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Independent Practice or Employment? Three Doctors Share Their Experiences

By Angela Rose On Jun 26, 2019



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The number of doctors in independent practice has been falling for some time. According to The Physicians Foundation's 2018 Physician Survey (<https://physiciansfoundation.org/research-insights/the-physicians-foundation-2018-physician-survey/>) of nearly 9,000 US practitioners, only 31 percent of physicians identify as independent practice partners or owners, a 2 percent decrease from 2016 and a more than 17 percent decrease from 2012.

Nearly 50 percent of physicians identified as hospital or medical group employees last year according to The Physicians Foundation. Data from the American Medical Association (<https://www.ama-assn.org/about/research/employed-physicians-now-exceed-those-who-own-their-practices>)'s 2018 Physician Practice Benchmark Survey also reflects this trend, suggesting that while 46 percent of physicians owned their own practice in 2018, 47 percent of doctors were employed by someone else.

Whether you're currently an independent practice owner or partner who is considering a change, or a resident or fellow searching physician jobs for your next opportunity, you have a decision to make. Should you choose (or remain in) independent practice or seek employment with a hospital or medical group? We spoke with three independent practitioners about their experiences.

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Independence Requires Entrepreneurial Drive



Richard Harris, MD, is president of LUGPA (<https://lugpa.org/>), a trade association that represents US urology group practices. He's also the CEO and president of UroPartners (<https://www.uropartners.com/>), one of the largest integrated urology practices in the country. Throughout his more than 30-year career, Harris has maintained his independence.

"When you come out of a training program, there are three paths you can take," Harris says. "You can become an academic, which means you are going to be employed by a university or a hospital system. You can start an independent practice, or you can go be an employed physician in a hospital system. There are many factors that go into making a decision."

Harris says that he thinks doctors who choose physician jobs with medical and hospital groups are generally looking for work-life balance and ready-made infrastructure. "They want more regimented hours, a salary, and to be given an office and staff so that they can just come in and practice medicine," he explains.

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On the other hand, Harris says that doctors choosing the independent route need an entrepreneurial drive. "They want to be masters of their own fate because they have a real streak of independence," he continues. "But I think the days of going out and pitching that solo practitioner tent are rapidly dwindling. The government has made it so complicated to survive as an independent physician with all of the reporting and other things you need to do."

Fortunately, groups like LUGPA were founded to help independent doctors do exactly that. "We provide a voice for independent physicians in Washington," Harris says. "We've helped to influence health policy. But we've also provided our constituency with the means to understand how to really excel at what they do and get the most out of their practices through education and collaboration with everyone in the organization. Our members can pick up the phone and call their colleagues to learn more about maintaining the infrastructure and business models to survive as an independent physician."

Independence Requires a Strong Support System

Paula Muto, MD, is a general and vascular surgeon in Boston and founder of UBERDOC (<https://uber-docs.com/>), a web app that connects patients with specialists. She has been in private, solo practice for more than 20 years. "Surgery is the family business," Muto jokes. "I'm the daughter of a surgeon. My older brother is a surgeon. I have two uncles who were surgeons. I even married a surgeon."

After completing a fellowship post-training, she elected to join a practice as an employee. "I was working for two men and was the only female surgeon on staff," Muto recalls. "I was the youngest by like 30 years, as well. But I felt like I had to be employed because I was a mother with a child and wanted to have a family life. I didn't think I could do that as an independent."

After several years, Muto had a second child and took an unpaid twelve-week maternity leave. "They fired me when I got back," she says. "But it ended up being the best thing that could have happened to me. I got a very good attorney who was able to extract me along with my pension. I landed in my father's office as an independent doctor and became my own boss at that point. I wouldn't go back."

Muto says independence is important to her because it allows her to do what's best for her patients. "That's what gets me up every day and in the middle of the night to go to the hospital. It's the commitment to do that," she adds.



Of course, it hasn't always been easy to work solo. "When I came into the community, I didn't have coverage for an entire year," Muto notes. "That's one of the challenges when you're in private practice. If you're not employed by a hospital or a surgical group, you have to find your own coverage. It can really be a hassle and hard not to become a slave to your patients."

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Muto suggests that doctors think about their family situation when evaluating physician jobs. "If you're going to be living far away from relatives who can help take care of your children, then you need to be in a situation that has a more predictable schedule. But if you have family nearby, and maybe a supportive spouse, independent practice is a good option. It's just almost impossible to do that without the right support system in place."

Independence Requires Knowledge, Numbers, and Resolve

Dale Owen, MD, is a practicing cardiologist and CEO of Tryon Medical Partners (<https://www.tryonmed.com/>), the largest independent medical practice in the Charlotte, North Carolina, region. The practice opened in September 2018 after Owen and dozens of fellow physicians sued their previous employer, Atrium Health, a 60-hospital system, for release from their contracts.

"In December 2016, Atrium Health explained that they were going to dissolve our Charlotte area group and spread us across their system," Owen says. Against this decision, the physicians chose to act. "I went around the country learning everything I could," he continues. "Knowledge, numbers, and resolve is essentially what it came down to. We needed a critical mass of physicians ready to leave and the resolve to lock arms as one. The group never faltered. Ninety doctors came with us."

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Owen explains that the physicians' decision was not about money. "Salary never came up," he continues. "The hospital said we left because they were going to reduce our salary, but that was hogwash. It was really patient-centric. We decided to do the right thing and put our money where our mouth is, put our effort where it ought to be. If you do that, good things will happen."

And "good things" certainly did. Today, less than one year later, Tryon Medical Partners includes more than sixty internists and twenty-five physicians covering six specialties. The practice operates eight medical clinics in Charlotte and Mecklenburg County. "It's unbelievable how many patients have come with us," Owen adds. "We're getting up to 3,000 phone calls a day and registering over 1,000 patients each week."

When asked about hospitals buying private practices and the drop in independent physicians, Owen responds that he believes the trend is going to rapidly switch directions.

"There is so much more opportunity out there now as an independent physician that wasn't there before," Owen explains. "We were basically the first large group of primary care physicians to extricate themselves from a hospital system, but I think we're going to attract other groups. We already have the foundation, so they don't have to recreate the wheel."

Owen says any employed physicians who want to become independent are welcome to reach out to him. "I challenge all independent physicians to stop being islands," he continues. "We can all learn from each other. I've been reaching out to independent physician groups that represent at least 1,000 independent doctors within North Carolina. They know a lot more about certain things than I do, but I know a lot of things they don't know. What's really cool is to sit down and realize that neither one is trying to own the other. We're trying to help each other, and suddenly information can flow like crazy."


Note: Included in the physician groups with which Owen has been connecting is the Association of Independent Doctors (<http://www.aid-us.org/>), a national nonprofit that provides a collective voice for independent doctors and helps support physicians in the fight for independence. Owen and all 88 providers at Tryon Medical Partners are members, as is Muto.


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