

The state of independent physicians: Top 3 challenges & opportunities — Q&A with Dr. Fred Davis

Written by Laura Dyrda | September 16, 2016 | [Print](#) | [Email](#)

Fred Davis, MD, president and CMO of ProCare Pain Solutions in Grand Rapids, Mich., discusses the state of independent physician practices and best opportunities in the future.

Q: What are the top three challenges independent physicians face today?

Dr. Fred Davis: Number one is getting paid adequately for what we do; number two is ensuring access to streams of patients and third is learning how to restructure the way we practice as independent specialists. Medicine has become much more subspecialized, focusing on narrow skill sets that are done exquisitely well. However, healthcare is also moving toward a more integrated model of care, and we are actually taking responsibility for the whole patient for a period of time. For example, in the emerging perioperative surgical home, we are not just doing surgery, but also making sure the patient has a preoperative course of preparation and postoperative care so they have optimal outcomes and don't end up back in the hospital.

A lot of specialists, used to being responsible for a narrow scope of care, will have to change the way they are working to integrate with more clinicians and entities that touch the patient over the course of treatment. Payments are being bundled. Working with larger clinically integrated systems requires that specialists embrace other aspects of care. We are looking more at the whole person and process of care. If you are able to work with emerging clinically integrated networks and with chronic disease, there can be a secure stream of patients.

Q: What benefits are there to consolidating into the large independent physician group model?

FD: It's really interesting that so many doctors are becoming employed today, and working for hospitals. However, there are some advantages to the large group model. You are more likely to have a physician leader in the large specialty group than at the hospital.

The management structure of the group is also more likely oriented to your specialty. Large hospital systems have 100 different competing priorities with everything from running the emergency department, and lab to the structural aspects of the hospital, or even owning an insurance company. Voices of the physicians and efficiencies can be lost. But when the primary management focus is for a physician group, you have a more common shared experience behind you. There is a certain bond because you all went through the same training and have sat by the patients' bedside, holding their hands as they transitioned in care. This is a shared experience that you don't have when you are dealing with a non-physician administrator.

There is something unique about the physician leader. There is a connectivity there. A certain amount of commonality between the leader and physicians is very helpful.

Finally, it's easier to keep up with structural changes in medicine with a large group. The way we gather and transmit information between people and the EHR technology is easier to access with better quality staff and systems in the larger group. You can also do a better job of negotiating contracts and pull from a higher level of expertise on the management side as compared to a small practice.

Q: What will be the characteristics of the most successful independent physicians of the future?

FD: The key is to have a certain degree of flexibility and not get too set in your ways. One of the advantages of an independent group is you are able to pivot more quickly to trends occurring in the marketplace.

Independent physicians need to be able to connect with patients, the public and their peers. The days of being standoffish — someone who is good technically, but not able to relate well with peers or the public — are numbered. Our professional lives are more complicated. You have to have a certain temperament that is more customer focused because so many decisions made in the market place that are consumer-driven. You also have to be willing to advocate on behalf of your patients and your practice with large organizations that are setting policy. You can't just sit back and expect things to happen and then be mad when things don't go your way.

Learn more from Dr. Fred Davis at the 15th Annual Spine, Orthopedic & Pain Management-Driven ASC Conference + The Future of Spine in June 2017! [Click here](#) for more information.

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