

# AVOIDING PHYSICIAN BURNOUT THROUGH MINDFUL PRACTICE

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As we rang in 2020 just 18  
months ago, we could never  
have anticipated what  
would unfold



## A FORCED SLOWDOWN

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The pandemic forced us to slow down in a way we had never experienced before.

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For many, the need for a new and improved direction became clear.

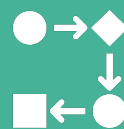
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And for once, we had TIME to begin making long overdue positive changes.

DON'T  
WORRY...



If you didn't make the most out of the forced slowdown, it's not too late to start taking steps towards improvement.



And even if you started making changes, there is always room for improvement.



In either case you must ask yourself some difficult questions and answer HONESTLY.



THE FIRST DIFFICULT  
QUESTION:

*ARE YOU “HAPPY” WITH  
YOUR PRACTICE?*



# THINK ABOUT YOUR AVERAGE CLINIC DAY (PRE-PANDEMIC AND NOW AS OUR NEW NORMAL IS ESTABLISHED)

Do you enjoy what  
you do?

Did you at one  
point?

What changed?

How does the reality  
of your practice  
compare to the  
vision you used to  
create it?

Are you working  
harder than ever  
before and receiving  
less (satisfaction and  
revenue)?

THINK BACK TO  
WHEN THINGS  
WERE  
“NORMAL”  
BEFORE COVID

The background of the slide is a dark purple gradient. It features several concentric circles and arcs, some solid and some dashed, with small arrows indicating a clockwise direction. A degree scale is visible, with numbers ranging from 140 to 260. The text 'THE STRUCTURE OF YOUR PRACTICE' is written in a bold, white, sans-serif font, centered on the left side of the slide.

# THE STRUCTURE OF YOUR PRACTICE

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Think of your practice in terms of a "family unit"

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Early stages of practice mirror early stages of relationships (establishing your "family unit" no matter how big or small or what/who it is comprised of)



# EARLY STAGES OF BUILDING A PRACTICE/FAMILY ARE FILLED WITH EXCITEMENT MIXED WITH FEAR OF THE UNKNOWN

Milestones when starting a practice:

- Hiring of first employees
- Opening day
- Completion of credentialing and contracting with payers
- Scheduling of first patients
- The first EFTs received

This parallels a committed relationship/marriage/domestic partnership in the “newlywed” stage

You soon realize a higher learning curve

As each week and month pass, triumphs and challenges are experienced

- A clinic day with 10 patients on the schedule followed by a day with 1
- Your partner surprises you with roses and the following day leaves dirty gym clothes beside the laundry basket

# FINDING YOUR GROOVE AND HANDLING “SURPRISES”

- You have started to settle in (with the practice or your new family) and then...
  - A Rockstar staff member gives notice to take a job at a local hospital offering higher pay/more benefits
  - Your first baby is on the way sooner than planned or your partner surprises you with second rescue puppy



# CHANGE IS SOMETIMES THE ONLY CONSTANT

- As your practice/family grows, every stage presents with a new set of challenges
  - The practice is getting busier, and it is becoming more difficult to accommodate new patients in a timely manner.
  - Your schedule is becoming unmanageable, wait times are increasing and you are finding it difficult to keep up with charting and billing.
  - Your baby/puppy is now "potty/house trained" and the sleepless nights of infancy seem like ancient history.

# TIMING YOUR EXPANSION



What is the right time to add another physician or location?



To have another child?



To rescue another puppy?



The expansion of your practice/family will always present with challenges (but now you have more experience)



# TERRIBLE TWOS, TRYING TEENS

Toddlers and 2 year-old lab mixes are challenging just like a practice in its early stages

Double digit aged kids (tweens and teens) and mature dogs with behavioral problems are frustrating and costly, similarly to practices that are approaching double digits

If we don't first develop and implement systems and protocols and then monitor and sustain them in our practices/families, bad habits are created, and we lose control.



# NATURAL PROGRESSION



Kids grow up  
and move out  
of the house  
(hopefully)



Dogs get older  
and spend  
most of the day  
napping  
instead of  
chewing  
baseboards



Practice  
owners/physicians  
start to think about  
the future

# DOWNSIZING AND CHANGES



Do we sell the 4-bedroom house and opt for a condo with less maintenance?



Do we buy a second home and become snowbirds?



Do we keep hiring associates in hopes of achieving partnership or selling?



Do we look at satellite locations and find that consolidating to one location is best?



Do we keep rescuing puppies because it's the right thing to do:)



# MATURATION

The first 10 years of practice are the most crucial for marketing to and controlling patient demographics/conditions/payers

After year 10 it is possible but more difficult to change these dynamics

- It is the reason that mature practice schedules become bogged down with RFC

Imagine if you never taught your son to say please or thank you and then on his 10<sup>th</sup> Birthday you started to enforce the importance of being polite.

Or what if you let your puppy sleep with you every night and decided when he was 3 to buy him a dog bed instead.

The background is a solid dark blue color. It is decorated with several faint, light blue circular patterns. These include concentric circles, dashed circles, and solid circles with arrows indicating a clockwise direction. Some of these circles have numerical markings around their perimeters, such as 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, and 260. The overall aesthetic is technical and precise, resembling a medical or scientific theme.

A CRUCIAL YET OFTEN  
POORLY EXECUTED ACTION:

RUNNING YOUR MEDICAL  
PRACTICE LIKE A BUSINESS

# STAFFING

- In the early days, your spouse or maybe even your mother may have been your only employee (the only one you could afford)
- As a practice grows, adequate staffing levels (in the office and virtual), continued training, metric management, and periodic restructuring of roles and re-delegation of responsibilities are essential.







# MANAGEMENT ROLES

Many managers/practice administrators are not functioning in their roles due to short staffing situations (difficulty finding good employees and keeping them)

Find out what your manager/administrator is doing daily and see if those tasks are "below his/her paygrade."

Does your manager possess the right qualities?

# THOUGHTS ON MANAGERIAL MUST HAVES

1. TEAM player (willing and able to learn every position and step in when necessary)

2. Maturity/Stability; there's no crying in podiatry (or baseball). He or she has to be okay with not becoming BFFs with every staff member and understand the importance of mutual respect

3. Ability to prioritize and instill that in others (this goes hand in hand with organization and focus)

4. Accountability and trust; he or she should know there are checks and balances (he or she should want to be transparent with you to demonstrate progress or even to admit mistakes)

5. A thorough understanding and advocate of what you do and your goals (the services you provide and benefit to patients) in order to keep quality of patient care and customer service a top priority.

6. A hard worker without being a martyr... maximizing efficiency while at work and inspiring others to do so as well (while not advertising how many hours they put in)

7. The ability to delegate and inspire team members to increase confidence based on individual responsibilities.

8. The ability to take "constructive criticism" without getting defensive or holding grudges.

# ASK STAFF MEMBERS TO RECORD DAILY TASKS

See how many are performing the same tasks

See how many are not sure what their responsibilities are

Compare all to re-delegate tasks in a way that is appropriate

- More experienced staff members performing higher level tasks
- Less experienced performing menial yet more time-consuming tasks
- “Managers” MANAGING rather than performing menial tasks
- What tasks on the list could be automated or outsourced?

# NOT EVERYONE IS GREAT AT DELEGATING, BUT **YOU SHOULD** LEARN TO BE

- When my children were 8 and 10, I decided to create a chore list (to provide them with a sense of responsibility and to “help” me out).
  - One of my daughter's jobs was to empty all the small trash bins into the large kitchen barrel once a week. This was done proficiently and made us recycle more.
  - One of my son's jobs was to empty the dishwasher. After months of performing this task, dishes were still being placed next to pots and pans or the job was not done at all with the excuse of “I didn't think they were clean.”
  - In response to my frustration, what did I do?
    - I did it myself and somehow forgot to add a replacement to my son's chore list.





# IS THIS HAPPENING IN YOUR PRACTICE?

- Are you delegating tasks that employees are not performing well or at all (on purpose, due to lack of training or a general lack of caring)?
- Do you continue to do it yourself because it's "easier"
- It doesn't take a medical degree to press and hold **CONTROL, ALT, DELETE** when computers freeze, right?
- If they keep coming into your office to tell you that someone just used the last Keurig pod again, wouldn't they be able to keep inventory and even order coffee before you ran out?



# THINK LIKE THE CEO OF A BIG CORPORATION

Divide up responsibilities and create methods of accountability.

Do you need a "human resource manager" or simply utilize your access to Think HR (free through your affiliation with Pinnacle ☺)

Is your practice manager actually acting as a "billing or administrative lead?"

Does your back-office need (or have without title) a "patient care coordinator" who is responsible for managing schedule changes, staff coverage, coordinating pre-clinic huddles and inventory/ordering of supplies?

Does every staff member and doctor understand the "pecking order" / Is there one?

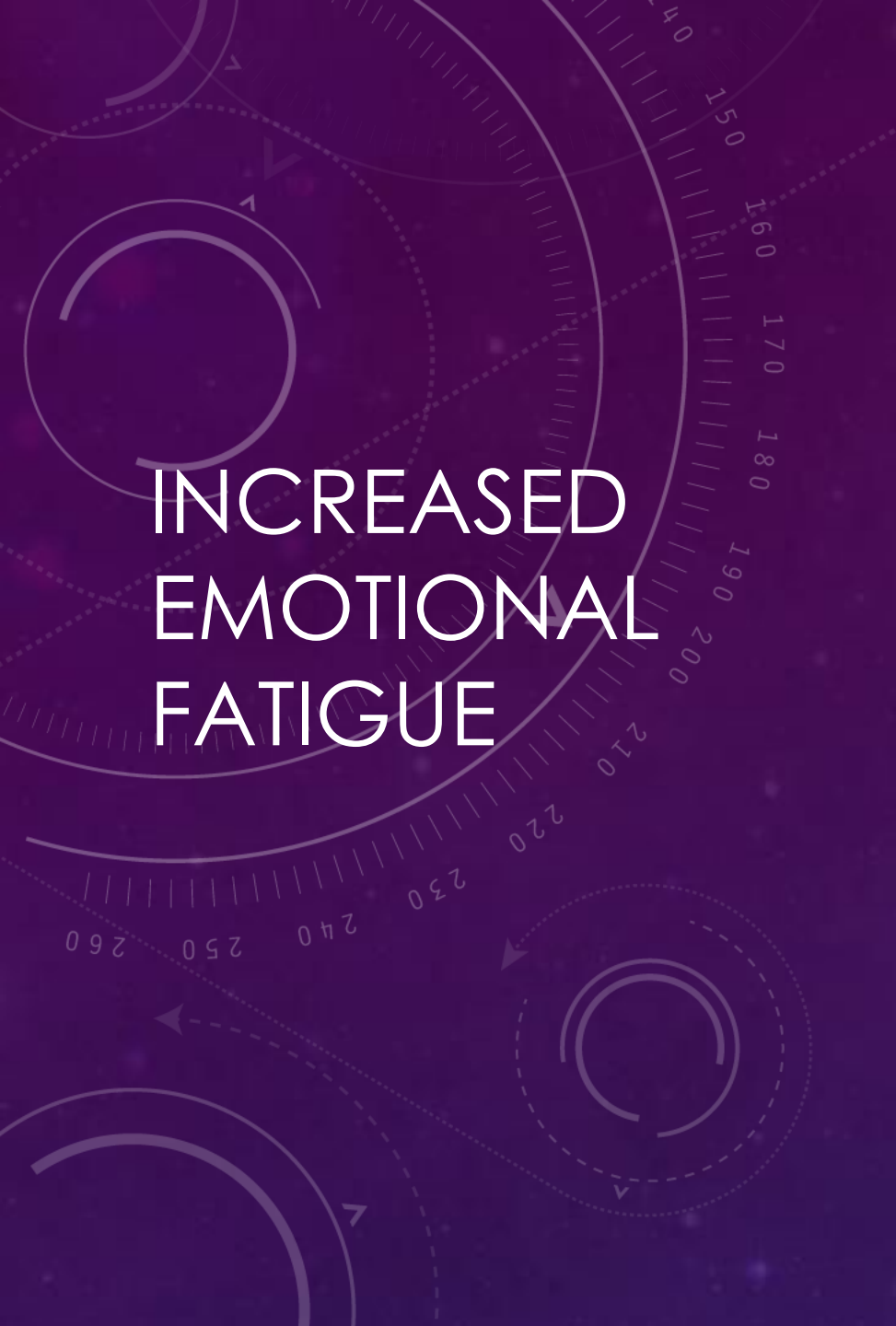
- Example: How do employees call out sick or let you know that they are running late?
- This should be more formal than a text message "Gonna B l8 2day 😞"



# PHYSICIAN BURNOUT

This seems to be a topic  
that continues to  
capture more attention  
each year

BUT WHY?  
(open discussion)



## INCREASED EMOTIONAL FATIGUE

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It is reported that physicians now spend as much time with “desktop medicine” as they do face to face with patients

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Electronic Health Records have the potential to improve patient care however there is a growing sense within the medical community that the EHR is driving professional dissatisfaction and burnout.



## OTHER CONTRIBUTING FACTORS IN JUST THE LAST DECADE

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Major changes to insurance “coverage” leading to increased financial pressure and greater expectations regarding productivity

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Navigating more stringent compliance requirements (patient privacy, cyber security, x-ray, DME, etc.

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Increasing clerical burdens associated with (EHRs) such as documentation and patient portals

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Regulatory requirements (MIPS/MACRA, e-Rx, medication reconciliation)

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An unprecedented level of scrutiny.

# CHASING YOUR TAIL



- Decreasing reimbursements have caused many physicians to increase patient volume/workload significantly.
- Patient volume, healthy payer mix and a variety of conditions treated are essential, HOWEVER...
- The notion of seeing more patients to increase the bottom line often results in the exact opposite.



# INCREASED VOLUME LEADS TO;

- More eligibility and benefit checks (including status, deductible details and prior-auths/inquiries regarding coverage of specific items and services)
- More risk of data entry mistakes (Example: inputting incorrect insurance or demographic information, leading to rejections)
- A faster clinic pace with a higher chance of increased wait times (in the “waiting room” as well as doctors waiting on staff to ready patients)
- Failure to carry out treatment protocols (Example: “We can talk about orthotics next time.”)
- More phone calls after hours from patients who were rushed through their visit and have questions



# AND. . .

- Missed coding/billing and collections (performing services and forgetting to circle or enter codes as well as patients walking out with cash products without being asked to pay)
- The need for additional staff members or insufficient coverage leading to consistent overtime paid to seasoned staff members.
- Overworked and highly stressed physicians and staff members
  - Creating a less than ideal environment for patients and increased sick days.
- MORE DOCUMENTATION/CHARTING and opportunity for audits
- Endless “homework” for physicians trying to keep up with charting/coding/billing





# MORE IS NOT ALWAYS BETTER

ANALYZE YOUR PRACTICE METRICS FROM 2019, 2020 AND THE FIRST  
QUARTER OF THIS YEAR

(ASSUMING THAT NOTES ARE COMPLETE, AND CLAIMS HAVE BEEN  
SUBMITTED)

IF YOU HAVEN'T CAUGHT UP BY NOW, THERE IS A PROBLEM



# START WITH THESE

How many patients did you see total (and new vs. established)?

How much did you averagely charge and collect per visit? %

What was your no-show/cancellation rate? Are there any trends?

What does your A/R situation look like (patient and insurance) and are there problem payers that you may want to terminate contracts with?

Were wait times for your patients (and you as the provider) WNLs?

How much did you spend in overtime compared to previous years?

Were overhead costs significantly higher (or at a much higher % vs. revenue) than in years past?

How many days on average does it take for your biller to submit claims (is this a high number because you are always behind on charting)?

How many days on average does it take to get paid?



# THE RESULTS MAY BE PAINFUL BUT ARE A NECESSARY STARTING POINT FOR CHANGE

I have many preliminary communications with doctors who then stop responding.

*I stopped taking it personally years ago, but why does this happen?*

I ask them to take a closer look at what is really happening in their practices (like in the metrics discussed on the previous slide) and they do not like what they see.





# USE WHAT YOU KNOW AND TRANSLATE IT

- Think of a patient presenting with multiple issues
- You can't (or shouldn't) address and treat all the issues on visit one
- Begin with the most pressing and develop a care plan that will provide the greatest amount of relief in the shortest time possible
  - (knowing that some of the secondary complaints may resolve on their own with patient compliance and time)
- The issues in your practice are not much different once you determine your "Chief Complaint"



# COMMON PRACTICE CHIEF COMPLAINT

Nature: Charting is not getting done and is causing my income to suffer dramatically

Location: My EHR where my I never had time to customize templates/blueprints

Duration: Months/Years (I don't know ask my wife)

Onset: It's always been an issue, but it worsened last September when a DPM down the street retired and I inherited his patients

Characteristics: Late hours at the office, loss of time to work out, increased stress, missed events with my family, less patience with my staff, less ability to connect with my patients

Aggravating or Alleviating Factors: My EHR and my EHR

Treatment to date: I try to come in early to the office to chart but then am distracted by all the other "stuff" that needs my attention. I looked into hiring a scribe or even training my assistants to help me with charting but got too busy to make it happen.

# REVIEW OF SYSTEMS (ACCORDING TO CLASSIC SIGNS OF BURNOUT)

## "PATIENT ADMITS OR DENIES"

- ⦿ Admits decreased energy and increased lack of motivation
- ⦿ Admits frequent headaches
- ⦿ Admits frequent stomach upset
- ⦿ Admits aches, pains, and tense muscles unrelated to exercise ("I don't have time for that anymore")
- ⦿ Denies chest pain and rapid heartbeat but notes frequent periods of anxiety
- ⦿ Admits insomnia
- ⦿ Admits frequent colds and infections
- ⦿ Denies dry mouth and difficulty swallowing
- ⦿ Admits clenched jaw and grinding teeth ("confirmed by dentist as cause of headaches")



IF THIS WAS A PATIENT PRESENTING WITH THE CLASSIC  
SIGNS OF PLANTAR FASCIITIS, WOULDN'T YOU DEVELOP A  
CARE PLAN TO IMPROVE CURRENT SYMPTOMS AND  
DECREASE RECURRENCE RATE?



# MAP OUT AND IMPLEMENT YOUR OWN POSITIVE CHANGE CARE PLAN

You know the definition of insanity. . . So stop repeating the habits that keep you from reaching professional and personal goals year after year.

Slow down long enough to determine your chief complaint(s), underlying causes and residual affects.

Then comply with the actions needed to change and improve.

Invest NOW or pay LATER



# WE NOW SHIFT OUR FOCUS TO PHYSICAL AND EMOTIONAL STRESSORS

AND THE IMPORTANCE OF POSITIVE  
MENTAL ATTITUDE



# WHAT MAKES YOUR LIFE 100% ?

Each letter of the alphabetic has a value equal to its sequence of the alphabetical order:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

S	K	I	L	L	S
19	11	9	12	12	19

=

82

K	N	O	W	L	E	D	G	E
11	14	15	23	12	5	4	7	5

=

96

H	A	R	D		W	O	R	K
8	1	18	4		23	15	18	11

=

98

A	T	T	I	T	U	D	E
1	20	20	9	20	21	4	5

=

100



# THE CAN DO ATTITUDE

- You CAN DO everything, but not all at once.
- You CAN DO everything, if it's important enough for you to do.
- You CAN DO everything, but you may not be the best at everything.
- You CAN DO everything, but there will be limitations.
- You CAN DO everything, but you will need help.

# STRESS

## Stress Reduction Kit

**Bang  
Head  
Here**

### Directions:

1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.

The background is a gradient from dark purple at the top to dark blue at the bottom, speckled with small white dots. On the left side, there are several concentric circles and a large circular scale with degree markings from 140 to 260. Some of the circles have arrows indicating a clockwise direction.

STRESS-FREE  
VS

“STRESS SMART”



# IGNORANCE IS BLISS







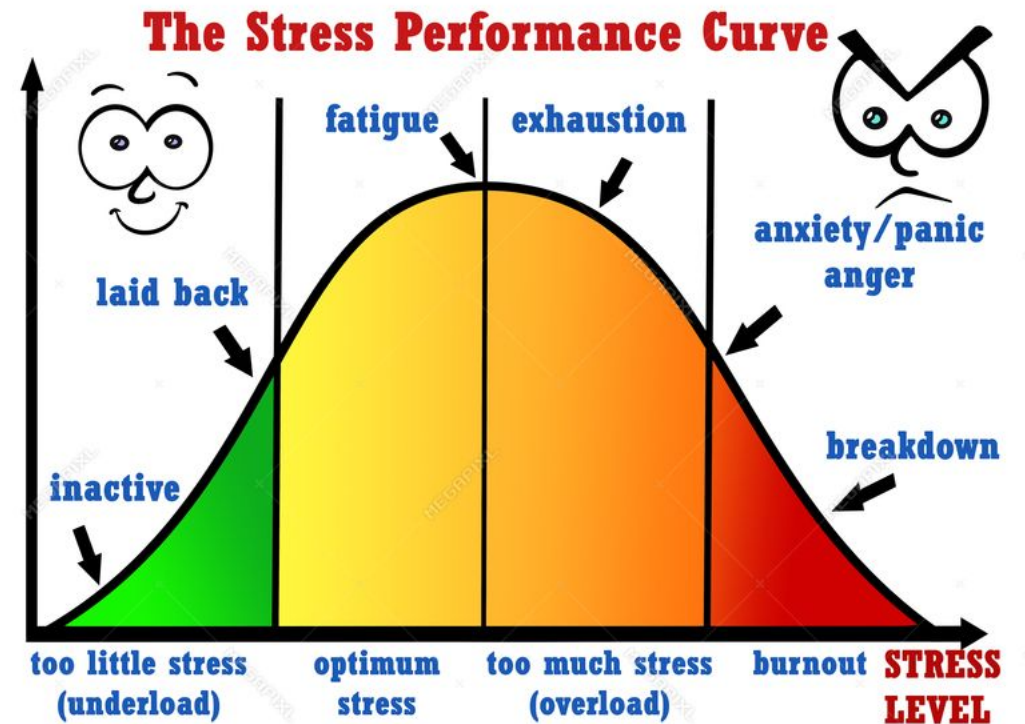
STRESS MANAGEMENT IS **NOT**  
NOT FEELING STRESS

IT'S LEARNING HOW TO DEAL  
WITH IT

# OUTWARD SIGNS OF STRESS

- Low energy
- Headaches
- Upset stomach including diarrhea, constipation and nausea
- Aches, pains, and tense muscles
- Chest pain and rapid heartbeat
- Insomnia
- Frequent colds and infections
- Loss of sexual desire and/or ability
- Nervousness and shaking, ringing in the ears, sweaty and cold hands and feet
- Dry mouth and difficulty swallowing
- Clenched jaw and grinding teeth

# HUMAN FUNCTION/ STRESS CURVE





# IF YOU WANT SOMETHING DONE

- Ask a Busy Person to Do it, Right?!





# LEARN THE ART OF SAYING NO

- Be firm, not overly apologetic, but apathetic
- Tell the person you will get back to them...
- Remember that you don't owe anyone an explanation of "Why Not"
- There are only 24 hours in a day
- Prioritize what absolutely need to be done – FOR YOU

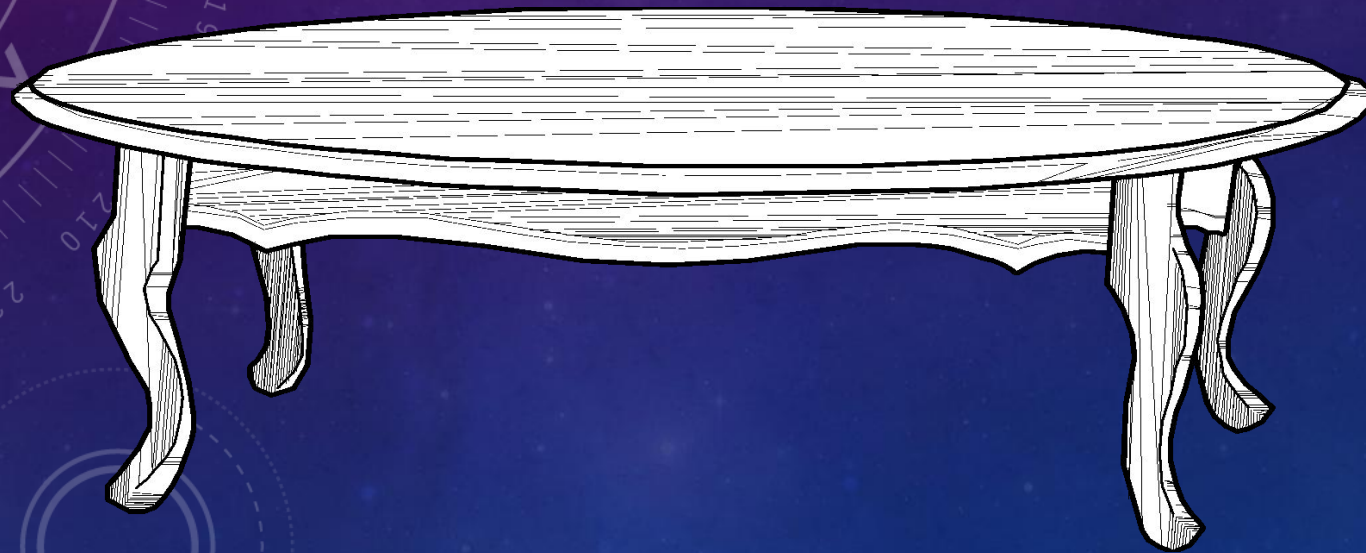
# PRIORITIZING AND STAYING MOTIVATED

- Make lists and check off what you have accomplished every day
- Keep your list realistic
- Keep your inbox clean – file emails in folders, star what can be dealt with later and only respond to what is a top priority
- Limit all contact with negative people
- At all costs. . . AVOID . . . . .

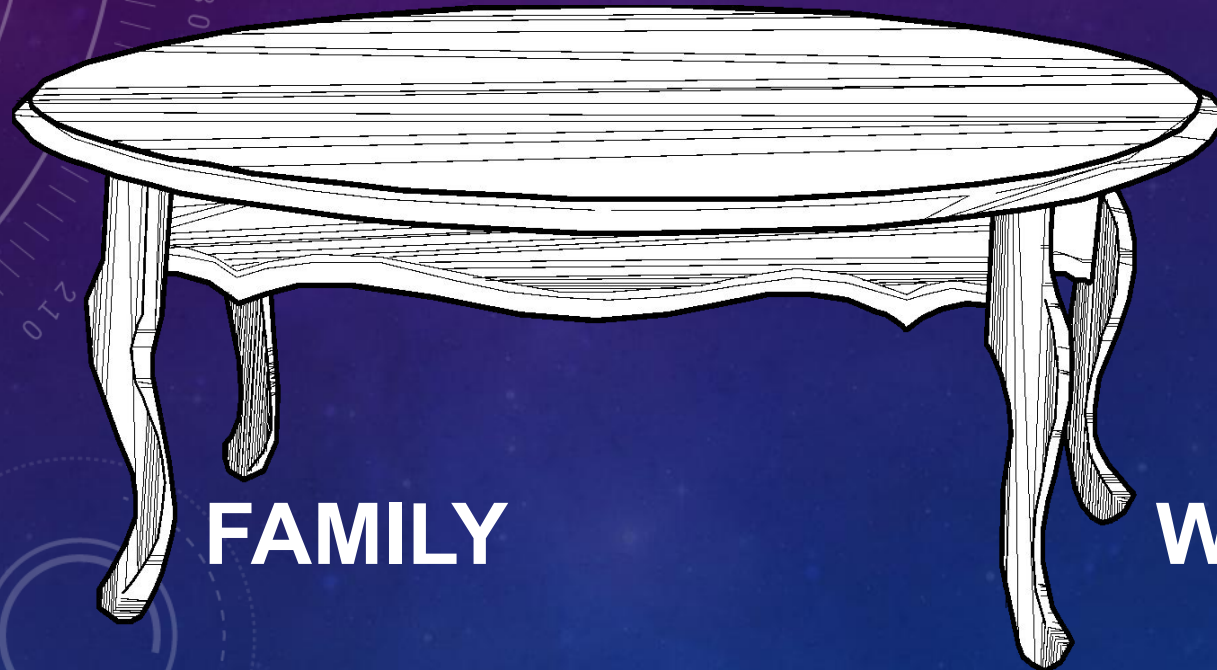
# BURNOUT



# WHAT WE CAN LEARN FROM A COFFEE TABLE ...







**FAMILY**

**WORK**

**HEALTH**

**SPIRITUAL**

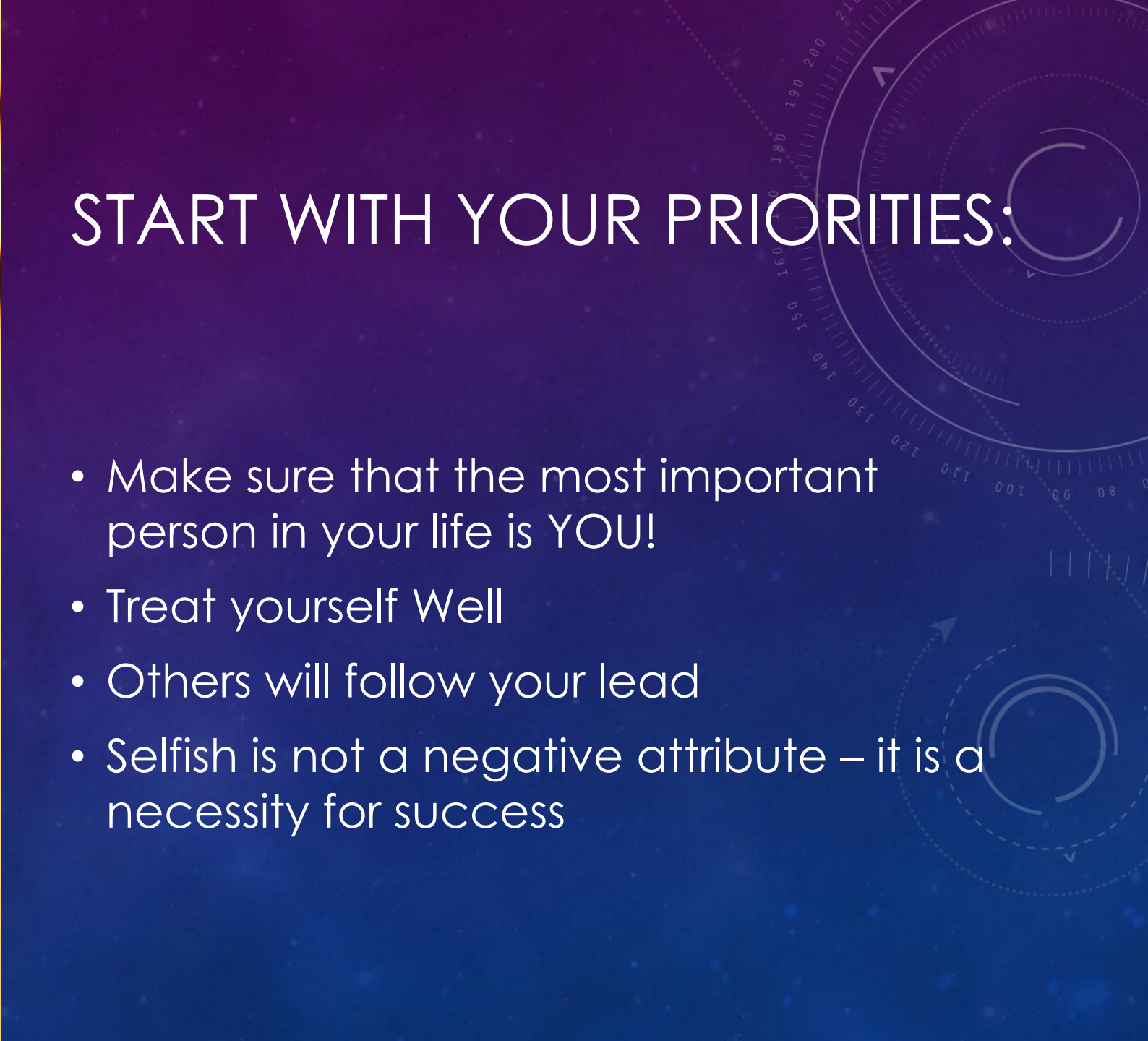
# ACHIEVING YOUR GOALS

- Clearly define and set SMART goals
- Create a picture of what it will be like when you achieve them
- Move away from the beliefs that have been embedded into your subconscious since you were young (your financial blueprint)
- Surround yourself with a positive support system
- Commit to taking action
- Work on your positive attitude
- Be READY to SUCCEED!





# START WITH YOUR PRIORITIES:

- Make sure that the most important person in your life is YOU!
  - Treat yourself Well
  - Others will follow your lead
  - Selfish is not a negative attribute – it is a necessity for success
- 

“You are not responsible for the programming you picked up in childhood. However, as an adult, you are one hundred percent responsible for fixing it.”

Ken Keyes, Jr.

# REPROGRAMMING

The background features a dark grey gradient. On the right side, there are faint, light grey decorative elements. These include a large circular scale with numbers ranging from 0 to 210, and several concentric circles, some of which are dashed and have arrows indicating a clockwise direction.





# STICK TO IT NESS

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Mind over matter

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Success does not come without failure

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Don't complain about your mistakes, learn from them!

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Marathons are run 1 mile at a time

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Cheeseburgers may not kill you today

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Just do it!!



# IT ALL COMES DOWN TO YOUR SUPPORT SYSTEM

*"Surround yourself with only the people  
who allow nothing less than the best you  
can be"*

*Cindy Pezza, PMAC*

# THANK YOU!

❖ FOR INFORMATION ON  
PRACTICE IMPROVEMENT  
VISIT  
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