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An Unusual Presentation of Colon Cancer
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Introduction

Although colon cancer is a common cause of cancer death in the United States today, it may present itself more cryptically than the more common occult rectal bleeding. It is important to continue to search for a diagnosis in a patient with continued complaints where a specific cause has not been identified.

The purpose of this case report is to illustrate a more unusual presentation of colon cancer, demonstrating the importance of keeping cancer on the differential diagnosis list for a patient with an abdominal mass in a non-healing internal lesion. The patient in this case was seen in the medical setting on numerous occasions for the management of this problem. Her medical records were reviewed for information pertinent to the case.

Case Description

A 92-year-old female was admitted to the Emergency Department office for an increase in abdominal pain, a change in bowel habits, and rectal bleeding. One month prior she was admitted with her daughter to the hospital for an increase in abdominal pain, which was caused by pain and discomfort.

The patient was seen with increasing lethargy, somnolence, and abdominal pain. She had no significant past medical history. Past Medical History: Gastroesophageal reflux disease, diabetes mellitus, hypertension, and congestive heart failure. Past Medication History: Metformin, lisinopril, and aspirin. Past Medical History: Gastroesophageal reflux disease, diabetes mellitus, hypertension, and congestive heart failure. Past Medication History: Metformin, lisinopril, and aspirin.

A CT scan revealed an abnormal soft tissue mass measuring 13 cm in diameter, which was most consistent with a rectal cancer. The patient was admitted to the hospital and underwent a series of procedures.

Case Discussion

The patient underwent a series of procedures, including a colonoscopy and an abdominal CT scan. The CT scan revealed a large mass in the right colon that was consistent with a colorectal cancer. The patient underwent a laparoscopic resection of the right colon and was discharged from the hospital.

Conclusion

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References

Interviews are intimidating, scary, nerve racking, sweat inducing, make you want to throw-up, events that can change your life forever!
Subjective questions are great

What do you like best about working here?

What do you do for fun?

I love your pictures, have you traveled there?
INTERVIEW

- Focus on your qualifications
- Support your answers with examples of your past experiences or specific cases
  - Avoid yes/no answers
- Listen, don’t just talk
- “Toot your own horn” If you don’t who will?
Inject personal insight about your life
Show your potential to the practice
Thank them and follow up
Talk money last
Once the subject is open...get out your list

Consider your deal breakers

Travel, call schedule, Holidays, supervision, hours, days/week...

You need a bottom line dollar amount that you can live with
Employer’s goal is typically to collect three times PA’s salary + benefits
Salary: $85,000-after taxes $68,000

Expenses to practice medicine:

- Health insurance (3,600)
- Malpractice insurance (3,500)
- Cell phone/wireless (2,000)
- PA Application & License (310)
- DEA (731 for 3 years)
- Membership dues ??

$10,000
WHAT ELSE BESIDES SALARY??

- **CME (Continuing Medical Education)**
  - Employers pay average $1,000 to $1,500
- **Paid time off for CME?**
  - Employers typically give 1 week paid
- **Vacation / PTO**
  - Average is 1 to 2 weeks first year
- **Holidays**
  - Average is 6 to 7 days
WHAT ELSE BESIDES SALARY??

- Insurance paid by employer
  - Health, dental and basic term life
  - Employee may pay portion monthly
  - Medical malpractice insurance
  - Other insurance to consider: disability, long term care, whole life
- Cell phone / iPad / laptop
NON-FINANCIAL PERKS

- Dedicated medical assistant
- Additional front office staff
- Administrative support
- Credentialing & insurance contracts
- Billing & coding support
- EMR or transcriptionist
KEEP RECORDS

- Keep your own detailed statistics
- Weekly patient encounters
- Monthly financial reports
- Charges, payments, adjustments
- Summary of CPT utilization (99213, 73030, 20550)

But Why? I am too busy!!
WHY?

You see 15 patients per day, 50 weeks out of the year or 3,750 billable encounters.

- Ins pays 99213 = $59.40

\[
3,750 \times \$59.40 = \$222,750
\]

\[
\$85,000 \times 3 = \$255,000
\]

You are covering your salary plus overhead & providing profit!
EMPLOYMENT CONTRACT

5 key areas in a contract
1. Work obligations
2. Terms & termination clauses
3. Compensation, benefits & bonus structure
4. Malpractice insurance
5. Restrictive covenants & non-solicitation clauses
EMPLOYMENT CONTRACT

1. Work obligations
   a) Define work obligations
   b) What are specific job duties expected
   c) Scope of practice
   d) Hours expected to see patients
   e) Call and/or rounding expectations
   f) How holidays are covered
EMPLOYMENT CONTRACT

2. Terms & termination clauses
   a) Termination “without cause”
   b) Either party must provide written notice
   c) E.g. 30 or 90 days
   d) Termination “with cause”
   e) Immediate due to illegal or illicit behavior
EMPLOYMENT CONTRACT

3. Compensation, benefits & bonus structure
   a) Is salary what you were promised?
   b) Will employer pay benefits, if so what?
   c) Additional expenses paid by employer?
   d) Cell phone, uniforms, mileage
   e) Define vacation / PTO / holidays policies
   f) Define sick leave & disability policies
EMPLOYMENT CONTRACT

4. Malpractice insurance
   a) Add on coverage paid for by employee or employer?
   b) Individual policy? Who pays?
   c) Who pays for tail coverage?
5. Restrictive covenants & non-solicitation clauses
   a) Courts typically support non-compete agreements
   b) What is reasonable time & scope for you?
   c) Why do employers want this clause?
   d) What are the benefits to employee?
**EMPLOYMENT CONTRACT**

- **Contract renewals**
  - Annual?
  - Automatic?

- **Employment status?**
  - W-2 employee, taxes paid by employer
  - 1099 employee, taxes responsibility of employee
EXAMPLES FROM CONTRACTS

- 2 weeks PTO first 1-2 years, 3 weeks 3-4yrs and 4 weeks 5+ yrs
- 8 paid holidays
- 1 year term - renewable
- $85-105k
- Some pay call, some don’t
EXAMPLE OF EMPLOYMENT OFFER

Conversation with a recent graduate. Here is what employer is offering:

- **PTO - 10 days' vacation with no CME compensation what-so-ever.**

- Heavy burden on the employee. Fair??

- During your first year however, you may not get any PTO if you are busy.

- For example, my NP last year had 4 weeks of PTO but we were so busy, she didn't get any PTO and lost them.

  - She did get her CME's though
EXAMPLE OF EMPLOYMENT OFFER

- Does not offer any insurance benefits.
- That can be very expensive on your own ($200-600 per month)
- Deal breaker?
EXAMPLE OF EMPLOYMENT OFFER

- Line in the contract discusses paying back prorated amount of malpractice coverage within 5 days of leaving.

- That’s tough to come up with all that money in 5 days plus you may need to purchase tail coverage yourself. That’s expensive too!
supplying my own equipment - is that the usual for most offices?

That is not normal.

Maybe bring your own stethoscope but the rest should be there.

The Practice is getting paid for you using their equipment.
EXAMPLE OF EMPLOYMENT OFFER

- 2 mile radius that I am not allowed to work if I discontinue working there.

- The mile radius is fair but 2 years is a long time. Ask for a non-compete of 5 miles for 1 year.

- Willing to drive?

- Remember the hospital is right there and she may make it hard for you to work in that area.
Review your contract
Agreed salary, benefits, time off, etc.
Days/hours/call schedule defined?
Other areas that were sticking points.
Obtain lawyer only if you are confused
Win-Win vs. Fair-Fair