

## Physician Staffing: Don't Get Caught Short

*What You Don't Know Can Hurt, but Information Can Be a Powerful Remedy*

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Gauging physician supply in a health system and its community is never straightforward. But for hospitals and health systems trying to ensure they don't get caught short, it's important to look well beyond the numbers to determine the local dynamics of supply and demand.

Consider, for example, a hospital that has two neurosurgeons on staff who fill most of the operating room schedule with their patients' procedures. The CEO presumes that the surgeons meet the regional demand for services. In fact, that's not the case. One neurosurgeon

plans to relocate, and has been reducing her volume as she explores practice opportunities. This crisis in the making comes to light only when, after a hospital committee meeting, two medical staff members report that they refer patients to other communities because the neurosurgeon isn't taking patients.

In a similar scenario, because a large pediatrics clinic appears to be handling the community's needs for services, and families haven't complained about their ability to schedule appointments, the local hospital presumes all is well. In fact, three of the group's eight pediatricians are fast approaching retirement. Without that knowledge and a planning strategy, and given the national shortage of pediatricians, the community will likely be undersupplied within two years because the group has been too busy to recruit.

Both situations described above exemplify a perhaps little-known industry adage: In medical staff relations, what you don't know can hurt you. Even before health reform

began to affect health care delivery, hospitals struggled with ensuring sufficient numbers of the right physicians. The growing shortage in many physician specialties, particularly in primary care, is already impeding care access in many communities. This reality, in concert with the higher expected patient volumes as the Affordable Care Act increases the number of insured, understandably concerns healthcare executives.

But there's a potential antidote. Organizations that perform a comprehensive medical-staff assessment can identify their strengths, and their actual or impending shortfalls, and then can act on the information to plan strategic, prioritized recruiting to make needed additions to the medical staff. In the case of the pediatrics clinic, for example, the local hospital stepped up to provide recruiting, relocation assistance, and an income guarantee for incoming pediatricians. In the case of the neurosurgeons, the hospital addressed the issue with recruitment and employment of an additional neurosurgeon.

## Quantitative and Qualitative Data Paint the Picture

Medical staff assessment involves much more than tallying the full-time equivalent (FTE) physicians in each specialty and determining whether they're accepting new patients. It entails uncovering and understanding the nuances of supply and demand in the marketplace. For example, if a community has a large cardiac services clinic with four cardiologists, but there's a perception by potential referring physicians that it's poorly run and doesn't offer comprehensive services, other physicians will likely refer their patients elsewhere. Similarly, if there are two local psychiatrists, but one has a poor "bedside" manner, for practical purposes, there's only one psychiatrist.

Those are the kinds of findings that a thorough physician needs assessment might yield. This assessment, generally including analysis of medical staff data and an in-person survey with key medical staff leadership across specialties, would look at the following:

**-Physician numbers and ages, by specialty:** In any given specialty, how many are actually serving patients in the service area and, more specifically, providing needed

specialty care for hospital patients? Are they truly practicing full time and taking referrals? How many of the local medical staff members (and physicians in referring practices) are five, 10 or 20 years from retirement? That helps identify where succession planning is needed, and where it might be urgent or even emergent.

**—Physician perceptions:** What is the availability of physicians on the medical staff, as perceived by themselves and/or their colleagues? Can patients get timely care in the practice and the marketplace? A survey can reveal there is a three-month wait to see a neurologist—so physicians are referring to a practice outside the service area. To assess physician supply, the medical staff roster is a good place to start, supplemented by a physician survey. These approaches should be supplemented by qualitative information—interviews with executive leaders and the physician survey data. This "marriage" of quantitative analysis—demand and supply modeling, and qualitative survey research provides actionable information that is organized into key findings and recommendations for each physician specialty of importance.

Ultimately, by using an approach

that incorporates quantitative and qualitative information, hospitals can better protect themselves from physician staffing shortages that can have a dramatic impact on patients and overall operations.

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