CV

Contract

Academic vs. Private Practice

Interview

Malpractice Insurance

Cover letter

Letter of Intent

Visa

Salary

Relocation

Headhunters

Family

Research

Benefits

The Cleveland Clinic Office of Physician Recruitment is a department within the Office of Professional Staff Affairs. We are responsible for the recruitment initiatives of all specialties at the Cleveland Clinic main campus as well as the 15 family health centers and 9 community hospitals that span across northeast Ohio.

At the same time, we are constantly working with our residents and fellows who have an interest in opportunities at Cleveland Clinic as well as in areas of the country other than Northeast Ohio. We are pleased to offer the following resources.

CV and Cover Letter Review
Individual Job Search Assistance
Departmental Job Search Presentations
Initial Contract Reviews

To utilize our cost-free services, contact

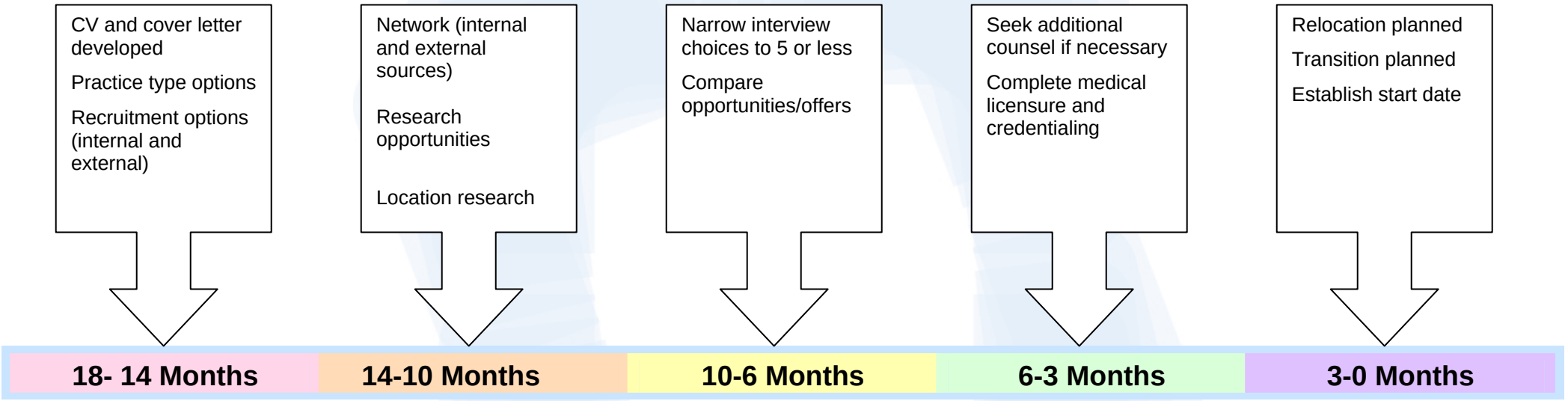
Lauren Forst, Senior Physician Recruiter
forstl@ccf.org

Joey Klein, Physician Recruiter
kleinj4@ccf.org

Cleveland Clinic

Office of Physician Recruitment

Resident and Fellow Initiative



OPPORTUNITY COMPARISON WORKSHEET

	Option 1_____	Option 2_____	Option 3_____
Compensation			
Base salary	$	$	$
Signing bonus?	$	$	$
Annual bonus? How is it determined?	$	$	$
Partnership potential? How is it determined?	Yes/No	Yes/No	Yes/No
Is there any provision for Profit Sharing?	$ annually.	$ annually	$ annually
Legal			
Is there a non-compete or restrictive covenant? What is the length of time involved and/or the specific area or boundaries limited?	Yes/No	Yes/No	Yes/No
Does the group pay for Professional Liability insurance?	Yes/No	Yes/No	Yes/No
If you should leave for any reason who pays the tail coverage premium for the professional liability insurance? What type of policy is it?	Claims Made/Occurrence	Claims Made/Occurrence	Claims Made/Occurrence
Benefits			
Life Insurance: Amount of coverage? Who pays?			

Are you able to purchase additional at their rates?	Yes/No	Yes/No	Yes/No
Health and Dental Insurance: Does the group pay for single or family? Is there a cost to you?	Singe/Family Yes/No	Singe/Family Yes/No	Singe/Family Yes/No
What specific dues and licenses are paid for by the group?			
Number of vacation days Number of sick days Number of days for CME	_____ _____ _____	_____ _____ _____	_____ _____ _____
Pension Plan: Is the plan funded by the group? How long a period of time to full vesting in the plan	Yes/No. If so what percentage of your salary? _____% _____ yrs. If the plan is partially funded by the employee, what is the percentage? _____%	Yes/No. If so what percentage of your salary? _____% _____ yrs. If the plan is partially funded by the employee, what is the percentage? _____%	Yes/No. If so what percentage of your salary? _____% _____ yrs. If the plan is partially funded by the employee, what is the percentage? _____%
401k (or similar plan) Is there any provision for the group to match funds? If so what percentage?	_____%	_____%	_____%
Disability Insurance: <u>Short Term and Long Term</u>… When do benefits begin (waiting period) What percentage of your salary is covered? For how long a period of	_____%	_____%	_____%

time does this remain in effect? Who pays the premium?			
Overall Impressions			
Positive aspects of the opportunity and location/community			
Negative aspects of the opportunity and location/community			

Cleveland Clinic

Office of Physician Recruitment
Resident and Fellow Initiative

Things to Consider on a Site Visit

General Questions

- What are the long-term goals of the practice with regard to type of practice, number of physicians and type of patients you would be seeing?
- How would you describe the practice style of patient care?
- What are the practice members' levels of training and expertise? How long have they been with the practice?
- In what other medical activities are the practice members involved? Part-time teaching appointments? Specialty society activities?
- How is the practice thought of within the community? By other physicians? By the hospital administration? By patients?
- What type of medical equipment is available to you?
- At which hospitals do the physicians have staff privileges? Are specialists available?

Management

- How are conflicts handled in the practice? Can an example be provided?
- How are decisions made in the practice? Would a new member to the group be part of this process?
- How is billing handled in the office? Tell me about your accounts receivable. What is the average time to payment?
- Can you eventually have an ownership position in the practice?
- Does the medical practice appear to be well-managed? Is there a business manager? If so, what is the role of the business manager?
- Are there any management responsibilities? If not could there be if one has an interest?

Practice

- Where do the referrals come from?
- In the medical practice, to what types of patients would you provide care and which patients would be referred to another physician in the practice?
- What types of procedures do you perform in the office?
- What type of facilities does the medical practice have?
- What types of third party payment arrangements do the patients have?
- What are the benefits of being a partner? What might the liabilities be?
- What has their turnover rate been for the last couple of years? Have any physicians separated just prior to partnership being offered? If so, under what circumstances?
- Are there any plans to merge with another group?
- If there is ownership…is there a buy-in? If so, how much is it and how is it calculated? How long before a buy-in is offered? Can any buy-in amount be financed? If so, over what period?

Performance/Schedule

- What is the typical patient load for each physician?
- What is the evening and weekend call schedule? Are there any plans for this to change one way or the other in the foreseeable future?
- What are the productivity expectations of the group for the incoming physician? Will the incoming physician have an opportunity to “ramp up”?
- What are the threshold numbers? Are there incentives for exceeding the expectations? In the alternative are there ramifications if you don’t meet expectations? If so what are they?
- What hours are you expected to work? Are there evening hours involved? What about weekend hours?
- Are there mandatory CME requirements beyond those normally required by the medical specialty and the state medical board? What is the paid time off for CME? Is there a CME allowance? If so how much?

Benefits

- What is included in the benefit package? a) days of vacation time; b) number of paid holidays and what are they; c) health, dental, vision insurance costs and who pays; d) retirement contribution and vendor or administrator used (is it a matching plan or partially contributory or totally funded by the group); e) number of sick days permitted; f) is there long and short term disability (is it “same occupation specific”).

- What type of professional liability insurance coverage is provided (who pays the tail insurance premium if you leave for any reason…retire or change jobs)?

- Does the practice and/or area qualify for any state or federal loan forgiveness programs?

Cleveland Clinic

Office of Physician Recruitment
Resident and Fellow Initiative

Websites to assist you in your search:

- **Cleveland Clinic** at www.ccf.org. Click on "jobs" and then "physician opportunities" in order to view available opportunities at the Cleveland Clinic main campus, regional hospitals, family health and surgery centers, as well as Cleveland Clinic Florida and Abu Dhabi.

- **Association of Staff Physician Recruiters** at www.aspr.org. On this site you will find many physician recruiter members from hospitals throughout the United States. This association membership is limited to hospital (in-house) recruiters. You can locate e-mail contacts as well as mailing addresses for follow-up regarding potential opportunities. You can access these in-house recruiters by location, by name, by geographic areas they recruit for, etc. The posted physician opportunities are actually managed by Practice Link. (see below)

- **Practice Link** at www.practicelink.com. At this site you can not only locate practice opportunities but also post your curriculum vitae should you choose to do so.

- **National Association of Physician Recruiters** at www.napr.org. This association is open to all physician recruiters. This too is a source for making contacts regarding potential practice opportunities.

- **Physicians Employment** at www.physemp.com . This site provides postings of practice opportunities as well as a directory of hospital recruiters.

- **Geographic Location / Community Research**
  - www.homefair.com
  - http://www.census.gov
  - The National Center for Education Statistics (NCES), located within the U.S. Department of Education and the Institute of Education Sciences, is the primary federal entity for collecting and analyzing data related to education. http://nces.ed.gov/surveys/sdds/

- **Credentialing process / Medical licensure**
  - http://www.fsmb.org/fpdc_data_inquiry.html
  - http://med.ohio.gov/
  - http://www.fsmb.org/directory_smb.html

Cleveland Clinic

Office of Physician Recruitment
Resident and Fellow Initiative

Extended Reporting Endorsement

What is extended reporting endorsement?

Extended reporting endorsement is used in conjunction with claims made policies and is often referred to as "tail insurance". Since you are only covered (on a claims made policy) while you are employed by the policy holder, for acts performed within the scope of employment, it is essential to have tail coverage. This allows protection for incidents that occurred during the claims made policy but that were reported after the termination of the policy and/or employment. If you leave the practice for any reason you will need this protection.

Is "tail insurance" expensive?

Tail Insurance can be very costly (as much as 2-3 times an annual premium) and the amount varies by specialty and state. However, failure to obtain tail insurance could prove even more costly.

Who pays for the tail insurance?

Tail insurance should be negotiated during the interview process and made part of the employment agreement (in terms of who will pay the premium). Otherwise, the employee will be responsible for obtaining tail coverage if they should leave the group or practice. The most important point is that you MUST know the type of coverage that is being offered by the employer and make arrangements for tail coverage (if you have a claims made policy) in the event of departure.

Hospital/Academic Setting

Pros	Cons
No debt liability in terms of start-up costs or practice loans	All money earned goes to employer including publications, inventions and stipends.
Employees enjoy the Benefit plan of the Healthcare System.	Need permission to moonlight.
Practice stability	No future ownership of the practice.
More structure to the practice with set office hours, PTO and hospital compliance programs.	
No involvement with accounts receivables.	

Private Practice Setting

Pros	Cons
Often receive sign on bonus and higher salary	Typically, a more aggressive non-compete
Less layers of management for problem resolution	Responsible for debt liability in terms of start-up costs, expansion costs or practice loans.
Practice decisions are made by the physician or physicians in the group.	Responsible for HR administration and payroll.
More autonomy in schedule	Benefit plan for self and employees costs more and provides less coverage.
Ownership of equipment, furnishings and accounts receivable.	More personal investment in collection of bad debt and denied claims.
Ability to borrow money to update capital equipment.	Call schedule is typically busier
More decision making power over additional potential partner and employees.	
Ownership of publications, inventions and stipends.	
All money earned goes to practice	

Hospital Based Practice vs. Private Practice Differences

by Kay Wysong

Over the last decade, I have had involvement in recruiting for both hospital based practices and private practices. Both scenarios have their pros and cons. Both are subject to the need of excellent, strong managers as well as savvy physicians willing to put in the time and effort to make their practices successful.

Gone are the days when physicians came out of training, opened an office and decided what they will charge. They hired someone out of high school to answer the phone, take money and schedule appointments. Their patients paid the charges and filed for reimbursement from their insurance plan. Today, the business side of practice medicine has far exceeded the "peg-board system".

From my experience, when asked the difference between a hospital based practice and a private practice, I think of the following:

Hospital based:

- No debt liability in terms of start-up costs or practice loans.
- No need to stay in the service area to satisfy forgiveness requirements.
- Bonuses may be based upon on production plus utilization of resources, citizenship and patient satisfaction scores.
- Employees enjoy the benefit plan of the healthcare system.
- Overhead is greater due to more extensive benefit plan for self and employees.
- The backing of the hospital can provide practice stability. (Hospital reputation on the line.)
- Monthly financial reports to monitor practice progress or glitches.
- Employer may make practice expansion decisions for a reason that is unclear to an employed physician and seem premature to new physicians still trying to build a following.
- More structure to the practice with set office hours, PTO and hospital compliance programs.
- CLIA, OSHA, HIPPA and medical waste requirements are taken care of by management.
- Checks and balances with accounts receivable.
- Perhaps less tenacity in collections of denied claims or bad debt.
- Able to provide new capital equipment, computers and EMR. However, group decision on new equipment may mean that equipment/computer system/EMR is not desirable to individual physician.
- Practice employees do not report to physician, thus HR issues are resolved by office management reporting to the hospital.
- All legal and accounting fees are paid.
- Larger group rates for medical malpractice thus lower monthly premium.
- Perhaps a perception or reality of being controlled by the hospital administration.
- All money earned goes to employer including publications, inventions and stipends.
- Managed care contracts are negotiated for the physician and because the group is associated with a health care system there is greater clout in negotiating a more favorable rate.
- Need to ask permission to moonlight.
- No future ownership of the practice.
- No nepotism.
- Non-compete is in effect.

Private Practice:

- The physician or physicians in the group make practice governance and business decisions.
- The physicians are their own boss. They select the location and office layout.
- Can come and go as they please.
- Freedom to make business decisions without pressure from the hospital.
- Develop own practice fee schedule, marketing plan and new employee training programs.
- Ownership of equipment, furnishings and accounts receivable.
- More decision making power over additional potential partner and employees.
- Able to install equipment, computers and EMR that is to own liking; however, may be restricted on spending.
- Responsible for cash flow and financial forecasting.
- Responsible for debt liability in terms of start-up costs, expansion costs or practice loans.

- Individual or Group has to borrow money to update capital equipment.
- IT support is up to the individual office.
- Responsible for HR administration, management of employees and payroll.
- Responsible for legal and accounting fees.
- Responsible for medical malpractice insurance and may not be able to take advantage of a group rate.
- Responsible for negotiating managed care contracts and as a stand-alone office, may not have the clout to negotiate the best rate.
- More personal investment in collection of bad debt and denied claims.
- Must remain involved in oversight of front desk personnel to make sure they are scheduling appropriately, billing employees to make sure they are staying on top of denials and timely billing and monitor collection conversations for suitability.
- Open to embezzlement if not careful.
- Benefit plan for self and employees costs more and provides less coverage.
- CLIA, OSHA, HIPPA and medical waste requirements have to be addressed.
- No income during vacation or sick time off.
- Able to moonlight wherever and whenever one wants.
- All money earned goes to the practice not to corporate oversight.
- No doubt about who owns publications, inventions and stipends.
- If bringing in a new potential partner and accessing the hospital income guarantee loan to stabilize first year earnings cannot have a non-compete in employment agreement.
- Nepotism, hiring family members to run or work in the practice, is generally accepted.

I do not propose that this list is all-inclusive, but it does hit a lot of the highlights.

Every day, I talk to physicians leaving a hospital-employed situation for private practice and physicians who want to shed the business side of the practice to just be employed by a hospital system.

To know which type of practice is best for an individual, the physician needs to know what they need from work to thrive rather than struggle. They need to be able to articulate this in terms of what demands will their family life place on them and how hard do they want to work? What drives them crazy and what gets them "revved up", ready to go out the door for another day of unavoidable daily hassles.

For those of us in recruiting who have seen physicians succeed and fail, we know that it takes 20% of skill and 80% of cultural fit to make a physician flourish in our practices and our communities. As recruiters, assessing this 80% is a skill that is developed nurtured, honed and passed along so that our colleagues can continue to be successful.

About the Author

Kay Wysong is Director of Physician Recruitment at Methodist Health System in Dallas, Texas. She can be reached at 866-931-3132 or kaywysong@mhd.com.