How to face 3 common private practice hassles

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Working in private practice hardly precludes hassles, but it does give physicians choices when fighting them off. Find out what can be done to take the edge off of some of medicine’s biggest headaches.

Often, this entails making the best-informed decisions early on. That extends to the initial choice of private practice, a setting in which physicians are the owners, instead of a hospital, health system or other entity.

The AMA supports physicians in pursuing the practice arrangement that best suits them individually as they deliver high-quality care to their patients. The AMA offers in-depth resources to consider all practice options and step-by-step guidance for those physicians who want to be their own boss, including the e-book “Starting, Buying, & Owning the Medical Practice” and career-long learning at the AMA Ed Hub™.

Two experienced private-practice physicians in Wisconsin shared their insights on common hassles. Internist Timothy McAvoy, MD, and family physician Barbara Hummel, MD, are AMA alternate delegates and serve as officers—he is vice chair and she is secretary—in the AMA’s Private Practice Physicians Congress. Both have Milwaukee-area solo practices.

EHRs: CME and a beginner’s perk

Electronic health records are “the single biggest hassle factor for physicians,” said Dr. McAvoy, who has learned to make the best of his hospital-supplied EHR.

Using the EHR is “not hard to do,” he said, but it is time-consuming. He added that effort lost to any system’s inefficiencies is “not time being well spent.”

The AMA’s STEPS Forward™ practice management tools, found at the AMA Ed Hub™, provide physicians with in-depth CME on acquisition and efficient use of an EHR. Modules include “Electronic Health Record (EHR) Software Selection and Purchase
"and “Electronic Health Record Optimization: Strategies for Thriving,” which include techniques physicians and office staff can use to “maximize the benefits and minimize the burdens of the EHR.” The AMA Ed Hub also includes a substantial selection of EHR case studies.

Dr. Hummel is now on the fourth EHR system she has acquired over her years of practice.

She pointed out a substantial advantage for new practices—skipping the potentially considerable expense in transferring data. “If you’re fresh, you’ve never had a system, that’s probably the best,” Dr. Hummel said, “because then as the patients come in, you’re actually loading them into the system.”

**Pay rates: Legally band together**

Drs. Hummel and McAvoy are independent practice association member practices, which allows them to legally negotiate rates and contract terms collectively with health plans. “It helps enormously,” said Dr. McAvoy.

The AMA has created an in-depth guide, “Strengthen your practice: How to collaborate with peers and other practices,” which offers advice on collaboration options. It contains a detailed examination on how to avoid antitrust problems.

The independent practice network Dr. Hummel belongs to handles “the fee negotiations for 400 primary care physicians and 500 specialists,” she said. Private practice also gives her final say on which health plans she can turn down. “The two companies that will not negotiate with us were so obnoxious with individual fees below Medicare rates that I terminated my contracts with them years ago—and I haven’t really missed them.”

**Prior authorization: Know the rules and use tools**

Prior authorization (PA) is a hassle that has garnered new attention as research—including recent, compelling physician data from the AMA—underscores the waste in time and resources lost to seeking permissions for treatments.

Drs. Hummel and McAvoy can’t stop prior authorization, but both take appeals up a notch, when warranted, to make sure PA efforts aren’t in vain.

“I often request a peer-to-peer contact if the answer is no from the preliminary online request and generally that works,” said Dr. Hummel.

Dr. McAvoy saves patients and his practice time by being familiar with insurer formularies, going
straight to an effective formulary medication if one is available.

The AMA offers prior authorization practice resources. Offerings include videos, webinars, tips, a toolkit and state-level reform information.

AMA hassle-reduction resources like these help independent physicians practice medicine by the values they know are important.

“Professional autonomy is the big one. I can determine how long I have to see any type of patient,” said Dr. Hummel. “Do I get reimbursed enough for that? Probably not. But in the long run, it's more satisfying for me as well as the patient.”