

Two orthopedists detail the pearls and pitfalls of opening quick care clinics

Set-up for a clinic can involve significant start up costs including software, staff and licenses.

by **Gina Brockenbrough**

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With long physician referral lists and backlogged appointments, some surgeons are looking to open orthopedic quick clinics.

As a follow-up to a *Business of Orthopedics Round Table* discussion (Dec. 2006, page 24), at ORTHOPEDICS TODAY Hawaii 2008, ORTHOPEDICS TODAY'S



Keith D. Bjork

Chief Medical Editor **Douglas W. Jackson, MD,** and **Keith D. Bjork, MD,** discussed their experiences operating these centers and offered tips to ventur-

ing into the market.

Orthopedic quick clinics or prompt care centers potentially eliminate the duplicated procedures and costs incurred when patients go ERs and are referred to specialists. At these centers, patients are seen by orthopedic-trained and supervised physician assistants (PA) without an appointment and, if necessary, are scheduled for surgery

the same day with the attending orthopedic surgeon. Proponents say that the centers provide quality musculoskeletal care while decreasing patient costs and wait times as well as offer a supplemental revenue source to a practice.

"My initial thinking was that orthopedic surgeons should explore this," Jackson said. "The key reason; The marketplace suggests that many patients need a more time and cost efficient way to evaluate unexpected injuries."

Trial and error

In conceptualizing his quick clinic, Jackson thought that patients would be seen within 30 minutes and have a completed disposition within an hour. The center would close at 9 p.m. and have digital X-rays, so that clinicians in the main office could immediately review scans without interfering with their practice. However, Jackson encountered some difficulty and had to make changes to his plan.

"We found that we would have to see about 12 patients a day to cover our PA expenses and we did not achieve that the first 9 months of being open," he said. He also had difficulty getting the staff to work after 6 p.m. and on Saturday mornings. "For that reason



we folded our walk-ins into our practice setting," he said. "Now, the hours of 9 a.m. to 6 p.m. has accommodated 90% of the walk-ins we were seeing."

He also found that most patients were referrals.

"We are in the process of negotiating some contracts with some companies and that is taking longer than I had thought, much longer," he said. "But, there is more and more interest in it so it takes time to establish the credibility of the new services."

PAs

Bjork and partners J. Brian Sims, MD, and James Robert Parker, MD, already have a private practice in Amarillo, Texas, a city with only 16 orthopedic surgeons for a regional draw area comprising about 700,000 people. They opened a prompt care clinic in the same medical building where their practice is located. Bjork said that the clinic is successful and its two PAs may see up to 50 patients each per day.

To thrive in this business he said that physicians should be prepared to create a full-service orthopedic office, capable of performing the same duties as the main center.

"Also, it is imperative that you have well-trained, experienced PAs who are licensed, well-educated and whom you trust running the clinic and seeing the patients," he told ORTHOPEDICS TODAY. "Ideally, the clinic should also have electronic billing, radiographic and medical record systems that are compatible with those of the main office. Direct contact and communication are essential.

"You have to have those components



Bjork and colleagues operate a prompt care clinic in the same building where their practice is located. *Image: Bjork KD*

in place because the PAs in the prompt clinic are your representatives,” Bjork said. “You are actually directly supervising them in that care and billing under your license.”

While the PAs are in the clinic, at least one of the clinicians must be in the main office if the surgeon’s expertise is needed.

“Direct supervision is a basic tenet of care in the prompt clinic,” Bjork said. “One surgeon is always on call for surgical cases that arise from the prompt clinic, and for any advice or consultation concerning patient care. The surgeons have all decided that they will personally see all surgical cases and review the records and studies prior to taking the patients to surgery. The PAs are instrumental in getting the patients diagnosed correctly and referring them for surgical care.”

Costs

Dave Clark, the clinic’s administrator told ORTHOPEDICS TODAY, “It’s critical that they see every available insurance plans and all types of injuries.” While Bjork and his colleagues do not perform back and neck surgery, the clinic performs diagnostics on such patients and refers them to other surgeons.



Dave Clark

While the clinic is successful, Bjork said that the group was naïve regarding the costs and importance of advertising.

“Additionally, we did not want to divert care away from emergency rooms or primary care physicians,” Bjork said. “We sought to provide patients with an alternative method of care that would take care of orthopedic problems quickly and efficiently. Not having to wait in a busy ER, and getting in immediately to see a qualified orthopedic professional has been very well received

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Clinics

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by all parties involved.

“If you outfit a full orthopedic office with digital computer technology, electronic medical records, licenses, PAs and a full-time staff, by the time it is said and done, you can easily spend a half-million dollars to set up and staff the clinic correctly,” he said.

Take the initiative

Clark said that the group also placed newspaper ads and had 10-second television spots during prime news hours. In addition, they marketed to family physicians and used targeted mailings.

Bjork warned that in their demographic area orthopedic clinics may get more business than they can handle due to the volume of patients and long clinic hours.

“I think another thing that is difficult for some physicians to grasp, is the willingness to give up seeing all new patients in your main office. It is a real paradigm shift,” he said. Instead, PAs at the clinics can help

sift through the patients. “[They] can help you screen that patient population, so the ones who need surgery are quickly taken care of and the ones who need some conservative care are done so in an effective and medically relevant fashion,” Bjork said.

“Orthopedic surgeons need to take the initiative in making our specialty care more available and cost effective,” He said. “We are the experts and should provide the solutions concerning access to our care. If we don’t, someone else will.” **OT**

For more information:

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