Setting Up Your New Physician for Success

Cheryl L. Toth, MBA

Practices and hospitals invest significant time and money in recruiting a new physician. From phone interviews to site visits to contract negotiations, it's a long and involved process.

Beyond setting up a new physician's office and appointment schedule, completing human resources paperwork, and ordering business cards, what does your practice do to support new physicians to ensure they are successful? Although a new colleague may arrive with excellent clinical skills, even the most promising surgeon can fall short if not provided with the right expectations, training, and collegial support. Here's how to fast track your new physician to professional heights.

Credentialing Is Key

At the crux of a new physician's success is credentialing him or her with hospitals and insurance plans before the official start date to see patients.

"A state medical license is the first domino," says orthopedic surgeon Michael R. Marks, MD, MBA, consultant and coding educator with KarenZupko & Associates, Inc. Marks has led or participated in physician recruitment in orthopedic and multispecialty groups. The firm has developed a comprehensive New Physician Onboarding Checklist, available at https://www.karenzupko.com/new-physician-onboarding-checklist/.

"Without a medical license," Marks continues, "you can't get the new physician hospital privileges and you can't get him or her credentialed with plans. Without being credentialed, the physician can't bill for patients treated." Because commercial carriers won't allow retrospective billing for services already rendered, "even a 3-month delay in credentialing could cost an orthopedic practice $60,000 to $180,000 in lost revenue."(These figures are based on typical revenue generated by several specialties, as well as professional experience with multiple practices.)

And if you think you can bill the new physician's services under another partner's name, you are incorrect. "The billing physician will have signed the note, but not have treated the patient," warns Marks. "This is improper billing. Don't do it."

The remedy for ensuring that the new physician is credentialed is simple: get organized and plan ahead.

"When I first started participating in recruitment, I remember telling physicians, 'I need you tomorrow!'" admits Amon T. Ferry, MD, a practicing orthopedist who leads recruitment efforts at IMS Orthopedics, a division of Integrated Medical Specialists in Phoenix, Arizona. "So they'd get hired before the practice was prepared and before credentialing was completed. Now, I set more realistic expectations," he says, noting that in Arizona it takes 3 months to get a medical license, 6 months to contract with the hospital, and 9 months to get on insurance plans. And even after a plan has credentialed a new physician, "sometimes it still takes 4 to 6 weeks before the physician's data is loaded into the plan's computer systems."

"The way to do credentialing right is to get all departments communicating," Marks says. "If you keep everyone siloed, staff don't understand that a lack of timeliness on their part impacts other areas of the practice."

Ferry agrees, and says his group learned to

Ms. Toth is a business writer with KarenZupko & Associates, Inc., a consulting and training firm that develops and teaches *ICD-10* and *CPT* coding education for the American Academy of Orthopaedic Surgeons.

Author's Disclosure Statement: Ms. Toth reports that she is an independent contractor for KarenZupko & Associates.

Address correspondence to: Cheryl L. Toth, MBA, KarenZupko & Associates, 625 N. Michigan Ave., Suite 2225, Chicago, IL 60611 (tel, 312-642-5616; fax, 312-642-5571; email, ctoth@karenzupko.com).

Am J Orthop. 2016;45(5):XX-XX.

organize its multiple departments after making mistakes and missing deadlines. "We now have an 8-page pre-employment application for new physicians," he explains. "In addition to asking for contact information and everything we need to know in order to get the physician credentialed, we ask questions about malpractice suit history and whether there are issues with the medical board. We also ask about gaps in employment and details about where the physician has practiced in the past." All of this is done to identify early whether credentialing will require more time and effort. Ferry says that the application has solved a number of processing problems the practice had in the past.

And whether credentialing is done within the practice or outsourced, Ferry says that it pays to be persistent. "Don't sit back and assume it will get done. Even if you have outsourced credentialing to a company, someone must check with payers and hospitals weekly and provide the practice a status update."

In one case, when getting a new physician contracted at a hospital was taking forever, Ferry directed the staff to call. "Turns out, they had been trying to reach us and had the wrong phone number," he says. "When people are processing thousands of physician renewals, things get lost. You have to be proactive and be your own advocate. Don't be afraid to be the squeaky wheel."

Staff Relationships and Operational Wisdom

Marks points out that in many practices, the new physician is shown the examination rooms and his or her office, gets electronic health record (EHR) training, and that's it. To be successful, Marks insists that the new physician must build relationships with personnel and understand operational basics. "In other business industries, successful leaders understand at least the basics of what everyone does. Part of how they do this is by getting to know the employees."

Ideally, Marks advises that new physicians spend time with each staff member. "The best time to do this is in the first few weeks of employment," he suggests. "Odds are, the new orthopedist doesn't have 40 patients a day on the schedule. So schedule conversations within the first few weeks or month, and schedule observation time as well. When a patient complains about check-in, the physician will have an understanding of how things work up there if he or she knows the basic processes." The new doctor should also spend time in the billing office getting to know the challenges faced by staff, and sit with the surgery coordinator to understand the process of getting cases booked and scheduled.

Plan for an initial and then periodic meetings with the practice administrator and other supervisors. Transparency about business operations, data, and strategy will help the new physician get up to speed faster.

"The executive director of our group was an absolutely invaluable information resource," says Kathryn J. McCarthy, MD, an orthopedic spine surgeon with Arkansas Specialty Orthopaedics in Little Rock, Arkansas. McCarthy has been with the group for 3 years.

The practice's executive director developed and presented a PowerPoint (Microsoft) explaining general business procedures, expectations for the coding and billing process, and pertinent compliance and risk issues. She had also developed an interactive model of the compensation formula and buy-in program, using Excel (Microsoft). McCarthy met with the executive director at 3 months, 6 months, and 9 months to review her patient and case volumes and how they were trending against the estimates made about her income, bonus, and buy-in status.

From the new physician's perspective, McCarthy says having the new physician understand the complexities of certain business systems helps them understand things better. "If you sit in the business meetings long enough, you figure it out," she says, "but it would have made some of the growing pains less painful if I understood what my overhead charge was going to, or more about the workflow of the clinic." She adds that an overview of hospital relationships and any overlapping ownership interests will benefit new physicians as well.

"I think it's useful to provide new physicians with a history of the practice and the vision of where things are going," McCarthy says. "It's important to outline the business vision, especially for subspecialties. If you explain to the new physician where you want to grow and when the practice plans on bringing on the next physician, it could really drive someone to grow their practice."

Don't Underestimate the Need for Coding Training

"When fellows come out of training, they are comfortable with clinical activity but uncomfort-

able with business administration," Marks says. "And we know they don't get training on coding and billing."

Marks cites a recent conversation at an American Academy of Orthopaedic Surgeons (AAOS) coding workshop. "A surgeon new in practice told me, 'I've been in practice for 4 months. I understand the clinical side but nobody educated me about coding and billing before this course.'" Practices must provide new physicians with coding and documentation training, and coach them to make sure they feel up to speed and comfortable. "The practice's future revenue depends on it," Marks says.

McCarthy agrees. "Having an administrative mentorship for coding is incredibly valuable. They don't teach it in school."

So from a practical standpoint, purchase AAOS' Orthopaedic Code-X, a software tool that will help the new physician navigate and integrate *Current Procedural Terminology* (*CPT*), *ICD-10* (*International Classification of Diseases, Tenth Revision*), and other coding data easily and accurately. Send him or her to one of the Academy's regional coding and reimbursement workshops as well. "It will behoove the practice to send them even before they start seeing patients," Marks says.

And don't just stop there. High-performing groups conduct peer reviews of evaluation and management (E/M) and operative notes, blinding the codes billed and discussing which *CPT* and *ICD-10* codes are appropriate for the visit or case. "It will take time for the new physician to completely integrate coding with their clinical care," says Marks. "Peer review sessions, as well as having a partner review codes before they go to the billing office, can help speed learning."

Collegial Coaching Counts

The week before her official start day, McCarthy scrubbed in as a first assist with each of her new partners. "It was a great way to start ramping up," she says. "I could see what kind of equipment was present in the hospitals, and got a touch point for hospital logistics. Plus, as a young surgeon it's great to see how your skill sets match up with your new partners, and which best practices are being deployed by the group."

This kind of "collegial coaching" is a vital part of the clinical and cultural integration to the practice. Beyond providing clinical support, it builds relationships and trust among the group, and fosters collaboration.

Arkansas Specialty Orthopaedics organized McCarthy's clinic and operating room (OR) schedules so that a partner was always present. "There was also someone I could bounce ideas off of," McCarthy explains. "Every day in the OR, there was a partner there at the same time. If I got into a sticky situation, one of my colleagues was willing to come in and scrub in the OR."

McCarthy says that patients responded favorably when she told them her plan was developed in conjunction with her partners. "Patients find comfort in knowing that several people's opinions were considered," she says. "And as a young surgeon, knowing that you have backup, even if you don't use it, when caring for high-risk and complex cases really means a lot," she says.

And although her group didn't offer a formal mentoring program, McCarthy found that an informal mentorship grew organically when a friendship developed with one of her new partners. "In the first 6 months, every single weekend we sat by the pool and rolled through a ton of cases," she says. "That was fabulous and it alleviated so much stress for me." And when it was time for McCarthy to move into board case selection, this colleague and another were instrumental in her board preparation because, "they knew my style and where I would need to focus."

IMS Orthopedics' approach is to provide the staff and systems that allow new physicians to step up and take responsibility. "If they want to scrub in with me, that's great. If they'd like to visit additional facilities and get the lay of the land, we encourage it. But we don't do a lot of handholding. We set them up for success and make sure people are in place to help them," says Ferry.

A Marketing Plan Is a Must

"The vast majority of practices do very little when it comes to thinking about how to market and build the practice of their new physician," Marks says. "Practice-building is more of a challenge for surgical specialists today than it was in the old days when new surgeons could easily meet internists as they were rounding at the hospital. Now, a new physician and the practice

must come up with a game plan."

That game plan starts with the easy things: order business cards, schedule a photo shoot, and update the practice's Web site pages with the physician's biography and an introductory video. But with social media, online reviews, and subspecialty competition, Marks says practices must think beyond the basics. Think through each element of marketing, from online to outreach to developing referral relationships.

"I tell practices to draft a written marketing plan," he says. "Not only does it provide a roadmap for the new physician, but also indicates that the practice has put some thought into how he or she can build a practice. It can make the new physician feel less overwhelmed knowing that he or she doesn't have to do the marketing alone." Once you've developed a list of actions, Marks suggests creating a spreadsheet with deadlines, and ensuring each action is completed.

McCarthy was scheduled to visit family practice clinics, and joined by the administrator who "handed out cookies and cards while I talked," she says. Arkansas Specialty Orthopaedics also hired an external marketing firm to develop promotional opportunities for her. For example, "I was scheduled to appear on news channels, where I discussed new and interesting procedures," she says. "It got my name out into the community."

If your practice is too small to hire an outside firm, Marks suggests reaching out to agencies such as nursing homes, fitness centers, or the YMCA, which frequently offers educational programs for members. "Contact the administrators or medical directors in these organizations. A few minutes on the phone or a short visit can go a long way to building these relationships and getting your new physician on the map."

As the old saying goes, an ounce of prevention is worth a pound of cure. Scheduling time for orientation, training, staff integration, and collegial coaching will speed a new physician's integration into the practice, and increase his or her opportunity for success.

10 Tips for New Physician Success

1. Start the credentialing process 6 months ahead of the new physician's first day in the clinic. Stay organized, follow up regularly, and ask for weekly status updates.

2. Schedule conversations with the business administrator, and be transparent with business data, strategic vision, operational goals, and the compensation formula.

3. Develop a standard business orientation presentation for the new physician that covers revenue cycle policies and procedures, business expectations, and more.

4. Use "down time" in the first month to schedule discussions with practice staff and learn about their roles and priorities.

5. Block time for observing operational procedures such as appointment scheduling, check in/out, and surgery coordination.

6. Foster collegial coaching: provide easy access to colleagues in the clinic and the operating room, so the new physician can quickly confer or get support on a case.

7. Encourage the formation of mentorships with physician colleagues.

8. Send the new physician to coding and documentation education, and be clear about the practice's compliance rules and code submission turnaround times.

9. Schedule vendor-led electronic health record training, which optimizes learning and ensures templates and pick-lists are correctly customized.

10. Prepare a draft of a marketing plan for the physician before he or she arrives. Collaborate to enhance and implement it.