

Investors left wondering

Second suit against Glen Galembo includes more fraud claims

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COVER STORY

LAST OF A BREED

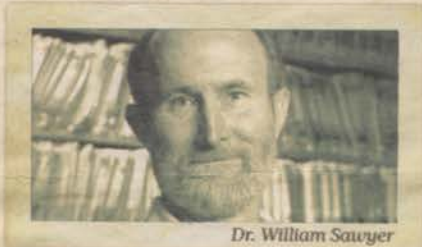
Why these Cincinnati docs go it alone



Dr. Dorothy Shaffer



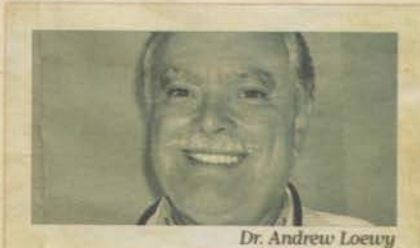
Dr. Lawrence Wang



Dr. William Sawyer



Dr. Pete Kambel



Dr. Andrew Loewy



Dr. Aletha Tippet

Once upon a time, primary care physicians were the quintessential small-business owners. They ran their practices as they saw fit and made virtually all of their own decisions. Now? More than half of Cincinnati's 1,100 primary care docs work for someone else, usually a hospital, in bigger and bigger practices. But some doctors didn't sign up for that.

Here are their stories.

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COVER STORY

Last of a breed: Here's why these

BY JAMES RITCHIE
jritchie@bizjournals.com

Dr. Andrew Loewy knows how he's viewed nowadays. When I called Loewy to talk about why he's one of Cincinnati's last remaining solo-practice physicians, his response was immediate.

"So," he said, "you want to talk to a dinosaur, do you?"

Loewy is indeed a species apart. Of Cincinnati's 1,100-plus primary care docs, there are only about a dozen who work alone.

Loewy is comfortable in the role, even a little defiant. But he can afford to be that way. The Kenwood internist, a native of Australia, serves a loyal patient base developed over 39 years in practice.

Not every doctor is in that position. Indeed, in primary care, the one-physician office is a casualty of the times. Doctors are finding strength in numbers and, more often than not, in the backing of a hospital group.

The upshot: The small business model of primary care, one that dominated the landscape for decades, is one that few consumers are likely to ever experience.

'I don't quite fit the model'

The reasons why these doctors labor alone are revealing. And their challenges highlight the changing face of health care. Some solo docs have idiosyncratic practice styles. Some love running their own small business. Others are just stubborn. But what they all have in common is this: They're independent souls who believe their model is best for patients.

"I didn't want to get opinions and permission from other people," said Dr. Aletha Tippett, a family practitioner in Blue Ash. "I knew I would function better this way."

Dr. Dorothy Shaffer is an Avondale-based internist who's afraid a hospital system would push her to see too many patients.

"I don't quite fit into the model of having to see people every seven to 20 minutes," said Shaffer, who schedules half-hour visits.

Still, the siren call of the health systems is strong.

During my search for solo doctors to interview, the trend was easy enough to sense. In the case of one solo MD I heard about, an office staffer called back to say he might not fit the bill anymore — he'd just signed on with a hospital group.

Joining such a network is a way to offload the administrative burden, ensure a regular patient flow and get access to costly technology, especially an electronic health records system.



"I didn't want to get opinions and permission from other people. I knew I would function better this way."

DR. ALETHA TIPPETT, Blue Ash

"You know they're your lifeblood. We've cared for five or six generations of some families. It means something."

DR. LAWRENCE WANG, Terrace Park



The region's health networks have, in fact, brought on more than 275 doctors, including primary-care provider and specialists, in the last year.

A new survey shows the solo model fading fast. About 15 percent of physicians across the country were practicing solo in 2013, compared with 21 percent in 2012, according to staffing firm Jackson Healthcare. The figures include both specialists and primary care providers.

And 55 percent of doctors said they worked either for a hospital or for a practice in which they had no ownership. Those employed by hospitals reported significantly higher satisfaction with their jobs than did owners.

Commonly cited reasons for choosing hospital employment: didn't want to "deal with the administrative hassles of owning a practice" and wanted to "be a doctor not a businessperson."

Among those who left private practice to join groups, the most common reason, cited by 45 percent of respondents, was high overhead costs.

A few of the physicians we interviewed said they'd interviewed with

hospital groups at one time or another.

A practice model with few takers

But their ranks are likely to be stable for a while, said Donna Gilliam, executive director of the Academy of Medicine of Cincinnati. That's because only the diehards are left.

She suspects that some would retire early before they'd go to work for a group. Loewy, for one, said he'd never change his practice model.

And Gilliam doesn't see new doctors choosing to go solo. It's too risky given the student debt loads that many are carrying — an average of \$170,000 as of last year, according to the Association of American Medical Colleges.

"To come out and start a new practice, no," she said. "Their expectation is to be employed."

Dr. Lawrence Wang, a solo doctor practicing in Terrace Park, thinks there's more to it than that. The small-business culture has departed the profession, and new graduates wouldn't even think to go solo.

"I just don't think there's any interest."

doctors still go it alone

"I attract people who have failed (with) Western medicine ... and people who hate doctors," Shaffer said.



MARK BOWEN

◀ DR. DOROTHY SHAFFER

As Dr. Dorothy Shaffer sees it, to make it as a solo physician you have to offer something health systems can't.

In her case, it's attention to holistic medicine: nutrition, clinical biochemistry, acupuncture and finding the causes of inflammation. She calls her practice Full Spectrum Health Center.

"I attract people who have failed (with) Western medicine," said Shaffer, an internist, "and people who hate doctors."

The practice, located in a restored North Avondale house, has grown by word of mouth since Shaffer started it in 2004. She limits herself to about 800 patients and has a waiting list of 300. To be in Shaffer's practice, you'll pay an annual fee of \$300. It's high for a primary-care practice, but well short of the \$1,500 that boutique practices tend to charge. And unlike boutique practices, Shaffer is part of insurance company networks.

When you step outside the norm, people tend to chatter. But Shaffer doesn't like to hear it.

"My skin is very thin," she said. "I got enough criticism from other doctors at first that since then, I've kept to myself."

She doesn't quite think it was warranted. The only element that might be considered "kooky," she said, is acupuncture. "The rest is science-based."

As for the other physicians, though, she wouldn't rule out joining them, if the conditions were right. That's even though she's set up her own electronic medical records and received government incentives for using them.

"I love my practice," Shaffer said, "but I hate the business side."



DR. PETE KAMBELOS

Physicians often take jobs with systems because they don't like the business side of medicine.

Dr. Pete Kambelos, who practices in Monfort Heights, loves it. He's been a solo internist since 2002. Earlier in his career he tried group practice with Patient First Physician Group, but he always knew

he'd like to have autonomy. He likes that he can provide a service people need "and wrap my name on it."

Kambelos credits his entrepreneurial bent to his upbringing. His Greek immigrant parents have operated the Maysville, Ky., diner Delites since 1979. Only this year, at ages 85 and 72, did they retire.

Kambelos prides himself on making patients feel like individuals, not numbers. He eagerly talks politics. The Republican pitched a cost-cutting platform last year in an unsuccessful run for Hamilton County coroner. For federal policies on health care, he has choice words: "overburdensome and obstructive." He thinks any Obamacare savings will be overwhelmed by new administrative costs. In fact, he believes doctors will get tired of answering to corporations and strike back out on their own. He's sure that his way, the old way, is better.

"I don't have an executive-level decision-maker making patient care decisions that I, as a physician, am better prepared to make."



DR. ALETHA TIPPETT

Dr. Aletha Tippett didn't start medical school, at the University of Cincinnati, until she was in her 40s. She'd been a chemical engineer, then a stay-at-home mom. She wanted a new career when her youngest child started kindergarten. She felt that God was calling her to be a physician. She saw herself alone in a "mission-based practice."

"I never considered any other way," said Tippett. "I knew I would function much better. I didn't want to get opinions and permission from other people."

Not one for checklists and rules, the former chemical engineer describes herself as "freewheeling." If she thinks something might work, she'll try it. The approach draws patients to her Blue Ash office from as far as Tennessee. She's developed expertise in wound healing, incorporating techniques such as laser doppler and electrical stimulation.

Tippett has been using electronic medical records for a year and a half and has been prescribing electronically for three years. She doesn't believe hospital systems have anything to offer her practice, which has two nurses and a front desk staffer.

Well, maybe one thing: patients. Many of her referrals for wound care dried up as her peers signed on with hospital systems. She's rebuilt somewhat, but she said her income is far from what it used to be. Tippett figures the health care system, including insurance reimbursement policies, is set up to drive independent doctors out of business. Not her, though.

"I'll still be here," she said. "I might be swimming in the tar pits, but I'll be here."



DR. LAWRENCE WANG

Physicians often believe that joining a deep-pocketed hospital system will help them comply with Obamacare.

Dr. Lawrence Wang doesn't feel the need.

"All the stuff the big guys are doing, we can do better and more nimbly," said Wang, who has spent his entire 12-year career in solo practice. "I can decide what I want

to do, when I want to make changes, and I have less overhead."

Wang, an internist, took over from his father, Dr. Stanley Wang, who retired. The internist set up electronic records and billing systems that work for him and his staff of three. He's ready to report on whatever quality measures the government and private insurers ask for.

Wang, who practices in Terrace Park, knows that being part of a health system would insulate him from administrative hassles. But he likes being where business and medicine meet. It's all the more incentive to keep his patients happy.

"You know they're your lifeblood," he said. "We've cared for five or six generations of some families. It means something."

Inheriting a practice was, of course, a major advantage. Starting from scratch would have been difficult then and would be "almost unmanageable" today, Wang said.

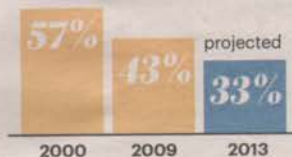
Despite his success, Wang is keeping an eye on changing conditions. If solo practices cease to be viable, he won't hesitate to join.

He figures good doctors will always be in demand.

▶ TRENDING

OWNERSHIP WANES

Fewer docs run independent practices.



SOURCE: ACCENTURE

▶ BY THE NUMBERS

1,100

Primary-care physicians practicing in Greater Cincinnati

12

Estimated number in solo practice

SOURCE: COURIER RESEARCH

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