Our Fragile, Fragmented Physician Workforce: How to Keep Today’s Physicians Engaged and Productive

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Due to a variety of impingements on their clinical decision-making and overall practice autonomy, many physicians are expressing frustration with the current medical practice environment and are disengaging from patient care roles as a result. In this article, we trace the causes of physician dissatisfaction and the ways in which physicians are seeking alternative practice styles. We then outline steps medical practices can take to keep physicians engaged in patient care and productive in their practices.

KEY WORDS: Physician dissatisfaction; physician autonomy; physician morale; physician turnover; physician compensation.

In June of 2015 Merritt Hawkins posted a guest blog on our Web site by Michael Strickland, MD, cofounder of the United Physicians and Surgeons of America. In that post, Strickland noted his dissatisfaction with the current state of the medical profession and his determination to do something about it. Strickland announced he was organizing a national summit to discuss solutions to what ails doctors today through UPSA, a nonprofit physician group dedicated to restoring physician autonomy. One of the many comments from physicians he received in response follows:

I strongly believe we have the power to change the pitiful course private practice of medicine is being led to. One M.D. a day commits suicide! Every day we see M.D.s throw their hands up in despair. Physicians are nothing but dispensable commodities. Who is standing for our rights?

This response was echoed by others Strickland received. It also parallels many of the 13,000 written remarks physicians submitted as part of a national physician survey Merritt Hawkins conducted on behalf of The Physicians Foundation in 2014, to which over 20,000 physicians responded.¹

Consider two questions posed by the survey and the responses they generated (Table 1).

These generally negative responses are similar to those from a variety of other physician surveys, as well as the tens of thousands of conversations Merritt Hawkins’ consultants have with physicians every year. The conclusion is inescapable. Physicians today are feeling frustrated and powerless—and many are looking for a way out. The responses to another question asked in the Merritt Hawkins survey are revealing (Table 2).

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Although 56.4% of physicians said they plan to continue practicing as they are, a sizeable minority (43.6%) said they will take one of a variety of steps that will either remove them from patient care roles altogether (such as retiring or finding a nonclinical job) or reduce the number of patients

Table 1. Physician Morale

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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| Which best describes your professional morale and your feelings about the current state of the medical profession? | Very or somewhat positive: 44.4%  
Very or somewhat negative: 55.6% |
| Would you recommend medicine as a career to your children or other young people? | Yes: 49.8%  
No: 50.2% |

In the next one to three years, do you plan to: (check all that apply)

<table>
<thead>
<tr>
<th>Physicians’ Future Plans</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue as I am</td>
<td>56.4</td>
</tr>
<tr>
<td>Cut back on hours</td>
<td>18.2</td>
</tr>
<tr>
<td>Seek a non-clinical job in healthcare</td>
<td>10.4</td>
</tr>
<tr>
<td>Retire</td>
<td>9.4</td>
</tr>
<tr>
<td>Work locum tenens</td>
<td>9.1</td>
</tr>
<tr>
<td>Cut back on patients seen</td>
<td>7.8</td>
</tr>
<tr>
<td>Seek employment with a hospital</td>
<td>7.3</td>
</tr>
<tr>
<td>Work part-time</td>
<td>6.4</td>
</tr>
<tr>
<td>Switch to a concierge practice</td>
<td>6.2</td>
</tr>
<tr>
<td>Other</td>
<td>5.3</td>
</tr>
<tr>
<td>Close my practice to new patients</td>
<td>2.4</td>
</tr>
</tbody>
</table>


A DAY IN THE LIFE

The causes for physician dissatisfaction and disengagement are varied but can be distilled to one word: “control,” or, rather, the lack of it. After four years of college, four years of medical school, and three to seven or more years of training, many physicians go through their day feeling powerless, despite their unique, specialized knowledge. Physicians look at today’s medical practice environment and perceive that third parties:

- Control their fees;
- Dictate patient care decisions and options;
- Impose electronic health record (EHR) use;
- Necessitate defensive medicine/overutilization;
- Impose impractical diagnostic codes; and
- Grade or compensate on subjective criteria.

They also perceive that no organization is protecting their interests, as American Medical Association membership has fallen below 20% of all physicians. As a result, many physicians are at the breaking point. About 400 commit suicide each year, at a rate 20% to 30% higher than that of the general public. In the Merritt Hawkins/Physicians Foundation survey we have been discussing, 39% of respondents indicated that they plan to accelerate their retirement plans in response to ongoing changes in the healthcare system.

Keeping physicians engaged in their profession is a critical challenge in this turbulent era. Physician disengagement from medicine is taking place at a particularly inopportune time, because physicians are in increasingly short supply. The Association of American Medical Colleges indicates there now is a shortage of 21,800 physicians nationwide, which could increase to as many as 91,400 physicians by 2025.

Already, it can be difficult for patients to schedule physician appointments, a trend underlined by Merritt Hawkins’ 2014 Survey of Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates. The survey indicates that even in large metropolitan areas with a high number of physicians per capita, patients can wait for weeks to schedule a physician appointment (Table 3).

**Table 2. Physicians’ Plans for Near Future**

<table>
<thead>
<tr>
<th>City</th>
<th>Wait Time (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>66</td>
</tr>
<tr>
<td>New York</td>
<td>26</td>
</tr>
<tr>
<td>Atlanta</td>
<td>24</td>
</tr>
<tr>
<td>Seattle</td>
<td>23</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>21</td>
</tr>
</tbody>
</table>


KEEPING PHYSICIANS ENGAGED: WHERE DO THEY GO NEXT?

To stay engaged, physicians need a vision of where the practice is going. Will there be growth through mergers, consolidation, or affiliations? To what extent will team-based care, telemedicine, and emerging IT systems be embraced? At what point on the spectrum between independent, fee-for-service, private practice medicine, and the integrated/employed, value-based model will the practice lie?
Not all physicians may buy into the vision, but certainty about the direction (and, it is to be hoped, eventual consensus) is preferable to indecision and confusion.

**ENHANCE THE “WORKSHOP”**

Although you may not be able to control the weather outside where you live, you can control the environment inside your home. Similarly, an individual practice may not be able to control federal policies and other macro trends shaping the medical practice environment, but it can control the quality of its practice from the physicians’ perspective. Ensuring the most open, efficient, fair, and remunerative practice environment possible is critical to maintaining physician engagement. A desirable “workshop” might include the following:

- Physician communication (formal and informal) to promote physician input, governance and decision-making;
- Appropriate nurse/advanced practitioner/administrative staffing;
- Appropriate EHR selection/training/support;
- Clear, competitive reimbursement and bonus formulas (discussed in the following section);
- Flexible schedule, including part-time;
- Timely test turnaround;
- Timely hospital admissions;
- Timely access to patient data;
- Timely access to the OR;
- Pay for emergency department call;
- Hospitalist program allowing an outpatient-only practice;
- Gain sharing/joint ventures;
- Enhanced emergency department triage; and
- Convenient, available parking.

Because the practice’s affiliated hospital also may be part of the physician’s workshop, it is important to cultivate positive relations and to influence physician-friendly hospital practices. A positive practice environment can increase physician retention and strengthen the practice’s recruiting posture.

**OFFER CLEAR, COMPETITIVE COMPENSATION FORMULAS**

In today’s evolving healthcare market, physician compensation formulas often seem to be obsolete the moment they are adopted. Nevertheless, compensation models tend to have similar characteristics. Of the approximately 3000 physician search assignments Merritt Hawkins conducted from April 1, 2014, to March 31, 2015, 71% featured a salary with a production bonus, 23% featured a straight salary, 4% featured a private practice income guarantee, and 2% featured some other form of compensation.

The variation (and contention) over compensation usually involves the metrics of the production bonus. Of those searches Merritt Hawkins represented offering a salary and production bonus, the bonus was based on the metrics delineated in Table 4.

**In real-world physician compensation scenarios, volume-based metrics such as RVUs still predominate.**

As these numbers indicate, only 23% of bonus formulas featured “quality” (e.g., patient satisfaction, adherence to protocols, reduction of errors, appropriate coding) as a metric. Despite the broad movement from volume to value, in real-world physician compensation scenarios, volume-based metrics such as RVUs still predominate, in part because they are more objective and more easily understood than quality- or value-based metrics. Clarity is the key characteristic of physician-friendly compensation formulas, and such formulas are central to maintaining physician engagement. Compensation also should be competitive, which can be determined through the use of a variety of physician compensation surveys.

**CONSIDER TEAM-BASED CARE**

Some physicians remain hesitant about the use of advanced practitioners such as physician assistants and nurse practitioners. However, incorporating these and other clinicians into the team-based model frees physicians to practice to the top of their training and to focus on the most challenging (and, often, the most stimulating) aspects of their specialty while potentially expanding the practice and increasing revenues.

**SEEK A PARTNER**

Medical practices can form various levels of partnership with hospitals or large groups to achieve economies of
scale, compete for population health contracts, and, in general, weather the storms of change. The “physician enterprise model” (also known as “practice leasing”) is one of these. It offers the management resources of a hospital but allows physicians to preserve clinical autonomy. Whether the relationship features employment of the physician or a less formal association, a partner may be needed to offer physicians the stability and resources they require to stay in the game.

**EMBRACE INNOVATION**

Emerging innovations in both technology and practice structures can save physicians time and keep them engaged. These include telemedicine and home health devices that allow physicians to engage patients with mutual convenience, online patient scheduling, and mobile electronic health records. Innovations such as shared medical appointments allow physicians to see multiple patients with similar needs, such as prenatal care, at one time, freeing up schedules and allowing for more flexibility. Scribes can relieve physicians of EHR data entry, and practices can eliminate many of the reimbursement and clinical autonomy issues that physicians deplore by adopting the concierge model.

Whatever steps are taken, it is important for practice managers and any other professionals who interact with physicians to understand their challenges, frustrations, and state of mind. Physicians are still devoted to their patients and enjoy the clinical aspects of what they do. They are looking for allies and will reward those who let them do what they do best with commitment, engagement, and productivity.

**REFERENCES**