

ADVENTURES IN RHEUMATOLOGY:

Pearls for Early Practice

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Employment Options

- * Private Practice (Partnership Option)
- * Hospital Owned Practice (Employed)
- * Academic Practice

You're Hired!

- * The Beginning of a Very Exciting Time
- * You are in a totally different world than fellowship
- * You are NOT as prepared as you think you are
- * Navigating your new environment is challenging
- * Building a practice requires significant effort

Private Practice

- * Is ANYTHING but boring
- * Requires skills different from academia
 - * making the initial diagnosis
 - * communicating with patients about diseases, medications and “other options”
 - * building relationships with patients and peers
 - * becoming a sophisticated business person

The First Three Months

- * Getting your name “out there”
- * Adjusting to a new office environment
- * Getting to know your new colleagues
- * Dealing with the private practice patient
- * Studying for (and PASSING) the Boards

Building Your “Brand”

- * Market yourself: carry business cards, visit close practices
- * Announcements of your arrival, website bio with interests
- * Become active in your local medical society
- * Lecture with specialty societies, hospital grand rounds
- * Communicate with referring physicians with prompt notes and phone calls when appropriate
- * Look up the specialty of your referring physicians, get to know PCP's in your area

The Office

- * Learn everyone's name and their role in the practice
- * Establish a relationship with your office manager
- * Talk with medical assistant(s) about your workflow
- * Delegate administrative duties
- * Ask for what you need to succeed

New Colleagues

- * Find new mentors
- * Be forthright about your weaknesses
- * Ask questions!
- * Observe different patterns of workflow
- * Be considerate, but don't be a doormat

New Patients

- * Every patient is a potential new referral source
- * It's not as complicated as it was in fellowship
- * Even if its not complicated, it may be new to you
- * Ancillary services will aid in diagnosis and build revenue
- * Stick to Rheumatology

The “Real World” Patient

- * Osteoarthritis/Sports Medicine
- * Rheumatoid Arthritis/Psoriatic Arthritis
- * Gout
- * Positive ANA
- * Osteoporosis
- * Fibromyalgia
- * Everything Else

The Boards

- * Boards are TOUGH, but FAIR
- * Use late fellowship “down time” to study
- * Study time is very limited once you are practicing
 - * develop a study schedule in fellowship and stick to it
 - * If you can, avoid “extra duties” (call/consults) until after the test

The Second Act

- * Busier schedule --Going from Five to Fifteen Patients in a day
- * Adjusting Ancillary Use and Evaluating Coding Patterns
- * Practicing new skills
- * Managing difficult patients

Managing Your Schedule

- * New Patients--compensate for less time by frequent return visits
- * Bring chatty and complicated patients back often
- * Evaluate how far behind you are running, and make adjustments if you can
- * talk to your MA, front desk about how he/she can help you function better
- * review patient charts before they arrive

The Challenging Patient

- * The sick patient who is getting sicker
- * The non-compliant patient
- * The hypochondriac patient
- * The demanding patient
- * The unsatisfied patient
- * The malingering patient

The One Who Keeps You Up At Night

- * Don't forget the value of a great history--consider revisiting it
- * Go back to the books
- * Order as many consults, tests as you need
- * Ask for advice from your peers
- * If they are not responding like you think they should, question your diagnosis
- * If you are stuck--send them to an academic center

The One Who Ignores Your Orders

- * Make sure they understand what you want them to do, and WHY
- * Consider external factors (cultural, social, economic) which may affect their ability to comply
- * Be flexible if you can
- * Document clearly and heavily
- * Never lose your temper

The “Chicken Little” Patient

- * If they have myriad complaints and a positive review of symptoms, it’s probably fibromyalgia
- * Listen to their full story at least one time
- * Do not dismiss their fears out of hand
- * Bring them back often, and give them extra time
- * Build trust and do not over treat
- * Get information from all their providers

The “Its All About Me!” Patient

- * Provide the best service you can
- * Create realistic expectations
- * Keep the lines of communication open
- * Follow through on your promises
- * Maintain your boundaries

The Impossible to Please Patient

- * Consider every patient (even this one) as a potential referral
- * Some patients just are not a good fit for you
- * Get to the heart of the problem
- * Be polite, and help them find another provider who better fits their needs
- * Don't take it personally

The Malingering Patient

- * Beware of the amazing sob story
- * Document, Document, Document, but avoid a chart war
- * Get records from other providers, and from the pharmacy before prescribing opioids or committing to a treatment plan
- * Opioid contracts
- * Remember your right to dismiss a patient

Your Bad Days

- * Juggling a busy practice and a personal life is harder than you would suspect
- * Bad news: You will make multiple mistakes
- * When you discover a mistake, evaluate why it occurred and whether there is an adjustment you can make to prevent a recurrence
- * If you are overwhelmed, make adjustments in your schedule and seek guidance from your mentors
- * Don't beat yourself up
- * Keep your life as balanced as possible

Your Third Act

- * Most days are full days
- * More follow up patients than new patients
- * Confidence and autonomy is growing
- * You now have a small trusted group of referring doctors
- * You are building a reputation in the community
- * It feels more like “your” practice

A Maturing Practice

- * As you get busier, your days will get (even) longer
- * Use your lunch hour for phone calls, lab and x ray review, forms
- * Make sure that if it can be done by another person, it is
- * Consider saving the notes for later

Re-Evaluating Your Skill Set

- * Now's the time to take a break, and consider some CME
- * Work on perfecting your new skill set
- * Read about issues you are confronting but feel unprepared for
- * If applicable, begin learning about practice management

Preparing for Partnership

- * Talk to your business manager about your coding, ancillary use patterns, projected income
- * Compare your productivity to your peers
- * Ask your partner(s) about how you are performing
- * Consider whether this situation is meeting your expectations

Questions to Ask Yourself

- * Do I have the kind of practice I envisioned?
 - * If not, what can I do to build “my” practice?
- * Can I see myself here in the long -term?
 - * Should I renew my contract? How can I make changes to better my environment?
- * What are my new interests?
 - * How can I grow my expertise in these areas?

The Finish (? Starting) Line

- * The first year of practice is incredibly exciting!
- * You are not yet the doctor you will be
- * You will be challenged every day
- * The rewards are great if you are in the right place
- * The contract is the engagement. The partnership is the marriage. Choose wisely!

Long-Term Success

- * Set short-term goals
- * Monitor healthcare industry trends
- * Use Data and Benchmarking tools
- * Be open to change
- * Avoid burnout
- * Balance your personal life

THE END!

Good Luck!