



5

Five Questions

DRAWN TO MEDICINE

WHEN PETER VALENZUELA WAS IN MEDICAL SCHOOL AT THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER, HIS COLLEAGUES NAMED HIM CLASS COMEDIAN. THAT MIGHT EXPLAIN WHY — WHEN HE’S NOT FOCUSED ON HIS DAILY DUTIES WITH HIS NORTHERN CALIFORNIA NOT-FOR-PROFIT HEALTH CARE NETWORK, OR MAKING INTERNATIONAL PRESENTATIONS ON CHANGE MANAGEMENT, HEALTH CARE INNOVATION AND LEADERSHIP DEVELOPMENT — HE CHANNELS ENERGY INTO A SIDE PROJECT. HIS ONLINE COMIC STRIP, *Doc-Related*, OFFERS A SATIRICAL LOOK AT THE CHALLENGES OF PRACTICING CLINICAL MEDICINE TODAY THROUGH THE EYES OF HEALTH CARE PROFESSIONALS. AVAILABLE AT doc-related.com, IT’S BEEN CALLED “THE *Dilbert* FOR HEALTH CARE” BY ONE MEDICAL BLOGGER, AND VALENZUELA TAKES THAT AS A COMPLIMENT.

When Peter Valenzuela was in medical school at the University of Texas Southwestern Medical Center, his colleagues named him class comedian. That might explain why — when he’s not focused on his daily duties with his Northern California not-for-profit health care network, or making international presentations on change management, health care innovation and leadership development — he channels energy into a side project. His online comic strip, *Doc-Related*, offers a satirical look at the challenges of practicing clinical medicine today through the eyes of health care professionals. Available at doc-related.com, it’s been called “the *Dilbert* for health care” by one medical blogger, and Valenzuela takes that as a compliment.



Peter Valenzuela, MD, MBA
Chief medical officer, Sutter Medical Group of the Redwoods, Santa Rosa, California

AAPL member since 2007

Doing the comic strip must be therapeutic in some way. Why and how did it begin?

I’ve always had a sense of humor about health care. As I’ve transitioned from full-time clinical care to more administrative responsibilities, it’s been eye-opening to see how decisions are really made in organizations — and how little docs really have to do with those decisions. I recently read a research study from the Experience Innovation Network, stating only 16 percent of health care organizations consider the impact of strategic decisions on the resilience and well-being of those affected. I wanted to apply humor to raise awareness about these organizational disconnects, and the more I thought about it, the more the characters [for a comic strip] took shape in my head.

With the health care industry in endless flux, what’s your best source of comic material?

I actually have several sources. The first is what I call the “alphabet soup” of health care. We’re living in the age of acronyms: P4P, RAF, CG-CAHPS, MACRA and MIPS, to name a few. Trying to navigate through these waters can be burdensome and confusing. Another source is the countless committees and meetings I attend just to keep

up with the strategies and initiatives we create to survive in the industry. A third source is having conversations with physicians and hearing their frustrations on what is being done to them instead of with them. Finally, I get lots of ideas when I’m seeing patients and charting in the EMR.

Assuming the strip doesn’t allow you to vent all of your stresses about today’s health care environment, what keeps you up at night as the CMO of a large medical group?

Just about any article you read about physicians covers physician engagement, burnout or the need to address provider well-being. Lots of studies show physician burnout leads to lower quality of care, higher patient risk, decreased patient satisfaction, decreased physician performance and higher physician turnover. Everyone seems to be calling it a crisis, yet we’ve done little to address or invest in the problem.

My comic was partially inspired by some extraordinary docs who’ve taken a rogue approach to raising awareness about burnout. Pamela Wible is tackling physician suicide in a Kickstarter film called *Do No Harm*. Zubin Damania — aka ZDoggMD, aka Doc Vader, aka the “Weird AI of Health Care” — has moved toward funny-yet-sobering videos that include documentaries and musical parodies. Another satirical website by docs, known as “*The Onion* for health care professionals,” is GomerBlog. One of my favorite GomerBlog posts is titled “Burnout Cured by Seeing More Patients, Putting in More Hours.”



Are these the issues you thought you'd encounter when you went into leadership, or have there been surprises along the way?

Fifteen years ago, I was the medical director of a rural clinic in West Texas, practicing the full gamut of medicine, including clinic, hospital, ER, nursing home and even home visits. I delivered babies, performed C-sections, endoscopies, and assisted on various other surgeries. Back then, I worked endless hours, but always loved what I did. It was a time before EMRs as well as other programs and regulations that have increased what we do today as physicians.

I never would have imagined that some docs would be so miserable practicing medicine. I'm not trying to argue against all of these measures, but they have definitely taken a toll on the joy of practicing medicine. We have

to bring back the joy of medicine. My goal as a physician leader has always been to help provide patients the best care possible while making sure the clinicians feel valued and appreciated for their efforts.

When will you know if you've made a difference?

I had a professor in business school who once said, in order to truly improve the health care system in the United States, the solutions we create must be morally ethical, financially feasible and politically acceptable. I'll know I made a difference when I contribute to a solution that meets all three criteria simultaneously. It may not happen in my lifetime, but it's definitely worth the effort.

To suggest an AAPL member for this ongoing series, email us at journal@physicianleaders.org.