

Leading The Healthcare Transformation

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In a headlong rush to address America's healthcare crisis, reformers from every walk of life are raising their collective axes and beginning to chop. Targets are many: hospitals, pharmaceutical and insurance companies, attorneys and most notably, physicians. In the words of LCMS President, Paul Kaplan, "There is a determined national movement, led by a new president with a popular mandate, to change the way we practice medicine..."¹ Physicians are confronted by managed care, managed competition, increasing paperwork, justification hassles and malpractice threats. Collegial relations are strained, even broken. Many physicians are experiencing a loss of control, chronic professional conflict and threats to their livelihood.

How has this come to pass? How could physicians, revered in our society, suddenly find themselves besieged by people and forces seemingly beyond their control? Some argue that the physician has become the easy, visible scapegoat to account for skyrocketing medical costs within a struggling economy. Physician-patient relationships are experiencing new intense levels of strain. As managed care and insurance plans restrict patients from seeing the doctor of their choice, physicians often become the most convenient vehicle for patient frustration, confusion and hostility.

Many physicians are stymied about what to do in response to increased external control that reduces their influence over patient care, the very real eventuality of fewer patients, fewer visits by those patients and reduced reimbursement for care provided. Many believe that patient care is being hurt. All of these changes collide with the very reason that most physicians enter the profession in the first place: to help people. Small wonder that there are those who are turning their frustration inward, even questioning whether to continue practicing medicine.

The present chaos in medicine is unique. Beth Israel President, Mitchell Raskin, MD, states, "It's obvious that physicians are under new stresses significant enough to drive anybody bonkers. It would have been unthinkable a decade ago for me to hear a physician say, 'I'm telling my kid not to go into medicine' or 'I've had enough - I'm retiring at 60.' We'll, it's not uncommon today. Those are warning signs."²

Some physicians are digging in, hunkering down for a battle so baffling no one seems sure who the enemy is. Others are directing their frustrations at their colleagues. Indeed the negative impact of increased competition, the new gatekeeper role of PCP's, the financial discrepancies between PCP's and specialists and the increasingly politicized nature of referrals are leading many to the conclusion that the most fearsome enemy is within. At precisely the time when unity, cohesion, and collegial support are paramount, physicians are splitting apart: PCP's from specialists, solo practitioners from groups, managed care physicians from physicians outside the system. Instead

of pooling their considerable intelligence, dedication and collective wisdom, the community of physicians is tearing itself apart from within.

To become leaders rather than reactors in the cataclysmic transformation of healthcare, physicians will need to build consensus and resolve differences collaboratively. This means exploring areas or knowledge and skill not traditionally emphasized in medical school or continuing medical education: Raising difficult issues without evoking resistance; responding to interpersonal criticism non-defensively; using group dynamics to facilitate consensus.

The personal stress to physicians is very real, yet often tactically forbidden. Gigi Hirsch, MD, notes "Doctors who call attention to the fact that they are troubled risk being pathologized under medical model of burnout... This does not really invite productive discussion about how to make things better."³ As Dr. Hirsch suggests it may be time to "take better care of ourselves."⁴ This might include interventions ranging from systematic relaxation to a structured analysis of values and practice vision.

Change is never easy, can seem impossible in the throes of turmoil. Yet through communication and leadership, physicians can begin to resolve the hard, tough issues rather than avoid and retreat into anger, despair and cynicism. Psychological carnage can be transformed into collaboration and consensus. The challenges are legion and so are the opportunities.

1. Kaplan, P.F. "Do We Have To Be Dead Meat?" *Of Interest*, LCMS 1993.

2. Hern, W. "Getting A Grip" *American Medical News*, 1993.

3. Ibid.

4. Ibid.