April 2005

EDITORIAL
How Hospitals and Physicians Can Collaborate  2

CARDIOLOGY STRATEGY
Shortage Fosters Team Approach  3

PRACTICE MANAGEMENT
Consider Giving Your Office a Face Lift  6
How Hospitals and Physicians Can Collaborate

Hospital administrators, health plans, physicians, and others all want to know how hospitals and their medical staffs can collaborate to serve consumers more effectively.

Whenever there are conflicts between physicians and hospitals, there are negative consequences for both sides. Typically, such conflicts result in monetary losses for physician practices the hospital has acquired. But also, such conflicts make it more difficult for a hospital to recruit specialists to cover emergency rooms and other areas of need. These conflicts may also increase the problems a hospital has when competing with doctor-owned ambulatory surgical centers and specialty hospitals.

To minimize conflicts, hospitals should develop innovative partnerships with physicians to explore mutual opportunities in consumer-driven markets. Physicians may be closer to consumers than hospitals are, but hospitals have marketing departments. Therefore, there is a possibility for each side to work together to the other’s advantage. What’s more, when hospitals acquire or affiliate with physician groups, they should not try to make physicians into hospital employees. Instead they should enlist physicians in flexible and imaginative enterprises designed to attract consumers with quality and safety-oriented approaches to delivering health care. Conducting focus groups among consumers to hear what they want from hospitals and asking doctors what they want may help the hospital develop strategies that serve both groups.

Hospitals can help meet physicians’ needs by organizing risk-reduction programs designed to minimize liability exposure and lower malpractice insurance costs. They can host seminars on electronic health records and other topics of interest to physicians and consumers.

The challenge in physician-hospital organizations is to manage the interactions of all parties, and interaction requires leadership from physicians and hospital administrators, and teamwork, says Daniel Beckham, president of The Beckham Co., a health care consulting firm in Bluffton, S.C.

Most physicians simply want to provide care to patients. That’s why they went to medical school and that’s why they continue to practice in such a difficult environment today. Yet, they fear that in the coming months and years they will have trouble collecting payments at the point of care from patients who have exhausted their health savings accounts, or that their time will be consumed by patients who are suspicious and armed with unreliable information collected from the Internet. Recognizing these fears and assisting physicians in solving the problems they face will help hospitals develop more meaningful and lasting relationships with physicians.

Richard L. Reece, MD
Editor in chief
Phone: 860/395-1501
Fax: 860/395-1512
E-mail: Reece@premierhealthcare.com

Publisher
Premier Healthcare Resource, Inc.
150 Washington St.
Morristown, NJ 07960
888/477-8800; Fax: 973/682-9077
publisher@premierhealthcare.com

Editor
Joseph Burns
508/495-0246
editor@premierhealthcare.com

© Copyright strictly reserved. This newsletter may not be reproduced in whole or in part without the written permission of Premier Healthcare Resource, Inc. The advice and opinions in this publication are not necessarily those of the editor, advisory board, publishing staff, or the views of Premier Healthcare Resource, Inc., but instead are exclusively the opinions of the authors. Readers are urged to seek individual counsel and advice for their unique experiences.

This newsletter is published by Premier Healthcare Resource, Inc., Morristown, N.J.
The needs of an aging population coupled with a decline in the number of first-year cardiology fellows have resulted in a significant and growing shortage of cardiologists, according to the American College of Cardiology's Task Force on Work Force.

This finding contradicts the conventional wisdom among many industry observers during the 1990s, who said a specialty surplus existed and should be reduced through attrition and cuts in specialty training programs. The task force analysis, however, supports what most cardiologists in practice have suspected: that a heavy workload and difficulty filling open positions means there is a shortage of qualified, available cardiologists.

Technology Endorsed
The task force's report was published last year in the *Journal of the American College of Cardiology* (July 21). The report presents a thorough analysis of supply and demand trends, based on research and an extensive literature review. The report also suggests a number of strategies that cardiology practices can use to ameliorate the effects of the shortage.

Eighteen cardiologists and cardiovascular specialists from around the country participated in the task force, and sixteen others served as reviewers. An American College of Cardiology (ACC)-sponsored Bethesda Conference was held in October 2003 to reach a consensus on the published report, and 54 physicians participated in the conference or served as authors of the report.

Four years ago, W. Bruce Fye, MD, then vice president of the ACC and currently a professor of Medicine at the Mayo Clinic College of Medicine and a consultant in the Cardiovascular Division of the Mayo Clinic in Rochester, Minn., suggested the need for a task force. Later, as president of the ACC, he chaired the task force.

**Supply and Demand**
“Based on my own experience in attempting to recruit cardiologists during the 1990s, I suspected that there was a growing shortage,” Fye explains. “By the late 1990s, it became obvious that cardiologists in most settings were working as hard as they could, and many were aggressively looking for partners. But there simply were not enough cardiologists to satisfy demand.”

A confluence of factors has resulted in a supply-demand mismatch, he comments. Beginning in the early 1990s, two forces worked to reduce the number of cardiologists. The Clinton Administration had proposed a health reform plan that emphasized primary over specialty care at the same time that managed care organizations were adopting a model that used primary care physicians as gatekeepers to specialty care. Many cardiologists stopped recruiting, concerned that they might experience a significant decline in patient referrals. Based on several reports that medical schools were producing too many specialists, the number of cardiology training programs began to shrink. The Accreditation Council for Graduate Medical Education reports that in 1994, 2,419 cardiology trainees were enrolled in 209 programs in the United States, but by 2003, only 2,117 trainees were studying in 173 programs.

During this same period, the demand for cardiology services has grown as the population continues to age and advancements in cardiac care have allowed patients to live longer with cardiac disease. “With advances in technology, we have more powerful diagnostic tools with which to identify cardiac disease, thereby creating a larger pool of patients who need treatment,” Fye says. “Furthermore, we have many more therapeutic options at our disposal. The heart attack mortality rate has fallen dramatically over the last 20 years.”

“The task force sent questionnaires to four different groups: physician recruiters, cardiology training program directors, a random sample of ACC members, and senior cardiology trainees,” Fye says. “The responses painted a clear and consistent picture: an enormous number of jobs and an insufficient number of cardiologists to fill them.”

**Implications**
For practicing cardiologists, the main implication of the shortage is that they are working extremely hard, Fye says. The American Medical Association’s Physician Socioeconomic Statistics, published in 2003, found that cardiologists work more hours per week than physicians in any other category. In addition, ACC

("By the late 1990s, it became obvious that cardiologists in most settings were working as hard as they could, and many were looking aggressively for partners,” says W. Bruce Fye, MD.)
researchers found in a 2002 membership survey that 58% of cardiologists experienced an increase in their patient volume since 1999, and 28% were working more hours.

“The major challenge facing community cardiologists today is how to manage their patient volume efficiently and effectively,” Fye explains. “The goal is to ensure that quality is not sacrificed in the scramble to keep up with the patient volume.”

The shortage also affects the time cardiologists have available to learn about new developments in care. “The creation of new cardiology sub-specialties and the ability of individual cardiologists to pursue special interests such as new strategies to treat heart failure using pacemakers to resynchronize the heart become more difficult in light of the pressure to handle existing patient volume,” Fye says. “Many exciting developments in the diagnosis and management of cardiac problems are currently occurring. Unquestionably, cardiologists feel a tension between the desire to learn about these techniques and introduce them into practice and the need to devote precious time to that type of education.”

Practice Strategies
Since so many cardiologists have found recruiting to be difficult, they have pursued other strategies to help them manage their workload. One strategy involves the use of non-physician clinicians, such as nurse practitioners and physician assistants. The 2002 ACC membership survey found that 57% of respondents had hired non-physician personnel to manage their patient load, and 38% had allowed non-physicians to assume additional patient-care responsibilities.

“Non-physician clinicians work as part of a team organized and directed by cardiologists,” Fye explains. “These clinicians allow the cardiologist to transfer some of the responsibilities of ongoing patient care, such as education of the patient and family, review of medications, and other activities that do not require the personal involvement of a cardiologist.”

Other cardiologists have embraced technology to help them improve efficiency and the quality of care they deliver. “All specialties are becoming more efficient in their communications and processes of care as a result of technological advancements like electronic medical records and the Internet,” Fye notes. Among respondents to the 2002 ACC membership survey, 12% reported using electronic systems for scheduling and managing medical records to increase their efficiency in response to increased patient loads.

Seeking Efficiencies
“Given the current shortage, cardiologists need to identify strategies that will allow them to work more efficiently so that they can see more patients,” says Steven Nissen, MD, Medical Director of the Cleveland Clinic Cardiovascular Coordinating Center and a co-author of the task force report. “Technology adoption is a powerful approach that can amplify the ability of cardiologists to treat more people.”

The task force identified adoption of electronic medical records (EMRs) as one strategy that can enhance cardiology efficiency. “Cardiologists and cardiology practice staff members spend a substantial portion of their time tracking down information,” Nissen notes. “EMRs can help us achieve greater efficiency as well as higher quality of care by ensuring that information is available immediately when and where we need it.”

Electronic communication between patients and physicians also can enhance efficiency. “I can check a patient’s cholesterol level and ask him to follow up with me,” Nissen proposes. “He will call my office, and I will most likely be unavailable. He will leave a message, I will return his call, and we will eventually connect. Or, I can simply e-mail him his lab values. Which is faster and more efficient?” Nissen adds, however, that designating the types of communications that are appropriate and making sure that patients understand these parameters are important factors in ensuring efficiency gains from online communication.

But while workload pressures may have fostered the adoption of technology for some cardiologists, these pressures may have hindered it for others. “Certainly, cardiologists may have embraced technology because of pressures in the specialty,” Nissen explains. “However, other cardiologists may be so overwhelmed with the daily requirements of their patient load that they do not have time to contemplate change within their practices.

“Virtually every technology requires a learning curve,” Nissen continues, adding that when the Cleveland Clinic adopted an outpatient EMR, he needed about five clinic sessions before he began to achieve some comfort with using the system. “Getting physicians to accept some degree of inefficiency while they are learning a new technology such as an EMR can be very difficult. But once physicians become acclimated to the EMR, they will never want to go back to their old ways, because the practice efficiency enhancements are so substantial.”

Fye has noticed that a key driver of technology adoption may not be...
Several Factors Boost Demand

The American College of Cardiology’s Task Force on Work Force identified several factors that have increased the demand for cardiology services, including:

- A growing incidence of obesity and type 2 diabetes (which both lead to cardiovascular disease)
- A greater awareness among the public about the risks of heart disease
- The decline of managed care’s gatekeeper model of care delivery
- Greater subspecialization within cardiology (leading to more cardiologist-to-cardiologist referrals)
- Evidence indicating improved outcomes for heart patients when cardiologists are involved in care.

One issue is time to train. “The time it takes to become a cardiologist is, quite frankly, too long,” Fye believes. “At the ACC, we are trying to develop an alternative career path that cuts out one year of general internal medicine training for someone who wants to practice general clinical cardiology and not perform angioplasty or invasive electrophysiology procedures.”

Making the specialty appealing to a cross-section of medical students is increasingly important. Data from the Association of American Medical Colleges reveal that African-American, Hispanic, and female medical school graduates are underrepresented in cardiology training programs. Among other strategies, the task force suggests that practicing cardiologists and directors of medical training programs should actively encourage minority students to pursue a career in cardiology, and the ACC should encourage the greater visibility of female cardiologists to promote cardiology as a career choice for female students.

Furthermore, cardiology practices should consider staffing arrangements that will help them attract and retain cardiologists, because the specialty choice of young physicians is likely to be influenced by whether they believe they can balance their professional and personal lives. “Cardiology is perceived as a field that is very demanding,” Fye notes. “But older physicians cannot necessarily expect the younger generation to have the attitude that other aspects of life are secondary to work. In order to attract physicians to their practices, cardiologists should be open minded and pursue more flexible staffing arrangements.” Such arrangements are needed because half of medical residents are female.

Improving Flexibility

Practices should develop thoughtful staffing arrangements to allow them to retain senior physicians, Fye continues. “For example, physicians in their early 60s who have taken call for 30 years may not want to do it anymore,” he says. “A small group may not want to accommodate these physicians because the other physicians will have to assume a greater portion of the burden. But that has to be balanced against the loss of these cardiologists and the difficulty faced in recruiting new ones. In today’s environment, cardiology practices must be flexible by allowing people to work part time or assume responsibilities within their practice that accommodate their changing lives.”

Cardiologists also have an important role in encouraging physicians in training to enter the specialty. “Cardiology is an incredibly exciting specialty, with enormous advances being made on an ongoing basis,” Fye says. “Cardiologists can change people’s lives, make them feel better, and help them live longer. Clearly, medical students will be turned off if all they see is a hospital-based cardiologist frantically trying to see patients. They should be able to experience other practice contexts as well. Putting a good face on the specialty is essential to its expansion.”

—Reported and written by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site (see page 8).
Consider Giving Your Office a Face Lift

By Neil Baum, MD

Sam Sachs, the founder of Goldman Sachs Co., once said that complacency can lead to extinction. Yet, many of us, myself included, have offices that have the same furnishings, wall coverings, and even carpeting that we installed the day we started our practices. Since such surroundings have the look of complacency, the chances are good that your office might be a little worn, torn, drab, and dated.

When incomes are declining, and overhead costs are rising, giving your office a face lift may not be a high priority. But doing so need not be costly either.

Reflecting on Appearance

John Pangrazio, FAIA, a partner at NBBJ in Seattle, an architectural firm specializing in health care facilities, says the physical appearance of your office is a direct reflection of you and your practice. The president of the American Institute of Architects for the Academy of Architecture for Health, Pangrazio even equates the ambiance and atmosphere of your office to your bedside manner.

“The appearance of your office provides conscious and subconscious clues to patients about the kind of medical care they are going to receive from you and your staff,” Pangrazio says. Patients develop impressions about our practices when they approach our building, enter the reception area, and are escorted to an exam room. Therefore, all physicians have an opportunity to use their office space as a method of favorably affecting a patient’s entire experience with the health care system, at least that part of the system that is under a physician’s control.

Can you imagine what patients will think of you and your practice, if they walk into the waiting room to find chairs that have torn upholstery, carpet that is worn or stained, and wall paper that is coming off the wall? What do they think when they find reading material in the magazine racks that is several years old? The answer is the patient has the same negative impression an airline passenger has when he or she pulls down the tray on the back of the seat and finds bits of food or stains and then wonders about the maintenance of the jet engines. When patients see an office with poor lighting, drab colors, and uncomfortable chairs, they are likely to think that the medical professionals who work there may deliver shoddy medical care.

On the other hand, if your office has plentiful natural lighting, a soothing fountain used to promote relaxation and stress reduction, and up to date reading material, your patients might be more comfortable, less anxious, and have more confidence in the physicians and the practice.

Designed to Heal

Patients who spend an excessive amount of time in the reception area or an exam room are likely to ponder their surroundings, Pangrazio says. “These patients will take in more details about your exam room and may note any shoddy workmanship in cabinetry, a broken leg on an exam table, or a chair held together with duct tape,” he adds. “In fact, a patient’s stress level is likely to increase rapidly when the office space is not designed to soothe, comfort, and heal,” he says. These considerations provide yet another reason to see patients in a timely fashion and reduce waiting times.

Physicians may wonder if an architect is needed to give their office a facelift. A health care architect is involved in designing not only the aesthetics of your practice but he or she also can help to improve the efficiency of a practice. Architects who specialize in working in health care settings understand the issues involved in the processes of delivering medical care and can identify bottlenecks and create space that improves patient throughput and patient satisfaction. As a result, their work ultimately will help to favorably affect the

When a patients see an office with poor lighting, drab colors, and uncomfortable chairs, they are likely to think that the medical professionals who work there may deliver shoddy medical care.

Neil Baum, MD, is a urologist in New Orleans and the author of Marketing Your Medical Practice—Ethically, Effectively, and Economically. (Sudbury, Mass.: Jones and Bartlett Publishers, 2004). Readers may contact Baum by phone at 504/891-8454 or by e-mail at neilb89@aol.com.
Ten Ways to Make Patients Feel at Ease

The following suggestions from John Pangrazio, FAIA, a partner at NBBJ in Seattle, an architectural firm specializing in health care facilities, may help reduce stress among patients by making them feel at ease in the surroundings of your office.

1. Make connections to the outside natural light. For example, you might want to have the waiting room along the window wall and the doctors' offices facing the corridor along the inside of the building.
2. Provide pleasant distractions. You can do so by removing traditional design solutions such as salt water aquariums which are high maintenance and substitute soothing water fountains. It is best to find solutions that are long lasting and require little extra attention.
3. Improve the quantity and quality of artificial light. By improving efficiency of lighting and light fixtures, you can also reduce utility costs.
4. Make the environment comfortable for the elderly. You can do so by distinguishing planes and surfaces.
5. Look for ways to improve acoustic quality and acoustic privacy. Doing so will help you comply with federal privacy regulations, and noise control will benefit your staff by helping to reduce fatigue.
6. Design for sight lines. You can improve sight lines by using group furniture to promote privacy. At the same time, be sure to increase sight lines for your staff as well.
7. Offer choices for your patients. Allow them the choice to sit separately or together in the waiting area.
8. Plan your procedure spaces. Make certain that the treatment rooms are comfortable and provide educational material for patients before and after treatments. Make sure there is ample space to accommodate family or friends of patients.
9. Respect your staff by providing quality work space. Don't skimp on the employee lounge and restroom. Provide more places for staff to have undisrupted communication. Doing so will aid in staff recruitment and retention.
10. Remove the separation between the back of office and the front of the office. Many offices exhibit a double standard regarding the use of space by devoting less attention to staff uses and needs. The staff space is just as important as the patient and physician space. —NB

An architect can work with your physicians and your staff to create an atmosphere that reflects the philosophy of the practice, that uses a design solution based on the life cycle of the materials used, and that ultimately transforms these concepts into a physical space that promotes a sense of professionalism and helps build patients' confidence in the practice.

Improving the Atmosphere

Health care architects also understand how new technologies may affect physicians' office practices. "Electronic medical record systems are changing the process of care," Pangrazio says. Therefore, space that once was relegated to storing medical records can be dedicated to other purposes, such as increasing the size of the reception area or the number of exam rooms and improving the employee lounge.

An architect can give your practice a facelift by showing you how to use natural light, how to provide ergonomic seating, and how to select pleasing art work.

What's the bottom line? With an attractive office, you can achieve an improvement in patient satisfaction and in staff and physician productivity. An attractive work place improves operational efficiencies, which in turn helps justify investment dollars for an office facelift. We have an opportunity to create a positive impression on our patients by giving our practice an architectural face lift. Remember you don't get a second chance to create a good first impression.

—More information on marketing is available on our Web site (see page 8).

“These patients will take in more details about your exam room and may note any shoddy workmanship in cabinetry, a broken leg on an exam table, or a chair held together with duct tape,” says architect John Pangrazio. “In fact, a patient’s stress level is likely to increase rapidly when the office space is not designed to soothe, comfort, and heal.”
Our FREE online resource includes:

- Strategies and tactics to build your practice
- A complete database searchable by keyword, subject, or issue
- Interaction with experts on all aspects of the Business of Medicine™
- Links to business resources, such as practice management, marketing, and CME
- E-mail updates on the latest developments in the Business of Medicine™

E-MAIL UPDATES

Let CardiologyOptions.com come to you! CardiologyOptions.com can keep you up to date automatically on the latest developments in the Business of Medicine™. You can sign up at CardiologyOptions.com or fill in your name and e-mail address below and fax it to us at 973-682-9077.

Name: ____________________________
E-mail: __________________________