



EPISODE 151 A Family Doctor Who Likes Helping Other Doctors In Their Careers

With guest Dr. Jonathan Vitale

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JV: “Yes, we do deal with some fraud, some abuse, but mostly what we’re dealing with is reducing waste in the healthcare marketplace.”

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. I'm your host Heather Fork, and you're listening to episode number 151. I'm really excited to welcome our guest to the podcast as he has a lot of experience helping other physicians find satisfying and fulfilling careers.

His name is Dr. Jonathan Vitale, and he is a family medicine physician who manages a team of other doctors in the area of utilization management. Dr. Vitale is also the founder of the Remote Careers for Physicians Facebook group and is a physician career coach.

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We're going to be covering several different topics today. Dr. Vitale is going to give us some “insider” tips for finding a job in utilization management and what the current landscape looks like in terms of competition. Jonathan will also be talking with us about other jobs or positions in health insurance companies besides utilization management. These are jobs we often do not hear about.

Lastly, we will also be touching upon what it is like to work in a remote position. I'd like to extend a very warm welcome to Dr. Jonathan Vitale. Hi, Jonathan. Welcome.

JV: Hi, Heather. Thank you so much for having me. It's such a pleasure to be here. I'm so excited.

HF: It's great to have you. And I just listened to the podcast you did with John Jurica, and you have so much to share because I call you a multi-passionate physician. You have a lot of different interests personally and professionally. And so, this is going to be an amalgam of some of the different things that you do.

JV: Yes, and thank you. I do have a lot of interests and a lot of passions, but that's one of the reasons why Remote Careers is so important to me, because it allows me to do many things. So, I look forward to talking about it.

HF: All right. Well, let's dive in and we often like to begin with how you got into doing what you're doing now, and if we look at this area of utilization management, obviously you didn't start there, so take us back to wherever you want to begin with your story.

JV: Sure. Well, I had a pretty typical career path at first. The college. I did an undergraduate degree at University of Rochester. My major was psychology, and then I did a master's in counseling, but then I went right to medical school and then after medical school to

residency in family medicine in Chicago. And then from there I got kind of a traditional outpatient family medicine job, both in Chicago, and then I moved here to New York City. And I did that for a few years, while also concurrently doing a little bit of utilization management or UM on the side, a little bit of chart review, maybe like 10 hours every two weeks. And then after doing that for a few years, I quickly decided that I didn't see myself as a typical outpatient family doctor for the rest of my career. And I made a full transition approximately seven, eight years ago now to a full-time position at a large insurance company doing utilization management. And I've been doing that ever since.

HF: I know there's a lot here and there's something I have to ask you about, which is were you thinking of being a counselor earlier when you did the two years?

JV: Yeah. Good, good question. I actually was considering psychiatry. And I really enjoyed the psychotherapy aspect, so I got a master's in counseling. I still maintain the national certified counselor credential, but I quickly learned after that, that I think family doctors do a lot more counseling in their daily work. And the interesting thing is, today in my role as a manager in utilization management, I use a lot of my counseling skills all the time when I'm working with my team and everybody else. So, I really just enjoy people and learning about them. That's why I did that degree.

HF: Yeah, I was interested because sometimes I'll have a physician say "I want to become a therapist, and then I'll look into becoming a counselor." And it takes a lot of time, and I don't know about the income potential as compared to if they say became a coach and then did something sort of similar and it wouldn't require all that time and training and becoming licensed.

JV: Yeah, absolutely. Nowadays the word "coach" is kind of unregulated, whereas the word "counselor" in most states is regulated. So yeah, if you're like a career coach or even a life coach in some situations, you can basically set your hourly rate for whatever you want, and you're not dealing with insurance companies, et cetera. As long as you have

the clientele willing to pay for it, you absolutely can have a very high income potential. But now the same thing though, if you're a licensed therapist, you can also have a high potential of earning. But in my opinion, really only the therapists who don't take insurance and are just private billing people are the ones who really do well doing that.

HF: Right. Well, that was a little bit of an aside, but I was just curious because you had done that training and you have this certification. Now, one thing I'd like you to just touch upon, because even though we talk about utilization management a lot on the podcast, some people may not be familiar with exactly what that means. Could you give us a little nutshell description, please?

JV: Sure. And I always use the phrase utilization management, when I say it's the management of resources. What we're doing is we are kind of a third party objective reviewer of resources that have been ordered by physicians or NPs or PAs, and are given out by insurance plans. And what we do as UM reviewers is we're ensuring that those orders that are written by the physician or the NP or the PA are evidence-based, are concurrent with the plan guidelines and the plan rules. So, that's what we do. I think a lot of people think that UM folks are just denying things, and that is absolutely not what we're doing. If anything, what we're doing is we're mostly reducing all the waste you see in healthcare to try to help keep costs down. Yes, we do deal with some fraud, some abuse, but mostly what we're dealing with is reducing waste in the healthcare marketplace.

HF: What would you say to a physician who worked at a UM company and quit and is saying that their experience was that they were denying care and they thought, "Well, I just can't ethically do this?" I remember there was one instance of a physician who started doing a UM job and there was I think a patient who they thought should be on suicide watch and be in the hospital, but the insurance wouldn't pay for it. And they just felt ethically this isn't right. And I'm sure we each have our examples, but how would you respond to what we hear about this kind of situation?



JV: Well, there's a lot of things I would say. The first thing is, not all companies are the same. I'm fortunate to work for a large health insurance company who is very ethical in all the decisions that are being made. I want to also stress that certain things are illegal in this country. It's illegal for physicians to have quotas, for there to be any sort of denial quota, anything like that. Those do not exist. Any sort of monetary bonus for denials does not exist. It is illegal, not allowed by URAC, which is the accrediting organization. Those things do not exist.

The other thing that I would say is an example. You don't always hear both sides of the story. You don't always know everything that's going on. But in my case, as is the case for a lot of legit UM, if we're getting a request for something that is life or death, or is very, very important, a very important imaging study, a very important medication, a very important hospital stay, whatever it is, and for some reason we may need to deny it because of guidelines, what we do is we all, we do peer-to-peers, we call out to the ordering physician really to try to make sure that we have the correct information because oftentimes we just don't know everything.

And the other thing I can say is, and I can say this absolutely for truth, if it is a case where we do think that that patient needs something and it's evidence-based and we think that they need it, we're going to move heaven and earth to make sure they get it. We're not there to deny people of things that they need.

I understand that other people may have different experiences at their UM companies. I know there's some very small UM companies who they may have that understanding, but I want to be very clear that nationally behavior like that blatant denying is illegal and unethical.

And what we do in UM I think is extremely ethical because we do things like stand up for making sure that patients are getting the right evidence-based treatment. A lot of



people out there who get denials in the mail from insurance for whatever reason, what you don't understand is you may have an outstanding physician who's ordering the right treatment or the right imaging study, but there are some physicians and NPs and PAs out there, there are some who are not always practicing evidence-based medicine, who are maybe ordering a head CT for every headache or who may be ordering lots of labs or maybe ordering lots of medications that are maybe not necessarily necessary or indicated.

And that's why UM exists, because we have to be sure that people are watching those folks who are wasting resources. But I'd also encourage those folks, if you get a decision you disagree with, you can always appeal it. There's lots of ways to appeal decisions. And look, it also is why it's so important to make sure that you're working for a reputable employer, which I would say 90% of companies in UM are reputable in the US.

HF: Right. They're monitored, and there's whole probably departments for accreditation and monitoring. We've done podcasts before where we've talked about physicians who are in that entry level utilization management position. So, we've done some coverage there, but I haven't had anybody come on the podcast such as yourself who is managing other physicians doing the UM work. Briefly, could you talk just a little bit about what your role is there and what you see in terms of those physicians' workload and their satisfaction?

JV: Sure. Well, I manage a team of physicians and usually the entry level position for UM is a medical director. Sometimes it'll be associate medical director, but it's either associate or a medical director. That's an entry level position. When people are out there looking on Indeed, or Glassdoor or LinkedIn, or even Google, it's important that's always a good search term to use.



And really, what I do as the manager is I also have a team lead who's below me, who kind of manages the daily operation of the team, and I kind of oversee that. But what we do is basically manage the volume of cases that's coming in every day.

A typical medical director, as I was for several years, you typically have an amount of cases that you get in the morning, and they are loaded into what's called the queues. It depends on what company you work for, but most all of them have queues that they put cases in and assign them to. And typically you're just working through your queue during the day. You may have one or two meetings, but really at the entry level, those aren't that common. Maybe one or two a week, you'll have a team meeting.

And of course, you're going to have when you first start out, several weeks of training. But when you've been doing it for over a year, you're really working through your queue. You're probably keeping in touch with your team members through Teams or Slack. It depends on the company you work for. And working through your queues.

And now the thing that a lot of physicians really like about UM is the lifestyle. They really like that you typically have a little bit more flexibility in your day-to-day. If you have an hour appointment, if you have to go to a doctor's appointment, or you have to pick your kids up, or you have to care for an aging parent, or you want to exercise, typically those are things that you're able to work into your schedule without taking time off, which is a big perk of UM.

Now I think the other question that comes up a lot is, "Well, am I going to be tied to my desk? Is somebody going to be monitoring all my clicks and all my productivity and everything I'm doing?"

What I can say about that is it's really a company dependent. Usually that's not the case. It's not for my company, for instance. Usually that's not the case. There are some

companies I know that keep a really close eye on your daily productivity. It really depends on who you're working for.

But I would say that the majority of the good UM jobs, the productivity guidelines are pretty easy to obtain. If you're trying to be more productive than that, it may be for things like bonuses and things like that. But I want to clarify or just emphasize, this has nothing to do with denials versus approvals. Nothing to do with that. It's just about productivity.

In other words, the company doesn't care, or they can't say they care about you approving versus denying, but they can look at your productivity. Sometimes that is measured a little bit more closely, but by and large, you have a lot of flexibility, a thousand times more flexibility than you have in a traditional clinical job where, I remember as an outpatient family doctor, it's just every minute of your day is scheduled. Every single minute is, you're in front of a patient or you're charting or you're doing something.

In UM you can take a lunch break, you can use the bathroom, you can take a walk. There's all kinds of flexibility that people enjoy. By and large, the medical directors love their job. High job satisfaction is very high in UM. And it's really fun for me to manage these folks because I get to hear from them how much they like their job.

HF: I have to second that too, because a good number of my clients have gone into UM, and I think everybody but one person has really been happy with it and they say, "I'm appreciated more, I feel valued, I have flexibility", and they start having more balance in their life.

When you were talking in my mind I was laughing when you talked about some companies monitor you more than others. And I went to visit a friend of mine recently, and her husband works remotely. He is not a physician, but I went down in the

basement where he had his office and there was this mouse moving around on his desk and he was on the Peloton. And so yeah, he has this mouse with his software that kind of moves around on the screen so he can ride his Peloton.

JV: Yes. Well, I also have a Peloton and I do it every single morning. I don't have one of those mouse devices but I don't need it because I have that flexibility in the schedule. And fitness is important to me and that's one of the things that I wanted to do every single morning. And I'm able to do that because of the freedom that I have in this position.

HF: I know. I wish more physicians were able to exercise in the morning and that was just built into their schedule.

JV: Yes, yes.

HF: I want to shift gears a bit, and since you help physicians get into utilization management, you're a manager in this area, to give us some of the insider tips that you've seen that help physicians be more of a competitive candidate.

JV: Absolutely. I think the most important thing when you're applying to a UM job is to understand that, first of all, there's a lot of applicants for every single position, probably hundreds for every position. But to really set yourself apart, it's good to show that you have UM experience.

People say, "Well, how do I get experience?" And there's a lot of ways to do that, but the two ways that I suggest are going to the NAIRO website nairo.org. It's the National Association of Independent Review Organizations. And all you do is go there and you click on members and you scroll all the way down. And there are logos of about 30 different chart review UM companies there that hire doctors to be on their panels to do all sorts of UM chart reviews. Some of it is disability reviews, some of it is chart review for medications or imaging studies. These are just one-offs that they'll put you on their



panel for. And again, you're not going to get a lot of money from doing this, but you're not doing it for money. You're doing it for experience.

And after you do that for several months, at least you can then put that on your CV that you have all this UM experience with these different companies. And again, if you apply to every one of those 30 companies, at least a handful will take you on their panel. And yes, it does take a long time, but look, you have to put the time in to get these positions.

But after you do that, you can put that on your CV, then you have experience in UM and you can work with somebody on polishing your CV or resume to really highlight these experiences that you have in UM chart review guidelines, understanding that these guidelines exist using buzzwords like InterQual guidelines or Milliman guidelines.

HF: Right. I've seen that in job descriptions.

JV: Absolutely. Using these buzzwords is super important and some recruiters actually look for those and really showing that you understand what UM is because you've done it. Then after that, the real challenge is applying.

And so, I always tell people really approximately five places you should be looking every single day for postings. Indeed, of course, LinkedIn, Glassdoor, Facebook, and then the Facebook groups.

And then also the individual big UM company or big insurance company websites, which you should be going to every single day because positions are posted every single day, as in the entry level buzzwords are medical director, physician reviewer, physician advisor, utilization review, utilization management. Sometimes just a chart review physician. All these terms, you can even set them when you're doing your Indeed search. You can set these as your daily search to look for those positions as remote, of course, because I assume most people will want them remote.

And then what you want to do is actually apply and people on the group know I always say, “Apply, apply, apply.” But something that you talk about a lot too, Heather, which is really important nowadays, is networking. And you can do a lot of this networking actually just through LinkedIn. And Heather talks about this a lot on how to do that, but you really want to try to reach out to somebody at these companies or two or three people, especially who have a job that's similar to yours that you're applying for and you want to pay for the premium subscription and you want to send them a message and just say, “Hey, I'm interested in this position. Here's my CV. I noticed you worked there. Do you have any tips for me?” Or anything like that.

Now these are not guarantees. There are people who may respond to you and say, “Yes, I work there, but I can't do anything. I'm sorry.” But even so, doing this enough and doing it regularly and doing it for several months will eventually get you an interview somewhere. Yes, it takes a lot of persistence. Some people are luckier than others. Some people only need to do this for a week. Other people, they do it for 16, 18 months, but it will get you in the door.

The other thing to remember is right now in September and October, a lot of hiring happens after Labor Day, then things slow down for the holidays, then it picks up again in January and February. It's really important for people to keep that in mind that you got to be looking at how timing works, how hiring works. So, really focus your efforts on October and September and also January and February are great times to do it.

HF: Yeah, those are a lot of really excellent suggestions, Jonathan. I find that if physicians do chart review, not only does it increase their platform, but then they find out, “Do I even like this work?” And it helps when someone's looking at them as a candidate, if they've actually done this work, then there's more reassurance that if they get hired, they're not going to want to bounce back and say, “Oh God, this isn't really me.” It serves a couple purposes.

And I'm just going to mention here that I have a list of chart review companies as well. That's a freebie on my site. So if you'd like to get this, I think it has a few more companies than a narrow list, I'm not sure.

JV: Yes it does. It's a great list. I've seen it.

HF: Oh, thank you. You can find it at the doctorscrossing.com website and go to the freebies tab and there'll be the chart review list if you just scroll down and then you can get that. And as Jonathan said, don't just reach out to one company. Canvas as many as you can, and all you really need is one or two and then you can start doing chart review.

Now, one thing I've also heard mentioned by recruiters that they like to see is if you're on a committee, you might see about being on a UM committee, a quality committee, peer review committee, those things I think they like, and then having additional licenses. Sometimes you just get rejected because you don't have the license they're looking for.

JV: And those are great points. Some states require licenses to do UM in those states. Some don't. But keep in mind that these large insurance companies usually are in several different states. And it may be a state like Texas or a state like California, which requires a license to do UM in those states. So if you already have those licenses, that's a wonderful thing.

The other thing I'd mention is there is an ABCO board certification, which is kind of the board certification in utilization management that a lot of people ask if they need to get that. It's not mandatory, but it is something that does show that you know what is and you're really interested in it, if you get that additional certification, in addition to being on the committees, yes.

Because really what we're doing, especially when we interview you, we're trying to understand: do you just really hate your current job and you just want to get into anything remote because for family reasons or anything else, or is this a job that you're really going to enjoy? I always use the phrase, "Hire slowly, fire quickly" because we want to bring people on that are going to stay here for years because it's a very expensive thing to hire a physician.

HF: Absolutely. I like that phrase. I've never heard that, but it's a good one.

JV: I use it all the time. Yes.

HF: I had mentioned earlier in the intro that you were going to tell us about some of these jobs in health insurance industries and utilization management that are not actually doing utilization management. What would you like to share about this?

JV: Yeah. It wasn't until I started doing full-time UM that I would start interacting with other doctors at the company who weren't doing UM. And I would be like, "Wow, what's your job title? That's interesting." There's other positions available, so of course, chief medical officer positions, there's typically several of these at large companies over different divisions. As one of them there's positions called solutions or national medical Directors.

These are people who aren't really doing UM per se, but they're working with the guidelines a little bit and also they're trying to advertise for that insurance company and going out and trying to broaden their network. Then a lot of companies now have the chief health officer, another position that is a physician position. So, there's several positions other than just medical director.

HF: What would be the entry point? How would one acquire one of these jobs or be eligible for them?



JV: Yeah, most of them are either through a UM position to get your foot in the door. I've also, though, seen people who'd come from the consulting world like McKinsey who do that, and then they go and they transfer over into one of these positions. These positions are listed on the websites, they're on the insurance websites. But some people go the business route and get MBAs. And do I think MBAs are important? I think that they're really good for networking. If you're paying for a really top 10 school MBA, they are very good for networking and sometimes that does help these people as well get into these top positions.

HF: Have you seen any positions for say, foreign medical graduates or people who don't have an active license? They may not be in a classic physician role, but they are working for the health insurance company.

JV: Yeah, for all UM jobs in the US you do need not only licensed, but board certified. There's many opportunities in the pharma world for people who are not licensed or have a visa need or what have you. I have seen that more in the pharma world, but in the UM world, you definitely do at least need a license.

HF: And perhaps there might be some physicians who aren't licensed who are doing a different type of role in a health insurance company but maybe we don't know as much about them because we don't see them in the classic job descriptions.

JV: Exactly. There's no requirement for a chief health officer at a company that you need to be licensed or boarded. I've seen some that aren't. And also CMO roles. I've seen some CMOs who are not boarded. So it really just depends. You have to look at the job and the company.

HF: All right. We're getting close to the finale. We talked some about remote positions because as physicians, obviously most of our experience has been in the office or in the hospital and we're moving or we're not sitting in front of a computer all day. If a

physician is considering working remotely for the first time, what are some things that they could think about or even ways to explore if this might work for them?

JV: Well, there's a few things you can do. One is get an ergonomic workstation. I work with a lot of people who have treadmill desks or who have real ergonomic workstations. What I would suggest is try it out for a few days, see if you can spend a Saturday sitting at your computer or working on your taxes or some other relatively mundane task and maybe also text with your friends because I don't want people to think that they're socially isolated doing this work. You're not. I talk to all of my colleagues all day long, whether it's video chat or texting or what have you.

But just see if you can get used to that of taking maybe four breaks a day or whatever and just see how it goes. I would say for the vast majority of people, it's not an issue. They get accustomed to it. They usually have time to build in a workout schedule. They have time to build in many breaks during the day. So, that's not a common complaint that I hear, but still it's something to try out.

HF: And if you think about it, when we were at med school, we did a lot of sitting.

JV: Absolutely.

HF: Those two years especially. Well, this has been a lovely conversation Jonathan. I'm so happy to have you on the podcast and I'd be happy if you'd like to share a little bit about how folks can find you and your Facebook group and your coaching site.

JV: Absolutely. Please join us on the private Facebook group called Remote Careers for Physicians. You can just search for us, it's free. We take any physician as a member. And if you'd like to do personal coaching with me or you want to reach out to me, just go to drjonathan.com and I'm happy to help however I can.



HF: Lovely. I'll put those links in the show notes and I do highly recommend Dr. Jonathan as well his Facebook group. So thank you again. It's been lovely to have you and I wish you lots of continued success.

JV: Thank you Heather.

HF: My pleasure. All right, my dear listeners. This was an interesting conversation about utilization management and as we often see where we enter into a position, it's not necessarily where we stay. There are lots of opportunities for you to advance and do different things with your skills and abilities. So, just think of it as a potential starting place. All right, that's all for today. Thanks so much for listening 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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