



January 2010

## 2010 Medical Staff Planning for Hospitals and Medical Groups

Physician recruitment remains a strategic priority for most hospitals and medical groups. Many hospitals use a medical staff plan as their guide to know which specialties to recruit and the number of physicians to recruit in each specialty. Jennifer Moody, Principal of AmeriMed Consulting, answered questions regarding benefits of the medical staff planning process, hospital and medical group participation in medical manpower planning, the importance of qualitative and quantitative elements in the plan, and federal physician recruitment requirements.

**Q:** What is the purpose of medical staff planning?

**A:** *Strategically-oriented facilities want a medical staffing blueprint they can follow to know how many and what types of physicians they need now and in the future. The medical staff plan does just that – it identifies the appropriate number of physicians for a hospital's or medical group's service area. The data must demonstrate to the current medical staff that bringing in additional physicians is for valid reasons so they will support recruitment strategies. The data must be persuasive to prospective candidates considering a practice in the area. And, for hospitals, the data must satisfy federal physician recruitment requirements (IRS, HHS and Stark).*

**Q:** Should hospitals of all sizes have a medical staff plan?

**A:** *Absolutely. Any hospital expecting to have medical staff changes should have a medical staff plan that supports recruitment in their service area. In years past, medical staff making changes in their practice averaged 6–7% per year. However, medical staff change in the range of 10–20% is becoming more common. This means physicians are going from private practice to employment models, eliminating inpatient practice, dropping call, and/or changing the mix or scope of their practices. The medical staff plan allows hospitals to take a broad view of the medical community so they can replace physicians leaving the community, recruit physicians with skill sets no longer provided by current medical staff (including inpatient specialists), and appropriately integrate new specialties. The process allows hospitals to assess risk to the community and gaps in coverage. Hospitals should include their medical staff plans as an essential part of their strategic planning process.*

**Q:** Should medical groups have a medical staff plan?

**A:** *Medical groups are not required under federal law to have a medical staff plan. However, if they are accepting physician recruitment assistance from their local hospitals, they should be cognizant that a hospital must meet IRS, HHS and Stark requirements. A new development for medical groups is that the Federal Trade Commission (FTC) has begun investigating several large medical groups perceived to have a monopoly or dominant position in a community or region.*

**Q:** What are the benefits of hospitals and medical groups working together through the medical staff planning process?

**A:** *Medical staff plans should be based on quantitative and qualitative data. For that reason every hospital should include physicians in the process. The old method of medical staff planning was ratio based – a certain number of physicians (by specialty) per 100,000 population. Plans today go beyond the quantitative data.*

*By including medical staff in the planning process, the plan can include three qualitative elements: survey of the medical staff (input on patient referrals and practice volumes); a community survey (patient perceptions on access to healthcare as well as facility and physician quality); and physician focus interviews (to evaluate access in the physician's specialty, referral patterns, and "hot spot" concerns for the medical staff).*

*Physician involvement in the process ensures the hospital is meeting community need. It also ensures the hospital is aware of and meeting medical staff needs.*

**Q:** How long does it take to prepare a medical staff plan and how often should it be updated?

**A:** *A plan should be completed within a 2–4 month period as otherwise, the data can become stale. Hospitals should work to complete their plans quickly. The medical staff plan should be updated every 2–3 years. However if the plan is more than 12 months old and the hospital is actively involved in physician recruitment projects, the hospital must show the data is still correct and they have a reasonable belief the community is being appropriately served.*

**Q:** Do you anticipate the OIG will be increasing hospital audits in the foreseeable future?

**A:** *The OIG has indicated they expect to increase enforcement of federal physician recruitment requirements and indicated earlier this year they would start making drop-in inspections the fourth quarter of 2009.*

If you would like additional information on the medical manpower planning process, please contact us.

*AmeriMed Consulting is a healthcare consulting company specializing in strategic medical staff planning. They are located in Fort Worth, Texas and assist clients throughout the U.S.*

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## Top 10 Behavior-Based Site Visit Questions

In order to ensure you are hiring the candidate who is the best fit for your practice, it is important to step outside traditional interview questions and focus on questions that will reveal his or her true character. By utilizing open-ended and probing questions you can avoid vague, canned or hypothetical answers.

Behavioral questions focus on real time experiences and are based on the premise that past performance will be a predictor of future behaviors. Questions should focus on five specific assessment areas: Technical/Clinical Competency, Interpersonal Skills, Practice Management Competency, Professional Competence and Corporate Contribution/Group Culture Fit.

While there are numerous behavioral-based questions that will elicit answers reflective of a candidate's true self, below are 10 key questions:

### Technical/Clinical Competency

1. What stands out about your clinical skills? Why do you say that? What would your colleagues or staff say is your greatest strength? What clinical area do you feel you can improve upon? What steps are you taking to ensure growth in this area?
2. If a patient presents with XYZ symptoms, how would you go about evaluating the patient? What tests would you run? How would you explain the situation to the patient?

### Interpersonal Skills

3. Describe a time you had to communicate bad news to a patient. How did you deliver the news? How did you manage the emotions of the situation?
4. Think about a difficult peer, colleague or administrator. What made him/her difficult? How did you successfully interact with this person?

### Practice Management Competency

5. Describe a typical day in your current practice. What makes this schedule work? What would you like to change and why? What creates stress in your day? How do you deal with that stress?
6. Give an example of when someone was not performing to your standards. What did you do? What was the outcome? How would you change the way you handle it next time?

### Professional Competence

7. Give an example of when a patient had a complaint about you or your practice. What did you say to the patient? How did you resolve the complaint?
8. What is the most recent constructive criticism you received from a peer or colleague? How did you handle the criticism? What actions did you take to address the issue?

### Corporate Contribution/Group Culture Fit

9. Give an example of a project you have been involved with or a contribution you have made to your organization. What was your specific role? What made you effective? If others were involved, were you a leader or a follower?
10. Describe an organization change that impacted you over the last few years. How did you feel about it? What did you do to adapt? How did you help others respond to the change?

Responses to these questions will provide key insight into a potential candidate and help determine if he or she will be a good fit for your organization. If you have additional questions or would like to discuss how to successfully incorporate behavioral interviewing into your candidate screening process, please contact us.

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## Compensation Corner

### 2009 Mean Compensation for Pediatric Cardiology (based on 2008 data)

**Overall:** \$270,000  
**Academic:** \$245,000

#### By Region

East: \$240,000  
Midwest: \$280,000  
South: \$425,000  
West: \$255,000

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