Physician “Burnout”
A Wisconsin Perspective

Legislative Council Study Committee on Direct Primary Care
State Capitol
August 29, 2018
Survey History

• 2008 and 2009
  – Society created and conducted a Physician Workforce study
  – Pre-widespread electronic health record (EHR) adoption

• 2014
  – Society created and conducted a Physician Satisfaction Study
  – Published Whitepaper on the findings
    • https://www.wisconsinmedicalsociety.org/professional/wmj/archives/volume-114-issue-4-august-2015/
2017 Survey Methodology

- Funded by grant from Physicians Foundation
- Partnered with AMA to deploy mini Z survey
- Online survey distributed via email to physicians statewide, November 2017
- 1165 completions
- Wisconsin data results compared to 2016 national benchmark study by AMA
- Results compared to Society 2009 and 2014 survey findings, as available
“Mini Z” Burnout Survey

• Measures impact of “burnout” on physicians

• “Burnout” defined:
  – Cynical/Negative attitudes toward patients
  – Emotional Exhaustion
  – Feeling of decreased personal achievement

• National Benchmark: 1,000 physicians

• Wisconsin sample: 1,165 respondents

• 10 Questions: Job satisfaction, etc.
Survey Results

• Satisfaction levels of Wisconsin physicians are the lowest of any clinical group studied by AMA to date
• Over half describe themselves as burned out or having symptoms of burnout
• Only 13% have no symptoms of burnout
The Burnout Impact

Are you experiencing professional burnout?

<table>
<thead>
<tr>
<th>Response</th>
<th>2014</th>
<th>2017</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Significantly</td>
<td>17%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Moderately</td>
<td>24%</td>
<td>37%</td>
<td>22%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>35%</td>
<td>33%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>82%</td>
<td>87%</td>
<td>82%</td>
</tr>
<tr>
<td>Not at All</td>
<td>18%</td>
<td>13%</td>
<td>18%</td>
</tr>
</tbody>
</table>
The Workforce Impact

*In the next 5 years, will you decrease your clinical hours or retire entirely from clinical work?*

<table>
<thead>
<tr>
<th>Response</th>
<th>2009 Retire</th>
<th>2009 &lt;clinical hours</th>
<th>2014 Retire/reduce</th>
<th>2017 Retire/reduce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8%</td>
<td>21%</td>
<td>42%</td>
<td>45%</td>
</tr>
<tr>
<td>No</td>
<td>73%</td>
<td>56%</td>
<td>42%</td>
<td>32%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>19%</td>
<td>23%</td>
<td>17%</td>
<td>18%</td>
</tr>
</tbody>
</table>
The Future of the Profession

Would you recommend a career as a physician to a prospective student?

<table>
<thead>
<tr>
<th>Response</th>
<th>2014</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41%</td>
<td>39%</td>
</tr>
<tr>
<td>No</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>29%</td>
<td>27%</td>
</tr>
</tbody>
</table>
The Human Impact

**Physicians:** Far more likely to die by suicide than other professions. Between 300-400 physicians commit suicide annually – more than double the rate of the general population.

**Medical Students:** After accidents, most common cause of deaths among medical students is suicide.

**Burnout:** 25% increased chance of alcohol abuse/dependence; 200% increase: suicide.

Burnout Causes

Physicians experience job-related stress from a variety of sources, particularly lack of support for workloads:

- Burdensome documentation requirements
- Systemic difficulties with using EHRs/EMRs
- Burdensome and arbitrary insurance and governmental policy requirements / restrictions
- A perceived lack of respect for physician skill and knowledge from management
- Prioritization of profits over patient care
Burnout Causes

Wisconsin clinicians are extraordinarily frustrated by EHR/EMR demands and regulatory requirements leading many to seriously consider leaving the professional altogether. Clinicians express significant anger over current systemic practices which they feel undervalues their knowledge and training.

Top Stressors:
- EMR / EHR documentation takes too long
- Difficulties with EMR / EHR IT systems
- Charting / documentation takes too long
- Insurance policy / requirements / restrictions
- Patient satisfaction surveys
- Management doesn’t pay attention to physician concerns
- Poor compensation
- Would like more support staff
- Poorly set / unrealistic administrative goals
- Required to use EHR/EMR to meet billing goals
- Government policy / requirements / restrictions

Suggestions from Clinicians:
- Leave medicine altogether / retire early
- Assistance with documentation: scribes, administrative support staff should take responsibility
- Reduce total workload and work time, and increase quality of time with patients
- Management needs to pay more attention to physician concerns / feedback
- Provide adequate staffing levels and compensation
- Increase physician advocacy
Time Spent on EHR Outside of Normal Work Week

- 0 - 2 hours: 30% (2014) and 20% (2017)
- 2 - 4 hours: 25% (2014) and 35% (2017)
- 4 - 6 hours: 20% (2014) and 25% (2017)
- 6 - 8 hours: 15% (2014) and 15% (2017)
- 8+ hours: 10% (2014) and 10% (2017)

Overall increase: 5%
EHRs’ Impact on Physicians

Additional Research

• 49% of a physician’s work day spent on EHR/documentation

• During the patient visit, physicians spend 37% of that time on EHR/documentation


• 41% of physicians believe lobbying for a decrease in the number of regulations for medical documentation needs to be done

  https://catalyst.nejm.org/physician-burnout-endemic-healthcare-respond/
Q: How has the consolidation of health care — with fewer independent practice physicians — affected doctor burnout?

A: “It’s a double-edged sword. A larger system has opportunities to think about the way work is distributed to provide more flexibility and to create systems of peer support. … But by the same token, many health care organizations also restrict autonomy, and people have less flexibility than they might have had in a small group practice. … They’re held accountable for productivity expectations and expected to overwork. We need to give people a voice. … We need to help leaders not treat people as cogs or widgets.”

Source: Kaiser Health News interview, 08.03.18
“Physicians Should Do Two Things”

1) Make Complex Medical Decisions

2) Establish and strengthen relationships with patients

Clyde “Bud” Chumbley, MD, MBA
Wisconsin Medical Society CEO
Moving Forward

October:
• Society white paper analyzing Mini Z sources of burnout; recommendations for improvement
• Society CEO Chumbley hosting CMO Summit

November:
• Hosting Physician Experience Summit (AMA)

Ongoing:
• Physician Experience Task Force
Moving Forward

“Burned-out physicians are more likely to [leave their jobs] or work part time, and that’s disruptive to the continuity of care for their patients.”

-- Tait Shanafelt, MD