

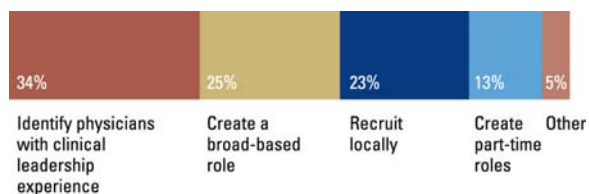
# Strategies for Attracting and Retaining Entry-Level Medical Directors

By **Tim Frischmon, Principal,**  
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*As executive recruiters in the health care industry, Furst Group works closely with health care executives, helping them meet their human capital needs. In our many dealings with senior-level health care leaders, we found a common problem – the complex issue of attracting and retaining entry-level medical directors. In the latter part of 2008, we conducted a survey of chief medical officers and other senior-level physician leaders who shared with us in great detail their suggestions and strategies for attracting and retaining medical directors. The responses have been consolidated into this summary.*

## Q1

**What are successful strategies you have identified for finding and attracting individuals for this critical role?**



**Identify physicians with solid clinical experience who currently assume some leadership responsibilities.** Respondents said identifying a candidate with solid clinical experience is a key requirement. The physician must be up to date on current clinical knowledge in order to speak credibly with

peers in any given specialty. Physicians should also have prior leadership experience in a group practice or hospital.

“Doctors who have played prominent administrative roles in their hospital and preferably served in an elected position might be both interested and successful in an entry-level medical director position,” said Dr. Archelle Georgiou, president of Georgiou Consulting and former chief medical officer with UnitedHealthcare. That experience may include being the chair of a department or committee, member of a board of directors, or chief of staff. “Those roles have their share of challenges and require the individual to deal with conflict. If they were elected, it also suggests that they have decent people skills, and others have confidence that they will be fair,” Dr. Georgiou said.

Additional certifications or degrees are a good indication of commitment to a new direction in their career, such as an MBA degree, involvement with the American College of Physician Executives, or the American Board of Quality Assurance and Utilization Review Physicians.

**Create a broad-based role with a variety of activities outside of utilization management, and then properly market the role.**

Respondents indicated that a successful strategy to make the role more attractive would be to broaden the role to include a variety of activities, such as involvement with disease management and quality management. One

respondent suggested allowing medical directors time to pursue other intellectually stimulating activities such as policy development, pharmacy and therapeutics or credentialing committee participation, or regional network management support. Doctors who are willing to commit solely to utilization management are rare, and turnover occurs quickly. Tenures are typically two to three years before the physician moves on to more broadened responsibilities.

One respondent added that it is imperative to explain to candidates that this is an opportunity to practice population-based medicine, which is appealing to physicians who want to impact more than just one person at a time. A work schedule with no on-call duty can be more enticing than a busy on-call schedule at the hospital or clinic. It is also a chance to impact both the cost and quality of care. A good title can help increase interest in the role. Promote the role as a starting point for a new career direction, and lay out the potential career progression timeline within the company.

Dr. David Plocher, senior vice president, business intelligence and informatics for Blue Cross Blue Shield of Minnesota, cited two strategies for attracting and retaining individuals to this role. “I make sure the job description has at least two features to combat the drudgery of some of the entry-level chores,” Dr. Plocher said. “Number one, I build variety into the job, and two, I volunteer a summary of options around career advancement possibilities.”

### **Recruit locally by grooming doctors from within the organization or by tapping into the organization’s network of contacts.**

Respondents said a successful strategy is to watch for physicians within the organization who exhibit leadership skills and get along well with other physicians. For those who have already taken on some administrative responsibility, ask them periodically how they like what they are doing and discuss their career goals. Also, network within the organization with the physicians to seek

referrals. An affable personality and a team-oriented style play a significant part in the success of a medical director, and these traits can be easily identified by peers. By networking, you may find someone who is collaborative, has ambition, is ready to wind down his or her practice, or just needs something different. The local recruiting strategy works well because the physician has established relationships with peers in the community. “I have never hesitated to hire less-experienced physicians into these or any other roles if they had the appropriate skills and personality (and I stress the latter) to be successful in that role,” said Dr. Eric Book, chief medical officer with Tethys Bioscience.

**Create part-time roles.** Respondents said if physicians are allowed to continue to practice clinically while in a part-time administrative role, they will be able to test their desire to be in the role full-time. Allowing the physicians to practice part-time may yield better quality medical directors, because in addition to the administrative work, they are keeping their clinical skills current. It is easier for physicians to maintain contact and credibility, as well as build relationships with peers, when they continue to practice part-time. One respondent recommended that organizations create a physician advisory group that discusses the impact of the organization’s policies and procedures on the physician network and use that setting as an opportunity to identify physician leaders who may be interested in part-time administrative roles.

## Q2

### **For the entry-level medical directors on your staff, how do you define the key measures of their success?**

#### **Look at productivity and other metrics.**



Respondents said success should be determined by objective measures such as utilization indicators, productivity measures and financial goals. Respondents also suggested looking at the number of successful projects, case reviews, and the progressive efficiency of daily tasks. Dependability and adherence to medical policy were cited as being important, along with a timely responsiveness to the multiple daily requirements of the job.

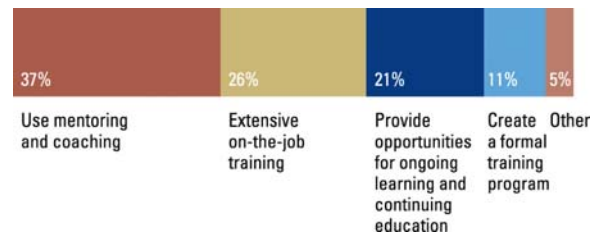
**Determine if physicians have successful working relationships with doctors, nurses and non-clinical staff.** Physicians must be able to work well with clinicians and other staff inside and outside of the organization. One respondent said an ability to learn the corporate system and interact in a corporate environment is critical. Respondents also said an indicator of success is whether they are accepted by other physicians and held in high esteem. There is a higher chance of success if they are viewed as being easy to talk with and are friendly and flexible. The process of utilization management is often adversarial. Respondents noted the physician must be comfortable dealing with other physicians, both in person and on the phone, using a patient-centered approach. Respectful interactions with providers and provider education are important. Physicians must be able to develop a positive working relationship with the case management team and willing to accept training and input from non-physician co-workers.

**Measure the quality of work.** Respondents indicated that the candidate should minimize waste and duplication and make the best use of resources. Projects should be evaluated by how well they align with the organization's goals and how resources are used – both human and material. Good medical decision-making is key, as is the ability to stay on task and deliver. The physician should be able to do what is necessary to get the job done, including negotiating with physicians, being accessible to staff, and managing the workload to a timeline. Being a good speaker or presenter, both internally and externally, is also important.

**Discuss and mutually agree upon performance targets.** According to the respondents, early physician engagement results in greater alignment of performance targets. The targets must meet both operational and service measures, including turnaround time and accessibility. To ensure full engagement and success, the clinician must have a clear understanding of the performance metrics and expectations of the role.

## Q3

### How do you train these physicians?



**Use mentoring and coaching in addition to observation and feedback.** Respondents said mentoring should involve other physicians, pharmacists, nurses, and executive management so the physician can fully understand how these relationships and perspectives impact the organization. One respondent suggested pairing the entry-level physician with an established medical director as a constructive way to teach systems, interact on committees, work with providers, and deal with tough cases. Physicians should be given time to gain necessary skills, and respondents also said during the first three to four months mentoring and ongoing constructive feedback is critical. Give the physician time to gain skills, and provide timely behavioral-based feedback. Coaching should be thorough, not rushed, and the supervisor should be fully available.

**Give extensive on-the-job training.** According to several respondents, the medical director should have the opportunity to participate in the organization at every level, gaining exposure to human resources, finance, policy, planning, sales, etc. Have the person

spend a day with each of the departments to understand their needs and how their jobs are intertwined. The individual will need basic training in software systems and computer skills, basics of managed care, utilization management, quality management, disease management and case management. “I would absolutely involve some role-playing of telephone conversations in selecting or training a medical director who will make medical necessity determinations,” said Dr. Dexanne Clohan, chief medical officer at HealthSouth Corporation. “I’d like to see how the medical director would approach a doctor who was requesting authorization for a service the medical director thinks should be denied. Any medical director would have to be good at conducting these conversations in a collegial, collaborative way, starting with the underlying assumption that the ordering physician’s motives are good. In my view, too many people in these roles become enamored with the “No, because I said so” approach and fail to take the treating doctor’s experience and thought process into consideration.” Another suggestion is to let them observe the hiring manager reviewing cases, speaking with the staff, and calling physicians; then switch places and let them do cases while the hiring manager observes.

Dr. Deb Moss, president and CEO, DLM and Associates, has developed a training program that includes how to determine medical necessity, how to consider exceptions, how to consider experimental, new technology, or new use of a drug/procedure. She teaches new medical directors how to research evidence-based guidelines and how to speak effectively and appropriately with physicians, which she says is the hardest skill to acquire. Additionally, she works with medical directors to step outside their comfort zone of clinical medicine and to be totally objective, based on medical necessity and evidence-based guidelines. “I also teach documentation, which is important both from the re-review and appeal perspectives, as well as documentation for legal/malpractice purposes,” Dr. Moss said.

**Provide opportunities for ongoing learning and continuing education.** Respondents said continuing education is crucial. Sponsor participation in courses offered by the American College of Physician Executives or an MBA program. Encourage physicians to become certified by the American Board of Quality Assurance and Utilization Review Physicians. Support discussions with other practitioners to keep current on clinical issues facing providers and learn ways to influence their commitment to improvement in both cost and quality. Professional meetings and conferences can be opportunities for physicians to meet with others in the same field and share insights. Exposure over time to other aspects of the business such as claims, contracting, marketing, etc., can help increase understanding of the organization as a whole.

**Create a formal training program for physicians.** Respondents suggested implementing a formal training program consisting of three parts: direct training for the role, ongoing mentoring, and orientation to the organization. “I recommend a two-week orientation that includes training on organizational overview, administrative processes, use of technology (IT) platforms, utilization management operational policies and procedures,” said Dr. Georgiou. “Training should also include sitting with nurses on the phones and shadowing a more senior medical director. Getting them started on the right track from the beginning is critical.” The formal orientation program should also include classes, access to resources, and meetings with all divisions of the company. In addition to the specific responsibilities of the role, the physician should be trained in how to interact on committees and deal with providers. The second step is ongoing mentoring. “I recommend three to four months of close mentoring and ongoing constructive feedback with a senior medical director,” said Dr. Georgiou.

Dr. Georgiou also recommends implementing a strategic orientation separate from the training outlined above. This training session would

ensure new medical directors understand and can implement the strategic plan. “Above all, understanding the organization’s strategy, mission, vision, culture, key initiatives and challenges will increase the level of success in attracting and retaining entry-level medical officers,” Dr. Georgiou said.

*Identifying and developing physician leaders is a critical and sometimes challenging task. Through Furst Group’s recruitment of*

*physician executives and our survey respondents’ feedback, we have summarized some of the best strategies of attracting, retaining, measuring, and training entry-level medical directors. Our hope is that this information will serve as a resource to assist in attracting and retaining physician leaders in an effort to impact not only the organizations they serve but also our broader health care system.*



*Tim Frischmon is a principal with Furst Group. Since joining the firm in 1994, Tim has partnered and consulted with boards of directors, chief executive officers and senior executives on human capital integration, executive recruitment and retention, succession planning, and organizational and leadership development. He has a proven track record of assisting clients in identifying and attracting key leadership critical to their short- and long-term success.*



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### **About Furst Group**

As one of the largest search firms specializing in executive health care, Furst Group has earned a reputation for excellence in health care search and overall talent strategy. Our success is built upon a philosophy of partnership: we enhance our clients’ internal resources to develop effective human capital strategies. Our consultative approach has been developed over 25 years, and our clients include managed care organizations, hospitals and health systems, integrated delivery systems, medical group practices, health care products and services companies, insurance companies and end-of-life care businesses. Furst Group also partners with venture capital and private equity firms serving the health care sector. Furst Group’s clients include hospitals and health systems, medical group practices, managed care organizations, health care products and services companies, venture capital- or equity-backed firms, insurance companies, and end-of-life care business.