Foster Community, Improve the Practice Environment and Advocate for Systems Change
Reconnect

1. Mentally scan over the past month to a time at work when you felt really great

2. Turn to the person sitting next to you and take turns sharing your stories

3. While the other person is talking, listen and DO NOT SPEAK

4. Switch roles after 2 minutes
Debrief

What was that like?
The Widespread Problem of Doctor Burnout

BY PAULINE W. CHEN, M.D.  AUGUST 23, 2012 3:50 PM  Comment

The High Price of Burnout Among Doctors

Jun 9, 2014 11:34 am ET

CAROL CASSELLA: Doctors tend to be a physically healthy group, with lower rates of

LEADERSHIP

Giving Doctors What They Need to Avoid Burnout

by Len Schlesinger and Josh Gray

OCTOBER 31, 2017
Preventing burnout is essential medicine for physicians

ACP is working to identify and address the root causes of the problem that most affect the practice of internal medicine and creating a network of support for distressed internists.

By Susan Thompson Hingle, MD, MACP
Why do professional dissatisfaction, burnout, & well-being matter?

Burnout
- Increases medical errors
- Increases turnover
- Decreases productivity
- Decreases patient satisfaction
- Decreases staff satisfaction and retention

Burned out physicians are more likely to reduce their clinical hours

Physicians have a higher rate of suicide than the general public (300-400 physicians per year)
There are many causes of burnout

- EMR
- Administrative tasks
- Front-line care
- Regulatory burdens
- Uncertainty about the future
- More work in less time
- Professional isolation
- Absence of shared values and ideals
For the Young Doctor About to Burn Out

Professional burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.

Richard Gunderman, MD
The Atlantic
But we *can* turn the tide

- Physician burnout is not inevitable
- Dissatisfaction can be cured
- Burnout can be prevented
- Well-being can be promoted
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.
Improving the Practice and Organizational Environment
Common features of high-functioning workplaces included:

- Workflow redesign to foster communication and relationships
- Planning ahead
- Communication between team members, and also between physicians and administration
Both individual and structural/organizational strategies could provide clinically meaningful reductions in physician burnout.

Interventions reduced burnout, emotional exhaustion, and depersonalization.
Organizational-level interventions were more effective than individual interventions.
Four main factors drive burnout

- Time pressure
- Lack of control over work conditions
- Chaotic workplaces
- Values in conflict with our own

Credit to M Linzer & S Poplau.

West et al, Lancet 2016;388:2272–2281
Reduce time pressure and chaos

- Reduce time pressure, promote more control
  - Ensure a manageable census
  - Consider scribes, MA order entry
  - Define new roles for all team members
  - Orient new staff

Credit to M Linzer & S Poplau.
Reduce time pressure and chaos

- Support team work and care coordination
  - Pre-visit planning
  - Huddles
  - Care protocols
  - Standing orders

Credit to M Linzer & S Poplau.
LeMaire J. BMC HSR. 2010; 10:208
Learn your EMR to reduce time at work

- Customize EMR training
- Get more EMR training, ideally during usual work hours
- Create and share updated autotexts/“dot phrases” for common documentation needs
- Update and share commonly used order sets for common diagnoses and less common diagnoses that have complex plans
Learn your EMR to reduce time at work

- Consider having a widescreen view
- Use e-prescribing for all prescriptions
- Have printers where you need them
- Advocate for and employ ‘at the elbow’ help
- Minimize interruptions
How can we promote shared values?

- Tie the work we do to our sense of purpose
- Incorporate our values into meetings
- Reward and recognize our peers
- Teach leadership principles
- Provide resources for a satisfaction and well-being committee
- Include topics on professional satisfaction well-being in continuing education

Credit to M Linzer & S Poplau.
ACP Practice Advisor®

Subscribe to the premier online practice management tool! Based on the Patient-Centered Medical Home model, ACP Practice Advisor® will help your practice enhance patient care and office efficiency.

Engage your entire team. Use the ACP Practice Biopsy® and Resource Library to guide your team towards improving practice performance and patient care.

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Making the Case to Address Clinician Burnout

Learning Objectives:

- Start a conversation with leadership about clinician burnout/well-being
- Articulate the reasons to address clinician burnout/well-being
- Facilitate a constructive meeting with leadership on the topic

* The American College of Physicians designates this PI CME activity, ACP Practice Advisor® module Making the Case to Address Clinician Burnout, for a maximum of 20 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

* Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 20 Practice Assessment points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for an activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

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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.
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
Patients Before Paperwork

Annals of Internal Medicine

Position Paper

Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians

Shari M. Erickson, MPH; Brooke Rockwern, MPH; Michelle Koltov, MPH; and Robert M. McLean, MD; for the Medical Practice and Quality Committee of the American College of Physicians*

This American College of Physicians (ACP) position paper, initiated and written by ACP’s Medical Practice and Quality Committee and approved by the Board of Regents on 21 January 2017, reports policy recommendations to address the issue of administrative tasks to mitigate or eliminate their adverse effects on physicians, their patients, and the health care system as a whole. The paper outlines a cohesive framework for analyzing administrative tasks through several lenses to better understand any given task that a clinician and his or her staff may be required to perform. In addition, a scoping literature review and environmental scan were done to assess the effects on physician time, practice and system cost, and patient care due to the increase in administrative tasks. The findings from the scoping review, in addition to the framework, provide the backbone of detailed policy recommendations from the ACP to external stakeholders (such as payers, governmental oversight organizations, and vendors) regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely.

For author affiliations, see end of text.
This article was published at Annals.org on 28 March 2017.
Reducing Administrative Tasks Action Plan

- Further Policy Development (Published Oct 2, 2017): *Promoting Transparency and Alignment in Medicare Advantage* – ACP policy recommendations to promote transparency and align MA policies to decrease administrative burdens

- Recent comments to Regulatory and Legislative Groups:
  - Feedback to Ways and Means Subcommittee on Health regarding Medicare Red Tape Relief Project
  - Statement before the Ways and Means Subcommittee on Health Medicare Red Tape Relief Project Roundtable
  - Recommendations to CMS on their “Patients over Paperwork” Initiative
Share pain points and best practices

- To guide policy and advocacy
- To create a library of best practices for internists
- Please contribute by going to https://ACP1.polldaddy.com/s/administrative-tasks-best-practices-survey
Have we had an impact?

- YES! – CMS recently announced its own “Patients Over Paperwork” initiative and a “Meaningful Measures” initiative.
- The language used by CMS directly reflects ACP’s input
- ACP advocated for teaching physicians’ ability to link to medical student documentation and now you can!
E/M Service Documentation Provided By Students
(Manual Update)

MLN Matters Number: MM10412
Related Change Request (CR) Number: 10412
Related CR Release Date: February 2, 2018
Effective Date: January 1, 2018
Related CR Transmittal Number: R3971CP
Implementation Date: March 5, 2018

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for teaching physicians billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10412 revises the Medicare Claims Processing Manual to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Make sure your billing staffs are aware of
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.
Promoting personal well-being

- Honor your values
- Do what you love
- Assume best intentions
- Practice mindfulness
- Avoid cynicism
- Get an ergonomics evaluation
Know your happiness booster

- Reach for it when you need an infusion or energy or enthusiasm...or sooner
- Rewire your brain in small steps toward a happier state of being
- Be more productive, creative, efficient
- Know the feeling that tells you when you need it
What is your happiness booster?
Make gratitude a habit

- 3 good things
- Start or end your day with a thank you
- Never underestimate the power of catching people doing things right
Tips: Eating & sleeping

- **Eating**
  - Keep a healthy diet
  - Don’t skip meals

- ** Sleeping**
  - No screen time after 9PM (except on call)
  - Avoid caffeine after noon
  - Minimize ambient light during sleep
  - Keep a regular sleep schedule
Tips: Exercising

- Exercise with others
- Incorporate rewards
- Take the stairs
- High intensity brief work-outs
Tips: Stay connected

- Have diverse social resources and varied interests
- Be available for your partners, friends, family
- Invest your resources in positive spirals
- Try to keep work at work
‘The pause’ allows for moment of silence after a patient death

The RN who developed it sees it as “a means of honoring a patient after they pass away”.

By Mollie Durkin
Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions

Liselotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD; Christine A. Sinsky, MD; Lindsey E. Goeders, MBA; Daniel V. Satele, BS; and Tait D. Shanafelt, MD

Abstract

Objective: To determine whether state medical licensure application questions (MLAQs) about mental health are related to physicians’ reluctance to seek help for a mental health condition because of concerns about repercussions to their medical licensure.

Methods: In 2016, we collected initial and renewal medical licensure application forms from 50 states and the District of Columbia. We coded MLAQs related to physicians’ mental health as “consistent” if they inquired only about current impairment from a mental health condition or did not ask about mental health conditions. We obtained data on care-seeking attitudes for a mentally health problem from a nationally
#Don’t worry alone

- Participants were asked to stand at the base of a hill and estimate how steep the climb would be.
- Hill appeared steeper to those alone than those accompanied by a friend.
- Relationship quality mediated the effect (more supportive relationships worked better).

Fostering Local Communities of Well-being

Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.
Why should we invest in fostering communities of well-being?

- To promote a chapter or organizational culture of affiliation and connectedness
- To create a psychologically safe space for members to communicate with one another
- To help members celebrate the joys and overcome the challenges of practicing internal medicine together
Fostering Community

- Exercises like the one we started with today are designed to positively connect physicians to their work and to one another.
- These activities may help us feel better while we collaborate to address the root causes of burnout in internal medicine.
- Your ACP Wellbeing Champions, Adam and Rakesh, have been trained to help you all assess and address issues important to you.
How do we support a community of well-being?

- Include peer support and reflection in meetings
- Highlight each others’ successes
- Group social events
How do we support a community of well-being?

- Consider an ‘Inside Scoop’
How do we support a community of well-being?

- Recognize physician well-being as a professional competency
- Recognize burnout as a national epidemic and not a personal failure
- Support peers’ healthy behaviors and help-seeking behaviors
What can you do to help foster communities of well-being?

- Share positive stories with one another
- Help make your chapter a safe space to show vulnerability
- Complete your mini-Z and let your chapter know where you would like help
- Participate well-being programming including social events- relatedness matters!
- Provide ongoing feedback to your well-being champions to help them better address your needs
In Summary

- ACP wants to partner with you to address the root causes of burnout and improve the well-being and professional satisfaction of the internist
- Identify one or two practical strategies to try in your practice on Monday
- For more resources, ask your champions, Adam and Rakesh, and go to https://www.acponline.org/practice-resources/physician-well-being-and-professional-satisfaction
Acknowledgement