Physician Simplifies Practice, Achieves Greater Satisfaction

***Keith E. Berger, MD**, a gastroenterologist in solo practice in Virginia Beach, Va., has been in practice since 1981. In this interview, he discusses the dramatic changes he recently made in his practice with Richard L. Reece, MD, editor in chief.*

Q: *Why and when did you decide to practice as a solo practitioner?*

A: I began practicing as a solo practitioner about 20 years ago. After a few years, I added a partner and subsequently added additional partners. By 2001, when I made a major change in my professional life by returning to solo practice, I had added three additional partners to the practice.

Q: *What convinced you to make that change?*

A: In general, I was unhappy with the practice environment. We had a traditional consultative gastroenterology practice, including five partners working out of three office locations. But I came to a point where I didn't feel I could maintain a high-quality, patient-oriented focus in my work. I knew that somehow I needed to make a change. The practice was not giving me the satisfaction I wanted. I didn't feel good about the work that I was doing, and I actually hated coming into work. I dreaded my on-call time.

Life is short. I want a professional life that I could enjoy. So I committed myself to creating a professional life that I love. I was willing to cut myself loose from the practice, and I did not necessarily know at the time what I would choose or what I would create. I just made a commitment to change.

Q: *What were some of the factors that led you to this point?*

A: There are many factors that I could list: managed care, administrative harassment, rushing, and doing too many things. I just got the sense that I had lost touch with the original commitment I had when going into medicine. I was not doing the things that I loved, or I was doing them in an environment where I was not appreciated.

The story about the slowly boiled frog is an appropriate metaphor for my situation. If you put a frog in hot water, he'll jump out; but if you put him in cold water and turn up the temperature slowly, he'll stay in there until he's cooked. Similarly, I remained in my professional situation as it became more and more unpleasant, and I was cooked.

But change is scary. The practice was financially successful. We had three offices, we were busy, we had a good reputation, we had nurse practitioners, and we were in a large limited liability corporation. It was a stable, secure environment. I had been complaining for years, but then I took a stand, despite the fear of change.

Q: *How did you decide on the direction to take your practice?*

A: I started considering different ideas. In general, I felt that given the way managed care has been implemented, the practice of medicine has become more impersonal. The personal touch has clearly been missing. We have become high tech, low touch. I thought patients might be willing to pay to see a doctor who would truly listen to them and provide great service.

I eventually decided to focus on an area of my gastroenterology practice that was enjoyable for me and a good fit for my personal and professional ideology: preventive medicine, particularly colorectal screening. I love doing colonoscopies, and I have a real skill and ability to do them quickly and well. So I decided to create a practice centered on preventive medicine. I could then focus on the diagnostics and not do the hospital work, which would simplify my life.

Q: *So your key to success has been simplifying your practice by specializing in something you do well.*

A: Yes. If physicians would think about which aspects of their practices they love, they could find a way to reorganize or change their practices to be centered on that pas-

(Continued on page 14)

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(Continued from page 13)

sion. Of course, this takes courage and a willingness to stop complaining and to start taking action. But the payoff comes when physicians find that they are not only much happier, but are probably doing better financially as well. I have simplified my practice by focusing on one niche, so that all the processes in the office have also been simplified. In addition, my practice is more service oriented, more patient oriented. I don't have all of the excess administrative work I had in my former practice, and I have the freedom to create a system that really works.

Q: *By what measures would you say your practice is successful?*

A: I leave the office by 5:30 p.m. with all my work done. When I leave, I don't have a single chart on my desk.

I earn enough money to increase my income, fund my retirement, reward valued employees, and introduce innovative new services. Our collection percentage is high, and I am getting paid fairly for my work. My overhead is at least 10 or 15 percentage points lower than it was in my former practice.

I have no concerns regarding the efficiency of my practice. We are completely office based. We deliver tremendous cost savings for screening colonoscopies. So, in my view, we are an asset to an HMO. In addition, it is painless to audit our charts because we use only a limited number of codes. While we do chart reviews, we are very familiar with the few codes that we use, and it is easy to remain up to date on the coding rules for these few services. We are completely in compliance, and we have no concerns about how we are coding. We also avoid expensive rework, such as denied claims and the need for additional documentation.

My practice has become more patient responsive and friendly. Many physicians are unhappy, and one of the reasons is that they know they are not providing the service they want for their patients. They can't take the time with their patients that they would like to, and they hate themselves for it. I get extraordinary compliments almost every day, and I received only one complaint last year. Partly as a result of this, my staff of three full-time and one part-time employee are happy. I hire manager-level staff to work in my office, and I pay them good salaries. I feel that it is critical to hire competent people and pay them appropriately.

I now have fun practicing medicine. My staff and I enjoy our work, and we deliver top-quality service. My practice is satisfying because our work is focused around the patient, the doctor, and the staff. We have been able to design our office processes so that our systems are transparent to the patients. All the incentives are aligned around what is best for them.

Patients can easily be put on our schedule, and they need to come in for only one appointment. While the typical outpatient colonoscopy takes about three hours of a patient's time, a colonoscopy visit in our office is 75 minutes from start to finish—including time in the waiting room, the set-up, the procedure, and recovery.

Q: *Please describe the activities of your typical day.*

A: I perform colonoscopies on Mondays, Tuesdays, and Wednesdays. We start at 7:30 a.m. and perform procedures until 2 p.m. I usually do paperwork regarding those procedures for two or three hours in the afternoon. On Thursdays, I handle the other administrative needs of the practice, either in the office or from home. These types of tasks include legal work, new projects, revising forms, and improving our computer programs. I take Fridays off, and my weekends are free. My on-call duties consist of being available for any potential complications of a colonoscopy, which are rare.

Q: *What technologies or strategies have you implemented to enhance your practice?*

A: I wanted to communicate easily with my referring physicians, so I implemented a speech recognition system. When I complete a procedure, I immediately go to my consultation room and dictate into the computer a complete letter and report to be sent to the referring physician. Frankly, it takes me longer to do that myself than follow up using a transcription service, but the referring physician receives the letter more quickly. The letter is electronically faxed to the referring physician's office before the patient has left my office.

In addition, the system saves me $10,000 to $15,000 a year on transcripts. Furthermore, I find a tremendous satisfaction in being able to write a personal letter to each physician, thanking him or her

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for the referral and reporting my findings. The referring physicians appreciate this level of communication, and it's part of my practice's service orientation.

In addition, we are probably the only practice in our area that routinely uses anesthesiologists. Incorporating anesthesiologists into care enables us to use a more rapid-acting sedation, so that patients experience no discomfort and have less down time. What's more, we are able to improve our own efficiency.

Previously, charts would sit on my desk, and I stopped sending letters to physicians because it was just easier to send them a copy of the report when the pathology results came back one to two weeks after the procedure. Now, for a colonoscopy that was performed on Monday, I send off a letter to the referring physician that day, and that same week, I send the pathology report.

We also send patients a history screening form prior to their visit. When they come in, the nurses interview the patients and do a thorough screening. We are very careful to screen patients for possible risk factors prior to the procedure. Then, before the colonoscopy, I meet with the patients, review all the information, and generally spend time answering their questions rather than extracting information from them.

Q: *What has been the feedback from HMOs?*

A: Unfortunately, the HMOs have yet to become interested in quality of care. Of course, they say they are interested, but we find that we have to engage them and explain the value of providing extraordinarily high-quality work and service. For example, the fact that we use an anesthesiologist has been a problem for some of the HMOs because they are not interested in paying for anything that they deem is unnecessary. But we believe that having an anesthesiologist makes an enormous difference in the quality and the comfort of the procedures. Since we want that additional safety margin, we are committed to persuading the HMOs that this is the best way to practice. On the other hand, HMOs like the fact that we perform the colonoscopies in an office setting because we are saving a lot of money.

We have no problem with getting reimbursed from Medicare. In Virginia, we have a law that keeps us from collecting a facility fee for doing office colonoscopies, but I treat Medicare patients anyway because I feel it is consistent with the ideology of my practice to offer preventive care wherever it is warranted.

Q: *Given your experience with simplifying your practice, what advice do you offer to other physicians?*

A: Physicians are perfectionists, are highly committed, and have a high level of idealism. When people like that allow themselves to be put in situations that do not allow them to be committed, idealistic, and perfectionists, they create an environment conducive to frustration, resignation, and cynicism.

I recommend the book, *Built to Last: Successful Habits of Visionary Companies*, by James Collins and Jerry I. Porras (New York: HarperCollins, 1994). It's a wonderful study of what it takes for people to create extraordinary businesses and organizations and is very applicable to medical practice. Collins recently wrote another book, *Good to Great: Why Some Companies Make the Leap… and Others Don't* (New York: HarperCollins, 2001), which is about what it takes to transform a company. His premise is that you have to find and keep the right people first, be doing something you love, and keep it simple.

Another tool I can unhesitatingly recommend is the Landmark Forum, a course offered by Landmark Education in San Francisco (at www.landmark-education.com). During this weekend course, participants examine their thinking and their relationships, and how they relate to their professions. The outcome of the course is that participants see many pathways and opportunities they might not have otherwise seen, giving them more choices for their future.

The most important point I would like to make is that anybody is capable of making changes. The tendency is to blame other people or certain factors rather than take a chance on making a change that could lead to a much more satisfying life. My recommendation to physicians is to be honest with themselves regarding whether they are happy with their practices. If they are not, then they should take some committed actions. All of us should gather the courage needed to pursue what we love to do.

—Edited by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site *(see page 16)*.