

Bring in a new physician who fits the practice culture.

BY JERRY HELZNER, SENIOR EDITOR

There's no magic formula to bringing a new physician into a practice," says Mark Rosenberg, executive director of Barnet Dulaney Perkins Eye Center of Arizona. Mr. Rosenberg should know about hiring doctors. He has a great deal of experience in that area, having recruited ophthalmologists and other eyecare professionals for years for the practice's 14 locations.

"You can have very narrow ideas about the type of person you want to hire, but that just might cause you to miss out on a really good candidate who can make a great contribution to your practice," he asserts.

Mr. Rosenberg says that there are advantages and disadvantages to hiring someone with experience, just as there are advantages and disadvantages to bringing in an ophthalmologist directly from fellowship. For example, a seasoned physician has more of a work history that can be evaluated but may have developed bad habits in a previous workplace. A doctor coming straight from fellowship is more of an unknown but can be more easily trained in the methods and techniques favored by the practice.

"We don't have strict hiring criteria," he says. "If the candidate's skill level meets our standards, we want to also be sure that the doctor's personality fits well with our practice."

As Mr. Rosenberg suggests, bringing on a new physician is often more art than science. However, there are concepts that can be applied to the hiring process to reduce the chances of failure. The purpose of this article is to provide useful ideas to help ensure that your next hire is a good one.

Making the Decision to Hire

Amir Arbisser, MD, of Eye Surgeons Associates, with five offices in Iowa and Illinois, says that the best indication that it is time to add a new generalist is to be found in a simple question: "How long does it take to schedule an appointment?"

"If they can't get in for a perceived urgency or even to schedule an exam, then they might go somewhere else," says Dr. Arbisser. "It's important to begin the hiring process well before you reach that point because it takes time to recruit and credential a new doctor."

Dr. Arbisser says his practice is willing to be a bit overstaffed as protection against suddenly losing a key person through illness or for other reasons. "It's better to have a little bit of depth on your staff," he asserts.

Smaller practices seeking to expand their range of services might be wise to add a pediatric ophthalmologist, says Dr. Arbisser.

"Once you have the children coming to your practice, the mom, dad and grandmom are likely

to follow," he says. "So adding a pediatric subspecialist can be helpful to the entire practice."

Dr. Arbisser also endorses adding a glaucoma specialist as a way to expand.

"Glaucoma is a chronic disease that requires lifetime care," he notes. "In addition, a glaucoma specialist usually has other, more general skills that can contribute to a practice. I would not look to add a retina specialist in a smaller practice because you will not get referrals from competing general practices and you will find that most retina specialists prefer to join a retina-only practice."

Often it is the practice administrator who is in the best position to see the overall practice picture and assess the need for bringing on another ophthalmologist.

"I help the doctors to understand that they are functioning at near capacity and that we could face a significant scheduling backup," says James Dawes, chief administrative officer for the Center for Sight, a multi-location practice based in Sarasota, Fla. "It's important to anticipate the need for a new physician at least a year ahead of time because you have to begin a 12-to-18-month recruiting and hiring process. It's a mistake to wait to begin that process."

A Game Plan for Recruiting

Because the Center for Sight is located on the west coast of Florida, a desirable area with a high percentage of retirees, Mr. Dawes says he gets at least 40 candidates for each opening for an ophthalmologist.

"There are a lot of doctors who want to be here, but what I'm looking for are first-round draft choices," says Mr. Dawes.

In order to speed the recruiting process, Mr. Dawes begins with brief phone interviews and a standard list of questions for each candidate.

"About 20% of the candidates make the first cut," he says. "The next step is a 15-minute face-to-face interview over coffee and usually at one of the major ophthalmology meetings or through a video conference."

Once the field is reduced to three candidates, the Center for Sight brings out "the red carpet treatment" with an all-expenses paid visit to the practice for the physician's family, and an opportunity to meet all of the doctors in the practice.

At the same time, Mr. Dawes is orchestrating an extensive background check on all of the finalists, including reviewing videos of their surgeries, obtaining opinions from OR nurses and manufacturers' reps who have worked with the candidate, and checking social networking sites to determine if there are any possible character flaws, such as drug use, that could come back to haunt the practice.

Mr. Rosenberg used to handle the recruiting process by himself but now sees the process of more of a team effort with the practice's 10 partners.

"Depending on the type of doctor we are looking for at the time, three or four of the partners will form a recruiting committee for that particular position," Mr. Rosenberg notes. "It's really unrealistic to involve 10 doctors in the hiring process, but I do like to achieve consensus agreement on any new physician we do bring on."

Mr. Rosenberg spends a great deal of time understanding each candidate's goals and objectives.

"Once we understand the candidate's objectives, we can discuss the attributes of our practice that the candidate will find most appealing," he says. "The best candidates are going to have multiple offers. By understanding what the candidate is looking for, we can show that our practice is the best choice for that doctor to achieve his or her career goals."

Selecting a New Doctor

Mr. Dawes says the practice has recently had success with new hires who have been in practice for several years. "These doctors tend to have realistic view of what it's like to be part of a practice in the real world," he asserts.

Mr. Dawes also prefers new hires who have some connection to the geographic area served by the practice and who have excellent "people" skills.

"Selecting someone who is already in the market and is known — maybe a doctor who has been in competitive practice — that has worked well for us," says Mr. Dawes. "It is critical that the new doctor is able to establish good relationships with our referring physicians."

The Center for Sight has a policy of creating a "brand" for each of its ophthalmologists. For example, the practice has billboards on main highways extolling the skills of its doctors and that read "LASIK by Lahners" and "Cataract Solutions by Shoemaker."

"We do ask a lot from our new physicians," he says. "They need to be out several nights a week, speaking at meetings and introducing themselves to the community and our referrers."

Being based in the not-quite metropolis of Bettendorf, Iowa, Dr. Arbisser does not enjoy all of the natural recruiting advantages of a Florida or Arizona practice. When the practice anticipates the need for a new doctor, it casts a wide net, including the use of recruiting services.

"We use a variety of recruiting sources," says Dr. Arbisser. "The Academy has listings. We contact the academic training programs. Sometimes a patient suggests someone. The University of Iowa is an hour or so away. We have hired ophthalmologists who have had ties to the University or to the area and they have worked out very well. Using a recruiter can also be a good investment."

Dr. Arbisser says that his practice has always adhered to the principle that bringing on a new doctor is a key decision that can have implications for decades. Therefore, the practice is willing to make a significant investment upfront to ensure the most thorough screening process — including visits to the candidate's current workplace — leading to the best possible choice.

"You are going to spend more time with this person than with your spouse," he notes. "We are willing to make the investment to make sure that we make the right choice."

Guidelines on Compensation

All of those interviewed for this article agree that the new physician should be given guaranteed compensation for at least the first year.

"We provide a guarantee and fairly low patient volume for the first year," says Dr. Arbisser. "We want the new doctor to be able to spend time with patients and enhance the patient experience with no outside distractions. By focusing totally on the patients, the doctor begins to earn a positive reputation in the community."

Mr. Rosenberg advises that any practice — large or small — is best served by being transparent in setting compensation for a new physician.

"We have no secrets. We will show the new hire our numbers," says Mr. Rosenberg. "The best approach is to be fair and equitable in determining compensation. Don't look at the new doctor as a cash cow for the practice."

Mr. Dawes says that the Center for Sight provides a guarantee for the first year only. "After a year, the guarantee goes away," he says. "We are looking for entrepreneurial physicians. We really don't want doctors who are easily satisfied."

Don't Settle for Mediocrity

And what if you aren't convinced that you have found "Dr. Right?"

"I would say wait if you aren't sure," says Mr. Dawes. "Hire a residency-trained OD with co-management experience and let the OD take some of the primary care load. Have the ophthalmologists just focus on surgery."

"There is a shortage of good MDs right now," adds Dr. Arbisser. "If there is an urgent need, hire an OD who will do things the way you want them done. There is some variation in how ODs are trained so it's important to know where an OD has trained."

Meeting Expectations

Mr. Rosenberg says that every successful hiring decision is an exercise in meeting the expectations of all parties.

"There is always a tradeoff," he says. "It's measuring what the doctor wants for himself or herself against what's good for the overall goals of the practice. If you can manage these expectations, you have probably made a good hire that will benefit everyone in the long run." OM