

Physician Recruitment in Chautauqua County: Challenges And Opportunities / 2009



Chautauqua
County
Health
Network

strengthening and promoting quality health care



Updated Spring, 2011

200 Harrison St, 2nd Floor • Jamestown, NY 14701
716.338.0010 • www.cchn.net

ABOUT THE CHAUTAUQUA COUNTY HEALTH NETWORK

Our vision is to define and shape the future of health care in Chautauqua County

Established in 1995, CCHN develops innovative models for rational health care delivery systems through program development, evaluation, tracking policy decisions, and advocacy. We provide leadership in achieving creative solutions to community needs while maintaining health care providers' viability. We facilitate forums to openly share information and explore issues relevant to health care through promoting collaboration between hospitals, providers, community organizations, and policy makers.

PREFACE

The Chautauqua County Health Network (CCHN) developed and presented this Physician Recruitment paper to the CCHN board in December of 2009. The purpose of the document was to inform key local decision makers about the issues and recommend a comprehensive menu of short and long term strategies that could be pursued by hospitals, physicians, CCHN, and/or the community to enhance physician recruitment and retention.

Recognizing this as a dynamic process, CCHN is interested in tracking progress and recruitment activities throughout the county. With input from community partners, staff monitors the status of the various recommendations. Updates are available upon request.

Notes: Since the original draft, CCHN and agencies in the community have been working on several of the initial recommendations. Of particular note is the Health Care Action Team, convened by the City of Jamestown's Strategic Planning and Partnership Commission, which is working on a common recruitment strategy for physicians and other health care personnel to the City and surrounding area.

Also, the results of a physician census and need assessment commissioned by CCHN and conducted by the Voluntary Hospital Association in 2010 were recently added on page 10.



For more information please contact:

Chautauqua County Health Network
200 Harrison Street, Suite 2 • Jamestown, New York 14701
716.338.0010 • info@cchn.net
www.cchn.net

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INTRODUCTION

PHYSICIAN RECRUITMENT CHALLENGES AND OPPORTUNITIES

Physician recruitment has become increasingly competitive with innumerable subtleties and complexities involved in “making a good match.” Community attractiveness including, the health of the local economy, climate, the demographic and cultural mix of the population, social and lifestyle preferences and the all-important practice considerations are major factors which influence location decisions. Perceptions of professional isolation, lower fees for services, lack of access to hospitals and technology, a shortage of entertainment and cultural opportunities are all attributes that often make rural recruitment a “hard sell.”

Tom Bruce, M.D. in *Improving Rural Health* writes, “The appalling cost to both physician and to the rural community of this mismatch has not been well described. The young physician and his family moves to the town in good faith, making a long-term commitment. Within weeks or months it becomes apparent that the expectations of the doctor, and sometimes the town, are not to be realized. The agonizing decisions then begin whether to sever the relationship. For the rural community the trauma is almost as great: it is easier in most instances to be perennially without a physician than to find one, go through the process of change in adapting to a new one, lose the doctor and start the entire cycle over again.” This statement underscores the need to choose well, as recruiting any practitioner who is not a good match for the community can disturb the entire rural health system for years.

CHALLENGES

NEEDS ASSESSMENT

National and State Trends/Data

There have been significant changes in both the demand for, and supply of physicians. Both the growth and the graying of the U.S. population have significantly impacted demand for healthcare services. The U.S. Census Bureau projects that the population will grow from 286 million in 2000 to 325 million in 2010. The 78 million baby boomers are reaching the age where they are more likely to need additional medical care. The National Ambulatory Health Care Administration reports that those 65+ visited a physician over three times as often as those 25 or younger. Additionally, older individuals require a higher volume of specialty services and more complex care.

The economic ability of patients to pay for health services also drives the demand side. This coupled with breakthroughs in drug therapy, diagnostic testing and other medical innovations, which have made disorders more treatable and allowed people to live longer, drive demand for additional ongoing treatment.

On the supply side many physicians are reaching retirement age and fewer doctors are coming in. MGT of America, a higher education consulting group, predicts that without changes to the medical education system over 23,000 physicians will retire or die each year, while the number of physicians entering the work force will remain constant at between 16,000 to 17,000 annually.

The Journal of the American Medical Association reports that women now make up 50% of the U.S. medical resident pool. Female physicians seek practice options allowing them to balance professional and personal needs. According to the AMA, female physicians work 18% fewer hours per week than male physicians.

According to the *Physician Workforce Policy Guidelines for the United States, 2000 – 2020*, released by the federal Council on Graduate Medical Education (COGME) in 2005 there are indications of a substantial shortage of physicians by 2020. The magnitude of the shortage was estimated at 85,000 to 96,000 physicians, or between 7.5 and 8.5 percent of the likely number of physicians required to provide services for the nation's population in 2020.

Faced with the mounting evidence of a projected physician shortage nationwide and the length of time it takes to educate and train physicians, the Association of American Medical Colleges (AAMC) has called for a 30 percent increase in U.S. medical school enrollment by 2015. This is expected to result in an additional 5,000 new physicians annually and would be accomplished by boosting class sizes in existing U.S. medical schools and establishing new medical schools. Additionally, they support a concomitant increase in the number of federally supported residency training positions in the nation's teaching hospitals to accommodate this increase. Their third recommendation is to increase annual awards to physicians by the National Health Service Corps by 1,500 to encourage more doctors to practice in underserved areas of the country, and to address rising medical student debt.

Physician specialists are in greater demand than primary care physicians. A recent survey of medical school deans and officials of state medical societies in the U.S. found that 85% of respondents said there were shortages of physicians, usually in specialty areas. Another recent survey of hospital administrators found that the most difficult specialties to recruit were radiologists (63%) orthopedic surgeons (58%) anesthesiologist (49%) and cardiologists (47%). By contrast only 13% rated family practitioners and internists as very difficult to recruit.

However, a shortage of primary care physicians is developing because there has been a recent decrease in the percentage of U.S. medical student graduates choosing a primary care career. Primary care residency positions continue to fill poorly, according to *The Future of Primary Care: A Report on Primary Care Medicine in New York State*. “In 2006, only 56% of Internal Medicine positions were filled by US medical graduates. In Family Practice 41% of these positions were filled by US medical graduates. While the preferred method of promoting PCP careers in the United States has focused on debt repayment, the amount of that repayment has not kept up with tuition increases.” In its final report, the Commission on Health Care Facilities in the 21st Century recognizes that “primary care is an essential component of the health care delivery system and specifically cites the need to reform the reimbursement system to encourage the provision of primary and preventative services.” The large workload, stresses of financially maintaining a practice, and poor reimbursements have led to significant career dissatisfaction among PCPs.

The Healthcare Association of New York State (HANYS) is a strong supporter of enhancing access to primary care in New York State. They support efforts to encourage public and private payers to support “medical homes” for all New Yorkers by compensating providers who truly coordinate and manage the care of their patients.

Chautauqua County Profile

Chautauqua County is not immune from the physician shortage phenomenon faced by large and small communities across the nation. While the county is rich in natural resources, recreational and cultural activities, and educational opportunities it does lag behind the rest of the country on a number of significant factors including economic growth, employment, and housing development.

While the Center for Health Workforce Studies at the School of Public Health, University of Albany finding that Western New York was specifically identified as an area which was projected to experience a decline in physician demand, physician shortages already exist and will continue into the future.

Demographics

Population declines can result in shifts in population characteristics, which may in turn, be associated with declining tax bases, high poverty rates, and lower educational achievement that have implications for the need, availability and delivery of health services among specific subpopulations.

According to the U.S. Census Bureau the estimated population of the county in 2008 was 133,789, which is a decrease of 4.3% from the 2000 Census figure of 139,747 and the Bureau trends project further declines.

As the 2009 *Community Health Assessment for Chautauqua County* published by the Chautauqua County Health Department stresses, health outcomes are directly correlated with education and socioeconomic status. Poverty is the single largest identifiable factor preventing the attainment of many of the Healthy People 2010 objectives. Health issues in Chautauqua County are impacted by a combination of poverty, cultural differences, language and literacy barriers and education levels. The clear relationship between poverty and health risks suggest that heavy emphasis be placed on the health needs of low income families, particularly female-headed households with children.

The distribution of genders in the County is approximately equal overall, comprised of 49.4% males and 50.6% females. However, sex distributions fluctuate by age group. There are more males (52.86%) than females among children less than 5 years old and among children between 10 and 14 years (55.28% male). The greatest difference is demonstrated among residents aged 85 years and older, for which the population is composed of 74% females and only 26% males.

The median age of Chautauqua County residents is 39.6 years, slightly higher than the New York State median of 37.7 years. A greater proportion of residents in Chautauqua County are over the age of 65 and 85 than the New York State as a whole (15.6% compared to 13.18% and 2.47% compared to 1.86%, respectively). Despite this growing elderly population there are no geriatric specialists currently operating in the County and only 8 physicians per 1000 population of those aged 65 and over in Chautauqua County, compared to the U.S. average of 20 physicians per 1000 and the New York State average of 26 physicians per 1000.

With respect to race and ethnicity, the service area population is predominantly White (94.9%), but there is a significant and growing ethnic minority population. The largest minority population is the Hispanic/Latino population at 4.7% followed by African American residents at 2.1%.

Hispanics are the fastest growing ethnic group in the County and in the nation. According to the U.S. Census Profile most of the Hispanic population lives in the County's urban areas: with 45% residing in Dunkirk and 25% living in Jamestown. However, there are Hispanic residents throughout the entire County. The largest portion of the County's Hispanic/Latino population is Puerto Rican (86.5%).

Approximately 16% of the population lives in poverty and 37.1% live in low income households earning less than 200% of the federal poverty level. Chautauqua County has a higher percentage of people living in poverty and a higher number of low income households than both the state and national average.

PROVIDER INFORMATION

There are a number of indicators that point to a growing physician shortage in Chautauqua County. According to the *Community Needs Assessment 2008*, published by Chautauqua Opportunities, Inc., there are significant challenges in Chautauqua County in terms of health and mental health care access, exacerbated by a shortage of practitioners, lack of transportation and an ever increasing elderly population.

Federal Designations for Provider Shortage

Health Professional Shortage Area (HPSA)

While the shortage of physicians is national in scope, the demand in rural areas has traditionally been stronger. Fifty-one million people, or about one-fifth of the population live in non-metropolitan areas, according to the U.S. Census Bureau. Twenty million of these live in Federally-designated Health Professional Shortage Areas (HPSAs). The threshold ratio of population to primary care physicians is 3500:1.

The Federal government recognizes the physical shortage locally and Chautauqua County has 4 HPSA designations including 2 primary care received in 2009, one dental received 2006 (pending renewal) and one mental health received in 2010. The two primary care designations include rural Chautauqua (geographic) and Jamestown (low income).

Dental services have a full county low income HPSA designation and mental health has a full county designation without the constraint of low-income.

See chart below for specifics

Designation	Service Area	Population	FTE
Rural Chautauqua (Geographic)	Arkwright, Charlotte, Chautauqua, Cherry Creek, Clymer, Dayton, Dunkirk, Ellery, Ellington, French Creek, Gerry, Hanover, Harmony, Leon, Mina, North Harmony, Otto, Perrysburg, Persia, Pomfret, Portland, Ripley, Sheridan, Sherman, Stockton, Villenova, and Westfield.	86,101	22.8
Jamestown (Low Income)	Busti, Carroll, Ellicott, Jamestown, Kiantone, Poland	20,071	1.4

Medically Underserved Population (MUP)

In 2008, CCHN applied for and received a county-wide Medically Underserved Population (MUP) designation. This pertains to low income populations and bears a score of 61.30.

Current Capacity

While there are a variety of sources that can be used to estimate physician manpower requirements there is currently no standardized process to definitively analyze and forecast full-time physician equivalent needs. Based on information in the *NYS Physician Supply and Demand through 2030* Report, the Western New York region experienced a 1 percent decline in physicians between 2002 and 2006. Further, Western New York was one of only two areas in the state where the number of non-primary care physicians per 100,000 population declined. And, Western New York lags behind New York State and the nation in the number of physicians available to provide care to older patients.

Between 2005 and 2009, the Chautauqua Integrated Delivery System (IDS) provider roster for the county has decreased by 10 with 36 physicians leaving the area and only 26 arriving. The IDS represents 132 PCPs and specialists.

According to information compiled by CCHN in 2009, there were 207 full and part time physicians practicing in Chautauqua County with 82 PCPs and 125 specialists. The specialist numbers in Chart 1 are not full time equivalents so it may appear that there are more specialists than there are in actuality. In some instances these specialists practice in the county on a very limited basis – sometimes as little as one morning or afternoon a month.

Chart 1: Total Number of Specialty Physicians Full and Part-time Combined, 2009

Specialty	TOTAL
Allergy/Pulmonology	4
Anesthesiology	10
Cardiology	8
Dermatology	1
Emergency Medicine	19
Gastroenterology	3
General Surgery	11
Medical Oncology	2
Nephrology	3
Neurology/Neurosurgery	9
Ophthalmology	5
Orthopedic Surgery	7
Pathology	3
Psychiatry	10
Radiation Oncology	4
Radiology	23
Urology	3
Totals	125

Source: CCHN

If we look at current and future access to health care county-wide, there are a number of concerns. While approximately 80% of PCP's indicate they are accepting new patients, these patients may wait from 3 to 60 days for an appointment. Within the current system there are county residents who have very limited access to health care. While almost half of practitioners self-report that they accept Medicaid patients, claims data would indicate otherwise. In Jamestown the HPSA ratio is 14,336:1 and the rural Chautauqua County HPSA encompasses a population of 86,101 with an availability of 22.8 full time equivalent physicians.

With a limited number of physicians and a high volume of individuals needing care, physicians can be selective in terms of who they continue to treat. Often patients with a history of no show or poor payment records are dropped from the patient roster. Challenges to accessing primary care contribute significantly to unnecessary utilization of the Emergency Department (ED). HMS Associates reports that use of the ED in the Western New York Region is higher than in any other part of the state, with the exception of New York City.

There are also challenges for the non-English speaking minorities in terms of receiving culturally appropriate care and translation service.

Hospitals in Chautauqua County have among the lowest reimbursement rates in the nation. Our commercial insurance rates are significantly lower than the rest of New York State and most of the nation. The Area Wage Index (AWI) set by the Center for Medicare and Medicaid Services (CMS) is at the root of this problem. The AWI does not correctly reflect geographic differences in the price of hospital labor. While each hospital's workforce is its largest expense and most valuable asset, existing federal legislation has placed Chautauqua County's hospitals at a distinct financial and employment disadvantage that is slowly eroding the stability of each institution. Based on the ongoing relationships between hospitals and physicians, it is important to note that if hospital facilities were no longer operating, it would have a significant impact on the number of physicians practicing in an area.

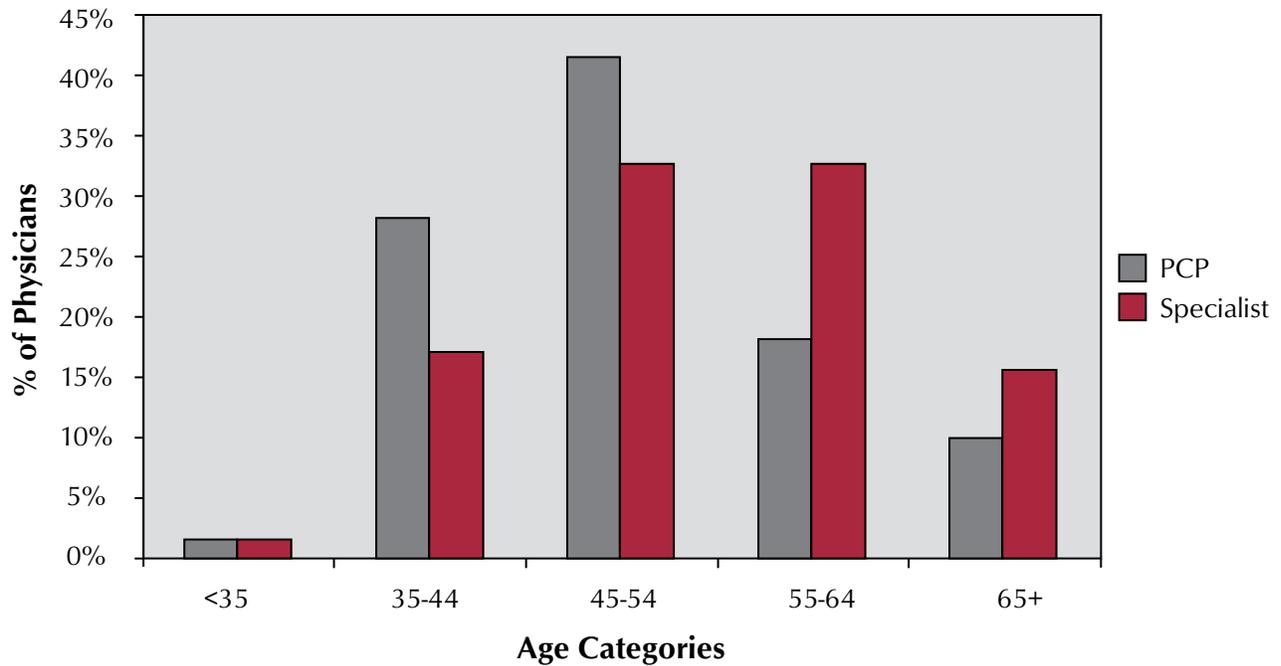
While utilizing J-1 physicians is seen as a short term staffing solution, various hospitals and practices have recruited individuals with this status. In 2009 there were nine active J-1 physicians practicing in Chautauqua County. Of the 16 former J-1 physicians who were recruited since 2000 fewer than half (7) have continued to live and practice here. This raises the question as to whether or not the community is doing enough to encourage these physicians to remain in the county.

Nationally and locally physicians are becoming older and more are retiring, decreasing their hours or moving away from direct patient care. In order to best plan for the future, it is necessary to have a base line of information about the current physician supply.

Future Capacity

CCHN has age data for approximately three quarters of Chautauqua County physicians. While ideally there would be data for 100%, the charts following give a fairly representative picture of the current and future physician supply based on age.

CHART 2: Physician Age Distribution 2009

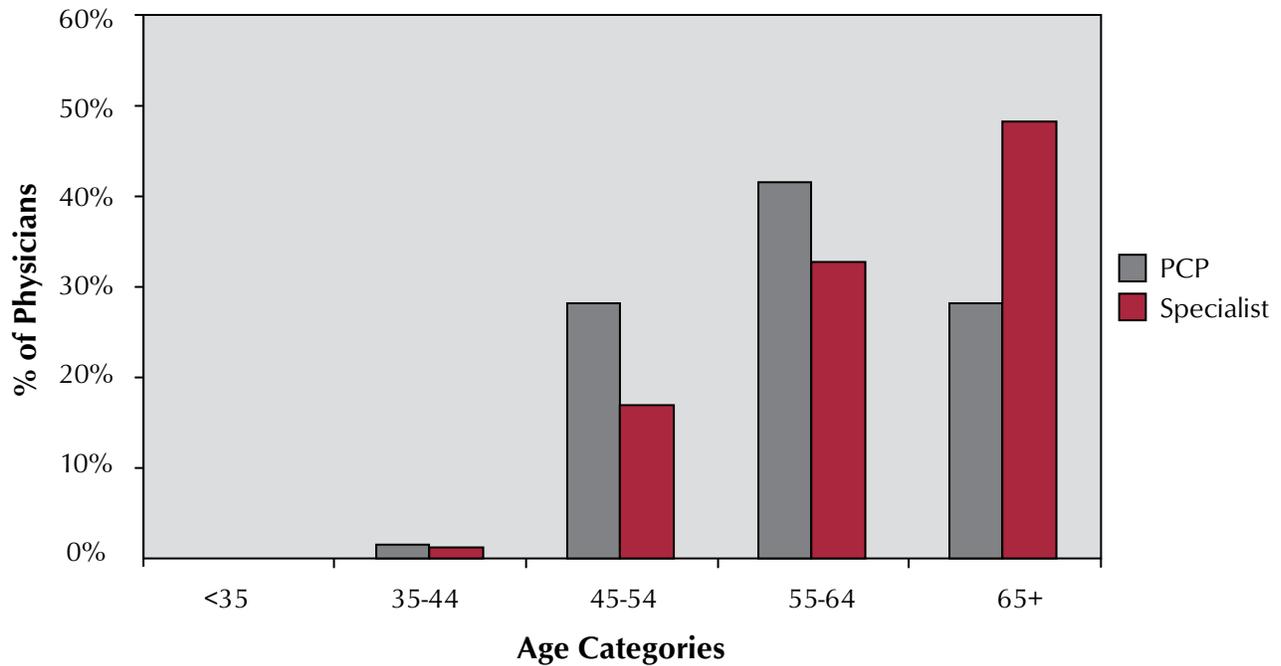


Source: CCHN Based on data from 75% of PCP's & Specialists

There are few young physicians practicing locally, with the majority being in the 45-64 year age range. According to the American Medical Association, 38% of all physicians nationwide are 50 years or older. Locally 37.8% of PCP's are 50+, which puts Chautauqua right on target with the national figures. Worse still, the local supply of specialists is older than the norm with 42.1% of them in the 50+ category.

When 10 year projections are made, the majority of PCP's will be in the 55-64 age range and the majority of specialist will be 65+. Without a comprehensive and coordinated recruitment strategy, the future of health care locally is in great jeopardy.

CHART 3: Projected Age Distribution 2019



Source: CCHN Physician Survey 2009

An adequate supply and distribution of physicians is an essential component of an effective health care system. Forecasting physician supply and demand is not an exact science and there are many factors to be considered. These include the size and characteristics of the current physician supply and of new physicians entering the workforce; how physician services are utilized in terms of the characteristics of patients, the location where the services are provided, and who provides them, and the characteristics of the population in the particular area.

The short and long term recommendations include a number of methods for expanding the data in the above section.

In 2010, CCHN commissioned a study by the Volunteer Hospital Association (VHA) that included an objective analysis of physician needs county-wide. It utilized VHA's proprietary data set that compared Chautauqua with similar counties in the Northeast. The results are presented in the following table. Attention should be paid to the end column titled "Target Minimum (Shortfall)".

The data were derived from the ratios of the current supply of practicing allopathic and osteopathic physicians per 100,000 populations both in the United States (National) and in similar counties in Ohio, Michigan, Indiana, Wisconsin, New York & Pennsylvania (Average Rural/Suburban Actual). From VHA's proprietary data set, the needs by medical specialty were projected (Target Minimum). Rates were calculated based on 2015 population projections/100,000 derived from zip code analysis of the CCHN catchment area, which included zip codes not located within the county.

Chautauqua Physician Capacity Analysis 2010							
MEDICAL SPECIALTY	Current Number of Providers	Computed Need			Projected Oversupply/(Shortfall)		
		National Average/ 100,000 population	Average/ 100,000 population (Rural / Surb)	Target Minimum/ 100,000 population (Rural / Surb)	National Average/ 100,000 population	Average/ 100,000 population (Rural / Surb)	Target Minimum/ 100,000 population (Rural / Surb)
General/Family Practice	39	71.7	57.4	55.1	(32.7)	(18.4)	(16.1)
General Int Med	35	62.1	24.0	46.9	(27.1)	11.0	(11.9)
Pediatrics	15	25.1	10.6	23.2	(10.1)	4.4	(8.2)
Primary Care Subtotal	89	158.9	92.0	125.2	(69.9)	(3.0)	(36.2)
OB/GYN	10	10.6	11.9	20.6	(0.6)	(1.9)	(0.4)
Neonatal-Perinatal	0	1.6	0.1	1.5	(1.6)	(0.1)	(1.5)
Pediatric Subspecialties	0	3.0	0.5	4.8	(3.0)	(0.5)	(4.8)
Cardiology	9	14.1	7.1	12.4	(5.1)	1.9	(3.4)
Endocrinology	0	2.2	1.0	2.6	(2.2)	(1.0)	(2.6)
Gastroenterology	3	7.3	2.6	5.1	(4.3)	0.4	(2.1)
Hematology/Oncology	6	5.5	3.3	4.8	0.5	2.7	1.2
Infectious Diseases	0	2.4	1.0	2.4	(2.4)	(1.0)	(2.4)
Nephrology	2	3.3	1.5	3.4	(1.3)	0.5	(1.4)
Pulmonology	2	5.8	2.6	4.3	(3.8)	(0.6)	(2.3)
Rheumatology	0	2.2	1.2	2.1	(2.2)	(1.2)	(2.1)
Allergy & Immunology	2	2.3	1.5	2.6	(0.3)	0.5	(0.6)
Dermatology	1	6.7	3.0	5.5	(5.7)	(2.0)	(4.5)
General Surgery	11	12.6	10.6	14.3	(1.6)	0.4	(3.3)
Colon & Rectal Surgery	0	0.0	0.1	1.0	-	(0.1)	(1.0)
Neurology	5	9.5	3.7	6.4	(4.5)	1.3	(1.4)
Neuro Surgery	1	3.3	1.1	2.2	(2.3)	(0.1)	(1.2)
Ophthalmology	6	11.9	6.4	10.8	(5.9)	(0.4)	(4.8)
Orthopedic Surgery	7	15.6	8.9	12.1	(8.6)	(1.9)	(5.1)
ENT	3	6.3	3.2	4.6	(3.3)	(0.2)	(1.6)
Plastic Surgery	0	4.1	1.2	3.2	(4.1)	(1.2)	(3.2)
Thoracic Surgery	0	2.9	1.2	2.4	(2.9)	(1.2)	(2.4)
Urology	4	6.5	3.4	5.4	(2.5)	0.6	(1.4)
Anesthesiology	9	26.5	3.8	8.5	(17.5)	5.2	0.5
Emergency Medicine	20	18.7	7.8	11.9	1.3	12.2	8.1
Psychiatry	10	31.0	6.4	12.6	(21.0)	3.6	(2.6)
Rehabilitation	1	5.1	2.1	4.8	(4.1)	(1.1)	(3.8)
General Prev Med	0	1.9	0.1	0.4	(1.9)	(0.1)	(0.4)
Pathology	3	12.7	2.2	3.3	(9.7)	0.8	(0.3)
Radiology	7	21.1	4.8	10.0	(14.1)	2.2	(3.0)
Radiation Oncology	0	3.0	1.2	2.1	(3.0)	(1.2)	(2.1)
Nuclear Medicine	0	1.0	0.0	0.1	(1.0)	-	(0.1)
Occupational Med	0	2.2	0.7		(2.2)	(0.7)	-
Geriatrics	0				-	-	-
Sleep Med	2				2.0	-	-
Total	214	421.8	198.2	313.4	(207.8)	13.8	(91.2)

Source: VHA Proprietary Data Set

The findings show that on a county-wide basis, the occupation with the largest need is primary care (36 FTE below the ideal ratio). Other specialties of concern include: orthopedic surgery (5), ophthalmology (5), dermatology (4.5), rehabilitation (4) and cardiology (3.5). As part of the assessment local physicians were surveyed and identified endocrinology, ENT, rheumatology and neurology as additional needs within the county. Current referral patterns indicate many patients are referred elsewhere due to these shortages.

SUMMARY

The hierarchy of medical neediness often seen in rural areas where residents tend to be older, sicker, poorer, less educated and less likely to be insured than their urban counterparts is certainly at work in Chautauqua County. Like the rest of the nation, the county is on a collision course where demand for doctors will outstrip supply. The drivers for this collision include both national trends and local circumstances including:

- limited number of medical school graduates
- the changing expectations of graduates for more of a work/life balance
- the lure of big-city, high tech and high income potential practices
- the growing number of local physicians nearing retirement age
- the growing case for expanding access and providing a medical home for patients
- changing client expectations
- an aging population requiring more specialty care
- changing practice expectations with increased use of technology and extenders
- lack of access to teaching and research facilities
- lack of large hospitals with state-of-the-art technology
- high Medicare/Medicaid population

A physician shortage would not only have a major impact on access to health care, including longer waits for appointments and the need to travel greater distances to see a doctor but could seriously and significantly impact quality of life for all county residents. It could also lead to further outmigration and economic decline as “There is a strong relationship between health care delivery and the economic health and well-being of rural communities,” so aptly stated in the CHF *Informing the Development of a Rural Investment Strategy: A Policy White Paper*.

To mitigate these trends it is necessary to aggressively position the county for success in physician recruitment, form new alliances and out-recruit the competition. It is also vital to focus on retention and do a better job of connecting with locals who are interested in medical careers or may be attending medical school.

RECRUITMENT OPPORTUNITIES

RECRUITING CONSIDERATIONS

It is necessary to develop a concentrated, coordinated and intentional recruitment strategy which ameliorates the factors that detract from the community's appeal. This is no small task given the rural nature, demographics and economic climate of the region. The following items are offered for consideration when developing a recruitment strategy. Additionally, Appendix One Resources offers a comprehensive listing of supports/resources focused on successful physician recruitment. Appendix Three is a Physician Recruitment Strategy Diagram

A Comprehensive, Multi-pronged Approach Works Best

Currently recruitment is conducted on a facility by facility and practice by practice approach. As the shortage intensifies a comprehensive and coordinated county-wide approach may yield better results. It is also important to prepare for the long term and not rely solely on current needs and short term solutions to the shortage. Instead try to project three to five years out. Have a long-term plan for replacing doctors likely to leave the community or retire and know what types of physician specialists your service area is likely to need. A multi-pronged approach to both short and long term needs is imperative.

Generational Differences

One size does not fit all when recruiting physicians. Physicians coming out of residency today are different than their predecessors. Many are Generation X physicians that often exhibit different values and behaviors than Baby Boom doctors. Understanding these differences and knowing how to deal with them is important when developing recruitment plans. Recurrent characterizations of Generation X physicians are a desire for flexible schedules, and a preference for the latest technology. Often they also have a cynicism about organizations. Each of these areas has particular implications for recruiting and retention that staffing professionals should consider. Recruiting programs that appeal to Generation X physicians will use the web, emphasize the organization's vision for the future, stress the availability of job sharing, flexible schedules and part-time positions, and address call schedules. It is imperative to keep these generational differences in mind.

Cultural Differences

The trend of more foreign doctors practicing in the United States makes it necessary to be more cognizant of cultural beliefs, practices and lifestyles. While Chautauqua County offers places of worship for those with Judeo-Christian beliefs, there are limited worship opportunities for other faiths. Cultural heritage and practices dictate what people can wear and eat in some ethnicities. While the county does offer some options in both areas, there are certainly gaps in what is available.

Language may be one of the largest barriers for the patient-provider relationship. Chautauqua County has a growing Hispanic population making candidates with some Spanish proficiency of particular interest in recruiting efforts.

Work/Life Balance

Family

Remember you are recruiting the family, so be sure you understand the spouse's and children's needs as well. Anecdotal information reveals that some physicians have left the area because their children were not well treated in school or their spouses could not find meaningful employment.

Call Schedule

Another important factor in the work/life balance is the call schedule. Many providers may have no desire to be on call and prefer to participate in a shared on-call schedule. Practices that have a higher number of providers who share calls may have an advantage over practices with one or two doctors.

Practice Models

To accommodate physician's desire for this work life balance, a variety of practice models are evolving. Primary Care Physicians are inclined to join a practice with a number of other physicians, thus reducing on-call requirements and providing the added benefit of the collegial aspects of such an arrangement.

The chart below shows that 40% of local primary care providers have chosen to be a part of a physician practice with five or more physicians.

Chart 4: Physician Group Size

Grouping Tendency Among 82 PCPs in Chautauqua County					
Physician Group Size	1	2	3	4	5+
# of Practices	21	7	2	2	5
# of PCPs	21	14	6	8	33
% of Total PCPs	26%	17%	7%	10%	40%

Source: CCHN

Secondly, there is growing evidence of a practice structure where the use of extenders is integral to service delivery. *The New England Journal of Medicine* reports growing practice structure changes that have internists directing overall care and assuming primary management of complex patients, while other non-physician providers manage lower-acuity patients. This is a trend that will continue and will require patient education as to the benefits of such an arrangement. Anecdotal information suggests there are many who believe they are not being adequately treated unless they see the doctor.

The third trend reported in *The Journal* is a discernible movement back toward the hospital sponsored employment model. This may be a reflection of young physicians' desire to opt for a salary rather than the business challenges of operating a practice.

Technology

For many recent graduates, technology is just as important as salary and other benefits when determining where to practice. It is also becoming increasingly clear that utilization of HIT is essential to maximizing reimbursements. Some examples of this technology currently available include:

Electronic Medical Record (EMR)

A hospital or practice that has an EMR available may have an advantage over others and should promote this technology.

E-prescribing

Electronic prescribing for medications is fast becoming standard practice and will have an increasing impact on reimbursement and may even be mandated in the future. Candidates may find this an asset.

Video Conferencing

This technology is not widely used and may not provide an edge in recruitment locally, but could provide an edge when competing for an applicant with other sections of the country.

Telehealth

Difficulty recruiting specialists to rural areas has made the use of telehealth even more important. This also provides access to tertiary care centers without leaving the local hospital. Incoming physicians may want the ability to connect with specialist via a telehealth program.

HEALTHeLINK

HEALTHeLINK is the WNY Regional Health Information Organization (RHIO). The RHIO offers the ability for providers and hospitals to securely exchange patient information in an efficient and manner. To learn more visit <http://wnyhealthelink.com/>.

On-line job postings

Don't forget this love of technology in your recruiting plan and be sure to use the hospital websites and on-line job postings. In a recent survey by *The New England Journal of Medicine* almost one in two respondents (45%) said they would use online job search sites if they began a search today.

Dynamics of Job Changes Among Physicians

According to a recent survey conducted by *The New England Journal of Medicine* of young physicians who completed their training in the last five years, 57% had looked for a position in the last two years and more than one in five have looked for a job in the past year.

The Pinnacle Health Group conducted a recent survey to find out why physicians leave. They found that 50% of physicians surveyed anticipated leaving within the next two years. The reasons cited in rank order include:

- Salary
- High Malpractice Premiums
- Underutilized Medical Skills
- Lack of Autonomy/Appreciation
- No choice due to restructuring/declining practice
- Proximity of work to family
- Poor relationships with hospital administration
- Poor relationships with medical faculty/colleagues
- Desires another climate
- Family uncomfortable in the community

Anecdotal information locally mirrors these concerns.

Financial

Recruiting Costs

Each organization, upon identifying a physician need, will incur significant expenses for the recruitment process. To help offset these expenses or bolster an offer, a business should investigate all potential funding streams to support recruiting or salary guarantees. (See options in Resources Section) Associated costs include but are not limited to: marketing, human resources, candidate interviews, and transportation. It is imperative to invest recruitment dollars wisely as the average cost of an interview is \$2000 to \$3000. Figures cited in the Brooks Memorial Hospital *Physician Recruitment Proposal* prepared by Legacy Consulting, indicate that on average there are roughly 7 – 10 interviews to make one hire. The costs cited above are for travel, hospitality, etc. and do not include fees which might be paid to a recruiting firm or advertising costs.

Earnings

Since salary is a top consideration and reason physicians often leave, it is important to provide a competitive compensation package including benefits, incentives, vacation time, compensation for extended hours and loan repayment considerations. It is important to establish realistic anticipated earnings for recruited physicians and take into consideration various business models that maximize reimbursements and earnings potential through quality improvement and adoption of the medical home concept.

Merritt-Hawkins and Associates, a national healthcare search and consulting firm, provides timely and comprehensive information on salary and recruiting incentives. According to their 2009 review:

Family Practice	Average income offered	\$173,000
Internal Medicine	Average income offered	\$186,000
Hospitalist	Average income offered	\$201,000
General Surgeon	Average income offered	\$321,000

Legal

Although it is essential to offer incentives in today's competitive market, it is important to be familiar with laws governing physician recruitment. While this statement should not be construed as legal advice, the Stark Law prohibits a physician who has a financial relationship with an organization from making a referral to the organization for the furnishing of designated health services, which Medicare or Medicaid would pay. While the interpretation of complex physician recruiting laws should be left to the lawyers, a basic knowledge of the rules is important for those involved in physician recruitment.

RECOMMENDATIONS

In addition to the recommendations included in the Recruiting Considerations there are 13 short term recommendations, 16 long term recommendations and 5 ongoing recommended activities outlined below which are designed to support and enhance physician recruitment efforts in Chautauqua County.

SHORT TERM RECOMMENDATION

Short Term Recommendations 2009	CCHN	Practices	Hospitals	Community
Work with travel/tourism/IDA to develop marketing tools extolling County's virtues	X			X
Target # of National Health Service Corps (NHSC) applications each year	X	X	X	
Increase the number of applications to NYS Regents Loan Forgiveness Program		X	X	
Utilize CCHN Community Support Group (CSG) to assist a physician practice or hospital to better highlight community assets	X	X	X	X
Develop a collaboration with area high school guidance counselors & develop student data base	X			
Maintain current listing of physicians, nurse practitioners and PA's to establish baseline	X			
Establish a targeted and realistic priority process to determine physician recruitment priorities for each facility and area of the county		X	X	
Quantify Earning Potential	X	X	X	
Develop, publish & disseminate Primary Care Vision Statement	X			
Develop pre-screening Interview tool		X	X	
Market to Prospects - Each hospital or physician practice can consider advertising their vacancies on each of the websites identified in the Resources Section - Hospitals should decide if they want to pursue an agreement with the WNYHA Recruitment Program		X	X X	
Develop evaluation format for - Physicians leaving the area - Unsuccessful recruitment candidates - Successfully recruited candidates - Students in pipeline - Physicians in area	X			
Utilize Internet - Web based job postings, social networking - Conduct web audit - Hospitals put recruiting info on their web pages		X	X	

LONG TERM RECOMMENDATIONS

Long Term Recommendations 2009	CCHN	Practices	Hospitals	Community
Work collaboratively with IDA to frame and promote physician recruitment as an economic development issue	X			
Create a cost comparison report which highlights the low cost of living and doing business in CC	X			X
Develop a competitive guarantees program including benefits, reimbursements, etc.		X	X	
Develop and implement a plan to grow the Stan Lundine Healthcare Professional Endowment	X			
Plan and host networking events for students in the pipeline on a regular basis	X			
Offer MECO to CC graduates who have completed their M1 year	X		X	
Investigate partnering with teaching hospitals for rural residencies			X	
Inventory key clinical attributes of all providers county-wide		X	X	
Explore feasibility of Hospitalist positions		X	X	
Work to change call schedule		X		
Establish FQHC	X			
Consider opportunities that emerge from community health assessment findings	X		X	
Expand utilization of physician extenders		X		
Educate public on benefits of team approach to medicine and importance and role of extenders	X			X
Create and implement a system to improve and enhance physician quality of life. This system may include the development of hospitalist programs, call schedule coverage & technology upgrades		X	X	
Continue to grow and use technology in recruiting and in practice		X	X	

Additionally, it is recommended that CCHN engage in the following ongoing activities in support of physician recruitment:

- Review and update all local reports and assessments so they remain useful tools.
- Create and maintain a database identifying current and new funding supports for use by hospitals and physician practices.
- Create a database of local physicians who are practicing in other areas and develop relationships with those individuals.
- Assess status of physicians currently practicing in Chautauqua County on a regular basis to identify long term plans and prepare for retirements and relocations.
- Implement programs which expose high school and healthcare students to the availability of physician employment in the county. These programs include MedStep, MASH Camps and the MECO Program.
- In addition there is a need for more providers who will mentor students.

CONCLUSION

The aging of both the county's population and the physician workforce makes physician recruitment a critical task for healthcare organizations in Chautauqua County. While there is strong support for better coordinated care and more efficient use of resources, quality health care requires, first and foremost, that physicians be there for patients. The need for more doctors is real and will become more urgent as our county ages.

This report is designed to help both hospitals and practices to be competitive in the challenging recruiting environment. For copies of reports or additional information about best practices related to physician recruitment, please contact the Chautauqua County Health Network. Be sure to review the Resources Section and the Physician Recruitment Strategy Diagram in the Appendix for additional information and support.

September 2009

Updates – March 2011

APPENDICES

APPENDIX 1 RESOURCES IN SUPPORT OF PHYSICIAN RECRUITMENT

In order to successfully recruit, it is necessary to identify and promote the inherent advantages of the area. Chautauqua County is rich in social resources and assets which may be attractive to potential physicians and their families. The listing below is a catalog of resources which can be utilized in the physician recruitment process.

Recreation/Entertainment

Outstanding year round recreational opportunities include tennis, running, biking, hiking, boating, swimming fishing, skiing, hunting and many others. With six lakes and approximately fifty miles of Lake Erie shoreline, there is no place in the county more than twenty-five miles from open water.

Other community resources include:

Libraries

The Chautauqua-Cattaraugus Library System offers an array of services to individuals in both counties. To learn more or find local libraries which are part of the system visit <http://www.cclslib.org/>.

Chautauqua Institution

Chautauqua Institution, founded in 1874 and located on Chautauqua Lake, is a world renowned center for the arts, education, religion and recreation. During the nine week summer season over 142,000 visitors converge on this campus from around the world to experience its programs. Please visit <http://www.ciweb.org/> for more information.

Museums

County residents are proud of their history and work to preserve and promote it. Currently there are 24 active historical organizations and museums including the Lucy-Desi Museum, McClurg Museum, Fenton History Center, Dunkirk Historical Lighthouse and Veterans Museum. Anyone interested in history and the preservation of historically significant architecture and artifacts will find opportunities throughout the county.

Community Support Groups

There are individuals throughout the county who represent different sectors of the community. These non-traditional partners possess a wealth of community knowledge and history as well as expertise in a specific field and may be available to support recruiting visits upon request by the hospital or practice.

Examples are listed below:

Local Officials

County Executive, Mayors, Health Department Physician and/or Administrator

Schools/Colleges

District Superintendents or School Principals, Board of Education Members/Officers,
Community College and/or State University designees

Realtors

Key realtors identified through the Chautauqua County Board of Realtors
<http://ccbrmls.com/>

Religion

Various religious leaders from associations or faith communities

Physician/Hospital

Pertinent medical staff based on location. May include Hospital CEO, Medical Directors, practice partners, and/or others.

Visitors Bureau

County tourism representative and/or others depending on recreational interests of the candidate and family.

Business, MAST/CCCC

Chamber of Commerce CEO or relevant Board Members, IDA Director, Workforce Investment Board Director and/or others from the business community.

Cost of Living

Perhaps the biggest asset in Chautauqua County is the low cost of living and doing business in this area. This should be promoted as it may factor positively in an applicant's decision to locate here.

Housing

The cost of housing locally can be 50% lower here than in other metropolitan areas. Even the cost of new construction is significantly lower in this county. Median home prices \$69,000 Dunkirk, NY, \$189,000 Gainesville, FL, \$849,000 San Francisco, CA.

Schools

The cost for private schools and colleges is low in comparison to similar counties. Not only is the cost low but the education received at these institutions is stellar.

Administrative Overhead

The cost of doing business here is competitive considering the quality and affordability of available office space and skill level of potential employees.

Taxes

There is no denying local taxes are high but due to the recession, taxes in other areas are rising at an even faster pace.

Earning Potential

Earning potential is an obvious concern for applicants. Chautauqua County struggles to match compensation from larger metropolitan counterparts which puts the county at a disadvantage immediately. For this reason, all the other topics become more important. The Brooks report places the average physician salary in Dunkirk at \$117,000 versus \$141,00 in San Francisco and \$112,000 in Gainesville, Florida.

HPSA

The geographic HPSA designation covering much of the county provides a 10% payment on Medicare fee-for-service billing. This may assist in ensuring a salary guarantee to compete with offers from other communities.

Chautauqua Integrated Delivery System

The IDS is an Independent Practice Association (IPA). The IDS was one of the first community oriented physician/hospital organizations of its kind in New York State. The lack of adequate Medicare managed care services available in the county prompted formation of the organization which was incorporated in 1997.

The IDS membership includes the majority of primary care and specialty providers in the community and 4 individual community hospitals. The IDS currently offers its provider network and local medical management services to the members of one Medicare Advantage Plan. Through a successful shared risk model, the IDS has achieved a surplus of revenues over expenses in eight out of eleven years of service. Any physician who is a member of the IDS can participate in current and future programs which provide the opportunity for additional income such as increased reimbursements from payers.

Funding Supports

Resources that can be used to offset recruiting costs and/or supplement the candidates wage.

National Health Service Corps

Scholarship and loan repayment programs are available for HPSA designated areas through the NHSC. The scholarship program is very competitive and available for medical students with the stipulation that every year of assistance equates to a year of service in a high-need HPSA area serving all patients regardless of their ability to pay.

The loan repayment program has an initial award of \$50,000 for two years of service in a HPSA area. A person or entity can apply for one-year amendments of \$35,000 for two additional years. Funds from the American Recovery and Reinvestment Act of 2009 have been designated to expand these programs. Applications will be accepted on a rolling basis until the funds are depleted. To review the criteria for these awards go to <http://nhsc.bhpr.hrsa.gov/>.

New York State Regents Loan Forgiveness Program

This program offers up to \$40,000 total for physicians who practice medicine in a designated Regents Shortage Area and agree to serve all patients regardless of ability to pay. For further details and application guidelines visit the New York State Education Department website at <http://www.highered.nysed.gov/kiap/scholarships/rplfap.htm>.

Doctors Across New York

The six components of this initiative include:

- GME Innovations Pool
- Diversity in Medicine/Post-Baccalaureate Program
- Physician Studies
- Ambulatory Training
- Physician Practice Support Program
- Physician Loan Repayment Program

Of the six programs listed, only the last two have been implemented. The physician practice support program provides up to \$100,000 over two years for direct payments to physicians who provide medical services in underserved areas. The physician loan repayment program provides up to \$150,000 for five years of service in an underserved area. While future funding is questionable, RFP's will be posted on the New York State Department of Health website at <http://www.health.state.ny.us/funding/>, if available.

Stan Lundine Healthcare Professional Endowment

Funds from the endowment will be available annually to Chautauqua Integrated Delivery System (IDS) members for costs related to recruiting or retaining physicians within the county. To learn more go to <http://www.cchn.net/>.

Chautauqua Region Community Foundation Scholarship

Chautauqua Region Community Foundation is a nonprofit organization that uses its resources to create a more positive environment throughout Chautauqua County. The *Jane Hultquist Pearson Medical Scholarship* is available to medical students who demonstrate academic achievement. To apply for the scholarship an individual should visit the website at <http://www.crcfonline.org/>.

Career Development Resources

There are many activities that could be implemented to increase the number of prospective candidates in both the short and long term. Some are already in place, but may be underutilized while others would need to be developed. With research supporting the effectiveness of “growing your own” there must be a commitment to developing a comprehensive pipeline for local students.

Students K – 12

My Health Careers

This website is for those who might be interested in healthcare. They can enter the site and explore various careers. The website can be reviewed at: <http://www.rahec.myhealthcareer.org/index.jsf>

Guidance Counselors

This group can be encouraged to emphasize the importance of promoting healthcare careers to students. They could also assist in identifying students who may have the desire and knowledge to pursue these career fields.

Career Fairs

Career fairs provide an opportunity to inform high school students about the positive attributes of a healthcare career and the high demand for these professionals locally.

MedStep

This healthcare exploration program is intended for high school students expressing an interest in health related professions and includes a visit to the gross anatomy lab at UB or Daemen College. This program is not currently offered in Chautauqua County but may be activated if resources become available.

Medical Academy of Science and Health (MASH) Camps

The goal of MASH Camp is to promote the health professions to young people before they begin selecting high school course work and setting goals for their future careers.

Job Shadowing/Internships

This provides the student with a real-life experience by following a provider throughout their day. The expectation is that this will help the student with their decision about entering a healthcare career.

College Students

Those who are in undergraduate studies and are contemplating entering medical school.

My Health Careers – see above description

E-Net

This program seeks to connect high school and college students with employers in Chautauqua County for the purpose of completing paid or unpaid internships. To review the website, go to <http://www.chautauquaworks.com/zen.asp?mod=article&actid=enet>.

Medical School Students

Includes all medical students from their first to last year.

Database of local students

CCHN is in the process of developing a database to track local medical school students and recent graduates. Assistance will be sought with identifying these individuals.

Networking Events

CCHN will plan local network events with hospitals, providers, local medical students and any other organizations that may offer students an opportunity to locate in Chautauqua County post graduation.

Housing/Mileage Provision

Housing options are available for healthcare students who wish to stay in the community where they are completing rotations. In Jamestown CCHN has an apartment that can house up to four people at any given time. There is also housing available in the Westfield area for medical students. A mileage reimbursement structure has been created that will provide some funds for students who travel to Chautauqua County for their rotation.

Medical Education Community Orientation(MECO) Program

This program, run by the University of Buffalo, is a collaboration between local providers and the college. It offers medical students the ability to enroll in 6-8 week rotations in the rural setting. This program is not currently available, but may be coordinated again in the future.

Mentoring

CCHN and area universities are always searching for physicians who are willing to mentor medical students.

The mentoring process could present unique opportunities for providers who are searching for additional physicians.

Soliciting Residency Programs

This involves scheduling time to speak with medical students who are entering their third year of school and informing them of current openings and opportunities at a hospital or practice.

Marketing Resources

There are a number of avenues available to hospitals and practices in terms of promoting positions to potential applicants or people who could help identify potential physicians. One place to begin is with physicians who are currently licensed and are either practicing medicine or in the process of job hunting including:

Physicians

Locals Away From Home

Currently licensed physicians who grew up in Chautauqua County and still have family and friends here may be more willing to move back to the area for work. The difficulty may be in identifying these individuals.

J-1 and H-1B Visa

The use of these foreign trained providers is a good short term solution. Problems may exist with retaining them in Chautauqua County once their obligations are fulfilled. For more information go to http://www.nyhealth.gov/professionals/J-1_visa_waivers/ or <http://www.state.gov/>.

Military

Another viable option is to pursue physicians who are ending their military career.

Close to Retirement

Individuals who are at the end of their career and wish to practice on a part time or per diem basis could be good short term candidates.

Relocating

Physicians who are contemplating a change of scenery may be enticed to move to an area, like Chautauqua County which is not as hectic or congested as some of the larger metropolitan areas.

Canadians

A focus on Canadian doctors may be beneficial. These providers would be close in proximity to their home country, and have greater income potential with lower overhead costs.

Person to Person Recruiting

Alumni Networks

Alumni Networks offer the opportunity to stay in touch with past colleagues and maintain a positive relationship. These individuals are potential partners both now and in the future.

Word of Mouth

This is one of the most effective ways to notify people about a job. It is important that this effort is focused on obtaining new physicians to the area rather than shuffling current assets around.

Advertisements

Advertising is still one of the best ways to attract potential applicants and should be used as part of a marketing campaign.

Internet

The use of the internet to search job sites has become increasingly common. New medical school graduates are more technologically savvy and may prefer to conduct job searches via the web. Some of the sites available to an organization for job posting include:

1. My Health Careers

CCHN is assisting the WNY Rural-AHEC to promote the use of the My Health Careers website, <http://www.rahec.myhealthcareer.org/index.jsf> to healthcare providers and business as an option for posting current job vacancies.

2. National Rural Recruitment and Retention Network

The National Rural Recruitment and Retention Network <http://www.3rnet.org/> members are not-for-profit organizations helping health professionals find jobs in rural and underserved areas. Posting jobs on this site should be considered as there is no cost.

3. Physicians Employment

This website offers an easy browsing system for prospective candidates and can be reviewed at <http://www.physemp.com/>.

4. MD Jobsite

This site is currently advertising over 60,000 vacancies. However, since an individual must create a user account prior to viewing the job vacancies, this may deter widespread searching of the site. It can be viewed at <http://www.mdjobsite.com/>.

5. Chautauqua Works

Upon entering the Chautauqua Works website <http://www.chautauquaworks.com/> the tabs at the top will direct candidates to another employment website. The home page for CW will allow employers to go to the hiring page and promote their openings.

Papers/ Professional Journals

Traditional job postings by means of print media remain viable ways to advertise vacancies, but now more than ever before require an announcement that will stand out among others.

1. Regional Newspapers

The large regional newspapers are an excellent way to advertise to individuals who would like to stay in a geographic area but are looking for a change.

The Buffalo News <http://www.buffalonews.com/>

Rochester Democrat and Chronicle <http://www.democratandchronicle.com/>

Erie Times-News <http://goerie.com/>

Cleveland Plain Dealer <http://www.cleveland.com/plaindealer/>.

2. New England Journal of Medicine

The New England Journal of Medicine is a professional journal read by many physicians. Advertisements in this journal reach many thousands of people across the United States.

3. The Journal of the American Medical Association JAMA

The JAMA is a widely read professional journal that provides the opportunity to inform countless individuals of job vacancies in an efficient manner.

Professional Associations

Physicians and hospitals should utilize any professional association they belong to as a means to promote vacancies. Examples include the American Medical Association <http://www.ama-assn.org/> And the Medical Group Management Association <http://www.mgma.com/>. This service may cost the business a fee to advertise and not all associations offer this option to its members.

Hospitals and Practices

Hospitals and practices can recruit directly or utilize the services of associations or private recruiting firms. The Western New York Health Association has developed a recruitment department to assist hospitals with promoting vacancies and identifying potential candidates. This service is available to member hospitals for a fee. To learn more visit their website <http://www.wnyha.com/>.

There are a number of private recruiting firms to assist with physician recruitment and they offer a variety of recruitment strategies and a continuum of services to ensure a successful placement and integration into the community.

Reports and Priorities

There are a number of reports, studies and priority listings outlining everything from trends to recruiting strategies to special funding priorities which can and should be reviewed prior to beginning the recruitment process and include:

Center for Healthcare Workforce Studies

The Center for Healthcare Workforce Studies is a not-for-profit research organization, located at SUNY Albany, which collects and analyzes data to understand workforce dynamics and trends. They also produce reports revealing the supply, demand, use, and education of the health workforce. These reports indicate any gaps in service coverage and should be reviewed prior to pursuing a physician.

Healthcare Workforce Survey

In 2008, a survey of local healthcare providers and facilities was completed and focused on current and future healthcare structure, employment, and technology. A report was generated revealing current openings and future vacancies in one, five, and ten years for physicians, physician assistant, and nurse practitioners, among others.

IDS Priorities

Each year the Chautauqua Integrated Delivery System (IDS) Board of Directors will identify up to three physician priorities it believes should be eligible for funding through the Stan Lundine Healthcare Professional Endowment. IDS members will be notified that funds are available for application.

Primary Care Vision Statement

The primary care vision statement developed as part of the HEAL 9 planning grant will provide guidance for the future structure and sustainability of primary care services throughout Chautauqua County. Input and data will be gathered from healthcare facilities, providers, and the community to identify current trends and anticipated changes. All ancillary data including travel patterns, workforce supply, revenue forecasts, etc. will be analyzed and incorporated into the final vision statement which will be completed by December 2010.

APPENDIX 2

RESOURCES UTILIZED IN COMPILING REPORT

Association of American Medical Colleges www.aamc.org/workforce

Brooks Memorial Hospital – Physician Recruitment Proposal – 2009, by Legacy Consulting

Community Health Foundation of Western & Central New York – Informing the Development of a Rural Investment Strategy: A Policy White Paper – 2009

Community Health Assessment – Chautauqua County – 2009 – CC Health Department

Community Needs Assessment – Chautauqua Opportunities Incorporated – 2008

Field-Tested Strategies for Physician Recruitment and Contracting, *Journal of Healthcare Management*, Health Administration Press, Chicago

HANYS – The Essential Role of Primary Care

JSI - Chautauqua County High Poverty Planning Grant – Chautauqua County Needs Assessment 1.2.09

Merritt Hawkins and Associates, 2009 Review of Physician and CRNA Recruiting Incentives – Summary Report

The New England Journal of Medicine –Career Center – Physician Compensation Trends www.nejmjobs.org

Preparing for the Aging Population in Western New York – Is the Health Care System Ready?

Recruiting New Rural Practitioners – <http://www.unmc.edu/Community/ruralmeded/fedstloc/RecrRet/recrnat.htm>

The Physician Shortage – <http://www.nasrecruitment.com/MicroSites/healthcare/Articles/featureH5b.html>

Primary Care – NT Healthcare Home by zip code –

New York Physician Supply and Demand Through 2030

New York’s Primary Care Reimbursement System

The Future of Primary Care: A Report on Primary Care Medicine in New York State

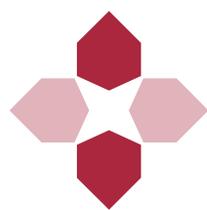
Southern Tier Health Care System – 2008 Health Care Industry Needs Assessment and Educational Marketing Communications Plan

Western New York Health Care Safety-Net Assessment 2008 – JSI

APPENDIX 3
HEALTH WORKFORCE ADVISORY COMMITTEE

Name	Group
Abdella, Ann	Chautauqua County Health Network
Anderson, Shauna	Hospice Chautauqua County
Bohall, Karen	WCA Hospital
Brinkman, Pat	Chautauqua County Mental Health
Brown, Kerri	Workforce Investment Board
Columbare, Dawn	Jamestown Community College
Coon, Desiree	Brooks Memorial Hospital
Deb Felton	Medicor Associates
Forbes, Janet	Cassadaga Job Corps Academy
Garifi, Nelson	Jamestown Community College
Golden, Joyce	Chautauqua Works
Graham, Faith	Jamestown Community College
Irgang, Tory	Chautauqua County Health Network
Jones, Katrina	Lutheran Social Services
Luther, Tracie	TLC/Lake Shore Health Center
Massar, Ann	Chautauqua Opportunities
McNamara, Sue	Workforce Investment Board
Pease, Michael	Chautauqua County Health Network
Perlee, Patty	Joint Neighborhood Project
Piazza, Sally	Brooks Memorial Hospital
Pitts, Pat	Caregivers
Reinhardt, Amy	WCA Hospital
Riczker, Steve	The Resource Center
Robbins, Mark	Chautauqua County Home
Saff, Kevin	Jamestown Area Medical Associates
Schuyler, Christine	Chautauqua County Department of Health
Sheppard, Gretchen	New York Health Care Careers
Sinden, Peter	State University of New York at Fredonia
Smeltzer, Dave	Heritage Village
Spanos, MaryAnn	Chautauqua County Office for the Aging
Stanton, Kathleen	Jamestown Primary Care
Surkala, Karen	Westfield Memorial Hospital
Toms, Bill	Jamestown Pediatric Associates
Ungerer, Robert	Retired Physician
Valvo, Mary Jo	Cassadaga Job Corps Academy
Venning, Jaime	Erie 2 Chautauqua Cattaraugus BOCES
Yelich, Joe	Jamestown High School

Chautauqua County Health Network
200 Harrison Street, Suite 2 • Jamestown, New York 14701
716.338.0010 • info@cchn.net
www.cchn.net



**Chautauqua
County
Health
Network**

strengthening and promoting quality health care