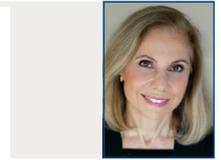


By Cynthia Matossian, MD



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An essential hire, a crucial orientation

A new physician needs senior supervision for a while, so no one earns income. Expert scheduling is required.

Hiring a new physician for your practice, whether to replace someone who has left or because your practice is growing, requires exquisite planning for a successful transition. Because at some point during the orientation process, your new hire will need your oversight — and that translates into no scheduled patient visits or surgeries, for either of you.

Which means you'll want to plan ahead to soften that financial impact.

STILL IN THE FISHBOWL

When we last wrote about Sebastian Lesniak, MD, the newest surgeon to join our staff (<http://tinyurl.com/pgnsecr>), he had just begun seeing patients. Hired in March, he needed to finish his fellowship, go through the necessary credentialing processes, and undergo a physical exam and medical tests before he could perform surgery in the ambulatory surgery centers and hospitals.

But he still isn't allowed to

perform surgery on his own. A senior surgeon still must observe him in each ASC and hospital where we have privileges, for the requisite number of surgeries required before full privileges are granted. Each center has a different number; we perform surgery in two states.

This is how it should be. It orients and transitions the new surgeon to the OR and provides this physician with the senior surgeon's support. But if their schedules are not coordinated efficiently, the practice can lose a significant amount of income.

CLEARING HURDLES, COORDINATING SCHEDULES

Our staff works with painstaking effort to coordinate the patient and surgical appointments of the senior surgeon with that of the new surgeon. Not only are their surgeries performed on the same day, but their post-ops are slated for the same day. For the senior surgeon to supervise the new surgeon, both must be in the OR at the same time; after the orientation period, this is no longer necessary. One can see patients

in the office, the other can be in the OR; both can generate revenue independently.

MAKING VISITS

A new surgeon doesn't just become acclimated to his new practice. He also has to become known in his community. At our practice, "known" means personally visiting with referring physicians — endocrinologists, primary care physicians, optometrists and so on — and making medical presentations at practice-sponsored events. These events take an inordinate amount of scheduling, with the same income-saving safeguards in place.

GOING WITH THE FLOW; ALREADY A FAN

Dr. Lesniak says he is fine with someone watching him work; this is nothing different from his fellowship. But scribes in the exam rooms, a backbone of an efficient practice, are new. And he is a big fan. "They are very helpful. I can focus on the patient, vocalize what I see, and the scribe puts it into the EMR ... I don't waste time." **OM**