

From the publishers of the *New England Journal of Medicine*

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The Red-Hot Job Market for Hospitalists Is Translating into Tough Times for Programs

The law of supply and demand may favor physicians, but programs say they are struggling to keep up with demand.

It's late afternoon one day in early January when Brian Bossard, M.D., picks up the phone to talk to an internal medicine resident about employment opportunities.

What makes the conversation unusual is that Dr. Bossard, founder of Inpatient Physician Associates in Lincoln, Nebr., which employs 14 physicians, is talking about a position that will start in August 2007, or a year and a half away. In addition, he is making an offer to an internist who's not even halfway through her training.

"I've offered [positions] for 2007 to one physician already, and I'll probably do that for another one. You get them almost out of the cradle if you can," says Dr. Bossard with a weary chuckle.

Five years ago, such an approach to physician recruiting might have seemed extreme. In today's red-hot job market for hospitalists, however, it is an example of how programs and recruiters are doing whatever it takes to gain an edge.

A Buyer's Market

While Dr. Bossard and others recruiting hospitalists face a buyer's market, they say the term doesn't fully convey just how much choice physicians have when looking for work.

"There's been such a proliferation of programs that young doctors have six or seven opportunities, literally, that they can look at," says Dan Fuller, president and cofounder of Atlanta-based In Compass Health. The group staffs hospitalist programs in

27 hospitals, primarily in the Southeast, and contracts with a half-dozen others. "If you're a hospitalist with any kind of experience, you're a very hot commodity."

Kurt Mosley, vice president of business development for the national physician-recruiting firm Merritt Hawkins & Associates in Irving, Tex., agrees that physicians are calling the shots. "If a hospitalist doesn't have a malpractice issue," he says, "There is no such thing in America right now as an unemployed hospitalist. They're in that much demand."

Pinpointing Demand

Five years ago, it was relatively easy to identify the sources of demand for hospitalists. In 2001 and 2002, for example, a major growth spurt in the number of hospitalist programs was fueled by hospitals that were building new programs themselves or contracting with companies to create them.

David Joyce, president and CEO of the physician staffing firm Delphi Healthcare Partners in Raleigh, N.C., says that the sheer volume of new or revamped hospitalist services is largely responsible for the current recruiting crunch. He likens it to the 1970s, when recruiters were helping staff new emergency medicine programs.

"The demand for hospitalists now is almost insatiable because of the number of hospitals that have put in programs in the last few years," Mr. Joyce says.

Bidding Wars on the Horizon?

That pressure is only exacerbated at programs that have internal problems or inherent "flaws," according to Martin Buser, M.P.H., a founding partner of the national consulting firm Hospitalist Management Resources LLC.

"We come across groups all the time that say they've been advertising for a year and have barely gotten a nibble," Mr. Buser says. "They ask: 'What's wrong with me?' Often,

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the problem is that they're not externally competitive."

One chief problem, he explains, is that physicians already working for the group earn lower salaries than their peers. When the group "puts that in the market, no one responds," explains Mr. Buser, whose firm consults in program development and restructuring.

How much are hospitalists earning? All experts interviewed for this story agreed that salaries have risen significantly in the last two years. Informal estimates put hospitalist salaries in the \$165,000 to \$180,000 (or slightly higher) range in non-academic programs, a jump of \$10,000 to \$15,000 from just a few years ago.

Mr. Mosley adds that in some markets, hospitalists are earning \$20,000 to \$30,000 more than their office-based-practice counterparts.

Looking Beyond Pay

Some hospitalists might respond to the siren call of a big paycheck, but more experienced physicians are learning that their clout in the marketplace can command better working conditions.

Mr. Buser acknowledges that a poor salary package is only one problem that can raise a red flag among market-savvy hospitalists. Hospitalists are also on the lookout for unreasonable workloads, poor leadership, and high turnover, he says, and they are increasingly concerned about hospitalist programs' footing in the hospital. Hospitalists are asking about groups' contracts, as well as the funding and support they receive from the administration.

"If you're a hospitalist looking for a job right now, you probably have five to 10 offers," he explains. "Why would you take a position with a group that isn't solid or a program that's not well supported by the hospital?"

In addition, hospitalists who have heard horror stories from colleagues about insufficient specialist backup are increasingly looking for evidence that there's a good ER backup panel, Mr. Buser says. No one wants to be "left hanging out there" when they need help, he notes.

Finally, hospitalists with a few years of experience are increasingly eschewing not only programs that are reputed to have problems, but startups in general. "Many hospitalists who've been involved with new programs are saying 'No thanks, I'd rather plug in to an existing one,'" Mr. Buser says.

Deal-Breakers and Deal-Makers

Hospitalists have so much leverage when it comes to job-hunting that what they view as deal-makers and -breakers might surprise program heads and hospital administrators.

All other things being relatively equal, Mr. Mosley notes, hospitalists opt for programs offering high-tech features like wireless access to patient information, test results, or pharmacy. Voice-activated transcribing is another must-have on some hospitalists' list.

"That's becoming one of the new negotiating points for hospitalists: Who can provide the most wireless features, and who will pay for my BlackBerry?" Mr. Mosley says.

Parking convenience may not seem like an important consideration, but its lack has prompted some physicians to jump ship. "It may sound strange," Mr. Mosley acknowledges, "But I have heard of a few hospitals that have lost their hospitalists to a competitor because of parking hassles."

No Relief in Sight

Because every bubble must eventually burst, some hospitalist programs may be looking forward to the day that supply begins to meet demand. When asked whether any relief was on the horizon, however, everyone interviewed for this article replied with a resounding "no."

"I don't see any relief valve," says Dr. Bossard. "Internal medicine is not adding folks to the residency programs and traditional internal medicine is having a hard time recruiting. I see the shortage continuing."

Source: Bonnie Darves, the author, is a freelance writer specializing in health care. She is based in Lake Oswego, Ore. This article was adapted from the February 2006 issue of Today's Hospitalist magazine. The complete version of this article is available online at www.todayshospitalist.com.

MARKET WATCH

Physicians per 100,000 civilian population by census division

	Census division	Physicians	Population in millions	Physician/ population ratio
1	New England	58,945	14,205	415
2	Middle Atlantic	150,798	40,193	375
3	South Atlantic	163,782	54,344	301
4	East North Central	126,172	45,838	275
5	East South Central	43,015	17,342	248
6	West North Central	51,599	19,568	264
7	West South Central	76,631	32,853	233
8	Mountain	48,090	19,384	248
9	Pacific	139,483	47,082	296

Source: American Medical Association 2005; H&HN Research, 2005.

U.S. Census Regions



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New NEJM Advertising Sales Rep!



Effective February 6, 2006, Kelly Cullen became the newest sales representative on the NEJM Classified Advertising Team. Prior to joining NEJM, Kelly was employed as a Leasing Associate at Lincoln Property Company based out of Dallas, Tex. Her responsibilities included leasing luxury apartments, giving site tours of the property, as well as managing the day-to-day needs of her resident clients.

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AND MEDICAL
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www.napr.org

**Association of
Program Directors in
Internal Medicine**
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Philadelphia, PA
(800) 622-4558
www.apdim.med.edu

**American College
of Physicians**
April 5–8, 2006
Philadelphia, PA
(800) 523-1546,
ext. 2544
www.acponline.org

**Michigan Recruitment
& Retention Network**
May 21–23, 2006
Traverse City, MI
kim.keller@sparrow.org

**Carolinas Association of
Physician Service**
May 7–9, 2006
Asheville, NC
escues@drmc.drhsi.org

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