

PHYSICIAN REENTRY: INSIGHTS FROM A PRACTICE MANAGEMENT PERSPECTIVE- FROM LAWRENCE NAZARIAN, MD

With the knowledge and understanding that good physicians are a valued resource, The Physician Reentry into the Workforce Project is sharing these insights on helping good physicians reenter practice from a practice management perspective. This is a companion piece to The Physician Reentry into The Workforce Project's document, *Physician Reentry: What Employers Need to Know* available at <http://physician-reentry.org/wp-content/uploads/PhysicianReentryEmployers2015.pdf>.

1. TELL US A BIT ABOUT YOURSELF. WHAT WAS YOUR MOST RECENT PRACTICE AND POSITION, AND YEARS IN PRACTICE?

I graduated from the University of Rochester School of Medicine and Dentistry and stayed in Rochester, NY for 2 years of Pediatric residency, and then did a third year at Yale-New Haven Hospital. After residency, I spent 2 years in the US Army Medical Corps, practicing mostly primary care pediatrics and some general medicine at Ft. Leonard Wood, MO. After that I joined a pediatric group practice in Rochester, NY and practiced in that busy, independent group practice for 35 years, at the same time teaching in the office and at local hospitals through the Department of Pediatrics. In those 35 years, I was involved in the business of practice, including hiring decisions.

I was not involved in the hiring of reentering physicians but had experience with more than one individual who wanted to cut back significantly on his or her hours in practice each week, with the expectation of working back into full-time employment in the future.

After 35 years I left my practice to edit *Pediatrics in Review* as well as teach part-time at the medical center. I am currently a part-time volunteer teacher in

the clinic.

2. SOME PRACTICES/EMPLOYERS MIGHT BE A BIT UNSURE ABOUT HIRING A PHYSICIAN WHO IS REENTERING CLINICAL PRACTICE OR ALLOWING A PHYSICIAN TO WORK SIGNIFICANTLY REDUCED HOURS FOR A PERIOD OF TIME IN ORDER TO STAY IN CLINICAL PRACTICE.

A. AS AN EMPLOYER WHAT ARE SOME THINGS TO KEEP IN MIND, IF SOMEONE IS CONSIDERING SIGNIFICANTLY REDUCING THEIR HOURS OR LEAVING THE PRACTICE (WORKLOAD, HANDLING NEW PATIENTS, ON-CALL HOURS, OR OTHER CONSIDERATIONS)?

A major consideration is the professional and personal value to the practice of the individual. A colleague who has proven to be an excellent physician and partner should be accommodated as much as possible so that he or she will not be lost to the practice. Having enough physician hours available to handle the overall patient load after that individual cuts back is crucial and might well require the hiring of more people or the expansion of other physicians' time to cover the workload. The increase in time from other physicians should coincide with the reduction in the individual's time.

Practices must also decide how to inform the individual's patients about the change in practice hours of a physician who is reducing his or her hours and how continuity of care will be maintained for his or her patients. Questions to answer may include the following:

- Are other partners willing to take on patients who request them specifically?
- Will you try to shift most of the patients from the physician who is reducing hours to the new physician (if you intend to hire one)?

The answers to questions such as these bring up delicate issues as well as the critical need to be fair to patients.

We found that if the person cutting down on hours was willing to take a significant share of evening, overnight, weekend, and holiday shifts, the whole practice functioned better and it was much easier to accommodate the individual wanting to reduce their hours. Taking some of these special shifts was often possible because they would come at times when a spouse could be at home with children. It is also important to remember that appropriate vacation time should be worked into the planning as well.

B. WHAT ABOUT COMPENSATION FOR SOMEONE WHO WANTS TO REDUCE HOURS?

Compensation should be worked out fairly. One way to ensure fairness to all is to convert every task into a point value. Hours spent in the office, hours spent on special shifts (evening, night, weekend, holidays), hospital rounds, newborn services, etc. are all given a point value, which is used to determine fair compensation. Some practices use a productivity system. Our practice preferred to look at time spent, which allows for different practice styles, and pay on the

basis of time expended in each of the practice tasks.

Another key to thinking about compensation is to think about it ahead of time so that you have a procedure or process in place prior to someone asking to reduce hours or work part-time.

C. WHAT ARE SOME INSIGHTS YOU HAVE LEARNED IN TERMS OF PLANNING FOR CHANGES IN THE PRACTICE AS A RESULT OF A PHYSICIAN REDUCING HOURS?

In addition to what I mentioned above, it is important to discuss and arrive at consensus about the overall workload, the care of the individual's present patients, the individual's willingness to take on some "special" shifts, and the effects on both partners and staff. The opinions of staff should be taken into consideration. At least a tentative idea of the individual's professional trajectory over the next few years should be worked out.

Practices may decide to use the point system to determine compensation for services. Deciding on a point value for each service should take place with all partners involved. Some useful advice about accomplishing this task is contained in the commentary by Dr. Vincent Menna. (Pediat. Rev. 1989;11 (5):131-132.)

D. FROM YOUR PRACTICE EXPERIENCE, WHAT SHOULD PHYSICIANS KEEP IN MIND IF THEY ARE PLANNING ON SIGNIFICANTLY REDUCING THEIR HOURS?

The individual should decide how much ongoing work will be necessary to allow for the retention of skills and comfort in practicing. That amount of time might vary from person to person and with the percentage of time spent on complex procedures. The physician also should work out a reasonable self-education scheme that will allow him or her to maintain cognitive skills and knowledge of advances in the field. As mentioned, the physician is much more likely to be accommodated if he or she is willing to take on "special" shifts and tasks. The physician should also have an approximate idea of how the next few years will play out.

3. CAN YOU PROVIDE AN EXAMPLE OF HOW YOUR PRACTICE ACCOMMODATED A PHYSICIAN WHO LEFT CLINICAL PRACTICE FOR AN EXTENDED PERIOD, WITH A STATED INTENTION TO RETURN? WHAT DO YOU FEEL WAS KEY TO MAKING IT WORK FOR NOT JUST THE PHYSICIAN BUT FOR THE PRACTICE AS A WHOLE?

We did have one instance of a partner taking a one-year sabbatical, during which he took graduate level courses and actually left town with his family. It worked because of advance planning and because we carefully picked an individual who worked that year without certain promise of future employment. She was a known quantity because she was a resident whom we had gotten to know. As it turned out, at the end of the year, the practice had become busy enough to hire her full-time, and she stayed on for over 30 years.

4. AS AN EMPLOYER, WHAT DO YOU FEEL ARE SOME OF THE POSITIVES ABOUT HIRING A REENTRY PHYSICIAN WHO WAS PART OF THE PRACTICE

BEFORE AND ALSO HIRING A REENTRY PHYSICIAN WHO WAS NEVER A PART OF THE PRACTICE?

The best part of hiring a reentry physician who was part of the practice is that he or she is a known quantity who also knows the peculiarities and nuances of that particular practice. She is known to staff and patients and a lot of growing pains are avoided. A physician who was never part of the practice might bring some special talents that no other partner has. Also, not being known to the patients might avoid some awkward situations in which too many patients might want to schedule appointments with the returning physician.

5. CONVERSELY, WHAT MIGHT MAKE YOU HESITANT TO HIRE A REENTERING PHYSICIAN?

Uncertainty about the physician's competence and practice style might cause hesitation, unless one had ironclad assurances from colleagues about him or her. I would look hard at what the individual has been doing and make sure that I am comfortable that the activity is consistent with remaining competent and up-to-date. I would want to know why he or she is making the move to return to practice at this time.

For more information on The Physician Reentry into the Workforce Project visit www.physicianreentry.org

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