

Hospitals' use of contract doctors soars amid physician shortage

By Max Blau, www.statnews.com

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r. Colin Zhu thought about starting a family practice. But the 33-year osteopathic physician realized all the management, paperwork, and financial overhead might distract him from what he enjoyed most: seeing patients.

So Zhu went freelance.

The practice is known in the industry as “locum tenens” (Latin for “to hold a place”) — working shorter, contract gigs instead of taking a full-time job. That choice used to come with a stigma; patient data suggested freelance doctors weren’t as skilled as those with more stable careers. Today, though, the skills gap seems to have closed as more and more doctors opt for the flexibility of contract work — and more and more hospitals, desperate to fill staffing shortages, bring them on board.

Since 2002, the number of U.S. doctors working freelance has nearly doubled to 48,000, according to a survey from Staff Care, a locum tenens staffing company. And some health care recruiters predict that number will double again in the decade to come.

Contract doctors say the perks are undeniable at a time when roughly 1 in 2 doctors is dissatisfied with the profession: They often earn more on an hourly basis, they don’t have to wait for insurance reimbursements to get paid — and they decide when and where they’ll work, then clock out without guilt when their shift ends.



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Thanks to locum tenens, a veteran physician from Arkansas can live on a sailboat and travel between gigs. A hospitalist from Texas is paying off his medical debt faster than he could with an entry-level job.

And Zhu, a native of New Jersey, is trying out different clinical settings to see what he likes best. He has already practiced medicine with Native Americans in Nevada, military veterans in Louisiana, and refugees in Washington, landing the jobs through a health care staffing firm. In exchange for a cut, these firms may cover everything from housing to travel to medical malpractice insurance.

“I get to focus just on practicing medicine,” Zhu said. Between the gigs, he even has had enough free time to launch a healthy cooking series, “The Chef Doc,” on YouTube.

As for hospitals, they rely on physician temp agencies to effectively serve as headhunters in the midst of a doctor shortage that could grow to more than 100,000 by 2030, according to the Association of American Medical Colleges.

“We’re a necessary evil,” said Rob Gleason, chief operating officer with Fusion Healthcare Staffing, a recruiting agency based in Sandy, Utah. “We’re staffing rural hospitals where many physicians don’t want to go permanently.”

Jeff Decker, president of Staff Care, said a survey his firm conducted found 94 percent of health care facility managers last year worked with contract physicians. Hospitals may pay temp doctors more per day — anywhere from several hundred dollars to more than \$2,000, depending on the specialty — to offset irregular work schedules. But the temps save them from having to turn away patients.

It wasn’t long ago that hospital administrators and established physicians looked down on locum tenens doctors. Melissa Byington, group president of national health care staffing firm CHG Healthcare, said the freelancers were seen as not qualified enough to land full-time work. And when they did come in on a contract, they weren’t always successful.

“Imagine going to a brand-new location, seeing brand-new patients you’ve never met before, operating in an unfamiliar hospital system, and interacting with other nurses and doctors you have little experience with,” said Dr. Anupam Jena, an associate professor at Harvard Medical School. “All of those things could make a recipe for bad outcomes.”

As a result, Jena said, a decade ago patients of temp doctors were more likely to die. But his analysis of newer data, for a paper currently under review, found the mortality gap has shrunk considerably since then.

One potential reason: Hospitals may be hiring better locum tenens doctors now that the pool of qualified practitioners willing to do temp work is growing. Byington also suggests that bringing in freelance doctors can elevate the overall quality of a hospital by giving staff physicians time off and helping them avoid burnout.



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Dr. Sam Lalani, a 40-year-old hospitalist who lives in Dallas, turned to freelancing when he realized that he’d rather pay off his medical school debt now than accrue retirement benefits that he couldn’t tap for decades. The father of three now drives 100 miles round trip to the small town of Cleburne, Texas, for up to 10 shifts each month. He fills in the rest of his work schedule with rural hospital gigs in Colorado, Nebraska, and Oklahoma.

There are downsides to temp work, Lalani said. It’s hard to develop meaningful patient relationships. He doesn’t know if he’ll do it forever, in part because the road takes him away from his children.

“You’re getting paid more,” Lalani said, “but you’re sacrificing more.”

But freelancing has granted Dr. Robin Mangione, a former full-time family doctor in Fayetteville, Ark., a new lease on life.

After her son left home in 2014, she and her husband decided to sell their house to live on a 38-foot sailboat. She became a contract doctor who traveled the eastern seaboard between the gigs she got in Florida, Pennsylvania, and New York. The freedom of the freelance life has fueled Mangione for three full years — and maybe another three to come.

“We got on the boat to meet new people and get to know other places,” she said. “I’m getting to do that at work as well.”