

Physician, Heal Thyself: Reigniting our Passion

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FMX

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Joseph DeVeau, MD, MHL

Founding Partner/Physician, First Georgia Physician Group, Fayetteville

Dr. DeVeau earned his medical degree from The Brody School of Medicine at East Carolina University in Greenville, North Carolina. He completed his internship in the NH Dartmouth Family Medicine Residency Program in Concord, New Hampshire, before returning to North Carolina to complete his family medicine residency at Carolinas Medical Center in Charlotte. He recently completed the Executive Master of Healthcare Leadership (EMHL) program at Brown University, Providence, Rhode Island. His Critical Challenge Project for the program involved developing reUNiteMD, a retreat-based strategy to help physicians create community and improve their health, wellness, and personal and professional enjoyment.

Dr. DeVeau started his career as an employee of a large family medicine clinic in Georgia and went on to join a well-regarded primary care group affiliated with Piedmont Healthcare, a large, hospital-centered health care organization in Atlanta. Subsequently, he and some of his colleagues partnered with Privia Health to become First Georgia Physician Group, the inaugural Privia Medical Group of Georgia group practice. Four years into that endeavor and with a growing network of more than 300 providers, he continues to balance caring for patients, serving in leadership roles within Privia Medical Group of Georgia, and fostering his passion for physician advocacy, health, and wellness. Other interests within medicine include shaping health care policy and improving efficiencies within health care.

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Learning Objectives

1. Describe processes that allow doctors to do only doctor work.
2. Understand how delegation and avoiding micromanagement fits into the Patient-Centered Medical Home.
3. Identify strategies to make documentation a team sport.

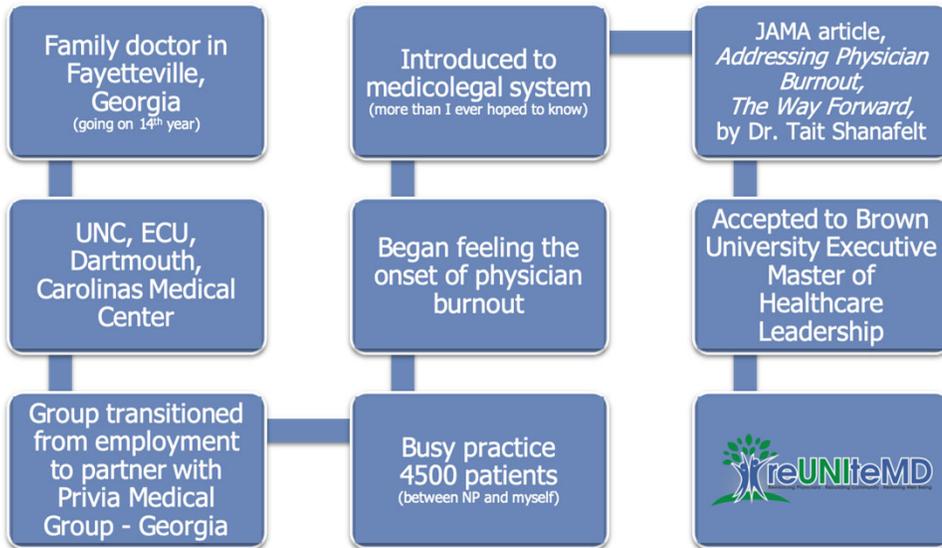
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Audience Engagement System

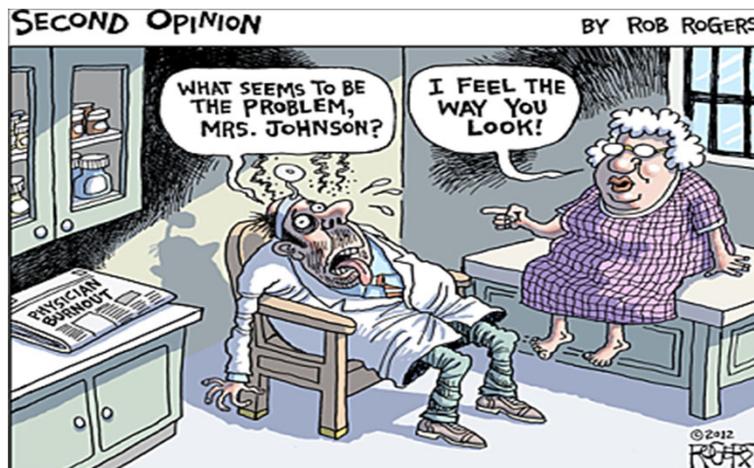


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Why Am I Here?



What is Physician Burnout?



If this looks familiar, then you could be burned out...

Poll Question #1

Which of the following statements is correct:

1. Overall physician burnout rates have increased from 2014 to 2017.
2. Emergency medicine physicians have the highest burnout rate of any specialty.
3. Family physicians are at low risk of physician burnout, due to high reimbursements.
4. Dermatologists suffer from a poor work-life balance.

Physician Burnout at a Glance



Nearly 44% of American doctors, including 54% of family doctors, exhibit at least one symptom of burnout.¹

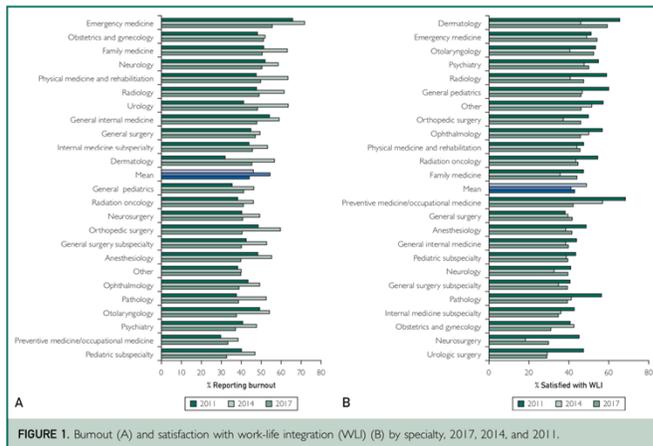


Physician burnout includes emotional fatigue, cynicism, depersonalization, and a loss of meaning in our work



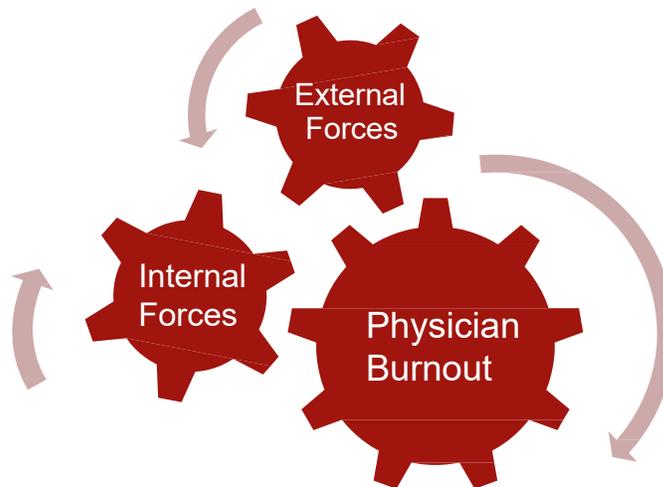
Without intervention, we will see decreased quality of care provided, decreased access to care, and increased costs

Burnout Rates By Specialty



- Shanafelt TD, West CP, Sinsky C, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017. Mayo Clinic Proceedings 2019;

Physician Burnout: Forces of Influence



Physician Burnout: External Factors

- **Regulatory:** quality metrics, MIPS, payer demands and lack of transparency
- **Technology:** EHR-33% of time clinical, 49% clerical work
- **Financial:** decreased revenue, increased costs, VBC vs FFS
- **Patient Demands:** perceived knowledge base, easy access to info (Dr. Oz effect), instant communication, online reviews, high expectations, overload, no-shows, complexity, costs, frustrations with American healthcare system

Physician Burnout: External Factors (cont.)

- **Culture:** Quality care vs convenient care, commercialized medicine, loss of loyalty, our training legacy
- **Practice Management:** staffing, team cohesion, team loyalty
- **Organizational Demands:** lack of engagement, inefficiencies, communication, feeling like just a number
- **Professionalism:** commoditization of medicine, loss of artistry, loss of community, silos, devalued, control

Physician Burnout: Internal Factors

Positive Value	Negative Potential	Burnout Factors	Potential Interventions
Service	Deprivation	Compassion Fatigue Entitlement	Reframing Appreciation & gratitude
Excellence	Invincibility	Emotional Exhaustion	Mindful self-compassion Inner critic awareness
Curative Competence	Omnipotence	Ineffectiveness Cynicism	Self-awareness Generous listening
Compassion	Isolation	Depersonalization	Connection & community Silence as energizing

Physician Burnout: Internal Factors

The Physician Personality

1. Overcaring and needing to be needed
2. Perfectionism
3. Competitiveness
4. The type "A" personality
5. Safety-seeking behavior
6. Social isolation



Poll Question #2

Which of the following statements is correct:

1. Fewer than 100 physicians commit suicide annually.
2. Female physician suicide rates mimic the average female population suicide rates.
3. Nearly 28% of residents experience a major depressive episode while in training (compared with the general population rate of 7-8%)
4. According to one prospective study, only 10% of interns have had suicidal thoughts.

Physician Suicide: The Most Dire of Consequences

- Nearly 300 physicians commit suicide annually
- Of those, depression rates are on par with general population, but physicians do not seek treatment
- Suicide rate for male docs is 1.41x general male population rate
- Suicide rate for female docs is 2.27x general female population rate
- 28% of residents experience a major depressive episode, compared with 7-8% of general population
- 23% of interns have had suicidal thoughts

The Way Forward

- Taming the medical machine
- Focusing on improving our **effectiveness**, not only our efficiency
- Finding ways to remind ourselves why we do what we do and why we answered the calling to become family physicians

Caring + Efficiency = Effectiveness

- Involves heart, showing care, consideration, love, and humor
- Involves listening, empathizing, and understanding
- Involves remembering the WHY
- Pay attention and understand what motivates us, especially our values



Caring + Value = Energy

- One of the best ways to add energy is to add value and meaning
- Work to rediscover joy in our work again
- Find ways to have fun and laugh at work again

Institute for Healthcare Improvement

- White Paper and initiative to return joy to work
- Meaning and purpose and finding ways to remind yourself of why you do what you do



When I Grow Up...



Bucking The Trend

- In 2015, moved away from hospital-employment to partner with Privia Health as an independent, stand alone group, First Georgia Physician Group



Strategies and Best Practices That Let You Focus on Doing Doctor Work

1. Patient-Centered Medical Home
2. Learn from Coastal Medical Group
3. Use Technology To Your Advantage
4. Manage Visits Better-Use Patient Efficiency Cards
5. Transform To Team Documentation
6. Start Your Day With A Team Huddle
7. Practice Batch Processing
8. It's Okay To Say NO!
9. Optimize Your Patient Schedule

Patient-Centered Medical Home (PCMH)

- It's all about teamwork: time to end the lone-ranger mentality
- Delegation: means you have to give up some control and NOT MICROMANAGE
- Medication refill protocols
- Allows your staff to maximize licensures

Learn From Coastal Medical Group

- Physician-owned independent practice, which takes care of 120,000 patients in 20 medical offices
- Brainstorming sessions: engaged stakeholders
- Doctors do "doctor-work only"
- Processes and investments aligned
 - All busy work eliminated from practice
 - Doctors work at the top of their licensure
- **Takeaway:** we can't just layer PCMH and quality work on top of an already busy practice. We have to change the way we practice.



**COASTAL
MEDICAL**
LEADERS IN HEALTHCARE

Use Technology To Your Advantage

- **EHR Optimization (not an oxymoron)**
 - Use macros, smart sets
 - Reframe how you view the EHR as a tool, not an adversary
 - Don't write the next great American novel for every patient-document more concisely
- **Consider Using Virtual Scribes**
 - Asynchronous or synchronous

Use Technology To Your Advantage: Learn From Privia Health

- **Telehealth (virtual care)**

- Privia Health, now doing 1000 visits/month
- Embedded within our EHR
- Virtual health and virtual visits: an outlet for your creativity and artistry
- Endless possibilities for increased flexibility, increased revenue with minimal added work (VALUE)
- Helps prevent patient leakage



Organize Visits Better- Use Patient Efficiency Cards

- Utilize efficiency cards to help patients organize their thoughts and help to manage their expectations

A patient efficiency card from First Georgia Physician Group. The card is framed in blue and contains the following text:

 First Georgia
Physician Group

Dr. Joseph DeVeau
Dr. Matthew Roberts
Patrice Wilson, FNP-C

How Can We Help You Today?

To ensure that we focus on what matters most to you and respect your time, please indicate up to 3 concerns that you would like us to discuss during your visit today.

1. _____
2. _____
3. _____

Thank you for entrusting us with your family's healthcare needs!

Poll Question #3: Team Documentation

With team-based documentation implementation, the following has been show to occur:

1. Quality scores, including colonoscopy rates and breast cancer screening rates, worsened.
2. Physician burnout rates declined by half.
3. Patient experience scores worsened.
4. Staff engagement scores worsened.

Transform To Team-Based Documentation: Learn From University of Colorado

- Pilot study, APEX (Ambulatory Process Excellence)
- Increased physician to MA ratio from 1:1 up to 1:2.5
- Expanded MA'S tasks to include:
 - Elicit a comprehensive patient agenda
 - Collect or update elements of the patient's past medical, surgical, social, and family history in the EHR
 - Conduct detailed medication reconciliation
 - Use templates to document a basic complaint-based HPI and ROS
 - Use protocols to initiate certain clinical tasks
 - Review preventive care gaps

Transform To Team-Based Documentation: Learn From University of Colorado

- Early Outcomes
 - Quality scores improved
 - Colon cancer screening increased 12%
 - Breast cancer screening increased 46%
 - Hypertension control improved 13%
 - Diabetic factors improved (foot exams up 20%, retinal eye exams up 25%)

Transform To Team-Based Documentation: Learn From University of Colorado

- Early Outcomes
 - All stakeholders' experience increased
 - Physicians, AP's burnout scores decreased from 56% to 28%
 - Staff experience scores high, better engaged
 - Patient's experience scores improved (CG-CAHPS top-box score)
 - Increased expenses covered by 2-3 additional patients seen per day

Huddle With Your Team

- At the start of everyday:
 - Ask how everyone is doing
 - Say “thank you” for the care they provide
 - Delegate tasks for the day
 - Discuss difficult patients
 - Clear and center the team-be present with them
 - Share a patient success story



Practice Batch Processing, Learn To Say NO!

- Work your inbox at certain times
 - Allows you to focus on patients in the office
 - Then take care of patients out of the office
- Learn how to say NO!
 - Yes, you are allowed to say no!



Optimize Your Patient Schedule

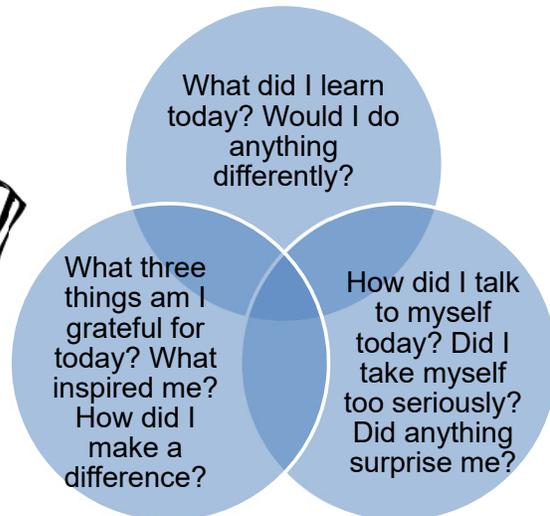
- Not so rigid that the schedule interferes with patient access and care
- Get difficult patients taken care of early in the day
- Consider starting and ending your day with a virtual visit

Groupthink: How to Make Changes That Align With Practice Effectiveness

- How Can You Maximize Your Effectiveness?
- What Processes Need To Change?
- How Do You Change Those Processes?
- What Resources And Investments Do You Need To Make In Order To Improve Our Your Effectiveness?



One Word On Resiliency...



Practice Recommendations

1. Lose the lone-ranger mentality
2. Do “doctor-work” only
3. Embrace your EHR and technology
4. Use “Patient Efficiency Cards”
5. Transform to team documentation
6. Start your day with a team huddle
7. Optimize your schedule so you can focus on patient-care
8. It’s okay to say NO!
9. Be kind to yourself and take care of yourself
10. Have fun at work again

Let's Enjoy Being Doctors Again!



Online Physician Wellness Sources

- AMA Steps Forward Online Modules
 - <https://www.stepsforward.org/>
- AAFP Physician Health First Initiative and Online Readings
 - <https://www.aafp.org/membership/benefits/physician-health-first.html>
- National Academy of Medicine's Wellness Initiative
 - <https://nam.edu/initiatives/clinician-resilience-and-well-being/>
- Stanford WellMD
 - <https://wellmd.stanford.edu/>
- American Foundation for Suicide Prevention, Healthcare Professional Burnout
 - <https://afsp.org/our-work/education/healthcare-professional-burnout-depression-suicide-prevention/>

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Works Cited

1. Shanafelt TD, West CP, Sinsky C, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017. *Mayo Clinic Proceedings* 2019;
2. Nedrow A, Steckler NA, Hardman J. Physician Resilience and Burnout: Can You Make the Switch? [Internet]. *Family Practice Management*. 2013 [cited 2017 Oct 17]; Available from: <http://www.aafp.org/fpm/2013/0100/p25.html>
3. Physician and Medical Student Suicide Prevention [Internet]. AFSP. 2018 [cited 2018 Jun 3]; Available from: <https://afsp.org/our-work/education/healthcare-professional-burnout-depression-suicide-prevention/>
4. Moss M. (2016) Creating Ever Better Ways to Provide Cost-Effective Care for Our Community: The Coastal Medical Journey. In: Austin J., Bentkover J., Chait L. (eds) *Leading Strategic Change in an Era of Healthcare Transformation. Management for Professionals*. Springer, Cham

Works Cited

5. IHI Framework for Improving Joy in Work [Internet]. Institute for Healthcare Improvement. [cited 2018 Jun 11]; Available from: <http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>
6. Drummond D. Eight Ways to Lower Practice Stress and Get Home Sooner [Internet]. American Family Physician. 2015 [cited 2018 Jun 3]; Available from: <https://www.aafp.org/fpm/2015/1100/p13.html>
7. Lyon C, English AF, Smith PC. A Team-Based Care Model That Improves Job Satisfaction [Internet]. Family Practice Management. 2018 [cited 2019 Jul 6]; Available from: <https://www.aafp.org/fpm/2018/0300/p6.html>
8. Reddy S, Rippey PC, Cuenca AE, et al. Seven Habits for Reducing Work After Clinic [Internet]. Family Practice Management. 2019 [cited 2019 Jun 30]; Available from: <https://www.aafp.org/fpm/2019/0500/p10.html>

Questions

