



‘The kind of change physicians would embrace’

By Leon Leach | February 2, 2018

According to athenahealth research, healthcare practitioners are not optimistic about the future of their industry. Some 74 percent of 1,029 practicing physicians surveyed in April 2017 said they expect the practice of medicine to change a lot in the next five to 10 years, and they're worried about those changes. Just 20 percent said they welcome those changes.

What does excite physicians and healthcare executives? In this occasional series, we ask industry leaders for their take on the road forward. Here, Leon Leach, recently retired executive vice president and chief business officer at the University of Texas MD Anderson Cancer Center, shares his reasons to be optimistic.

By and large, doctors got into medicine for altruistic reasons, and most of them still feel that way: Working with patients, however difficult, is still a pleasurable and fulfilling experience.

But physicians don't enjoy everything that comes along with caregiving these days: the various laws they have to comply with (HIPAA, MACRA, MIPS, and so on), negotiations with managed-care companies, and the day-to-day management involved in running an office.

All of this gives rise to a state of constant change and uncertainty that I believe is at the root of doctors' worries for the future. Understanding and addressing these worries can help us, as healthcare leaders, to help physicians refocus on the patient care that drew them to medicine in the first place.

Double-edged sword

Ever-evolving, ever-more-complicated technology tools contribute to this feeling of instability and add to doctors' workloads. Mid- and late-career physicians feel the burden the most. They don't see technology as making them

more effective physicians; it's just one more thing they have to do in a healthcare universe that's very different from the one they entered.

That said, 95 percent of doctors can get past learning to use an EHR. It's what comes next that worries them, what's happening to medicine as a result of technological changes. They're asking, "Am I going to be practicing medicine from an iPad?" "Where does my individual judgement fit in with the technology?"

There is a fear that automation of medicine will lead to a loss of autonomy in care. Doctors don't want to be high-level mechanics, simply implementing instructions from an iPad or other device.

What's driving them is the desire to change things, to help their patients, to find the next cure for cancer. Healthcare leaders need to assure them they still live in a world that will fund and encourage that kind of work, that we are committed to making technology a tool to free them up to do even more of it.

Younger physicians, too, feel the weight of documentation, but are more apt to embrace technology as a way to make their lives easier. They understand that data can make it easier for them to comply with reporting requirements. And they know that technology is the only way to address inconsistencies in outcomes and drive adoption of best practices.

Tuning out the noise

As healthcare leaders, we need to highlight these advantages and continue working to make sure that technical innovation stays focused on the goal of improving care. Wherever possible, we need to create an environment in which doctors can tune out the noise and focus on their jobs.

We need to create better tools to educate patients, tools to better help people get where they need to be. Physicians understand that one of the best ways to serve their patients is to keep them from getting sick in the first place, to help them make smart choices about what they eat and how much they exercise.

Doctors would rush to adopt technology that would allow

them to reach out to patients and proactively manage their care. And they would welcome the kind of schedules and support that give them time with patients to educate and to listen.

To create this environment, we need to implement staffing models that incorporate greater use of physician assistants and other advanced practice providers. Having everyone on the team performing at the top of their license allows physicians more time with patients, more time for actual care. And a team approach means there are qualified surrogates who can meet with patients and do even more in the way of education, support, and care planning.

This is the kind of change physicians would embrace.

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