

# What's My Job, Really? Setting Clear Expectations for Docs

Oklahoma MGMA  
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## Physician Compensation and Physician Engagement Expert

# Stu Schaff



Stu's insights have been featured by:





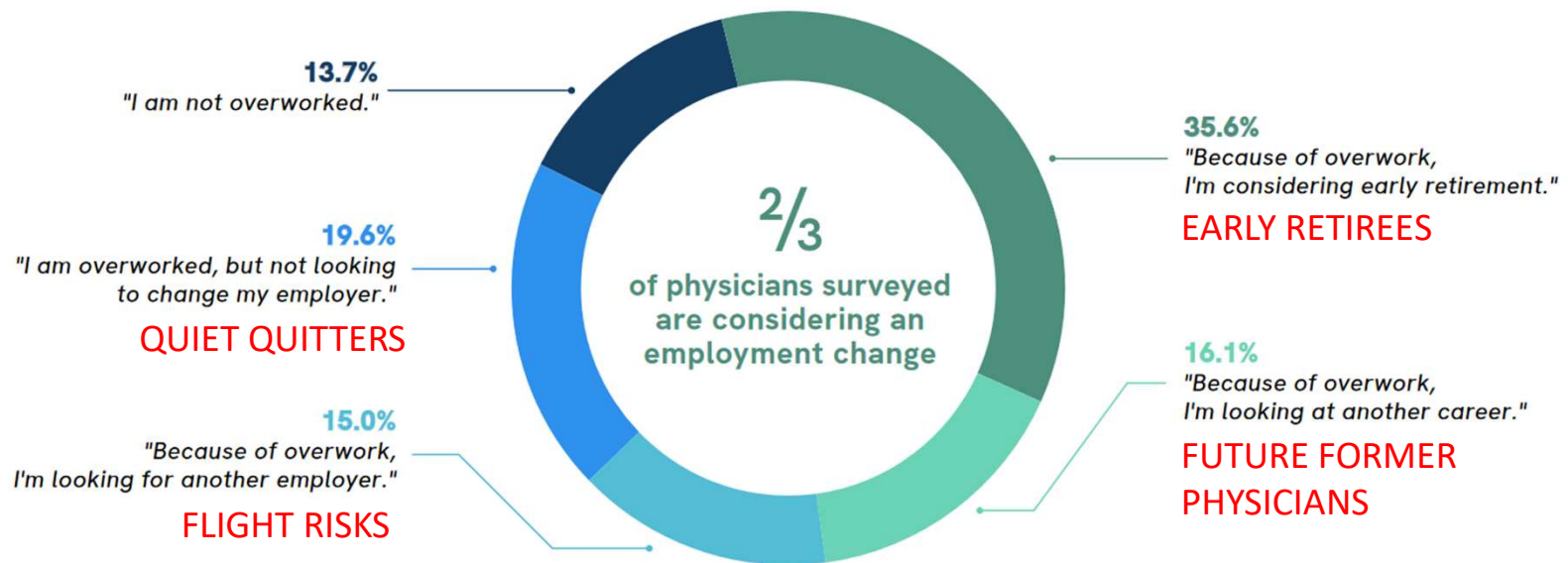
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Physicians are burned out, quitting their jobs, *and even quitting medicine.*

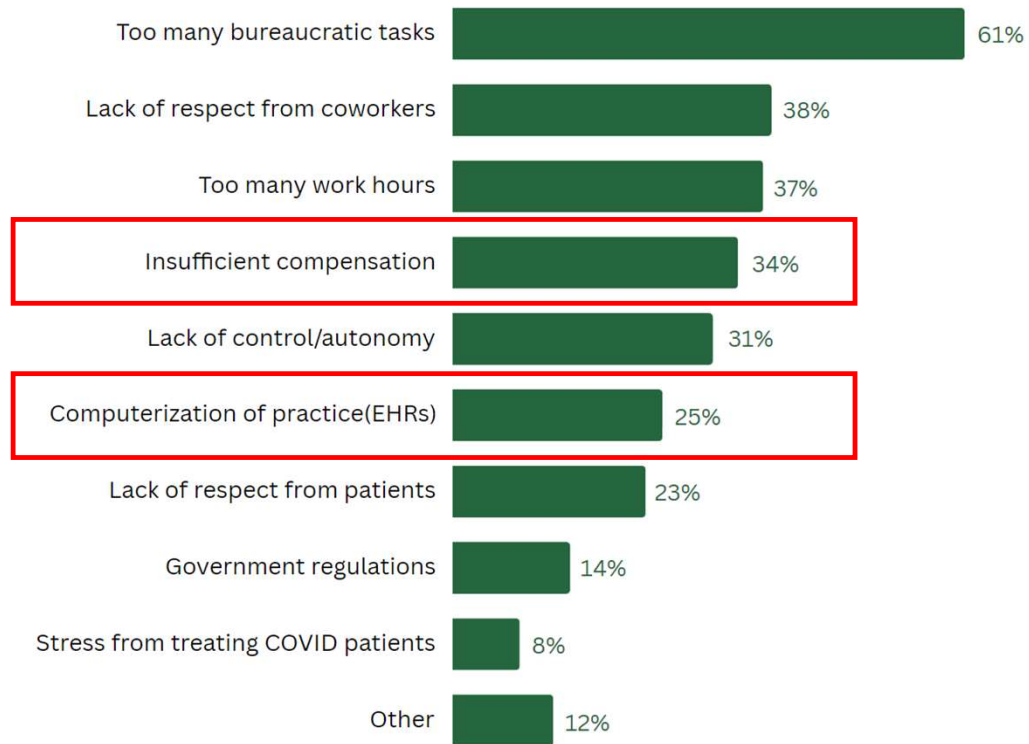
## The AMA surveyed 13,000 physicians and APPs from more than 70 health systems and found...

- “For 2022, the overall **burnout rate was 53%.**”
- “Between 2021 and 2022, physicians’ **job satisfaction dropped to 68%.**”
- “56% of physicians reported **high levels of job stress.**”
- “When asked about the likelihood of leaving [their current organization within two years], **40% of physicians responded with moderate, likely and definitely.**”

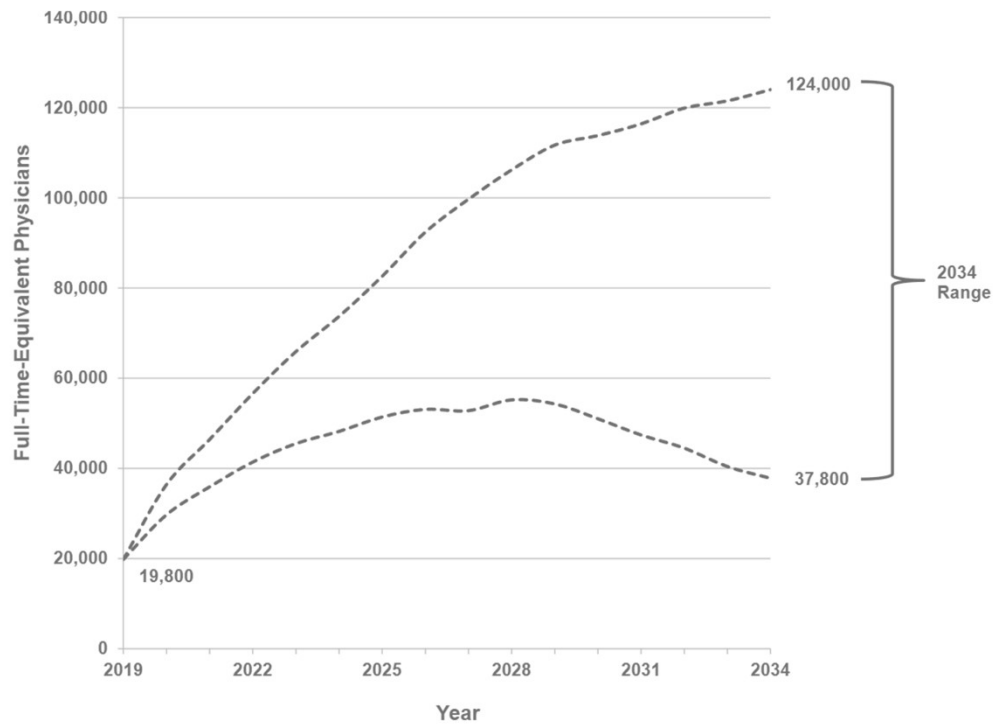
## How has your clinical workload altered your career plans?



## What contributes most to your burnout?



# There is a large and growing shortage of physicians in the United States.





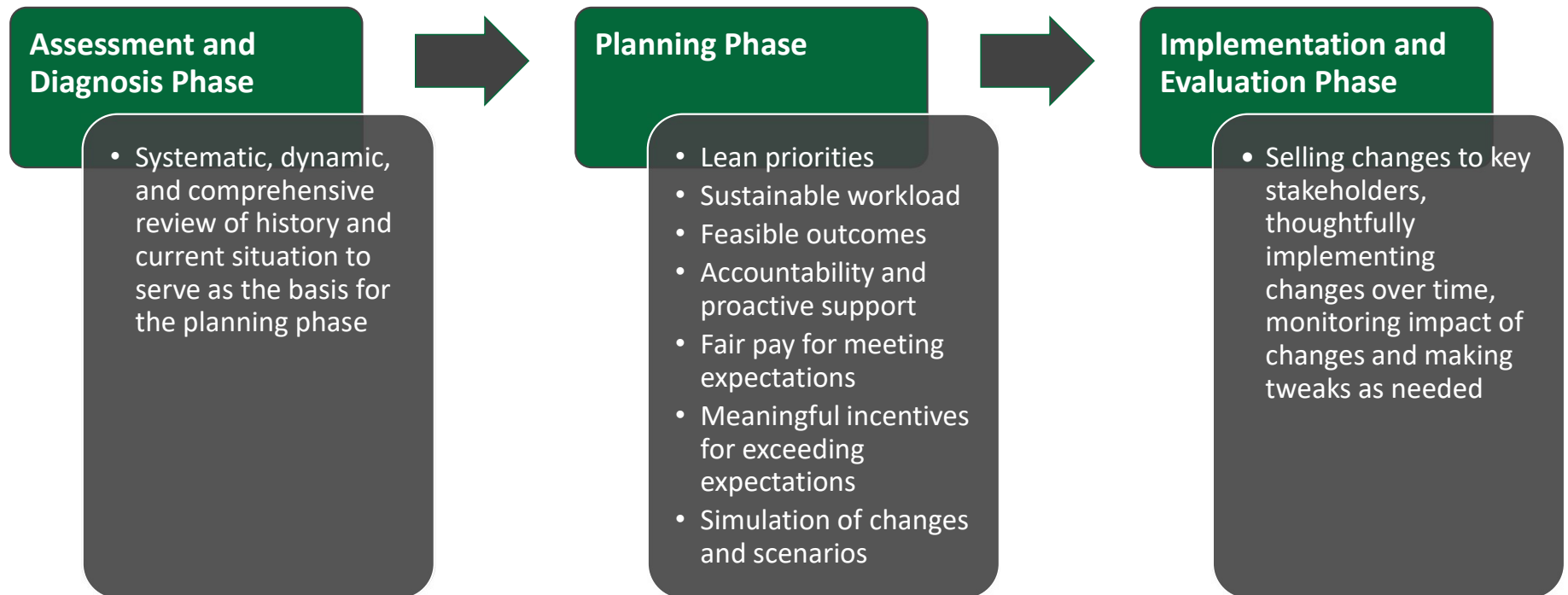
## You are here

- We don't have the physicians we need to take care of everyone
- Every day, the gap grows larger
- Physicians (and our experience) tell us that compensation isn't the main driver of burnout and it shouldn't be our only/main tool for addressing it
- Nobody's coming to save us

*We must be the ones who make the change.*

Make your medical group the place where physicians *love* to work.

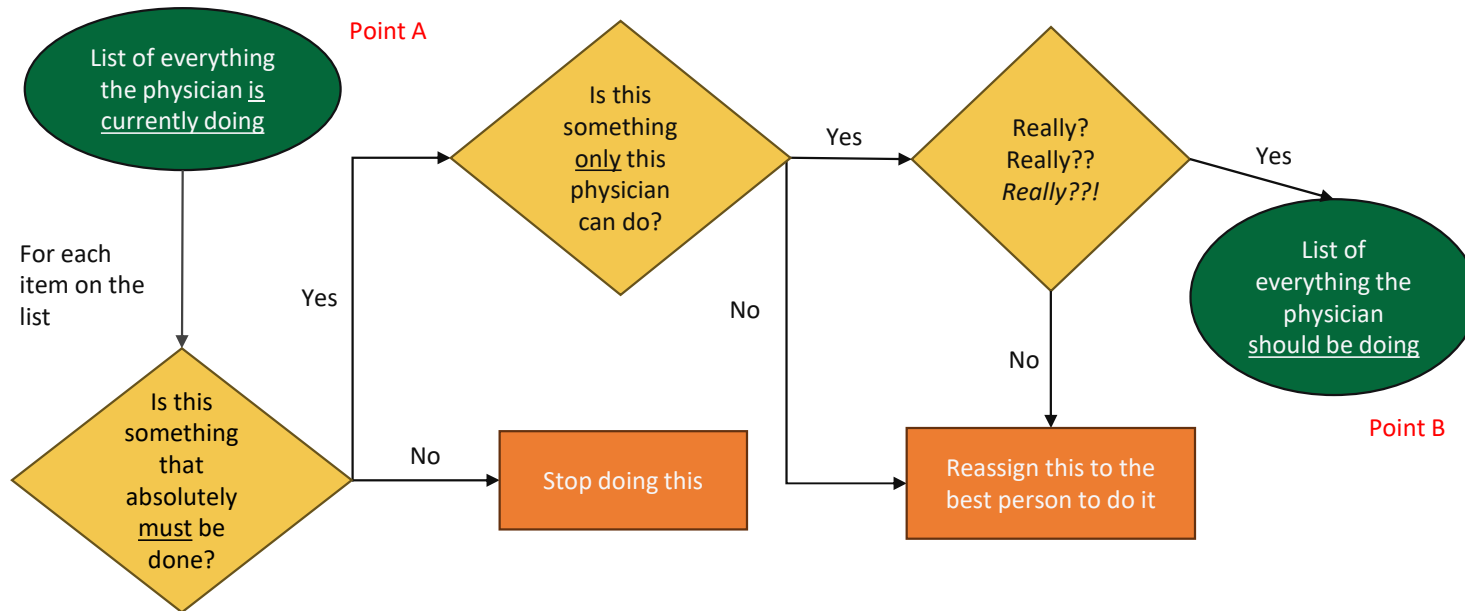
## Our three-phase process for compensation plans that work



# Key Principle #1: Lean Priorities

Physicians will deliver the best care *when they are able to focus* on delivering the best care.

# What is a physician's job? What should it be?



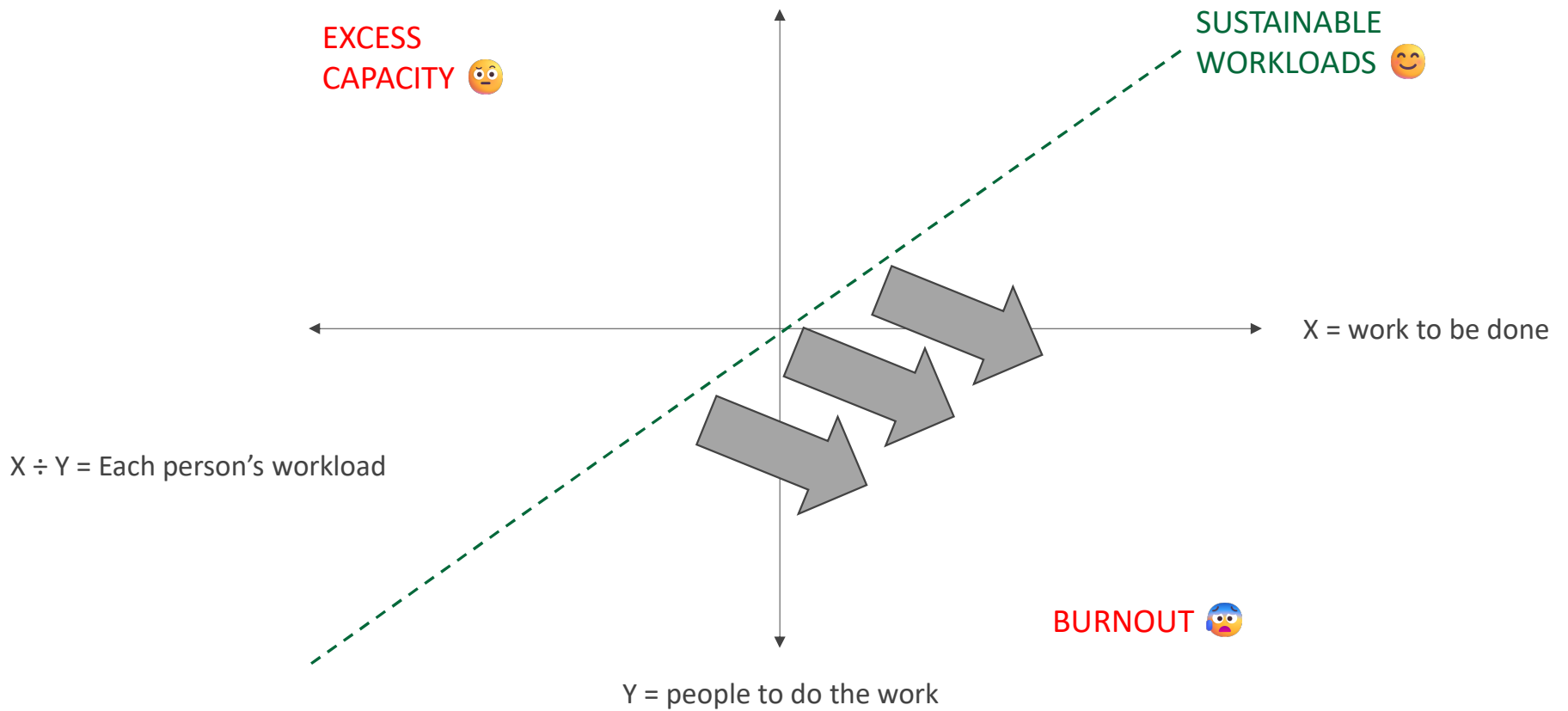
Simplify your physicians' priorities to increase their effectiveness.

## Key Principle #2: Sustainable Workload



What your medical group can achieve is determined by the collective capacity of your physicians.

# In healthcare, we get it done. But at what cost?



**The practice needs to decide:**  
*WHAT will be done, WHEN, WHERE,  
 and BY WHOM\*?*



**The physicians need to know:**  
*WHAT do I need to do, WHEN\*\*, WHERE,  
 and WITH WHOM\*?*

Practice schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Inpatient AM Shift (8AM - 8PM)	3	3	3	3	3	3	3
Inpatient PM Shift (8PM - 8AM)	3	3	3	3	3	3	3
Operating Room (8AM - 5PM)	3	2	2	2			
Office 1 AM (7:30AM - 11:30AM)	2	2	2	2	2		
Office 1 PM (12:30PM - 4:30PM)	2	2	2	2	2		
Office 2 AM (8AM - 12PM)	2	2	2	2	2		
Office 2 PM (1PM - 5PM)	2	2	2	2	2		
Office 3 AM (8AM - 12PM)	2	2	2	2	2		
Office 3 PM (1PM - 5PM)	2	2	2	2	2		
Office 4 AM (8AM - 12PM)	1		1	1	1		
Office 4 PM (1PM - 5PM)	1		1	1	1		
Office 5 AM (8AM - 12PM)	1	1	1	1	1		
Office 5 PM (1PM - 5PM)	1	1	1	1	1		

Physician expectations:

- All physicians will fall into one of three categories, each with explicit expectations:
  - **Inpatient only** – 12.5 twelve-hour inpatient shifts per month
  - **Outpatient only** – 21.5 eight-hour “outpatient shifts” per month
  - **Split** – 6 twelve-hour inpatient shifts and 10 eight-hour “outpatient shifts” per month
- Expectations will be adjusted pro rata according to each physician’s FTE.
- An eight-hour “outpatient shift” will consist of 2 four-hour outpatient clinic sessions or a full-day operating room block.
- A physician will not concurrently staff an inpatient shift and an “outpatient shift”.
- Physicians will supervise with APPs with overlapping duties in the inpatient and outpatient settings.

\* Not a specific person  
 \*\* Not a specific day/time

Strive for a balance between what your practice aims to achieve and what your physicians can sustainably do.

## How does this all fit into the bigger picture?





Photo by Yan Krukau: <https://www.pexels.com/photo/men-and-women-at-the-office-7794093/>

What questions do you have?



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