

VOL. 5 | WINTER 2017

The Independent Pediatrician



**The Challenges
and Rewards of
Independence**

EDITOR'S NOTE

Find True Freedom

Welcome to the fifth edition of *The Independent Pediatrician*. For this issue, we've partnered with *Contemporary Pediatrics* to reach out to pediatricians everywhere. We're glad you're here. Our goal is to tell stories of independent pediatricians who have faced challenges and found true freedom caring for patients on their own terms.

In this issue, we focus on pediatricians like you who stand up for what they believe in — by starting a business from scratch, fighting big insurance, or making a difference practicing in an underserved, economically disadvantaged community. The road isn't always easy, but the rewards are many.

Writing these stories, we have learned that you are stronger when you work together. We encourage you to connect with each other outside of the office. You will find a vibrant community of pediatricians in a variety of organizations with diverse practice styles. By connecting with other practices, you're bound to find even more satisfaction doing what you love most — caring for patients and families in your community.

“I strongly believe that having physicians with the ability to make real decisions at all levels of the organization results in the best care for patients.”

— Dr. Adam Wheeler

Enjoy!

Feel free to drop us a line with your thoughts or ideas for stories, or to be featured in a future issue, at mystory@IndependentPediatrician.com. We also welcome a story directly from you! You can read past articles, sign up for your free subscription, and share our publication with colleagues, friends and family at www.IndependentPediatrician.com.

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The Independent Pediatrician

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We want to hear from you!

PCC created this publication to tell the stories of friends we've made in over 30 years of working with independent pediatric practices. We hope you enjoy learning about these successful practices and find inspiration to spread the word and tell your unique story.

If you would like to be on our mailing list, or want your own copy of *The Independent Pediatrician*, please visit IndependentPediatrician.com/subscribe.

The Independent Pediatrician is brought to you by PCC, which provides tools and services to help pediatricians remain independent and in control of their practices. PCC itself is a fiercely independent business. As a Benefit Corporation, we put the interests of our clients, community, and employees on an equal footing with those of our shareholders.

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The Solution is Not in Your Office

BY CHIP HART



Chip Hart

Pediatric Practice Consultant

Chip Hart is a nationally recognized expert on pediatric practice management as evidenced by “Confessions of A Pediatric Practice Management Consultant” (chipsblog.com), his many presentations for pediatric organizations around the country, his work with the AAP, CCHIT, CDC, AHRQ, and more. For over 25 years, Chip has worked directly with independent pediatric practices around the country in an effort to share their knowledge and improve the quality of care for children.

Welcome, first time readers! For a significant majority of you, this is the first issue of *The Independent Pediatrician* to land in your hands. Our labor of love has evolved and grown in the three years since we took the leap and decided to dedicate a magazine to the neglected topic of independent pediatricians.

You can enjoy digitized versions of practice profiles, industry trends, resources, and editorials from our first four issues online (independentpediatrician.com) where we add new content monthly.

I have to admit that our success surprised us, though it is difficult to define success for a mission-driven self-publication like ours. There are no advertisements here, no sponsors (except PCC), and we have no hidden agenda. We think that sharing stories about successful pediatric practices is vital to the quality of healthcare in our country.

Since our first issue, we’ve had endless requests to get on our free distribution list — this time, we thought, “Why not skip to the punch line and just go to every pediatrician in the US?” And thus, from our flickering idea three years ago to the magazine in your hands.

Change Your Perspective

I recently came from an excellent state chapter AAP meeting (hey, FCAAP!), where I was asked to provide big-picture advice to independent practices. I’ve been harping for a while about the need for pediatricians to reinvent and reinvest in their practices — see my August 2016 editorial — and I was looking for a deeper explanation and to provide better guidance. I found it in a simple axiom: Get Out Of Your Office.

I mean it. To succeed as an independent practice, you need to explore, to see what your patients see. When is the last time you visited any of your friends from residency? Take some well-deserved time off to go to different parts of your town, your state, or even the country and see how pediatricians behave. I *guarantee* a visit to another pediatric office will be worth your time. You will see things that other practices do better and you will discover something you didn’t realize your practice does well. Then, it’s your responsibility to share this information with your peers.

You can read a great example of “getting out of the office” in the story on page 14 about Tiger Pediatrics. Their practice model moved from painful dependence to glorious independence in a short time span. They didn’t simply get out of their office, they left a dysfunctional multi-specialty group and rebuilt their own practice from scratch. Now, they’ve engaged their physician community through an IPN that seeks to improve care for their community and financial stability for their practice.

What I see — and encourage — is an expanded level of collaboration and education among physicians, especially those of you newer to owning your practices, leading to new models of partnership, clinical rigor, and patient engagement. The most successful practices I work with think outside the box and turn their practices into places *their patients want to be*.

In this regard, you are also learning to collaborate with your patients. To compete with retail-based and minute-clinics or the recently constructed hospital clinics, you have realized that you have to update your interior spaces. You’re taking your patients’ perspectives into account. Your remodeling even extends to your practice website — what was once a weekend hobby for one of your nerdy docs is now managed by a third party and has a professional, patient-centered design.

For example, Dr. Todd Wolynn, from Kids Plus Pediatrics in Pittsburgh, PA, spoke at our Users’ Conference in July. He and his practice already have a well-deserved national reputation for the amazing programs they deliver — take a look at all the classes, most of which are free, that they offer to their communities: kidspluspgh.com/classes

In the many examples he gave in his talk about how their practice connects with patients, there is one I won’t forget — it struck me as a crystal clear example of how pediatricians are changing their businesses.

The concept? Playground reviews. Their doctors visit local playgrounds, as requested by parents, and play there. They review what’s good, what might be bad, and how safe it is. The practice posts their reviews on YouTube for the entire community. Sheer genius on so many levels. And, what a fun job.

Playground Review YouTube Links:

Kids Castle — <http://bit.ly/2di7vQJ>

Blue Slide Playground at Frick Park — <http://bit.ly/2dIX6Rd>



Dr. Jeffery Kile of Pediatric Associates of Kingston, PA at PCC's annual Users' Conference.

Kids Plus Pediatrics has shaped their office, literally and virtually, into a place their patients want to visit. It’s no surprise that even though they are nestled among a series of competing health systems, the practice is bursting at the seams. Where do they get some of these ideas? From visiting other practices, sending someone to national pediatric events, and listening to their peers.

Kids Plus isn’t alone — think of The Center For Advanced Pediatrics in Norwalk, CT, who hosts an exercise program for children at a nearby gym. Or Dr. Robin Warner in Kentucky, featured on page 10, who gave a talk on gamification for patients in her practice at the 2016 AAP NCE.

Inside this issue, we feature perhaps my favorite *Independent Pediatrician* piece ever: a recounting of Dr. John Sutter’s nearly quixotic fight against Big Insurance that went all the way to the Supreme Court. Unlike Don Quixote, however, Dr. Sutter’s quest was fruitful. Unfortunately, it’s also a cautionary tale about a lack of peer support. He should not have had to fight alone. We can’t depend on rare, solitary figures to do our fighting for us. Use his story as inspiration to stand by your colleagues or take action.

Which leads me to *The Independent Pediatrician* itself. By now, I hope you’ve had a chance to visit the entirely redesigned IndependentPediatrician.com, where we plan to release new articles monthly. We don’t know how this experiment to blanket the country’s pediatricians will work, so make sure to subscribe in order to learn where we publish next at www.IndependentPediatrician.com/subscribe.

More importantly, TELL YOUR STORY — if not for yourself, for your peers. Get out of your office and learn from other pediatricians. We will keep sharing your stories. ■



Dr. John Ivan Sutter: **Pediatrician, Activist, and Champion of Physician's Rights**

BY KATY DEMONG

When I first heard about Dr. John Sutter, I was excited to talk to a pediatrician that had been involved in a landmark legal battle.

On paper, it looked like the New Jersey pediatrician went on a solo mission against big insurance companies for fraud. And he spent the better part of 20 years in the legal fight — a fight he had no chance to win. And he won, and he won, and he won again. These were class action lawsuits with multiple landmark decisions and huge settlements.

I researched the case, expecting to find extensive media coverage touting this David v. Goliath story and was shocked when the internet turned up very little. There were just a few short articles in local papers and obscure legal journals. The questions came quickly: why would a busy pediatrician take on that legal battle? What had he hoped to accomplish? Why was the media not more interested?

How It All Started

I called Dr. Sutter at his home in Clifton, New Jersey. Given the size and scope of the legal materials, I was worried I hadn't wrapped my head around it all. After introductions, I asked him to walk me through the story from the beginning and summarize the events. He sighed and paused. Not because he was reluctant to talk, but how could he be expected to summarize 20, or 40, or 60 years of his life? He thought for a few moments and launched into the story, his tone changing from exasperation to enjoyment, perhaps even a bit of pride, as he began to reminisce.

Dr. Sutter attended medical school at Far Eastern University in the Philippines and interned at New Jersey Medical school finishing in 1982. Nearly two

decades into practice, he was working at an inner-city New Jersey hospital job with at-risk youth. He also ran a solo private practice on the side. He was responsible for billing at both jobs and found it overly complex and frustrating. Dr. Sutter was busy and successful, but not completely satisfied. He had always been interested in the business of healthcare and sought improvement in the industry.

Do Physicians Have Rights Too?

At the suggestion of his employer, Dr. Sutter took a course in hospital finance from New York Medical College. He found master's studies fulfilling. He enjoyed learning about business practices and contemplating medical ethics. He noticed that while patients' rights were a focus and discussed at length, physicians' rights were rarely addressed — if at all. His interest in physicians' rights grew. One course at a time and more than ten years later, he earned his master's degree in health policy and management in 2002.

The late '90s, when Dr. Sutter decided to go back to school, also marked the beginning of Medicaid managed care in New Jersey. According to Dr. Sutter, "Billing for hospital services posed unique challenges that outpatient providers did not encounter." He was armed with unique knowledge from his years in both outpatient and hospital settings along with his progressing master's studies. He was also armed with technology. "I consider technology a critical part of practice and have always tried to stay current and informed on the topic." Dr. Sutter was an early adopter of electronic billing, having installed his first system in the early '80s. He configured it to generate template letters and automatic appeals to questionable insurance reimbursements or denials — progressive technology at the time.

From One Doctor's Claims to the Big Picture

Soon, Dr. Sutter had years' worth of billing records, payments and appeals electronically catalogued and stored. He analyzed the data and discovered some disturbing patterns. One insurer, Oxford Health, only responded to one out of ten appeals. The other nine elicited no response: no denial, no acceptance, nothing. In addition, the tiny percentage of appeals that were reviewed took an extremely long time to process, sometimes more than a year. Payments took even longer. The money in question was not a huge amount on an individual basis. Dr. Sutter calculated that the claims added up to about 10% of his total billing — enough to matter to a guy like him, who worked two jobs and took night classes.

After considering what he was being short-changed, he started thinking about the bigger picture. He considered the hundreds of other New Jersey pediatricians as well as other primary care doctors in the Oxford network — about 20,000 at the time. He realized that these billing “problems” could add up to tens of millions, maybe even hundreds of millions of dollars if this were occurring with other specialists and in other states. To Dr. Sutter, this looked like systematic fraud, perpetrated by one of the world's most powerful corporations. These underpayments were quickly becoming much more than personal. This was about physicians' rights, and it was exactly what he'd been preparing for.

Radio Silence

He started by writing letters to New Jersey's then-governor, Christie Whitman. Repeated letters were met with repeated silence. He spread the word, informing his employer, colleagues, and friends. Dr. Sutter said their reactions were typically of two types, “Why bother? You're going to get yourself in trouble,” or, “Go get 'em, but leave my name out of it.”

He searched for legal counsel. “The New Jersey law firms I contacted invariably cited conflict of interest,” he said. “They represented physicians generally, but they were covered medically by the very HMO I wanted to sue. They sided with Oxford.” He appealed to the New Jersey State Medical society. After a year of back-and-forth, they informed him that they, just like the attorneys, had no interest in kicking the hornet's nest. Dr. Sutter's voice was not going unnoticed, however. “Many physician leaders in New Jersey told me in no uncertain terms that I should back off,” he said.

Most pediatricians in Sutter's situation would likely have let the fight go at this point. All the powerful forces were against him: the insurers, the legal community, and, most surprisingly, the medical community. Plus, the chances

of winning were minute. The insurers had huge legal teams and big budgets on their side while Dr. Sutter couldn't find a single attorney to represent him. Despite the odds, he wasn't willing to let it go.

A Comrade Joins the Battle

A few things encouraged him along the way. While he made his discoveries in New Jersey, a similar case was working through the courts in Florida, successfully becoming a certified class action. He was also motivated by passage of the Patient Protection Act in 2001. The act was sponsored by Senator John McCain and co-sponsored by John Edwards, Patty Murray, and Ed Kennedy. Dr. Sutter says, “It is one of the most significant bipartisan bills ever to pass through Congress. It created many healthcare safeguards helping to ensure patients couldn't be squeezed financially or medically by the increasingly powerful HMOs. It was good for patients' rights, but notably lacked the same protections for physicians.”

After a decade of record keeping and several years of grassroots efforts that garnered plenty of interest but no support, Dr. Sutter found an ally willing to join his fight: a young attorney out of Roseland, NJ by the name of Eric Katz. He was interested in healthcare law and class action and was looking to make a name for himself. After reviewing Dr. Sutter's meticulous and extensive documentation, Katz knew there was something there. Something big. They spent a year together lining up their ducks, and in 2002 filed: Sutter v. Oxford.

Oxford denied the claims and cited an arbitration clause in their contract with Dr. Sutter they believed would deny him the ability to sue, especially in terms of class action. They succeeded in forcing arbitration. Oxford may have expected to lose the arbitration to Sutter and Katz on an individual basis. This would not mean much to Oxford, maybe a few hundred or few thousand dollars. But, to everyone's surprise, in 2003 Sutter and Katz won their first big decision. Arbitrator William Barrett decided the contract language did not prohibit class action. Their case was going to court.

“On our side it was Eric Katz, one other attorney, and me. The rest of the courtroom was filled to the brim with teams of attorneys representing the HMO.”

The State Medical Society Wants In

Now that the case had traction and millions of dollars were at stake, Dr. Sutter decided to approach the New Jersey medical society. Katz and Sutter needed resources. “At the time, I was getting by on four to five hours of sleep, seven days a week,” said Dr. Sutter.

“I was getting up early to run a clinic program at 7 a.m., then I’d go back to the office, then back to the hospital to check on the clinic, back to the office again, and finally home to study and work on the case. I was also driving to Westchester to class twice a week.” Just listening to the schedule felt exhausting. “I don’t know how I did it,” he said laughing. “Lots of coffee.”

As he expected, the state medical society sang a different tune this time. They wanted to get involved, but with one important stipulation: they wanted to take over the case and they didn’t want Eric Katz. Katz had been working the case on a contingency basis for a couple of years and hadn’t made a dime. Dr. Sutter’s loyalty to his first ally prevailed and he declined the offer from the medical society. Sutter and Katz would continue the fight on their own.

The next four years were filled with thousands of hours of discovery work. Oxford became part of United Healthcare and obtaining documentation from them proved extremely difficult. The frustration of acquiring documents was compounded by the insurer’s repeated appeals. They argued that the arbitrator, William Barrett, had overstepped his authority by certifying the case as class action, even though United had been the ones to force the issue.

Katz and Sutter remained determined and focused: the annoying itch on the back of the HMO. Looking back, Dr. Sutter said he was surprised by how much time and energy was spent on the arbitration process. In many ways, it was more painful than court. They fought on and won every appeal.

A Landmark Decision

Finally, in 2007, the Superior Court in Essex County was prepared to decide their fate. Would the years of dogged determination and personal sacrifice pay off for the underdogs, or would the court bow to big money, big insurance and their big legal team, as is so often the case? Dr. Sutter and Katz held their breath, and in a landmark decision, Judge Stephen Bernstein approved a massive settlement in their favor.

The forty-million dollar decision would benefit 60,000 New Jersey doctors and went far beyond money. United Healthcare would be required to make fee schedules available to doctors. They would be required to provide

doctors detailed information about payment code adjustments. They would have to provide 90-day notice to doctors about any policy or contract changes, and they would not be allowed to reduce fees to doctors more than once a year.

The monumental decision for Dr. Sutter, Katz, and physicians across the state of New Jersey would ripple across the nation. Other HMOs feared being similarly exposed. Insurers would be forced to amend their systematic bullying tactics toward physicians.

“At the time, I was getting by on four to five hours of sleep, seven days a week.”

A Very Short Celebration

Dr. Sutter and Katz were overjoyed with their victory. Celebration was, however, short-lived. United Healthcare had deep pockets and no intention of giving up. They appealed and appealed. The decision continued to be upheld as *Sutter v. Oxford* progressed through the system. Ultimately, the case worked its way to the very top: the U.S. Supreme Court. In March of 2013, they appeared to argue their case. Sutter described the scene: “On our side it was Katz, one other attorney, and me. The rest of the courtroom was filled to the brim with teams of attorneys representing the HMO.” They presented their evidence awaited the court’s decision.

On June 10, 2013 Justice Kagan delivered the opinion. Justice Alito concurred. The decision was unanimous. Dr. Sutter and Katz had beaten the odds once again. The fight was finally over. Payment terms were specified and payouts were made. Eric Katz finally got paid (although after 14 years of legal work and hundreds of thousands of pages of documents, Dr. Sutter says Katz is lucky if he broke even). More importantly, he had cemented his name in the world of class action.

I asked Sutter how much he personally was reimbursed. “A few hundred dollars. Same as everyone else,” he said chuckling to himself. “It was never about the money. It was about physicians’ rights.”

The physicians that he fought for were quick to congratulate him after the battle was won. Those who wanted to be left out now said, “We knew you could do it!” and “We always had your back.”

Dr. Sutter's 20-year battle didn't make him rich. It also hasn't done much for him professionally, he said. In fact, it may have hurt his career in some ways as many saw him as a dissenter. He was nearing retirement when the Supreme Court finally ruled on the case.

Satisfaction is Its Own Reward

I wondered if he had regrets. "Not about the legal case," he said. "I accomplished what I set out to do. The satisfaction is something I can't describe. I learned a great deal about the legal system and the healthcare system. I realized that you don't have to just take what is given to you. Be aware of what is in your contract. Physicians have legal rights just like patients. Patients have been using the legal system for their advantage for years, and as physicians we can do the same."

Dr. Sutter has always been focused on the big picture. It's what got him through the decades-long legal battle with Oxford and a number of smaller legal battles he won over the years. "I hope this case has enlightened the medical community to the possibilities," he said. "There are a lot of things you can do without incurring legal fees, including small claims and special claims courts." He also advises pediatricians to keep good documentation. Indeed, extensive documentation was the holy grail of his legal victories.

Dr. Sutter also sees a need for improvement in education. "In medical school and even during residency, there is nothing taught about healthcare law," he said. "There's not enough emphasis on medical ethics and not enough emphasis on practice management. I've attempted to implement elective courses in practice management for pediatric residents and it's gained no traction. Everyone is worried about malpractice and they're not paying enough attention to practice economics."

After hearing Dr. Sutter's incredible story and considering his wide perspective and array of knowledge, I started to think of him as a doctor superhero. "I'm guessing you get lots of requests to do interviews and presentations," I said. "Thank you for taking the time to share your insights with me."

"That's not the case at all," he said. "You're one of only a few. In fact, I have faculty positions at two local medical schools and I've never been asked to speak."

I could hear the disappointment in his voice. The frustration he endured with the legal system was difficult, but not unexpected. The lack of support from the medical community was. The disinterest and unwillingness of his colleagues to organize and work together was perhaps the hardest thing of all for Dr. Sutter. And, now that the legal battles are won, organizing physicians to work together has become a focus for him.

"I don't believe most pediatricians understand the benefits of working together as a group. They see each other as competitors. I think we are all on the same team," he said. "Organization and communication make us more capable of competing in the marketplace for better payment terms. It helps us all when we share information. It reduces costs, avoids redundancy, and improves quality."

Before ending the interview and beginning to process such an incredible story, I was compelled to ask one last question: "If Hollywood decides to make a movie about your life, who would play your character?"

He found it a bit absurd and initially laughed it off, but I pressed and he settled on Sean Connery. He's a big fan. After a little more thought, he decided a better option might be Tom Hanks, and I agree. He seems more fit to play the life of John Ivan Sutter: pediatrician, activist, and champion of physician's rights. ■

\$40 M DECISION THAT BENEFITS 60,000 DOCTORS

United Healthcare was required to:

- Make fee schedules available to doctors
- Provide doctors with detailed information about payment code adjustments
- Provide 90-day notice to doctors about any policy or contract changes
- Not reduce fees to doctors more than once a year

On Her Own Terms:

How Going Solo Was the Best Decision for Dr. Warner

BY KATY DEMONG



In the third issue of [The Independent Pediatrician](#), Dr. Robin Warner wrote about her experiences as a solo practitioner. We caught up with her this spring for an update. We started with Dr. Warner's background, which wasn't a focus in our first piece.

Dr. Robin Warner is very independent. She described herself as such during a recent phone interview. "I'm strong-willed. I'm independent." She added, laughing warmly, "I'm a control freak."

"My parents taught me to fight for myself from a very young age. That can be a good character trait or a bad one, depending on the situation." As a solo practitioner, her independence and ability to advocate for herself have served her well. "I can determine my own path, choose what kind of things I want to focus on in my practice, and decide what kind of brand I want to portray," she said.

In September 2007, Dr. Warner opened the doors of her own practice: Union Pediatrics in Union, Kentucky. Union is a small city of about 5,600 near the Ohio border and only 20 miles from Cincinnati. Dr. Warner is the only pediatrician in her zip code which helps new patients find her online. The practice is on the outskirts of town, close to both a country club and rural farm land, resulting in a demographically varied clientele. The newly remodeled office has a small, homey waiting room. There are no TVs because Dr. Warner said she thinks kids get enough screen time at home. Instead, there are lots of toys and puzzles. "I have a hard time getting kids out of the waiting room sometimes," she said. There's also a secondary

waiting room for siblings if parents bring more than one child to the appointment, which is often the case.

In every detail of the practice, from the location to the design of the waiting room, Dr. Warner has made each decision thoughtfully and without having to get anyone's approval. Nine years after opening she's never looked back.

Before Going Solo

Dr. Warner didn't always have the freedom to make these kinds of decisions. Before opening her own practice, she worked for a primary care group for seven years. The group mainly consisted of family practice doctors, with only two pediatric-specific offices out of fifteen.

"The administration did not understand the business of pediatrics," said Dr. Warner. "All of the contracting was done based on the needs of the family practice doctors, and so we would accept lower payments for things like well-child exams and immunizations." Because of the "eat what you kill" payment structure, Dr. Warner said these decisions primarily affected pediatricians in the group.

In addition to lower payments for staple pediatric services, continuity of care was often overlooked in favor of cost savings and convenience. Dr. Warner said that during her time there, the family practice doctors didn't give vaccines to the pediatric patients they saw, but instead sent them to the health department for immunizations. "Vaccine administration was just not something that was very important to them." The group's management also grumbled about the high overhead costs of vaccines and didn't understand the importance of well-child care, said Dr. Warner.

Although she was frustrated with many aspects of the group's management, Dr. Warner was not yet in a position to break out on her own. "I had a child who needed multiple surgeries and was in the hospital a lot. I didn't have the extra energy to devote to running my own practice at the time," she said. However, she quickly found her resolve when she fully understood how little her services were valued.

In May of 2006, the group's new interim medical director came to the office and told them he planned to propose cutting ties with the pediatric offices. "He said he didn't see the value in having pediatrics as part of the group since family practice doctors can see children, too," said Dr. Warner. Although the measure was ultimately voted down by the board, Dr. Warner had decided it was time for her to go. She attended the AAP National Conference & Exhibition that fall to arm herself with the knowledge she needed to open her own pediatric practice. Then in May of 2007, Dr. Warner gave her notice — just one year after she'd made her decision to leave. She opened her own practice a few months later.

Practicing On Her Own Terms

Union Pediatrics is a small practice with about 700 active patients. Dr. Warner said she sees about 15-20 patients a day on average. "It's not concierge, but it is what I would call a boutique-sized practice," she said. The small size allows her to provide the kind of individualized care that's important to her. "I am able to give care which is evidence-based, and I have the time to explain that evidence to families." And, importantly for her, Dr. Warner provides care on her own terms. "I don't feel pressured to call in antibiotics. I don't have to see families who choose not to vaccinate. I am able to connect much better with my families. I know the patients, their history, and their social issues," she said.

Having more control over decisions that affect her practice also translates into more responsibilities. Dr. Warner does all the billing herself, while her one employee handles all the scheduling. She said handling the billing has helped her become a better

businessperson. "I know all the insurances. I can look for payment trends. I can talk to parents about deductibles," she said.

"I don't need to get anyone's approval to buy a new computer, switch to a new EHR, drop an insurance plan, open on Saturday, or take a day off."

She's also adopted a minimum payment policy at the time of service for families with deductibles, which helps cash flow and helps educate parents about their insurance plan. "I explain to them that I'm providing a service today; I expect to get paid today" she said, adding that she gets very little pushback. "You can't eat at a restaurant or get your hair cut and expect to leave without paying. Plus, it's a lot harder for parents to say 'No' in person than when they're at home and get a bill in the mail, which they may never even open."

How Technology Helps Her Practice Be Efficient

Dr. Warner describes herself as tech-savvy. She has parents fill out developmental screenings online before the appointment in order to maximize her time with patients. She also uses her EHR's patient portal to communicate as much information as possible ahead of the visit, including sharing growth charts and other relevant educational materials. At times, she wishes practicing medicine was even more electronic. "Sometimes when I'm with a teenager and getting one word answers, I wish I could whip out my phone and start texting them. I'd probably get a better response," she said laughing. She's always been an early adopter of technology that helps her run the practice more efficiently.

Dr. Warner is on her second EHR, having switched about five years ago to one that's pediatric-specific and can run the customized reports she needs for her IPA. "When I was fed up with my previous EHR, I was able to make the decision to switch to a new one without having to consult with anyone or get their 'blessing.'" The decision has proved to be a good one. In addition to being able to run the reports she wants, she described the transition to ICD-10 as seamless.



“I didn’t have to consult with partners about that decision or any others. I don’t need to get anyone’s approval to buy a new computer, switch to a new EHR, drop an insurance plan, open on Saturday, or take a day off.”

The Challenges of Going Solo

Running a solo practice isn’t without its challenges. Dr. Warner is always on call and taking a vacation involves coordinating with a large pediatric group nearby that sees her patients while she’s away. She encourages families to use her practice’s website and mobile app to find answers to common questions they may have after hours. “Parents appreciate that I am always available and try to call only if they are really worried. I do encourage them to call me if they feel their child can’t wait until the next day to be seen.”

Even though she’s independent, being a solo practitioner can be isolating at times. Dr. Warner said she relies on her professional network for support and friendship. Her network includes other users of her EHR as well as fellow SOAPM members she sees at conferences. “I have a nationwide “extended” family who is also only a phone call, text, or email away. We share best practices from a business standpoint. We bounce ideas off of each other. If I have an incredibly challenging day, for whatever reason, I know where to turn. And since we have the same EHR, we share ideas on how we make the system work best in our office.”

Practical Advice for the Solo Practitioner

Although she sees the benefits of having a partner, Dr. Warner is committed to her decision to remain solo. “It just boils down to personality,” she said. For other pediatricians looking to start their own practice, she offered the following practical advice:

“You have to know what you’re getting into. You have to set up a Tax ID and a corporation. You have to find the location and set up the building. You need plenty of parking. If you can, try to have your practice on the first floor. You need plenty of room for strollers. You need a vaccine refrigerator. You have to have a website and a social media presence. You need to hire a consultant to negotiate your insurance rates.”

She added that starting a solo practice may not be feasible for everyone, particularly those just starting out. “They have big loans. It costs more to go through medical school than when I did it,” she said. “And if you’re taking out loans to start your practice, you may need to start paying those back before the practice is up and running. You need cash reserves.”

In addition to the practical, Dr. Warner also offers some personal advice. “Don’t be disappointed or take it personally when a patient or parent doesn’t like you. You’re not going to be the right fit for everyone. You build up a thicker skin over time.”

“I continue to feel this is the best decision I have ever made ... I’m able to attend my kids’ events. I know my patients. I look at the lifestyle I have and I couldn’t be happier.”

Despite the challenges, Dr. Warner knows opening a solo practice was the right choice for her. “I continue to feel this is the best decision I have ever made. Yes, there are times when money gets tight, but my work-life balance is where I want it to be. I’m able to attend my kids’ events. I know my patients. I look at the lifestyle I have and I couldn’t be happier.” ■

Pediatric Gardens

*As we brainstormed the concept of **The Independent Pediatrician**, a friend shared the perspective below on the SOAPM email list. SOAPM, for those who don't know, is the American Academy of Pediatrics' "Section on Administration and Practice Management" and the primary AAP-based hangout for independent pediatricians.*

These comments were featured in our inaugural issue and come from Budd Shenkin, MD — a doctor who has traversed the spectrum of pediatric independence. He started as a solo doc in Oakland and, over 30 years, built his practice into a 10-location, 35-clinician East Bay pediatric group. It's the largest independent primary care group in the Bay Area, noted for its innovation and high quality.

*Budd captures the essence of **The Independent Pediatrician** in his post and graciously agreed to share his words with us here.*

BY BUDD SHENKIN, MD

Like gardeners, pediatricians build their practices in different ways, perhaps according to the inherent terrain of their plots and the kind of plants they wish to foster.

For example, I have always wanted a very inclusive practice. While private insurance may pay better, my sense of mission inclines me to think well of myself when I serve Medicaid patients (who, my colleagues point out, are also often easier to please). And there are plenty of Medicaid patients around my practice terrain to care for.

With a mixed social grouping in the reception area, how do you make sure all of your patients are comfortable? (Answer: make your service irresistible.) And how do you make your practice profitable while serving patients whose insurance doesn't pay particularly well? Your plot may offer a similar challenge — balancing the sunlight, shade and soil quality so that all of your plants thrive. Sometimes, the beauty of a particular flower or plant is highlighted by its juxtaposition to another.

Practicing this way also suits my psychological makeup. I tend to like "volunteers" in my backyard — the plants and trees that just spring up and make themselves known. They like it here. I let them grow, planting other shrubs and flowers around them, making them a part of the garden. I also like to create systems, and larger practices lend themselves to systems, just as a larger garden inclines itself to pathways. Including more plants in my garden provides me with additional opportunities to weave pathways in and out of the terrain.

Other "gardeners" will consciously practice with carefully chosen patients whom they love, where they can "garden"



intensively. Some prefer enormous gardens intended to produce a bountiful harvest, while others focus on a specific type of plant or flower.

We should recognize and value the wide variety of gardens available to us. They all have their virtues! We shouldn't try to create a system where only one kind of practice-style is acceptable any more than we can expect every gardener to garden the same way.

Let a solo physician work alone with her homegrown EMR, let some providers have their big practices, let others distinguish themselves from the generic practices who join the university system. Let some practices be hyper-scientific and others be touchy-feely. In fact, the beauty and strength of the various practice styles is that every manner of plant — and patient — can find its gardener. ■

You can read Budd's excellent blog and consider him for pediatric practice management consulting at buddshenkin.blogspot.com.



Dr. Adam Wheeler and Dr. John Pecorak of Tiger Pediatrics

Tiger Pediatrics' **Long Road to Independence**

BY KATY DEMONG

When Dr. John Pecorak left his pediatric practice in Lorain, Ohio and joined an established multi-specialty group in Columbia, MO, everything appeared to be in order.

The practice was busy, the doctors were happy, and the business seemed to be profitable. But soon after joining the practice, he realized that something was amiss.

The practice was founded in 1973 by three pediatricians and had grown to an eight doctor practice by the time Dr. Pecorak arrived on the scene in 2006. The physicians owned the building, but the practice was run by a large management group. “The first thing I noticed when I got there was that none of the physicians knew anything about the business of their practice,” said Dr. Pecorak. “They just showed up, went to work, and cashed their paychecks every other month.”

Dr. Pecorak doesn't have a business degree, but when faced with the abrupt departure of his business partner in Lorain, he had learned how to manage his practice. He started writing paychecks and learning the ins and outs of a profit and loss system. With a sound understanding of the business side of pediatrics, he discovered that the new group's management practices were highly unusual. “There was really no management of the group per se, and the guy in charge of the management company had no expertise in pediatrics,” he said.

He also noticed that there was little oversight from physicians regarding how the management company operated the business. “For starters, I knew that none of the physicians ever sat down and looked at their personal financial statements. Everyone received their

own financial statement and had their own expenses and they never discussed them between one another.” Being the new guy on the block, Dr. Pecorak kept his head down and worked hard to build his clientele, all the while taking note of the flaws he saw in the business operations.

After biding his time and earning the trust of the other pediatricians in the group, Dr. Pecorak slowly began pointing out these irregularities. “The first thing I did was ask the other pediatricians to look at their profit and loss statements each month. They had never really sat down in a room together, so we started meeting on a monthly basis.”

Questions Without Answers

Putting everyone in a room together regularly soon revealed inconsistencies in the profit and loss statements. They discovered that the management company wasn't able to offer them adequate explanations. “The manager couldn't explain specific line items or provide any insight into why things were the way they were,” said Dr. Pecorak. “As far as I could tell, the formula for how they assigned the expense of vaccinations was something akin to astrophysics.”

If these question marks weren't enough to set off alarm bells, Dr. Pecorak also discovered something very concerning about their insurance contracts — they never received copies of them to look over or agree to. The management company didn't handle the insurance contracts, but instead used an IPA to handle negotiations whom the physicians paid a quarterly fee.

“We had contracts, supposedly, but we could never review them or make recommendations for what we would like to see negotiated,” said Dr. Pecorak. “They would just do the negotiations and send a note that

**“They just showed up,
went to work, and cashed
their paychecks every
other month.”**

said ‘By the way, we signed on for a renewal with Cigna or Aetna’ or whoever it may have been.’ I have no clue what was in those contracts since I never saw them myself,” said Dr. Pecorak. He also said the IPA didn’t seem to have any specific training or understanding of what a pediatric practice needed in an insurance contract.

The Last Straw

During this time, the group practice was using a cumbersome EHR system that the physicians were looking to upgrade. “I wanted to get the group to look at a pediatric-specific EHR,” said Dr. Pecorak. The management company was looking at software that could be used throughout the multi-specialty group to save costs. “I told them they were making a big mistake.” Dr. Pecorak brought in an external consultant, who came away with an even stronger negative feeling about the group’s management company. “That really opened my eyes to the fact that the problems with the management company were too big to solve.”

The CFO of the management group had begun to notice that the pediatricians were waking up. “She knew we weren’t little sheep that were going to keep being led to the slaughter month after month and she was getting nervous,” said Dr. Pecorak. “During one meeting, she let it slip that some financial details were not being handled in an ethical way. That was the last straw.”

At this point, Dr. Pecorak got the group together and told them, “There is no solution to this unless we do things on our own.” All eight partners were on board. They quietly signed contracts with a pediatric EHR and a pediatric billing service. With the help of consultants from both companies, they began the process of disengaging from the multi-specialty group and the management company.

Dr. Pecorak contacted two healthcare attorneys, one in St. Louis and one in Kansas City, fearing that because they represented about 50% of the management company’s total income, they were going to put up a big fight. “We learned that the management company legally owned all of the patient records in our old system,” said Dr. Pecorak. “While we were already facing the huge task of starting our own practice, the possibility of having to redo 10,000 charts on top of that was extremely daunting.”

Luckily, by this time several other specialties had already left the multi-specialty group and one had taken legal action to get their patient records from the management company. The precedent had been set. Still, Dr. Pecorak said they were prepared for the worst.

“While we were already facing the huge task of starting our own practice, the possibility of having to redo 10,000 charts on top of that was extremely daunting.”

– Dr. Pecorak

“At that point, the management company was financially weakened and they backed off.” The pediatricians negotiated with the management group and their EHR vendor to get all of their data transferred to their new computer system, a process Dr. Pecorak described as the biggest hassle of the whole ordeal.

A Fresh Start

While they had originally said they would stay in the old clinic space, the management company was unwilling to complete building renovations that were badly needed. “There was a coal furnace in the basement that had to be lit every morning to get heat, there was soot coming out of the vents, and rust that periodically came out of the faucet,” said Dr. Pecorak. Even though some of the physicians had invested in the building and were leery of the costs involved in moving, the dilapidated condition of the space made it a clear decision.

In May of 2011, they moved less than 500 yards away into a brand new space and opened the doors of their new practice, Tiger Pediatrics. “We quit work on Friday and by Monday were up and running again,” said Dr. Pecorak. “It was really pretty seamless.”

Not only did the group have a new space, new name, and new management, Tiger Pediatrics also underwent a change in culture. In the old space, each doctor had his own spacious office. “The eight pediatricians in the practice barely knew each other,” said Dr. Pecorak. “We each had our own silo to retreat to and our own nurses.” In the new office, the majority of the space is dedicated to patient care and each of the doctors now shares an office with a partner. “This has been crucial in creating an atmosphere of camaraderie and trust,” said Dr. Pecorak. Additionally, the group now meets every Monday and the leadership group meets every Tuesday, whereas before there were no formalized meetings.

The partners could no longer just come in, see patients, and collect a paycheck. “At our old practice, many of the problems went on for so long because the doctors didn’t care about the business side of things,” said Dr. Pecorak. “They just wanted to see their patients and go home. The toughest meetings were about the call schedule and vacation time. Those things created way more concerns than money did at the time. Now, everyone has to show up, dig in, and work to make sure the practice succeeds.”

While starting a new practice is always a huge undertaking, even with a full load of active patients, the biggest risk is how long it will take to become profitable. “We went about two or three months with little or no paychecks,” said Dr. Pecorak. Within nine months, they had paid off their bank loan and were making more money than they had at the old practice — with the same insurance contracts.

The new practice is located on the fourth floor, providing great views of the city below. “We hired an interior designer who selected tasteful and modern decorations for the waiting area and exam rooms, and kids love riding up and down in the glass elevator,” he said. The previous practice, while still in business, no longer has a pediatric group. The old space remains vacant five years later.

Growing Competition

The city of Columbia, MO stretches out over 60 square miles and has a huge patient base. When Dr. Pecorak moved to town ten years ago, the city was years behind other areas of the country in terms of a competitive healthcare market. The University healthcare system was not yet a major competitor and the private practice sector was predominant. That competition has since increased dramatically. With a new CEO at the helm, the University’s goal is to take over as many private practices as they can to develop their narrow network, said Dr. Pecorak. Another healthcare system, which owns a competing nearby hospital, has also added a number of satellite offices for family practitioners and internal medicine.

Despite the increased competition, Tiger Pediatrics has retained roughly 50% of the area’s market share for pediatrics and has grown from eight to twelve providers since opening their doors. The competition has, however, spurred them into action. “In the past, we’ve been able to put our shingle out and stay busy, but we know we need to work harder than that to retain our market share and stay independent.”



Dr. John Pecorak in his shared office at Tiger Pediatrics

Over the past few years, they’ve expanded the practice, opening two new branch offices — one in downtown Columbia and one in the southern part of town — in addition to their clinic in the nearby town of Moberly, MO, that they’ve had for some years. “Columbia is a small city of about 125,000 people, but for some reason people think that driving 15 minutes is really inconvenient and don’t want to do it. The newest office is not far from us, but makes it more convenient for patients,” said Dr. Pecorak. “We’re listening to the environment that’s out there. The next thing is population health and managing populations and we feel that we need to be where the patient is rather than them coming to us.”

They are also increasing their hours and hiring nurse practitioners to help them keep up their patient volume. “We used to be open on Saturdays until noon, and will now be open both Saturdays and Sundays, and weekday evenings until 7 p.m.,” he said.

Independence Means Better Care

In the midst of the increasingly competitive healthcare environment, Tiger Pediatrics has grown and adapted. So what’s their reason for wanting to stay independent? “All of us are dedicated to the idea that we can provide better care as private practitioners than as part of a healthcare system. We have control over how we care for and treat our patients,” said Dr. Pecorak. “We’re also stubborn mid-western people that don’t want to be told what to do by anybody.” Additionally, he knows they are able to do better financially as an independent practice. “Hospitals are not in the mode of managing private practices. There’s too much overhead, and too many hands in the pot to be as efficient.”

In addition to adding satellite offices and expanding their hours, the practice is also working toward improving care for existing patients. That’s where Dr. Adam Wheeler, who is known as “the numbers guy”

of the practice, comes in. “Since we already have about 50% of the market share in the area, I’m not sure if we can grow much more,” said Dr. Wheeler. “The way we’re going to do better financially is by doing a better job of taking care of the patients that are already in our care.”

Last year, the practice used their EHR recaller to nearly double the rate of well visit coverage among 7-11 year-olds. This effort also generated nearly \$300,000 in additional revenue. “That’s a lot of patients now coming in for checkups that weren’t before,” said Dr. Wheeler. They have also changed their office policy so that patients with ADHD must be current on their well visits in order to get medication refills. These changes have helped bring current patients in the door and improved the care they receive.

“I strongly believe that having physicians with the ability to make real decisions at all levels of the organization results in the best care for patients.”

– Dr. Wheeler

This year, the practice has been working toward becoming a certified Patient-Centered Medical Home. “The process is a practical way to transform our practice, especially in terms of becoming more patient-centered than visit-centered,” said Dr. Wheeler. He said it has helped them improve their operations in everything from screening teenagers for depression to working better as a team. The practice didn’t have a formal process for tracking adolescents who have been screened for depression before December 2015, but have taken their coverage from 1% to 36% in just the last six months. “These improvements have been very valuable from a clinical perspective,” said Dr. Wheeler.

The Road Ahead

The next challenge could very well come from the University healthcare system, whose employees make up a large portion of the community. Dr. Pecorak said that a healthy percentage of their patients and income is tied to a healthcare plan that is exclusive to the University of Missouri employees. “They currently allow us to see their patients, but whether or not that continues is the big question mark that hangs over our head,” he said. “If they wake up one morning and change their minds, that’s going to pose a serious risk. Every fall, that contract

is up for renewal. We hold our breath to see if we’re included in the narrow network and go from there.”

Other physicians in the area have realized the magnitude of the threat to private practice. Several physician groups have since joined together to form an Independent Physician Network (IPN) and Dr. Wheeler has been named the Chief Medical Officer of the group.

“Our goal is to create a narrow network insurance plan that we can take to employers in the area to help save them money and receive better care,” said Dr. Wheeler. Although the group is still in the early stages, Dr. Wheeler said he’s hopeful about what they could do by working together clinically instead of in their own silos. “With this type of model, everyone’s interests are more aligned. Right now, I don’t know how much medication costs or what is the most expensive part of the care I provide. I don’t need to know. But having that knowledge and the financial incentive to make things more efficient is a really exciting possibility,” he said. He added that if they aren’t able to create a viable insurance plan, the other groups in the IPN are likely to be bought out or go under.

While Tiger Pediatrics is currently a large, busy, and financially successful practice, both Dr. Wheeler and Dr. Pecorak see the mounting pressure from the two nearby healthcare systems as a continuous challenge to their ability to stay independent. “I can look out my window and see both of them every morning,” said Dr. Pecorak. It’s a good personal reminder that if I don’t mind my P’s and Q’s, I could end up becoming part of them.”

The numbers of independent physician practices in the U.S. has decreased to 38% as of 2014. Large healthcare systems, insurance companies, and federal legislation are dictating how healthcare will be provided in the future. Doctors Wheeler and Pecorak feel strongly that independent physician practices are still an integral part of the healthcare solution for patients.

Although Dr. Wheeler also feels the pressure, he said what motivates him to stay independent is the ability to provide better patient care for the community. “I strongly believe that having physicians with the ability to make real decisions at all levels of the organization results in the best care for patients,” he said.

“We say that we have to be the biggest fish to avoid being eaten,” said Dr. Wheeler. “Growth became a way to avoid being consumed by someone else. So far it’s been successful.” ■

Our *Proust* Questionnaire

PEDIATRICIAN

Suzanne Berman, MD, FAAP

PRACTICE

Plateau Pediatrics

LOCATION

Crossville, TN



*To help share your stories and personalities, **The Independent Pediatrician** created our own version of the Proust Questionnaire. We hope you enjoy this small window into one another's personal and professional challenges and aspirations.*

Visit IndependentPediatrician.com/editorials to read Dr. Berman's full questionnaire and other editorials.

When you began practicing:

August 2001. My husband (also a pediatrician) and I hung our independent shingle right after finishing residency. The first day we were open, our three employees and I saw one patient. I still remember the thrill of overhearing a toddler's voice babbling to her mother at MY office.

Your favorite quality in a pediatric healthcare provider:

Humility. If you are doing something incompletely or aren't up-to-date, you have to be willing to admit it when someone points it out to you. It's easier if the relationship is reciprocal, of course.

Your favorite quality in a patient:

Honesty. If you don't like your experience in my office, please tell me, and I can try to make it right. If you fake-smile and say "Nothing's wrong," I'll take you at your word and then feel bewildered when you flame me on Facebook.

Your idea of happiness is:

Too many to name, but a lot of them revolve around hearing my family's voices: Watching my toddler's brain myelinate before my very eyes, as he utters a new word for the first time, then claps at his own cleverness. Hearing my

4-year-old pronounce words that demonstrate his vocabulary has outpaced his articulation skills. His imagination creates hilarious mashups of various mythoi, like how Heat Wave the RescueBot helps the defense of Minas Tirith. Hearing my 13-year-old think about his homework in a way that shows he's really thinking about ideas, and how he makes connections between unrelated things ("How effective was the Cuban Revolution? More than Les Mis, less than Newsies"). Listening and trying not to smirk as I hear my husband decimate someone's illogical ad hominem argument with kindness and wit.

With whom you would most enjoy sharing a meal?

People who like to talk about their work and can make it interesting to the uninitiated. I'm pretty clueless about how most stuff works, so I've learned some incredible things talking to military people, geologists, sound engineers, architects, designers, whomever.

Your favorite author(s):

Lois McMaster Bujold, Elizabeth Moon (a fellow Rice alum), and Connie Willis, who write speculative fiction about badass women who are equally courageous with the pen and the sword.

Your hero(es) in real life:

My dad was a petrochemical engineer who had extraordinary analytical gifts. He could eyeball a stream of complex multidimensional data and pick out errors and evaluate trends. He was scrupulously honest and incredibly courageous with his convictions; he wasn't intimidated by money, prestige, or power. His long-term memory was, even among the "brilliant scientist" class, exceptional. In college, when I neglected to bring home my chemistry reference standards book, he helped me with my homework by quoting the relevant transition metal specific gravities from memory. Even at the end of his life when he struggled with aphasia, he could still name all the Federal Reserve Banks (in order.) He died, too young, from PSP (a variant of Parkinson's disease). He had a tremendous impact on my life, by inspiration and by example: if he could withstand pressure from powerful factions within Big Oil, I feel empowered to take on a lying insurance company.

What do you consider to be your greatest achievement?

I picked a winner in my husband twenty-two years ago, and like a stock that's split again and again over the decades, I continue to reap the benefits of his awesomeness.

What are your favorite types of patient visits?

Any time a kid says something unexpected that makes me laugh. I also like when little kids draw a picture and then want to tell me about it. Sometimes it's like a Tate Gallery lecture about composition and color; other times it's a narrative of what was going through their mind while they were coloring.

What is the biggest change in pediatrics you have seen in your career?

In clinical pediatrics, the impact of pneumococcal and rotavirus vaccination. I used to hate March and April because we had to admit so many dehydrated babies with rotavirus. The first year after we implemented rotavirus vaccination, I was astounded by the immediate, drastic drop in springtime infant gastroenteritis. As far as the business of pediatrics, computers are a lot more pervasive now than they were 15 years ago. Most practices had no website or EMR in 2001, but that's clearly not the case now. In 2016, I can mention Excel functions and reports without seeming freakish.

What is the most important work you do as a pediatrician?

Advocacy for kids, their healthcare, and their pediatricians. I loathe bullies and red tape.

What do you like most about being an independent pediatrician?

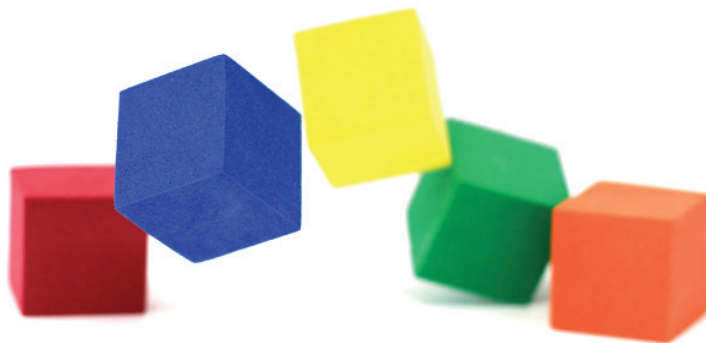
I can implement a good idea (or un-implement a bad one) speedily. I don't have to convince someone with no time, no interest, and no relevant expertise that it's a good idea. The more I see how our community hospital approaches problem-solving and quality improvement, the more I'm glad that so little of my day-to-day work has to be done there.

What does your practice do best?

As far as patient care goes, we have learned how to serve a difficult-to-reach patient population (a rural, underserved, low-income segment of Appalachia) well. One of our nurse practitioners, Kristel, is the best clinical communicator I've ever met. She can get an accurate history out of almost anyone, and she busts compliance barriers even for people who have no phone and no transportation. All while being patient and charming, which is not an act — she's fully genuine. Our staff members are primarily locals, so they can contribute lots of relevant information to social history: "Oh, I saw that mom and this other guy out at the local redneck watering hole — they're living together now." "Have you tried grandma's number? Grandma is also my next-door neighbor and walking buddy." We may have been served a lot of lemons, but we can make some amazing lemonade, deodorizers, marinades, pies, and cocktails with all those lemons.

What do you believe is the most important business aspect for an independent pediatric office?

Intellectual curiosity, which keeps your practice innovative. Learning how stuff works takes time, but it's an investment that reaps rewards. Just this week I was talking with a practice manager who didn't want to invest an hour in learning a new process that would save her two hours a month, every month, in another process. "It's too hard to figure out all this new stuff," she said, "and sometimes it's just easier to do it by hand." Intellectual curiosity (and a strongly-held belief that justice, eventually, will prevail) also helps protect your practice. It's so easy to say, "I guess since Company X says we have to do this, and we can't afford a lawyer, we had better do what they say." Substitute a few nouns in there, and that attitude sounds like capitulation to an extortion threat. Instead, channel your inner preschooler and demand to know why. Why do we have to do this? What exactly is "this"? What happens if we don't? No, what REALLY happens if we don't? It's not just rebellion, it's self-education. Regardless of the outcome, you'll learn something interesting. ■



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