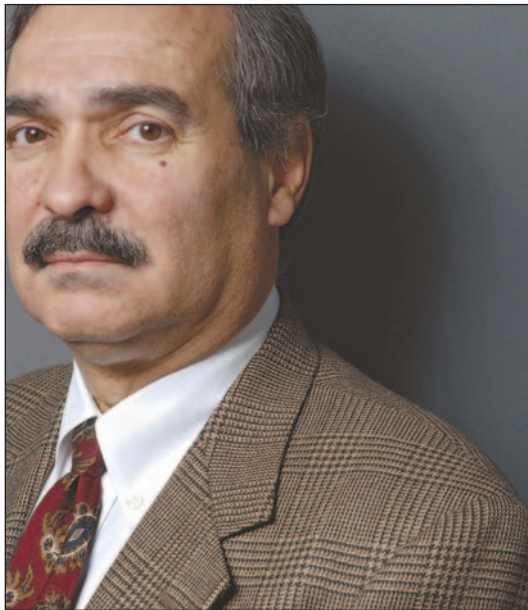


Business

PRACTICE MANAGEMENT ■ PERSONAL FINANCE ■ TECHNOLOGY



PHYSICIANS at the South Bend Clinic: (clockwise from top left) Wendell Garcia, MD; Natali Baloy, MD; Glen A. Davis, MD; Fernando Gonzalez, MD; Francis X. Moffit, MD; and Jesse Hsieh, MD. Changes in demographics sometimes means patients look for doctors who look like themselves.

WHEN JESSE HSIEH, MD, JOINED South Bend Clinic more than two decades ago, he stood out among the group's 10 white male doctors.

Now president of the group, Dr. Hsieh, who is of Asian descent, sees a melting pot of physicians that better reflects the larger South Bend, Ind., community. White and black, Hispanic and Asian, male and female, the multispecialty group with eight locations is now a model of diversity. Out of 10 new hires this past year, six are men and four are women. Two are black, two are Hispanic, and one is Syrian. Only one is a white male.

"A key factor in our diversity is our open-mindedness," said Dr. Hsieh, a family physician who has seen the group grow from 10 physicians to about 85 over 20 years. "We decided, as a matter of policy, that we would take the best physician for the job, no matter where they came from. Since then, because of our open-mindedness, our partnership has grown a lot."

Although the group did not necessarily set out

DIVERSITY IN PRACTICE

With changing patient demographics, hiring minority and women physicians has become a wise business choice for many groups.

to accommodate certain segments of the patient population, it has seen the marketing benefits that a diverse medical staff can provide. Like the South Bend Clinic, more practices have recognized the value of diversity recently, as hiring minority physicians has become both socially responsible and a savvy business move.

Patient demographics are changing for many

groups, and people are interested in physicians who can meet both their clinical and cultural needs. If everything else is equal, a minority patient may choose a more diverse practice over a single-race group.

"A physician of the same culture enjoys an easier ability to care for patients of the same culture," said Ramon Jimenez, MD, an orthopedic surgeon in Monterey, Calif., and chair of the Diversity Committee for the American Academy of Orthopaedic Surgeons. "Many physicians are embracing diversity, but it takes time, effort and an expenditure of energy."

It also takes a little bit of luck, because the supply of minority physicians is low in many specialties. For example, while the U.S. Census Bureau reports Hispanics make up about 12.5% of the population, only about 2.4% of orthopedists are Hispanic, Dr. Jimenez said.

Women physicians are in high demand as well, although the growing number of female medical school graduates should make it easier for groups

Continued on next page

STORY BY MIKE NORBUT ■ PHOTOGRAPHS BY ROBERT KNAPP

Continued from preceding page
to meet the demands of their female patient population. For example, obstetrics and gynecology groups frequently are on the lookout for a female physician, said Kurt Mosley, vice president of business development of MHA Group, an Irving, Texas-based collection of six companies, including the physician recruiting firm Merritt, Hawkins & Associates.

Recruiting limitations
HOWEVER, THERE ARE CERTAIN limitations as to how a group can search for a new physician, attorneys said. Antidiscrimination laws prohibit you from seeking a certain minority or female physician the way it would prohibit you from targeting only white males.

But if you have an idea in mind of whom you want to hire before you begin your search, and your recruiting strategies land the perfect candidate, there's no reason why you can't hire that person, attorneys said.

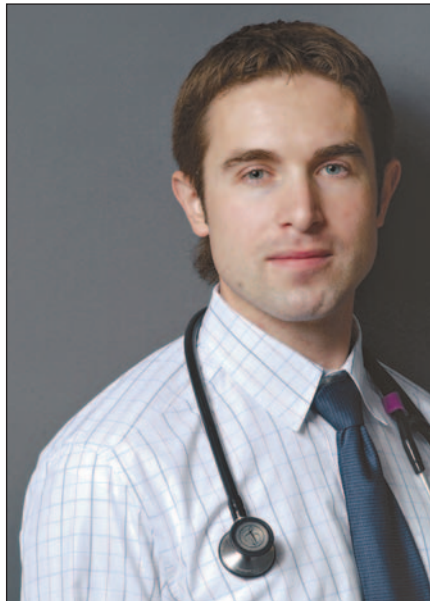
"You start with the premise that you're not allowed to consider candidates based on race or gender," said Cathy Stutin, an employment attorney in the Fort Lauderdale, Fla., office of Fisher & Phillips LLP. "What you are allowed to do is expand the number of individuals in your hiring pod to get the candidate you're looking for."

Because medicine is such a rigorous profession, no candidates "are going to stick out like a sore thumb," said Buzz Cleveland, a health care and labor attorney for in the Denver office of Holland & Hart LLP. With few exceptions, physicians will have to satisfy difficult academic and training requirements, so it would be hard from a legal standpoint to prove discrimination based on qualifications, he said.

Of course, if you're wavering between two equal candidates, you risk a discrimination lawsuit if you publicly state you're hiring one over the other based on race, ethnicity or gender. In many ways, hiring is an exercise in subjectivity, but it's best to keep those subjective criteria to yourself, attorneys said.

Mosley said physician recruiters counsel their clients on what they can or cannot look for in a candidate. Groups should not limit themselves by seeking a certain type of doctor, he said. "We basically tell them they need to be open to all avenues of physicians. If you're fishing, you want your net to be as wide as possible."

However, you can legally limit your candidate



MORE SOUTH BEND CLINIC doctors: Ebonee Davis, MD; Andrey Seluzhitskiy, MD; and Zuhir Yaseen, MD.

pool by making your qualifications more specific. If, for example, you want to better serve or expand your Spanish-speaking patient base, you can require that candidates be able to speak Spanish. This does not target nor eliminate candidates of any race, but it could help your chances of finding an Hispanic physician.

Depending on where you are located, your group may have a need for physicians who speak several different languages. South Bend Clinic, for example, not only has Spanish-speaking physicians to accommodate the community's large Hispanic population, but it also features doctors who speak several other languages, including Chinese and Polish.

When the group markets its new physicians, it promotes the languages they speak in hopes that the group will reach certain niche markets.

"We have a Polish family physician who speaks four languages," Dr. Hsieh said. "South Bend has a huge Polish population, so the ability to speak Polish is tremendous."

Cultural competency

EVEN THOUGH THE ABILITY TO SPEAK YOUR patient's native language can be a significant marketing advantage, it's also important to understand that patient's cultural background. Many organizations, including the AMA, offer programs to help physicians learn about cultures different from their own.

For example, the purpose of the American Academy of Orthopaedic Surgeons' Diversity Committee is to increase diversity in the organization's membership and to educate members on culturally responsible care, Dr. Jimenez said. The

academy offers a program for physicians entitled "Are you culturally competent?" which includes an interactive computer program that walks physicians through a set of case studies. The studies quiz physicians on practical cultural issues they might not otherwise consider when dealing with patients.

The academy also honors a physician each year for his or her commitment to diversity in orthopedics. This year, the award went to orthopedic surgeon Laura Tosi, MD, director of the bone health program at Children's National Medical Center in Washington, D.C. Dr. Tosi has been active in encouraging women and minorities to pursue orthopedic surgery as a specialty.

"The reality is most orthopedic surgeons are men, and they are white, and that doesn't represent America anymore," Dr. Tosi said. "Patients feel more comfortable if they can speak to their physician in their own language and see a doctor from their own culture. You can't provide a perfect language or cultural match for everyone, but it's excellent to try."

Hiring a minority or female physician doesn't automatically mean everything will work out perfectly, of course. There are side effects that could occur, such as a segment of your patient population only wanting to see the new physician, Mosley said.

But from a diversity and business perspective, these might not be bad issues to have.

"When I went into orthopedics, most women went into pediatrics, where we got pigeonholed a bit," Dr. Tosi said. "Certainly it's exciting to see young women now feeling that all fields are open to them." ♦

AMA PROGRAMS HELP PUSH DIVERSITY

FROM SCHOLARSHIPS TO OUTREACH programs, the AMA is active in promoting diversity in its physician ranks.

The Association has a full set of policies dedicated to creating a physician work force that not only crosses racial and gender lines, but also addresses health care disparities among minority patients. The policies cover nearly every aspect of diversity, from encouraging underrepresented minorities to enter the field of medicine to enhancing physicians' cultural competency.

Many of the policies take shape through programs run by the AMA's Minority Affairs Consortium, which provides a national forum for professional concerns of minority physicians and medical students and serves as an advocate for minority health issues.

One of the consortium's more public events is its "Doctors Back to School" program, which

features physicians visiting middle-school students to encourage underrepresented minorities to pursue a career in medicine. It's a mentoring program that promotes diversity and cultural competency, and is designed to plant that career seed with children at an early age.

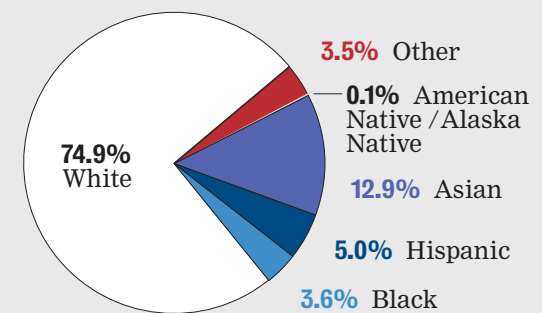
The Minority Affairs Consortium also is the engine behind an annual scholarship program, which offers \$10,000 awards to 10 minority medical students.

At the AMA's 2005 Interim Meeting in Dallas last month, MAC officials announced that the consortium would manage a Hispanic physician outreach program designed to assess the professional needs of Hispanic physicians and how the AMA can better meet them. The program will be funded by the Pfizer Medical Humanities Initiative, a foundation arm of drug manufacturer Pfizer Inc. ♦

—Mike Norbut

Physicians by race/ethnicity

The AMA tracks race and ethnicity data for physicians around the country. As of 2003, it had information on more than 570,000 doctors. There remain nearly 300,000 physicians, who have not yet been queried, or have not yet responded.



SOURCE: AMA, PHYSICIAN CHARACTERISTICS AND DISTRIBUTION IN THE U.S., 2005 EDITION