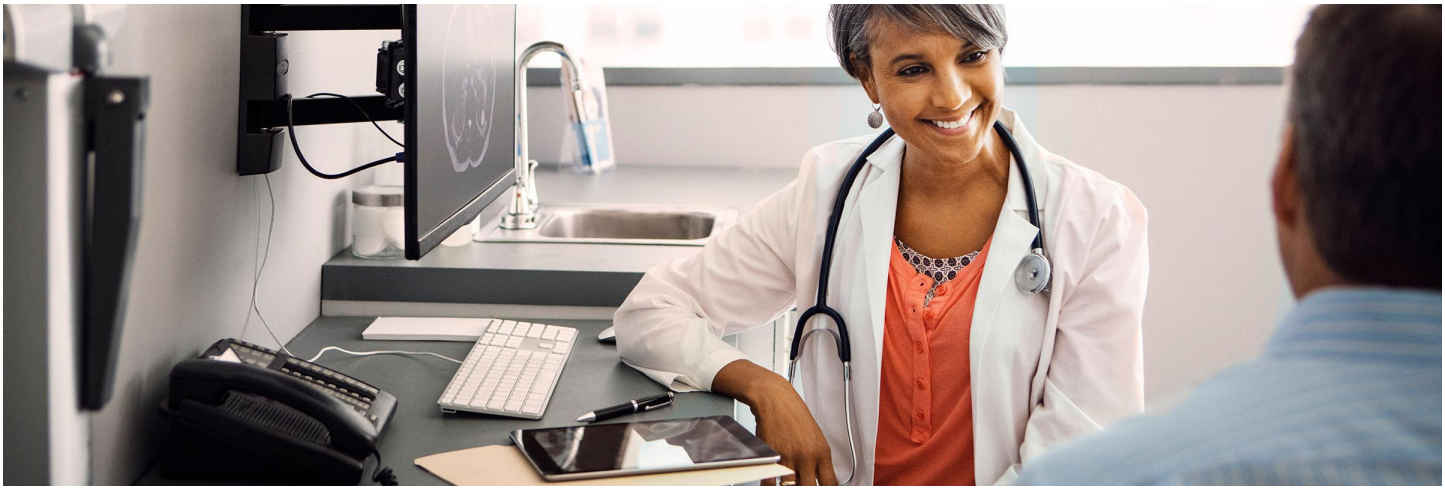
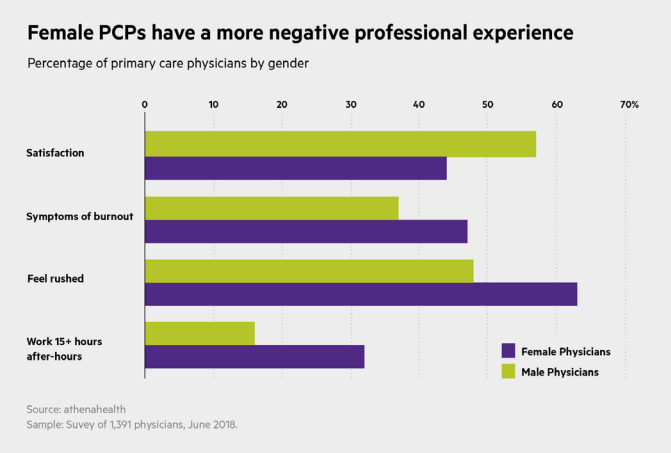


4 tips: How practices can make medicine work for female PCPs

By Lia Novotny | March 5, 2019

Recent athenahealth research on physician experience shows an alarming trend for female physicians, especially those who are primary care physicians (PCPs).

Female PCPs are 22 percent less satisfied with their jobs, 31 percent more likely to say they feel rushed during the workday, and 27 percent more apt to report symptoms of burnout than their male counterparts.



What's more, 20 percent of female PCPs say they work 15 hours a week or more at home, outside of normal business hours, as opposed to 15 percent of male PCPs – and burnout rates spike for all physicians at this level of after-hours work, with 41 percent reporting symptoms.

All healthcare organizations are wrestling with physician burnout, but these numbers show that female PCPs need particular support, and they need it now. Women now constitute the majority of younger physicians – 60% are women – so healthcare organizations cannot ignore this issue.


Tiffini Lucas, M.D.

Recently, athenaInsight connected with two primary care physicians: Hey-Jin Kong, M.D., partner at Premier Primary Care Physicians, a six-physician practice in Arlington, Virginia; and Tiffini Lucas, M.D., partner at three-provider practice Contemporary Family Medicine Associates in Chevy Chase, Maryland.

The women discussed the tools, resources and latitude – what athenahealth researchers refer to as the "capability framework" – they and other female PCPs need to make a career in medicine work for them.

Here are their top tips:

Offer schedule flexibility and autonomy

Women still bear a disproportionate amount of the work related to child care and other domestic tasks. Given this reality, it's no wonder that female PCPs gravitate to practices that give them maximum flexibility and control over their own schedules. "Our practice is all women," says Kong "and only one of us works full time. We've all had varying degrees of part-time work and flexible schedules since having kids."

Of course, practices need productivity thresholds to ensure financial sustainability, but physicians should have autonomy in deciding how to meet them. At the core of this model is a shared understanding of the goals and culture of the practice, which may not be all about maximizing income. And Kong is clear that you need everyone to "come in with the understanding that there will be days when one person has to cover more, and that's okay."

This autonomy has led Premier Primary Care Physicians to refuse multiple offers to buy the practice, choosing instead to maintain control over what they do and how they do it. And this flexibility yields benefits beyond the ability to attend kids' school events or take elderly parents to the doctor – for example, one partner arranged her clinical schedule to allow time for additional academic goals. According to Kong, "having the latitude to make these adjustments has really been key for us and has let us continue to enjoy what we do."

Provide mobile technology

Female PCPs are constantly trying to squeeze out more time – this is clear in how rushed they feel in the office and how much time they spend working outside of the office. "I want to be able to go through patient cases on my phone while I'm waiting for my daughter to get out of basketball practice," says Lucas. "I want to do virtual visits on my phone. I want the mobility to be able to do things wherever."

Hey-Jin Kong, M.D.

When physicians lack the tools to access patient records on the go, it makes it harder to maintain work-life balance and increases the likelihood of burnout, Lucas says. Her dream is to have virtual assistants acting as scribes so she can focus on patients without the distraction or expense of a human scribe.

And Lucas wants to see female physicians brought into technology design conversations. After all, if women are having the biggest issues with burnout and spending the most time working after-hours in the electronic health record (EHR), they need to be involved in designing tools to fix that.

"You've got to talk to the people that are having the biggest issue," says Lucas. "You need to pick their brains. You need to make sure female physicians are being heard and the difference in their needs is being acknowledged."

Don't try to change the way women practice primary care

Both Lucas and Kong agree that some of the increased stress and lower professional satisfaction female PCPs feel may be related to differences in how women practice medicine.

"I think we females like to establish more of a relationship with patients," says Kong, "so there may be more chit-chat going on, and we may be more interested in the social dynamics with our patients." Building those relationships takes time, and listening to patients takes time, she says.

Beyond that, practices need to accept that most female PCPs don't want to just refer patients to a specialist and move on to the next one. They, like all physicians, were trained to diagnose and treat most conditions, and they want to figure out the answers and help their patients. That's why most PCPs chose primary care in the first place: they wanted to connect with patients over time.

"I don't want to change the way that I practice medicine," says Lucas. "I've done that before, and I don't really like medicine that way."

Help female PCPs delegate more

Kong has a bold theory: "We may not be as good at delegating as male physicians. That may be why we feel rushed, because we feel like we have to do everything rather than handing it off to other people." Because these habits are ingrained, female physicians may need more support to help break them.

Kong suggests that men are more comfortable drawing boundaries and protecting their time, knowing that tasks can be done by someone else, such as a medical assistant or nurse practitioner. Organizations might consider mentoring female physicians in the art of delegating while remaining accessible to their patients.

In particular, Kong, as a partner in her practice, has seen the benefits of outsourcing management and administrative tasks whenever possible. "When we joined Privia, we turned over some of the management issues [to them]. They were actually negotiating a higher reimbursement rate for us, and we could spend more time with patients" without adding more time to the workday.

Another thing Kong believes would help with delegation is the creation of strong clinical teams, making female PCPs feel more comfortable delegating tasks. "We need to know the people we work with, know their faces, understand each other," says Kong.

Such teams should include resources to address social determinants of health. So much of the stress in primary care relates to the complexity of the cases, the comorbidities such as depression and anxiety, and physicians' inability to affect major drivers of illness – providing social and behavioral resources would go a long way to reducing that frustration.

Conclusion

The bottom line is that women often don't practice medicine exactly the same way as men do, but they are no less effective. Their goals are often different, and so the tools, resources, and workflows they need must adjust as well – a reality that practices need to acknowledge.

"I've been in a place where I saw 20-plus people a day, and it was not rewarding to me. I want to provide my patients with a higher level of care, listen to them, treat each one as an individual – that's the allure of primary care," Lucas says. "You're not doing that in 10 to 15 minutes. It's a question of quality versus quantity – and sticking with why I got into medicine in the first place."

Lia Novotny is contributing editor to athenaInsight