



Residents In a Room
Episode Number 6
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(SOUNDBITE OF MUSIC)

VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

The practice of medicine of old is not really the practice today.

If you've seen one anesthesia practice, you've seen one anesthesia practice.

I always just figured, eventually I'll learn this.

RAJEEV, HOST:

Hi everyone, I'm Rajeev Saxena, a CA2 at the University of Washington in Seattle. I'll be your host today for the episode of Residents in a Room, the ASA's podcast by residents, for residents. Let's go ahead and meet my fellow residents.

DANIEL:

My name is Daniel Bingham. I'm a CA2 at the University of Arkansas for Medical Sciences.

TRISTAN:

I'm Tristan Steinberger. I'm a CA2 here in Las Vegas, from uh, University of Kansas.

KANDICE:

Hi, I'm Kandice Olsen. I am a CA2 at Texas A&M, Baylor Scott & White, in Temple Texas, and I'm from Utah.

JORDAN:

And, I'm Jordan Hill. I'm a CA3 at University of Iowa.

NELLAB:

Hi, I'm Nellab Yakuby and I'm a CA2 at Tulane University in New Orleans.

RAJEEV:

So, we're here at the ASA's Practice Management conference, and practice management seems to mean different things to different people. I know all of us have a story, so I wanna hear, um, you know, how, what is your story and how did you come here today to this conference?

DANIEL:

For me, um, it was kind of an "ah-ha" moment when I was a CA1. We get to the end of the day, and we're behind schedule and, you know, all of a sudden, I'm being blamed for it. It's you know, the three minutes I took longer on an A-line, or that ten minutes that was for turnover time and, I kinda, I kinda realized that in our medical education, we don't really learn about the business side, or the efficiency side of medicine, whether it's in medical school or in residency, so I, I kinda told myself that, well if you don't learn about this, then you're gonna be at the mercy of those who do.

TRISTAN:

So, I've always been interested in the uh, non-clinical aspects of medicine. I recognized that early on. Um, when I was in college, I realized I wanted to get more exposure to finances and business and got my MBA, and since then I've always looked for opportunities such as this conference to gain more exposure to the business in medicine.

KANDICE:

I agree. I feel like there, there's a myriad of things that happen behind the scenes that we don't necessarily need to know to function well as a resident, um, and definitely don't learn much about, but that is crucial to us thriving as physicians when we go outside of residency, so that's why I come, came to the Practice Management.

NELLAB:

For me, I feel like there's lots of times where attendings or just OR staff are throwing out medical jargon, um, as far as like OR coordinating or the business side of medicine and I realized there's not really anything dedicated in residency devoted to, um, the business side of medicine, and so I was seeking something, like an opportunity like this that would help improve, uh, my understanding of it.

JORDAN:

So from my standpoint, I never thought that business would be a big part of my career. I was sort of one of the ones that thought I'd go into medicine so that I didn't have to deal with business. And I admit that I did not take a single business class during college, which was a terrible idea. But, just once I got into Anesthesia, it became clear that while none of us got in this for the money per se, we have to understand how we get compensated so we can apply the right kind of treatments for our patients. It's not enough for us just to know how to treat our patients, we have to be able to come up with the kind of money that it takes to treat our patients correctly. And I felt like if I didn't know how to get that kind of funding to help my patients, I would just be stuck in a situation where I couldn't give them the best care.

RAJEEV:

And I had a, I think, a very similar experience as a lot of people here, realizing that the practice of medicine of old is not really the practice today. You know, we live in a system. So, my story, actually, um, I remember when I was like 12 years old, my dad who's a physician, recommended that I should be a neurosurgeon, and so I shadowed a neurosurgeon, and I was 12 and I barely knew anything but, um, the neurosurgeon said "No all the money's in spine, so you should be a spine surgeon", so I shadowed an orthopaedic spine surgeon. This is like a real story, uh, and then, you know, the spine surgeon said "You should be a plastic surgeon", so I shadowed the plastic surgeon. The plastic surgeon said "You should be a patent lawyer" and I was like, why are all of these really successful, objectively successful doctors really unhappy? And I think that was sort of my "ah-ha" moment, that to be a successful doctor in this era of medicine, you actually have to embrace the system aspect of medicine and not define medicine as purely um, at an individual patient, and a time, and so, um, that was a long time ago, but I think for, in our field, in anesthesia, it's incredibly important to think about things from a system standpoint.

I am curious to know you know, in the career, like, what do you guys think of when you hear the word "practice management"? Certainly that may connote different things, so, what do you guys think?

DANIEL:

So, for me, it's um, it's pretty broad. You know, I, I see supply chain issues, purchasing equipment, uh, I also see administrative tasks. You know, making the schedule, dealing with partners, dealing with other people in your group.

KANDICE:

When I think of practice management, I think of the business side of, of medicine or of a practice that helps us or it to function or maximize, um, provider and the patient experience as well.

TRISTAN:

For me, it's everything that is not involved in the direct, uh, care of patients, and for me, again, it's a very broad topic.

RAJEEV:

Tristan, I think what you just hit on, you know, in terms of it being everything else, I think, just my perspective, is that it essentially is, um, running a healthcare company, and what that means differs depending on whether it's a small company or whether it's a national company, but I think there's some aversion to saying "we're running an anesthesia company", and so this label, um, of practice management seems to capture all of those other things. Um, but in reality, it's maybe it's just what management is.

Um, I'm curious to know any responses to that, or what do you think?

JORDAN:

Yeah, I think that's a great point and I think in conjunction with that, I think for me, the biggest revelation over the course of this conference for me hasn't been even so much what practice management is, as much as it has been whose job it is, and it's become very clear to me that that's our job. Like you said, this idea of a healthcare company, and being able to manage it, is a job that applies to anesthesiologists, and it wasn't that long ago that I would have assumed that that would just be someone else's responsibility.

RAJEEV:

Are there, are there, aspects of the business side of anesthesiology that concern you? There are a lot of things, um, that we have to deal with, that we may not necessarily be prepared for – competition, compensation, structure of practice, you know. I am curious, amongst us, you know, when you come to a conference like this, there are dozens, maybe even hundreds of topics you can dive into. Are there certain things about practice management that you want to really, um, learn about, or that you're hoping to gain from this conference?

DANIEL:

You know, we live in an ever-changing health care environment, kind of depending on the political winds, and how they shift, and especially dealing with reimbursement, and my, I have a rudimentary knowledge of, of the billing side and how we're paid for it. I don't think we're really exposed to that in residency, so that was a big part to me, and then, um, efficiency in the operating room was an area that I feel like I needed to learn more about.

NELLAB:

Well, to piggyback on that, I agree, um, as far as the financial aspects, I don't have much of a, or didn't have much an understanding of that prior to the conference, um, but additionally, being a CA2 right not and going through fellowship applications, it's really nice to have, um, sessions on how to build your CV and actually interviewing. I've never actually received formal training on that. It's just something that's, you've developed skills over the years on your own, and, ah, I didn't even realize that I've never actually been specifically told or taught how to interview, or how to, um, spruce up my CV so.

JORDAN:

Yea, and I think part of, the hard part is, those requirements change with time, um. As a CA3, I thought it was really helpful to see how your CV will look different when you apply for jobs versus when you apply for a fellowship. And in conjunction with that, uh, one of the things I was really looking forward to is talking about contracts and expectations. Especially looking forward to potentially signing a long-term contract or trying to join a, a group for a long time when we're doing it in a healthcare environment that's rapidly changing. And how can you possibly prepare for all the things that might occur over the length of that contract, or over the length of your career?

RAJEEV:

Yea, there's definitely a lot of free care and a lot of areas to dive deep on. We talked about some topics of interest. Um, are there any take aways, or clear like "ah-ha" moments that have come from the conference thus far?

KANDICE:

You know, one thing I expected to learn when I came here was, you know, billing, and kind of those more concrete topics of practice management, but one thing that I loved that seemed to be a theme across everyone's, um, talks, was that they talked more about the, more of the social and human side of practice management, of, of, building your practice and the relationships that you have. Personal development, and qualities that you, you have and can kind of pervade through your practice and also bonding together as a specialty. Like you said, creating that culture – I feel that that was a thing that resonated with me here and I'd like to work on going forward.

DANIEL:

I think to piggyback off of what Kandice said, you know, I thought it was interesting that, um, they taught us here, you know, kind of look at the patient as a consumer. Um, and how most of the data now is showing that consumers don't want healthcare to look like healthcare. You know, they want it to look like a relationship between you and them, kind of getting back to how medicine was in days of old.

RAJEEV:

I think the, uh, personal touch and relationships aspects that, um, Daniel and, you know, Kandice, you're highlighting actually goes even beyond, just like the future, so I feel like we're a very unique group. We're around the country, we're in different levels of training, we're going in to different fields, and, and we're all here.

I am curious to know about mentorship, because I think that that is one of the most important things that other residents want to know about how do you get into practice management, how do you find mentors, um. Do any of you have any stories about how you have found some mentorship?

JORDAN:

I think sometimes with mentorship, you just have to put yourself out there. Uh, it often comes unexpectedly. Um, I think what's hard about searching for mentors is sometimes they come when you're not looking. I think if you're just open for opportunities, you're willing to say "yes" to things, to committees, to projects that may not directly apply to

what you think you want to be doing during your career. Sometimes those can be the exact experiences that open up opportunities for mentorship.

TRISTAN:

Um, for myself, I had many more mentors in my undergraduate and business school. When I got to med school and residency, most of my attendings are so focused on the clinical aspect of medicine, that the the business part was forgotten a lot of times. So for myself, uh, it has been more difficult in terms of the mentorship, um, for on the business part, and those who are involved in business and the private practice are very busy.

NELLAB:

Um, and I think that some of my attendings have said this before too, that sometimes just putting in a little effort goes a long way and I think that it's very easy to just kind of coast along residency and get through your day to day, um, tasks, but from what I learned from my attendings is that if you just put in a little bit of effort, uh, maybe you know, seek guidance from an attending or staff, or um, ask someone for help, or specifically for mentorship, most people are glad to, but they're not gonna go seek you to mentor you, and so that's been my experience, its been helpful in residency.

RAJEEV:

Yeah, I mean I think there are a lot of people here in all sorts of different types of practices that give an example of what success might look like in practice management, and so I'm curios amongst us, you know, some of us are going into fellowships, some of us into academia, some into private practice, you know, do, do any of you have an ideal break down in terms of time that you'll spend between clinical and non-clinical duties, or better yet, maybe clinical and value-added practice management duties?

DANIEL:

You know, for me, I think going into a group, starting out, you know, you're not going to necessarily go in saying you know all of a sudden, I'm going to run the practice management side of this group. It's kind of being open to opportunities and being willing to, to help out and get your foot in the door when the need arises.

(MUSIC)

VOICEOVER:

From hiring and compensation to technology and leadership, the one-day resident program at the Practice Management Conference covers all your questions about the business side of Anesthesia. See more at ASAHQ.org/practicemanagement.

REJEEV:

You know, in medicine, we're kind of taught to you have to be a content expert, and it's years and years of training and um, you know, sometimes I do wonder in terms of, um, how you actually develop these skills, you know, do you, do you learn them? Or do you just have to go out and do it? And, if you're doing things like going out and managing a group, does that mean that you have to be willing to move anywhere around the country to find those opportunities versus, um, staying in a large system and working your way up over time. Um, I, I don't know my right split yet, you know in this world you have to figure out how non-clinical time gets compensated. Anyone, you know, have any, any ideas in terms of that? Like, I know, um, Jordan, that you have a lot of interest in like acute pain and regional, you know, that's a whole other area beyond the operating room.

JORDAN:

Yea, so this is one of the big questions that come up when we start talking about the perioperative home, is uh, now we're talking about more out of OR situations where, um, you're not just treating patients, but you're also managing a service, so again, this is an added-value, uh, non-clinical requirement, uh, and how do you provide the payment for that? Ultimately, it's going to come down to understanding how to fund those, to fund those things in a way that's beneficial for uh, not just your individual patient, but also has to be financially beneficial for your group or your hospital, um, and then from there I would say in answer to how much time uh, to dedicate to those things, I think in a way it just depends on what kind of return you can get on your time. If you can prove that by dedicating this time, you're really returning, um, providing a positive return for your hospital and your group, you're gonna be awarded with more time and have more opportunities. Um, so in that vein, I think it's probably gonna be more common that you're gonna start in a group, and you're gonna have to show little by little what kind of value you can add and have more and more time dedicated to that. Um, although, perhaps over time there will be more structured opportunities that come up over the next couple of years as we take, maybe a harder look at how we can organize this out of, out of OR clinical practice a little bit better.

RAJEEV:

I think one of the points you just hit on is demonstrating, kind of, your value. I think that we all know, and you see a lot of career models in terms of, oh, you know, um, education is valuable time that I can be paid for, or research can, there's funding mechanisms for research. But, um, practice management is essential uh, it is essential regardless of how small or big you are but there may be not a very clear path to, um, to compensate you for your time and so it's, the onus is somewhat on you to demonstrate that your work is, is valuable, and um, and provides a return to the group.

I, I wanna switch topics for a second within practice management. There are lot of interesting conversations about the broader landscape in healthcare in terms of acquisitions and what is anesthesia look like for us – in the near future and 10 years from now? I'm curious to know what you guys think about, and what you guys know about, Anesthesia Management companies and how those factor into your decisions in terms of jobs after residency?

JORDAN:

I guess all I would say from my point of view is, ah, what I knew about these firms coming in was very small. I basically associated it with a couple horror stories that you hear in the news about some giant firm coming in and buying up a practice and turning it into, you know, a one to six ratio and, and making it really uncomfortable, and um, for the people on the ground working. Having come here, it's given me a little better understanding of the different kinds, some of the equity firms. Some are physician owned. There's a little more variety to it and perhaps a little more opportunity for autonomy, which, um, made me feel a little bit better about, um, the prospect of potentially, who knows down the line, being part of a group like that. But, I, I think for a lot of us, at the outset it seems like kind of a scary thing – a scary prospect of moving into a market that's bot managed by equity firms. Um, it may not be that scary.

DANIEL:

Well, I would echo that. I think that is intimidating. Being owned by a group of people who are not familiar with medicine, and who control your job.

RAJEEV:

Yea, I think like most people, the anesthesia management company, from the physician side is sort of, introduces like a little bit of a horror story. You know, in terms of, you lose your autonomy, and therefor, somebody else is going to tell you how to do your job. One of the takeaways, at least for me from this conference, is that, in many respects, this is no different than any other industry. If there's inefficiencies and you don't have

scale, then those efficiencies will come from acquisition, from mergers, from takeovers, and physicians prior to our generation, or prior to us, you know, have de-prioritized some of these aspects of building a practice. And so, in many respects, you could argue that they're actually a much higher source of efficiency and value. That, that's sort of a counter-take, so I'm curious to, to hear, are any of you considering anesthesia management companies? You know the options include obviously the anesthesia management, um, private practice, academia, independent, you know practices. All of these have different opportunities for sort of practice management, but they're very different.

JORDAN:

Yea, I mean, I guess what I would say is that, having come to this conference, I am a little more open to that idea. But also, just understanding like you said a little bit better in terms of the business aspect of medicine, and embracing the fact that there are going to be some changes in the future that are going to be made, or we can expect to happen, just based on how other industries have changed, and being willing to say "maybe" it's in our best interest to be proactive and make sure if those changes happen then that we're in the driver's seat, rather than, uh, having those changes facilitated by people who are not in medicine.

KANDICE:

There's a variety, like you said, of types of anesthesia practices, and, and the practice management companies being one of them, but I think it varies individually kind of how that fits into what you want your practice to look like. If you will work under a practice management company that might be someone's job, you know and that works well and someone else can take care of all of those other aspects that you might not want to focus on or even have equity in. Um, the practice, one quote during the session was "If you've seen one anesthesia practice, you've seen one anesthesia practice" and I feel like, you know, things will continue to evolve and if we can, you know, learn what we can to understand these aspects that may be nebulous, and someone else is controlling, that gives us more power to shape how we want our practice to look.

RAJEEV:

Yea, that's a, a really I think, excellent insight, um. There are so many things to think about is one, is one of the takeaways, I mean, for me.

So, if you could go back in time to when you were about to start your residency, and could give yourself some advice on the topic of practice management, any idea what advice you'd give your younger self?

TRISTAN:

I would say to always be open, to search for opportunities to further your knowledge in the aspect of practice management. It's critical, the business of medicine is required to make a successful organization run.

NEELAB:

Yea, I would say something similar as, as to ask questions, kind of earlier on in my residency. I think it's one of the things that I always just figured, eventually, I'll learn this, or you know, once I'm done with residency, like, I'll figure it out. Just kind of being thrown in, you know, out into practice, um, I'll be forced to learn it, but I feel like, if I had, from the start of residency, if someone mentioned something I didn't understand, instead of just telling myself, oh, I'll learn what it is eventually, um, instead of doing that, I just asking them directly, and, you know, slowly learning the business side of medicine, instead of pushing it off until graduation.

KANDICE:

This may seem out there, but after this conference, I've realized at the core of practice management is you - each of us, individually. And, if I were to go back and tell my younger self, you know, we've all chosen a career that's very selfless and we've made lots of sacrifices to be where we're at, but to invest in yourself. Even going forward, give yourself opportunities and really invest in you know, what, what you want and your achievements, your reputation. That will be all the better for your future practice.

JORDAN:

I think what I would say to myself is just to understand that every patient is a customer and that we are part of an industry, and that the things that go on in our nation that affect our industry will affect us individually, too.

REJEEV:

So this has been a really amazing session. I feel that it's a privilege to be able to talk to residents from around the country and learn more about practice management. I hope our listeners too, have found it to be very rewarding. It's been a pleasure to be your

host. I am Rajeev, this been Residents in a Room, the ASA's podcast by residents, for residents

MUSIC/OUTRO:

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