

## **Finding Your First Orthopaedic Trauma Job in a Private Practice Setting**

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When looking at a private practice job the primary things you need to consider what type of trauma you want to be doing (i.e. community trauma, complex intra-articular work, deformity and non-union, pelvic and acetabular fractures, etc.) The practice mix you want will determine what type of hospital setting you need to be considering. Also, you need to decide if you want to work with residents or do research as these options will not be available in all jobs.

**Practice Setup** – Private practice encompasses a large number of options including solo practice, single and multi-specialty groups and hospital employment in a non-academic setting. There are trade-offs for each of these setups and knowing how much control you want over various aspects of your practice can help determine the best setting for you. The more autonomy you have over decisions about the practice, the more likely you are to have to cover all of the costs of that practice with fewer people. The payment models will be different for the various types of private practice, which may play into your decision making as well (more on that later). You also need to consider whether you want to have other orthopaedic trauma surgeons to share the burden and mentor you or whether you want to be the only trauma surgeon for the group and rely on outside mentors from training or partners in non-trauma practices for help and insight with difficult cases.

### **Interviews – Who to meet with during the interview process?**

In a private practice setting you want to speak with the presidents or CEO of the practice as well as other physician leaders in the group to get an idea of how the practice is structured, the amount of input from the physician partners in decisions made by the practice and the overall strategic plan for the practice moving forward. Additionally you will want to talk to the CFO or managing partner about the compensation plan and how the uninsured patients you will treat are handled. You also want to get an idea of what your weekly schedule will be like, in terms of clinic and operating time and how far apart different offices or hospitals you will be covering are located.

If you will have additional trauma partners within the group, you will want to meet with them to get their perspective on the way trauma is handled in the group and how you will fit into that system. In a large group you will want to meet with the other partners at your primary location to ensure that you can work well with them and that their vision for management of the trauma patients is not counter to yours. You also want to meet with or get the names and contact info for some of the most recently hired physicians to the group so you can get their perspective on the group as well.

Ask to tour the main hospital/trauma center you will be covering and meet the OR manager and trauma surgeons at that facility. You will want to find out who the hospital uses for implant vendors and if there is any flexibility in bringing in other vendors or equipment if needed. If there is specific equipment, operating tables or imaging that you do not feel comfortable operating without, it would be

good to ascertain whether those are available before you start practicing at that facility. Also find out from the OR manager whether a trauma room or block time are available to you and what the rules are on release of that OR time (i.e.-no release, 24 hours before, 1 week before etc.)

If you do not have another orthopaedic trauma partner who is already at the hospital, spending some time with the general trauma surgeons can be helpful to get an idea of the hospital's capabilities in the type of orthopaedic trauma that comes to the hospital and what is transferred out. You can get data from the trauma registry to determine the volume of trauma seen at the hospital.

**Research** – there are many ways to be involved in research while being in private practice. If your group will set that way you can have a research assistant and do grant applications and research the way that you would in an academic setting. Most of the time in private practice this is more difficult as the resources may not be available to cover the overhead for this type of person unless it is shared among many partners with the same interests. Other options include being involved in fracture and/or research consortium and multicenter trials, in which you participate by contributing patients but are not lead investigator and responsible for grant applications and the original logistics and analysis. There are many consortia available depending on the area of country that you live in and your research interests.

**Teaching** – there are a number of residency programs that partner with community physicians in the area for elective or some for rotations as well as residency programs that are built out of community hospitals. Determining whether this is an interest of yours prior to looking at these jobs. If you are going to be working with residents, you want to meet with the program director and possibly some of the senior residents to figure out the role you will play in resident education for that program.

**Compensation**-The method of compensation vary based on if you are in an independent private practice or if you are employed in the hospital system. In many private practice groups you will get paid based on your collections, minus expenses. The amount of expenses is dependent on a number of factors and you should discuss the method that group uses with the CFO or managing partner during the interview. If you are hospital employed then you may have an RVU basis and/or a salary with an RVU production bonus. If you have one of these last two methods then you don't have to worry about getting paid for treating the uninsured population. If you have a collections-based model you will need to make sure that the practice has a method for collecting from uninsured patients for elective cases and from the urgent cases after the fact. You also will want to make sure that if you are taking cases from your partners that there is a method in place to recompense for the uninsured work you are doing for them (ie-a portion of the call pay, requirement to be given insured cases as well without cherry-picking, etc.)

Many places will start with a salary and may switch to another method after a set period of time or once your production has reached a certain level. Find out what your starting salary is and when it will be re-evaluated.

Additionally, private practice can offer opportunity for ancillary income from MRI, durable medical equipment, physical therapy and possible investment in properties related to the practice.

**Call** - What are the expectations regarding the number of calls you take? Is it Orthopaedic trauma call at the Level 1 or 2 center? Is there a general call schedule that you cover also (Pus, septic joints, back pain etc)? Determine the expected territory based on current practices for common fractures (ie=hip, periprosthetic, distal radius, proximal humerus)-are these handled by the other subspecialists or by trauma? Who handles spine call? Who handles hand call? Does anyone handle pediatric trauma or is it transferred out? Who makes up the call schedule? Are all trauma cases automatically given to you in the morning, or does the person who does an open fracture washout or ex fix during the night continue to care for this patient? Will you need to come in to cover cases on the weekend that the other partners are not comfortable handling?

### **Other Things to Consider –**

Ask for funding for an American Academy of Orthopaedic Surgeons Coding Course in your first year of practice, particularly if your productivity is tied into how you code. Also find out what your support is for billing and coding-will you get feedback on errors that you make or codes that are rejected so you can correct them and learn to code better?

What is the vacation schedule and does that include CME or teaching trips? Do you have a travel allowance or book and journal fund or are these expenses reimbursed pre-tax as part of your overall expenses? Who pays for your state medical license, your DEA, your society memberships ([AAOS, OTA, state societies, etc](#)) and your boards?

What is the path to partnership and the buy-in when you get there? What other opportunities (ie-investments) are available when you become partner. Is there a non-compete and what does it entail? If you are adamant about living in a certain area you will want to know if working one place will prohibit you from working somewhere nearby later if it doesn't work out.

What support staff will be available to you? Will you have a P.A. or nurse practitioner and will they be available to help in the operating room or with weekend call or just in the clinic? Is there a cast tech? Are you sharing medical assistants with other providers or are they working only with you? Are you able to participate in the hiring process or able to provide feedback on the personnel?

Finally, look at the location of the job-area of the country, city/town amenities, school system, etc. If the job is wonderful but you or your family is unhappy where you live, you won't stay there long. Consider renting for at least a year to make sure you are happy with the job and the city before buying.