Promoting Professional Satisfaction and Preventing Burnout

October 8, 2016

Who Stole My Joy?
An Overview of Physician Burnout

Alameda-Contra Costa Medical Association
Oakland, CA
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What we are saying

“The joy of practicing medicine is gone.”

“I hate being a doctor… I can’t wait to get out.”

“I can’t tell you how defeated I feel… The feeling of being punished for delivering good care is nerve-racking.”

“I am no longer a physician but the data manager, data entry clerk and steno girl… I became a doctor to take care of patients. I have become the typist”
Two Doctors and a Patient

Program Director Geriatrics
UConn

“Working in clinic has become so painful that I have decided to leave my beloved patients—unbearable to think about.”

Gail M Sullivan, MD
General Internist
MGH

Speaking of performance measures: The little things have become the big things—I fear our roles as healers, comforters, and listeners are being lost.”

2008

Ben Crocker, MD

On a recent visit to a new doctor I believe we made eye contact twice—upon her arriving and leaving.

And yet, I am much more able to receive advice

From people I feel are thinking of me as a person rather than just the next patient.

Patient Listening: A Doctor’s Guide, Loreen Herwaldt

Dominick in Patient Listening: A Doctor’s Guide, Loreen Herwaldt
Making Headlines…

“The New York Times”
“Widespread Problem of Doctor Burnout”

“Forbes”
“What’s Causing Physician Burnout?”

“TIME”
“Burnout in the Hospital: Why Doctors are Set Up for Stress”

Not the Same as Dissatisfaction or Disengagement

“Dissatisfaction”
“Disengagement”
“Burnout”

“I don’t like this”
“I don’t want to do this”
I Can’t Do This!

Three Components of Burnout

1. Emotional exhaustion
2. Depersonalization, cynicism, or dehumanization
3. Diminished sense of personal accomplishment
• Excessive workload
• Poor work-life balance
• Lack of control

• Depersonalization
• Emotional exhaustion
• Low personal accomplishment

The Changing Healthcare Landscape

• Quality Reporting Mandates
• Meaningful Use
• Value-Based Payment
• Care Standardization
• Increased Patient Complexity
• ICD-10

Power of the Organizational Response

“*I’m asked to do so much by people who don’t understand my job*”

“I feel like a cog in the wheel.”

“I don’t feel valued. All I hear is negative feedback”

“This job is exhausting”
Percent of Physicians Who Report “Burn-Out”

100% ---------------------------------------

0% ---------------------------------------

45%                        54%  

in 2011                   in 2014  

Source: “Physicians and burnout: It’s getting worse,” ScienceDaily, December 2015
No “Typical” Phenotype

"Feeling more stress than I did 3 years ago"

Even the engaged are feeling stressed

"I am feeling more stressed than I was 3 years ago"
How Stressful is Your Job as Primary Care Physician?

![Bar chart showing the level of stress among primary care physicians worldwide.](chart.png)

Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

**Quadraple Aim**

Expanding the Triple Aim

![Pie chart showing the four components of the Quadruple Aim.](pie_chart.png)

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

Ann Fam Med 2014
Burnout May Cost US Healthcare

Physician burnout is associated with...

- More Referrals
- Increased Testing
- Fewer PCPs
- Higher rates of self-reported errors
- Longer post-discharge recovery time


Social Science and Medicine 1999; (48):547-557
Arch Intern Med. 2011;171(17):1582-1585
http://content.healthaffairs.org/content/29/5/835.full


Health systems can’t perform well with widespread burnout

Burnout Costs Organizations

Physician burnout is associated with...

- ↑ Malpractice risk
- ↓ Productivity
- ↑ Part time
- ↑ MD and staff turnover

Replace PCP costs $250,000

Am J Man Care Nov 1999;5(11):1431-1438
Am J Man Care Jul 2001;7(7):701-713
BMJ Health Services Research, 14(325).
Med. Care Mar 2006;44(3):234-242
http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/0021-9010.73.4.727
Burnout affects Patients

Physician burnout is associated with…
- Decreased Patient Adherence
- Less empathy
- ↓ Patient satisfaction
- Increased risk of patient changing providers


Burnout Costs Physicians

Physician burnout is associated with…
- ↑ Disruptive behavior
- ↑ Divorce
- ↑ Disease (CAD)
- ↑ Drug abuse
- ↑ Death (Suicide 2-4 x)
• Burned Out clinicians have
  – 16% decrease in patient satisfaction scores
  – 11% increase in medical errors in burned out surgeons
  – Cost $150-300K to replace

• Satisfied clinicians work longer, retire later, are more productive, have better satisfaction ratings, and have high quality metrics.
This year over

1,000,000

Americans will lose their doctor.

Not because of unemployment.
Not because of Obamacare.
Not because of insurance coverage or plan changes.
But because of doctor SUICIDE.

An average of 400 US doctors commit suicide every year.
Physician Stress Reduction and Burnout Prevention.

- By Frank Staggers, Jr, MD.
  Chairman, ACCMA Litigation Stress Cmte.


- (Portions of this presentation were revised from previous presentations.)

Physician Burnout Rates.

- A 2014 survey published in the Dec 2015 issue of the ‘Mayo Clinic Proceedings’ (authors: Shanafelt TD, Hansan O, Dyrbye LN, et al), found that 54% of the responding US physicians suffered from at least one symptom of burnout. This rate was up from 45% in 2011.
Physician Burnout Rates
Cont’d.

In the ‘Medscape Lifestyle Report 2016: Bias and Burnout’ (author: Peckham C), a survey found that 55% of the responding female physicians had symptoms of burnout, and 46% of the responding male physicians had symptoms of burnout. This rate was up from 45% in female physicians and 37% in male physicians in a similar survey in 2013.

Physician Burnout Rates
Cont’d.

The ‘Medscape Lifestyle Report 2016: Bias and Burnout’ (author: Peckham C), defined burnout as either having: feelings of cynicism, loss of enthusiasm for work, or loss of a sense of personal accomplishment.
Physician Burnout Rates Cont’d.

- In the USA, there has been an increase in cynical attitudes about medical practice over the last 25 years.

- Up to half of physicians in some studies are so disillusioned with their profession that they would not advise anyone else to become a physician.

Why Physicians are Stressed:

- Overwhelming Workload.
- Increasing Bureaucratic Demands.
- Declining Prestige.
- Increasing Computerization and Mechanization of Medical Practices.
- Depersonalization of Patient Care.
- Lack of Support Groups & Institutional Wellness Programs for Physicians.
The Way of Zen.

- There is an old Zen saying that is: “When you have your health, you almost never think about it; but when you lose your health, that’s all you think about.”

- A Zen saying that addresses healers is: “If you want a healthier world, start with a healthier you.”

Physicians need to Reduce their Stress for the sake of themselves and their patients.

- Every physician needs to have a stress reduction program that is powerful, practical, and easy to follow.

- Stress reduction should be at the core of any health maintenance system.
Stress has been known to affect Health since the beginning of History.

- The ancient Egyptians, Greeks, Persians, Chinese, and East Indians all wrote about the detrimental effects that stress has on one’s overall health.

- Ancient Cities were even described as being modern, fast-paced, and stressful thousands of years ago. (These ancient descriptions could easily describe the challenges facing people in America today.)

Stress can even Alter the Expression of an Organism’s DNA.

- Epigenes are analogous to regulatory tags on specific links of DNA chains.

- Epigenes influence the expression of DNA, and epigenes may be significantly influenced by stress.

- Telomeres, which help regulate chromosomal replication, may also be significantly influenced by stress.
Some Coping Mechanisms Used to Counter Stress Enhance Health, while Others Diminish Health.

- Exercise, humor, and deep relaxation are examples of coping mechanisms that improve health.

- Substance abuse, social withdrawal, and obsessive behaviors are examples of coping mechanisms that harm health.

Pioneers in the Field of Stress Reduction.

- Dr Walter B. Cannon @ Harvard University: Defined the Fight-or-Flight Response in 1915.

- Dr Hans Selye @ University of Montreal: Defined how chronic activation of the Fight-or-Flight Response caused disease in 1956.

- Dr Herbert Benson @ Harvard University and Dr Robert Keith Wallace @ UCLA and Harvard University: Defined the Relaxation Response in 1975.
Overview of the Impact of Stress on Health.

- Stress alters an individual both physically and mentally.

- The physical alterations and mental alterations brought on by stress are Pansytemic.

- The physical alterations and mental alterations brought on by stress can be dramatic and even life-threatening.

Basic Definition of Stress.

- Stress is the product of a challenge to an organism and that organism’s attempt to cope with and respond to that challenge.
The Stress Complex.

- Stress = Stressor x Stress Response.
  (Simplest Workable Model of Stress.)

The Stress Complex.

- Stress = Stressor x Personal Interpretation of Stressor x Stress Response.
  (This is an elaboration of the basic stress complex model, which helps isolate the role of cognitive processes.)
The Stress Complex forms a Basic Starting Point for Designing a Stress Intervention.

- Stress = Stressor x Personal Interpretation of Stressor x Stress Response.

- You can reduce stress by either reducing the Stressor, modifying your Interpretation of the Stressor, or reducing your Stress Response.

Stressor Characteristics.

- Stressors may be mental, physical, or a combination of both.
- There is much overlap between mental stressors and physical stressors, so that mental stressors often have a physical component, and physical stressors often have a mental component.
- Metastatic cancer, AIDS, and Multiple Sclerosis are good examples of conditions that represent both formidable physical stressors and mental stressors.
Stressor Characteristics.

- Mental stressors include losing a job, taking a test, losing a loved one, getting a divorce, losing a home, being incarcerated, being a caregiver, running a household, making a deadline, paying bills, witnessing abuse, emotionally coping with a severe physical disorder, having a severe cognitive impairment, etc.

Stressor Characteristics.

- Physical stressors include starvation, dehydration, exposure to extreme weather, drug toxicity, major surgeries, infections, burns, bone fractures, tumors, physical handicaps, etc.
Stressor Characteristics.

- Firsthand Stressor is some threatening object or event that you experience directly.

- Secondhand Stressor is some threatening object or event that you experience through someone else’s vivid descriptions, photographs, or movies.

Stressor Characteristics.

- Stressor may be present here and now.

- Stressor may be a powerful memory as in Post-Traumatic Stress Disorder (i.e., PTSD).

- PTSD Symptoms can erupt even after being dormant for over 60-years, as in some World War II Veterans.
Stressor Characteristics.

- Secondhand PTSD (i.e. Compassion Fatigue or Vicarious Traumatization) can occur in mental healthcare providers who treat patients with PTSD.

{The constant descriptions of traumatic events by patients suffering from PTSD can wear down the healthcare provider, traumatize the healthcare provider, and lead to Secondhand PTSD Symptoms.}

Stress Response General Modulators.

- Degree of Control.
- Familiarity with the Situation.
- Time Constraints.
- Workload Amount.
- Predictability and Expectancy.
- Severity of Consequences.
- Length of Exposure.
- General Health.
- Prior Sensitization.
- Deviation from Normalcy.
Stress Response General Characteristics.

- Stress Response = Fight-or-Flight Response.

- The Catecholamines and Cortisol are two of the main biochemical mediators of the Stress Response.

- Stress Response is a rapid response designed to get you out of an emergency situation.

Physiology of the Stress Response.

- Major release of catecholamines.
- Major release of cortisol.
- Major release of renin.
- Platelet Aggregation is primed.
- Blood shunted from skin and gut to major muscles.
- Brain is placed on high-alertness mode.
- Brain waves are often rapid Beta type.
- Blood pressure, pulse, oxygen consumption, blood glucose, all become elevated.
- Immune System usually erupts and then shuts down.
Psychological Changes seen with the Stress Response.

- The brain is placed on high alertness mode.
- Reflexes are sharpened and reaction time is quickened.
- Rapid Beta brain waves predominate.
- Survival instincts are activated and higher thinking is subdued as activation of the Prefrontal Cortex is diminished.

Psychophysiology of the Stress Response.

- Initial and Middle Stages of Persistent Stress are associated with high cortisol and high catecholamine levels.

This is associated with anxiety, insomnia, and hyperactive states.
Psychophysiology of the Stress Response.

- Late Stages of Persistent Stress may be associated with Adrenal Gland Burnout.

Thus, cortisol and catecholamines will be depleted if adrenal burnout occurs.

This is associated with anhedonia, hypoactive syndromes, and chronic fatigue.
If the Stress Response is kept on, all Diseases get worse.

- Anxiety and Depression get worse.
- Insomnia is exacerbated.
- Addictions are exacerbated.
- High Blood Pressure, Heart Disease, Diabetes, Asthma, Arthritis, Infections, and Cancers are all exacerbated.
- Brain cells may be damaged.
- Heart cells may be damaged.
- Immune System is depressed.
- Wound Healing is hampered.

Physical Disorders Closely Associated with Chronic Stress.

- Cardiovascular Disease.
- Hypertension.
- Diabetes.
- Infections.
- Cancers.
- Asthma.
- Dementia.
- Arthritis.
Mental Disorders Closely Associated with Chronic Stress.

- Addiction.
- Depression Disorders (including Dysthymia, Major Depression, Bipolar Disorder).
- Anxiety Disorders (including Phobias, Obsessive-Compulsive Disorders, General Anxiety Disorder, and Panic Disorders).
- Nonspecific Organic Brain Syndromes.
- Reactive Psychosis.
- Insomnia.

Ways of Assessing Stress Levels.

- EEG Studies.
- Brain Scans (MRIs, PETs, & SPECTs).
- Vagal Tone EKG Studies.
- Galvanic Skin Conduction Studies.
- Voice Stress Analysis.
- Polygraph Studies.
- Urine, Blood, & Salivary Biochemical Assays.
- Assorted Age Markers.
- Routine Vital Sign Checks.
- Standardized Questionnaires & Surveys.
- Personalized Self-Reports.
Since stress either causes or exacerbates over 90% of all diseases, stress management is crucial for good health.

- Many types of health clinics now offer programs on managing stress. This includes pain management clinics, addiction rehab clinics, anxiety clinics, PTSD clinics, eating disorder clinics, AIDS clinics, cancer rehab clinics, stroke rehab clinics, hypertension clinics, diabetes clinics, asthma clinics, cardiac rehab clinics, headache clinics, rheumatology clinics, etc.

Strategy for Countering Stress.

- "MEDS AT HS"

  (This is a good mnemonic for an overall strategy for countering stress.)
Strategy for Countering Stress.

- M = Meditation/ Deep Relaxation.
- E = Exercise.
- D = Diet.
- S = Sleep.
- A = Avoidance.
- T = Talk Therapy.
- H = Humor/ Attitude Adjustment.
- S = Social Support.

Meditation/ Deep Relaxation evokes the Relaxation Response.

- The Relaxation Response is physiologically the exact opposite of the Stress Response.
- The Relaxation Response is associated with lowered blood pressure, Pulse, Oxygen Demand, Cortisol Levels, Catechol Levels, etc.
- Blood returns to the skin and gut; and the immune system is rejuvenated.
- The mind is placed in an alert, but deeply relaxed state.
Meditation/ Deep Relaxation.

- Restful Alertness or the Relaxation Response relaxes the Mind and Body, while enhancing Mental Clarity and maintaining Physiological Flexibility.

- Restful Alertness gives Alpha Brain Waves along with Lower Body Catechols, Cortisol, BP, Pulse, Oxygen Demand, etc.

- Restful Alertness is different Neurophysiologically than Sleep.

Deep Relaxation is Not Leisure Activities or Sleep.

- Leisure activities like sewing and reading keep the brain active, thereby limiting true relaxation.

- Dreaming is necessary for mental health, but keeps the brain active.

- Deep Sleep is necessary for health, but still does not give the deepest states of relaxation.
The Relaxation Response is an Awake Response.

- The Relaxation Response is associated with a state called RESTFUL ALERTNESS.
- During Restful Alertness, the mind remains alert, but minimally active.
- During Restful Alertness, the mind has a chance to settle down.

Alert Relaxation is a Unique Physiological State.

- Alert Relaxation is the 4th Major State of Consciousness.
- All 4 Major States of Consciousness are necessary for complete health: i.e., Awake Activity, Awake Relaxation, Dreaming, Deep Sleep.
The Use of Deep Relaxation Techniques is now Skyrocketing.

- Deep Relaxation Techniques are now routinely taught in many medical centers and clinics.
- Research on the health benefits of deep relaxation practices continues to be extensive.

The Use of Deep Relaxation Techniques is now Skyrocketing.

- Deep Relaxation Techniques are now taught in many non-clinical settings such as police academies, first responder programs, law court programs, senior citizen centers, multinational corporations, utility companies, community service organizations, military academies, colleges, elementary schools, etc.
Meditation/ Deep Relaxation Techniques.

- Deep relaxation techniques can Reverse Biological Age Markers 6-12 Yrs.

- Deep relaxation techniques can be used alone or used as Complementary Treatment Modalities for multiple diseases including asthma, chronic pain, hypertension, diabetes, and anxiety.

Tips on Doing Deep Relaxation Techniques Correctly.

- Don’t block spontaneous thoughts, and don’t dwell on them either.

- Remember the difference between relaxation and concentration.

- Recommend doing 20 minutes of deep relaxation twice a day for maximum health benefits.

- If you fall asleep when doing deep awake relaxation, simply go back to doing it when you wake up.
Tips on Doing Deep Relaxation Techniques Correctly.

- When using a meditative enhancement device such as a soothing sound or image, maintain a casual awareness of the device; don’t intensely focus on it.
- Water sounds & images are good meditative devices.
- Keep your meditative sound or image simple, or else you cannot deeply relax with it.

Meditation/ Deep Relaxation Techniques can be enhanced by Biofeedback Systems.

- By simply placing a stethoscope over your own heart and listening to your heartbeat, you can create a makeshift biofeedback system that can help you relax.
Meditation/ Deep Relaxation Techniques.

- Transcendental Meditation.
- Zen Quiet Sitting.
- Biofeedback.
- Neurofeedback.
- Progressive Muscle Relaxation.
- Restful Visualization.
- Basic Deep Breathing.
- Mindfulness Meditation.
- Listening to Soothing Sounds like Ocean Waves and Soft Music.

EEG Demonstration
Frontal Lobe Two sensors placed on the prefrontal cortex, one on the right side and one on the left side. This is the area of brain responsible for higher level thought and planning.

- Occipital Lobe Two sensors placed over visual cortex, one on left side and one on right side.

= EEG sensor

Key
1. Blue & purple – prefrontal cortex
2. Green & red – occipital lobe

Eyes Open
Eyes Closed at Rest

Transcendental Meditation
**Notes on EEG & Summary**

- **Frequency:** In EEG, the frequency provides information on one’s general state of mind: active, asleep, or restful.
  - Delta – 0 to 3 Hz: sleep.
  - Theta – 4 to 7 Hz: transition, dreamlike, floating mental state (associated with meditation).
  - Alpha – 8 to 12 Hz: no action, relaxed, tranquil, alert (associated with meditation).
  - Beta – 12 to 25 Hz: active thinking, active processing.
  - Faster signals seen in slide 3 are predominantly beta: 12 to 30 Hz.
  - Slower signals seen in green & red in slide 2, and in all signals in slide 3, are predominantly in the 7 – 10 Hz range, which high theta, low alpha (theta is 4 – 7 Hz; alpha is 8 – 12 Hz). This frequency is associated with deep relaxation, low metabolism, and restful alertness.
  - Highly uniform frequency in all signals in slide 3 indicates right left and front back brain coherence.

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**Exercise.**

- Want muscles to have “SAFE” qualities.
  - **S** = Strength
  - **A** = Agility
  - **F** = Flexibility
  - **E** = Endurance
Exercise.

- Tailor your exercise to your age, physical condition, and interests.
- Consider any handicaps, injuries, or special needs.
- Use daily physical activities, such as going up stairways, as forms of exercise whenever possible.
- The World Health Organization recommends doing at least 2.5 hours of physical activity per week.

Exercise.

- Suggest Cardiovascular Exercise at least 4 times per week. Base exertion level on pulse rate.
- Suggest Stretching with Cardiovascular Exercise
- Adding Tai Chi or Yoga enhances coordination and balance.
- Resistance training 3 times a week adds bone density, strength, and muscle tone.
Diet.

- Eat to feeling full and then stop.
- Keep your diet rich in a variety of fruits, vegetables, nuts, and whole grains.
- Eat fish oil for Omega-3 fatty acids.
- Limit refined sugars, salt, hydrogenated fats, and trans-fats. Also limit processed foods.
- Take Multivitamin Supplements, Antioxidants, and Trace Minerals.
- Drink 8 glasses of water per day or equivalent.

Sleep.

- Get 7-9 hours of sleep per night.
- Add classic naps or even short power naps if needed.
- Remember that some sleep medications may disrupt circadian rhythm, and some may lead to dependence.
- Non-Benzodiazepine sleepers include Trazadone, Sinequan, Benadryl, Melatonin, Ramelteon, and Chamomile Tea.
- With persistent sleep difficulties, seek the advice of a sleep clinic.
Avoidance.

- Sometimes it is better to avoid a major stressor partially or completely if possible.

- All stressors do not have to be confronted in a head-on fashion. Use good judgment.

- Taking breaks from a stressor in the form of either a long vacation or mini-vacation can allow a person to rejuvenate.

Avoidance.

- Regardless of how comfortable you currently are, have an exit strategy just in case your situation turns sour.

- “If you have a way out, you are less likely to get stressed out.”

- Remind yourself of your vast training and all your potential opportunities.
Avoidance.

- When designing your exit strategy, consider the mnemonic “I SOS” to assess your options.
  - I = Interests both within the field of medicine and outside the field of medicine.
  - S = Skills both within and outside the field of medicine.
  - O = Options/Opportunities both within and outside the field of medicine.
  - S = Support Systems both within and outside the field of medicine.

Talk Therapy.

- Talking helps a person process stressful situations.
- Talking in a group setting may help a person gain fresh insights.
- Critical incident debriefing soon after exposure to a major stressor may help prevent the development of PTSD.
- If PTSD develops, talk therapy involving systematic desensitization may be very beneficial.
Humor.

- Humor is considered to be one of the most important qualities an employee can have, by many top corporations.
- Humor relieves stress in the humorous person and in those people around them.
- Humor increases internal endorphins and enkephalins.

Attitude Adjustment.

- “How you interpret what happens to you, can be just as important as what happens to you.”
- Attitude adjustment and internal dialog are the bases for Cognitive-Emotive Behavior Modification.
- Place a positive spin on the events in life. (Perceive the glass as being half-full instead of half-empty.)
- This helps people stay open to emerging opportunities.
Adjusting Physician Cultural Attitudes.

- Substitute physician macho ways and rights of passage for rest and relaxation that is good for both physician and patients.

- Substitute the Superhuman physician model for a smart and practical physician model.

- Reduce guilt about physicians pampering their healthcare.

Remember that busier is not necessarily better or safer.

- It is very ironic that it took public outcry (e.g., Libby Zion Wrongful Death Case in New York in 1984) and special regulations to help prevent medical interns and medical residents from being forced to work extremely long hours, even when dangerously sleep-deprived.

- It is also ironic that attending Physicians (experts on health) and hospital administrators condoned such abuse and public endangerment for so long.
Social Support.

- Social Interaction is necessary for sound mental health, companionship, and exchange of ideas.

- Positive Social Interaction tends to boost the immune system and the neuroendocrine system.

- Social Isolation or “Cocooning” during stressful situations may be signs of mental instability or decompensation.

Support Systems can be enhanced thru Institutional Wellness Programs for Physicians.

- Physician Wellness Programs should have a strong preventative medicine component as their hallmark. (They should do more that just monitor or treat physicians that become ill.)

- Wellness and Disease Prevention programs are usually different than Programs that Monitor and Treat ill physicians, although the latter are also often called “Wellness Programs”.

- To assess any Wellness Program for completeness, ask: “Where’s the Disease Prevention?”
Physicians can use simple Makeshift Scales to help them reflect on their thoughts and feelings.

- Physicians are trained to use simple but effective scales for assessing things like pain, reflexes, pulses, and muscle strength. These same skills can be applied by physicians in order to help them evaluate their own thoughts and feelings about their life.

A classic way of analyzing your own life involves breaking your life down into major components, and then simply scoring each identified component.

- The aforementioned simple approach can also be used to self-assess your general mental health.
Life Satisfaction Brief Self-Assessment Scale.

- Rate the following areas of your life from 0 to 10 based on your current satisfaction with them.
  (0 is not satisfied at all, and 10 is totally satisfied.)

  - Overall Life. (0-1-2-3-4-5-6-7-8-9-10).
  - Professional Life. (0-1-2-3-4-5-6-7-8-9-10).
  - Personal Life. (0-1-2-3-4-5-6-7-8-9-10).
  - Financial Life. (0-1-2-3-4-5-6-7-8-9-10).
  - Health. (0-1-2-3-4-5-6-7-8-9-10).
  - etc, as needed. (0-1-2-3-4-5-6-7-8-9-10)

Life Satisfaction Brief Self-Assessment Scale Cont’d.

- After rating the various areas of your life from 0 to 10 based on your current level of satisfaction, try to modify your life in a direction that can move your scores higher. You can share your scores with people you trust, and even seek their advice on selected issues.
Burnout Brief Self-Assessment Scale.

- Use the following simple scale to rate the following areas of your mental health from 0 to 10, based on your current feelings. (0 is not having any of the designated feeling, and 10 is completely having the designated feeling.)

Burnout Brief Self-Assessment Scale Cont’d.

[a] Overall Stress Level:
(0-1-2-3-4-5-6-7-8-9-10).

[b] Overall Burnout Level.
(0-1-2-3-4-5-6-7-8-9-10).

[c] Overall Depression Level.
(0-1-2-3-4-5-6-7-8-9-10).

[d] Overall Anxiety Level.
(0-1-2-3-4-5-6-7-8-9-10).

[e] etc, as needed. (0-1-2-3-4-5-6-7-8-9-10).
Burnout Brief Self-Assessment Scale Cont’d.

- After rating the various pitfalls of your mental health from 0 to 10 based on your current feelings, try to modify your life in a direction that can move your scores towards the lower end of the scale. You can share your scores with people you trust. For scores of 4 or higher, please consider seeking formal counseling.

Physician Self-Care.

Motto Used by Many Professional Athletes:

“My Body is My Business”.

(Is this Motto Applicable to Physicians?)
Physicians Should Take Time to Enjoy Their Lives.

- “Don’t forget to smell the roses on the path of life.”
- Keep pursuing your passion in order to go beyond success and into true fulfillment.

In Conclusion.

- Stress is a major factor in physical disorders, mental disorders, and addiction.
- Stress is Pansystemic; it suppresses the immune system and markedly affects virtually every organ, through partial or complete activation of the Fight-or-Flight Response.
- The Relaxation Response counters the Fight-or-Flight Response.
- Any wellness program should incorporate a stress management component into its curriculum.
- A stress management curriculum should be comprehensive, incorporating diet, exercise, deep relaxation and other coping strategies.
Short Break

Combating Physician Burnout
Reigniting the Fire Through Practice Transformation

Alameda-Contra Costa Medical Association
Oakland, CA
October 8, 2016
Suja Mathew, MD, FACP
Practice Transformation Consultant
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Physician Career Satisfaction

- **Quality**: Major Driver of Satisfaction
- **Control** over the pace and content of work
- **Values** align w/ leadership
- **Collegiality**, fairness and respect.


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Burnout Spectrum

Mark Linzer 2016, personal communication
In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

ABSTRACT

We wanted to gather innovations from high-functioning primary care practices that we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing family practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life’s vocation. Innovations identified include: (1) proactive planned care, with virtual planning and virtual laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal messaging and in-box management; and (5) improving team functioning through co-location, team meetings, and work flow mapping. Our observations suggest that 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.

In Search of Joy in Practice
Co-Investigators

- Christine Sinsky- PI
- Tom Bodenheimer-PI
- Rachel Willard
- Tom Sinsky
- Andrew Schutzbank
- David Margolius
Places Where PC Physicians & Staff are Thriving?

- Where the work of primary care is do-able
- Enjoyable as a life’s vocation

Joy in Practice

Site visits to 23 high-performing practices (most PCMHs)

Workflow
Task distribution
Physical space
Technology
Challenges

- Chaotic visits
- Inadequate support
- Teams function poorly
- Time for documentation

EHR → work to MD

Save 3-5 hours/day

- Pre-visit lab ½ hr
- Prescription mgt ½ hr
- Expanded rooming/discharge 1 hr
- Optimize physical space 1 hr
- Team doc/dictation to transcription 1-2 hr
- Automatic log in ¼ hr
- Paper/verbal order entry ½ hr

3+ hr/d
• Any other industry would be in full all out crisis if their “production design” was running at half capacity.

• We would ultimately like to see all team members finding joy in work and aligned work at 90-95% licensure level.
  – Pete Knox, Bellin, personal communication 7.13.16
Challenge

Vast amounts of time spent documenting care

Innovations
The EHR has made my life miserable

Internal medicine subspecialist personal communication 5.18.16

I’m to the point the only thing that I am interested in is getting the note done. If I actually solve the problem, then great, but at least I have a note and a bill and diagnostic code to submit. Great care, yea!

Midwestern internist personal communication 4.30.16h
The physician I work with is recognized by peers for his brilliance, compassion and dedication to helping people. He has a skilled way of eliciting information from patients, which helps him develop a diagnosis and treatment plan.

Watching him be drawn away from that for tedious, compulsive, non-gratifying tasking is painful at best.

Internal medicine subspecialist nurse personal communication 5.18.16

Physician Career Satisfaction

- **EHR**: Major Driver of Dissatisfaction
  - Too much time per task, clerical
  - ↓ Face-to-face time
  - ↓ Quality of visit note

EHRs (esp. CPOE) → Burnout

44% dissatisfied with EHR
63% “EHRs make my work less efficient”
Nearly half: “Spend too much time on clerical tasks”
41%: “EHRs did not improve care”
EHR/CPOE use assoc with burnout (59% v 45% p <0.005)


Higher rates of burnout in those using EHRs, esp CPOE (59 v 45%)
“American physicians have become the most expensive data entry work force on the face of the planet.”

https://www.youtube.com/watch?v=RbWgJIOWQmQ&feature=youtu.be
32 hours Work after Work per month

“Pajama Time” Sat nights belong to Epic

1-2 hr/nigt
Costs of Performance Measures

PHYSICIANS

DATAWATCH
US Physician Practices Spend More Than $15.4 Billion Annually To Report Quality Measures

Each year US physician practices in four common specialties spend, on average, 71 hours per physician and more than $15.4 billion dealing with the reporting of quality measures. While much is to be gained from quality measurement, the current system unnecessarily costly, and greater effort is needed to standardize measures and make it easier to report.

< 1/3 MDs feel PM of even modest value
PM costs $40k per MD per year
PCPs most time on PMs
4 hr/wk MD
20 hrs/wk MD + staff
Challenges

Vast amounts of time spent documenting care

Innovations

Team documentation at Cleveland Clinic
Kevin Hopkins M.D.
I used to spend an hour or two in the evening after my family went to bed completing my charts for the day. I haven’t logged on from home in so long, I’ve forgotten how to use the remote access system.

Kevin Hopkins M.D.

---

Team Documentation
Cleveland Clinic

- **Pre-visit** (nurse)
  - Med Rec
  - Agenda, HPI
- **Visit** (nurse + MD)
  - med, lab, x-ray orders
  - followup
- **Post-visit** (nurse)
  - Reviews visit summary
  - Health coaching
- **MD → next patient**
Team Documentation
Cleveland Clinic

• New Model
  – 2 MA: 1 MD
  – 2 pt/d cover cost
  – 21 → 28 visits/d
  – 30% ↑ revenue
  – Spread to others (35)
  – We’re having FUN

• Research
  – Q doc as good or better J Fam Pract 2016

JGIM 2016

Physician, Scribe, and Patient Perspectives on Clinical Scribes in Primary Care

• Improved patient-physician interaction
• Improved documentation

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>Recruited</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland Clinic</td>
<td>Beachwood, OH</td>
<td>3 physicians, 4 scribes</td>
<td>3 physicians, 2 scribes</td>
</tr>
<tr>
<td></td>
<td>Brunswick, OH</td>
<td>2 physicians, 0 scribes</td>
<td>0 physicians, 0 scribes</td>
</tr>
<tr>
<td></td>
<td>Cleveland (main)</td>
<td>1 physician, 1 scribe</td>
<td>0 physicians, 0 scribes</td>
</tr>
<tr>
<td></td>
<td>Solon, OH</td>
<td>3 physicians, 4 scribes</td>
<td>3 physicians, 2 scribes</td>
</tr>
<tr>
<td></td>
<td>Twinsburg, OH</td>
<td>1 physician, 2 scribes</td>
<td>1 physician, 2 scribes</td>
</tr>
<tr>
<td></td>
<td>Strongsville, OH</td>
<td>2 physicians, 4 scribes</td>
<td>2 physicians, 2 scribes</td>
</tr>
<tr>
<td></td>
<td>Willoughby, OH</td>
<td>1 physician, 1 scribe</td>
<td>0 physicians, 0 scribes</td>
</tr>
<tr>
<td></td>
<td>Wooster, OH</td>
<td>4 physicians, 4 scribes</td>
<td>0 physicians, 0 scribes</td>
</tr>
<tr>
<td>Bellin Health</td>
<td>Green Bay, WI</td>
<td>1 physician, 1 scribe</td>
<td>1 physician, 1 scribe</td>
</tr>
<tr>
<td>Dekalb Medical Group</td>
<td>Auburn, IN</td>
<td>2 physicians, 1 scribe</td>
<td>1 physician, 0 scribes</td>
</tr>
<tr>
<td>Martin's Point</td>
<td>Bangor, ME</td>
<td>2 physicians, 2 scribes</td>
<td>2 physicians, 2 scribes</td>
</tr>
<tr>
<td>Practice</td>
<td>Quincy, IL</td>
<td>2 physicians, 2 scribes</td>
<td>1 physician, 1 scribe</td>
</tr>
<tr>
<td>University of Utah</td>
<td>South Jordan, UT</td>
<td>2 physicians, 2 scribes</td>
<td>2 physicians, 2 scribes</td>
</tr>
</tbody>
</table>
The MA’s are more fully engaged in patient care than they have ever been and they enjoy their work…They have increased knowledge about medical care in general and about their individual patients in particular.

Kevin Hopkins M.D.
We have turned the EHR into an ally rather than an adversary. Our MAs do the computer work, including order entry, refills, care gap closures, and team documentation. The physicians are able to focus totally on the patient during the entire visit.

James, M.D. Bellin Health
personal communication 1.22.16

Bellin Results

**Quality Metrics (screenings)**

**Breast Screening**
- Baseline: 55.37%
- Goal (6 months): 58.13%
- Actual: 59.51%

**Cervical Screening**
- Baseline: 69.61%
- Goal (6 months): 73.09%
- Actual: 78.64%

**Colorectal Screening**
- Baseline: 79.41%
- Goal (6 months): 83.38%
- Actual: 83.5%

**Financial Metrics**

(operating margin for Dr. Jerzak)
- Baseline: negative 2.2%
- Goal: negative 1.2%
- YTD Actual: positive 6.1%
Team Documentation
Bellin Health Green Bay

How satisfied are you in your role?

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied/Dissatisfied</td>
<td>42%</td>
<td>0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Satisfied/Very Satisfied</td>
<td>34%</td>
<td>86%</td>
</tr>
</tbody>
</table>

The work that the MAs are doing now was work that docs were doing nights and weekends.

physician, U of Colorado, personal communication 4.8.16
I get to look at my patients and talk with them again. We’re reconnecting…. Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family.

Amy Haupert MD, family physician, Allina-Cambridge
personal communication
Business Case
Panel 4000 patients

- Clinic A 1:1
  - 4 MDs @ $250k $1,000,000
  - 4 MAs @ $50k $200,000
  $1,200,000

- Clinic B 3:1
  - 2 MDs = 500,000
  - 6 MAs $300,000
  $800,000

Save $400,000 per 4000 patients
(+ Happier docs, staff, pts, better recruitment, retention)

Challenges

Chaotic visits
with overfull agendas

Innovations

Family doctors are overwhelmed with patients, procedures and paperwork. Many are leaving the field, creating a scarcity of primary-care physicians. (Christopher Seres, For the Times / June 27, 2013)
Time Wasters

- Refill prescriptions outside of visit
- Refill prescriptions q 3 mo rather q15
- Ordering lab between visits
- Processing phone/email request for referral for eye exam, mammogram
- Calling patients back for results reporting
- Calling other physicians for office notes

Practicing Wisely

Fairview: Care Model Redesign
MA pre-visit call

Agenda for visit:
- Review Depression screen
- Advance directive
Mayo-Red Cedar arranges for pre-visit lab

Same day pre-visit lab (15 min)
ThedaCare
Pre-visit Labs

- 89% ↓ phone calls (p<0.001)
- 85% ↓ letters (p<0.0001)
- 61% ↓ additional visits (p<0.001)
- 21% ↓ tests ordered (p<0.0001)
- ↑ patient satisfaction
- Saved $26/visit


Annual Prescription Renewals

- “90 + 4”
- Physician time
  - 0.5 hr/d
- Nursing time
  - 1 hr/d per physician
Challenges

*Inadequate support* to meet the patient demand for care

Innovations

Mayo Red Cedar: New Model of Nursing (2:1)
OLD MODEL OF PATIENT CARE

Paper Work  Medication Refill  Chronic Disease Management  Test Results  Acute Visits  Preventative Visits  Patient Orders/Triage

Referral to Ancillary Services  CMA/LPN  RN  Referral to Specialist  Managing Messages, Test Results, Calling Patients

161
Redistribute Work Strategically

• “Instead of sending all the work to the most highly trained person to distribute…think about how the work can be distributed before it gets to the most highly trained person.”
  – Bruce Bagley 4/1/16 AMA Wire

Doctor does it All

• 1MD: ½ MA
• 10 hour days
• 1000 patients
• Exhaustion/burned out/risk of leaving
Doctor-does-it-all Model
(“We can’t afford staff”)

Supply
- ½ MA
- No documentation support
- Dr. does all CPOE
- Dr. does all inbox
- Dr. does all scripts

Demands/Capacity
- 1000 pts

10 hr/d
Burned out

Advanced Team-based Care

• 1 MD: 3 nurses
• 8 hour days
• 2000 patients
• Satisfied
• Joy in Work
Advanced Team-based Care
(“We leverage MD training”)

Supply
- 3 nurses
- Team documentation
- Pre-visit lab
- Inbox mgmt
- Prescription mgmt

Demands/Capacity
- 2000 pts

8 hr/d
Joy in Work

+$135K margin

Assistant Order Entry

- U Alabama GIM
  - Positive deviant 2015 ACGLIM survey of 20 GIM depts
  - Productivity
    - 16% ↑ wRVU/session
  - Work-life balance
    - Notes completed in clinic 0% → 43%
    - Weekend charting 86% → 57%
  - Marked reduction in burnout
100 inbox messages per day

Information Overload

The Burden of Inbox Notifications in Commercial Electronic Health Records

Daniel R. Murphy, MD, MBA1,2; Ashley N. D. Meyer, PhD1,2; Elise Russo, MPH1,2; Dean F. Sittig, PhD1,4; Li Wei, MS1,2; Hardeep Singh, MD, MPH1,2

[+] Author Affiliations

JAMA Intern Med. Published online March 14, 2016. doi:10.1001/jamainternmed.2016.0209

Text Size:  A  A  A

100 inbox messages per day

<table>
<thead>
<tr>
<th>Not test results</th>
<th>Test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>0</td>
<td>80</td>
</tr>
<tr>
<td>0</td>
<td>60</td>
</tr>
<tr>
<td>0</td>
<td>40</td>
</tr>
</tbody>
</table>

67 min/d

Worse for part time

Fairview: Filtering Inbox

Reduce inbox time 90min/d to few min

Is inbox management working?

Lets just say instead of 7 pm with computer work at home after, its now 5:30 yoga with charts closed and in basket work done.

James Jerzak, MD, personal communication 3/16/16
I have seen 235 more patients in the first 6 months (the equivalent of 4 additional weeks of patient care), I have more than paid for the additional RN...and I have actually had time to do some fun reading. In brief, I have done more, billed more, dictated less, have more face time with patients, and my family gets to see me.

Michael Werner M.D.
family physician, Kaukauna WI, personal communication
9.29.15

The team care model has reinvigorated my practice and myself. I feel almost guilty when I look around at my colleagues who are frustrated and burned out with our conventional practice model while I feel energized and excited by my practice. ”

physician, Via Christa Health, Wichita, KA, personal communication
4.28.16
UCLA: saves 3 hr/d
JAMA IM 2014

Innovation
Team Documentation
UCLA

• “Physician Partners”
  – Scripts/COE
  – Charting/Charge

• JAMA IM 5.14
  – Pt satisfaction w/MD time ↑
  – Save 1.5 hr/4hr
Tap and Go, Dean Clinic
Saved 14 min/d
($200/hr x 50 hr/yr = $10,000/yr)

RFID Sign On
“Tap and Go”

• Dean Clinic
  – 105 signs to 2 sign ins per day
  – Saved 17 min/d

Happiness Minutes

60 hr/year
1 wk per year just signing in
Challenges

5. Teams that function poorly and complicate rather than simplify the work

Action Steps

Daily Huddles

South Huntington BWH
Introducing AMA STEPS™ forward
Revitalize your practice and help improve patient care.

This series of innovative, transformative strategies will show you how. Visit STEPSforward.org to see the entire series of modules.

Transformation Toolkits

- Teams
  - Expanded rooming
  - Team documentation
  - Prescription management
  - Pre-visit planning/lab
  - Team meetings
  - Daily huddles

- Culture
  - Preventing Burnout
  - Resiliency
  - Wellness in Residency
  - Transforming culture

- Value
  - Panel management
  - Medication adherence
  - Burnout Prevention
  - Diabetes prevention
  - Hypertension

- Technology
  - Telemedicine
  - EHR implementation

www.stepsforward.org
Pre-visit planning

Ten steps to pre-visit planning

During the current visit

1. Re-appoint the patient at the conclusion of the visit
2. Use a visit planner checklist to arrange the next appointment(s)
3. Arrange for laboratory tests to be completed before the next visit

Before the next visit

4. Perform visit preparations
5. Use a visit prep checklist to identify gaps in care
6. Send patients appointment reminders
7. Consider a pre-visit phone call or email

During the next visit

8. Hold a pre-clinic care team huddle
9. Use a pre-appointment questionnaire
10. Hand off patients to the physician

Visit prep checklist

If you have a new complaint, please describe the symptom and indicate how long it has been present, when it is better or worse and any other information that might be helpful to the physician and/or staff.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Due</th>
<th>Update date</th>
<th>NA</th>
<th>Target population and recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive screening PAI</td>
<td>Age 50 to 59 years</td>
<td>Every 5 years if no history of abnormal PAI or every 3 years if over 50 and most recent PAI negative and H pylori negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram</td>
<td>Age 50 to 74 years</td>
<td>Every 1 to 2 years for those 40 to 50 and no screening is optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Age 50 to 74 years</td>
<td>Every 10 years (more frequent if history of colon polyp or family history of colon cancer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone density scan (DEXA)</td>
<td>Age 60 years</td>
<td>Every 3 years for women if glucose results were normal, every 5 years if symptoms of osteopenia exist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td>Age 60 to 79 years</td>
<td>Only for patients who have ever smoked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasculaity</td>
<td>Age 40 to 49 years</td>
<td>New Medicare enrollees</td>
<td>Can be completed during the &quot;Welcome to Medicare&quot; visit</td>
<td></td>
</tr>
<tr>
<td>Glaucoma screen</td>
<td>Age 40 years</td>
<td>Anually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td>Age 12 years</td>
<td>Annualy</td>
<td></td>
<td>Age: 6 months annually</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Age 6 months</td>
<td>Age 60 years</td>
<td>Option if 50 years</td>
<td></td>
</tr>
<tr>
<td>Shingles vaccine</td>
<td>Age 60 years</td>
<td>Option if 50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal vaccine (PCV13 or PCV23)</td>
<td>Age 65 years</td>
<td>PCV13 now, followed by PCV23 1 to 12 months later</td>
<td></td>
<td>Patients age 65 to 69 with a chronic or immunocompromised condition may also need a pneumococcal vaccine</td>
</tr>
</tbody>
</table>
On-line Calculators

YOUR PRACTICE

$3.00 /min 8 hours 220 days/year
Cost of physician's time Work day Clinic days per year

PHYSICIAN

20 /day x 10 min/visit
Total visits per day Physician documentation time

FULL-TIME DOCUMENTATION SPECIALIST

$23.00 /hour
Documentation specialist hourly rate (including benefits)

TOTAL TIME SAVINGS

3.20% /day
Physician documentation time saved

TOTAL FINANCIAL SAVINGS

$132,000 - ($40,480) = $91,520
Gross annual savings with team documentation Annual cost of dedicated documentation specialist

Gross annual practice savings with team documentation
Questions / Discussion

Please complete your evaluation!