Finding Your Joy in Practice Again

February 13, 2019

Learning Objectives

At the end of this educational activity, participants should be able to:

• Describe factors that may contribute to a decrease in professional joy and how these factors impact patient care and quality.

• List high-level interventions and best practices that may be implemented at an organizational level to engage health care professionals (HCPs) and positively impact their day-to-day practice.

• Identify short- and long-term, evidence-based strategies to help HCPs find joy in their practice again.

CCMC Ethics credit is approved for this course. View the CCMC Code of Professional Conduct here: https://ccmoertification.org/ccmc-code-professional-conduct
Panelists

Moderator
Lewis G. Sandy, MD, FACP
Executive Vice President, Clinical Advancement
UnitedHealth Group
Minnetonka, MN

Panelist
Charlee Alexander
Director, Action Collaborative on Clinician Well-Being and Resilience
National Academy of Medicine
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Panelist
Jacquelyn B. Fletcher
CEO, Heartwood Healing, LLC
Minneapolis, MN

Lewis G. Sandy, MD, FACP
Executive Vice President, Clinical Advancement
UnitedHealth Group
Minnetonka, MN
What drives burnout? What are the effects?

**Burnout is driven by:**
- High work loads
- Workflow inefficiencies
- Increased time spent in documentation
- Loss of the meaning in work
- Social isolation at work
- Cultural shifts from health values to corporate values

**Burnout has repercussions at a personal and professional level**

*Source:* AMA StepsForward (with permission)

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A Multitude of Factors Drive Burnout

1. Stigma and fear of vulnerability
2. Regulatory environment
   - Reimbursement environment
3. Digital health environment
4. Organizational leadership
5. Learning environment
6. Culture of silence
Let’s build a better system that helps clinicians thrive
Communications toolkit to easily share the knowledge hub
nam.edu/Toolkit

Charlee Alexander
Director, Action Collaborative on Clinician Well-Being and Resilience
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What is Burnout?

- Syndrome of:
  - emotional exhaustion
  - depersonalization
  - low personal accomplishment
- Leads to decreased effectiveness at work
- Attributed to work-related stress

High Prevalence of Burnout

2014, 6880 physicians, all specialties, all practice types
2012, 5521 medical students & residents
1999, >10,000 inpatient RN
2007, 68,000 nurses

Aiken JAMA 2002;288; McHugh Health Aff 2011;30; Dyrbye Acad Med 89(3): 443-451; Shanafelt MCP 2015:90:1600

Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?

- Decreased quality of care: 63%
- Effect on the attitude of the rest of the health care team: 38%
- The duty of organizations to care for people: 28%
- Turnover: 24%
- Decreased patient satisfaction: 21%
- Decreased productivity: 9%
- Physician suicide: 8%

Base = 570 (multiple responses)

Quality and Safety

- Medical Error – ~8000 surgeons
- Medical Malpractice Litigation – ~7000 surgeons
- Health-care associated infections – Mean burnout hospital nurses independent predictor
- Patient mortality ratios
- Teamwork scores – Mean EE physicians & nurses ICU

Burnout Medical Error

Bi-directional relationship

Higher levels of burnout associated with increased odds of reporting a medical error in subsequent 3 months
Self-perceived medical error associated with worsening burnout & depressive symptoms

Health Care Costs

↑Medical Errors
↑Malpractice claims
↑Turnover – 1.2-1.3 x salary ($82-$88,000 per RN in 2007)
– $500,000 to >$1 million

↑Absenteeism
↓Job productivity
↑Referrals
↑Ordering

A Multitude of Factors Affect Clinician Well-Being and Resilience

**External Factors**
- Rules and regulations
  - Reimbursement environment
- Learning and practice environment
  - Digital health environment
- Organizational factors
- Society and culture
  - Culture of silence
- Stigma and fear of vulnerability
- Health care responsibilities

**Individual Factors**
- Personal factors
- Skills and abilities of the clinician
External Factors

SOCIETY & CULTURE
• Alignment of societal expectation and clinician’s role
• Culture of safety and transparency
• Discrimination and overt and unconscious bias
• Media portrayal
• Patient behaviors and expectations
• Political and economic climates
• Social determinants of health
• Stigmatization of mental illness

RULES & REGULATIONS
• Accreditation, high-stakes assessments, and publicized quality ratings
• Documentation and reporting requirements
• HR policies and compensation issues
• Initial licensure and certification
• Insurance company policies
• Litigation risk
• Maintenance of licensure and certification
• National and state policies and practices
• Reimbursement structure
• Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
• Bureaucracy
• Congruent organizational mission and values
• Culture, leadership, and staff engagement
• Data collection requirements
• Diversity and inclusion
• Harassment and discrimination
• Level of support for all healthcare team members

LEARNING/PRACTICE ENVIRONMENT
• Autonomy
• Collaborative vs. competitive environment
• Curriculum
• Health IT interoperability and usability/Electronic health records
• Learning and practice setting
• Mentorship program
• Physical learning and practice conditions
• Professional relationships
• Student affairs policies
• Student-centered and patient-centered focus
• Team structures and functionality
• Workplace safety and violence

HEALTH CARE RESPONSIBILITIES
• Administrative responsibilities
• Alignment of responsibility and authority
• Clinical responsibilities
• Learning/career stage
• Patient population
• Specialty related issues
• Student/trainee responsibilities
• Teaching and research responsibilities

Individual Factors

PERSONAL FACTORS
• Access to a personal mentor
• Inclusion and connectivity
• Family dynamics
• Financial stressors/economic vitality
• Flexibility and ability to respond to change
• Level of engagement/connection to meaning and purpose in work
• Personality traits
• Personal values, ethics and morals
• Physical mental, and spiritual well-being
• Relationships and social support
• Sense of meaning
• Work-life integration

SKILLS AND ABILITIES
• Clinical Competency level/experience
• Communication skills
• Coping skills
• Delegation
• Empathy
• Management and leadership
• Mastering new technologies or proficient use of technology
• Optimizing workflow
• Organizational skills
• Resilience
• Teamwork skills
“Through collective action and targeted investment, we can not only reduce burnout and promote well-being, but also help clinicians carry out the sacred mission that drew them to the healing professions – providing the very best care to patients.”

Action Collaborative Goals

• Raise visibility of clinician burnout, depression, stress, and suicide

• Improve baseline understanding of challenges to clinician well-being

• Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver
Working Groups

1. Research, Data, and Metrics
2. Conceptual Model
3. External Factors and Work Flow
4. Messaging and Communications
5. External Publications and Art Show

~65 participants representing:
- Medicine, nursing, pharmacy, dentistry
- Professional societies and membership organizations
- Government agencies
- Health IT vendors
- Large health care centers
- Payers
- Researchers
- Trainees and early career professionals
- Patient and consumer perspectives
Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being
A consensus study from the National Academy of Medicine

An ad hoc committee will examine the scientific evidence regarding the causes of clinician burnout as well as the consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. The committee will examine components of the clinical training and work environment that can contribute to clinician burnout in a variety of care settings, as well as potential systems interventions to mitigate those outcomes. The committee will identify promising tools and approaches to support clinician well-being, identify gaps in the evidence base, and propose a research agenda to address areas of uncertainty.

Project website:

Lewis G. Sandy, MD, FACP

Executive Vice President, Clinical Advancement
UnitedHealth Group
Minnetonka, MN
What are the effects of burnout on an organization?

Health professional burnout is a threat to the clinical, financial, and reputational success of an institution for quality, humanitarian, and financial reasons.

- High work loads
- Workflow inefficiencies
- Increased time spent in documentation
- Loss of the meaning in work
- Social isolation at work
- Cultural shifts from health values to corporate values

**SOURCE:** AMA StepsForward (with permission)

| QUALITY | Each 1 point increase in burnout correlates with a 3-10% increase in likelihood of physicians reporting medical errors |
| HUMANITARIAN | Greater rates of dissatisfaction, divorce, drug and alcohol abuse, and depression |
| FINANCIAL | Replacement costs per physician costs between $500,000 to $1 million * Over $5 million annually |

External Factors

**SOCIETY & CULTURE**
- Alignment of societal expectation and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

**RULES & REGULATIONS**
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

**ORGANIZATIONAL FACTORS**
- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

**LEARNING/PRACTICE ENVIRONMENT**
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
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- Professional relationships
- Student affairs policies
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**HEALTHCARE RESPONSIBILITIES**
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**ORGANIZATIONAL FACTORS**
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members
Three Domains of the Stanford Wellness Framework

**Culture of Wellness**
- Creation of work environment with a set of normative values, attitudes, and behaviors that promote self care, personal and professional growth, and compassion for colleagues, patients, and self

**Efficiency of Practice**
- Value added clinical work accomplished divided by the time and energy spent

**Personal Resilience**
- Set of individual skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being, including the prevention of burnout

**Nine steps to help clinicians thrive through organizational changes**

1. Engage senior leadership
2. Track the business case for well-being
3. Resource a Wellness infrastructure
4. Measure burnout and the predictors of burnout longitudinally
5. Strengthen local leadership
6. Develop interventions and evaluate their impact

**Source:** AMA StepsForward (with permission)
Nine steps to help clinicians thrive through organizational changes

**Efficiency of Practice**

7. Improve workflow efficiency and maximize power of team-based care

8. Reduce clerical burden and tame the EHR

**Personal Resilience**

9. Support the physical and psychological health of the workforce

SOURCE: AMA StepsForward (with permission)

For additional resources, frequently asked questions and implementation support, visit stepsforward.org
To maintain compassion for others requires nourishing ourselves.
Rings of Self-Mastery

What keeps you full?
### Top Evidence-Based Resilience Practices

- Sleep
- Exercise
- Nutrition
- Social Connection
- Control Mind-Wandering

### Top Evidence-Based Practices for Happiness

- Kindness to others
- Social Connection
- Time affluence
- Mind control
- Healthy practices (sleep, exercise, nutrition)
Mind Wandering

Breathing Exercise
Discussion

Panelist
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Q & A
Thank You!

If you have any questions or concerns please contact OptumHealth Education at moreinfo@optumhealtheducation.com.

Appendix – Working Group Resources
Research, Data, and Metrics

• Completed:
  – Discussion Paper: "Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care"
  – Compilation of validated survey instruments to assess work-related dimensions of well-being
  – Discussion Paper: "A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being"

• Forthcoming:
  – Financial cost of burnout among nurses
  – Gender differences in burnout and related factors

Validated Instruments to Assess Work-Related Dimensions of Well-Being

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure work-related dimensions of well-being. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the Research, Data, and Metrics Working Group of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience.

Burnout

- Maslach Burnout Inventory – Human Services Survey for Medical Personnel
- Oldenburg Inventory
- Physician Work-Life Study's Single-Item
- Copenhagen Burnout Inventory

Composite Well-Being

- Stanford Professional Fulfillment Index

Well-Being Index

Depression and Suicide Risk

- The Patient Health Questionnaire-9 (PHQ-9)
**A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being**

NAM Discussion Paper

Authored by Liselotte N. Dyrbye, David Meyers, Jonathan Ripp, Nupur Dalal, Steven B. Bird, and Srijan Sen

**Table 1 | Characteristics of Pragmatic Approaches**

<table>
<thead>
<tr>
<th>Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimensions of well-being important to stakeholders: Measures domains of well-being or distress prevalent in the population of interest, costly, and challenging</td>
</tr>
<tr>
<td>Low organizational burden: Brief, simple to analyze, and low or no cost</td>
</tr>
<tr>
<td>Actionable measures: Scores are easy to interpret, have norms or benchmarks, relate to other important outcomes, and lead to a response by organizational leadership</td>
</tr>
<tr>
<td>Sensitivity to change: Can be used longitudinally to assess the impact of interventions or changes over time</td>
</tr>
<tr>
<td>Psychometrically strong: Validity of the findings</td>
</tr>
<tr>
<td>Broadly applicable: Questions are relevant to more than one group of employees (i.e., can be applied to both physicians and nurses within a health system)</td>
</tr>
</tbody>
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**External Factors and Work Flow**

- Completed:
  - Discussion paper: *Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout“*
  - Discussion paper: “A Vision for a Person-Centered Health Information System”
  - Discussion paper: “Implementing Optimal Team-Based Care to Reduce Clinician Burnout”
  - Streamlined suggestions to CMS re. E/M documentation guidelines
Stanford Medicine Harris Poll: The Impact of EHRs

- 71% agree EHRs greatly contribute to burnout
- 69% agree that using an EHR takes valuable time away from interacting with patients
- 59% think EHRs need a complete overhaul
- 8% say the primary value of EHRs is clinical

Stanford Medicine Harris Poll: How Doctors Feel About Electronic Health Records, 2018

Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout

NAM Discussion Paper

Authored by Alexander K. Ommaya, Pamela F. Cipriano, David B. Hoyt, Keith A Horvath, Paul Tang, Harold L. Paz, Mark S. DeFrancesco, Susan T. Hingle, Sam Butler, and Christine A. Sinsky

Box 1 | Recommendations

- Clinicians should be responsible only for essential primary data entry that is required to support the care of a patient.
- EHR developers should increase the development of capabilities that allow clinicians to understand the previous medical, health, and social history of the patient.
- CMS should de-emphasize documentation requirements as a condition of payment for health care services.
- CMS should clarify that elements of the EHR drafted by an assistant, and confirmed with the patient by the provider, should count for reimbursement.
- An authoritative body, such as the NAM, should initiate a study focused on redesigning clinical documentation suited to the modern digital age, with a primary focus on informing clinical management and improving patient outcomes and health.

A Vision for A Person-Centered Health Information System

NAM Discussion Paper

Authored by Keith Horvath, Patricia Sengstack, Frank Opelka, Andrea Borony Kitts, Peter Basch, David Hoyt, Alexander Ommaya, Pamela Cipriano, Kensaku Kawamoto, Harold L. Paz, J. Marc Overhage

Implementing Optimal Team-Based Care to Reduce Clinician Burnout

NAM Discussion Paper


Key Features of High Performing Teams

- Mutual trust/psychological safety
- Effective communication
- Clear roles
- Shared, measurable goals

Teamwork and Clinician Well-Being

- Some evidence of an association between high performing teams and improved clinician well-being
- More research is needed to fully understand the relationship between team-based care and clinician well-being

Teamwork and Patient Outcomes

- Studies in various settings (ambulatory, emergency department, nursing home, and hospital based care)
- Correlation between team-based care and improved health care quality
Barriers to Implementing Optimal Team-Based Care to Reduce Clinician Burnout

NAM Discussion Paper

- **Regulatory** barriers to team-based care, virtual teams and telehealth
- Lack of uniform **educational requirements & standards** for team-based care and conduct
- **Current payment system** not designed to offset the costs associated with forming, training and sustaining clinical teams
- CMS **regulations and documentation guidelines** do not empower all members of the clinical team to meaningfully participate
- **Outdated workflows** and current **EHR structure** that do not support clinical teams

Solutions to Implementing Optimal Team-Based Care to Reduce Clinician Burnout

NAM Discussion Paper

- **Better align licensing and regulation** of health care clinicians with new concepts and standards for team-based care → telehealth and virtual teams
- Prioritize **training & assessment** of clinical team structure & function across the continuum of training
- Better align the payment system with team-based care incentives
- **Modernize documentation guidelines** to allow for team documentation and to clearly indicate that functions such as medication reconciliation can be performed by team members*
- **Re-imagine EHR operability and workflows** based on most successful team based care models available*
Working with CMS

• Excessive documentation requirements have made it difficult for physicians and other health care professionals to locate important information about the patient’s current condition, recent changes and the plan of care in the medical record.

• Difficulty locating information can impact patient care.

• How to better align E/M coding and documentation with the current practice of medicine and how to account for the impact of the use of EHRs on documentation requirements

Healthy clinicians provide better patient care. Let’s build a better system that helps clinicians thrive.

nam.edu/clinicianwellbeing
Knowledge Hub is organized around three main topics

- **Causes**: Organizational factors, learning environment, practice environment, society and culture, personal factors, rules and regulations
- **Effects**: Safety and patient outcomes, clinician well-being, turnover and reduction of work effort, health care costs
- **Solutions**: Organizational strategies, measuring burnout, individual strategies

Resource Center

This resource center provides a searchable database for research, toolkits, educational materials, and other resources relevant to clinician well-being and resilience.

- > 550 resources
- Searchable database
- Rate helpfulness of resources
- Feedback survey
Calling for additional resources!

The resource center is a work in progress and resources will be added on an ongoing basis at the discretion of the National Academy of Medicine.

If you would like to suggest a resource to include, please submit the resource using the new resource submission survey.

Forthcoming: Case Studies

Let’s build a better system that helps clinicians thrive.
Communications toolkit to easily share the knowledge hub
nam.edu/Toolkit
Case Studies in Spring 2019

- 5-8 case studies highlighting programs that are engaging in promising practices to reduce clinician burnout and improve well-being

- Goal is to provide actionable guidance for organizations seeking to implement clinician well-being programs

- Diverse array of programs

- Four criteria for inclusion

- Community of shared learning; webinars

Making the Case for a Chief Wellness Officer: Call to Action (Health Affairs – 10.26.18)

Chief Wellness Officer: Potential Requirements and Responsibilities

Reports to
Senior Leadership (CEO, President, or Dean)

Minimum Requirements

- Resources, including team members, to (a) implement and evaluate evidence-based interventions at the individual, group and system level; and (b) ensures implementation and continuous feedback.
- Coordinates with other executive leaders (e.g. CQO) to ensure well-being is prioritized and integrated into executive leadership activities.
- Works closely with marketing and/or communications team to ensure that community-wide messaging is supportive of the well-being for the community served.

Specific Responsibilities

- Provides strategic vision, planning, and direction to the development, implementation and evaluation initiatives to improve health and well-being outcomes.
- Regularly monitors and reports outcomes, including measures of engagement, professional fulfillment, health and well-being, return on investment, value on investment, and tracks how they change with the introduction of interventions.
- Raises awareness and provides education about the impact of professional burnout and the benefit of building resiliency and coping skills in clinicians.
- Implements effective evidence-based individual-level interventions, group-level interventions and system-wide interventions.
- Implements system-level interventions on efficiency of practice, participatory management, and empowering of healthcare professionals to develop their voice on culture.

- Pursues/advances well-being research efforts where appropriate.
- Coordinates and works with mental health leaders to decrease stigma and improve access to and awareness of mental health services.
- Creates a culture of wellness to improve organizational health and well-being at the system level.
- Conducts evidence-based quality improvement efforts that support clinician well-being.
- Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being.
Expressions of Clinician Well-Being

nam.edu/expressclinicianwellbeing

- > 350 submissions including paintings, music, and written word
- 10 art pieces available for traveling art show
- 100 featured in a permanent digital gallery

Now you can host the Expression of Clinician Well-Being traveling art gallery!

If your organization is interested in hosting the gallery at your next event, send a request to clinicianwellbeing@nas.edu
Join the movement!

nam.edu/SupportClinicianWellBeing

To provide an opportunity for organizations to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the NAM is collecting statements describing organizational goals or commitments to action.

Attend our next public meeting!

Redesigning the clinical learning environment

Wednesday, May 29th at the ACGME headquarters in Chicago, IL

For meeting updates, visit nam.edu/CW
Resources

The Heartwood Newsletter
Get free weekly self-mastery resources to help you create sustainable health and wellbeing. You’ll learn evidence-based techniques in psychology, mindfulness, resilience, creativity, grit, habit change, self-compassion, and much more. Get access to a free meditation by Jacquelyn Fletcher when you sign up. Or connect directly with Jacquelyn at hello@heartwoodhealing.com.

Sign up at HeartwoodHealing.com.