

# Physician Recruitment and Retention in Upstate New York

*Findings from the Iroquois Healthcare Alliance Member  
Survey on Physician Recruitment and Retention*

*September 2007*



## **Preface**

This report summarizes findings from a 2007 survey about physician recruitment and retention efforts of hospitals in the Iroquois Healthcare Alliance. It is designed to provide useful information to the health industry, health professionals, policy makers, and the public on the issues surrounding physician recruitment and retention efforts. Funding for this study was provided by the Iroquois Healthcare Alliance.

This report was prepared by the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. The Center conducts studies of supply, demand, use, and education of the health workforce, and collects and analyzes data to understand workforce dynamics and trends. This report was prepared by David Armstrong, Jean Moore, and Gaetano Forte. The views expressed in this report are those of the Center for Health Workforce Studies and do not represent positions or policies of the School of Public Health, the University at Albany, State University of New York, or the Iroquois Healthcare Alliance.



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## Executive Summary

With the release of the latest profile of the New York physician workforce and the realization that a national physician shortage is looming, assessing the adequacy of the supply of physicians to meet the health care needs in the state has become a priority. As the state's population ages, it is unclear whether the supply of physicians will be sufficient to meet growing demand for health services.

There is increasing concern that the changing distribution of physicians in upstate<sup>1</sup> New York is threatening the ability of hospitals to deliver basic health services in a number of upstate communities. To more fully understand the scope of this problem and the issues surrounding it, the Center for Health Workforce Studies (the Center) at the University at Albany School of Public, in collaboration with the Iroquois Healthcare Alliance (IHA), conducted a survey of IHA member hospitals (see Figure 1) in early 2007. The survey included questions on:

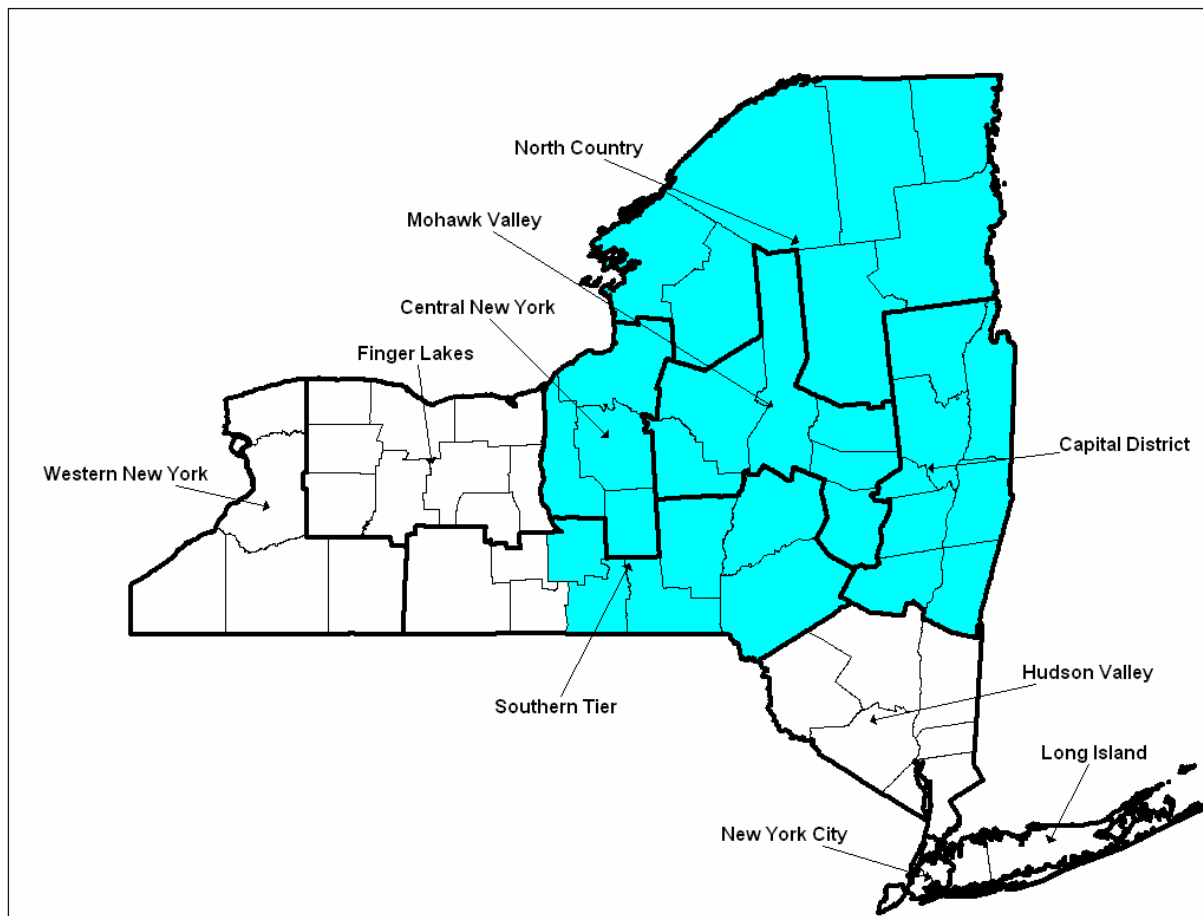
- Physician vacancies, both in the hospital and in the community;
- Reasons for these vacancies;
- Variation in recruitment and retention difficulties by physician specialty;
- Resources dedicated to physician recruitment and retention;
- Strategies used for physician recruitment and retention; and
- The relative effectiveness of the recruitment and retention strategies employed.

The survey was sent to the chief executive officers of the 56 member hospitals in the IHA. Thirty-six hospitals returned surveys for a response rate of 68%. A follow up survey was also conducted in order to obtain more detailed financial information on physician recruitment and retention expenditures (72% response rate). This report summarizes survey findings and considers them in context with other available data about the supply and distribution of physicians in New York as well as the job market for new physicians.

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<sup>1</sup> For the purposes of this report, “upstate” New York includes all of the counties in New York except Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester. These counties are defined as “downstate” New York.

Figure 1. Regional Coverage of Iroquois Healthcare Alliance



The regional coverage of the IHA consists of North Country, Capital District, Mohawk Valley, Central New York, and Southern Tier Department of Labor workforce regions with the exceptions of three counties in the Southern Tier: Steuben, Schuyler, and Chemung.

## Key Findings

### **Member hospitals reported available physician vacancies both in and out of their facilities.**

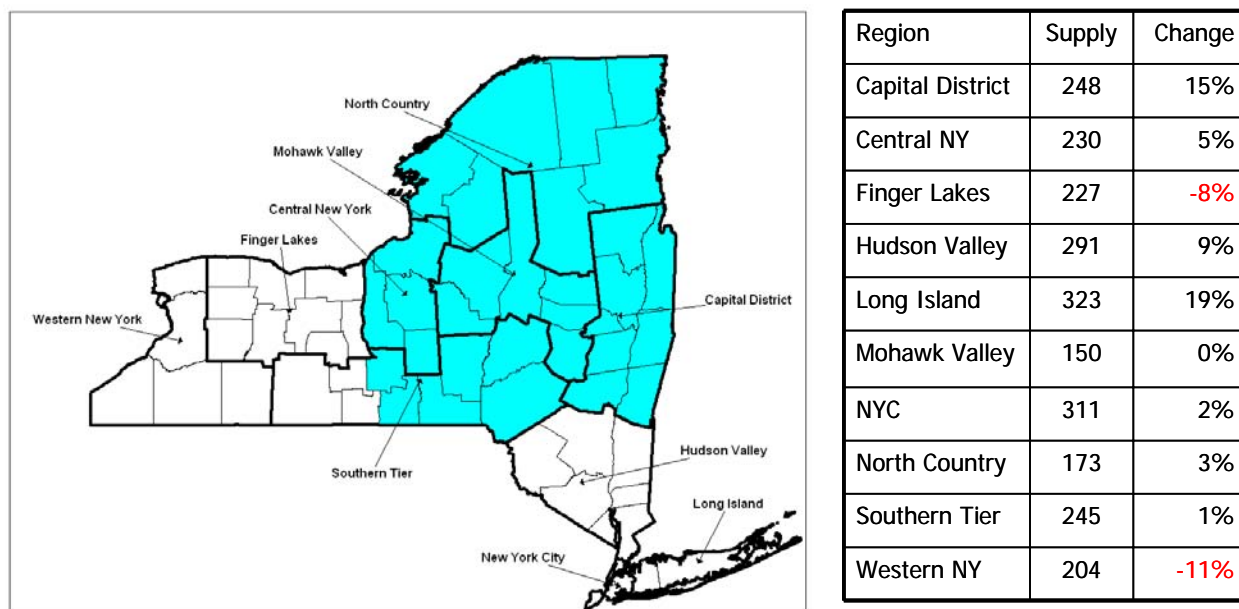
All of the hospitals in the IHA reported physician practice opportunities in their communities and most (82%) reported vacancies for hospital-based physician positions. There were more practice opportunities for surgical specialists and primary care physicians than all other physician specialties.



Nearly half of member hospitals (46%) attributed their physician vacancies to an overall shortage of physicians in the region. Some respondents in rural areas cited their location as the primary reason for physician vacancies.

The distribution of physicians in New York is changing, with fewer physicians in many upstate areas (see Figure 2). Between 2001 and 2005, full-time equivalent (FTE) active patient care physicians per capita grew by 5% in New York. However, many regions in upstate New York saw little or no growth in physician supply and some regions saw declines in physicians per capita over that time. Declines were most dramatic in the Western New York and Finger Lakes regions, with reductions in physicians per capita of 11% and 8%, respectively. Of the regions that are part of the IHA, only the Capital District saw physician growth that exceeded the state average.

Figure 2. Supply and Change of FTEs per 100,000 Population, 2001-2005



Furthermore, in 2005 there were fewer physicians per capita in upstate New York than downstate. There were 219 FTE physicians per capita in upstate New York compared to 320 in downstate New York<sup>2</sup>.

<sup>2</sup> Annual New York Physician Workforce Profile, 2006 Edition Center for Health Workforce Studies, December, 2006.

**Surgical specialists were harder to recruit and retain for positions in the hospital and in the community, while primary care physicians were easier to recruit and retain. Hospitals in rural locations<sup>3</sup> had more difficulty recruiting and retaining physicians in all specialties compared to hospitals in metropolitan areas.**

An important source for new physicians in New York is its residency programs. According to the 2005 survey of residents completing training in New York<sup>4</sup>, the physician job market was strong, i.e., fewer new physicians reported difficulty finding practice opportunities. Of those physicians who had difficulty finding a job, nearly half reported that the main reason was “lack of jobs in desired location.” Resident Exit Survey results indicated that demand for specialists was much stronger than demand for primary care physicians. Specialists in greatest demand included urologists, cardiologists, anesthesiologists, dermatologists, and gastroenterologists.

**The vast majority of hospitals dedicated resources to the recruitment and retention of physicians. Large hospitals<sup>5</sup> in the IHA annually spent on average almost 1.5 million dollars on physician recruitment and retention.**

Hospitals spent the most on income guarantees, locum tenens, and stipends. While small hospitals spent less than half of what large hospitals did on physician recruitment and retention, they spent more money on income guarantees. Furthermore, most hospitals, regardless of size, used outside recruitment agencies. Large hospitals were more likely than small hospitals to employ staff dedicated to recruiting and retaining physicians. Chief executive officers of small hospitals spent nearly three times as much of their time recruiting and retaining physicians than their counterparts in large hospitals.

**Hospitals used a variety of financial incentives to recruit and retain physicians, with varying levels of success.**

Hospitals reported using a number of different financial incentives to attract and retain physicians. Income guarantees was identified as the most effective financial incentive used to recruit and retain physicians. Debt payment assistance was also identified as an effective retention strategy.

## **Discussion**

While the overall number of physicians in New York has grown, many upstate regions have seen little or no growth in physician supply and some have seen a reduction in the supply of physicians between 2001 and 2005. Hospital CEOs reported that the main cause of physician vacancies was an overall shortage of physicians in the area. Some believed that physician

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<sup>3</sup> Rural hospitals were defined using Rural Urban Commuting Area (RUCA) Codes (see <http://depts.washington.edu/uwruca/index.html>). For the purposes of this report, rural hospitals are located in zip codes that are coded between 7 and 10.

<sup>4</sup> *Residency Training Outcomes by Specialty in 2005 for New York: A Summary of Responses to the 2005 Resident Exit Survey*. Center for Health Workforce Studies, June 2006.

<sup>5</sup> For the purposes of this report, hospitals with more than 155 beds were considered “large” hospitals, while those with 155 beds or less were considered “small” hospitals.

vacancies were attributable to their hospital's rural location. Demographic changes in New York are expected to result in older adults becoming a larger percentage of the upstate population. This shift will increase demand for health services and it is unclear whether the supply of upstate physicians will be sufficient to meet the need.

An important source of new physicians in New York is the state's residency programs. For the past decade, New York has retained about half of the physicians who trained in the state. However, physicians practicing in upstate New York were much less likely to have trained in New York than their downstate counterparts. IHA survey findings were consistent with Resident Exit Survey findings. Surgical specialists who were in great demand overall were the most difficult for upstate hospitals to recruit and retain. Primary care physicians, who faced a much weaker job market, were less difficult for upstate hospitals to recruit and retain. It will be important to understand the factors that influence practice decisions of newly trained doctors in order to identify the most effective policies and programs that can attract them to the areas of the state in greatest need of their services.

Hospitals reported investing considerable resources to physician recruitment and retention. Large hospitals in the IHA annually spent almost 1.5 million dollars on physician recruitment and retention. Large hospitals reported using more resources for both physician recruitment and retention than small hospitals. Hospitals spent the most on income guarantees, locum tenens, and stipends. While small hospitals spent half as much on physician recruitment and retention as large hospitals, they spent more money on income guarantees. Furthermore, CEOs of small hospitals were more likely to spend their time recruiting and retaining physicians than their large hospital counterparts. Hospital size did not have much effect on the types of strategies used to recruit and retain physicians. A variety of financial incentives were employed to recruit and retain physicians. Income guarantees was cited as the most effective recruitment and retention strategy. Debt payment assistance was also considered a successful retention strategy. It will be important to better evaluate the level of investment made by upstate hospitals and its impact on the recruitment and retention of physicians to serve their communities.

As demand for health services continues to grow, the changing distribution of physicians in upstate New York could limit access to medical services in many communities. Further research is needed to better understand the long-term consequences for residents of upstate New York and the health care systems that serve them. Will growing demand in other states affect New York's ability to recruit and retain physicians trained in New York? What specialties are of greatest concern? What programs and policies are needed to establish and sustain physician practices in areas where changing distribution of physicians affects access to health care services?

In planning ahead, it is important to consider that physician shortages are likely in the future. New York's stakeholders must work collaboratively to support data collection and analysis on trends in the state's medical workforce that can inform programs and policies required to address the problem of physician maldistribution.



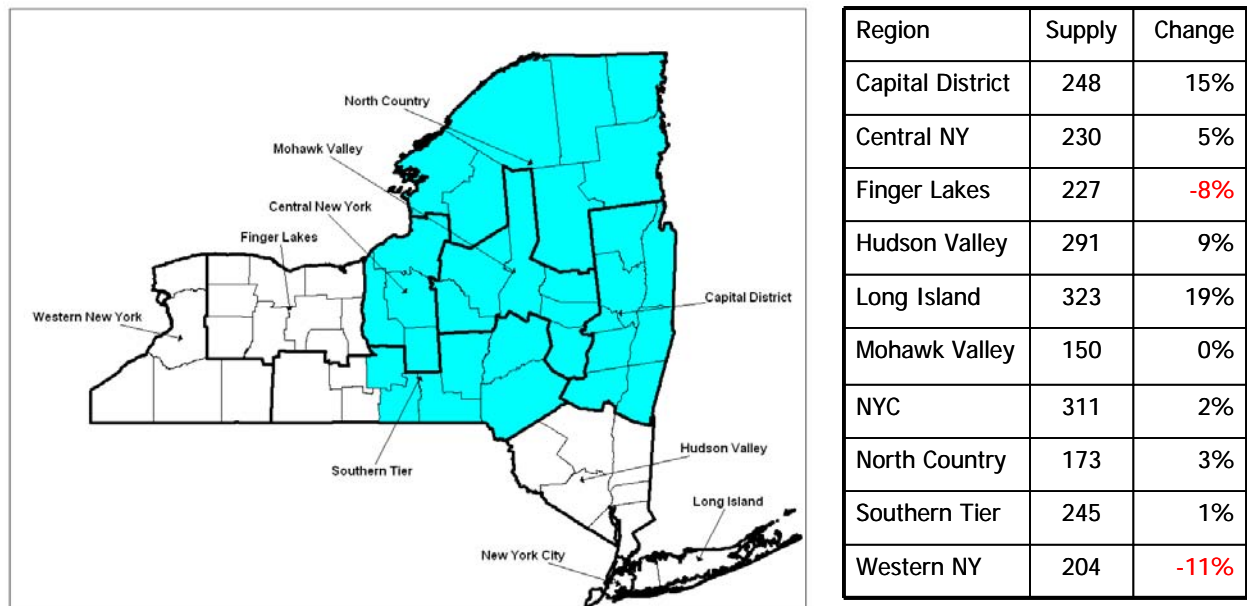
## Findings from the Iroquois Healthcare Alliance Member Survey on Physician Recruitment and Retention

### Overview

With the release of the latest profile of the New York physician workforce and the realization that a national physician shortage is looming, assessing the adequacy of the supply of physicians to meet the health care needs in the state has become a priority. As the state’s population ages, it is unclear whether the supply of physicians will be sufficient to meet growing demand for health services.

Between 2001 and 2005, full-time equivalent (FTE) active patient care physicians per capita grew by 5% in New York. However, many regions in upstate New York saw little or no growth in physician supply and some regions saw declines in physicians per capita over that time (see Figure 3). Declines were most dramatic in the Western New York and Finger Lakes regions, with reductions in physicians per capita of 11% and 8%, respectively. Of the regions that are part of the IHA (highlighted in blue on the map below), only the Capital District saw physician growth that exceeded the state average<sup>6</sup>.

Figure 3. Supply and Change of FTEs per 100,000 Population, 2001-2005



<sup>6</sup> Annual New York Physician Workforce Profile, 2006 Edition Center for Health Workforce Studies, December, 2006.

An important source for new physicians in New York is its residency programs. For the past decade, New York has retained about half of the physicians who trained in the state. However physicians practicing in upstate New York were much less likely to have trained in New York than their downstate counterparts. According to the 2005 survey of residents completing training in New York<sup>7</sup>, the physician job market was strong, i.e., fewer new physicians reported difficulty finding practice opportunities. Of those physicians who had difficulty finding a job, nearly half reported that the main reason was “lack of jobs in desired location.” Furthermore, Resident Exit Survey results indicated that demand for specialists was much stronger than demand for primary care physicians.

There is increasing concern that the changing distribution of physicians in upstate<sup>8</sup> New York is threatening the ability of hospitals to deliver basic health services in a number of upstate communities. To more fully understand the scope of this problem and the issues surrounding it, the Center for Health Workforce Studies (the Center) at the School of Public, University at Albany, in collaboration with the Iroquois Healthcare Alliance (IHA), conducted a survey of IHA member hospitals (see Figure 4) in early 2007. The survey included questions on:

- Physician vacancies, both in the hospital and in the community;
- Reasons for these vacancies;
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- Resources dedicated to physician recruitment and retention;
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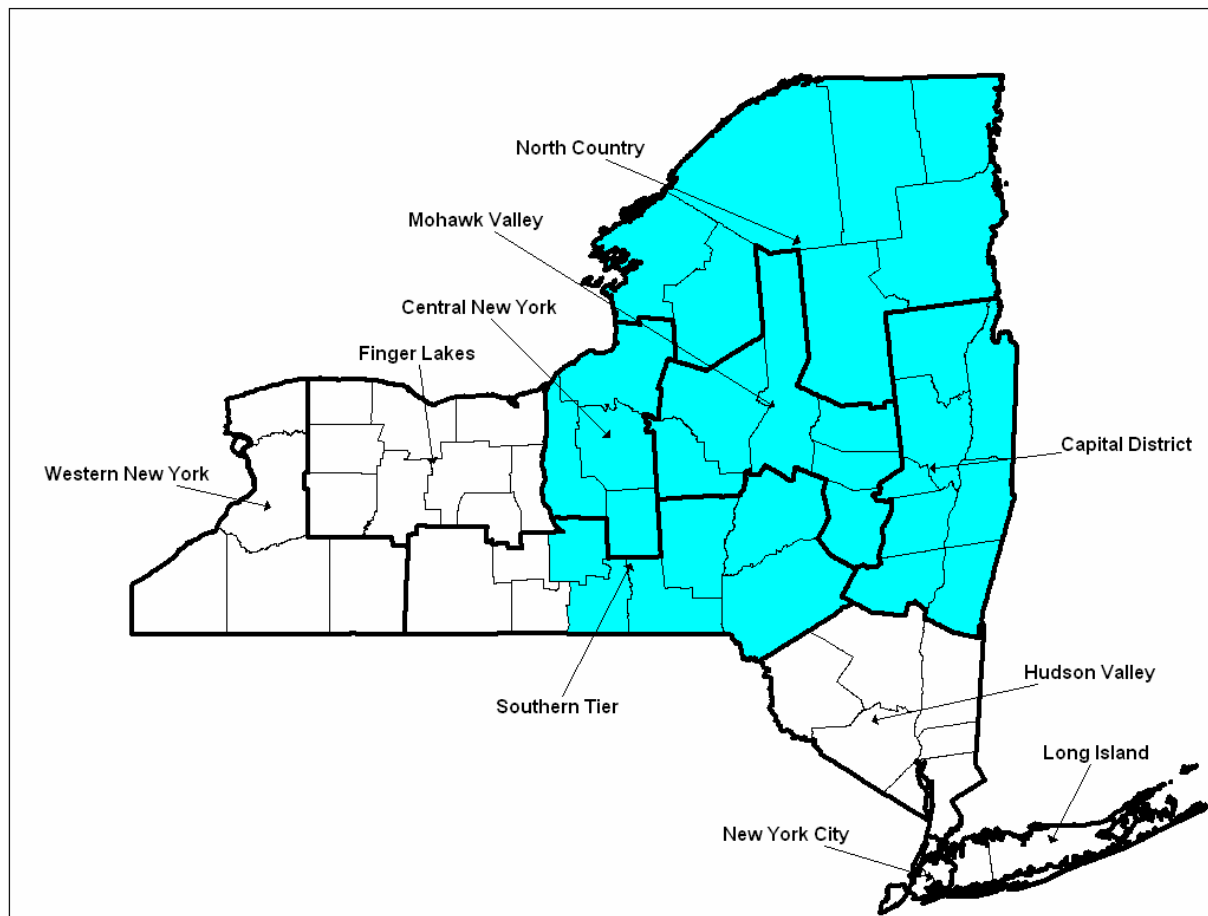
This report summarizes the findings from the IHA Member Hospital Survey on Physician Recruitment and Retention and a follow-up survey on physician recruitment and retention expenditures.

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<sup>7</sup> *Residency Training Outcomes by Specialty in 2005 for New York: A Summary of Responses to the 2005 Resident Exit Survey*. Center for Health Workforce Studies, June 2006.

<sup>8</sup> For the purposes of this report, “upstate” New York includes all of the counties in New York except Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester. These counties are defined as “downstate” New York.

Figure 4. Regional Coverage of Iroquois Healthcare Alliance



The regional coverage of the Iroquois Healthcare Alliance consists of North Country, Capital District, Mohawk Valley, Central New York, and Southern Tier Department of Labor workforce regions with the exceptions of three counties in the Southern Tier: Steuben, Schuyler, and Chemung.

## Data Collection

The IHA Member Hospital Survey on Physician Recruitment and Retention (see Appendix A) and a follow-up on physician recruitment and retention expenditures (see Appendix B) were developed by the Center with the assistance of the IHA. The initial survey was conducted in January and February of 2007. Surveys were distributed to the chief executive officers (CEOs) of all 53 hospitals in the IHA. Thirty-six hospital CEOs completed the survey for a response rate of 68%. The follow-up survey was distributed in June 2007. Thirty-eight of the 53 hospitals completed this survey for a response rate of 72%.

The sample from both surveys was broken down by region, hospital size, and geography to confirm that it was representative of all hospitals in the IHA (see Figures 5 through 10). The responses to both surveys appear to be representative of all IHA hospitals by region, hospital size, and geographic area.

For the initial survey, all five regions in the IHA had a response rate above 60%. The highest response rate was in the Mohawk Valley (80%) and the lowest response rate was in the Southern Tier (60%). Furthermore, the response rate for large and small hospitals was almost the same and the responses for hospitals located in different geographies did not differ substantially. The response rate for all three (rural, large rural, and metropolitan) geographies was above 50%. The highest response rate was for large rural areas (75%) and the lowest was for rural areas (56%)<sup>9</sup>.

*Figure 5. Response Rate by Region (Initial Survey)*

<b>Region</b>	<b>Response</b>	
	<b>%</b>	<b>Count</b>
Capital District	63.6%	(7/11)
Central New York	62.5%	(5/8)
Mohawk Valley	80.0%	(8/10)
North Country	71.4%	(10/14)
Southern Tier	60.0%	(6/10)
Total	67.9%	(36/53)

*Figure 6. Response Rate by Hospital Size (Initial Survey)*

<b>Hospital Size*</b>	<b>Response</b>	
	<b>%</b>	<b>Count</b>
Large Hospital (> 155 Beds)	70.8%	(17/24)
Small Hospital (≤ 155 Beds)	65.5%	(19/29)
Total	67.9%	(36/53)

\*Based on number of beds

*Figure 7. Response Rate by Geography (Initial Survey)*

<b>Geography*</b>	<b>Response</b>	
	<b>%</b>	<b>Count</b>
Rural	55.6%	(10/18)
Large Rural	75.0%	(12/16)
Metropolitan	73.7%	(14/19)
Total	67.9%	(36/53)

\*Based on Rural Urban Commuting Area (RUCA) Codes

The response rate by region for the follow-up survey ranged from 55% for the Capital District to 100% for the Mohawk Valley. Large hospitals were more likely to respond than small hospitals

<sup>9</sup> Geography was defined using Rural Urban Commuting Area (RUCA) Codes (see <http://depts.washington.edu/uwruca/index.html>). Rural hospitals are located in zip codes that are coded between 7 and 10, large rural hospitals are located in zip codes coded between 4 and 6, and metropolitan hospitals are located within zip codes coded between 1 and 3.



(79% compared to 66%) and hospitals in large rural areas were also more likely to respond. But, overall, the responses appeared representative of IHA hospitals by region, hospital size, and geography since the response rates for each category considered were above 50%.

*Figure 8. Response Rate by Region (Follow-up Survey)*

<b>Region</b>	<b>Response</b>	
	<b>%</b>	<b>Count</b>
Capital District	54.5%	(6/11)
Central New York	75.0%	(6/8)
Mohawk Valley	100.0%	(10/10)
North Country	64.3%	(9/14)
Southern Tier	70.0%	(7/10)
Total	71.7%	(38/53)

*Figure 9. Response Rate by Hospital Size (Follow-up Survey)*

<b>Hospital Size*</b>	<b>Response</b>	
	<b>%</b>	<b>Count</b>
Large Hospital (> 155 Beds)	79.2%	(19/24)
Small Hospital (≤ 155 Beds)	65.5%	(19/29)
Total	71.7%	(38/53)

\*Based on number of beds

*Figure 10. Response Rate by Geography (Follow-up Survey)*

<b>Geography*</b>	<b>Response</b>	
	<b>%</b>	<b>Count</b>
Rural	61.1%	(11/18)
Large Rural	87.5%	(14/16)
Metropolitan	68.4%	(13/19)
Total	71.7%	(38/53)

\*Based on Rural Urban Commuting Area (RUCA) Codes

The responses to both surveys appeared to be representative of hospitals in the IHA. This report presents findings about issues confronting hospitals in the IHA. These findings might be suggestive of conditions facing other hospitals in upstate New York. But care should be taken when drawing conclusions about other hospitals, given variations in the supply and distribution of physicians across the state.



## Results

### Physician Practice Opportunities

- **Member hospitals reported available physician vacancies both in and out of their facilities.**

All of the hospitals in the IHA reported physician practice opportunities in their communities and most (82%) reported vacancies for hospital physician positions. There were far more vacancies for primary care (68%) physicians in hospitals than for all other physicians. The second highest vacancy rate was for other specialties (25%). For communities there were more practice opportunities for surgical specialists (90%), followed by medical specialties (80%). The fewest practice opportunities for both hospitals and communities (excluding other specialty) was for Ob/Gyns (18% and 45% respectively).

*Figure 11. Percent of Hospital and Community Positions with Vacancies by Specialty*

<b>Specialty</b>	<b>Hospitals</b>	<b>Communities</b>
Primary Care	67.9%	60.0%
Ob/Gyn	17.9%	45.0%
Medical Spec.	21.4%	80.0%
Surgical Spec.	21.4%	90.0%
Other Spec.	25.0%	35.0%
All Specialties	82.1%	100.0%

*Source: IHA Member Survey on Physician Recruitment and Retention*

- **There were more practice opportunities for surgical specialists and primary care physicians than all other physicians.**

Primary care physicians (4.06) and surgical specialists (4.06) had the most practice opportunities in communities of IHA hospitals (excluding other and all specialties). Ob/Gyns had the fewest practice opportunities (3.58).

*Figure 12. Likert Scores for Number of Practice Opportunities in Communities by Specialty*

<b>Specialty</b>	<b>Communities</b>
Primary Care	4.06
Ob/Gyn	3.58
Medical Spec.	3.82
Surgical Spec.	4.06
Other Spec.	4.33
All Specialties	4.50

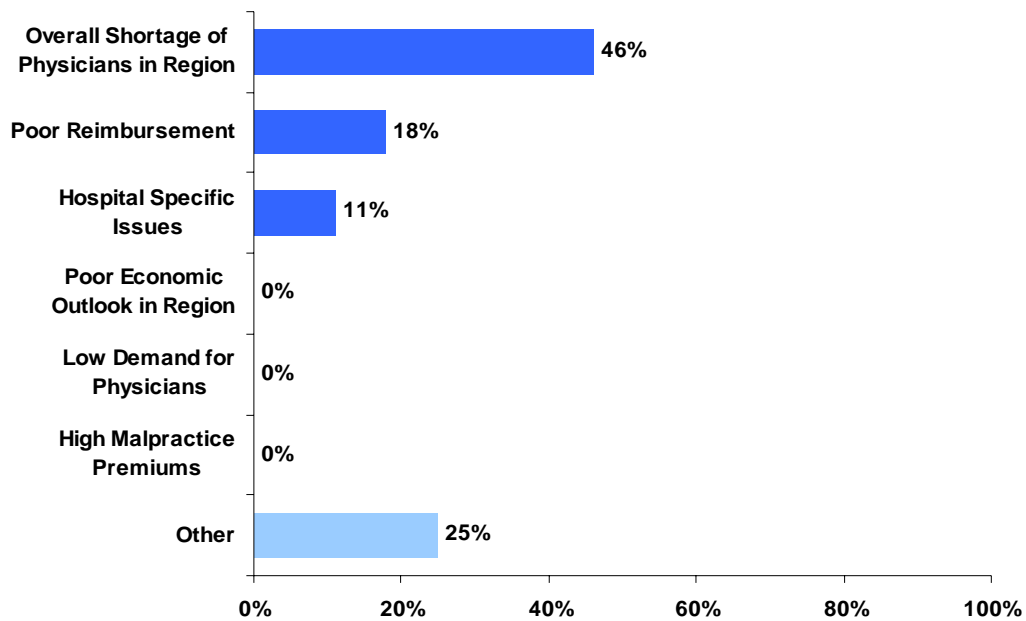
*Likert Score computed using the following Likert Scale: "Many Opportunities" = 5, "Some Opportunities" = 4, "Few Opportunities" = 3, "Very Few Opportunities" = 2, and "No Opportunities" = 1.*

*Source: IHA Member Survey on Physician Recruitment and Retention*

- **Nearly half of IHA hospitals (46%) attributed their physician vacancies to an overall shortage of physicians in the region. Some respondents in rural areas cited their location as the primary reason for physician vacancies.**

Forty-six percent (46%) of hospitals reported that the main cause of vacancies was an overall shortage of physicians in the region, whereas only 18% reported that the main cause was poor reimbursement. The most frequent reason for vacancies that was written in for the “other” category at hospitals (25%) and the “hospital specific issues” category (11%) was location.

*Figure 13. Main Cause of Vacancies at Hospitals*



*Source: IHA Member Survey on Physician Recruitment and Retention*

## Physician Recruitment and Retention

- **Surgical specialists were harder to recruit and retain for positions in hospitals and in the community, while primary care physicians were easier to recruit and retain.**

Ninety-five percent (95%) of hospital CEOs reported that surgical specialists were very difficult to recruit for their hospital while only 32% reported that primary care physicians were very difficult to recruit. The statistics were similar for community practice positions. Eighty-five percent (85%) indicated that surgical specialists were very difficult to recruit for their community, whereas only 26% indicated that this was the case for primary care physicians. Surgical specialists were also the most difficult physicians to retain for hospital positions (33%) and community positions (26%).

*Figure 14. Percent Very Difficult to Recruit and Retain Physicians by Specialty for Hospitals and Communities*

Specialty	Hospitals		Communities	
	Recruitment	Retention	Recruitment	Retention
Primary Care	32.0%	4.3%	25.9%	0.0%
Ob/Gyn	38.9%	0.0%	54.2%	23.8%
Medical Spec.	61.9%	15.8%	65.4%	15.0%
Surgical Spec.	94.7%	33.3%	85.7%	26.1%

*Source: IHA Member Survey on Physician Recruitment and Retention*

- **Hospitals in rural locations had more difficulty recruiting and retaining physicians in all specialties than hospitals in metropolitan areas.**

For each specialty, rural hospitals had more difficulty recruiting and retaining physicians than metropolitan hospitals. Furthermore, rural hospitals had more difficulty recruiting primary care and ob/gyn physicians compared to large rural hospitals and more difficulty retaining all physicians except surgical specialists than hospitals located in large rural areas.

*Figure 15. Likert Scores for Difficulty Recruiting and Retaining Physicians for Hospital Positions*

Specialties	Recruitment			Retention		
	Rural	Large Rural	Metropolitan	Rural	Large Rural	Metropolitan
Primary Care	3.67	3.25	2.50	2.89	2.50	2.38
Ob/Gyn	3.80	3.14	3.00	2.83	2.40	2.20
Medical Spec.	3.57	3.71	3.43	3.13	2.80	2.33
Surgical Spec.	4.00	4.00	3.83	3.17	3.33	2.83

*Likert Score computed using the following Likert Scale: "Very Difficult" = 4, "Somewhat Difficult" = 3, "Somewhat Easy" = 2, and "Very Easy" = 1.*

*Source: IHA Member Survey on Physician Recruitment and Retention*

- **Rural hospitals had more difficulty recruiting and retaining physicians for community practice positions than metropolitan hospitals.**

*Figure 16. Likert Scores for Difficulty Recruiting and Retaining Physicians for Community Positions*

Specialties	Recruitment			Retention		
	Rural	Large Rural	Metropolitan	Rural	Large Rural	Metropolitan
Primary Care	3.60	3.18	2.82	2.75	2.33	2.25
Ob/Gyn	3.80	3.60	3.11	3.50	2.89	2.13
Medical Spec.	3.50	3.82	3.45	3.33	2.56	2.38
Surgical Spec.	4.00	4.00	3.69	3.25	3.00	2.56

*Likert Score computed using the following Likert Scale: "Very Difficult" = 4, "Somewhat Difficult" = 3, "Somewhat Easy" = 2, and "Very Easy" = 1.*

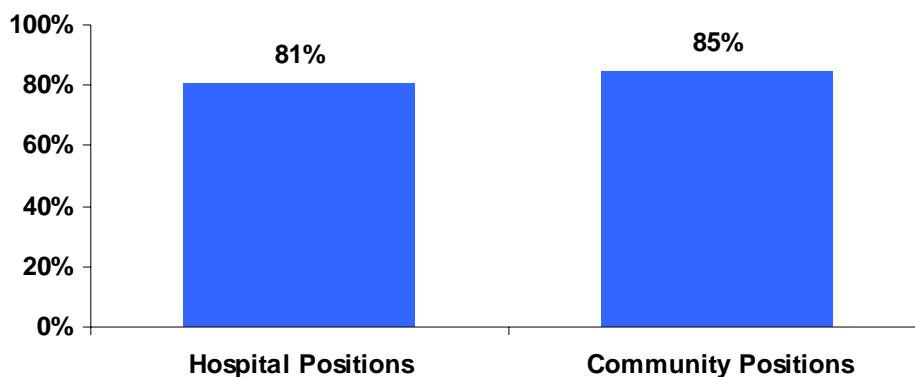
*Source: IHA Member Survey on Physician Recruitment and Retention*

### **Resources Dedicated to Physician Recruitment and Retention**

- **The vast majority of hospitals in the IHA dedicated resources to the recruitment and retention of physicians.**
- **More hospitals reported recruiting and retention activities for practice opportunities in their community than for positions in their hospital.**

Eighty-five (85%) percent of hospitals were actively engaged in recruiting and retaining physicians for positions in their community, while only 81% were engaged in recruiting and retaining physicians for positions at their hospital.

*Figure 17. Percent of Hospitals Actively Engaged in Recruiting and Retaining Physicians for Hospital and Community Positions*



*Source: IHA Member Survey on Physician Recruitment and Retention*

- **Large hospitals in the IHA spent annually on average almost 1.5 million dollars on physician recruitment and retention.**

The large hospitals in the IHA annually spent, on average, \$1,456,778 on recruiting and retaining physicians. Furthermore, they spent slightly more on retaining physicians than on recruiting them (\$745,475 compared to \$711,303). Large hospitals spent the most money on stipends (\$288,343), followed by locum tenens (\$236,933), and income guarantees (\$228,190). However, they primarily used stipends to retain physicians (\$230,928) rather than recruit them (\$57,414). They spent the least money on partner/spouse job transition assistance (\$105) and debt payment assistance (\$6,842).

*Figure 18. Average Annual Physician Recruitment and Retention Expenditures for Large Hospitals*

Types of Expenses	Large Hospitals		
	Recruitment	Retention	Total
<b>Personal Services</b>			
Recruiting Staff	\$41,241	\$7,847	\$49,088
Liaison(s)	\$7,784	\$8,766	\$16,550
Other Staff	\$8,159	\$5,134	\$13,293
<b>Other than Personal Services</b>			
Advertising	\$36,053	\$684	\$36,737
Contract Recruiters	\$50,682	\$971	\$51,653
Candidate Visit Expenses	\$34,487	****	\$34,487
<i>Incentives</i>			
Sign-on Bonuses	\$65,419	\$658	\$66,077
Income Guarantees	\$97,848	\$130,341	\$228,190
On-call Payments	\$7,326	\$146,757	\$154,083
Relocation Allowances	\$34,086	****	\$34,086
Partner/Spouse Job Transition Assistance	\$105	****	\$105
Professional Development	\$6,889	\$69,379	\$76,269
Stipends	\$57,414	\$230,928	\$288,343
Malpractice Tail Coverage	\$38,845	\$1,184	\$40,030
Debt Payment Assistance	\$6,842	****	\$6,842
Locum Tenens	\$202,488	\$34,445	\$236,933
Other Expenditures	\$15,634	\$108,380	\$124,014
<b>Total</b>	<b>\$711,303</b>	<b>\$745,475</b>	<b>\$1,456,778</b>

\*\*\*\* Indicates that no money was spent.

Source: IHA Member Survey on Physician Recruitment and Retention Expenditures



- **Small hospitals spent considerably less on physician recruitment and retention than large hospitals. However, they spent more on income guarantees compared to large hospitals.**

Small hospitals spent more on income guarantees than larger hospitals (\$286,996 compared to \$228,190). Overall small hospitals spent most on income guarantees, followed by locum tenens (\$169,307) and stipends (\$72,493). Like large hospitals, they spent the least on partner/spouse job transition assistance (\$0), followed by relocation allowances (\$4,869), and advertising (\$5,033).

*Figure 19. Average Annual Physician Recruitment and Retention Expenditures for Small Hospitals*

Types of Expenses	Small Hospitals		
	Recruitment	Retention	Total
<b>Personal Services</b>			
Recruiting Staff	\$20,229	\$1,230	\$21,459
Liaison(s)	\$2,281	\$2,781	\$5,063
Other Staff	\$4,221	\$1,374	\$5,596
<b>Other than Personal Services</b>			
Advertising	\$5,033	****	\$5,033
Contract Recruiters	\$30,582	****	\$30,582
Candidate Visit Expenses	\$6,411	****	\$6,411
<i>Incentives</i>			
Sign-on Bonuses	\$8,500	****	\$8,500
Income Guarantees	\$150,772	\$136,225	\$286,996
On-call Payments	\$398	\$6,344	\$6,742
Relocation Allowances	\$4,869	****	\$4,869
Partner/Spouse Job Transition Assistance	****	****	****
Professional Development	\$2,500	\$13,514	\$16,014
Stipends	\$2,656	\$69,836	\$72,493
Malpractice Tail Coverage	\$2,927	\$22,168	\$25,095
Debt Payment Assistance	\$6,563	****	\$6,563
Locum Tenens	\$145,163	\$24,145	\$169,307
Other Expenditures	\$36,832	\$5,459	\$42,291
<b>Total</b>	<b>\$429,937</b>	<b>\$283,076</b>	<b>\$713,013</b>

\*\*\*\* Indicates that no money was spent.

*Source: IHA Member Survey on Physician Recruitment and Retention Expenditures*

➤ **Most hospitals, regardless of size, used outside recruitment agencies.**

Large hospitals were slightly more likely to use recruiting agencies than small hospitals (92% compared to 87%), whereas, small hospitals were somewhat more likely than large hospitals to hire outside recruiting agencies for their communities (92% compared to 86%).

➤ **Large hospitals were more likely than small hospitals to have staff dedicated to recruiting and retaining physicians for their hospital and community positions.**

Eighty-five percent (85%) of large hospitals employed staff dedicated to recruiting physicians for their hospital and 69% of them had staff committed to recruiting physicians for community practice positions. Only 50% of small hospitals had staff dedicated to recruiting physicians for their hospital and only 57% of them employed staff dedicated to recruiting physicians for their community positions. Large hospitals were also more likely than small hospitals to have staff dedicated to retaining physicians, (50% compared to 36%), and 46% of large hospitals had staff dedicated to retaining physicians in their community positions relative to only 38% for small hospitals.

➤ **CEOs of small hospitals spent over twice as much of their time recruiting and retaining physicians than their counterparts in large hospitals.**

CEOs of small hospitals spent more of their time than CEOs of large hospitals recruiting physicians for both their hospital (14% compared to 5%) and community positions (14% compared to 10%). This was also the case for physician retention efforts. CEOs of smaller hospitals devoted more time than CEOs of large hospitals retaining physicians for their hospital (20% compared to 6%) and their service areas (23% compared to 9%).

*Figure 20. Resources Devoted to Recruiting and Retaining Physicians for Hospital and Community Positions by Hospital Size*

<b>Resources</b>	<b>Hospitals</b>		<b>Communities</b>	
	<b>Large Hospital</b>	<b>Small Hospital</b>	<b>Large Hospital</b>	<b>Small Hospital</b>
% with Recruiting Staff	84.6%	50.0%	68.8%	57.1%
% with Retention Staff	50.0%	35.7%	46.2%	38.5%
% Use Recruitment Agencies	92.3%	86.7%	85.7%	92.3%
% of Time CEOs Spend Recruiting	5.3%	14.3%	9.5%	14.1%
% of Time CEOs Spend Retaining	6.1%	19.6%	9.1%	22.7%

*Source: IHA Member Survey on Physician Recruitment and Retention*

## Physician Recruitment and Retention Strategies

➤ **Hospitals used a variety of financial incentives to recruit and retain physicians.**

The most popular recruitment strategy for hospital positions was relocation allowances (93%), followed by income guarantees (83%), and sign-on bonuses (76%). The least popular recruitment strategy was on-call payments (10%). The recruitment strategies used for community practice positions were similar. Professional development and training (52%) was the most frequently used retention strategy for hospitals, while on-call bonuses (32%) and relocation allowances (29%) were the most popular retention strategies for community practice positions.

*Figure 21. Recruitment and Retention Strategies Used by Hospitals for Hospital and Community Positions*

Strategies	Hospitals		Communities	
	Recruitment	Retention	Recruitment	Retention
Sign-on Bonuses	75.9%	6.9%	71.0%	6.5%
Income Guarantees	82.8%	24.1%	90.3%	25.8%
On-Call Payments	10.3%	24.1%	16.1%	32.3%
Relocation Allowances	93.1%	3.4%	83.9%	3.2%
Partner/Spouse Job Transition Assistance	41.4%	13.8%	51.6%	22.6%
Professional Development and Training	55.2%	51.7%	29.0%	29.0%
Debt Payment Assistance	34.5%	17.2%	38.7%	12.9%

*Source: IHA Member Survey on Physician Recruitment and Retention*

- **Income guarantees was identified as the most effective financial incentive used to recruit and retain physicians.**

Hospitals reported that income guarantees (3.65) was the most effective recruitment strategy. For community practice positions, the most effective recruitment strategy was also income guarantees (3.44), followed by sign-on bonuses (3.36). The least effective strategy was support for professional development and training (2.44). The most effective retention strategy for hospitals was debt payment assistance (3.50), followed by income guarantees (3.31). The pattern was similar for community positions, except that income guarantees (3.39) were considered to be slightly more effective than debt payment assistance (3.22).

*Figure 22. Likert Score for the Effectiveness of Recruitment and Retention Strategies Used by Hospitals for Hospital and Community Positions*

<b>Strategies</b>	<b>Hospitals</b>		<b>Communities</b>	
	<b>Recruitment</b>	<b>Retention</b>	<b>Recruitment</b>	<b>Retention</b>
Sign-on Bonuses	3.09	2.88	3.36	2.20
Income Guarantees	3.65	3.31	3.44	3.39
On-Call Payments	2.56	2.88	3.00	2.67
Relocation Allowances	2.89	****	2.81	****
Partner/Spouse Job Transition Assistance	3.00	****	3.33	****
Professional Development and Training	2.42	2.50	2.44	2.55
Debt Payment Assistance	3.43	3.50	3.29	3.22

*Likert Score computed using the following Likert Scale: "Very Effective" = 4, "Moderately Effective" = 3, "Somewhat Effective" = 2, and "Not at all Effective" = 1.*

*Source: IHA Member Survey on Physician Recruitment and Retention*

## Discussion

While the overall number of physicians in New York has grown, many upstate regions have seen little or no growth in physician supply and some have seen a reduction in the supply of physicians between 2001 and 2005. Hospital CEOs reported that the main cause of physician vacancies was an overall shortage of physicians in the area. Some believed that physician vacancies were attributable to their hospital's rural location. Demographic changes in New York are expected to result in older adults becoming a larger percentage of the upstate population. This shift will increase demand for health services and it is unclear whether the supply of upstate physicians will be sufficient to meet the need.

An important source of new physicians in New York is the state's residency programs. For the past decade, New York has retained about half of the physicians who trained in the state. However, physicians practicing in upstate New York were much less likely to have trained in New York than their downstate counterparts. IHA survey findings were consistent with Resident Exit Survey findings. Surgical specialists who were in great demand overall were the most difficult for upstate hospitals to recruit and retain. Primary care physicians, who faced a much weaker job market, were less difficult for upstate hospitals to recruit and retain. It will be important to understand the factors that influence practice decisions of newly trained doctors in order to identify the most effective policies and programs that can attract them to the areas of the state in greatest need of their services.

Hospitals reported investing considerable resources to physician recruitment and retention. Large hospitals in the IHA spent almost 3 million dollars on physician recruitment and retention over the last two years. Large hospitals reported using more resources for both physician recruitment and retention than small hospitals. Hospitals spent the most on income guarantees, locum tenens, and stipends. While small hospitals spent half as much on physician recruitment and retention as large hospitals, they spent more money on income guarantees. Furthermore, CEOs of small hospitals were more likely to spend time recruiting and retaining physicians than their large hospital counterparts. However, hospital size did not have much effect on the types of strategies used to recruit and retain physicians. A variety of financial incentives were employed to recruit and retain physicians. Income guarantee was cited as the most effective recruitment and retention strategy. Debt payment assistance was also considered a successful retention strategy. It will be important to better evaluate the level of investment made by upstate hospitals and its impact on the recruitment and retention of physicians to serve their communities.

As demand for health services continues to grow, the changing distribution of physicians in upstate New York could limit access to medical services in many communities. Further research is needed to better understand the long-term consequences for residents of upstate New York and the health care systems that serve them. Will growing demand in other states affect New York's ability to recruit and retain physicians trained in New York? What specialties are of greatest concern? What programs and policies are needed to establish and sustain physician practices in areas where changing distribution of physicians affects access to health care services?

In planning ahead, it is important to remember that physician shortages are likely in the future. New York's stakeholders must work collaboratively to support data collection and analysis about trends in the state's medical workforce to inform the programs and policies required to address the problem of physician maldistribution.

## **Appendix A: Survey Instrument**







## Physician Recruitment & Retention Survey

All survey results will be kept strictly confidential and reported back in an aggregated format only.  
All survey participants will receive a copy of the survey results.

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1. How would you describe the practice opportunities in the following specialties in your hospital's service area?

	<u>No Opportunities</u>	<u>Very few Opportunities</u>	<u>Few Opportunities</u>	<u>Some Opportunities</u>	<u>Many Opportunities</u>	<u>Don't Know</u>
<b>TOTAL (All physicians)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Is your hospital actively engaged in efforts to recruit and retain physicians as **employees in the hospital**?  Yes  No

(If Yes, go to the next question, #3. If No, skip to question #12)

***Questions #3-11 pertain to physicians employed by the hospital***

3. Indicate the number of physicians that your hospital currently employs, # of vacancies, # of terminations, and average length of service in the following specialties:

	<u># Currently Employed</u>	<u># Vacancies as of 11/1/06</u>	<u># Terms for all 2006</u>	<u>Avg Length of Service</u>
<b>TOTAL (All physicians)</b>	_____	_____	_____	_____
Primary Care	_____	_____	_____	_____
Obstetrics and Gynecology	_____	_____	_____	_____
Medical Specialties	_____	_____	_____	_____
Surgical Specialties	_____	_____	_____	_____
Other, specify: _____	_____	_____	_____	_____

4. In your opinion, what is the main cause of physician vacancies at your hospital? (*Mark only one.*)
- Overall shortage of physicians in the region
  - Poor economic outlook in the region
  - Low demand for physician services in the region
  - Poor reimbursement for physician services in the region
  - High medical malpractice premiums in the region
  - Hospital-specific issue, specify: \_\_\_\_\_
  - Other, specify: \_\_\_\_\_

5. Which of the following strategies does your hospital employ in its efforts to recruit and retain physicians as employees of the hospital? (*Mark all that apply.*)

	<u>Recruitment</u>	<u>Retention</u>
Sign-on Bonuses	<input type="radio"/>	<input type="radio"/>
Income Guarantees	<input type="radio"/>	<input type="radio"/>
On-Call Payments	<input type="radio"/>	<input type="radio"/>
Relocation Allowances	<input type="radio"/>	<input type="radio"/>
Partner/Spouse Job Transition Assistance	<input type="radio"/>	<input type="radio"/>
Professional Development and Training	<input type="radio"/>	<input type="radio"/>
Debt Payment Assistance	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>

6. Do you employ hospital staff dedicated to recruiting and retaining physicians as employees of the hospital?

**Recruitment**  
 Yes  No

**Retention**  
 Yes  No

**IF YES:** Estimate the number of hospital staff dedicated to physician recruitment and salary ranges:

\_\_\_\_\_ (FTEs?)  
 \_\_\_\_\_ (range minimum)  
 \_\_\_\_\_ (range maximum)

**IF YES:** Estimate the number of hospital staff dedicated to physician retention and salary ranges:

\_\_\_\_\_ (FTEs?)  
 \_\_\_\_\_ (range minimum)  
 \_\_\_\_\_ (range maximum)

7. Estimate the percent of your time, as CEO, that you dedicate to recruiting and retaining physicians as employees of the hospital:

**Recruitment**  
 \_\_\_\_\_ %

**Retention**  
 \_\_\_\_\_ %

8. Do you use any outside recruitment agencies to recruit physicians as employees of the hospital?

Yes  No If Yes, how many agencies? \_\_\_\_\_

9. Estimate the total amount of money your hospital has spent on recruiting and retaining physicians as employees of the hospital in the past 12 months:

**Recruitment**

\$ \_\_\_\_\_

**Retention**

\$ \_\_\_\_\_

10. Indicate the degree of difficulty of recruiting and retaining physicians in the following specialties as employees of the hospital.

**Recruiting Physicians**

**Retaining Physicians**

	<u>Very Difficult</u>	<u>Somewhat Difficult</u>	<u>Somewhat Easy</u>	<u>Very Easy</u>	<u>Very Difficult</u>	<u>Somewhat Difficult</u>	<u>Somewhat Easy</u>	<u>Very Easy</u>
<b>All Physicians</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Indicate the level of effectiveness the following strategies have for recruiting and retaining physicians as employees of the hospital? (*Please assess only those strategies your hospital has employed.*)

**For Recruiting Physicians**

	<u>Not at all Effective</u>	<u>Somewhat Effective</u>	<u>Moderately Effective</u>	<u>Very Effective</u>	<u>Don't Know</u>
Sign-on Bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income Guarantees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-Call Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relocation Allowances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner/Spouse Job Transition Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Leadership Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt Payment Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For Retaining Physicians**

	<u>Not at all Effective</u>	<u>Somewhat Effective</u>	<u>Moderately Effective</u>	<u>Very Effective</u>	<u>Don't Know</u>
Sign-on Bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income Guarantees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-Call Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Leadership Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt Payment Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Is your hospital actively engaged in efforts to recruit and retain physicians to practice in the hospital's service area, but not as hospital employees?  Yes  No  
 (If Yes, go to the next question, #13. **If No**, skip to question #20.)

**Questions #13-20 pertain to recruiting and retaining physicians in your service area that are NOT your hospital's employees.**

13. Indicate the number of non-employee physicians that currently practice in your service area:

	<u># Currently Practicing</u>	<u># Openings as of 11/1/06</u>	<u># Departures for all 2006</u>	<u>Avg Length of Service</u>
<b>TOTAL (All physicians)</b>	_____	_____	_____	_____
Primary Care	_____	_____	_____	_____
Obstetrics and Gynecology	_____	_____	_____	_____
Medical Specialties	_____	_____	_____	_____
Surgical Specialties	_____	_____	_____	_____
Other, specify: _____	_____	_____	_____	_____

14. Which of the following strategies does your hospital employ in its efforts to recruit and retain physicians to practice in the hospital's service area, but not as hospital employees? (Mark all that apply.)

	<u>Recruitment</u>	<u>Retention</u>
Sign-on Bonuses	<input type="radio"/>	<input type="radio"/>
Income Guarantees	<input type="radio"/>	<input type="radio"/>
On-Call Payments	<input type="radio"/>	<input type="radio"/>
Relocation Allowances	<input type="radio"/>	<input type="radio"/>
Partner/Spouse Job Transition Assistance	<input type="radio"/>	<input type="radio"/>
Professional Development and Training	<input type="radio"/>	<input type="radio"/>
Debt Payment Assistance	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>

15. Do you employ hospital staff dedicated to recruiting and retaining physicians to practice in the hospital's service area, but not as hospital employees?

Recruitment  
 Yes  No

Retention  
 Yes  No

**IF YES:** Estimate the number of hospital staff dedicated to physician recruitment and salary ranges:

\_\_\_\_\_ (FTEs?)  
 \_\_\_\_\_ (range minimum)  
 \_\_\_\_\_ (range maximum)

**IF YES:** Estimate the number of hospital staff dedicated to physician retention and salary ranges:

\_\_\_\_\_ (FTEs?)  
 \_\_\_\_\_ (range minimum)  
 \_\_\_\_\_ (range maximum)

16. Estimate the percent of your time, as CEO, which you dedicate to recruiting and retaining physicians to practice in the hospital's service area, but not as hospital employees:

**Recruitment**

\_\_\_\_\_ %

**Retention**

\_\_\_\_\_ %

17. Do you use any outside recruitment agencies to recruit physicians to practice in the hospital's service area, but not as hospital employees?       Yes     No

18. Estimate the total amount of money your hospital has spent on recruiting and retaining physicians to practice in the hospital's service area, but not as hospital employees in the past 12 months:

**Recruitment**

\$ \_\_\_\_\_

**Retention**

\$ \_\_\_\_\_

19. Indicate the degree of difficulty of recruiting and retaining physicians in the following specialties to practice in the hospital's service area, but not as hospital employees.

**Recruiting Physicians**

**Retaining Physicians**

	<u>Very Difficult</u>	<u>Somewhat Difficult</u>	<u>Somewhat Easy</u>	<u>Very Easy</u>	<u>Very Difficult</u>	<u>Somewhat Difficult</u>	<u>Somewhat Easy</u>	<u>Very Easy</u>
<b>All Physicians</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Indicate the level of effectiveness the following strategies have for recruiting and retaining physicians to practice in the hospital's service area, but not as hospital employees? (*Please assess only those strategies your hospital has employed.*)

**For Recruiting Physicians**

	<u>Not at all Effective</u>	<u>Somewhat Effective</u>	<u>Moderately Effective</u>	<u>Very Effective</u>	<u>Don't Know</u>
Sign-on Bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income Guarantees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-Call Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relocation Allowances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner/Spouse Job Transition Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Leadership Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt Payment Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For Retaining Physicians**

	<u>Not at all Effective</u>	<u>Somewhat Effective</u>	<u>Moderately Effective</u>	<u>Very Effective</u>	<u>Don't Know</u>
Sign-on Bonuses	○	○	○	○	○
Income Guarantees	○	○	○	○	○
On-Call Payments	○	○	○	○	○
Physician Leadership Training	○	○	○	○	○
Debt Payment Assistance	○	○	○	○	○
Other, specify: _____	○	○	○	○	○

21. Comments

Please use the space below to express any other thoughts, perspectives, or opinions you have on physician recruitment and retention issues at your hospital.

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**Facility Name:** \_\_\_\_\_

**Person Completing Survey:** \_\_\_\_\_

Thank you for participating in this survey. All survey results will be kept strictly confidential and reported back in an aggregated format only.  
All survey participants will receive a copy of the survey results.

**The deadline for survey submission is January 22, 2007.**

***Fax completed surveys directly to Greg DeWitt at Iroquois Healthcare Association, 518-383-2616.***

## **Appendix B: Follow-up Survey Instrument**







## Iroquois Member Hospital Survey on Physician Recruitment and Retention, 2007

### Physician Recruitment and Retention Expenses

Please indicate the amount of money your hospital has spent on recruiting and retaining physicians for your hospital (employed by your facility) **and** hospital service area (community-based) during the combined period of FY2005 **and** FY 2006.

**Personal Services**

*For personal services, include direct, fringe, and indirect.*

	<u>Recruitment</u>	<u>Retention</u>
Recruiting Staff	\$ _____	\$ _____
Liaison(s)	\$ _____	\$ _____
Other Staff, specify: _____	\$ _____	\$ _____

**Other than Personal Services**

	<u>Recruitment</u>	<u>Retention (if applicable)</u>
Advertising (i.e., Print Ads/Internet Postings, etc.)	\$ _____	\$ _____
Contract Recruiters	\$ _____	\$ _____
Candidate Visit Expenses	\$ _____	\$ _____
<i>Incentives:</i>		
Sign-on Bonuses	\$ _____	\$ _____
Income Guarantees	\$ _____	\$ _____
On-call Payments	\$ _____	\$ _____
Relocation Allowances (including down payments)	\$ _____	\$ _____
Partner/Spouse Job Transition Assistance	\$ _____	\$ _____
Professional Development and Training/CME	\$ _____	\$ _____
Stipends (e.g. resident/fellow, Med Dir title)	\$ _____	\$ _____
Malpractice Tail Coverage	\$ _____	\$ _____
Debt Payment Assistance	\$ _____	\$ _____
Locum tenens	\$ _____	\$ _____
Other Expenditure, specify: _____	\$ _____	\$ _____

**Facility Name:** \_\_\_\_\_

**Person Completing Survey:** \_\_\_\_\_





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