PRESCRIBERS/STAFF ARE REQUIRED TO RE-REGISTER BY AUGUST 30 TO USE THE NEW PMP SYSTEM.

Important Message from Don Vogt, PMP Administrator
At the request of the professional associations and licensing boards, the Oklahoma Bureau of Narcotics has rescheduled the Oklahoma PMP Aware Go-Live date to **August 30, 2016**. This change will allow additional time for everyone to register and dispensers to work with their software companies in making the transition. No other extensions are anticipated.
We ask everyone to register promptly. We cannot guarantee that applications submitted after August 23, 2016 will be approved by the new Go-Live date. Testing will be extended for dispensers until August 26th. We have prepared a number of resources, guides and tutorials for all stakeholders to use and make available to interested parties. Please watch your email accounts for updates and help get the word out to your colleagues.

Please bookmark and use these sites for additional information and assistance.

- New PMP System
  https://oklahoma.pmpaware.net
- Current PMP System
  https://portal.obn.ok.gov
- Oklahoma PMP Aware Information Portal
  http://elclwd.xara.hosting
- OBNDD Website
  http://www.ok.gov/obndd

THE JOY OF MEDICINE, AUGUST 19, 8 AM TO 3 PM, OKLAHOMA HEART INSTITUTE LECTURE HALL

Joint Providership of Hillcrest HealthCare System and Tulsa County Medical Society. Hillcrest HealthCare System designates this live activity for a maximum of 5 AMA PRA Category 1 Credits™.

<table>
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<tr>
<th>Time</th>
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<tr>
<td>8:00 am</td>
<td>Complimentary Continental Breakfast &amp; Registration</td>
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| 8:30-9:30 am | Julia “Jill” Warnock, M.D., PhD  
"Unique Stress of Physicians: Stress Management Techniques" |
| 9:30-10:30 am | Stanley N. Schwartz, M.D.  
"Joy in Practice: Why Communication, Understanding and Empathy Change Everything" |
| 10:30-10:45 am | Break                                                                                     |
| 10:45-11:45 am | Robert Hauger, M.D.  
"Building Resiliency and Happiness in Practice"                                             |
| 11:45-12:30 pm | Complimentary Lunch                                                                        |
| 12:30-1:30 pm | Sara Coffey, D.O.  
"Physician-Heal Thyself…The Importance of Self-Care and Self Reflection"                  |
| 1:30-2:30 pm | Robert Salinas, M.D.  
"Effective Communication Skills in Palliative Care: Case Reviews of Patients Facing a Serious Illness" |

To RSVP email mona@tcmsok.org or call 918.743.6184. There is no charge to attend.
As you start to read this are you feeling tired?  Probably.  Multiple studies over the last 5 years are echoing what we have been talking about for the last 10-15 years- that for many physicians, and due to a multitude of factors, it is not as enjoyable to practice medicine as it used to be.  It is so pervasive that it almost seems like it has become the new norm and for most doctors it is just another of life’s hassles that one learns to juggle.

But there are actually colleagues of ours that are studying this phenomenon and trying to do something to help us deal with it.  In many instances, not all, things can be changed that actually help.

Unfortunately the prevalence seems to be worsening.  In 2002 one in five internists reported symptoms of burnout.  In 2015 nearly one out of two (46%) did.  Many studies have been done looking at different specialties, different ages, and different genders.  What surprises many is this is not only a problem for those physicians close to retirement.  Nationally 2-4% of first year medical students do not graduate. Admissions committees in virtually every medical school are working to understand why and implement changes in the curriculum and four year experience to prevent this loss of future doctors.  Residents have been studied as well. In a survey of 371 general surgery residents from 13 programs 77% responded and 58% of them communicated that they were seriously considering leaving training.  Studies surveying doctors in early, mid, and late career stages reflect worrisomely high levels of burnout. U.S News & Health reported in April 2016 that in their survey one of three doctors reported burn out. And 45% of the primary care respondents stated that they would retire if they were financially able to do so.  We all think that other professions suffer these same stresses and while they do at varying degrees, physicians have a 15 fold increased tendency compared to age matched comparison groups. As you would predict multiple factors are associated with burnout.  Commonly cited reasons are:

1. Loss of control in how to care for their patients or allocate their time.
2. Time conflicts related to doing what is right for the patient vs what is most expedient due to patient volume.
3. Time conflicts between patient care and family.  (Not a new problem right?  But there is a difference between getting home late because you are helping someone with chest pain, bleeding, depression, cancer, or dyspnea versus paper work, electronic medical records, or administrative tasks).

One study of 6,600 outpatient and hospitalist physicians was undertaken to study how prevalent burnout was among hospitalists. While both groups had high rates of burnout to the surprise of the authors the outpatient physicians cited more emotional fatigue than hospitalists, even controlling for age.  Shift based schedules and team based care with collegial support were hypothesized as possible factors helping the inpatient doctors. Outpatient physicians did have higher scores for personal accomplishment possibly related to the benefits of longitudinal patient care where we get to know our patients and their families and the rewards and satisfaction that go along with those relationships.  Inpatient physicians tended to have a higher percentage of patients that died and needed hospice and the care provided was more episodic as opposed to recurrent and long term.

Over 50 studies have been done in the last 30 years and they reflect the presence of this problem that does not get the attention it merits.  If you think that this does not apply to you then you are either fortunate or suffering from the condition that sounds like that river in Egypt. And if the former is true it is likely that one or several of your partners have experienced some degree of burnout.

In another study published this year by Medscape 15,800 U.S. physicians in 25 specialties were surveyed.  The six highest stressed specialties were:

1.  Critical Care
2.  Urology
3.  Emergency Medicine
4.  Family Medicine
5.  Internal Medicine
6.  Pediatrics

When evaluated by gender 55% of female physicians described burnout versus 46% of male physicians.  Three years ago these numbers were 45% and 37%. In this survey the two most commonly cited causes were too many bureaucratic tasks and too many work hours.

The American Medical Association has designated three key initiatives to help patients and physicians: chronic disease management, innovations in medical education, and physician wellness/practice sustainability.  At the state level the Oklahoma State Medical Association and the Tulsa County Medical Society (TCMS) both share these concerns.  On August 19, 2016 TCMS and Hillcrest, are collaborating on a one day symposium entitled the Joy of Medicine.  This will be from 8:00 A.M.to 3:00 P.M. at the Oklahoma Heart Institute Lecture Hall, 1200 South Trenton.  The presentations will be very worthwhile for your practice and I would ask that someone from your group attend and then bring back to the rest of your group what they have gained from the conference.
What to do if you can't make the conference? Here are a few considerations:

1. The U.S News article speaks of the reality that we have all experienced that we tend to get more criticism than thanks for the care we try to give our patients and families. So, you can do something easy in this regard and that is to remember to thank your partners, your consultants, your nurses, and your front office for doing what they do. Some might say “but this is our/their job” and while that is true certain of the service professions like law enforcement, social work, teaching, and healthcare could all benefit from more thank yous. And yes our work itself is rewarding but if treating illness and promoting health is not challenging enough then adding on extra complications to an already complex situation is tough on anyone.

2. At your next group or partners meeting add this to the agenda. Assign one of you to be your group’s point person on this issue. The call schedule has to be flexible enough to handle illness. Not just major illness but also fatigue and more minor problems. And deaths in your extended family—not just immediate family. We are all Type A enough that we won’t abuse these considerations.

3. Make sure that you all have a physician taking care of your own health needs like what you are doing for your patients. Many docs shortchange themselves in this regard.

4. Discuss the concept of the “second victim.” ICUs, NICUs, the airline industry all do this better than the rest of us—providing support to the caregivers since it is not just the family and friends that experience loss when our patients die.

5. Expect that initiatives designed to improve care for our patients and families have included frontline caregivers throughout the design and roll-out process so care is actually improved and felt to be practical by the doctors and nurses.

6. The AMA has a website that might be helpful using this link: www.stepsforward.org.

Hope to see you on the 19th.

NEW MEMBER’S

KYLE J. BIELEFELD, M.D.

JON S. ROSNES, M.D.

WELCOME BACK

BRIAN W. MACHA, M.D.

PAUL W. KEMPE, M.D.

IN MEMORIAM, Homer D. Hardy, Jr, MD, June 28, 2016
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