Introduction to Dr. Moin Abu Dabr and His Work

Everybody really happy to introduce Doctor Moin Abu Dubber, who is trained in general internal medicine and geriatrics. He is part of the Mayo Clinic, originally Mayo Clinic in Minnesota in 2012 and now Mayo Clinic in Florida.

He's currently the director and of the Health and wellness coaching Clinic, integrative Medicine, as well as the director of wellness and humanities in medicine for the Family Medicine residency program at Mayo Clinic.

His work aims to reshape the health care system so that we could pursue the goals, between ourselves and our patients and really align strategies and some really out-of-the-box strategies to figure out how to propel health into the future.

If there's anybody to really talk about where medicines can potentially go, it'll be Doctor Moin, really happy to introduce him on to the summit today.

My way and welcome to the summit. Super happy to have you. Thank you. Chang, great to be with you. You know, I, I nerd it out on a lot of your publications before we got on.

So, and there's just so many things that really come to mind I really want to address on this summit that I think it's is really important to really understand.

But we'll let's talk about something real quick. You know, so many people are burnt out, especially over the last year and a half. But from from your view, what do you think are the potential contributing factors to burnout?

So, burnout is a prevalent, condition at this point. It one could, sadly, we can say maybe it's, a pandemic and health care all over the world.

Understanding Burnout in Healthcare

I think, it there has been so many factors historically, especially the last 15 years, within the last year or so, we know that the pandemic has, has just aggravated the situation and made it more pronounced.

And I think, one of the things that I recognize recent, you recognize recently is potentially the relationship between, health care, clinicians, health care workers and professionals and their patients.

I think we always we feed on the fact that our patients, recognize that we are there to help them to provide healing, provide comfort. And I think the, the challenging circumstances that Covid 19 pandemic has provided might have changed that perception due to many factors.

And I think just physicians are feeling a little bit burned out, in addition to what has been happening, I agree with you. I know this the factors in burnout is multifold.

Your professional, your personal and all this stuff. Right. But just from, just from a clinical care perspective. Right. You know, there's there's something that you wrote in one of your publication is something that's, that's minimally disruptive medicine or care models.

Right. And so I was very intrigued when, when, when that was crafted. Can any kind of explain what that really means? Sure. So, we should give credit where credit is due.

Minimally disruptive medicine is really a movement that started around 2009 by colleagues, some from Mayo and outside Mayo in the UK and all over the world.

Minimally Disruptive Medicine Explained

Really? Specifically Victor Muntari, Carl May and, Francis Mayer, in addition to many, many other colleagues. And the thought behind that was that how we practice and provide health care is really historically has been disease centric.

So we're focusing on treating the condition. And sometimes we forget to treat the person. We we we are coming always from a place of wanting to help our patients and their families.

But sometimes we, we miss the full picture in the sense of that these patients have a life outside health care. What what we end up doing is providing, the best care possible and all, treatment options, up to date treatment options.

But we forget that there are other factors that feed into how these patients perceive health care, how they apply it into their lives, most importantly, how health care plans actually fit into their lives.

So a minimally disruptive medicine is a movement to recognize that we need to understand patients capacity, their ability to take on that health care, and all the plans that come with it, the commitment, and also recognize the workload that comes with being a patient.

So when we think about providing care to our patients, we need to consider the context of their lives, their, preferences, their goals, as well as their life circumstances.

And really think about tailoring those health care plans around those. So we ensure that it is minimally disruptive into their quality of life, their daily life, as well as increasing their ability to adhere to their to their treatment plans.

Gotcha. So the term minimally disruptive is really for the patient focused idea of not being too disruptive. It's their lives so small yeses make big changes, right?

Indeed, indeed. Yeah. Because, when I first read the I'm like, why would you want to be minimally disruptive? But then I figured it out. Understood. Okay.

It's talking about the patients lives. And so, you know, as, as as physicians and especially in private practice, you know, how do you how do you suggest we start executing some of that and paying attention to that in terms of what we actually can do in, in the clinic and with our employees?

The that is a great question.

Applying Patient-Centered Care in Practice

I think we are, challenged in healthcare, by focusing on the, the disease and the clinical encounter and forgetting that our patients are people, stories, connections, context of life.

And there are so many things that feed into that. And I think a step, a first step, and that is that is not to say that, physicians and all clinicians are not interested in doing that.

It's just that there is systemic and systematic challenges that this system is in, in many ways, it just prevents us or challenges us in providing that thoughtful and careful care.

So I think a first step is truly a revolution in how we think we provide care. And the revolution goes on and to all stakeholders. And I'm going to use that term here.

I know it's a technical term, but I'm going to use it because it really encompasses everyone involved in healthcare. It should be policymakers, it should be the physicians.

It should be every single health care worker and nurses, APS and everyone, as well as our patients and their,

family and, and, families and caregivers.

It should be a movement to demand that we need to change healthcare in a way that we are treating a person, not a condition. Yeah. And I think innately, you know, most physicians, we want to treat the person.

But the structure of healthcare kind of leaves us feeling a bit hopeless. Right. And I think that so the first aspect of, of health care, is a volume based business.

Right. And when over volume based business, now the dollars per minute that you spend becomes an actual question. And so, and that that itself is an issue.

Another big thing, what I think is, is, is penny pinching by the payers as well. So there's a, there's an article that came out, I think yesterday I was looking at, LinkedIn for one of our other summit speakers, Haley Fisher.

Right. The CEO of MGM. And she's talking about how MGM is dealing with, hey, you know, these insurance companies are charging doctors or percentage for electronic ACH into the bank account anywhere from like 2% to 5%, which is gargantuan.

When it comes to organ, it comes to health care dollars. Right. And so something like that. And then the other thing is that, you know, a lot of physicians aren't really in positions, in the government structures and powers to do really anything about it.

And then the fourth thing I think is that I, the, the physician patient relationship, especially during the pandemic, has changed. And, it's changed from, you know, what used to happen, maybe, I don't know, 1990 was that was not that long ago was that, you know, the patients, they would go to the doctor's office, be seen by the doctor. Right.

And then that's where the first interaction is. And now the first interaction is Twitter, Instagram, Facebook, you know, Google ads or, websites and stuff like that.

And so there's a lot of there's a lot of, there's a lot of preconceived notions about someone based on their digital presence before they even go in. So some people can come in with a level of resentment, and some people can come in with, okay, already prepared what they want to do.

So now it's like I'm putting up my defenses because what I think I know about you, and that creates a much bigger rift in health care as well. So I think adding the whole system needs to really understand that there's a bi directional communication that's required between the patients and the physicians.

And I think that missing area is, can be, can be connected through something I'm going to talk about next, which is health coaching. Right. So let me let me ask you this.

So, so, you know, one of your publications, which I have a my my, thing right here, right now is talking about, you know, minimally disruptive medicine in clinical practice in, HIV clinical care model.

Right.

The Pillars Model for HIV Care

And so what I really found interesting about that is you kind of dealing with the population that's that's already at risk, but there's socioeconomic disadvantages, as well.

So in that care model, what do you think was the, the what do you think were the main factors that drive value to these patients? I've had the privilege of, working with my colleagues and, and and really, being embedded within a, a, a clinic that provided, care for patients living with HIV and their, loved ones as well, being their support, network.

And what we found, what these patients informed us, was really, amazing. Their, an eye opening in many

circumstances. We looked into what is what can be a care, a careful, thoughtful and supportive model that can kind of serve that minimally disruptive approach.

And when we look at successful HIV care models, what can we learn from them? And what we found, is something what we call the pillars model. And the pillars model is an acronym, really, that summarizes the points that we have learned as well, that the points that we know already from research that we have done extensively, and with through the work of mVVM, or minimally disruptive medicine.

So the pillars model stands on the P as an understanding patient capacity. That is one of the main factors and the common themes that came consistently is that understanding what is the abilities and resources that these patients have so they can take on the care that is needed to live with their condition.

And in this case, it was living with HIV. The eye was understanding how can we build integrated, coordinated, supportive and supported care teams? And that is a point in addressing burnout.

When we looked at successful teams, we found it was teams that there was thoughtfulness about the time dedicated to caring for patients and how they can work all together to support each other and the success of that care model was that was one of the factors, the L in pillars.

The second, the first L was looking into not only the short term goals for patients, but also long term goals, understanding that our patients are not just focused on living the moment.

They have stories, they have life goals. They have they want to live their life. So really tailoring a care that supports those goals, then understanding their life space, and their living circumstances, that is an important factor that we often, don't get the opportunity at or sufficiently address.

Looking at the A is making sure that we have available expertise and, up to date evidence that supports the care that we can provide to them. And then the R was resources that we can identify, that we can support them.

Sometimes we are guilty of trying to solve it all and do it all, but sometimes we can't. So we try to look for other resources that they can reach to within social networks, within their community, that they can support their quality of care.

And the less s, which is a point that you touched on, shared decision making, having and transforming clinical care and clinical settings into and encounters, into encounters of conversations, not just information and education, really allowing patients and clinicians to think, to feel, to exchange, and then to understand what is currently needed to have the work and make an informed decision based on that.

Well, that's great. You know, another seven we actually talk about emotional intelligence, how, you know, we we develop resilience through emotional intelligence.

And it seems like the pillars model is really a demonstration of how you can execute that within, clinical models for, for really good outcomes. And so, you know, when I read that, I was like, well, this is a pretty simplistic idea, to achieve.

Health Coaches and Team Communication

And so, you know, for example, for us at Texas Center for Lifestyle Medicine, we have something that's that's relatively similar with health coaches and, and but the way we actually communicate to the patients, from the front desk to the back office to the medical assistance to the janitor, there's actually a structure that's really behind it that we that we really try to train.

It's very similar to what you really talking about. It's really trying to gather there's social determinants of health. Like what what's really going on with them.

And you know, and I'm sure a lot of physicians are asking this man, you know, you know, this this seems like a very costly project. Actually it's not, it's it's all about communication.

That's it doesn't take more time. It just takes, more of an effort to to teach us stuff like body language engagement, you know, actually looking someone in the eye when they come into the front desk is huge, you know, and all these things will get rewarded in, like, either five star reviews and stuff like that, I think.

I think the outcome can be quite good if we just put a little bit of effort into that level of, of communication. You know, when I, when we started with, when we started with health coaches, a few years ago, there was I realized it was really hard to incorporate, like a coaches into a medical practice.

And it's because I my original thought is that now these are just kind of add on services, right. I immediately realized that that's probably not the best way to think about it, but, the coaches are actually essential to getting the pillars right of of their health and understanding of that.

And they actually became liaisons. So I realized that part of the the practice was really missing. Not only did it create less burnout for me, I think it was actually very rewarding.

But even the front desk, the janitors, the back office, everyone participated in the joy of having the coaches around because there was such better communication with the patients and each other, so that inter communication became massively improved with the coaches.

So that's not something I that I really expected. And so can you just tell us like, you know, what do you see in terms of like intercommunication between either departments or physicians and medical systems and how that really relates to everything?

What you have provided a real life example and what's better than that? I mean, you really, touched on the core, thing that when, when we were working on the pillars and as I was learning more from the research and we kind of finalized the, that study, I looked at specifically the component of patient capacity and understanding what our patients are doing in their daily lives, what is their context of life, their goals, their preferences that we often don't get the opportunity as physicians to ask because of so many challenges, including the limited time and everything.

And the team member that always came into my mind was a health coach, because we are guilty in trying to do everything as physicians, we want to do the best for our patients, our colleagues, partners, nurse practitioners, nurses and everyone.

We try our best to do. And sometimes, because of the innate challenges in the system, we don't have that opportunity to address everything, and we end up focusing on the priority at that visit, maybe the disease.

Again, we go back to that. So the missing puzzle, the missing piece in the puzzle was a coach, health and wellness coach. And that is the team member who can bring that background in understanding what that what our patients are needing, how when they think about their life not only from illness care but also from wellness care.

So it's really bringing wellness and illness care into health care settings. Completing that picture and working together. And you brought up an important, point, which is health coaches don't only improve the quality of care delivered to patients, but they also improve the joy at work experience to their team members and working together and supporting their, care.

The Future of Medicine and Medical Education

So it really that is a team member that can alleviate the burden on other, providers and including and clinicians, including physicians and health coaches, are primed to be a major, supporter of alleviating burnout in health care.

Oh, yeah. Absolutely. You know, I didn't really understand it until I really experienced, too. And what's great about, you know, health coaches is now there's a new CMS taxonomy that started April 1st, 2021 that my health coaches

actually got their provider numbers, NPI numbers under.

And so that it's more recognized at this point. And there's more reimbursable structures within the health coach system. That's that in in the models that are there, that are, that are coming out of coronavirus is actually very intuitive.

Because there's digital health, right? There's telemedicine, there's now telemedicine, a lot of things that were, didn't really used to be reimbursed.

Now it's like, you know, please do this so we can have a better outcome for our patients. And that's what really, really changed, I think, during the pandemic era, you know, and so, you know, I feel like, you know, we're now we're shifting into more of a patient centric environment.

And even all the other speakers on the summit are very, very much agreeable that in order to decrease the burnout, you got to focus on the patient. It was very counterintuitive. Right.

And but by focusing on a patient, you realize that you develop your own emotional intelligence that in turn reduces your own, your own burnout as well.

And so and so a where do you see medicine going in the near future? Because, because. Right now, what a really weird time where I think that everything is in transition.

And so if I look, educational institutions, my for example, my sister goes to Columbia University in the fourth, you might consider looking that decision versus looking at University of Texas and their situation right now.

There's a lot of conferences here. Is that a lot of educational institutions don't really have a structure to train, like medical students, residents to behave in this current environment.

What do you really think needs to change from a mindset of from an educational institution? I think it's a really it's a movement. And when I think a good thing in healthcare is that once we see a successful model, everyone follows suit and there is an opportunity in bridging those examples.

And, and I think, I think collaboration between different schools, this is a mission for all of us. And if we if one succeeds and transfers that knowledge to others, we will all succeed eventually.

We're serving the same mission. We want to care for our patients. We want to care for their families. And replicating, understanding, learning from each other.

One thing that we have done in our experience with health and wellness coaching is we have been collaborating with different institutions and learning from their experiences and learning from our own experience.

And what a beautiful thing it has been just to know how this service can be integrated in different settings and different models. So in terms of education, I think we really need to think about working with our future, generations and I think, I think one of the things that I'm really excited about this, the future generations are eager to make a change.

They want to make a change. And it is our responsibility to share that enthusiasm with them. It is our responsibility to listen to them as well, not only give them our agenda.

And teaching them that patience, and caring for patients is, is is an art of healing. We need to think about improving how we communicate with our, students, with our medical learners.

We need to teach them and learn from them how they can communicate. And as you said earlier, communication now changes dramatically. There is electronic communication, not just face to face encounters.

And there are different needs. So really being adapt, adapting, being adaptable, most importantly, being compassionate towards our patients as well as towards each other as those who serve, the needs of our patients.

So really, in medical education, there are so many opportunities and so many, and these I cannot really even, summarize them. But I think making medicine humanistic, thoughtful and patient centered and also taking care of ourselves along the way, those are those are core, issues that we need to address.

Yeah. That's basically the values of this summit. That's exactly what it is, right? A big part of the, the automation amongst that we actually do is to develop these systems so that we can thrive in these and propel ourselves forward.

So so, you know, thanks for thanks for talking to me, because I think that, a lot of times we as physicians, we kind of think that we're alone in our thoughts.

But whenever we put these energies out and, I mean, you're a mayo clinic, too, so it's not like you're by yourself either. So there's a lot of people that are engaged in the change of medicine.

And I can't be more thankful that you've come on to the summit and share your views. So I want to thank you so much for that. Thank you very much for having me.

And thank you for your efforts. Chang, you are truly a, disruptor and in a very positive way. You have been. You have been a force. I have the privilege to of, learning from and working with.

And I look forward to learning more and seeing all, people who contributed to this summit. Excellent. Thank you so much. Have a great time. You, too. Thank you very much.