Do This Not That_Douglas Spotts (Raw Transcript)

SPEAKERS
Douglas Spotts, Harjot Singh

Harjot Singh 00:16
You want to learn what goes on in a physician's mind, and how you can better understand a physician so you can better engage them and keep them longer working for you. This is healthcare leadership Insider. This is Dr. Harjot Singh from HarjotSinghmd.com. And this is part of our special series Do This Not That for Physician Retention, Recruitment, and Wellbeing is a very hot topic for healthcare leaders because it's directly related to physician engagement, burnout, turnover effort at work, and essentially the very existence of the healthcare workplace. And today, we have a very, very special program for you. We have an expert here today, Dr. Douglas Spotts. And I am so very excited to know Him. For more than seven, or eight years at this point, we met in Seattle at a conference. He is the past president of both the Pennsylvania Academy of Family Physicians and the American Academy of Family Physicians Foundation, we have a national-level physician leader here with us today. And right now, he is the Vice President and Chief Health Officer of Meritus Health in Hagerstown, Maryland. And I'm very proud to know him as co-author of these two books on enhanced physician engagement, strategy, tactics, tactics, strategy, you need both. And his chapter is called aiming better, aiming to know physicians better. So, if you are interested in that, let's get going. Hi, Douglas.

Douglas Spotts 01:55
Wonderful to be with you. Harjot.

Harjot Singh 01:57
Okay, well, then let's get going. Really like, tell me what's your chapter in the book and tell us why you're writing your chapter would appeal to a leader who is seeking engagement from their physicians?

Douglas Spotts 02:11
Well, first of all, what an honor to join you today for the podcast, but also to have been invited by our mutual friend and acquaintance Carson Dye to participate in this project, which I think you and I know that maybe our listeners don't know, started out to be leadership from the physician voice, primarily. And we thought a book was a silver lining during the COVID pandemic. But it turned out to be a two-volume set, as you pointed out in the introduction. And I was just honored to write one of those chapters. And it was a fun project for me because it was a reflection on getting to know physicians better. And I think it was really aimed for any healthcare leader to better understand us. The uniqueness of our training and education is really unique among other professional disciplines. And that's something that sort of is not a one size fits all, for any discipline, but particularly unique to physicians, and is I think, can be sort of a trip up in the C suite, when people make decisions not fully appreciating or understanding the differences in physician learning and education. That leads to our perspectives. And I think you really need to have that enrollment, I'll say enrollment invitation to the table, before engagement, and before alignment. And that's

so critical to moving these big, big rocks of problems in healthcare that we know has existed for a long time, particularly in public and population health, but particularly were magnified by the COVID pandemic.

Harjot Singh 03:56
Well, you go very deep into the mind of a physician, so we can talk about the feelings and the thinking that affects their behavior. Tell them more about, like what's like the big thing that every healthcare leader should understand is in the mind of a doctor.

Douglas Spotts 04:18
I think the number one thing is that drive to perfection and excellence in patient care. And there are good aspects of that and there are some bad aspects of that or some blinders that can come about as a result of that. But that center-centering thought, I think at the core of every physician is excellence in patient care.

Harjot Singh 04:48
Oh, I see. By the way, what inspired you to write this?

Douglas Spotts 04:53
It's interesting. My story and physician executive leadership really start both from a generalist perspective as a family physician, first and foremost, of 26 years. But it started with a conversation with a former chief operating officer, who said, when I was a physician representative to the hospital board, we were talking about a particular initiative around creating a cardiovascular service line at our hospital, and there was a family physician at the table. And he said, Do you have a moment? I liked what you said at the meeting. And that moment, a 15-minute conversation really turned into about an hour and a half conversation. And I walked out of his office with a whole stack of literature about the importance of finding that physician's voice, and that has led to a lifelong friendship, and really was one of the factors of launching me into thinking as a, having a foot in both worlds of executive leadership, as well as continuing to be a clinician, and I still teach a Master's of healthcare administration, seminar class, every fall.

Harjot Singh 06:12
You are very well accomplished, you just launched the family practice residency, congratulations

Douglas Spotts 06:21
A fantastic experience.

Harjot Singh 06:24
And I know how hard can be.

Douglas Spotts 06:27
It was not even part of the job description. So talk about the fact that we have excellence in patient experience and the patient's clinical outcome at our core, we are not always the most flexible and malleable. And so two months into my new job here, in 2018, all because of creating that path of encouragement from individuals like that, see, oh, and friends and mentors. Talk about having that ability to say, Wow, I didn't even expect that as a part of a population health strategy. But boy, did it ever turn into the long-term strategy to really take care of the health needs of this community of this population in Hagerstown, Maryland, and in Washington County, Maryland, both pre-pandemic and now certainly coming out of the pandemic.

Harjot Singh 07:17
Well, your chapter has a very moving story in it, of a patient who was not abandoned per se. I mean, the story makes the whole system looks like a villain. But the whole idea that a doctor jumping in and stepping in, but not just any doctor, but an engaged Doctor stepping in, makes the difference in quality outcomes. Tell us more about that story.

Douglas Spotts 07:52
Well, I can vividly remember that individual and trans several transitions of care that, you know, seemingly went well. But as the story illustrates, you know, had lots of fault lines, lots of places where there was not a connection. And this was really at the advent of the evolution of the electronic health record, coming into fruition, and into more common use. I always hesitate to say that, because that makes me sound like an old guy. But it wasn't that long ago, right, those of us who trained before the I, and then saw the evolution of the I, to where it is today and continuing. And What first got me interested, by the way, next to that conversation I shared with the CEO was my concern as a family physician about those fragmentations of care, as we had very necessary reasons to have hospitalists and nursing homes, you know, care that this individual always comes to mind, because there were so many places where if warm handoffs would have happened, and not just an assumption that the medic medication list was up to date, that vitals was looked at, really the generalists perspective. Over that whole case, it could have been a much more severe outcome. And it had many of the factors that we were talking about now commonplace coming out of the pandemic that we weren't talking about so much, then things like loneliness, living alone, the safety of the home environment, we didn't really call it social determinants of health at the time, but we certainly have now. And I really looked at that case, and ultimately a good outcome that could have been very, very bad for that individual with sort of three major sorts of touches with a healthcare system that did not go extraordinarily well, that could have ended in such a poor way, but it actually turned out to be the best possible outcome, not just because As of my leadership or my team's leadership, but because we needed to approach that, from an engaged standpoint, as you said, and trying to make systematic changes, and I don't think that anybody in the administrative line of duty or the C suite, did anything with ill intent in any of those transitions of care, but listening to the physician's voice and the physician perspective, was very important to creating the success of that outcome.

Harjot Singh 10:33
That makes sense. Yes, and we still don't have one singular EMR that shares data with each other, just scattered all over the place, takes even more work than before, to try to find out information. So I think the way I read the story, first of all, it's a moving story. Because it's like, what this can happen, and it can happen. And you see, even when we talk in a seminar about physician engagement, or its evil twin, burnout, affecting quality, and patient outcomes, and if you care about that, physician engagement in this particular story, is the best illustration of how an engaged physician can make things happen in quality, that a disengaged physician or a burned out physician probably won't, and I'm not blaming doctors, I'm just saying that this there is a mind shift that starts happening. So I was thinking about you yourself having a very not beaten path. I mean, off the beaten path, but have a very interesting career. What inspired you to take on all these roles you have had, you are a chief. Medical Informatics Officer, Chief Health Informatics Officer now your CHO, yep, of course, you've been a national leader and otherwise, what inspired you to do all those things?

Douglas Spotts 12:11
I like to say I backed into leadership. But I think this is another illustration. I mean, I really thought when coming out of residency that I would go back to my hometown, and I would serve as a family physician there, like my family physician for 40 years, and then retire. And that would not have been a bad career choice. I loved every aspect of full-time clinical practice. As matter of fact, in 22 of my 26 years before taking this current position, I was full-time, pretty much the whole way I had started to scale back at my previous position when I had more responsibilities, more leadership responsibilities placed on my plate. And again, another thought would have been to continue doing what I was doing, which I love that system, I still have in touch with my colleagues there, there were just peers ahead in positions, and there wasn't really any place to move. And I have always enjoyed the challenge personally, of taking on a challenge of defining something that was not previously well defined. I can tell you that I certainly did not become a Chief Medical Informatics Officer. Because I was the most tech-savvy guy, my adult kids would tell you they brought me along or anything else. It was because of the transitions of care and what was not happening, that I had this clinical sense and clinical inquisitiveness. That said, I think we can do better. And I think what's missing is the physician's voice. So I became the physician voice for my colleagues as we went through various iterations of trying to have a more unified electronic health record at my former hospital system. And that included being an early adopter in private practice. And then when I sort of was asked to do more responsibility over point five, they offered to buy the practice and at that point, employ me. But I still was practicing three to four days a week, and then it went down to three. And then eventually the two days a week before taking this position. So the chief health information part was I then had a door report to the chief Informatics Officer around the CMO responsibilities, and then quality safety and starting to tackle physician and healthcare workplace burnout, and resiliency building from a report to the chief medical officer and those two individuals are still in their positions, and still very good friends and we you know, still trade notes, so to speak. And with the blessing of the former CEOs blessing when this opportunity came up, I wasn't really looking to leave but it was such a great opportunity to then go I think to the next level and combine them into a population health stance and this was even pre pandemic In 2018. And I would say finally to that is I've always sort of looked at population health as public health, and advocacy and policy formation, and community health. And I traded in my panel of 5000 patients for a panel of 250,000 patients in our primary and secondary service area for this Independent Community Hospital and Health System in Hagerstown in Washington, County, Maryland, and those other parts of

national leadership that were sort of happening at the same time, you know, involved advocacy and policy and coming to the table and bringing physician perspective there. And so to me, it was this natural blend, that led to the current position of my current interest, it was not a charted course like I see many medical students today. Since my daughter is becoming a physician, you know, I see them having discourse and saying, Well, I'm going to do an MD mph, I'm going to do an MD MBA I'm going to do I mean, those things certainly happened when we were coming through school. But I think that was much more of an outlier. And I, I think I took the other approach where I sort of have moved into these positions with the perspective of, of the clinical practice first. And I think that's made a difference for me.

Harjot Singh 16:21
I am so impressed with how you describe an outer journey. And I read the inner journey in your chapter as well, the chapter into your chapter is, by the way, a very deep chapter. The Fox and the Hedgehog concept. I want you to tell people about it. And as you talk about it, I'm going to show the diagram that illustrates the fox and the hedgehog. It's something to see it's like the highlight of the chapter. Tell me about this physician hedgehog concept.

Douglas Spotts 17:00
Yeah, well, as you pull it up, I can't take full credit, I can take credit for the diagram. I can't take full credit for the concept because it comes from one of my favorite leadership books, Jim Collins, Good to Great. And there are certainly many, many others. In my chapter. I mentioned Collins a lot. I mentioned Ben Zander, who wrote with his wife, The Art of Possibility. And then I also Epstein's range, why generalists triumph in a specialized world. So, all these ideas sort of swirl around as I as I've built the diagram, but the concept of the Hedgehog is that place where we go, I don't want to say comfort zone, but it's that core place where our passions, our economic drivers, are really our mode of living and well-being our centering, come to play. So, it could be a Venn diagram that intersects in the middle. But I think as I started out, the podcast talked about excellence in patient care. And I really think that is the hedgehog. You know, foxes move fast and they're cutting, and they move around the Hedgehog, maybe you seem to be somewhat better, some people would say, cute, and others would say prickly right? It may be slower moving, but it's got that sort of spiny exterior. And so that excellence, with everything else sort of swirling around it, you know, is where we're grounded as physicians, but then I think there are competencies that we need to be flexible, nimble, that current thinking is agility and being agile, that we don't always come to as easily as physicians, and they would be things that can have, they all relate to finding that excellence in patient care. But I think sometimes unintentional development of physician leadership in these in these buckets in these areas, and awareness of these areas can help us, you know, further utilize the hedgehog concept in a positive way. So, impact and safety, meaningful data aggregation and assimilation trust and data, big issue for physicians quality of care and excellence in care, competition and understanding it. Control of processes and care pathways are evidence-based training. And then, you know, recognition and appreciation. We all like to have that. Pat in the back even though most physicians will defer that away from themselves. I think that it's still important to do that's important to do that for all our health care workers. But I think there's a uniqueness that doesn't often trickle back up to the physicians, and all of those factors, you know, I'd say are the foxes that are out there. are certainly around so they can be also used and understood in a positive concept to get us centered back to the Hedgehog, if that makes sense.

Harjot Singh 20:08
I see. In fact, you know, let me there's a little segue here. You didn't just become a CMI. Yo, you went beyond that. And I know quite a few CIOs, who kind of feel stuck. Like, I'm stuck. Now, what's next? What gives?

Douglas Spotts 20:29
Well, we're never stuck. And I think that is, that's tough, because none of us want to fail. I talk a lot about that in a chapter, as well. And that's a huge driver. And that comes uniquely from our training that I think, I mean, no one wants to fail, right. So, but I think it's different than being an engineer or being a lawyer or some of the other disciplines. Yeah, failure could be catastrophic for all sorts of reasons in any discipline. But it comes from that training, of taking compassionate individuals who want to do the right thing for patients and really are connected to people and you go through training, that can be very depersonalizing, very brutal, even with some of the safeguards that are in now about work, our restrictions that were not there, when we went through, even with some of the hopeful changes that we're seeing in medical schools, and medical education in the United States, we've still got a lot to learn about this idea that we've got to tear someone down before we build them back up because I think some physicians never get built back up, they never put that energy back in into the proverbial gas tank, they never recharge their batteries, because they're so afraid of making a mistake. You know, it comes on rounds when they say, saying give me the top 10 differential diagnoses, right. And if you only get eight of them, you failed, right? I think understanding that lens about a physician is important to reflect upon, because I think it sometimes makes us hesitant to act, hesitant to move too much putting the prickly spiny exterior around the Hedgehog, rather than being more receptive to agile movement and problem-solving. If a physician feels safe if there isn't a level of trust established. If there's the proper sort of balance of accolades and action, then I think it can be quite remarkable that perspective can be. For a physician leader, a physician who's developing and they may choose to remain in place, because it's their hedgehog, it's where their passion meets their economic driver, they feel like they exhibit competence in it. But it also then if you have that trust, that builds over time, and you develop that intentional set outside of your clinical skills, I think it can be quite remarkable and open up an entire world of possibility. Sandra talks about that, by the way of giving everybody an A. And then it's assuming that you don't have a C, or you're not a three on a Likert scale of one to five, and you can never be a five standard talks about let's give that five and then if you don't, sort of, you know, work to aspire to live up to that it's sort of a little bit more up to you to do that. But let's give that advantage of saying to people, you know, you are in a world of possibility as for you. And that is something that I reflect a lot on, I don't have all the answers. But I also talked about that, by the way in the sandbox of childhood and sharing our toys and playing on the sandbox, if you can get back to sort of that concept, of collaboration, and that it's not all about duck spots are not all about Harjot Singh, then I think it can be quite remarkable.

Harjot Singh 24:10
You keep on mentioning resources, tell us more about what other books and resources do you want aspiring young new physician or physician who wants to be a leader? What you want them to know?

Douglas Spotts 24:22
Oh, gosh, I read all the time. I read a variety of things. I mean, I've mentioned sort of my favorite business reads. There are many others. I love Epstein's range. I was privileged to read that book and then engage with a whole bunch of medical leaders in Maryland in a live sort of book club held by a physician colleague over in Annapolis and heard Epstein speak and it's really sort of a wide generalist triumphant especially why generalists triumph in a specialized world. And it is very interesting that you know when we talk about 10 1000 hours of practice or doing something to be great at what you do, physicians, depending on your specialty have over 20,000 hours plus, when you look at not just medical school, but residency training and you know sub-specialization, and it makes you very good at a skill set, but that shift into may also limit you, sometimes from thinking more comprehensively like the patient case of the elderly woman with a hip replacement after a fracture, you know, going to the nursing home, developing chest pain turned out to be UTI, probably because she hadn't moved her bowels, you know, it makes you not be able to step back. And look at that, at that level. And I think the illustration of that book is that generalists have some of that capability of both being broad and narrow. Enough, you're just always narrow, which can be restrictive in anybody's leadership, journey. Physician aside. So that was a fascinating book. A History reading is one of my favorites. That's not in my chapter is Doris Kearns Goodwin's quintessential work on Abraham Lincoln's Team of Rivals. And I love that book because it is it's just a masterful examination. She calls it her love story of Abraham Lincoln, because I heard her speak in a public forum about the book, and she spent over 10 years researching it. And before writing it and sort of Lincoln's unique perspective, to surround himself, with who he thought were the best minds to help solve the problems of the day, the problems of the nation, and, you know, in very similarly, disruptive times, and a really fragile time in our nation's history, just as now. And even many of those people were competing against him or didn't like it. But he felt that they were the best minds because he wanted to surround himself with the most comprehensive opinions, not just the Yes, voices, not just the people that agreed with him, not the people who are easy to like, and, and he did that, and he had this ability to listen well. And then to do deep reflection, before action. And most of all, he used humor. And, you know, love going to the theater and love tearing plays and love telling stories. Love that human relationship aspect. And so, incorporating that into one's leadership journey, I think is extraordinary. And it has made a huge difference in my own don't take yourself too seriously. Surround yourself with many times contrarian views. And don't, don't be afraid to act. And many times he listened to all those views and chose a totally different path which turned out to be right, but it could have easily gone wrong. So courage, bravery, lack of fear, humor, self-deprecation, and contrary and opposing viewpoints. And as the Spotts's children would tell you, Dad always said you have two ears and one mouth to listen more and speak a little less often. So we speak well when you speak. But assimilate and then and then act. So those are some books that come to mind.

Harjot Singh 28:42
By the way, speaking of children, there is a lot of interest in young doctors and medical students in physician leadership. And what advice do you give to a young physician, not just leadership, but to a young physician? I mean, work is fair game life better doctor better, better parent? What advice do you want to give

Douglas Spotts 29:08
Oh, gosh, I think, again, I would say don't be afraid. Don't be afraid to speak up. I see great hope. And I alluded to that I'm raising a young physician who's in her third year of medical school. So there is a much better version of Dr. Spotts on the way and I can't wait to see where she takes me and takes all of us to solve these big problems. But you can't have fear. If we're going to make a meaningful difference in diversity, equity inclusion in overcoming health disparities and tackling a broken public health system and social determinants of health. They're passionate. Their advocates don't lose that hunger for justice. Don't allow that to be stripped out of you and you always can move you always have the choice right and especially after you complete your education, you have more choice, you don't ever have to go stuck, which I think is a big factor to burnout. And if you can always remember that no matter what hours you're working and everything else, or what external forces happen, I think you've built up that inner recharge, to tackle it. I've also produced a lawyer, her older brother. And so it's been very, I think, a lot of this reflection, although I don't call them out, you know, it's just been seeing a difference in professional development and how different professional development curriculums happen. And there's much more intentionality built into the law school curriculum around these topics. So hopeful signs are that we're seeing that built into the medical school curriculum. I'd like to see more in the residency curriculum as we think of innovative ways to do that and then form a residency here. I would say that, don't be afraid. The other I would say and this sounds maybe I don't talk about it in the chapter. But I would say master followership on your leadership journey. Look around you, to the people that Aspire you to be a better leader, look at the people who inspire whom you aspire to be more like. Don't be afraid to be a mentee. And then in turn down the road, don't be afraid to be a mentor. I think there's real importance and receptivity to mentorship and mentorship. And so master followership, before advancing in your leadership, it will mean a lot in your journey.

Harjot Singh 31:44
And I think that in my experience, sometimes people get shy about asking, what's a best way to approach a mentor?

Douglas Spotts 31:59
Well, I think asking is really I've noticed this just like that conversation I alluded to, with my friend, Richard. Hey, do you have a moment? I'd like to talk to you about something I liked what you said, I liked the perspective. Can you explain this more? To me? Leading with questions is something that I really am intrigued about, which is even with somebody that you maybe think you don't understand, well, you know, help me understand better what you're thinking. There are open-ended types of questions, I think, that lead to more conversations, and one of two things is either the door is closed, and that person really doesn't want to be a mentor. But it often really peels away that first layer. And so whether we're an introvert or an extrovert, or what our personality style is, I think those open-ended questions can open

the door, so to speak, or better define whether that door can be opened, and not be discouraged because none of us always you know, get what we want or get, you know, the receptivity that we would like in relationships, but I would encourage people again, be courageous, don't be afraid. Ask the question. And if you're having difficulty with it, think about an open-ended way to just need some more understanding or clarification, that type of thing.

Harjot Singh 33:32
I think your message that doesn't feel stuck is going to stick inside me. Very, very long time to come. And it is an emotional journey to feel unstuck and be unstuck and then get be actually act like you're being unstuck. Very good. Thank you, Dr. Spotts.

Douglas Spotts 34:12
Thank you. It's been a pleasure to be with you.