

FACTS & FEATURES



A for-profit subsidiary of the Arkansas Hospital Association

Winter Edition

Volume 23, Issue 1

AHA Compensation & Benefits Survey in Your Inbox

Helping hospitals manage workforce issues

Hospitals in Arkansas are facing a number of workforce issues which can profoundly impact productivity and patient outcomes. To help your hospital manage these issues, the Arkansas Hospital Association partners with Compdata Surveys & Consulting to offer the *AHA Compensation & Benefits Survey*. This survey provides local and state data on base salaries, incentives, benefits and turnover rates to help your hospital remain competitive in the labor market. Executive salaries are also surveyed.

This online tool is the most comprehensive survey source in the state, and it is available **free of charge to all AHA members who submit data.**

We seek your help. We ask every member hospital to submit data. The more participants we have, the more valuable the resource becomes.

The survey questionnaire has been sent to members in January, and members will have about five weeks to complete it. Compdata will then validate responses, and results will be available in April.

Compdata has made updates to all of its survey products. When Compdata releases the questionnaires in January, its web site will have a new look. This means both the survey questionnaire and the results will be updated. If you have questions about the changes, please know that the Compdata customer service team is ready to answer all inquiries. The entire staff is prepared to assist you with any questions. Thank you in advance for your participation.

Compdata Customer Service
800.300.9570
CustomerService@CompdataSurveys.com

For more information on the surveys, contact Theresa Worman, Compdata Surveys & Consulting, 1.800.300.9570, tworman@compdatasurveys.com



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Healthcare Employment Continues to Grow



While uncertainty surrounding the future of health care in the U.S. lingered throughout 2017's third quarter, industry employers continued to hire at a steady pace. According to the Bureau of Labor Statistics (BLS), hospitals, physician offices and other health care organizations added [39,000 jobs](#) in July, [20,000](#) in August, and [23,000](#) in September for a total of 82,000 new positions in Q3 2017.

Employers using [Health eCareers](#) for recruiting were among those increasing their staff sizes. More than 2,500 posted 51,504 jobs between July and September. Physician/surgeon, nursing, nurse practitioner and physician assistant continued as the disciplines with greatest employer demand.



Primary Care Physicians in Great Demand

Health care employers recruited for 32,419 physician and surgeon roles on Health eCareers in Q3. Primary care physicians — including family medicine and internal medicine — continued to top the list of most in-demand specialties.

According to a recent [survey](#) commissioned by The Physicians Foundation, 95% of patients are satisfied with their overall relationship with their primary care doctor.

The Physicians Foundation surveyed 1,747 patients, discovering that 64% are “very satisfied” and 31% are “somewhat satisfied.” While 56% have thought about changing primary care doctors (from “all the time” to “not that much”), the reasons were most often related to convenience. Only 6% thought about making a change because they wanted a second opinion or had “found a better physician.”

Employers Recruit for a Range of Registered Nurse Specialties

Employers using Health eCareers advertised 7,733 nursing jobs in Q3. Registered nurses were most in demand, with general medical/surgical, emergency medicine, general medicine, and cardiology/telemetry disciplines recruited in the greatest numbers.

The demand for nurses of any specialty is likely to increase as more choose to retire or change careers. Among a [survey](#) of nurses conducted by RNnetwork, a travel nursing company, nearly half (49.8%) said they were thinking about leaving their profession. The most commonly cited reasons for considering a career change included feeling overworked (27%), no longer enjoying the job (16%), and spending too much time on paperwork (15%).

Family Medicine and Urgent Care NPs and PAs Needed

Hospitals, physician offices, clinics, and other health care providers posted 3,121 opportunities for NPs and 2,338 for PAs on Health eCareers in Q3. Demand remained greatest for family medicine, psychiatric/mental health, cardiology, and urgent care NPs along with emergency medicine, family medicine, orthopaedic, and urgent care PAs.

According to the [2017 AAPA Salary Report](#) released by the American Academy of PAs, physician assistants are earning higher average salaries in states that have made changes to their scope of practice laws. Within states that allow PAs to practice with more autonomy — including full prescriptive authority — the AAPA found the median annual salary is \$106,594. This is nearly \$4,600 higher than the national median salary of PAs.

For more information contact Tyler Barkmeier, 720.606.1172, tyler.barkmeier@healthcareers.com.

Resources

- <https://www.bls.gov/ces/highlights072017.pdf>
- <https://www.bls.gov/ces/highlights082017.pdf>
- <https://www.bls.gov/ces/highlights092017.pdf>
- http://www.physiciansfoundation.org/uploads/default/Physicians_Foundation_2017_Patient_Survey_Report.pdf
- <http://www.healthcarefinancenews.com/news/nearly-half-nurses-consider-changing-careers-nationwide-shortage-looms-rnnetwork-study-says>
- <https://www.forbes.com/sites/brucejapsen/2017/10/03/physician-assistant-salaries-rises-as-state-hurdles-fall/#4c1153354f24>
- <https://www.aapa.org/news-central/2017/09/eliminating-key-practice-barriers-associated-higher-pa-salaries/>

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Doctor Out Sick? A Substitute Physician is No Worse for Patients' Health

By Max Blau

It's long been thought that hospitalized patients are better off getting treatment from full-time doctors instead of [temp physicians](#). Those temps are called in to cover for doctors' sick days, vacation or staff vacancies. But new research finds that a doctor's employment status may have little to do with quality of care.

Doctors who are employed under short-term contracts — called locum tenens (Latin for “to hold a place”) — provided a similar level of care as staff doctors, a [study](#) published in the *Journal of the American Medical Association* found. Researchers came to that conclusion after analyzing 1.8 million Medicare patients hospitalized between 2009 and 2014 who were treated by general internists. No significant difference in 30-day mortality rates was seen between patients treated by temp physicians compared to those treated by staff physicians.

That finding could help dispel the stigma that temp doctors have long faced, researchers said.

“Years ago, locum tenens doctors might've had worse outcomes than non-locum tenens docs, but that's changing,” said Dr. Anupam Jena, an associate professor at Harvard Medical School and one of the study's authors. “There appears to be very little difference, if there's any difference at all.”

Dr. Daniel Blumenthal, an internist affiliated with Massachusetts General Hospital who was the paper's lead author, said little to no research had previously been conducted on the difference between full-time and temp doctors before this study.

For years, a common bias was that locum tenens doctors simply lacked the credentials to land permanent gigs. “Early on, locums [tenens] physicians were looked upon as ‘less than,’” said Jeff Decker, president of Staff Care, a national recruiting firm that connects locum tenens doctors with hospitals. “They were seen as a necessary evil.”

But growing numbers of hospitals have turned to temp doctors in the face of a national doctor shortage — one that could grow to more than 100,000 unfilled positions by 2030. Staff Care has found that the number of U.S. doctors employed as temps — now at 48,000 — has nearly doubled since 2002.

As part of that shift, Decker believes more physicians are choosing to freelance for a variety of reasons. Young doctors can test out different kinds of medicine to see which ones they like. Mid-career doctors can take on more shift work to pay off medical school debt faster. And older doctors can partially retire but still see patients.



“The paradigm has shifted,” Decker said. “They're a fill-in ... but they're no less of a physician.”

But on one measure, researchers did see a difference. Locum tenens doctors were associated with higher spending on patient care than full-time doctors, the study found. Some of those costs can be attributed to longer lengths of stay, researchers said.

“It makes sense because [locum tenens] doctors providing care don't know the system as well,” Jena said. “That might mean less efficient spending in the ordering of tests or procedures. They may keep patients in hospital longer. The care is less inefficient.”

As physician demand continues to grow, Blumenthal believes hospitals should find ways to better onboard and educate locum tenens doctors in order to lower costs and boost patient outcomes. “Any doctor who is new will go through a period on how to best deliver care, access the right resources, and learn what kind of locally accessible acute-care facilities exist for patients,” he said.

Blumenthal adds that he would like to see further research conducted on locum tenens doctors in other specialties, including emergency medicine, psychiatry, and anesthesiology.

For more information on Staff Care go to www.staffcare.com.

Clearwater February Webinars:



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Class Action Capital February Webinar:

February 12, 2018, 3-4pm CST | **Class Action Capital Webinar:** details on class action settlement refund opportunities.

Registration: <https://attendee.gotowebinar.com/register/7887783555967795459>

If you have questions or want a member of your staff to reach out to Class Action Capital directly, please contact Joshua Kerstein, Class Action Capital, 914.200.0066, Josh@classactioncapital.com.

Upcoming Meetings:

Arkansas Hospital Professional Liability Seminar – May 4, BXS Insurance, Little Rock

Arkansas careLearning User Group Forum - August 2-3, AHA headquarters

AHA Workers' Compensation Self-Insured Trust (AHAWCSIT) Annual Education Conference – September 7, AHA Headquarters, Little Rock

Health Care Continuity of Operations Planning



Safe in the knowledge

Is your health care organization prepared should a natural disaster strike? Natural disasters can cost businesses significant money, or worse, shut them down for good. The National Centers for Environmental Information has documented that since 1980, the United States has endured 178 weather- and climate-related disasters with price tags topping \$1 billion each. The total cost of these events exceeds \$1 trillion. Hospitals follow EM protocols to protect life and property should a natural, human-caused, or technological threat strike, but how do they safeguard their business operations and revenue? They establish a Continuity of Operations Plan (COOP).

Also referred to as a business continuity plan, a COOP is an all-hazards roadmap to follow in case of a major interruption to operations. A COOP addresses maintaining or resuming business functions shortly after addressing a disaster and reconstituting services at an alternate site, as well as business processes, human resources, and assets.

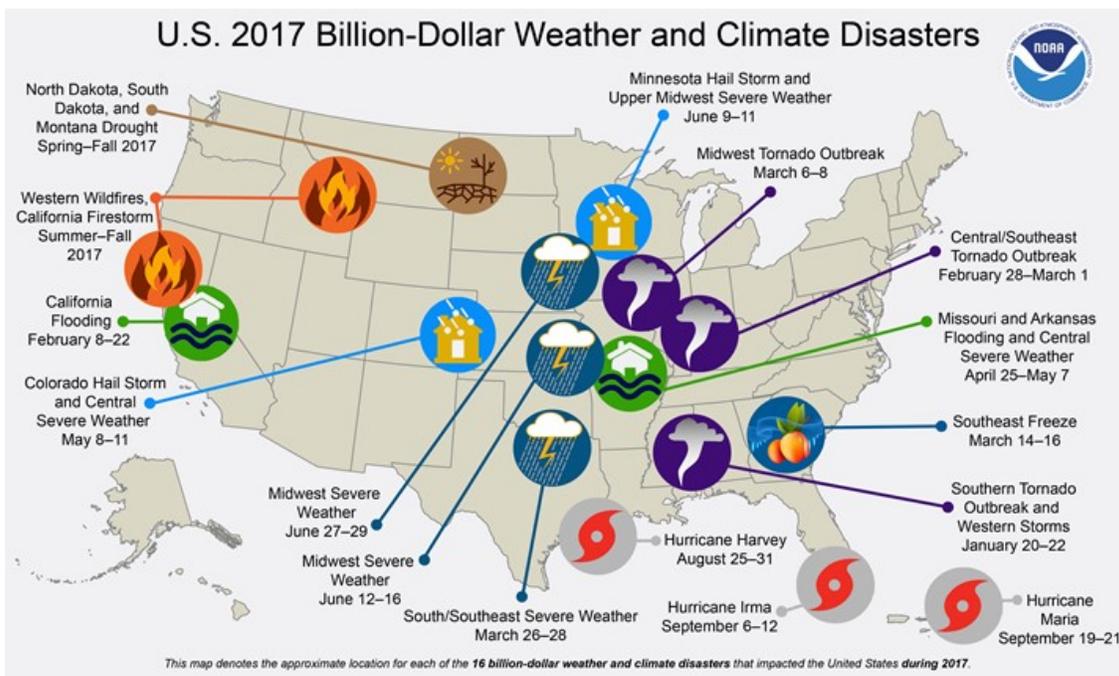
According to FEMA, developing such a plan requires these steps:

- Conduct a business impact analysis to identify time-sensitive or critical business functions and processes and the resources that support them.

- Identify, document, and implement steps to recover critical business functions and processes.
- Organize a business continuity team and compile a business continuity plan to manage a business disruption.
- Conduct training for the business continuity team to include testing and exercises to evaluate both the recovery strategies and the plan itself.

The Centers for Medicare and Medicaid Services (CMS) also included the development of a COOP as part of the revised 2017 emergency preparedness rules. The good news is that there are trusted resources available to assist healthcare providers in meeting these revised requirements. Organizations can contact the HSS Director of Emergency Management, Christopher Sonne, whose team at HSS Inc., has extensive expertise in writing, evaluating, and testing COOPs for health care organizations across the country. AHA Services Inc. (AHASI), a subsidiary of the Arkansas Hospital Association (AHA), has established a partnership with HSS Inc., an industry leader in the high-risk environment of health care.

For more information visit www.hss-us.com or contact Christopher Sonne, CHEC, Director of Emergency Management, HSS Inc., 855.477.2871, csonne@hss-us.com.



Graphic Citation: NOAA National Centers for Environmental Information (NCEI) U.S. Billion-Dollar Weather and Climate Disasters (2018). <https://www.ncdc.noaa.gov/billions/>

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