Q&A with Dr. Chris Jaeger

Q&A with Dr. Chris Jaeger, VP of Client Solutions at Freed Associates, on trends in healthcare including physician burnout, health equity, and more.

Q: COVID-19 has put an immense burden on a provider population that was already spread thin. What factors were contributing to provider burnout prior to the pandemic?

Physicians and other providers invest years of their lives in physically and emotionally grueling training to provide care to people to improve their health and well-being. Administrative burden in the form of inefficient processes and technology platforms, payment-related and regulatory requirements, and other nonclinical demands steal providers' time from their patients. This more than anything contributes to the burnout felt by providers.

Q: What's the biggest change that can be made to improve physician satisfaction and reduce burnout?

The pandemic cast a bright light on the major problems with our current fee-for-service-based healthcare system model. In the first months of the pandemic, fee-for-service dependent providers and organizations experienced devastating cash flow problems due to elective medical care being suspended and in-person care being avoided. As a result, many providers had to furlough staff and even shutter their doors. The strain of the pandemic added precipitously to burnout, leading many to retire or pursue alternate careers.

We need to evolve the overall model so that providers are empowered to spend the majority of their time directly caring for patients. This requires fundamental payment, value-chain, and care-delivery process transformation starting with a transition away from fee-for-service.

Q: You've done quite a bit of work around health equity issues. What has been the pandemic's impact there?

The pandemic has certainly highlighted the inequities that we have in healthcare, especially through the disproportionately high COVID-19 infection and mortality rates in communities of color. Now that greater attention has been drawn to these issues, we need to more clearly define what health equity means and ask where we can start making headway.

Q. What do you mean by more clearly defining health equity? Don't most people know what it is?

To address health equity, we must agree upon what it means. To some, it may mean focusing on improving access to and quality of preventive care, chronic illness management, childhood immunizations, or maternity care within the traditional healthcare delivery ecosystem. To others, it may mean addressing upstream drivers of inequity related to neighborhood and physical environment, economic stability, education, and food security. It's all of the above and more. It's an expansive topic, and people are coming at it from many different directions.

We need agreement on what it means and how to measure it — what data to capture, how to share it, and how we use it to identify and then track incremental improvement from interventions.

Q. If the data is so important, where is it going to come from?

To clarify, we have to work on getting the basics right with data and reporting. But at the same time, we can't wait for that to happen to start working on the equity issues. For years, we've been talking about collecting and using race, ethnicity, and language (REAL) data. While certified EHRs should be able to capture this important data, it's reliant on self-reported data from patients. Doing that effectively requires provider organizations to establish appropriate workflows and communications training for frontline staff so that patients understand and trust the intent behind the request for this important information and share it. But, even if the providers are good at capturing this data, it is not being adequately shared with other stakeholders who can impact health equity.

Q. What is the government's role in all of this?

In California, DHCS (Medi-Cal), CalPERS, and Covered California as major purchasers of healthcare have enhanced their focus on health equity. In addition, DMHC has convened a committee to provide recommendations for standard health equity and quality measures as well as annual benchmark standards to which to hold managed care organizations accountable and in doing so drive improvement.

Q. What do we tell providers and payers who want to start tackling these issues?

You have to start somewhere. So, at an organizational level, figure out an impactful area on which to focus. Work on the basics, the data part, but also pick a project and just do it. Although we have to address data fundamentals, we can't wait to deal with the actual issues—we have to change the wheels on the bus while it's rolling.

Look to leverage things that exist already — there are tons of amazing community benefit organizations that have been addressing equity issues for ages. Engage them. Partner with them. Support them and the people they serve. Just act.

About Chris Jaeger

Chris Jaeger, MD, serves as VP of Client Solutions. In his clinical practice, Dr. Jaeger became increasingly frustrated by the business side of healthcare and decided to learn more about it. This began a journey that included earning an MBA from UC Berkeley, taking on physician leadership roles in addition to clinical practice, and finally taking full-time executive leadership roles and serving as a consultant. He has worked with purchasers, a statewide quality collaborative, state and federal governments, advocacy organizations, health systems, health plans, and innovative start-ups across the country.

