Physician Wellness
In New Orleans

ACP Louisiana Chapter Meeting
New Orleans, Louisiana
March 29th, 2019
Disclosures

- Anne Jacob Carrere, MD - No Financial Disclosures
- Diana Thien, MD, FACP - No Financial Disclosures
- Nigel Girgrah, MD - Speakers Bureau for Gilead Sciences
Objectives

- Burnout: background, costs, and causes
- Creating a culture of wellness: systems approach to reducing burnout
- Louisiana ACP wellness survey and wellness programs
- Tulane wellness survey and wellness programs
- LSU wellness survey and wellness programs
- Ochsner wellness survey and wellness programs
Burnout - Definition

- “Emotional exhaustion, cynicism and perceived clinical ineffectiveness, and a sense of depersonalization in relationships with coworkers, patients, or both”¹

- 3 Dimension Model: exhaustion dimension, cynicism dimension (depersonalization), and inefficacy dimension (low sense of personal accomplishment) ²

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SECOND OPINION

WHAT SEEMS TO BE THE PROBLEM, MRS. JOHNSON? I FEEL THE WAY YOU LOOK!
Burnout by Specialty 2011 - 2014

Figure 1. Mayo Clin Proc. n December 2015;90(12):1600-1613
Burnout by Specialty

Figure 1. Mayo Clin Proc. n December 2015;90(12):1600-1613
Medscape Physician Burnout 2019

Which Physicians Are Most Burned Out?

- Urology 54%
- Neurology 53%
- Physical Medicine & Rehabilitation 52%
- Internal Medicine 49%
- Emergency Medicine 48%
- Family Medicine 48%
- Diabetes & Endocrinology 47%
- Infectious Diseases 46%
- Surgery, General 46%
- Gastroenterology 45%
- Ob/Gyn 45%
- Radiology 45%
- Critical Care 44%
- Cardiology 43%
- Anesthesiology 42%
- Rheumatology 41%
- Pediatrics 41%
- Oncology 39%
- Pulmonary Medicine 39%
- Psychiatry 39%
- Orthopedics 38%
- Dermatology 38%
- Allergy & Immunology 39%
- Plastic Surgery 36%
- Otolaryngology 36%
- Ophthalmology 34%
- Pathology 33%
- Nephrology 32%
- Public Health & Preventive Medicine 28%
Cost of Physician Burnout

- Financial - decreased clinical and academic productivity, early retirement, cost to replaced physician up to 3 times salary (1)
- Potential Patient Outcomes - decrease patient satisfaction and increased recover time (2), increased readmission, increased major medical errors (3)
- Personal - depression, substance abuse, divorce, and suicide

Physician Suicide

<table>
<thead>
<tr>
<th>Physician</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Rate</td>
<td>28-40/100,000</td>
</tr>
<tr>
<td>Male Suicide</td>
<td>1.4 times</td>
</tr>
<tr>
<td>Female Suicide</td>
<td>2.27 times</td>
</tr>
<tr>
<td>Depression in Residents</td>
<td>28%</td>
</tr>
</tbody>
</table>

“I found myself thinking of Potts as a tragic figure, a guy who'd been a happy towheaded kid you'd love to take fishing with you, who'd mistakenly invested in academic medicine when he'd have been happy in his family business, and who'd become a splattered mess on the parking lot of a hospital in a city he'd despised. What had been the seductiveness of medicine? Why?”

— Samuel Shem, *The House of God*
Causes of Burnout

- EMR Stress
- Excessive work loads
- Administrative/clerical burden
- Prior Authorizations
- Decreased autonomy/control over work schedule
- Inadequate support staff
- Excessive metrics
- Erosion of professionalism
- Malpractice System
- “Emotionally Charged Situations” (2)
- Predictable life event
- Stigma of physicians getting help

1. NEJM Catalyst Physician Burn Out: The Root of the problem and the path to solutions: June 2017
CREATING A CULTURE OF WELLNESS
Creating a Culture of Wellness

Organizational Change

Wellness

Personal Resilience

ACP Wellness Lecture April 18, 2018

WellMD.Stanford.edu
Institutional Metrics

1. Make clinician satisfaction and wellbeing quality indicators.
2. Incorporate mindfulness and teamwork into practice.
3. Decrease stress from electronic health records.

Work Conditions

4. Allocate needed resources to primary care clinics to reduce healthcare disparities.
5. Hire physician floats to cover predictable life events.
6. Promote physician control of the work environment.
7. Maintain manageable primary care practice sizes and enhanced staffing ratios.

Career Development

8. Preserve physician “career fit” with protected time for meaningful activities.

Self-Care

10. Make self-care a part of medical professionalism.

Typical Steps in an Organization’s Journey Towards Expertise in Physician Well-Being

Shanafelt, JAMA Internal Med 177:1826
Novice - Minor Impact

- Aware of the issue
- Wellness Committee
- Individual Focused Interventions -
  - Mindfulness Training
  - Resources for diet/nutrition

Shanafelt, JAMA Internal Med 177:1826
Competent - Moderate to Major Impact

- Understands business case to promote physician well-being
- Practice redesign based on driver dimensions (factors that drive burnout and engagement)
- Coaching resources for physicians to support career, work-life integration, self-care
- Regularly measures burnout/well-being to monitor trends
- Physician given greater voice in decisions
- Designs work unit-level interventions but does not objectively assess efficacy
- Creates an opportunity for community building among physicians

Shanafelt, JAMA Internal Med 177:1826
Expert - Transformative

- Physician wellbeing influences key operational decisions
- Shared accountability for wellbeing among organizational leaders
- Chief Well-being officer on executive leadership team
- Endowed physician well being program creates new knowledge that guides other organizations
- Strategic investments to promote physician well being
- Culture of Wellness

Shanafelt, JAMA Internal Med 177:1826
Changing the system to improve wellness

- Organizational commitment to wellness - wellness committees, surveys, financial support for system changes
- Resiliency programs
- Provide resources for providers with burnout

Quality improvement approach to decrease systems causes of burnout

- Establish that there is a problem
- Identify causes of problems with wellness surveys
- Makes specific changes/interventions to address problem areas
- Re-survey to assess improvement
Wellness Surveys

- Mini Z
- Maslach burnout inventory
- Stanford Physician Wellness Survey
- Physician Wellbeing Index
Louisiana ACP Wellness
1. Overall, I am satisfied with my current job: (goal > 80%)

- Agree Strongly: 10
- Agree: 32
- Neither Agree nor disagree: 9
- Disagree: 2
- Strongly Disagree: 0

Total: 79%
2. I have felt a great deal of stress because of my job: (goal <30%)

- Agree Strongly: 4
- Agree: 22
- Neither Agree nor disagree: 8
- Disagree: 14
- Strongly Disagree: 5

49%
3. Using your own definition of “burnout”, please choose one of the numbers below: (goal <20%)

- I enjoyed my work. I had no symptoms of burnout
- I was under stress, and didn’t always have as much energy as I once did, but I didn’t feel burned out
- I was beginning to burn out and had one or more symptoms of burnout e.g. emotional exhaustion
- My symptoms of burnout wouldn’t go away. I thought about work frustrations a lot.
- I felt completely burned out. I am at the point where I may need to seek help

Using the provided scale, the results are:

- 22% selected I was under stress, and didn’t always have as much energy as I once did, but I didn’t feel burned out.
- 15% selected I was beginning to burn out and had one or more symptoms of burnout e.g. emotional exhaustion.
- 8% selected I felt completely burned out. I am at the point where I may need to seek help.
- 8% selected I enjoyed my work. I had no symptoms of burnout.
- 15% selected My symptoms of burnout wouldn’t go away. I thought about work frustrations a lot.
4. My control over my workload is:
(goal <25%)

- Optimal: 5
- Good: 17
- Satisfactory: 17
- Marginal: 10
- Poor: 4

26% of participants rated their control over their workload as Poor or Marginal.
5. Sufficiency of time for documentation is: (goal <25%)
6. Which number best describes the atmosphere in your primary work area?: (goal <40%)

- Hectic/Chaotic: 1 (15%)
- Somewhat hectic/chaotic: 7
- Busy but reasonable: 33
- Somewhat Calm: 7
- Calm: 5
7. My professional values are well aligned with those of my clinical leaders: (goal >80%)
8. The degree to which my care team works efficiently together is: (goal >80%)
9. The amount of time I spend on the electronic medical record (EMR) at home is: (goal <20%)

- 1 Excessive: 5
- 2 Moderately high: 13
- 3 Satisfactory: 11
- 4 Modest: 10
- 5 Minimal/none: 14

Total: 16%
10. The EMR adds to the frustration of my day (new question awaiting data)

- Agree Strongly: 14
- Agree: 20
- Neither Agree nor disagree: 11
- Disagree: 6
- Strongly Disagree: 2

64%
11. Tell us more about your stresses and what we can do to help

- **Time**
  - Not enough time to teach
  - Not enough time to document and see all the patients
  - Do not have time to even sit for a second
- Having to practice defensive medicine
- Getting payed based on quantity rather than time and expertise of provider
- Goals of medical school and hospital being different and physician getting caught in the middle
- Denied vacation requests even when put in advanced
11. Tell us more about your stresses and what we can do to help (continued)

- “Tell us more about your stresses and what we can do to minimize them”
  - EMR-
    - It takes too much time
    - Having to document at home
    - Administration not providing scribe
    - Having to check multiple EMR system to get a result
    - Templates issues
  - Administration
    - Not having input (staffing, scheduling)
    - More focus on amount of patients rather than quality outcomes
    - Requires too many patients to be seen
    - Administration treating NP and PA as having same knowledge as physician
11. Tell us more about your stresses and what we can do to help (continued)

- Tell us about your stresses and what we can do to minimize it
  - Help with minimizing documentation
  - Efficiency with EMR
  - Demonstrate the cost benefit of a scribe
  - Getting recognition for work done
  - How to incorporate time for:
    - Family
    - Exercise
    - Meditation
  - Improve sleep
Demographics

- 53 responses out of 1928
- 21 Females - 40%
- 32 Males - 60%
ACP Wellness Program

ACP’s Physician Well-being & Professional Satisfaction Initiative

Fostering Local Communities of Well-being
Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.

Advocating for Systems Changes
Policy recommendations through ACP’s Patients Before Paperwork initiative that call for simplifying, streamlining, and reducing excessive administrative tasks that detract from patient care and contribute to physician burnout.

Improving the Practice and Organizational Environment
Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.

Promoting Individual Well-being
Offering online resources and educational courses at ACP’s Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.

www.acponline.org/physician-well-being
ACP Wellness Program

- Wellness Champions
- Education
- Online tools
- Initiatives and Advocacy: Patients Before Paper Work
Wellness Champions

- Started Nationally in 2015
- 2018 Louisiana Designated Wellness Champions
- Over 190 trained Wellness Champions by April 2019
- Attend wellness training at National ACP meeting and participate in online lectures during the year
- IM Thriving
- Available to support/mentor members in need
- Organize wellness education for chapters
- Create a forum for wellness in local chapters
Patients Before Paperwork

ACP Patients Before Paperwork Initiative

What is Patients Before Paperwork?
ACP’s Patients Before Paperwork initiative’s goal is to reinvigorate the patient-physician relationship by reducing administrative complexities and eliminating unessential tasks that detract from patient care and contribute to physician burnout.

Policy Development
ACP policies provide a cohesive framework for identifying and evaluating administrative tasks, and offer detailed recommendations to analyze administrative tasks to determine whether they need to be challenged, revised, or eliminated entirely.

Tools You Can Use
Resources and tools help physicians put ACP’s policies into practice. They include resources that assess practice efficiencies and resources on physician well-being and professional satisfaction.

Collaborating with Stakeholders
ACP engages with key regulatory agencies and stakeholders to help streamline regulations imposed by insurers, federal regulators and other external entities to reduce administrative burdens for physicians.

Advocating for Internists
ACP has long identified reducing administrative complexities or burdens as a priority. ACP works to advocate for changes in our health care system that simplify excessive administrative burdens that put a strain on physicians and patient care.

For more information, visit, www.acponline.org/pb4p
Tulane Wellness
1. Overall, I am satisfied with my current job: (goal >80%)
2. I feel a great deal of stress because of my job: (goal < 30%)
3. Using your own definition of “burnout,” please circle one of the answers below: (goal <20%)

- 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’m 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

- I enjoy my work, I have no symptoms of burnout: 23% (23 votes)
- I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out: 49% (49 votes)
- I am definitely burning out and have one or more symptoms of burnout: 26% (26 votes)
- The symptoms of burnout that I’m experiencing won’t go away, I think about work frustrations a lot: 11% (11 votes)
- I feel completely burned out. I am at the point where I may need to seek help: 4% (4 votes)
4. My control over my workload is: (goal <25%)

- Optimal: 7
- Good: 28
- Satisfactory: 31
- Marginal: (35%)
- Poor: 8

Tulane
5. Sufficiency of time for documentation is: (goal <25%)
6. Which number best describes the atmosphere in your primary work area:

- Calm
- Busy, but reasonable
- Hectic, Chaotic

(Goal < 40%)

- Hectic, Chaotic: 31 (27%)
- Busy, but reasonable: 74
- Calm: 8
7. My professional values are well aligned with those of my department leaders: (goal >80%)

- Agree Strongly: 33
- Agree: 38
- Neither Agree nor Disagree: 18
- Disagree: 17
- Strongly Disagree: 7

Total: 108

Percentage: 63%
8. The degree to which my care team works efficiently together is: (goal >80%)
9. The amount of time I spend on the electronic health record (EHR) at home is: (goal < 20%)
10. My proficiency with EHR use is: (goal >90%)

- Optimal: 19
- Good: 38
- Satisfactory: 34
- Marginal: 16
- Poor: 6

Total proficiency: 83%
Demographics

- Total Responses 113 of 300 faculty
- Female 48% and Male 52%
- Inpatient 18.6%, Outpatient 47.8%, Combination 33%
- Medicine (non Cardiology/GI) 34.5%, Psychiatry 19.5%
Tulane Wellness Program

- Wellness Committee - student, resident, faculty sub committees
- Mini-Z survey sent to faculty
- Wellness Wednesdays - Program to promote health and wellness
- Employee Assistance Program (mental health/counseling, mediation, workplace stress, legal help, financial health) for Tulane Faculty and Employees
- Wellness Clinic for Employees, Residents, and Faculty
  - Primary Care/ Urgent Care Visit
  - Health Coaching
- Downtown Gym
Tulane Wellness Program
Residents/Students

- CAPS (Mental Health Services for faculty, residents, and students)
  - 24/7 counseling line
- Free Psychiatrist visits for residents
- Office of Graduate Medical Education
- Office of Student affairs
  - Night of Resilience
- TLC - Tulane Learning Community for Medical Students
- Phoenix Society - Student run wellness society
<table>
<thead>
<tr>
<th>Wellness (beta)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Concern (Student, Trainee, Colleague)" /></td>
</tr>
<tr>
<td>Well-Being Index</td>
</tr>
<tr>
<td>Interest Groups / Lunch and Learn</td>
</tr>
</tbody>
</table>

Tulane Wellness App

Tulane
LSU Wellness
LSU Wellness Krewe

- Committee created in response to the School of Medicine Dean’s office seeing a need to emphasize wellness
- Unified various wellness efforts already in place
- Mission Statement
  - “To promote a healthy learning and working environment, building resiliency, and personal well-being among faculty, staff, residents, and students in LSUHSC School of Medicine and the Health Sciences Center”
- Manages the physician well-being index
- Periodically survey the faculty and staff physicians
Mean Physician Well-Being Index Score by Academic Rank

Louisiana State University School of Medicine

Description

This chart shows the mean Physician Well-Being Index score by Academic Rank.

Total sample size: 200 Physicians  (first data collected 2017-03-21)

<table>
<thead>
<tr>
<th>Academic Rank</th>
<th>Mean Score (SD)</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty - Full time</td>
<td>1.27 (2.31)</td>
<td>183</td>
</tr>
<tr>
<td>Faculty - Part time</td>
<td>0.74 (2.45)</td>
<td>17</td>
</tr>
</tbody>
</table>
Mean Physician Well-Being Index Score by Gender
(All Time)
Louisiana State University School of Medicine

Description
Chart shows mean Physician Well-Being Index score by sex for your physicians in comparison to a national sample of US Physicians (N>7300). Higher mean Physician Well-Being Index score indicates greater distress.

Total sample size: 202 Physicians  (first data collected 2017-03-21)

<table>
<thead>
<tr>
<th></th>
<th>Your Physicians (SD)</th>
<th>Sample Size</th>
<th>Physicians Nationally (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td>1.78 (2.18)</td>
<td>97</td>
<td>2.19 (2.7)</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>0.69 (2.34)</td>
<td>104</td>
<td>1.51 (2.76)</td>
</tr>
</tbody>
</table>
Mean Physician Well-Being Index Score by Work Location
(All Time)
Louisiana State University School of Medicine

**Description**
This chart shows the mean Physician Well-Being Index score by Work Location.

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**Total sample size: 200 Physicians** (first data collected 2017-03-21)

<table>
<thead>
<tr>
<th>Work Location</th>
<th>Mean Score (SD)</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baton Rouge</td>
<td>1.75 (2.72)</td>
<td>14</td>
</tr>
<tr>
<td>Bogalusa</td>
<td>0.70 (1.73)</td>
<td>6</td>
</tr>
<tr>
<td>Lafayette</td>
<td>0.75 (1.96)</td>
<td>7</td>
</tr>
<tr>
<td>Lake Charles</td>
<td><strong>Sample Size Too Small &lt; 5</strong></td>
<td>3</td>
</tr>
<tr>
<td>New Orleans</td>
<td>1.21 (2.31)</td>
<td>171</td>
</tr>
</tbody>
</table>
Mean Score by Years Since Graduation
(All Time)
Louisiana State University School of Medicine

Description
Chart shows mean Physician Well-Being Index score overall and by year since medical school graduation for your physicians in comparison to a national sample of physicians (N=7300). Higher mean Physician Well-Being Index score indicates greater distress.

Total sample size: 202 Physicians  (first data collected 2017-03-21)

<table>
<thead>
<tr>
<th>Years Since Medical School Graduation</th>
<th>Your Physicians (SD)</th>
<th>Sample Size</th>
<th>Physicians Nationally (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>1.23 (2.33)</td>
<td>202</td>
<td>1.73 (2.76)</td>
</tr>
<tr>
<td>&lt; 5 Years</td>
<td>1.63 (2.45)</td>
<td>6</td>
<td>1.14 (2.83)</td>
</tr>
<tr>
<td>5-14 Years</td>
<td>1.82 (2.24)</td>
<td>70</td>
<td>2.35 (2.77)</td>
</tr>
<tr>
<td>15-24 Years</td>
<td>1.44 (2.14)</td>
<td>49</td>
<td>2.43 (2.66)</td>
</tr>
<tr>
<td>&gt;= 25 Years</td>
<td>0.70 (2.38)</td>
<td>78</td>
<td>1.32 (2.69)</td>
</tr>
</tbody>
</table>
Mean Score Compared to National Norms
(All Time)
Louisiana State University School of Medicine

Description
Chart shows mean Physician Well-Being Index score overall for your physicians in comparison to a national sample of US Physicians (N>7300). Higher mean Physician Well-Being Index score indicates greater distress.

(first data collected 2017-03-21)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Your Physicians (SD)</th>
<th>Sample Size</th>
<th>Physicians Nationally (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana State University School of Medicine</td>
<td>1.23 (2.33)</td>
<td>202</td>
<td>1.73 (2.76)</td>
</tr>
</tbody>
</table>

*Standard Deviation (SD) is the measure of the spread of values from the mean. The standard deviation is greater when the values are more spread out.*
LSU Wellness Krewe

- Committee divided into 5 subcommittees
- Subcommittees
  - Seminar subcommittee
    - Host quarterly seminars based on areas of interest from survey
      - Faculty
      - Students
      - Residents
      - Staff
    - Healthy Sleep= Healthy Life
    - Resiliency and Preventing Burnout Lecture (April 4)
LSU Wellness Krewe

Subcommittees

- Wellness Walks Subcommittee
  - Quarterly walks that are physician-led for our community of patients and students and faculty
  - First one was on February 16th at City Park, followed by a talk on exercise

- Med Students Subcommittee
  - Targets wellness effort for students.
  - Manages Student Wellbeing Index and other surveys
LSU Wellness Krewe

- **Subcommittees**
  - **Mindfulness Subcommittee**
    - Mindfulness groups meet all over campus at various sites
    - Starting mindfulness walks at various parts of the city
  - **IT subcommittee**
    - Responsible for the website
    - Evidence-based resources on:
      - Wellness
      - Surveys
      - Digital calendar of events
      - Post events on digital monitors around campus
LSU Wellness Krewe

- Website content
  - Information on:
    - Well-being
    - Stress
    - Depression
    - Alcohol use
    - Suicide
    - Mindfulness
    - PTSD
    - Work-life balance
LSU Wellness Krewe

- Screening Questionnaires
  - Access to Physician Well-Being Index
    - Individualized and anonymous
    - Helps to identify areas of risk and how to improve them
  - School of Medicine Student Burnout Inventory
    - Created by Mayo Clinic
    - Screens psychological well being
    - Keeps track over time (personalized account)
    - Provide access to resources
LSU Wellness Krewe

- Wellness Screening/Questionnaire
  - Rethinking Drinking: Alcohol and Your Health
    - Evaluates drinking
    - Helps decide if you need to make a change how to make it
    - Has tool
  - Stress and Depression Questionnaire
    - Uses the Interactive Screening Program
    - Screening for:
      - Stress
      - Depression
      - Mental Health Condition
    - Receives a personalized response from a CAP counselor
OHS Office of Professional Well-Being

Physician and APP Engagement Strategy
A Year-Long Exploration

A Message from the CMO: Tackling Physician and Provider Burnout

Leanna Weaver
5/17/2017

“I am committed to implementing deliberate, sustained and comprehensive efforts to reduce burnout and promote engagement among our physicians and providers.”

- Dr. Robert Hart

I had a patient in France a few years ago who was affected by a severe illness, and we brought her to the United States. Her husband and I had both gone through some serious medical concerns for her as I did for him. We went through her husband’s slow, failing health together, and that experience created a bond between the two of us that was powerful for many, many years.

I’m sure each of us has had the experience of watching a master surgeon procedure on the monitor. Often, we stand beside them or in the room and experience these stories that become our touchstones for what makes the job fulfilling. At its best, healthcare allows us to work at the intersections of intellect, skill and compassion. I think it’s what attracts most of us to this very challenging, rewarding profession.

I’ll wager to say not one of us was attracted to the profession by the endless media coverage over the tenuous future of healthcare. No one dreamed of one day internalizing anxiety because the Affordable Care Act creates real benefits for the people who need us the most, while simultaneously jeopardizing the bottom line of health systems across the country—including Ochsner’s. Or how declining reimbursements in Medicaid and Medicare will continue to strain healthcare as more and more baby boomers hit 65. Or that the uncertainty the Trump administration brings just piles onto the glut of discouraging outside influences, adding tension to an already stretched system and the physicians and APPs practicing within it. At its worst, the business of healthcare can push physicians and providers beyond their physical and emotional limits.
Burnout is personal

Burnout is fluid

Burnout can be impacted

How Should We Think about Burnout?
Burnout

Personal

Broken relationships
Alcohol and substance use
Depression
Suicide

Professional

Decreased quality of care and increased medical errors
Decreased patient satisfaction
Decreased productivity and professional effort
Physician turnover
How does Ochsner compare?

Percent of providers meeting the criteria for burnout

- Nationally: 54%
- Cleveland Clinic: 35%
- Ochsner: 51%

*Source: https://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/abstract?code=jmcp-site

**Source: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2672575
Burnout Survey Results

Very strong positive alignment along about half of the domains

Weak or negative alignment along the other half of domains

Four questions were correlated with multiple areas of opportunity

- I feel frustrated by my job
- My efforts usually go unnoticed
- Favoritism determines how decisions are made at work
- I do not get recognized for all of the things I contribute

Groups who reported higher levels of burnout
- Women
- Mid-to-late career
- Current position for > 3-5 years
- Frontline and lower-level leaders
- Hospital-based specialties

MD vs. APP Burnout Rate
- Similar rates of burnout overall
- APP burnout tends to increase more dramatically with time in current position and length of service than MDs
- Female APPs tend to increase the most dramatically with time relative to MDs and male APPs
Road Map

Our Framework for Recommendations

Quantitative Data
• MBI
  • Engagement Survey
  • Culture of Safety

Qualitative Data
• PLES Feedback
  • Survey Comments
  • Focus Groups

Analysis
• Voice of the Customer
OPW: evolving from a description of the problem...

**Fundamental Tools**
I want confidence that I will have what I need to provide quality care when I come to work.

**Build Up The Team**
I want confidence that I will have the care team to provide quality care as efficiently and harmoniously as possible.

**Respect My Time**
I want more time with patients.
I want to spend less time on work outside of work.

**Conflicting Priorities**
I want clarity and consistency on what the priorities are for me and my care team.

**Messaging**
I want feedback and communication but would appreciate acknowledgement of progress and improvement not just results not met.
...to an organized approach focused on solutions
Stress-Strain Process

Stressor → Response → Exposure/Recovery → Sequelae → Coping

Need intervention upstream
Provider Hierarchy of Needs

- **Self Actualization:** I can do my best work leading and inspiring others.
- **Self Esteem:** I feel I am respected and contribute to my profession and practice.
- **Belonging:** I am proud of what I do and where I work, I have peers and friends at work.
- **Practice Efficiency:** I can use Epic effectively, have a trained team and can provide quality patient care.
- **Security:** I work in an environment that is safe, stable and provides me with financial security for my future.
- **Hygiene & Physiological Factors:** I have the equipment and staff to provide quality patient care.
Office of Professional Well-Being

Year One 2018 (Taskforce & Research)
- Identify Need
- Implement Well-being Taskforce
- Assess Scope of Burnout
- Research Solutions

Year Two 2019 (Building the Foundation)
- Create Office of Professional Well-Being
- Consistent Messaging
- Form Advisory Committee
- Develop Programs
- Train Local Leaders
- Establish Metrics
- Employer of Choice Workforce Strategy

Year Three 2020 (Training and Education)
- Evaluate and Improve Program Effectiveness
- Re-Survey MBI
- Dotted Line to Nursing Care for the Caregiver

Year Four 2021 (Iterate and Expand)
- Adapt Programs Based on MBI results
- Evaluate Measurements and Metrics
- Improve Program Effectiveness
- Build in Resident Education

Year Five 2022 (Consistency)
- Continue to Improve/Iterate Programs
- Sustain Joy and Engagement
OPW: How will we measure success?

- Practice Efficiency and Team Based Care
- Culture, Communication and Leader Engagement
- Personal Resilience

Primary Metrics
- Mini Z
- Gallop pulse survey
- Turnover
- Engagement

Secondary Metrics
- “work after work”: how many hours worked in Epic after 6pm and before 7am
Practice Efficiency and Team-Based Care

Complete/In progress

Welcome to Signal
Signal helps you take a data-driven approach to measuring provider efficiency with Epic. For more information, check out Signal’s Quick Start Guide.

To get started, send a request for access. You will be able to access Signal once your organization’s administrator grants permission to your Epic user account.

Epic Academy

Well-Being Survey: Mini Z
Practice Efficiency and Team-Based Care

Future Priorities

What else?
Culture, Communication and Leader Engagement

Complete/In progress

Office of Provider Well-Being

Next Up

APP Leadership Structure: Timel
Culture, Communication and Leader Engagement

Future Priorities

What else?
Personal Resilience and Healing

Complete/In progress

Next Up
Personal Resilience and Healing

Future Priorities

What else?
Questions?
Thank You

- Lauren Davis, MD
- Geraldine Menard, MD
- Crissy Walter
- Cheryl Rusten
- Mark Linzer, MD
- ACP Wellness Committee
- LSU Wellness Krewe
- Tulane Wellness Committee
- LSU School of Medicine
- Tulane School of Medicine
- Ochsner Clinic Foundation
References


- Medscape 2019 Burnout Report


References


NEJM Catalyst Physician Burn Out: The Root of the problem and the path to solutions; June 2017
