

ACP Colorado Chapter Wellness Survey

Prioritizing Wellbeing in your Practice

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Colorado ACP Wellness Champions

Conflicts of Interest

- NONE for either Dr Mansoori or Dr Miranda

Goals and Objectives

- Define the scope and burden of burnout, especially as it relates to Colorado ACP Members
- Identify and implement strategies that may alleviate burnout and improve wellness in your practice

Background

- Burnout is a long term stress reaction
- Everyone is at risk for professional burnout
- **Residents Nationally: 50-75%, Physicians Nationally 55%**
- Symptoms: Exhaustion, Cynicism, Doubt
- Syndrome of emotional exhaustion, depersonalization, lack of sense of accomplishment
- Burnout is a negative reaction to adverse work conditions
- Burnout is predictable AND preventable

Background

Physician Distress: Key drivers

- Time Pressure, Excessive Workload
- Lack of control, Loss of Autonomy/Flexibility
- Work home interruption
- Lack of aligning values, Loss of meaning in work
- Chaotic work environment, inadequate support

Background

Other contributing factors

- The changing culture of medicine - Patient comes first
- A “Culture of Endurance” or “Code of Silence”
- A sense of isolation//lack of recognition or resources



Brown & Gunderman. Acad Med 2006;81:577-82

Burnout rates from 2011 - 2014

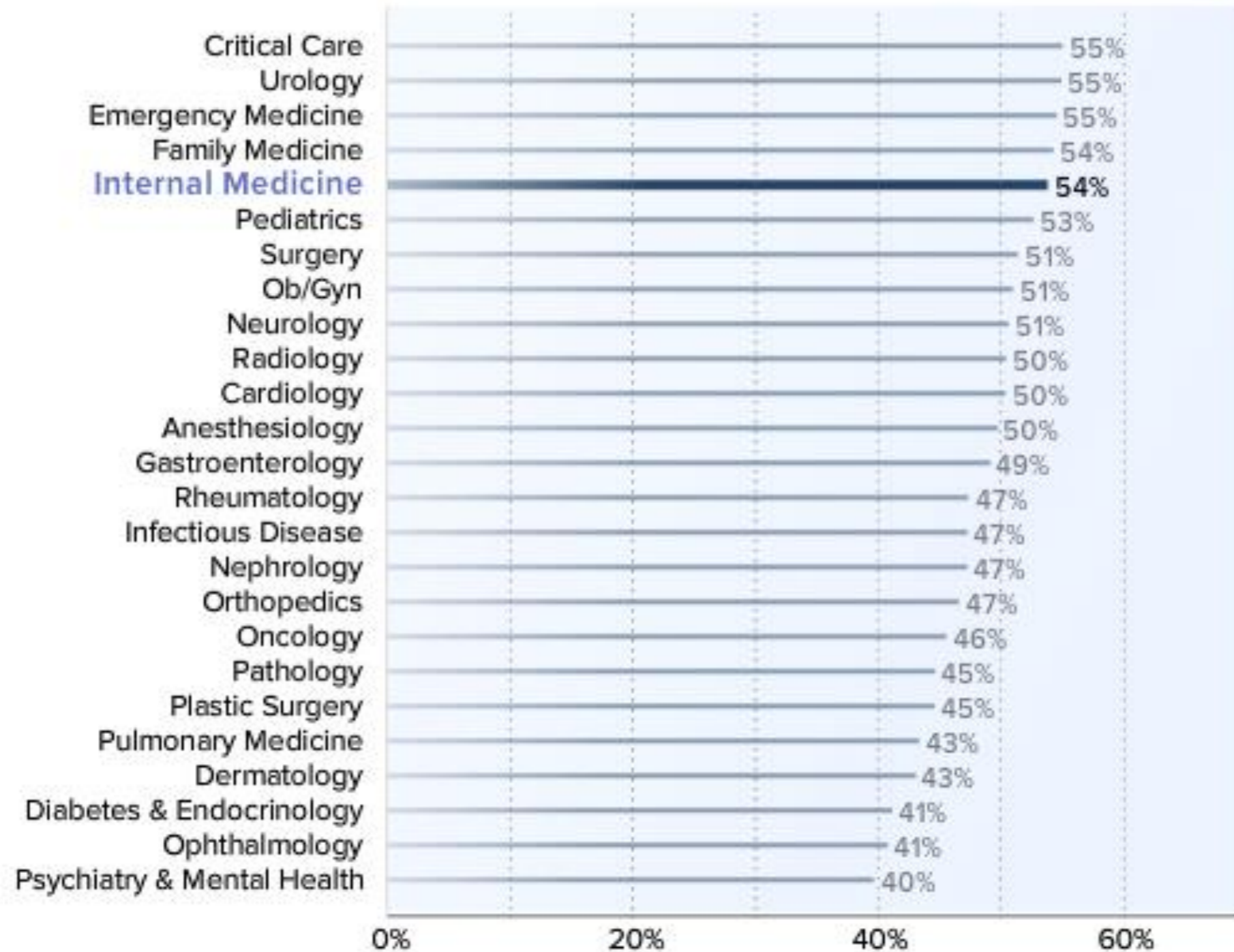
Medscape Internal Medicine Lifestyle Report 2016: Bias and Burnout



Carol Peckham | January 13, 2016

[Contributor Information](#) | [References](#)

Which Physicians Are Most Burned Out?



Please see slide at
presentation

How Physicians Cope

Financial Cost of Burnout

Stanford Survey

Stanford Study

Inpatient vs Outpatient

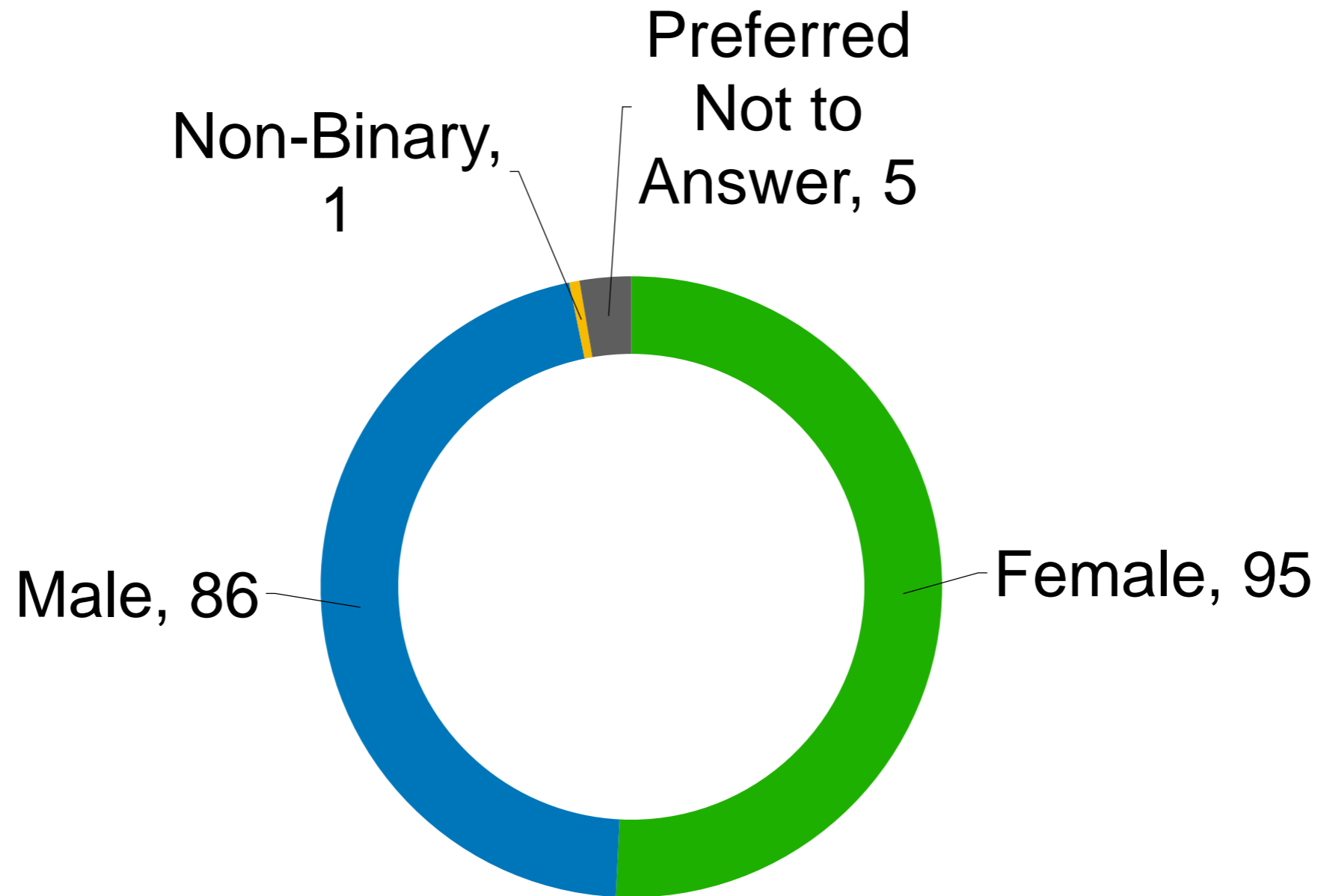
Colorado Leads the Nation in.....

- RESPONSES to the ACP Wellness survey!!
- **187 total responses**
- THANK YOU for your participation and we hope you will find this information helpful!

Mini Z Burnout Survey

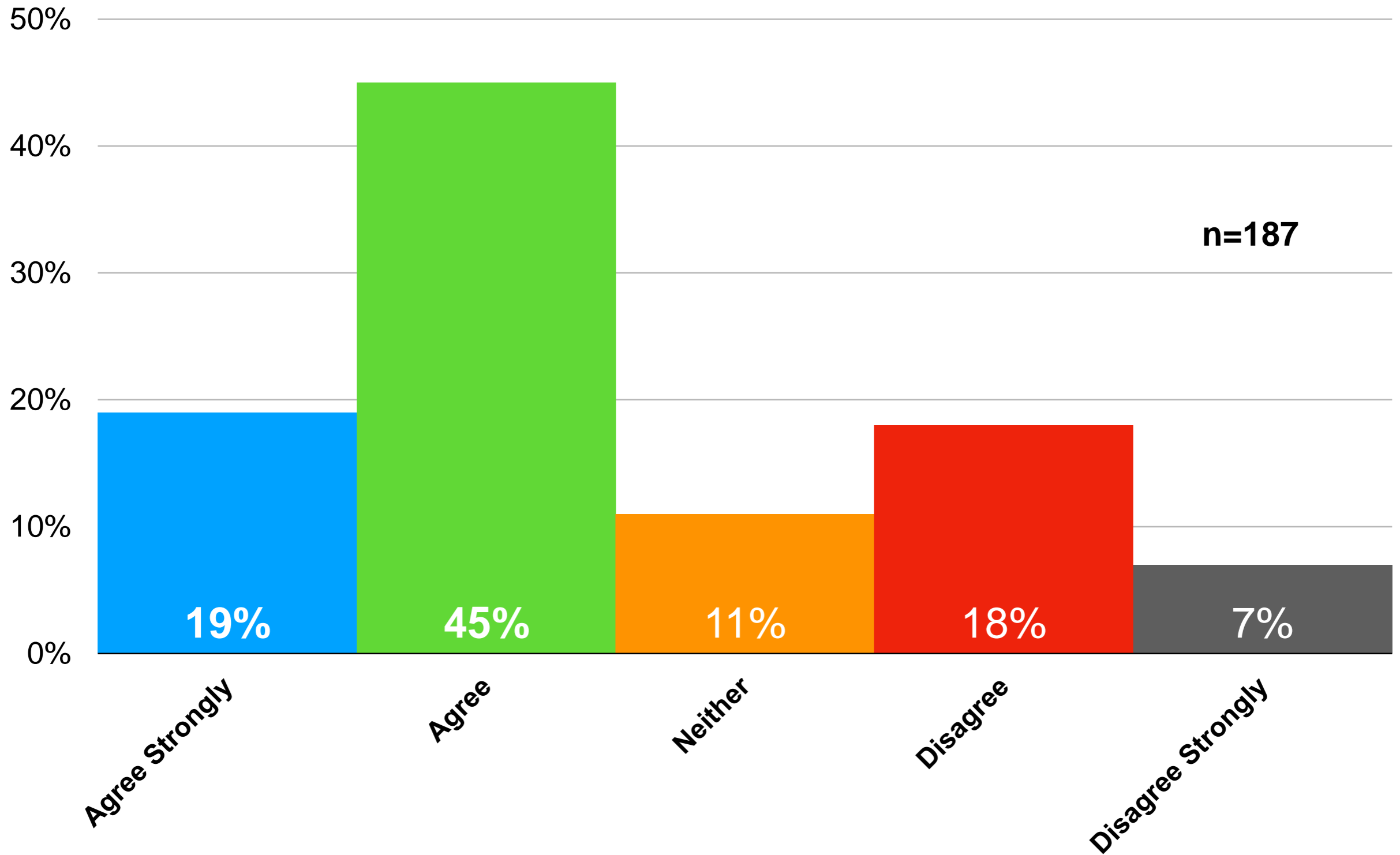
1. Overall, I am satisfied with my current job
2. I feel a great deal of stress because of my job
3. Using your own definition of “burnout” please circle one
 - I enjoy my work, I have no symptoms of burnout
 - I am under stress and don't always have as much energy as I did but I don't feel burned out
 - I am definitely burning out and have one or more symptoms of burnout
 - The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
 - I feel completely burned out. I am at the point where I may need to seek help.
4. My control over my workload is
5. Sufficiency of time for documentation is
6. Which number best describes the atmosphere of your primary work area
7. My professional values are well aligned with those of my department leaders
8. The degree to which my care team works efficiently together is
9. The amount of time I spend on EHR at home is
10. My proficiency with EHR is

Colorado Responses By Gender



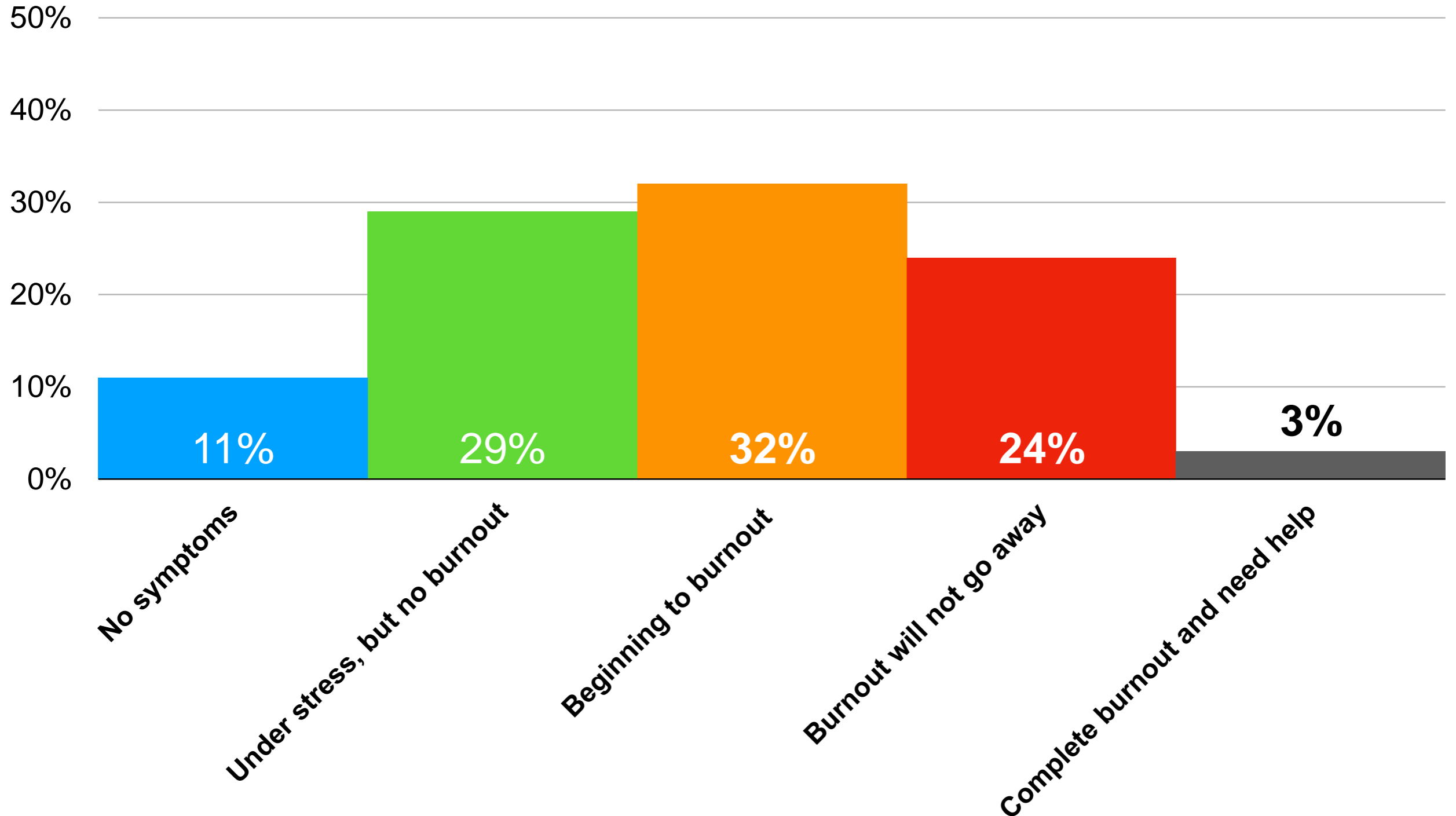
Overall I Feel Satisfied with My Job

(Optimal Target > 80% satisfied)



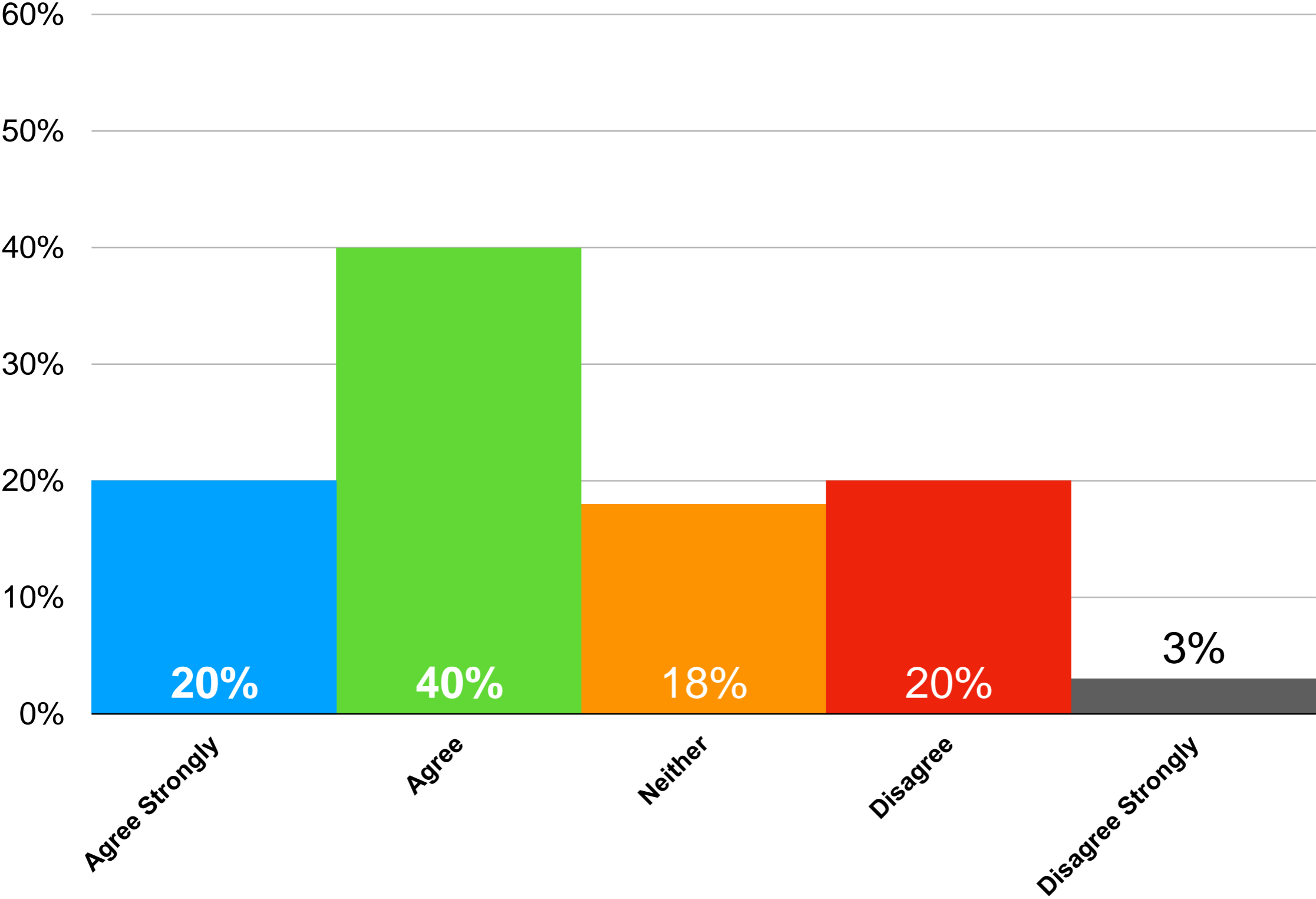
Definition of “Burnout”

(Optimal Target < 20% burnout)



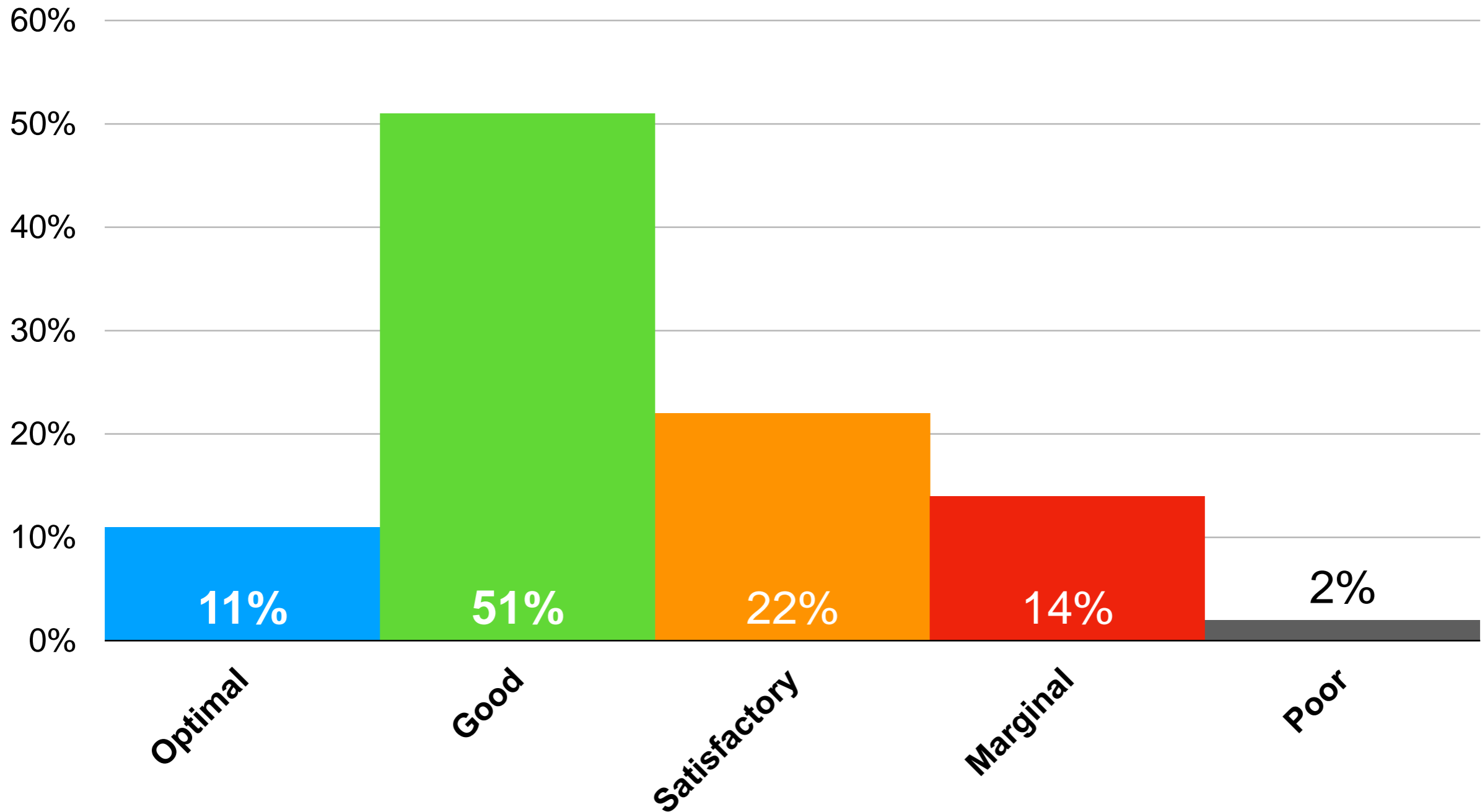
Professional Values Align with Those of Leaders

(Optimal Target > 80% alignment)



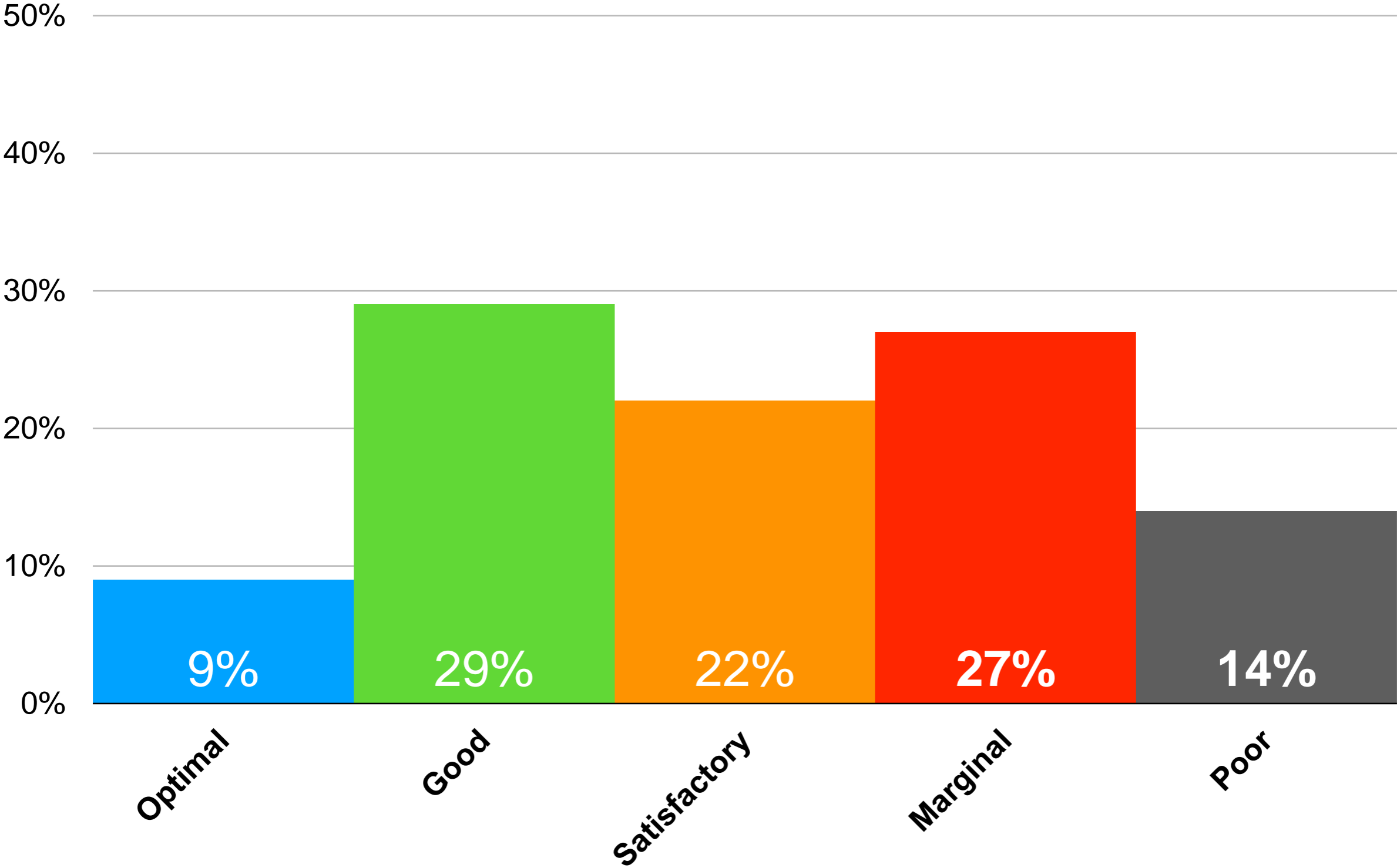
The Degree by Which My Team Works Together Efficiently

(Optimal Target > 80% efficiency)



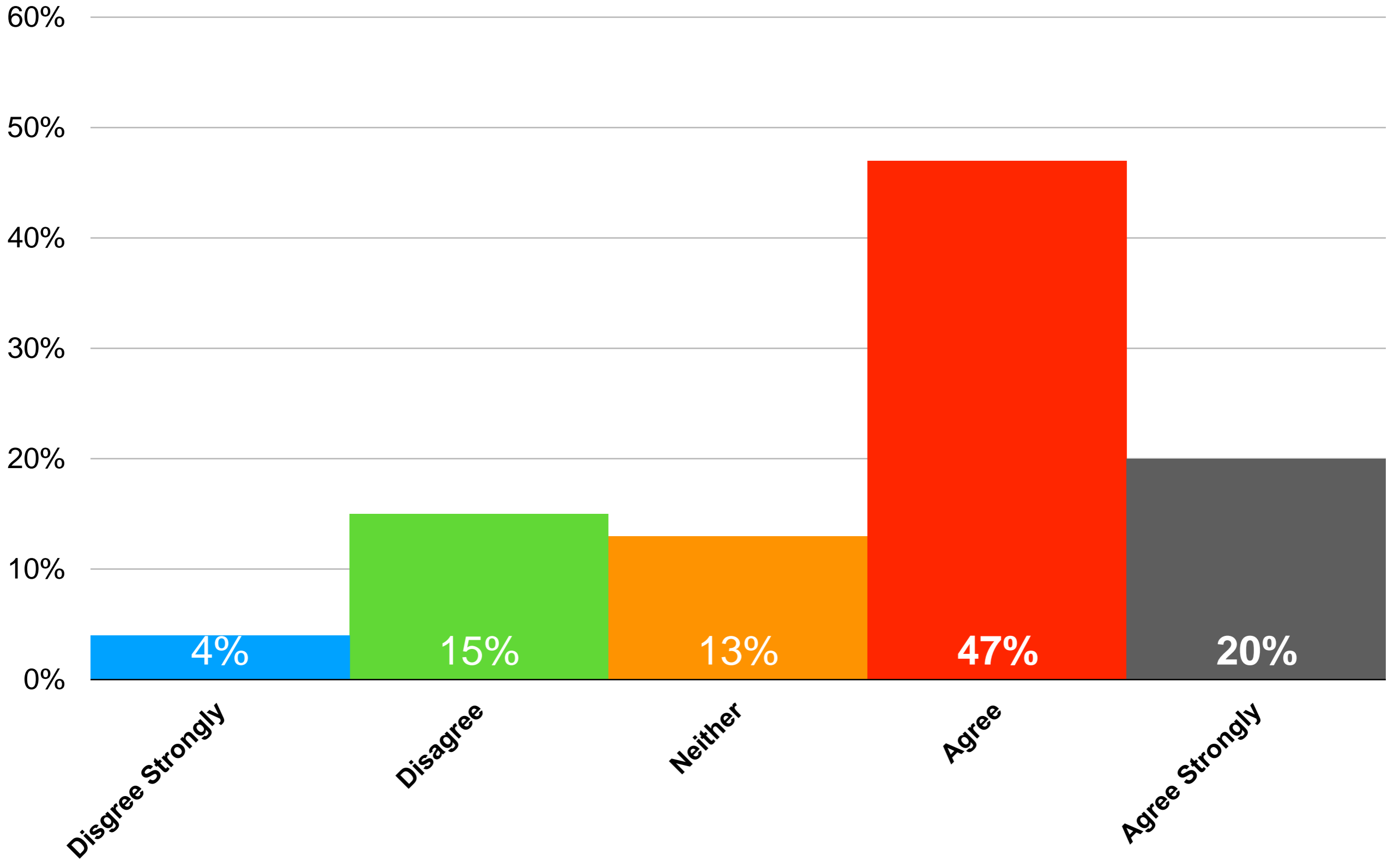
My Control of My Workload Is

(Optimal Target < 25% lack of control)



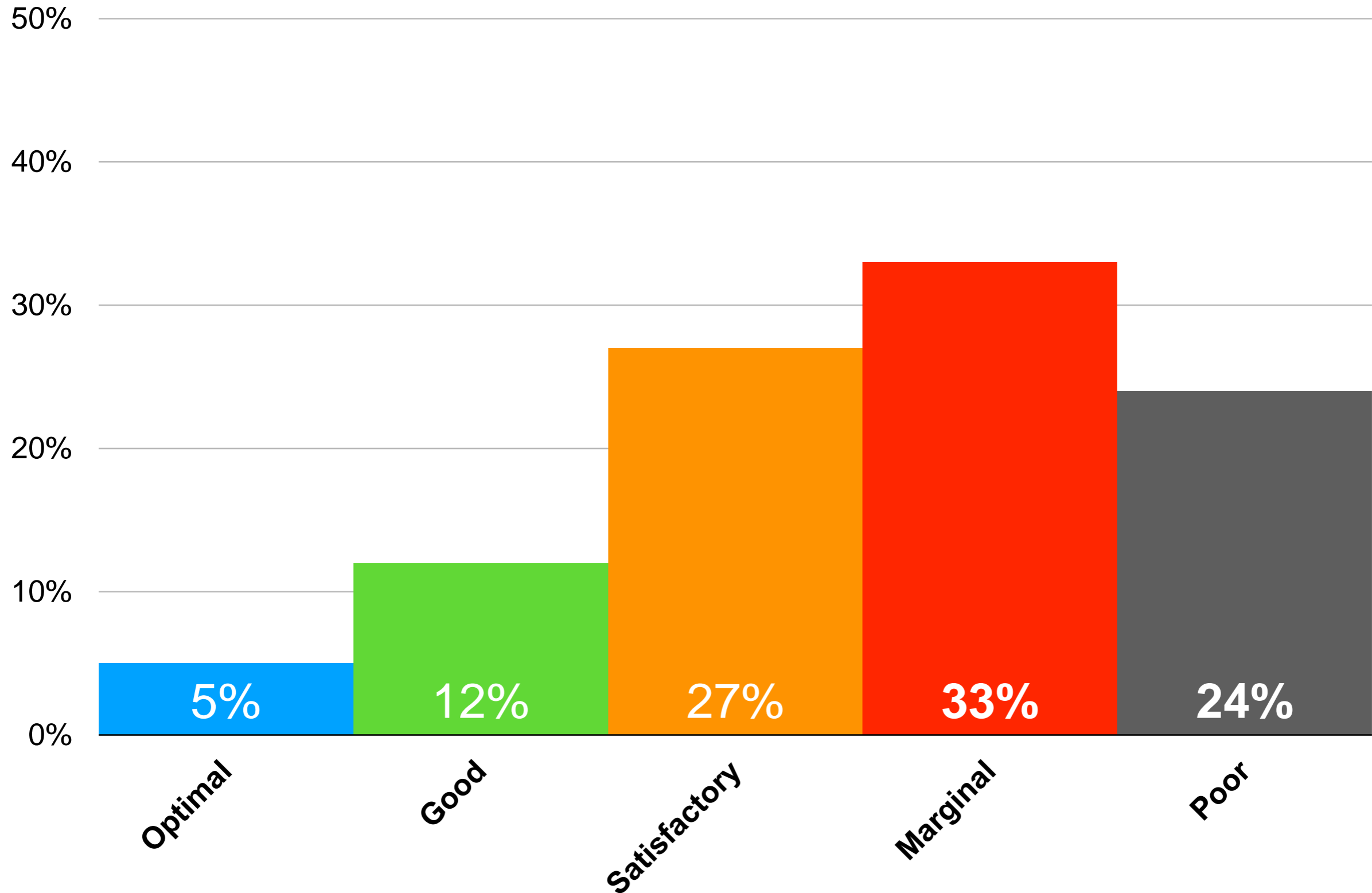
I Have Felt A Great Deal of Stress Due to My Job

(Optimal Target < 30% stressed)



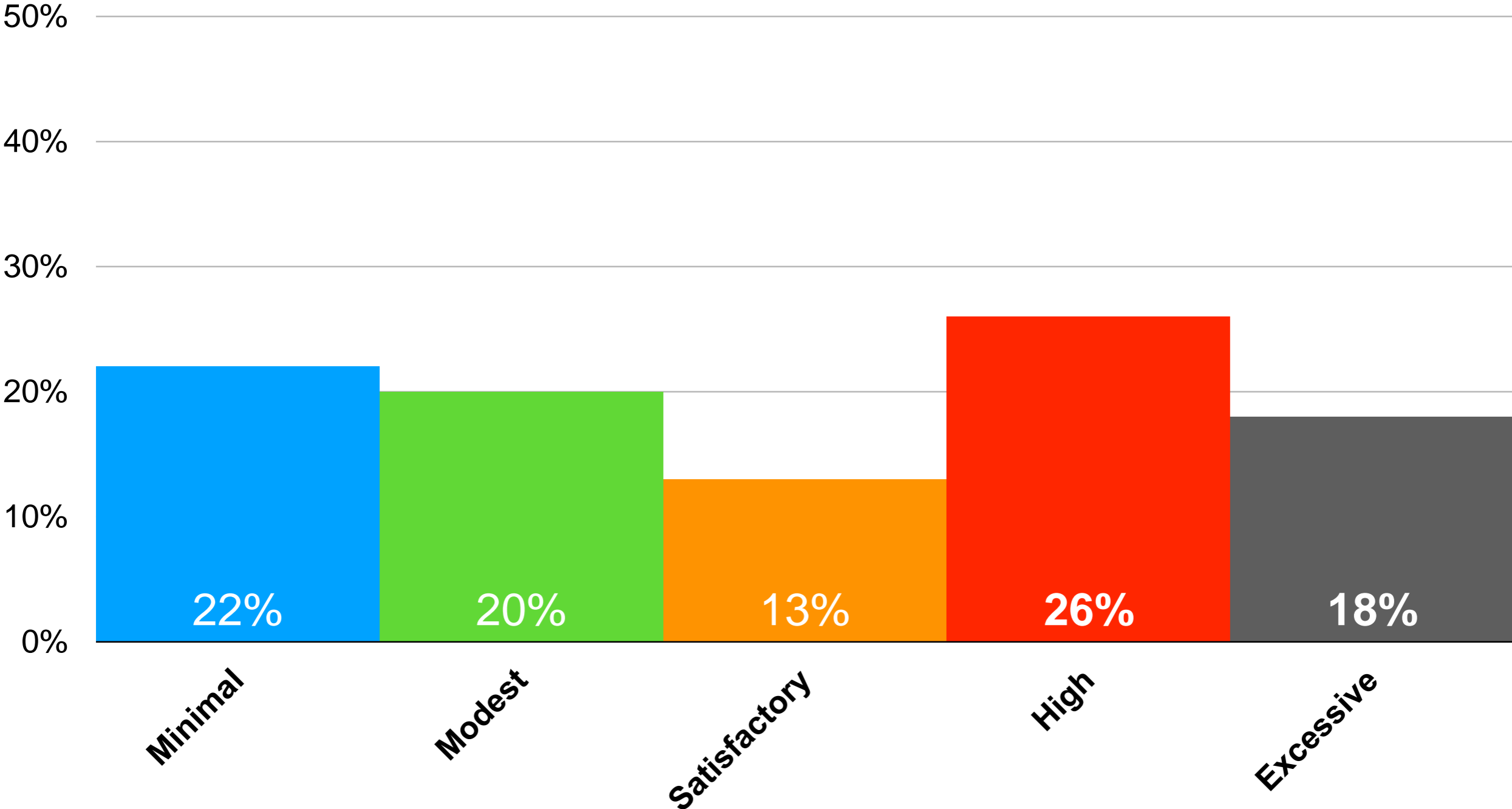
Sufficiency of Time for Documentation Is

(Optimal Target < 25% time pressured)

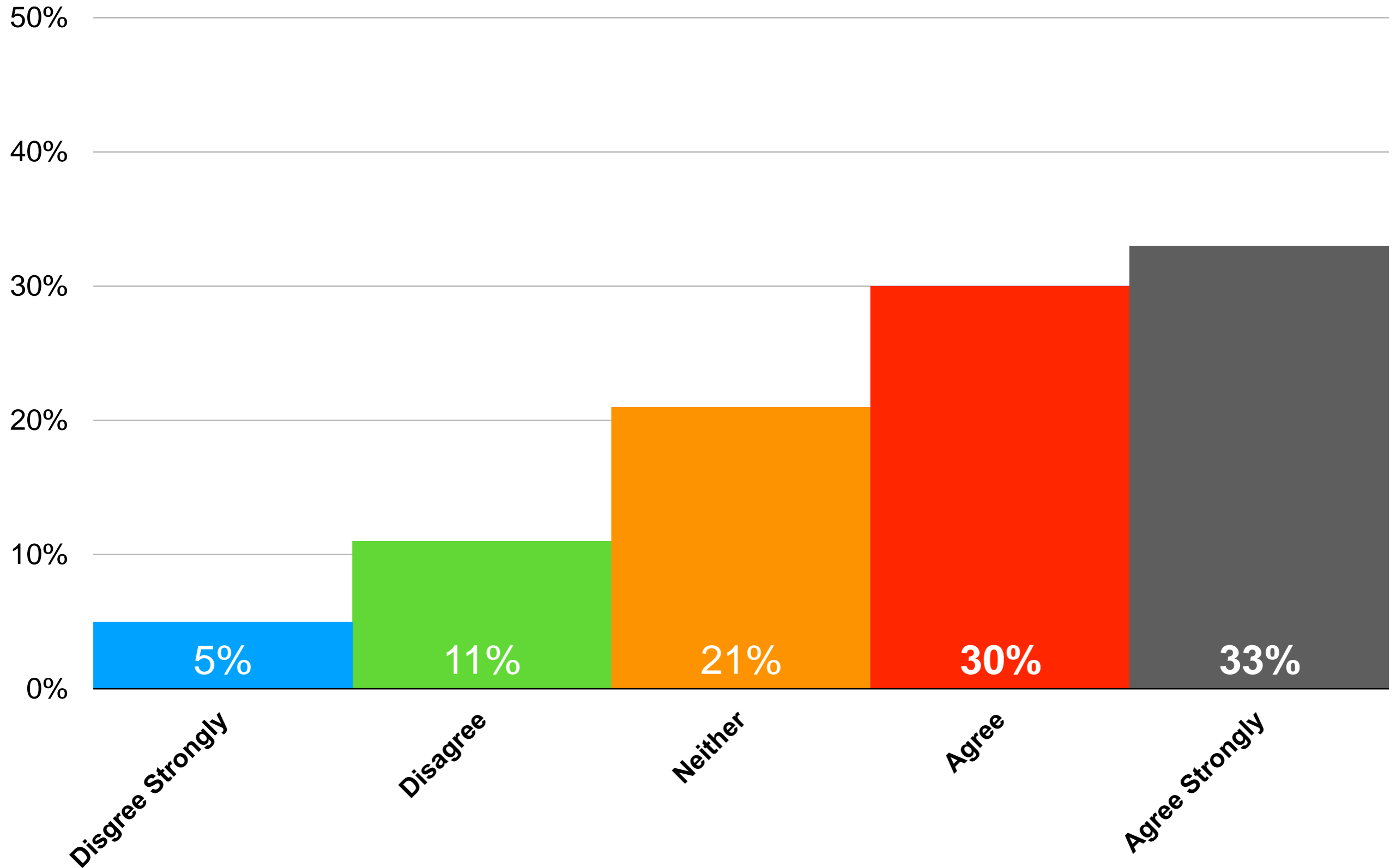


The Amount of Time I Spend on the EMR at Home Is

(Optimal Target < 20% high of more)

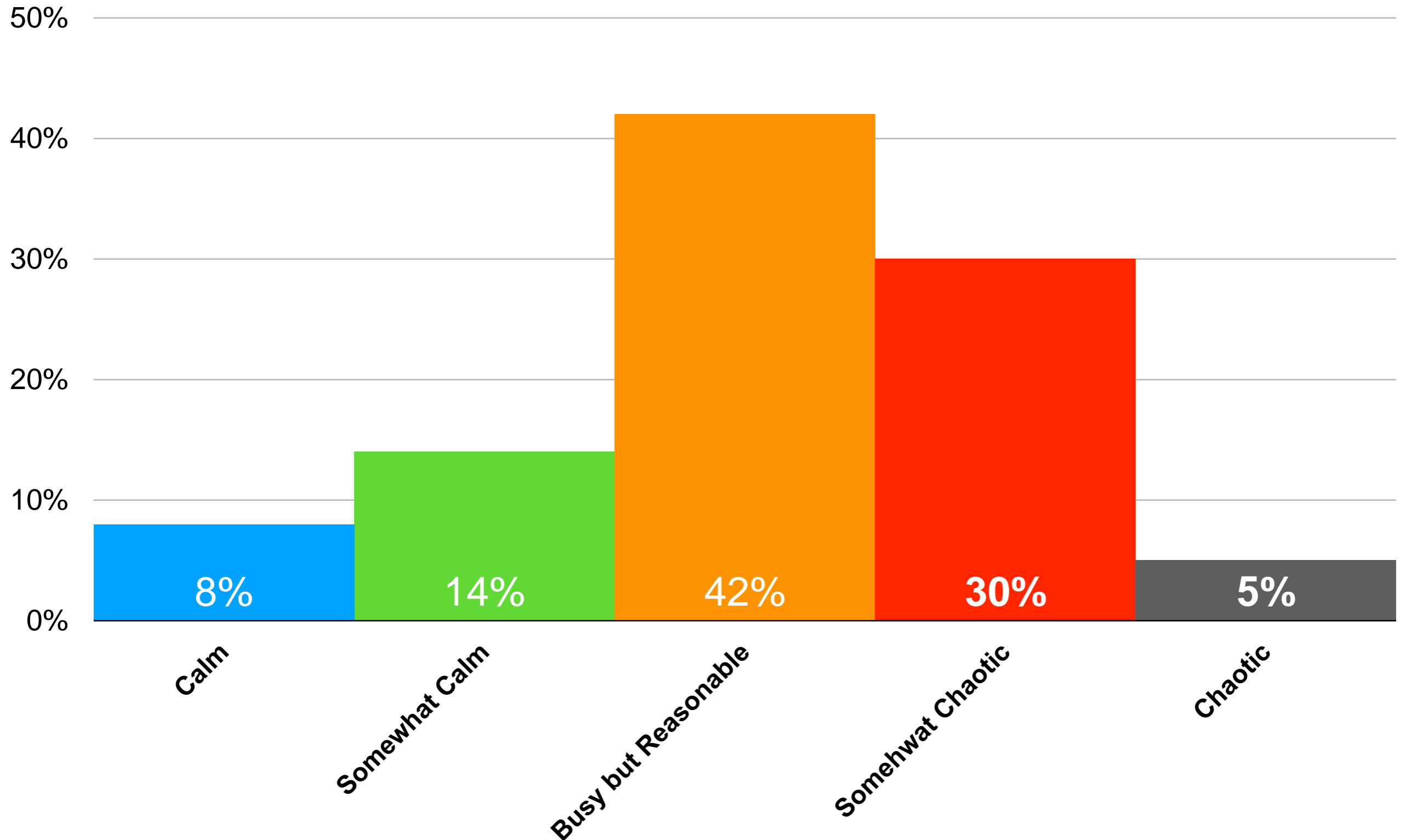


EMR Adds to the Frustration of My Day



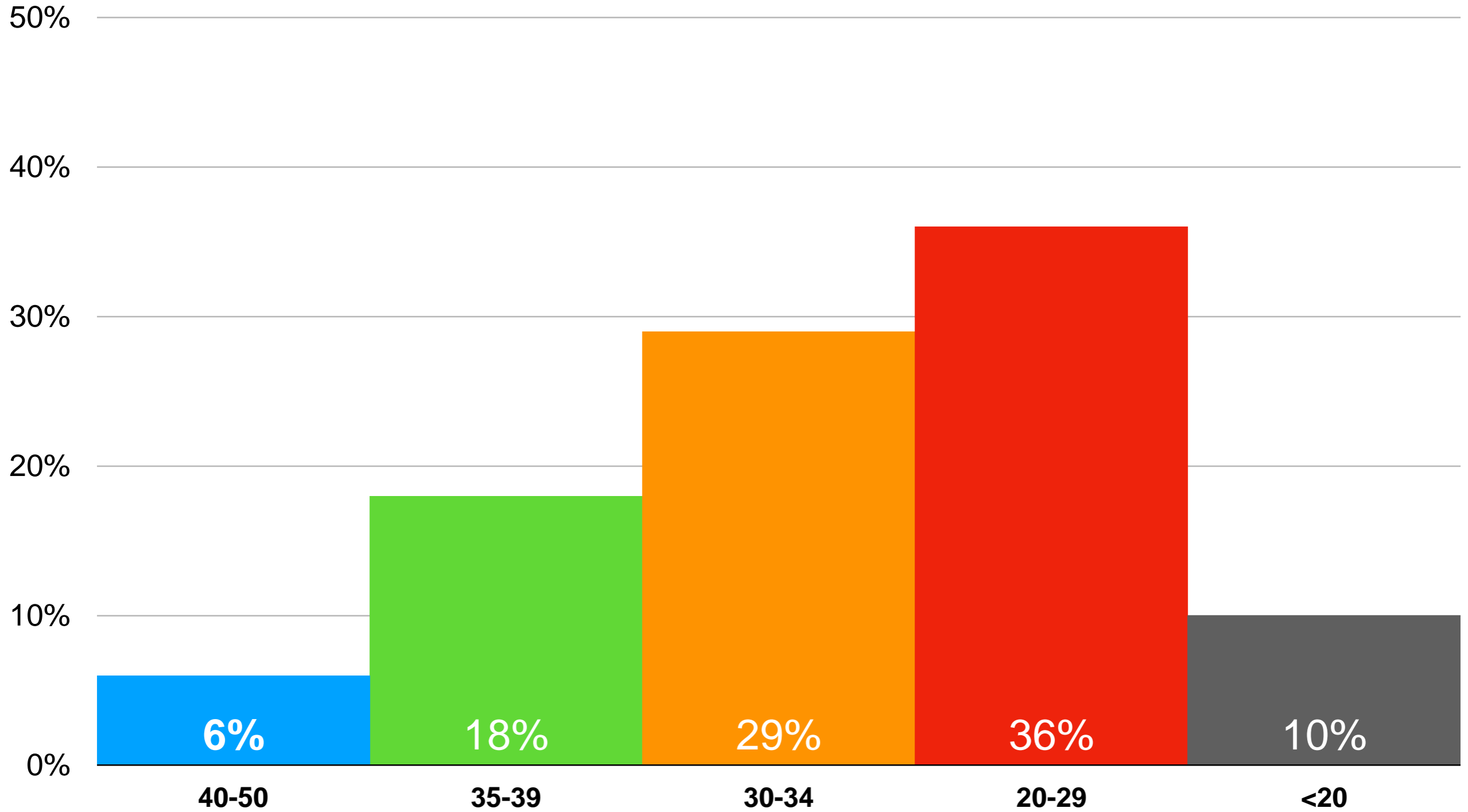
What Best Describes the Atmosphere of your Work Area

(Optimal target < 40% chaotic)



Mini-Z Total Score

(≥ 40 joyful workplace)



Gender Differences Colorado Chapter

	Male (n=86)	Female (n=95)
Overall I Feel Satisfied with My Job (Strongly Agree, Agree)	70%	58%
Definition of “Burnout” (Beginning, Will not go away, Complete)	54%	64%
Professional Values Align (Strongly Agree, Agree)	66%	55%
Team Works Together Efficiently (Optimal, Good, Satisfactory)	90%	68%
Control of My Workload (Poor, Marginal)	36%	43%
Stress Due to My Job (Strongly Agree, Agree)	59%	77%
Time for Documentation (Poor, Marginal)	59%	53%
Amount of Time Spent on EMR at Home (High, Excessive)	42%	45%
EMR Adds to the Frustration of My Day (Strongly Agree, Agree)	67%	59%
Atmosphere of your Work Area (Chaotic, Somewhat chaotic)	35%	36%
Mini-Z Total (≥40)	10%	2%

Comments

- 82 written comments
 - 27 comments issues related to EHR
 - 16 comments on regulatory, clerical and administrative burdens
 - 11 have left or will be leaving practice
 - 5 comments on medical-legal and litigation concerns
 - 3 comments on changing MOC rules

Sample Comments

- Medicine is no longer about patient care. It is about meaningless documentation requirements, bureaucracy/red tape, administrative and clerical duties, and balancing the requirement to address countless new recommendations and performance metrics with the requirement to increase productivity at a hectic pace, all the while dealing with angst over potential liability.
- EHRs and useless documentation suck the enjoyment out of a wonderful profession. I love being a doctor but hate all that pulls me away from what I am good at.
-I often think, "Oh, I'm going in to my job as a computer person" rather than "I'm going in to practice medicine as a physician."

Other Comments

- Too much time on EMR. frustration that I don't have control about my work life. I am starting a Masters program and hope to be out of primary care medicine in 2 years
- I am retiring early next year at age 55 because I cannot take the pressure of seeing more patients in less time. I feel rushed all the time. EHR demands are overwhelming.
- I took care of it myself, 2 months ago I left primary care and am now so much better doing urgent care.

Lastly...

- Medical documentation has become divorced from patient care. The EMR is a legal and financial institution, devised to portray the maximum amount of billable thoroughness and the minimal amount of liability.
- Get rid of MOC and ACPs endorsement of it through MKSAP and any other mechanisms. MOC is evil
- Unfortunately, nothing will ever be done to help physicians and only more work is given/assigned. Working more hours but it's not for direct patient care. Seems like no one cares about the physicians. I regret going into medicine.

“The Doctor” by Luke Fildes

Use of Scribes in Primary Care

Use of Scribes in Primary Care

Family Medicine Experience

Cost Effective?

Cost Effective?

Stages of Change

Novice/Minor Impact

Competent/Moderate Impact

Expert/Transformative Impact

How to Make the Case

Personal Resilience

- Self Care will NOT independently resolve Physician Burnout
- Self Care WILL mitigate symptoms and provide important emotional stress reduction while working on practical solutions (EHR, work hours, Scribes, staffing)
- Organizational Support
 - Provide access to healthy food and beverages
 - Provide Training on Mindfulness
 - Provide On-Site Exercise Facility
- Yoga, Tai Chi
- Peer Support

SMART Program

SMART Program

- Practicing Mindfulness
- Wellness Champion Support
- Kindness and Mindset
- Sleep, Exercise, Healthy Diet

Promoting Personal Well-Being

- Daily Self Care routine (Personalization of practice, recreation, shared meal with friends/family, spiritual practice)
- Optimize Nutrition
- Exercise
- Sleep

Conclusions

- Burnout is highly prevalent
- Self-care items important, but will not solve the issue alone
- There is no panacea to combat, as each individual and practice is different
- Collectively we need to work to restore what is good about our field
- Leveraging national resources from the ACP and other organizations, to impact system change is warranted
- Providers need to try and place themselves in the middle of the change

Thank You for Your Time!!

Colorado ACP Wellness Champions

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