Primary Care Cures

Episode #38 – Dr. Torie Sepah

Ron Barshop: Most problems in healthcare are fixed already. Primary care has already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buy outs, factory medicine, high deductible insurance that squeezes the docs and it's totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of cost and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with host Ron Barshop, CEO of Beacon Clinics. That's me.

Ron Barshop: Do you want to know a dirty little secret in American healthcare? Medical errors. There are 10,000 medical errors that happen every day in healthcare. Most aren't too serious, not a big deal. But what if every week 60 737's full of passengers went down? What if 34 full movie theaters with the biggest mega-plex in your hometown burned down every week? 34 houses full of people. That's how many people we lose to serious medical errors. The more serious ones, we're losing 700 a day. And to put that in some kind of context, everybody's reading about opioid deaths, that's not even 20% of that number. And it's getting no headlines. The reason it's getting no headlines is because coroners have different ways of measuring it in each state, not every medical error death is recorded as a medical error death.

Ron Barshop: So here's the interesting thing is that what is the key driver of medical errors? It's physician burnout. What we're going to talk about today with our guest. Your PCP likely has physician burnout. There's over a 50% chance they do, in fact four of the top six most burned out physician categories are PCPs, primary care physicians. Four in 10 of all specialists have it too, but they're not the ones with the worst burnout as female doctors. In fact, female doctors have 60% higher suicide rates than the next category next to them. So doctors right now are committing suicide at a rate double that of our American veterans, which are in the headlines again.

Ron Barshop: Used to be dentists, but it's now physicians and female physicians are particularly at risk. Okay? So what drives burnout? We're going to get into that today. We have somebody who's not only surveyed it from a little different angle from most people and has an interesting take, but she's deeply involved in the healing process as well as a psychiatrist. So my followup is going to be a little different from her followup, but I want to hear what she has to say so I'm not going to talk about mine quite yet.

Ron Barshop: Welcome to the show Torie Sepah. Dr. Torie is a psychiatrist. She has a physician focused practice. She and dr Shatzmiller co-founded the Physician to Physician, Healing the Practice of Medicine in 2017. It's a closed online virtual peer to peer burnout prevention forum for physicians and has close to 2,000 members. Her life's work and soon her new book will fit this show perfectly because we really focus on this issue because it is solvable. The secret lives of physicians she knows, the studies she knows a whole different angle on the studies that surprised me. And her studies don't measure what everybody else studies measure. Torie, welcome to the show. And I can't wait to talk about this.

Torie Sepah: Thank you. Thank you for having me. I genuinely appreciate it.

Ron Barshop: I would like to know what led you in your medical career to gravitate towards this particular issue?

Torie Sepah: I actually first started to study this and look into it before we really were talking about this publicly. It was in 2012. Honestly, I had to keep telling people, "Have you heard of burnout?" It was very controversial to discuss it. Our culture in medicine is one that is built on stoicism. And a lot has gone into even reaching the point of having this discussion where we are even talking about burnout. And this is after a decade of research that some great physicians have been doing research on this. In 2012 I just noticed, I think it was the third physician suicide I knew about in training. And I started to just wonder what was happening. And what I was concerned about our profession from that perspective.

Torie Sepah: Also, one of the... I'm not sure if you know this, but I started actually in primary care. I was a family physician at Kaiser Permanente. I was a resident. And I deeply, deeply respect family physicians. And I really have a love for primary care. My decision to switch and transfer into a second year psychiatry position was one based on really wanting to increase access in psychiatry, which is even shorter, even more limited I'm sorry, than primary care. I only found that out actually when I was already in residency. But nonetheless, I came from primary care and it's unique because I had the opportunity to experience a specialty and primary care. By my third year, which would've been 2012, I was nearing the end, I had less call than I had before. I had a little bit more freedom, I was working not 80 hours, 60 hours.

Torie Sepah: I could pick up my kids. Yet I was not feeling any less, this is the key, burnt out. I was physically not as tired, but yet something didn't still feel right. And that's when I started to look at this phenomenon because there are no definitions at the time, we were not really addressing what happens when we are still going through what happened... I'm sorry. What happens throughout the physician experience, once we get through our grueling physical training component of staying awake and et cetera. Then what? Didn't seem to me like it was quite as easy as as I thought it was going to be. That's when it started.

Ron Barshop: Your psychiatric practice has an inordinate amount of physicians in it that are talking about burnout. How do they come to fighting you guys?

Torie Sepah: Yes. We now have about 2300 physicians in the group. And it's important to state that the group is a nonprofit. There's no fees associated with the group. You just have to be a physician or medical student in an allopathic or osteopathic medical school. We don't have any kind of... there's no self promotion of any coaching or any nothing. So there's no profits to be made on the suffering of physicians. I just wanted to be really clear about that because this is really based on an evidence based intervention. Everyone has, what I see is there's tons and tons of things being thrown at physicians to solve their burnout.

Torie Sepah: And these are usually costly. And what we're trying to do is actually provide something that is research backed, based, sorry. This is evidence based and it's accessible, it's free. And we actually started it by just online, Facebook has become a very important forum for physicians. It's closed obviously. And we really go through a pretty rigorous screening process of independently confirming physician status. And we monitor the posts and the interactions daily. There's four of us now who are monitoring. So we're very careful about the privacy issues, et cetera.

Torie Sepah: So people have to find us usually. And once they're in the group, that's when the conversations start happening. Now physicians do then contact us individually. And some will ask for more help. Since that's been happening more and more, we've put together a list of psychiatrists throughout the country who have either experience treating physicians or are very interested in treating physicians. And we now can at least call upon those psychiatrists and make a referral quickly to these physicians to remove the barrier, and make it easier than cold calling, and et cetera. Because what we're finding is that 85% of physicians who complete suicide were not receiving any treatment for depression or anxiety. So that's pretty compelling.

Ron Barshop: Yeah. You talk about evidence based solutions. What do we know works to either ameliorate or to eliminate?

Torie Sepah: Great question. So very little. So that's a great question. We know very little that works. And there are a few things. And I think that's a great question. One of the big things that has consistently shown to be effective in even randomized controlled trials now is peer to peer support. So it's a true peer group, meaning physicians without any administrators for example, or supervisors in a group. Ideally this would be one hour a week during the work week. And the studies have shown that when a group of physicians are given one extra hour a week to do whatever they wish to do versus an hour a week of peer to peer support, those who are provided with the hour of peer to peer support have lower burnout scores. Those who had the hour off actually end up with higher burnout scores. So peer to peer support is really significant. We're trying to emulate that through an online doctor's lounge if you will. It's not perfect, it's not ideal, but it is a start.

Ron Barshop: So I really remember how easy it was to make friends in high school and college. And how for some reason it just got harder as we became adults. Maybe it's we're less tender, maybe we're less vulnerable. Maybe we're just a little bit hardened around the edges. But something happens and suddenly you have kids and maybe you make friends with other parents with the kids stage. But once we get even

past that, it gets much harder to make friends in your 30s and 40s and 50s. And there's a big loneliness epidemic in medicine. And I think in America too, don't you think?

Torie Sepah: So absolutely. Actually you hit the nail right on the head. One of the characteristics that have been identified with physician suicide is isolation and loneliness. There are only 740,000 physicians who are licensed and practicing in the United States. And that's based on the American Medical Associations census in 2015. So that's not a lot for a geographical distribution that's quite broad. And there's a huge transition that takes place from medical school, and residency in eight year period where we're truly concentrated, almost in four foot by four foot spaced with each other most of the times. We spend most of our waking hours with each other for eight years, and then all of the sudden we're thrust across the country alone now.

Torie Sepah: And that is when we're actually seeing the suicide rates, the higher suicide rates in physicians who are post training. And it's not surprising because physicians do not necessarily open up to non physicians, including family members because of several key and important reasons. One is privacy of patients. And it's not that we disclose HIPAA to other physicians but we don't feel perhaps as judged if we explain how we might feel about a difficult patient encounter with another physician. We can kind of let some steam off perhaps with another physician with greater ease. We also are able to have that understanding with somebody else, which we can't necessarily with non physicians.

Torie Sepah: There are no more doctors lounges really in the United States. Those are a thing of the past. Lunchtime together used to be a very critical component of hospitals and a doctors lounge was where those lunches were had. Those are almost all gone now. And so we've lost that time to have conversations. Now the only time you can really do that is if you're in an elevator together, the elevator closes, it's just you and another physician between floors, before anybody gets in you might be able to have that conversation.

Ron Barshop: So there is a bigger problem than medical errors with burnout. And that is that we are going to not be able to attract our best and brightest anymore into the profession. What are some of the other problems associated with, if we don't solve this problem, what we can be looking at in the next five to 10 years in medicine?

Torie Sepah: Great. That's a great question. While we don't yet have... It's going to be impossible to directly link physician burnout with suicide because I just can't think of an elegant study that would allow us to do that. It's just going to be impossible to do it, but we can look at these two as if we were to put them onto a diagram. We're going to see these two rising pretty much on same claim. And we can associate these two as physicians having a high risk factor for both. And the effects of physician suicide on patient care is not insignificant because of the number of physicians in the United States and the productivity of physicians. Each physician has about 3,000 patient contacts per year. Due to physician suicides alone the United States loses over one million patient contacts a year.

Torie Sepah: That's just in one year. Most physicians who are completing suicides are in the prime of their careers. So this is all additive, right? So one million per year, that's just one year. So we're losing a lot of patient contacts as well. So this is really becoming a public health problem now. And then there's other, I hate to focus on financial costs, but there are financial consideration. Institutions, the bottom line is important for institutions because it affects care for everyone. And physicians who have burnout syndrome are more likely to change their job every two years. So recruiting a physician and onboarding them actually is very costly, to the tune of $250,000 each time.

Torie Sepah: Now the cost of physician burnout to institutions is not at all insignificant. In fact, there's a good study that's come out that can show you based on the percentage of your physicians who are burnt out, how much of your revenue is going to be spent on just recruitment and retainment. So there's a financial burden. And then of course we also have the errors, which you pointed out. And how it links to suicide and the loss of our patient contacts.

Ron Barshop: My next guest that will be on the show after this one is a graduate of a residency program that's affiliated with Harvard. His career before that was stellar from an academic perspective. He attended all the right schools. He watched his five best friends that all wanted to be doctors in high school all go into other professions one by one by one for obvious reasons that once you listen to him you'll understand. But the burnout appears to happen even before the residency starts. In other words, medical school is not pointing anybody towards primary care or pointing towards any other models that are working in care that are maybe creative.

Ron Barshop: And then residency doesn't expose them to the models that there are many primary care physicians, and that's sort of my focus, that can make a living that's double or triple the typical take home. And they just have to rethink the model. So my fix is really maybe... If direct primary care, we all know physicians that are doing the VIP or concierge or front direct primary care model. And those guys and gals are much happier. Have a lighter patients load, don't have billing and coding, and they can take home really whatever they want to get their volume up to.

Torie Sepah: Ron it makes me think that either you're brilliant or you've done your homework really well. Because you're like about four steps ahead of anyone who really is, actually anyone in any company I've seen addressing burnout. So we've identified three primary causes of physician burnout syndrome. And they have nothing to do with the physician. And this is what I keep saying, there has been this emphasis that physicians who are burned out are just not resilient enough. Or they've lost their mojo, or that woman had to go and have a baby, so now she's too preoccupied with her life at home. And no, no and no.

Torie Sepah: So the problem of physician burnout, we know this now, we have studies. Our number one, loss of autonomy. So this is huge. There's a disconnect between the amount of responsibility as well as the scope of that responsibility in proportion to the authority a physician has. So while the medical board and the American Board of Medical Specialties will hold a physician responsible for having the

final say and word for patient care, most of the time a physician in any system has no say in their schedule for example. So that is incongruent. Second contributor or second leading cause of physician burnout syndrome, the elephant in the room. The biggest disappointment we've had electronic medical records. We have a study that just came out in JAMA that shows physicians spend two hours charting for every one hour they spend face to face with a patient.

Torie Sepah: And this is a great point of place where we can look at becoming creative and implementing an intervention. When you asked me what are some of those evidence based interventions? Well, we actually have some studies now where we implement in our interventions here, such as scribes. So more and more we have studies coming out showing scribes reduce physician burnout, improve patient experiences, and increase efficiency. So I'm very optimistic actually. I love being a physician. I love taking care of patients. And I believe we can make this a better experience. We just have to trust physicians to increase their autonomy and allow them to address these issues in a creative way and improve care.

Ron Barshop: Listen, if I'm a physician hearing you saying that, I'm going to say... I'm going to go talk to my boss and he's going to tell me to shove it. Thank you very much. Dr. Torie Sepah.

Torie Sepah: Of course, absolutely.

Ron Barshop: So what's the third leading cause?

Torie Sepah: The third leading cause.

Ron Barshop: We got autonomy. We've got EHR.

Torie Sepah: That's right. Well, so the third one is, what we say what the third one is, those are the two big significant ones that we've identified. The third one, there are multiple studies that identify... Is leadership. I'm just going to kind of go ahead and say it. Leadership. There are leadership styles and there is a particular leadership style, and that would be another 30 minute, I would be happy to come back. That's a very important topic. We are really, really... I'm very interested in promoting physician leadership as well at a medical director level. This is something we're really trying to encourage physicians. The next speaker who's coming on for example, one of the things we actually want medical... I mentor a lot of medical students.

Torie Sepah: One of the things we really want to get going in medical school is empower medical students to start becoming leaders at that level. If you don't raise your hand, you don't go to a committee meeting, you don't start engaging, you are going to feel disempowered. You're going to have a lack of autonomy. You're not going to have a seat at the big boy table. You can't impact any change. And we don't learn how to do any of that, we absolutely don't in medical school, then we feel very disempowered in residency. Once we get to... We don't look at our contracts when we sign them, then we're all of a sudden five years into a job and we're stuck. And so these conversations need to start a lot, lot sooner. And

leadership is significant. So that's a big component of it. We need leadership trials and those are important.

Ron Barshop: So let me just have you think through what would our society look like if we had zero burnout? If every doctor loved their job and could really focus on their patients. What is the literal opposite of where we're at now? What would that look like, just in a sentence or two?

Torie Sepah: That's a great, I love that. Well, I think one of the, maybe it's important, and I think I do this with physicians as well. One of the first things I do, I define physician burnout because I believe it's misused a great deal. It's not stress and it's not physical exhaustion. We all have stress, I'll always have some stress. And in fact it's not physical exhaustion because resident duty hours have gone down significantly, even since I was a resident. Yet physician burnout has actually gone up. So that connection is actually not there. We have a definition for physician burnout syndrome. And it's a syndrome involving three parameters. It's emotional exhaustion. So that's when you have nothing else to give to your patients. And then something called depersonalization, which basically, we've all had a doctor like this in the ER usually, or at urgent care. And I'm not misaligning any kind of specialty.

Torie Sepah: It's just they're very, very, very... they have a lot of burnout. Negative or cynical attitude towards patients. They see them as often malingering, making fake symptoms. And then the third component is a low sense of personal accomplishment. Feeling that they are behind, they're not as good as other doctors, that they are just going to fail anyway. These three are really the crux of physician burnout syndrome. And we have a validated tool to measure these. It's called the mass like burnout inventory. What I would see, if we had a workforce that had good control of these three parameters, I believe what we would be experiencing is patients who were more compliant with their care, their appointments, their immunizations, their medication adherence. Because they would be able to feel comfortable asking their physicians questions. They would feel heard, their physicians would also feel empowered to make appointments that were needed, have the time to see them.

Torie Sepah: They wouldn't be focused on a computer screen. So the connection with the patient would be greater. And the trust with thus be enhanced. Also, the physician I think would be more confident. One of the things I think we're lacking right now, truly lacking is physicians and patients have lost that trust between them. You can see that with the whole immunization kind of backlash right now. And I look at that and I say there's a reason behind this. And there have been so many barriers now placed between us and our patient. There's a huge computer screen for one. But there's now four people patients have to call before they can talk to us. And by the time they get to us, they're really angry actually by the time they get to us. And then we have five minutes. So what I would say is building that trust back is actually related to those three components I just said. If a physician doesn't feel emotionally exhausted, doesn't have negative attitude toward a patient, feels like they're not incompetent, they're going to be empowered, confident, and I believe patients are going to feel that.

Ron Barshop: So before I ask my last stumper question, tell me Torie, how people can find you?

Torie Sepah: Oh yes. I'm on Twitter. It's Torie Sepah, MD. T-O-R-I-E. On Facebook our group is called Physician to Physician, Healing the Practice of Medicine. You can request as a physician or a medical student to be added. And then a series of questions from one of us will come to you to verify your physician status, including your NPI. And once you're in you're in.

Ron Barshop: Okay. So here's my trick question. And some people they just get stumped and say, "Goodbye Ron. I'm not going to answer that." But let's see how you do. You can fly a banner over America and give a single message. What would that single message be?

Torie Sepah: A single banner over... Oh, that's a good one. I love that. Why didn't you tell me you were going to ask me that thought? I would've liked a little preparation.

Ron Barshop: You know what's going to happen? Next time we interview, you're going to have like two answers for that question and you'll have-

Torie Sepah: I know. Yeah. You know what I would say? Is just anything is possible. I really believe that. Anything is possible. I came to this country at the age of seven from a country that was in a revolution. I didn't speak English. I went to medical school at 30. Anything as possible. So physician burnout also is something that I do believe is something that can not only be resolved, but I think through it we're going to have better delivery of healthcare.

Ron Barshop: So you sound, on a final note, optimistic about the future of burnout.

Torie Sepah: I'm a very optimistic physician.

Ron Barshop: Okay.

Torie Sepah: Otherwise, I've wouldn't have worked in corrections for five years.

Ron Barshop: All right, Torie. Well, there's a lot more to talk about. We'll do this another time. And I appreciate your time. And thank you for listening.

Torie Sepah: Absolutely. Thank you.

Ron Barshop: Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to PrimaryCareCures.com for show notes and links to our guests. And number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcasts and subscribing. And leave us a review. It helps our megaphone more than you know. Until next episode.