

LH QUARTERLY

2020
VOLUME 3, ISSUE 12

PHYSICIAN ASSISTANT AND ADVANCED PRACTICE REGISTERED NURSE (APRN) NEWS AND INFORMATION



Rolinda Mitchell during one of her shifts at the Boston Hope Project.

Lyle Health Staffs Boston City of Hope Project

When Boston Mayor announced that the City of Boston would transform the Boston Convention and Exhibition Center into a 1,000-bed field hospital for Covid-19 patients, Lyle Health was tasked with staffing Physician Assistant and Nurse Practitioners for the site. In conjunction with Boston Health Care for the Homeless Program, Lyle Health began covering PA and NP shifts the middle of April, 2020.

Just as fire fighters respond to a burning building, or paramedics respond to a horrific car crash, or our military march into battle; Physician Assistants and Nurse Practitioners were asked to suit up in PPE and enter the convention center to treat these Covid-19 positive homeless patients. At the time, little was known about the virus, yet the outpouring of

SEE NEXT PAGE ►



PHILANTHROPY

CITY OF HOPE

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support shown by PA and NP providers willing to help was monumental. Their selfless attitude and commitment to help those afflicted by the virus should be awarded by an outpouring of gratitude from the general public, our government and the world. Lyle Health would especially like to thank all of the PA and NP providers who worked on the City of Boston project. Thank you, thank you, thank you!



Thank you to our healthcare heroes!



BREAKING NEWS

LYLE HEALTH FORMS STRATEGIC PARTNERSHIP WITH THE ADVANCED PRACTICE PROVIDER ASSOCIATION OF AMERICA (APPAA)

Lyle Health has joined forces with the APPAA (www.appaa.org). The APPAA is a relatively new association which was established to provide Nurse Practitioners and Physician

Assistants with the tools and resources to be successful in the workplace and at home.

APPAA identified a giant hole in the PA and NP association space. Most of the larger PA and NP associations really focus their efforts, both financially and timewise on lobbying the government to highlight the PA and NP professions and making it as advantageous as possible to be a PA or NP. And although that is a respectful focus, the APPAA, after listening to countless PA and NP providers, wanted to create an association that was more about empowering the provider to become successful at work and at home.

The APPAA does this by focusing on FIVE main areas:

*Allowing the PA and NP to earn extra money through referrals and content.



*Introducing the PA and NP to sound financial and investment advice through a network of PA and NP investment professionals.

*Sending daily content to spread best practices and PA and NP awareness.

*Educating employers how to optimize PA and NP providers.

*Allowing connectivity between PA and NP Providers through a member directory, message center and newfeed.



WORKPLACE

COVID-19 CAUSING HOSPITAL LAYOFFS

The financial challenges caused by the COVID-19 pandemic have forced hundreds of hospitals across the nation to furlough, lay off or reduce pay for workers.

U.S. hospitals are estimated to lose \$200 billion between March 1 and June 30, according to a report from the American Hospital Association. The combination of canceled elective procedures, which make up about \$161 billion of the expected revenue losses, and the costs of preparing for a surge of COVID-19 patients have created a cash crunch for hospitals. Though Congress has allocated \$175 billion in relief aid for hospitals and other healthcare providers, it isn't enough to cover the lost revenue and higher expenses some are experiencing due to the pandemic. Even before the coronavirus swept America, forcing hospitals to stop providing lucrative nonessential surgery and other services, many smaller hospitals were on the financial brink.

Hospitals are taking a number of steps to offset the financial damage. Executives, clinicians and other staff are taking pay cuts, capital projects are being put on hold, and some employees are losing their jobs. Nearly 270 hospitals and health systems have furloughed workers in recent months and several others have implemented layoffs.



University of Mississippi Medical Center in Jackson

Some layoffs since May 1:

1. Grand Forks, N.D.-based Altru Health System — 167 employees.
2. Bluefield (W.Va.) Regional Medical Center — 340 employees.
3. University of Mississippi Medical Center in Jackson — 250 employees.
4. Dallas-based Baylor Scott & White Health — 1,200 employees.
5. Pittsburgh-based Allegheny Health Network — 250 employees.
6. Duluth, Minn.-based Essentia Health — 900 employees.
7. Buffalo, N.Y.-based Erie County Medical Center — 70 employees.
8. Valley View Hospital in Glenwood Springs, Colo., — 100 employees.
9. Fulton County Medical Center in McConnellsburg, Pa. — 36 employees.
10. King City, Calif.-based Mee Memorial Healthcare System — 55 employees.





INSIDE LH (LYLE HEALTH IS AN EXECUTIVE PA & NP SEARCH FIRM)

ADVANTAGES OF USING A CONTINGENT STAFFING SERVICE

Sourcing, screening and hiring Physician Assistants and Nurse Practitioners can be a very difficult task. PA and NP Providers are typically an integral part of any organizations ability to effectively meet patient demands and provide top-level healthcare services. At Lyle Health, we solely recruit and place Physician Assistants and Nurse Practitioners.

TOP 5 ADVANTAGES FOR EMPLOYERS TO USE CONTINGENT STAFFING SERVICES:

- * Gain access to candidates otherwise not available to employers.
- * Passive providers, and especially those confidentially looking for new opportunities, rarely apply to ads online or post their CV into CV Database job boards.
- * All candidate submissions are already pre-screened on your job requirements, location and specialty.
- * Employers only pay if they hire a candidate referred to them by the staffing firm.
- * Each placement is accompanied with a 90 day full money back guarantee.

That is all we do. We offer both permanent, locum and locum-to-permanent staffing services. We typically direct source 70% of our permanent placements and have a robust repository of providers to meet employer needs. Below are the advantages for both employers and providers in using contingent services:

TOP 5 ADVANTAGES FOR CANDIDATES TO USE CONTINGENT STAFFING SERVICES:

- * Save time! Recent grads can focus on rotations and certification exams and allow the recruiter to identify viable opportunities. Experienced providers can focus on their current job and allow the recruiter to search job openings on their behalf.
- * Professional advice on CV writing, interview tips and what locations and specialties are hot and cold.
- * Gain access to jobs that are not posted online or perhaps may be confidential openings.
- * Gain an insight into why positions are open and gauge turnover factors.
- * Allow the recruiter to help negotiate any employment agreements to ensure they are optimal and fair.





YOUR CAREER

MID-LEVEL RETENTION TECHNIQUES

PA and NP recruitment can be arduous and a painstakingly long process. Even after a provider finds their dream job, roughly 50-60% of all PAs and NPs change jobs within the first

five years of starting their first job. Although different specialties have their own retention rates, typically the hospitalist profession sees the highest turnover in the shortest period of time.

THINGS TO CONSIDER BEFORE SIGNING ON THE DOTTED LINE:

- Ask the right questions before signing an employment agreement (tail coverage, health insurance, non-compete, hours, patient volume, clinical support, etc).
- Have an employment attorney review the employment agreement.
- DO NOT be enticed by the dollar amount. Also take into consideration your quality of life, location and long term goals.
- Everything probably looks and sounds like gold compared to the life of a student. Have an off the record conversation with physicians who perhaps work at the employer, or used to work for the employer. Does the employer typically tend to over promise and under deliver, or vice versa?

THINGS TO CONSIDER AFTER SIGNING ON THE DOTTED LINE:

- Rent your first home instead of buying. Residential real estate is not what it used to be. Buying a home is an expense, not an investment. Renting also helps to avoid the transaction costs and fees associated with buying.
- Know your non-compete. If unfortunately a time comes when you need to change jobs, know your non-compete clause in your employment agreement. Additionally, renting may make you more liquid if you need to move quickly and take a new job; especially if it's far away.
- Speak with a financial advisor. Map out a long term plan to pay off student loans, and perhaps start with a conservative but rewarding investment, such as in dividend aristocrats stocks; which are companies that have paid out more than a 5% yield for over 25 consecutive yields.





INSIDE LH (LYLE HEALTH IS AN EXECUTIVE PA & NP SEARCH FIRM)

THE LYLE RECRUITMENT PROCESS

ANALYZE

- Clearly define and understand the employers position.
- Build a consensus among the team as to the key competencies required.
- Discuss the responsibilities, experience preferences, specialty and location.
- Develop an in-depth target profile of the ideal candidate — mandatory skills and preferred attributes.
- Conduct targeted research on the employer and its competitors.

IDENTIFY

- We draw upon our available resources, contacts and referrals to accumulate the largest possible pool of candidates.
- Conduct original research

to identify individuals whose experience, credentials, skills and accomplishments are a good match for our employer.

- Promote the opportunity through our extensive network.
- Conduct in-depth interviews of the top candidates to match their skills and career goals to the hiring team's performance expectations.

SELECT

- Assist client in interviewing finalists and narrowing the selection.
- Develop the strategy to on board the client's final selected candidate.
- Facilitate agreement between client and candidate on terms of engagement, including compensation.
- Stay in contact with both parties to ensure a productive relationship.

LYLE HEALTH DIVISION RECRUITER SPOTLIGHT

SCOTT WALTER

Virginia Tech, Sociology, 2018

WHY RECRUITING

I chose recruiting because I enjoy matching candidates with fulfilling jobs and helping businesses find/retain top talent!

THREE THINGS YOU DIDN'T KNOW ABOUT SCOTT:

1. I played college baseball and look forward to coaching down the road
2. Recently got a new Chocolate Lab puppy named Griffey
3. Enjoy the outdoors with family and friends.

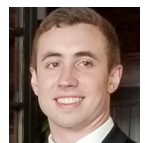


ZACH SMITH

NC State, Ag Business Management, 2018

WHY RECRUITING

I got into recruiting initially because I loved the fast-paced, wheeling and dealing temp world. After doing it for some time, I realized I really enjoyed combining the recruiting and marketing into a full desk role.



THREE THINGS YOU DIDN'T KNOW ABOUT ZACH:

1. Played club baseball at NC State.
2. Just bought a house in Charlotte N.C.
3. Favorite activity is sitting on the beach in Oak Island



CANDIDATE SPOTLIGHTS

Congratulations to some recently placed candidates!

MOLLY CHURLONIS, PA-C

SCHOOL Western University of Health Sciences,
Pomona CA

GRADUATION YEAR 2017

PRACTICE Newport Beach BioSpa,
Newport Beach CA — Aesthetics

STARTED June 1, 2020



LAUREN VANDEVELDE, PA-C

SCHOOL St. Ambrose University, Davenport IA

GRADUATION YEAR 2018

PRACTICE Tidewater Physicians Multispecialty Group,
Suffolk, VA — Ear, Nose & Throat

STARTED March 16, 2020



ANDREW McCRAW, FNP

SCHOOL Kaplan University

GRADUATION YEAR 2017

PRACTICE Carolina Orthopedic &
Neurosurgical Associates (working in total joint)

STARTED March 2020



KEVIN BABY

**LYLE HEALTH DIRECTOR
OF RECRUITMENT
WELCOMES BABY GIRL**

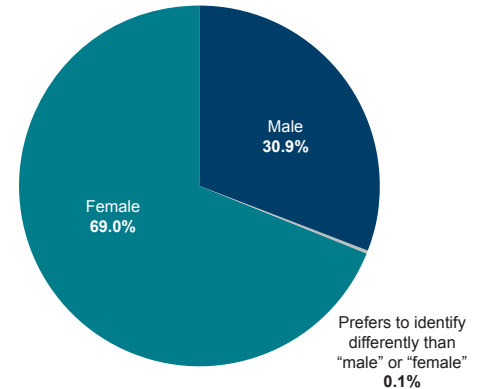
Welcome Charlotte Josephson!
(pictured with father, Kevin).

Go to www.lylestaffing.com, a boutique Physician Assistant and Nurse Practitioner executive search and consulting firm.

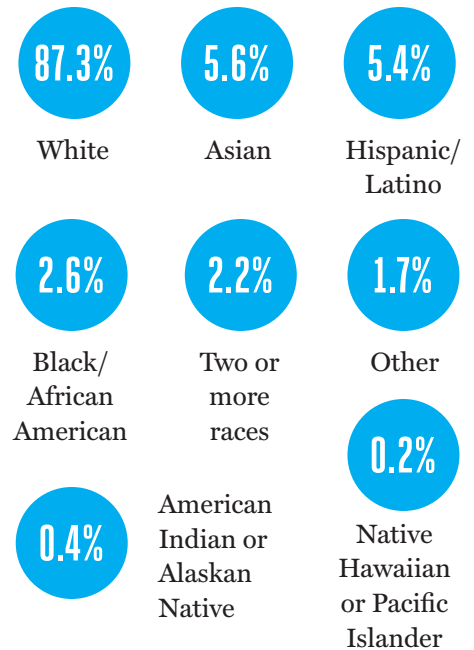
STATISTICS

AAPA SALARY REPORT

Distribution of PAs by Gender



Distribution of PAs by Race and Ethnicity



SALARY

\$116,964

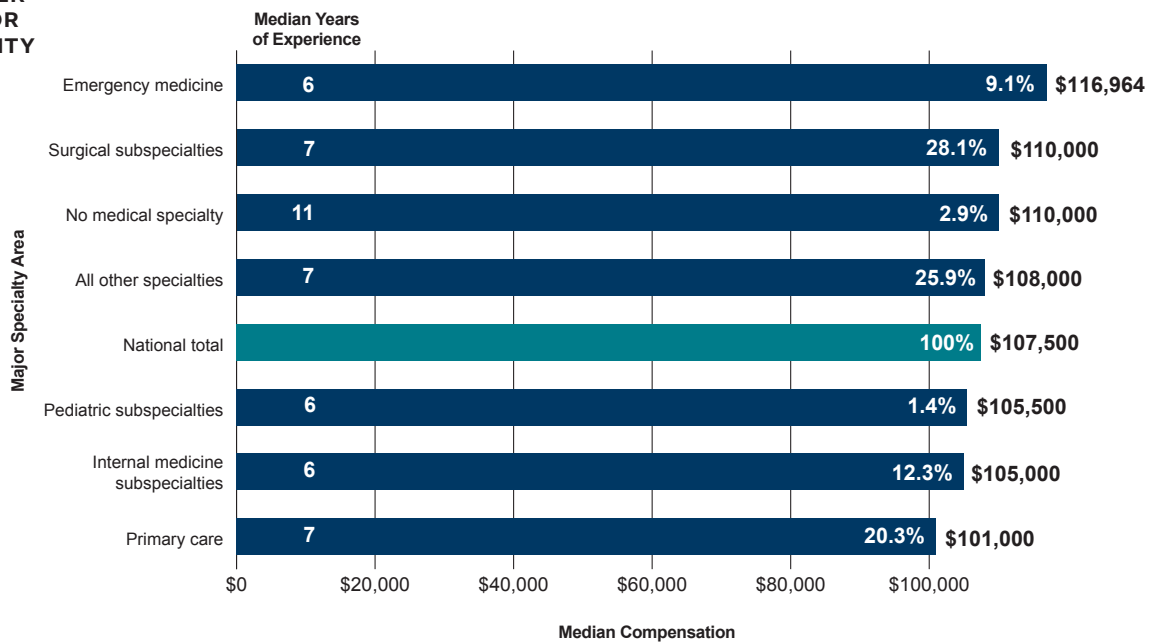
The median compensation for PAs who practice emergency medicine as their major specialty area, according to the the 2019 AAPA Salary Report.



STATISTICS

AAPA SALARY REPORT AT A GLANCE

**MEDIAN
COMPENSATION
FROM PRIMARY
EMPLOYER
BY MAJOR
SPECIALTY
AREA**



Note: The data reflect PAs who worked 32 hours or more per week in 2018. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. It does not include bonus. Percentages inside bars indicate the percentage of PAs who report that employer type as their primary employer type. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2019 AAPA Salary Survey. Primary care includes family medicine, general internal medicine, and general pediatrics. It does not include PAs who indicate "urgent care" as their primary specialty.

The type of employer a PA works for is also related to compensation. PAs who work for a physician practice (solo practice, \$100,000), a research organization (\$100,900), or a Federally Qualified Health Center (\$101,000), reported the lowest median salaries. PAs who are employed by an HMO (\$128,000), self-employed, or independent contractors (\$121,000) reported the highest median compensation. For more information, see Table 23.

PAs who practice emergency medicine as their major specialty area are earning more than PAs in other major specialty areas (Figure 10), although

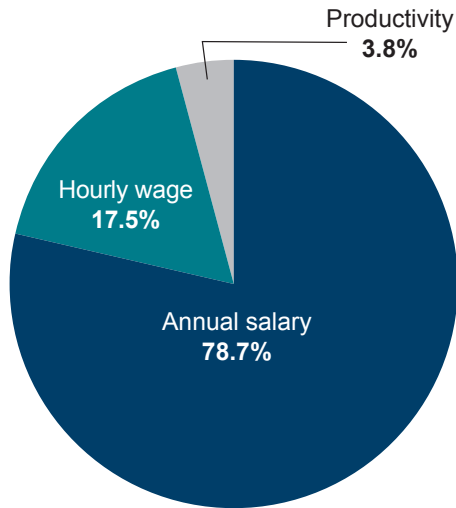
some surgical subspecialties are paid far more than emergency medicine. Primary care (defined as family medicine, general internal medicine, or general pediatrics) is the lowest-paid major specialty area. See Table 10 for more information. As noted in past salary reports, PAs in certain specialties and with certain types of employers are more likely to receive an hourly wage than others. PAs in emergency medicine (59.8%) or urgent care (51.8%), and those employed by medical staffing agencies (70.1%), and HMOs (45.9) or convenient care clinics (60.9%) are more likely to receive an hourly wage, compared to 17.5% of PAs overall.



STATISTICS

AAPA SALARY REPORT AT A GLANCE

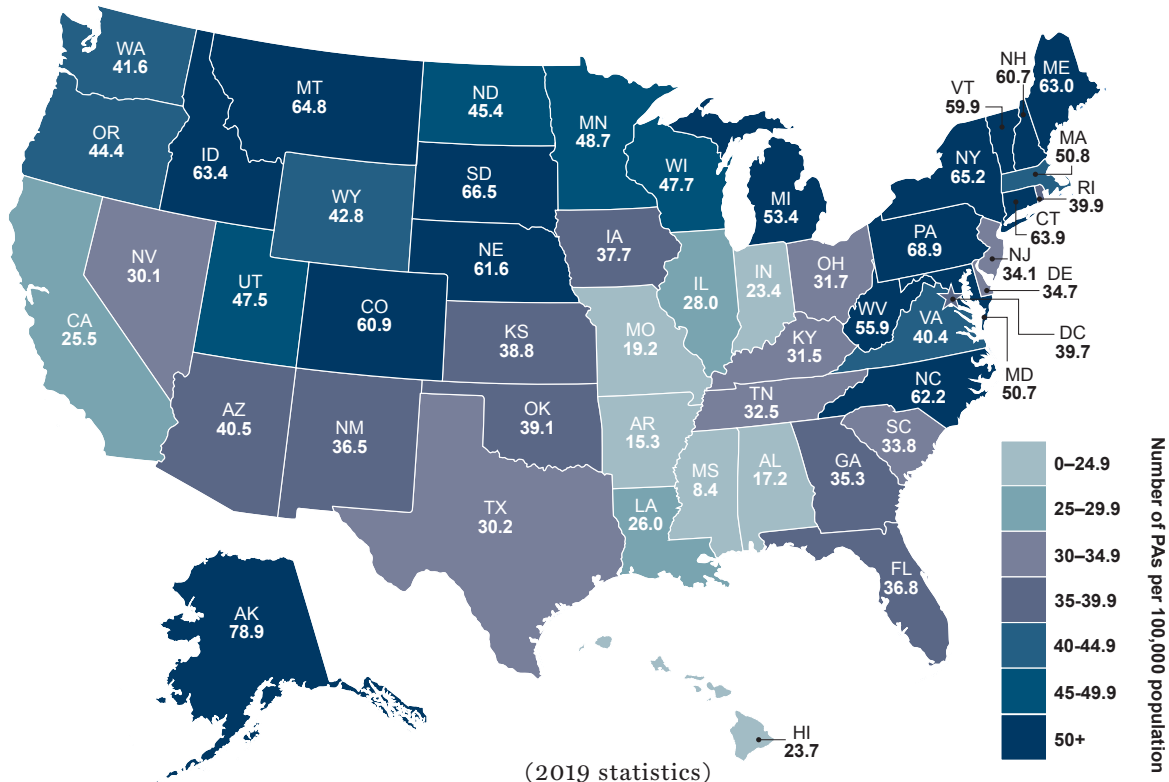
DISTRIBUTION OF PAs BY MODE OF COMPENSATION



2018 Median PA Compensation:

Base salary: \$106,000
 Hourly wage: \$60
 Productivity pay: \$150,000
 Profession-wide compensation: \$107,500
 Annual bonus: \$5,500

DISTRIBUTION OF PAs BY PER CAPITA BY STATE



(2019 statistics)



Telehealth market map

Physician consultations



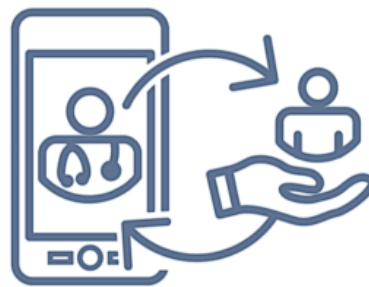
Outsourced telespecialty care



Continuing care



Remote patient monitoring and diagnostics



Guided therapy and coaching



Prescriptions



Clinical trials



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TECHNOLOGY

TELEHEALTH ACCESS RAPIDLY EXPANDING DURING PANDEMIC

The stay-at-home order many states imposed was something many Americans did not anticipate. Elective surgeries were being postponed, physicals and regular checkups were being canceled and older generations and those with compromised immune systems were in isolation. And although telehealth existed pre-Covid-19, it certainly feels that the Centers for Medicare and Medicaid Services

(CMS) has carved out a new specialty with telehealth.

During the Coronavirus pandemic, the CMS decreased many telehealth requirements. These changes allowed patients at home to easily connect with available physicians. Some of the changes included; allowing the implementation of new mobile applications and devices, removing requirements of having met in the MD in person



TECHNOLOGY

TELEHEALTH

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and allowing states to honor other state licenses were several of the temporary changes.

In the last few months, many patients have perhaps Zoomed or used FaceTime with their physician. Many are now used to “online” appointments and in-person appointments are reserved for patients who really need to be seen by the doctor. There is even remote patient monitoring technology which allows physicians to keep tabs on their patients. With these transformative changes unleashed over the last several months, it’s hard to imagine merely reverting to the way things were before.

According to the American Hospital Association, 76 percent of hospitals in the U.S. connect with telehealth services. Here are more than 275 telehealth companies to know. [Click](#) some additional telehealth information and resources:

LYLE HEALTH QUOTE OF THE MONTH

“By mid-May, almost 94 million adults had delayed medical care because of the coronavirus pandemic, the Census Bureau reported in its Household Pulse Survey. Some 66 million of those needed but didn’t get medical care unrelated to the virus.”

— *Washington Post*



LATEST NEWS AND HEADLINES

- **A new study suggests a powerful, and expensive, anti-inflammatory drug — canakinumab (Ilaris) — could slow down the common form of arthritis that strikes aging knees and hips.**
- **A Norwegian study investigated the effects of going to bed 2 hours later than normal but getting up at the usual time. It found that people not only became more impulsive and prone to mistakes the following day but also experienced a flattening of normally pleasurable feelings.**
- **Researchers from the University of Utah collected discarded hair from barbers and hair salons from 65 cities across the U.S. From the chemical traces in the cuttings the scientists found that American diets are dominated by animal-derived protein like meat and dairy.**
- **A multistate outbreak of salmonella poisoning that has sickened almost 400 people in 31 states has been traced back to red onions. Signs of salmonella infection include diarrhea, fever and stomach cramps between six hours and six days after exposure to the bacteria.**

Science Daily	Blood test shows promise in diagnosis of Alzheimer’s
New York Times	Dementia on the retreat in the U.S. and Europe
New York Times	Contract tracing is failing in many states
CNN	How does Covid-19 affect the brain?
Science Daily	The best (and worst) materials for masks
U.S. News	Parents struggle as schools reopen during pandemic



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