



Addressing Physician Burnout: How to Engage Physicians, Enhance Morale, & Reduce

A HYBRID CONFERENCE AND INTERNET EVENT

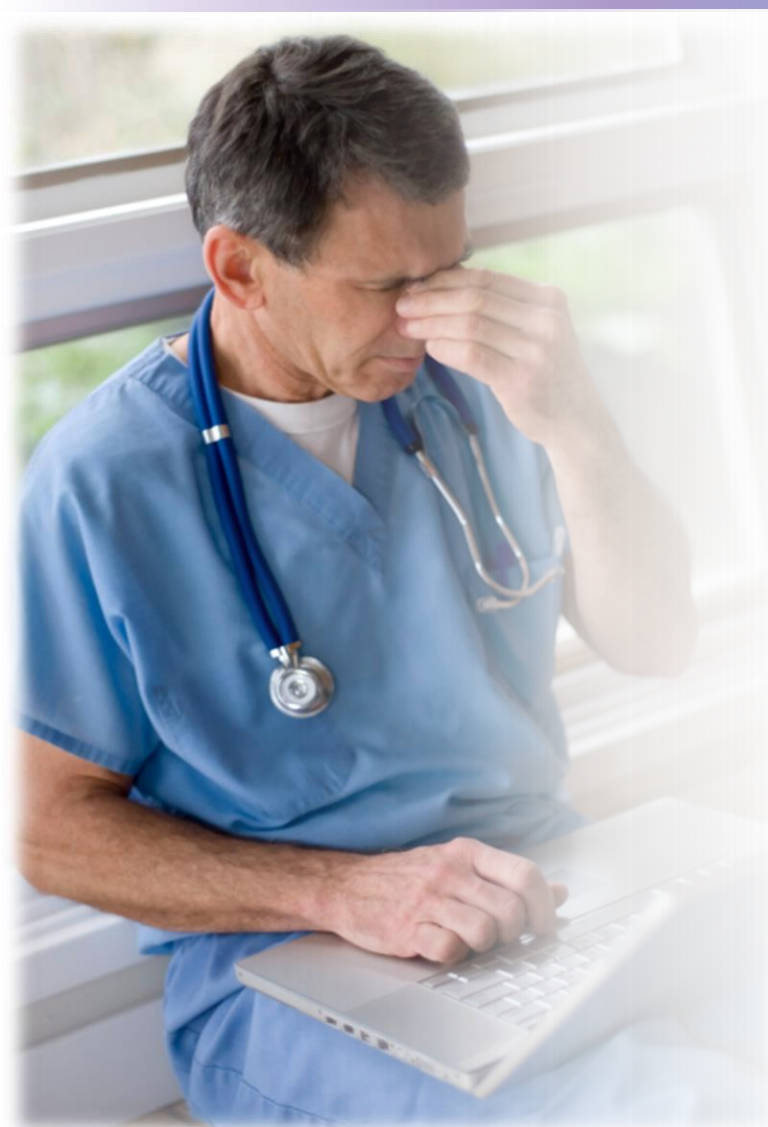
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Attacking Payer Denials – Chapter 2.
Lessons Learned and Strategies for Success

HYATT REGENCY LA INTERNATIONAL AIRPORT, LOS ANGELES, CA
JULY 25 - 27, 2018

The Physician Workforce



**Burned Out &
Detached?**

Signs of Burnout



- Exhaustion
- Depersonalization
- Sense of low personal accomplishment
- High stress
- Low motivation
- Work-life interference

Okay, Doctors are Upset So Are a Lot of People



Why Does It Matter?

Because Everyone Needs A Doctor



The first person you see coming in

Because Everyone Needs A Doctor

**...the last person you see
going out.**



Physician Burnout is a Public Health Crisis

Costs of burnout are significant and effect patient safety, quality of care, and health care costs

Source: Health Affairs, March 2017

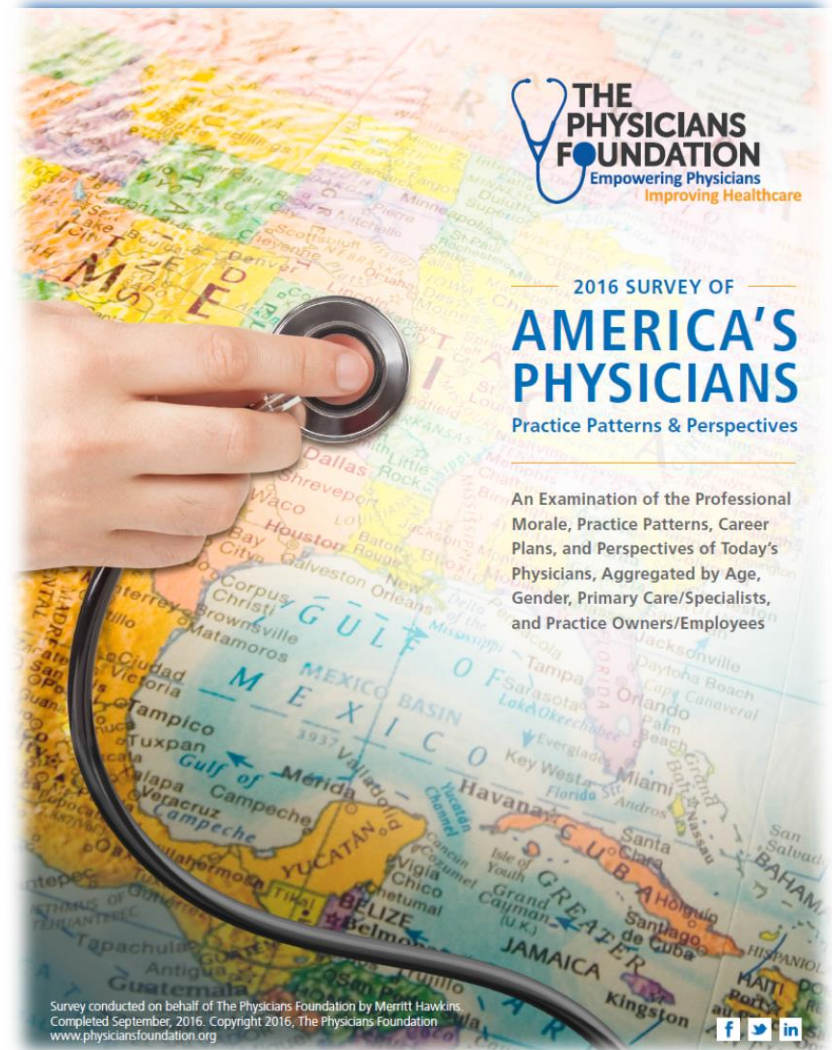


A Physician “State of the Union”

The Physicians Foundation: A Voice for Physicians

www.physiciansfoundation.org

- 17,000 responses
- Over 1 million data points
- 10,000+ written comments



To What Extent Do Physicians Have Feelings of Professional Burnout?

Over 48% of physicians indicate they often or always have feelings of burnout in their careers



Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*, **The Physicians Foundation/Merritt Hawkins**, 2016

Burnout by Specialty



Emergency Medicine	72%
Urology	64%
Family Medicine	63%
Radiology	61%
Orthopedic Surgery	59%
Internal Medicine	57%
Neurology	56%
Anesthesiology	55%

Source: AMA

Doctor Morale Remains Poor



- 54% of physicians say their morale is poor
- Physicians are disengaging from the practice of medicine and are seeking practice alternatives



Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*, **The Physicians Foundation/Merritt Hawkins**, 2016

Doctor Morale Remains Poor

62.8%
pessimistic about
the future

49%
would not suggest
medicine as
a career

28.3%
would not choose
medicine
as a career



Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*,
The Physicians Foundation/Merritt Hawkins, 2016



Physician Suicide

- An estimated 400 physicians commit suicide each year, the equivalent of one entire medical school class.
- The physician suicide rate is 20% to 30% higher than the general public.

Source: Louise Andrew, M.D. ET AL. Physician Suicide, Medscape Reference, March 8, 2012



How Did We Go From This



...To This



Welcome to Your Work Week

After 4 Years of College, 4 Years of Medical School, 3 to 7 Years or More of Training

- Third parties control their fees
- Tell them how to treat patients
- Require hours of paperwork
- Sue them on a whim
- Require them to change their practice structure/processes
- Make them question their career

Burnout Begins Early

Average medical school debt:
\$179,000
(up from \$161,739 in 2010)

Highest average debt by specialty:

Emergency Medicine	\$194,000
Radiology	\$185,000
Psychiatry	\$184,000

Source: STAT; Medical school debts run \$180,000 per on average per student, Sept 5, 2017

Burnout Begins Early

If you were to begin your education again, would you study medicine or would you select another field?

Another field....22%



Source: Merritt Hawkins 2017 Survey of Final Year Medical Residents



Compensation Conundrum

New Alternative Payment Models

- Accountable Care Organizations (ACOs)
- Bundled Payments
- Pay-for-Performance
- Patient Centered Medical Home
- Hospital Readmission Reduction Program (HRRP)
- Pay for Prevention
- **MACRA**



Doctors Are Disengaging

Physician satisfaction levels are decreasing due to various mechanisms of healthcare reform including:

- Quality-based payments
- Electronic health records (EHR)
- ICD-10



Documenting Quality

- Physicians spend 2.6 hours per week documenting quality measures
- \$40,069 per physician spent on documenting quality
- \$15.4 billion annually

Source: *Health Affairs*, March 2016



Primary Pain Points

What do you find **LEAST** satisfying about medical practice?

Regulatory/paperwork burdens	58.3%
Erosion of clinical autonomy	31.8%
Inefficient EHR	26.8%



Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*, **The Physicians Foundation/Merritt Hawkins**, 2016

Result: A “Silent Exodus”

- Physicians spend more than 20% of their time on non-clinical paperwork
- 20% of time spent on paperwork = a loss of over 139,000 FTE's



Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*, **The Physicians Foundation**/Merritt Hawkins, 2016

What Do You Plan to Do in the Next One to Three Years?



	<i>All</i>
<i>Continue As I Am</i>	52.2%
<i>Cut Back on Hours</i>	21.4%
<i>Retire</i>	14.4%
<i>Switch to Concierge</i>	8.8%
<i>Work Locum Tenens</i>	11.5%
<i>Cut Back on Patients Seen</i>	7.5%
<i>Seek a Non-Clinical Job Within Healthcare</i>	13.5%
<i>Seek Employment with a Hospital</i>	6.3%
<i>Work Part-Time</i>	9.8%



Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*, The Physicians Foundation/Merritt Hawkins, 2016

Physician Turnover

Annual Physician Relocation/Turnover Rates by Specialty

Oncology	17.9%
Psychiatry	14.6%
Family Medicine	13.5%
General Surgery	11.2%
OB/GYN	10.7%
Orthopedic Surgery	10.6%
Internal Medicine	9.3%
Average	12.0%

Source: SK&A Healthcare Provider Move Rates, October 2015



Current Physician Shortage Projections

21,800 too few
physicians today

65,500 too few
physicians by 2020

90,400 too few
physicians by 2025

121,300 too few
physicians by 2030

***Shortage in
primary care will
reach 49,100 by
2030 while
demand for
specialists will
exceed supply
by 72,200 by
2030***

Source: AAMC, May 2018

Now, the Good News

Most physicians love
the “heart” of medicine
*(74% of physicians find
it most satisfying)*

They want to be
engaged

You can help



Step One: Value Your Physicians

Despite the growing number of providers, physicians are at the center of the system and control 87 percent of all spending on personal health

Quality

Cost
Effectiveness

Alignment

Are largely in their hands

Economic Impact

Each physician supports:

- Per capita economic output of \$3.2 million
- About 17 jobs
- Total of \$1.4 million in wages and benefits
- \$126,129 in local and state tax revenues

Source: The National Economic Impact of Physicians, IMS Health



Physician Generated Revenue

All Physicians	\$1,560,688
Primary Care	\$1,402,268
Specialists	\$1,607,750



Source: Merritt Hawkins 2016 Physician Inpatient/Outpatient Revenue Survey

Moral: As Physicians Go, So Goes Your Facility

Understand the central role they play both clinically and economically

Acknowledge it by making the practice environment as appealing as possible




Step Two: Formalize the Program

Does your workplace offer a program to reduce burnout?

Academic, research, government	61%
Hospital	45%
Multispecialty group practice	31%
Outpatient clinic	31%
Single-specialty group practice	17%

Source: Medscape

Step Three: Seek Physician Input



Conduct routine assessments using a questionnaire or survey:

- Physician Well-Being Index
- Stanford Physician Wellness Survey
- Mini Z Burnout Survey
- Maslach Burnout Inventory Human Services Survey

Merritt Hawkins Physician Engagement Survey

Level of satisfaction with:

- Their practice
- Their compensation
- Their relationship with you

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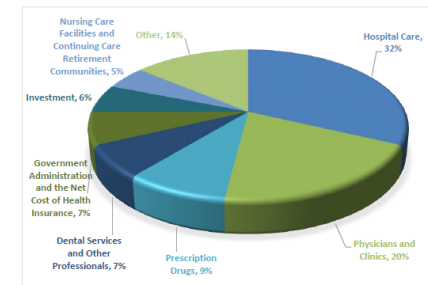
White Paper Series

Examining topics affecting the recruitment and retention of physicians and advanced practice professionals

Ten Keys to Enhancing Physician/Hospital Relations and Reducing Physician Turnover : A Guide for Hospital Leaders

Introduction

As the chart below indicates, physician and hospital services account for over half of the \$3 trillion that is spent on healthcare in the United States each year.



A resource provided by Merritt Hawkins, the nation's leading physician search and consulting firm and a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions company in the United States.

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Though physicians and hospitals are separated in the chart as distinct entities (as they are separated by Medicare Part A and Part B payments) their worlds often intersect and, at times, collide.

This continues to be true even though it is generally conceded that physician/hospital integration and collaboration, often referred to as "physician alignment," is a key component of healthcare reform. The importance of physician/hospital alignment is not a new development.

Their Practice

- How many patient do you see per month?
 - Too many?
 - Too few?
 - The right number?
- How far are you booked out?
- Do you have trouble referring?
- What additional services/specialties are needed?
- How would you rate the need for additional physicians in certain specialties?
- Efficiency of EHR?
- Retirement plans?



Their Compensation: Is it “Customary & Competitive?”

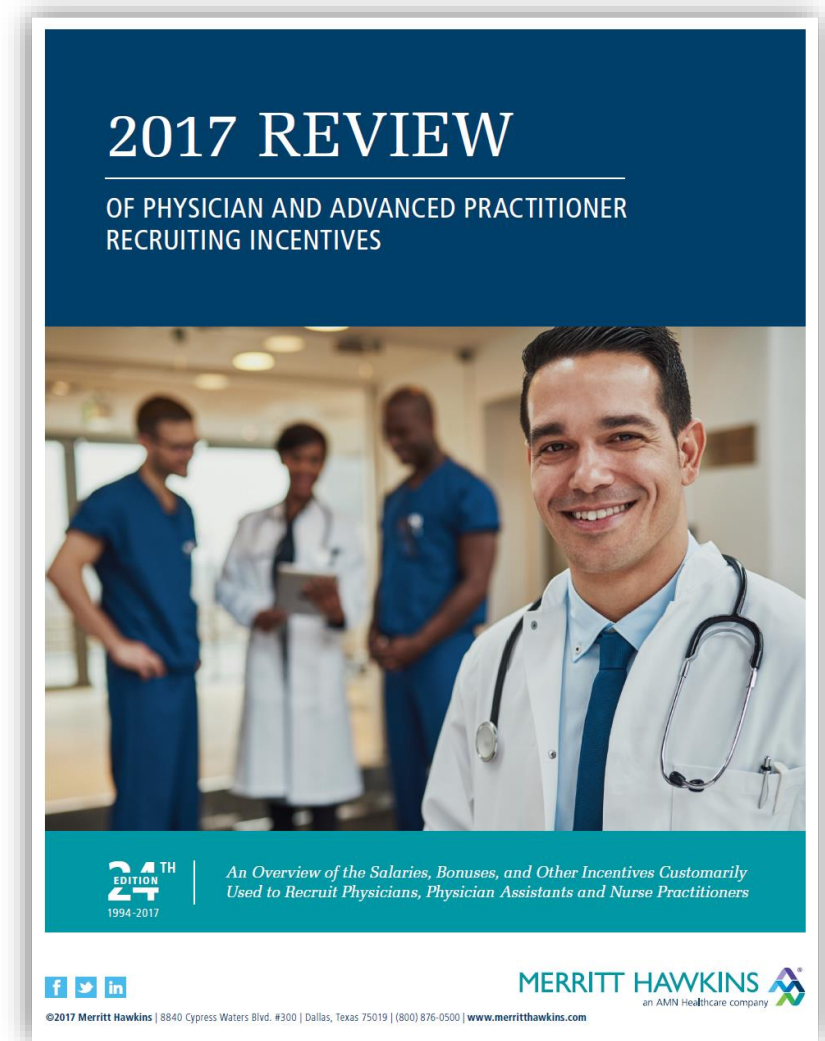
Variety of sources that track physician earnings

Average Starting Salaries (Family Medicine)

Sullivan Cotter	\$264,123
AMGA	\$242,210
ECG Management	\$242,000
Merritt Hawkins	\$231,000
Compdata	\$228,500

Their Compensation: Is it “Customary & Competitive?”

- Physician starting salaries
- Signing bonuses
- Relocation allowances
- Continuing medical education (CME) allowances
- Other incentives




Compensation Structure

How compensation is structured may be more important than the amount

- How often is the formula changed?
- Why was it changed?
- Do you understand it?
- Is the formula fair?
- What quality metrics are used?
- Can they be tracked?

Their Relationship with You

- 
- Do you understand the strategic vision/direction your organization is taking?
 - Is your voice heard?
 - Is there someone with whom you can speak?
 - Is there a mentorship program or opportunity for leadership?

Enhancing the “Workshop”

**First and foremost consider the
“primacy of the workshop”**

Find a haven

- ✓ Physician communication (formal and informal)
- ✓ Physician employment
- ✓ Pay for ED call
- ✓ Hospitalist program
- ✓ Gain Sharing/Joint Ventures
- ✓ Appropriate nurse staffing
- ✓ Timely test turnaround
- ✓ Access to patient data
- ✓ Consistent OR availability
- ✓ Enhanced ER triage
- ✓ Convenient parking
- ✓ Marketing/Contracting

Redefine Roles

- **Concede the less complex patients to PAs and NPs**
- **Let pharmacists help directly manage patients with chronic conditions**
- **Have medical scribes enter patient data for EHR**

Source: AANP and AAPP

Provide Flexible Schedules

- “7 days on, 7 days off”
- Allow for flexibility around the beginning and end of work shifts
- Work-life integration
- Designated “paperwork” time
- Self-care



Provide Extracurricular Pay

Doctors will have to be compensated outside of the traditional billable appointment.

- Telemedicine
- E-mails
- Telephone Calls



Provide support and continually communicate


What can hospitals and groups do to manage physician resiliency?

Improving Physician Communication

- Monthly breakfast/lunch meetings
- After-hours meals
- “Ice cream conferences”
- Medical staff surveys
- Stay Interviews



Resiliency Programs

- 
- A hand in a dark suit jacket holds a silver pen, pointing towards a pie chart on a desk. The desk is cluttered with various documents, including one with a line graph and another with a pie chart. A silver calculator is visible in the lower-left corner. The background is a soft-focus office setting.
- Child-care programs
 - Financial management counseling
 - Peer support groups

Lastly, Recruit to Retain



- Effective onboarding practices start well before the doctor gets to town
- “70/30 Rule”
- Onboarding checklists increase productivity, make the new physician happier, and provide cost savings
- Incorporate family onboarding into the checklist system

Continue the Conversation



A Raised Hand – Blog by Kurt Mosley

Follow on Twitter: [@Kurt_Mosley](https://twitter.com/Kurt_Mosley)

A Raised Hand BY KURT MOSLEY

A discussion on emerging healthcare trends



Feeling the Burn: Physician Burnout in America

October 24, 2016

There is an old adage that one human year is equal to seven dog years since dogs age more quickly than we do. The same can be said about healthcare in America over the last five years – it seems we have packed 20 year's worth of changes into just three or four actual years. Our physicians have dealt with more changes in that short time period than they have since the implementation of Medicare and Medicaid in 1965. As a result of the ever-expanding amount of changes, burnout has become more common among physicians than any other group of US workers.

Continue the Conversation

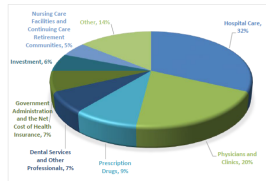


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Physician Recruiting and Emotional Intelligence: Going Beyond IQ and "Type A" Personalities

Introduction

Merritt Hawkins, the nation's leading physician search and consulting firm, produces a series of surveys, white papers, speaking presentations and other resources intended to provide insight into physician recruiting, physician supply and demand, physician compensation and a range of related topics.

This white paper examines the increased emphasis being given to emotional intelligence in medical practice and in the vetting and recruitment of physicians.

In the past, the fee-for-service model of medicine tended to reward physicians possessing results-oriented, "Type A" personalities who were driven to generate a high volume of patient encounters and procedures. Drive and the ability to be productive still are important qualities for physicians to possess, but in today's value-driven delivery models, more attention is being paid to a physician's ability to emotionally engage with patients, for both clinical and reimbursement related reasons.

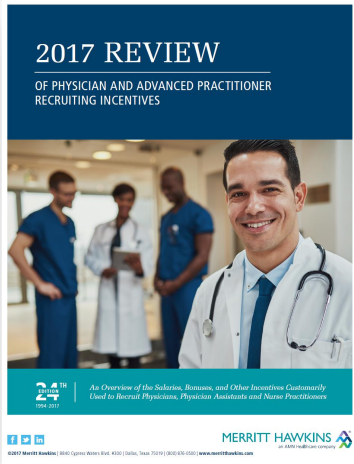
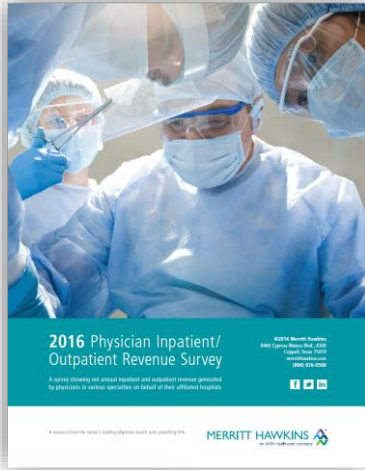
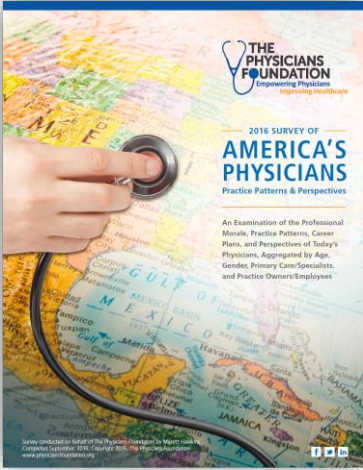
Physicians who are able to achieve emotional engagement with patients often achieve better outcomes (see below) and receive higher patient satisfaction scores, an important component of value-based payments. What might be called "Type E" physicians (for emotionally intelligent) can fit well into emerging team-based and value-based delivery systems that represent the future of healthcare. Physicians who demonstrate emotional intelligence in the recruitment process can advance their ability to secure desirable practices.

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- ❖ Ten Keys to Enhancing Physician/Hospital Relations and Reducing Physician Turnover
- ❖ Physician Recruiting and Emotional Intelligence
- ❖ The Cost of a Physician Vacancy



If you have any questions, please contact Kurt Mosley at:

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