



# CAREER GUIDE for RESIDENTS



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# 2018 Winter Career Guide for Residents

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2018 Winter Career Guide for Residents

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# Negotiating an Employment Contract

By Margo Williams, Practice Management Associate, ACP

You found the perfect practice in the perfect location. So, you ask, "When can I start?" Slow down—it's not that simple. Practice type and location are only 2 of the decisions you will have to make before considering a contract, and there's more to negotiating an employment contract than salary. Many physicians believe the quality of the group a physician will be joining and the style of the practice are even more important considerations than salary.

Keys to both professional and personal happiness lie within that all-important decision to sign on the dotted line. Because the employment contract defines the conditions of employment and can therefore greatly affect future professional satisfaction and personal happiness, a physician needs to carefully read and fully understand every aspect of the employment agreement.

## Finding the right practice

Start by considering the type of practice in which you want to work and your preferred geographic location. You can tap into a number of resources to find the best practice opportunity. When looking for a position outside your immediate geographic area, check professional publications or contact physician recruiters. Your local hospital or personal network of colleagues, teachers, or medical school and residency training alumni may also be excellent suppliers of information. Web sites have become a major tool in the search for career opportunities, with many allowing searches by specialty, type of practice and location.

**Practice Type:** Decide what type of practice would best suit your needs. Types of practices include: solo, small group, large group, hospital-based, HMO-based, single or multi-specialty and government-based. Listing the characteristics, advantages and disadvantages of each type of practice can be a good starting point.

**Location:** When deciding on a practice, consider living environments, such as the local school system, churches, availability of leisure activities, and proximity to the hospital. The cost of living, crime rate and transportation system may be personal priorities as well.

**Practice Culture:** After finding a suitable employment opportunity, there are subjective issues to consider. You should learn everything possible about the practice's culture and values by observing the practice and meeting its owners, employees and patients. We highly recommend asking colleagues unaffiliated with the group about its reputation. Ask to follow one of the group's physicians around for a day. Pay close attention to patient comments that reflect on quality or continuity of care.

**Financial Health:** Practice stability is very important when deciding on long-term employment. Consider the practice's

age, expenses, revenue, debt, and financial future. If the financial health of a prospective employer is shaky, working conditions may be poor. Inquiring about the practice's accounts receivable will help provide a sense of the practice's collections success and solvency.

**Compensation:** The most obvious issue on the mind of anyone seeking employment is compensation. Although salary may be negotiated during the hiring process, the compensation methodology is usually not negotiable. The basic types of compensation arrangements include those based on individual productivity alone, share of practice income, salary guarantees, individual productivity less expenses, fee-for-service and multi-variable incentive bonuses tied to payor objectives. You should consider how well the practice's compensation scheme matches your personality, working style and preferences.

## The art of negotiating

The goal of negotiation is to create a win-win solution, not to win at the expense of the other party. Thus, you must know what you want and what is minimally acceptable. Although you must be realistic, it is very important that you negotiate for any terms you feel are truly essential to job satisfaction, despite concerns that you may be pushing hard. A fear that hard feelings might develop even before employment begins sometimes inhibits physicians from saying what's really on their minds. Neither you nor a prospective employer will be well served if you accept a position and then are miserable because of terms you failed to negotiate. Being forthright without being abrasive or unrealistic is therefore essential to the process. You should be creative and flexible in negotiations, since experts agree that it is unrealistic to expect everything on your 'wish list.' Experts believe that the time for you to negotiate the best deal is during the honeymoon period right after the group has made you an offer.

## Tips for negotiating your contract

- Gather information and be prepared. Find out as much information about the practice in advance as you can. What questions can you anticipate from them? What do you want to know? Determine what you want to accomplish.
- Treat people with respect. From the receptionist to the partners, show courtesy and consideration. It creates a great first impression.
- Negotiate from the perspective of mutual benefit and fairness. Whenever you are seeking a concession, explain why it is fair. If it could benefit patients or the practice, point that out. Always have logical reasons for what you want and why you are asking for it.

- Set priorities. Before you come to the table, review, list, and rank critical factors. What is negotiable? What is not?
- Develop a strategy. Consider how you will obtain your most important points. Are they easy or difficult for this practice to offer? Which other points are easy for the practice to offer or concede? Start with an easy point to negotiate. Get a feel for the process and the others involved. Tackle your hardest issue midway, and conclude with light ones.
- Return to unresolved issues after most of the bargaining is done. At that point, added pressure to find common ground creates a greater bargaining base for both parties, because the success of everything you've done so far hinges on resolving these few remaining issues.
- Get it in writing. When you negotiate a change in the contract, make sure that change is in writing and not simply a verbal agreement. Any changes should be incorporated into the contract itself.

## Understanding contract terms

Even if you employ an attorney or a professional consultant to help with the negotiation process, ultimately the decision to accept the opportunity lies with you. There are specific terms and benefits the contract should address before you sign on the dotted line. Some terms that may be important to understand are:

- Salary
- Nonsalary Benefits
- Ownership/Partnership
- Outside Activities
- Duties and Requirements
- Restrictive Covenants
- Nonsolicitation Clauses
- Term and Termination
- Gap/Tail Insurance
- Assignability

## Should I use a third party?

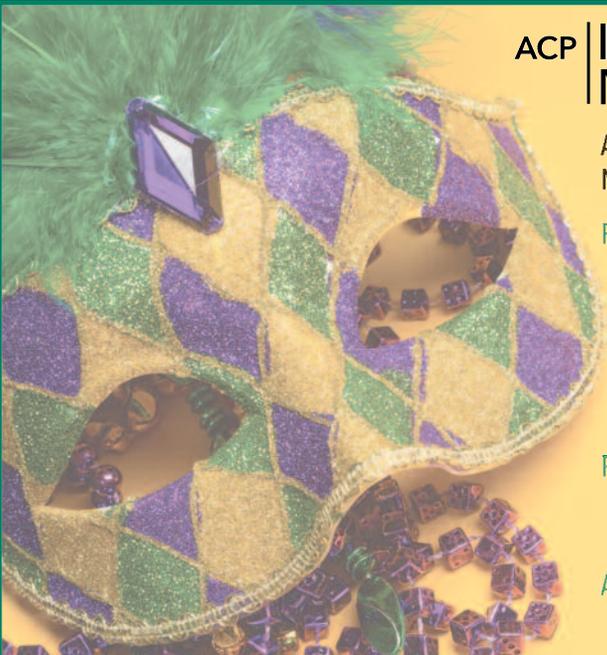
An employment contract may be the most important financial decision you will make and any misunderstandings can cause painful consequences. Thus, the cost of hiring an attorney is normally money well spent. Because the contract has usually been carefully crafted by the group's attorney to protect their interests, you should consider seeking legal counsel to review the contract as well. Your colleagues or the local/state medical society or bar association can recommend experienced health law attorneys. Lawyers can help find potential conflicts and will suggest alternative contract language. However, experts say it's important not to leave everything to the attorney; it is more important for you to understand what you are signing since you are the one who will have to comply with its provisions thereafter.

## Conclusion

Contract negotiations can be exciting as well as frustrating. Signing an employment contract is not only an important financial decision but can also affect your personal comfort, family, professional compatibility and career enjoyment. To fully understand contract terms and clauses, you may wish to download this guide in full from our web site. Then give the process the serious attention it deserves and get all the help you can.

While the PMC staff are not attorneys and cannot provide legal advice, College members should feel free to contact us directly if they have questions about the process or need help finding technical support.

For more information on negotiating both sides of employment contracts, including a sample contract and self-assessment tool, check out PMC's "Physician Employment Contracts" at: [www.acponline.org/contractguide](http://www.acponline.org/contractguide). ■



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# Recruitment Improvement

By Janet Colwell, freelance writer in West Hartford, Conn.

Creativity, flexibility required to attract hospitalists in fiercely competitive market.

Many physicians coming out of residency find themselves in the enviable position of choosing among multiple hospitalist job offers with attractive salaries and benefits. Driven by the rapid proliferation of hospital medicine programs across the country in recent years, competition for good candidates has intensified, and many hospitals—especially in rural areas—are struggling to fill open positions.

“The demand for hospitalists is as high as we’ve ever seen,” said Travis Singleton, senior vice president of Dallas-based physician search firm Merritt Hawkins. The average salary for hospitalists rose by 7% to \$249,000 in 2016 and hospital medicine ranked fourth among the top 20 specialty search assignments, according to the firm’s “2016 Review of Physician and Advanced Practitioner Recruiting Incentives.”

While that’s good news for hospitalists on the job market, it presents challenges for employers, especially in smaller or remote communities, namely how to stand out in a sea of recruitment ads promising competitive salaries, flexible schedules, and collegial work environments.

Personalization is key, according to experts. Calls and site visits where candidates make individual connections with potential colleagues can tip the scales in favor of one position over another. In addition, employers often must be willing to tailor jobs to specific candidates.

## Financial considerations

Other factors are important, but the starting point for recruitment is money. Given the high demand for hospitalists, employers that pay below market have a tough time getting noticed, according to Mr. Singleton.

“You have to be in the ballpark in terms of compensation before you can even get to discussing things like scheduling or quality of life,” he said. “On top of that, hospitals usually have to be prepared to offer extras like signing and relocation bonuses.”

A typical compensation model includes a guaranteed base salary plus opportunities to earn additional income through productivity bonuses and quality improvement-based incentives, said Jason Farr, senior vice president with The Medicus Firm, a Dallas-based physician recruitment company. However, while many programs offer these benefits, they often fail to put them into context for potential employees.

“Employers often fail to take that next step of laying out what the candidate could expect in terms of total income,” he said. “Making sure all of the incentives are properly outlined so candidates know their full income potential is often overlooked.”

For example, established programs should compile historical data showing the average number of relative value units (RVUs) physicians generate per patient encounter. That information can be used to develop estimates of productivity

bonuses prospective hires could expect when they exceed an established RVU threshold.

Another topic that programs may fail to address during the interview process is quality incentives. Recruiting employers don’t want candidates to feel that they will be under pressure to meet a long list of metrics, said Mr. Farr. However, it’s an important topic to cover, considering that quality incentive payments can add as much as \$15,000 a year to a physician’s compensation package.

Focusing on total income is especially important for small rural hospitals that may not have the financial resources to guarantee a high base salary, he noted. Some such employers may also have a lower threshold of work RVUs than a larger center, which could make it easier for physicians to boost their overall compensation through productivity bonuses.

Student loan forgiveness is another perk that appeals specifically to younger physicians, said Mr. Farr. Some hospitals are offering to repay up to \$100,000 of physicians’ student loan debt in annual installments if they stay for a specified length of time.

Hospitals located in underserved rural areas should check on their eligibility to participate in federal or state loan repayment assistance programs, he added. For example, the Texas Physician Education Loan Repayment Program offers up to \$160,000 over four years to physicians who practice in designated shortage areas.

## Attracting millennials

Young physicians are also particularly attracted to jobs that offer a good quality of life, recruiters say. As a result, flexible schedules, manageable workloads, and generous vacation time are important considerations for prospective employers.

“With Gen X, it was all about moving up, making more, and growing their practice, even if it meant working longer hours,” said Mr. Singleton. “But that’s not the typical mindset of millennials. They are much more interested in overall quality of life.”

To guard against burnout, Redlands, Calif.-based Beaver Medical Group offers shorter shifts on weekends than weekdays (nine to 10 hours instead of 12) and limits average daily patient load per physician to between 14 and 17 patients, compared with 20 or more at some hospitals, said Sameh Naseib, MD, FACP, inpatient medical director for the 240-physician multispecialty group. Hospitalists can also become eligible for partnership in the company after two years of employment.

Many younger hospitalists like having the flexibility to work part-time or only during certain parts of the year, noted Mr. Singleton. Instead of losing those physicians to locum tenens work, hospitals may be able to attract them by embracing alternative work schedules and job structures.

“Ask yourself what you can do to be more flexible for the

physician who wants to work six months out of the year because they have a growing family or want to travel," he said.

"That person may not fit into your traditional scheduling model but they can still be a great addition to the staff."

Potential for career advancement is another key topic to cover with younger physicians, he added. Make sure to discuss any educational or leadership opportunities in your hospital that may help potential hires bolster their credentials or gain experience in specific areas of interest.

## Honesty still best policy

While recruiters naturally want to highlight the benefits of a position, it's also important to clearly convey the challenges of the job to candidates before any offer is made, said Dr. Naseib. That way, you are more likely to end up with someone who fits with the culture and remains happy in his or her job.

"We are very transparent about our expectations," he said. "Every physician in our program is required to participate in at least one or two committees focused on improving quality and safety. We want to make sure they are on board with that before they walk in the door."

One of the biggest challenges in small or rural hospitals is lack of subspecialty support, said Mr. Farr. Some hospitalists are deterred by the prospect of a heavier workload in a setting where they do not have support from cardiologists, pulmonologists, and other subspecialists.

"Often hospitalists have to take on additional responsibilities that involve higher acuity of care with no specialty backup," he said. "In addition, rural hospitals often do not have additional support for night call or backup coverage, which could mean a quicker path to burnout for hospitalists."

At Hannibal Regional Healthcare System in Hannibal, Mo., for example, hospitalists sometimes have to manage stroke patients and take night call. That can be concerning for younger physicians fresh out of residency who have been used to working in larger groups with a full range of subspecialty support, said REXANNE GRIFFETH, the hospital's recruitment specialist.

However, the program, which has been growing since it launched almost three years ago, has had some recent success

with filling positions. It recently hired two new hospitalists and is in the midst of negotiations with a third.

"We have to keep a very flexible and open mindset here to be competitive in recruiting," said Ms. Griffeth. "We are always open to candidates' suggestions about how to handle scheduling, patient flow, and night call and will consider part-time schedules."

Appealing to a candidate's specific interests is another way to stand out, she said. For example, Hannibal created a position for a new hospitalist who is board-certified in sleep medicine, allowing him to direct the sleep medicine program on alternate weeks.

Hannibal uses a variety of tactics to attract potential candidates, working with professional recruiting firms and talking with foreign as well as U.S. medical graduates, said Ms. Griffeth. The hospital recently hired one foreign graduate who is slated to start work in July, pending approval of her H1B visa extension.

"It's somewhat risky because we'll be stuck if the immigration paperwork doesn't go through," Ms. Griffeth conceded. "But it's a chance we have to take in the middle of a shortage when our program is taking off and we've been forced to use locums."

## Screening and networking

At the University of Nebraska Medical Center in Omaha, significant time is spent in screening potential hires, according to Rachel Thompson, MD, FACP, chief of hospital medicine.

She has 30-minute calls with anyone who submits a resume, which sometimes reveal interests or strengths that aren't immediately apparent on paper, she said. Promising candidates are then invited to spend a day on site meeting with administrators and physicians and participating in rounds with the care team.

Dr. Thompson also recruits heavily from residency programs in the region in the hope of attracting physicians who are familiar with the area and interested in staying.

"We have a lot of physicians who grew up here and want to come back," she said. "Omaha attracts people from the Dakotas and all over Nebraska who want to be in a city and work in an academic environment while staying close to home."



Photo by Thinkstock

Although time-consuming, the intensive process has been successful so far, she said. Eight new physicians were hired over the summer, and the hospital has plans to fill several more positions over the next year.

Personal connections made through phone calls, site visits, and conferences can be deciding factors for candidates weighing multiple job offers, noted Ms. Griffeth. Ultimately, your own staff is your most effective recruitment tool.

"Physicians are your best recruiters," she said. "Professional firms can help beat the bushes for candidates and market positions, but physicians recruit other physicians, and help retain them once they're here."

Remember that hiring someone is only the first step in a successful recruitment, added Dr. Thompson.

"If we hire someone who isn't a perfect match, we may end up trying to fill that same position the next year," she said. "I try to identify each candidate's particular interests and strengths and how they fit in with our priorities over the next five years... When we find that person, we do everything we can to craft a job that supports their career growth so that they are encouraged to stick around for the long term." ■

*From the February ACP Hospitalist, copyright © 2017  
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## Location, lifestyle among job seekers' top concerns

Hospitalists and general internists were among the most recruited specialists from U.S. residency programs last year and many received multiple job offers, according to recruiting firm Merritt Hawkins' 2015 Survey of Final-Year Medical Residents. Here are some of the chief concerns and expectations of residents preparing to enter the job market.

- Almost 70% rated geographic location as "most important" when assessing job opportunities.
- Adequate call/coverage, personal time, and lifestyle were rated as "most important" factors by about 60% of residents.
- More than 40% listed availability of free time as their top concern before starting a new job.
- More than 90% would prefer to practice in communities of 50,000 people or more. Only 3% preferred communities of 25,000 or less.
- More than half of residents reported owing at least \$100,000 in student loans and almost 40% said that repayment was a major concern.
- Other factors considered important or somewhat important when assessing job offers included proximity to family, specialty support, medical facilities, and malpractice rates.
- Most residents rated personal networking and online job boards as the best sources of job information.

*Source: 2015 Survey of Final-Year Medical Residents, by Merritt Hawkins, available online at:  
[www.merrithawkins.com/uploadedfiles/merrithawkins/surveys/2014\\_merrithawkins\\_fymr\\_survey.pdf](http://www.merrithawkins.com/uploadedfiles/merrithawkins/surveys/2014_merrithawkins_fymr_survey.pdf)*



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# Hospitals fight back against violence

By Mollie Durkin

Hospitals and clinicians are increasingly recognizing workplace violence in the hospital as a problem and employing strategies to deal with it, or better yet, stop it before it happens.

Workplace violence occurs so often in the hospital that some health care workers consider it part of the job.

Gordon Lee Gillespie, PhD, DNP, RN, estimates that he was assaulted at least 100 times in his first five or six years working as a nurse in the ED. "I wasn't watching those cues that a person's starting to escalate, so I had myself in risky situations," he said. "And because I was the only male nurse in the ED and the only male nurse in the building for a while, any patient that was aggressive became my patient automatically."

But dealing with violence should never be considered normal, said Dr. Gillespie, associate professor at the University of Cincinnati College of Nursing. "I personally had the belief when I started practicing that it was," he said. "The challenge is that in health care, people look at it and say, 'Well, it's not really their fault,' but the behavior is always inexcusable."

From 2002 to 2013, incidents of serious workplace violence were four times more common in health care settings than in private industry, according to the Occupational Safety and Health Administration (OSHA).

"The general incivility and violence in our society has just spilled over into all of our settings," said Mary Beth Kingston, RN, MSN, executive vice president and chief nursing officer of Aurora Health Care in Milwaukee. Her health system's policy has encouraged a safe environment for caregivers since the '90s, but the language was strengthened two years ago to focus on a "no-tolerance" approach to violence in the hospital, she said. "People were like, 'Finally, someone's on top of this,'" Ms. Kingston said.

Hospitals have commonly offered employee training and education about workplace violence risk factors and scenarios, but more of them are now going beyond the basics to tackle the problem. New approaches to preventing and mitigating violent incidents include unit-specific interventions and using the electronic health record (EHR) to follow patients involved in prior disruptive incidents.

## Hospital hotspots

Within health care, hospitals are particular hotspots for workplace violence. In 2015, medical and surgical hospitals, nursing and residential care facilities, and ambulatory health care settings were among the industries with the highest prevalence of nonfatal occupational violence, with respective incidence rates of 6.0, 6.8, and 2.4 per 100 full-time workers, according to the U.S. Bureau of Labor Statistics.

These figures only represent the number of reported cases, and health care workers often do not report incidents of

workplace violence, which include verbal threats, harassment, and intimidation in addition to physical assaults, said Ms. Kingston. "If someone's not physically hurt, I think that in the past, they haven't had that recognition that this still has an impact on you," she said.

Among victims of workplace violence in health care settings, just 30% of nurses and 26% of physicians go on to report the incident, according to a 2016 review article in the *New England Journal of Medicine (NEJM)*.

The vast majority of hospital violence is perpetrated by patients or their visitors, as opposed to staff or outsiders, according to the 2017 Healthcare Crime Survey, produced by the International Association for Healthcare Security and Safety Foundation. The most common characteristic among those who initiate violence in the hospital is altered mental status, associated with dementia, delirium, substance intoxication, or decompensated mental illness, according to the *NEJM* article.

No health care worker is immune to violence in the hospital, but nurses are at particularly high risk, as are ED and psychiatric ward staff. In a national survey of 263 emergency medicine residents and attendings, researchers found that 78% of participants experienced at least one act of workplace violence in the last 12 months, with 75% reporting verbal threats and 21% reporting physical assaults, according to results published in 2011 by the *Journal of Emergency Medicine*.

Among participants in the Minnesota Nurses' Study, the yearly incidence of verbal and physical assaults was 39% and 13%, respectively, according to a 2004 study published in *Occupational and Environmental Medicine*. Yet only 27% perceived violence to be a problem at work.

These days, however, nurses are becoming more aware of what constitutes violence, Dr. Gillespie said, giving the example of an elderly woman who gets confused and slaps someone. "There's no intention. But it's not the intent that denotes violence; it's the actual behavior," he said. "I think as people become more savvy on what the definition is, then the perception is going up."

Beyond the human toll, workplace violence in the hospital is financially costly. Hospitals spent an estimated \$1.1 billion for security and training to prevent violence within their facilities, plus \$429 million in medical care, staffing, indemnity, and other costs resulting from violence against hospital workers, according to a 2017 report commissioned by the American Hospital Association.

## Prevention interventions

Health systems are clearly interested in reducing the risk of workplace violence, but very few interventions have been shown to be effective in a robust and replicable way, said Judy Arnetz,



Illustration by Sarah Ferone.

PhD, MPH, PT, professor and associate chair for research in the department of family medicine at Michigan State University in East Lansing. In 2017, she and her group published what may be the first randomized, large-scale intervention study on the issue in the *Journal of Occupational and Environmental Medicine*.

The two-year study included 41 units across six hospitals that had been identified as having increased risk for workplace violence. After researchers measured rates of violence and examined risk factors, they presented supervisors of 21 intervention units with three years of workplace violence data succinctly summarized in graph form.

The identified risk factors aligned with those Dr. Arnetz and her research team published in 2015 in the *Journal of Advanced Nursing*, such as cognitive impairment, patient pain or discomfort, physical transfers of patients, and the presence of needles. "Many times, even the patients who show the least tendency towards violence reacted with violence when a needle came into the picture, either because a nurse was setting an IV or someone needed an injection of some kind," she said. "So it's important to recognize the risk factors so that people can be prepared."

After learning about their units' data, supervisors received an OSHA checklist of possible prevention strategies, adapted to the hospital environment, and were instructed to work with their units to come up with an action plan.

After two years, the risk of violence-related injury was significantly lower on intervention units compared to controls (2.81 vs. 8.09 injuries each year per 100 full-time equivalents). The risk of violent events after two years was also lower on intervention units compared to controls, but not significantly so (13.77 vs. 15.41 events each year per 100 full-time equivalents).

Each intervention unit addressed its own identified problems. At one unit, for example, violence tended to occur in the evening when patient visitors were present—often between patients and their visitors—so staff began to enforce visiting hours more strictly and supplied lockers where patients could safeguard their personal belongings, Dr. Arnetz said. "These were really simple interventions, but they wouldn't have come up with the idea if they hadn't looked at their data," she said.

Other health systems have taken more broad-based approaches. At the University of Iowa Hospitals and Clinics,

the Disruptive Patient and Visitors Program has been in place for four years. As part of the program, patients and visitors who repeatedly cause disturbances or commit egregious acts of violence are flagged in the EHR. Alerts are accompanied by tips from previous caregivers on how to reduce risk, such as entering the room slowly.

Patients are informed of the alert, both in person and in written follow-up, and they are also able to appeal if they believe there's a misunderstanding, explained Lance Clemens, LISW, a social work specialist in the ED and co-chair of the program. "We're going with the notion that silence really takes it from bad to worse," he said. "If things can be open and openly discussed without any kind of shame [or] judgment, the outcome is almost always better."

Administrators of the disruption program initially flag patients, with review by a multidisciplinary committee. Once a patient goes from temporary to full-time status as a disruptive patient, he or she is monitored for two years, after which the committee decides if action is still indicated or if the active alert should be withdrawn. About 60% to 70% of alerts are withdrawn after this two-year period, Mr. Clemens said.

The program currently follows about 65 patients, or substantially less than 1% of the hospital's inpatient volume. Those patients had more than 1,600 appointments after their alerts were entered into the record, said Doug Vance, interim director of security for the hospital and a committee member for the program. "So it's not like it's really interfering with their care at all, and in many cases, it really streamlines it," he said.

Over a two-year period, about 65% to 70% of disruptive patients had no subsequent need for heavy security involvement, Mr. Vance noted.

At Aurora Health Care, a similar pilot project allows any clinician to document violent behavior in a patient's chart. "Then, when anyone opens the chart, once a day, an alert pops up to say this particular patient has had an episode of aggression or violence, and it gives some helpful hints," Ms. Kingston said, adding that the alerts are reviewed for applicability through a review process.

As part of the pilot, a "safety first" notice is placed on the doors of patients with alerts for broader protection. "For example, someone from food services delivering a tray would not be

going into the electronic health record, and we want them to be aware or to check with the nurse before they enter the room," Ms. Kingston said.

One concern that some clinicians have with such interventions is the labeling of patients. "One of our psychiatrists was really down on this whole process. She said, 'You're giving them a scarlet letter. You're going to make it worse for them,' and that just has not been the case at all," said Mr. Vance. "She's actually now a member of our committee."

Dr. Arnetz, the Michigan researcher, said that there have been mixed results in the scientific literature on flagging charts. "I know there was a big study at the VA system several years ago, and they found that flagging charts actually helped to reduce violent events, whereas in another study from Canada, flagging charts did not seem to help at all," she said.

Another issue is that violence is often unpredictable. Knowing that a patient has the potential for violence may be useful, "but our studies have actually shown that you can't always predict who that person will be," said Terry Kowalenko, MD, chair of emergency medicine at Oakland University William Beaumont School of Medicine in Rochester, Mich.

One study, published in 2013 by the American Journal of Emergency Medicine, surveyed 213 ED health care workers at six hospitals about the number and type of violent events that occurred over the course of nine months. Two-thirds of verbal threats were by men, which wasn't surprising, but there was a nearly 50-50 split between men and women when it came to physical assaults, said Dr. Kowalenko. "That is not what we expected to see," he said.

Another challenge is determining who has authority to do the flagging, Dr. Gillespie said. "To me, the person that should not do a flag is anyone who's in a direct line of care" because of the potential for bias, he said. Instead, he encourages hospitals to have social workers or higher-level directors make the judgment call.

Mr. Clemens noted that patients who are flagged as disruptive are never denied care by his hospital. "We are not able, by our policies, to terminate or to fire patients," he said. Flagging charts is more about setting clear expectations for the treatment team in order to more safely care for that patient the next time, he added.

Under the Emergency Medical Treatment and Labor Act, EDs can't legally prevent a patient from coming in, Dr. Gillespie noted. "But from an inpatient perspective, you don't have that legal mandate to provide that care," he said. "If you're on the inpatient side and people are overly acting out and it's hindering care, there are some hospitals that have told patients that they are banned."

## Individual strategies

Individual clinicians can also do their part to curtail violence in the hospital. Because ED clinicians often have an elevated tolerance of violent actions, Dr. Kowalenko said he has suggested that they pretend to be working in a different setting. "If you were a waitress at a restaurant and somebody came up to you and shoved you and called you x, y, and z, would that person still be a patron at that restaurant at that time?" he said. "I guarantee you they're either thrown out, or the police are called and they're arrested."

In terms of self-defense, the proper response is completely different for a health care worker than a person in public, said Dr. Kowalenko, a trained martial artist who has taught self-defense courses for both groups.

"For the general public, I teach a technique that would eliminate the threat and give you time to get away. Some of those are potentially lethal: hitting somebody in the trachea, gouging out an eye. . . . In the ED, you don't have a fight with a patient," he said. "You don't punch them in the face, even though they're trying to punch you in the face. When it gets to that point, you're trying to disarm them."

A way to proactively disarm patients is to keep potential weapons out of their hands, said Dr. Kowalenko, offering the example of IV poles on wheels. "In most departments now, they're a part of the bed that you can't remove, and one of the reasons is because those were used as weapons," he said.

Some other strategies to de-escalate aggressive patients are the same ones that increase patient satisfaction, such as controlling pain, responding to needs, and answering call lights, Dr. Gillespie said. "But a lot of that is really more nursing-centric and not as much for physicians and persons with prescriptive authority," he said.

Physicians can make an effort to learn about and resolve any potential issues by talking to nursing staff during regular rounds, said Dr. Gillespie. "When patients have a need, they won't always tell the physician," he said.

Doctors sometimes don't realize that, in most cases, they're seeing the best of the patient, said Daniel Gugala, JD, executive vice president and general counsel at the Crisis Prevention Institute in Milwaukee. "A lot of times, from a behavioral standpoint, it's the nurses who get the brunt of the challenging behavior," he said.

Mr. Gugala recommended that physicians provide patients with cues that can help nurses later. For example, if ordering a blood test, explain to the patient that someone else will come in to take blood and will be in close proximity. "It may be that person's first experience [with health care] in years," he said. "Clear communication and setting expectations, as far as what it is that you're going to do, can help to alleviate a lot of stress in people."

Ms. Kingston said that hospitalists can also help discern the root cause of someone's aggression, which could be a medical condition causing hypoglycemia, for example. "If something does happen, where I see hospitalists really playing a huge role is in helping the team identify if there are any issues that may have contributed to that," she said.

Physicians may also be called upon to perform a medical exam after a violent episode, which can not only resolve the medical cause but also help avoid inappropriate labeling of a patient as disruptive. "That's why we think this physical evaluation is so important because if there's some other reason [for the violence], we would remove that and say that was a one-time incident," Ms. Kingston said.

If a patient is deemed to be aggressive or potentially violent, interdisciplinary communication is important to make sure that everyone at risk is aware. "Nurses may know that, 'Oh, room 305, go in slow.' Physicians may not know that going in," Dr. Gillespie said.

While in nursing school 20 years ago, he said he was taught to discuss patients' clinical care, but not social issues, in order to avoid biasing the next caregiver. "But in today's world, that's the information you need to share," Dr. Gillespie said. "Even if you don't document it in the medical record, you need to at least have the conversation because it's about safety of everyone. Creating a culture of safety requires these 'gut[-feeling]' discussions."

An example of information a caregiver may pass along but not document would be a patient's husband showing signs of aggression, such as continuously pacing in the room, staring at the caregiver, and mumbling under his breath, said Dr. Gillespie. "These types of observations are not about the patient,

so wouldn't go into the patient's health record," he said. "But the team definitely needs to know about the potential for risk."

Managing violence in the hospital is a dual responsibility between medicine and nursing, according to Dr. Gillespie. "If those two were working truly as an interprofessional team, both groups can actually be safe while also protecting the rights, dignity, and safety of our patients that are escalating toward violence," he said. ■

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## De-escalation do's and don'ts

Some simple tips can mean the difference between inklings of aggression and a violent attack. Daniel Gugala, JD, executive vice president and general counsel at the Crisis Prevention Institute in Milwaukee, shared the following do's and don'ts for diffusing escalating situations:

**Do recognize signs of potential aggression.** Be aware of the behaviors of other people that may be precursors to violence, such as pacing while waiting, fidgeting, or even inappropriate sarcasm.

**Don't respond to aggression with aggression.** The only aspect of an interaction you can truly control is your own response, so try your best to maintain your composure and avoid raising your voice.

**Do be aware of your surroundings.** Plan an escape path in the event that a situation does escalate into violence.

**Don't take it personally.** Being able to detach from the situation allows you to respond to the specifics of the issue at hand.

**Don't respond to every situation.** Sometimes people need some time and space to cool down. It is OK to leave the room and disengage if you feel that your interaction is not producing a positive outcome.

**Do reflect on incidents of violence.** Assessing what happened, how it happened, and how you might be able to avoid it in the future are important steps to ensuring that a negative interaction doesn't linger.

**Don't physically intervene except as a last resort.** If someone presents a danger to himself or others, use only restraints that are designed to be as safe as possible (e.g., avoiding pressure on the abdomen or lungs, which can compromise breathing).

**Do report workplace violence.** To generate a full report, discuss the incident with the initiator of the violence, staff members, and any witnesses involved in the interaction and the events leading up to it. Follow individual hospital policy when deciding whether or not to involve security or law enforcement.



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# Primary care takes on opioid addiction

By Mollie Durkin

There's a lot that primary care clinicians can do to treat opioid addiction, but stigma about the condition, as well as laws and other regulations, throw up barriers.

Opioid use disorder kills hundreds of Americans each week, despite the availability of treatments that can cut mortality risk by more than half. With some education and empathy, however, internists can intervene to change this dynamic, according to experts.

The National Institute on Drug Abuse reports that using medications to treat opioid use disorder increases retention in treatment programs and decreases overdose, drug use, infectious disease transmission, and criminal activity. The scientific evidence supporting medication as a solution has grown in confluence with an epidemic of opioid overdoses that, according to CDC estimates, kills 142 Americans every day.

As part of an effort to expand access to addiction treatment, which itself involves controlled substances, the Drug Addiction Treatment Act of 2000 (DATA-2000) allowed physicians to provide office-based treatment. The first of the medications that could be prescribed as part of office-based treatment were approved in 2002: buprenorphine (Subutex and other trade names) and the abuse-deterrent formulation of buprenorphine/naloxone (Suboxone and other trade names).

"We've really gotten to the point now where there's a lot that primary care providers can do, so it's a wonderful time to be doing this work," said internist and addiction medicine specialist Miriam Komaromy, MD, FACP, associate professor of medicine at the University of New Mexico Health Sciences Center in Albuquerque. "Yet we pretend it's somehow optional or something we don't need to deal with."

## Training to treat

Under federal law, physicians may opt to take an eight-hour course on prescribing buprenorphine, a partial opioid agonist and one of two medications with clear evidence of effectiveness for treating opioid addiction. The other evidence-based medication, methadone, must be dispensed at a certified opioid treatment program (commonly known as a methadone clinic) because federal law prohibits physicians from prescribing it to treat opioid use disorder, Dr. Komaromy noted.

People with opioid use disorder who receive opioid agonist treatment with methadone have less than one-third the mortality risk of those who do not receive it, according to a systematic review and meta-analysis published in 2017 by *The BMJ*. Opioid agonist treatment with buprenorphine also appears to be associated with a reduction in mortality, although this finding was based on fewer studies, the reviewers said. Patients who discontinued treatment with either drug had increased mortality risk.

But the legal stipulations around providing such treatment reflect the stigma surrounding the disease, said ACP Member Laura Fanucchi, MD, MPH, a primary care internist for patients with HIV and addiction and assistant professor at University of Kentucky College of Medicine in Lexington.

"I think it's really illustrative of our whole culture around opioid use disorder that there is no special training required to prescribe the range of full opioid agonists, but when we talk about prescribing treatment for opioid use disorder, there's endless rules and regulations," she said.

Other obstacles to treatment include physicians' attitudes and beliefs. "I hear comments like, 'We don't want those patients in our office, in our waiting room,' etc., but the reality is that addiction doesn't discriminate," said internist and researcher Chinazo Cunningham, MD, MS, professor of medicine at Albert Einstein College of Medicine and associate chief of the division of general internal medicine at Montefiore Medical Center in New York City. "So I tell people that 'those patients' are your neighbors, your colleagues, your family members, your friends."

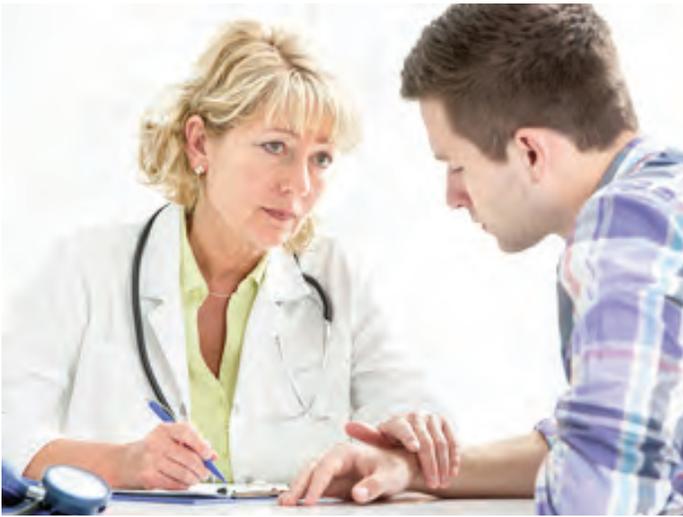
The medical obligation to treat is further compounded by the many opioids that physicians have prescribed for the last decade, she noted. "We are part of the problem; we absolutely need to be part of the solution," Dr. Cunningham said.

The mandated training curriculum for prescribing buprenorphine is available through several organizations (e.g., the American Society of Addiction Medicine) and may be completed entirely online, entirely in person, or split between both settings, explained Dr. Komaromy. Some programs are offered free of charge (see sidebar for resources).

Physicians who complete the training program can then apply for a waiver from the U.S. Drug Enforcement Agency (DEA) to prescribe buprenorphine to patients with opioid use disorder. Waivered physicians may treat up to 30 patients in the first year and may apply to increase their patient cap to 100 in the second year. Since 2016, the law also allows experienced prescribers who meet certain requirements to increase their limit even further, to 275 patients.

Evidence suggests that even waivered physicians tend to prescribe buprenorphine to relatively few patients. In a study of more than 3,200 buprenorphine prescribers with nearly 250,000 patients, researchers found that prescribers' median monthly census was just 13 patients, according to a research letter published in 2016 by *JAMA*.

In the U.S., about 250,000 to 300,000 individuals are receiving methadone and an estimated 400,000 to 600,000 individuals are receiving buprenorphine for the treatment of their opioid use disorder, according to primary care internist, addiction medicine specialist, and researcher David A. Fiellin,



*Although psychosocial counseling is important in treating addiction, medication seems to be the most effective component of treatment, one that can have an effect within days.*  
Photo by iStock

MD, professor of medicine, emergency medicine, and public health at Yale School of Medicine in New Haven, Conn.

"At one level, DATA-2000 and the advent of buprenorphine and office-based and primary care-based treatment has effectively doubled the capacity of the U.S. health care system to provide the most effective treatment," he said.

Yet overall physician uptake has not kept up with the need. "The downside is, the estimates are that there are probably only 15% to 20% of those individuals in the U.S. with opioid use disorder who are currently receiving the most effective treatment strategy. Internists can play a critical role in increasing access to this treatment to help address the current opioid overdose crisis," said Dr. Fiellin.

As of August 2016, slightly more than 37,000 physicians, or fewer than 4% of prescribers, had been waived to prescribe buprenorphine, according to an ACP position paper titled "Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs," which was published in March by *Annals of Internal Medicine* at <http://annals.org/aim/fullarticle/2613555/health-public-policy-facilitate-effective-prevention-treatment-substance-use-disorders>. As of one year later, about 39,211 prescribers have been certified, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), although Dr. Cunningham noted that listing certification on the SAMHSA website is voluntary and these numbers might therefore be higher. Nonetheless, it's clear that the number of waived buprenorphine prescribers is not enough, said Dr. Komaromy. "There are very few places in the country where the capacity meets the needs, which is a shame," she said. "People are dying because of it."

In addition, cost of the medication varies by insurance status but can be a barrier for patients. At the federally qualified health center where Dr. Cunningham works, subsidized pharmacies allow patients to fill their buprenorphine prescriptions for a sliding-scale fee. "But in other places, it can run \$300 a month, copays can be \$50 to \$75, so that can definitely be an

issue that could be a barrier to receiving treatment," she said.

Although Medicaid provides coverage for buprenorphine, "The prior authorization process is very laborious and time intensive, and it's certainly a barrier for patients getting good care and access to care," added Dr. Fanucchi. In contrast, Dr. Fiellin said the process is not an issue in Connecticut, where most of his patients are on Medicaid and have no copay.

Medicaid coverage varies by state, and some have restrictions where treatment is only covered for one year, said Pooja Lagisetty, MD, MSc, a researcher and outpatient primary care internist at the Veterans Affairs (VA) Ann Arbor Healthcare System and clinical lecturer in the division of internal medicine at the University of Michigan. "That goes against the evidence because we know that if we keep patients maintained on [buprenorphine] indefinitely, they actually have a lower chance of relapsing," she said.

Access to buprenorphine treatment may improve, however, with recent legislation that as of 2016 allows nurse practitioners and physician assistants in some states to obtain their DEA waivers after completing 24 hours of buprenorphine training.

## Other medication options

Although patients generally prefer buprenorphine as first-line treatment, some may opt for methadone, especially those who have used the medication in the past and found it to be effective, said addiction medicine specialist Sarah E. Wakeman, MD, a Massachusetts General Hospital primary care internist and assistant professor of medicine at Harvard Medical School in Boston.

Patients may also prefer methadone if they want a treatment program with more structure, including visiting a treatment facility every day to receive the medication, she noted.

In the past, methadone was thought to be a more effective analgesic than buprenorphine and therefore best for patients with chronic pain and opioid addiction, Dr. Wakeman added. "But increasingly, we're recognizing that buprenorphine actually can be quite effective in terms of analgesia, so I think that's less and less of a defining line," she said.

Methadone may be a more familiar medication to physicians but is not typically used in the outpatient setting, noted Dr. Fiellin. "I think most of us are comfortable with it, especially because we worked and trained in hospitals and we've cared for patients who are receiving it as an outpatient," he said. "But it's not something that's part and parcel of what we do on a regular basis, especially in an outpatient setting."

Another familiar medication, naltrexone, was approved by the FDA for the treatment of opioid addiction in 1984 and is commonly prescribed to patients with alcohol use disorder. However, oral naltrexone is an opioid antagonist, which means that opioid cravings can make it difficult for patients to adhere to the medication, experts said.

Naltrexone hasn't been studied as much for opioid use disorder as either buprenorphine or methadone, Dr. Cunningham noted. "There are some studies that show it's effective as long as people take it," she said. "A lot of the challenge is that people don't take it, and part of the reason why is because they don't feel that great on it."

The medication blocks all opioids, including the endoge-

nous ones the body produces, Dr. Cunningham said. “Those are the things that make us feel good when we eat chocolate or have sex or go for a run...the naltrexone blocks that, too,” she said.

In 2006, the FDA approved an extended-release injectable version of naltrexone (Vivitrol) in conjunction with counseling to prevent relapse of opioid dependence after opioid detox.

“[Naltrexone] meets a lot of people’s conception of what a medication should be: It’s a nonopiate,” said Dr. Fiellin.

The extended-release form has since been aggressively marketed through direct-to-consumer advertising. “There’s a lot of pushing of naltrexone, and I think the reason why is because it’s not a controlled substance” and therefore doesn’t carry the same risks of opioid agonists, such as diversion, said Dr. Cunningham.

Patients must go through withdrawal from opioids for at least seven to 10 days before receiving the naltrexone injection to avoid precipitating withdrawal, which is the biggest challenge from an outpatient perspective, said Dr./Fiellin.

“[Abstinence] can be very difficult, if not impossible, before they get started on the medication,” he said.

Dr. Fanucchi said she has had some success with both injectable and oral naltrexone in her practice. “I have some outpatients who are doing very well on naltrexone,” she said, including some with predominant alcohol use disorder who have elected to continue oral naltrexone rather than receive the injection. “Patients that have opioid use disorder and want to try treatment with naltrexone, I recommend the injection if the patient is willing, simply because of the risk of overdose with not continuing to take the oral” and going back to using opioids.

Naltrexone does not yet have robust evidence of its effectiveness for opioid use disorder, noted Dr. Lagisetty. “We have trials to show that it’s feasible and acceptable, but we don’t know if patients want it, we don’t know if patients will continue to take it, and we don’t know how it fares compared to drugs like methadone and buprenorphine that have been on the

market for much longer,” she said.

Dr. Wakeman added that comparative analyses between naltrexone and methadone or buprenorphine have shown that the latter two drugs are far more effective treatments for opioid addiction. Nonetheless, the most important step in any treatment discussion is discerning what the patient wants, she advised.

“There are some patients that really prefer to try naltrexone,” but they make up the minority of individuals with severe opioid use disorder, she said. Candidates for naltrexone are highly motivated to abstain and have a low risk of relapse (e.g., pilots motivated by their employment, younger people who haven’t been using long and don’t have severe use disorders), Dr. Wakeman said.

Naltrexone might also be a good choice for those with limited options, such as people in prison, Dr. Cunningham said. “But out in the world, where people have options, they’re choosing with their feet, and it’s not with naltrexone.”

## The road to remission

Medication as treatment for opioid use disorder is widely referred to as “medication-assisted treatment,” but multiple experts believe that the term is problematic because it implies that medications are not the cornerstone of treatment.

“There are a number of us in the field who avoid the moniker ‘assisted.’...We never talk about medication-assisted treatment for diabetes or for hypertension, right? We just talk about medication as treatment,” said Dr. Fiellin.

The term perpetuates the pervasive perception that treatment for substance use disorders is behavior modification and, if necessary, assistance with a medication, said primary care internist and addiction medicine specialist Jeanette M. Tetrault, MD, FACP, associate professor of medicine at Yale School of Medicine. “It doesn’t have to be that way,” she said. “That may work for some patients, but it doesn’t work for everybody.”

Although psychosocial counseling is important, medication seems to be the most effective component of treatment, Dr.



*As of August 2016, slightly more than 37,000 physicians had been waived to prescribe buprenorphine, according to an ACP position paper. Photo by Hemera*

## Resources for physicians

**Get training.** Multiple organizations offer the mandated eight hours of buprenorphine prescriber training for physicians. Learn more about training opportunities at <https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training>.

**Find a mentor.** The Providers' Clinical Support System is a federally funded entity that matches recently trained clinicians with more experienced mentors who can provide support about evidence-based clinical practices at <https://pcssmat.org/mentoring/>.

**Discuss cases.** Clinicians at federally qualified health centers may enroll in the Opioid Addiction Treatment Project ECHO program for more comprehensive, case-based learning about treatment at <https://echo.unm.edu/nm-teleecho-clinics/opioid/>. Register for the program free of charge. Locate ECHO programs across the U.S. that are open to clinicians working in all settings at <https://echo.unm.edu/nm-teleecho-clinics/opioid/>.

**Find a doctor.** Not sure who's prescribing in your area? Search for those who choose to be listed on the Substance Abuse and Mental Health Services Administration website at <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>.

**Explore available guidance.** Practice guidelines that the American Society of Addiction Medicine released in 2015 can provide additional guidance at <https://www.asam.org/resources/guidelines-and-consensus-documents/npq>. In addition, the AMA Opioid Task Force, of which ACP is a supporting organization, recently released recommendations on co-prescribing naloxone at <https://www.end-opioid-epidemic.org/naloxone/>.

Fiellin said. Within days of starting opioid agonist treatment, many patients with opioid use disorder start interacting differently with their families, stop spending money they don't have, and experience dramatic improvements in their level of function, he said. "It's hard to see such a profound and positive change in other disorders that we provide care for on a regular basis in primary care," said Dr. Fiellin.

After physicians start prescribing buprenorphine, they realize how simple the regimen actually is, Dr. Cunningham said. "As primary care providers, we manage things that are much more complex and more challenging all the time," she said.

As with treating other chronic diseases, treating opioid use disorder with buprenorphine or methadone can be a lifelong endeavor. "Often, to get off the medication, there have to be serious behavioral changes," said Dr. Cunningham, likening it to how a patient with diabetes may need to lose 50 pounds to discontinue insulin. "It's hard to change your behaviors, so the reality is that most people need the medication indefinitely to manage their opioid use disorder as best they can."

If patients are interested in discontinuing buprenorphine for opioid use disorder, Dr. Fiellin said he works with them to slowly

taper their dose by 2 mg a month or every other month. "I've had a small number of patients who have tapered off, and some of those have relapsed after six months or a year," he said.

When a patient with opioid use disorder needs to restart medication after relapse, it's important to welcome him or her back and say, "I'm glad you're here," said Dr. Fanucchi. "Because then, each of those encounters is an opportunity for harm reduction," such as caring for abscesses in patients who inject drugs, providing naloxone kits in case of overdose, screening for sexually transmitted infections, and making sure patients use clean needles and syringes.

In Dr. Fanucchi's comprehensive HIV care clinic, there was initially fear that providing opioid agonist treatment would bring in more patients addicted to opioids. "But the reality was that the patients were already there; it's just that we weren't offering the treatments before," she said. "Now, the patients are still there, except we're offering the treatment, so some people are really doing a lot better and taking their HIV medicine."

Another concern physicians should set aside is their ability to meet the psychosocial needs of the patient population, said Dr. Fiellin. "In fact, most of the research indicates that many patients can do very well with medication and a low level of psychosocial support." He suggested that primary care doctors initially take on patients with fewer concurrent issues, such as an untreated severe psychiatric comorbidity or untreated alcohol use disorder, and refer those with more complex needs to an appropriate specialty treatment program.

There are several models of providing opioid addiction treatment in primary care. "At the Ann Arbor VA, we have patients that begin treatment in an intensive outpatient program led by an addiction medicine specialist and then, once stable, continue treatment in the primary care setting," Dr. Lagisette explained. "It's really nice that way because they're on a dose that you can maintain them on, and we do this with a lot of the other diseases that we treat," she said.

However, such hub-and-spoke models don't exist in many areas, said Dr. Fiellin. "I think some of the opioid treatment programs have found difficulty in identifying primary care practices to refer patients off to," he said. In practice, a more common model involves registered nurses with some buprenorphine training who provide patient education and even brief counseling, Dr. Fiellin noted.

This nurse-led model or Massachusetts model puts nurses at the center while the doctors and other prescribers play a more peripheral role in ongoing buprenorphine treatment, Dr. Komaromy said. "They're the ones who are writing the prescriptions, but it's really the nurses who are keeping track of everybody and answering questions and helping make sure people don't fall through the cracks," she said.

Being part of the solution is challenging for a physician workforce that, for the most part, hasn't received much education and training around addiction, said Dr. Cunningham. "When I was in medical school, in four years, I received one hour of training around addiction. What's sad is that I don't think that's really changed that much in the last 25 years," she said. "If the doctors are poorly educated, poorly trained, and don't have the confidence to take this on, then they won't take it on."

Mentoring programs and telemedicine can help improve physician knowledge about treatment for substance use disorders, according to the ACP position paper. Dr. Komaromy uses a web-based virtual learning network called ECHO to provide case-based learning to clinicians across the country. As associate director of the ECHO Institute, she runs the Opioid Addiction Treatment Project ECHO program.

The two-year program, which began in 2016, consists of 12 interactive sessions focused on opioid use disorder, Dr. Komaromy said. So far, clinical experts at five opioid ECHO centers across the country have reached about 350 eligible clinicians, who provide care at federally qualified health centers, she said. "It's a pretty efficient way to use the scarce time of the specialists to mentor that many primary care providers," Dr. Komaromy said.

The telehealth model is expanding nationwide to promote access to treatment for substance use disorders, she said. In addition to multiple ECHO initiatives funded by federal entities like SAMHSA, 20 states have reported that they will use funds allocated by the 21st Century Cures Act to start their own opioid ECHO programs, Dr. Komaromy said.

Newly waived physicians who are unable to access such comprehensive programs should begin their practice by prescribing to a small amount of patients and reaching out to mentors, suggested Dr. Tetrault, who mentors several clinicians across the country through the national SAMHSA-funded Providers' Clinical Support System.

Educating physicians in training is also important and becoming more common, she said. "It's become more recognized that chronic medical conditions and psychiatric conditions are so negatively affected by ongoing substance use,"

said Dr. Tetrault. "If we don't give the trainees the tools to address the substance use, or at least have comfort in talking to patients about it and getting them linked to care, we're really not doing chronic disease management justice."

This focus is long overdue, according to Dr. Cunningham, who has trained residents in addiction as part of Montefiore's program for 15 years. "It's new because it's hitting suburbs, it's hitting more affluent populations, but my clinic is in the South Bronx, and this is not new. ... People were talking about incarcerating everybody, and now all of a sudden we've shifted from incarcerating to talking about treatment, which is great and that's how it should be. It's just the way in which we got to this point is a bit bittersweet," she said.

Dr. Wakeman likened the epidemic of opioid addiction to HIV, another disease that was once given insufficient attention.

"It was really physicians and the house of medicine responding to a public health crisis and stepping up to offer treatment and to learn more ... that changed the arc of that epidemic," she said, adding that opioid overdose is now the No. 1 cause of death for Americans under age 50. "If the role of the physician is to relieve pain and suffering and to prevent people from dying, then this is a pretty important thing for physicians to learn how to do."

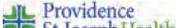
HIV research didn't stop at the approval of two or three medications, Dr. Lagisetty added. "Hopefully, this will also spin on more research to develop newer treatment options for these patients so they don't just have three drugs on the market to treat them," she said. ■

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# What physicians can do about ransomware

*By Scott Harris, freelance writer in the Washington, D.C., area*

Protecting a practice doesn't always require a large investment of money, just time and employee training.

A new kind of malicious software poses a direct and serious threat to ambulatory care facilities like physicians' offices. But many tools are available to help offices address IT weak points without a lot of time or expense.

Ransomware typically infiltrates an IT network when a user inadvertently clicks a bad link that was designed to appear legitimate. Ransomware disables the original computer and then spreads itself across the network. The hackers who deployed the ransomware then demand payment for each affected machine before restoring access to the data inside.

The entire health care sector is enticing to ransomware attackers, experts said. Although hospitals are higher profile because of their size and resources, individual ambulatory care facilities like physicians' offices also make for juicy targets.

"Most software [in hospitals] is up to date, but I'm not so sure about the physician's office," said Patricia Hale, MD, FACP, associate medical director for informatics at Albany Medical Center in New York and chair of ACP's Medical Informatics Committee. "There are very poor security systems set up in a lot of places, and doctors don't get too involved in this part of their business. Their nephew is running the server. So in the physician sector there's a real concern. Physicians' offices are much less prepared and much less protected."

Plenty of programs and tactics can make an immediate difference in an office's security and preparedness, experts said. The key challenge may not be technology, money, or staffing expertise, but rather simple willpower.

"A lot of it is about attitude," said Ryan Walsh, MD, vice president and chief medical information officer at the University of Texas Health Science Center at Houston. "[Physicians] in smaller practices say 'I'm not ready to address this because it's too big to handle.' But taking a common-sense approach to at least putting in a core set of competencies and services is really not that hard."

## The problem

The health care sector is not just vulnerable to ransomware. It's an active target.

According to the U.S. Department of Health and Human Services, close to 2,000 hospital data breaches occurred between 2009 and 2016. In March, the FBI warned that health care organizations sat squarely in cybercriminal crosshairs.

In May 2017, a piece of ransomware called WannaCry crippled networks around the globe, hitting 300,000 computers in 150 countries. As reported widely in the media and discussed in the Oct. 17, 2017, *Annals of Internal Medicine* at <http://annals.org/aim/fullarticle/2654048/your-money-your-patient-s-life-ransomware-electronic-health-records>, the most

prominent victim was giant credit bureau Equifax, but WannaCry also buckled Great Britain's National Health Service (NHS) and the hospitals, pharmacies, and clinics across its system. Attackers demanded a few hundred dollars per affected machine, with payment requested in the form of hard-to-trace bitcoins, then threatened to begin deleting data unless ransom payments arrived in a certain time frame.

During that time, NHS employees reverted to ink and paper and personal phones to coordinate care. Facilities postponed or canceled appointments, asking patients to seek care only in case of emergency. It wasn't the first or last such attack, or even the most successful in terms of forcing people to pay the ransom, but it was a high-profile outbreak that vaulted the term "ransomware" into public consciousness.

What makes ransomware so dangerous is its ability to spread throughout a network, according to experts. In previous times, one click on the wrong URL could only affect one computer. Now it can affect an entire facility.

"This year with WannaCry it morphed from an incommunicable disease to a communicable disease, if you will," said Amar Yousif, chief information security officer at the University of Texas Health Science Center at Houston. "It uses your computer to spread to the other computers in the network. I don't have to be on the computer to fall victim to an attack. I just have to be on the same network."

With ransomware's obvious goal being to gain money, hospitals are a more likely target than private physicians' offices. The immediacy of inpatient care also increases the urgency to restore access to data.

"If you have systems that are vital to patients and critical to patient care, the risks are different," said Douglas Fridsma, MD, FACP, CEO of the American Medical Informatics Association. "Often hospitals or health systems have systems and personnel designed to safeguard against such attacks. But they're a more likely target because a hospital is a more valuable asset."

Ambulatory care centers are still vulnerable, but for a different reason: their relative lack of preparedness for such an attack.

"Small practices are in the unenviable position of needing cybersecurity but having fewer resources [than hospitals] to pay for or staff it," said Glenn Cohen, JD, a law professor at Harvard Law School and director of the school's Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics in Cambridge, Mass.

Regardless of the type of facility, the personal information contained in health care record systems holds tremendous value on the black market.

"[Ransomware] can have a direct monetary purpose, but in the health care sector it is most commonly used to gain personal patient health information," Dr. Hale said. "Health information is so extraordinarily valuable; it can be used to develop a new identity."

There is another vulnerability inherent to health care, and as it stands clinicians and their IT staffs can't do much about it. The "internet of things" is now a common phenomenon, particularly in health care, where equipment is routinely connected to the internet in some form or fashion. These devices can be infiltrated and disabled just like a computer.

"The health care sector uses its share of medical devices with either embedded computers or an attached computer," Mr. Yousif said. "X-ray machines, monitors, all have operating systems that cannot be patched. They become sitting ducks for ransomware that can get in and render the device useless."

## The solutions

Preparing for a cyberattack is not unlike delivering patient care. The ideal approach blends prevention and tools for acute response. There is no single off-the-shelf solution to unilaterally attain perfect cybersecurity, but a variety of tools can work together to greatly strengthen a network, and it's not as complex as it might seem.

"For physician offices, this doesn't need to be that expensive," Dr. Hale said. "The most important things aren't expensive at all... You don't need highly sophisticated software. The people are far more important. The most important things you don't even need to write a check for."

Begin by tapping into existing connections, such as an EHR provider, experts suggested. "It's important for small practices to work with their vendors and ask them questions," Dr. Fridsma said.

Where applicable, parent health networks can help for the same reasons. These discussions can provide the foundation for a good strategic blueprint and can do so for free or a reasonable price—perhaps just "a couple thousand dollars," Dr. Hale noted.

"Your hospital system has a lot of interest in security and very sophisticated security groups that can provide information or help you set up your own system," Dr. Hale said. "Hospitals have a lot of resources."

The security rule contained in the Health Insurance Portability and Accountability Act (HIPAA) can provide a guidepost. Comparing requirements of the security rule against a network's specifications can be useful, and complying with the law is always a good idea, but experts say that compliance should not be conflated with full preparedness for ransomware attacks.

"The requirements of HIPAA compliance help reduce the effect of data breaches when they occur," Mr. Cohen said.

Once there is a road map for improvement, the first action step often is education. After all, ransomware requires a user to click a malicious link in order to release the software into the network. Employees who understand the dangers and warning signs are the first line of defense.

"The education around the staff is what generally starts this process," Dr. Fridsma said. "You need to stop inadvertent [risk-taking] behavior ... even if it looks like it's from a place that's recognized or if it looks like a Facebook [post] or an important Word document."

Most people realize that the internet is a dodgy place and are open to becoming savvy. Helping employees raise their

own awareness may be the best way to get buy-in compared with rigid policies that likely won't be followed anyway.

"Your staff is not going to stop doing email or stop doing social media. It's unrealistic," Dr. Hale said. "You need to have a realistic policy ... Every single office staff member needs to be educated about the risks of ransomware and about email and social media. They want to know this for their own lives, too. People are receptive to information about this. It's a relief to know it."

Third parties offer education programs for this specific purpose. In a process known as conditioning training or simulation testing, trainers anonymously send emails that mimic those that might carry ransomware, to see whether or which staff members click the offending URL. The costs of such a service are based on the number of email accounts in a given office, so smaller offices will be relatively inexpensive.

"You send a fake phish email, and if someone falls for it, you go back and do more education," Mr. Yousif said.

Once education is complete, technical preparation is the other half of the equation. Isolation is a key principle. Servers that contain sensitive information are safeguarded by placing a firewall or special authentication protocols between those servers and the broader internet.

"Email and social media are the most common sources of ransomware," Dr. Hale said. "So what are the access points for ransomware to get into the system? Putting the EMR on its own system and not connected to the internet is ideal."

If office staff communicate electronically with patients, use a patient portal or another tool to set up secure messaging, rather than using general email.

"If you're connecting with patients through email, do it in a secure manner with a secure messaging system," Dr. Hale said. "Check with your vendor. Maybe they offer this. If you're not doing this, you are at risk."

Similarly, validating files and messages that come into facility computers can screen out suspicious content.

"If people have good systems in place, that will filter out things," Dr. Fridsma said. "Sometimes email can automatically strip off an attachment with a virus. But education has to go hand in hand."

Installing malware and virus software in both computers and printers can also help. According to experts, easy-to-find services can help filter email and identify ransomware and other malware programs.

"Email filtering services will scrub your emails. It's a service you can subscribe to," Mr. Yousif said. "If you outsource your email with a company like Google, it is affordable to do it right through Gmail."

If disaster does strike, having backup files is a key to recovery. Paper files are not only cumbersome but often outdated as new patient information flows into electronic records. Several companies offer daily or real-time backup. In the case of the latter, software automatically detects file changes and keeps all data updated in real time and stored in a remote location.

"The first thing they do is have good solid backups so you have copies of your data updated on a nightly basis," Dr. Walsh said. "So I may have to restore, but you can refuse to pay a ransomware attacker."



*Protection from ransomware doesn't need to be expensive. It actually begins with training office staff about security precautions, rather than buying hardware or software. Image by iStock*

If patient data exist on the cloud, those services typically offer their own backup restoration options.

"A lot of offices are on the cloud," Dr. Walsh said. "So if that [cloud] vendor gets hit, that's a problem, but they may have a disaster recovery option. There's a fee, but it's not large."

One of the most effective technical enhancements is also the simplest. Major operating systems and antivirus programs automatically supply security updates. While this may seem intuitive, users sometimes forget to make the updates.

"Patching, patching, patching," Mr. Yousif advised. "You need up-to-date security and antivirus software. So even if they click [on a piece of ransomware], the payload's not going to run."

In some cases, updates are not available. This certainly applies to health care equipment, and as of now there is no viable way to upgrade machines to protect them from evolving threats like ransomware—or whatever may lie beyond.

"Medical equipment makers have a responsibility to make updates," Mr. Yousif said. "They're running obsolete operating systems. They ought to give us the ability to update and patch these devices."

Most solutions, however, are easy to install and not particularly costly, especially compared with the havoc a ransomware attack can wreak, although they may involve a bit of legwork or online research. "Collaborating and educating only costs time and materials," Dr. Hale said. "Isolating your servers, collaborating with vendors and hospitals... I don't think it's cost-prohibitive at all."

Dr. Walsh said, "When we were all on paper charts, they locked the charts in a chart room. They didn't leave the door open. You shouldn't do that either here. This is the new locking of the chart room." ■

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### **Additional ransomware resources**

ACP's HIPAA Security page:  
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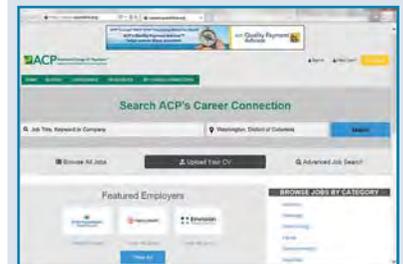


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**SUNY Upstate Medical University** is seeking an internist or family practitioner for a combined position with Upstate Immune Health Services and Upstate general internal medicine or family practice clinics. Immune Health Services (IHS) is a primary care home to approximately 1200 HIV-positive and HIV at-risk adults. With modern therapy, HIV-positive individuals are living long and healthy lives. However, they continue to experience stigma in accessing medical care, and they remain at elevated risk for cardiovascular disease, malignancy, depression, anxiety, and substance use disorders. IHS provides HIV primary care, pre and post-exposure prophylaxis for HIV, primary care for persons at risk for HIV, hepatitis C treatment, cervical and anal cancer screening, and integrated behavioral health care. HIV-specific clinical trials are conducted in the neighboring Institute for Human Performance and offer our patients opportunities to contribute to cutting edge science. We are Primary Care Medical Home certified, participate in the Central New York DSRIP program and the New York State HIV Quality of Care initiatives. Our environment of continuous learning and collaboration, including case conferences, academic conferences, teaching of medical students and residents, and opportunities to engage in clinical trials research. The IHS primary care physician will see patients three days a week in our office on the SUNY Upstate campus and assist in quality assurance and quality improvement activities. The other two days per week the practitioner will see primary care patients at one of Upstate's internal medicine or family practice clinics, with options to match and grow the practitioner's interests, ranging from resident teaching, behavioral health, refugee health, drug user health, LGBTQ health and others, including procedures such as colposcopy and anoscopy. MD or foreign equivalent, NYS license or eligible, BC/BE in internal medicine. The ideal candidate is an experienced, compassionate primary care physician with an interest in developing expertise in outpatient HIV care and prevention and expanding her academic skills in complimentary ways within the Upstate Primary Care system. The beautiful Central New York - Finger Lakes region offers excellent schools, affordable housing, numerous recreational and cultural activities and beautiful seasonal weather. We offer a competitive salary and excellent benefits package. Send letter of interest, curriculum vitae, and list of three references to: Deborah J. Tuttle, PHR SUNY Upstate Medical University, Department of Medicine, 550 East Genesee Street, Suite 201, Syracuse NY 13202 or email to [tuttled@upstate.edu](mailto:tuttled@upstate.edu). Upstate Medical University is an AA/EEO/ADA employer committed to excellence through diversity.  
W-37729

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**Annals Non-Display**

# What's the big deal?

**Stuttering affects only 1% of the world population.**

**(that's 70 million people)**

Every day, 70 million people around the world have difficulty ordering a meal, talking on the telephone, or just saying their name. Maybe you're one of them. Or maybe you know someone who stutters.

Since 1947, the Stuttering Foundation has sought to help those who stutter.

We know how difficult the daily life of a person who stutters can be. We also know that there are proven, effective ways to help. Let us help you.



800-992-9392  
www.StutteringHelp.org

## Internal Medicine and Primary Care *continued*

**Texas**  
**Perioperative & Transitional Medicine Group** is seeking a thorough, caring Internal Medicine Doctor to join our growing practice full-time. Location: Dallas, Tx. Rotating on-call schedule, Competitive salary/bonus structure. Requirements: BE/BC in Internal Medicine Modern and progressive young primary care practice and wellness center, specializing in adult medicine and perioperative care, combined with a thriving hospitalist practice with presence at all levels of care. Our clinic is on the same campus as Texas Health Presbyterian Dallas. Check out our website: [www.ptmgelite.com](http://www.ptmgelite.com). Contact email: [caravaughan@officeadministrator.com](mailto:caravaughan@officeadministrator.com) [caralitecore@gmail.com](mailto:caralitecore@gmail.com) W-37715

## Chiefs/Directors/ Department Heads

**Maryland**  
**Chief Clinic Medical Officer, Federal Occupational Health.** Medical Director oversees the on-site occupational health needs for Federal government agencies. This administrative position is responsible for daily supervision of licensed clinic providers in Clinical Health Services and provides medical oversight for health center staff. BLS/ACLS/AED certification required. Licensed physician and board certified in Occupational Medicine, Family Practice, Internal Medicine, Emergency Medicine. At least 5 years clinical practice experience in primary care and minimum of 2 years in occupational medicine clinic. At least 2 years managing physicians and health care providers preferred. CDME certification preferred. Contact [Michael.Anderson@foh.hhs.gov](mailto:Michael.Anderson@foh.hhs.gov) W-37822

## Hospitalist

**National**  
**Apogee Physicians Nationwide Hospitalist Opportunities.** Apogee Physicians is the nation's largest, entirely physician-owned and operated, Hospitalist group. Founded in 2002, Apogee has grown to 750 physicians and nurse practitioners in 29 states. We are committed to creating the best opportunity for the best Hospitalists. Apogee has established programs in; Alabama, Arizona, Delaware, Georgia, Idaho, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Missouri, Mississippi, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin. Please send your CV to [Mica Sylvain](mailto:Mica.Sylvain@apogeephysicians.com) at [mica@apogeephysicians.com](mailto:mica@apogeephysicians.com) or call 208-292-4088. Visit [www.apogeephysicians.com](http://www.apogeephysicians.com). W-37706

## Pulmonary Medicine

**California**  
**Pulmonary/Critical Care -OakCare Medical Group** is seeking a full-time board certified Pulmonologist/Critical Care physician to provide inpatient and outpatient services at Highland Hospital, a member of Alameda Health System, in Oakland California. Serve as one the attending physician for the ICU on a rotating. This includes direct patient care and supervision and teaching of medical students, interns, residents and fellows. The ideal candidate would also have interest and/or qualifications in Sleep Medicine in addition to skills in advanced bronchoscopic techniques. Qualifications: Valid CA Medical License, Leadership skills and experience. Please provide CV, and three professional references to [rbaden@alamedahealthsystem.org](mailto:rbaden@alamedahealthsystem.org) W-37790



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## Exceptional Inpatient Medicine Opportunities with Eastern Maine Medical Center and Affiliates in Maine!

Eastern Maine Medical Center is seeking BC/BE inpatient medicine/hospitalist physicians for full-time permanent positions at primary locations in **Bangor, Blue Hill, Waterville, Ellsworth and Pittsfield.**

- Dynamic physician-led collaborative IM/Hospitalist Model
  - Supportive hospital administration
  - Engaged patient populations
  - Join well-established team at a primary site, with options to work at other sites within our system
  - Flexible block scheduling
  - Full Spectrum of Sub-specialty backup and consultation
    - In-house collaborative Radiology and Night Hawk Services
    - In-System LifeFlight of Maine Air/Ground Critical Care Transport Program
    - In-System ACS-Verified Level II Trauma Center < 1 hr away
      - Trauma Service: on call consult
      - Critical Care Intensivists: on call consult
      - Pediatric Intensivists: on call consult
- J-1 visa candidates welcome to apply

Contact: Jamie L. Grant at EMMC's Provider Recruitment Department  
[providerjobs@emhs.org](mailto:providerjobs@emhs.org)



## Hospitalist Position in Picturesque Bridgton, Maine

Bridgton Hospital, part of the Central Maine Medical Family, seeks BE/BC Internist to join its well-established Hospitalist program. Candidates may choose part-time (7-8 shifts/month) to full-time (15 shifts/month) position. Located 45 miles west of Portland, Bridgton Hospital is located in the beautiful Lakes Region of Maine and boasts a wide array of outdoor activities including boating, kayaking, fishing, and skiing. Benefits include medical student loan assistance, competitive salary, highly qualified colleagues and excellent quality of life.

For more information visit our website at [www.bridgtonhospital.org](http://www.bridgtonhospital.org). Interested candidates should contact **Gina Mallozi, CMMC Physician Recruitment**, 300 Main Street, Lewiston, ME04240; Email: [MallozGi@cmhc.org](mailto:MallozGi@cmhc.org); call: 800/445-7431; fax: 207/344-0696

## HOSPITALIST OPPORTUNITY AVAILABLE

JOIN THE HEALTHCARE TEAM AT BERKSHIRE HEALTH SYSTEMS!

Berkshire Health Systems is currently seeking a BC/BE Internal Medicine physician to join our comprehensive Hospitalist Department. Previous Hospitalist experience is preferred. Our Hospitalist Department is currently working 10 hour shifts on a 7 on / 7 off block shift schedule with a closed ICU/CCU and has a full spectrum of Specialties to support the team.

Berkshire Health Systems offers a competitive salary and benefits package, including relocation assistance.

### INTERESTED CANDIDATES ARE INVITED TO CONTACT:

Liz Mahan  
 Physician Recruitment Specialist  
 Berkshire Health Systems  
 725 North St.  
 Pittsfield, MA 01201  
 (413) 395-7866

Applications accepted online at [www.berkshirehealthsystems.org](http://www.berkshirehealthsystems.org)



## Hospitalist/Nocturnist Opportunities

Cambridge Health Alliance (CHA) is a well respected, nationally recognized and award-winning public healthcare system, which receives recognition for clinical and academic innovations. Our system is comprised of three hospital campuses and an integrated network of both primary and specialty care practices in Cambridge, Somerville and Boston's Metro North Region. CHA is a teaching affiliate of both Harvard Medical School (HMS) and Tufts University School of Medicine and opportunities

We are currently recruiting **BC/BE Hospitalist/Nocturnist** to join our division of approximately 20 physicians to cover inpatient services at both our Cambridge and Everett campuses. This position has both day and night clinical responsibilities. Ideal candidates will be FT (will consider PT), patient centered, possess excellent clinical/communication skills and demonstrate a strong commitment to work with a multicultural, underserved patient population. Experience and interest in performing procedures, as well as resident and medical student teaching is preferred. Academic appointment available commensurate with medical school criteria. At CHA we offer a supportive and collegial environment, strong infrastructure, a fully integrated electronic medical record system (Epic) and competitive salary/benefits package.

Please send CVs to Lauren Anastasia, CHA Provider Recruiter, [LANastasia@challiance.org](mailto:LANastasia@challiance.org) or visit [www.CHAproviders.org](http://www.CHAproviders.org). Cambridge Health Alliance, 1493 Cambridge Street, Cambridge, MA 02139. (617) 665-3555 Fax (617) 665-3553  
*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.*



Bassett Healthcare Network  
 Bassett Medical Center

## HOSPITALIST

**BASSETT HEALTHCARE NETWORK**, a progressive health care network in Central New York and major teaching affiliate of Columbia University, is seeking a BC/BE Hospitalist to serve our patient population in Cooperstown, NY.

### PERTINENT HIGHLIGHTS INCLUDE:

- Schedule allows flexibility to pursue outside interests and activities
- No ICU responsibilities
- Family-friendly environment with a cohesive and collegial work relationships
- Group employed model with competitive salary
- Comprehensive benefit package, including but not limited to medical, dental, CME, relocation assistance and paid malpractice insurance
- Academic affiliation with Columbia University

Bassett Healthcare Network is an integrated health care system that provides care and services to people living in an eight county region covering 5,600 square miles in Central New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields.

Nestled in the foothills of the Adirondack and Catskill Mountains, Bassett Medical Center is located in Cooperstown, New York, a beautiful resort village on Otsego Lake. Home to the National Baseball Hall of Fame and Museum, the Glimmerglass Opera Company, and the Fenimore Art Museum, the area also boasts many cultural and four season recreational advantages including theater, music, museums, golf, sailing, hiking, and skiing.

### FOR CONFIDENTIAL CONSIDERATION, PLEASE CONTACT:

Debra Ferrari, Medical Staff Recruitment  
 Bassett Medical Center, One Atwell Road, Cooperstown, NY, 13326  
 phone: 607-547-6982 | fax: 607-547-3651 | email: [debra.ferrari@bassett.org](mailto:debra.ferrari@bassett.org)  
 or visit our web-site at [www.experiencebassett.org](http://www.experiencebassett.org)

EEO Employer

# NYU Winthrop Hospital

An affiliate of NYU Langone

*NYU Winthrop Hospital was named the 18th best employer in the country by Forbes in 2017.*

## DAYTIME & NIGHTTIME HOSPITALISTS

**Long Island, NY. NYU Winthrop Hospital**, a 591-bed, university-affiliated medical center and an American College of Surgeons (ACS) Level 1 Trauma Center based in Western Nassau County, NY is seeking BC/BE internists for academic Hospitalist positions.

Ideal candidates will have exemplary clinical skills, a strong interest in teaching house staff and a long term commitment to inpatient medicine. Interest in research and administration a plus. Salaried position with incentive, competitive benefits package including paid CME, malpractice insurance and vacation.

Interested candidates, please email CV and cover letter to: [dchenouda@nyuwinthrop.org](mailto:dchenouda@nyuwinthrop.org)  
 Or fax to: (516) 663-8964  
 Attn: Division Chief, Winthrop Hospitalist Associates An EOE m/f/d/v

DRIVEN TO BE  
*the best.*

NYU Winthrop Hospital is located in the heart of Nassau County in suburban Long Island, 30 miles from NYC and just minutes from LI's beautiful beaches.

# UPSTATE

MEDICAL UNIVERSITY  
Academic Hospitalist

The Department of Medicine at SUNY Upstate Medical University is seeking full-time faculty to expand their established hospitalist program. If you enjoy mixing patient care with a broad array of teaching opportunities, or you're an excellent clinician looking for a change, consider joining our group. Qualified applicants must be eligible for licensure in New York State, and be board certified/board eligible in general internal medicine.

Responsibilities will include ward attending and medical consultation on surgical service and in the Emergency Department, process improvement activities, and teaching. Call schedule is one week on and one off. Clinical and Health Outcomes research are encouraged. Appointments will be at the Instructor, Assistant or Associate Professor level in the Clinician-Educator track. The beautiful Central New York - Finger Lakes region offers excellent schools, affordable housing, numerous recreational and cultural activities and beautiful seasonal weather.

**We offer a competitive salary and excellent benefits package.**

Send letter of interest, curriculum vitae, and list of three references to: Vincent Frechette, MD, Division Chief, c/o Deborah Shelby, SUNY Upstate Medical University, Department of Medicine, 550 Harrison Street, Suite 1 Syracuse NY 13202 or email to [shelbyd@upstate.edu](mailto:shelbyd@upstate.edu)

*Upstate Medical University is an AA/EEO/ADA employer committed to excellence through diversity.*

### NEPHROLOGY FELLOWSHIP, CLINICAL

Available Opening. Start anytime until October 2018. NYC -Manhattan one year, your choice: Bronx or Staten Island one year. Strong, varied program. Graduate positions historically found in desired locations and practices. No Sunday on-calls. H1/J1 visas accepted. New York Medical College (Metropolitan).

Send CV to [baumsteind@gmail.com](mailto:baumsteind@gmail.com)

ACP Hospitalist



## Hospitalists and Nocturnists

*To serve. To heal. To educate.*

The Division of Hospital Medicine of Cooper University Hospital seeks motivated physicians to join a dynamic team of 100 physicians and 25 nurse practitioners at more than ten locations in Southern New Jersey.

#### Highlights

- Full-time or part-time Hospitalist positions
- Day or night shifts available
- Flexible scheduling
- Teaching opportunities with residents and medical students
- Emphasis on patient experience, quality and safety
- Average encounter number of 14-18/day
- Secure employment with low physician turnover
- Potential for career advancement in administrative, quality or educational roles

Cooper University Hospital is a 635 bed teaching hospital. We are the only tertiary care center and the first Advanced Certified Comprehensive Stroke Center in Southern New Jersey. We employ more than 900 physicians and 325 trainees in all medical and surgical specialties. Cooper University Hospital has its own on-campus medical school, the Cooper Medical School of Rowan University. The Cooper Health System maintains multiple partnerships with local and national institutions, including the MD Anderson Cancer Center.



#### Employment Eligibility

Must be Board Certified/Eligible in Internal or Family Medicine.

#### Contact Information

Program Contact	Lauren Simon, Administrative Supervisor
Phone	856-342-3150
E-mail	<a href="mailto:Simon-Lauren@cooperhealth.org">Simon-Lauren@cooperhealth.org</a>
Website	<a href="http://www.cooperhealth.org">www.cooperhealth.org</a>





## A Place to Practice. A Place to Call Home.



### Hospitalist/Nocturnist Opportunities in PA – Starting Bonus and Loan Repayment

St Luke's University Health Network (SLUHN) has hospitalist/nocturnist opportunities in eastern Pennsylvania. We are recruiting for BC/BE Nocturnists at our Bethlehem/Anderson Campuses and Hospitalist positions in PA including our newest hospital in Monroe County that opened in October of 2016.

We offer:

- Starting bonus and up to \$100,000 in loan repayment
- 7 on/7 off schedules
- Additional stipend for nights
- Attractive base compensation with incentive
- Excellent benefits, including malpractice, moving expenses

SLUHN is a non-profit network comprised of physicians and 7 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 500 physician and 200 advanced practitioners. St. Luke's currently has more than 180 physicians enrolled in internship, residency and fellowship programs and is a regional campus for the Temple/St. Luke's School of Medicine. Visit [www.slnh.org](http://www.slnh.org).

Our campuses offer easy access to major cities like NYC and Philadelphia. Cost of living is low coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home.

For more information visit [www.discoverlehighvalley.com](http://www.discoverlehighvalley.com)

Please email your CV to Drea Rosko at [physicianrecruitment@sluhn.org](mailto:physicianrecruitment@sluhn.org)



*My Health. My Hospital.*



### Opportunities at a Nationally Recognized Hospital for Clinical Excellence

Reading Hospital, a non-profit affiliate of Tower Health in West Reading, PA is seeking additional full-time Hospitalists to join our growing team of more than 70 physicians to coordinate all aspects of care for the inpatient Adult Medicine Service. Reading Hospital is a 600+ bed, independent academic medical center that is a Level II Trauma Center & saw more than 133,000 ED visits last year!

#### Our Hospitalist Program:

- **NEW COMPENSATION STRUCTURE!**
- **NEW SCHEDULE:** 14 twelve hour shifts/month
- No procedures
- Average patient load: 15
- EPIC EMR
- Support of more than 25 Advanced Practice Providers

#### Candidates must be BC/BE in Internal Medicine.

The 600+ bed acute hospital is located on our scenic 36 suburban acre campus in Berks County. To learn more about and fall in love with West Reading visit [www.lovestreading.org](http://www.lovestreading.org)

For consideration, please forward your updated CV to:

**KRISTEN MANWILLER**, CMSR, DASPR  
Sourcer, Medical Staff Recruitment  
484-628-6716 | Fax: 484-345-2405  
[kristen.manwiller@towerhealth.org](mailto:kristen.manwiller@towerhealth.org)

**TOWERHEALTH.ORG**



## NETWORK MEDICAL DIRECTOR FOR 7 HOSPITAL SYSTEM IN PA/NJ

The Medical Director, Hospitalist Service, is responsible for providing on-site clinical leadership and management of the Hospitalist service for the Network. This individual will serve as the clinical lead for the service and will work closely with physicians, Site Medical Directors, AP leadership and Staff to assure consistently high quality in keeping with the goals of the organization and the group. Must have three to five years' experience in Hospital Medicine and be board certified; leadership experience strongly preferred. Excellent compensation and benefit package.

SLUHN is a non-profit network comprised of physicians and 7 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 450 physician and 200 advanced practitioners. St. Luke's currently has more than 180 physicians enrolled in internship, residency and fellowship programs and is a regional campus for the Temple/St. Luke's School of Medicine. Visit [www.slnh.org](http://www.slnh.org).

Our campuses offer easy access to major cities like NYC and Philadelphia. Cost of living is low coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home. For more information visit [www.discoverlehighvalley.com](http://www.discoverlehighvalley.com)

Please email your CV to Drea Rosko at [physicianrecruitment@sluhn.org](mailto:physicianrecruitment@sluhn.org)



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**VIRGINIA**

**HOSPITALISTS and NOCTURNISTS**

Johnston Memorial Hospital, located in Historic Abingdon, Virginia, is currently seeking BE/BC Hospitalist and Nocturnists Physicians to join their group Full-Time. Hospitalist and Nocturnist Opportunities are available with the following incentives:

- Hospital Employed—Earning potential up to \$300K per year
- Day Shift (7 am - 7 pm) Noc. (7 pm - 7 am) 7 days on / 7 days off
- Competitive Annual Salary with Performance & Production Bonus
- Excellent Benefits, CME Reimbursement & Paid Malpractice
- Generous Sign On Bonus and Relocation Assistance
- Teaching and Faculty opportunities with the JMH FM/IM Residency Training Programs
- Critical Care Physicians covering the CCU/PCU

**Tina McLaughlin, CMSR**

**tina.mclaughlin@msha.com | Phone: (276) 258-4580**

**Virtual Tour: [www.mshajobtour.com/jmh](http://www.mshajobtour.com/jmh)**



**CAPE FEAR VALLEY HEALTH  
NORTH CAROLINA HOSPITALIST**

We are “Cape-able” at Cape Fear Valley Health System

Join One of the Oldest and Largest Hospitalist Teams in the Nation!

We are seeking BE/BC Internal Medicine or Family Medicine providers for growth to a well-established Hospitalist Program. Staff positions and dual teaching opportunities are available in our newest residency program. Physician leadership with team leads and sub specialty support is available.

Our competitive benefits and compensation package includes:

- New Generous Compensation Package with Sign-on Bonus and Base Guarantee
- Nocturnist Opportunities available
- Managed ICU; Intensivist Staff
- Multiple Locations Offer Practice Options for everyone with maximum flexibility
- 15 Shifts/Month
- Relocation Package
- Paid Malpractice Insurance with Tail Coverage
- Health, Dental, 403b and 457b match

Fayetteville is a vibrant, cosmopolitan Southern Community in North Carolina. We are one hour from Raleigh, an easy drive east to the beaches, and west to the mountains. Fayetteville offers big city amenities, low cost of living, regional airport making the location a plus!

Please Contact Cynthia Edelman, Physician Recruiter for more details at (910) 615-6883 or [cedelman@capefearvalley.com](mailto:cedelman@capefearvalley.com).

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**MED-PEDS HOSPITALIST  
OPPORTUNITY**

Upstate, South Carolina

**Gorgeous Lakes, Ideal Climate,  
Award-Winning Downtown**

**Greenville Health System (GHS)**, the largest healthcare provider in South Carolina, seeks a BC/BE Medicine-Pediatrics Physician interested in opportunities as a Med-Peds Hospitalist at Greer Memorial Hospital in Greer, SC. Located minutes from downtown Greenville, Greer Memorial Hospital is a 70-bed community hospital that offers expanded medical services to accommodate the growing healthcare needs of those in the community. It is a Magnet recognized hospital, reflecting a level of nursing professionalism that translates to better satisfaction for both patients and staff, and better care for patients

**Details Include:**

- Group comprised of career Med-Peds Hospitalists with low turnover
- Competitive salary & incentive bonuses - sign on bonuses!
- Opportunity to teach residents/medical students with an academic appointment
- Premium pay & flexible schedule for Nocturnist or semi-nocturnist
- Additional shifts paid at a premium

**Ideal candidates** are comfortable managing critically ill patients and are trained in IM procedures.

GHS employs 15,000 people, including 950+ physicians. Our academic health system includes clinically excellent facilities with 1,662 beds on 7 campuses. Additionally, we host 15 residency and fellowship programs, a Level I trauma center, a research facility and one of the nation’s newest medical schools: University of South Carolina School of Medicine – Greenville on our main campus.

Upstate South Carolina is a beautiful place to live and work and the GHS catchment area is 1.3 million people. Greenville is located on the I-85 corridor between Atlanta and Charlotte, and is one of the fastest growing areas in the country. Ideally situated near beautiful mountains, beaches and lakes, we enjoy a diverse and thriving economy, excellent quality of life and wonderful cultural and educational opportunities.

**Public Service Loan Forgiveness (PSLF)  
Program Qualified Employer**

Please submit a letter of interest and CV to **Hannah Sandberg, In-House Physician Recruiter, at: [hsandberg@ghs.org](mailto:hsandberg@ghs.org). Phone: 864-797-6164.**



**GREENVILLE  
HEALTH SYSTEM**

## Even the Opportunities are Sunnier

The region's most comprehensive and preferred health system, located in one of the nation's most sought after destinations, is seeking **HOSPITALISTS** to join our well-established physician-led hospitalist team.

### Ideal Place to Practice

- Find your perfect fit among four magnet-designated adult hospitals
- Structurally and financially strong organization
- Work-life balance
- High-caliber, physician-led team
- Extensive support from the region's largest and most comprehensive network of specialty physicians
- Block schedule
- Competitive compensation
- Outpatient primary care network featuring over 200 physicians and 50 locations spanning five counties

### World Class Quality of Life

- Northeast Florida is alive with over 1,100 miles of beaches and waterways, 80,000 acres of parks and trails, a strong and prosperous economy, multiple professional sports teams, renowned golf courses and diverse cultural experiences
- The area serves as home to some of the Sunshine State's best cost of living and the nation's most sought after quality of life
- Jacksonville was recently ranked by Forbes Magazine as the second most desirable city for relocation in the United States

Please contact **Jolene Bowman** at **904.376.3727** or email your CV to **Jolene.Bowman@bmcjax.com**



## UNIVERSITY OF MICHIGAN DIVISION OF HOSPITAL MEDICINE



The University of Michigan, Division of Hospital Medicine seeks BC/BE internists to join our growing and dynamic division. Hospitalist duties include teaching of medical residents and students, direct patient care in our non-resident and short-stay units and involvement in quality improvement and patient safety initiatives. Novel clinical platforms that feature specialty concentrations (hematology/oncology service, renal transplant service and bone marrow transplant teams) as well as full-time nocturnist positions are also available. Our medical short stay unit provides care for both observation and inpatient status patients and incorporates advanced practice providers as part of the medical team.

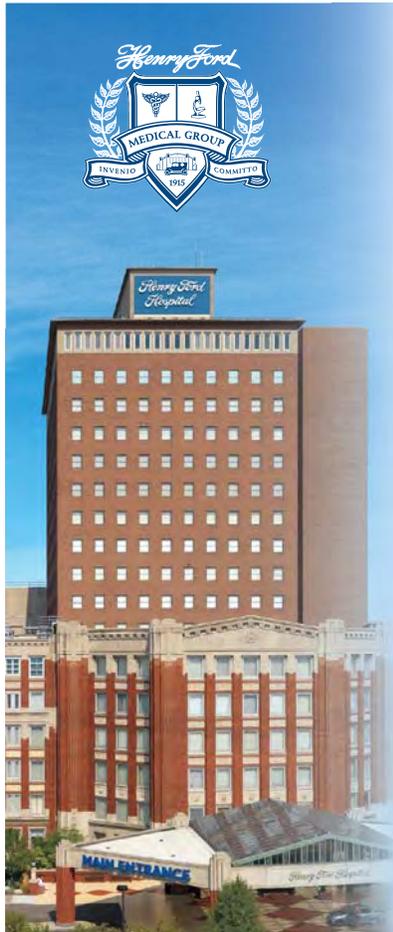
The ideal candidate will have trained at, or have clinical experience at a major US academic medical center. Sponsorship of H1B and green cards is considered on a case-by-case basis for outstanding individuals. Research opportunities and hospitalist investigator positions are also available for qualified candidates. An educational loan forgiveness program provides up to \$50,000 in loan forgiveness for qualifying educational loans.

The University of Michigan is an equal opportunity/affirmative action employer and encourages applications from women and minorities.

### Mail or email cover letter and CV to:

Mail Vineet Chopra, MD, MSc, Chief, Division of Hospital Medicine, UH South Unit 4, 1500 East Medical Center Drive, Ann Arbor, MI 48109-5226  
Email [kcreed@umich.edu](mailto:kcreed@umich.edu)

[WWW.MEDICINE.UMICH.EDU/HOSPITAL-MEDICINE](http://WWW.MEDICINE.UMICH.EDU/HOSPITAL-MEDICINE)



## DIVISION HEAD OF HOSPITAL MEDICINE

The Henry Ford Medical Group (HFMG), one of the largest multispecialty group practices in the country, is seeking a highly qualified Division Head in its Division of Hospital Medicine. With nearly 30 years of experience in Hospital Medicine, HFMG established a separate Division of Hospital Medicine in 2008, and is the largest Division in the Department of Medicine with over 50 hospitalist faculty serving at three different hospitals.

This is an excellent leadership opportunity with continued professional growth in a strong hospitalist group committed to the development of high quality hospitalists. The Division continues to be a leader in HFHS efforts to promote systemic integration/alignment, clinical excellence, innovation, and value in an accountable care environment.

The successful candidate will be ABIM certified (preference Internal Medicine with a Focused Practice in Hospital Medicine) and have at least 7 years of hospitalist practice experience with progressive proven leadership skills in a large hospitalist program preferably in an integrated healthcare organization. Strong clinical and communication skills are essential. Significant experience with quality and care management initiatives, operational management, as well as medical education are also desired.

Generous group practice benefits are provided including: vacation, CME time/allowance, insurance (life/disability/malpractice), and retirement package. A faculty appointment at Wayne State University School of Medicine is available commensurate with prior experience.

Review of applications will begin immediately and continue until the position is filled. Please submit your letter of interest and CV to:

Dr. Kimberly Baker-Genaw, Vice Chair of Medicine, in c/o Scott Johnson, Senior Physician Recruiter, at [sjohns10@hfhs.org](mailto:sjohns10@hfhs.org).



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Hospital Consultants has openings for Hospitalists, days and nights, in the Metro Detroit area.

H1 visa sponsorship available.

Please email CV to: [iulniculescu@yahoo.com](mailto:iulniculescu@yahoo.com)

## Hospitalist and Nocturnist

University Hospitals, one of the nation's leading health care systems, provides high-quality, patient-centered medical care at locations throughout Northeast Ohio. UH seeks a Hospitalist and Nocturnist to join one of our Medical Centers in the Greater Cleveland area.

### Opportunity Highlights:

- Position Location: Cleveland area, Ohio
- Position Type: Full-time Physician
- Specialty: Internal Medicine, board certified or eligible
- Flexible schedule: One week on, one week off
- Competitive compensation: Salary plus productivity incentives
- GME: Work closely with UH Residents in our programs
- Vacation: In addition to flexible schedule

### If interested:

Visit [UHDoctor.org](http://UHDoctor.org) to apply

OR Email

[Laurel.Kellogg@uhhospitals.org](mailto:Laurel.Kellogg@uhhospitals.org)



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## Northwestern Medicine

Join the thriving hospitalist team at Northwestern Medicine Lake Forest Hospital. We seek a physician who is dedicated to exceptional clinical care, quality improvement and medical education.

### ABOUT US

**Northwestern Medicine Lake Forest Hospital** is a community hospital with nearly 200 beds and is located approximately 30 miles north of downtown Chicago in scenic and charming Lake Forest, IL. Care is provided through the main hospital campus in Lake Forest and multiple outpatient facilities including one in Grayslake, IL, which also includes a free-standing emergency center. Lake Forest Hospital is served by a medical staff of more than 700 employed and affiliated physicians. It continues to be recognized by *U.S. News & World Report* as one of the top hospitals in Illinois and Chicago, and also received American Nurses Credentialing Center Magnet® redesignation in 2016, the gold standard for nursing excellence and quality care. A new state-of-the-art hospital facility is scheduled to open in March 2018.

**Northwestern Medicine** is a growing, nationally recognized academic health system that provides world-class care at seven hospitals and more than 100 locations in communities throughout Chicago and the north and west suburbs. Together with Northwestern University Feinberg School of Medicine, we are pushing boundaries in our research labs, training the next generation of physicians and scientists, and pursuing excellence in patient care.

Our vision and values are deeply rooted in the idea that patients come first in all we do. We value building relationships with our patients and their families, listening to their unique needs while providing individualized primary, specialty and hospital-based care. Our recent affiliations and ongoing growth allow us to serve more patients, closer to where they live and work.

**Northwestern Memorial HealthCare**, a nonprofit organization, is the corporate parent of Northwestern Medicine and all of its entities, including Lake Forest Hospital, Northwestern Memorial Hospital, Northwestern Medicine Central DuPage Hospital, Northwestern Medicine Delnor Hospital, Northwestern Medicine Kishwaukee Hospital, Northwestern Medicine Valley West Hospital and Marianjoy Rehabilitation Hospital, part of Northwestern Medicine.

If you are interested in advancing your career as a hospitalist with Northwestern Medicine Lake Forest Hospital, please email your CV and cover letter to: [lfhmrecruitment@nm.org](mailto:lfhmrecruitment@nm.org)

## HealthEast

### Hospitalist Opportunities in Minnesota Twin Cities Metro Area

HealthEast is seeking a full time BC/BE Internal Medicine or Family Medicine Physician to join our Hospital Medicine team located in St. Paul and surrounding suburbs.

- Work with a collegial group of over 25 hospitalists
- Average 12-15 patients per AM shifts and 8-12 patients per PM shift
- Flexible Work Schedule with 7 days on and 7 days off
- We provide an excellent benefits package, a competitive base salary and opportunities to receive productivity and quality incentive bonuses.

HealthEast is the largest health care provider in the Twin Cities' East Metro area, with 7,500+ employees serving 400,000+ patients annually in a service area over 1 million. HealthEast consists of 14 neighborhood clinics, 3 hospitals, one long term acute care facility, home care and medical transportation.

The Twin Cities offer affordable living, international airport, exceptional educational systems, theater, museums, family entertainment, the great outdoors, unique shopping, and a variety of sporting events.

Apply online at [www.healtheast.org/careers](http://www.healtheast.org/careers)  
email your CV to [mrwagner@healtheast.org](mailto:mrwagner@healtheast.org) or call 651-232-6116 for further information.  
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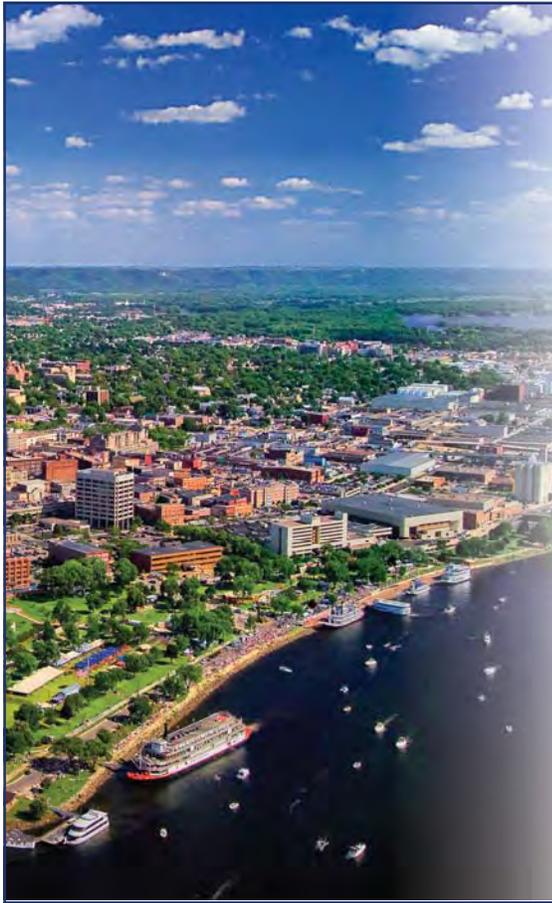
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# Enriching Every Life We Touch...Including Yours!

Gundersen Health System in La Crosse, WI is seeking an IM trained hospitalist to join its established team. Gundersen is an award winning, physician-led, integrated health system, employing nearly 500 physicians.

**Practice highlights:**

- 7 on 7 off schedule (26 weeks per year) 3 shifts per 24 hour period
- Collaborative, cohesive hospitalist team established in 2002 with high retention rate and growth
- 26-member internal medicine hospitalist team comprised of 16 physicians and 10 associate staff
- Primary responsibility is adult inpatient care
- Manageable daily census
- Excellent support and collegiality with subspecialty services
- Competitive compensation and benefits package, including loan forgiveness

La Crosse is a vibrant city, nestled along the Mississippi River. The historic downtown and riverfront host many festivals and events. Excellent schools and universities, parks, sports venues, museums and affordable housing make this a great place to call home.

**For information contact Kalah Haug, Medical Staff Recruitment, at [kjhaug@gundersenhealth.org](mailto:kjhaug@gundersenhealth.org). or (608) 775-1005.**



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## Hospitalists

Call This "Top 10" Community Home

**McFarland Clinic PC**

McFarland is seeking a BE/BC Hospitalist and a Nocturnist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic. Consistently ranked in the top 10 "Best Places to Live" by Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

- 220 bed hospital
- Epic EMR System
- Excellent support staff
- Highly educated patient base
- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country
- "#1 Best State to Practice Medicine" - *Wallet Hub*



Featured 8th in Money Magazine's "Best Places to Live," Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant college town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

**Contact Doug Kenner**  
**866.670.0334 or [dkenner@mountainmed.net](mailto:dkenner@mountainmed.net)**

EEO/AA Employer/Protected Vet/Disabled

**Washington University School of Medicine is seeking full-time hospitalists, nocturnists and oncology hospitalists** for our expanding program at Barnes-Jewish Hospital and Barnes-Jewish West County Hospital. MD/DO, internal medicine board certification or eligibility, and eligibility for licensure in the state of Missouri required.

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- Comprehensive liability insurance (no tail required)
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**Barnes-Jewish Hospital** is a 1,300-bed Level-I trauma center serving the St. Louis metropolitan and outlying areas. It is ranked as one of the nation's top 12 hospitals by *US News & World Report*.

*This position is not J-1 eligible. All qualified applicants will receive consideration for employment without regard to sex, race, ethnicity, protected veteran, or disability status.*

Interested candidates should apply: [facultyopportunities.wustl.edu](http://facultyopportunities.wustl.edu)  
Select "Internal Medicine" and see "Hospitalist".



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*Must be a physician attending Internal Medicine Meeting 2018,  
ACP Job Placement Center Sponsor, or exhibitor.*

<p><b>CEP America</b> BOOTH #1631</p>	<p><b>CHS</b> Community Health Systems BOOTH #635</p>	<p><b>Dignity Health</b> <a href="http://dignityhealth.org/physician-careers">dignityhealth.org/physician-careers</a></p>
<p><b>Envision</b> PHYSICIAN SERVICES BOOTH #730</p>	<p><b>PeaceHealth</b> <a href="http://peacehealth.org">peacehealth.org</a></p>	<p><b>Providence St. Joseph Health</b> BOOTH #715</p>
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## Physician-Led Medicine in Montana Internal Medicine Residency Faculty

### Billings Clinic

Seeking enthusiastic BE/BC internists and hospitalists to join our exemplary team of physicians and faculty providers with a passion for education and leadership.

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- Flexible practice styles
- Consensus-based teamwork
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Billings Clinic is nationally recognized for clinical excellence and is a proud member of the **Mayo Clinic Care Network**. Located in Billings, Montana – this friendly college community is a great place to raise a family near the majestic Rocky Mountains. Exciting outdoor recreation close to home. 300 days of sunshine!

**#1 Hospital in Montana**

Contact: Rochelle Woods  
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[physicianrecruiter@billingsclinic.org](mailto:physicianrecruiter@billingsclinic.org)  
[billingsclinic.com](http://billingsclinic.com)

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Billings Clinic is nationally recognized for clinical excellence and is a proud member of the **Mayo Clinic Care Network**. Located in Billings, Montana – this friendly college community is a great place to raise a family near the majestic Rocky Mountains. Exciting outdoor recreation close to home. 300 days of sunshine!

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**Questions about the job search process?**  
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**Seeking Hospitalist in Santa Fe, New Mexico**

Presbyterian Healthcare Services (PHS) is New Mexico's largest, private, nonprofit, healthcare system based in Albuquerque. Presbyterian Medical Group employs over 800 providers, representing over 50 specialties. We have openings in the following specialties for BE/BC physicians:

We are excited to announce that we will be opening a medical center in Santa Fe. Located at 7,000 feet in the southern Rocky Mountains, Santa Fe is the capitol of New Mexico and is one of the greatest destination cities of the world.

The Presbyterian Hospitalist Program seeks a BE/BC Internal Medicine trained physician to join our newest 30 bed Medical Center in Santa Fe which opens October 2018. This is an ideal opportunity for the outdoor enthusiast as there is immediate access to skiing, mountain biking, hiking, river rafting, rock climbing and other sports along with a regional airport that allows easy access and weekend getaways.

Presbyterian Healthcare Services is based in Albuquerque with five rural locations in New Mexico. These opportunities offer a competitive salary; paid malpractice (occurrence-type); relocation; CME allowance; 403(b) w/match; 457(b); health, life, AD&D, disability insurance; dental; vision; pre-tax health and child care spending accounts. EOE.

**For more information in Albuquerque contact: Tammy Duran;**  
**Tel: 505-923-5567 or e-mail: tduran2@phs.org Fax: 505-923-5007**

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Full-time and part-time openings are available, as are opportunities for Nocturnists. At Mercy Medical Group, we strive to offer our patients a full scope of healthcare services throughout the Sacramento area. Our award-winning Hospitalist program has around 70 providers and currently serves 4 major hospitals in the area.

Sacramento offers a wide variety of activities to enjoy, including fine dining, shopping, biking, boating, river rafting, skiing and cultural events.

Our physicians utilize leading edge technology, including EMR, and enjoy a comprehensive, excellent compensation and benefits package in a collegial, supportive environment.

**For more information, please contact:**

**Physician Recruitment**

**Phone: 888-599-7787**

**Email: [providers@dignityhealth.org](mailto:providers@dignityhealth.org)**

**[www.mymercymedgroup.org](http://www.mymercymedgroup.org)**

**[www.dignityhealth.org/physician-careers](http://www.dignityhealth.org/physician-careers)**

These are not J1 opportunities.



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[KDON@EDINGERMEDICALGROUP.COM](mailto:KDON@EDINGERMEDICALGROUP.COM)

Sunrise Medical Associates is looking for full time /part time Hospitalists to join our ambitious team in the Los Angeles and Inland Empire areas. Successful candidates will demonstrate skills in inpatient medicine and teamwork and be an MD or DO BE/BC in IM/FP. Great Incentives available. Please send CV to [smamedoffice@gmail.com](mailto:smamedoffice@gmail.com) or fax to 951-339-8461 for consideration. (Multiple positions available)

**SOUTHERN CALIFORNIA**

Hospitalist and Intensivists opportunities available at Martin Luther King, Jr. Community Hospital (MLKCH) located south of Los Angeles. VEP Healthcare offers competitive compensation, independent contractor status, paid malpractice and fast track to ownership through stock purchase in our democratic, privately held company.

For additional details contact:  
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## LEAD HOSPITALIST

The Division of Hospital Medicine within the Department of Medicine at Oregon Health & Science University, seeks qualified motivated and excellent candidates for both a challenging and exciting leadership opportunity as the Lead Hospitalist for the Tuality Healthcare Hospital – OHSU Hospitalist Program, an OHSU partner. The ideal candidate should be a mature, clinically experienced clinician either with leadership experience, or skills and enthusiasm to thrive in building this exceptional program. Candidates should be system thinkers with advanced communication skills committed to the values of compassion, collaboration, innovation, diversity, high value care and integrity. The Tuality Community Hospital is a 167-bed hospital located in Hillsboro, Oregon. Position highlights include but are not limited to: 4 day teams, 1 night team, open ICU with full-time Intensivist backup, with community-competitive compensation with incentives.

Interested candidates should email a cover letter of interest, CV and three letters of recommendation to  
**ALAN J. HUNTER, MD, HEAD, DIVISION OF HOSPITAL MEDICINE**  
c/o Heather Crowell to crowellh@ohsu.edu

**APPLY ON LINE AT**

<http://www.ohsu.edu/xd/about/services/human-resources/> **UNDER IRC62134**



**TUALITY HEALTHCARE**  
An OHSU Partner

## CLINICAL HOSPITALISTS

The Division of Hospital Medicine within the Department of Medicine at Oregon Health & Science University, seeks qualified outstanding candidates for Clinical Hospitalist positions at Tuality Healthcare Hospital, an OHSU partner, starting winter/spring of 2018. The Division seeks providers who are committed to the values of compassion, collaboration, innovation, diversity, high value care and integrity. The Tuality Community Hospital is a 167-bed hospital located in Hillsboro, Oregon. Position highlights include but are not limited to: 4 day teams, 1 night team, open ICU with full-time Intensivist backup, with community-competitive compensation with incentives. Candidates interested in working at more than one site, are welcome.

Interested candidates should email a cover letter of interest, CV and three letters of recommendation to  
**Alan J. Hunter, MD, Head, Division of Hospital Medicine**  
**C/O HEATHER CROWELL TO CROWELLH@OHSU.EDU**

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- Flexibility to pick up Hospitalist shifts is optional

**COMPENSATION AND BENEFITS**

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- Malpractice insurance with tail coverage
- 6 weeks PTO/ 2 weeks CME

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- Has an international airport with direct flights to Denver, Minneapolis, Phoenix, Las Vegas, Seattle and more
- Divided by the Missouri River, a world-class fly fishing and watersport destination
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The University of Michigan, Division of General Medicine, seeks BC/BE internists to join our expanding Academic Primary Care faculty. Duties for Primary Care faculty include providing direct patient care in an outpatient setting with teaching opportunities. There are also opportunities to engage in population management and quality/safety activities. Prior training or clinical experience in an academic teaching environment is preferred. Excellent benefits and compensation package with guaranteed salary plus incentive bonuses. Relocation support is provided.

An educational loan forgiveness program provides up to \$50,000 in loan forgiveness for qualifying educational loans.

**Interested individuals should forward their curriculum vitae via email to:**  
 Laurence McMahon, MD, MPH, Chief, Division of General Medicine / [squigley@umich.edu](mailto:squigley@umich.edu)

Application review will continue until the positions are filled.

*The University of Michigan is an affirmative action, equal opportunity employer, dedicated to the goal of building a culturally diverse and pluralistic faculty and staff committed to teaching and working in a multicultural environment and strongly encourages applications from women, minorities, individuals with disabilities and covered veterans.*

[WWW.MEDICINE.UMICH.EDU/GENERAL-MEDICINE](http://WWW.MEDICINE.UMICH.EDU/GENERAL-MEDICINE)

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**Southern California Permanente Medical Group**  
[Patty.A.Darling@kp.org](mailto:Patty.A.Darling@kp.org)

**Colorado Permanente Medical Group, P.C.**  
[Andrea.C.Hughes-Proxmire@kp.org](mailto:Andrea.C.Hughes-Proxmire@kp.org)

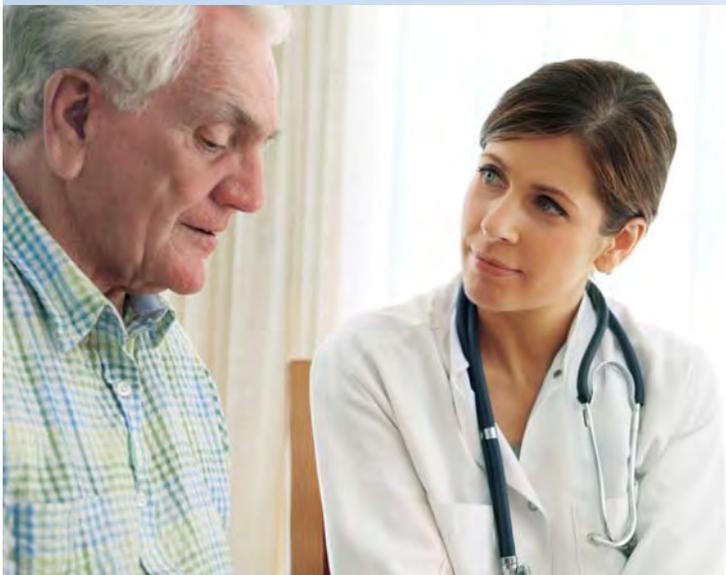
**Hawaii Permanente Medical Group**  
[Thao.Hartford@kp.org](mailto:Thao.Hartford@kp.org)

**The Southeast Permanente Medical Group, Inc.**  
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**Northwest Permanente, P.C.**  
[Jason.R.Dulin@kp.org](mailto:Jason.R.Dulin@kp.org)

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**SEBASTICOOK VALLEY HOSPITAL**

Eastern Maine Medical Center is seeking a BC/BE inpatient medicine/hospitalist physician for a position located at our affiliate, Sebasticook Valley Hospital in Pittsfield Maine.

- Dynamic physician-led collaborative IM/Hospitalist Model
- Supportive hospital administration
- Engaged patient population
- Join well-established team at primary site in Pittsfield
- Flexible block scheduling – 7/7
- The ED service provides coverage from 10p- 7a
- Full spectrum of sub-specialty backup and consultation

*In-house collaborative Radiology and Night Hawk Services*

*In System LifeFlight of Maine Air/Ground Critical Care Transport Program*

*In-System ACS-Verified Level II Trauma Center < 1 hr away*

- ♦ Trauma Service: on call consult
- ♦ Critical Care Intensivists: on call consult
- ♦ Pediatric Intensivists: on call consult

Sebasticook Valley Hospital is a 25-bed critical access hospital located 20 minutes north of Waterville, home of Colby College, and 45 minutes south of Bangor. The hospital serves a population of 25,000 in a beautiful and historic community which serves as the gateway to Maine’s capitol and its unmatched Western Lakes and Mountains regions, offering year-round access to limitless outdoor recreation. This area is rich with artists and craftspeople, art galleries, small shops, and bustling downtowns.

*J-1 visa candidates welcome to apply*

Contact: Jamie L. Grant at EMMC’s Provider Recruitment Department (207) 973-5358 / email CV and cover letter to: [providerjobs@emhs.org](mailto:providerjobs@emhs.org)



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## WASHINGTON MEDICAL JOBS

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Washington Permanente Medical Group, is seeking BE/BC Primary Care Internists and Hospitalists to join our Primary Care and Consultative Internal Medicine teams.

Job opportunities are available in Bellevue, Bremerton, Everett, Seattle, Olympia and Spokane.

The ideal candidates will have a full range of clinical and hospitalist skills, and have successfully completed a U.S. Family Medicine or Internal Medicine Residency training programs.

Candidates must have an unrestricted Washington State medical license and unrestricted federal-issued DEA.

Benefits include: full malpractice indemnification (including tail coverage), medical/dental/vision benefits, 401(k) & pension, paid vacation, CME, long-term disability, and long-term care benefits. Competitive salary offered.

For additional information or to submit your CV, contact Aggie Swanson, Senior Recruiter at [Agnieszka.X.Swanson@kp.org](mailto:Agnieszka.X.Swanson@kp.org) or visit [wpmgcareers.org](http://wpmgcareers.org)

*Washington Permanente Medical Group encourages its staff to maintain care-focused patient relationships, and manage innovative practices using state-of-the-art technology while advocating a well-balanced life and personal health. WPMG is an Equal Opportunity Employer committed to a diverse and inclusive workforce.*



### Internist Moses Lake

Confluence Health is seeking a BC/BQ Internist to join the Moses Lake Clinic for outpatient practice. Currently on staff are 2 physicians and 2 physician assistants as well as support staff.

•Autonomous IM with visiting and supportive specialty partners.

#### About the Organization

Confluence Health is an integrated healthcare delivery system that includes two hospitals and more than 40 medical specialties and primary care practices, providing comprehensive medical care in North Central Washington. With over 270 physicians and 150 advanced practice clinicians, our goal is to deliver high-quality, safe, compassionate, and cost-effective care close to home. As a Physician at Confluence Health, you will have the opportunity to become a shareholder with the Wenatchee Valley Medical Group, an independent, physician owned and governed group that was formed in 1941.

This position is located in Moses Lake, WA where we're known for our dazzling sunsets and prehistoric geology.

#### The Grant County Port

<https://www.youtube.com/watch?v=VsZKDwjiPrk>

#### For Information:

- Visit <http://www.confluencehealth.org>.
- Call April at 509-436-6812.

**To Apply:**  
Please submit your CV to  
[April.Pittsinger@confluencehealth.org](mailto:April.Pittsinger@confluencehealth.org)

### The Portland Clinic - Outpatient IM

You'll enjoy a wonderful balance of life and work at The Portland Clinic, an independent group in beautiful Portland, Oregon. Our rich history spans over 96 years of providing extraordinary care in a multispecialty setting. Owned and governed by the physicians who work here, we have a solid business plan to maintain our independence. We seek collaborative and patient-centered BC/BE internists to join us. A generous compensation package is offered, as well as the potential for future partnership.

Visit our website at  
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Please contact:

Jan Reid, Director of Provider Relations  
(503) 221-0161 x4600  
[JReid@ThePortlandClinic.com](mailto:JReid@ThePortlandClinic.com)

*The Portland Clinic is an equal opportunity employer.*



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For more information on Primary Care opportunities please contact: Liz Mahan, Physician Recruitment Specialist Berkshire Health Systems (413) 395-7866 - Mdreruitment@bhs1.org

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**UPSTATE**  
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Primary responsibilities will include direct patient care and supervision of residents at an outpatient ambulatory practice. Full time responsibilities also include teaching of students and residents. MD, BC/BE internist, NYS license or eligible. We are committed to high quality patient care, excellence in teaching and faculty development.

Send CV to Deborah Shelby, SUNY Upstate Medical University, Department of Medicine, University Internists, 550 Harrison Street, Suite I, Syracuse, NY 13202 or email to shelbyd@upstate.edu

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The National Rural Recruitment and Retention Network (3RNet) members are non-profit organizations helping medical professionals find jobs in rural and underserved areas throughout the country. Some of the medical professions we serve and the kinds of jobs posted may include:

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# UConn HEALTH

## Primary Care Internists

The Department of Medicine, Division of General Internal Medicine at the University of Connecticut is seeking applications from outstanding Board Certified primary care internists. Appointment will be at the rank of Assistant or Associate Professor. The successful candidate will excel at direct patient care. Opportunities for medical student and resident education are available.

We provide a comprehensive range of primary care services, currently in the following convenient locations: Farmington, West Hartford, East Hartford, Canton, Simsbury and Southington. Our physicians are Board-Certified in internal medicine and focus on prevention, wellness, screening and management of chronic medical problems. They are dedicated and work collaboratively to take care of patients in a cohesive and thoughtful manner. As part of UConn Health, more than 450 UConn physicians, in more than 50 specialties, are available for consultation or referral; our physicians have admitting privileges at John Dempsey Hospital.

The University of Connecticut School of Medicine will be adding new faculty members over the next few years as part of an exciting new initiative (Bioscience Connecticut), which also includes a new state-of-the-art patient care hospital tower, a new outpatient pavilion, renovation of research space, and expansion of the medical student class size.

Interested applicants should submit a letter of interest and curriculum vitae at <https://jobs.uhc.edu>, search code No.2018-337.

UConn Health is an affirmative action employer in addition to an EEO and M/F/V/PwD employer.

## INTERNAL MEDICINE

Columbus Regional Health Physicians has full time employment opportunities for BC/BE Internal Medicine Physicians to be a part of a successful group practice in Columbus, Indiana. We are open to recent graduates or practicing physicians. IP and OP positions available.

Columbus Regional Health Physicians offers a competitive wage and compensation package based on training and clinical experience

For additional information or to submit your CV contact:

**Kaelee T. Van Camp,**  
Physician Recruiter  
at 812.375.3954  
or email: [kvancamp@crh.org](mailto:kvancamp@crh.org)



## Full Time Internal Medicine Primary Care Physician for Large Public Health and Hospital System in Silicon Valley

### Better Health for All

Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE internal medicine physician to join our dynamic primary care practice in our Division of Primary Care in the Department of Medicine.

We offer the unparalleled opportunity to gain the long-term personal and professional satisfaction of serving our patients and our diverse community, while teaching the next generation of health care providers, in one of the best places to live in the United States.

### About the organization

Santa Clara Valley Health and Hospital System (SCVHHS) is the second-largest County-owned health and hospital system in California and is committed to improving the health of the 1.8 million people of Santa Clara County. As an integrated health care system, SCVHHS includes a 574-bed central hospital (SCVMC), a large primary care network comprised of nine health centers throughout the County (including our newest center in downtown San Jose, which opened in 2016), a broad-range of specialty services in our Valley Specialty Center, a large behavioral health department, public health, EMS, and Valley Health Plan.

SCVMC itself hosts five residency training programs and partners with Stanford University Medical Center for the training of residents and fellows in many Stanford-based specialties. SCVMC also features a Level 1 Trauma Center, Burn Center, Primary Stroke Center, and a CARF-accredited Rehabilitation Center. Owing to its geographic location and specialty offerings, SCVMC not only serves the County, but also the larger region.

Providers in our health system also have the unique opportunity to use our integrated electronic health record (Epic), which brings together system-wide patient information. Recently, the Health Information Management Systems Society (HIMSS) recognized SCVMC for achieving its highest level of success (Stage 7), based on our continuous innovation and optimization of our inpatient and outpatient EHR.

### About the community

SCVMC is located in San Jose, California in the heart of Silicon Valley, offering a diverse choice of cultural, recreational, and lifestyle opportunities. Our physicians live in a range of communities, including urban (e.g., San Francisco), university (e.g., Palo Alto), high tech (e.g., many cities of Silicon Valley), mountain (e.g., Los Gatos), beach (e.g. Santa Cruz), and rural/agricultural (e.g., Gilroy). Situated in one of the most desirable regions of the country - only 45 minutes from the Monterey Bay and three hours from the Sierra Nevada - our physicians enjoy a very high quality of life.

### About the Division of Primary Care in the Department of Medicine

The Division of Primary Care in Department of Medicine with 55 internal medicine primary care physicians provides primary care services at eight health centers, from Sunnyvale to Gilroy. Internal medicine primary care physicians who join our department are pleased to find a very collegial work environment with robust specialty and ancillary support, and the opportunity to teach internal medicine residents from our large internal medicine residency training program.

### About compensation and benefits

We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population

SCVMC is an Equal Opportunity employer.

If you are interested in joining a practice with unparalleled personal and professional advantages, then please submit your letter of interest and CV to [MD.Recruitment@hhs.sccgov.org](mailto:MD.Recruitment@hhs.sccgov.org)

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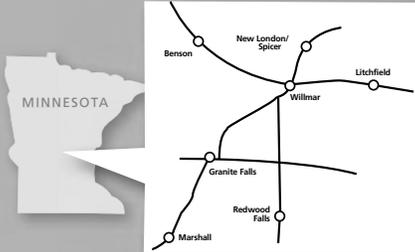
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With locations throughout the Greater Memphis area, Methodist Medical Group (MMG) is dedicated to providing quality patient care to the entire family. MMG is proud to be a part of Methodist Le Bonheur Healthcare System and its family of hospitals, ensuring efficient access to specialty and hospital services whenever the need arises. As members of the Memphis community, MMG is committed to the well-being of its patients, providing the right care at the right time in convenient locations throughout the Memphis Area.

To support our dedicated family of physicians in these endeavors, MMG offers numerous benefits, including:

- Guaranteed base salary
- Productivity Incentive bonus
- Quality bonus
- Generous benefits package and retirement options
- Malpractice insurance
- Regular continuing medical education (CME) events
- Operational and administrative needs addressed by the group's administration

We are seeking candidates who are Board Certified in Internal Medicine or Family Medicine, who desire practicing in an outpatient setting.

We provide our doctors with the resources necessary to run an efficient clinic so they can focus on what really matters - practicing medicine. Because of this, our exceptional physicians and their support staff are able to create an unparalleled patient experience.

**Interested in this opportunity please email CV to  
Stephanie Wright at [stephanie.wright@mlh.org](mailto:stephanie.wright@mlh.org)**



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## Internal Medicine Physician

UWorld is seeking onsite Internal Medicine Physicians to write and edit content for our web-based products. Authors will collaborate with a team of physicians, editors, and illustrators to produce high-quality content for our USMLE™, Internal Medicine, and Family Practice Qbanks, in addition to other products in development.

Ideal candidates will follow a schedule that provides a constant balance of clinical and non-clinical work. Authors will update their medical expertise while educating tomorrow's physicians via our innovative and interactive platform.

### Schedule Overview

Physicians will work part-time in a hospital-based (hospitalist) or outpatient practice and the remainder of the time at our corporate office on a mutually agreed-upon schedule.

### Requirements

- Must be ABIM® certified or eligible
- Exhibit exceptional communication skills, superior medical knowledge, and a passion for training future physicians
- Prior experience in writing board-style questions or working in an academic institution is preferred
- Must have scored well on USMLE Step 1, 2 and 3.

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Submit cover letter, CV, USMLE™ scores, and 3 sample USMLE- or ABIM-style questions with detailed explanations (in MS Word or PDF format) to [adees@uworld.com](mailto:adees@uworld.com)



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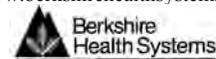
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Interested candidates are invited to contact:

Liz Mahan  
Physician Recruitment Specialist  
Berkshire Health Systems  
725 North St.  
Pittsfield, MA 01201  
(413) 395-7866 | [emahan@bhs1.org](mailto:emahan@bhs1.org)  
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## ACP CONTACT INFORMATION

### ADVERTISING SALES

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215-351-2738 (Fax)  
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**Natalie Stasky**

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