

Steven Nelson on reimagining care and physician well-being

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with Steve Nelson, chief executive officer of Duly Health and Care, about how he's making the health and well-being of his physicians a top priority and reimagining health care.

Speaker

- Steve Nelson, chief executive officer, Duly Health and Care

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're joined by Steve Nelson, chief executive officer of Duly Health and Care in Downers Grove, Illinois, about how he's making the health and wellbeing of physicians a top priority and reimagining health care. I'm Todd Unger, AMA's chief experience officer in Chicago.

Steve, thanks so much for joining us. Your organization's gone through a lot of changes over the last year, including a new name. One thing you've said is that Duly's unique model, quote: "Provides opportunities to think differently about health care through the lens of the patient-physician relationship." What does that mean?

Nelson: Well, there's a lot in that question, but hello Todd and thanks for having me on. First of all, we did change our name but there's much more in that name change than the name itself, it really is an opportunity to create a promise. And I think a really quick way to answer your question is one of our promises that we've made with this new brand is to challenge the expected in quest, if you will, of the extraordinary in both health and care. And so when you think about sort of the bar, I think, in health care for a consumer experience and patient experience is pretty low when you compare it to

other consumer experiences we have.

So we think there's an opportunity in health care to create a different kind of experience where the patient and the physician are in true partnership and it feels much more like a consumer experience that you would have in other industries where we know a lot about you, we're not redundant in our questions to you. You don't walk into a waiting room and sit there for way too long. You don't actually have to leave your home if you don't need to. We use technology to enable a better experience and to enable better decision making by the physicians, as opposed to making life more complicated. These are all things that we're working on. And again, good news, bad news, the bar is low, so we have an opportunity to raise it and do some things that will hopefully disrupt the system in a very positive way.

Unger: Well, I want to find out more about that. In addition to being very patient-focused, I think is what you're saying right now, a big priority for you is in making it a great place to work for the 900 physicians on your staff. You've made some changes earlier this year to help create that kind of environment. How did you approach that and what kind of stands out, are those key dimensions of change?

Nelson: Yeah, I think it always has to start with what are we here for? And we've made, again with our new brand, and it honestly is building on the legacy prior to Duly, DuPage Medical Group. It's about helping humans flourish. That is our promise. It's worth getting out of bed for. So you kind of start there and then you go into, okay, when I talk to physicians, I say, "Hey, what is complicated about what you do?" or "Why burnout? What is going on there?" And again, if we can help remember why are we here? We're here to serve the patient first and we all need to be sort of engaged in that together. So first it's teamwork, better support structure, better partnership across the system or across the kind of environment. So building an inclusive and a collaborative culture and this idea that we're all here to help the patients and to help humans flourish. So that's one, better support structure.

Two is, like I said before, technology right now is getting in the way. It's actually not enabling. It's not behind the scenes, it's in front. When you go visit a physician, they're on their keyboard. That's not okay with us. So we think there's ways to use technology differently so it enables the physician to do a better job of taking care of the patient.

Unger: A lot of the work that goes on at the AMA is focused on removing those obstacles between physicians and patients that cause burnout, which was a big problem going into the pandemic but an even bigger one during and after. You said that kind of creating this new foundation has been really helpful in the pandemic. Can you explain the connection that you see there?

Nelson: Yeah. I think anytime you have an event like this, it's an opportunity to rethink the model. And so, I mean, obviously things like televisits became much more popular and much more accessible during the pandemic. That's just the beginning. I think the idea of leveraging sort of the new experiences, the new learnings and the new, in some ways, expectations that we've gained

through the pandemic and trying to figure out how to not only just use them and make them better and smoother but to actually create different uses for them. For example, when you're in the primary care physician's office and the primary care physician has maybe a question about, "Well, maybe I need to consult a orthopedic surgeon for this question." We could televisit with the orthopedic ... with a specialist, right then in the office. We could share the conversation together with the patient, primary care doc and the specialist, and we could save six weeks. So that's an example of how we're using something that came, I would say to the forefront, during the pandemic, that we're taking to the next step. And I think that's going to be more and more useful and there's going to be more and more examples of that.

I think even how we think about supporting physicians through the night, 24/7, we have a clinical nurse triage group that now takes all the ... So some of the typical inbound calls that they would take during the weekends and nights that contributes to burnout and now we have a really capable staff that takes those calls, figures out the right answer and a lot of ways is a more friendly patient experience because they get their question answered quickly and confidently. And if the physician needs to engage, then we can do that but a lot of times we find that they don't need to. So those are the kinds of things that we're sort of using as a technological answer that was kind of discovered and unearthed a bit during the pandemic.

Unger: So let's talk a little bit more about that because no matter how many changes you make, this pandemic just has really driven physician burnout. How have you approached that? You're obviously looking for root causes. What are you doing as far as dealing with the physician burnout that's come through in this pandemic?

Nelson:

Yeah, I think the first thing is, like a lot of issues, you have to accept it, that it's a reality and that it's not just in people's minds. So this is really driven, and by the way, it goes beyond physicians to the entire clinical team and so we need to think about it holistically like that. I think that's number one. So doing some listening, understanding. And then second, it has to be founded in a sort of a holistic culture of let's make the health care environment, the culture, the tools, the experience of delivering great care better for the people who are delivering that care. So thinking realistically about how many patients can you see during the day and what happens when your schedule's over, and how can we create more support for that and how can we be an inclusive and listening and an empathetic culture where we are trying to bring solutions, not just demanding more output. And I think that all leads back to a better patient experience, which is what we're all here for. So I think it starts with kind of the culture and being a listening organization.

Unger: One thing I found kind of interesting, in terms of culture that you're talking about, I know you personally are very active. You're a five-time Ironman finisher. You're constantly training. And I think, I know you place a lot of importance on that for your whole staff. How do you prioritize, and especially

in the midst of something like a pandemic, taking time for healthy, active lifestyle in the midst of something like that?

Nelson: Yeah. I mean, there's no secret. I wish I had a secret answer, magic bullet for that but ... just to clarify, not everybody that works here has to do an Ironman, just to be clear. That's sort of my personal craziness but I do believe in a very deliberate approach to using your time. And we have very limited amount of it and there's so many things to do. And so being very intentional about that, keeping your priorities straight, your family, your spiritual and mental health, work, kind of keeping things in the right order. I also have, I don't know where I got this, I don't know how it happened but at four o'clock in the morning I'm wide awake and I'm ready to go. And so that allows me to get some things done during the day and not only training but do a little bit of work, do a little bit of reading, do meditation, do some things that help me weather the storm that usually comes every day.

But I think really, I talked to a lot of people about this and we all agree that your day will come at you, whether you want it or not, you have the opportunity to choose how you want to manage that data. I think choosing that and making deliberate choices is important. The other thing, and again, this all sounds like something you can read in the latest book but I think there's an opportunity to choose optimism. I think it is a very powerful weapon to use and so positivity weapon, not toxic positivity but real, sincere positivity that I just choose to think that we do have sort of magical things ahead of us. And right in health care, what better place to be optimistic and hopeful than working in mental health care?

Unger: Well, on that topic, I think a good last question is around the idea that health care in general needs to be reimaged, that it's too complicated. What is your kind of big picture vision for the future of health care?

Nelson: Yeah, I think it is a wicked problem, meaning ... that is a term, that's an official term. It's too fragmented. It's too complicated. It's hard to navigate. It's too expensive. We're behind other countries. I could go on and on. I think part of the vision for fixing health care, and not to be sort of self serving about Duly Health and Care but I really do think we represent part of the solution where it's a coordinated holistic health ecosystem, where there's an alignment amongst the physicians and the care team about the patient. We are not here to add economic value to anything except for creating a better outcome for the patient. And that means we need to create a great culture that ... there's a bunch of stuff we have to do to make that happen.

We have to have technology and the tools that you experience in other consumer experiences I could mention but I think this idea we are untethered to hospitals. We are untethered to a health plan, so we can use it in a way ... we can use that sort of freedom in a way to wholly serve the patient. I think the physician-patient partnership really is the key to this and I think if we can double down on that relationship and make that really, really special, I think we clear a lot of the clutter and the complication out. And then you come over the top with navigation tools and artificial intelligence, and

all this stuff that's happening in other industries, really using as decision support and navigation, as opposed to complication, and billing and coding. Let's get that out of the way and let's take care of the patient.

Unger: Well, thank you so much Steve. It's been great to talk to you. Appreciate you joining us and sharing your perspective.

That's it for today's Moving Medicine video and podcast episode. We'll be back soon with another segment. Be sure to click subscribe on AMA's YouTube channel, Apple, Spotify or wherever you listen to your podcasts. Find all our videos and podcasts at ama-assn.org/podcasts. Thanks again for joining us. Please take care.

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