



MMP TRANSITION PLAN WORKSHEET FOR LATE-CAREER PHYSICIANS

Guiding Principles:

This worksheet was developed by the MMP People and Culture Committee in 2016-2017 with broad representation from physicians across multiple specialties. It is intended to guide the process for physicians in the later years of their career who may desire a change in responsibilities. Using the worksheet provides a structured set of questions for physicians and their division leaders to answer, and acknowledges answers to those questions will vary by specialty. This process was designed with flexibility in mind.

When developing this worksheet the People and Culture Committee took the following into consideration:

- Acknowledgement that physicians may desire to change their workload over time, especially in the final years of their careers.
- Perceived value in preparing ahead for transitions rather than relying on unplanned arrangements that may vary from one provider to another.
- Planning ahead for physician retirements, especially if closely spaced within divisions.
- Recognizing that established Physician Transition Plans would be a competitive advantage in physician recruitment.
- Acknowledgement of the importance of work-life balance and prevention of physician burnout.

Physician leaders within each practice will be asked to answer these questions pre-emptively in an effort to provide fairness and consistency. Once completed, transition plans will be reviewed by the People and Culture committee and approved by the MMP Chief Medical Officer.

The worksheet contains two "Guidelines" and six "Questions". Guidelines are intended to provide consistency across MMP. The six "Questions" are meant to guide unique discussions in every division and are intended to be customizable.

Development of Physician Transition Plan has been a collaborative process across MMP and MMC. The People and Culture Committee welcomes any feedback or suggestions on how to improve this unique process.

GUIDELINE 1: ELIGIBILITY: Transition Plans Will Be Offered to Physicians with minimum 10 years of service to MMP/MMC. While there is no age requirement, the intention of this worksheet is for physicians in the latter years of their careers.

GUIDELINE 2: PATIENT CARE and PRACTICE NEEDS: Advanced planning for a physician's personal Transition Plans is encouraged to ensure ample time for recruitment, continuity of care and minimally disruptive patient access to providers in the practice. A lead time of at least one year is encouraged, longer whenever possible or when recruitment is expected to take more than one year. A guiding philosophy is that we should consider patient care, medical group needs, and individual physician needs, in that order, when planning a transition.

QUESTION 1: CLINICAL RESPONSIBILITIES: Divisions must decide how clinical responsibilities will change for a physician entering a transition plan.

Considerations: Senior physicians might have special value in making a practice run more efficiently therefore strategies to best utilize a senior physicians deep knowledge base and experience should be discussed. In some practices it may be appropriate for physicians to focus a particular area of expertise or patient population, follow-up patient visits versus new patient visits or particular surgical cases or assists. Overlap of senior physicians with junior physicians is generally desirable and can provide opportunity for mentorship and smooth transition of care.

Example: Transitioning physicians will continue to see their follow-up patients in clinical sessions as mutually agreed upon and may decide not to accept new patients if appropriate for the practice. Patients with disease X will be transitioned to another provider and the disease X multidisciplinary team.

Guideline for your division:

QUESTION 2: ON CALL RESPONSIBILITIES: Divisions must decide how call responsibilities will change for a physician entering a transition plan.

Considerations: Some divisions may (or may not) assign a financial value to call, i.e. a certain decrease in compensation in order to reduce call. A threshold for on-call frequency for remaining division members might be agreed upon. An option to reduce call is not guaranteed, for example in divisions with only 2 or 3 physician members, nightly or every other night call may be unacceptable.

Example: Transitioning physicians may opt out of the call pool after an additional physician has been added to the practice or if call frequency for remaining division members is not more frequent than every X^{th} day. When call is eliminated compensation will be reduced by $X\%$. (X might be zero).

Guideline for your division:

QUESTION 3: Administrative, research and teaching responsibilities: Divisions must decide how administrative, teaching and research responsibilities will change for a physician entering a transition plan.

Considerations: Divisions need to decide on whether or not administrative titles, like division directorship, may or may not be held during a transition plan.

Example: Transitioning physicians will be relieved of leadership and administrative responsibilities if their FTE is < 0.X. Membership on existing committees will be considered on a case by case basis.

Guideline for your division:

QUESTION 4: Resource allocation: Divisions must decide what resources a physician will have access to when entering a transition plan.

Considerations: Due to space constraints a physician in transition may need to share or have limited access to exam rooms or offices that were previously unshared.

Example: Transitioning physicians are not guaranteed maintenance of their personal office space.

Guideline for your division:

QUESTION 5: Duration: Divisions must decide how long a Transition Plan will last.

Considerations: A transition plan might be limited to 1-3 years after which time retirement is expected, or, it might be an indefinite arrangement but contingent upon annual review.

Example: Physicians will enter a transition plan lasting 6-12 months. Plans can be continued pending annual review. Continuation of a transition plan beyond 1 year is not guaranteed.

Guideline for your division:

QUESTION 6: Compensation: Divisions must develop a guideline for how compensation changes in a transition plan (see on-call responsibilities).

Considerations: Physician compensation changes should incorporate considerations around clinical, on-call, teaching, research and administrative responsibilities.

Example: Compensation for physicians in a transition plan could be adjusted proportionally to reduction in FTE. On call responsibilities might or might not be a factor in how compensation is adjusted.

Guideline for your division:

Draft Date:

Division Name:

Signature of Division Associate Medical Director:

CMO Review Date:

CMO Signature: