



Program For Provider Recruitment / Retention

Building modernized healthcare delivery platforms that yield better results

The Physician / Provider Recruiting Problem

The Supply / Demand Story

Perceived Absence of Physician Supply

“There are only XX physicians graduating from residency and fellowship programs per year – how are we supposed to find enough candidates given the competition from larger leading hospitals and health systems.”

Every MSO CEO Struggling w/Provider Recruitment

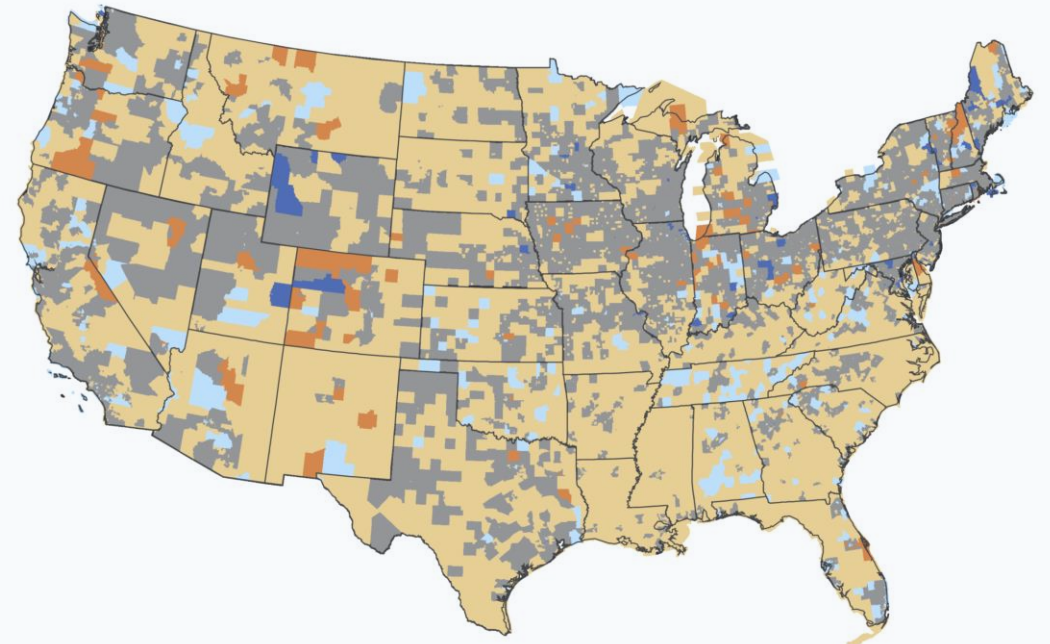
Specialties with the Most Active Providers ⁽¹⁾

- Internal Medicine – 120,171
- Family Medicine / GP – 118,198
- Pediatrics – 60,618
- Emergency Medicine – 45,202
- Obstetrics & Gynecology – 42,720

Specialties with the least Active Providers ⁽¹⁾

- Pediatric Anesthesiology – 2,571
- Pediatric Critical Care Medicine – 2,639
- Pediatric Cardiology – 2,966
- Pediatric Hematology / Oncology – 3,079
- Vascular and Inferential Radiology – 3,877

American Access to Healthcare



Areas in yellow are considered “medically underserved”

*Estimated Shortage
of Providers by 2032*

47,000 – 122,000

*US Providers per 10,000
American citizens*

25.9

(1) - <https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-largest-specialties-2019>

The Physician / Provider Recruiting Problem

Hospital & Health Systems - A Threat & Growing Opportunity

Provider Recruitment Landscape / Competitive Threat

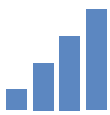
- A growing Provider organization is not only competing with their fellow practices but have a slew of other competitors across both the corporate and hospital markets.
- Over 50% of all active physicians work in a hospital / health system environment. As either a sponsor backed platform or an independent practice, this represents both a threat and growing opportunity.
- Most hospital providers are searching for growing equity partner value and increased share of VBS payments. Additionally, many hospital providers face even greater rates of turnover and burn-out due to the complexities / bureaucracies of large health systems. Couple the above with the increased stresses of a COVID world and we begin to see a model where more and more physicians / providers are looking for greener pastures in the form of independent and sponsor backed practices.

Reasons for Escaping a Hospital Environment

Reduced
Red Tape /
Bureaucracy



Increased
Base
Compensation



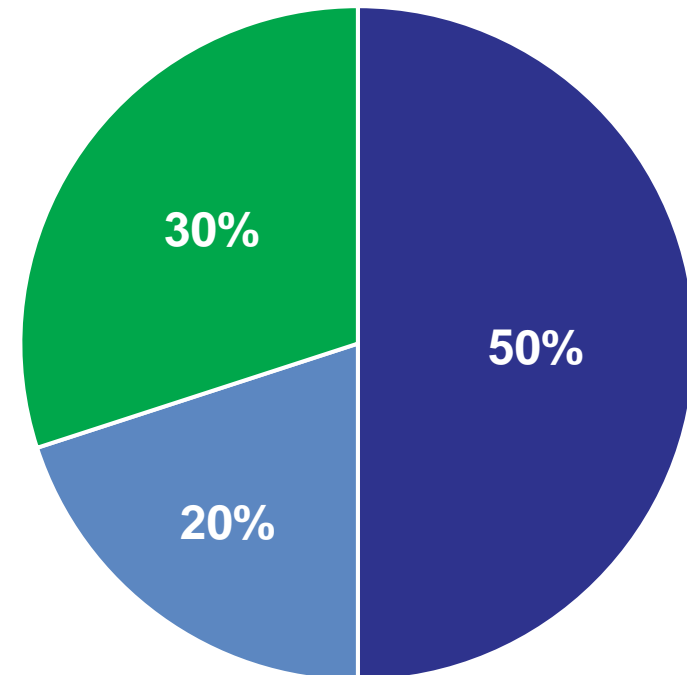
Greater Autonomy
/ Entrepreneurial
Spirit



Increased
Ancillary
Revenue



Providers by Entity Type



■ Hospitals ■ Corporate Entities ■ Traditional Practices

Corporate Entities are defined as PE backed Management Service Organizations and Payors

Bad Choices Made Under Duress (Insufficient Candidates/Insufficient Assessment)

- “By far my worst decisions have been poor choices in new associates. Overall human resource problems are the biggest headache in a small business, including a medical practice, the aggravation, negative clinical impact and financial burden related to the wrong new doctor in a practice far outweighs any other issue.”

Geoffrey Engel, MD. Northwestern Medical Group (Chicago) / Beckers.com

- “Recruiting shouldn’t be to fill the position but making sure that a candidate is a good fit. I see a lot of businesses hire the “highly trained/qualified” candidate but it was never the right person so there is immediate conflict that many try to manage around; High performing - bad culture hires are terrible for an organization. I don't think private practices/MSO's do a good job through the recruiting and interview process to ensure they are identifying the right “good culture” candidates.

Dr. Lowell Weill / Weill Podiatry

Traditional Vs. Target Provider Recruitment Program

SCALE+

Most Physician / Provider Recruitment Programs Lack the Structure and Depth to Consistently Yield Results

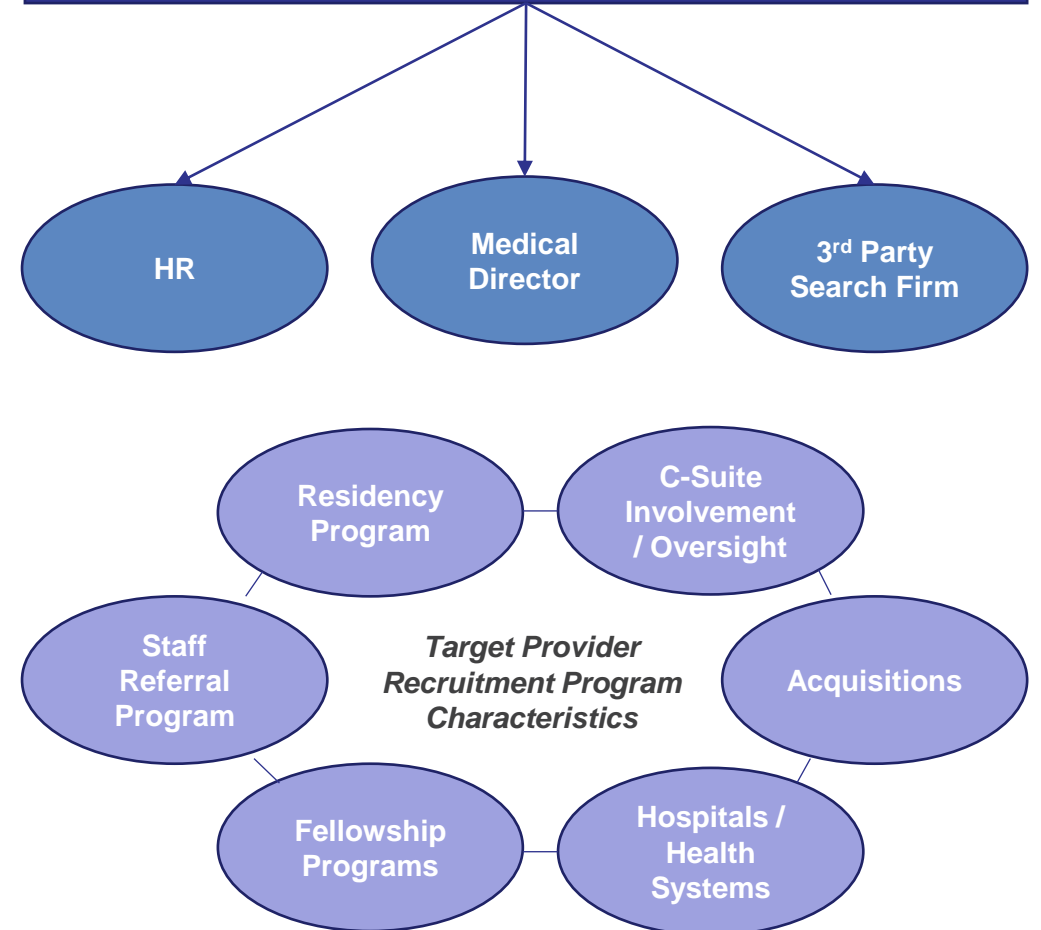
Traditional Provider Recruitment Program

- Typical Medical Groups / Management Services Organization (MSO) rely on a slew of random, poor consistency, recruitment options.
- The options most commonly employed usually are the least costly, require the least amount of uplift / effort, and produce the most inconsistent results.
- The main issue is that these programs rely too heavily on random relationships and fail to match hiring efforts with retention records.
- Most importantly, these programs lack the formality and organization required to lead a successful recruitment program. Practices are too quick to call their efforts by a single HR staff or medical director an “HR” Program. A successful program requires consistent follow-up, an updated pipeline, concerted marketing / outreach efforts, and a firm leader to oversee it all.
- Target recruitment programs need to be both broad in their outreach but focused on the offerings, delivering a carefully crafted story that relays a providers current & future goals and matches them with firm offerings.

*Traditional
Recruitment Efforts*

*Potential / Target
Recruitment Efforts*

Provider Organization



The Provider Recruitment Solution



Key Program Components to a Successful Provider Recruitment Program

 <p>Strong Firm Culture</p>	<ul style="list-style-type: none"> ▪ Identifies, defines, and builds upon practices existing culture ▪ Provides incentive structure leading to defined pathways for growth ▪ Educates staff involved with the hiring process to ask the right questions to determine an associate providers “fit”
 <p>Deep Provider Supply</p>	<ul style="list-style-type: none"> ▪ Identifies local market residency/fellowship and medical school programs for marketing / partnership development ▪ Builds and maintains strong pipeline of residents for plug and play associate provider growth ▪ Creates brand awareness with residency pools that drive inbound provider demand
 <p>Local Community Leader</p>	<ul style="list-style-type: none"> ▪ Listens to and educates the surrounding local market communities on firm advancements / developments ▪ Cultivates and fosters an educational atmosphere / approach to ensure medical best practices
 <p>High Performing Marketing Program</p>	<ul style="list-style-type: none"> ▪ Provides best in class marketing programs with detailed KPI's to help manage, track, and improve Marketing ROI ▪ Promotes marketing materials across digital, social, and boots-on-the-ground campaigns ▪ Defines recruiting programs with incentive structure to aid associate providers transition to the work force (loan programs)
 <p>High Performing Recruiting / HR Program / C-Suite Involvement</p>	<ul style="list-style-type: none"> ▪ Identifies and builds upon existing HR / recruiting infrastructure to align strategic growth goals with operational provider development ▪ Leverages multiple channels of recruiting platforms and industry forums to accelerate provider growth and brand awareness ▪ Analyzes recruiting, turnover, and correlated marketing efforts to establish constant improvement efforts
 <p>Medical / Political Leader</p>	<ul style="list-style-type: none"> ▪ Identifies strong clinicians who establish medical leadership positions in local, state and national governmental agencies ▪ Communicates with local hospitals & management companies to understand their need for resources and how to provide care for the broader community

The Provide Recruitment Solution



The Solution from Seasoned Provider Leaders

A 1st Class Recruiting Program Looks Like;

- “We have grown our business organically – every time we have an opening we get +100 high quality resumes – we have more interest in our platform from graduating residents than I know what to do with – we hire the best, and we keep them.”

Dr. Amy Derrick/ Derrick Dermatology

- *“While our competition struggles to find providers we train internally, graduate our own techs to associates and see them become more specialized and more qualified over a multi-year training program – and our clinicians are with us long-term because we invest in them”*

Ryan Lambert/ ABC Behavioral Health

- *“We continue to hire the Providers we want when we want, our nearest competitor is losing its best doctors and its referrals to our platform – they haven’t taken care of their doctors, staff, and patients. We are more than happy to find these people a more stable home”.*

Stan Anderson/ Insight Vision Ophthalmology

The Problem Redefined

Retention - The Other Half of the Provider Recruitment Problem

- While developing a Provider recruitment program is often the main focus of a growing provider organization's associate provider strategy, successfully integrating and retaining newly onboarded Providers is a much more difficult, overlooked, and rewarding activity.
- An associate Provider is only as strong as the Provider organization which it serves, and creating a proper set of advancement, mentoring, incentive and leadership tools will allow that associate Provider to flourish into a successful Provider partner in the future.
- Creating an ideal integration / retention program is key to limiting Provider turnover, increasing your served patient base, and ultimately growing your Provider organization.
- A provider integration / retention program requires three main links to work in sync:
 - **Underlying Healthy Business**
 - **Strong Provider Leadership / Mentorship**
 - **Defined Path to Success / Partner**
- These three main links compose a ***"Provider's Hierarchy of Needs"***

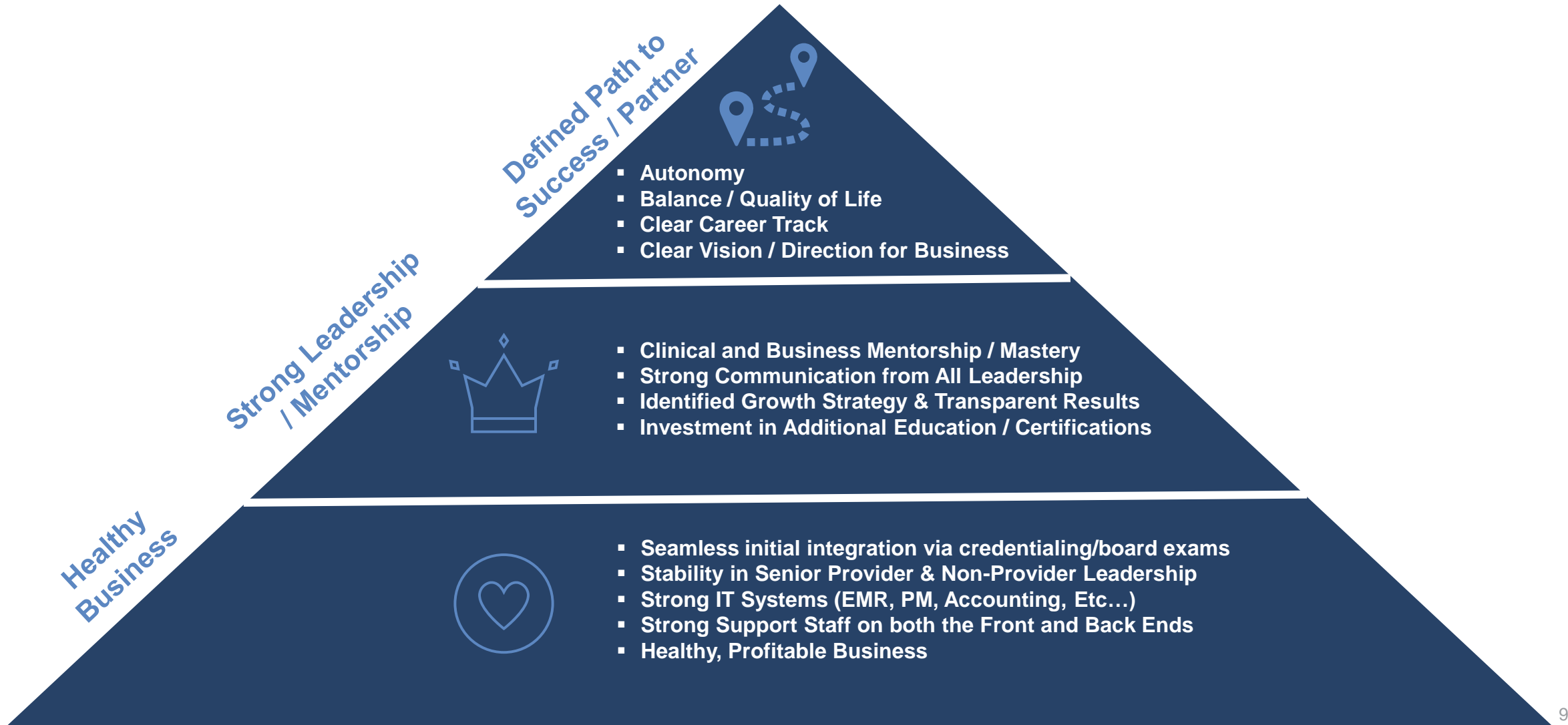
The Provider Integration / Retention Problem

- "Many think recruitment is the definition of success – actually retention is the definition of successful recruitment – hiring doctors and making them feel like cogs in a wheel and seeing them leave is not success"
- Transition from residency to private practice – is not straight forward – we are training our Provider to be successful practitioners – how do you teach people to be successful outside of the hospital environment...
- One of the things I learned in leading MSOs/Medical Groups, over the past 20 years, is that recruits are especially interested to understand how they can personally grow within their chosen specialty. When I launched a formal internal Professional Development Program (what we called a "Learning Institute") where recruits could learn advanced surgical procedures from experienced Group Providers it was a huge draw for them to join and stay with the Group.



Provider Hierarchy of Needs

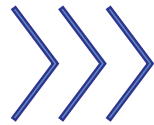
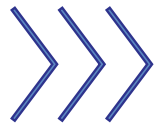
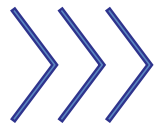
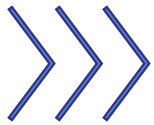
Core Needs of a Happy Provider



Provider Recruitment Program with SCALE



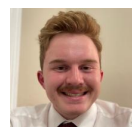
Leadership Committee



Identify / Analyze

- **Project Management:** Current Program Review / Analytics Assessment
- **SCALE Marketing:** Current Performance ROI Analysis & Strategy Gap Analysis
- **SCALE Recruiting:** Program Overview Benchmarking & Future Initiative Development

Project Management



Build / Improve Upon

- **Project Management:** Strategic Oversight & Program Development
- **SCALE Marketing:** Outreach Campaign & Firm Branding Development / Augmentation
- **SCALE Recruiting:** Policies / Procedures Development & Strategic Planning

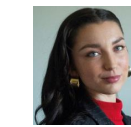
SCALE Marketing



Integrate / Retain

- **Project Management:** Strategic Oversight & Program Development
- **SCALE Marketing:** Performance Check-Ins & Initiative Tracking
- **SCALE Recruiting:** Performance Check-Ins & Initiative Tracking

SCALE Recruiting



Identify / Analyze

- **Leave no rock unturned** – Examine your current provider organization's recruiting / retention program.

Questions to ask your provider organization

- What is our current turnover rate? Provider goodwill?
- How many open positions do we need to fill?
- Who is responsible for posting positions and following up with candidates?
- What mediums are we using to reach out to candidates?
- Are we involved with the local residency and fellowship programs? If so, who is responsible for follow up?
- How are we defining Provider recruitment success?

Build / Improve Upon

- **Define your growth path** – Define your practice's future growth and align recruitment efforts to meet future needs.

Questions to ask your provider organization

- How many locations will the organization grow to in 3, 5, 10 years? Which locations/why?
- How many providers will we need to staff that growth?
- What programs are we employing to teach the best / most up-to-date surgical /medical techniques and procedures?
- How will we work with Provider organizations and hospital systems to improve the clinical care of the communities we operate in?
- How will we work with commercial and government payors to improve access to care?

Integrate / Retain

- **Inspire and lead your Provider organization** – Communicate with fellow providers and define clear goals.

Questions to ask your provider organization

- Are my Providers happy with their current status within the organization? Surveys?
- Do our fellow providers have a seat at the discussion table?
- Do we compensate for the right performance / KPI's?
- Have we created an ideal path for future provider success?
- Do we lead, inspire and help other providers / staff within our organization grow?
- Have we defined the clear goals with key Provider leaders to then relay to others?



The SCALE Team

Recruiting Leadership Committee



Moderator



Roy Bejarano

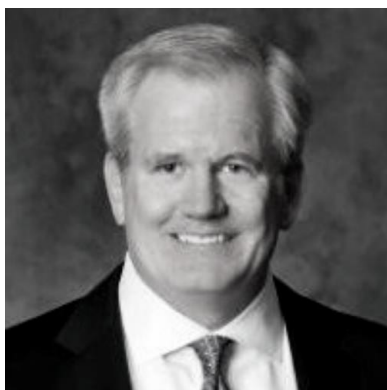
Co-Founder & CEO of SCALE Healthcare

- Prior to SCALE, Roy served as Physicians Endoscopy's Chief Strategy Officer & Co-President of Physicians Endoscopy's PE Gastro MSO initiative.
- Roy was Co-Founder and President of Frontier Healthcare, which was the largest ASC management company in New York at the time of its sale.
- Prior to entering healthcare, Roy had 12 years of investment banking, private equity, corporate development, strategic consulting, and asset management experience.

Recruiting Leadership Committee



Panelists



Steve Straus

Head of Private Equity Coverage

- 40 years of healthcare industry experience and 25 years of senior management experience.
- Advised over a dozen private equity firms.
- Former President & CEO of Sona Dermatology and MedSpa.
- Former CEO of LCA Vision, turned around 78-unit Lasik surgery center business.
- Former Vice President at Baxter Healthcare and American Hospital Supply.



Lowell Weil, Jr., DPM

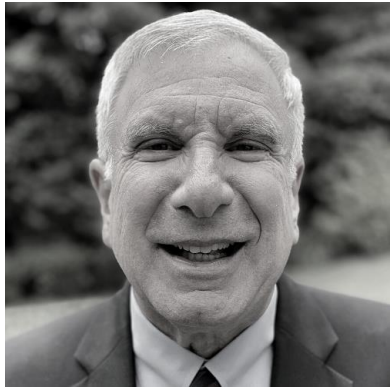
Podiatry Provider Platforms

- Podiatrist and CEO of Weil Foot & Ankle Institute, one of the largest physician owned podiatry practices in the country.
- Former Fellowship Director at Weil Foot & Ankle, an American College of Foot and Ankle Surgeons recognized program.
- Co-Inventor of CREED Cannulated Screws, Complete Plantar Plate Repair System (Athrex), Anchorage Plating System, and CP Plating System (Stryker).

Recruiting Leadership Committee



Panelists



David Friend, M.D.
Physician Relations

- Over 30 years of global healthcare experience
- Co-Founder & former Chief Transformation Officer of the BDO Center for Healthcare Excellence & Innovation among other C-Suite roles held at BDO.
- Former Executive Vice President and Chief Clinical Officer of Golden Living.



Mark Newton
Hospital Management

- Over 30 years' experience in the healthcare industry.
- Former 16-year President & CEO of Swedish Covenant Hospital where he led the organization in becoming a leading independent safety net system.
- Former Senior Vice President at Evanston Northwestern Healthcare and former Senior Vice President at Lakeland Health/Highland Park Hospital.

Recruiting Leadership Committee



Panelists



Terry O'Brien

Healthcare Systems Growth & Development

- Former 20-year Executive Vice President and Chief Operating Officer of Lenox Hill Hospital and the Lenox Hill Healthcare Network, which included 7 hospitals in 3 boroughs of New York City, and contracted with commercial Medicare and Medicaid managed care companies, with over 750 physicians in both a shared savings and full risk environment.
- Former Executive Vice President of Strategy and Business Development of Catholic Health Services in Long Island.



Mike Reed

Value Based Care Operations

- 35 years of senior leadership experience in the healthcare industry.
- Former Head of Strategy and Business Development at The Oncology Institute.
- Former Chief Development Officer of private equity-owned Alteon Health.
- Previous Leadership Experience: HealthCare Partners of Nevada, TeamHealth Hospital Medicine, Florida Acute Care Specialists, Pinnacle Health System.

Recruiting Leadership Committee



Panelists



Bob Bunker

Healthcare Staffing and Group Practice Management

- Chairman of the Board of the Physicians Group Services Inc., the largest multi-specialty group practice and MSO in North Florida and Southern Georgia.
- Has held C-Suite positions at Humana, Aperture Credentialing Inc., Sterling Healthcare, the Medical Services Company, Medical Staffing Network, and NeuLife Neurological Rehab Services Inc.



Steve Fiore

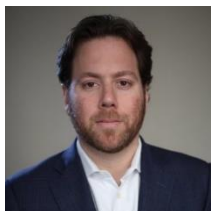
Orthopedic Provider Platforms

- Over 40 years of senior executive experience in the healthcare industry.
- 12-year Executive Director at ENT Specialists, PC.
- Has held senior leadership positions at American Association of Orthopaedic Executive, and MGMA.

SCALE's deep bench of seasoned & diverse healthcare expertise



Core MSO Operations and Payer Contracting Teams



Roy Bejarano
Co-Founder & CEO



Jason Schifman
Co-Founder & President



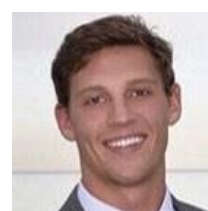
Bill Ingram
Senior Vice President,
Platform Development



Vineesh Manchanda
Associate, Platform
Development



Jack Trunz
Associate, Platform
Development



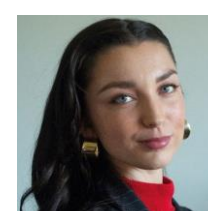
Rob Popdan
Associate, Platform
Development



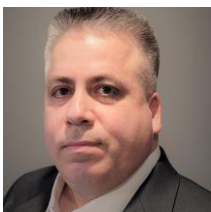
Brennan Clements
Analyst, Platform
Development



Kevin Gillis
Head of Business
Development



Emma Abeln
Talent Search Analyst



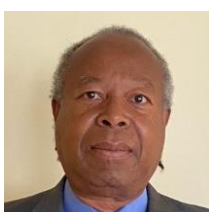
Charlie Mazzocchi
Chief Advisor,
Procurement



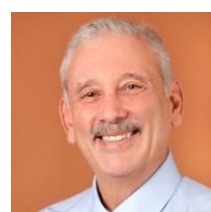
Frank Turner
Chief Advisor,
Restructuring



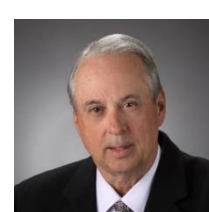
David Friend
Chief Advisor,
Restructuring



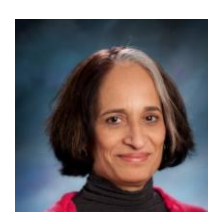
Max Theodore
Chief Advisor, Payer
Contracting



Michael Reed
Chief Advisor, Value Based
Operations



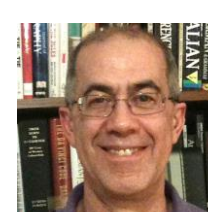
Mike Mirt
Chief Advisor, Fee for
Service & Risk-Based
Contracting



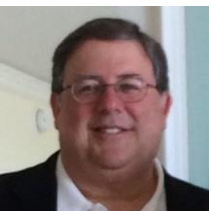
Suniti Ponshe
Chief Advisor, Payer
Contracting Strategy



Gail Coffman
Chief Advisor, Risk
Population and Provider
Network Growth &
Development



Robert D. Ginsberg
Chief Advisor, Hospital
System & Provider
Network Payer
Contracting



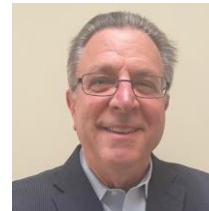
Robert Dondes
Chief Advisor, Risk
Population and Provider
Network Growth &
Development



Tracy Bahl
Chief Advisor, National
Payer Strategy



David Kovel
Chief Advisor, IT &
Data Strategy



Glenn Courounis
Chief Advisor, Human
Resources



Jeff Kahn
Chief Advisor, Human
Capital Management



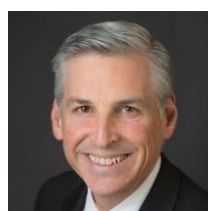
Mark Sapner
Chief Advisor,
Telemedicine & Remote
Care Delivery



Jonathan Kron
Operating Partner,
SCALE Europe



Jatinder Garcha
Vice President, Platform
Development, SCALE
Europe



Alan Cooper
Chief Advisor,
Operational Training &
Analytics

SCALE's deep bench of seasoned & diverse healthcare expertise



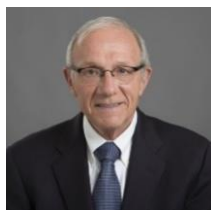
Core Clinical Operations, Hospital Systems, Clinical Specialty Management & Other Core MSO Operations



Stanley E. Anderson
Chief Advisor,
Ophthalmology



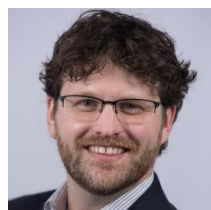
Marcello Celentano
Chief Advisor,
Ophthalmology
Provider Platforms



Bob DeCresce
Chief Advisor,
Pathology



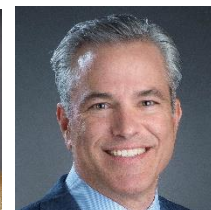
Laurie East
Chief Advisor, Pediatric
Provider Platforms



Chad Eriksen
Chief Advisor,
Clinical Research



Steve Fiore
Chief Advisor, Orthopedic
Provider Platforms



Steven Graubart
Chief Advisor, Micro
Hospitals



**Dr. Howard
Greenfield**
Chief Advisor,
Anesthesia



Gil Leistner
Chief Advisor,
Telehealth and
Telemedicine



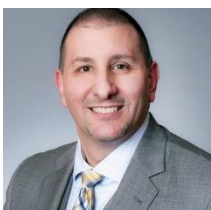
Mark O'Neill
Chief Advisor,
Gastroenterology
Provider Platforms



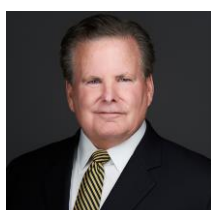
Richard Loewenstein
Chief Advisor, Behavioral
Health Platforms



Jill Maher
Chief Advisor,
Ophthalmology
Provider Platforms



Andrew Mazzella
Chief Advisor,
Radiology



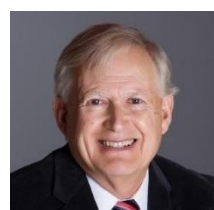
David Schmiede
Chief Advisor, Vein
and Vascular
Provider Platforms



Andrew Mintz
Chief Advisor,
Multispecialty
Provider Platforms



Adam Nielsen
Chief Advisor, Home,
Health & Hospice
Platforms



Mark Newton
Chief Advisor,
Hospital Systems &
Podiatry



Terry O'Brien
Chief Advisor,
Hospital Executive
Strategy, Growth &
Development



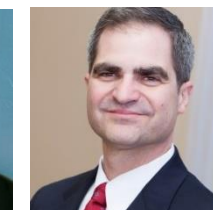
Marc Olsen
Chief Advisor, Urgent
Care and Consumer
Directed Health Services



Nicholas Pachuda
Chief Advisor,
Medical Devices



Janice Pyrcce
Chief Advisor,
Behavioral Health
Platforms



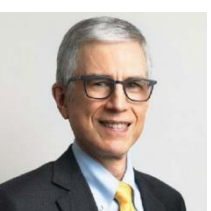
Dr. Joseph Racanelli
Chief Advisor,
Radiology



Michael Bradley
Chief Advisor,
Healthcare System
Valuations



David Reese
Chief Advisor,
Infusion & Pharma
Services



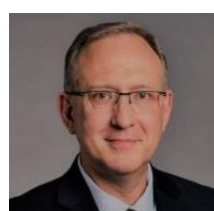
**Keith F. Safian, MBA,
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Chief Advisor, Healthcare
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Steve Straus
Chief Advisor,
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Dermatology
Provider Platforms



Joe Carlon
Chief Advisor, Pain
Management Provider
Platforms



Denny Tritinger
Chief Advisor,
ENT Provider
Platforms



Charles Trunz
Chief Advisor,
Hospital Relations
& Urgent Care



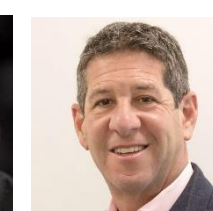
James Usdan
Chief Advisor, Dental
Provider Platforms
& Physical Rehab



Ernest A. Varvoutis, III
Chief Advisor, Hospital
Systems



Brent Westhoven
Chief Advisor, Women's
Health



Lowell Weil, Jr.
Chief Advisor,
Podiatry Provider
Platforms

SCALE's deep bench of seasoned & diverse healthcare expertise



SCALE RCM, SCALE Finance, and SCALE Marketing Teams



Robert Trenczer
President, SCALE RCM



Neil Ramani
Chief Advisor, Coding & Clinical Documentation Improvement



Melinda Ramhit
Vice President, RCM Consulting



Melissa Smith
Vice President, Full-Service RCM



Richard Veltre
President, SCALE Provider Group Finance



Joe Keane
Chief Advisor, Dental Provider Platforms



Douglas Driver
Financial Systems and Controls



Cedric Tuck-Sherman
President, SCALE Marketing



Susan Silhan
Senior Vice President, Marketing & Communications



Peter Albert
Chief Advisor, Direct Response Customer Acquisition



Aaron Boone
Chief Advisor, Direct Mail



Matt Stefl
Chief Advisor, Branding and Market Strategy



Scot Robinson
Chief Advisor, Dental Marketing



SCALE Background Information

SCALE partners

A sample of our client partners



 Women's Health New York	 ER & Hospital Staffing California	 Epilepsy / Behavioral Health New York	 Urology Ohio / New York	 Multispecialty Texas	 Gastroenterology Tennessee	 Dental Texas	 Dental Nevada	 Private Equity New York	 Urology New Jersey	 Behavioral Health Massachusetts
 Anesthesia Washington	 Podiatry Illinois	 Ortho & Neurology Florida	 Specialty Pharma / Logistics Texas	 Physical Therapy New Jersey	 Home Care United Kingdom	 Women's Health Massachusetts	 Behavioral Health Florida	 Dental California	 Payer New Jersey	 Air Ambulance Florida
 Private Equity Corporate Development	 Medical Device Pennsylvania	 Ophthalmology Washington	 Dermatology Pennsylvania	 Behavioral Health California	 Ophthalmology New York	 Radiology Minnesota	 Pharma / Infusion Texas	 Physical Therapy New York	 Neurosurgery New Jersey	 Ophthalmology Florida
 Boston Hope Medical Center COVID-19 + Homeless Respite	 COVID-19 Testing New York	 Pain Management Texas	 Orthopedics Indiana	 Autism Texas	 Dermatology Indiana	 Orthopedics Nevada	 Vascular Texas	 Multispecialty California	 Private Equity Corporate Development	 Hyperbaric Oxygen Therapy California

**Completed engagement*

SCALE's service platform addresses critical gaps in alternative market offerings



	SCALE+	Single Domain Consultant	Generalist Consultants	Private Equity Operating Partner	MSO Management Team
		Provider Platform Expertise Coverage			
Niche Domain Deep Expertise	✓	✓(narrow focus)	Varies	✓(narrow focus)	✓(narrow focus)
One-Stop Shop (Clinical Specialty + Ancillary + Operational Expertise)	✓	✗	✗	✗	✓(narrow focus)
		Market Focus			
Exclusively Provider Platforms	✓	✓	✗	Varies	✓
Up-to-Date National Best-Practice Exposure Across Multiple Specialties	✓	Varies	✓	✗	✗
Both Private Equity & Independent Platform Experience	✓	Varies	✗	Varies	Varies
		Role Capabilities			
Long-Term & Co-Invest Interest	✓	✗	✗	✓	✓
Strategy Development / Board Advisory	✓	✗	✗	✓	✓
Independent Third-Party Department Review	✓	✓ (narrow focus)	Varies	✗	✗
On-Going Execution Advisory Oversight	✓	Varies	Varies – generally no	✗	✓
Outsourced Solution Offering	✓	Varies	Varies – generally no	✗	✗

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