"The Evolution of Burnout From An Individual To A Systems Perspective"

Advisory Committee on Training in Primary Care and Dentistry (ACTPCMD)
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To begin with the end in mind means to start with a clear understanding of your destination. It means to know where you're going so that you better understand where you are now and so that the steps you take are always in the right direction.

— Stephen Covey —
Alignment Over Endpoint

• Committed, productive workforce (adequate number to serve needs)

• Collaboration w administration

• Excellent, cost effective care
The Early Literature- Focus on Individual

• Physician personality

• Substance Use

• Mood disorders

• Suicide

• Burnout
Besides Burn-out

• Substance abuse
• Disruptive behavior
• Mood disorders
• Suicide

Suicide:

- Physicians have higher rates of suicide than the general population

- 40% higher for male doctors

- 130% higher for female doctors

- Taking Their Own Lives — The High Rate of Physician Suicide
  Eva Schernhammer, M.D., Dr.P.H.
Risk Factors: Pooled Multivariate Analysis (Shanafelt, JAMA Int Med 172:1137)

• Age

• Married

• Hours worked

• Reimbursement by effort
Risk Factors - From the Division of Plastic and Reconstructive Surgery, Northwestern University Feinberg School of Medicine.

Burnout Phenomenon in U.S. Plastic Surgeons: Risk Factors and Impact on Quality of Life.

Qureshi, Hannan A. B.A.; Rawlani, Roshni; Mioton, Lauren M. M.D.; Dumanian, Gregory A. M.D.; Kim, John Y. S. M.D.; Rawlani, Vinay M.D.
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>OR (95% CI)</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours worked per week (&gt;70)</td>
<td>2.42 (1.95–3.0)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Subspecialty (microsurgery or aesthetics)</td>
<td>2.01 (1.64–2.48)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Night calls per week (&gt;2)</td>
<td>1.95 (1.58–2.40)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Method of compensation (nonsalary)</td>
<td>1.74 (1.41–2.13)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Annual income</td>
<td>1.47 (1.19–1.82)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Junior academic rank</td>
<td>1.27 (1.03–1.57)</td>
<td>0.026</td>
</tr>
<tr>
<td>Chairman or chief</td>
<td>1.17 (0.95–1.43)</td>
<td>0.133</td>
</tr>
<tr>
<td>Operative load (time or no. of cases)</td>
<td>1.04 (0.84–1.26)</td>
<td>0.718</td>
</tr>
<tr>
<td>Participation in nonclinical activities (any)</td>
<td>0.87 (0.72–1.06)</td>
<td>0.158</td>
</tr>
<tr>
<td>Program director</td>
<td>0.73 (0.60–0.84)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Greater years in practice (&gt;15)</td>
<td>0.72 (0.59–0.87)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse works</td>
<td>1.43 (1.16–1.76)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Married or partnered</td>
<td>0.94 (0.77–1.14)</td>
<td>0.547</td>
</tr>
<tr>
<td>Have children</td>
<td>0.77 (0.63–0.94)</td>
<td>0.010*</td>
</tr>
<tr>
<td>Older age (&gt;60 yr)</td>
<td>0.71 (0.58–0.86)</td>
<td>&lt;0.001*</td>
</tr>
</tbody>
</table>

*Statistically significant value, p < 0.05.
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD; Ronald M. Epstein, MD; Howard Beckman, MD; Anthony L. Suchman, MD, MA; Benjamin Chapman, PhD; Christopher J. Mooney, MA; Timothy E. Quill, MD

[+] Author Affiliations

Easing Doctor Burnout With Mindfulness

By NE W. CHEN, M.D.

SEPTEMBER 26, 2013 12:01 AM September 26, 2013 12:01 am
Not Only A Human Concern

There are safety and quality and business concerns
Burnout Impacts

• Physicians (and their families)

• Patients

• Institutions

• Healthcare Delivery
Costs to Patients, Society, Institutions

Early retirement/physician shortage/cost of replacement
Medical errors/malpractice
Patient centered care and satisfaction
Currency of perception

Tait D. Shanafelt MD, Omar Hasan MBBS, MPH, Lotte N. Dyrbye MD, MHPE, Christine Sinsky MD, Daniel Satele MS, Jeff Sloan PhD and Colin P. West MD, PhD
Mayo Clinic Proceedings, 2015-12-01, Volume 90, Issue 12, Pages 1600-1613,
Figure 1. Burnout by specialty.
Canary in the Coalmine?
Organizational: 2 studies

Quality of Patient Care Drives Physician Satisfaction; Doctors Have Concerns About Electronic Health Records-

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

• EHR/CPOE - less satisfied w burden

• CPOE - independent higher risk for burnout

Shanafelt, Mayo Clinic Proceedings July 2016 (7):836
From The Triple Aim

• enhancing patient experience

• improving population health

• reducing costs

widely accepted as a compass to optimize health system performance.
to Quadruple Aim: care of the patient requires care of the provider

Physicians and other members of the health care workforce report widespread burnout and dissatisfaction.

Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs.

Burnout thus imperils the Triple Aim.

This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.
FIGURE 1. Personal and professional repercussions of physician burnout.
<table>
<thead>
<tr>
<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work and factors</th>
<th>Organization factors</th>
<th>National factors</th>
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</thead>
<tbody>
<tr>
<td>Workload and demands</td>
<td>• Specialty • Practical location • Decision to increase income</td>
<td>• Productivity expectations • Team structure • Efficiency • Use of allied health professionals</td>
<td>• Productivity metrics • Method of compensation • Salary • Paper mix</td>
<td>• Structure of reimbursement • Medicaid/Medicare bundling • Payments • Documentation requirements</td>
</tr>
<tr>
<td>Efficiency and resources</td>
<td>• Experience • Ability to prioritize • Personal efficiency • Organizational skills • Willingness to delegate • Ability to say “no”</td>
<td>• Availability of support staff and their experience • Patient check-in efficiency/process • Use of technology • Team culture • Use of allied health professionals</td>
<td>• Integration of care • Use of patient portals • Institutional efficiency • EHR • Appointment system • Ordering systems • Now regulation • Interpreters and applied</td>
<td>• Integration of care • Requirements for • Electronic prescribing • Medication reconciliation • Meaningful use of EHR • Certification agency (e.g., regulations (ICD-10) • Prescriptions for telemedicine</td>
</tr>
<tr>
<td>Meaning at work</td>
<td>• Self-awareness of most personally meaningful aspect of work • Ability to shape one’s focus of interests • Doctor-patient relationships • Personal recognition of positive work</td>
<td>• Math of work to talents and interests of individuals • Opportunities for advancement • Education • Research • Leadership</td>
<td>• Organizational culture • Practice environment • Opportunities for professional development</td>
<td>• Building supervisory role of provider (potentially directs patient contact) • National funding • Research • Education • Regulations that increase clinical work</td>
</tr>
<tr>
<td>Culture and values</td>
<td>• Personal values • Professional values • Level of alienation • Moral compass • Commitment to organization</td>
<td>• Behavior of work unit leader • Work unit norms and expectations • Equity/bias</td>
<td>• Organization’s mission • Servicewhy • Service • Organizational values • Behavior of senior leaders • Communication • Leadership • Organizational norms and expectations • Joint culture</td>
<td>• System of coverage for uninsured • Structural reimbursement • What is reimbursed • Regulations</td>
</tr>
<tr>
<td>Control and flexibility</td>
<td>• Personality • Assumptions • Intentionality</td>
<td>• Degree of flexibility • Control of physician schedule • Clinic appointment system • Vacation scheduling • Call schedule</td>
<td>• Scheduling pattern • Policies • Affiliations that restrict referrals • State law • Practice guidelines</td>
<td>• Prescriptions for initial treatment • Insurance networks that respect referrals • Practice guidelines</td>
</tr>
<tr>
<td>Social support and community at work</td>
<td>• Personality traits • Length of service • Relationship building skills</td>
<td>• Credibility in practice environment • Physical configuration of work area • Social environment of the workgroup • Team structure</td>
<td>• Credibility across the organization • Physician liaison • Strategies to build community • Social integration</td>
<td>• Support and community created by the organization (e.g., medical specialty societies)</td>
</tr>
<tr>
<td>Work-life integration</td>
<td>• Priorities and values • Personal characteristics • Supportive work culture • Challenges/opportunities • Health issues</td>
<td>• Gain schedule • Structure of leave/core leave • Increase coverage for time away • Expenditures/mix models</td>
<td>• Vacation policies • Social medical leave policies • Per diem • Work-life • Practice guidelines • Expectation models</td>
<td>• Requirements for • Maintenance certification • Licensing • Regulations that increase clinical work</td>
</tr>
</tbody>
</table>
Acknowledge and assess the problem

Harness the power of leadership

Develop and implement targeted work unit interventions

Cultivate community at work

Use rewards and incentives wisely

Align values and strengthen culture

Promote flexibility and work-life integration

Provide resources to promote resilience and self-care

Facilitate and fund organizational science
Common Aligned Goals-Yet

• Few stakeholders are happy-

• Crisis-opportunity for change

• Complex system-multiple moving parts

• Excellent that you are looking
Current Status

• Problem exists and has been measured

• High stakes of inaction

• Combined individual and systemic drivers

• Targeted interventions can help
Going Forward

• Wellness of workforce as quality indicator?

• Quadruple Aim