A Sandbox for All

Collaboration among specialists benefits patients and practices.

By Chas E. Sanders

CHAS E. SANDERS

I've had the privilege of supporting the delivery of superior patient care for over 20 years, working with physicians in primary care, gastroenterology, cardiology, orthopedics, pain management, neurosurgery, nephrology, vascular surgery, and interventional radiology. Along the way, I've gained financial security, fantastic relationships, and the personal fulfilment of a patient-centric perspective. I've also developed a nuanced understanding of the healthcare ecosystem and what motivates various specialties.

Yet one observation puzzles me after all these years: Why don't more physicians partner with different specialties? In recent months, I've tried to identify why physicians may resist working collaboratively. Here are some theories.

Competitive Conditioning

Throughout medical school, residency, and fellowship, aspiring doctors compete against one another. Their performance as undergrads determines if and where they can attend medical school. In medical school, they compete to secure the best rotations and acceptance into residency, and in residency, for the right fellowship opportunity. When fellowship ends, physicians compete for positions in hospitals or private practices. This constant state of competition ingrains a culture of isolation and rivalry among physicians.

Technological Obstacles

While the technology we use to deliver patient care has advanced, operational technology in healthcare services remains antiquated. For example, many practices still communicate via fax machine.

Also, physician groups use different and oftentimes incompatible platforms for electronic medical records. This means that physicians must pick up the phone to share observations about patients—a time-intensive process that obscures collaboration.

Scarcity Mentality

Physicians (like all human beings) tend to focus on what an opportunity will cost them rather than what they will gain. At all costs, they try to ensure that no other doctors or specialties encroach on their market share, or "piece of the pie." This is not a strong strategy for physicians, their patients, or the communities they serve.

Why? Because the size of the pie is always growing.

According to Mary Yost of the Sage Group, only 20% of the 7.8 million people in the U.S. diagnosed with symp-

Preoccupation with a slice of market share obscures greater needs and opportunities. *Image courtesy Shuttterstock/VectorMine.*

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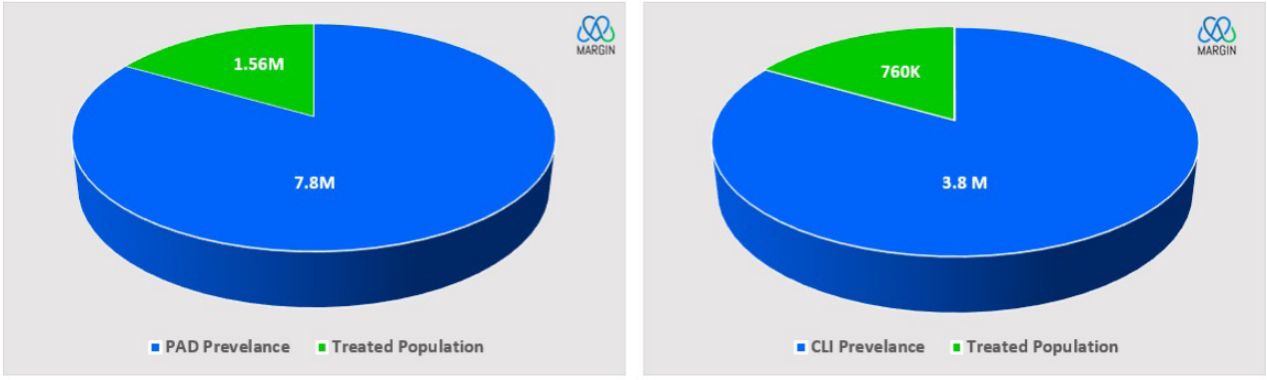

FIGURE 1. In the U.S., 7.8 million people with peripheral arterial disease (PAD) and 3.8 million people with critical limb ischemia (CLI) remain untreated.

tomatic peripheral arterial disease (PAD) and 3.8 million people with critical limb ischemia (CLI) receive treatment for these conditions (**Figure 1**). Furthermore, both patient groups are expected to grow more than 20% by 2030.

That means that in just this patient population, there are 4 times more untreated patients than patients receiving treatment.

Collaboration would allow physicians to expand their patient population, thereby benefiting more patients, and the communities they serve, while appreciating greater revenues.

Competition Among Specialists

I have been most puzzled by the physicians' reluctance to partner with different specialties. This may seem sensible when different specialties compete to perform the same procedures—e.g., PAD patients could be treated by interventional cardiologists, interventional radiologists, or vascular surgeons.

But as we have seen with the PAD data above, for every patient a physician is worried about losing, there are 4 others in need of treatment. This myopic focus on a disease state, rather than the patient's holistic needs, obscures the larger opportunity.

For example, most dialysis access centers do not treat arterial disease, yet almost one-third of patients with end-stage renal disease have cardiovascular disease. Collaborating with other specialties would allow dialysis access centers to meet more of their patients' needs.

What about that busy PAD center that doesn't treat deep vein patients? By bringing in a physician with the expertise to treat those patients, the center could handle more of the community's arterial and venous needs.

Or what about the vascular surgeon with only arterial and venous cases? Why not bring in an interventional radiologist to start a program for uterine fibroids or kyphoplasty?

Diversity in the practice sandbox improves the scope and accessibility of medical services. *Image courtesy Shuttterstock/Superstar.*

Collaboration Expands Options and Opportunities

Collaboration among different specialties can widen a practice's reach in the community, thereby expanding patient access to best-in-class care while improving the practice's profitability. A diverse procedural mix insulates practices against the threat of future Medicare rate cuts, as the center no longer relies on a small subset of codes.

Given this, I hope to see more physicians, from different specialties, playing together in the same sandbox.

Chas E. Sanders is the founder and CEO of www.MARGIN.care. MARGIN is a buying collective that negotiates attractive pricing across all vendors while providing an online portal to appreciate enhanced business acumen and staff efficiencies.

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