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Taboo Topic in Medicine Gets Closer Look: Doctor Suicides

by Mark Friedman, MFriedman@ABPG.com



In the early morning hours of May 9, Dr. Gordon Troy Birk stabbed himself in the thigh in an attempt to end his life.

A friend discovered the bleeding orthopedic surgeon in his apartment in Hot Springs and called an ambulance. The 52-year-old was rushed to National Park Medical Center, where he had practiced for 11 years, and recovered from the suicide attempt.

Birk approached Arkansas Business with his story to help other physicians who might be considering suicide, and he exemplifies a rarely spoken issue: Doctors do try to kill themselves, and sometimes succeed.

It's difficult to say for certain how many physicians commit suicide or attempt to take their lives, but the number is believed to be at least 400 annually across the country, said Dr. P. Bradley Hall, president of the Federation of State Physician Health

Programs of Wilmington, Massachusetts.

The numbers are terrible, Hall said. "Any loss of a life as a result of a suicide is indeed a travesty, and that would apply to physicians too."

But the medical profession is starting to recognize the problem of depression in its industry, said Dr. Pamela Wible, a family practice physician in Eugene, Oregon, who has written and spoken about physician suicides.

"Finally, I have been relentless about drawing attention to these suicides," Wible said in an email to Arkansas Business. "High doctor suicide rates have been reported since 1858. Yet, more than 150 years later, the root causes of these suicides remain unaddressed."

The University of Arkansas for Medical

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Burnout May Be Costing Institutions Millions Each Year

by Rabiya S. Tuma, PhD

Burned out physicians are more likely to leave their job, and replacing them could be costing your institution millions of dollars each year, researchers reported October 13 at the 2017 American Conference on Physician Health.

Burnout is widespread among physicians in the United States, with numerous surveys showing rates above 50%. However, the effect of burnout on physician turnover in hospitals and academic medical centers is less well understood.

To learn more about its effects, Maryam S. Hamidi, PhD, associate director of scholarship and health promotion at Stanford Medicine WellMD Center in Palo Alto, California, and colleagues conducted a longitudinal study of physicians at Stanford Health Care and Stanford Children's Health.

Of 831 physicians invited, 473 completed the Stanford Physician Wellness Survey in 2013 and consented to have their unique identifier numbers included for data linkage. The survey included questions on burnout, work hours, and surgical specialty, and assessed depression, anxiety, and sleep issues through the PROMIS assessment tools. As reported previously, 25.8% of respondents were burned out.

Using the unique identifier numbers, Dr Hamidi and colleagues determined that 21% of burned out physicians had left Stanford by 2015 compared with just 10% of their non-burned-out peers. The authors estimate that the 11% difference between the groups was the proportion that departed because of burnout.

After adjusting for other factors, such as depression or work hours, they found that the odds of leaving the institution were 2.68-fold higher among burned out vs non-burned-out physicians. In addition, burnout was the only factor significantly related to departure in various models, Dr Hamidi said.

Recruitment Costs Run High

When the researchers extrapolated the 11% departure rate caused by burnout to all 2023 medical faculty at Stanford Medicine, they estimate the institution would lose 58 physicians in a 2-year period.

The cost to recruit a new physician to Stanford runs between \$268,000 and \$957,000, according to data from the university's chief financial officer (CFO). Thus, replacing burned out physician's costs the institution between \$15,544,000 and \$55,506,000 in a 2-year period, Dr Hamidi told a standing-room-only audience.

After Dr Hamidi's presentation, several audience members asked what was included in the recruitment figure. Dr Hamidi and coauthor Bryan Bohman, interim director of Stanford Medicine WellMD Center, chief medical officer at University Healthcare Alliance, and clinical associate professor of anesthesia and critical care at the Stanford School of Medicine, emphasized that the estimated costs do not include any salary. Dr Bohman did note that some of the cost may be unique to Stanford because of the high cost of living, and that new-hire packages include housing support. But even if the number were cut in half, it is still a large cost, they note.

"I hear that number of \$250,000 thrown around, but how do we get to that number?" one audience member asked. He noted that taking such a "dramatic number" to his CFO could be challenging.

"We actually got that data from our CFO," Dr Hamidi responded. "They have that data. That is a known number. They just hadn't linked it to burnout, which is what we've done here."

Chris Sinsky, MD, vice president of professional satisfaction at the American

Medical Association and an internist at Medical Associates Clinic and Health Plans in Dubuque, Iowa, concurred with their findings. "Several pieces of data are completely aligned with what you have just presented," said Dr Sinsky, who was not involved in the study. "For example, some of the [healthcare chief executive officers] in the country have identified \$500 to more than \$1 million as the cost for recruitment for a physician. Also, the recruitment company Cejka has published their estimates, and they estimate it at \$500 to \$1.3 million, depending on whether there is a 6- or 12-month vacancy."

She also said that she and several colleagues recently published a calculator in *JAMA Internal Medicine* that allows anyone interested to estimate the how much their institution spends to replace burned out physicians. "And it is very similar data to what you have here," she remarked.

Dr Bohman also noted that senior leadership at Stanford Medicine became much more interested in dealing with the issue of burnout after seeing these data. "After we engaged our CFO from the school of medicine in this study, the receptivity and interest in forming our WellMD Center and recruiting Tait Shanafelt, MD, to lead it, had a significant inflection point."

"Aside from the other reasons that we need to take care of physicians and reduce burnout, aside from the humanistic reasons, we are trying to make a point that institutions should invest in preventing burnout because if they don't do that, it will have a high financial cost," Dr Hamidi said.

The authors have disclosed no relevant financial relationships.

2017 American Conference on Physician Health. Presented October 13, 2017.



PCMS NEWS

calendar of events

MAY 30, 2018

Lunch & Learn
Coding/Billing Compliance & Self Audits
Rana McSpadden, SVMIC

CMS has stepped up the number and types of audits plaguing medical practices over the past few years. This presentation discusses these audits as well as how performing routine self-audits may help in staying in compliance.



JUNE 20, 2018

Lunch & Learn
Delivering Exceptional Patient Experience
(Physicians, Managers, Staff & Others)
Steve Dickens, SVMIC



As healthcare trends away from patient satisfaction toward the patient experience, it is important for physicians, practice executives and staff to understand how this shift in able to identify the components to patient engagement; recognize the need to transition from measuring patient satisfaction to patient experience; and understand the importance of patient experience to the practice's financial wellbeing.

AUGUST 29, 2018

Lunch & Learn
Sexual Harassment Policies are Only as Good as You Practice Them
Cindy Kolb, Cross Gunter Witherspoon & Galchus



It's in the news daily, but do your company's managers and supervisors know how to respond to allegations of sexual harassment? We will address this critical issue by

teaching you how to identify:

- What is sexual harassment and what are the different types?
 - How to prevent sexual harassment.
- Attendees will also review scenarios to see if they can recognize harassment, the best way to respond, and how to create a harassment-free workplace.

SEPTEMBER 26, 2018

Lunch & Learn
Service and Emotional Support Animals
Rebecca Tutton, J.D., R.N., AMIC



Learn the differences between what constitutes a service animal and an emotional support animal and what a clinic may and may not ask an individual about

their animal. Learn about which laws apply to the animals and if a clinic must allow the animal in the clinic and what policies should be in place to avoid discrimination actions.

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Taboo Topic in Medicine Gets Closer Look: Doctor Suicides

Sciences has long offered mental health services for its faculty, students and residents, said Dr. Erick Messias, associate dean for faculty affairs in UAMS' College of Medicine. Also any UAMS employee has access to the wellness assistance program.

The number of medical students using the mental health programs has more than doubled in recent years, he said. One reason for the increase, Messias said, is the stigma associated with mental illness has declined.

"We have a whole generation that's growing up seeing their friends going to the nurse to get their attention-deficit medication," he said. "Depression is not as much stigmatized as it used to be, which is a good thing."

Still, the stigma endures. After his suicide attempt, Birk said he found it was difficult for his friends to speak to him.

"People don't know how to talk to you," Birk said. "They're scared to talk to you. ... It's like if they touch you, they might get the disease."

Under Pressure

Birk said that doctors are pressured to be perfect, and "of course, none of us are perfect."

In addition, doctors are trained to hide their emotions.

"I think we internalize too much," said Birk, who graduated from the University of Utah School of Medicine in 1994. "And if you don't find good ways for outlets, then you end up in situations like mine."

Years ago, doctors might have stayed silent and just plowed through the depression, and "then get home and drink yourself to sleep," UAMS' Messias said.

Birk said that "a very large portion of my

attempt was related to work and stress ... and not handling it appropriately on my part." He said that the attempt was not tied to patient care.

"The point where you try to kill yourself is obviously not a very good answer to problems," said Birk, who now practices at Jefferson Regional Medical Center in Pine Bluff.

Birk said he isn't depressed, nor has he ever been treated for depression. "But I certainly had an episode where I got to that point," he said. "If you asked me 10 years ago if that would happen to me, I would have laughed."

UAMS' Messias said evidence shows that stress levels for doctors have been rising over the last few years.

"And one of the most tragic consequences of that is this high number of physician suicide attempts or completed suicides," he said.

A factor that can trigger suicide is regular exposure to trauma, death and human suffering. "So there is something about health care that is very hard on people that are working in health care day in and day out," Messias said.

The death of a patient can also hurt the doctor, said Wible, the Oregon doctor.

"Even when there's no medical error, doctors may never forgive themselves for losing a patient," she said. "Suicide is the ultimate self-punishment. In several cases, the death of a patient seemed to be the key factor in pushing them over the edge."

Employers Can Help

Wible said the employer of any doctor who has attempted suicide should offer confidential counseling. The doctor should be treated "similar to how one would expect to treat a doctor (or any employee) who had a pneumonia or another physical health condition," she said. "Don't further stigmatize the person

who is already suffering and in pain."

UAMS' Messias said the mental health programs that UAMS offers its employees, students and residents is free and confidential. "Their records don't even go into the general medical record system ... to make sure they feel they're treated in a very, very confidential manner," he said.

Spotting a depressed doctor in the workplace, though, is difficult.

"Physicians tend to be very good at hiding that type of pain," Messias said.

And the depression won't surface at work, he said. "In the workplace, people have put on their best face and they get literally down to business," he said.

Doctors who appear to be happy and well-adjusted also die by suicide, Wible said. "Doctors are masters of disguise," she said in a column she wrote for The Washington Post in January. "Even fun-loving docs who crack jokes and make patients smile all day may be suffering in silence."

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Signs of Depression

Signs of a depressed employee, in any workplace setting, could include starting to show up late to work, loss of efficiency or productivity, inappropriate dress or deteriorating hygiene, according to Dr. Erick Messias, associate dean for faculty affairs at the University of Arkansas for Medical Sciences College of Medicine
A change in attitude from positive to negative can also be a sign that an employee is depressed, he said.

While a colleague shouldn't take the place of a mental health professional, Messias said a trusted co-worker can guide depressed employee to the right professional care.
"In the mental health system, there are tools to identify and help get people out of the crises and prevent new episodes from occurring," Messias said.



INTERVIEW WITH DR. MELISSA GRAHAM

What motivated you to choose medicine as a career?

My beloved grandmother, who lived next door to us when I was a child, was a surgical nurse for over forty years. Often I went with her on the weekends to the hospital to check supplies and make sure all instruments had been autoclaved and everything was ready for any possible emergency surgery. She often went to work during the middle of the night when there was a wreck or emergency surgery! She is the reason I admire an awesome nurse! She was at my delivery and helped bring me in to the world and I was holding her hand when she died. My great-great grandfather was a doctor in the same small town in southwest Arkansas. I have some of his medical instruments and text books. You might say that a health profession was in my "genes". However, I entered college pursuing a computer science degree. As with many physicians, my path as a child was not obvious to me and the road was curvy. There were some changes of majors during college and I actually interviewed for pharmacy school. During the interview, I was asked why I was not applying to medical school and a lightbulb went off! And thankfully, the career I chose was the career meant for me! I cannot imagine doing anything else! When I sat on the UAMS medical school admissions committee, I had to remind everyone that most kids do not really know what they want to be when they grow up! It is definitely a process! My choice probably should have been more obvious. When I finally decided, it felt completely natural even though



medicine had not even occurred to me during high school.

Why did you choose your specialty?

I enjoyed most of my rotations and had a hard time choosing between surgery and pediatrics! This is actually not uncommon! But I chose pediatrics and loved taking care of asthmatics because I could make them stop wheezing and see results quickly in the ER! And with some investigation, I could find out what was making them wheeze and sneeze and cause all of their symptoms! This led me to the field of Allergy! Every patient is different and it is a disease process that can be solved and, in many cases, usually cured! There is never a dull moment!! Allergy runs in families so it has been so much fun over my career getting to take care of multiple family members. I joke about how it is similar to being a family

practice physician because I see generations of family members and it is very rewarding!

Who are the people who influenced you the most in your professional life and why?

During my residency and Chief residency at Arkansas Children's Hospital and after, I was lucky to work with Dr. Betty Lowe. She taught me to be the ultimate child and physician advocate! She was the first woman president of the American Academy of Pediatrics and the medical director of Arkansas Children's Hospital. I am forever grateful to have been her student and friend. After ACH, I accepted a fellowship in allergy and immunology at Le Bonheur Children's Hospital and St. Jude's Children's Research Hospital in Memphis. Dr. Michael Blaiss, an allergist at Asthma and Allergy Care in Memphis at that

time, was one of my first mentors. I was fortunate to have completed my fellowship under his guidance. His patience and passion for solving patients' allergy and asthma problems was inspirational. He continues to guide me! When I returned to Little Rock, I was blessed to have been a partner with a group of exceptional allergists. Included in those was Dr. Marty Fiser. Dr. Fiser was dedicated to the healing practice of medicine and improving the lives of others - always with compassion - and often with laughter. He was admired and respected by all who knew him. These wonderful physicians had an impact on my early professional life - along with so many other colleagues today who continue to influence my career as we all work together caring for and providing the best possible

care for our fellow Arkansans.

What advice would you give a medical student in school right now?

Find your passion and work hard to be the best at whatever specialty you choose. Support each other and do not compete against each other! I see too often in medicine, and especially with women, that there are not enough physicians supporting each other. I was fortunate to be supported by many physicians in my early career who allowed me to pursue my career path. I wanted to do private practice and academics and a tract was developed for me so I could do both. I had to teach on my half day off but that was fine with me.

Also, volunteer in your local, state and national organizations. This is a great way to network with other physicians and develop friendships locally and nationally. If a physician asks you to be involved on a committee, say yes! I have loved every minute of my career in my private practice but also being involved as president of the state American Academy of Pediatrics and a member of the national nominating committee of the AAP. If you only spend time going to work for a few hours a week, you will miss out on so much. Be on a board of directors! I am on the ACH Board. Do not say no to everything. Yes is a great word. Create balance in your life. We need young physicians who will be involved in medicine outside of their clinic walls!!

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