Masters in Healthcare Administration (MHA)
Why surgery?

- Strong sense of autonomy
- Enjoyed having “outcomes”
- Finding solutions to problems
- That was the specialty that “fit” my personality (I thought, and others told me as well).
- Autonomy didn’t exist in primary care! (Again, I thought, and others told me as well.)
eth·ics

/nəu̯n nous/n
plural noun: ethics; noun: ethics

1. moral principles that govern a person's behavior or the conducting of an activity.
   "medical ethics also enter into the question"
   synonyms: moral code, morals, morality, values, rights and wrongs, principles, ideals, standards
   (of behavior), value system, virtues, dictates of conscience
   "your so-called newspaper is clearly not burdened by a sense of ethics"
   • the moral correctness of specified conduct.
   "many scientists question the ethics of cruel experiments"

2. the branch of knowledge that deals with moral principles.

eth·ic

/nəu̯n nous/n
plural noun: ethics

a set of moral principles, especially ones relating to or affirming a specified group, field, or form of conduct.
"the puritan ethic was being replaced by the hedonist ethic"

Origin

GREEK
Ethics & Business
Ethics & Business & Medicine
As healers, our minds turn to this...

From: https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095

The Hippocratic Oath and others

Although written in antiquity, the Hippocratic Oath still expresses the principles for the ideal conduct for the physician. Learn more here.

Hippocratic Oath - Classical Version

Translation from the Greek by Ludwig Edelstein. From The Hippocratic Oath: Text, Translation, and Interpretation, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.
As healers, our minds turn to this... and this...

From: https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095

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**Hippocratic Oath - Modern Version**

Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.
As healers, our minds turn to this... and this... and this.
From: https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095

The Physicians' Oath, World Medical Association (Geneva, Switz.)

The Physician's Oath, to be sworn at the time a time a person enters into the medical profession, was added to the Declaration of Geneva and adopted by the General Assembly of the World Medical Association in September 1948, three months before the General Assembly of the United Nations adopted the Universal Declaration of Human Rights, which upholds the right to security of person. The Oath was amended by the 22nd World Medical Assembly, in August 1968.

This oath was written as a direct response to the atrocities committed by the physicians in Nazi Germany. The second last line reads, "I will maintain the utmost respect for human life; even under threat, I will not use my medical knowledge contrary to the laws of humanity."

The Physician's Oath

- I solemnly pledge myself to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity;
- The health of my patient will be my first consideration;
- I will respect the secrets which are confided in me;
- I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
- My colleagues will be my brothers and sisters;
- I will not permit considerations of religion, nationality, race, gender, politics, socioeconomic standing, or sexual orientation to intervene between my duty and my patient;
- I will maintain the utmost respect for human life; even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and upon my honour.

Also, the "Physician's Oath on Retirement" is being proposed "to address the moral, psychological, social, and cultural responsibilities that a physician assumes when voluntarily relinquishing the responsibilities of active medical practice."
With ethics, medicine, and business...

• Our minds don’t go to this.
# Ethics & Business & Medicine & Medical Costs

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Name</th>
<th>Doctor</th>
<th>Description</th>
<th>Charges</th>
<th>Adjustments</th>
<th>Payments</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/23/10</td>
<td>HEATHER</td>
<td></td>
<td>Office Visit Established Patient</td>
<td>90.00</td>
<td>18.49</td>
<td>46.51</td>
<td>25.00</td>
</tr>
<tr>
<td>07/09/10</td>
<td>HEATHER</td>
<td></td>
<td>Copay Due</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/09/10</td>
<td>HEATHER</td>
<td></td>
<td>Walking Boot pneumatic vacuum</td>
<td>400.00</td>
<td>118.70</td>
<td></td>
<td>281.30</td>
</tr>
<tr>
<td>08/06/10</td>
<td>HEATHER</td>
<td></td>
<td>Deductible Applied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/06/10</td>
<td>HEATHER</td>
<td></td>
<td>Velocity Ankle Brace</td>
<td>610.00</td>
<td></td>
<td>610.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/27/10</td>
<td>HEATHER</td>
<td></td>
<td>Office Visit Established Patient</td>
<td>90.00</td>
<td></td>
<td>90.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/27/10</td>
<td>HEATHER</td>
<td></td>
<td>Office Visit Established Patient</td>
<td>90.00</td>
<td></td>
<td>90.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Statement Due Upon Receipt * Thank You **

<table>
<thead>
<tr>
<th>Message</th>
<th>Total Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1096.30</td>
</tr>
</tbody>
</table>

* Insurance Pending: 790.00

Amount Due Now: $306.30

<table>
<thead>
<tr>
<th>Statement Date</th>
<th>Account Number</th>
<th>Current</th>
<th>30 Days</th>
<th>60 Days</th>
<th>90 Days</th>
<th>120 Days</th>
<th>Total Balance</th>
<th>* Ins. Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/09/10</td>
<td>321970</td>
<td>306.30</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1096.30</td>
<td>790.00</td>
</tr>
</tbody>
</table>

Make Checks Payable To:
Before you decide on a specialty, & practice model as an attending...

• You should be forced (IMHO) to take a “business of medicine course.”

• If you don’t understand this... you may be disappointed when you finally finish your medical school years, residency, and maybe even fellowship... 7 to 13 years later.

• Not understanding this, can possibly lead you to premature burnout in your career. (I, and others, don’t want that for you, ever.)

• And you may find yourself questioning your ethics.
Course – The Business of Medicine 101
Here we go!

You may never hear or understand ANY of this, until you take your first job.

That’s not fair.

Let’s talk about how the employment (at times) and the business of monopolies can affect our ethics as clinicians.
In the Third Party System, how do you earn an income? Do you know?

RVUs (Relative Value Units)

- RVU – 3 components:
  1) Physician work
  2) Practice expense (Ironic? Red tape of CMS?)
  3) Malpractice overhead
So, RVUs determine your income. The actual value that these numbers translate into reimbursement dollars, depends on a few factors...

RVU – 3 components:
1) Physician work RVU (This doesn’t change)
2) Practice expense RVU (Ironic? Red tape of CMS?) (this is variable)
3) Malpractice overhead RVU (This is variable)
Understand the past and present to propel your practice into the future.

Make informed decisions for your practice through insights and benchmarks from industry-leading data analysis, reports and surveys.

New MGMA Surveys are now open for participation!

The 2018 MGMA Cost and Revenue and Practice Operations Surveys are open through April 13. Participate now for complimentary data.
How do RVUs affect your ethics?

• You’ll see.

• You’re encouraged to chase RVUs.
  – Your likely future employer wants you to.
  – ACTUALLY, your contract for employment likely discusses this in detail, as far as your salary & PRODUCTIVITY expectations.
  – Your fellow doctors chase them. In fact, you compete for them.
  – You get bonuses for them.
  – You’re a “quota machine,” before you even realize it.
    – Problem is... you are NOT a car salesperson.
    – You’re a doctor.
How do RVUs affect your ethics?

- You, the doctor, gets trained. How/what?
- You get trained, to “train” your patients to 1-2 concerns a visit at most.
- You’re taking (or required) classes to get the most billing charges possible, adding codes for longer visits.
- You’re ok with double-booking.
- You realize you have no time to really look into concerns for a patient... so you refer, A LOT.
- You scour your RVUs potentially generated on reports for ancillary services that you ordered (*cough, cough, inside the system you work for...*)
- This is all in the name of RVUs generated... *because your livelihood depends on it.*
What does this brewing internal conflict leave you with?

• A high chance of burnout, with a short career in medicine.

• You’ll start looking for “Physician Side Gigs” on FB groups.

• Forget single payer, you want out. No medicine at all for you.

• May start to think: What good is “coverage (insurance)” without actual medical “care” as you fight to get your patients care they need?
  – Prior auths etc
  – Peer to peer reviews

• It’s easy to be on the outside making recommendations and surmising to understand; it’s different when you’re responsible for this... part of this... forced to do it this way.
Longitudinal relationship, and/or lack thereof, seems to have an interesting relationship with burnout...
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>59%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>56%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>55%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>55%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>54%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>53%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>53%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>53%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>52%</td>
</tr>
</tbody>
</table>
All primary care RVUs are the same, right?

Wrong.

So this causes tension and competition even in similar realms of care.
Again, RVUs determine your income.
Here’s how your future **quarterly reviews** could look like if you’re employed...

<table>
<thead>
<tr>
<th>Provider</th>
<th>1st Qtr</th>
<th>2nd Qtr</th>
<th>3rd Qtr</th>
<th>4th Qtr</th>
<th>Total 12 mo.</th>
<th>Avg/quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encounters</strong></td>
<td>845</td>
<td>983</td>
<td>973</td>
<td>0</td>
<td>2801</td>
<td>721.00</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>957</td>
<td>957</td>
<td>957</td>
<td>0</td>
<td>2977</td>
<td>739.25</td>
</tr>
<tr>
<td><strong>&gt; Goal</strong></td>
<td>0</td>
<td>26</td>
<td>16</td>
<td>0</td>
<td>42</td>
<td>10.50</td>
</tr>
<tr>
<td><strong>Bonus</strong></td>
<td>0.00</td>
<td>260.00</td>
<td>160.00</td>
<td>0.00</td>
<td>420.00</td>
<td>105.00</td>
</tr>
<tr>
<td><strong>wRVUs</strong></td>
<td>1044</td>
<td>1352.3</td>
<td>1349.3</td>
<td>0</td>
<td>3745.5</td>
<td>936.38</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>1018.3</td>
<td>1018.3</td>
<td>1018.3</td>
<td>0</td>
<td>3054.8</td>
<td>763.70</td>
</tr>
<tr>
<td><strong>&gt; Goal</strong></td>
<td>25.75</td>
<td>334</td>
<td>331</td>
<td>0</td>
<td>690.8</td>
<td>172.70</td>
</tr>
<tr>
<td><strong>Bonus</strong></td>
<td>257.50</td>
<td>3340.10</td>
<td>3310.20</td>
<td>0.00</td>
<td>6907.80</td>
<td>1726.95</td>
</tr>
<tr>
<td><strong>Total Bonus</strong></td>
<td>$257.50</td>
<td>$3,600.10</td>
<td>$3,470.20</td>
<td>0.00</td>
<td>$7,327.80</td>
<td>1726.95</td>
</tr>
</tbody>
</table>
How could this *not* potentially affect your ethics?

- *Well I mean...*
  - You’re just looking out for your family
  - You need to pay off your debt
  - You’re doing what all the other doctors are doing
  - The big health systems seem to endorse this
  - Even CMS is ok with this; they created RVUs!
  - Nobody else seems to care... right?
  - Certainly this is not affecting my clinical decisions for patients, right?

- Slippery slope? Erosion of ethics?
- Where do you draw the line?
- Can you draw the line?
Why should I care? I’m just one doctor. I can’t change things.

Or can I...?

Or should I?
Why choose a specialty I love, when I should pick one that pays?!
Side by side comparison RVUs: Cardiology (left) vs Family Medicine (right)

Using CPT codes. The 2017 CPT Professional Edition Manual also provides specific instructions for reporting particular families of codes. Individual payers may also have guidelines and coverage policies regarding certain services. The following table lists the most commonly used codes for coronary procedures.

<table>
<thead>
<tr>
<th>Procedure Codes and Physician Reimbursement for Coronary Procedures</th>
<th>2017 Work RVUs</th>
<th>2017 Medicare Base Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Non-Facility</td>
<td>Facility</td>
</tr>
<tr>
<td>Diagnostic Procedures and Imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93451</td>
<td>Right heart catheterization</td>
<td>2.47</td>
</tr>
<tr>
<td>93452</td>
<td>Left heart catheterization</td>
<td>4.50</td>
</tr>
<tr>
<td>93453</td>
<td>Right and left heart catheterization</td>
<td>5.99</td>
</tr>
<tr>
<td>93454</td>
<td>Coronary angiography</td>
<td>4.54</td>
</tr>
<tr>
<td>93455</td>
<td>Coronary angiography with bypass grafts</td>
<td>5.29</td>
</tr>
<tr>
<td>93456</td>
<td>Coronary angiography with right heart catheterization</td>
<td>5.90</td>
</tr>
<tr>
<td>93457</td>
<td>Coronary angiography and bypass grafts, with right heart catheterization</td>
<td>6.64</td>
</tr>
<tr>
<td>93458</td>
<td>Coronary angiography with left heart catheterization</td>
<td>5.60</td>
</tr>
<tr>
<td>93459</td>
<td>Coronary angiography and bypass grafts, with left heart catheterization</td>
<td>6.35</td>
</tr>
<tr>
<td>93460</td>
<td>Coronary angiography with right and left heart catheterization</td>
<td>7.10</td>
</tr>
<tr>
<td>93461</td>
<td>Coronary angiography with bypass grafts, right and left heart catheterization</td>
<td>7.85</td>
</tr>
<tr>
<td>+93462</td>
<td>Left heart access via transseptal or transapical puncture</td>
<td>3.73</td>
</tr>
<tr>
<td>+93463</td>
<td>Pharmacological agent administration with hemodynamic assessment</td>
<td>2.00</td>
</tr>
<tr>
<td>+93464</td>
<td>Physiologic exercise study with hemodynamic assessment</td>
<td>1.80</td>
</tr>
<tr>
<td>93503</td>
<td>Placement of flow directed catheter (eg, Swan-Ganz) for monitoring</td>
<td>2.91</td>
</tr>
<tr>
<td>93505</td>
<td>Endomyocardial biopsy</td>
<td>4.12</td>
</tr>
</tbody>
</table>

A Typical Compensation Model for Family Medicine Physicians

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>wRVUs (without OB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per wRVU (Median)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Incentive/ Midlevel Oversight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per wRVU (Median)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Effective Rate per wRVU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Approximate number of median RVUs.*

2. The MPT's payment amounts are based upon data elements published by the Centers for Medicare and Medicaid Services (CMS) in the Final Rule (CMS 169-F1) on November 2, 2016, and published in the Federal Register on November 12, 2016, with a conversion factor of $15.9475. CMS may make adjustments to any or all of the data inputs from time to time.
using CPT® codes. The 2017 CPT Professional Edition Manual also provides specific instructions for reporting particular families of codes. Individual payers may also have guidelines and coverage policies regarding certain services. The following table lists the most commonly used codes for coronary procedures.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
<th>2017 Work RVUs</th>
<th>2017 Medicare Base Payment Rate¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Non-Facility</td>
<td>Facility</td>
</tr>
<tr>
<td>93451</td>
<td>Right heart catheterization</td>
<td>2.47</td>
<td>$737</td>
</tr>
<tr>
<td>93452</td>
<td>Left heart catheterization</td>
<td>4.50</td>
<td>$839</td>
</tr>
<tr>
<td>93453</td>
<td>Right and left heart catheterization</td>
<td>5.99</td>
<td>$1,089</td>
</tr>
<tr>
<td>93454</td>
<td>Coronary angiography</td>
<td>4.54</td>
<td>$851</td>
</tr>
<tr>
<td>93455</td>
<td>Coronary angiography with bypass grafts</td>
<td>5.29</td>
<td>$995</td>
</tr>
<tr>
<td>93456</td>
<td>Coronary angiography with right heart catheterization</td>
<td>5.90</td>
<td>$1,076</td>
</tr>
<tr>
<td>93457</td>
<td>Coronary angiography and bypass grafts, with right heart catheterization</td>
<td>6.64</td>
<td>$1,220</td>
</tr>
<tr>
<td>93458</td>
<td>Coronary angiography with left heart catheterization</td>
<td>5.60</td>
<td>$1,025</td>
</tr>
<tr>
<td>93459</td>
<td>Coronary angiography and bypass grafts, with left heart catheterization</td>
<td>6.35</td>
<td>$1,137</td>
</tr>
<tr>
<td>93460</td>
<td>Coronary angiography with right and left heart catheterization</td>
<td>7.10</td>
<td>$1,225</td>
</tr>
<tr>
<td>93461</td>
<td>Coronary angiography with bypass grafts, right and left heart catheterization</td>
<td>7.85</td>
<td>$1,402</td>
</tr>
<tr>
<td>+93462</td>
<td>Left heart access via transseptal or transapical puncture</td>
<td>3.73</td>
<td>$219</td>
</tr>
<tr>
<td>+93463</td>
<td>Pharmacological agent administration with hemodynamic assessment</td>
<td>2.00</td>
<td>$101</td>
</tr>
<tr>
<td>+93464</td>
<td>Physiologic exercise study with hemodynamic assessment</td>
<td>1.80</td>
<td>$259</td>
</tr>
<tr>
<td>93503</td>
<td>Placement of flow directed catheter (eg, Swan-Ganz) for monitoring</td>
<td>2.91</td>
<td>$0</td>
</tr>
<tr>
<td>93505</td>
<td>Endomyocardial biopsy</td>
<td>4.12</td>
<td>$712</td>
</tr>
</tbody>
</table>


² The MPFS payment amounts are based upon data elements published by the Centers for Medicare and Medicaid Services (CMS) in the Final Rule [CMS-1654-F] on November 2, 2016, and published in the Federal Register on November 15, 2016, with a conversion factor of $35.8887. CMS may make adjustments to any or all of the data inputs from time to time.
Cardiothoracic

Sample of wRVUs from the 2016 Medicare RBRVS

<table>
<thead>
<tr>
<th>HCPCS (E/M Code)</th>
<th>DESCRIPTION</th>
<th>WORK RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>92987</td>
<td>Revision of mitral valve</td>
<td>23.63</td>
</tr>
<tr>
<td>92990</td>
<td>Revision of pulmonary valve</td>
<td>18.27</td>
</tr>
<tr>
<td>99201</td>
<td>Office/OP visit new</td>
<td>0.48</td>
</tr>
<tr>
<td>99203</td>
<td>Office/OP visit new</td>
<td>1.42</td>
</tr>
<tr>
<td>99205</td>
<td>Office/OP visit new</td>
<td>3.17</td>
</tr>
<tr>
<td>99211</td>
<td>Office/OP visit established</td>
<td>0.18</td>
</tr>
<tr>
<td>99213</td>
<td>Office/OP visit established</td>
<td>0.97</td>
</tr>
<tr>
<td>99215</td>
<td>Office/OP visit established</td>
<td>2.11</td>
</tr>
</tbody>
</table>
Pick your size *(or your income)*, you’re still running in the wheel...
The Golden Handcuffs  Vs  The Golden Road
Phase 1: Debt: College loans, med school loans, private loans. All *expected*, but still stressful.
Expectations meet reality of clinical medicine as an attending...

Medical School Years
- Tons of variety to your days

Residency Years
- Still variety, but less.

Attending
- Rare variety
Phase 2a Debt: Credit card debt, car loans, mortgage(s)...
Earning.... But **spending more** then we earn.
We can “doctor our way out of this.”

Translation: Just need to work *more*...

in the same environment..

that’s triggering me to spend more...

because I’m so unhappy. **In fact, I’m burnt out.**
Phase 2b Debt: Sign on bonuses.
- Not a bonus.
- Pay taxes.
Leave early? Pay back.

The hope is you spend it all, then you’re stuck.

*Path of least resistance... just stay put.*
Physicians: As income increases...

- Path A
  - Increase our lifestyle
  - Save a little
  - Don’t pay off debt

- Path B
  - Save like crazy
  - Modest lifestyle
  - Don’t pay off debt

And the 2 can switch back and forth...

And so, we carry this burden, self-inflicted.
Burnout, ethical?
To patients?
To physicians?
How do RVUs connect?

What Are the Causes of Burnout?

- Too many bureaucratic tasks: 4.84
- Spending too many hours at work: 4.14
- Increasing computerization of practice: 4.02
- Income not high enough: 3.78
- Feeling like just a cog in a wheel: 3.71
- Maintenance of certification requirements: 3.66
- Impact of the Affordable Care Act: 3.43
- Too many difficult patients: 3.42
- Too many patient appointments in a day: 3.40
- Inability to provide patients with the quality care that they need: 3.29
- Lack of professional fulfillment: 3.14
- Difficult colleagues or staff: 2.97
- Inability to keep up with current research and recommendations: 2.92
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 2.88
- Difficult employer: 2.83
## Table: Burnout Index: Comparing Physicians & U.S. Workers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Physicians</th>
<th>U.S. Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional exhaustion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Never</td>
<td>12.7%</td>
<td>11.8%</td>
</tr>
<tr>
<td>- A few times a year</td>
<td>26.5%</td>
<td>30.9%</td>
</tr>
<tr>
<td>- ≤Once a month</td>
<td>12.7%</td>
<td>15.6%</td>
</tr>
<tr>
<td>- A few times a month</td>
<td>15.5%</td>
<td>17.7%</td>
</tr>
<tr>
<td>- Once a week</td>
<td>9.9%</td>
<td>6.9%</td>
</tr>
<tr>
<td>- A few times a week</td>
<td>13.3%</td>
<td>10.8%</td>
</tr>
<tr>
<td>- Every day</td>
<td>8.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Depersonalization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Never</td>
<td>32.7%</td>
<td>39.4%</td>
</tr>
<tr>
<td>- A few times a year</td>
<td>24.9%</td>
<td>23.9%</td>
</tr>
<tr>
<td>- ≤Once a month</td>
<td>11.0%</td>
<td>10.1%</td>
</tr>
<tr>
<td>- A few times a month</td>
<td>11.4%</td>
<td>10.9%</td>
</tr>
<tr>
<td>- Once a week</td>
<td>6.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td>- A few times a week</td>
<td>8.8%</td>
<td>5.9%</td>
</tr>
<tr>
<td>- Every day</td>
<td>4.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td><strong>Burned out</strong></td>
<td>37.5%</td>
<td>27.6%</td>
</tr>
</tbody>
</table>

### Depression and suicidal ideation

<table>
<thead>
<tr>
<th>Variable</th>
<th>Physicians</th>
<th>U.S. Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Screen positive for depression</td>
<td>40.4%</td>
<td>41.4%</td>
</tr>
<tr>
<td>- Suicidal ideation in the past 12 months</td>
<td>6.9%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

### Satisfaction with work-life balance

(Work schedule leaves me enough time for my personal or family life)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Physicians</th>
<th>U.S. Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Strongly agree</td>
<td>14.2%</td>
<td>19.5%</td>
</tr>
<tr>
<td>- Agree</td>
<td>30.7%</td>
<td>37.5%</td>
</tr>
<tr>
<td>- Neutral</td>
<td>14.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>- Disagree</td>
<td>26.2%</td>
<td>17.6%</td>
</tr>
<tr>
<td>- Strongly disagree</td>
<td>13.9%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Our personality/skill traits are leveraged against us... and we don’t even recognize it. 
We are excellent employees. Want to please...
Word Cloud: The Important Stressors

- patients
- care
- lack
- many
- work
- practice
- hospital
- time
- control
- quality
- insurance
- demands
- professional
- physician
- system
- medical
- just
- system
- years
- much
- family
- much
- medical
- lack
- practice
- quality
- insurance
- demands
- professional
- physician
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We spent a lot of years in training, took on a lot of educational debt, to help sustain the very thing that is adding to our burnout (red tape, admin, etc.).

Our clients’ margins continue to get squeezed – healthcare is drowning in administrative overhead.


* 2300% increase in U.S. healthcare spending per capita between 1970-2009
(Source: Health Care Costs: A Primer, The Henry J. Kaiser Family Foundation)

“It is amazing that people who think we cannot afford to pay for doctors, hospitals, and medication, somehow think that we can afford to pay for doctors, hospitals, medication, and a government bureaucracy to administer it.” - Thomas Sowell, economist and political philosopher
Crazy billing patterns

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Description</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/7/2013</td>
<td>J1650</td>
<td>ENOXAPARIN PFS 30MG/0.3ML</td>
<td>1</td>
<td>$345.34</td>
</tr>
<tr>
<td>4/7/2013</td>
<td></td>
<td>LORATADINE TAB 10MG</td>
<td>1</td>
<td>$3.49</td>
</tr>
<tr>
<td>4/7/2013</td>
<td>J7506</td>
<td>PREDNISONE TAB 20MG</td>
<td>1</td>
<td>$0.97</td>
</tr>
<tr>
<td>4/6/2013</td>
<td>94640</td>
<td>INHALED TREATMENT SUBSQ</td>
<td>8</td>
<td>$2,566.00</td>
</tr>
<tr>
<td>4/5/2013</td>
<td>94640</td>
<td>INHALED TREATMENT SUBSQ</td>
<td>8</td>
<td>$2,566.00</td>
</tr>
<tr>
<td>4/4/2013</td>
<td>94640</td>
<td>INHALED TREATMENT SUBSQ</td>
<td>7</td>
<td>$2,245.25</td>
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<tr>
<td>4/6/2013</td>
<td>94660</td>
<td>BIPAP MNGMNT DAILY ADULT</td>
<td>1</td>
<td>$2,630.25</td>
</tr>
<tr>
<td>4/6/2013</td>
<td></td>
<td>STATS BIPAP/CPAP CHECK Q15M</td>
<td>1</td>
<td>$0.00</td>
</tr>
<tr>
<td>4/5/2013</td>
<td>94660</td>
<td>BIPAP MNGMNT DAILY ADULT</td>
<td>1</td>
<td>$0.00</td>
</tr>
<tr>
<td>4/5/2013</td>
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<td>STATS BIPAP/CPAP CHECK Q15M</td>
<td>1</td>
<td>$0.00</td>
</tr>
<tr>
<td>4/4/2013</td>
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<td>STATS BIPAP/CPAP CHECK Q15M</td>
<td>1</td>
<td>$0.00</td>
</tr>
<tr>
<td>4/3/2013</td>
<td>94660</td>
<td>BIPAP MNGMNT DAILY ADULT</td>
<td>1</td>
<td>$2,630.25</td>
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<td>4/3/2013</td>
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<td>$0.00</td>
</tr>
<tr>
<td>4/7/2013</td>
<td>94640</td>
<td>INHALED TREATMENT SUBSQ</td>
<td>3</td>
<td>$962.25</td>
</tr>
<tr>
<td>4/30/2013</td>
<td></td>
<td>AMOUNT ABSORBED BY HOSPITAL</td>
<td></td>
<td>($109,048.75)</td>
</tr>
<tr>
<td>4/30/2013</td>
<td></td>
<td>MEDICARE PAYMENT</td>
<td></td>
<td>($8,843.28)</td>
</tr>
<tr>
<td>5/9/2013</td>
<td></td>
<td>BLUE CROSS/CALIF CARE PAYMENT</td>
<td></td>
<td>($1,184.00)</td>
</tr>
</tbody>
</table>
### Crazy billing patterns

<table>
<thead>
<tr>
<th>Description</th>
<th>Charge(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB SEMI-PVT</td>
<td>13,443.30</td>
</tr>
<tr>
<td>LABOR</td>
<td>4,063.44</td>
</tr>
<tr>
<td>RECOVERY ROOM</td>
<td>3,443.68</td>
</tr>
<tr>
<td>OPERATING ROOM SVCS</td>
<td>20,939.82</td>
</tr>
<tr>
<td>ANESTHESIA</td>
<td>40,184.46</td>
</tr>
<tr>
<td>DRUGS/DETAIL CODE</td>
<td>5,841.05</td>
</tr>
<tr>
<td>PHARMACY</td>
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</tr>
<tr>
<td>IV SOLUTIONS</td>
<td>973.20</td>
</tr>
<tr>
<td>LAB/IMMUNOLOGY</td>
<td>754.46</td>
</tr>
<tr>
<td>LAB/CHEMISTRY</td>
<td>3,129.43</td>
</tr>
<tr>
<td>LABORATORY</td>
<td>704.96</td>
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<td>LAB/HEMATOLOGY</td>
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<td><strong>Total Charge(s)</strong></td>
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</table>
Pick your size, you’re still running in the wheel...
That’s me on the left... I escaped.
DIRECT PRIMARY CARE

ARRIVAL on how Primary care Should be
Doctor launches cash-based practice to serve patients in central Ohio

SCOTT LIGHT

PUBLISHED: 11/06/17 02:31 PM EST  UPDATED: 11/06/17 06:37 PM EST

Have you ever tried to get an immediate appointment at your doctor's office or pediatrician? Or have you ever moved to a new city and tried getting new doctors?

You were probably told “We're not accepting new patients” or “It'll be two to three weeks before we can get you in.”

That's frustrating for everyone involved.
My Clinic
Unaffordable
I'M NOT GOING ANYPLACE SPECIAL. I JUST DON'T HAVE HEALTH INSURANCE.
What happens when you remove insurance from primary care, your health maintenance, so to speak?

*Lots of good things.*
<table>
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<tr>
<th>Item / NDC</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Manufacturer</th>
<th>Size</th>
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<td>SULFAMETHOX W/ TRI SS 400/80MG WHT OVL TB (TB)</td>
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Rx: Why dispense, if able?

• Most patients thus far in my clinic are on 0 to 3 chronic meds.
• The “zero” meds sometimes need antivirals or antibiotic
• Improved willingness to “wait and see” with likely viral etiologies, bc they know they can get what they need, IF they do need it, easily, affordably
• Mental health: Strong stigma of picking up meds at pharmacy; Improved compliance → life → Functionality
• High risk “patient/medicines”, can discuss if potential of pharmacy dispensing is more suitable. A discussion that can easily be had.
• Value proposition to patient.
• No meds are ever required to be dispensed from my clinic; patient choice. Usually cost savings is a great win for them, and ease. But cost usually dictates where they decide; Goodrx vs insurance vs wholesale through DPC.

• When PBMs go back to their fiduciary duty to help with Rx costs, then I won’t need to help with dispensing meds.
Surgery Pricing

Click on an area of the body where a surgery or procedure is needed. Use this tool to find a price and request a specialist to contact you.
Choose procedure category
Shoulder

Choose Procedure or Surgery
Open Rotator Cuff Repair

Learn More. Not finding what you need? Here is a complete list.

Price will be: $6,260.00*

REQUEST A SPECIALIST

*Read the pricing Disclaimer
Choose procedure category
Wrist / Hand

Choose Procedure or Surgery
Carpal Tunnel Release

Learn More. Not finding what you need? Here is a complete list.
Price will be: $2,750.00*

REQUEST A SPECIALIST

*Read the pricing Disclaimer
61%
Do not, cannot, afford health insurance

39%
Do, have in my practice

As of Nov 2017 stats.
Need to remember, Insurance does not provide *actual* care.

Providers provide care.

We need a root cause analysis to fix our health care system problems, & physician burnout.

Maybe decades to fix this? Most everything else is false hope.

*But we have to start. Now.*
I believe it’s ethical to want to:

a) Create a model that people WANT to participate in:
   - Cost transparency
   - Improved access
   - More personal approach to healthcare (autonomy)

b) Create a model that doctors WANT to provide care in:
   - Decrease red tape
   - Have longevity in our careers.
   - The burden of care is less, when there are more clinicians.

***DECREASE/AVOID BURN OUT.***
Thank you Benjamin Rush Institute Leadership Conference 2018!

The Ohio State University Columbus, OH