Why and how to open a private practice with Marie Brown, MD

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, Marie Brown, MD, the AMA’s director of practice redesign and a professor at Rush University in Chicago, answers questions about opening a private medical practice and shares resources for how to get started. AMA Chief Experience Officer Todd Unger hosts.

Download the AMA's free "Private Practice Playbook."

Speaker

- Marie Brown, MD, director, practice redesign, AMA

Transcript

Unger: Hello. This is the American Medical Association's Moving Medicine video and podcast. Today we're talking about what physicians need to know about entering private practice. I'm joined today by Dr. Marie Brown, the AMA's director of practice redesign and a professor at Rush University in Chicago. I'm Todd Unger, AMA's chief experience officer, also in Chicago.

Dr. Brown, thank you so much for joining us today. We know that many private practices have struggled over the last two and a half years during the pandemic, and yet there are reasons that physicians are still drawn to it. I want to start off our conversation by talking about what some of those reasons are and how can physicians determine if private practice is right for them.

Dr. Brown: Absolutely. Thank you for inviting me. Many physicians are drawn to private practice because of the autonomy. I know that that was the reason that I so thoroughly enjoyed my over 25
years in private practice. There wasn't a day that went by that I didn't look forward to seeing my patients.

And it was that opportunity to have total control over my schedule, complete control over the staff and complete control over the experience that my patients received and the care they received. The whole team worked very, very closely together because there was one direction. And my colleague, Dr. Forbes, and I gave our team, from the receptionist to the medical assistant to the LPN, we gave that direction and they weren't getting mixed messages.

So I think the autonomy is key. And prioritizing what is important to you is very important when you're deciding when and what type of practice environment fits your personality and your desire and the environment in which you want to deliver care.

**Unger:** So you've got those issues around autonomy and being able to really tailor the practice environment to what you want. Is there any other way that physicians can figure out if private practice is right for them?

**Dr. Brown:** Well, I think you need to understand whether it's in your personality to want to deal with some of the administrative burden. There's clearly much more work—hiring, your IT department, making sure that income, expenses, you need to look at all that or at least hire someone to help you with that. And that's a different kind of a team that we usually talk about when we're talking about team-based care in medicine. But in private practice, you need team-based business practice and having the right team is critical.

And the time that I was in practice for over, again, 25 years. I had a wonderful team. Not full-time IT, not a full-time HR but we outsourced much of what we did, billing and coding. So we didn't become expert internally. We didn't bring it into the office but we outsourced it and shared that resource, whether it's billing or IT, with many other practices.

And you find those wonderful people that you want on that team, that you enjoy working with, you find them by talking to your other colleagues who might be using them as well.

**Unger:** I can tell by just how you're talking and your memories of your own private practice that this issue of professional satisfaction and well-being underlie a big part of that. How does one take those factors into consideration? And talk about your own personal experience.

**Dr. Brown:** Well, it has always been such a wonderful privilege to be a physician and to be able to dedicate as much time as our patients needed was of paramount importance. I wanted to give to my patients whatever time was required. I wanted to make that decision. If somebody always needed 40 minutes because they had numerous problems or needed to share a tremendous amount of personal information or challenges with social determinants of health, I could tell my staff to schedule them for
40 minutes or an hour. So I think that knowing your patients and being able to tailor your schedule to their needs gave me great joy.

Now my spouse and I are both physicians and we raised three wonderful daughters. And I remember the first day I went to ... my daughter started school, the school handed me her schedule. And I thought to myself, "Oh my gosh, I already have a job." But I was able to go back to my receptionist and say, "Here's the school schedule for the next nine months." If they have a day off or a teacher's day off, don't schedule patients. And in high school when they ran track, if it was a track meet of once or twice a month, I saw patients on those other Saturdays so that I could make it to my daughter's track meets.

So that gave me great joy because that work-life balance was totally under my control.

**Unger:** And that is incredibly important. When you look at the bigger picture, there's a lot of concern about the long-term sustainability of private practice. Why do you think it's so important to medicine that we do sustain that?

**Dr. Brown:** It is a trend and I worry. I think we all worry about it. When the focus and the mission of the practice is anything other than delivering great quality care, that's a problem. If it's a profit-only mission, if that's the ultimate goal, that causes me great moral distress.

And I see my colleagues who are under pressure to refer more or to do imaging or to see more patients, when they know that they could give much greater quality care if they had more time to develop the trust, which is so critical now, especially when we're trying to get our population vaccinated, especially when we know that 50% of our patients don't take their chronic meds as prescribed. The only way to approach that is to spend more time and build trust, not see more patients and make the patients feel like they're just part of a product line.

So for the population health, that one-on-one relationship between the physician and the patient is ideally organized around what the physician and the patient need because they both want the same thing. The number one driver of physician satisfaction is being able to give great quality care. And that's what patients want. Patients want the undivided attention of their physician.

So we want to move from a solution shop rather than a product line shop, as Dr. Krazinski just wrote in a nice piece in *The New England Journal of Medicine*. That takes time and undivided attention, which you can deliver, I believe, more easily when the physician is in control of the schedule and knows then, the whole team knows their patients and there's one goal, and that is to deliver great patient care.

**Unger:** Well, speaking of resources from the AMA, the folks here have developed and introduced recently a playbook for private practice. Let's talk a little bit about what's in it and how it can help.
Dr. Brown: Yes, this is a wonderful open access free tool to all, easily downloadable and it highlights the important aspects of private practice that we don't learn in medical school. We don't get a business degree. But it highlights what you need to know and if you don't know, how to find somebody who will help you. So you build your business team. And it also highlights how to build your clinical team, the types of insurance you need, the kind of coding and vendors, understanding the complexities of coding and billing in this day and age.

So it is in one concise playbook that doesn't have all the answers but it really is actionable and it helps you understand what you need to do and helps you find out how to do it.

Unger: And you can find that playbook just by going to the AMA site and searching for private practice playbook. And take a look at that. We'll try to include some information down at the bottom here of the screen so you can find that as well.

Dr. Brown, private practices are, of course, like many other small businesses, like you've been talking, you need you need a business team in addition to the health care team to help maintain financially healthy practice and to do what they do best, which is provide quality care to patients. What do physicians need to think about from a business perspective in starting a practice? And how does the playbook help?

Dr. Brown: Well, you need to think about a lot of things. And the playbook has listed what those things are, starting with, where do you want to practice? What are the demographics? How do you assess whether there's a need? How do you decide whether you're going to rent or purchase a building? How to approach developing an EHR or how to actually begin getting credentialed.

When do you start? Do you need three or six months? Do you need to be credentialed federally? Do you need to be credentialed at the local hospital? Do you need to be credentialed with each payer? These are things that we don't learn in medical school or residency that the AMA and the practice sustainability unit has laid out and developed. And the playbook is an overview but it links you to wonderful resources that the AMA has developed to help you achieve those goals, and to do it right and do it smart.

Unger: That is a lot to worry about. And then that gets you to the place where physicians want to be, which is thinking more about patient care. When you think about setting up the right situation for patient care in a private practice, what are some of the things maybe folks don't think about at the top level when they're going through that?

Dr. Brown: Well, I think the ... part of the business plan, of course, is the coding and the billing. But the other is, who does the patient meet when they first enter your office? What is that experience like? Whether you call that a clerk or a receptionist or the scheduler, that is their first interaction. That's going to set the tone for the entire experience for the patient.
And what I discovered was that having that scheduler be on the same page as the physicians and the medical assistants and the nurses and the LPNs, and all working as a team with tremendous respect across the entire team, the patients feel that. They know that. And it's a much more seamless and wonderful experience for the patient.

So knowing that there's a cohesive ... there's a face to the voice that they call. It's not a distant call center. That they know that the person they're speaking with has the ear of the physician if they need to reach the physician immediately and recognizing that the entire experience, from when the patient parks the car—that's something else to think about, where is parking or are you on a bus route—parks the car to entering the waiting room and then being brought back to the examining room, that whole experience should feel like they're all just seeing a member of a really cohesive team.

And the other interesting thing that I found most impactful was being able to choose my own team, teammate that I worked shoulder to shoulder with. So I worked with a wonderful LPN for 30 years. And she knew what I was thinking, I knew what she was thinking. The patients knew if they talked with her, it was kind of like talking with me, and vice versa. And sometimes they preferred to speak with her about a concern or a question.

I also had a patient who was very proudly accompanied by her daughter and she bragged that her daughter had a couple of nursing classes under her belt already. And I looked at this young woman and I said, "Well, what are you doing now?" And it ended up that we hired her as a medical assistant. I've worked with her now for 20 years. And many people don't know but one of our toolkits entitled "Medical Assistant Recruitment and Retention," after working with me and me training her on-site, after five years she qualified to sit for the medical assistant certification exam and became certified, and now works as a certified MA at Rush University.

So training your own team to deliver the care and know the protocols, what patient education you want, when and where and how is totally under the physician's control in private practice.

And the other wonderful thing is that if you want, if something isn't working, you can change it very quickly. But always keep in mind that you're doing it with your team and not completely top down, because it is team-based care is medicine today.

Unger: Absolutely. We've talked a lot about the setting up part but it's never really too early to think about growth and having a vision of where you want to take your practice down the road. What do you think are some of the things that physicians can do to help grow their practices in the future?

Dr. Brown: Well, I think that's a great question. And I think that there may be a movement over the next few years from being employed to back to private practice, for many of the reasons that we discussed—that autonomy and that ability to change and improve your practice quickly without it going through committee and waiting 9 to 12 months for someone else's stamp of approval.
A lot of it is word of mouth, meeting the physicians on staff at your local hospital, meet them for coffee, getting to know them, because you want to know who—I'm an internist. I want to know personally who the cardiologists are. I want to develop a relationship with them and their team so that when I refer a patient, it's because I know them and my patients know that I know them. So a lot of it is word of mouth and meeting your colleagues.

Another interesting way that I sort of fell into was in my community, people asked me if I would volunteer at the local American Cancer Society or the American Heart Association or the American Diabetes Association. You don't need to be an endocrinologist. You don't need to be a cardiologist. These are really advocacy. Some of these are advocacy and there are many non-physician members. And it's a wonderful opportunity because they're always looking for speakers at community events and you're also networking with people outside of your medical world.

Social media we cannot underplay. Social media is extremely important. We know that it has positive effects and negative effects. But using it appropriately or relying on someone on your team to look at your website and maybe have a Facebook page or whatever social media you want to use so that patients can find you and can see what type of practice. Many organizations put a video up so that they can hear and see the physician and maybe their team members before they even walk into the office. And then the patient knows whether it probably will be a good fit or not.

**Unger:** A lot of those activities sound more like my job. But it just points out how much there is to think about in running a private practice and how exciting the opportunity is. There's a lot more in the private practice playbook that we could not get in today. Again, find that by going to the AMA site and searching for private practice playbook.

Dr. Brown, thanks so much for being here today and for all the work that you and the team do to support physicians in private practice. We'll be back with another Moving Medicine episode and podcast soon. Find all of our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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