Keep Physicians, Staff Happy in a Changing Environment

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The government's involvement in medicine has made it harder for physicians and staff to stay happy. Here's how to keep things upbeat at your practice.

Source: Physicians Practice

The government's involvement in healthcare has forcibly changed the way practices care for its patients. In the past few years, the government has mandated practitioners implement and use EHRs through the Meaningful Use program, comply with the Physician Quality Reporting System and Value-based Modifier program. It later introduced the Medicare Access & CHIP Reauthorization Act (MACRA) to regulate Medicare payments, compiling those programs while adding additional requirements.

And that's just the government. Private insurers have instituted their own regulations on how practices are reimbursed. All told, this has made it harder for both physicians and staff members to practice medicine. According to the Physicians Practice 2017 Staff Salary Survey, 87.2 percent of respondents will not add staff members to assist with the transition to MACRA, with the top two reasons being the intention to train current staff for the roles, and not being able to afford new hires.

By not adding staff, practices may risk stretched-out staff members too far, creating more job-related stress.

Physicians and staff are both in need of ways to make the practice of medicine more enjoyable. Here are a few ways how to keep things peachy at your practice — whether it's physicians or staff members in need of a better experience.

Direct Primary Care (DPC)

Some physicians are trying to stay happy in this changing environment by eliminating the government and insurance companies from the picture altogether.

Lee Gross, MD, is the founder of a direct primary care (DPC) practice located in North Port, Fla. Gross added DPC patients to his traditional practice in 2010 and has gradually phased out commercial insurance contracts. "As a DPC provider, my payment model is the patient. No metrics or reporting requirements. No need for a compliance officer or complicated coding. I just have to practice ethical medicine and provide a perceived value to the patient," says Gross.

Without involving insurance companies, DPC physicians are not subject to the requirements under MACRA's Merit-Based Payment Incentive System (MIPS) or Advanced Alternative Payment Model (APM) programs for Medicare reimbursement, or any private-insurance reimbursement initiative. The appeal of DPC is it allows physicians to focus on patients, rather than insurance companies or government regulations. Because DPC physicians are no longer generating revenue solely on the basis of how many patients they see per day, many report that they have significantly more time to spend with patients in face-to-face visits, according to the American Academy of Family Physicians (AAFP).

"Prior to implementing the DPC component, we felt like we were on the hamster wheel and all of us were running simply to treat the insurance company. ...Now, we are using our resources for patient care. We are all much happier," says Gross.

Other physicians, such as Craig Wax, MD, a family physician practicing in Mullica Hill, N.J., are interested in practicing DPC in the future to cut out government regulations. Wax says he feels the stress of government and private insurance interference in care. "Working with people to improve their health makes me very happy. [What does not make me happy] is the extraneous nonsensical insurance and government regulations," says Wax.

Linda Girgis, MD, a primary-care physician based in South River, N.J., echoes Gross' thoughts. "What would be helpful would be less intrusive, useless regulations. They feel like a noose around the neck and are a time drain. [The regulations] are developed by people who are clueless as to what actually happens in the exam room. If I could get rid of these mandates and just practice medicine, I would be happy," she says.

Embracing Change
Beyond DPC, there are other ways physicians are staying happy amid the changing regulatory environment. For instance, physicians are finding bliss by joining collaborative arrangements that pay them for providing optimal clinical care.

Michael Wasylik, MD, a solo orthopedic surgeon in Tampa, Fla., works with Baycare Hospital System and through this organization, is involved in a clinically integrated network. He participates in an arrangement between the hospital and physicians whereby the hospital agrees to share with physicians any reduction in the hospital's costs for patient care caused in part to their efforts.

"Specialists didn't get a lot from [this arrangement] until six months ago when they rolled us into the program. We [originally] voted to give most of the money to primary-care docs, because they do most of the work and are the foundation of healthcare," says Wasylik, who has been involved in the gain sharing program for six months and believes it is a step in the right direction. "I am lucky, my hospital really supports me, knowing they need solo practitioners [like myself]. Other [hospitals] need to help docs succeed and take care of patients. It's a difficult job, we need to be able to devote our time to that, not using the [EHR]. When you go to the doctor, you see his back as he plugs things into his computer."

Along with clinical integrated networks, participating in accountable care organizations (ACOs) can similarly reward physicians. James Goldenberg, MD, is a neurologist at Medical Specialists of The Palm Beaches in West Palm Beach, Fla., a multispecialty medical group in an ACO that gives physicians more money for better outcomes.

"ACOs allow doctors to group together and provide good quality care, while paying attention to the cost of that care. We look at both quality and value of the care. At my practice, we use a shared savings model — if you can provide good healthcare at a lower cost and save a certain amount, you save some of that with the payer," says Goldberg, who is excited about the direction that healthcare is headed. "These new models [like MACRA] require new ways of recording your services to get paid for them."

To Goldberg, the most important thing physicians can do is to educate themselves on future opportunities. He says by being involved in the ongoing changes, he is not only setting himself up for future success, but also being a role model for his peers.

**Creative Rewards**

Physicians are not the only ones having to adapt to changes in medicine to stay happy amid a changing climate. Administrative staff are being asked to adjust their responsibilities as well. As such, practices have to ensure staff are happy at their jobs. In this sense, Performance Pediatrics in Plymouth, Mass., is making sure they reward administrative staff for their hard work.

"While I take the staff out to lunch, Terence [McCallister], our solo physician, stays back in the office alone at the front desk, answering calls. It not only lets the staff know how appreciated they are, but it reminds the doctor how tough their job is," says Leann DiDomenico McCallister, administrative director at Performance Pediatrics, and physician McCallister's wife. Performance Pediatrics also provides flexible work schedules, with one employee working "mother's hours" and two other part-time employees' job share what would otherwise be a full-time job, says DiDomenico McCallister. "We offer all employees paid health insurance or cash in lieu of benefits if they get insurance through a spouse. We are also generous with unpaid time off if the employee has used up all of their paid time off," she says.

As such, the staff at Performance Pediatrics are close-knit. "When I see my employees, I am happy to see them and, through the non-financial benefits, we are striving to let them know how much I appreciate them. I believe that when people feel valued, as employees are, it's easier to do a hard job," says DiDomenico McCallister, who adds that these rewards have led to lower turnover and a better atmosphere for patients at the practice.

"When our patients enter our office, sometimes [with] crying children, sometimes angry parents going through a bitter separation, often people not feeling well and overwhelmed by the cost of basic healthcare ... [they] are greeted by a smiling face who is happy to see them which, I believe, is easier to do because the employees themselves are genuinely happy," says DiDomenico McCallister. Owen Dahl runs a medical practice management consulting firm based in The Woodlands, Texas, and says employees need to be recognized for their hard work on a consistent basis. "Small recognition like a $5 gift card on the spot for something well done, like diffusing an upset patient, goes a long way. Engaging employees is important. It sounds touchy-feely and not concrete, but it helps," says Dahl, who adds supporting staff is something that needs to happen by any means necessary.

"Make it easier [to reward] by selecting, training, and retaining quality staff. You cannot have enough
quality staff at your practice. Recognize the pressure [employees] are under and support [them] in any way possible. Focus on the successful patient outcomes, and recognize [staffs] role in treating patients," Dahl says.

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