

Strength:

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Part of this has to do with the training doctors receive in medical school, he said. Students are no longer required to put in extremely long hours working at hospitals.

Millennials “don’t accept that you can work a full day, be on call all night, and work the next day,” Mazer said. “That is probably a good thing for them, but it means less hours in the workforce taking care of patients.”

Robert Hertzka, a San Diego anesthesiologist and a former president of the California Medical Association, has noticed the same trend. Young doctors are rejecting the 70-to-80-hour work weeks that once were commonplace. They also want greater financial security than doctors can find as part of a small, independent practice.



Robert Hertzka

The Debt Factor

He noted that the high cost of earning a medical degree often leads to hundreds of thousands of dollars in student loan debt. A doctor who carries that burden isn’t likely to take on the risk that comes with being in private practice.



Rakesh Patel

Physician **Rakesh Patel**, CEO of Escondido-based **Neighborhood Healthcare**, oversees a 25-physician non-profit practice. The program last year served 67,000 patients regardless of their ability to pay at clinics in San Diego and Riverside counties

Like Palm, Hertzka, and Mazer, Patel has noticed physicians moving from small and solo practices to larger medical groups, but he doesn’t blame them.

Veteran physicians often “are exhausted from work,” he said. “The new docs see this. They safeguard against it. They don’t need the full autonomy of a private practice. They are willing to give up autonomy for freedom. They have paid time off, benefits, retirement plans. They don’t have to create all of that in a solo practices. In a solo practice, when you take a vacation you are losing money.”

Patel noted that many doctors aren’t motivated by their ability to earn money or take time off. His nonprofit group can’t match the salaries offered by large medical groups. It tends to attract physicians who are committed to making a difference in the community. They often have done humanitarian work in Third World countries, he noted.

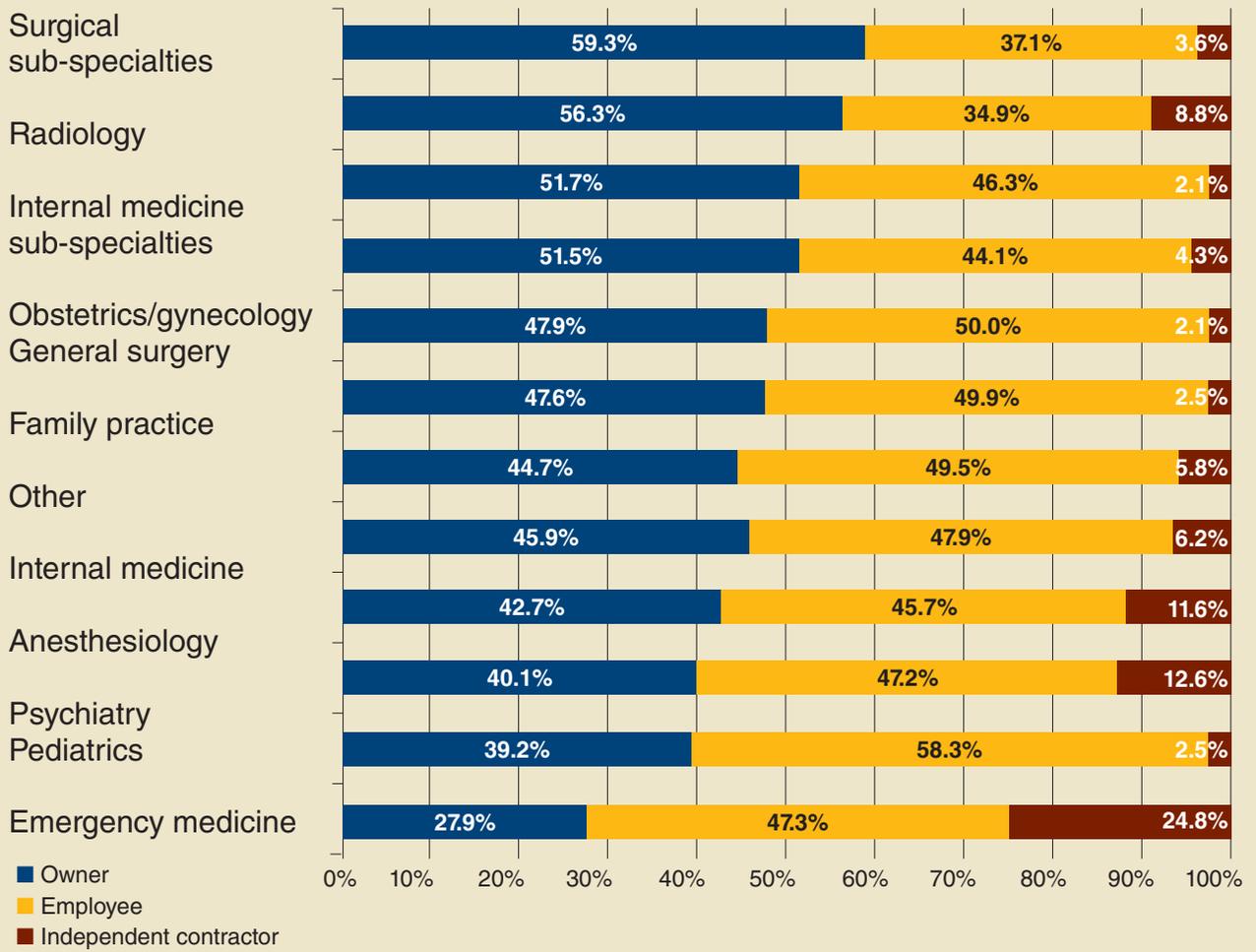
Quality of Care

Hertzka said quality of care in San Diego County will remain high as long as physicians drive medical decisions, wherever they practice. Quality of care can suffer if clinical decisions are tied too closely to concerns about profits, he said.

Palm says she has no regrets about her decision to run a private practice, even though it means long work weeks. She knows she is giving her patients the best care.

“I don’t have to worry about administrative hassles,” she said. “My function is just to be a doctor. When it comes to patient care, I don’t compromise.”

Distribution of Physicians by Ownership Status, Specialty-level Results (2016)



Distribution of Physicians by Ownership Status and Type of Practice

	2012	2014	2016
Ownership status			
Owner	53.2%	50.8%	47.1%
Employee	41.8%	43.0%	47.1%
Independent contractor	5.0%	6.2%	5.9%
	100%	100%	100%

Distribution of Physicians by Practice Size

	2012	2014	2016
Number of physicians in practice			
Less than 5	40.0%	40.9%	37.9%
5 to 10	21.4%	19.8%	19.9%
11 to 24	13.5%	12.1%	13.3%
25 to 49	7.1%	6.3%	7.4%
50+	12.2%	13.5%	13.8%
Direct hospital employee²			
	5.8%	7.5%	7.7%
	100%	100%	100%

Source: Policy Research Perspectives author’s analysis of AMA 2012, 2014, and 2016 Physician Practice Benchmark Surveys.

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