The Solo Practitioner

*Joseph DiBenedetto,
MD*

Many of the practices profiled in this column over the past 2 years have discussed conglomeration as an economic inevitability. The savings achieved by centralizing redundant functions like billing are hard to beat, but there is often a bittersweet note because doctors are independent by nature, and big conglomerates don't always support independent action.

In the interest of fair balance, *JOP* sought out Rhode Island

oncologist and former ASCO board member Joseph DiBenedetto, MD, who is a solo practitioner within a novel organizational structure.

Dr DiBenedetto, your practice design is somewhat unusual. In fact, it flies in the face of contemporary wisdom.

Yes indeed, and it was the same when I started practice 25 years ago. At that time, I joined a five-man group, which was also very unusual. In those days, most oncologists were single practitioners. It was also significant to be in a large group, especially in Rhode Island, a state with fewer than 1 million people.

Our group soon found that we had different work schedules and work styles, and decided to split the practice into two smaller independent groups of two or three individuals. We dissolved the corporation and formed an association, which allowed some of us to share the same office, some of the same employees and general overhead, while each of us maintained a separate set of books. That worked very well, and has continued to work well.

You're with the same three people after all these years?

Actually our group of three has now taken on three others as well, but we all still operate as individual practices. We are simply under the same umbrella. We still share some employees, laboratory facilities, office space, and some equipment.

Does each of you have a different specialization?

No, we're all hematologist-oncologists. It's the best of both worlds. We work individually, so we reap what we sow as solo practitioners, but yet we share coverage, call schedule, and expenses, much as doctors do in a large group. We have the best attributes of both the solo practitioner and the group practice.

How have you succeeded in the challenging reimbursement environment of the last couple of years?

I think we've succeeded very well. I should say: we've succeeded as well as any group practice. Since we're

individuals and have separate checking accounts, we all may be more closely attuned to the intricacies of practice, and that attention to detail has undoubtedly helped. And since we're individuals, and not a large group, we have looked to our state society as well for assistance. As a result, oncologists across town don't look at us as competitors, but to some degree as colleagues. There's not that fierce competition.

Yes, we've somewhat been hurt—just like everybody else. But again, by being an association rather than individuals, we've been able to sit on committees and represent our interest to third parties like Blue Cross. Unlike the typical sole practitioner, we have been able to add some clout.

The economies of scale of a large group practice often allow the partners more leeway with time. You're a solo practitioner, but you've found time to serve as President of the State Society, you sit on the ASCO Clinical Practice Committee, you've served on the board of ASCO, and you're cochairman of the Carrier Advisory Committee for Medicare in Rhode Island. How do you do all this?

Our association has allowed me to take time off; the other physicians cover for me when I'm not around.

And that doesn't cause any issues?

Not at all. There's no sense of anger or regret or resentment from the other physicians, as you might find in a group practice. They understand that it's benefiting them, and equally important, I'm doing it on my own time, at my own expense.

So if you were to do it all over again, would you keep this model?

From someone who started out in a large group 25 years ago—which was the exception back then—I think an association is the best of both worlds.

The only downside is that maintaining a full-time community practice and being active in the professional associations does unfortunately take time away from your family. All of us as individuals have to decide where we draw the line. For myself, I only see patients four days a week, and have done that since I started out in practice. I really believe that is the best thing for me.

And on the fifth day?

I may do paperwork and catch up, or use the time for leisure activity. If I've been out of town for a meeting, and miss a day of practice, I use that fifth day to accommodate my patients. It has worked out very well for me and has been good for my family. My practice model has brought me great satisfaction both professionally and personally. I would not change it at all.

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