Physician Burnout: The ACP Wellness Champions Initiative

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Immediate Past Governor, Indiana Chapter
ACP Wellness Champion
The ACP Wellness Champions Initiative

- Train the Trainer concept
- Facilitated by Mark Linzer, MD, FACP
  - Nationally known expert on burnout – Hennepin Co Medical Center (Minneapolis)
- Initial cohort (October, 2015)
  - 20 participants chosen
    - ACP Governors and Governors-Elect
    - ACP Regents
    - Geographically and demographically diverse
  - 2-day program
The ACP Wellness Champions Initiative

- Objectives
  - ACP leaders to serve as resources for the College and its Chapters
  - Create a data registry by establishing baselines and tracking changes over time
  - Formal organizational recognition of scope and severity of Internal Medicine physician burnout
  - Develop a curriculum and/or toolkit for Chapters
  - Encourage healthy lifestyles among members and healthy work environments that promote longevity, engagement and quality of care
  - Work to put patients before paperwork
Presentations

- **ACP Chapter Meetings**
  - 15 and counting

- **Local/regional Meetings**
  - 39 and counting

- **National Meetings/Organizations**
  - ACP, AAIM, SHM, Association of Clinicians for the Underserved
  - Capitol Hill staffers
Development of Toolkit

Topics include:
- Resource lists
- Description/summary of ACP efforts
- Time management skills
- Negotiation skills
- EMR efficiency
- How to get credit for the work you do
- Team based care
- How to integrate wellness into medical education programs
- How to develop a wellness committee
- Personal wellness strategies
Making the case for a focus on burnout prevention

- Why should you care? (from Stanford)
  - Four reasons leaders should care about burnout:
    - Basic human decency
    - Clinical performance
    - Recruitment and retention
    - Care transformation
Burnouts among doctors

- **HIGH** Job Stress and **LOW** Personal Autonomy leads to higher chances of BURNOUT!
- Increased prevalence among medical students, residents, and physicians.
Provider burnout is in the news

Chicago Tribune October 2014

“Burn-out doctors are more likely than other doctors to leave medicine.”

By Barbara Sadick, Chicago Tribune


Time in the bank: A Stanford plan to save doctors from burnout

PALO ALTO, Calif. — It was just before noon on a recent Friday when Greg Gilbert, an emergency room physician at Stanford Hospital, made it home.

Time Magazine Aug. 27, 2015

From the cover story: "Doctors are stressed, burned out, depressed, and when they suffer, so do their patients. Life Support: Inside the movement to save the mental health of America's doctors."
Nearly a third of new doctors at high risk for depression

Doctors Unionize to Fight the Medical Machine

An Oregon medical center’s plan to increase efficiency by outsourcing doctors drove a group of its hospitalists to fight back by banding together.

Time in the bank: A Stanford plan to save doctors from burnout
Mini-Z/ACP 2016 Member Survey

- 10% are not satisfied with their current job (76% satisfied)
- 58% feel a great deal of stress because of their job
- 19% have professional values that are not well aligned with those of their department leaders (59% have well-aligned values)
- 31% are burned out (69% do not feel burned out)
- 35% have marginal or poor control over their workload (35% have good or optimal control)
- 51% have insufficient (marginal or poor) time for documentation (22% have satisfactory time available)
- 40% describe the atmosphere in their primary work area as chaotic (5% describe it as calm)
- 4% have marginal/poor proficiency with EHR use (96% are proficient)
- 6% work with a marginally or poorly functioning care team (94% experience good teamwork)
FIGURE 1. (continued).
Why Burnout Matters

**Professional Consequences**

- Increased medical errors/worse patient outcomes
- Decreased patient satisfaction/adherence
- Loss of professionalism, disruptive behaviors
- Decreased productivity
- Cost of recruitment/retention
  - Estimated $250,000 to replace PCP
  - Residency accreditation
  - Poor patient satisfaction
Why Burnout Matters

*Personal Consequences*

- Physician satisfaction and safety
- Disruption to family
- Higher rates of
  - Divorce
  - Depression
  - Anxiety
  - Substance abuse
  - **Suicide**
Preventing Burnout-Personality Predispositions

- Perfectionist traits
- Difficulty in delegating
- Need to please everyone – the obliger
- Dismissive of positive feedback - “impostor syndrome”
- Like sense of control
- Masters of self-denial and delayed gratification
Why is burnout increasing?

- Fundamental changes in healthcare
  - Increased volume/demand on providers
  - Rise of EHRs made to improve billing
    - Increased documentation time
    - Altered patient interaction
  - Rising negative views of doctors
  - Duty hours
    - Same amount of work in less time
Factors leading to burnout nationally

- **Time demands**
  - *Increasing bureaucratic tasks*
- Lack of control over schedule
- Lack of autonomy
- Workload/intensity
- Financial strain
- Unmet personal needs
- Feeling overwhelmed at work
- Lack of a voice in important matters
- Poor work environment
Burnout Rates by Specialty

- Emergency medicine
- General internal medicine
- Neurology
- Family medicine
- Otolaryngology
- Orthopedic surgery
- Anesthesiology
- Obstetrics and gynecology
- Radiology
- Physical medicine and rehabilitation
- Mean burnout among all physicians participating
- General surgery
- Internal medicine subspecialty
- Ophthalmology
- General surgery subspecialty
- Urology
- Psychiatry
- Neurosurgery
- Pediatric subspecialty
- Other
- Radiation oncology
- Pathology
- General pediatrics
- Dermatology
- Preventive medicine, occupational medicine, or environmental medicine

What Are the Causes of Internist Burnout?

- Too many bureaucratic tasks: 5.1
- Spending too many hours at work: 4.4
- Increasing computerization of practice: 4.1
- Feeling like just a cog in a wheel: 4.0
- Income not high enough: 4.0
- Maintenance of certification requirements: 3.9
- Too many difficult patients: 3.9
- Too many patient appointments in a day: 3.7
- Inability to provide patients with the quality care that they need: 3.6
- Lack of professional fulfillment: 3.5
- Impact of the Affordable Care Act: 3.4
- Inability to keep up with current research and recommendations: 3.2
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 3.2
- Difficult employer: 3.0
- Difficult colleagues or staff: 2.9
Satisfaction with Work-Life Balance by Specialty

Figure 2. Satisfaction with work-life balance by specialty.

Does Physician Compensation Make a Difference on Satisfaction?
Defining burnout

- What is it?
- Should we care?
  - As individuals?
  - As a profession?
  - As a society?
- Why is it happening?
- What can we do about it?
Resilience

- Resilience: capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost
- Resilient individuals "bounce back" after challenges while also growing stronger
Wellness vs. Resilience

<table>
<thead>
<tr>
<th>Wellness</th>
<th>Resilience</th>
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<tbody>
<tr>
<td>Walking competitions</td>
<td>Gratitude</td>
</tr>
<tr>
<td>Healthy snacks</td>
<td>Acceptance</td>
</tr>
<tr>
<td>Sleep more</td>
<td>Empathy</td>
</tr>
<tr>
<td>Drink more water</td>
<td>Emotional control</td>
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<tr>
<td>Gym memberships</td>
<td>Joy in daily work</td>
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<tr>
<td>Yoga</td>
<td>Time for reflection</td>
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Physician burnout is a major issue

- Nearly 46% percent of 7288 surveyed physicians said they experienced at least one symptom of serious burnout, according to a study published in the *Archives of Internal Medicine*.
- Compared with workers in the general population, physicians had an 8.6% higher risk of emotional exhaustion and 10% higher risk of overall burnout.
My Wellness

- Family
- Professional
- Physical
- Mental
- Social
- Spiritual
- Financial
Six in ten physicians would quit today!

- Doctors are working less, seeing fewer patients, and many would quit if they could, a sweeping survey of 13,575 physicians from across the nation shows.

- *A Survey of America's Physicians: Practice Patterns and Perspectives* was commissioned by the [Physicians Foundation](https://www.physiciansfoundation.org/). It is the latest and perhaps the largest and most comprehensive of a number of surveys that have identified wide, deep, and increasing discontent among the nation's physicians regardless of their age, gender, specialty, location, or employment status.

*A Survey of America's Physicians*
Changes in patient-physician interaction

- EMR
- Patient autonomy: Can a patient demand care the doctor feels is inappropriate?
- Patient satisfaction?
- Appropriate-use criteria and Choosing Wisely
- Patient-centric care
## ACP survey of internists: EHR use in ambulatory setting

<table>
<thead>
<tr>
<th>Issue</th>
<th>Response</th>
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<tbody>
<tr>
<td>Note writing takes longer</td>
<td>64% of respondents</td>
</tr>
<tr>
<td>Takes longer to find and review medical data</td>
<td>34% of respondents</td>
</tr>
<tr>
<td>Takes more time to read other clinicians’ notes</td>
<td>32% of respondents</td>
</tr>
<tr>
<td>Mean time loss per day for attending physicians</td>
<td>48 minutes</td>
</tr>
<tr>
<td>Mean time loss per day for 59% of respondents who lost time</td>
<td>78 minutes</td>
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Information Overload - A 24 page ER visit!

- Exhaustive... but not comprehensive
- Minimal history
- No clinical reasoning
- No story
- Little value
What is a balanced life? Is this you?

Unbalanced: Physicians’ and Residents’ Lives

- Work
- Health
- Personal
- Household
- Recreation
- Spiritual
- Exercise
- Friends
- Family
- Partner
Depression Among Professionals

1. Nursing Home Employees and Childcare Providers
2. Food Service
3. Social Worker
4. Physicians and Nurses
5. Artists
6. Teachers
7. Secretaries and Administrative Support
8. Maintenance Workers
9. Financial Advisors
10. Attorneys

Source: Health Magazine. Information compiled from a October 2007 report by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services.
A 7-year-old girl’s view of the physician-patient interaction today

Physician (left) is viewed as unengaged, with his back to the patient, typing on his computer

Is this you?
Why are physicians frustrated and burning out?

- *Weak?* We are trained to be **strong**!
- Entitled (I've worked really hard and got all A’s)?
- Anxiety from transition, change, and uncertainty? "Broken contract"
- Addicted to affirmation—less appreciation shown by patients
- Frustrated with blame for system’s ills (especially cost)
- More deep rooted? **This is not what I signed up for, this is not my calling, these are not my values.**
- Is it because physicians' values are being compromised?
Level 1: Daily Burnout

- Mentally fatigued at the end of the day
- Feeling unappreciated, frustrated, bored, tense, or angry as a result of contact(s) with patients, colleagues, superiors, assistants, or others
- Physical symptoms
- Pace of day and/or requirements of present tasks seem greater than personal/professional resources available
- Required job tasks feel repetitious, beyond your ability, or require unsustainable continuous intensity

Wicks, 2008
Level 2: Distress

- Loss of idealism/enthusiasm about medicine; disillusionment
- General loss of interest in medicine for at least a month
- Pervasive feelings of boredom, stagnation, apathy, frustration
- Ruled by your schedule: more patients, less attuned to them, viewing them impersonally and without thought
- Losing criteria with which to judge effectiveness of your work
- Inability to be refreshed by other elements in your life
- Loss of interest in professional resources
- Intermittent weeks (or more) of irritation, depression, and stress that don’t lift even with effort to correct the apparent cause

Wicks, 2008
Level 3: Major Depression

- Depressed or irritable mood most days (dread, decreased frustration tolerance) for at least 2 wks, more often months
- Anhedonia
- Low energy, low interest, low motivation, low libido
- Cognitive impairment: slowed (executive functions/confidence/decision-making/multi-tasking)
- Changes in sleep & appetite, esp. early morning awakening, inability to sleep even when you’re exhausted, or inability to get up even when you’ve slept enough
- Negative & pessimistic view of self, people, and the future
- Thoughts of death or suicide (escape)
A healthy work environment

- Less time pressure, more control
  - Extend appt times, or offload non-clinician work
  - “Desk top” slots during sessions
- More order, less chaos
  - Maximally utilize space
  - Pilot unique schedules: “7 on, 7 off”
- Support for work-home balance
  - Support needs of parent clinicians
How can we prevent physician burnout?

- **Flexible/part-time work**
  (Linzer et al. *Acad Med* 2009;84:1395-1400)

- **Leaders model work-home balance; value well-being**
  (Saleh et al. *Clin Orthop Relat Res* 2009;467:558-65)

- **Understand and promote work control**

- **Alter our “culture of endurance”**

- **Wellness focus – reflection, exercise, share concerns with colleagues**
  (LeMaire J. *BMC HSR*. 2010; 10:208)
AMA – STEPS Forward modules

- Series of modules for practice redesign
- Among them, one for burnout prevention, another for resiliency
Number of clinicians who need to burn out

- Burnout is a long term stress reaction
- Predictors of stress well known (time pressure, control, work-home interference, support, chaos, values alignment)
- Burnout is predictable, and thus preventable

Predictors $\rightarrow$ Stress $\rightarrow$ Burnout

Interventions

ACLGIM – Worklife & Wellness Program

- Open to 100 divisions of general medicine
- Surveyed 15 divisions, >500 providers
- Second wave ready to launch
- Striking results; burnout range from 9% to 60% among divisions, average 38%
- Remediable predictors identified
- “Chief’s Packet” summaries of their data and suggested action
Improvement strategies at Hennepin County Medical Center

- Adjusted time of last complex patient of day so provider parents can leave
- Desk top slots for busiest Medicine NPs/PAs
- Doc of the day assistance for NPs/PAs
- Programs to enhance resident wellness
- Deep dive surveys and small group work in departments with challenges
- Workflow redesign for units under stress
Importance of this work

- First line of alert for **serious** issues
- The survey provides early identification, awareness and prevention of depression
- Depression and stress can result in suicide
- Aim is to prevent **any** doctors leaving the profession due to burnout and reduce depression due to burnout
Suggestion #1

- Develop clinician “float pools” for life events
  - Workforce usually 10% short
  - Covering is cost effective to prevent turnover

Suggestion #2

- “Right size” EMR-related work
  - Clinicians are overwhelmed
  - Longer visits are needed*
  - Studying impact of scribes**
    - An n of 2 anecdote – discovering what we did not realize we had lost...

Suggestion #3

- Ensure that metrics for success include clinician satisfaction and well-being*
  - Wellness is the missing quality indicator

Suggestion #4:

- Prioritize clinician self care as part of medical professionalism
  - Coping strategies
  - Eating healthy meals; exercise
  - Reasonable work hours
  - Building resiliency
Suggestion #5:

- Develop schedules with flexibility and clinician control
  - If you standardize, customize
  - Complex lives require flexibility
  - Humanism can thrive if stress is managed
Suggestion #6:

- Assure 10% FTE for clinicians to do what they are passionate about*
- This could be key to humanism preservation
- Cost effective to support 10%; turnover costs $250,000/FTE.**

Creating a Schedule

- Prioritization
  - Yearly, Monthly, Weekly, Daily
- Family/Non-negotiables
  - Vacations, Reunions – 1st priority
- Fill in the Blanks
- Utilize your Resources
Burnout Syndrome: What is it?

**Maslach Burnout Inventory** measures 3 main areas:

- **Emotional Exhaustion** measures feelings of being emotionally overextended and exhausted by one's work. Exhaustion is a depletion of emotional energy, distinct from physical exhaustion or mental fatigue. Emotional Exhaustion is a clear signal of distress in emotionally demanding work.

- **Cynicism or Depersonalization** measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction. The depersonalization measured by this scale is a problem in careers that value and mandate personal sensitivity to service recipients.

- **Professional Efficacy/Accomplishment** measures feelings of competence and successful achievement in one's work. This sense of personal accomplishment emphasizes effectiveness and success in having a beneficial impact on people.

Source: Maslach Burnout Inventory. The leading measure of burnout. Christina Maslach, Susan E. Jackson, Michael P. Leiter, Wilmar B. Schaufeli, & Richard L. Schwab
Percentage of residents with high Maslach Burnout Inventory subscale scores by year. DP indicates depersonalization; EE, emotional exhaustion; and PA, personal accomplishment. Error bars indicate 95% confidence intervals.
Major Depression in Male Physicians

- Lifetime prevalence 10-20% (vs. 8-10% in non-MDs)
- Suicide risk approximately equal to non-physician men (36:100,000)

Kaplan & Sadock, 6th edition, 1995
JAMA Consensus Statement 2003: “Confronting Depression and Suicide in Physicians”
Levine & Bryant, 2000
Major Depression in Female Physicians

- Lifetime Prevalence 20-50% (vs. 15-20% in non-MDs)
- Suicide Risk (41:100,000) is 3x greater than in non-MD women (12:100,000) and approximately equal to that of male MDs

Kaplan & Sadock, 6th edition, 1995
JAMA Consensus Statement 2003: “Confronting Depression and Suicide in Physicians”
North & Ryall 1997
Frank & Dingle, 1999
Depression in General

- An estimated 19 million Americans suffer from depression
- Women suffer from depression twice as much as men
  - Regardless of racial and ethnic background or economic status
- Depression in people 65 and older increases the risk of stroke and other medical complications
- The economic cost of depressive illnesses is $30 million to $44 billion a year
More Americans (24 million) suffer from depression than coronary heart disease (17 million), cancer (12 million), and HIV/AIDS (1 million)

Even though effective treatments are available, only one in three depressed people obtains professional help

Although most depressed people are not suicidal, two-thirds of those who die by suicide suffer from a depressive illness

About 15 percent of the population will suffer from depression at some time during their life. Thirty percent of all depressed inpatients attempt suicide
Depression in Our Profession

- Depression is as common among the medical profession as the general population
  - Males: 12%; Females: 18%

- However depression is more common in medical students and residents
  - Estimated at 15-30% (screen positive)

Preliminary study found that residents who experienced depression may be as much as 6 times more likely than non-affected controls to make medication errors. Other studies have confirmed the association of depression with self-perceived medication and other errors.


Depression in Physicians

- Again: Higher rates in medical students (15 – 30%) and higher rates in interns and residents (30%) higher than the general population.

- Lifetime rates of depression in women physicians were 39% compared to 30% in age matched women with PhD’s higher than the general population.

- Lifetime rates of depression in male physicians (13%) may be similar to rates of depression in men in the general population, or they may be slightly elevated. Concerns of underestimating the prevalence secondary to limited self reporting.
How about Suicide?

It is estimated that on average **400 Physicians** commit suicide a year in the United States!
Conclusions

- Burnout is real and has both qualitative and quantitative risks for healthcare delivery and our profession.
- Physicians are in a time of transition—we are becoming more like tradespersons than professionals with a calling.
- The systemic changes that contributed to this had noble intent—(e.g., physician work-hour limitation) but have diminished physician autonomy to such an extent that following the rules and feeling "excessively scrutinized" and avoiding criticism is becoming the chief professional motivation.
- Aspiring to conduct oneself in a profession as a career with a calling is a noble intent and may have benefits for both patients and physicians.
For a more sustainable system . . .

- Measure burnout, intervene and reduce it
- Take care of each other – we need all of us to make the world a better place
- Thank you for the tremendous honor of being here today
I can... but I won't
How ready are you to change? Many things are possible if you try!

Hint: it isn’t easy

![Image of two people with weight and body fat percentage]

**READINESS SCALE:**
How ready are you to consider increasing your physical activity?

0 1 2 3 4 5 6 7 8 9 10

Not Ready  Thinking About It  Ready

329 lb
41% body fat
Are you healthy? Think maintenance for the long term!

- Keep up your good habits.
- Keep good company.
- Diversify: what’s your non-medical identity?
- www.AuthenticHappiness.org
  - Martin Seligman, PhD at Penn: Positive Psychology
  - Do the 240-question VIA scale (10 min.)
Let’s do more stuff like this! (ACP Resident Wellness Day)

You are invited to the first
RESIDENT WELLNESS DAY

Brought to you by the Indiana ACP Residents’ Council

When? Saturday, February 6, 2016
8:30am to about 12:30pm

Where? Eskenazi Hospital Rapp Conference Room

Why? It’s winter, time to take care of yourself!

Guest speaker: Theresa Rohr-Kirchgraber, MD, FACP

- Free massage by Irena Priddy, Eskenazi
- Therapy dogs and cats by Love On A Leash
- Kickboxing class by Title Boxing
- Healthy breakfast AND lunch provided,
  lunch by Public Greens

RSVP soon, space is limited!

Amanda Velazquez (velazqua@iupui.edu) or Lina Gordy (agordy@iupui.edu)
Thanks to Dr. Mark Linzer and my fellow ACP Wellness Champions!