

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

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## Forging a New Partnership with Physicians to Increase Satisfaction and Reduce Turnover

Historically, a physician's decision to affiliate with a hospital has been based on a clinical and financial calculation. Does this facility have the infrastructure and the reputation for quality care to meet my practice needs and desire to help patients? Is this a place where I can make enough money, given reimbursement pressures and the cost of malpractice insurance? These are also the time-tested ingredients of physician satisfaction, and the underpinning of hospitals' retention strategies. Today, a third — and potentially more important — variable has entered the equation: is the hospital administration interested in a true partnership with its physicians?

The question is far from academic. The Center for Studying Health System Change conducted a study of 12 representative hospital markets, which was published in the September/October 2008 issue of the policy journal *Health Affairs*. This study found that more referring physicians are becoming disengaged from hospitals, refusing to serve on medical staff committees or to take emergency call. These doctors are increasingly opening competing facilities, such as ambulatory surgery centers or specialty hospitals. The numbers are startling: the Centers for Medicare and Medicaid Services found in a June 2007 survey that the number of ambulatory surgery centers nationally increased by 55% to 4,707 in just six years, with four out of five of those facilities owned solely by physicians.

## A Means of Engagement

Press Ganey Associates' 2008 *Hospital Check-Up Report — Physician Perspectives on American Hospitals* highlights a number of opportunities to improve relations with the medical staff, increase physician engagement with the hospital, and reduce the risk that doctors will open competing facilities. More importantly, our new physician partnership model, unveiled in October 2008, promises a more accurate means of measuring physician engagement and sets forth a roadmap for building true and lasting alliances. Together, they offer the means to making physician recruitment and retention a far easier "sell" in today's difficult climate for hospital-physician relations.

In the report, the National Physician Priority Index — an amalgam of experiences of nearly 28,000 doctors — finds that for the third straight year, physicians' number one priority for improvement is the administration's responsiveness to their needs and ideas. Four of the top five priorities concern administration-physician relations.

Physicians' survey responses also provide some steps administrators can take to address those concerns. Basically, doctors want to establish an ongoing dialogue with top management by securing a seat at the table where key decisions are made. A key topic of conversation at that table ought to be a factor of common interest — the patient. The *Check-Up Report* found that by regularly asking physicians what they need to care for patients and striving to meet these needs will not only help patients; it will also improve the relationship with physicians and enhance physician engagement. It also is a fruitful dialogue from a

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Worldwide Advertising Sales  
and Marketing Department  
in the Publishing Division of  
the *New England Journal  
of Medicine*.

To submit articles, or for  
more information about  
RPT, please contact the  
*New England Journal  
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bottom-line perspective. Press Ganey research consistently finds that the more satisfied physicians are with a hospital, the more patients they refer (see Market Watch chart).

The hazards of not communicating are spelled out in comment after comment on the survey forms, including this one: "I am concerned that the administration and the board are completely disengaged; they should have far more involvement in the life of the hospital and the medical staff and should be required to spend one eight-hour shift each year as an observer in the ICU, labs, the OR and ER, one of our nursing stations, etc."

**Issues of Quality**

These are specific issues that affect a physician's ability to provide high-quality care to patients, and reveal the need for improved efficiency and communication throughout a facility. Of particular concern is scheduling — for tests/therapy, inpatient surgery, or outpatient surgery. Only 72.3% of physicians were satisfied with ease of scheduling, well below other aspects of hospital operations. That's a problem with serious bottom-line ramifications. Surgeons are the least satisfied of all physicians in hospitals, with 12 out of 14 surgical specialties reported overall satisfaction levels below the mean score of 72.5%. These specialties include doctors who bring in some of the highest-margin patients to hospitals, such as cardiovascular surgeons.

Solving problems such as scheduling is a necessary means of addressing physician satisfaction, but, as noted above, hospitals have to go much further in building new relationships with their referring physicians. What's needed today is a true business partnership between doctors and hospitals. In successful business partnerships, each party provides something valued by the other, and gets something valued in return. The "norm of reciprocity" demands that in

the long run, both partners derive value commensurate with their contributions. Otherwise, the relationship will fail.

The revamped Press Ganey Physician Partnership Survey continues to ask questions that gauge physician satisfaction, but now it includes questions that assess engagement in the facility. Depending on where they land on the continuum of satisfaction and engagement, even some highly satisfied physicians may be content to simply practice medicine and watch others participate in the life of the hospital. "Dedicated partners," on the other hand, actively take part in hospital medical staff activities, committee work, teaching, and other activities for which they don't get paid but fulfill their desire for professional fulfillment.

In other words, you can't leverage mere satisfaction for higher levels of retention, effort, advocacy, or outcomes. The engagement connection with employees and physicians can be either with the organization or the mission/work itself; it is much more powerful and prevalent with the latter. Engagement is manifest when physicians say they would recommend their organization for health care services or employment.

**A Roadmap to Partnership**

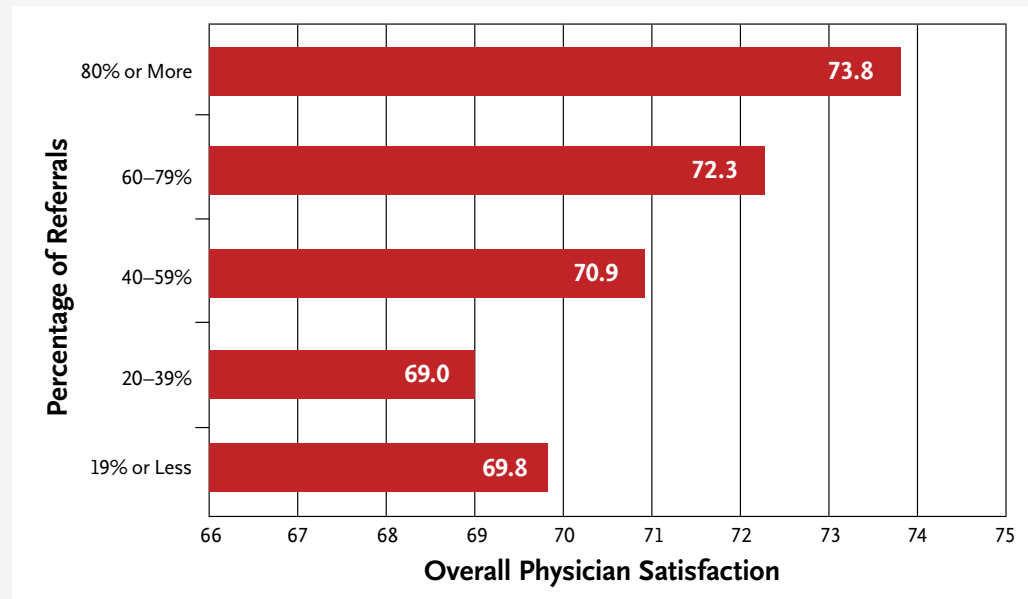
Press Ganey identified five physician partnership principles: quality of care, ease of practice, communication and responsiveness, involvement in planning, and confidence and trust. Those principles are fulfilled through a number of steps hospitals should take as they forge this new bond with their medical staffs:

- Create a common language that the C-suite and physicians can use to understand in concrete terms what their respective roles are in the partnership.
- Determine what level of partnership you already have with your physicians, using confidential research and follow-

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**MARKET WATCH**

**Referrals to the Hospital by Physician Satisfaction Score**



*Represents the experiences of 27,671 physicians practicing at 302 hospitals/facilities nationwide between January 1 and December 31, 2007*

*Source: Hospital Check-Up Report 2008: Physician Perspectives on American Hospitals. © 2008 by Press Ganey Associates, Inc., [www.pressganey.com](http://www.pressganey.com).*

*(continued from page 2)*

up interviews that paint a comprehensive picture of the culture. Then establish an attainable goal for the organization to achieve a higher level of partnership, specifying what each party gets from the relationship.

- Develop a plan with key medical staff leaders and representatives from the general medical staff to achieve your targets. Make sure these physicians not only take part in the development of the plan, but have a key role in its activities.
- Finally, frequently check in with your new partners to ensure that the new roadmap is being followed. Hospital leaders and physicians must share responsibility to ensure that actions are carried out.

As the data from Press Ganey surveys and others show, the time to take action is now. Physicians remain the lifeblood of every hospital. They state clearly their desire to be hospitals' partners. Hospital must follow through on their end of the bargain by acting before lucrative referral relationships rupture over highly solvable problems.

*Source: Debbie Paller, MBA, is vice president of the Physician and Employee Business Unit of Press Ganey Associates, Inc., a national research and consulting firm that provides a range of services around health care process improvement. She can be reached at [dpaller@pressganey.com](mailto:dpaller@pressganey.com) or (800) 232-8032. To receive a copy of the study, please visit [www.pressganey.com](http://www.pressganey.com).*

**What's New at NEJM?**

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AND MEDICAL  
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of Hematology\***  
December 6-8, 2008  
San Francisco, CA  
[www.hematology.org](http://www.hematology.org)

**Massachusetts Medical  
Society Physician Job Fair\***  
February 7, 2009  
Waltham, MA  
[etally@mms.org](mailto:etally@mms.org)

**American College  
of Cardiology\***  
March 29-31, 2009  
Orlando, FL  
[www.acc.org](http://www.acc.org)

**American College  
of Physicians\***  
April 23-25, 2009  
Philadelphia, PA  
[www.acponline.org](http://www.acponline.org)

**Association of Program  
Directors in Internal  
Medicine\***  
April 27-29, 2009  
Dallas, TX  
(800) 622-4558  
[www.im.org/APDIM](http://www.im.org/APDIM)

**Society of Hospital  
Physicians**  
May 14-16, 2009  
Chicago, IL  
[www.hospitalmedicine.org](http://www.hospitalmedicine.org)

\*Call (800) 635-6991 for more details on FREE bonus convention distribution of your paid recruitment ad at these conventions in select issues of NEJM.

**PROMOTIONAL NOTES/NEWS**

**Early Closing Dates for NEJM Issues!**

As a courtesy, we want to remind you that the closing dates for the *New England Journal of Medicine* are at least one day earlier for the next several weeks during the holiday season.

Below you will find the issue and closing dates for the weeks affected by the earlier deadlines. This information is also included in your 2008 and 2009 Classified Advertising Rate Cards. Rate cards are available online at [www.nejmjobs.org/employers/employer\\_index.aspx](http://www.nejmjobs.org/employers/employer_index.aspx) in the "Print and Online Ad Packages" section. If you would like to receive a hard copy of the 2009 rate card, please e-mail your request to [nejmjobssupport@nejm.org](mailto:nejmjobssupport@nejm.org).

Issue	Line/Fract. Close*	Issue	Line/Fract. Close*
November 27	November 6	January 1	December 10
December 4	November 13	January 8	December 16
December 11	November 19	January 15	December 22
December 18	November 25	January 22	December 31
December 25	December 4		

\*Closing dates for full-page ads are generally seven days prior to the materials due dates. Please call the NEJM Recruitment Advertising Department for more details at (800) 635-6991.

**Reach Over 30,000 Final-Year Residents and Fellows for FREE with the February 26, 2008, Resident Reach Issue!\***

Run a paid advertisement in the February 26 Resident Reach issue of the *New England Journal of Medicine*, and in addition to the 200,000 physicians that read NEJM regularly, you'll reach approximately 30,000 final-year residents and fellows in ALL specialties for FREE!\*

Your ad will be reprinted in a special booklet and mailed to these job-seeking physicians, giving you the best access to the candidates. You can also connect to thousands of top physicians online, as your ad can also be posted to NEJM CareerCenter ([nejmjobs.org](http://nejmjobs.org)).\*\*

Issue	Closing Date	Specialties
February 26	February 6	All Specialties — Over 100!

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\*The recruitment section of the February 26 NEJM issue is reprinted and mailed to approximately 30,000 final-year residents and fellows in all specialties whose address records appear in the AMA database. Counts are estimates only and are subject to change based on data collected by the AMA.

\*\*Processing fees may apply to posting your ad to the searchable part of the website.