Preventing Physician Burnout: What Hospital Leaders Can Do to Make a Difference

Paul DeChant, MD, MBA
Diane Shannon, MD, MPH
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Disclaimer

Nothing to disclose

This talk is focused on physician burnout

There is no intention to minimize the fact that burnout is challenge for the entire healthcare workforce
– Nurses
– Technicians
– Executives
Paul’s Background

First health care job – OR orderly in mid 1970’s

Graduated OHSU with MD in 1980, University of Colorado Denver with MBA in 2001

Family Physician – 25 years of practice, EM/UC to chronic disease

Physician Leader – 30 years of management experience

CEO, Sutter Gould Medical Foundation, 2009 – 2014

Executive Coach, Simpler Consulting, since 2014
Diane’s Background

First health care job – clerical and janitorial work in birth center

Graduated Jefferson Medical College with MD in 1989; Harvard University with MPH in 1995

Internist– 3 years of practice, ambulatory settings

Medical Director, Communications– 3 years

Freelance health care writer, since 1999
Physicians in Crisis

Only 1 in 10 physicians would recommend medicine as a career

More than half of physicians surveyed reported at least one burnout feature

30% of primary care physicians age 35 to 39 plan to leave practice within 5 years

Physician Burnout: Growing Gap to General Population

- From 2011 to 2014 percent of US physicians with burnout grew from 45% - 54%
- Avg US workers steady at 28%
- 850K physicians in USA
- 450K are burned out

- 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

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The Consequences of Burnout

Patient care

Costs

Human toll
Physician Suicide

130% HIGHER: The suicide rate in female doctors than among women in general

40% HIGHER: The suicide rate among male doctors than among men in general

Schernhammer E. NEJM 2005

Slide Courtesy of the Center for Professionalism and Peer Support, Brigham and Women’s Hospital
Which Physicians Are Most Burned Out?

- Critical Care: 55%
- Urology: 55%
- Emergency Medicine: 55%
- Family Medicine: 54%
- Internal Medicine: 54%
- Pediatrics: 53%
- Surgery: 51%
- Ob/Gyn: 51%
- Neurology: 51%
- Radiology: 50%
- Cardiology: 50%
- Anesthesiology: 50%
- Gastroenterology: 49%
- Rheumatology: 47%
- Infectious Disease: 47%
- Nephrology: 47%
- Orthopedics: 47%
- Oncology: 46%
- Pathology: 45%
- Plastic Surgery: 45%
- Pulmonary Medicine: 43%
- Dermatology: 43%
- Diabetes & Endocrinology: 41%
- Ophthalmology: 41%
- Psychiatry & Mental Health: 40%
Which Physicians Are Most Burned Out?

- Emergency Medicine: 59%
- Ob/Gyn: 56%
- Family Medicine: 55%
- Internal Medicine: 55%
- Infectious Disease: 55%
- Rheumatology: 54%
- Plastic Surgery: 53%
- Otolaryngology: 53%
- Critical Care: 53%
- Cardiology: 52%
- Urology: 52%
- Neurology: 51%
- Pediatrics: 51%
- Anesthesiology: 51%
- Gastroenterology: 50%
- Nephrology: 50%
- Orthopedics: 49%
- Surgery: 49%
- Pulmonary Medicine: 49%
- Radiology: 49%
- Oncology: 47%
- Dermatology: 46%
- Diabetes & Endocrinology: 46%
- Pathology: 43%
- Ophthalmology: 43%
- Allergy & Immunology: 43%
- Psychiatry & Mental Health: 42%
Why is Physician Burnout Increasing?

- External drivers
- Google
- Yelp
- MOC
- Patient Demographics
- ICD-10
- Meaningful Use
- CMS-ACA, MACRA, Star Ratings

Workplace
- Reducing Reimbursement
- Payers
- EHR
- Physician
What is Professional Burnout?

Three Manifestations

– Exhaustion
  • Emotional, physical, cognitive
– Depersonalization (Cynicism)
  • Distancing oneself from the organization and its purpose
  • Distancing oneself from patients
– Loss of sense of self-efficacy
  • Feeling that one’s work does not make a difference

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

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

- A *mismatch* between the worker and the workplace
- When over half of physicians experience this, *it is not a failing or weakness of the individual*
- It results from putting a hard working professional into a *toxic workplace* in which they are unable to succeed
- Message to physicians: *If you are feeling burned out, it is not your fault!*

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What is your role as a leader in reducing burnout?

2015 VITAL WorkLife Physician Stress & Burnout Survey

Over 2000 Physicians Reported Stress and Burnout
Increasing relative to Survey in 2011:

- 66% reported more stress and burnout than 4 years ago
- 46% reported severe stress & burnout

Only 18% felt their organizations offered help

What to Do About Burnout?

Start or strengthen a **physician wellness program**

– Wellness Program Information Sources
  
  • [https://www.stepsforward.org/](https://www.stepsforward.org/) - Christine Sinsky, MD
  • [http://wellmd.stanford.edu/](http://wellmd.stanford.edu/) - Rebecca Smith-Coggins, MD

– Offer Burnout Coaches
  
  • [www.sotile.com](http://www.sotile.com) – Wayne Sotile, PhD
  • [www.lovemedicineagain.com](http://www.lovemedicineagain.com) – Starla Fitch, MD
  • [www.phphysicians.com](http://www.phphysicians.com) – Michelle Mudge-Riley, MD
Are Physician Wellness Approaches Enough?

“It’s like we are putting physicians in the middle of a busy five-way intersection with no one directing the traffic, and then asking them not to bleed so much.”
– Wayne Sotile, PhD, Founder, Sotile Center for Physician Resilience, Davidson, NC

“Each day we wear down physicians by the death of a thousand small cuts.”
– Monk Elmer, MD, CMO, Thedacare, Appleton, WI
According to Shanafelt…

“There is an urgent need for systematic application of evidence-based interventions addressing the drivers of burnout among physicians.

These interventions must address contributing factors in the practice environment rather than focusing exclusively on helping physicians care for themselves and training them to be more resilient.”

Fixing the Workplace

Lean Done Right:
Continuously fixing *broken patient care processes*, via the elimination of *caregiver frustrations*, led by the *caregivers*, in their *clinical sites*, under the caring guidance of a *mentor*.

Lean = Preventive Medicine for Burnout
How Does This Apply to Management?
The Two Key Principles of Lean

Respect for People – Culture Change
– Seeing systems, not people, as the problem
– Going to where work is done (gemba) to see and learn
– No Layoff Philosophy
– www.TrulyHumanLeadership.com

Continuous Improvement
– Huddles
– PDSA
– Value Stream Improvement Events

Without Respect for People You Can Get Improvement, but It Won’t Be Continuous
Respecting People: Removing Barriers and Frustrations

Value Stream Mapping

- Analyze work flow to understand the impact on patients and clinicians
- Identify non-value-added steps (Barriers and Frustrations)
- Plan improvement process to redesign work flow
  ✓ Rapid improvement events (RIEs)
  ✓ Projects
  ✓ Just do its (JDIs)

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

- **Physicians must be involved in events that address our frustrations**
Remove Waste – 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**
   Physicians entering data into the EHR
The EHR’s Impact on Professional Satisfaction and Work-Life Balance

- 2 hours administrative work for every hour of direct patient care

- Distracted Doctoring in Exam Room
  - 53% of time on direct clinical face time
  - 37% on EHR and desk work

- Work after work
  - Average 1-2 hours of EHR time at home
    - Pajama time
    - Saturday night date with EHR

- Decreased Interaction with Colleagues in the Hospital and Office
  - *Annal Int Med 6 SEPTEMBER 2016 Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties* Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; George Blike, MD

- *Beasley, John, MD I-PrACTISE, [http://www.fammed.wisc.edu/i-practise/](http://www.fammed.wisc.edu/i-practise/)*
Daily Huddles – Solving Problems at the Front Lines

- Everyone participates, staff lead
- Prepare for the day
- Review unit-based performance metrics
- Solve problems in real time
- Coached by leadership
Lean Management System: The Inverted Org Chart

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

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

- Mission and vision
- Core values
- True North Metrics
- Dyads Leadership
- Coaches and Mentors

- Huddles
- Prepare for the Day
- Track Metric Performance
- Identify and fix problems
- Escalate problems as needed
The CEO’s Role in Lean Transformation

You must **lead** the transformation
- The main reason Lean fails is lack of CEO leadership
- This cannot be delegated
- If it’s important to you, it will be important to everyone

You must **“Go to the Gemba”**
- Shadow people doing the work to understand their problems
- Attend huddles as a coach/mentor, not the one with the answers
A Lean management system and culture = An organization that can quickly adapt in an 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Specimen quality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(# of samples needing redraw per month)</td>
<td>20</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Press Ganey scores / wait time % patients waiting &lt;10 minutes</td>
<td></td>
<td>44</td>
<td>60</td>
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<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
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<tr>
<td>Urgent care turn-around time (order time to results/minutes)</td>
<td></td>
<td>40</td>
<td>30 min</td>
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<tr>
<td><strong>Finance</strong></td>
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<td></td>
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</tr>
<tr>
<td>Test volume</td>
<td>17,597</td>
<td>10%</td>
<td>19,356</td>
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<tr>
<td><strong>People</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of problems fixed by staff</td>
<td>30%</td>
<td>60%</td>
<td>85%</td>
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</table>

Personal experience at SGMF as CEO
Kaiser Permanente: Imaging Modalities Backlog Reduction

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 Hard Savings</th>
<th>Total Soft Savings</th>
<th>Total Hard and Soft Savings</th>
<th>Additional Revenue</th>
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<td>2010</td>
<td>$8,000,000.00</td>
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<td>2011</td>
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<td>2012</td>
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<td>2013</td>
<td>$5,000,000.00</td>
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<td>2014</td>
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<td>2015</td>
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<td>$1,000,000.00</td>
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</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentile</th>
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<tbody>
<tr>
<td>2010</td>
<td>62</td>
</tr>
<tr>
<td>2011</td>
<td>45</td>
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<td>2012</td>
<td>45</td>
</tr>
<tr>
<td>2013</td>
<td>63</td>
</tr>
<tr>
<td>2014</td>
<td>82</td>
</tr>
<tr>
<td>2015</td>
<td>87</td>
</tr>
</tbody>
</table>

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

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

Gandhi
Next Steps: Take Action

Physicians

Learn about burnout, knowledge is power
– Survey faculty, fellows, residents, and students
– Study the literature

Leaders

Learn about burnout, knowledge is key
– Educate your BOD
– Survey faculty, fellows, residents, and students

https://www.journals.elsevier.com/burnout-research
Next Steps: Take Action

Physicians

Take care of yourself, seek help if you think you may need it

Take care of each other

Develop a Physician Wellness Program

Talk to colleagues if concerned

Leaders

Take care of yourself and each other, you can’t help the physicians if you are overwhelmed

Support a Physician Wellness Program
Next Steps: Take Action

**Physicians**

*Improve working relationships with administration*
- Participate in Opportunities

**Leaders**

*Improve relations with physicians*
- Involve doctors in strategic and financial planning
- Formal and informal meetings
Next Steps: Take Action

Physicians

Participate in Lean activities to fix your frustrations – Participate in VSAs, RIEs, Huddles – Attend Friday Morning Report Outs – Join Value Stream Steering Teams – Explore Team Care Options

Leaders

Maximize Value of Lean – Implement and Uphold a No Meeting Zone – Go to where the work is done – Shadow physicians – Participate in VSAs, RIEs, Huddles – Attend Friday Morning Report Outs – Sponsor Value Stream Steering Teams
A Caveat:

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

- Bill Gates
Focusing Only on the Triple Aim => Burnout
Returning Joy to Patient Care: Pursuing the Quadruple Aim

The Triple Aim + *Frustration-Free* Patient Care
Through Lean Transformation
Questions?

Contact info:

Paul DeChant, MD, MBA:
Email: pdechant@us.ibm.com
Twitter: @PaulDeChantMD
Blog: www.PaulDeChantMD.com

Diane Shannon, MD, MPH:
Email: dshannon@mdwriter.com
Twitter: @DianeWShannon
Blog: www.mdwriter.com
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