Group Practice in Ophthalmology

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In recent years, Group Practice has become a concept, that is often talked about, and everyone seems to wax eloquent on how good and useful Group Practice can be for all involved. And yet, there are very few examples of a really successful group practice, where the stakeholders are all happy and the association can last for a long time. So, what is it about Group Practice that makes it an idea, "easier discussed than implemented"? Why is it that the list of perceived advantages of Group Practice is so long, and yet there are few models in practice, from which beginners can take inspiration and follow their example? Or is it that ophthalmologists are simply not suited for the concept? And after all, why make the change from Solo to Group practice, when solo practices have survived and done well for years?

The reason why we need to discuss all this is because our society, medical science, the nature of practices and everything else around us is changing so fast, that we need to respond equally fast to these changes and evolve new methods of keeping up. While it was alright till even 2-3 decades ago to take things easy, and a reasonable level of competence was enough for a doctor to survive and do well in society, with adequate financial remuneration and lot of respect; today the scenario has changed dramatically. It is still a matter of individual choice and personality to take things easy or not, but we now live in a very demanding society, with constant pressure to do more, be more and give more and there is ever increasing competition. Our role models are all ophthalmologists, who strived hard and achieved tremendous financial success and acclaim; and to achieve even a fraction of that today, needs a lot more hard work and varied skills to establish and run a successful ophthalmic practice. For doctors, the real need of the hour is to somehow become more efficient and achieve more (more technology, more expertise, more volumes, more attractive workplace) with less (less time, less staff and less money) and the need of the hour for the society is to contain the spirally rising costs of medical treatment. It would also be in the interest of ophthalmologists and doctors in general to try and evolve new models to contain medical costs, before we are forced to do so by society and government.

Group Practice Vs Solo Practice

Where does the concept of Group Practice stand amidst all this? The advocates of Group Practice consider this as one of the best methods to contain costs and increase efficiency of doctors, allowing them more personal time. Most certainly, it is obvious that if a group of doctors can share the same equipment and staff and expert managerial assistance, the costs would come down dramatically and this arrangement would also allow doctors more flexibility in their daily work schedules. This would also make the group of doctors more strong in society and give them better negotiating power when dealing with diverse elements like insurance companies, organizations for empanelment, civic agencies, medical equipment manufacturing companies etc. This would also protect them from unwanted elements like blackmailers, corrupt officials etc. who unfortunately make doctors a soft target. This could theoretically become a win-win situation for all – the doctors in the group as well as their patients.

On the other hand, there are definite advantages to Solo practice. Though it may seem less glamorous and more outdated to see a single doctor managing everything in a small, unassuming set-up, but it really suits those who like to make their own decisions and chart their own course. You can decide your own timings; your own direction for future growth, work at your own pace and the money you make is all yours. Your only arguments are with your spouse and there is no need to have endless discussions about revenue sharing etc. And then, there are many examples of individual ophthalmologists, who have single-handedly earned more name as well as money than even large institutions.

The key therefore is to choose the right option for yourself. It is unwarranted to have a debate over whether Group Practice is better than Solo Practice or vice versa, but to choose what suits you best. Whether for solo or for group, it is imperative to have clear objectives and goals beforehand and chart your course accordingly. At the same time it is equally important to be honest to yourself as well as your colleagues. For example, it is perfectly legitimate for a beginner to join a group practice for few years, before starting a solo practice, to gain experience and earn some start-up money. But it would be best to be clear about this course and let the colleagues in the group know about your future plans. At the same time, the group should also honestly make it clear to the new entrant about the kind of responsibilities and job profile.

Pros and Cons of Group Practice

Let us also have a closer look at some of the perceived advantages and disadvantages of Group Practice. For example, one of the most often cited advantage of Group Practice is sharing the cost of medical equipment, bringing down the start-up cost. Now, a beginner Solo Ophthalmologist, basically starts with a phaco set-up and expands along the way as the earnings increase. So, he/she would need about 25-30 lakh rupees for a good operating microscope, phaco machine, A-scan, slit lamp, OPD instruments etc. On the other hand, a group practice would usually be with members taking interest in different sub-specialties, which would need about 2-3 crore rupees, if the set-up for all sub-specialties is included. If this is shared among say 5 people, it would give a cost of 40-50 lakhs per person. Of course, it is possible to have a group start only with phaco set-up, but it would be most impractical in a new set-up for all group members to focus only on cataracts in a limited base of initial patients. While, there may be many variations to the basic concept of group practice and these examples may not be universally true, but this applies to most situations. Also, the idea of having more flexible schedules and personal time generally isn't true, for the amount of work increases

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as the size of practice increases and also because of heightened patient demands. However, the system of Group Practice certainly allows for some leeway in situations like illness, personal functions etc., without breaking the patient chain, unlike in a Solo Practice.

In a nutshell, Group Practice is not so much about making quick money with minimal investment, even while working less and having more free time, but is more about achieving a broader vision and being able to do better quality work with cutting edge technology. The patients are also benefited as all sub-specialties and cross-opinions are available under the same roof. The patient care improves and the cost to the patient also comes down in some situations, not to forget situations like the dreaded nucleus drop, which can be immediately taken care of. This kind of group also attracts more patients, because it looks bigger and better and raises lesser doubts among patients.

Group Practice remains an elusive goal, which everyone wants to achieve, but is mostly out of reach. The most common reason for this failure is inability among the members to share a common vision. And that is the reason why Group Practice will always be a difficult to achieve utopian ideal, for it is impossible for any 2-3 or 4 people to agree on everything for a long time. Differences of opinion are bound to arise, egos are going to be ruffled, financial matters will become more and more touchy as the revenues increase; and that is perfect recipe for divorce. So, are ophthalmologists not suited for this concept and should give it up? No, but make sure you find the right partners for your group. Discuss your goals and priorities very clearly before associating rather than somehow roping in people to provide capital and then realizing that everyone is moving in a different direction. Also, there doesn't have to be a set pattern for Group Practice. There can be many variations on the basic theme of sharing expenses, administrative duties and financial returns, based on the unique requirements of your practice setting. For example, in a big city, it is possible to have independent OPD set-ups in different parts of the city and share a common operating facility. In a smaller city, it is possible to have some mobile equipments, which can be shared on a rotatory basis with someone being independently responsible for maintenance. The most important requirement for any arrangement to be successful is of course, HONESTY and trying to avoid any one up-man ship. But ophthalmology being so competitive, one up-man ship can be avoided only if there are very rational and acceptable models for revenue sharing. It is a good idea to have revenue sharing based on share in capital as well as individual productivity. It is extremely important to remember that perfect equality is a myth and there is no such thing as a 50-50 partnership. It is just like marriage where you must "keep your eyes wide open before marriage and half shut afterwards". Often, it is a rewarding exercise to stop comparing your deal with your colleague's deal and compare instead with what you would achieve if you went Solo. In practices, with members belonging to different age groups, there must be some acceptance for change in opinions that comes with age as well as changed training etc.

Conclusion

If we can learn to live with our small differences and inequalities and enjoy variety, we must try to form groups with clear and well-discussed goals. If not, there is absolutely nothing wrong in going Solo and singing your own tune, for a group is worthwhile only if it can deliver a coordinated jugalbandi rather than an uncoordinated cacophony.

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