Clinician Wellness Summit:
How do we support our clinicians being able to care for their patients?

November 1, 2019
Negative forces pressing on physicians

Quantity and pace of work
Excessive documentation
Arduous hunt for clinical information via EHR design
Professional liability
Inadequate reimbursement
Prior authorization
Conflicting payment models
Burdensome quality reporting
Negative online reviews
Expanding knowledge base with insufficient tools
Lack of actionable data
Insufficient staffing
Regulatory burdens
Excessive time pressure
Lack of autonomy/work control
Burnout: Signs of Improvement

Percent of Physicians Reporting at Least One Symptom of Burnout

How Do Physicians Compare?

Why Burnout?

“Burnout at its deepest level is not the result of some train wreck of examinations, long call shifts, or poor clinical evaluations. It is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.”

Richard Gunderman
The Atlantic
February 21, 2014
What Causes Dissatisfaction?

“Burnout was associated with high stress, low work control, and low values alignment with leaders”

“The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians.”

“The number of hours a physician works is not related to happiness, but the perceived ability to manage workload was significantly related to happiness.”
What Causes Dissatisfaction?

“Physicians who used EHRs and CPOE were less satisfied with the amount of time spent on clerical tasks and were at higher risk for professional burnout.”

“More after-hours time spent on the EHR was associated with burnout and less work-life satisfaction.”

“Physicians who reported higher % of time spent on administrative duties had lower levels of career satisfaction, higher levels of burnout, and were more likely to be considering seeing fewer patients.”
Allocation of Physician Time: Part 1

- For every hour of physicians clinical face time to patients, nearly 2 additional hours are spent on EHR/desk work.
- Outside office hours, physicians spend another 1 to 2 hours each night doing EHR/desk work.
Allocation of Physician Time: Part 2

Physicians spent an average of 5.9 hours out of an 11.4-hour workday working in the EHR.

Clerical and administrative tasks accounted for 44 percent of the total EHR usage time.
“Pajama Time”: Saturday nights belong to EHRs

Brian G. Arndt, John W. Beasley, Michelle D. Watkinson, Jonathan L. Temte, Wen-Jan Tuan, Christine A. Sinsky, and Valerie J. Gilchrist, Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations, Ann Fam Med September/October 2017 15:419-426
Summary of Burnout Drivers

Burnout is driven by:

• high workloads
• workflow inefficiencies
• increased time spent with documentation/administration
• loss of meaning in work
• social isolation at work
• misalignment of values

Burnout has repercussions at a personal and professional level
Why Does Burnout Matter?

“We found support for the notion that the depersonalization dimension of physician burnout was associated with patient outcomes of lower satisfaction and longer post discharge recovery time (after controlling for severity of illness and other demographic factors).”


“Physician burnout, fatigue, and work unit safety grades were independently associated with major medical errors.”

Three More Studies: Patient Outcome Implications

“...Dense EHR communication patterns not supplemented by dense face-to-face interactions were associated with less effectively controlled cholesterol levels and more emergency department visits for the team’s patient panels.”

Marlon P. Mundt, Valerie J. Gilchrist, Michael F. Fleming, Larissa I. Zakletskaia, Wen-Jan Tuan, and John W. Beasley. Effects of Primary Care Team Social Networks on Quality of Care and Costs for Patients With Cardiovascular Disease. Ann Fam Med March/April 2015 13:139-148; doi:10.1370/afm.1754

“Patients preferred and perceived the F2F [face-to-face] physician as more compassionate and professional and as having better communication skills (compared to those who use an examination room computer)”


“Clinicians on the high-use [of EHR] ICUs experienced “silo” effects with potential safety and quality implications...Situational awareness, communication, and patient satisfaction were negatively affected by this siloing.”

Physicians Leaving Practice and Profession Due to Burnout

Because of Burnout

1
5

Physicians intend to reduce clinical work hours in the next year

1
50

Physicians intend to leave medicine altogether in the next 2 years to pursue a different career.

Projected physician shortfall of between 42,600 and 121,300

Physician burnout is a symptom of system dysfunction
How do we change?

Awareness → Commitment
“It's not that I'm so smart, it's just that I stay with problems longer.”

- Albert Einstein
How do we support our physicians being able to care for their patients?
“We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps go right - one after the other, no slipups, no goofs, everyone pitching in.”

- Atul Gawande, Better: A Surgeon's Notes on Performance
For the Individual
STEP 1: Take a deep breath and get organized

1. Put yourself on your own schedule

2. Take stock of your desires, feelings and actions that may be contributing to stress or burnout

3. Identify and prioritize your values and compare them to how you spend your time

Source: STEPS Forward “Physician Well-Being: Protect Against Burnout and Encourage Self-Care” https://edhub.ama-assn.org/steps-forward/module/2702556
STEP 2: Think about your practice or training from a different perspective

4. Write your individual mission statement

5. Write down inspiring patient stories

Source: STEPS Forward “Physician Well-Being: Protect Against Burnout and Encourage Self-Care” https://edhub.ama-assn.org/steps-forward/module/2702556
STEP 3: Think about the big picture

6 Consider the legacy you want to leave behind

7 Start a gratitude journal

8 Learn to manage your time and finances

9 Develop your spiritual practice

Source: STEPS Forward “Physician Well-Being: Protect Against Burnout and Encourage Self-Care” https://edhub.ama-assn.org/steps-forward/module/2702556
STEP 4: Find support and guidance in outside groups

9. Consider a support group

10. Enlist your peers to provide support

11. Seek professional help

12. Connect with local resources

Source: STEPS Forward “Physician Well-Being: Protect Against Burnout and Encourage Self-Care” https://edhub.ama-assn.org/steps-forward/module/2702556
STEP 5: Find meaning outside of work

13. Volunteer

14. Learn something new

15. Take a mindfulness class

16. Connect with your body

Don’t forget to have fun!

Source: STEPS Forward “Physician Well-Being: Protect Against Burnout and Encourage Self-Care” https://edhub.ama-assn.org/steps-forward/module/2702556
For the Organization
Evidence: organizational changes have bigger impact

“Twenty independent comparisons from 19 studies were included in the meta-analysis...

...This finding provides support for the view that burnout is a problem of the whole health care organization, rather than individuals.”

Seven steps to prevent burnout in your practice

1) Establish wellness as a quality indicator for your practice
2) Start a wellness committee and/or choose a wellness champion
3) Distribute an annual wellness survey
4) Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
5) Initiate selected interventions
6) Repeat the survey within the year to re-evaluate
7) Seek answers within the data, refine the interventions and continue to make improvements

Steps Forward Physician Burnout Improve Physician Satisfaction and Patient Outcomes
https://edhub.ama-assn.org/steps-forward/module/2702509
How healthy is your health system?

Not knowing can cost you.
Practice Changes

“Organizations may be able to improve burnout, dissatisfaction and retention by **addressing communication and workflow, and initiating QI projects targeting clinician concerns.**”


“…A shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a **higher level of clinical support staff per physician and frequent forums for communication**, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.”

Transform Your Practice to Save 3-5 hours/day

Practice Re-engineering

• Pre-visit lab ½ hour
• Prescription management ½ hour
• Expanded rooming/discharge 1 hour
• Optimize physical space 1 hour
• Team documentation 1-2 hours

3+ hours/day
Team-based Documentation

“Adding personnel to perform more administrative components of office practice was associated with less pre- and post-session physician time... and higher patient satisfaction.”


“I never document at home, everything is done and closed by the time I leave the office.”

“...a new model of care delivery with an enhanced role for medical assistants during the office visit increased physician-patient face-to-face time.”

Misra-Hebert, Anita D. et al., A Team-based Model of Primary Care Delivery and Physician-patient Interaction, The American Journal of Medicine , Volume 128 , Issue 9 , 1025 - 1028
One Solution to Returning Joy to Practice

www.stepsforward.org
Burnout Impact Calculator

Your Practice

- 100 physicians
- 54% burn out
- 7% turnover
- $500,000 per physician

Current turnover rate per year

Burnout Impact

- 2.5 per year
- Number of physicians turning over due to burnout per year
- $1,227,273 per year

Projected cost of physician turnover per year due to burnout

Intervention ROI Calculator

Intervention Cost

- $100,000 per year
- 20% cost of intervention per year
- Anticipated reduction in burnout

Intervention Savings

- 4.5%
- Turnover without burnout
- $245,455
- Savings due to reduced burnout

Annual Return on Investment

- 145.5% per year
- Return on Investment (ROI)
Conferences on Physician Health

American Conference on Physician Health
(Odd Years)
September 19-21, 2019 – Charlotte

International Conference on Physician Health
(Even Years)
September 14-16, 2020 - London

450+ Attendance
More Research Needed on Organization Solutions
Joy in Medicine Recognition Program

AMA recognizes 22 healthcare organizations for physician burnout efforts

Mackenzie Bean - Monday, September 23rd, 2019 Print | Email

The American Medical Association recognized 22 healthcare organizations for their efforts to address the root causes of physician burnout.

To achieve the AMA’s Joy in Medicine Recognition, hospitals had to demonstrate achievements in five of the following six competencies: commitment, assessment, leadership, efficiency of practice environment, teamwork, and support.

The 22 recipients of the recognition are:

- Ascension Medical Group (St. Louis)
- Beth Israel Deaconess Medical Center (Boston)
- Boston Medical Center
- Cleveland Clinic
- DOD, National Capital Region
- Stanford Health Care
- Mayo Clinic
- Southern California Permanente Group
- University of Colorado School of Medicine
- University of Pittsburgh Medical Center
- University of Rochester Medical Center
- Virginia Mason Medical Center
- Wake Forest

Attended In-Person

- Mayo Clinic
- Southern California Permanente Group
- Beth Israel Deaconess Medical Center
- DOD, National Capital Region
- Stanford Health Care
“A critic looking at these tightly focused, targeted interventions might dismiss them as Band-Aid solutions. But that phrase should not be considered a term of disparagement. The Band-Aid is an inexpensive, convenient, and remarkably versatile solution to an astonishing array of problems.”

- Malcolm Gladwell, The Tipping Point: How Little Things Can Make a Big Difference
For the US Health System
Debunking Regulatory Myths

Debunking regulatory myths
The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

Pain assessments
Are clinicians required to ask patients about pain during every consultation, regardless of the reason for the visit?

Ancillary staff and/or patient documentation
Who on the care team can document components of E/M services and what is the physician required to do?

Medical student documentation
Are teaching physicians required to re-document medical student entries in the patient record?

Computerized Provider Order Entry (CPOE)
Can a nurse, certified medical assistant (MA) or non-credentialed staff enter orders in the EHR as requested by the physician?

Want to debunk a regulatory myth?
Share your regulatory myths.
AMA Prior Authorization Survey

- A strong majority (88% and 86%) of physicians report that the number of PAs required for prescription medications and medical services has increased over the last five years.

- Almost seven in 10 (69%) physicians report that it is difficult to determine whether a prescription or medical service requires PA.

- An overwhelming majority (85%) of physicians report that PA interferes with continuity of care.

AMA survey of 1,000 physicians in December 2018
AMA EHR Efforts

EHR Usability Study

- Looked at types of errors and rates, number of clicks and total time spent performing common EHR tasks
- Significant variation across vendors and between sites

Voluntary Certification Tenets and Test Cases

- EHR Voluntary Framework with Test Cases
- Pew Charitable Trusts, AMA, & Medstar Health
Wave of New Technologies

New Technologies Driven By Medical Science

- Software
  - Predictive analytics
  - Big data
  - Artificial Intelligence
- Hardware
  - Sensors
  - Cameras
  - Battery life
  - 3D printing
- Infrastructure
  - Wireless
  - Broadband
Influencing the Development of New Healthcare Digital Technologies

Industry: Xcertia

Product Development: Physician Innovation Network

Practice Support: Digital Health Playbook

Interoperability: IHMI

Integrated Health Model INITIATIVE™

Innovation: Health 2047
“There is good evidence to suggest that membership and engagement in professional societies...is an important step toward overcoming physician burnout.”

A sense of belonging and community can mitigate physician burnout Bulletin of the American College of Surgeons, August 1, 2019.
Identifying Opportunities in Vermont

Health System in Vermont
Organizational
Environmental
Individual
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