



remarks

Do They Really Need You? As you consider a job offer, make sure your services are truly needed and not just wanted by a hospital bent on increasing its market share.

BY KURT MOSLEY



Despite what some experts say, physicians today definitely are wanted. Just look at the

many advertisements in this magazine (which now is in its tenth year) and you can see that. But as a physician evaluating a job opportunity, how can you tell if you are truly needed?

This is an increasingly important question for any physician testing the employment market. Why? Because the physician practice model is shifting once again. This time it's moving away from larger, corporate employers such as physician practice management companies and for-profit hospital chains, and toward private practice. If current trends continue, the

chances are that you will be working for a medical group, practicing in association or partnership with another physician, or practicing solo. In each case, a hospital probably will recruit you and you likely will receive a salary or an income guarantee for the first year or two. After that, much of your income will be based on your production, which generally will be measured by how many patients you see. Even in your first year, production may be an important part of any bonus you re-

ceive. Of course, if you are receiving an income guarantee, then the number of patients you see will directly determine your ability to "earn back" the guaranteed amount.

In other words, it will be important wherever you go that you have enough patients to sustain a viable practice. Unless you are working on a straight salary, as you might in a staff model HMO, whether you are "needed" in a new practice will matter as much as whether you are "wanted."

And it's not just a matter of securing a viable practice. The federal government has various regulations regarding the types of recruiting incentives hospitals can offer to physicians and the types of incentives physicians can accept. In many cases, hospitals have to demonstrate that they are recruiting to fill a true community need for a physician, rather than merely competing with the hospital down the street. Physicians should feel comfortable that they are being recruited in a manner consistent with the law.

Last, but not least, are the political implications of "being needed." You will be joining an established medical community, and whether or not you are accepted may depend on the extent to which a new physician in your specialty is needed. Rarely are established physicians unan-

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imous in their support of recruitment, but in some cases they are more supportive than others. Regardless, it's good to know where you stand.

So, how can you tell if there is a real community need for your services, whether the hospital is following federal physician recruitment guidelines, and whether established physicians are likely to support you? Consider asking these questions at your next job interview.

• **Why are you recruiting?** Is it because the hospital down the street just recruited a female ob/gyn, or is it because there is a real need in the community for additional obstetric and gynecological services? In most cases, hospitals or medical groups recruit for reasons that are not fundamentally altruistic. Obviously, they want patients. That does not illegitimate their recruitment efforts, as long as such efforts coincide with community need.

• **Why do you think there is a need for my specialty?** This is where answers can get vague and where you may need to press for further information. The fact is, many hospital and group administrators do not know how many physicians their community needs. Determining community need for physicians is not an exact science even when you do the research. When you do not, it's pretty much a shot in the dark. The hospital or group should be able to point to some data indicating that a need exists for your specialty. To dig for this data, you may need to ask...

• **How large is your service area, and how many physicians in my specialty does it include?** There are a variety of ratios that suggest how many physicians in different specialties a given population needs. The hospital or medical group should be able to cite one or more of these ratios in demonstrating that a need for your services exists. It is important that all the physicians in the community are referenced, not just those on the hospital's staff. A need on the staff does not

necessarily mean a need exists in the community, which is the real litmus test. A useful reference book, the *Dartmouth Heath Care Atlas*, lists over 300 hospital referral regions and cites the relative number of primary-care physicians and specialists per 100,000 residents in each. It's instructive to review this data in determining which communities have a higher-than-average number of physicians per population and which communities are lower than the average.

• **Have you conducted a physician needs assessment study?** An increasing number of hospitals are conducting formal physician needs assessment plans that marshal a variety of data to determine physician need. These plans can help keep hospitals compliant with recruitment laws and also can serve as effective recruitment tools. If a hospital does have such a plan, ask to review it—or at least the data that applies to your specialty—to see what conclusions were reached.

• **Are you familiar with federal physician recruitment regulations?** Hospital administrators should be pleased that you asked this question rather than disturbed. It shows that you wish to be part of a good faith effort to bring needed services to the community and that you have the hospital's best interests in mind. Hospitals should demonstrate that they are aware of these regulations and that they are committed to abiding by them.

• **How do existing physicians feel about my recruitment?** Hospitals are becoming increasingly attuned to the need for gaining physician support for recruitment. It's important to meet with as many staff physicians as you can during your interview to gauge their level of acceptance. In addition, some hospitals conduct medical staff surveys that ask physicians to indicate which physician specialties they believe are needed in the community. Again, established physicians often are reluctant to support recruitment. Therefore, if over 30 percent of physicians surveyed see a need for a particular specialty, the chances are good that a need really exists.

• **What are new patient wait times in my specialty?** It's not unusual for primary-care physicians to be booked two weeks out and for specialists to be booked 10 days out. In some communities, new patient wait times are considerably longer. You can test this yourself by calling a few medical offices in the community and asking to book an appointment.

• **What is the disease incidence in my specialty?** Some service populations are healthier than others. Can the hospital show you what disease incidence rates are in your specialty relative to national averages? Disease incidence will have a good deal to do with how old the service population is, which leads to the next question:

• **Who are my patients and where will they come from?** The recruiting hospital or medical group should be able to provide you with demographic statistics describing the service area. You should be able to see where most patients reside, where physician offices are located, patient income and education levels, and patient payer mix. You should have a pretty good idea regarding whether your patients will be white collar or blue collar, young or old, insured or uninsured.

A typical physician interview lasts for 24 to 48 hours, and it can be some of the most intense time you will spend in your professional life. During an interview you will meet with a number of people, and topics will range from equipment, to compensation, to schools, to recreation, to the availability of piano lessons for your kids. In all the excitement and pressure, a fundamental question can be overlooked: Are you really needed? It's a question you can't afford not to ask. ■

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