



Preparing for Private Practice

Working with Private Hospitals

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General Manager Knox Private Hospital



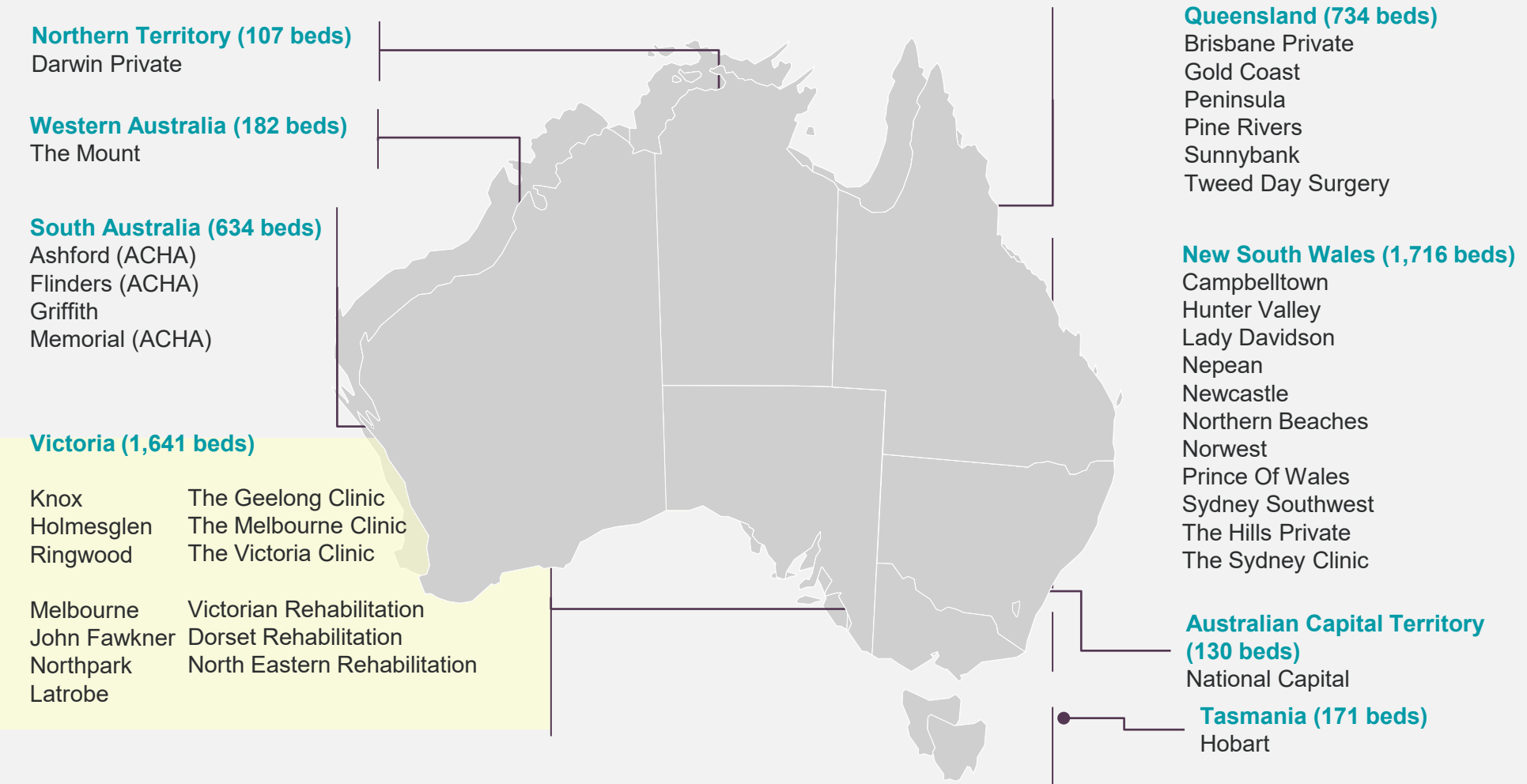
At a glance

- About Healthscope
- Which hospital/s? Identifying Opportunities
- Working at a Private Hospital
- Building your referral base
- Who to contact and connect with



National Network of Hospitals

We are the **only** hospital operator with a presence in every States and Territory in Australia operating 38 hospitals





Deciding on where to practice

- **Meet with General Managers and Business Development Managers and build a partnership relationship. Start the journey.**
- **Access to valuable intel and insight that will give you an edge and inform your decision making**
 - Regularly screening the market and acting on strategic opportunities
 - Historical, current and projected acute inpatient market data by specialty and stay type, Hardes Data
 - Defined hospital catchments under the impacts of population growth, ageing and clinical trends
 - We also use this data to support acute hospital planning and capital works programs (expansions).
- **Location: Is the hospital network close to your public appointment or referral base, family commitments?**



Chargeable Market Opportunities

- Admissions
- Admissions Shortfall
- Admissions Growth

Select Measure

(All)

SA4 of Residence

(All)

Geography Level

SA4 of Residence

Stay Type

(All)

Specialty (SRG)

(All)

Show Labels

On

Show Hospitals

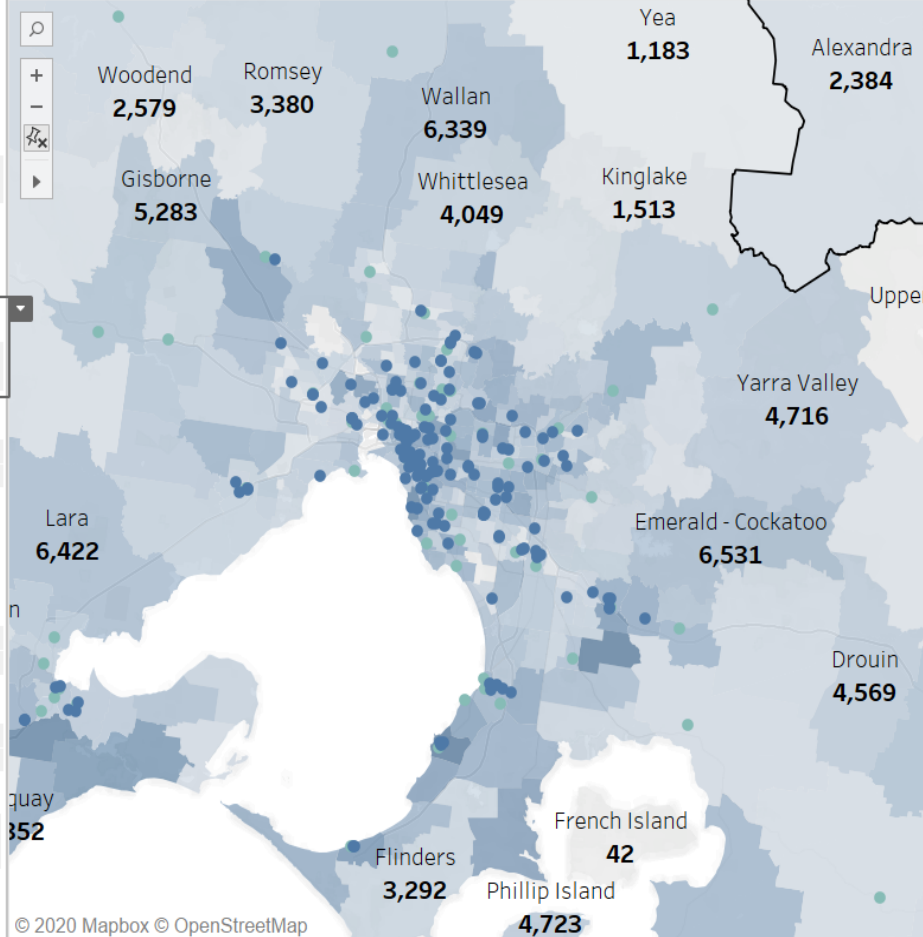
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Hospital Type

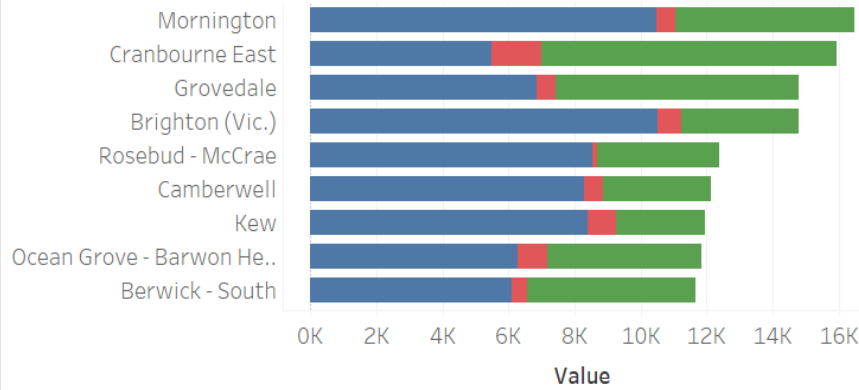
Private

Public

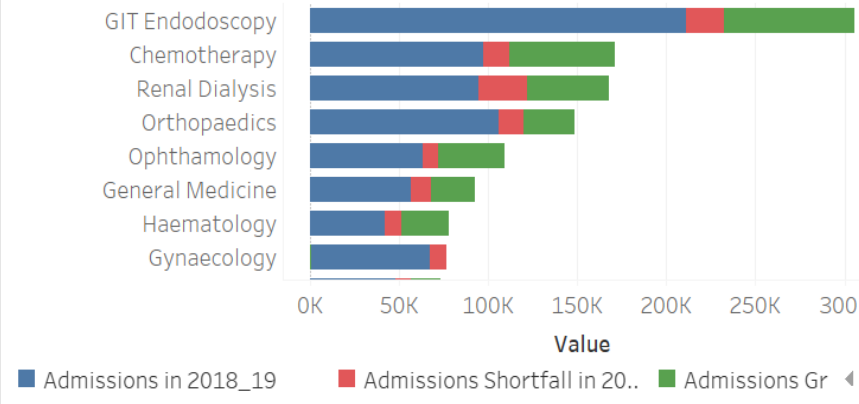
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Market Opportunities by Place of Residence



Market Opportunities by Specialty (SRG)





Key Questions to ask

- Is there a need for your specialty? Which services are growing or declining decline? What are the competitive forces? Are there infrastructure or capital investment plans i.e. new beds/theatres, new equipment/technology, new consulting spaces ? What is the age profile of VMOs i.e. retiring doctors, known succession plans, group practice opportunities or single practice models. Do you have a preference?
- Who are the radiology and pathology providers? Good reputation/reporting/diagnostics?
- Bed/theatre capacity, what is your mix of MD v SD, what is the level of critical care support, supporting VMO specialists to your practice, level of HMO medical cover, allied health. What are the on-call arrangements?
- Consulting suites; supported onsite options, local options, **strategic satellite sites**. Onsite service providers?





Important insights

Why should I practice in this catchment and this hospital?

- Private Market; demographics (young families, pensioners, low PH cover?) Is there demand? Oversupply vs Undersupply
- Any changes in Medicare billing on the horizon that may change the model of care?
- Who are your competitors? How many in the catchment?
- What is the hospital's clinical service plan over the next 5 years, expansions, equipment?
- What is the age profile of VMOs in the specialty. Any known transition plans?
- How stable and experienced is the hospital team?
- What is the culture, transparency of patient/staff satisfaction/quality/safety indicators/accreditation status. Cultural and gender diversity. Does the company align with your values?
- Access to ICU/medical cover i.e. emergency/after hours medical cover, imaging, onsite HMO, physicians/peri-operative medicine support
- How easy is it to travel between your rooms and the hospital. Your private & public appointments and home? Parking? Amenities? Don't spread yourself too thin; aim to limit your travel times to minimize the risk of delays to consulting and operating

What does the referral base look like?

- GPs: where, how many, size of practice, who are the high volume, high potential, private billing GPs, who do they refer to currently, Referral mapping availability
- Allied Health, physiotherapists, OTs, dieticians, podiatrists, optometrists, nurse specialists
- Relationship with other Hospitals / Emergency Departments/Other Specialists – cross referral
- Hospital marketing support? Referrer data? Digital marketing campaigns? GP Liaison? Referrer engagement program? i.e. CPD points





What do you need?

- ✓ Fellowship of Specialty College
- ✓ Registration to practice as a Specialist with the Medical Board of Australia
- ✓ Recognition as a Specialist with Medicare
- ✓ Provider Number that attracts Medicare benefits for location/s of practice
- ✓ Credentialed/accredited to admit your private patients and/or undertake procedural work at the private hospitals of your choice
- ✓ Appropriate indemnity insurance for the private work you will be undertaking.





Becoming Accredited to work as a Visiting Medical Officer

- Once you have met with the General Manager, you will be invited to submit a credentialing application; online application “e-credentialing”
- You will need the following to complete the application:
 - Specialty Registration
 - Insurance
 - Referees – confirm these early and let them know to minimise delays (usually 2 or 3)
 - CV & Qualification Certificates
- Credentialing Application is reviewed by the Hospital’s Medical Advisory Committee
- Temporary admitting rights may be granted by the General Manager under certain circumstances





Operating: Theatre Time

Ask:

- How many theatres, type of theatres, what's the availability, AM/PM, twilights, weekends, emergencies, ad hoc, shared/stacked. Do available lists get published in advance?
- Do you operate on a 4 or 8 weekly cycle? Dates may differ between hospitals
- Organise theatre time early; who is the key contact? Can they meet my practice manager?
- Bookings ; what is the process and what information is required from the surgeon?
MD/SD/Item numbers
- Prosthesis and Consumable costs/LOS. How is my speciality funded by PHIs?

Remember:

- You organise your own Surgical Assistants and Anaesthetic cover in private system
- Recommend starting with ad-hoc/casual lists, as there is less pressure to fill them and it affords you more flexibility.

Tip:

- Be conservative when starting out - you will be working with a new team in a new environment.
- Important to start/finish on time, a PM list may be better so you don't impact another surgeon
- Give as much notice as possible re: leave or cancelling sessions; *essential for staff planning





Building a referral base

- **Digital discoverability:** Google Business page, website, HSC Specialist Search, Healthshare, online directories
- **Letter of Introduction:** Distributed to GPs in the hospital catchment zone
- **Target GP introductions:** BD/GPLO
- **GP Education, face to face, virtual or “on-demand”:** :RACGP accredited
 - Strong correlation to referral growth reported
 - Showcase your area of interest / assists with establishing your referral base and relationships
- **Hospital communications:** E-news, distributed to GPs and other specialists, digital platforms i.e. LinkedIn, Facebook; Instagram
- **Key introductions:** who can assist you?
 - GPs, other specialists, ED physicians, allied health – GM / GPLO / BDM/ Marketing
 - Diagnostic providers – pathology / radiology
 - Primary Health Networks
 - Pharmaceutical Companies / Device companies



What do your referrers want to know? Your Value Proposition

- What sort of referrals do you welcome? How do you prefer patients to be worked up before referral?
- Are you easily accessible for both patients and GPs? Can your referrers contact you on mobile?
- How quickly do you respond/send correspondence back to the referring doctor? How thorough is it?
- How often do you consult locally? Operate locally?
- Are you multilingual?
- Do you offer telehealth?
- Do you also have a public hospital appointment? What is your time commitment?
- Do you have strong back-up support from colleagues?
- Sub-specialty interests, fellowships/special training? Niche skills?
- Do you specialise/sub specialise in any new treatment? How would these benefit my patient?
- What is your billing schedule? Do you see Workers Comp, TAC, No-Gap, Known Gap, Pensioners/Gold Card and Telehealth

Remember the 3 As of medicine, (in order of relevance)

Availability, Affability, and Ability (+ Affordability)





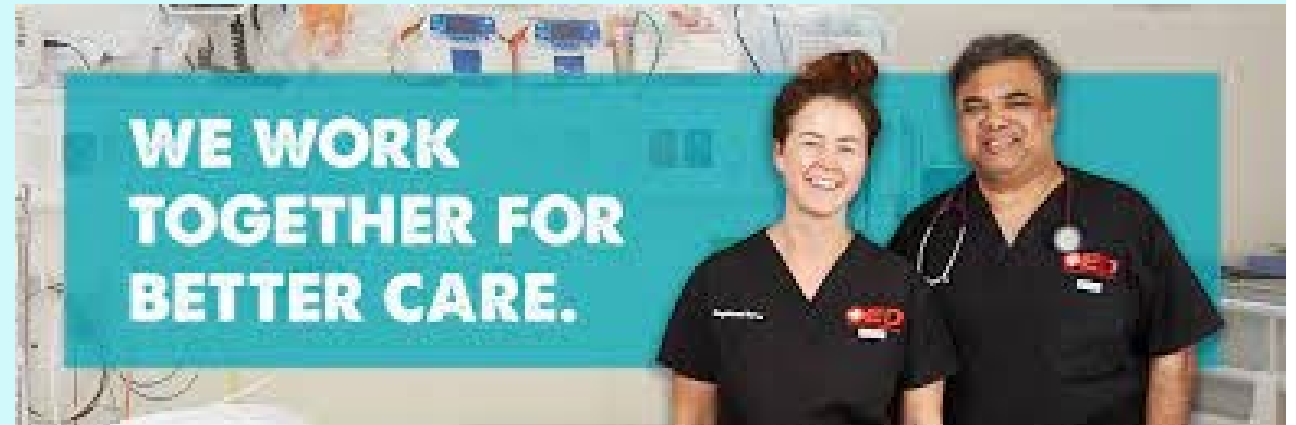
Take home points

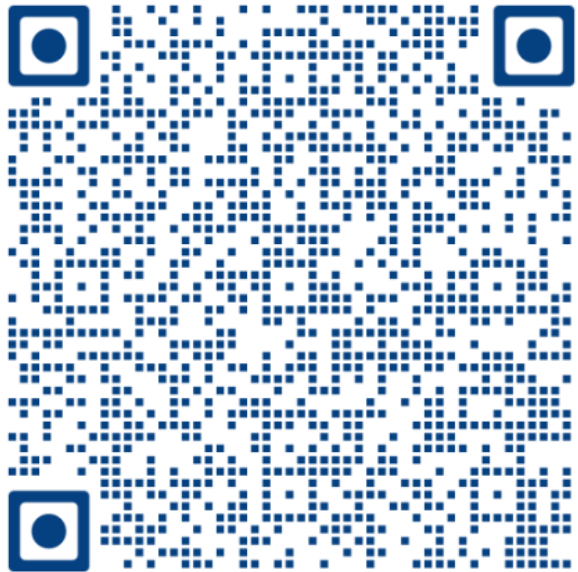
- Referrals take time to build: Use this quiet time productively. Make contact with as many GPs as you can.
- Respond to enquiries quickly. Thank GPs for their referral and get letters out ASAP
- Regularly refine your marketing plan: where are your referrals coming from? Review your referrer reports monthly , are you reviewing your clinical software generated referrer reports to spot trends?
- Ensure that you're accessible if they need advice or to discuss a patient case. Communicate waiting times. OFFER YOUR MOBILE or email.
- Your practice staff need to be onboard and understand the importance of your referrers. They are interacting with your referrers and patients and are key to influencing referrals.
- Understand who the important GPs are in your catchment, hospital top referrer list
- Keep an eye on new GP clinics and retiring GPs
- Don't spread yourself too thin



We are here to help

- **It's a Partnership-** organise a meeting with the GM, tour the facility and meet key members of the team – it's never too early!
- **Ask for support** – understanding the opportunities, engaging with and marketing to your referral base, sessional consulting
- Refer to the guide - handy checklist and tips





To explore your private practice opportunities with Healthscope, contact:

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