The Evidence-Based Case for Well-Being

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Objectives
- Review the components and presence of burnout in internal medicine specialists
- List some of the consequences (personal and economic) of burnout in physicians
- Consider opportunities and steps to pursue a culture of wellness in your own institution

Burnout
- Three components
  - Emotional exhaustion
    - “I’m not sure how much longer I can keep going like this.”
  - Depersonalization – cynicism and detachment
    - “Compassion fatigue”
    - “Emotionally unavailable”
  - Feelings of ineffectiveness/lack of accomplishment
    - “What’s the use?”
    - “I’m not helping anyone”
    - “I’m really going to screw up if things don’t improve”

References:
Burnout By Specialty
Medscape National Physician Burnout & Depression Report 2018:
Why should we (and leaders) care?

• Heart
  - Stories – lots of them
  - Basic human decency
  - Tragedy

• Head
  - Evidence-based
  - Data-driven
  - No margin, no mission (how much is it going to cost me?)
Personal Consequences (1)

- Alcohol abuse and Dependence
  - 15.4% prevalence in a study of surgeons
  - 25% increased odds in the presence of burnout
  - 32.4% in a study of medical students
  - Compared to 15.6% of US college-educated 22-34 year-olds
  - Significantly higher prevalence in students with burnout than without

- Motor Vehicle Crashes
  - More likely in internal medicine residents

References:

Personal Consequences (2)

- Suicidal ideations and Suicide
  - Burnout predicted SI’s in medical students in a longitudinal study
  - And recovery from burnout predicted fewer SI’s
  - Despite similar lifetime depression prevalence of major depression compared to the general population, physicians have a significant increased risk of suicide
  - Men 40% higher
  - Women 130% higher

- Depression

References:
2. JAMA 2003; 289(23): 3161-3166

Personal Consequences (3)

- Poor self-care
- Personal life conflicts/damage
- Moral distress

Economic Case

- Turnover
  - “We will protect patients as long as we can…to our last gasp…then we will leave.”
  - $ in recruitment
  - $ indirect – lost revenue during recruitment, onboarding, and ramp-up
  - 2-3x the physician’s annual salary
  - “Second victims” – losing a team member increases burnout of others
- Productivity loss during burnout
  - Grants and publications decrease by about 15%
  - Reduction in FTE

References:
1. 1100NotesMed. 2015; 13(5): 1383-1392
Economic Case (2)

- Quality and Safety
  - 2.10% increase in likelihood of physicians reporting major medical errors
  - "Dose-Response" relationship with medical errors (residents and practicing docs)
  - Persists over time
  - Independent of fatigue (duty hours restrictions don’t work)
  - Decreased "patient-centeredness"
  - Infectious – teamwork decreases patients safety impacted
  - Cost/Value – more referrals, more tests ordered
  - Decreased patient satisfaction

References:
1. JAMA Int Med. 2017;177(12):1826-1832

Individual Strategies

- Resiliency
- Mindfulness and Meditation
- Time Management/Efficiency
- Gratitude
- Consider Legacy/Meaning in work
- Support/guidance – family, friends, colleagues, other
- Resources for professional help (PCP, employee assistance programs)
- Find meaning outside of work

References:
AMA Steps Forward: https://www.stepsforward.org/modules/improving-physician-resilience/
Burnout is a Systems Issue

• Organizational changes CAN reduce burnout and thus improve QI and patient safety

• Moral and ethical imperative

Nine Steps to Creating the Organizational Foundation for Joy in Medicine

• Culture of Wellness
  1. Engage Senior Leadership
  2. Track the Business Case for Well-Being
  3. Build a Wellness Infrastructure
  4. Measure Wellness and the Predictors of Burnout Longitudinally
  5. Strengthen Local Leadership
  6. Develop and Evaluate Interventions

• Efficiency of Practice
  7. Improve Workflow Efficiency and Maximize the Power of Team-Based Care
  8. Reduce Clerical Burden and Tame the EHR

• Personal Resilience
  9. Support the Physical and Psychosocial Health of the Workforce

Culture of Wellness

• Engage senior leadership
• Track the business case
• Chair of Medicine, Division Chiefs, Vice-Chairs, OFA
• Turnover
Culture of Wellness

- Engage senior leadership
- Track the business case
- Build wellness infrastructure
- Measure WB and predictors longitudinally

WBI vs Mini-Z

- WBI
  - Burnout, emotional exhaustion, depression, sleep, emotional problems, physical health

- Mini-Z
  - Job satisfaction, control over workload, sufficiency of time for documentation, EHR time/efficiency, work atmosphere, care team
  - Values alignment with leadership

References:
- WBI vs Mini-Z
  - WBI
    - Burnout, emotional exhaustion, depression, sleep, emotional problems, physical health
  - Mini-Z
    - Job satisfaction, control over workload, sufficiency of time for documentation, EHR time/efficiency, work atmosphere, care team
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Our ask...

- Measure
- Burnout

Identify our key drivers

Support and resources to change processes and culture

References:

Questions?