CompHealth Quarterly

Q2 – 2017

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Since founding the nation's first locum tenens company in 1979, CompHealth has grown into one of America's largest healthcare staffing firms. Our more than 700 recruiters and consultants are expertly trained to provide temporary and permanent staffing of physicians, nurse practitioners, physician assistants, therapists, medical lab professionals, and other healthcare positions in hospitals, private practice groups, and government facilities across the country.

The 2017 Medscape Physician Compensation Report analyzes earnings and satisfaction.

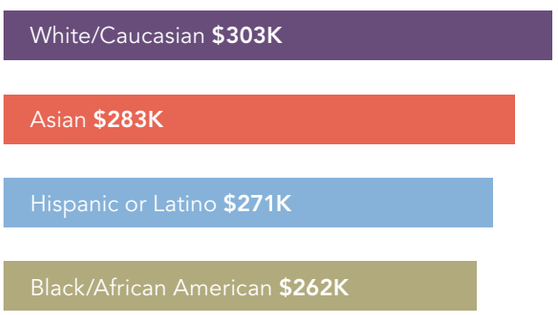
More than 19,200 physicians in more than 27 specialties responded to this year's Medscape compensation survey.[1] Question topics ranged from overall physician incomes to the compensation gap between men and women. But not everything was about finances: Medscape also got to the heart of what makes physicians feel fulfilled through questions about time spent with patients, paperwork and administration, and what physicians find rewarding about their jobs.

Let's talk income.

The survey results indicate that overall, average annual full-time compensation for patient care (salary, bonus, and profit-sharing) is $294,000. Specialists make an average of $316,000, and primary care physicians make an average of $217,000 — specialists earning 46 percent more than their primary care physician counterparts.

Some telling income discrepancies were officially documented in this year's survey, too. For the first time, respondents were asked to identify their race. Among the racial/ethnic groups surveyed who comprised more than 3 percent of respondents, white/Caucasian earned the most, followed by Asian, Hispanic or Latino, and black/African American.

Race/ethnicity and physician income.



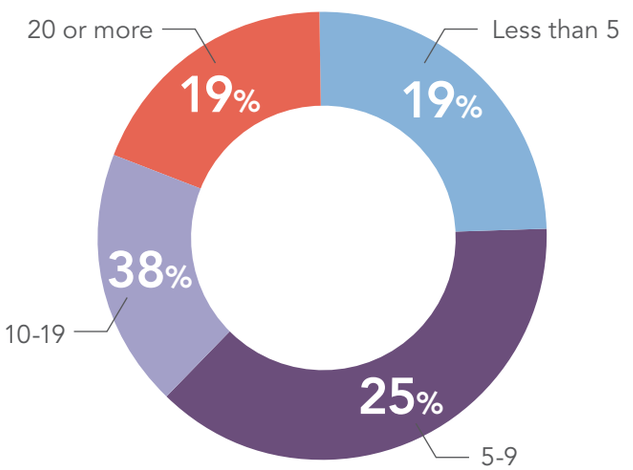
While the Medscape survey reveals a solid compensation gap between male and female physicians, it's worth noting that it is not as significant as the gap stated by the U.S. Department of Labor (DOL). According to the Medscape survey, the average annual salary for female physicians is $197,000, and the average for males is $229,000. This amount shows women earning 86 percent of what men do, stats that are significantly better than those released by the DOL in 2016. The DOL report[2] stated that for "physicians and surgeons," females earned 62 percent of what males did. But the news about incoming physicians is encouraging: the salary gap between male and female physicians "34 and under" has decreased to as little as 18 percent.

So what are the 10 top-earning states for physicians?

1. North Dakota
2. Alaska
3. South Dakota
4. Nebraska
5. New Hampshire
6. Wisconsin
7. Utah
8. Iowa
9. Minnesota
10. Indiana

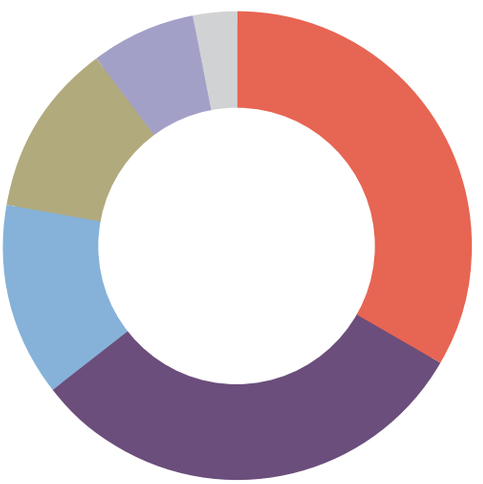
On the topic of paperwork and administration, the Medscape survey results stated that "Bureaucratic tasks remain the primary cause of burnout among physicians, and time spent addressing them continues to increase."

Hours spent on paperwork and administration.



So what did physicians find to be the top three most-rewarding aspects of their jobs? (Hint: No one said paperwork.)

What is the most rewarding aspect of your job?



33%	Gratitude/relationships with patients
31%	Being very good at what I do/Finding a answers, diagnoses
13%	Making good money at a job that I like
12%	Knowing that I'm making the world a better place
7%	Being proud of being a doctor
3%	Nothing

1. http://www.medscape.com/slideshow/compensation-2017-overview-6008547?src=wnl_physrep_170405_mscpmrk_comp2017&uac=264350AX&impID=1322730&faf=1#1

2. https://www.bls.gov/opub/ted/2017/womens-median-earnings-82-percent-of-mens-in-2016.htm

Credentialing and onboarding go hand in hand.

Credentialing serves as part of the onboarding process by helping physicians feel a facility has not only the interests of the patients in mind, but also the interests of the physician. Ensuring applicants are informed about the credentialing process helps them provide complete and accurate details about their qualifications and present themselves in the best light.

Know what documents are needed.

Provide candidates as early as possible with a list of the documentation that's needed so they can begin gathering the necessary ones. The list below is a good place to start:

- Active state medical licenses
- DEA registration
- Medical school diplomas
- ECFMG® certificate
- Residency, internship, and fellowship certificates
- National Provider Identifier (NPI) documentation
- Board certification(s)
- Malpractice liability insurance certification

Simplify the process.

A few simple pointers can make credentialing smoother for everyone:

- Explain to candidates that the best way to ensure their files receive priority attention is to complete the application and submit all the requested documents as quickly as possible.
- Make candidates aware of what documents are needed and give a specific date for submission. Saying "as soon as possible" leaves time frames up to the interpretation of the physician.
- Make the physician comfortable by asking if there is any reason he or she can't have the paperwork in by the given deadline.

If an applicant delays completion or provides incomplete information, it may be because he or she has decided not to follow through with applying for the position but doesn't want to say why. Recruiters can eliminate these candidates diplomatically by letting them know that incomplete applications will be removed at a specific time. Applicants can save face while the recruiter avoids a problematic hire.

Benefits of using locums to fill gaps and generate revenue.

Reduce your days-to-fill.

And increase your return on investment.

Having unfilled physician positions doesn't just compromise your ability to provide care to your community, they impact your bottom line. Decrease the time it takes to fill jobs and enjoy a healthier financial outlook.

$1.4 Million

Average annual revenue generated per doctor

On average, a typical facility handles **23** searches per year

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The challenge? It takes approximately

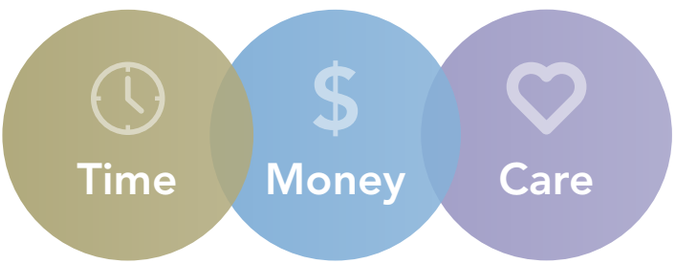
222 days

to fill a single position.

$900K

The amount of money you could save by reducing days to fill by just 5%.

Waiting to hire costs you



How much could your facility save?

AVERAGE PHYSICIAN REVENUE PER DAY		DAYS REDUCED		REVENUE INCREASE PER PHYSICIAN		SEARCHES PER YEAR		**ANNUAL NET INCREASE**
($80,000	X	100	=	$8,000,000	) X	100	=	$800,000,000

SOURCES: 2012 ASPR In-House Physician Recruitment Benchmarking Report
Merritt Hawkins' 2013 Survey of Physician Inpatient/Outpatient Revenue
www.nejmcareercenter.org www.comphealth.com www.missingphysician.com

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How job descriptions impact the success of a locum tenens assignment.

The information you provide in your job description is the first step in setting a physician's expectations and is a critical part of making a locum tenens assignment a success.

In quality assurance surveys sent to locum tenens physicians at the end of each assignment, we ask how the responsibilities and requirements of the assignment compared to what was initially presented to them. Results of the 2014 surveys show the majority of our physicians were satisfied with the accuracy of the job description — but there is room for improvement.

In the graph to the right, we've compiled the top three issues listed by those who said the job description did not match the reality of the assignment.

Survey comments are also valuable in assessing what providers are looking for in a job description. Concerns expressed include:

Workload.

- More patients than expected
- Fewer patients than presented
- Ratio of clinic to hospital work misrepresented

Schedule.

- Long days with no time for charting
- Shorter weekly schedule than presented
- Call schedule not as indicated

Scope of work.

- Condition of patients misrepresented
- Ratio of patient categories misrepresented
- Skill scope higher than expected

By making sure your job descriptions more clearly define expectations like workload, schedule, and scope of work, you will find a better match for your job and create a better experience for the physician.

Top-three inaccuracies in job description vs. actual locum tenens assignment.

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How to write an effective locums job description.

A good job description is critical to finding the right physician quickly. It reduces questions and allows for faster presentations of physicians. With demand outweighing supply, getting the right physician before someone else does can depend on whether comprehensive information is provided up front.

Below are job details that can help you find the right physician for the job.

Job description.

- Schedule (Monday through Friday, hours, etc.)
- Call schedule (nights and weekends)
- Patients per day
- Procedures (required vs. "nice-to-have")
- Staff information (number of additional MDs and support)
- Orientation and training schedule
- Supervisory responsibilities, if any
- Ratio of clinic to hospital work
- Specific subspecialty information (needs/requirements/pluses)
- Reason for coverage
- EMR system
- Decision-making process

Work site description.

- Location
- Department summary (annual cases)
- Description of facility, community, recreation, etc.
- Upcoming events in the area

Defining your ideal candidate.

If you want to find the right candidate, it's important to know what you're looking for. Define the following criteria before screening physicians or extending an offer.

- Acceptable corrective action history
- Acceptable criminal background
- Acceptable malpractice history (payouts, dismissals)
- Years of specialty experience
- Board status (certified, eligible within X years of completing training)
- AMG/FMG
- Availability (full-time, part-time, job share)
- EMR experience/EMR types
- Proximity to work site location

Physician burnout and listening.

Physician burnout is an often talked about topic, but what can really be done to solve it? The AMA defines burnout as:

"A long-term stress reaction characterized by depersonalization, including cynical or negative attitudes towards patients, emotional exhaustion, a feeling of decreased personal achievement, and a lack of empathy for patients."

According to the latest Medscape report, 51 percent of physicians are burned out. When Medscape first asked about burnout back in 2013, only 40 percent of physicians said they'd experienced burnout. The causes are varied but generally fall into these categories:

- Too many bureaucratic tasks
- Spending too many hours at work
- Feeling like just a cog in a wheel
- Increasing computerization of practice (EHR)
- Income not high enough
- Too many difficult patients

The signs of burnout vary.

The signs of burnout are varied and could include any combination of the following:

- Apathy to work and colleagues
- Indifference to patients
- Loss of joy in the practice of medicine
- Feeling overwhelmed and frustrated

Increased mental health concerns.

Often healthcare administrators don't realize physicians are suffering from burnout or that this is even a possibility. Advisory Board quotes one healthcare executive saying:

> *"It's impossible to burn physicians out. These are people who are workhorses. They get up earlier than anybody. They stay up later than anybody. They work weekends… It's hard to burn them out. It's much easier to piss them off and to make them dissatisfied and disillusioned and upset and angry."*

But the reality comes from another Advisory Board quote, this time from a physician:

> *"Every day I go home depressed, and I don't even enjoy the patient interactions the way I used to. I feel like nothing more than a 'means to an end' for not only my patients (who seem to get more demanding every day), but also the hospital system that owns our practice. To them, my only value is how many patients I can see in a day."*

One of the biggest misconceptions about burnout is that it comes from disengagement or dissatisfaction. Those are both issues that physicians could suffer from but they don't necessarily indicate a physician is burned out. Often it is the high level of engagement a physician has that leads to burnout.

Burnout is found everywhere.

Burnout is not limited to a particular specialty or setting or based on the tenure of the physician. Some of this is due to the culture that has traditionally surrounded physicians and medicine. The idea that physicians are so focused on helping others they never stop to care for themselves. There is also an attitude of never showing weakness. During a recent interview CompHealth held with a physician in his mid-60s, he expressed, "burnout is just a figment of young doctors' imaginations." This seems to still be a prevalent attitude that is hurting medicine.

Burnout also affects patients. It can lead to an inconsistent patient experience, impact the quality of care, and lead to physician turnover. According to Advisory Board, "Medicine is not a commodity like soybeans or widgets. Administration needs to be in the business of making it easier, not harder, for clinicians to treat patients."

When a physician leaves a practice or hospital it can cost the facility $150,000 to $300,000 just to replace that one physician. This doesn't include the revenue lost by not having that physician working. Even worse than this is where continual burnout can lead — depression and even suicide.

Create an environment of listening.

Burnout is a huge problem with no easy solution regardless if you are a small group practice or a large healthcare system, all have equal potential for burned out physicians or staff.

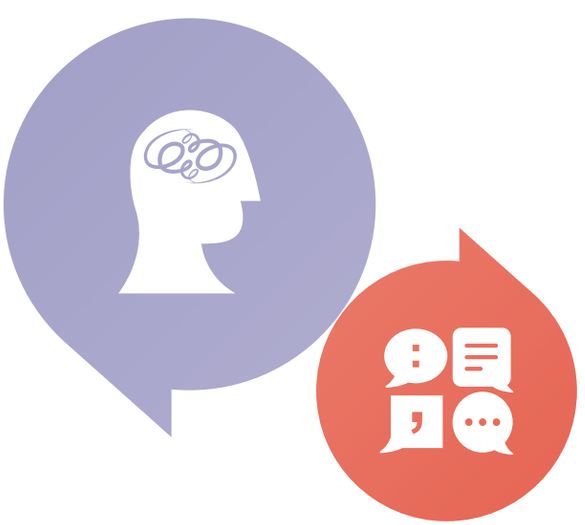
There are a variety of ways to address burnout, but one of the most effective is through creating an environment of listening.

Disengagement and the potential for burnout sets in when people don't feel like their opinions are being heard or matter. This is especially true of physicians in large health systems. According to Advisory Board, one physician said: "I have no idea who makes decisions about physicians or what the process is…I feel as though I have almost no voice here."

Using the "Listen-Act-Develop" model is a good way to start listening. It is a formal plan where feedback is gathered from physicians and staff, changes are then made to address pressing concerns learned in that feedback, and new policies or procedures are developed to make long-term improvements.

Physicians are surrounded by negative feedback.

The feedback environment physicians traditionally find themselves in is inherently negative and can make things appear much worse than they really are. The first type of this feedback focuses on what physicians are not doing well and where they are falling behind. Physicians also receive negative feedback through quantitative data. This focuses on the numbers, how many patients were seen, how much was billed, and other transactional aspects of practicing medicine. And finally the third is patient complaints. You can have dozens or hundreds of positive interactions with a patient and never hear a word, but as soon as that patient has a bad experience, that is the comment that gets heard. A few bad comments can soon become the focus of a physician who in reality is greatly appreciated by 99 percent of their patients.



Start listening now.

Some ways to start listening include:

- Creating a formal listening forum — Schedule regular sessions where physicians and staff can come and just talk
- Adding a seat at the executive table — If you don't already have physician representation on the executive team, add someone who can represent the thoughts and feelings of the physicians on staff
- Holding regular one-on-ones — Sitting down and meeting one-on-one with a physician is a great way to learn about what is going on in their life and ways you can help make their experiences with your facility better

Physicians who feel like their thoughts and opinions are being heard and acted on are far less likely to get burned out or leave a facility. The key is acting on the issues being brought up. Not only does this show listening, it also builds trust.

NALTO announces National Locum Tenens Week.

The National Association of Locum Tenens Organizations® (NALTO®) recently announced that August 14-18, 2017, will be the first-ever National Locum Tenens Week, recognizing the significant contributions of physicians and advanced practitioners at healthcare facilities nationwide who are dedicated to providing locum tenens medical coverage.

National Locum Tenens Week will serve as an annual platform for the healthcare industry to collectively recognize the vital role that locum tenens doctors, nurse practitioners, physician assistants, and other medical professionals serve in the delivery of care in communities across the United States.

This week will be a great time to show your locum tenens providers they are appreciated. Your CompHealth reps will be reaching out to you with ideas and ways we can collectively recognize these vitally needed healthcare providers.

CompHealth would like to help you celebrate your locum tenens providers! We're giving away $150 Visa gift cards to 10 facilities to use towards their National Locum Tenens Week activities. Be one of the first 10 to send an email to info@comphealth.com, with "National Locum Tenens Week Giveaway" in the subject line, to receive your gift card.

$150 Visa gift cards giveaway.

First 10 facilities.

NATIONAL
LOCUM TENENS
WEEK
August 14-18 2017
Brought to you by NALTO

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Essentialism in the workplace.

By Melissa Byington

I love new things. New challenges, new opportunities, new shoes. If something sounds like a good idea, I'm the first one to say, "Let's try it!" And then I quickly add, "Go, go, go!"

But here's the problem with trying to do everything: you'll quickly find that you can't do it all. You may be able to make an inch of progress in a lot of directions, but never be able to make a mile of meaningful difference.

Recently, the leaders at CompHealth read a book called "Essentialism" by Greg McKeown. The book's concept is simple. Because there is not enough time in the day — or days in a lifetime — to do everything, we need to focus our efforts. We need to get down to the essentials. We need to do "less but better," as McKeown says.

I am by no means an expert at essentialism, but here are a few things I've learned so far.

1

There can only be one real priority.

The word priority is singular. That means there can only be one. The idea of having a few priorities — or even worse, many priorities — defeats the purpose of really identifying the most important thing. Stephen Covey, the author of "7 Habits of Highly Effective People," said, "The main thing is to keep the main thing the main thing."

2

It's either HELL YEAH! Or no.

Because so many different options are fighting for the chance to be the priority, there has to be a method for choosing. Frequent TED talk speaker Derek Sivers has a simple method. If it's not a HELL YEAH, it's a no. There is no in-between. We take a similar approach to hiring new employees. Each candidate goes through two interviews: a cultural interview and a skills interview. If they don't do well in the first, we don't even bother with the second.

3

You have to give yourself space to think.

Do you remember being bored? Between work, home, and a smartphone that keeps me entertained when I'm waiting in line at the grocery store, I can't remember a time when I suffered from boredom. But for the all the same reasons, it's tough to find the time to step away from the day-to-day and think about the bigger picture. If you really want to determine what is essential, you need to give yourself the time, space, and permission to think, to read, and to get inspired.

4

Eliminating the nonessential means learning to say no.

There are a bunch of reasons why it's hard to say no. We don't want things to be awkward, we want to be nice, we want people to like us. And of course, we have a fear of missing out. But the only way we can put more time into the things that are really important is by stepping away from those that aren't — or those that are at least less important. If time with your kids is essential, you may need to step down from a community board. If you don't need to go to a meeting (or if someone can fill you in later), don't go. Saying no doesn't make you a jerk. It simply shows people that you value your time — and theirs. A clear no is always better than a noncommittal yes.

5

If nothing is essential, nothing is clear.

McKeown says, "Motivation and cooperation deteriorate when there is a lack of purpose." As a leader, if you can't create a clear path for your people, they may start manufacturing their own. Here's another great quote from the book: "With no clear direction, people pursue things that advance their own short-term interest, with little awareness of how their activities contribute to (or in some cases, derail) the long-term mission of the team as a whole."

As far as I can tell, none of us has figured out a way to create more time. Until we do, the only thing we can control is how we spend it. By determining what is essential and then acting on it, we can do "less but better."

Melissa Byington is the group president of CompHealth and has worked in healthcare staffing since 1997. She is also the former president of the NALTO executive board.

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