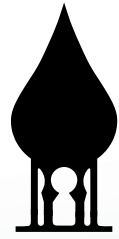


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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

September/October 2018





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November 27, 2018

January 15, 2019

March 19, 2019

HCMA Foundation

22nd Charity Golf Classic

Carrollwood Country Club

April 4, 2019

HCMA Membership Dinners

6:30pm at the Westshore Grand

November 20, 2018

Guest Speaker: General Ann E. Dunwoody

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Guest Speaker: TBA

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Got Something To Say?

To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

The Bulletin is YOUR publication. You can express your views and creativity by participating.

Elke Lubin
 Managing Editor, *The Bulletin*
 813.253.0471 Phone
 813.253.3737 Fax
 ELubin@hcma.net



September/October 2018

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ABOUT THE COVER

HCMA member, Dr. Katherine Macoul, pictured in the “full pigeon” pose, not only practices medicine, she practices yoga. Dr. Macoul, an ophthalmologist in Tampa is also a personal trainer, certified fitness and cycle instructor, and has been a yoga instructor for over twenty years. She will tell you, though, her most important role is being mom to four great kids! Following in mom’s footsteps...her daughter teaches cycle and yoga at the University of Tampa where she’s an undergrad. Read more about Dr. Macoul’s yoga practice on page 22.



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The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 606 S. Boulevard, Tampa, Florida 33606, (813) 253-0471.

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Guest Editor

Physician Wellness – A Public Health Crisis Call to Action

Debbie Zorian

DZorian@hcma.net



Burnout in the medical profession has reached epidemic proportions with more than 50 percent of physicians in our country indicating that the rapid pace of industry intrusion and the ever-increasing burden of regulatory compliance are causing a plethora of stressors which are taking a toll on their well-being. As clinical autonomy becomes eroded, the fulfillment in

caring for patients is not the experience physicians anticipated when choosing their careers.

Emotional exhaustion, interpersonal disengagement, and a low sense of personal accomplishment all contribute to burnout. There is compelling evidence that burnout, coupled with unaddressed mental health conditions, negatively affects patient care. Since the quality of care and safety of patients, and the very vitality of our health care system, depend heavily on high-functioning, exemplary physicians, it is worrisome to know that burnout is escalating among the profession. The decline of a physician's mental, physical, and emotional health heavily contributes to the excessively high rates of early retirement, depression, and suicide.

As depicted in my column in the last *Bulletin* issue, suicide rates in our country have risen cataclysmically in the last two

decades. And physicians have the highest suicide rate of any profession. The loss of approximately 400 physicians per year has been likened to that of losing an entire medical school per year. This also means that one million Americans lose their physicians to suicide each year. The need for physicians to focus on their own wellness is paramount.

I am extremely honored to serve as guest editor for this issue of *The Bulletin*. I hope you find value in the articles and encourage your colleagues to take the time to read them. Thank you to all volunteers who have shared their interest and expertise - and a special thank you to Candice Barr, former Executive of the Lane County Medical Society (LCMS) in Oregon. LCMS was the first county society to implement a Physician Wellness Program under the direction of Candice in 2012. She has been a wealth of information and always eager to assist. Special thanks are also extended to Elke. As Dr. Lubin would agree, her continued dedication as Managing Editor is highly valued.

My column on page 10 expands on the significance of physician wellness and how your HCMA will strive, through the HCMA Physician Wellness Program, to offer members several resources that will assist in focusing on health and well-being and achieving work-life balance.

I have spent over 32 years serving your Association and feel that nothing will be as rewarding than helping to create this long overdue program for members.





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Physician Wellness

Where it all began

Candice Barr

candice@riouisa.com



Late spring, 2011. She held her head in her hands and sobbed, “when is somebody going to do something?”

This young physician had already seen too many of her classmates die by suicide and we’d just been notified that a mid-career surgeon had shot himself to death in his backyard. Gregarious, successful, lovely family, marathon runner, and dead.

I have served physicians for 30 years and this was the 7th time I’d felt that awful thud that arrived with the call of another physician suicide. It was more than time to act on the idea that had been in the back of my mind for longer than I want to admit.

After attending medical malpractice trials with physicians for years, I noted that win or lose, no physician came out of this experience unscathed and virtually all of them had PTSD that lingered for years. Even though physicians told me they ruminated constantly about the trial and saw every patient as a potential litigant, when counseling was suggested, it was always declined with “no, I’d have to report it the rest of my career.”

In the early 90’s virtually every physician licensing board in the country required licentiates to report any and all experiences with a mental health professional, regardless of whether the reason had anything to do with impairment or the ability to practice medicine safely. Anyone with a mental health issue was driven underground and forced to cope as best they could, alone. Dealing with the licensing board was worse than a medmal case or anything else professionally imaginable and there were a number of suicides by physicians under investigation during that time.

A phone call to Kathleen Haley, executive director of the Board of Medical Examiners (now the Oregon Medical Board), found her to be open to changing the licensing requirements and adding a mental health reporting qualifier: “for a condition that impairs your ability to practice medicine safely.”

While I thought the counseling doors were finally open and physicians could get the same help they would suggest to their patients, it took a number of years for additional credentialing entities (namely hospitals and insurance companies) to follow suit. But the culture of Captain of the Ship, Lone Ranger, show

no weakness, prevailed and still physicians went underground and continued to take their own lives at twice the rate of the general population.

Since the passage of the Americans with Disabilities Act, the Federation of State Medical Boards has advised state licensing boards to only include questions about current functional impairment of professional performance. However, I know a number of Boards are in violation and questions still contain inquiries about current or past diagnoses or treatment of a mental health issue.

I worked with a medical society on the east coast wanting to recreate the Physician Wellness Program and their state board wouldn’t budge on requiring physicians to report treatment for symptoms of burnout, which over 50% of American physicians report having experienced.

Going back to that beautiful spring day in 2011 that turned tragic, I told the distraught doctor sitting across my desk, “now.”

At the next Society Board meeting amid the angst, wringing of hands, and suggestions of a conference to discuss the prevalence of physician suicide, I objected. I objected to holding another conference we’d spend months organizing, hiring an expert from out of town, and hoping to entice folks to attend by offering tasty meals. I wanted to do something that really mattered.

When I suggested a Physician Wellness Program that offered free confidential counseling, physician initiated at physician friendly times, separate and independent of 3rd parties, the idea was met with snickering and knowing glances. Not wanting to dismiss it outright, the Board suggested I “work on it” and report back. On their way out the door I overheard someone say, “even if she creates it and somehow finds the funding, nobody will use it.”

A successful Physician Wellness Program removes the barriers known to inhibit physician counseling and observes the following tenets: The program is developed and sanctioned by physicians; counseling and coaching are initiated by physicians only; the information exchanged in counseling and coaching sessions is confidential (unless there is risk to patients or the physician); appointments are quickly available at physician friendly times; the program is separate and independent of 3rd parties; the program employs psychologists, psychiatrists and

(continued)

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Candice Barr (continued)

coaches familiar with physician issues and the medical practice statutes in the state.

The proof is in the stats. The program was initiated in January of 2012. After 43 months of operation over 7% of the medical society's members had used 220 counseling and coaching sessions and I raised close to \$600,000 by the time I retired in 2016. The medical society-sponsored Physician Wellness Program has been duplicated by 15 county medical societies across the country with many more in process.

While the issue of physician suicide is complex and multifaceted and preventing it is equally so, it's gratifying to see the beginnings of program duplication and to continue to advocate for physician access to care.

About the author

Candice Barr retired from the Lane County Medical Society in 2016 after 36 years of service and is an Honorary Member of the Society. Lane County was the first medical society to sponsor a Physician Wellness Program which is now being duplicated nation-wide. Ms. Barr is currently the CEO of Peace of Mind, an organization committed to spreading physician wellness & resilience.



Executive Director's Desk

Physician Wellness and the HCMA's Role

Debbie Zorian

DZorian@hcma.net



Physicians place emphasis on their patients' behavioral and psychological characteristics, as these dynamics are major drivers of good health and significant for living a longer and enhanced quality of life. Inversely, what are physicians doing for themselves in order to maintain their own physical and psychological health?

This topic has been at the forefront across the country. Improving the well-being of physicians will help restore the meaning of medicine. The AMA, FMA, county medical societies, hospitals, large group practices, and other health related entities are prioritizing efforts to support physician wellness.

Physicians oftentimes feel that striving for wellness is at odds with their effectiveness and that patient care should come above their own. Physicians are known to be masters of disguise, suffering in silence while portraying a positive image to their patients and all those around them who continually evaluate their competency. Preserving one's own health is the more responsible choice and one that physicians expect from their own patients. If physicians aren't well themselves, it's difficult to understand how they are able to promote wellness to others.

There is statistical proof that burnout rates are high among medical students and higher among residents. The Journal of Graduate Medical Education recently reported that burnout among residents ranges from 40% to 80% depending on specialty. Stressors associated with burnout include situational (work hours and sleep deprivation), personal (conflicts with family, financial difficulties, and/or moving to a new city), and professional (patient responsibilities, information overload, etc.). Medical educators are troubled with determining appropriate methods to effectively address burnout among residents. As with many physicians, students and residents struggle with the perceived indignity associated with reaching out for help.

Your HCMA wants to be able to provide wellness resources for members. It has been shown that when individuals contemplate reaching out for help, they tend to gravitate to the

closest trusted entity for support with as much separation from where they are paid, credentialed, and potentially disciplined. We feel this is the same for physicians and the HCMA wants to be seen as the natural repository for this essential benefit; one which takes away the stigma for physicians to seek help, without fear. Despairing members need to have access to treatment and therapy that they will be comfortable in utilizing.

As referenced in my Guest Editor's page, as physicians struggle to find balance between the intense demands of their work and personal lives, the health and longevity of our medical community is being threatened. Services and resources to promote work-life balance and physician wellness will, in turn, benefit personal lives, practices, the safety measures and quality of care patients receive, and the community at large.

The HCMA Foundation bylaws are currently being modified in order to operate the HCMA Physician Wellness Program (PWP) through the Foundation. Upon completion and receiving necessary funds for the implementation of the program, you will begin receiving information regarding resources as they become available. We will reach out to other entities for support and mutually beneficial undertakings as it pertains to our mission.

As it has been several months since communication transpired regarding specifics of the HCMA PWP, I would like to reiterate expectations:

Completely confidential access to seasoned psychologists and LMHCs where there is no diagnosis made and no insurance billed.

Coaching sessions for physicians and administrative staff.

Educational seminars, small support groups, and online resources.

Other resources modeled after programs implemented by medical societies throughout the country.

Several personal burnout prevention measures were listed in the Jan/Feb 2018 Bulletin issue by Dr. Dike Drummond, the nationally well-known consultant specializing in physician burnout prevention and treatment services, and speaker at the HCMA Physician Burnout Seminar held in March of this year. To quote a few measures:

(continued)

Executive Director's Desk (continued)

- Self-awareness and mindfulness training.
- Doing more of what is working rather than focusing on what is not working.
- Creating and maintaining healthy boundaries between work and non-work life areas.
- Lowering stress by learning effective leadership skills, exerting control when possible over your work hours, and creating focus on work activities that provide the most meaning.

You can find over 117 separate ways to help prevent burnout by visiting Dr. Drummond's website at www.TheHappyMD.com. I hope Dr. Drummond will be able to return to Tampa in the future to once again educate and assist members with stressors that cause burnout, depression, and beyond.

I salute all physicians from within our community for their endurance and tenacity while striving to preserve their profession. While you are caring for your patients, may HCMA be able to offer, if even in a small way, assistance in helping you focus on your own health and physiological well-being.

The vision of the HCMA Physician Wellness Program is to produce and sustain a healthy and resourceful medical community where physicians feel supported. The well-being of our members, their patients, and the community as a whole is at the core of our mission.



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President's Message

Mental Health, Physical Health, and Financial Health

Thomas Bernasek, MD

buckteeth@aol.com



Doctors practice in a time of unprecedented pressure and scrutiny. This clouds our profession and creates stress which can lead to burnout, depression, financial and physical malady. We are threatened by regulation, audits, litigation, forced practice changes (e.g., EMR, Obamacare, decreased reimbursement), and intensified insurance and governmental scrutiny.

In this setting, a physician's primary assets of time and talent can be degraded by mental stress and physical illness. These factors diminish the physicians' quality of life, financially and otherwise, as well as diminish the ability to care for patients.

The services of modern physicians are increasingly commoditized even though hospitals and insurance companies cannot function without physicians to provide care and the revenue they generate. The financial impact of a "lost" physician can be significant with a very negative effect on a hospital's mission where one productive surgeon can mean hundreds of thousands of dollars to a hospital's bottom line. Fewer or less-productive doctors make patient care less available. Physician overwork increases the potential for burnout and the possibility of increased complications or morbidity.

In this setting, Physician Wellness has become a focus of government, hospitals, and medical societies. The American Medical Association, the Florida Medical Association and many county medical societies (including the HCMA) have begun to explore and offer services. The topic superficially makes sense and efforts to improve wellness seem to serve the public good. But is it a real problem?

The 2018 Medscape Survey of 15,000 physicians seems to validate the concerns. 42% of all physicians are "burned out," 12% are "colloquially depressed" (that means intermittently), and 3% are "clinically depressed." Physicians in their mid-40s and 50s have a greater than 50% rate of burnout. The highest incidence of burnout is in the specialties of Critical Care, Neurology, Family Practice, Ob/Gyn, Emergency Medicine, and Radiology and even those specialties with the lowest incidence experience burnout in one third of practitioners. It turns out that the likelihood of burnout is the same for employed or self-

employed physicians (42%), so changing one's employer likely won't solve the underlying problem.

The consequence of burnout was surveyed and revealed only 40% of physicians reported that it has no effect on patient care. That leaves the other 60% affected. 33% of physicians reported being easily exasperated by patients and 32% being "less involved." 29% were less friendly with patients, 24% less motivated to be careful with documentation, 14% reported that they made errors they ordinarily would not make, and 5% made errors which could harm patients!

In this survey, 56% of physicians attributed burnout to bureaucratic tasks and paperwork; 42% to lack of respect from administrators, patients, families, staff, and colleagues; 39% to decreasing reimbursements and insufficient compensation; 31% to long hours; 24% to HER; and 21% to lack of control or autonomy.

Suggested solutions to reduce burnout were: increased compensation to avoid financial stress by 35%, more manageable work schedule/call hours by 31%, decreased government regulations by 27%, more reasonable patient loads by 24%, and increased control and autonomy by 23% as a partial list. It appears that financial issues and a more manageable schedule play a significant role in this process as does the burden of government regulations.

This Medscape survey is valuable as it gives the perspective of over 15,000 doctors from a variety of specialties, but it does not completely explore physician wellness. The perspective of this author is that three important aspects of physician wellness are *Mental Health, Physical Health and Financial Health*. They seem inseparably linked.

A consistent theme of encounters with "disruptive" physicians experienced by a Chief of Staff or Physician Wellness Committee is individuals with a disruption to any of the above three "healths" experience a downstream effect on the other two. An example of the connection between these "healths" is when the stress of a family disruption (divorce, etc.) creates financial stress resolved by working harder to support lifestyle, while neglecting mental and physical health. The resultant burnout and the cascade of events degrade physician performance. Although this is not the only circumstance or chain of events which results in the unhealthy physician, the Medscape statistics suggest that almost half of us experience some variation.

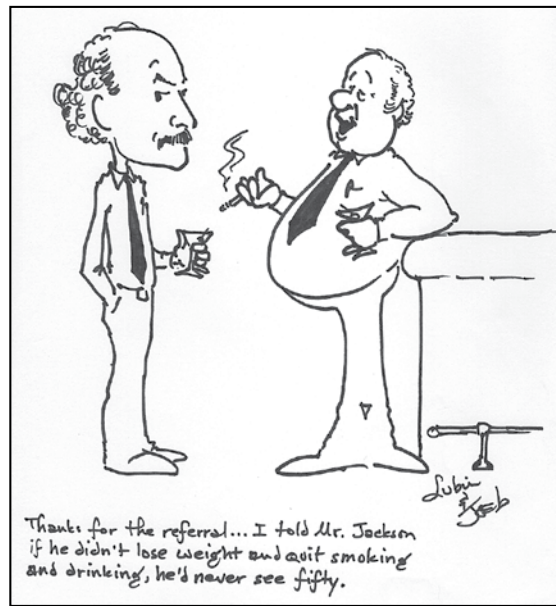
(continued)

President's Message (continued)

Physicians are generally very smart, motivated, and resourceful. But are physicians good stewards of their own health? A study performed at TGH gives some insight to the question. A general health screening was performed in the doctor's lounge to all who wished to participate. An SF-12 was performed followed by assessment of blood pressure and routine lab work.

Although the results of the SF-12 indicated that 95% of physicians considered their health good or excellent, the results indicate otherwise. Over one half had "at risk" body fat and over one fourth of physicians were hypertensive. 17% had an "at risk" elevated glucose. Less than one third of the physicians screened had seen a physician on a regular basis.

The incidence of mental and physical impairment is real and both impact, or are impacted by, our financial health. Given our very busy lives and capacity for denial, we often put ourselves last, but the clear message is that physician wellness begins with the individual. It is my opinion that many of us do not seek rudimentary care because of time constraints. Therefore, successful wellness programs will need to make these services convenient and anonymous. Please advocate and support these programs as they become available for all of us.



Editor's note: A dear friend/artist/former patient of mine, Joe Joe, collaborated with me back in the 80's on a number of medically related cartoons that appeared in *The Bulletin*. This was one of them and I thought it would be appropriate for our issue dedicated to physician wellness. Joe passed away a few years ago from lung cancer. – David Lubin, MD

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Physician Wellness

How Do You Unwind?

We asked our HCMA “family” how they unwind and relieve the stressors of life. Whether it be having fun with friends, spending time with family, hiking, riding, surfing, or kayaking. Remember the big picture – a healthy and happy you makes for a better physician/patient experience.

As so aptly stated on the *Psychology Today* website, in the post titled, The Importance of Allowing Yourself to Relax/For the love of a lazy Sunday, “We need to give ourselves a break, and a little downtime works well for almost everybody. It doesn’t really matter what the activity or inactivity is. The idea is to give your body, mind, and heart a chance to relax and recharge. If you keep going at full speed every day, it can be really hard on you, both physically and mentally. We were not designed to go 24/7/365

(even though that’s become a popular modern-day mantra).

“It doesn’t matter what form your idle time takes, as long as it’s not destructive. You owe yourself the gift of a deep breath and a view of the long sunset. And if you tell yourself that you’re being unproductive, remember that you can’t function well if you’ve exhausted all your resources by never stopping to take a rest. Again, it doesn’t matter when you do it. This is not about tradition. Pick whatever day and time works best for you, and make it a plan. By committing to take some time for yourself and for those you love, you are giving yourself and your family a gift.”





Dr. Steve and Sue Lyons, Dr. Mike Miranda, and Dr. Christopher Grayson joined the HCMA Delegation members at Christini's.



Tyler and Olivia Jacoby and Olivia's parents, Dr. Madelyn and Bill Butler.



The Lower West Coast Caucus.



Dr. Steve and Sue Lyons.



Debbie Zorian (HCMA Executive Director) poses with 2018-2019 FMA President Dr. Corey Howard and his wife, Dr. Cyndi Yag-Howard.



Debbie Zorian, HCMA Executive Director, and David Goss (ProAssurance, Vice President/Sales). ProAssurance graciously sponsored the liquid libations portion of the HCMA Delegates' Dinner.



Dr. Thomas Bernasek (HCMA President & Delegation Chairman) and his lovely Cowgirl, Tammy King.

Photo 2018 FMA A

Many thanks to the HCMA members who volunteered for the 2018 FMA Annual Meeting August 3-5, in Orlando: Drs. Thomas Bernasek, (Delegation Chairman), Stanley Crooke, Stanley Dennison, Rosemarie Garcia-Gettler, Jayant Rao, Radhakrishna Rao, Joseph Rashkin, Frank Trehy. HCMA Executive Director, Debbie Zorian, wa

The HCMA delegation submitted six resolutions: MOC (reaffirmed as FMA policy), Creation and maintenance of FDLE (referred to Board of Governors for further review), (amended/adopted), Mandatory PDMP checking (reaffirmed with conditions on Rx bottles (not adopted), Insurers practice

The HCMA Delegation is a component of the Lower West Coast Caucus, Collier, Hillsborough, Lee, Manatee, Polk, and Sarasota counties.

HCMA Delegates to the Florida Medical Association meet in Tallahassee. The HCMA Delegation prepares resolutions to be submitted to the Annual Meeting which is held each summer. If approved, resolutions are passed. The HCMA is allotted a minimum of 20 delegates at the Annual Meeting. To learn more about the HCMA Delegation



Dr. Chris and Karen Pittman and their ranch hands: Isabel

Gallery

Annual Meeting

steered to participate in the 2018 FMA Annual Meeting, (legation Chairman), Madelyn Butler, Michael Cromer, Eva ng, Jose Jimenez, Subhasis Misra, Christopher Pittman, cisco Schwartz-Fernandes, Bruce Shephard, and Deborah s also in attendance.

Eliminate hospital & insurance providers requirements of enance of a database between medical health professionals (er study), Make texting while driving a primary offense (ferred to Board of Governors for further study), Medical ticing without a license (not adopted).

er West Coast Caucus, which is comprised of the Charlotte, ta county medical associations.

tion (FMA) are elected and serve three year terms. The tted to the FMA House of Delegates at the FMA Annual olutions may result in proposed legislation or FMA policy. nd effort is put forth to fill all seats at the FMA Annual n, contact Elke at the HCMA.



Drs. Jose Jimenez (HCMA Past President & FMA District C representative) and Eva Crooke.



Drs. Subhasis Misra and Francisco Schwartz-Fernandes.



Several HCMA delegates and their significant others enjoyed camaraderie and a wonderful meal at Christi's.



Bella, Jonathan, Matthew, and Alexandra.



In the FMA House of Delegates: HCMA delegates included: Drs. Francisco Schwartz-Fernandes, Madelyn Butler, Rosemarie Garcia-Getting, Eva Crooke, Thomas Bernasek, Bruce Shephard, Chris Pittman, Debbie Trehy, and Radhakrishna Rao.



Dr. Jayant Rao and Sheila Bongcayao



HCMA and FMA Past President, HCMA Delegate, Dr. Madelyn Butler, was presented with the FMA's Distinguished Service Award! Congratulations!!



Drs. Radhakrishna Rao, Michael Cromer, and Bruce Shephard; and Coleen Shephard.

Physician Wellness

Physician, Heal Thy Self

Rahul N. Mehra, MD
rmehra@mehravista.com



In the spring of 1986, I proudly announced to my parents and sibling that I had decided to pursue psychiatry as my chosen career path – specifically child psychiatry. I was about to begin my fourth year of medical school at the Medical University of South Carolina in Charleston. Psychiatry was my last clerkship third year. My proclamation was met with a paucity of enthusiasm.

In an otherwise extremely supportive and nurturing family, my announcement evoked really no response other than from my sibling (ironically a family medicine physician) who stated with the insight of a goat, “you know, working with crazy people all day will make you crazy.” I wondered to myself, gosh if I were an oncologist, would I get cancer? Thus began my entrance onto the stigma highway. As my nature, I quietly listened to the concerns. But also as is my nature, my inner resolve intensifies when I encounter challenges. Thirty one years later, my career as a board certified child, adolescent and adult psychiatrist has gratified me beyond my expectations. I am the founder and owner of the National Center for Performance Health (NCPH). NCPH is a multi-state, for profit organization focused on destigmatizing mental illness, raising awareness, and improving access for professionals, families, employees, K-thru graduate school students, collegiate/professional athletes and children in foster care.

Reflecting on my family’s initial response, I soon realized how common place stigma was. Stigma is a powerful and destructive force. Many factors contribute to stigma, but at the core of it lies – how do you address something you cannot see? Emotional wounds do not bleed but do scar. Those scars, however, are invisible to the untrained eye. The invisibility of the illness makes it ripe for humor and ridicule. Humor helps minimize our discomfort and uneasiness surrounding the topic. Terms such as “shrinks”, “crazies”, “looney bin”, and “psychos” are just a partial list of commonly used and socially accepted terms that reinforce stereotypes and deter people from seeking help. Serious help may be a matter of life or death. Imagine a woman with breast cancer being called “lumpy”! Would we tolerate this?

As physicians, we are inherently skeptical of something we cannot really see, auscultate, x-ray or get a lab result. If we cannot see it in others can we realistically see it in ourselves? But what if it is one of us, a peer, a resident, junior partner or practice owner who may be in emotional distress? Early identification of emotional distress is essential to mitigate long-term effects on work performance, academic success and healthy relationships. This emotional distress may directly impact quality care to patients, staff relationships, risk exposure and jeopardize the financial bottom line. A professional and personal axiom I live by is that our greatest strengths are also often our weaknesses. As a profession, we have to be confident, decisive, hopeful when there is no hope, and often void of emotionality. We maintain our role as compassionate healers but become dehumanized to ourselves and those closest to us. We cannot and should not appear to be weak or vulnerable. Yet we lose who we are, what we are. I accept and acknowledge that some emotional detachment from our clinical work is not only a healthy coping mechanism but is essential to being a successful physician.

However, this detachment, when managed ineffectively, is a scalpel that cuts deep into the essence of our being. With surgical precision, it serves to disrupt our social and spiritual connectivity essential to our survival. This delicate balancing act is dangerous and if not self-monitored can rapidly lead to poor self-care, chaotic relationships, and declining financial health. Ultimately, it robs us of the very attribute that drove us to medicine, our compassionate spirit.

The greatest challenge facing us is not MACRA, EHR, declining reimbursements, opioid prescribing or practice acquisitions. The greatest challenge we are facing is ourselves! Our inability or unwillingness to recognize and confront the fact that we (each one of us individually) are ultimately responsible for the course our life takes, the relationships we have and whether or not we are content at the end of each day has left us in a model of learned helplessness. We need to regain self-awareness and self-determination. How do we do that? We invigorate our resiliency. One way to do this is by asking for help. Asking for help from a trusted friend, spouse, college roommate, adult child or rabbi are some examples.

(continued)

Rahul Mehra, MD (continued)

In Western society, the premium placed on personal values of self-reliance, while tremendous and admirable, can be self-limiting and isolating. We must acknowledge that we are human first and foremost. Part of the human existence, is having worries, fears, doubts and uncertainties. Part of continued growth and emotional development is to address these challenges head on irrespective of one's age, social or moral value system. The issue of physician dissatisfaction and unhappiness is literally and figuratively killing us. The culprit is our reluctance, hesitation, and self-perception that if we ask for help we are weak and vulnerable. I maintain that not asking for help leaves us weaker and even more emotionally vulnerable. Culturally, we worry about societal norms. Hospitals, clinics, and academic institutions are often reluctant to vigorously promote physician health and well-being. The hesitation is rooted in brand equity. Fear that brand equity and community support will be compromised. Sustainable, meaningful solutions will not be found in slick on-line modules, yearly retreats, 24/7 hotlines, monthly newsletters, quarterly physician wellness committees, or periodic "burnout seminars". These things suffice to check a "feel good" box that some action was taken. Bon a fide solutions will be found in hand to hand, on the ground combat. Institutional and organizational leadership must create, design and implement clearly defined objectives which establish a sustainable culture around emotional well-being. To do this will not be easy, will take

time, but can be accomplished with an unwavering commitment. Our profession depends on it.

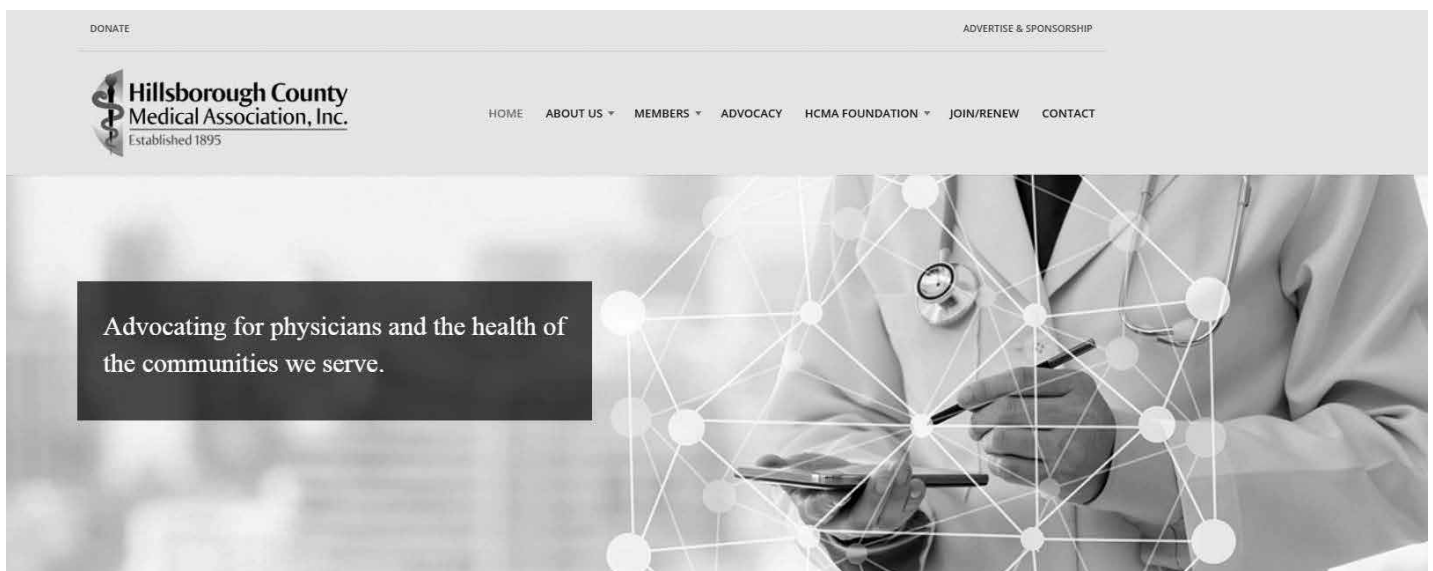
A physician's request to see a counselor, coach or psychiatrist should be normalized as if we were dealing with a broken arm. Because, a broken spirit has far more serious and detrimental consequences. As the owner of a behavioral healthcare organization, I am frequently challenged by the question, "what is the return on investment?" In the words of my dear friend, Dr. Loren Murfield who lost a son to suicide, "have you ever considered a return on compassion?"

I am proud to say that HCMA leadership has taken a bold, progressive, and compassionate step to addressing the topic head on. HCMA will launch the Physician Wellness Program as a major step to physician health and well-being. I applaud the HCMA for taking this step.

Dr. Mehra is the CEO for the National Center for Performance Health.

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Physician Wellness

Addressing physician burnout and quality patient care

Karen Everitt, BSN, JD



The health and wellness of employees is a top concern in most every industry or work setting. While physicians tend to the well-being of others, their profession exposes them to unique pressures that affect their health and wellness. At times, a physician's physical or emotional health may affect the delivery of patient care.

Physicians are no different than the patients they serve, subject to similar challenges and the pace of living and working in the modern age. Physicians in complex health systems and community hospitals, in practices both large and small, may experience burnout.

In 2015, the Mayo Clinic with the American Medical Association, said 40 percent of U.S. physicians reported at least one sign of burnout, including exhaustion, depression, fatigue, detachment, or suicidal thoughts. That self-reported number was up 10 percent in all specialties over the previous three years.

"While studies like these are eye-opening, we cannot totally rely on self-reporting to gauge the prevalence of physician burnout," said Greg Jackson, MD, Medical Director of ProAssurance. "With physicians, you have a group of professionals who put their patients' needs first. Physicians may underreport their own stress out of loyalty to patients."

"As physicians become more comfortable talking about burnout and healthcare organizations study burnout and its results, we can better understand its effect on physicians and patient safety," commented Hayes V. Whiteside, MD, ProAssurance Chief Medical Officer and Senior Vice President, Risk Resource.

The Medscape National Burnout and Depression Report 2018 shows that physicians who self-report burnout or depression also report they are more likely to become exasperated. In addition, physicians note they are less likely to engage and actively listen to patients and staff and to carefully document patient notes. These behaviors may increase the risk of medical errors.

"Patients, families, and juries often believe medicine is an absolute science and do not understand it is an art and a science, performed by people under pressure," said Dr. Jackson. "Managing risk should include supporting doctors and addressing burnout," he continued.

Minimizing factors

A study by Stanford University published online July 9, 2018 in the *Mayo Clinic Proceedings* concluded physicians' reports of burnout, poor well-being, and low work unit safety grades were associated with self-reported medical errors. Interventions to reduce errors should address physician well-being and patient safety.

While physicians are not alone in facing the demands of modern life, they may be more likely to experience burnout than the general population. The *Medscape National Burnout and Depression Report 2018* notes that 6.7 percent of American adults experienced depression in the past year, compared to 15 percent for physicians.

Dr. Jackson points out physicians face increasingly high expectations from patients and their families. Frequent digital communication from patients through text, email, or web portals also comes with the expectation that physicians will respond quickly, if not immediately, with definitive explanations.

"Because we can send more complex information today than we ever did in the age of faxing, mail, and paper medical records, we also expect physicians will know and understand everything they receive," said Dr. Jackson. "Society is asking physicians to have the mind and memory of a computer. Physicians historically are high achievers and will try to attend to the information they receive. This can add to their stress."

Many industries recognize the importance of providing a healthy workplace with the management of stress, fatigue, and depression paramount to quality of life. The same holds true for providing occupational resources or interventions to address physician burnout. Educational programs and confidential support systems should encourage distressed physicians to seek support without fear of ramifications.

Supporting Physician Wellness

In 2017, ProAssurance committed to supporting research efforts at the University of Alabama at Birmingham (UAB) to address physician wellness and develop solutions (see box). The idea is to nurture supportive environments that promote physician health and wellness, leading to more physicians experiencing renewed meaning and satisfaction in their profession.

"Assisting physicians must always be a high priority," said Dr.

(continued)

Karen Everitt, BSN, JD (continued)

Whiteside. “Now more than ever, we need to ensure that today’s physicians maintain their commitment to our high calling, and that future physicians are equipped to deal with the realities of their vital, chosen profession.”

Ms. Everitt is Vice President of Education and Quality Improvement for HCMA Benefit Provider, ProAssurance. For more information about ProAssurance or the HCMA Benefit Provider Program, please contact the HCMA office: 813.253.047

ⁱNellis B, “Physicians and Burnout: It’s Getting Worse, Mayo Clinic News Network, December 1, 2015, <https://newsnetwork.mayoclinic.org/discussion/physicians-and-burnout-its-getting-worse/> accessed 8/23/18.


ⁱⁱPeckham C, Medscape National Physician Burnout & Depression Report 2018, Medscape, January 17, 2018, <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235> accessed 8/20/18.

ⁱⁱⁱTawfik DS, et al., Physician Burnout, Well-being and Work Unit Safety Grades in Relationship to Reported Medical Errors,” Mayo Clinic Proceedings, July 9, 2018, [https://www.mayoclinicproceedings.org/article/S0025-6196\(18\)30372-0/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(18)30372-0/fulltext) accessed 8/22/18.

^{iv}Peckham C, op. cit.

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ProAssurance Endowed Chair at UAB supports physician health and wellness

With physician well-being in mind, ProAssurance Corporation recently gifted \$1.5 million to the University of Alabama at Birmingham School of Medicine (UAB) to establish the ProAssurance Endowed Chair for Physician Wellness. The major gift will support an academic chair and research program to address health issues unique to physicians.

“Physicians have always been subject to high levels of stress from a variety of factors such as society’s expectations for successful outcomes, the threat of litigation, and the effect of their professional obligations on the quality of their lives, and their families’ lives,” said ProAssurance CEO and Chairman Stan Starnes. “As medicine evolves to address the changing dynamic of healthcare in America, we must find ways to address these pressures.”

The ProAssurance endowment funds the nation’s first university-led research program dedicated to improving physician wellness. UAB will recruit an expert in the field of physician wellness to conduct research and create programs, tools, and resources to help manage physician burnout.

“Doctors who take care of themselves are better role models for their patients and for their families, have higher patient satisfaction and safety scores, experience less stress and burnout, and live longer,” said Selwyn Vickers, MD, Senior Vice President of Medicine and Dean of UAB’s School of Medicine.

COMPLIMENTARY CME

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- HIV Diagnosis and Treatment: What Should You Know? (1.5 CME Credits)
- Intimate Partner Violence/Domestic Violence (2 CME Credits)
- Medical Error Prevention, Analysis, and Common Areas (2 CME Credits)

ProAssurance has confirmed these courses will count toward the licensure requirements for Florida.

In order to take advantage of these opportunities you must create an account: www.medicalinteractive.net/proassurance - click “register here for an account”

HCMA members must select the “Florida” group.

Once registered and logged in, select “Assignments” to view the courses available for the Florida courses group.

Physician Wellness

Yoga – a mind/body practice

Katherine Macoul, MD

kmacoul65@aol.com



How do you define success? What will be our legacy? The answers to these questions, at least for me, are defined for us by extrinsic ideas and ideals. I'm convinced that when you start practicing yoga, you invite changes from within. Maybe your practice alters the way you define these things like integrity, success, legacy, and truths. Inner

shifts, if you are open to them, may seep into your daily external life.

For some, the word yoga conjures up images of hippies, tie-dye, spa music, and a trippy culture making meals from an organic garden. I started my yoga practice over twenty years ago, but I would be consistent for a year or two, then fall off for months even though I KNEW it benefitted myself and others around me. I was calmer, softer, and more patient with family and friends.

Yoga has come a long way; there is a great body of research to backup yoga's mental health benefits. Yoga increases body awareness, can relieve muscle tension, stress, and inflammation,

and it sharpens attention and concentration. Researchers describe a "relaxation response" that accompanies these mind/body practices. When treating the body, we also treat the mind and grow our overall awareness in our choices and relationships.

Yoga classes can vary from gentle to strenuous. Any form of yoga incorporates learning to come back to yourself, to quiet the mind from chatter and distraction from the past and future, and finding stillness in the present. It is about taking the time to remember who you truly are but might have forgotten while getting caught up in the whirlwind of a fast-paced, stressful medical career.

Often since childhood, we have all found ourselves concerned about the extrinsic definition of success. Yoga is intrinsic, turning inward, and a challenge. It can help you

Full Split

discover your core self and your legacy. It is indeed a practice.

When you are ready to practice with me, I'll meet you on the mat.



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Women in Medicine

September was “Women in Medicine Month.” The HCMA would like to take this opportunity to recognize and honor its 187 Female Physician Members:

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Yadis Arroyo, M.D.
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Barbara Bachman, M.D.
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Pamela Baines, M.D.
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M. Ellen Beatty, M.D.
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Anuradha Bharsar, M.D.
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Kathryn Convers, M.D.
Catherine Cowart, M.D.
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(compiled 9/10/18)

Physician Wellness

It Can Happen to You

Benjamin Mena, MD

menal1@icloud.com



The topic of physician burnout came to the forefront in 2014 after a Mayo Clinic-AMA study, which found the percentage of doctors that had at least one symptom of burnout went from 45% in 2011 to 54% in 2014. According to NEJM Catalyst, 96% of their Council Members comprised of clinicians and executives agreed this a serious problem.

The 45% was a high number. The steep increase and the timing does seem to fall in nicely with the changes that occurred as a result of the ACA or “Obamacare.” Initially, it sounded too good to be true with its promise to reduce documentation time and make us more productive, while at the same time reducing cost.

Every day a physician in the US commits suicide! Why?

Many of us have felt some of the symptoms of burnout when we feel overwhelmed, less productive, less empathic, and have less sense of achievement. This is combined with training that expects us to be resilient, tough, independent, and self-soothing. Many of us have no balance in our lives – we have separated from our life partners, barely see our children and family, and rarely speak to our own colleagues. To some of us, it feels shameful to ask for help! For the few that do seek help they are sent to “resilience workshops,” meditation classes, yoga, or therapy. In the end, we continue to treat this as a physician weakness problem when it clearly is NOT!

There are four factors that lead us to this downward spiral:

1. Lack of control over work conditions.
2. Time pressures to “see more patients.”
3. Chaotic workplace.
4. Lack of alignment of values between administration and providers.

These factors apply to physicians whether you are in academics, private practice, employed, or whether you are solo or in a big group.

My “coming to Jesus” moment happened almost two years ago. Emotional exhaustion killed me inside. My practice was booming and my patients (in their words) thought I was “making a killing.” In reality, I saw my mood change both in and out of the office,

I was getting into more arguments with my wife, and saw no end in sight. The only way to feel alive again was by doing more challenging and exciting bicycle rides (I guess the adrenaline and endorphins eased my emotional pain) until the day when it clouded my judgment. On a beautiful day on an off-road trail near Ocala, on an 8 ft. vertical drop, I lost control of my bike and ended up with three vertebral compression fractures! For the first few seconds, thoughts of being paraplegic and how this was going to affect my family raced through my head. Fortunately, the pain took me away from those dark thoughts and brought me back to the moment at hand. It did not take long to realize I needed help with my life and started to look for alternative practice models as patient care is what I love the most. Now I feel more in control, there’s less chaos in my life, and despite long work hours, there is a bright light at the end of the tunnel.

Moreover, getting involved has helped me identify my own symptoms.

My specialty society ACP-FL Chapter was kind enough to send me to a one-day Champions Training and the HCMA has allowed me to be part of their Physician Wellness Committee – both hopefully just the first steps in my road to change. Sadly for many physicians, especially those that had built a career without all these new mandates, it was too much and they left patient care for administrative jobs, or just retired altogether. Most who left were the physicians in the trenches (internist, family medicine, pediatrics, etc.). This contributes to the projected 50,000-physician shortage in 2020.

What can we do?

Much has to happen with regards to all the new metrics imposed on us, the burden of turning record keeping into a billing document, and the ever more “connected” society we live in, where answers are expected immediately.

Medical groups (private, government, or academics) need to measure burnout and make changes in their systems. Our CEOs need to open their eyes and see how this affects patient care and find ways to interact with us. Our thought process is different (we measure success in lives saved or illness reduction, they measure in dollars), both ways have to complement each other. A result without regard to cost is not sustainable, just like profit without humanity goes against society.

(continued on page 27)

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Misra, MD, MS, FACS

With physician burnout being so prevalent and continuing to rise there is increasing focus for ideas to reduce burnout and fatigue, some of which are implemented with success. However, very little has been done to address resident burnout.

Residency, as many practicing physicians will recollect, is a time of great change. Long gone is the singular focus and countless nights of studying for an exam. Now there are human lives in your hands. One is expected to make the transition seamlessly from text books and shadowing doctors to becoming an independent and competent physician in three to five years. The stress to learn patient management is real, especially in the early stages of residency. Residents are faced with their own challenges like health and wellness which was the top challenge faced by residents in 2018 [1], duty hours, administrative burdens, long shifts, finances, relocating to a new city,



Philip Schertz, DO

establishing a home, and spending time with family or friends all while attending to their clinical duties. Balancing multiple priorities is not taught in medical school and must be learned on the fly once residency begins. The responsibility of being a doctor can be overwhelming if not properly managed.

Residents, because of these new additional expectations, are in a different environment from settled practicing physicians. These issues can result in burnout and attrition if not addressed proactively. Wellness ranges widely; in medicine “we tell physicians to get more sleep, eat more granola, do yoga, and take better care of yourself implying the physician is the problem, yet this blames the individual” [2]. We need to improve the tools. As leaders in the healthcare field, physicians should be the example of a well-balanced human. With the demand for more work hours this is nearly impossible and 35% of residents report

not having enough time for personal wellness[1]. The system needs to evolve, or else physicians will practice a short high work hour career, while the healthcare system needs a physician who will practice a long balanced career. There are many ways to modify a resident’s environment with little effort and overhead. Providing 24 hour access to exercise facilities free of charge to residents would ensure there is always a place to go to maintain physical fitness, even allowing access to a hospital’s therapy unit can be of benefit. For the residents who do not like to exercise alone, arranging resident group walks or classes provides a little incentive. In the lounges, instead of providing cookies and high sugar drinks, having healthy prepared meals for the residents will indirectly force them to eat healthy.

Residents specifically have had regulations such as the 80 hour work week implementation, but much of this time is spent charting and doing remedial tasks which have little benefit on patient care. Some residents even break the 80 hour work week to complete their tasks, often times leaving the hospital after 80 hours and continuing clinical duties off site. The 80 hour work week has had some benefit, yet if a majority of the 80 hour week is spent in remedial tasks, then does it not become an hours issue but a time/benefit issue? 64% of residents believe having more manageable hours will help avoid burnout[1]. By integrating time saving measures the time spent performing meaningful tasks will increase. Although not perfect, steps to implement more efficient clinical duties are in place already including oral dictation software which has optimized some resident’s days. More elaborate integration of electronic medical records onto devices residents already have, like smart phones, allows orders, lab reviews, and chart modification enabling a resident to avoid relying on a computer work station. These are in place already in some institutions and are welcome changes which should be adopted elsewhere. While waiting to round, providing quite secluded quarters for residents to read would ensure no time goes wasted.

Long stretches on the job without adequate breaks can dramatically impair productivity. Mandated one day off a week, time between shifts, and a person to relieve the resident are all beneficial measures. Additionally, efforts to provide a two day/

Drs. Misra & Schertz (continued)

weekend off would add to their sense of normalcy. No wonder the entire weekend off is considered a golden one while this is a given for non-residents in the work force. A fellow resident in close reach pays off tremendously in residency. Similarly, having faculty and personal mentors who have had similar experiences will help a lot during difficult times especially related to patient care. This openness in communication with like-minded individuals allows for mental wellness, develops resiliency, and reduces the risk of burnout long-term.

Finances are tough in residency. For the first time in many residents' lives, they have a steady income. While this is great news, for the hours the residents work, this often equates to at or below minimum wages and 41% of residents believe sufficient compensation will help avoid burnout[1]. Residents can live off their income, yet as life events come up residents may watch their bank accounts stretched thin especially when starting a family or purchasing a home. Children can exacerbate stress as the resident balances work hours with spending time with them, often relying on the spouse to care for the children but risk forgoing the spouses own career. Offering additional benefits to reduce financial stress such as free meals, parking, white coat care, and amenities at no additional cost to the resident and at minimal cost for the hospital can have a tremendous impact on resident wellbeing and lead to greater workplace satisfaction.

When residents are away from work they often want to spend time with friends and family. All residents can surely agree they had to miss an important event in medical school and are looking to be there for friends and family for important occasions as much as they can. Even visiting a distant family member has to be planned carefully with the limited time off. During the work

week, residents often wake up before their families and return home after they've gone to sleep. These long hours can stress the whole family. Sometimes, newly married couples are split apart after the match or shortly into residency as they cope with one of the most stressful times in their lives alone. It's understandable why physicians have higher than average divorce rates when the calling of the job is often asked to supersede the needs of the family. Integrating the family into the residency would help the families feel included. Events where spouses and children are welcome should be strongly encouraged and held frequently. Even having all spouses spend time together ensures they develop a common understanding of the challenges in a residency.

Residents require special focus when discussing implementing wellness for doctors. Although it is a short time in a doctors life, it is one of big changes where every day stresses can be magnified due to the demands of the job. Providing residents the tools to succeed in the hospital as well as outside the hospital will be a small price to pay, but the rewards will be huge.

**The views expressed in this article are our own and do not in any way reflect that of Brandon Regional Hospital or other physicians.*

[1] "Medscape Residents Lifestyle & Happiness Report 2018." [Online]. Available: <https://www.medscape.com/slideshow/2018-residents-lifestyle-report-6010110#1>. [Accessed: 21-Aug-2018].

[2] "Physician Burnout: Stop Blaming the Individual." [Online]. Available: <https://catalyst.nejm.org/videos/physician-burnout-stop-blaming-the-individual/>. [Accessed: 21-Aug-2018].

Benjamin Mena, MD (continued from page 24)

We have to help ourselves!

We can do that by supporting the HCMA in their efforts to provide access to resources for those who feel as though they are at the bottom of an abyss. It is ok to accept the fact you need support or to even identify colleagues who may need help and let them know there are ways to climb out. We can support the

young doctors in training and guide them. Volunteer at a medical or non-medical activity. There is a lot to be said about clearing our minds!

When you get home tonight take a shower and wash away the physician and let the parent, spouse, or friend in you come out!

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“The Early Years at the USF Morsani College of Medicine - First Hand Accounts of the Founding of the Department of Internal Medicine and its Divisions” edited by Richard F. Lockey, MD, MS, a charter faculty member, and David Hoffman, MSML chronicles the history of the USF MCOM with emphasis on the Department of Internal Medicine and its divisions. It contains personal essays primarily from charter faculty members who arrived in Tampa in the early 1970s to a campus before or as the medical school was being constructed. The book is unique in that the personal stories of the physicians, residents and staff who were there at the time chronicle the founding of the Department of Internal Medicine at the University of South Florida College of Medicine. The true accounts of what it was like to learn and practice medicine during the early 1970s both inspires and sheds light on a generation of doctors who paved the way for the advances in medicine that we enjoy today. It documents the simplicity of interacting with Dr. Roy Behnke, the first Chair of Internal Medicine, as well as its first Dean, Donn Smith, MD. Both knew everybody on a personal basis. Some of the authors lament the fact that the practice of

medicine, teaching and research have become so much more complex and less personal, with emphasis on the computer, billing, regulations, and formal documentation of everything physicians are required to do on a daily basis.

To order single copies: www.lulu.com/shop. You can search for the books by title, author or ISBN number as follows: Hardback (color) ISBN: 9780986213410; Hardback (black & white) ISBN: 9780986213434; Paperback (black & white) ISBN: 9780986213427.

Distinguished Service Indeed!



HCMA and FMA Past President, HCMA Delegate, Dr. Madelyn Butler, was presented with the FMA's Distinguished Service Award at the 2018 FMA Annual Meeting. Dr. Butler was HCMA's first female President in 2001 – she has been a member since when she graduated medical school and moved from Gainesville to Tampa in 1990. She was President of the Florida Medical Association in 2010 and is still VERY active in both organizations, in HILLPAC and the FMA PAC, and legislatively. Congratulations and well deserved!!

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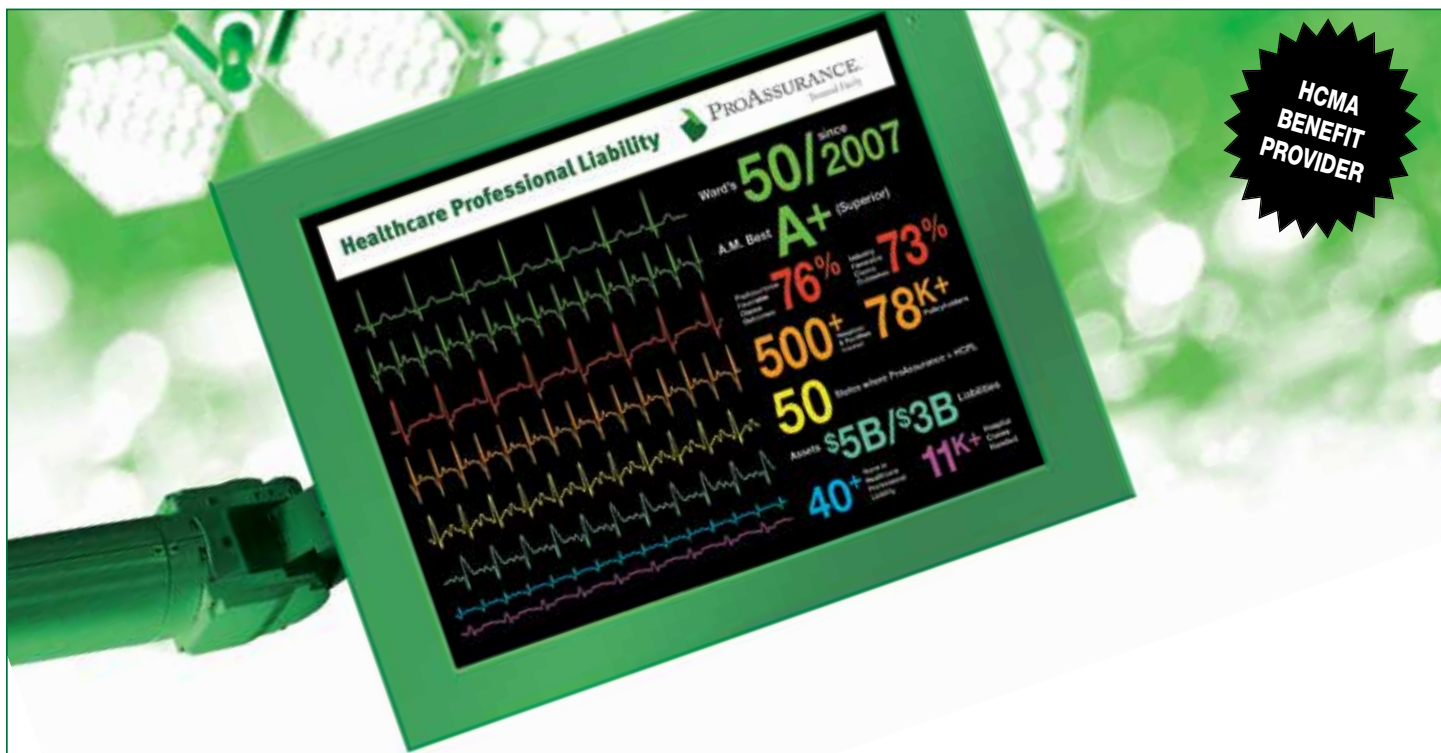
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