

# Physician Burn-Out

Behind the changing face of medicine in our increasingly digital world, frustration is making the rounds among physicians. This phenomena is referred to as “physician burnout.” Here is an uncensored take on the subject, from Dr. H, a doctor of internal medicine who would, understandably, prefer to remain anonymous:

Cathren Housley: So, why have these recent changes in our health care been so hard on doctors, especially primary care doctors like yourself?

Dr. H: It’s really a death from 1,000 cuts more than any one thing or even a few things, mostly resulting from a total loss of control over how primary care doctors treat patients; at the same time, we are more and more responsible for patients’ outcomes. On top of that, dealing with patients has not only become increasingly stressful but also lower paying. Specialists earn far more for performing procedures, with far less stressful interaction with patients. As a result, there is a growing discrepancy between specialties, such as radiology, ophthalmology or orthopedics (which net \$300K to \$600K), and primary care (which pays \$150K to \$200K). That’s how the system works. Almost every psychiatrist in Providence has actually left the system and will now only accept direct payments from patients.

C: How has the digital revolution affected you? Wasn’t it supposed to make things easier?

Dr. H: A lot of our stress involves computers. I am constantly logging in and out of the EPIC Lifespan system from my office in order to see what happened while my patient was hospitalized, because their system does not interact with my office computer. It takes an extra minute every time I do this. Different medical offices have different systems and codes. Also, the code required in order to renew each individual medicine on the computer is not compatible between the office and the pharmacy, so for about half the medicines I renew, I have to go to the patient’s file, find the medicine in their list, and reselect both the medicine and number of refills. The office computer is very slow, and has lateral scrolling, which is just bad program design. Often, the electronic medical record doesn’t accept my prescription and I have to hand write out a script and fax it manually.

C: Speaking of codes - do you have to deal with the insurance companies as part of your job?

Dr. H: I’m interrupted all day by calls about which medicines are or are not covered by a patient’s insurance. Doctors often don’t know why or what drug is acceptable. Formularies are also constantly changing and that each of the tens of plans has their own formularies, so there is no way I can anticipate what medicine to order to avoid more nuisances down the line. Very often I need to have a one-on-one discussion with a doctor at the insurance company, which usually eats up 10 to 15 minutes, mostly being put on hold or routed through machines and various personnel until the doctor comes to the phone. Patients are always complaining about the drugs they are not covered for, or ones that are too expensive... like it is my fault? I don’t determine any patient’s co-pays but I am always wondering what it is and anticipating after the fact that I get another call back from the patient; then the cycle starts all over again.

C: That sounds like a pain in the ass.

Dr. H: That’s just the office. I get daily calls at the hospital from the coders about whether or not a

patient is in for a “full admission” or just “observation.” It makes absolutely no difference to me but the insurance companies and the hospitals are playing a game to try to maximize or minimize what they pay or make; workers like me are in the middle.

C: You began to practice medicine back when doctors wrote out notes by hand. What about today?

Dr. H: Honestly, most of the office notes these days are total garbage, a real dirty secret. Reading through other doctors’ notes is a painful process because they are full of templated and automatic population information instead of specific patient information you need. The notes have become little more than a way to justify being able to generate a bill. They relay very little info about what is wrong with the patient or what the other doctors assessments are. Our own medical society is mostly concerned about staying in tune with the national medical society and has no interest in the working conditions of the doctors here. In fact, only about 15% of the docs even belong to the Rhode Island Medical Society, down from about 60% - 70% about 30 years ago. And for good reason...they are out of touch with the professionals they were intended to serve.

C: I sense that this is just the tip of a very large ice berg. Any parting thoughts?

Dr. H: Having said all this, it is still an honor and a privilege to be a doctor...and I still enjoy doing what I do.