

LANE COUNTY MEDICAL SOCIETY | SEPTEMBER 2024

# MEDICAL MATTERS

## Reeling for Reform

Dr. Brian Hoyt describes how physicians can use their experience to drive policy change and shape effective legislation.



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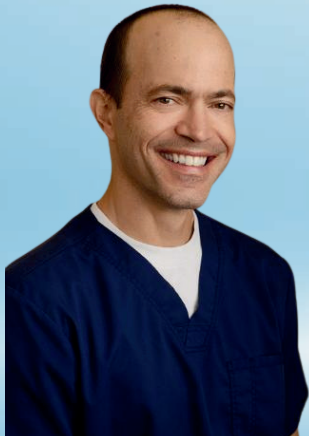
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# What Are You Sacrificing When You Say Yes?

**BY DR. LINDSEY FIX**

LCMSF PRESIDENT AND PHYSICIAN  
WELLNESS PROGRAM ADVOCATE

Last month, I attended The Coalition for Physician Well-Being's Joy and Wholeness Summit in New Mexico. This was not your typical retreat. It was a four-day deep dive into the complex world of physician wellness.

One speaker's comment resonated: "When you say YES to something you don't want to do, you're saying NO to something you'd rather be doing." This brief comment suddenly made me realize how much my own actions were contributing to my feelings of being overextended and overwhelmed.

I realized I had been inadvertently increasing my stress by always saying "yes" without considering the consequences. Along with trying to change my automatic response, I chose to reduce my daily question asking.

In clinic, I implemented new policies to set clear boundaries. Policies on how to deal with late patients, unexpected walk-ins, and unsolicited pharmaceutical reps were written into the practice's policy. Minor adjustments to office flow and scribing reduced my documentation burden, allowing me to say "no" to several hours of notes each night, and "yes" to some much-needed rest.

I also decided to stop making in-the-moment decisions by postponing a response by even just an hour or so. This reduced the risk of an automatic "yes" significantly. These minor changes immediately restored some balance and control to my world, putting distance between myself and that looming feeling of burnout.

Before the summit, a patient questioned the need for a "well-being" conference for physicians, suggesting

that doctors were the pinnacle of wellness. This misconception highlights a broader misunderstanding of our reality. Physicians face mental and physical health challenges—such as anxiety, depression, and substance abuse—at rates comparable to those of the general public, but with the added strain of our unique occupational stressors.

According to the 2022 Medscape National Physician Burnout & Suicide Report, 10% of physicians have contemplated suicide.<sup>1</sup> When I shared a draft of this article with a friend who said, "I wouldn't want to know if my doctor was suicidal." This underscored the unrealistic expectations placed on us by the non-medical community.

Historically, physicians have been seen as invulnerable to disease or illness, perhaps to maintain our role as authorities on health. I was taught in medical school that self-disclosure could compromise the physician-patient relationship. I'm open with my peers about using the Physician Wellness Program's (PWP) counseling services in an attempt to decrease stigma and encourage colleagues to seek help when needed. However, my transparency with patients is lacking.

Among peers, we can drop this superhuman facade and offer genuine, non-judgmental support, while acknowledging our shared humanity. Yet, educating patients and community members about the difficulties we face as physicians feels much more vulnerable and somehow risky, but it is a risk we need to take.

We need to have the courage to openly discuss the efforts and resources required to build and maintain a thriving physician community.

Participating in LCMS educational,

advocacy, and social events fosters collegiality; decreases barriers to accessing support, such as the PWP; and reminds us that we are in this together. Our community deserves to know about all the work that we are doing to keep each other healthy and actively practicing in Lane County.

The PWP Gala on September 21st is our chance to bridge the gap between the medical community and the public. This event will encourage dialogue, boost advocacy efforts, and raise money for continued mental health and career development resources for local physicians.

By participating, we can show community members, public leaders, and our peers that advocating for our well-being isn't just about avoiding or managing burnout; it's about developing a sustainable and healthy support system that benefits both physicians and the broader community.

I hope you'll join me in saying "yes" to attending this year's Wild West Wellness Gala for a night of community, advocacy, education, and celebration. ♦



Executive Director, Shondra Holliday, and Dr. Lindsey Fix at The Coalition for Physician Well-Being's Joy and Wholeness Summit in New Mexico.

*Photo provided by Shondra Holliday*

1. "A Tragedy of the Profession: Medscape Physician Suicide Report 2022," Medscape, [www.medscape.com/slideshow/2022-physician-suicide-report-6014970?reg=1](https://www.medscape.com/slideshow/2022-physician-suicide-report-6014970?reg=1)



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# Chart Notes

“It’s important for us as a physician community to support each other. The gala offers that—a chance to relax, have fun, and become more educated about the program. If something’s going on, you know where it is, how to act, and how to be there for each other.”

—DR. BRIAN HOYT,  
GALA PADDLE RAISE HOST  
ON HOW THE GALA SUPPORTS  
THE PWP PROGRAM. SEE  
MEMBER PROFILE ON PAGE 14.

## Giddy Up! For the PWP Gala on September 21st!



**Grab your boots and round up your friends for a Wild West adventure to help increase physician well-being through the Physician Wellness Program! Our goal is to surpass the \$50,000 we raised in 2022 by an additional \$15,000—help us get there! Last Chance to Register is Sept 8th.**

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**Aug 18:** Wild Soul Summer Pop-up at 275 E. Oregon Ave, Creswell from 11 a.m.-4 p.m.

**Aug 21 & 28:** Enjoy live music at Coburg Concert in the Park from 5-8 p.m.

**Aug 29 & 30:** Sweet Market on Main with live music at 4425 Main St, Springfield from 5-9 p.m.

*\*Hat costs range from \$75-\$195 based on style and customizations.*

## RESOURCES

**Physicians are invited to join an OMA Committee.** Committees include policy; governance; legislative; justice; equity, diversity, and inclusion; and finance and audit. Submit your interest by September 15, 2024, by visiting the OMA webpage.

**The Physician Wellness Program** Accessible to all active Lane County Physicians, offering free counseling without a diagnosis. For appointments, contact Cascade Health at 541-345-2800 or call the national 24/7 support line at 888-409-0141 to connect with certified counselors.

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# Creativity Meets Wellness

BY **CARRIE PETERSON & LEXI PEDERSEN**

CO-OWNERS OF DAWN + DUSK DESIGNS

The relationship between creativity and mental health is deeply intertwined. Engaging in creative processes has been shown to reduce stress, anxiety, and symptoms of depression. It offers an outlet for self-expression, a way to process complex emotions, and a means to escape the monotony of daily routines.

Furthermore, the act of creating stimulates the brain, encouraging innovative thinking and problem-solving skills. In modern medicine's fast-paced and high-pressure work environments, maintaining mental health and wellness has become paramount. The LCMS Gala's mission is to support the Physician Wellness Program and combat the epidemic of chronic stress and burnout.

One unique, yet incredibly effective approach to fostering a positive and productive workplace is through the incorporation of creativity.

You and your team walk into your conference room, stressed and distracted from the hectic day. You mumble a few pleasantries amongst yourselves. It's friendly, but the energy is lacking. There's not much left in the tank, and who could blame you? Then, the Dawn+Dusk expert hat tenders start to explain the hat bar and the activity you're about to do. You see stacks of hats in a variety of styles and a literally endless array of accessories to express your unique style.

Now, here's where the magic bubbles up. The room starts to vibrate with ideas and chatter as the contagious creative energy takes hold. Everyone is in a flow state. The luxury of

uninterrupted focus on the task at hand is refreshing—you can practically feel the collective sigh of relief. Spirits lift, and the bonds being cultivated foster a sense of belonging that is sure to pay dividends in a positive workplace culture.

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# A Conversation with the OMA

**BY MARK BONANNO, JD, MPH**  
 OREGON MEDICAL  
 ASSOCIATION ATTORNEY

Change is an ongoing factor in health care, particularly, changes made by our Oregon Legislature. As we approach the long legislative session in 2025, we check in with Courtni Dresser, the head of the Oregon Medical Association's (OMA) legislative advocacy team.

**Why should our busy front-line healthcare professionals care about legislative advocacy?**

The key is understanding how you can have a voice at the Capitol in Salem. Changes to laws impacting medicine are made by legislators who mostly work outside of healthcare. Bringing the collective voice of clinicians to the policy table is critical for educating and informing our legislators on healthcare.

**What are the biggest policy challenges for healthcare professionals in the coming legislative session?**

Health care has become increasingly challenging for professionals who simply want to practice their training. The heavy regulatory and administrative burdens lead to clinician burnout and financial solvency issues for independent clinics. The challenge is convincing legislators that these burdens are real and that solutions are needed to reduce them, rather than add to them.

**What is OMA planning to work on in 2025?**

We have a broad agenda for the

upcoming session, with much of it focused on addressing regulatory burdens on physicians. In a long session, we not only advocate for the bills we introduce, but also track about 800 other bills that impact health care. We work on these bills as needed.

One key problem we hear about a lot is the paperwork and delay burden caused by prior authorization. One solution is passing legislation that allows a clinician to earn a "Gold Card" if a certain percentage of their claims that require prior authorization are approved for a specific procedure. This approach can expedite patient treatment and reduce the heavy administrative burden on the healthcare system and on clinicians.

We also want to support greater access to wellness resources to combat burnout, which is a straightforward issue and has a modest funding need.

The Oregon Wellness Program provides free and expedited mental health services to clinicians across the state to help curb the impact of burnout that is plaguing healthcare workers nationwide.

With suicides among health professionals on the rise, state support is crucial, as the program is operating beyond its budgetary capacity and has been scaling back these services.

Another administrative burden issue is credentialing. The need for a productive health care workforce is in demand more now than ever before and extensive credentialing delays are an unnecessary obstacle.

Currently, clinicians must submit

anywhere from 20 to 60 different credentialing applications for various payers, leading to delays in newly employed clinicians seeing patients. Legislation that simplifies this process would save time and money for clinicians and expedite care for patients.

**We hear a lot lately about the concept of the corporate practice of medicine, so can you explain how OMA approaches legislative proposals related to the issue?**

OMA will be working closely on legislation to ensure that healthcare professionals drive the medical care for their patients and not corporate entities. Strengthening Oregon's corporate practice of medicine statutes is a strong priority for the OMA.

As private equity and corporations invest and buy into healthcare clinics and systems, the need for policy that will protect patient care and uphold clinicians' rights to provide care based on their best medical judgment will be a key focus for us in 2025.

**How can healthcare professionals take a more active role in legislative work?**

Join your medical and specialty associations, especially those with legislative committees or those that need individuals to testify in committee hearings in Salem. Many associations, like the OMA, have dedicated lobbyists who can help train those unfamiliar with the advocacy process to become better advocates. You can also always reach out to the OMA for support.◆

# Slocum Welcomes New Joint Specialist

GERALD AGGREY, MD

Slocum Orthopedics is pleased to welcome Gerald Aggrey, MD to our Joint Replacement team. He received his medical degree from Washington University in St. Louis, completed his orthopaedic residency at Duke University Medical Center, and an adult reconstruction fellowship at Vanderbilt University Medical Center. Dr. Aggrey is board-certified and previously served at Hope Orthopedics of Oregon and Salem Health Orthopedics. Dr. Aggrey is excited to bring his expertise to our community and is now accepting new patients.



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# Transforming Healthcare in Lane County

## NANCY NATHANSON

STATE REPRESENTATIVE, DISTRICT 13

Lane County experienced two significant disruptions in healthcare in less than a year: the closure of the PeaceHealth Sacred Heart Medical Center, University District, and the ramifications of 35 doctors leaving Oregon Medical Group since January 2023. These doctors would not be able to continue practicing locally because of non-compete provisions in contracts.

This was challenging for patients as well as doctors who were trying to manage their own emotional and physical health, as well as that of their patients. I've heard from doctors practicing in primary and specialty care, as well as retired doctors, who were already struggling under the pressure of changes in the business of healthcare.

Lane County's experience is an extreme example, but health business reorganization and severe workforce shortages are alarming nationwide. As the 2025 legislative session nears, ideas for legislation are percolating.

### Corporate Practice of Medicine

Oregon's Corporate Practice of Medicine (CPOM) doctrine, on the books since 1947, asserts that control of medical practices lies with physicians or other advanced practice providers.

House Majority Leader Ben Bowman introduced HB 4130 in the 2024 legislative short session to ensure CPOM doctrine is closely followed. The bill required physicians to retain both majority ownership and control of practices. It would have banned non-compete agreements and contractual language that prevents doctors from continuing to provide care to their patients in the same community. It would have also banned stock transfer restriction agreements, which are legal arrangements corporations use

to influence ownership and sales of practices.

Despite bipartisan support, the legislative short session adjourned before the Senate voted on HB 4130. Legislative discussions are underway to continue reviewing corporate acquisitions and mergers, and the ownership of healthcare clinics. Rep. Bowman leads a workgroup of over 100 participants, including physicians, the Oregon Medical Association, independent clinic owners, corporate entities, local CCOs, and others. A revised version of the bill will be introduced next year.

### Legislative Accomplishments

In response to the announced closure of the University District Hospital and Emergency Department last summer, I convened a local stakeholder group. We identified short-term responses and medium and long-term solutions. I introduced our work and passed HB 4136 in March. It delivers both rapid help and long-term changes to the Eugene area.

In addition to speeding up nurse licensure and funding an additional ambulance crew, it funds innovative programs to reshape the delivery of same-day care beyond ambulances and crowded emergency departments.

The goals are to improve access to same-day health care while decreasing overall system costs in the greater Eugene area, and to reduce demands on ambulances and hospital EDs. Patients needing basic care shouldn't have to wait for help for hours in a crowded hospital ED.

### Solutions for Lane County

Innovation fund grants have been awarded to five programs. The City of Eugene and PeaceHealth are collaborating to respond to lower-acuity 9-1-1 calls with a paramedic or EMT, relieving other Fire/EMS units

to respond to higher-acuity calls.

White Bird Clinic will increase mobile crisis services to receive patients 24/7, offer crisis intervention, in-house medical, mental health, and dental services, and referrals. Lane County will coordinate with existing street-medicine partners to provide mobile health services at local shelters that see high volumes of ambulance transport. Cascade Health will increase the availability of telehealth services, including for Medicaid patients, and BestMed will add one extra shift to extend hours at Coburg Rd. Urgent Care to 10 p.m.

### Going Forward

PeaceHealth has already opened an urgent care facility at their University District site that accepts patients until 8 p.m. The local stakeholder group continues to meet, focusing on urgent care and workforce needs. Urgent care topics include availability during the evenings and lack of standards. Workforce concerns include training, recruitment, and retention, and the impacts of stress and burnout.

Conversations are rich with a wide range of points of view from local and statewide public agencies, private organizations, and current and retired physicians. From urgent care to ownership and dozens of other topics, the legislature will wrestle with competing goals and ideas.◆

*Legislators will submit their "bill concepts" by Sept. 27 to be drafted for early consideration in the next session. The next assembly will begin on Jan. 13, 2025. The legislative website describes how to engage with the legislative process. Whether you send a letter or visit the Capitol in person, it's easy to get automated updates on the status of bills once officially submitted. Visit [oregonlegislature.gov/citizen-engagement](http://oregonlegislature.gov/citizen-engagement).*



Dr. Brian Hoyt is making a casting stroke from the riverbank of his home on the McKenzie River.

*Photo by Angel Montes*



MEMBER PROFILE

# Reeling for Reform

Dr. Brian Hoyt showcases how advocacy shapes healthcare policies and increases the wellness in our community.

BY ALAN SYLVESTRE

FOR LANE COUNTY MEDICAL SOCIETY

**F**or Dr. Brian Hoyt, a board-certified emergency physician with Cascade Medical Associates, his path into healthcare started early.

“Starting at a young age, I was intrigued by the sciences and healthcare,” Hoyt says. “In high school, I took a health occupations class and was really interested in the EMS field and thought I wanted to be a paramedic.”

Some of that exposure to the field also came through being a Boy Scout, but during his health occupations course, he spent time in the emergency department. This opportunity helped spark his decision to explore a career in healthcare.

“As a younger person, I thought that would be an adrenaline-riddled career, and it intrigued me,” Hoyt recalls. “But I wasn’t sure that after high school I would have to be in school for another 8-12 years to become a physician, so I wasn’t sure if I would pursue that route of medicine.”

Throughout college, he says he looked at other career paths like becoming a science teacher. However, one opportunity solidified his desire to work in emergency medicine.

“While I was studying at the University of Oregon, I worked as an orderly, and I was exposed to medicine even more,” Hoyt says. “I was working all over the hospital in departments like cardiology, OBGYN, and the emergency department.”

He decided that medicine was calling his name. He told himself that if he applied and got into medical school, it was “meant to be.” “Working in emergency medicine was definitely the right career path for me,” Hoyt says.

### Variability in the ER

In some specialties of medicine, you focus on a patient’s long-term needs. Sometimes developing multi-year treatment plans, but what draws Hoyt to the ER is the “immediacy” of the need for a physician and the ability to see and treat something new every day.

“I have the opportunity in emergency medicine to practice all specialties to some degree,” Hoyt explains. “What I really love the most about it is that you have the opportunity to impact someone’s life in an immediate problem-solving situation,” he says.

“There may be days when the majority of your patients are elderly, weak, and dizzy, requiring extensive work-ups,” Hoyt notes. “Then the next day, you may encounter younger patients with sports injuries, or someone with a mental health crisis that you can try to speak into their life and get them the help they need. You see some of the same patterns, but every day presents differently and leads to variability.”

### Turning Experience into Advocacy

Hoyt has been the medical director of the emergency department at McKenzie-Willamette Hospital, served on several hospital medical staff committees, and is currently Chief of Staff.

While these roles don’t require advocacy for policy change, it’s

something that Hoyt believes is necessary for advancing the field of healthcare.

“Sometimes, as a physician, you see things being planned on a policy level that doesn’t make sense to you,” Hoyt says. “And it’s because they’re politicians and not doctors. I think most people are well-intentioned, but they might not have all of the information.”

Roughly ten years ago, according to Hoyt, the fentanyl crisis started to peak. In 2016 the U.S. Immigration Customs and Enforcement found that roughly 20,000 Americans were killed by fentanyl and its analogs.<sup>1</sup> When it was reported that in Washington and Oregon young people are more likely to die from an opioid overdose than a car accident, Hoyt looked for a way to get involved in the solution.

“There would sometimes be bad fentanyl that would come through town, and we would see multiple overdoses a week in the emergency department,” Hoyt says.

In 2014-2015, Hoyt attributes the original push for Narcan coming from the HIV alliance. As an emergency physician who dealt with this crisis every day, he took it upon himself to make phone calls and write letters to legislators to provide input into what he saw on the front lines of the crisis. “That push became recognized at the state level,” Hoyt says.

Senate Bill 1043 was passed into law and requires “providers of substance use treatment or detoxification services, hospitals, long-term care facilities, residential care facilities and providers of outpatient physical or behavioral health services, upon release, discharge, or transfer of patient or resident or after the patient visit, to provide two doses of overdose reversal medication and medical supplies necessary to administer medication if patient or resident has a prescription for opioid

medication or has a history of opioid use.”

It was a well-intended bill for the long run, but during conversations with legislators, advocates like Hoyt pointed out that these requirements could put a financial strain on a hospital.

“There could be ten patients a day who need Narcan,” Hoyt says. “For our hospital, at the time, bulk purchasing was upwards of \$100 a piece.”

According to Hoyt, none of the advocates were against the idea, but they needed to problem-solve to create a more cost-effective solution to the plan. So they partnered with the Department of Health to get a stockpile of Narcan to take the financial cost of purchasing it from each individual hospital so they could participate in the legislation and it was written into the bill.

“I think if the legislators didn’t have the perspective of an emergency physician dealing with this crisis every day, none of these aspects would have been written into the bill,” Hoyt says.

Hoyt says that legislators expanded on the original legislation with House Bill 2395 to allow first responders, law enforcement, and pharmacists to hand out Narcan.

### Advocacy 101

For younger physicians who might not know how to advocate for change in their specialty, Hoyt says each specialty has an organization you can reach out to. “I think that most of our organizations, whether within our specialty or organizations like Lane County Medical Society, have people to help with legislative advocacy,” Hoyt says. “They can keep you informed on a local, state, or sometimes federal level.”

His advice to any physician who wants to advocate for change is actually quite simple: “Call your legislator,” Hoyt says. “They might not always call you back, but often they will. A lot of legislators have the best intentions for

1. “Combating the Opioid Crisis,” U.S. Immigration and Customs Enforcement, [www.ice.gov/features/opioid-crisis](http://www.ice.gov/features/opioid-crisis)

the legislation they're drafting, but might not always have the hands-on experience since they don't always come from a medical background."

Sometimes organizations like the AMA notify physicians when a bill might be coming up for a vote and urge specialists to call those legislators to provide input into the bills. Hoyt says the key to his physician wellness has been becoming an advocate and getting involved with solutions to local and state issues.

"These issues are often ominous and seem untouchable, but once you start getting involved and developing relationships with policymakers, it can be a very rewarding and effective strategy to regain some control in what is happening around you, help your medical community, and your patients," Hoyt says.

**Wellbeing in Nature**

When it comes to wellness, Dr. Hoyt

is a strong advocate for living a balanced and fulfilling life. "Physician wellness is about finding balance between the care you give to your patients and yourself, whether that's through taking up a hobby, being part of something, or creating something. It helps to recharge your battery," he says.

Dr. Hoyt cherishes his time outdoors, especially with his family. "I think about the catch you probably shouldn't have lost. My favorite memory is steelhead fishing with my father during the Super Bowl. We lost that catch, but the next year, the same Sunday during the Super Bowl, we caught another steelhead in the same place, and this time, we got it in the net. It had the same energy and action as the year before!" he recalls.

These moments go beyond the activity. They symbolize the deeper value of being in nature with loved ones. "Fishing isn't about the number of fish you catch; it's more about the memories. It's the best

office you could imagine," he emphasizes.

Dr. Hoyt mentions that this sense of community and support is crucial for physicians. He sees events like the gala as more than just a gathering.

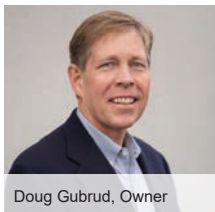
"It's important for us as a physician community to support each other. The gala offers that—a chance to relax, have fun, and become more educated about the program. If something's going on, you know where it is, how to act, and how to support each other."

In his view, taking part in such events not only strengthens the bonds within the physician community, but also reinforces the importance of looking out for each other's well-being because it only takes one person to become the change that could be needed.

"It's a matter of listening, being involved, and voicing your opinion," Hoyt says. "The one person who says they want to be involved is often the one who could be a part of the solution."◆



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# AMA Steps Up to Fight Scope Creep that Threatens Patient Safety

BY KEVIN B. O'REILLY

NEWS EDITOR, THE AMERICAN MEDICAL ASSOCIATION

With a raft of actions at the 2024 AMA Annual Meeting in Chicago, the House of Delegates has built upon the AMA's longstanding and successful efforts to fight scope creep and defend the practice of medicine against scope of practice expansions that threaten patient safety.

Among these actions is a new set of policies adopted to address specialty switching among nonphysician providers. A growing number of nurse practitioners (NPs) and physician assistants (PAs) practice in specialties outside primary care, with the latest federal data showing that only 24% of NPs deliver primary care. By contrast, there is very little publicly available data on how often these nonphysician providers switch specialties.

Both NPs and PAs can easily switch specialties during the course of their healthcare careers. This "idea of specialty switching by NPs and PAs is not a new phenomenon and such flexibility in specialization is often touted by both professions as a positive attribute to prospective students," says an AMA Board of Trustees report whose recommendations were adopted at the 2024 AMA Annual Meeting in Chicago.

Though state licensure requires that NPs and PAs graduate from an accredited program and get certified by a designated body, these certifications "are extremely broad, allowing wide latitude in the patient population, specialty or setting in which they can practice," the report says, adding that there are "little to no guardrails limiting the specialties in which NPs and PAs may work."

Much research shows "a misalignment between NP education, training and certification and the specialty or setting in which they practice, such

that some nurse practitioners find themselves in the position of caring for a patient population or level of acuity in which they have received no formal education or training," the board report notes.

By contrast, both professions rely on postgraduate, on-the-job training as a means to gain specialty expertise. There is a dearth of research on the impact of nonphysician providers' specialty switching on the quality of care.

To that end, the House of Delegates (HOD) adopted new policy to:

1. Encourage hospitals and other healthcare entities employing NPs and PAs to ensure that the NP's certification aligns with the specialty in which they will practice.

2. Continue educating policymakers and lawmakers on the education, training and certification of NPs and PAs, including the concept of specialty switching.

3. Continue supporting expansion of access to physicians in underresourced areas.

## Stop Scope of Practice Disinformation

In a separate action, delegates took action to counter the "political misinformation and disinformation about the benefits and safety of scope of practice expansion" that is regularly set forth by physician providers.

AMA members must spend lots of time and money countering such low-quality information, while a growing body of research is detailing promising strategies that can be used to correct misinformation, says a resolution introduced by the American Academy of Ophthalmology.

To help physicians take a more proactive approach in debunking rhetoric used to advance efforts to inappropriately expand nonphysicians

providers' scope of practice, delegates directed the AMA to:

1. Perform a comprehensive literature review on current research on correcting political misinformation and disinformation and conduct field research on ways to correct political misinformation and disinformation amongst policymakers as it pertains to scope of practice.

2. Report its findings and recommendations by the 2025 AMA Annual Meeting to the House of Delegates on correcting political misinformation and disinformation and that our AMA incorporate these findings to the extent possible into our AMA's advocacy efforts on scope of practice.

3. Patients deserve care led by physicians—the most highly educated, trained and skilled health professionals. The AMA successfully fights scope of practice expansions that threaten patient safety.

## When it's an Emergency, A Doctor Should be There

NPs delivering emergency care without physician supervision or collaboration in the Veterans Health Administration increased lengths of stay by 11% and raised 30-day preventable hospitalizations by 20% compared with emergency physicians, according to research cited in a resolution introduced by the Florida Medical Association.

Meanwhile, the resolution says, "state laws vary on the number of NPs and PAs that a physician can supervise, with some states having no limits at all." And in a growing number of states, corporate staffing groups are replacing emergency physicians with nonphysician providers.

In an effort to protect patients seeking emergency care from harm, the HOD directed the AMA to seek federal legislation or regulation to prohibit

staffing ratios that do not allow for proper physician supervision of nonphysician providers in the ER. Delegates also adopted new policy urging “that all emergency departments be staffed 24/7 by a qualified physician.”

**Don't Open Wide for Dental Scope Creep**

Some dentists and dental hygienists are performing medical procedures related to fillers and neurotoxins such as onabotulinumtoxinA (marketed as Botox). That trend comes despite consumer guidance issued last year by the FDA saying that anyone considering a neurotoxin or dermal filler should consult with a health professional “who has experience in the fields of dermatology or plastic surgery, who is experienced in injecting dermal fillers, who is knowledgeable about fillers, anatomy and managing complications, and who knows the risks and benefits of treatment,” says a resolution introduced by American

Academy of Dermatology, American Society for Dermatologic Surgery Association, American Contact Dermatitis Society and American College of Mohs Surgery.

Letting “dentists and dental hygienists to administer neurotoxins and dermal fillers for therapeutic or cosmetic purposes jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training,” the resolution adds, noting that intravascular injection can carry a higher risk of filler embolization, necrosis, visual abnormalities, blindness and stroke.

Addressing this troubling trend, the House of Delegates adopted new policy to “recognize the threat posed to patient safety when dentists and dental hygienists are authorized to practice medicine and administer procedures outside their level of education and training.”

Delegates also directed the AMA to “actively oppose regulatory and legislative efforts authorizing dentists and hygienists to practice outside their level of education and training.”

With their actions at the Annual Meeting, delegates are building on the AMA’s longstanding and successful efforts to fight scope creep and protect physician-led care. Last year, the AMA helped stop more than 100 such legislative proposals and has helped block dozens more so far in 2024 through the AMA Scope of Practice Partnership.◆

*Learn more with the AMA about the vast differences in education and training between physicians nonphysicians by visiting their home page. This article was sourced from the AMA website at [www.ama-assn.org/practice-management/scope-practice/ama-steps-fight-scope-creep-threatens-patient-safety](http://www.ama-assn.org/practice-management/scope-practice/ama-steps-fight-scope-creep-threatens-patient-safety).*



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# Physician Burnout Rate Drops Below 50% for First Time in Four Years

**BY SARAH BERG, MS**  
NEWS EDITOR, THE AMERICAN  
MEDICAL ASSOCIATION

Physician burnout has been a long-standing issue in the medical community. After skyrocketing to a record-high 62.8% in 2021, exclusive survey data from the American Medical Association (AMA) show doctor burnout has fallen below 50% for the first time since 2020.

The shift marks a milestone in the ongoing battle against physician burnout, but the fight is far from over. Continued efforts are essential to address the root causes of physician burnout and ensure that doctors receive the support they need to thrive.

As the leader in physician well-being, the AMA is reducing physician burnout by removing administrative burdens and providing real-world solutions to help doctors rediscover the Joy in Medicine™.

More than 12,400 responses from physicians across 31 states were received from 81 health systems and organizations who participated in the AMA Organizational Biopsy® between Jan. 1 and Dec. 31, 2023.

The AMA national physician comparison report—which is exclusive data to the AMA that is not published anywhere else—reflects 2023 trends in six key performance indicators—job satisfaction, job stress, burnout, intent to leave an organization, feeling valued

by an organization and total hours spent per week on work-related activities (known as “time spend”).

The purpose of the aggregated data is to provide a national summary of organizational well-being and to serve as a comparison for other healthcare organizations. The results may be limited by the health systems that chose to participate.

For 2023, 48.2% of physicians reported experiencing at least one symptom of burnout, down from 53% in 2022.<sup>1</sup> While the data from the AMA’s national physician comparison report includes signs that physician burnout has fallen since its peak in late 2021, the extent of the problem remains a startling reality that demands ongoing attention, especially among those who are at highest risk.

“Overall, this signals that reported levels of burnout from this group of respondents is less than it was last year” and in other years after COVID-19 hit, said Nancy Nankivil, director of organizational well-being at the AMA.

“This is moving in the right direction,” Nankivil said, noting that there is variation in key indicators such as reported burnout across organizations.

“Some of the variables include demographic factors such as specialty, gender or years in practice,” she added.

Since 2011, the AMA, Mayo Clinic and Stanford Medicine have conducted triennial surveys that have charted the

physician burnout epidemic at different moments in time, most recently the impact of the COVID-19 pandemic. While most questions are the same, these figures cannot be directly compared because there is a different group of respondents. Nevertheless, they shed light on the ongoing burnout epidemic.

## Job Satisfaction Improved

Between 2022 and 2023, physicians’ job satisfaction rose from 68% to 72.1%. The AMA national physician comparison report also provided insights into variations across gender, physician specialty and years in practice. Those figures will be published in upcoming AMA news articles

“It is critical for executive leaders to maintain a commitment to organizational well-being,” said Nankivil, noting that “we cannot improve what we are not measuring, so assessing system drivers of well-being through a validated and consistent tool is important.”

That is why it is important for organizations and physician leaders to “tap into resources and best practices by joining a community of thought leaders and change agents invested in this work,” she said.

Without this, it is estimated that burnout costs the U.S. healthcare system \$4.6 billion a year, largely due to physician turnover and work-hour

1. “The COVID-19 Emergency’s Over, but 1 in 2 Doctors Report Burnout,” The AMA, [www.ama-assn.org/practice-management/physician-health/covid-19-emergency-s-over-1-2-doctors-report-burnout](http://www.ama-assn.org/practice-management/physician-health/covid-19-emergency-s-over-1-2-doctors-report-burnout)

2. “Burnout, Professionalism, and the Quality of US Health Care,” JAMA Network, [jamanetwork.com/journals/jama-health-forum/fullarticle/2802872](http://jamanetwork.com/journals/jama-health-forum/fullarticle/2802872)

3. “How Much Physician Burnout is Costing Your Organization,” The AMA, [www.ama-assn.org/practice-management/physician-health/how-much-physician-burnout-costing-your-organization](http://www.ama-assn.org/practice-management/physician-health/how-much-physician-burnout-costing-your-organization)

reductions.<sup>2</sup> In fact, for every physician who leaves due to burnout, the related cost to the organization is \$500,000 to \$1 million or more depending on the specialty.<sup>3</sup>

**There's A Drop in Job Stress**

Physicians continue to experience job stress, but there has been some positive movement on this key performance indicator. In 2023, 50.7% expressed feeling a great deal of stress because of their job—down from 55.6% in 2022.

A source of that stress? More than one-quarter of respondents said they did not have enough physicians and support staff. There was an ongoing need for more nurses, medical assistants or documentation assistance to reduce physician workload.

In addition, 12.7% of respondents said that too many administrative tasks were to blame for job stress. The lack of support staff, time and payment for administrative work also increases physicians' job stress.

"We are seeing differences among organizations that have been focused on interventions to drive positive changes in workflow or workload such as improving inbox management or redesigning workflows to optimize team delegation," Nankivil said.

**More Physicians Feel Valued**

Feeling valued is a striking mitigator of burnout. It also contributes to physicians' intent to leave their current role in two years.

In 2023, 50.4% of physicians expressed feeling valued by their

organization to a great extent or moderately, up from 46.3% in 2022. Meanwhile, 16% did not feel valued at all by their organization, which is a drop from 18%. This is a key finding for many health systems concerned about retention.◆

*To explore how the AMA Health System Program works with healthcare leaders to tailor solutions that maximize support for physicians and care teams and to understand why organizational well-being key performance indicators matter to your health system's bottom line, visit the AMA's home page at [www.ama-assn.org/](http://www.ama-assn.org/). This article was sourced from the AMA website at [www.ama-assn.org/practice-management/physician-health/physician-burnout-rate-drops-below-50-first-time-4-years](http://www.ama-assn.org/practice-management/physician-health/physician-burnout-rate-drops-below-50-first-time-4-years).*

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### Looking for personalized counseling and advice?

Our new peer mentorship program connects you with LCMS community members who offer one-on-one support on business, well-being, legal topics, and more. Email us to be matched with a mentor today.

### Stay tuned for our monthly social events, hosted by our PWP committee members.

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## Community

To receive state updates, stay informed about **advocacy efforts**, and connect with fellow physicians, visit the Oregon Medical Association website today at [theOMA.org](http://theOMA.org) or scan the QR code to get started.



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### The AMA's STEPSForward program offers resources to help understand and address physician burnout.

It guides you on how to engage health system leadership and develop a culture that prioritizes physician well-being. Visit <https://edhub.ama-assn.org/steps-forward/pages/physician-burnout> to learn more.

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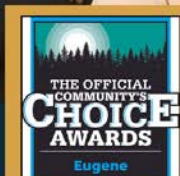


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