

# As I See It

## A Vision of Success

A San Fernando Valley ophthalmologist shares his tips for avoiding "brain drain"

BY DAVID AIZUSS, MD

**AFTER COMPLETING** medical school and my internship, I relocated to Southern California to pursue a residency in ophthalmology at the UCLA Jules Stein Eye Institute. I was initially attracted to this institution's academic excellence and the reputation of its clinical training program in ophthalmology. But I was also impressed by its magnificent location on the UCLA campus and the proximity of all the social, cultural and recreational opportunities Southern California had to offer.

When I finished my residency and fellowship at UCLA, I returned to practice for just over one year in my hometown of Chicago. Having experienced Southern California's wonderful climate and lifestyle, it proved difficult to readjust to Chicago's miserable weather. While the professional opportunities there were outstanding, I felt there was more to life than the financial success they afforded. I was drawn to the more relaxed professional and personal lifestyle California offered.

I returned in December 1986 and joined an established ophthalmology practice in Encino. My partner, Peter D. Zeegen, MD, had an extremely successful practice and a superlative reputation in the area. He was generous in introducing me to the medical community, ensured there was adequate patient overflow to satisfy me, and enabled me to pursue whatever avenues I felt were appropriate to expand and establish my own practice.

Initially, I followed the usual advice of practice-management consultants: I met primary-care physicians, I lunched with my colleagues in the doctors' dining room, and I made myself avail-



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able to assist established ophthalmologists in their surgeries, as well as taking emergency-room call at a number of local hospitals. I also pursued two other activities that I believe contributed greatly to my practice's success and my professional satisfaction.

### Networking and Organized Medicine

As a medical student and resident, I had become involved in my county and state medical societies. I'd also served as a national officer for the medical student, resident and fellows section of the AMA. It was natural to pursue involvement locally, with the Los Angeles County Medical Association. I contacted my district leadership and immediately started to acquaint myself with its board of directors. This helped keep me aware of the local issues confronting physicians even before I had an established practice. I met some of the more influential physicians in the area who would become excellent referral sources, contributing to the success of my practice.

I also become very active in hospital medical staff committee

work. Early on, I joined the surgery, utilization review, and pharmacy and therapeutics committees. I later served in various positions, including chief of surgery, secretary, treasurer and vice chief of staff.

These positions exposed me to hospital politics, enabled me to identify the influential medical staff members and allowed professional interactions with physicians I otherwise might not have met. These activities, I believe, contributed to my thriving practice.

Our practice has remained successful by building on the excellent work of our colleagues in ophthalmology practices in the area. My partner and I initially acquired a colleague's practice in 1987. He joined us in practice for four years, allowing an excellent transition before he chose to retire.

Two other well-established ophthalmologists in the community eventually sought us out, and we merged practices. Both have retired, but their goodwill and patient base have allowed our practice to enjoy substantial growth.

and develop relationships with my patients that I truly enjoy and find tremendously professionally satisfying. Almost daily, I receive hugs and kisses from patients who are incredibly appreciative of their restored vision. New employees often comment that it seems many of my patients are my friends. That is how I feel and how I hope we treat our patients.

My practice has been made more fulfilling by my partners. It is great to have two partners I would trust to operate on me. They are outstanding clinicians and surgeons. Their presence is reassuring when I have a challenging surgical or clinical problem. I can walk down the hall and have an immediate second opinion or curbside consult.

We have pursued the strategy of seeking out and merging with established physicians who no longer wish to manage the daily personnel and financial issues associated with private practice. We perform all managerial activities, and as these physicians slow their practice pace, they don't have to worry about rent on underutilized space, personnel salaries or expensive equipment acquisitions.

This strategy has proved so successful that as other ophthalmologists in our area found their practices shrinking, we continued to grow. We hired another associate in 1995, who has since been made a partner. Since that time, we acquired four additional local practices. As a result, we have developed a reputation for offering fair terms and an exit strategy for our established competitors who are contemplating retirement.

Managed care has been a difficult challenge. We became involved with it early on, in the event it became a dominant force, while not permitting our practice to be overwhelmed by it. We

have experienced a variety of managed-care reimbursement schemes, from capitation and reduced fee for service to nonpayment by failing IPAs and medical groups. We have survived the turmoil by constantly monitoring payment patterns and canceling contracts with groups that were delinquent with payments or appeared disorganized in their administration.

Luckily, this has prevented us from some of the significant losses sustained by our colleagues, although we have experienced our share of uncompensated care as a result of collapsed IPAs and medical group bankruptcies. But the dominance of managed care that we deal with is really no different than that found in many major metropolitan areas.

Overall, I enjoy practicing ophthalmology in Southern California because I love my specialty and the satisfaction I receive from helping my patients. My specialty is truly a "family practice." I care for multiple generations of the same family, have long-term patient contact

Southern California physicians live in a wonderful place. It has become a cliché that we are close to mountains, the ocean and even the mall, but it's also fact. As physicians, we become overwhelmed with the burdens of our professional practices and often need to step back and enjoy our surroundings. I love golfing in January and calling my family and friends in Chicago to check the weather "back home." I can hop in the car and be in San Diego in 2½ hours or catch a plane at Burbank Airport and be in San Francisco in less than an hour. While other physicians may flee California to find the greener grass, I am very satisfied and plan to stay put. ♦

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