

Moving from Burnout to Wellness: Identifying the problem and working towards solutions

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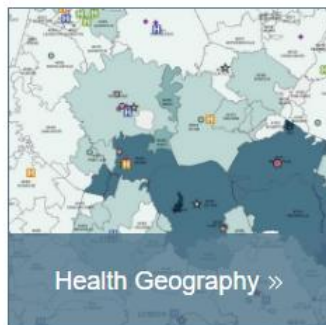
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Policy Studies in Family Medicine and Primary Care

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WHAT'S NEW

What Now for Obamacare?

11/11/2016 | www.bmj.com

Improved Community Health Depends on Knowing the Extent of Social Deprivation

11/09/2016

High-Deductible Plans May Reduce Ambulatory Care Use

11/01/2016

Financial Barriers in High-Deductible Plans Hinder Access to Ambulatory Care

11/01/2016

Robert Graham Center Director Andrew Bazemore, MD, Elected as Member of National Academy of Medicine

10/18/2016

BROWSE BY TOPIC



Access to Care



Behavioral Health Integration



Health Geography



Medical Education



Practice Infrastructure & Quality



Primary Care Costs & Payment



Public & Community Health

DIRECTOR'S CORNER

Decades of societal and cultural misunderstanding leave mental health shrouded in judgement, resulting in many campaigns at reducing its associated stigma. Click [here](http://healthaffairs.org) (healthaffairs.org) to read more about the unintended consequences of such mental health stigma reduction efforts, and how integrating primary care and behavioral health is a potent start at addressing mental health as an [integral component of overall health care](http://www.commonwealthfund.org) (www.commonwealthfund.org).

LATEST TWEET



Robert Graham Center
@TheGrahamCenter



See the latest Graham Center one-pager on high-deductible plans [here](#).

Agenda

- Introductions
- Identifying the problem of physician burnout-
Who is at risk and why?
- Lessons from other industries
- Making it specific to the family physician-
Results from the ABFM survey and what we
can do about it.
- Question and Answer (to continue at happy
hour)



Physician Mental Health, Burnout, and Paths Toward Change

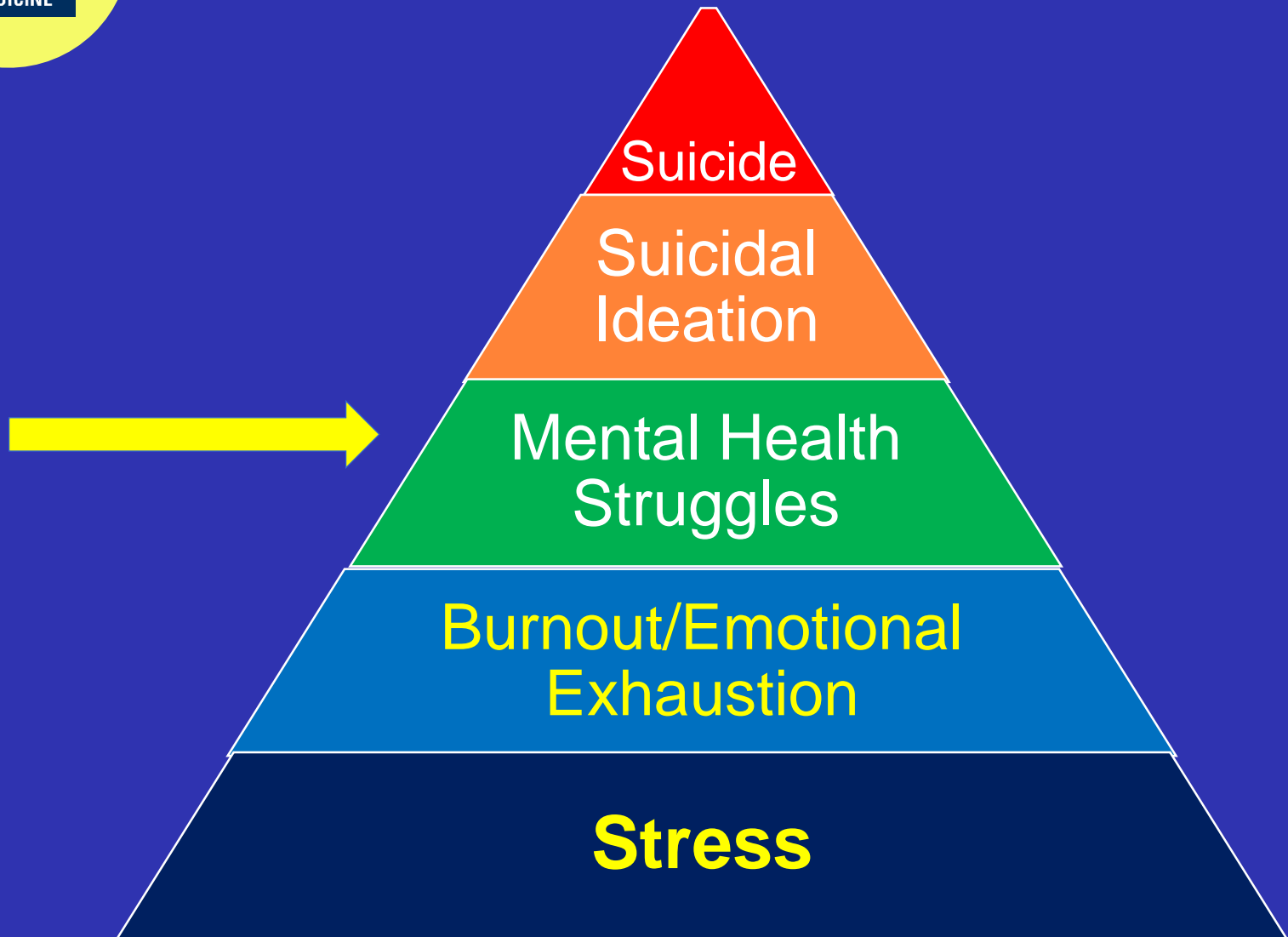
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May 7, 2018





Mental Health: What do we know?

- Most literature from medical students
- Some from residents/fellows
- Almost none from practicing physicians



Getting Help



- Low rates of seeking help—especially for those at highest risk

Getting Help



- Low rates of seeking help—especially for those at highest risk
- **Surgeons:** only 1/4 with SI sought help
- **Med students:**
 - only 22% +depression screen sought care
 - 42% with suicidal ideation sought care

Why Don't Physicians Seek Help?



- Culture
- Stigma
- Licensing



Medical Culture



- What traits make a good med student?

Medical Culture



- What traits make a good med student?
 - Compulsiveness
 - Perfectionism
 - Neuroticism
 - Drive to achieve/overachieve
 - Putting others' needs first

Medical Culture



- What traits are a good setup for depression?

Medical Culture



- What traits are a good setup for depression?
 - Compulsiveness
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Stigma, Stigma, Stigma...

SEPTEMBER 21, 2016

Fear of stigma or sanction keeps many doctors from revealing mental health issues, study finds

U-M HEALTH SYSTEM

Anonymous survey suggests need for better support & state licensing standards

Of 2,100 female physicians surveyed,

nearly half

believed they'd met the definition for mental illness during their career, but hadn't sought treatment.

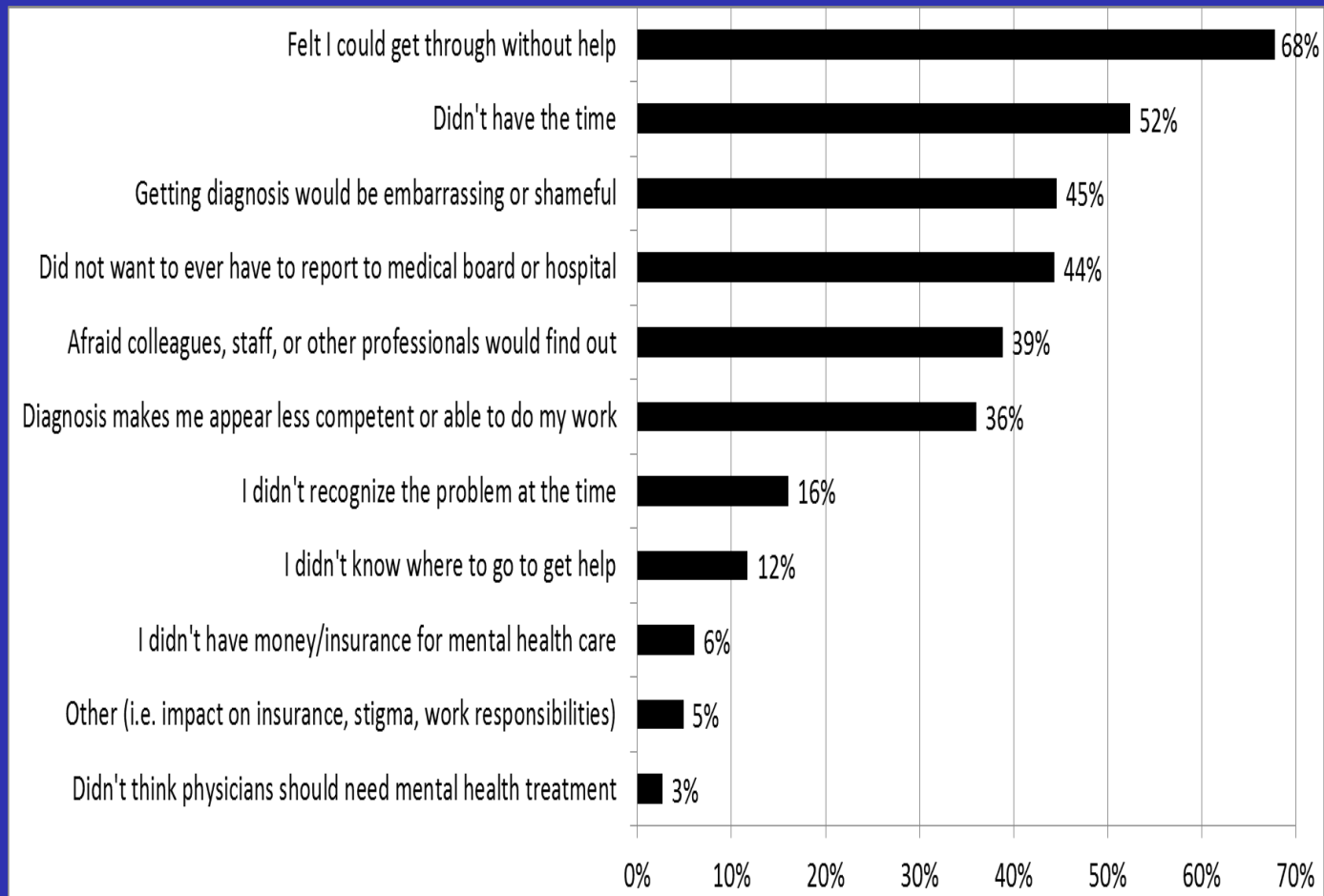
Most said they feared stigma or professional repercussions.



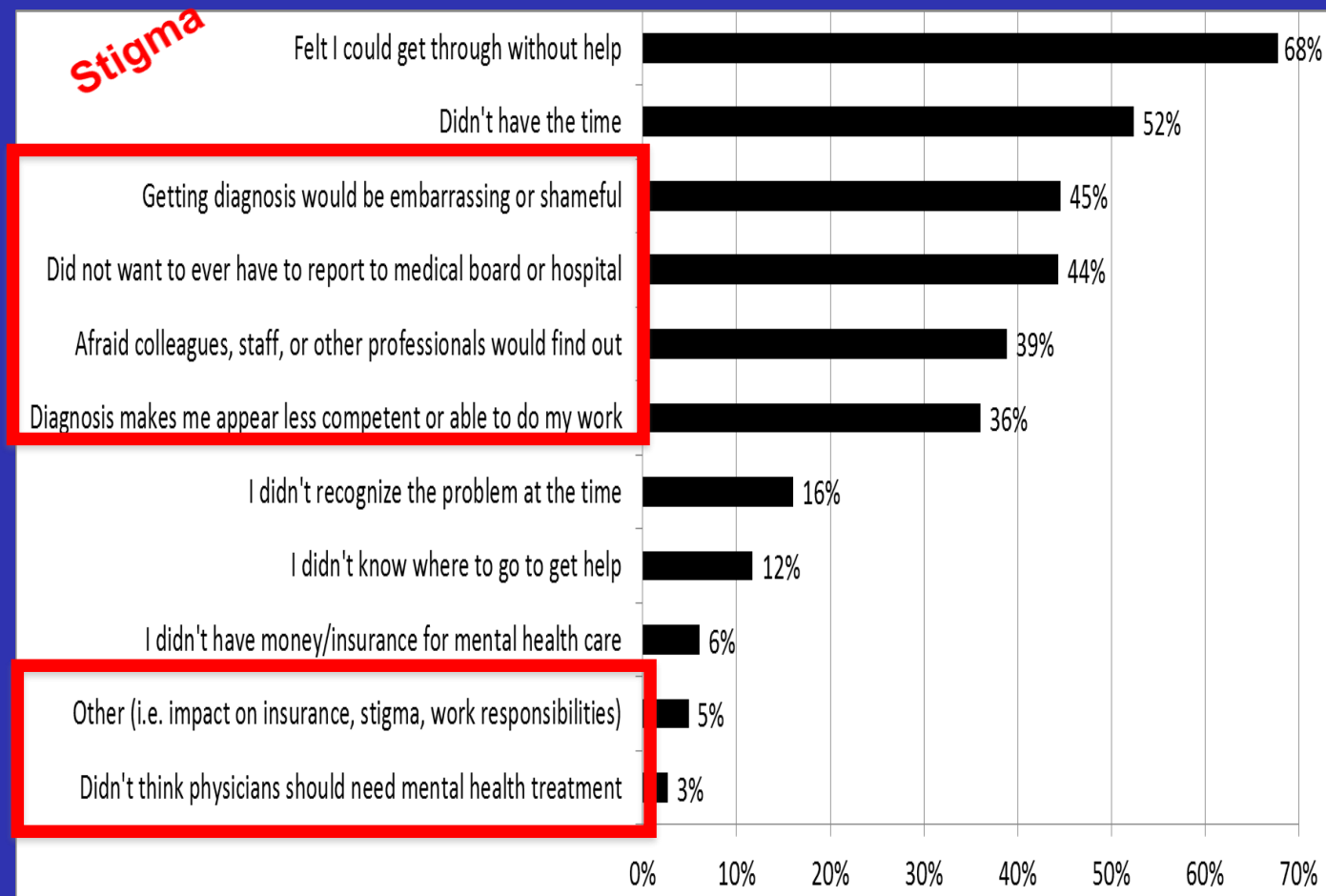
INSTITUTE FOR
HEALTHCARE POLICY
& INNOVATION
UNIVERSITY OF MICHIGAN

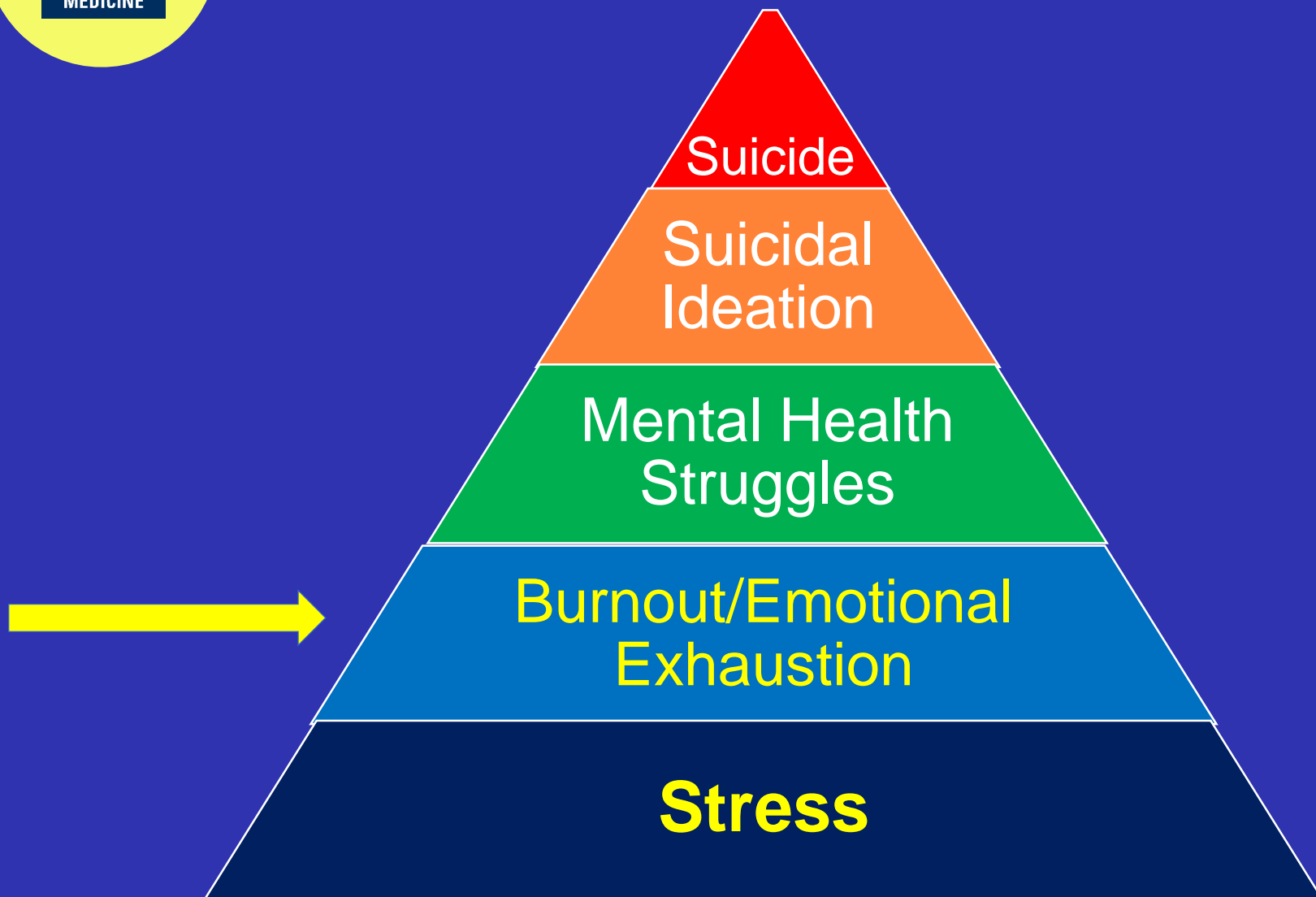
ANN ARBOR, Mich. – Even as doctors across America encourage their patients to share concerns about

Female physicians didn't seek treatment (n=1040)



Female physicians not seeking treatment (n=1040)

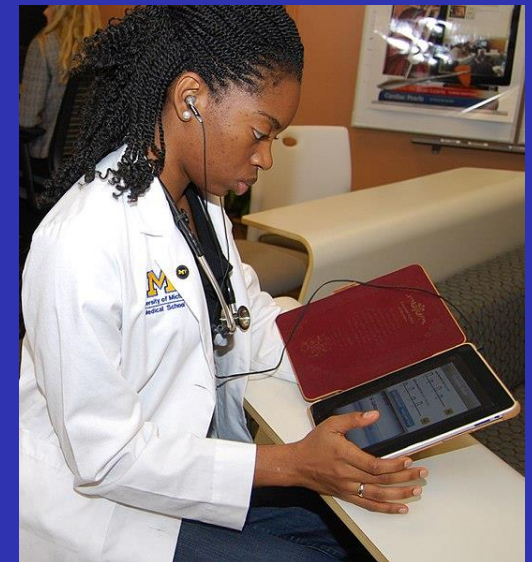




Physician Burnout



- Measurement matters
- Originally—Maslach
- Now...



Burnout—Internal or External?



- Initial focus: personal
 - Wellness (exercise, yoga, mindfulness, meditation)
 - Work-life balance
 - Personal mental health

Burnout—Internal or External?



- Reality: key drivers are external
 - Institutional
 - Job/clinic-focused
 - Regulatory requirements

UM Family Medicine



- Low burnout
- High stress
- Much centered around clinic experience and overload of work into nights and weekends



Burnout Risk for Women



- Dramatically higher stress levels
- Much worse mental health
- Not all explained by work-life balance



Burnout Risk for Women



- Personal style:
 - Less likely to ask for help? Expect less help?
 - Less likely to offload work to MAs and clinic staff?
 - Suffer more from loss of informal support time?

Burnout Risk for Women



- **Personal style:**
 - Less likely to ask for help? Expect less help?
 - Less likely to offload work to MAs and clinic staff?
 - Suffer more from loss of informal support time?
- **Patients:**
 - Do patients raise more mental health issues or demanding social problems?
 - Do patients expect more time?

Burnout Risk for Women



- **Personal style:**
 - Less likely to ask for help? Expect less help?
 - Less likely to offload work to MAs and clinic staff?
 - Suffer more from loss of informal support time?
- **Patients:**
 - Do patients raise more mental health issues or demanding social problems?
 - Do patients expect more time?
- **Treatment:**
 - How are female doctors treated differently by staff and patients?

Burnout Research



- Interventions?
 - Little data
 - Easy to throw a lot of money at burnout but may not do much good
 - Appoint a CWO
 - Need thoughtful approach for targeting

Promising Directions



- Workload
 - Don't make us adapt to EHR—they must adapt to primary care
 - Go back to being doctors



Promising Directions



- Workload
 - Don't make us adapt to EHR—they must adapt to primary care
 - Go back to being doctors
- Social
 - Protect time for comradarie, informal support, and to process hard interactions



Promising Directions



- Workload
 - Don't make us adapt to EHR—they must adapt to primary care
 - Go back to being doctors
- Social
 - Protect time for camaraderie, informal support, and to process hard interactions
- Culture
 - Reduce stigma around time off/flex time
 - Make physician mental health a priority

Tackling worker burnout: Lessons from other industries

Daisy Chang

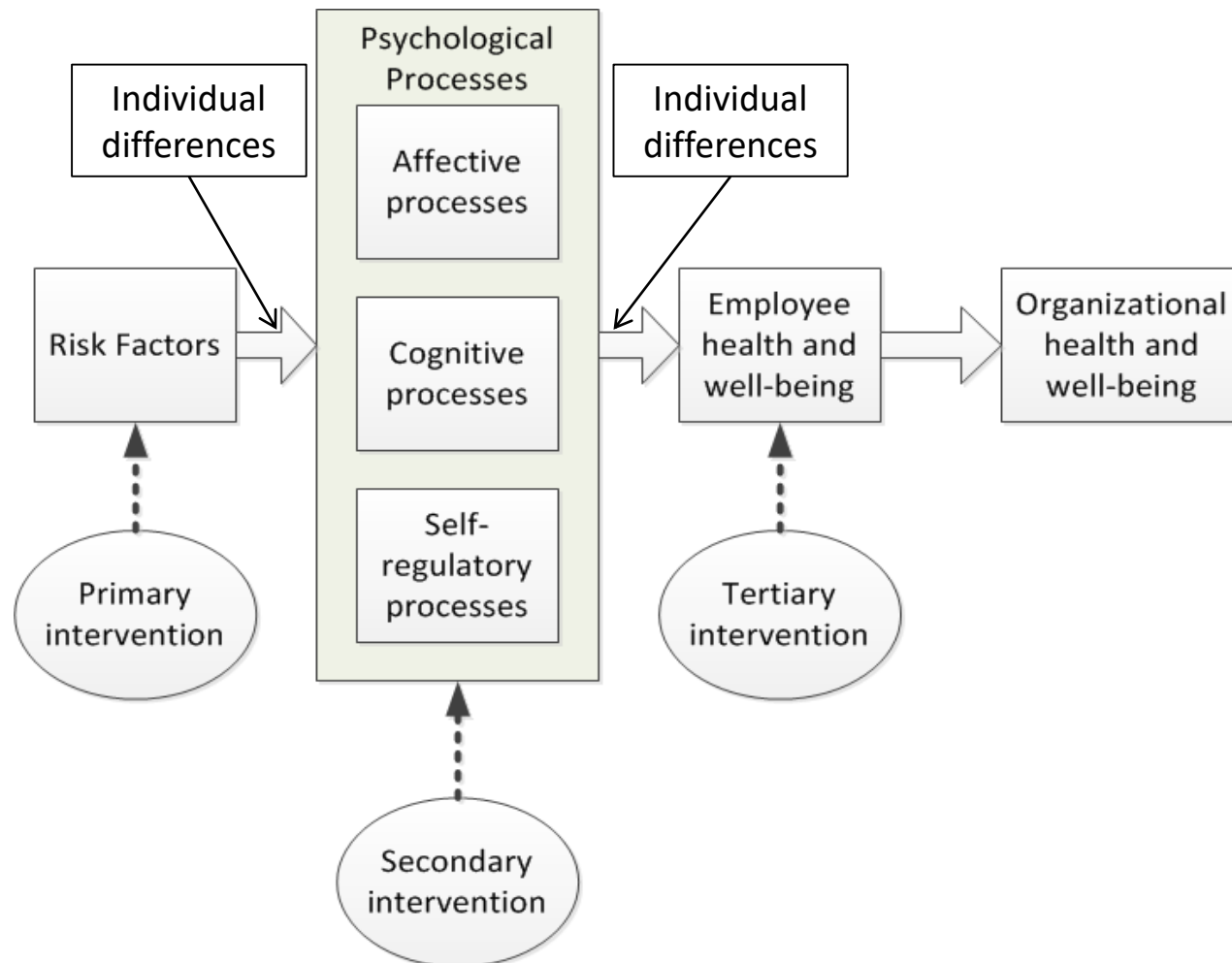
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Burnout

- Emotional exhaustion
 - Fatigue, distress, and cognitive weariness
- Depersonalization
 - Cynicism and lack of enthusiasm for one's job
- Lack of personal accomplishment
 - Low perceived efficacy
- Commonly associated with “people jobs”
 - Teachers, nurses and physicians, social workers

Intervention model



Evidence for primary intervention

- Job control-demand-support model
 - High job demand + low control + low support = high stress
 - Primary intervention is to change the balance
- Increasing control/decision latitude
 - Has been shown to help in some cases
 - Increasing decision latitude led to lower need for recovery one year later (De Raeye et al., 2007)
 - But perception is important
 - Intervention is only effective among those who noticed the difference (Hasson et al., 2014)

Evidence for primary intervention

- Job control-demand-support model
 - High job demand + low control + low support = high stress
 - Primary intervention is to change the balance
- Increase support available
 - Has been shown to help in some cases
 - Receiving career advice and mentoring and peer support was related to lower burnout and stress (Peterson, 2008; Salles, 2013)
 - Others found no difference between intervention and control groups

Evidence for secondary intervention

- Focusing on psychological processes underlying the stress reaction
 - Change how stressors are perceived, assessed, and reacted to
 - Cognitive-behavioral interventions
 - Awareness of one's own negative emotions/stress; emotional regulation; coping skills training; communication skills training; etc.
 - Helpful in reducing burnout and improving general health
 - Both short- and long-term benefits (up to 6-month follow-up)

Evidence of tertiary intervention

- Focus on addressing the symptoms of stress and burnout
 - Physical relaxation interventions
 - Wide variety of interventions
 - Massages, Tai Chi; Qigong exercise, biofeedback-based interventions
 - Overall results showed effects in reducing stress, anxiety, and burnout symptoms
 - Both short- and long-term benefits (up to 6-month follow-up)

Evidence of tertiary intervention

- Focus on addressing the symptoms of stress and burnout
 - Mental relaxation interventions
 - Mindfulness interventions
 - Focusing on the present; non-judgmental thinking
 - Results are mixed:
 - » Some studies found significant short-term benefits for reducing burnout and stress (e.g., Cohen-Katz et al., 2005)
 - » Others found opposite effects of increasing burnout (e.g., Moody, 2013)

General observations

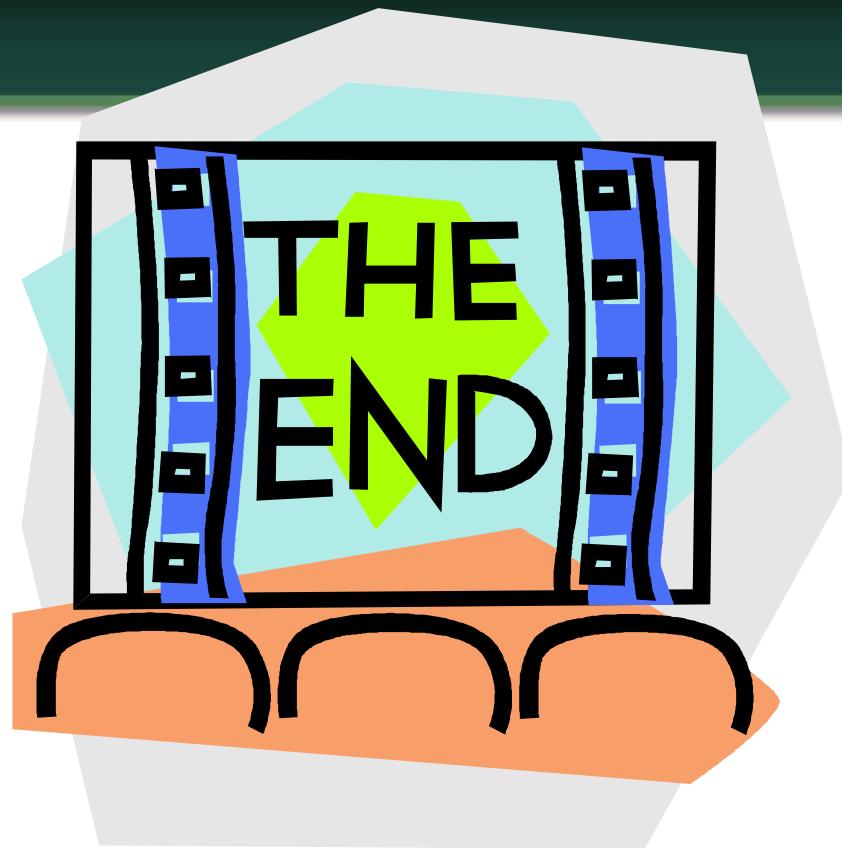
- Inconsistent effects for primary interventions
 - May be due to individual differences and sensitivity
 - Target of change may also be too general
 - General support versus support from supervisors
- Secondary interventions appear to reduce stress and burnout
 - Programs tend to include different elements
 - May also be helpful to tailor the offering based on individual needs

General observations

- Tertiary interventions
 - Physical relaxations appeared to help reduce stress and burnout
 - Some other evidence suggest that aerobic exercise also helps
 - Mental relaxations (e.g., meditation or mindfulness training) had mixed effects
 - May need to consider individual differences
 - May also need to consider the context of the practice

Additional ideas

- Cultivating a civil work environment
 - Encourage polite and respectful interactions in the workplace can have downstream effects on reducing burnout (Leiter et al., 2011)
- Focusing on supervisors
 - Family supportive supervisor behaviors
- Family-based interventions
 - Focusing on cultivating family support for the focal workers



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ADDRESSING BURNOUT IN BOARD CERTIFIED FAMILY PHYSICIANS

James C. Puffer, M.D.

President and Chief Executive Officer
American Board of Family Medicine

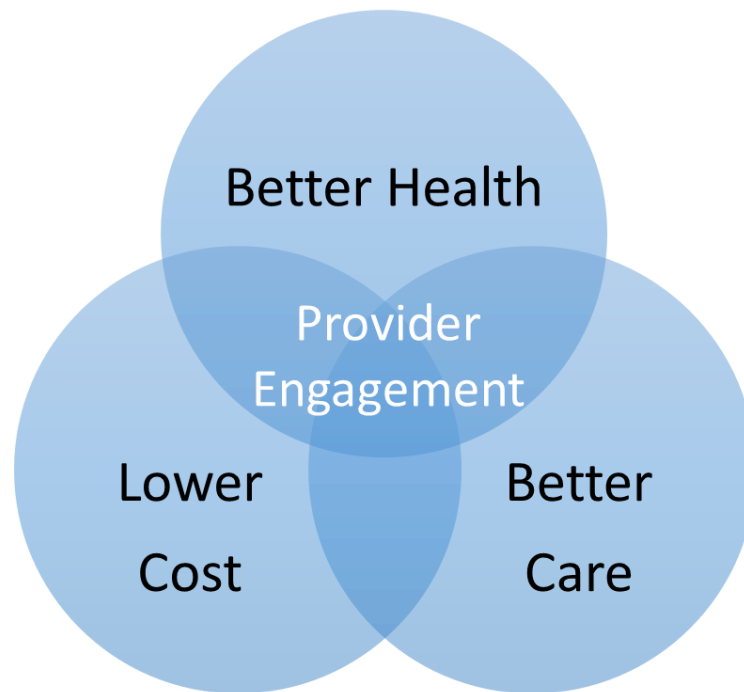
American Board of Family Medicine Inc.



Prevalence

- In 2011 burnout affected 46% of physicians in general and 52% of family physicians. (Shanafelt TD et al *Arch Intern Med* 2012)
- A follow-up study in 2014 found the number of physicians in general experiencing burnout had increased to 54% and the number of family physicians to 64%. (Shanafelt TD et al *Mayo Clin Proc* 2015)

The Triple Aim



National Quality Strategy

- Patient and Family Engagement
- Safety
- Palliative and End of Life Care
- Equitable Access
- Elimination of Overuse
- Population Health
- Infrastructure Support

Burnout and Medical Errors

Large study of almost 8000 surgeons reported that medical errors were strongly related to degree of burnout and mental quality of life (Shanafelt TD et al *Ann Surg* 2010):

- Each increase in depersonalization by one point increased the likelihood of error by 11%.
- Each point increase in emotional exhaustion increased likelihood of error by 5%.

Burnout and Medical Errors

Stressed, burned out or dissatisfied primary care physicians report a greater likelihood of making errors and more frequent instances of suboptimal care. (Williams ES et al *Health Care Man Rev* 2007)

The Missing Aim



Methods

- The Mini Z Burnout Survey, developed from the Maslach Burnout Inventory by Linzer and colleagues, was administered to a random sample of family physicians applying to take the 2016 ABFM Certification Examination to continue their certification.
- Data from the ABFM administrative data base and responses to the Mini Z items were matched and analyzed for each physician.

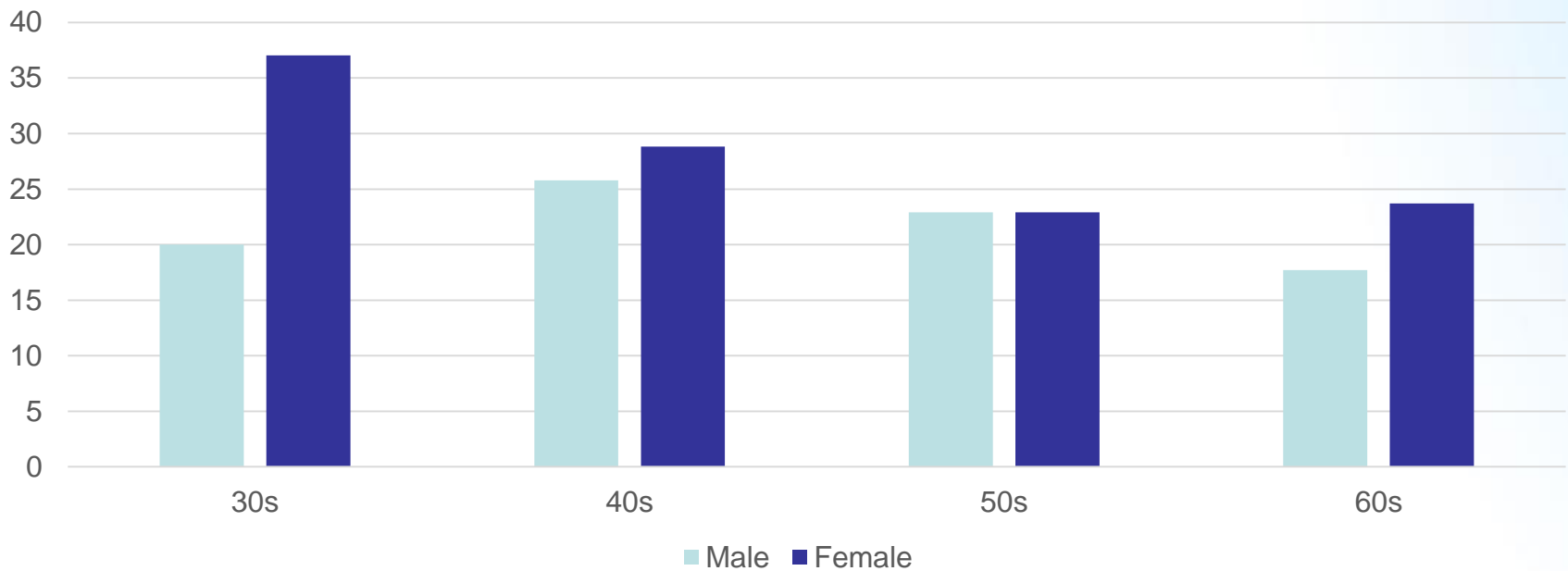
	N = 1,632
Overall, I am satisfied with my current job (Agree / Strongly Agree)	75.3
I feel a great deal of stress because of my job (Agree / Strongly Agree)	49.8
Using your own definition of “burnout”, please select one of the answers below (“I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.” / “The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.” / “I feel completely burned out. I am at the point where I may need to seek help.”)	24.1
My control over my workload is (Satisfactory / Good / Optimal)	71.8
Sufficiency of time for documentation is (Satisfactory / Good / Optimal)	53.3
Which number best describes the atmosphere in your primary work area? (4 or 5 on 5 point scale with 5 being “hectic, chaotic”)	32.1
My professional values are well aligned with those of my department leaders (Agree / Strongly Agree)	63.5
The degree to which my care team works efficiently together is (Satisfactory / Good / Optimal)	92.5
The amount of time I spend on the electronic medical record (EMR) at home is (Excessive / Moderately High)*	43.7
My proficiency with EMR use is (Satisfactory / Good / Optimal)*	94.5

Results

- Bivariate analysis demonstrated that female gender and age were significantly associated with burnout as were USMG status, practice size, job stress, lack of satisfaction with the job, lack of control over workload, work environment, EHR proficiency and time spent working on electronic health records at home.
- Over 40% of physicians self-reporting burnout expressed satisfaction with their job.

Presence of Burnout by Gender and Age

Chart Title



Burnout Rates – Graduate Survey

I feel burned out from my work	N (%)
Never	85 (4.2)
A few times a year or less	301 (14.7)
Once a month or less	302 (14.8)
A few times a month	543 (26.5)
Once a week	314 (15.3)
A few times a week	366 (17.9)
Every day	136 (6.6)

I have become more callous toward people since I took this job	N (%)
Never	505 (24.7)
A few times a year or less	436 (21.3)
Once a month or less	295 (14.4)
A few times a month	338 (16.5)
Once a week	211 (10.3)
A few times a week	192 (9.4)
Every day	70 (3.4)

“Once per week” or more correlates to burnout on the MBI for emotional exhaustion and callousness subscales

Summary

- The prevalence of burnout in board certified family physicians appears to be lower than that reported previously for family physicians.
- Younger physicians under considerable stress and who have limited control over the work environment appear to be at considerable risk.

What Can We Do?

- Physician wellness should be measured and followed as a quality indicator like any other metric. (Wallace JE et al *Lancet* 2009)
- Elements of the Patient Centered Medical Home (PCMH) improve physician practice experience. (Bodenheimer T and Sinsky C *Ann Fam Med* 2014)
- A quality implementation feedback loop can prevent stress and burnout. (Linzer M et al *J Gen Int Med* 2013)