

Confessions of a Recovering Insurance Addict

Category: Stress and Burnout

written by Brian Forrest | May 2, 2017

When I hear other physicians talk about burnout, I often feel a little guilty. Sometimes I sit in meetings of physician associations where they are discussing ways to help physicians deal with the stress of the job and the increasingly complicated demands for documentation and billing. I think to myself, "Don't physicians always talk about prevention being better than treatment?" Yet most of what I hear about are measures to deal with the aftermath of burnout.

Seventeen years ago, I was in an environment seeing thirty patients per day, spending more time on documentation than patient care, and longing to focus on just spending time with my patients. I hated the rushed appointments, the endless coding and the administrative burdens. I interviewed practice managers, read a lot of practice management magazines, and interviewed a lot of physicians. One thing was clear: 99% of the frustrations came from filing insurance.

I decided to try practicing medicine an old fashioned way-without insurance. I combined the idea of a gym membership and a micropractice and started a Direct Primary Care (DPC) practice in 2001. Burnout ended, and I have never met a DPC doc that said they were suffering from it. Sure, I still had to be small business owner, recruit patients, and provide medical care, but all of that was easy compared to the whirlwind that was traditional fee-for-service medicine. I tell people that I am a recovering insurance addict and that I have been sober for seventeen years.

I run into physicians all the time who say they hate the insurance treadmill but just can't give it up. Recently, an *Annals of Internal Medicine* study found that 49% of a physician's time was spent on administrative work versus 27% on actually seeing patients. The administrative burdens (almost exclusively tied to insurance and payment) are literally making physicians abandon what they love, to do something they hate. Why wouldn't a dedicated, altruistic caregiver feel frustration and loss of purpose?

Now, I spend roughly 90% of my clinic days actually seeing patients. The other 10% is mostly on documentation (but documentation that actually makes sense instead of a litany of checked boxes and codes) and eprescriptions, which I do not mind. Direct Primary Care was my answer to burnout.

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