

# the STANDARD

1st Quarter 2015 April '14 - March '15



## INDUSTRY PERSPECTIVES

### Improving Physician Leadership: An excerpt from “Building the Physician Leadership Team of the Future”

Chloe Lewis and Team, Advisory Board Company

Health system executives nationwide are beginning to reimagine physician leaders' roles to support changing organizational goals. This research briefing, with a companion discussion guide, is designed to facilitate conversations among health system stakeholders on the evolving role of the physician leader.

Seventy percent of chief medical officers see physician leadership development as a “top time-consuming priority” for the foreseeable future. In addition to time, physician executives are making a significant investment in physician leaders. The average institution spends upwards of \$100,000 dollars per year on physician leadership development.

Despite this investment, chief medical officers report that they are not achieving the desired return from their physician leaders. A large portion of the problem relates to conventional physician leadership structures, which have developed ad hoc over a century, as health systems have grown and care delivery models have changed. The result has been vague, duplicative, and unevenly scoped roles and reporting relationships for physician leaders.

■ Systems can optimize leadership roles, provide performance management training and support, and incentivize leaders, but still have little to show for it without solving the organizational design challenges that most health systems face today. ■

The following examples illustrate an observed trend of leveraging physician management redesign to build systems and reshape how physician leaders are deployed in health systems today.

Systems can optimize leadership roles, provide performance management training and support, and incentivize leaders, but still have little to show for it without solving the organizational design challenges that most health systems face today.

A typically fragmented patient pathway showcases the persistent disconnects in physician leadership structures; i.e. disconnect between hospital-based physician leaders, clinically integrated network physician leaders, and medical group leadership.

Nationwide, progressive systems are tackling this opportunity for redesign in two ways (or possibly two phases): optimizing existing leadership structures and building new ones.

The most straightforward way a system can optimize physician leadership structure is simply to ensure that all system entities are coordinating their efforts and are represented in key groups and meetings. For example, Indiana University Health includes both medical group and hospital leadership in all system planning meetings. This ensures that the entities' strategic investments and decisions are unified, and not in conflict, with one another.

Banner Health is perhaps the nation's best example of using the power of the shared forum to improve system integration. At Banner, Clinical Consensus Groups (CCGs) are the backbone for clinical standardization across all facilities in the system.

The CCGs define clinical standards for the system and support the implementation of evidence-based practices system-wide. Each CCG contains representation from each facility within the system and is supported by program managers (administrative partners) and process engineers who ensure the clinicians in the CCG are able to participate at top of license.

Each CCG presents clinical recommendations to the Care Management Council, chaired by the system CMO, which ultimately makes system-wide decisions.

Shifting now to examples of health systems redesigning formal leadership structures to improve integration, some health systems nationwide are pursuing this goal by taking the traditionally hospital-based CMO position and making it a system-wide role instead.

CHI Franciscan Health took this tack. To reduce entrenched clinical fiefdoms and provide added signal value to system-wide strategic issues, the system removed their acute care facility-based CMOs and elevated them to associate CMO roles with system-level oversight. Each associate CMO is responsible for a different system-level strategic imperative. Department medical directors are now the highest-level physician leader in each facility.

Community Health Network (CHN) has created a matrixed network of service line physician leaders and regional physician leads to take the place of more traditional facility-level CMOs. The regional physician leaders oversee multiple facilities within a region and have oversight of the entire care continuum for their region's facilities, including hospitals, urgent care clinics, and physician practices.

Distinct accountabilities for broad cross-continuum leadership and deep clinical service line leadership, with all leaders reporting up to a single chief physician executive, promote an unprecedented level of system integration.

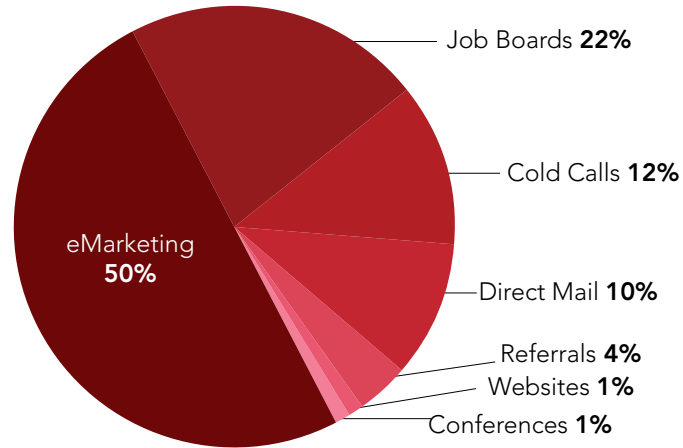
Using the research in this paper as a foundation, the examples above support stakeholders in starting a discussion and evaluating the current state of physician leadership at their organizations and planning for future physician leadership redesign. The discussion should help set a clear trajectory of physician leadership, and goals on which to base a physician leadership transformation plan.

For more information or to view this article in full text, visit [www.advisory.com](http://www.advisory.com).

THE PHYSICIAN RECRUITING STANDARD

# PLACEMENTS & INTERVIEWS

## Candidate Sources



Data indicates sources of candidates for placements and interviews from April 2014 through March 2015.

The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. No one should act on such information without appropriate counseling and thorough examination of the particular situation. For more information regarding specific specialties, regions, or trends, contact Kelsey Fitzgibbon, Communications Specialist, The Delta Companies at (800) 521-5060 x4536 or [kfitzgibbon@TheDeltaCompanies.com](mailto:kfitzgibbon@TheDeltaCompanies.com).

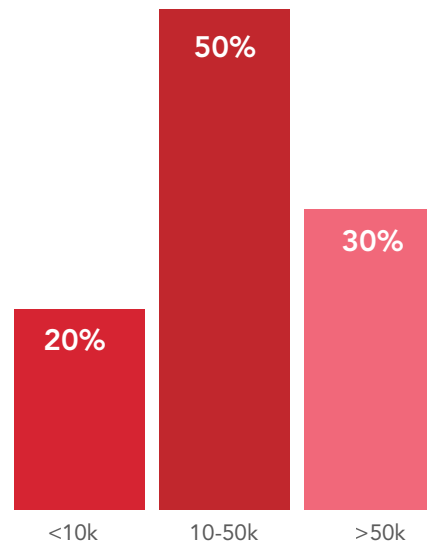
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## Placements by Population



Data indicates the percentage of placements made from April 2014 through March 2015 by the population of the search facility's metropolitan area.

# PLACEMENTS & INTERVIEWS



## Placement Data by Specialty

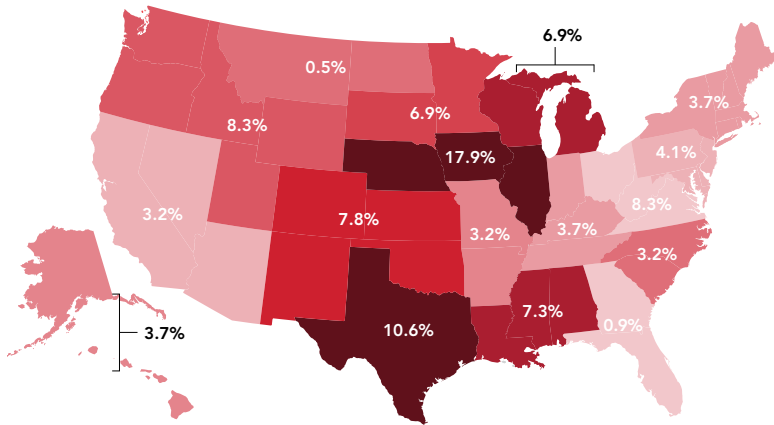
This data represents average statistics of placements and interviews by Delta Physician Placement over the twelve-month survey period. Since these averages only include placements and interviews, the compensation information presented indicates the rate at which candidates are choosing to interview or sign. Average days information can be used to forecast a probable timeline for a recruitment effort in a particular specialty.

		Average Compensation			Average Days		
		Starting Compensation	Sign-on Bonus	Potential Compensation	From Interview to Placement	Total Placement	Fastest Days-to-Fill
Primary Care	Family Medicine	\$208,800	\$47,545	\$262,120	59	126	22
	Internal Medicine	\$212,929	\$20,385	\$275,357	45	157	40
	Obstetrics/Gynecology	\$326,400	\$42,000	\$409,000	12	76	43
	Pediatrics	\$217,200	\$20,000	\$257,000	25	133	33
	Psychiatry	\$225,182	\$23,125	\$255,000	47	170	22
Surgery	Orthopedic Surgery	\$568,000	\$85,000	\$790,000	27	139	40
	Otolaryngology	\$487,500	\$62,500	\$550,000	53	141	93
	General Surgery	\$354,000	\$57,500	\$404,000	170	334	74
	Urology	\$502,500	\$75,000	\$700,000	36	98	78
Sub-Specialties	Pulmonary Critical Care	\$326,250	\$37,500	\$365,000	38	139	25
	Physical Medicine/Rehab	\$322,500	\$23,750	\$487,500	24	131	73
Hospital Based	Emergency Medicine	\$400,000	\$30,000	\$500,000	-	131	25
	Hospitalist	\$246,417	\$22,083	\$266,583	35	201	73

Data reflects averages from placements and interviews by Delta Physician Placement from April 2014 to March 2015. "Potential Compensation" data reflects average yearly compensation at full production excluding benefits. "Average Days" data does not include off-contract placements. "Average Days Total Placement" data is calculated from profile to placement.

# MARKET DEMAND

## Nationwide Search Distribution



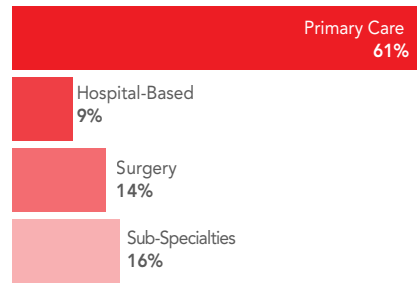
Map represents searches initiated by Delta Physician Placement on behalf of healthcare facilities from April 2014 through March 2015.

## Specialty Demand Comparison

	1 <sup>st</sup> Quarter 2015	1 <sup>st</sup> Quarter 2014
1.	Family Medicine	Family Medicine
2.	Family Medicine - Obstetrics	Internal Medicine
3.	Internal Medicine	Family Medicine - Obstetrics
4.	Psychiatry	Orthopedic Surgery
5.	Surgery - General	Hospitalist
6.	Emergency Medicine	Gastroenterology
7.	Hospitalist	Nephrology
8.	Orthopedic Surgery	Obstetrics and Gynecology
9.	Urology	Psychiatry
10.	Cardiology - Non-Invasive	Surgery - General
11.	Dermatology	Dermatology
12.	Neurology	Emergency Medicine
13.	Obstetrics and Gynecology	Geriatric Medicine - FP
14.	Ophthalmology	Hematology / Oncology
15.	Otolaryngology	IM/Pediatrics

Data compares the top 15 most requested searches initiated by Delta Physician Placement, comparing the fourth quarters of 2013 and 2014.

## Search Specialty Distribution



Data indicates the percentage of searches initiated by specialty grouping between January 2014 and December 2014.

## Candidate Placements

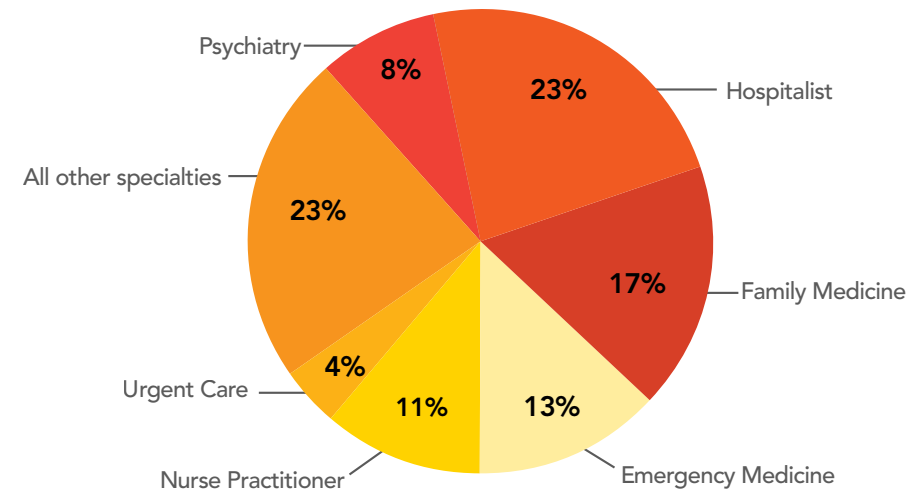
Top 5 States Providers Have Taken New Opportunities	
1.	Texas
2.	Iowa
3.	Wisconsin
4.	Nebraska
5.	Minnesota

Compares all states for the top 5 candidate placements as initiated by Delta Physician Placement from April 2014 through March 2015.

# LOCUM TENENS

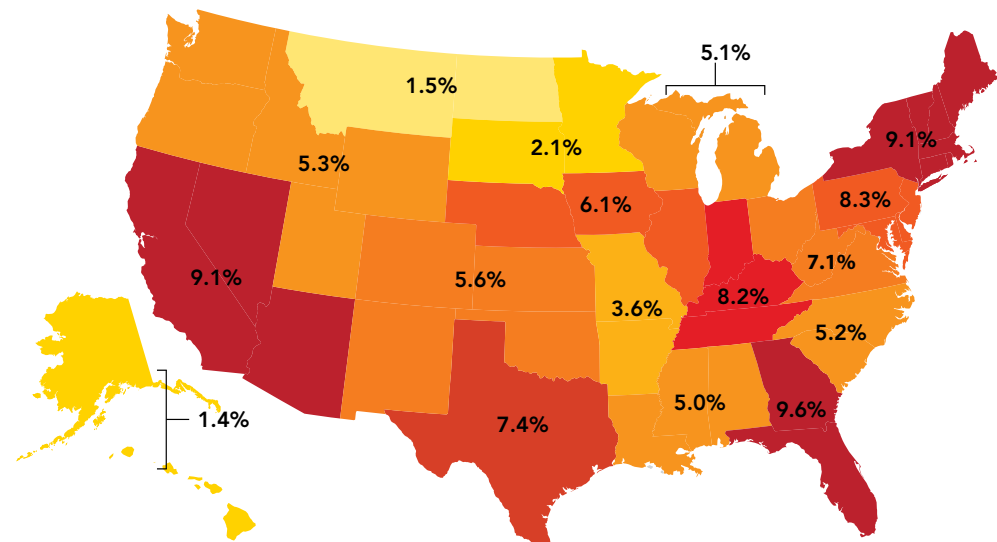


## Days Requested - Top Specialties



Data indicates the top specialties by days requested from April 2014 through March 2015.

## Nationwide Physician Distribution



Map represents the percentage of licensed physicians by region working with Delta Locum Tenens.

# INDUSTRY PERSPECTIVES

## Consideration of new graduates and the impact on an open search

Carlos Rodriguez, Recruiting Principal, Delta Healthcare Providers

With over 33,000 therapists entering the workforce this year alone, the opportunity to find talented, dedicated individuals for physical therapy and occupational therapy roles is very much within reach. Opening search parameters up to new graduates has seen proven success for facilities across all settings and environments. In fact, 31 percent of Delta Healthcare Providers' permanent placements over the last 12-month period have placed candidates with two or less years of experience; the same is true for 32 percent of placed travel therapists.

With such talent at the forefront of today's market, why is it that hiring a new graduate still follows a certain level of resistance or reluctance? Delta Healthcare Providers consistently challenges this stigma and has in fact identified many benefits

to working with newly graduated therapists in today's market.

One of the first requirements to initiating any new search for talent is establishing the level of experience candidates require for consideration.

While one may reason

that a newly graduated therapist does not have any professional experience and therefore should not be included for consideration, Delta Healthcare Providers has actually found that assumption to be arguably invalid and damaging to the search process. For starters, the level of education required to practice therapy builds and enormous skill set for therapists to draw upon. Physical therapists are now required to achieve a doctorate, instead of just a master's degree, and new graduates are exposed to the latest in training and development techniques. Their training expects them to be at least equally operational as their experienced brethren, in order to ensure the standards for therapy education programs are effective.

In addition to an apt skill set, new graduates are often the most open to relocation and mobilization. Typically, new graduates are at the point in their life where they are less likely to be tied down with family obligations, owning/selling a home, etc. and are more expectant of relocation as a condition to employment. This drastically opens the pool of candidates during a search in a rural or small-town setting, where the local candidate pool might be shallow. This also dramatically

influences the time-to-fill ratio of a search.

Consider the following: If you eliminate new graduates from a search, you've already eliminated 60 percent of open candidates. Add in other factors, such as relocation, compensation, etc., and your candidate pool dwindles down to a handful of talent. The weeding out process for experienced candidates (do they have a house to sell, will they move away from friends and family, is your salary offer enough) could continue for six months with the hope of ultimately finding an experience candidate OR could be exponentially expedited by opening up your pool of candidates to new graduates (who as stated usually do not have anything holding them down), doubling your chance of finding a matching candidate.

Finally, opening consideration to new graduates gives hiring facilities the opportunity to customize on-the-job training for new employees from the ground up. Newly graduated therapists are eager to learn and build experience, and come into the workforce with as a blank slate for training. This means that these candidates can further the skills necessary for a facility's particular situation, in order to meet the needs of the facility.

Several factors influence a candidate's decision to take a position—compensation, location, cultural fit within the community. While all of these factors will likely impact new graduates as well, the top influencers in their decision usually come down to financial considerations.

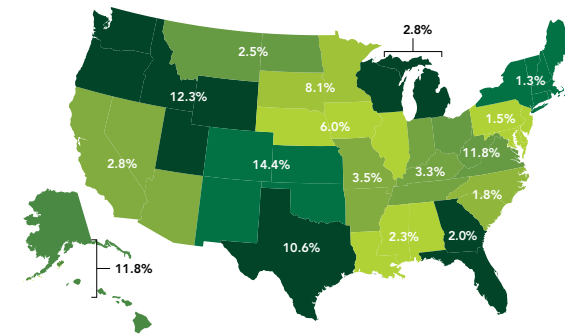
According to a study done by The Financial Group, the average physical therapist's student loan debt almost doubles the average starting salary for the industry. The study states "on average, doctors of physical therapy have more than \$80,000 in student loans and have a starting salary of \$48,713. The cost of financing a doctorate in physical therapy is difficult to repay with average starting salaries." This is why student loan repayment options and sign-on bonuses are huge tools in recruitment strategy of new graduates. Candidates also respond strongly to relocation bonuses, mentorship programs, and continued on-site training and development.

With tens of thousands of qualified talent entering the market each year, opening your search parameters to newly graduated therapists can dramatically improve your search timeframe and, often, results. If you feel a new graduate may be a fit for your opportunity, it is important to craft your recruitment strategies to meet the needs of your candidates, in order to attract talents and stand out among competitors in the field.

# MARKET DEMAND



## Nationwide Search Distribution



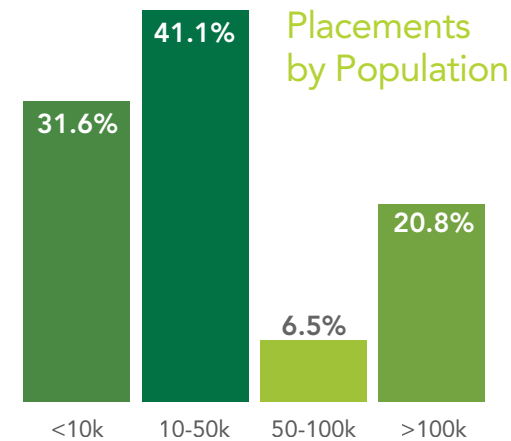
Map represents searches initiated by Delta Healthcare Providers on behalf of healthcare facilities from April 2014 through March 2015.

## Specialty Demand Comparison

	1 <sup>st</sup> Quarter 2015	1 <sup>st</sup> Quarter 2014
1.	Registered Nurse	Physical Therapist
2.	Nurse Practitioner / Physician Assistant	Registered Nurse
3.	Physical Therapist	Nurse Practitioner / Physician Assistant
4.	Occupational Therapist	Occupational Therapist
5.	Dentist	Licensed Clinical Social Worker

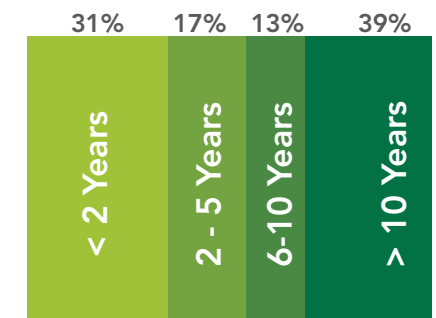
Data compares the top 5 most requested searches initiated by Delta Healthcare Providers in the first quarters of 2014 and 2015.

# PLACEMENTS & INTERVIEWS



Data indicates the percentage of placements made from April 2014 through March 2015 by the population of the search facility's metropolitan area.

## Years of Experience



Data indicates the average years of experience of candidates for placements and interviews from April 2014 through March 2015.

# PLACEMENTS & INTERVIEWS



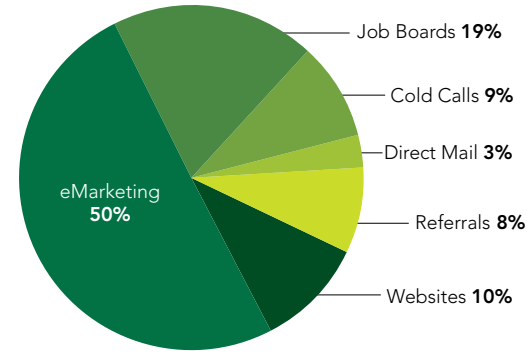
## Placement Data by Specialty

This data represents average statistics of placements and interviews by Delta Healthcare Providers over the twelve-month survey period. Since these averages only include placements and interviews, the compensation information presented is an indicator of the rate at which candidates are choosing to interview or sign. Average days information can be used to forecast a probable timeline for a recruitment effort in a particular specialty.

		Average Compensation				Average Days		
		Starting Compensation	Sign-on Bonus	Student Loan Repayment	Relocation Reimbursement	From Interview to Placement	Total Placement	Fastest Days-to-Fill
Rehabilitation	Physical Therapist	\$81,684	\$10,967	\$13,104	\$4,238	9	84	3
	Occupational Therapist	\$81,144	\$10,208	\$65,000	\$6,158	7	78	1
	Speech Language Pathologist	\$62,400	\$5,000	-	\$3,000	3	14	14
Extenders	Nurse Practitioner	\$107,810	\$6,714	\$49,794	\$5,389	17	100	10
	Physician Assistant	\$118,049	\$7,000	\$62,500	\$6,857	13	74	8
	Medical Technologist	\$56,850	\$4,000	-	\$3,000	3	38	1
Allied/Other	Dentist	\$138,500	\$9,667	\$55,000	\$4,600	5	87	8
	Psychologist	\$70,750	-	\$25,000	\$3,500	11	151	16
Nursing	Registered Nurse	\$67,465	\$9,458	\$36,000	\$5,145	8	75	1
	Dir. of Nursing	\$92,800	\$5,000	\$10,000	\$6,000	12	101	61
	Dir. Surgical Services	\$85,009	-	-	\$3,000	7	89	89
	Home Healthcare Dir.	\$79,040	\$30,000	-	\$5,000	4	183	183
	Nurse Manger of ICU	\$95,000	\$5,000	-	\$5,000	6	72	72
	Nurse Manger of OB/GYN	\$85,000	\$5,000	\$5,000	\$2,500	11	53	53
	Nurse Manger of Surgical Services	\$79,000	\$5,000	-	\$5,000	29	111	111

Data reflects averages from placements and interviews by Delta Healthcare Providers from April 2014 through March 2015. "Average Compensation" data reflects average yearly compensation for each position listed above. "Average Days" data does not include off-contract placements.

## Candidate Sources



## Candidate Placements

Compares all states for the top 5 candidate placements as initiated by Delta Healthcare Providers from April 2014 through March 2015.

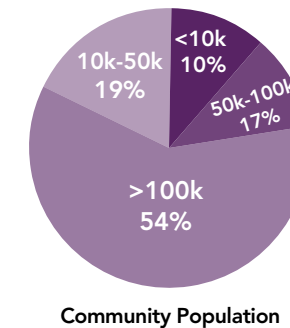
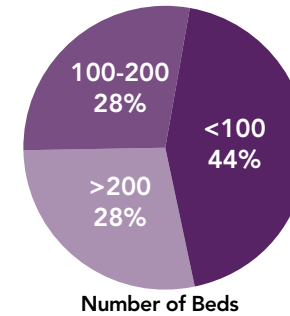
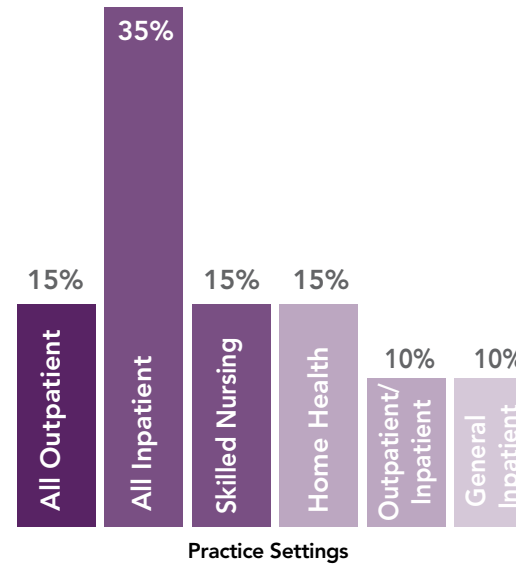
Top 5 States Providers Have Taken New Opportunities			
1.	Texas	4.	Kansas
2.	Alaska	5.	New Mexico
3.	Wyoming		

# STAFFING

The data below is comprised of travel placements made by Delta Healthcare Providers over a three-month survey period.



## Facility Demographics



## Years of Experience



Data is compiled from assignments placed by Delta Healthcare Providers from January 2015 through March 2015.