Why this emergency doctor thrives as private practice CEO

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At the outset of the COVID-19 pandemic, Omar Z. Maniya, MD, was an emergency medicine specialist at Mount Sinai Hospital in New York City, where he saw firsthand the grim realities of SARS-CoV-2 and its impact on the public.

When he wasn’t caring for patients, Dr. Maniya was providing technical support to his mother, Mariam Maniya, MD, a board-certified internist who led the Maniya Health private practice in nearby Hamilton, New Jersey.

“She wasn’t trained in, and raised in, a tech-savvy environment and she needed help implementing telehealth,” Dr. Omar Maniya said. “And so, I came and helped do that.”

His help continued. First he fixed the phone system, then there was the scheduling system, and then the automated reminders so staff didn’t have to call 60 patients a day to notify them about an upcoming appointment. The more time that Dr. Maniya—who has a master’s degree in business administration—spent helping out with the private practice, the more he was being drawn to it.

Earlier this year he made the jump full-time and became CEO of Maniya Health. He talked about his career switch and the benefits of working in a private physician practice in a recent episode of “AMA Moving Medicine.”

Reimagining patient care

Historically, there has been a divide between primary care and emergency care, Dr. Maniya said, and that gulf has led to inefficiencies in patient care. He saw working in a private practice as an opportunity to reimagine what patient care could look like.

There were some “convenience innovations,” such as free Wi-Fi in waiting rooms, extended hours,
and guaranteed same-day appointments. But more importantly, Dr. Maniya turned to technology to understand how the practice could better serve its patient population, many of whom have low incomes or lack health insurance coverage.

For example, the practice has about 800 patients on connected BP-measurement devices and glucometers, and Maniya Health is able to manage those patients’ hypertension and diabetes remotely. As a result, the patients do not need to visit the office for routine BP checks.

“It's things like that that, I think, lower the barriers to entry to seeking care and then result in patients being more proactive and more engaged in their health care,” Dr. Maniya said.

Recently, one of the practice’s patients—a woman in her 80s on a blood thinner—woke up in the middle of the night with a diaper full of blood. Traditionally, she would have been sent to the emergency department, blood counts would likely be taken, and she might be admitted for a colonoscopy, Dr. Maniya said.

Instead, because the practice had her being monitored remotely and knew her history of internal hemorrhoids, they were able to care for her remotely and help avoid ED admission or hospitalization.

It takes astute clinical judgement, effective collaboration with colleagues, and innovative problem-solving to succeed in an independent setting that is often fluid, and the AMA offers the resources and support physicians need to both start and sustain success in private practice.

Find out more about the AMA Private Practice Physicians Section, which seeks to preserve the freedom, independence and integrity of private practice.

**What private practice offers**

While large health systems are great at high-acuity complex care, Dr. Maniya said, private practices are able to thrive in the flexibility they can show and the ability to tailor their care to their patients. To make that point, he compared large health systems to a Lamborghini manufacturer.

“Lamborghinis are pretty expensive, but are some of the fastest cars on earth,” he said. “But just because you're good at making a Lamborghini doesn't mean you're good at making a fuel-efficient car.”

He said private practice can thrive in the same way that Toyota has succeeded with its hybrid Prius model—with an eye toward innovation that is widely accessible.

“AMA Moving Medicine” highlights innovation and the emerging issues that impact physicians and
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