Today’s Agenda: Think Differently About Burnout

Objectives

• Understand the drivers and manifestations of burnout
• Develop an overview of the three areas of focus to counteract burnout
• Identify key changes you can implement in your organization that can reduce burnout and return joy to patient care.
About Me

Experience
• 25 years of clinical practice in emergency medicine
• 25 years of leadership roles
  – Hospital leadership including medical director, medical staff officer, and hospital board of directors
  – Executive for a physician practice management company
  – Executive for a health analytics and consulting company

Disclosures
• Employed by Simpler Consulting, IBM Watson Health
  – A management consulting firm
Consider if there was an epidemic that:

- Affected over half of the population
- Was continuing to increase in prevalence, and
- Put the health of you and your family at risk

WELCOME TO PHYSICIAN BURNOUT
Physician Burnout: Growing Gap to General Population

BY THE NUMBERS
- From 2011 to 2014 percent of US physicians with burnout grew from 45% - 54%
  - Avg US workers steady at 28%
- 950K physicians in USA
  - 510K burned out

IMPACT
- Reduced performance on key metrics
  - Safety
  - Quality
  - Patient Satisfaction
  - Access
  - Physician and Staff Engagement
  - Physician Turnover

Physician Work Life Balance: Even Worse

BY THE NUMBERS

- 63% of average US workers satisfied with Work Life Balance
  - Up from 55% in 2011
- 41% of US physicians satisfied with Work Life Balance
  - Down from 49% in 2011

IMPACT

- Loss of Revenue
  - Physicians are reducing productivity to regain WLB
  - Avg PCP contributes $1.5M to hospital net revenue
  - Avg FP # visits/wk: 2010=99, 2016=83, a 16% decrease
What Is Burnout?

Three Manifestations

Emotional Exhaustion
  - Nothing left to give
Depersonalization (Cynicism)
  - Self-protection
Loss of sense of self-efficacy
  - Unable to see impact of work

*Cynicism = highest risk of progressing on to serious consequences*

Burnout is **not** a clinical diagnosis

- ICD-10 lists it as a contributing cause, not a primary diagnosis
- DSM-5 does not acknowledge burnout
Why Does Burnout Happen?

• Result of Interaction between
  – the worker and
  – the workplace
• Highly motivated professional into a
  *dysfunctional workplace* where unable to
  succeed without *constant vigilance and focus*
• *Unstainable* => *Toxicity*
Drivers of Burnout: According to Maslach, Leiter + Linzer

- Work Overload
  - Chaotic work environment
  - Time Pressure
- Loss of control
- Insufficient reward
- Breakdown of community
- Absence of fairness
- Conflicting values

Burnout is **Not** the Fault of the Individual

When over half of clinicians experience this, *it is not a failing or weakness of the individual*

New **medical students** better mental health than college graduates pursuing other fields, with lower burnout & less depression

- Pattern reversed by 2nd year medical school
- 50% of medical students are on antidepressants
- Crescendo during residency

Physician Burnout Is Getting Worse
### Medscape Lifestyle Report 2016

#### Which Physicians Are Most Burned Out?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Burnout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
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<tr>
<td>Urology</td>
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</tr>
<tr>
<td>Emergency Medicine</td>
<td>55%</td>
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<tr>
<td>Family Medicine</td>
<td>54%</td>
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<tr>
<td>Internal Medicine</td>
<td>54%</td>
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<tr>
<td>Pediatrics</td>
<td>53%</td>
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<tr>
<td>Surgery</td>
<td>51%</td>
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<tr>
<td>Ob/Gyn</td>
<td>51%</td>
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<tr>
<td>Anesthesiology</td>
<td>50%</td>
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<tr>
<td>Gastroenterology</td>
<td>49%</td>
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<tr>
<td>Rheumatology</td>
<td>47%</td>
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<tr>
<td>Infectious Disease</td>
<td>47%</td>
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<tr>
<td>Nephrology</td>
<td>47%</td>
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<td>Orthopedics</td>
<td>47%</td>
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<tr>
<td>Oncology</td>
<td>46%</td>
</tr>
<tr>
<td>Pathology</td>
<td>45%</td>
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<tr>
<td>Plastic Surgery</td>
<td>45%</td>
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<tr>
<td>Pulmonary Medicine</td>
<td>43%</td>
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<tr>
<td>Dermatology</td>
<td>43%</td>
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<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>41%</td>
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<tr>
<td>Ophthalmology</td>
<td>41%</td>
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<tr>
<td>Psychiatry &amp; Mental Health</td>
<td>40%</td>
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Medscape Lifestyle Report 2017

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<td>Plastic Surgery</td>
<td>53%</td>
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<td>Otolaryngology</td>
<td>53%</td>
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<td>Allergy &amp; Immunology</td>
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</tr>
<tr>
<td>Psychiatry &amp; Mental Health</td>
<td>42%</td>
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</tbody>
</table>
Burnout in Nurses: Kronos survey, May 2017

- **98 percent** of hospital nurses said their work is physically and mentally demanding
- **85 percent** noted that their nursing jobs make them fatigued overall
- **63 percent** reported that their work has caused nurse burnout
- **44 percent** worry their patient care will suffer because they are so tired
- **41 percent** have considered changing hospitals during the past year due to burnout

How Are the Administrators Doing?
How Does This Make You Feel?

External Drivers
- Google
- Opioid Crisis
- HCAHPS
- CGCAHPS
- yelp
- MOC
- ICD-10
- Meaningful Use
- Violence

Physician

Workplace

EHR
- Reducing Reimbursement
- Prior Authorization
- ACA, MACRA, Repeal +/- Replace?

Payers
- Patient Demographics
I’m Mad as Hell and I’m Not Going to Take This Anymore!
We Have Added the Last Straw

And People are Breaking!
Burnout’s Impact on Physicians and their Families

- Depression
- Substance Abuse
- Family Dysfunction
- Physician Suicide
  - 130% HIGHER: The suicide rate among female doctors than among women in general
  - 40% HIGHER: The suicide rate among male doctors than among men in general
  - Lose 300 – 400 physicians a year to suicide

Slide Courtesy of the Center for Professionalism and Peer Support, Brigham and Women's Hospital

Schernhammer E. NEJM 2005
Slide Courtesy of the Center for Professionalism and Peer Support, Brigham and Women’s Hospital
What Should We Do?
A Practical Approach to Burnout in Your Organization

• Step 1 – Diagnostic
  – Degree of burnout and drivers by location
  – Leadership assessment
• Step 2 - Planning session
  – Based on diagnostic, develop a transformation plan
• Step 3 – Clinician Resilience Support
  – Wellness program, individual coaching/support
• Step 4 – Organizational Culture Improvement
  – Mission, Vision, Values, Compact
  – Daily Management System
• Step 5 – Practice Efficiency Improvement
  – Deep dive in specific clinical workflows
  – EHR optimization

Stanford Well MD Model, Shanafelt, 2017
Surveys

• Mind Garden: industry standard, proprietary
  – Maslach Burnout Inventory (MBI) - manifestations
  – Areas of Worklife Survey (AWS) – drivers of burnout
  – Multifactor Leadership Questionnaire (MLQ) – leader assessment
• Wellbeing Index: from Mayo Clinic, 9 questions, degree of burnout, proprietary
• Mini-Z: from Hennepin County, 9 questions, free online
• Vital WorkLife: work with organizations, provide coaching, proprietary

KPIs

• Review organization KPIs to assess impacts of burnout
• ROI/Cost of Burnout
PLANNING SESSION
Develop a Burnout Prevention Plan

• Two-Day Session
• Led by C-suite, can’t delegate
• Must include physician leadership
• Choose where and how to focus based on diagnostic
• High level plan for each component over the next year
  – Resilience
  – Cultural Improvement
  – Practice efficiency
• Regular review and tracking of implementation plan and results
Foster Healing and Personal Resilience: A Short Term Win that Builds Individual Capacity for Change

Start or Strengthen a Physician Wellness Program

Wellness Programs

https://www.stepsforward.org/ - Christine Sinsky, MD  
http://forphysicianwellbeing.org/ - Ted Hamilton, MD  
http://wellmd.stanford.edu/ - Rebecca Smith-Coggins, MD

Burnout Coaches

www.sotile.com – Wayne Sotile, PhD  
www.lovemedicineagain.com – Starla Fitch, MD  
www.phphysicians.com – Michelle Mudge-Riley, MD  
www.thehappymd.com – Dike Drummond, MD  
Foster Healing and Personal Resilience

• Peer support meetings
  – Facilitated and held regularly
  – Focused on an issue, not just “happy hour”
  – Particularly important during training

• Provide help with “ADLs”
  – Time banking
  – Food delivery

• The 20% Solution
  – Spending up to 20% of time on area of interest
  – Each 1% increase in meaningful work decreases burnout, ceiling at 20%
  – Can benefit group: EHR optimization, APM expertise, etc.
ORGANIZATION CULTURE IMPROVEMENT
Lean Leadership

- “But Lean is Mean…”

- True, If Focus is on *Increasing Productivity*
What’s More Important than Productivity?
Leadership Culture

Respect for People – Culture Change
  Seeing systems, not people, as the problem
  Going to where work is done to see and learn
  Developing/empowering everyone as a problem solver
  www.TrulyHumanLeadership.com

Continuous Improvement
  A3 Thinking
  PDSA
  Huddles
  Value Stream Improvement Events

Without *Respect for People* You Can Get *Improvement*, but It Won’t Be *Continuous*
Develop an Organizational Culture of Respect for People

• Mission and Vision Statements
• Identify Core Values
• Create a Compact
  – Based on Core Values
  – A physician can expect the organization will provide “X”
  – The organization can expect the physician will do “Y”
• Use the Mission, Vision, and Compact to guide decisions
Leader’s Role in Addressing Burnout: Can’t Be Delegated to Others

**Power of Leadership**
- Each 1% increase in Mayo Leader Score ~4% decrease in burnout
- Each 1% increase in Mayo Leader Score ~9% increase satisfaction
- Implement a physician leadership development program

**Lead with Visibility**
- If it’s important to the leader, it will be important to everyone

**Rounding**
- Shadow people doing the work to understand their problems
- Play “Undercover Boss”
- Attend huddles as a coach/mentor, not the one with the answers
- Develop and empower everyone in your organization as a problem solver

Shanafelt, Mayo Clinic Proceedings 90:432
Effective Huddles

• Acknowledgement/Appreciations
• Prepare for the day / Capacity to meet the demand
  – Adequate Staffing
  – Equipment – Is it working & where it should be?
  – Supplies – any shortages?
• Problem solving
  – What happened yesterday that we don’t want to happen again?
  – Get rid of the “pebbles in your shoes”
• Metric performance
  – At the local level
  – Review one each day of the week
Daily Management System: The Inverted Org Chart

- Prepare for the Day
- Track Metric Performance
- Identify and fix problems
- Tiered Huddles
- Escalate problems as needed
True North Metrics:  
Aligning the Organization to Succeed  
Keep to a Focused Few

Quality and safety
Delivery / service  
  Patient satisfaction
Cost / productivity
Growth
Human development  
  Staff & physician engagement  
  Joy in Patient Care
Daily Management System: The Inverted Org Chart

- Mission and Vision
  - Compact Based on Core values
  - True North Metrics
  - Dyad/Triad Leadership Teams
  - Coaches and Mentors

- Huddles
  - Prepare for the Day
  - Track Metric Performance
  - Identify and fix problems
  - Escalate problems as needed

- Flow of Information
  - VPs
  - Managers
  - Directors
  - Supervisors
  - Staff
  - CEO / COO

Watson Health © IBM Corporation 2016
PRACTICE EFFICIENCY IMPROVEMENT
In few other sectors of the economy is the highest level professional responsible for the majority of production, customer service, and clerical work.
Empower Clinicians to Redesign the Work Environment

Continuously fixing *broken patient care processes*, by eliminating *clinician frustrations*, led by the *clinicians*, in their *clinical sites*, under the caring guidance of a *mentor*.

Preventive Medicine for Burnout
Identify Your Workflow Dysfunctions & Design a Systematic Plan to Fix Them

Value Stream Mapping
- Analyze work flow
- Identify Barriers and Frustrations
- Plan improvement activities
  - Rapid improvement events (RIEs)
  - Projects
  - Just do its (JDIs)

Done by and with the people who do the work, therefore…

*Physicians and nurses must be involved in events that address their frustrations*
Remove Barriers – Reduce Frustration:
Eight Wastes in Healthcare

1. **Overproduction**
   Repeating tests because results are not available

2. **Transportation**
   Moving patients from room to room in an office or unit

3. **Defects**
   Rx errors, wound infections, inaccurate notes, broken equipment

4. **Waiting**
   Is a full waiting room a good thing?

5. **Overprocessing**
   Repeatedly filling out/signing forms, CPOE v. verbal orders

6. **Motion (unnecessary)**
   Going in and out of a room to get supplies or equipment

7. **Inventory**
   Secret stashes of supplies because you might run out of what you need

8. **Unused human potential**
   Clinicians entering data into the EHR
The Physician-Patient Relationship: The Primary Driver of Professional Fulfillment
Create Short Term Wins: How to Save 3-5 Hours per Day

- EHR Changes
- Pre-visit labs
- Prescription management
- Expanded rooming and discharge
- Redesign, or better use of, clinical space
- Team documentation

- ½ hour
- ½ hour
- ½ hour
- 1 hour
- 1 hour
- 1-2 hours

= 4+ hours/day
EHR changes

- Measure time logged in and usage by physician
- Redesign User Interface per specialty
- Large screen version of EHR
- Specific coaching based in individual physician’s needs
- Proximity badge sign on – eliminate passwords
- Save 30 – 60 minutes per day
Inbox Management

• All messages route first to physician’s support team
  – Talk to physician before emailing with question
• Develop protocol for normal labs
• Use EHR patient portal to your advantage
• **Save 60 – 90 minutes per day**
Care Teams

• 2-4 MAs, LVNs, and/or RNs per MD
• 3-5 additional patients per day to cover cost
• Most practices increase by twice that
• Takes dedicated work and time to implement

• Improves:
  – Revenues
  – Patient experience – doctor focused on patient rather than keyboard
  – Physician experience – hands off keyboard, regain work-life balance
  – Support staff experience – better connection to patients and physician
  – Documentation

• Saves 1-2 hours per day
Pre-visit labs

• Patient gets labs drawn a few days, or one hour, before appointment

• Impact:
  – Fewer phone calls
  – Fewer letters
  – Fewer follow up visits
  – Higher patient and professional satisfaction

• *Can save $25/visit and 30 minutes per day*
Annual Prescription Refills

• “90 + 4”
• Eliminates refill calls for chronic meds
• Saves:
  – Decrease physician time 30 minutes per day
  – Decrease nurse/receptionist time 1 hour per day
Redesign use of clinic space

• Office layout
  – Line of sight – MA can see all exam rooms
  – Teams co-locate
    ▪ Easily share information, reduce inbox work and emails
    ▪ Reduces the need for private office, work is done at end of day

• Exam Room Changes
  – Large monitor, half-circle desk to facilitate patient conversation
  – Printer in room

• Saves 1 hour per day
Lean Management Addresses the Drivers of Burnout:

- Work Overload
- Loss of control
- Insufficient reward
- Breakdown of community
- Absence of fairness
- Conflicting values

A Lean management system and culture

A healthy and effective organization of **engaged** and **aligned** problem solvers that can **quickly adapt** in an external environment of volatility and uncertainty

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Charles Darwin
Typical Improvements
Sutter Gould Medical Foundation Call Center: Average Speed of Answer and Grade of Service

Personal experience at SGMF as CEO
## Sutter Gould Medical Foundation: Laboratory Value Stream

<table>
<thead>
<tr>
<th>Value Stream Metrics 2012-14</th>
<th>Initial</th>
<th>Target</th>
<th>Aug 2014</th>
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<tr>
<td><strong>Quality</strong></td>
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<tr>
<td>Specimen quality # of samples needing</td>
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<tr>
<td>redraw per month</td>
<td>20</td>
<td>10</td>
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<tr>
<td><strong>Service</strong></td>
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<tr>
<td>Press Ganey scores / wait time %</td>
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<td>60</td>
<td>66</td>
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<td>patients waiting &lt;10 minutes</td>
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<td><strong>Finance</strong></td>
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<td>Urgent care turn-around time (order</td>
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<td>time to results/minutes)</td>
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<tr>
<td><strong>Finance</strong></td>
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<tr>
<td>Test volume</td>
<td>17,597</td>
<td>10%</td>
<td>19,686</td>
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<tr>
<td><strong>People</strong></td>
<td></td>
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<tr>
<td>% of problems fixed by staff</td>
<td>30%</td>
<td>60%</td>
<td>85%</td>
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Kaiser Permanente: Imaging Modalities Backlog Reduction

NVL Sacramento Backlog Trend

Personal communication – Dr. George Palma, CMO, KP North Valley
Sutter Gould Medical Foundation:
Cumulative Savings from Lean Transformation

<table>
<thead>
<tr>
<th>Year</th>
<th>Total savings and add'l revenue</th>
<th>Total soft savings</th>
<th>Total hard and soft savings with add'l revenue</th>
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<tr>
<td>2010</td>
<td>$8,000,000.00</td>
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Personal experience at SGMF as CEO
Sutter Gould Medical Foundation was rated **Highest in Overall Care** by *Consumer Reports* among 170 California medical groups two years in a row: February 2014 & 2015

Provider Satisfaction Improvement: Returning Joy to Patient Care

AMGA Provider Satisfaction Survey

Personal experience at SGMF as CEO
What is Your Role in Reducing Burnout?

You must be the change you wish to see in the world.

Gandhi
A Caveat: Maintain both Patience *and* Urgency

“Most people *overestimate* what they can accomplish in 2 years, and *underestimate* what they can accomplish in 10 years.”

- Bill Gates

“It took us 10 years to dig our way into this mess, we can’t expect it to go away in a year.”

“The speed at which we fix this depends on *how much the C-suite invests*, not just dollars, but their own *time and attention*.”

- Paul DeChant
Focusing Only on the Triple Aim => Burnout
Pursuing the *Quadruple Aim*

Returning Joy to Patient Care & Achieving Professional Fulfillment
Or as a primary care physician in Georgia put it:

“I don’t know how long I could have continued to work as I was.

Now I have time for more of a life—to exercise and spend with family. It has made my life more balanced. Now I can see myself practicing for 20 or 30 years.”
Questions?

Contact info:
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Email: byroncs@us.ibm.com
LinkedIn

Preventing Physician Burnout
Curing the Chaos and Returning Joy to the Practice of Medicine
By Paul DeChant, MD, MBA and Diane W. Shannon, MD, MPH
Foreword by Christina Maslach, PhD