

6 Proven Ways to Supplement Your Clinical Income

© SEAK, Inc. 2014

www.SupplementalIncomeForPhysicians.com

The following whitepaper has been written to provide you with various ways to supplement your clinical income.

If we at SEAK can be of assistance, please don't hesitate to contact us: mail@seak.com or (508) 457-5150.

Table of Contents

65 Sample Consulting Niches for Physicians.....	3
How to Become a Physician Inventor	9
What All Physicians Considering Starting an IME Practice Should Know	11
How to Start and Build a Successful File Review Practice.....	19
How to Start and Build an Expert Witness Practice.....	21
The Perfect Query Letter: How to Avoid Mistakes and Land a Literary Agent.....	24

65 Sample Consulting Niches for Physicians

By: Steven Babitsky, Esq.

© SEAK, Inc.

www.SupplementalIncomeForPhysicians.com

There are many advantages for you as a physician consultant, including:

- **Lucrative**-You will now have the opportunity to be paid what you are actually worth instead of what some reimbursement schedule says you can charge for your knowledge, effort, training, experience and results.
- **Intellectually Challenging**-You will have the opportunity to work with smart, highly motivated individuals who value results and will reward you accordingly.
- **Low Overhead**-One of the many great benefits of consulting is that the overhead is extremely low so that well over 90% of your income is net to you.
- **Low Risk**-Consulting is extremely low risk as compared to clinical medicine
- **Control**-You control the assignments accepted, set the fees, and can normally perform almost all of the work out of your home office. You will be able to spend as much or as little time as you have available consulting.
- **Active License**-There is often no need for board certification, an active medical license or an active clinical practice to be a successful consultant.
- **Transition**-Consulting is often an excellent way to position yourself to eventually reduce or leave your clinical practice if and when you are ready to do so.

Physicians have a wide range of topics on which to act as a consultant.

Below are 65 sample consulting niches:

1. **24 Hour Medical Monitoring:** Assist medical affairs consulting groups with medical management of studies and medical data review.
2. **Advanced Medical Diagnostics:** Assist organizations and physicians with predictive genetic testing, medication monitoring, and creating personalized treatment plans.
3. **Affordable Care Act (ACA):** Work with physicians and medical groups and organizations with administration, compliance, claims, utilization, employer penalties, and safe harbor affordability testing.

4. **Ambulatory Surgery Centers:** Work with clients with strategy development, marketing, implementation, financial planning, patient satisfaction, and performance.
5. **Biopharmaceutical:** Assist with providing strategic, technical, and regulatory solutions for biopharmaceutical product development.
6. **Bundled Care:** Work with clients to assess, design, and implement bundled payments, reducing inefficiencies and costs, and negotiate fair compensation.
7. **Business Consulting:** Work with startups to help bring new invention, products, and services to market.
8. **Capital Budgeting and Planning:** Assist in compiling facility condition data, cost-effective deferral maintenance plans, capital planning measure and maximize capital assist ROI.
9. **Care Delivery and Management:** Assist healthcare companies, reduce costs and complexity of operating systems, and deliver better value for patients.
10. **Career Coaching:** Assist other physicians in career choices, selection, transitions, improvement, and development.
11. **Case Management:** Perform early intervention assessment, life care planning, catastrophic case management, and evaluation.
12. **Clinical Development:** Work with clients to achieve effective delivery of clinical operation services, including: physician advisor role implementation, operational and clinical process redesign, and practice development.
13. **Clinical Documentation:** Assist physicians and medical groups with improving clinical documentation to identify diagnosis, comorbidities, mitigate medical necessity, and receive credit for complexity of their patient population.
14. **Clinical Integration:** Work with health care providers to coordinate and integrate the clinical care to patients. Assist with value-based competition.
15. **Clinical Trials:** Assist with the design and execution of study protocols (Phase I-IV), case and study reports, informed consent, and surveillance trials.
16. **Coding:** Work with physician offices, group practices, clinics, or specialty centers to assign, review, and assure compliance with CPT, ICD-9CM, and HCPCS.
17. **Compliance:** Assist with audits of billing and compensation to assure Medicare and IRS compliance.

18. **Continuity of Care:** Assist providers to help them improve communication systems between primary care physicians and consultants to avoid disruption in care, delayed diagnosis, unnecessary testing and iatrogenic complications.
19. **Contracting:** Assist physician practices with manage healthcare contracting.
20. **Cost Reduction:** Work with physician practices to reduce administrative costs in billing and reimbursements programs.
21. **Credentialing:** Assisting with initial credentialing, re-credentialing, credentialing reviews, and hospital privileges.
22. **Denial Management:** Assist providers with their Medicare, Medicaid, and managed care denials. Work to improve pre-admission documentation, eligibility process, and evaluate Local Coverage Determinations, LCD's to avoid denials.
23. **Disease Management:** Assist with disease management (DM) to encourage proactive treatment of acute and chronic conditions. Use of predictive modeling, identification, and prevention of unnecessary emergency room visits and admissions.
24. **Due Diligence:** Assist venture capital and other groups to help assess the financial viability and potential of products, companies, and acquisitions.
25. **Disability Consulting:** Work with insurers, IROs, TPAs, etc. to perform short-term and long-term disability assessment. Physicians read and analyze medical and other records and write reports answering the questions posed by client.
26. **E Visits:** Work with providers to develop the ability to respond or interact with patients through a secure electronic channel. Assure compliance with HIPAA regulations.
27. **Expert Witnessing:** Work with attorneys and insurers in reviewing records, writing reports, and testifying at depositions and trials in personal injury, malpractice, product liability, and other litigation matters.
28. **Fair Market Value (FMV) Opinions:** Assist physicians and health systems with service arrangements for buy-sell transactions, joint venture transactions, and mergers and acquisitions.
29. **Health Enterprise:** Assist in creating a healthy environment for employees, reduce absence related costs, and engaging employees to improve retention and productivity.
30. **HIPAA:** Assist with HIPAA compliance including risk assessment, training, disclosure assessment, and audits.
31. **Human Resources:** Assists HR with physician/staff relations, retention, wellness, diversity, and compliance.

32. **IMEs:** Perform independent medical examinations of workers injured in industrial accidents, personal injuries, or other matters in litigation. Physicians write reports and may testify at depositions, hearings, or trials.
33. **Informatics:** Work with physicians, groups, hospitals to achieve the effective management of computer technology for patient care research and education. Assist with the evaluation, integration, and implementation of EHR compliance and adoption by physicians.
34. **Integrated Care Management:** Work with employers to prevent/control chronic medical conditions to help control and reduce medical costs, admission, and re-admission rates. Use health promotion, early detection, and appropriate management of existing diseases and complications to mitigate chronic disease costs.
35. **Leadership Development:** Assist physician practices giving them the tools and resources to manage effectively.
36. **Long-term Care Facilities:** Work with long-term and assisted living facilities to assist with reimbursements, billing, clinical, and operational functions.
37. **Marketing:** Assist with market research for pharmaceutical markets, developing product information, competitive product literature, and key opinion intelligence. Work with CME, sales force training, and informational brochures for patients.
38. **Medical Affairs Consulting:** Work with pharmaceutical companies to provide scientific support for late stage development and post market support for drugs and devices. Act as disease experts, review documents for accuracy for regulatory review, and assist with thought leader development.
39. **Medical Devices:** Work with companies for market assessment, product development, commercialization, reimbursement, and market access.
40. **Medical Writing:** Assist companies and organizations with regulatory writing (for approval of drugs, devices, and biologic) common technical documents, education writing for physicians (CME), marketing materials, journalism, manuscripts, case reports, abstracts, posters, brochures, slide decks, and journal articles.
41. **Medicare Compliance:** Work with providers to improve their compliance with Medicare statutes and improve reimbursement.
42. **Online Member Portals:** Work with providers to customize member health portals to assist TPA's and administrators. Assist with eligibility, claims, notifications, authorizations, and integration.

43. **Patient Access:** Assist with providers to establish and maintain adequate patient access procedures. Work on issues such as: patient scheduling, insurance verification, pre-registration and emergency and outpatient registration.
44. **Patient Safety:** Work with providers to achieve a culture of safety and clinical quality improvement using evidence based medicine adherence.
45. **Payer Analytics and Reporting:** Assist providers with health analytics, discovering drivers of high cost of services, PPS payment, cost of referrals, and physician scoring.
46. **Pharmacovigilance:** Assist with drug safety with the collection, detection, assessment, monitoring, and prevention of adverse effects with pharmaceutical products both pre and post marketing.
47. **Physician Benefit Management:** Work with providers to optimize pharmacy benefit management leverage, vendor relationships, use of physician administered medications, and assist in achieving cost savings.
48. **Physician Collaborative:** Assist medical device and pharmaceutical companies to assure compliance when contracting with and compensating physicians. Work to avoid conflicts of interests and stay within industry norms and guidelines.
49. **Physician Compensation:** Work with physicians to assist them with Stark Law and anti-kickback compliance.
50. **Physician Documentation:** Work with physicians and providers to empower physicians with the tools and motivation to improve physician documentation.
51. **Physician Hospital Relations:** Work with physicians and hospitals to improve collaboration, improve retention, physician satisfaction, and improve clinical and financial outcomes.
52. **Population Health:** Assist with support for health care management in planning, building, and operating population health management functions.
53. **Practice Development:** Work with physician practices to achieve excellent patient outcomes and satisfaction, practice growth, and increased profitability.
54. **Procurement:** Work with providers to assist in achieving operational efficiencies, strategic sourcing, and reduction of procurement costs.
55. **Publication Planning:** Assist with biomedical publication in support of pharmaceutical products with scientifically based submissions and compliance with ethical standards.
56. **RAC and External Audits:** Assist physician group prepare for Medicare Recovery Audits.

57. **Revenue Cycle Management:** Assist in identifying opportunities to accelerate cash flow with improved receivable management.
58. **Risk Management:** Assist physicians and facilities with efforts to reduce liability exposure when practicing medicine. Make recommendations on: Patient confidentiality, failing office equipment, medication samples, after hour phone calls from patients, critical test results, communication with patients, use of chaperones, and dealing with patient complaints.
59. **Startup Guidance:** Work with physicians starting a practice to assist with planning, site selection, governance, equipment acquisition, policies, and procedures, credentialing, and marketing.
60. **Surgery Center:** Assist surgery centers, hospital operating rooms with analysis, redesign, planning implementation
61. **Telemedicine:** Assist with program design, strategic planning, orientation, operational policies and procedures. Work to assist in recruiting, credentialing, training, evaluation, and marketing programs.
62. **Think Tanks:** Work with consulting research and advisory services companies on issues such as business affairs, academic medical center issues, healthcare information technology, and organizations design and development.
63. **Total Population Health Management:** Assist providers with comprehensive care and management of total cost risk including evidence based clinical decision making, patient engagement, and community integration.
64. **Utilization Reviews:** Assist insurers and IROs by reviewing medical records and reporting on authorization of medical care. Includes precertification reviews and retrospective reviews.
65. **Workflow Solutions:** Assist medical practices to help integrate their workflow areas to achieve maximum efficiency. Work in areas such as operations management, medical records, and clinical area patient flow.

How to Become a Physician Inventor

By: Steven Babitsky, Esq.

© SEAK, Inc.

www.SupplementalIncomeForPhysicians.com

Physicians who want to be a successful physician inventor can start by asking themselves just two questions:

1. Do you see problems as opportunities for inventions?
2. Can you look at the same problems others look at and see something different?

If the answers to these questions are yes, you may possess the characteristics you need to succeed as a physician inventor.

The Good News for Physician Inventors

- Many very successful and lucrative inventions came from physicians.
- In healthcare, physicians are in the best positions to come up with groundbreaking inventions.
- You can use your medical credentials to obtain cutting edge information from your colleagues and others not available to general public.
- You will be the best salesperson for your ideas and inventions.

How Do You Recognize Good Opportunities for Inventions?

- Look for a problem or need in the field of medicine.
- Ask yourself: Can I solve the problem or fill the need with an invention?
- Determine if your invention will work and can be produced cost-effectively.
- Is there a market for your invention and if so, how big is the market?
- Can your invention be marketed cost effectively?

Once you have answered these questions you are ready to move onto the next steps (i.e. turning your idea into an invention.)

An Idea is Only the First Step

Your great idea for your invention is only the first step you need to succeed as a physician inventor.

You will also need to:

- Do research and perform studies to make sure it is viable and works
- Develop the invention into a model or prototype or have someone else do it for you.
- Confirm that your idea is practical, functional, and solves the problem or advances the available science.

Protecting Your Idea

All physician inventors should be rightfully concerned about protecting their ideas and inventions.

How do you best protect them?

- Get a patent: Under the new patent statute first to file is the law of the land.
- Get a patent attorney or patent agent to assist you getting started with a provisional patent application.
- Consider licensing your invention instead of trying to build your own company.
- Have realistic expectations as companies prefer to buy into your idea and invention when they can provide smaller upfront payments and a reasonable royalty.
- Royalties for inventions can range from 3% to 7% of sales.

Develop a Business Plan for Your Invention

- The plan should be detailed and thoroughly researched.
- Address market size, potential revenue, compensation, and what your invention brings to the table.

Develop a Prototype

To successfully approach companies about licensing your invention you ideally will have a working prototype to show them. There are many companies which, for a fee, will help you build a prototype.

Get a Good Patent Attorney

Obtain an experienced patent attorney with a track record of success as early on in the process as possible. Counsel will be able to guide you through the process, help you avoid the pitfalls, and protect your invention by negotiating an airtight license and contract.

Conclusion

Physicians who want to succeed as an inventor need to be prepared to work hard, obtain the necessary help, and treat inventing as a business as opposed to a hobby.

To help physicians get started on the road to success as a physician inventor, SEAK has developed a training course: *How to Become a Successful Physician Inventor: Bringing Your Ideas to Market*.

For additional information about the course, visit: www.SupplementalIncomeForPhysicians.com

What All Physicians Considering Starting an IME Practice Should Know

© SEAK, Inc.

By Alex Babitsky, MBA, Steven Babitsky, Esq. and James J. Mangraviti, Jr., Esq.

www.SupplementalIncomeForPhysicians.com

1. What is an IME?

An IME is an abbreviation for Independent Medical Examination or Evaluation. Some jurisdictions may refer to IMEs as Compulsory Medical Examinations or use other terminology. For the evaluating physician, the IME process typically involves four steps:

1. Reviewing all available (or at least provided) medical records and diagnostic studies,
2. Taking a history,
3. Conducting a physical examination, and
4. Providing a written report.

“Independent” implies the examiner is neither treating the examinee, nor an employee of whomever requested the IME. However, the adjective can also be misleading since in most cases the evaluation is paid for by a party at interest in the case. While examiners are generally independent contractors, because the vast majority of IMEs are requested by the defense (an insurance adjuster, case manager, or defense attorney), and paid for by an insurance company or self-insured employer, claimant or plaintiff attorneys sometimes refer to IMEs as *Defense Medical Examinations*.

2. In what contexts are IMEs typically ordered?

IMEs are most commonly ordered in Workers’ Compensation and Tort Cases. Tort cases most often involve motor vehicle collisions or general liability cases such as slips and falls. Issues the physician examiner is commonly asked to address are diagnosis, causation of the injury or illness in question, apportionment if there are two or more causes, appropriateness of past and need for further evaluation and treatment, disability including necessity of any past time loss and current work capacity/restrictions, maximum medical improvement (medically stability), impairment, and prognosis.

3. Who typically orders IMEs?

IMEs are typically ordered by adjusters, case or claims managers, third party administrators, employers, administrative law judges, and attorneys.

4. How much work is available?

A lot. One of the nation's leading IME experts, based on extensive research, estimates that the overall market size is between \$3.5 and \$4.0 billion annually. At \$830 on average for a routine IME, that translates into roughly 450,000 IMEs performed annually.

5. What specialties have the greatest opportunity to perform IMEs?

The specialists that perform the vast majority of IMEs are psychiatrists, psychologists, neurologists, neurosurgeons, orthopedists, specialists in pain medicine, chiropractors, and occupational medicine physicians. However, there is work available for just about any specialty, depending on the nature of the injury or illness claimed.

6. How do I get trained to perform IMEs?

The following national organizations offer training for IMEs:

- The American Board of Independent Medical Examiners (ABIME) (www.abime.org)
- The American Academy of Disability Evaluating Physicians (AADEP) (www.aadep.org)
- The American College of Occupational and Environmental Medicine (ACOEM) (www.acoem.org)
- SEAK, Inc. (www.seak.com)

7. What are clients typically looking for when selecting an IME physician?

The clients look for:

- A physician still treating patients, sometimes called "active practice"
- Availability
- Board certification
- Careful review of the medical records
- Effectiveness in writing reports and in testifying
- Excellent reputation
- Impartiality
- Reasonable cost
- Timely responsiveness

8. How much can I charge for each exam?

It depends. Many states' workers' compensation systems have fee schedules which dictate how much independent medical examiners may charge. Generally in the tort system there is no hard rule on how much you can bill. The fees are controlled by market forces including the complexity of the case, the amount of money at stake, your skills, and your reputation. Whatever you charge for an IME should be the full amount you collect unlike Medicare and HMOs.

SEAK conducted a national survey of IME fees in 2007 and found that the average amount charged for a brief IME was \$597, the average amount charged for a routine IME was \$830 and the average amount charged for a complex IME was \$1,325. The full results of the survey are available for sale on www.seak.com. Tort IMEs on average were found to be significantly more lucrative for the examiner than workers' compensation IMEs.

9. How much money can I expect to make?

There are numerous IME doctors who are substantially retired from clinical medicine, do IMEs one or two days a week, and make a six figure income. Other doctors perform IMEs one day a week while practicing clinical medicine and generate an additional six figure income. Some doctors perform IMEs full time and make as much or more than practicing surgeons.

IME practices typically also generate supplemental income. A percentage of cases will lead to depositions, court testimony, peer and disability reviews. Physicians routinely charge at least \$500/hour *or more* for their time associated with expert testimony, so this aspect of IMEs enhances earnings. IME physicians also routinely charge for no-shows, meaning they often get paid even if the examinee doesn't show up. According to SEAK's *2007 Survey of IME Fees and Billing Procedures*, the average no-show fee was \$320.

10. How do I get referrals?

Perhaps the easiest way to get started doing IMEs is to list yourself with one or more IME Brokers or companies or referral services. These firms provide IMEs for employers, insurers, claims managers, third party administrators, employers and attorneys. The IME industry is greatly fragmented and there may be numerous IME brokers or referral organizations operating in your geographic location.

For workers' compensation IMEs, many states maintain lists of examiners who are approved to do workers compensation IMEs. Contact your state's workers' compensation agency and get yourself placed on the list.

Directly contact local defense firms, insurance companies, employers and third party administrators and let them know you are available for this work. To find defense firms, try the legal reference Martindale Hubbell, which can be found in most public libraries and online at www.martindale.com. You'd be looking for insurance defense, personal injury defense, and workers' compensation defense firms and lawyers. At insurance companies and third party administrators the claims adjuster or case manager is the person who most frequently orders IMEs. To find the larger insurance companies, case managers, claims adjusters and third party administrators one resource you can use is the *Business Insurance Market SourceBook*, which is published annually by Business Insurance. For employers, check with the largest employers in your area. Very large employers are often self-insured.

List yourself in SEAK's *National Directory of Independent Medical Examiners* (www.imedirectory.com). SEAK's Directory goes out to 30,000 referral sources

nationwide and the online website receives over 2-million hits each year. SEAK's *Directory* also offers a 100% money back guarantee.

Become certified by the American Board of Independent Medical Examiners and list yourself in their Directory.

Join the American Academy of Disability Evaluating Physicians and become listed on their web site directory.

Do a superb job and generate word of mouth referrals and repeat business. You can help facilitate repeat referrals by personally calling the referrer to thank them for your assignments.

Buy an IME practice. IME practices can be bought and sold. Check for notices from IME physicians in your area who are looking to retire and sell their IME practices.

11. What equipment, overhead do I need?

The overhead and equipment required is minimal. Office space can be rented on an as needed basis. Contractors can be used for transcription. Often times IME companies will provide the office space and transcription services for you. Medical equipment required is generally very basic. The following instruments are necessary to do proper impairment/IME evaluations:

- Stethoscope and blood pressure cuff
- Goniometers (small and large)
- Finger goniometer
- Inclometers (two)
- Grip and pinch strength measuring devices, e.g., a Jamar dynamometer
- Tongue blades
- Pen light
- Tape measure
- Reflex hammer
- Purdue pegboard
- Tuning fork
- Cotton balls
- Two-point discrimination measuring device, e.g., DiskCriminator
- Appropriate text books: (AMA Guides 5th edition/6th edition, Medical Disability Advisor (MDA), and/or Official Disability Guidelines (ODG), other impairment rating guides as required in your jurisdiction)
- Range of motion text books/booklets: (AMA, American Academy of Orthopedic Surgeons, etc)
- Specific equipment for specialty and subspecialty practices

12. Do you need to become certified to perform IMEs?

Generally no, but possibly for workers' compensation IMEs depending on the jurisdiction. Exactly what "certification" requires in each jurisdiction also varies.

13. Should I become certified by ABIME?

If you are serious about building an IME practice, ABIME certification is a wise investment. Although there is time and cost involved, it is nothing like what is involved in earning your primary or underlying board certification. ABIME requires:

- Continuing medical education in the performance of independent medical examinations and disability and impairment evaluation
- A selective application process meeting standards of education, experience and ethical conduct
- A signed agreement to abide by professional guidelines of conduct
- A competency examination covering such key aspects as clinical competency, behavioral science, impairment and disability systems, and the *AMA Guides to the Evaluation of Permanent Impairment*
- Recertification every 5 years

Try doing IMEs for a while and if you enjoy performing them, consider ABIME certification to increase your skills and the number and type of referrals you receive.

14. What special skills do independent medical examiners have?

In addition to their typical clinical medical knowledge, successful independent medical examiners are skilled in:

- Evaluating impairment under the AMA's *Guides to the Evaluation of Permanent Impairment* or the guidelines in use in the state in question.
- Testifying skills. Successful independent medical examiners are able to truthfully and artfully defend their conclusions during depositions, hearings and trials.
- Knowledge of symptom magnification, CRPS-1, CRPS-2, fibromyalgia, chronic pain, personality disorders and other common controversial conditions and issues.
- Knowledge of the workers' compensation and tort systems.
- Ability to conduct a thorough specialty examination in a suitable IME format and document the results.
- Ability to critically analyze conflicting information and form an opinion on key issues, such as:
 - Ability to return to work and in what capacity
 - Causation
 - Diagnosis
 - Disability
 - Impairment
 - Loss of use
 - Prognosis
 - Reasonableness of care and medical treatment

- Understanding of medical-legal terminology

15. How often will I have to testify?

If you abhor confrontation and are unwilling to testify, IMEs are not for you. You can expect that approximately 1 in 20 cases will result in your having to give testimony. Since most physicians charge *at least* \$500/hour for their time testifying, fees for testifying can be a lucrative supplement to fees for IMEs.

16. What are the risks of performing IMEs?

- You will likely be put under subtle and not so subtle pressure to produce a favorable opinion and report. Worse, you may sometimes be pressured to change an opinion. If you give in to these pressures the best case result is that your credibility (and viability as an independent medical examiner) will sooner or later be destroyed.
- It is a rare occurrence, but IME physicians may be successfully sued. Four things to watch out for are: not having a chaperone when examining the opposite sex, hurting an examinee during an exam (for example by making the examinee move in such a way that injures them), not acting appropriately when you discover that the examinee has a previously unknown serious medical condition, and giving the examinee medical advice, thus creating a physician-patient relationship.

17. Can I perform IMEs if I am no longer practicing clinical medicine?

Some referral sources prefer or even require physicians who are still practicing clinical medicine (treating patients). In addition, some jurisdictions require that physicians still be in active practice. Many physicians satisfy this desire or requirement by practicing a few days a month. In any event, maintaining an active practice certainly helps an examiner's credibility. However, many physicians continue to do IMEs for years after they fully retire or become disabled from practicing their specialty.

18. Can I perform IMEs in a state where I am not licensed to practice medicine?

Although IMEs are not strictly the practice of medicine (there is no doctor-patient relationship between the physician and the examinee), most states require medical examiners to be licensed within that state. Hence you should research this before agreeing to perform out of state IMEs.

19. What are the biggest advantages of performing IMEs?

- No call.
- No nights or weekends. IMEs are typically conducted during regular business hours.
- Relatively little legal risk. Compared to practicing clinical medicine, the legal risk involved in performing IMEs is minimal.
- Significant earning potential.
- Paid for no-shows.

- Very low overhead required. See #11, above.
- Minimal equipment needed in general.
- The intellectual challenge of doing something a little different for a change.
- Low start up costs.
- Fairly easy to get trained and up-to-speed.
- Some referral sources require you to carry medical malpractice insurance but malpractice carriers often provide lower, e.g., administrative, rates if you are not treating patients, and may offer part time discounts as well.
- Errors and omissions insurance rates are reasonable.
- An IME practice of good reputation has sale value if you should decide to retire, or stop performing IMEs.

20. What are the disadvantages and problems associated with performing IMEs?

- It can be stressful. The examinees you deal with may be angry, uncooperative, dysfunctional, etc. and will often view you as an adversary.
- It can be adversarial. You will be deposed in a number of your cases and you can expect opposing counsel to accuse you of being less than honest.
- You will feel pressure to produce favorable opinions/reports.
- Some referral sources will not pay you commensurate with the first class job you are doing.
- Because of the adversarial nature of IMEs, examiners not uncommonly have complaints filed against them by disgruntled examinees. Most of these complaints are baseless and are summarily disposed of, but this is something you should expect.
- You are no longer helping patients get better. You are instead supporting the legal system, which may be less satisfying.

21. What is the “typical” IME practice like?

It varies.

Some practices are high volume, low cost. A physician may do 10-15 IMEs in a day.

Some practices are low volume, high cost. The focus here would be on high end cases that pay \$5,000 or more.

Many physicians start doing IMEs in their 50s and 60s to plan ahead for the future and make their schedules more manageable. Gradually they keep cutting down on the clinical work, but maintain a respectable income with predictable hours doing IMEs.

Many physicians start performing IMEs mid-career to supplement their income, diversify their practice, and position themselves for the future.

Some physicians get into IMEs as a near full time practice early on as it can be a lucrative practice with predictable hours.

Many physically disabled physicians do IMEs when they can no longer perform surgery.

Some IME practices take cases from IME brokers, others do not.

22. Is an IME practice a right fit for me?

Only you can decide this. Truly successful IME physicians are usually those who are not thin skinned, are well credentialed, do not unduly fear confrontation, and who understand they are working as part of the legal system.

23. What other valuable skills am I likely to acquire from doing IMEs.

1. You will have an opportunity to testify fairly frequently and become comfortable and proficient doing so. This skill can help you do more medical expert witness work.
2. You will be positioned to perform disability file reviews for hundreds of dollars per hour.
3. Much of the time involved in IMEs is spent reviewing the examinee's medical records and commenting on these in your report. You will hone your skills in doing peer reviews for Medical Review Organizations. The typical IME physician can earn \$85-\$120/hour doing this type of low stress, non-confrontational work

24. Can I perform IMEs where the issue is outside of my specialty?

This is not a good idea.

25. What should I do if I decide to start doing IMEs?

Your first step should be to get some training on how to do IMEs and obtain any necessary equipment. You should also consider reading one or more texts on IMEs. Once you have a comfort level regarding what is expected, what to do, and how to do it, sign up with some IME brokers and referral agencies and see if you like the work. If you do, you can take further steps to increase your skills, find a niche and obtain cases directly, without use of the broker or referral company.

Visit www.SupplementalIncomeForPhysicians.com for information on IME Training.

SEAK's National IME Directory: www.imedirectory.com

How to Start and Build a Successful File Review Practice

By: Steven Babitsky, Esq.

© SEAK, Inc.

www.SupplementalIncomeForPhysicians.com

Disability reviews, chart reviews, pre-authorization and medical necessity and utilization review are some of the kinds of reviews commonly called “file reviews.” Unlike Independent Medical Examinations, these file reviews involve no treating physician relationship, physical examination, or testifying in depositions or hearings.

As a physician performing file reviews you will be making the following determinations:

- **Disability Reviews:** Determining eligibility for short-term disability (STD) or long-term disability (LTD.)
- **Chart Reviews:** Determining medical necessity/appropriateness of changes.
- **Pre-Authorizations:** Determining appropriateness of treatment.
- **Medical Necessity & Utilization Reviews:** Determining medical necessity and appropriateness of care.

Work Flow: You will be obtaining file reviews electronically from the file review companies, insurers, TPAs, and other companies. Your job will be to do a high quality job and file your review within the designated time.

Compensation: Physicians who build up a loyal client base can earn \$85-\$150 (or more) per hour and over \$100,000 per year depending on the volume of the work they produce.

Physicians who want to succeed as a physician file reviewer will want to familiarize themselves with:

- Disability issues facing reviewer which include diagnosis, impairment, disability, functional ability, and ability to work.
- What the standard disability contractual provisions are, as you will be working within this framework.
- How to deal with the impact of medications, side effects, and dosage on the ability of the claimant to work.
- Diagnostic challenges: here you will be called on your clinical skills to determine the appropriate diagnosis, treatment, and functional impairment documented in the file you have been asked to review.

Writing Your File and Disability Reviews

All of the work you will be doing reading records, analyzing records, and researching will ultimately assist you as the foundation for your written file reviews.

As a physician file reviewer your clients will judge you and make decisions about rehiring you based on the quality of your written reviews.

Here are some suggestions on how to do a well-written review.

- State things clearly and directly
- Do not speculate or guess
- Avoid boilerplate language
- Avoid the use of absolute words (e.g., “always” & “never”)
- The review should not be vague, equivocal or uncertain
- Avoid emphatic language, exclamation points, boldface, underlining, italics and capital letters to emphasize points or conclusions
- Use active voice
- Use precise language
- Use confident language that avoids hedge words (e.g., “it seems,” “could,” “apparently,” and “I believe”)
- Define technical terms, jargon and abbreviations
- Make sure the report is internally consistent and consistent with any previous reviews of the file
- Avoid evidence of bias

Citation to authority:

- Bolster the credibility of the review
- Citations should be detailed (title, author, edition, publisher & year published)

Conclusion

The disability and file review practice is a billion dollar industry that is growing rapidly. Clients will judge you on the quality of your written review so it is crucially important that you hit the ground running with excellent reviews. Clients will likely only give you once chance to succeed before they move on to another physician file reviewer.

SEAK runs an annual training program on **How to Start, Build, and Run a Successful Disability and File Review Consulting Practice**. For additional information please visit:

www.SupplementalIncomeForPhysicians.com

And if you are interested in performing file reviews, consider joining **SEAK’s National Directory of Medical File Review Consultants**; www.FileReviewConsultants.com

How to Start and Build an Expert Witness Practice

By James J. Mangraviti, Jr., Esq. and Steven Babitsky, Esq.
© 2013 SEAK, Inc.
www.testifyingtraining.com

Introduction: Expert witnesses are an important part of the American system of justice. The role of the expert witness is to help the judge or jury understand the evidence in the case. Essentially an expert witness is a teacher.

Advantages of Expert Witnessing: Expert witnessing can be extremely lucrative. Expert witnesses, depending upon their expertise and experience earn from a low of around \$125/hour to over \$1,000/hour. Many experts can earn over \$100,000 a year by devoting just one day a week to this endeavor. Expert witnessing can be challenging and fun. It is also a great learning experience. Most of the work can usually be done from a home office.

Disadvantages of Expert Witnessing: Expert witnesses will typically have their credibility, motives, integrity, and qualifications challenged by opposing parties in a case. They can be subjected to pointed questions at deposition and trial. As such, expert witnessing is not appropriate for the thin skinned. Expert witness work is also deadline driven, so you must be comfortable working under a deadline. Travel may be required if you accept cases in distant locations.

What Expert Witnesses Do: The typical things expert witnesses will be asked to do include:

- a. Reviewing Documents
- b. Conducting an Investigation
- c. Performing Research
- d. Forming an Opinion
- e. Drafting a Report
- f. Giving a Sworn Deposition
- g. Testifying At Trial.

What Is Needed to Get Started in Expert Witnessing? One of the great things about expert witnessing is that you would generally only need two things to get started:

- a. *A Curriculum Vitae(CV)* - This should be drafted very carefully. Keep in mind that opposing parties will try to use against you the language you utilized in your CV to present your qualifications, experience, education, etc.
- b. *A Retention Contract* - A well drafted retention contract will prevent innumerable potential problems and make sure that you get paid. See for example [SEAK's Expert Witness Retention Contract](#) which is in use by over 1,500 experts.

The Single Most Important Key to being a Successful Expert Witness: Expert witnessing is a reputation driven field. Word-of-mouth and repeat business results in the majority of expert witness referrals. Successful expert witnesses are those who generate positive word-of-mouth. In order to generate positive word-of-mouth, an expert must excel and be responsive and easy to deal with. This includes:

- a. Exceeding the Expectations of Retaining Counsel.
- b. Being Responsive.
- c. Being Available.
- d. Being Dependable.
- e. Having no Credibility Issues.
- f. Forming Defensible Opinions.
- g. Writing Superior Reports.
- h. Excelling at Deposition and Trial.

Getting the Word Out: There are a number of proven ways for expert witnesses to get cases (in addition to word of mouth). These include:

- a. Positioning themselves in a lucrative, growing, and underserved niche.
- b. Developing a professional and search engine optimized website for their expert witness practice.
- c. Networking.
- d. Listing themselves in expert witness directories such as the *SEAK Expert Witness Directory* (www.seakexperts.com).
- e. Identifying and reaching out to the select group of attorneys most likely to retain you.
- f. Leveraging professional social media such as LinkedIn.
- g. Speaking.
- h. Publishing.
- i. Using third party brokers or referral services such as Roundtable Group, TASA, or ForensicsGroup.
- j. Demonstrating leadership in a field.

The Biggest Mistakes Made in Starting an Expert Witness Practice:

- a. *Thinking you are not qualified because you didn't go to Harvard, don't have a PhD, and your CV is only one page long.* This is a common fallacy that is simply not true. Expert witnesses are judged by their experience, performance, testifying skills and street smarts as well as their academic background.
- b. *Thinking that you are too young or too old.* You don't need to wait until your 50s or 60s to get started. As long as you feel comfortable with your knowledge and experience in a field you should be good to go. At the other end of the spectrum, many successful experts keep doing this work into their 80s and even beyond.
- c. *Promoting a wide range of areas of expertise.* Attorneys don't want a jack of all trades master of none. Casting too wide a net is often counterproductive. Consider focusing on narrower niches.
- d. *Charging too little.* A low ball fee may scare away clients as the client may assume there is something wrong with you if you charge too low of a fee. e. *Not devoting enough time to your CV.* An expert's CV needs to be perfect. Spend whatever time necessary and get whatever help you need to make it so.
- f. *Not devoting enough time to your web presence.* The first thing an attorney looking to hire you will do is to Google you. Google yourself and take a hard look at what's out there. Try to fix anything that would reflect badly on you.
- g. *Thinking that there is something wrong or unseemly about advertising.* This will cost you a lot of money as advertising can be a very cost-effective way of getting business. It's not the fact of advertising that gets experts in trouble, it's when experts place ill-considered language in their ads.

Conclusion: Getting into expert witnessing is often described by our clients as a life changing event. It is very lucrative. You can generate a substantial amount of ongoing income. Most of the work can be done from home. It is intellectually stimulating and you will learn a lot.

If you are not thin skinned and don't mind working under deadline and maybe travelling a little, you might want to strongly consider giving expert witnessing a try.

About SEAK, Inc.:

SEAK is the Expert Witness Training Company. Through our products, services, seminars, expert witness directory, conferences, and one-on-one consulting, we assist expert witnesses to start, build, run, and expand their practices.

The Perfect Query Letter: How to Avoid Mistakes and Land a Literary Agent

By: Steven Babitsky, Esq.

© SEAK, Inc.

www.SupplementalIncomeForPhysicians.com

The process of getting your novel published can seem daunting to the first time author. The author will quickly realize that the process is very Darwinian; survival of the fittest.

Due to the large number of first time authors, most publishers require that a proposal or manuscript be submitted by a literary agent. The agents work on a contingency basis (i.e. 15% of any advance and royalties they obtain for the author). The agents are very selective about accepting new clients. They only take on new authors and books that they feel they can sell. If they do not sell a manuscript, they do not get paid and they can also damage their relationship with the publishers that reject the manuscript.

The good news is that agents, however, must have new authors and projects to survive and thrive. This article is intended to help the new author increase their chances of landing an agent who can sell their book.

MISTAKE: Casting Too Wide a Net

First-time authors often cast the widest net possible by blasting out their query to each and every agent they can locate. This technique rarely works, due to the fact that agents are often able to detect the mass mailing nature of the query and will ignore it. If you flood agents with your mass query, you may have effectively alienated all available agents.

SOLUTION

Research the agents who are likely interested in your work. Select two or three and send them the “perfect query”.

MISTAKE: Sloppy Queries

Due to the large volume of queries, most agents get in a year (hundreds to thousands), the agents are very selective. When they receive sloppy queries they feel like the author is wasting their time and will likely reject it out of hand. Examples of sloppy queries include:

- Misspelling the agent’s name. This is often a fatal mistake,
- Addressing female agent as Dear Sir or male agent as Dear Madam,
- Typographical errors. These indicate sloppiness and lack of attention to detail,

- Starting the query by saying you are writing because you are looking for an agent. This point is obvious and need not be repeated, and
- Failing to research the agent’s website and following the directions there for query submission.

SOLUTION

Most agents and agencies have specific guidelines for submissions. Due to the large number of queries, agents appreciate authors who strictly adhere to their guidelines. Make sure your query is letter perfect and contains no typographical or other sloppy mistakes.

MISTAKE: Query Too Long

The industry standard for a query letter is one page. Agents appreciate authors who get to the point, are concise, and can write a one-page query letter. The agent wants to be able to quickly and efficiently read the queries. The agent wants to see the writing style and ability of the author reflected in the query. Your ability to hook the agent with style, content, story, plot, and character in one page will encourage the agent to seek sample chapters from you.

SOLUTION

This is simple: make sure your query letter is one page in length.

MISTAKE: Comparing Your Work to a Classic

Agents are voracious readers and have read and loved many of the classics. When the author gets carried away describing his unpublished manuscript, it can be a serious mistake and result in the query being discarded. Examples of authors getting carried away with descriptions/comparisons include:

- Comparing their manuscript to “The Catcher in the Rye” or other classics,
- Stating that all the people who have read their novel (families and friends) think it is great,
- Stating the novel is unlike any other book ever written,
- Stating the book will appeal to everyone,
- Praising your work with adjectives like amazing, thrilling, or breath-taking, and
- Stating your book is a guaranteed best-seller/NY Times best-seller.

SOLUTION

Do not oversell your book. It does not have to be a classic or even a NY Times best-seller. All it needs to be is a book the agent believes in and thinks she can sell.

MISTAKE: Making the Query Too Personal

New authors too often try to use personal information in their query letter to win agents over. Most agents do not react well to extraneous personal information. Examples of authors getting too personal include:

- Putting your age in,
- Telling the agent your life story, and
- Explaining how hard the book was to write.

SOLUTION

Do not send photos, candy, gifts, or too much personal information. What the agents are looking for is a great query and book.

MISTAKE: Failure to Make Yourself Easy to Contact

New authors, in their haste to get out their queries and get their book published, often make it too difficult for the agent to contact them.

SOLUTION

This is another simple one. Each query should include the author's full contact information, including: phone and cell number, email address, and street address.

MISTAKE: Discussing Unpublished Works

New authors often describe, sometimes in detail, all of their unpublished works. This does not instill confidence in the agent and can result in not making the cut.

SOLUTION

Do not waste valuable space in your query discussing unpublished works, how many years you have been trying to get published, or apologizing for not already being published. Concentrate your query on the book you are selling the agent.

MISTAKE: Annoying Links

One of the tell-tale signs of a mass query is the author including links to a website, etc. If you must include a link, make it easy for the agent to navigate. Remember, the agents are not computer experts.

SOLUTION

Make sure any attachments/links are well labeled, easy to navigate and add, and not detract from the power of your query.

MISTAKE: Pitching More Than One Book

Many new authors cannot resist the temptation to pitch more than one book in their query. Their thinking is likely that maybe one will catch the eye of the agent. Agents almost universally resent a query with multiple books, series, etc. They are looking for one book they can sell.

SOLUTION

Authors are best served by limiting the query to one book. If the query is strong enough, the agent may inquire about additional books.

MISTAKE: Leaving Out Key Information

New authors often try to put every character, plot line, and twist and turn of their novel in the query. These authors are left with little or no space for key aspects of a successful query, such as:

- Having a rock solid two line hook,
- Information about platform,
- Including key information to help the agent understand how the project is different and better than what's on the market,
- Clarity about genre or even if it is fiction or non-fiction,
- Including sense of characters or themes, and
- Describing succinctly what they are pitching.

CONCLUSION

Many new authors do not spend sufficient time and effort in perfecting their query. This is the most serious mistake a new author can make. To succeed, authors should research literary agents and send out a select group of queries. The authors should follow the submission guidelines to the letter. Authors who avoid the common mistakes noted above are best positioned to have a literary agent take them on as a client.

NOTE: The mistakes and advice listed above are a compilation of the suggested advice of numerous literary agents who were consulted and asked for their advice for new authors submitting query letters.

About the Authors:

James J. Mangraviti, Jr., Esq. has trained thousands of expert witnesses through seminars, conferences, corporate training, training for professional societies and one-on-one training/mentoring. He is also frequently called by experts, their employers, and retaining counsel to train and prepare individual expert witnesses for upcoming testimony. Mr. Mangraviti is a former litigator with experience in defense and plaintiff personal injury law and insurance law. He currently serves as Principal of the expert witness training company SEAK, Inc. (www.testifyingtraining.com). Mr. Mangraviti received his BA degree in mathematics *summa cum laude* from Boston College and his JD degree *cum laude* from Boston College Law School. He is the co-author of twenty-five books, including: *How to Prepare Your Expert Witness for Deposition*; *How to Become a Dangerous Expert Witness: Advanced Techniques and Strategies*; *The A–Z Guide to Expert Witnessing*; *Depositions: The Comprehensive Guide for Expert Witnesses*; *Writing and Defending Your Expert Report: The Step-by-Step Guide with Models*; *The Biggest Mistakes Expert Witnesses Make: And How to Avoid Them*; *Cross-Examination: The Comprehensive Guide for Experts*; *National Guide to Expert Witness Fees and Billing Procedures*; and *How to Market Your Expert Witness Practice: Evidence-Based Best Practices*. He can be reached at 978-276-1234 or jim@seak.com.

Steven Babitsky, Esq. is the President of SEAK, Inc. – The Expert Witness Training Company (www.testifyingtraining.com). Mr. Babitsky trains hundreds of experts each year and serves as a one-on-one consultant to expert witnesses. He has helped expert witnesses and their attorneys prepare for deposition in a broad range of cases, including antitrust, patent, medical malpractice, wrongful death, computer forensics, and many others. He has been brought in to train experts from the Federal Bureau of Investigation and The Federal Aviation Administration and worked with numerous forensic and financial companies including Fortune 500 companies. Mr. Babitsky is the co-author of the texts *How to Prepare Your Expert Witness for Deposition*; *Depositions: The Comprehensive Guide for Expert Witnesses*; *How to Become a Dangerous Expert Witness: Advanced Techniques and Strategies*; *Writing and Defending Your Expert Report: The Step by-Step Guide with Models*; *How to Excel During Cross-Examination: Techniques for Experts That Work*; *The A-Z Guide to Expert Witnessing*; and *How to Excel During Depositions: Techniques for Experts That Work*. Attorney Babitsky is the co-developer and trainer for the “How to Be an Effective Expert Witness” seminar, and the seminar leader (since 1990) for SEAK’s Annual National Expert Witness Conference. He was a personal injury trial attorney for twenty years and is the former managing partner of the firm Kistin, Babitsky, Latimer & Beitman. He may be contacted at 508-548-9443 or stevenbabitsky@seak.com.

Alex Babitsky, MBA is a Partner of SEAK, Inc. Mr. Babitsky received his MBA from Northeastern University and a BS degree from the University of Massachusetts. Mr. Babitsky deals with expert witnesses and the attorneys who retain them on a daily basis as the Product Manager of *SEAK’s Expert Witness Directory*, *SEAK’s National Directory of Independent Medical Examiners*, and *SEAK’s National Directory of Medical File Review Consultants*. Mr. Babitsky consults regularly with experts of all fields on the subject of expert witness marketing. His publications include: *How to Market Your Expert Witness Practice: Evidence-Based Best Practices*, *2009 National Guide to Expert Witness Fees and Billing Procedures*, *2004 National Guide to Expert Witness Fees and Billing Procedures*, *The A to Z Guide to Expert Witnessing and What All Physicians Considering Starting an IME Practice Should Know*. He may be contacted at 508-457-5150 or alex@seak.com.