Understanding Business and Neurology

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Neurology training at Baylor College of Medicine prepared me with the skills to evaluate and diagnose complex neurological cases. I vividly remember my first time in the hot seat during "Appel Rounds" which was a weekly patient case presentation hosted by Dr. Stanley Appel. Each PGY2 was indoctrinated into residency by sitting in the front of a room, next to an empty chair surrounded by fellow residents. The chair next to you was soon filled by a selected patient. The senior residents taking their position toward the back trying to stay as far away from the line of fire as possible. It was the resident's job to interview the patient, examine him and come up with a diagnostic plan and differential diagnosis. The patient approached, I shook his hand and introduced myself. He introduced himself and sat down. At that point, Dr. Appel asked me, what was my diagnoses. As sweat started to gather across my brow I could see the senior residents trying to hold back their laughter. In my nervous state I failed to pay close attention to the frontal balding, temporal muscle wasting, or the prolonged amount of time it took the patient to let go of my handshake. Since then, I would like to think that I have not missed another case of myotonic dystrophy. Situations like this prepared me to be clinically thorough, but the one area I wish I would have had additional training in was how to bill for this encounter. Should I bill for the time of the visit or the complexity of the case?

In an academic or training environment, the number of cases one saw per day was emphasized in order to give the best clinical exposure rather than teaching about the number of patients needed to be seen to generate revenue. There the focus was on taking the time to properly diagnose complex neurological cases, rightfully so. However, so many questions ran through my mind as I was completing training. How do procedures like EMG/NCS or EEGs increase profitability or marketability? Should I go into solo practice, group practice, stay academic, or join a large physician organization? When does one consider incorporating Advanced Practice Provider's (APPs)? It wasn't until the final months of my neuromuscular fellowship that I was exposed to certain business principles that would later have a huge effect on my practice decisions. That was when I had my first employment contract to review. After reading it a few times I realized, it would be best to have a lawyer review my contract. Needless to say, there were other residents in similar situations. This is when I realized if I wanted to succeed in practicing neurology and be an effective patient advocate, I needed to understand not only the profession of neurology but the business of medicine.

There are neurological and medical conferences to help strengthen our clinical acuity but there aren't a lot of resources that help us learn about the business side of medical practice. This led to the creation of the informational video series produced by the Texas Neurological Society called "The Business of Neurology". The initial videos included pieces on contract negotiation, coding and billing, enhancing practice through ancillary services, and advanced practice providers. In response to the CoVid19 pandemic, a series was added on telemedicine.

CONTRACT NEGOTIATION

Contract negotiation is an essential skill that physicians must learn considering the changing healthcare landscape. Attorney, Bill Small of Houston, Texas was interviewed about contract negotiation and drew upon his 40-year history of healthcare law to shed some insight into the things to look out for. Why is it important to have an attorney review your contract? The short answer is there are certain traps that can be avoided if you have your contract reviewed by an attorney that has experience in healthcare. Attorneys specialize in different areas just as physicians do. Healthcare employment contracts are like no other industry, so it is important that you seek council from someone who has experience in reviewing these contracts.

Having an attorney review your contract could cost anywhere from a few hundred dollars to a couple of thousand dollars depending on the complexity of the contract and the attorney used. But, realize there is a risk that you are mitigating in spending this amount up front. If your contract being negotiated is a three-year contract for $150,000 per year, the total value of that contract could exceed well over half a million dollars when you include benefits, bonuses and extras such as travel and conference reimbursements. It is worth making the initial investment considering the long-term implications of the contract.

Other key aspects include duties and responsibilities, termination clauses, non-complete clauses, and productivity clauses. The non-compete clauses tend to be a hot button in negotiations. The non-compete clause restricts an employee, once terminated or if they leave an employer, from doing the same thing within a determined geographical area and for a certain time frame. For physicians non-compete clauses are not considered restriction of trade. Fighting these clauses after they are enforced can be expensive and time consuming. It is much better to negotiate this on the front end. If your position is strong, you can minimize the proposed distance or time as much as possible. You can negotiate this out of the contract all together. According to Bill Small, "The ability to negotiate comes down to how bad you want this job or how bad they want you".

RUN YOUR PRACTICE OR YOUR PRACTICE WILL RUN YOU

Healthcare is changing rapidly and as clinicians we are constantly under pressure to do more in less time. Reimbursements are changing and we must adapt to a world of increased regulatory and administrative burden. But the end result is the same. We all desire financial stability, work satisfaction and a work-life balance. This desire seems to be drifting farther and farther

away. One way to try and catch up to this desire is to understand more of what drives the economics of the practice of medicine.

In this project, David Evans, Chief Executive Officer of Texas Neurology shared his insight on how to incorporate more services into a neurology practice. We should embrace the fact that health technology is integrating into what we do every day in treating patients. There are ways that we can use technology to make things faster and decrease the administrative burden that we face. From using kiosk to facilitate patient check in's to providing telemedicine services to carrying out patient visits, information technology is making its way into our practices. The question for many neurologists is how and when to add ancillary services. This comes down to a business decision. After analyzing the economics of acquiring a product or service you can determine if that investment is best for your practice.

TELEMEDICINE

The coronavirus pandemic fast-forwarded the telemedicine industry by a number of years. Telemedicine was still in its infancy prior to CoVID19. Legislative changes in several states, including Texas, were making this addition to your practice more appealing, but low reimbursement did not make it a gamechanger. Then came the coronavirus pandemic and with it the practice of social distancing. Clinic volumes decreased almost overnight. This public health crisis brought with it a financial crisis that has touched every aspect of our society, including healthcare.

In his video interview, Dr. Eric Anderson, a pioneer in neurology telemedicine shared his insights on this growing industry. This technology allows us to keep seeing patients while practicing the social distancing practices that will ultimately slow the spread of the virus. In addition to that, state governors and the federal government made the popular decision to reimburse some telemedicine codes at the same rate as in person office visits. This was a savior for some practices, but not all. Rules were eased allowing physicians to use non-HIPPA compliant software like FaceTime and Zoom, but this was still a huge adjustment. Nevertheless, there was growing confusion surrounding coding that slowed adoption for some. Today many state and national organizations are providing resources to help physicians navigate this unfamiliar landscape. But is it enough? The future of telemedicine and how it will be incorporated into practice is still in question. Neurologists across the nation have used this time of loosened regulatory requirements and better reimbursements to test the waters. Telemedicine may or may not be for you. However, a better understanding of the finances surrounding the addition of this technology and new way of taking care of patients allows you to make a more informed decision.

INCORPORATING ADVANCED PRACTICE PROVIDERS

Another business aspect of neurology that has growing popularity is when and how to incorporate advanced practice providers (APPs). The term is used to encompass both nurse practitioners and physician' assistants, but a brief look at their history will show that they are two are very distinct professions. I sat down with Dr. Stuart Black, Texas Neurological Society board member who has over 20 years of experience in working with and training APP's. He gave an interested overview on this topic. Both groups were founded around the same time to address the problem of primary care physician shortages. On July 30, 1965 President Lyndon B Johnson signed Medicare and Medicaid into law. There was already a shortage of physicians but now with Medicare and Medicaid in effect, this made the problem worse. Dr. Eugene A. Stead Jr., chair of internal medicine at Duke University, offered a solution by enlisting a group of Navy Corpsmen as the first class in the newly formed Physician Assistants program. Around the same time in Colorado, Nurse, Loretta C. Ford partnered with physician Dr. Henry Silver to form the first nurse practitioner program at the University of Colorado. Both programs were created to fill in the gap where the physician shortage was threatening the healthcare of the most vulnerable within the American population. Fast forward to today, we still face the problem of physician shortages. APP's have become very important members of the healthcare team. Neurologists are starting to embrace this section of caregivers and figure out ways in which they can enhance a neurology practice.

Nationally most APPs are employed, but their method of practice and responsibilities vary. When trying to determine if a nurse practitioner or physician assistant will enhance your practice, take a look at the financial overview of your practice to see if it is economically viable to add a physician extender. Based on the historical formation and principles of the group, physician assistants' practice and are billed under the physician they work for. On the other hand, nurse practitioners can have their own NPI number and can bill independently. Some choose to partner with a physician in a cost sharing model. There are ways to incorporate physician extenders into an inpatient and outpatient practice. Benefits to the neurologist include increased quality of life, clinic volume, and patient satisfaction. The decision on *if* and *how* to incorporate an APP should be centered around the revenue they create or if the cost sharing model benefits your practice. As more APP's seek neurology training, neurologists have to decide if the commitment to training an APP is beneficial in the long run.

In order to be less reactive and more proactive, it is imperative to understand the environment you are in. Healthcare is changing, and we have to adapt to these changes or influence them by understanding the economic drivers. It is important to learn how to make the diagnosis of myotonic dystrophy with something as easy as a handshake. We also need to understand and train ourselves on the business principles that will allow us to keep our practices financially viable in order to see that myotonic patient. Learning how to run your practice keeps your practice from running you.

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