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HEALTHCARE SOLUTIONS

Crossroads between Physician Burnout and Productivity

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Improving Patient Care

Enhancing Patient Experience

Driving Financial Performance

Is This Your Problem?

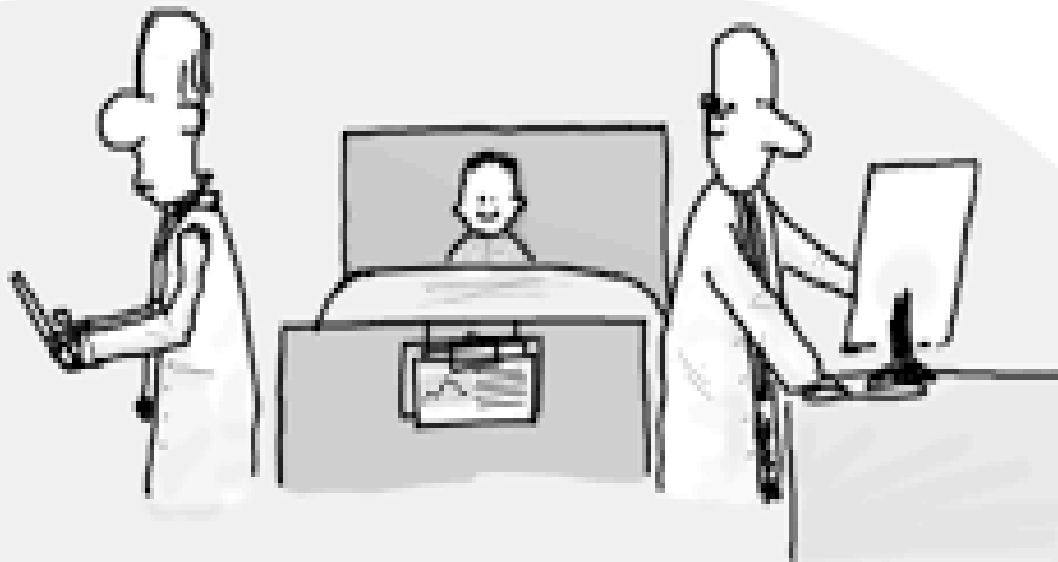
- My physicians are asking to reduce sessions or reduce productivity expectations.
- Leadership is worried about physician burnout.
- Expenses (labor, rent, supplies) are rising faster than reimbursement rate.

Agenda

1. What is physician burnout?
2. What are core physician motivators?
3. Tap into physician motivators to improve satisfaction and productivity

Who is Satisfied?

PATIENT-CENTERED CARE



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Physician Burnout

Physician Burnout continues to rise in all specialties, particularly those on the forefront of patient care.

- 51% Medscape Lifestyle report 2017
- 46% of 7,288 survey reported by Shanafelt et. al in Archives of Internal Medicine, 2016

Three components:

- Emotional Exhaustion
- Depersonalization
- Low Sense of Personal Accomplishments



What is Physician Burnout?

Definition

- Emotional exhaustion:

A chronic state of physical and emotional depletion that results from excessive job and/or personal demands and continuous stress. It describes a feeling of being emotionally overextended and exhausted by one's work. It is manifested by both physical fatigue and a sense of feeling psychologically and emotionally "drained".



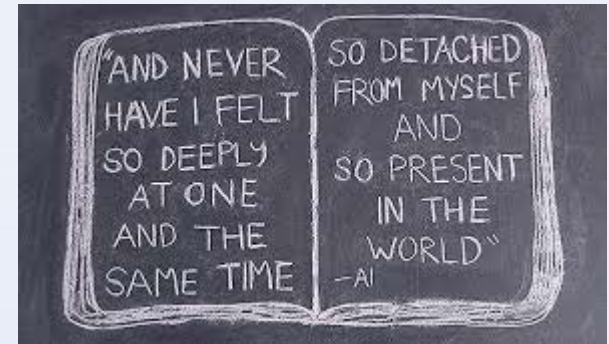
What is Physician Burnout?

Definition

- Depersonalization:

Detachment within the self regarding one's mind or body, or being a detached observer of oneself. Subjects feel they have changed and that the world has become vague, dreamlike, less real, or lacking in significance. It can be a disturbing experience.

Though degrees of depersonalization and derealization can happen to anyone who is subject to temporary anxiety or stress, chronic depersonalization is more related to individuals who have experienced a severe trauma or prolonged stress/anxiety



What is Physician Burnout?

- Low sense of personal accomplishment
 - Mayo Clinic Survey : Nearly 55 % of physicians in 2014 were professionally burned out
 - 16.3% of physicians had a low sense of personal accomplishment



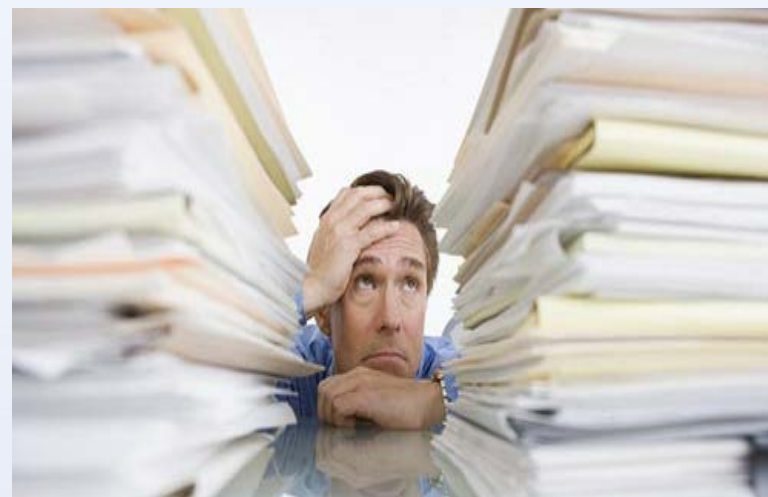
Where is Burnout Coming From?

- Certain specialties have higher incidence particularly front line: e.g., ED, Internal Medicine
- Women more than men
- Main reported causes
 - Administrative tasks
 - Too many hours at work
 - Cog in a wheel
 - Increased computerization
- Patient expectations may play a role, but not the leading cause

“The joy of practicing medicine is gone”

How Do Physicians Spend Their Time?

- **Physicians spend half their time doing administrative work**
 - **Annals, 2016, Christine Sinsky**
- Burnout:
 - Lower patient satisfaction, reduced health outcomes
 - Alcoholism, divorce, suicide
- Tasks:



Prior Authorization	Medication Reconciliation	EHR Documentation
Charge Capture	Results Management	Patient Portal Communication
Licensure Paperwork	Quality Programs	Academic Promotion Process
Pay for Performance	Referral Management	Population Health

Motivation and Physician Satisfaction Has Many Factors

EXTRINSIC

INTRINSIC



Intrinsic Motivators

The “Why I went to medical school”

Quality Care **Making a Difference** **Learning and Discovery** **Excellence**

Opportunities/Challenges:

- Regulations, care pathways, productivity often perceived as interfering with quality care
- Productivity and administrative requirements take away from learning and discovery
- Only 20% of time doing something with passion and gratification can be impactful
- Is your organization focusing on acknowledging these aspects of physician commitment?



Autonomy is an Important Motivator and is Diminishing

- Physicians are typically very independent
- Autonomy is often very important motivator



Financial Autonomy

FFS
Managed Care
Hospital-Owned Practices



Environmental Autonomy

Elimination of Independent Practices
Multi-specialty Owned
Hospital-Owned



Clinical Autonomy

Pre-authorization
EHR
Care Pathways
Quality Reporting
Compliance audits

Extrinsic Factors

Appreciation

- “A full waiting room should be all the appreciation a physician needs
- Consider leadership approach
- Peer quality recognition program



Community

- What happened to physician lunch rooms?
- What happened to brown bag lunch education meetings?

External Factors

- Physician Leaders
 - Physicians, given their independent nature, are not typically excellent leaders
 - Challenges
 - Team building
 - Listening
 - Conflict avoidance
 - Mentoring
 - How are physician leaders chosen and trained?



External Factors

- Resources
 - Never enough
 - How is the message communicated
 - Are there multiple constituents asking clinicians to do more
 - Quality Team
 - Revenue Cycle
 - Patient Satisfaction
 - Department
 - IT
 - Who is the gatekeeper?
 - Is the default to add to physician to-do list?



External Factors

– Tactics to reduce administrative burden

- Workflow / Process Improvement teams
- Medical Assistants – Who leads, educates, should have efficiency experience
 - Documentation
 - Room Set-up
 - Messaging
 - Organization
 - Patient information
- ERH Optimization
- Virtual and In-person Scribes
- Who is responsible for determining if the physician is truly the right person to do a task?



How Do We Pull This All Together?

How can you make an impact as a leader:

Intrinsic Motivators

- Quality
- Making a Difference
- Learning and Discovery
- Excellence

External Motivators

- Autonomy
- Resources
- Leadership
- Appreciation
- Community



Resources

1. Herzer, K, Pronovost, P. Physician Motivation: Listening to What Pay for Performance Programs and Quality Improvement Collaboratives are Telling Us. *Jt Comm J Qual Patient Saf.* 41(11):522-528, Nov 2015
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4. Peckham, C, Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout. *Medscape*, Jan 11, 2017
5. Schriver, I, et.al. An exploration of key issues and potential solutions that impact physician well being and professional fulfillment at an academic center. *PeerJ* 4e1783;DOI 10.7717, 2016
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Questions & Thank You!



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