Manage the complexity of practicing medicine

Government mandates and payer demands have physicians more stretched than ever, but there are strategies to help alleviate the burden

By Lisa Zamosky
On September 22, 2015

Physicians have more to do than ever before—and that’s even before seeing patients. While there are no easy answers when it comes to managing all of the mandates physicians face today, experts and other physicians say a host of strategies and resources are available to help manage the wide-ranging responsibilities and stress of practicing medicine today.

The fluctuating requirements of meaningful use, the looming transition to ICD-10, and the ongoing shift from volume-based to value-based care are just some of the numerous healthcare changes stretching many physicians and their staff to the breaking point.

“It’s really like having your mouth up to a fire hydrant,” says Joseph Valenti, MD, a practicing OB/GYN in Denton, Texas, and board member of The Physicians Foundation. “There is so much coming down the pike.”

All of this can lead to exhaustion. A recent study by the RAND Corporation found that the administrative burden of modern medicine is a root cause of physician burnout. A separate report by The Physicians Foundation found that 39% of physicians say they will accelerate their retirement plans due to changes in the healthcare system.

“We know that physician burnout and the stress level for everyone in healthcare has gone up,” says Laura Palmer, FACMPE, senior industry analyst with the Medical Group Management Association.

One thing you won’t often hear doctors complaining about, however, is their patients.

“Honestly, if it were as simple as taking care of patients it would be a joy. But I feel like I spend far more time dealing with administrative issues and far less time keeping up on the things that I want to keep up on. It’s time away from patients,” says Valenti.
Here are eight tips to help physicians manage the mandates and stresses of the profession today.

Turn to your professional society

National, local, and county medical societies are tuned in to the practical aspects of what physicians need to be doing today to prepare for upcoming changes.

“They often have programs to help deal with some of these issues and have systems available for physicians in the way of research or grants or programs,” Valenti says.

For example, The Physicians Foundation offers leadership programs and grants to help physicians build the business, management, and leadership skills needed to manage a practice in today’s environment.

Organizations such as the American Academy of Family Physicians offer information and training on topics such as ICD-10 and other coding issues, patient-centered medical homes, quality improvement, accountable care organizations, direct primary care, Medicare payment reform, payer issues, health IT, administration, and staffing.

And the American Medical Association recently created a tool called Steps Forward, an interactive series that helps physicians and their staffs develop strategies for a range of tasks, including how to conduct effective meetings, create a strong team culture, and select and implement an electronic health records system.

These resources were particularly helpful for Carl Olden, MD, a family physician in the rural community of Yakima, Washington. “The challenge for us is sometimes access to education and the ability to get training for things. We use [the American Academy of Family Physicians’] resources for ICD-10 training, for practice management, and a lot of different things we have access to,” through the AAFP, he says.

The idea, Palmer adds, is to find people in your field who are more knowledgeable on the things you need to master.
“Sometimes it’s a challenge for doctors in specific communities,” Palmer says. “Maybe you didn’t hire the right CPA and you may need to go outside your community to get the best information,” she says. Your professional organization is one of the best places to find the information and expertise you need, she adds.

Look for free training

Hiring consultants to help with transitions or provide training can be costly, and for smaller practices, cost-prohibitive. Often, however, physicians overlook the fact that vendors can be a source of free information and education.

Palmer recalls a time when she needed to conduct annual Occupational Safety and Health Administration safety training, for example. “We thought we’d buy a DVD and then found out the vendor we were using for medical waste disposal and supplies were offering free training,” she says.

It pays to ask if free webinars, in-office trainings, or other educational resources are included with the services you’re already paying for.

Meet your peers

Attending in-person events or workshops can speed up learning on new processes or systems.

“Most of the successful physicians learn from other physicians. Whether it’s selecting a billing company or deciding on insurance benefits they need to offer staff, they learn very well from their peers,” Palmer says. Her advice: “Get out and meet with your colleagues.”

Robert Wergin, MD, president of the AAFP, agrees that networking at events such as annual medical society meetings can be invaluable. “Sometimes when you sit in a group and have coffee you learn a lot. When I go state-to-state we do a lot of R and D—rip off and duplicate,” Wergin says.

When peers share a smart idea about how to tackle a problem he sees no need for physicians to recreate the wheel. “Oh, that’s what you’re going to do for ICD-10, I’ll do it too,” he says.
That was the case for Mark Birmingham, DPM, a Colorado-based podiatric surgeon, who recently sought out his peers to inquire what software would help his multi-specialty group make the ICD-10 transition.

“I have relied on seeking out my peers to try and tackle mandate-related stress,” he said. “I touch base with colleagues in the same season of practice as well as those in other disciplines. I find that getting the bigger picture helps me realize that we are all dealing with similar challenges.”

Find a champion

With an onslaught of changes coming all at once the idea of everyone on staff having to learn multiple new tasks or functions at the same time is daunting, and often impossible. One solution is to identify a practice champion, perhaps someone who is particularly interested in technology, for example. “Not everyone has to be an expert on everything,” Palmer says.

Palmer suggests allowing that individual the time to become an expert in a particular area and then having him or her assist and train other staff members as needed.

Join forces

“As more and more administrative burden is added sometimes physicians have to get together with each other to produce economies of scale,” Valenti says.

He points to less-talked-about requirements doctors face today, such as new credit card machines that allow for the processing of cards with new chips—another cost physician practices need to incur if they’re to continue accepting credit cards as payment.

“A big group is going to incur the same costs, so they achieve some economies of scale. Becoming consolidated with physician-led, physician-owned, physician driven groups is really important,” he says.

Solo family physician Deborah Winiger MD, is pursuing National Committee for Quality Assurance certification as a patient-centered medical home. After working with her local association to help start the process, she is continuing her practice transformation with help from Advocate Physician Partners, a local ACO, that will both help her with the paperwork and provide financial assistance.
“You just have to look at all the possible resources,” Winiger said. “They are out there if you keep looking and ask.”

Adopt a team-based approach

Implementing a team-based approach to patient care can go a long way toward reducing the burden primary care doctors’ face because of new pressures brought on by the Affordable Care Act and other regulatory requirements.

To reduce the workload, Palmer says she sees more practices adding physician extenders, including nurse practitioners and physician assistants, to balance out the work associated with certain types of patient visits, such as physicals.

“Hire someone specifically to do some of those tasks so the physician can handle higher level clinical issues,” she says.

At North Suburban Family Healthcare in Vernon Hills, Illinois, Winiger is extending her practice’s physician assistant’s hours to help with extra paperwork as part of their patient-centered medical home transition, and provide more availability for appointments that a solo physician can’t offer alone.

“It will cost me some money, but will help balance life and work to keep me from burning out with the constant increased demands put on physicians,” Winiger said.

Communicate and prepare

Anticipating in advance what the day, week, or month ahead has in store and working with your staff to devise strategies to manage those tasks efficiently can go a long way toward reducing stress.

Olden says each day in his practice starts with a team huddle to make sure everyone knows what’s on the day’s schedule. “We go through what’s planned for the day, think about our schedules and if patients with special needs or a time consuming procedure are coming in, and if we need extra staff,” he says.
“The better the team works together the better off the physician is going to be in that situation. A lot of offices do this through huddles in the morning and talk about things ahead of time,” Palmer says. “Doing that anticipatory planning ahead and thinking about what can we do to make the stress level as good as it can be under the circumstances,” is critical, she says.

Question your old approach

As in any profession, physician practices can get set in their ways. But simply asking yourself and your staff if there’s a different approach to onerous tasks can open you up to a new, more efficient way of operating.

By way of example, Palmer offers an experience she had working with a practice of surgeons who had been on call for two years straight. She floated the idea of hiring temporary physicians to cover for them on occasion so they could take a break. After talking the idea over with hospital administration the physicians not only got the green light, but the hospital paid for the service, Palmer says.

Another example can be found in the case of health plan auditors coming to review records. Often they’ll schedule their visit on a day that doesn’t work well for the practice, yet rarely does the practice consider simply asking to reschedule.

“I have seen 100% of the time when people say that week isn’t good for us that they reschedule. I’ve also seen people totally stressed who didn’t bother asking,” Palmer says.

The moral of the story: Don’t assume everything has to be the way it is. A good example is family physician Donald T. Stewart, MD, who has transitioned from the independent practice he established in 1983 to a primary-care micropractice, where he can focus on a panel of about 500 patients with diabetes and lipid disorders. His solution to deal with mandate madness? Drop Medicare and all private insurance and move to a direct primary care model.

“Now, the only people I need to respond to are the patients, and I can focus on providing them with high quality care,” Stewart said. “I don’t worry about insurance denials or audits because I am just not playing the game. Not participating with any insurance plans, and not having direct admitting privileges
at any of the local hospitals means that I do not need to participate in maintenance of certification ... For me, there has been no downside.”