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FORUM

COMBATting BURNOUT IN THE INCREASINGLY DEMANDING HOSPITAL AND HEALTH-SYSTEM ENVIRONMENT



This CME activity is provided by Integrity Continuing Education.
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Faculty Disclosures

- Consultant: AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, Portola, Pfizer

Learning Objectives

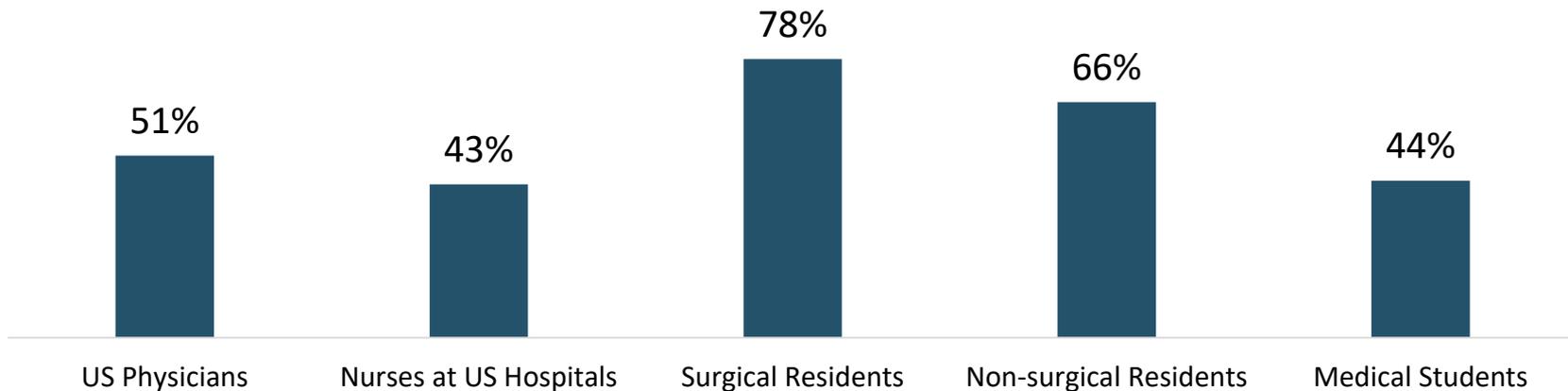
- Discuss the causes of burnout in hospital- and internal medicine-based practices
- Describe strategies to overcome burnout
- Review strategies designed to address burnout in a team-based healthcare environment

What Is Burnout?

- Syndrome characterized by emotional exhaustion
- Leads to depersonalization and decreased personal accomplishment at work
- Burned out clinicians may:
 - Develop a sense of cynical detachment from work
 - View patients as objects
 - No longer feel effective at work
 - Lose sense of their ability to contribute meaningfully

How Common Is Burnout?

Prevalence of Burnout Among Select US Healthcare Workers



- Healthcare provider (HCP) burnout rates are nearly double that of workers in other professions
- Initial reports suggest burnout rates in physician assistants may be similarly high

Depression and Suicide Rates Among Medical Students and US HCPs

- Rates of depression in healthcare workers are higher than the general population
- Depression rates among medical residents range from 20.9%-43.2% and have increased with each calendar year¹
- Lifetime depression rates among physicians is 13% in men and 20% in women²
- Symptoms of depression are experienced by 18% of nurses³
- HCP suicide rate is between 11-12.5 per 100,000 population
 - Physician suicide rates range from 28-40 per 100,000—more than double that of general population

Predictors of Depression and Manifestation of Mental Illness in HCPs

Predictors of Depression¹

Difficult relationships with senior staff and/or patients

Lack of sleep

Dealing with death

Making mistakes

Loneliness

24-hour responsibility

Self-criticism

Manifestations of Mental Illness²

Severe irritability and anger, in interpersonal conflict

Marked vacillations in energy, creativity, enthusiasm, confidence, and productivity

Erratic behavior

Inappropriate boundaries or sexual comments

Isolation and withdrawal

Increased errors or inattention

Personality change, mood swings

Impulsivity or irrationality

Inappropriate dress

Diminished or heightened need for sleep

Frequent job changes, inconsistency in performance

FACTORS THAT CONTRIBUTE TO BURNOUT

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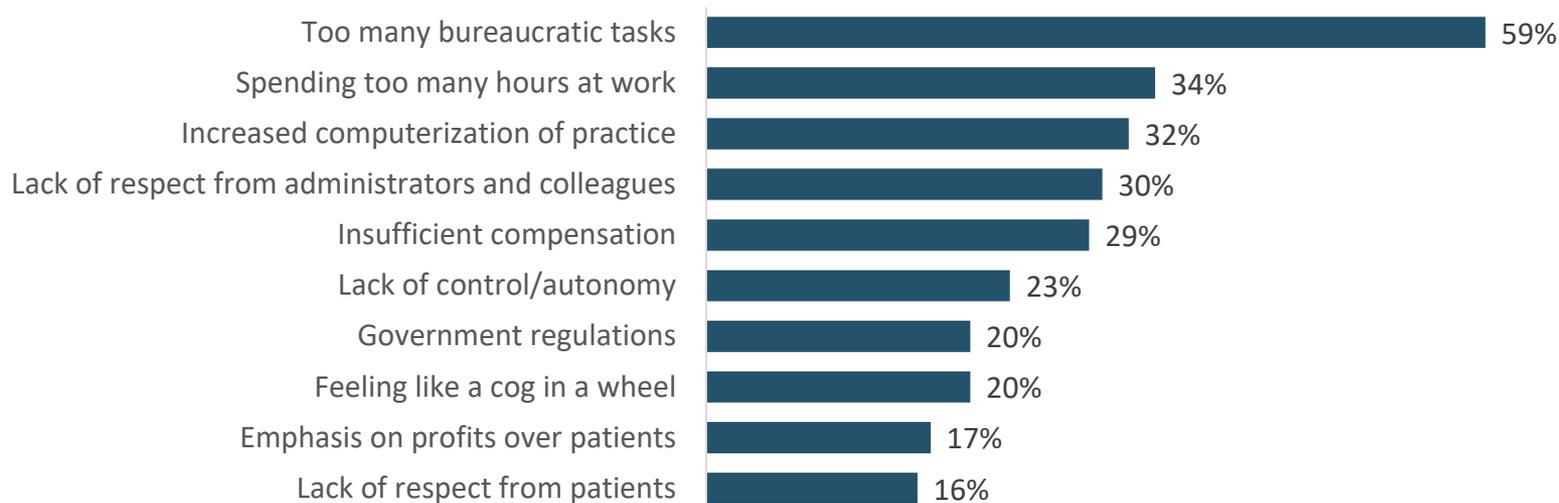
Causes of Clinician Burnout



AHRQ. Physician Burnout. Available at: <https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html>. Accessed May 28, 2019.

Factors Contributing to Burnout

What Contributes Most to Your Burnout?



Rate of Burnout Increases with Hours Worked

How do Work Hours Correlate with Burnout?

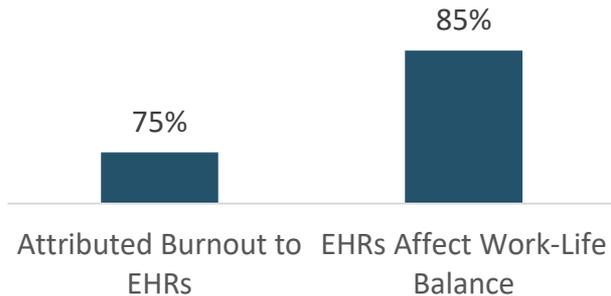


Electronic Health Records

“Burnout is mostly due to lack of sleep because the EHR takes so much time. I used to be able to chart on a patient in 5-10 minutes for established patients. Now it takes 20-40 minutes to chart on an established patient.” - Internist

EHRs: A Leading Cause of Burnout?

Survey of 585 Clinicians



Respondents who spent >6 hours weekly on after-hours EHR work were 3.9 times more likely to attribute burnout to EHR.

- Clinicians spend up to half their time and several hours after work documenting in the EHRs
- Over a 3-year period, log records indicated physicians allocated less time to face-to-face visits and more to “desktop medicine”

MEASURING BURNOUT

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Maslach Burnout Inventory™

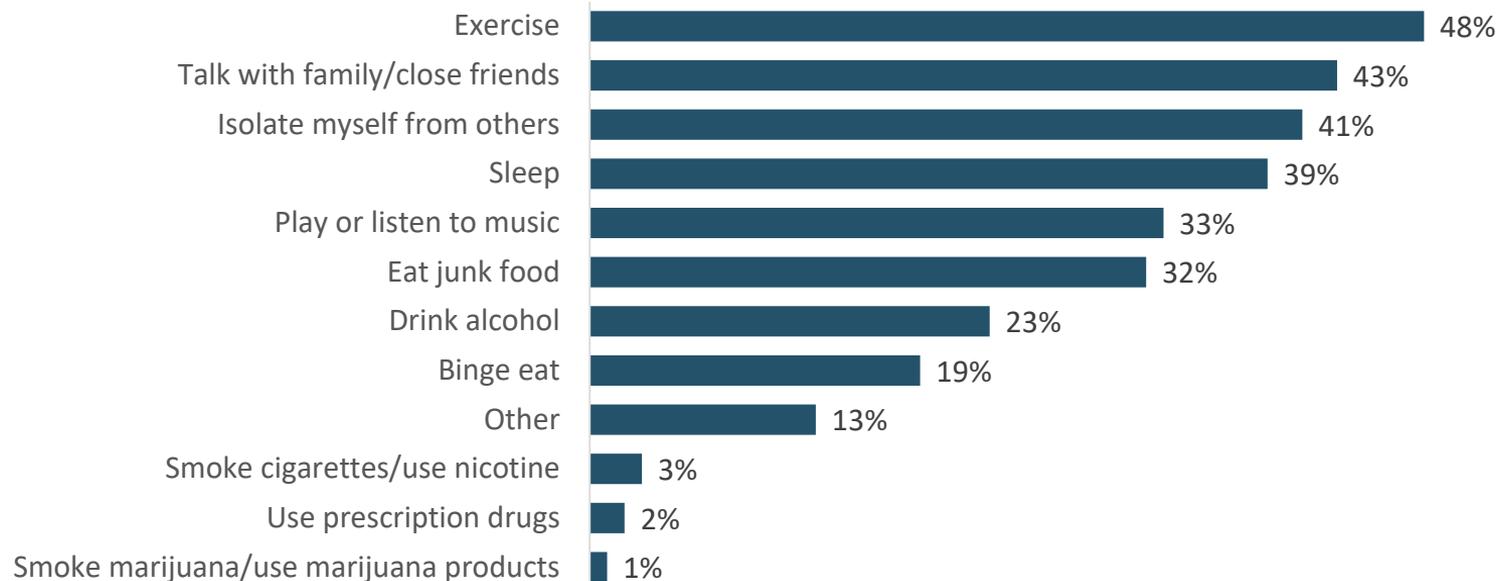
- Maslach Burnout Inventory (MBI)^a was developed in 1981 and is the standard burnout measure used in research
- Specifically designed to measure burnout in human services professions
- Measures:
 - Emotional exhaustion
 - Depersonalization
 - Personal accomplishment

^aProprietary instrument. Permission for use at <https://www.mindgarden.com/>.
Maslach C, et al. Maslach Burnout Inventory™. Available at: <https://www.mindgarden.com/117-maslach-burnout-inventory>. Accessed May 28, 2019.

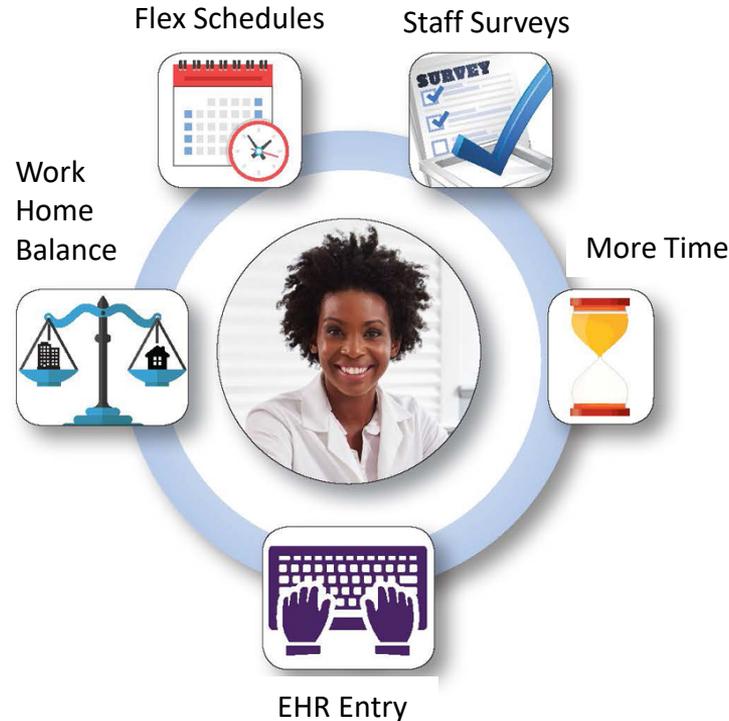
WHAT CAN BE DONE TO PREVENT BURNOUT?

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How do Physicians Cope with Burnout?



Promising Interventions for Clinician Burnout



Self-care Can Address Burnout

Practice	Evidence
Physical exercise	- Can improve mood, enhance ability to deal with stress, promote high-quality sleep
Diet	- Research supports association between diet and mental health - Recent study found risk of depression is lower in people who eat diet high in fruits, vegetables, unprocessed grains, and low amounts of animal and dairy products
Mindfulness/meditation	- Can help reduce symptoms of burnout by reducing stress and improving physical and emotional well-being

Team-based Care

Principle	Definition	Impact in Clinician Well-being
Shared goals	The team established shared goals that can be clearly articulated, understood, and supported	
Clear roles	Clear expectations for each team member's functions, responsibilities, and accountabilities	Role clarity has been associated with improved well-being. A full staffed team that is not over patient capacity is associated with decreased burnout.
Mutual trust	Team members trust one another and feel safe to admit a mistake, ask a question, offer data, or try a new skill	A strong team climate promotes clinician well-being and member retention
Effective communication	Team prioritizes and continuously refines communication skills and has clear channels for efficient bidirectional communication	Effective communication is associated with decreased burnout. Participatory decision-making is associated with lower burnout.
Measurable processes and outcomes	Reliable and ongoing assessment of team structure, function, and performance that is provided as actionable feedback	Emotional exhaustion is associated with low personal accomplishment, so reiteration of accomplishments could decrease burnout

CASE STUDIES IN SUCCESSFUL BURNOUT PREVENTION

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AHRQ-funded Healthy Workplace Study

- Clustered, randomized trial of 166 physicians, nurses, nurse practitioners, and physician assistants
- Clinicians selected interventions for a list that addressed 3 categories:
 - Improving communication
 - Changing workflow
 - Addressing clinician concerns via quality improvement (QI) projects
- Each category of intervention led to improvements in clinician outcomes, suggesting that a range of interventions that address clinicians' perceptions and concerns can be effective

AHRQ-funded Healthy Workplace Study (cont'd)

- Sample interventions

- Scheduling monthly provider meetings focused on work-life issues or clinical topics after surveying staff members on which topics to address
- Enhancing team functioning through diabetes and depression screening QI projects to engage office staff, enhance teamwork, and reduce the pressure on physicians to be responsible for all aspects of care
- Having medical assistants enter patient data into EHRs, track forms, and send faxes to give doctors more face-to-face time with patients

UCHealth: EHR Sprints

- 2-week EHR Sprints carried out in 6 UCHealth clinics
- Sprint teams consisted of 11 members: 1 project manager, 1 physician, 1 nurse, 4 EHR analysts, 4 trainers
- Sprint intervention components:
 - Training clinicians to use EHRs more efficiently
 - Redesigning the multidisciplinary workflow within the clinic
 - Building new, specialty-specific EHR tools
- Clinicians were surveyed 60 days before and 2 weeks after Sprint



UCHealth: EHR Sprints (cont'd)

- Clinician satisfaction with EHRs increased from -15 to +12 (Net Promoter Score, where -100 is worst and +100 is best)
- Clinicians reporting burnout reduced from 39% to 34%
- Improved perceptions for:
 - “We provide excellent care with the EHRs”
 - “Our clinics use of the EHRs has improved”
 - “Time spent charting”
- Response rates to survey increased from 47% to 61%

Authors concluded:
The EHR optimization Sprint is highly recommended by clinicians and improves teamwork and satisfaction with the EHRs. Key members of the Sprint team as well as effective local clinic leaders are crucial to success.

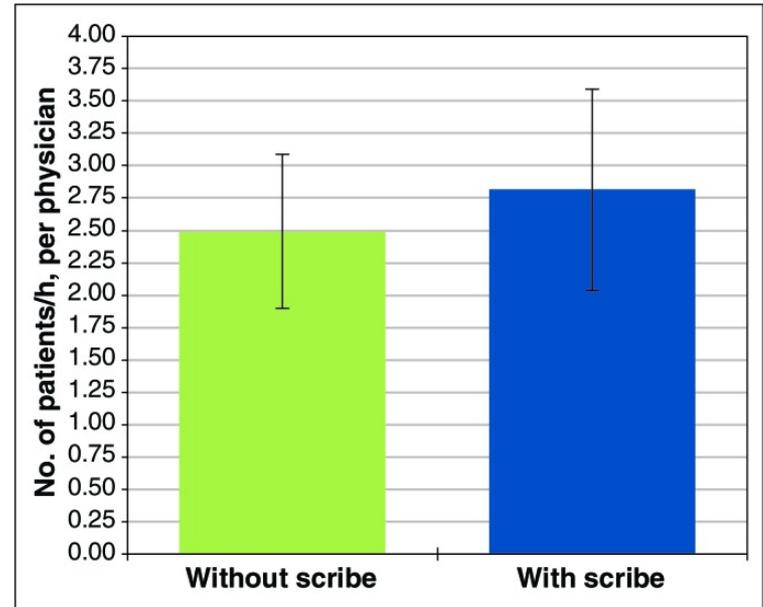


Remote EHR Scribes

- Medical scribes associated with:
 - Decreased EHR documentation time
 - Improved efficiency
 - Improved visit interactions

“This fix is, admittedly, a little ridiculous. We replaced paper with computers because paper was inefficient. Now computers have become inefficient, so we’re hiring more humans. And it sort of works.” - Atul Gawande, MD, MPH

Clinical Efficiency with and without a Scribe



Stanford Medicine: WellMD

- 3 overarching principles:
 - Culture of Wellness: leadership engagement to assist development of culture that demonstrates support and appreciation for clinicians and prioritizes their health
 - Efficiency of Practice: wellness advocacy for process improvements that facilitate efficiency of practice while helping all members of the team practice at the top of their licensure
 - Personal Resilience: create programs and tools to promote and evaluate self-compassion and improved sleep quality, working toward precision health



SUMMARY

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Summary

- Burnout is characterized by emotional exhaustion, depersonalization, and decreased personal accomplishment
- Increased productivity demands and EHRs are significant causes of HCP burnout
- Effective self-care and team-based approaches can reduce burnout in the healthcare setting
- A number of promising interventions have been studied or are currently being studied to combat burnout
- EHR Sprints and scribes are effective strategies for dealing with EHR-related burnout

THANK YOU

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