

# Hybrid Schedules Are Key to Physician Recruitment and Retention

NATASHA BHUYAN, MD

Here's what we learned when we implemented dedicated remote care days.

COVID-19 greatly accelerated the use of telehealth in the U.S., and even as the pandemic wanes it's become clear that virtual care will remain a major part of our medical system — in part because physicians want it to be. In one survey, 64% of clinicians said delivering care in a virtual-only or hybrid setting best fit their lifestyles.<sup>1</sup> All-digital health companies are aggressively growing their workforces, presenting additional competition for brick-and-mortar practices as the country faces projected shortages of 17,800 to 48,000 primary care physicians by 2034.<sup>2</sup> But not every physician wants to see patients only through a screen. Traditional primary care offices are uniquely positioned to recruit and retain physicians by creating flexible hybrid schedules that combine the convenience of remote work with the human connection of in-person care.

There are different ways to offer clinicians remote work, such as on-demand cross-coverage, virtual acute care, or remote continuity care for their own primary care panel. At my organization, we considered several factors as we implemented dedicated remote care days, which we intended to be continuity-building, scheduled, primary care visits done virtually. Here's what we learned.

**Patients like telemedicine.** A combined 78% of patients in one survey reported being either “extremely satisfied” (42%) or “somewhat satisfied” (36%) with the telemedicine experience.<sup>3</sup> Within my organization, no-shows and late cancellation rates for virtual visits are lower than for office visits, which makes sense because telehealth visits aren't subject to transportation problems. Our patients report they like the convenience, comfort, and accessibility of virtual visits, which contributes to overall engagement and practice growth potential.

**Clinicians want more telemedicine opportunities.** Telehealth accounts for about 17% of visits across all specialties, but most physicians in one study said they thought 21%-50% of visits could be done virtually without any decline in patient care.<sup>4</sup> Our clinicians like the ability to have “dedicated remote visit days,” which many choose to do from home. They like having less-frequent commutes and say they're more productive with the hybrid schedule. They also appreciate how telehealth gives them a window into a patient's living environment, which helps them address

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## ABOUT THE AUTHOR

Dr. Bhuyan is the vice president of in-office care and national medical director at One Medical. She is a clinical assistant professor at the University of Arizona College of Medicine in Phoenix and a member of the *FPM* Editorial Advisory Board. Author disclosure: no relevant financial relationships.

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social determinants of health.

**Remote care offers greater flexibility in scheduling.** This aids both clinicians and patients. Because virtual visits do not rely on the availability of office staff, they can be scheduled for early morning, evening, or weekend hours. This allows clinicians to better meld their work schedules with their personal lives and provides unique primary care hours for patients.

**Remote visits help organizations grow.** Blending remote and in-office care and offering work-from-home days has improved our clinician retention and

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aided recruitment, allowing the sort of continuity that improves patient outcomes and satisfaction, and ultimately brings in more patients. Hybrid schedules have also allowed our capacity-constrained offices to hire a greater ratio of clinicians per office without the cost of expanding their current physical real estate.

**Not everyone may be eligible for remote work.** To preserve access and set up remote visits for success, organizations must have well-defined criteria for who can work remotely and when. For in-office coverage, organizations should set a goal to have a minimum number of clinicians on site per day, which could vary depending on patient volume. Another eligibility criteria to consider is only allowing clinicians with adequate utilization and panel sizes to have dedicated remote visits days. Exclusion criteria are also helpful to define. For example, organizations might choose to exclude offices without an adequate number of full-time-equivalent clinicians or exclude non-paneled clinicians, such as acute care or urgent care providers.

**Monitoring metrics can bolster success.** To evaluate the success of dedicated remote visit days, we regularly monitor performance metrics. This includes clini-

cian satisfaction and retention as well as patient feedback. We also monitor utilization of dedicated remote visits compared to in-office visits, and we compare care quality outcomes across the two types of visits as well. While it may be easier for large organizations to make these comparisons due to their sample size, every practice should seek ways to quantify whether remote care is working.

**Organizational culture matters.** The most important ingredient to the success of virtual primary care is an organizational culture that supports virtual collaboration and care. Virtual care delivery means that all members of a care team will need to interact in unique ways, both synchronously and asynchronously. This requires a foundation of strong trust and communication. In our medical group, teams are trained on best practices for virtual collaboration. We have dedicated time weekly for teams to share clinical lessons together. We also have daily huddles that are a touchpoint for escalations, celebrations, performance reviews, and continuous improvements.

In the current telemedicine environment, there are still questions and rapid changes regarding payment, legal/regulatory issues, and technology dependencies. However, family physicians are in a prime position to implement high-touch, patient-centered hybrid care delivery models that include virtual and in-person visits. **FPM**

*Editor's note:* For more information on telework for staff as well as physicians, see the related article, "Practical Tips for Putting Telework Into (Medical) Practice" on page 33.

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