Achieving Wellness: Personal and System Strategies for Change

Micah Beachy, DO, FACP, SFHM

Clarissa Barnes, MD, Certified Physician Development Coach

South Dakota/Nebraska Chapter ACP Meeting
October 2, 2019
Our Backgrounds
Overview

- Background
  - What is burnout?
  - Why are healthcare professionals at risk?
  - Why does it matter?
- Personal wellness
- Organizational wellness
  - Small teams/division
  - Organization/system
- National efforts/Advocacy
Recognizing Burnout

**Emotional Exhaustion:** emotionally overextended and exhausted

**Depersonalization:** unfeeling and impersonal response toward recipients of one's service

**Personal Accomplishment:** perceived competence and achievement in work
Recognizing Burnout

• How do you recognize these in yourself?
  • Overextended, exhausted, unfeeling response, lack of perceived competence

• How can you recognize these in others?
  • Learners consistently seem or report fatigue/stress
  • Difficulty empathizing with patient/family experience
  • Consistently unsure of self/knowledge after achieving competence
A Word about Moral Injury...

- Moral injury is older term, but applied to healthcare in the *Stat News* article by Drs. Wendy Dean and Simon Talbot, entitled "Physicians aren't 'burning out.' They're suffering from moral injury."

- Current framework is either/or but it’s a false dichotomy
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 37%
- Plastic Surgery 36%
- Otolaryngology 36%
- Ophthalmology 34%
- Pathology 33%
- Nephrology 32%
- Public Health & Preventive Medicine 28%
Why are we at risk?

• High-functioning
• “Perfectionist/Type A”
• Trained in high-stress, high-hour environments
• High risk stakes
• Stigma for errors/weakness
• Increasing hours on “other things”
Why are we at risk?
What Contributes Most to Your Burnout?

- Too many bureaucratic tasks (e.g., charting, paperwork): 59%
- Spending too many hours at work: 34%
- Increasing computerization of practice (EHRs): 32%
- Lack of respect from administrators/employers, colleagues or staff: 30%
- Insufficient compensation/reimbursement: 29%
- Lack of control/autonomy: 23%
- Government regulations: 20%
- Feeling like just a cog in a wheel: 20%
- Emphasis on profits over patients: 17%
- Lack of respect from patients: 16%
Why Does it Matter?

- Matters to us
  - Important to self-identity, trigger for mental illness
  - Physician suicide as highest rate per profession
  - Impact on personal relationships
  - Addiction
- Matters to our patients
  - Patient satisfaction and its relationship to clinical outcomes
  - More errors
  - Lack of credibility
Why Does it Matter?

- Matters to our profession/business
  - High turnover and costs associated
  - Team based (which can then be related to other department turnover issues)
  - Impact on productivity and quality
Personal Strategies for dealing with Burnout

How Do Physicians Cope With Burnout?

- Exercise 48%
- Talk with family members/close friends 43%
- Isolate myself from others 41%
- Sleep 39%
- Play or listen to music 33%
- Eat junk food 32%
- Drink alcohol 23%
- Binge eat 19%
- Other 13%
- Smoke cigarettes/Use products containing nicotine 3%
- Use prescription drugs 2%
- Smoke marijuana/Consume marijuana products 1%
The Relationship Between Family and Medical Providers

- They often bear the greatest costs
- Home environment is often first sign of trouble

“We love seeing raw truth and openness in other people, but we’re afraid to let them see it in us. We’re afraid that our truth isn’t enough - that what we have to offer isn’t enough without the bells and whistles, without editing, and impressing.”

- Brene Brown
Vulnerability as Protective Factor

- As much as we do for patients, we are ultimately replaceable to everyone but our family/friends
- They will notice your “tells”
Communication

- Set shared goals for work/home balance
- Shared calendar system
- Protected family time
- Protected self time
- The unwritten *
Personal Strategies for Prevention
“IT’S NOT HARD TO MAKE DECISIONS WHEN YOU KNOW WHAT YOUR VALUES ARE”

— ROY DISNEY
Executive Coaching

“An efficient, high-impact process of dialogue that helps highly performing people improve results in ways that are sustained over time.”

Coaches are a Strategy Partner:

• Gain clarity of wants and values
• Develop action steps
• Hold accountable for goals moving forward
Team Strategies
Increase “Preload”  
i.e. Autonomy & Support

Decrease “Afterload”  
i.e. Workload & EMR inefficiency

Increase “Contractility”  
i.e. Resilience

Analogy thanks to Tom Tape, MD, MACP
Drivers of Burnout & Engagement

Shanafelt, Mayo Clinic Proceedings 2017
Maslach Burnout Inventory

- Based on Christine Maslach’s work since the 1970s
- 22 questions in 3 domains; scored on a 7 point scale
  - Emotional Exhaustion (9 questions)
  - Depersonalization (5 questions)
  - Personal Accomplishment (8 questions)
- Payment required for completion

http://www.mindgarden.com/117-maslach-burnout-inventory
<table>
<thead>
<tr>
<th>Feeling/attitude</th>
<th>Rating scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enthusiasm about career goals.</td>
<td></td>
</tr>
<tr>
<td>2. Willingness to do ‘whatever it takes’.</td>
<td></td>
</tr>
<tr>
<td>5. Feeling satisfied with progress so far in the residency.</td>
<td></td>
</tr>
<tr>
<td>6. Pleased with life overall.</td>
<td></td>
</tr>
</tbody>
</table>

Below is a series of faces that represent common mood states that residents experience. Fill in the circle corresponding to the face that best illustrates how you have been feeling during the past week, including today.

Mini-Z with Individual Scoring

1. Overall, I am satisfied with my current job:
   5=Agree strongly   4=Agree   3=Neither agree nor disagree   2=Disagree   1=Strongly disagree

2. Using your own definition of “burnout”, please choose one of the numbers below:
   5=I enjoy my work. I have no symptoms of burnout.
   4=
   3=I am **beginning to burn out** and have one or more symptoms of burnout, e.g. emotional exhaustion.
   2=
   1=I feel completely burned out. I am at the point where I may need to seek help.

3. My professional values are well aligned with those of my clinical leaders:
   5=Agree strongly   4=Agree   3=Neither agree nor disagree   2=Disagree   1=Strongly disagree

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

5. My control over my workload is:
   1 = Poor   2 = Marginal   3 = Satisfactory   4 = Good   5 = Optimal
Mini-Z with Individual Scoring

6. I feel a great deal of stress because of my job
1=Agree strongly  2=Agree  3=Neither agree nor disagree  4=Disagree  5=Strongly disagree

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

8. 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

9. The EMR adds to the frustration of my day:
1=Agree strongly  2=Agree  3=Neither agree nor disagree  4=Disagree  5=Strongly disagree

10. Which number best describes the atmosphere in your primary work area?
Calm  4  Busy, but reasonable  3  Hectic, chaotic  2  1
Mini-Z with Individual Scoring

Total Score
• Add all the numbered responses (range 10-50)
• ≥ 40 is a joyful workplace

Subscale 1 (supportive work environment)
• Add the numbered responses to questions 1-5
• ≥ 20 is a highly supportive practice

Subscale 2 (work pace and EMR stress)
• Add the numbered responses to questions 6-10
• ≥ 20 is a workplace with reasonable pace and manageable EMR stress

**Courtesy of Mark Linzer, MD**
UNMC GIM Wellness Program

* Measure the problem?
  * **Mini-Z**
* Identify stress points?
  * **Guided group activity**
* Do something about it!?
  * **Prioritize stress points and engage leadership to make real change**

Mark Linzer, MD, Hennepin County Medical Center
Identifying Stress Points

Small Group Activity: GIM Wellness Workshop

• Brainstorm with group regarding your day to day activities and their relationship to your personal wellness
• What kinds of changes to your job/workplace/schedule/etc. would make maintaining wellness HARDER?
• Highlight (as a group) 2-4 top priorities
• Do not focus on finding solutions yet - IDENTIFY PROBLEMS first
Problem Solving

Choose 1-2 priorities from your list to address

• What is needed for you to solve this problem?
• Identify barriers - people, locations, resources ($$, time)
• Identify key personnel who could take responsibility
Feedback Process

- All written notes and verbal suggestions recorded and organized by theme
- Ideas presented and discussed with division and section leadership
- Ideas sorted into categories based on feasibility
Red Light ("Not now, but here’s why")

Yellow Light ("a work in progress")

Green Light ("low-hanging fruit")
<table>
<thead>
<tr>
<th>Item</th>
<th>Natl GIM ‘15</th>
<th>NE ‘15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate</td>
<td>47%</td>
<td>74%</td>
</tr>
<tr>
<td>Overall satisfied with job</td>
<td>76%</td>
<td>70%</td>
</tr>
<tr>
<td>Great deal of stress w/ job</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Symptoms of Burnout</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Poor control over workload</td>
<td>49%</td>
<td>40%</td>
</tr>
<tr>
<td>Lack of time for documentation</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Values well aligned w/ leadership</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Teams work efficiently together</td>
<td>74%</td>
<td>83%</td>
</tr>
<tr>
<td>Excessive EMR time at home</td>
<td>57%</td>
<td>40%</td>
</tr>
<tr>
<td>Proficiency with EMR use</td>
<td>89%</td>
<td>95%</td>
</tr>
<tr>
<td>Item</td>
<td>Natl GIM ‘15</td>
<td>NE ‘15</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>Response Rate</td>
<td>47%</td>
<td>74%</td>
</tr>
<tr>
<td>Overall satisfied with job</td>
<td>76%</td>
<td>70%</td>
</tr>
<tr>
<td>Great deal of stress w/ job</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Symptoms of Burnout</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Poor control over workload</td>
<td>49%</td>
<td>40%</td>
</tr>
<tr>
<td>Lack of time for documentation</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Values well aligned w/ leadership</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Teams work efficiently together</td>
<td>74%</td>
<td>83%</td>
</tr>
<tr>
<td>Excessive EMR time at home</td>
<td>57%</td>
<td>40%</td>
</tr>
<tr>
<td>Proficiency with EMR use</td>
<td>89%</td>
<td>95%</td>
</tr>
</tbody>
</table>
GIM Wellness: Ongoing Activities

- Standing agenda time at division meeting
- Pair and share
  - What are you grateful for
  - Recent vacation/time off
- Troika (1 share/2 consultants)
  - What are the barriers to wellness that exist within your unit?
- Crowdsourcing
  - How can UNMC/NM contribute to a culture of workplace satisfaction?
- Listening tour
System Strategies

• Change organizational culture
• Lead by example
• Advocate for system change at local, organizational, governmental levels
System Example (LIGHT)

• Learn- Education
• Innovate- New methods, need to measure!
• Grow- Advocacy for System Change and Beyond
• Heal- Expand services to help treat burnout
• Thrive- Expand services to promote wellness
Do Interventions Help?

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

20 controlled interventions (1,550 physicians)
• Assess effectiveness of burnout interventions
• Organizational or physician directed more beneficial
• Effect on different settings and physician experience
### JAMA Meta-Analysis: Overall Burnout

<table>
<thead>
<tr>
<th>Study ID</th>
<th>SMD (95% CI)</th>
<th>Favor Intervention</th>
<th>Favor Control</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali et al, 2011</td>
<td>-0.68 (-1.41 to 0.05)</td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
<tr>
<td>Amutio et al, 2015</td>
<td>-0.61 (-1.24 to 0.02)</td>
<td></td>
<td></td>
<td>3.51</td>
</tr>
<tr>
<td>Asuero et al, 2014</td>
<td>-0.60 (-1.11 to -0.09)</td>
<td></td>
<td></td>
<td>4.86</td>
</tr>
<tr>
<td>Bragard et al, 2010</td>
<td>-0.06 (-0.45 to 0.33)</td>
<td></td>
<td></td>
<td>6.99</td>
</tr>
<tr>
<td>Butow et al, 2015</td>
<td>0.16 (-0.19 to 0.51)</td>
<td></td>
<td></td>
<td>7.95</td>
</tr>
<tr>
<td>Butow et al, 2008</td>
<td>0.19 (-0.54 to 0.92)</td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
<tr>
<td>Garland et al, 2012</td>
<td>-0.95 (-1.79 to -0.11)</td>
<td></td>
<td></td>
<td>2.11</td>
</tr>
<tr>
<td>Gunasingam et al, 2015</td>
<td>0.09 (-0.62 to 0.80)</td>
<td></td>
<td></td>
<td>2.88</td>
</tr>
<tr>
<td>Linzer et al, 2015a</td>
<td>-0.87 (-1.60 to -0.14)</td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
<tr>
<td>Linzer et al, 2015b</td>
<td>-0.98 (-1.76 to -0.20)</td>
<td></td>
<td></td>
<td>2.40</td>
</tr>
<tr>
<td>Lucas et al, 2012</td>
<td>-0.44 (-0.64 to -0.24)</td>
<td></td>
<td></td>
<td>13.38</td>
</tr>
<tr>
<td>Margalit et al, 2005</td>
<td>-0.42 (-0.85 to 0.01)</td>
<td></td>
<td></td>
<td>6.16</td>
</tr>
<tr>
<td>Martins et al, 2011</td>
<td>-0.43 (-0.90 to 0.04)</td>
<td></td>
<td></td>
<td>5.46</td>
</tr>
<tr>
<td>Mistein et al, 2009</td>
<td>-0.16 (-0.83 to 0.51)</td>
<td></td>
<td></td>
<td>3.17</td>
</tr>
<tr>
<td>Parshuram et al, 2015</td>
<td>-0.10 (-0.79 to 0.59)</td>
<td></td>
<td></td>
<td>3.02</td>
</tr>
<tr>
<td>Ripp et al, 2016</td>
<td>-0.21 (-0.95 to 0.53)</td>
<td></td>
<td></td>
<td>2.63</td>
</tr>
<tr>
<td>Shea et al, 2014</td>
<td>-0.24 (-0.69 to 0.21)</td>
<td></td>
<td></td>
<td>5.80</td>
</tr>
<tr>
<td>Verweij et al, 2016</td>
<td>-0.06 (-0.59 to 0.47)</td>
<td></td>
<td></td>
<td>4.59</td>
</tr>
<tr>
<td>Weight et al, 2013</td>
<td>-0.16 (-0.41 to 0.09)</td>
<td></td>
<td></td>
<td>11.05</td>
</tr>
<tr>
<td>West et al, 2014</td>
<td>-0.22 (-0.67 to 0.23)</td>
<td></td>
<td></td>
<td>5.80</td>
</tr>
<tr>
<td>Overall (I² = 30%, P = .10)</td>
<td>-0.29 (-0.42 to -0.16)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
### JAMA: Organizational vs Individual

<table>
<thead>
<tr>
<th>Study ID</th>
<th>SMD (95% CI)</th>
<th>Favors</th>
<th>Favors</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization-directed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ali et al, 2011</td>
<td>-0.68 (-1.41 to 0.05)</td>
<td></td>
<td></td>
<td>5.35</td>
</tr>
<tr>
<td>Garland et al, 2012</td>
<td>-0.95 (-1.79 to -0.11)</td>
<td></td>
<td></td>
<td>4.00</td>
</tr>
<tr>
<td>Linzer et al, 2015a</td>
<td>-0.87 (-1.60 to -0.14)</td>
<td></td>
<td></td>
<td>5.35</td>
</tr>
<tr>
<td>Linzer et al, 2015b</td>
<td>-0.98 (-1.76 to -0.20)</td>
<td></td>
<td></td>
<td>4.60</td>
</tr>
<tr>
<td>Lucas et al, 2012</td>
<td>-0.44 (-0.64 to -0.24)</td>
<td></td>
<td></td>
<td>48.70</td>
</tr>
<tr>
<td>Parshuram et al, 2015</td>
<td>-0.10 (-0.79 to 0.59)</td>
<td></td>
<td></td>
<td>5.95</td>
</tr>
<tr>
<td>Shea et al, 2014</td>
<td>-0.24 (-0.69 to 0.21)</td>
<td></td>
<td></td>
<td>13.02</td>
</tr>
<tr>
<td>West et al, 2014</td>
<td>-0.22 (-0.67 to 0.23)</td>
<td></td>
<td></td>
<td>13.02</td>
</tr>
<tr>
<td><strong>Overall (I² = 8%, P = .37)</strong></td>
<td>-0.45 (-0.62 to -0.28)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study ID</th>
<th>SMD (95% CI)</th>
<th>Favors</th>
<th>Favors</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician-directed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anu et al, 2015</td>
<td>-0.61 (-1.24 to 0.02)</td>
<td></td>
<td></td>
<td>4.93</td>
</tr>
<tr>
<td>Asseero, 2014</td>
<td>-0.60 (-1.11 to -0.09)</td>
<td></td>
<td></td>
<td>7.22</td>
</tr>
<tr>
<td>Braggard et al, 2010</td>
<td>-0.06 (-0.45 to 0.33)</td>
<td></td>
<td></td>
<td>11.43</td>
</tr>
<tr>
<td>Botow et al, 2015</td>
<td>0.16 (-0.19 to 0.51)</td>
<td></td>
<td></td>
<td>13.62</td>
</tr>
<tr>
<td>Botow et al, 2008</td>
<td>0.19 (-0.54 to 0.92)</td>
<td></td>
<td></td>
<td>3.75</td>
</tr>
<tr>
<td>Gunasingam et al, 2015</td>
<td>0.09 (-0.62 to 0.80)</td>
<td></td>
<td></td>
<td>3.95</td>
</tr>
<tr>
<td>Margalit et al, 2005</td>
<td>-0.42 (-0.85 to 0.01)</td>
<td></td>
<td></td>
<td>9.71</td>
</tr>
<tr>
<td>Martins et al, 2011</td>
<td>-0.43 (-0.90 to 0.04)</td>
<td></td>
<td></td>
<td>8.33</td>
</tr>
<tr>
<td>Milstein et al, 2009</td>
<td>-0.16 (-0.83 to 0.51)</td>
<td></td>
<td></td>
<td>4.40</td>
</tr>
<tr>
<td>Ripp et al, 2016</td>
<td>-0.21 (-0.95 to 0.53)</td>
<td></td>
<td></td>
<td>3.56</td>
</tr>
<tr>
<td>Verwoj et al, 2016</td>
<td>-0.06 (-0.59 to 0.47)</td>
<td></td>
<td></td>
<td>6.74</td>
</tr>
<tr>
<td>Weight et al, 2013</td>
<td>-0.16 (-0.41 to 0.09)</td>
<td></td>
<td></td>
<td>22.35</td>
</tr>
<tr>
<td><strong>Overall (I² = 11%, P = .33)</strong></td>
<td>-0.18 (-0.32 to -0.03)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
Advocacy

• Change rules/laws/policies that are burdensome
• SD Mental Health Disclosures Example
ACP’s Ongoing Efforts to Address Physician Well-Being
Advocating for Formal Infrastructure to Support Expansion & Sustainability of Wellness Initiatives

• RESOLVED, that the ACP Board of Regents explores how best to develop and infrastructure to support expansion and sustainability of the wellness initiatives for physicians and physicians in-training; and be it further

• RESOLVED, that the ACP Board of Regents becomes a leading voice in addressing areas such as changes in the practice environment, burnout prevention, physician wellness, and professional satisfaction and collaborate with like-minded organizations and entities in these areas
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.

[For more information, visit](https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment)
Addressing Well-Being: ACP Activity

- Well-Being & Professional Fulfillment Task Force
- Expansion of Well-Being Champions Training
  - Provide knowledge, education, and support to chapters
  - Approximately 160 champions across 70 chapters
- Wellness Toolkit Development (LeaderNet)
  - [https://leadership.acponline.org/resources/college-resources/acp-wellness-toolkit](https://leadership.acponline.org/resources/college-resources/acp-wellness-toolkit)
Addressing Well-Being: ACP Activity

- IM 2019
  - IM pre-course, sessions, briefings and relaxation station
  - Clinical skills center
    - Mini but Mighty Skills to Enhance Well-being
    - Interactive Workflow Innovations exhibit #acpworkflow
    - Fun activities (mini-golf, selfie frames, chocolate eating)
- Collaboration with others
  - National Academy of Medicine Action Collaborative on Clinician Well-being and Resilience – founding member
  - Collaborative for Healing and Renewal in Medicine (CHARM)
Advocating for System Change

• Patients Before Paperwork Position Paper
• Ongoing discussions with ONC promoting decrease in documentation and other burdens
• Collaborating with CMS
  • Elimination of repeating parts of medical student documentation
  • Proposed elimination of history and/or physical exam to determine E/M level (focusing on MDM or time-based billing)
  • Proposed rule to minimize documentation requirements for CCM/TCM
Questions?
References

- Medscape National Physician Burnout, Depression & Suicide Report 2019