AMN Leadership Solutions

We offer a suite of services based on decades of experience in all disciplines of healthcare. Our holistic approach to healthcare recruitment addresses needs throughout your entire organization, now and for the future.

**Executive & Physician Leadership Search
Interim Leadership Services
Physician & Advanced Practice Search
Recruitment Process Outsourcing (RPO)
Advisory Services**

Executive and Physician Leadership Search

AMN Leadership Solutions offers Executive Search services focused on delivering successful outcomes and positive service experiences for our clients. The retained search practice supports the full spectrum of leadership searches:

Executive Leadership: President, EVP, Dean

C-Suite: CEO, CFO, COO, CNO, CQO

Mid-Level Leadership: Vice President, Chief, Director

**Modern Healthcare "Top Executive Search Firm"
(2019, 2018, 2017, 2016, 2014, 2012, 2011, 2009)**

200+
National Executive Search Engagements in 2020

8 OUT OF 11 YEARS
#1
RANKED EXECUTIVE SEARCH FIRM
by Modern Healthcare

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Physician and Advanced Practice Search

AMN Leadership Solutions physician and advanced practice search practice is led by Merritt Hawkins the largest permanent physician search firm in the industry.

Merritt Hawkins maintains a dedicated Department of Academics that focuses on junior leadership and faculty searches for medical schools, teaching hospitals, cancer centers, biotech and pharmaceutical companies and children's hospitals.

3000+
Physician and Advanced Practice Search Assignments in 2020

Physician and basic science searches at all levels
Clinical, core, and research faculty
Clinical and non-clinical positions
MD, DO, PhD, DDS, NP, and PA

MERRITT HAWKINS
32
1987-2019
TRUST·INNOVATION·RESULTS

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The Current State of Academic Neurology Recruitment in the US
presentation to the Association of University Professors of Neurology

An overview of the trends affecting recruitment of Neurologists in 2021

Demand in the Specialty

- Significant shortages in Neurology across the country
- Merritt Hawkins' 8th most in demand specialty
- Searches for 13 different Neurology sub-specialties in the last three years
- 6th highest percentage of physicians over the age of 55 (AMA)
- Jobs Posted for Neurologists:

HEALTH eCAREERS	PL	CAREER MD	The NEW ENGLAND JOURNAL of MEDICINE	AMERICAN ACADEMY OF NEUROLOGY
493	1,257	500+	510	316

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Limited Supply of Physicians

## Total Neurologists: 11,060

SPECIALTY DEMOGRAPHICS	
Total Neurologists in Patient Care	11,060
International Medical School Graduates	33%
Board Certified	89%
Final Year Residents	703
Pursue a Fellowship	88%
Over 55 Years of Age	57%

MALE FEMALE

9,843
45 and over

6,304
55 and over
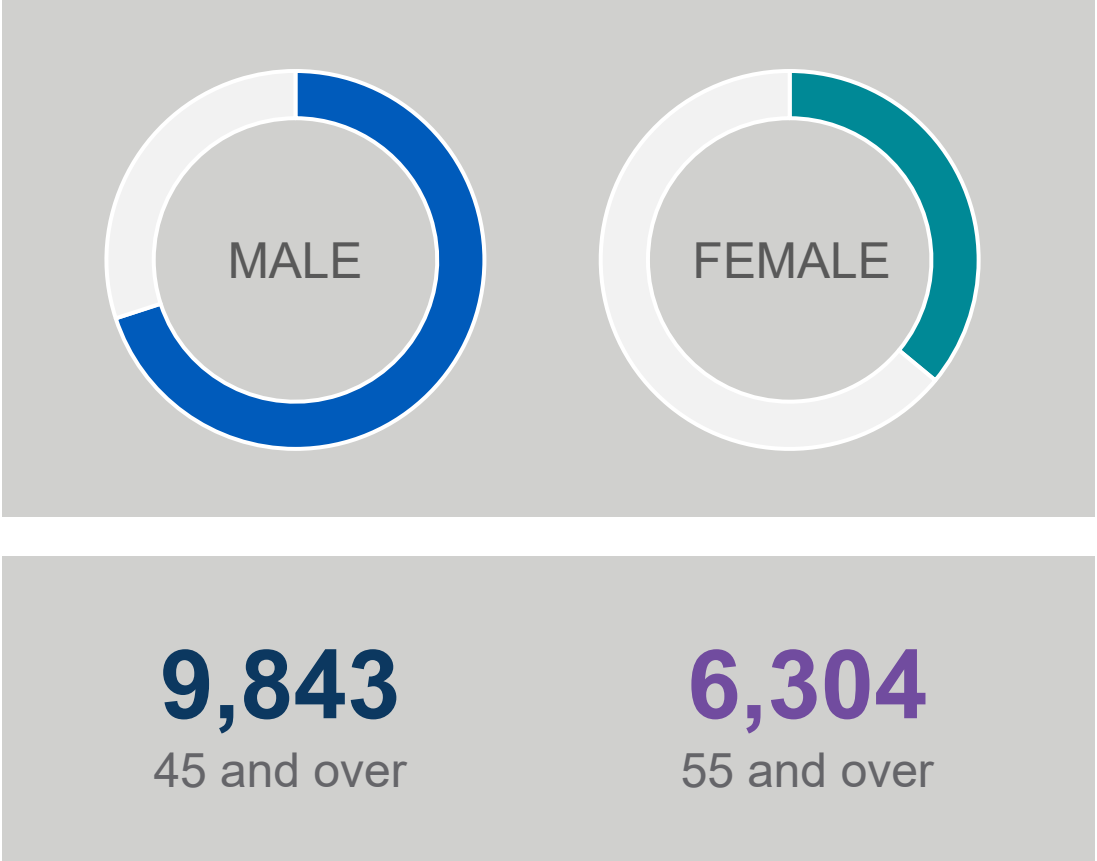
*Source: AMA Masterfile, March 2020.

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Physician Geographic Preferences

Physicians prefer one of six states
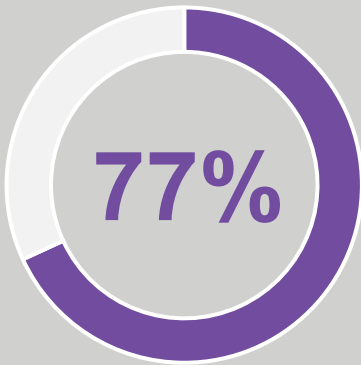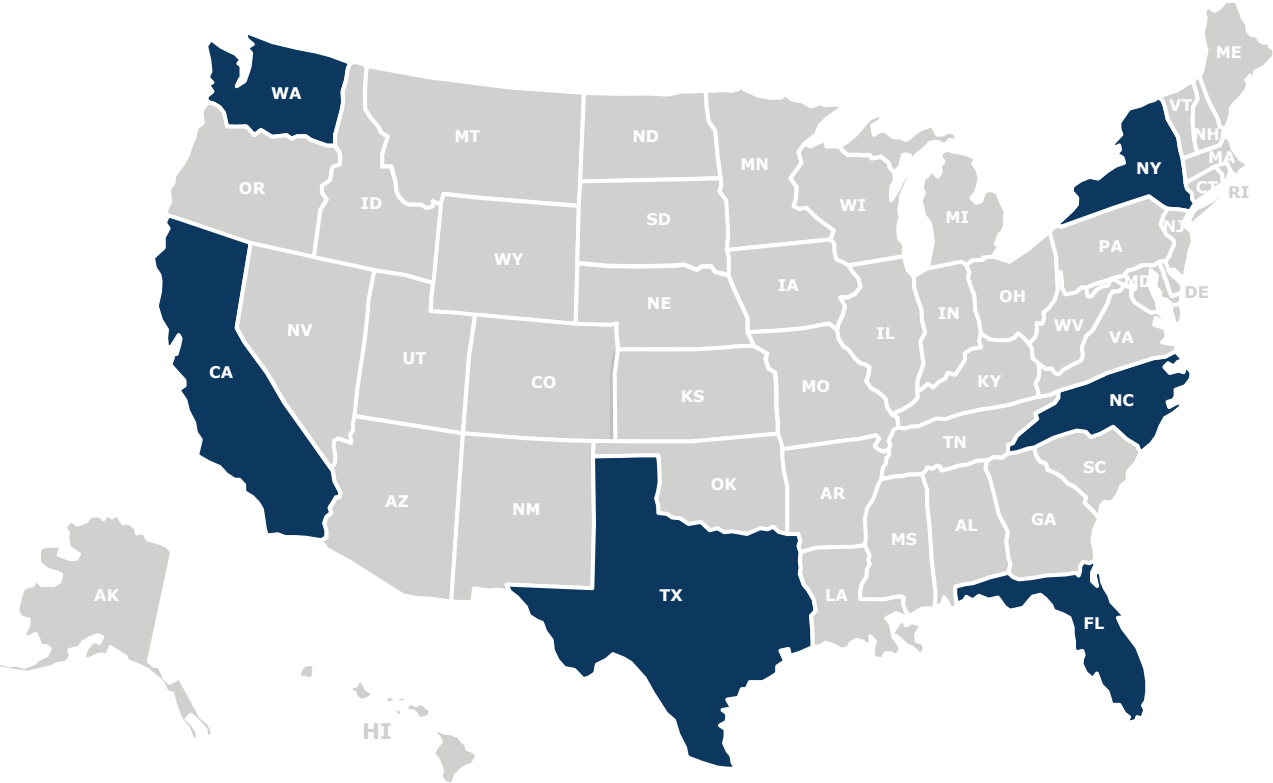
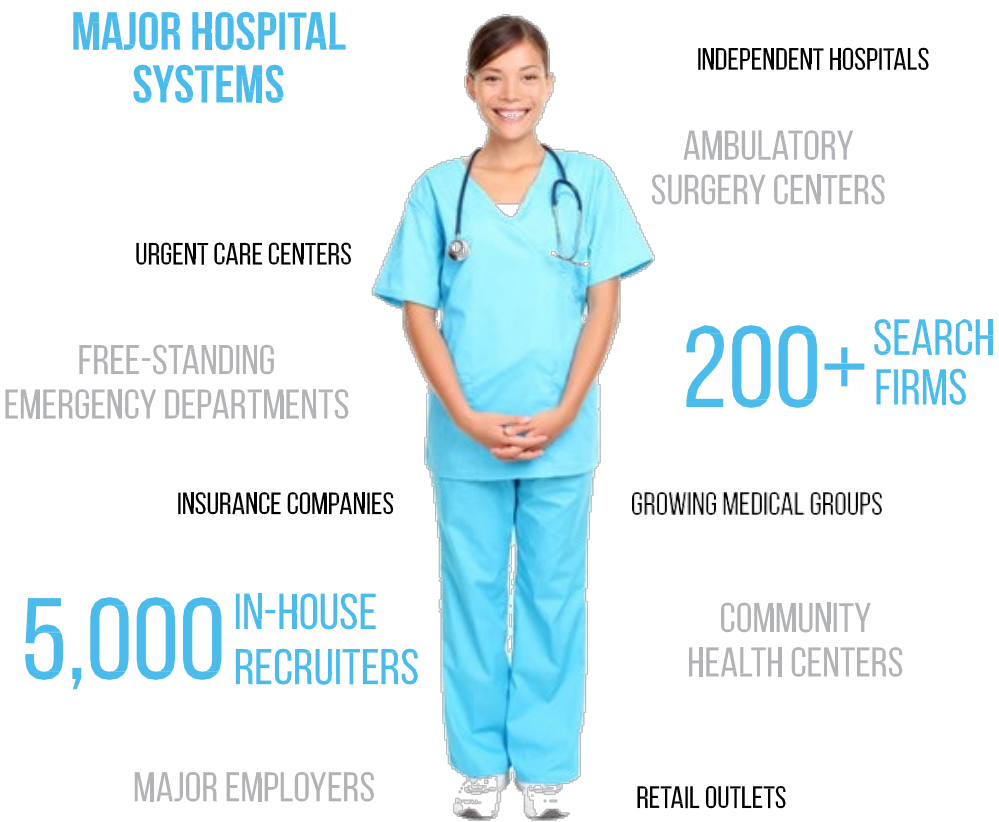**77%** of physicians indicated "geographic location" is their most important consideration
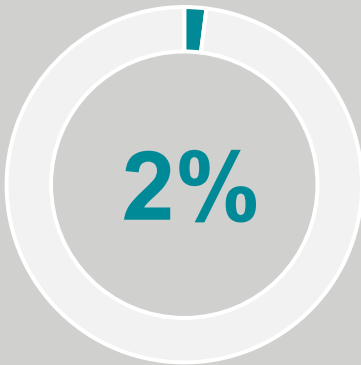
2% would prefer a community of 25,000 or fewer

*Source: Merritt Hawkins' 2019 Survey of Final Year Medical Residents

Physician Employment Preferences

Multiplying Sites of Service

MAJOR HOSPITAL SYSTEMS

INDEPENDENT HOSPITALS

AMBULATORY SURGERY CENTERS

URGENT CARE CENTERS

FREE-STANDING EMERGENCY DEPARTMENTS

200+ SEARCH FIRMS

INSURANCE COMPANIES

GROWING MEDICAL GROUPS

5,000 IN-HOUSE RECRUITERS

COMMUNITY HEALTH CENTERS

MAJOR EMPLOYERS

RETAIL OUTLETS

Employment Models

PRACTICE STATUS	2020
Employed by a hospital or hospital-owned medical group	49%
Employed by a physician-own medical group	15%
Practice owner or partner	24%
Other	12%

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Compensation Trends

- Average starting salary - $317,000 (5.3% increase YoY)

- MGMA Average total compensation - $323,190

- Neurology has become a highly specialized field and it is important to understand the role you are recruiting for in order to have a working knowledge of the compensation metrics

Neurology	Low	Average	High
2018/19	$250,000	$317,000	$400,000
2017/18	$255,000	$301,000	$395,000
2016/17	$220,000	$305,000	$400,000
2015/16	$220,000	$285,000	$500,000
2014/15	$180,000	$277,000	$350,000
2013/14	$180,000	$262,000	$400,000

YOY CHANGE 5.3%

NEUROLOGY

Compensation range: $329,581 to $295,000		% change 2017-18
Sullivan-M	$329,581	3.58%
IHS	326,879	-1.61
Jackson	323,333	5.25
MGMA	323,190	6.72
Merritt	317,000	5.32
Pacific	312,000	5.05
AMGA	310,518	2.80
Medicus	309,488	6.72
Sullivan-P	304,932	1.25
ECG	299,330	3.70
Pinnacle	295,000	-3.82

Nationally Competitive Benefit Offerings

RELOCATION ALLOWANCE

	2018	2019
Yes	98%	98%
No	2%	2%
Avg. Amount: $9,441		

SIGNING BONUS

	2018	2019
Yes	70%	71%
No	30%	29%
Avg. Amount: $32,692		

CONTINUING MEDICAL EDUCATION

	2018	2019
Yes	98%	98%
No	2%	2%
Avg. Amount: $3,620		

SEARCHES OFFERING TO PAY ADDITIONAL BENEFITS

	2018	2019
Health Insurance	99%	99%
Malpractice	99%	98%
Retirement	94%	96%
Disability	98%	97%
Educational Forgiveness	18%	31%
Amount: 82,833		

*Source: 2019 Review of Physician and Advanced Practitioner Recruiting Incentives

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Academic Compensation Trends

AAMC – ALL REGIONS

	Instructor	Assistant Professor	Associate Professor	Professor	Chief	Chair
Count:	182	1,590	810	741	158	94
25th:	90	195	215	246	269	445
Median:	157	224	242	285	314	506
75th:	207	270	290	345	367	603
Mean:	158.2	240.3	265.2	308.3	326.6	538.5

Downstream Revenue

Neurology

Year	Revenue
2019	$2,052,884
2016	$1,025,536
2013	$691,406
2010	$907,317
2007	$557,916
2004	$924,798
2002	$1,030,303

#	Specialty	Revenue
1	Cardiovascular surgery	$3,697,916
2	Cardiology (invasive)	$3,484,375
3	Neurosurgery	$3,437,500
4	Orthopedic Surgery	$3,286,764
5	Gastroenterology	$2,965,277
6	Hematology/Oncology	$2,855,000
7	General Surgery	$2,707,317
8	Internal Medicine	$2,673,387
9	Pulmonology	$2,361,111
10	Cardiology (non-invasive)	$2,310,000
11	Urology	$2,161,458
12	Family Medicine	$2,111,931
13	Neurology	$2,052,884
14	Obstetrics/Gynecology	$2,024,193
15	Otolaryngology	$1,937,500
16	Psychiatry	$1,820,512
17	Nephrology	$1,789,062
18	Pediatrics	$1,612,500

Combined net inpatient and outpatient revenue generated annually by a single, full-time equivalent (FTE) physician through hospital admissions, procedures performed at the hospital, tests and treatments ordered, prescriptions written, etc.

Academic Neurology Recruitment Challenges

- Clinical/community demand for Neurology coverage

- Maldistribution of subspecialization vs. clinical demands

- Retaining residents

- New Verticals of employment

- Declining clinical FTEs due to academic pursuits

- Difficult to compete with private sector compensation

- Competition in the private and industry sectors

- Spousal employment requirements

Job Opportunities Available by Subspecialty

- General (266)
- Vascular/Stroke (79)
- Movement Disorders (56)
- Epilepsy (51)
- Multiple Sclerosis (50)
- Headache (49)
- Neuromuscular Disorders (42)
- Cognitive Behavioral (33)
- Pediatric (31)
- Clinical Neurophysiology (27)
- Critical Care (26)
- Sleep (16)

AMERICAN ACADEMY OF NEUROLOGY

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In Demand Subspecialties

- General Neurology
- Vascular/Stroke Neurology
- Pediatric Neurology
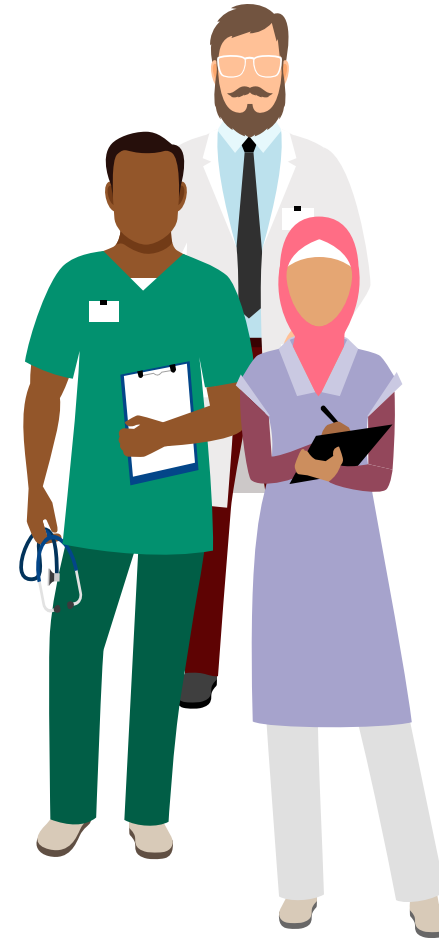
Job Solicitations Received in Final Two Years of Training

	2019	2017	2014	2011	2008
0 to 10	8%	4%	12%	2%	6%
11 to 25	10%	10%	11%	9%	14%
26 to 50	16%	16%	14%	11%	40%
51 to 100	21%	20%	17%	31%	34%
Over 100	45%	50%	46%	47%	6%

Best Practices – Pre-Work

- Confirm your needs with all stakeholders

- Develop an accurate and detailed summary of the available opportunity that confirms job responsibilities, candidate parameters, compensation and available incentives

- Understand your strengths and weaknesses

- Developing an outreach strategy

- Establish protocols and assign responsibilities

Best Practices – Qualifying Candidates

- Preliminary Interviews - Multiple hours on phone
- Involve candidate and spouse/partner
- Identify motivations, needs vs. wants, compatibility, decision-making process, and right match

INTERVIEWING PHASE

- Initial Background Investigation
  - Check known state licensure
- Contact references provided by the candidate

ONBOARDING PHASE

- Access national databank
- Credentialing
- Privileging

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Best Practices – Interview

Itinerary developed based on findings from preliminary interviews

CLIENT INTERVIEW KEYS TO SUCCESS:

- Not a dress rehearsal!
- Video interview recommended
- Detailed, custom itinerary
- Goal is to secure the candidate
- One-day virtual interview process
- Offer follows

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an AMN Healthcare company

Best Practices – Securing the Candidate

- Assure decision, address concerns on contract and family needs

- Negotiation, acceptance and signature

- Begin credentialing

- Ongoing communication

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Sense of Urgency is Key

FIRST INTERVIEW

SECOND INTERVIEW

PRESENTATION

INTEREST DECLINES

TIME
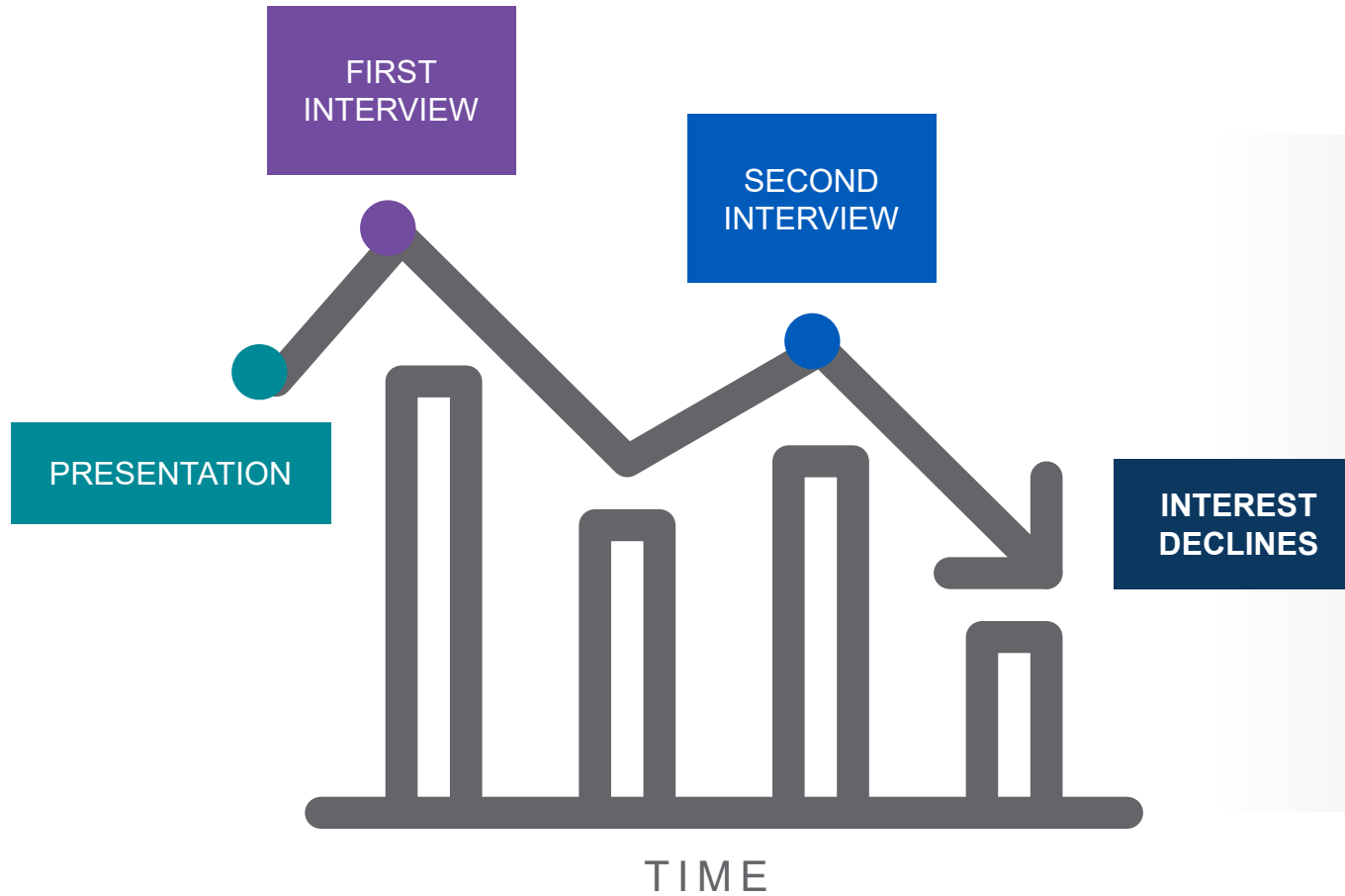
95% of candidates seek other opportunities if they do not commit within 7 days of the interview

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Thank You

AMN Leadership Solutions

How to Recruit for Diversity in 2021
presentation to the Association of University Professors of Neurology

*Exploring Underrepresented Minority
Clinical Pipeline Growth Strategies*

Opportunities

14% Overall

Opportunities

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5.6% (1980)

Opportunities

14% Overall
  5.6% (1980)
7.7% (2016)

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Opportunities

14% Overall
5.6% (1980)
7.7% (2016)
2.5% (2019)

Opportunities in Neurology

	White	Asian	Black or African American	Hispanic or Latino/a	Other/Unknown
■ Population	60	6	13	19	2
■ Occupation	57	17	2.5	5.5	18

■ Population   ■ Occupation
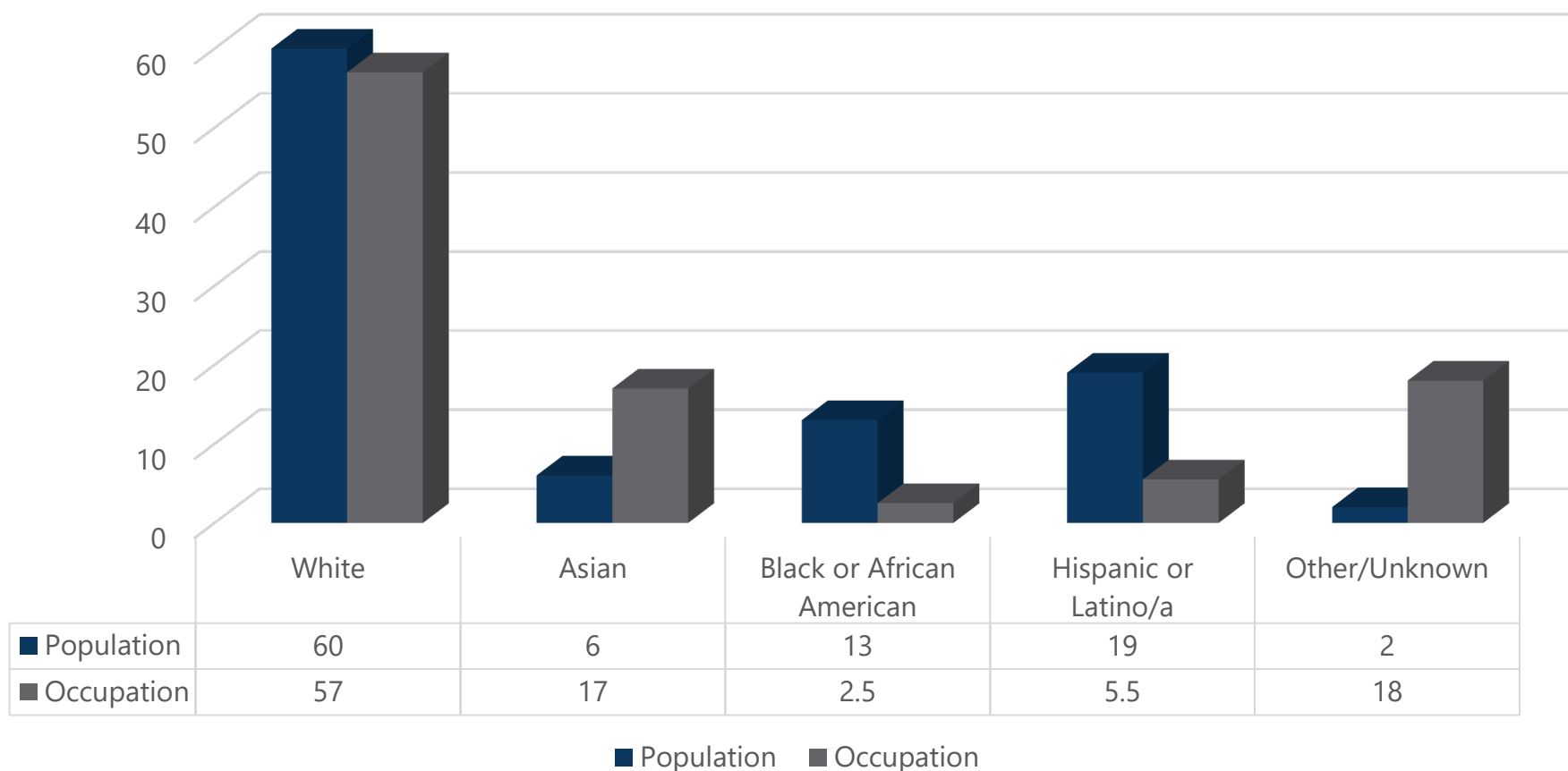
Opportunities

16% Medical School Deans

Opportunities

16% Medical School Deans
15% Department Chairs

Opportunities

16% Medical School Deans
15% Department Chairs
38% Overall Faculty

Opportunities in Neurology

Occupation

70

30

■ Males
■ Females
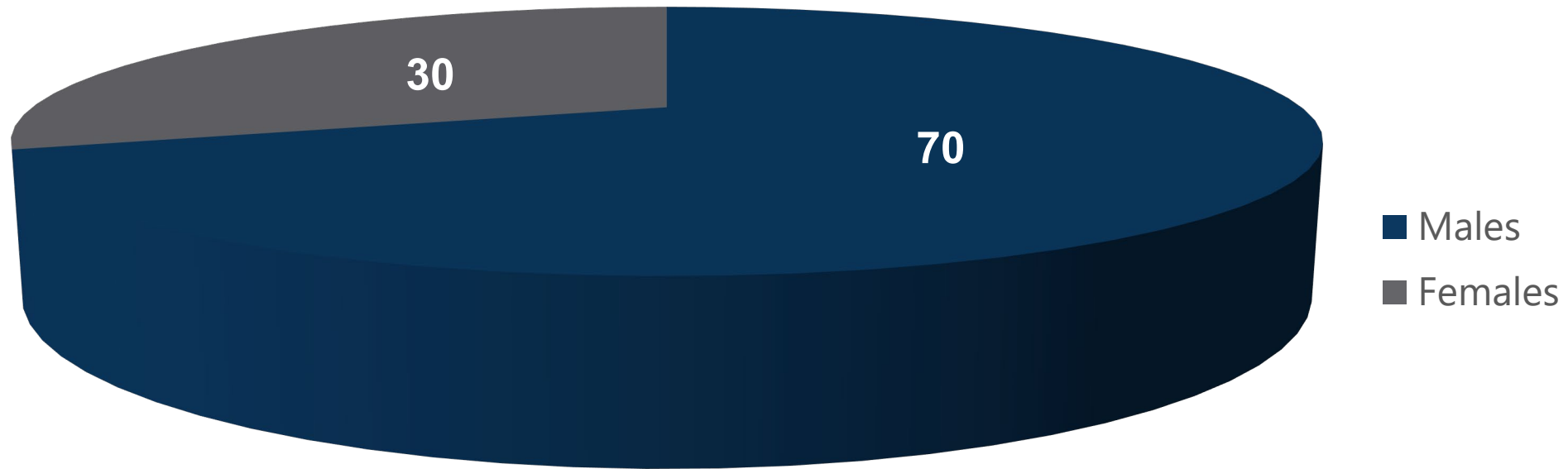
Opportunities

20%

Opportunities

20%

96%

Opportunities

20%

96%

51% – 49% SPLIT!
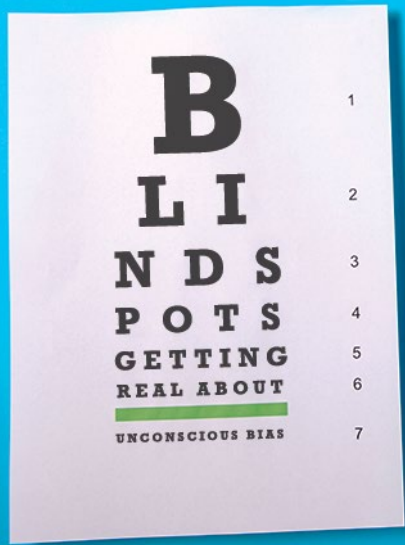
Unconscious Bias

...an implicit association or attitude that operates beyond our control or awareness. It can influence our decision making and behavior.

Unconscious Bias

➢Impacts hiring and evaluation processes

➢Contributes to the lack of workforce diversity

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One of key obstacles to achieving diversity and inclusion…

Unconscious Bias

➢Impacts hiring and evaluation processes

➢Contributes to the lack of workforce diversity

One of key obstacles to achieving diversity and inclusion... not only in health care, but in all segments of society.

Unconscious Bias

➢ How it affects us

➢ How it can lead to disparities in care

➢ How it affects the workplace

Unconscious Bias

➤ Biases can be managed. We all have them.

➤ First step is to become aware of biases

Unconscious Bias

➢ How it affects us

➢ How it can lead to disparities in care

➢ How it affects the workplace

Unconscious Bias

- ➤ How it affects us
- ➤ How it can lead to disparities in care
- ➤ How it affects the workplace

Impact on Search Committees

Unconscious Bias

Search Committee Initiative

➢ Modular, self-study program

Unconscious Bias

Search Committee Initiative

➢ Modular, self-study program

➢ Implicit Association Test: implicit.Harvard.edu

Diversity & Excellence

➢ Hard problems and complex organizations are best addressed by diverse teams

➢ Diverse teams see the world in a different way and with different problem-solving tools

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➢ Identity diversity is a proxy for cognitive diversity because of different life experiences.

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FUNCTIONAL VALUE

Strategic Imperative

- ❑ Organizational buy-in and commitment

- ❑ Organizational goals

Gap Analysis

- ❑ Demographic survey of clinicians

- ❑ Comparative Analysis with AMC's service area demographics

Design

- ❑ Pilot Program

- ❑ Optimal Clinical Unit

Our Approach

Multi-pronged URM clinical pipeline development

4 Main Pillars

1) Recruiting and retaining high potential current trainees

2) Building the front end of the pipeline

3) Targeting recruitment of URM faculty (mid-career)

4) Creating an inclusive environment

Considerations

✓ Leadership buy-in

Considerations

- ✓ Leadership buy-in

- ✓ Primary Care v. Specialty

Return on Investment

❑ Track results

❑ Evaluate and adapt

❑ Expand

Initial Consultation

URM Clinical Pipeline Growth Strategy Engagement

- ❑ By Phone or VC
- ❑ Review
  - *Talent Composition*
  - *Requirements*
  - *Acquisition Methods*
  - *Resources*

Thank You

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Pros and Cons of Virtual Interviews

Brett M. Kissela, MD, MS

Professor and Albert Voorheis Chair

Department of Neurology and Rehabilitation Medicine

Senior Associate Dean for Clinical Research, UC COM

Chief of Research Services, UC Health

Tele-Stroke

- Illustrative to reflect on pre-pandemic use of tele-video patient care
- Upside:
  - Immediate connection for timely care
- Downside:
  - Examination of the patient remotely
  - Loss of information during history—nonverbals, especially from family/caregivers
  - Depersonalization?

Zoom calls on Thanksgiving

- Upside:
    - Hey, we got to talk to each other without becoming a super-spreader event!

- Downside:
    - Hard to have group calls—conversation doesn't ebb and flow naturally, often have to "call the roll" so as to take turns talking
    - Natural tendency to drift in and out of conversations with others not really possible
    - Happy hour = OK, dinner not so much

Residency Interviews—UC Neurology

- Night before: happy hour
  - "Speed dating" using breakout rooms
- Day of interview:
  - Welcome and information session (ppt)
  - Challenging Case Conference
  - Interviews (breakout rooms)
  - Non-interviewing time:
    - Day in the life of a resident
    - Virtual tour

Residency Interviews—UC Neurology

- Website, social media, marketing
- Video made to describe culture of residency, including interviews of residents
- Facebook and Twitter accounts
- Instagram: CincyNeurology
  - Resident created and curated
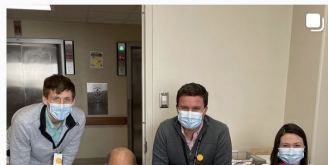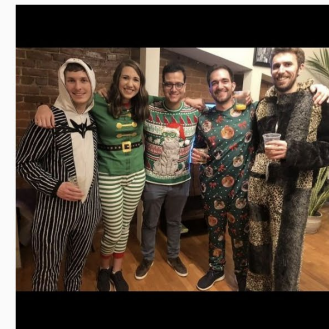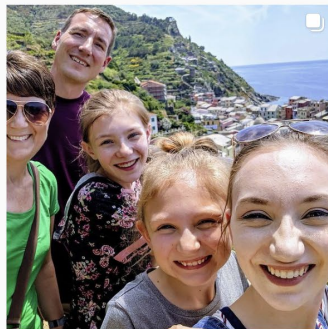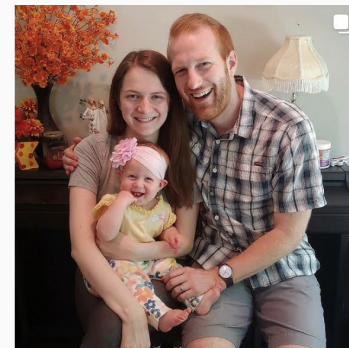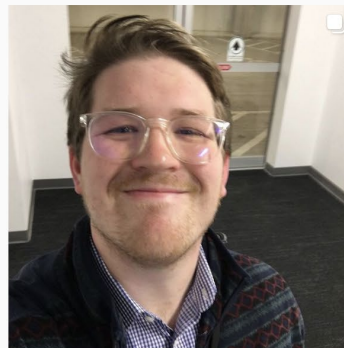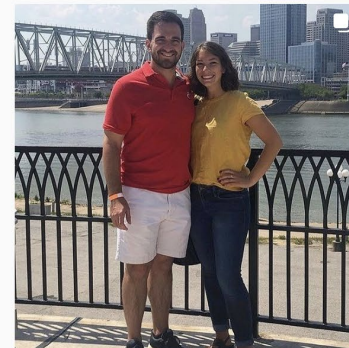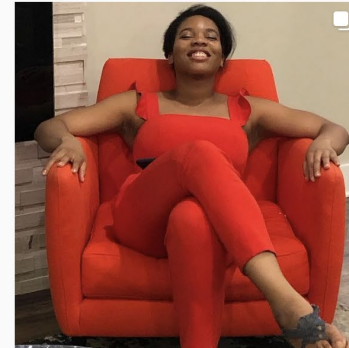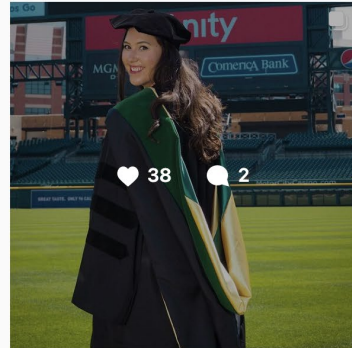
Residency Interviews

- Upside of virtual interviews:
  - No travel! = Cost and time savings
  - Application trends?
    - More broad application pattern, especially geographically?
    - Less "dropouts" at end of year?
  - Fairness? Level playing field > in person?
- Downside:
  - Loss of insight regarding personality during dinner
  - Less interpersonal bonding
  - Candidates can't see facilities in person

Faculty Interviews

- Dean's mandate: no in-person interviews EXCEPT for final consideration/decision-making
- We have had a good recruiting year
  - Some were residents or fellows—all virtual
  - For others:
    - Visit at time of second visit, or after 2nd interview in some cases
    - Socially distanced dinner vs virtual happy hour

Faculty Interviews

- Our routine—
  - Start with a phone call—to see if there was mutual interest before planning interview
    - Now we've moved that to a virtual first interview
  - First interview = relationship building, mutual interest?
    - Had included tour, dinner, etc
  - Second interview = business details, additional meetings of interest, etc.
- Now more likely to get to second interview and more quickly, but loss of socialization/interpersonal relationship building

Pros and Cons of Video Interviews

- Pros:
  - Expense savings
    - Less travel cost, easier to schedule, no weather issues
  - Speed/Efficiency
  - Easier to involve more people/fewer logistical challenges
  - "less risk" for both parties
    - widens pool of applicants and decreases barrier to entry
    - may promote diversity.

Pros and Cons of Video Interviews

- Cons:
  - lacks personal touch and relationship building
  - miss opportunity to experience values and culture and socialization
  - lack of opportunity to experience locale
  - Technology problems!!!
    - Connection issues
    - Freezing
    - Audio problems
    - "You're on mute"

Some Random Thoughts

- Background
- Lighting (too much, too little)
- Pets (and other background distractions)
- Food/eating
  - Door Dash/Uber Eats vs Wine Basket vs other
- Dress code (?)
- Where to look? (especially when using phone or tablet)

The Future—some speculation

- For us, first faculty contact likely virtual?
  - Interview vs "upgraded phone call"?
  - Not sure if 1 or 2 visits thereafter
- For residency program interviews/medical school interviews
  - Maybe good to keep them virtual?

Questions?