

Why is it so difficult to get physician affiliations right?

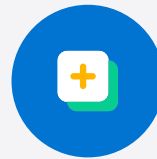
Rapidly Changing Affiliations in the Post-COVID World

November 2023

The current healthcare landscape is incredibly dynamic. During the main years of the pandemic, over half of physicians changed jobs or retired¹, and the volatility shows no signs of abating. In fact, a recent survey found that 47% of US healthcare professionals plan to leave their current role by 2025.²

Such extensive movement among healthcare professionals (HCPs) makes it difficult for biopharma teams to pinpoint key decision-makers within Integrated Delivery Networks (IDNs) and health systems, identify pertinent organizations for targeted engagement, strategically deploy sales representatives to the right locations, conduct market sizing and forecasting analyses, and much more. Having access to the most up-to-date information on the connections between HCPs and healthcare organizations (HCOs) can make a significant difference in commercial success.

An up-close look at McKesson Compile's Provider 360 ReadyData reveals how far you can fall behind if your dataset can't keep up. Knowing who is moving and why can help you refine your strategy to reach the most influential people and deploy your sales force most effectively.



KEY TAKEAWAYS:

- **49% of overall HCP-HCO affiliations, and 27% of primary HCP-HCO affiliations changed over a six-month period**
- **Behavioral health practitioners, nurse practitioners, and physician assistants experienced the most significant changes among specialties**
- **Women are increasingly becoming HCPs, changing affiliations, and exiting the workforce at higher rates**
- **HCPs in the younger and older age ranges are changing affiliations more rapidly as they establish their careers and then ultimately retire**
- **Affiliations change more frequently at rural HCOs and non-academic institutions**

Methodology



This study utilized McKesson Compile's Provider 360 ReadyData to examine HCP-HCO affiliations in the U.S. between January 2023 and July 2023.

The analysis calculated all new and dropped affiliations (unique HCP-HCO combinations) during that six-month period. Additionally, it calculated changes in primary affiliations, representing an HCP's strongest affiliation with a specific location. The research into affiliation changes also identified new HCPs (those entering the clinical workforce), dropped HCPs (those exiting the clinical workforce), and changes in primary affiliation (new job or main location).

Results



In just six months, nearly half of affiliations changed.

Overall, there was a change of 49% in all HCP-HCO affiliations from January to July 2023 (Figure 1). It includes HCPs entering the workforce, retiring, changing jobs, and changing / adding / dropping a location.

When looking at primary affiliations only, the number drops to 27%. At a more granular level, 14% of HCPs changed their primary affiliation, 7% were new to the industry, and 6% left the workforce or retired.



Knowing who is moving and why can help you refine your strategy to reach the most influential people and deploy your sales force most effectively

Change in HCP-HCO Affiliations

(January 2023 - July 2023)

	New Affiliations	Deleted Affiliations	Changed Affiliations	Total Changes
All HCP-HCO Affiliations	26%	23%	N/A	49%
Primary HCP-HCO Affiliations	7%	6%	14%	27%

Figure 1



Most dynamic specialties: behavioral health, NPs, and PAs

Figure 2 illustrates the frequency of primary affiliation changes for the 10 most dynamic HCP specialties.³ Unsurprisingly, behavioral health practitioners have the highest rate of affiliation changes (40%) among this group, with the majority of those joining or leaving clinical practice altogether. Nurse practitioners (NPs) and

physician assistants (PAs) are not far behind at 29% and 26% respectively, though they are largely moving around from one practice to another. When combined, NPs and PAs constitute a substantial portion of HCPs, accounting for 25% of the total HCP population. Behavioral health and primary care practitioners are clearly driving the high numbers. Other specialties such as dermatology and cardiology land in the 10-15% range.

Changes in Primary Affiliations by Specialty

(January 2023 - July 2023)

HCP Category	% HCPs Dropped	% HCPs Added	% HCPs with Change in Primary HCO Affiliation	Overall Change in Affiliations	% HCPs with Change in Parent Affiliation
Behavioral Health	13.3%	18.2%	7.9%	39.5%	2.9%
Nurse Practitioner	3.1%	5.6%	20.1%	28.8%	14.1%
Preventive Medicine	6.1%	2.7%	17.1%	26.0%	10.7%
Physician Assistant	1.9%	4.5%	19.6%	25.9%	13.6%
Family Medicine	3.6%	2.3%	17.9%	23.8%	11.5%
Internal Medicine	3.6%	3.0%	16.8%	23.4%	12.1%
Psychiatry	4.5%	2.8%	15.2%	22.6%	8.9%
Surgery	3.2%	1.6%	16.4%	21.2%	10.9%
Pediatrics	4.1%	2.6%	12.6%	19.3%	6.5%
Obstetrics & Gynecology	3.2%	1.3%	14.5%	18.9%	9.2%

Figure 2

Looking more closely at changes in parent affiliations, or movement between health systems or IDNs, we can see that behavioral health practitioners do not have much movement across parent organizations. They are largely keeping the same jobs but changing offices or locations. NPs and PAs, however, are changing parent locations and moving to new jobs quite frequently.



Behavioral health practitioners experienced the most significant affiliation changes among specialties

Location and institution type influences shifts in affiliations

Breaking down figures by geography and institution type offers deeper insight into what drives patterns in affiliation changes. HCOs in rural zip codes (classified by the U.S. government’s RUCA codes 4-10),⁴ tend to have more affiliation changes than HCOs in urban zip codes (Figure 3).



Affiliations change more frequently at rural HCOs and non-academic institutions

Changes in Primary Affiliations by Urban vs. Rural Location

(January 2023 - July 2023)

HCP Location	% HCPs Dropped	% HCPs Added	% HCPs with Change in Primary HCO Affiliation	Overall Change in Affiliations
Urban	5.0%	6.4%	14.0%	25.4%
Rural	6.5%	5.5%	17.0%	29.0%

Figure 3

A predominance of NPs and PAs in rural areas might help explain why rural HCOs experienced more turnover. NPs account for 17% of HCPs in rural areas, compared to 13% in urban areas. PAs, meanwhile, make up 13% of rural-area HCPs and 11% of urban-area HCPs. These groups tend to change jobs more often than MDs and could be the culprit behind the 4% difference in affiliations changes.

Another interesting divide is seen when comparing academic and non-academic institutions (Figure 4). About one-fourth of all HCOs are classified by McKesson Compile as academic (e.g., UCSF Medical Center, Rutgers Student Health, UNC Hospitals at Chapel Hill). Those that fall into this category tend to see less turnover than those in the non-academic category, as 21% of affiliations in academic HCOs changed in the six-month period compared to 24% in community institutions. This may be related to stickiness in a community institution with research and teaching commitments that aren’t present in a purely clinical setting.

Changes in Primary Affiliations by Institution Type

(January 2023 - July 2023)

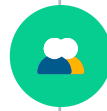
Type of Institution	% HCPs Dropped	% HCPs Added	% HCPs with Change in Primary HCO Affiliation	Overall Change in Affiliations
Academic	2.1%	4.0%	15.2%	21.3%
Non-Academic	3.7%	8.0%	12.3%	24.1%

Figure 4



Women and younger HCPs change affiliations more often

HCP demographics affect affiliations changes as well. Female HCPs are slightly more likely to change affiliations more often than their male counterparts (Figure 5). This trend can be attributed to the increasing number of women graduating from medical schools and joining the workforce. However, it is also important to note that a higher percentage of women leave their careers midway.



Women are increasingly becoming HCPs, changing affiliations, and exiting the workforce at higher rates

Changes in Primary Affiliations by HCP Gender

(January 2023 - July 2023)

Gender	% HCPs Dropped	% HCPs Added	% HCPs with Change in Primary HCO Affiliation	Overall Change in Affiliations
Male	4.7%	4.4%	13.6%	22.7%
Female	6.6%	8.6%	14.2%	29.4%

Figure 5

Not surprisingly, younger HCPs change their affiliations more often than their older counterparts. This follows the general behavior of younger professionals in switching jobs more often as they establish their careers and relocate for personal reasons. Older HCPs, such as those born in the 1960s, exhibit higher dropped affiliations – likely due to practitioners retiring earlier than age 65.



HCPs in the younger and older age ranges are changing affiliations more rapidly as they establish their careers and then ultimately retire

Changes in Primary Affiliations by HCP Year of Birth

(January 2023 - July 2023)

HCP Year of Birth	% HCPs Dropped	% HCPs Added	% HCPs with Change in Primary HCO Affiliation	Overall Change in Affiliations
1960	2.3%	0.5%	14.1%	16.9%
1961	2.0%	0.6%	13.9%	16.5%
1962	1.9%	0.5%	13.7%	16.2%
1963	1.7%	0.4%	13.5%	15.7%
1964	1.7%	0.5%	13.8%	16.0%
1965	1.4%	0.5%	13.6%	15.6%
1966	1.4%	0.5%	13.5%	15.4%
1967	1.3%	0.5%	12.9%	14.7%
1968	1.3%	0.5%	13.1%	14.9%
1969	1.4%	0.5%	13.6%	15.5%
1970	1.2%	0.4%	13.0%	14.6%
1971	1.1%	0.4%	13.7%	15.1%
1972	1.0%	0.5%	13.2%	14.7%
1973	1.0%	0.4%	13.1%	14.5%
1974	0.9%	0.4%	13.1%	14.3%
1975	0.9%	0.4%	13.5%	14.8%
1976	1.0%	0.4%	13.7%	15.0%
1977	0.8%	0.4%	13.2%	14.4%
1978	0.7%	0.4%	13.4%	14.5%
1979	0.8%	0.3%	13.8%	14.9%
1980	0.6%	0.3%	14.3%	15.1%
1981	0.5%	0.2%	13.9%	14.7%
1982	0.6%	0.3%	14.8%	15.7%
1983	0.5%	0.3%	15.0%	15.8%
1984	0.5%	0.3%	14.7%	15.5%
1985	0.6%	0.4%	16.2%	17.1%
1986	0.4%	0.4%	15.7%	16.5%
1987	0.6%	0.5%	17.2%	18.2%
1988	0.8%	0.6%	16.7%	18.1%
1989	0.9%	1.2%	18.2%	20.2%
1990	0.5%	1.1%	18.0%	19.6%

Figure 6



Conclusion: affiliations change fast, and falling behind is costly



Affiliations in the healthcare industry exhibit a remarkable degree of dynamism, with nearly half of affiliations changing in the first half of 2023.

Moreover, those HCPs who are particularly challenging to engage with but vital for life sciences companies—such as those within academic institutions, in rural areas with extended travel times, and in primary care settings with significant prescription influence—tend to undergo even more frequent affiliation changes.

For commercial teams to be able to reliably target HCPs at specific locations, it is crucial for them to have the most updated and accurate information available. Thus, life sciences companies must use a dataset that refreshes often to reflect the ever-evolving nature of the industry.



49% of overall HCP-HCO affiliations, and 27% of primary HCP-HCO affiliations changed over a six-month period

¹“Survey: Nearly half of physicians changed jobs during the pandemic,” CHG blog, June 27, 2022, <https://chghhealthcare.com/blog/physicians-changed-jobs-survey>.

²“New survey shows that nearly 47% of U.S. healthcare workers plan to leave their positions by 2025,” Forbes, April 19, 2022, <https://www.forbes.com/sites/jackkelly/2022/04/19/new-survey-shows-that-up-to-47-of-us-healthcare-workers-plan-to-leave-their-positions-by-2025/?sh=b2a637b395b7>.

³The analysis considered high volume specialties only.

⁴Segmentation of RUCA codes established by research conducted in “Rural Urban Commuting Area Codes Maps”. University of Washington Medicine, n.d., <https://depts.washington.edu/uwruca/ruca-maps.php> and “Defining Rural Population.” HRSA, Mar. 2022, www.hrsa.gov/rural-health/about-us/what-is-rural.

McKesson Compile helps life sciences companies develop and distribute lifesaving innovations by providing healthcare intelligence with high-capture, high-fidelity data across providers and patients. McKesson Compile’s provider dataset contains best-in-class affiliations with unique, precise scoring and flexible hierarchies. By transforming messy and disparate datasets into clean, analytics-ready tables with unparalleled accuracy and recency, McKesson Compile enables commercial teams to move faster, while making our customers’ lives easier with premium customer service and a flexible business model. Customers include leading pharmaceutical manufacturers, biotechnology firms, and other healthcare innovators.

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