

## The Getting-to-Know-You Interview Group Practice

The following questions and issues may be applicable to most scenarios and are offered for your consideration. Select the issues that you believe are most relevant to your situation:

### General Questions:

- What is the practice philosophy, profile, and style of each member? Is it compatible with yours?
- Does the group practise comprehensive or selective care? If selective care, this can impact cross-coverage.
- Do they have special interests or skills? This allows for referrals within the group.
- Do they have clinical teaching commitments? And, if so, are you obliged to participate?
- What is their approach to referrals? To what degree do they work up their patients?
  - This question must be addressed tactfully. If a member is fast to refer problems that most GPs can handle, then staff will need to spend a disproportionate amount of time closing the loop on these referrals. Staffing is a group's greatest expense.
  - Furthermore, to what degree will this colleague be able to cross-cover you if you are more comprehensive and thorough?
- What are their attitudes regarding evidenced-based medicine, up-to-date treatment guidelines and preventative care? Remember, you will cross-cover each other. Are they good doctors that you will be entrusting your patients to? Will they be a potential liability?

### Practice Style:

- Paper or EMR? Approximately 60% of GP groups have EMR. If not, ensure that they are keen to upgrade, and clarify when.
- If an EMR exists, is it a good EMR system?
- Prescribing policies:
  - As with locums, do all of your potential colleagues use discretion and follow EBM guidelines when prescribing antibiotics, benzos and controlled substances? Do chronic pain patients sign a contract if on narcotics? If not, then there will be conflict when cross-covering.
  - Do they keep an up-to-date cumulative medication profile, and is it easily accessible?
- Phone prescription renewal policies
  - Do they charge? If not, volume will be high, staff will be disproportionately involved and you will meet resistance if you decide to charge.

### Practice Management:

- Is the group associated or in partnership?
- Will you have any capital cost buy-in obligations?
- Are shared expenses proportionately shared? If so, what is the formula?
- Is the office owned or rented? If rented, is there a guaranteed option to renew the lease?
- Does the group schedule regular meetings and share responsibilities and tasks?
- Do major decisions require a majority or a unanimous decision?

## Physician Remuneration:

- Do all the group members bill fee-for-service?
- Or do they participate in an alternative funding plan (AFP)?
  - If so, what does it involve? There will be provincial variations. Will participating in this payment model be in your best interest?

## Gender Considerations:

- Is the group composed of both female and male physicians?
- Do all physicians provide women's and men's health care, prenatal care, newborn and pediatric care?
- Are the patients of all members comfortable to be seen by their trusted colleague, regardless of gender, for urgent care, or do they expect to be seen by a gender-specific doc? If so, this makes cross-coverage more onerous for a subset of colleagues— especially when covering for holidays.
- Assess the interest in a group practice policy to avoid genderization and segregation of the group practice, if appropriate. For example, is there a group policy that all patients must be accepting of urgent coverage by any colleague when their primary doctor is unavailable?

## Format And Documentation:

- How easy is it to use your colleague's medical records—paper or EMR?
- Do their records meet college requirements? For example, do their SOAP progress notes stand alone without their interpretation?
- Has the group standardized their CPP, medication records and patient information handouts?
- If still using paper charts, are they receptive to you doing a chart review?
- Have any of them been peer reviewed by the college for their records? How did they do?

## Staffing Preferences and Policies

- Do they have shared staff and/or dedicated staff?
- If dedicated staff, do these staff members cross-cover for each other?
- Is there a nurse on staff?
- Are staff all full-time, or is there job-sharing? Job-sharing fosters easy cross-coverage and succession planning.
- Are there written and up-to-date job descriptions for each staff member, and a global staffing plan?
- Is there a written and up-to-date policy and procedural manual? This is essential for training new staff members and doctors! Most practices do not have these—so be prepared to assist in preparing one.
- Have they standardized procedures and policies?
  - Appointment scheduling
  - Phone management and triage
  - Patient reception, prep and discharge
- Is the office staffed during evening hours?
- Do any of the associates have their significant other working in the practice?
  - If so, in what capacity? If managerial, this could be a potential source of polarization. Meeting associates' significant others before you commit is a good idea.

## Office Design and Utilization:

- Do the doctors have dedicated offices, or shared modules?
- Are there customized or common exam room set-ups?
- Is the equipment up to date and well maintained?
- Are all of your equipment requirements met?
- Does the office follow best practices in infection control, and is autoclaving done properly?
- Is there a centralized nursing/procedure/supply area?
  - Weight, BP, shots, N , spirometry
  - Private bathroom and staff lounge
- How effectively and efficiently designed are the physician/admin/patient common areas?
- Have the ergonomic and comfort needs of both staff and physicians been addressed?
  - Design, colour, furnishings, decoration, background music, etc.
  - See Joule Module 15 Setting Up Your Office for more detail.

## Emergency and Same-Day Patients:

- Do any or all of the members see walk-in patients? Walk-ins are discouraged, unless you dedicate a doctor for this contingency on a rotational basis.
- Do all members set aside dedicated time in their schedules to see same- day patients? Many doctors state that they do avail time for same-day urgent visits, but a review of their appointment schedule, as discussed in the locum module, often reveals that they do not. If so, what is the potential impact on their ability to cross-cover for you when you are away?
- Will all doctors agree to proactively set aside more dedicated same-day appointment slots to cover each other when on holiday? Locums are hard to find!
- Does the group prefer to have a rotational approach, wherein one doc sees the majority of same-day patients? If so, then again, the gender-neutral policy is important.

## Policies for Non-Insured Services:

- What are the present policies and practices of each member regarding billing for non- insured services?
  - Extent, rates, reconciliation, arbitration?
- Do they actually follow through with their policy?
- Will they agree to a group standardized fee schedule?
- Solidarity:
  - Will they agree to update patient information on their website and in the office?
  - Will they require patients to acknowledge agreement of such polices?
- Who deals with confrontation?
  - Will all doctors agree that they will always back up staff and personally deal with confrontation when staff members carry out their policies?

## Vacation, Half-Days Off and CME Coverage:

- Does the group offer each other daytime coverage for half or full days away from the office? This is essential for part-time physicians.
- After-hours coverage: Is there a call group, and a dedicated site for seeing after-hours patients?
- Does each doctor work a regular evening office shift? This is important if the group participates in a patient-enrolled model or an AFP.
- Holidays and CME:
  - Does the group cover each other for holidays?
  - How does each member negotiate for holiday time?
  - Under what circumstances does a member need to arrange for a locum?
- Do some or all members do OB and/or hospital coverage?
- If so, are you obliged to participate?
- Do they participate in an expanded coverage group to reduce the call roster?

## Professional and Liability Issues:

- Do all members maintain their CCFP accreditation?
- Do they have an up-to-date college licence, CMPA, and adequate disability and practice overhead insurance?
- Have any members had or are they presently involved in a malpractice suit? This is important to know because, if they lose their licence, they will not be able to meet their group obligations.
- Do they have life insurance to cover contractual obligations for the remaining term of the association agreement?
- Is there an adequate group office insurance policy to cover personal liability?
- How do you get your name on the coverage policy?
- Will all members agree to a proof requirement, whereby they annually show each other that all coverage is up to date?

## Due Diligence:

- Review existing contracts, and have your lawyer and accountant review the group's financial statements.
- Review the lease and staff contracts, as well as contracts to major suppliers, such as computer hardware and software providers.
- Sign all contracts at the same time.

## Bottom Line:

- Do your associates/partners have a vested interest in your success?
- Additional issues and questions to consider are listed in Sample Practice Evaluation Checklist.