Conversations With Women in GI:

Harjit Bhogal, MD and Angela Bien, MD: Two Recent GI Graduates with Three Different Private Practice Experiences

By Jill Gaidos, MD, FACG

During the annual Virginia Commonwealth University Liver Symposium and Update in Gastroenterology Meeting, I had the opportunity to sit down with two of VCU’s recent gastroenterology fellow graduates. Dr. Harjit Bhogal finished her GI training in 2014 and Dr. Angela Bien finished in 2015. I was interested in hearing about their experiences in GI private practice.

What is your private practice model?

**Angela:** I work for Mid-Atlantic Permanente Medical Group (MAPMG), which is a Health Maintenance Organization (HMO). What is different about our practice model is that we have primary care, surgical specialties, medical specialties, laboratory, radiology, and ambulatory surgical centers all within our several centers in the Maryland, District of Columbia, and Northern Virginia areas. This is very convenient for the patients because it is like “a one stop shop,” and this allows us to really focus on patient care and needs.

So, are you a hospital employee or a MAPMG employee?

**Angela:** I am a MAPMG employee. We cover local hospitals that MAPMG has contracts with and we only see MAPMG patients.

So, you don’t have a partnership option?

**Angela:** We do have a partnership track, but it’s actually very different from a private practice partnership track. It’s almost as if we are in between a hospital employee and a private practice. The partnership track does not necessarily mean that you get more money or time off. You get more vacation time as you put in more years at MAPMG, but not as part of the partnership track.

Do you do inpatient and outpatient at MAPMG?

**Angela:** Yes, we have inpatient and outpatient responsibilities. Most of my time is spent in the outpatient setting. This means seeing patients in clinic and performing endoscopy procedures in our endoscopy unit.

When you are doing your inpatient time, are your outpatient clinics and endoscopy cancelled?

**Angela:** No, we actually still have a half-day of clinic or outpatient endoscopy and then we go to the hospital and round on the inpatient consults and perform any inpatient procedures that are needed. Two mornings during our rounding week, our schedule is opened up to allow for outpatient procedures at the hospital. The reason for this is that some patients are too high risk to undergo endoscopy in our outpatient endoscopy units.

Is it the inpatient doctor’s responsibility to do those outpatient hospital cases?

**Angela:** We try to schedule our own high-risk patients during our rounding week, so that we are able to perform these elective outpatient cases at the hospital. Sometimes it does not work out due to scheduling reasons and that is when we ask our inpatient rounding colleague if they are able to perform these outpatient hospital cases.
So, what about you, Harjit, what is your practice model?

Harjit: I am in a private practice setting. We have four physicians in our group. I am employed by the practice and we see consultations at one local community hospital. We have an in-office endoscopy center for outpatient procedures. We take call on a rotating basis, one week at a time.

Is it two years to partnership? Harjit: There is an optional two year partnership track, if one would like to pursue that. If you do not choose to become a partner, you can still be a non-partnered employee.

What are the perks to partnership? Harjit: I think with any private practice model, partnership solidifies your stake in the group. As a partner, one is involved in decision making with respect to operating the practice. In addition, the group owns their real estate and part of the partnership track involves buying into that. Partners also split the revenue from endoscopy and anesthesia services.

Do you have any flexibility in your schedule? Harjit: Our work week is 4-½ days and each of the physicians takes one half-day off during the week, which is great for being able to get errands done that can only be done during the weekdays. Because we are a smaller group, we are pretty flexible in terms of blocking time in our schedules. I was previously in a larger practice and making changes in the schedule was more challenging.

Harjit, I know you are the only woman in your practice, but Angela are you the only woman in your practice? Angela: No. Of the nine doctors in our group, five are women.

When you were looking into your jobs, did you have lawyers review your contracts and, if so, how did you find a lawyer and what was that process like? Harjit: My husband is an attorney, so he looked over my contract. In discussing with other co-fellows and physicians, I think it varies as to how many people consult with attorneys. My contract to be a salaried employee was pretty standard and simple. I think for a partnership contract, which is more involved, I would strongly consider having a contract attorney review the contract.

Free legal counsel… Harjit: (laughs) Yes!

How about you, Angela, did you use a lawyer? Angela: No, I did not because the contract from MAPMG was standard and essentially non-negotiable. The only item I negotiated was my start date.

At what point in your fellowship did you start looking for a job? When did you start the process? Angela: I started researching and reaching out to practices around July of my third year of fellowship. My search was limited by my location—I wanted to go back to Maryland/DC/Northern Virginia. I started interviewing in early September and probably by November, I had completed all my interviews and had ranked my top three practices. Then by December, I had signed my contract with MAPMG and started working on getting my license and on the credentialing process.

So you could actually start on your start date? Angela: Exactly. And I started in mid-August.

How about you, Harjit? Harjit: I was the same; I started in July. I think that’s the right time to start because I had already made some informal inquiries midway through my second year of fellowship, but it was just too early for practices to know whether they would need another physician a year and a half in advance. I started my employment search in July of my final year of fellowship. I had my first interview in August and I had signed a contract by October. I was looking for a job in a specific geographic location, so it was important for me to start my job search early. You do need three months at a minimum to do credentialing for any private hospitals, and that’s even cutting it close. By the winter, I probably would feel comfortable having signed a contract to allow time for getting a state license and to complete credentialing.

Angela mentioned that she had narrowed her search by geographic location. How did you narrow your search, Harjit? Harjit: Initially, we also had the same geographic requirements based on my husband’s job. He had to be in the DC/Maryland/Virginia area. For us, it was based on my spouse’s job requirements.

What about the job at MAPMG drew you to that specific job? Angela: I realized that with MAPMG, I already had an immediate and large referral base. In addition, MAPMG and its parent company are well established organizations with plenty of experience when it comes to the business aspect of medicine. Therefore, I could focus on practicing medicine and taking care of patients without having to worry about public relations, coding, billing, prior-authorizations, etc. In the first few years out of training, the learning curve is steep and continuing to build your medical knowledge is one of the keys to becoming a good physician.

You get to be the doctor instead of the coder and administrator? Angela: Exactly. Of course I’m spending more than 50 percent of my time documenting, but at least the rest of the time I am taking care of patients.

So, Harjit, you are now at your second practice. Harjit: Correct.

JG: So, what attracted you to your current practice and what pulled you away from your former practice? Harjit: The job that I took after fellowship was with a large private practice and I was drawn to them initially because I wanted to be in a large practice; I liked the idea of going somewhere where the practice had a big foothold and was well established. I
Initially felt that coming out of fellowship, I didn’t want to be in a small group because I felt that likely in a large group, I would have people to discuss cases with and draw from their experiences. Another key reason I took my first job was based on location. My husband had to be in a particular geographic location for his employment and that was important for us. The reason I left that job was not because I didn’t like my job. In fact, I really enjoyed it. We decided that we didn’t like living in a larger city and we wanted to move back to Richmond, VA, where I trained, for a better quality of life. I also felt that there was a need for a female gastroenterologist in the community in Richmond, as at the time I joined my practice, I was the only female gastroenterologist in private practice in this area.

Angela, you mentioned the learning curve after fellowship. Harjit, what do you do in your practice when you see a patient you aren’t sure how to take care of? What is your support system or what do you do for back-up?

**Harjit:** I have four different resources that I use to support my practice—the literature, colleagues, previous attendings and previous co-fellows. If it is something related to a patient I saw in the office and is not urgent, my first source is to review the literature. I consult GI publications and GI society guidelines. I actually do this periodically for routine cases as well so that I make sure I’m keeping up to date in my practice. For cases that are complicated or if I want to run something by someone, it’s nice to be in a group where you can rely on your colleagues and draw on their experiences and expertise. I will also call upon my previous attendings for cases if needed. I call you (Dr. Gaidos) for an IBD question, or a hepatologist if I have a liver-related question. Sometimes, I will also bounce things off my previous co-fellows. When I discuss cases with previous co-fellows, it’s nice to know that you are sharing the same questions that other people who just started in practice have and to figure out what resources they might be using that may be helpful.

**What about you, Angela?**

**Angela:** There are plenty of times where a case is new because there is no way to see everything in fellowship training. When that happens, I research on PubMed, in journals, textbooks, even UpToDate for a quick reference. Then there are always colleagues who I can run cases by. I also call upon my former attendings who are more than willing to lend advice.

It’s interesting because the impression is that if you want to see the interesting, complex cases, you should stay in academics. But, when you talk to private practitioners, they will tell you they see so many patients, that they frequently come across new presentations/disorders, etc.

**Angela:** That is very true. I say this to the chief of my department all the time. There is so much pathology in the community. I imagine it will probably take me a few years to feel comfortable and no longer as the “fresh out of training” attending.

In your current practices, do you have time for yourselves, time for exercise, relaxation, vacation, and time with your families?

**Harjit:** I feel that my work schedule provides me with some time for myself. We all take a half-day off per week and it’s a protected half-day. I think we really all benefit from that. It’s a half-day where I can schedule appointments or run errands, go to the gym, and best of all, pick up my child from school.

That’s not your protected half-day where you can call back all your patients with lab and biopsy results?

**Harjit:** No, it is truly a half-day off, which all of my colleagues enforce. Before this job, I never thought a half-day off would be important to me; however, it’s been wonderful in maintaining work-life balance.

**Angela:** I wish I had that. It is definitely, in a lot of ways, a lot busier than fellowship. Working for a large organization has its positives and negatives. One of the negatives is a lack of control over my schedule. Also, the work is never done, so to speak. We have a really nice EMR system that allows patients to message their physicians. Things constantly come into our “in baskets” that require attention. Sometimes it would be nice to have a half-day, not just for personal time, but just to catch up on my in-basket.

**How much vacation do you get?**

**Angela:** We get 4 weeks of vacation and CME. The longer you are with the company, the more vacation time you are allotted, and I believe the maximum is 6 weeks.

**How about you, Harjit?**

**Harjit:** I have 4 weeks of vacation. I also have some additional time to complete CMEs.

Thank you both so much for your time and for sharing your experiences. It was great to see you both again.