

Can

Do It



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The Bigger Picture: Yes, You *Can* Do It

If you think creatively, you can reshape your career and your life

By Pamela Moore | May 1, 2007

Family physician Pamela Wible bicycles each day to her no-staff, part-time practice in Oregon. Her revenue is lower than it would be in a more traditional practice, but thanks to low overhead, she makes more than she used to at several conventional offices.

She burned out doing that. Now she's happy.

I invited her to tell her tale at a recent event for physicians. Some 300 doctors jammed the room to hear how she changed her way of life by thinking creatively, yet many commented afterward, "Yeah, but you can't really *do* that."

Of course you can. Wible is. (Learn more about her and others' methods of reducing workplace stress in our cover story, "[Bye-Bye, Burnout](#).")

Why is it so hard to see other possibilities, other ways to practice, than the high-overhead, intense-pressure, low-satisfaction model so prevalent today?

Partly, there is a siege mentality. Many physicians believe, justifiably, that the world is a bad place for them right now. So they just hunker down, reluctant to believe in anything except radical, systemic change. (Such change *would* be nice, but it isn't likely to happen any time soon.) After tough residency programs, physicians seem willing to accept the battering, if that's what it takes to stay in practice and pay the mortgage. Also, after 40 patients a day, six days a week, it's hard to be creative. And certainly, when done right, traditional practices can be both satisfying and lucrative. It just doesn't always happen that way.

And when it doesn't, a medical practice is, on one level, just another business. So if the model ain't workin', why not fix it? I know you can't personally do a lot to change the system, but you still have room to maneuver, even within the constraints that hold you back. Here's a guide to business transformation:

Know what you need. What really drives you crazy about your current practice? What do you love? Would you be happier if you made more money, or would you rather have more personal time? Understand your motivations and financial needs first.

Analyze your current practice. Is there any way your current practice can give you what you want? Can you change the scheduling, go part-time and take the pay cut, or negotiate the retirement of a partner who makes you crazy?

Be bold. Don't be afraid to take a bold step. Picture your ideal practice. How could you make it happen?

Don't assume that you can't earn a living seeing fewer than 30 patients a day. Wible makes it work because her overhead is so low. If you kept more of the revenue you generate, you too may be able to earn more seeing fewer patients.

Robert Forester is a family physician in Modesto, Calif. His two-physician practice has two kinds of patients — “benefactors” who pay about \$1,200 a year for medical care, and “recipients.” Recipients are uninsured patients who have fallen through the federal government's “safety nets.” Their care is free. Now *that* is thinking outside the box.

Stop telling yourself other options don't exist. The possibilities are endless, but pursuing them requires exploration.

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