

## Objectives

1. Define and understand the implications of physician's burnout on one's self and community
1. Discuss strategies to combat internal (individual) factors that contribute to burnout
1. Participate in a simple Mind-Body Medicine Skill exercise to reduce stress

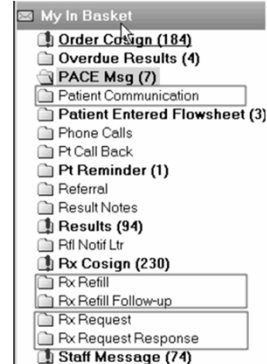
## "Case Presentation"

Dr. Dedhia is a 40 year old full-time general internist who works in a large private practice. She is married with two children, a 10 year old daughter and 6 year old son. She works Monday-Friday with clinic scheduled from 8AM-5PM, but usually she is at work until 6PM wrapping up her last patient visit. After she spends time with her family and putting her kids to bed, she continues to work an additional 2 hours at home completing "EMR tasks" including charting patient's notes including updating quality measures (i.e. cancer screenings, immunizations, etc.), refilling prescription requests, and addressing staff messages. She finally is able to get to bed around 11PM, knowing that she will need to wake up at 5:30AM to begin her day.

## Case Presentation Continued...

She just returned from a 7AM Monday provider meeting, where her medical director informed her that in addition to meeting their clinical work RVU measures, the providers in their group will be responsible for meeting >75-90% compliance on 10 quality care measures. Feeling overwhelmed by these new requirements, she turns on her computer.....

It's 7:30AM, you login to the EMR...LOOK FAMILIAR???



Time	Encounter Provider	Patient	AgeSex	DOB	Type	Notes
8:00 AM	Dedhia, Rupel, MD		44 year old / F		RETURN PATIENT	pain in hip .flg
8:20 AM	Dedhia, Rupel, MD		39 year old / F		RETURN PATIENT	painful breast lump ...zi pt of Dr
8:40 AM	Dedhia, Rupel, MD		42 year old / F		RETURN PATIENT	Dr. Dedhia's pt/bad reaction to cholesterol medication/pt/zi
9:20 AM	Dedhia, Rupel, MD		51 year old / M		RETURN PATIENT	flu appt/pc
9:40 AM	Dedhia, Rupel, MD		76 year old / F		RETURN PATIENT	cold .jay
10:00 AM	Dedhia, Rupel, MD		64 year old / F		RETURN PATIENT	
10:40 AM	Dedhia, Rupel, MD		48 year old / F		RETURN PATIENT	female issues [redacted] pt. p
11:00 AM	Dedhia, Rupel, MD		50 year old / F		RETURN PATIENT	UTI urgent appt needed...pb
11:20 AM	Dedhia, Rupel, MD		44 year old / F		PHYSICAL	Physical none

## Case Continued

As she is reviewing epic, the nurse hands her 2 stacks of forms including Home Health Orders, DM testing supply forms, and FMLA forms that need to be completed on her other patients

It is 8:10AM and Dr. Dedhia sits staring at her computer screen feeling her heart race, her head hurt, as thoughts start racing through her head...

"How will I ever finish by 12 so I can make my hospital assigned committee meeting?"

"Will I get home to spend time with the kids today?"

"Is there a way out?"

## Using ICD-10-which diagnosis might you pick?

### ICD-10-CM Diagnostic Code

#### Z73 Problems Related to life

- Z73.0 Burn-Out
- Z73.1 Type A Behavior Pattern
- Z73.2 Lack of Relaxation and Leisure
- Z73.3 Stress, not elsewhere classified
- Z73.4 Inadequate social skills, not elsewhere classified
- Z73.5 Social role conflict, not otherwise classified
- Z73.6 Limitation of activities due stress

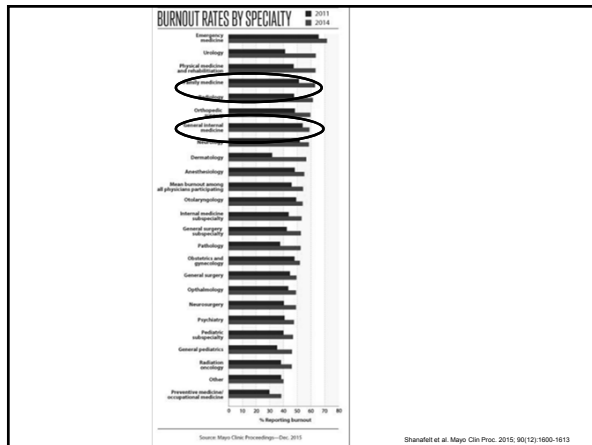


## Physician Burnout Defined

### Maslach and Colleagues Definition

1. Emotional Exhaustion (losing enthusiasm for work)
2. Depersonalization (treating people as if they were objects)
3. Low sense of Personal Accomplishment (having a sense that work is no longer meaningful)

Maslach C, Jackson SE, Leiter MP. Maslach Burnout Inventory Manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996.



400 US physicians are committing suicide annually  
Increased medical errors  
Diminished quality of medical practice and professionalism  
Decreased patient adherence to treatment plans

“Doctors are stressed, burned out, depressed, and when they suffer, so do their patients”

Time Magazine, Sept 7, 2015

Transitioning from Burnout to Resiliency Efficiency

RETURNING JOY TO CLINICAL PRACTICE

**Table 1. Specialty, Setting, and Clinicians at Study Sites**

Site	On-Site Visits		
	Specialty	Setting	No. of Physicians
<b>In-person visits</b>			
Ambulatory Practice of the Future	GIM*	Urban	2
Brigham and Women's Hospital	GIM	Urban	7
Cleveland Clinic Strongsville	FM*	Suburban	103
Clinica Family Health Services	FM	Rural	46
Clinic Ole	FM	Rural	15
Fairview Rosemont Clinic	GIM/FM	Urban	2
Group Health Olympia	FM	Urban	36
Harvard Vanguard Medford	GIM	Suburban	14
La Clinica de la Raza	FM	Urban	16†
Martini's Point-Evergreen Woods	GIM	Rural	4†
Mayo Red Cedar	FM	Rural	13
Medical Associates Clinic	GIM	Urban	115
Mercy Clinics East	FM	Urban	7
Multnomah County Health Department	IM	Urban	40
Newport News Family Practice	FM	Urban	5
Quincy, Office of the Future	FM	Rural	2
Sebastopol Community Health Centers	FM	Rural	8†
Southcentral Foundation	FM	Urban	115
TheaCare-Oaklakh	FM	Urban	5
University of Utah-Redstone	IM	Rural	5
West Los Angeles VA	IM	Urban	12*
<b>Virtual visits</b>			
Allina-Cambridge	FM/IM	Rural	
North Shore Physicians Group	FM/GIM	Urban	200

FM = family medicine; GIM = general internal medicine; IM = internal medicine; VA = Veterans Affairs.  
† Includes physicians, physician assistants, nurse practitioners.

**In Search of JOY IN PRACTICE-Report of 23 High-performing Primary Care practices:**

- Achieved patient-centered medical home recognition
- Surrogate markers of quality included identification using meaningful use EMR and the Physician Quality and Reporting System (PQRS)

Slasky et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8

**Table 2. Problems and Innovations**

Problem	Innovation
Unplanned visits with overfull agendas	Previsit planning Preappointment laboratory tests
Inadequate support to meet the patient demand for care	Sharing the care* Expanded nurse or medical assistant rooming protocol Standing orders Extended responsibility for health coaching, care coordination, and integrated behavioral health to nonphysician members of the team Team responsibility for panel management
Great amounts of time spent documenting and complying with administrative and regulatory requirements	Scribing Assistant order entry Standardized prescription renewal
Computerized technology that pushes more work to the physician	In-box management Verbal messaging
Teams that function poorly and complicate rather than simplify the work	Improving team communication through Co-location Huddles Regular team meetings Improving team functioning Systems planning Work flow mapping

**Physician Fulfillment:**

1. Organization of the practice environment
2. Relief from paperwork and administrative hassles
3. Opportunity to form meaningful relationships with patients
4. Ability to provide high-quality care to patients

\* These roles require 2- or 3-to-1 clinical support per physician.

Slasky et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8

**Workflow Efficiency = Improved Physician Satisfaction**

**1. Proactive Planned Care**

a. Pre-visit Planning

b. Pre-appointment laboratory tests

- Order labs for completion before upcoming patient appointments
- Improves patient and physician satisfaction as face to face discussion with physician and patient and provides for completion of all management decisions during visit
- Avoids "phone tag", endless "Patient Call Notifications" in the EMR

Slasky et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8

**COST-SAVING EFFECTS!**

Your practice

\$ 3 /min Cost of physician's time    \$ 1 /min Cost of staff time    220 days/year Clinic days per year

Estimate savings

30 min/day Physician time on results reporting + 30 min/day Staff time on results reporting = 1.0 hr Time saved = \$26,400 Annual savings with Pre-visit Planning

Source: AMA. Practice Transformation series: pre-visit planning, 2014

**Workflow Efficiency = Improved Physician Satisfaction**

**2. Sharing Clinical Care Among a Team**

a. Expanded Rooming Protocols

\*Nurse or MA can complete the following tasks:

- Assist patient with setting agenda for the visit
- Complete medication reconciliation
- Arrange for preventive services (screenings, immunizations) based on standing orders
- Assemble medical equipment (pap smear preparation)

**(20 visits/day x 5 minutes/visit) = 100 minutes/day saved!**  
MA training curriculum: [www.safelynetmedicalhome.org](http://www.safelynetmedicalhome.org)

b. Standing Orders

c. Panel Management

Slasky et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8

**Workflow Efficiency = Improved Physician Satisfaction**

**3. Sharing Clerical Tasks**

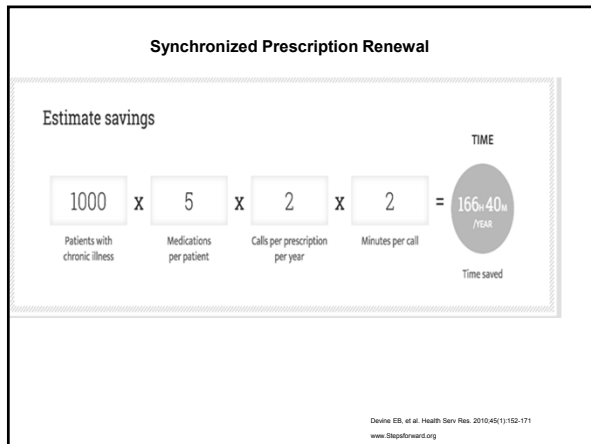
a. Collaborative Documentation (Scribing)

b. Non Physician Order Entry

c. Streamlined Prescription Management

- 12-15 month refills for stable medications
- Refills completed at the annual visit
- Increases medication adherence

Slasky et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8



## Workflow Efficiency = Improved Physician Satisfaction

**4. Improving Communication**

**a. Verbal Messaging**  
-Replace electronic message by time efficient verbal messaging

**b. In-box Management**  
-Triage messages through MA or Nurse to filter out normal labs, prescription renewals, etc  
-Direct only messages requiring physician-level attention

Stokly et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8

## Workflow Efficiency = Improved Physician Satisfaction

**5. Improving Team Functioning**

**a. Co-Location**

**b. Team Meetings**  
-Brief meeting lasting 5-10 minutes prior to start of clinic with healthcare team (Physician, MA, RN, Care Coordinators, etc)  
-Led by Care Coordinator  
-Builds team culture  
-Topics: Staffing issues, care gap needs, patient access, modifiable to your practice needs

**c. Work Flow Mapping**

Stokly et al. Ann Fam Med. 2013 May-Jun; 11(3): 272-8


# PERSONAL WELLNESS

## CULTIVATING YOUR PERSONAL RESILIENCE

1. Create Meaningful Connections
2. Self-Reflection and Appreciation:  
-Identify one positive aspect of a challenging situation  
-Gratitude Journal
3. Self-Care!  
-Mindful Eating  
-Movement  
-Sleep  
-Meditation  
-Spirituality
4. Accept Change-Identify ways to Adapt
5. Proactivity: Avoid ignoring problems, seek professional advice if needed

## Let's Practice!

### Simple Mind Body Medicine Skills



## 5-3-2 plan to bring joyful attention to your life

5 minutes Morning Gratitude Exercise

3 Minutes Rule

2 Seconds of Attention

[www.stressfree.org](http://www.stressfree.org)

## Soft Belly Breathing Exercise

<https://cmbm.org/self-care/>

## Benefits of Fostering Resilience

### Personal

1. Reduce Burnout and identify signs of burnout early
2. Increase compassion and empathy
3. Reconnect with the joy and purpose of practice
4. Improve physical and mental health

### Professional

1. Less staff turnover
2. Reduce costs of recruiting and replacing burned out physicians
3. Increase patient satisfaction
4. Decrease medical errors
5. Improve work environment
6. Less disciplinary action

[www.stepsforward.org](http://www.stepsforward.org)

## Resiliency Training Programs

- SMART Program: Stress Management and Resiliency Training by Dr. Amit Sood at Mayo Clinic, Rochester, MN
  - [www.stressfree.org](http://www.stressfree.org)
- American Medical Association Transforming Clinical Practice
  - [www.stepsforward.org](http://www.stepsforward.org)
- The Center for Mind Body Medicine Trainings founded by Dr. James Gordon
  - Mind Body Medicine Training
  - Food as Medicine
  - <http://cmbm.org>

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