



## **Help Wanted: Physicians**

The State of Physician Recruitment  
and Retention in Texas

Table of Contents

Executive Summary ..... 4

Introduction ..... 6

Physician Recruiting Is Critical for Hospitals ..... 7

Hospitals Seek Primary Care Providers ..... 10

Board Members Play a Role in Recruiting ..... 11

Hospitals Recruit Successfully But Face New Competition..... 12

Hospitals Also Prioritize Physician Retention..... 15

Engaging Physicians Presents Challenges..... 16

Physicians Have Greater Role in Governance..... 18

Key Takeaways ..... 20

Additional THT Resources ..... 21

References ..... 23

Texas Healthcare Trustees would like to acknowledge and thank Merritt Hawkins for its help in the creation of this resource. The information in this paper will help governance leaders at hospitals and other health care organizations understand the current climate of physician recruitment and retention in Texas. Additionally, THT hopes this information will generate discussion in the boardroom and provide relevant data as boards implement related processes and policies.

## About Texas Healthcare Trustees



THT is a statewide association based in Austin whose members are the governing boards of Texas hospitals, health care systems and health-related organizations. THT provides education, resources and leadership development for its members, which include more than 450 governing boards representing nearly 4,000 trustees. Founded in 1961, THT is the oldest trustee organization in the country. THT is a member of the Texas Hospital Association family of companies and also works closely with the Texas Organization of Rural & Community Hospitals.

## About Merritt Hawkins



Merritt Hawkins is one of the leading physician search and consulting firms in the United States and is a company of AMN Healthcare (NYSE: AHS). Merritt Hawkins partners with hospitals, medical groups and other facilities nationwide to create and carry out effective strategies for physician and advanced allied health professional recruiting. The company offers both the expertise and the comprehensive range of recruiting resources necessary to be successful in today's challenging recruiting market.

Merritt Hawkins has been recognized for its expertise by various publications, including *The Wall Street Journal*, *Fortune*, *Modern Healthcare*, *Hospitals & Health Networks* and *HealthLeaders*. Its physician surveys and white papers are industry benchmarks that regularly are cited and referenced by health care organizations, media outlets, academic centers and policy institutes nationwide. The firm's executives are selected to speak before dozens of health care professional organizations annually, including various trustee organizations.

As a member-driven organization, THT constantly strives to meet the needs of hospital and health care system trustees. Physician recruitment and retention are among the most requested topics for resources and education. Limited data about physician recruitment from the governing board perspective – especially Texas-specific data – are available, so THT partnered with Merritt Hawkins to survey its members on the topic and develop this paper. Merritt Hawkins, an AMN Healthcare company, helps THT achieve its mission through various educational resources, including the *Trustee Guidebook*, presentations, white papers, surveys and interactive Web-based resources.



## Executive Summary

Physician recruitment, retention and alignment continue to be determinants of success for hospitals, especially in the age of health care reform and delivery system transformation. Texas Healthcare Trustees, with support from Merritt Hawkins, surveyed its members asking what their organizations are doing in these areas. The aim of the survey was to provide a comparative view of what hospitals throughout the state are doing in terms of physician recruitment and retention as well as provide baseline data for future research.

THT received 265 completed surveys from trustees at 149 different hospitals around the state, resulting in a 10 percent response rate.

### Key Findings



**More than three-fourths (86 percent) of Texas hospitals are recruiting physicians.** Slightly more than half (54 percent) of responding trustees reported that recruiting is “a top priority” for their organization, while 37 percent reported that it is “important, but not a top priority.” Only 2 percent reported that physician recruiting is “not a priority.”



**Primary care providers continue to be the most sought.** Respondents reported that their hospitals were seeking providers in the following areas:

- Primary care (family practice, internal medicine, pediatrics);
- Surgical specialties;
- Internal medicine subspecialties; and
- Hospital-based fields (radiology, anesthesiology, emergency medicine).



**Hospitals continue to report recruiting success.** Eight out of 10 respondents said their organizations’ physician recruitment has been “very successful” or “somewhat successful.”



**While other hospitals/health care systems continue to provide the greatest source of competition, non-hospital settings also are competing for available physicians.** Other sources of competition include:

- Group practices;
- Urgent care centers;
- Freestanding emergency departments/centers; and
- Retail clinics.



**Physician retention is important to hospitals.** About 70 percent of respondents said their hospital leadership regularly meets with or surveys physicians on staff to measure their satisfaction. Respondents also reported other retention activities, such as discussing physician needs, monitoring physicians' retirement plans, and identifying ways the hospital could provide increased support to physicians. Some 43 percent of respondents said their facilities schedule exit interviews when physicians leave.



**Physician engagement is the most challenging area hospitals face in achieving physician alignment.** Some 41 percent of physician trustee respondents see physician engagement as the most challenging area of alignment, and 35 percent of non-physician trustee respondents agreed. Both physician and non-physician trustees see data management and compensation models as other top alignment challenges.



**The majority of hospital boards involve physicians in governance.** About 71 percent of respondents said they have a physician serving on their board, and 85 percent have a physician on a committee. Urban hospitals appear to be taking the lead in involving physicians in governance.

## Introduction

Health care reform and the evolution of how services are delivered are encouraging better alignment between hospitals and physicians. Because both government and private payers' increasingly are tying reimbursement to quality, doctors and hospitals have shared incentives to make sure each patient receives optimal care and has the best outcome possible.

The ability of the hospital/health care facility to work with, recruit and retain physicians determines the extent to which it can fulfill its mission to provide quality care and remain financially viable. Now more than ever, the profitability of the hospital is linked to the medical management of the patient provided by the physician. Physicians' adherence to evidence-based best practices and hospital protocols for treating specific injuries or illnesses has real financial consequences. For example, both hospitals and physicians are penalized for unanticipated returns to surgery and readmissions within 30 days of discharge. Recruiting physicians who implement evidence-based best practices and comply with quality protocols – from hand-washing and surgical pre-incision timeouts to timely discharge and careful monitoring of patients post-hospitalization – is critical. Just as important is retaining those high-performing physicians.

Unfortunately, the demand for these physicians exceeds the supply. According to a report from the Association of American Medical Colleges, the nation will face a shortage of 46,000-90,000 physicians by 2025.<sup>1</sup> Medical schools and the limited supply of graduate medical residency slots are not keeping pace with the growing demand for medical services driven in part by an aging population. In addition, many long-time physicians are nearing retirement age; others no longer want an independent practice and the burden of operating a small business.

And hospitals aren't the only ones seeking physicians. New health care delivery outlets, such as retail clinics, freestanding emergency centers and urgent care centers, are offering stiff competition.

To help members address this growing issue, THT surveyed its members on their physician recruitment, retention and alignment strategies in October/November 2014. The survey was distributed via mail and email to 2,763 health care governing board members. THT received 263 completed surveys

from trustees at 149 different hospitals around the state, resulting in a response rate of approximately 10 percent. This report provides an in-depth look at the information learned through the survey and offers some perspective and context for evaluating the findings.

## Physician Recruiting Is Critical for Hospitals

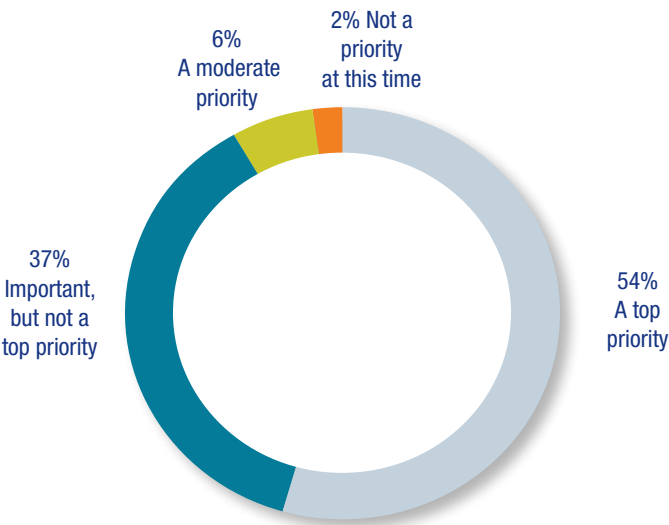
Today, all but the smallest hospitals have at least one full-time physician recruiter on staff. Larger facilities and systems have multiple employees whose job is physician recruitment. Recruitment of physicians can be particularly challenging for hospitals in rural communities. Hundreds of outside firms provide supplementary resources to both urban and rural hospitals for permanent and temporary physician recruiting. For most hospitals, recruiting no longer is done on an ad hoc basis but is part of an ongoing strategic process that incorporates physician retention in a continuous cycle.

Because of the severe shortage of some specialists as well as family practice physicians, this is a seller's market. The competition for physicians finishing their residency training is fierce. Some 89 percent of final-year medical residents surveyed by Merritt Hawkins said they were contacted at least 10 times regarding practice opportunities, and 77 percent were contacted 26 or more times. Almost one-half received more than 100 contacts for jobs.<sup>2</sup> The only way to be successful in this very competitive environment is for the hospital to approach physician recruiting with a sense of urgency and commitment.

According to the THT survey, more than three-fourths (86 percent) of Texas hospitals are recruiting physicians. Slightly more than half of respondents (54 percent) say recruiting is "a top priority" for their organization, while 37 percent reported that physician recruiting is "important, but not a top priority." Only 2 percent reported that physician recruiting is "not a priority."



## Where Does Physician Recruiting Rank as a Strategic Priority for Your Facility?



As evidence of the ongoing importance of physician recruiting, 71 percent of respondents reported that their organization has conducted a needs assessment in the last two years. The ongoing need to focus on physician recruitment is reinforced by the fact that 85 percent of respondents anticipate new patient growth in the next three years. Some 40 percent of respondents also expect to expand services or add a new delivery site.<sup>3</sup>

### Demand for Health Care Is Growing

The population continues to grow; since 1997, the U.S. population has grown by 50 million people. According to December 2014 data from the U.S. Census Bureau, from 2010 to 2014, the Texas population grew 7.2 percent compared to the U.S. growth rate of 3.2 percent.<sup>4</sup> The situation is compounded by the fact that about 10,000 Americans turn 65 every day and will continue to do so for the next 20 years.<sup>5</sup> Although the 65+ age group represents only 12 percent of the population, its members account for more than 33 percent of community hospital stays.<sup>6</sup>

More Americans have health insurance than ever before, adding to the demand for health care services. More than 8 million Americans have obtained coverage through the Affordable Care Act, including almost 1 million Texans who have enrolled in private health insurance through the federal health insurance marketplace.<sup>7</sup>

## Physician Shortages Still Exist

By 2020, U.S. medical schools will be producing 27,000 graduates annually, which is 50 percent more than in 2000. However, Congress capped Medicare funding for residency training in 1997 and there has been little growth since then, despite more than 60 state medical societies, specialty societies and hospital organizations calling for the cap to be lifted.<sup>8</sup> Lack of residency slots delays the availability of practicing physicians.

## Practice Options Have Increased

Today, physicians have a wide range of practice options. Many more physicians are choosing employment arrangements where they have more control over their schedules. As a result, physicians are working fewer hours and seeing fewer patients.

Physicians may seek employment with hospitals or clinics, but they also can practice in urgent care centers, freestanding emergency departments or retail clinics. Hospitals, accountable care organizations, large medical groups and other entities are working to make health care more accessible, especially beyond normal office hours, and actively recruit primary care/internal and family medicine physicians.

During the next five to 10 years, health care will experience a major exodus of physicians as they retire. Some 40 percent of active physicians today are 55 years old or older.<sup>9</sup>

## Hospitals Seek Primary Care Providers

The top practice area sought by Texas hospitals continues to be primary care. THT survey respondents reported that the areas of practice being sought most frequently include:

- Primary care (family practice, internal medicine, pediatrics);
- Surgical specialties;
- Internal medicine subspecialties; and
- Hospital-based fields (radiology, anesthesiology, emergency medicine).

The situation in Texas hospitals mirrors that of the nation. For the eighth consecutive year, family medicine was Merritt Hawkins' most requested search assignment, with general internal medicine ranking second, also for the eighth consecutive year. Demand also remains strong for physicians providing inpatient care. After family physicians and general internists, hospitalists ranked third among Merritt Hawkins' top 20 search assignments.<sup>10</sup>

## Primary Care Physicians Remain in High Demand

Primary care physicians – defined as family physicians, general internists and pediatricians – continue to be in high demand as health care delivery models change. Consolidation within the health care field and the growth in ACOs are fueling the demand for primary care physicians. Federally qualified health centers and Veterans Health Administration facilities also are competing for primary care physicians. Primary care physicians are needed to manage the health of large population groups, secure market share and deliver team-based care.

Specialty services such as sleep centers, heart centers and orthopedic centers are growing. They require primary care doctors to provide referrals, so hospitals and larger medical groups have expanded their recruiting efforts.

## Fewer Physicians Are Interested in Primary Care

Although primary care physicians are in high demand, the number of medical students interested in pursuing a career in the primary care specialties has been declining. Lower pay, longer work hours and the growth in medical specialties may have contributed to this lack of interest. However, interest in primary care residencies among American medical school graduates has increased recently, perhaps due to growth in delivery system models that use more primary care physicians.

## Board Members Play a Role in Recruiting

Although governing board members typically are not involved in the day-to-day process of physician recruitment, they should monitor the hospital's search process/success and participate as appropriate. Most importantly, the board should ensure that the hospital is in compliance with federal laws that impact physician contracts and incentives. Specifically, the board must ensure that the hospital complies with federal laws and regulations addressing anti-trust and anti-kickback prohibitions and physician self-referral.

In addition to providing oversight of the recruiting process, the board should make sure that appropriate resources are available for recruitment; commit to the process; make recruiting a priority; and insist on a strategic, ongoing and sequential recruiting and succession plan.

One or two governing board members may be part of the hospital's physician recruiting team, which also should include staff physicians, the physician recruiter, administrators of local medical groups and appropriate hospital department representatives. Board members who are not on the search committee may be invited to join social activities. These leaders may help "sell" the community and can share insights regarding their particular expertise, such as the real estate market or the education system. Once a physician is successfully recruited, the CEO and board members can help the physician learn about the resources available in the community and how to get involved.

The THT survey probed how Texas health care board members are involved in physician recruiting. Almost two-thirds of respondents have little to no involvement in recruiting with 25 percent saying they are not involved. Some 33 percent have limited involvement with recruiting, and about half meet physician candidates.

### Board Member Involvement in Recruiting

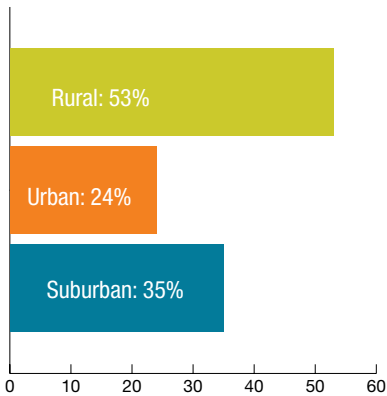


## Hospitals Recruit Successfully But Face New Competition

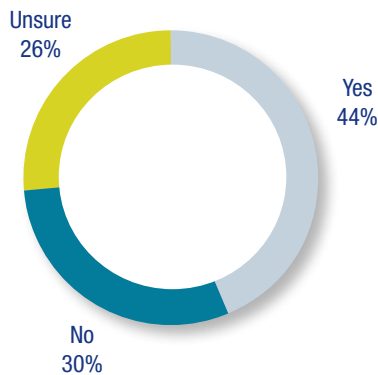
Despite the challenges and competition, Texas hospitals have been successful in recruiting physicians in the last three years, according to survey respondents. Eight out of 10 respondents said that physician recruitment has been “very successful” or “somewhat successful.” Those who said their facilities have been less successful attributed it to four major factors:

- Geographic location;
- Lack of recruiting expertise/resources;
- Inability to offer competitive salaries/bonuses; and
- No employment opportunities for the candidate’s spouse.

Rural, Urban and Suburban  
Hospital Use of Physician  
Recruiting Firms



Has Your Facility Used a  
Physician Recruiting Firm  
Within the Last Two Years?

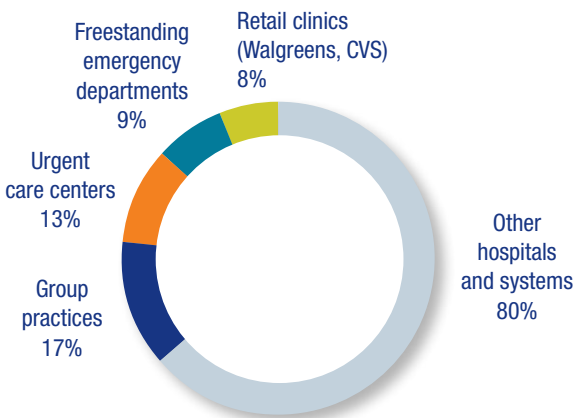


Almost 45 percent of all respondents said their facility had used a physician recruiting firm within the past two years. More than half of rural respondents reported using a recruiting firm, compared to only 24 percent of their urban counterparts. Suburban respondents reported about 10 percent greater use of recruiting firms than urban trustees. These numbers may reflect the fact that urban hospitals/health care systems are more likely to employ full-time recruiting staff.

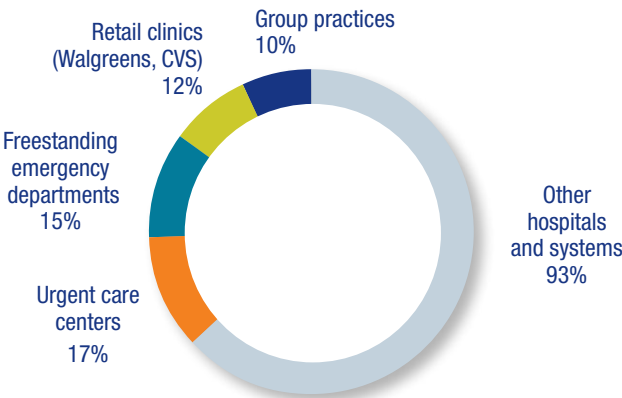
Respondents overwhelmingly reported that other hospitals/health care systems provide the greatest source of competition. Frequently reported sources of competition include:

- Other hospitals and systems (85 percent);
- Group practices (16 percent);
- Urgent care centers (14 percent);
- Freestanding emergency departments (13 percent); and
- Retail clinics such as Walgreens and CVS (8 percent).

Identified Competition of Rural Hospitals



Identified Competition of Urban Hospitals



## Urgent Care Centers Are Proliferating

The U.S. has 9,300 urgent care centers. More than 85 percent expect new patient growth. Many of these centers are owned by hospitals and large medical groups as well as other entities, all of which are trying to make access to health care easier and more convenient for consumers.

Urgent care centers have more than 160 million patient visits annually, and studies have shown that 14-27 percent of visits to hospital emergency rooms could be handled successfully by an urgent care center.<sup>11</sup>

Texas has about 450 general acute-care hospitals, and the Urgent Care Association of America counts 435 urgent care facilities in Texas. Some urgent care centers are hospital owned or affiliated and provide a way for hospitals to prevent loss of market share and revenue.<sup>12</sup> Many non-hospital facilities do not accept Medicaid patients and treat only individuals with insurance or the ability to pay. In addition to being a new alternative employer for primary care physicians, urgent care centers and retail clinics are competing with hospitals for patients and their revenue.



## Retail Clinics Are on the Rise

In 2012, the U.S. had 1,400 retail clinics operating in pharmacies, grocery stores and “big box” stores, and the number is projected to be 2,800 by the end of 2015 with growth of 25-35 percent in coming years. While patient visits to retail clinics are a small percentage of overall outpatient visits, they tripled from 2007 to 2010. Many of these clinics are staffed by primary care physicians or nurse practitioners and physician assistants who provide primary care.<sup>13</sup>

## Freestanding Emergency Departments Continue to Grow

The number of freestanding emergency departments doubled in the last decade, and 284 facilities exist in 45 states. As of 2014, Texas had approximately 140 licensed freestanding emergency departments and another 40 are being developed, according to the Texas Association of Freestanding Emergency Centers.<sup>14</sup>

These facilities take more complex cases than urgent care centers. Many are owned by hospitals and/or physicians, sometimes in partnership. These facilities are subject to the Emergency Medical Treatment and Labor Act if they accept Medicare or Medicaid and must see anyone who presents regardless of his or her ability to pay.<sup>15</sup> The growth of freestanding emergency departments reflects the shift toward consumer-based health care and initiatives to make services more accessible, especially outside regular office hours.

## Health Care Focuses on Consumers

Health care delivery is evolving away from its traditional model to focus more on the patient experience. Increased access is part of the response. The retail model is driving initiatives focused on customer service, price transparency, provider ratings and ease of use. Health care providers are shifting to a more retail model to provide patients with more choices and easier accessibility.

## Hospitals Also Prioritize Physician Retention

Physician retention is important to hospitals. Some 70 percent of the THT survey respondents said their hospital leadership regularly meets with or surveys physicians on staff to measure their satisfaction. Respondents also reported other retention activities, such as:

- Discussing physician needs;
- Monitoring physicians’ retirement plans; and
- Identifying ways the hospital could provide increased support to physicians.



Good communication is a key component of developing relationships that promote trust and respect. Hospital administration should maintain frequent, open communication with all members of the medical staff.<sup>16</sup> Formal communication tools like e-newsletters and reports at medical staff meetings should be supplemented with informal communication and personal contact. Administrators should have regular contact with medical staff members in the physicians' lounge, at lunch or on rounds of hospital units. Governing board members or representatives may convey the board's commitment to a premier physician workplace during informal social events.

Physicians want to provide quality care to their patients, so they are interested in and concerned about the hospital environment. Conducting an annual medical staff survey is a good way for hospitals to make sure they are meeting their physicians' needs. The survey can ask physicians their opinions about equipment, marketing, staffing and specialty support needs. It can identify their "pain points," perceptions of recruitment needs, plans for retirement and ways the hospital could better assist them. The survey also should measure physician attitudes toward the hospital, its leaders and its staff. Changes in attitudes and perceptions can be measured over time, and some areas can be benchmarked against national physician surveys.

Some 43 percent of survey respondents said their hospitals schedule exit interviews when physicians leave. Determining why the physician is departing may help identify issues that the hospital needs to address to improve physician retention.

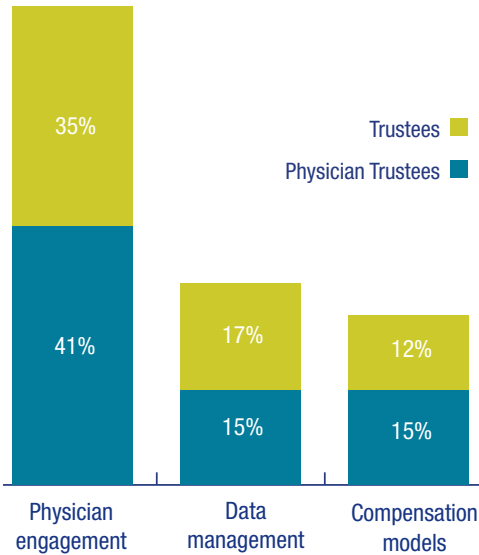
## Engaging Physicians Presents Challenges

As health care organizations consolidate and grow larger, it becomes more difficult to have personal relationships with every member of the medical staff. Most larger hospitals and many smaller ones have a chief medical officer, a physician executive who is a member of the administrative team. This individual is a liaison between the medical staff and the hospital. The CMO also works with the chiefs of various clinical services on issues such as budgets, capital equipment needs, staffing and quality improvement.

Changes in health care delivery – from electronic medical records and computerized order entry to declines in fee-for-service medicine and the growing emphasis on quality metrics – have created additional stresses for physicians. For example, physicians spend 20 percent of their time on non-clinical paperwork. In one recent survey, almost 40 percent of physicians said they will accelerate their retirement plans due to changes in the health care system.<sup>17</sup>

This stressful environment may explain why physician engagement is the most challenging area hospitals face in achieving physician alignment. Some 41 percent of physician trustees responding to the THT survey saw physician engagement as the most challenging area of alignment, and 35 percent of non-physician trustee respondents agreed. Both physician and non-physician trustees see data management and compensation models as other alignment challenges.

### What Aspect of Physician Alignment Has Been the Most Difficult for Your Hospital or Health System?



### Data Management Contributes to Difficulties for Physicians/Hospitals

Physicians want easy and timely access to patient data, so health care facilities need to ensure that electronic medical records are easily accessible and that physicians know how to use the software. In addition, hospitals may consider allowing physicians to link their office computers to the hospital's database. While many large medical practices have information technology support staff, most smaller practices do not, so hospitals could provide IT assistance as a means of strengthening their relationships with physicians.

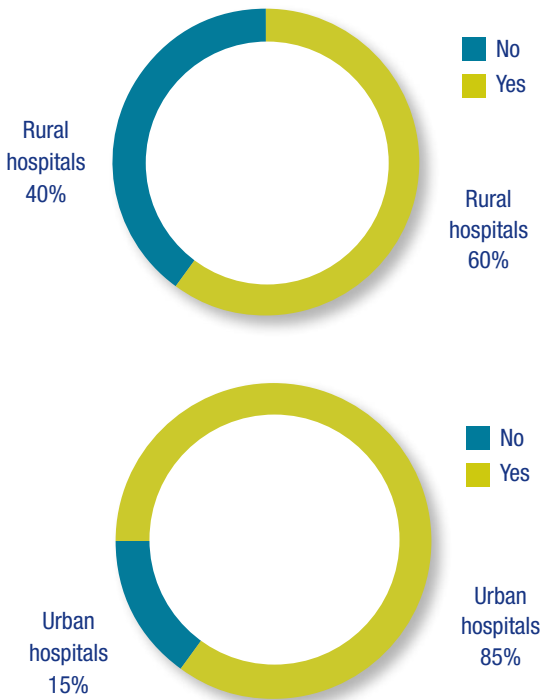
Providing tangible results is important to reinforce the need to capture data. Health care providers should develop reports that track patient outcomes and contrast evidence-based practices with actual performance. The vast majority of physicians truly want to provide the best patient care possible, and they are eager to see where their performance may need to be improved. Demonstrating that evidence-based protocols and processes produce better results often convinces physicians to change their way of practice if necessary.

## Physicians Have Greater Role in Governance

The THT survey found that the majority of hospital boards involve physicians in governance. Some 71 percent of respondents said they have a physician serving on their board, and 85 percent have a physician on a committee. Urban hospitals appear to be taking the leading in involving physicians in governance.

Involving physicians in governance is a significant, positive step toward better physician and hospital/health care system alignment.

### Does Your Hospital or System Have a Physician Currently Serving on the Board?







## Governing Board Holds Medical Staff Accountable

The hospital governing board must ensure that medical staff adopt and enforce bylaws that comply with state and federal laws and any applicable accreditation standards. The board also must ensure that the medical staff are accountable to the board for the quality of care provided to patients. The chief or president of the medical staff is elected by his/her peers and is the official liaison between the medical staff and the hospital governing board. Some boards include one or more medical staff representatives as members, with or without voting privileges.



## Key Takeaways

-  The relationship between hospitals and physicians is changing, and the external environment is fueling the need for more collaboration and cooperation. Hospital governing board members can help achieve better alignment with physicians who ultimately refer patients to the hospital for services and treatments. Good hospital and physician relationships require constant attention. Governing boards can help foster a collaborative approach by setting the right expectations and working with hospital and medical staff leaders to inspire each medical staff member to meet or exceed them.
-  Remember that the governing board ultimately is responsible for the quality of care provided by the hospital, although it delegates implementation to the medical staff. It is essential that trustees routinely review and monitor quality of care issues. High-quality care is a priority for the board, the hospital and its physicians as well as the community.
-  Physicians – particularly those who provide primary care – control the levers of both quality of care and economic success. They direct patient consultations, admissions, treatment plans, prescriptions, tests and procedures, and their decisions have financial implications for both the physician and the health care facility.
-  Physician recruitment and retention are critical for a health care facility's success. Physician relations is an area where trustees increasingly need to focus, and it's imperative that governing boards get it right.

## Additional THT Resources

As the state's leading provider of health care governance education and resources, Texas Healthcare Trustees invites you to learn more about the organization and its other programs and tools.

### Trustee Online

Trustee Online provides quality education to trustees in a convenient and affordable manner. Trustees have a variety of activities and responsibilities to balance, and it's not always easy to make time for continuing education. Available 24 hours a day, seven days a week, Trustee Online makes it easy to stay informed and educated. It is divided into the following nine modules covering the pillars of trustee education:

- Advocacy and Political Activity;
- Community Health and Relations;
- Finance and Reimbursement;
- Governance;
- The Governing Board and the CEO;
- Health Care Delivery;
- Nursing and Allied Health Professionals;
- Physicians and Medical Staff; and
- Quality and Patient Safety.

*Trustee Guidebook*

The *Trustee Guidebook* is your go-to resource for health care governance education. As one of THT’s most popular resources, the *Trustee Guidebook* is a companion resource to Trustee Online and provides foundational knowledge on the same topics. This nine-book series is a great tool to use during a new board member orientation or as a refresher for veteran board members. Each book includes discussion questions to encourage engagement and generate a healthy dialogue with your board.



*Who's at the Table?*

According to a study from Witt/Kieffer, diversity in health care leadership can result in improved patient satisfaction, increased attainment of strategic goals and successful decision-making. *Who's at the Table? A Trustee Demographic Study and Toolkit* looks at the makeup of health care boards around the state and provides an analysis and comparative overview of the population. It includes a toolkit with three exercises boards can do to evaluate their diversity and help identify skillsets and assets that may be missing.



*More information on all of these resources can be found at [www.tht.org](http://www.tht.org).*

## References

- <sup>1</sup> IHS Inc., *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*. Prepared for the Association of American Medical Colleges. Washington, D.C.: Association of American Medical Colleges; 2015.
- <sup>2</sup> *Trustee Guidebook: Physicians and Medical Staff*. 8th ed. Austin, TX: Texas Healthcare Trustees; 2012. Print. p. 16.
- <sup>3</sup> *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*. Irving, TX: Merritt Hawkins; 2014: p. 22.
- <sup>4</sup> “United States Census Bureau.” *Texas QuickFacts From the U.S. Census Bureau*. United States Census Bureau, Revised 5 Feb. 2015. Web. 2 Feb. 2015.
- <sup>5</sup> “Baby Boomers Retire.” Pew Research Center. Pew Research Center, 28 Dec. 2010. Web. 2 Feb. 2015.
- <sup>6</sup> *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*. Irving, TX: Merritt Hawkins; 2014: p. 20.
- <sup>7</sup> *Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report*. Issue brief. Department of Health and Human Services, 10 Mar. 2015. Web. 13 Mar. 2015.
- <sup>8</sup> *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*. Irving, TX: Merritt Hawkins; 2014: p. 19-20.
- <sup>9</sup> *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*. Irving, TX: Merritt Hawkins; 2014: p. 20.
- <sup>10</sup> *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*. Irving, TX: Merritt Hawkins; 2014: p. 21.
- <sup>11</sup> Rodak, Sabrina. “25 Things to Know About Urgent Care.” *Becker’s Hospital Review*. Becker’s Healthcare, 19 Aug. 2013. Web. 2 Feb. 2015.
- <sup>12</sup> Ura, Alexa. “Hospitals Say They’ve Lost Insured Patients to Urgent Care.” *The Texas Tribune*. The Texas Tribune, 29 Aug. 2014. Web. 2 Feb. 2015.
- <sup>13</sup> *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*. Irving, TX: Merritt Hawkins; 2014: p. 23.
- <sup>14</sup> Texas Association of Freestanding Emergency Centers. 25 Feb. 2015. Email.



<sup>15</sup> *Freestanding Emergency Departments: Do They Have a Role in California?* Oakland, CA: California HealthCare Foundation, 2009. California HealthCare Foundation. July 2009. Web. 2 Feb. 2015.

<sup>16</sup> *Trustee Guidebook: Quality and Patient Safety*. 8th ed. Austin, TX: Texas Healthcare Trustees, 2012.

<sup>17</sup> *2014 Survey of America's Physicians*. Irving, TX: Survey conducted on behalf of The Physicians Foundation by Merritt Hawkins; 2014. p. 9.



## **Texas Healthcare Trustees**

1108 Lavaca, Suite 700  
Austin, TX 78701  
512/465-1013  
[www.tht.org](http://www.tht.org)

**MERRITT HAWKINS**   
an AMN Healthcare company