Family Physician Burnout & Resiliency

Dilemma and Strategies

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Maryland Academy of Family Physicians
June 24, 2016
Disclosures

• Dean Health System prior shareholder
• Vice Speaker and Board member, American Academy of Family Physicians
  – This presentation includes slides from an AAFP presentation
  – New comprehensive package of resources on preventing burnout coming out soon www.aafp.org
Burnout Statistics

• Numerous global studies: Nearly every indicate that one in every three physicians in all medical and surgical specialty is experiencing burnout at any given time.”¹

• 2015 Medscape Physician Lifestyle Survey reported an even higher burnout rate – 46 percent of physicians, up from 39.8 percent in the 2013 survey
n = 6880
FM = 540

63%
(Increased 12%)
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% Satisfied that work leaves enough time for personal and/or family life

35% (Decreased 15%)
Are Men or Women More Burned Out?

Medscape
January 2015
Physician Burnout and Exercise

- **I do not exercise**: 17% Burnout, 12% No Burnout
- **Once a week at most**: 26% Burnout, 21% No Burnout
- **At least twice a week**: 56% Burnout, 68% No Burnout
I Would Choose the Same Specialty

- Dermatology: 77%
- Orthopedics: 64%
- Ophthalmology: 61%
- Cardiology: 61%
- Gastroenterology: 59%
- Oncology: 58%
- Plastic Surgery: 57%
- HIV/AIDS: 55%
- Psychiatry & Mental Health: 54%
- Radiology: 54%
- Urology: 54%
- Rheumatology: 54%
- General Surgery: 54%
- Pediatrics: 52%
- Pathology: 52%
- Diabetes & Endocrinology: 52%
- Critical Care: 51%
- Anesthesiology: 50%
- Emergency Medicine: 50%
- Neurology: 48%
- Nephrology: 48%
- Ob/Gyn & Women's Health: 46%
- Pulmonary Medicine: 43%
- Family Medicine: 43%
- Internal Medicine: 27%

32% !!!
What Are the Causes of Burnout?

- Too many bureaucratic tasks: 4.74
- Spending too many hours at work: 3.99
- Income not high enough: 3.71
- Increasing computerization of practice: 3.68
- Impact of the Affordable Care Act: 3.65
- Feeling like just a cog in a wheel: 3.54
- Too many difficult patients: 3.37
- Too many patient appointments in a day: 3.34
- Inability to provide patients with the quality care that they need: 3.22
- Lack of professional fulfillment: 3.05
- Difficult colleagues or staff: 2.9
- Inability to keep up with current research and recommendations: 2.86
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 2.8
- Difficult employer: 2.8
What is the Most Rewarding Part of Your Job?

- Being very good at what I do/Finding answers, diagnoses: 34%
- Gratitude/relationships with patients: 33%
- Knowing that I'm making the world a better place: 12%
- Making good money at a job that I like: 10%
- Being proud of being a doctor: 6%
- Nothing: 2%
Rand Research Report: Influencers of Satisfaction

- Quality of Care
  - High Quality (+)
  - Barriers to Care (-)

- EHR
  - Effective (+)
  - Poor Usability (-)
Syndrome characterized by:
- Loss of enthusiasm for work (emotional exhaustion)
- Feeling of cynicism (depersonalization)
- Low sense of personal accomplishment

Commonly heard:
“Batteries” (My Battery has run down)
Energy Accounts

- Drummond translates battery to: your energy account
  - 3 types of accounts: physical, emotional, spiritual
  - Can have positive or negative balance
  - Withdrawals for activities of life and professional practice
  - Deposits during times of rest and rebalance
  - Unfortunately, when you dip into negative balance, the account does not close
  - Burnout occurs when energy account has negative balance over time.
Account Balances

- Physical account
  Make deposits here by taking care of physical body
  Contrary to our training

- Emotional account
  Maintaining healthy relationships with the people you love.
  Negative balance impacts on being able to be emotionally present
  for patients, staff, family and friends
Account Balances

• **Spiritual account**
  – Deposit by regularly connecting with your personal sense of purpose
  – KEY to avoiding/healing from burnout
  – Deposit by:
    • Ideal patient interaction; coach children’s youth soccer team
    • If you go long periods without connecting with purpose, this account is drained and you may have trouble seeing a reason to carry on.
      – Consequences: retire, different type of practice, depression, suicide
Physician’s Responsibility

• As physician, we have a moral imperative to keep our energy accounts in positive balance

  • First reality of physician burnout: “You can’t give what you ain’t got.”

• But we are trained and conditioned to ignore our 3 energy levels and carry on despite complete exhaustion of energy reserves, putting us at high risk for physician burnout
5 Main Causes of Burnout

• Practice of Clinical Medicine
• Your Specific Job
• “Having a Life”
• Conditioning of our Medical Education
• Leadership Skills of your Immediate Supervisors
Messaging

• If the message physicians hear is “You are a good doctor, we appreciate your value to our patients and our system, we are going to provide you with tools to make your jobs more user friendly and better enable you to provide quality care”, most of us will do more.

• If the message you hear is “We need for you to do better, there are goals that you are not reaching, you are not “OK” until you reach these goals”, most physicians will get disillusioned, do less and act negatively (retire, change line of work or specialty, poor patient care, depression, suicide)
Do not Kill the Messenger

- Your supervisor is not your enemy
- Your supervisor has his/her own job requirements, goals and sense of work quality of performance
- One requirement is delivering messages.
- One of those goals is staying employed.
- They get judged by their supervisors.
How Can I Solve/Prevent Burnout?

• Burnout is not a problem; it’s a dilemma
• Problems have solutions
• Dilemmas are perpetual balancing acts requiring perpetual action
• You need ongoing strategies, not one time solution
• We (physicians) are oriented to like problems with solutions!!!
Drive a positive balance into your energy accounts

1) Lower your stress levels; lessen the drain

2) Improve your ability to recharge your energy accounts.
Two Obstacles

- Comprehension Trap
  - Study and study; fail to act
  - Do not expect results from new comprehension alone
- Einstein’s Definition of Insanity
  - “Doing the same thing over and over and expecting a different result”.
Eight Potential Strategies

• 1) Move from EHR hater to power user
• 2) Document the minimally necessary data set
• 3) Use EHR software to automate where you can
• 4) Make documentation a team sport
Eight Potential Strategies (cont.)

- 5) Pilot the use of a scribe
- 6) Look for additional broken record moments
- 7) Huddle with your team
- 8) Embrace batch processing
Move from EHR hater to power user

- Hater leads to avoidance behavior (wait till end of day)
- EHR’s are not going away.
- EHR’s are not going away.
- Accept it (Serenity Prayer).
- Hating it wastes your energy
- Devote yourself to becoming a power user.
Document the minimally necessary data set

• Three reasons for chart notes:
  – Continuity of care
  – Billing
  – Medico legal
• DO NOT ADD ANYTHING ELSE!!
• Chart well, but do not write the great American Novel
• Avoid complete sentences.
• Longer is not better.
Use EHR software to automate where you can

• More than 70% documentation should be “automated”:
• Less than 30% free typing
• Make list of “broken record moments”
• One by one, automate them
• Get help from IT doing this.
Embrace batch processing

• Metaphor: Dog chasing ball thrown by someone
• Identify tasks and assign time sensitivity
• Do not allow them to interrupt patient care and have you “dying a death by a thousand small cuts”
• Decide where to collect, when, who is bundling, what are screening criteria
Now

• Pick an Strategy, Take first step
Resiliency

• Why does one child raised in a impoverished/dysfunctional (ghetto) situation make it in life, and many others do not?

• Why is one family doctor happy/satisfied with their life and practice, while others are not?
Multitasking

- Actually harmful to our health and patient care
- Damages your brain and career; less productive
- Patient dissatisfier
- Idea: more time face to face with patient
- Automate other patient care tasks
- Prioritize
- Divest
Questions

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Discussion
Thank you!

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Vice Speaker, AAFP

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