



Private Practice and 2016

It's the start of a brand new year. Have you laid out a plan to not only survive, but thrive?? Most physicians will just put their heads down and try to take the best care of their patients they can, hoping everything else (meaning the business) will just take care of itself.

But as you know, many of your colleagues have sold their practices to hospitals, moved, retired or shuttered their doors. The figure of 30% of physicians remaining in private practice is bandied about but nothing much is being done about this dwindling figure.

I recently interviewed a recent graduate of an internal medicine program for a spot in my office. Just out of curiosity I asked him what percentage of his fellow resident graduates were going into private practice. He did not answer in words but gave the universal hand signal below.



So what is the solution, how do survive in such an environment? Before, we can start planning, we need to lay out the cause of the problem so we can better understand the difficulties facing us.

Why are doctors leaving practice? Well, for one, overhead costs are increasing. I recently met with our landlord and was notified that when our lease expires our costs will escalate. I have been keeping track of my office expenses and despite almost no inflation, the costs of almost all my purchases continue to rise. At the same time, reimbursements continue to fall. Look, I don't have an MBA, but it doesn't take one to realize that if your cash inflow is going down and

your cash outflow is going up, you are reaching an untenable situation. Besides, exactly how many business classes did you attend in medical school? Ask yourself, how much of your business knowledge came through on the job training (or should I say trial and ERROR).



Another common reason our colleagues leave private practice is burdensome regulations. I know that the roadblocks to patient care are becoming overwhelming. I recently had a patient with chest pain and an abnormal EKG. I wanted to do a stress echo to evaluate her for coronary artery disease but was denied because the untrained medical decision maker following the insurance script would not allow it. In addition, although I successfully maneuvered going through various “meaningful use” cycles, I have given up on meaningful use measures.



- I refuse to record some very private patient information.
- Is it really necessary for me to give patient education materials to everyone?
- Does every patient really need me to note their preferred language, their race or which Spanish speaking country they come from?
- Do I really need to write down that my 86-year-old who never smoked is still not smoking after each visit?
- Do I really need to fill out more forms for heart failure, diabetes or osteoporosis care?

I could go on, but you get the picture. We are turning into computer specialists checking off boxes rather than care-givers.

These government imposed policies are not innocuous. They are tremendous time wasters. The time I could be taking care of patients is spent taking care of EMRs. When I stand up and say I won't do this, I am penalized and my dwindling payment is reduced even more.

Finally, decisions are being driven more and more by bureaucrats. Does anyone really think that mammograms should be done only after age 50 and only every other year after that? Before mammograms were done, we averaged finding lesions at 3 cm. After the institution of mammograms the average dropped to 2 cm. When lesions are found early survival increases. Why don't 40-year-old women who frequently have young children deserve a chance for a cure?



Why are the new rules going to limit PSAs? I get one, why can't my patients? Did you know the "new" cholesterol guidelines don't have any target-to-treat numbers? Just stick someone on a high or moderately high dose and forget about them. Oh, the new cholesterol recommendations don't even take into account family history of heart disease.

The common thread is that the bureaucrats don't want you to individualize the treatment of your patients. They want you to treat populations. They want you to follow rules in which every patient is the same. How many times have you seen a textbook walk into your office, with the exact complaints and only those complaints, leaving you a straight forward diagnosis and treatment?

Look, this is not meant to depress you. But you do need to confront the problems which are facing private practice. And, I believe things will get worse before they get better. When all is said and done it is my belief that maybe 10-15% of physicians will remain in private practice and the rest will become factory workers at hospitals or universities.



In my opinion, the survivors will be those practicing in the upper socioeconomic areas where the private practice of medicine can be maintained because individuals will be able to afford individual care. Those not living in high socioeconomic areas will travel to them when their health is at risk and they want a physician who cares about them as individuals – a physician who will spend the time and energy necessary to give them the best possible chance of an excellent outcome.

So how do you make yourself a survivor in this healthcare scheme? First and foremost, never lose sight that you are doing what you do because the interest of your patients are your prime concern. This is why we started down this road in the first place. We wanted to do our best for our patients and their healthcare needs. Therefore, our mission should remain the same as it has always been as stated in the Hippocratic Oath.



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“I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug....”

While powerful statements are great motivators, in order to provide outstanding care, we must be able to provide a setting in which our patients can feel comfortable. We must run a successful and financially viable medical practice that rewards ourselves and our employees for the sacrifices we have made and will continue to make.

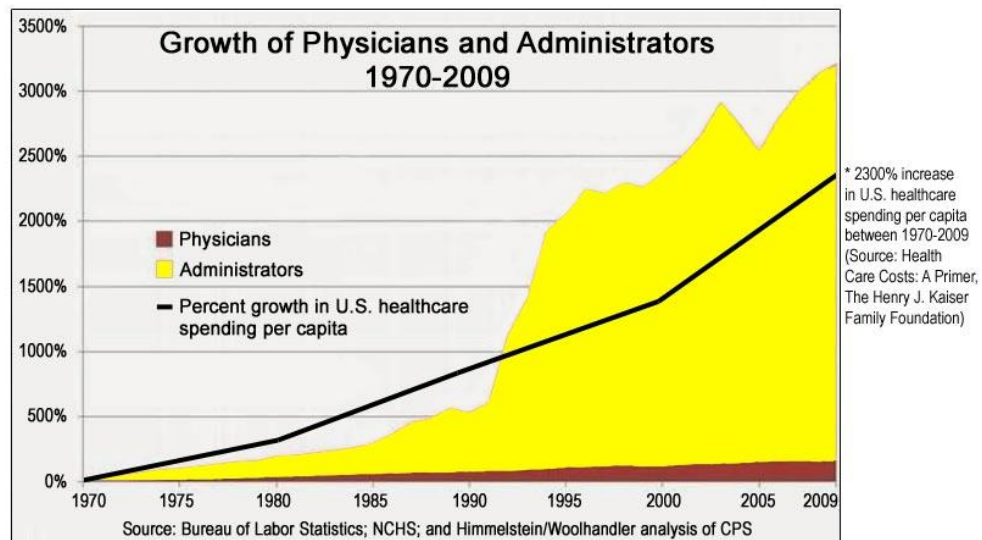
Therefore, you must go over your cost structures. The key word is YOU.



You are the individual most invested in your office's financial success. I know this is an anathema, but ask your fellow physicians questions about how they handle certain aspects of their practice and finances and why. Make sure to probe and ask questions.

From personal experience I ask you not to immediately trust your office manager to handle and make all financial decisions. First, it's not fair to him/her because it's your office and not his/hers. Second, without your guidance, how is your office manager to know in which direction to head? Why do you assume his/her financial knowledge is better than yours? Finally, I cannot begin to tell you, how many physicians' offices have run into trouble because the office manager or staff's "interests" do not "align" with the physicians. In other words, get your hands financially dirty. Don't be afraid to show your ignorance and delve into getting answers. Doctors are some of the best at doing the research to answer tough problems.

Don't let the bureaucrats and administrators drive you to the brink. That's what they want to do. Please take a look at the following graph below and stare at it for a good long time.



"It is amazing that people who think we cannot afford to pay for doctors, hospitals, and medication, somehow think that we can afford to pay for doctors, hospitals, medication, and a government bureaucracy to administer it." –Thomas Sowell

Every one of those administrators whose numbers seem to have increased exponentially are living off of you and your patients' backs. They do not listen to one grieving person, they do not examine one abdomen, they do not set one bone or remove one gall bladder. Don't let them determine your future.

It is you who went to medical school. It is you who has sacrificed so much to be where you are today. It is you who has the compassion, caring and the smarts to be a successful private practice physician.

Just remember, you have achieved so much and helped so many. You know the best way to care for someone and you will survive. You just need to plan ahead and plot your course!

You don't have to do all this alone. We are here to help. All you have to do is write me at reed.wilson@privatepracticedoctors.com . I will be glad to put you in touch with our special contracts to lower your costs and get you on your way. Let us help you find your best prices on medical supplies, office supplies, banking needs, insurance needs and electronic medical records needs. If you have a great cost saving connection you wish to share let us know. If you have a special message you wish to convey to almost a thousand readers of these newsletters, just drop me a line. Write me at reed.wilson@privatepracticedoctors.com.

Here is a message from one of our members. Let me introduce you to Dr. Joel Strom and Dr. Kimberly Klein, PPD members.

Dental Options For Your Special Needs Patients....

PPD physicians frequently treat special needs patients, e.g. adults with dementia and/or movement disorders or children with autism, extreme phobias or physical limitations. Other patients might include, immuno-compromised, obese and pre/post-radiation patients. These patients many times have higher cavity and gum disease rates which require more frequent cleanings and need more effective prescribed preventive medications because of inabilities to practice ideal oral hygiene.

These patients ALWAYS require a higher level of patient management expertise, more staff, higher time allotment and sometimes special sedation needs which are generally not required for the average dental patient. It is very important to the overall health of your patients to make sure they locate dental professionals who are prepared to treat them appropriately.

You should expect a dentist to focus on prevention first and consider using the least invasive, costly and safest approach when treating special needs patients. Behavioral management without sedation is a goal, but if the work cannot be completed with a fully cooperative and relatively calm patient, conscious sedation is usually required. Importantly, your dentist referral should use fully accredited and trained MD anesthesiologists as opposed to nurse anesthetists.

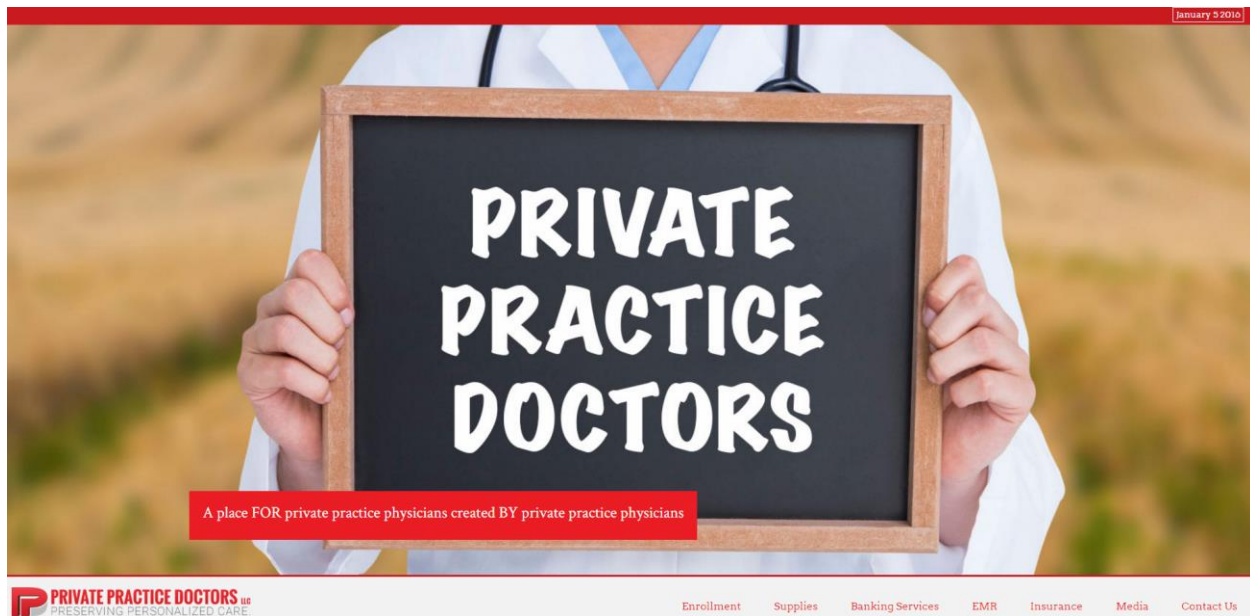
Original PPD member dentist, Dr. Strom and his associate Dr. Kimberly Klein have provided care for special needs patients for many years. In fact, Dr. Klein, a graduate of UCLA's special needs post-doc residency program, remains on faculty where she supervises the O.R. for those rare patients who need to be seen in that environment.

Feel free to contact our office at mydentaloffice.com, call at (310) 277-3451, or email me directly at drjoelstrom@gmail.com if you would like to learn more, refer a patient or help you find another dentist who can treat your special needs patients.

A Final Thought And Reminder

As you can see Dr. Strom and Dr. Klein are reaching out to other Private Practice Physicians. PPD is a wonderful referral source for physicians and dentists who truly care for their patients. As part of your plan for 2016, how about thinking of ways to get your practice noticed and attracting new patients in new and creative ways.

We are not just suggesting this course of action; we are doing it as well. Visit us at www.privatepracticedoctors.com. Take a look at our new webpage and tell me what you think. Private Practice Doctors is also looking for new physicians, new contracts and new partners to better serve our doctors. We have meetings set up with several new potential partners already in January of 2016. It's time to move and make things happen!



Thanks for reading the newsletter, write me at reed.wilson@privatepracticedoctors.com .