



**WHAT
HAPPENED?**

**WHAT DO WE
DO NOW?**

CHANGING THE CULTURE IN HEALTHCARE

MARK T BILLMAN, DMD, MD

ORAL AND MAXILLOFACIAL SURGEON

CHAIRMAN, GOVERNING BOARD PIEDMONT MEDICAL
CENTER

CHIEF OF STAFF, PIEDMONT MEDICAL CENTER-FORT MILL

ASSISTANT PROFESSOR OF SURGERY, EDWARD VIA COLLEGE
OF OSTEOPATHIC MEDICINE

CARRIE WATSON, DO, FACOS

TRAUMA MEDICAL DIRECTOR, PIEDMONT MEDICAL CENTER

ASSISTANT PROFESSOR OF SURGERY, EDWARD VIA COLLEGE
OF OSTEOPATHIC MEDICINE

PATRICIA PITTMAN, BS, MA, OMS4

DISCLAIMER AND DISCLOSURE

**FUNDED BY A GRANT FROM THE AMERICAN
MEDICAL ASSOCIATION AND THE PHYSICIANS
FOUNDATION**

**THE DATA PRESENTED IS CONFIDENTIAL AND
NOT FOR DISTRIBUTION OR PUBLICATION**

WHAT IS BURNOUT?

- Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:
 - 1. Feelings of energy depletion or exhaustion
 - 2. Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.
 - 3. Reduced professional efficacy.
- A chronic imbalance of high job demands and inadequate job resources can lead to burnout.
- Extrinsic versus Intrinsic factors
 - “It does not matter if resilience is instilled in individual future health workers if they enter systems that diminish their abilities to thrive.” (NAM, 2022)
- “Burn-out an “occupational phenomenon”: International Classification of Diseases”. WHO. 28 May 2019. Retrieved 2019-06-01

SYMPTOMS OF BURNOUT

- Physician burnout is defined as a long-term stress reaction characterized by depersonalization. This can include:
 - Cynical or negative attitudes toward patients
 - Emotional exhaustion
 - A feeling of decreased personal achievement
 - Lack of empathy for patients
 - Poor interaction with peers in the workplace
 - Reduced job satisfaction
- [What should be done about the physician burnout epidemic | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org)

INCIDENCE IN MEDICINE

American Medical Association 2020-2021 Mini-Z 2.0 Benchmark

Based on 10,935 respondents: 51% overall average across all specialties

AMA Organizational Biopsy: 2022 Comparison Report(13,000 respondents)

53% burnout across all specialties

Job satisfaction down to 69% (lowest in Family med 64%)

Stress up to 55% (highest in FM/EM 60%)

Hours/week up to 56.7

Highest in Hospitalist 64 hours/week, 32 hours/week **indirect** pt. care

Intent to leave up to 40%

Feeling valued down to 46% (lowest in OB/GYN 40%)

INCIDENCE IN MEDICINE

Highest Burnout:

2021

Oncology 64%, Rheumatology 59%,

Critical Care Medicine 55%, Family Medicine 55%

2022

EM 62%, Family Medicine 60%

Greater in PA's and females

C Suite Executives:

2018: 60% 2022: 74%

93% say burnout is negatively affecting their organization. (79% in 2018)

INCIDENCE IN MEDICINE

Highest suicide rate for any profession

Two times the general population rate
(even higher in women/students/residents)

2019: 1 physician suicide/day
= 2 medical school classes per year
= 1,000,000 patients lose their doctor
yearly

2022: 1-10 considered or attempted

Highest rates in

Pathology, General Surgery, Oncology,
Infectious Disease, and Emergency Medicine

INCIDENCE IN MEDICAL STUDENTS AND RESIDENTS

- Overall higher prevalence of high emotional exhaustion, high depersonalization, and burnout compared to age matched peers.
- Also, were more likely to exhibit symptoms of depression and had higher levels of fatigue.

Early Medical Career Burnout Rates

Medical Students: 49.6 %

Residents/Fellows: 50%

Age Matched Peers

College Grads 22-32yo: 35.7%

College Grads 27-40yo: 31.4%

Employed Peers 31-47yo: 29.9%

PubMed.gov search results for "medical student burnout united states".

Search results show 243 results. The first result is "Physician Burnout and Well-Being: A Systematic Review and Framework for Action" by Rothenberger DA. The second result is "Coping with Stress and Burnout Associated With Telecommunication and Online Learning" by Mheidly N, Faruqi S, and Charles J. The third result is "Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students" by Dyrbye LN, Thomas MR, Shanafelt TD.

Large orange watermark 'D' is overlaid on the search results.

SURVEY OF RESIDENTS

A M A 2 0 2 1

- 41% Burnout
- Average 62 hours/week
 - Almost half of those hours spent on indirect care
- 80% Peer support has a positive impact on job satisfaction
- 46% Want mental health resources

WHAT ABOUT OTHER PROFESSIONS?

- Pilots: 40% overall burnout rate
- 41.3% of all new teachers leave the teaching profession within the first 5 years due to burnout

Most Employees Experience Burnout at Work

Please indicate how often the following is true for your job: You feel burned out at work.



GALLUP

[The burnout profession - Law Society Journal \(lsj.com.au\)](http://lsj.com.au)

[Burnout among pilots: psychosocial factors related to happiness and performance at simulator training \(tandfonline.com\)](http://tandfonline.com)

[Teacher Burnout Statistics 2021 - Definition, Causes & Solutions \(newmiddleclassdad.com\)](http://newmiddleclassdad.com)

WHAT ABOUT OTHER PROFESSIONS?

Physicians have nearly **twice the risk** of burnout and work–life dissatisfaction after controlling for factors such as work hours and level of education.

Physicians are behind the curve in addressing burnout in comparison to other professions

We need to be proactive versus reactive to physician well-being. Its time to provide our physicians seat belts instead of watching them crash and burn.

CAUSES OF BURNOUT IN PHYSICIANS

2022 Key Themes(AMA Organization Biopsy)

- 31% Lack of support staff
- 28% No control over schedule / More focus on RVU's than quality of care
- 16% Too many administrative tasks
- 13% EHR
- 11% Lack of support and transparency from leadership

New questions:

Trust in leadership: 63% feel values not aligned with leaders

Negative experiences at work related to gender, race, sexual orientation and role conflict: 85%

Resources needed: increased pay and staffing

Barriers to mental health services:

Most frequent response: “prefer to handle my problems by myself”

IS THERE HOPE THAT THINGS CAN CHANGE?

-Affect of the Pandemic

-Action Collaborative on Clinician Well-being and Resilience

- 2019 National Academy of Medicine
- Admiral Vivek Murthy now Co-Chair
- Timeline:
 - 10/2021 Convening with CMS, payers, delivery systems
 - 11/2021 Determine resources needed and conduct pre-questionnaire
 - 1/2022 Convening with Joint Commission and other accreditation bodies
 - 2/2022 Convening with Health IT innovators
 - 3/2022 Publication on lessons learned from COVID
 - 10/2022 National Strategy presentation to administration
 - 12/2022 Begin National Strategy
 - 11/2023 Analyze results

WHAT
HAPPENED?

WHAT DO WE
DO NOW?

- **STAFFING**

- Tension between administration and medical staff
 - Pre, Early, and Post COVID
- High labor cost are not sustainable
- Create and sustain positive work and learning culture
- New staffing models
- Set expectations and provide resources
- Closure of services

WHAT
HAPPENED?

WHAT DO WE
DO NOW?

- **EHR**

- VA's 1970's
- American Recovery and Reinvestment Act: "meaningful use" by 1/1/2014
- Minimal clinician input during development
- Reluctance to embrace
- Significantly increased documentation/coding burden
- National Academy of Medicine: Action Collaborative on Clinician Well-being/Resilience
 - 2/2022: setting standards and benchmarks based on clinical data
- **National Plan**
 - Defined standards
 - Decrease proprietary solutions that are not interoperable
 - AI based systems
 - EHR audit-log data: Assess work environment and address barriers
- Telehealth

WHAT
HAPPENED?

WHAT DO WE
DO KNOW?

- **Private practice to employed**
- 2012-2015: 49% increase in corporate employment of physicians. This led to a \$3.1 billion increase in medicare cost for just 4 procedures(caths, echos, arthrocentesis, and colonoscopies)
- 2019-2021: 108,700 physicians shifted to employed
- 2021: 74% US physicians employed(94% increase in the South)
- Loss of autonomy is a key driver for employed physician dissatisfaction.
- RVU's

WHAT
HAPPENED?

WHAT DO WE
DO NOW?

- **Regulatory agencies/ CMS / 3rd Party Payers**
- Any other service industry that accepts less than full payment?
- History of medical insurance in the USA
 - 1850 Franklin Health Assurance Company
 - 1930's Blue Cross
 - 1940-1960 Employer-sponsored insurance
 - 1965 Medicare/Medicaid signed into law
 - 1980's HMO's/ medical expenses increase 117%
- Joint Commission
 - 1913 American College of Surgeons
 - 1951 independent non-profit(AMA,AHA,CMA,ACP)
 - 1965 only JCAH can participate with CMS
- Healthcare ratings, bundled payments
- Paradigm shift, patient expectations
- Prior authorization process
- Mental health stigma

WHAT HAPPENED?

WHAT DO WE DO NOW?

- **Regulatory agencies/ CMS/ 3rd Party payers**

National Plan

- Support mental and reduce stigma
 - Dr. Lorna Breen Healthcare Provider Protection Act (2/2022)
 - 2018: Federation of State Medical Boards recommended terminology to ask about current impairments not a history of impairments (This complies with The Americans with Disabilities Act)
 - Credentialing, privileging, board certification changes
- Address compliance, regulatory, and policy barriers
- Revise policies and requirements for documentation that do not contribute to quality of care.
- Address prior authorization
- Reimbursement for virtual and in-person workflows
- Federal and State resources and accountability
- CMS proposed new guidelines(12/7/22)

WHAT
HAPPENED?

WHAT DO WE
DO NOW?

- **Malpractice**
- “250,000 malpractice deaths/year (3rd leading cause of death)”
 - CDC: Accidents
- 2009-2018: 18.5% decrease in cases but claim cost up 50%
- 99% of physicians have a malpractice claim by 65 y/o
- #1 Reason a patient files suit?
- USA: Each side pays legal expenses
- World: Loser pays expenses of both sides
- “If it isn’t written it didn’t happen.”
- EHR issues
- Patient centered versus defensive medicine

WHAT
HAPPENED?

WHAT DO WE
DO NOW?

- **Organized Medicine**
- 2021: 1,062,205 licensed physicians/ AMA 250,000(23%)
- 2021: 201,927 licensed dentists/ ADA 161,000(80%)
- South Carolina: 13,468 active physicians
- “Physicians no longer control healthcare”
- **How can I make a difference?**
 - Community, State, National
- **How do I become a leader in healthcare?**
 - Leadership structure in healthcare

WHAT
HAPPENED?

WHAT DO WE
DO NOW?

- **WORK / LIFE BALANCE**

PERSONAL AND PROFESSIONAL CONSEQUENCES OF BURNOUT

- Burnout affects us
 - Increased risk of CV disease, Increased cholesterol, DM, GI issues, needle sticks, MVA's
 - Depression, anxiety, alcohol consumption, sleep and memory problems, musculoskeletal complaints
 - Suicidal ideations (200% greater chance than general population)
- Burnout affects our patients
 - Less time spent on direct patient care and reduction in the quality of care being delivered
- Burnout affects business
 - Negative impact on organizational productivity, morale, costs Increased risk of medical errors(200% increase in self-perceived medical errors)
 - Estimated annual cost of burnout to US healthcare is \$4.6 billion dollars due to turnover, reduction in productivity, and effects on patient safety and satisfaction.
 - Organization cost:
 - \$500,000 / MD lost from burnout (AMA calculator)
 - Nursing(1-3 burnout) \$16,736/nurse/year employed. Burnout reduction program \$11,592/nurse/year (Journal of Patient Safety, 10/13/2021)
- [Management and Prevention of Burnout in the Dental Practitioner \(longdom.org\)](https://longdom.org/)