Disclosure Statement

The Doctors Company would like to disclose that no one in a position to control or influence the content of this activity has reported relevant financial relationships with commercial interests.

The information and guidelines contained in this activity are generalized and may not apply to all practice situations. The faculty recommends that legal advice be obtained from a qualified attorney for specific application to your practice. The information is intended for educational purposes and should be used as a reference guide only.
“What started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless.

Energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness.”


**Objectives**

After completing this activity, learners will be able to:

- Describe the crisis level of physician professional burnout.
- Explain how the quality of care and patient safety are affected by an unengaged physician.
- Apply individual and practice strategies that can enhance resiliency and promote physician satisfaction and engagement.
The Tipping Point: Health Care Delivery System Squeeze

- Narrowed Insurance Networks
- Employed Physicians
- Financial pressures resulting in increased productivity expectations
- Increased Workload
- Reduced Physician Autonomy

Electronic health records and patient portals
- Altered workflow
- Altered interactions

Non-clinical demands
- Documentation
- Billing–MACRA
- Performance measurement


The Burnout Syndrome

De-personalization
- Negativity, callousness
- Feelings of cynicism
- Detached response to aspects of job

Emotional Exhaustion
- Feeling overextended
- Emotionally & physically drained
- Exhaustion leading to distancing

Low Personal Accomplishment
- Feeling of underachievement at work
- Feeling of incompetence at work
- Lack of resources

Maslach Burnout Inventory (MBI)

Gold Standard Assessment Tool Measuring Burnout

- Measures emotional exhaustion, depersonalization, and personal accomplishment.

“...an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will.”

-- Inventors of the MBI describing physician burnout

Timeline of Burnout In Medicine

Adapted from presentation: Gabbe, S., Health Sciences Faculty Burnout in this New Era of Healthcare. The Ohio State University Wexner Medical Center
What The Numbers Say On Physician Burnout

<table>
<thead>
<tr>
<th>Year</th>
<th>MAYO CLINIC</th>
<th>STANFORD</th>
<th>AMA RAND</th>
<th>MEDSCAPE</th>
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<th>STANFORD</th>
<th>MEDSCAPE</th>
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<td>831*</td>
<td>447*</td>
<td>24,000*</td>
<td>6880*</td>
<td>1,281*</td>
<td>14,000*</td>
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*Number of Respondents to Survey

The Burnout Level By Specialty

- Critical Care: 48%
- Neurology: 48%
- Family Medicine: 47%
- Obstetrics: 46%
- Internal Medicine: 45%
- Emergency Medicine: 45%
- Otolaryngology: 45%
- Pulmonary Medicine: 44%
- Pediatrics: 44%
- Infectious Diseases: 43%
- Gastroenterology: 43%
- Anesthesiology: 42%
- Rheumatology: 41%
- Psychiatry: 41%
- Public Health & Preventive Medicine: 41%
- Diabetes & Endocrinology: 40%
- Orthopedics: 40%
- Ophthalmology: 39%
- Pathology: 39%
- Dermatology: 38%
- Plastic Surgery: 38%

15,500 respondents – 2018 Medscape National Physician Burnout and Depression Report
Physicians Experiencing Burnout And Depression

- Ob/Gyn: 20%
- Public Health & Preventive Medicine: 18%
- Urology: 17%
- Neurology: 17%
- Family Medicine: 16%
- Critical Care: 16%
- Radiology: 16%
- Internal Medicine: 16%
- Physical Medicine & Rehabilitation: 15%
- Surgery, General: 15%
- Diabetes & Endocrinology: 15%
- Pathology: 14%
- Orthopedics: 14%
- Cardiology: 13%
- Allergy & Immunology: 13%
- Otolaryngology: 13%
- Anesthesiology: 13%
- Oncology: 13%
- Pulmonary Medicine: 12%
- Emergency Medicine: 12%
- Pediatrics: 11%
- Gastroenterology: 11%
- Rheumatology: 10%
- Plastic Surgery: 10%
- Infectious Diseases: 10%
- Dermatology: 9%
- Gastroenterology: 9%
- Nephrology: 8%
- Psychiatry: 8%

15,500 respondents – 2018 Medscape National Physician Burnout and Depression Report

Burnout Rate By Physician Age

- AGE 28-34: 35%
- AGE 35-44: 44%
- AGE 45-54: 50%
- AGE 55-69: 41%

15,500 respondents – 2018 Medscape National Physician Burnout and Depression Report
More Physician Statistics

**Depression**
- 19.5% Female
- 12% Male

**Burnout**
- 55% Female
- 45% Male

**Turnover**
- $250k to $1mil to replace physician

**Suicide**
- 400 U.S. Physicians take their own lives every year

2017 Medscape Physician Lifestyle Report

Precursor to Burnout?

Factors Contributing to Physician Burnout

- Too many bureaucratic tasks (eg, charting, paperwork) 50%
- Spending too many hours at work 39%
- Lack of respect from administrators/employers, colleagues, or staff 26%
- Increasing computerization of practice (EHRs) 24%
- Insufficient compensation 24%
- Lack of control/autonomy 21%
- Feeling like just a cog in a wheel 20%
- Lack of respect from patients 18%
- Government regulations 16%
- Decreasing reimbursements 15%
- Emphasis on profits over patients 15%
- Maintenance of Certification requirements 12%

15,500 respondents – 2018 Medscape National Physician Burnout and Depression Report

Assessing Your Burnout Level

- The Mini Z instrument (no cost)
  - 10 item survey
  - Available on the AMA STEPSforward™ website

- Physician Well-Being Index (no cost)
  - 7 item survey
  - Available from Mayo Clinic at Med+Ed, download app “My Well-Being Index”. Get reminder to reassess at your frequency

- Maslach Burnout Inventory (fee)
Dimensions Of Physician Well-Being
Assess several dimensions at regular intervals

Achievement/Professional Fulfillment
- Meaning
- Professional Satisfaction

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Engagement
- Vigor
- Dedication
- Absorption

Fatigue
- Energy
- Sleep

Stress
- Work Stress
- Anxiety

Quality of Life
- Physical
- Mental
- Emotional
- Social
- Financial

The Areas of Worklife Scale:
Six Drivers of Burnout

Work overload – demands exceeding limits, no recovery
Breakdown of Community – poor teamwork, conflict
Lack of Control – are there choices/influence
Absence of Fairness – respect, inequality, self-worth
Insufficient Reward – monetary, collegial, from patients
Mismatch of Values – ideals, conflicts

What's Going On Nationally and Locally?

The AMA Summit on Physician Burnout (Fall 2016)

10 Health System Executives identified burnout as a national public health crisis.

- Measure Well-Being
- Add Well-Being to Dashboards
- Educate Organizational Leaders of the Importance of Reducing Burnout
- Physician Leadership Skill Development
- Address Inappropriate Clerical Allocation to Physicians
- Push Regulators and Vendors to Reduce EHR Burden
- Support Team-Based Models of Care
- Track The Costs
- Share Anti-Burnout Best-Practices
- Conduct Research to Improve Provider Well-Being
The National Academy Of Medicine’s Goals

1. Improve the baseline understanding of challenges to Clinician well-being
2. Raise the visibility of stress and burnout
3. Elevate evidence-based solutions to improve patient care by caring for the care giver

https://nam.edu/initiatives/clinician-resilience-and-well-being/

Statement on Commitment to Clinician Well-Being

We are committed to reversing the trends associated with clinician stress by sharing information and tools that address some of the known causes of stress and burnout.....to develop resources to help members manage these changes—by building healthier work environments with highly functional clinical teams, effective processes, and strong communication
The AMA “STEPSforward™” Program

Provide modules to suggest small improvements that enhance practice efficiencies

• Patient Care
• Workflow and Process
• Leading Change
• Professional Well-Being
• Technology and Finance

https://www.stepsforward.org/

The Stanford Medicine’s WellMD Center

Professional Fulfillment Model

• Culture of Wellness – work environment, values, behaviors that promote self-care compassion for ourselves, colleagues and patients.
• Efficiency of Practice – systems, processes and practices promoting safety, quality and effectiveness, positive patient/colleague interaction.
• Personal Resilience – individual skills, behaviors and attitudes contributing to physical, emotional and professional well being.

The Ohio State Medical Association Survey

2017 physician burnout survey with > 1500 responses

59% Need help to address own burnout issues
4 of 5 Certain a colleague needed help
58% Employer did not have a wellness program

Additional comments: Underappreciated, overworked, lack of resources, need tools and support

The Ohio Hospital Association

Launched the Physician Leadership Council

- 2 of 4 pillars of action focusing on burnout and causes
  - Physician Burnout
  - Full EHR Use with Redesign

“Physician engagement, resilience and burnout bubbled to the top...[there is] universality of these issues among systems so disparate in size, location and orientation.”

Paul Hicks, M.D. VP of Clinical and Physician Affairs, OHA.
A Disengaged Physician: Effects on Quality, Safety and Patient Satisfaction

The Continuum Is A Balancing Act

- Damaged trust
- Leadership impaired
- Muddled ability to speak up, to communicate, to resolve conflicts
- Increased disruptive behavior
- Poor handling of disruptive patient

After resilience training:
- Sense of trust increases
- Sense of purpose and meaning increase
- Sleep quality improves
Physician Burnout Impact on Care

- Burned out physicians
  - Make more medical errors
  - Order more referrals, tests and prescriptions
- A one point increase in one domain of burnout increases the risk of medical errors by 11 percent
- Patients of physicians with high-exhaustion and high-depersonalization had significantly lower satisfaction scores


Case Example - Burnout Impacting Care

Ophthalmologist performing blepharoplasty

- Elderly patient with past cataract surgery signed consent for bilateral blepharoplasties including risk of laceration.
- Cautery used for incision without corneal shield in place as manufacturer recommended despite shield offered by OR nurse which angered physician.
- Corneal laceration suffered during surgery and surgeon announced in OR that patient moved.
Failure To Speak-Up, Failure To Disclose

- Witnesses of the procedure denied patient movement but physician documented movement with corneal abrasion in op-report.
- Physician did not disclose the complication to the patient and advised staff to “stick to the story”.
- PACU nurse noted cues from OR staff of something wrong and patient complaint of unexpected severe eye pain. Nurse advised next day follow-up rather than physician instructions for one week follow-up.

Stress And Depression Impact

- Next day follow-up. Physician correctly documented complication of 4 mm laceration, planned return to surgery but nursing and superiors intervened due to repeated abusive nature and technical issues.
- The adverse outcome resulted in patient development of corneal scarring and corneal astigmatism.
- Physician went on medical leave. Declining performance began two years earlier. Physician reported stress and depression and sought assistance. “Burnout” diagnosed, forced to resign due to poor performance issues.
Legal Insights On Burnout In Claims

**Burnout in the courtroom**

- Are burnout surveys or assessments discoverable?
- Is participation in a wellness program beneficial to defense?
- Would developing steps, techniques, measures to show good work/life balance assist in defending that burnout was not a factor in a case?

The Two Pronged Approach

**Toward Engagement:**

*Organizational* and Individual
The Areas of Worklife Scale – Work Overload

Work overload – demands exceeding limits, no recovery

Lack of Control – are there choices/influence
Insufficient Reward – monetary, collegial, from patients
Breakdown of Community – poor teamwork, conflict
Absence of Fairness – respect, inequality, self-worth
Mismatch of Values – ideals, conflicts

Serving Your Patients or Your EHR?

Feeding the Beast
- Time & Motion Study
- 57 Physicians, FM, IM, Cardio, Ortho
- Office Day – 27% face time, 49% on EHR
- Exam Room – 53% face time, 37% EHR
- Add'l 2 hrs night on EHR

Slave to The Mouse
- Observation of EM physician time usage
- 4000 Clicks during busy 10 hour ER shift
- 43% spent on data entry
- 28% mean average time spent on direct patient care


Feeding the Beast

- Observation of EM physician time usage
- 4000 Clicks during busy 10 hour ER shift
- 43% spent on data entry
- 28% mean average time spent on direct patient care


**EHR Optimization Tips**

- Hating your EHR leads to avoidance
- Implemented without workflow change results in too much data entry falling on the physician
- Often, failure to implement all the time-saving features that EHR vendors have created
- Become an EHR power user/find staff in your office

**Enhancing EHR With SAFER Guides**

**Safety Assurance Factors for EHR Resilience**

- Published in 2014 due to rapid evolution of Health IT
- Enables healthcare organizations to self-assess safety and effective usability of EHR implementation in three areas
  - Foundational, Clinical Process, and Infrastructure
- Identifies specific areas of vulnerability and create solutions and culture change to mitigate risks
- Available without cost at Health IT.gov
Address the Clerical Burden

- Re-engineering workflow to remove unnecessary tasks and to find other ways of performing needed ones
- Check with your EHR support team/vendor about any questions
- Discuss with peer physicians the EHR flows to share best utilization and quick tips
- Regulations don’t necessarily require all EHR data to be entered by a physician - share among the team

The Ratio of Demands to Resources

- Add, or enhance NP or PA utilization
- Enhance the utilization of medical assistants (MAs)
  - Like a scribe
  - Budget neutral due to productivity bump
- Example one –
  - MAs simultaneously typing, listening and watching the physician exam
  - Takes training and shadowing
  - MAs more engaged, increased knowledge.
Restructuring Exam Time

- Example two –
  - CMA gathers information from patient, updates problem and medication lists, allergies, etc. using templates
  - Pre-discussion with physician outside room
  - Both MA and physician in exam, more physician face time
  - Discuss treatment plan, orders outside room
  - Repeat with next CMA and rotate
  - Reduced EHR time post visits and end of day

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The Areas of Worklife Scale - 6 Drivers of Burnout

- Breakdown of Community – poor teamwork, conflict

The Workplace – Random Motion or Well-Organized?

Every Great Physician Has A Supportive Team

- Maximize the power of team-based care
  - Supportive, team-focused, efficient communication
  - Has there been organizational teamwork education?
  - Work unit norms and expectations, conflict resolution tools
- Optimized workflow and efficient processes
  - Cross training for job duties
- Targeted process improvement – PDSA cycle

Healthcare Can Be Serious Business but…..

Social support and community at work

- Physicians/Staff care more when they feel cared for
  - More engaged, positive staff are contagious
  - Provide better, safer, more compassionate care.
  - Recognize/celebrate the successes
- Putting meaning into work, less stress
  - Personal recognition of positive work events
  - Anonymous kudos/shout-out boards
  - Patient successes = Touchdown dances
Practice Specific Options

Meeting Physician Needs

- Control and flexibility
  - ER group offers shift flex hours to fit life stage needs; reduced hours and maintain full benefits.
  - Specialty group made sure more than one physician from group rounding at hospital for support
  - Call schedule flexibility and control of calendars

- Collegiality efforts and peer support

The Areas of Worklife Scale - 6 Drivers of Burnout

Mismatch of Values – ideals, conflicts

Prioritize Physician Wellness

A Professional Duty

▶ Create a wellness committee/champion
▶ Measure burnout, report to individual and aggregate and repeat
▶ Emphasize wellness as a professional duty in the same way other professional obligations are viewed (CME, keeping up on literature)
▶ Creating a clinical environment that doesn’t require super-human resiliency for people to survive in it

The Two Pronged Approach
Toward Engagement:
Organizational and Individual
How Physicians Cope With Burnout

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Exercise</td>
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<tr>
<td>Talk with family members/close friends</td>
<td>40%</td>
</tr>
<tr>
<td>Sleep</td>
<td>42%</td>
</tr>
<tr>
<td>Isolate myself from others</td>
<td>36%</td>
</tr>
<tr>
<td>Play or listen to music</td>
<td>36%</td>
</tr>
<tr>
<td>Eat junk food</td>
<td>33%</td>
</tr>
<tr>
<td>Drink alcohol</td>
<td>22%</td>
</tr>
<tr>
<td>Binge eat</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
<tr>
<td>Smoke cigarettes/Use products containing nicotine</td>
<td>1%</td>
</tr>
<tr>
<td>Use prescription drugs</td>
<td>3%</td>
</tr>
<tr>
<td>Smoke marijuana/Consume marijuana products</td>
<td>2%</td>
</tr>
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</table>

15,500 respondents — 2018 Medscape National Physician Burnout and Depression Report

Mindfulness Components

- **Intention**: Motivation for paying attention
- **Attention**: Cognitive process to direct your attention, Bring your “present-mode awareness”
- **Attitude**: Emotional qualities with which you permeate your attention

*Mindfulness does not diminish ambition or productivity*

Positive Psychology

**Good feelings alter people's mindsets**

- Focuses on valued subjective experiences
  - Past (well-being, contentment, satisfaction)
  - Present (flow, a state of immersive, active engagement)
  - Future (hope and optimism)
- Induces positive affect
  - Widens the scope of attention
  - Broadens behavioral repertoires
  - Increases intuition and creativity

Three Good Things In Life

**Developing and improving resilience against burnout**

- For 2 weeks, within the last 2 hours before sleep
- Write down 3 things that went well each day
- Write down what your role was in bringing this about
- Beneficial effects began 1 month post exercise.
  Results not significantly different than Prozac
- Measurement 6 months post study - increased happiness and decreased depressive scores
Examples of Three Good Things In Life

Self Aware
- Much less stressful day, concerted attitude shift on my part

Mindfulness
- Made it through day w/o melting down, kept + thoughts

Purpose
- Peer in bad mood. Approach and talked about daily challenges

Self-Care
- I listened to music to destress after difficult surgery.

Relationships
- Sought out colleagues, good talks about non-work topics.

Physician Burnout: Crisis In The Professional Setting

Resources
- Please see your reference handout
- The Doctors Company Statement to The National Academy of Medicine
Our Mission is to Advance, Protect, and Reward the Practice of Good Medicine.

We’re Taking the Mal Out of Malpractice.

Thank you.