FEEL THE BURN:

WHAT DO WE KNOW ABOUT PHYSICIAN BURNOUT AND WHAT ARE WE DOING ABOUT IT

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PMMA Clinical Conference

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Objectives

- To review data regarding the scope of the problem
  - Causes of physician burnout
  - Signs and symptoms of physician burnout
  - Effects of physician burnout
- To discuss current gaps in research on physician burnout
- To provide available intervention and resources for physician well being

What’s the problem?

Burnout Index: Physicians vs. US Workers

Table Burnout Index: Comparing Physicians & U.S. Workers

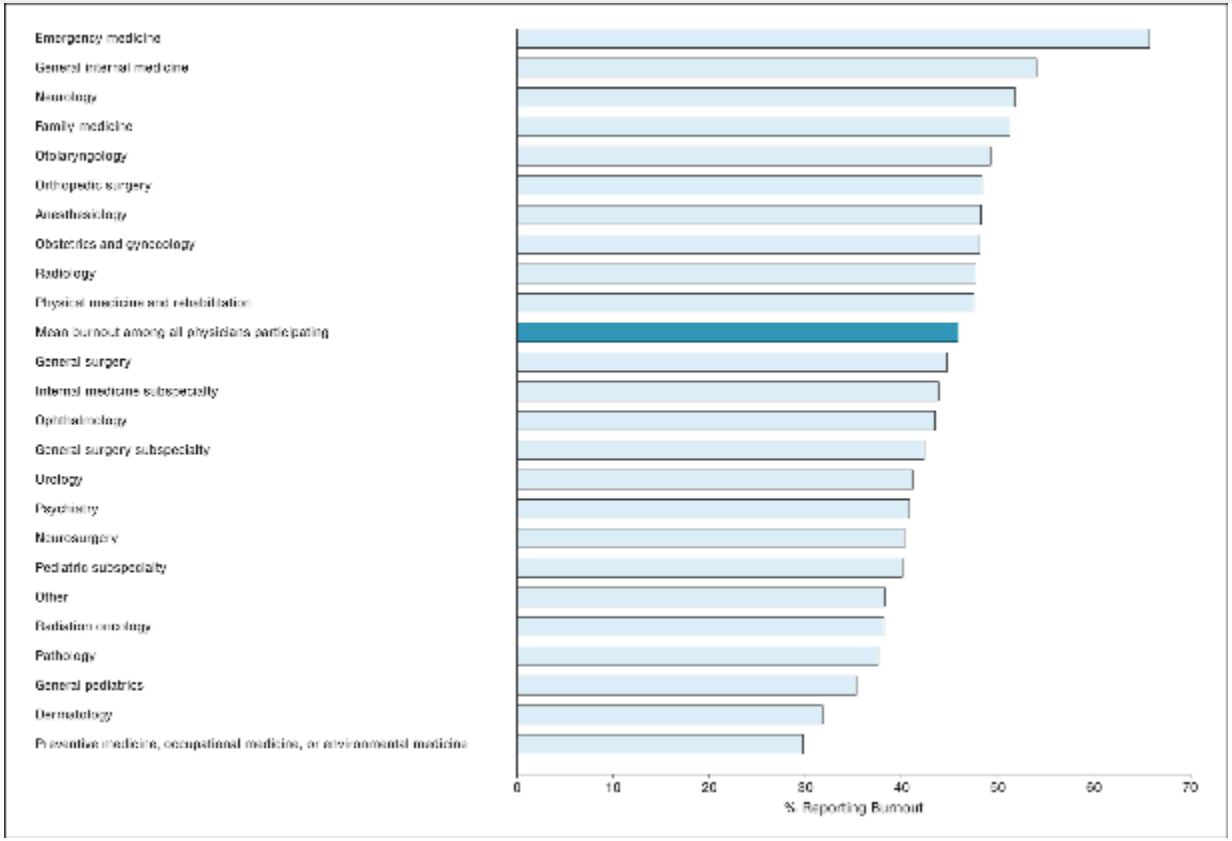
Variable	Physicians	U.S. Workers
Emotional exhaustion		
- Never	12.7%	11.8%
- A few times a year	26.5%	30.9%
- ≤Once a month	12.7%	15.6%
- A few times a month	15.5%	17.7%
- Once a week	9.9%	6.9%
- A few times a week	13.3%	10.8%
- Every day	8.7%	5.6%
Depersonalization		
- Never	32.7%	39.4%
- A few times a year	24.9%	23.9%
- ≤Once a month	11.0%	10.1%
- A few times a month	11.4%	10.9%
- Once a week	6.6%	5.1%
- A few times a week	8.8%	5.9%
- Every day	4.0%	3.9%
Burned out	37.5%	27.6%

Variable	Physicians	U.S. Workers
Depression and suicidal ideation		
- Screen positive for depression	40.4%	41.4%
- Suicidal ideation in the past 12 months	6.9%	6.6%
Satisfaction with work-life balance (*Work schedule leaves me enough time for my personal or family life*)		
- Strongly agree	14.2%	19.5%
- Agree	30.7%	37.5%
- Neutral	14.7%	19.7%
- Disagree	26.2%	17.6%
- Strongly disagree	13.9%	5.5%

Source: Adapted from: Shanafelt TD, et al. *Arch Intern Med.* 2012;172:1377-1385.

From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**

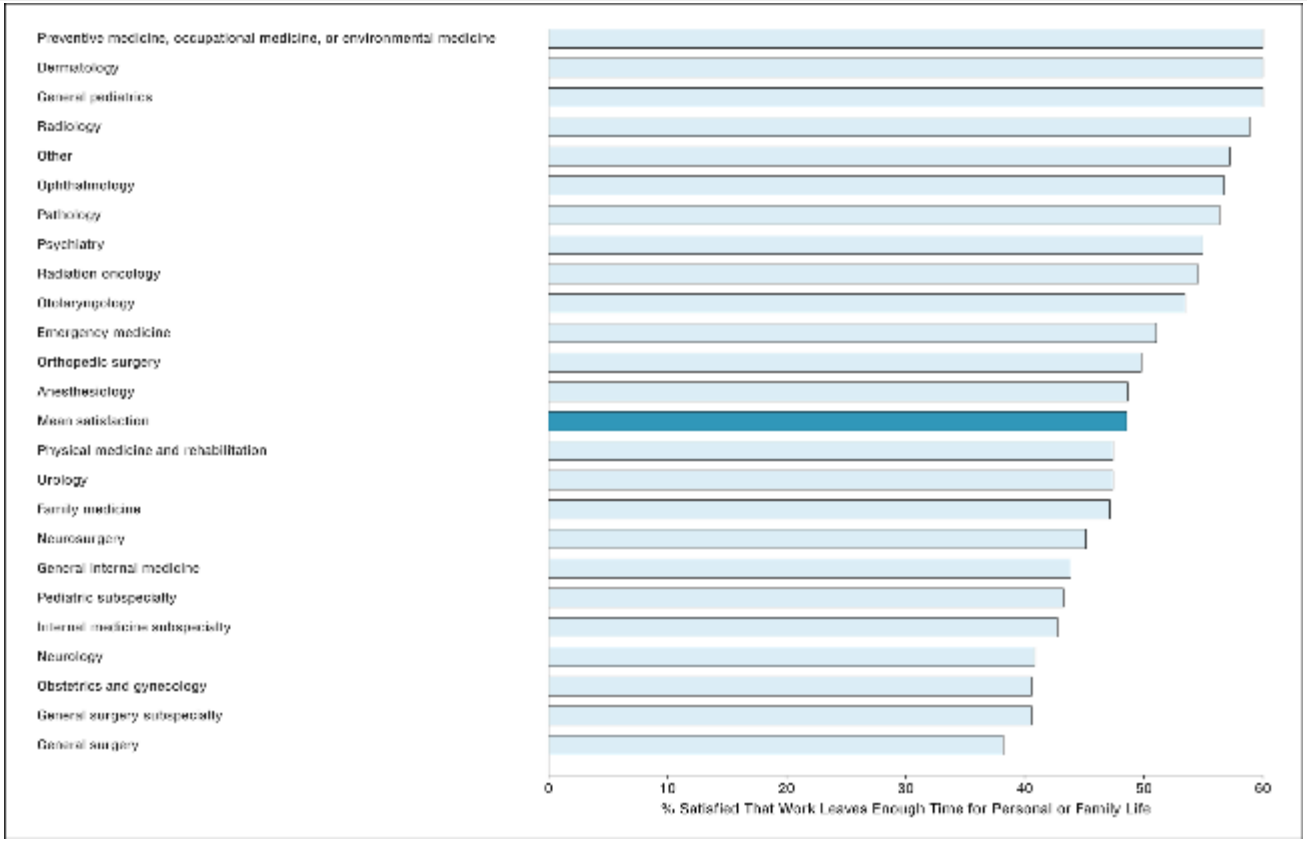
Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199



Burnout by specialty

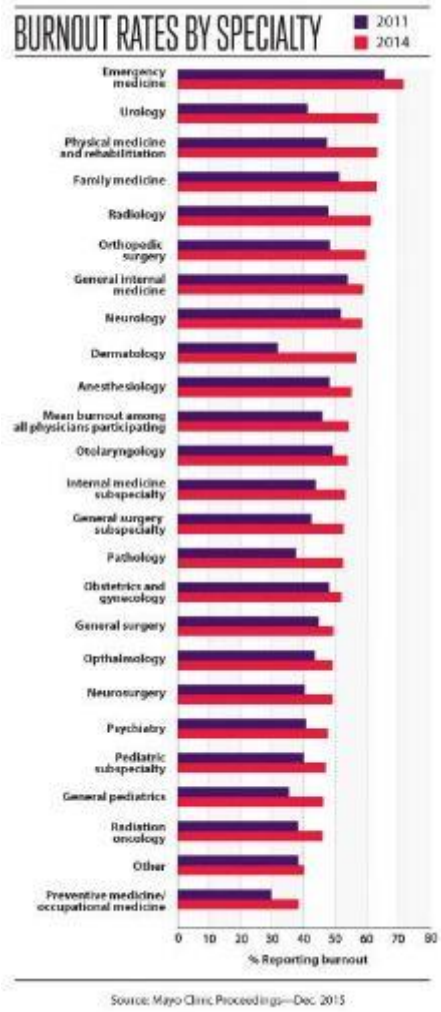
From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**

Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199



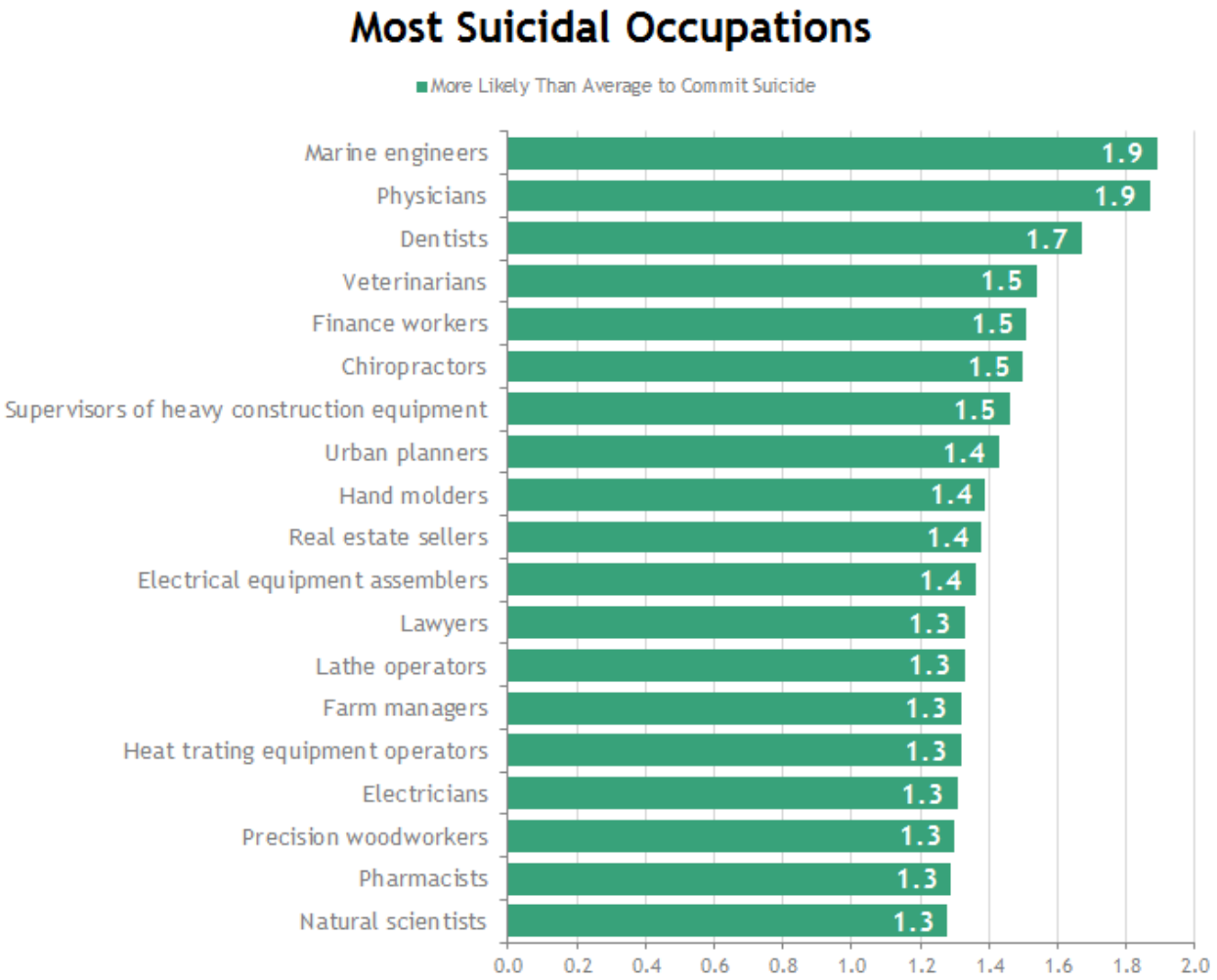
Satisfaction with work-life balance by specialty

The rise of burnout in medicine



Shanafelt et al. Changes in Burnout and satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. Mayo Clinic Proceedings. December 2015.

Suicide rate high in Physicians



Tough Professions: Unhappy, Suicidal, and Alcoholic Jobs

Canada statistics

Definition of Burnout

A syndrome characterized by a

- loss of enthusiasm for work (emotional exhaustion)
- feeling of cynicism (depersonalization)
- low sense of personal accomplishment.

Shanfelt TD, Boone S, Tan L, et al. Burnout and satisfation with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012; 172(18):1377-1385

An emotional condition marked by

- tiredness
- loss of interest
- frustration that interferes with job performance
- result of prolonged stress

Stress Reduction. Gale Encyclopedia of Medicine. 2008. http://medicaldictionary. thefreedictionary.com/Stress+Reduction(medicaldictionarythefreedictionary.com)

Signs of physician burnout

- Exhaustion
- Cynanism
- Lack of efficacy
- Desperation
- Internalization
- Overworking
- Disruptive behaviors
- emotional exhaustion
- loss of meaning in work
- feelings of ineffectiveness

CAUSES
OF
PHYSICIAN BURNOUT

How the U.S. Health Care System Compares Internationally

How the U.S. Health Care System Compares Internationally

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

- Top 2*
- Middle
- Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Source: The Commonwealth Fund. Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally. June 2014. Inserted 3/29/15

Affordable Care Act

Benefits for Women

Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage

Coverage available to children up to age 26.

Strengthening Medicare

Yearly wellness visit and many free preventive services for some seniors with Medicare.

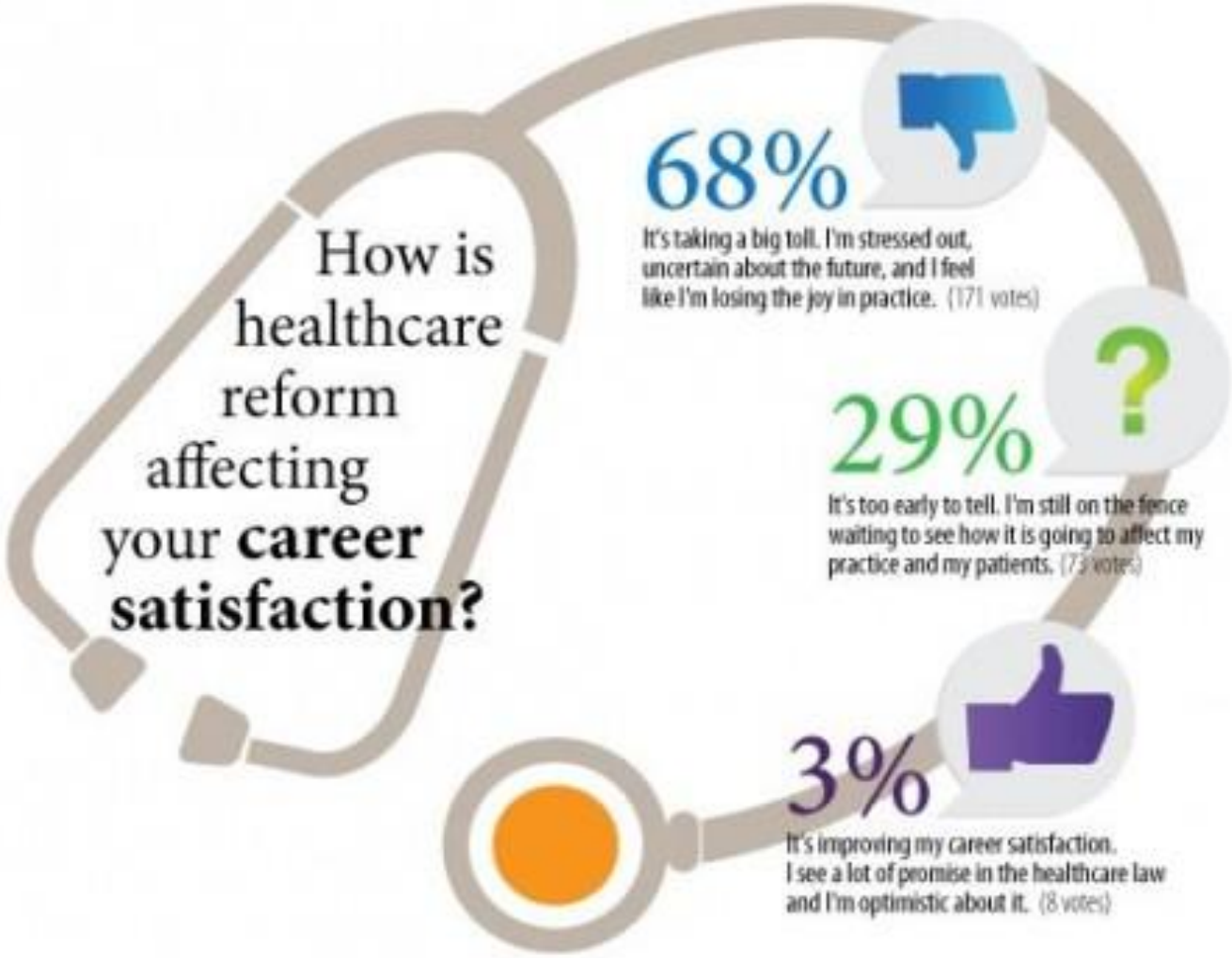
Holding Insurance Companies Accountable

Insurers must justify any premium increase of 10% or more before the rate takes effect.

ACCESS burden

- Increased visits
  - Office visits
  - Telephone visits
  - E-visits
  - Electronic patient portals
- Increased healthcare coverage under Patient Protection and Affordable Care Act
- Aging population
- Diabetes/obesity epidemic (chronic diseases)
- Increase patient panel size
- “And excessive panel size is a sure formula for burnout” Dr. Bodenheimer

Healthcare Reform Leading to Poor Physician Satisfaction



COMMENTARY

Physician Burnout

A Potential Threat to Successful Health Care Reform

Liselotte N. Dyrbye, MD, MHPE
Tait D. Shanafelt, MD

Discussions of barriers to successful implementation of the Patient Protection and Affordable Care Act have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.[1] Many aspects of patient care may be compromised by burnout. Physicians who have burnout are more likely to report making recent medical errors, score lower on instruments measuring empathy, and plan to retire early and have higher job dissatisfaction, which has been associated with reduced patient satisfaction with medical care and patient adherence to treatment plans.[1-4]

Burnout stems from work-related stress. Preliminary evidence suggests that excessive workloads (eg, work hours, on-call responsibilities), subsequent difficulty balancing personal and professional life, and deterioration in work control, autonomy, and meaning in work contribute to burnout in physicians.[2,3,5] Some aspects of health care reform are likely to exacerbate many of these stressors and thus may have the unintended consequence of increasing physician burnout.

Although reducing the number of patients who are uninsured is an important improvement, providing insurance to 30 million previously uninsured US residents will increase demand for care within a system already struggling with access issues due to an increasing older population, a decreased supply of physicians due to retirement, and low interest in primary care among graduating physicians.[6] With demand for care outpacing supply of physicians,[6] the workload for physicians active in practice will inevitably increase. Decreased financial margins due to cost containment provisions and higher practice costs will provide additional pressure for physicians to increase their workload. Capital costs to purchase electronic prescribing tools and computerized medical records are not fully covered by subsidies.[7] Infrastructure expenses required for compliance with new regulations, such as those expenses associated with reporting quality-based measures, will be an additional ongoing practice expense. These and other new regulations and reporting requirements (eg, requiring reporting of patient outcome data and guideline adherence for payment) will also increase the administrative burden for physicians on each patient for whom they provide care. Indeed physicians in Massachusetts report seeing more patients,[8] reducing the time they spend with each patient, dealing with greater administrative requirements, and experiencing a detrimental financial impact after implementation of the Massachusetts Health Insurance Reform Law.[9] If physicians nationally have a similar experience with health care reform, it is likely to result in increased workload that will exacerbate the challenge physicians have balancing their personal and professional life. Thus, health care reform is likely to adversely affect physicians' workload, autonomy, and work-life balance—all large contributors to burnout.

Health care reform does contain some provisions that may reduce physician stress. For example, removing insurance barriers for treatment of preexisting conditions, facilitating medication coverage, and streamlining insurance claims are all positive features of health care reform that are likely to improve patient care and reduce physician workload and stress. The introduction of a standardized claim form, as proposed in the Patient Protection and Affordable Care Act, may also improve efficiency. Although these are important steps, more can be done to help ensure that health care reform does not have the unintended negative effect of precipitating burnout and job dissatisfaction among physicians, which appears to have occurred with health care reforms in other nations. For example, in a longitudinal study of UK physicians, the prevalence of burnout increased after new health care policies were implemented.[10]

However, little is known about how best to mitigate burnout in medical practice. Policy makers, health care organizations, insurance companies, academic medical

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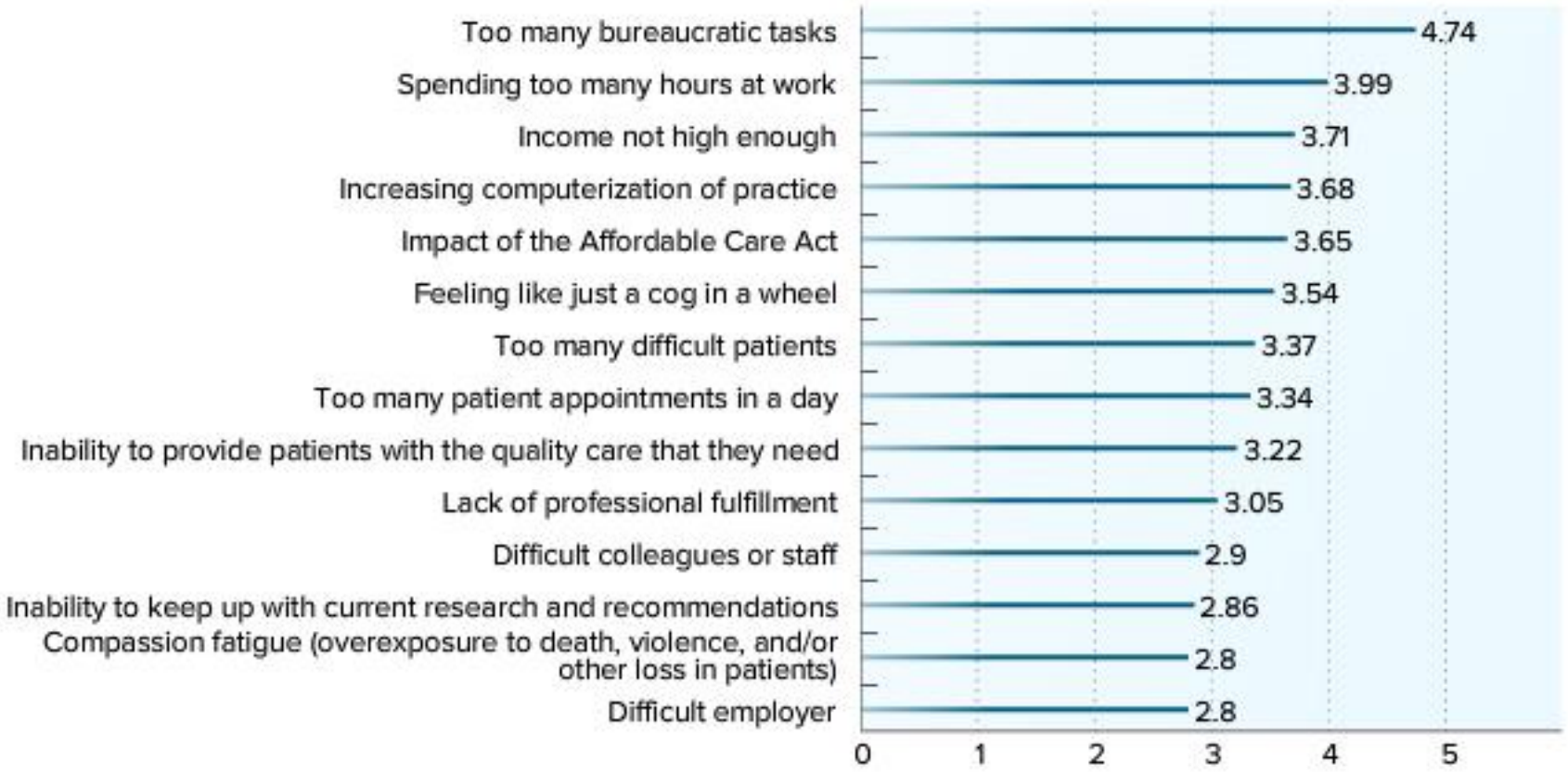
Causes of Burnout



Medscape Physician Lifestyle Report 2016, Carol Peckham, 1/13/16

EHR burden

EHR and efficiency:

- 43% of physicians said they spent 30% of their day on administrative tasks. The second Annual Practice Profitability Index. 2014 Edition. Care-Cloud.
- Physicians spend more time on non face-to-face activities than with patients (e.g. letters, in box management, medication refills). Arndt B, Tuan W-J, White J, Schumacher J. Panel workload assessment in US primary care: accounting for non face-to-face panel management activities. *J Am Board Fam Med*. 2014; 274(4): 530-537
- ER physicians spend 44% of their day dong data entry with 4,000 HER clicks per day, only 28% of the day is spent with patients. Hill RG R., Sears LM, Melanson SW. 4000 ckicks: a productivity analysis of electronic medical records in a community hospital ED. Am J Emerg Med. 2013;31(11):1591-1594.
- ¾ of physicians reported that HER increases the time it takes to plan, review, order, and document care. Jamoom E, Patel V, King Furukawa MF. Physician experience with electronic health record systems that meet meaningful use criteria: NAMCS Physician Workflow Survey, 2011. NCHS data brief, no 129. Hyattsville, MN: National Center for Health Statistics. 2013

EHR and patient outcomes

- Primary care physicians at a VA facility spent 49 minutes per day responding to in-box alerts and documentation. Half of the alerts had little clinical significance or could be handled by other team members. The volume of alerts overshadows important information that requires action.

  Murphy DR, Reis B, Kadiyala H, et al. Electronic health record-based messages to primary care providers: valuable information or just noise? *Arch Intern Med*. 2012; 172(3):283-285.

- Moreover, the alerts create interruptions known to adversely affect patient care. Murphy DR, Reis B, Kadiyala H, et al. Notifications received by primary care practitioners in electronic health records: a taxonomy and time analysis. *Am J Med*. 2012; 125(2): 209.el-209e7

EHR and physician satisfaction:

- In a 2011 national survey, 87% of physicians name the leading cause of work related stress and burnout as paperwork and administration. 2011 Physician Stress and Burnout Survey. Physician Wellness Services and Cejka Search
- HER has worsened professional satisfaction through time-consuming data entry and interference with patient care. Friedberg MW, Che PG, Van Busum KR, et al. Factors affecting physician professional satisfacion and their implicartions for patient care, health systems and health policy. Rand Corporation 2013.

Meaningful Use burden

- The recommendations included in AMA's Meaningful Use blueprint include:
- Adopting a more flexible approach for meeting Meaningful Use to allow more physicians to successfully participate;
- Better aligning quality measure requirements including reducing the reporting burden on physicians and helping relieve them from overlapping penalties;
- Ensuring quality measures and clinical decision support within the program are current to improve care for patients and ensure physicians are following the latest evidence; and
- Restructuring EHR certification to focus on key areas like interoperability.

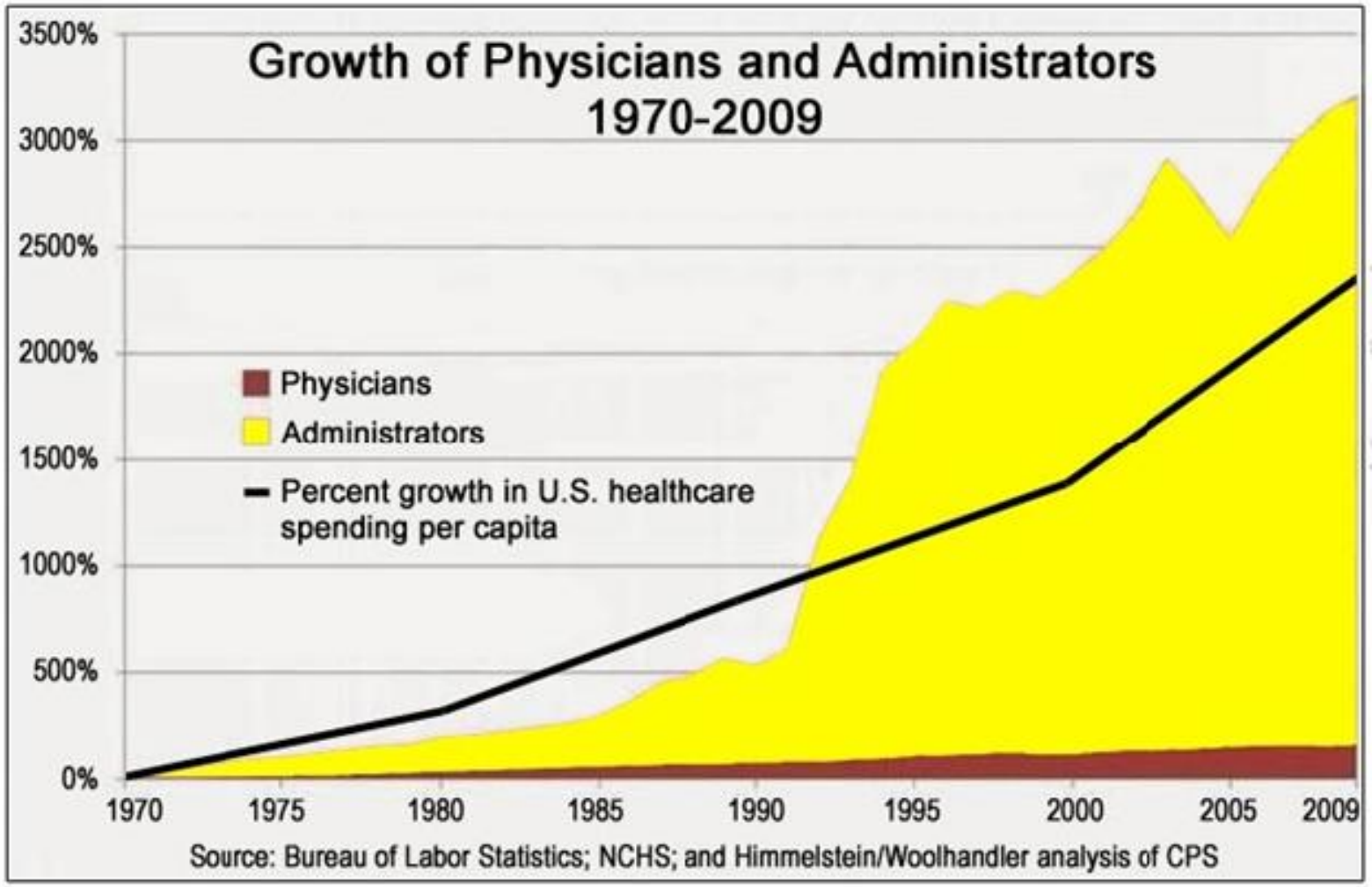
AMA on EHR burden

- "Physicians will always embrace technology that can help them provide better care for their patients and foster innovation, but improvements must be made to the Meaningful Use program in order for those goals to be achieved," said American Medical Association President Robert M. Wah, MD. "We can no longer just delay the program from taking full effect. We must make the necessary changes to ensure that the Meaningful Use program requirements are in fact meaningful and deliver - not hinder - the intended improvements in patient care and practice efficiencies."

Why should we care

- “Burnout has been shown to erode qulaity of care, increase risk of medical errors, and lead physicians t reduce clinical work hours”

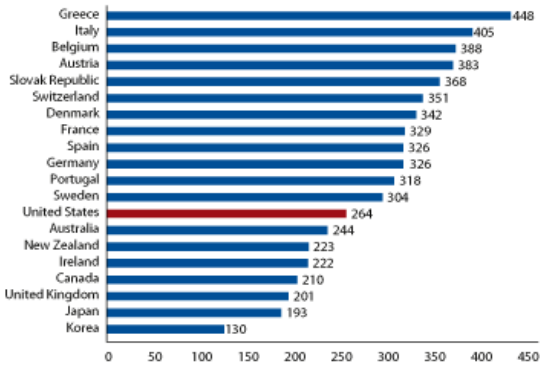
Growth of physicians vs administrators vs healthcare spending



Physician shortage

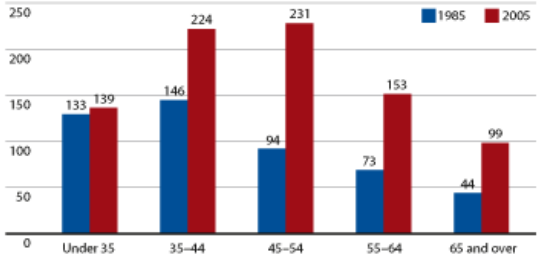
DATAFILE

United States has low physician-to-population level



The physician workforce is aging: 250,000 active physicians are over 55

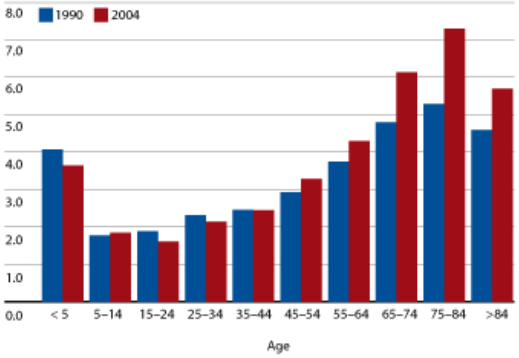
Number of physicians (in thousands)



Source: American Medical Association (AMA) Physician Characteristics and Distribution for 1985 data; AMA Masterfile for 2005 data
Active physicians include residents/fellows
NOTE: 1985 data excludes 24,000 DOs
Prepared by AAMC Center for Workforce Studies, March 2006

Doctor visits are sharply higher for those over 65

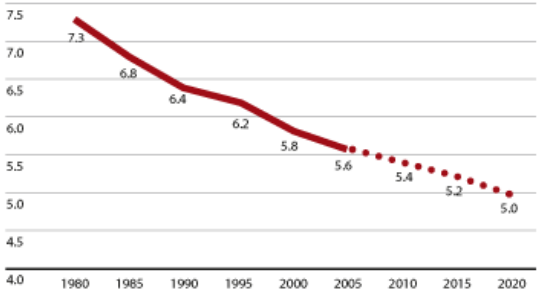
Average number of visits per user



Source: National Ambulatory Medical Care Survey, 1980, 1990, 2000, and 2003
Prepared by AAMC Center for Workforce Studies

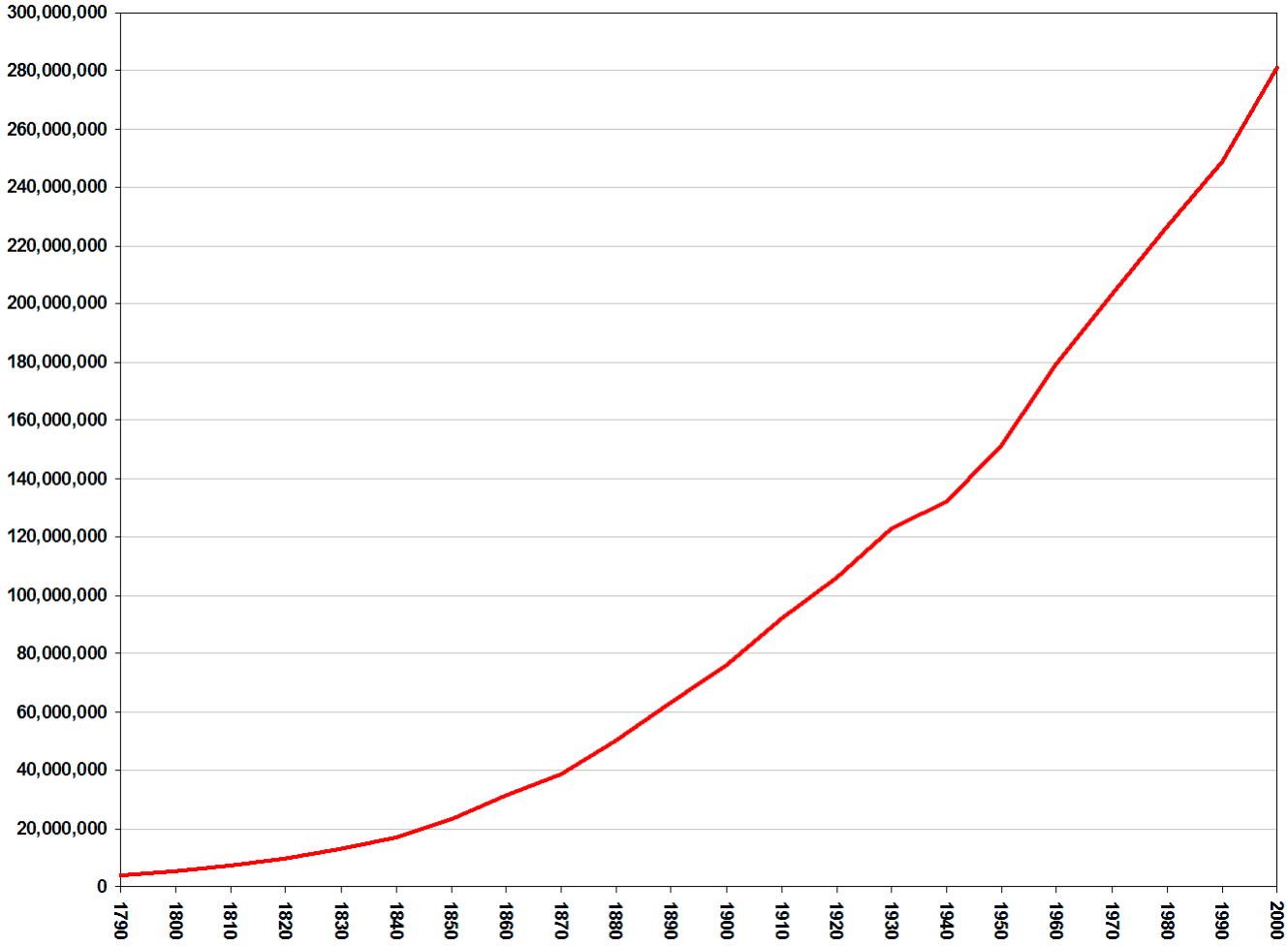
First-year MD enrollment per 100,000 population has declined since 1980

Number of enrollees

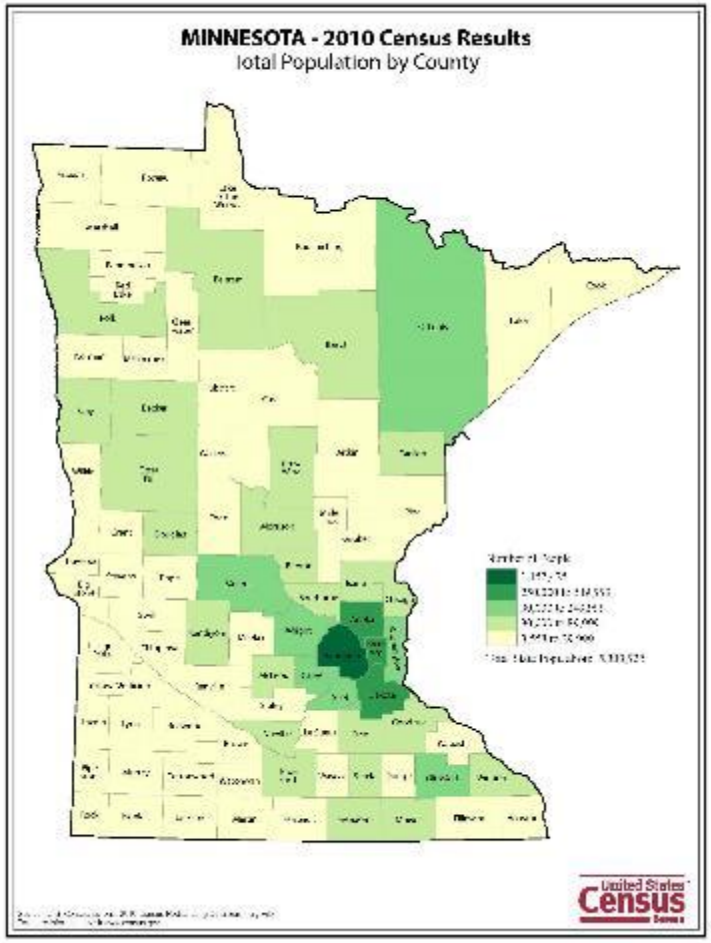


Source: AAMC; U.S. Census Bureau
Prepared by Center for Workforce Studies, AAMC, Feb. 2006

Population of the United States, 1790-2000



Minnesota 2010 Census Result



- New Physician Workforce Projections Show the Doctor Shortage Remains Significant

Association of American Medical College. Washington DC, March 3, 2015

- Significant Primary Care, Overall Physician Shortage Predicted by 2025

AAFP, March 3, 2015

Why should we care

- Patient health outcomes (increase medical errors, riskier prescribing patterns, lower patient adherence to chronic disease management/plans, negatively impact quality of care)

- MD outcomes (leave clinical practice, early retirement, transfer of clinical practice, shorten hours, primary care workforce shortage, change careers, alcohol use suicide)

- Health system outcomes (increase cost, decrease patient satisfaction, affect the entire healthcare workforce “physician and staff dissatisfaction feed on each other)

Comparison of Medical Student, Resident/Fellow, and Early Career Physician (≤ 5 Years In Practice) Respondents to a Survey About Burnout and Distress With Probability-Based, Age-Matched Samples of U.S. College Graduates, 2011–2012

Characteristic	Medical students, ages 22–32 (n = 4,032)	Population, college graduates, ages 22–32 (n = 736)	*P* value	Residents/ fellows, ages 27–40 (n = 1,489)	Population, college graduates, ages 27–40 (n = 992)	*P* value	Early career physicians, ages 31–47 (n = 806)	Population, employed, ages 31–47 (n = 1,832)	*P* value
Burnout index, no. (%)*									
Emotional exhaustion: high score	1,647 (41.1)	511 (31.8)	<.0001	557 (37.6)	260 (26.4)	<.0001	243 (30.5)	462 (25.3)	.01
Depersonalization: high score	1,084 (27.2)	297 (18.5)	<.0001	528 (35.7)	164 (16.6)	<.0001	181 (22.6)	302 (16.6)	<.001
Burned out†	1,976 (49.6)	573 (35.7)	<.0001	739 (50.0)	310 (31.4)	<.0001	297 (37.3)	545 (29.9)	<.001
Screened positive for depression, no. (%)	2,337 (58.0)	761 (47.5)	<.0001	753 (50.7)	406 (41.1)	<.0001	319 (39.9)	801 (43.9)	.06
Suicidal ideation in the last 12 months, no. (%)	375 (9.3)	171 (10.6)	.25	120 (8.1)	86 (8.7)	.58	53 (6.6)	132 (7.2)	.55
Quality of life, mean (standard deviation)									
Overall	7.0 (1.8)	6.7 (2.1)	<.0001	6.8 (2.0)	7.0 (1.9)	<.01	7.3 (1.8)	6.9 (2.0)	<.0001
Mental	6.6 (2.1)	6.6 (2.2)	.30	6.5 (2.1)	6.8 (2.0)	<.001	7.0 (2.0)	6.8 (2.2)	.01
Physical	6.1 (2.2)	6.3 (2.2)	<.01	5.7 (2.2)	6.5 (2.0)	<.0001	6.4 (2.1)	6.4 (2.1)	.38
Emotional	6.3 (2.2)	6.4 (2.3)	.04	6.3 (2.2)	6.6 (2.1)	<.0001	6.8 (2.1)	6.5 (2.2)	.01
Fatigue, mean (standard deviation)	5.0 (2.3)	5.5 (2.3)	<.0001	4.9 (2.4)	5.7 (2.2)	<.0001	5.5 (2.3)	5.6 (2.3)	.79

*We assessed burnout using the single-item measures for emotional exhaustion and depersonalization adapted from the full Maslach Burnout Inventory.

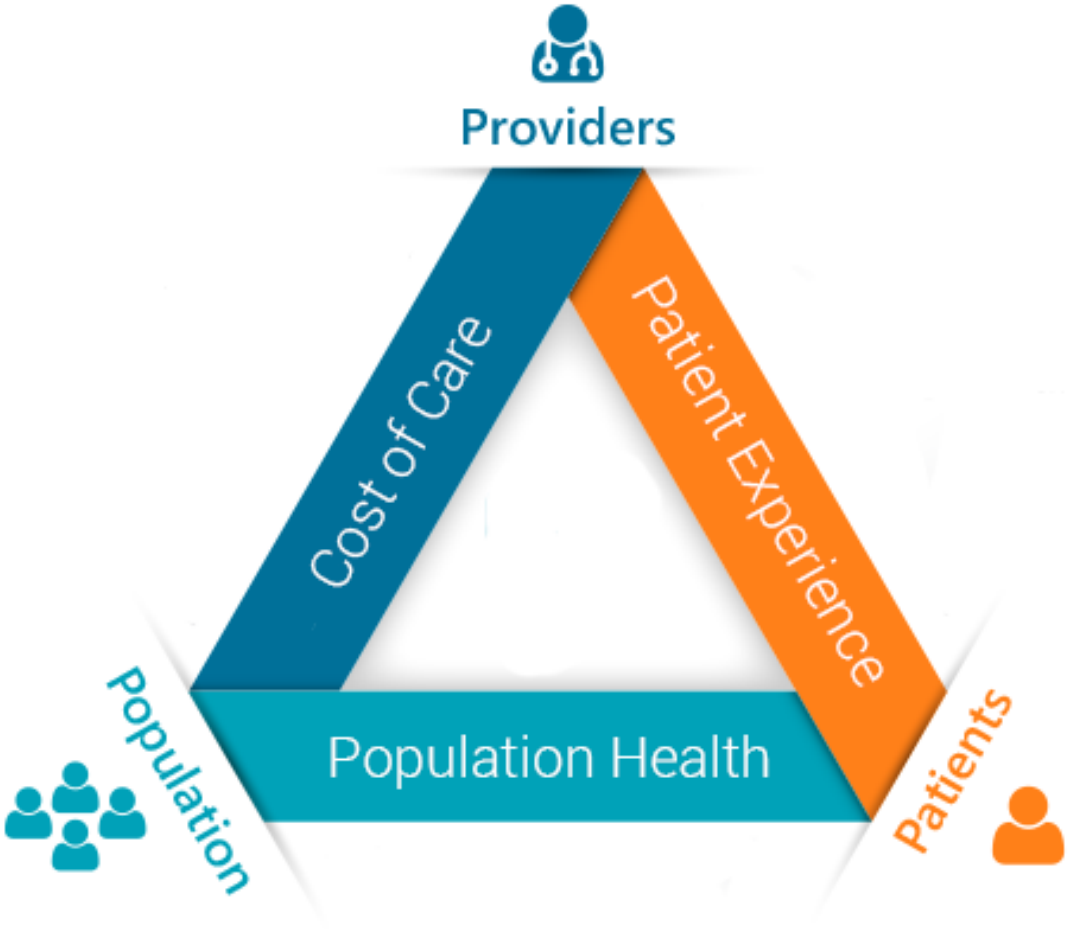
†We used a high emotional exhaustion or depersonalization score on the Maslach Burnout Inventory (indicating a frequency of weekly or more often) to categorize a respondent as "burned out."

Source: Academic Medicine. 89(3):443-451, March 2014. Burnout Among US Medical Students, Residents, and Early Career Physician Relative to the General US Population

Staff Burnout

- 34% hospital nurses
- 37% of nursing home nurses
- 68% of receptionists experience verbal abuse from patients
- Physician and staff dissatisfaction feed on each other. “It’s really rough to be around a burned-out doctor. They’re cynical, sarcastic..” It can go the other way too. A burned-out staff member may not be doing his or her job, resulting in more stress for the already overworked doctor.

Triple Aim


Providers
Cost of Care
Patient Experience
Population Health
Population
Patients

Triple Aim to Quadruple Aim

- Population Health
  - Unhappy physician contributing to growing shortage of primary care physicians and complicating the achievement of a healthy population
- Patient experience
  - Dissatisfied physicians and staff are associated with lower pateint satisfaction.
- Cost of care
  - Physician and care team burnout may contribute to overuse of resources and thereby increasing costs of care.
  - Unhappy physicians are more likely to leave their practice; the cost of family physicians turnover approaches $25,000 per physician.
  - Dissatisfied physicians are more likely to prescribe inappropriate medications which can result in expensive complications.

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

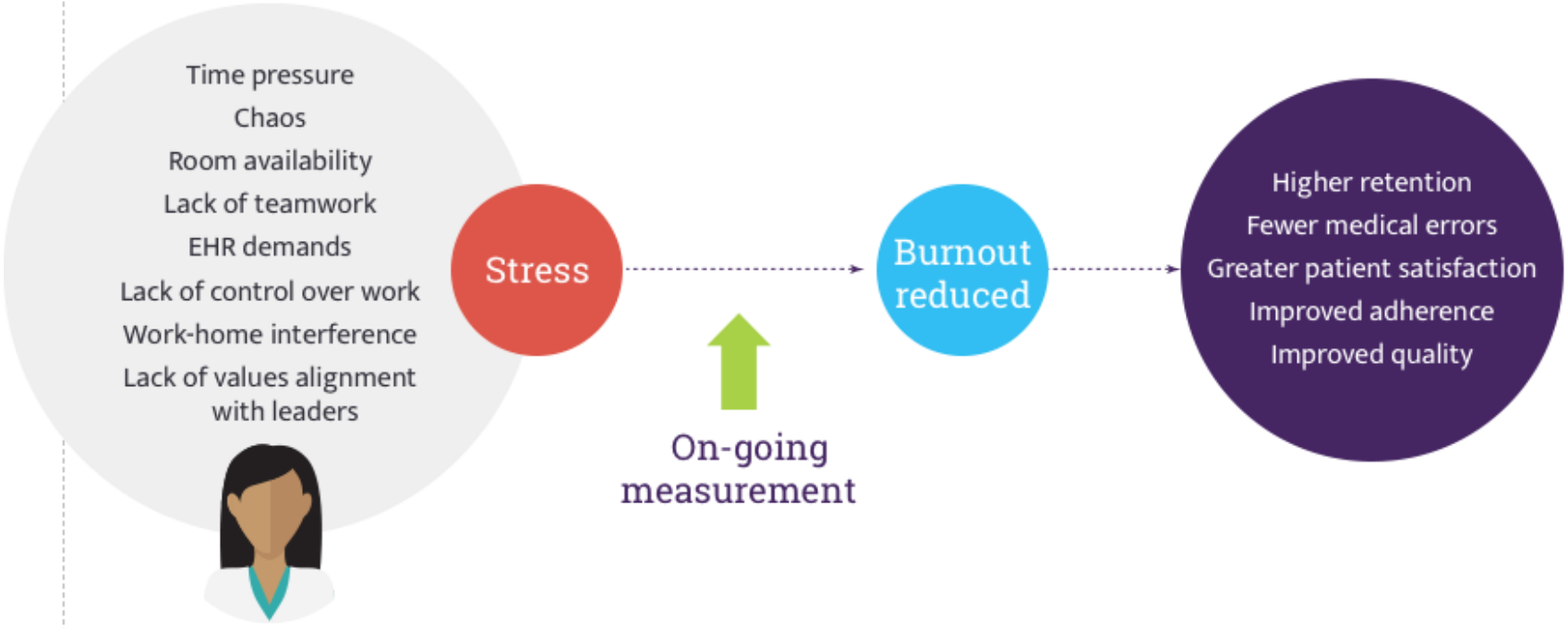
- *The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.*

Bodenheimer et. Annals of Family Medicine. November/December 2014 vol.12 no.6:573-576

Prevention/Intervention

- AMA: Step Forward Modules
- Implement team documentation that allows for staff members to enter some or all documentation into the HER (Medical scribes, advanced care team model)
- Institute pre-visit planning and pre-appointment laboratory testing
- Allow nurses and medical assistants to assume responsibility for preventive care and chronic care health coaching as determined by physician-written standard orders
- Standardized workflow for prescription refills
- Station physicians and care team members in the same workspace
- Ensure appropriate training for staff members who have been given new responsibilities

FIGURE 1. Conceptual model of the quality improvement feedback look to prevent physician stress, burnout and turnover.



- Seven steps to prevent burnout:
- Establish wellness as a quality indicator for your practice
- Start a wellness committee and/or choose a wellness champion
- Distribute an annual wellness survey
- Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
- Initiate selected interventions
- Repeat the survey within the year to re-evaluate wellness
- Seek answers within the data, refine the interventions and continue to make improvements

Physician Wellbeing

- Finding Balance in a Medical Life. Lee Lipsenthal MD
- Stop Physician Burnout: What toa do when working harder isn't working. Dike Drummond MD
- Remedy for Burnout: 7RXx Doctors use to find meaning in medicine. Starla Finch MD
- Meditation may help the brain "turn down the volume" on distractions. MA General hospital. Mindfulness based stress reduction program

The End