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Physician Autonomy and Practicing at the top of your Training

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- Navigate to https://aafp1.cnf.io/ and tap the session titled "Physician Autonomy: Practicing to the top of your training"
- OR just point your phone's camera at the QR code to join directly

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Learning Objectives

1. Describe how the Direct Primary Care (DPC) model reduces administrative burden and supports physicians in practicing to the full scope of their training while maintaining professional autonomy.
2. Analyze the relationship between practice structure, physician well-being, and moral injury, and identify DPC-based strategies that promote sustainable, patient-centered care.
3. Evaluate opportunities to expand procedural and clinical competencies within DPC settings to improve patient access, continuity of care, and satisfaction for both patients and physicians.

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Physician Autonomy and Practicing at the top of your Training

- **Amy Capoocia, DO FACOFP**
- UNECOM class of 2003
- ACOFP FELLOW
- Health Policy Fellow :AACOM 2018
- ACOFP Procedural Medicine Instructor
- OWNER LUDWIG'S VILLAGE FAMILY MEDICINE, LLC 2022

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Loss of Autonomy

- Before 2000 most practices were small physician owned businesses
- The rise in regulations increased administrative burdens
- Convinced that we would be "happier" as employees and JUST practice medicine, private clinics were absorbed by hospitals
- Over the past 2 decades physician leadership and autonomy has declined
- We were not meant to just be cogs in the system

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The average physician today experiences:

- Less control over patient care
- More administrative burden
- Increasing moral injury
- Less time with patients
- Higher burnout
- Declining job satisfaction
- **Question:**
- "When did medicine become about checking boxes instead of caring for people?"

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STAGES OF CHANGE THEORY

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

- **Stages of Change Theory,** Nahrain Raihan; Mark Cogburn

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Love Lost and Burden Added

- Less continuity
- Less trust
- Less time
- 15-minute appointments
- RVU pressure, MRA pressure
- Documentation overload
- Defensive medicine
- Burnout

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Autonomy is professional independence.

- Clinical decision making
- Time with patients
- Scheduling
- Staffing
- Practice culture
- Technology choices
- Pricing control
- Focus on physician-patient relationship

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Burnout or Moral Injury

Burnout:
"I'm exhausted.“

Moral injury:
"I know the right thing to do but the system won't let me."

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Why autonomy matters

Breakdown of Physician Suicide Data

- The physician suicide rate is estimated at **40 per 100,000**.
- With about **985,000 active physicians:** 300-400 **physician suicides per year**
- Physicians are **2- 3 times** more likely to die by suicide than the general population.
- Loss of personal autonomy and the impact of moral injury is a primary driver
- In the US, you can call or text the National Suicide Prevention Lifeline on 988, chat on 988lifeline.org, or text HOME to 741741 to connect with a crisis counselor.

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PRE-CONTEMPLATION

- Feeling the discomfort of current position
- Refusing to pursue change
- Focus on the negatives of change
- The current chaos feels safe
- "The task for individuals in Precontemplation is to become conscious of and concerned about the current pattern of behavior and/or interested in a new behavior." Enhancing Motivation for Change in Substance Use Disorder Treatment: Updated 2019, SAMHSA

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CONTEMPLATION

- Realization that current situation is not sustainable
- Fear, uncertainty that changing situation will be better
- "This stage is marked by awareness and acknowledgment of the problematic behavior, with serious consideration to change."
- Your current job is not secure

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PREPARATION

- "There is now an acknowledgment that the benefits of changing behavior outweigh the drawbacks. "
- Before you even quit your current job, start imagining your next steps
- Vision Planning– You are the designer
  - Product/Customer
  - Mission
  - Core Values
- Strengths/Weaknesses
  - Solo, Partnership, Employed

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ACTION

- Change happens
- Goal is set, plans are being drawn
- Pick a name, website, look for space
- Quit your current job
- Actively investing time and money into your new goal
- Take the leap

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MAINTENANCE

- "At times, they may have thoughts of returning to old habits; however, they resist the temptation and remain on track because of the positive strides they have made."
- The hard work
- Keep growing, trying new things
- Learning to advertise, social media, new skills
- Decide what works and what doesn't
- Keep making changes
- Deepen relationships with patients and community

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What Does Physician Satisfaction Look Like?

SELF REFLECTION

- Decide what you want your day to look like
- Change course
- What do you need to have job and personal satisfaction
- If you have given up a skill set that you want to use, relearn
  - OMT, PROCEDURES, AESTHETICS

- **You have done amazingly difficult things that most people would never attempt!**
  - **YOU CAN DO HARD THINGS**

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Practicing at the Top of Your Training

- You are a physician
  - Perform at the highest level of training and certification
  - Maximize knowledge, skills, and expertise for optimal patient care
  - Utilize every aspect of your training
  - Do not refer for what you are confident in
  - Do not refer for simple FM procedures
- Delegate less complex tasks to lower-trained team members for efficiency
- Improve quality of care and patient outcomes

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Set Boundaries as an Employed Physician

- Start where you are.
- What have you given up that you miss?
- Refocus

- Difficult, but POSSIBLE
  - Complex patients need TIME, attention and ACCESS
  - Procedures take TIME, accurate billing in FFS

  - BOUNDARY SETTING, Ask for what you want:
    - Procedure days
    - Extended visits for specialty or complex patients
    - Accept pay differential for better job satisfaction
    - QUIT if the employer you work for does not value your skill set

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PERSONAL JOURNEY:

- Solo breadwinner
- Mother of five children
- My husband is incredibly supportive
- Took us seven years to make the leap
- Started with family "staff" for 1 year

BENEFITS:

- 3+ year into DPC: job satisfaction, patient satisfaction, wait list
  – ACCESS to AFFORDABLE CARE

- Fulfillment in medicine, marriage, motherhood
- Consistent daily exercise
- Re-learned how to cook, realized I still don't really enjoy it.
- Present for what matters

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Change is scary

- It is possible to take care of patients and community well and not take insurance.
- The medicine you do is the same.
- The decision-making is the same.
- The financial piece is slightly different.
- This is not revolutionary; this is not complicated.
- Believe in yourself.

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What is DPC

- FINANCIAL: A DIRECT CONTRACT BETWEEN THE PATIENT AND THE PHYSICIAN
- INDEPENDENT OF INSURANCE CONTRACTS
- FOSTERS A STRONG PATIENT:PHYSICIAN RELATIONSHIP
- CAN INCLUDE ANY SERVICES YOU WANT
- CAN BE TAILORED TO YOUR SCHEDULE AND SKILLS

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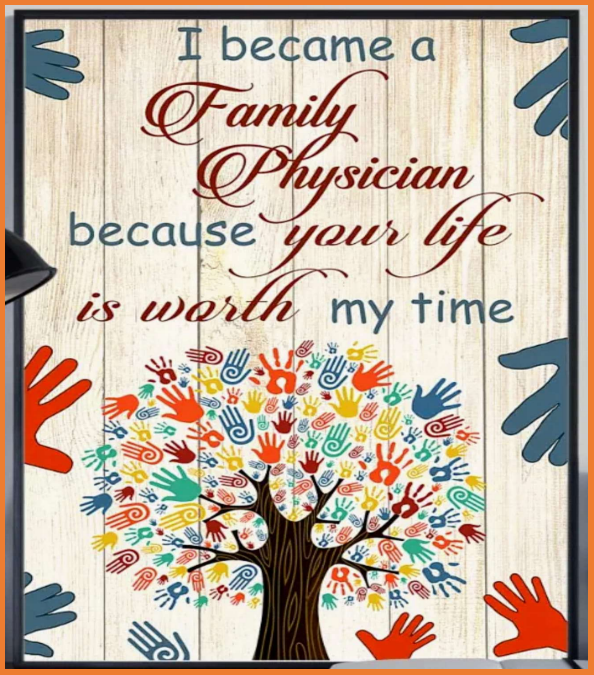
BENEFITS FOR PHYSICIAN

- Reduced Administrative Burden: No insurance billing means less paperwork and more time for patient care.
- Improved Work-Life Balance: Smaller patient panels (~300-600 pts) allow for more meaningful interactions.
- Increased Professional Satisfaction: Greater autonomy to provide care as you want
- Collaboration with you patient

Practice to highest level of medical training



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Practice to TOP OF YOUR TRAINING: Specialization and Expertise

- You cannot become an expert in everything
  - Pick what you love.
- Your passion can be General and Community medicine
- You are doing enough by providing general services without a adding a specialty
- Your expertise in medicine with your current degree is ENOUGH
  - Do NOT need extra certificates in Lifestyle Medicine, Diabetes, Longevity
  - With your Osteopathic Medical Degree, you are ENOUGH

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Adept at Procedures?

- Offer procedures you are comfortable with at the start, then grow your skills:
  - Osteopathic Manipulative Therapy
  - Joint injections, trigger points
  - Regenerative Med with PRP/Prolotherapy
  - GYN/OB care : IUD, colposcopy, deliveries
  - Podiatric care
  - Dermatology
  - Foreign body removal
  - Urgent care procedures: sutures, wound care

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Procedure Tips

- Take a Procedural medicine course or sign up for workshops (ACOFP/DPCA/AAFP/EM)
- Youtube phlebotomy and IV refreshers
- Pediatrics: take a peds and procedure course

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I Dislike Procedures, what can I add?

- **Fill Healthcare Gaps:**
  - Offer services in areas with long wait times for specialists
  - Expert Witness Training
  - Areas that generally go untreated, underpaid in FFS
    - Sexual medicine
    - Diabetes and Nutrition
    - Mental Health
- **Specialize in women's health:**
  - Endometriosis
  - Menopause therapies
  - Pelvic pain

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I Dislike Procedures, what can I add? (cont.)

- **Psychiatric Assessments**:
  - ADHD assessments and treatment
  - Alcohol withdrawal, substance abuse programs
  - Family Medicine support for special need patients
- Develop expertise in dermatology and rashes
- Tick-borne illnesses, and Lyme-associated diseases
- Endocrine focus: CGM, insulin pumps
- Sports Medicine

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Specialized Physical Exams

- Offer one off appointments:
  - EHE or executive physicals
  - CDL (Commercial Drivers License)
  - Sports Med exams, work physicals
  - Aviation/Pilot Exams (FAA Certification)
  - Osteopathic Manipulative Treatments
  - Immigration Medical Exams

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Career Diversification

- Build multiple income streams to protect your autonomy and satisfaction.
- **Clinical Paths:**
  - Add in-office procedures: OMT, aesthetics, PRP/prolotherapy
  - Niche care: women's health, psychiatry, endocrine, Lyme
  - Specialized exams: executive, CDL, sports, aviation
- **Non-Clinical Paths:**
  - Teach and precept students; lecture at conferences (often paid)
  - Consulting, telehealth, and medical directorships
  - Writing, podcasting, and speaking
  - Coach physicians on DPC and practice ownership

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Business Strategies– don't build your own trap

Set dream hours without apologizing.

- Want to work just 4 days, or 3 full 2 half days– that's great
- Make the numbers work

Planning for growth

- Implementing technology for efficient EMR and self-scheduling
- The right technology can take the place of an additional employee
- You don't have to use the free version just because it is Free

Delegating tasks to optimize personal strengths and preferences

- Virtual assistant vs in office staff

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What is a VA (Virtual Assistant)?

Medical Virtual Assistant (VMA)

A **remote professional** who supports healthcare providers with **administrative and clinical tasks**, improving efficiency and patient care.

Key Responsibilities

Administrative Tasks:

- Scheduling, EHR management, billing & insurance
- Patient communication & record-keeping

Clinical Support (if qualified):

- Patient intake, telehealth assistance
- Medication reminders, follow-ups, patient education

Other Services:

- Marketing, customer support, research

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Benefits of a Virtual Assistant

✓ **Increases Efficiency** – Frees up staff for patient care
✓ **Cost-Effective** – Reduces hiring expenses
✓ **Enhances Patient Experience** – Provides timely support
✓ **Flexible & Scalable** – Adapts to clinic needs
✓ **Specialized Expertise** – Telehealth, billing, EHR

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Build the Dream Life: Tips

- You can serve a lot of patients while earning a good living
  - High cost, low volume
  - High volume, lower cost
- Do not apologize for your prices:
  - ADD A REGISTRATION FEE. Can waive it for a "discount" option
- Be consistent in your marketing
  - Put yourself out on social media regularly
  - Newsletter!
- Be confident that the skills you bring to the table are enough
- **Start. Just start. You will never be 100% ready**

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1. Organizations & Communities

•DPC Frontier – A comprehensive resource with a legal map, FAQs, and startup guides.

•Direct Primary Care Alliance (DPCA) – A membership organization offering networking, conferences, and business resources.

•https://d4pcfoundation.com/ (Doctors for Patient Care)

•**ACOFP and American Academy of Family Physicians (AAFP)** – Offers DPC toolkits and advocacy resources. Co-sponsors Yearly Conference JULY 2025 New Orleans.

•**Physician on FIRE DPC Guide** – Financial independence insights tailored to DPC physicians.

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2. Books & Guides

•***"Startup DPC: How to Start and Grow Your Direct Primary Care Practice"*** – By Dr. Phil Boucher (Practical startup tips).

•***"The Direct Primary Care Doctor's Startup Manual"*** – By Dr. Chris Larson (Step-by-step guide).

•***"The Patient-Centered Payoff: Driving Practice Success Through Patient Engagement"*** – By Stephen C. Schimpff, MD.

PODCASTS: MyDPC Story, EntreMD, BootstrapMD

QUESTIONS?

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Live Content Slide

When playing as a slideshow, this slide will display live content

Social Q&A for Physician Autonomy: Practicing to the top of your training

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