Locum Tenens Services
Connecting Physicians to Communities

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Goals

- Better understand the national and local perspective on physician workforce
- Access to care for rural populations
- UNM LT as a case study
- Introduction to the OHSU Locums Program
21% of the U.S. population live in a rural area
65 million people live in PC HPSA’s
Only 10% of physicians practice in rural areas
58% of rural physicians are family physicians
U.S. population will increase 25 million/decade
>65 y.o. will double between 2000 and 2030
>65 y.o. generate double the doctor visits <65 y.o.
Increasing rates of diabetes, morbid obesity, chronic dz
Barriers to Improving the Health Professions Supply in Rural, Frontier & Urban Medically Underserved Areas

- CMS penalizes hospitals training residents in community health centers & community based settings
- Accreditation - ACGME, RRCs create barriers to interdisciplinary training in hospital & non-hospital venues
- $8 billion federal dollars spent on IME, GME utilizing opaque formulas
- Health professions training incentives are not aligned with the types of doctors and health professionals needed, or to where they are most needed (rural, frontier and urban underserved)
Where do more physicians go?

For every 1 physician that settled in a low supply region, 4 physicians settled in a high supply region.

Adapted and presented by Fitzhugh Mullan, The George Washington University
A good doc is hard to find
Rural hospitals are in a constant struggle to bring top-level doctors to the area

Home-grown physicians are a favorite solution

By KATHY ANEY
The East Oregonian

Imagine graduating from medical school with $150,000 or $200,000 in debt and looking around for your first job as a doctor.

“You want to get rid of that debt,” said Robert Duehnig of the Oregon Health & Science University’s Office of Rural Health. “You don’t necessarily look at rural areas as an option.”

Rural doctors, according to OESU data, tend to earn less money and work more hours than their urban counterparts.

One reason is doctor-to-patient ratios are lower in rural areas. Umatilla County has 1.4 doctors per 10,000 people.

Health Care

This is the second in a three-part series on Health Care.

By ERIN MILLS
The East Oregonian

In the city of Boardman, almost everyone knows that change is on the way. There are new businesses slated for the Port of Morrow and the city is developing a new enterprise zone and urban renewal plan. There's also the long-awaited Pacific Northwest Motorsports Park, which promises a steady stream of new tourist dollars.

But the latest change seems to have come out of left field — the introduction of refugees from countries all around the globe.

About 50 refugees now work at Threemile Canyon Farms and Boardman Foods, placed there by the International Rescue Committee, an organization that helps people from war-torn areas settle in the United States. They've come with their families, a willingness to work hard and a capacity to adapt.
Establish Oregon’s Health Access Challenges

- The Oregon Health Workforce Institute
  www.oregonhwi.org
- Economic realities of rural health
- Challenges of rural practice (nothing new!)
  - Vacation & CME coverage
  - Patient access, continuity of care
  - Stress/burnout
  - Retention/turnover
  - Isolation/resources
Percentage rating issue “very important” (part 1)

- Medicare reimbursement: 78.6% (2009), 65.6% (2006)
- Cost of doing business: 77.0% (2009), 63.4% (2006)
- Health care reform: 70.3% (2009)
- OHP/Medicaid reimbursement: 64.1% (2009), 56.1% (2006)
- Stress and burnout: 60.5% (2009), 50.1% (2006)

2009, Oregon Physician Workforce Survey, DMAP, DHS
Percentage rating issue “very important” (part 2)

- Impact of the economy on my practice: 60.0%
- Commercial health plan reimbursement: 59.3% (2009), 56.0% (2006)
- Patient safety: 58.0% (2009), 53.3% (2006)
- Electronic health record adoption: 53.1% (2009), 49.1% (2006)
- Retention of physicians: 50.4% (2009), 49.2% (2006)

2009, Oregon Physician Workforce Survey, DMAP, DHS
UNM Locum Tenens Services

- Emergency Medicine
- Family Medicine
- Nurse Practitioners
- General Internal Medicine
- Hospitalists
- Physician Assistants
- Urgent Care

THEY DON'T DISCRIMINATE, EVERYONE ELSE IS CONSIDERED SPECIALTY EXTENSION SERVICES
UNM Locums Program
Snapshot

- Began in 1993 to fill recognized gap for rural and medically underserved access to primary care services
- Budget is met via revenues and supplemental State appropriations
- FY 2007 saw an average of 300 placements per month and 3,593 days (35,185 days since 1993)
- 550 UNM faculty, staff and resident MDs participated
LT Total Days of Coverage By Fiscal Year, FY99 - FY06

TOTAL DAYS OF COVERAGE

FY93 FY94 FY95 FY96 FY97 FY98 FY99 FY00 FY01 FY02 FY03 FY04 FY05 FY06

FISCAL YEAR
Snapshot Con’t

- Over 250 resident graduates and LT MD’s settled in areas they covered
- Fosters collaborative relations with rural MD’s (hospital referral benefits)
- Strengthens rural component of primary care residencies
- Coverage is across all 33 New Mexico Counties
OHSU Locum Tenens Program

- A decade of envisioning by Lisa Dodson and John Saultz
- Built on the UNM framework
- Operating a mission specific, non-profit business within confines of OHSU
  - The good, the bad and ugly
- Service differentiation
- Begins with Family Medicine with hopes of service expansion
Program Components

- Administration
  - Scheduling, pay, travel, dotting i’s and crossing t’s
- Contracts
- Establishing Rates
- Providers
- Practice Sites
The Contracts

- Boilerplate main content, non-negotiable reasoning
- Modification of appendices
  - Scope of Practice
  - Clinical schedules & coverage
- Duration and rate schedules
- Site visits
Contract Language…
Built on experience, let me explain…

- Practice or Facility Certification
- Qualifications and acceptance of OHSU clinician
- Medical Legal liability of OHSU
- Recruitment and non-solicitation
- 30 day cancellation clause
- Travel and costs
- Obligation of OHSU Locum Tenens
### Primary Care Locum Tenens Benchmark Site Charges and Provider Payments - Updated March 22, 2007

#### Site Charge Benchmarks

<table>
<thead>
<tr>
<th>Specialty</th>
<th>AAMC Total Cost</th>
<th>Hourly</th>
<th>MGMA Total Cost</th>
<th>Hourly</th>
<th>MGMA APC</th>
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* Insufficient Data Available

Assumptions: Total Cost = Salary + 24% Fringe + 10% Program Overhead Costs; 1800 Hours per year (U.S. Bureau of Labor, Avg US Worker)

#### Provider Payment Benchmarks

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<tr>
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<th>AAMC Total Cost</th>
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<th>MGMA Total Cost</th>
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AAMC Report on Medical School Faculty Salaries 2005-06, January 2007. Table 12 Public Schools, Median, Assoc Prof
MGMA Physician Compensation & Production Survey, 2006 Report, Median Income by Specialty
MGMA Academic Practice & Production Survey for Faculty & Management. 2006 Report. Median Assoc Prof Table 7B.
Assumptions: Total Cost = Salary + 24% Fringe; 2700 Hours per year (AMA Data)
Program Providers

- Faculty Physicians
- Resident Physicians
- On-Call Staff Physicians
  - Locums “employees”
- Midlevels, dental, nursing to come
Where are we today?

- Contract templates completed
- Contracting process initiated
- Initial rates determined
- Begin posting of openings
  - Gauge internal interest
  - Work through “bugs”
Planning for Tomorrow

- OHSU wide support
- Web-based administration
- Legislative recognition of a rural problem
- Buy-in to Locum Tenens as a contributory solution to care access
- Research and education components
- Stick with it and grow
Questions, Comments?

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