

## Thoughts on Being a Doctor: 7 Tips for Assessing Trends and Knowing Your Friends

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Considering all the business options that are spread out before them, today's up-and-coming physicians face a tough road. Taking an innovative, entrepreneurial track may be the best move a doctor makes in his career, but it's hard to be certain that you're following the right path. Here are seven career tips to consider:

- 1. Study electronic medical record and automation applications** Certain things are evident about the future and will require awareness and expertise in electronic data exchange. First, consumer engagement will alter the financial landscape. Doctors will need to bill and collect electronically. They will have to determine if patients have funds in their health savings accounts, and they will be forced to ask for credit and debit cards up front; ATM-like transactions with automatic withdrawal of funds will become common and necessary for practice efficiency. Second, physician revenue will be maximized from automated appropriate coding and from total charge capture at the point of service. Many physicians, particularly surgeons but other doctors as well, perform procedures outside of their offices in hospitals and ambulatory care settings. Computer terminals are not ubiquitous in these settings. Web sites are now available that allow these physicians to access the code and transmit it back to their offices, thus allowing total capture of revenues. Third, fees will be set by the market, not by health plans. This will lead to a relentless concentration on practice efficiency, a reliance on the consumer as a source of free data entry, and to automated history-taking, health record entries and computerized diagnostic support systems. Fourth, remote telemedicine monitoring and interviewing units will be placed in the home and at work locations for evaluation of initial complaints and support of chronic disease patients. Finally, virtual electronic visits will become routine for non-emergent problems, scheduling, and prescribing and refills.
- 2. Focus on outpatient care delivery** During the last 20 years, a progressive shift to outpatient surgery has occurred. Because consumers are demanding shorter stays, more convenience, and full-price disclosure in advance, this decentralization to detached outpatient settings will continue. This means that hospitals, with the help of physician leaders who must organize and deliver the care, will organize in settings far removed from traditional bricks and mortar settings. These settings will include convenient multispecialty ambulatory care clinics, ambulatory surgery and cosmetic surgery units, preventive and holistic health centers, mobile health evaluation units, and non-emergent care (immunization and routine physicals) in discount and supermarket settings. There is a big future for physicians organizing and leading these new care outlets and for marketing customized and targeted services featuring "focused-care" for orthopedic, cancer, and heart problems. These new points of service will demand teamwork with specialized nurses, physician assistants, and cross-trained paraprofessional personnel. Since the patient will be the hub of care, outpatient care delivery will extend to the home and workplace.
- 3. Consider procedures, money and lifestyle** Young physicians have been quick to recognize that certain specialties offer the best combination of incomes and lifestyle. These include dermatology (no night call, laser and cosmetic procedures), radiology (CT scans, EMRs, PET scans, and other noninvasive evaluations), and hospitalists (regular hours, readily available technologies, predictable income). These and other like specialties involve the performance of procedures, for which our culture is willing to pay dearly. This desire to pay may not extend to the "cognitive" specialties. Patients are reluctant to pay for preventive commonsensical advice--much of which they could find on the Internet. This recognition that consumers (and health plans) will pay for procedures has spilled over to primary care, where doctors are beginning to offer laser procedures for varicose veins and other cosmetic blights and are performing minor procedures (skin biopsies, vasectomies, cervical biopsies) to enhance incomes and

patient convenience. Something must be done to make independent primary care specialties more attractive economically. These primary care specialties often earn one-half to a tenth of what high-tech specialists make.

- 4. Know your strengths and weaknesses** Medical education and training isn't necessarily a process that produces self-knowledge or business knowledge. Indeed, it is so crammed with memorizing facts, competing with fellow students, learning from specialists, and sorting out what specialty niches are appealing that it produces a narrow-minded view of the world. The medical curriculum is so crowded it leaves little room for garnering practical business skills or an understanding why accountants, practice managers, lawyers and other professionals are necessary in the present competitive and litigious environment. The emerging young doctors tend to be compulsive and academically gifted with just enough knowledge to enter the specialty of their choice. But they may know little of what they are good at, whether they have interactive, leadership or negotiating skills, or whether they work well within an organization or are best suited for independent practice. For these reasons, organizations that guide or advise doctors on alternative careers or mid-career changes within the profession put their doctor clients through psychological testing. For example, the Physician Career Network in Denver uses the Birkman method, an evaluation of physicians' usual behaviors, underlying needs, stress behaviors and best career matches. More often, interpersonal understanding is gained from experience in the demands of practice or in the give-and-take of politics or lack of satisfaction within a medical organization.
- 5. Make nurses part of your delivery team** Whether doctors realize it or not, making nurses part of the management and treatment team can make or break a practice. Marshall O. Zaslove, M.D., author of [\*The Successful Physician: A Productivity Handbook for Practitioners\*](#) and leader of productivity seminars for physicians, says many doctors fail because they simply don't listen to nurses or ask them for help. Zaslove says simply stopping and asking nurses, "How can I do this better?" or "What would make this practice more efficient?" may enormously increase productivity. To their credit, health plans were the first to recognize and reward nurses. They did so by elevating them to executive positions, making them central players in quality control programs, and employing squads of them to deliver personal, protocol-directed chronic disease care in home and work situations.
- 6. Carefully weigh additional degrees** With an MBA degree, doctors presume they can make more money and have greater impact, however, I'm skeptical of the effectiveness and job satisfaction of many MD-MBA graduates. As the director of the Tufts MD-MBA program observed, "Doctors would rather be the hammer than the nail." It is true, of course, that health plans, hospitals, and other healthcare organizations such as pharmaceutical companies assiduously recruit MD-MBAs. And it is true that there are growing numbers of hospital CEOs with joint medical-business degrees, and also that physician-businessmen are preferred leaders of the nation's leading healthcare institutions. Keep in mind there are ways to obtain business skills other than full-time MBA programs. Many community colleges offer "health concentration" programs taught by experienced health executives. Business schools may have online programs requiring only part-time or weekend attendance, and the American College of Physician Executives and other groups offer a myriad of educational opportunities. Some MD-MBAs are disappointed with the outcome. Some even feel they are unemployable, lack job security or feel they have lost the trust of fellow physicians who perceive that they have crossed over the managerial divide. While having a business-centered background is helpful when maintaining a practice, it's important to do weigh all sides of the education issue before moving ahead with additional coursework.
- 7. Know who speaks for your business interests** At the practice level, some doctors say individual clinicians can, or should, be innovative enough to overcome intense competition, rising practice costs, and reduced reimbursements. Neil Baum, M.D, shares this viewpoint in *Take Charge of Your Practice Before Someone Else Does it for You*, as does Michael Gerber in *The E-Myth Physician: Why Most Practices Don't Work*.

Other doctor speakers maintain individual practice managers, practice management firms, and organizations like the Medical Group Management Association, whose members represent over 240,000 physicians, can do the job. Still, others say Individual Practice Associations ably represent doctors' business interests. Doctor employers are another candidate. Hospitals, integrated health organizations, academic health centers and multispecialty clinics employ 40 percent of doctors and take care of physician business concerns. Nationally, the AMA speaks for doctors, but is subdued on business matters lest it be portrayed as a doctor union. Finally, there are state and local medical associations, which are closer than the AMA to the clinical trenches. In the past two years, 19 state medical associations successfully sued national HMOs-- Aetna, Cigna, Wellpoint, and Humana--and may yet win suits against Pacificare, HealthNet and United HealthCare. With \$150 million won so far from HMO settlements, this group of state societies, representing 700,000 physicians, have formed two foundations--Physicians Foundation for Health Systems Excellence and Physicians Foundation for Health Systems Innovation--and are issuing grants to further physician business efficiencies and clinical effectiveness.

Physicians should turn electronic technologies to their competitive advantage while focusing on the outpatient arena. Be realistic and, if necessary, be tested about personal strengths and weaknesses. Make nurses an integral part of the delivery team, and identify and work with those who can best represent your business interests.

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