Traditionally, workforce planning has been a reactive process driven by population-based forecasts and anticipated retirement. Today, the math is not so simple. New factors are influencing supply and demand…

Projected shortfall of US physicians by 2025

61,700–94,700

PCP to specialist ratio

<1:2 in the US

vs

2.1 in other developed countries

Proportion of IP stays for adults with multiple chronic conditions

78% in 2014 vs 64% in 2003

...Can you solve the workforce equation with the right mix of these 4 multipliers?

1
CARE TEAM MAXIMIZERS

• Rebalanced division of labor
• Team-based care
• Progressive care models
• Redirected nonclinical tasks

85%
Estimated amount of primary care delivered by an MD that can be provided by an AP

2
COMPENSATION BALANCERS

• Hybrid payment models
• Structured incentives
• Balanced scorecard metrics

$177,369
Average net annual loss for an employed family medicine physician

3
CHANNEL OPTIMIZERS

• Multichannel access
• System-wide clinical contact centers
• Consistent data access site-wide

~7,800
Retail clinic visits that offset demand for one physician FTE

4
SERVICE CONSOLIDATORS

• Multiservice care hubs
• Centers of excellence
• Centralized offerings and processes
• Technology extenders

10%
Reduction in full-time lab staff possible by appropriately consolidating microbiology services


For a more in-depth look at this topic, read our full reports on ambulatory and inpatient workforce planning and reach out to our consulting team at learnmore@sg2.com.