Are the solo practitioner’s days numbered?

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The reports of Marcus Welby’s death have been greatly exaggerated. While it’s true that solo practitioners are smaller in numbers than they were 20 years ago, many of us are making it work.

Although not recommended as a strategy for the physician newcomer or the weak at heart, successful solo practitioners have found a way to make the transition from traditional fee-for-service to managed care work for them. There are two main reasons many solo practitioners have declined to follow the “merge or sell” trend sweeping physician practices today:

Managed care has led to not enough caring and too much managing. In other words, health care is too focused on the bottom line and not enough on human needs.

These challenges create more of a need than ever for an independent practitioner to be in control of his or her destiny. Too many of us have watched our colleagues sell their practices and six months later listened to the laments of these same physicians who believe they have compromised their principals in selling out.

I believe that all parties would be better served by creating virtual partnerships between systems and physicians that can only be attained by relinquishing the belief that the purchase of a practice ensures system success and physician loyalty.

The commitment to aggressively pursue integration of physicians within the health system with which they are affiliated is a must for the solo practitioner. Systems need strong physician leaders in order to accomplish their goals. These roles can exist in many forms: physician advisory boards, medical councils, local/regional hospital boards, or health system task forces, to name a few. Creating valued relationships between a system and its physicians is a critical marketplace success factor. Cultivating this level of valued relationship is an imperative for the solo practitioner seeking to shape rather than react to destiny.

Systems recognize the value and need for having physician champions and leaders. As these roles evolve further, the next step is a surge in the number of physician executives identified as salaried physician administrators. These physicians will not only work for the integrated delivery systems, but will also be identified, nurtured, and cultivated by them.

To a physician population, doctors lose their credibility as practitioners when they leave practice. Therefore, systems need to identify physician administrators who are self-initiating and are recognized leaders. These administrators should have business and management skills, coupled with effective relationships with their physician peers and with health system leaders.

The ability to develop effective peer relationships is defined by two qualifiers: objectivity — which is much more convincing coming from a physician whose practice is not owned by the system — and connectivity with the day-to-day issues of practicing physicians.

Disorganization and lack of unity among physicians have been key obstacles for physicians to overcome in taking a more progressive role in driving the health care system independent of external ownership. Physicians need to play a stronger role in driving the health care delivery system. To date, we have dropped the ball. It’s time to pick it back up again and run with it. In a perfect world, managed care can keep costs down. The real question is who should be managing the care and under what conditions?

We need your input

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