Making it on your own in private practice

Starting a private practice in Neuro-ophthalmology? Sounds daunting, but it can be done. You just need to set realistic expectations and do some diligent planning. Among the respondents of a 2007 NANOS Compensation survey, about 30% practiced in a non-academic setting[1]. The data was not clear as to how many practice neuro-ophthalmology exclusively and how many combine N-O with general ophthalmology, subspecialty ophthalmology or general neurology. My training is in ophthalmology and I have been seeing only N-O patients in a private practice setting for the last three years. Here are some pointers to help you design your own N-O private practice.

Salary negotiation: It is unrealistic to expect a neuro-ophthalmologist to bring in as much revenue as a retinal specialist or general ophthalmologist. It is important that your employer/colleagues are aware of this fact at the outset. You don't generate less income because you're not working hard, you don't have enough patients, or you're not doing it right. You generate less because your patients are selected for being more complex and because medicine still reimburses for procedures, not time.

Many positions include salary support for the first 2 or 3 years while the physician builds a practice. For a neuro-ophthalmologist it is reasonable for such support to be long term and this concept should be included in initial salary negotiation.

In addition, N-O has a positive financial impact on other parts of a group or hospital, termed "downstream revenue". This aspect of N-O practice is nicely outlined in a paper by Larry Frohman and it may be helpful to provide a prospective employer with a reprint[2,3]. By taking over some of your colleagues' more complex patients you free up their time for income generation. You generate income for the radiology department by ordering scans. You bring patients into the system who need neurosurgical procedures. Support for N-O is not a charitable contribution. Such support may take the form of revenue-based compensation, but might be also include less direct measures, such as transferring the pre-certification process for scans to the radiology department clerical staff.

If your local academic department needs you as part time faculty to help train their medical students or residents, you may be able to negotiate compensation for this service.

Patient Mix: Your schedule and revenue are determined by whether you see only N-O patients or general ophthalmology/neurology patients. If you are ophthalmology trained, having additional skills, such as strabismus or orbital surgery, providing Botox injections for blepharospasm and so on, will make you more attractive to potential employers and will be a source of additional revenue. Neurologically trained neuro-ophthalmologists can get additional training in EMG. On the other hand, if your practice is going to be mainly N-O, you can save significantly on malpractice insurance premiums by choosing 'medical ophthalmology' coverage rather than taking full ophthalmology coverage. Just a quick pointer on scheduling - if you also see general patients, try to schedule your N-O patient evaluations, which typically take longer and can be of unpredictable duration, on a specific day or half-day. Otherwise you may end up with some very irate general ophthalmology/neurology patients tearing up your waiting room.

Support staff: N-O patients often generate more workload than typical ophthalmology patients – gathering and reviewing records, ordering tests and scans, follow up phone calls, coordination of care, reviewing imaging studies and so forth. It is absolutely essential to have a 'point person', an efficient secretary or technician who can gather data, keep track of test results and make sure all phone calls are answered or pre-certification done. He/she should also be knowledgeable to triage appropriately, to determine who needs to be seen ASAP and who can wait a week or two. So hire wisely and develop talent.

Billing, coding and other exciting stuff:

Learn to use coding appropriately – extended visit codes, and coding for telephone calls, extensive records review or scan reviews. Attending coding courses offered by national societies (e.g. American Academy of Ophthalmology) or your state or local societies early in your career will pay rich dividends.

Learn to bill for ancillaries when appropriate such as sensorimotor exam.

Do not sign up with payors who reimburse poorly. It may not be feasible to eliminate Medicare but you can be selective in choosing which other third party payors you contract with. This will also help simplify billing and free up the limited time your staff has to do other things.

New patient visits reimburse at a higher rate than follow-ups, so work diligently to develop a strong referral base.

If you are in solo practice, consider outsourcing billing, especially if you have limited third party payors.

In your years of medical training you seldom receive exposure to economic and business realities. But in practice that ends up being the make-or-break challenge, a constant issue that demands attention. So remember your Hippocratic Oath always, but also remember that you need to pay your bills so you can serve your patients and community into the future.

Neuro-ophthalmology remains an immensely rewarding and fascinating subspecialty, despite the financial challenges. You can have an amazing professional life with a little foresight, good counsel and gumption. I wish you all the best.

References:

1. North American Neuro-Ophthalmology Society 2007 Neuro-Ophthalmology Compensation Survey for Neuro-Ophthalmologists Practicing in the USA. Prepared by ECG Management Consultants. February 28, 2008. Available at www.nanosweb.org
2. The Human Resource Crisis in Neuro-Ophthalmology. Frohman LP. J Neuro-Ophthalmol, Vol. 28, No. 3, 2008
3. How Can We Assure That Neuro-ophthalmology Will Survive? Frohman LP. Ophthalmology Volume 112, Number 5, May 2005