Evidence Based Approaches to Improve Physician Well-Being and Professional Fulfillment

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ACP American College of Physicians
Leading Internal Medicine, Improving Lives

Disclosures

- I am employed by the American College of Physicians
- My spouse is employed by Merck and we own stock and stock options in the company

Imagine: Physician Well-being 2.0

What does it look like?

- Leaders, physicians, and hospital administrators work together using a QI framework to:
  - Improve the efficiency of the practice environment
  - Embrace human factors engineering and systems redesign
  - Focus on sustainable workloads, coverage for physicians when they are ill, appropriate and rest and breaks, offset intense periods of work with time off to recharge and optimization of team-based care
  - Role model caring about employees, cultivating relationships and inspiring change
  - Prevent burnout/occupational distress and promote thriving

Imagine: Elements of Wellness-Centered Leadership

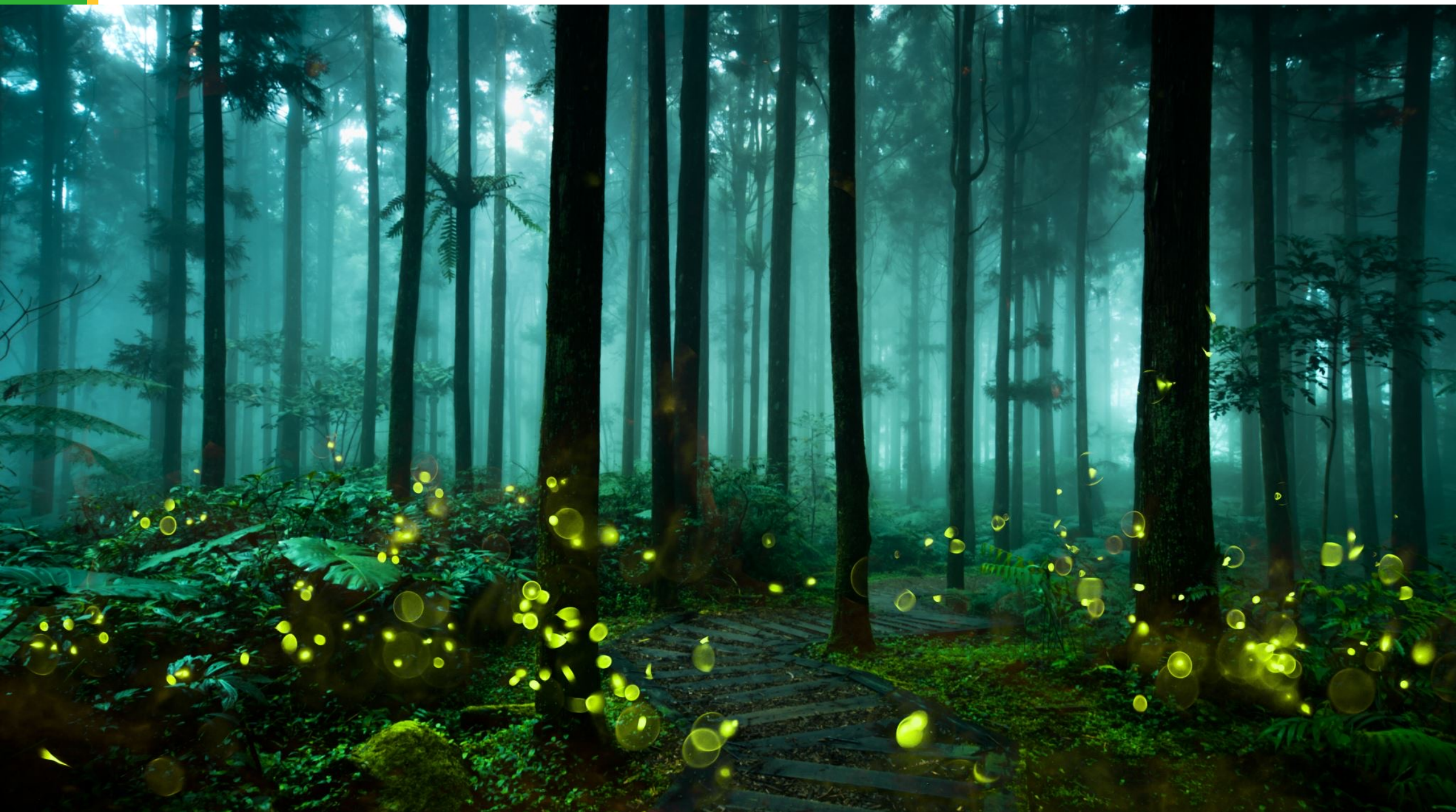
Figure 1

Diagram showing the 3 elements of the Wellness-Centered Leadership model.

How are we going to achieve our vision?

1. Articulate the rationale for ongoing investment in physician well-being
2. Identify where you/your practice/organization are on the spectrum of addressing physician well being
3. Match strategies to advance physician well being to your current state
4. Lead from where you stand

Articulate the Rationale for Ongoing Investment in Physician Well-being



Physicians are the foundation of the US Healthcare System

- We are the system's most valuable resource
- Recent national survey during the pandemic → 1 in 5 physicians plan to leave practice within 2 years
- In 2040 >20% of the US population will be over the age of 65 and they will need our care and expertise
- Both a challenge and an opportunity to radically transform the culture of medicine
- We need to join with other stakeholders to transform our system so that it better supports us personally and professionally

Sinsky CA, er al. COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers. Mayo Clin Proc Innov Qual Outcomes. 2021;5(6):1165-1173.

Physician Burnout is Associated with ↑ Medical Errors

Table 3. Association of a Self-Perceived Major Medical Error in the Previous 3 Months With Quality of Life, Burnout, Symptoms of Depression, and Empathy (N = 184)

Dependent Variable	Metric (Scale)	Parameter Estimate (95% Confidence Interval)*	*P* Value†
QOL	LASA overall QOL (0-10)	–0.39 (–0.72 to –0.06)	.02
Burnout‡			
Depersonalization	MBI-DP (0-30)	2.45 (0.94 to 3.97)	.002
Emotional exhaustion	MBI-EE (0-54)	4.58 (1.71 to 7.46)	.002
Personal accomplishment	MBI-PA (0-48)	–2.59 (–4.22 to –0.97)	.002
Depression	Any positive 2-item depression screen	3.29 (1.90 to 5.64)§	<.001
Empathy			
Emotive	IRI-EC (0-28)	–0.56 (–1.39 to 0.28)	.19
Cognitive	IRI-PT (0-28)	–0.72 (–1.59 to 0.15)	.10

West CP, Huschka MM, Novotny PJ, et al. Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *JAMA*. 2006;296(9):1071-1078

Physician Burnout is Associated With ↑ Patient Complaints

- Retrospective cohort study of practicing physicians at Stanford
- Matched physician survey data with unsolicited patient complaints
- Calculated the Patient Advocacy Reporting System (PARS) score, a validated predictor of malpractice litigation risk and clinical outcomes
- Found a dose response association between occupational distress, sleep related impairment and unsolicited patient complaints
- Each 1-point increase in burnout and sleep-related impairment, on a 5-point scale, was associated with a 69% (odds ratio [OR], 1.69; 95% CI, 1.12-2.54) and 49% (OR, 1.49; 95% CI, 1.08-2.05) increased odds of being in the next higher PARS risk category
- Professional fulfillment was PROTECTIVE

Welle D, Trockel MT, Hamidi MS, et al. Association of Occupational Distress and Sleep-Related Impairment in Physicians With Unsolicited Patient Complaints. *Mayo Clin Proc*. 2020;95(4):719-726.

Physician Burnout is Associated With ↑ Physician Turnover

Table 2. Correlates and Outcomes of Burnout, Multivariable Regression Models Using Backward Variable Selection

Parameter	Value
Correlates of Burnout	
Overall Burnout, OR (95% CI)	
Nonwhite (vs white)	0.54 (0.36-0.82)
Clinical FTE, %	2.88 (1.58-5.28)
Age	0.98 (0.97-0.99)
Emotional Exhaustion subscale, OR (95% CI)	
Nonwhite (vs white)	0.46 (0.28-0.73)
Clinical FTE, %	3.05 (1.56-5.97)
>20 y in practice (vs <10 y)	0.64 (0.44-0.92)
Depersonalization subscale, OR (95% CI)	
Male sex (vs female sex)	1.71 (1.16-2.53)
Age	0.97 (0.95-0.99)
Outcomes of Burnout	
Emotional Exhaustion subscale	
Leaving the organization, OR (95% CI)	2.19 (1.14-4.18)
Satisfaction with primary care physician communication, β (95% CI)	11.5 (2.32-20.8)
Depersonalization subscale	
Ombudsman complaints, OR (95% CI)	1.72 (1.02-2.89)

Abbreviations: FTE, full time equivalent; OR, odds ratio.

Windover AK, Martinez K, Mercer MB, Neuendorf K, Boissy A, Rothberg MB. Correlates and Outcomes of Physician Burnout Within a Large Academic Medical Center. *JAMA Intern Med.* 2018;178(6):856–858.

Physician Burnout is Associated With ↑ Cost from Turnover

Table 2. Annual Cost Attributable to Physician Burnout in a Hypothetical Organization With 1000 Physicians

Parameter/Model Output	Primary Care Physicians		Surgical Specialties		Other Specialties		Total
	Age <55 y	Age ≥55 y	Age <55 y	Age ≥55 y	Age <55 y	Age ≥55 y	
U.S. physicians, %	28.1	14.2	12.6	7.5	23.2	14.4	100
Physicians in hypothetical organization, *n**	281	142	126	75	232	144	1000
Estimated average cost per employed physician, *2015 USD*	7100	5900	10 800	9100	7800	6100	–
Total cost, *2015 USD*	2 000 000	840 000	1 400 000	690 000	1 800 000	870 000	7 600 000

* Assuming physicians are distributed across segments according to national averages.

Han S, Shanafelt TD, Sinsky CA, et al. Estimating the Attributable Cost of Physician Burnout in the United States. *Ann Intern Med*. 2019;170(11):784-790

Physician Burnout is Associated with ↓ Quality

Table 4 | Results of regression analyses of standardized mortality ratios, length of stay, on burnout and unit characteristics ($N = 54$).

	Standardized mortality ratios			Length of stay		
Step and variables	**Step 1**	**Step 2**	**Step 3**	**Step 1**	**Step 2**	**Step 3**
1 Age	−0.32*	0.39	0.43	0.21	0.18	0.24
Gender	−0.17	0.08	0.10	0.17	−0.03	−0.04
2 Professional role		−0.35	−0.19		−0.03	0.01
Trainee status		0.14	0.06		0.01	0.01
Leadership status		0.10	0.03		−0.003	−0.04
Team professional experience		−0.75	−0.77		−0.34	−0.15
Workload		−0.03	−0.10		0.86***	0.84***
Predictability		−0.05	−0.12		0.12	0.15
3 Emotional exhaustion			0.39*			0.01
Depersonalization			−0.24			0.14
Personal accomplishment			0.01			−0.02
ΔR^2	0.10	0.10	0.10	0.08	0.61	0.02
Adjusted R^2	0.07	0.05	0.10	0.04	0.63	0.63

Standardized regression coefficients are reported for the respective regression steps.
Step 1 including control variables age and gender, step 2 including organizational characteristics, and step 3 including respective burnout dimensions.
$*p < 0.05$ (two-tailed test); $**p < 0.01$ (two-tailed test); $***p < 0.001$ (two-tailed test).

Welp A, Meier LL, Manser T. Emotional exhaustion and workload predict clinician-rated and objective patient safety. *Front Psychol*. 2015;5:1573. Published 2015 Jan 22.

Rationale

- Physicians are foundational to the healthcare system- there is no healthcare system without us
- Physician burnout has been associated with increased turnover, loss of productivity, medical errors, patient complaints and decreased quality of care
- **It makes financial, moral and ethical sense to make ongoing investments in prevention of physician burnout and to create practice environments designed to support physician well-being and promote thriving**

Identify Where You Are on the Spectrum of Addressing Physician Well-being

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Era of distress

- Deity-like qualities
- Perfection
- No limits on work
- Self-care
- Isolation
- Performance

Well-being 1.0

- Hero-like qualities
- Wellness
- Work-life balance
- Resilience
- Connection
- Frustration

Well-being 2.0

- Human qualities
- Vulnerability & growth mindset
- Work-life integration
- Self-compassion
- Community
- Meaning and purpose

Shanafelt, T. Physician Wellbeing 2.0. Mayo Clinic Proceedings . Volume 96 Issue 10 Pages 2682-2693 (October 2021)

ELSEVIER

Terms and Conditions

Era of distress

- Lack of awareness
- Focus on institutional needs
- Rigid environment
- Individual
- Ignore distress
- Unfettered autonomy
- Neglect
- Ignorance of economic impact
- Physicians & administrators function independently

Well-being 1.0

- Awareness
- Focus on patient needs
- Choice
- Team
- Treat distress
- Carrots and sticks
- Blame individuals
- Return on investment
- Adversarial relationship between physicians and administrators

Well-being 2.0

- Action
- Focus on needs of people
- Flexibility
- System
- Prevent distress & cultivate professional fulfillment
- Aligned autonomy
- Shared responsibility
- Value on investment
- Physician and administrator collaboration

Shanafelt, T. Physician Wellbeing 2.0. Mayo Clinic Proceedings .
Volume 96 Issue 10 Pages 2682-2693 (October 2021)

Terms and Conditions

Use a QI Framework/ACP Resources to Improve Physician Well-being

- Step 1: Establish the What and Why for Change
- Step 2: Identify How to Measure Change
- Step 3: Plan for Change and Identify Solutions
- Step 4: Implement and Sustain Change

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Match Strategies to Advance Physician Well-being to Your Current State

Interventions Improve Physician Well-being

- Systematic review of interventions published in 2016 by Colin West et al. showed that both individual-focused and structural or organizational strategies can result in clinically meaningful reductions in burnout among physicians.
- Overall improvement was 10%
- Organizational interventions were more effective than individually focused ones

West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet. 2016;388(10057):2272-2281

Impact of Workplace Interventions on Physician Burnout

SYSTEMATIC REVIEW ON PHYSICIAN BURNOUT

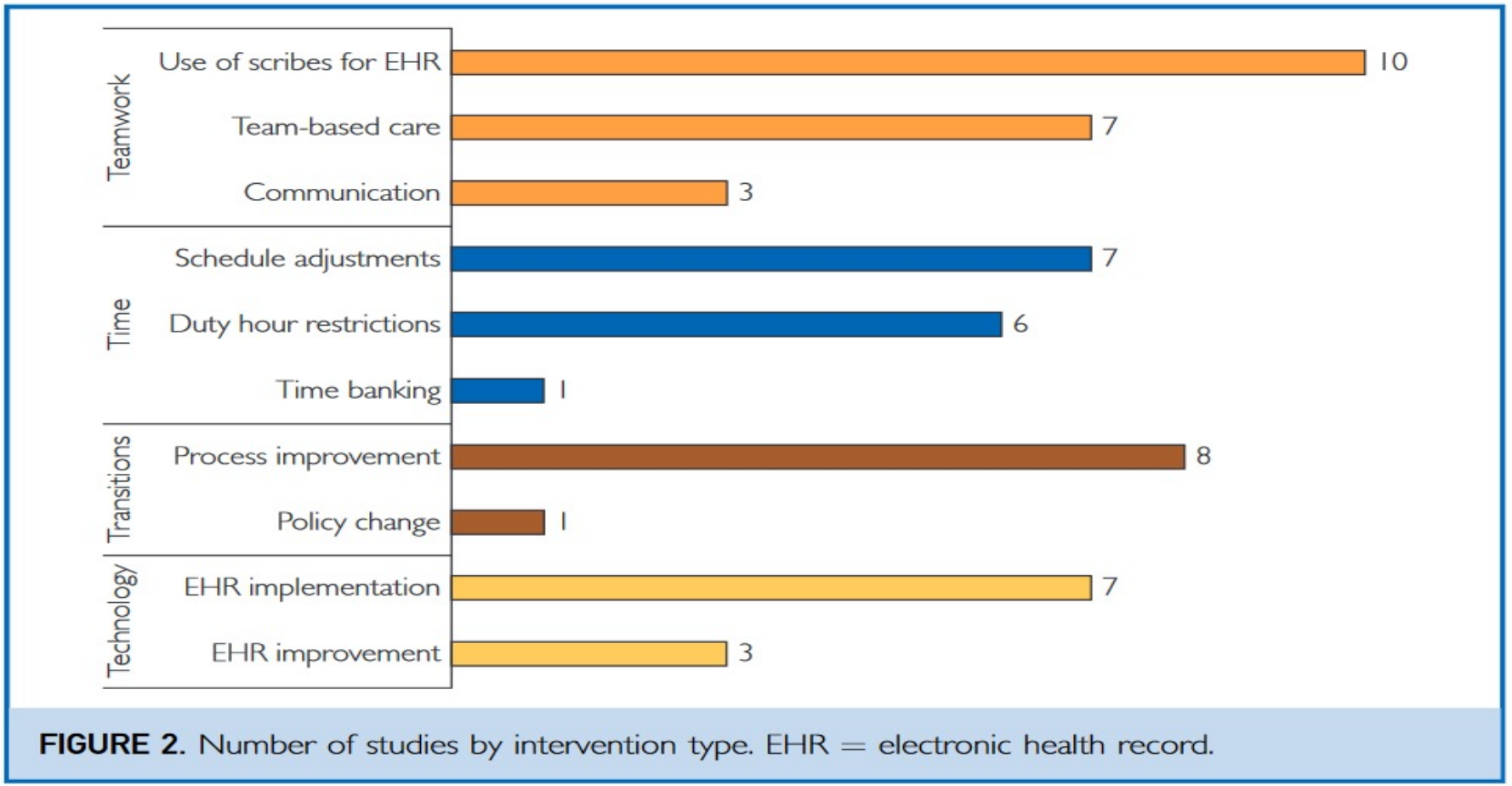


FIGURE 2. Number of studies by intervention type. EHR = electronic health record.

DeChant PF, et al. Effect of Organization-Directed Workplace Interventions on Physician Burnout: A Systematic Review. *Mayo Clin Proc Innov Qual Outcomes*. 2019;3(4):384-408. Published 2019 Sep 26.

NAM Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being: Seven Steps

1. Solicit ideas from all levels of stakeholders, including front-line clinical staff
2. Identify interventions that align with other organizational priorities
3. Look for interventions that simultaneously improve clinician well-being and patient experience
4. Identify metrics to assess the impact of implementing the intervention
5. Engage front-line clinicians in the planning, implementation, and assessment of the pilot
6. Pilot interventions with small groups of clinicians and patients before rolling out more broadly
7. Transparently share learnings from the pilot with staff and iterate to improve the effectiveness of the intervention.

Sinsky, C et al. 2020. Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being. *NAM Perspectives.* Discussion Paper, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/202011a

Measurement

Shared accountability for clinician well-being is dependent on measurement of burnout, its potential drivers, and its consequences. Organizations should perform periodic assessments of the following:

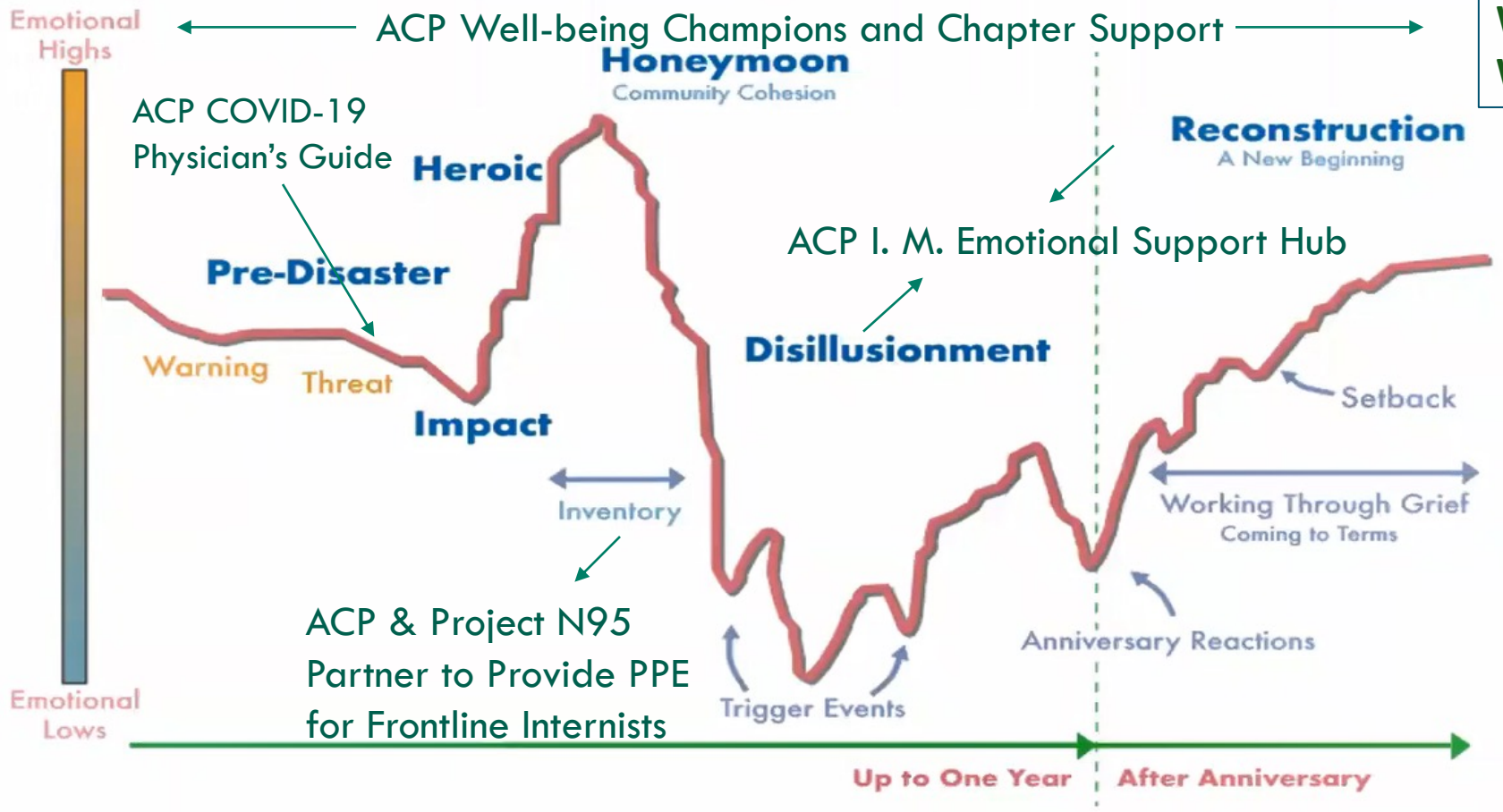
1. **Clinician well-being, using one of several validated instruments** (i.e., Maslach Burnout Inventory [55], Mayo Well-Being Index [56], Stanford Professional Fulfillment Index [57], or the Mini-Z burnout assessment [58,59]);
2. **Departmental or business unit-level leadership qualities** [16] (i.e., a survey of leaders' direct reports);
3. **The efficiency of the practice environment** [60] (i.e., by EHR-use metrics [11] and assessing team structure and function [20]);
4. **Culture and trust in the organization** (i.e., Agency for Healthcare Research and Quality Patient Safety Culture Surveys [61]; Mini-Z [62]);
5. **Organizational cost of clinician burnout** [15]; and
6. **Workforce recruitment and retention** [63] (i.e., through measures of intention to cut back clinical effort or leave the organization).

Box 1 | Resources for Health Care Leaders to Drive Transformative Change

1. **Brigham Health Clinical Care Redesign pilot programs:** Brigham and Women's Hospital is seeking to redesign delivery of care for their patients through efforts that improve innovation in care delivery, technology, physician and patient engagement, and care transitions [31].
2. **Stanford Medicine Chief Wellness Officer Course:** Stanford Medicine offers a short workshop to train senior health care leaders in the principles of well-being and help them develop a strategic plan for their organization [32].
3. **Vanderbilt Center for Professional Health:** Vanderbilt University provides courses and tracks research and resources to promote professional health and wellness for physicians and other clinicians [33].
4. **American Medical Association STEPS Forward modules:** The American Medical Association compiles resources, including toolkits for "Creating the Organizational Foundation for Joy in Medicine" [34], "Establishing a Chief Wellness Officer Position" [10], "Chief Wellness Officer Roadmap" [9], and "Creating a Resilient Organization: Caring for the Healthcare Workforce during Crisis" [4].
5. **Action Collaborative on Clinician Well-Being and Resilience case study series:** The case study series examines features contributing to success of well-being initiatives at The Ohio State University [35] and Virginia Mason Kirkland Medical Center [36].

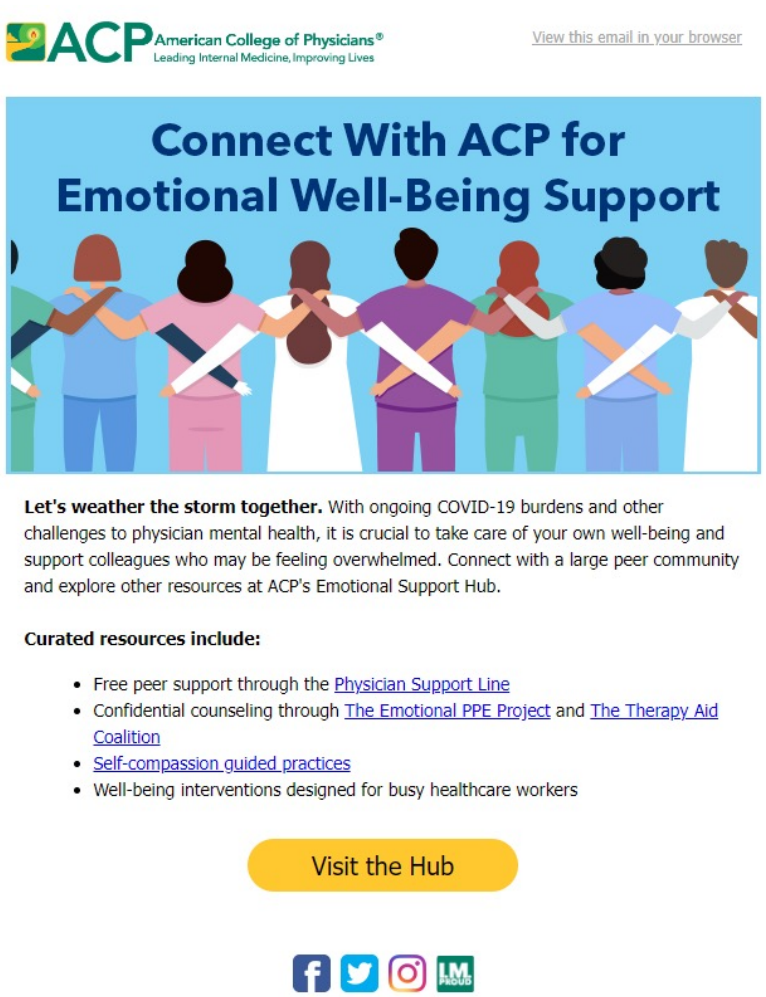
Responding to a Constantly Changing Landscape

We See You.
We Hear You.
We Support You.



Hengerer, A.S., MD, FACS (2020, June 26). *The COVID-19 Pandemic and the Impact on Health Systems and Clinicians. What are Options for a PHP Response [Panel Presentation]. Preparing PHPs to Support Physicians Facing Moral Injury, Online.*

ACP's IM Emotional Support Hub



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Connect With ACP for Emotional Well-Being Support

Let's weather the storm together. With ongoing COVID-19 burdens and other challenges to physician mental health, it is crucial to take care of your own well-being and support colleagues who may be feeling overwhelmed. Connect with a large peer community and explore other resources at ACP's Emotional Support Hub.

Curated resources include:

- Free peer support through the Physician Support Line
- Confidential counseling through The Emotional PPE Project and The Therapy Aid Coalition
- Self-compassion guided practices
- Well-being interventions designed for busy healthcare workers

Visit the Hub

SCAN ME

How Do I Maintain Compassion?

4:05

Strategies to Support Organizational Posttraumatic Growth

- Debrief unit by unit as well as by profession
- Catalogue what was learned and update the crisis plan for next
- Deploy an organization-wide approach for supporting the workforce after the crisis;
- Identify new needs to facilitate recovery and restoration.
- Honor the dedication, commitment and sacrifice of healthcare professionals
- Memorialize health care professionals that have been lost
- Resume efforts to attend to organizational and system factors that promote well- being and create a resilient organization

Caring for Healthcare Workers During Crisis: Creating a Resilient Organization. https://www.ama-assn.org/system/files/2020-05/caring-for-health-care-workers-covid-19.pdf .

Clinician WBPF Resources in the Intersection of Advocacy and Quality
Video Series

- [In Partnership With YouTube, ACP Addresses Vaccines, COVID-19 Misinformation]

- [Self-Advocacy Resources for Residents and Fellows]

Engaging Chief Residents and Program Directors to Resolve Concerns
3:11

Engaging Institutional Officials to Resolve Concerns
2:30

The Role of the ACGME Ombudsperson
3:08

SCAN ME

Engaging Institutional Officials to Resolve Concerns

2:30

Resident Well-being Learning Hub

- Aligned with the new ACGME requirements for resident training in well-being
- This learning hub is designed to foster conversations between residents, faculty and leadership

SCAN ME

Creating and Sustaining Change Efforts
Curated Resources

- ACP Advance Quality Improvement (QI) Curriculum
- Appreciative Inquiry: Mini But Mighty Skills for Well-being
- A Call to Action: Align Well-being and Antiracism Strategies
- Five Evidence-Based Actions Leaders Can Take Now to Support the Healthcare Workforce
- Team-Based Care Toolkit
- Library of Well-being Interventions

Improving the Practice and Organizational Environment

ACP provides clinicians with high quality information, resources, tools, and support to help your practices thrive

SCAN ME

Lead from Where You Stand

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Take Time to Support and Nurture One Another

#Don’tworryalone

Stop Expecting Yourself to Be Perfect

Clinician Well-being Resources
Advocacy

[Toolkit: Revising License and Credentialing Applications to Not Ask About Mental Health]

SCAN ME

Examples of Organizational Strategies to Support Physicians

Encourage/role model for colleagues:

- Acknowledge the need to shift away from the 24/7 “always on” culture
- Reduce administrative burdens: frequency of meetings, e-mails, townhalls, online modules
- Take breaks during work
- Take unplugged vacation time

Honor The Dedication, Commitment and Sacrifice of Physicians

- Memorialize physicians that have been lost
- Create safe spaces for conversations about
  - What has happened
  - What do you imagine will happen next
- How can you find meaning in the events that have occurred?
- Work that benefits others – often those with similar experiences, those in your community
- Includes advocacy work -ACP Advocacy
- Includes mentoring and teaching

In Summary

1. There is a compelling rationale for ongoing investment in physician well-being
2. Organizational/systems interventions are more impactful than individual ones
3. Use simple QI methodology to test interventions
4. Lead from where you stand and build on what is working

Thank you to Drs. Liz Lawrence and Eileen Barrett, ACP WB Champions, from NM and Crissy Walter who runs our national program at ACP.

Questions?

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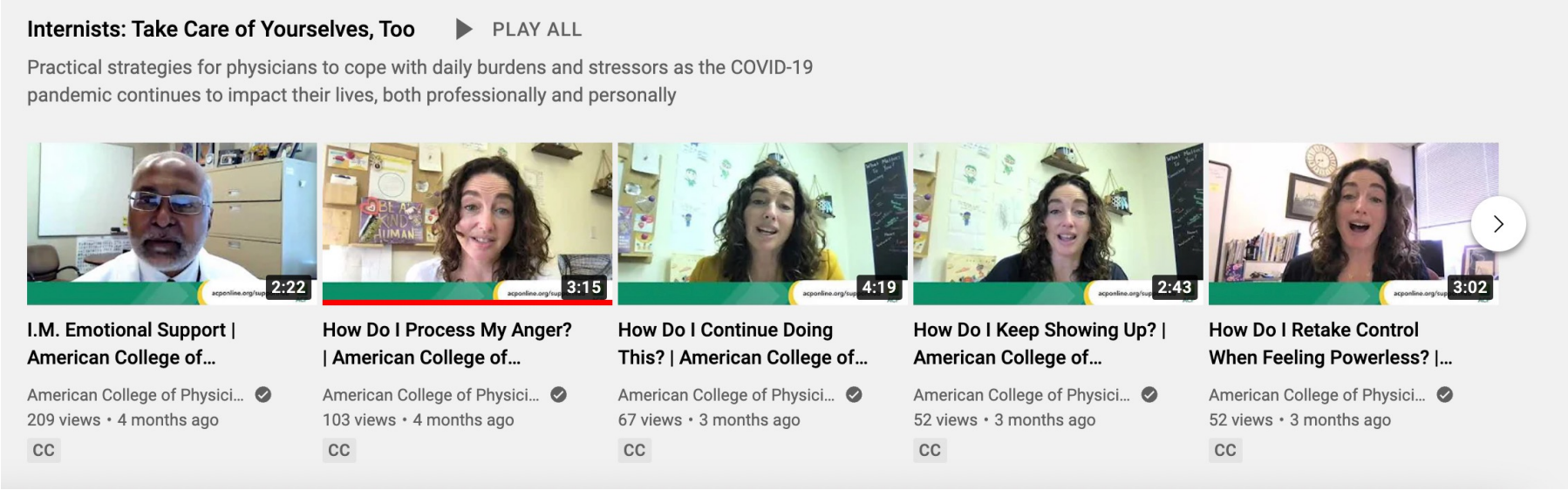
Consider an Organization-wide Approach For Supporting Physicians After the Pandemic

- Encourage colleagues to seek help
  - Leaders share personal stories and their own vulnerabilities
  - Work on licensing laws around best-practice wording: use the ACP toolkit to help
  - Continue to provide It is important to continue to provide confidential and readily accessible emotional, psychological, mental health support for 6-12 months after the crisis has passed.
- Build a peer support program
  - AMA Steps Forward module on peer support
  - Check out PeerRx for building a buddy program – or just signing up with a partner - https://www.peerrxmed.com/

Identify New Needs To Facilitate Recovery And Restoration

- Emotional regulation: anger, guilt, exhaustion, fear
- Use ACP resources to help identify these needs, support colleagues, and process emotions



Physician burnout is associated with

- **Increased self-reported medical errors**
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- **Increased patient complaints**
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  - Han S, Shanafelt TD, Sinsky CA, et al. Estimating the Attributable Cost of Physician Burnout in the United States. *Ann Intern Med*. 2019;170(11):784-790.

- **Decreased productivity**
  - Windover AK, Martinez K, Mercer MB, Neuendorf K, Boissy A, Rothberg MB. Correlates and Outcomes of Physician Burnout Within a Large Academic Medical Center. *JAMA Intern Med.* 2018;178(6):856–858.

Physician burnout is associated with

- **Decreased quality of care**
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Physician Well-Being 2.0: Individual

- Hero → human
- Wellness → vulnerability and growth
- Work-life balance → work-life integration
- Resilience → Self-compassion
- Connection → Community
- Frustration → Meaning and purpose

Physician Well-being 2.0: Organizations

- Awareness → action
- Focus on needs of patients → Focus on needs of people
- Choice → flexibility
- Team → system solutions
- Treat distress → prevent distress, cultivate fulfillment
- Carrots and sticks → aligned autonomy
- Blame individuals → shared responsibility
- Return on investment→ value on investment
- Adversarial relationship between physicians & administrators → physician-administrator collaboration