



# Navigating the Neurologist Shortage

Tactics to maximize capacity and retain physicians

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# The Neurologist Shortage: An Unsolvable Challenge?

## Hospitals Struggling to Hire Neurologists

In May 2019, there were over 400 open neurology provider positions in the U.S.<sup>1</sup> By 2025, estimates show that demand for neurologists will exceed supply by 19%.<sup>2</sup> Typically, organizations respond to physician shortages by investing in recruitment strategies that they assume will help them compete for top talent. However, current market conditions make it difficult to fill neurology positions, even with the best offers.

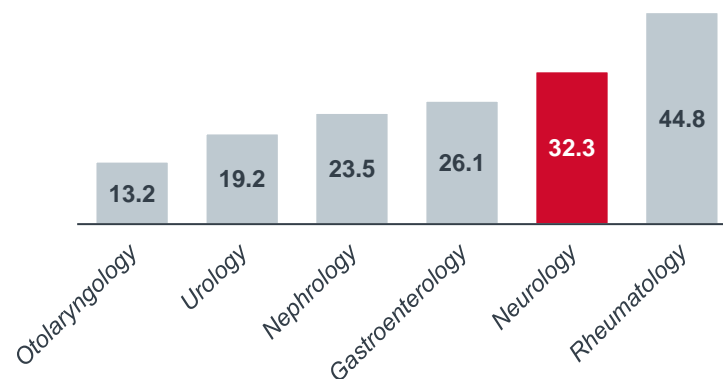
## Shortage Impedes Patient Access, Impacts Hospital Growth

The shortage has detrimental effects on organizations' ability to provide high-quality patient care – limited patient access to care is one of the most evident effects. While long wait times for new patient appointments are a challenge across specialties, neurology is one of the most difficult for patients to access. According to a 2016 study, new neurology patients had to wait 32.3 days on average to schedule a first appointment.

### Average Wait Time in Days for New Patient, First Appointment<sup>3</sup>

*AthenaHealth Study, 2016*

n = 626,000 appointments



Wait times can be even longer for certain neurology subspecialties. For example, a study examining wait times at 91 Parkinson's disease centers in the US found that the average wait time for the next available appointment ranged from 2 days to 8 months, averaging about 2.2 months.<sup>4</sup>

The neurology access problem is only going to get worse. According to the US Census Bureau, the proportion of Americans over 65 is expected to grow from 13.7% in 2012 to 20.3% in 2030.<sup>5</sup> As the population ages, the incidence of neurological conditions will also rise, as many are linked to aging.<sup>6,7,8</sup>

Beyond patient access, hospitals looking to develop a neurosurgical program capable of caring for the most complex patients cannot overlook the importance of neurology capacity. Neurologists manage foundational inpatient neuroscience services (e.g., non-

1) American Academy of Neurology, "Career Center". Accessed May 14, 2019. Available at: <https://careers.aan.com/jobs/>.  
2) Dall T, et al., "Supply and Demand Analysis of the Current and Future US Neurology Workforce," *Neurology*, 81, no. 5 (2013): 470-478.  
3) Hayhurst C, "The Doctor Will See You...Sometime," *AthenaInsight*, <https://www.athenahealth.com/insight/doctor-will-see-you-sometime>.  
4) Holms K, et al., "How Long is the Wait to See a Specialist in Parkinson's Disease in the United States?" *Neurology*, 86, no.16 (2016).  
5) Ortman J, Velkoff V, "An Aging Nation: The Older Population in the United States," *US Census*, (2014): 25-1140, <https://www.census.gov/prod/2014pubs/p25-1140.pdf>.  
6) Alzheimer's Association, "2016 Alzheimer's Disease Facts and Figures," *Alzheimer's and Dementia*, 12, no. 4, (2016): 1-84.  
7) The Internet Stroke Center, "Stroke Statistics," <http://www.strokecenter.org/patients/about-stroke/stroke-statistics/>.  
8) Driver J, et al., "Incidence and Remaining Lifetime Risk of Parkinson Disease in Advanced Age," *Neurology*, 72, no. 5, (2009): 432-438.

interventional stroke care and medical admissions), and neurosurgical patients often require outpatient follow-up neurology care.

## Focus Efforts on Market Factors Within Providers' Control

Today's undersupplied market is exacerbated by several factors. Some, like the trend toward sub-specialization, physicians' geographic preferences, the chronic nature of neurological conditions, and patient demographics are beyond providers' control.

### Market Factors Providers Cannot Control

#### Supply of Neurologists

##### *Trend Toward Sub-specialization*



Neurology residents are encouraged to sub-specialize by completing a fellowship instead of practicing general neurology, which perpetuates the low supply of general neurologists

##### *Geographic Practice Preferences*



Access to neurology care varies across the US, such that some states like Wyoming, South Dakota, South Carolina, and Oklahoma, are considered dementia neurology "deserts".<sup>9</sup>

Neurologists rank location as their primary consideration in choosing a position. Most prefer to live in large cities with access to academic research opportunities.

#### Demand for Neurologists

##### *Chronic Nature of Neurological Conditions*



Many neurodegenerative and motor-neuron diseases require long-term care management and multidisciplinary collaboration.

Patients recovering from an acute neurological condition often require long-term care (e.g., stroke rehab)

##### *Demographics*



**Aging:** The volume of patients with dementia is increasing as the population ages, elevating the demand for neurology services.<sup>10</sup>



**Behavioral/Socioeconomic:** Rising rates of obesity and diabetes causing strokes to take place in younger patients, ultimately leading to longer-term care needs and rehabilitation.<sup>11</sup>

### Market Factors Providers Can Control

To drive meaningful changes, providers must design responses specifically targeted to three factors within their control: use of neurologists' time, how well programs retain neurologists, and the recruitment strategies they use. Because Advisory Board Research has published several resources that provide tactical recommendations for developing an advanced recruitment strategy, this brief will focus on the first two factors.

#### 1 Utilization of Neurologist Time

Organizations must optimize utilization of the existing neurologist workforce to enhance current clinic capacity and enable growth. This playbook outlines seven tactics for ensuring efficient utilization of neurologists' time across three challenges that arise when physician time is improperly used: neurologists burdened by

9) Alzheimer's Association. "Regional Shortage of Neurologists Revealed Across the U.S." July 16, 2017. Available at: <https://www.prnewswire.com/news-releases/regional-shortage-of-neurologists-revealed-across-the-us-300488828.html>.

10) American Neurological Association, "The Burden of Neurological Disease in the United States: A Summary Report and Call to Action," *Neurology*, 81, no. 4, (2017): 479-484.

11) Hughes S, "Stroke Rates Increasing in Under 50s," *Medscape*, <https://www.medscape.com/viewarticle/872364>; Swerdel J, et al., "Ischemic Stroke Rate Increases in Young Adults: Evidence for a Generational Effect?" *Journal of the American Heart Association*, 5, no. 12, (2016): 1-10.

inappropriate cases, patients unable to schedule necessary appointments, and programs that seek to provide all neurology services patients may need.

## **2 Neurologist Retention**

In an effort to retain neurologists, organizations should invest in programs and processes that improve physician satisfaction. This playbook reviews tactics for minimizing call coverage and administrative responsibilities, and developing positive contractual relationships with physicians.

## **3 Recruitment Strategies**

While recruitment is more difficult for many organizations given the shortage, physician recruitment is not a new challenge or one that is unique to the neuroscience service line. As mentioned above, Advisory Board Research has published several resources on this topic. Please be in touch with your relationship manager if you're interested in these materials.

Advisory Board research indicates many organizations have not focused on these aims in the context of combatting the neurologist shortage. Some underestimate the impact of the shortage, often underestimating the importance of neurology providers relative to other specialists. Others feel helpless given the scale of the problem. And some solely focus on recruitment, overestimating its effectiveness in alleviating the capacity constraints conferred by the shortage.

# Maximize Existing Neurologist Workforce Capacity

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To meet growing neurology demand, neurologist time must be used effectively and sustainably. Yet three programmatic challenges often stand in the way: inappropriate cases that overburden neurologists, inefficient scheduling practices that reduce neurologist capacity, and programs that attempt to satisfy all patient needs.



## Challenges Associated with Improper Use of Physician Time

*Neurologists burdened by inappropriate cases*

*Rigid, inefficient scheduling processes*

*Programs attempt to satisfy all patient needs*



## Strategies to Optimize Utilization of Neurologist Time

I. Determine true patient need for a neurologist appointment before scheduling a visit

II. Develop efficient scheduling and intake processes

III. Build telehealth capabilities to fill care gaps, tap into broader existing neurologist workforce



## Tactics

1. Enhance call center triage capabilities
2. Provide referral decision support to PCPs
3. Partner with PCPs to identify opportunities for shared patient care
4. Use flexible scheduling to prioritize appointments based on patient acuity
5. Expand APP roles to enable autonomous work
6. Offer patients a choice in providers
7. Partner with a local provider that offers specialty expertise

# I. Determine true patient need for a neurologist appointment before scheduling a visit

Neurologists' time is often clogged with inappropriate appointments, such as patients who should be seen by a different specialist and those who do not require specialist treatment at all. Given that neurologists already struggle to meet patient demand, it is important for organizations to identify true patient need before an appointment is scheduled.

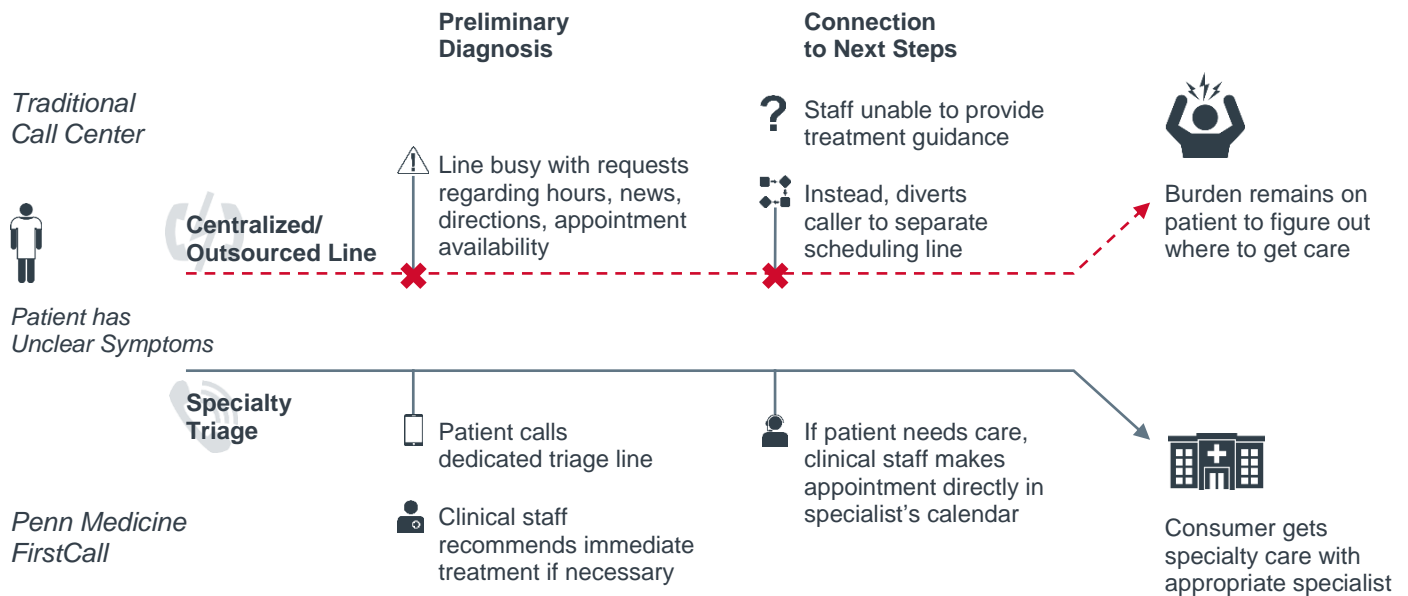
## 1. Enhance call center triage capabilities

Typically, patients' first interaction with the health system is through the call center. Traditional call centers are often ill-equipped to provide care guidance. To bridge this gap between the caller and services, organizations can provide "translators" in the call center who can help direct patients to the right specialist, thereby ensuring appropriate utilization of physician time.

Penn Medicine Center for Health Care Innovation developed the FirstCall remote triage line in an attempt to reduce ED utilization and direct patients to more appropriate and lower cost sites of care. The FirstCall line connects callers with clinical staff, either nurses or physicians, who listen to patients' symptoms over the phone and subsequently suggest either home remedies or an ED/clinic visit. Staff are granted access to Penn Medicine specialists' schedule availability and can make appointments for the patient directly. In the first eight months of implementing the FirstCall system, providers at Penn Medicine routed 46% of callers to in-person specialty visits.

The distinction between FirstCall and a traditional call center is the clinical staff. This is an expensive investment, and for some providers, it might not always be worth the cost. Yet giving staff access to specialist's schedules ensures optimal care utilization, critical to avoiding inappropriate use of neurologist time.<sup>12</sup>

### Penn Medicine FirstCall System Directs Patients to the Right Care



12) Advisory Board Research: Market Innovation Center. "The Retail Service Line: Designing specialty care access points to attract self-referring consumers". 2017. Available at: <https://www.advisory.com/solutions/planning-2020/research-briefings/2017/-/media/Advisory-com/Solutions/Planning-2020/Research-briefings/2017/The-Retail-Service-Line>.

Alternatively, organizations can connect callers with the right services by equipping non-clinical administrative staff with guidance on where to direct patients. Shelby Clinic provides non-clinician staff in the call center with a symptom-service line crosswalk. For example, if the patient says they have pain when lying down, the staff would know to send the patient to the pain management or orthopedics service line. Given that patients do not consider their health needs in terms of traditional service lines, staff who create an easy path from symptoms to care can better lead patients to appropriate specialty services.<sup>13</sup>

### Shelby Clinic Service Line Crosswalk



## 2. Provide referral decision support to PCPs

The referral pathway for neurology patients is often ambiguous and complicated, making it challenging for PCPs to navigate. As a result, waitlists back up and delay access to care. To streamline the referral process, reduce inappropriate referrals, and ensure patients receive timely care, consider providing referral decision support to PCPs.

At the McPhee Health System, a pseudonymed organization in the West, neurologists developed a system to empower PCPs to handle each step in the patient care pathway. This system included a list of questions to help PCPs assess patients' symptoms, provided imaging and diagnostic test recommendations for a given set of symptoms, outlined treatment steps, and highlighted signs to look for that would suggest the patient should be sent to a subspecialist.<sup>14</sup>

Some organizations are taking a more proactive approach by offering PCPs direct communication lines to specialist expertise. Due to the costs associated with such customized support, these services typically only support the most complex referral pathways, of which neuroscience is one. St. John Providence Health System, located in Michigan, created a 24/7 NeuroOnCall service which gives affiliated community PCPs direct access to neuroscience specialists. These specialists can direct PCPs making the referral to the right provider.<sup>15</sup>

### Key Features of NeuroOnCall at St. John Providence



#### Extended Hours of Operation

Provides PCPs with 24/7 access to specialist expertise



#### Comprehensive Subspecialty Coverage

Offers expertise in wide range of subspecialties including complex spine, stroke, and epilepsy



#### Expedited Appointment Scheduling

Allows PCPs to schedule an expedited patient appointment if necessary

<sup>13</sup> Pseudonym; Advisory Board Research: Market Innovation Center. "The Retail Service Line: Designing specialty care access points to attract self-referring consumers". 2017. Available at: <https://www.advisory.com/solutions/planning-2020/research-briefings/2017/-/media/Advisory-com/Solutions/Planning-2020/Research-briefings/2017/The-Retail-Service-Line>.

<sup>14</sup> Pseudonym; Advisory Board Research: Technology Insights. "Addressing the Neuroscience Physician Shortage: Strategies for Efficient Resource Use." 2013.

<sup>15</sup> Advisory Board Research: Service Line Strategy Advisor. "Creating a Primary Care Strategy for Service Lines: 10 Imperatives for Exceeding the Service Expectations of Referring Physicians". 2015. Available at: <https://www.advisory.com/research/service-line-strategy-advisor/research-briefs/creating-a-primary-care-strategy-for-service-lines>.



PCPs appreciate the on-demand access to specialists this call center provides, along with the improved clinic availability.

### 3. Partner with PCPs to identify opportunities for shared patient care

Some neurological conditions that involve straightforward interventions may be suitable for PCPs to manage for regular check-ups instead of neurologists. Off-loading some of these lower acuity cases to PCPs leaves more time for neurologists to manage complex patients. To successfully implement such a partnership, neurologists must enfranchise PCPs in determining which diagnostic tests and treatment steps they can feasibly take on to manage patients before referring patients to a specialist.

Algorithms that outline specific diagnostic tests, treatment steps, and referral decision points help PCPs keep patients in their own office; simultaneously they create space in neurologists' schedules to prioritize complex cases that require specialized expertise. Although developing these protocols and educating PCPs requires an upfront time investment, doing so can create capacity to absorb the growing demand for neurological care down the line.

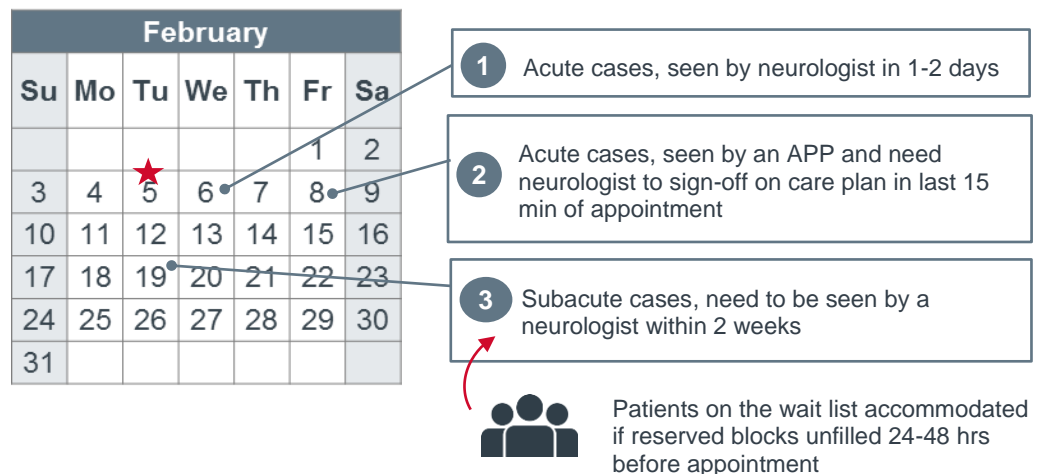
## II. Develop efficient scheduling and intake processes

Even when patients have been identified as suitable for a neurologist appointment, it can be difficult to find offices with availability.

### 4. Use flexible scheduling to prioritize appointments based on patient acuity

Neurology patient referrals vary in their acuity, but when patients need to be seen quickly, providers must be prepared to accommodate them. Witter Health System, a pseudonymed organization based in the Midwest, uses a flexible scheduling system, which sets aside appointments in anticipation of acute and subacute cases. In this system, three spots are reserved on neurologists' calendars: acute cases that need to be seen by a neurologist in 1-2 days, acute cases that need to be seen in 1-2 days by an APP including 15 minutes at the end with a neurologist; and subacute cases that need to be seen by a neurologist within 2 weeks. Patients on the waitlist are accommodated if reserved subacute blocks are not filled 24-48 hours before the appointment. This proactive scheduling process reduces patients' time to appointment by using APPs and neurologists at top-of-license.<sup>16</sup>

#### Flexible Scheduling to Reserve Spots on Neurologist Calendars



16) Pseudonym; Advisory Board Research: Technology Insights. "Addressing the Neuroscience Physician Shortage: Strategies for Efficient Resource Use." 2013.

## 5. Expand advanced practice provider (APP) roles to enable autonomous work

Historically, advanced practice providers (APP) served as physician extenders whereby physicians maintained a high level of APP oversight and patient involvement. Because this model required physicians to see all patients, the care team could only accommodate as many patients as the physician could see alone.

To expand the care team's capacity, organizations are increasing APP autonomy. Independently, APPs can see patients in the clinic, provide diagnostic and therapeutic care, manage pre- and post-op care, assist in surgery, and write prescriptions. Sharing these duties with APPs increases physician capacity and maximizes time spent on top-of-license responsibilities. While primary care practices have been quicker to adopt this model, the opportunity is just as significant in specialty practices.

Potential challenges associated with incorporating APPs into physician practices are reduced satisfaction from referring providers and patients, staffing conflicts between APPs and MDs, and flawed compensation models.

To facilitate a productive and collaborative APP model, some organizations have developed formal courses that include shadowing a preceptor, 3-6 months of didactic subspecialty training, and a practical clinical evaluation.

## 6. Enhance efficiency by offering patients a choice in providers

Although the neurologist shortage is widespread, some providers have more capacity than others. To take advantage of this variation, organizations can offer patients the choice to see their requested provider or another provider in the practice who can offer an earlier appointment.

APPs with sub-specialized training in neurology, for example, often have greater availability compared to neurologists, and they are capable of treating patients across the care continuum with minimal physician involvement. The faculty group at Potter University Medical Center, a pseudonymed academic medical center in the Northeast, has taken this approach in their pediatric neurology practice. Facing long wait times for headache care, the specialty leadership decided to give patients a choice—see a nurse practitioner in one week or a physician in approximately three months. Offering patients the choice eliminated concerns about patient dissatisfaction or loss of referrals due to provider preferences.<sup>17</sup>

## III. Build telehealth capabilities to improve access to otherwise unavailable services

In light of the neurologist shortage, attempting to provide all the care that neurology patients may need in-house can cause neurologist burnout. To fill gaps in the care pathway, organizations can leverage telehealth capabilities to connect patients with the right specialists, regardless of where the patient seeks care.

For almost 20 years, hospitals have used telemedicine to improve access to emergency stroke treatment. Today, about 20% of hospitals say they plan to implement a teleneurology program in the future that will help them connect patients with other neurology specialists.<sup>18</sup>

17) Pseudonym; Advisory Board Research: Medical Group Strategy Council. "Realizing Full Value of the Care Team: Strategically Deploying Advanced Practitioners to Expand Access and Coordinate Care." 2013. Available at: <https://www.advisory.com/research/medical-group-strategy-council/studies/2013/realizing-full-value-of-the-care-team>.

18) "Closing the Telehealth Gap," Avizia (2016). Accessed at: <https://www.avizia.com/telehealth-report-2016-closing-the-telehealth-gap>.

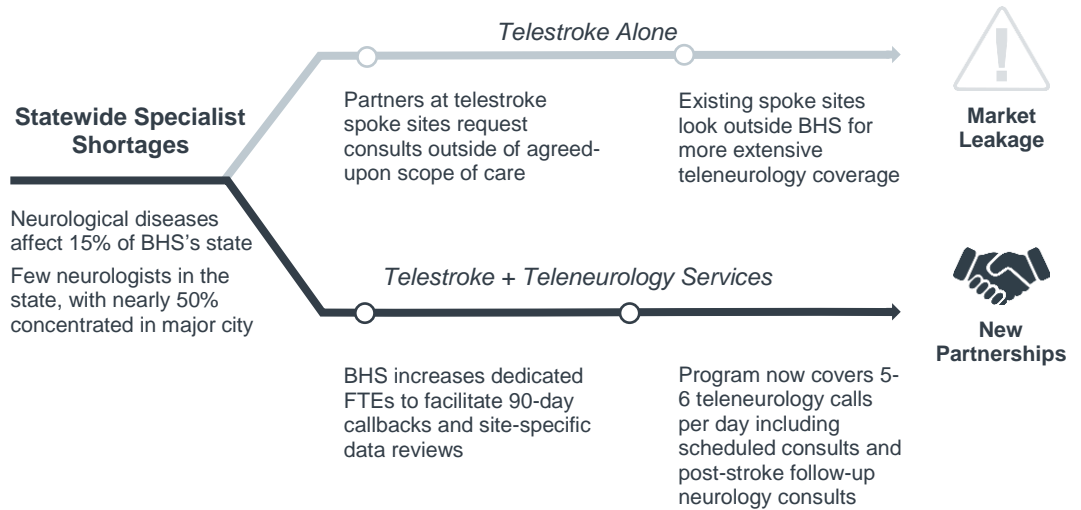
## 7. Partner with a local provider that offers specialty expertise

In some states, access to neurology services is unevenly distributed, leaving rural populations underserved.

Faced with an uneven distribution of neurologists throughout its service area, Briarwood Health System<sup>19</sup> (BHS), a pseudonymed health care system in the Southeast, developed a telestroke network. The system launched the telestroke network in 2009 to improve patient access to neurologic expertise, evaluation, and treatment. By July 2015, the telestroke service had provided expert stroke consultation to over 9,000 stroke patients.

When demand for neurology wraparound services grew, program leaders expanded the telestroke network to include remote EEG testing and interpretation, and 24/7 coverage for a variety of neurologic conditions including migraines, altered mental status, seizures, multiple sclerosis, and Parkinson's disease. In doing so, the system could grow its service offerings without recruiting additional neurologists.<sup>20</sup>

### Teleneurology Leaders Managing Lengthy Waitlist for New Spoke Sites



<sup>19</sup> Pseudonym.

<sup>20</sup> Service Line Strategy Advisor research and analysis.

# Retain Neurologists at Your Organization

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At a time when the neurologist shortage is so acute that organizations may struggle for months to hire a physician, retaining current neurologists is crucial. Organizations can do so by targeting two factors that drive neurologist dissatisfaction: the burden of less-attractive responsibilities and the perceived undervaluation of neurologist time and effort.



## Factors Leading to Neurologist Dissatisfaction

*Neurologists are overburdened by call coverage, administrative responsibilities*



## Strategies to Retain Neurologists

I. Minimize unappealing responsibilities

II. Develop a positive contractual relationship



## Tactics

8. Optimize utilization of hospitalists
9. Transfer administrative duties off physicians' to-do lists

10. Set expectations from the start
11. Reward physicians who go above and beyond
12. Engage physicians in defining work-life balance
13. Give physicians autonomy to determine how they meet operational objectives

*Neurologists feel compensation does not reflect the work put in*

# I. Minimize unappealing responsibilities

## 8. Optimize utilization of hospitalists

One approach to reduce call coverage responsibilities for neurologists is to expand the role of hospitalists to cover ED and inpatient neurology care. Because hospitalists practice at the hospital, they can immediately respond to urgent cases in the ED such as stroke. On the inpatient side, they can direct all aspects of care.

Leery Hospital, a pseudonymed facility located in the Northeast, turned to hospitalists for support when neurologists became overwhelmed with call coverage due to high stroke volumes. Because stroke requires an immediate response, neurologists had to cancel outpatient appointments to attend to stroke patients. Turning to hospitalists surfaced as a viable opportunity given their expertise in hospital medicine, experience following protocols, and immediate availability in the ED. Stroke alerts at Leery Hospital are now managed by hospitalists, with neurologists called for IV-tPA support.<sup>21</sup>

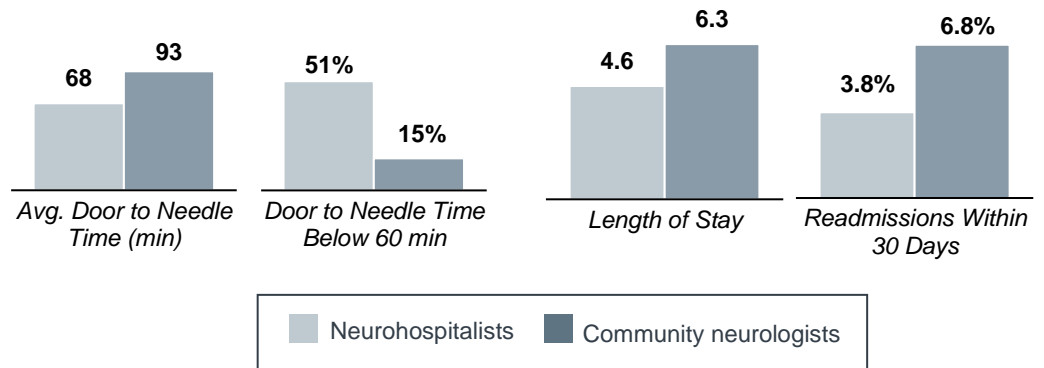
Deploying hospitalists for stroke call in the ED addresses issues pertaining to neurologist retention, and industry research suggests this solution leads to improved care quality as well.

### Shorter Door to Needle Times Achieved by Neurohospitalists<sup>22</sup>

n = 60 patients treated by neurologists  
n = 47 patients treated by neurohospitalists

### Higher Quality Outcomes Achieved by Neurohospitalists<sup>23</sup>

n = 343 patients treated by neurologists  
n = 436 patients treated by neurohospitalists



Organizations should consider defining the hospitalist role and program goals up front, developing a call coverage calendar including hospitalists, and enfranchising hospitalists to participate in development of stroke call protocols.

## 9. Transfer administrative duties off physicians' to-do lists

Physicians have a growing administrative to-do list that limits their most important and satisfying work—seeing patients. Practices also risk lost revenue opportunities due to fewer visits, as a growing proportion of providers' time is spent on non-revenue-generating activities. An analysis of physician time allocation of ambulatory practices shows physicians spend just 27% of their time on direct clinical face-time with patients and 73% of their time on administrative, non-clinical tasks.<sup>24</sup>

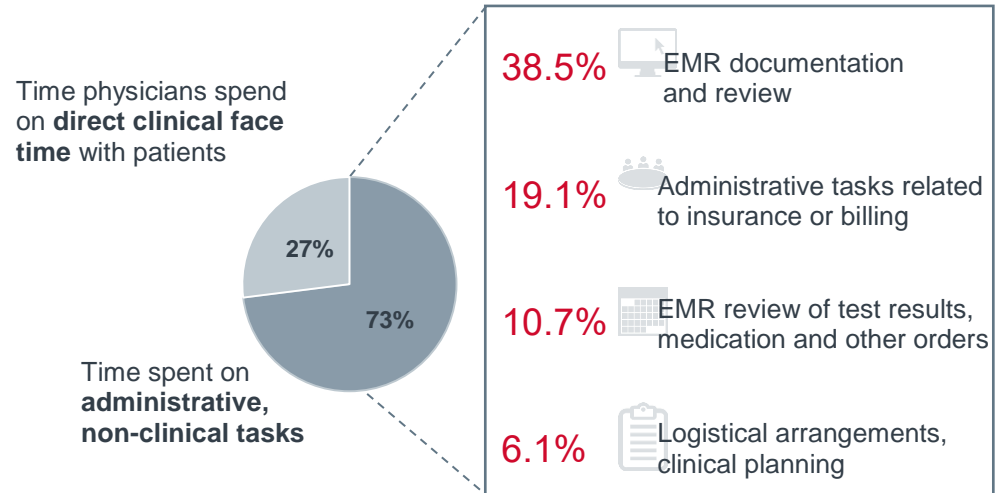
21) Pseudonym; Advisory Board Research: Technology Insights. "Addressing the Neuroscience Physician Shortage: Strategies for Efficient Resource Use." 2013.

22) Bhatt A, Shatila A, "Neurohospitalists Improve Door-to-Needle Times for Patients with Ischemic Stroke Receiving Intravenous tPA." *Neurohospitalist*, 2, no. 4, (2012): 119-122.

23) Douglas V, et al., "Effect of a neurohospitalist service on outcomes at an academic medical center," *Neurology*, 79, no. 10, (2012): 988-994.

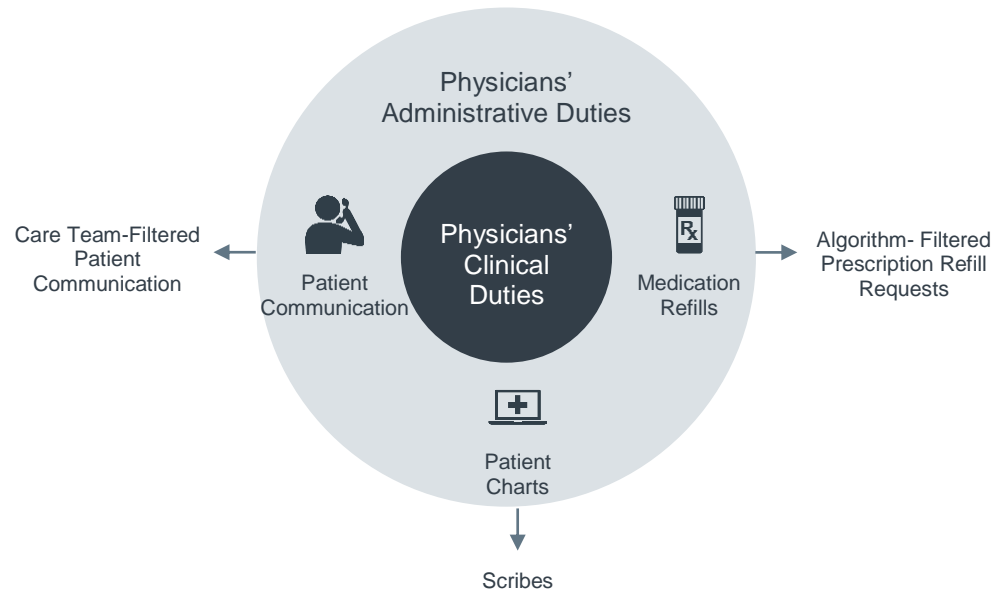
24) Sinsky C, et al., "Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties," *Annals of Internal Medicine*, 165, no. 11, (2016): 753-760.

## Allocation of Physician Time in Ambulatory Practice



Organizations can use the following three strategies to help reduce the burden of administrative obligations: scribes, care-team filtered patient communication, and protocol-driven medication refills.

## Practice Offloads Administrative Duties to Non-MD Staff



Scribes are a hotly debated topic. On the one hand, they appear to improve efficiency, but on the other hand, they are arguably an unnecessary cost. Advisory Board research indicates scribe investment can be justified in three situations:

- To enhance productivity by improving chart closure and patient satisfaction, tracking quality measures, and accurately coding procedures
- To improve provider wellness by mitigating burnout and preventing early retirement

- To serve as a strategic investment to reward especially high productivity, retain top performers, and encourage providers to take on new initiatives

While scribes can be a powerful tool, physician practices will only realize the full benefit of deployment if physicians modify their workflows and meaningfully delegate documentation-related tasks to scribes.<sup>25</sup>

In addition to scribes, care-team filtered patient communication also can help mitigate burnout by reducing physicians' administrative duties. Physicians are inundated with emails from patients, many of which can be triaged by nurses. At Mercy Clinic—Rolla, a multispecialty practice part of Mercy Health System in Rolla, Missouri, all patient phone calls and portal messages are directed to a centralized call center. At the call center, nurses and schedulers address as many questions as possible and forward the remainder to care team nurses or physicians in the office.<sup>26</sup>

Lastly, protocol-driven medication refills can reduce unnecessary physician time spent on refills. Physicians spend on average two hours per week on medication refills, 90% of which is for recurring or non-controlled medications. Instead of processing prescription refills, physicians could accommodate eight additional patient visits each week. To capitalize on this opportunity, Howitzer Health developed an algorithm that filters requests for prescription refills automatically. Refill requests are then sent to a centralized nurse team or physician for processing, depending on whether physician signoff is required.<sup>27</sup>

Applying these strategies to neurologists' workflow can rebalance the ratio of clinical to administrative work. As a result, neurologists are more engaged and are less susceptible to burnout.

## II. Develop a positive contractual relationship

To facilitate neurologist retention, organizations should develop contractual relationships that are transparent, flexible, and motivational.

### 10. Set expectations from the start

Beginning with the candidate search process, as well as during onboarding, organizations must establish a mutual understanding of what will be required of neurologists at the practice.

Cone Health, a health system based in Greensboro, North Carolina, recently created a "contract" between its recruiting team and its distinct practices, both system-employed and independent. The contract defines expectations for all participants in the recruitment process and is accompanied by a four-page requisition form that the practice must fill out to provide details about the job (e.g. compensation, call coverage expectations).<sup>28</sup> By establishing all job specifications up front, practices can avoid future misunderstandings and ensure neurologists are aware and comfortable with their new responsibilities.

### 11. Reward physicians who go above and beyond

Research shows that physician burnout is closely linked to an imbalance of positive and negative feedback. Conversations with frontline physicians revealed a common

25) Advisory Board Research: Medical Group Strategy Council. "The Medical Group Leader's EMR Optimization Playbook: Six strategies to alleviate the EMR's growing burden on physician practice." 2018. Available at: <https://www.advisory.com/-/media/Advisory.com/Research/MGSC/White-papers/2018/36528-MGSC-EMR-Study-web.pdf>.

26) Advisory Board Research: Medical Group Strategy Council. "Reengineering Practice Workflows: 10 Tactics to Alleviate the Administrative Burden from Physician Practice." 2017.

27) Ibid. Pseudonym.

28) Advisory Board Research: Medical Group Strategy Council. "Winning the War for Physician Talent: Mastering recruitment of millennials (and more) in a hyper-competitive market." 2017. Available at: <https://www.advisory.com/research/medical-group-strategy-council/executive-research-briefing/2017/winning-the-war-for-physician-talent>.

sentiment: “I don’t feel valued. All I hear is negative feedback.” Displaying organizational appreciation in meaningful ways can go a long way to make physicians feel respected.

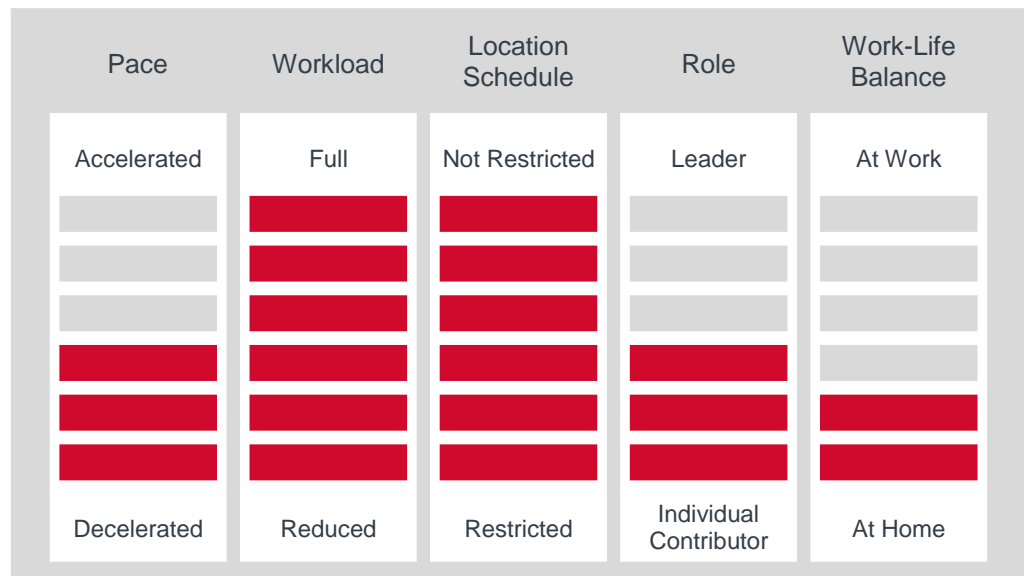
Stanford has taken an innovative approach to recognize their physicians by using a time-banking program that rewards physicians for tasks that are often unappreciated. In this system, physicians track and “bank” the time they spend on work outside their clinical duties, such as mentoring, serving on committees, or covering call shifts for members of their team. This banked time can then be traded for time-saving rewards that support physicians’ home and work lives. Examples of time-saving rewards include meal delivery, housework, and grant writing help. The advantage of this system is that it boosts provider satisfaction by adding time back in their day and rewards them for meaningful work serving the organization.<sup>29</sup>

## 12. Engage physicians in defining work-life balance

Much is asked of physicians as organizations define their strategic priorities and respond to market challenges. At the same time, physicians do not always have a concrete decision-making role in the process. This dynamic can lead to frustration as physicians feel voiceless. To counteract this issue, hospitals should put control back into physicians’ hands, to whatever extent possible.

Stanford has developed a tool to help physicians take stock of what matters most and think critically about how to strike a balance between competing job-related responsibilities and between work and home-life. Stanford’s associate dean for faculty career flexibility notes that before the tool, no one had asked physicians to think so intentionally about their ideal balance. The career customization profile allows physicians to select the level of pace, workload, location schedule, role, and work-life balance best for them.<sup>30</sup> Embracing, rather than penalizing, flexible work arrangements builds a supportive work environment and reduces chance of turnover for work-life balance reasons.

### Flexibility Tool for Physicians to Identify What Matters Most *Career Customization Profile*



29) Advisory Board Research: Medical Group Strategy Council. “Combating Physician Burnout: Five insights to help restore the balance.” 2016. Available at: <https://www.advisory.com/research/medical-group-strategy-council/white-papers/2016/combating-physician-burnout>.

30) Ibid.



### **13. Give physicians autonomy to determine how they meet operational objectives**

Many organizations are trying to expand patient access, which often entails extending operating hours. Yet implementing untraditional hours should not come at the expense of physician autonomy.

Aurora Medical Group has asked physicians to offer at least eight hours per month during “family hours”—mornings, evenings, and weekends when they could become available. Even though the expanded hours are a system mandate, physicians are given the power to adjust their own availability based on personal preference. They are given flexibility to expand hours based on what works best for their lifestyle, rather than being forced to add specific hours each day.<sup>31</sup>

Taking a collaborative approach to operational changes highlights the value of physician time and avoids infringing on important home duties.

31) Advisory Board Research: Medical Group Strategy Council. “Combating Physician Burnout: Five insights to help restore the balance.” 2016. Available at: <https://www.advisory.com/research/medical-group-strategy-council/white-papers/2016/combating-physician-burnout>.

# Service Line Strategy Advisor

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