

Spoiler Alert: Finding the Right Cardiologist is Proving Difficult for All

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As anyone who has been in healthcare for more than 5 minutes will tell you, trends in the industry come and go, the pendulum swings back and forth, and there is no soothsayer with a crystal ball that can tell us what to look out for exactly in the next 5 years. But there is one thing for certain — you cannot solve today’s problems by living in yesterday’s world. For Corazon, the world we are living in right now includes a clear fact that most cardiovascular programs across the country are not able to hire the number of general cardiologists they need to achieve their current needs, much less meet many financial and growth goals that have been optimistically forecasted. Using the same old roadmap will not get you to the destination if the roads have changed. But the good news is that, if you are open to a new route, you can certainly

get there if you are willing to take today’s roads, even though you may feel anxious about the ride.

A few years ago, Corazon’s recruitment division was facing similar challenges with their cardiovascular clients, but the unattainable “unicorn” at that time was the cardiac surgeon. Our client partners were experiencing delays in new program starts, diverting patients to competitors, or scrambling for locums coverage, all of which made hospital leaders anxious, given the effects of this loss of revenue. What we can rely on are the facts of today’s world that should be the basis of any manpower needs assessment. The infographic in the Figure indicates a few key statistics in terms of the population needs, and office visits or procedures expected to determine cardiovascular physician needs.

The next step in the process of determining

a need should always be to overlay the current market conditions for the specific specialty. Clients often come to specialty firms for insights into both steps. Of course, many times, it may be after a long period of internal searches that have come up short of expectations or failed completely. For example, when Corazon is asked to launch a search in the cardiology physician space and the discussion begins with “We need 8 non-invasive cardiologists,” we immediately evaluate if the point of contact has an awareness of the current cardiologist supply trends.

It is important to understand what brought this new wave to our shores. Following the COVID-19 pandemic, most cardiovascular programs found some common themes that others were experiencing to ride that wave and stay afloat. Because nonprocedural cardiology services are not emergent, clinics, offices, and practices were shut down or offered more limited patient services. Very few of those office or diagnostic entities were able to take new patients. It also became difficult to maintain volumes for therapeutic procedures without diagnostic services or through virtual appointments.

The resultant delay in patients receiving procedures created a backlog of patients (both new and current) who were at risk to seek out other options that included other providers with shorter wait times

Figure. Need for cardiovascular physicians: 3 methods of determination and key influencing factors.

Method 1: Population Ratios

Specialty	Physician Need per 100,000 ppl
Interv. Cardiology	1.0
General Cardiology	3.1
PCP	16.9

Adjust physician need to reflect the population your hospital services

Method 2: Volume Need

- For proceduralists only
- Determine annual volume (actual vs. Projected)
- Calculate # of minutes using case times
- Determine total available minutes based on hours of operation
- Calculate # of Interventional Cardiologists needed to perform actual vs. projected volume

Method 3: New Patient Visits

Median Threshold per Cardiologist	Volume
New Patient Office Visits/Consults	376
Panel Size	1,711
Caths per 1,000 active patients	67
PCIs per 1,000 active patients	27

Source: Medaxiom 2023 Cardiovascular Provider Compensation & Production Survey

Finding cardiology providers is a supply/demand issue. The key influencing factors include:

Factors Impacting Workforce Demand
Growing Disease Burden <ul style="list-style-type: none"> • Leading cause of death • Aging population
Increase access to care <ul style="list-style-type: none"> • Increase # of patients
Therapeutic Advances <ul style="list-style-type: none"> • Enhanced treatments



Factors Impacting Workforce Supply
Decreased Reimbursement <ul style="list-style-type: none"> • Medicare payment reform • Value based payment
Gaps within workforce <ul style="list-style-type: none"> • Sex, age, race, geography • Burnout
Cardiovascular Training <ul style="list-style-type: none"> • Lengthy, expensive • Subspecialization

or providers that were closer to home. To combat this situation, many programs were forced to either add locums to help with the backlog and/or add to the current physician complement. Both of these choices drove the market demand and financial cost. Corazon experienced that once prospective clients reached out for support, it was because they had experienced open searches for over a year or longer, with little to no results.

Corazon had clients that were paying traditional locum firms and private practice cardiologists locums with significantly increased fees compared to the prior year. Particularly for the latter group, these cardiologists were dictating exorbitant fees upfront because they were well aware of the industry trends and could take those assignments with the highest bidder. Just as with any temporary staffing service, Corazon has now seen most corporate or individual hospital leadership mandating clear edicts to immediately stop expenses associated with staffing that is not permanent.

These market forces have driven the demand for many physician specialties and there is a large need for general cardiology skills and services. A forthright discussion related to the atmospheric elements and strategies that bring success is key to placement success. The initial discussions can be broken into two buckets, flexibility and dexterity. If a cardiovascular program is not open to adjusting the traditional recruiting approach through all aspects of the search process, then it is unlikely to be successful. Education to keep these searches grounded in the reality of the current market is key (Table). Ensure the commitment your team, even if it takes them out of their comfort zone.

Ensure that all stakeholders who are determining the physician need and deciding on the actual plan for hiring understand the reality in today's marketplace for the clinical specialty they are seeking. Ideologies like "we are the best program in the region and anyone would be thrilled to work here" was a key driving point 2-3 years ago, but today requires a different mantra to put forward to candidates. A lack of fact-based knowledge and real-world insights can trouble a search even before it sets sail.

If you are hoping to expand your cardiology department, another area that may not be consistent with current thought is what the role of that physician looks like and what other options are out there as far as specific physician type. We often see clients be more successful when they are evaluating an interventionalist, for example, whose role may be split between the procedural side and acting as a generalist. This is a great way to utilize physicians at a point in their career when they may desire a less intense procedural-based schedule but to still maintain their procedural competencies. Corazon has found that there are often high compensation asks for a generalist, and the above scenario can create compensation equity among the complement of specialist and

even provide more scheduling flexibility overall.

One other consideration for increasing recruitment success, particularly in a multiple position search effort, is that you **MUST** speak to any candidate who meets the qualifications, even though they may not completely fit into the wish list. A poignant example is the pushback we receive from clients when the physician's years of experience differ from the initial profile, which can create a major lost opportunity. Programs and facilities that look at those long-term careerists who have 5 years or less of projected productivity are great candidates for many reasons. Not only are they less likely to leave the position early, but their seasoned viewpoint and knowledge can be invaluable to keep others in balance and provide an example of a strong work ethic. Their experience can allow them to offer mentorship as well.

Another guiding principle should be for the search stakeholders to commit to speaking with ANY candidate that meets the requirements. Screening out candidates who can bring exactly what you need should not be ruled out because of hearsay or conjecture from the current provider team. If a negative comment is raised by someone, it is also an opportunity to clarify. Taking the time to speak to the candidate can dispel any inaccuracies and may provide a different perspective. Allow the physician candidate to explain their interest in the opportunity, as they may have an additional valuable insight that can be a win-win for all.

Understanding the current market with respect to compensation models and benefit packages is a must. You may have well-qualified physicians seeking to join your program, but if the proposed compensation package is not competitive enough to make them leave their current situation, then it is likely that they will feel like there is an unwillingness to invest in them, something that many are unable to get past. Understand the expectations early in the candidate screening process regarding relocation dollars, loan repayment, sign-on, etc.

Certainly, the benefit of working with a national, niche firm is that recruiters are speaking with a large pool of clients about these market dynamics every day and are benchmarking what successful placements look like, what physicians are asking for, and what makes the difference between candidacy and employment. For example, if candidate after candidate is rescinding their interest when compensation is discussed, it is more than likely this is not going to change, and word will soon spread among the entire candidate pool that these openings are not competitive. Talk to colleagues at other programs to get their insight on their most recent hires for the same specialties that you are interested in recruiting.

Even if the foundational aspects of a particular recruitment have been well underway, everyone part of the search process must be ready and willing to commit to a realistic and aggressive search timeline in order for the successful placement

Table. The key elements to a successful search.

1)	Educating all stakeholders on current marketing and industry conditions, and gaining consensus on reasonable needs and expectations.
2)	Demonstrating flexibility in the current staffing models and structures.
3)	Agreeing that the goal is to engage any interested candidate that meets the requirements.
4)	Consenting to compensation that matches current market conditions.
5)	Prioritizing the timeline to hire for all stakeholders that are participating in the recruitment initiative.

to occur. There must be a clear understanding that with the shortages in physician cardiology resources, every milestone of the search must be handled with efficiency to meet the timeline that is agreed upon and it is shared with the candidate(s) as well. If a candidate does not consistently feel interest, then they will seek another opportunity, even when it is not their first choice. Long delays in any part of the process are a red flag and once a candidate is of the mindset that they are ready to make a move, it is more than likely to occur.

Given the current state of the market, when it comes to maintaining or growing a cardiology program, there is no doubt that the passive approach of posting on a website is unlikely to bring the kind of candidate pool that will achieve results. Internal provider recruitment teams may not have the ability to give the kind of focus that a search firm can offer. However, if this is not an option, understanding the aspects of the current market, the ability to stretch the boundaries of traditional roles, and a firm commitment to taking the search from launch to placement must be in place at all levels of the program. Several years from now, there may be discussions about other specialties and the associated physician recruitment challenges. Physician recruitment is never easy, though with a firm understanding of the current environment and the necessary tools to fight the battle, success can be had. Trends come and go, and those who understand and work with them, not against them, will remain in good stead. ■

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Corazon, Inc., offers strategic program development for the heart, vascular, neuro, and orthopedic specialties. Corazon provides a full continuum of consulting, software solution, recruitment, and interim management services for hospitals, health systems and practices of all sizes across the country and in Canada. To learn more, visit corazoninc.com or call (412) 364-8200. Steve Geyer can be contacted at sgeyer@corazoninc.com.

