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WHITE PAPER

WILL THERE BE A DOCTOR IN THE HOUSE?
PHYSICIAN SUPPLY, DEMAND AND STAFFING DURING AND POST-COVID-19

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A white paper examining how the coronavirus pandemic is affecting the current recruiting market for physicians and both current and long-term physician supply and demand trends.

A Massive Rewrite

In 2007, a bill was submitted to Congress that would have lifted the cap on how much the federal government pays to train physicians each year. The bill was intended to increase the supply of physicians in the face of a projected national physician shortage. Similar bi-partisan bills were submitted in 2009, 2011, 2013, 2015, 2017, and 2019. None of them came close to passing, even though the Association of American Medical Colleges (AAMC) now projects a shortage of up to 132,000 physicians by 2032.

The prevailing attitude has been that training more physicians is not a priority given all the other possible uses of federal funds, of which about $14 billion are spent each year on physician graduate medical education (*Federal Support of Graduate Medical Education. Congressional Research Service. Dec. 27, 2018*).

Then came COVID-19. The pandemic has caused a massive rewrite of how we deliver healthcare and will no doubt have a significant effect on both the number of physicians we train and the ways in which we train them.

Prior to this pandemic, a variety of factors influenced physician supply and demand, and they are worth revisiting as we consider what may happen in the future:

Demand for Physicians Accelerating

In an April, 2019 report, the AAMC projected a shortage of physicians by 2032 that may include:

55,000	**67,000**	**23,000**	**39,100**
too few primary care physicians	too few specialists	too few surgical specialists	too few internal medicine and other subspecialists

Source: The Complexities of Physician Supply and Demand. Association of American Medical Colleges. April, 2019

Key among the factors driving demand for physicians and the AAMC's projected physician shortage is population aging. By 2032 there will be more seniors in the United States (78 million) than children 17 or younger (77 million), according to the Census Bureau. This will be the first time that seniors outnumber children in the nation's history.

While comprising only 14% of the population, people 65 or older account for 37.4% of diagnostic tests and 34% of inpatient procedures, according to the Centers for Disease Control (CDC), while averaging three times more annual doctor visits than younger people.

Primary care physicians are needed to coordinate the complex care required by older patients, many of whom have multiple chronic conditions. However, population aging greatly increases the need for specialist physicians, who diagnose and treat the myriad conditions related to aging organ systems, bones, and minds.

This fact is demonstrated by the types of physician search engagements AMN Search Solutions/Merritt Hawkins conducts on behalf of its clients. As the numbers below indicate, a growing percent of Merritt Hawkins' search engagements are for specialist physicians:

Merritt Hawkins Search Engagements: Specialists vs. Primary Care

	Specialists	Primary Care
2012	64%	36%
2015	67%	33%
2019	78%	22%

Source: Merritt Hawkins 2019 Review of Physician and Advanced Practitioner Recruiting Incentives.

Merritt Hawkins typically is engaged to conduct more searches for family medicine physicians than for any other type of doctor, indicating that primary care is still an area of great demand. However, when the number of searches the firm conducts is compared to the number physicians in a given specialty, a new light is thrown on the question of which type of physician is in most demand. In terms of what Merritt Hawkins calls "absolute demand" – i.e., number of job openings vs. number of physicians in a given specialty – the list of most in-demand specialties is as follows:

Who Leads in "Absolute Demand?"

1. Neurology
2. Psychiatry
3. Gastroenterology
4. Hem/Onc.
5. Dermatology
6. Urology
7. Otolaryngology
8. Geriatrics
9. Rheumatology
10. Family Medicine

As this list shows, specialists hold the top nine places in terms of absolute demand, while the first primary care specialty (family medicine) does not appear until number 10 on the list. This, along with AAMC numbers cited above projecting a shortage of 67,000 specialists by 2032, belies the popular notion that the physician shortage is confined to primary care.

In addition to population aging, other factors are driving demand for physicians upward.

Additional Factors Driving Demand for Physicians

- **Population growth:** the U.S. population will grow from 310 million people to up to 458 million by 2050[1]
- **Chronic disease:** 6 in 10 adults in the U.S. have a chronic illness such as heart disease or diabetes and 4 in 10 have more than one[2]
- **Social determinants of health:** 40 million people in the U.S. are below the poverty line ($25,750 for a family of 4), an economic status that leads to poor health.[3]
- **"Deaths of despair":** there were 70,237 drug overdose deaths in the U.S. in 2017[4] while the suicide rate is up 33% since 1999[2]. Mental health problems are posing an increasing challenge to the healthcare system.
- **Near full-employment and expanded access to healthcare insurance through the ACA:** a robust job market and implementation of the Affordable Care Act (ACA) combined to reduce the number of Americans without healthcare coverage to about 10%.

Source: [1] U.S. Census Bureau, [2] CDC, [3] HHS, [4] Washington Post, November 29, 20182

Physician Supply Not Keeping Pace

In 2006, the AAMC called for a 30% increase in the number of medical school students in the U.S. Due to the founding of new medical schools and the expansion of existing ones, that goal has been achieved. However, the number of residency positions open to medical school graduates has not kept pace, due largely to the cap on GME funding referenced above. As a result, a growing number of medical school graduates are unable to match to a residency program, and therefore unable to practice as licensed physicians (see chart below):

2019 Residency Match: Did Not Match by School Type

Med School Type	Did not match
U.S Allopathic	6%
U.S. Osteopathic	15%
International medical graduate (U.S. citizen and non)	41%

Source: National Resident Matching Program

As these numbers indicate, even some graduates of U.S. allopathic medical schools, considered to be the top candidates for residency programs, are not matching to a residency, a factor seriously constraining physician supply.

While there are an insufficient number of physicians entering the physician workforce to keep up with demand, a growing number of doctors can be expected to leave the field. The U.S. is facing a physician "retirement cliff" as close to one-third of practicing physicians are 60 or older. The list below shows the states with the highest percent of physicians over 60:

Most Physicians 60 or Older by State

State	Physicians 60 or older
New Mexico	37%
Hawaii	35.5%
New Jersey	35%
Montana	35%
Maine	35%

Source: AAMC State Physician Workforce Data Book

It should be noted that even in states like Texas, where physicians are relatively young on average, over one-fourth of physicians (27%) are 60 or older.

Physician Practice Patterns Changing

How physicians choose or are required to practice influences the overall number of full-time-equivalents (FTEs) in the workforce, and physician practice patterns are changing in a way that further inhibits physician supply. According to the 2018 Survey of America's Physicians conducted by Merritt Hawkins on behalf of The Physicians Foundation:

- 23% of physician time is spent on non-clinical paperwork, the equivalent of 186,000 FTEs.
- Employed physicians see 12% fewer patients than independent physicians.
- Female physicians see 12% fewer patients than male physicians.

Source: 2018 Survey of America's Physicians. The Physicians Foundation/Merritt Hawkins

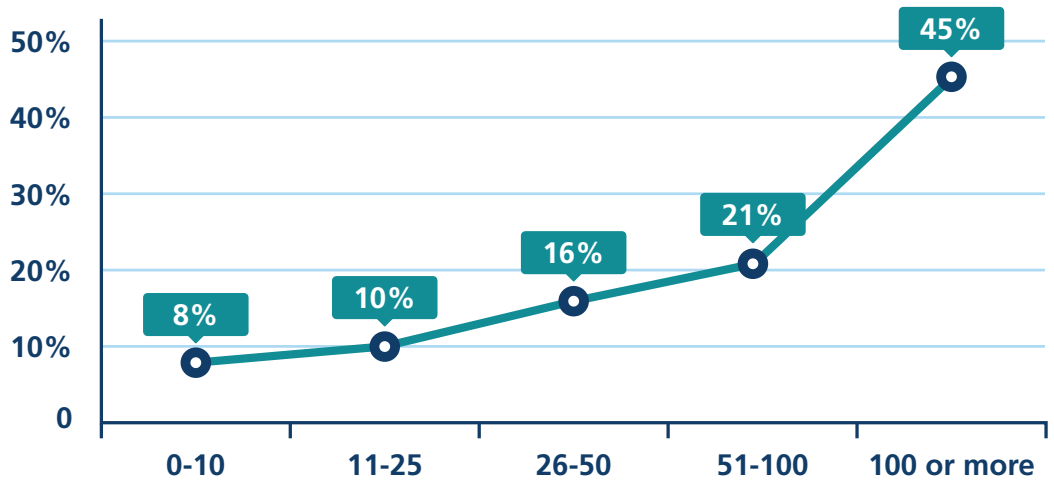
Healthcare in general, and medical practices in particular, are heavily regulated and physicians spend much of their time on regulatory, compliance, and data-input efforts, eroding the amount of time they have to spend on direct patient care.

In addition, physicians employed by hospitals, medical groups and other entities, whose ranks are growing, see considerably fewer patients on average than do independent physician practice owners, whose ranks are declining. Similarly, female physicians, who represent a growing percent of all doctors, see considerably fewer patients than do male physicians, who represent a declining percent of all doctors. These changing physician practice patterns exert a further inhibiting effect on overall physician supply.

A Buyer's Market

Pre-COVID-19, it was clearly a buyer's market for newly trained or experienced physicians seeking a medical practice opportunity. Merritt Hawkins' 2019 *Survey of Final-Year Medical Residents* indicates that the majority of residents received 51 or more recruiting offers during their training while almost half (45%) received 101 or more (see chart below):

How Many Recruiting Offers Did Your Receive During Your Training?



Source: Merritt Hawkins 2019 Survey of Final-Year Medical Resident

Morale Low/Burnout High

Though practice opportunities for physicians have been abundant for years, a favorable job market has not counteracted many other stresses prevalent in the medical profession. The *Survey of America's Physicians* conducted by Merritt Hawkins for The Physicians Foundation, and a variety of other surveys, have tracked high levels of physician dissatisfaction and burnout (see below):

Physicians Under Stress

- **62%** - Physicians pessimistic about the future of the medical profession
- **78%** - Sometimes, often or always experience burnout
- **80%** - No time to see additional patients, take on new duties

Source: 2018 Survey of America's Physicians. The Physicians Foundation and Merritt Hawkins

A problematic medical practice environment, characterized by loss of clinical autonomy, high levels of non-clinical paperwork, shifting compensation models and other factors have undermined the morale of many physicians. One result is a physician turnover rate that hovers at about 12%-17%, depending on specialty (*Healthcare Professional Move and Growth Rates. SK&A. February, 2018*).

COVID-19 Flips the Physician Supply/Demand Script

In the over 32 years that Merritt Hawkins has been providing physician recruiting services, there has rarely been a time that a qualified physician could not find a practice opportunity if willing to put forth a moderate effort. A longstanding catch phrase in the physician staffing profession asserts that "there is no such thing as an unemployed physician."

In wake of the health and economic devastation caused by COVID-19, that no longer is the case. Sheltering at home orders and safety concerns have greatly reduced the number of patients presenting to physician offices or other ambulatory settings. Loss of employer-based insurance has made physician visits unaffordable to many, and many hospitals and surgery centers are not scheduling elective procedures.

The result is that for the first time in memory, a significant number of physicians are facing employment uncertainty – losing their jobs, experiencing pay cuts or, in the case of independent practice owners, facing practice closure.

In the April, 2020 survey that Merritt Hawkins conducted with The Physicians Foundation, physicians were asked how they are being affected by or reacting to COVID-19 (see below).

Please check all of the following that apply:

- **34%** - I am seeing few patients and have the extra time/capacity to see more
- **48%** - I am currently treating patients through telemedicine
- **21%** - I have been furloughed or experienced a pay cut
- **16%** - I have reduced staff
- **32%** - I am feeling little stress and I am positive about my ability to continue providing care

- **15%** - I am feeling moderate stress and I am concerned about my ability to continue providing care
- **18%** - I am feeling great stress but will be able to continue providing care
- **1.5%** - I am feeling great stress and will not be able to continue providing care

Source: Survey of Physicians and COVID-19. Merritt Hawkins and The Physicians Foundation. April, 2020.

Over one-third of physicians indicated that they are seeing few patients and have the time and capacity to see more. By contrast, in the 2018 *Survey of America's Physicians* conducted by Merritt Hawkins on behalf of The Physicians Foundation, only 20% of physicians indicated they had time to see additional patients.

About one in five physicians (21%) have experienced a pay cut or have been furloughed, while 16% have reduced staff.

The survey indicates that many physicians have rapidly pivoted to telehealth. Close to half of physicians (48%) indicated that they now see patients through telehealth, compared to 18% who indicated they see patients through telehealth in the 2018 Merritt Hawkins/Physicians Foundation survey.

Telehealth has been a lifeline for physicians providing outpatient services but it does little for physicians who provide surgery and other services that cannot be accomplished remotely. As a result, the current job market is decidedly mixed for physicians, depending on their experience level and specialty. Merritt Hawkins has seen physician inquiries about job opportunities rapidly increase and the number of physicians inquiring about opportunities has reached record levels. I**n essence, the current employment situation for physicians has transformed in a matter of months from a buyer's market to a seller's market.**

The Job Market for Residents

As was referenced above, the job market for physicians coming out of training pre-COVID-19 was extraordinarily robust, and most final-year residents and fellows had multiple job offers to choose from. By contrast, many 2020 residents and fellows may no longer have one. As furloughs and job cuts have gone into effect, the last hired, first let go rule is being implemented, which falls on residents the hardest.

The traditional advantage that residents have had in the job market is that they are typically offered less to start than experienced physicians and so are more economical to recruit. Today, with many experienced physicians now seeking work and prepared to accept less, that advantage has dissipated to a large degree.

Though there are still opportunities for physicians completing their training, the process of finding them is more difficult and the ideal opportunity that checks every box may not be available. This includes

locum tenens positions, which newly trained physicians can fill as a way to research the job market and determine which practice locations and setting suit them best.

Residents and fellows are therefore advised to be open-minded about accepting an offer early in the recruiting process if it meets most of their needs. The era of comparison shopping during the course of ten interviews over six months is in abeyance. All interviews are likely to be virtual and job candidates may have to make a decision without having physically been to the location and without having personally met the people they will be joining. That may be difficult, but there are physicians who have lost their jobs who will be willing to accept virtual offers. For residents and fellows coming out in 2021, it is advisable to begin the job search early and conclude it as quickly as possible.

Demand Down for Physicians Providing Routine Procedures

There are nuances in the current physician job market based on practice type and specialty. Private practices performing a high volume of so-called non-essential procedures are unlikely to be hiring. Small to mid-sized dermatology groups and ophthalmology groups, many of which are still independent, are not seeing the volumes they need to add staff. Demand also is reduced for specialists doing a high volume of routine procedures. For example, patients scheduled for routine colonoscopies are likely to postpone them, reducing the need for gastroenterologists.

Demand is even down in trauma surgery, which is not routine, because fewer people are on the road or at work and are staying safe. Somewhat surprisingly, ER volumes are down, as patients are more likely to cope with problems themselves than to risk a trip to the emergency room.

By contrast, demand at cancer centers has been minimally affected by the virus. Chemotherapy and other cancer treatments cannot be postponed, and cancer centers usually have other sources of funding such as research grants and endowments that can help sustain hiring efforts. Pediatrics also has been less affected by the pandemic than other specialties, as has primary care in general, since primary care physicians can pivot many of their services to telemedicine. However, this varies by practice. Primary care physicians with a high volume of older, Medicare patients who do not have the technical resources or knowledge to engage in telehealth generally are not in a position to hire.

While COVID-19 has suppressed demand for physicians, it also is likely to affect supply. This already is happening at the medical education level, as discussed below.

The Impact of COVID-19 on Medical Education and Physician Supply

As referenced above, physicians, hospitals and other providers are rapidly shifting services to telehealth.

Similarly, medical schools around the country have made adjustments in response to the virus. According to an April 15, 2020 article published in AAMC News, "Driven by the COVID-19 pandemic, medical educators quickly built online curricula. Webcams captured hospital rounds, 3D images replaced cadavers, and Zoom classes had students raising virtual hands to debate diagnoses." (*No classrooms, No Clinics: Medical Education During a Pandemic. Stacy Weiner. AAMC News. April 15, 2020.*)

These changes were prompted by a March 17, 2020 guidance statement, in which the AAMC strongly advised medical schools to remove students from direct patient care to help slow the virus down and save on supplies of personal protective equipment (PPE). The AAMC reports that it only took days for the schools to respond by loading course materials online. Within a matter of weeks, the great majority of medical schools had implemented methods to teach at least some clinical skills remotely.

"The eight-week Bridging Emergency Medicine unit, for example, uses podcasts, interactive websites, and other resources to teach future physicians how to address a variety of ailments from chest pains to dog bites. Originally meant for students transitioning to residency, creators at the University of North Carolina (UNC) at Chapel Hill School of Medicine quickly adapted the material as an online emergency medicine elective," according to the AAMC News article.

This emergency medicine curriculum is one of nearly 200 free resources medical schools can use through AAMC's iCollaborative collection, entitled *Clinical Teaching and Learning Experiences Without Physical Patient Contact*.

Virtual Visits

However, what cannot be duplicated remotely is the hands-on aspects of medical education, which are foundational to teaching future physicians. Some medical schools have accelerated "booked-based" teaching in order to create more time for hands-on instruction later on. This can include anatomy instruction which can be provided through 3D software as well as practice in presenting patient cases through "virtual rounds."

Students also can approximate patient contact through telehealth visits with standardized patients (SPs), who essentially are actors trained to present students with one or more simulated medical conditions that students are then expected to diagnose. This early experience in telehealth is likely to be valuable as the healthcare system continues to expand the use of remote medicine channels post-COVID-19.

Nevertheless, tele-instruction does not allow medical students to fully complete their training and move on to residency.

Continued Uncertainty

The pandemic continues to create an atmosphere of uncertainty at U.S. medical schools, as normally unbending schedules of admission, coursework and exams become upended.

Many second-year medical students have had their U.S. Medical Licensing Examination (USMLE) Step 1 exams suspended. Due to social distancing requirements across the U.S., USMLE Step 1, Step 2 Clinical Knowledge, and Step 3 exam appointments originally slated from March 16 to May 31 were cancelled and the eligibility period for candidates extended to March 31, 2021. (*MedPage Today*, April 20, 2020).

This may affect the ability of medical students to graduate and get licensed. Delays in USMLE testing could mean that second year medical students would have to prepare for the exams in the summer or fall, taking them from summer rotations and away from the progress of their education.

The pandemic will not only affect current students. Plans are still pending for the incoming class of first-year medical students, who typically arrive on campus during the summer. There also is the question of those who have not yet been accepted to medical schools and how interviews, usually conducted in person, will take place. Just like in-person job interviews for physicians, these interviews will probably transition to a virtual format.

Early Graduation

Dozens of medical schools, particularly those in COVID-19 hot spots such as New York and Massachusetts, have given their fourth year students the option of graduating early and joining other healthcare professionals in the fight against the virus.

Medical Schools at Columbia, Cornel, New York University, Hofstra, the University of Massachusetts, and Harvard, among others, have given fourth-year students this option, and hundreds have accepted. These graduates have been selfless in contributing their skills to this effort, though it comes at the expense of rest they could use prior to the grueling years of residency ahead.

Just as it has generally, the pandemic has created disruption in medical education that could inhibit the supply of new doctors coming into the system. It is difficult for medical educators to plan given the ongoing uncertainties, and hands-on training cannot be postponed indefinitely. Students have to get back to clinical settings at some point to ensure the continued supply of new physicians.

The Impact of COVID-19 On Resident Training

Residency programs across the country also have had to adjust to the pandemic. According to an article posted on the American Medical Association website, "The educational component of residency training, conference sessions—the weekly lectures for residents—have largely moved online, conducted through platforms such as Zoom. Grand rounds sessions have also been moved online. However, because of the demands these conferences place on physicians to do research and prep cases for presentation, they have been canceled in some instances." (*Residency in a Pandemic. AMA News. Brendan Murphy. April 1, 2020*)

Elective rotations, particularly for first-year residents, face an uncertain future during the pandemic. Depending on the spread and severity of the virus, remote rotations, which often expose residents to settings outside of the hospital, may not be scheduled, impeding resident training.

The shifting of resources and personnel at teaching hospitals in COVID-19 hotspots also may be disruptive to graduate medical education and therefore disruptive to physician supply.

The Impact of Physician Reaction to COVID-19 on Physician Supply

At some point, the coronavirus pandemic will be contained and all elements of the healthcare system will need to be reassessed, including factors that drive physician supply and demand. One of these factors, as noted above, is the way physicians choose or are required to practice.

In the April, 2020 survey conducted by Merritt Hawkins with The Physicians Foundation, doctors were asked how they will respond to COVID-19 (see below).

As a result of the COVID-19 epidemic, I have or will:

- **14%** - Seek a different practice
- **6%** - Find a job that does not involve direct patient care
- **7%** - Close my practice temporarily
- **5%** - Retire
- **4%** - Leave private practice and seek employment with a hospital or other entity
- **15%** - Take out a loan
- **2%** - Seek physical healthcare
- **3%** - Seek mental healthcare
- **66%** - Continue practicing as I am

Source: A Survey of Physicians and COVID-19. Merritt Hawkins and The Physicians Foundation. April, 2020.

As these numbers indicate, the majority of physicians (66%) indicated they will continue to practice in their current manner. However, a significant number (32%) indicated they will make a change to their practice style, either seeking a different job (14%), opting out of patient care (6%), closing their practice temporarily (7%) or retiring (5%). Three percent will seek mental healthcare, though the number is higher (8%) for those who have treated COVID-19 patients.

A Return to Physician Shortages

Any of these steps would have a disruptive or inhibiting effect on physician supply. As the pandemic subsides, demand for physicians will increase, whether in a "V" shaped spike or a more gradual "U" shaped curve. Most of the factors driving physician supply and demand outlined above, including an aging population, widespread chronic illness, and a static supply of physicians, will remain in place. It can be expected that general health, both physical and mental, will be negatively affected by the pandemic, accelerating demand for doctors.

Added to these factors will be increased volatility in the physician workforce, as doctors react to what for many has been an extremely challenging time that has compromised their finances and their health. The "new normal" therefore is likely to resemble the old normal in at least one regard -- shortages of both primary care and specialist physicians will prevail.

Once the pandemic has been contained and the healthcare system adjusts to new realities and the need for emergency preparedness, it can be expected that demand for hospitalists, infectious disease specialists, emergency medicine physicians, and pulmonary/critical care specialists will be particularly strong on both a permanent and locum tenens basis.

For this reason, it is important that hospitals, medical groups and other healthcare organizations focus on their physician and engagement and retention strategies, so that they maintain their staffs when patient demand for services resumes. For more information on this topic, see the AMN Leadership Solutions white paper *Preparing for the "New Normal" Post-COVID-19*.

Back to the Future

What can be done long-term to ensure an adequate supply of physicians once the pandemic has passed?

One possible answer is to review what was done in the past when the nation faced a pressing crisis.

According to *AAMC News*, "Between 1939 and 1945, the federal

government encouraged medical schools to create three-year accelerated programs to address physician shortages both at home and abroad. During this time, Yale Medical School "temporarily increased class size, admitted some students with two years of college, shortened the program leading to a degree to three years, and made the thesis requirement optional, all in an effort to increase the output of physicians," according to archival documents from the school.

"The University of Louisville School of Medicine negotiated a contract with the Federal government to educate students for the armed forces' medical corps. Throughout much of the 1940s, the school year consisted of two 16-week semesters, with a new class entering every nine months."

"During the 1918 pandemic, medical students were thrust even more abruptly into patient care. "Students of the upper classes of Philadelphia's medical schools went from the lecture hall and laboratory directly to sick rooms and wards and the abrupt assumption of the responsibilities of mature physicians," writes A.W. Crosby in *America's Forgotten Pandemic: The Influenza of 1918." (Medical Students Graduate Early. AAMC News. Gabrielle Radford. April 3, 2020*)

Some medical schools, including Texas Tech, have developed three-year medical education curriculums, while others have offered the option to graduate early if students meet competency-based requirements. It also may be possible for residency programs to take new interns several months early, thereby speeding up the training process.

In addition to innovations in medical education and training, other steps can be taken to ensure physician supply, including:

- **Lifting the cap on graduate medical education (GME) funding.** Lifting the 1997 cap will be even more politically challenging than it has been in the past, as the federal government already has spent trillions of dollars addressing the impact of the pandemic and federal dollars will be scarce. Nevertheless, an investment of several billion dollars a year will be critical to ensuring an adequate physician supply, a national priority the importance of which has been dramatically highlighted by the pandemic.
- **Continuing the implementation of telehealth.** Steps taken during the virus crisis to reduce barriers to telehealth, including broadening sites of services and reimbursement policies, should be made permanent. The acceleration of telehealth will achieve efficiencies allowing physicians to do more outpatient work and increase patient access to their services, though telehealth will have less effect on increasing access to procedure-oriented specialists.
- **Reducing barriers to state licensure.** The efforts that have been made during the pandemic to allow physicians licensed in one state to easily practice in another should be made permanent and expanded.
- **Increasing visa opportunities for international physicians.** The process required of internationally trained physicians to obtain work visas and to practice medicine in the U.S. should be streamlined, with more visas made available.

- **Expanding scope of practice for non-physician healthcare professionals.** Nurse practitioners (NPs) and physician assistants (PAs) are a vital supplement and a complement to the physician workforce, and without their growing numbers the physician shortage would become much more severe. In rural areas in particular, they should be allowed to practice to the full scope of their training.
- **Enhancing the medical practice environment.** Given a projected physician shortage, it is vital that physicians remain engaged with their profession and remain in active patient care as long as possible. Attention therefore should be paid to enhancing the medical practice environment, minimizing the factors that cause physician burnout, disengagement and earlier retirement. These efforts will be even more important given the moral injury caused to physicians by COVID-19. For more information on this topic, see the Merritt Hawkins white paper *Ten Keys to Enhancing Physician/Hospital Relations and Reducing Physician Burnout and Turnover*.

Conclusion

The COVID-19 pandemic has caused a rapid and profound shift in the employment market for physicians. In several short months, the market has transformed from one in which most physicians had abundant practice opportunities, to one in which some physicians are facing furloughs, payment reductions, and even unemployment or practice closure. This is unprecedented in Merritt Hawkins' 32-year history.

However, it should be considered that almost all of the conditions that created abundant practice opportunities for physicians – and a growing physician shortage -- remain in place. Once the pandemic subsides, demand for physician services can be expected to outpace supply. The COVID-19 crisis has strongly confirmed the need for a robust supply of physicians, and steps should be taken in light of the pandemic to ensure that the nation has the physicians it will need.

AMN Leadership Solutions

At AMN Healthcare, we are guided by the fundamental belief that attaining and supporting the best performing healthcare leadership talent is vital to meet strategic objectives, improve patient care, enable organizational growth, and spur innovation.

AMN Leadership Solutions provides the full depth, experience, and resources of **AMN Healthcare**, **B.E. Smith**, and **Merritt Hawkins** to help healthcare organizations identify and secure those leaders and make those objectives a reality.

As people who have served in healthcare leadership roles, we are a trusted and credible advisor. We know that healthcare leadership is more than a job. It's a responsibility and a passion. It's a calling that has a higher purpose.

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