

Talent Attraction:
Physician and
Healthcare
Professional Recruiting
in an Age of
Uncertainty

Dr. Brandy Terrell
Michael Snyder, MBA



Crisis level physician shortage



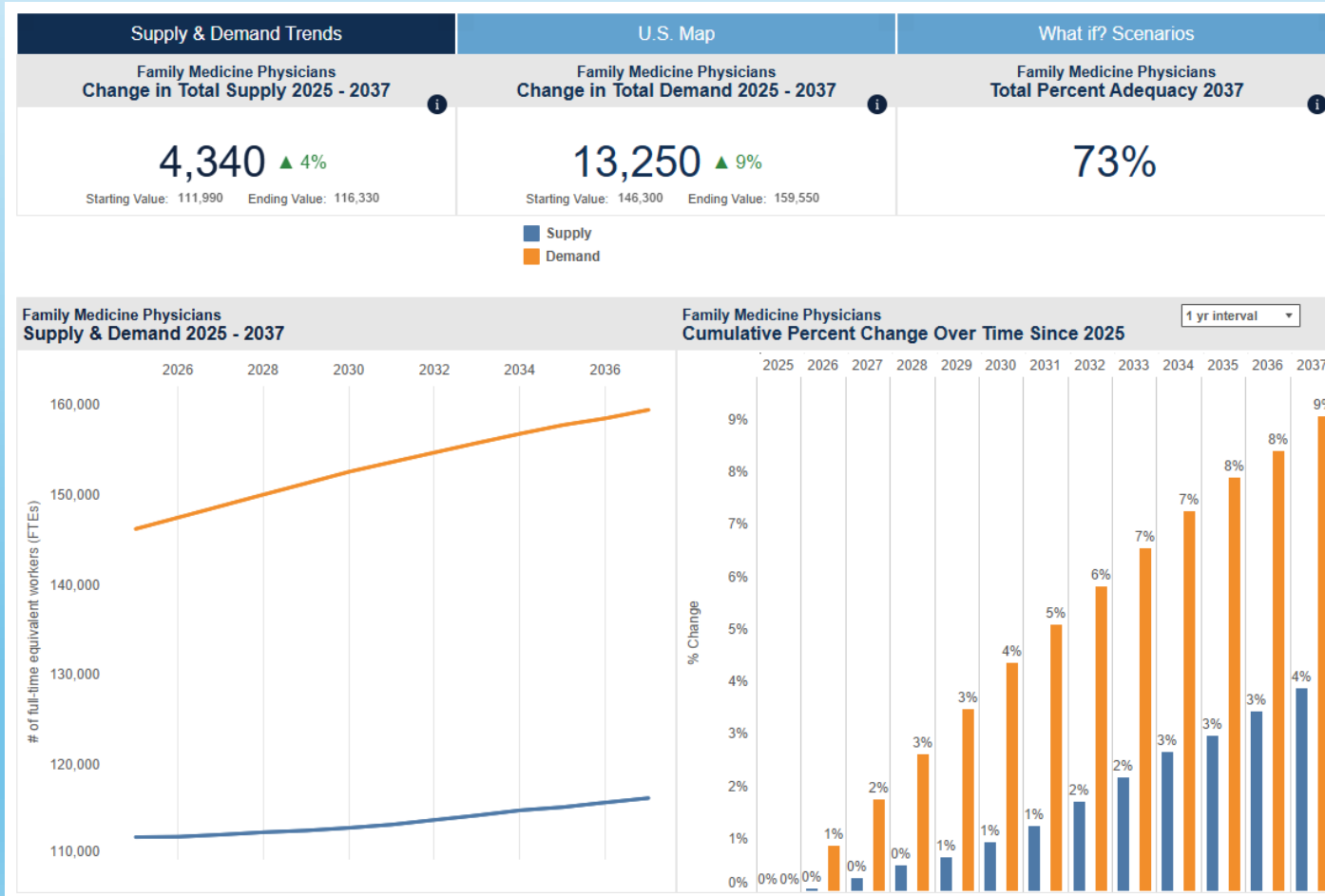
Projected supply of and demand for physicians, 2027, 2032, and 2037

	2027	2032	2037
Supply	936,530	936,590	949,360
Demand	1,060,710	1,103,620	1,136,490
Surplus / (Shortage)	(124,180)	(167,030)	(187,130)
Percent Adequacy	88%	85%	84%

Notes: Demand and supply estimates and projections are in full-time equivalents (FTEs), defined as working 40 hours a week. Adequacy is calculated by taking projected supply in 2037 divided by projected demand in 2037. FTE estimates may differ from estimates of the headcounts of the health workforce.

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physicians-projections-factsheet.pdf>

Workforce Projections



<https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections>

Physician trends (COVID era to present)

- **Early 2021 (Acute Crisis Phase):** Burnout rates spiked from 45% (2019) to 60% (late 2021). Intent to leave increased from 24% to 40%. Jackson Physician Search reported job applications rose >30% post-March 2020, indicating physicians were actively job-seeking despite lockdowns.
- **Late 2021–2022 (Delayed Resignation Phase):** Physicians did not exit en masse; instead, **they made strategic career changes**. Retirements increased (21% considering early retirement per 2021 Jackson survey), but **younger physicians mostly shifted practice settings or negotiated flexible arrangements rather than leaving medicine entirely**.
- **2023–2025 (New Equilibrium):** Burnout remains elevated (53% in 2023), but **structure of work changed**. Four-day work weeks, reduced call schedules, and part-time options became normalized expectations. 90% of physicians now report openness to rural practice under right conditions (2024 Jackson/LocumTenens survey).

Post-Pandemic Market Shifts (2023–2025)

- **Physician Mobility:** Increased from 2019 baseline. Physicians are relocating more, but **only when package aligns with personal priorities** (not just compensation).
- **Work Preferences: 92% of millennial physicians prioritize work-life balance/blend.** 70% of physicians prioritize work-life balance and community engagement over financial incentives alone.
- **Turnover Dynamics:** In first 3 years of practice, 25% turnover remains stable. But turnover age patterns shifted: 12% of physicians 51–60 working part-time (up from single digits pre-COVID), indicating career transition rather than full retirement.
- **Recruitment Timeline:** Average days-to-fill for primary care: 125 days (up from ~90 days pre-2020). For specialists: 135 days. Licensing/credentialing adds 4–6 months.
- **Compensation Competition:** Average signing bonus increased from \$31,000 (2023–24) to \$38,000 (2024–25); family medicine bonuses up 15% YoY; average starting salaries rising 2–8% across specialties.

Primary care is the most in-demand specialty nationally (10% of all physician searches; 81% of organizations search for this specialty). Yet paradoxically, primary care salaries are lowest among medical specialties (avg. \$265,000–\$275,000 in 2024–25 vs. \$382,000+ for specialists). This creates a fundamental attraction problem: **young physicians are incentivized to subspecialize.**



Indiana centric issues

Limited Primary Care Residency Capacity: Indiana has three main residency training hubs (Indianapolis, Fort Wayne, South Bend). Most graduates remain in urban centers; rural exodus is minimal without structured rural training programs.

Burnout Drivers in Primary Care: In Indiana healthcare systems, primary care physicians report highest EHR administrative burden (14+ hours/week non-billable), patient volume pressures, Medicaid reimbursement constraints, and limited clinical autonomy.

Rural Primary Care Exodus: Rural Indiana has seen cumulative decline in primary care availability over 15 years; pandemic accelerated retirements and part-time transitions.

Aging Primary Care Workforce: Indiana PCPs average age 49.1 years; significant cohort approaching retirement (55–64 age group) is critical succession challenge.

A photograph of a graduation ceremony. Numerous graduates in black gowns are seen from the chest up, with their arms raised in celebration. Many black mortarboard caps are flying through the air against a clear blue sky. The scene is filled with a sense of joy and accomplishment.

Emerging Issues

- Two-year schools and colleges producing saturation of NPs and PAs in system.
- Planning required to build services around existing talent pool and available professionals

Major challenges in Indiana

- Similar and different issues for urban and rural settings require different focus
- Major impact on large hospital systems
- Backfill positions with P.A.s and Nurse practitioners
- Boomer generation aging out, more advanced care providers are retiring, leaving gaps
- **Challenging to plan for – lack of physicians driving up care needs, financial issues**



Evolving physician expectations

Emphasis on work-life blend: a high value on flexible work schedules and work-life balance. This contrasts with older generations who were often willing to work longer hours – now, **four-day work week**

Shift from private practice: More physicians are opting for employed positions in hospitals or large healthcare systems over the demanding schedules and financial burdens of private practice

Interest in non-clinical work: A growing number of physicians are seeking non-clinical work in areas like education, research, or consulting

Interest in subspecialties: In some fields, new graduates are increasingly focused on narrow subspecialties



Core Marketing Recruitment Narratives: (For Urban Physicians) 'Clinical autonomy + community impact + modern infrastructure.'

Indianapolis metro has academic affiliation (IU Health), strong primary care pipeline, and diverse patient populations. Messaging should emphasize teaching opportunity (for early-career), scholarly activity, work-life balance policies, and culture of innovation.



(For Rural Physicians)
'Meaningful work + professional autonomy + practice support.' Rural Indiana messaging should highlight small-town quality of life, community integration opportunity, scope autonomy (ability to manage full spectrum of primary care vs. narrow subspecialization), and modern infrastructure (EMR support, care coordinators, locums backup to reduce on-call burden).



(For OB/GYNs Specifically)
'Scope of practice clarity + reduced call burden + modern L&D infrastructure.' Given post-Dobbs environment, Indiana must transparently communicate legal framework, organizational support for full scope of family planning care, and work-life balance structures (OB hospitalist model, robotics access, predictable call schedule).



Potential Strategies and Considerations

- Make your hospital or clinic **a destination facility** to attract physicians and specialty care professionals
- In urban areas, financial compensation is generally similar between hospitals and specialty clinics – win on opportunity perceptions
- Rural areas – quality of life and capacity to serve



Potential Strategies and Solutions

Create an environment where they *want* to go to work

Physicians and professionals generally want to see three things:

1. **Stability and quality of the facility or system** (no controversy or public issues, reputation sound)
2. **Camaraderie among professionals – force multiplier**
3. **Compatible colleagues** – can appreciate or better, enjoy being around them



Key point to consider

- Physicians and key professionals will **spend more time with their colleagues and hospital/clinic staff** than they will with their families.



Key recruiting outcome: develop a vision of physicians and professional staff who feel comfortable where they are working.

Common question: "Who are my partners going to be?" Unspoken question: "How hard are they going to work?"

Docs buy
culture.



Break bread

- As part of recruiting and interview process, consider scheduling a dinner with future colleagues so they can sample the culture of their future team
- Fellow physicians are credible
- **Fellow physicians do the actual meaningful “selling” of the facility and the future team**



Match expectations



Location, challenges and opportunity are different and appeal differently

- **Key points of difference: Quality of life and quality of practice**

- Urban physicians expected to see set number of patients per day. Rural areas often more relaxed in terms of one-on-one patient time

- Lifestyle generally plays higher role in rural physician and professional recruitment



Key point for both areas:

- Physicians and professionals hate being on call. They also need to have confidence in their team that the on-call physician will take good care of their patients
- More good docs who are satisfied with their workload often means more trustworthy docs and professionals to share on-call duties with



A landscape photograph showing a stark contrast between two states of nature. The left side of the image is dominated by a vibrant, lush green field of tall grass, suggesting a period of rainfall and growth. The right side is a desolate, brown landscape with deep, irregular cracks in the parched earth, indicating severe drought. The horizon line is low, and the sky is filled with dramatic, layered clouds. The left side of the sky is a clear, bright blue, while the right side is a hazy, golden-yellow, suggesting a sunset or sunrise. The overall mood is one of environmental contrast and the impact of weather on rural areas.

Lessons Learned in Rural Areas

A close-up photograph of a brass key inserted into a lock. The key is positioned horizontally, with its bit end on the right. A bright, warm light shines through the keyhole, creating a strong glow and casting a soft shadow of the key onto the lock's surface. The background is dark and out of focus.

Key challenges

Recruiting physicians in rural Indiana

Advantages: - Lower cost of living; potential for meaningful work (entire county population served); less hierarchical; potentially greater clinical autonomy; community integration

Challenges: - Professional isolation; limited specialist backup; on-call burden; school/family amenities limited; spouse employment opportunities scarce; recruitment marketing harder

Recruitment Incentives: - Rural primary care signing bonuses \$35,000–\$60,000 (higher % of total comp than urban); salaries \$265,000–\$280,000; heavy emphasis on loan forgiveness, housing assistance, practice autonomy

Time-to-Hire: - 140–160 days; fill rate significantly lower; often requires locums bridge staffing




Southern Indiana Community Health Care - FQHC – 50th anniversary

Serving patients in five counties in southern Indiana – excellent reputation

U.S. News & World Report – physicians noted for excellent professional service in Orange County (all SICHC physicians)

Strong relationships with IU Center for Rural Engagement, Indiana Health Department, healthcare associations

Played major role in stepping up to close service gaps with OB services following closure of St. Vincent Dunn Hospital in Bedford



Open Position

A calling to provide critical healthcare to those in need

Family Medicine Physician

SICHC is independent Federally-Qualified Health Center based in the rolling hills of south-central Indiana seeking to employ a Family Medicine Physician with OB C-section/surgical skills (a plus but not required).

SICHC is a well-established 45-year-old practice with a staff of 4 physicians, 8 Nurse Practitioners, and 5 Behavioral Health Providers. SICHC's group is committed to providing a full spectrum of family medicine based on the life and teachings of Jesus, in a medically underserved rural community, while maintaining work-life balance. Physicians average 14-18 patients per day in clinic and 0-4 in hospital. The call schedule is shared equally among physicians.

Philosophy

The mission of the organization is to provide high-quality, community-sensitive healthcare utilizing Christ-oriented principles.

Position Essentials

- Full-time Board Eligible/Board-Certified Family Medicine Physician with unrestricted Indiana medical license
- Full spectrum Provider: Outpatient, Inpatient (including Neonatal and Pediatrics), and Obstetrics
- Supportive of a collaborative approach with Nurse Practitioners and Behavioral Health Providers
- Participate in continued expansion of services to enhance access to care

Program Approach

- 4-day clinic work week
- Team based care with goal of 2:1 nurses/MAs per provider
- Call rotation to minimize life-style impact
- Evidence-based, quality-centered care
- Integrated Behavioral Health



2021 (evolving messaging)



Southern Indiana
Community Health Care

Fulfill Your Professional Potential and Spiritual Passion at SICHC



Quality
Healthcare,
Close to Home



The SICHC office areas deliver a wide variety of entertainment, places to eat, and things to do. *Here's a sampling:*

Paoli

Entertainment

- Paoli Peaks - Skiing, Snowboarding, Tubing
- Wilster Wildlife Park - Zoo, Drive-thru Safari, Ziplining, ATV tours, Horseback riding, Lodging
- Green Acres Country Club - Golf Course & Restaurant
- Paoli Rock & Bowl

Food

- Lost River Market & Deli
- Connie's Country Kitchen
- Parkys BBQ of Paoli
- Yamato Japanese Steakhouse
- Hacienda El Asadero
- El Compadre
- The Super Burger
- Shakeburger Drive-In
- Burton's Farmhouse

Outdoor

- Hoosier National Forest - Hiking, ATV, Horseback Riding, Hunting, Camping, and more
- Pioneer Mothers Memorial Forest
- Lick Creek Trailhead
- Playgrounds - Sports courts/Fields, skate park, walking paths

Shopping

- Persimmon Tree Gifts
- Reflections Flowers and Boutique
- Hometown Tees/ Retail at the Braxton
- Envision Designs
- Walmart Supercenter

Nearby

- Spring Mill St. Park - Hiking, cave tours, camping, & more
- Gasthof Amish Village - Restaurant, Shops, & more

- Mitchell Fitness Center
- Orleans Hometown Scoops
- Orleans Country Kitchen
- Orleans Speakeasy Pizza

Marengo

Entertainment/Outdoor


- Hoosier National Forest - Hiking, ATV, Horseback Riding, Hunting, Camping, and more
- Marengo Cave - Cave tours, hiking trails, maze, play area, gemstone mining

Shopping


- Terra's Unique Boutique
- Marengo Cave Gift Shop

Food

- Van's Country Table
- Papeno's Pizza




Southern Indiana Community Health Care



- Medical, Mental Health, & Obstetrics
- Part of NHSC's Loan Repayment Program
- Provider Autonomy
- Rural But Not Isolated

WORK\|LIFE Balance



SICHC - Professionals Practicing Medicine with Work-life Balance

Southern Indiana Community Health Care (SICHC) offers a unique and fulfilling work environment that blends professional excellence with a strong sense of mission and community service. As a nonprofit Federally Qualified Health Center, SICHC is dedicated to delivering compassionate, patient-centered care to individuals and families across Southern Indiana.

The organization values work-life balance and provides opportunities for both personal and professional growth. Employees enjoy a competitive benefits package, including medical coverage, retirement plans with employer contributions, and generous paid time off. SICHC also supports ongoing education and career development, creating a culture of continuous learning.

Located in the scenic countryside of southern Indiana, SICHC team members benefit from the charm of vibrant local communities, access to outdoor recreation, and a welcoming small-town atmosphere, all a short drive away from the amenities of larger cities. At SICHC, employees are part of a dedicated team committed to delivering high-quality, integrated healthcare that makes a meaningful impact.



Be part of the **SICHC Team**

To learn more, visit us online at SICHC.ORG/teamSICHC

FOLLOW US ON SOCIAL MEDIA   



SICHC PAOLI

420 W. Longest Street, Paoli
(812) 723-8944



SICHC BEDFORD

629 Lincoln Avenue, Bedford
(812) 875-4470



SICHC MITCHELL

2759 State Road N-37, Mitchell
(812) 992-5440



SICHC WEST BADEN

8163 W. State Road 166,
West Baden (812) 723-7125



SICHC ENGLISH

307 S. Indiana Ave., English
(812) 838-2924



SICHC MARENGO

1604 E. White Oak Lane,
Marengo (812) 365-1321

SICHC Advantages

- Salary guaranteed through contract
- Opportunities for sign-on bonus and reimbursement of moving expenses
- Student loan/debt repayment through National Service Corp programs
- CME Allowance - five days a year (up to \$5000 annually)
- Weekends and evenings off (except for obstetrics call weeks of 1 in 4)
- 401(k) participation after first year, with a corporate match up to 4%
- Strong healthcare, vision, dental, and other voluntary benefits
- 2:1 support staff to off-load documentation burden
- A supportive and flexible onboarding period



Fulfill Your Professional Potential and Passion at SICHC



Quality Healthcare, Close to Home

2024 - current messaging

Build a Relationship Pipeline Early

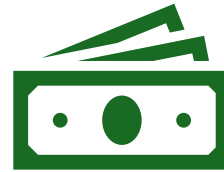


New physicians and providers

Start building a vision in area high schools for STEM and service

Build reputation as a clinic or healthcare operation that engages professionals, listens

Engage with area colleges, universities (IU Center for Rural Engagement, Purdue Center for Rural Development)



Rural areas need family physicians with OB, specialty capacity

Student loan debt load prohibitive when considering rural areas



Talent planning

Build service capacity around physician availability

Rural clinics goal: physician recruitment

Build opportunity awareness

- Residency outreach
- Recruitment process must be:
 - Focused
 - Ongoing
 - Strategic
 - Partnership-based
- Need to educate, create vision of serving patients in rural areas



Policy changes needed

Physician and provider shortage ramping up

Need policy support to encourage physicians to move to, stay in and serve rural regions

Majority of Indiana counties are medically underserved – major workforce attraction and economic development issues

Being a physician is as much of a calling as it is a profession

Policy changes to relieve financial pressures, help medical students overcome challenges

Improve recruitment process



Clinics, smaller hospitals – one point of contact for recruitment



Provide consistent message



Build clinic brand, reputation to promote attractiveness, **build confidence** in potential candidates



Coordinate site visits

Visits with team members

Professionals want good work environments with resources and low conflict



Make it personal



Questions and/or Comments?

- Michael Snyder msnyder@themekgroup.com
- Brandy Terrell bterrell@sichc.org