



**American Hospital
Association™**

Advancing Health in America

Regular or Extra Crispy

Lessons from the Field in Addressing Burnout

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Vice President, AHA Physician Alliance

Agenda

- ✓ National landscape on burnout
- ✓ Enabling systemic change
- ✓ How to bring these lessons home

Uh oh.



In the past week, how many of you...

- Skipped a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal/family plans because of work?
- Arrived home late from work?
- Felt frustrated by technology?
- Drank too much coffee?
- Slept less than 5 hours in a night?

Am I burned out?

- You try to be everything to everyone
- You get to the end of a hard day at work, and feel like you have not made a meaningful difference
- You feel like the work you are doing is not recognized
- You identify so strongly with work that you lack a reasonable balance between work and your personal life
- Your job varies between monotony and chaos
- You feel you have little or no control over your work
- You work in health care

The New York Times



DOCTOR AND PATIENT

The Widespread Problem of Doctor Burnout

BY PAULINE W. CHEN, M.D. AUGUST 23, 2012 3:50 PM 382

1 in 2 US physicians burned out implies origins are rooted in the environment and **care delivery system** rather than in the personal characteristics of a few susceptible individuals.



PALPABLE PAIN

Patient Safety

11% increase in medical errors in burned out surgeons¹

Turnover

19.2% turnover rate and rising²
\$1.2MM cost to replace a physician³
Up to \$7.6MM lost revenue due to bedside RN turnover⁴

Patient Satisfaction

16% decrease in patient satisfaction scores

Healthcare Costs

9% higher healthcare costs of hospital employees vs general population⁵

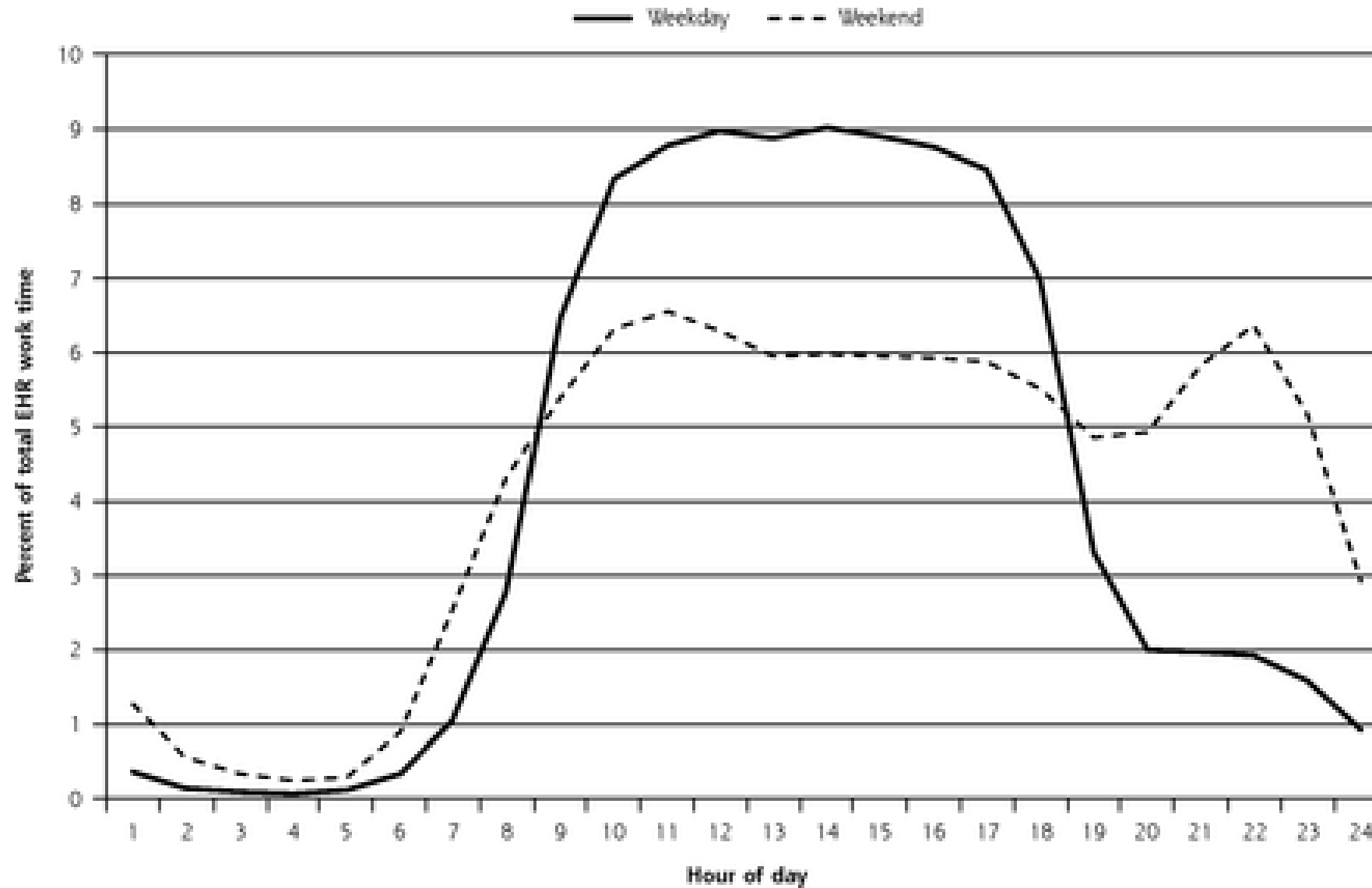
1. NCBI 2010
2. COMDATA Survey and Consulting
3. Physician Practice 2015
4. Beckers Hospital Review

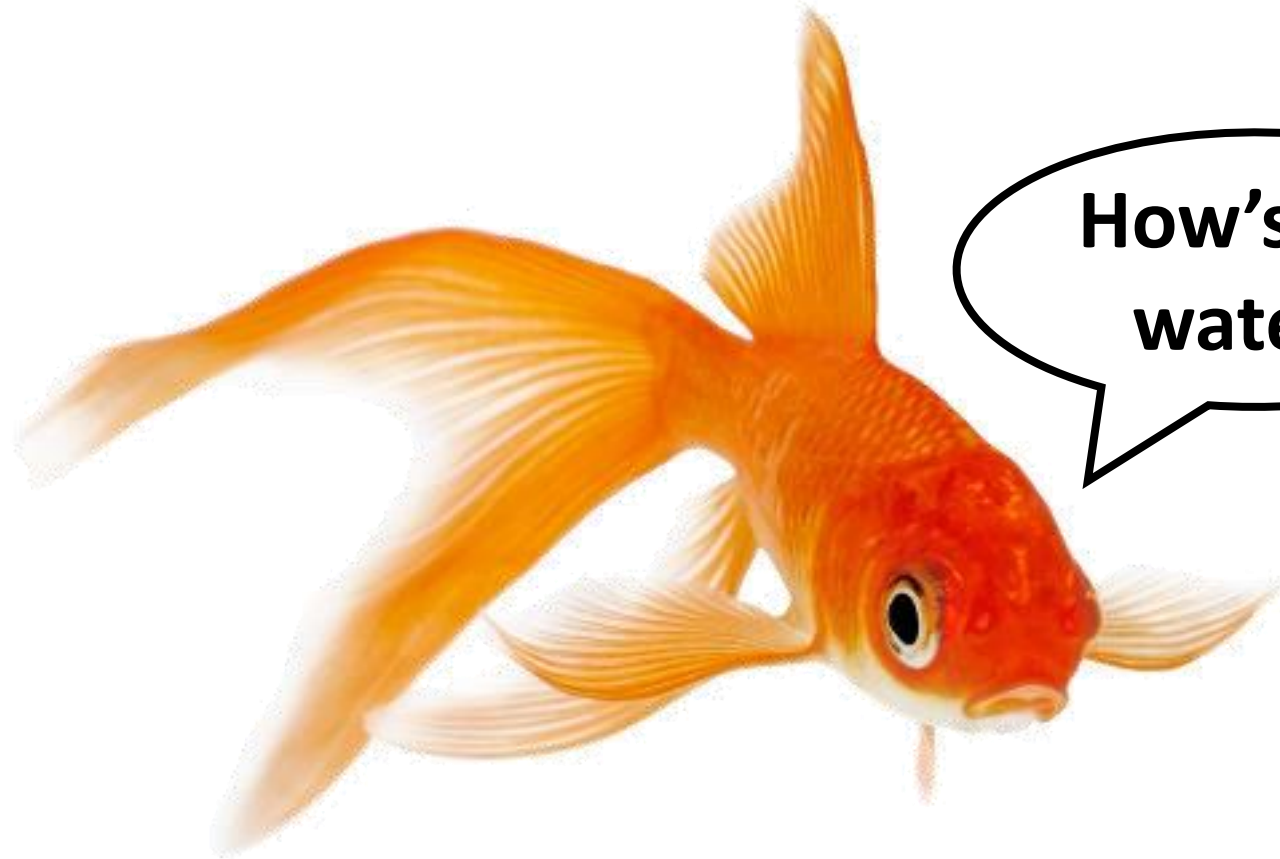
No wonder...

- “Depersonalization dimension of burnout was associated with patient outcomes of lower satisfaction and longer post discharge recovery time...” (after controlling for severity and demographics)
- Clinicians spent nearly 6 hours per workday in the EHR with administrative tasks being nearly half that time and inbox management nearly 25%. ...

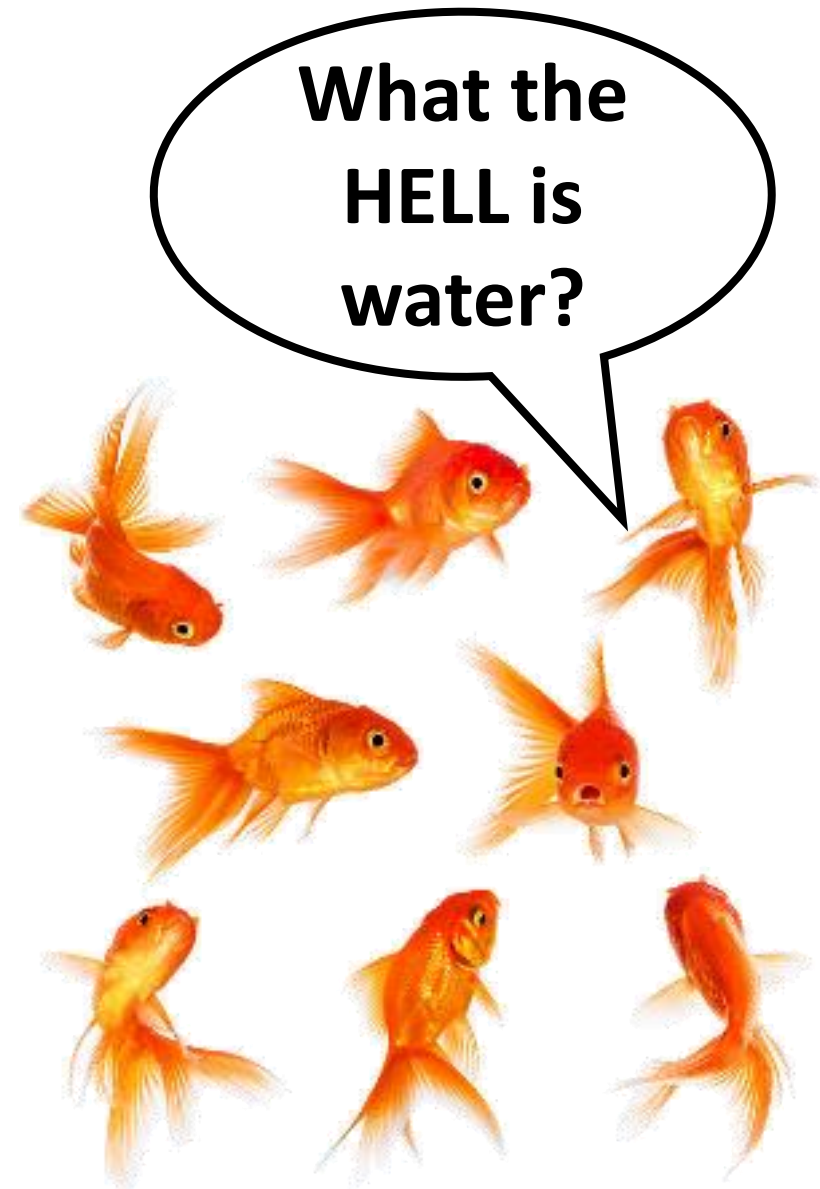
Sources: <https://www.ncbi.nlm.nih.gov/pubmed/18091442>
<http://www.annfammed.org/content/15/5/419.full>

Pajama time





How's the water?

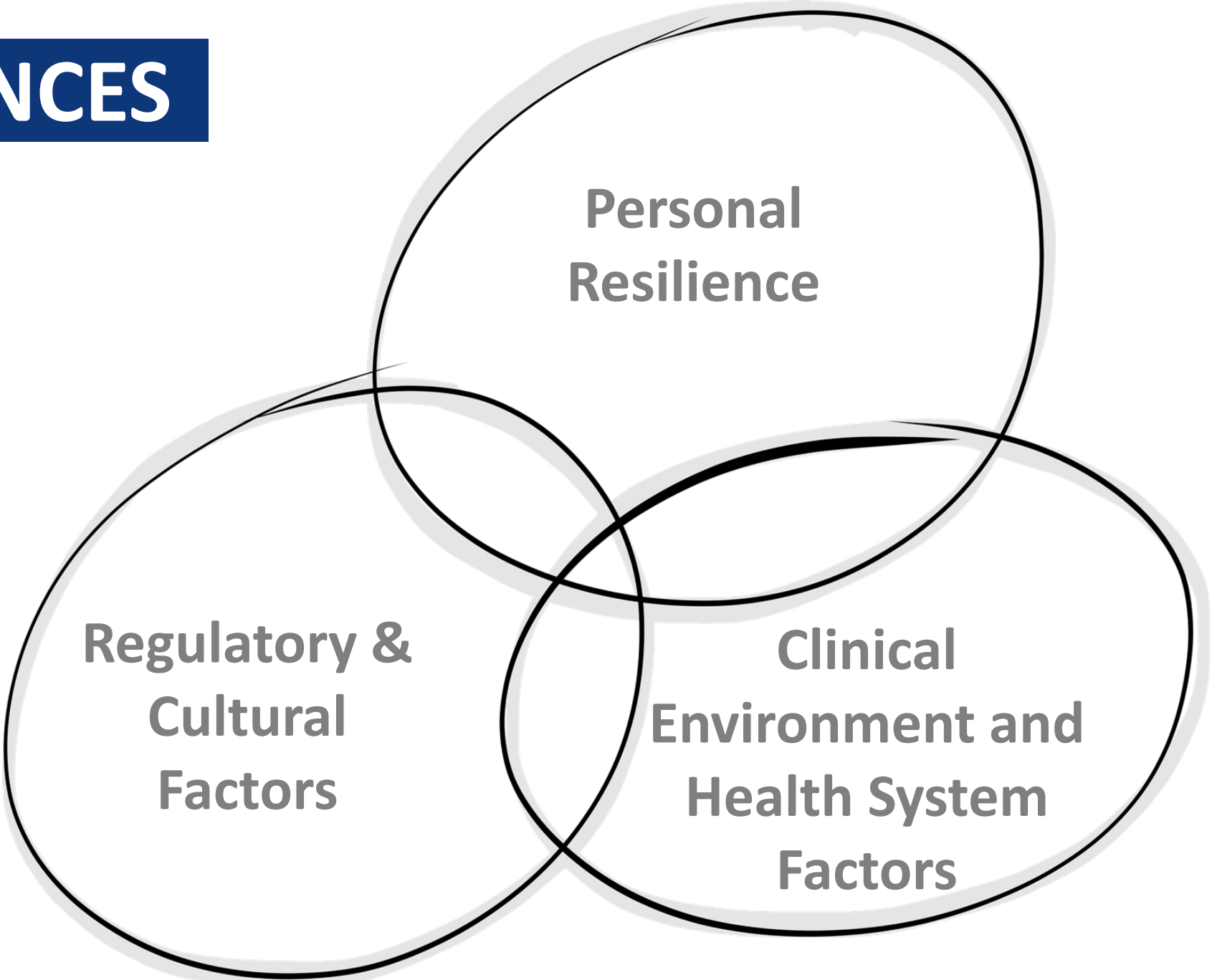


What the HELL is water?

UNDERSTANDING

THE ENVIRONMENT

INFLUENCES



PARADIGM SHIFTS IN HEALTH CARE

	Today		Future
Focus	Individual patient	➔	Community health
Care	Fragmented, episodic treatment	➔	Coordinated, longitudinal care
Goal	Treating sick	➔	Achieving wellness
Rewards	Volume driven (FFS)	➔	Value, outcome driven
Setting	Institutional base; hospital oriented	➔	Community based; range of settings
Leadership	Managing departments/divisions	➔	Systems thinking/integrated processes

**VISION
MISSION
GOALS**

ADMINISTRATIVE

Relationships
Communication

CLINICAL



**Institutional
Management**

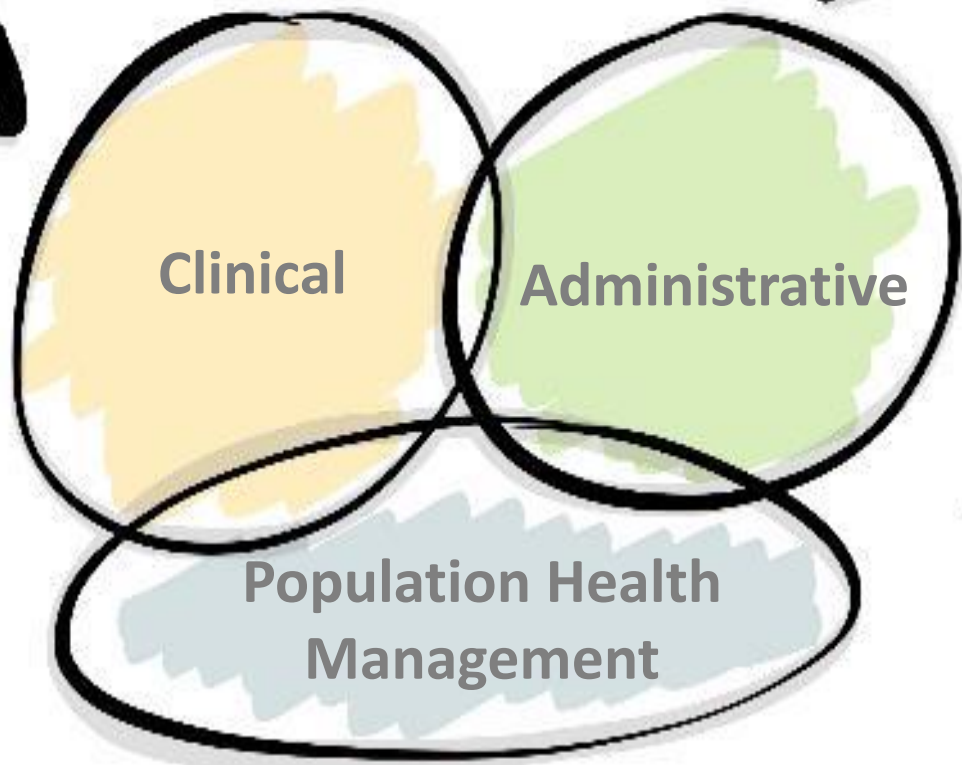


**Patient
Management**

NEW PARADIGM

ENVIRONMENTAL PRESSURES

ENVIRONMENTAL PRESSURES



TRUST
Mutual Accountability & Common Goals
Open Communications and strong relationships



ELECTRONIC HEALTH RECORDS

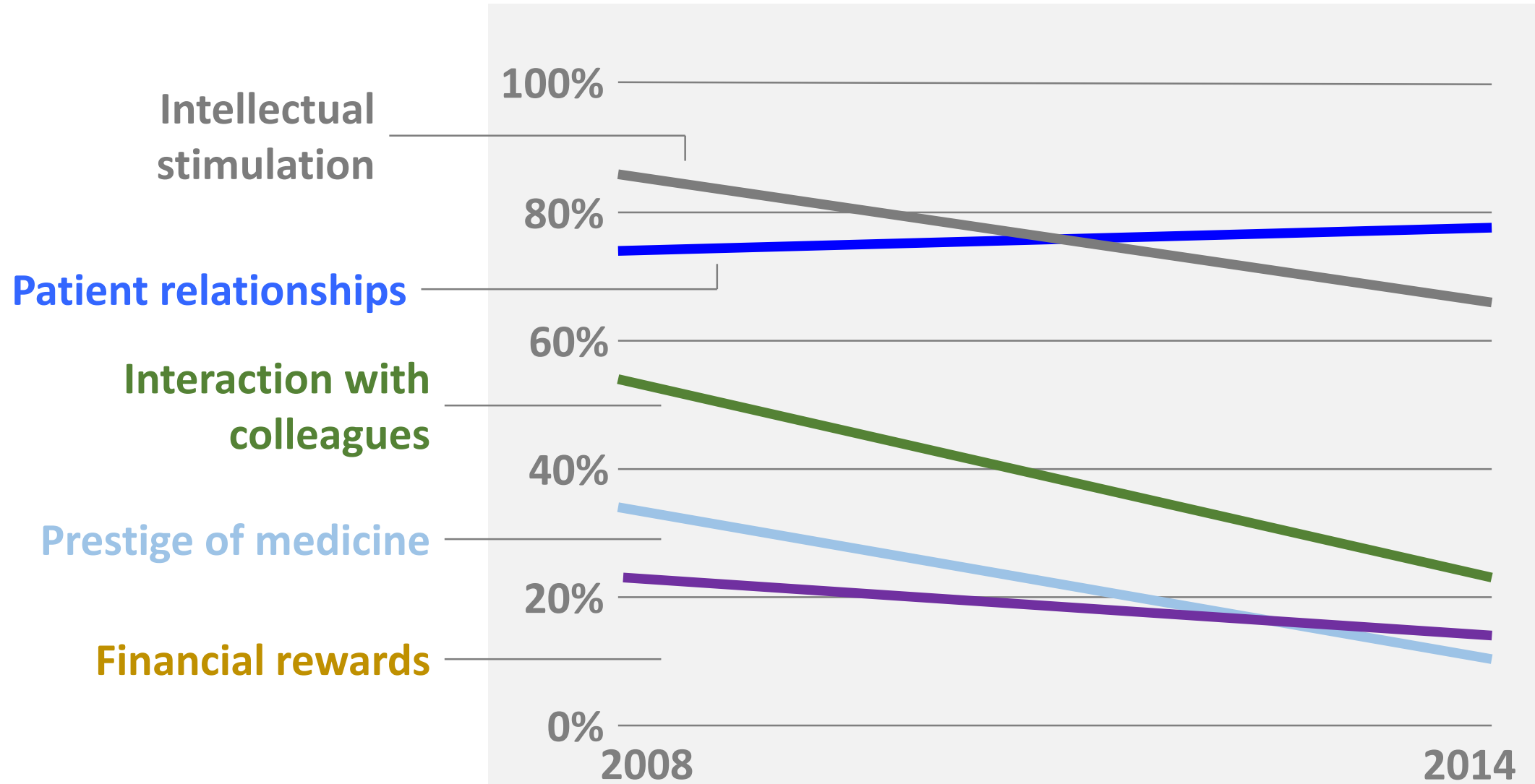




NEED TO

START UPSTREAM

SATISFACTION DRIVERS



Source: Health Aff 2016;35:388-389

DOMAINS OF WORKLIFE CORRELATED TO BURNOUT



Workload

Excessive, the wrong kind or emotionally draining work



Control

Insufficient control over resources needed or insufficient authority to pursue work more effectively



Reward

Lack of appropriate rewards (financial, social or intrinsic)



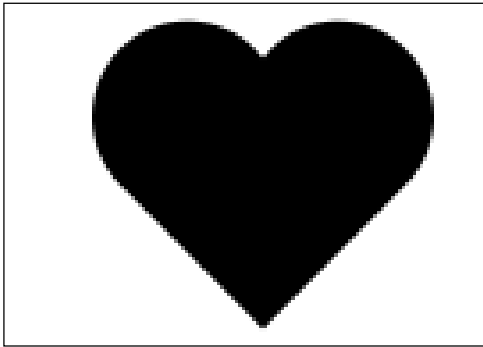
Community

Lack of connection with others in the workplace



Fairness

Lack of perceived fairness and mutual respect



Values

Mismatch between personal values and leadership/organizational values or organizational values and actual practice



“Breaking Bread” to Combat Burnout

Article · March 14, 2019

Elizabeth L. Métraux, MA, Dana Hiniker & Patrick Kinner, MEd

Primary Care Progress

Women Writers in Medicine

Center for Behavioral Health Integration

It's Quality, not Quantity

- “The number of hours a physician works is not related to happiness, but the perceived ability to manage workload was significantly related to happiness...”

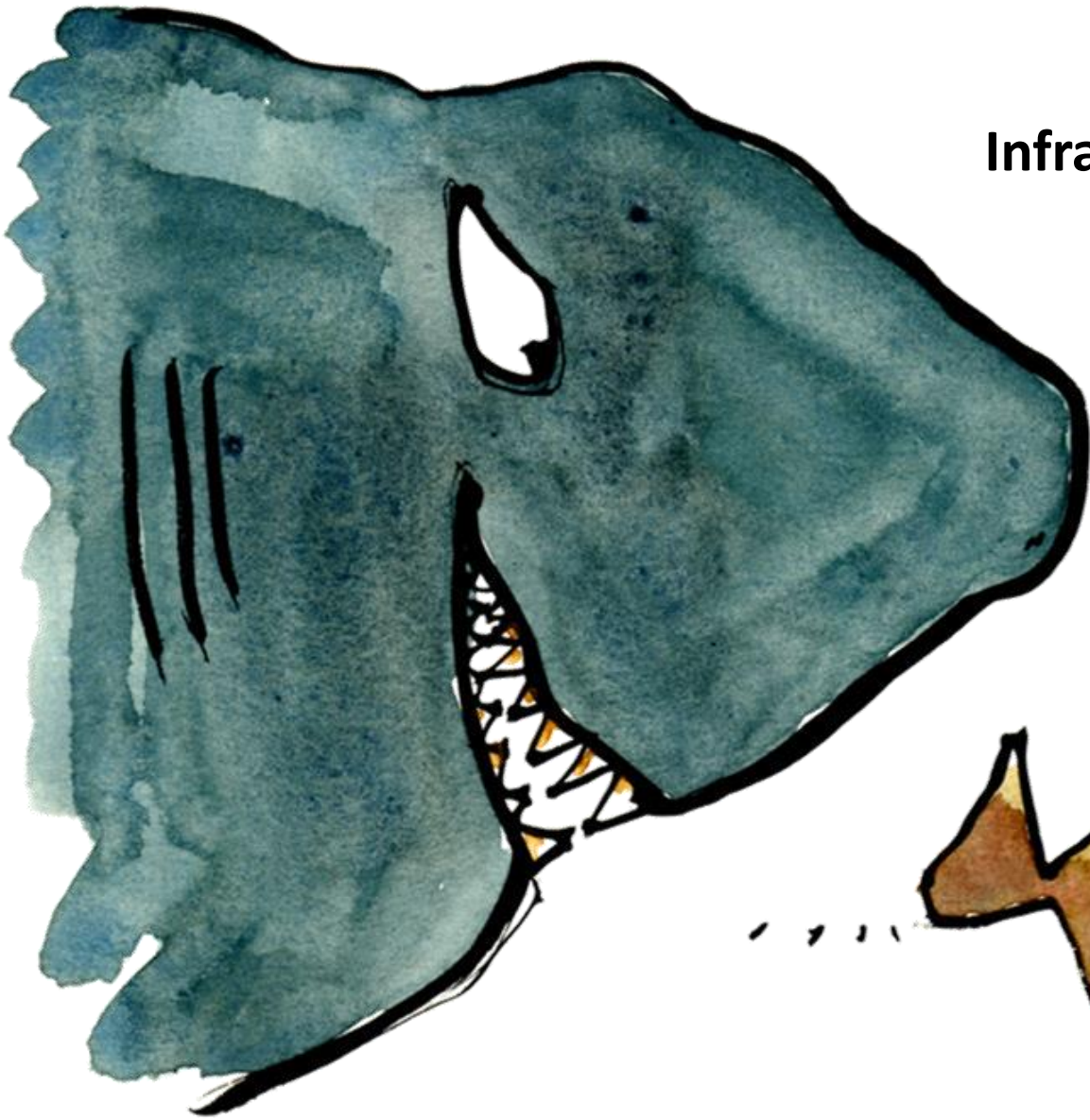


Busyness vs. Burnout

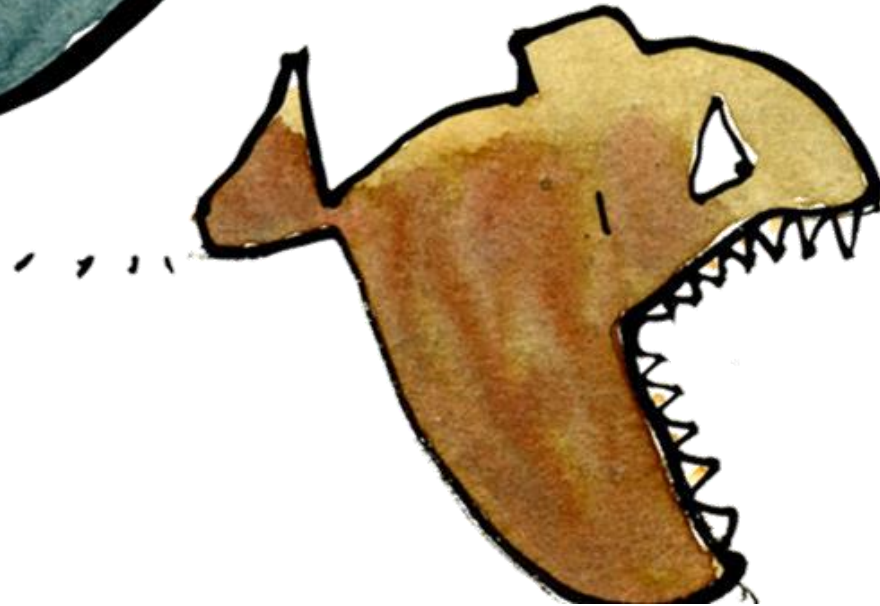
- The busyness paradox
- Building in slack for important work
- Tunnelling



Infrastructure



Culture



Strategy



**ENABLING
SYSTEMIC CHANGE
BY DOING...**

MULTIPLE SOLUTIONS





HCA Healthcare

- 178 hospitals, 1,800 sites of care, including surgery centers, freestanding ERs, urgent care centers and physician clinics, in 20 states and the United Kingdom

Problem:

- Major clinical documentation burden for nurses
- Three different EHRs and tremendous variation in documentation



Action:

- Develop, standardize and implement new nursing clinical documentation protocol

Impact:

- Time savings: 1 hour per 12-hour RN shift, time to view 'real-time' vital signs from 41 minutes to 23 seconds
- Real-time data to determine # of FTEs needed and tailor RN education for each unit's unique workload
- No regulatory events as a result of their documentation redesign



“If we really want to address burnout, we need it as a line item on the budget.”

- Dr. Tad Jacobs, Avera Health CMO

Avera Health

- Integrated health system, rural population of nearly 1 million residents over multiple states

Problem:

- How can we be proactive and address the burnout epidemic among physicians, advance practice practitioners and physician assistants?

Action:

LIGHT is Avera's well-being program for physicians, physician assistants and nurse practitioners.

All resources are free and confidential.



LIVE

healthy: physically, emotionally, professionally and spiritually



IMPROVE

resiliency skills



GROW

personal and professional coaching



HEAL

work wounds and family struggles



TREAT

and restore to have an improved quality of life

Impact:

- Soaring participation in LIGHT – year 1: 12 executive sessions, year 2: 30 sessions and year 3: 151 sessions
- Community building movement (e.g., spouses forming a Facebook group to connect families with organized in-person activities)
- Success that led to organization investment: increased funding and dedicated staff persons



University of Rochester Medicine

- Six hospital, academic health system serving New York State's Southern Tier and Finger Lakes regions

Problem:

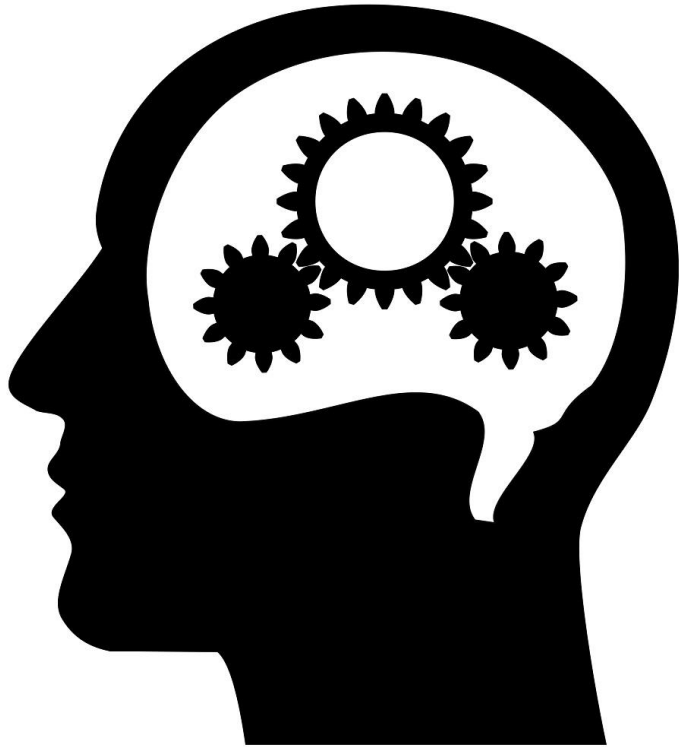
- Shift from Triple Aim focused on patient satisfaction to Quadruple Aim

Action:

- Use human factors and ergonomics to examine biological impact on clinician brain function.



UNIVERSITY of
ROCHESTER
MEDICAL CENTER



Impact:

- Established business case for well-being
- *Reducing burnout = \$243K less per \$1M spent on employee medical insurance claims and \$169K more in revenues per \$1M currently earned from patient satisfaction metrics*
- All process improvement efforts for patient experience and clinician wellbeing are now coordinated by the new well-being infrastructure

LEADERSHIP MATTERS



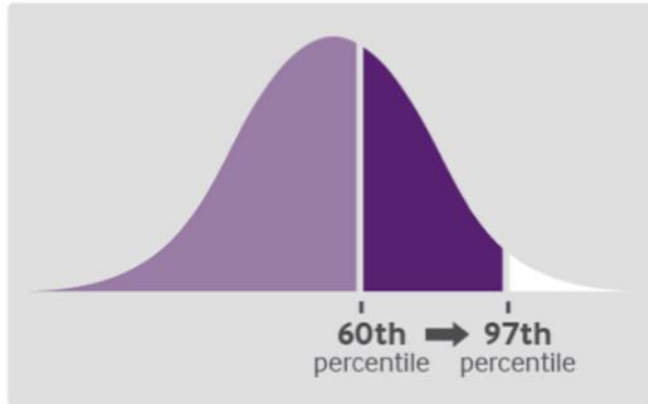


Novant Health

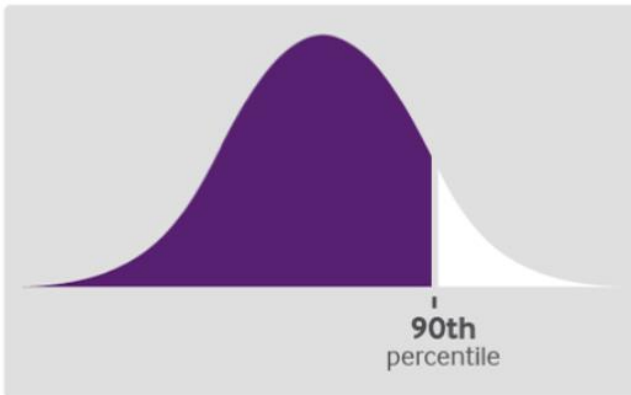
- Not-for-profit integrated health system providing care to over 4.4M patients each year in North and South Carolina and Virginia

Problem:

- How to build resiliency to address burnout and change the culture to sustain Novant's mission



Participants rank in the 97th percentile in both **engagement** and **alignment** with the organization. Prior to the program, scores were in the 60th percentile.



Novant Health's medical group, as a whole, now ranks in the **90th percentile** nationally in physician engagement.

Action:

- Novant Health Leadership Development Program: *3-day intensive leadership training or condensed programming on topics like effective communication*

Impact:

- Sustainable wellness coaching program graduating over 2,000 as of 2018
- Rise in overall employee engagement at from 62% to 89%
- Early data in the outpatient setting also show improvement in patient experience

AHA RESOURCES



AHA Physician Alliance
Shaping the future of care through collaboration.

**Lead Well. Be Well.
Care Well.**

Learn more at aha.org/physicians

AHA KNOWLEDGE HUB



BUILDING AND SUPPORTING
WELL-BEING AND RESILIENCE



TOOLS TO BUILD RESILIENCE
AND FIELD EXAMPLES



DRIVERS OF BURNOUT IN THE
WORKPLACE

PODCASTS AND WEBINARS



THE DANGERS OF BURNOUT

WHAT IS BURNOUT?

Burnout is defined as loss of enthusiasm for work, feelings of cynicism and low sense of personal accomplishment.

WHO IS AFFECTED?



1 out of 2 physicians (54%) are experiencing burnout



compared to **1 in 3 professionals (29%)**
in the general population



5 QUESTIONS: ON WELL-BEING TOP TAKEAWAYS

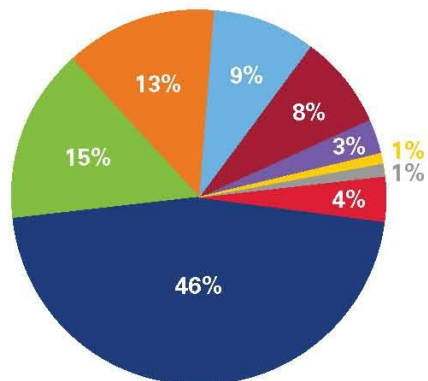
Regulatory Burden Overwhelming Providers, Diverting Clinicians from Patient Care

Regulations are essential to ensure safety and accountability. However, the rapid increase in the scope and volume of mandatory requirements diverts resources from hospitals and health systems' patient-centered mission.

\$39 BILLION Spent by hospitals each year on non-clinical regulatory requirements

629 mandatory regulatory requirements

- Hospitals have to comply with 341 mandatory regulatory requirements.
- Post-acute care providers have an additional 288 requirements.



- 1% - Billing & Coverage
- 1% - Program Integrity
- 4% - Health IT/ Meaningful Use
- 15% - Hospital COPs
- 13% - Privacy & Security
- 9% - Quality Reporting
- 8% - Fraud & Abuse



\$7.6 MILLION spent annually to comply per community hospital

- This figure rises to \$9.0 million for those hospitals with post-acute care.
- For the largest hospitals, costs can exceed \$19 million annually.
- The average hospital also spends almost \$760,000 on the information technology investments needed for

Excessive regulatory burden affects patients:

- Clinicians have less time to spend with patients as regulatory demands grow.
 - 50% of physician time is spent on data entry and administrative work.
- Higher out-of-pocket costs due to artificial barriers that limit care coordination and prevent incentivization of high-value, quality care.



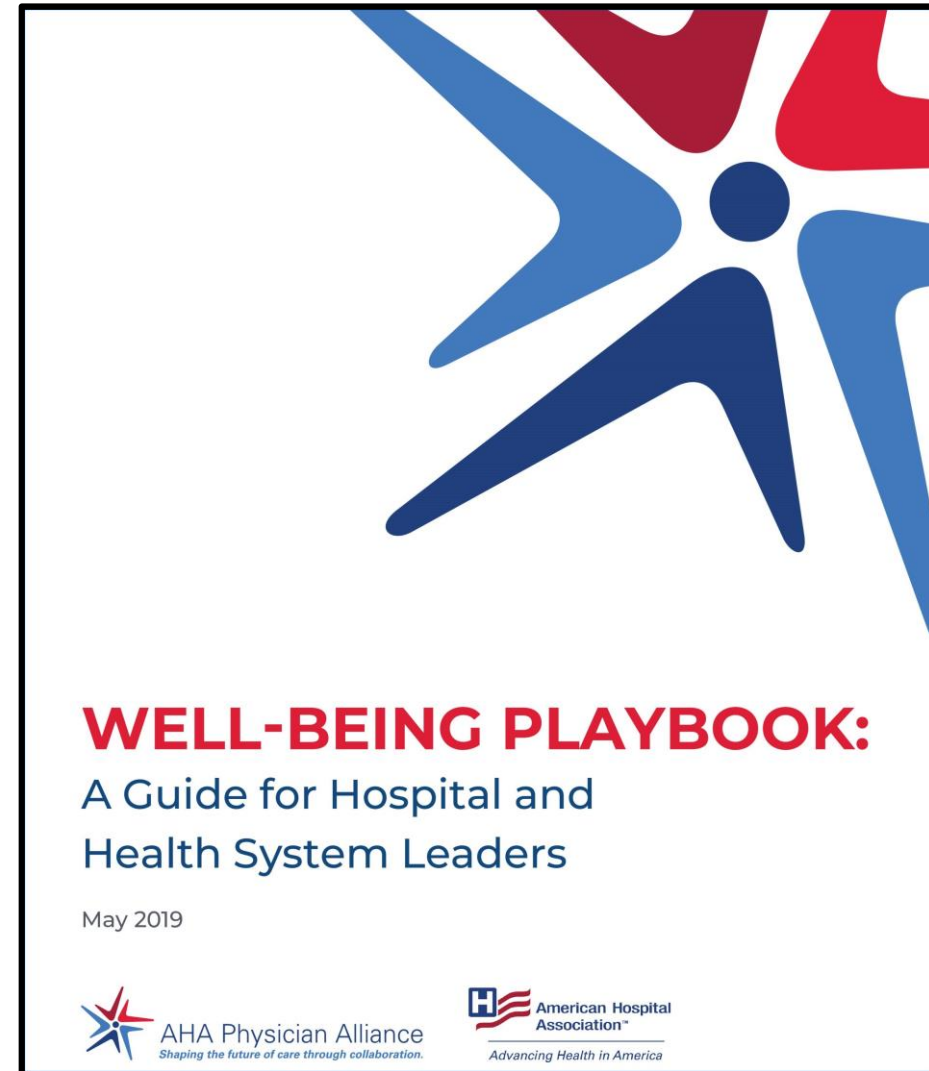


AHA PHYSICIAN LEADERSHIP EXPERIENCE



Oct. 30- Nov 1// Colorado Springs, CO

Well-Being Playbook



<https://www.aha.org/physicians/well-playbook>

Seven Steps to Organizational Well-being



Create infrastructure for well-being



Implement programs



Engage your team



Evaluate program impact



Measure well-being



Create sustainable culture



Design interventions

**BRINGING IT
HOME**



TRUST IN THE TEAM

168

"The relationship between physicians and hospitals has never been more important."

Nancy Howell Ages, President & CEO of Carilion Clinic and AHA Board Chair

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Be Well: Cultivating Resilience to Address Health and Well-Being

What is "Resilient"?
Resilient defined as the ability to recover from or adjust easily to misfortune or change.

Who is Affected?
1 out of 3 physicians (33%) are experiencing burnout.

What Contributes to Burnout?

- Workload: Excessive, too many hours, occasionally during work.
- Control: Insufficient control over resources needed to perform work more effectively.
- Reward: Lack of appropriate rewards (financial, social or recognition).
- Community: Lack of connection with others in the workplace.
- Values: Lack of personal success and reward impact.
- Mission: Mismatch between personal values and leadership/organizational values and actual practice.

Implications
Burnout has a substantial effect on health care quality and safety. In one national analysis of more than 1,000 US hospitals, higher medical error rates were strongly related to the surgeon's degree of burnout. Other studies found that more burnout leads to more medical malpractice. The analysis also examined levels of physician and nurse working in the same area with an emphasis on alignment among roles. Additionally, a study of hospital nurses found a correlation between longer shifts, higher levels of

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5 QUESTIONS: FOR LEADERSHIP

The AHA Physician Alliance focuses on innovation and service within three fundamental values: Lead Well, Be Well, Care Well, and through the "Five Questions" patient engagement physician leaders can drive these values.

Helping physician and administrative leaders improve the health of the enterprise and develop collaborative teams is one of our top priorities. Below are key leadership skills that our successful physician leaders have found successful. Reflect on these problems as well as others in the practice that concern you.

- Physicians should embrace their entrepreneurial side.**
The changing health care environment requires us to be more entrepreneurial as leaders to drive creativity, passion and flexibility. These skills give us the ability to balance opportunities and risks. More than the past, these times of health care innovation and change require us to be more entrepreneurial. Some team members to anticipate what we will be in 10 years, and explore solutions that will allow that, innovation gives us the edge.
- Successful leadership is a combination of vision, execution and personal relationships.**
A leader has to have a clear vision for where health care is going and where it needs to go, and then they have to have the ability to execute that vision. What physicians need to do is to manage complex and diverse systems, lives and death decisions need the hierarchical command and control process because decisions have to be quick, sound. Health system decisions and programs require a different mindset. We need diverse views, inclusion and thought processes.
- Leadership happens when you want the opportunity to change things and you play to your strengths.**
The most important skill is a clear and compelling vision of the future. The passion of the vision. This requires a high level of personal responsibility, and that is an individual responsibility. Physicians are uniquely positioned, and that is an individual responsibility. Physicians are uniquely positioned, and that is an individual responsibility. Physicians are uniquely positioned, and that is an individual responsibility.

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"When physician and administrative leadership unite, powerful change is possible."

Helinda Estes, M.D., President & CEO of Saint Luke's Health System and AHA Board Member

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You are invited to learn more about the AHA Physician Alliance at www.aha.org/physicians

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