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### Locum Tenens: An Active Alternative to Early Retirement

Narrator:

You're Listening to *Spotlight On Locum Tenens* on ReachMD in partnership with Locumstory.com.

Mr. Rush:

Many doctors consider early retirement but don't want to stop practicing medicine. Learn how one physician found the best of both worlds. I'm your host, Tim Rush, and joining me today is Dr. Leon Books. Dr. Books decided to close his practice in his hometown of Broken Bow, Nebraska, and travel the world. He didn't give up medicine either. He's been working as a locum tenens doctor for CompHealth for over 13 years. Over the years he's practiced both throughout the United States and internationally, seeing the world all along the way. Today we're discussing early retirement.

Dr. Books, welcome to our show.

Dr. Books:

Thank you. I'm glad to be here.

Mr. Rush:

Dr. Books, you've been practicing medicine for a long time. What originally attracted you to family practice?

Dr. Books:

Well, I was in medical school—or when I started medical school, I certainly didn't intend to go into family medicine, but as I went through medical school and saw the different branches of medicine, I found that my interests were broad and that family medicine would allow me to do all of the things I liked rather than having to focus on only one of them, so I chose family medicine at that point.

Mr. Rush:

You decided to retire when you were 52. How did you come to that decision?

Dr. Books:

Well, my wife and I had always talked about wanting to travel and doing locums when I retired, and when we talked about that, we both assumed that would be, you know, at 65, and we finally decided that if we wanted to do the traveling and enjoy it while we were healthy, that we should do it earlier rather than later, so we made the decision to start traveling.

Mr. Rush:

That's a big decision. How has it worked out for you?

Dr. Books:

Oh, we've loved it. We've had a wonderful time. We've seen a lot of the world. We've certainly seen most of the United States and have been very happy along the way. We have not regretted our decision.

Mr. Rush:

Well, early retirement, that's a big financial decision. Talk to us a little bit about the planning and the execution of what you've done.

Dr. Books:

Well, when we started talking about this, the first thing I needed to do was make sure that I could continue to make an adequate living. I certainly wasn't financially in the position to retire and give up working all together, and I actually spent a year researching locum tenens opportunity and whether or not it was truly something that you could make a good living at and also researching the companies and how

the whole system worked and then finally decided that, yes, I could make a living and enjoy the traveling while we were at it.

Mr. Rush:

That's fantastic.

Dr. Books:

There are many things that have to be taken into consideration because working as a locums is financially much different than being in your own practice or being employed by someone where you have benefits, retirement packages and all that kind of thing, because you have to do it all on your own.

Mr. Rush:

As a practitioner that owned his own practice, tell us a little bit about the comparisons financially of owning your own practice and closing it down, and do some comparisons to what the last 13 years have done for you as a locum as you reflect back on what it might have looked like had you kept the practice running.

Dr. Books:

Well, at the time I retired, I had been in practice for 25 years and owned my own practice for 25 years. I had 2 partners at the time I retired and ended up selling my practice to them, but I was primarily the one that did the day-to-day management of the practice, and probably the biggest change when I started locums was I didn't have any of that management responsibility, but I also didn't have any of the management privilege. There was no ability for me to work in a practice and say, "Hey, these things need to be changed," and make them change like I did when I actually owned the practice, and that took me a while to get used to, but I found that the tradeoff was a very good one because I didn't have to worry about that. I could actually do what I really wanted to do, and that was see patients and not have to worry about the management aspect of the practice.

Mr. Rush:

You, I'm sure, have done many assignments. Where have your assignments taken you? What type of facilities? Geographically? Tell us a little bit about the freedom that came with the locums.

Dr. Books:

Well, actually, up to the last couple of years, most of my assignments would be anywhere from 2 to 4 months in length, and I've literally worked from one end of the country to the other. I've worked in 15 different states, and most of the time I worked in small, rural facilities, which is where I grew up and where I practiced and still enjoy that, but I've worked in larger facilities doing a variety of different jobs, but in general it's the people you work with and the people you're serving that really make this the fun lifestyle, because most of the time—I guess I would say all the time—I've been welcomed with open arms, and within a matter of a few days, they make you feel like you're just part of the family.

Mr. Rush:

If you're just tuning in, you're listening to *Spotlight On Locum Tenens* on ReachMD. I'm your host, Tim Rush, and joining me today is Dr. Leon Books, who is discussing practicing medicine after retirement.

Beyond the opportunities of travel, what have you enjoyed about working locums with CompHealth?

Dr. Books:

Well, I've enjoyed working with CompHealth because I've found them to be reliable. I can count on them doing what they say they're going to do. They've provided me with great opportunities, and they make all my travel arrangements, my housing arrangements while I'm on an assignment, and they are just a very professional group of people to work with, and I have certainly not regretted working with them. That's probably the biggest thing I've found with CompHealth, is the professionalism of their staff no matter what department I'm working with.

Mr. Rush:

With all the changes going on in healthcare, tell us a little bit about the issues you no longer have to worry about, like insurance and other logistics, ancillary staff. Talk to us a little bit about that.

Dr. Books:

Well, certainly in my position I don't have anything to do with billing. I don't have to worry about whether or not a patient has an appropriate insurance contract or even has insurance for that matter. I just have to see the patient. I may have to give them a billing code, a diagnosis code, but I don't have to worry about billing aspects. I don't have to negotiate contracts with insurance companies, Medicaid, Medicare. All I have to do is provide good medical care to whoever I see.

Mr. Rush:

I would also imagine, with the number of facilities you've worked in, you've been able to get almost a consultant's view of how to run a practice, how to run a facility. You mentioned that you've given up some of the authoritarian or management ability to say, "Do this," and it gets done, but how is it not being attached to the specific organization? Do they look to you for advice, for your thoughts? Tell us a little bit how you interact with your peers as you're going from assignment to assignment.

Dr. Books:

That's been very interesting because, as I've traveled around, I have actually been asked for my advice about, "How do you think we should do this?" "How could we do this better?" "Are there problems, and how can we solve the problems?" And I guess as essentially a neutral third party, I can tell them these answers. There's no real threat to me, and I don't think they feel threatened by what I'm going to tell them. Certainly having seen a variety of different practice styles, management styles, you can give them some advice about other approaches may work for them.

Mr. Rush:

Tell me a little bit about the way that you pick assignments, the way that CompHealth presents opportunities to you. Tell us a little bit about what that's like, not exactly knowing where you're going to be at your next assignment.

Dr. Books:

Well, I try to plan out my life about 3 to 6 months in advance. Part of that is, if I want to go to a new state where I need a new license, it takes anywhere from 2 to 6 months to get a license, so you have to do some planning ahead. They present assignments to me—and I say they, CompHealth, presents assignments to me. Some of them will be an immediate need. Some of them will be needs 2 to 6 months down the road. When I first started there were probably 4 or 5 opportunities presented to me on a daily basis through an e-mail. Now when I get that e-mail, there may be as many as 25 or 30 of them on that list, and they'll be literally from coast to coast, all sorts of different settings, whether it be urgent care, a clinic, what they call full-scope family medicine where I see patients in a clinic as well as deal with the patients in the hospital, or even work strictly as a hospitalist where I do nothing but see patients in the hospital, and even work in rural emergency rooms, so the opportunities have grown dramatically over the years, and I suspect with the new healthcare law taking effect, that that's going to grow even greater.

Mr. Rush:

Well, after 13 years of locum tenens with CompHealth, what keeps you interested?

Dr. Books:

I think the interest is the newness of going into a new place, seeing new patients, meeting new people, whether it be patients or a new medical staff, new nursing staff, new community. I've enjoyed each one of them I've worked in, some for different reasons, but it's just been a fun lifestyle for me these last few years.

Mr. Rush:

Well, you're now the proper retirement age, so why have you decided to keep practicing?

Dr. Books:

Well, I'm still healthy enough to do it. I think that I've worked hard at trying to keep up with medicine and enjoy what I'm doing, and I certainly, at this point, wouldn't want to retire and just sit on the porch in a rocking chair. I still enjoy working with people and practicing medicine. I probably don't work as many hours now as I used to but certainly still work full-time and still enjoy it, and as long as I can enjoy it and do it well, I don't see any reason why I need to stop.

Mr. Rush:

Well, what advice would you give your colleagues out there that may want to retire but don't want to stop practicing medicine?

Dr. Books:

Well, my advice to them would be to at least look at this lifestyle, understand that it's significantly different. Again, you don't... When you walk into someone else's practice to help them, it's really you're going to practice medicine, but you're going to have to do it in their system. You can't change the system to meet your needs. You have to adapt to their needs. And for many of us as physicians, that's sometimes the most difficult part of it.

Mr. Rush:

What are the main differences that you've seen in your life versus other physician colleagues that you have that may have retired or chosen not to?

Dr. Books:

Well, I guess I would say most of my colleagues that I know, friends, when they retired, literally gave up the practice of medicine. They

walked out of the office one day, and that was the end of it. And I've certainly seen some of them that I think wished it hadn't happened that way, and some of them begin to start filling in for people here and there just to keep doing it, and I think many of them might have been better served had they at least looked at this opportunity that would have given them a chance to practice medicine yet given them more freedom than being tied to a full-time practice.

Mr. Rush:

Well, thanks for joining us today. Unfortunately, we have run out of time. I'd like to thank Dr. Leon Books for joining us today and sharing his experience as a semi-retired physician.

Dr. Books:

Well, I would like to thank you for the opportunity to share my experience. I've enjoyed doing that and hope this helps other physicians look at this kind of an opportunity.

Mr. Rush:

And I'm your host, Tim Rush. Until next time, thanks for listening.

Narrator:

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