

# Medical Staff Development Plans

*A Comprehensive Approach*

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HOSPITAL-PHYSICIAN SOLUTIONS

As the physician  
shortage continues,  
organizations must be strategic as  
they determine future staffing needs  
and set recruitment priorities.

# Medical Staff Development Plans

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## A Comprehensive Approach

In light of the growing shortage of physicians and changing healthcare environment, medical staff development planning is now more important than ever. Here are the core components of a robust plan.

### 1. Establish the Planning Team

The first step is to build a strong team. The organizational representative who leads the charge can vary from the Chief Medical Officer to a physician recruiter. He or she is responsible for making the project a priority, as well as ensuring that the team meets regularly, has access to data and background insights and receives the support they need along the way. Without that critical backing, the project often stalls and/or the plan lacks the critical stakeholder insights and internal messaging needed to become a real and effective planning tool.

### 2. Estimate Demand

While there is much debate about the best way to assess community demand for physician services, the traditional ratio modeling (GMENAC, Kaiser, Hicks & Glenn, etc.) is still the most common method used – and the best approach to ensure regulatory compliance. Because of the variances in each ratio estimate, we blend several to eliminate outliers.

Using census-based population data establishes physician demand for the organization's primary and secondary service areas and the regulatory-defined region. Understanding age, gender and income characteristics is also important to further qualify the markets' distinctions. While these unique demographics don't alter the quantitative analysis, they add a level of realism to the results when the study is translated into recruitment recommendations.

### 3. Validate Supply

While medical staff rosters and available lists can be a starting point, the data needs to be vetted to understand the true clinical availability in the market and translate

that into an FTE number. This is the most time-consuming stage of the study process because of the clinical practice nuances that needs to be understood. For example, the data must account for physicians who practice in more than one specialty or practice part-time (due to administrative, teaching, research or other obligations). Advanced care providers who provide direct patient care also need to be included – although not at the same FTE level as a physician given the differences in practice scope.

Other study components can also be included to fully understand actual clinician supply – whether today or in the future – including:

- **Access Studies:** Telephone studies will validate the true clinical availability of local physicians. Beyond the FTE verification, these studies highlight those practices that are open (vs. closed) to new patients, payer restrictions and appointment availability.
- **Succession Needs:** Physicians who are approaching retirement age need to be considered. The ideal mix for each specialty represents a bell-shaped curve – with the greatest numbers in mid-career with new physicians coming in that will replenish those transitioning out. The succession planning study element looks at retirement vulnerabilities within each specialty and the utilization impact on the hospital/health system.

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A 2015 study conducted for the Association of American Medical Colleges predicts that by 2025 the United States will face a shortage of between 46,000-90,000 physicians.

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#### 4. Other Community Need Factors

Comparing demand to supply determines the present and projected population-based need, but it doesn't account for the market specific health conditions often resulting from cultural, social and behavioral issues or the accessibility/availability of health care services. Therefore, several additional studies are often incorporated to ensure a more well-rounded perspective on physician need.

- **Physician Interviews:**

Given their front-line experience in providing care, physicians have solid insights on future medical staff needs. Ideally, at least half of the physician interviewees should represent those making referrals to others (i.e. primary care physicians, hospitalists and emergency physicians). The remaining interviewees should include a mix of physician leaders (formal and informal), those in strategic specialty areas, as well as those new to the market.

- **Community Health Needs Assessments:** Now required as part of the Accountable Care Act, major health conditions in the region are identified along with the hospitals/health systems' plans for addressing those challenges.

- **Patient Perception Studies:** To better understand the community's impression of local health care services, perception studies are often simultaneously conducted and used to identify access challenges, outmigration patterns, service satisfaction and provider preferences.



#### 5. Organizational Need

While the community need analysis provides the “science” side of medical staff development plans, the elements above begin to bring more of the “art” into the study. Based on input from organizational leaders, this is where the hospital/health system’s strategic plan, clinical programming goals and market trends is incorporated into the study – so that the plan in the end supports the organization’s overall objectives.

Patient origin studies are also used to determine whether patients are

immigrating or out-migrating from the market for care. Looking at primary care specifically, panel size is estimated and projected to assess current capacity and need for network building and/or accountable care development.

#### 6. Pulling it all Together

The final step is to integrate all of the analytical and strategic factors into sound and specific recommendations. The final plan highlights the results of the studies and provides a detailed framework to help organizations meet their needs moving forward.

If the hospital/health system is still recruiting into private practices, then the community need analysis must be called out – particularly for the regulatory defined market. Segmenting out this piece helps the institution clearly see where they can (or cannot) provide that support and can easily be shared with members of the medical staff who are looking for help (but for whom there is not a defined community need).

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The end result is a comprehensive plan that helps the organization prioritize goals and finalize the specific actions required. Using a rating system, we objectively identify those specialty areas that need immediate attention and those that can be addressed at a later time. Backed by years of experience in physician recruitment, our recommendations also address internal areas that may not yet be recruitment ready. Because recruiting for some specialties can take two to three years, a moderately ranked priority may be upgraded to immediate based on a realistic timetable. Our goal is to deliver an

action-oriented plan that enables organizations to construct budgets, gain medical staff buy-in on which physicians to recruit and when to best meet the growing needs of the market and the strategic needs of the organization.

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A comprehensive plan helps the organization prioritize goals and formulate action plans.

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