

Use of Locum Tenens Physicians in Oncology Practice

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What would you do if you were in a small oncology practice overwhelmed with patients and were told you would need immediate surgery requiring you to be away from work for 6 to 8 weeks? Who would step in to care for your patients and keep the business operating? Would your partners be willing—or even able—to cover for you? Calling in a locum tenens oncologist may be a good solution.

If you have never used a locum tenens, you may have doubts and unanswered questions about the process. How much notice is needed? Would a stand-in be familiar with the high technology used in your practice? Can you afford it? This article is intended to provide information on how the locum tenens process works and perspectives on the costs and benefits of using a locum tenens.

Common Reasons for Using a Locum Tenens

Covering for vacations, medical conferences, family emergencies, and illnesses are all common reasons for which a locum tenens physician might be hired. Most often, locum tenens physicians are used in solo practices or small groups of two or three physicians. But even in larger groups in which physicians cover for one another, a locum tenens can be helpful if the ability of your partners to see more patients is stretched to capacity.

Another time to consider a locum tenens is when your practice is expanding. A locum tenens physician working 2 or 3 days a week could help bridge the gap while your patient volume is increasing but not quite large enough to justify an additional physician. The alternative may be closing the practice to new patients, an action that risks curtailing growth opportunities and inconveniencing patients with cancer in need of care. A locum tenens is also commonly used when a practice is recruiting to fill a vacancy.

Finding a Locum Tenens Physician

When a practice contacts a locum tenens agency with a request for services, the agency will ask for basic information such as dates needed, types and volume of patients, and other clinical staff in the practice. The more advance notice you can provide, the better, but a good agency will try to meet an urgent need. Obtaining hospital privileges is the rate-limiting step. “If someone is needed next week, we can provide a locum to take care of patients in the office,” says Ramea Bowles, manager of the medical oncology team at CompHealth, a locum tenens agency in Salt Lake City, Utah. “But with inpatient responsibilities, it can take 30, 60, or 90 days to get hospital privileges.”

The placement agency works directly with the hospital medical staff office in the credentialing process. “It’s helpful to have hospital

privileges in place even if a practice relies on a hospitalist for inpatients, in case the hospitalist feels the attending physician needs to see the patient,” says Cam Stark, head of oncology recruiting and placement for Cancer CarePoint of Atlanta, Georgia.

The agency will ask you to complete a questionnaire that describes your practice in some detail and will send you the profiles of several candidate physicians. “I supply as many names as possible for a need,” says Jack Bell, oncology department manager at Medical Doctor Associates, a locum tenens agency based in Atlanta, Georgia, explaining that the person whom he considers a perfect candidate may not be the person for whom the practice is looking.

Stark describes three main types of locum tenens oncologists: those who have just finished their fellowships and want to “see what’s out there,” those who have raised their children and now want more time to travel or be with family, and those who have retired from full-time practice. According to three agencies consulted, approximately 75% to 85% of locum tenens oncologists are men, a proportion similar to the percentage of practicing oncologists who are men (77% in 2005).¹

“As long as you are reviewing those resumes well enough—seeing they don’t have lapses in their work and they are keeping up with their CME [continuing medical education], you are likely to be satisfied with the quality,” advises Laurie Zeller, RN, who has been working with locum tenens agencies for 10 years. Zeller is the regional contract director for MDI Government Healthcare Solutions of Ponte Vedra, Florida, a firm that provides health care administrative services for government agencies.

After you have screened the resumes, conduct a telephone interview with your chosen candidate before signing a contract. “I talk to the person two or three times,” says Sandra Hewlett, MS, RN, AOCN, director of oncology services at Bothwell Regional Health Center in Sedalia, Missouri. “First, to get a feel for his practice style and give him an overview of our practice and clinical needs. Then I’ll call back, confirm eligibility, and arrange for a conference between him and our own physician. All the while, I’m assessing for a physician-practice fit.”

The quality of the service provided by a locum tenens agency is also important. “I want [an agency] that will send good-quality candidates, is honest about the candidates’ strengths and weaknesses, and who is good on follow-up,” comments Debbie Dale, oncology services director for Blue Ridge Healthcare in Morganton, North Carolina. Zeller agrees. “The agency has to be very accessible. The agencies that I put on the bottom of my list are the ones you have to keep calling back to get to talk to them.” Hewlett advises using just one firm and dealing with one account representative on an ongoing basis, so he or she can

become familiar with your practice, the types of patients you treat, and the technology you have.

The agency should be as eager as you are for a good practice fit and should check with your practice soon after placement to ensure all is going well. Most agencies send evaluations after assignments are completed. Bell says his company asks whether the locum tenens physician is someone the client would want to return for another assignment and whether the client would be comfortable having a family member be treated by this physician.

Preparing for a Locum Tenens Physician

Thoughtful, proactive preparation for a locum tenens will help ensure successful placement. Hewlett learned this lesson early in her career when observing an unfortunate situation at a cardiovascular service, which had brought in a locum tenens without obtaining a dictation password ahead of time. "At the end of the day he had 25 charts to dictate. He was dictating until midnight. Imagine the difficulty and frustration of trying to remember what you did and said 8 hours ago with a patient you had never seen before." Two orientation checklists are provided as Data Supplements (online only).

Dale's practice calls patients ahead of time to let them know whom they will be seeing while their physician is away. "We point out that our physician only allows coverage by someone he is comfortable with and who has the skills to take just as good care of them as he does. Sometimes that's all the patient needs to hear."

Physician-to-physician handoff is also effective. Arrange to talk by telephone or in person with the locum tenens physician who will be filling in for you; this way, you can set expectations and provide him or her with information about special issues regarding your patients. If possible, adjust the patient load so that the locum tenens physician sees fewer patients for the first few days.

Assessing the Costs and Benefits

What are the costs? Three locum tenens agencies quoted a range of daily rates for a locum tenens medical oncologist. One agency gave a range of \$1,475 to \$1,650 per day; another quoted \$1,450 to \$2,500; the quote by the third fell in between. Variables affecting the rate include malpractice insurance rates in your location (the agency pays for medical liability insurance), number of patient visits per day, and responsibilities other than office visits, such as evening or weekend call coverage. Travel and housing costs are paid by the practice. The terms and what you are paying for should be clearly spelled out in the contract. "We offer a la carte rates; the agreement lists line by line what each service would cost," Bell says.

A locum tenens physician does generate an income stream for the practice. Typically, claims are submitted under the provider identification of the physician being replaced. If the locum tenens oncologist is not replacing anyone but is instead working as an add-on to the practice, the agency will assist the practice in providing documentation of credentials needed by health care plans and other third-party payers.

"Justifying the cost is often the only thing that keeps a practice from using a locum tenens," says Stark. "But when they

Orientation Tips

- Prior to arrival, arrange for computer access, identification badge, and parking pass, if needed
- Notify inpatient unit directors who may be interacting with locum tenens
- Prepare list for locum tenens of access codes for computer system, medical records, and e-mail
- Conduct facility tour and introductions to center clinical and administrative staff
- Give locum tenens copy of all clinical protocols and guidelines in place and designate staff member to answer questions
- Provide instructions on dictating and expectations regarding medical record documentation, whether electronic or paper
- Familiarize locum tenens with billing and other office systems
- Inform locum tenens of any new state laws or requirements with which he or she may be unfamiliar
- Go over process for ordering laboratory tests and timeframe for results to be returned.

figure how much revenue they would lose, plus the continuity of care and the potential loss of patient confidence from working with someone who is overtired, it would balance out. Using a locum tenens maintains the patient base and possibly could support an increase. Malpractice insurance is provided. In addition, there are no administrative costs such as payroll, taxes, and benefits."

Your contract terms will address duration of coverage, responsibilities, charges, and cancellation policies, which typically include 30-day notice for either party. "For long-term assignments, we work with the practice to provide continuity of care, rather than using different physicians to provide coverage sequentially," Bowles reports. "Sometimes an assigned physician signs a 1-year, renewable contract. But it may be hard to find someone for a long-term placement. One solution might be to have two physicians alternate, each working two weeks at a time. Or if the patient volume is lower, the practice might offer more flexibility to a locum, such as working 3 weeks each month, with 1 week off."

Will Workforce Trends Increase Locum Tenens Use?

A workforce study conducted by ASCO projects that oncology services will significantly outpace the availability of oncologists by 2020, resulting in a shortage of 2,550 to 4,080 oncologists.¹ This increasing shortage of oncologists will likely lead to longer recruitment times, creating a higher demand for locum tenens physicians.

Changes expected in physician practice styles and the demographics of the oncology workforce in the coming decades are also likely to increase the demand for locum tenens. Emerging

evidence suggests that younger physicians are more interested in balancing work and private life than older physicians.² Of oncology fellows responding to a 2005 survey, only 20% rated salary/pay as extremely important.¹ Thus, although the current custom of a practice may be for partners to cover for one another during vacations and family leave, it is arguable that the new generation of physicians will prefer to pay for a locum tenens to handle the extra visits and call coverage needed at those times.

Will locum tenens physicians be available as the need increases? It is possible that changes in preferred practice styles may lead to increased availability of locum tenens oncologists, as physicians choose to practice in a locum tenens capacity for various reasons. "The number of doctors doing locum tenens is growing because of the flexibility of locum tenens practice," says Bowles. She points out that locum tenens physicians can choose to work a few days per month or just part of the year, a lifestyle that is appealing to many physicians. Oncologists who retire at an earlier age could also affect the mix by choosing to practice as locum tenens physicians rather than continue full time. In the ASCO workforce survey, nearly one third of physicians (32%) ages 50 to 64 years indicated they were interested in part-

time hours but did not have that option in their current practice.¹ Practicing as locum tenens physicians would provide that flexibility.

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