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?

- Gratitude/relationships with patients: 27%
- Being very good at what I do/Finding answers, diagnoses: 24%
- Knowing that I'm making the world a better place: 23%
- Making good money at a job that I like: 13%
- Being proud of being a doctor: 6%
- Teaching: 4%
- Nothing: 2%

SOURCE: Medscape Physician Compensation Report 2018

A distant fourth!
FOCUS ON FIT IN SOURCING PROCESS

- **USE SEGMENTING TECHNOLOGY**
- **LASER-TARGET CANDIDATE RESEARCH**
- **CUSTOMIZE OUTREACH TO IDENTIFY “BEST FIT” CANDIDATES**
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

REACHING DIGITAL OMNIVORES

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

SOURCE: NEJM Career Center
over 95% of physicians prefer to receive information about job opportunities via email.

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

Source: MMS Job Opportunity Preferences
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
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.
CULTURE AND ENGAGEMENT

The Interview: Window to Your Culture

- Tailor the Interview Team to the Candidate
- Utilize Your Best Facility and Community Advocates
- Assign Topics & Ensure Consistent Message
- Explore the Candidate's Priorities and Motivations
CULTURE AND ENGAGEMENT

The Interview: Selling the Vision

1. Personalize and Strategize *Every* Interview
2. Involve the Spouse and Family
3. Community and Culture Should Match Physician’s Values
4. Share Your Vision and Community Impact
...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
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
How Long Does Your Provider Onboarding Last?

The majority of administrators mistakenly believe brief “orientation” is the same as “onboarding.”

The Majority Have an Onboarding Program

Do you have an onboarding program?
- Yes: 85%
- No: 15%

But Only One-Third Formally Structure the Program

Is there a formalized committee/task force?
- Yes: 33%
- No: 67%

Source: Cejka Search and AMGA Physician Retention Survey 2012
2017 VALUE & COMPENSATION SURVEY
N=163

Have an Onboarding Program

- NO 36%
- YES 64%

Onboarding Process Time

- 12 MO+ 9%
- 6-12 MO 12%
- 3-6 MO 14%
- UP TO 3 MO 31%
- 1 MONTH 14%
- 1 DAY/WEEK 20%

BEST PRACTICE
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 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
Thankfully.....

Onboarding function started by recruiters

- Keeper of needs assessment
- Resourceful
- Coordinate with key players
- Checklists for survival
Different at every organization
- Effects physician productivity
- Sets start date
** Starts provider frustration very early if not handled correctly
• **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!
**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
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
RESOURCES

Do your physicians help you “feel the deal” or torpedo a wonderful recruit?

Tanner (Tanner) for Sutter Health’s Hospitals February 20, 2010

EXECUTIVE HOSPITAL REVIEW

During a dynamic session with about 100 hospital leaders, we used an interactive poll to reveal key barriers to recruitment. Here are the highlights:

- Almost 65% report that they spend more time interviewing candidates than they do in their own roles.
- More than 90% reported finding quality candidates challenging.
- The majority of hospital leaders (78%) reported that they struggle to connect with potential candidates to provide a positive impression of their organization.

Current physicians are your best source of Physician candidates for new positions. And although you’ve found and marketed to your current physicians, it’s important to continue to reach out to your physicians for referrals and to connect with potential candidates who are interested in your hospital’s mission.

For instance, over 60% of the physicians surveyed said they were interested in being considered for a career at your hospital, but they were not aware of any open positions. This highlights the importance of promoting opportunities and fostering relationships with potential candidates.

Resources:

- [www.tillerhewitt.com](http://www.tillerhewitt.com)

Speed Up Physician Credentialing or Pay the Price

Pitt School of Medicine, November 23, 2016

Revamping its process for getting physicians credentialed, insured, and approved to see patients was time-consuming, but it yielded a “gigantic payoff” for Carnegie Health System. Making processes difficult enough, but you know you find that and let others focus on them, paying when they won’t now be a reason to re-examine.

These processes are key in many of the hospital’s operations. When they’re not seen patients, they’re in danger, and it may seem like too much to make it right.

The process of credentialing—getting physicians’ (and nurses’), specialty licenses, background checks, privileges in insurance and other credentials, and not to mention all the other processes such as new physicians on a long-term basis or new physicians and health systems. This is a complex process that requires a large amount of time and resources. As we now see a number of important trends can yield a huge benefit.

Physicians are becoming more involved in strategic planning for the hospital. Increasing the number of physicians on the new hires, extending the role of physicians, and improving physician compensation and partnering with physicians in the organization, can all play a role in the hiring process. Physicians need to be involved in the hiring process to help them understand the hospital’s strategic goals and objectives.

Physicians have an important role in the hiring process. They are the experts in their field and can provide valuable insights on the candidates and the hospital’s needs.

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