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

TRANSCRIPT

EPISODE 144 Pediatric Gastroenterologist Finds Balance At A Benefits Management Company

With guest Dr. Michele Cho Dorado

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MCD: "The thing that we always remember is that there's a patient at the end of this, right? So we're really not trying to be a barrier, but if we could just get all the right information the first time, I think things could get expedited."

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 and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 144. Today we're going to be looking at a specific area within the nonclinical sector called Utilization Management or UM which is an area where physicians may work as medical directors. We have discussed the medical director role in utilization management in several earlier episodes. These physicians were working for health insurance companies directly.

Today, we're going to be speaking with a physician who works for a benefit management company, which is often an arm of a health insurance company. Physicians at benefit management company are typically evaluating requests for tests, procedures, imaging studies, and sometimes certain treatments.

Our special guest to help us learn more about this role is Dr. Michele Cho Dorado. Dr. Cho Dorado is a pediatric gastroenterologist and medical director. She is also a children's book author and founder of Bright Futures EDG. Her book is called Reach For The Stars, and introduces basic financial concepts to young kids.

Michele will be sharing how she got into the role of medical director at a benefit management company, what her day-to-day work is like, qualifications for this job, who would be a good fit and more. It is my true honor and pleasure to welcome Dr. Cho Dorado to the podcast. Hi Michele. Welcome.

MCD: Hi, Heather. Thank you so much for having me.

HF: Yeah, I'm excited. And guess what? As you know, I bought your book. I love it.

MCD: Thank you so much.

HF: That is impressive. My half-sister did a master of fine arts because she wanted to write children's books, but you just went and did it.

MCD: You know what? It's all part of this journey of what I went through and leaving practice and we didn't get into it. But yeah, it's something I never thought would happen. Now a few months into having launched it, I'm very thankful and feel grateful for the opportunity.

HF: Yeah. I'm going to give you a chance to talk a little bit about the book during the podcast. There's a lot of things we want to find out about you, and I'd love to have you start with how you transition from being a PD gastroenterologist into working at a benefit management company.

MCD: Yeah. I would say there are multiple factors there. Part of it is, and this will sound very cliché, but once I had kids, my priorities just shifted. And up until then, I think part of it is how we're trained and probably part of it's my personality, but I just was always taught to put work first, and you're just so used to pushing through whatever difficulties there are and whatever obstacles there are getting in your way, you just make it happen. And like I said, work was always first.

I think there were a couple maybe minor health scares where in hindsight, I just had realized that I wasn't able to prioritize my own health or that of my family's because work was coming first. And so, that was one factor.

When I had my first kid that was the first time I had even considered maybe leaving practice. And I think I mentioned before the podcast, but it took about two years for me to process making that actually happen because again, you put so much time and energy to getting to where you are and being a pediatric gastrologist for me was just so much of my identity.

And so, the thought of actually leaving practice, I couldn't emotionally process it right away. I had reached out to somebody when I saw that there was an opportunity for something like this at my current company and just to get some information. And again, I made that realization that I wasn't ready and kind of chickened out of applying for it.

But fast forward two years later, I had my second kid, a couple of more of those circumstances that I mentioned where again, I just felt like I needed to reprioritize. And I think that was when I felt ready.

The last factor of that was that my husband and I were talking about moving geographically. And so, we had thought that if ever there was a time when I felt ready to leave practice, if it were going to happen, that would be a good time to transition because then it would allow us to also move. That's kind of what happened. All those three things kind of came to a head and there happened to be another opening for GI position at the current company. I reached out to that same person and was able to apply for it at that time.

HF: I don't think you're the first person whose priority shift when they have children. Cliches are there for a reason. It's often a common experience. Had you considered working part-time or any other type of clinical nonclinical blend?

MCD: You know what? I think a lot of what I liked about the opportunity of working and doing utilization review was having the flexibility and more the predictability of the schedule. I think when you're putting aside your own health and not prioritizing yourself, it's different than when you have a family and kids come into play because all bets are off, with the kids. Things are popping up all the time.

And when you're in practice, even if you're working part-time, at least in my thought, you're still taking call, being a pediatric GI you get called in the middle of the night with food boluses or foreign bodies. And so, I think just the unpredictability of that and having to be ready at any time when you're on call, I think I was just looking to leave that part of it.

And so, with the current work that I do, I work 100% remotely and the schedule is very flexible and there's no more guilt associated with making changes to your schedule. I think that was also part of it was if something came up and if there was a health issue or whatnot I felt guilty about canceling clinic or making my partners cover my patients.

And so, I would ignore my own concerns to make sure that I was being the dutiful doctor and seeing my patients and doing the procedures. And anyway, that part I think I was wanting to get past. And so, this current work allows me to have a more flexible schedule, to be able to make changes when I need, when things come up with the kids. And it's just been much better for what I needed.

HF: I think that's a number one reason often people say that they want a nonclinical job is they want to be there for their kids' events and they want to be able to pick them up and they feel bad when their kid is sick, yet they're there taking care of sick people and they can't even be there for their child.

MCD: That actually is the final straw for me. I mentioned a couple of instances, but the last thing for me that kind of pushed the decision to finally say I'm ready is my older son was very sick for a week and every morning I was waking up and going to work and going to clinic and doing procedures. And by the end of the week it just was a horrible feeling, especially me working with kids. I felt like I help all these other sick kids and my own kid is sick at home and I couldn't attend to him. And so, it was just one of those feelings that just hit me in the heart.

HF: Absolutely. I think if we could make clinical work more flexible and accommodating it would be very helpful. But I also understand if patients are scheduled and you can't just leave them sitting there “When's the doctor coming in?”

All right, we're going to be talking about this work that you're doing in a benefit management company. And as a slight contrast to what a physician would be doing at a health insurance company, you're focusing more in the area of imaging studies tests and procedures.

A physician at a health insurance company might be doing the broader spectrum of care for patients. There's a lot of overlap, but then there's some differences. I'd love it if you could start with a description of what a day might be like for you.

MCD: Yeah, sure. As a gastroenterologist, at least in our company, we're siloed right now within the GI group, although I know a lot of companies do see other specialties and I did initially when I first started, but just as our division's grown, we've siloed into our own group. But yes, we focus on reviewing radiology and procedural testing for GI related patients. Endoscopy, colonoscopy, capsule, things like that. And then any sort of abdominal imaging.

And the day, I would say it varies from a mix of doing written cases where you're reviewing charts on an online platform and then you also have some peer-to-peers where you're reviewing cases that have already been denied and then talking to physicians to hopefully get additional information to see whether the case can be approved and meets medical necessity.

And then there's a mix of other things throughout the day. I'm on some committees, so there are committee meetings or division meetings. I'm also helping out with actually orientation. And so, there are a couple of new GI medical directors that are starting. And so I've been helping out with helping orientation and training from that respect as well. And so, yeah, the day varies. Again, all of this is remote. You're doing this from home.

HF: What is it like to be on the computer all day long when probably in clinic you were pretty busy and moving and going in rooms?

MCD: Yeah, I'll be honest, that was one of my hesitations of starting this type of work because I'm used to being on my feet and even my husband was like "I don't know if you're really like a 9:00 to 5:00 type of person. Are you going to like this?"

But the thing is, I think it's not boring work and I think that as long as you're stimulated and you're learning, I still find myself very engaged with what I'm doing. And another part of it was I thought I might feel isolated. I'm used to being around my colleagues and having discussions and being in journal club and things like that. But here your interactions are either virtual or through meetings or even the peer-to-peer calls. I was very not looking forward to doing the peer-to-peers when I first started, but I've been pleasantly surprised and being able to chat with other doctors on the phone has actually been much more pleasant than I expected and I've actually been enjoying it, as funny as it sounds.

HF: Okay. All right. This is something we're going to unpack a little bit because it is probably one of the number one concerns of physicians doing this work.

MCD: Yeah. I definitely remember what it was like to be on the other side of the peer-to-peers. And so, that was part of my hesitation of wanting to do this. I remember myself just having a very contentious mindset of going into these peer-to-peers of feeling like I have to defend why I ordered something. And almost like you're going in argumentative already.

And so, I was very much not looking forward to that, but I think being on this side of it, I have a whole new take on it. I think that there are a lot of misconceptions with what we do. And I think some people think that there's some sort of incentive to deny procedures, really just trying to deny as much as possible. And that's very far from the case.

There's definitely no incentive to deny. And actually that was one of my very first questions when I looked into this job because it was really important for me that that not be the case. Just ethically, we were all clinicians and are clinicians and everyone remembers what it was like to see patients. And so, really our goal is to try to help and

try to prove when we can as long as it meets the criteria and guidelines. And so, that's one of the biggest misconceptions.

And then the other thing I was telling you earlier was that all the guidelines are evidence-based and I myself sit on guideline committees, so we meet every other week and make sure that the guidelines are up to date with any new literature and we try to make things less restrictive if possible, if it meets the criteria and if it meets standard protocols. Like I said, there are a lot of misconceptions and with that said, many of the peer-to-peers are much more pleasant than I expected. I think if they can sense that you're trying to be helpful, which we are, then the conversations usually go pretty well.

HF: I'm wondering where the gap is because I was reading all these reviews of insurance companies and benefit management companies online, and there were a lot of really unhappy patients who felt like they were unfairly denied their MRI or whatever it was they needed.

MCD: You know what? There's definitely a gap somewhere. And I think honestly, the majority of the cases that we're reviewing is that we're missing information. And so, there's so many times where I wish I could just get on the phone and call the person to say just ask the questions that we need. Because half the times we're getting clinical notes that are the clinical summary sheet where there's no HMP on there. And so, then it gets denied because there's a lack of information. But the patient doesn't realize that we just didn't get the note.

Or even sometimes the doctors don't know because there's somebody in the back office sending them and not sending the right stuff. And so, doctors are busy and we understand that and they're not the ones that are physically faxing over everything.

But honestly, I would say the majority of the times we just didn't get all the information and so we have to deny based on that. And that may play into some of the

misperceptions too unfortunately, but that's just the reality of how it is. And maybe that's why most of the peer-to-peers are pleasant too, is because many times you get on the phone and you just say, "Oh, we just didn't get this information." And then you hear what the reasoning was or what details are involved in the case and it's approvable.

HF: How often are you doing peer-to-peer calls?

MCD: Yeah, it varies. There are days that they're very busy. Early on when our group is smaller, the case volume was higher and so I was doing sometimes as many as 15 to 20 a day. And recently our group has grown and I'm doing much less. So, roughly anywhere from like 3 - 5 to maybe 10 at most. But it varies from day to day, it just kind of depends.

HF: What for you would you say is the most challenging part of your job?

MCD: The challenging part? I would say maybe seeing some of the inefficiencies like I was just describing how you get notes or cases to review and you don't have all the information and the thing that we always remember is that there's a patient at the end of this.

We're really not trying to be a barrier, but if we could just get all the right information the first time, I think things could get expedited. But then there's a lot of back and forth and to me there's just a lot of inefficiencies in getting information and things like that I think that are a little bit out of our control. And so, with that said, I understand the frustrations on both sides.

HF: Yeah. I remember speaking with a medical director who's working for health insurance company and one of the projects that he was working on was to look at the fact that often there's high percentage of denials that get overturned because he was in appeals and grievances and they're trying to look at, "Well, if we're actually overturning them, they really shouldn't be denied in the first place, so how can we improve the efficiency?"

MCD: Yeah.

HF: Let's talk next about the different types of specialties that you see for physicians working in this area.

MCD: The more in demand specialties, you're saying?

HF: Just the range even, but we can talk first about the more in demand ones.

MCD: The company I work for has all different types of specialties. They go through cycles of hiring certain specialties, but gastro, cardiology, oncology, both med-onc and rad-onc are usually highly in demand. Orthopedics, radiology, a lot of the surgical subspecialists as well. So, vascular surgery or cardiothoracic surgery, things like that. There's sleep medicine, there's neurology, whatever organ system there's a specialty for.

HF: That makes sense. That makes a good way to look at it.

MCD: Yeah.

HF: Do you have internal medicine physicians? Family medicine physicians?

MCD: Yes. Yes, there are. OB-GYN even. Yeah.

HF: And emergency medicine.

MCD: Emergency medicine, yes.

HF: So it is quite the breadth and depth of specialty.

MCD: Yeah. Yeah, it really is.

HF: For sure, for sure. Do you know what the specific qualifications are to work here at this company?

MCD: Yeah. For my company, you need to be board certified and we keep up with our board certifications. You need to have an active license in at least one state and they require at least five years of clinical practice. And that seems pretty standard, I would say.

HF: Yeah, that is what I'm familiar with. I know there's one benefit management company where they will consider you if it's three years post-residency, but five is pretty standard.

MCD: Yeah.

HF: What would you say would be a way for a physician to think about if this might be a good fit for them sight unseen?

MCD: Personally again, it took me a couple years to process it, but I spoke to somebody that worked at the company that I'm at and just got some information about what it's like and kind of the culture and asked all the questions like "Are there incentives to deny?" And things that for me would be deal breakers.

And one of the other things that I did early on was there are some of those nonclinical physician groups on Facebook or whatever other social media sites there are. Again, because it was kind of brewing in my mind that I might consider that, I looked to see whenever there were discussions about utilization review jobs or people's experiences or discussions around it and just got a sense of what companies people had good things to say about.

And so, whenever ones repeatedly came up, I just made a note of it and I started to make a list actually of different companies. And so, then finally when the time came two years later where I felt like I was ready to pull the trigger, I remember going through that

and first revisited the one that I had spoken to because that one repeatedly came up and then I would've done the same with the others as well.

Finding somebody that works at the individual company personally I think is very helpful because you kind of get an inside look of what it's like and you can ask all your questions. And that was helpful for me.

HF: Now, you're a pediatric gastroenterologist, I'm sure you've had a big impact on kids' lives and your role. How do you feel about your impact at this job?

MCD: Yeah. I mentioned briefly that there was a bit of a grieving process in leaving practice. So despite it taking me two years to decide to leave, once I did leave, I still felt like I was leaving something behind. It took a while to kind of process what was happening emotionally.

And so, with that said I think what I do now, the work has been such a blessing in the sense that it's freed up a lot of time and also mental energy. That's the one thing I think I didn't realize it would affect. Just when you're in practice, you're constantly on and you're dealing with kids who are sick and high stress situations, day after day all day long. And so, you come home and you're just kind of like mentally fried. And so, having more mental energy has been such a blessing.

With all those things said and no regrets in leaving, I did kind of feel a little bit like I had a bit of an identity crisis because again, so much of my energy and time and my identity was in being a practicing pediatric gastroenterologist.

HF: Sure, sure. Understandable.

MCD: Yeah. I think when I started delving into some of these other things outside of medicine, like writing the book, and then that just kind of grew, I started feeling like I had more to

give than just a book. I wanted to build content on that. And I felt like there was a bigger mission and purpose in being able to provide value and education to teaching kids financial literacy because that's kind of the niche of the book.

It kind of reignited passion for what I'm doing on the side. But also even with the work that I'm doing in utilization review, I'm still working and using my brain and my mind as a gastroenterologist. And like I said, I'm on the guideline committee, we're reviewing literature, we still attend conferences and get CMEs. And so, I kind of feel like I'm able to meld my worlds together at this point. And so, that's been a big blessing for me.

HF: You make a really good point, Michele, is that often when we're leaving, we think about loss. What are we losing? And it's hard to even imagine that when you change, there can be space to create something new and wear that energy that you didn't really have any extra of is going to want to go to create something that's helpful for others in a completely different way. Did you ever imagine you'd write a children's book and be talking to them about finances?

MCD: No. This might be a time for another topic, but I think just having that mindset shift and when so much of your identity is one thing and it's medicine and medicine is such a narrow path, I personally realized that I had a lot of limiting beliefs and what I could and could not do. And so, when I was able to break free of those beliefs and I had more mental energy to explore that, it just really allowed me to tap into creative sides of myself that I didn't think I had, business entrepreneurial sides of myself. Like you said, it opens up new doors and new opportunities and new paths that you maybe didn't consider before.

HF: Excellent. Oh, I'm excited to see where your company goes and what else you start creating for kids. Before we wrap up, I want to ask a few more questions about this job. Are you able to get a little bit of guidance about the compensation?

MCD: Yeah. I would say just generally speaking, I'm a pediatric subspecialist and so probably some of the adult specialists will make much more, but I would say the entry level medical directors for my company range anywhere from like low $200,000 to upper $200,000. That's kind of like an average range, I would say.

And then each year you get raises and there's some bonuses. And even within the medical director roles, there's different tiers. There are senior medical directors that I'm sure the compensation is higher. And again, it may depend on your specialty. I think it ranges based on specialty.

Yeah, I think some of the adult surgical specialists, I'm sure would probably take a pay cut in taking this kind of role but then on the other hand, you trade off more flexibility and no call and things like that. So, I think there's a tradeoff there.

HF: That's helpful information. We often think our income is going to go down automatically, but not necessarily. Now I want to take a short break and then we'll be right back to wrap up.

All right. My dear listeners, I've been mentioning on the podcast lately about an email that you can use to reach us. The email is team@doctorscrossing.com. We'd love to hear from you if you have any requests for future episodes, any comments, feedback.

It's also possible to get on our weekly email list if you're not already and you get the podcast it's coming out for the week, as well as sometimes stories that I tell or extra discounts or offerings that are coming up.

So, if you're not on the email list, you can email my assistant Kati at team@doctorscrossing.com. I'll also put this email in the show notes because we'd love to hear from you.

All right, we're coming back here with Dr. Michele Cho Dorado, and I'd like to ask her one more question about this job. Often physicians will wonder, "Okay, is there something I should do besides having the basic qualifications that would make me an extra good candidate for this job? Is there anything like a course or doing chart review or anything else you think would be helpful?"

MCD: There may be. Honestly, I didn't do any of those things. When you start at a company like this, you get all the training during orientation that you need. I have heard of some people attending some nonclinical conferences. I think SEAK is one of the ones I've heard mentioned a couple times.

I think maybe making connections through LinkedIn, looking at other people that do similar types of work and maybe trying to get some connections to the different companies that way. But personally, I really didn't do anything differently than reach out to another medical director at the company to get information that way.

HF: Well, that's fine. That's good proof that you don't have to do something extra. I know some physicians might take a course in utilization management, some do some chart review on the side. And I think what you're mentioning is probably the most important is talk to other physicians who are doing this job to see how it sounds to you when you hear one of your colleagues describe the work.

MCD: Yeah. And just to add, I think if you're going to do chart review that might be helpful in the sense that it gives you a sense of what you might be doing day to day.

HF: Yeah.

MCD: This type of job. So, it's not for everybody. I think that it gives you an insight peek into whether or not you would like it or not.

HF: Absolutely. And we do have a podcast with Dr. Rinku Mehru on doing chart review, so you can search on that if you want to hear about getting started with chart review.

All right. Now let's put the laser focus on anything you want to share for the listeners about your book or how to reach you or this great platform that you have for kids and finances.

MCD: Yeah. My book is called Reach For The Stars and it's really geared towards the younger age group. I personally did not learn any financial literacy till much later. I was about eight years into my attending ship already before I realized that. So, it's really a way to introduce basic financial concepts to little kids and get them started early on.

And then the website is www.brightfuturesedg.com and you can get the book and some other related activities, sheets that are downloadable for free on there. I hope to build additional content on there as well so you can go there. And then you can reach me at info@brightfuturesedg.com. I'll give that to you for the show notes. And feel free also to put my LinkedIn if anyone has questions. I'm happy to answer any questions to your listeners and free to share my experiences and any guidance if it's helpful.

HF: Well, thank you for that. I will include this information in the show notes. And I just wanted to ask you, what age group are we talking about for kids?

MCD: Roughly like 4 - 10 or so.

HF: Okay.

MCD: Yeah. And then the other thing I was going to add was aside from just increasing financial literacy, my hope is to empower them also with the story and empower them to be bold and to think big and to share their ideas. And I think that having financial

literacy builds on those things. And so, that was the other aspect of the book and the whole concept behind the platform.

HF: Well, that's wonderful, Michele. I'm really glad you're doing this and you found this new direction. It reminds me of something I read about how a lot of entrepreneurs actually had some type of little business when they were 10, by age 10. So you may be inspiring some future entrepreneurs of the world.

MCD: I hope so.

HF: Well, thank you again so much for coming on the podcast. It's been wonderful to have you as a guest.

MCD: Thank you so much for having me.

HF: It's my pleasure. All right, my dear listeners, I hope you enjoyed this episode. Please feel free to share it with anyone who might be interested in this area. And as always, 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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