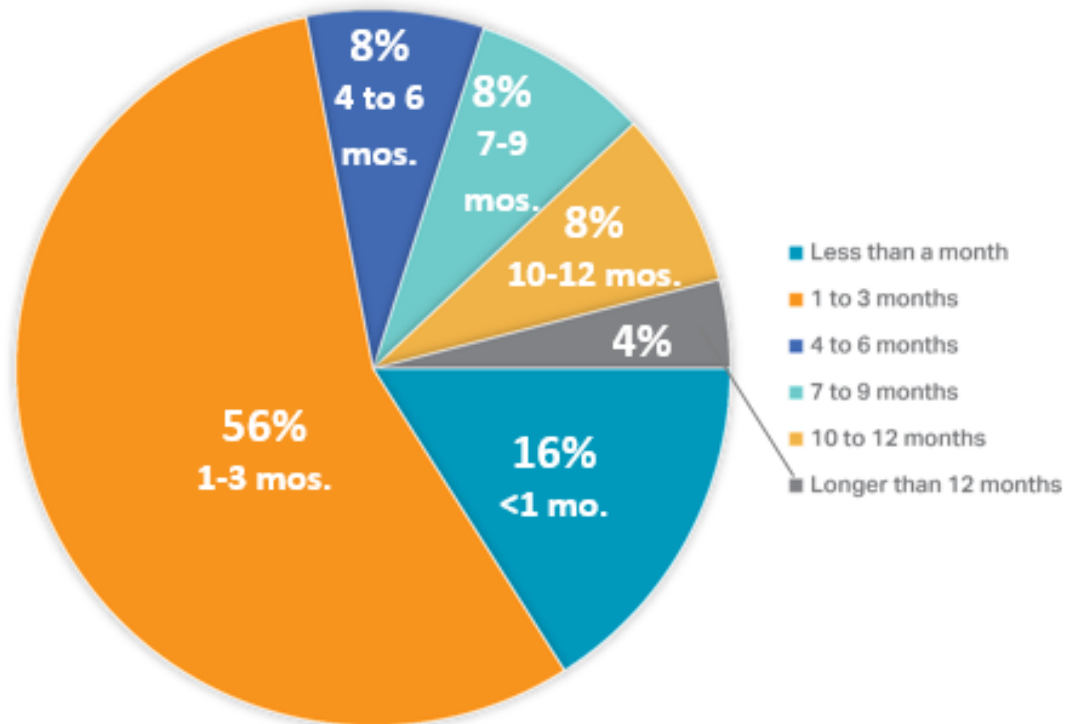




# TYPICAL ONBOARDING

## How Long Does Your Provider Onboarding Last?

*The majority of administrators mistakenly believe brief "orientation" is the same as "onboarding."*

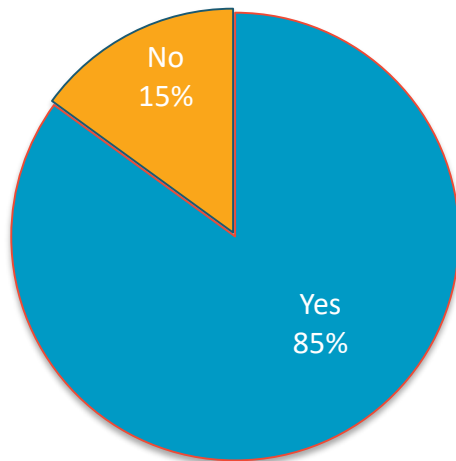


Source: Tiller-Hewitt HealthCare Strategies, Interactive Poll at MGMA 2016 Annual Conference, November 2016

# FORMALIZED ONBOARDING

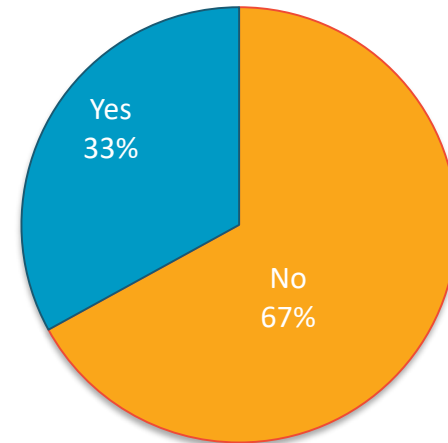
## The Majority Have an Onboarding Program

Do you have an onboarding program?



## But Only One-Third Formally Structure the Program

Is there a formalized committee /task force?

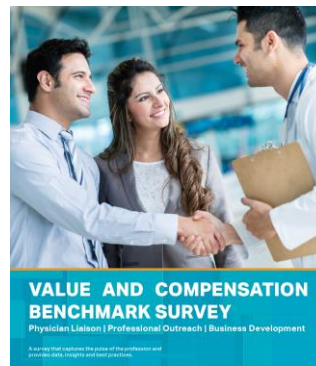
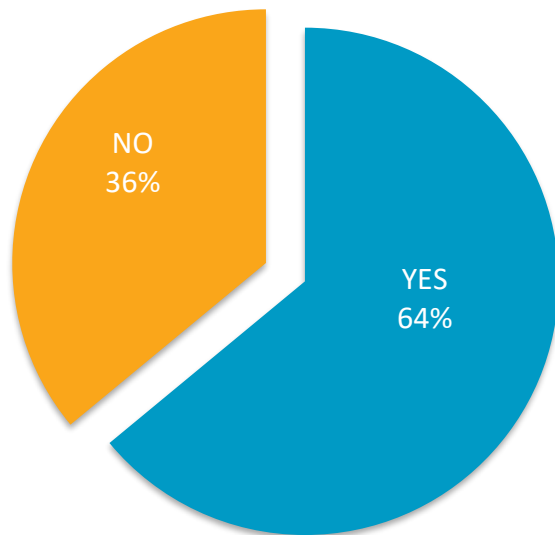


Source: Cejka Search and AMGA Physician Retention Survey 2012

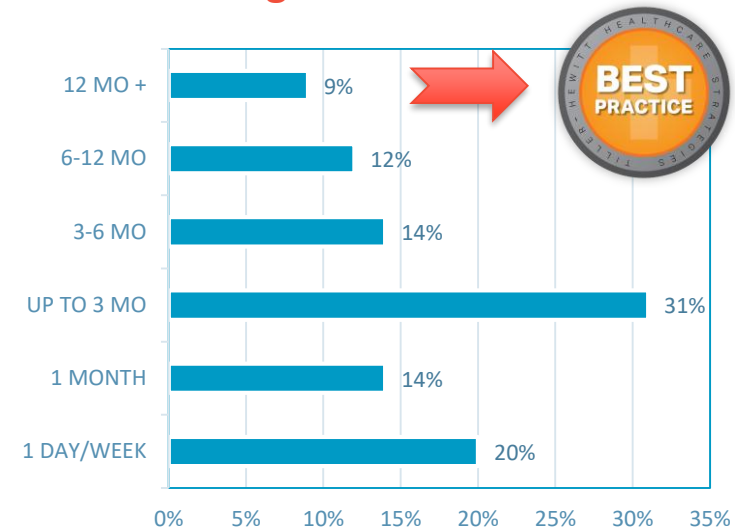
# 2017 VALUE & COMPENSATION SURVEY

N=163

## Have an Onboarding Program



## Onboarding Process Time



## WHERE TO START

### *What's YOUR Reality* & Baseline

- Cost to Recruit
- Vacancy Rate and Cost of Vacancy
- Ramp up to Break-Even and beyond
- Turn-over rate (compared to national / regional norms)
- Resources Dedicated to Retention / Navigation
- Focus on Community Assessment / Involvement
- Pulse of Recently Recruited Providers
- Pulse of Family

# TILLER-HEWITT'S ONBOARDING 4 C'S



Collaboration

Coordination

Consistency

Communication



# ASSEMBLE “THE DREAM TEAM”

- C-Suite
- Community Relations
- Credentialing
- IT
- Liaison
- Marketing
- Mentor Lead
- Practice Management
- Recruitment
- Service Line Leaders



# MASTER CHECKLIST

## COORDINATION & ACCOUNTABILITY



- Consolidate checklists from each team member
- Store on a shared drive



# PRE-ARRIVAL PREPARATION



- Pre-arrival Survey
  - +120 days before start date
  - Establishes provider's expectations
    - Professional and personal
- Create Provider Roadmap
  - Ride-along “shotgun” schedule
  - Community engagements and events
  - Hospital 101



# POST-ARRIVAL – COMMUNICATION & CONSISTENCY

## Post-Arrival Surveys

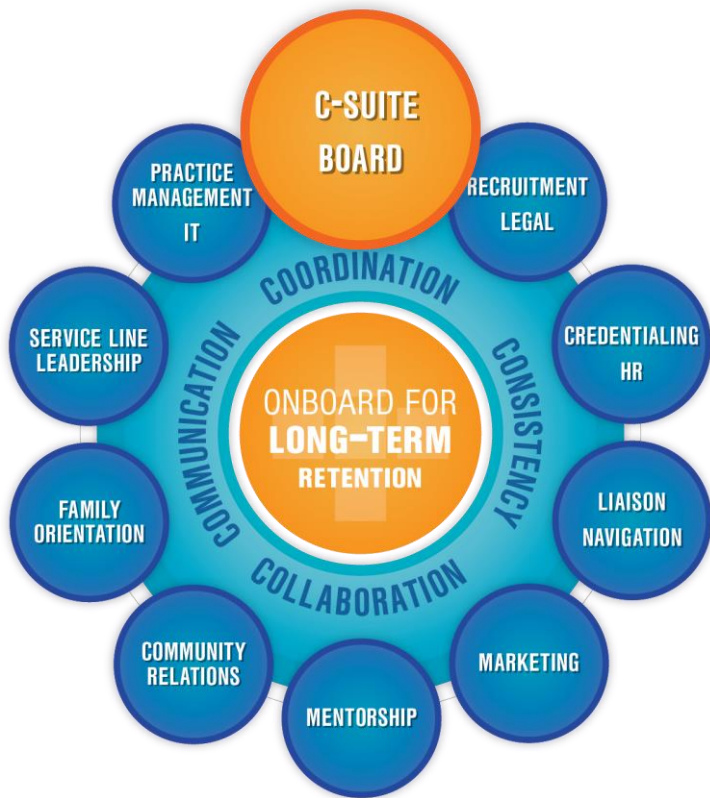
- 90 days
- 6 months
- 1 year
- 18 months

## Feedback Loop

- Course correction
- Continuous improvement



# C-SUITE - STARTS AT THE TOP



## Visioneers

- ✓ Communicate Vision
- ✓ Foster Energy
- ✓ Approve Resources

# RECRUITMENT

Thankfully.....

Onboarding function started by recruiters

- Keeper of needs assessment
- Resourceful
- Coordinate with key players
- Checklists for survival



# CREDENTIALING

- Different at every organization
  - Effects physician productivity
  - Sets start date
- \*\* Starts provider frustration very early if not handled correctly



# PHYSICIAN NAVIGATOR / LIAISON / INFORMATICS

- **Year 1: Navigator**
  - Call Frequency Increased
  - Physician & Family
- **Year 2+: Liaison**
  - Focus: Growth & Loyalty
  - Structured & Systematic
- **Data Driven (Referrals)**
- **Manage Hospital 101**
  - Private to Employed



# MARKETING

- Establish Expectations
  - ✓ Personality
  - ✓ One size DOES NOT fit all
- Menu of collaterals
  - ✓ One size does not fit all
- Support liaison outreach
- Social Media





# MENTORSHIP / MEDICAL STAFF

- Physician Leadership Driven
  - ✓ Create Plan/Schedule
- Identifies Mentors & Match
  - ✓ Establish Expectations
  - ✓ Accountability System
  - ✓ Define Roles & Responsibilities
  - ✓ Matching: Find What Works
- Mentor/Mentee Training/Orientation
  - ✓ Matching: Find What Works
  - ✓ Training Improves both sides!



# FAMILY

## The Checklist

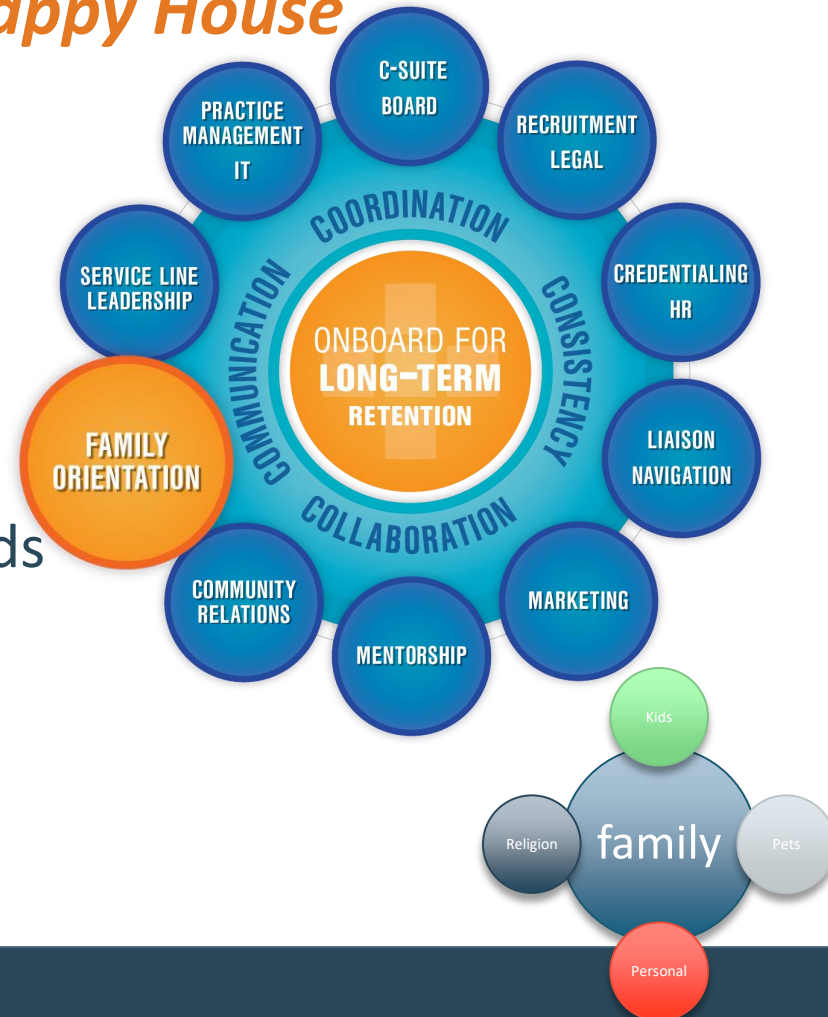
### *Happy Spouse / Happy House*

#### Involve / Interview Spouse

- Understand Needs/Interests
- Family Needs
- Religious/Cultural Needs
- Professional and Personal Needs

#### Assign Navigator - Who Fits!

- Create Spouse Roadmap
- Acclimate to Community





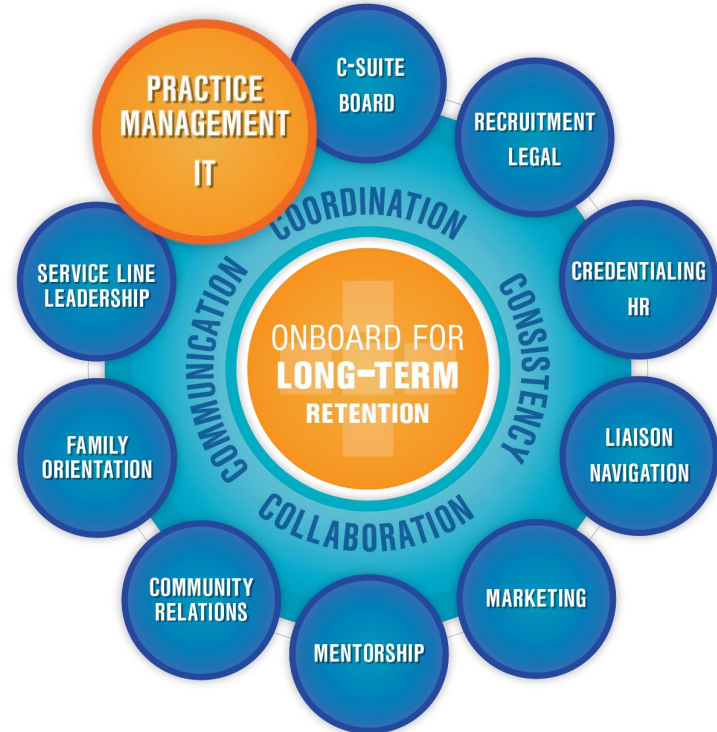
## SERVICE LINE LEADERSHIP

- **Specialty: Appropriate Service Line**
  - ✓ Checklist
  - ✓ Frequent Pre/Post Communication/Collaboration
  - ✓ Department Orientation



# PRACTICE MANAGEMENT

- Monster Checklist/Manual
- EMR
- Ongoing Communication
- Collaboration with Liaison
  - ✓ Monitor Referral Patterns
  - ✓ Satisfaction Feedback



# ONBOARDING & NAVIGATION PROGRAM

1. Determine Baseline Reality
  - ✓ Build the Case with Surveys and Data
2. Identify and Assemble Team
  - ✓ Strong Lead & Scribe
  - ✓ Establish Expectations
  - ✓ Assign Roles & Responsibilities
  - ✓ Create Accountability System
3. Conduct Lean Process
  - ✓ Rapid Improvement Events
  - ✓ Action Plan
4. Develop and Implement Master Checklist
5. Assess/Implement Mentorship Program
6. Continuous Onboarding & Navigation



# ONBOARDING CASE STUDY

## Challenge

- Difficult Subspecialty Searches
- Slow Ramp-up
- Retention Issues
- Lack of Internal Collaboration
  - Liaison / Practice Management

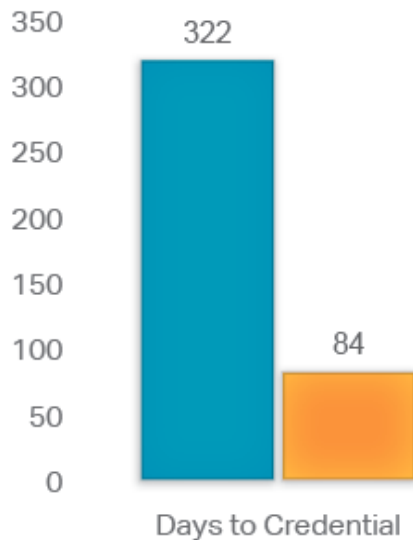


## Solution

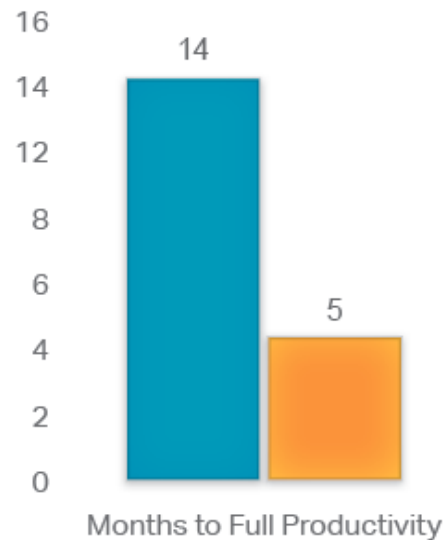
- Launched Formal Program
- Convened Team and Champion
- Conducted Lean – Rapid Improvement Event
- Included a Formalized Mentor Lead & Program

# ONBOARDING CASE STUDY - RESULTS

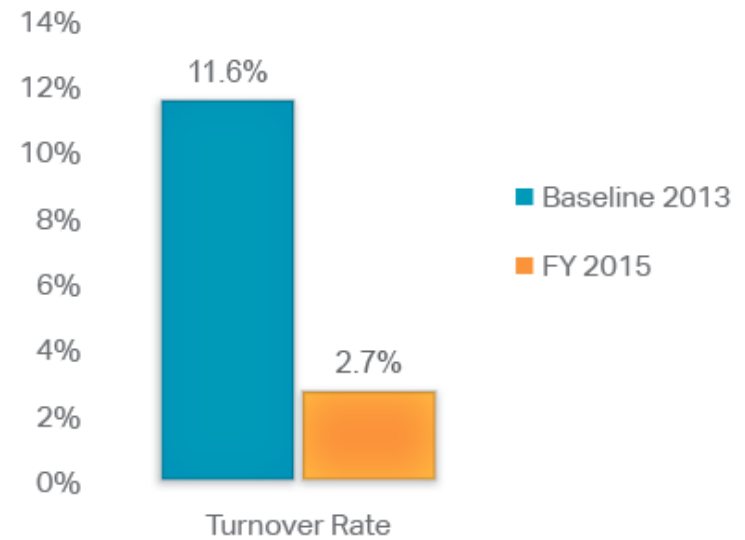
Days to Full Payer  
Credentialing:  
From 322 to 84



Months to  
Productivity:  
From 14 to 5 months



Turnover Rate:  
From 11.6 to 2.7%



**Recruited Over 70 Physicians**



# KEY TAKEAWAYS: *FIND AND KEEP* TOP PROVIDERS



**Adopt modern** recruiting technologies and techniques enhance targeting, and leverage social networking



Identify **candidates with community ties** – or create them  
**Tailor** recruitment champions and interview team to **match candidate and spouse**

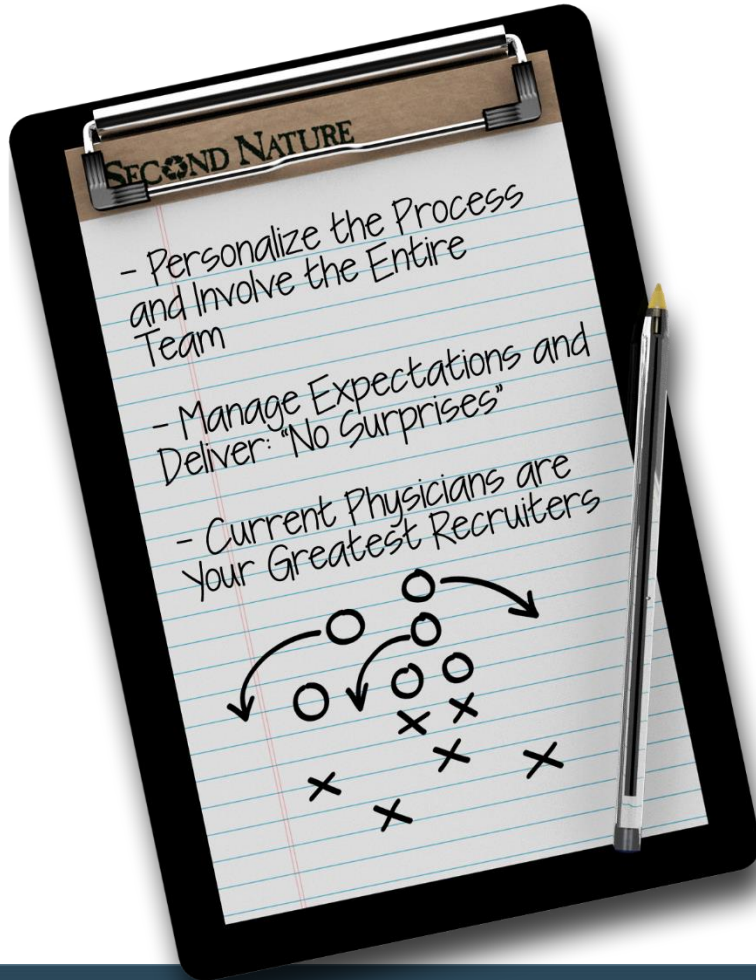


Establish **onboarding best practices**, including designated **lead, full-year** program with **mentorship**



**Benchmark** key performance indicators, set **goal metrics** and **seek feedback** for continuous improvement

# CRITICAL SUCCESS FACTORS: RECRUITMENT AND RETENTION

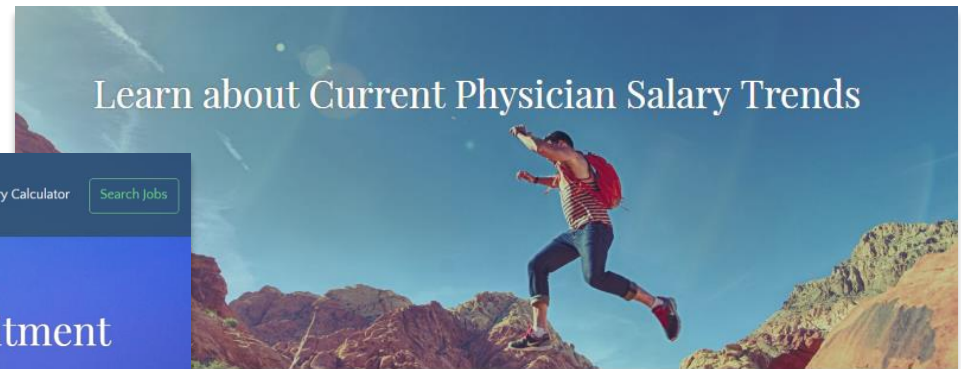
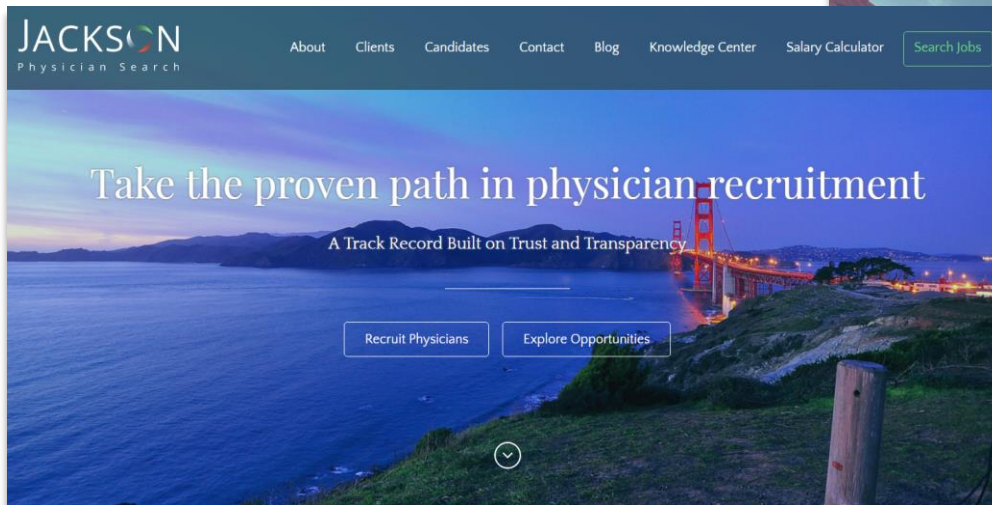


- Involve the key players from entire team
- “Personalize” the process for your organization, the physician and family
- Manage expectations: keep promises and deliver “no surprises”
- Remember to survey and adjust the process for continuous improvement
- Your current physicians are your GREATEST recruitment and retention resources



# RESOURCES

- [Physician Salary Calculator](#)
- [White Paper: Physician Workforce Through 2030](#)
- [Guide to Developing a Strategic Physician Recruitment Plan](#)
- [Infographic Guides: Physician Trends, Engagement and Networking](#)
- [Case Studies](#)



Find these and more at:  
[www.jacksonphysiciansearch.com](http://www.jacksonphysiciansearch.com)



# RESOURCES

**TILLER+HEWITT™**  
HEALTHCARE STRATEGIES

## Do your physicians help you "seal the deal" or torpedo a wonderful recruit?

*Tommy Tiller-Hewitt, for Becker's Hospital Review, February 23, 2016*

**BECKER'S HOSPITAL REVIEW**

During a dynamic session with about 100 hospital leaders, we used an interactive poll to reveal key barriers to their growth. Not surprisingly, physician recruitment rises to the top.

Lively discussion ensued around the bigger question: you handed them enough ammunition to torpedo a recruit.

The message is loud and clear: barriers to physician productivity are likely undermining your recruitment and retention rates.

**Current physicians are your best advocates**

Physicians listen to their peers. And while your current best advocates for recruiting excellent providers (to your greatest risk). All too often, the prospective or "excited to arrive in your community - encounters" who are frustrated with the hospital.

It's also common for a new provider to quickly lose credibility and nominal orientation program (lots of dollars are wasted recruiting physicians who do not realize annualized revenue per physician during the first year).

**Hospitals that invest in their "ground game"**

Effective physician-hospital relations and onboarding program for new recruits. They can attest program for new recruits.

In a recent case, the complete (yet rapid) reinvention results with:

- Credentialed time cut by two-thirds
- Ramp-up to full productivity accelerated by nine months
- Turnover lowered by 75%

Metric	2013	2015
Days to Credential	322	84
Months to Full Productivity	16	4



## Speed Up Physician Credentialing, or Pay the Price

Philip Bettbeze, for HealthLeaders Media, October 23, 2015



Reworking its process for getting physicians credentialed, insured, and approved to see patients was time-consuming, but it yielded a "gigantic payoff" for Dayton Children's Hospital.

Hiring physicians is difficult enough. But once you find them and bring them to their families to town, paying them while they can't see patients is a serious problem.

This is especially so when many of the physicians are specialists. When they can't see patients, they're a drag on revenues; they grow quickly dissatisfied, and it might eventually be tough to retain them.

The process of onboarding—getting hospital privileges, state licenses, background checks, malpractice insurance and payer credentialing, not to mention a host of other tasks that need to be completed before a new physician can begin seeing patients—can cost hospitals and health systems big money.

In a time where much of their business is being disrupted, for hospitals, any opportunity to shorten a process that dissatisfies while it siphons precious resources away from other important tasks can yield a big payoff.

Physician onboarding has become a key strategic priority for the senior leadership team at Dayton Children's Hospital, says Lisa Coffey, vice president of physician services at the Ohio-based organization. The physician onboarding process revision came as part of a revamp of the hospital's strategic plan, which is internally referred to as Destination 2020.

Among the strategic priorities are an extensive re-evaluation of the services the hospital should be offering, as well as physician integration, which includes improving access, meeting referring physician expectations, and partnering with physicians. All of those priorities were challenged in the old physician onboarding process, says Coffey, which meant that it was an area where the hospital wanted immediate focus. The revamp began in 2014.

### Many Stakeholders

One big problem with the onboarding process that can't easily be rectified is the huge number of stakeholders involved with the separate processes involved in getting the physicians to the point of being able to see patients, Coffey says. But while the number of processes can't easily be changed, they don't have to happen in succession. They can happen mostly simultaneously.

Another tactic is to educate all the stakeholders together so that each understands how critical their role is to that goal, and the ultimate goal: getting physicians ready to see patients more quickly. A single cog's role is not simply completing a bureaucratic task, in other words.

"Silos are alive and well in most organizations," says Tommy Tiller-Hewitt, CEO of Tiller-Hewitt Healthcare Strategies, who helped Coffey and Dayton Children's with the onboarding process redesign. "Everyone's juggling so much and they're trying to get their part done, but it's up to us to help them understand the critical opportunity to win big or lose huge if we don't do onboarding effectively."

In physician onboarding, any part of the process that's not done quickly is a barrier.

**TILLER+HEWITT™**  
HEALTHCARE STRATEGIES

## CASE STUDY | onboardPLUS® Improves Engagement, Productivity And Retention

**Challenge**

The need for pediatric subspecialists has never been more acute, and the supply is extremely limited. This is the environment in which Dayton Children's seeks to fulfill their mission that focuses on being the health care resource to all children of the Miami Valley regardless of their socioeconomic status.

Once physicians are recruited, there is a strong sense of urgency on their part, and the hospital, to ramp up into a productive and satisfying practice and to begin treating the 250,000 babies, children and adolescents seeking their care through visits every year.

Immigration barriers often needlessly delayed the full to their practice. The leadership of Dayton Children's had that — in addition to the negative impact on revenue, the process was measurably impacting physician and revenue production. There were also unacceptable high turnover and inefficient recruitment, which process and revenue impact.

Hospital and group practice departments who touch (ice President, Physician Services of Dayton Children's, set force to deconstruct the complex process of physician onboarding. Through the use of Lean techniques, they rebuilt it to be faster.

Leadership provided by Tiller-Hewitt established an integrated and rigorous onboarding and navigation. Through a rapid improvement event, conducted by their certified Lean Advisor, team in completing the identification and removal of barriers and redundancies.

onboarding program, critical to retention, was structured by Tiller-Hewitt under the direction of their a physician credentialed with both a master's degree in healthcare administration and professional (Dr. Rajana Shih, Dayton Children's Medical Director of Inpatient General Pediatrics, was Lead Mentor, ship and representation of the medical staff on the onboarding task force. She also ensured that new hire were matched for compatibility and shared commitment to program goals.

With onboardPLUS® and achieved measurable improvements within the first two years. Their astounding reduction in credentialing time from 322 to 84 days, acceleration in getting physicians working at full productivity rate, and reduction in turnover from 11.6% to 2.7%.

Metric	2013	2015
Days to Credential	322	84
Months to Full Productivity	16	4

Year	Turnover Rate
Baseline 2013	11.6%
FY 2015	2.7%

**PERSPECTIVES FROM NEW PHYSICIANS AT DAYTON CHILDREN'S**

"The onboarding staff was terrific. Highlights for me were meeting all key physicians in the hospital, rolling out a marketing plan, and accessibility of onboarding staff."

"Dayton Children's has the onboarding process figured out!"

"Orientation very organized, was able to get into the clinic quickly."

Find these and more at:  
[www.tillerhewitt.com](http://www.tillerhewitt.com)