

# Hospitalist Recruiters Have Trouble Filling Slots

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Inpatient medicine is becoming a victim of its own success. Hospitalist programs are being set up faster than physicians can join them, and recruiters around the country are rushing to fill the empty slots.

In a recent survey of 3,000 hospitals, the American Hospital Association found that at least 1,200 had hospitalist programs, employing a total of 10,000 physicians. Because not all hospitals in the country were surveyed, the Society of Hospital Medicine (SHM) believes the number of programs could be as high as 1,800.

Hospitalists "have proved that they can provide better care and reduce medical errors, and reduce length of stay and resource costs," and that's why they are popular right now, Larry Wellikson, M.D., SHM's chief executive officer, said in an interview.

Hospitalist programs often fail to appreciate how fast the workload can grow, said John Nelson, M.D., director of the hospitalist program at Overlake Hospital Medical Center, Bellevue, Wash.

"Every time we think we have enough

doctors, the work expands and before we know it, we're looking for more," Dr. Nelson told this newspaper.

The Overlake program, established in the spring of 2000, has grown from four to eight hospitalists and is in the process of recruiting two or three more. "Initial volume of new patient referrals was about 5 per day, and it has now grown to about 11.5 new referrals per day," he said. He expects the program's work volume will continue to grow to the point that it will need 12-15 physicians within the next 5 years.

Almost every hospital in the country is trying to build a hospitalist program, Dr. Wellikson said. But if every one of the 5,000 hospitals acquires one, it's a certainty that there won't be enough physicians to fill available positions. This is because only a finite number of internists and pediatricians—the specialties to which most hospitalists belong—are coming out of residencies, he said.

Physicians aren't leaving other types of practices quickly enough to fill slots in hospitalist programs.

"Right now it is a seller's market," observed Robert Wachter, M.D., chief of the medical service and director of the

hospitalist group at the University of California, San Francisco. "Programs are going to have to think about how to create attractive jobs and keep excellent hospitalists if they have been able to hire them."

Andrea Kloehn, vice president for Medstaff National Medical Staffing, a physician placement firm in Durham, N.C., said that in the last year, her firm has doubled its efforts to recruit hospitalists.

Medstaff has increased its recruiting staff to help with demand, as well as its direct mailing, advertising, and other efforts to reach out to physicians, Ms. Kloehn told this newspaper.

David Joyce, president of Delphi Healthcare Partners, a consulting and contract medical management firm in Durham, N.C., said that they too have been "overwhelmed" with requests from hospitals and hospitalist groups to fill positions, even on a temporary basis.

Although some of the openings can be attributed to understaffing in the new programs, other programs are experiencing natural turnover, and need replacements, Mr. Joyce said.

Ms. Kloehn noted that small and mid-sized community hospitals seem to be experiencing the most rapid growth in hospitalist programs right now.

These hospitals serve the areas that face the biggest challenges in recruitment, said Ron Greeno, M.D., a hospitalist and chief medical officer of Cogent Healthcare, Irvine, Calif., a hospitalist company. New York City has lots of training programs and young people who want to live there, so filling positions poses less of a challenge. But "there are some smaller communities that do not have training pro-



Dr. John Nelson said his hospitalist program in Bellevue, Wash., may end up doubling its physician staff in this decade.

grams that may take several months to recruit candidates," he said.

Dr. Nelson said he considers himself fortunate, since Bellevue, Wash., is an attractive place to live, "and people are generally willing to relocate here." His program also benefits from the fact that potential candidates for hospitalist positions graduate each year from two internal medicine training programs that are located 15 minutes from the hospital.

Hospitals may go through some initial difficulty in getting positions filled for new and expanding programs, but it's unlikely that any will fail or shut down because of it, Ms. Kloehn said. Hiring locum tenens hospitalists may be one solution to help fill the gaps in hospitalist programs.

"Locum tenens physicians allow a program to get started sooner rather than later," she said. Often, if a hospital has two of its four positions filled, "the program can get started with the locum tenens firm providing the other two physicians temporarily, while allowing more time for recruitment of permanent physicians."

Eventually, these positions will fill up as the profession grows and matures, Dr. Wellikson predicted. "Since most hospitalists tend to be in their late 30s when they start, many people will only be in mid-career 10 years from now." ■

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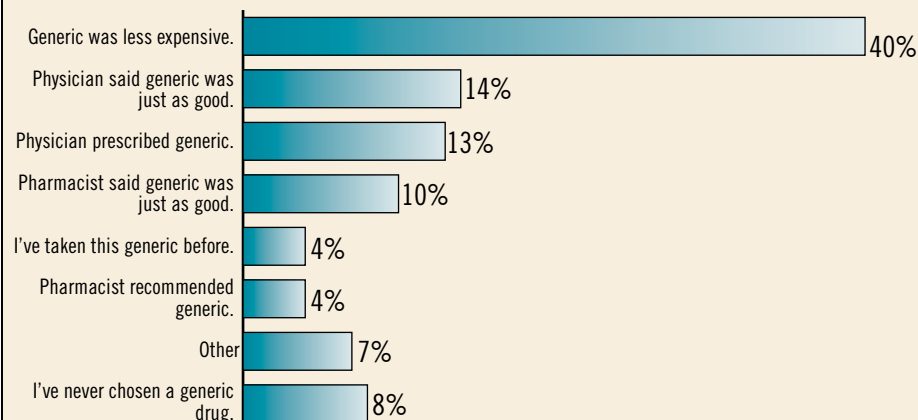
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Sources: Harris Interactive, Wall Street Journal Online