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Physician Burnout:
Early Career Physician

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The Coalition of
State Medical Societies

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Baby Boomer Physician Burnout:
"Houston, We have a problem!"

WINTER / FALL
ISSUE 2014
VOL 17
NO 2

The HIPPOCRATIST

The Official Journal of the Ouachita Medical Society

Physician Burnout

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OUACHITA MEDICAL SOCIETY

MISSION STATEMENT

The Ouachita Medical Society is a service organization of physicians dedicated to the ideal of a community that is mutually beneficial to physicians and patients.

The Society commits itself to these goals:

1. To pursue and maintain access to quality medical care
2. To promote public education on health issues
3. To provide value to members by the representation and assistance of member physicians in the practice of Medicine

OMS EXECUTIVE COMMITTEE

2014–2016

President
Adrienne Williams, MD

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Tobe Momah, MD

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Fulvantiben Mistry, MD

Immediate Past President
David Barnes, MD

As we head into Fall 2014 we will have new officers for the Ouachita Medical Society. Dr. David Barnes has been our president at OMS for the past 2 years. We appreciate his thoughtful leadership. Dr. Barnes will continue to serve OMS executive committee as Immediate Past President.

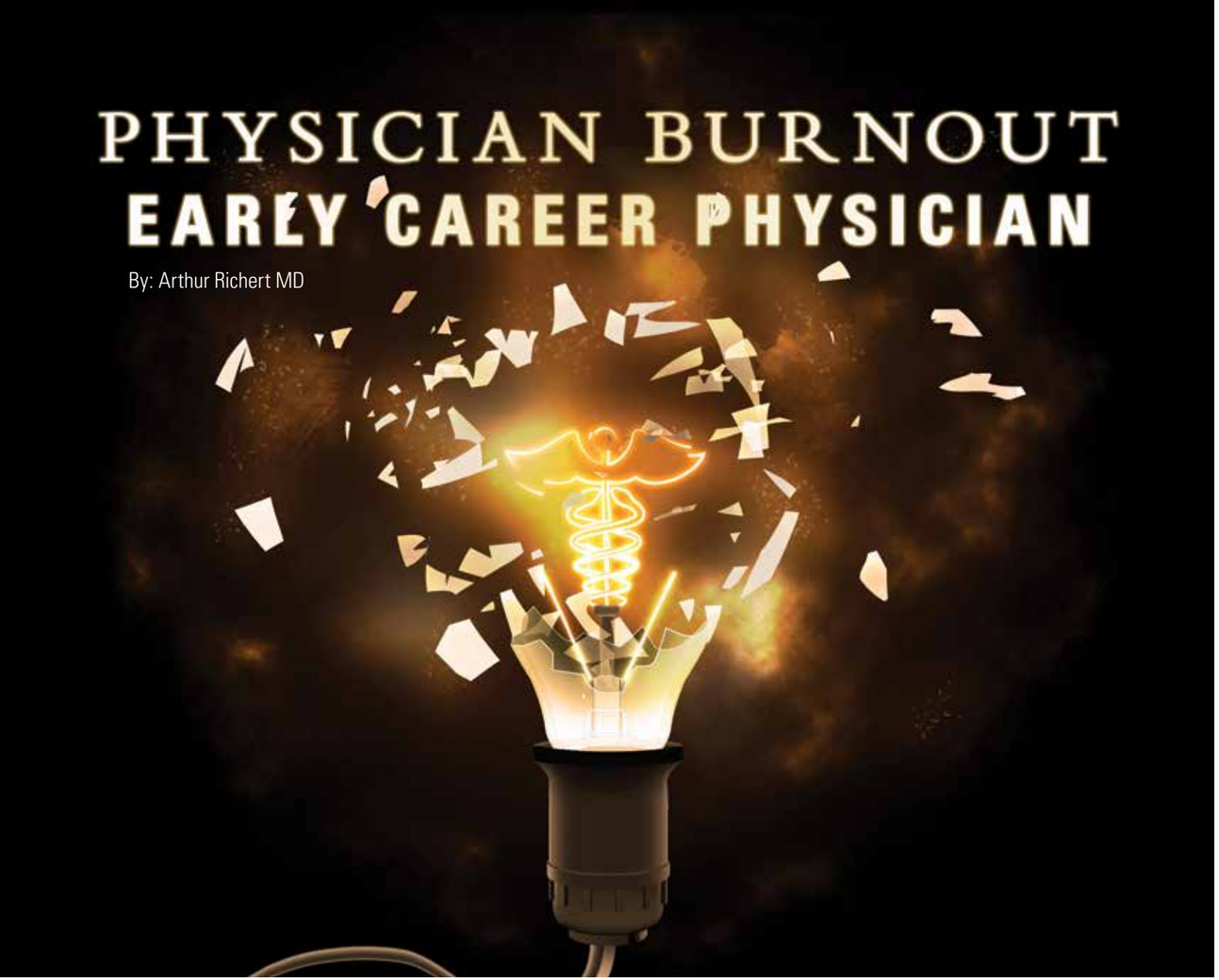
As always there is change in the practice of medicine. It is my hope that our members will stay engaged professionally and politically.

We have a great partnership with our state medical society and encourage OMS members to participate as delegates in the state medical society meeting that will be coming in early 2015. Make your voice heard with your medical society. You may contact me or other officers of the OMS with ideas and suggestions to improve our medical community.

Thank You
Adrienne M. Williams

PHYSICIAN BURNOUT
EARLY CAREER PHYSICIAN

By: Arthur Richert MD



When I was first asked to put my thoughts on physician burnout on paper, I was a little bit hesitant. I was unenthusiastic for two reasons. The first reason is that I was unsure if I could speak with authority on the subject, as I am only four years out of fellowship. The second reason is that I was unsure how my colleagues would receive my comments. Despite my concerns I proceeded with my professional introspection and research on the topic, and was very interested in what I discovered.

First a little background on burnout. The term burnout was first coined in the 1970s by Herbert Freudenberger as a "state of mental exhaustion caused by one's professional life." Emotional exhaustion (feeling overworked and overextended), depersonalization (becoming unfeeling in our response to our patients or peers and treating them as objects rather than as humans), and a decreased sense of accomplishment and success are considered the three components of burnout.

Interestingly, when researching the field of Gastroenterology and what impact burnout has on it, I found that the most likely time for burnout to occur is within the first three years after fellowship.

NEW MEMBERS

Henry Taliaferro, Jr., MD
Otolaryngology

LSU Family Practice
4864 Jackson Street
Monroe, LA 71202

David Homan, MD
Interventional Cardiology

St. Francis Medical Group
312 Grammont St., Ste. 404
Monroe, LA 71201

Ezekiel Wetzel, MD
Anesthesiology

Parish Anesthesia Associates
3510 N. Causeway Blvd. Suite 404
Metairie, LA 70002

Anuradha R. Thadur, MD
Internal Medicine

Affinity Health Group:
The Walk-In Clinic
2408 Broadmoor Blvd., Suite A
Monroe, LA 71201

Kristopher C. Sirmon, MD
Orthopedics

North Louisiana Orthopaedic
& Sports Medicine Clinic
1501 Louisville Ave
Monroe, LA 71201

MEMBERSHIP IS
EASIER
THAN EVER!

Pay dues online

At **LSMS.org** all you need is your member ID#, on the top right of your invoice and last name

Pay by check, corporate check or credit card

FREE
MEMBERSHIP

Recruit 2 new members* and you will earn a **FREE MEMBERSHIP** for yourself. The year after your two new colleagues join, your LSMS and OMS membership is **FREE!**

Every time you recruit a new member you help strengthen the OMS/LSMS. A vital and growing membership means stronger advocacy power with government and improved educational and social networking opportunities for members.

*Qualifying recruits are new to the OMS/LSMS or a former member who has been away from the membership for more than one year. Recruits must be your peers, with member dues equal or greater than yours.

This statistic applies to those practicing gastroenterology in academics as well as in private practice. Another study revealed that 45.8% of all physicians have experienced at least one component of burnout during their careers. Yet another study has shown that anywhere between 27-75% of medical residents experience burnout depending on the specialty. Taking it a little farther, even 21-43% medical students suffer burnout. Therefore, it is obvious burnout affects all physicians at every stage of their career and not just those of us who have been practicing many years.

What causes burnout?

Well, for gastroenterologists it was found that work-home conflicts, younger age, long work hours and more call as well as pressure to work faster were common factors that contributed to burnout. The significance of these are that they can lead to serious consequences such as substance abuse, depression, higher rates of suicide as well as lower patient satisfaction scores and more medical errors. For these reasons, it's important that we recognize these triggers so that we can in turn try to avoid the unwanted repercussions.

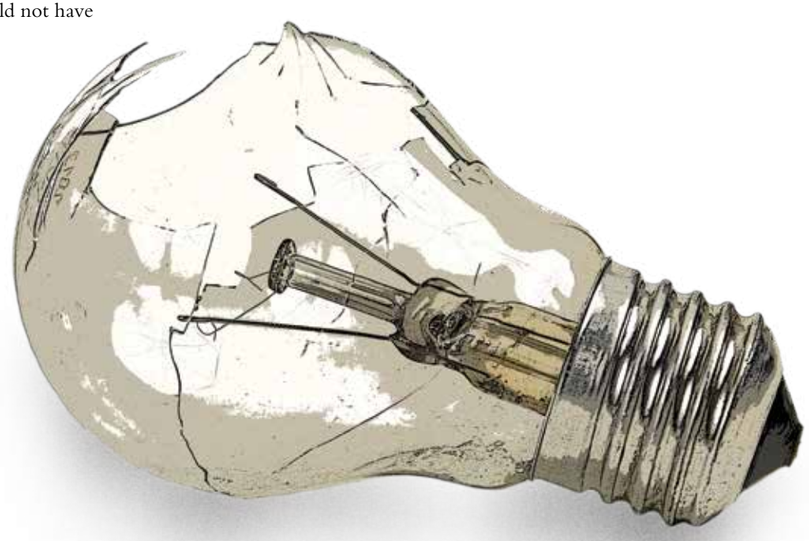
How can we prevent burnout?

Well, there are some important steps that can be taken. We can balance our professional and personal goals. We can identify stressors in our workplace and optimize meaning in our careers. We also need to develop wellness strategies such as sleeping, eating, and—yes—even taking vacations.

So after doing a little research and looking back on my short medical career, I realized I should not have had my initial thoughts on burnout. I am sure that I have experienced burnout in some fashion during my schooling and medical training. Burnout is a serious problem with potentially serious consequences. Therefore, it is my opinion that we all need to take time to review our priorities, take charge of our lives at home and at work, find time to develop renewed vigor, as well as take care of one another.

I'm going to leave you with a quote by Joseph D. Wassersug M.D. which I feel is very fitting considering the subject matter:

As physicians we owe our patients two things – only two things – our time and our skill. We do not owe our patients our lives. Doctors must take some time off from their daily work to get some rest, to travel, to participate in their family affairs, be an active member of their community, etc.. To excessively devote our lives to the practice of medicine while we neglect other aspects of living may be tantamount to never having lived at all.



OMS MEMBERSHIP

SERVICE / VALUE

Advocacy
Advocacy for physicians in political, regulatory and economic arenas.

Legal Advice
Providing guidance and assistance to members on a number of Medical-Legal issues affecting physician practices and organized medicine.

Connectivity
Connectivity through special membership activities such as the Oyster Party, the Christmas Party, Doctors Day Reception, Valentine's Social, General Meetings and Executive Committee Meetings.

Business-Over-Breakfast
Allows office managers / business managers from each member's practice to attend a quarterly breakfast where key speakers will cover topics that address areas of concern when managing a medical practice. Everything from medical billing to personnel issues, from fiscal responsibility to safety. We'll cover it all.

Friends of the OMS program
offers discounts on products and services to all active members of the OMS and OMSA. Here are a few of our participating businesses for 2014:

OMS Medical Supply, Inc.

alliance oneads

HealthTech

MAC

Maria Spa

Monroe Symphony Orchestra

HIXSON Has It!

LAW OFFICES
NELSON, ZENTNER,
SARTOR & SNELLINGS, L.L.C.

Salon Couture

Long Term Care Louisiana

If your business is interested in applying for the "Friends of the OMS" program please contact the OMS office at:

director@ouachitams.org
318.512.6932

UPCOMING EVENTS

OMS Christmas Party
Thursday, Dec. 11, 2014
7:00pm

At the home of Dr Ralph and Gabriella Armstrong

2015 LSMS House of Delegates Meeting
January 30-31, 2015

Hilton Capital Center
Baton Rouge

OMS Mardi Gras Oyster Party
Thursday, Feb. 12, 2015

Bella Stanza - Monroe

*dates/times subject to change-check www.ouachitams.org for the most up-to-date information

THE COALITION OF STATE MEDICAL SOCIETIES

AN OVERVIEW

By: Jeff Williams, Executive Vice President & CEO of Louisiana State Medical Society

Background

Over the last 50 years, our world has changed at an accelerated pace, leading to unparalleled growth. The results of this growth are evident across all sectors of our society, including the banking industry, the automobile industry and the airline industry just to name a few. Closer to home, physicians have seen this same level of rapid growth and consolidation occur within hospitals and hospital systems. However, physicians and physician organizations have been slow to respond to these changes. Although traditional solo and small primary or specialty-based practice models still prevail, they may not be the model of the future.

Medical students and residents are gravitating toward salaried employment; surprisingly, many established physicians who want to remove the red tape, hassle factors and costs associated with running their own practice are doing so as well. If current trends continue, and indications are strong that they will, the majority of physicians will be organized into group, hospital and perhaps even corporate employment settings over the next decade. The Patient Protection and Affordable Care Act (PPACA) has accelerated the consolidation of the health care system as physicians seek a safe harbor from onerous regulations on the medical profession. While the support of the American Medical Association (AMA) was vital to passing PPACA, make no mistake about it, the Louisiana State Medical Society (LSMS) and many other state medical associations were on the opposite side of the argument. In hindsight, the passage of PPACA and the support it received from the AMA was the genesis for the creation of the Coalition of State Medical Societies.

In today's environment, all membership associations face the question of relevance. The LSMS and the Ouachita Medical Society (OMS) are not immune. Compounding the problem, survey after survey suggests that physicians are becoming more and more dissatisfied with their chosen profession. However, patients and the public at large still have tremendous confidence in physicians and our organizations. It is my hope that we can build upon this positive public perception to create a culture within Louisiana where physicians themselves trust the LSMS and the OMS – a culture in which they find powerful advocates who believe in their cause instead of defensive posturing and victimization. This idea has driven our state advocacy

Although traditional solo and small primary or specialty-based practice models still prevail, they may not be the model of the future.

Background Cont

efforts for the last four years. In just a few short years, the LSMS went from being an organization that was slow and reactionary to one that is proactive and results oriented. Namely, the LSMS has introduced and passed more legislation in the last three years than it has at any time in recent memory. Take a look at the highlights from the 2014 Louisiana legislative session on page 23.

Unfortunately for physicians, federal legislation, regulations and mandates are the modus operandi in health care today. These are the driving forces behind physicians becoming employees and we believe the root cause for overall physician dissatisfaction. Clearly, a new approach to federal advocacy efforts was needed as well.

In late 2012, a small group of nine individuals began laying the ground work to create a new bottom-up approach to federal advocacy, focusing on problem-solving and policy-making versus the top down model utilized by the AMA. In this model, a small group of state medical associations would combine their resources and expertise with effective messaging and rapid responses in order to make positive change a reality. There's no doubt the AMA plays a particularly important role when it comes to information and education. However, what was missing, and desperately needed, was a more nimble organization, producing effective media messages, and unifying physicians of all specialties and from all practice settings. Thus, the Coalition of State Medical Societies was born.

The Coalition of State Medical Societies is comprised of the Louisiana State Medical Society, the Texas Medical Association, the Arizona Medical Association, the Oklahoma State Medical Association, the California Medical Association, the Medical Society of the State of New York, the North Carolina Medical Society, the South Carolina Medical Association and the Florida Medical Association. Collectively this bipartisan group of nine state medical associations and societies represents over 160,000 member physicians. Political differences aside, our collective challenge is to improve our system by making it more affordable and accessible for all Americans without sacrificing choice and quality of care. Our members – blue and red – understand that we must be engaged in the process and offer solutions that protect these fundamental strengths of our health care system. Additionally, all actions of the coalition must be unanimous in order to pass; therefore Louisiana's voice is equal to that of Texas, California and New York even though our physician numbers pale in comparison to these much larger states.

This coalition gives Louisiana physicians a national voice and influence well beyond the borders of our state. Currently, there are only 20 individuals with medical degrees serving in Congress; 17 in the House of Representatives and three in the Senate. With three physicians in our congressional delegation; Louisiana is well positioned to influence federal legislation and policy decisions.

This coalition gives Louisiana physicians a national voice and influence well beyond the borders of our state.

...find what's missing, keep what works, and fix what's broken.

Our Strategy

The issues are obvious: repeal the broken Sustainable Growth Rate (SGR) formula; put ICD-10 on permanent hold; pass the Medicare Patient Empowerment Act; increase graduate medical education funding; repeal the ban on physician-owned hospitals and reduce the overall hassle factor. Additionally, we will continue to articulate our position on PPACA, which still remains important. The LSMS and coalition's position on PPACA is simple and appeals to all segments of membership with this message: find what's missing, keep what works, and fix what's broken. None of this is new; however, what has been missing is the grass roots, multi-specialty expertise, embodied in our state medical associations. We hope our efforts will unify the profession and effectively influence federal legislation and regulation by capitalizing on the one-two punch of experience and expertise.

We refused to support any legislation that did not contain these principles just for the sake of being able to say that the SGR was finally repealed.

The First 18 Months

Responding to the growing concern of our members, the LSMS stepped up its efforts to represent Louisiana physicians at the federal level beginning in 2013. We did so by joining the Coalition of State Medical Societies thus taking a more hands on approach, which included a significant financial obligation from the LSMS as well. During the last 18 months, the coalition has made three trips to Washington D.C. Our first trip, during May 2013, was so well received that I had the privilege of joining Representative Steve Scalise at a town hall meeting in Jefferson parish just weeks later to talk about this coalition and our federal legislative efforts on behalf of Louisiana physicians and their patients. In June 2013, the coalition interviewed several D.C. based lobbying firms before ultimately making the decision to hire Meyers and Associates to represent the coalition. In November 2013, we traveled to the Capitol again, to meet with members of Louisiana's congressional delegation, and then joined fellow coalition members in meeting with representatives of the U.S. House Ways and Means Committee, the U.S. House Energy and Commerce Committee, U.S. House Appropriations Committee and the U.S. Senate Finance Committee. The primary focus of these meetings was permanently repealing Medicare's SGR formula and replacing it with a new mechanism that provides physicians with: annual positive updates, regulatory and reporting relief, a fee-for-service payment option, payment for complex chronic care management and timely performance feedback for physicians. We refused to support any legislation that did not contain these principles just for the sake of being able to say that the SGR was finally repealed. The Coalition visited Washington DC again in March of this year and have more meetings scheduled with legislators from across all nine coalition states before the year's end. The LSMS will continue to move forward with our coalition partners with an open mind, building on the positive aspects of our health care system, while working with our congressional delegation to address the strong concerns physicians still have regarding protecting patients' access to care, stabilizing the Medicare program in a fiscally responsible way, and preserving the rights of physicians and their patients to choose their own health care services.

Learn More

Visit **www.lsms.org** to learn more about the Coalition of State Medical Societies or to keep up with our federal and state legislative activities.

BABY BOOMER PHYSICIAN BURNOUT

"HOUSTON, WE HAVE A PROBLEM!"

By: Lou Gavioli, MD

Physician burnout has reached epidemic proportions in the United States with surveys showing at least half of practicing physicians experiencing symptoms. Virtually all physicians of my generation, the Baby Boomers, have burnout to a significant degree. Our generation even invented the term "burnout" referring to what happened to missiles in the 50's and 60's when their fuel was spent and they crashed back to earth. Our generation grew up watching "Ben Casey", "Doc Adams", and "Marcus Welby". In our idealized worlds doctors were iron men, totally dedicated to our patients, and our orders and opinions were not to be questioned. Considering all the changes that have occurred in the practice of medicine in the last few decades it is no wonder that our psyches are crispy critters from burnout.

Before we all change careers, retire, or jump off a bridge, let's consider what burnout is and what we can do about it. Burnout comes in many forms depending on a physician's personality and particular situation. Generally we are talking about our ability to recharge our batteries after stress and do our best job of caring for our patients. Dr. Dike Drummond, an expert on burnout, describes the symptoms as physical and emotional exhaustion; depersonalization including a negative, callous, and cynical attitude toward patients; and a reduced sense of personal accomplishment. To this I would add a sense of despair. This is particularly prevalent in my generation and is characterized by a feeling that the best days of medicine are gone and we can't do a thing to change it. But don't despair! There are things we can do. In fact we owe it to ourselves and our patients to take the time to evaluate our situation and consider our options. Ignoring burnout can lead to some very bad outcomes for you and your patients.

Where are your biggest stresses coming from?

Are you stretched too thin trying to work at too many places? Are you working too many hours to have adequate time for your family and yourself? Consider limiting your practice to the office or a single hospital. The time you waste traveling could be spent on you or your family. Are you spending stressful non-productive hours managing your own independent practice trying to keep up with all the new regulations, medical record and personnel expenses and problems. More and more physicians are finding that employment can make lifer much more comfortable. There are many opportunities for employment right in our community. Is taking emergency call your biggest stress point? After taking orthopedic call for a couple of decades I didn't even like myself when I was on call. This may be difficult in some specialties but there are more and more hospitalists now and specialty hospitals that can ease this burden. Subspecializing with your field is another way of reducing stresses of call. Other types of career change are around including becoming a physician executive with a hospital or other healthcare organization. It is the only field of medicine I know of with no call and increasing compensation. I honestly can't say it is a great way to reduce stress but it is a different kind of stress suited for some personalities.

Hobbies can be a great stress reliever.

Once my kids were grown I took up golf and music. I taught myself to play guitar when I turned 50 so it's never too late to learn. I found others who were looking for the opportunity to make music and we formed "Code Blue and the Flatliners" who will celebrate 12 years together this year. I kept a guitar in the office and after seeing a couple of tough new patients with back pain I would go back to the office, play a song or two and come back with a recharged battery to see more patients. I've also taken many trips with golf buddies, fishing buddies, canoeing buddies, and travel with my wife and friends. Just find what works for you.

Sometimes you just have to step back and take a look at the big picture. I'm very proud of my career as a physician and the positive way I was able to touch the lives of so many people. I'm glad that I was able to practice medicine when I did. Even though medicine has changed and will continue to do so, physicians will always play an important role in our society. I can't think of a better career than carrying out God's healing ministry and getting paid for it. The new generations of doctors may have different values and priorities than us baby boomers but they may also have happier lifestyles and less burnout. All generations of physicians need to pay more attention to a good balance in life to achieve long and satisfying careers at taking real care of patients.

STRESS AND BURNOUT QUIZ

Complete the following self-assessment. Score yourself one point (1) for each "True" response.

Physical Energy

- ☐ I don't regularly get consistent sleep (7-8 hours) and I often wake up feeling tired.
- ☐ I frequently skip breakfast or settle for something that isn't nutritious.
- ☐ I don't work out enough (meaning cardiovascular training at least 3x a week and strength training once a day)
- ☐ I don't take regular breaks during the day to truly renew and recharge, or I often eat lunch at my desk, if I eat at all.

Emotional Energy

- ☐ I frequently find myself feeling irritable, impatient or anxious at work, especially when work is demanding.
- ☐ I don't have enough time with my family or loved ones and when I'm with them, I'm not always really with them.
- ☐ I have too little times for activities I most deeply enjoy.
- ☐ I don't stop frequently enough to appreciate to others or to savor my accomplishments and blessings.

Mental Energy

- ☐ I have difficulty focusing on one thing at a time and I am easily distracted during the day, especially by email.
- ☐ I spend much of my day reacting to immediate crises and demands rather than focusing on activities with longer-term value and high leverage.
- ☐ I don't take enough time for reflection, strategizing and creative thinking.
- ☐ I work in the evenings or on weekends and I almost never take an email-free vacation.

Spiritual Energy

- ☐ I don't spend enough time at work doing what I do best and enjoy most.
- ☐ There are significant gaps between what I say is important to me in my life and how I actually allocate my time and energy.
- ☐ My decisions at work are more often influenced by external demands than by a strong, clear sense of my own purpose.
- ☐ I don't invest enough time and energy in making a positive difference to others or to the world.

Total Point Guide

0-3	**Excellent Energy Management Skills**
4-6	**Reasonable Energy Management Skills**
7-10	**Significant Energy Management Deficits**
11-16	**A Full-Fledged Energy Management Crisis**

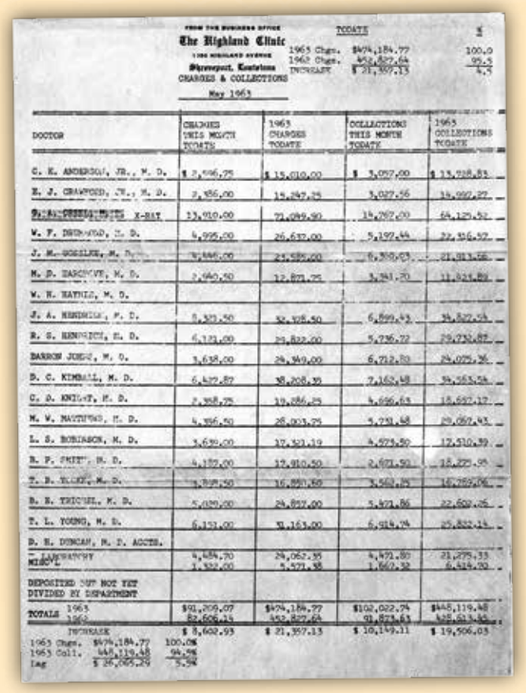
Professionalism and the Professional Health and Wellness of Faculty-Portfolio.
Created by: Charlene M. Dewey, M.D., M.Ed., FACP Center for Professional Health, Vanderbilt University School of Medicine, Nashville, TN 2011/rev2012
Are You Headed for an Energy Crisis? By Schwars and McCarthy, HBR, 2007

Back in the Day

FINANCIAL CHANGES OF MEDICINE

IN this moth's issue we wanted to look at how the financial side of medicine has changed. Right is the actual billing and collections for a north Louisiana multispecialty clinic in 1963. This was just before the legislation authorizing Medicare went into effect. To me the most interesting thing to note is the remarkable collection rates. While I cannot convert the numbers into 2014 dollars, it is amazing that almost all charges were collected. My first assumption is that this was the result of a much more personal relationship between doctor and patient. At that time there was not all the third parties involved in billing and collections that there are today.

Where we stand now I almost feel that medical billing and collections deals in what I call monopoly money. There are so many contracts based on discounts of "usual and customary" fees and government mandated reimbursement rates that billed charges hardly mean anything. There is a large gap of at least 35% between what is charged and what can actually be collected.



FROM THE BUSINESS OFFICE
The Highland Clinic
1306 HIGHLAND AVENUE
Shreveport, Louisiana
CHARGES & COLLECTIONS
May 1963

TODATE

1963 Chgs.	$474,184.77		100.0
1962 Chgs.	452,827.64		95.5
INCREASE	$ 21,357.13		4.5

DOCTOR	CHARGES THIS MONTH TODATE	1963 CHARGES TODATE	COLLECTIONS THIS MONTH TODATE	1963 COLLECTIONS TODATE
C. E. ANDERSON, JR., M. D.	$ 2,696.75	$ 15,610.00	$ 3,077.00	$ 13,728.82
E. J. CRAWFORD, JR., M. D.	2,386.00	15,247.75	3,027.56	14,992.27
Dr. A. [illegible] X-RAY	13,910.00	71,089.90	15,767.00	64,129.52
W. F. [illegible], M. D.	4,995.00	26,632.00	5,197.44	22,316.92
J. M. GOSSLEE, M. D.	3,846.00	23,585.00	6,300.63	21,313.56
M. D. HARGROVE, M. D.	2,940.50	12,871.75	3,341.70	11,924.80
W. H. HAYNES, M. D.				
J. A. HENDRIX, M. D.	8,321.50	32,328.50	6,899.43	34,822.43
R. S. HENSGEN, M. D.	6,123.00	29,822.00	5,736.72	29,731.82
BARRON JONES, M. D.	3,638.00	28,349.00	6,712.80	24,072.36
D. C. KIMBALL, M. D.	6,637.87	38,208.35	7,163.68	34,563.54
C. D. KNIGHT, M. D.	2,348.75	19,286.25	4,686.63	18,662.17
M. V. MATTHEWS, M. D.	4,356.50	28,003.75	5,731.68	29,082.43
L. S. ROBINSON, M. D.	3,630.00	17,321.19	4,273.50	12,510.39
R. P. SMITH, M. D.	4,137.00	17,810.50	2,671.50	18,277.95
[illegible], M. D.	3,787.50	16,850.50	3,561.25	16,285.06
B. B. TRICHEL, M. D.	5,020.00	24,837.00	3,471.86	22,609.06
T. L. YOUNG, M. D.	6,153.00	31,163.00	6,914.74	25,822.14
D. H. DUNCAN, M. D. ACCTS.				
[illegible] LABORATORY MISC'L	4,484.70 1,332.00	24,062.35 5,571.38	4,471.80 1,862.32	21,275.53 6,424.80
DEPOSITED BUT NOT YET DIVIDED BY DEPARTMENT				
TOTALS 1963 1962	$91,209.07 82,606.14	$474,184.77 452,827.64	$102,022.74 91,873.63	$448,119.48 425,613.42
INCREASE	$ 8,602.93	$ 21,357.13	$ 10,149.11	$ 19,506.05
1963 Chgs. $474,184.77 100.0% 1963 Coll. 448,119.48 94.5% Lag $ 26,065.29 5.5%				

1963 PRE-MEDICARE CHARGES & COLLECTIONS

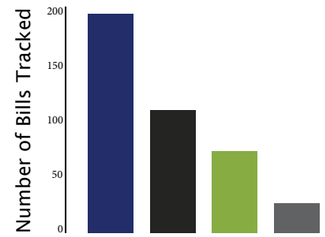
Specialty	Charges	Collections	Collection Percentage
OB/GYN	$41,571	$42,025	101.09%
Int. Medicine	$67,209	$69,762	103.80%
Gen Surgery	$77,708	$83,586	107.56%
Orthopedics	$56,604	$52,593	92.91%
ENT	$71,573	$71,359	99.70%
Ophthamology	$42,985	$43,862	102.04%
Urology	$59,657	$54,245	90.93%
Pediatrics	$74,791	$61,973	82.86%
Pathology	$36,024	$32,949	91.46%
Radiology	$170,520	$153,901	90.25%
TOTALS:	**$657,071**	**$624,231**	**95.00%**

THERE IS NO SIMPLE ANSWER TO THIS PROBLEM, BUT IT WOULD BE NICE TO RETURN TO A SYSTEM IN WHICH ALL YOU HAD TO CHARGE IS WHAT YOU ACTUALLY EXPECTED TO COLLECT.

2014 Legislative Session: *By the Numbers*

12 weeks • 85 days • 2,040 hours • 122,400 minutes • 7,344,000 seconds

194 **Total Number** of bills tracked by LSMS this session



194 Total Bills
103 LSMS Monitored
70 LSMS Supported
21 LSMS Opposed

- *Of the 21 bills LSMS opposed, only two made it through the legislative process.*
- *4 LSMS package bills; 3 passed*

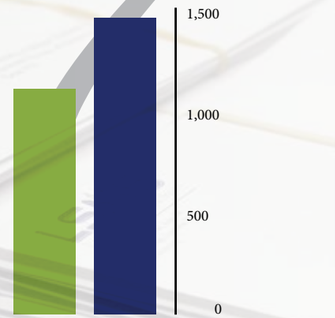
Letters By The Numbers

144 *Legislators Targeted*

17 *Provider Organizations*

2,304 *Total Letters Delivered*

Calls To Action



1,470 Total Messages
1,114 Total Responders

Legislative Video Updates

Total Legislative Updates	*Total Interviews*	*Total Hours of Production Time*	*Total Minutes of YouTube Footage*
11	7	54	190

LSMS

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by Amy Givler, MD

Burn, Baby, Burn

A Burn Out Plan

I think we all make burnout much too complicated. The patient I saw the other day has it all figured out. Here is his formula:

First, get some chronic illnesses that need careful managing and lifestyle changes. Then, miss follow up appointments and ignore the lifestyle changes. In fact, gain 37 pounds in a single year. Every day, work non-stop from early morning until late evening, at which point eat a huge meal and collapse into bed. Travel all the time for work and don't take any vacation. Lastly, take medications sporadically, if at all, and definitely don't take them on the day of the clinic visit, because then any abnormality, like a soaring blood pressure, can be blamed on missing "one dose".

But, I hear you saying, I don't have any chronic illnesses like that, and I can't travel out of town for work.

Not to worry: You, too, can achieve burnout. Here are nine pointers to help you burst into flames with a blaze of glory:

1

Scrap the support systems

Make sure there is no one you can call on if you are feeling overwhelmed. You may need to burn some bridges here, relationally. Otherwise, when you are desperate, you just might call that friend and get some help. And by all means stop going to church.

2

Consider yourself indispensable.

If you don't do all this work, no one else will. Say yes to requests. Always. But then, when the "requesters" don't appreciate your fine efforts, be grumpy and resentful.

3

Sleep is for sissies

You do not have time for exercise. Somebody less important can walk the dog. Don't read the Bible or inspirational literature. Eat lots of simple sugars and drink copious caffeine.

SEPTEMBER MEETING

2014

On Thursday, September 4th 2014 the OMS hosted candidates from the upcoming U.S. Senate and 5th Congressional District Races.

OMS Members and their spouses enjoyed the one-on-one access with the candidates.

Dr. Gerald Robertson and his wife Sunny were the lucky winners of the evening's door prize valued at over $800 which included tickets to the November New Orleans Saints vs. San Francisco 49ers game in New Orleans.

Special thanks to our friends at Progressive Bank for sponsoring the event.

4

Be cynical.
Yes, insurance companies secretly want their clients, your patients, to receive poor medical care. The hospital administrators only care about money. And no, nothing you do for your patients makes any long-term difference.

5

Ignore your spouse who is pleading for more time together.
The kids don't need you at their recitals or soccer games as much as your patients need you. But then, after you miss the recitals and games, beat yourself up with guilt for not attending.

6

Keep telling yourself that you are unhappy and there is no way out of the rut you are in.

7

Let off some steam.
Yell at the computer and think evil thoughts about the developer of that EMR. Stomp around the office, and in the operating room slam a few scalpels on the tray.

8

There's no time for a vacation.
In fact, fill up your schedule to the absolute edges. Your car will never break down and your sinks will never clog, so you don't need to schedule any margin for the unexpected.

9

Expect perfection.
Compare your weaknesses with other doctors' strengths. Then strive, strive, strive.

And remember: Life is a sprint, not a marathon.

One last thing. Before you get to the point where you just don't care what happens to the people in your life, be sure to buy lots of life insurance. Your kids and your surviving spouse will appreciate it - probably quite soon.

About the Author: Amy Givler is a family physician in Monroe who works at University Health-Conway and Family Convenience Center in West Monroe. She and her husband Don have three grown children.

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