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Physician Relationships: Make Your First Impression Count

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A strategy for physician recruitment is vital to a health system's success. Here are five action steps for improving physician recruitment and retention at your organization.

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At a Glance

Strategies for physician recruitment should include the following:

- Consider creating an in-house recruiting system to save money and to “own” the health system’s first impression.
- Gain a competitive advantage by nurturing relationships with prospects over the long-term.
- Use innovative recruitment techniques, such as video interviewing and electronic reference checking, to better coordinate recruitment, follow-up, and mentoring.
- Make a new hire’s job satisfaction and home life a top priority during the first 90 days of employment, and then plan regular follow-ups to maintain a positive relationship

He was a star orthopedic surgeon. Harvard Medical School. Widely published. Revered by his peers. She was a new CEO, looking for a key hire to establish the health system as a leader in a competitive specialty. Her team targeted him and moved fast – they wined and dined him on a whirlwind visit, offered an extravagant relocation and compensation package, and put on the pressure for a quick decision. Even though he didn't know much about the health system or its leadership, he wanted the big pay day and enjoyed the star treatment. But six months in, it was clear that the health system had very strong core values that differed from his own. His wife and family missed the big city and couldn't adjust. After he was hired, he felt ignored. The recruitment process had inflated his ego, and his behavior turned off his new co-workers. When issues and conflicts arose, he felt no sense of loyalty to the organization. He resigned. The cost to the health system? Several hundred thousands dollars in recruiting expenses and lost revenue opportunity.

In every day life, first impressions create strong emotional reactions that influence our long-term view of people. There is an abundance of literature and research on the importance of job candidates making a good first impression on employers, but there is little on the impression that employers need to make on prospective employees. In the competitive world of physician recruitment, the first impressions your organization makes on physicians become critical in shaping and influencing the long-term relationship between your health system and the physician.

Emotions play a large part in health system–physician relationships. And since the emotional first impressions a physician has of your health system are typically during the hiring and onboarding process, it stands to reason that health systems should take a strategic approach to their hiring and onboarding process with the explicit goal of creating positive first impressions and laying the foundation for long-term physician relationships. But few do. This provides an opportunity for competitive advantage.

Physician Recruitment Best Practices

Five best practices can improve the physician recruitment process and establish a positive relationship during the pre-hire, hiring, and onboarding process.

1. Pre-Hire: Lay the groundwork by nurturing relationships with a pool of potential candidates.

Because of a tight labor pool, especially for specialties such as Rheumatology and Orthopedics, physician recruiters and hospital leaders are often forced to hire physicians who have the right technical skills even if they lack the right behavioral competencies. But behavioral fit and alignment with the health system's core values are critical to long-term job satisfaction and to a positive relationship with leadership. Solving this challenge starts with building and nurturing a large candidate pool. With more options to choose from, hospitals can allow behavioral fit to become a factor in the hiring decision.

In building a pool of candidates, health systems should look beyond the usual suspects. Many health systems use the same expensive staffing agencies and third-party recruiting databases, yielding the same roster of physicians. Building an internal database gives health systems a competitive advantage. It allows the health system to focus on potential candidates who are likely to share their organization's core values and be a good fit for their community. Relationships with those prospects should be nurtured over the long-term – years or even decades.

Jan Chaney, Senior Director of Physician Recruitment and Retention, Quincy Medical Group (Quincy, IL) noted the importance of fit: "While there's much to attract a doctor to live and work in a small town in a physician-led clinic focused on community-centered care, it's not a career move for everyone. The bottom line is that if the fit factor isn't there, retention won't follow. Building systems and processes that screen for fit by tracking skills, clinical preferences, personality, as well as location and family considerations is essential."

Physicians often "come home" to practice, choosing a health system near to where they grew up, trained, or were licensed. Hospital leaders can target physicians likely to settle in the area and foster relationships with them well before a hiring campaign heats up. Candidates should include:

- Physicians who live, but do not work, in the community
- Physicians who grew up near the community
- Past candidates who were not selected but who had good potential fit for other roles
- Former residents and fellows of the health system
- Physicians who passed through the health system during training

Creating long-term relationships with those candidates requires a strategy of scheduled communications. Health systems must tailor their communications to the

preference of the candidates, identifying the right frequency (monthly, quarterly, yearly), content (job related, branding, community news) and medium (email, phone, direct mail, social media).

Rather than relying on email files and documents on individual desktop computers, centralized, online electronic files should be kept for these candidates, including a detailed history of communications and commentary on their fit for the organization. “Physician recruiting requires extraordinary organization and an ability to find and act on information quickly,” says Mike Fitzner, Director of Physician Recruitment, War Memorial Hospital in Sault Ste Marie, Michigan. “Having an in-house system to automatically track and manage everything associated with candidate screening, pre-credentialing, and referencing has helped our hospital save hundreds of thousands of dollars in external recruitment fees.” Fitzner and his staff use their database to track all interactions with individual doctors— from emails and interview notes to contracts and offer letters.

2. Hiring: Focus on the emotional needs and wants of the physician

Once an opportunity has been created, the physician recruitment department and hospital leadership need to screen candidates taking into account physician’s emotional needs and wants. Identifying poor fit early not only saves time, it builds trust and loyalty with the physician by demonstrating an understanding of and commitment to his or her needs.

During the screening process, a consistent methodology should be applied to understand the candidate’s needs and wants. The recruiter should identify issues with the candidate’s work history and discuss them early and openly. The physician recruiter should also meet with the candidate’s spouse to understand the family’s needs and concerns. All conversations should be captured online and made available to decision makers so that they can tailor and personalize their conversations with the candidates. “Deliberate selection of new physicians who fit the organization is critical to retention,” says Debbie Gleason, Physician Development Administrator- The Nebraska Medical Center (Omaha, NE) and President-Elect, Association of Staff Physician Recruiters (ASPR).

Another way to building strong relationships is to give candidates a well-organized outline of the job requirements, details on the health system structure and goals, an overview its culture, mission, and core values, and a snapshot of the greater community. Make it easy for candidates to evaluate your organization and shape their views and impressions early and accurately. Use innovative recruitment techniques such as video interviewing and electronic reference checking.

Focus on the little things that leave a lasting impression. Physician recruiters should use software that helps them stay organized and be very responsive: Questions are answered immediately. Feedback is gathered and shared with all decision makers. Concerns are identified and responses cataloged. Next steps are outlined and followed through. The decision-making process is clearly communicated. Have draft

versions of contracts available to the physician prior to the interview so that you quickly work through any concerns of issues.

3. Recruiting: Invest in physician recruitment as a core competency

With the dramatic increase in health system–employed physicians the physician shortage has worsened, and health systems will need to develop physician recruitment as a core competency and center of excellence. The discipline of Physician Recruitment has become a highly competitive and highly specialized role and requires funding and management attention. Gleason commented “An in-house physician recruitment professional offers unique and crucial insight into the organization’s mission, culture, and goals for prospective physicians.” Health-system leadership should provide the physician recruitment office the resources and technology to efficiently manage these relationships and then hold them accountable with metrics on effectiveness and costs.

Staff your physician recruitment office so that you are not at a competitive disadvantage. According to the 2011 Association of Staff Physician Recruiters (ASPR) In-House Physician Recruitment Benchmarking Report¹ a typical healthcare organization conducts an average of 18 searches per year (including physicians and advanced practice providers). Physician recruiters conduct an average of 13 to 23 searches per year. Healthcare organizations hire, on average, about one in-house physician recruiter for every 50 employed physicians.

Once staffed, leadership should use metrics and tracking to assess the group’s performance. By using software to track referral and sourcing patterns, health systems can determine cost per hire and return from source and can optimize the sourcing budget. According to the ASPR report, “Only 30.4% of searches were able to report associated costs.” Recruitment expenses should be tracked so that the health system can determine the cost to recruit an individual candidate and to fill an open position, by individual facility and by physician type. These costs, along with projections for number of expected hires, should then feed the next budgeting cycle.

“By tracking everything from referrals to expenses, we can not only increase our efficiency but also provide key data to leadership at anytime,” says Joey Klein, Senior Physician Recruiter, The Cleveland Clinic (Cleveland, OH). “After examining advertising costs vs. results we found that 65% of our ad expenses were returning only 3% of our sourced candidates.” That equaled a cost per sourced candidate over four times the sum of all other ad sources combined. Klein adds, “We can now aim at high-quality and low-cost avenues which we would never have been able to do before.”

4. Onboarding: Create an early warning system and self-evaluation for new hires

A physician's experience within the first 90-days of employment can greatly affect his or her long-term job satisfaction. A highly structured process of gathering feedback and responding to their early needs can create loyalty by demonstrating a well-run organization with a supportive and caring culture. It also minimizes "buyer's remorse" and the second-guessing that comes with any significant life-changing decision.

To effectively manage the onboarding process, physician recruiters and physician liaisons should conduct online satisfaction surveys periodically. The online survey should be designed to complement verbal conversations and offer a less-threatening and easier way for physicians to communicate any concerns or issues. The first survey should take place immediately after physicians join the health system. It should gather information on why they took the position and what is important to them. Roughly 30 days after their start dates, you should gather feedback on the onboarding process, their orientation, and other basics. Using software to manage the onboarding process helps keep scheduling, feedback, and follow through on track. Software can also ease the process and ensure all paperwork is completed. After 90 days, surveys should focus on new hires' comfort with the work environment and culture, and the extent to which they feel that their expectations have been met.

For physicians who relocate, how they adapt to the community and how their spouse and family adapt can have a significant impact on their job satisfaction and relationship with the health system. Spouses should be surveyed, either online, via telephone, or in person, six to 12 months in, to gauge their satisfaction and identify any issues.

Survey data must be acted upon. Issues should be tracked and solved using software that gives visibility to the medical staff and escalates critical or urgent problems appropriately. Specific time frames should be set for resolving issues, and resolutions should be reported up to management. Trends on issues should be gathered, and outreach programs should be created to manage them.

Kelly Ford, Director of Medical Staff Affairs for HSHS Medical Group, (Springfield, IL) gives this comment on the importance of their physician survey initiative:

"While the survey process and its related activities are the human touches of our physician retention program, the reality is these activities fully impact our bottom line. Ensuring our new providers and their families are happy and well-adjusted means that we don't spend money on recruiting replacements. Also, our patient volumes and revenues aren't negatively affected by provider departures – we maintain the continuity and growth of our practices."

The health system should establish a physician liaison program, which serves as another channel for the personal feedback between physicians and the health system. The communication with the liaisons should be two-way with semi-annual

meeting to discuss updates on the health system, new service lines being offered, and any concerns the physicians may have. It is important for the liaison to document all meetings, conversations, and outcomes and make these notes accessible to leadership.

5. Onboarding: Create a Mentoring Program

Mentoring programs are not new, but they can be instrumental in not only improving the quality of patient care but also in strengthening relationships and connections between physicians and the health system. It allows new physicians to seek advice in a nonthreatening manner and can help communicate the health system's mission and culture to the new physician. It also creates an opportunity for social connections with physician and spouses.

Mentors should be presented with information on the needs, wants, and concerns of the new physician. Issues uncovered from surveys or site visits should be shared. And mentors should be matched on the basis of not only medical discipline but also their ability to help build and create relationships. Matching can be done by maintaining a strong database on both.

"A structured new physician mentoring program provides the perfect opportunity to pass on the legacy of the organization or move the culture in a new direction" says Gleason. "Ideally, the new physician mentoring begins before their start date providing a jump start for the practice's success. One-on-one discussions provide opportunities for a mentor to influence attitudes and behaviors in a way that are mutually beneficial to the new physician and the organization. Understanding the essence of the organization and how to tap into the resources available to them has the potential to create an alliance with the new physician enhancing retention. Conversely, feedback from the new physicians gives valuable insight into best practices from other institutions and career goals of the new physicians providing avenues to strengthen an on-going relationship."

Great from the start

She was an up and coming orthopedic surgeon. She knew the health system well. Though she now lived 300 miles away, she grew up in the town where the hospital was based, and the health system's physician recruiter had been in touch with her for years, sharing holiday wishes, news about the new parking garage, changes in leadership, and even updates on the revival of the downtown restaurant scene. In her regular conversations with the physician recruiter, she forged a connection with the health system. It felt comfortable. When the position opened up, the hiring process was organized and comfortable. The physician recruiter and hospital leaders listened to her needs and kept her informed of her status; she was really

impressed. When she was hired, she went in with eyes wide open. She understood that the core values, though different from hers, were very important to the CEO and she worked to embrace them. She appreciated the organization's proactive approach to resolving issues both she and her family had with the relocation. Though she experienced a few bumps and unexpected surprises, she trusted them enough to give them the benefit of the doubt. Less than 15 years later, she was promoted to CMO.

Physician recruiting is getting much more sophisticated and competitive. Setting the right tone as an organized, efficient, responsive employer during the recruiting process makes a first impression that will create loyalty and evoke a positive emotional connection with the health system. Through a process that starts with long-term relationship nurturing and focuses on fit and emotional needs during the hiring process, and extends through on-boarding, health systems can build physician recruitment as a core competency and establish strong relationships and emotional attachments between with their physicians.

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