A Speeding *Locum*otive

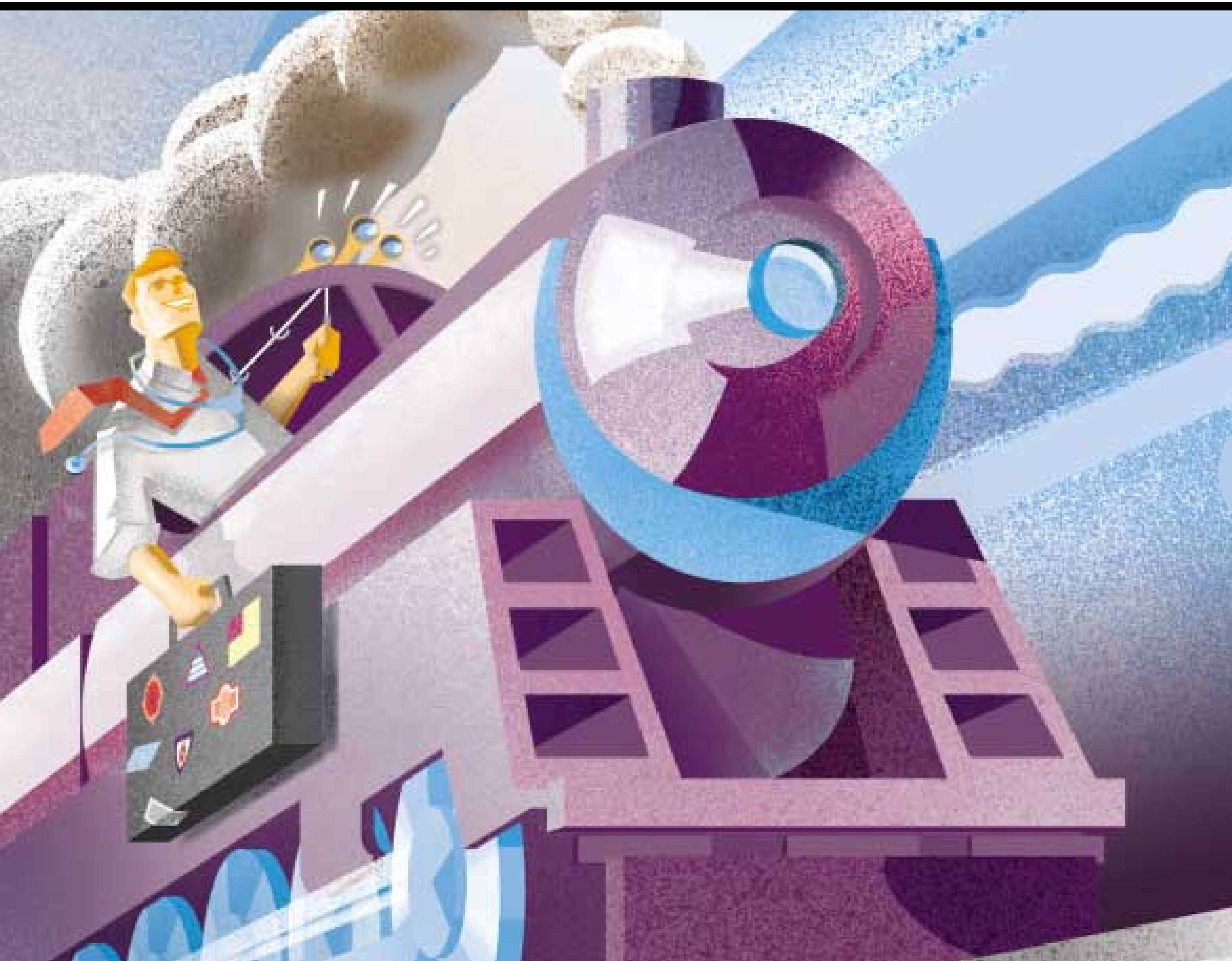
Hospitals Increasingly Relying on Temporary Physicians

By Christie L. Carter

William Kern, M.D., loved healing people. But when the board-certified internist realized in 1992 that he spent half of his 80-hour weeks at his Rochester, N.Y., practice shuffling paperwork, dealing with Medicare and calling insurance companies for permission to treat his patients, Kern traded his white coat and stethoscope for a restful chair on his back porch overlooking the lake. But he missed medicine. In 1994, a locum tenens job offer brought it back to him. Kern now works 10 to 12 weeks each year without many of the hassles that burned him out of health care.

Kern is part of a growing number of locum tenens physicians, taken from the Latin "to hold the place of, to substitute for." Hospitals and medical facilities spent $2.08 billion on temporary physician recruiting in 2002, up from $899 million three years ago, according to a recent study. Almost 28,000 physicians practiced as locum tenentes in 2002. More than 560,000 days of locum tenens coverage occur annually, according to Medical Doctor Associates, a temporary and permanent physician recruiting firm.

"When a physician is out for an extended period of time, everyone else has to work harder, and physician and nurse morale drops," says Gloria Parrish, vice president of marketing at MDA, a VHA supplier. "But increasingly, hospitals are using locum tenentes as a viable solution. They're saying, 'let's get someone in here and fix this problem.'"



Physician shortages continue burdening hospitals, forcing them to use locum tenentes while recruiting permanent physicians. Hospitals are stressed even more when a physician becomes ill or takes a sabbatical, and continuing medical education requirements dictate time off from the hospital as well. Some health care organizations let the remaining health care staff pick up the slack when physicians are out or the patient census is high, while others believe that expecting more of the medical staff does more harm than good.

When Kern's phone rang one day nine years ago, it was MDA asking him to become a locum tenens physician. For him, it was the perfect solution — the opportunity to treat patients without the seemingly endless red tape. "It allows me to work when I want to work, because I choose my own schedule," he says. "I enjoy medicine, and this gave it back to me without all the time-consuming paperwork and business issues."

Other locums agree. According to a recent study of physicians who have worked in both traditional and locum tenens settings by a health care recruiting and staffing company, 28 percent are much more satisfied working aslocum tenentes, while 43 percent are somewhat more satisfied.

During physician shortages, Fargo, N.D.-based MeritCare Hospital brings in locums to provide call coverage and handle patient appointments. MeritCare has used locum tenens physicians in

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For information about locum tenens, go to this story on Alliance online.

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numerous specialties, including cardiology, ENT and orthopedics, and they regularly use locum tenens anesthesiologists. "It lightens the load on our regular physicians so that they're not working 24/7," says Cyndy Emerson, physician recruiter at the VHA shareholder-controlled facility.

Organizations most often use locum tenens physicians for anesthesia, general and trauma surgery, ENT, orthopedic surgery, nephrology, pulmonology and critical care, physician recruiters say. But the primary issue around hiring locum tenens physicians is patient care. No organization welcomes the opportunity to lose revenue, but the biggest value of using locums is to maintain the level of service that patients expect. Even if it costs the hospital money.

Sometimes, hospitals bite the bullet and bring in a locum tenens physician regardless of the cost. "We do bring them in at a high cost if it's a critical need," says Emerson. "The specialties where we use locums sometimes involve high-reimbursement procedures, so it usually balances out. But locums are expensive and we do try to limit how much we rely on them for coverage."

The services that locum tenens physicians provide, particularly for rural hospitals where recruiting physicians is often more difficult, are vital to patient care. The unexpected absence of an anesthesiologist, for example, has a ripple effect throughout the organization, affecting surgeons and surgical nurses, as well as operating room rental costs, says MDA's Parrish. Hospitals must choose between hiring a temporary physician to fill the void or allowing the revenue to slip away. "It's lost patient care and lost revenue if you don't hire a physician to come in," she says.

Locum anesthesiologists proved beneficial to MeritCare when they expanded their facility almost two years ago, opening up additional O.R.s and adding new surgeons. "Without anesthesiologists, there are fewer surgeries, and that equals lost revenue and patient dissatisfaction," says Emerson.

But the organization is mindful of the indirect costs locum tenentes bring, such as getting temporary physicians acclimated to the organization, particularly when they're working for a short time. Using the same locum tenentes helps alleviate this problem, and the resulting familiarity often makes interactions easier for the physician and staff members.

Continuity of care with locum tenens physicians also remains a hurdle, but one that good record keeping can overcome. Some administrators schedule a window of time when possible at both the front and back ends of a locum tenens assignment. This allows regular physicians to review the current cases with locum tenens physicians, as well as time for regular physicians to go over the files when they return.

"When a transfer of patient responsibility is involved, the regular physician is responsible for having accurate records," says Don Nielsen, M.D., senior vice president for quality leadership at the American Hospital Association. "They can't

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What's In a Name?

When were temporary physicians first referred to as locum tenens physicians? The answer, even for those in the industry, appears elusive. But for many in health care, the two terms are interchangeable.

"We use the terms locum tenens and temporary interchangeably," says Cyndy Emerson, physician recruiter at the VHA shareholder-controlled MeritCare Hospital, Fargo, N.D. "But most patients don't know what a locum is, so we'll use the term 'temporary' when introducing a physician to them."

Operationally, there isn't any difference between temporary and locum tenens physicians, according to Gloria Parrish, vice president of marketing at MDA, a physician staffing firm. "People use 'locum tenens' to refer to both locums and temporary physicians," she says.

"I do not introduce myself as a locum tenens physician," says Jack Lay, M.D., a board-certified locum tenens anesthesiologist based in Austin, Texas. "I usually just introduce myself as the patient's anesthesiologist, and I've not had any problems introducing myself this way."

But the federal government does distinguish between the two terms, and defines a locum tenens physician as one who stands in place of another for a time — the meaning of the Latin term locum tenens. "If Dr. Smith is going on vacation, a locum tenens physician will step in and use Dr. Smith's provider identification number — along with the Q6 modifier to let payers know that Dr. Smith is not the physician performing the procedure," says Parrish.

However, a physician who assists a coastal hospital that needs additional staff physicians during the summer months is considered "temporary" from day one. The physician will be assigned a PIN that expires in 60 days.

Had the federal government not stepped in, there might never have been a distinction between locum tenens and temporary physicians. "The government drew that line in the sand and said that we have to make the distinction between the two," says Parrish.

How are Locum Tenens Physicians Received?

Though every locum tenens physician can likely name a time they received a less-than-positive reception from hospital staff, most are received into an organization with open arms. Hospitals are becoming more used to temporary physicians, and as Jack Lay puts it, "They need your help and you need theirs."

William Kern agrees. "Many of the places I've worked are repeat assignments, and so you know the people you're working with," he says. Kern once got a cold reception from a nurse in a clinic where he was assigned. "I asked her a question and she wouldn't even look at me. I asked another temporary physician about it and he said that he was treated the same way," says Kern. "Her attitude was, 'you'll be gone in a week or two, so why should I bother?'"

But such events are the exception to the rule. "I normally get an eager reception — very hospitable and helpful," says Lay. "Most places that I go are used to locum tenens, and they want to help you get acclimated. They don't want you to be stressed out because then they're stressed out."

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afford to have sloppy, illegible or incomplete records. Locum tenens physicians must understand how patients were previously treated and what interventions were taken."

Health care organizations usually work with Medicare on reimbursement issues, leaving the locum tenens physician more time to practice medicine. If locums are sitting in for an absent physician, they can use the regular physician's provider identification number on Medicare forms. However, if locum tenens physicians are working in place of someone who has left the organization, Medicare billing becomes more complicated. In that situation, the staffing service often steps in to help the locum tenens obtain the necessary identification numbers. Some take it a step further. MDA, for instance, provides a billing company staffed with specialists in locum tenens billing. "A shocking number of health care organizations won't hire a locums physician because they don't know how to bill for locums' procedures," says Parrish.

What makes it possible for Kern and other locums to practice is, ironically, what's causing many other physicians to exit the field — malpractice insurance premiums. A recent study showed 81 percent of locum tenens physicians do not deal with malpractice insurance issues.

While it is standard for staffing companies to offer malpractice insurance to their locum tenens physicians, the quality of insurance differs. An occurrence policy protects the physician for the life of the patient, while claims-made policies cover the physician only for a specified contract period.

"MDA covering my malpractice premium costs was a big incentive to become a locum tenens physician — particularly because it was an occurrence policy, which offers far more protection than a claims made policy," says Jack Lay, M.D., a board-certified locum tenens anesthesiologist based in Austin, Texas.

Most locum tenens physicians fall into two broad categories: retired or semi-retired physicians who still want to practice but are tired of the daily grind, and younger physicians who value flexibility and are testing medicine's waters to see what it has to offer. Lay went directly from residency to locum status because of the scheduling flexibility.

"I choose when I want to work," Lay says. He typically travels two to three weeks at a time, and follows that with the same amount of time off. "It's nice to know that I can work for two weeks and then I'm free to go on vacation, visit people or work on my house," Lay says. Locum tenens physicians usually specify a preference to their staffing company of long-term or short-term assignments.

Locum tenens assignments can also lead to a permanent position. One VHA hospital recently hired a locum tenens physician for a permanent position in its ENT department. The new locums tenens was nearing retirement, but he enjoyed the organization and the community so much that he postponed retirement, moved his wife and joined the organization. The hospital also hired a locum tenens physician to work part-time in cardiovascular surgery. This allowed the regular surgeon more continuing medical education opportunities and time away from the hospital.

These temporary assignments vary greatly in length, from a few hours to a few months, though two to three weeks is average. "Locum tenens is most often a plumber-in-the-night situation," says Parrish. "We'll receive a call that a hospital needs a physician by that afternoon, and it is up to us to make that happen." Some locum tenens assignments are seasonal, such as coastal Florida hospitals. Such organizations need more physicians during the summer that they don't need the rest of the year. But the majority of calls, says Parrish, are the "we need someone now" kind.

Locums' incomes vary, depending on how much physicians want to work. Lay typically works about 25 to 27 weeks a year. "It's tempting to take a full-time job," he says. "But when I look at being involved in the nuances of the politics, the call and vacation schedules and the seniority rank, it doesn't seem that appealing. I can make good money working half of the year doing something I love, and have time for a life too. For me, that's not much of a choice."