

Physician practice: Why it's not one size fits all

MAY 19, 2021

Len Strazewski

Contributing News Writer

Physicians have many choices of practice settings and modes, and a bit of experimentation is advisable before deciding on the setting that best suits you.

“Don’t just jump right into private practice if you are unsure of it,” advises Zhudi M. Jasser, MD, a Phoenix internist and governing council chair of the AMA Private Practice Physicians Section (AMA-PPPS). “It may be good to go work for somebody or work for an institution, and then realize what a lack of control has done for you.”

Dr. Jasser is a staunch supporter of the private practice model, though it may not suit every doctor’s personality, he said during an AMA webinar hosted by the AMA Organized Medical Staff Section. The webinar offered physicians’ firsthand advice on the pros and cons of different practice modes.

Recently published AMA survey data shows that 49.1% of patient care doctors work in physician-owned practices. Almost 40% of doctors work directly for a hospital or for a practice at least partially owned by a hospital or health system.

Delivering patient care in other settings can help physicians better appreciate what private practice has to offer, Dr. Jasser said

“Then when you come out, you will be ready and more able to sustain the pressures of the finances and other things. And then you realize ... the grass is not always greener. Private practice is not something you can dabble in,” he said.

The webinar panel also included A. Patrice Burgess, MD, a family physician employed by a nonprofit Catholic health system in Boise, Idaho, and a member of the AMA Council on Medical Service. Another panelist was Ilse R. Levin, DO, MPH & TM, an AMA trustee who works as a hospital-based physician for the Mid-Atlantic Permanente Medical Group in the District of Columbia-Southern Maryland region.

Private practice can help you take root

Dr. Jasser addressed the pros and cons of independent practices with 50 or fewer physicians. Some drawbacks include the administrative demands and personnel management that can take physicians away from patient care.

But as a private practice physician “you find that you are rooted in the community,” he added. “You are able to be creative in what you do, and you are able to set your limits and make sacrifices based on the limits.” A physician in private practice doesn’t have to follow institutional guidelines on, for example, how long a patient visit should take or other external care restrictions.

“At the end of the day, I can live by that fact that I am making the final choice about how those decisions are made,” he said.

Making a difference at scale

Dr. Burgess said she has worked in multiple practice settings but found some aspects of the large, nonprofit system appealing. A large institution can come with leadership opportunities that offer “a chance to make a difference on a larger scale,” she said. “I really see myself as a physician advocate within the system.”

Being able to lead within her employment setting allows her to take pleasure in helping all of the physicians in the institution “be better physicians and that reflects on the patient experience as well,” Dr. Burgess added.

Financial matters are also less of a concern in a large institution, she added, as the institution is better able to absorb the expenses of uninsured patients and those on Medicaid and Medicare. The institution also provides administrative support to help the medical staff manage the steady flow of regulatory changes that can disrupt patient care.

However, the decision process moves more slowly than in private practice. Recommendations must move through committees and levels of leadership, which can bog things down, Dr. Burgess said.

Why physician ownership matters

Dr. Levin noted that the Mid-Atlantic Permanente Medical Group is physician-owned and operated, with 16,000 doctors in 50 specialties. The member physicians vote on management decisions, which allows them to be invested in the operations of the hospital.

Despite the size of the institution, Dr. Levin said she believes the physicians have good communication, aided by an efficient EHR system.

“With COVID, for example, we were dealing with ongoing changes in real time, and I was able to communicate directly with the leadership for Mid-Atlantic Permanente to devise [a plan] for how we would treat COVID across the entire region,” she said. “And that’s something that is open to any physician.”

In a previous setting, Dr. Levin worked for a health care organization that was effectively integrated but not physician-owned and operated.

“I did not have as strong a voice” in that setting, she said. “When I saw problems, it was harder to fix them.”