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WHITE PAPER

Moving Beyond Locum Tenens:

Solving Coverage Issues with Virtual Specialists and Fractional Support

Executive summary

Hospitals across the country are struggling to manage the growing physician shortage, with open positions taking months to fill. As a result, health systems are increasingly using locum tenens to solve long-term coverage gaps.[1] While locums have historically been a reliable solution for temporary vacancies, today's use has extended far beyond the original purpose—leading to higher costs and fragmented care delivery.[2] What began as a short-term solution has become a long-term fix, at the expense of building lasting clinical capacity.

Hospitals routinely pay 2x more per hour for locum coverage, absorb additional expenses for travel, housing, and agency fees, and contend with disruptions from clinical turnover that impact clinical quality and provider alignment.[3]

While locums remain essential for hands-on procedural medicine, many consultative needs can now be met more effectively through virtual coverage. Rather than cycling through temporary providers, hospitals should focus on establishing lasting partnerships with remote specialists who integrate into daily workflows across settings. This solution offers unmatched flexibility and significantly reduces costs.

With models for 24/7, shift-based, and fractional coverage tailored to meet actual demand, hospitals can stop being reactive and start building long-term clinical capacity.

In this white paper, we explore how virtual specialty care offers a more sustainable and cost-effective alternative to long-term locum tenens use, especially for specialties providing consultative services.

Recruiting challenges and specialist shortages have increased hospital reliance on locum tenens

Provider recruiting timelines are pushing hospitals into a prolonged staffing crisis, with many roles going unfilled for months.[4] And with nearly half of U.S. physicians nearing retirement age, hospitals—especially in rural areas—face the growing reality that some positions may never be filled.[5]

Examples of the challenges hospitals face recruiting specialists (national data)

Specialty	% of orgs searching	# of days to fill	# of searches that go unfilled
Neurology	**59%**	**163**	**71%**
Gastroenterology	**53%**	**182**	**62%**
Endocrinology	**51%**	**202**	**63%**
Rheumatology	**40%**	**122**	**70%**

Source: Association for Advancing Physician & Provider Recruitment 2024 Benchmark Report

Long recruiting cycles and too few specialists:

85% of hospitals rely on locums to keep services running, but this solution comes at a high cost.[6]

Locums fill gaps, but the costs add up.

Daily rates for non-procedural hospital-based locums average between $2,000 and $4,200.[7,8] Additionally, locums require onboarding, EMR training, and workflow orientation, **adding nearly $5,000 per provider per assignment.**[9]

The coverage gap cycle:
a reactive loop hospitals can't afford

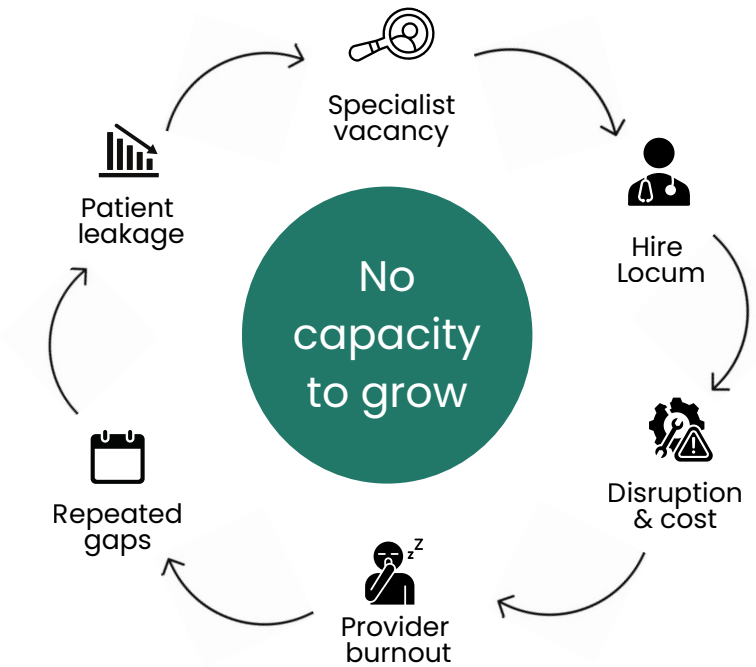
When a specialist leaves, hospitals turn to locum tenens to maintain coverage and avoid disruption. It's a necessary solution in many cases—but one that keeps teams in a reactive mode, without a sustainable path forward.

Locums fill short-term needs, but the temporary nature of the role makes it difficult to maintain continuity. Just as a provider gets up to speed, it's time for them to move on. The result is ongoing churn, with permanent staff stepping in to stabilize care, manage handoffs, and absorb the added strain.

Over time, the impact goes beyond staffing. Without consistent specialty coverage, hospitals can experience avoidable losses tied to:

- **Avoidable transfers**
- **Delays in care delivery**
- **Longer inpatient stays**
- **Patient leakage to other systems**

This is the true cost of the coverage gap—not just the price of temporary staffing, but the ongoing strain on clinical teams, financial performance, and the hospital's ability to grow.



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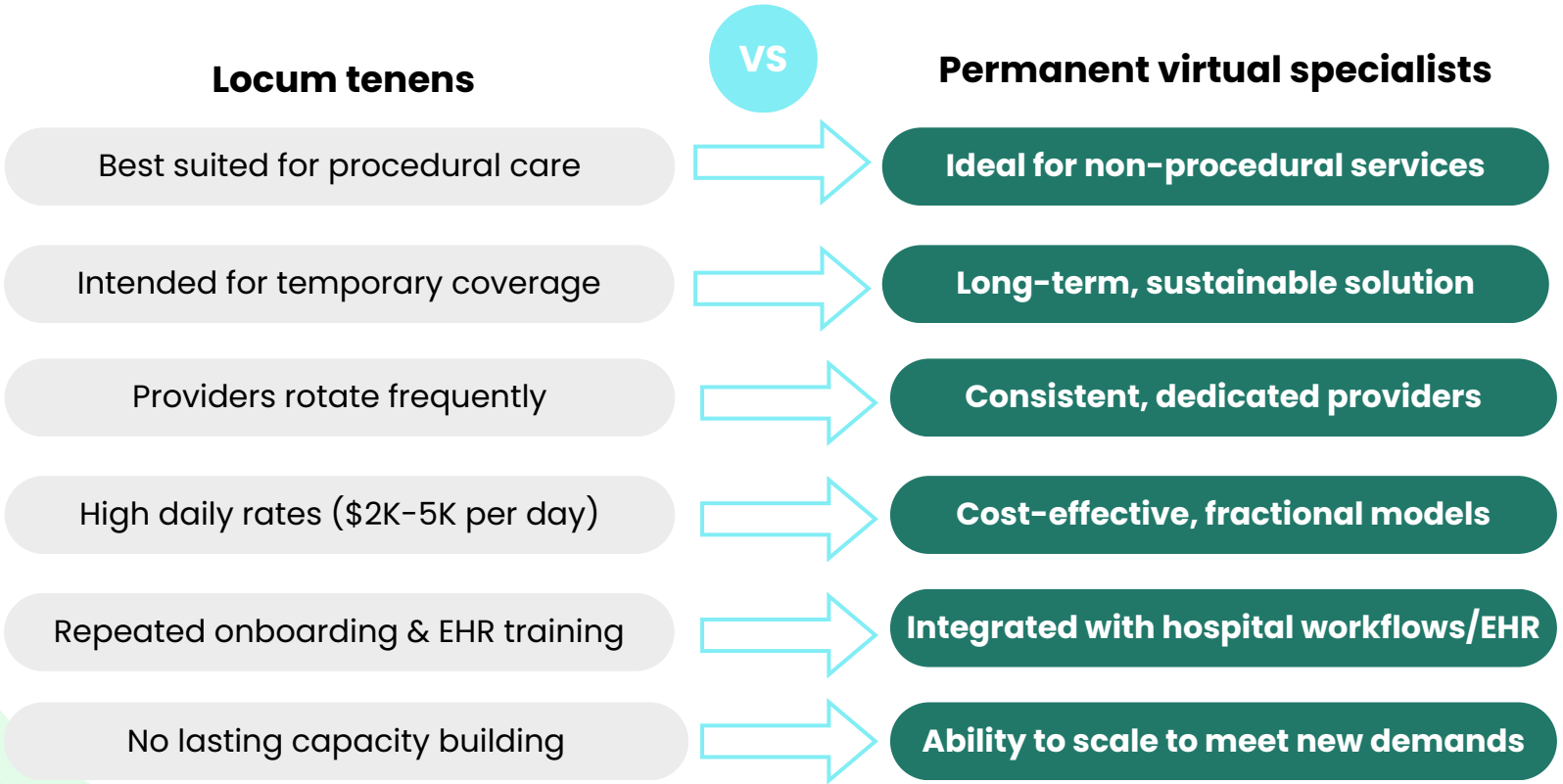
The solution: virtual care & fractional specialists

Virtual specialists offer a sustainable alternative—one that helps hospitals grow capacity, strengthen care teams, and move beyond reactive staffing. Unlike locums, virtual providers don't rotate in and out. They become part of the extended workforce. Integrated into daily workflows, they collaborate with onsite teams and support continuity across both inpatient and outpatient care.



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Better Access. Better Outcomes.

Major benefits from a long-term strategy leveraging virtual specialists

Quality, consistency, and cost benefits make virtual specialty care more than a staffing alternative—they make it a strategic advantage. **By expanding access, stabilizing care teams, and lowering costs, remote specialists help hospitals deliver high-quality care without the tradeoffs of traditional models.**

Quality

Access top-tier specialists regardless of geographic location

Virtual care removes location barriers, dramatically expanding access to high-quality providers

Consistency

Remote specialists serve as long-term team members, not rotating stop gaps

A permanent solution means remote specialists are part of the care team, fully aligned to the needs of the hospital.

Affordability

Pay only for what you need—whether it's 24/7, shift-based, or a few consults per week

Fractional coverage reduces fixed costs and makes specialty care financially viable for more hospitals.

Which specialties adapt well to virtual care models in the acute care setting?

Remote providers have proven effective across many specialties in the acute care setting, particularly when they are integrated into the onsite team's existing workflows.

With the right technology, remote specialists can plug directly into hospital systems, delivering high-quality consults across the ED, ICU, inpatient units, outpatient clinics, and even into patients' homes. **Often, a remote consult is just as fast—if not faster—than securing one from an onsite provider.**

Examples of specialties well-suited for virtual coverage

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General neurology
- Hematology/Oncology
- Hospitalists
- Infectious Disease
- Nephrology
- Palliative care
- Psychiatry
- Pulmonology
- Rheumatology
- Stroke/vascular neuro

AmplifyMD provides access to 15+ specialties through a single, hardware-agnostic platform, for shift-based and fractional coverage.

Optimizing time in the operating room (OR): How virtual specialists support procedural service lines

Procedural specialties—such as gastroenterology, cardiology, and orthopedics—are essential revenue drivers for hospitals. But, when proceduralists are stretched thin managing consults, pre-op evaluations, and post-op follow-ups, their time for procedures and their overall impact is diminished. That's where fractional virtual specialty coverage can make a measurable difference.

With fractional virtual support, hospitals can help their onsite proceduralists offload non-procedural responsibilities and focus on high-value operating room throughput, driving both clinical efficiency and financial performance.

- **Throughput**
- **Access**
- **Revenue**
- **Satisfaction**

Remote specialists can:

- Conduct pre-op evaluations and gather patient histories
- Manage post-procedure follow-ups, medication adjustments, and care plan documentation
- Handle inpatient consults and routine questions
- Support clinic overflow for routine visits or second opinions

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Case Study: How one hospital reduced leakage, eased workloads, and expanded capacity

A 96-bed hospital with two overextended onsite neurologists faced a four-month backlog for outpatient neurology appointments. To expand access, the hospital launched a virtual TeleNeurology clinic with AmplifyMD—starting with a half-day of TeleNeurology coverage per week from a dedicated provider.

As referrals grew, the program scaled to full-week coverage. **Within months, wait times dropped below two days, patient leakage declined, and the onsite provider backlog cleared—without adding another onsite physician.**

Today, the clinic benefits from a permanent virtual neurologist who supports the clinic full time, providing thousands of additional appointments to the local community [10]

> "There really is no difference in seeing the neurologist virtually. In fact, I feel like my care is much more personal. It's been a great experience!"
>
> - TeleNeurology Clinic Patient

>4,000 New annual appointments ***without*** an onsite hire

- Reduced patient leakage
- Reduced burden for onsite neurologists
- Faster post-discharge appointments

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Case Study: Reducing readmissions with timely post-discharge follow-ups

Hospitals recognize the value of Transitional Care Management (TCM), but many lack the resources to consistently provide timely follow-up. Virtual specialists are uniquely positioned to fill this gap—conducting post-discharge visits that address ongoing symptoms, review care plans, and manage chronic conditions. **By supporting TCM with scheduled virtual follow-ups, hospitals can improve continuity, capture reimbursement, and reduce the risk of readmission.**

Evidence shows just how critical this timing is: a systematic review and meta-analysis of U.S. studies found that outpatient follow-up within 30 days of discharge reduced 30-day all-cause readmissions by 21%.[11] **A separate Medicare cohort study showed that follow-up within 7 days cut readmission risk by nearly 50%.**[12]

50%

Reduction in readmissions when a follow-up appointment occurred within 7 days post-discharge

Leveraging virtual specialists for TCM

Virtual follow-up visit scheduled at discharge

Timely virtual specialist follow-up visit with patient at home

Improved continuity of care

Lower readmission rates

Case Study: 14x ROI from fractional virtual specialist programs at a midwest hospital

A 116-bed community hospital needed ID and heme/onc support, but did not have the patient volumes to justify full-time coverage.

The hospital partnered with AmplifyMD to implement fractional virtual support for both specialties using the same platform, giving their onsite care team access to specialist consults when are needed. The result: thousands of consults provided, a significant drop in transfers, and enhanced support for high-acuity patients.[13]

Compared to traditional locum tenens or permanent recruitment efforts, fractional virtual care offer lower overhead costs, higher flexibility, and faster ROI.

81%
patients w/consult avoided a transfer

14x
ongoing return on investment

"AmplifyMD physicians have become trusted members of our medical staff. The virtual care they provide helps us retain more patients, reduce unnecessary utilization of resources, and provide a higher level of care to our community."

- Chief Medical Officer

Not just for small hospitals: a scalable recruiting strategy for complex health systems

Health system recruiters face mounting pressure to fill roles that may be geographically undesirable, part-time, or chronically under-resourced. Some positions, like rheumatology, endocrinology, or neurology, can remain open for years despite aggressive efforts. **The default response? Deploying locums. But what works in isolation quickly breaks down at scale.**

> A single full-time locum can cost upwards of $600,000 per year.[14] ***Multiply that across a system, and health systems could be spending tens of millions on temporary coverage that delivers no long-term value.***

Instead of chasing candidates for years, recruiting teams can use virtual care to close immediate gaps, while pursuing longer-term talent goals with less urgency and more flexibility.

Recruiting benefits

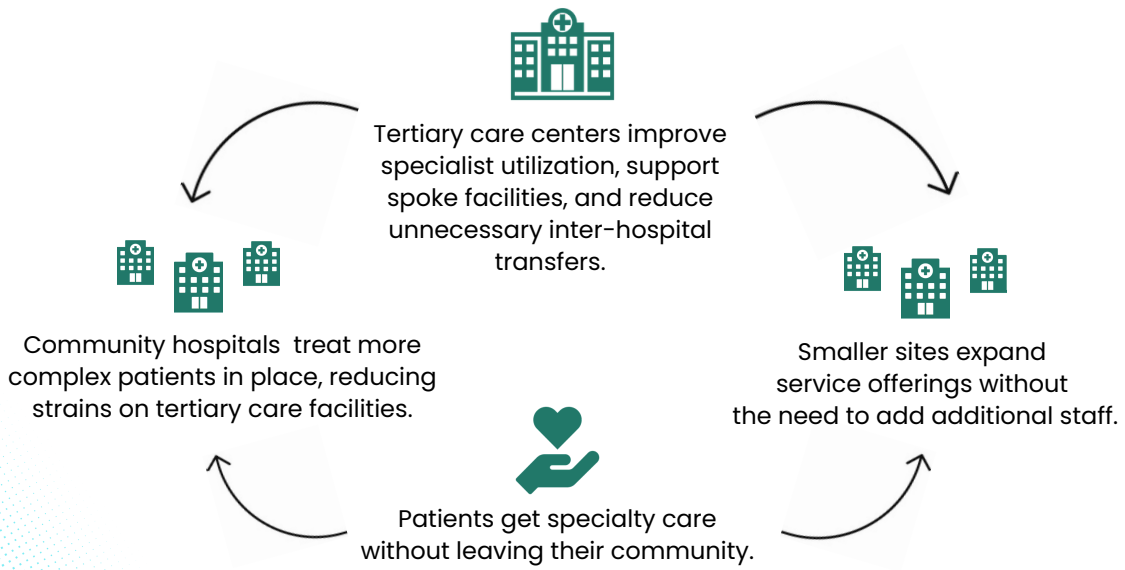
- Eliminate the costs of repeated recruitment cycles for hard-to-fill roles
- Reduce over-dependence on temporary staff
- Shift hiring strategy toward high-impact, procedural, or leadership roles
- Achieve predictable, budget-aligned specialty access across the enterprise

Hub & Spoke Models: Leverage your existing workforce for fractional coverage across your health system

Large health systems already have top-tier specialists—but too often, they're siloed at flagship campuses. Meanwhile, smaller hospitals within the network struggle with specialist access, delayed consults, and unnecessary transfers. **A virtual hub-and-spoke model unlocks the full value of your clinical talent—without adding headcount.**

With AmplifyMD's virtual care platform, health systems can:

- Leverage their existing specialists fractionally across multiple hospitals or clinics
- Route consults efficiently from spoke sites to tertiary or quaternary hubs
- Support all specialties from a single, configurable platform
- Eliminate inter-hospital transfers for patients who could be treated locally
- Standardize care quality and documentation across sites



AmplifyMD's platform streamlines the entire virtual workflow, reducing administrative burdens for the entire care team.

~2x

increase in efficiency for remote consults

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Ready to add virtual specialists to your team?
AmplifyMD is your turnkey solution

- Dedicated, board-certified specialists
- 15+ specialties available through one platform
- Flexible coverage, including fractional models
- Comprehensive services across the continuum
- Recruiting, licensing, and physician clinical oversight included
- Award-winning platform for your providers or ours

50
state footprint

15+
specialties

130,000+
annual consults

Discover how much you could save with virtual specialists and fractional coverage.

AmplifyMD.com/contact

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