
THE ROCHESTER COMMUNITY PHYSICIAN WORKFORCE

FACTORS AFFECTING RECRUITMENT AND RETENTION

July, 2003

SUMMARY

The Rochester Physician Workforce Task Force (Task Force), engaged CGR to conduct an analysis of the physician workforce in the six-county Rochester, NY region. The Task Force was concerned that existing data did not sufficiently measure supply nor identify the root causes of physicians leaving the Rochester area. This analysis relies primarily on self-reported physician data to evaluate the current supply of physicians by specialty, and examines factors influencing future supply such as anticipated retirement and relocation. It also examines self-reported physician practice patterns, compares physician incomes by specialty in Rochester to national averages, and identifies strategies the Task Force might use to improve recruitment and retention. The study resulted in three major areas for recommended change, described in more detail below.

*Major
Recommendations*

- 1. Restore a Collaborative Health Care Environment**—Half of responding physicians say that “fracturing of the health care system” could potentially make them want to leave the area.
- 2. Actively Promote the Rochester Community to Prospective and Current Physicians**— Low proportions of residents choosing to stay in Rochester, along with high levels of estimated future physician outflow in some specialties indicate a need for increased outreach, more formal mentoring, and more diverse training opportunities.
- 3. Address Financial Issues**—Six out of ten survey respondents indicate that low financial compensation makes them want to leave the area. The community needs to explore issues surrounding financial compensation, financial incentives for prospective and

Restore a Collaborative Health Care Environment

currently practicing physicians, and tools to enhance practice efficiencies.

In addition to concerns about “fracturing of the health care system,” responding physicians also indicated that they would like to see improved physician morale and an improved collaborative atmosphere. Current collaborative projects, such as the Credentialing Coordinators Group, Rochester Health Care Forum Initiatives, the Physician Workforce Task Force and Racial and Ethnic Adult Disparities In Immunization (READII) Project, should be promoted within the community.

- ❖ Task Force members should cooperate on synergistic recruitment and retention approaches that involve all Task Force member organizations.
- ❖ Task Force members should develop strategies to address fracturing of the health care system, morale, and difficult practice environments.
- ❖ Health systems should consider more broad rotation of residents across systems to provide residents and fellows with more diverse exposure to practice settings, and to encourage cross-system collaboration.

Actively Promote the Rochester Community to Prospective and Current Physicians

In order to draw new physicians and retain current physicians in specialties with short supply, the Rochester community should be actively promoted. Outreach efforts, such as those currently offered to Rheumatology fellows, should be continued, expanded to other specialties at risk, and enhanced. (Excellus’s funding of a Rheumatology fellowship and community efforts to assist with the administrative burden for an international fellow are current examples.)

Remain Aware of Specialties that Require Priority Attention

- ❖ Keep Endocrinology, General Surgery, Rheumatology, and Radiology on the list of specialties requiring high priority for targeted recruitment and retention efforts.
- ❖ Expand list of specialties of current concern to also include Otolaryngology (ENT) and Emergency Medicine.
- ❖ Be aware that OB/GYN, Vascular Surgery, and Ophthalmology may show signs of strain on supply in coming years.

Provide Resources to Physicians' Families

- ❖ Work with Career Development Services or other agencies to acquaint physician spouses with the employment environment in Rochester.
- ❖ Encourage the business community to participate in building a network to help with job-hunting and other resources for physicians' spouse and families.

Review Current Efforts to Retain Residents

- ❖ Review and consider an increase in the number of current slots for residents in areas of short supply.
- ❖ An “adopt-a-resident” mentoring program should be initiated to promote the vibrancy of the Rochester community to residents and fellows.
- ❖ Work with the Rochester marketing organizations, such as the Greater Rochester Visitor's Association, on recruiting efforts. Develop a custom package of information materials for use in recruiting physicians.
- ❖ The Medical Society should consider developing a social and networking support system for new recruits and their families.

Address Financial Issues

Survey results indicate that a majority of physicians feel that financial compensation is of concern. Physicians describe this concern in terms of take-home salaries, practice costs, and reimbursement from local, state, and federal sources. Self-reported salary information indicates that physicians in some specialties have salaries below the national average while others are above the national average.

- ❖ Tools should be made available to assist the physician community in the development of practice efficiencies (e.g., use of mid-level practitioners, administrative efficiencies, etc.).
- ❖ At the community level, a best practice group should be convened to develop strategies that will improve practice environments.
- ❖ Loan subsidies, including mortgage relief for high-risk specialties, should be explored.

*Unanswered
Questions / Further
Study Needed*

While this study begins to explore important issues in physician supply and the associated recruitment and retention issues, it also raises unanswered questions that require further study, and which will require ongoing cooperation of all Task Force members.

Case Studies of Other Communities: Conduct a case study of organizations or communities nationwide that have formally reviewed their own physician recruitment and retention policies and strategies, and who have developed a comprehensive strategic plan for such efforts.

Income and Productivity: Address financial compensation concerns with a comprehensive analysis of reimbursement by specialty. Physician productivity in terms of hours worked and patients seen should be included as a sub-analysis. The data necessary for such an analysis are available from the organizations represented by the current Task Force.

Communicate with Physicians Who Have Left: While we now have a sample of perceptions of physicians currently practicing in Rochester, we have no information on the true outcomes of those physicians who actually have moved away, in terms of changes in income, practice environment, and other factors. Such information could be helpful as the Task Force develops recruitment and retention strategies.

*Survey Data and
Limitations*

The primary data source used in this analysis was a survey of practicing physicians. While the 26% response rate is considered typical for physicians, response was voluntary and therefore can include bias depending on the particular characteristics of those who chose to respond. This is an important limitation of the data in this report: it is based on *self-reported* perceptions of practice life from about one-quarter of area physicians. This includes self-reported data on hours spent on patient care, and on plans for future retirement and relocation, which were used to generate estimates of current supply in terms of full-time equivalents (FTEs), and estimates of physician outflow from the area.

Nonetheless, perceptions play an important role in the decisions physicians make about remaining in Rochester versus moving elsewhere, time spent on patient care versus other professional activities, and in the message practicing physicians give to residents making decisions about future plans.

Data by specialty grouping are reported for those specialties that had five or more survey respondents. Therefore, if a specialty or subspecialty area is not included, it does not imply that the area is not facing supply shortages; it simply means the data were not sufficient for analysis.

Summary of Survey Findings

The study results point to the need for the Task Force and community-at-large to set priorities in recruitment and retention of physicians. Some specialties show signs of strain and shortage now, while others appear to be headed towards strain in the next ten years.

Moreover, different specialties face different challenges. Study results do not indicate a single over-riding problem. Instead, challenges are diverse and include national shortages in some specialties, reimbursement both locally and through Medicare and Medicaid, and high anticipated levels of physician retirement.

Selected study findings, based on survey responses, are as follows:

- ❖ The median age of all respondents is 48, but is substantially higher in some specialties, such as Neurology (63), Pathology (61), Otolaryngology (59), and General Surgery (55).
- ❖ Respondents on average spend 38 hours per week on patient care and 6 hours on administrative duties.
- ❖ Nearly half of responding physicians (47%) spend less than 40 hours per week in patient care activities compared to 25% nationwide.
- ❖ Nationally, physicians see 2.0 patients per patient care hour, and in Rochester, survey data indicate that physicians see 1.9 patients per patient care hour.
- ❖ Among those physicians accepting new patients, survey results indicate that the wait time for an urgent matter for a new patient is an average of 2 days, while for a non-urgent matter, a new patient will wait an average of 3 weeks.
 - ◆ However, there is enormous variation among specialties: While most respondents can see an *established* patient with an *urgent* need the same day,

the wait is 2 days for Psychiatry, and 2 weeks for Rheumatology.

- ◆ For a *new* patient with an *urgent* need, Allergy & Immunology has a wait time of one week, and Rheumatology has a wait time of 2 weeks.
- ◆ For *established* patients with a *non-urgent* need, Rheumatology has the longest wait, at three months. Dermatology, Neurology, OB/GYN, and Otolaryngology also have long waits, at 21 to 25 days.
- ❖ Forty-two percent of primary care physicians are closed to new patients, compared to 6% of specialists.
- ❖ Among those responding physicians who are accepting new patients, nearly one-third will not accept new patients with Medicaid (32%), 8% will not accept patients with Medicare, and 12% have other restrictions on accepting new patients. (59% have no restrictions.)
- ❖ On a scale of 1 to 10 with 0=least likely to 10=most likely, 14% of respondents selected a 6 or higher for the likelihood they would relocate in the next 2 years.
- ❖ Ten percent of respondents indicated they are likely to retire or leave active practice for other reasons in the next 2 years (selected a value of 6 or higher on the scale of 0 to 10). *Note: about 3% of respondents indicated they plan to leave the area AND retire. This double counting was eliminated in the estimates of physician outflow.*
- ❖ When asked for the reasons they first chose to practice in Rochester, “personal or family reasons” were selected by nearly two-thirds of respondents (65%), followed by “career opportunities” (48%) and “geographic location/lifestyle” (46%).
- ❖ Physicians were also asked what current conditions (if any) could make them want to consider leaving the Rochester area. The most often selected answer was “inadequate/uncompetitive financial compensation” (61%), followed by “fracturing of the health care system” (49%) and “difficult practice environment” (43%).

- ❖ Among those who answered a “6 or higher” on the question regarding their likelihood of leaving in the next two years, “improve financial compensation/reimbursement” was cited most frequently as something the community could do to encourage them to stay (64%), followed by “improve physician morale/collaborative atmosphere” (20%) and “reduce Strong Health’s power” (17%). *Note: these items were all write-ins, with no pre-determined “check off” responses listed in the survey.*
- ❖ Income overall is 11% lower among survey respondents compared to physicians nationwide (income is not adjusted for hours worked).
 - ◆ Family Practice, General Surgery, Pathology, and Radiology in particular are lower than national averages. However, hours worked also appear to be lower than national averages for Family Practice and Pathology.
 - ◆ Anesthesiology and Psychiatry are higher locally compared to national averages. Anesthesiologists and Psychiatrists in Rochester spend 8% more time in professional hours than their colleagues nationally.
- ❖ Among the 12 specialties on which we are able to compare local supply to national average supply, three specialties appear to be twenty percent or more *higher* than the national average (Internal Medicine, Pediatrics, and Radiology), four appear to be twenty percent or more *lower* than the national average (Emergency Medicine, General/Family Practice, General Surgery, and Psychiatrists), and the remaining five appear to be close to the national average (within 20%) (Allergy-Immunology, Endocrinology, Otolaryngology, OB/GYN, and Ophthalmologists).
- ❖ Medical practices indicated that the issues that most contribute to difficulty in recruiting both physicians and mid-level practitioners are “financial package offered,” “difficult practice environment,” and “dissatisfaction with the Rochester medical community.”

- ❖ Survey results indicate that four specialties show a particularly high level of anticipated relocation rates (25% or more of current supply): Radiology, Emergency Medicine, Endocrinology, and Otolaryngology.
- ❖ Survey results indicate that two specialties show a particularly high level of anticipated retirement/plans to leave active practice (25% or more of current supply): Otolaryngologists and Endocrinologists.