Physician Leadership
In the Digital Age of Medicine
Preservation/Enhancement of Care Givers' Careers
Jack Cochran, MD
Charles Kenney
“Our greatest responsibility is to be good ancestors.”

Jonas Salk

Teacher Dan

$7,300  Salary increase 2002 – 2012

-$15,418  Inflation

-$4,296  Health benefit contribution increase

-$12,414  Actual salary change
Is Excellent Good Enough?

Current state?

Undermined and underappreciated, constantly chasing ever-changing unreasonable targets, depressed and overstressed...still enough about me. What can I do for you?
Dr. Shannon: Idealism to alienation

- Diane Shannon MD: “Self-preservation.”
- “Culture of disrespect, chaotic work environment, unreliable system…errors were not actively prevented…”
- Non physicians asked “why?” Other doctors asked “how?”

“It’s the bean counters…”

- Dr. John Haughom’s colleague, older physician, suddenly quit.
- “It’s the bean counters. They’re everywhere. Every day I get an e-mail that says I’m underperforming on this metric or that metric… My self-esteem can’t take it.”
``Not everyone is going to make it.’’

• ‘‘The hospital’s electronic medical record was the culprit. My friend had been driving himself crazy trying to keep up.”

• ‘‘Last week, I got an e-mail that told me I need to do a better job of answering patient e-mails. I didn’t even know they were allowed to e-mail us. How long has this been going on?”

• Hard workers always -- but high stress without ability to control; without a voice

The deal changed for physicians

• Loss of control, autonomy

• ‘‘Just another member of the team.’’

• Not like good old days when doctors were always right!
Burnout definition: Signbee-Bernat

(1) emotional exhaustion
(2) depersonalization, cynicism
(3) career dissatisfaction: diminished sense of personal accomplishment and low self-value.

* [Physician burnout: A neurologic crisis; Bruce Sigbee, MD and James L. Bernat, MD; © 2014 American Academy of Neurology]
• Role of other actors – pharma, government, unions, etc.

• The 83 cent reality

Unhelpful extremes

• “Hey, doc: Get over it! You are respected, have great profession and make a lot of money.”

• “The poor docs. They work so hard and are just not appreciated.”
**Preservation/enhancement of career**

- Medical science rich tradition of identifying challenging problems, applying rigorous research, and discovering breakthrough solutions

- It is time to apply the same rigor to challenges impacting caregiver careers

**Learn our way out of this mess**

- Learning Coalition: collection of individuals and organizations that *exist within the fabric* of health care

- Learn from one another to turn the best work *anywhere* into the standard *everywhere*. 
• Dr. Christine Sinsky et al

• "Physician fulfillment in daily work is tightly related to the organization of the practice environment, including relief from paperwork and administrative hassles, the opportunity to form meaningful relationships with patients, and the ability to provide high-quality care to patients."


• Innovations from "high-functioning primary care practices [to] facilitate joy in practice and mitigate physician burnout."
  – Previsit planning/lab tests
  – Panel mgt.
  – Team care
  – Standing orders
  – Non-physician order entry
  – Streamlined prescription management…
Apply scientific method

- “Practices that build stable, well-trained teams which work together every day and meet regularly to improve their work can create efficient work flows and rewarding practice environments.

- “Standardized work flows with higher levels of clinical support personnel can make practices less chaotic, save time, and meet patients’ needs more quickly…”

Bodenheimer 10 Building blocks

1. Engaged Leadership, Creating a Practice-wide Vision With Concrete Goals and Objectives
2. Data Driven Improvement Using Computer-Based Technology
3. Empanelment
4. Team-based care
5. The Patient-Team Partnership
6. Population management
7. Continuity of care
8. Prompt Access to Care
9. Comprehensiveness and Care Coordination
10. Template of the future

Bodenheimer et al; Ten Building Blocks of High Performing Primary Care; Annals of Family Medicine March/April 2014
The way forward

- Listen
- Preserve/enhance caregiver career
- Healer/leader/partner
- Brain drain/gain

The transformative power of listening

- Listening tour
- Heard and felt the suffering…
- Cruel Irony Revealed
  Very unhappy AND underproductive
  Overstressed AND underworked
From listening to action

• Preserve and enhancement of caregiver careers…

• … to improve care and caregiver engagement/satisfaction

FUTURE Defined by IOM

“Organizations will need to negotiate successfully six major challenges.”

• Redesigned care processes based on best evidence
• Effective use of information technology
• Knowledge and skills management
• Development of effective teams
• Coordination of care across conditions, services, and settings
• Use of performance and outcomes measurement for continuous improvement and accountability
Healer
Leader
Partner

To us, leadership is everyone’s business. Leadership is not about a position or a place. It’s an attitude and a sense of responsibility for making a difference.

Kouzes and Posner
Exponential Growth in Knowledge, Technology, and Information (↑ Complexity)

Physician Career Dissatisfaction

Aging Population and More Co-Morbid Patients (↑ Complexity)

Complexity of Knowledge
Complexity of Patients

- One patient at a time
- Only know about patients who appear in your office
- No use of IT
- Limited use of “extenders”

Industrial Age Model of Care

Changing Mindsets, Changing Care Delivery

- Accountability for panel/population
- Transparency
- Use of EMR, registries, internet
- Team care (including patient)
- Moving care out of doctor’s office

Information Age Model of Care

NIHCM Foundation analysis of data from the 2009 Medical Expenditure Panel Survey.
Choices

- Choices:
  - Fight the trend
  - Adapt and lead

- Among the happiest doctors I see are the ones who have made the leap to info age of medicine

\[ \text{OO + NT = COO} \]
Asking New Questions

From

How many patients can you see?

To

How many patients’ problems can you solve?

From

How can we encourage and convince patients to get required prevention?

To

How can we create systems that significantly increase that patients get required prevention?

From

How often should a physician see a patient to optimally monitor a condition?

To

What is the best way to optimally monitor a condition?

Information

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“Mathematics is the New Science of Medicine”

J. Cochran, C. Kenney, P. Grundy, and J. Merenich
May 14, 2015

Proactive Office Encounter

**Pre-Encounter**
- Identify missing labs, screenings, kp.org status, etc.
- Provide member instructions
- Contact member and document encounter in HealthConnect™

**Encounter**
- Vital sign collection & documentation
- Identify and flag alerts for provider
- Prepare patient for exams
- Pre-encounter follow-up

**Post-Encounter**
- After visit summary, care instructions, follow-up appt, educational materials, access to kp.org
- Follow-up contact and appointments
• “Brain Drain or Brain Gain” -- Cochran and Kenney

• Why Doctors Are Leaving Medicine For Tech (DAVID SHAYWITZ, MD, THCB, August 2015)
Value Dissent
Challenge Cynicism

• Listen
• Acknowledge
• Challenge
Leadership in One Paragraph

Leadership may appear logical and straightforward: focus intensively on the right priorities, and things will click into place. But I found that leadership had all the unpredictability and complexity of a Rubik’s Cube in the hands of a novice. To me, connecting dots was a logical and rational exercise, but it was quite different from managing the daily reality of highly complex and highly skilled independent human beings. My central lesson about leadership that emerged over time was that the challenge of leading competent, individual souls is not about logic or compulsion. It’s about listening, respect, relentless adherence to values, and sticking to that approach every day - an approach that goes a long way toward repairing of wounded culture.

From “The Doctor Crisis: How Physicians Can, and Must, Lead the Way to Better Health Care”
J. Cochran & C. Kenney

Achieving Transformation
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