Examine Morale and Practice Patterns of Direct Primary Care Physicians

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Examining Morale and Practice Patterns of Direct Primary Care Physicians

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Introduction

• Amidst many other challenges within the U.S. healthcare, clinician and staff burnout and poor job satisfaction has become an increasing concern. Enough so that a fourth aim has been proposed—clinician and staff satisfaction.
• The “Professional morale, practice patterns, career plans, and perspectives” of U.S. physicians were examined by The Physicians Foundation with help from Merritt-Hawkins® in the 2016 Survey of American Physicians®.
• The survey reported concerning results from primary care physicians in regards to career morale and outlook on the medical profession. The top three factors identified as “least satisfying” about medical practice were erosion of clinical autonomy, regulatory/paperwork burdens, and inefficient EHR design.
• Direct Primary Care has been touted as a healthcare delivery model that provides physicians with greater clinical autonomy, more time with patients, relief from the paperwork burdens, and inefficient EHR design.
• The authors believe direct primary care holds great promise as a means of achieving the “fourth aim” of healthcare—improved clinician and staff work life.

Problem Statement

The purpose of this study was to compare DPC physician’s responses to the responses of primary care physicians as a whole.

Methods

• Using Google Forms® a 17-item survey was created using 14 questions pulled from the 2016 American Physician Survey and the authors created 3 additional questions.
• A link to the survey was posted to a 1,000+-member social media page for Direct Primary Care physicians from all over the country. The survey was open for three weeks.
• Survey results were analyzed automatically by the Google Forms® software. These results were given in pie charts as well as an excel document format.

Results

• 72 survey responses were received, with 14 short responses to the “additional comments” item.
• Notably, 66.7% of DPC physicians surveyed would recommend medicine as a career, 68.1% rarely or never have feelings of burnout [Fig. 1]. 73.6% reported spending 10 or fewer hours per week on non-clinical (paperwork) duties and 79.2% reported generally having all the time needed with patients to provide the highest standards of care [Fig. 2].
• Additional comments touched on topics of burnout and transitioning to DPC [Table 1].

Conclusions and Future Implications

• The authors believe direct primary care holds great promise as a means of achieving the “fourth aim” of healthcare—improved clinician and staff work life.
• More formal studies, using validated scales, should be carried out to determine rates of burnout amongst DPC physicians and their fee-for-service, insurance-billing counterparts. However these preliminary survey responses suggest that DPC practitioners may experience rescue from burnout after a transition to direct primary care.

Table 1. Additional Comments (4 of 14)

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<th>Comment</th>
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<td>I was at extreme burnout before DPC and was about to leave Medicine. After finding DPC, I saved my career, my family, and my sanity. The whole of medicine is still in grave danger, but DPC is a beacon of hope for physicians and patients. If removing doctors doesn’t work, then DPC is probably less hopeful than I had thought.</td>
</tr>
<tr>
<td>I transitioned from hospital based practice to DPC and it renewed my passion for medicine and allows me to practice the way I think medicine should be practiced — much slower pace.</td>
</tr>
<tr>
<td>Only after I got rescued into my DPC practice did I start recommending family medicine again to premed students. It’s the only way to do primary care.</td>
</tr>
<tr>
<td>I transitioned from hospital based practice to DPC and it renewed my passion for medicine and allows me to practice the way that I think medicine should be practiced — much slower pace.</td>
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References: