DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 95: Nonclinical Jobs In Your Own Backyard

With guest Dr. John Jurica

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JJ: "These healthcare systems aren't going to improve unless there's more physicians involved at the upper levels. That's just demonstrated time and time again, and more than half of major academic healthcare institutions in the country were run by physicians. And yet in the country, only about 5% of hospitals were run by physicians."

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 95. Sometimes we may need to leave what we're doing and where we're doing it to find a whole new career path, but we may also be able to discover opportunities in our own backyard so to speak.

Today, I have one of my favorite colleagues, none other than Dr. John Jurica joining me to talk about finding opportunities close at hand within your own healthcare system and community.

Dr. Jurica is an icon in the area of nonclinical careers, hosting the very popular Physician NonClinical Careers podcast. Anyone who knows John well knows that he's a very down to earth guy who plays bluegrass guitar and works tirelessly to help physicians find work they love with his podcast, online courses, membership programs, and consulting.

John will be discussing with us a variety of roles for physicians who want to try their hand in areas such as hospital or clinic management, leadership, finance, board and committee membership, advising, and other pursuits.

These different roles we'll be talking about can give you new skills and experiences that may lead to positions within the healthcare system. And they can also be helpful in enhancing your candidacy for nonclinical jobs in a variety of other areas.

Dr. Jurica has wide and deep experience in a number of the positions and roles we'll be diving into. And he'll be sharing tips and advice on how you can take steps to explore these different opportunities if they are of interest. It is my distinct honor and pleasure to welcome Dr. John Jurica back to the podcast for the third time. Hey, John, how are you?

JJ: I am fine. I'm so happy to be here and to hear your voice and actually see you on the Zoom call.

HF: It's great to see you too. And I'm glad that we even have met a couple times at conferences that we've been at, pre COVID, of course.

JJ: I feel like I know you. We've interviewed each other many times, I think.

HF: Yeah. You are the perfect person to talk about this area, which is really not my area at all. I did private practice. I did not do any of these leadership roles that you've been in.

So, do you want to start us off with telling us just a little bit about this wide variety of things that you've done so we have a background for you?

JJ: Okay. I'm going to run through them pretty quickly. I want the listeners to understand that none of this was really intentional at the beginning, but it all worked out really great, because ultimately, I became the chief medical officer for a hospital and I loved it. I was doing no patient care at that point.

So, what were some of those roles that I had? Well, I worked as a physician advisor for the hospital as utilization management. That's part-time. I had several medical director roles over the years. I liked to volunteer. So, I was the chairman of the CME committee at my hospital for over 20 years. I happened to help a group of physicians create an independent physician organization. And as part of that, I became the president of that. I was a medical director for that for a while.

I've served on other committees for nonprofits. I was a president for hospice. I was a president for the local county board of health. I had a couple years on the hospital board. That was interesting. And then ultimately, like I said, I became the chief medical officer for a hospital. There might be a few other things in between.

And I did it because I was looking for other things to do. Sometimes I did it as a moonlighting opportunity and instead of doing patient care, I did some medical director role or something. But when I look back in retrospect, it's a very good way to learn about management, business practices, how to be a good leader, better leader, manager, and so forth. So, I'm happy to talk about it.

HF: Would you like to tell us a bit about your specialty and how your clinical work fit into this picture?

JJ: Well, my specialty is family medicine. That was good in a way because it allowed me to do some of these things that maybe other people who were in a subspecialty or something couldn't do. For example, I was a medical director for a family planning clinic. So, if you're an internist and you don't do much gyn, you can't really do that. And I was also a medical director for knock health.

Now I did go back while I was in practice and got a master's in public health, which was specifically to try to get into occupational medicine part-time. And also if there are other family physicians who are listening, they have more opportunities in some ways, because they could become a medical director and a physician advisor for a nursing home or a hospice or just so many different options. But believe me, any medical specialty can do these kinds of things. They just have to open their eyes and try and see what aligns with their needs and wants and personality and so forth.

HF: Before we go into talking more about what you do in these different roles, if we jump ahead sort of with the end in mind, and you know all the different nonclinical directions that physicians go into. If someone is listening and they're thinking, "Well, I'm not sure I necessarily even know what I would do with this experience", maybe they want to go into pharma or work in health insurance or work in a startup or be the CMO. Why would some of these things be helpful?

JJ: Well, we all have the clinical background of some sort, but if you're interested just in general, being a leader, a manager, a director in any nonclinical field, even though most people I talk to, they want to stay in healthcare. They just would like to do less patient care and more nonpatient kind of work. It's helpful to do any of these things because it teaches you the kinds of things you just don't learn in medical school. You don't really learn in residency unless if you're in academics and you're in a sort of semi leadership position, you can learn some of these things obviously.

But for those of us that are working at a nonacademic institution and we're either practicing or doing something else, learning how to be a medical director for even a service line will teach you some management and organizational skills that you won't get in a practice. Definitely won't get if you're employed by a hospital as a practicing physician.

And those translate. Like you and I always talk about transferable skills. Managing and doing meetings and project planning for some small committee and a nonprofit or at your hospital. Those are all transferable to other leadership and management activities and different organizations.

HF: You're right. And it also gives you the opportunity to try out whether you even want to be in more of a managerial leadership role before you might say, "Go do an MBA" or make some big changes and then find out, "Oh this is not my jam and I just wasted all this money and time."

JJ: No, that's absolutely true. In fact, I'm surprised sometimes that, I guess it's difficult to know, but I've had several people maybe, even a dozen people tell me that they tried management and they hated it. They didn't really know what it would involve, how much could they delegate, but they just don't like going to meetings. They don't like planning meetings and sitting there for an hour and pulling people together in that kind of setting or making certain types of presentations. So, definitely that will help to get that exposure. And most of these things you're doing part-time and you can do them for a while and then you can just decide to move on to something else.

HF: Can you give us maybe a few examples of what you were doing in this medical director capacity and what were some of the things that you learned in that role?

JJ: Yes. The way it usually goes in the past, I think it's still true. So, let's say you're working in a large clinic, large physician organization of some sort or in the hospital, which that's

where most of the money is spent on healthcare in this country still. And you're doing your clinical thing. Well, they always need a physician to do something else. Be the medical director for a service line, the respiratory department, the radiology department, the ER, even something very specific that only requires a few hours.

And it gives you an opportunity to be the leader of that team, which is very similar to being a leader of a team in medicine but it's more the nonmedical part. So, you might have to do the schedule. That's not really a difficult thing. But more like running the meetings, setting the agenda, assigning duties to other people. And in some medical director positions you might actually be able to get someone that is actually reporting directly to you.

As physicians, we're usually not given that responsibility. Somebody else is managing the nurses. Somebody else is managing the MAs or whoever's helping support you as a physician, but they don't usually report directly to you.

So, I tell people that are getting into a physician advisor or medical director role to try to, if they can, to have someone actually report to them. I'll give you a quick example. There was a physician, a very busy internist who was working at my hospital and we needed an informaticist. We needed someone to lead that up as a physician. So, he became the medical director for informatics. Ultimately, he became the CMIO, but at that point he was just a medical director, maybe an hour or two a day.

But because we didn't have a nurse informaticist, when we hired the nurse informaticist, I convinced the leader of the hospital, the CEO and the CFO that have those informaticist report directly to him. So, it was a little extra work for him to manage them, evaluate them, hire them, fire them, but he obtained so much management experience in managing those nonphysician employees that it just helped him take that next step, which he was planning to do.

HF: Yeah. You can't beat on the job training like that to really know because otherwise it's just theoretical. Obviously, it resonated with you because you kept doing other things. What are some other roles that you've had?

JJ: Well, let's see. Now in the non-paid realm, I did tend to join and kind of volunteer for a lot of things. The Illinois State Medical Society has a committee that provides accreditation to other hospitals to provide CME credit for their CME. So, I was able to get on that committee and I ultimately became the chair of that committee. And it was a pretty important committee at the state level. And I got to work with all the staff, all the professionals at the Illinois State Medical Society.

I essentially was the head of that group of physicians that represented about 10 different hospitals across the state. And again, I learned all those things about how to run a meeting properly, involve everybody, how to set the agenda, we had projects we had to complete over a period of time. We had to be accredited by the ACCME. So, I was working with a bigger organization.

And then they actually led me to become a surveyor for the ACCME, which is a national organization and sit on one of their committees. These things kind of lead to new opportunities. And just the organization involved, the planning and so forth, the things that are different from what you would do in your practice.

HF: What would you recommend as a good sequence perhaps for a physician who's straight clinical and they're thinking, “Well, I'm not ready to be a CMO or VP of medical affairs?” Do you have some stepping stones that they might think about doing?

JJ: Yeah. If I look back and try and say, “Well, how would I have done it if it was a little more intentional that there is a natural progression?” If you're working in a big organization, and again, in my case, it was the hospital. The logical thing is to find something that's the

equivalent to a physician advisor role, because it takes usually an hour or two at the most a day.

So, if you're a physician advisor for utilization management, you might have to make rounds and look at patients and their charts and call a physician or respond to queries. And then usually in a bigger institution, you could become the medical director for utilization management or resource management. It has different names. And that might require a little more time because you might be supervising the other physician advisors. And then you're also having meetings with the nurses. So, some medical director role.

HF: But wait, before you go on a little bit more, can you just explain real briefly, what is a physician advisor?

JJ: A physician advisor actually means different things in different institutions, but the way I look at it usually is a position where you need a physician to interpret some policy, some law regulation. So, you have physician advisors for utilization, and then you might have a physician advisor for clinical documentation improvement.

We all know we have to document properly if we want to get paid. And the hospitals don't get paid properly if they don't have good documentation. But you need someone who can translate, can talk to the health information staff or the nurse case managers, but also can talk to physicians and then teach the physicians to understand the system, in this case, clinical documentation improvement.

But you could be a physician advisor for informatics. That could be a potentially sort of the starting position rather than like a full informaticist or a medical director. I think it's used differently in different situations, but basically, it's an entry point and a place where the physician is not doing clinical and is helping to interpret rules and regulations of some other often governmental body.

HF: And when you say informatics, you're referring to the EMR?

JJ: Yeah. I use that term generically for any place where physicians are interfacing with kind of that technology. So, it's usually the EMR. They're definitely going to help teach physicians how to use an EMR, maybe be at their side to help do real time, answer questions and help coach them. But it gets into other things like understanding big data and using data interfacing with the informatics department at the hospital, all the nonclinicians, how to use that information and coordinate into the quality improvement systems. Because when you're measuring quality in a hospital, it's not through chart reviews typically. For some, you have to do that, but mostly it's off billing data.

So, you have to understand how the billing data or other information that might be in that EMR can be pulled to demonstrate quality and where they do the risk adjustment and apply all those statistical methods that they use. And so, you need an informaticist and maybe a quality person working together to optimize that.

HF: Okay. One place to start is doing some part-time work as a physician advisor in the healthcare system. What else could you do to get started?

JJ: Let's see. You could get experienced in some of the ways I talked about earlier. In terms of starting, I would say you can jump directly to a medical director role, particularly if you're a specialist, because usually in pulmonology, cardiology, radiology, you have these departments that need some leadership. And it's usually physician leadership. So, it's very simple for a pulmonologist to become the medical director for the respiratory lab or the lung function. Or neurologists becoming a medical director for a sleep study lab or something like that. And then you can get started. You get paid separately.

My advice when you're doing any of these things is that you definitely carve out the time and make sure that you're being paid sufficiently to offset the loss of income that you

will probably incur for carving out those hours. Now, having said that, most physicians that I've talked to will try to add the 20% time or the 25% time to what they're already doing and not cut back.

But ultimately if your goal is to have a better lifestyle and start doing some nonclinical things to kind of offload some of that intense clinical work, then make sure you're getting paid for the hours you're spending. And then ultimately if you increase your hours and get to half time or full time, it'll be much easier if you've sort of training your organization not to take advantage of you.

HF: Yeah. That brings up a question I wanted to ask you, which is that so many physicians feel frustrated by the healthcare system. They feel like the administration doesn't listen to them and they're the enemy. So, why would a physician start thinking about opportunities that they could look into where they're sort of joining what they feel is the problem?

JJ: Yeah, that's a hard one to get over sometimes because if you wait too long and you're so burnt out and you're so angry, then you just feel like this is an environment I don't even want to be inside of. But I always looked at it that if I didn't like the way something was going, maybe I could do something to fix it or change it. I definitely had a positive influence in my opinion on the medical staff at my hospital when I was the CMO, because I was a first CMO as a first physician executive at the hospital. And I spent a significant amount of time just trying to educate the CEO and the CFO and the other C-suite members, not so much the CNO because the CNO is a nurse and they understand clinical, but pretty much the hospital is run by nonclinicians. So, I felt part of my mission internally was to educate them and try to improve the relationship between the nonphysician leaders and the physician leaders and members.

I encourage physicians to think about it, maybe try it because these healthcare systems aren't going to improve, unless there's more physicians involved at the upper levels.

That's just demonstrated time and time again. The best organizations actually in the country, this is somewhat empirical although somewhat anecdotal at the same time, are run by physicians, whether it's the Mayo clinic or Cleveland clinic, or you could run down the list of the top 15 or 20 major academic healthcare institutions in the country. More than half of them are run by physicians. And yet in the country, only about 5% of hospitals are run by physicians.

HF: Yeah. I like that idea. If you want to be part of the change, there's some opportunity there. We're going to take a short break so I can let you know about some resources for you and then we'll be right back. Don't go away.

It makes me happy to share free information with you, such as this podcast. If you'd like to have additional free content, you can go to the Doctor's Crossing website and check out the freebie tab at the top of the page. Here, you can access a downloadable career transition starter kit, as well as guides on topics such as interview prep, resumes, chart review, telemedicine, pharma, and medical writing, with more on the way. If this sparks your interest, you can find these resources under the freebie tab at doctorscrossing.com. Now back to our podcast.

We are back here with Dr. John Jurica and we're talking about opportunities you can find in your own backyard within the healthcare system. I was wondering, John, if you might be able to give a little bit of a description about some of these different roles, such as the CMO and the chief of staff and VP of medical affairs. Just real briefly.

JJ: Yes. In general, in a hospital or even a large pharma company or other large corporation, if it has a chief in the description, then you are part of the senior management team. Now that's chief medical officer, CMO, CMIOs, chief medical information officer. There is also a chief quality officer. And there's every kind of iteration of that.

I do want to distinguish that from chief of staff or similar roles, because those are historically not paid roles. Although most presidents of medical staffs or chief of staffs are paid particularly in academic institutions, obviously. But that's not the same as being, let's say, the chief like the CFO CMO in a hospital or other large corporation.

But both those roles are good for learning leadership and management. The chief of staff typically has to do a lot of those kinds of leadership role activities, but they don't really normally have direct reports reporting to them. Like when I was CMO, I had probably anywhere from four to eight people at that director level reporting to me and a budget that might be $20 million to $100 million, depending on how many directors were reporting, whereas as the chief of staff, it's more the medical hierarchy.

HF: All right. Yeah, the C-suite way is often different from the chief of staff. Should a physician go out and get an MBA in order to qualify for these roles? I know the answer to that, but someone might be thinking they need something, maybe some courses that they should take, or should they just dive in.

JJ: Number one, I think you can get those kinds of roles, the medical director, for sure. And if you can get the experience, it would be helpful to get to the CMO or similar level without an MBA or an MMM or a similar type of degree. In fact, I usually advise people to try to already get on that path and maybe demonstrate your interest and learn something by taking courses like at the American Association for Physician Leadership, or there's lots of specialty organizations that have leadership management classes and lectures and workshops and so forth. And so, doing that alone will kind of get you into some of the formal book knowledge that MBA teaches you.

An MBA does not teach you how to be a leader though, or how to be a medical director or run something. It just gives you more book knowledge about what's a P&L and marketing and basic business concepts, but it's not the same thing as doing some of that.

HF: No, absolutely. You need to get in there with a conflict. It's not theoretical anymore. Since you have a lot of experience in the nonclinical realm, what do you see recruiters wanting? And for some of these different job's physicians are applying to on the resume that this kind of work might be helpful for.

JJ: Well, there's that term, again, those transferable skills, which sometimes will show up on a resume ideally. I think when they're looking for that, they want them to demonstrate on their resume that they have done some of the things that they're looking for someone to do in that role. The reason they're recruiting someone is to fill a need. Basically, the way I look at it is if the CEO is looking for a CMO, for example, they have a problem they want to solve and there's some certain duties that go with it.

So, on the resume, it's not like I think putting down courses you may have taken is great. But the better thing is to be able to say, okay, I was a medical director for this, and I led this project with this outcome, or we had this problem with length of stay and under my supervision, and as the chair of this subcommittee, we reduce length of stay, or we improve the qualities. Measurable outcomes right there that show that you can do what they need you to do.

HF: That's perfect. It's so true because all of us are going to have the clinical experience, but I know recruiters I've spoken with really like it even when they see a physician's been on some committees. It shows you go above and beyond. You're getting some different skills under your belt. And they also like to see initiative like a project that you mentioned and be able to show what are the results that you got. It doesn't have to be something really big, but these little things that you do, and they're not little, but they distinguish you from all the other candidates.

JJ: Right. And what I always tell people is it's better to be the chair of one committee than to sit on five committees. Because I know physicians, they're on a committee, they don't

show up for half the meetings. They don't contribute. They leave early, they come late. This is typical in a hospital setting. Physicians are usually pretty responsible people, but this is what I've seen. That's almost not even worth having you on my committee if you're going to do that.

But if you're running the committee, after two or three years of experience, and then they make you the chair, well, now you're really responsible for the outcomes of that committee. And so, whatever it happens to be, the hospitals and pharma companies and other places have so many different subcommittees and committees you could participate in.

HF: Yeah. That's a good point. Take on a role. And that's another thing you can talk about in an interview. Usually asking you, tell me about a time when something didn't go as planned or you made someone unhappy, you're going to get stories if you take on some of these roles. Sure.

All right. We're getting close to wrapping up. Are there any final thoughts you'd like to share for a physician who might be thinking, “Hmm, is this something I should invest some of my precious time in?”

JJ: Well, there's so many nonprofits. If you want to get started in a noncommittal way and really learn a lot, it's to find a nonprofit. It could be a small hospital. It could be a hospice. It could be the health department. It could be a company that supports the disabled, you name it. But they need people like physicians on there. For example, for the health department, they have to have one physician, one dentist on their board. And you can get involved and you're really contributing to the community and you're learning a lot.

And the other thing I would say, and I've heard you say this, but I want to remind people. I think one of your guests really brought this out was that while you're doing these

things, write them down while you're doing them, or at the times, because two years from now, you're going to have to put it on your resume.

So, if you really were involved in a cool project, or for example, one thing I was doing for the health department is I got involved in the negotiations with the Union. Where would I ever get exposure to Union negotiations other than in the health department? Because they happen to have a union. We don't have unions in our hospital. I wasn't involved anywhere else where there are unions, but I got to learn about negotiations and unions and legal aspects.

So, break these things down though, because if it's time to do your resume and you forget. Just to say you were the chair of a committee is not the same as saying what you actually accomplished.

HF: That's such a good point, especially if someone is like you, like, how do you remember all these things that you've done? All right. Well, this has been a fantastic episode. I love having you on the podcast, John.

JJ: My pleasure.

HF: Yes. Always, always great to have you. I want to give you a minute to tell the listeners about some of the things that you offer. I think you have something that would be pertinent for this episode, too, that you can share.

JJ: Yeah. It would probably be the easiest to maybe give your listeners something of positive and it'll just automatically kind of bring them to my website. So, my main site is called Nonclinical Physicians and it's at nonclinicalphysicians.com. But if you go to nonclinicalphysicians.com/buildskills it'll bring you to a little course I put together actually about a month ago called Using Nonprofits to Build Business Skills.

And I made it really inexpensive because I want people to get in there and look at it. But for your listeners, it can be totally free. So, you just go in there and use the coupon code "FREE", and you can access that. It's like four lessons. It just gets into more detail. It's just that one way of getting management and business experience while you're still in practice.

HF: I love that John, that's a quick win. So, how can you argue with free? And I will make sure to put all your contact information in the show notes as well as this course to remind you of that code "FREE". But I just have to give you a shout out John, because you are one of the most generous physicians I know in this space. You have over 258 podcast episodes all done for free, but you can support John by donating. He has a donation button. I know it works because I used it to help support your podcast because as a podcaster, I know this takes a lot of time and commitment to do this. So please support John and know that he is truly in this heart space when he's doing all this work and help for you. So, thank you again, John. It's lovely to have you.

JJ: Thank you, Heather. It's a great being here and I appreciate you and what you're doing and it's my pleasure.

HF: Thank you. Okay guys. So, if this is of interest, please go and check out some additional resources. I'll also link to the other two podcasts that I did with John that were big hits so you can see those and listen to them. And don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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