“Quo Vadis, Physician?”

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Annibale Carracci, 1602
The London Gallery
“Physicians are unhappy”
What is the evidence?

- 300 suicides/year
- Physician MBA programs thriving
- Drop-Out Club for burnt out doctors
- 57.9% of physicians would not recommend medicine as a career to their children or other young people
So, why Medicine?

- Well traveled road to "the good life"
- Father/mother were doctors
- Always wanted to be a doctor, “help people”
- Love science
- “Noble profession”
- Do- goodery
Motivations to go into Medical School
(Less altruistic reasons)

• Lifelong earning potential
• Always have a job
• Higher perceived social status
• Lure of big money, glory, women
• Egocentricity
  Prove the doubters wrong
  Show off to the high school class
  Call the shots (autonomy, entitlement)
Heroes in Medicine

Marcus Welby, M.D.
Primary care
He got the girl
(At least, temporarily)
Physician practice through the ages

• Golden era over the last 150 years
  Examine patients, diagnose ailments and try to make them better

• Rise of Medical Schools, Physician Associations
  Licensing, prescribing laws

• New understanding of disease, technology, techniques (better outcomes)
The good life

- General practice physician made twice the average worker (OECD countries other than the U.S.)
- Specialist income 10 X average income (U.S.)
- Demand for services soaring in the 21st century

By 2030, 22% of OECD countries will be > 65 years
50% will have at least 1 chronic disease
Rich country diseases will spread to developing nations
So, what happened?

- Inability to keep up with knowledge
  - Knowledge doubles every 8 years
  - More use of specialists
  - Less personal care

- Inability to keep up with demand for services

- Reports of waste, fraud and abuse
  - e.g. Florida Ophthalmologist billed CMS 21m

- Public opinion of doctors shifted
  - Directive, paternalistic approach
  - Greedy pigs
Fee For Service Has Created Our Tragedy

• FFS rewards throughput, ancillary utilization and radical autonomy
• Does not reward:
  
  Best measurable outcomes
  Cost effectiveness
  Coordination of care/team care
  Standardization around best science available
  Participation in team initiatives
  Preventive care
LONG-RUN SPENDING GROWTH BOILS DOWN TO HEALTHCARE

Source: Congressional Budget Office (August 2011)
Government’s Response to Cost Escalation Under Fee For Service

IF it grows – Cut it.

IF it continues to grow – Cut it MORE
Pay for value, not volume

Value based purchasing
Accountable Care Organizations
Bundled payment models
More regulations on the practice of Medicine

• Loss of autonomy (payers dictate care)
• Decreased reimbursement
• Loss of productivity (paperwork)
• Increased cost of running a practice
• ICD-10, HIPAA, MU-2, PQRS, MOC, EHR
• HCAHPS
• Threat of malpractice litigation
Fallout from physician dissatisfaction

- **Disengagement:**
  - Physician complaints
  - Unwillingness to change
  - **Unwillingness to champion innovation**

- **Burnout:**
  - Loss of empathy
  - Absenteeism
Healthcare in the near future

- Continued shift to value based reimbursement
- Focus on outpatient care
- Decreased role for hospitals
- Greater role for physician extenders
- Greater access to care through technology
Physician Extenders in Healthcare

- “Greater role of R.N.s in primary care” IOM (2010)
  Stymied by doctor lobbies, regulations, nervous patients
- Role in Urgent Care, Pharmacies
- Role in Acute Care Hospitals
Technologic advances in Healthcare

• The Smart Phone (80% of adults have one):
  MDLive, Stat Doctors, CareSimple (Teleconsulting)
  MediCall in Mexico
  Advice to pregnant women in Ghana (Gates Foundation)
  Apps for heart monitoring, ultrasound, reminders
  Patient maintained personal health data stored in the cloud

• IBM Watson for diagnosis of disease

• Robotic telesurgery
Expanding Telemedicine

- Video visits with the doctor
  - Access in rural areas to specialists
  - Convenience
- Text based interaction with physician
- British trial of telemedicine (2011)
  - 20% decrease in ER admissions, 45% decrease in mortality
Quo Vadis, Physician?

- More defined role in healthcare
- Patient centered (less paternalistic)
  
  “I want what I want when I want it”
- Less personal, more technology driven
- Will be a job, not a career?
- More life balance?
The Physician – Patient Bond

- Trust
- Advocacy
- Sense of mission
Reconnecting doctors to their calling to serve

• Medical school/Residency training:
  Broad based training in humanities, systems thinking and technology
  Get rid of the toxicity of training programs
  Deemphasize hospital focus
  Costs of training

• Physician practice:
  Remove all non value added responsibilities
    Reporting requirements, pre-authorizations, EHR
    (this is the true gift of time)
  Involvement in change that affects their lives
  Access to real time data to make sound clinical decisions
  Acknowledgement of do-goodery (invention, innovation)
The overarching motivation for physicians

“to be there when you need them the most”