

## Recruiting Millennial Primary Care Physicians



**As seen in Becker's Hospital Review.**

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Where have all the primary care physicians (PCPs) gone?

If your organization is experiencing greater difficulty attracting and retaining qualified PCPs, you're part of a national trend. By 2025, there's projected to be a shortfall of between 12,500 and 31,100 PCPs in the United States, according to a [new study](#) by the Association of American Medical Colleges.

This projected [healthcare workforce shortage](#) is alarming, given the significant clinical and business impact of PCPs. Not only do PCPs serve as hubs of patient care, they also generate more revenue for hospitals, per physician, than do specialists. On average, each PCP delivers \$1.6 million in annual net revenue to his or her affiliated hospital, according to [a 2013 report](#) by physician recruitment firm Merritt Hawkins. Additionally, a [2004 Medicare study](#) by Baicker and Chandra demonstrates that regions with "relatively more general practitioners have both

higher rates of use of effective care and lower spending.” Securing optimal levels of PCP resources will become imperative strategy for organizations, given the new value-based reimbursement models and the Institute for Healthcare Improvement’s Triple Aim goals.

Given the likelihood that the current PCP shortage gets worse before it gets better, networks are scrambling to attract the limited supply of newly trained resident physicians entering primary care. It’s crucial that would-be PCP employers understand the interests of this new PCP cohort to be successful in this competitive recruiting landscape. So, what are those interests? And how can you position your organization to not only attract a sufficient number of PCPs, but also the most highly qualified? I recently conducted thirty personal interviews with resident physicians, new PCPs, and recruiting stakeholders to try to answer these questions.

### **What Millennial PCPs Are Looking For**

The common assumption that financial compensation is the most important employment factor for new PCPs is usually incorrect. These particular residents intentionally bypassed more lucrative specialties to pursue a career in primary care. For many, the same values that motivated the decision to become a PCP continue to influence their job search. It’s also likely that the persistence of PCP compensation models that fail to pay PCPs based on their true organizational value have resulted in relatively little differentiation in actual PCP compensation amongst employers. There’s no reason for a recruit to prioritize pay if networks offer more or less the same amount. Given the current compensation models, many PCPs rank “financial compensation” only equal to (or even below) these other interests:

- **Large Practice Environment** – Millennial PCPs want to be part of an engaging, collegial work environment that allows them to provide high-quality clinical care. They believe this is most easily achieved with a relatively large practice with a minimum of four physician colleagues of various levels of experience and expertise. They often describe large practices as offering greater resource and staff support, opportunities for knowledge-sharing and learning, and less burdensome on-call schedules. By and large, Millennial PCPs are not interested in operating solo practices. They seem to value collaboration, efficiency of care delivery, and a more social work environment over autonomy.
- **Innovative and Supportive Care Model** – Newly minted PCPs are seeking forward-thinking organizations that demonstrate and support innovation in their delivery models. One commonly described example involves a team-based, holistic model where the PCP leads an interdisciplinary, coordinated care team with each individual working at the top of their practice.

Another example of care delivery innovation is using new technologies to improve quality and increase efficiencies. Millennial PCPs embrace technology, are willing to be early adopters, and tend to prioritize technology’s long-term benefits over short-term implementation challenges. Residents pursuing primary care are acutely aware of PCP

productivity demands and are seeking positions with in-place strategies, like enhanced staff or technology, that reduce time pressure and other common stresses on the physician.

- **Flexibility and Variety** – Many residents pursuing primary care believe that workplace flexibility and a healthy variety of day-to-day activities are essential to avoiding career burn-out. Some PCPs are seeking part-time positions or at least the option to switch to part-time in the future. Others desire a full-time position with protected time to pursue a niche interest, such as quality improvement, research, education, or leadership. These providers have specific work/life balance expectations and are often willing to trade potential compensation for flexibility (up to a point). Organizations that can offer flexible staffing options and proactively find opportunities for their PCPs to engage in enrichment activities will be more likely to attract and retain these new physicians.

- **Centralized Location and Provider Network**– Finally, many newly trained PCPs are looking for positions either in a major care center or close to a hospital to enable relationship building with specialists and subspecialists. They relish continual learning opportunities and ease of access to a wide network of related professionals. For many, this may be driven by a desire to maintain some of the more rewarding aspects of their residency programs. These physicians also believe that close proximity to ancillary services and specialists will enhance the patient experience and provide higher levels of care coordination.

### **Aligning Your Organization to Evolving PCP Interests**

Interestingly, this cohort of PCPs have priorities that mirror many of the macro trends in health care, including team-based care, practice consolidation, high levels of care coordination, greater use of new technologies, and patient-centered medical homes. Organizations and practices that have pursued a path of continuous improvement and innovation will be well-positioned to recruit Millennial PCPs, assuming they are clearly communicating this focus to recruits. Employers with integrated hospital or ancillary services that align PCP compensation with the full value of their referral base may also experience greater recruiting success.

Networks that have up until now followed a different path may want to consider strategic changes to align themselves with the evolving interests of a shrinking PCP workforce. Even in the short-term, there are simple changes organizations can implement to become more attractive to new PCPs, such as offering a mentorship program to provide continual learning opportunities or protected time to serve on a committee related to a provider's niche interest. Most important is to understand what PCPs are looking for in a position so that these interests become the focus of conversation during the recruiting process.

Lastly, while these findings highlight a few broad search criteria for this new PCP cohort, it's important to remember that each physician will of course have his or her own set of priorities in mind. The most successful PCP recruiters will work to clearly identify and then flex to meet each provider's unique desires and aspirations.