What’s the best advice for physicians at the start of their careers?

Note: MGMA does not endorse any solutions put forth by participants on the Member Community. We urge readers to explore the legal issues — federal, state and local — that might arise from a particular course of action.

The following excerpt highlights members’ advice to new physicians. Get the full discussion in the MGMA Member Community: mgma.org/membercommunity.

This coming Saturday, I’ll be speaking to the local chapter of a medical school’s alumni. It’s a new (2007) medical school, so the alumni are all either current residents or physicians just starting in practice. The title of my presentation is “10 tips in 10 minutes: What your administrator thinks you should know, but doesn’t have the time (or nerve) to tell you.” I’m looking for suggestions. What’s the best advice for physicians at the start of their careers?

Ann Crutchfield, MS, consultant, Tampa, Fla., ann_crutchfield@earthlink.net (Download a copy of her presentation: community.mgma.org.)

Coding is your baby. Others might do it for you, but you are still responsible for all of the vagaries. Learn it well, and keep an eye on it.

Healthcare is about two things: money and good health. If you chase the money, you get neither. If you pursue good health, you get both.

You are smart, but you aren’t an attorney. Get one. Or two. Or three.

As a physician, but perhaps not as an administrator, I would say do the right thing, whether or not the patients like it. They come to you for your expert advice, so don’t bow to TV commercials and Google. Some will leave, but it’s easier to defend yourself to peers and in court. The right thing is seldom the easy thing.

When a patient leaves, it’s always for the better.

You WILL get sued. Prepare yourself now. It’s not personal.

Medicine is a service industry: No service, no industry. Be on time for your patients. Give the best advice you know. Seek outside help as much as necessary. Follow through. Smile.

I’ve always said that if you are on the fence about offering surgery, it’s OK to do it. If, however, you are on the no-surgery side of the fence, NEVER cross over!

Read the instructions. Learn the rules. If you don’t know them and someone else does, he or she wins. [This advice] applies to both coffee makers and hospital committees.

Live within your means. Be debt-free as soon as possible. Lack of debt gives you choices.

Karl Leibensperger, DO, family medicine, Brooksville, Fla., sawbonzmhma@mac.com

Here are some ideas:
• Find a mentor.
• Network with other physicians in the community and get involved with the health system.
• Clearly understand expectations, and monitor patient growth and patient satisfaction.
• Understand the health system’s mission and value statement.

Nicole Ashe, MBA, vice president, finance, WellStar Medical Group, WellStar Health System, Marietta, Ga., nicole.ashe@gmail.com

• Be professional in appearance and conduct. First impressions are very important.
• Finish today’s work today. Complete your documentation and take care of work list items (e.g., lab results review, prescription refills, etc.).
• Understand that you must also market yourself. Be willing to participate in events and speaking engagements. Get involved in the community where you will practice.
• Do what it takes to be a competent and productive physician. Do not create obstacles for front-office staff to schedule patients. Don’t be lazy.
Your administrator — or maybe even your nurse — was not hired to handle your personal business.

Peggie Lewis, administrator, Kidney Specialists of South Texas PA, Corpus Christi, Texas, plewis@ksst.cc

1. Show up on time ... today.
2. Don’t cancel your clinic ... today.
3. Do today’s work ... today.
4. Finish, close, lock your notes ... today.
5. Call parents/patients/referring physicians back ... today.
6. Be nice to your staff ... today.
7. Repeat steps one through six ... tomorrow.

David Tosatti, practice administrator, Lexington Pediatrics, Lexington, Mass., dtosatti@lexpeds.com

My advice would be to work with your administrator as a peer and a partner in your business, not as just another employee. Give this leader the freedom and trust to manage your business effectively by working together to develop your strategy and goals for the business; then execute them. His or her job is to help you manage the business effectively while you focus on caring for patients. Don’t try to manage the day-to-day operations. This will just frustrate you and your administrator. If you don’t think you can have this type of relationship with your administrator, then look for a new one — especially one with a broad knowledge in medical practice administration, as demonstrated by ACMPE board certification.

Lauren Kempees Harris, FACMPE, clinic administrator, Aethena Gynecology Associates, Vancouver, Wash., lharris@aethenagyn.com

Get to know the coders. They are subject matter experts. They are there to help you with your documentation. They are not the enemy even when they ask you to do an addendum.

Charlie Mares, MS, practice administrator, Fox Valley Surgical Associates, Appleton, Wis., charlie.mares@thedacare.org

... Have basic knowledge of the business and ask questions. You’re continuing to learn and that doesn’t stop after you graduate. Be open to constructive criticism; it will help make you a better physician.

David S. Robinson, practice administrator, Northwest NeuroSpecialists, Tucson, Ariz., drobinson@nwneuro.com

I think the most important consideration would be for the providers to figure out how they want to practice. Do you want to be an employee? Do you want to be a business owner? What kind of schedule works for your lifestyle/ specialty?

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From a physician-owned private practice perspective: Let’s have each other’s backs. I definitely won’t badmouth you to our staff or patients, regardless of my personal opinion. I expect you to back me up, too. If you are aware of a problem, please let me know sooner rather than later; I will do the same. You are (probably) not a businessperson. I didn’t go to medical school. We have to collaborate to make this practice good for patients, good for the community and good for your staff. If we both approach our relationship as complementary instead of adversarial, that is a giant step in the right direction. Treat your staff with respect. They can make your job a lot more difficult than it has to be. Don’t assume patients tell the truth. Your staff members are not your personal assistants. Nor are they your friends. Find someone else to babysit your children. You can be friendly at work and have wonderful professional relationships, but please, leave it there. It’s already difficult to discipline, fire or otherwise disappoint your staff. Don’t make it harder by establishing a special relationship in your personal life. It can make the employee feel a sense of protectiveness no matter what his or her actions are, and it can make for a strained workplace for the nonspecial employees. Even with all of the negative commentary above, you really can have a productive, pleasant and meaningful job. Just do your part.

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