

February 20, 2020

Good morning Chairman Gray and members of the Committee on Health. My name is Laurie Duncan and I am a board-certified internist, licensed in DC and an epidemiologist. I serve on the Medical Society of the District of Columbia (MSDC) Board of Directors and the MSDC Executive Committee. MSDC has served the District since 1817, and our mission is to make the District the best place to practice medicine. Physicians are leaders in health and have the expertise to tackle the major health and public health issues facing our residents. We thank Dr. LaQuandra Nesbitt and her staff for their excellent leadership skills in these areas!

Today I am pleased to represent MSDC, its Board of Directors and members to this Oversight Hearing. Overall, we support many initiatives undertaken by DC Health, but today will focus on three important areas of critical need.

Medicine in the United States is facing a severe crisis, and physicians can no longer heal themselves alone. While almost every profession faces increased burnout and suicide rates, my focus here is on physician health. More than ever the pressures of practicing medicine are damaging the profession. Almost everyone goes into medicine with the ideal they want to help people. This changes vastly as we become ground down by external rules and criteria designed to make money, exhaustion from long hours, the electronic medical record and hours spent at home completing each day's work, lack of communication with management and feeling like we are merely cogs in a wheel. The medical community is now in the early stages of understanding what causes burnout as well as how best to address it both systematically and individually.

The following statistics from reputable National sources only begin to illustrate physician burnout and moral injury:

- Findings from a series of collaborative studies (American Medical Association, Stamford University and the Mayo Clinic) found 44% of physicians show at least one symptom of burnout. While that number is a slight decrease from a previous study, it is well above the average U.S. worker rate of 28.7%. Certain specialties face higher burnout rates than others, and women, have a significantly higher rate of burnout than their male counterparts. (Shanafelt, et.al. Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2017. Mayo Clinic Proceedings. 2019; 94(9): 1681–1694)
- A 2020 Medscape study found 49% of physicians would exchange a lower salary for more free time. (Kane L. Medscape national physician burnout & suicide report 2020: The generational divide. 1.15.2020)
- Approximately 10-12% of physicians develop a substance use disorder in their career. (Berge KH, et.al. Chemical dependency and the physician. Mayo Clinic Proceedings. 2009; 84(7): 625–63)
- On average, one physician in the U.S. commits suicide every day. The success rate in a suicide attempt is 1.4-2.3 times more successful for physicians than in the general population. (Presented at the American Psychiatric Association 2018 annual meeting)

These statistics, however, are not District-specific and we know there is statistical variability between states and regions. DC Health collects demographic and work satisfaction information from all physicians

practicing medicine in the District at every two-year licensing cycle. When a DC medical license is renewed, the online process includes answering a series of questions collecting information on physician workforce demographics. In past cycles, DC Health has published a written report on the data. Our understanding of the most recent cycle is that DC Health will publish some of the information, but not a comprehensive report. Both MSDC and its DC Physician Wellbeing Committee propose a partnership with DC Health to analyze de-identified aggregate data and create a report similar to past reports, emphasizing questions in the survey identifying burnout and its contributing factors. The Physician Wellbeing Committee has the volunteer capability and resources to analyze the data and ensure its confidentiality. MSDC also supports data analysis being done within DC Health and will assist in any way possible.

Secondly, while we support healthcare management understanding and addressing physician burnout and moral injury, MSDC believes we must begin at the physician level. To help combat burnout at the physician level, MSDC, local hospital systems, physician organizations, and others are creating “wellbeing” programs to target causes of burnout and help members who suffer find the appropriate resources to help them cope. MSDC’s new Wellbeing Program intends to use multiple channels to address various causes of burnout, including coaching, stress counseling, concierge services, financial literacy information, peer networking, and group activities. Unlike other states, Washington DC does not have a regulatory or statutory framework that punishes physicians who seek burnout treatment. We extend an invitation to both DC Health and the Council of DC to partner with MSDC in developing this Wellbeing Program. Through this partnership we will ensure the program fits the joint goals of both MSDC and DC Health and maintains ongoing city-wide support.

Lastly, MSDC has sponsored the Physician Health Program (PHP) for physicians who suffer from addiction since the mid-1980s. The PHP is a non-medical service open to all District physicians and provides treatment monitoring and advocacy to ensure these physicians maintain their license to practice medicine and ensure they practice without impediment. The PHP Chair, Dr. Charles Samenow, works closely with the DC Board of Medicine to ensure close collaboration between the PHP, the Board of Medicine and any DC employer who refers a physician to the monitoring and recovery program, while preserving confidentiality. MSDC continues to seek closer collaboration with the Board of Medicine to ensure physicians working towards recovery in the PHP may do so. In addition, MSDC has the historic and content knowledge to offer its services to other health professions through the PHP. While the Board of Nursing has the COIN program, other health professionals often lack formal recovery advocacy and monitoring. We offer our expertise in this area and welcome collaboration with the licensing boards to ensure all health professions have the resources to combat addiction.

In summary, MSDC looks forward to continuing our close collaboration with DC Health on the issues above as well as on other collaborative issues. We look forward to working with the DC Health, the Mayor’s office, and the Committee on Health to ensure the District is the best place to practice medicine. Please do not hesitate to contact MSDC with any further questions or concerns.

Sincerely,

Dr. Laurie E. Duncan