Assessing Physician Burnout and Fostering Resiliency
AMA Physician Satisfaction & Sustainability
Agenda

• AMA physician satisfaction & sustainability

• State of affairs for physician satisfaction

• How do we change?

• AMA professional satisfaction toolkit
AMA strategic focus areas

- Improving Health Outcomes
- Professional Satisfaction & Practice Sustainability
- Medical Education
AMA physician satisfaction & sustainability

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<td><strong>Internal to Physician Practices</strong></td>
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<td>Practice Transformation <em>(Steps Forward)</em></td>
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<td>Physician Leadership Training</td>
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<td><strong>External to Physician Practices</strong></td>
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<td>Physician Organizational Relationships</td>
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- Research
- Public Policy/Advocacy
AMA physician satisfaction & sustainability

Professional Well-being Initiatives:

1. Joy in Medicine Conference Series
   - CEO Consortium
   - Research Summit
   - Multi-Stakeholder Conference
   - CMO/CXO/COO Conference

2. STEPSForward™

3. Professional Burnout & Satisfaction Survey
AMA physician satisfaction & sustainability

Professional Well-being Initiatives:

1. Joy in Medicine Conference Series
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Joy in Medicine Multi-Stakeholder Conference
Joy in Medicine CMO/CXO/COO Conference
State of affairs for physician satisfaction
State of affairs for physician satisfaction

Today’s healthcare providers are currently experiencing unprecedented levels of burnout resulting in disjointed care, poorer health outcomes and rising costs of care for the entire nation.

- **Key Statistics:**
  - During a 3-year study interval, the percentage of physicians experiencing at least 1 symptom of burnout increased significantly, rising from 45.5% in 2011 to 54.4% in 2014
  - 400 US physicians are dying by suicide each year, a number comparable with the graduating classes of two or three medical school classes annually.

State of affairs for physician satisfaction

More than **HALF** of U.S. physicians experience burnout. Each 1 point increase equates to a 43% greater likelihood of clinical reduction within 24 months.

It costs approximately **$500K to $2M** and **12-14 mos.** to replace a physician.

Burnout is shown to increase the risk of medical errors by **200%**.

It is estimated that **80%** of burnout is related to organizational factors.
State of affairs for physician satisfaction

53% - Critical Care

52% - Emergency Medicine

50%
- Family Medicine
- Internal Medicine
- General Surgery
- Infectious Disease
State of affairs for physician satisfaction

Current State – Changing Landscape

- Patient Expectations
- Population Health
- Big Data
- Mergers & Acquisitions
- Clinician Isolation
- Technology
- Performance Measurement
- Expanding Clinical Knowledge Base
- Regulations, Policies, and Payment
- Payor Pressure

IHA 2017 IHA Leadership Summit
State of affairs for physician satisfaction

• “One of the American Medical Association's core strategic objectives is to advance health care delivery and payment models that enable high-quality, affordable care and restore and preserve physician satisfaction.” – Friedberg et al.

• In 2013, AMA and Rand performed a joint study to identify the key determinants and impact of physician satisfaction.
State of affairs for physician satisfaction

- 50% day EHR/desk
- 1 hr F2F: 2 hr EHR
- 1-2 hr EHR at night
State of affairs for physician satisfaction

Drivers of Physician Burnout

- Loss of control of work
- Increased performance measurement
- The increasing complexity of medical care
- The implementation of Electronic Health Records (EHR)
- Profound inefficiencies in the practice environment

All of which have altered work flows and patient interactions

These drivers are directly attributable to Burnout (experiences of emotional exhaustion, depersonalization, and feelings of low achievement and decreased effectiveness)
State of affairs for physician satisfaction

Impact and Importance – Why should we care?

• Increased risk of medical errors and poorer health outcomes
• Diminished quality of care in medical practice
• Decreased professionalism and compassion
• Decreased patient compliance to plans of care
• Reduced cognitive function resulting in poor decision making skills
• Increased costs of care and decreased reimbursement
How do we change?
How do we change?

**Furthering Research**
- Academic partnerships
- Peer-reviewed journal articles
- Demonstration projects

**Convening communities**
- Networking/Communities project
- Annual Conference
- C-suite and stakeholder summits
- Executive circles & boot camps
- Learning/innovation labs
- “Magnet” & award program

**Advocating change**
- Reducing administrative burden
- Accelerating team-based care
- Influencing regulators and technology vendors

**Activating healthier organizations**
- Burnout assessment Program
- Steps Forward modules
- Joy in Medicine calculators
- Joy in Medicine metrics
- Joy in Medicine dashboard
AMA professional satisfaction toolkit
AMA professional satisfaction toolkit

• AMA is committed to enhancing professional satisfaction with physician partners across the nation. Through collaborative partnerships, targeted analytics, and expert resources, the AMA has helped practices promote actionable steps to improve physician wellness and to drive success.

• **Our goals:**
  • Enhancing and improving health outcomes
  • Boost productivity and physician retention
  • Optimizing your bottom line by increasing revenues and reducing costs
AMA professional satisfaction toolkit

Toolkit components:

• Consultative discussions and calls throughout the initiative

• Documents/tools for introducing professional burnout/satisfaction

• Electronic professional satisfaction survey distribution

• Survey analytics and reporting

• Final presentation and areas of opportunity
AMA professional satisfaction toolkit

SURVEY: A ten question survey assessing burnout and satisfaction for healthcare professionals. This validated instrument is able to identify key local drivers of burnout within your organization, as well as, offer comparisons against national benchmarks. The Mini-Z survey will be able to apply a total satisfaction score to your organization along with sub-scale scores for supportive work environment and technology stressors.

Key Features:
- Customization by provider type, site, age, gender, clinical specialty, etc.
- Organizational burnout score, data analytics and custom report
- Comparisons against national benchmarks
- Identify key drivers of burnout and satisfaction
- Field-test solutions for optimization
AMA professional satisfaction toolkit

### Definitions and Targets

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<tr>
<th>Measure and Definition</th>
<th>Calculation</th>
<th>Success Criteria</th>
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<tbody>
<tr>
<td>1. Joyful Workplace (Mini-Z Scores)</td>
<td>Sum of questions 1-10, Range = 10-45**</td>
<td>a joyful workplace ≥ 80%*</td>
</tr>
<tr>
<td>2. Supportive work environment (Subscale 1)</td>
<td>Sum of questions 1-4, Range = 4-20</td>
<td>a highly supportive practice ≥ 16</td>
</tr>
<tr>
<td>3. Work pace and no EMR stress (Subscale 2)</td>
<td>Sum of questions 5-8, Range = 4-20</td>
<td>an office with good pace and manageable EMR stress ≥ 16</td>
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*Mini-Z target is 40 out of 50 (80%). However, for the national benchmark study, the target is 36 out of 45 (80%) because Q10 was not asked. Therefore, percentages are used to compare the two.*
AMA professional satisfaction toolkit

Suggested solutions for sites:
1. Implement a team-based model of care
2. Enhance communication based on team huddles/co-location
3. Develop clinician “float pools” for life events
4. Ensure that metrics for success include clinician satisfaction and well-being
5. Develop schedules with flexibility and clinician control
6. Incorporate mindfulness and resilience training
7. Develop a wellness committee and infrastructure
8. Perform a Rapid Improvement Exercise on reducing stress and burnout
AMA professional satisfaction toolkit

The AMA STEPSForward™ platform can assist with leading change...

- **Modules and Tools for improving physician satisfaction**
Physician Well-being & Engagement

Ted Hamilton, MD
American doctors are unhappy . . . and it’s hurting patients.
To, and Through, Physicians

Extending the healing ministry of Christ
An Institutional Priority

• Good Doctors Make Bad Patients
• We Know Too Much
• Cost / Benefit Ratio
• Mission
What Can Be Done?

A Combination of Individual & Organizational Strategies
forphysicianwellbeing.org

- Website
- Monthly Webinar
- Annual Meeting
- Medicus Integra®
Medicus Integra

- EMR
- Work Re-Design
- Turnover
- Engagement

- Code of Conduct
- Communication
- Medical Ethics

Quality

- Accountability
- Coaching
- Relational
- Spiritual

Culture

- Leadership
- Teamwork
- Whole Person Care

Resilience

- Learning

ALL IN
Medicus Integra© “Must Haves”

- Physician well-being committee
- Physician leadership training & functioning
- Code of conduct policy & process
- Coaching/Counseling
- Communication
- Collegiality
- On-boarding process
Organizational Interventions

“Evidence from this meta-analysis suggests that recent intervention programs for burnout in physicians were associated with small benefits that may be boosted by adoption of organization-directed approaches. This finding provides support for the view that burnout is a problem of the whole health care organization, rather than individuals.”

Physician Well-Being Committee Activities

• International Medical Mission Trips
• Physician Psychological Support Services
• Physician Well-Being & Engagement Conferences
• Schwartz Rounds
• Faith in Practice Study (with Duke University)
• Physician On-Boarding (Orientation)
• Finding Meaning in Medicine (Small Group Activity)
• Medical Arts Program (Physicians’ Lounge)
Where do we go from here?

• Work place re-design
• Electronic medical record
• Teamwork
• Do Something
• Today!
Stop Blaming the Individual
Which one of these is applicable?

- Individual
- Group
- Organization
- Society

- Work Design
- Process Design
- Job Design

- Culture
SHADOW WORK
the unpaid, unseen jobs
that fill your day
Physician Resilience and Burnout: Can You Make the Switch?
Can you put on your big boy and big girl pants?
Addressing Physician Burnout The Way Forward

Tait D. Shanafelt, MD
Mayo Clinic, Rochester, Minnesota.

Lotte N. Dyrbye, MD, MHPE
Mayo Clinic, Rochester, Minnesota.

The US health care delivery system and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures have resulted in greater expectations regarding productivity, increased workload, and reduced physician autonomy. Physicians also have to navigate a rapidly expand-
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
# Systems Approach to Burnout

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<thead>
<tr>
<th>Individual</th>
<th>Work Unit</th>
<th>Organization</th>
<th>National</th>
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<tbody>
<tr>
<td>Specialty</td>
<td>Productivity expectations</td>
<td>Productivity targets</td>
<td>Structure reimbursement e.g. CMS, Blues, etc.</td>
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<tr>
<td>Practice Location</td>
<td>Team structure</td>
<td>Methods of Compensation</td>
<td></td>
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<tr>
<td>Decision to increase work</td>
<td>Efficiency</td>
<td>Payor mix</td>
<td></td>
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<tr>
<td>load to increase income</td>
<td>Use of allied health professionals</td>
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System Based Interventions

- Acknowledge & assess the problem
- Harness the power of leadership
- Develop & implement targeted interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work/life integration
- Provide resources to promote resiliency and self-care
- Facilitate and fund organizational science