Combating Clinician Burnout

September 6, 2019
HCCA
2019 Boston Regional Conference

1

Causes of stress for compliance officers:

"58% of compliance officers wake up in the middle of the night in a state of anxiety."

"…increasing concern over personal liability"

https://www.complianceofficerday.com/self-care-for-ethics-and-compliance-officers/

MHA 2

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Learning objectives

1. Describe the genesis of the clinician burnout crisis in the United States, and our role in combatting this public health issue.
2. How the Compliance Officer and Compliance Program can contribute to mitigating or decreasing the risks of provider burnout among staff.
3. Identify and access concrete best practices, tools, and guidelines for combatting clinician burnout.

MHA 3

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Clinician Burnout

1. Problem is huge
2. Largely a system issue, not a personal failing
3. You can help

MHA 4

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Causes of stress for compliance officers:

- Keeping up with new laws and regulations
- Identifying risks
- Preventing ethics and compliance violations
- Detecting ethics and compliance violations
- Investigating alleged violations
- Remediating violations

survey -2012 by the Health Care Compliance Association (HCCA)
https://www.complianceofficerday.com/self-care-for-ethics-and-compliance-officers/

MHA 5

5

Causes of stress for compliance officers:

"The role of compliance professional can be equal parts teacher, therapist, and doctor."

https://www.complianceofficerday.com/self-care-for-ethics-and-compliance-officers/

MHA 6

6

Causes of stress for compliance officers:

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MHA 7

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Google

compliance officer burnout

All | News | Images | Videos | Shopping | More | Settings | Tools

About 569,000 results (0.37 seconds)

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Google

compliance officer burnout

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About 569,000 results (0.37 seconds)

Google

clinician burnout

Search

All | Images | News | Shopping | Videos | More | Settings | Tools

About 543,000 results (0.36 seconds)

MHA 10

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Google compliance officer burnout

All News Images Videos Shopping More Settings Tools

About 569,000 results (0.37 seconds)

Google clinician burnout Search

All Images News Shopping Videos More Settings Tools

About 543,000 results (0.36 seconds)

Google physician burnout Search

All News Images Videos Shopping More Settings Tools

About 9,100,000 results (0.40 seconds)

MHA 11

11

Remedy:

Leisure time (taking vacation) is important

Self-care

work life balance

systemic stress reduction

https://www.complianceofficerday.com/self-care-for-ethics-and-compliance-officers/

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Clinician Burnout

1. Problem is huge
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Clinician Burnout

- **Emotional exhaustion**
  - Inefficient systems & useless tasks
  - (loss of enthusiasm)
- **Depersonalization**
  - Loss of empathy, inability to express grief
  - Interpersonal disengagement
  - Cynicism
- **Feelings of low achievement and decreased effectiveness**
  - As physicians begin to view their work as meaningless, the quality of their work suffers.

MHA 14

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Clinician Burnout

54%

Of US physicians show at least 1 symptom of burnout
(and 96% think it's a problem)

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014.
Mayo Clin Proc. 2015 Dec;90(12):1600-13. doi:
10.1016/j.mayocp.2015.08.023.
2016 NEJM Cataylst Survey

MHA 15

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ORIGINAL ARTICLE

MAYO CLINIC

Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

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

- **Burnout increased** 46% to 54%
- Satisfaction with **Work-Life Balance has decreased** from 49% to 41%
- **All specialties** are experiencing increased burnout and more WLB dissatisfaction
- Physicians are **faring worse than the general population**
- (N=6880)

MHA

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https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056#23

Medscape

National Physician Burnout, Depression & Suicide Report

2019

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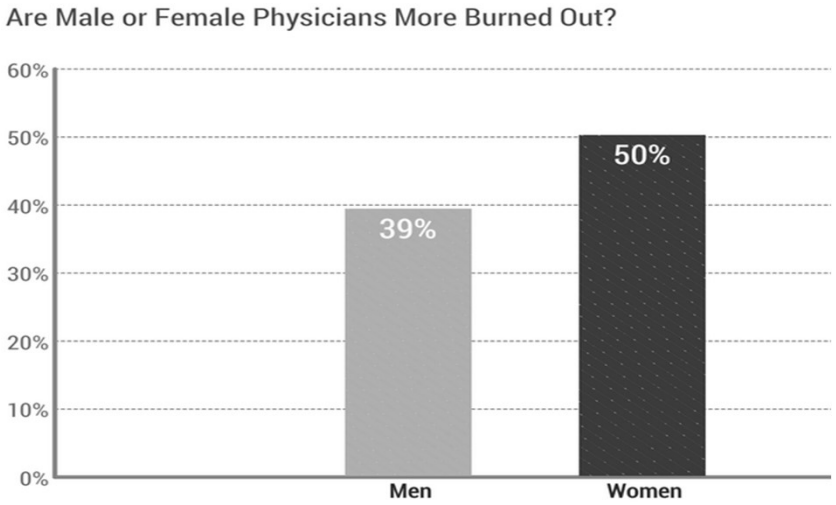
https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056#23



MHA 19

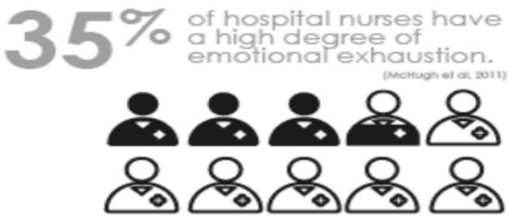
19

Nurses and Other Health Care Professionals

- 1999 study: 10,000 Inpatient RNs, 43 percent had high degree of emotional exhaustion

-Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA 2002;288:1987-93.

- 2011:



MHA 20

20

Nurses and Other Health Care Professionals

Inpatient RNs:

18 percent had depression (versus a national prevalence of approximately 9 percent)

Letvak SA, Ruhm CJ, Gupta SN. Nurses' presenteeism and its effects on self-reported quality of care and costs. Am J Nurs 2012;112:30-8; quiz 48, 39.

MHA 21

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Burnout effects…

- Physician
  - Satisfaction
  - SUD, alcoholism, divorce, depression, anxiety
  - Suicide
- Patient
  - Satisfaction
  - Engagement
  - Quality
  - Safety
- Practice
  - Income
  - Teamwork and team moral
  - Healthcare costs

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Burnout effects…

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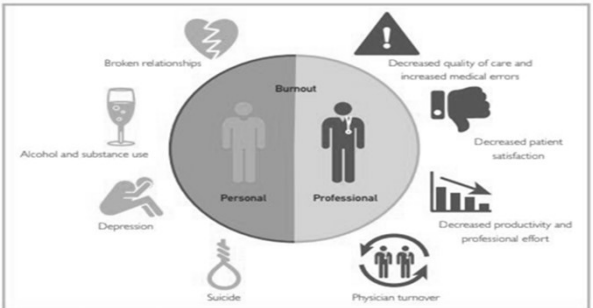

FIGURE 1. Personal and professional repercussions of physician burnout.

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Consequences of burnout

Shannafelt, 2017

These are not theoretical.

MHA 25

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Consequences of burnout

Shannafelt, 2017

- BMJ Review: Moderate evidence that burnout is associated with safety-related quality of care.
  Dewa CS, Loong D, Bonato S, et al. The relationship between physician burnout and quality of healthcare in terms of safety and acceptability: a systematic review. BMJ Open 2017
- NHS study: More engagement is associated with less MRSA in hospitals
  West, M. Dawson, J. The King's Fund. Employee engagement and NHS performance. 2012.
- Mayo: "Physician burnout is at least equally responsible for medical errors as unsafe medical workplace conditions."
  Shannafelt T, Tawfik D. Mayo Medical Procedings, July 8 2018.

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Problem is huge and worsening….

JAN 6, 2016 @ 10:41 AM 16,795 VIEWS

12 Stocks to Buy f

The Story Behind Epidemic Doctor Burnout And Suicide Statistics

Dave Chase, SUBSCRIBER

VC; Speaker; Author; Exec Producer, The Big Heist FULL BIO

Opinions expressed by Forbes Contributors are their own.

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Consequences of burnout

Decreased Productivity and Professional Effort

Shannafelt, 2017

- Mayo: Every one-point increase in burnout *(on a seven-point scale)* is associated with a 30-40 percent increase in the likelihood that physicians will **reduce their hours** in the next two years.

Shanafelt TD, Mungo M, Schmitgen J, et al. Longitudinal study evaluating the association between physician burnout and the changes in professional work effort. *Mayo Clin Proc.* 2016;91(4):422-431

MHA 30

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Healthcare costs

- Direct costs:
  - Turnover
  - Early Retirement
  - Reduced hours
  - Reduce discretionary effort
  - Absenteeism
- Indirect costs:
  - Reduced quality
  - Medical errors (including medication errors)
  - Unnecessary testing and referrals
  - Worsening malpractice risk

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The Business Case for Investing in PhysicianWell-being

JAMA Internal Medicine December 2017 Volume 177, Number 12

1. Input data: **Enter values**

N = No. of physicians at your center _____

BO = Rate of burnout of physicians at your center _____[a]

TO = Current turnover rate per year _____[b]

C = Cost of turnover per physician _____[c]

2. Calculations:

Estimated Cost of Physician Turnover Attributable to Burnout

A. TO without burnout (solve for "TO without burnout"):

Formula:[d]

TO = [TO without burnout x (1 – BO)] + [(2 × TO without burnout) × BO]

Simplified formula:

TO without burnout = TO/(1 + BO)

B. Projected No. of physicians turning over per year due to burnout (solve using input variables and TO without burnout value from step A):

Formula:

No. of physicians turning over due to burnout per year = (TO – TO without burnout) × N

C. Projected cost of physician turnover per year due to burnout (solve using input variables and No. of physicians turning over due to burnout per year from step B):

Formula:

Estimated cost of turnover due to burnout = C × No. of physicians turning over due to burnout per year

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The Business Case for Investing in PhysicianWell-being

JAMA Internal Medicine December 2017 Volume 177, Number 12

Example Using N = 450; BO = 50%; TO = 7.5%; C = $500 000

A. TO without burnout:
0.075 = [TO without burnout × (1 – 0.5)] + [(2 × TO without burnout) × 0.5]
or 0.075/(1 + 0.5) = 5%

B. No. of physicians turning over due to burnout per year:
(0.075 – 0.05) × 450 = 11.25

C. Projected cost of physician turnover per year due to burnout:
$500 000 × 11.25 = $5 625 000

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The Business Case for Investing in PhysicianWell-being

JAMA Internal Medicine December 2017 Volume 177, Number 12

1. Input data: **Enter values**

CB = Estimated cost of turnover due to physician burnout _____[a]
CI = Cost of intervention per year _____
R = Relative reduction in BO _____

2. Calculations:

ROI

A. Savings due to reduced BO:
Formula:
Savings due to reduced BO = (CB × R)

B. ROI:
Formula:
ROI = (Savings due to reduced BO –CI)/CI

Example Using CB = $5 625 000; CI = $1 000 000; R = 20%

A. Savings due to reduced BO:
$5 625 000 × 0.20 = $1 125 000

B. ROI:
($1 125 000 – $1 000 000)/$1 000 000 = 12.5%

MHA 34

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What is NOT included in the calculation

- Malpractice Liability
- Patient Satisfaction
- Organizational reputation
- Decreased productivity of those who stay
- The Domino effect - larger load for remaining providers

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Evidence for recent improvement

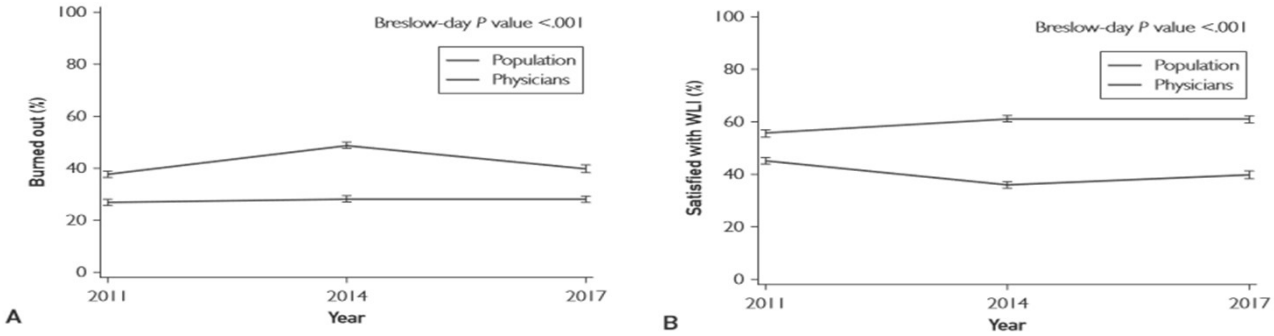

FIGURE 2. Changes in burnout (A) and satisfaction with work-life integration (WLI) (B) in physicians and US working population.

MHA 36 https://www.mayoclinicproceedings.org/article/S0025-6196(18)30938-8/fulltext

36

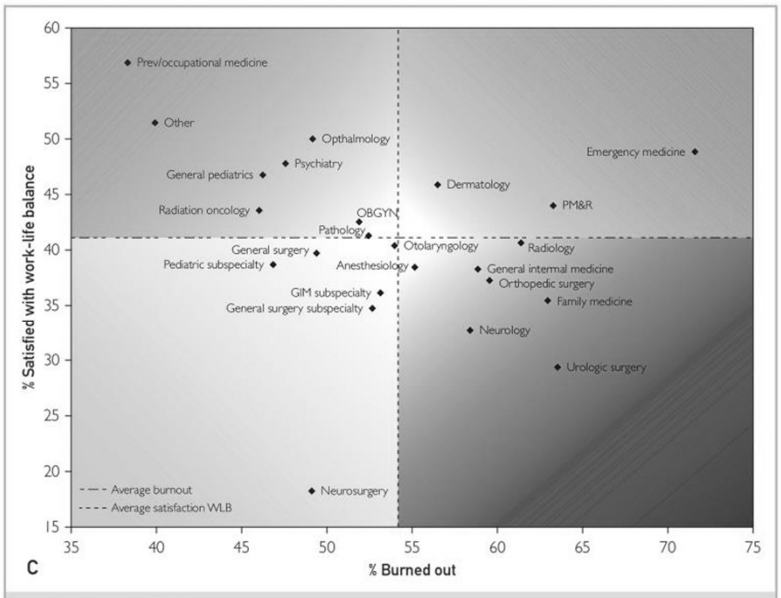

FIGURE 1. (*continued*).

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Problem is huge and worsening…

Slide courtesy of Michael R. Privitera MD, MS University of Rochester Medical Center

Cognitive Workload Risks:

Cognitive workload is known to be a risk factor to **workers and the people they serve** in such professions as:

– **Airline pilots**
– **Air traffic controllers**
– **Nuclear power workers**.
– **Simultaneous Translator at UN**

Yet…… little attention to these risks discussed in the delivery of healthcare by clinicians.

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LIFE
MHA
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Receptionist
Billing Clerk
Transcriptionist
Medical Records Clerk
Pharmacist

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Spike in reported burnout…

- Loss of control over work
- Increased performance measurement (quality, cost, patient experience)
- Increasing complexity of medical care
- Implementation of EHRs
- Profound inefficiencies in the practice environment

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison

March 28, 2017

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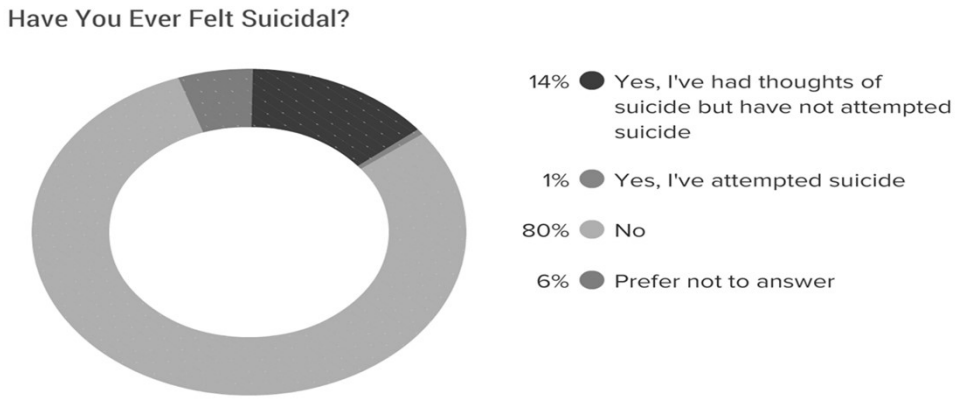
https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056#23



MHA 42

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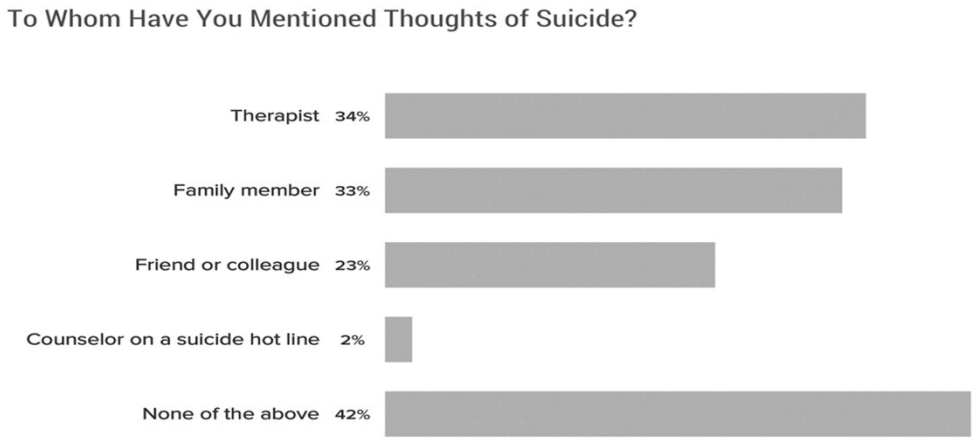

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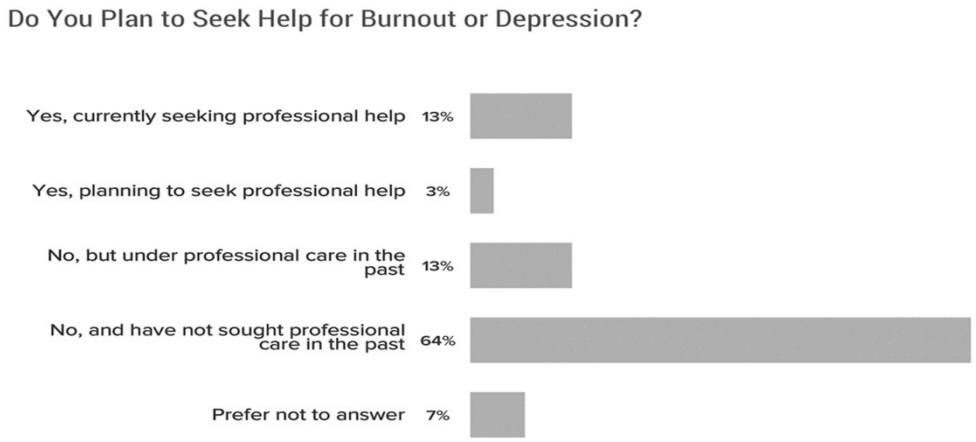

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Clinician Burnout

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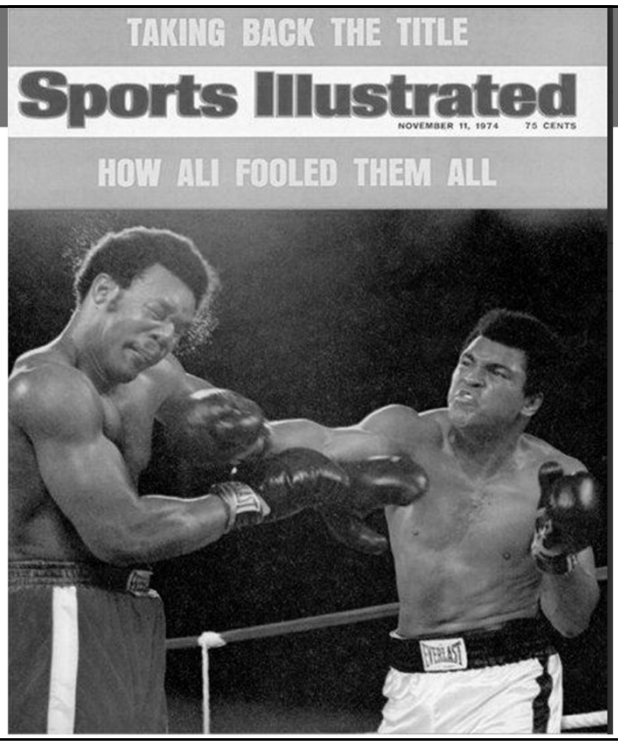

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Clinician Burnout

Burn-out an "occupational phenomenon"

International Classification of Diseases (ICD-11)
28 May 2019

Burn-out is **not** classified as a medical condition.

Not a Disease

MHA 47

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Environmental Drivers of Clinician Burnout

- Workload and time constraints
- Inefficiencies/frustration (EHR)
- Lack of autonomy/control
- Ineffective leadership
- Mission/values mismatch (loss of meaning)
- Culture of incivility
- Perception of fairness and respect
- Diminished rewards

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Problem is huge and worsening…

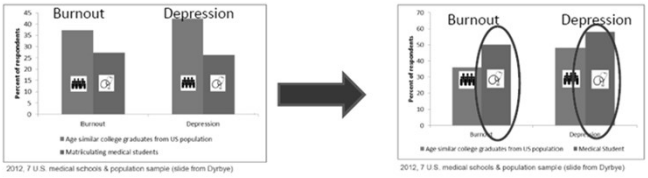
Slide courtesy of Michael R. Privitera MD, MS University of Rochester Medical Center

Training/Work-Induced
Changes in Resilience & Performance (examples)

A. Pre-Med → Medical School

Matriculating medical students have lower distress than age-similar college graduates

What happens to distress relative to population after beginning medical school?

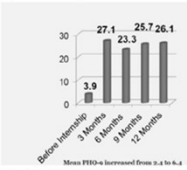


Brazeau et al. Acad Med 2014; 89;1520-5

B. Before Internship → During Internship

Depression During Internship (N=740 interns)

Percentage with "Depression" (PHQ >10)



Internship year	Suicidal Ideation
Before=	2.5%
3 months in=	4.0%
6 months in =	11.1%
9 months in=	9.1%
12 months in=	8.1%

Guille C, et al. JAMA Psychiatry Nov 4, 2015 E1-7

Sen et al. Arch Gen Psych: 2010; 67 (6):557-565

Predictors of Medical Errors

Depression	
Never-depressed	13.6%
Acutely depressed	26.2%
Chronically depressed	32.8%

MHA 49

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Technology Is Driving Burnout

- Radically disrupted established workflows
- Radically disrupted patient interactions
- A source of interruptions and distraction
- Very time intensive

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison

March 28, 2017

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Clinician Burnout

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Strategies from the Mayo Clinic

- 2011-2013: burnout rose to national average
- 2013-2015:
  - *National burnout rose 11%*
  - *Mayo burnout dropped 7%*
- Recently, 33% burnout rate (vs 49% nationally)

"Deliberate, sustained, and comprehensive efforts by the organization to reduce burnout"

Shannafelt, et. Al 2017

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Potential Solutions: 2009 study of 465 physicians

- Overall burnout = 34%
- Time spent on most meaningful activity:
  - **< 20% of their time: burnout = 53.8%**
  - **20%+ of their time: burnout = 29.9%**
  - *P*<.001
- 68% found patient care "most meaningful"

Shanafelt TD, West CP, Sloan JA, et al. Career Fit and Burnout Among Academic Faculty. *Arch Intern Med.* 2009;169(10):990–995. doi:10.1001/archinternmed.2009.70

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MMS-MHA Joint Task Force on Physician Burnout

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

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MMS-MHA Joint Task Force on Physician Burnout

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

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

MASSACHUSETTS MEDICAL SOCIETY *Every physician matters, each patient counts.*

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

HARVARD Global Health Institute

MHA 55

http://www.massmed.org/News-and-Publications/MMS-News-Releases/Physician-Burnout-Report-2018/

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MMS-MHA Joint Task Force on Physician Burnout

The Boston Globe

Report raises alarm about physician burnout

By Priyanka Dayal McCluskey GLOBE STAFF JANUARY 17, 2019

Physician burnout has reached alarming levels and now amounts to a public health crisis that threatens to undermine the doctor-patient relationship and the delivery of health care nationwide, according to a report from Massachusetts doctors to be released Thursday.

PDF Globe 2019 1 17 Burnout Front Page

https://www0.bostonglobe.com/metro/2019/01/17/report-raises-alarm-about-physician-burnout/9CGdUc0eEOnobtSUiX5EIK/story.html

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MMS-MHA Joint Task Force on Physician Burnout

The Boston Globe

OPINION | ALAN CHAOUI, STEVEN DEFOSSEZ, AND MICHELLE WILLIAMS

Doctor burnout is real. And it's dangerous

By Alan Chaoui, Steven Defossez and Michelle Williams JANUARY 17, 2019

Burnout — a condition characterized by emotional exhaustion, cynicism, and feelings of reduced effectiveness in the workforce — impacts all caregivers and, in particular, threatens to undermine the physician workforce, endangering our health care system.

PDF Globe 2019 1 17 Burnout OpEd

https://www.bostonglobe.com/opinion/2019/01/17/doctor-burnout-real-and-dangerous/LpEgCCzyWhHou6qketcGQK/story.html

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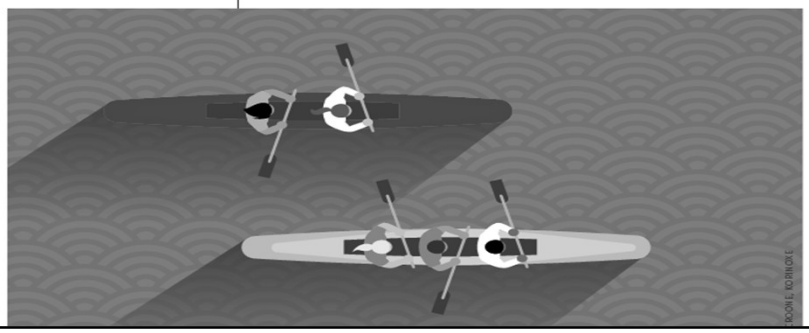
Results of the Colorado Study Team-based care model

COREY LYON, DO, AIMEE F. ENGLISH, MD, AND PETER CHABOT SMITH, MD

A Team-Based Care Model That Improves Job Satisfaction

Expanding the role of medical assistants to better support providers can improve not only traditional outcomes but also job satisfaction.



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Results of the Colorado Study
Team-based care model

- Administrative burden drives suboptimal access, poor outcomes, and escalating burnout.
- Increasing the MA-to-provider ratio to 2.5:1 and expanding the role of MAs: "Quadruple Aim."
- Increased visit volume and patient access, improved clinical quality, and ***cut provider burnout in half***.

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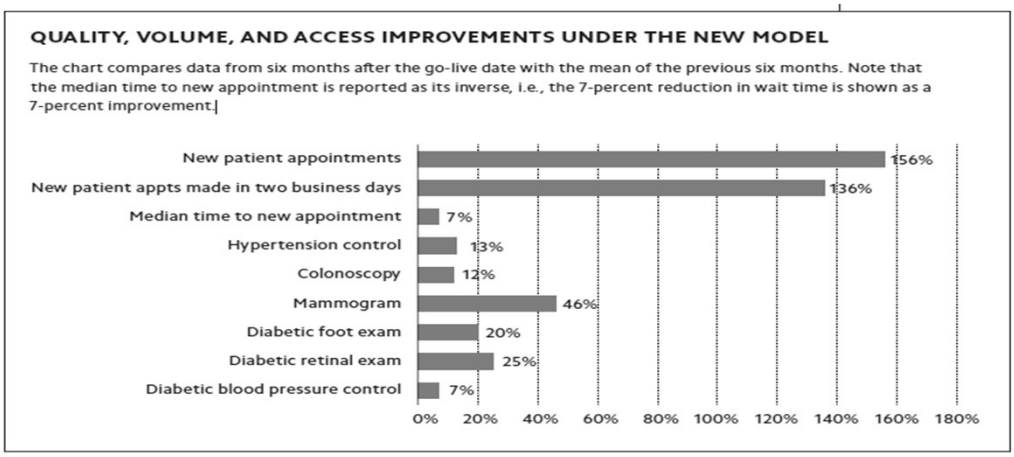
Results of the Colorado Study
Team-based care model



MHA 60

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Results Individualized Training Study

Local Investment in Training Drives Electronic Health Record User Satisfaction

Christopher A. Longhurst[1] Taylor Davis[2] Amy Maneker[3] H. C. Eschenroeder Jr[4] Rachel Dunscombe[5] George Reynolds[6] Brian Clay[1] Thomas Moran[7] David B. Graham[8] Shannon M. Dean[9] Julia Adler-Milstein[10] on behalf of the Arch Collaborative*

Table 1 Variation in experience by EHR

	Number of organizations with vendor deployed (and >10 surveys collected)	Lowest organization net EHR experience score	Highest organization net EHR experience score
Vendor 1	104	−13	73
Vendor 2	26	−51	43
Vendor 3	13	−58	31
Vendor 4	12	−41	54
Vendor 5	7	−26	42
Vendor 6	5	−15	21
Vendor 7	5	−60	−42

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- Less than 20% of all variation was explainable by the EHR in use
- Over 50% of variation explained at the physician user level
- A very unsuccessful provider organization was identified in each customer base
- A successful customer was identified in six of the seven customer bases

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Results Individualized Training Study

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Christopher A. Longhurst[1] Taylor Davis[2] Amy Maneker[3] H. C. Eschenroeder Jr[4] Rachel Dunscombe[5] George Reynolds[6] Brian Clay[1] Thomas Moran[7] David B. Graham[8] Shannon M. Dean[9] Julia Adler-Milstein[10] on behalf of the Arch Collaborative*

- EHR Training/Education is the Major Predictor of Positive User Experience
- Physicians Indicate Higher Quality EHR Training Drives Better Care
- EHR Personalization Tools—A Key to Success

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MMS-MHA TF: Guidelines / recommendations

CHANGING THE EHR FROM A LIABILITY TO AN ASSET TO REDUCE PHYSICIAN BURNOUT

The Reliant Medical Group Story

https://www.mhalink.org/MHA/MyMHA/Communications/PressReleases/Content/2019/MMS_MHAJointTaskForceAndReliantWhitePaperEHR_BestPractices.aspx

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

MASSACHUSETTS MEDICAL SOCIETY *Every physician matters, each patient counts.*

RELIANT MEDICAL GROUP Part of OptumCare®

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Results from the Frigoletto Committee Poll

	Total Response	Highly Valuable	Somewhat Valuable	Highly or Somewhat Valuable
Delegation of non-physician work	616	78%	16%	94%
Increased Epic optimization support	533	39%	40%	80%
Advanced personal Epic training	548	38%	36%	73%
Improved access to urgent specialty consultation	482	25%	37%	62%
In-room scribe	545	35%	23%	58%
Virtual scribes	499	21%	29%	50%
Faculty lounge	548	21%	27%	48%
Physician peer coaching service	490	13%	30%	43%

MASSACHUSETTS GENERAL HOSPITAL

MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

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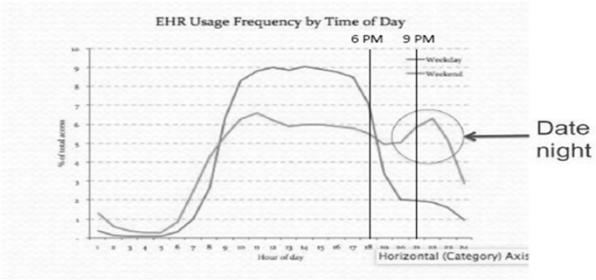
Problem is huge and worsening…

Slide courtesy of Michael R. Privitera MD, MS University of Rochester Medical Center

EMR Work Bleeds into Home Life.

- Access to the medical records when at home => has extended the physician work day
- ≥ 10 hours per week on EHR after they go home, on nights and weekends.

"Pajama Time"
Sat nights belong to Epic



MHA 66

Compliments of Christine Sinsky MD, VP for Clinician Satisfaction, American Medical Association, and Brian Arndt, University of Wisconsin.

66

University of California, Davis, Health

Improving lives and transforming health care

- Academic health system
  - 1 hospital, 627 beds
    - 17 clinics
    - 1,473 physicians
    - ≈35,000 admissions/ year
    - ≈950,000 outpatient visits
  - 1 connect hospital
    - 190 connect physicians

Slide courtesy of Scott MacDonald, M.D., EMR Medical Director, UC Davis Health

MHA

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University of California, Davis, Health

Improving lives and transforming health care

- **Part 1**: Four hours *individually tailored,* one-on-one training for each physician
- **Part 2**: Weekly "PEP Talks" to di entire clinic struggles

Slide courtesy of Scott MacDonald, M.D., EMR Medical Director, UC Davis Health

MHA

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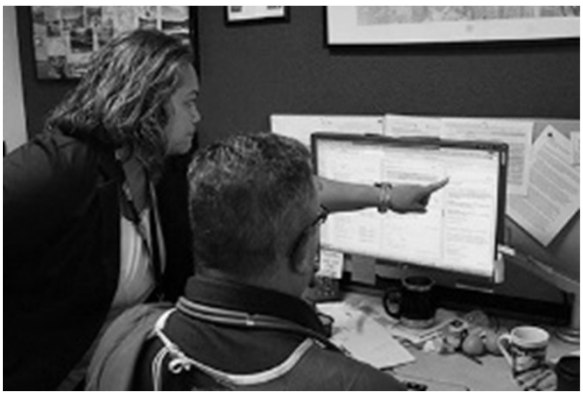
One-on-one Training



- Held during clinic time to allow for practice charting
- 50% reduction of schedule
  - Plan 3 months in advance to block schedules

MHA

Slide courtesy of Scott MacDonald, M.D., EMR Medical Director, UC Davis Health

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One-on-one Training

- Prior to 1-1 sessions, team develops individual training plan for each physician by:
  - Shadowing during first week of engagement
  - Evaluating Epic Provider Efficiency Profile metrics
  - Conducting in-system analysis
  - Reviewing pre-engagement survey

MHA

Slide courtesy of Scott MacDonald, M.D., EMR Medical Director, UC Davis Health

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Metrics: Improving Efficiency

- Increased proficiency in:

16%	Notes	**32%**	Schedule
20%	Orders	**27%**	SmartTools
30%	In Basket	**43%**	Widescreen
17%	Chart Review	**28%**	Haiku

***All values are significant at the .05 or .01 level

MHA

Slide courtesy of Scott MacDonald, M.D., EMR Medical Director, UC Davis Health

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Metrics: Reducing Pajama Time

- Physicians **felt** they had a more acceptable level of after-hours work after training
- Increased from 2.43 to 3.06

26%

- Median reduction of **25 hours/month** in time physicians spend working after hours
- What would you do with an extra day?

***All values are significant at the .05 or .01 level

MHA

Slide courtesy of Scott MacDonald, M.D., EMR Medical Director, UC Davis Health

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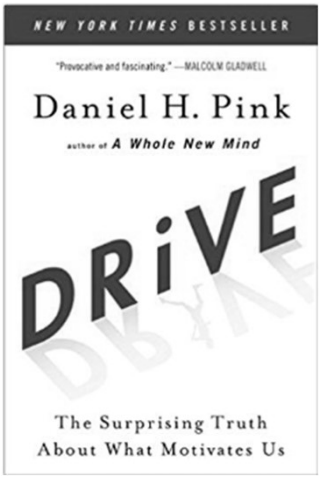
What drives happiness at work?

- Autonomy
- Mastery
- Meaning

-Drive by Daniel Pink



MHA 73

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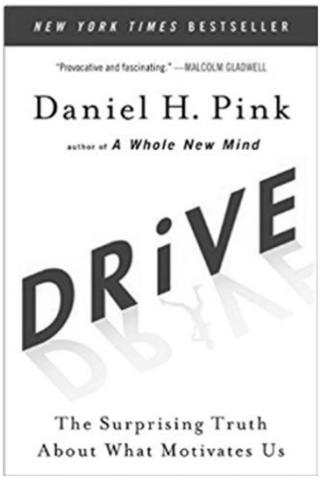
What drives happiness at work?

- Autonomy
- Mastery
- Meaning

-Drive by Daniel Pink

(And appreciation)



MHA 74

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What drives *clinician* happiness at work?

- Autonomy: Control over their schedule and decision-making
- Mastery: Delivering high-quality healthcare
- Meaning:
  - Congruent values,
  - Aligned missions,
  - Absence of moral injury

(And appreciation)

MHA 75

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Annals of Internal Medicine ORIGINAL RESEARCH

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

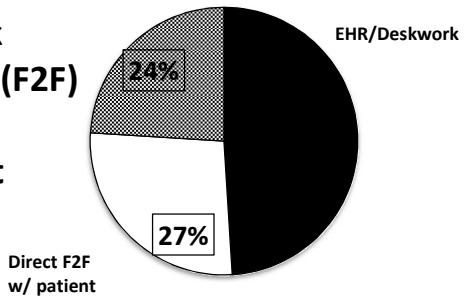
Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambula-

their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of

- **50% day EHR/desk**
- **< 1/3 Face to Face (F2F)**
- **1 hr F2F: 2 hr EHR**
- **1-2 hr EHR at night**
  "Pajama time"



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Annals Internal Medicine Sept 6, 2016

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Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison

March 28, 2017

MHA 77

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CEO Commitment, Noseworthy et al

- **Regularly measure burnout** using one of several standardized, benchmarked instruments.
- Include measures of physician well-being in our **institutional performance dashboards**
- Evaluate and **track the institutional costs** of physician turnover, early retirement, and reductions in clinical effort.

MHA 78

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CEO Commitment, Noseworthy et al

- Emphasize the importance of **leadership skill development** for physicians and managers leading physicians throughout our organization.
- Understand and **address more fully the clerical burden** that is contributing to professional burnout.
- Team-based models of care where physician expertise is maximally utilized. **Tasks that do not require the unique training of a physician delegated to other skilled team members.**

MHA 79

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Strategies from the Mayo Clinic

- 1. Acknowledge and Assess the Problem
  - a. Survey
  - b. Focus groups
- 2. Harness the power of leadership
- 3. Develop targeted interventions
- 4. Cultivate Community at Work
- 5. Use Rewards and Incentives wisely
- 6. Align Values and Strengthen Culture
- 7. Promote Flexibility and Work-life integration
- 8. Provide Resources to Promote Resillience
- and Self-Care
- 9. Facilitate and Fund Organizational Science

MHA 80

- Shannafelt, et. Al 2017

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- G.R.O.S.S.

MHA 81

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- G.R.O.S.S.
- Getting Rid Of Stupid Stuff

The NEW ENGLAND JOURNAL of MEDICINE

Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

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Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

Findings:

Perceived stupid stuff:

1. Documentation that was never meant to occur
2. Needed Documentation could be completed more efficiently
3. Required documentation for which clinicians did not understand the requirement or the tools available to them.

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How to Create a Joyful, Engaged Workforce

Outcome:
↑ Patient experience
↑ Organizational performance
↓ Staff burnout

4. Use improvement science to test approaches to improving joy in your organization

3. Commit to making *Joy in Work* a shared responsibility at all levels

2. Identify unique impediments to *Joy in Work* in the local context

1. Ask staff "what matters to you?"

84

List of Evidence Based Solutions: Human

- Improve efficiency
- Customized EHR training / optimization (paid)
- Increase MA/Physician ratio "top of their license."
- 20% of time spent on, "what matters most"
- Leadership training
- Pick a measure of clinician wellness (Monitor and improve it)
- Designate a Chief Wellness Officer
- Engaging front-line to identify system issues
- Empowering front-line to develop solutions
- Increase employee recognition
- Cultivate community: "Collegiality time"

MHA 85

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List of Evidence Based Solutions: Human

- Eliminate barriers to mental health services
- Peer support program for clinicians under stress:
  - Named in litigation
  - Traumatic clinical situation
  - Death of close family member

MHA 86

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Technological solutions to be considered:

- Single sign-on technology for EHR's
- Electronic prior authorization
- Employer based concierge service offered to clinicians
- EHR *user specific* optimization
- EHR workflow optimization
- Scribes, virtual vs. remote scribe versus on-site scribe
- Inbox management
- Previsit labs, planning
- Medication management

MHA 87

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Draft Task Force Goals for 2019 -2020

- CEO/CMO commitment letter
- Statewide clinician burnout survey
- State-of-the-art clinician burnout playbook
- Individual stakeholder subcommittee goals

MHA

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Draft Task Force Goals for 2019 -2020

Individual stakeholder subcommittees

- Medical schools and residencies
- State and federal agencies/EHR vendors
- Hospitals, health systems and provider organizations
- Insurers / NCQA
- BORIM

MHA

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Quick Wins

- IT- Secure logons 'it's just 3 more clicks' –
  - Track EHR Use at home (WAW-work after work)
  - Track time in chart, inbox etc
- **Compliance** - overinterpretation of the rules
- Quality-responsibility *with* power to effect change
- Performance measure fatigue
- **Risk Management** 'If the doc does it we won't get in trouble'
- Mandate vacation time

Slide courtesy of Marie T Brown MD MACP, Senior Physician Advisor, American Medical Association

MHA 90

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This is a screen shot required by a physician to click on > 100x/day!!!

This computer network is the property of

While protects the privacy of personal data in accordance with applicable law, users should not have any expectation of privacy with regard to the entry, creation, transmission, receipt or storage of data via the system or any network with which the system communicates, including, but not limited to, Internet or electronic mail co

Access
receive
persona
data en

Brought to you not by the EHR vendor
But by the hospital's compliance officer!

It can take up to 24 min after a distraction to regain focus on an interrupted task

1 hour/week=
52 hours/year= 6 days/year/doctor !

MHA

Slide courtesy of Marie T Brown MD MACP, Senior Physician Advisor, American Medical Association

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Healthy Clinicians Give Better Care

- Decreased medical errors
- Increased patient satisfaction
- Better treatment recommendations
- Increased treatment adherence
- Lower malpractice risk
- Better attitudes toward work
- Higher team functioning
- Lower turnover

MHA

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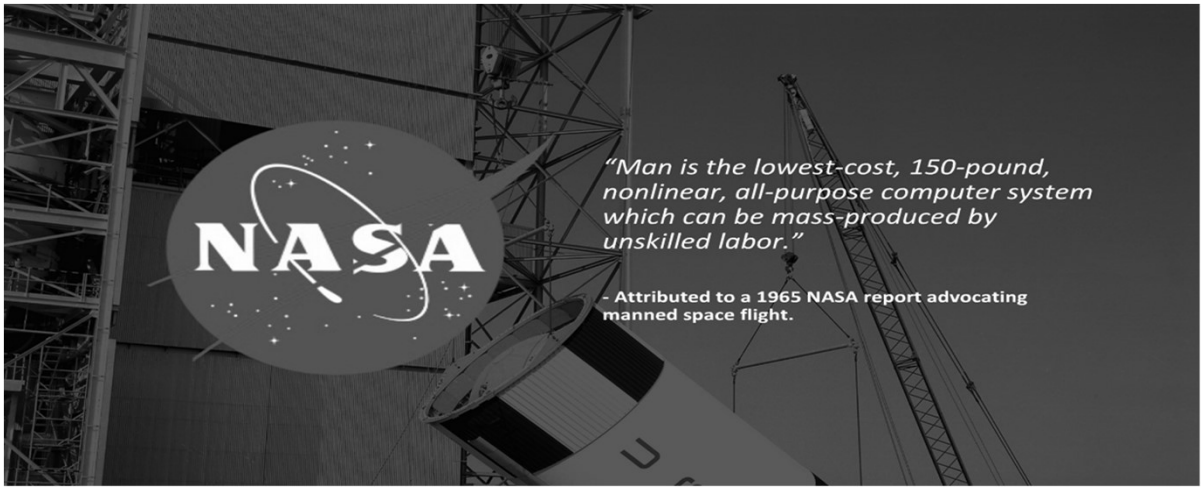

MHA 93

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Clinician Burnout

1. Problem is huge
2. Largely a system issue, not a personal failing
3. You can help

MHA 94

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Massachusetts Health Policy Commission:

Massachusetts payers and providers believe that administrative complexity threatens the Commonwealth's ability to meet the benchmark.

The challenge of administrative complexity – and its unintended consequences – has been identified in pre-filed testimony before every annual cost trends hearing.

Examples from pre-filed testimony

- Provider credentialing
- Eligibility verification
- Prior authorization
- Claims submission, denials and appeals
- EHR integration, data-sharing, interoperability
- Government regulations, reporting requirement
- Duplicative care management programs
- Quality performance measurement
- Variation in risk contract terms

- Clinician confusion, discomfort, burn-out
- Decreased time with patients
- Distraction from other priorities
- Confusion and anxiety for patients

HPC 21

MHA 96

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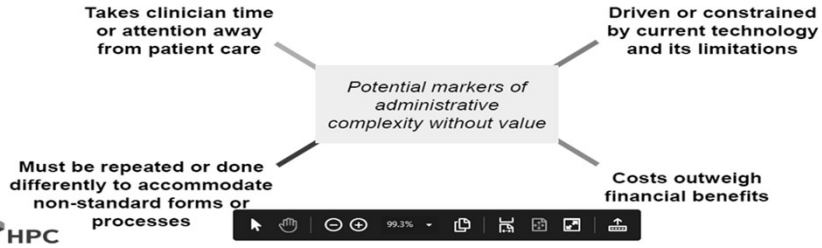
Massachusetts Health Policy Commission:

Some areas of administrative complexity add value; others do not.

Policy Recommendation:
The Commonwealth should take action to identify and address areas of administrative complexity **that add costs** to the health care system **without improving the value or accessibility of care**.



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Massachusetts Health Policy Commission:

Proposed Principles for Selecting Focus Areas

1. Reducing complexity in this area would measurably reduce health care costs in Massachusetts **without jeopardizing quality or access**
2. Massachusetts **stakeholders have prioritized action** in this area
3. The issue can be addressed **at the state level**
4. Work in this area could **complement without duplicating** existing efforts

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Massachusetts Health Policy Commission:

MHA 99

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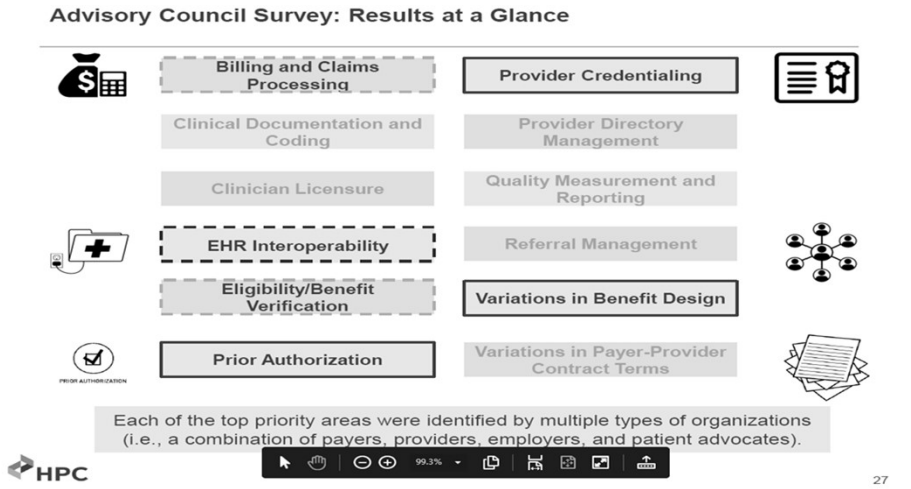
Massachusetts Health Policy Commission:



MHA 100

100

HPC: Prior Authorization

- Demands **significant time and resources** from providers, payers and patients
- Payer ROI does not take into account **costs borne by providers and patients**
- Can lead to **delays and disruptions in care**
- DOI / Mass Collaborative: **Standard forms** (Chapter 224)
- Potential policy solutions raised for consideration:
  - Delegating prior authorization to ACOs
  - Developing a gold carding system to reduce the need for prior authorization for some providers
  - **Automated prior authorization**

MHA 101

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