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***170th President, Pennsylvania Medical Society***  
***Speech at House of Delegates, Oct. 26, 2019***

Let me start by thanking you, my fellow colleagues in medicine, for being here. As I have gotten to know many of you over the past year, your dedicated engagement in addition to your energy and passion for the Pennsylvania Medical Society are contagious and will inspire me in this next year as we work together.

We all have made it a priority to be here today, as we have actively committed to making an impact. Let us ensure that our time is well spent, working together determining policy to enhance the betterment of medicine in our state.

I am honored to serve as president of the Pennsylvania Medical Society in this next term, and I am resolved to devote myself to this significant responsibility. I believe determining policies that enhance the health of our physician colleagues and their patients is very much in the spirit of PAMED's mission.

The picture behind me is Fallingwater, an architectural wonder designed by the iconic architect Frank Lloyd Wright and built in our magnificent western Pennsylvania mountains. Fallingwater is a masterpiece of amazing balance. Wright's design exhibits awesome beauty and stability constructed in the face of compelling obstacles.

Fallingwater meets the challenge of being built over a waterfall and nestled within the forest, developing a harmony between man's design and nature. -- This home is built on the principle of a crucial balance. At the same time that Wright was seeking balance in his designs, he spoke emphatically about achieving goals.

When asked why, Wright said, quote: "You have to go wholeheartedly into anything in order to achieve anything worth having."

And so in this era of modern medicine, we see physicians striving to overcome many challenges in order to create an environment that is balanced and rewarding.

We need to help our colleagues and the patients they serve thrive in this complicated world of modern medicine. But physicians cannot do it alone. Physicians need the camaraderie and advocacy

of physicians working together and guided by organized medicine in order to help them create a balance in work and life.

For 171 years, the Pennsylvania Medical Society has supported physicians. PAMED has survived world wars, the great depression, economic recessions, and tremendous changes in medicine, while supporting and attending to the changing needs of physicians.

PAMED's longevity and history show that physicians absolutely require the support of other physicians within an organizational system.

William Osler once said, "Listen to the patient; he is telling you the diagnosis."

We have dedicated our lives to serving our patients and ensuring their health and wellbeing. Now it is time for us to listen to our colleagues to ensure their health and wellbeing.

They are calling for our support.

They are calling for us to lead.

In that spirit, I ask this House to go beyond questioning transparency and step toward rebuilding trust within our organization and within ourselves.

We have all sacrificed time away from loved ones and patient care to be here in Hershey. Together, let us develop policies which will improve the lives of physicians and patients.

Some resolutions in recent years have not helped us move forward as an organization but rather have driven apart the house of medicine. We do not have to agree on everything. However, if we are to address what we all know are real issues and real concerns and create new policies and achievable goals that bring us together, we must do so with collaboration, camaraderie, and respect.

One important issue which requires our attention is physician burnout. It must be part of our conversation for this year.

As you know, we are in the midst of an acknowledged public health crisis.

Many studies reveal growing evidence that physicians feel overwhelmed daily and that many physicians are on the verge of burning out. Thus, at this time, it seems most important that we clearly identify the elements contributing to physician burnout and at the same time attempt to develop new ways to support resilience and strength within our profession.

It is critical to have the conversation now to increase awareness and to enhance communication regarding physician burnout.

We all can identify with the struggles and demands that electronic medical records have created in our daily lives. We all have felt isolated. We all know how difficult it is to not be heard by employers, the government and insurance companies.

Physicians are constantly asked to perform many demanding tasks without the needed support to accomplish them.

Over the next year, I hope to listen, learn and enhance communication surrounding this burnout dilemma.

Many reports estimate that more than 60 percent of physicians identify with the concept of burnout. There are between 300 and 400 physician suicides each year in our country, equating to a whole medical school class per year. I have personally known several physicians who have taken their own lives. Maybe you know physicians who have taken their own lives as well.

Acknowledging these statistics will stimulate more general awareness and open avenues to research possible solutions. I do not think that this problem will decrease without a change in the culture of medicine. The annual cost of physician burnout may be reaching billions of dollars. These costs are generated by declining productivity, increased turnover, early retirement, and decreased reimbursement as quality of care suffers.

In addition to suicide remaining a major concern, substance abuse, particularly alcohol abuse, is prevalent among physicians. As a result of all these factors, physician burnout has been described as a public health crisis.

Some of the major characteristics of physician burnout include overwhelming individual physical exhaustion, physicians feeling emotionally removed from the job, and physicians developing a sense of low personal accomplishment. Some studies report that as high as 54 percent of physicians acknowledge at least one of the components of burnout.

How did we get to this point? How much of this crisis is due to the electronic medical records system – which always seems to require one more click or one more program update without adequate training.

Studies have identified 80 different factors that contribute to physician burnout. You can certainly relate to some of these factors- such as

- Spending time on the phone with prior authorization peer-to-peer appeals instead of spending time in an exam room with patients.
- Losing sleep over paperwork, patient satisfaction ratings, RVU requirements, quality measures, MIPS, and MACRA
- Pajama Time at night completing patient notes with your computer instead of quality time with your family.
- A sense of loss of control with the demands of an overwhelming workload.

Since we know that clinician well-being is essential for safe and high-quality patient care, we must have a critical discussion about how we can eliminate physician burnout and establish an environment of well-being.

Since we all know that a physician's work can certainly be very rewarding and personally satisfying, now we all must help each other seek a balance with our professional demands and personal lives.

As Hall of Fame basketball coach John Wooden once said: "Do not let making a living get in the way of making a life." Modern medicine makes it challenging to achieve this balance, but I believe balance is critical to ensuring healthy physicians and an effective health care delivery system. The

fallout from not confronting physician burnout can have long-lasting impacts on all of us and the patients we took an oath to serve.

So, how do we go from burnout to resilience and wellness? There are steps we can all take to address stress and anxiety. During my presidency, I will work with PAMED leadership and staff to provide resources and education that can help you determine the best ways to mitigate signs of burnout.

The solutions will require more than yoga and mindfulness training, although these are effective practices for some of us.

Regardless of individual efforts, support at the organizational level is also needed for meaningful change. As the statewide House of Medicine, PAMED is in an excellent position to influence many of those changes as well. Here are four steps PAMED will take during my presidency to address this issue:

Number 1 - Reduce physician stressors outside the exam room. One example will be our continued advocacy to reform the prior authorization process.

Number 2 - Regularly solicit input from physicians on burnout and wellness strategies. I want PAMED to be a hub for communication and conversation on this issue, through in-person and virtual meetings across the state and on our website and social media.

Number 3 - Continue resiliency training. I will travel throughout Pennsylvania to present on this subject.

Number 4 - Provide best practices for physicians and their staff to make EHRs work for them, not against them.

While tackling physician burnout will be my presidential goal, I am also committed to seeing progress on the many other issues we must address as an organization. These issues include preventing the return of “venue shopping” in medical liability cases, ensuring that life-long learning through MOC is fair for everyone, and protecting the health care team by fighting CRNP scope of practice expansion.

We will continue to promote common sense solutions to the opioid crisis by advocating for increased access to evidence-based treatment, while ensuring physicians have the autonomy to care for patients. We will continue to protect our patients by promoting vaccines as a safe and effective way to protect our communities against epidemics.

There are bound to be other issues that will require our attention and focus as we move into 2020. I welcome your comments this weekend and throughout the year.

Frank Lloyd Wright once said: “We are all here to develop a life more beautiful, more concordant, more fully expressive of our own sense of pride and joy than ever before in the world.”

To do this in medicine, I ask you, my colleagues from across the state, to join me.

Join me in stepping away from concerns about transparency and toward rebuilding trust.

Join me in working together, for each other, not against one another.

And join me in showing our members all the good which the House of Medicine can accomplish when we are unified.

Physician burnout is a public health crisis – one that deeply concerns me. The House of Medicine - the physicians and staff of the Pennsylvania Medical Society – is uniquely positioned and qualified to start this discussion.

Join me in showing the strength of a unified House of Medicine. Join me as we start the discussion to work toward real life solutions in burnout and the many other issues that impact our profession. Thank you.