

EARLY CAREER COLUMN

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Why You Should Consider a Multispecialty Medical Practice

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WHY THIS MIGHT BE YOUR "FOREVER JOB"

When I share details about my radiology practice when I work at Stanford or at ACR leadership meetings, residents and fellows say the same thing: "I've never heard about a practice like this!"

Still, most residents and fellows are already familiar with this model because many academic medical centers, such as the Mayo Clinic, organize similarly to a multispecialty medical group. The same goes for Sutter Health, Kaiser Permanente, and others.

Not that long ago, though, after training, residents or fellows had two options: academic or private radiology practice. Today, a dizzying list of options exist. Big or small academic? Academic affiliated, but at a community hospital? Small private group? Fifty-plus private? One-hundred-plus private? Venture capital associated? Veterans Affairs? Teleradiology? Hybrid teleradiology and on site? So many choices can be paralyzing, and it isn't necessarily easy to know which way to go.

I didn't get it right on my first go-round. The first private practice radiology position I took soon after residency turned out to be not right for me. When I became a partner, I finally read the contract. What I learned was that the practice had two shareholders who owned the practice. When I realized that I was a "partner" in name only, and that at that practice the term

equaled "employee," I reached the heart-wrenching, and expensive, decision to leave.

In the job search that followed, I learned more about a multispecialty medical practice, and I knew it was the right fit and not only would have benefits not only for me in my professional role and in my private life but also, and even more important, would provide optimal care for patients. Let's walk through what is involved in this type of radiology practice and learn about the advantages and disadvantages.

At most multispecialty practices, radiologists equally own the entire medical practice with the family practice doctors, orthopedic surgeons, rheumatologists, pathologists, and so on. I own the bricks and mortar of the outpatient dermatology practice equally with the dermatologists, and they equally own the MRI, PET/CT, CT, and tomosynthesis mammography units with me. It sounded complex and foreign when I first encountered it, but I'm here to tell you, I wouldn't have it any other way. I admit that there are some downsides, but I find them to be far outweighed by the upsides.

Advantage: Care Coordination

When all the health care providers are on the same team, we create superior care coordination, which creates superior care. I, and my patients, benefit

from this setup all the time. For example, when I perform lung biopsies, sometimes there is a small pneumothorax afterward. In that situation, I'm always on the fence about placing a chest tube and admitting the patient to the hospital or sending them home. So I call a patient's in-practice primary care physician and explain my conundrum, and that physician almost always says, "Doug, I'll make time to see Mrs. Doe tomorrow and get another chest x-ray, and we'll make sure she's trending in the right direction." We save an admission and reduce my anxiety about sending a patient home with a small pneumothorax. That's good for the health of the patient, and also good for the health of the practice.

Disadvantage: Less Nimble

After several of my private practice radiology interviews, I received employment offers within a week—in one case, the next day. This may not be the case with a multispecialty medical practice. Because it's a larger organization, more checks and balances exist that may slow processes down. In our case, our board of directors approves provider job offers at the monthly board meeting, so the physician hiring process moves more deliberately.

Advantage: Family Focused—Then and Now

The McFarland Clinic, where I work, has been providing multispecialty



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health care since its founding in 1946. It started with a father and two sons, all physicians, together with two more physicians. Today we are still all in it together, like a family, and the same goes for multispecialty practices in general. Physicians own the practice and call the shots and support one another personally and professionally. A personal example: I lost my son to pulmonary vein stenosis when he was 4 months old. My rainbow daughter was diagnosed with the same disease when she was 3 months old. When I had to leave my practice urgently for a month to be with her and my wife, my partners simply said, “Go. Take care of your family. We’ll get it figured out. Family first.” A few months later, when my family lived hundreds of miles apart for many months, to give our daughter her best chance of beating the disease (which she has so far), my partners asked how she was doing and what they could do to help. I’m not the only beneficiary of this kind of support; our practice has helped doctors through coronavirus disease 2019 crises, burnout, car accidents, family deaths, and other family emergencies. Then, and now, family comes first.

Disadvantage: Autonomy Challenges

In my former private practice, if we wanted to buy a new piece of equipment, we voted as a group and bought it. In a multispecialty care model, it’s not that simple. We have full

autonomy over radiology decisions such as what contrast agent to use or which PET/CT or mammography unit we recommend to be purchased. But for large equipment purchases, these decisions come before our finance committee. Nine non-radiologist physicians weigh in on whether to purchase a particular piece of equipment. The final decision rests with the board of directors. This reduced autonomy might challenge those who are used to all practice decisions’ resting among radiologists.

Advantage: Stability

A big priority when looking for my second job was to find my “forever job.” I wanted to put down roots and work with colleagues who were also in it for the long haul. Radiology leaders sometimes say that a joint venture between a radiology practice and a hospital is a marriage. Let me tell you, a joint venture pales compared with the strength of all the physicians in a community banding together to form a cohesive care community. Private equity and other hospital systems don’t threaten us. My practice’s insurance provider awarded our care model 6 years in a row for providing the highest quality care at the lowest cost among 13 accountable care organizations in the state.

Disadvantage: No Private Equity Buy-Out

Private equity continues to buy radiology practices nationwide. Multispecialty

medical practices are rare buy-out targets because of their size. Private equity-backed or insurance-backed entities such as Optum would have to buy out all the providers in a multispecialty practice, not just the radiologists. Optum has bought out a handful of multispecialty practices, so never say never, but if you’re looking to work in radiology and see the practice get bought out, this isn’t the place for you.

Disadvantage: Fewer Geographic Options

Multispecialty practice models aren’t widely available. The Sutter Medical Foundation employs more than 1,300 providers in northern California. The Permanente Medical Groups employ more than 23,000 providers in California, Colorado, Oregon, Washington, Georgia, Hawaii, Virginia, Maryland, and the Washington, DC, area. But in some parts of the country, they’re absent outside academic practices.

You probably never heard about a multispecialty practice during your formal training. Yet choosing where to work is hugely important to your career—your life!—so it behooves you to look into all the options, so you can choose wisely and well.

ACKNOWLEDGMENTS

Thank you to Colleen Kapklein and Shelley Goecke for their editorial support and comments.

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