



IMPROVING PHYSICIAN WELLBEING

A Structured Approach

Physician burnout has reached crisis level, and has serious implications for quality, safety, and patient experience, now and in the future. By addressing the underlying causes of burnout, health systems can improve physician wellbeing, which will translate into better patient care.

At HCA HealthONE The Medical Center of Aurora (TMCA), Aurora, CO, a structured Physician Wellbeing program has had a significant impact on physician satisfaction and retention, as well as quality, safety, and patient experience.

“In our 2012 Physician Satisfaction Survey, we were at 62 percent excellent as a Place to Practice, which put us in the 50th percentile nationally,” says **Dianne McCallister, MD**, Chief Medical Officer, TMCA. “When I arrived in 2013, my CEO and I started systematically implementing our Physician Wellbeing program. In one year, we moved our score to 79.7 percent excellent. We saw double-digit increases in every question across our survey.”

Hospital-acquired infections declined as well, and physician turnover decreased by 5 percent. “For first-year physicians, we cut turnover in half,” adds McCallister.

THE ELEMENTS OF A STRUCTURED APPROACH

As a co-founder of the Coalition for Physician Wellbeing, McCallister has been studying what keeps physicians engaged since 2002. The Coalition has identified four key components of wellbeing—Business and Quality, Culture, Learning, and Resilience—and those components form the basis of TMCA’s program (Figure 1).

Business and Quality. Not surprisingly, physicians want to work for organizations that score well on quality of care, service to patients, and operational efficiency. “Doctors take patient care very seriously,” says McCallister. “They don’t want to put their patients in a hospital that they don’t think provides quality care. Operational efficiency is also important because there are only so many ‘clicks’ you can put on somebody’s workday before you make it untenable to get the work done.”

The Business and Quality component also includes physicians having a voice in getting problems solved. To that end, TMCA

formed a Physician Connection Team. “This is a group of director- or manager-level people who round on a representative cohort of the physician community in all major specialties,” McCallister explains. The team asks three questions:

1. What is working well? This question helps orient the physician to the “good” and gives the organization feedback on what to keep. “Physicians are trained in critical thinking; it’s what makes us good at what we do,” McCallister says. “We can spot the problem. But a sense of gratitude and noticing what’s working right is essential to physician wellbeing.”

2. Is there someone I can recognize for you? The team member conducting rounds follows up with a thank-you note to whomever the doctor recognizes. “This does two things,” McCallister explains. “First, it creates bonding between the physician and the team member recognized. Second, the physician usually hears back from the person they recognized, which creates closed-loop communication.”

3. What’s one thing we could do to make your work at our facility better? “I’ve been doing this now for seven years, and we find doctors ask for very practical things,” says McCallister. “For example, a physician told us that the chairs were broken in the dictation area on his floor. We immediately looked not just at that floor, but at all dictation areas and, sure enough, there were 40 broken chairs across the facility. We bought new chairs and immediately communicated that to all of our physicians.”

That’s a simple problem with a simple fix, but the process can be applied to larger issues as well. “We have a one-call process for bringing issues to the attention of the administration team,” says McCallister. “Any physician can advise us of any issue, 24 hours a day, through our hotline. And we have a commitment, by policy, for a senior executive to follow up within 48 hours to let the physician know how we’re resolving the issue.”

Figure 1



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McCallister adds that EMR support is key to everything TMCA does. “Two people are dedicated to medical staff support,” she explains. “We also solicit input at every level from physician advisory groups and our 24/7 Help Desk. In addition, our HCA Division and National resources are creating new interfaces that are smartphone and tablet capable.”

Culture. “Unwell physicians burn out other physicians, so it’s very important that all physicians be held to the same standards and understand expectations,” says McCallister. At TMCA, physicians are accountable for a set of Shared Standards, and all are treated equally, independent of their revenue generation.

Onboarding to the mission, vision, and values of the organization is key to setting expectations. “Then, if physicians have behavior issues, we initiate a ‘search and rescue effort’ to help them align with our culture,” says McCallister. “A subcommittee of our Peer Review process takes every report of physician behavior issues and either trends it or meets with the physician, finding and providing the help the physician needs.

The committee has revolutionized the way behavior is accepted here, and our nurses have noted the change.”

Good communication is also essential. “I look for tools that solve the greatest number of needs,” notes McCallister. “For instance, one program we’ve found to be very effective not only communicates important hospital news, but also includes breaking medical news by specialty with the opportunity for free CME, so it addresses our commitment to the Quality and Learning components of wellbeing too.”

Learning. “Physicians love to learn,” says McCallister. “So, if the organization values learning and makes it available and accessible, this very much enhances physician wellbeing.” That means finding ways to bring education to physicians who aren’t able to attend in-person CME via outreach and online solutions.

Physician leadership training is very important as well. “Business thought process and medical thought process are diametrically opposite,” says McCallister. “If physicians don’t understand how business decisions are made, they do not partner and align as well.”

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Resilience. “Resilience is the ability to spring back despite the situation you find yourself in,” says McCallister. “It’s not making things perfect.” Factors that contribute to resilience include recognition of work well done, self-awareness development for the physician, a community for the physician to belong to, and feedback to help the physician understand how he or she fits in that community.

One way TMCA builds resilience is through its thank-you note program. “It is surprising how seldom the physicians we depend on the most receive thanks for their efforts,” says McCallister. “Recognizing that, we established a program for deliberately capturing the good things physicians have done and then acknowledging those things with thank-you notes from our executive team and other leaders.” The notes are handwritten and are sent to physicians’ homes.

“Response from physicians has been tremendously positive,” notes McCallister. “I had one physician leader call me at 6:30 in the morning to tell me how much he appreciated the note he had received and how no one had really thanked him before.”

TMCA also offers resilience training for physicians. “One of the most powerful tools for improving physician wellbeing is having facilitated discussions among physicians. That’s what this program does, and it’s very effective in changing culture,” says McCallister.

THE RESULTS

“As healthcare executives, we are always looking for the numbers that prove that the tactics we’re using are appropriate and achieve results,” says McCallister. The Physician Wellbeing program has delivered: on its 2016 Physician Satisfaction Survey, TMCA scored 82 percent as a Best Place to Practice and ranked in the top decile nationwide in terms of physician engagement and alignment. Additionally, TMCA was named the only 2016 Top General Hospital in Colorado by The Leapfrog Group.

“We are humans first and physicians second,” concludes McCallister. “Understanding that you are cared about is really important, and that shows in the improvements we’ve seen in physician satisfaction, engagement, and quality of care.” ■

This article was adapted from a recent webinar hosted by Private Health News/MedNews Plus, “CMOs on Physician Burnout: Why Physician Wellbeing is Critical to Healthcare Leaders.”



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HOW PREVALENT IS PHYSICIAN BURNOUT?

According to the 2017 Medscape Physician Lifestyle Survey, the overall rate of physician burnout has reached 51 percent, up from 46 percent in 2015 and 40 percent in 2013. The figure is based on Medscape’s survey of more than 14,000 doctors from over 30 specialties. The survey defined burnout as having feelings of cynicism, a low sense of personal accomplishment, and a loss of enthusiasm for work.

Burnout rates were highest for:

- Emergency medicine (59 percent)
- Obstetrics and gynecology (56 percent)
- Family medicine, internal medicine, and infectious disease specialties (tied with 55 percent)

Specialties with the lowest rates included:

- Diabetes and endocrinology (46 percent)
- Pathology, ophthalmology, and allergy and immunology (tied with 43 percent)
- Psychiatry and mental health (42 percent)

Burnout was also more prevalent among female physicians (55 percent) than male physicians (45 percent), but rates appear to be leveling off for both, according to Medscape.

Contributors to Burnout

Physicians identified the following as the top four contributors to burnout, based on a 7-point scale ranging from “does not contribute at all” to “significantly contributes”:

- Too many bureaucratic tasks (5.3)
- Spending too many hours at work (4.7)
- Feeling like just a cog in a wheel (4.6)
- Increasing computerization of practice (EHRs) (4.5)

Sources: The Advisory Board Daily Briefing, Jan. 13, 2017, and Peckham, C. “Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout,” Medscape.com, Jan. 11, 2017.