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The Burnout Trap: Why Healthcare Professionals are Set Up to Fail

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THE BURNOUT TRAP:
WHY HEALTHCARE PROFESSIONALS ARE SET UP TO FAIL

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Annual Meeting, October 22, 2019
WHAT I’M GOING TO TALK ABOUT TODAY

• Give an overview of burnout in healthcare and retrace the steps that led us down this path.

• Discuss how burnout not only affects the well-being of healthcare professionals but also influences patient safety and patient satisfaction.

• Discuss some interventions organizations and individuals can use to prevent burnout.

• Examine the question: Does our healthcare system make burnout inevitable?
A Crisis in Health Care: A Call to Action on Physician Burnout

Partnership with the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute, Ashish K. Jha, MD, MPH  Andrew R. Iliff, MA, JD, January 2019
CONCLUSION:

Physician burnout is a public health crisis that urgently demands action by health care institutions, governing bodies, and regulatory authorities. If left unaddressed, the worsening crisis threatens to undermine the very provision of care, as well as eroding the mental health of physicians across the country.

Source: Partnership with the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute, Ashish K. Jha, MD, MPH  Andrew R. Iliff, MA, JD, January 2019
Among physicians, burnout has reached about 50%

Prevalence of burnout among nurses is estimated to be around one third

A Medical Group Management Association poll last year revealed burnout among healthcare leaders at 45%
SO WHAT IS BURNOUT?

• Loss of enthusiasm at work (emotional exhaustion)
• Treating people as if they were objects (depersonalization)
• Having a sense that work is no longer meaningful (what you do doesn’t really matter)
Some sobering fatigue and burnout statistics regarding nurses*

• 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

*Source: May 2017 survey by Kronos Incorporated; survey of 257 RNs working in U.S. hospitals
WHAT DOCTORS ARE SAYING…

- Too many bureaucratic tasks (e.g. charting, paperwork)
- Spending too many hours at work
- Lack of respect from administrators/employees, colleagues or staff
- Increasing computerization of practice (EHR)

Source: Medscape National Physician Burnout & Depression Report 2018
WHAT HEALTHCARE LEADERS ARE SAYING…

- Conflict with the organization’s mission, vision and values.
- Limited resources and training to perform and complete work.
- Lack of appropriate compensation for work.
- Broken promises by the employer.
- Lack of appreciation and recognition.
- The more you have control over what you do and how you do it, the easier it is to mitigate against burnout.

Source: MGMA poll conducted on June 26, 2018, with 1,746 total responses.
Kenneth T. Hertz, FACMPE, principal, MGMA Consulting
SOME OF THE WARNING SIGNS OF BURNOUT

• More negative with co-workers, especially when introduced to change
• More callous towards patients; less interested in getting to know them
• Less talkative and cheerful during team meetings or huddles
• A lower threshold to become irritable with patients and staff
• Making fun of your organization’s leaders and their commitments to excellence
• More self-justification to leave early, show up late, and call in sick
THE ELECTRONIC HEALTH RECORD IS OFTEN CITED AS A CONTRIBUTOR TO BURNOUT IN HEALTHCARE
WHAT BURNOUT DOES IN THE WORKPLACE

- Higher turnover rates
- Higher error rates
- Higher absenteeism rates
- Lower morale
- Lower patient satisfaction scores
- Reduction in workforce
In this large national study, physician burnout, fatigue, and work unit safety grades were independently associated with major medical errors. Interventions to reduce rates of medical errors must address both physician well-being and work unit safety.

Source: Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors. Mayo Clinic Proceedings Nov. 2018 Tait Shanafelt, MD et al.
Overall physician burnout doubled the odds of involvement in patient safety incidents. All three dimensions of physician burnout—emotional exhaustion, depersonalization, and reduced personal accomplishment—were linked to involvement in patient safety incidents.

This meta-analysis provides evidence that physician burnout may jeopardize patient care; reversal of this risk has to be viewed as a fundamental healthcare policy goal across the globe.

Overall physician burnout doubled the odds for low patient satisfaction. Depersonalization was linked to a 4.5-fold increased risk. The researchers also found that physicians early in their career have a higher propensity for unprofessionalism.

CYNICALLY DETACHED

- Impaired attention and memory
- Less attention to detail
- Diminished vigilance and cognitive function
- Less effective care team communication
- Increased safety lapses
- Increased agitation and aggressive attitudes towards their patients, their work, or their colleagues
Understanding the business case to reduce burnout and promote engagement as well as overcoming the misperception that nothing meaningful can be done are key steps for organizations to begin to take action. Evidence suggests that improvement is possible, investment is justified, and return on investment measurable.

Addressing this issue is not only the organization’s ethical responsibility, it is also the fiscally responsible one.

Source: The Business Case for Investing in Physician Well-being, Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD JAMA Internal Medicine Published online September 25, 2017
WHAT CAN YOU DO?

• What structural or operational changes will lower stress at work and prevent burnout?

• What personal changes can make you more resilient at work?
NOW WHAT?

• What can my organization do to help me?

• What can I do to help myself?
QUESTION:

Are individuals who choose to work in healthcare more vulnerable to stress and burnout, or has the healthcare system evolved into a burnout factory?
PRIMARY DRIVERS FOR BURNOUT IN HEALTHCARE

- Excessive workload
- Work inefficiency
- Work-home balance
- Loss of control
- Loss of meaning from work
EXCESSIVE WORKLOAD

ORGANIZATIONAL: reasonable limits to hours worked, fair productivity goals, appropriate job role assignments, fully functioning care teams (e.g. with social workers and pharmacists)

INDIVIDUAL: consider part-time status, make hard decisions that balance income and productivity goals with workplace satisfaction
WORK INEFFICIENCY

ORGANIZATIONAL: optimize electronic medical records, shift clerical work to non-clinical staff, provide cheerful assistance to meet regulatory requirements

INDIVIDUAL: prioritize and delegate tasks appropriately, be open to process improvement recommendations
WORK-HOME BALANCE

ORGANIZATIONAL: support flexible work schedules, acknowledge when required work tasks cannot be performed during assigned work hours, reduce clinicians time on the EHR outside of assigned work hours

INDIVIDUAL: keep your eyes on your North Star: remind yourself regularly of life priorities and maintain self-care
LOSS OF CONTROL

ORGANIZATIONAL: promote physician and staff leadership and shared decision-making, establish work requirements with employee engagement

INDIVIDUAL: attend resiliency training program and practice mindfulness
LOSS OF MEANING FROM WORK

ORGANIZATIONAL: promote core values (walk the talk), maximize patient time with clinicians, foster employee communities (e.g. commensality, Schwartz Rounds), provide professional development opportunities and a Peer Support program

INDIVIDUAL: embrace positive attitudes (reframing, appreciative inquiry), share work experiences with colleagues (narrative medicine), practice mindfulness
ADDRESSING THE CRISIS OF BURNOUT

• AMA STEPS Forward program (2015): CME modules to address burnout, improve practice efficiency and physician satisfaction and enhance patient care.

• In 2017, the National Academy of Medicine launched the Action Collaborative on Clinician Well-Being and Resilience
  1) Raise the visibility of clinician anxiety, burnout, depression, stress, and suicide
  2) Improve baseline understanding of challenges to clinician well-being
  3) Advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver
CHANGING THE CULTURE OF BURNOUT

• “Getting Rid of Stupid Stuff” Melinda Ashton, MD Hawaii Pacific Health N End J of Med Nov. 2018

• Reliant Medical Group improved EHR usability scores, with a “25% reduction in physician in-basket message volume”
  • Weekly meetings with clinical and IT staff
  • Physicians and programmers in the same meeting making “decisions and changes on the spot.”
CORRECTING THE CULTURE OF BURNOUT

• Physician associations called on the US House of Representatives to pass legislation to streamline prior authorizations, claiming it places undue burden and costs on physicians. September 2019

• The Center for Medicare & Medicaid Services (CMS) proposed changes to the Current Procedural Terminology (CPT) that would streamline requirements for reporting office visits, reduce “note bloat” (verbose, redundant and hard-to-navigate progress notes). July 2019
ACTUALLY, SOMETHING CAN BE DONE

• University of California San Francisco (UCSF), Internal Medicine reported this year a reduction in burnout and stress:
  • Decompression of clinic schedules
  • Improving call and coverage management
  • “Helping to reduce some of the inbox work so that there’s less at the end of day.”
• American Conference of Physician Health (Sept 2019) held a practice transformation boot camp to improve efficiency and promote professional well-being.
DO WE EVEN HAVE THE RIGHT DIAGNOSIS?

- Burnout?
- Moral Injury?
- Occupational Hazard?
- Labor Law Violation?
- Human Rights Violation?
“PHYSICIAN WELL-BEING DECLINING? IT’S THE SYSTEM, STUPID”

- More burnout, depression, and suicide after medical training.
- “It is not generally possible to ‘resiliency yourself’ out of highly stressful situations.”
- “Do we suddenly develop burnout because of some bizarre internal development shift that only affects doctors?”

Source: Peter Yellowlees, MD Medscape Sept. 6, 2019
“Corporate medicine has milked just about all the ‘efficiency’ it can out of the system. . . pushed the productivity numbers as far as they can go. But one resource that seems endless—and free—is the professional ethic of medical staff members.”

Source: Danielle Ofri, MD  May 27, 2019 NY Times
A TIME TO CHANGE

“This status quo is not sustainable—not for medical professionals and not for our patients.”

“Those at the top need to think about the ramifications of their decisions.”

“Counting on nurses and doctors to suck it up because you know they won’t walk away from their patients is not just bad strategy. It’s bad medicine.”

Source: Danielle Ofri, MD  May 27, 2019 NY Times
WHERE DO WE GO FROM HERE?

- Listen
- Understand the situation
- Decide to invest in ways to make improvements
- Measure outcomes and conduct follow-up conversations
Safe and effective patient care starts with caring for the caregiver.
THANK YOU

www.northernskyhealthcareconsultants.com

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