



DAVID HARTIG

SAVING BURNED-OUT DOCTORS

*Assigning responsibility, accountability,
and relief when physicians fizzle out*

*Analysis and in-depth discussion from physician organization leaders at the
HealthLeaders Media Physician Organization Exchange in December 2016*

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Analysis

Helping Doctors Recapture Passion for Their Practice



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Physicians, like any professional whose job involves a high degree of personal contact, can fall prey to overwork, diminished personal lives, and loss of interest in their career when continuous human interactions and multiple business demands collide.

The issues, causes, and resulting downside into burnout are common among many physicians today—who juggle a nonstop schedule of caring for patients and an overwhelming load of administrative responsibilities. And many feel they have no say in the move to a value-based world.

Restoring physicians' excitement in their profession was a chief focus at the inaugural 2016 HealthLeaders Media Physician Organization Exchange at The Lodge at Torrey Pines in La Jolla, California.

Nearly two dozen executives from physician organizations nationwide met to discuss their concerns and remedies for attracting and keeping engaged providers.

These leaders provided a range of proven ways to re-energize physicians and prevent burnout. Some of their suggestions include:

- Solicit physician input and engagement in decision-making to obtain buy-in for cultural change
- Offload burdensome nonclinical responsibilities, or provide support, to free up doctors to practice medicine and boost professional satisfaction
- Address unhealthy physician behavior by providing regular feedback, and uncovering and helping to eliminate their pain points
- Facilitate ways for providers to reignite their sense of purpose and passion for caring for people

While solutions may seem clear-cut, the path to achieve provider alignment, engagement, accountability, and renewed enthusiasm is a long one, with many bumps and detours along the way. But armed with a tactical plan, physician organization leaders can influence change and serve as a powerful conduit for physician well-being.

Discussion

Saving Burned-Out Doctors

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While physicians may be talented at healing others, many flounder in caring for themselves and struggle with burnout. Leaders of physician organizations are trying to help providers by addressing the key issues that contribute to the loss of work-life balance and introducing ways to restore joy in the practice of medicine.

Tapping capable physicians and providing training for leadership roles, enabling physicians to focus more on patient care by relieving them of nonclinical duties, allowing them to have input in decisions, and nurturing connections with colleagues are some of the strategies discussed at the inaugural 2016 HealthLeaders Media Physician Organization Exchange at The Lodge at Torrey Pines in La Jolla, California.

Start with the right stuff

Healthcare executives agree that a thriving medical team depends on an organizational culture that fosters respect, recognizes physicians' needs, and removes issues interfering with providing quality care. Central to achieving this positive work environment is having people who will champion the organization's mission and care protocols.

Taking the medical staff's emotional temperature and creating a compact to guide decisions regarding physicians were steps that drove cultural change at Mission Health in Asheville, North Carolina.

TAKEAWAYS

- Start with the right stuff
- Set clear expectations during the interview
- Offload non-clinical tasks
- Leverage physicians' passion

"We took 12 to 15 physicians on a leadership retreat to analyze how they were operating and address how they could shift from volume to value. It became clear to the physician leaders that there was a big culture problem," says William R. Hathaway, MD, FACC, chief medical officer and senior vice president of the system, which encompasses five hospitals—including an 800-bed signature hospital—as well as hospitals, postacute care services, 450 employed physicians, and a

75,000-member accountable care organization (ACO).

"We developed 10 guiding principles over the next two years: patients first, safety-focused, evidence-based, team approach, interdependence, a great place to work and practice, etc. The important part was not the words that were used, but the process by which we developed these principles," Hathaway says.

"We use this to guide any challenging decisions. It's helped change our culture and direct our focus on what's important for physicians. It gets buy-in and helps diminish the 'us versus them' mentality."

Once the compact was established, it was imperative to recruit physicians who would uphold it. "[Cultivating a winning culture] requires getting the right people in the first place, and for those who aren't the right people, we must encourage them to seek their happiness elsewhere," adds Hathaway.

When organizations accept negative physician behavior, it affects everyone's morale, says Karen Weiner, MD, MMM, CPE, chief medical officer and interim CEO at Oregon Medical Group, a physician-owned multispecialty clinic of 140 providers in Eugene, Oregon.

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FACING DOWN PHYSICIAN CHALLENGES: Physician Organization Exchange attendees share insights. From the left: Chris DeRienzo, MD, MPP, chief quality officer at Mission Health in Asheville, North Carolina; and Joshua Honaker, MD, FAAP, system vice president and medical director at Norton Medical Group in Louisville, Kentucky.

"Your star performers finally lose interest, because they see all this nonsense going on and that it's tolerated," says Weiner. "That goes right to the notion of fairness, transparency, and accountability. As leaders, our job is to encourage physicians to identify and articulate what they need to be happy."

Set clear expectations during the interview

"When we recruit folks, we say, 'We're measuring everything and going to give you lots of feedback. We have evidence-based practice protocols; that's how we practice. If that's not going to work for you, then this is probably the wrong place for you,'" says Lynn Massingale, MD, FACEP, executive chairman of Knoxville, Tennessee's TeamHealth, Inc. The physician staffing provider outsources more than 19,000 affiliated healthcare professionals to 3,400 acute and postacute facilities and physician groups in 47 states.

Lee Memorial Health System in Fort Myers, Florida, also spells out requirements for physicians. "During the interview process, we talk about our physician compact, and that we see all physicians as leaders," says Kris Fay, chief administrative officer of Lee Physician Group, comprised of 550-plus employed providers. "If they want to work with us, then they need to participate at the practice level and any other level that they'd like."

Recruiting mission-minded people is crucial, but it's just as important to tap qualified physicians for leadership roles and help them develop the skills to be effective. TeamHealth designed a Coach Leadership Academy training program and requires physician leaders to round and evaluate doctors. It also teaches them how to have physician-to-physician conversations to address problems, which many doctors are reluctant to do, says Massingale.

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CoxHealth in Springfield, Missouri partnered with a local university to offer leadership development courses that provide credit toward a master's-level degree. "People who may have been more [negative] now see the larger issues—that it's not the health system, but all the environmental factors that are occurring," says David P. Taylor, FACMPE, FACHE, corporate vice president, who oversees the organization's medical group with 550 providers and 100-plus clinics covering 30 counties in southwest Missouri.

Adept physician leadership and presence are essential for advancing a high-functioning culture, says Prathibha Varkey, MBBS, MPH, MHPE, MBA, president and CEO of Northeast Medical Group, and senior vice president at Yale New Haven Health System, in New Haven, Connecticut.

"Transparency, communication, and physician engagement with leadership [have reduced] silos—especially since we're less than six years old, with over 850 clinicians and 130 sites across three states," Varkey says.

"I visit two or three sites every week. We get to know people, observe what's going on in terms of operations, and try to solve the low-hanging fruit as quickly as possible. That's created a tremendous amount of goodwill. We've been able to operationalize change much faster," she says. "Plus, we actually know what's going on at the sites versus sitting in a boardroom."

Giving physicians a forum to voice opinions and involving them in operational issues are also strategies for gaining buy-in.

"We've created an infrastructure for physicians to provide input and have some level of leadership over the way the enterprise is run," says Mitchell Schwartz, MD, chief medical officer and president of Physician Enterprise, LLC, a multispecialty group of 300 employed physicians at Anne Arundel Medical Center, a 380-bed nonprofit hospital with a large outpatient presence in the Annapolis, Maryland area.

"We want them to feel they're part of the decision-making process. If you change the discussion appropriately, you engage



"We get to know people, observe what's going on in terms of operations, and try to solve the low-hanging fruit as quickly as possible."

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with folks and they come to work wanting to do a good job every day.”

Northeast Medical Group offers “frequent provider forums” to discuss issues and encourage more proactive provider decision-making. “When I came in, there were two physician leaders for this large group. I’ve appointed another six regional medical directors, so there’s more bidirectional communication,” Varkey says.

Physician organization growth is often a result of acquisitions. Integrating these formerly independent practices and merging the collection of different cultures and backgrounds can be challenging. Creating a sense of belonging and connection can help ease the transition, foster a sense of unity, and link disparate groups together.

“Because we’re all so busy, physicians rarely interact with each other anymore,” says Varkey. “So we’ve hosted social events, and it’s generated a huge amount of enthusiasm.

“I had a group meet at one of our delivery networks, and 30 physicians showed up. We passed around the mic and asked, ‘Who are you? What’s your specialty?’ Physicians were like, ‘Wow, so you’re the person I’ve been referring to.’

“We also held a retreat one Saturday and 170 physicians attended and were fully engaged,” she says. “It was a surprise, but I think somehow we’ve missed the socialization concept as we are all trying to fix issues as fast as we can.”

Offload nonclinical tasks

Physician organization leaders are also trying to make doctors’ work lives easier through initiatives such as redesigning workflows and relieving doctors of non-clinical responsibilities that can interfere with patient care.

“You can have a sophisticated master clinician struggling to code a case, and it’s eight o’clock at night and that’s not going to work,” says Schwartz. “My job is to make those folks feel like they’re professionals as opposed to widget-makers.”

Taylor sees physician frustration as stemming from structural problems. In addition to centralizing administrative functions across its clinics, CoxHealth also established a care management team to ease physician workload. “We use medical assistants and our frontline staff to help get data in the

record—by contacting patients pre- and post-visits—so what we report is more accurate,” he says.

Weiner cites the problem as demands over resources. “If demands increase without increasing resources, that’s a recipe for burnout,” she says. “There are different kinds of demands: There’s the nature of the work, which is exhausting. There’s also hindrance demands, in which people are feeling the EMR and the workload are getting in the way of their work—and those [demands] need to be removed.”

Oregon Medical Group dramatically decreased incidence of burnout by asking physicians key questions to drive decision-making about physicians’ responsibilities: “Is this a pain point for the physicians? Does it better serve the patient to be standardized? Does it move the organization toward competencies in the fee-for-value world?” Weiner says.

“For example, with the onset of ICD-10, each of our physicians was going to need 20 hours of training in coding,” she says. “I thought, ‘I’m never going to convince physicians that this is important for them to do. But it’s a vital competency

“When we recruit folks, we say, ‘We’re measuring everything and going to give you lots of feedback. We have evidence-based practice protocols; that’s how we practice.’”

LYNN MASSINGALE, MD, FACEP
EXECUTIVE CHAIRMAN
TEAMHEALTH, INC.
KNOXVILLE, TENNESSEE



for our organization's survival, so let's not undermine the rest of our organizational health.'

"We built up our coding department to take over [more coding responsibilities]," Weiner says. "As a result, our coding accuracies have gone through the roof. We've also developed relationships with the coders and physicians so they meet regularly."

"We've embarked on a program to eliminate hassles," says Mission Health's Hathaway. "We systematically go through and do a workflow analysis of problem areas and eliminate all the unnecessary steps [by applying Lean principles]."

It's vital for the board to recognize that burnout is a critical issue and addressing it requires a structure, says Steven Strongwater, MD, president and CEO of Atrius Health in Newton, Massachusetts, a nonprofit ACO of 6,800 employees serving 675,000 patients across eastern Massachusetts with coordinated medical care, home health, and hospice.

"We've set up a clinical affairs department and developed a strategic

plan to tackle this with work streams around professional satisfaction, communities of practice, flexibility in work hours, workflow improvements, and compensation," Strongwater says. "We established an IT SWAT team that travels to each site and helps redesign their work to reduce the number of clicks on the EMR.

"We coordinate that with retraining our MAs so they're at the elbow and clear out the inbox before the day is over," he says. "Consequently, the doctors don't have to get back on and do additional work at night."

Leverage physicians' passion

Making doctors feel valued and connected to peers, providing them with ways to handle stress and recharge, and enabling them to spend more time doing what they love can enhance career satisfaction.

"It goes back to understanding the values of each individual, and letting doctors know that what's important to them can be honored here," says Fay.

"I've had conversations with physicians who are at the end of their rope, and that's where coaching conversations come in: What would it take to alleviate your pain? What would your day look like? What would your life look like?" says Weiner. "And it works."

Ultimately, it's about physicians feeling like they're fulfilling their sense of purpose.

"We have an initiative called Returning Joy to the Practice of Medicine," says Strongwater. "You need to understand what they want—professionally, personally, spiritually—and we try to help them get there."

At this year's annual meeting, TeamHealth is planning a presentation that conveys to physicians why they matter, according to Massingale. "We're going to present a patient case in which that person will stand up and talk about how their life was saved. We'll also have the doctor who saved that person's life discuss it as well—to remind us of why we all do this in the first place."

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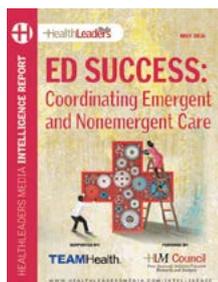
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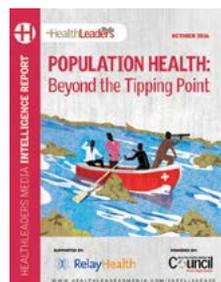
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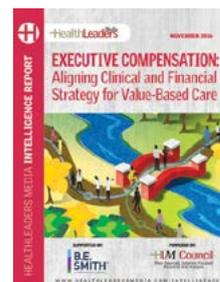
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