OCTOBER 2021

Getting Ahead of Physician Turnover in Medical Practices

PHYSICIAN RECRUITMENT, ENGAGEMENT, RETENTION AND SUCCESSION PLANNING SURVEY RESULTS

A physician workforce pushed like never before in 2020 is still feeling intense strain as the COVID-19 pandemic continues through 2021, and the effects in turnover can be severe for healthcare organizations still on the road to recovery.

The results of the *Physician Recruitment, Engagement, Retention and Succession Planning Survey*, commissioned by Jackson Physician Search in partnership with Medical Group Management Association (MGMA), point to a need for a healthy relationship between administrative leaders and physicians to strengthen their bonds within the organization to survive pandemic pressures, burnout and other evolving challenges.

Sustainable, high-quality care delivery requires the clinical commitment to excellence that physicians strive for each day, as well as the business savvy of healthcare administrators to ensure financial resilience in pursuit of those clinical goals. The current epidemic of physician turnover largely can be attributed to a growing chasm between these two sides of the equation, but the quantitative and qualitative research done earlier this year points to key areas in which clinical and administrative leaders in healthcare can share a common vision and foster long-lasting professional relationships in service of patients and the community.

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Introduction

Jackson Physician Search surveyed physicians and administrators to understand their unique views on physician issues. This survey sought to understand what efforts exist within healthcare organizations to influence better physician recruitment, engagement, retention and succession planning, and how the clinical and administrative sides perceive these efforts.

This survey follows an earlier Jackson Physician Search whitepaper, *On the Verge of a Physician Turnover Epidemic: Physician Retention Survey Results*.

Physician engagement and retention

- What is the current level of physician burnout?
- What is causing physician burnout?
- What is the current level of physician engagement?
- What is the current level of physician satisfaction with employers?
- What matters most in physician retention?
- What drives physician satisfaction with employers?

Succession planning

- What is the current approach to physician succession planning?
- What matters most in physician succession planning?

Physician recruitment

- How do physicians and administrators rate physician recruitment efforts?
- Where do organizations excel and/or struggle in physician recruitment?

The survey was fielded in June and July 2021. Physicians and healthcare administrators were invited to complete an approximately six-minute survey. Of more than 600 administrators and 220 physicians who participated, 430 administrators and 181 physicians completed the survey, respectively.

After qualitative interviews with several administrators and physicians, key themes emerged from the quantitative data and interviews:

- Physicians highly value two-way communication with management/administration.
- Administrators acknowledge high levels of burnout in physicians, but physicians often don't perceive enough being done to mitigate that burnout or engage them.
- Administrators vary their approaches to succession planning, from informal and infrequent talks with physicians all the way to structured strategic planning for the coming years.
- Programs to mentor younger physicians and contingency plans for sudden physician departures are less likely to be part of a practice's succession planning.

This whitepaper presents the full findings from hundreds of frontline healthcare leaders and clear takeaways about how administrators can work with physicians to build healthy working relationships that keep physicians engaged and communicative of their professional plans, allowing administrators to have proper time to implement effective succession plans that lead to recruiting the right physicians to sustain their practices for long-term success.

Physician engagement and retention

Defining "engagement" can be tricky for healthcare leaders — what matters to staff and clinical support team members can be drastically different from the practice's physicians.

Many physicians can spot what genuine efforts look like and appreciate the connection to patients and their clinical calling — and they aren't necessarily motivated by small trinkets or gifts.

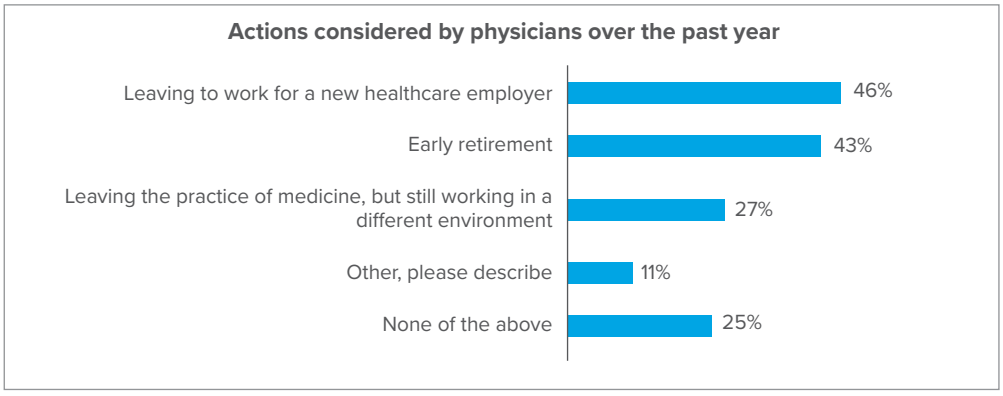
"Engagement is about feeling accepted by your team, feeling valued," one physician told us. "It has nothing to do with mugs and umbrellas."

The sense of being valued and expertise being respected frequently came up in physicians' responses to the survey. "It is important for me to be valued more and included in decision-making, as well as assured that I will be supported," one doctor noted. As one OB hospitalist we interviewed said of a job he recently left in California: "I'm not asking to be put on a pedestal, but our input was disregarded."

As these feelings of moral injury and loss of job satisfaction set in, they set the stage for a worsening of the physician burnout crisis in U.S. healthcare.

What is the current level of physician burnout?

Over the past year, nearly half of physicians considered leaving to work for a new healthcare employer, and almost as many considered early retirement.



Physicians answering "Other" noted a variety of plans for exiting their current organization, including:

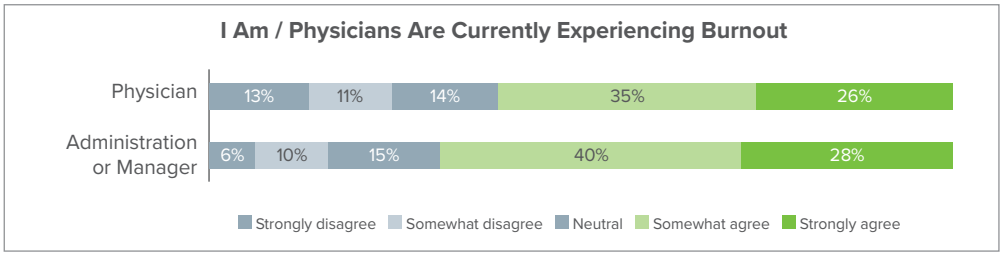
- Setting up a private practice, with a goal to retire by a certain age
- Getting into real estate investment
- Working less by moving to part-time work
- Working locum tenens.

A wide range of responses from physicians point to varying degrees of satisfaction with their current organization:

- **Lack of communication/collaboration with management/administration.** Several physicians felt as though administration undermined their clinical efforts and that "communication is one way" — toward them. "I have no say in anything; my feedback goes nowhere," one physician said.
- **Sense of losing influence or ability.** Many physicians said they feel their opportunities to influence patient care have diminished. Losing the ability to set or be involved in scheduling was a frequent complaint.
- **Increasing burdens and sense of being "micromanaged."** Several physicians noted they care deeply about quality patient care but were overwhelmed by decreased levels of support staff or no new resources to achieve new quality improvement goals ("more ridiculous hurdles to achieve bonus"). As one physician noted, "there are always more things for me to do in the same amount of time and not less." Many physicians also expressed concern about increased paperwork and administrative burden that interferes with either time traditionally spent on clinical care or time away from work.
- **Loss of meaning or purpose.** Many physicians voiced frustration that they felt that changes in their work were "not meaningfully contributing to the health of the patients and community." One physician said their organization lost "interest in doing the right thing for patients and community."
- **Fears of instability and insecurity.** Often this concern was paired with frustrations about lower or stagnant levels of compensation ("more instability and less money," as one respondent said). As another physician noted, they felt "we don't have a sustainable business model."
- **Concern with overwork and/or poor scheduling.** Several physicians pointed specifically to increasing levels of forced call responsibilities, often occurring after already working lengthy workweeks as support staff and coverage from other physicians diminished.
- **Lack of recognition or acknowledgment.** Several physicians expressed dismay at not receiving recognition for their efforts or contributions to the organization. These sentiments often were paired with frustrations about administration not hearing concerns or "disregarding my feedback."

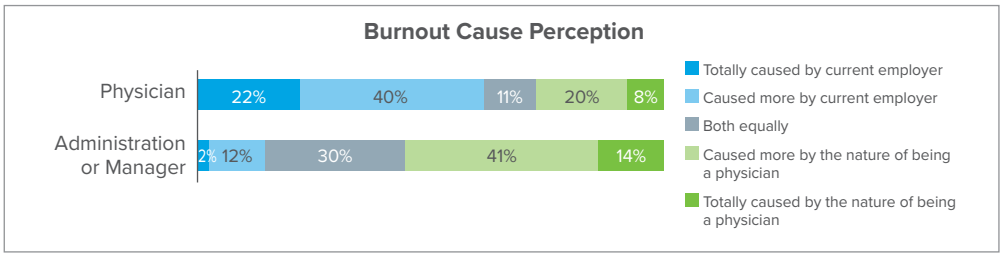
These factors reveal a recurring theme that physicians feel they have lost something in their work lives, and it points to a significant amount of physician burnout that can fuel physician retirements. **As one physician told us, "As soon as I can afford to leave medicine, I will."** Recognizing physician burnout as a primary driver of dissatisfaction with an organization and motivator for possibly leaving a practice is a key part of understanding where physician engagement and retention efforts go astray.

To that end, administrators and managers in the June and July 2021 survey had similar perceptions of the current levels of burnout compared to physicians. In fact, a bigger share of administrators (68%) somewhat or strongly agreed that physicians are experiencing burnout than the share of physicians (61%) surveyed.

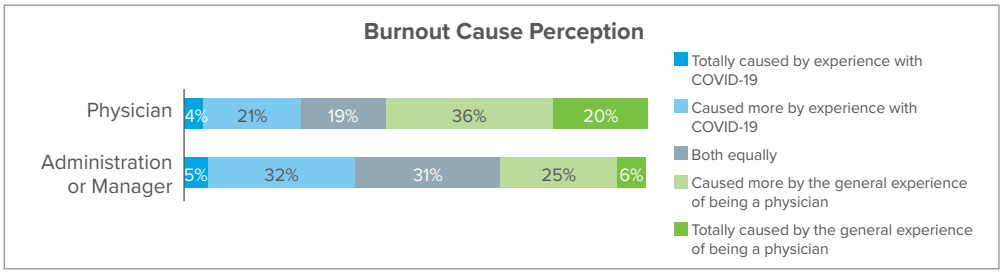


What is causing physician burnout?

Where healthcare administrators and physicians don't see eye to eye regarding burnout is where the root causes lie. Most physicians attribute burnout to their current employer/practice, whereas administrators are more likely to attribute burnout to the nature of being a physician.



While the COVID-19 pandemic certainly exacerbated the stresses that can lead to burnout, administrators generally viewed the pandemic as playing a bigger role in causing physician burnout than physicians surveyed.

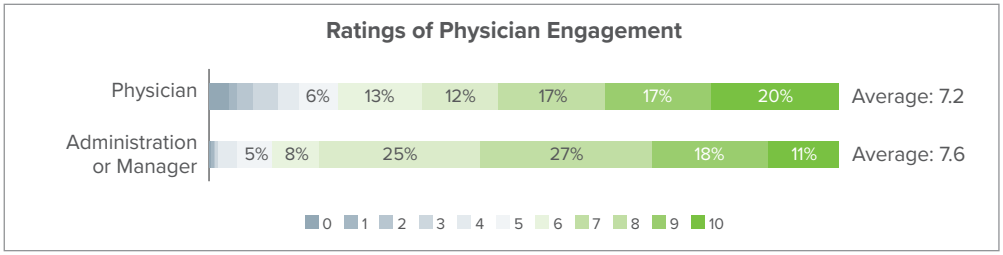


As one physician surveyed put it, **"burnout stems from physicians operating in dysfunctional systems. The remedy is addressing flawed workflows and processes, reprieve and time for a life outside work. Burnout is costly to organizations, yet physicians are treated as a disposable commodity."**

What is the current level of physician engagement?

Outside the concern with physician burnout, several administrators who were part of the research had difficulty defining or describing ongoing physician engagement efforts. While there was near-universal responses regarding practices having some type of formal onboarding program for physicians joining the organization, structured efforts beyond those initial weeks and months of job shadowing, compliance training and other onboarding activities were not common.

Physicians and administrators generally had similar average ratings of physician engagement, but physicians were much more likely to rate their own engagement as a 5 or lower on a scale of 0 to 10.



Stemming the epidemic of physician burnout is not something that money alone can solve — though some have tried. In most cases, administrators surveyed said they've sought to ensure physicians get more time off and use it, as well as shifting their burdens to other care team members, either by hiring more physicians, bringing in help for coverage or ensuring other providers are working at top of licensure to free physicians to focus on patient care.

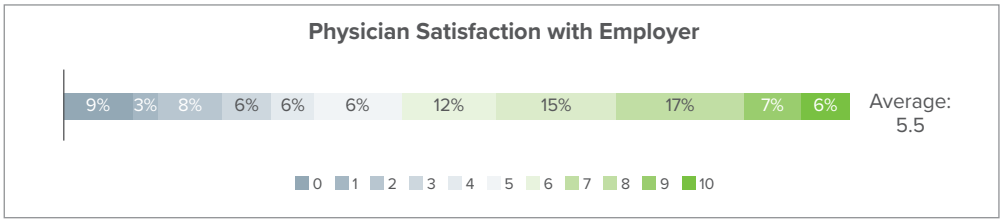
10 key areas to address burnout, according to administrators:

1. **Lowering administrative burdens.** Optimizing EHRs, improving ease of charting, and using nurse practitioners (NPs) and physician assistants (PAs) to help with doctors' electronic in-baskets take away a significant amount of digital paperwork. Other efforts to ensure faster resolution of small operational issues are also cited as ways to allow physicians to focus on patient care and not feel bogged down by issues that should be handled by administrative leaders. Some administrators also pointed to trying to limit the number of meetings physicians must attend.
2. **More communication.** This may seem in conflict with the move to limit how much time physicians spend in meetings, but to address any other areas of physician concern, administrators must first understand what those concerns are. Emphasizing that administrative leaders are listening to physicians' concerns is vital. "People who feel alone don't do as well as people who feel part of a valued team," one administrator said.

3. **More autonomy/improved dyad leadership.** More control over their work lives benefits physicians' sense of purpose and can minimize feelings of moral injury that contribute to burnout. The boost in communication between physicians and administrative leaders mentioned earlier can be the first step to improved dyad leadership that leads to overall improvement of issues affecting the entire organization.
4. **Better clinical support.** Finding ways in which care teams can improve their performance to lighten the burden on physicians include:
   - Use of scribes
   - Hiring more PAs or NPs
   - Ensuring advanced practice providers (APPs) and other staff are working at top of licensure.
5. **Flexible/updated work schedules.** For some practices, the four-day work schedule is now the new standard to ensure physicians take more time off. Others report either reducing physicians' call responsibilities or ensuring they get a day off after call. The COVID-19 pandemic's expansion of telehealth also allowed many practices to offer work-from-home days to some doctors to only handle telehealth visits. Additionally, many administrators pointed to creating part-time positions for physicians who no longer wanted a full schedule but were not ready to retire or leave the profession.
6. **More paid time off.** Some administrators added new opportunities for vacations, sabbaticals or other time away from the practice without adapting overall work schedules in terms of call coverage and days in a standard work week.
7. **Dedicated wellness/training/counseling resources.** In addition to wellness committees to plan and manage organized efforts to address physician work-life balance, administrators pushed to get more mental health resources, peer-to-peer counseling and life coaching. Other efforts include training in time management.
8. **Improving patient scheduling.** Physicians' sense of lost influence over clinical matters extends to which types of patient visits are seen and when.
9. **Hiring more physicians.** The feelings of overwork contributing to burnout can be addressed by bringing in another doctor to ensure patient panel size is manageable.
10. **Boosting compensation.** The old saying tells us money doesn't necessarily buy happiness, but for physicians who closely track their productivity and contributions to the organization, a boost in take-home pay can serve as acknowledgment of their hard work.

What is the current level of physician satisfaction with employers?

Physicians reported a wide range of satisfaction levels with their current employer, averaging a 5.5 on a scale of 10.

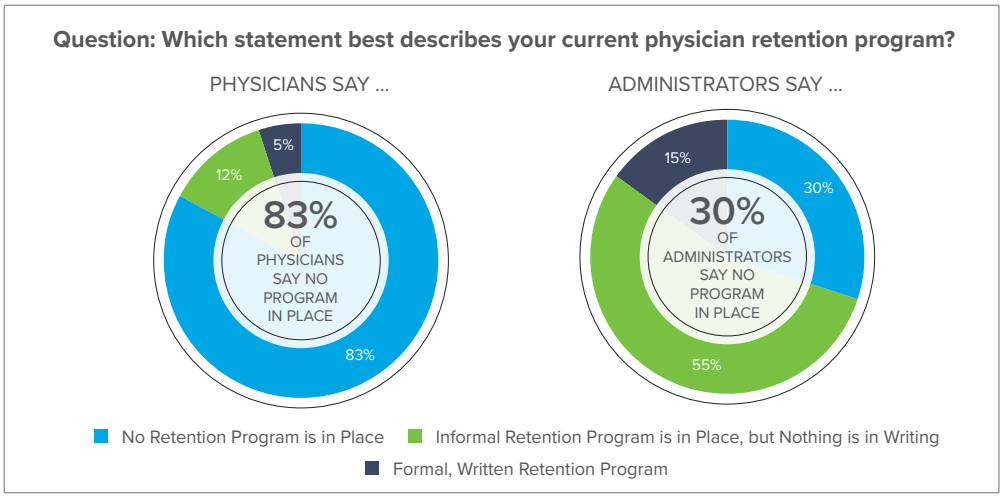


When it comes to what keeps physicians at their current job, there were several responses about the stability of a strong base salary; the inability to leave due to non-compete clauses in a contract; the possibility of having to move their family or start partnership track over elsewhere; or the need to continue providing for their families' health insurance or saving up for retirement. However, a significant number of responses from physicians pointed to nonmonetary reasons for why they stay:

- "Sense of worth" / "Sense of responsibility" / "Sense of duty and calling"
- "Devotion to my patients and my colleagues" / "Service to my colleagues and patients"
- "Love the work"
- "Patients need me" / "Feeling I'm growing and making a difference in my patients' lives"
- "This is what I'm trained for."

What matters most in physician retention?

There is a clear gap between administrators' awareness of physician retention programs and physicians' awareness. Administrators are far more likely to note they have an informal program in place with nothing in writing; however, physicians are much more likely to perceive there being no program in place.



Typical responses from physicians about their perceptions of retention/engagement programs included:

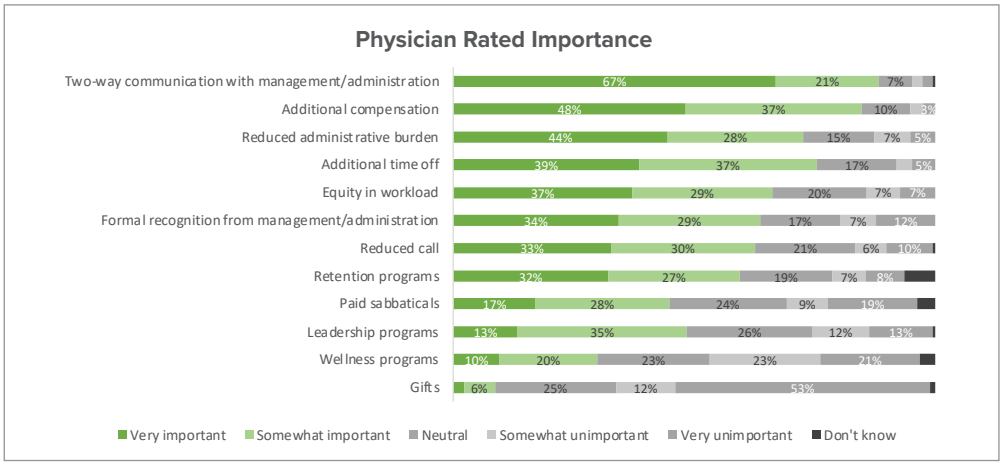
- "Not sure. There's no clear implementation of their vision."
- "Other than that, they pay a nominal amount annually for retention, I have little information on what they might do."
- "Administration puts out surveys and asks questions and then does what they want without regard to the input."
- "Don't know much about it, but people are meeting and discussing burnout/retention."
- "It is complete bulls—t."

However, some physicians noted some encouraging efforts they did notice, including:

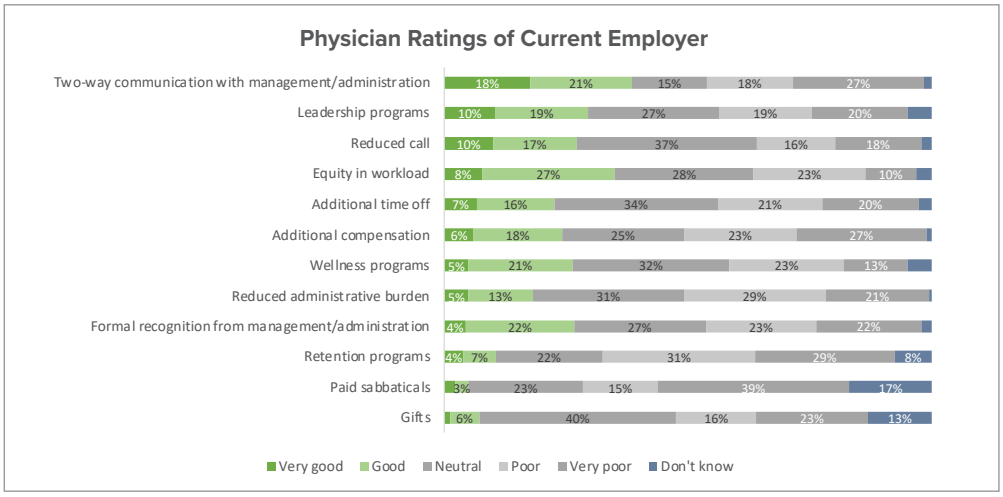
- Family assistance (e.g., housing assistance, trailing spouse initiatives)
- A white-glove onboarding program
- Physician experience initiatives
- Incentives for clinical and nonclinical productivity
- Tuition assistance

What drives physician satisfaction with employers?

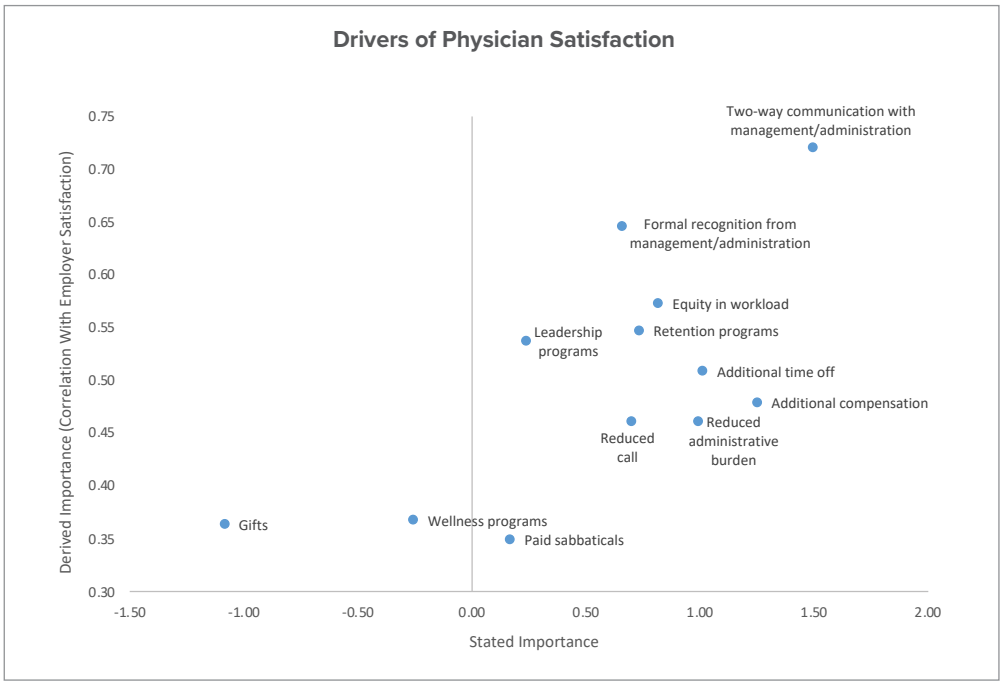
Physicians said two-way communication with management and administrators was the most important factor in keeping them satisfied in their current position.



However, physicians were more likely to rate their current employer as “poor” than “good” on most factors.



Taken as a whole, two-way communication with — and formal recognition from — management and administrators were most correlated with physician satisfaction, whereas offerings such as gifts and wellness programs rated much lower.

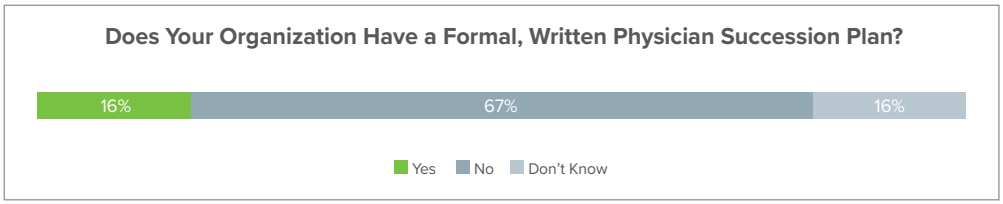


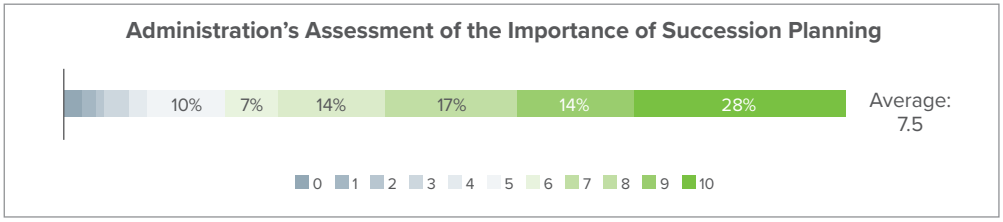
Succession planning

Most successful business decisions begin by recognizing threats and opportunities, and the COVID-19 pandemic exposed many for healthcare organizations. At Jackson Physician Search, we've seen rapid and sustained increase in the number of physicians actively looking for new jobs.

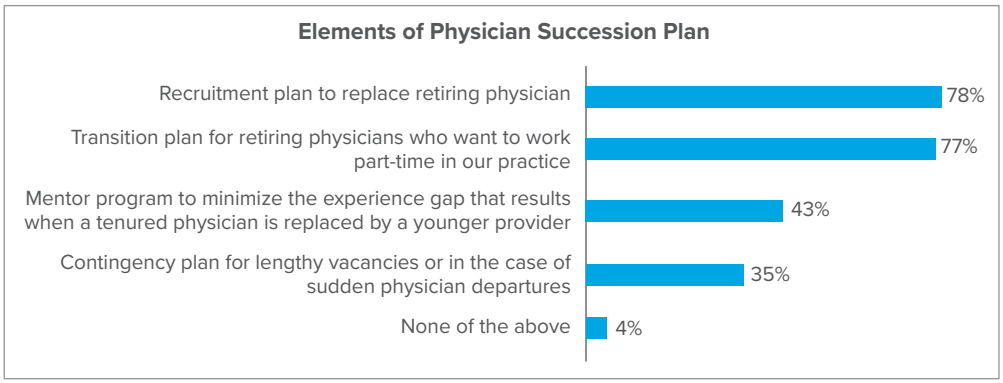
What is the current approach to physician succession planning?

While administrators recognize the importance of physician succession planning to their organization, most administrators said their organization does not have a formal plan.

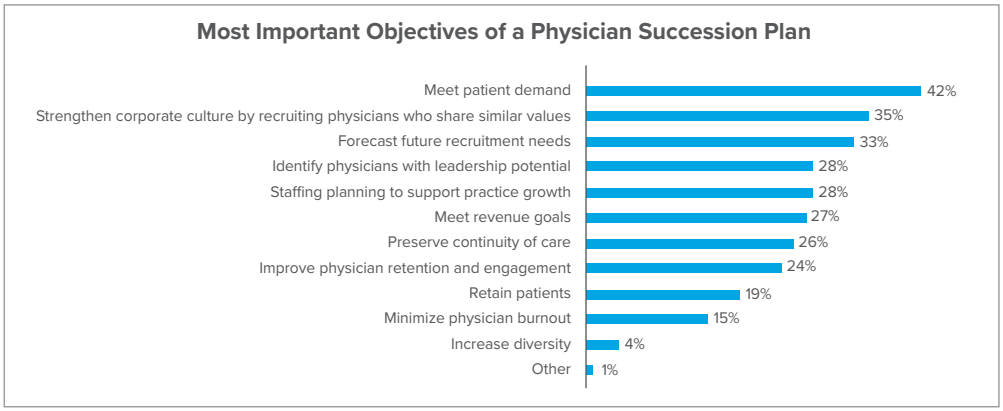




For those who do have a plan in place, succession plans focused on recruitment to replace retiring physicians and transitioning others to part-time roles.



Though succession plans are crafted to meet diverse goals, administrators report commonly focusing on meeting patient demand, strengthening culture and forecasting future recruitment needs.



These findings point to an often-underrepresented rationale for physician hiring: Administrators sometimes don't view investing in a new physician as an investment against burning out your physician workforce.

Successful recruiting starts with succession planning

Many administrative leaders interviewed for this research said that assessing the physician workforce for potential departures — via retirement or otherwise — is done at least once a year during strategic retreats or board meetings. In some cases, this entails a formal exercise of doing a SWOT (strengths, weaknesses, opportunities, threats) analysis of the organization overall, by business unit or specialty.

Steven Fiore, MBA, FACMPE, chief executive officer, Orthopaedic Specialty Group PC, Fairfield, Conn., created a manpower committee a few years ago, which includes himself and physician leaders, to create a strategic plan.

Fiore also noted that this type of planning is needed to understand the two key types of recruiting that will be done once a need is identified: Recruiting for replacement and recruiting for growth. "You've got to have both concepts addressed," Fiore said. On one hand, the group is anticipating the need to replace aging surgeons — "it's not about forcing somebody out," he said, "it's about anticipating" — but also to bring in specialists such as physiatrists to help with non-operative back pain and joint surgeons to meet the needs of the aging Baby Boom generation.

This proactive approach is necessary given the economic realities of recruiting certain high-demand specialists, such as foot-and-ankle surgeons. "It takes a year and a half to two years for a surgeon to reach the right side of economic viability," Fiore said, "and it takes them five years to be in a self-sustaining mode" due to the episodic nature of orthopedic surgery. "We have about a five- or six-year plan of what we want to bring in every year," Fiore added.

What matters most in physician succession planning?

Succession planning is a critical aspect of healthcare management. As noted by Rebekah Phillips, RN, BSN, MBA, FACMPE, in ***MGMA Connection magazine***, "for long-term practice success, there needs to be a good plan for senior leaders, both clinical and non-clinical, who will someday leave the practice."

Every practice regardless of size, needs a succession plan for the health of the organization. A 2018 survey of MGMA members found that 58% of practices do not have a succession plan and that 71% do not feel adequately prepared for the abrupt departure of a key team member.

Types of succession plans

A practice needs two types of succession plans: an emergency plan and a long-term plan. The emergency succession plan looks for a person who could take charge for a short time while a long-term permanent replacement is hired and trained. The short-term plan could also include multiple people dividing up the tasks until a replacement is found and trained. It is important to have an emergency plan in case a leader is out unexpectedly due to health reasons, retiring early or is fired. A disaster can't be predicted, but with proper planning a practice can be prepared to move forward.

The long-term plan involves having a person on staff who is qualified and has sufficient experience to fill the role — for example, having a physician vice president stepping into the physician president role. This plan involves hiring the right people and training and developing them into future leaders. It also includes reorganizing and dividing up job tasks among more than one person.

When looking for a replacement for a non-shareholder practicing provider, the practice must look externally for a candidate. The practicing provider role involves direct patient care, and the qualifications are mandated by the state government. For these positions, it is a good idea to have connections with local schools and hospitals and look to hire new graduates. Networking plays a key part in finding the right people as well. Providers may know of new providers coming up through the ranks who would be a good fit for the practice. In the short term, a practice can hire locum tenens providers to fill the immediate need for patient care. When hiring a clinician, the board should be looking for the next executive clinical leader. If it is feasible for the practice to have overlap with the clinical providers, it would be beneficial due to the need for training a new provider. On the other hand, it may not be feasible due to space constraints and lack of support staff.

Steps to create a succession plan

Creating an effective succession plan requires thoughtfulness about the vision and mission of the organization. The practice needs clear mission and vision statements and to understand how they complement the practice's strategic plan. There are key steps for developing an effective and useful succession plan:

1. **Involve shareholders.** By engaging the board of directors in setting the criteria and refreshing them each year, you create buy-in and alignment among those selecting new leaders. Practice leaders will decide the skills, education, qualities and experience needed for each key role, which includes defining the type of leader needed. The administrator will ensure that the plan is reviewed on an annual basis, at minimum, with a standing board agenda item for succession planning discussion. Changes should be made as needed throughout the year.
2. **Consider employees.** A physician could have a career track of being a shareholder and being voted to the board of directors, then have a chance to become an executive member of the board. Each employee needs to be looked at with a critical eye to see if he or she has the required qualities and experience. The practice needs to be careful at this stage to avoid favoring one employee, but rather keep in mind the criteria needed for that leadership role. If there is no internal candidate who would fit the role, practice leaders need to determine how and when they will start recruiting for a replacement.
3. **Provide the right training and mentorship.** Any person who takes the new role will need to be trained. An internal candidate will need time to adapt to his or her new role and learn new tasks while still doing the current role until a replacement is found. Even the most experienced external candidate will need to learn the culture and ways of the new organization. The new leader needs to have support from others, have mentors in place and receive feedback.

Case study: Succession planning

Annual discussion among providers and the practice administrator about succession planning has value. The discussion needs to focus on the question of how long the provider plans to continue patient care. The subsequent dialogue helps shareholders, the practice administrator and non-partner physicians to understand the potential needs for provider staffing in the future. The practice also needs a strategy in the event of departure of key non-provider staff.

A midsize private practice had the senior partner and company president leave unexpectedly due to health reasons. Fortunately, the practice had an informal succession plan for providers who may leave or retire from practice. The plan is reviewed annually at the company retreat.

The practice had prepared for the senior partner to retire in the next two to four years. The successor had been informally selected and was being trained for the presidential role. The practice was not prepared for the abrupt departure, but it was able to overcome this challenge by having a plan.

At the next board meeting, the executive board voted for the vice president to assume the long-term role of president. This helped to fill the void of the position from an administrative standpoint. Although there was still a patient care provider position to fill, in the short term, patients were seen by other providers in the practice as needed until a new physician could be hired and trained.

The current succession plan does not include key non-clinical staff members. At the annual retreat, the board always asks the practice administrator how long he/she plans to continue to work, but other management roles are not addressed. The practice also lost its accounting manager within three months of the senior partner's departure, due to unanticipated retirement. With no set plan to fill the role, the practice administrator stepped in to learn the job duties and complete the tasks in the interim. Fortunately, there was an internal candidate who had the experience, skills and desire to step up and learn the job as well. This person took over the role, allowing the practice administrator to go back to her normal duties. This "gap" and lack of planning of all key positions left a void that had to be filled. Not having a succession plan for this role affected staff morale, some job duties were pushed aside or put on the back burner in the interim and stress levels increased among those doing multiple jobs.

As a result, the practice chose to create a succession plan for all key management positions with at least an annual review of the plan. The practice administrator is always looking for new leaders in the organization and discussing candidates with the board of directors. The practice administrator then adds succession management for all key administrative staff to the next annual retreat. Discussion at the annual retreat is expanded to include all positions and a clear leadership track, followed by the executive team creating a plan to formally develop potential leaders in the organization.

To avoid a bad business decision, practices without a plan should create one immediately and maintain it annually. If a practice has created a plan in the past but has not updated it, it needs to review this plan and update it immediately. Not being adequately prepared for the departure of key team members can be detrimental to the overall health of the organization.

Physician leader succession planning

Succession planning for those in leadership roles in the organization carries even more importance, but the need for a process to plan for these transitions remains the same. Here are 10 steps for developing a leadership succession plan, which includes your clinical/physician leaders:

1. Determine key leadership positions
2. Create a small team from different departments to review each leadership position. Then assess job descriptions, and key job functions and responsibilities for each position
3. Ask the individuals who currently hold each position to work closely with the team
4. Identify key steps and action items for your plan. Be specific, outlining tasks, dates and resources
5. Link your strategic plan and business objectives to each position
6. Identify internal candidates for each position
7. Evaluate the candidates' capabilities and help them develop new skills to meet any gaps
8. Develop a transition timeline
9. Document progress
10. Evaluate effectiveness.

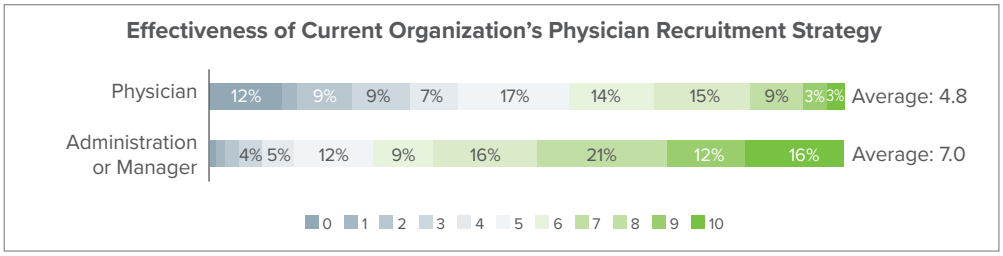
Physician recruitment

Not all physician recruitment is born out of burnout or unexpected retirements; bringing in new physicians generally is a positive sign that a practice has a need to continue serving patients well into the future.

But effective physician recruitment efforts need to marry a physician candidate's needs to what administrative and clinical leaders look for in a candidate — and our survey reveals some variance in how physicians and administrators view these efforts.

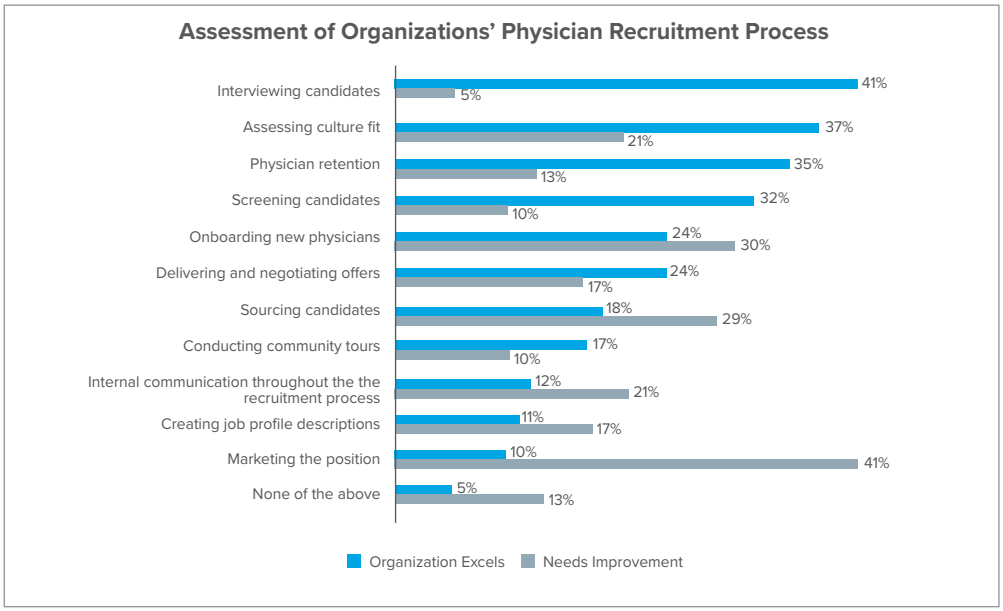
How do physicians and administrators rate physician recruitment efforts?

Administrators rated their organization's physician recruitment strategy much higher than physicians.



Where do organizations excel and/or struggle in physician recruitment?

Administrators thought their organizations excelled primarily at interviewing and screening candidates and assessing their cultural fit in the organization, but they noted that they needed improvement in marketing physician positions, sourcing candidates and onboarding new hires.



Summary

There's already awareness on the part of healthcare administrators that physicians are under tremendous strain, as part of the nature of being a doctor and the unique stresses placed upon medical professionals during the COVID-19 pandemic. Efforts to address glaring issues within healthcare organizations that lead to physician turnover are encouraging, but the voices of physicians point to more needing to be done.

Making efforts to listen to those voices and understand the depth of frustration and concern among the most highly educated clinical team members can pay untold dividends when it comes to physician retention: Fewer unsatisfied physicians will improve tenure and potentially foster an organizational culture in which doctors can be active participants in succession planning and contribute to effective transition plans. The potential for limiting disruption to patient schedules and overall organizational culture rests within taking the time to boost physician engagement and be the kind of practice doctors don't want to leave until the end of their career.

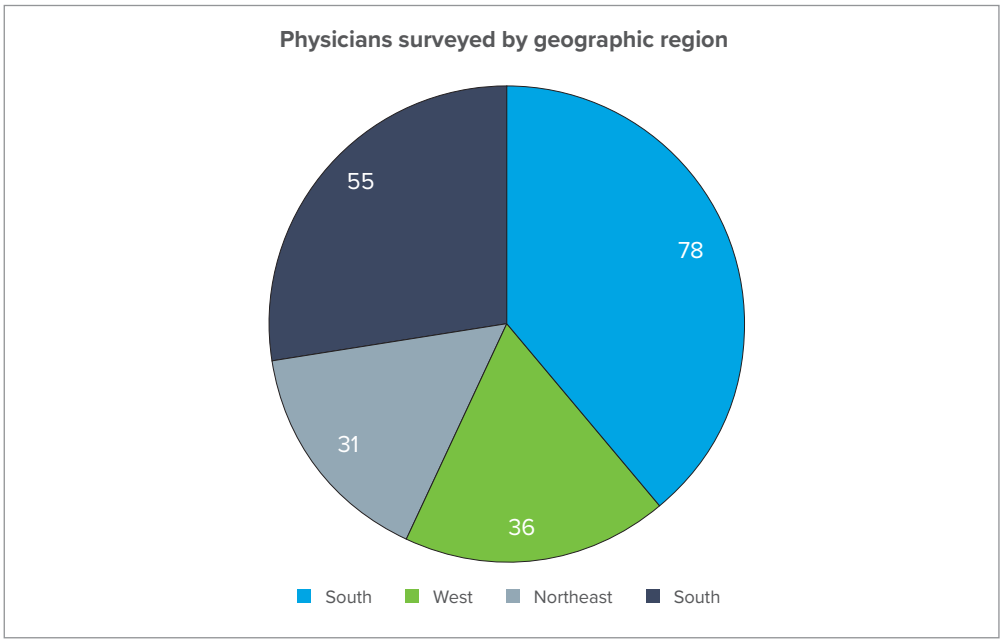
Jackson Physician Search is an established industry leader in physician recruitment and pioneered the recruitment methodologies standard in the industry today. The firm specializes in the permanent recruitment of physicians, physician leaders and advanced practice providers for hospitals, health systems, academic medical centers and medical groups across the United States. Headquartered in Alpharetta, Ga., the company is recognized for its track record of results built on client trust and transparency of processes and fees. Jackson Physician Search is part of the Jackson Healthcare® family of companies. **For more information, visit www.jacksonphysiciansearch.com**.

Survey methodology

The survey was conducted in June and July 2021 by Corona Insights. Physicians and healthcare administrators from Medical Group Management Association's database were invited to participate in the survey via an email reminder and two subsequent reminders. Participating respondents were incentivized with access to the resulting whitepaper.

In total, 608 administrators and 220 physicians participated in the survey, yielding 430 administrators and 181 physicians who completed the survey, respectively. The survey took about six minutes to complete for each participant.

Physician respondent demographics



2021 MGMA Physician Retention and Engagement Survey

Practice information

1. **What type of organization do you work for?** *
   a. Medical Group Practice
   b. Hospital
   c. University Hospital
   d. Integrated Health System (IHS) or Integrated Delivery System (IDS)
   e. Management Services Organization (MSO)
   f. Physician Practice Management Company (PPMC)
   g. Independent Practice Association (IPA)
   h. Health Maintenance Organization (HMO)
   i. Freestanding Ambulatory Surgery Center (ASC)
   j. Physician Hospital Organization (PHO)
   k. Medical School Administration (University level)
   l. Medical School Faculty Practice Plan
   m. Medical School Clinical Science Department (Department level)
   n. Medical School (School of Medicine level)
   o. Consulting Firm
   p. Recruitment Services Firm
   q. Other

2. **Who is your practice's majority owner?** *
   a. Physicians
   b. Advanced Practice Providers
   c. Hospital
   d. Integrated Health System (IHS) or Integrated Delivery System (IDS)
   e. Management Services Organization (MSO)
   f. Physician Practice Management Company (PPMC)
   g. Insurance Company or Health Maintenance Organization (HMO)
   h. University or Medical School
   i. Government
   j. Private Investor(s)
   k. Telehealth

3. **What is your practice's specialty?** *
   a. Multispecialty with primary and specialty care
   b. Multispecialty with primary care only
   c. Multispecialty with specialty care only
   d. Single specialty

4. What is your practice's single specialty? *

- Allergy/Immunology
- Anesthesiology
- Anesthesiology: Pain Management
- Anesthesiology: Pain Management Only
- Audiology
- Bariatrics (Nonsurgical)
- Cardiology
- Critical Care: Intensivist
- Dentistry
- Dermatology
- Dermatology: Mohs Surgery
- Emergency Medicine
- Endocrinology/Metabolism
- Family Medicine
- Gastroenterology
- Genetics
- Geriatrics
- Hematology/Oncology
- Hospice
- Hospital Medicine
- Hyperbaric Medicine/Wound Care
- Infectious Disease
- Internal Medicine
- Neonatal Medicine
- Nephrology
- Neurology
- Obesity Medicine
- OB/GYN
- OB/GYN: Gynecological Oncology
- OB/GYN: Maternal and Fetal Medicine
- OB/GYN: Reproductive Endocrinology
- Occupational Medicine
- Ophthalmology
- Ophthalmology: Corneal and Refractive Surgery
- Ophthalmology: Retina
- Orthopedics (Nonsurgical)
- Orthopedic Surgery
- Otorhinolaryngology
- Palliative Care
- Pathology
- Pediatrics
- Pediatrics: Allergy/Immunology
- Pediatrics: Cardiology
- Pediatrics: Child Development
- Pediatrics: Clinical and Lab Immunology
- Pediatrics: Critical Care/Intensivist
- Pediatrics: Emergency Medicine
- Pediatrics: Endocrinology
- Pediatrics: Gastroenterology
- Pediatrics: Genetics
- Pediatrics: Hematology/Oncology
- Pediatrics: Hospitalist
- Pediatrics: Infectious Disease
- Pediatrics: Nephrology
- Pediatrics: Neurology
- Pediatrics: Pulmonology
- Pediatrics: Rheumatology
- Pediatrics: Sports Medicine
- Physiatry
- Physical Therapy
- Podiatry
- Podiatry: Surgery
- Psychiatry
- Pulmonary Medicine
- Radiation Oncology
- Radiology
- Radiology: Nuclear Medicine
- Rheumatology
- Sleep Medicine
- Surgery: Bariatric
- Surgery: Breast
- Surgery: Cardiovascular
- Surgery: Colon and Rectal
- Surgery: General
- Surgery: Neurological
- Surgery: Oncology
- Surgery: Oral
- Pediatrics: Surgery
- Surgery: Plastic and Reconstruction
- Surgery: Thoracic
- Surgery: Transplant
- Surgery: Trauma
- Surgery: Vascular
- Urgent Care
- Urology

5. **How many full-time equivalent (FTE) physicians are in your practice?** *
   a. 1-14
   b. 15-50
   c. 51-100
   d. More than 100
   e. Not applicable

6. **Where is your organization located?** *

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Dubai
- Guam

Physician section

7. **Does your organization currently have a formal physician retention/engagement program?**
   a. Yes
   b. No
   c. Unsure
   d. N/A

8. ***(If yes to #7)* Please provide a brief description of the program.**

9. ***(If yes to #7)* How would you rate the program's effectiveness in retaining and engaging physicians?**
   a. Not at all effective
   b. Slightly effective
   c. Somewhat effective
   d. Very effective
   e. Extremely effective

10. **How would you describe your level of engagement with your work?**

11. **What is the number one factor that keeps you at your job?**

12. **What would make you leave your job?**

Administrator section

13. **Does your organization currently have a formal physician retention/engagement program?**
    a. Yes
    b. No
    c. Unsure
    d. N/A

14. ***(If yes to #13)*** **Please provide a brief description of the program.**

15. ***(If yes to #13)*** **How would you rate the program's effectiveness in retaining and engaging physicians?**
    a. Not at all effective
    b. Slightly effective
    c. Somewhat effective
    d. Very effective
    e. Extremely effective

16. ***(If no to #13)*** **Is your organization considering offering this type of program?**
    a. Yes
    b. No
    c. Unsure
    d. N/A

17. **How would you describe your physicians' level of engagement with their work?**

18. **What is the number one factor that keeps you at your job?**

19. **What would make you leave your job?**

20. **Do you have any additional comments to share?**