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2024 MGMA DATADIVE
MANAGEMENT AND STAFF COMPENSATION DATA REPORT

PEOPLE STRATEGIES FOR TODAY'S HEALTHCARE STAFFING CHALLENGES

Introduction

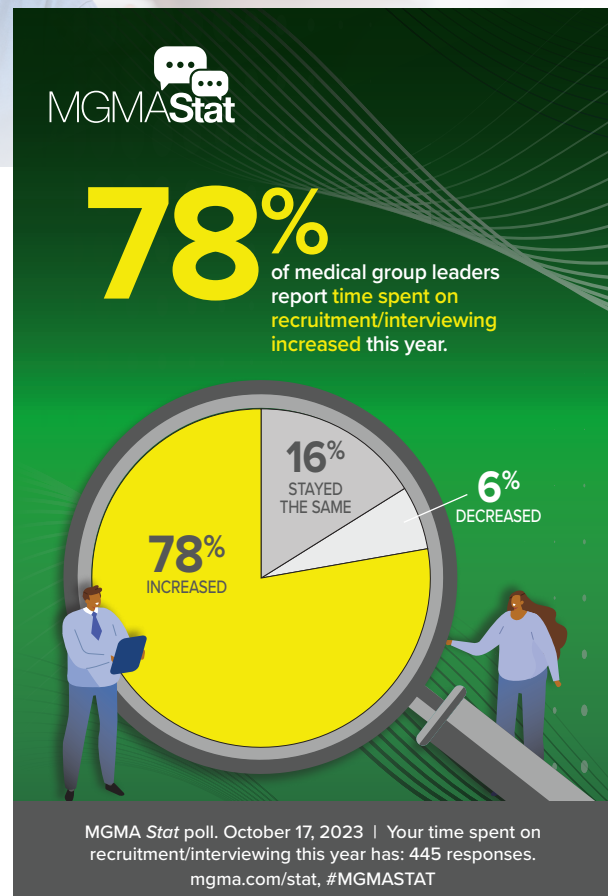


Most have heard the phrase, “employees are our most valuable asset,” and few would dispute it — especially after enduring rampant turnover and staffing shortages across the healthcare industry in recent years. But why is that?

Some leaders will claim it’s about the culture their employees help shape, or how their frontline workers serve as the recognizable, trusted faces of the organization. But for health systems and medical group practices facing the realities of today’s market, it’s quite simple: **Care demands are surging, and having the right talent to deliver on that demand is a competitive advantage.**

Government estimates showed that national health spending grew by 7.5% in 2023, reaching \$4.8 trillion. This increase was driven in part by inflation but also by both increased healthcare usage due to an aging population with more care needs and broader health coverage for patients of all ages, despite a reduction in Medicaid enrollment amid redeterminations.

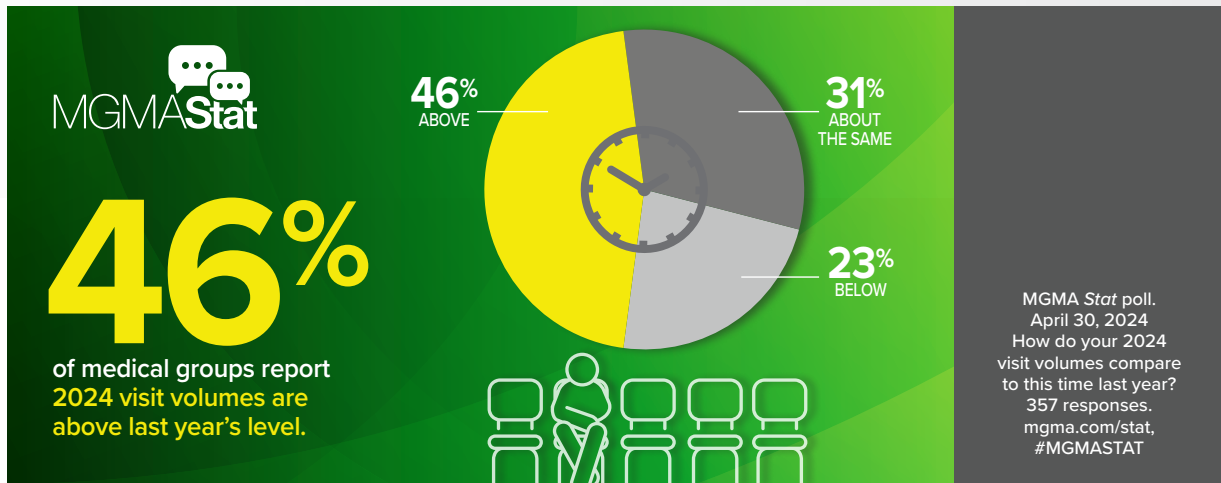
MGMA provider productivity data confirm that **medical practices are continuing to work harder to meet rising care demands — and sometimes without ideal levels of clinical and administrative staff as labor markets remain tight.**



MGMA polling from late 2023 found that nearly eight in 10 (78%) of medical group leaders spent more time on recruitment and interviewing last year than the previous year.

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All this points to more work needed to move beyond the strain of staffing shortages before medical practices see declines in patient access metrics:

- Nearly half of medical groups say their visit volumes in 2024 are above levels seen at the same time last year.
- Only about one in four (24%) of medical groups reported improvements in patients' time to appointment/access in 2023, while just as many (38%) reported worsening access as those whose metrics held steady (38%).

Since 2021, MGMA has released annual data reports to offer guidance on industry shifts alongside benchmarks from the *MGMA DataDive Management and Staff Compensation survey*, to offer context to how outpatient and ambulatory care leaders have adjusted and innovated across the human resources, operational and financial arenas of their medical practices.

The latest Management and Staff Compensation survey data set — including data on more than 171,000 management and staff positions — shows:

- Median total compensation for medical assistant (MA) positions grew 3.26% from 2022 to 2023, with five-year median compensation growth for MAs just above \$7,400.

- Median total compensation for registered nurses (RNs) hovered just under the \$80,000 mark in 2023.
- Management positions — executive, senior and general — had a 6.95% increase in median total compensation in 2023.
- Median hourly rate compensation rose just \$0.57 for MAs in 2023, while gains for certified nursing assistants (\$1.61), patient care assistants (\$2.15), RNs (\$1.56) and licensed practical nurses (\$1.19) generally kept pace with their respective total compensation increases.
- Benefits such as reimbursement and paid time off (PTO) hours for continuing education can help to support employee growth and assist with retention. In 2023, all staff and general management positions typically saw two days — 16 PTO hours — to pursue continuing education, while executive positions averaged 3.4 days (28 PTO hours).

This report's overview of the latest MGMA DataDive benchmarks, along with subject matter expert commentary and real-time polling of healthcare leaders nationwide via *MGMA Stat*, are intended to **help practice leaders know exactly what it will take to attract and keep the right talent via competitive compensation and benefit packages, workplace cultural improvements and data-driven predictions of how the healthcare workforce will evolve through AI and other technological advancements.** **D**

Data themes

OVERALL TRENDS

INCREASE IN MEDIAN TOTAL COMPENSATION				
	2022-2023 (1-year change)	2019-2023 (5-year change)	2014-2023 (10-year change)	2014-2023 change in dollars
Executive management positions	5.66%	37.89%	21.63%	\$31,094
Senior management positions	1.98%	9.68%	31.17%	\$30,876
General management positions	6.12%	14.96%	29.37%	\$19,172
Supervisors	6.81%	18.93%	26.10%	\$13,527
Clinical laboratory staff	10.27%	13.07%	4.17%	\$1,919
Radiology and imaging staff	4.05%	17.89%	28.31%	\$15,279
General administrative staff	5.92%	17.18%	32.83%	\$12,145
Managed care administrative staff	15.11%	26.88%	32.15%	\$12,739
Patient accounting staff	2.81%	21.42%	37.05%	\$12,385
Medical receptionist staff	5.41%	17.23%	35.99%	\$10,735

* Sources: 2015-2024 MGMA DataDive Management and Staff Compensation (based on 2014-2023 data)

Non-managerial roles in medical group practices continued to show robust year-over-year compensation gains. Compared to pre-pandemic (2019) benchmarks, total median compensation through 2023 has grown:

- 26.88% for managed care administrative staff
- 21.42% for medical receptionist staff
- 17.89% for radiology and imaging staff
- 17.23% for medical receptionist staff
- 17.18% for general administrative staff.

Sizable compensation increases for these roles are in line with anecdotal reports about the continuously competitive labor market, in which the 2023 MGMA DataDive Practice Operations data set showed a front office support staff turnover rate of 40% in 2022, as well as 33.33% turnover rates for clinical support staff and business operations support staff, respectively, in 2022 (based on a single specialty aggregate combining primary care, nonsurgical and surgical single specialty practice data). ▶



WHAT'S NEW IN DATADIVE FOR 2024

BENCHMARKS

- Base Compensation

FILTERS

- Exemption status
- Primary shift



Data themes

CLINICAL AND NURSING STAFF

INCREASE IN MEDIAN TOTAL COMPENSATION				
	2022-2023 (1-year change)	2019-2023 (5-year change)	2014-2023 (10-year change)	2014-2023 change in dollars
Medical assistant positions				
Certified nursing assistant	5.78%	17.62%	**	**
Medical assistant	3.13%	20.59%	41.36%	\$12,712
Patient care assistant	8.82%	42.40%	**	**
Nursing positions				
Licensed practical nurse	5.38%	22.45%	25.50%	\$10,826
Registered nurse	-3.32%	19.58%	39.19%	\$22,343
Triage nurse	7.49%	28.58%	74.78%	\$32,326

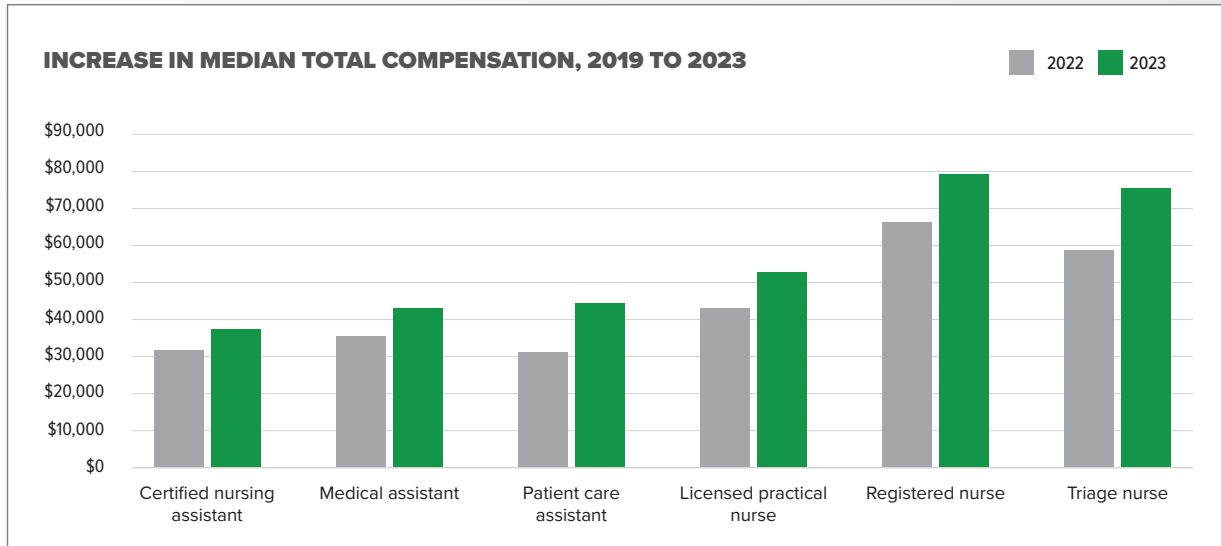
Sources: 2015-2024 MGMA DataDive Management and Staff Compensation (based on 2014-2023 data) ** Insufficient data to populate

All clinical and nursing positions have posted significant five- and 10-year compensation increases; however, the one-year change from 2022 to 2023 had some key movement to watch:

- Median total compensation for MAs, one of the most highly in-demand roles in recent years, posted only a 3.13% increase in 2023 — a significant cooldown from the 7.09% increase seen in 2022.
- Median total compensation for RNs — which grew the least among nursing positions in our 2022 data — decreased by 3.32% in 2023.
- While this shift for RN compensation brings the five-year change to a mere 19.58% increase since the pre-pandemic 2019 median, RN compensation still saw a 39.19% increase over the past decade — in line with the 41.36% gain that MA compensation saw over the same period and well ahead of the 25.50% increase for licensed practical nurses (LPNs) since 2014.

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Sources: 2020-2024 MGMA DataDive Management and Staff Compensation (based on 2019-2023 data)

Just as total compensation saw only slight gains among MAs in the latest data set, hourly rate compensation for MAs saw only a \$0.57 change from 2022 to 2023, well behind the \$1.61 gain among certified nursing assistants (CNAs) and \$2.15 gain among patient care assistants year over year. A five-year look at hourly wage compensation across MA and nursing positions shows steady, incremental gains keeping pace with annual total compensation increases. **D**

INCREASE IN MEDIAN HOURLY RATE COMPENSATION		
	2022-2023 (1-year change)	2019-2023 (5-year change)
Medical assistant positions		
Certified nursing assistant	\$1.61	\$4.10
Medical assistant	\$0.57	\$3.41
Patient care assistant	\$2.15	\$5.93
Nursing positions		
Licensed practical nurse	\$1.19	\$4.86
Registered nurse	\$1.56	\$9.02
Triage nurse	\$0.51	\$8.57

Sources: 2020-2024 MGMA DataDive Management and Staff Compensation (based on 2019-2023 data)

Data themes

REGIONAL DIFFERENCES

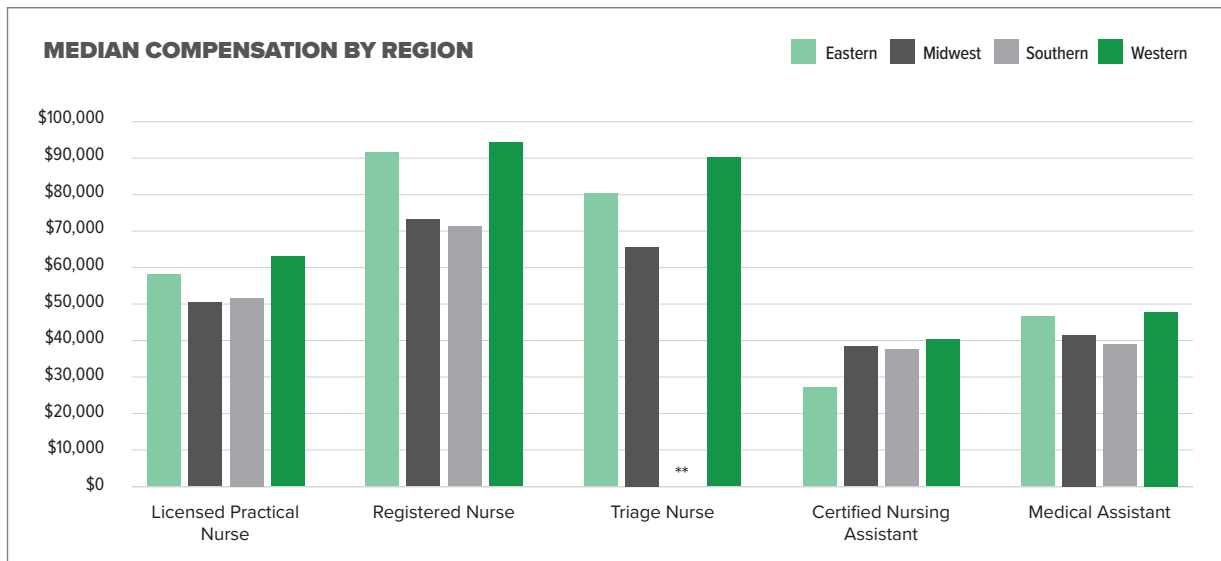
The Southern region ranked as the lowest-paying region for all nonclinical positions except for supervisors in the 2023 data set.

As the table shows:

- The East region was the highest-paying when accounting for all staff positions.
- An executive management position could pay more than \$101,000 more in the Midwest region versus the South.
- The West region was the highest-paying region for senior management, general management and supervisor positions.

DIFFERENCE BETWEEN HIGHEST- AND LOWEST-PAYING REGIONS	
Executive management positions	\$101,456 (Midwest vs. South)
Senior management positions	\$34,229 (West vs. South)
General management positions	\$15,089 (West vs. South)
Supervisors	\$6,795 (West vs. Midwest)
All staff	\$8,097 (East vs. South)

Sources: 2024 MGMA DataDive Management and Staff Compensation (2023 data)



*Regions used to demonstrate trends. State-level data is included in the full dataset. ** Insufficient data to report.

Source: 2024 MGMA DataDive Management and Staff Compensation (2023 data)

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DIFFERENCE BETWEEN HIGHEST- AND LOWEST-PAYING REGIONS	
Medical assistant positions	
Certified nursing assistant	\$13,645 (West vs. East)
Medical assistant	\$9,024 (West vs. South)
Patient care assistant	\$7,666 (East vs. South)
Nursing positions	
Licensed practical nurse	\$12,895 (West vs. Midwest)
Registered nurse	\$23,248 (West vs. South)
Triage nurse	\$24,621 (West vs. Midwest)

Sources: 2024 MGMA DataDive Management and Staff Compensation (2023 data)

Among clinical and nursing positions:

- The West region was the highest paying for all roles except for patient care assistant.
- The South region was the lowest paying for MA, patient care assistant and RN positions.
- The largest variance between highest- and lowest-paying regions were in RN positions — \$23,248 higher in the West than the South — and triage nurse positions, \$24,621 higher in the West region than the Midwest.

Data themes

CONTINUING EDUCATION

General and senior management positions typically have \$2,000 in available spending toward continuing education, while executives see about double that. Across all staff positions, the typical continuing education benefit is \$500.

To help support using those continuing education benefits, all staff and general management positions typically have two days (16 PTO hours) to take while pursuing continuing education. For executives, that time averages about 3.5 days (28 PTO hours).

INCREASE IN MEDIAN HOURLY RATE COMPENSATION		
	Continuing education	PTO hours for continuing education
Executive management positions	\$4,000	28
Senior management positions	\$2,000	**
General management positions	\$2,000	16
Licensed practical nurse	**	**
Supervisors	\$500	16

Sources: 2024 MGMA DataDive Management and Staff Compensation (2023 data) ** Insufficient data to report.

Evolving strategies to improve nurse hiring in 2024

By **Chris Harrop**,
Senior Editorial Manager, MGMA,
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As National Nurses Month concluded in May, medical group leaders detailed their evolving efforts to recruit and onboard nurses amid ongoing staffing struggles in the ambulatory care space.

A [May 28, 2024, MGMA Stat poll](#) finds that 22% of medical group leaders say their nurse recruitment and hiring efforts improved in the past year, while the majority (78%) say they have seen little change (43%) or experienced worsened conditions (35%). The poll had 249 applicable responses.

These findings come one year after a [similar poll](#) found that nearly half (46%) of medical groups reported worsened nurse recruiting and hiring efforts leading to May 2023 — at that time, only 17% of respondents noted improving recruitment efforts, while 37% said they had stayed the same.

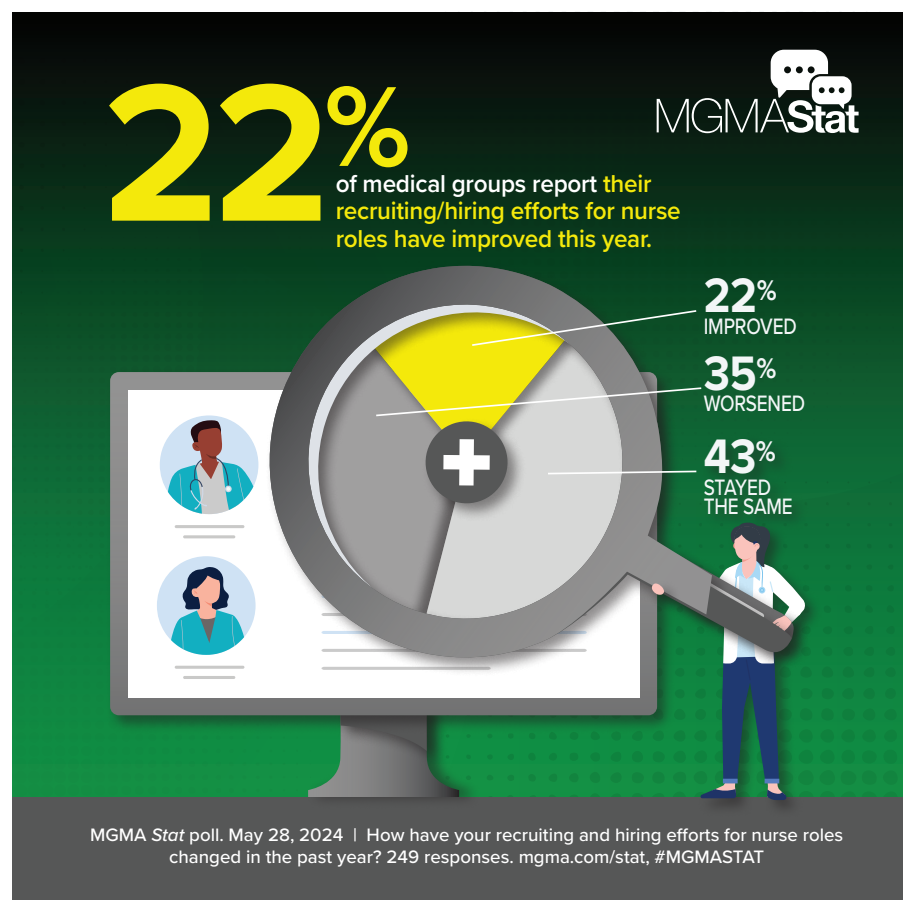
TOP CHALLENGES IN 2024

The market for nurses remains tight for many medical group practices, with several respondents to this

week's poll citing worker availability as a top challenge in their hiring efforts.

While some practice leaders noted a smaller pool of candidates in their rural markets, most respondents pointed to tough competition for qualified candidates from hospitals and larger organizations with larger signing bonuses. One practice leader told MGMA that their organization turned to a recruiter for the first time specifically to help with nurse recruitment in the past year.

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WHAT'S WORKING

Among the respondents who reported improved recruiting efforts, the common factors they shared about their successes included:

- Building or investing in new graduate programs and/or residencies for RNs to address nearby nursing school capacity limits and prioritizing hiring newly graduated nurses
- Increasing compensation and benefits to compete more effectively with larger organizations
- Normalization of labor markets in their areas, especially in markets where more nurses have shifted away from travel work.

WORKFORCE FACTORS

Bottlenecks for the next generation of nurses

The post-pandemic years were brutal for the pipeline of new nurses in the United States, but there are signs of that distress easing slightly:

- Reports from the American Association of Colleges of Nursing (AACN) since the pandemic showed limited availability to train the number of prospective nurses after the emergence of COVID-19. In 2021, the number of qualified applicants turned away from entry-level baccalaureate nursing programs reached a 20-year high, with more than 76,100 qualified applicants unable to enroll.
- Since then, the number of qualified applicants turned away eased to 66,261 in 2022 and to 55,111 in 2023.
- After seeing total enrollment in nursing programs fall in 2022 by 1.4% — the first decline since 2000 — AACN data showed only a 0.6% increase in enrollment last year.
- These enrollment concerns are compounded by a significant decrease in the number of students in RN-to-BSN degree-completion programs, which has trended down for five consecutive years.

Nurse mobility post-pandemic

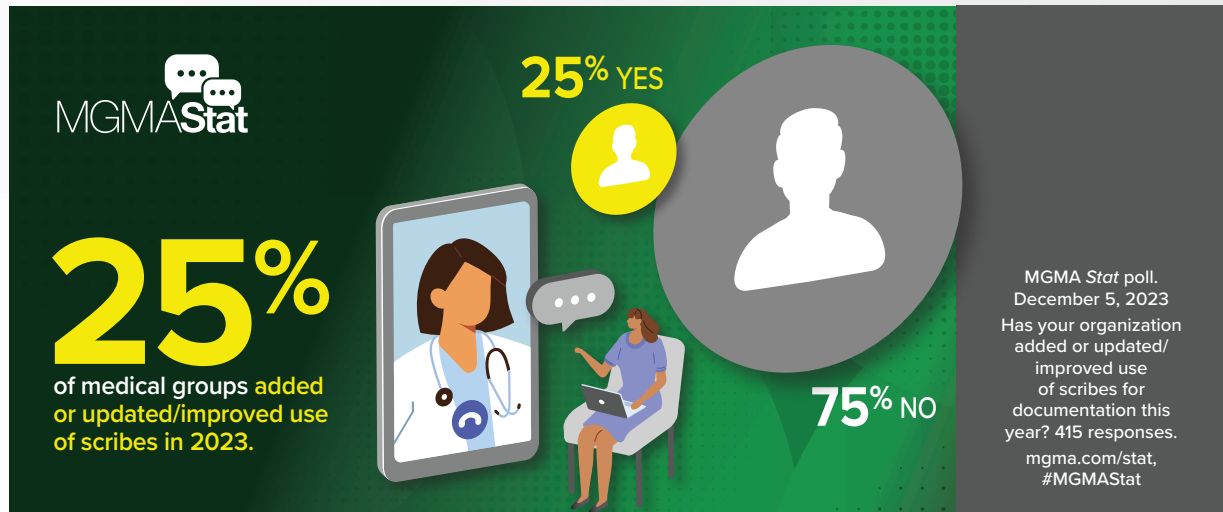
Despite all the doom-and-gloom predictions of a significant share of nurses leaving the industry in recent years, the reality — though still challenging — has not been as severe as anticipated. The 2023 Definitive Healthcare staffing report estimated that about 34,800 nurse practitioners (NPs) left the workforce in 2021 and 2022. However, it is unclear how many transitioned to travel nurse roles, which have “declined considerably” as the COVID-19 pandemic eased, per Fierce Healthcare.

A key factor in today’s market for nurses is the continuing expansion of the Nurse Licensure Compact (NLC), in which participating states and jurisdictions accept multistate licenses from providers, who maintain their primary state of resident without the need to obtain additional licenses. As of this writing, 41 states and jurisdictions are part of the NLC, with several others with pending legislation to join the NLC or are awaiting implementation.

TRACKING NURSE JOB GROWTH

The Bureau of Labor Statistics’ *Occupational Outlook Handbook* provides annual updates to the total number of nursing jobs and expected job growth in the coming decade. Since 2023, these projections have seen slight changes:

- **RNs:** While projected 10-year job growth held steady at 6% from 2023 to 2024, BLS projects only 177,400 new RN jobs through 2032 — compared to last year’s figure of 195,400 through 2031.
- **LPNs and licensed vocational nurses (LVNs):** Job growth projections for the coming decade dipped from 6% to 5% this year, with only 34,000 new jobs through 2032 expected compared to the 41,300 estimated last year through 2031.
- **Nurse anesthetists, nurse midwives and NPs:** The breakneck 40% job growth estimated last year by BLS eased slightly to just 38% for the 2022-2032 periods, with 123,600 new jobs expected through 2032 — a higher figure than the 118,600 new jobs projected this time last year. **D**



Where can practices work smarter? Look at scribes and AI

By **Chris Harrop**,

Senior Editorial Manager, MGMA, charrop@mgma.com

The hot topics of using AI in healthcare, confronting physician burnout and easing EHR burdens in medical groups often converge on a single topic: using scribes, human or machine.

About a decade ago, the use of scribes mainly involved in-person staff members creating notes on a patient visit, while the physician was free to be face to face with the patient rather than staring at the EHR screen, clicking away. A 2014 survey noted that about 20% of physicians used this traditional scribe approach.¹

Recent improvements in natural language processing (NLP) and speech recognition in various AI tools now allow providers to click “Record” on an app for automatic transcription and clinical note generation, eliminating the need for manual note-taking.

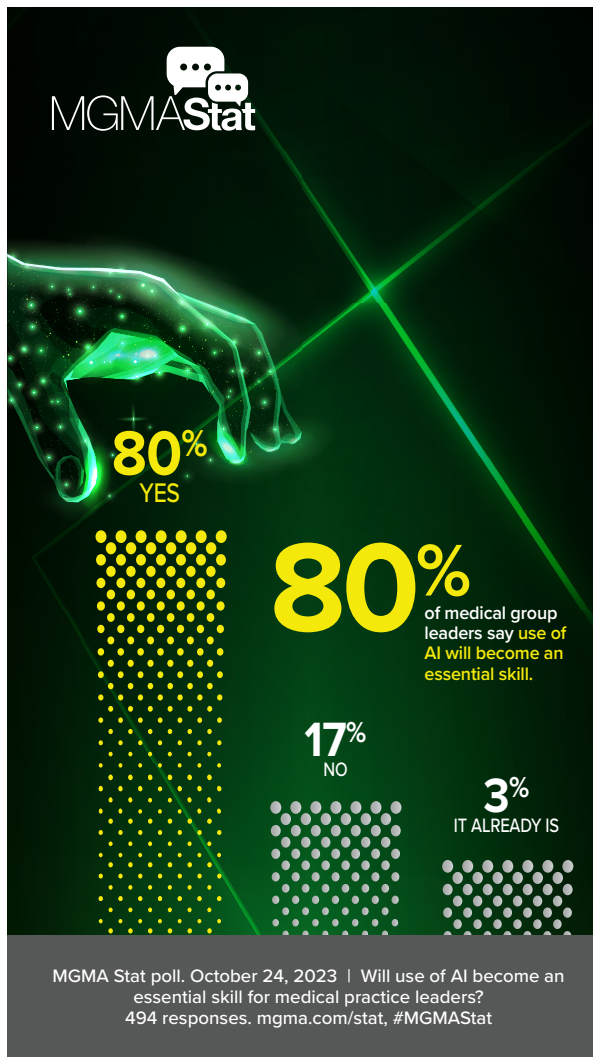
However, many medical groups have yet to adopt or upgrade these tools. A Dec. 5, 2023, MGMA Stat poll found that in the past year, about one in four (25%) medical group leaders added or improved their use of scribes — human or machine — in their organizations. The poll had 415 applicable responses.

Earlier MGMA polls in 2023 revealed that nearly three out of four (74%) of medical groups had not added or expanded use of AI tools, per a [Sept. 5, 2023, MGMA Stat poll](#). Another [MGMA poll in March 2023](#) — just a few months after the popularization of ChatGPT — found that only about one in ten medical groups reported using generative AI tools on a regular basis.

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That's not to say that these healthcare leaders are dismissive of the impact that AI will have on the industry: An [Oct. 24, 2023, MGMA Stat poll](#) found that 80% of medical group leaders believe use of AI will become an essential skill, with another 3% who said it already is.



WHAT'S DRIVING DECISIONS ON USING SCRIBES?

Medical group leaders who responded to this week's poll detailed a variety of approaches to using scribes or rationales for not adding or updating use of scribes. Some of the key findings from what respondents told MGMA include:

- There was no clear shift from those who use in-person staff as scribes to automated AI platforms. Many practice leaders who already have an on-site scribe continue to seek them, especially for their high-volume providers.
- The largest pushback against using scribes typically came from groups in which the providers were directly responsible for the cost of adding that staff member or service.
- Several medical group leaders said their reluctance to do more in this area was a matter of certain services being cost prohibitive for them, as other expenses rise, and reimbursements stagnate.
- Among those who did not add or update their use of scribes this year, many noted that their previous use of medical assistants (MAs) or other clinical team members as scribes had become too expensive, or that these workers had been shifted to other responsibilities. Similarly, many respondents, facing staff turnover and the associated time and costs of recruiting and training new scribes, have been influenced to explore other options like AI-enabled platforms.
- Several respondents noted they continue to enjoy success with scribes working off-site, especially as some medical groups have noted difficulty in hiring and retaining on-site scribes amid the tightened labor market of recent years.
- Multiple medical group leaders said they have initiated trials of virtual scribes to assess if the productivity gains justify the cost. **D**

READ MORE

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Healthcare RCM leaders: Is it time to outsource?

By **Chris Harrop**,

Senior Editorial Manager, MGMA, charrop@mgma.com

Whether recognizing opportunity or confronting necessity, medical group practice leaders are looking at their revenue cycle operations as a key area to automate for better efficiency, savings and accuracy.

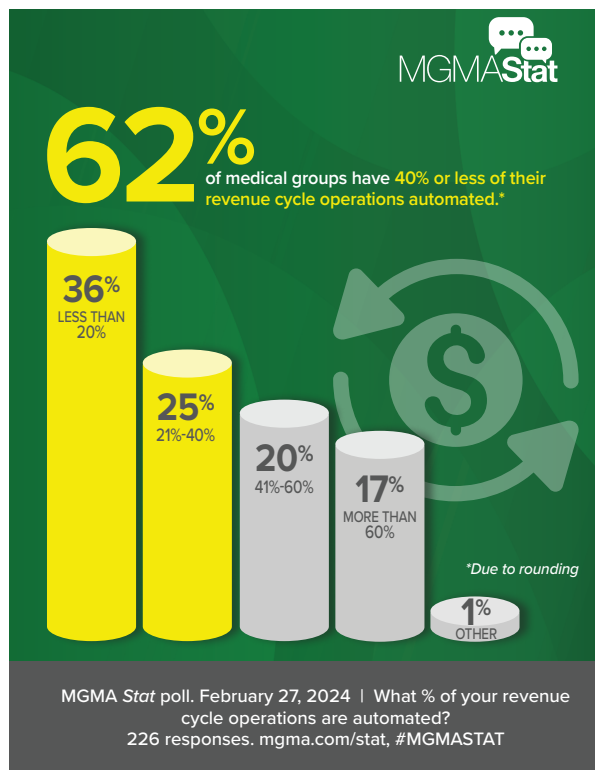
But even as AI and other technological advances present new methods to confront existing challenges in healthcare provider organizations, the extent to which practices have enjoyed success is a mixed bag. Some medical groups simply were overwhelmed by the dual crises of the COVID-19 pandemic and staffing shortages and could not take a closer look at making improvements in this area; for others, those challenges were the reason to do just that.

“**[Healthcare organizations] are waiting to see if they can get the ROI before jumping in.**”

As *RevCycleIntelligence* recently heard from Jaren Day, insights director at KLAS Research, there are “mixed signals” — healthcare organizations want to adopt new technologies yet “are waiting to see if they can get the ROI before jumping in.”

A Feb. 27, 2024, MGMA Stat poll sought to assess how advanced medical group practices are today in their efforts to eliminate manual RCM work, and the responses from healthcare leaders showed significant variance:

- Almost half (45%) of practice leaders noted that their automation efforts were in the 21% to 40% range (25%) or the 41% to 60% range (20%).
- More than one in three (36%) respondents noted their organizations had automated less than 20% of revenue cycle operations.
- About 17% of respondents noted that more than 60% of their revenue cycle operations were automated.
- Another 1% responded “other.”
- The poll had 226 applicable responses. ▢



GO DEEPER

Learn more about this topic by watching our on-demand webinar, “Future-Proof Your Practice with Advanced Techniques to Navigate RCM Challenges in 2024.”

Defining what's possible

LEVERAGING TECHNOLOGY TO STREAMLINE YOUR RCM

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On a recent episode of the MGMA Business Solutions podcast, Matt Seefeld, executive vice president at MedEvolve, explored the state of play for boosting RCM automation in medical groups, noting that the wealth of data available in healthcare organizations is starting to translate into effective solutions via AI.

“**The cool thing about AI today is looking at all the structured data that's being generated between the EHR and the practice management (PM) system**

“The cool thing about AI today is looking at all the structured data that's being generated between the EHR and the practice management (PM) system. ... Imagine a provider being able to come in and just read their insights,” Seefeld said. “This engine just told you where your problems are and then went further and told you what to do about it.”

Seefeld suggested going beyond the level of data capture for claims that exists in most current PM systems. One example is claims data: “Just telling me that a claim is in this status isn't enough. What I did with that claim, what was the outcome of the action and did it yield anything? Now you're getting much more sophisticated,” Seefeld added.

Most medical practices track and understand the value of a clean claim pass rate, Seefeld said, but he sees


the industry shifting to embrace new metrics as data analytics and AI improve robotic/automated processes in the revenue cycle, such as a “zero touch rate” — processes that require no human being involved after delivering a service.

Many practice leaders can divide their RCM operations into three segments: Front end, middle cycle and back end. Within each of these areas, there are opportunities for automation of previously manual tasks. Just a few examples, as noted recently in *HealthLeaders*:

- **Front-end RCM:** Patient registration chatbots, appointment scheduling, prior authorization, eligibility/enrollment tools, price estimators, contact center automation
- **Middle-cycle:** Autonomous coding, direct-to-bill, claims status checks, automated case finding
- **Back-end RCM:** Automated appeals, contract management tools, utilization review.

RCM improvement remains a focus among many medical group leaders: One in five (20%) cited revenue cycle as an area they will outsource or automate in 2024, per a Feb. 20, 2024, MGMA *Stat poll*, and another 18% noted they would do similarly with their contact centers, which play a significant role in front-end RCM.

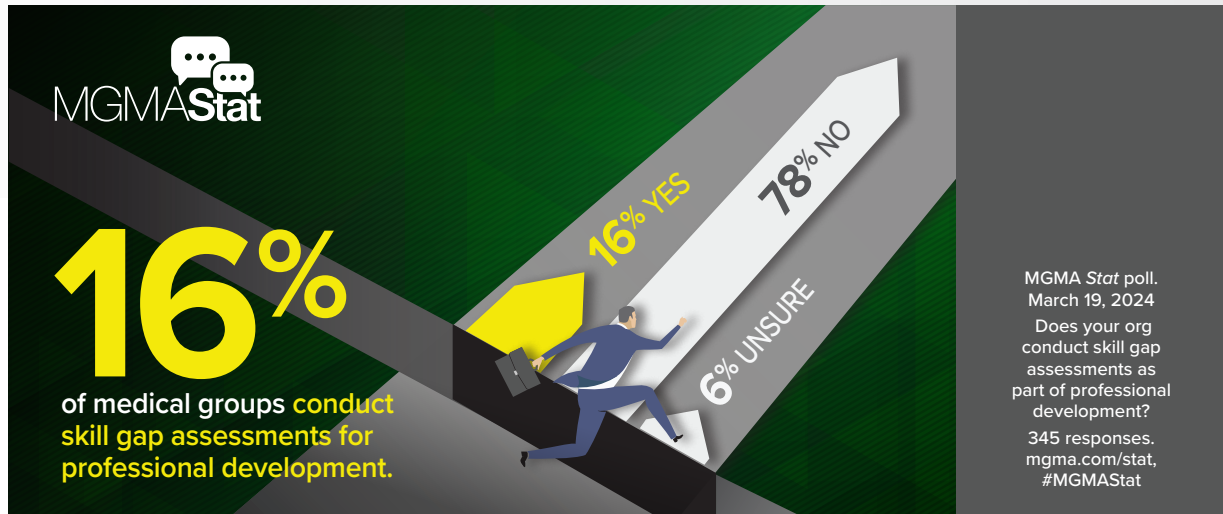
Healthcare leaders said they were especially interested in automating:

- Claim scrubbing and submissions
- Denials management and appeals
- Eligibility checks and prior authorization work
- Medical coding, self-pay collections and credentialing. 

LISTEN TO THE POD

Listen to a [recent episode of the MGMA Business Solutions podcast](#) featuring Matt Seefeld, executive vice president at MedEvolve, who explores the state of play for boosting RCM automation in medical groups





Bridging gaps in healthcare worker knowledge with skill assessments

By Colleen Luckett, MA,
writer/editor, MGMA, cluckett@mgma.com

The ongoing challenges in hiring clinical and administrative staff in medical practices often leaves people leaders with a major dilemma: Finding the time and resources to train, re-skill and upskill existing staff to manage the fast-paced and evolving duties across a facility.

But to build the right programs and commit resources to them, healthcare leaders must first understand the need — and not all of them use an effective starting strategy. A March 19, 2024, MGMA Stat poll found that 16% of medical groups use skill gap assessments, compared to 78% that do not. The poll had 345 applicable responses.

Among leaders who conduct skill gap assessments, several mentioned they evaluate all roles within their

organizations. One respondent assigns mentors to new hires, with skill gap assessments at 30, 90 and 180 days. When these assessments are used in areas such as revenue cycle staff, top benefits include lower A/R, “as payers are being loaded more accurately, and claims are processing much faster.” Another incorporates personality traits into assessments to understand employees’ learning styles and feedback preferences, thus aiding leaders in quickly familiarizing themselves with their staff members.

Other respondents reported zeroing in on clinical staff with assessments — including nurses, MAs and various specialized roles — yielding benefits like reduced patient harm, increased staff engagement and ensuring quality patient care.

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“When we look at this gap — this missing piece — that is the gap between what we’ve learned how to do versus what our job role needs for us to accomplish,” Gordon noted, pointing to billing errors — especially those with missing information — as an example of an operational inefficiency originating at the front desk.

These issues often stem from a lack of understanding among front desk staff about how claims are processed

and paid, exposing a crucial area for targeted skill development. Expanding on operational inefficiencies caused by skill gaps, Tolliver also highlighted regulatory non-compliance, medical and charting errors, decreased revenue and higher job turnover.

- Ongoing training, continuing education, and educational paid programs: This includes offerings like webinars, one-hour weekly education sessions, and online learning resources, alongside continuing education reimbursement.
- Cross-training and quarterly competency testing: This approach not only diversifies the skill sets within the team but also ensures that staff maintain and improve their competencies over time.
- Supporting certification acquisition, maintenance, and offering tuition reimbursement: Also including opportunities for staff to attend educational workshops, seminars, local and national conferences, and specific training like becoming a hearing instrument specialist or audio techs.

“When we look at this gap — this missing piece — that is the gap between what we’ve learned how to do versus what our job role needs for us to accomplish

UPSKILLING THE HEALTHCARE WORKFORCE

In their recent 2024 MGMA Summit session, “Performing Skill Gap Assessment for Leaders and Employees,” MGMA consultants Shawntea “Taya” Gordon, Chief Revenue Cycle Officer, H4 Technology, and Kem Tolliver, President, Medical Revenue Cycle Specialists, stressed the importance of assessing, identifying and overcoming skill gaps to ensure high levels of patient care, as well as efficient healthcare delivery and professional development.

While healthcare professionals gain valuable experience as they progress through various roles, this advancement can also lead to significant gaps in the knowledge and skills crucial for their current positions.

However, Gordon observed, “empowering your team begins with recognizing the gaps not as shortcomings but as opportunities for growth and leadership development,” underscoring a constructive approach to skill gaps.

Tolliver added that the desk audit is a crucial tool for understanding the day-to-day activities of employees. “Desk audits are a valuable tool, giving employees the chance to share their daily, weekly and monthly tasks,” she explained. “This allows them to speak in their own voice about what they do and what they encounter daily; you’ll be amazed at some of the key operational and workforce workflow information you get back.”

Tolliver added that “solving for skill gaps is an investment in our workforce. “When you think about the Quadruple Aim, that fourth aim is going to be care

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team experience, so giving our employees the tools they need to be successful is a part of our investment back into them.”

Tolliver suggested sharing bulletins and newsletters from MGMA and other sources as a way to “invest in” your employees while ensuring awareness beyond busy practice leaders. “We all know our emails can be inundated but sending on information like payer bulletins for A/R staff, coding bulletins for medical record documentation and pay reimbursement guidelines for front desk staff could be so valuable and is often overlooked,” Tolliver noted.

Additional strategies Tolliver suggested for assessing skill gaps include having regular one-on-one check-ins and granting employees individual memberships in professional healthcare organizations or associations. And despite noting their lack of popularity, she advocated for performance evaluations as a necessary marker, as well.

Tolliver emphasized updating job descriptions to keep them relevant and to assess missing staff knowledge. “It’s a really good idea,” she explained, “Especially at the beginning of each year or during organizational shifts to review job descriptions, to understand your organizational needs and make sure those job descriptions are displaying the needs you have at the time.”

An open-door policy and supportive environment in team discussions are both also very important to Tolliver and Gordon, which they said encourage staff to share their developmental needs without fear of judgment. **“If you are trying to overcome skill gaps and drive an educated team, you have to have an open-door policy,” explained Gordon. “You have to promote transparency.”**

“That doesn’t mean you’re always available or share contents of private meetings,” she added. “An

open-door policy means you are truly welcome and open to them and provide a safe space.”

Gordon recommends using **customizable assessment templates aligned with industry best**

practices to effectively monitor staff skill gaps throughout the evaluation phase. She emphasized that these templates can pinpoint developmental needs and enable targeted interventions, as well as structured, positive conversations about addressing identified

skill gaps. “[These templates] are actionable, and you can immediately start implementing changes in your organization,” she added.

Tolliver pointed out the necessity for practice leaders to create impactful training programs after the evaluation period is complete. She suggested these programs feature consumable, digestible modules for learners infused with various examples to clarify concepts, as well as use knowledge checks to ensure comprehension and retention. Additionally, she suggested utilizing mistakes and quiz results to pinpoint deficiencies.

“When you’re curating your own training programs, look at doing a task analysis,” Tolliver suggested. “So, compile the tasks your organization is struggling with, and then develop training programs based on those tasks.”

Finally, in addition to supporting staff development, Tolliver suggested that leaders also invest in their own knowledge and skills. She acknowledged that leaders can’t know everything but stressed that being proficient in essential concepts to effectively address skill gaps in their organizations is crucial.

“Let’s continue to promote honesty within our workforce by also being honest with ourselves about what our skill gaps — or potential skill gaps — could be,” she said. “So, making sure that we are filling our cups with knowledge, as well.” **D**



If you are trying to overcome skill gaps and drive an educated team, you have to have an open-door policy

Is your total rewards strategy sufficient to recruit and retain?

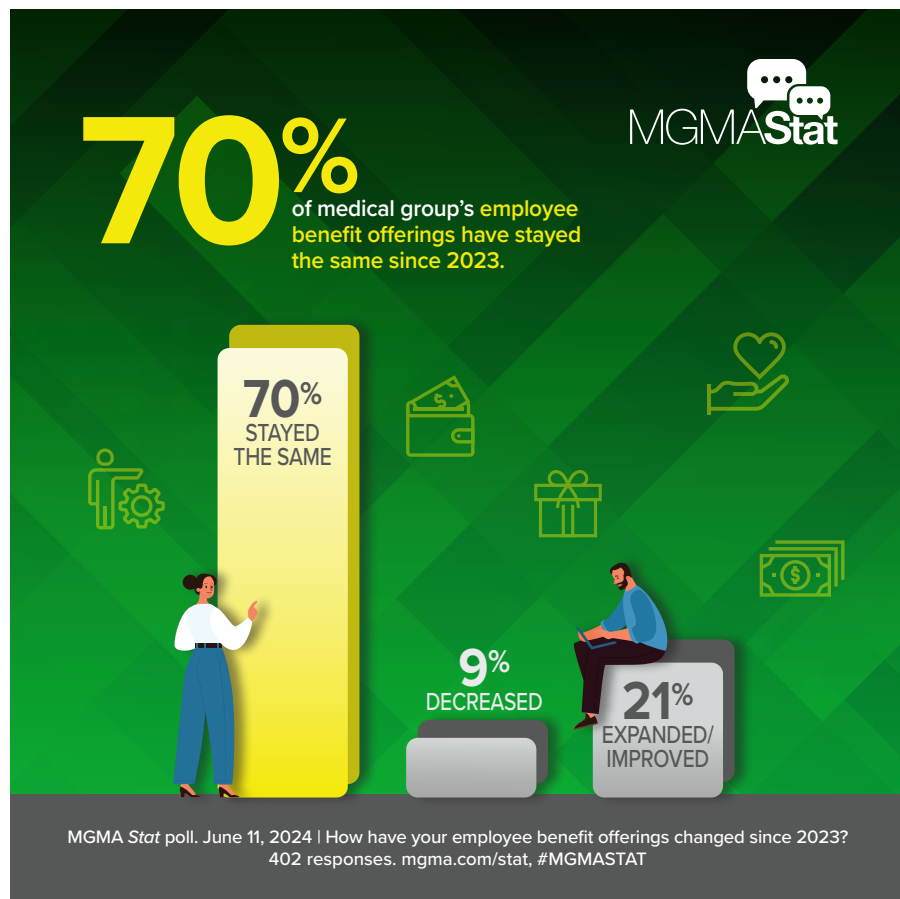
LITTLE CHANGE IN 2024 BENEFIT OFFERINGS

By MGMA staff members

The past three years have seen competition for clinical and nonclinical talent surge as the labor market tightened and healthcare workers explored their options. As 2023 MGMA DataDive Practice Operations survey data showed:

- The turnover rate — individuals who left a given position, divided by total number of positions — for front office support staff reached 40% in 2022.*
- That same turnover measure for clinical support staff and business operations support staff was 33.33%, respectively, in 2022.
- Practices saw a 25% turnover rate for advanced practice providers in 2022.

* Based on a single specialty aggregate combining primary care, nonsurgical and surgical single specialty practice data.



While salaries and wages are a big part of the stay-or-go calculus for these workers, other elements of a compensation and benefits (or “total rewards”) strategy could also substantially impact your medical group’s hiring and retention efforts.

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Despite the intense focus among medical group leaders on bringing in new workers, it hasn't always translated into major shifts in "comp and ben" packages. A June 11, 2024, MGMA *Stat* poll assessing recent changes in how medical group leaders approach the issue finds little change compared to 2023:

- Only about one in five (21%) respondents noted that their organizations expanded or improved their benefits offerings to employees in the past year
- The majority (70%) acknowledged that benefits largely stayed the same versus the previous year.
- Another 9% of respondents signaled that their benefits offerings had declined compared to 2023.

The poll had 402 applicable responses.

Among medical group leaders who reported expanding or improving benefits offerings, the most common changes included:

- New wellness benefits, including enhanced EAP programs and mental health resources, as well as gym memberships for workers and covered family members
- Increasing the employer contribution to health insurance
- Addition of a uniform allowance
- Implementation or expansion of paid leave, including family leave and dependent care leave, as well as adjustments to maximum paid leave accruals
- Making paid leave available upon hire date
- New pet insurance offerings.

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WHAT ELSE WE LEARNED

This latest poll finds less movement on expanding or improving employee benefit packages than this time last year, when a June 13, 2023, MGMA *Stat* poll found that about one-third (35%) of medical groups had added or increased benefits since 2022, with 65% reporting no such improvements.

Most respondents to the latest MGMA *Stat* poll who said their benefit offerings had stayed the same were largely split on the question of whether they view a need to update benefit packages in the coming year to be more competitive. While several medical group leaders said that updates would depend largely on improved financial performance, almost as many said they already believe they have a strong total rewards strategy after making improvements in recent years.

INSIGHTS FROM MGMA PODCASTS

On a [recent MGMA Member Spotlight podcast](#), Anthony Schier, executive director at Cheyenne Obstetrics and Gynecology LLC, discussed his tips for developing and retaining top talent in your medical practice in several ways that can be useful if your organization has limited options on updating total rewards strategy.

DEVELOPING EMPLOYEES AND FOSTERING ENGAGEMENT

Schier emphasized the importance of investing in employee development, even for practices without previous formal programs. He noted that the Cheyenne strategy is twofold: “How can we improve the employee? And then also, how could their improvement benefit us?”

One strategy Schier’s practice employs is conducting annual performance evaluations. During these evaluations, they discuss employees’ career goals and identify growth opportunities. “We will discuss their career goals and look for areas where they want to grow. If we notice areas where we think they might excel, we will encourage them,” Schier said. This approach allows the practice to understand each employee’s aspirations and provide targeted support.

For example, Schier’s practice has supported sonographers in pursuing advanced training, such as a weeklong program on fetal echocardiography. “Ensuring that these techs are well-trained in the latest technology and updated methods is crucial. We recently finished a week-long program with one of them on conducting fetal echoes, a procedure commonly performed in maternal-fetal medicine clinics.”

Schier also highlights the value of sending staff to local community college programs that cover topics such as conflict management and leadership development. “The whole team [then] gets to discuss what they learned,” fostering a culture of continuous learning and knowledge sharing.

RETAINING TOP TALENT THROUGH CAREER ADVANCEMENT OPPORTUNITIES

In addition to developing employees, Schier’s practice actively seeks to retain top talent by providing opportunities for career advancement. “I had a front office staff person who was bilingual in English and Spanish; she was also an MA by training, and I had encouraged her to become a certified medical translator. We paid for her to do that; she researched and found the online program, and we funded it.” According to Schier, this additional training allowed the staffer to earn a higher wage.

Schier also noted a program to encourage and support some MAs interested in becoming RNs. While the practice couldn’t retain all the RN-trained employees, Schier recognizes the broader benefit to the community. “We see that it does help the community because there is a need for [more RNs].” **D**

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LISTEN TO THE POD

For more information on developing a positive culture in your medical practice that boosts employee satisfaction and retention, make sure to check out the [recent MGMA Mindful Medicine podcast episode featuring Sarah Ariaido, MHA](#), who offers communication strategies for transforming toxic situations.



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