

Wisconsin Medical Society Physician Experience Task Force Efforts

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Disclosures

- *Nothing to disclose.*



Learning Objectives

- Understand impact of burnout on workforce development and retention.
- Identify work system risk factors that contribute to physician burnout.
- Recognize WMS Physician Experience Task Force goals to address physician burnout.
- Identify how healthy work design differs from and complements a wellness/resiliency program.



Wisconsin Medical Society

- **Mission:** *Improve the health of the people of Wisconsin by supporting and strengthening physicians' ability to practice high-quality patient care in a changing environment.*



The Burnout Crisis

- Burnout:
 - Emotional exhaustion
 - Depersonalization
 - Reduced sense of work-related personal accomplishment
- “Root Cause”:
 - Lack of control
 - More regulatory burden
 - Increased complexity of care
 - Decreased efficiency
- Engagement not a reflection of burnout.



The Burnout Impact

Are you experiencing professional burnout?

Defined as exhaustion of motivation due to prolonged stress or frustration at work

Response	Count	Percent
Totally	58	5.71%
Significantly	176	17.32%
Moderately	243	23.92%
Somewhat	358	35.24%
	835	82.18%
Not at All	181 of 1016	17.81%



The Workforce Impact

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

Response	2009	2014
1. Yes	28.52% (297/1043)	41.54% (442/1016)
2. No	29.15% (304/1043)	41.83% (425/1016)
3. Uncertain	42.33% (442/1043)	16.63% (169/1016)



Society for HR Management



1 in 3

U.S. workers are engaged in their work and workplace.



3 in 10

have the materials and equipment they need to do their work right.



3 in 10

strongly agree that their opinions seem to count at work.



1 in 5

say their performance is managed in a way that motivates them to do outstanding work.



3 in 10

feel strongly that they have received recognition or praise for doing good work in the past seven days.



2 in 10

strongly agree that they have a best friend at work.

Source: *State of the American Workplace* report, Gallup Inc., 2017



Impact of the EHR

- **Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations**
 - Family Medicine Physicians
 - EHR activities- 45% of day (4.5 hours)
 - Non-EHR activities- 55% of day (5.5 hours)
 - Additional 1.4 hours outside of workday (between 6pm-8am)
 - Average of 51 minutes on weekend
- ANNALS OF FAMILY MEDICINE, VOL. 15, NO. 5, SEPTEMBER/OCTOBER 2017



Why is this such a big deal?

- Physician recruitment, retention and retirement
- Patient safety and experience
- Increased reporting requirements
- EHR demands
- Rapidly changing financial reimbursement
- Increasing complexity of care and rapidly expanding body of knowledge
 - Opposite of physicians' concept of and desire for mastery



What is the Answer?

- <https://www.bing.com/videos/search?q=burned+out+physicians&&view=detail&mid=7FD061A0763376F182077FD061A0763376F18207&&FORM=VDRVRV>
- Mindfulness
- Exercise
- Work-life balance
- Stress management
- Healthy relationships



Is this *really* the answer?

- 60-80% of burnout due to environmental causes
- What about the actual **work** environment?
- How do we fix that?!?!?!?



Wisconsin Medical Society

- **Vision:** *Enable physicians to lead efforts with other health care partners to optimize health care delivery and ensure accessible, efficient, patient-centered quality care for all the people of Wisconsin.*



Wisconsin Medical Society

- Physician Experience Task Force (PETF)
- Statement of Purpose approved by Board in 2015.
- Goal- Establish Physician Experience as a standard quality measure of health care delivery systems by 2020.
 - Develop and standardize meaningful measures of physician experience.
 - Adopt and endorse the Quadruple Aim- better outcomes, lower costs, improved patient experience AND improved physician experience.



Statement of Purpose

- The Society will actively address issues of stress and burnout to improve physician well-being, the well-being of health organizations and, most importantly, the health of patients.
- The Society will assist health care organizations to collect and analyze measures of, and implement strategies to, continuously improve the physician experience.

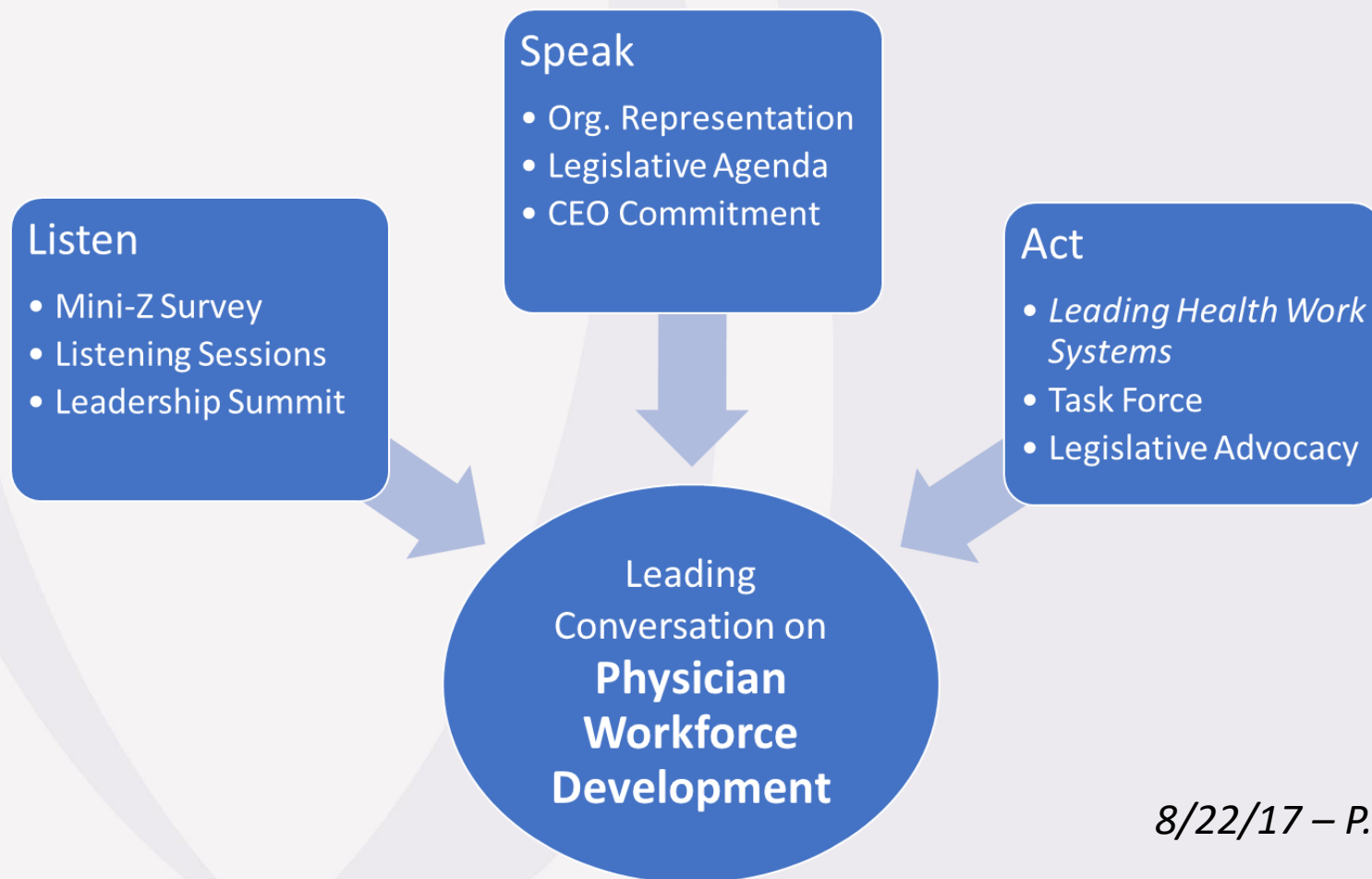


Statement of Purpose

- The Society will advocate for:
 - Reasonable work load/flow
 - Increase direct patient time
 - Use of effective team based care
 - Physician voice heard in decision making
 - Use of multidisciplinary teams to improve quality and efficiency



Physician Experience Strategic Framework



8/22/17 – P. Welch

Physician Experience Strategic Framework

- **Listen:**
- Mini-Z survey
- Listening Sessions
- Leadership Summits



Physician Experience Strategic Framework

- *Speak:*
- Organizational Representation
- Legislative Agenda
- CEO Commitment



Strategic Stigma Change

- Studies document that stigma — widely-shared negative stereotypes about the causes and effects of mental illness — is the single greatest barrier to treating mental illness and lowering costs.²
- Persons with mental illness who return to work have experienced harassment, intimidation, and teasing to the point of having to resign or be dismissed from their job. Even the fear of the prospect of these behaviors happening prevents individuals with mental illness from returning, or applying for a job.⁴⁴
- Sound familiar?!?!



Physician Experience Strategic Framework

- **Act:**
- Leading Healthy Work Systems
- Physician Experience Task Force
- Legislative Advocacy



Leading Healthy Work Systems

- Funded by Physicians Foundation grant, Wisconsin Medical Society foundation and Wisconsin Medical Society
- Developed in partnership with Katherine Sanders, PhD
- Over 70 Physicians trained state-wide
- Premise: By using Industrial Engineering concepts to improve the health of the work system, the risk for physician burnout will decrease



Leading Healthy Work Systems

- Describe work system characteristics that promote health and productivity.
- Describe work system characteristics associated with occupational stress and burnout.
- Assess how the work environment's physical, social, technological and cultural attributes either support or challenge a high quality of work and working life.
- Discern potential leverage points for intentional change to promote your own health and that of your team.



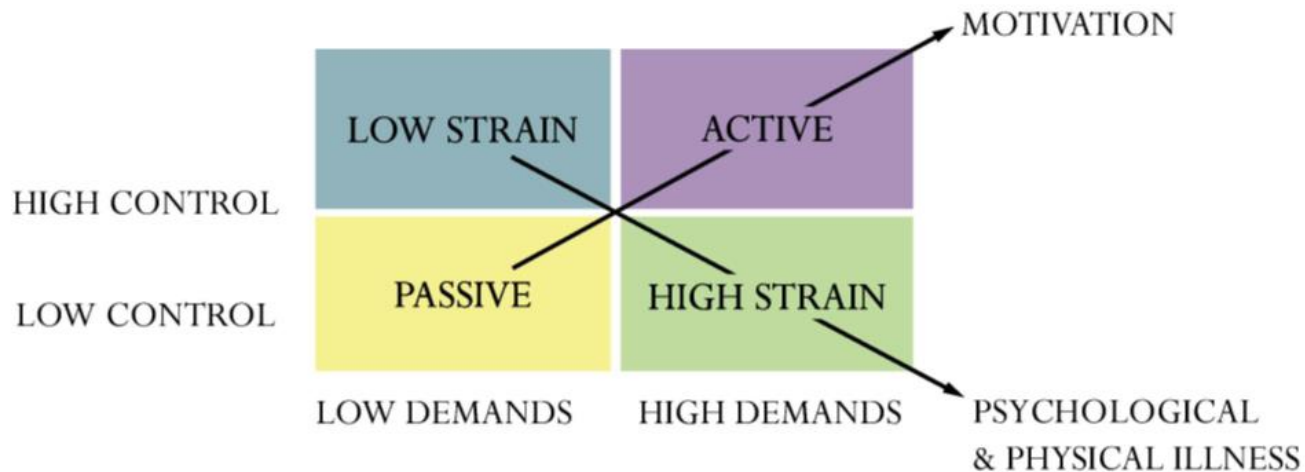
LHWS On-Site Pilot

- Leading Healthy Work Systems @ Agnesian Healthcare
 - Katherine Sanders, PhD and Mark Connelly, PhD
 - Opportunity for on-site pilot program
 - 8 week program



Job Design Matters

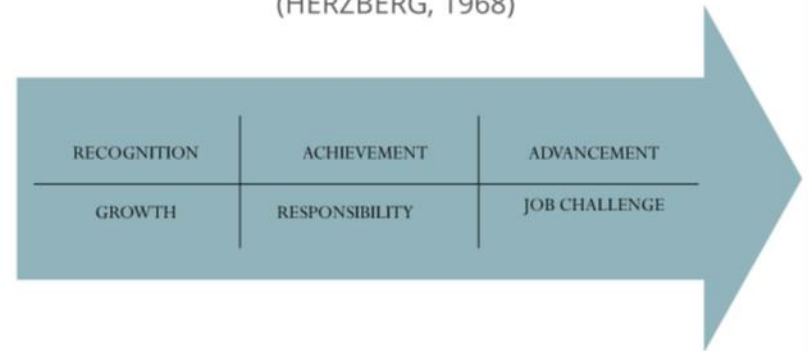
JOB STRAIN MODEL (KARASEK, 1979)



Motivation

Intrinsic Motivation (engagement) isn't the same as Movement (extrinsic rewards).

MOTIVATION-HYGIENE THEORY (HERZBERG, 1968)

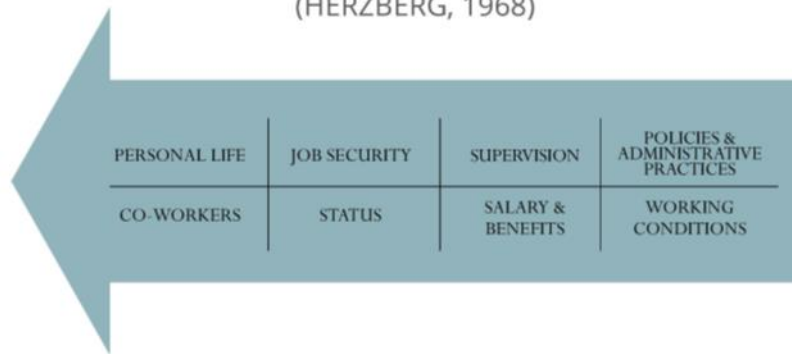


MOTIVATION
(intrinsic)



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MOTIVATION-HYGIENE THEORY (HERZBERG, 1968)



DISSATISFACTION
(extrinsic)

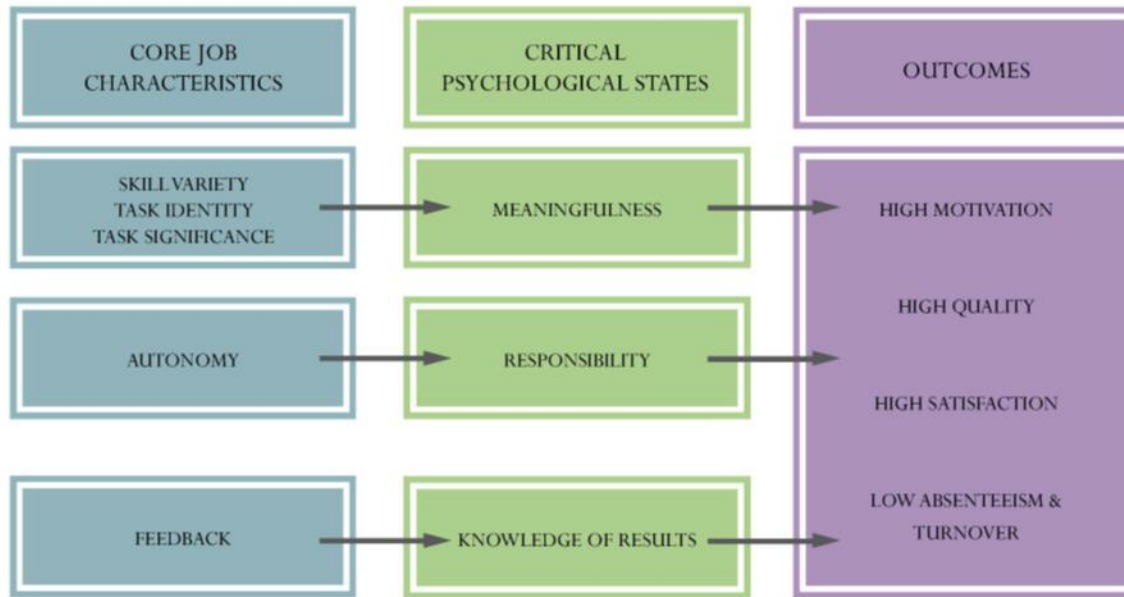


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Job Design Matters

JOB CHARACTERISTICS THEORY (HACKMAN & OLDHAM, 1976)



Design work so that people can engage, and give their best contributions.

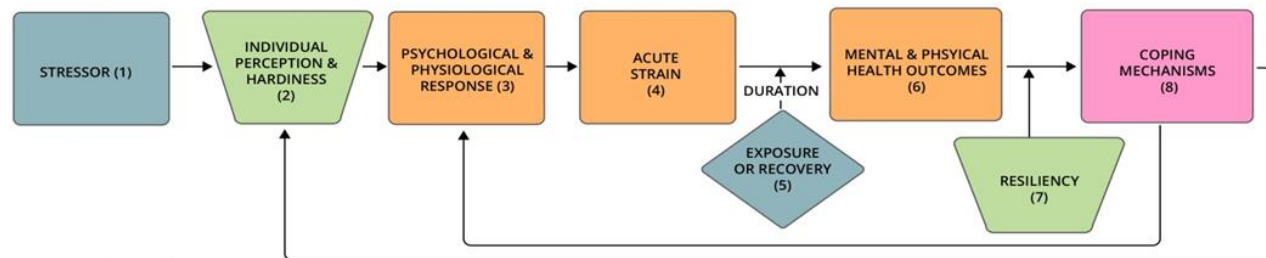
Risk Factors

- High workload
- Low levels of Autonomy
- High work pace
- High work pressure
- Poor interpersonal relationships
- Poor job design
- The role of care-giver
- Additional:
 - Electronic performance monitoring
 - Role stressors
 - Career concerns
 - Work schedule
 - Ergonomics
 - Safety risk



Not your Average Wellness Program

STRESS-STRAIN PROCESS (KATHERINE SANDERS, PhD)

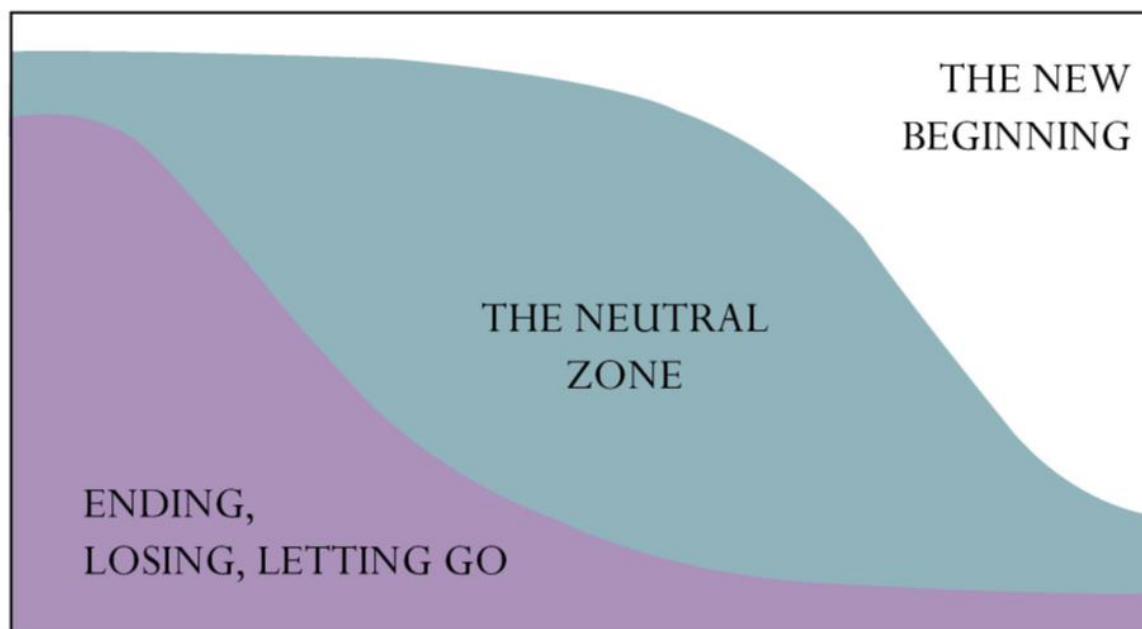


Intervention Points:

- (1) Work System Intervention: Remove or Reduce Stressor, such as Overload, Social Isolation, Lack of Control, Insufficient Resources
- (2) Wellness Intervention: Improve Individual Fitness, Psychological Health, Social Support, Mindfulness
- (3) Medical/Psychological Intervention: Behavioral/Biofeedback
- (4) Medical Intervention: Diagnosis and Treatment
- (5) Work System Intervention: Decrease Exposure and/or Increase Recovery Time Between Exposures
- (6) Medical Intervention: Diagnosis and Treatment
- (7) Wellness Intervention: Increase Social Support, Meaning & Purpose, Healing & Restorative Practices
- (8) Support Helpful Coping Mechanisms such as Social Support, Exercise, Meditation, Counseling
- (8) Reduce Unhelpful Coping Mechanisms such as Smoking, Alcohol Consumption, Overeating, Workaholism

Healthcare is changing

THE TRANSITION MODEL (BRIDGES, 1991)



So how does this help?

- Traditional work systems can lead to poor health outcomes that create personal suffering (e.g. mental and physical ailments, burnout) and organizational losses (e.g. presenteeism, absenteeism, turnover, errors, accidents, lawsuits).
- Health-promoting work systems focus on effectiveness while meeting needs of Providers and Associates



Theory in Action

- **Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience.**
[Swensen S](#), [Kabcenell A](#), [Shanafelt T](#).
- Importance of creation of healthy physician-organizational relationships in process improvement. Can nurture relationships and mitigate burnout.
- Physicians need some degree of choice (control over their lives), camaraderie (social connectedness), and an opportunity for excellence (being part of something meaningful).
- Listen-Act-Develop model as an integrated strategy to reduce burnout and engage physicians in the mission of the organization.
- [J Healthc Manag.](#) 2016 Mar-Apr;61(2):105-27



Next Steps

- Continue Listening Sessions
- Secure CEO commitment
- Conduct state-wide annual mini-Z survey to measure improvement
- Leadership Summit- October 24
- Continued advocacy
- Develop legislative agenda to address regulatory burden within WI



References

- Statement of Purpose:
 - Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573-576. doi: 10.1370/afm.1713.
 - Based in part on two publications: *Stress... At Work Booklet*; DHHS (NIOSH) Publication No. 99-101 (1999). *Exposure to Stress: Occupational Hazards in Hospitals*; DHHS (NIOSH) Publication Number 2008-136.
- Factors Affecting Physician Satisfaction and Wisconsin Medical Society Strategies to Drive Change (Coleman M, Dexter D, Nankivil N. *WMJ*. 2015;114[4]:135-142.)
- Bad for Business: The Business Case for Overcoming Mental Illness Stigma in the Workplace. Prepared by the National Alliance on Mental Illness of Massachusetts.



Questions?