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# *Kauai Medical Clinic Physician Retention Plan*

*Physicians go where they are invited.  
Physicians stay where they are well treated.  
Physicians grow where they are cultivated.*

## **Is a Physician Retention Plan really necessary?**

Physician recruitment and retention is becoming increasingly difficult each year. More hospitals, group practices, and managed care organizations work harder to recruit and retain the best and brightest physicians. As competition continues to grow, we are seeing more aggressive physician relations programs to strengthen relations with physicians.

With 84% of the hospitals and thousands of group practices and most managed care companies in America recruiting, many feel it has become a recruitment war. (In 1999, with 6000 physicians graduating from Residency programs, there were over 18,000 practice opportunities available.)

Direct recruitment costs average \$22,500 per physician (This does not include relocation expenses). Additionally, the following costs associated with physician turnover should be considered:

- ◆ Patient Access
- ◆ Patient Turnover
- ◆ Gross Billings Lost
- ◆ Inpatient Revenue Lost
- ◆ Specialty Referrals Lost

Nationally, physician turnover rates hover around 10-15%.

## Causes of Provider Turnover

It is rare for a provider to have experienced one catastrophic event that causes them to seek other employment. Most typically, it is a combination of several things that build over time.

Typical causes of turnover:

- Lack of or “bad” chemistry with the partners (#1 reason nationwide)
- The practice didn’t fulfill their professional needs (i.e. multi vs. single specialty group, group too big or too small, etc.)
- The practice was different than expected (i.e. longer hours, weekend hours, evening hours, outreach expected, in-patient duties expected, number of patients seen per day, etc.)
- Absence of feedback during the critical time of the honeymoon
- Desire to be closer to family
- The physician and family never become a part of the community
- The physician and/or spouse never became comfortable with the rural environment
- Lack of control over their practice (i.e. Scheduling, referral authorization, being excluded from the decision making process, etc.)
- Lack of two-way communication
- Lack of appreciation
- The feeling of abandonment (rural clinics)

## Physician Retention Begins During Recruitment

Physician retention really begins early in the recruitment process. Retention efforts that should be included during the recruitment/interview process include:

- Screening candidates for the best all around “fit”
- Establishing mutual expectations during the interview & reiterating these before an offer is made (i.e. Patient load, call schedule, committee time, timeframe to a full practice, etc.)  
Ensuring that candidates know exactly what to expect
- Screening the Spouse for career objectives or requirements
- Integrating “retention” into the interview process. Communicating to candidates upon interview that one of the primary goals of the recruitment process is retention

## Justification for a Three Year Plan

The highest turnover is during the first three years on the job among well-paid professionals in all industries, including medicine, and is especially high during the first year. To retain the highest percentage of new physicians, organizations should plan to work with them for three years.

- a. Continue to build relationships with the physicians
- b. Help them adjust professionally & develop their practices
- c. Help them adjust personally to their new environment

***The key to physician retention is to maintain regular contact with physicians and their spouses to stay abreast of how they are adjusting, and to anticipate any problems that may develop. The most critical element in any retention plan is a mechanism to “check in” on the physician’s expectations.***

Recruiting cannot be considered completely successful until the physician is on staff and productive to the point of providing a service to the community and producing enough revenue to pay back recruitment. Therefore, the recruitment function should include responsibility for seeing that the physician and his or her family are not only recruited, but are successfully acclimated to their new location.

At all times you should keep in mind the needs of the physicians’ spouses and families because frequently physicians’ satisfaction depends on their families’ adjustment.

Retention efforts will not be wasted because it is far less costly to save one promising recruit than to find another.

### **Three Year Physician Retention Plan**

#### **Initial activities**

- CEO calls & sends a handwritten note welcoming the physician to the practice upon receipt of the new physician’s signed contract.
- Select Mentor for the new physician. Recruiter sends the Physician Mentor a copy of the Physician Mentorship Program Position Description and Schedule, a copy of the new physician’s CV and a brief memo regarding the physician, spouse/family, start date, new address, hobbies, etc.
- Recruiter sends a note to the new physician advising them that a Mentor physician will be contacting them.
- Offer Spouse Buddy program to the new physician’s Spouse. If interested in participating, select a Spouse Buddy & let the spouse know that their Buddy will contact them upon arrival on Kauai. Recruiter sends the Spouse Buddy a copy of the Spouse Buddy Program Position Description and Schedule & a brief memo regarding the Spouse & their family (including start date, new address, hobbies, Spouse/kids birthdays, etc.)
- Department/Division Interface – The Director of Clinical Services involves the new physician with issues regarding Equipment, Space, Scheduling & Staff complement before their arrival.
- Administrative Secretary orders the physician’s labcoat & business cards.
- Recruiter keeps in touch with the physician & spouse monthly to “check in” on relocation preparations, send company newsletters, etc. Is available to act as a resource for whatever is needed in preparing the physician and family for relocation, including Spouse employment.
- Physician Mentor should call the new physician bi-monthly to keep him/her informed of developments in the group and/or department before their arrival.
- Director of Clinical Services ensures that the physician’s office is cleaned & ready (furniture, telephone & computer lines installed, starter office supplies, etc.), exam rooms are cleaned & stocked, mailbox in mailroom, & that appointment cards have been ordered.
- KMC CEO issues a memo introducing the new physician to everyone at Wilcox Health System 1 week prior to their start date.
- Recruiter follows up with the Physician Mentor via Evaluation Form and/or telephone call to ensure that bi-monthly calls to the new physician are being made.

## Year 1

- Recruiter calls to welcome physician and their family within the first week of relocation. Sends a “Welcome” basket to the home on the new physician’s first day of work to include the family in the feeling of celebration. (Include: “Kauai Underground Guide”, “Ready Map”, sparkling apple cider, bread sticks, Kauai coffee, Borders Café gift card, Kauai Cookies, a card listing store recommendations & local services (i.e. Babysitters, swimming-pool service, churches, social & cultural activities, parks & recreation, etc.)
- Spouse Buddy calls to welcome spouse/family within the first week of relocation
- Physician Orientation on the new physician’s first day of work
- Physician Mentor meets with new physician on Orientation day and checks in daily for the first week of employment to provide information, guidance & support.
- Recruiter welcomes the new physician to his/her office: Hangs a welcome banner, lei or flowers for desk, etc.
- New physician (& family) attends a small dinner party at the Physician Mentor’s home within 2 weeks of the new physician’s start date.
- KMC’s CEO introduces the new physician at the General Membership meeting (biography to be included on the agenda) & a lei is presented by the Recruiter.
- Physician Mentor introduces the new physician to KMC & Independent physicians at weekly CME. If possible, the Physician Mentor takes the new physician to KMC’s Satellite clinics to introduce and to facilitate networking between the satellite clinics and main clinic.
- Recruiter works with the Spouse Buddy to organize a Spouse Networking Luncheon within 2 weeks of the new physician’s start date.
- First Three Months: Monthly meetings with KMC’s CEO and the new physician to get feedback on practice development & discuss problems or any other topics relevant to their situation. To provide feedback “interventions” over a period of time, foster on-going communication & to ensure that the new physician feels valued to the group & community (by giving positive feedback from patients, other physicians, & community members, etc.). Also, to build goodwill between the new physician & Administration. As information becomes available, tracking of patient volume, revenue and expenses. After three months, Quarterly meetings for the remainder of the first year. 15 minute meetings.
- Physician Mentor meets with new physician monthly to continue to provide information, guidance & support. Meeting times to be determined between the two physicians.
- Practice marketing  
Marketing & Communications issues a press release to the local newspaper, places print & radio advertising, introduces the new physician on the telephone on-hold audio, in the Main Clinic elevator display cases, Satellite Clinic bulletin board/waiting room displays, Wilcox Health System Internet website (posting of biography card), other advertising, promotions & special events as appropriate. CME presentation through Medical Staff Services if appropriate.
- Recruiter calls the Spouse on a monthly basis to see how she/he & family are acclimating to the community & new lifestyle.
- Spouse Buddy calls the Spouse on a monthly basis to see how she/he & family are acclimating to the community & to informally (as seems appropriate) help with introductions & information about the community, social events, shared recreational activities. Also, to continue to answer questions, provide information & personal support.
- Spouse Buddy sends birthday cards to Spouse & children on respective birthdays (Optional).
- Recruiter surveys the new physician after 2 months to see what improvements could be made in the Orientation process for future implementation.
- Recruiter surveys both new physician & spouse after 6 months to see what improvements could be made in the relocation & practice orientation processes for future implementation.
- Recruiter surveys the new physician after 6 months to see what improvements could be made in the Physician Retention Plan for future implementation.
- Recruiter surveys the Spouse after 6 months to see what improvements could be made in the Spouse Buddy Program for future implementation.
- Annual meeting with the System CEO.
- Recruiter surveys the new physician after 1 year to see what improvements could be made in the Physician Retention Plan for future implementation.

- Recruiter surveys the Spouse after 1 year to see what improvements could be made in the Spouse Buddy Program for future implementation.
- Recruiter follows up with the CEO, Physician Mentor & Spouse Buddy via Evaluation Form or telephone call to ensure that schedule is being followed & to obtain feedback.

**Year 2**

- Bi-monthly meetings with the Physician Mentor.
- Quarterly meetings with the Clinic CEO.
- Spouse Buddy calls the Spouse on a bi-monthly basis to “check in”.
- Recruiter calls the Spouse on a bi-monthly basis to “check in”.
- Annual meeting with the System CEO.
- Recruiter surveys the new physician after 2 years to see what improvements could be made in the Physician Retention Plan for future implementation.
- Recruiter surveys the Spouse after 2 years to see what improvements could be made in the Spouse Buddy Program for future implementation.
- Recruiter follows up with the CEO, Physician Mentor & Spouse Buddy via Evaluation Form or telephone call to ensure that schedule is being followed.

**Year 3**

- Bi-monthly meetings with the Physician Mentor.
- Bi-annual meetings with the Clinic CEO.
- Spouse Buddy calls the Spouse on a bi-monthly basis to “check in”.
- Recruiter calls Spouse on a bi-monthly basis to “check in”.
- Annual meeting with the System CEO.
- Recruiter surveys the new physician after 3 years to see what improvements could be made in the Physician Retention Plan for future implementation.
- Recruiter surveys the Spouse after 3 years to see what improvements could be made in the Spouse Buddy Program for future implementation.
- Recruiter follows up with the CEO, Physician Mentor & Spouse Buddy via Evaluation Form or telephone call to ensure that schedule is being followed.

**Post-Employment Phase**

Exit interviews should be conducted by the Executive Director – Administrative Services with all physicians who voluntarily leave the organization. If information revealed in these sessions indicates a pattern of some kind, the Executive Director -Administrative Services can share it with the recruiter if that information can be used to improve the Physician Retention Plan.

**Budget**

**Year 1**

Welcome Basket	\$50
Decorate Office	\$15
Lei (General Membership)	\$25
Dinner at Mentor’s home	\$300
Spouse Networking Luncheon	\$100

**Total Year 1:** \$ 490 *per physician*

**Total for 3-year plan:** \$ 490 *per physician*