Members Move Medicine: Redesigning practice to improve care

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Staff News Writer
The AMA “Members Move Medicine” series profiles a wide variety of doctors, offering a glimpse into the passions of women and men navigating new courses in American medicine.

**On the move with:** Kevin Hopkins, MD, who is a family physician and medical director at Cleveland Clinic Strongsville Family Health and Ambulatory Surgery Center in Strongsville, Ohio.

**AMA member since:** 2017.

**What inspired me to pursue a career in medicine:** When I was 16, I witnessed one of my older sisters having a medical emergency. I thought she was going to die and I felt helpless. I didn’t ever want to feel helpless in a medical emergency again. This experience galvanized my already existing interest in a career in medicine.

**How I move medicine:** How do we deliver care in a different way that is more efficient, more patient-centered, that helps to improve quality at the same time as decreasing cost? Health care has been stagnant for the last 50 years—the model has not changed a whole lot. There are specifics that have changed, but most of it has remained the same.

The amount of information has increased, the technology has increased, but the way we deliver care hasn’t changed. I’m excited about things like new technology for virtual visits.

We’re doing e-consults with a lot of our specialties now. We’re sending them a specific clinical question through Epic as a consult rather than waiting six months for a patient to see an endocrinologist in the office, I am getting a response within 72 hours giving me guidance as a primary care physician on what to do for that specific patient’s issue.

It has allowed us to expedite care, to deliver high quality care without the high cost of going to a specialty consultant.

**Career highlights:** I worked with Christine Sinsky, MD, on “Team-Based Care: Saving Time and Improving Efficiency,” published in the journal *Family Practice Management*. I also received the Tier 3 Caregiver Award for the Strongsville Population Health Pilot and was recognized in *Cleveland Magazine*’s “Top Docs” for the past five years.

I have also been an invited featured speaker at multiple regional and national conferences and CME events on practice re-design and transformation, as well as caregiver burnout. I have also served as a consultant for several regional and national institutions on practice redesign and transformation. I was also on the AMA Professional Satisfaction and Practice Sustainability Panel. Since 2017, I have served as one of 12 physicians from across the nation retained by the AMA as a sanctioned speaker on these topics.
Advice I’d give to those interested in pursuing a career in medicine: You can’t learn it all. When I went to medical school, someone described it as drinking from a fire hose. The amount of medical knowledge doubles every seven years, so it is impossible to know it all. Yet we will do our best to try. If you try to take a drink from the firehose, sometimes it hurts, it stings, it’s going to cause some temporary discomfort. But that’s OK because if it doesn’t kill you, it’s going to make you stronger. Do your best, but you’re never going to be able to learn it all.

The second thing is: Don’t forget why you went into medicine to begin with. Most people go into primary care, but you don’t go into it for the money that’s for sure. You need to remember: Why did you go into it? Almost everybody on their essay for their med school application says something to the effect of “to help people.” The organization I work for, part of our mission statement talks about easing suffering. There is a lot of value in remembering why you went into medicine in the first place.

Aspect of my work that means the most: Chronic disease management, which also tends to be the most exhausting aspect of my work. We have more patients than ever before who are living with chronic diseases, lots of them with multiple chronic diseases—and they’re living longer. So how do we manage those diseases over the lifespan and how do we avoid or at least reduce the risk of complications?

I love it when I see a new patient, or maybe an existing patient who is newly diagnosed with diabetes, high blood pressure, high cholesterol or congestive heart failure and over time we work together through therapy of lifestyle changes, medications and patient education and engagement to get those conditions under control. I can look at somebody and say, “You have no idea how amazing this is because we have just avoided—or at least mitigated—the risk on this whole laundry list of complications.”

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