

The CEO: Physician Recruiter?

How involved should executives be in efforts to bring docs on board?

It's a familiar refrain for healthcare leaders: A horde of baby boomers are approaching retirement, and that includes boomer physicians. So even as the number of patients needing complex medical services increases, the number of doctors available to care for them is falling. The federal government predicts that by 2020, nurse and physician retirements will contribute to a shortage of approximately 24,000 doctors and nearly 1 million nurses.

inability to implement key strategies," PricewaterhouseCoopers researchers wrote in the study, *What Works: Healing the Healthcare Staffing Shortage*.

Ana Mederos, CEO at 360-staffed Palmetto General Hospital in Hialeah, FL, says remaining aware of her hospital's attrition rate and age of her medical staff is one of the most important tasks she performs. "Recruiting key physicians can take as long as two years. You have to constantly monitor how you are growing

ferent. It should be seamless, whether I'm here or not," she says.

Size matters

Martin Osinski, president at Miami-based American Medical Consultants Inc. and a board member and president of the National Association of Physician Recruiters, says CEO involvement in the recruitment process is often directly related to the size of the hospital system. In many cases, Osinski says, the CEO is "directly involved in the recruitment process. In others, I've seen several layers of people between the new physician and the CEO."

The CEO of a small, rural hospital often must take a more active role in physician staffing issues, because those hospitals often have a more difficult time attracting top talent, Osinski says. "A rural CEO is going to have to show that the hospital is committed to the physician."

Like Mederos, Osinski believes that CEOs at hospitals of any size have to be directly involved in physician succession planning. "Sometimes physicians are not as active as we'd like in considering what the ramifications of their retirement will be. It's the executive team's job to stay on top of those situations so they don't end up losing specialists," says Osinski, who recommends performing regular audits similar to those at Palmetto General that can paint a picture of the specialties your hospital currently offers.

Osinski goes one step further, however, saying that keeping tabs on where you want to expand services in the future is equally important. "If you are looking to expand into a new area of expertise, you know that it's going to take substantial dollars to develop any new program. In that case, you definitely want to have the CEO involved."

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With so much press about the physician shortage, recruiting and retaining doctors is an issue that has leapt beyond the walls of the human resources department and into the C-suite. But with so many critical issues on their plates, how many hospital CEOs have time to make preparations for an exodus of retiring doctors?

Vying for attention

Despite the widening scope of the physician staffing problem, a recent PricewaterhouseCoopers report found that healthcare executives still place work force issues lower than most other complex issues. "This disconnect seems to indicate that hospital executives do not yet fully appreciate the impact of work force issues on other strategic initiatives. ... Failure to consider human resource constraints can lead to faulty planning and an

the business and expanding services, and you have to recruit appropriately," says Mederos. "If you aren't planning for the long term, you will find yourself with a dwindling medical staff, and that can't happen."

Palmetto General regularly checks in with its staff to find out which physicians may be close to retirement and how many physicians are in any given specialty to determine current or potential staffing deficiencies, Mederos says. Although her primary responsibility is one of a facilitator who leads the leadership team through these exercises to plan for the future, Mederos says the entire team has to be involved in each level of recruitment. "Each person contributes, and each has a different realm of expertise they bring to the process. Any function in the hospital has got to have several people involved, and this one is no dif-