

Physician Burnout

Gregory J. Pauly

Chief Operating Officer – MGPO

Senior Vice President – MGH



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WHY?



Meaningful
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The Issue

“Physician burnout rates range from 30-65% across medical specialties, with the highest rates experienced by those at the front line of care.”

Arch Intern Med. 2012;172(18):1377–85



Business

BOSTON SUNDAY GLOBE JULY 31, 2018 | BOSTONGLOBE.COM/BUSINESS

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The profession starts to address high suicide rates among medical students and veteran MDs

By Judith Gethman

Depression, burnout, and suicide among phys-

A stressed-out profession

By Joan M. Aron

Physician Time in Ambulatory Practice:

Annals of Internal Medicine

ORIGINAL RESEARCH

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

Conclusion: For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.

Primary Funding Source: American Medical Association.

Ann Intern Med. doi:10.7326/M16-0961

www.annals.org

For author affiliations, see end of text.

This article was published at www.annals.org on 6 September 2016.

Physician Burnout

“Burnout” first described Dr. Herbert Freudenberger (1974):

- Emotional exhaustion – “one’s psyche being drained”
- Depersonalization – “impersonal responses”
- Sense of low personal accomplishment – “negative feelings about oneself and competence of one’s work”

Degrees of burnout:

- First degree: failure to keep up and gradual loss of reality
- Second degree: accelerated physical and emotional deterioration
- Third degree: major physical and psychological breakdown

Simendinger EA. Aspen Syst Co.1985

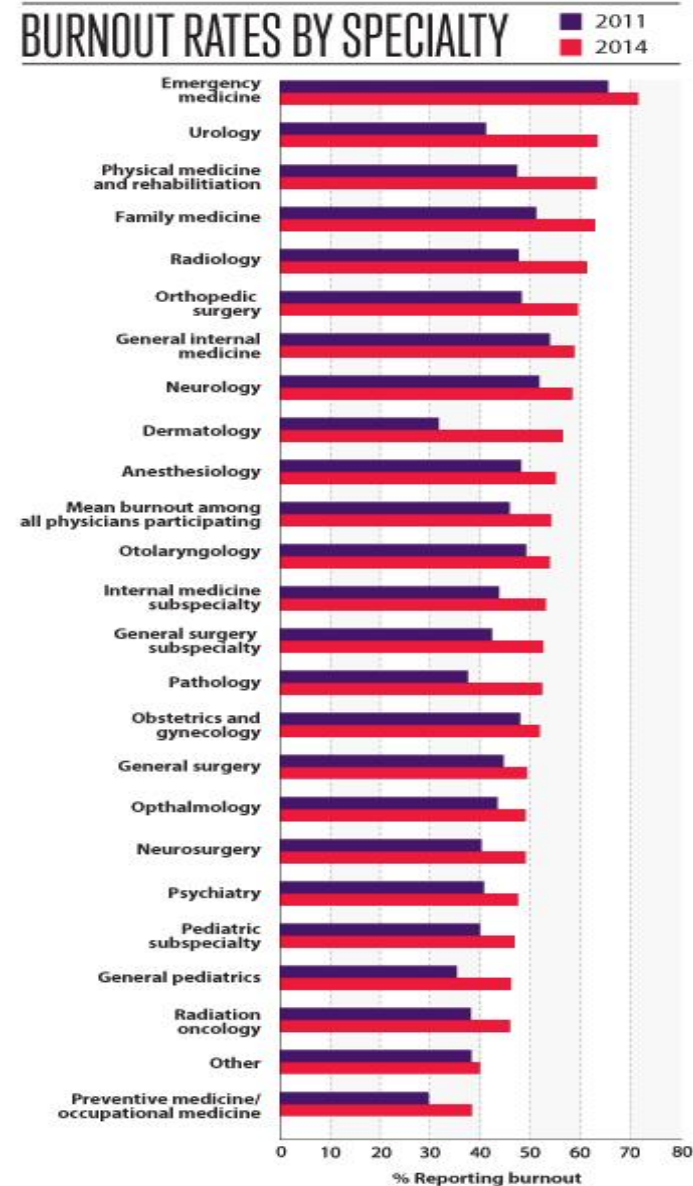
Physician Burnout

Prevalence of Issue

Elements of the problem today:

- Burnout is more prevalent among physicians than other U.S. workers
- Burnout continues to increase in every specialty
 - 46% of physicians with one or more symptoms of burnout on Maslach Burnout Inventory
- A higher rate of burnout correlates with an increased number of absences, greater intention for turnover and decreased workability (ability to handle the demands of the job)
- Physician Misery Index = 3.7 out of 5 in 2015

Shanafelt, Arch Intern Med, 2012



Source: Mayo Clinic Proceedings—Dec. 2015

Changes in Physicians Working Less Than Full-Time

TABLE 1. Proportion of Physicians at Mayo Clinic Working Less Than Full-time, 2008-2014^{a,b}

Working less than full-time	2008 (N=2518)	2009 (N=2555)	2010 (N=2569)	2011 (N=2641)	2012 (N=2759)	2013 (N=2836)	2014 (N=2915)	P value for trend
All physicians	339 (13.5)	362 (14.2)	362 (14.1)	392 (14.8)	427 (15.5)	455 (16.0)	466 (16.0)	.045
Men ^c	115 (6.0)	131 (6.8)	128 (6.6)	143 (7.3)	167 (8.3)	184 (9.0)	191 (9.1)	<.001
≤35 y	3 (2.6)	4 (4.0)	2 (2.3)	2 (2.2)	3 (3.1)	1 (1.2)	0 (0.0)	.61
36-45 y	20 (3.7)	18 (3.5)	14 (2.8)	15 (3.0)	15 (3.0)	15 (2.8)	16 (3.0)	.98
46-55 y	29 (3.8)	34 (4.6)	31 (4.4)	35 (5.0)	36 (5.2)	32 (4.8)	33 (5.2)	.88
>55 y	63 (12.6)	75 (13.2)	79 (12.8)	91 (13.6)	113 (15.7)	134 (17.6)	142 (17.7)	.01
Women ^d	224 (37.5)	231 (37.0)	234 (36.7)	249 (36.9)	260 (35.3)	271 (34.6)	275 (33.4)	.62
≤35 y	21 (29.2)	19 (25.3)	15 (22.7)	15 (19.2)	15 (16.9)	10 (10.9)	11 (11.8)	.02
36-45 y	102 (39.5)	99 (39.3)	92 (37.4)	92 (35.8)	103 (35.8)	103 (33.6)	95 (30.4)	.26
46-55 y	73 (38.2)	78 (37.3)	82 (38.5)	92 (41.3)	89 (38.9)	96 (41.2)	105 (41.2)	.96
>55 y	25 (36.8)	35 (40.7)	43 (41.3)	48 (43.2)	53 (41.7)	60 (42.6)	60 (39.2)	.98
Specialty								
Primary care ^e	49 (25.8)	49 (28.7)	50 (30.1)	52 (29.7)	53 (30.3)	51 (30.0)	52 (30.4)	.96
Other medical specialty ^f	92 (17.7)	101 (18.4)	101 (18.5)	101 (17.8)	106 (17.7)	112 (17.8)	115 (17.6)	>.99
Anesthesiology	23 (15.6)	22 (14.5)	22 (14.4)	24 (15.0)	23 (13.9)	28 (16.5)	28 (15.8)	>.99
Internal medicine subspecialty	125 (15.5)	136 (16.7)	140 (17.0)	156 (18.3)	167 (18.9)	175 (19.4)	184 (20.0)	.16
Radiology	13 (11.1)	11 (9.5)	9 (7.7)	9 (7.6)	19 (14.5)	27 (20.0)	27 (19.7)	.004
Pathology and laboratory medicine	12 (8.5)	13 (8.8)	15 (9.8)	20 (12.7)	19 (11.2)	19 (11.3)	17 (9.7)	.89
Other	9 (4.5)	12 (5.6)	9 (4.2)	7 (3.4)	11 (5.0)	10 (4.2)	13 (5.5)	.93
Surgical specialty	16 (4.1)	18 (4.6)	16 (4.0)	23 (5.6)	29 (6.9)	33 (7.8)	29 (6.6)	.12

^aData are presented as No. (percentage) of participants.

^bBased on the full-time equivalent of each physician on October 1 of each year for 2008 to 2014 according to Mayo Clinic Human Resources employment records.

^cValues indicate the % of men physicians with an FTE <1.0 at the indicated time-point. See Supplemental Table 1 (available online at <http://www.mayoclinicproceedings.org>) for the total number of male physicians for each year.

^dValues indicate the % of women physicians with an FTE <1.0 at the indicated time-point. See Supplemental Table 1 for the total number of male physicians for each year.

^eFamily medicine, general pediatrics, general internal medicine.

^fNeurology, dermatology, physical medicine/rehab, radiation oncology, subspecialty pediatrics, psychiatry, etc.


Shanafelt et al. Mayo Clin Proc 2016;91:422-31

Overview – 2014 MGPO Survey

Key questions

Three areas:

- **Satisfaction (career and compensation)**
 - Has satisfaction changed?
 - New areas of satisfaction
 - What predicts satisfaction?
- **Burnout and engagement**
 - Level of burnout/engagement
 - Is there variation across departments?
 - What predicts burnout/engagement?
- **Administrative burden**
 - Level of burden
 - Sources of burden
 - Variation across departments
 - Framing of trade offs
 - Assessment of solutions



SURVEY
PHYSICIAN FEEDBACK


Welcome to the 2014 MGPO Physician Survey

Thank you for participating in the 2014 MGPO Physician Survey. Over the last decade, we have conducted this survey every two years to evaluate important issues within and among our clinical departments. The idea of a survey came out of discussions at the PO Executive Committee where concerns were expressed about the pressures of the times and how they might cause our departments to focus too narrowly and inwardly and not enough on those clinical activities where we are all so interdependent. The survey has helped us keep tabs on the evolving environment and has resulted in significant new priorities being established and pursued – access to care, patient care continuity, improved compensation plans, and increased attention on career conferences to name a few. This year, we have shifted the focus of the survey from departmental clinical performance to the pressing issues of physician administrative burden and burnout because of the way that these issues have become front of mind for so many of our clinicians.

For years, national surveys have shown higher rates of burnout among doctors compared to other careers, with some specialties and demographic groups being more affected than others. In contrast, MGPO physicians have historically reported high rates of career satisfaction relative to national norms. However, as payers and regulators ask more of us, through requirements like ICD-10 and Meaningful Use, and as we plan for Partners eCare implementation, we thought it important to find out more about the current level of administrative burden and burnout and their impact on you. Obviously there are limits to how much we can do to change powerful external forces but we are committed to exploring practical solutions and your responses will help us target our actions.

Please note that your login ID will be used to help appropriately administer the survey, but no identifying information will be retained at any stage of this project and confidentiality of individual respondents will be strictly protected. Furthermore, all findings will be reported in a manner that prevents identification of any participant or person mentioned in the survey. Please be as frank as you want to be.

If you have any questions, please contact Sara Leuhoff (sleuhoff@partners.org or 617-643-2728).

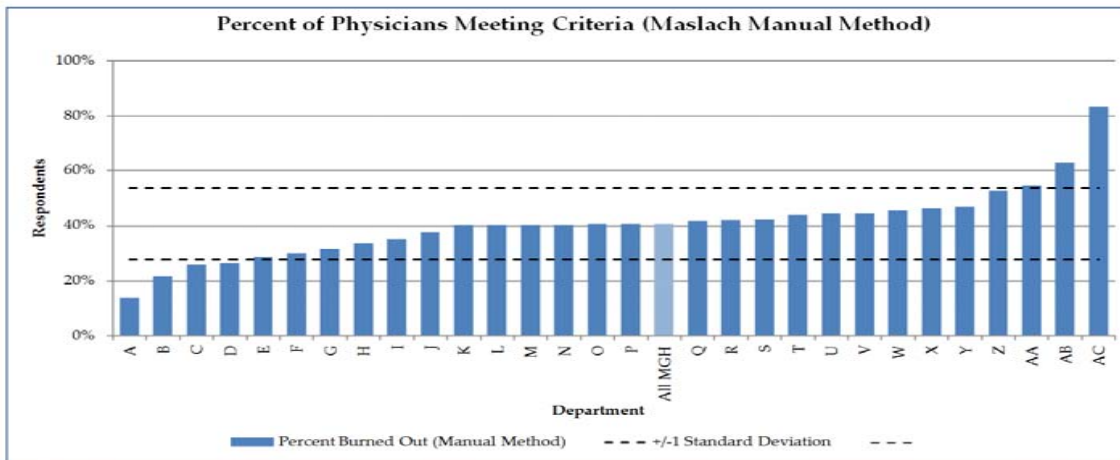

David F. Torchiana, MD
MGPO Chairman and CEO

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Physician Burnout *Prevalence at the MGPO/MGH*

41% of MGPO Physicians scored high on two of the three subscales

- Wide range with most departments falling within one standard deviation.
- National physician burnout benchmark = 48% (benchmark derived by taking an average of burnout scores from ten studies)
- Physician burnout at the MGPO is driven by exhaustion.



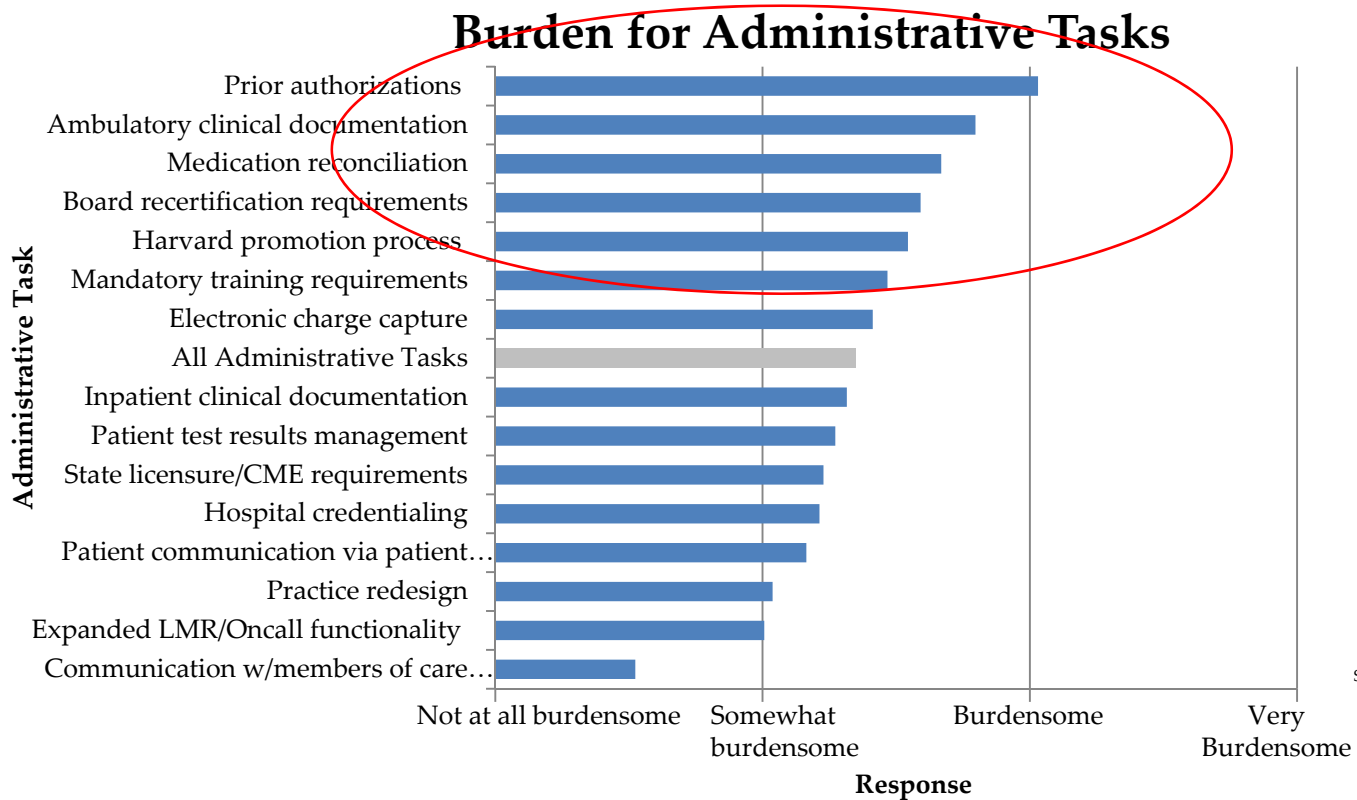
What two factors do you find most satisfying about medical practice? (D31)	2014 MGPO Physician Survey	2012 Physician Foundation Survey ⁶
Patient relationships	78.4%	80.2%
Intellectual stimulation	69.9%	69.7%
Interaction with colleagues	42.6%	19.2%
Financial rewards	5.4%	11.7%
Prestige of medicine	4.0%	10.0%

Synthesis of results: work related factors drive physician satisfaction and well-being

Variable	Burnout	Engagement	Comp Adequacy	Comp Fairness	Career Satisfaction
Relationship with Colleagues		✓		✓	✓
Quality of Care	✓	✓			✓
Call and coverage	✓		✓	✓	
Workload	✓	✓	✓		✓
Transparent comp			✓	✓	
Control over practice environment	✓			✓	✓
CME opportunities		✓	✓	✓	✓
Trusted advisor/peer	✓	✓			
Enough Admin Support			✓		

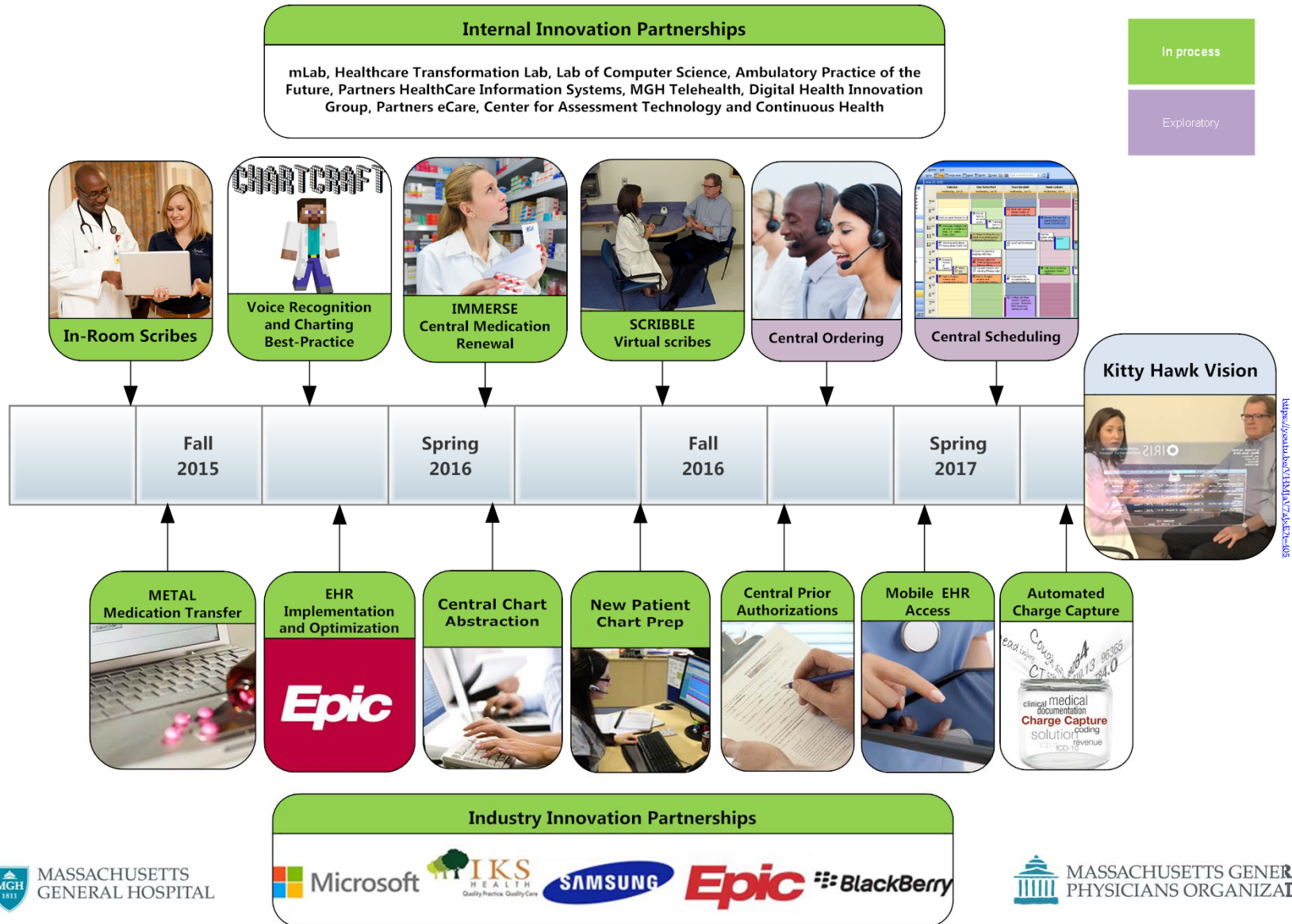
✓ = Statistically significant

Physician Burnout at MGH



Source: MGPO 2014 Physician Survey

Kitty Hawk Roadmap



Our Legacy



Current Practice



Physician Burnout

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*Restoring meaning and joy to
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Restoring Meaning and Joy to the Practice of Medicine

Committee Structure

- Main committee (12 MDs, 1 Trustee, 1 HMS, 1 house-officer)
- 3 sub-committees
 - Institutional Initiatives
 - Department/Practice Level Initiatives
 - Career Development/Self-Care

Initiatives to Restore Meaning and Joy to the Practice of Medicine

Institutional Metrics

- Make clinician satisfaction and well-being quality indicators
- Incorporate mindfulness and teamwork into practice
- Decrease stress from EHR

Work Conditions

- Allocate needed resources
- Physician floats to cover predictable life events
- Promote physician control of work environment

Career Development

- Protect time for other meaningful activities
- Promote part-time careers and job sharing

Self-Care

- Make self-care part of medical professionalism

“How do we motivate our physicians and staff?”



David Pink

- Behavior Science suggest that for some tasks external motivators drive better results
- However, for most jobs in business that require creative thinking, external motivators perform significantly worse than internal motivators
- ROWE (Results Oriented Work Environment)
 - Goggle
 - Microsoft (1990)
- Science tells us:
 - What we do in business today to incent employees is not supported by science
 - “if/then” incentives destroy creativity
 - High functioning employees perform best when they have autonomy, mastery and purpose

What Motivates Us?



Autonomy

the desire to direct
our own lives



Mastery

the urge to get better
and better at
something that
matters



Purpose

the yearning to do
what we do in the
service of something
larger than ourselves



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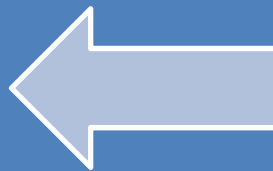
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