

Health for Providers-Bring back the Joy in Practice



Rechell G. Rodriguez, MD, MACP

Col, MC, USAF

Associate Professor of Medicine, USUHS

Associate Dean for Regional Education & Academic Support, USUHS




Disclosure

- ▶ **None**
- ▶ **The views expressed in this presentation are those of the author and do not necessarily represent the views of USUHS, the U.S. Air Force, the Department of Defense, or the U.S. Government.**
- ▶ **Permission granted by LTC Shane Summers, Emergency Medicine, SAMMC/SAUSHEC to reveal tri-service data from his MHS Burnout study**

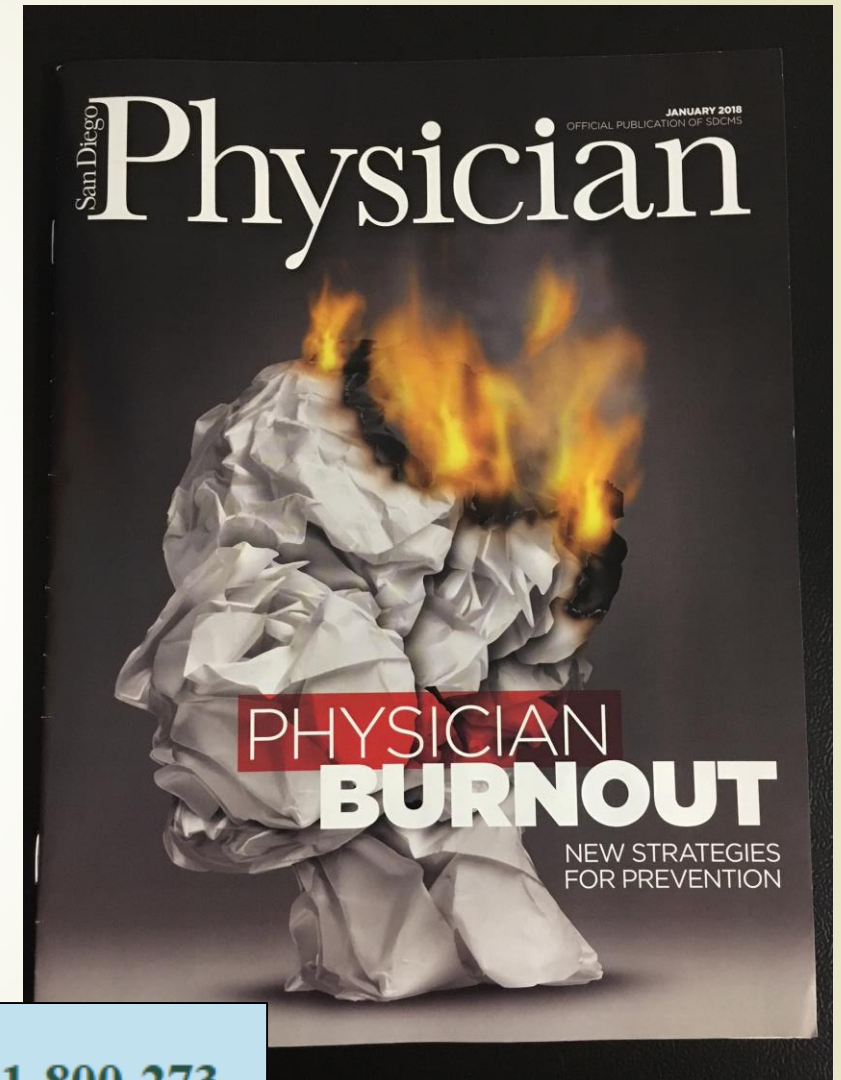


Objectives

- Briefly review the current data regarding provider burnout
 - Understand the effects of provider burnout on patient care
 - Review frameworks and initiatives to help decrease provider burnout
 - Discuss ideas to help bring back the joy in practice
- 

Provider Burnout

- Syndrome characterized by a high degree of emotional exhaustion, high depersonalization (i.e. cynism or detachment), and a low sense of personal accomplishment from work.



If you are suicidal and need emergency help, call 911 immediately or 1-800-273-8255 if in the United States. If you are in another country, find a 24/7 hotline at www.iasp.info/resources/Crises_Centres.



My experience with burnout

- ▶ **New O-4/Major**
 - ▶ **PCM in Internal Medicine**
 - ▶ **Medical Director for the IM Clinic, AHLTA began**
 - ▶ **APD for 50 residents Air Force IM Residency Program**
 - ▶ **USU Clerkship Director for largest IM site outside NCA**
 - ▶ **Air Force Chapter ACP Governor**
 - ▶ **New mom, going through separation/divorce**
 - ▶ **I had feelings of not caring for my patients anymore**
 - ▶ **Something had to change...**



Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care

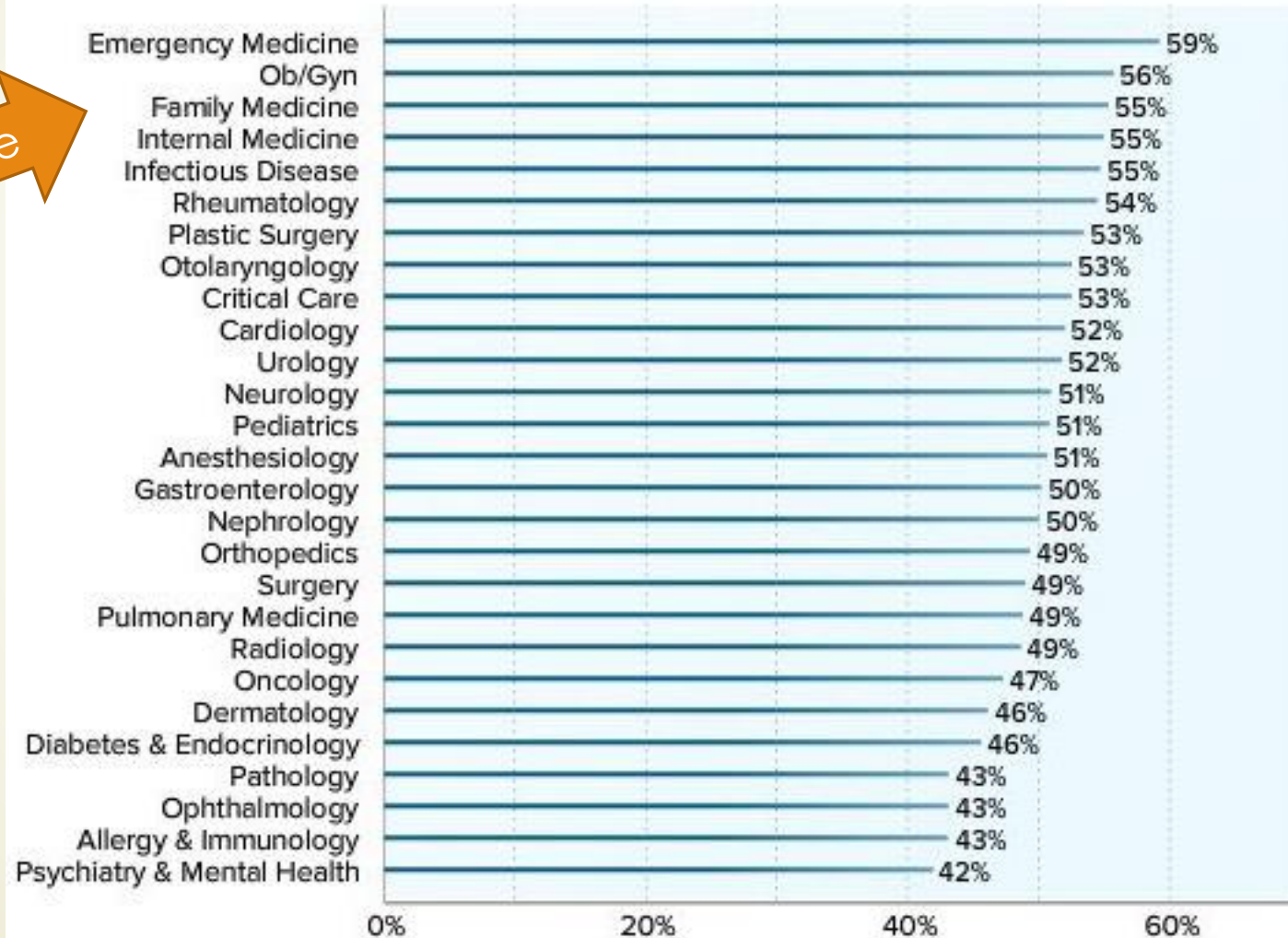
By Lotte N. Dyrbye, Tait D. Shanafelt, Christine A. Sinsky, Pamela F. Cipriano, Jay Bhatt, Alexander Ommaya, Colin P. West, and David Meyers

- **Greater than 50% of physicians are experiencing burnout**
- **Physicians twice as likely as other professionals**
- **Increased by 9% from 2011-2014**
- **Nurses have similar rates of burnout and depression**
- **Institutions are creating Wellness CEO positions (i.e. Stanford)**

Medscape Lifestyle Report 2017

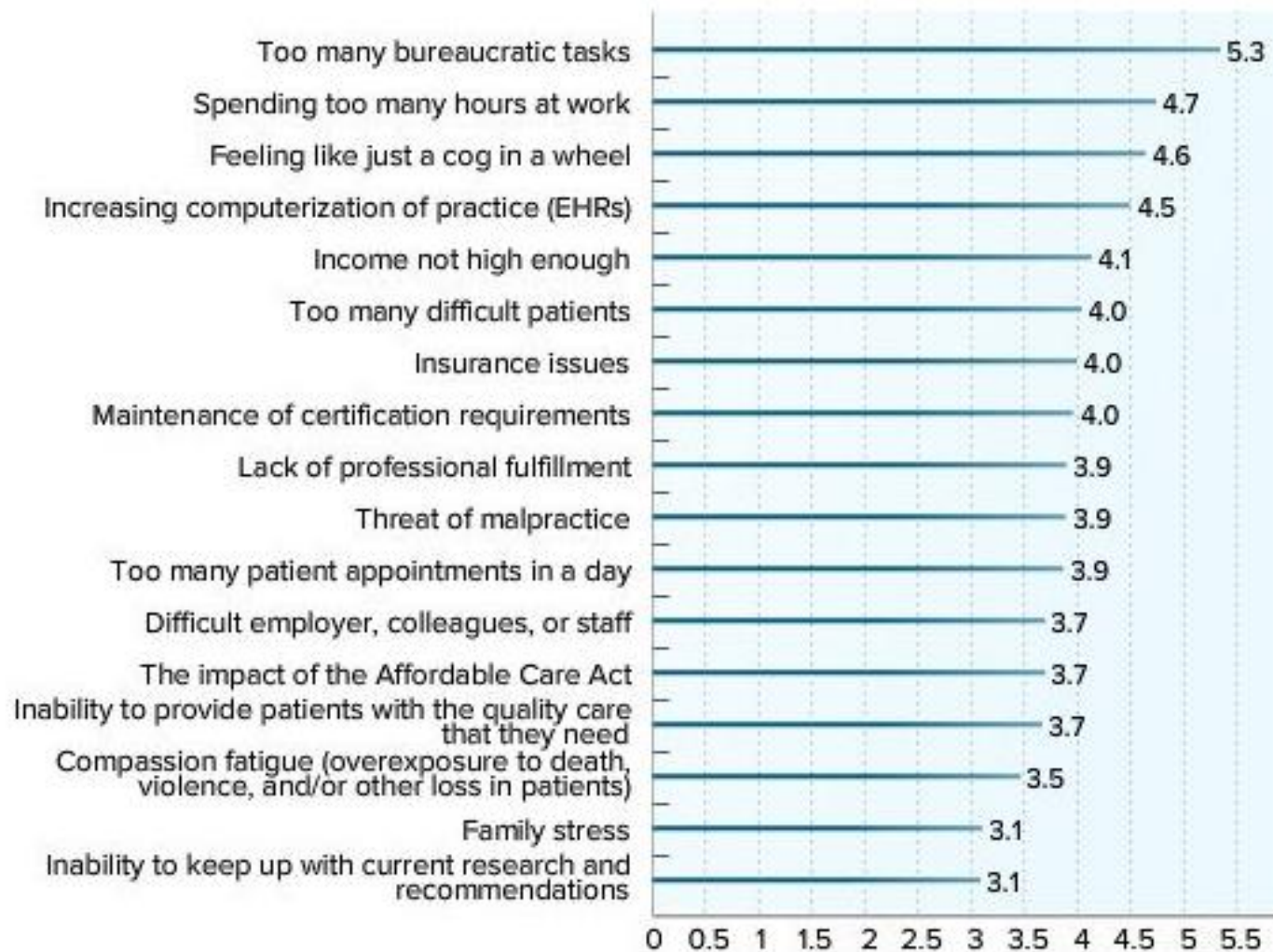
Primary Care

Which Physicians Are Most Burned Out?

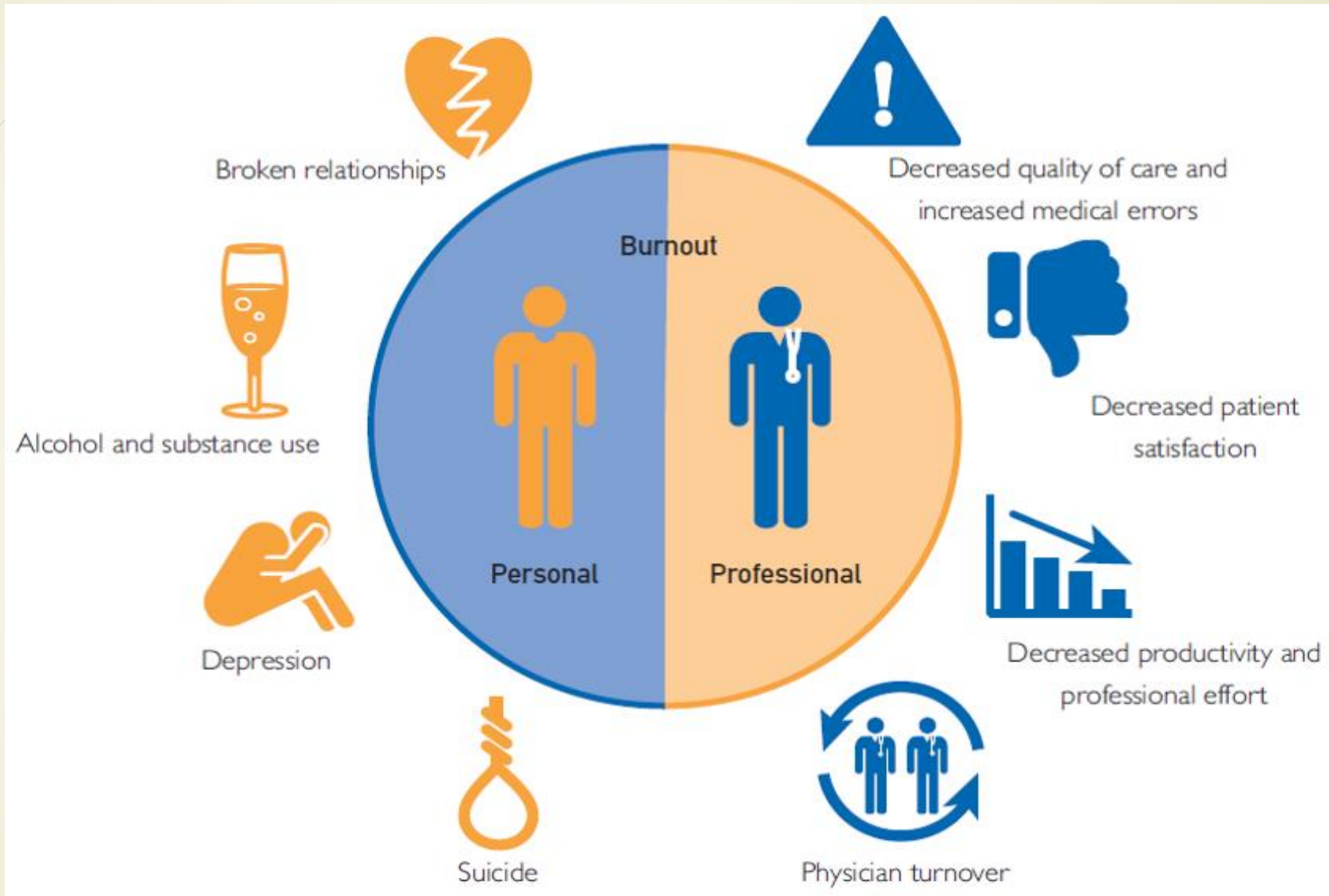


Medscape Lifestyle Report 2017

What Are the Causes of Burnout?



Burnout...why it matters



Shanafelt TD et al. Impact of organizational leadership on physician burnout and satisfaction. Mayo Clin Proc 2015 Apr;90(4):432-40.



Burnout...why it matters

- Increased rates of medical errors
- Increased medical malpractice suits
- Decreased patient satisfaction
- Decreased team work
- Decreased effort at work
- Expensive for the medical system (providers leaving the work force and retraining)

Shanafelt T, et al. The Business Case for Investing in Physician Well-being. JAMA Intern Med. 2017; National Academy of Medicine Discussion Paper 2017; Shanafelt et al. Longitudinal Study Evaluating the Association Between Physician Burnout and Changes in Professional Work Effort. Mayo Clin Proc. 2016 ;91(4):422-31.



Burnout...why it matters

- **Physician suicides, high rates reported since 1858**
- **Often hushed up and not discussed**
- **Patient deaths hurt doctors despite standard of care**
- **Malpractice suits can be devastating**
- **Academic distress kills medical students' dreams**
- **Assembly-line medicine kills doctors**
- **Blaming doctors increases suicide, on the job PTSD**
- **Doctors who need help don't seek it because they fear lack of confidentiality**
- **No time for their own pain**

The Quadruple Aim*



* [BODENHEIMER T](#), [SINSKY C](#). FROM TRIPLE TO QUADRUPLE AIM: CARE OF THE PATIENT REQUIRES CARE OF THE PROVIDER. ANN FAM MED. 2014; 12(6): 573-6.

How many??

- ▶ How many of you believe that provider burnout is a problem at your institution?
- ▶ How many of you know a provider who attempted or committed suicide?
- ▶ How many of you have heard your clinic/hospital leadership discuss this issue (verbally or by email)?





MHS Data

- ▶ LTC Shane Summers (EM) at SAMMC conducted a burnout survey of tri-service GME physicians during 2017-2018
- ▶ Institution DIO/DMEs who declined to participate were exempted from the study: NMC Portsmouth, Ft. Bragg, NH Jacksonville, Keesler, Camp Lejeune, Camp Pendleton
- ▶ Maslach Burnout Inventory (MBI) was purchased and emails with survey web link were sent to GME faculty. Completion of the anonymous survey provided consent for participation in the study
- ▶ 622 total respondents from 18 GME institutions (22% response rate---indicator itself of burnout?...)



Definition of “Burnout” by MBI

- The MBI is the most widely validated instrument to measure burnout
- The MBI measures degree of occupational burnout on 3 subscales:
 - Emotional exhaustion (EE)
 - Depersonalization (DP) or “cynicism/callousness”
 - Personal accomplishment (PA)
- Burnout = High EE + High DP
- High EE + High DP + Low PA = highest risk physicians



Results



Institution	N	Percentage
SAUSHEC	189	30.4%
Madigan Army Medical Center	79	12.7%
Walter Reed/NNMC	75	12.1%
Tripler Army Medical Center	70	11.3%
Naval Medical Center San Diego	67	10.8%
Carl R. <u>Darnall</u> Army Medical Center	23	3.7%
Wright-Patterson USAF Medical Center	20	3.2%
David Grant USAF Medical Center Travis	16	2.6%
William Beaumont Army Medical Center	12	1.9%
MTF Eglin AFB	11	1.8%
Fort Belvoir Community Hospital	11	1.8%
Martin Army Community Hospital	10	1.6%
<u>Nellis</u> AFB Medical Center	9	1.4%
Eisenhower Army Medical Center	7	1.1%
Scott AFB Medical Group	5	0.8%
<u>Offut</u> AFB	4	0.6%
VA	1	0.2%
Declined to answer	13	2.1%
Total	622	100%



Results



Burnout Rate of DOD Physicians in GME

MBI Criterion Standard for Burnout*	DOD physicians meeting criterion standard (out of 622 respondents)	Burnout Rate
High EE and High DP (EE \geq 27 and DP \geq 10 as defined by Maslach)	144	23.2%
High EE and High DP and Low PA (\leq 33)	42	6.8%
High EE only	261	42%
High EE or High DP	297	47.8%
High EE or High DP or Low PA	316	50.8%

30%

*The two most commonly utilized definitions of burnout in the medical literature are:

- 1) High EE and High DP (12 studies)
- 2) High EE and High DP and Low PA (14 studies)

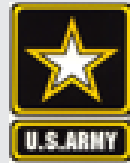


Results



Mean MBI Scores for DOD Physicians versus Civilian Physicians

MBI Subscale	DOD Physicians (n = 622)	Civilian Physicians (n = 1,104)
	Mean \pm SD	*Based on previously published data
Emotional Exhaustion (EE) High: ≥ 27 Moderate: 13-26 Low: <13	24.4 \pm 12.8	22.2 \pm 9.5
Depersonalization (DP) High ≥ 10 Moderate: 6-9 Low: <6	7.9 \pm 6.3	7.1 \pm 5.2
Personal Accomplishment (PA) High ≥ 40 Moderate 34-39 Low < 34	40.2 \pm 6.0	36.5 \pm 7.3



Results



Burnout Rate for DOD GME Physicians by Specialty

Specialty	Number with Burnout (High EE and High DP)	Total Number of respondents from the specialty	Burnout Rate
Emergency Medicine	22	60	37%
Cardiology	6	17	35%
Pulmonary/Critical Care	6	18	33%
General Surgery	8	24	33%
Family Medicine	25	91	28%
Internal Medicine	7	25	28%
Orthopedics	6	23	26%
OBGYN	8	42	19%
Anesthesiology	5	26	19%
Pediatrics	7	73	18%
Other	44	223	20%



Results



What bothers you the MOST about your job?



	N	%
Too many bureaucratic tasks	155	24.9%
Not enough administrative support	107	17.2%
Other (Please specify)***	94	15.1%
Excessive demands from hospital administration regarding productivity metrics and quality measures	66	10.6%
Threat of moving every few years	46	7.4%
Underpaid	30	4.8%
Leadership doesn't listen	29	4.7%
Feeling like a cog in the wheel	23	3.7%
Lack of recognition for a job well done	22	3.5%
Not practicing my specialty b/c of military requirements	15	2.4%
Demanding clinical schedule and work hours	14	2.3%
Frequent deployments	12	1.9%
Lack of opportunity for faculty development	9	1.5%

***Most commonly cited "Other (Please Specify)" 1) "All of the above" 2) "The EHR" 3) "Understaffing" 4) "Low acuity"

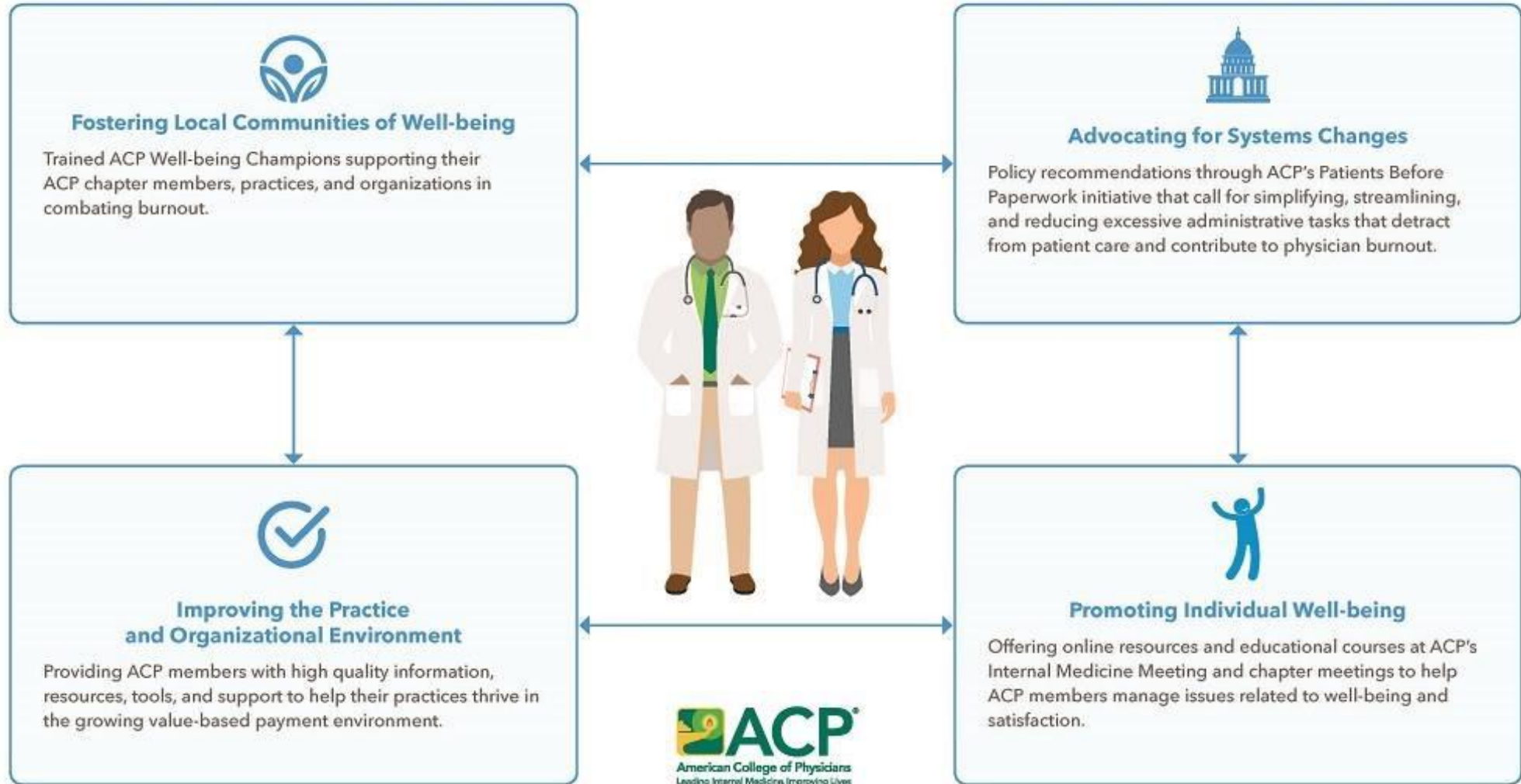


MHS Data-Conclusions

- Approximately 30% of faculty physicians in DoD GME programs have occupational burnout (High levels of EE coupled with DP)
- EM, Cardiology, Pulm/CC, Gen Surgery, FM and IM were highest risk in our cohort (frequent deployments)
- The two most commonly cited job related stressors were 1) unnecessary bureaucratic tasks and 2) not enough administrative support
- Physicians with burnout were 2.9 times higher risk to report desire to separate from the military ($p < 0.0001$)
- Institutional leaders should take steps to minimize unnecessary administrative burdens on GME physicians so they can focus on patient care, teaching, scholarship

- 
- 
- What should MHS leadership do, now that we have GME faculty data?

ACP's Physician Well-being & Professional Satisfaction Initiative



www.acponline.org/physician-well-being

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

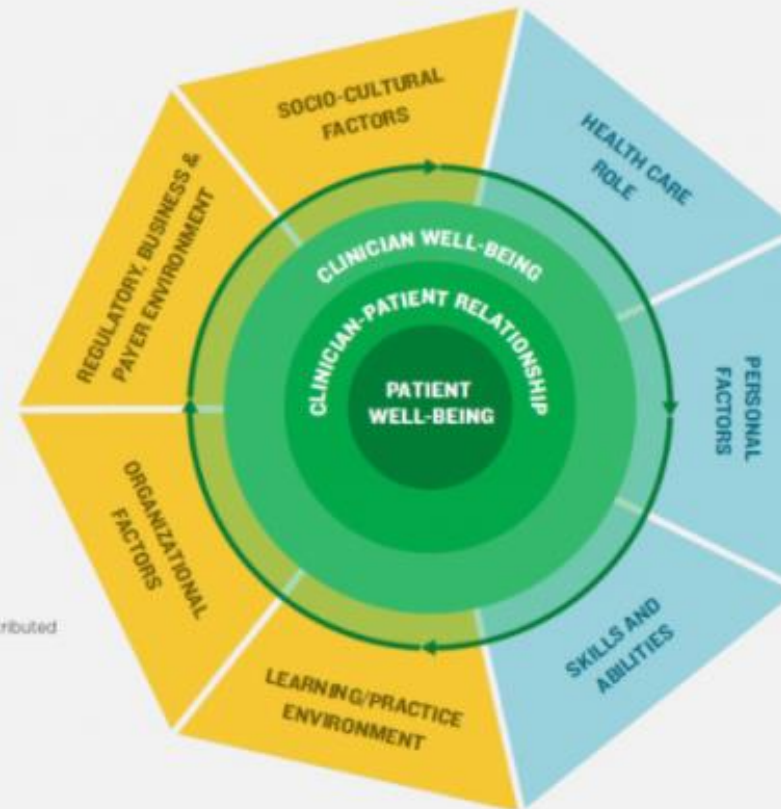
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence



INDIVIDUAL FACTORS

HEALTH CARE ROLE

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS

- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

Figure 1 | Factors Affecting Clinician Well-Being and Resilience | Source: NAM Action Collaborative on Clinician Well-Being and Resilience, 2017.

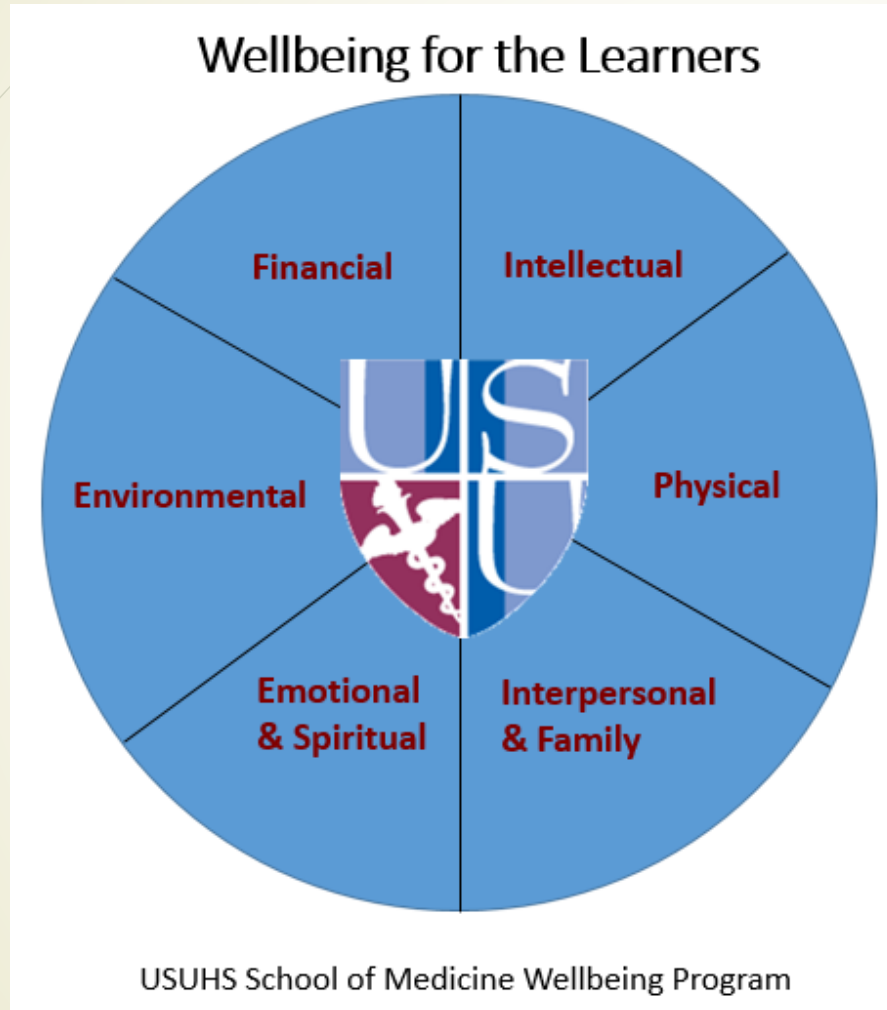
Preventing physician burnout

Improve satisfaction, quality outcomes and provider recruitment and retention

STEPS*forward*
POWERED BY THE AMERICAN MEDICAL ASSOCIATION



It starts in medical school...



- Physician burnout begins in medical school
- Medical schools and GME wellness programs
- Faculty awareness and interventions to assess for burnout

Dyrbye LN et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. Acad Med. 2014 Mar;89(3):443-51

Anyone feel like this?



<http://ourglobaladventure.net.au/wp-content/uploads/2014/02/rat-race-cage.jpg>

Personal Resilience

6 THINGS MENTALLY STRONG PEOPLE DO

1. They move on. They don't waste time feeling sorry for themselves.
2. They embrace change. They welcome challenges.
3. They stay happy. They don't waste energy on things they can't control.
4. They are kind, fair and unafraid to speak up.
5. They are willing to take calculated risks.
6. They celebrate other people's success. They don't resent that success.

CureJoy

- Certainly we all need to do better
- Personal challenges
- Personal paths for areas that need attention
 - Relationships
 - Family
 - Exercise
 - Hobbies
- This is only one small part of wellness

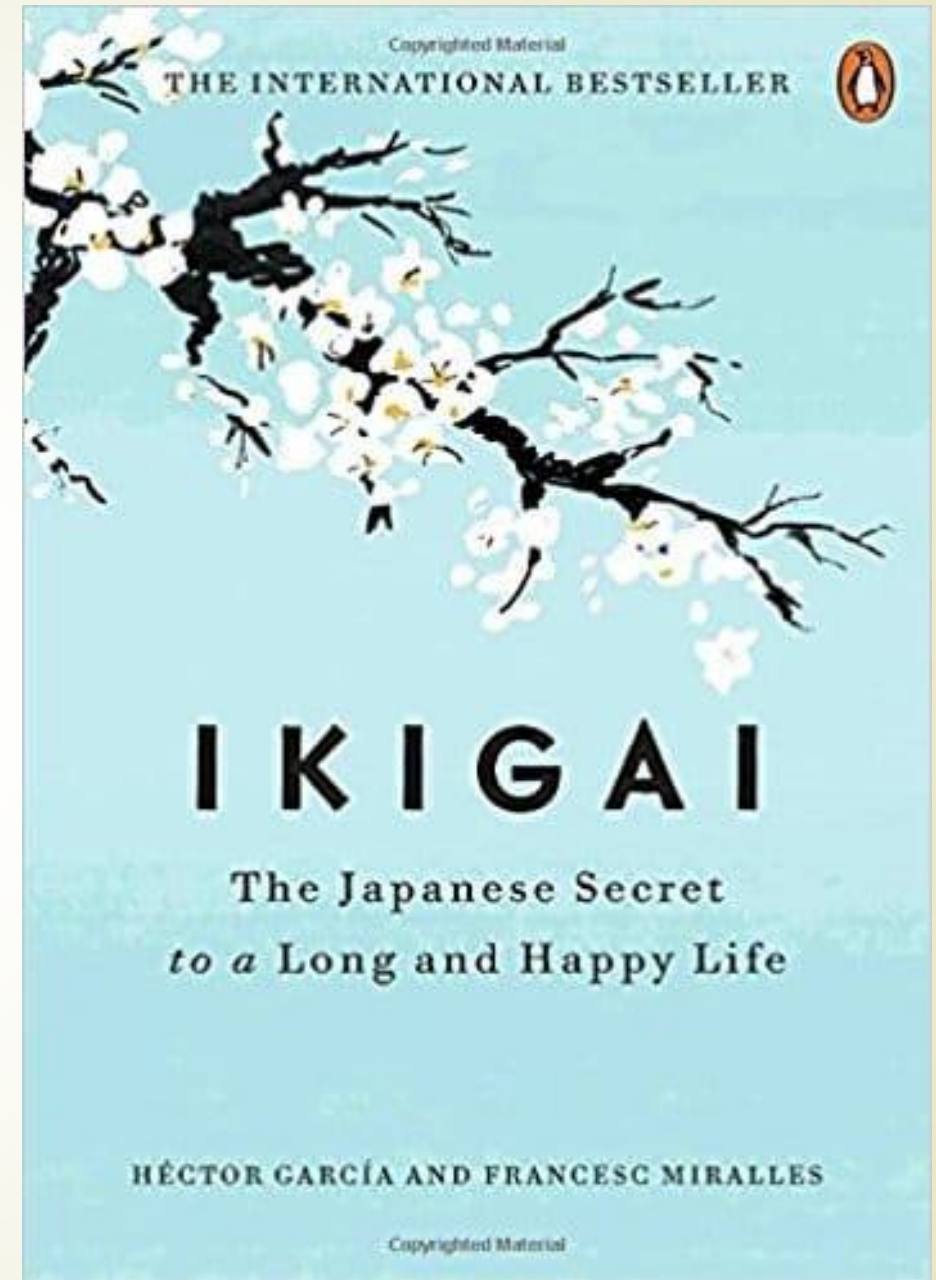
Work-Life Integration

- Accept NOT able to balance
- Challenging to have it all, but you can have YOUR ALL
- Dependent on your goals at the time



Ikigai

- ➔ “By finding a purpose that drives you each and every day, you can focus your energy and extend your years on earth”





thinking




Figure 2. IHI Framework for Improving Joy in Work



Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout



Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO



“Physicians who spend at least 20% of their professional effort focused on the dimension of work they find most meaningful are at dramatically lower risk of burnout”

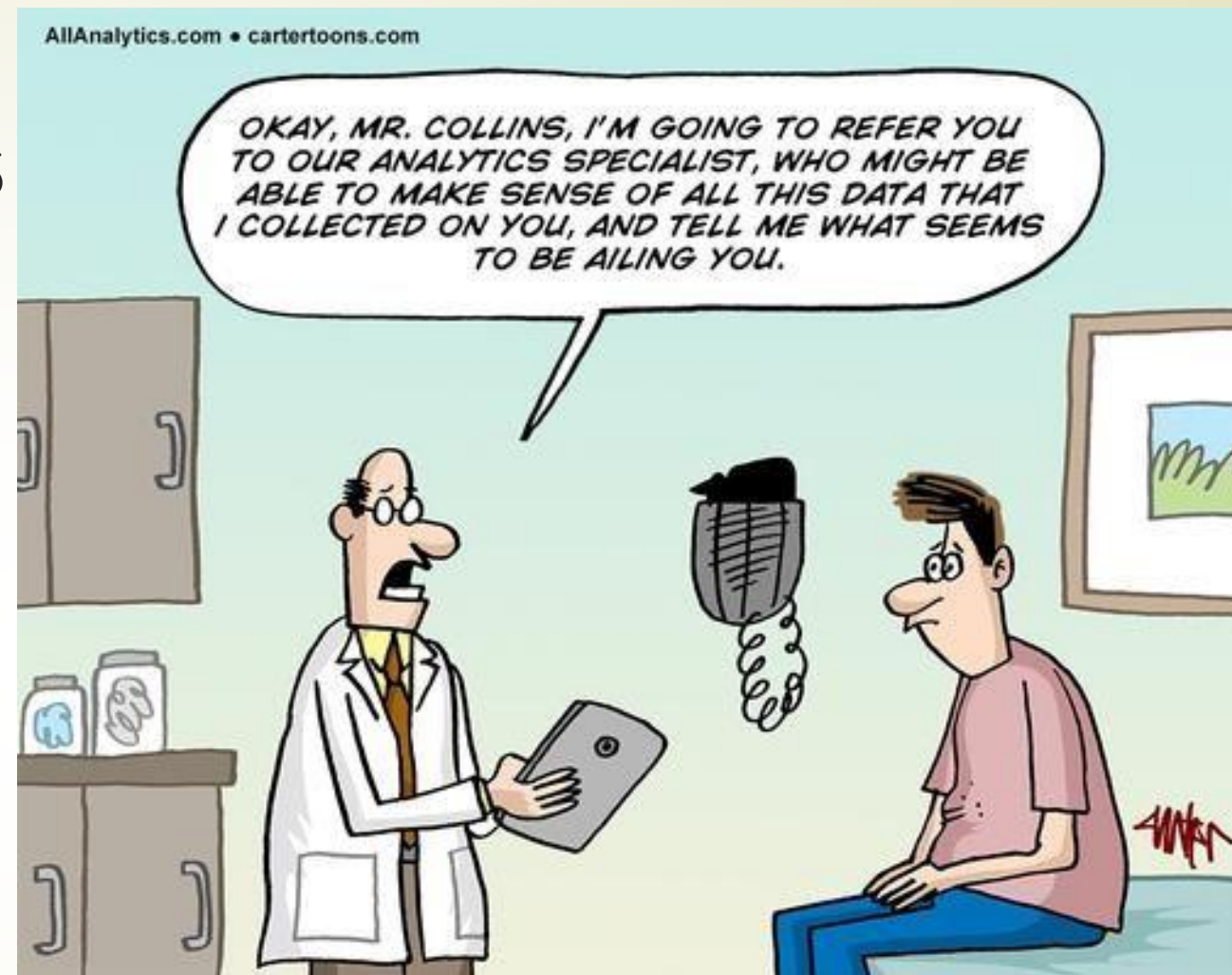


Agency for Health Care Research and Quality Strategies to Decrease Burnout

- ▶ Providing responsive IT support
- ▶ Reducing required activities
- ▶ Offering flexible or part-time work schedules-(civilian sector)
- ▶ Leaders model and support work-home integration
- ▶ Building workplace teams that address work flow and quality measures

Systems Issues

- EHRs
 - CHCS
 - AHLTA
 - Essentris
 - MHS Genesis...
- Shorter appt. times?!
- Inadequate clinic staffing for PCMH
- Online work after work via AVHE (aka Pajama time...)





Administrative Burdens

- ▶ High documentation burden
 - ▶ HEDIS Outpatient & ORYX Inpatient
- ▶ Scribes (can we get able volunteers to do this? OR give providers more admin time/less appts to complete notes)
- ▶ Utilize technologies (e.g. Dragon Speak) to fully integrate with new EHR
- ▶ More administrative support for paperwork, setting up follow up appts
- ▶ New guidance: Updated CMS guidance allowing medical student documentation not needing to be rewritten by credentialed providers if observed

Administrative Burdens

- Physicians spend 49.2% of their time documenting and doing paperwork
- They spent only 27% on direct patient care activities.
- “Pajama Time” is documentation carrying on afterhours because of documentation volume and remote capabilities

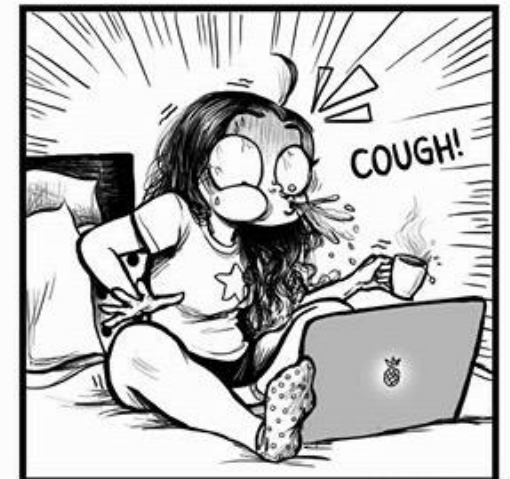


Shanafelt et al. Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction. Mayo Clinic Proceedings 91(7):836-848.

Sinsky C, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. Ann Intern Med. 2016 Dec 6; 165:753-760

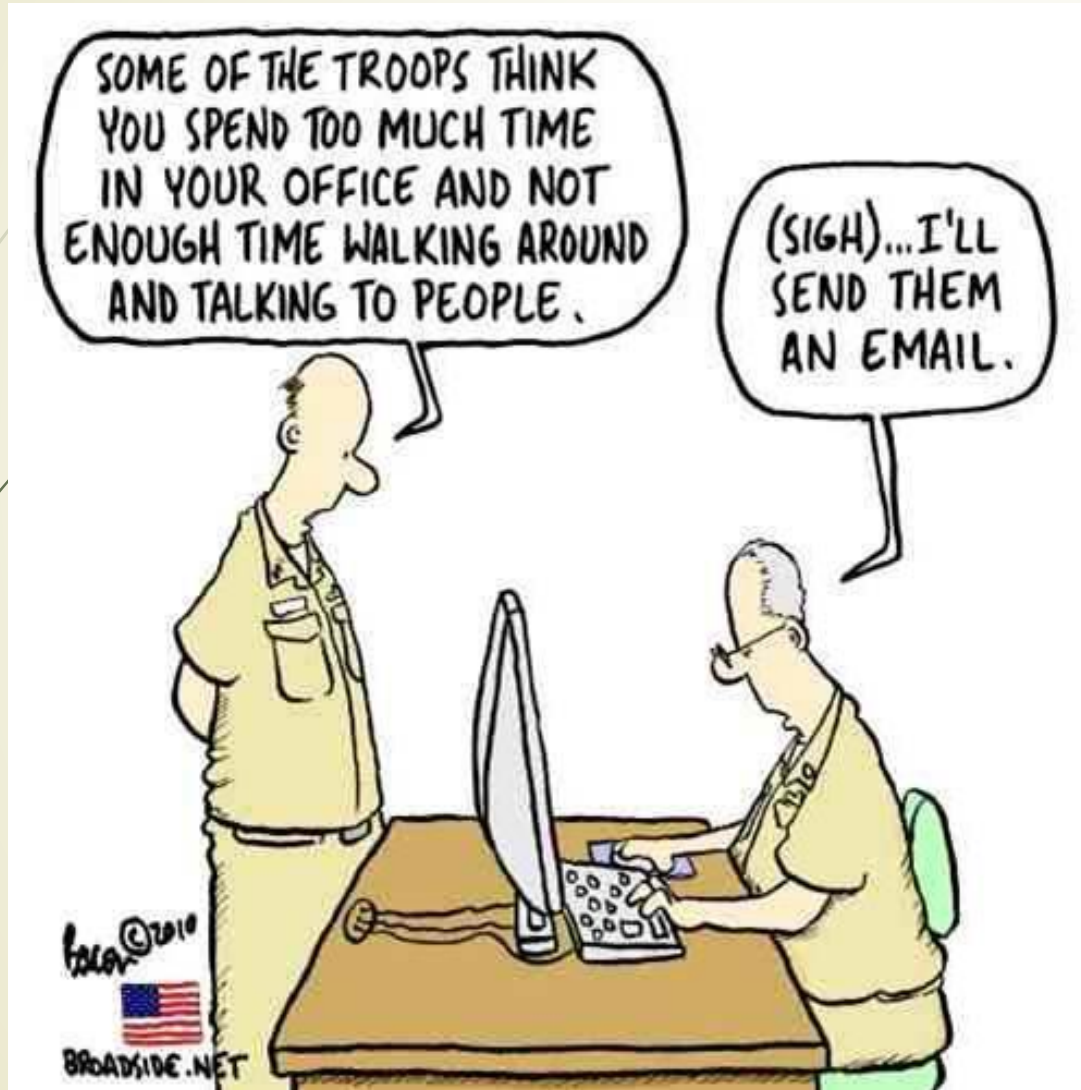
Administrative Burdens

- Work Emails
 - DISA (mail.mil) email
 - Air Force email
 - USU email
 - Webmail options*
- Personal Emails
 - Yahoo email
 - Google email
- Paperwork
 - Patient care
 - Online Training



C. CASSANDRA

Leadership needed



- Determine the level of burnout of your providers
- Do walk arounds
- Wellness Committee
- Reassess after establishing initiatives
- Leaders who practice medicine are more aware of the issues
- Recognition of providers
 - "Thank you!" goes a long way

Assessment Resources from NAM

Validated Instruments to Assess Work-Related Dimensions of Well-Being

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure work-related dimensions of well-being. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the [Research, Data, and Metrics Working Group](#) of the National Academy of Medicine [Action Collaborative on Clinician Well-Being and Resilience](#).

Click or scroll below for an overview of each validated instrument to assess work-related dimensions of well-being.

Burnout

»» **Maslach Burnout Inventory – Human Services Survey for Medical Personnel**

»» **Oldenburg Inventory**

»» **Physician Work-Life Study's Single-Item**

»» **Copenhagen Burnout Inventory**

Composite Well-Being

»» **Stanford Professional Fulfillment Index**

»» **Well-Being Index**

Not Free

Take the Mini Z burnout survey:

① Your experience with burnout

② Tell us about yourself

③ See your results

For questions 1-10, please choose the answer that best describes your experience.

All fields required unless otherwise noted.

1. Overall, I am satisfied with my current job:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. I feel a great deal of stress because of my job:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. Using your own definition of "burnout," please select one of the answers below:

☐ I enjoy my work. I have no symptoms of burnout.



<http://www.im.org/p/cm/ld/fid=1677>

AAIM list of resources

Outside Resources and Links

AMA “Steps Forward” CME Modules

- **Physician wellness: preventing resident and fellow burnout**
- **Preventing physician burnout**
- **Improving physician resiliency**

Accreditation Council on Graduate Medical Education

- **Resources for physician well-being**
- **Resources for resident well-being**

American Foundation for Suicide Prevention

- **Physician and Medical Student Depression and Suicide Prevention**
- **After a Suicide: A Toolkit for Physician Residency/Fellowship Programs**


American College of Physicians—**Physician Well-being and Professional Satisfaction**

Mayo Clinic—**Physician Well-being Program**

American Association of Colleges of Osteopathic Medicine—**Mental Health Awareness in Osteopathic Medical Education**

Association of American Medical Colleges—**Well-being in Academic Medicine**

National Academy of Medicine—**Action Collaborative on Clinician Well-Being and Resilience**



Wellness/Joy in Practice Programs in MHS

Have you heard of?

- Harbor Program SAMMC/SAUSHEC
- Wellness Homes at USUHS
- RESET at Ramstein
 - <https://www.youtube.com/watch?v=H27VHIZtHow&list=PLUqp4rmPe-8SimbsaA3Y4w3PbqWdFg9ca>
- What do YOU have at YOUR INSTITUTION?



Summary

- There is an epidemic of provider burnout
- Provider burnout affects patient care
- Leadership needs to determine the level of burnout at their institutions and take action
- Improve the systems issues rather than focus on personal resilience
- Reassess if the initiatives are reducing provider burnout

If you are suicidal and need emergency help, call 911 immediately or 1-800-273-8255 if in the United States. If you are in another country, find a 24/7 hotline at www.iasp.info/resources/Crises_Centres.

References

- Dyrbye L.N., T.D. Shanafelt, C.A. Sinsky, P.F. Cipriano, J. Bhatt, A. Ommaya, C.P. West. Burnout Among Health Care Professionals, A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care. National Academy of Medicine Paper Jul 2017.
- <https://www.medscape.com/sites/public/lifestyle/2017>
- Shanafelt TD et al. Impact of organizational leadership on physician burnout and satisfaction. Apr;90(4):432-40. Mayo Clin Proc. 2015 Apr;90(4):432-40.
- Shanafelt T, et al. The Business Case for Investing in Physician Well-being. JAMA Intern Med. 2017; National Academy of Medicine Discussion Paper 2017; Shanafelt et al. Longitudinal Study Evaluating the Association Between Physician Burnout and Changes in Professional Work Effort. Mayo Clin Proc. 2016 ;91(4):422-31.
- <https://www.washingtonpost.com/national/health-science/what-ive-learned-from-my-tally-of-757-doctor-suicides/2018>
- Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med 12(6): 573-6, 2014.
- Dyrbye LN et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. Acad Med. 2014 Mar;89(3):443-51
- Shanafelt, T.D. Noseworthy J.H. Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc.
- <https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html>
- Shanafelt, T.D., L.N. Dyrbye, C. Sinsky, O. Hasan, D. Satele, J. Sloan, and C.P. West. Relationship between clerical burden and characteristics of the electronic environment and physician burnout and professional satisfaction. Mayo Clinic Proceedings 91(7):836-848.
- Sinsky C, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. Ann Intern Med. 2016 Dec 6; 165:753-760
- <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>
- <https://www.stepsforward.org/modules/physician-burnout-survey>

Rechell.G.Rodriguez.mil@mail.mil

