DOC-RELATED

A Physician's Guide To Fixing Our Ailing Health Care System

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Lucere Leadership

Introduction

Health care is the largest employer in the United States (U.S.), with over 16 million people in the industry. Over one million of them are practicing physicians. I'm one of them. Nearly 70 percent of physicians are employed by hospitals or corporate entities. Corporate entities include health insurers, private equity firms, and entities that own multiple physician practices.

For physicians, rising practice costs and stagnant reimbursements have made it difficult to be independent. Doctors also see the writing on the wall related to emerging payment models that will require large financial investments in care management and information technology. In addition, the physician workforce is getting younger, and they desire more work-life balance, not the long hours I practiced earlier in my career. The result is that healthcare professionals are sacrificing full autonomy for stability.

When I began practicing in 2001, I was the medical director of a rural clinic in Texas, performing the full scope of family medicine,

including clinic, inpatient care, emergency room, nursing home, and even home visits. I delivered babies, performed c-sections, endoscopies, tubal ligations, tonsillectomies and assisted with various other surgeries. I followed my patients and their families throughout the continuum of care.

Back then, I worked endless hours, but always loved what I did. That was a time before electronic health records and other programs and regulations increased the workload of what we do today. I'm not trying to argue against these measures, but they have taken a toll on the joy of practicing medicine.

While practicing rural medicine, I realized I knew little about the business side of medicine, so I went back to school to get my Master of Business Administration (MBA) degree. The business degree gave me new insights on streamlining workflows, health care finance, and how our system compares to other developed countries. It ignited a passion for me to change the industry on a bigger scale.

As I've transitioned from full-time clinical care to more administrative responsibilities, it's been eye-opening to see how organizations make strategic and financial decisions. Research shows that only 16 percent of health care organizations consider the impact of strategic decisions on the resilience and well-being of those affected. I initially thought writing about the inefficiencies in our health care system and its impact on health care professionals would be dated. That organizations would have

solved this problem. Unfortunately, not much has changed over the last few years.

I've always had a sense of humor about health care. This became official when my classmates named me class comedian in medical school. Malcolm Gladwell said, "Comedians have become the truth tellers. Satire allows you to say almost anything. That's where truth is spoken to power in our society. When you sugar-coat a bitter truth with humor, it makes the medicine go down."

It was as I continuously encountered physician dissatisfaction and organizational dysfunction that the idea for Doc-Related was born. I love to draw, and I wanted to apply satire to raise awareness about organizational disconnects. The more I thought about it, the more the characters for a comic strip took shape in my head. The comics have been therapeutic for me, inspired by actual events occurring within care centers across America today.

My twenty-year career has taken me from practicing rural medicine, to academics, to multi-specialty medical groups, to integrated delivery networks. In that time, I've had the fortune, or maybe misfortune, to experience both sides of the table. I continue to practice part-time as a family physician, and I work as an executive with oversight of large multi-specialty medical groups. My focus as a doctor and as a leader has always been to provide patients with the best care possible while making sure our health care professionals and staff feel valued and appreciated for their efforts.

This book is a medley of anecdotes and comics supported with timely data presented in a satirical format. The chapters identify what's broken in our health care system for patients, physicians, and practice leaders along with what we can do to fix them.

Section one targets the human aspects of expectations and behaviors, including (1) patient surveys, (2) leadership and communication, (3) staff support, and operations. The second section covers how health care providers are paid and what affects payments including (4) insurance, (5) coding, (6) prior authorizations, and (7) measuring productivity. Section three addresses charting and regulatory challenges, including (8) dealing with electronic health records (EHR), (9) tracking metrics and (10) dealing with malpractice.

My goal is to highlight not only how our ailing health care system affects patients, but how it affects those seeking to provide the care — and ways we can make it better. Whether you work in the health care field or have had experiences accessing care, this book promises to be entertaining and informative.

Section 1:
Human Dynamics

Chapter 1 The Changing Landscape: Meet the Crew

Like all industries, today's health care workplace brings together several generational cohorts. This includes Boomers, early to mid-career Xers, and Millennials. Each is unique in their motivations, communication style, and worldview. Research from the Pew Institute describes Baby Boomers aka Boomers (born between 1946-1964) as competitive, workaholic, and team oriented. Company loyalty and duty motivate them. They prefer communicating via phone calls and face-to-face and enjoy being involved in work decisions. Their view of the world is that people must pay their dues and sacrifice to achieve success. Boomers currently comprise 25% of the U.S. workforce.

Generation Xers (born between 1965-1980) are more casual, skeptical, and independent. Diversity, work-life balance, and their own personal interest over that of the company motivate them. Their communication preference is like Boomers via face-to-face and phone calls, but they're not objectionable to emails or texts. Their view of the world depends on its impact on them directly.

Gen Xers can be resistant to change at work if it affects their personal lives. They comprise 33% of the labor force in the U.S.

Millennials (born 1981–2000) are achievement-oriented and civic-minded. Unique work experiences motivate them, and they prefer to communicate via texts, instant messaging, and email. They base their view of the world on personal growth and development, having work-life balance, and fun at work. Like Gen Xers, Millennials don't necessarily share company loyalty and may leave an organization if they don't like change. They comprise 35% of the U.S. Workforce, and approximately 15% still live at home with their parents.

What's most important to understand is that employers should not treat all staff the same and expect the same outcomes. During my career, I've had Boomer clinicians call me "wet behind the ears," and Millennial clinicians tell me they appreciate my leadership style because I'm never "salty." I knew wet behind the ears referred to my age and inexperience, but I had to look up salty. For those of you not hip to the slang, it means being in a foul mood, bitter, or harboring grudges.

I must admit, I've been looking up millennial terms more often than ever since I ended a group email with "stay thirsty," thinking it would be cool to reference the Most Interesting Man in the World from Dos Equis commercials while encouraging others to hunger for knowledge and curiosity. I found out later that in millennial terms, "thirsty" refers to hungering for attention, being needy, or desperate.

Some people might argue that categorizing people based on their age is like thinking you know someone based on his or her astrology sign. However, there are similarities in people based on world events that have shaped their life. Time will only tell what COVID-19 will do for Generation Z — those born between 1995-2015.

On a lighter note, understanding and dealing with multiple generations in the workforce can be a minefield for managers, but also provides excellent fodder for my comic strips. The characters may even sound familiar. I enjoy having people ask me if I base my characters on actual people because they personify someone they work with or know in health care. The comic strip is not about stereotypes or ageism. It's about characters I've met in my career path.

People also ask if I ever worked in their office because they've experienced one of my comics at their job. It's a testament to the commonality of challenges being seen across the country. Like many industries, my comics incorporate the friction that exists between management and employees. In health care, this friction can be stronger since both sides have higher levels of education and training than other industries, but neither seems to understand the other's challenges. I will cover this more in chapter two.

Chip Conner- Vice-President of Operations

Chip is a Gen Xer with a salesman-like approach to solving problems. Although he thinks all docs are his friends and calls them by their first names, they don't trust a word that comes out of his mouth.

Donna Bloomfield- Clinic Director

Donna reports to Chip. The docs think she does an "okay" job but get frustrated with her inability to provide resources. Donna is a gen-Xer who loves her two cats and wearing leopard-patterned clothing.

Karla Vitallia- Medical Assistant

Karla is a millennial, relatively new to her role. Her real passions are body art, microbreweries and going on motorcycle cruises with her boyfriend. She's a quick learner and gets along with all the docs.

Dr. Tom Stevens- Medical Director

Dr. Stevens is a gen-Xer with an MBA and has a knack for seeing where things are headed. He's well liked and trusted by both the administration and physicians. He gets impatient at times with how slow things move.

Dr. Anika Shah- Clinic Physician

Dr. Shah is a millennial physician whose major focus is getting home to her husband and twin toddlers at a decent hour. She's been in practice for 5 years and enjoys personal fitness and fashion.

Dr. Cici Lam- Clinic Physician

Dr. Lam is a millennial physician who recently joined the group. She's fresh out of residency and still has much to learn about the bureaucracies of practicing medicine. Cici is single and enjoys spending time reading and surfing the internet.

Dr. Harold Katz- Clinic Physician

Dr. Katz is a baby boomer at the end of his career. He was in private practice for over 30 years before his practice was acquired by the group. He's not a big fan of anything corporate and is nostalgic for the old ways of practicing medicine using pen and paper.

Chapter 2 Patient Surveys: The Quest for Positive Reviews

Early in my career as a rural physician in Texas, I took care of a couple in their mid-70s named Vernon and Nellie. They drove in from another small town 50 miles away. Nellie usually did all the talking, while her husband, Vernon, sat quietly next to her.

Each visit, she would tell me how Vernon had endangered his health. "Dr. Valenzuela, Vernon ate ice cream for lunch, and I told him that was bad for his sugar diabetes. Dr. Valenzuela, Vernon ate popcorn last night, and I told him that was gonna make his blood pressure worse. Dr. Valenzuela, Vernon just won't listen to me when I tell him he's gonna end up deader than a doornail." As she spoke, Vernon would just roll his eyes, tilt his head down and slump in his chair.

Each time I tried to engage Vernon about his health, he could only get a few words out before Nellie interrupted. I sympathized with the guy, but he refused to see me alone. Vernon was a Korean War veteran with PTSD, who hated clinics and hospitals.

One day, Nellie walked into the exam room in high spirits. I could tell she had some big news for me, so I obliged and said, "My goodness Nellie, I've never seen you glowing as much as you are today. What's the occasion?" She smiled from ear-to-ear and said, "Dr. Valenzuela, Vernon and I just celebrated our 50-year wedding anniversary! Can you believe we've been married for 50 years?"

Vernon piped up and said, "Dr. Valenzuela, I know it's been 50 years, but I swear it feels like five minutes." Just as I was about to compliment Vernon for being so romantic, he leans forward in his chair and finishes with "… under water. Five minutes under water!" My first response was to just about to fall out of my chair laughing as I watched a rare grin on Vernon's face. Nellie's ear-to-ear smile twisted into a scowl. Nellie responded by saying, "He's always trying to be funny, even when he ain't."

It was then that I learned Vernon had a sense of humor and loved to tell jokes, which I viewed as my connection with him. From that point on, I'd be sure to ask Vernon if he'd

heard any good jokes during each visit. He always had a new one for me, although not all of them were for general consumption. Appealing to Vernon's sense of humor actually made him more compliant with his medical conditions, although he still cheated on his diet from time to time.

Back then, my visits with Vernon and Nellie lasted an hour by the time we'd addressed his multitude of chronic conditions, saw new photos of the grandkids, and talked about social events at the Veterans of Foreign Wars (VFW) hall. I'd like to think they enjoyed having me as a physician, but those were the days before we measured patient satisfaction. Back when docs didn't get feedback through the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) or Yelp. The only way we knew if our patients were happy with our services was when they verbalized it. From time to time — particularly during the holidays — we also received gifts from grateful patients. The gifts were commonly food or treats to share will all the staff. Today, we use surveys to better understand and improve our patients' experiences with health care providers and staff.

Statistically, it's likely that Vernon and Nellie would have scored me high on patient experience surveys, not because I was an exceptional doctor, but because older, sicker patients

who generate higher health care costs rate their providers better. On the downside, as a new physician still establishing my practice in a rural area, other patients would have likely scored me lower simply because expectations and demands are different for new physicians with whom they haven't established a relationship.

Patient Experience Versus Patient Satisfaction

To complicate matters, clinicians are being rated and scored based on patient experience AND patient satisfaction. Although used interchangeably, they're not the same thing. To measure patient experience, we have to ask patients whether something that should happen in a health care setting actually happened. They target what happened. The questions are standardized to be objective. For example, "Did you see the physician within 15 minutes of your scheduled appointment?" Patient satisfaction deals with whether a health encounter met a patient's expectations. In other words, "How did we do?" It's more subjective. An example of patient satisfaction could be whether the patient thought finding parking was a challenge.

CG-CAHPS targets patient experience. Here's why it so important: insurers track CG-CAHPs as a way of monitoring and rewarding health care organizations. As a result,

organizations reward, or penalize, physicians based on survey results. Although patient experience surveys are standardized, they are not perfect. Survey findings can vary with how they are administered (phone vs. mail vs. email) and when they are completed (immediately after visit vs. weeks later). The surveys also need a minimum threshold of responses to be statistically significant. The average acceptable sample size is at least 40 responses.

Also, since most physicians score well overall, the clustering for percentile ranking nationally is very close. A CG-CAHPs raw percentage score of 85% (out of 100) for "How Well Providers Communicate with Patients" is only at the 50th percentile, where a raw score of 92—only 7 points higher—places clinicians at the 90th percentile in the nation.

Online physician reviews and ratings target patient satisfaction. As previously noted, this is a more subjective measure. Two people who receive the same care but who have different expectations for how that care should be delivered can give different satisfaction ratings because of their different expectations.

Studies show that those physicians with negative online reviews were more often scored poorly due to non-physician specific causes. In my career, I've read comments from patients that said they were not satisfied with their provider

because they didn't like the color of the walls in the exam room. Another mentioned that tea wasn't offered in the waiting room, just coffee.

Surveys are not necessarily bad, but they have changed the way we interact with patients. Doctors are now feeling pressured to provide care patients don't need because of fears of bad patient satisfaction scores or negative reviews online. This causes more stress on health care professionals. In a national study, 78% of clinicians said patient satisfaction scores moderately or severely affected their job satisfaction negatively, and 28 percent said the scores made them consider quitting.

Dealing with the Yelp Effect

Measuring and reporting on patient satisfaction within health care has become a major industry. In fact, a recent Google search for "patient satisfaction" reveals 164 MILLION results!

To educate the public on how online ratings like Yelp affect physicians and impact patient care, Dr. Zubin Damania, aka ZDoggMD, created a funny, yet sobering musical parody called "Blank Script" based on Taylor Swift's "Blank Space" song about a patient who doctor shops for narcotic medications and threatens to "screw them on Yelp" if they

don't abide by their wishes. Uploaded in January 2015, the video has been viewed close to one million times on YouTube.

Besides overprescribing, spending too much time focusing on what patients want may mean they get less of what they really need. Researchers at UC Davis found that the most satisfied patients spent the most on health care. They were 12% more likely to be admitted to the hospital and accounted for 9% more in total health care costs. Even more alarming, they were also the ones more likely to die.

The results could reflect those doctors reimbursed according to patient satisfaction scores may be less inclined to talk patients out of treatments they request or to raise concerns about smoking, substance abuse, or mental-health issues. What makes Yelp and other physician review sites so frustrating is that health care professionals can be disappointed to do an online search of themselves and find random negative reviews or some other misinformation about an experience. In most of these circumstances, physicians are not able to explain themselves or push back on the inaccuracies.

In fact, the Health Insurance Portability and Accountability Act (HIPAA) forbids healthcare providers from responding specifically to a negative review without

patient permission. HIPPA is a federal law passed in 2016 requiring the development of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. Responding to negative reviews is even more challenging in employed models, where organizations have marketing and social media administrators responsible for responding to them. The response is usually generic and only a few sentences.

Ways to Fix How We Use Surveys

The goal of customer surveys is to improve the customer experience. Like any industry, health care should value input from those who pay for and use their services. It should also do its best to make all stakeholders happy with the care they provide. Ideally, this should be based on objective feedback within the control of those providing the care.

Because services provided in the health care industry can lead to bodily harm, the focus of patient surveys in health care should not be to satisfy every patient's expectation of care, but to find ways to improve care. This means treating patients as a partner in producing healthy outcomes.

To curtail the subjectivity of online reviews, vendors should ask standard questions that align with CG-CAHPS surveys. Online patient review sites should also be required

to have a minimal sample size of 40-50 responses before posting ratings on any clinician. Given the sensitive nature of the health are industry, they should also establish a review and appeal process prior to posting feedback.

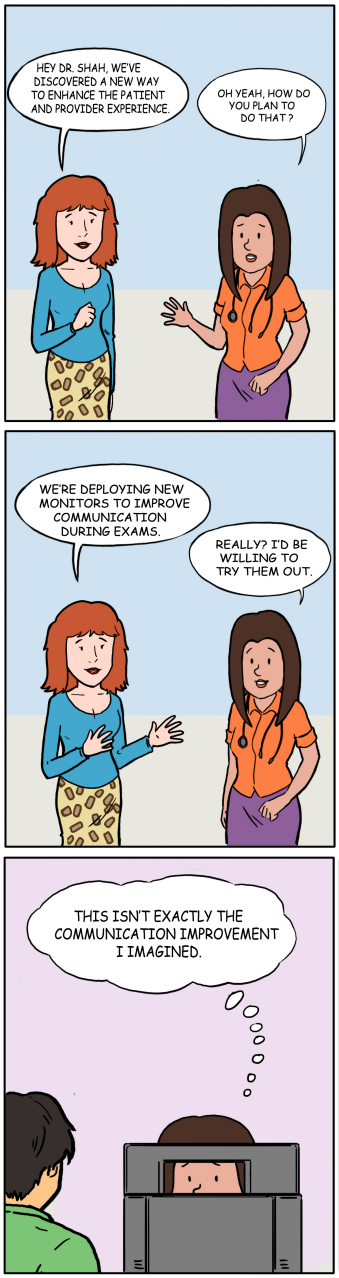
To truly improve care, we should rely on more information than just feedback from patients. Other sources of feedback should include focus groups and patient family advisors. We can also incorporate workplace data like staff surveys. Service data like phone answering rates and turnaround times for patient messages are also vital to care. Administrators should also be involved in helping to improve services through rounding and noting observations at the care centers.

Once we have enough useful information from various sources, we can use the results to improve services in a focused way. William Deming, the father of total quality management, once said, "Eighty-five percent of the reasons for failure are deficiencies in the systems and process rather than the employee. The role of management is to change the process rather than badgering individuals to do better." It's no different in health care.

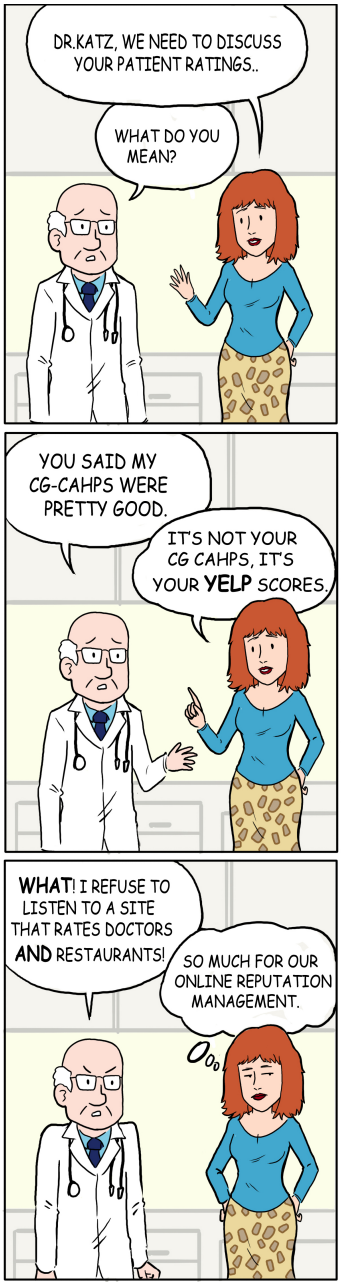
With this in mind, we should not be rewarding, or penalizing physicians based solely on individual scores. Clinicians should be engaged in making improvements in

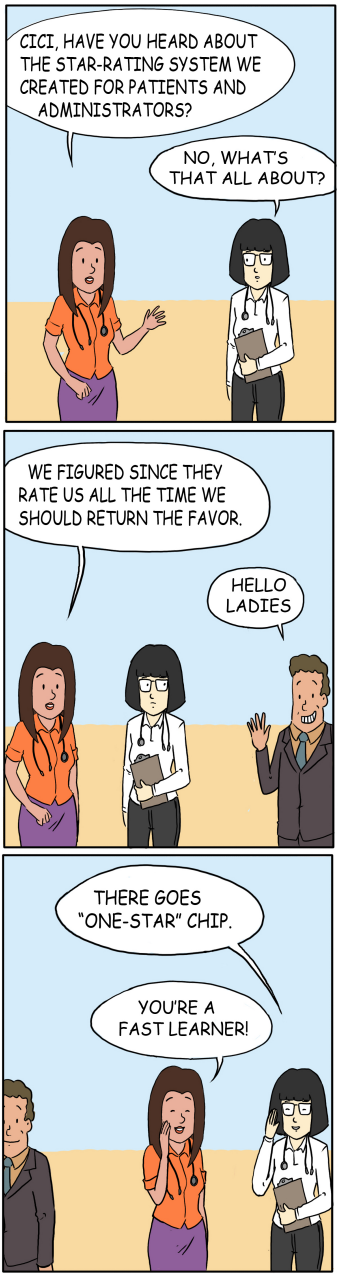
their care centers, but they should not be solely responsible for patient satisfaction results. Instead, we need to look at entire care teams to enhance care. In the end, by improving the way we provide care, we will positively impact the way patients experience the care they receive.


I'D LIKE FOR YOU TO TALK WITH DR KATZ TO LEARN HIS SECRET TO HIGH PATIENT SATISFACTION. MAYBE HE CAN TEACH THE OTHER DOCS.
HEY DR. KATZ, YOU HAVE EXCELLENT PATIENT SAT SCORES. WHAT'S YOUR SECRET?
HMM.. IT'S NOT THAT HARD.
I JUST WRITE PATIENTS SCRIPTS FOR WHATEVER THEY WANT.


HEY DR. SHAH, WE'VE DISCOVERED A NEW WAY TO ENHANCE THE PATIENT AND PROVIDER EXPERIENCE.
OH YEAH, HOW DO YOU PLAN TO DO THAT?
WE'RE DEPLOYING NEW MONITORS TO IMPROVE COMMUNICATION DURING EXAMS.
REALLY? I'D BE WILLING TO TRY THEM OUT.
THIS ISN'T EXACTLY THE COMMUNICATION IMPROVEMENT I IMAGINED.


WE'VE HEARD FEEDBACK FROM YOU THAT REFERRING TO PATIENTS AS **CONSUMERS** CONFUSES PATIENT-CENTERED CARE.
FROM NOW ON, INSTEAD OF CALLING PATIENTS CONSUMERS, WE'LL REFER TO THEM AS **MEMBERS**.
WHEN DID WE START RUNNING A **COUNTRY CLUB?**
I DON'T KNOW,BUT I HOPE THAT MEANS WE GET COFFEE IN THE WAITING ROOM.


DR.KATZ, WE NEED TO DISCUSS YOUR PATIENT RATINGS..
WHAT DO YOU MEAN?
YOU SAID MY CG-CAHPS WERE PRETTY GOOD.
IT'S NOT YOUR CG CAHPS, IT'S YOUR YELP SCORES.
WHAT! I REFUSE TO LISTEN TO A SITE THAT RATES DOCTORS AND RESTAURANTS!
SO MUCH FOR OUR ONLINE REPUTATION MANAGEMENT.
Ooo


CICI, HAVE YOU HEARD ABOUT THE STAR-RATING SYSTEM WE CREATED FOR PATIENTS AND ADMINISTRATORS?
NO, WHAT'S THAT ALL ABOUT?
WE FIGURED SINCE THEY RATE US ALL THE TIME WE SHOULD RETURN THE FAVOR.
HELLO LADIES
THERE GOES "ONE-STAR" CHIP.
YOU'RE A FAST LEARNER!

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