The benefits of private practice in medicine and how technology helps physicians

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

Is it worth going into private practice? Why do some doctors prefer private practice? What are the pros and cons of private practice?

Our guest is Omar Z. Maniya, MD, MBA, CEO of Maniya Health. AMA Chief Experience Officer Todd Unger hosts.

- Learn how to eliminate inefficiencies in your practice with the AMA's "Getting Rid of Stupid Stuff" tooklit.
- The AMA is your powerful ally in patient care. Join now.

Speaker

- Omar Z. Maniya, MD, MBA, CEO, Maniya Health

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today, we're talking to the owner of a rapidly growing practice in New Jersey about what's behind his recent success and the future of private practice. Our guest today is Dr. Omar Maniya, CEO of Maniya Health in New York. And I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Maniya, it's great to have you back.

Dr. Maniya: Thank you, Todd. It's great to be back. I feel like you're my therapist at this point. I talk to you once a year. Things are totally different each time.

Unger: I must be a really good therapist if you can only have one session a year. So I'll take that as a compliment. In fact, I've known you since you were a medical student.

And I talked to you on the front lines of the pandemic as a resident. And then I talk to you just as you were really starting your private practice. Now I get to talk to you about the success that you're having. Let's just start off with a little background for folks out there and tell us about a recent milestone that you have celebrated.

Dr. Maniya: Yeah, so we just opened our third clinic location, which is really exciting. All of these are in central New Jersey. And over the last three years, we've gone from a single location, solo physician practice to now three locations with 25 physicians, PAs and NPs across 10 different specialties. And so it's really, really exciting.

Our core is still primary care and urgent care. But now we have a variety of specialties on site, which is really, really convenient for patients. And we're seeing dozens of new patients every day. We're doing really well on Google review, something that we're really proud of. We have at our home site over 1,000 Google reviews, 4.9 stars, which is really punching above our weight. And we're really, really proud that we're able to make patients that happy.

And, overall, it's not just about growing and opening new locations. It's about trying to build what we believe is the future of medicine. And that's something that I think—and this is where I disagree with many. I think private practice is perfectly positioned and can and should be a big part of building that future. Because if private practice is not part of that, fast forward a decade or two, all of us physicians are going to be in employed physician models doing HCC coding, filling out patient quality surveys, and I fear that we will have missed the forest for the trees because no one's really going to be looking out for the patient's best interest.

Unger: So let me ask you because it's not a secret. There's a lot of pressure on private practice out there, more obstacles than ever to patient care in that arena. Tell us a little bit more about your vision for your practice and why you think that's in the future of medicine.

Dr. Maniya: Yeah. I think before I get to the future, I think it's helpful to understand how we got to where we are today. And a big portion of it—the fancy way of saying it is we orient ourselves around the patient. We orient ourselves around patient convenience. But I think at a very basic level, we just eliminate stupid stuff.

There's actually an AMA STEPS Forward podcast on this. And I want to add a couple stupid things that every practice needs to eliminate. And the reason we can do it better than others is because we're physicians. We actually deal with this stuff. We see our patients complaining about the stuff. And so we're best positioned to identify these things and then kill them.

You walk into a doctor's office. There's a crazy long form. And oh, by the way, no one reads that form. Someone has to physically transcribe that into an EHR. All right, we killed that. We got a one-page form. That's it, front and back.

In the waiting room, it says no cell phones. Are you kidding me? It's 2024. What do you mean no cell phones? We have a sign that says our Wi-Fi username and password so you don't have to go ask the receptionist and then the receptionist says, "I don't know. I don't even know if the Wi-Fi works." So we killed that.

No show cancellation policy, getting charged 20 bucks for not showing up, we killed that. No one wakes up in the morning saying, today, I know what, I'm going to screw my doctor's office operations over. No one says that. Life happens.

We're doctors. We understand our patients. We're the ones hearing about it. And we killed that. It just requires some operational planning and leaving some buffer time in the schedule.

Your doctor doesn't see you when you're sick. What's the point of a doctor if they're not there when you need them? So we guarantee same-day visits for our patients. You only do telemedicine when there's a solar eclipse and it's a prime number day between 1 o'clock and 3 o'clock. No. Build the workflows to be omnichannel so you can do office, office, tele, office, tele, office, tele, which is what we've spent a lot of time setting up. And then it's smooth sailing from there.

You got to go to urgent care and the ER when you have an acute complaint. I mean, that's kind of crazy. So we integrate emergency medicine and acute care into the outpatient setting, which is wildly helpful for patients because when you give patients an option, when it's clinically possible, you give them an option, "Hey, would you rather go get this worked up in the ED or outpatient," nine out of 10 patients, in my experience, choose the outpatient setting. But you have to build workflows to do it safely.

A couple other quick things. You got to go to 10 different places to get care. You go to the doctor. They order labs. Then you got to go somewhere else to get labs. Then you got to get your X-ray somewhere else.

Then you got to go see a cardiologist. You got to go somewhere else. And you got to call them up. The doctor just gives you a list of phone numbers. It's ridiculous. And patient compliance—no wonder patient compliance is 50% or under with referrals.

And so we looked at what are the top 10 things we send our patients out for, and we just integrated that in-house. So we have labs, radiology and a bunch of specialties in-house. And that's the things that have gotten us to this point. One new thing we're launching this month—and this has not been publicly announced, so you're the first person to know about it, Todd—is why do women need two PCP's, when men only need one? That's a little crazy.

So we're launching women's health in-house so women who have an internist as their primary care don't have to separately have an OB-GYN just to get routine pap smears. And so that's going to be really, really exciting. But the point is that as physicians, we're really well positioned to identify this stupid stuff that frustrates our patients and that creates barriers to them getting the care they need.

And, therefore, we identify these things. We develop solutions to them. And it's that process building upon itself and compounding over for us three years—but in the next 10, 15 years, that process is just going to keep compounding. And I think that's what's going to over time create this wedge between the current standard that's out there and what many of the corporations and so forth do versus what we're able to achieve and hopefully what many other, dozens of other private practices are able to achieve.

Unger: You know what I love? You started out by talking about stopping the stupid stuff and the shout out to our practice sustainability team, that lingo they use, when thinking about how to simplify workflows and free up more time for actual patient care. But even more what I hear you talking about is data-driven innovation that allows you to reshape your practice around the patient and patient's needs in a way that advance your ability to practice and scale, and of course, work with the patient's life. Tell me, what has been the hardest thing about redesigns like that and scaling changes like you're talking about?

Dr. Maniya: Yeah. Well, there have been a lot of challenges. Let me just start with some of the general ones. We didn't get paid for six weeks this year. I mean, that was the biggest challenge, Change Healthcare fiasco. I was very proud of the AMA for being extremely vocal during that.

But we literally didn't get any payments for six weeks because Change Healthcare was so wrapped in to so many of the payers on the back end. Even if you didn't use them as a clearinghouse, they were wrapped into other parts of the ecosystem. And we didn't get paid. And we couldn't even send out bills to patients to get at least copays and other stuff paid because we didn't even know how much they owed because we never got the EOB back. And so that's one of the biggest challenges is when you're a smaller organization, you don't have the cushion that a large organization has.

That being said, separate from that, we change a lot. Every week, we're eliminating something stupid. We're creating a new workflow. And this change management piece is really hard. And I think the key part there is not to have really, really good change management workflows.

I think that is very important, doing continuous education and then making it easy for the doctors and the staff to implement the changes. But I think what's much more important is to find people who want to practice in that environment. And I think so many physicians today have just been beaten down by the system.

And we have been conditioned to hate so many of the things that drew us into medicine in the first place like education, like changes, like documentation, et cetera. We've been just conditioned and beaten down to hate them because we've seen them in different contexts where we were just chastised all the time. And so I think finding docs who are ready to sort of leave that emotional baggage behind and come into this new environment is the biggest challenge.

Unger: Now, one of the things I talked to you about when you were first starting your practice, and I think it was an important part of your vision, was technology. And so I'm eager to understand more how this has played out. What have you found to be the most important components of that technology, and how is it changing your practice relative to others?

Dr. Maniya: Yeah, I think that's a great question. And I would start by saying I think technology is really important. And number two, I think most technologies commoditized, meaning you can get off the shelf tech for most of the stuff that you want to do. I think the challenge is stringing all these pieces together.

So, for example, 10 years ago, 15 years ago, I think you really had to build your own EMR, put $100 million aside. It was really hard. You had to go get VC money, et cetera.

Do some people still do that? Yeah. Do they have a lot of news articles about them? Yeah. Do think they're foolish and wasting money? Absolutely. Because most of the stuff is off the shelf.

I think some of the most important pieces of technology that we use are remote patient monitoring. So we have these connected blood pressure and glucometer devices that have a Verizon chip in them. So every time the patient takes the reading, it's in our EMR. And it's amazing. We can manage chronic diseases chronically as opposed to episodically.

And patient comes in. And just like when you go to the dentist, I only floss the day before go to the dentist. I've never floss any other time. I'm sorry. I'm admitting this to you because you're basically my therapist, Todd.

And how do you know patients do that with blood pressure meds, right? How do you figure out if that's really what their blood pressure is at home or not? You got to get them on a connected device. And so

I think that's a big piece. I think AI-enabled scribes are really, really helpful. And we use them in our practice.

I think telemedicine obviously is super helpful. But all of these things are pretty much commoditized. We have a few other pieces of tech.

Around patient experience, we have a really interesting app where the patient gets texted updates like, hey, you're number three in line. You're number two in line. Your estimated wait time is 10 minutes or 15 minutes, et cetera. And that visibility is really important so patients aren't just waiting in a waiting room, staring at a wall doing nothing.

I think those are probably the three or four most impactful pieces of technology. But, again, the problem is not finding the tech. There are tons, and tons, and tons of vendors out there at this point.

The problem is how do you select the right tech that integrates with hopefully your EHR? And having these app stores with the HL7 FHIR interface that's mandated for all EHR vendors now is really helpful because then you can just look in your EMR's app store and see which ones already have an integration.

Unger: I'm curious, even though those things are commodities per se and, again, I think the, same challenges we face on my own team, it's about the integration of those and using them the correct way and having them be essential to decision making kind of going forward. Does it take a certain amount of scale in your practice to kind of be able to build that infrastructure?

Dr. Maniya: Yeah. I mean, everything's put together with bubble gum and duct tape. For some of our integrations, up until this point, the solution has been open up two Chrome browsers. And in the left one, log into this system, the right one log into this system and just copy-paste the things over.

Now we're at the point where, OK, we can spend a couple $1,000 on a developer who might be able to link the two systems together. But we're definitely not at the scale where we can build custom applications. And it is a little bit of a barrier. And I think that this scares away many private practices from innovating.

But I don't think it should because all the things that I've talked about over the last three or four minutes are things that you can do for under $5,000 or $10,000. We're not talking $100,000 investments, not even million-dollar investments. And it's doable. It's doable. That's what I want people to know the take-home message is.

Unger: Excellent. Let's look to the future. How do you see your practice evolving in the future, and how does that parallel, let's just say, in general, private practice?

Dr. Maniya: Yeah. I think there's some really, really interesting elements of the old school private practice that can, must, should stay a part of medicine. Number one, that really, really strong relationship between the patient and the doctor, that's the core of everything we do. Number two is the physician going out of their way to make things happen for the patient.

And back in the day, patient was sick. Old school Marcus Welby, he would go to the patient's house and go help him out. Now in the future, we have to translate that into the 2020s. It's probably not practical for all of us to be doing home calls. But telemedicine, I can be in their house pretty easy if I have them on a remote patient monitoring. I got their vitals. Now I got a lot of information to make good clinical decisions.

And I think the third is that connectedness in the community. And I think this gets forgotten about a lot. Back in the day, you had a complicated patient and you needed to talk to one or two or three specialists, well, you picked up your cell phone or your landline probably at that point. This is before my time. But you would call them up, and you would have a conversation and coordinate care that way.

Nowadays, our communication system is by dreary medical notes faxed to each other's offices and no real back and forth. But in private practice, and this is one of the reasons why we really like having specialists on site, is we see them in the hallway. And we catch them when we're both going to the bathroom saying, hey, that patient, that patient, that patient.

Let's just quickly chat about them in the hallway. And we come to really interesting insights and can coordinate care in a really synergistic way. And so I think that these core elements of private practice need to go forward in the future. But we also have to shed a lot of the baggage we have. The baggage we have is we're in dingy, dreary offices. Our wait times are two hours long. And we're technologically backward.

And so we need to shed some of that baggage. But we need to adopt what makes us special and move that forward. And so translating that to our practice, you we're at three clinics now. I joke around in the office saying 97 to go.

And it's not about growing. But it's not about growing just for growth's sake. I think we'll keep growing as long as there's an appetite for patients to of have this kind of care model where it's convenient for them, where the physician really, really cares about them, and the physician will through the organization move mountains to take away barriers to them getting the care they need.

Unger: Dr. Maniya, it's been so exciting to watch your progress and such a pleasure to talk to you. I'll look forward to our annual session a year from now to hear how things are going. The AMA has a wealth of resources to support private practices. And we've included a few of our most popular in the episode description. To support the AMA's work in this and other areas, you can become an AMA member at ama-assn.org/join.

That wraps up today's episode and we'll be back soon with another AMA Update. Make sure to subscribe for all our new episodes and find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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