

Work conditions, stress, and burnout in academic GIM: The ACLGIM Worklife and Wellness Project

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What we'll cover:

- ▶ Why pay attention to burnout
- ▶ Burnout research
- ▶ The ACLGIM Worklife and Wellness Survey
- ▶ Review of the data
- ▶ Strategies for reducing burnout and promoting wellness in GIM



And special thanks to...

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Making the case for a focus on burnout prevention

Why should we (and others) care?*

1. Basic human decency
2. Clinical performance
3. Recruitment and retention
4. Care transformation



*Bryan Bohman, Stanford Univ. Medical Center

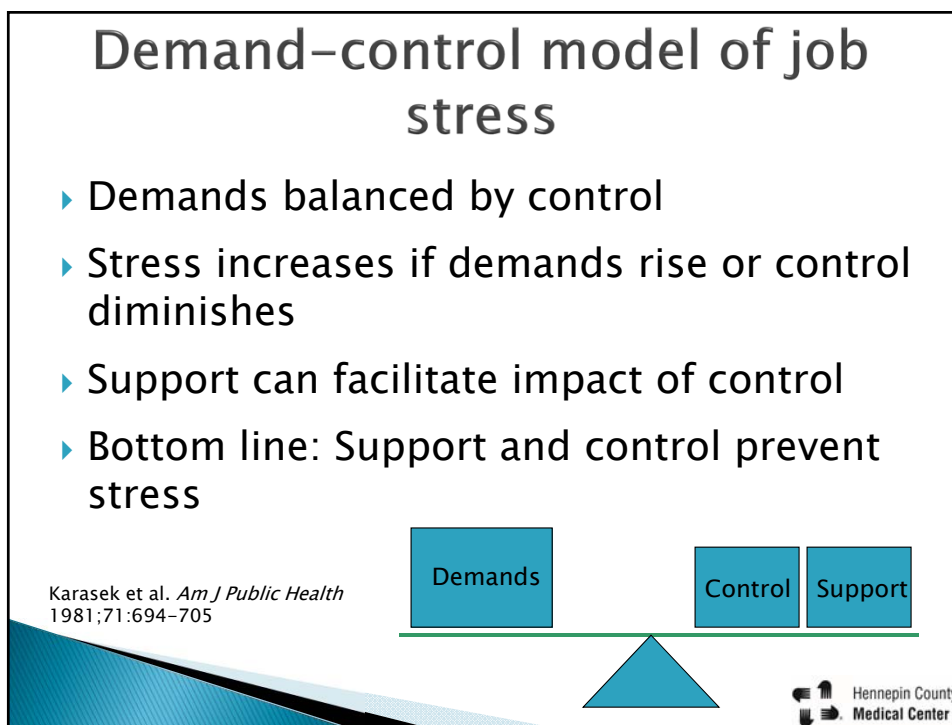
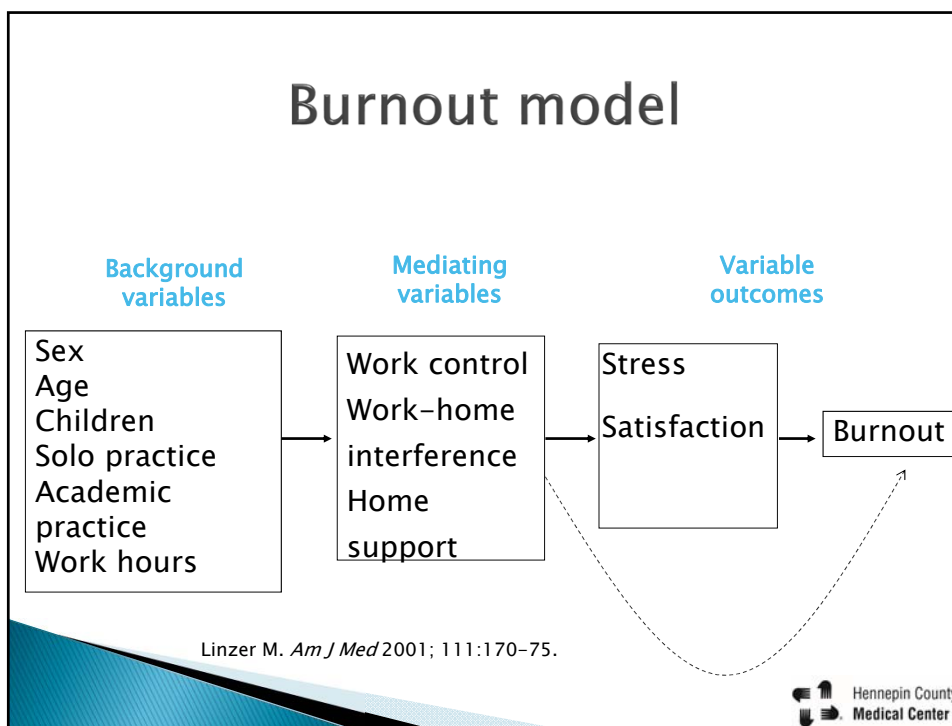


Provider burnout in the news



Importance of this work

- ▶ First line of alert for *serious* issues
- ▶ Awareness and prevention of depression
- ▶ Depression and stress can result in suicide
- ▶ Aim to prevent any doctors leaving the profession due to work life and to reduce depression due to burnout



ACLGIM Worklife & Wellness Program

- ▶ Open to 100 divisions of general medicine
- ▶ Wave 1: 15 divisions, >500 providers (47% Response Rate)
- ▶ Burnout range: 10% to 60% (average 38%)
- ▶ Remediable predictors identified
- ▶ Sent “Chief’s Packet” summaries of data and action steps to each Division Leader



Demographics

- ▶ 96% MDs
- ▶ 92% civilian
- ▶ 69% ambulatory-based, 31% hospital-based
- ▶ 61% ≤ 10 years experience
- ▶ 61% female
- ▶ 80% White, 20% ethnic/racial minorities



National Data: Worklife in GIM

- ▶ 579 respondents across 15 Divisions

ACLGIM total population results (n=579)	
Overall satisfied with job (Agree, Strongly agree)	75% satisfied
Great deal of stress because of my job (Agree, Strongly agree)	67% high stress
Symptoms of burnout (Definitely, Won't go way, Completely)	38% burned out
Control over workload (Poor, Marginal)	48% low
Time for documentation (Poor, Marginal)	62% poor
Work atmosphere description (Very busy, Hectic-chaotic)	58% chaos
Professional values aligned with dept. leaders (Agree, Strongly agree)	65% aligned
Degree care team works efficiently together (Satisfactory, Good, Optimal)	74% good teamwork
Amount of time spent on EMR at home (Moderately high, Excessive)	57% too much
Proficiency with EMR use (Satisfactory, Good, Optimal)	89% proficient

VA vs. civilian

- ▶ Lower stress (39% high stress vs. 69% civilian)
- ▶ **Lower burnout (17% vs. 40% civilian)**
- ▶ Better control
- ▶ Less documentation time pressure
- ▶ Less EMR home time*

* All comparisons with disjunct CIs

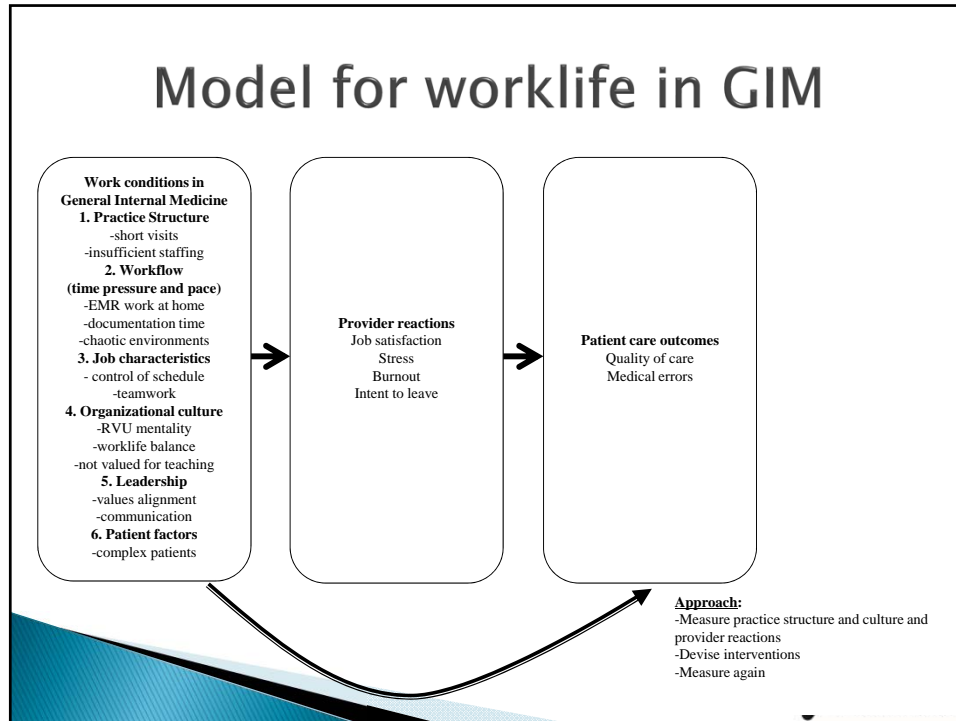
Hospital-based vs. ambulatory-based

- ▶ Less documentation time pressure for hospital-based clinicians
- ▶ Better teamwork
- ▶ Less EMR home time*

* All comparisons with disjunct CIs

Themes from qualitative analysis

- ▶ **Workload**
complex patients, RVU pressure, panel size
- ▶ **Staff support**
understaffing, mix of staff
- ▶ **EMR stress**
time pressure, EMR inefficiencies
- ▶ **Leadership**
need for clarifying values, lack of recognition for work, desire for support for non-clinical activities (e.g. education)
- ▶ **Clinic visit structure**
short visit times, lack of schedule control
- ▶ **Work-home balance**
EMR home time, little time for exercise/time with family



Realistic solutions from HWP

(Linzer et al, JGIM, August, 2015)

Workflow	Communication	QI Projects
MA data entry (SF team documentation)	Better communication among providers/staff (SF team culture)	Prescription management strategies (SF Rx renewal)
More time for RN/MA staff to do tasks (SF pre-visit work, expanded roles)	Team meetings (SF team meetings)	Medicine reconciliation project (SF Rx renewal)
Pairing MAs/MDs	Meetings with leadership	Depression screening
Nurse coordinators (SF panel management)	Meetings focus on patient care and cases	Improve diabetic screening (eye, feet) (SF DM management)
Increased visit time		Presenting data (SF Lean management)

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Wellness Committee and Wellness Champions: HCMC model

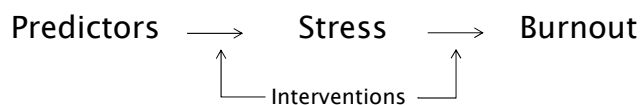
- ▶ Wellness Committee: Oversees wellness activities and annual surveys
- ▶ Wellness Champions: Faculty who work with Chiefs and Leaders to transform division/ department into place where providers are well

Improvement strategies at HCMC

- ▶ Adjusted time of last complex patient of day so provider parents can leave
- ▶ Desktop slots for busiest Medicine NPs/PAs
- ▶ “Doc of the day” assistance for NPs/PAs
- ▶ Programs to enhance resident wellness
- ▶ Deep-dive survey, small-group work in departments with challenges
- ▶ Workflow redesign for units under stress
- ▶ Developing a Provider Dining and Wellness Center: open to all providers 24/7, goals of improving collegiality and wellness

Zero

- ▶ Number of clinicians who need to burn out
 - Burnout a long-term stress reaction
 - Predictors of stress well-known
 - Burnout is predictable and thus preventable



Linzer M, et al. *JGIM* 2014.

Suggestion 1

Develop clinician “float pools” for life events

- Workforce usually 10% short
- Covering is cost-effective

Linzer M, *Am J Med.* 2002;113:443-48.

Suggestion 2

Decrease EMR stress by “right-sizing” EMR-related work


- Longer visits needed*
- Study impact of scribes**


*Babbott S. *JAMA.* 2013;0:1-7.
**Sinsky C. *Ann Intern Med.* 2014; 160:727-8.

Suggestion 3

Ensure that metrics for success include clinician satisfaction and well-being*

*Wallace JE. *Lancet.* 2009;374: 1714-19.

Suggestion 4	Suggestion 5	Suggestion 6
<p>Include self-care in medical professionalism</p> <ul style="list-style-type: none"> • Debrief challenging events • Provider Dining and Wellness Center – a place to relax, work out, and connect 	<p>Measure worklife and wellness in residents</p> <ul style="list-style-type: none"> • Develop resident wellness program • Honor hard work, family sacrifice • Build a supportive community 	<p>Assure 10% FTE for clinicians to do what they are passionate about*</p> <ul style="list-style-type: none"> • Cost-effective to support 10%; turnover costs \$250,000 /FTE.*
<p><small>*Shanafelt T. <i>Arch Intern Med.</i> 2009;169(10):990–995. **Buchbinder S. <i>Am J Manag Care.</i> 1999; 5:1431–38.</small></p>		
<p> Hennepin County Medical Center</p>		

Suggestion 7	Suggestion 8
<p>Develop schedules with flexibility and clinician control</p> <ul style="list-style-type: none"> • <u>If you standardize, customize</u> • Complex lives require flexibility 	<p>Incorporate mindfulness and teamwork into residency and clinical practice</p> <ul style="list-style-type: none"> • Build resilience training • MBSR (mindfulness based stress reduction training)
<p> Hennepin County Medical Center</p>	

For a more sustainable system...

- ▶ Measure burnout, intervene, and reduce it
- ▶ Take care of yourselves- we need all of us to make the world a better place
- ▶ Thank you for the honor of organizing the ACLGIM Worklife and Wellness Project!

Let us know how the HCMC OPW can help!

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