

Lessons Learned from Recruiting “Millennial” Physicians

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Caring Without Limits

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Objectives for today

- ❑ *Learn how the younger physicians will improve your medical staff's success*
- ❑ *How to adapt traditional recruitment and incentive strategies for lifestyles*
- ❑ *Critical elements for closing the deal and retaining Millennials*



Recent National Recruitment Statistics

Physician placements in 2015

Primary care	36%
Surgical Specialties	17%
Medicine sub specialties	16%
Hospitalists	13%

Medicus

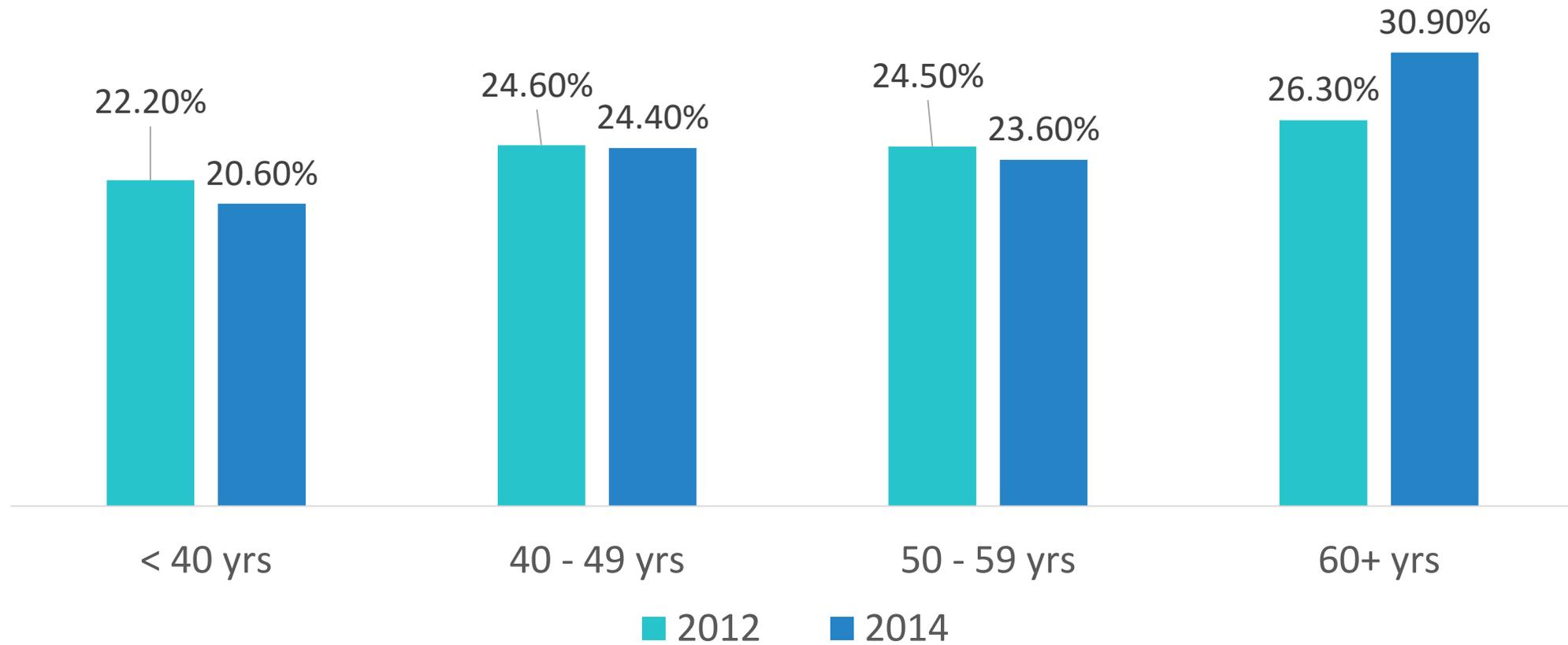
Employed placements in 2015

Hospital/group employees	70%
Employees in Physician Groups	25%
Other practice settings	5%

Medicus

Average signing bonus 2015	Meritt Hawkins	\$26,365
Average signing bonus 2015	Medicus	\$23,363
Average <u>Relocation</u> offers	Medicus	\$12,125

Physicians with Active License in US, by Age



Source: Federation of State Medical Boards

Medical Staff Planning

DO YOU STILL DO A MEDICAL STAFF RECRUITMENT PLAN?

WHAT INFORMATION DO YOU GATHER?

- Age of staff by specialty
- Activity levels
- Locations
- Independent v employed
- Are physicians participating in the same payer contracts as the hospital
- Competition
- Status of practices with EMR and connectivity
- Does your recruitment plan tie in with the hospitals long range plans?
- What has been your experience with recruiting?
- Are you in Health Professional Shortage Area

About the “Millennials”

Millennials, (about 1977 to 1994) also known as the Generation Y or the “Net Generation”, are the demographic cohort that directly follows Generation X, that followed the Boomers. (.....but is before Gen Z)!

What have been their life experiences?

1. They grew up in an electronics-filled and an increasingly online and socially-networked world.
2. They are the generation that has been exposed to a diverse array of marketing mediums
3. Social media took off and sharing information with everyone has become natural
4. A most ethnically diverse generation, they tend to be tolerant of difference.

Have been referred to as the 2nd hippy generation (*don't trust anyone over 30*)

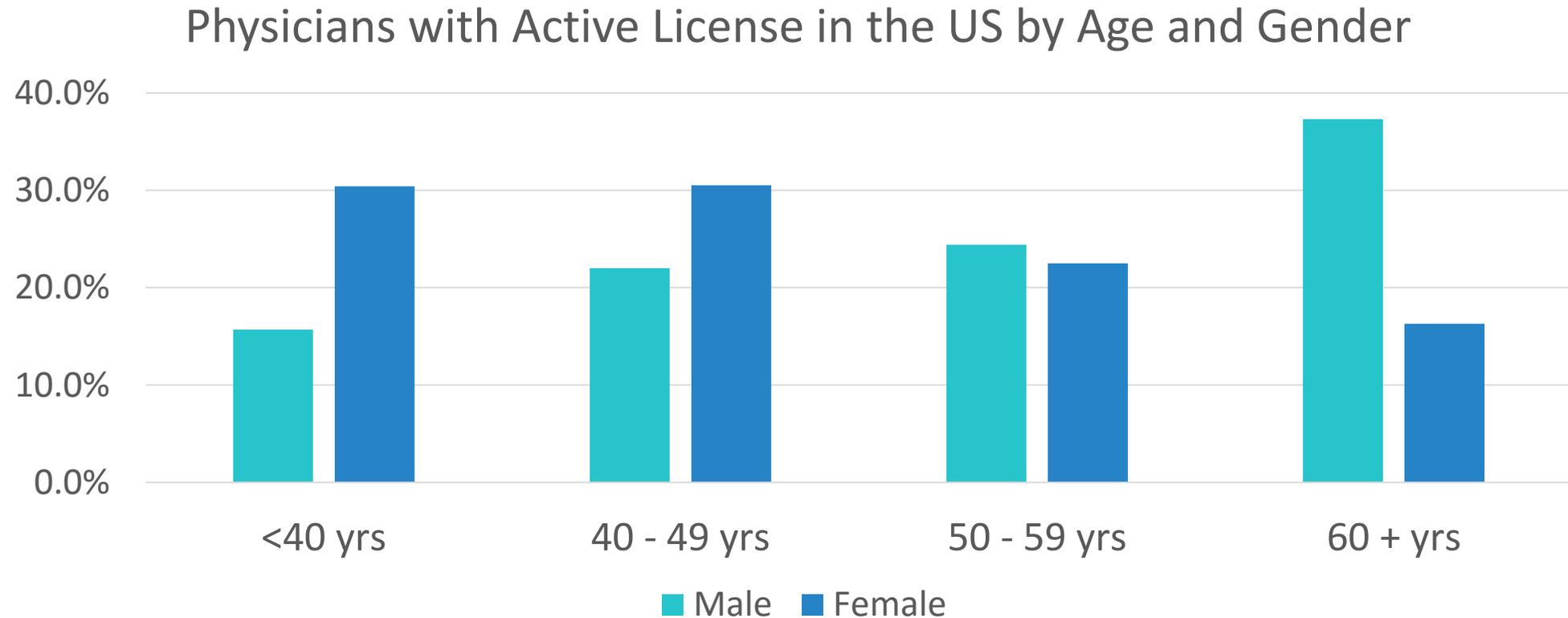
According to Pew Research

- ❑ 50% of Millennials consider themselves politically unaffiliated.
- ❑ 29% consider themselves religiously unaffiliated.
- ❑ They have the highest average number of Facebook “friends”, with an average of 250 friends vs. Generations X's at 200.
- ❑ 55% have posted a “selfie” or more to social media sites v 20% of Generation X.
- ❑ They send a median of 50 texts a day.
- ❑ As of 2012, only 19% of Millennials said that, in general, others can be trusted.
- ❑ 20% have at least one immigrant parent.

The Millennial Physician

- A different hiring challenge than the highly committed post-World War II generation of health professionals (*not your Dad's Buick?*)
- Saw the long hours worked by older docs and prefer to have the option of more flexible work arrangements (Work/Life balance)
- Prefer regular hours with minimal on-call time
- Will work hard when “on-duty” but when they are off they aregone
- They tend to be team oriented
- They understand the technology and its uses
- They want top dollar and know they can get it (do they feel entitled?)
- Rarely interested in practice ownership. (it's just a job and they know their worth)

Also there are more female Physicians



Source: Federation of State Medical Boards

It's about them... the person

- ❑ Time for family
 - Prefer shifts to being on call (predictable schedule) + (hospitalists help)
- ❑ Want local access to the community and activities
- ❑ Like to be involved in entertainment and the arts
- ❑ Do not want to be in a “patient-mill”
 - Want to provide good patient care
 - Listen to patients (engagement)
- ❑ “If I don’t like the way things are going, I will quit and go somewhere else”
- ❑ “Recognize my work and what I do”

What gets them engaged

Older v Newer physicians approaches and priorities

Boomers	Millennials
I understand my daily work contributes to the organizations mission	My organization provides excellent care to patients
I believe in my organizations mission	My ideas and suggestions are valued by my organization
My ideas and suggestions are valued by my organization	I understand my daily work contributes to the organizations mission
My organization provides excellent care to patients	I believe in my organizations mission
I have the right amount of independence in my work	My current job is a good match for my skills

Where do Millennials look for jobs

They still look in the traditional places: But they use untraditional means to research the jobs:

Hospital web sites

Recruiters and their web sites

On line job postings

Respond to outreach email v USPS

Physician & other Social Media sites

(Linkedin; Twitter; Text Messaging)

Google

Hospital and community websites

Use of social media to research a hospitals/groups

Will use rating sites (Hospital Compare etc)

→ Frequently from hand held devices

Social and other websites for Physicians

Targeted at the Millennial Physicians (and others):

- ❑ Sermo (*members can be anonymous in discussions, one of the first and largest*)
- ❑ Doximity (*Used like LinkedIn, used primarily for communications*)
- ❑ Medscapes Physician Connect (*Physician only forum and discussions*)

Recruitment sites:

- ❑ MDJobSite.com
- ❑ PracticeLink.com
- ❑ PracticeMatch.com
- ❑ PhysicianJobBoard.com
- ❑ + all the professional recruiting agencies

How do you source them?

- ❑ Physicians typically will get 50 to 100 solicitations after graduation..... How can you stand out?
- ❑ Are you already on some of these websites for physicians?
- ❑ Email blasts to mailing lists available from websites
 - Are you able to track the “hits” to your recruitment website
- ❑ Being tech savvy they will learn about job opportunities and their preferred communities via:
 - Hospital website
 - Recruitment companies - Contingency search
 - Various recruitment websites
 - Facebook and Social website pages



**“Doctor and physician are outdated terms.
I’m your biological tech support specialist.”**

Quotes from recently recruited docs

- Although I went on about 7 interviews, I only went as far as getting offers from 2 places. The others all implied that they wanted to make an offer but I didn't see any reason to take things that far if I already knew that the job wasn't for me.
- Location played a role in where I scheduled interviews but when it came down to the 2 offers, my gut just told me that this was the best job for me.
- Honestly, I accepted the offer which paid (slightly) less money, but was a better fit for me.
- A guaranteed salary is a "must-have" when looking for a first job.
- Reputation, quality of care and co-workers are both a huge deal for me. One place that I interviewed was clearly not practicing evidence based medicine and, coming fresh out of training, I knew that I would have a hard time working in that environment.

Quotes from recently recruited docs

- I accepted a job with a larger group of physicians, each with their own niches. It feels almost like an academic medicine environment, which is obviously what I am most comfortable in since I haven't worked in any other environment yet.
- I would say that a solo practice would be difficult to establish right out of training. One multi-speciality group that I interviewed with was set up this way, but with very little money in the bank and 6 figures of medical school debt, I can't really afford to go several months with no base income when I'm just getting started.
- I talked to Physicians outside of my specialty about the group – spoke with other Physician Mentors – did a lot of On-Line Research about what to look for in practice opportunity and about this group.
- I like the Challenge, the autonomy – I don't like the length of the day sometimes I don't get home in time to spend enough time with my wife & kids, sometimes I don't like the autonomy (I want someone to consult with here) Don't like my commute.

Things to consider to aid your recruitment

- ❑ They need to believe they will be working in a **good practice** or with a **good hospital** that provides **excellent care** (*Quality Scores*)
- ❑ They need to believe the job is a **good match** for their skills (*why do we need you to fill this job*)
- ❑ Look to add clarity with defined roles and responsibilities
- ❑ Explore how much autonomy the individual would like but ensure recognition for work done will be in place
- ❑ Dual Career professionals will be common among Millennials ... Job sharing may be required where one physician may want to raise a family
- ❑ Women physicians with their non-clinical significant others may require placement

Questions they will ask and why

- Work life balance
- Annual salary + benefits (so what is the take home pay)
- Area cost of living
- How long to get a State license and how long is your credentialing
- Malpractice and Tail coverage
- Physician density
- Who will I be working with
- Area amenities
- Collegiality
- Student loan assistance (compare to non medical graduate cohorts)
- School systems and day care
- Moving assistance
- Local religious affiliations / churches
- Needs of their “significant other”

The “Pitch”

- ❑ As a recruiter you will need to **get to know millennials personally** to win them over. Get personal fast! (Often call by first name)
- ❑ Tell them stories (case studies) about successes in patient care
- ❑ They like to feel part of a team (why they are needed/the need for their skills)
- ❑ Recruiters should ask millennials and be prepared to listen:
 - What are your needs?
 - What do you want as an individual and how can we find a place for you?
 -And do make sure it's a good fit.
- ❑ If it's not a good fit, give them the support to make a change
- ❑ Be prepared to provide student loan assistance. HUGE issue for Specialists

Recruitment team - advice for the on-site visit

Only one chance to make a good first impression

- Who should they visit? Admin and Physician leadership
- Set the stage for success – nice touches – small welcome gifts
- How will CEO and others interact with the recruit
- Clarity of mission and vision (do you walk the talk)
- Department heads – learn how they do the job
- Meet with others outside hospital to understand how Hospital is perceived
- Available market perception studies
- Dual itineraries for spouses/significant others
- As with all recruitment - Be honest.....

The final agreement and closing “the deal”

Agreement items to consider to protect the hospital’s investment:

- 180 days notice to quit
- Non competes – is it reasonable (distances)
- Signing bonuses and / or repayment plans

The Job

- w/RVU’s clearly defined (walk them through the compensation model)
- Quality standards
- Patient satisfaction scores
- On call or shifts
- Mandatory meetings
- Future Leadership opportunities
- The Board decisions (time lines)

Onboarding

YOU ALL DO THIS BUT.... IN GENERAL

(Remember this is still just a job and they can walk away)

- ❑ The longer the onboarding process the better the outcome
- ❑ Ensure periodic re-connects to ensure they know they are important
- ❑ Traditional handoff to department head/practice manager
- ❑ Orientate to hospital/practice/community/IT systems/medical staff
- ❑ Re-confirm and clarify expectations
- ❑ Comfort level for success – set dates and times for reviews
- ❑ Buddy system (similar age) and mentorship local respected physician
- ❑ Family members – admin. to be concerned about how they are settling in
- ❑ Perhaps assign them an early responsibility on a committee (something with meat-be conscious of time commitment)

The retention effort

NOTE:

- ❑ The physician turnover rate has been increasing (from 5.9% in 2009 to 6.8% in 2013, AMGA).
- ❑ Turnover is expected to get worse as the aging physician population begins to retire.
- ❑ Your follow through:
 - 30-60-90 to 1 year meetings to test how they are fitting in
 - Include review of their actual experience v expectations
 - Frequent feedback, who/how
 - Check ability to grow personally and professionally to ensure job satisfaction
 - Monitor work / life balance, who/how
 - Assign a Physician Mentor (business and social)

Millenniums will contribute to success

- ❑ Plugging holes for the departing boomers
- ❑ Acceptance and use of technology
- ❑ Greater willingness to adhere to care protocols
- ❑ Will continue the drive to quality care
- ❑ Your local millennial patients will like to be treated by a millennial physician
- ❑ When engaged they will provide new fresh ideas on
 - Patient engagement
 - Care processes

Questions ?
Thoughts?