National Perspective on Physician Wellbeing

September 16, 2016
What Causes Physician Dissatisfaction?

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Improving Professional Satisfaction!

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“The first step is always admitting you have a problem.” - Unknown quote
Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy

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Where to begin…
Increasing Signs of Burnout

Physician dissatisfaction is extensive and growing with fifty-four percent of US physicians reporting at least one symptom of burnout in 2014; up from forty-six percent in three years.


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Burnout Rates by Specialty

How Do Physicians Compare?

IT’S AFFECTING WORK-LIFE BALANCE


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“A problem well-defined is a problem half solved.” - John Dewey
Activities that *lower* professional satisfaction

- Perceived barriers to high-quality care
- Electronic health records
- Lack of faith in practice leadership
- Worries about practice sustainability as a business
- Work volume: too little or too much
- Regulatory burden: many small things adding up

What Causes Dissatisfaction?

  “Physicians who used EHRs and CPOE were less satisfied with the amount of time spent on clerical tasks and were at higher risk for professional burnout.”

  “Burnout was associated with high stress, low work control, and low values alignment with leaders”

  “The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations.”
The researchers found that during the office day, physicians spent 27 percent of their total time on direct clinical face time with patients and more than 49 percent of their time on EHRs and desk work. After hours, physicians spent another 1 to 2 hours each night on clerical work, mostly related to EHRs.
Undivided attention
"The doctor will be in shortly to type on the computer and update your chart. If he has time, he will ask how you're feeling and take a look at your rash."
Why Does it Matter?


  “When physicians are unwell, the performance of health-care systems can be suboptimum”


  “Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim”


  “Discussions of barriers to successful implementation of the [ACA] have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.”
Why Does it Matter?


  “We found support for the notion that the depersonalization dimension of physician burnout was associated with patient outcomes of lower satisfaction and longer post discharge recovery time (after controlling for severity of illness and other demographic factors).”


  “Physicians dissatisfied with their careers were much more likely to report difficulties in caring for patients”
The Impact of Burnout

- Increased risk of medical errors and poorer health outcomes
- Diminished quality of care in medical practice
- Decreased professionalism and compassion
- Decreased patient compliance to plans of care
- Reduced cognitive function resulting in poor decision making skills
- Increased costs of care and decreased reimbursement
How do we change?

• **Awareness** – Knowledge of the factors contributing to physician burnout and their impact can lead to change. Sharing this information with colleagues and leaders will help shape the conversation for improvement.

• **Commitment** – Dedication to patients, improved health outcomes, and cost-effective practices begins with happy physicians. A commitment to satisfaction and wellness will lead to an overall better healthcare industry.
“It's not that I'm so smart, it's just that I stay with problems longer.”

- Albert Einstein
AMA’s Strategic Focus Areas

Improving Health Outcomes

Professional Satisfaction & Practice Sustainability

Accelerating Change in Medical Education
“We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps go right - one after the other, no slipups, no goofs, everyone pitching in.” - Atul Gawande, Better: A Surgeon's Notes on Performance
AMA/Rand Report: Study Conclusions

• Improvement Targets: Internal to Physician Practice
  – Time pressure detracting from the care experience
  – Lack of a sense of control over day-to-day decisions affecting patient care
  – Loss of collegiality and subsequent feelings of isolation
  – Stress due to change

• Improvement Targets: External to Physician Practices
  – Deficiencies in EHR technology
  – The cumulative burden of regulations
  – Relationships with hospitals and health systems
  – The need for additional payment methodologies
It Starts With The Physician…But Don’t Start There
Professional Development


  “Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care.”


  “An intervention for physicians based on a facilitated small-group curriculum improved meaning and engagement in work and reduced depersonalization, with sustained results at 12 months after the study.”
Creating Thriving Practices
Practice Changes


  “Organizations may be able to improve burnout, dissatisfaction and retention by addressing communication and workflow, and initiating QI projects targeting clinician concerns.”


  “Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.”
Qualities of Successful Practices

• Plan ahead
• Share the care
• Well trained staff
• Strong team culture
• Physicians  ↔  Administration
• Communication among team members
• Operational efficiency

“I should be spending more time on my patients, not on paperwork.”

“I wish we could use our team more effectively.”

“Delivering quality care takes a coordinated effort.”
How Do We Change?

The AMA’s practice transformation platform, STEPS Forward, include modules and tools for increasing practice efficiency and improving professional satisfaction.
“A critic looking at these tightly focused, targeted interventions might dismiss them as Band-Aid solutions. But that phrase should not be considered a term of disparagement. The Band-Aid is an inexpensive, convenient, and remarkably versatile solution to an astonishing array of problems.” - Malcolm Gladwell, The Tipping Point: How Little Things Can Make a Big Difference
Developing Better Organizational Models

Hospitals

Practice

Physician
Organizational Models


“To flourish, physicians need some degree of choice (control over their lives), camaraderie (social connectedness), and an opportunity for excellence (being part of something meaningful). Organizations can provide these opportunities by establishing constructive organization-physician relationships and developing physician leaders.”


“The dyad relationship between physician leaders and operational leaders is shifting from a rigid, siloed set of responsibilities to a model characterized by a distributed, situational framework of accountabilities, and the scope of influence of the physician leader and operational leader fluctuates depending on the situation and individuals involved.”
Integrated Leadership for Hospitals and Health Systems: Principles for Success

- Physician and hospital leaders with:
  - similar values and expectations
  - aligned financial and non-financial incentives
  - goals aligned across the board with appropriate metrics
  - shared responsibility for financial, cost, and quality targets
  - service line teams with accountability
  - shared strategic planning and management
  - shared focus on engaging patients as partners in their care.

- An interdisciplinary structure that supports collaboration in decision-making

- Integrated clinical physician and hospital leadership, including nursing and other clinicians, present at all levels of the integrated health system and participation in all key management decisions.

- A collaborative, participatory partnership built on trust.

- Open and transparent sharing of clinical and business information across the continuum by all parties to improve care.

- A clinical information system infrastructure that allows capture and reporting of key clinical quality and efficiency performance data for all participants and accountability across the system to those measures.
Succeeding In New Payment Models

Hospitals

Practice

Physician

Payers
AMA/Rand “Effects of Health Care Payment Models on Physician Practice in the United States”

- Physician practices need support and guidance to optimize the quantity and content of physician work under alternative payment models
  - Challenge: manage multiple simultaneous changes without burning out physicians
- Addressing physicians’ concerns about the operational details of alternative payment models could improve their effectiveness
- To succeed in alternative payment models, physician practices need data and resources for data management and analysis
- Harmonizing key components of alternative payment models, especially performance measures, would help physician practices respond constructively
Promoting Usable Technology

Hospitals

Practice

Payers

Physician

Technology
Our Focus on EHR Usability & Interoperability

Collaborations & Partnerships

- American EHR
- Electronic Health Records Association
- Medstar
- The Sequoia Project
- Carequality
- SMART initiative

Influence Usability

- Published EHR usability principles
- Partnered with Medstar to develop EHR user-centered design evaluation framework
- EHR comparative usability research in development
- EHR time motion research in development
“Success does not consist in never making mistakes but in never making the same one a second time.” - George Bernard Shaw
Finding Solutions: AMA Digital Health and Medicine Strategy

Research Agenda
- Summary of current mindset
- Motivations for digital health
- Requirements for integrating
- Clinical workflow, usability, patient safety, outcomes

Industry Collaborative: Principles & Measures
- Create industry partnerships
- Define and promote
- Inform physicians, consumers and other decision makers

AMA Sponsored Research

AMA Industry Partnerships

Organizing Physicians

Network Economies
- Network and connect physicians to interact with market stakeholders – provide validation
Patient Care

- Hospitals
- Payers
- Technology
- Practice
- Physician
Are the Issues of Burnout Common in All Professions or Is Healthcare Is Different?

Many of the factors influencing physician professional satisfaction are shared by professionals in a wide variety of settings

- Fair treatment
- Responsive leadership
- Attention to work quantity, content, and pace

However, we don’t treat physicians like other professions

- Regulations
- Payment rules
- Financial incentives
- Public reporting
- Threat of legal action

It’s time that the "Triple Aim“ be expanded to the Quadruple Aim, adding the goal of improving the work-life balance of physicians and other health care providers.
“Alone we can do so little; together we can do so much.” - Helen Keller
Discussion