

CHAPTER 1

Getting Started/What to Do First

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INTRODUCTION

Fellowship training in Allergy/Immunology (A/I) is a great experience for many people. A tremendous amount of learning takes place, and lifelong friendships are formed. It is important, however, to start planning for life after fellowship at an early point in training. This can be particularly true for people in two-year fellowship programs. This chapter will discuss, in sequential order, the steps needed to prepare for a career after fellowship. The remainder of this *Practice Management Resource Guide* will review how to identify and pursue established practice opportunities and how to set up an office – including acquisition of equipment and supplies, allergy practice staffing and human resources issues. Practical information

about the basics of coding and billing also is provided. Several chapters in this guide cover information of use once the practice has started, such as marketing techniques, common clinical and office procedures, and tips on charting and choosing an electronic health record system. Another chapter provides guidance for those deciding whether to buy, or to buy into, a practice. Finally, and perhaps most importantly, simple bookkeeping principles and reports to help analyze financial performance are detailed.

MENTORS

Mentor-mentee relationships are created throughout life, and these relationships are particularly important during and after the fellowship training period. Many different mentor-mentee relationships should be sought with academic physicians, physicians in private practice, senior fellows in training (FITs), and active members of medical societies like the AAAAI. Good resources for finding mentors include training program directors and alumni, the New Allergist/Immunologist Assembly (NAIA) of the AAAAI, and the Federation of Regional, State, and Local Allergy, Asthma, and Immunology Societies (RSLAAIS) Assembly of the AAAAI.

Regardless of the particular areas of interest and strengths of possible mentors, be sure to seek certain qualities, such as honesty, energy, and availability. If a FIT is consistently being told that he or she is performing perfectly, that individual is not receiving useful advice, as we all can find areas on which to improve. A mentor should have the energy not to just give advice, but to follow through as well. Examples of following through on behalf of a mentee include providing support for research programs, helping to create relationships with private practitioners, and

fostering involvement in medical societies. A mentor also should be available to give advice and help on a consistent and timely basis.

Be mindful of your mentor’s motivations; some do not always have their mentees’ best interests at heart. For example, it is not uncommon to hear tales of fellows who were led to believe they would be offered posts at certain institutions, only to find that their applications were encouraged solely so the department would have candidates to fall back on. Other mentors enjoy the attentions of a mentee, but fail to return the favor by giving sound advice. Above all, ask frankly whether your mentor will write a good letter of recommendation for you. You do not need to put your mentor on the spot; simply ask if there are areas in your work that need improvement, and ask early enough so that you can fix them.

Another important dimension of the mentor-mentee relationship is the responsibility of the mentee to foster and help maintain the relationship. A mentor cannot be expected, for example, to provide advice and aid to a mentee who does not clearly define his or her needs. Furthermore, a mentor needs feedback from the mentee to ensure that the best advice and help are given.

CAREER CHOICES — SETTING PRIORITIES

Around the spring of the first year of fellowship training, fellows should consider their career priorities. The following are some ideas to bear in mind when setting these priorities.

TABLE 1. IMPORTANT CONSIDERATIONS FOR DIFFERENT PRACTICE MODELS

Practice Model	Advantages	Disadvantages
Small practice	<ul style="list-style-type: none"> • Control over the practice • Potential for greater compensation (according to national surveys) 	<ul style="list-style-type: none"> • Vulnerability to market forces <ul style="list-style-type: none"> - Local economy - Local competition - Insurance carriers • Dependent on excellent relationships between the physicians in the practice • Expenses of scale to keep up with changes, such as ICD 10 and EMR
Large single-specialty	<ul style="list-style-type: none"> • Flexibility to respond to market forces because there are more resources — both financial and organizational — to open new offices • An improved negotiating position with insurance carriers 	<ul style="list-style-type: none"> • Politics within the group • Challenges for junior physicians to have input into business decisions
Large multi-specialty	<ul style="list-style-type: none"> • A great deal of flexibility to respond to market forces • Marketing (because these medical practices usually have a “brand name”) • Negotiating power with insurance carriers • Ability to have dedicated departments to keep up with changes, such as ICD-10 and EMR 	<ul style="list-style-type: none"> • Lack of input of individual physicians into decisions • Subjugation of the needs of the individual physician to the good of the group • Greater overhead costs • Possibility of having to cover areas outside one’s own expertise

Career Paths

FITs in A/I are quite fortunate in that they have a number of interesting, challenging and rewarding career choices, such as private practice, academic allergy positions, academic immunology positions, clinical research, and jobs in the pharmaceutical industry or government. The decision about which career path to pursue is obviously one of the first major decisions that need to be made. A FIT should make this decision by the beginning of the final (or second) year of fellowship.

There are many types of private practice in A/I, including solo practice, a small practice of two or three physicians, a large single-specialty practice of six to 10 physicians, and large multi-specialty practices that may have hundreds of physicians. There are advantages and disadvantages to each of these models, as detailed in Table 1.

Although the three models of private practice presented here are the most common, there are certainly other models, such as allergists in pulmonary, otolaryngology, dermatology, or rheumatology practices; part-time allergy with part-time primary care practice; and part-time private practice with part-time academic practice.

Academic positions also have their advantages and disadvantages. Academic positions offer some combination of performing research, teaching students and residents, and seeing patients, and the combination can be immensely rewarding. However, the challenges include the pressures of writing grants and papers, getting funding, and being on academic committees. In regard to seeing patients, academic

medical centers usually operate like large multi-specialty practices.

Jobs in the pharmaceutical industry mainly involve research in drug or device development. Generally, one does not have to deal with the frustrations of the healthcare system but might have to deal with the pressures of getting a drug or devices approved and to the market.

Another career path includes governmental jobs, including clinical governmental settings, such as the Veterans Administration System, and regulatory governmental settings, such as the Food and Drug Administration.

Location and Other Considerations

Another consideration when choosing one's practice is location. The different regions of our country and other divisions, such as urban, suburban, and rural, have different characteristics. In addition, family needs must be weighed carefully against career goals. There is a great deal of competition for limited practice opportunities in many popular urban and suburban areas. This may lead junior physicians to accept less-than-ideal positions so that they can live in a desirable area. However, it is best to choose a practice location with long-term career growth in mind. For example, rural areas may offer great potential, because well-trained allergists/immunologists are in short supply, and thus can be highly successful. However, if an individual wants to change practices, other nearby practice opportunities may be limited. For this reason, FITs seeking private practice opportunities should consider second and even third choices when selecting a location.

It also is important to consider the opportunities offered by different types of practices. These include clinical research, teaching, and academic experience. In private practice, for instance, clinical research may be done in partnership with the pharmaceutical industry. There are some limitations to research of this kind, but it is fulfilling for many physicians and may provide much-needed income to a new practice. Many allergist/immunologists in private practice establish relationships with local training programs, such as those run by local hospitals and medical schools, so that residents and students rotate through the office. Teaching is fun and can help establish relationships with future referring physicians. But teaching also is time-consuming, which can be a problem in a busy private practice. Academic affiliations provide opportunities for both teaching and learning, but can create additional obligations that may be challenging to busy private practitioners. Physicians need to be realistic about their time constraints and plan accordingly.

PURSUING OPPORTUNITIES

Although it is never too early to start, the early summer of the second (last) year of fellowship is the best time to look for practice opportunities, and a number of useful resources are available. Both the AAAAI and the American College of Allergy, Asthma & Immunology (ACAAI) offer online job boards and job fairs at their annual meetings, where a large number of opportunities are available and face-to-face meetings are possible. Local allergy societies may have information about unlisted practice opportunities. The major specialty journals (*Journal of Allergy and Clinical Immunology* and *Annals of Allergy, Asthma & Immunology*) have job

listings. Probably one of the most useful sources of information about practice opportunities is through contact with other physicians, particularly mentors, living in your areas of interest. It also can be fruitful to research and send letters of inquiry to practices that may be a good match for your interests in desired locations, even those without posted job listings. Many practices contemplate hiring long before they actually advertise, and this can give an enthusiastic applicant an advantage over others. If you plan to embark upon a more extensive nationwide job search, medical headhunter services can be helpful because they potentially have access to additional listings and can help facilitate the job-hunting process.

THE AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

Overview

The spring season of the last year of fellowship training is the time to prepare for the American Board of Allergy and Immunology (ABAI) certification exam. This is a 225-question exam that is given via computer in test centers around the country every October. The exam takes seven hours to complete, in a morning and an afternoon session. Passing is based on meeting an absolute competency threshold, so it is theoretically possible for everyone to pass. The score is reported as a three-digit score, and a score of 400 is needed to pass, with most scores falling between 300 and 600. The overall pass rate for 2013 was 82%, but was 89% for first-time takers of the exam.

All questions are single-best-answer multiple-choice with four choices. There are no negatively phrased questions. There is a trend toward questions that

include short vignettes, those that integrate basic and clinical science, and multistep questions (e.g., description of the clinical presentation, followed by diagnosis and finally etiology). Visit the web site of the ABAI (www.abai.org) to get more information and updates about the content and administration of the exam.

Preparation

Fellowship training programs provide excellent preparation for the boards, but there are additional resources. These include:

- The In-Training Exam, which is administered every spring
- *ACAAI Review for the Allergy and Immunology Boards* by Le, online at acaai.org
- The *Journal of Allergy and Clinical Immunology* primer and mini-primers, online at jacionline.org
- Allergy texts (e.g., *Middleton's Allergy: Principles and Practice* by Adkinson and *Allergic Diseases* by Patterson)
- Immunology texts (e.g., *Basic and Clinical Immunology* by Stites, *Cellular and Molecular Immunobiology* by Abbas and *Immunobiology* by Janeway).
- The biennial review course given jointly by the AAAAI and the ACAAI
- Past ABAI home-study exams
- ACAAI FIT Corner, consisting of archived practice questions, online at www.acaaai.org

It may be particularly helpful to use the In-Training Exam as a study aid and benchmark, inasmuch as the style and construction of the questions and the

subject matter covered are similar to those found on the ABAI exam. Review courses also are useful in identifying topics that are important and that may require additional study.

There are many ways to prepare for the ABAI exam, but one strategy is as follows:

- Review the exam blueprint on the ABAI web site.
- Save useful materials from training and reading for review.
- Use the In-Training Exam to identify areas of weakness.
- Establish a study schedule and stick to it.
- Alternate between different methods of study for variety and better learning.

Begin studying early for the boards; six months ahead is not too early. Consider studying with colleagues. It is possible to be so overwhelmed by the scope and importance of the boards that studying is difficult, but do not panic. Break the material into manageable pieces and maintain a steady pace.

During study, focus on dogma, nuances of management, common diseases with uncommon or complicated presentations and uncommon diseases with common presentations. It is important to focus early on understanding the material well, rather than using rote memorization, and to link basic concepts to their clinical correlations.

Resist the temptation to just read the information. It is possible to confuse comprehension of the subject matter with merely memorizing it. Quiz yourself often and in a variety of ways. Do not study the information in only a single way. For example, learn

not only what constitutes a particular syndrome, but be able to identify it based on the symptoms and laboratory findings.

Flashcards are a useful tool for memorizing large amounts of data, but can lead to the rote memorization described above. To prevent this, organize so that related information is together on the cards, so you easily can make associations between related facts. The more associations you can make between ideas, the more of these ideas you will remember when given only a single piece of information.

During the period immediately before the exam, the high-yield topic areas to commit to memory include the following:

- Basic immunology
 - Cytokines
 - Chemokines
 - Cluster of differentiation (or CD) molecules
 - Immune cells
 - Signal transduction
- Biostatistics and research principles
- Immunodeficiency diseases
- Food/inhalant allergens
- Asthma/allergy medications and disease management during pregnancy
- Drug adverse effects and interactions
- Images
 - Pollens
 - Molds
 - Flow-volume loops
 - Tympanograms
 - Chest x-rays
 - Sinus and chest CT scans

Taking the Exam

Before starting the exam, take the computer-based testing tutorial that is offered by the proctors of the exam. Use this tutorial to become more comfortable with the exam and to learn its keyboard shortcuts. During the test itself, do not read the questions from top to bottom. Instead, go to the stem to find out what information is needed before reading the clinical vignette. This will help focus your thinking. If you cannot arrive at an answer, you often can eliminate answer choices by avoiding absolutes like “always” and “never.” Remember that the easy questions count the same amount as the hard ones. If you are struggling with a question, set a time limit, then guess and move on. It is also important to remember that second guessing (i.e., changing one’s response) is okay. Another technique to consider is “question mining.” If you are not sure about an answer, use your best guess and “mine” more exam questions for clues about the correct response. If a question is particularly difficult or ambiguous, it is acceptable to challenge it with the ABAI. You will be given a write board to use as scratch paper, so write down notes about difficult questions so you can address them later.

STATE MEDICAL BOARDS, HOSPITAL PRIVILEGES AND MANAGED CARE CONTRACTS

It is important to start as early as possible to get licensure, hospital privileges, and insurance contracts in order. Each step in this process usually requires that the previous step be completed before moving on. Most of these applications require the same basic information, so gather this information ahead of time and keep it handy as you start receiving your

applications. It is important to make copies of all diplomas and certificates before framing them. Here is a list of the information to gather ahead of time:

- Certified copy of your medical school diploma and contact information for your medical school
- Certified copies of postgraduate training certificates (internship, residency and fellowship) and contact information for the program director of each program
- A timeline of your education, training and employment since starting medical school (you may have to explain gaps in this timeline)
- Copies of prior state medical licenses
- Physician profile report from the AMA or American Osteopathic Association (AOA)
- Copies of examination scores, such as the United States Medical Licensing Examination (USMLE), Federal Licensing Examination (FLEX), National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME)
- Copies of CME certificates (these may not be needed if it is within two years of having completed training)

Here is a summary of each step and the associated **minimum** time requirements:

1. State Medical License

- The average processing time is 8-12 weeks, but this varies by state and may take up to **six months**.
- State board web sites can be accessed at www.ama-assn.org/ama/pub/education-careers/becoming-physician/medical-licensure/state-medical-boards.page.

Requirements differ by state, and some state medical boards meet monthly, so you may have to wait until the next board meeting. Other state boards meet less often (e.g., quarterly), but will grant a temporary license if your application package is complete.

- At first contact with a medical board, ask for a copy of the requirements and the average processing time. This information often can be found on the board's website.
- At first contact, provide the board with a copy of your curriculum vitae.
- Be honest about potentially unfavorable information.
- Personally follow up with those you contact (e.g., medical school and training programs) to help verify your credentials faster.
- Be pleasant and patient.

2. State and Federal Drug Enforcement Administration (DEA)

- State medical and controlled substances licenses are required to apply for a federal controlled substances license. The state controlled substance license is usually part of your state medical license.
- The processing time for the federal DEA license is 4-6 weeks.
- You can access the federal DEA website at www.deadiversion.usdoj.gov/index.html.
- The following information is needed to complete the federal DEA application:
 - Tax identification number and/or Social Security number
 - State controlled substance registration information
 - State medical license information
 - Credit card number

3. Hospital Credentialing and Privileges

Here are some basic definitions (Kristeller 1995):

Credentialing is the formal recognition of professional and technical competence. The process has two distinct elements: it establishes what information is necessary to confirm professional and technical competence, including mechanisms for the verification of the information received by the hospital, and it evaluates the information received with reference to an applicant. The delineation of clinical privileges is the process whereby the medical staff evaluates and recommends that an individual practitioner be allowed to provide specific patient care services in the institution. A **clinical privilege** is a specific grant or permission by a hospital for an individual practitioner to perform diagnostic or therapeutic procedures or other patient care services within well-defined limits. This topic is difficult to summarize with general advice. Requirements will differ with each hospital, because the medical staff for each hospital is responsible for this process. Once you have accepted a job, contact the hospitals with which you will most likely be working to learn the specific requirements.

The credentialing process can take 3-6 months and is often the most time-consuming of the above tasks. Therefore, it is a good idea to send in applications while license applications are in process, even though privileges will not be granted until licensure is complete. If you are lucky, your local hospitals may use a common credentialing service, in which case, you fill out one application and it is forwarded to the

various hospitals. Check with the medical staff office to see if this is available.

4. Insurance Carriers

- To be credentialed with a health plan, you must have admitting privileges at a hospital.
- Once you have admitting privileges at a hospital, it can take 6-8 months to be fully credentialed with health plans. You need to contact each health plan individually.
- Medicare is currently for people age 65 or older, people under age 65 with certain disabilities and people of all ages with end-stage renal disease. Medicare applications take at least 60 days to process; however, claims are usually honored according to the start-of-practice date. Access more information at www.cms.hhs.gov/MedicareProviderSupEnroll.
- Medicaid and state-run welfare programs are often important insurance plans with which to participate. In some states, private insurance companies will inquire into an applicant's Medicaid participation status prior to accepting an application.

MAINTENANCE OF CERTIFICATION

Once you have passed the ABAI exam, it is very important to stay abreast of maintenance of certification (MOC). This used to be a simple process of obtaining 25 allergy/immunology-related hours of CME a year, but now has become more complex. Please refer to the website of the ABAI (www.abai.org/AboutAbai.asp) and the portal (<https://portal.abai.org/>) for more information about the process of MOC, which includes timelines, choices about how

requirements can be fulfilled, and, importantly, the need to pay an annual fee. The ABAI periodically make changes to its requirements for MOC, so it is wise to check the website at least every 6 months for changes and to check on your own status (“meeting MOC requirements”).

OTHER RESOURCES

The following is a list of additional useful resources:

- AAAAI Practice Resources and Management web site: <http://www.aaaai.org/practice-resources.aspx>
- AAAAI job placement center: <http://www.aaaai.org/careers>
- ACAA job placement center: http://jobs.aaaai.org/home/index.cfm?site_id=731
- The book *Practice Opportunities: How to Find the Best Fit* (referenced in Chapter 2)
- The book “*Best Friend’s Guide to Finding a Practice*”: http://content.chghealthcare.com/ch_perm/ext_forms/best_friends_guide.pdf
- *New England Journal of Medicine* Career Center: <http://www.nejmcareercenter.org/jobs/>
- The AMA’s practice management center: <http://www.ama-assn.org/ama/pub/physician-resources/practice-management-center.page>
- The AMA’s solutions center for practice management: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice.shtml>
- Medical Group Management Association: <http://www.mgma.com/index.aspx>
- Consultants, certified public accountants, and attorneys: <http://www.nschbc.org>
- Statistics at the National Society of Certified Healthcare Business Consultants web site (<http://www.nschbc.org>) and the Medical Group Management Association web site (<http://www.mgma.com>)
- Certified billers and billing services: <http://www.hbma.org>
- Cost of living and salary calculators (used to compare salaries in different regions): <http://cgi.money.cnn.com/tools/costofliving/costofliving.html> **and** http://swz.salary.com/costoflivingwizard/layoutscripts/coll_start.asp
- Your program director and alumni of your training program
- Local allergy society (where you want to practice): <http://www.aaaai.org/members/rslsocieties>
- Your family

SUMMARY

Prepare early and carefully for life after fellowship. This preparation includes seeking out mentors, considering different practice models and locations, considering opportunities within practices, searching thoroughly for practice opportunities, preparing for the ABAI exam and expeditiously obtaining licensure, privileges and insurance contracts. Also keep in mind the value of those who have gone through the process, and seek their assistance. You may find their help invaluable.

REFERENCE

- Kristeller AR. Medical staff: privileging and credentialing. *N J Med.* 1995; 92:26-8.