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

## Burnout by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>72%</td>
</tr>
<tr>
<td>Urology</td>
<td>64%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>63%</td>
</tr>
<tr>
<td>Radiology</td>
<td>61%</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>59%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>57%</td>
</tr>
<tr>
<td>Neurology</td>
<td>56%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>55%</td>
</tr>
</tbody>
</table>

*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

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

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
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:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>$194,000</td>
</tr>
<tr>
<td>Radiology</td>
<td>$185,000</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>$184,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory/paperwork burdens</td>
<td>58.3%</td>
</tr>
<tr>
<td>Erosion of clinical autonomy</td>
<td>31.8%</td>
</tr>
<tr>
<td>Inefficient EHR</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

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

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

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

## Annual Physician Relocation/Turnover Rates by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology</td>
<td>17.9%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>14.6%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>13.5%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>11.2%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>10.7%</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>10.6%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>9.3%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>12.0%</strong></td>
</tr>
</tbody>
</table>

*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
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, and Alignment are largely in their hands.
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Physicians</td>
<td>$1,560,688</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$1,402,268</td>
</tr>
<tr>
<td>Specialists</td>
<td>$1,607,750</td>
</tr>
</tbody>
</table>

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

Acknowledging it by making the practice environment as appealing as possible
Does your workplace offer a program to reduce burnout?

<table>
<thead>
<tr>
<th>Type of Workplace</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic, research, government</td>
<td>61%</td>
</tr>
<tr>
<td>Hospital</td>
<td>45%</td>
</tr>
<tr>
<td>Multispecialty group practice</td>
<td>31%</td>
</tr>
<tr>
<td>Outpatient clinic</td>
<td>31%</td>
</tr>
<tr>
<td>Single-specialty group practice</td>
<td>17%</td>
</tr>
</tbody>
</table>

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
Level of satisfaction with:

• Their practice
• Their compensation
• Their relationship with you
• 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?
Variety of sources that track physician earnings

<table>
<thead>
<tr>
<th>Average Starting Salaries (Family Medicine)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sullivan Cotter</td>
<td>$264,123</td>
</tr>
<tr>
<td>AMGA</td>
<td>$242,210</td>
</tr>
<tr>
<td>ECG Management</td>
<td>$242,000</td>
</tr>
<tr>
<td>Merritt Hawkins</td>
<td>$231,000</td>
</tr>
<tr>
<td>Compdata</td>
<td>$228,500</td>
</tr>
</tbody>
</table>
Their Compensation: Is it “Customary & Competitive?”

- Physician starting salaries
- Signing bonuses
- Relocation allowances
- Continuing medical education (CME) allowances
- Other incentives
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
What can hospitals and groups do to manage physician resiliency?

Provide support and continually communicate.
Improving Physician Communication

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

- 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
A Raised Hand – Blog by Kurt Mosley

Follow on Twitter: @Kurt_Mosley

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.
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:

Kurt.Mosley@amnhealthcare.com

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