

INTRADAY BIZ

WEB ONLY

4 Reasons Community Health Spinoff Looks Good

MARILYN MUCH

INVESTOR'S BUSINESS DAILY

593 words

9 September 2015

Investor's Business Daily

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English

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Sometimes the sum of a company's parts can be worth more than the whole. That could be the case for acute care hospital operator Community Health Systems (NYSE:CYH), which last month announced plans[<http://news.investors.com/business-the-new-america/082015-767483-community-health-stock-boosted-by-spinoff-plan.htm>] to create a publicly traded hospital company by spinning off a group of its hospitals to shareholders.

The spinoff "creates two stronger hospital companies, both with a better growth profile, and adds nicely to shareholder value," noted RBC Capital Markets analyst Frank Morgan in a report out Tuesday.

Community Health's plan involves spinning off 38 of its hospitals and its fully owned subsidiary Quorum Health Resources, a hospital management[<http://news.investors.com/management.aspx>] and consulting business[<http://news.investors.com/business.aspx>].

The new company will be named Quorum Health. The spinoff is intended to be tax-free to Community Health and its stockholders and is expected to be completed in the first quarter of 2016.

On Tuesday, Community Health announced a major step toward creating the new company when it disclosed that it has filed the initial Form 10 registration statement with the Securities and Exchange Commission. The form contains detailed information

about the transaction and Quorum Health's operations and financial performance.

Also on Tuesday, Community Health named Quorum Health's top executives.

In his report, Morgan gave his first impression of the spinoff, noting, "(It) looks attractive from financial and strategic standpoints."

He noted that Community Health's combined hospital and services business generated 2014 revenue of around \$2.1 billion and adjusted EBITDA (earnings before interest, taxes, depreciation and amortization) of around \$265 million.

4 Reasons Why The Spinoff Looks Attractive

1. Visibility on earnings growth: Morgan sees "decent near-term visibility" on earnings growth via the continued benefits from the Affordable Care Act. He sees more "robust" earnings growth prospects from acquisitions off a smaller base than as a part of Community Health — a base where growth can be "more meaningful."

2. Strong leadership is seen steering strategic efforts: Seasoned management should help the new company to focus on opportunities in smaller-sized markets, Morgan noted.

He notes that Thomas Miller, now a divisional president for Community Health, will bring more than 30 years of hospital operations and senior management experience to his role as CEO of Quorum Health.

Michael Culotta, now vice president of investor relations at Community Health, will serve as Quorum Health's CFO. He also brings "significant, relevant experience," noted Morgan, having previously served as CFO at both PharMerica (NYSE:PMC) and LifePoint Health (NASDAQ:LPNT), both of which were spinoffs.

3. Well-positioned for growth: Morgan notes that with dedicated management resources and financing, Quorum Health should be "much better positioned" to capitalize on opportunities in its target markets — "vs. being somewhat neglected at the much larger corporation — as CYH focuses on building out its regional networks and strengthening payor relationships in larger markets."

4. Strong growth prospects: Quorum Health's hospitals are well invested in IT, noted Morgan. Quorum also will have access to

physician recruitment, and it will be "sufficiently capitalized to grow and to make acquisitions," he added.

Morgan noted that Quorum Health Resources, which has been winning new contracts, will have a stronger platform for growth with the stand-alone company.

#### Community Health Stock Struggles

Community Health shares have retreated since peaking at 65 on June 29. Shares fell 0.7% to 52.60 in afternoon trade on the stock market today[<http://www.investors.com/stock-market-today/>], once again finding the 200-day moving average acting as a ceiling, not a floor.

Investor's Business Daily

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#### OnLine

Province wants to draw 20 more pediatricians to new hospital

Janet French

671 words

4 September 2015

Postmedia Breaking News

CWNS

English

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Comparatively low pay hasn't deterred Saskatchewan from drawing dozens of new pediatricians to the province in preparation for a new children's hospital.

Recruiters need to attract about 20 more pediatricians to the province by the time the Children's Hospital of Saskatchewan opens in 2019, says Dr. Laurentiu Givelichian, head of pediatrics for both the Saskatoon Health Region and the University of Saskatchewan.

"I feel very optimistic that this place has a unique charm and attraction," Givelichian said of working in Saskatoon.

With the opening of the province's first children's hospital looming on the horizon since 2009, the provincial government, health region and Physician Recruitment Agency of Saskatchewan

(PRAS) have been on the prowl for more pediatric generalists and specialists.

According to the Ministry of Health, they've been successful: 93 pediatricians were working in the province as of March, which is up from 62 in 2007.

More than 20 of those new doctors are working in Saskatoon, Givelichian said.

Recruiters' work is far from done. On the region's wish list are four new general pediatricians, two pediatric rheumatologists, a pediatric respirologist and two pediatric cardiologists, among others. Finding them depends on how many students graduated in those fields and the local working conditions in Saskatoon.

The most recent report from the province's medical services branch shows pediatricians are once again the lowest-paid medical specialists of the province's doctors who are paid by fee for service.

While doctors who charge per patient take home an average of \$320,300 a year, a typical pediatrician earned \$206,600 in 2014-15, the report says. Saskatchewan pediatricians' take-home pay last year was also at its lowest point in four years.

The pay gap is an "aberration" of the fee-for-service system that penalizes doctors who spend more time with their patients, which pediatricians tend to do, says recruitment agency CEO Dr. Dennis Kendel.

Alternative payment plans that allow doctors to negotiate a salary with their employers have improved the situation for pediatricians in some other provinces, he says.

Improving pediatricians' pay is on the radar for the Saskatchewan Medical Association as it prepares to adjust doctors' pay scales during the coming year, president Mark Brown said.

"It's one of those professions where you work really, really hard, and you do it for the love, because, certainly, you're not getting paid at the same rate as a radiologist or a cardiac surgeon," he said.

A potential game-changer is a new alternative pay arrangement now available to Saskatchewan doctors as of this summer.

Available only to doctors who will have university appointments,

the salaried contracts include protected time for research and teaching medical students and residents.

Although you won't find Saskatchewan's climate touted in the brochure, those trying to lure the new physicians feel hopeful about their chances.

A recent posting for a pediatric cardiologist job in Saskatoon attracted four candidates, some of whom have established careers, Givelichian said.

"You can imagine the attraction and the reputation that suddenly Saskatoon is receiving, probably because of the announcement regarding the children's hospital," he said.

Currently slated to open adjacent to Royal University Hospital in late 2019, the children's hospital project has suffered multi-year delays.

The lag is unlikely to affect a doctor's choice to come to Saskatchewan, said health policy consultant Steven Lewis, who runs Access Consulting.

Recruiting doctors is relatively easy, he said. Keeping them here is not.

What will tether them is their workload, an ability to do research that interests them and the overall health care environment in the province, Lewis said.

Kendel said doctors also keep their eyes on the political environment when job hunting. The Saskatchewan Medical Association and the provincial government get along well. Such relationships in other provinces are less genial.

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Canwest News Service

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## Community

Boone benefits from state program to attract healthcare professionals

559 words

29 August 2015

Boone News-Republican

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English

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Distributed by NewsBank, Inc.

Iowa College Aid has announced a combined total of 14 healthcare professionals were designated recipients of a state program established to assist high-need Iowa communities in attracting and retaining health care professionals. The Health Care Professional Loan Repayment Program (HPRP) provides loan repayment benefits to health care professionals who practice in designated high-need communities for up to four years and whose communities agree to provide a dollar-for-dollar match to the state funds.

"The Health Care Professional Loan Repayment Program is a public-private partnership between the state of Iowa and communities wanting to ensure their residents have access to expert health care," said Karen Misjak, executive director of the Iowa College Student Aid Commission. "This program has been instrumental in attracting and retaining healthcare providers in many of Iowa's rural communities."

This year's group of recipients includes osteopathic doctors, physician assistants, podiatrists and physical therapists. With the addition of these 14 recipients, a total of 39 healthcare providers are serving such communities as Atlantic, Boone, Carlisle, Carroll, Centerville, Cherokee, Corydon, Dunlap, Eagle Grove, Forest City, Greenfield, Gowrie, Guthrie Center, Hampton, Indianola, Jefferson, Keosauqua, Lake City, LeMars, Manchester, Marshalltown, Mason City, Osage, Osceola, Ottumwa, Sheldon, Spirit Lake, Storm Lake, Toledo, Waverly, Webster City, West Union and Woodbine.

"The Iowa Health Care Professional Loan Repayment Program provides a great opportunity for physicians to off-set the costs associated with obtaining the required education and training to serve rural Iowans," said Mitch Morrison, Director of Provider Services and Recruitment at Mercy Medical Center - North Iowa in Mason City. "The matching program assists with recruitment

efforts for providers who are interested in practicing in rural communities. The program is a great benefit and continues to positively impact health care in Iowa."

Combined awards for this new cohort of recipients totaled \$544,168 to be paid out over a four-year period. The maximum annual award is \$12,500 for up to four years, not to exceed \$50,000. The average aggregate award for this year's recipients was \$38,869.

"The Iowa Health Care Professional Loan Repayment Program is a key component of our physician recruitment strategy and has allowed us to work with very talented young physicians," said Clint J. Christianson, President of Mercy Medical Center in Centerville.

"Medical education costs are a significant concern for most physicians coming out of residency programs these days and this matching loan repayment program allows us to work together with these very skilled physicians to come up with a plan to allow them to consider Centerville as a place to practice their art."

"The Health Care Professional Loan Repayment Program is an excellent tool to help combat the critical shortage of health professionals in rural Iowa communities," said Jane Eagan of McFarland Clinic PC. "It has been a great benefit in the recruitment of a podiatrist for the communities of Carroll, Jefferson, Guthrie Center and Ida Grove. We are eager for the podiatrist to begin practice at McFarland Clinic this month. This will greatly enhance the health and wellness of our patients in rural Iowa and will further our coordinated care efforts."

For more information on the HPRP or other loan repayment programs provided by the State of Iowa, visit Iowa College Aid's website at [www.iowacollegeaid.gov](http://www.iowacollegeaid.gov) [<http://www.iowacollegeaid.gov>].

Stephens Media, LLC

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Local

Osage benefits from health care professional program

Staff Writer

545 words

26 August 2015

Globe Gazette

GLBGAZET

English

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Distributed by NewsBank, Inc.

DES MOINES | Mitchell County Regional Healthcare Center has one of 14 healthcare professionals who were recipients of a state program established to assist high-need Iowa communities in attracting and retaining health care professionals, according to Iowa College Aid.

The Health Care Professional Loan Repayment Program provides loan repayment benefits to health care professionals who practice in designated high-need communities for up to four years and whose communities agree to provide a dollar-for-dollar match to the state funds.

Physical therapist Samantha Wedemeier found a place at MCRHC through the program.

She graduated from Luther College with her bachelor's degree in biology then went on to receive her doctorate degree in Physical therapy from Des Moines University in 2014.

Her personal interest includes: running, biking, swimming, riding horses, volleyball, basketball, outdoor activities, and spending time with family and friends.

Her family includes her husband, Tyler, parents, Bob and Paula, and siblings, Jessica, Robert and Josey.

"The most rewarding aspect of being on the physical therapy team and working at MCRHC is getting the opportunity to work with talented and compassionate health care professionals who provide patient-centered care to improve the overall health and well-being of members in the community," said Wedemeier.

"The Health Care Professional Loan Repayment Program is a public-private partnership between the state of Iowa and communities wanting to ensure their residents have access to expert health care," said Karen Misjak, Executive Director of the Iowa College Student Aid Commission. "This program has been

instrumental in attracting and retaining healthcare providers in many of Iowa's rural communities."

In addition to physical therapists like Wedemeier, osteopathic doctors, physician assistants and podiatrists are among those in the program.

"The Iowa Health Care Professional Loan Repayment Program provides a great opportunity for physicians to off-set the costs associated with obtaining the required education and training to serve rural Iowans," said Mitch Morrison, Director of Provider Services and Recruitment at Mercy Medical Center - North Iowa in Mason City. "The matching program assists with recruitment efforts for providers who are interested in practicing in rural communities. The program is a great benefit and continues to positively impact health care in Iowa."

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Lee Enterprises

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Community

Our Health Matters - Team-based health care discussed

459 words

25 August 2015

Ashcroft Cache Creek Journal

ASHCRK

Final

3

English

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Ashcroft Cache Creek Journal -- The Wellness and Health Action Coalition met on July 20 and Aug. 17 in the Hospital Board Room. To date we have 51 paid members plus 31 supporters.

The majority of our meeting involved an update on our Action Plan followed by round table discussions of how things are going and what we can do to prevent unintended consequences that arise as a result of our current physician shortage.

Contrary to what some are saying, we are moving forward in our quest for sustainable health care in our area.

Physician recruitment activity for the Ashcroft Family Medical Practice is ongoing. There are also ads in the system for a part-time doctor to service the Clinton Clinic.

Both the Premier and the Minister of Health have identified primary health care as a provincial objective, and that continues to be our objective as well. At our August meeting we discussed the team based approach health care that we are seeking for our local clinic.

Continuity of care continues to be our immediate focus. The Practice Ready Assessment program will soon be underway and is expected to provide Ashcroft with two doctors in February. For continuity of care in the meantime, Dr. Humber, the Interior Health Medical Director for our catchment area, has negotiated permission to have an outreach clinic staffed by doctors in Lillooet to service patients from the Ashcroft Family Medical practice who are currently without doctors. The process is underway to provide a bridge for doctor coverage for Ashcroft patients over the winter with residency doctors she will be supervising.

We were honoured to have MLA Jackie Tegart and her Constituency assistant, Lori Pilon, as well as Ashcroft Mayor Jack

Jeyes in attendance at our August meeting. We discussed how all levels of government are important to solving rural health care needs. MLA Tegart has arranged for local mayors and Interior Health representatives to meet together in early September to discuss local health needs. The Wellness and Health Action Coalition has been asked to present an update to the group on our work to date. Shirley Dobson and Ron Hood will do this on our behalf.

The WHAC will have a booth at Ashcroft Fall Fair on Sunday, Sept. 13 and we are looking forward to meeting you and answering your questions. You, too, can become a member. Membership fee is \$5 and forms are available at People's Pharmacy.

Check out our website at [www.whac-chb.ca](http://www.whac-chb.ca) [http://www.whac-chb.ca] for further information or to leave a comment or question. Next meeting is Monday, Sept. 21, 2-4 pm in the hospital board room.

Alice Durksen

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## News

Medical Center executive recognized as 'Rising Star'

Michelle Charles/Stillwater News Press

524 words

23 August 2015

Stillwater News Press

STLWTRNP

English

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By Michelle Charles

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Denise Webber says working in the medical field gives her the opportunity to impact people's lives and that impact is gaining her recognition from the hospital industry.

Webber, Stillwater Medical Center's vice-president and Chief Operating Officer, was recently honored by being listed in "Rising Stars: 25 Healthcare Leaders under 40" by Becker's Hospital Review.

She was nominated by The Studer Group, a healthcare coaching and consulting firm that works with Stillwater Medical Center. President and CEO Jerry Moeller credits Webber with taking primary responsibility for the hospital's Good to Great performance improvement plan that has dramatically increased both employee engagement and employee satisfaction.

Webber credits the high-performing employees who identified the changes they wanted to see in Stillwater Medical Center's culture and processes, and who drove implementation of those changes with the effort's success.

Assisting the process but having the effort led by employees instead of being mandated from the top down made the difference, Webber said.

She said nothing was really wrong at Stillwater Medical Center before it implemented the improvement program inspired by Jim Collins' book "Good to Great" but there was room for improvement.

The hospital administration decided to be proactive and not wait for a disaster to occur.

"We had been a good hospital for years and years," Webber said. "But the enemy of great is good. We were at a comfortable stage." Webber and vice-president of care services Liz Michael were recently invited to present at the What's Right in Healthcare best practices conference sponsored by the Studer Group.

Moeller said so many participants were interested in what they had accomplished at SMC that they mobbed the stage afterward. "It felt a little bit like being a rock star," Webber said, laughing. She is also leading the implementation of LEAN management principles at SMC to help the hospital operate more efficiently while focusing on improving patient outcomes.

Focusing on quality makes people proud of where they work and even helps in the competitive realm of physician recruitment, Webber said.

Webber has been employed with Stillwater Medical Center, a 117 bed, acute care hospital operated by a public trust, for 12 years. The hospital has a total of 17 satellite facilities and is one of Stillwater's largest employers with a staff of approximately 1,100. Webber said working on the acquisition of the Stillwater Surgery Center and the Stillwater Medical Center Physician's Clinic, formerly the Warren Clinic, were challenges but they're also two of the things she's most proud of.

She earned a Bachelor's degree in Sports Medicine and a Master's degree in Health Care Administration from Oklahoma State University and is a Board Certified Fellow of the American College of Health Care Executives.

Webber is a Leadership Stillwater graduate who is active in many professional associations and in the community, serving on various boards for United Way, the Stillwater Chamber of Commerce and the Stillwater Economic Development Advisory Council.

Twitter: @mcharlesNP

Community Newspaper Holdings, Inc.

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## Counties

Centegra keeps hiring of doctors up as national share of hospital hiring drops

EMILY K. COLEMAN - ecoleman@shawmedia.com

666 words

23 August 2015

The Northwest Herald

NWHRLD

English

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HUNTLEY - Pediatrician Kristi Redlich hadn't given much thought to what kind of place she wanted to end up after her residency. She just knew she wanted to do outpatient, general pediatrics. She liked the variety of patients she would see and the set schedule that came with working at an office or clinic.

"Initially, the idea of a smaller group was more appealing to me," Redlich said. "I thought it would give me the opportunity to be more of a contributor and to shape more policies and procedures and to know the families and the patients better."

But life in private practice didn't turn out the way she expected.

Her first job at a private practice in Orland Park meant a very long commute from where she was living in Chicago.

She moved to another practice in East Dundee after moving to the Barrington area, where she now lives with her husband and two young sons, but it just felt unstable, and she didn't have much of an opportunity for input.

So, in April, like a growing number of doctors across the country, she left the world of independent practices and started with Centegra Health System's new Centegra Physician Care facility in Huntley, which shares a building with an immediate care center and sits next to Centegra's still-in-progress third hospital.

About one in three physicians will stay independent by the end of next year, a survey by consulting company Accenture found. That number is down 10 percent from the company's 2012 report as more doctors seek to avoid the growing complexities of running a private practice.

"I wasn't sure, in all honesty, if that's what I wanted, but since I've been here, I've really actually liked it," Redlich said. "I think it's a great balance where we're given some independence as pediatricians to manage a great deal on our own, but we still have access to the specialists."

Centegra continues to actively recruit and hire physicians, as it has done for the past 10 to 12 years, Centegra President and Chief Operating Officer Jason Sciarro said.

Advocate Health Care was unable to provide someone to comment on its hiring practices but said in a statement "the hiring rates of physicians and distribution of clinical staff fluctuate based

on a variety of factors and in response to the ever-changing health care landscape."

Nationwide, hospitals are making up a much smaller share of the hiring for physicians, nurse practitioners and physician assistants, down to 51 percent of 3,120 searches conducted between April 2014 and March 2015 from 64 percent of searches the previous two years, according to a report from physician recruitment firm Merritt Hawkins.

This is the first drop the firm has recorded since a 2003-04 survey, when hospitals accounted for 11 percent of searches, the report said.

The trends that may be affecting other hospitals - closures in rural areas, some states choosing not to expand Medicaid, reductions in federal payments - are not affecting Centegra's hiring, Sciarro said.

Instead, they're having trouble finding doctors with the sub-specialties the hospital system is looking for, including emergency room doctors, surgeons, hospitalists and neurologists, in part because not enough are in the pipeline and because McHenry County's distance from Chicago can be hindrance, he said.

So Centegra has been working with Chicago hospitals and universities to build partnerships, allowing patients to receive the same quality of care they could get in the city in McHenry County, Sciarro said, adding the first such partnership took place nine years ago and brought a cardiac surgeon to the area.

"What we're trying to do - and we'll do it anyway we can - is ensure that services are available locally, of high quality and are sustainable in the future," Sciarro said.

Truth Publishing Co.

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Medical field surge drives demand for recruiters in North Texas

Bill Hethcock

526 words

21 August 2015

Dallas Business Journal

DLBJ

English

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A dynamic and growing medical field is driving expansion and record revenue for two North Texas health care recruiting firms. To accommodate their growth, physician recruiting firms Staff Care and Merritt Hawkins, both previously based in Irving, moved this week into the Cypress Waters development, which straddles Irving and Coppell. The firms are moving from a combined 93,000 square feet to 108,000 square feet with the option to take more space in the relocation to 8840 Cypress Waters Blvd. in Coppell. The Irving firms have almost 700 employees and 60 positions they are trying to fill now, said Sean Ebner, president of Staff Care. Most of the jobs are for physician recruitment consultants. The employee headcount could grow into the low 800s in the next few years, he said.

Recruiting doctors is an increasingly competitive but still somewhat obscure career path, Ebner said. Physician recruiting professionals work at a high level with hospital administrators to craft increasingly complex physician compensation packages, define candidate parameters and persuade physicians to relocate to new practice opportunities, he said.

"Providing medical services is an age-old business, yet we're seeing dramatic acceleration in the use of much more innovative techniques and a real change in thinking about how health care is delivered, top to bottom," Ebner said.

People skills outrank technical skills in recruiting, he said.

"We're looking for people with the aptitude and ability to create, manage and maintain relationships," he said.

Medical recruiting, in which much of the salary comes from commission, can be lucrative, Ebner added.

"One of the things that is very attractive about our industry is the folks who are recruiting the physicians and managing those career relationships can actually earn as much or more than the physicians that they are building relationships with," he said.

Much of the growth in the recruiting industry stems from health care combinations such as the recent merger of Dallas-based Baylor Health Care System and Temple-based Scott & White



Healthcare, Ebner said. In addition, more health systems are moving to a mix of permanent and temporary physicians to flex up or down based on patient demand, he said.

Second quarter revenue rose 31 percent year-over-year for Staff Care, 19 percent for Merritt Hawkins and 39.5 percent for AMN Healthcare, based in San Diego. Staff Care's quarterly revenue was \$97 million, Merritt Hawkins' was \$13 million and AMN's quarterly revenue was \$240.1 million, bringing the quarterly total for parent company AMN Healthcare Services Inc. to \$350.1 million.

Merritt Hawkins, now the nation's largest physician search firm, was founded in 1987 and moved to Irving in 1990. In 1991, Merritt Hawkins started Staff Care, a temporary physician staffing firm. Merritt Hawkins merged in 1995 with AMN Healthcare, the largest nurse staffing company in the United States. AMN Healthcare Services Inc. has annual revenues of \$1.4 billion.

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American City Business Journals

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## News

GHC scores 2 specialists, 2 GPs \ HEALTH CARE: Family practitioners not taking on new patients -- yet  
JEFFREY OUGLER, THE SAULT STAR

411 words

20 August 2015

Sault Star

SAULTS

Final

A3

English

2015 Sun Media Corporation

Group Health Centre's physician roster has received an injection of new blood.

General practitioners Dr. Victoria Coccimiglio and Dr. Jeffrey Jonusaitis began Aug. 4 and specialists Dr. Norma Boldruc and Dr. Brie Banks start work in early September.

Boldruc is a general practitioner psychiatrist, "which is very exciting," said Group Health Centre CEO Alex Lambert.

Banks is a general surgeon.

The two GPs have taken over an existing practice, that of retired physician Dr. William Grosso.

"They will be building their practice over time," Lambert said.

"They're coming in with existing patients."

Which means neither doctor is taking on new patients--at least not yet, Lambert said.

"So we've split (Grosso's) roster and they're going to get acclimated, then grow over time," he added.

"This is part of a trend, which is a challenge for us."

Many GHC doctors slated to retire over the next few years are "very high-roster physicians," some with more than 2,200 patients, Lambert said.

"And the newer physicians, it's really beyond expectations to come in and take over 2,000 patients right away," he added.

Group Health Centre serves more than 60,000 Sault Ste. Marie and Algoma District residents.

Physician recruitment, as welcome as it is, doesn't come without growing pains.

"What it means for us, from the GHC's perspective, we now have to double up our office space, double up our support, for really the same number of patients in the short term, which is a financial challenge, a space challenge and it's driving us toward building out and (exploring) some new support models to make that a little bit more efficient," Lambert said.

Boldruc is a graduate of both McMaster University's school of medicine and Sault College, where she received an undergraduate nursing degree. She did a psychiatry residency at the Northern Ontario School of Medicine.

Both Coccimiglio and Jonusaitis are 2013 graduates of the Northern Ontario School Of Medicine.

"Just anecdotally, I'm told there's a lot of interest coming out of NOSM students, that whole model of taking people who are already local and continuing their training here," Lambert said. "And then, on our side, certainly trying to free up some spots is making a big difference."

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Sun Media Corporation  
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#### Local News

College aid program increases health care access in Iowa communities

Staff Writer

408 words

19 August 2015

Ad Express & Daily Iowegian

ADEXPRSS

English

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DES MOINES - Iowa College Aid Tuesday announced a combined total of 14 healthcare professionals were designated recipients of a state program established to assist high-need Iowa communities in attracting and retaining health care professionals.

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About the Iowa College Student Aid Commission

Iowa College Aid provides college access, financial literacy, and outreach services to Iowa's students and families as they prepare, plan and pay for college. Iowa College Aid also administers state scholarship, grant, work study, and loan forgiveness programs totaling over \$70.0 million annually, conducts research and distributes higher education data, and offers Iowans assistance in obtaining student financial aid and college-related information.

Community Newspaper Holdings, Inc.

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#### News

Crawford County's hospitals collaborating to preserve care in region

Lorri Drumm

810 words

19 August 2015

The Meadville Tribune

MDVLTR

English

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No immediate job impact is expected as Crawford County's two independent, nonprofit hospitals are collaborating to preserve care in the region.

"The main goal of the partnership between Meadville Medical Center and Titusville Area Hospital is preservation of care in the region," said Don Rhoten, president of Meadville Medical Center Foundation. "It benefits all parties to do that."

Meadville Medical Center (MMC) is requesting to borrow up to \$8 million to acquire control of Titusville Area Hospital (TAH) and its related corporations. The potential acquisition would further affiliate the two hospitals after they began working together a few years ago. The related corporations are Titusville Area Health Services Inc., Titusville Area Health Center Inc. and Titusville Area Health Center Foundation.

The Crawford County Hospital Authority Board has scheduled a public hearing and board meeting on Aug. 28 to review the request to borrow the funds, which would be used as working capital for use by TAH and to reimburse the related acquisition costs.

If the request is approved at the hearing, the Hospital Authority would issue a promissory note to MMC to allow the joint venture to proceed.

The two independent hospitals announced a collaborative management effort in February that allowed them to work together to enhance overall care and improve financial and operational performance.

"We actually started working together two years ago," said Anthony Nasralla, president and chief executive officer of Titusville Area Hospital. "We integrated our information technology systems at that time."

MMC has a more extensive information technology staff than TAH, Nasralla said.

"By sharing those resources we were able to save on consulting expenses," Nasralla said. "Everything in health care is recorded electronically and TAH just didn't have the in-house expertise that MMC has."

Both hospital leaders agree that sharing resources and staff is a future possibility. Nasralla and Philip Pandolph, MMC president and chief executive officer, don't anticipate any jobs created or lost at this time, but both are possible in the future.

The efforts to maintain services and cut costs have been going on for years, according to Nasralla.

In the 2014-15 fiscal year, TAH cut \$4 to \$5 million from the operating budget. In June TAH switched its medical oncology services to the MMC's Yolanda G. Barco Oncology Institute in Vernon Township, and the two hospitals have also recently collaborated in physician recruitment. About a year ago, TAH closed its obstetrics unit. Aside from emergency situations, babies are no longer born at TAH.

Last December, TAH was designated a critical access hospital (CAH). The Medicare Rural Hospital Flexibility program, created by Congress in 1997, allows small hospitals to be licensed as CAHs and offers grants to states to help implement initiatives to strengthen the rural health care infrastructure.

The CAH designation was beneficial to TAH, as 75 percent of the hospital's reimbursement comes from Medicare and Medicaid, Nasralla said.

Despite cost-cutting efforts, for the past two years TAH's total operating expenses were about \$11 million more than its net patient revenue, according to a financial report released in May by the Pennsylvania Health Care Cost Containment Council.

MMC's total operating expenses exceeded its net patient revenue by about \$6 million, according to the same report.

The nature of health care is changing at both Meadville Medical Center and Titusville Area Hospital, despite their differences in size and services, according to Nasralla and Pandolph.

"Inpatient services are declining in general throughout health care," Pandolph said. "We both see a trend toward outpatient services."

MMC provides 69 to 70 percent outpatient services, according to Pandolph. TAH's outpatient services are at 75 to 80 percent, Nasralla said.

The number of outpatient services for each facility shows the difference in services provided. MMC sees approximately 365,000 outpatients per year as opposed to 60,000 at TAH.

"The chronic illnesses that used to fill hospital beds are being managed better," Pandolph said. "Patients don't require nearly the number of hospitalizations that they used to."

Pandolph and Nasralla foresee benefits for both hospitals as providing medical care evolves and regulations get more complicated.

"We envision sharing specialty medical and financial services," Nasralla said.

"I can predict the possibility of physicians traveling between hospitals, which would enhance care and potentially reduce costs at both hospitals," Pandolph said.

Both leaders hope that the collaboration moves ahead quickly.

They are eager to create a strategic plan that will determine which services will be enhanced at TAH.

"We hope that this process can materialize in a matter of months and hopefully be complete before the end of the year," Pandolph said. "The final determination rests with the hospital boards."

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Medical field surge drives North Texas demand for physician, nurse recruiters

Bill Hethcock

537 words

18 August 2015

Dallas Business Journal Online

DALBJO

English

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A dynamic and growing medical field is driving expansion and record revenue for two North Texas health care recruiting firms. To accommodate their growth, physician recruiting firms Staff Care and Merritt Hawkins, both previously based in Irving, are moving this week into the Cypress Waters development, which straddles Irving and Coppell. The firms are moving from a combined 93,000 square feet to 108,000 square feet with the option to take more space in the relocation to 8840 Cypress Waters Blvd. in Coppell. The Irving firms have almost 700 employees and 60 positions they are trying to fill now, said Sean Ebner, president of Staff Care. Most of the jobs are for physician recruitment consultants. That employee headcount could grow into the low-800 range in the next few years, he said.

Recruiting doctors is a still somewhat obscure career path, Ebner said. Physician recruiting professionals work at a high level with hospital administrators to craft increasingly complex physician compensation packages, define candidate parameters and persuade physicians to relocate to new practice opportunities, he said.

"Providing medical services is an age-old business, yet we're seeing dramatic acceleration in the use of much more innovative techniques and a real change in thinking about how health care is delivered, top to bottom," Ebner said.

Recruiting is a field in which people skills are more important than technical skills, he said. "We're looking for people with the aptitude and ability to create, manage and maintain relationships."

Medical recruiting, in which much of one's salary comes from commission, can be lucrative, Ebner added.

"The folks who are recruiting the physicians and managing those career relationships can actually earn as much or more than the physicians that they are building relationships with," he said.

Much of the growth in the recruiting industry stems from health care combinations such as the recent merger of Dallas-based Baylor Health Care System and Temple-based Scott & White

Healthcare, Ebner said. In addition, more health systems are moving to a mix of permanent and temporary physicians to flex up or down based on patient demand, he said.

Second quarter revenue rose 31 percent year-over-year for Staff Care, 19 percent for Merritt Hawkins and 39.5 percent for AMN Healthcare, based in San Diego. Staff Care's quarterly revenue was \$97 million, Merritt Hawkins' was \$13 million and AMN's quarterly revenue was \$240.1 million, bringing the quarterly total for parent company AMN Healthcare Services Inc. to \$350.1 million.

Merritt Hawkins, now the nation's largest physician search firm, was founded in 1987 and moved to Irving in 1990. In 1991, Merritt Hawkins started Staff Care, a temporary physician staffing firm.

Merritt Hawkins merged in 1995 with AMN Healthcare, the largest nurse staffing company in the United States.

Today, AMN Healthcare Services Inc. has revenues of \$1.4 billion and is the largest health care staffing organization in the country as ranked by Staffing Industry Analysts.

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New chairman looks forward to physician-led model

David Erickson

1175 words

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In 30 years as a physician, Dr. Tim Richards was never asked if he wanted to be involved in the administrative decision-making processes at any hospital where he worked.

That's about to change.

Richards, a general surgeon, has been named chairman of the new Community Medical Center Board of Trustees.

When Community Medical Center was sold to a for-profit joint venture between Billings Clinic and RegionalCare Hospital Partners earlier this year, the hospital transitioned to a physician-led model that is a feature of the Mayo Clinic Care Network to which it now belongs.

Unlike many hospitals across the country, physicians at Community will be actively recruited to take on leadership roles instead of letting administrators with little or no medical background make all the important calls.

"Nobody's really ever asked our opinion before, and it's really cool," Richards explained. "Their goal is to integrate physicians into the leadership positions of the hospital and have physicians lead. So the challenge is getting physicians to lead, which can be difficult because we have day jobs and we do stuff. But kind of one of the fun things is when they see that they actually can implement change and they have a say, it changes the way they do things. It's kind of cool actually. It's an exciting aspect of what we're doing."

Richards and the rest of the board - four other physicians, four community members and three non-voting members, were appointed for annual terms by the joint venture board, comprised of board members from both Billings Clinic and RCHP.

"We're the governance aspect of the hospital, so we're looking at strategic initiatives and service lines in accordance with what the joint venture board and the medical staff want, so we're working together," Richards explained. "Our main goal is to create a culture of safety and quality for patients and our service lines. So I see it as opportunities more than challenges."

It's uncharted territory that he and the other physicians on the board are entering.

"It's kind of scary," he admitted. "I'd be lying to you if I said it wasn't. Now, if we're helping make decisions, you want to make sure it works and everything goes well. So for us, from a physician's standpoint, I've been real impressed with the guys that put this all together. They are a good group of people. They are people I trust implicitly, and so far they've done everything they told us they were going to do. It's fun. It's actually kind of an exciting time at Community Medical Center."

Richards, an avid fly-fisherman, spent 12 years as a military surgeon before moving to CMC in 1996. He said he's been impressed with how well physician leadership is doing at Billings Clinic.

"One of the cool things is the joint venture's whole vision is physician leadership, which just doesn't happen in hospitals," he said. "There's not too many places in the state or in the U.S. where you see physician-led hospital models, where truly the physicians are leaders. Physicians are going to be taking the forefront and the lead."

In fact, Community is currently in the process of interviewing candidates and is expected to hire a physician to be the Missoula hospital's CEO in the next 60 days to take over for interim CEO Jeff Egbert.

"The decisions that this board will make have to do with credentialing, safety and all the initiatives within the hospital," Egbert said of the CMC Board of Trustees. "When it comes to the financial operations of the hospital, this board will make recommendations, but the joint venture board will ultimately make the decisions on the financial aspects and the allocation of capital, etc."

Egbert said there are no specific infrastructure improvements planned that the hospital is ready to talk about.

"We've got a lot that we're exploring, building business plans around," he said. "The new CEO, when that individual comes on board, will finalize that with this board and the joint venture board." Egbert said the hospital is actively engaging in physician recruitment right now. The asset purchase agreement called for the hospital to hire 60 physicians over the next five years.

"That's a lot of what we're focusing on," he said.

Richards said the hospital is actively seeking input from physicians on what service lines to expand.

"It's not just me, but it's everybody," he said. "You know, what do we need here at the hospital and what areas should we be progressing in? And down the road, we'll be looking at service lines we want to progress and do more stuff on. It's not just me, it's the medical staff."

Richards said radiation oncology, orthopedics and cardiology are areas where CMC will most likely expand in the near future.

"Cardiology is a huge one," he said. "There are multiple different positions in multiple different categories. When you look at quality, which is what we want to do, we want to make sure we're doing the best thing that's out there. That'll bring more people over here when they know they're going to be taken care of."

So far, Richards said he hasn't had anyone whispering in his ear telling him to make decisions based on profit, since Community is now a for-profit venture, whereas it was a nonprofit before the sale.

"I think all hospitals work like they're for-profit," he said. "And we pay taxes."

Richards said he thinks the emphasis on quality care will increase now that physicians, from all different specialties, have greater input.

Even though he was already busy enough as a surgeon, Richards relishes his new opportunity.

"I had a commander in the military who said, 'You're welcome to complain any time you want, but if you're not going to step forward to help fix it, don't complain,' " he recalled. "And I could either put up or shut up. And I decided that I need to try to implement change. Because if I don't, then I have nobody to blame but myself. So I got involved."

When Community Medical Center was sold to a for-profit joint venture between Billings Clinic and RegionalCare Hospital Partners earlier this year, the hospital transitioned to a physician-

led model that is a feature of the Mayo Clinic Care Network to which it now belongs. [...]Community is currently in the process of interviewing candidates and is expected to hire a physician to be the Missoula hospital's CEO in the next 60 days to take over for interim CEO Jeff Egbert. [...]I decided that I need to try to implement change. Because if I don't, then I have nobody to blame but myself.

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## News

THURSDAY SPOTLIGHT: In two-week period, two family physicians no longer doing that work in Parksville Qualicum Beach  
John Harding

646 words

13 August 2015

Parksville Qualicum Beach News

PQUAL

Final

1

English

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Parksville Qualicum Beach News -- Another family physician is leaving his practice in Parksville Qualicum Beach.

Dr. Vadula Jayaraman is closing the doors of his Qualicum Beach office on Saturday, "for personal and family reasons," he said on Tuesday.

Jayaraman has about 1,500 patients and he said they were all notified of the office closure by letter.

"I have been trying desperately since January to find a replacement," he said.

This latest departure comes on the heels of the news that Dr. Marlene van der Weyde, the family physician at the Oceanside Health Centre's (OHC) primary care department, had decided to retire from general practice. Her last day was July 31.

Many of the 1,700 people who are clients at the OHC primary care department may have never seen Van der Weyde, instead having their needs attended to by a nurse practitioner or other people who are part of the primary care team. It's unclear how many of the 1,700 clients claimed Van der Weyde as their family doctor. This week, OHC medical lead Dr. Ben Williams said the search for Van der Weyde's replacement continues.

"We are working on it," said Williams.

Island Health said in June it was working to fill this OHC vacancy as soon as possible.

"We know that recruiting physicians can be challenging, given the current national physician shortage," said Island Health spokesperson Valerie Wilson.

Premier Christy Clark, in Parksville for caucus meetings in June, said finding physicians "is a problem all over the world." She also said "I think we will be successful in finding a replacement. Island Health is going to work hard to find a replacement. Frankly, I don't think it's going to be as hard here as in other communities to find a replacement. It's not like living in Parksville is like hardship pay, right? I mean people really love to be here and it's a rewarding practice to have, so I'm hopeful Island Health will be able to find a replacement."

In July, Island Health announced the OHC would be open one hour less each day, starting August 1.

Urgent Care will see patients from 7:30 a.m. to 9:30 p.m., seven days a week. Since it opened in September of 2013, the centre has been open from 7:30 a.m. to 10:30 p.m.

"Our data shows that the majority of people seek treatment in urgent care between 8 a.m. and 4 p.m., which we know is contributing to longer triage-to-discharge times for those patients who present with less urgent health issues," Williams said through an Island Health news release in July. "We also know that long waits have resulted in some patients leaving urgent care without being seen by the clinical care team."

According to Williams, urgent care averaged 50-55 patients a day when it first opened. In June that was up to 70-plus a day and there were days when there were more than 90 patients.

"The increase in volume has been dramatic," he said.

While family physicians who are closing, retiring from or downsizing their practices are not required to notify Island Health, when they do, Island Health said its Physician Recruitment Office assists the physician in efforts to find a replacement physician for the practice by posting the opportunity on the Island Health and Health Match B.C. websites.

"We feature and promote difficult to fill areas however, an increasing number of family physician vacancies, not only in B.C. but across Canada, creates greater competition for fewer available family practitioners," an Island Health spokesperson said through an e-mail this week.

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To Address Doctor Shortages, Some States Focus on Residencies

1539 words

13 August 2015

ForeignAffairs.co.nz

PARALL

English

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MIL OSI[<http://milnz.co.nz/mil-osi-aggregation/>] -

Last year, 369 students graduated from Iowa medical schools, but at least 131 of them had to finish their training elsewhere because Iowa had only 238 residency positions available.

The story was the same for at least 186 students who graduated from Missouri medical schools and 200 who studied at Tennessee schools. States such as New York, California, Massachusetts and Pennsylvania were happy to take them—all four states took in more residents than students they trained.

This is the world of medical resident matching. When states don't have enough residency positions for the medical students they've trained, they become resident exporters. When states have more residency positions than they have students to fill them, they become importers.

Medical students have a strong interest in where they end up. But so do states. Many have a shortage of doctors, especially in primary care. And physicians who go to medical school and do their residency in a single state tend to stay. Sixty-eight percent of doctors who complete all their training in one state end up practicing there, according to the Association of American Medical Colleges (AAMC).

So while some states spend tens or hundreds of millions of dollars to support medical schools and build new ones, a handful are recognizing that it's just as important to invest in residency programs—to increase the number of doctors practicing within their borders.

Geographic Disparities

Before graduation, medical students interview with residency programs across the country, looking for a program in an appealing location that can train them to become a primary care doctor or a specialist in pediatrics, cardiology, oncology or other areas. Students rank the programs and the programs rank the students, and the National Resident Matching Program, the nonprofit in charge of placing most students, uses an algorithm to pair soon-to-graduate medical students with first-year residency slots.

Across the U.S., the number of medical students in each state tends to correspond to population, but there is a disproportionately large number in the Northeast, where medical education got its start in the late 1700s.

Since then, the rest of the country has been playing catch-up. There are now 175 medical schools spread across the U.S., but the number is growing. In 2007, AAMC encouraged states to increase the number of medical graduates by 30 percent by 2015. But as many states have expanded the number of medical students they train, the growth in residency slots has proceeded at a slower pace, pushing many graduates to California and the Northeast, where there are extra slots.

Shelley Nuss, associate dean for graduate medical education (GME) at the Medical College of Georgia, said her institution has answered AAMC's call to graduate larger classes. But that has created a bottleneck for in-state residencies. For a state looking to



increase its doctor ranks, that's a problem: About half of the aspiring doctors who graduate from public Georgia medical schools end up practicing there, while 70 percent of Georgia medical school graduates who do their residencies in the state remain.

"Even if they all wanted to stay in Georgia, we didn't have enough slots for that," Nuss said. "If you want a return on investment with med students, you've got to keep them in-state and doing their residency in Georgia."

Another problem, according to Nuss, is that two-thirds of Georgia's residency slots are in urban areas, leaving fewer opportunities to expose residents to the state's rural health care needs.

Creating more residency slots—which are funded largely by Medicare, the state, medical schools and hospitals—isn't easy. Medicare, the federal health insurance program for the elderly, is the largest public source of revenue, helping to cover the roughly \$150,000 a year AAMC estimates that it costs to train each resident. However, the Balanced Budget Act of 1997 caps the number of residencies Medicare can fund. That leaves hospitals and states to pick up the slack.

Most hospitals do not have residency programs. And many that want them often find they cannot get Medicare funding for them because they have inadvertently triggered the funding cap by having students come through for short training stints.

In Georgia, the state tried to get hospitals to start residency programs by helping with startup costs, allocating over \$14 million to match any funds set aside by hospitals. Medicare funding doesn't come until the residents do, so those matching funds allowed hospitals to start developing their programs. The Medical College of Georgia is also responsible for establishing residency programs. In seeking to increase the number of slots in the state, Nuss, the GME dean, focused on 11 hospitals in rural areas that had enough patients and faced the variety and severity of illnesses and injuries to provide well-rounded training.

Texas, which has increased its medical student population by 34 percent from fall 2002 to fall 2014, and where four new medical schools are expected to open within the next few years, has tried an approach similar to Georgia's.

To encourage hospitals without residency programs to start them, Texas offered \$150,000 planning grants to launch new residency programs, followed by another \$250,000 to develop them.

Hospitals that already had programs could apply for \$65,000 grants to add slots, said Stacey Silverman, with the Texas Higher Education Coordinating Board. The state just allocated another \$56 million to help continue expanding residency programs through 2018.

But Texas isn't just hoping to retain the students it trains. It wants to become a resident importer: Silverman said the state wants 10 percent more residents than Texas medical school graduates and will seek to recruit them from out of state.

"It helps with indigent care because [residents] primarily treat those people," she said. And when their residency is complete, she said, "those physicians will locate in and around the state." When states don't have a coordinated effort to start new residency programs, medical schools are on their own to find a solution. Five new medical schools have opened in Florida since the Medicare caps were put in place in 1997, and many say the number of residency slots doesn't accommodate the new schools and the state's population growth. The state's Medicaid program for low-income residents will help with startup costs for some slots, but the funds don't arrive until later in the development process and are only available for certain types of specialties.

Yolangel Hernandez Suarez, former associate dean for GME at Florida International University's new medical school, said her quest for more residency slots took her to hospitals without any residents. She said she tried to convince hospital leaders that they should cover the startup costs because they would be training their own future doctors. "Physician recruitment isn't easy, but residencies create a pipeline," she said.

The Florida State University College of Medicine tried to get \$3 million from the state to expand slots at existing programs but with added rotations in rural parts of the state like Immokalee, in South Florida, which has a large migrant farmworker population. The legislature approved the request, but Republican Gov. Rick Scott vetoed it.

More Than a Numbers Game

For states with doctor shortages, it's not enough to just boost the number of residency slots. They have to be in the right specialties, and in the right places.

Joan Meek, associate dean for GME at FSU's medical school, said Florida has added some slots, but few of them are for primary care—what the state needs most.

"We have all these new schools, but we don't really have any new slots. The slots we do have are maldistributed, and that puts Florida at a disadvantage," she said.

Deborah Hall, president of the American Medical Student Association, said many states suffer from a maldistribution of doctors more so than a shortage.

"You can't guarantee that students will go to a certain place or treat a certain type of people," Hall said, particularly when students saddled with debt may be drawn to lucrative specialties, whose residency programs are housed in big, often urban, hospital systems.

Various loan repayment programs such as the National Health Service Corps, which sends doctors to underserved areas for loan repayment by the government, or programs set up by the states can be a great way to get doctors to underserved areas, Hall said. Georgia offers up to \$100,000 in loan repayment for doctors who practice in rural counties. Such programs usually require a doctor to commit to practicing in an area for a number of years.

Rather than just look for hospitals to stash residents, Hall said, states, schools and hospitals need to take a thoughtful approach to getting residents exposed to treating underserved patients and the illnesses and complexities they have—whether in rural or urban areas.

Hall said doctors aren't going to set up practices serving populations they haven't gotten used to treating. "We need to give the training and experience that make them feel competent and confident to treat them."

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News

RVH welcoming new group of physicians

IAN MCINROY POSTMEDIA NETWORK

671 words

12 August 2015

Orillia Packet & Times

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English

2015 Sun Media Corporation

BARRIE -This is just what the doctor ordered.

With the area's population growing and many family physicians preparing to retire, the need has never been greater to have more doctors offering their services.

The Family Medicine Teaching Unit (FMTU) of the Royal Victoria Regional Health Centre (RVH) is making a difference filling that need.

As a University of Toronto teaching hospital, RVH is welcoming a new group of physicians as another nine doctors prepare to graduate. Since the program began in 2009, 34 family medicine residents have trained at the Barrie hospital, with 22 staying in the area to set up their own practices, provide temporary coverage for area physicians or work in the health centre's emergency and hospitalist departments. (Hospitalists are essentially family physicians who practise within the hospital.)

"Our program has far exceeded our expectations," FMTU program director Dr. Stuart Murdoch said. "We have seen some exceptional new doctors come through the the unit's doors and as faculty, we are so proud to play a part in shaping their careers, passing along our knowledge and skills.

"The residents bring such enthusiasm and passion for their patients and their work," he added. "It is contagious and they remind us of why we became physicians. We are better for having taught them."

Murdoch is also co-chair of the Barrie Area Physician Recruitment (BAPR) and acknowledged the need for more family physicians.

"In 2014, BAPR estimated there were approximately 25,000 area residents without a local family doctor, and with nearly 30 family physicians past retirement age, this number could swell to more than 43,000 patients in a short time," he said. "That's a key reason why the FMTU is so important. It allows us the opportunity to not only provide robust training to the residents, but to demonstrate the benefits of staying in the area to set up their own practices. Statistics show that physicians are more likely to stay and set up practice where they train so we make sure they have the best possible experience while here."

Dr. Cheryl Kemsley can attest to that.

After studying at Trinity College in Dublin, she is finishing her two-year residency at the Family Medicine Teaching Unit -- located in Rotary Place at RVH-- in September.

The Wasaga Beach native will initially be a hospitalist and also help doctors who are taking leave, but she hopes to eventually have her own practice.

"I want to be close to home, probably Orillia or Barrie," she said. "I like the outdoors, hiking and going on the water, and I like the smaller towns more for the community feel. You get to know people, the staff and patients."

She said the teaching unit has given her what she needs to pursue her career.

"We get a lot of one-on-one training," she said. "I also like it because it's community-based and integrated in the city. We're involved in different clinics such as diabetes, asthma and public health. We get to follow up on some of the same patients for the two years, so I am their primary caregiver."

Murdoch said the teaching unit residents are making a difference. "Through the FMTU, we are also alleviating the shortage of family physicians as our residents care for about 3,000 patients. That's 3,000 people who didn't have access to a family physician before our clinic opened," he said.

- - -

#### AREAS OF EXPERTISE

Family Medicine Teaching Unit doctors are all trained as family physicians but practise in a variety of areas.

-Hospitalist medicine -Emergency medicine

-Family medicine (some also have extended skills in obstetrics)  
 -Outpatient Clinics  
 -Canadian Forces Base Borden  
 IAN MCINROY/POSTMEDIA NETWORK \ Family Medicine Teaching Unit resident Dr. Cheryl Kemsley, left, checks the blood pressure of Nicole Fallon in the unit's facilities in Rotary Place at the Royal Victoria Regional Health Centre. Kemsley is one of nine doctors preparing to graduate in September. \ Sun Media Corporation  
 Document ORLAPT0020150812eb8c00006

#### News

Doctor shortage could last years \ HEALTH: 20% of Brant-area physicians over age 65

MICHELLE RUBY , EXPOSITOR STAFF

829 words

11 August 2015

Brantford Expositor

BRNTFD

Final

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English

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Although the situation is improving, Brantford is still struggling with a shortage of family physicians.

And because about 20% of the family doctors currently practising in the Brant area are over age 65, that predicament is expected to continue, at least for the next few years.

"We are going to need a significant number of replacements," said John Bradford, chairman of the community physician recruitment committee. "We are working feverishly to solve the problem.

"I expect that for the next five to seven years we will continue to be short. We've come a long way, but we still have a long way to go."

Back in 2008, when the recruitment committee was formed, Brant had 24 family physician vacancies and was one of 137

communities listed as underserved in Ontario. Across the province, there was a shortage of 766 family physicians. Today, Bradford estimates the shortage at about five doctors, resulting in the number of local residents looking for a family physician at between 7,000 and 9,600. The situation is more acute in Brant County, which is still considered severely underserved. Bradford believes many of the doctors continuing to work past what is considered the usual retirement age are doing so because they don't want to leave their patients "orphans," without a primary provider overseeing their care.

Bradford said there is no way of knowing exactly when those doctors will retire. Some of them have rosters of up to 3,000 patients.

Younger doctors, he said, are more interested in a work-life balance, so new fee models were created, setting the patient-to-doctor ratio at 1,350 to one.

"Every time a senior doctor retires we need two doctors to replace them," said Bradford. "We will probably need another 10 doctors here over the next year."

The physician recruitment committee was formed to assist in making Brant attractive, not only to family doctors and specialists, but other health-care professionals and support workers.

Efforts are made to promote the community's high quality of life and small-town atmosphere, said Bradford. Physicians are also attracted to the state-of-the-art technology at Brantford General Hospital.

Between May 2008 and August 2014, 35 family physicians and 29 specialists were recruited. In addition, nine "hospitalists" were also brought on board. These are physicians whose primary focus is the general medical care of hospitalized patients.

Alice Preston, the physician recruiter for the Brant Community Healthcare System, attends recruitment fairs across North America touting Brant. Efforts are made to promote the region through advertising and marketing material.

There has also been an increase in medical bursaries to support local students -currently \$12,000 annually for medical students and \$8,000 for nursing students.

While the search for family doctors continues, residents' health-care needs are being met at three new walk-in clinics that have opened in Brantford over the past few months. The city had been without an after-hours clinic since 2013 when clinics opened in June on Charing Cross Street, on Colborne Street West, and on Fairview Drive.

Dr. Ivan Shcherbatykh and his wife, Dr. Julia Shcherbatykh, opened their own practices and an after-hours clinic on Charing Cross Street on June 12.

Ivan Shcherbatykh said they have been busy since the first day, typically seeing 20 patients in the three hours they are open in the evenings and 15 to 20 on Saturdays.

"Most of the patients say they don't have a family doctor," said Shcherbatykh. "Many of their doctors retired or moved away. Some of them come from Simcoe, Waterford, Paris or Woodstock. "We see a number of patients who didn't have a GP for several or more years. Most of these people went to ER or Willett to get treated or have medications refilled."

Shcherbatykh said attracting to new doctors to the area is "all about incentives" offered to graduates by all levels of government. He said he would like to hire a nurse practitioner to help out at the after-hours clinic but was told by the Ministry of Health there is currently no financial assistance available to do that.

"Provincial or local government could do a lot for the community if they hired a few nurse practitioners or physician assistants to help busy family doctors. Any incentives that can cut down on overhead expenses for family doctors and provide paid positions for other health-care professionals can really make a difference and either attract new doctors to the Brantford area or help existing doctors care for more patients."

photo by BRIAN THOMPSON/THE EXPOSITOR \ About 20% of family doctors practising in the Brantford area over the age of 65, meaning an ongoing doctor shortage is expected to continue. Some new doctors are attracted to the area by state-of-the-art technology at Brantford General Hospital. \

Sun Media Corporation

Document BRNTFD0020150811eb8b00003

Opinion  
 Highlighting the need for family doctors  
 328 words  
 30 July 2015  
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DEAR EDITOR: On June 26 I had the opportunity to meet with the Eastern Ontario Wardens' Caucus to outline how the provincial government's imposed changes to doctors and medical services are impacting patient care. I wish the presentation wasn't necessary, but it is important municipal leaders understand how the changes could impact the family physician recruitment efforts they have undertaken to attract doctors to their communities. At a time when there are more than 800,000 Ontarians still without a family doctor and 140,000 new residents are being added into our health care system every year, the government is restricting the ability of family doctors to join team-based models of practice - the model in which new doctors are currently trained. Doctors may only join teams in communities the Ministry of Health and Long-Term Care have identified on a list as areas of high physician need.

A number of communities in eastern Ontario are on the list - Port Hope, Prescott, and Pembroke, for example. The problem is many people mistakenly believe if their community is on the list it will make attracting doctors easier. With the province cutting from 40 to 20 the number of physicians who can join these models, it will not be easier to attract doctors to your community. There are nearly 200 communities across the province on the list so South Dundas and Smiths Falls are competing with these other communities - places like Kitchener and parts of Toronto - for

much-needed family doctors. The reality is there is a need for family doctors in communities across the province - whether they are on the list or not. Placing restrictions on doctors is not how we are going to attract new family doctors to care for the hundreds of thousands of people who don't have one. Everyone in Ontario deserves that their health care be a priority.  
 Dr. Mike Toth President Ontario Medical Association  
 Metroland Media Group Ltd.  
 Document CPAC000020150731eb7u00009

News  
 Task force focused on recruiting doctors \ Norwich represented on county committee  
 MEGAN STACEY, FOR THE NORWICH GAZETTE  
 670 words  
 29 July 2015  
 Norwich Gazette  
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 English  
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It's no secret that there is a doctor shortage in Oxford County. And with family doctors moving, dying, and shutting down their practices, it's crunch time. The Oxford County Physician Recruitment Task Force is hoping to make that problem a thing of the past. "The ultimate goal of the committee is to recruit sufficient physicians to satisfy the need in Oxford County," said Dr. Gerry Rowland, who practises in Tillsonburg and chairs the task force. Before the group was formed, hospitals, private practices and medical centres all focused on their own recruitment. "A bunch of people looked at it and said 'we're all fighting the same fight. You want doctors, we want doctors, everybody wants doctors,'" said A.J. Wells, manager of medical services at Norwich Medical Centre.

"Why have everybody locally competing for the same people? If we work together chances are we'll be able to increase the profile - rather than saying 'come to Norwich' we can say 'come to Oxford County.'"

That's why the group -which includes representatives from all three of the region's hospitals as well as medical centres and other stakeholders -is focused on attracting new talent.

"(We want) to raise the profile of Oxford County for new physicians or recently graduated physicians or new physicians to Canada, with the goal that if they're looking at relocating or setting up a practice they would give serious consideration to Oxford County," said Brad Hammond, development officer for the city and a member of the task force.

It's definitely a timely issue.

"We know there's a looming issue of physician shortages in Oxford County, just based on the general age of our current physicians - no one works forever," Hammond said.

The county will need to hire about two dozen new family physicians in the next five years just to cover those that are retiring, Rowland said.

"That's a little bit frightening," he said.

Wells said new physicians are often hesitant to set up a private practice without first "test driving" a community. The management or administration work can also be a deterrent, Rowland said.

Young docs may also be more attracted to bustling urban centres than rural regions like Oxford.

But Rowland said the county is a great place to work.

"I've practiced here for 36 years now, it is a very nice place to practice, both in Woodstock, Ingersoll, and Tillsonburg and Tavistock."

Early in 2015, Oxford County council approved a \$10,000 community grant to support physician recruitment.

The funding will help support the group -formed about a year and a half ago -with its efforts to bring more doctors to the county.

One of the first goals is to create an attractive website to showcase the available positions for doctors and other medical staff. The committee will piggyback on the new

WorkinOxford.casite and utilize the same 'back end' operations.

The next step is advertising and promotion.

"We're hoping to actually get out and do some activities this fall, in terms of going to the medical schools and meeting with some of the doctors that will be graduating shortly," Hammond said.

A needs assessment showed that thousands of residents in the county don't have a family doctor, Wells said.

In the past four years, two Oxford County physicians have died while still actively practising, and six physicians have retired (or will soon) without having another doctor to take over their practice. That's not counting doctors who have moved their practice outside the county.

To compound the problem, it usually takes 1.5 to 2 new doctors to take over the practice of a retiring physician, Wells explained.

"That's simply due to life-style, work-life balance. You're seeing fewer and fewer physicians these days that want to have the two, three, four-thousand patient practices, and understandably so."

Sun Media Corporation

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Neighbors

Retired hospital VPs return as volunteers

MORRIS HERALD-NEWS

416 words

27 July 2015

Morris Herald-News

MORRISDH

English

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Distributed by NewsBank, Inc.

MORRIS - Less than a year after retiring from their long careers as vice presidents at Morris Hospital & Healthcare Centers, Dennis Mahoney and Tom Meyer have returned as volunteers for the hospital's patient transportation service.

Working together as a team, Mahoney and Meyer donate their time two full days a month, driving patients to medical appointments all over the community.

"We really enjoy it," Mahoney said in a news release. "On our very first day, the two patients that we took to Seneca were so thankful. They said they wouldn't have had a way to get to their appointment if it weren't for the patient transportation service." Mahoney and Meyer aren't the first retired Morris Hospital vice presidents to give their time back to the organization. Carol Harrington, retired vice president of patient care services since 2008, serves on the Morris Hospital Foundation Board of Directors, and her successor, Carol Havel, who retired in early 2013, serves on the Morris Hospital Auxiliary Board. Meyer, who retired last year as chief financial officer, was inspired by the patient transportation volunteers he came to know over the years.

"I used to sit down in the cafeteria and have lunch with the transportation volunteers, and they talked about how much they enjoyed driving the buses, helping people and keeping busy in retirement," Meyer said in the release. "I thought it would be good to help out in the community where I retired after 15 years. Plus, it's good to continue to put into practice what we've always preached. Patients come first."

For Mahoney, who retired at the end of December as vice president of support services and physician recruitment after 30 years of service, volunteering for the program is especially meaningful because he helped start it.

Plus, he looks forward to being back at the hospital a couple days a month.

"Volunteering makes it easier to stay in touch with people at the hospital," Mahoney said in the release. "Plus, it feels good to be helping out."

Morris Hospital patient transportation manager Tina Carter said it's great for the department and the entire organization to have Meyer and Mahoney back in their new volunteer roles.

She also appreciates the extra effort they make to volunteer, considering Meyer lives in Batavia and Mahoney lives in St. Charles.

"They were our leaders, and they are still role models for all of us," she said.

Shaw Media, Inc.

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News

Arnprior Physician Recruitment Committee seeks community support

791 words

23 July 2015

Arnprior Chronicle-Guide

ARNGUI

Final

1

English

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A community-wide effort is needed to ensure there are enough doctors serving Arnprior and area, say members of the local Physician Recruitment Committee. Their campaign may not receive as high a profile as some others in the community do, but it's just as important if not more so, they add. Arnprior-McNab-Braeside physician recruitment co-ordinator Laura Tromp says the committee formed a couple of years ago to tackle the problem of replacing retiring doctors successfully attracted two new doctors last year. But it's no time to be complacent. "We were in a crisis mode ... we don't want to be there again," she says, noting Arnprior needs three more doctors over the next three years. The community can play a role in helping her and the physician recruitment committee recruit doctors, says chair Mark Nibourg. He has issued a public appeal for everyone locally who doesn't have a family physician to be registered with Health Care Connect.

That way the Arnprior committee can continue to impress on the province that it needs help in attracting more doctors to the community. Tromp and committee member and Arnprior Coun. Lynn Grinstead agree that the community can help by ensuring the province knows how many local residents still don't have a doctor.

While the committee is pleased to have helped persuade doctors. Fitzsimon and Nejad to Arnprior, the area has lost five doctors in the last five years. And there are more on the verge of retiring. Almost half of the local physicians are over the age of 55. "Just because we've got two new doctors, we're not done yet," said Grinstead. "We have to keep pushing .. or there will be a real problem when we lose more doctors to retirement." The aging population means the demand for doctors will not subside. Arnprior's two new doctors have had an "overwhelming" number of people sign up to be their patients, said Tromp. "And there's still quite a demand," she said, noting there are about 25 applications a week being made for people seeking a doctor. She said some people who have moved to the area are travelling to Kanata, Kingston and even Toronto because they don't want to give up their doctor in fear of not getting a replacement locally. Not having a local doctor can put people in a "difficult situation," she said, noting it could even force some people to move away. "Whether you're young or old, it's important to be able to have your health care needs met." The volunteer committee appreciates the major sponsorship of the Town of Arnprior, the Township of McNab-Braeside and Ontario Power Generation, Tromp noted. However, it can step up its efforts even more if the business community provides funding and donations in kind. Recruiting doctors is a long process, said Tromp. "It takes a couple of years at the very least. It's not like high tech job where there are thousands of applicants ... doctors when they graduate already have a job." Even having doctors relocate takes time, usually up to two years, she added. Arranging for medical students to visit the Arnprior hospital for a week, as happened last month with students from Queens and the University of Ottawa, is an important tool in recruiting doctors. "It's a valuable experience for them," said Grinstead. "It's a chance for them to get introduced to the hospital and the community." "It lets them know what they're in for," added Tromp. "We don't want them to come here and find out it's not a good fit." The community can help by helping the committee recruit doctors and show them what a great place the Arnprior area is, she said. She noted that the committee doesn't have \$100,000 in incentives to give new recruits, but there is much to

recommend the area with its natural beauty and amenities, closeness to Ottawa, and office space. Having the family health team is a big plus, added Grinstead, noting most new physicians are looking to be a member of a team instead of having to do it all themselves. She said that if any business and organization in town is interested in helping the physician recruitment committee in its efforts they should contact Tromp at the hospital (613-623-3166, ext. 590 or ltromp@arnpriorhealth.ca) or any committee member. Arnprior-McNab-Braeside Physician Recruitment co-ordinator Laura Tromp, right, and committee member Lynn Grinstead are urging area people without a doctor to register with Health Connect. They also encourage local businesses and organizations to actively support the committee's efforts.

Metroland Media Group Ltd.

Document ARNGUI0020150724eb7n00003

Opinion

Important to register for a doctor if Arnprior is to attract more physicians

463 words

23 July 2015

Arnprior Chronicle-Guide

ARNGUI

Final

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English

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To the Editor: After reading Dr. Mike Toth's letter to the editor (Chronicle-Guide, July 16), I felt it necessary to add to his letter with comments on behalf of the Arnprior and Area's Physician Recruitment Committee (PRC). The goal of PRC is to ensure that every Arnprior and Area resident is able to have a local family doctor. Our volunteers are proud to have played a key role in



bringing two new family physicians (Drs. Fitzsimon and Nejad) into our community one year ago. Arnprior is fortunate to have the Family Health Team (FHT) based model of practice available to new family doctors. However, as Dr. Mike Toth noted in his letter, the Ministry of Health slashed the number of team based positions available province wide by 50 per cent. The Ministry determines a community's need for physicians based on a number of criteria including how many people are registered on Health Care Connect (HCC) indicating they do not have a family doctor. This quarter Arnprior was lucky enough to make the Ministry of Health's list of underserved communities, thus allowing us the opportunity to recruit a new doctor into the FHT model. There is no guarantee that we will be on the list next quarter. It is essential for Arnprior to remain on the Ministry of Health's list in order to make us an attractive practice location. Based on population statistics, emergency room visits, pending doctor retirements and the number of new patients request that Drs. Fitzsimon and Nejad are still receiving, the committee knows that there is need for three new physicians over the next three years. Despite this need, local residents are not registering on HCC, putting Arnprior at risk of losing the ability to allow new doctors into the FHT model, which will hurt our chances of recruiting new doctors. We need your help! If you do not have a family doctor, please call Health Care Connect at 1-800-445-1822 to register. If you are a new resident of Arnprior, or your doctor has moved or retired and you wish to become a patient of an Arnprior doctor, please call Service Ontario at 1-888-218-9929 - and ask to be de-rostered from your current doctor before calling Health Care Connect. Without the community taking action, Arnprior may lose the ability to have doctors accepting new patients. For more information on how to register with Health Care Connect, de-roster with your current doctor or to make a donation to the Physician Recruitment Committee's initiatives, please contact Laura Tromp at 613-623-3166 x590 or ltromp@arnpriorhealth.ca.

Mark Nibourg, Chair Physician Recruitment Committee  
Metroland Media Group Ltd.

Document ARNGUI0020150724eb7n00002

News

Arnprior Physician Recruitment Committee seeks community support

791 words

22 July 2015

Arnprior Chronicle-Guide

ARNGUI

Final

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English

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#### News

Task force focuses on doc shortage \ OXFORD COUNTY: Group includes representatives from hospitals and medical centres  
MEGAN STACEY , MEGAN.STACEY@SUNMEDIA.CA,  
WOODSTOCK SENTINEL-REVIEW

669 words

22 July 2015

Tillsonburg News

TLSNBN

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2015 Sun Media Corporation

It's no secret that there is a doctor shortage in Oxford County. And with family doctors moving, dying, and shutting down their practices, it's crunch time. The Oxford County Physician Recruitment Task Force is hoping to make that problem a thing of the past.

"The ultimate goal of the committee is to recruit sufficient physicians to satisfy the need in Oxford County," said Dr. Gerry Rowland, who practises in Tillsonburg and chairs the task force.

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"Why have everybody locally competing for the same people? If we work together chances are we'll be able to increase the profile - rather than saying 'come to Norwich' we can say 'come to Oxford County.'"

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It's definitely a timely issue.

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The county will need to hire about two dozen new family physicians in the next five years just to cover those that are retiring, Rowland said.

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"That's simply due to lifestyle, work-life balance. You're seeing fewer and fewer physicians these days that want to have the two, three, four-thousand patient practices, and understandably so."

Sun Media Corporation

Document TLSNBN0020150722eb7m0000f

Kudos and accreditations grow patient volume, physician base at Lovelace

Sal Christ

332 words

21 July 2015

Albuquerque Business First Online

NMBWO

English

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Lovelace Medical Center has received another award and its CEO says the recent recognition, along with key accreditations are

contributing to an increased patient volume at the hospital, as well as a boost in physician recruitment.

The American College of Cardiology recently awarded the Heart Hospital of New Mexico at Lovelace Medical Center with the NCDR ACTION Registry-GWTG Platinum Performance Award for 2015, making LMC one of only 319 hospitals nationwide to receive it.

Recognizing the organization's successful implementation of higher standards of care for heart attack patients, the Heart Hospital of New Mexico had to continuously meet specified treatment guidelines established by the group for eight consecutive quarters — or two years.

"I think from a business plan perspective, you can't have a better focus than on quality and service. What we like to do is benchmark against national standards so that we can be certain we're providing New Mexicans the best service and quality," said Troy Greer, CEO of LMC. "The costs for accreditations are really modest [in the greater scope]. The real cost is the time and the personnel who dedicate hours designing processes and validating our data. I think that's where the real cost is driven."

While Greer couldn't say how much the hospital has invested in accreditations and in achieving certain awards, the benchmarks have driven higher patient volumes into the hospital — specifically regarding cardiovascular and stroke services. Furthermore, the heightened recognition has allowed the hospital to recruit three more specialized physicians over the last six months.

Other hospitals within the Lovelace Health System organization also received awards and national accreditations earlier this year, including the Breast Care Center at Lovelace Women's Hospital, which received a Women's Choice Award in May.

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American City Business Journals

Document NMBWO00020150721eb71000b7

About the survey firms

624 words

20 July 2015

Modern Healthcare

MNHC

18

Volume 45; Number 29

English

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#### AMERICAN MEDICAL GROUP ASSOCIATION

The Alexandria, Va.-based trade group surveyed 73,006 physicians and 251 organizations for its 2015 AMGA Medical Group Compensation and Financial Survey. The survey, conducted January through May, covers 134 positions/specialties. The price of the full report is \$750 for nonmembers. For more information, call Christopher Gibbs at 703-838-0033, ext. 362.

#### CEJKA SEARCH

The St. Louis-based physician and healthcare executive search firm surveyed 63 organizations and 125 physicians covering 24 positions/specialties. The survey was conducted January through December 2014. Its 2014 Physician Compensation Survey and additional information are available by calling Allan Cacanindin at 314-236-4400. Data submitted are preliminary.

#### COMPDATA SURVEYS

The Olathe, Kan.-based compensation survey data and consulting firm surveyed 566 organizations and 11,546 physicians in 2014 covering 71 positions/ specialties. Organizations were surveyed July through August 2014. The full report costs \$579 for nonmembers. For more information, call Amy Kaminski at 800-300-9570.

#### DANIEL STERN & ASSOCIATES

The Pittsburgh-based physician-recruiting and consulting firm included 840 physicians in its 2015 ACEP/Daniel Stern & Associates National Clinical Emergency Medicine Compensation & Benefit Survey. The survey was conducted January through

March. The complete survey results are available for \$315. For more information, call Daniel Stern at 800-438-2476.

#### ECG MANAGEMENT CONSULTANTS

The Seattle-based healthcare management consulting firm surveyed 32,000 physicians and 115 organizations for its 2015 National Provider Compensation, Production and Benefits Survey. The survey, conducted January through April, covers 125 positions/specialties. For more information, call Maria Hayduk at 314-726-2323. Data submitted are preliminary.

#### HOSPITAL & HEALTHCARE COMPENSATION SERVICE

The Oakland, N.J.-based consulting firm surveyed 364 organizations and 42,700 physicians in 42 positions/specialties December 2014 through March 2015. The price for its 2015 Physician Salary & Benefits Report is \$325 for nonmembers. For more information, call Heather Halm at 201-405-0075, ext. 14.

#### MEDICUS FIRM

The Dallas-based physician search firm surveyed 690 organizations and 2,685 physicians in 21 positions/specialties for its 2015 Physician Practice Preference Survey, conducted April through May. Survey findings are available free of charge. For more information, call Mike McDaniel at 214-272-2412. Data submitted are preliminary.

#### MERRITT HAWKINS

The Irving, Texas-based physician search firm surveyed 3,120 physicians in 20 positions/specialties for its 2015 Review of Physician and Advanced Practitioner Recruiting Incentives, conducted April through March. Survey findings are available free of charge. For more information, call Samantha Avilla at 800-876-0500. Data submitted are preliminary.

#### MEDICAL GROUP MANAGEMENT ASSOCIATION

The Englewood, Colo.-based professional membership association surveyed 3,847 organizations and 69,411 physicians in 180 positions/specialties. The survey was conducted January through March. For more information on how to order the MGMA DataDive Provider Compensation 2015 report, call 877-275-6462, ext. 1888. Data submitted are median figures.

#### PACIFIC COMPANIES

The Aliso Viejo, Calif.-based healthcare staffing firm surveyed 188 organizations and 1,755 physicians in 20 positions/specialties from September 2014 through March 2015. A copy of the Pacific Companies Compensation Survey can be obtained by calling Chris Kahl at 800-741-7629. Data submitted are preliminary.

#### PINNACLE HEALTH GROUP

The Atlanta-based physician-recruitment firm surveyed 160 organizations and 174 physicians in 40 positions/specialties from May through June. For more information about its 2015 Physician Compensation Survey, available for free, call Carrie Abramson at 800-492-7771. Data submitted are preliminary.

#### SULLIVAN COTTER & ASSOCIATES

The Chicago-based physician-recruitment firm surveyed 260 organizations and 89,052 physicians in 273 positions/specialties from January through April. For more information about its Medical Group Compensation and Productivity Survey, call 888-739-7039. Data submitted are preliminary.

Crain Communications, Inc.

Document MNHC000020150723eb7k00008

#### News

Physician recruitment initiative bears fruit

547 words

20 July 2015

Brant News

BRANTN

Final

1

English

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The Brant area remains short of family doctors but the deficit is down to five.

Based on the province's ratio of 1,380 patients to one doctor, Brantford is underserved and has been since 2008.

"We estimate that we currently have, and it's all approximate, 7,000 patient residents still needing a family physician, which equates to five family physicians," said Alice Preston, medical recruiter for the Brant Community Healthcare System.

The local physician recruitment committee forecast a need for seven family doctors, but four retirements pushed the demand higher.

"The good news is we have already accomplished five at this point so we're halfway toward our goal in the process," said John Bradford, a member of the committee.

Doctor retirements have a major impact on the number of patients without a doctor and recruitment targets.

Most doctors who retire in the community have a roster of 3,000 or more patients accumulated over the years.

"So every doctor retiring actually requires three doctors to replace because the new doctors are coming with the expectation of 1,380," Bradford said.

However, many local family doctors are approaching retirement age.

According to the committee, eight per cent are between the ages of 55 and 59, 12 per cent between 60 and 64, and 19 per cent over 65.

"Physicians over 65 are being contacted to meet and discuss their retirement plans in confidence," Preston said. "We continue our recruitment efforts knowing that it is a moving target."

From 2008 to 2015, the committee recruited 35 family doctors resulting in 48,300 patients rostered. However, with 15 retirements over the same period, 20,000 patients lost their doctor. The net gain is 27,600 patients rostered.

The area, however, does not qualify as underserved "high needs" - a new designation from the province that qualifies for extra resources as of June 1.

"We don't get those particular perks at this time," Bradford said. The recruitment team tries to create an incentive for doctors to locate in the area.

"In the Brantford area, one of the things that they identify as a reason for coming here is the community and the community well-

being and the quality of life that's offered here in Brantford," Bradford said. "We hear that all the time."

"In light of that we do have an opportunity but we don't have the same opportunity as some of the communities that have pots full of money to be able to bring doctors to the community," he said. Funding from the City of Brantford works out to about \$12,000 per physician.

Bradford said it's "good news" that Brantford has three new clinics that are offering walk-in service for unattached patients: Charing Cross Medical, Brantford West Medical Centre and Life Care Group.

"It's the new doctors that are coming in and taking these incentives, the economic development opportunity that's presented," he said.

More good news, Bradford said, is the announcement that the new owners of the Brantford Medical Centre at 40 Shellington Place are not only keeping existing medical tenants, but planning on adding more medical facilities in the building. Mohawk Medical Properties Real Estate Investment Trust purchased the property out of receivership.

Metroland Media Group Ltd.

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## News

Retired dentist pedalling to recruit physicians for Essex County

Alex Brockman

557 words

18 July 2015

Postmedia Breaking News

CWNS

English

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A retired Kingsville dentist is riding his bike in an effort to raise \$40,000 for physician recruitment in doctor-starved Essex County. Charlie Morgan officially kicked off fundraising efforts Friday for his Pedalling for Docs ride, set to begin Aug. 25. The 62-year-old

Morgan plans to travel from Portland, Ore. to Portland, Maine - a trip of more than 7,000 kilometres - in 44 days.

"We're desperately in need of more physicians," he said. "We'll use the funds to give recruits an incentive to come (to Essex County), because we're competing with every other town and city in Ontario."

The Erie St. Clair Local Health Integration Network has 144 physicians for every 100,000 people, below the provincial rate of 209 physicians per 100,000 people and the national rate of 219 physicians per 100,000 people, according to a 2013 report from the Canadian Institute for Health Information.

Dr. Charles Morgan who will be riding his bicycle across the United States to raise funds for doctor recruitment in south Essex county. (JASON KRYK/The Windsor Star)

Morgan is part of the Community for Doctors Committee, a group of concerned citizens that raises awareness about the local doctor shortage and provides financial incentives to get doctors to relocate to Essex County.

"The doctors in our area are seeing about 30 per cent more patients than doctors in the rest of the province," Morgan said.

"They're somewhat overworked ... they do their best, but they need help."

Bryan Meyer, a member of the Community for Doctors Committee's board of directors, said Morgan's ride will make a difference in the group's funding. They've been able to bring eight doctors to Essex County in the last few years.

"Charlie's been a really good supporter of our committee," Meyer said. "This trip Charlie's planned is a Herculean endeavour. I'm sure he's going to do fine - from Portland Ore. to Portland, Maine and all the Portlands in between."

According to the provincial government report in May, Kingsville was the only local municipality listed as an "area of high physician need" - findings disputed by the local medical society.

Dr. Charles Morgan who will be riding his bicycle across the United States to raise funds for doctor recruitment in south Essex county. (JASON KRYK/The Windsor Star)

Morgan said Essex County is in need of four or five new physicians - but that number could easily be doubled.

"We need some specialists in the (Leamington) hospital - another psychiatrist, someone in obstetrics and another person in emergency," he said. "And we needed those people yesterday." While recent announcements about the mega-hospital and a new medical centre in Windsor's west end might get more physicians to live in the county, Morgan said the challenge is to make sure they practise there too.

"It shows us how important it is (in the county) to recruit physicians because the six that committed (to the medical centre in Windsor) are six that aren't coming to this area," Morgan said. "It just tells you that doctors are a commodity we have to go after."

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Canwest News Service

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News

Physician recruitment remains the goal

Contributed

270 words

7 July 2015

Ashcroft Cache Creek Journal

ASHCRK

Final

2

English

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Ashcroft Cache Creek Journal -- Interior Health, the Village of Ashcroft, and the Ashcroft Wellness and Health Action Coalition (WHAC) continue to work together to find a long-term solution to the physician shortage in the community.

The Ashcroft Hospital and Health Centre Emergency Department will remain open most weekends, which is Friday at 6:00 pm to Monday at 8:00 am. There had been some concern that the

Emergency Department would close over the summer months due to the physician shortage. At this time, Interior Health has been successful in obtaining locum physician coverage for the majority of the weekends throughout the summer, and is working to find coverage for the few that remain. We will notify residents in advance of any changes to ED coverage and/or hours. It remains the goal to recruit additional physicians to Ashcroft in an effort to provide reliable and long-term primary and emergency care services. Recently, Interior Health has been in discussion with physicians interested in working in the region through the Practice Ready Assessment pilot program. This program recruits internationally-educated physicians who have completed residencies in Family Medicine outside of Canada. This process takes time and the physicians involved still have to complete immigration processes as well as certification requirements through the College of Physicians and Surgeons. These candidates are very promising, and the host communities will be advised if and when recruitment of these physicians is complete. If you have any questions, please contact Berni Easson at (250) 319-3934.

Submitted

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## News

Saugeen Shores puts its best foot forward to potential family doctors

FRANCES LEARMENT , EDITOR

433 words

30 June 2015

Shoreline Beacon

SHRLNB

Final

4

English

2015 Sun Media Corporation

Two doctors completing their residencies were feted by local officials in separate visits recently by physician recruitment officials trying to attract new family doctors to Saugeen Shores and Kincardine.

Saugeen Shores Coun. Mike Myatt acted as a local tour guide June 19 when he showed off the town to a doctor who is completing his residency in Newfoundland, and looking to locate a practice.

"I think we left a fairly good impression -Saugeen Shores is a wonderful community and we have a lot to offer, and I think generally they liked what they saw," Myatt said, adding "we'll keep our fingers crossed."

Myatt said he took the doctor and his wife on a tour showcasing the library, beach and harbour, shopping areas, and wide range of recreational facilities and programs. The previous night, the doctor dined with several local physicians.

"The family has a keen interest in music and I was able to share the amazing music opportunities we have to offer," Myatt said, adding "that was a real selling feature."

Peggy Zeppieri, the Saugeen Shores, Kincardine, Bruce Powerphysician recruitment officer, showed another doctor around the communities June 23.

"We're at the very early stages -he has another year of schooling before he's finished and is just in the process of looking at various communities," Zeppieri said in a June 24 telephone interview.

"This family wanted to be by the lake and they wanted a small community," she said, refusing to identify the doctor's "clear favourite" after visiting Port Elgin, Southampton and Kincardine.. Currently, Zeppieri said five doctors work at two clinic locations in Southampton, and five doctors work at the Dr. Earl Centre in Port Elgin. A nurse practitioner works in Southampton.

Zeppieri said the decision to open a practice in a community usually comes down to what is best for the family, because all of the communities are welcoming and beautiful..

"Its more about the spouse and their family and what community best suits their requirements," she said.



She said the most acute need for family practitioners is Kincardine where two physicians are preparing to leave approximately 2,000 patients without a family doctor. Some of them will be absorbed into the practices of existing physicians.

The physician recruitment program in Saugeen Shores/ Kincardine/Bruce Power has annual budget of \$122,000 to find, bring and retain doctors in the community using incentives like interest-free loans, bonuses and office subsidies. The Town's share this year is approximately \$41,000.

Sun Media Corporation

Document SHRLNB0020150630eb6u0000s

## News

REGION; Primary care recruitment a challenge upstate

Amy Neff Roth; GateHouse New York

590 words

24 June 2015

The Evening Telegram

HERKET

3

English

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UTICA — Getting an appointment with your primary care doctor could get harder.

That's because more New Yorkers are joining health plans under the Affordable Care Act, changes in the health care system are putting more emphasis on primary care, and there aren't enough primary care doctors to go around.

"Recruitment all over the country is challenging. It's especially challenging in upstate New York," said Brad Crysler, executive director of physician services for the Mohawk Valley Health System. "I think though, as a system, we've done pretty well."

The state, not including New York City, needs 942 more doctors, 20 percent of them — the largest share — in primary care,

according to a recent hospital survey by the Healthcare Association of New York State.

Upstate, one in four of the needed doctors is in primary care, the survey found.

And the Utica area isn't immune, although the relative demand for different specialties comes in cycles, Crysler said.

Primary care serves as the basis for the health system's medical group, so recruiting enough primary care doctors is a priority, he said.

"Right now, we really have an issue with hospital providers (or, hospitalists), particularly on the St. Luke's side," he said.

Hospitalists oversee patients' care while they're in the hospital.

They're an important recruitment strategy for primary care doctors because those doctors don't want to have hospital rounds every day, Crysler said.

But hospitalists also come from the pool of primary care medical residents. In Upstate New York, hospitals say 13 percent of the doctors they need are hospitalists.

Other doctors needed locally include: surgical subspecialists, including a vascular surgeon; neurosurgeons; a breast surgeon; psychiatrists; and OB-GYNs, Crysler said.

In its report, HANYS argued that the state must help hospitals with recruitments. Suggestions include:

- Expanding Doctors Across New York, a state loan-forgiveness program for primary care doctors in underserved areas.

- n Continuing the Primary Care Service Corps, a similar program for physician assistants and nurse practitioners.

- n Providing money from the state Delivery System Reform Incentive Payment program to help with physician recruitment.

"At a time when health care providers are working to keep their communities healthier and out of the emergency room, primary care must be accessible in all corners of New York state," said association President Dennis Whalen in a news release. "From expanding successful programs such as Doctors Across New York to optimizing telehealth services, the state must explore ways to meet the current and future needs for primary care."

The National Health Service Corps, a federal program to bring providers into federally designated shortage areas, also has helped recruit local doctors, Crysler said.

Other successful recruitment tools include the expectation of a new hospital in the next several years, the family medicine residency program at St. Elizabeth Medical Center, and a relationship with the family medicine residency program at St. Joseph's Hospital Health Center in Syracuse, he said.

But bringing in new doctors never will be easy.

"I think that our biggest barrier with recruitment is just where we are — in Central New York," Crysler said. "We offer competitive salary and benefits. I don't think that that's taking us out of the game. We do have opportunities for loan repayment, so I think we're offering the same types of packages.

"To me, it's about (prospective doctors) having ties to the area and them feeling comfortable with the community."

Gatehouse Media, Inc.

Document HERKET0020150624eb6o00009

Saskatchewan recruiting more foreign physicians to practise in rural areas

CP

136 words

23 June 2015

16:25

The Canadian Press

CPR

English

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SASKATOON \_ The Saskatchewan government says physicians recruited from outside of Canada are helping to ease the demand for family doctors in rural areas.

The government says 15 new doctors are practising in Saskatchewan thanks to a program that assesses the abilities of people who have graduated from foreign medical schools.

Another 11 graduates are being reviewed and could begin practising family medicine in communities later this summer. Dr. Dennis Kendel, CEO of the Physician Recruitment Agency of Saskatchewan, also known as saskdocs, says the physician shortage is no longer a crisis.

But he says recruitment continues for doctors in Canada and internationally.

The government says it is also making progress keeping more locally-trained family medicine graduates in the province. (CJWW, The Canadian Press)

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The Canadian Press

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NO HANGOVER; Doc buying binge rolls on as systems learn from previous mistakes

Beth Kutscher

1740 words

22 June 2015

Modern Healthcare

MNHC

22

Volume 45; Number 25

English

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Hospitals continue to add physicians at a brisk pace, defying predictions that the practice acquisition binge would end in a fiscal fiasco.

Unlike the 1990s, when system purchases of physician practices led to losses and an unwinding of many deals, hospital systems this time around appear to have found a way to absorb the costs associated with employing physicians, which usually include a steep overhead tab and the higher salaries and benefits paid for office-based specialties. Experts point to the welcome influx of paying patients from healthcare reform, efficiencies associated with hospital consolidation and the continued improvement in the

overall economy as factors offsetting those higher costs and cushioning hospitals' bottom lines, at least for the moment. But just as significantly, hospitals have taken a number of steps to hold down costs related to their physician-practice acquisitions.

They include leveraging their heavy investment in health information technology, focusing their acquisition strategy on primary-care practices and moving quickly to standardize physician activities at the newly acquired practices.

"Obviously, there's an investment to be made in bringing them on," said Paul Marmora, executive director of the medical group at Atlantic Health System in Morristown, N.J., which grew to 383 employed physicians in 2014, up from 316 the previous year. But "the costs will come down as we share some of the best practices," he said.

Health systems across the country are continuing to expand the number of physicians they employ despite the increased costs that come with having physicians on staff. Physician employment increased 3.8% between 2013 and 2014, according to Modern Healthcare's annual Systems Survey, which this year included responses from about 80 health systems across the country. But few are writing big checks simply to inflate their totals. System officials say they are becoming more selective about which specialists they hire. They are also looking more closely at compensation models and how they integrate the new physicians once they are on board.

Spectrum Health in Grand Rapids, Mich., had a 40-member primary-care group just six years ago. Now the number of employed physicians has swelled to 668, including a 10% bump since 2013.

Much of the growth has come as the system has expanded farther into western Michigan through the acquisition of several rural hospitals. But it is also part of its strategy to expand service lines and build up its tertiary and quaternary care offerings.

"We don't see this slowing down," said Dr. David Ottenbaker, associate chief medical officer at Spectrum Health Medical Group. The number of employed clinicians could conceivably reach 1,500 by 2020, he added. "We call it growing with purpose. We want to grow where it makes sense."

Demand is particularly high for primary-care physicians, the backbone of both referral networks as well as value-based care models that emphasize keeping people healthy. "The supply and demand equation for them has turned upside down," said Bob Collins, managing partner at The Medicus Firm, a physician recruitment agency. "There's an arms race for primary-care providers. By far, that's where there's the greatest angst and need."

Spectrum and its insurance arm, Priority Health, are not participating in accountable care organizations. But physician employment will allow them to consider adding risk-based contracts, where they will be paid based in part on outcomes, Ottenbaker said.

"At the end of the day, we're committed to driving down costs," he said. "Our goal is always to get into the bottom quartile for cost and the top quartile for quality."

Adding high-cost specialists is a tougher lift, but is still being avidly pursued by some. The fields in demand include cardiology, obstetrics and certain surgical subspecialties such as cardiothoracic and neurosurgery. "It's all about fulfilling a broader service line in the community," said Mark Folk, a healthcare attorney at Waller Lansden Dortch & Davis.

Investment in physician employment continues despite predictions it would slow because of the strain on hospital balance sheets. But the improving economy and the reduced uninsured population has enabled systems to offset those higher costs with higher revenue, at least for now.

The average revenue increase reported in the survey was 10.2%. The average operating margin in 2014 rose to 3.3% among systems in Modern Healthcare's financial database, an increase from 2.5% the previous year.

As systems get larger, they're better able to spread their fixed costs, such as health information technology. The systems in Modern Healthcare's survey had an average of 21 hospitals in 2014, up from 19 in 2013.

Having its physicians on a single electronic health-record system has been beneficial, said Marmora of the Atlantic Health. Like other systems, it initially focused on expanding its employment of

primary-care physicians and cardiologists. It has since expanded to other specialties, preferring to bring on large doctors' groups rather than two-physician practices. "Now we're working and practicing as one aligned group," he said.

In Columbus, Ohio, 12-hospital OhioHealth also has focused on better collaboration with its physicians as a way to improve clinical outcomes and ultimately reduce costs. Dr. Gary Ansel, an interventional cardiologist, spent 17 years in private practice at MidOhio Cardiology and Vascular Consultants before the group became part of OhioHealth in 2009.

At first, the cardiology practice tried to operate almost as an independent franchise of OhioHealth, Ansell recalled. "You really didn't notice much change in the practice at first," he said. But over the past couple of years, OhioHealth has focused on standardizing practices across the system.

Physicians now serve in leadership roles and have regular meetings with their colleagues. "We created a vascular institute without walls," Ansel said. "We are driven to come up with common treatment protocols for the entire system; we are a resource for the entire system."

The goal is to allow patients to receive care close to home but still get the same outcomes as if they were treated at an OhioHealth tertiary-care hospital. The changes have reduced the system's complication rate for vascular procedures to 0.3%, well below the typical 1% to 3%.

Yet while many systems tout the benefits of having more physicians, they're also looking for ways to make the costs more manageable. "What you're seeing here is probably a more disciplined approach," said Paul Generale, who oversees the physician group at 25-hospital Christus Health. The Irving, Texas-based system operates with a slim operating margin below 2%, and Generale acknowledged that its physician-employment strategy has contributed to the strain.

The number of employed physicians at Christus actually declined slightly in 2014 to 265 from the previous year's 273. But the system reports that in 2015, that number has jumped to 303. What's changing, however, is the mix of physicians, Generale said. Specialists once accounted for 57% of its employed

physicians. Now that number has flipped, with 60% of its employed physicians practicing primary care.

The system can employ primary-care providers more economically than higher-paid specialists. Moreover, Christus is moving away from office-based services by embracing urgent and walk-in care in retail locations. Primary care is central to that shift, Generale said.

But expanding physician employment isn't for everyone. SCL Health in Denver is shrinking its paid physician workforce by taking a hard look at which specialties would be better to have in-house and which should remain community-based, making its decision on a market-by-market basis.

The three-state system employed 293 physicians in 2014, down from 368 the previous year, after shedding two Kansas City hospitals.

But SCL isn't adding physicians at its existing hospitals either, at least not across the board.

Competition in metro Denver, for instance, has forced its hand toward an employment model, particularly in specialties such as primary care and cardiology. But in Montana, SCL prefers to contract with cardiologists under a professional services agreement.

"Over the past 24 months, we have been much more purposeful about the specialty mix that we're bringing into our medical group," said Dr. Richard Lopes, chief population health officer at SCL. "Our specialty recruitment has been very selective."

With labor costs accounting for more than half of revenue, compensation is another avenue where systems are attempting to manage expenses. Compensation still largely follows productivity-based formulas, despite moves toward value-based care delivery models, said Travis Singleton, senior vice president at Merritt Hawkins.

The physician recruitment firm actually has seen a move away from value-based payment incentives. Only 24% of its assignments feature bonuses linked to quality or value metrics, down from 39% the previous year. "As much as we want to believe our system is moving to outcomes, by and large, our system is based on volume," Singleton said.

Still, OhioHealth is one provider rethinking the productivity-based compensation formula. "In certain areas, we've actually moved away from production," said Hugh Thornhill, president of the OhioHealth Physician Group. About 20% of OhioHealth's physicians are now on a salary-plus model, where they get incentives for meeting certain targets. "Productivity was actually a barrier for us," he said.

OhioHealth is among the systems that has been expanding its medical group, both through affiliations with new hospitals, as well as through a focused strategy to develop key specialties. It has increased physician employment at a rate of 20% each year, and is concentrating in particular on services such as cardiology, vascular medicine and neurology—the latter as it prepares to open a \$300 million neuroscience center at Riverside Methodist Hospital in Columbus.

The number of doctors on staff in 2014 numbered 722, up from 588 the previous year. "We've gone from an administrative to a physician-led organization," Thornhill said.

The system sees no reason to change course. It expects to keep growing at the same rapid rate in primary care, and will add specialists only slightly more slowly at a 12% to 15% per year clip. "If we build a good enough business," said intervention cardiologist Ansel, "we're going to drive patients to OhioHealth." MH TAKEAWAYS Hospital systems that are snatching up physician practices in their communities are absorbing the high cost by being more selective and taking steps to hold down post-acquisition expenses.

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## News

MedLINCS program to show students local healthcare system

GARIT REID , EDITOR

651 words

18 June 2015

Hanover Post

HNVRPS

Final

18

English

2015 Sun Media Corporation

With the Walkerton MedLINCS program coming into its 10th year, committee chair Myrna Inglis is impressed that at least 15 of the program's graduates are working in the healthcare system within Grey-Bruce.

Inglis said she also excited to have three first year medical students in Joel Phillips, Ian Eckensweiler and Arlan Walsh come in an teach students what it is like to receive an education in the healthcare field. The three medical students will also be at three area hospitals for six weeks at their clinical placement elective. The hospitals include Chesley, Hanover and Walketrton.

The three MedLINCS students are from the Schulich School of Medicine and Dentistry at Western University. The three medical students will be observing and working with family physicians in Walkerton, Chesley and Hanover as they organize the details of the MedLINCS program for 30 Bruce Grey area Grade 10 and 11 high school students. The three medical students will host 30 students from all over Grey Bruce from July 6 to 10 at Walkerton District Community School.

"We want the program to be fun for the high school students and we want to familiarize them with the different areas of healthcare. Not everyone wants to be a doctor. There are people that are interested in being nurses, nurse practitioners, physiotherapist, etc.," said Phillips. "We want to make it as diverse and fun as we can make it."

Eckensweiler also wants to make the program very hands on and interactive. One of the unique aspects of this year's MedLINCS program is the return of Ian Eckensweiler who attended the program as a high school student in 2008. Eckensweiler is from Marl Lakes, just outside of Hanover and attended Sacred Heart High School in Walkerton. He said the program opened his eyes to the healthcare field for the first time and it took him down the path of becoming a medical student at Western University.

"It was the summer after Grade 11. I was part of the MedLINCS camp and it played a pretty big role for me in deciding to go into medicine. I came to see all of the different options in the healthcare system," said Eckensweitler. "Hopefully I can give this year's students some personal experience having come from the area and gone through the whole application process for university and medical school. I can tell the students a little bit on how to prepare for that and what type of things to expect. I hope I can give them a model of how to get there.

Dr. George Kin, assistant dean, rural and regional engagement for the Schulich School of Medicine and Dentistry, Western University is also a big supporter of the MedLINCS program and what it does for students.

"MedLINCS is a key part of the social responsibility fabric that is woven into our school's relationship with the community," said Dr. Kim. "It has only been through this relationship, that our school has gained a deeper understanding of what many of the community healthcare providers have known for so long - healthcare is better delivered close to home. As our medical students engage the local youth in considering a future in healthcare, I hope each community reaps the benefits of the work of the local community partners."

The MedLINCS committee is a sub-committee of The Brockton and Area Physician Recruitment Committee and Inglis said that is its funding base.

The three MedLINCS students hope they will learn a lot in their six-week time in the Grey-Bruce area and give the high school students perspective and knowledge about the healthcare system. For more information on the MedLINCS program, visit [www.facebook.com/brucegreymedlincs](http://www.facebook.com/brucegreymedlincs) [<http://www.facebook.com/brucegreymedlincs>].

Garit Reid Editor \ The MedLINCS medical students from Western University from left to right are Joel Phillips, Ian Eckensweiler and Arlan Walsh. \

Sun Media Corporation

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Medical students learning from area hospitals

516 words

18 June 2015

Walkerton Herald Times

WALKH

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English

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By Jonathan Zettel News Reporter

A Sacred Heart High School graduate has returned to the area to gain clinical experience and share his experience in healthcare with high school students. Ian Eckensweiler — who just completed his first year of medical school — will be stationed at an area hospital for six weeks and alongside two peers, will introduce high school students to a variety of healthcare options during a weeklong camp. The camp will take place at the Walkerton District Community School from July 6-10. All of this is part of MedLINCS, a collaborative program between rural health centres and the Schulich School of Medicine and Dentistry in London. While a S.H.H.S. student, Eckensweiler attended the MedLINCS camp and has now come full circle to pay it forward. "It played a pretty big role for me deciding to go into medicine because I hadn't had any exposure to it beforehand so getting to see all the different things, all the different options in healthcare kind of opened my eyes a bit," Eckensweiler said. "Hopefully I can give them some personal experience having come from the area and gone through the whole application process for university and medical school." Medical students Joel Phillips and Arlan Walsh will join Eckensweiler to introduce 30 Grey-Bruce high school students to a range of healthcare career options. The camp will also include demonstrations in a variety of medical procedures and visits from local doctors and nurses. "The number one thing is that we want it to be fun for them, we really want to expose them to everything that they want to experience in that week and familiarize them with

the different areas of health care," said Phillips, who will be stationed at the Hanover hospital during his stay. Walsh will be onsite at the SBGHC Walkerton and Eckensweiler will be gaining valuable hands on experience in Chesley.

This is the 10th anniversary of the MedLINCS program, with celebrations planned for July 11. Bruce Grey MedLINCS (Walkerton) committee chair Myrna Inglis said at least 15 graduates of the camp are now working in the Bruce-Grey-Huron area, adding the committee is a subcommittee of the Brockton and Area Physician Recruitment program. "We're becoming more staffed, however there are still openings for new doctors," she said. Dr. George Kim, assistant dean, rural and regional community engagement at the Schulich School of Medicine and Dentistry said the program is a key part of the social responsibility the school has to the community. "It has only been through this relationship that our school has gained a deeper understanding of what many of your community healthcare providers have known for so long — healthcare is better delivered close to home," he said in a statement. For high school students going into Grade 10 or 11 and are interested in healthcare and would like to attend next year's camp, they can reach Myrna Inglis at [minglis@hotmail.com](mailto:minglis@hotmail.com) or at 519-881-0586. Students can also visit: [www.schulich.uwo.ca/swomen/highschoolstudents](http://www.schulich.uwo.ca/swomen/highschoolstudents) [<http://www.schulich.uwo.ca/swomen/highschoolstudents>].

Metroland Media Group Ltd.

Document WALKH00020150619eb6i00004

## News

Specialized services \ Local doctors cite need for health care commission to centralize city's physician recruitment efforts

REG CLAYTON, MINER AND NEWS

480 words

17 June 2015

Kenora Daily Miner and News

KENORA

Final

A2

English

2015 Sun Media Corporation

City council is on board with local doctors to create a plan that will boost physician recruitment, improve health care services, hospital facilities and pursue development of a health care campus in Kenora.

Following a deputation led by Dr. Jilly Retson at the committee of the whole meeting on Tuesday, June 16, city council agreed to participate on a working group to form a health care commission. The role of the commission will be to centralize physician recruitment, attract specialists and establish the community as a hub for specialized services to meet local needs as well as those of the surrounding area.

"Health care is a major economic driver and major industry in Kenora," Retson said, noting the health care sector represented 14.6 per cent of the local economy in terms of salaries and employment in 2011. "The (province) has designated the city as a hub for health care services so let's bring in specialists and develop that industry and the benefits that come with it."

According to the presentation, there are about 40 physicians working in Kenora of which 21 are general practitioners at four family health clinics, three more doctors are based at First Nation clinics and 16 are visiting specialists who attend the community according to varying schedules.

Even so, the city is considered to be an under serviced area and the physicians cite a need for an additional three internal medicine specialists, three pediatricians, a variety of surgical services and another psychiatrist in the community.

Kenora's changing demographics are also shaping future health services requirements to meet the needs of an aging population as well as those of summer residents, First Nation communities and the province's closure' of Manitoba as an alternate provider of medical services not available locally. To reduce the number of patients sent to Thunder Bay for treatment will require additional health care professionals as well as the equipment, facilities, financial, working conditions and quality of life incentives to meet the expectations of medical school graduates.

Mayor Dave Canfield recommended the upcoming Association of Municipalities of Ontario annual conference in August as the ideal venue for city delegates to present the working group's community health care strategy at meetings with provincial government ministers.

"Prepare a Reader's Digest' version stating here are our issues, shortfalls and destination and here's how we get there'," Canfield suggested. "Kenora is a district centre now, we're the only community in Northwestern Ontario that is growing in population."

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REG CLAYTON/DAILY MINER AND NEWS \ Dr. Jilly Retson presents recommendations for revitalizing the physician recruitment plan and community health care services at city council's committee of the whole meeting on Tuesday, June 16. \ Sun Media Corporation

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Metro

Volunteer doctors help fill care gap

Victoria Colliver

1042 words

14 June 2015

The San Francisco Chronicle

SFC

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English

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Dr. Gary Herzberg doesn't think of himself as retired, although he gave up his medical practice in Sebastopol seven years ago and recently left a position with a health insurance company. At 68, the longtime family doctor still maintains his license to practice in 13 states and is itching to continue doing what he loves. "I have my interests, but the point is many of us ... still have the skills and expertise and enjoy the practice of medicine," Herzberg said. It is

Herzberg and medical professionals like him that a San Francisco physician named Laurie Green had in mind when she conceived and co-founded the Maven Project.

Her goal was to harness the energy and talent of volunteer physicians, particularly those who are retired, to help solve some of health care's most vexing issues: the lack of access to both primary and specialty medical care in under-served areas and a growing need for health services, spurred in part by having more people covered under the federal health law. "We're hoping we can create a community to try to replace what you lose when you step back from practice or academia," said Green, a gynecologist. The Maven Project is an acronym for the aptly named Medical Alumni Volunteer Expert Network. It relies on medical school alumni groups to recruit a national network of experts to lend their expertise, using telemedicine technology, to doctors and their patients in remote areas of the nation that lack that expert knowledge. Essentially, the technology would put these experts into the room. Green, former president of the Harvard Medical School Alumni Association, came up with the idea after realizing that many of this country's retired and semiretired physicians - about 250,000 in total - want to stay active without the hassle of running their own practices. "You don't necessarily want to go to Guatemala or Africa to volunteer if you're over 60," said Green, who serves as Maven's president and CEO. "Meanwhile, there's a massive need here in America."

Growing needs

The medical needs of an aging Baby Boom generation, population growth in general and the federal Affordable Care Act that expanded health coverage to more Americans have combined to increase demand for health services while, at the same time, the number of doctors is dwindling mostly because of retirement. Nurses and other health professionals can help but not replace the expertise of physicians. The Association of American Medical Colleges predicts doctor shortfalls of up to 31,100 primary care doctors and 63,700 specialists by 2025. Meanwhile, 31 percent of practicing U.S physicians are age 60 or older, according to a study published this year in the Journal of Medical Regulation. The Maven Project is not the first effort to tap into the underutilized



potential of retired physicians. Individual health centers and organizations such as Volunteers in Medicine, a South Carolina nonprofit that has opened more than 100 free clinics in 29 states during the past 18 years, draw on both active and retired health professionals to staff local centers. Amy Hamlin, Volunteers in Medicine's executive director, said a national network based on the use of telemedicine could fulfill many unmet health needs. "Leave it to California to come up with the idea - the technology megacenter of the world," Hamlin said. Physician recruitment for the Maven Project is well under way and the group plans to start a pilot project at three clinics next month, two in Massachusetts and one in Yuba City (Sutter County). The Massachusetts clinics have received a donated telemedicine software program and Yuba City's Ampla Health will use its existing system. "We have the clinics. We have volunteers now. We need to make sure everything with the volunteers goes smoothly ... and we're working out logistics on the technology side," said Lisa Carron Shmerling, Maven Project executive director. Hundreds of potential volunteers from Harvard, Stanford, Tufts, UCSF and other medical schools and training programs have expressed interest in Maven's program.

Plenty of interest

Dr. Ken Bermudez, president of the alumni association at UCSF and a practicing reconstructive and cosmetic plastic surgeon in San Francisco, said he's had no trouble generating interest among his colleagues. "I haven't heard a negative response," he said. The project helps provide affordable medical malpractice insurance and works with doctors to ensure they meet the proper licensing requirements in their states, Shmerling said. Some states even offer a special license for retired physicians. Active physicians, not just those who have retired, can volunteer their time and expertise to help colleagues in areas that lack specialists. At 45, Dr. Rick Loftus, a UCSF Medical School alumnus, wants to offer his experience as an HIV specialist even if he doesn't have many hours to give. Loftus, director of the internal medicine residency program at Eisenhower Medical Center in Palm Springs, also works at a free clinic in the Coachella Valley. "It's not just a job for us," he said. "We take an oath and recognize we have a role in

society." For Herzberg, who practiced for 33 years in Sonoma County, the project offers him the opportunity to combine his growing interest in telemedicine with his love of working in the safety-net clinics. "As a volunteer, you have a lot of freedom and the motivation is internal, not external," he said. "I am anxious to do some work and I'm anxious to do this kind of work."

Maven Project

For more information about the Maven Project: <http://mavenproject.org>[<http://mavenproject.org>]. Physicians interested in volunteering can e-mail [forphysicians@mavenproject.org](mailto:forphysicians@mavenproject.org). "You don't necessarily want to go to Guatemala or Africa to volunteer if you're over 60.. eanwhile, there's a massive need here in America."

Victoria Colliver is a San Francisco Chronicle staff writer. E-mail: [vcolliver@sfchronicle.com](mailto:vcolliver@sfchronicle.com) Twitter: @vcolliver

Dr. Laurie Green is co-founder of the Maven Project, which taps retired doctors. Jason Henry / Special to The Chronicle Dr. Laurie Green chats with a patient at her San Francisco practice. She is establishing a network of doctors for underserved areas. Jason Henry / Special To The Chronicle  
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Owners to buy health care system in North Dakota

David Erickson

771 words

12 June 2015

Missoulian

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Just months after buying the nonprofit Community Medical Center in Missoula for \$67.4 million in cash, a joint venture between

Billings Clinic and RegionalCare Hospital Partners has signed a letter of intent to purchase another large nonprofit health care network based in Minot, North Dakota, signaling an ambitious appetite for growth within the partnership.

Trinity Health is composed of the 251-bed Trinity Hospital and the 165-bed St. Joseph's Hospital, along with a system of nursing homes, community clinics and doctors that serves many patients in eastern Montana. The transaction is expected to close prior to the end of 2015.

According to Trinity's website, its annual estimated net revenue is \$450 million, it employs 2,700 people and it handles about 320,000 clinical visits every year.

In January, Community Medical Center in Missoula became the first hospital to be purchased by Billings Clinic/RegionalCare. The agreement transformed Community from a nonprofit entity into a for-profit hospital, beginning a long, complicated and still-unfinished process to determine what happens with the proceeds from the sale.

The same will happen to Trinity Health if this deal closes. No price has been announced for the acquisition.

By Montana law, the proceeds from the sale of a nonprofit must be put into a foundation with the same general mission that serves the same geographical area, and the CMC Board of Trustees earlier this year withdrew a proposal to create a new foundation and to donate upward of \$10 million to the University of Montana Foundation, saying it needed more time to consider the plan. The Trinity Health Board of Trustees ultimately decided on the Billings Clinic/RegionalCare joint venture after a lengthy review of numerous potential partnership options.

"This agreement with Billings Clinic RegionalCare is an important step forward in ensuring the long-term stability and continued health care choice for the people of North Dakota and eastern Montana," said Trinity president and CEO John Kutch. "Perhaps the most exciting part of this partnership is that it will bring to fruition the vision of the board and our entire organization for a new medical campus to better serve our community and region for decades to come."

The deal involves the construction of a new campus in Minot.

"Billings Clinic is looking forward to working with Trinity Health on clinical strategies that are focused on delivering the highest patient safety, quality, and service," said Billings Clinic's CEO, Dr. Nicholas Wolter. "Both Billings Clinic and Trinity Health are members of the Mayo Clinic Care Network which is indicative of our shared commitment to high quality care and patient safety." Scott Stearns, the lone Missoula representative on the joint venture board, said the move is good news for Community Medical Center's patients and employees in the long run. "It's symbolic of what our board decided a year ago, which is that we needed to grow and get better," he said. "This joint venture has made significant strides in Missoula, and they've now said, 'Hey, we're going to expand.' The joint venture is still looking for opportunities to help the system get better, and we are now part of a system that stretches all across Montana and North Dakota, which makes us a regional player. We're executing the game plan."

As part of the sale of Community Medical Center, Billings Clinic/RegionalCare also committed \$40 million over the next 10 years toward physician recruitment.

The companies made similar promises regarding the purchase of Trinity, saying they will commit to fund necessary capital needs and new strategic initiatives, including the new campus and medical district and other technology improvements.

Stearns said the joint venture has been actively pursuing its promise to recruit physicians to Missoula, and that CMC will not see any drain on resources as a result of the purchase of Trinity. "It's making us a bigger, better system and we're excited about it," he said. "It's what's best for the health care system in Missoula, Montana, which is what we're all about."

Billings Clinic is the largest health care system in Montana, consisting of a multi-specialty physician group practice, a 285-bed hospital and a 90-bed nursing and assisted living facility. RegionalCare Hospital Partners has partial ownership of nine community hospitals in eight states.

According to Trinity's website, its annual estimated net revenue is \$450 million, it employs 2,700 people and it handles about 320,000 clinical visits every year.

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## News

Medical students get a feel for Cambridge

187 words

5 June 2015

Cambridge Times

CAMBR

Final

1

English

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CAMBRIDGE - Ten first- and second-year University of Toronto medical students got the "Grand" tour of Cambridge while taking part in ROMP Week.

The Rural Ontario Medical Program (ROMP) provides opportunities for medical students to learn about what its like to practice medicine in communities outside of Toronto. The students visiting Cambridge this week were hosted by the Cambridge & North Dumfries Doctor Recruitment Committee.

"This is the 10th year we've done this and it serves as a great introduction for the students to our city," said Donna Gravelle, physician recruitment co-ordinator.

Along with learning more about the city, students also receive some hands-on medical experience with family doctors and specialists, and learn about the facilities available at Cambridge Memorial Hospital.

Gravelle said since hosting the ROMP Week visits 10 years ago a number of the students have returned to Cambridge for further training.

During their time in town the students visited Toyota Motor Manufacturing, Langdon Hall, Cambridge city hall and took a

leisurely canoe trip down the Grand River with the Ancient Mariners' Canoe Club.

Metroland Media Group Ltd.

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## News

Why do recruited doctors not stay in Saugeen Shores?

FRANCES LEARMENT , EDITOR

713 words

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Shoreline Beacon

SHRLNB

Final

2

English

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Why did all seven doctors brought to Saugeen Shores/ Kincardine through local physician recruitment efforts not stay?

That's what Saugeen Shores Councillor Neil Menage -whose family has been "orphaned" -left without a doctor -four times in the past five years, wants to know.

"They all left....are we playing the (physician recruitment) game right?" Menage asked, following an update from Physician Recruitment Specialist Peggy Zeppieri at May 25 Saugeen Shores committee of the whole meeting.

Physician recruitment, with a \$122,000 budget this year, is a joint Saugeen Shores/ Kincardine/Bruce Power initiative to find, bring and keep doctors in the community, using incentives, including interest-free loans, bonuses and office subsidies.

The Town's share this year is approximately \$41,000, and there's \$135,000 in the town's operating budget for an on-going physician retention program of subsidies for costs to operate two medical clinics in Port Elgin and Southampton.

Coun. Menage questioned if they should get out of the expensive physician recruitment business that isn't working in favour of the community.

"What I'm asking for is more understanding...I'd like to work to shaking the (provincial) government up and the Ministry of Health and say, 'this is not working -we need a change, dammit, now,'" Menage said, adding registering with Health Care Connect for a doctor who is accepting new patients isn't working if he's referred to a physician in Southampton, when he lives just blocks from the Port Elgin medical centre.

"I agree," Zeppieri said, adding, "you need to look at the big picture and say, 'what can we do, and how can we approach the Ministry to say this isn't working in our community,'" Zeppieri said, adding any approach must be productive, not negative.

Zeppieri agreed with Menage's frustration. "We aren't alone in lacking and keeping physicians - and offered to help educate Menage on a one-to-one basis about the Ministry's complicated fee schedule.

Zeppieri said Ministry of Health and Long-Term care rules changed June 1 with a new managed entry model which allows communities to replace physicians on a one-to-one basis, not on patient load.

Menage recounted one local physician approaching retirement with approximately 3,000 patients who would require three new doctors to take his patients.

Zeppieri said the town's physician recruitment committee should focus on economic development.

"If there's no physicians here, we don't have a hospital...our pharmacies will close. The foundation for a strong community is your physicians and your hospital," she said, confident they can resolve the issues.

She said in most communities the orphan list is 25 percent of the population. "So, we're actually pretty lucky-but that's not what you want to hear..," Zeppieri said, adding they are working hard to bring new physicians to the area, but it is hard work.

Zeppieri noted that this summer, three residents, who have done training in the community, are returning to Saugeen Shores, providing holiday and ER coverage.

Newly appointed physician recruitment committee council rep, Coun. Mike Myatt, said he was "leery" of getting out of the physician recruitment business, which he said was "quite a game"

and very competitive. Myatt suggested they might learn why doctors don't stay after locating here, if they conducted exit interviews.

"One orphan patient is probably one too many -I sympathize -and we'll continue to do the best we can," he said.

Because the Ministry now conducts quarterly physician requirement reviews, Zeppieri said it is important to begin gathering data on growth and patient rosters that she can use in her recruitment efforts.

Deputy-Mayor Luke Charbonneau asked if their physician recruitment efforts are a permanent feature of Ontario's health care structure, with the municipality doing the hiring of doctors for the province.

"It's been the way for a long time -some provinces do it different..." she said locally, physician recruitment has always been a municipal or community-driven initiative.

Mayor Mike Smith thanked Zeppieri for her efforts to date, noting it is unfortunate that the province holds "almost all tools" when it comes to physician recruitment.

Sun Media Corporation

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News

Diagnosis for trouble in physician recruitment

LUKE HENDRY, LUKE.HENDRY@SUNMEDIA.CA, THE INTELLIGENCER

868 words

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Belleville Intelligencer

BLVLNT

Final

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English

2015 Sun Media Corporation

Dr. Adam Stewart was part of an Ontario success story.

Now he's among those warning the province is about to squander that success of recruiting family doctors to rural areas.

"If I was a new graduate right now I would be looking elsewhere -- another province, another country," Stewart said.

He practises in concert with the Centre Hastings Family Health Team. And when he graduated in 2009, new graduates were flowing happily into such rural work.

Now, Ontario is reducing that flow to a relative trickle.

Citing rising costs, the province's health ministry will restrict addition of new doctors into certain models of care unless they're replacing outgoing doctors or their chosen family health organizations or networks are in under-serviced areas. That restriction will begin June 1.

Had it been in place upon Stewart's graduation, he said, he wouldn't have been able to move to Madoc and likely would have left Ontario.

Stewart said he understands the need to avoid overspending. But he added that doesn't erase the need for doctors, especially as the baby boomers reach their senior years and require more care.

"You've got this storm that's coming and you've got an imbalance of supply and demand."

Hastings County's grant program for new doctors has brought in the equivalent of 12.5 full-time doctors since 2007. The county opposes the new restriction and is pursuing a meeting with Health Minister Dr. Eric Hoskins, as well as Ontario Medical Association officials.

"Family health teams allow us to bring these services into these communities where they're desperately needed," Stewart said.

"They're especially important for rural communities."

Yet on Monday, the ministry issued a bulletin to doctors identifying areas of "high physician need." Nine municipalities in and around Hastings County made the list -but not Centre Hastings. (See fact box.)

Stewart said simply restricting recruitment isn't the only option. He said increasing taxes would be one way of funding health care. Though taxpayers and politicians wouldn't like it, he said, "You can't have all these services and not pay for them.

"There is a lot of waste and inefficiency in the health care system. We all see it," he continued.

That waste includes excessive use of diagnostic tests and imaging-- one area targeted by Quinte Health Care staff as they trim spending.

Stewart said if a patient's knee pain, for example, isn't so severe the patient is willing to undergo surgery, there's little point in ordering an X-ray. Health officials have also pointed to needless repetition of tests, such as bloodwork.

"There has to be a system reform," Stewart said. He said doctors should curb their use of extra tests but the ministry should also create a system of incentives and deterrents.

But he also said patients need to share responsibility.

"Right now, the health care system is a buffet of services for patients," he said.

Stewart said emergency rooms are too often used by patients who should instead see their family doctors or use walk-in clinics. That, too, costs taxpayers and clogs hospitals.

In the meantime, future retirements have officials at Quinte Health Care concerned.

The four-hospital corporation needs more than a dozen doctors, most of them family doctors. The greatest need is in Trenton, said chief of staff Dr. Dick Zoutman.

"We anticipate there'll be some significant retirements in that area," he said.

"We're looking for family doctors who will set up but who will be willing to work in the local hospital.

"It's a tremendous opportunity."

Zoutman said QHC needs three or four family doctors in Trenton and three or four more in Belleville, plus a few more in North Hastings.

Medical affairs co-ordinator Miranda Germani said there are three confirmed family doctors coming to Belleville over the next year, but there may also be retirements.

There are two potential recruits for Trenton.

Recruitment efforts continue, but in Madoc, Stewart said the ministry must recognize it's hurting a proven family health system.

"It works. It's better for patients."

- - -

## PHYSICIAN NEED

Local municipalities of "high physician need" as announced by the province May 11:

Bancroft  
 Belleville  
 Deseronto  
 Hastings  
 Highlands  
 Marmora and Lake  
 Quinte West  
 Wollaston  
 Brighton  
 Trent Hills

Source: Ontario Ministry of Health and Long-Term Care

BY THE NUMBERS All data is from a 2013 report by the Canadian Institute for Health Information.

Ontario Canada

Average age of doctors 51.2 50.3

Percentage of rural doctors

All doctors 4.8 8.4

Family doctors 8.7 14.2

Specialists 1.2 2.4

Doctors per 100,000 people

All doctors 209 220

Family doctors 103 \*

Specialists 106 \*\*

\* No figure available. Ontario tied with Saskatchewan for fewest among the provinces; only Northwest Territories (73) and Nunavut (28) lower in Canada. Highest rate is Yukon (156); highest in provinces is Nova Scotia (133).

\*\* No figure available. Provinces range from Saskatchewan (80) to Nova Scotia (128). Source: Canadian Institute for Health Information

SUBMITTED PHOTO \ Dr. Adam Stewart worries about the recruitment of family doctors. \

Sun Media Corporation

Document BLVLNT0020150515eb5f00007

Members

KVH hiring works amid shortages, workforce changes

ANDY MATARRESE staff writer

985 words

14 May 2015

Daily Record

DLYRCRD

English

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In an industry like health care, which is bracing for labor shortages, upheavals in care management and demographic changes, doctor and provider recruitment becomes a game of strategy.

Carrie Youngblood, a recruiter at Kittitas Valley Healthcare, said industry projections say there might be a national shortage of 90,000 to 150,000 general practice physicians through 2025.

"The horizon for general practice, family medicine doctors, nationally, there's a massive shortage," she said.

There's a lot of factors that go into this, she said. Provider shortages in different fields aren't unheard of — there was a huge shortage of nurses not too long ago, and she said we'll live to see the day when there are too many family practice doctors — but this one means health firms are starting to woo doctors very early in their careers.

Because the lifecycle for a doctor is so long, it might be as early as medical school.

The timeline becomes, what does the hospital need today, she said. A year from now? Five years from now? Ten?

"They've still got four years of med school to complete, plus their five years of residency, before they're ever even able to be employed by us. We're talking to people sometimes nine years before they can even start here," she said.

Making that switch over the past year and a half at KVH has been a big step, Youngblood said.

"We have started to have to foster this pipeline of candidates and relationships, and that's just a totally different way of recruiting," she said.

Recruiting was once just the job of the personnel department. Now, the hospital tries to make it a team effort, leveraging its doctors, nurses and other providers to attract candidates, she said.

KVH, of course, isn't the first hospital to notice these trends or change recruitment strategies, she said.

According to a 2015 survey of medical residents in their last years from Merritt Hawkins, a health care consulting and physician recruitment firm, 63 percent of new doctors completed their training in 2014 having received 51 or more job offers; 46 percent received 100 or more.

New generation of workers

Compounding that is the emphasis on family care brought on by the Affordable Care Act and larger demographic shifts in the workforce.

Baby boomers are retiring in droves, Youngblood said, and that's affecting every skilled industry, not just health care.

"We started seeing it probably over the last five years, but really, truly in the last year, year and half, we've started to really feel it," she said.

At the same time, millennial-era workers are starting to pour into the workforce.

Boomers looking for jobs had been more interested in consistency and the company, she said.

Millennials often come into the workforce with more technology skills, though they often seem more tied to projects or communities and have different desires for what kind of work they'd like to do, Youngblood said.

Or, she said, "what makes you feel like you're giving worth and giving back so that your job is meaningful, rather than the almighty dollar and the pride of knowing that you've stayed with a certain place for six years."

The trick for KVH, she said, will be how to be more enticing, which is something the organization has been working on. She said the team at KVH, when presented with a demand in the workforce, is

willing to examine it, but the leave time a doctor gets at KVH versus Harborview or other larger hospital isn't really an apples-to-apples comparison.

Newly-minted doctors are hard catches, she said, especially at hospitals such as KVH.

The same Merritt Hawkins survey found 3 percent of new physicians would want to work in a community of 25,000 people or less.

KVH CEO Paul Nurick said provider recruitment is and has been one of the hospital's top priorities.

"Everybody is looking for the same providers we are, and even though we are very competitive in our recruitment package, rural America has a particular challenge," he said. "I am certain we will be able to address the needs but it won't be without major effort."

Human touch

Youngblood said the hospital's marketing has been good, and its brand as a top-rated rural hospital is strong, but to help overcome that, the hospital is also trying to emphasize the human touch in recruiting, and stay on top of the basic legwork.

"There's no magic behind it," she said. "We're all competing for the same piece of the pie, so who can do it most genuinely?"

She follows up on phone calls, networks, gets the hospital's name out there and tries to act as a general resource for job seekers. Some of these doctors-to-be are getting 50-some job offers over the course of a few months, she said, referencing the Merritt Hawkins survey.

"Imagine being offered 53 life-changing decisions within a three-month period. How much is that going to blow your mind?" she said. "When it comes right down to it, you're dealing with somebody who's making a life-changing decision.

"Having a human, one-to-one contact sometimes can be the edge that hopefully pushes us over. We'll see."

Youngblood added there's only so much she or the hospital can do, though; everyone can help make the community itself more attractive to incoming nurses, doctors or any job seeker.

"It's our entire community that needs to rally to help, because one person is not going to beat those numbers, but all of us together

can try to change some of those features and benefits to get someone to want to be here," she said.

Pioneer Newspapers, Inc.

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## Opinion

Doctor recruitment high priority for IHA

514 words

12 May 2015

Ashcroft Cache Creek Journal

ASHCRK

Final

4

English

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Ashcroft Cache Creek Journal -- Dear Editor

I understand many Ashcroft and area residents are concerned about the future of health-care services and their hospital given the changes with our physician complement. Let me first say that Interior Health shares your concern. Our goal is the same as yours - to recruit additional physicians, strengthen primary care in the community and have in place a sustainable and reliable Emergency Department service at Ashcroft Hospital and Community Health Centre.

We have also heard that some members in the community believe decisions have already been made regarding ER service for the summer months. I want to assure you that is not the case. We are actively recruiting for physicians and working to secure as much locum coverage as possible for the ED. Any changes to service as a result of the physician shortage will be communicated through community updates sent to local media, posted at the hospital and clinic, and at key locations throughout the community.

Family physician recruitment and retention is a challenge across B.C. and across Canada, particularly in rural communities. As a result, we are dedicating time and resources to attract physicians

to the community; they are the key to delivering consistent primary care and Emergency Department coverage.

With only one physician in the community, the adjustment made to ED hours in May was not a choice, it was a necessity. This decision was made in full collaboration with the community's remaining physician, elected officials and the Wellness Health Action Coalition (WHAC) and one the group felt would ensure predictability for residents, while also maintaining the wellbeing of the remaining physician. Until we secure more permanent physician coverage, we expect there will continue to be reduced hours at the site. However, what this will look like in the coming months is uncertain and dependent on recruitment efforts. We will confirm the ED hours for June later this month.

Interior Health continues to make Ashcroft a high priority, advertising extensively in physician and medical journals, through websites and at medical conferences. We are also looking at upcoming opportunities through return of service agreements with potential International Medical Graduate candidates.

We are working with Village Council and the members of WHAC and discussing our shared role in recruiting new physicians to the area. We'll continue this collaborative approach in our efforts to maintain Ashcroft Hospital and Community Health Centre as a viable, sustainable community resource; we understand how important health-care services are to Ashcroft-area residents. As recently announced, the Emergency Department hours for May are as follows:

Monday, 8 a.m. to noon

Tuesday, 9 a.m. to noon

Wednesday, 9 a.m. to noon

Thursday, 9 a.m. to noon

Weekends: Friday, 6 p.m. to Monday, 8 a.m.

The only exception, at this time, is Thursday, May 14, when the Ashcroft Hospital and Health Centre Emergency Department will be closed due to lack of physician availability.

Berni Easson

Health Service Administrator

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## News

PracticeLink, The Career Advancement Resource for Physicians celebrates 20 years of helping in-house recruiters recruit, hire and heal

Staff Writer

378 words

8 May 2015

Edwardsville Intelligencer

EDSVILLE

English

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Celebrations will kick-off at the annual 2015 ASPR conference in Orlando

Orlando, FL (PRWEB) May 08, 2015

PracticeLink is excited to announce their 20th anniversary celebrations will begin while at the 2015 ASPR Annual Conference in Orlando, FL from May 17-20, 2015. The celebration will be showcasing the Faces and Places of physician recruitment over the past two decades.

The ASPR conference is attended by hundreds of in-house physician recruitment professionals and those involved with the in-house recruitment and retention process, which provides PracticeLink a unique opportunity to highlight the attendees that have been critical to the success of the physician recruitment industry. "ASPR has played a significant role in the growth of in-house physician recruitment and has been a professional and educational organization and a place where the profession itself could grow over the past 25 years. It's meant a great deal to the growth of PracticeLink and is extremely important to us," said Ken Allman, CEO, President and Founder of PracticeLink.com.

Over the past 20 years PracticeLink has established itself as the most widely used physician recruitment resource with more than

5,000 health care facilities across the nation utilizing it as their recruitment toolbox.

PracticeLink will be exhibiting in booths 101, 201, and 203 and will be available for interviews regarding the current trends in physician recruitment, as well as the history of PracticeLink. Learn more about the Faces and Places of physician recruitment by visiting [PracticeLink.com/20years](http://PracticeLink.com/20years)

About PracticeLink

PracticeLink.com is the most widely used online physician job bank. More than 20,000 physicians and advanced practitioners register with PracticeLink.com each year in their search for a new job, and thousands more search the job bank confidentially when looking for a new practice. More than 1,000 recruiters representing more than 5,000 health care facilities nationwide use PracticeLink to recruit physicians and other health care providers.

PracticeLink is headquartered in Hinton, W.Va., and also has offices in St. Louis and Louisville, Ky.

For the original version on PRWeb visit: <http://www.prweb.com/releases/2015/05/prweb12709461.htm>[<http://www.prweb.com/releases/2015/05/prweb12709461.htm>]

Hearst Newspapers

Document EDSVILLE20150508eb5800009

## News

Doctor shortage a thing of the past in Trent Hills

556 words

29 April 2015

Trent Hills Independent

TRENTH

Final

1

English

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If a doctor were to come to Trent Hills wanting to set up a private practice, finding enough patients to make it viable could be "difficult," says Laurie Smith, project manager for the Trent Hills Physician Recruitment and Retention Committee.

That's how much circumstances have changed since the committee was formed around 2000 to attract physicians to what was then an underserved area, with thousands of people in need of a family doctor.

Now "it's much easier" for a physician wanting to relocate here "to take over an existing practice" than to launch a new one, Smith said in an interview.

In her annual report to council at its April 21 meeting, she related two of the committee's success stories in arranging for Dr. Nana Hou and Dr. Jamie Read to practise family medicine in Trent Hills. "We have a full plate of family physicians currently in Trent Hills," she said.

Smith was also successful in getting Dr. Aman Grewal, an ear, nose and throat specialist, to offer his services locally.

"We do have an extensive list of specialist services that has really grown, especially in the last five years," Smith said.

It's simpler for a specialist to set up a clinic for one day than to have the 50 people being seen travel out of town, she said.

Campbellford Memorial Hospital also struggled at one time with staffing its emergency department but things are running smoothly these days.

Smith, who looks after scheduling for the department, said she's "brought in a lot of new faces," especially in the last six months, by inviting doctors to give CMH "a try [and] it seems to be working. "Every physician that comes to work in 'emerge' here raves about the work culture and the work environment," she told the Independent. "They love the nursing staff they work with ... I've never had any negative feedback, that's why they love coming here."

Councillor Rosemary Kelleher-MacLennan thanked Smith and her committee for their hard work. Its budget of \$60,000, shared equally between the hospital and the municipality, hasn't changed in years.

"We really appreciate what you do," Kelleher-MacLennan said. "Keep up the good work."

Noting this is Smith's tenth year with the committee, Councillor Cathy Redden said the group got off "to a very slow start" in laying "the foundation of what you're seeing pay off right now."

Now, many municipalities "have taken their cues from the work Laurie has done across Ontario," Redden said. "She's put some very innovative practices in place around recruiting and around bringing in locums and staffing in the emergency."

"People don't realize the amount of work that goes on in the background," Mayor Hector Macmillan said.

Smith said she has "a core staff" of about five physicians she calls upon to work in emergency, and about 50 in total, from places such as Kingston, Belleville and Toronto.

She recently secured a one-year commitment from a couple-one's a physician and the other an anesthetist-"so that's going to help our OR and ER for the next year at least."

It also helps the hospital "become less dependent on outside agencies, which is our goal," Smith said.

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Doximity Offering Hospitals Easy, Efficient Physician Application Tool

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US Doctors Can Now Apply For Jobs in One Click

SAN FRANCISCO, April 29, 2015 /PRNewswire/ -- Doximity, the leading online medical network with over 50 percent of all US doctors as members, announced a new, instant method for physicians to apply for career opportunities -- "Apply Using Doximity." With one click, all US physicians can quickly submit their verified online profile as a curriculum vitae (CV) for an open job opportunity, and a recruiter will reach out to the physician directly.

Eighty seven percent of physicians are open to new jobs, and yet the application process is prohibitively time consuming -- hospitals therefore miss many ideal candidates. By making the application process more efficient and reducing the friction of paperwork, doctors can apply for new employment, locum tenens or consulting opportunities in the few spare minutes they have a day, even from their tablet or smartphone.

As the trend continues to shift toward physicians choosing hospital employment over private practice, hospitals are seeking new ways to attract top talent. Medical institutions taking advantage of "Apply Using Doximity" will easily accept applications without having to sort through lengthy CVs, with confidence that applicants are verified, licensed U.S. physicians.

Virginia Commonwealth University Medical Center, in collaboration with ab+c Creative Intelligence, is the first institution to incorporate this service. Doximity now offers "Apply Using Doximity" to any of its 300 hospitals and health systems partners subscribed to the Doximity Talent Finder service.

"We saw the majority of physicians are viewing recruitment-related emails on a mobile device," said Aisha DeBerry, manager, physician recruitment at Virginia Commonwealth University Health System. "So instead of making them wait to get on a desktop, fill out an application, and upload forms, we partnered with ab+c Creative Intelligence to make it as simple as clicking, 'Apply Using Doximity.'"

"By allowing physicians to inquire about a job with the quick click of a button, we've made it easier for hospitals and health systems to attract qualified physician candidates," said Alex Blau, MD, Medical Director at Doximity. "Physicians really don't have time to scan their CV or fill out long web forms, particularly if they are

researching jobs on a mobile device, so applications often fall by the wayside. We're rectifying that."

For more information about Doximity Talent Finder, visit [www.doximity.com/talent\\_finder](http://www.doximity.com/talent_finder)[[http://www.doximity.com/talent\\_finder](http://www.doximity.com/talent_finder)] and to inquire about using Doximity's "Apply Using Doximity" API, visit [www.doximity.com/developers](http://www.doximity.com/developers)[<http://www.doximity.com/developers>].

About Doximity

Launched in 2011, Doximity ([www.doximity.com](http://www.doximity.com)[<http://www.doximity.com>]) connects physicians to make them more successful and productive. With more than half of all US physicians as members, collaborating across every specialty and academic medical center, Doximity is the largest secure medical network in the country. Doximity is headquartered in Silicon Valley and was created by the founders of Epocrates.

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News

Resuscitating family physician numbers

939 words

22 April 2015

North Bay Nipissing News

NBNIP

Final

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English

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NORTH BAY - The recruitment of family doctors is a numbers game.

With 12,000 area residents in need of a doctor, enticing physicians to the city would seem an easy task. And it is, as long as you're not looking to fill a family practice.

"We are very successful in recruiting specialists," said Chastity Saudino, physician recruitment specialist at the North Bay Regional Health Centre (NBRHC). "We have a state-of-the-art facility and a fantastic community with a wonderful work-life balance.

"We get an opportunity to interview and screen the best (specialists). We're really getting the cream of the crop when it comes to specialists here," she said.

The same does not hold true when it comes to family practices.

"General practitioners are extremely hard to recruit and I have no magic answers for why that is," Saudino said. "We've done studies, we've established stakeholder groups but we have no definitive answer. We try to make ourselves (the community and the health care facilities) as attractive to them as possible. Are we missing something, I don't know."

Dr. Donald Stemp, former hospital chief of staff of the North Bay General Hospital and a general practitioner for more than 40 years, says when he decided to retire it took him five years to find a doctor to take over his practice.

"I wanted a match for my patients," he said, admitting he turned down some offers before he found the right doctor to entrust with his patient list.

Stemp shared a practice with two other family doctors, who also retired after finding someone over their portion of the practice.

"We were the first retirees from general practice in 10 years that didn't just close down," he said. "When a doctor retires now, it

leaves between 1,500 and 2,000 people without a doctor and because these have been established practices, a large percentage of those patients are seniors. They tend to need the most care, and are the hardest to get accepted into a new practice. These are the people who helped make our communities and kept them going, and they are the ones we disenfranchise." One of the hurdles is the Ministry of Health and Long Term Care's decision not to designate North Bay an underserved area for doctors.

Saudino says it's a matter of numbers.

There are 75 doctors practicing in North Bay, leading the Ministry to assume the general practitioner needs of the community are being met. But many of those doctors are in restrictive, or clinically-focused practices.

"The Ministry is working from misinformation," said Saudino. "The lists are completely inaccurate and that is what we are trying to make them understand."

Stemp, who also served on the board of the North East LHIN, calls the concept of underserved areas "an interesting issue."

When the Ministry first established this designation, he said "it was really well defined. The Ministry wanted to get the physicians out of the cities and into the rural and northern communities. When it started, it was a good program and it attracted a lot of doctors to those areas."

But Stemp says politics ended up trumping health care.

"The problem was, as in any democracy, that the majority ruled and doctors in the south didn't want to see the (underserved area) bonus money going anywhere else and urban municipalities found ways to become designated as underserved," he said.

While the hospital, the city, local doctors and the and the North East LHIN have established a committee to address the underserved designation issue, Stemp says he fails to understand why there have not been incentives put in place by the city to help lure family physicians to the area.

"Physicians bring in outside money, and each doctor generates about four new jobs, most requiring post-secondary education.

These are relatively well paying jobs, the jobs we want in this community," he said.

An article in a recent edition of the Ontario Medical Review says an Ontario physician generates about \$205,000 in GDP and \$50,000 in (total) tax revenues.

Currently, neither the Ministry nor the city has any direct incentives for family doctor recruitment.

"We have set aside \$5,000 in the economic development budget for physician recruitment, but that's really meant more for marketing," said Mayor Al McDonald.

A trio of young general practitioners have committed to setting up a new practice in the North Bay next year. It may help alleviate some of the concern, but at least 10 new doctors are needed in the city in the short term, and as many as 10 more to cover the expected retirements of established family doctors.

When one long-time family doctor retires, it takes more than one younger doctor to fill void.

"In my era, family doctors tended to have large practices with as many as 2,000 patients," said Stemp, who retired two years ago.

"The expectation now is closer to 1,000 patients, so even if we have the same number of general practitioners, we're still going to be behind the eight ball."

The good news is Stemp is confident once new physicians establish a practice in North Bay, retention will not be an issue.

"North Bay has always been a top place to be assigned while doctors are getting their education," he said. "It's a good community to come and join. When doctors come here they tend to stay. It's a good town, a good place to raise a family, a good place to practice."

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## News

Improving family doctor availability spurred clinic closure

390 words

20 April 2015

Waterloo Region Record

TKWR

English

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KITCHENER - The doctor who oversaw a primary care clinic at Grand River Hospital's Freeport site says improving availability of family doctors in the area convinced her the clinic could be closed. Dr. Anne Crowe said the clinic's original purpose when it was set up 10 years ago was to help a myriad of people who for various reasons had trouble finding a family doctor. But because family doctor availability has improved locally over the last several years, she said she decided to refocus.

"I provided (the clinic) for a long time. There are more family physicians now available than there were at that time, and I was ready to move on," Crowe said.

Crowe will still serve as a rehabilitation doctor at the Freeport site and also maintains a practice of family medicine in Kitchener. She said she has no plans to wind down or retire from either role.

Crowe was the primary care clinic's adviser, spending one half day per week overseeing the work of a full-time nurse practitioner, who saw and treated patients five days per week. She estimated the clinic had up to 400 patients.

The nurse practitioner position was eliminated because the clinic is closing, but Crowe said that individual will have the opportunity to apply for comparable roles.

She said the opening of a satellite medical school in downtown Kitchener greatly increased the number of family doctors accepting patients in the community.

"Because of the medical school, there are more physicians graduating and doing family medicine residencies in this community. The pool of family physicians has increased," Crowe said.

When she started working at the primary care clinic at Freeport 10 years ago, she said people and families were "begging" to get in to a family doctor's practice.

The Greater Kitchener-Waterloo Chamber of Commerce started a physician recruitment effort in 1998.

Seventeen years later, Chamber vice-president for physician resources Mary Sue Fitzpatrick said that because doctors are

always retiring and the community is still growing, they will continue to work to attract doctors for the foreseeable future.

"K-W has been very successful in terms of recruiting and retaining physicians, but we just can't stop doing it. It will be ongoing, but the need (now) isn't as drastic."

Toronto Star Newspapers Limited

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## News

Professional of the Year Award Finalists - Sponsored by TD Bank Financial Group

The Windsor Star

303 words

18 April 2015

Windsor Star

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Early

H33

English

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Dr. Dale Ziter Through his work, Dr. Dale Ziter cares for 3,000 patients, has hospital privileges, and teaches medical students and Family Medicine (FM) residents.

In 2003, Dr. Ziter was asked by program directors at the University of Western Ontario to start and direct an FM residency training program in Windsor. He currently has 25 FM residents in Windsor training each year.

Dr. Ziter actively recruits medical students from across Canada to come to Windsor. Approximately 75 per cent of the residents he trains here decide to stay in the region.

Together with his partners, Dr. Ziter purchased the old Toledo Scale Building on Howard and Ypres and converted it into the Windsor Professional Centre. Dr. Ziter and his partners rent to family doctors, medical specialists, pharmacists, physiotherapists and others and have plans to expand building.

Dr. Ziter is the recipient of the Dr. Keith Johnson Scholarship Award in Family Medicine in recognition for his contribution to the Department of Family Medicine (2006), CCFP Award of Excellence (2007), Dr. Ian McWhinney Teacher of the Year Award for Family Medicine (best FM Resident teacher in London and distributed centres in 2010), Associate Dean's Award of Excellence in Medical education University of Windsor (2011-2012), three years of SWOMEN Teacher of the Year Award for clinical clerkship training, and was awarded \$15,000 each year from Windsor City Council to assist with his FM Resident training program as recognition of his contribution to physician recruitment to Windsor.

Dr. Ziter supports the Canadian Nature Conservatory on a monthly basis and made a donation of \$20,000 to the Windsor/Essex County Humane Society last year.

/ Dr. Dale Ziter; / Dr. Dale Ziter

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Windsor Star

Document WINSTR0020150418eb4i0003d

Health eCareers Offers Tips to Healthcare Employers and Recruiters to Manage Physician Shortage

1307 words

15 April 2015

Middle East North Africa Financial Network (MENAFN)

MENAFI

English

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(MENAFN Press)

ndash; Look Ahead and Make Succession Plans Now to Avoid Physician Shortage ndash;

DENVER Colo. ndash; April 15 2015 ndash; Health

eCareersrsquo; new 2015 Healthcare Recruiting Trends

Survey[<http://news.healthcareers.com/2015/02/2015-recruiting-trends-survey/>] found that the demand for healthcare services is predicted to swell over the next ten years. Unfortunately the

supply of healthcare providers is unlikely to keep up with this increased demand creating a shortage of qualified physicians — especially those in family medicine psychiatry internal medicine and a variety of other specialties.

Health eCareers offers tips for healthcare employers and recruiters to address the intense hiring challenges created by the gap between physician supply and demand.

#### Factors Creating Physician Shortage

Bryan Bassett Managing Director of Health eCareers says four demand-side factors are driving this shortage: millions of newly insured people entering the system due to the Affordable Care Act aging baby boomers with increased medical needs aging caregivers reaching retirement age and a stronger economy.

There are also lifestyle factors at play causing shortages in specific fields such as primary care. “Although more students are actually entering medical schools and residency programs than a decade ago today’s young physicians often choose to specialize rather than choosing primary care as a way of ensuring a better work-life balance than their predecessors” says Bassett.

But that’s also good news for hospitals hoping to hire new doctors.

“In the past two years we have seen more physicians who want to be employed by healthcare organizations rather than going into private practice” explains Barkley Davis Senior Director Physician Recruitment at LifePoint Hospitals; a public company with 70 hospitals in 22 states focused primarily in non-urban markets. “They’re looking for a stable environment that has financial backing and a lot of things already in place such as a built-in practice electronic records billing and collections and minimal financial risk. It’s a security thing.”

#### Five Tips for Hiring Doctors Today and Tomorrow

Bassett and Davis offer tips to healthcare employers and recruiters to address the physician shortage without shorting the bottom line with new and expensive physician incentives.

##### 1. Anticipate shortage cycles and plan ahead

Much like the financial markets the healthcare landscape is in a constant state of flux. “The biggest issue of all for recruiters is planning for the unknown” says Bassett. His advice to recruiters is to look ahead and make succession plans now.

Davis offers another idea: use stipends to build affinity with doctors while they’re still in training. “If residents can commit early to practice with us maybe one-to-two years out then we have a package where we can start paying them a monthly stipend” he says.

##### 2. Design new types of compensation packages

Recruiters must recognize and respond to the changing needs — both financial and lifestyle — of new physicians.

Davis cautions against relying solely on salary to attract new doctors. Instead he says it’s important to look for other financial incentives that aren’t tied directly to salary.

“The number one thing that almost all new doctors need is debt relief” explains Davis.

Bassett adds that the needs and wants of today’s providers — ultimately being happy and satisfied in their work — aren’t always financially motivated. “You’re going to need to design things like job sharing and thoughtful compensation packages that are economically feasible for your hospital but also give professionals the work-life balance they want.”

##### 3. Build and nurture your pipeline

Building a pipeline of talent could be all in who you know — or who you don’t know you know.

“There needs to be more forward thinking about using talent relationship management as well as job boards and association contacts to meet candidates and stay in touch with those who might be available in a year or two when you need them” says Bassett.

This pays off in succession planning and it may even help healthcare employers get a jump-start on the next specialist cycle. “Make sure you’re recruiting in specialties where you can make hires today even if you’re a couple years out because those areas will get tight again” he advises.

#### 4. Stretch the chain of command

Aggressive tactics often come into play in physician recruiting because doctors provide a lot of income to hospitals. But from a capacity standpoint hiring managers may want to consider the trend of hiring highly qualified non-physician providers such as nurse practitioners and physician assistants who can take on much of the workload.

“For physicians we have to figure out new ways to do things more efficiently” explains Davis. “Today you see two-physician offices with maybe four other non-physician providers such as PAs or NPs helping out. It’s almost like you triage a physician’s office depending on what patients need; it’s not about always seeing a doctor anymore.”

#### 5. Use technology and use it wisely

Health eCareers’ data reveals that 45 percent of respondents are not using any alternative candidate pools (such as travel or per diem staff retired professionals international workers etc.) to fill difficult positions. But many are using technology to find new candidates: Nearly 80 percent use job boards 48 percent use social media sites and 43 percent use their in-house applicant tracking system (ATS).

“We’re located in non-urban places so seeking primary care physicians has been a big push because of the shortage of candidates” says Davis “We’ve found that tweeting our jobs is a good way to reach doctors on social media. We also use email and cell phones because you must also continue to contact doctors directly.”

Most importantly to get the most from your recruiting budget it’s critical to use targeted job boards. Health eCareers’ survey shows that online healthcare job boards like [www.healthcareers.com](http://www.healthcareers.com) usually outrank even a company’s website as the most effective method for filling job openings.

“We are working hard to bring more qualified candidates to healthcare employers and recruiters and more effectively convert them with a better user experience built on rich job opportunities and compelling employer content” adds Bassett.

To learn more about hiring the best healthcare talent visit the 2015 Healthcare Recruiting Trends Survey blog series at <http://news.healthcareers.com/2015/03/physician-shortage/> and download the full 2015 Healthcare Recruiting Trends Survey Report at <http://news.healthcareers.com/2015/02/2015-recruiting-trends-survey/?type=pramp;source=staff-turnover-release>

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