PHYSICIAN WELLNESS

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RELEVANT DISCLOSURE AND RESOLUTION

Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.

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I have no relevant financial relationships or affiliations with commercial interests to disclose.
Gap: Burnout amongst the United States healthcare workforce is at 54%\(^1\). This is not just an issue amongst staff physicians, but also in trainees including medical students, residents, and fellows. The perception of burnout varies widely between individual providers, and many are not familiar with strategies to recognize and mitigate this important problem. This session aims to raise awareness about burnout and its causes while describing targeted strategies for meaningful intervention.

Upon completion of this session, participants will improve their competence and performance by being able to:

1. Recognize the magnitude and impact of burnout amongst physicians
2. Discuss key factors that contribute to burnout
3. Apply and interpret wellness measurement tools
4. Outline strategies to improve individual wellbeing and the practice environments in which we work
Many of the slides presented today are adapted from material provided by the ACP Wellbeing Champion Resource Center.
MAGNITUDE AND IMPACT OF BURNOUT*

*Burnout is a syndrome of:
• Emotional exhaustion
• Loss of meaning in work
• Feelings of ineffectiveness
• Tendency to view people as objects rather than human beings
BURNOUT RATES WORSENING

WHY DOES BURNOUT MATTER?

  • Time pressure results in poorer care for patients with HTN

• Increase in turnover (Buchbinder S. Am J Manag Care. 1999; 5:1431-38)
  • Costs $236K-$264K for each physician turnover

• Decrease in productivity

• Decrease in work hours (Sinsky et al. Mayo Clin Proceedings, 2017: 92:1625-1635)
  • Burnout is directly linked with intent to reduce clinical work hours

• Decrease in patient AND staff satisfaction

• Increase in physician suicide (American Foundation for Suicide Prevention)
  • 300-400 physician deaths annually (M 1.41x risk, F 2.27x risk)
    • National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org
    • 1-800-273-8255 and crisis text line at 741-741

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WHY IS BURNOUT INCREASING?
WHAT FACTORS CONTRIBUTE TO BURNOUT?

• Increased volume/demand on providers

• EHR
  • Increased documentation requirements (Downing et al, Ann Intern Med. 2018.)
  • Decreased and altered time with patients

• Regulatory burdens
• More work in less time
• Professional isolation
• Lack of shared values and ideals
Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P. Wilt, Lisette A. Isyph, Patricia Fair, Todd E. Shipherd

Summary
Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practicing physicians. The consequences are negative for patient care, professionalism, physician own care and safety, and the viability of healthcare systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, ProCINF, Scopus, Web of Science, and the Education Resources Information Center from inception to June 13, 2014, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout instruments with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician healthcare providers. We considered potential eligibility of the abstract and extracted data from eligible studies using a standardized form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalization score (and high depersonalization). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

Findings We identified 2627 articles, of which 15 randomized trials including 736 physicians and 37 cohort studies (including 1944 physicians not included cohorts). Overall burnout decreased from 44% to 69% difference 10%
(95% CI 5.8-14) p=0.008 (2/15 studies); emotional exhaustion score decreased from 23.85 points to 21.37 points (11-15 points [11-15 points 0.03-0.05]; 8-10 points [7-10 points 0.04-0.08]; 5-6 points [5-6 points 0.06-0.08]; 0-4 points [0-4 points 0.1-0.15]; 4-5 points [0-4 points 0.08-0.12]) and depersonalization score decreased from 8-45 to 8-41 (8-45 points 1.0-1.5; 14 points 0.04-0.08; 5-6 points 0.05-0.15 points). High emotional exhaustion decreased from 38% to 24% (54% 11-18 points [0.03-0.10]; 0% to 0%; 21 studies) and high depersonalization decreased from 38% to 31% (9% to 8% 6 to 4; 0% 0%; 15 studies).

Interpretation The literature indicates that both individual-focused and structural or organizational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to establish which interventions are most effective in specific populations, as well as how individual and organizational solutions might be considered to deliver even greater improvements in physician wellbeing than those achieved with individual solutions.

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Introduction A more complete understanding than at present of the...
Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Mariya Peringiot, PhD; Ethan Fennigkohl, PhD, MD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Mita Bower, PhD; Iain van Manen, MD; Helen Glogower, PhD; Annee Emery, MD

IMPACT
Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE
To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health-care setting characteristics (primary or secondary care) were associated with improved effects.

DATA SOURCES
MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

STUDY SELECTION
Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

DATA EXTRACTION AND SYNTHESIS
Two independent reviewers extracted data and assessed the risk of bias. The main meta-analysis was followed by a number of prespecified subgroup and sensitivity analyses. All analyses were performed using random-effects models and heterogeneity was quantified.

MAIN OUTCOMES AND MEASURES
The core outcome was burnout scores focused on emotional exhaustion, reported as standardized mean differences and their 95% confidence intervals.

RESULTS
Twenty independent comparisons from 19 studies were included in the meta-analysis (n = 1950 physicians, mean [SD] age: 40.3 [9.5] years, 49% male). Interventions were associated with small significant reductions in burnout (standardized mean difference [SMD] = −0.24; 95% CI: −0.42 to −0.06), equal to a drop of 3 points on the emotional exhaustion domain of the Maslach Burnout Inventory, after change in the controls. Subgroup analyses suggested significantly improved effects for organization-directed interventions (SMD = −0.45; 95% CI: −0.63 to −0.27) compared with physician-directed interventions (SMD = −0.38; 95% CI: −0.52 to −0.25). Interventions delivered in experienced physicians and in primary care were associated with higher effects compared with interventions delivered in inexperienced physicians and in secondary care, but these differences were not significant. The results were not influenced by the risk of bias ratings.

CONCLUSIONS AND RELEVANCE
Evidence from this meta-analysis suggests that recent intervention programs for burnout in physicians were associated with small benefits that may be influenced by adoption of organization-directed approaches. This finding provides support for the view that burnout is a problem of the whole health-care organization, rather than individuals.
WORK CONDITIONS

• 4 primary workplace factors related to burnout\textsuperscript{1}

1. Time pressure
2. Lack of control over work conditions
3. Chaotic workplaces
4. Values in conflict with our own

\textsuperscript{1}West et al, Lancet 2016;388:2272–2281
INDIVIDUAL FACTORS

• Resiliency
  • Personal values
  • Self care (exercise, diet)
  • Relationships

• Passion/career fit
  • “The extent to which faculty physicians are able to focus on the aspect of work that is most meaningful to them has a strong inverse relationship to their risk of burnout.”¹
  • Cutoff: 10-20%

SPEAKING OF PASSION...
BURNOUT MEASUREMENT TOOLS
MASLACH BURNOUT INVENTORY

- Gold standard
  - Validated
  - Test positive for burnout if have a high score on depersonalization and/or emotional exhaustion
  - BUT: long and proprietary
MINI-Z SCORE

• 10 Question Survey
• FREE and SHORT
• Backed by ACP and AMA Steps Forward Program
• Have supplemental form: Mini-Z Res
The ACLGIM Worklife and Wellness Mini Z survey

For questions 1-10, please indicate the best answer.

1. Overall, I am satisfied with my current job:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

2. I feel a great deal of stress because of my job
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:
   1. I enjoy my work. I have no symptoms of burnout.
   2. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
   3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.
   5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

5. Sufficiency of time for documentation is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

6. Which number best describes the atmosphere in your primary work area?
   Calm  Busy, but reasonable  Hectic, chaotic
   1  2  3  4  5
7. My professional values are well aligned with those of my department leaders:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

8. The degree to which my care team works efficiently together is:
   1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:
   1 – Excessive  2 – Moderately high  3 – Satisfactory  4 – Modest  5 – Minimal/none

10. My proficiency with EMR use is:
    1 – Poor  2 – Marginal  3 – Satisfactory  4 – Good  5 – Optimal

11. Tell us more about your stresses and what we can do to minimize them:

Please tell us about yourself:
Are you: ___ MD/DO  ___ NP  ___ PA  ___ Other (specify): ____________
Practice location: ___ VA  ___ Non-VA
Where do you spend the majority of your clinical time: ___ In-patient  ___ Outpatient
Please tell us the number of years in your current role: ____________
(optional) Gender: ___ Female  ___ Male
(optional) Race: ___ Black or African American  ___ Asian  ___ Native American  ___ Native Hawaiian or Other Pacific Islander  ___ White
(optional) Ethnicity: ___ Latino/Hispanic

*Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace study, The MiniZ was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis MN. For more information please contact mark.linzer@hcmvd.org.
INTERVENTIONS
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.
INDIVIDUAL WELLBEING

• Do what you love (at least 20% of the time!)

• Support your peers, be a coach
  • Listen, reflect, encourage

• Try to keep work at work

Oh, you hate your job? Why didn’t you say so?
There’s a support group for that.
It’s called EVERYBODY and they meet AT THE BAR.
INDIVIDUAL WELLBEING

- Practice positive psychology
  - Avoid cynicism
  - 3:1 positivity ratio
  - Share something about your work that is truly meaningful to you, brings you joy, and/or gives you a reason to get out of bed in the morning
• Though promoting individual wellbeing and resiliency can have a positive impact, it is not always enough...
IMPROVING THE PRACTICE AND ORGANIZATIONAL ENVIRONMENT

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

Abstract

We highlight primary care innovations gathered from high-functioning primary care practices. Innovations we believe can facilitate joy in practice and mitigate physician burnout. To do so, we recruited 23 high-performing primary care practices and toured on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the role of primary care health and affordable to all. The innovations include (1) proactive care plans, with patient planning and genomic laboratory tests (2) framing clinical care among a team, with expertise bringing primary care to the foreground; (3) using biomarkers with collaborative professional billing, reimbursement, and streamlining care; (4) using data to improve care, including engaging and innovating management, and (5) improving care through functional training or behavior change, and work-life change. The observation suggests that a shift from a physician-centric model of work distribution and equality to a team model, with a higher level of clinical support staff, physician and frequent factors for communication, can result in high-functioning teams, improve professional satisfaction, and foster joy in practice.

Introduction

Both reports, primary care physicians are at high levels of burnout. Physicians are among the highest burnout rates, and may be even higher than other specialties. Although burnout is a well-known phenomenon, the reasons and drivers that contribute to it vary widely. The current study aimed to understand the factors that contribute to physician burnout and to develop strategies to mitigate its effects.

Although some level of burnout is normal, chronic burnout and exhaustion may have significant negative implications for patient care, physician well-being, and overall practice productivity. Therefore, identifying strategies to mitigate burnout is crucial for maintaining optimal patient care and ensuring the sustainability of primary care practices.
IMPROVING THE PRACTICE AND ORGANIZATIONAL ENVIRONMENT

• Reduce **time pressure** and promote more **control**
  • Have a manageable census
  • Consider scribes
  • Optimize your EMR
  • Clearly define roles for all team members
IMPROVING THE PRACTICE AND ORGANIZATIONAL ENVIRONMENT

• Reduce **chaos** and improve coordination
  • Pre-visit planning
  • Huddles
  • Care protocols

Credit to M Linzer & S Poplau.
LeMaire J. BMC HSR. 2010; 10:208
IMPROVING THE PRACTICE AND ORGANIZATIONAL ENVIRONMENT

• Promote shared **values**
  • Incorporate values into meetings
  • Reward and recognize peers
  • Teach leadership principles
  • Provide resources for a wellbeing committee
MOVING FORWARD:
OKLAHOMA ACP CHAPTER WELLNESS
• Mission statement:

• The Oklahoma ACP Physician Well-being and Professional Satisfaction Committee aims to eliminate burnout in its members by identifying sources of physician dissatisfaction and developing targeted strategies for meaningful intervention.

• *One size does NOT fit all
OKLAHOMA ACP WELLNESS INITIATIVE

• Steps forward:
  1. Familiarize our chapter with ACP’s Wellness Initiative
     • TODAY
  2. Create a local wellness chapter
  3. Study and measure current burnout and wellness data in our chapter
     • Mini-Z survey delivered to the chapter
  4. Develop a local strategy based on measured data
  5. Promote wellness and build resiliency amongst members (ongoing)
CONCLUSION AND CLINICAL PEARLS

• Physician burnout is on the rise due to a multitude of factors

• We cannot ignore the issue of physician wellness and need to take an evidence based approach to this problem

• Physician wellness is a combination of individual wellbeing/resiliency (the rubber band) AND the organizational environment (the stretching force)

• To make a true impact, we must study and address both of these factors
CONCLUSION AND CLINICAL PEARLS

• We can start making an impact **today** by being a “**coach**” and **practicing positive psychology** with our colleagues:

  1. Give me a story of you at your best.
  2. What do you love most about your work as a doctor?
  3. What are your strengths?
  4. I noticed that ____ went really well. What happened that was so good?
  5. Between now and the next few weeks, what is one thing you can work on to get you toward your goals?
THANK YOU
According to data published between 2011 and 2014, burnout rates amongst physicians have been:

a) Decreasing across all specialties
b) Increasing across all specialties
c) Unchanged
d) Increasing in some specialties but decreasing in others