Go beyond staffing

A leadership playbook for a resilient, physician-led workforce

CHG® Healthcare

Introduction

For too long, the healthcare industry has focused on physician burnout—as if naming the problem was enough to solve it. But the real issue is systemic misalignment between physician expectations, employer structures, and workforce realities. Physicians are just as passionate about medicine as they've always been, but they are growing more vocal about a system that isn't structured to support them.

Healthcare leaders are navigating economic pressures and volatility—while still relying on workforce models built for a different time.[1] Most physician workforce strategies in use today were developed in an era of greater stability—primarily the 1990s and early 2000s—when supply-demand dynamics were more favorable. At the time, even with anticipated future shortages, organizations largely assumed steady or manageable physician supply supported by traditional recruitment pipelines and medical school expansion.[2]

These models were not designed for today's realities: chronic shortages, shifting physician work patterns, rising turnover, generational change, technological disruption, and redefined patient expectations around access and value. It's time to redefine our strategies for a proactive and nimble future. The next decade of healthcare will be shaped by how health systems engage their greatest asset: physicians.

In a market where physicians across all specialties billed commercial payers an average of $3.8 million in annual revenue per full-time equivalent (FTE) specialist, a physician strategy is a margin strategy.[3]

This physician-centered strategic playbook guides healthcare leaders through this historic era. It presents workforce models that prioritize long-term physician retention, clinical continuity, and workforce resilience. By treating physicians as true partners in care, these strategies drive high-performing, financially sustainable, and patient-centered healthcare organizations.

In the current operating environment, these cultural shifts are a high-stakes business imperative. Healthcare leaders must reimagine workforce strategy not as a staffing concern, but as a critical lever for care delivery innovation, physician retention, and enterprise growth.

Medicine demands intellect, resilience, and an unwavering commitment to human life. Physicians push boundaries, heal the impossible, and innovate where others might surrender. Yet, the structures that support them—the very foundation of our healthcare system—are under pressure like never before.

Introduction

This piece presents a data-backed, executive-level strategy grounded in four imperatives:

1. **Economic power of the physician:** Recognize and invest in physicians as the economic engine of healthcare, central to margin preservation, innovation, and long-term sustainability.

2. **Enterprise-wide workforce optimization:** Unlock new levels of flexibility and resilience by rethinking how physician labor is designed, deployed, and scaled across care settings.

3. **Technology-enabled efficiency:** Embrace tools that streamline workflows, reduce administrative burden, and enable smarter workforce decisions—all with the physician experience at the center.

4. **Physician engagement as a business strategy:** Reframe engagement as a measurable lever for performance, culture, and retention.

Each imperative is explored with supporting data, expert commentary, and real-world examples that reflect CHG Healthcare's innovative approach to the clinical workforce.

"We've seen firsthand that resilient, physician-centered systems have stronger financial performance. Our goal is to redefine how staffing supports the broader mission of healthcare."

— Leslie Snavely, president and CEO of CHG Healthcare

Physician turnover by the numbers

$500K – $1M
average cost of physician turnover
KLAS Research, 2024

86K
projected physician shortage by 2036
AAMC, 2024

49%
of physicians report feeling burnout in 2024
Medscape, 2024

33%
of academic physicians indicate moderate or higher intent to leave in two years
Medscape, 2024

8%
median physician turnover annually
AAPPR, 2024

Section
1

The physician workforce is at an inflection point

Hospitals are operating in systems strained by economic uncertainty, labor market disruption, and heightened expectations from both patients and providers. Despite healthcare representing $4.8 trillion and 17.6% of GDP as of 2023, the system is structurally ill-equipped to allocate these resources efficiently.[4] In addition to supply chain and other macroeconomic factors, hospital margins are under pressure because outdated labor and payment models have failed to evolve alongside care demands.

> *"We're paid to get butts in beds, but our job should be to manage lives."*
>
> *– Paul Keckley, U.S. healthcare economist, author of The Keckley Report*

Healthcare economist Paul Keckley warns that the U.S. healthcare system is being squeezed by forces it cannot directly control: rising labor costs, inflation, bad debt, and a payment structure that rewards volume over value. "We're paid to get butts in beds, but our job should be to manage lives," he says. "As a result, trust, confidence, and satisfaction with the health system is at a historic low, while the system continues to suffer from its chronic incrementalist approach to change. No one feels this more than physicians. They're simply mad and burnt out."

Dr. Geeta Nayyar is the chief medical officer at RadiantGraph and a leading voice on combating clinician burnout and restoring trust in healthcare.

She is also the author of *Dead Wrong: Diagnosing and Treating Healthcare's Misinformation Illness*. Dr. Nayyar left the traditional hospital employment model because she was frustrated that clinicians at her health system weren't involved in the decisions around how healthcare is delivered.

"When we talk about consumer experience in healthcare, it's amazing to me how we divorce it from physician experience," says Dr. Nayyar. "Because if you have a happy, healthy staff, there will be a good consumer experience. It doesn't matter what your patient portal or your EHR is. It doesn't matter what the scent in the waiting room is. The heartbeat of every hospital is the workforce. Everything and anything you can do for the consumer, you need to do with the care team in mind."

Misalignment has cascading effects on workforce strategy: It reinforces a view of physicians as cost centers to be contained, rather than as value creators to be empowered. As long as reimbursement models reward volume instead of outcomes, organizations will struggle to justify investments in engagement, leadership development, or sustainable staffing.

"The landscape of physician and provider recruitment has never been more complex—or more critical to the health of our communities. Across the country, healthcare organizations are grappling with financial pressures, workforce shortages, and an urgent need to rethink how we attract and retain top clinical talent," Allan Cacanindin, CPRP-DEI, AAPPR's new board president, said in their April 2025 report on the current landscape.[5]

The 2025 Medscape Physician Mental Health & Well-Being Report highlights that systemic issues are the predominant drivers of physician burnout. A significant 83% of physicians attribute their burnout and/or depression primarily to professional stress, underscoring the need for systemic reforms to address these challenges. Long working hours (41%), lack of respect from administrators and colleagues (40%), and inadequate compensation (38%) further compound the issue.[6]

According to Dr. Nayyar, today's burnout is driven by more than workload, and there's a real urgency to redefine how we think about physician support. Public distrust, disinformation, and diminished purpose have created deeper disillusionment.

"The landscape of physician and provider recruitment has never been more complex—or more critical to the health of our communities."

— Allan Cacanindin, CPRP-DEI, AAPPR's board president

83%

of physicians attribute their burnout and/or depression primarily to professional stress

Medscape Physician Mental Health & Well-Being Report, 2025

Specialty-specific burnout rates—neurology (43%), emergency medicine (36%), and family medicine (32%)—highlight the urgent need for proactive staffing and scheduling models that also prevent overburdening high-risk groups. Coupled with 24% of physicians reporting depression and 18% reporting both burnout and depression, health systems cannot afford to treat burnout as an isolated or downstream issue.[6]

The Advisory Board director of physician and medical group research specializes in workforce trends and care models. She's written about corporate medical groups growing quickly as dominant employers, forcing traditional systems to reassess their workforce models and value propositions.[7] "They aren't a disruptor anymore. They are a very real player in this space, so I think the workforce implications of that are pretty significant. You see options for discontented physicians to leave and seek out what they value. It puts pressure on incumbent legacy employers to evolve how they are managing physicians and what their care models look like to better compete for talent."

Indeed, the Physicians Advocacy Institute reports that while about 55% of physicians are employed by hospitals or health systems in 2024, over 70% are working outside of direct hospital employment, including in independent practices, corporate-owned practices, virtual care, and hybrid models.[8] Without the agency to influence their work environments, physicians are opting out of structures that fail to offer leadership, flexibility, or long-term growth.

According to CHG Healthcare's State of Locum Tenens Report (2024), over 50% of physicians who chose locums work cited flexibility, reduced burnout, and autonomy as key drivers—highlighting the increasing demand for employer models that accommodate evolving career priorities.[9]

"Hospitals increasingly can't rest on their laurels. They need to proactively put out a really attractive value proposition to appeal to some of the things that are drawing providers to other practice options," Dailey says. "There's a lot of desire for innovative staffing models, for part-time practice schedules, for hybrid models—those sorts of things that allow providers to practice in different ways. Health systems just tend to be further behind the curve in providing this."

As Keckley warns, the industry's tendency to implement piecemeal changes while avoiding system-level redesign is no longer sustainable.[10] Simply adding new technology or tweaking staffing ratios won't address the structural misalignment driving physician disengagement. Without bold, integrated workforce redesign, hospitals risk accelerating the very trends they hope to reverse: talent flight, cost escalation, and operational inefficiency.

Executive takeaway

As competition for clinical talent tightens, the most forward-thinking healthcare organizations are redirecting dollars from short-term stopgaps to long-term value creation. That means investing in engagement, retention, leadership development, and workforce governance, not as perks or HR programs, but as core business strategies.

In 2024, the top 4 contributors to physician burnout were:

1. **Excessive bureaucratic tasks:** **62%** of physicians cited administrative burdens—such as documentation, charting, and compliance requirements—as the leading cause of burnout.
2. **Long working hours:** **41%** reported that extended work hours contribute significantly to their burnout.
3. **Lack of respect from administrators and colleagues:** **40%** felt that insufficient respect in the workplace exacerbates their burnout.
4. **Inadequate compensation:** **38%** indicated that not feeling fairly compensated adds to their stress and burnout.

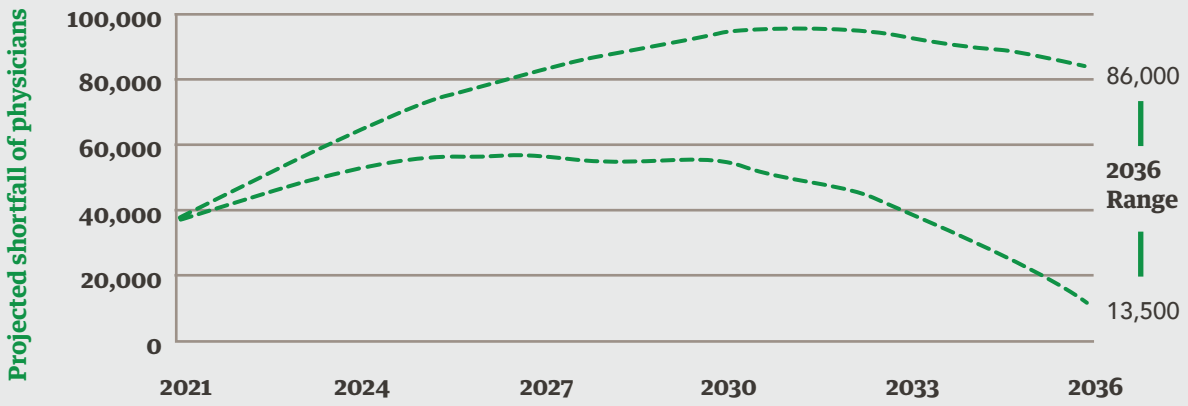
Source: Medscape Physician Mental Health & Well-Being Report, 2025

Converging pressures on the physician workforce

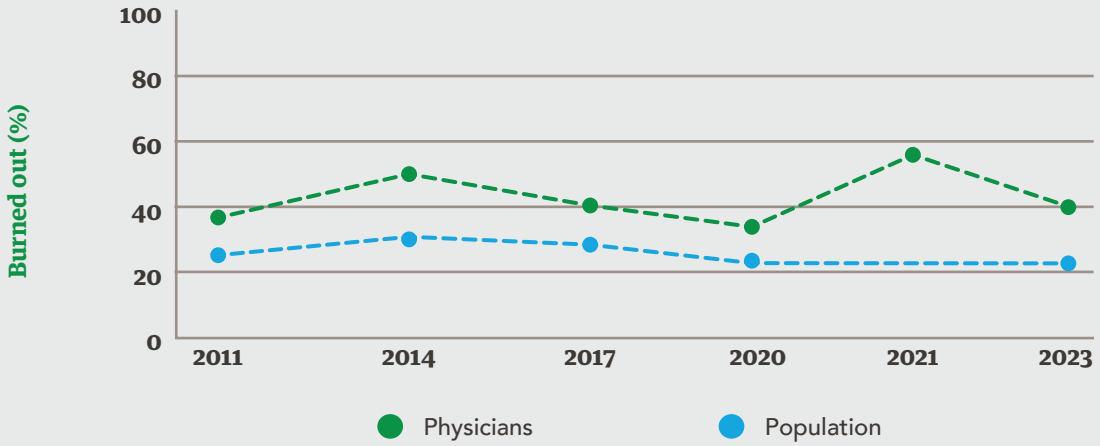
A multi-year view of key stressors impacting health system performance

Total physician supply and demand

Total projected physician shortfall range, 2021 – 2036



Source: The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: AAMC; 2024



Source: Mayo Clinic Proceedings (2024): "Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General U.S. Working Population Between 2011 and 2023"

Section
2

Why physicians are the cornerstone of system success

The way health systems engage, deploy, and retain physicians requires a strategic shift: from viewing physicians as units of labor to recognizing them as the keystones of organizational performance and the essential link uniting patient experience, clinical quality, and financial stability.

Trust is the foundation of this shift. Patients trust physicians and nurses far more than other parts of the healthcare system. According to the NORC/ABIM Foundation survey, 84% of Americans trust doctors and 85% trust nurses, compared to only 34% for hospital executives and 30% for health insurance executives.[11] This gap underscores the unique role of clinicians in shaping patient experiences and influencing care decisions.

"The reason they are coming to your hospital is because they trust their doctor. They trust their nurse. But they don't trust the healthcare system. When you ask them about their trust levels for the institutions of healthcare—hospitals, insurance companies, etc.—that number drops," says Dr. Geeta Nayyar, chief medical officer at RadiantGraph. "They view the doctor and the nurse as the quarterback—the quarterback that gets around the paperwork, gets them the prior authorization, gets them that MRI when their insurance declined it."

Physicians are the principal stewards of care quality and patient experience—and revenue generators. As Dr. Nayyar says, a single physician often represents the primary point of continuity for a patient navigating an increasingly fragmented care landscape. This continuity is clinical, but it also sustains patient trust, improves outcomes, reduces safety risks, and minimizes avoidable costs.

As Matt Brown, vice president of advisory and telehealth at CHG Healthcare, puts it, "Physicians are the operating system of the hospital. If that system is fragmented, everything else—from care coordination to margin optimization—suffers."

Executive takeaway

The business case for physician engagement is not theoretical. A system that sees physicians as integral to its operational DNA must manage deployment proactively and holistically—blending technology, insight, and governance to maximize their impact.

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>
> *— Matt Brown, vice president of advisory and telehealth, CHG Healthcare*

KLAS Research's 2024 report on clinician turnover highlights that listening to physicians and fulfilling their needs—especially in leadership accountability and transparency—are cited by clinicians as critical to reducing burnout and making them less likely to leave.[12]

However, while the value of engagement is well established, execution remains inconsistent. *CHG Healthcare's proprietary research on physician satisfaction (2025)* reveals that over 70% of surveyed providers prioritize "being treated as a partner in decision-making" above compensation alone. Yet less than one-third reported that their employer included them in strategic workforce decisions.

This disconnect underscores a growing imperative: Systems must engage physicians as clinicians and co-architects of performance. A 2023 study by the Medical Group Management Association found that 77% of medical groups still lack a formal physician retention strategy—underscoring the gap between recognition of physician value and actual investment.[13]

"Facilities have to think about what is important to providers," says Luke Woodyard, group president at CHG Healthcare. "It's not always about the pay… what's truly important is the workplace environment, culture, connection, and the relationship."

Leading systems are closing this gap by treating physicians as both clinicians and co-architects of care delivery and operational efficiency. This is how health systems can transform into "destination employers" for physicians:

- **Involve physicians in enterprise workforce planning** to anticipate future care needs and optimize recruitment pipelines.
- **Build flexible, hybrid staffing models** that leverage locums strategically while developing internal float pools and succession planning for clinical continuity.
- **Implement engagement frameworks** that mirror CHG Healthcare's own internal best practices, including bidirectional communication strategies and shared decision-making protocols.

"There's no greater strategic lever than the physician workforce," says Austin Chatlin, senior director of Advisory Services by CHG Healthcare. "Hospitals that master physician engagement not only reduce costs and turnover—they amplify revenue growth, care quality, and patient loyalty all at once."

Section
3

The four imperatives of a modern physician workforce strategy

System performance, resilience, and long-term viability all hinge on how health systems engage their clinical talent. The institutions leading this shift are grounding their strategy in four clear imperatives: establishing and engaging physicians as economic engines, aligning labor models to enterprise goals, leveraging technology to streamline and personalize operations, and embedding engagement as a lever of business performance.

Aligning performance and financial sustainability

Physician disengagement disrupts continuity of care, weakens team cohesion, and increases patient churn. It's a margin issue, a quality issue, and a growth issue all at once. The American Medical Association estimates that physician burnout contributes to over $4.6 billion in annual costs across the system, much of which could be mitigated by more structured engagement and support.[14]

According to Kaufman Hall's 2025 Physician Flash Report, each full-time employed physician generates a median net revenue of $255,000 – $498,000 annually, depending on the specialty.[15] But when health systems lose even one primary care physician, it can result in $900,000 in lost revenue annually.[16]

That's factoring in recruitment, onboarding, and lost productivity. More important, though, is what's lost in clinical continuity, leadership, and trust.

In certain specialties, deploying locums can generate revenue faster than waiting for another permanent hire to support the team—especially when permanent recruitment can take up to 200 days or more. For instance, a family medicine physician generates about $1.5 million in annual total revenue for a hospital, and their loss can mean a loss of $130,000 per month until the vacancy is filled.[17]

By embedding locums strategically, healthcare organizations can capture otherwise lost revenue during recruitment gaps and seasons of burnout—turning what was once viewed as a temporary expense into a rapid revenue continuity solution. Flexible locums utilization alleviates pressure on core clinical teams, reducing burnout and supporting retention. Locum tenens isn't just a coverage fix; it's a strategic lever for a more resilient, profitable system. But today, nearly 70% of health systems view locums usage as either minimally beneficial or purely a cost center.

Austin Chatlin, senior director of Advisory Services by CHG Healthcare, emphasized that locums should not be thought of as a reactive, high-cost solution. Instead, he says they can also enable rural health access in regions with limited pipelines, help mitigate risk while launching new service lines, and support hybrid care models that make care more accessible. Locums offer a flexible lever to test, adapt, and enhance care delivery.

"Especially in markets where there are perceived physician shortages, we need additional strategies to extend the physicians' reach and manage larger panels," says Advisory Board director of physician and medical group research. "What we're seeing in the marketplace right now are a lot of pilot… virtualist-only models, job sharing, alternate hours. But very few organizations have figured out how to do that at scale and in any type of systematic way."

Yet, many systems underinvest in these structures that promote long-term physician alignment. Instead of treating engagement, development, and retention as levers of growth, they're often viewed as soft benefits, addressed after operational gaps are filled. That miscalculation leads to reactive strategies, revolving-door staffing, and burned-out clinical teams.

Instead of interchangeable labor units, physicians must be positioned as the keystones of enterprise performance—essential to clinical quality, patient experience, and financial sustainability. Retaining and engaging physicians is a strategic priority that demands new infrastructure, smarter deployment models, and a culture where providers can thrive.

Executive takeaway

Physician retention and engagement are essential to protecting revenue and sustaining performance—but so is how you bridge the gaps. Strategic use of locum tenens transforms what was once seen as a cost center into a revenue-preserving, burnout-preventing lever that supports continuity, expands access, and builds long-term system resilience.

The ROI of retention

$250K – $471K
net annual revenue per full-time physician
Kaufman Hall, 2024

$900K
annual revenue lost from one primary care physician departure
Weatherby Healthcare

$130K
estimated monthly revenue loss due to one family medicine physician departure
AAPPR, 2023

77%
medical groups without formal retention strategy
MGMA & LocumTenens.com, 2023

CHG Healthcare's physician-founded innovation: From frontline to infrastructure

CHG Healthcare was founded more than 45 years ago by two physicians who understood firsthand the challenges of healthcare staffing and physician workforce management in underserved rural areas. Out of that experience came a breakthrough: the invention of the locum tenens model, which created flexible, temporary physicians to bridge clinical gaps, expand access, and serve underserved communities. Their aim was to empower healthcare organizations to deliver better patient care by optimizing how and where clinicians worked.

From day one, CHG Healthcare has placed provider welfare and community impact at the heart of its purpose: to empower clinicians and connect them with patients who might otherwise have limited or no access to care. Their physician-led origins inform a deeply clinician-centered approach: CHG Healthcare's technology—Modio, Locumsmart, Nursesmart, and CHG Connect—are designed not just to staff beds but to drive better patient outcomes by matching the right people to the right place at the right time.

This physician-led foundation gave CHG Healthcare a unique, clinician-centered lens from the outset. Unlike firms that approached staffing purely as a logistical or transactional service, CHG Healthcare was born out of a deep understanding of what providers need to succeed and health systems require to thrive.

This origin story continues to shape CHG Healthcare's ethos today.

"Our platforms were built with the provider in mind, first. That mindset came from having physicians at the table from day one."

Scott Boecker, chief growth officer

Rather than designing solutions in a vacuum, CHG Healthcare's technologies—including Modio, Locumsmart, and CHG Connect—are grounded in clinical realities. By prioritizing usability, speed, and provider autonomy, these tools reflect the organization's belief that physicians should be active participants in how care is delivered.

The result: digital infrastructure that supports faster onboarding, smarter deployment, and better alignment between provider capacity and patient need. Because these tools are shaped by those who know the work, they contribute not only to physician retention but to a broader culture of innovation that positions CHG Healthcare as a trusted partner in physician-led clinical workforce transformation.

Building agility into the clinical model

Variability in patient volumes, care acuity, and payer mix means health systems must be able to scale clinical capacity in real time. But traditional staffing models—built on rigid FTE allocations and fragmented departmental planning—are too slow and inflexible to respond. This mismatch drives up labor costs, burnout, and downstream access issues.

As healthcare organizations confront increasing staffing complexities, a new framework is emerging to guide more deliberate workforce decisions: order of utilization. Rather than defaulting to reactive, last-minute staffing solutions, this model encourages organizations to take a structured, stepwise approach.

Developed by CHG Healthcare and grounded in its decades of experience managing flexible clinical labor, the order of utilization model defines a strategic, prioritized sequence of workforce options based on cost-efficiency, continuity of care, and patient access. It's a shift away from ad hoc, department-level decisions and a move toward enterprise-wide, data-informed deployment—a playbook for how to think proactively, not just reactively, about provider coverage.

The process begins by assessing whether internal provider pools can meet patient care demands. If gaps persist, permanent recruitment is prioritized—a process that often requires significant lead time, with some specialties averaging over 200 days to fill.

To bridge these critical gaps, organizations can strategically deploy interim solutions such as locum tenens providers, telehealth services, or advanced practice providers, depending on the situation's urgency and complexity.

"Ideally, this level of visibility and optimization is supported through technology that can manage and predict when to move resources into the right place at the right time," says Scott Boecker. "This helps health systems move beyond reactive staffing to a proactive utilization strategy that sequences their available options for optimal efficiency and continuity. This helps shift the labor conversation from cost-cutting to emphasizing the value the right provider brings to the right moment."

"This helps shift the labor conversation from cost-cutting to emphasizing the value the right provider brings to the right moment."

— Scott Boecker, chief growth officer, CHG Healthcare

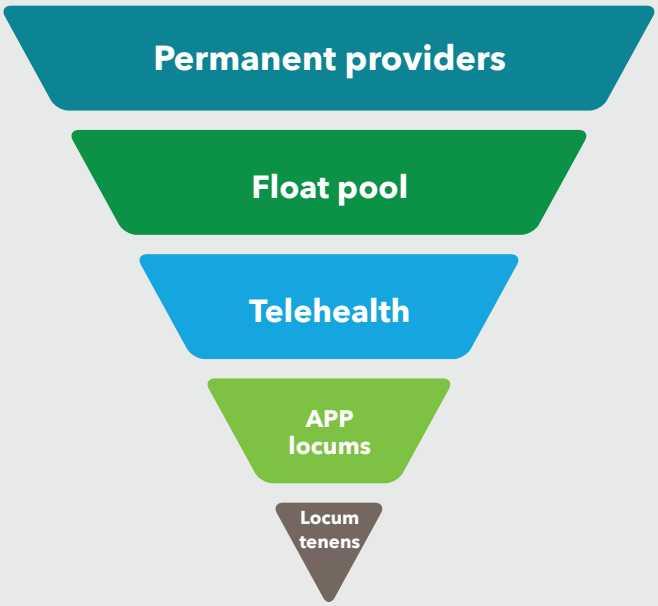
A structured, stepwise workforce strategy (order of utilization) should be supported by tools that sequence available options for optimal staffing efficiency and continuity and allow for enterprise-level decision-making. A vendor management system (VMS) can streamline the engagement and credentialing process for locum tenens and other external providers.

By enforcing consistent workflows—such as prioritizing internal float pools or advanced practice providers before turning to external locums—a ***smart VMS*** helps organizations apply a more structured and strategic approach to contingent staffing. This visibility allows health systems to respond faster to clinical coverage needs and maintain better control over agency spending across the enterprise.

The CHG Healthcare order of utilization model shifts staffing discussions away from short-term fixes toward long-term workforce optimization. By sequencing staffing options thoughtfully, organizations can better balance quality, continuity, and cost. Ultimately, adopting a structured utilization strategy fosters greater operational resilience, ensuring that staffing decisions are aligned with both immediate needs and future growth objectives.

As Austin Chatlin, senior director of Advisory Services by CHG Healthcare says, "Too often decisions about provider coverage are made reactively at the clinic level, when they should instead be guided by a centralized, enterprise-wide strategy that aligns workforce deployment with broader organizational goals."

Implementing an order of utilization model



Instead of reacting to vacancies with ad hoc solutions, organizations following this model adopt a stepwise approach:

1. **Assess internal resources**
   Can existing employed providers cover demand?

2. **Prioritize permanent recruitment**
   If not, begin sourcing permanent hires, noting that filling specialty roles can take 200+ days.

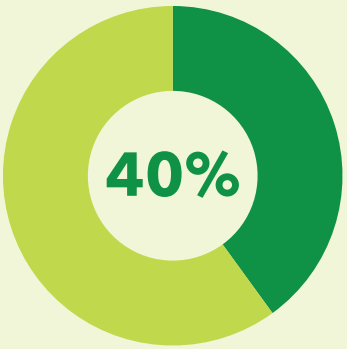
3. **Bridge gaps strategically**
   Use temporary staffing solutions, such as locum tenens, telehealth, or advanced practice providers (APPs), timed to complement long-term workforce goals.

4. **Integrate technology**
   A vendor management system can serve as the operational backbone for centralizing staffing data and supporting decision logic.

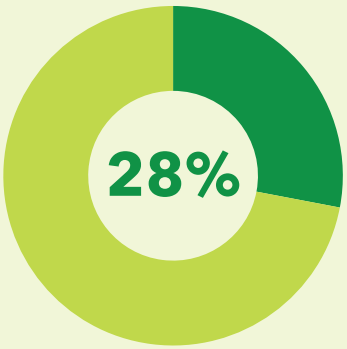
Leading systems are embracing an enterprise-wide model of workforce planning. This approach unifies permanent staff, internal float pools, locums, and telehealth providers into a centralized labor pool that can be strategically deployed across service lines. Done well, it creates the clinical equivalent of just-in-time inventory management.

The order of utilization model prioritizes a strategic sequence of provider coverage. This approach encourages organizations to first consider permanent hires, then leverage internal float pools, telehealth solutions, and locums when necessary.

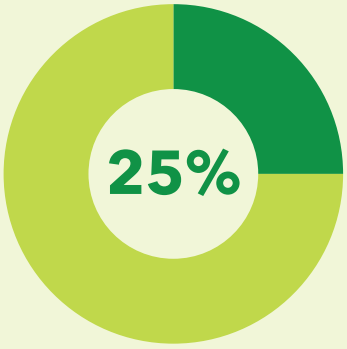
How executives use locums to stay agile



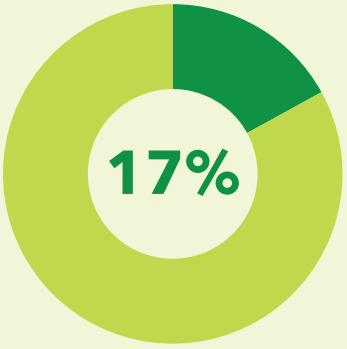
To meet increased patient demand



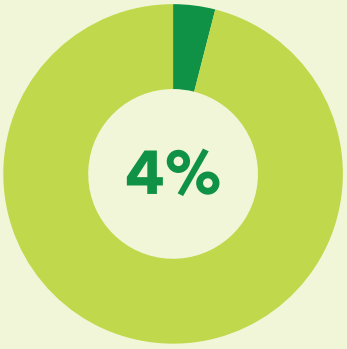
To supplement staff during peak periods



To maintain services while transitioning their organization model



To maintain flexibility to upsize or downsize staff as needed



To test a new service in the market

CHG Healthcare, "State of Locum Tenens Report," 2024

"You know you might not find the exact match in a high-demand marketplace, and you have to determine which is more important: finding the exact match and maybe taking longer to fill the need or having some flexibility," Luke Woodyard, group president at CHG Healthcare, says.

Smart locums strategies are unlocking new value in high-demand specialties where permanent recruitment timelines pose critical financial risks. With advanced workforce modeling, locums become a precision instrument for revenue protection and growth—not a blunt coverage tool.

"Locums are seen primarily as coverage. But in reality, they are a revenue-optimizing component of flexible workforce models designed to adapt quickly to market shifts, patient demand spikes, and talent gaps," says Woodyard.

Staffing models that incorporate advanced practice practitioners (APPs) can also help stabilize the physician workforce by alleviating workload pressures. In 2023, over a quarter of physicians reported insufficient physician and support staff as a key source of job stress.[18] The ongoing need for additional nurses, medical assistants, and documentation support highlights how expanded care teams—including APPs—can reduce administrative burdens and mitigate physician burnout.

"When a practice is running at its best... the physician is the bottleneck. That means everything else is working," says the director of physician and medical group research at the Advisory Board. In particular, primary care's inevitable evolution toward team-based models where APPs shoulder increasing patient care responsibilities are a future state for physician workforce resilience. APPs will be the majority of the primary care workforce by 2031. Non-metro markets already reached this in 2021.[19] "APPs are not just a stopgap—they're the future," she says.

When staffing decisions are based on real-time acuity, productivity benchmarks, and clinical coverage goals—not departmental politics or outdated ratios—systems gain control over labor costs while improving clinical consistency.

Executive takeaway

Creating a future-ready workforce requires a strategy anchored in full-time physicians, augmented by a strategic, flexible workforce and technology.

Priorities for physician workforce agility

- Strategic workforce planning, including order of utilization models and proactive succession planning
- Balancing permanent hires, float pools, locum tenens, and hybrid models to increase agility
- Consolidating fragmented workforce operations to achieve scale efficiencies and reduce referral leakage

Case study | Ardent Health

Centralizing an order of utilization system at scale

Ardent Health System footprint

200+ facilities

6 states

1000+ physicians

Challenge

Ardent Health's decentralized locum tenens strategy created major inefficiencies. With hundreds of temporary physicians, Ardent Health struggled to consistently enroll its locum tenens providers with payers and bill for services, leading to frustration and lost revenue. The heavy administrative burden made it difficult for Ardent Health to efficiently use locum tenens to meet patients' needs.

Solution

By consolidating its locum tenens operations under a single VMS, Ardent Health accessed over 70 agencies via one contract and enabled leadership to establish approval protocols, automate candidate tracking, streamline onboarding, and standardize pricing and contract terms across the system.

Over $3.5M
increase in revenue from contracted providers in two years

Over 20K+
estimated savings in annual administrative costs

Over $145K+
estimated saving in one year due to invoicing improvements

Increased confidence
in payer enrollment and billing for patient care provided by contingent providers

Reducing friction to unlock capacity

For years, health systems have pursued technology to increase efficiency and cut costs. Yet burnout rates continue to rise. Physicians face growing administrative burdens, eroding their autonomy and straining the patient relationship. As Dr. Geeta Nayyar, the chief medical officer at RadiantGraph and a leading voice on combating clinician burnout, emphasizes, technology should make physicians' lives easier, not harder. And to achieve that, anything that touches the workforce needs to involve them from the beginning.

"It's really key to have the end user involved. Whether the end user is the nurses, the doctors, whoever it might be—maybe it's the phlebotomy staff—you need to have end users in a position of leadership. So that means in the process of vendor selection, informing the strategy, informing the implementation," says Dr. Nayyar. "Change management is hard, but the best thing you can do is to engage the end user that you're trying to change at the beginning of the process. They're also ultimately going to help sell their colleagues on the strategy and products that they helped select and build."

Technology is not neutral. It either builds trust and restores human connection or it becomes another barrier, accelerating burnout and disengagement. And there's a collective trauma in the medical profession from the last promise of a technology revolution: electronic health records (EHRs).

"Change management is hard, but the best thing you can do is to engage the end user that you're trying to implement the change for at the beginning of the process.""

— Dr. Geeta Nayyar, chief medical officer, RadiantGraph

"During the implementation of EHRs, technology was the promise… We were going to improve communication and documentation. We were going to be able to do analytics and telemedicine, and instead, we actually really hurt the doctor-patient relationship. We solved three problems, but we created five new ones," says Dr. Nayyar. "This is because we did not include clinical leadership. We implemented a lot of technology for doctors and patients, instead of with doctors and patients, and we spent a lot of time talking about the consumer experience and forgetting that the consumer experience and the physician experience are tied together."

The 2024 KLAS Arch Collaborative found that poor EHR usability and inadequate training contribute significantly to physician dissatisfaction and turnover.[12] Clinicians who receive meaningful EHR education report greater satisfaction and longer tenure.

Efficiency is essential to the physician experience and a strategic lever for workforce retention. Administrative complexity remains a leading driver of burnout. Small improvements—streamlined EHR workflows, automated scheduling—can yield outsized benefits. As the Advisory Board director of physician and medical group research puts it, "Fewer clicks can mean higher retention."

Physicians additionally see AI as valuable for reducing workload and aiding clinical decisions—but only when they have transparency and input. According to the 2024 AMA Physician AI Sentiment Report, 93% of physicians want to be involved in AI decision-making.[20] As the AMA report makes clear, physician trust in AI depends on shared governance.

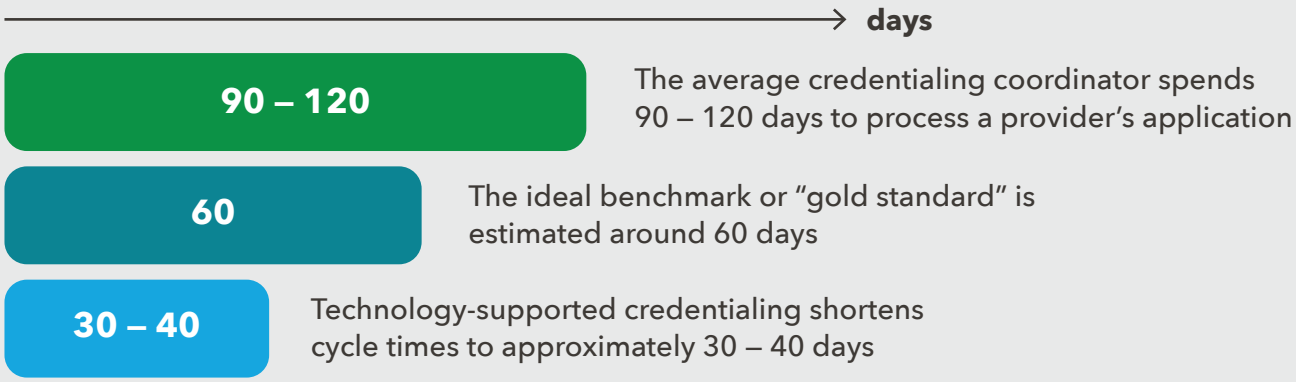
AI-driven scheduling, credentialing automation, and predictive analytics give health systems real-time visibility into staffing needs, workforce gaps, and onboarding timelines.

Practices and health systems typically spend three to four months on physician credentialing and onboarding, with the process sometimes extending up to six months, depending on circumstances. These inefficiencies create cascading effects: delayed patient access, scheduling bottlenecks, and provider burnout.

"Organizations need strong change management champions and to bring physicians along the way—even for seemingly small workflow changes," says Dailey. This collaborative approach ensures new tools meet real-world clinical needs while signaling to physicians that their voices matter.

"Automation and AI are crucial to long-term strategies, especially around provider productivity and quality of care," says Matt Brown, vice president of advisory and telehealth at CHG Healthcare. "Tech investments unlock better care through smarter deployment."

Credentialing cycle times



At a time when burnout affects nearly half of physicians, technology adoption is no longer a back-office decision. Health systems that deploy technology to reduce administrative friction and improve flexibility are gaining a competitive edge in a tight labor market.

This collaborative approach ensures new tools meet real-world clinical needs while signaling to physicians that their voices matter.

Executive takeaway

To reduce burnout and retain physician talent, health systems must shift from implementing technology for physicians to building it with them. When solutions like AI-driven scheduling and credentialing are co-created with clinical input, they enhance efficiency, restore trust, and strengthen the physician experience.

From physician management to partnership

The healthcare workforce strategy of the future will not treat technology as a tool that manages physicians. Instead, technology will be seen as a partner—augmenting clinical decision-making, enabling flexibility, and strengthening the human relationships at the heart of medicine.

For physician leaders and health system executives, the path forward requires a strategic shift:

- **From technology management to partnership:** Co-create solutions with physicians
- **From cost-saving to value creation:** Align technology outcomes with both workforce engagement and patient care
- **From reactive to proactive:** Use AI and workforce analytics to anticipate challenges before they erode performance or morale

Case Study | Kaiser Permanente TSPMG

Automating locum tenens sourcing at scale

Clinicians supported

500+ providers

365,000 patients

Challenge

TSPMG's five-agency model led to delays in sourcing, inconsistent billing, and excessive manual tracking. The back and forth with agencies to correct errors and request new invoices often meant delays in payment. Tracking candidates in the locums hiring process was also a challenge, requiring hours of data entry into an Excel spreadsheet and constant manual updates to know where providers were in the process.

Solution

Adopting a vendor management system helped centralize recruitment, streamline invoicing, and automate candidate tracking. The team could confidently screen candidates much more quickly before forwarding them for department review, as well as manage candidates without needing to manually enter data. Consolidated invoicing simplified the billing process, and the AI-enhanced quality-control process reduced the time spent checking and rechecking invoices.

Outcome highlights

- **$136K** in one year cost savings from billing automation
- **174** administrative hours saved annually
- **17** specialties filled with avg. 7 bids per role
- **12** agencies managed

Building culture that competes

As many as 76% of physicians believe happiness and balance are attainable in their profession, pointing to a gap between what physicians see as possible and what systems provide.[6] This is a rift in what Harvard Business Review calls the psychological contract, the implicit understanding about what employees owe their employers and what they receive in return.[21]

"Physicians don't just want a seat at the table—they want meaningful influence on care models and workforce strategy," says Austin Chatlin at CHG Healthcare, who advises health systems daily on physician engagement.

These insights are supported by a growing body of national research. The American Hospital Association has emphasized that clinician involvement in governance models is not only possible but directly improves systemwide decision-making and performance by strengthening physician trust and institutional alignment.[22] The American Medical Association (AMA) also reports that when physicians feel valued by their organizations, it's a striking mitigator against burnout and turnover.[18]

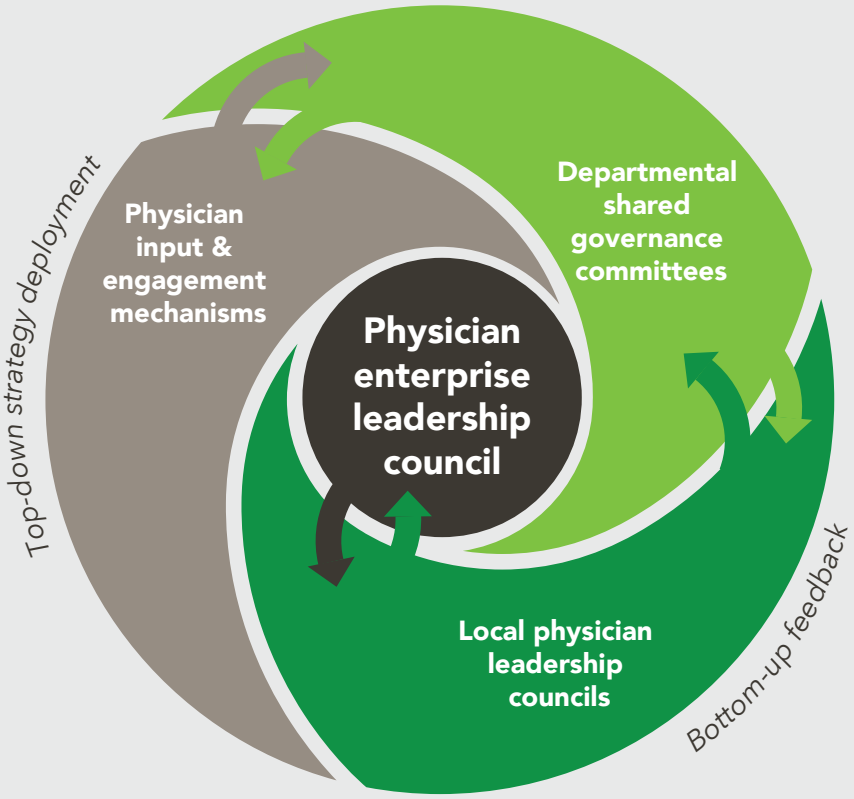
This imperative is gaining urgency as physician expectations continue to evolve. Data from Mayo Clinic Proceedings (2023) show that younger physicians—particularly millennials and Gen Z—prioritize organizations with visible values, flexible work environments, and meaningful participation in decision-making. They are less motivated by compensation alone and more likely to leave when they feel unheard.

> ***"Physicians don't just want a seat at the table—they want meaningful influence on care models and workforce strategy."***
>
> *— Austin Chatlin, senior director of Advisory Services by CHG Healthcare*

"Health systems need to take physician engagement a step further and ask themselves, 'How can we make physicians system stewards who really are invested in the success of the organization?'" says the Advisory Board director of physician and medical group research. "That's a competitive advantage that independent medical groups have had for years because those doctors are shareholders and financially invested in the group's success. It's harder to do that when there isn't that financial tie at a health system."

Yet, barriers persist. Time constraints, the lingering distrust from past failed initiatives (such as difficult EHR rollouts), and generational differences complicate physician participation. This is prompting many leading institutions to adopt more formal, integrated structures for physician engagement. The result: higher retention, faster change adoption, and greater systemwide trust.

Physician governance model



Key strategic enablers

Technology stack
Scheduling platforms, engagement analytics, credentialing tools

Advisory services
Strategic workforce planning, onboarding redesign, internal float pool creation

Leadership development
Physician leadership tracks and succession planning frameworks

Cultural reinforcement
Communication strategy revamp, recognition, and two-way dialogue mechanisms

Physician enterprise leadership council

Participants: CMOs, medical staff leadership, service line directors, operational executives

Function: Strategic oversight, alignment to system goals, culture stewardship

Role: Sets strategic direction, evaluates system-wide workforce initiatives, champions engagement efforts

Local physician leadership councils

Participants: Chief of staff, local medical directors, department heads

Function: Tailors enterprise directives to local context, identifies engagement risks, coordinates scheduling and succession planning, etc.

Role: Bridges clinical expertise with organizational strategy, ensures physicians have a structured voice in decision-marketing processes

Departmental shared governance committees

Participants: Physician leads, advanced practice providers, nurse leaders, operations managers

Function: Daily workflow, quality improvement, communication practices

Role: Empower frontline interdisciplinary teams to collaborate on decision-making processes that affect their practice and patient care

"Those leading organizations who really do walk the walk when it comes to physician leadership recognize that we need to bring physicians in all along the way, instead of waiting until the very end when we need their buy-in to roll out a change or a new initiative," says the director of physician and medical group research at the Advisory Board.

Still, structural fragmentation remains the root challenge. Many systems silo HR, medical staff, and strategic planning functions, reducing engagement to periodic surveys rather than actionable frameworks.

"We can't invite physicians in just for window dressing. We have to genuinely seek their input and give them real power and responsibility in shaping decisions," says Dr. Geeta Nayyar, who left a traditional, employed health system model herself due to burnout and a lack of engagement. Today, she's a chief medical officer and technology strategist helping healthcare better integrate technology with physicians.

Organizations shifting away from this fragmented approach are investing in engagement infrastructure. These include physician onboarding journeys aligned to strategic goals, longitudinal leadership development tracks, and quarterly feedback-to-action loops built into governance.

The future of workforce sustainability requires reimagining physicians in several ways: as clinicians, revenue engines, and most importantly, as co-creators of strategy and culture—partners in building resilient, high-performing care systems.

Executive takeaway

Physician engagement is now one of the clearest levers health systems have to retain top talent, foster innovation, and build resilient teams. Yet health systems frequently underestimate the challenge, especially when aggregating diverse initiatives or physician groups under centralized ownership. Without cultural integration, even the best capital and technology strategies fall short.

CHG Healthcare

Culture as a competitive advantage

CHG Healthcare's internal culture offers a compelling example of how engagement can be institutionalized. **"We're workforce experts. And our culture is a strategic part of that message,"** says Matt Brown, CHG Healthcare vice president of advisory and telehealth.

Jeff Freeman, EVP of CHG Healthcare culture and engagement, adds, **"We are proactively building an environment where people feel seen, heard, and valued—where they feel like they're connected to something bigger than themselves."**

From paid time off for volunteering and employee-led service projects to purpose-driven leadership development, CHG Healthcare has integrated a values-based culture into every layer of its employee experience. These principles serve as a recruiting differentiator and retention strategy.

"What we do for non-healthcare employees works just as well for physicians—it's translatable," Austin Chatlin notes. **"That's what makes our cultural playbook powerful."**

This commitment to engagement has earned CHG Healthcare consistent recognition on ***Fortune's 100 Best Companies to Work For®*** and top rankings among large healthcare employers. But accolades are not the goal. The real measure of success is the company's ability to apply its cultural principles to client solutions—advising healthcare systems on provider engagement, workforce development, and retention strategies grounded in real-world experience.

"Our people do incredibly important work every day to place providers where they're needed most," says CHG Healthcare CEO and president Leslie Snavely. **"I'm proud of the culture of caring, compassion, and growth we continue to create together."**

As the market leader in physician workforce management, our company's culture remains our most powerful competitive advantage, and a blueprint for the healthcare partners we serve.

Case Study

Mayo Clinic's model for physician engagement

Mayo Clinic has become a national leader in physician engagement by integrating well-being, leadership development, and culture into organizational design. Its Listen-Act-Develop framework identifies and addresses drivers of burnout through system-level changes. As Dr. Stephen Swenson, co-creator of the strategy, explains, "It is critical to authentically follow through after raising expectations with surveys or focus groups."

Mayo also supports physician well-being through dedicated programs and research, including the work of Dr. Colin P. West and Dr. Lotte Dyrbye, who tie physician satisfaction directly to care quality. Rotational leadership, salaried compensation, and physician-led governance all reinforce a culture that prioritizes collaboration and trust. These combined efforts have helped Mayo maintain a **physician attrition rate of just 2.2%,** one of the lowest in the country.

Key practices

- Systematic feedback loops and leadership development
- Physician-led decision-making and governance
- Organizational KPIs tied to physician engagement

Outcomes

2.2% annual physician attrition rate

National recognition for physician satisfaction and workplace excellence

Section
4

Closing vision

Enabling a physician-centered future

The next decade of healthcare will not be defined by new technologies alone or policy shifts in isolation—it will be shaped by how health systems engage their greatest asset: ***physicians.***

Leslie Snavely, president and CEO of CHG Healthcare, recently observed, "The future of workforce strategy is focused on the kind of environment where physicians can thrive, innovate, and lead." This emphasis on physician enablement rather than deployment marks a decisive shift in how forward-thinking systems are redefining success.

Leading health systems have demonstrated that embedding physicians in governance and decision-making is a clinical and financial win. These organizations marry flexible staffing models with intentional leadership development and data-driven workforce planning.

"An engaged physician is 26% more productive than a disengaged colleague."

– Scott Polenz, principal consultant of Advisory Services by CHG Healthcare

Executive takeaway

Becoming a destination employer

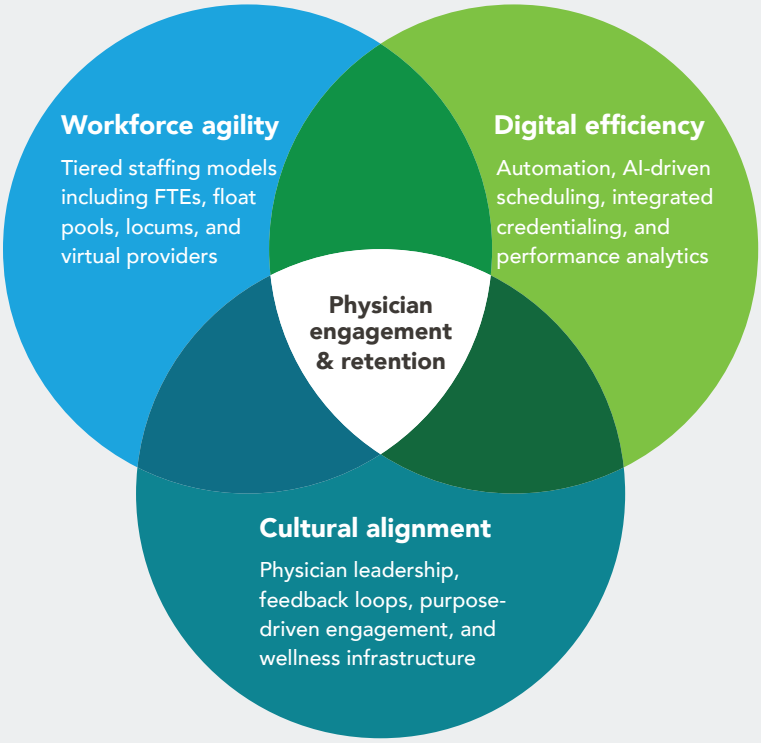
The Advisory Board director of physician and medical group research talks about health systems crafting an effective employee value proposition. She advises that organizations should:

1. **Be authentic** to their organization
2. **Make trade-offs** instead of trying to be all things to all physicians
3. **Meet market standards** on basic requirements like compensation and staffing
4. **Highlight a few areas** where the organization truly outperforms competitors
5. **Create a narrative** that differentiates them in their market

The key is creating a value proposition that is genuine, can be delivered, and sets the organization apart from others in attracting physician talent.

Three levers of a future-ready workforce

How top-performing systems align operations, technology, and culture to support physician engagement and retention



Physicians are not only the primary revenue generators for hospitals; they also drive the success of innovation initiatives, from care model redesign to technology adoption. When disengaged, physicians become a cost center. When empowered, they become a force multiplier.

During COVID-19, health systems demonstrated what's possible when physicians are empowered to innovate rapidly and collaboratively. With a clear, shared problem—how to deliver care amid a public health emergency—teams developed solutions overnight, such as parking-lot triage workflows and chatbots to streamline emergency care decisions. Simple tools like WhatsApp were quickly adapted into clinical processes, not because they were high-tech, but because they met real-time needs as defined by frontline clinicians.

These physician-driven adaptations showed that when given trust, autonomy, and the right context, clinicians can drive fast and effective change that benefits both patients and the system.

"It was one of the only silver linings to the pandemic: The solutions that came out of it were developed and adopted overnight. AI chatbots helped with triage because there were workforce issues, and those were a huge value add. On the regulatory side, telemedicine was finally being reimbursed," says Dr. Nayyar. "When you look at that time, there was the use of really simple technologies, actually outside

of the normal workflow, but that were very quickly identified, adapted, and then fit into the workflow. But it was very much a team spirit, team approach."

The director of physician and medical group research at the Advisory Board stresses genuine partnership. She notes that "giving physicians the autonomy, time, and support to be both doctors and people" is crucial for effective collaboration. Years of compounding pressures have exposed the systemic cracks in how physicians are supported, deployed, and heard. But it's also revealed where change is most possible.

What's needed now is a thoughtful shift in approach: evolving from temporary fixes to sustained alignment, from transactional staffing models to collaborative workforce strategies, and from disengagement to leadership grounded in physician experience. This evolution demands intentional investment in workforce architecture—blending hybrid staffing, AI-enabled deployment, and physician-governed culture frameworks.

Physicians built the foundation of modern medicine. Now it's time to rebuild healthcare around them.

About the author

CHG Healthcare

As the nation's leading physician workforce experts, CHG Healthcare connects physicians, advanced practice providers, and allied health professionals with healthcare organizations nationwide, helping deliver high-quality care to more than 20 million patients every year.

With more than 40 years of experience, CHG Healthcare and its family of brands deliver scalable, people-centered workforce solutions across the clinical–spectrum, from locum tenens and permanent staffing to technology and advisory services—and are recognized for industry-leading net promoter scores and partnerships with half of the nation's largest health systems.

Headquartered in Salt Lake City with offices across the country, CHG Healthcare is known as a top workplace for its culture of care, growth, and purpose.

Learn more at ***www.chghealthcare.com***

With over 40 years of experience, CHG Healthcare is redefining healthcare staffing as an enterprise discipline—one that drives measurable ROI, improves provider productivity, and builds long-term organizational resilience. For C-suite leaders, CHG Healthcare is a strategic ally in modernizing how healthcare works.

1. **Strategic workforce benchmarking**
   CHG Healthcare helps health systems assess current-state performance and identify opportunities for optimization. Through proprietary market intelligence and operational benchmarks, CHG Healthcare enables leaders to compare retention rates, time-to-fill metrics, and staffing mix efficiency against industry norms. This data is essential for organizations ready to shift from reactive staffing to proactive workforce planning.

2. **Hybrid staffing model design**
   Recognizing that no single model fits all, CHG Healthcare helps systems deploy blended staffing strategies that include permanent hires, internal float pools, locums, and virtual care. These hybrid models offer agility in times of surge, protect against burnout, and improve access without compromising care standards. CHG Healthcare's team works alongside system leaders to design, implement, and manage this complexity across departments and geographies.

3. **Technology-driven operational infrastructure**
   CHG Healthcare's platforms—including Modio, Locumsmart, and CHG Connect—power real-time credentialing, deployment, and workforce analytics. Built with AI and automation at their core, these solutions reduce onboarding friction, improve visibility across the enterprise, and ensure the right provider is in the right place at the right time. By integrating tools that speak directly to physician productivity and satisfaction, CHG Healthcare positions technology as a frontline solution.

4. **Physician engagement and governance strategy**
   CHG Healthcare's Advisory Services team acts like an internal consulting partner, helping clients improve engagement, leadership development, and cultural alignment. Drawing from its own internal playbook—recognized nationally for workplace culture—CHG Healthcare supports systems in building the kinds of physician-led environments that reduce turnover, increase retention, and drive innovation.

5. **Executional support and change management**
   Unlike traditional consulting firms, CHG Healthcare's Advisory Services team helps design the roadmap and also supports its execution. From standing up float pools to implementing tech tools and coaching physician leaders, CHG Healthcare delivers high-touch guidance through every phase of transformation.

About the author: CHG Healthcare

Why it matters now

With over 86,000 physician vacancies projected by 2036 (AAMC, 2024), the cost of inaction is rising.[23] CHG Healthcare's model enables workforce resilience, long-term retention, and clinical continuity in an era of historic volatility.

CHG Healthcare's combination of technology, advisory insight, and frontline operational support offers a rare blend of scale and specialization. As systems navigate economic headwinds and competitive labor markets, CHG Healthcare brings a tested and visionary approach to workforce transformation—one that treats physicians as true partners in care.

CHG Healthcare's end-to-end support model

1. **Strategic assessment**
   Market benchmarking, workforce diagnostics, and gap analysis using CHG Healthcare's proprietary data
2. **Custom model design**
   Development of hybrid workforce strategies, including float pools, locums, and virtual care models
3. **Technology enablement**
   Deployment of Modio, Locumsmart, and CHG Connect platforms to streamline credentialing, scheduling, and analytics
4. **Implementation support**
   On-site and virtual support in launching new staffing models, tech onboarding, and change management
5. **Engagement & culture design**
   Integration of physician leadership development, governance frameworks, and culture tools
6. **Outcomes tracking**
   Ongoing analytics and reporting on time-to-fill, burnout, retention, provider satisfaction, and cost savings

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CHG Healthcare

Let’s connect

Schedule a workforce strategy session or risk assessment consult with a CHG Healthcare physician workforce strategist. We’ll evaluate your physician workforce, capture unrealized care opportunities, and provide insights on how to better manage your provider pool.

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