




Locums to Respond to the Great Resignation (in Sooner State)

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COI

- No COI relating to the presentation

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Talking points:

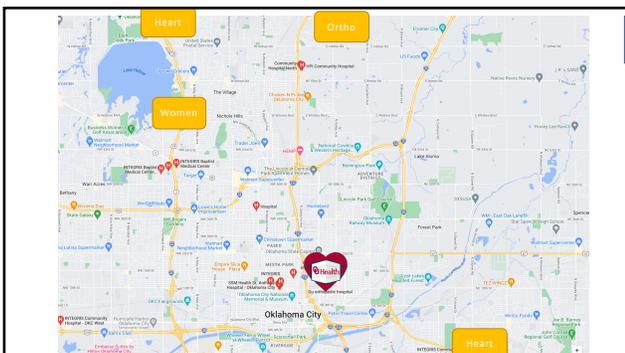
- ❖ Background
 - Healthcare in OKC
 - Timelines
- ❖ Locums
 - Costs and other practical issues
- ❖ Opportunities

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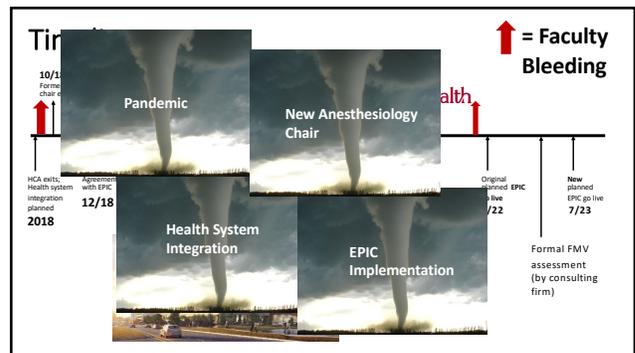
Who We Are

- Oklahoma's only Level-1 trauma center
- 804 beds
- Total ORs and off-sites to cover: adult 36 + NORAs; Peds 11 + NORAs
- Full staff: 36 Adult/18 Peds Anes physicians, 44/14 CRNAs, 50 trainees
- 10 J-1 waiver slots, but competitive process

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Options to Cover ORs

Locum	OT by Faculty
<ul style="list-style-type: none"> • Helps keep ORs open • Multiple vendors to choose • Reduce burdens on faculty 	<ul style="list-style-type: none"> • Work pre or post call days • Higher income potential • Least cost to the system
<ul style="list-style-type: none"> • Most expensive option • Sunk costs (no show, termination) • Only covers day shifts • Negative impact on faculty retention/recruitment 	<ul style="list-style-type: none"> • Faculty burnout • Negative impact on faculty retention/recruitment

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Getting Locum Providers into the Team

- Screening: Admin time 6h per person (x 7); predicting needs, interviewing, and obtaining approvals
- Credentialing: lead time ~3 months; lots of admin time spent
- Quality: Unpredictable, some great, but others with difficult personalities
- Specialist locum: more expensive, hard to find (liver, cardiac, etc.)

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Financial costs

- Direct costs
 - Labor
 - Per diem
 - \$80,000 per month/FTE
- Indirect costs
 - Screening (Vice chair, hospital and office staff)
 - Credentialing (2-3 months)
 - Onboarding
 - Logistics of scheduling, continuous challenge
 - Accounts payable (incomplete charts, unbillable procedures)

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Difficult Scheduling

- Agency provides a locum for certain durations, but individual shift request varies
 - 1 week on / 1 week off
 - 2 weeks on / 2 weeks off
 - 4 days/1 off per week for 6 weeks
 - Seasonal

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Resentment

- Faculty members do not appreciate locums
 - “they get paid more for the same work”
 - “we have to teach while they get paid more”
 - “they work only when they like to”
 - “difficult in assigning trainees and students”

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Buying out your favorite locum?

- Most agencies allow buyouts
 - Total compensation (benefits) may attract some locums
 - Hiring some with known clinical skills and personality
 - Variable costs, \$30,000 - \$60,000 per individual

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Support from Health System

- Health System Costs
 - Surgical revenue remains a top priority
 - Monthly costs for locums physicians/CRNAs >\$500k
 - Unpredictable and Unsustainable
- Solutions
 - Support to the Dept to engage with a recruitment firm
 - Formal FMV assessment and adjust faculty comp
 - Improving revenue cycle via better EMR

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Conclusions

- Hospital wants to keep ORs open despite costs (opportunity)
- Major burden on dept staff; a learning process in screening/credentialing

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