

# the STANDARD

3rd Quarter 2015 October '14 - September '15



## INDUSTRY PERSPECTIVES

### Primary Care Demand and the Impact on Specialist Recruitment

*Travis Farst, Marketing Consultant, Delta Physician Placement*

The demand for primary care physicians has continued to top the charts year-over-year, due to a growing population and more individuals receiving access to healthcare through initiatives such as the Affordable Care Act. Family Medicine, Psychiatry, Internal Medicine, and Obstetrics have consistently ranked in the top five most requested positions for recruitment, as noted in the Specialty Demand Comparison of The Standard, in both 2014 and 2015. Consequently, as hiring facilities have adapted their recruitment techniques to stay in front of the swelling demand for primary care physicians, the demand for other specialists has seen an uptick over the last year.

In areas that have seen success in primary care recruitment, increased patient access has led to a greater amount of specialty referrals, and primary care facilities have benefited from adding these physicians to their staff in order to comprehensively serve their community. Areas that could previously not support certain specialists have now been able to recruit their own specialist because the referral base has grown. Compared to placements over the third quarter of 2014, specialties such as Pulmonary Critical Care, Gastroenterology, Otolaryngology, Urology, and Neurology have emerged in the top 15 most requested searches initiated this quarter. The addition of specialized treatment has allowed facilities and their communities to thrive.

However, many rural counties still struggle to recruit primary care talent, and are now faced with double the burden of attracting permanent physicians to their communities. In fact, Becker's Hospital Review recently posted an article stating that 73 percent of Texas counties do not have access to psychiatrists (the second highest most requested search of both 2014 and 2015). The article states that this shortage continues into access to other specialties as well; 158 of 254 counties reported having no general surgeons and 147

counties have no Obstetrician or Gynecologist. With an increasing demand for top talent in specialty recruitment, and an ongoing deficit of primary care providers, hiring facilities should consider looking to creative recruitment efforts to improve search initiatives.

One way a facility, particularly in a rural area, can distinguish itself

among competition is by creating unique recruitment and retention incentives. While good practices, offering signing bonuses, relocation coverage, competitive base pay, and even flexible scheduling have become common recruitment tools, making it difficult for hiring organizations with such packages to stand out among the influx of opportunities presented to qualified candidates. Many facilities have seen success in offering more personalized enticements, such as temporary housing at a reduced cost for the first few months of an assignment, leadership opportunities and/or directorships for candidates, or even just a community tour during the interview process.

In addition, quick decision-making can have a huge impact on recruitment. Because the demand for top talent is so great, most qualified physicians receive multiple offers during their search process. This influx of opportunities has resulted in a limited window of availability before a desired candidate moves on to the next option. A case study published by Delta Physician Placement noted that offers made within a candidate's pyramid of interest (or the first 72 hours following on-site interview) showed the greatest amount of success. Being prepared to act on a candidate (whether by choosing to extend an offer or realizing the candidate is not a fit and moving on) illustrates that a facility is serious about their offer and ready to incorporate a new role into their team.

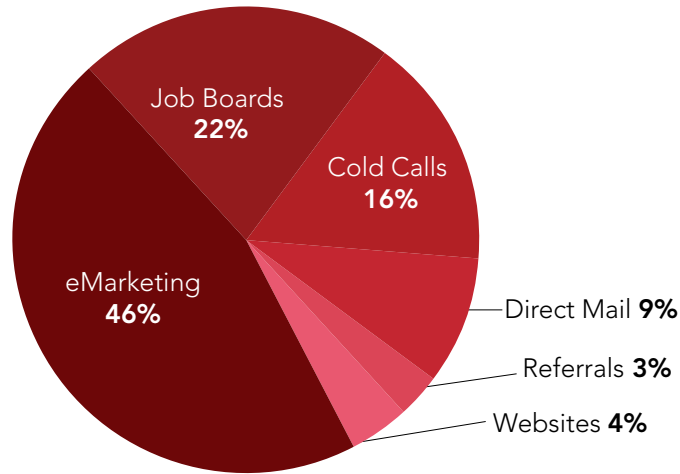
Due to the competitive nature of physician recruitment in today's market, creative recruitment and speed in the decision process can give any facility a serious advantage. As the physician shortage continues to impact demand for primary care physicians and specialist that benefit from their referral base, being aware of your community's needs and challenges will allow you to remain ahead of the curve.

- In areas that have seen success in primary care recruitment, increased patient access has led to a greater amount of specialty referrals, and primary care facilities have benefited from adding these physicians to their staff in order to comprehensively serve their community. ■

THE PHYSICIAN RECRUITING  
STANDARD

# PLACEMENTS & INTERVIEWS

## Candidate Sources



Data indicates sources of candidates for placements and interviews from October 2014 through September 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).

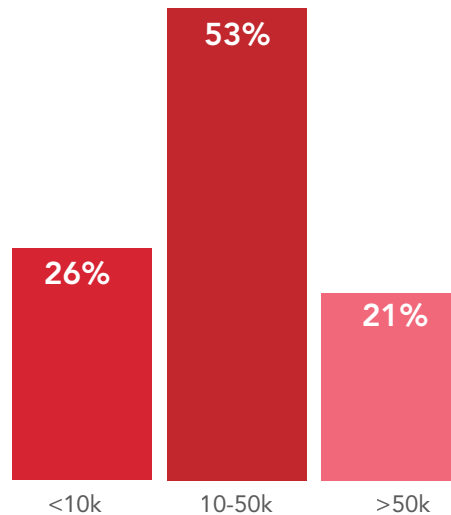
Subscription information and an archive of previous versions is available at [www.thedeltacompanies.com/Standard](http://www.thedeltacompanies.com/Standard).

© 2015 The Delta Companies

Subscribe online @

[www.thedeltacompanies.com/Standard](http://www.thedeltacompanies.com/Standard)

## Placements by Population



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

# PLACEMENTS & INTERVIEWS



## Placement Data by Specialty

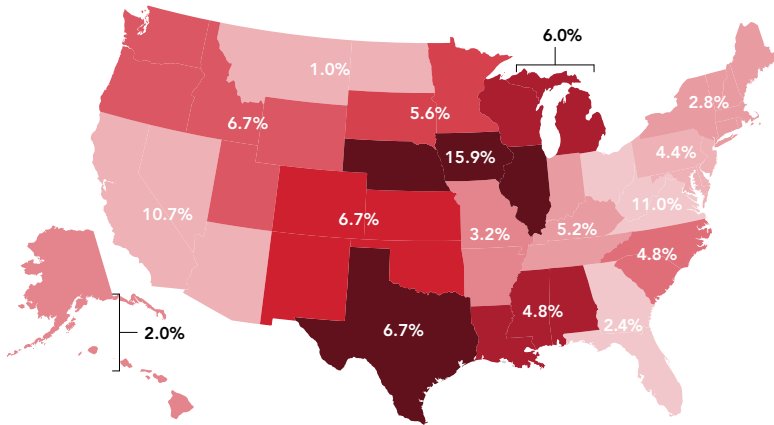
This data represents average statistics of placements and interviews by Delta Physician Placement over the twelve-month survey period. Since these averages only include placements and interviews, the compensation information presented indicates the rate at which candidates are choosing to interview or 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	\$211,962	\$44,000	\$263,654	51	127	22
	Internal Medicine	\$216,429	\$18,750	\$267,500	39	111	34
	Pediatrics	\$233,333	\$23,333	\$291,667	19	195	42
	Psychiatry	\$229,200	\$16,500	\$278,900	15	156	19
	Obstetrics/Gynecology	\$314,000	\$33,333	\$440,000	9	103	100
Surgery	General Surgery	\$386,250	\$47,500	\$406,250	56	141	63
	Orthopedic Surgery	\$578,000	\$95,000	\$830,000	44	151	40
	Otolaryngology	\$466,667	\$33,333	\$483,333	33	105	49
	Urology	\$515,000	\$75,000	\$625,000	108	173	118
Sub - Specialties	Neurology	\$275,000	\$30,000	\$350,000	5	260	260
	Pulmonary Critical Care	\$357,500	\$30,000	\$375,000	34	174	96
	Gastroenterology	\$252,000	\$148,000	\$600,000	12	288	288
Hospital Based	Emergency Medicine	\$400,000	\$33,333	\$466,667	9	129	94
	Hospitalist	\$264,929	\$21,786	\$270,214	39	166	1

Data reflects averages from placements and interviews by Delta Physician Placement from October 2014 to September 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

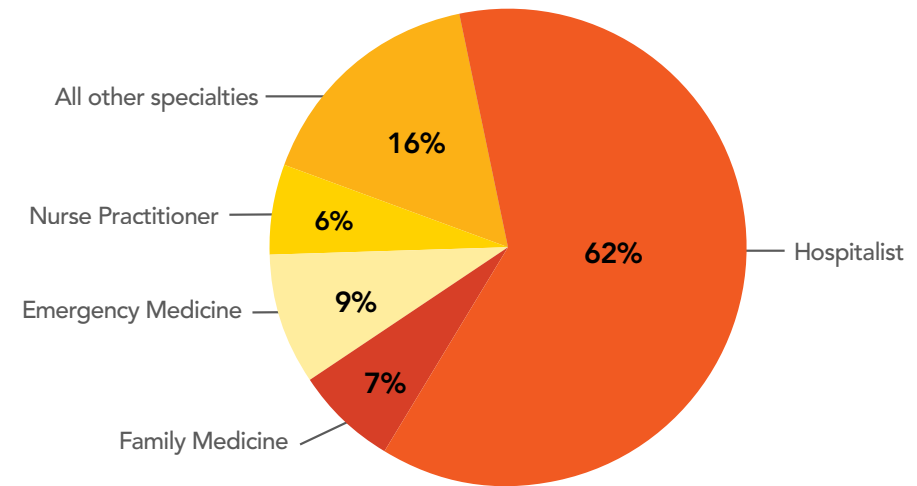


Map represents searches initiated by Delta Physician Placement on behalf of healthcare facilities from October 2014 through September 2015.

# LOCUM TENENS



## Days Requested - Top Specialties



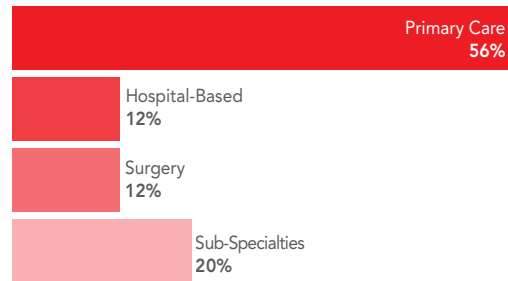
Data indicates the top specialties by days requested from October 2014 through September 2015.

## Specialty Demand Comparison

	3 <sup>rd</sup> Quarter 2015	3 <sup>rd</sup> Quarter 2014
1.	Family Medicine	Family Medicine
2.	Psychiatry	Psychiatry
3.	Internal Medicine	Internal Medicine
4.	Emergency Medicine	Orthopedic Surgery
5.	Family Medicine - Obstetrics	Family Medicine - Obstetrics
6.	Hospitalist	Hematology / Oncology
7.	Pediatrics	Hospitalist
8.	Surgery - General	Pediatrics
9.	Gastroenterology	Dermatology
10.	Urology	Maternal Fetal Medicine
11.	Pulmonary Critical Care Medicine	Medical Oncology
12.	Orthopedic Surgery	Ophthalmology
13.	Otolaryngology	Physical Medicine & Rehabilitation
14.	Dermatology	Surgery - General
15.	Neurology	Emergency Medicine

Data compares the top 15 most requested searches initiated by Delta Physician Placement, comparing the third quarters of 2014 and 2015.

## Search Specialty Distribution



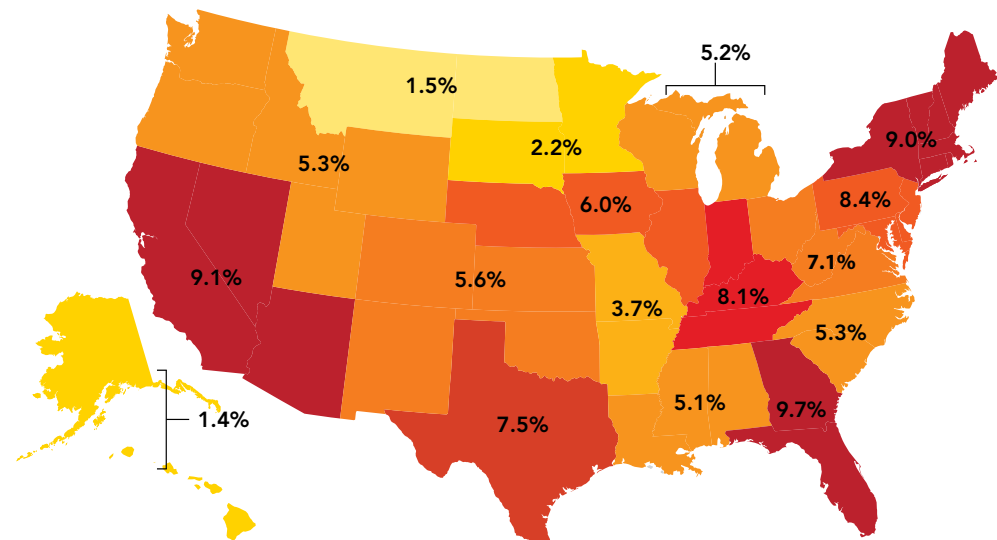
Data indicates the percentage of searches initiated by specialty grouping between October 2014 and September 2015.

## Candidate Placements

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

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

## Nationwide Physician Distribution



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

# INDUSTRY PERSPECTIVES

## Hospitals not interested? Work with rehab providers to increase medical referrals: Expert Insight from The Advisory Board Company

Julia Burgdorf, Post-Acute Care Collaborative, The Advisory Board Company

Assisted living operators often fixate on hospitals as a primary source of medical referrals; however, ALFs have another partnership option for increasing occupancy and decreasing resident turnover: rehabilitation providers.

Rehab settings such as skilled nursing facilities (SNFs) serve older, recently hospitalized patients whose need for clinical supervision and social support make assisted living an ideal next setting of care. SNFs also benefit from working more closely with ALFs on post-discharge transitions and, in the case of SNFs' long-term care units, garner referrals from the assisted living setting.

### Why focus on rehab providers?

Many older patients require a rehab setting stay upon hospital discharge, and, in 2012, more than 20% of hospitalized Medicare patients required a post-discharge SNF or IRF stay. Since these older adults transfer to a rehab facility directly after their acute care episode, they must make a decision in those settings about whether living independently is still a safe option.

By working with rehab providers, assisted living facilities can connect with seniors and their caregivers at a crucial decision juncture. Additionally, rehab providers' patient profiles have several unique aspects that are well-suited to collaborating with assisted living facilities:

#### 1. Rehab patients generally experience greater length of stay.

The longer a patient remains in a given setting, the more opportunities ALFs have to conduct patient assessments and support discharge planners. In 2010, Medicare beneficiaries had an average length of stay (ALOS) of 5.4 days in the acute care setting and 34 days in the skilled nursing setting. Since patients remain in rehab settings much longer than they stay in hospitals, ALF staff have ample time to evaluate a patient's appropriateness for assisted living and prepare for the transition. Many rehab providers are also happy to have ALF staff come onsite to help conduct assessments to ensure continuity of care.

#### 2. Rehab patients' needs align with ALF offerings.

Compared to patients in a hospital, a greater proportion of rehab patients have a needs profile that's appropriate for assisted living. Since rehab settings often care for higher-risk patients who could not return directly home from the hospital, discharged patients are more likely to need daily living assistance, light supervision, and clinical monitoring—a

patient profile that mirrors the typical offerings and areas of strength of ALFs.

#### 3. Rehab facilities can benefit from assisted living referrals.

Medicare referrals from ALFs provide less favorable economics to hospitals determined to manage payer mix, but SNFs rely on referrals from assisted living facilities to populate their long-term care outpatient rehab business. This economic link means that skilled nursing providers may be more interested than acute care hospitals in building a relationship with local assisted living communities.

### How can your assisted living facility attract rehab referrals?

#### 1. Provide value to the rehab organization.

- Contract to have the SNF or IRF provide your facility's on-campus therapy services
- Have admissions staff available to quicken transitions to assisted living
- Host networking events, CEUs, and training sessions for IRF and SNF staff

#### 2. Tailor your message to SNF setting regulations.

SNFs may soon face financial penalties if their patients are re-admitted to the hospital within 30 days of discharge from the SNF. Use a capabilities document to demonstrate the types of patients your facility can care for to ease discharge planning and serve as a readmissions reduction partner.

#### 3. Help rehab providers appeal to hospitals

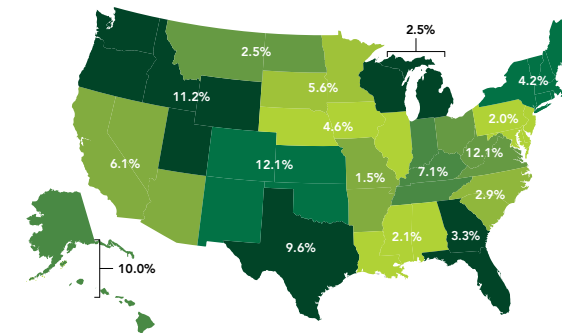
Remind skilled nursing providers that assisted living facilities are now considered home settings by CMS, so a discharge to your campus can help the SNF achieve a higher level of discharge to the community. This quality metric is tracked by MedPAC through the MDS and evaluated as a reflection of rehabilitation quality. Because rehab providers are also looking for upstream referrals, the measure serves as a compelling data point to help SNFs and IRFs demonstrate to hospitals their commitment to minimizing the long-term health service costs of patients receiving their rehabilitation services.

While relationships with rehab providers are an excellent starting point, don't forget about a large source of potential medical referrals: hospitals and health systems. Effectively communicating and partnering with these providers can jumpstart your medical referrals strategy, along with building relationships with and demonstrating your value to rehab providers.

# MARKET DEMAND



## Nationwide Search Distribution



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

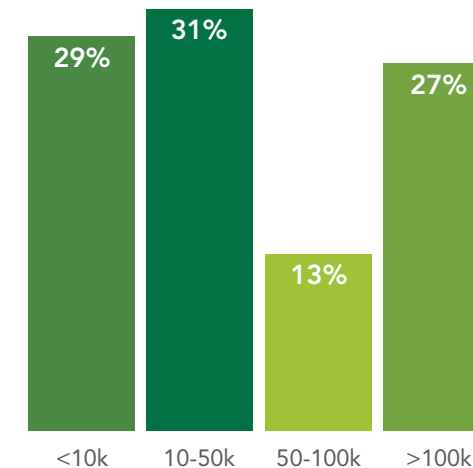
## Specialty Demand Comparison

	3 <sup>rd</sup> Quarter 2015	3 <sup>rd</sup> Quarter 2014
1.	Registered Nurse	Physical Therapist
2.	Physical Therapist	Occupational Therapist
3.	Nurse Practitioner	Registered Nurse
4.	Occupational Therapist	Nurse Practitioner
5.	Dentist	Dentist

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

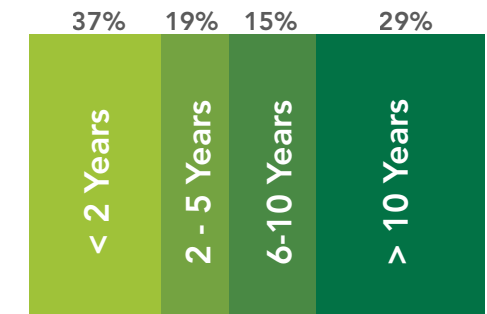
# PLACEMENTS & INTERVIEWS

## Placements by Population



Data indicates the percentage of placements made from October 2014 through September 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 October 2014 through September 2015.

# PLACEMENTS & INTERVIEWS



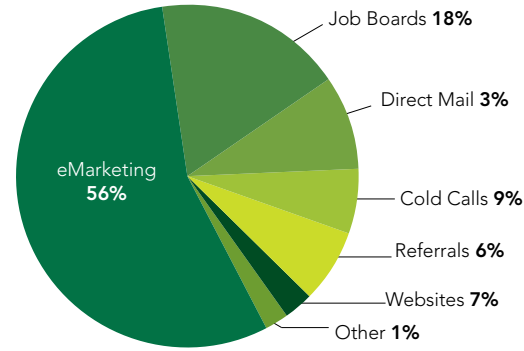
## Placement Data by Specialty

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	Occupational Therapist	\$80,234	\$7,472	\$53,543	\$6,600	4	40	1
	Physical Therapist	\$79,553	\$8,732	\$14,862	\$4,093	8	79	2
	Speech Language Pathologist	\$74,120	\$4,500	\$18,000	\$3,500	4	39	14
Extenders	Nurse Practitioner	\$108,830	\$8,700	\$40,500	\$5,683	9	93	10
	Physician Assistant	\$122,500	\$8,833	\$49,667	\$6,000	12	138	15
	Medical Technologist	\$55,546	\$5,000	-	\$3,000	3	28	20
Allied/Other	Dentist	\$142,300	\$9,111	\$47,500	\$6,000	6	93	8
	Psychologist	\$97,764	\$5,000	\$30,000	\$6,250	11	130	77
Nursing	Registered Nurse	\$69,616	\$7,958	\$34,296	\$7,258	6	76	1
	Dir. of Nursing	\$86,667	\$5,000	-	\$5,000	15	96	61
	Dir. Surgical Services	\$85,000	-	-	\$2,500	0	8	8
	Home Healthcare Dir.	\$75,421	\$30,000	-	\$5,000	5	134	85
	Nurse Manager of ICU	\$95,000	\$5,000	-	\$5,000	6	72	72
	Nurse Manager of OB/GYN	\$85,000	\$5,000	\$5,000	\$2,500	11	53	53
	Nurse Manager of Surgical Services	\$79,000	\$5,000	-	\$5,000	29	111	111

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

## Candidate Sources



Data indicates sources of Delta Healthcare Providers permanent candidates for placements and interviews from October 2014 through September 2015.

## Candidate Placements

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

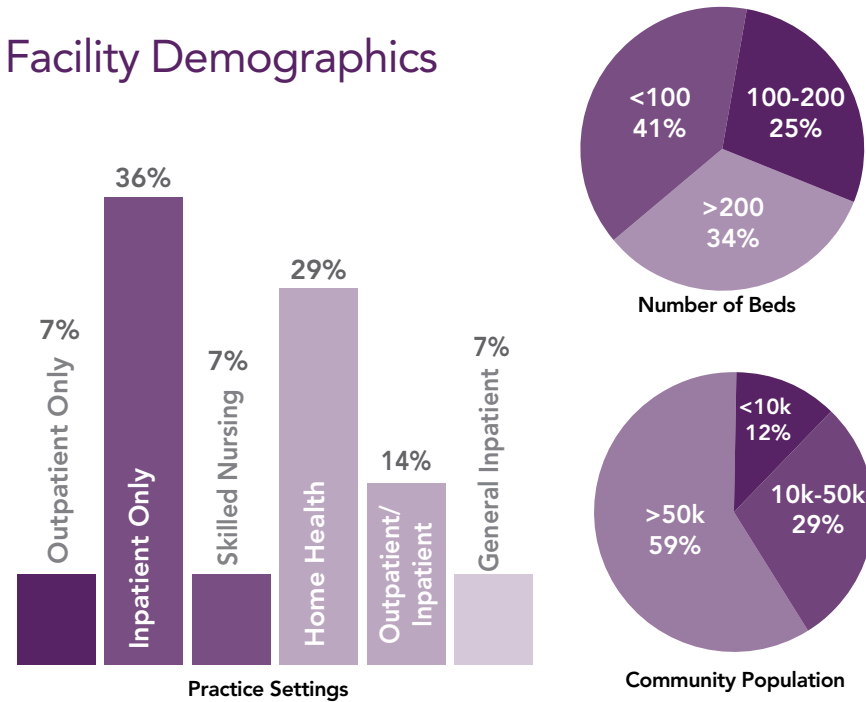
Top 5 States Providers Have Taken New Opportunities			
1.	Texas	4.	Kansas
2.	Alaska	5.	New Mexico
3.	Minnesota		

# STAFFING

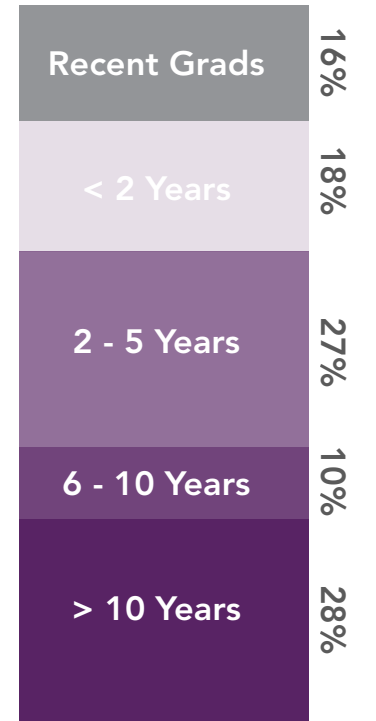
The data below is comprised of travel placements made by Delta Healthcare Providers over a three-month survey period.



## Facility Demographics



## Years of Experience



Data is compiled from assignments placed by Delta Healthcare Providers from July 2015 through October 2015.