Kidney News sat down with Steven G. Achinger, MD, Managing Partner & Chairman of the Board at Watson Clinic LLP in Lakeland, FL, to speak about his recent move into management after 11 years of clinical nephrology practice, including how he made the decision and any advice he has for those considering a similar move.

Watson Clinic was founded in 1941 and is a 100% physician-owned and physician-governed clinic with 169 equal partners. It has 17 locations in Polk, Hillsborough, and Pasco counties that encompass more than 40 medical and surgical specialties. In 2018, the clinic logged 1,054,031 outpatient visits, 56,422 surgeries, and 197,812 hospital encounters. The clinic has about 1700 locations in Polk, Hillsborough, and Pasco counties that encompass more than 40 medical and surgical specialties.

Dr. Achinger:

**KN: How long have you been a practicing nephrologist?**

Dr. Achinger: I’ve been practicing for 12 years, and with the Watson Clinic for 10 years. I have now been managing partner since March 2018.

**KN: What is the management structure of Watson Clinic?**

Dr. Achinger: The clinic is a for-profit partnership with 171 partners. We’re 100% physician-owned and physician-governed. We have a strong administrative team who help guide us and manage the non-physician employees, but as a group, the Watson Clinic partners determine our own direction and priorities. We have a board of directors, who must be partners and full-time practicing physicians, who are elected. The managing partner is also an elected position and acts in the day-to-day execution of the strategic plans and governance of the group.

**KN: What made you want to seek the position of managing partner?**

Dr. Achinger: There’s always change in the economic and regulatory environment around medicine that significantly impacts the work physicians do. We often feel as though we’re not able to control most of these factors because we’re busy in the patient care aspect. I’ve always paid attention to the changes in expectations from third-party payers and regulatory bodies that govern the practice of medicine and felt I could add something to my group because of this background. I’ve not held a previous administrative position beyond committee assignments, but I learned in my first nephrology group practice from 2007 to 2009, where I joined a friend from my fellowship prior to joining the Watson Clinic. There I learned how to grow a medical practice and be competitive in the marketplace. That experience taught me that I had a lot to offer the clinic, and I’m now mapping that into a larger scale.

**KN: Did you have any business management education or experience before taking this position?**

Dr. Achinger: I had experience in terms of small-group management and practice building, which are still the fundamentals, I believe, of a medical group. You have to be able to keep the business aspects in mind because we have to keep the lights on, pay our employees, and pay our rent. The fundamental thing is always being an excellent doctor and providing good care, and those other things should take care of themselves, but you can’t neglect either one.

**KN: Do you think your clinical nephrology practice was a springboard into management?**

Dr. Achinger: In the practice of nephrology, you encounter large for-profit healthcare corporations, and you learn how to deal and negotiate with these companies. That experience is very useful to me in my current role as managing partner. Being able to understand how corporate business works and how to interact with them as a physician has been an invaluable tool.

**KN: What are your goals as the managing partner?**

Dr. Achinger: My goals are to 1) Maintain the core identity of the Watson Clinic as a 100% physician-owned and operated medical group, and 2) Provide the highest quality of care to our patients. We also have to demonstrate that we can provide cost-effectiveness in the care we provide in order to survive in the future market, which we all feel is going toward a value-based reimbursement model. So, efficiency and cost-effectiveness are going to become more integral to organizations such as ours, and that can’t be neglected.

**KN: As managing partner, have you planned any changes to the Clinic or the nephrology practice?**

Dr. Achinger: Changes are going to come slowly. One of the biggest challenges to overcome is how to coordinate our physicians so the care they provide meets quality improvement targets and is cost-effective, while still maintaining the high degree of autonomy that our physicians, as owners of their own practice, enjoy. What our doctors really love about the clinic is the large degree of autonomy they are granted. Therefore, how do we move our group in a direction that requires us to be moving in sync with each other while still maintaining our autonomy? That’s the essential challenge with the position I hold, and my ability to be successful is going to depend upon how I maintain both of those.

**KN: What challenges have you encountered in the management position?**

Dr. Achinger: The main challenge I’ve encountered is the difficulty that comes along with making decisions that are in the best interest of the group, but might be unpopular and might put you, at times, in opposition to your peers. That’s difficult, and there’s no antidote to that. But, you have to look out for the best interest of the group. It is sometimes difficult to make that decision through the eyes of what’s best for the group while maintaining your responsibility to represent all partners’ interests.

**KN: How about challenges in time management while practicing and managing?**

Dr. Achinger: That hasn’t been the biggest problem, to be honest. I do enjoy it and try to maintain a work-life balance with the help of my wife, who is very supportive. On the clinical side, I’ve had to utilize a nurse practitioner more than I have in the past in order to free up time.

I think those who are looking to step into similar management roles have to do a self-assessment asking, is this the right time in their career to make this transition, and it’s not always. If I had the opportunity 8 years ago, for instance, it would not have been the right time for me. That didn’t have anything to do with my ability at the time, but more to do with family and other constraints. You have to ask yourself, is this the right time to put this kind of strain on things?

**KN: Do you have any tips or recommendations for a nephrologist, or any clinician, stepping into management?**

Dr. Achinger: I feel very blessed in this role as I can serve as managing partner, but also continue my clinical practice. If I were confronted with a situation that was an either-or, that’s a much more difficult decision to make because I think it would be hard to recoup. As a clinician, you spend a long time building your practice, so if I had to give that up completely, it would have been a much more difficult decision.

So, if you are considering a management role, try as best as you can to continue to see patients, continue to stay engaged in the actual practice of medicine because I think it will make you a better administrator and will also keep you from feeling like it’s an irreversible step. If more management roles were structured in a way such that it wasn’t all or nothing, and physicians were able to continue their clinical work, I think organizations would get more physician engagement.

I think that if we expect every doctor who wants to move into administration to suddenly give up clinical practice, we’re selecting for a particular subset of physicians, so that may not lead to the best physician managers in the long run. Whereas, if there were more opportunities to do both—to be a practicing doctor and to be an administrative leader at the same time—then I think you’re going to be selecting from a much larger pool that might otherwise not submit themselves for the running as they don’t want to give up their practice.

**KN: Any tips for a young nephrologist finishing their fellowship?**

Dr. Achinger: I just hear rumors about the nephrology marketplace, but it’s getting tough. Maintain your independence as much as possible. I’m a firm believer in private physician groups over hospital-owned practices. I think that wherever those opportunities exist, don’t give up your autonomy. Also, of course, understand that it’s going to be hard work. Please contact info@kidneynews.org if you have any questions or comments for Dr. Achinger.