HOW TO FIGHT BURNOUT

REALITIES OF DERMATOLOGY MEDICAL LIABILITY RISK

The majority of lawsuits filed against dermatologists are abandoned, withdrawn, or dismissed, according to a recent study published in *JAMA Dermatololgy*.

Researchers examined malpractice liability data collected on dermatologists and other physicians insured by companies that report data to the Physician Insurers Association of America Data Sharing Project (PIAA-DSP), a nationally representative liability claims registry. Data analyzed spanned the years 1991 through 2015.

Data on a total of 90,743 closed claims were analyzed—1,084 (1.2 percent) against dermatologists and 89,659 (98.8 percent) against nondermatologists. More lawsuits were brought against male (n = 753, 69.5 percent) than female dermatologists (n = 270, 24.9 percent); 5.6 percent of claims (n = 61) did not identify the physician's sex. Full-time practitioners (n = 1035, 95.5 percent) and those in solo practice (n = 600, 55.4 percent) were more likely to be sued than those in group practices (n = 429, 39.6 percent) and institutions (n = 31, 2.9 percent). Most claims against dermatologists were abandoned, withdrawn, or dismissed (n = 735, 67.8 percent). Between 2006 and 2015, trial verdicts favoring defendants exceeded trial verdicts favoring plaintiffs by a factor of seven. Errors that occurred during a procedure spawned the most claims (n = 305), of which 102 were paid. Misdiagnoses comprised the second-highest number of claims (n = 192), of which 62 were paid. The average recovery per claim was $238,145. The most common procedure leading to claims was skin operations (420 claims, of which 130 were paid). The most common adverse patient outcome associated with claims was dyschromia, resulting in 171 claims, of which 40 were paid.

Findings showed that male dermatologists were sued more often than female dermatologists. Overall, alleged errors in procedures and misdiagnosis gave rise to the most lawsuits, and dyschromia was the most common adverse outcome alleged in lawsuits.

The authors note that there is a lack of published data on malpractice claims against dermatologists, but that recognizing malpractice trends in the field of dermatology is important for establishing safeguards for patient care and minimizing liability.

FDA LAUNCHES TOOL THAT ALLOWS DOCTORS TO BETTER MANAGE ANTIBIOTIC USE

The FDA began a new approach to get critical updates regarding antibiotics and antifungal drugs to healthcare professionals as part of an overall effort to combat antimicrobial resistance. The agency created a website that will provide direct and timely access to information about when bacterial or fungal infections are likely to respond to a specific drug. This approach is intended to aid healthcare professionals in making more informed prescribing decisions that will both benefit their patients and prevent the spread of resistant bacteria.

Physicians can use the antimicrobial susceptibility test (AST) results to help choose an appropriate antibacterial or antifungal drug to treat a patient's infection. These tests rely on susceptibility test interpretive criteria or "breakpoints"—criteria that help determine whether a specific bacterium or fungus is susceptible to antibacterial or antifungal drugs. Bacteria and fungi change over time, which may result in decreased susceptibility to some drugs. When this occurs, breakpoints may need to be updated.

Under the old approach, each drug manufacturer updat-

ed its drug labeling with new breakpoint information, which had to be reviewed and approved by the FDA on a case-by-case basis. Only after the revised drug labeling was approved could a device manufacturer of a corresponding AST update its testing criteria and labeling for its AST. This process created unnecessary delay in reaching healthcare professionals with the information. Each individual drug and device labeling had to be updated whenever breakpoints changed.

The new approach, which was included by Congress as part of the 21st Century Cures Act, allows the FDA to simultaneously update the breakpoints for multiple drugs that have the same active ingredient and share that information transparently via a dedicated FDA web page that will list FDA-recognized breakpoints. The FDA will leverage the work done by standards development organizations that develop breakpoints, and recognize them when the FDA agrees that they are appropriate. The FDA retains full authority to accept a standard in whole or in part, or to establish alternative breakpoints. In addition, companies can submit data to support alternative breakpoints, if they disagree with the recognized standard.

Drug manufacturers will have to update their labeling to reference the FDA web page containing the breakpoint information. They will no longer have to continuously update their labeling with new breakpoint information, making the process more efficient and, it is expected, more timely. As such, the FDA anticipates this effort will also ease the burden for both drug manufacturers and AST device developers. To support companies in this effort, today the FDA is also issuing guidance on how companies should update their labeling on breakpoints to point to the information online generated by the agency.

IS PRIVATE MEDICINE THE ANSWER TO COMBATTING BURNOUT?

About half of American physicians are experiencing burnout, writes Michael J. A. Robb, MD, of Phoenix, AZ, immediate past president of the Association of American Physicians and Surgeons (AAPS), in the winter issue of the *Journal of American Physicians and Surgeons*. Symptoms include overwhelming exhaustion, cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.

A physician experiencing burnout may say, "I feel I look after certain patients impersonally, as if they are objects. I really don't care about what happens to some of my patients. I have become more insensitive to people since I've been working," Dr. Robb reports.

As a neurologist/oto-neurologist, Dr. Robb was trained to look for the locus of the pathology, he explains, and the cause of burnout is likely located in the system, not the physician. It might be called a form of toxic workplace syndrome. In that case, remedies such as mindfulness/relaxation/stretching exercises will not help.

One of the biggest contributors to physicians' stress is the electronic health record (EHR), Dr. Robb writes. "The growth of EHR use is directly proportional to the increase in physician burnout." He notes that "in primary care, the EHR tax on time is 5.9 hours of an 11.4 hour work day in which EHR use is 4.5 hours in the clinic and 1.4 hours at home."

Doctors are seeking relief from administrative overload, including badly designed EHRs, by developing a third-party-free practice, away from the "chain-and-ownership" managed-care practice model, Dr. Robb states. Such physicians experience fulfillment, and their patients get unhurried, affordable care from a caring, engaged physician.

Dr. Robb offers a number of tips for returning to the practice of private medicine, thereby restoring the patient-physician relationship and the joy in practicing medicine.

The Journal of American Physicians and Surgeons is published by the AAPS, a national organization representing physicians in all specialties since 1943. ■

WATCH IT NOW

Recognizing the signs of burnout is the first step to conquering this epidemic among physicians. Watch leading dermatologists Brian Berman, MD, PhD and Neil Sadick, MD talk to Neal Bhatia, MD about the latest research into physician burnout and probable causes, from an increase in legislative issues affecting medicine to the increased administrative burden doctors face today. They also offer tips for how to recognize signs of burnout in themselves and colleagues and share strategies for managing time and stress to help avoid burning out.

Watch http://dermtube.com/series/derm-insider/conquer-burnout/

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