FUTURE-FORWARD STRATEGIES FOR RURAL AND URBAN CARE DELIVERY CHALLENGES

ADDRESSING ACCESS, TECHNOLOGY AND CLINICIAN SUPPORT ACROSS GEOGRAPHIC SETTINGS

A RESEARCH REPORT BY

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INTRODUCTION

Each patient is unique, and so is each patient-physician relationship. Acknowledging these differences is how high-quality, personalized care is delivered. The same is true for recognizing the care delivery challenges across different parts of the country: Rural healthcare brings its own set of challenges and opportunities that look different from those in the suburbs and big cities.

As we step back and take a broader look at the state of healthcare operations in the post-pandemic, post-Great Resignation United States, it's difficult to ignore the macro trends across different geographic settings: staffing shortages, stagnant reimbursement and a flurry of new technologies are universally top of mind for practice leaders nationwide, which MGMA and LocumTenens.com explored in a 2023 research paper outlining the motivations for clinicians to stay in practice amid this turbulent period.

Recognizing the imperative for continued innovation, **LocumTenens.com** and **MGMA** partnered earlier this year to survey healthcare leaders nationwide across geographic settings to:

- Assess their current and anticipated organizational challenges
- Surface their ongoing strategies for recruitment and retention, telehealth and emerging technologies
- Bring awareness to the unique factors that are motivating performance and care outcomes.

Online surveys were conducted in July 2024 with invitations to the survey, which took about 10 minutes to complete, with more than 200 survey participants. Follow-up questionnaires and interviews helped augment this report's data findings with insights from frontline medical group leaders.

While the major challenges across healthcare today look universal on the surface, the most concerning commonality is how many traditional approaches are still standard operating procedures in many organizations, failing to generate transformative changes. **This report shows that different approaches are necessary to appropriately update staffing and operations in rural, suburban and urban care settings to meet the growing needs of patients and the evolving realities of a labor-competitive, technology-driven market.**
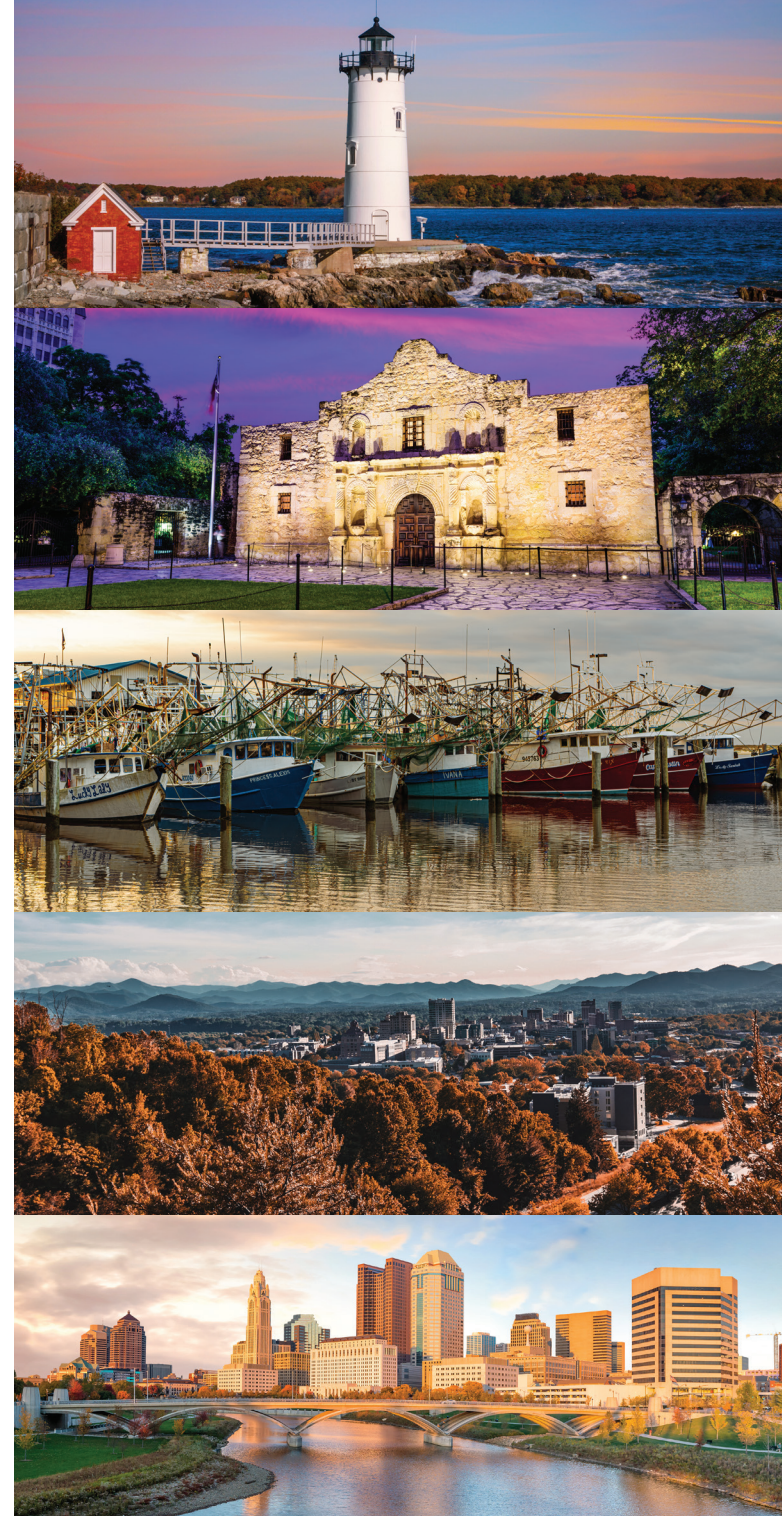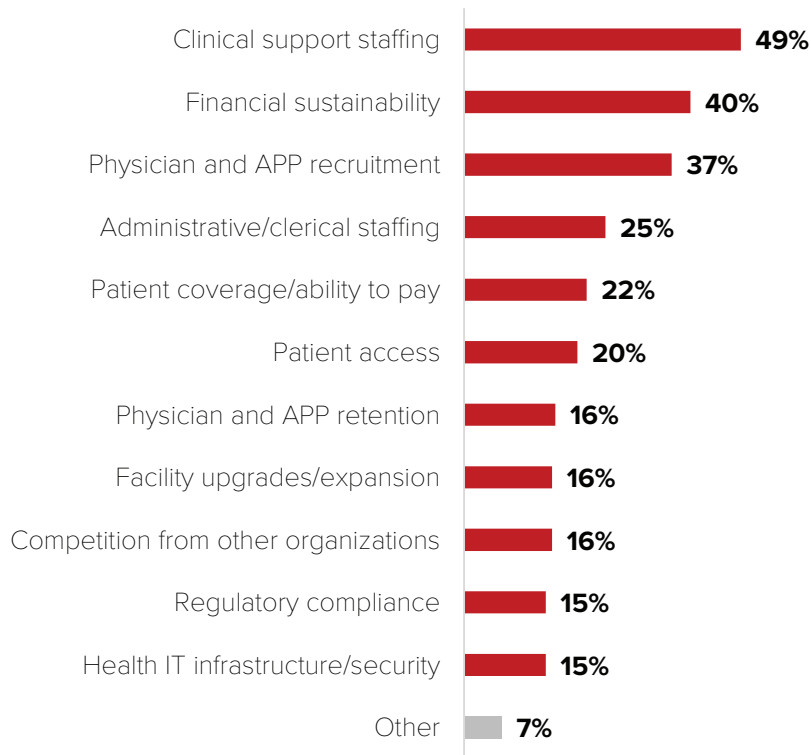
NATIONWIDE FINDINGS

What unites most medical practices across the country is the least surprising of the survey's results: **Finding the right people — especially for clinical work — remains a major issue. Staffing qualified clinicians and nonclinical workers outpaces even the most patient-centered concerns (such as coverage and access), as well as the significant impacts of cyberattacks and ransomware, disrupting countless healthcare provider organizations.**

Staffing shortages: Three of the top four organizational challenges reported nationwide relate back to staffing the medical practice: clinical support staffing, physician and advanced practice provider (APP) recruitment, and administrative/clerical staffing.

MOST SIGNIFICANT ORGANIZATIONAL CHALLENGES

Challenge	%
Clinical support staffing	49%
Financial sustainability	40%
Physician and APP recruitment	37%
Administrative/clerical staffing	25%
Patient coverage/ability to pay	22%
Patient access	20%
Physician and APP retention	16%
Facility upgrades/expansion	16%
Competition from other organizations	16%
Regulatory compliance	15%
Health IT infrastructure/security	15%
Other	7%

FACTORS WITH GREATEST POSITIVE IMPACT ON RECRUITMENT AND RETENTION

Factor	%
Competitive salary	54%
Strong work-life balance	51%
Flexible schedules	38%
Geographic desirability	30%
Competitive benefits	29%
High quality of life	25%
Low cost of living	15%
Professional development	14%
Community amenities	10%
Other	4%

FACTORS WITH GREATEST NEGATIVE IMPACT ON RECRUITMENT AND RETENTION

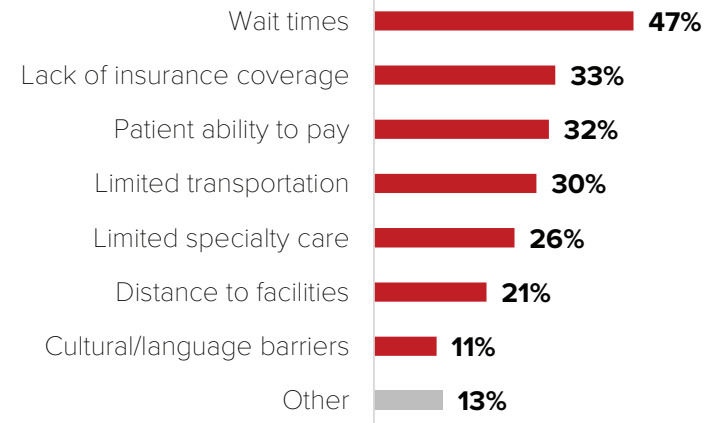| Factor	%
Uncompetitive salary	42%
High cost of living	36%
Undesirable location	29%
Lack of flexible schedules	22%
Poor work-life balance	21%
Lack of community amenities	20%
Uncompetitive benefits	19%
Lack of professional development opportunities	13%
Poor quality of life	3%
Other	13%

Recruitment and retention: Competitive salary ranked as the most crucial factor, but not significantly more than strong work-life balance when it comes to having a positive impact on practice's recruitment efforts. Elements tied to unique local factors (such as high cost of living and the location's desirability) were two of the top three detrimental factors nationwide.

NATIONWIDE FINDINGS

Patient access issues: While only the sixth highest ranked challenge nationwide, patient access is one of the main areas (alongside productivity and revenue) impacted by staffing shortages.

Long wait times are ranked as having the greatest negative impact on patient access, ahead of issues with insurance coverage, ability to pay and elements tied to social determinants of health (SDoH) such as limited transportation options and patients' distance to facilities.

FACTORS WITH GREATEST NEGATIVE IMPACT ON OVERALL PATIENT ACCESS

Factor	%
Wait times	47%
Lack of insurance coverage	33%
Patient ability to pay	32%
Limited transportation	30%
Limited specialty care	26%
Distance to facilities	21%
Cultural/language barriers	11%
Other	13%

WHAT FACTORS ARE DRIVING THESE CHALLENGES?

① WORKFORCE SHORTAGES

Aging workforce: Many healthcare professionals are approaching retirement, creating gaps that are difficult to fill, especially in rural areas. This trend increases the reliance on cross-training and overtime, and can be addressed with the use of part-time staff or locum tenens clinicians.

Burnout and work-life balance: High levels of burnout among healthcare workers are driving demands for better work-life balance and flexible schedules. This is especially prominent in suburban and rural settings where workforce retention is critical.

② TECHNOLOGICAL ADVANCEMENTS

Adoption of AI and telehealth: The push towards digital transformation in healthcare, particularly through AI and telehealth, is creating new challenges. Urban areas are leading in the adoption of these technologies, driven by the need to improve patient access and streamline operations.

Health IT infrastructure: The need to upgrade and maintain secure health IT systems is becoming a priority as more patient care moves online, further complicating operational challenges in a time when cyberattacks and outages can snarl crucial practice operations.

③ ECONOMIC PRESSURES

Financial sustainability: Rising operational costs, coupled with pressure to maintain profitability, are significant concerns, especially in rural areas where patient volume may not be sufficient to cover costs. This is exacerbated by declining reimbursement rates from insurers and government programs.
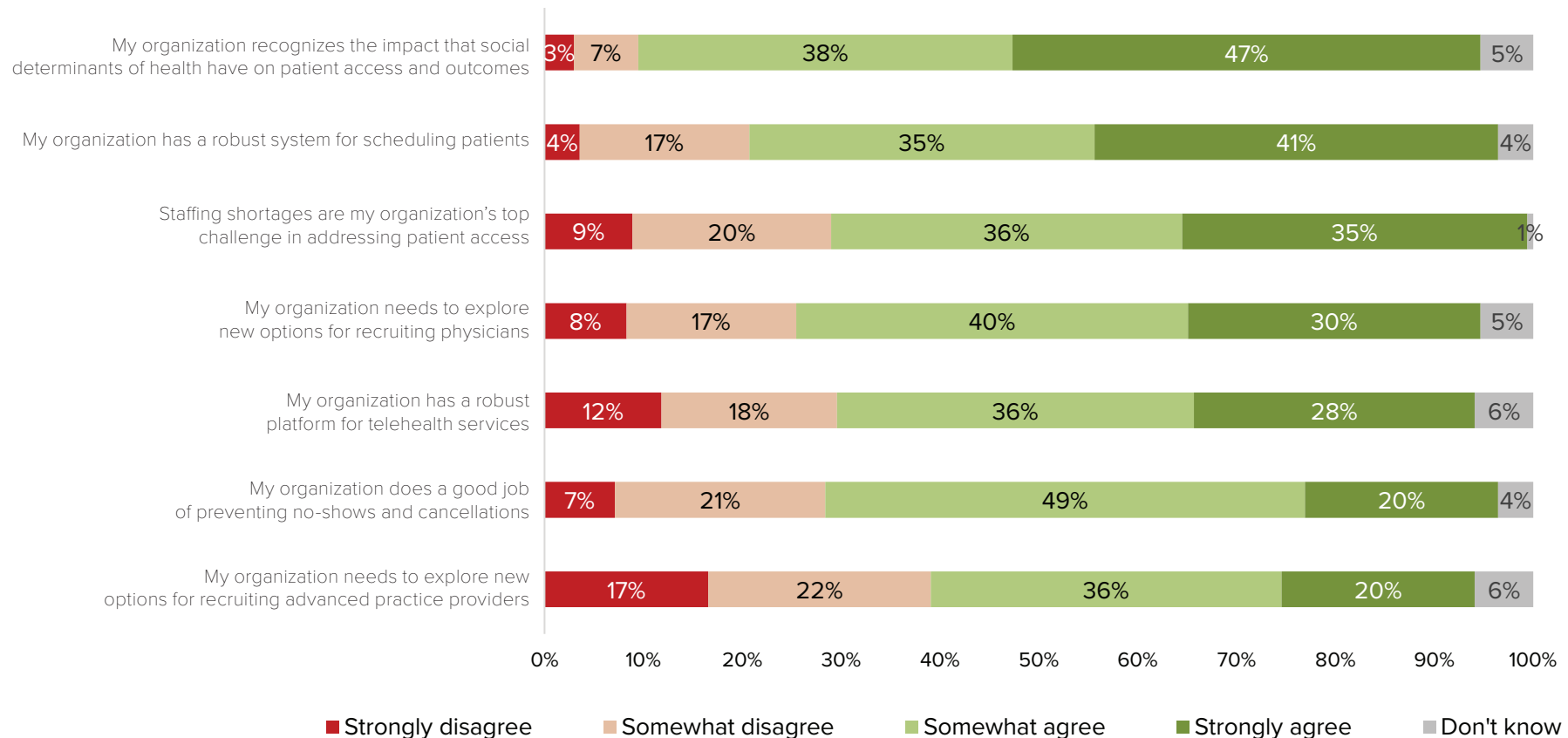
Competitive compensation: The need to offer competitive salaries to attract and retain talent is driven by a competitive job market, particularly in suburban and urban areas where alternative employment opportunities are more abundant.

④ CHANGING PATIENT EXPECTATIONS

Demand for convenience and access: Patients increasingly expect shorter wait times and more flexible scheduling. This is particularly challenging in urban areas with high patient volumes and in rural areas with limited resources.

Social determinants of health (SDoH): There is growing awareness and emphasis on addressing social determinants of health (such as transportation, housing, and financial stability), which impacts patient access and outcomes, especially in under-resourced rural areas.

⑤ REGULATORY & COMPLIANCE REQUIREMENTS

Increased compliance burden: Medical practices and health systems face growing regulatory requirements, particularly around data security, patient privacy and quality reporting. This trend is driving the need for more robust health IT systems and creating additional operational challenges.

Reimbursement policies: Variations in reimbursement policies, particularly for services provided by APPs, can create barriers to fully utilizing these professionals, affecting rural and suburban settings more acutely.

⑥ GEOGRAPHIC AND DEMOGRAPHIC FACTORS

Rural isolation: Geographic isolation in rural areas often makes it harder to attract talent, implement new technologies and maintain financial viability. Rural practices often face unique challenges related to undesirable locations and limited access to specialized care.

Urban density: High population density in urban areas can lead to overcrowded facilities, longer wait times and greater competition among healthcare organizations, driving the need for operational efficiencies and advanced technologies.

PERSPECTIVES ON ORGANIZATIONAL RESPONSES TO TODAY'S CHALLENGES

Statement	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
My organization recognizes the impact that social determinants of health have on patient access and outcomes	3%	7%	38%	47%	5%
My organization has a robust system for scheduling patients	4%	17%	35%	41%	4%
Staffing shortages are my organization's top challenge in addressing patient access	9%	20%	36%	35%	1%
My organization needs to explore new options for recruiting physicians	8%	17%	40%	30%	5%
My organization has a robust platform for telehealth services	12%	18%	36%	28%	6%
My organization does a good job of preventing no-shows and cancellations	7%	21%	49%	20%	4%
My organization needs to explore new options for recruiting advanced practice providers	17%	22%	36%	20%	6%

■ Strongly disagree   ■ Somewhat disagree   ■ Somewhat agree   ■ Strongly agree   ■ Don't know

The impact of practice staff and clinician shortages on patient scheduling and access is reflected in practice leaders' assessments of their organizations' characteristics:

- Workflows and technological systems aren't widely viewed as a barrier to access, as more than three in four respondents (76%) report their organization has a robust system for scheduling patients.

- A broad majority of practice leaders (85%) say they recognize the impact of SDoH on patient access and outcomes.

- More than seven in 10 respondents somewhat or strongly agree that staffing shortages are the top challenge in addressing patient access.
  o Seven in 10 respondents say their organization needs to explore new options for recruiting physicians.
  o More than half (56%) report their organization needs to explore new options for APP recruitment.

Across all geographic settings, 81% of practice leaders report offering some form of telehealth services in 2024. This comes despite the looming concerns among healthcare leaders about continued federal and commercial support of virtual care delivery beyond the conclusion of the COVID-19 public health emergency declaration.
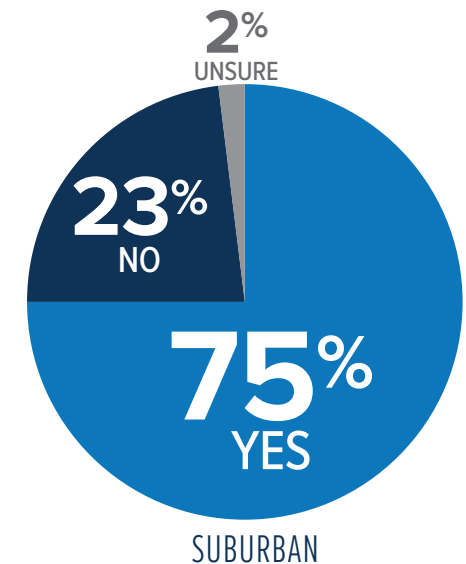
1% UNSURE
18% NO
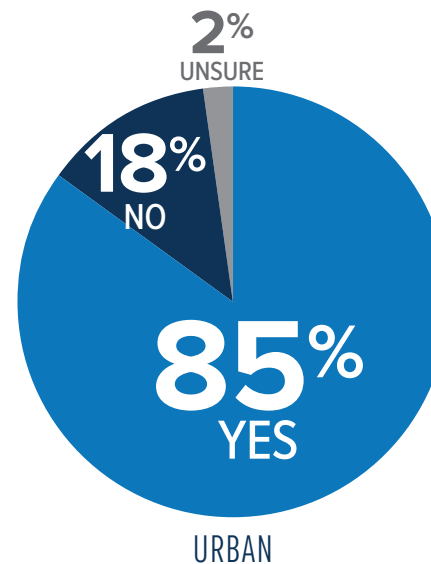**81%** YES
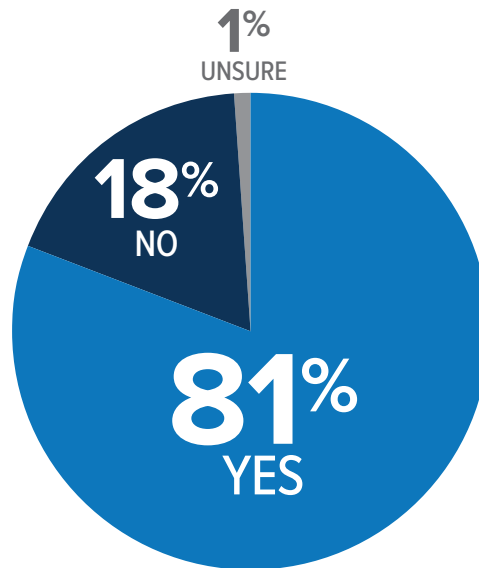
RURAL HEALTH CHALLENGES
Interoperability and limited access to broadband represent two of some of the top health IT challenges for rural healthcare organizers. **Learn more from *TechTarget*.**

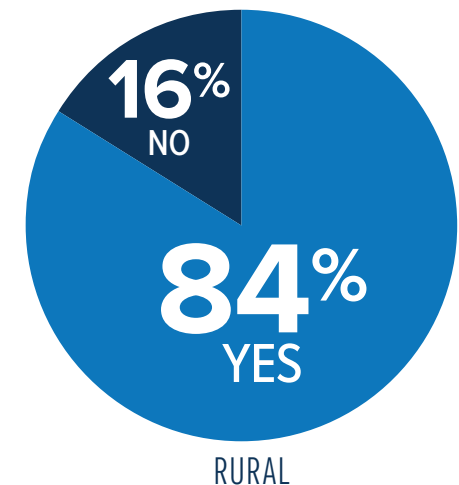### IMPACT OF TELEHEALTH APPOINTMENTS ON PATIENT ACCESS/WAIT TIMES

Part of the continued focus on telehealth relates back to its ability to optimize clinician schedules and work in patient appointments in ways that in-person care cannot, especially at a time of widespread support staff shortages. The survey found that **43% of practices offering telehealth saw a positive impact on patient access and wait times**.
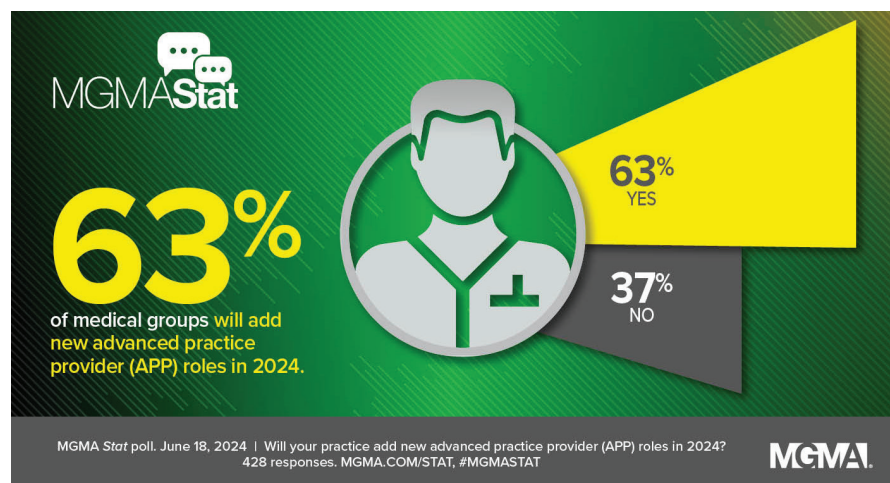
43% MADE BETTER
1% MADE WORSE
7% DON'T KNOW
49% NO CHANGE
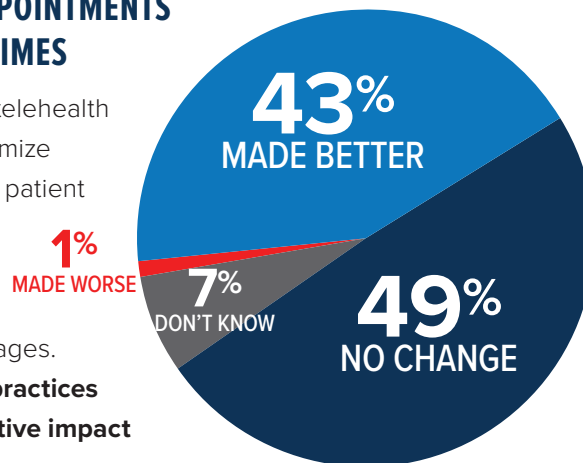
TELEHEALTH SERVICE OFFERINGS BY GEOGRAPHIC SETTING

2% UNSURE
18% NO
85% YES
URBAN

2% UNSURE
23% NO
75% YES
SUBURBAN

Despite the challenges associated with broadband access, rural healthcare leaders report offering telehealth services at a rate on par with their urban counterparts and ahead of suburban practice leaders — likely reflecting the challenges of getting patients to travel longer distances for in-person care than those in the suburbs.

16% NO
84% YES
RURAL

ADVANCED PRACTICE PROVIDER UTILIZATION

63% of medical groups will add new advanced practice provider (APP) roles in 2024.

63% YES
37% NO

MGMA *Stat* poll. June 18, 2024 | Will your practice add new advanced practice provider (APP) roles in 2024?
428 responses. MGMA.COM/STAT, #MGMASTAT

Medical practices have shown continued interest in expanding use of APPs in medical practices as a means to reconfigure care delivery workflows, especially as physician shortages have worsened: MGMA polling from June 2024 found that **63% of practice leaders planned to add new APP roles in 2024**.
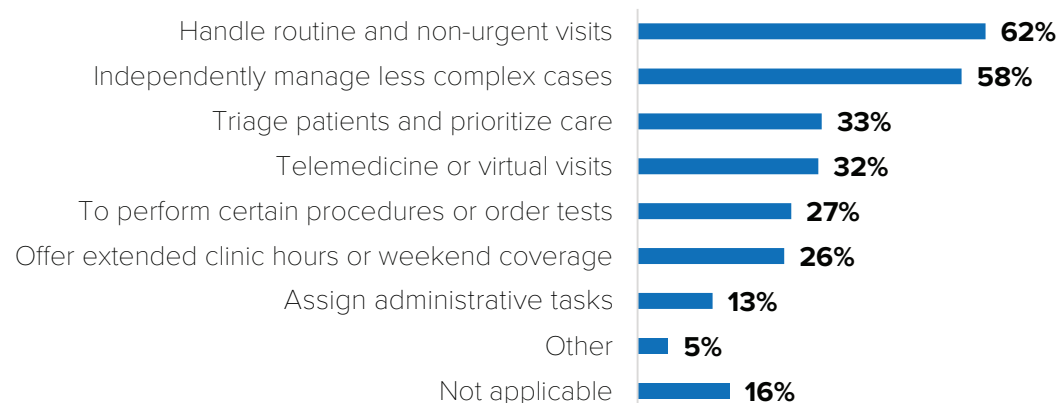
APPs are primarily used to handle routine visits, manage less complex cases and offer extended clinic hours. However, reimbursement policies and physician resistance are significant barriers to fully utilizing APPs.

DID YOU KNOW?
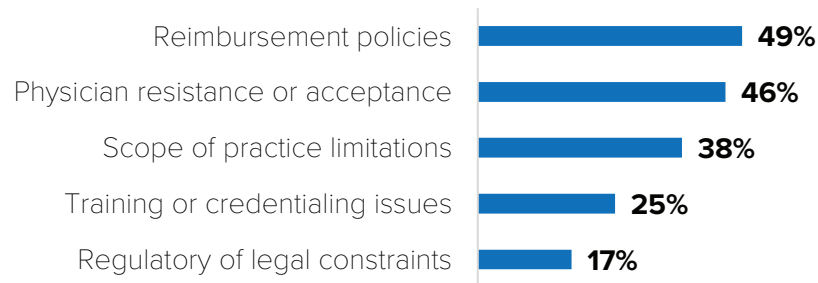
APP job growth is expected to be higher than the average for employment gains across all occupations:

- Federal labor data suggest that **employment of nurse anesthetists (CRNAs), nurse midwives (CNMs), and nurse practitioners (NPs) is projected to grow by 38% from 2022 to 2032**, with about 29,200 openings each year on average.

- Additionally, the *Occupational Outlook Handbook* projects **27% growth in physician assistant (PA) employment** in that same period, with about 12,200 openings each year on average.

- Much of the growth for APP roles was seen as being tied to the recent surge in retail clinics, in which APPs play key roles.
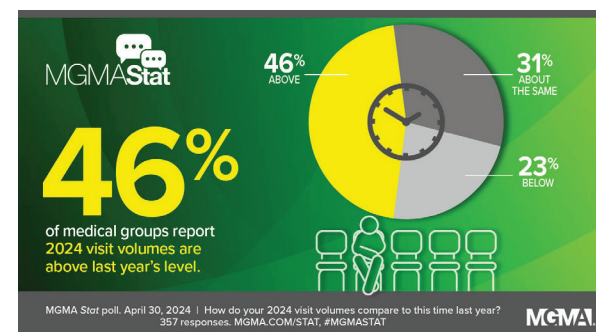
HOW ORGANIZATIONS LEVERAGE APPs TO REDUCE PATIENT WAIT TIMES

Handle routine and non-urgent visits	**62%**
Independently manage less complex cases	**58%**
Triage patients and prioritize care	**33%**
Telemedicine or virtual visits	**32%**
To perform certain procedures or order tests	**27%**
Offer extended clinic hours or weekend coverage	**26%**
Assign administrative tasks	**13%**
Other	**5%**
Not applicable	**16%**

BARRIERS TO FULLY UTILIZING APPs

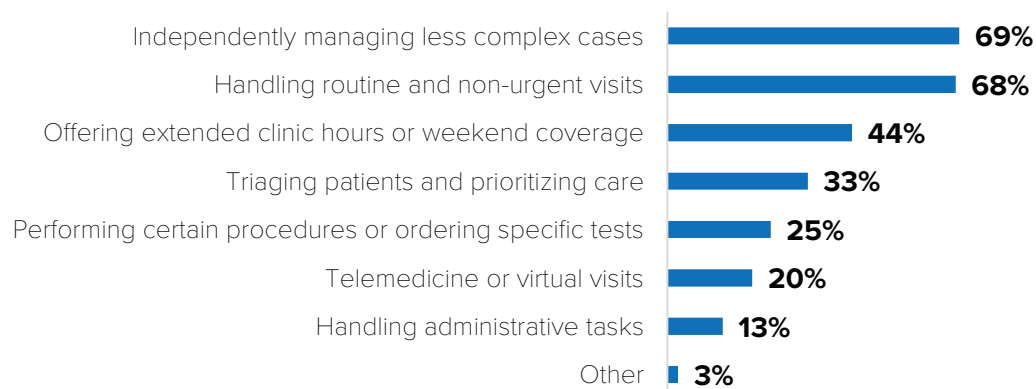|	
Reimbursement policies	**49%**
Physician resistance or acceptance	**46%**
Scope of practice limitations	**38%**
Training or credentialing issues	**25%**
Regulatory of legal constraints	**17%**

In general, many of the medical group leaders from organizations planning to add new APP roles noted a post-pandemic surge in patient demand; this aligns with MGMA polling earlier in 2024 that found most medical practices seeing comparable or higher visit volumes in 2024 relative to the same time last year.
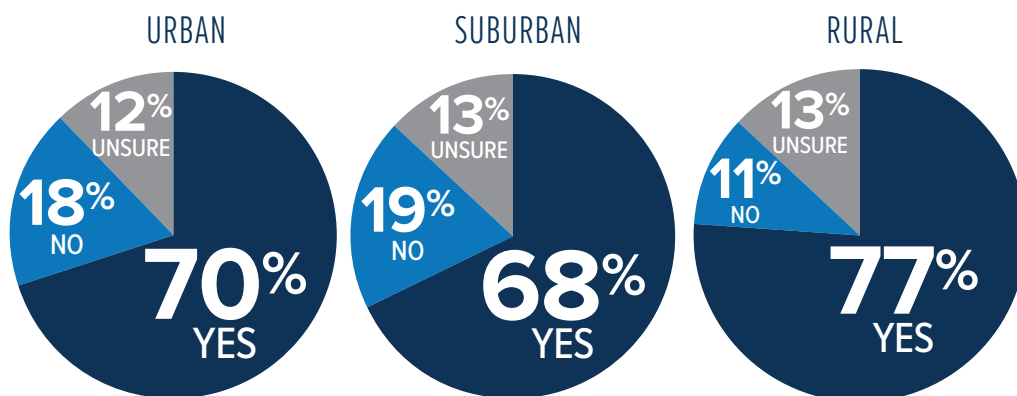

46% of medical groups report 2024 visit volumes are above last year's level.

46% ABOVE
31% ABOUT THE SAME
23% BELOW

MGMA *Stat* poll. April 30, 2024 | How do your 2024 visit volumes compare to this time last year?
357 responses. MGMA.COM/STAT, #MGMASTAT

APPS — FUTURE FOCUS

MOST IMPORTANT FACTORS FOR NEW APPs TO ADDRESS

Factor	Percentage
Independently managing less complex cases	69%
Handling routine and non-urgent visits	68%
Offering extended clinic hours or weekend coverage	44%
Triaging patients and prioritizing care	33%
Performing certain procedures or ordering specific tests	25%
Telemedicine or virtual visits	20%
Handling administrative tasks	13%
Other	3%

More than seven in 10 (71%) of surveyed healthcare leaders anticipate adding new APP roles in the next five years, largely still centered on independently managing less complex cases, handling routine and non-urgent visits, though with more respondents noting they expect new APPs to enable them to offer extended clinic hours or weekend coverage moreso than how they report using existing APPs.

ORGANIZATIONS THAT ANTICIPATE ADDING NEW APP ROLES IN THE NEXT FIVE YEARS, BY GEOGRAPHIC SETTING

URBAN
- 12% UNSURE
- 18% NO
- 70% YES

SUBURBAN
- 13% UNSURE
- 19% NO
- 68% YES

RURAL
- 13% UNSURE
- 11% NO
- 77% YES

APP RECRUITMENT STRATEGIES

Practice leaders have taken many new approaches to their recruitment and onboarding strategies in the past three years to hire and retain qualified APPs, including:

- The addition of more upfront money (often in the form of sign-on and commencement bonuses)
- Engaging more outside recruiters and locum tenens agencies, with some larger organizations going so far as to adding space for locums lodging
- Implementation of transition-to-practice onboarding/training for all new-hire APPs to upskill them and improve flexibility and productivity.

APP ROLE CREATION

Urban and rural healthcare leaders are slightly more likely to note their organizations will create and hire new APP roles in the next five years.

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PATIENT EDUCATION AND SUPPORT

It's crucial for medical groups and health systems to not lose sight of their mission and goals for patient care: All these challenges have direct impacts on patients beyond the traditional measures of patient access (e.g., wait times).
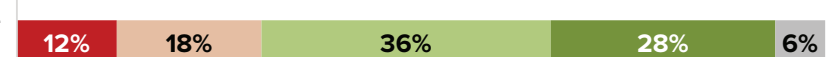
While most respondents believe their organizations are performing well with financial education of patients in an era of increasing cost burdens from high-deductible health plans or increasing use of self-pay, the same practice leaders are less optimistic about how well they do at addressing SDoH, such as connecting patients to community resources or assisting them with transportation to and from appointments.

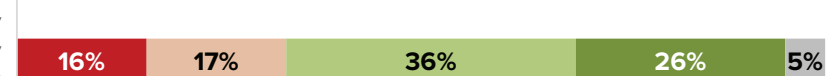## PRACTICE LEADERS' PERCEPTIONS OF THEIR PATIENT EDUCATION AND SDOH INITIATIVES

My organization does a good job educating patients on the financial aspects of their care
- 4% Strongly disagree
- 15% Somewhat disagree
- 44% Somewhat agree
- 31% Strongly agree
- 5% Don't know

My organization has resources to educate patients on using telehealth
- 12% Strongly disagree
- 18% Somewhat disagree
- 36% Somewhat agree
- 28% Strongly agree
- 6% Don't know

My organization can effectively connect patients with community resources (e.g., housing food banks)
- 16% Strongly disagree
- 17% Somewhat disagree
- 36% Somewhat agree
- 26% Strongly agree
- 5% Don't know

My organization has an effective way to assist patients who need transportation to their appointments
- 23% Strongly disagree
- 24% Somewhat disagree
- 29% Somewhat agree
- 19% Strongly agree
- 5% Don't know

Legend: ■ Strongly disagree ■ Somewhat disagree ■ Somewhat agree ■ Strongly agree ■ Don't know
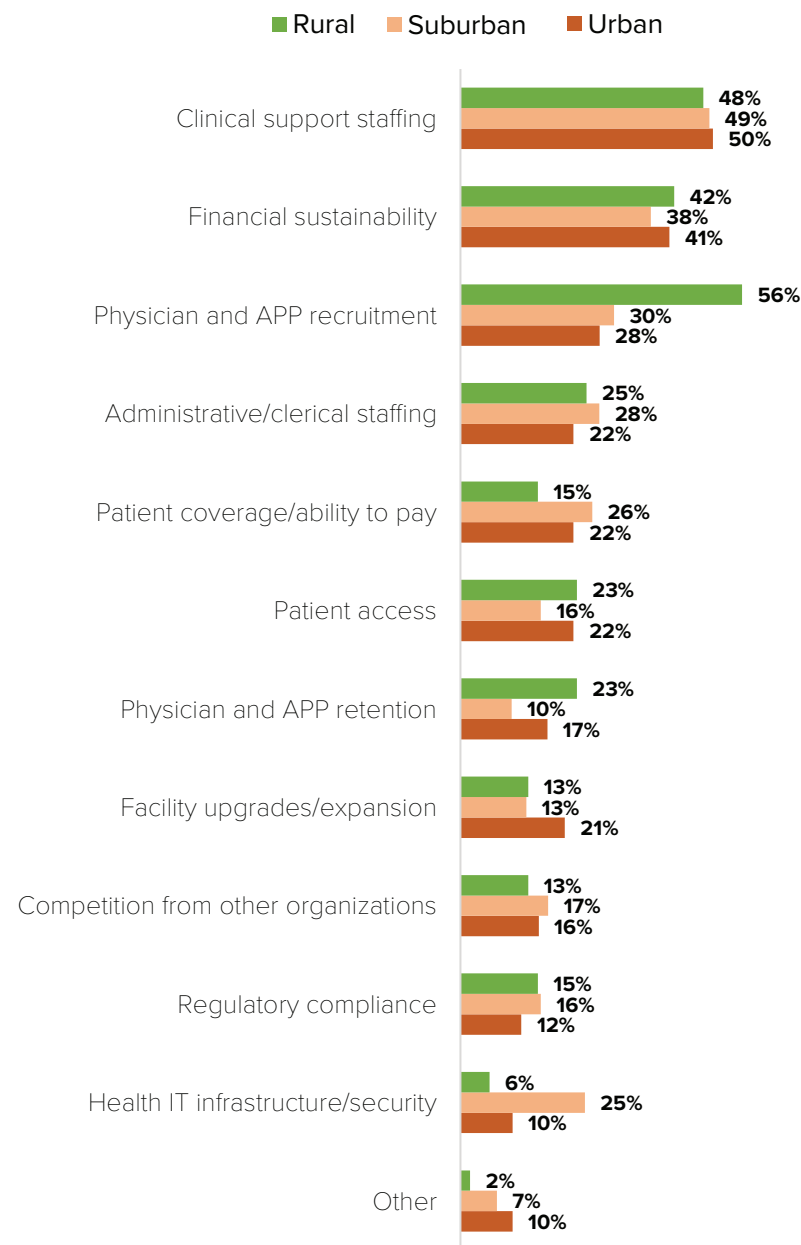
GEOGRAPHIC BREAKDOWN

Breaking responses down by geographic setting reveals distinctions about these major challenges:

- **Healthcare leaders in rural settings** reported markedly <u>higher difficulty with physician and APP recruitment</u> — double the rate of their urban colleagues and 86% higher than suburban practice leaders. <u>Physician and APP retention challenges</u> also ranked significantly higher in rural settings than suburban and urban practices.

- **Healthcare leaders in urban settings** largely align with the national trends around staffing and concerns about financial sustainability, but they have <u>slightly higher concerns regarding patient access and clinical support staffing</u> compared to other settings, and are reporting more <u>challenges with facility upgrades and expansion</u>.

- **Suburban healthcare leaders** report much <u>more difficulty with health IT infrastructure and security</u> than their colleagues in rural and urban settings.

MOST SIGNIFICANT CHALLENGES BY GEOGRAPHIC SETTING

■ Rural ■ Suburban ■ Urban

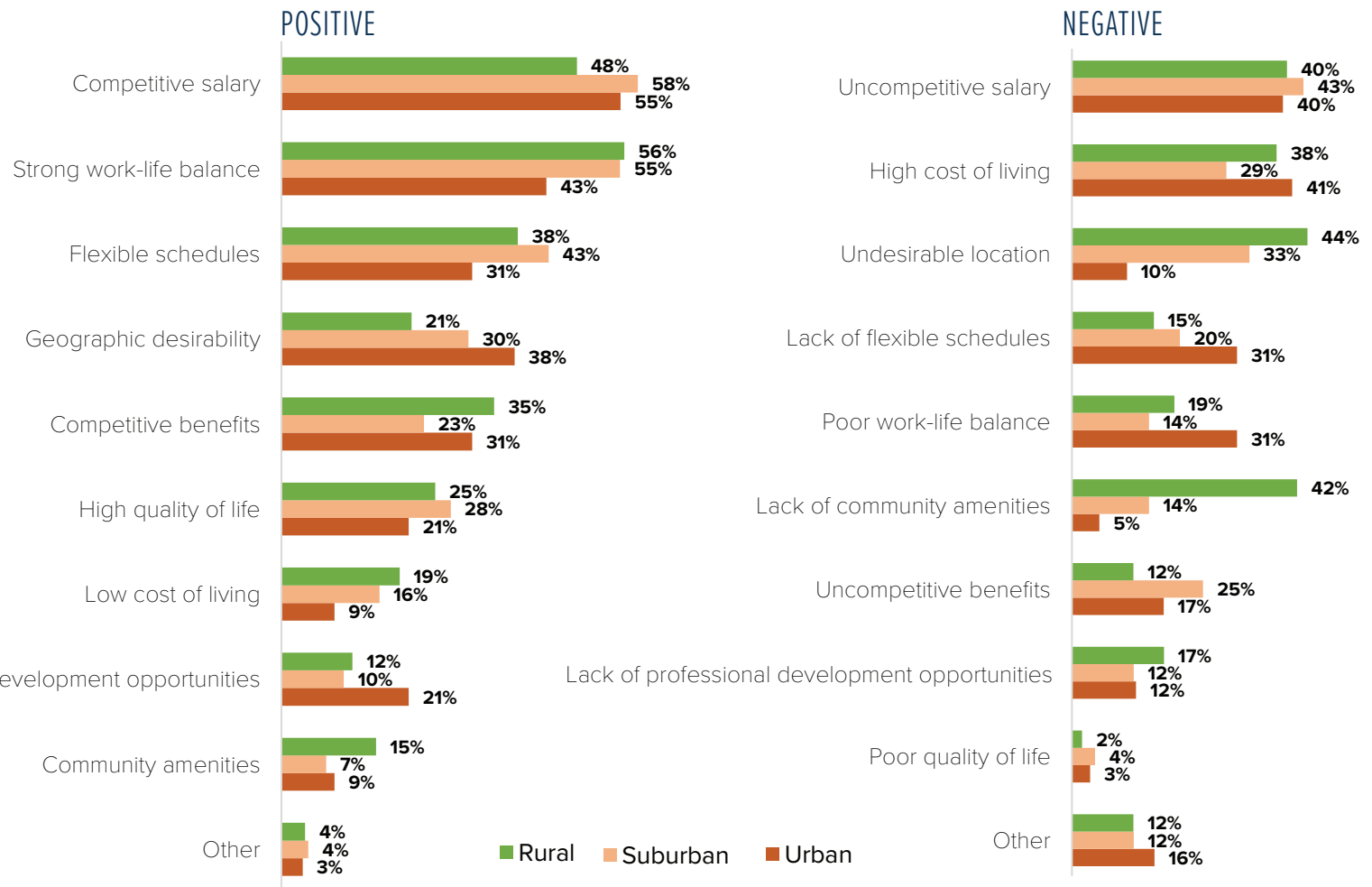| Challenge	Rural	Suburban	Urban
Clinical support staffing	48%	49%	50%
Financial sustainability	42%	38%	41%
Physician and APP recruitment	56%	30%	28%
Administrative/clerical staffing	25%	28%	22%
Patient coverage/ability to pay	15%	26%	22%
Patient access	23%	16%	22%
Physician and APP retention	23%	10%	17%
Facility upgrades/expansion	13%	13%	21%
Competition from other organizations	13%	17%	16%
Regulatory compliance	15%	16%	12%
Health IT infrastructure/security	6%	25%	10%
Other	2%	7%	10%

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GEOGRAPHIC BREAKDOWN

Geographic breakdowns of the survey also reveal how practice leaders view the most positive attributes of their organizations in recruiting and retaining physicians and APPs:

- **Rural healthcare leaders** scored their organizations' ability to provide competitive benefits, strong work-life balance, low cost of living and community amenities higher than their counterparts in suburban and urban areas.

- **Urban healthcare leaders** viewed the geographic desirability of their practices much higher than leaders in other areas, as well as reporting the highest ranking of professional development opportunities.

- High quality of life, competitive salaries and flexible schedules stood out as **suburban healthcare leaders' most positive traits** in their recruitment and retention efforts.

FACTORS FOR RECRUITMENT AND RETENTION, BY GEOGRAPHIC SETTING

POSITIVE

Factor	Rural	Suburban	Urban
Competitive salary	48%	58%	55%
Strong work-life balance	56%	55%	43%
Flexible schedules	38%	43%	31%
Geographic desirability	21%	30%	38%
Competitive benefits	35%	23%	31%
High quality of life	25%	28%	21%
Low cost of living	19%	16%	9%
Professional development opportunities	12%	10%	21%
Community amenities	15%	7%	9%
Other	4%	4%	3%

NEGATIVE

Factor	Rural	Suburban	Urban
Uncompetitive salary	40%	43%	40%
High cost of living	38%	29%	41%
Undesirable location	44%	33%	10%
Lack of flexible schedules	15%	20%	31%
Poor work-life balance	19%	14%	31%
Lack of community amenities	42%	14%	5%
Uncompetitive benefits	12%	25%	17%
Lack of professional development opportunities	17%	12%	12%
Poor quality of life	2%	4%	3%
Other	12%	12%	16%

■ Rural ■ Suburban ■ Urban

When healthcare leaders rank the negative attributes of their organizations in recruiting and retaining physicians and APPs, there is very little variance across geographic setting when it comes to **competitive salaries**:
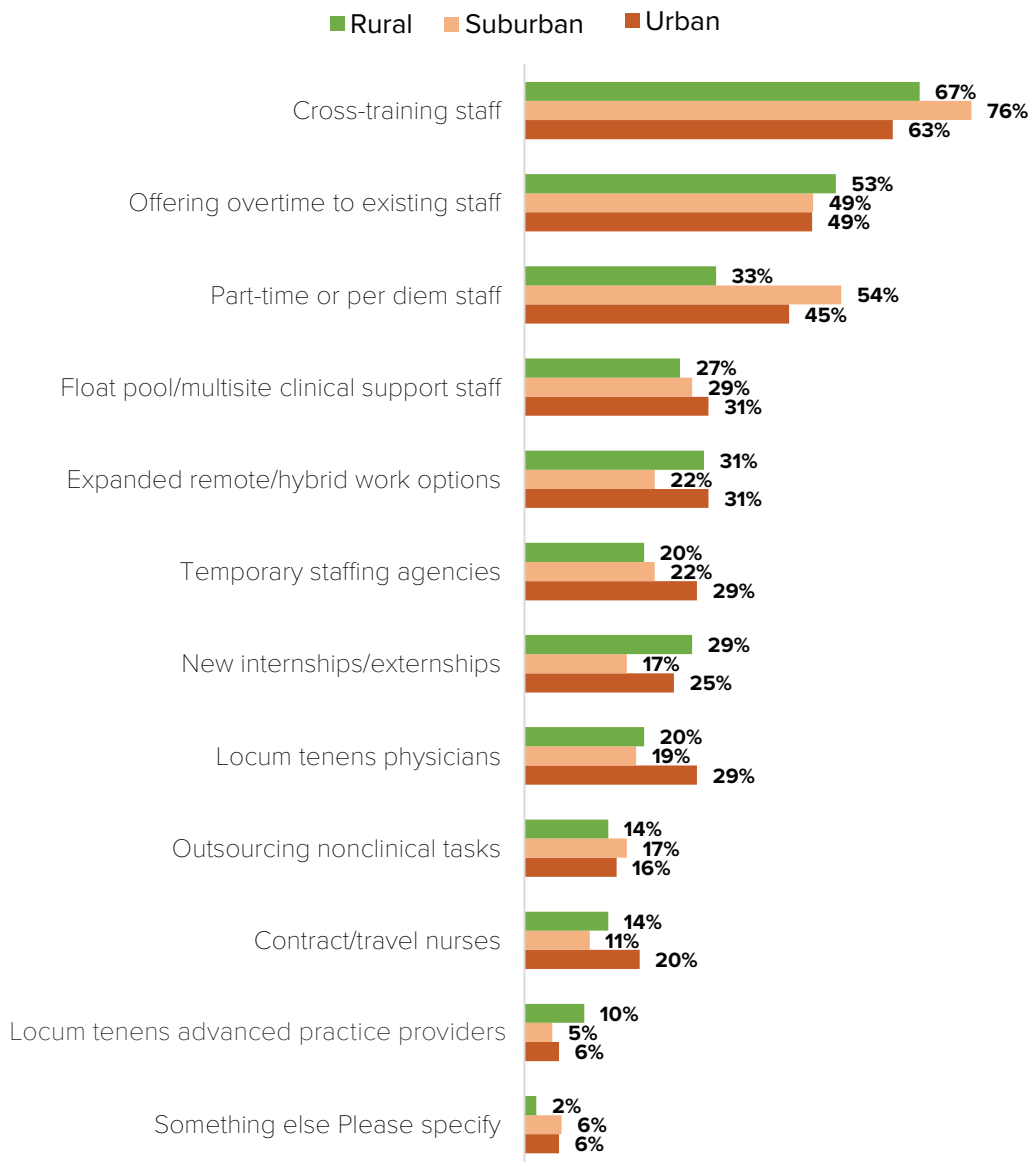
- About four in 10 practice leaders see it as a negative, hurting their recruitment and retention efforts.

- It's the most frequently cited negative factor for suburban healthcare leaders, the second most frequently cited for urban leaders and third among rural leaders.

- Urban healthcare leaders' negative perceptions about their organizations' lack of flexible schedules and poor work-life balance for clinicians are more pronounced than their rural and suburban counterparts.
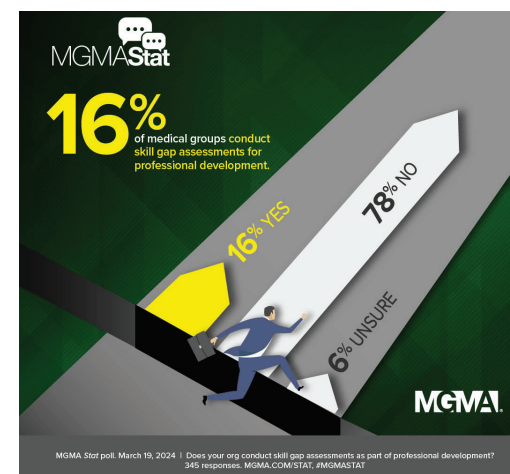
STRATEGIES TO ADDRESS STAFFING SHORTAGES, BY SETTING

Legend: ■ Rural ■ Suburban ■ Urban

Strategy	Rural	Suburban	Urban
Cross-training staff	67%	76%	63%
Offering overtime to existing staff	53%	49%	49%
Part-time or per diem staff	33%	54%	45%
Float pool/multisite clinical support staff	27%	29%	31%
Expanded remote/hybrid work options	31%	22%	31%
Temporary staffing agencies	20%	22%	29%
New internships/externships	29%	17%	25%
Locum tenens physicians	20%	19%	29%
Outsourcing nonclinical tasks	14%	17%	16%
Contract/travel nurses	14%	11%	20%
Locum tenens advanced practice providers	10%	5%	6%
Something else Please specify	2%	6%	6%

The traditional strategies of cross-training staff, overtime for healthcare workers and the user of part-time or per diem staff remain among the top approaches for practices across all geographic settings, with suburban and urban practices more likely to rely on part-time or per diem staff in areas with larger pools of available labor.

• As popular as **cross-training staff** is in medical group practices, MGMA *Stat* polling from March 2024 found that only 16% of groups conduct skill gap assessments for professional development — a key step to evaluate roles across the organization and yield benefits from targeted employee education.

MGMA *Stat* poll. March 19, 2024 | Does your org conduct skill gap assessments as part of professional development? 345 responses. MGMA.COM/STAT, #MGMASTAT

Less likely and perhaps underutilized across all settings are the use of float pools, hybrid and remote work options, locum tenens physicians and APPs and the creation of new internships or externships.

MULTISITE WORKERS

Almost two-thirds (64%) of medical groups report using multisite medical assistants (MAs), while 36% do not, per an April 2024 MGMA *Stat* poll. For urban and suburban organizations, multisite MAs can provide a degree of flexibility to address staffing shortages or temporary needs. However, this strategy likely will be less practical for rural organizations without losing significant staff time to travel.
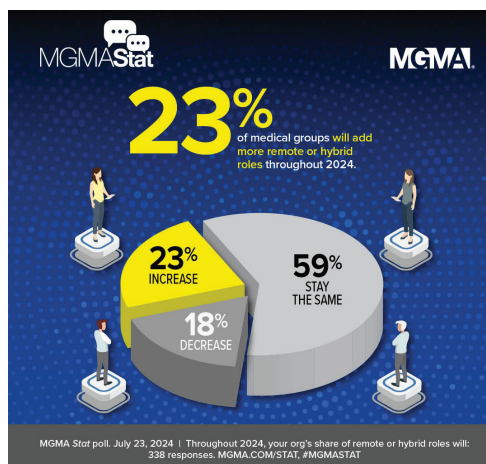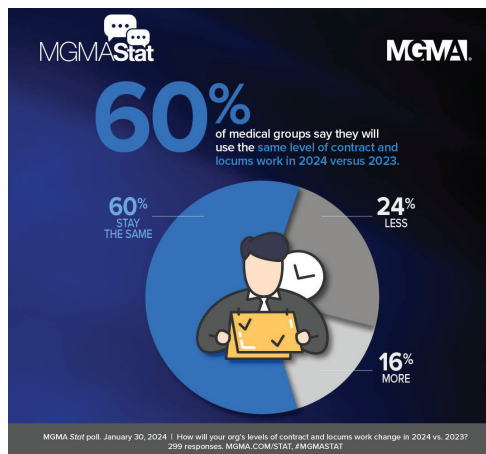
CONTRACT AND LOCUM TENENS WORK

The use of contract and locum tenens workers in 2024 was projected to be steady compared to previous years, as a January 2024 MGMA *Stat* poll found that the vast majority (76%) of medical groups expect to use the same level of contract and locums work or more than they did last year.
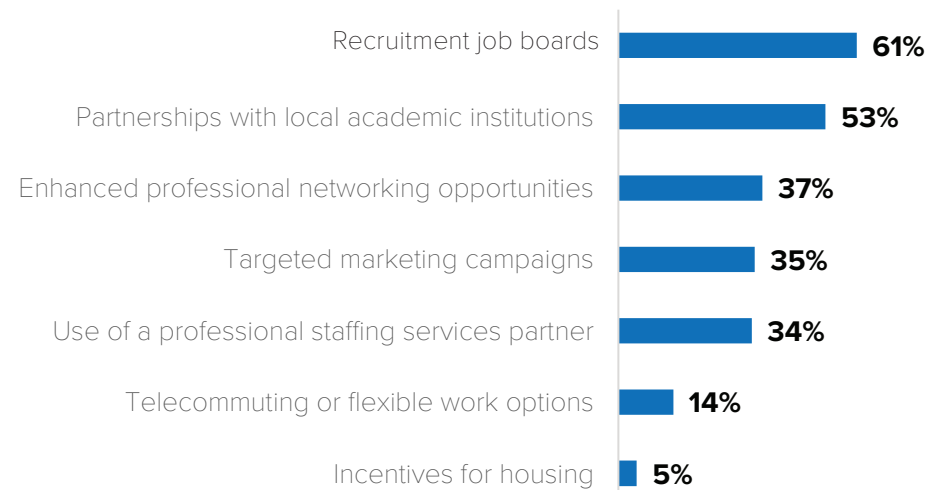
REMOTE AND HYBRID ROLES

Finding the right talent in the post-Great Resignation era grew more complex as workers embraced newly available remote work opportunities. While many industries have shifted back to more in-office work as their normal, the challenges of finding candidates for several nonclinical roles in medical practices might necessitate a continued embrace of newer staffing models.

A July 2024 MGMA *Stat* poll found that six in 10 (60%) medical group leaders say they will hold the overall share of remote and hybrid jobs steady throughout 2024, while 23% expect to increase remote/hybrid roles and another 18% will decrease them.

Among medical groups and health systems still shifting jobs to hybrid and remote settings, it's often a byproduct of growth. "We're increasing roles as we centralize our operations and cross-functional teams," one respondent told MGMA, noting that workers naturally will serve multiple locations, none of which they need to regularly visit.

MGMA **Stat**

60%
of medical groups say they will use the same level of contract and locums work in 2024 versus 2023.

60% STAY THE SAME
24% LESS
16% MORE

MGMA *Stat* poll. January 30, 2024 | How will your org's levels of contract and locums work change in 2024 vs. 2023? 299 responses. MGMA.COM/STAT, #MGMASTAT

MGMA **Stat**

23%
of medical groups will add more remote or hybrid roles throughout 2024.

23% INCREASE
59% STAY THE SAME
18% DECREASE

MGMA *Stat* poll. July 23, 2024 | Throughout 2024, your org's share of remote or hybrid roles will: 338 responses. MGMA.COM/STAT, #MGMASTAT

PRIORITIZING STRATEGIES FOR IMPROVED RECRUITMENT

Recruitment job boards	**61%**
Partnerships with local academic institutions	**53%**
Enhanced professional networking opportunities	**37%**
Targeted marketing campaigns	**35%**
Use of a professional staffing services partner	**34%**
Telecommuting or flexible work options	**14%**
Incentives for housing	**5%**

The survey findings also reveal continued reliance on traditional methods for recruitment, such as job boards and partnering with local academic institutions. The imperative for many organizations to take their recruitment efforts to the next level may lie in tactics, such as:
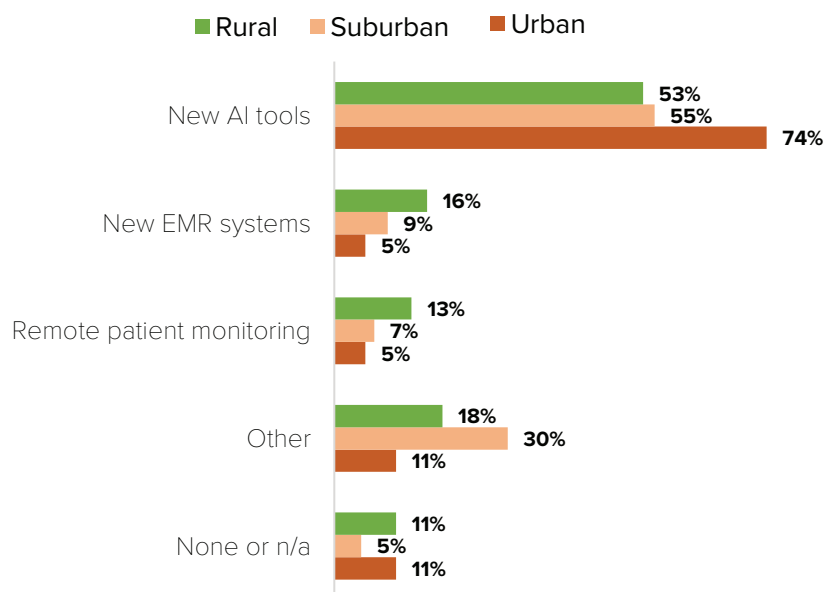

- Targeted marketing campaigns for candidates
- Use of a professional staffing services partner
- Improved telecommuting or flexible work options
- Incentives for housing.

EMERGING TECHNOLOGIES TO BE INTEGRATED IN THE NEXT 3-5 YEARS, BY GEOGRAPHIC SETTING

■ Rural ■ Suburban ■ Urban

New AI tools
- Rural: 53%
- Suburban: 55%
- Urban: 74%

New EMR systems
- Rural: 16%
- Suburban: 9%
- Urban: 5%

Remote patient monitoring
- Rural: 13%
- Suburban: 7%
- Urban: 5%

Other
- Rural: 18%
- Suburban: 30%
- Urban: 11%

None or n/a
- Rural: 11%
- Suburban: 5%
- Urban: 11%

Looking beyond telehealth specifically reveals more nuance to the technological routes that practices expect to take in the next three to five years:

- Rural and suburban practices report similar levels of interest in AI tools, but both are well behind the certainty of urban healthcare leaders as to their exploration of these technologies.

- Rural healthcare shows the most interest in new remote patient monitoring offerings, in line with the challenges posed from patients in far-flung locales.

- Rural practices also were far more likely to explore new EHR systems to aid them compared to suburban and urban practices, perhaps indicating they did not switch vendors or otherwise upgrade as many organizations did during the worst of the pandemic.

How can rural practice leaders make the case to physicians to ditch the city? A recent *MedCityNews* article highlights five reasons for candidates to consider rural environments:

1. Cleaner air and healthier lungs

2. Lower stress levels

3. Natural outdoor spaces for physical activity and better fitness

4. Improved sleep quality from less light and noise pollution

5. Access to farm-fresh foods

CONCLUSION

All medical practices are reckoning with finding the right people, technology and workflows to continue evolving beyond the pandemic and Great Resignation, and most appear to agree on elements of telehealth, AI, new APP roles and improvements to their organization culture and retention efforts as the core strategies.

But practices vary in how far along the path they are, and the healthcare industry should expect some of those paths to diverge to best meet the unique needs of the populations these organizations serve.

The findings of this LocumTenens.com-MGMA study point to an overreliance on traditional methods of recruitment and retention strategies across all geographic settings, which could be holding medical practices back at a time when they recognize a need to grow their care teams and modify workflows to sustainably address patient access and population health concerns.

While there is significant progress being made each day, healthcare provider organizations must continue to actively seeking innovative strategies to address these challenges and rise to the growing demand for high-quality care.

DEMOGRAPHICS

RESPONDENT PROFILE

ORGANIZATION SIZE*	JOB ROLE*
1: 7% 2-14: 36% 15-50: 16% 51-100: 9% More than 100: 32% ** Full-time-equivalent employees.*	Administrator/Nonclinical leader: 80% Physician: 6% Billing/Finance/Revenue Cycle worker: 2% Nurse/Advanced Practice Provider: 1% Health Information Technology worker: 1% Other: 12% ** Figures do not equal 100% due to rounding.*

TYPE OF ORGANIZATION	COMMUNITY TYPE
Medical group practice: 59% Integrated health or delivery system (IHS/IDS): 8% Hospital: 6% Federally Qualified Health Center (FQHC): 6% University Hospital: 4% Rural Health Clinic (RHC): 3% Management Services Organization (MSO): 3% Freestanding Ambulatory Surgery Center: 2% Other Academic Medical Setting: 3% Other: 6%	Urban/Metropolitan: 32% Suburban: 39% Rural: 29%