



**American Hospital
Association™**

Advancing Health in America

AHA Physician Alliance Well-being Playbook

August 19, 2019

The New York Times



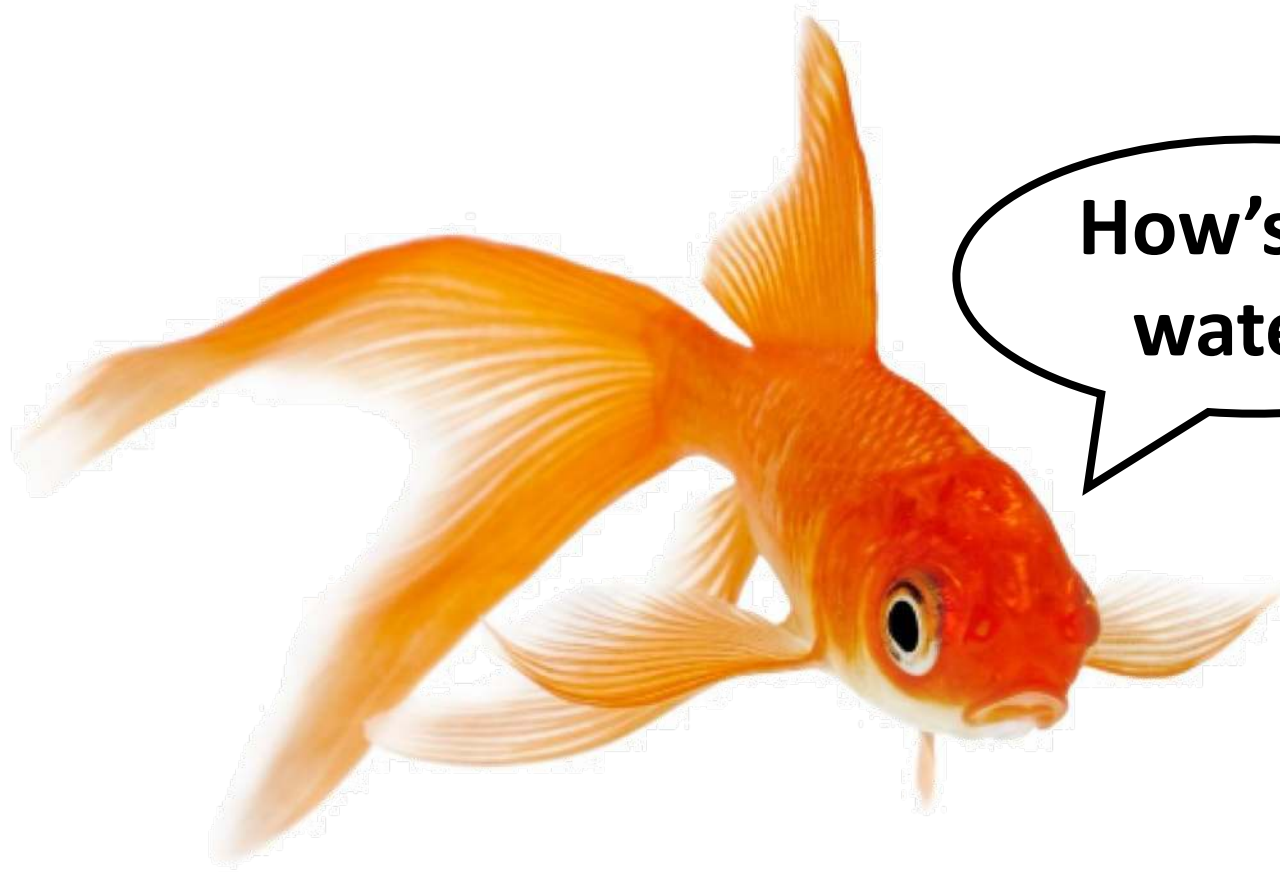
DOCTOR AND PATIENT

The Widespread Problem of Doctor Burnout

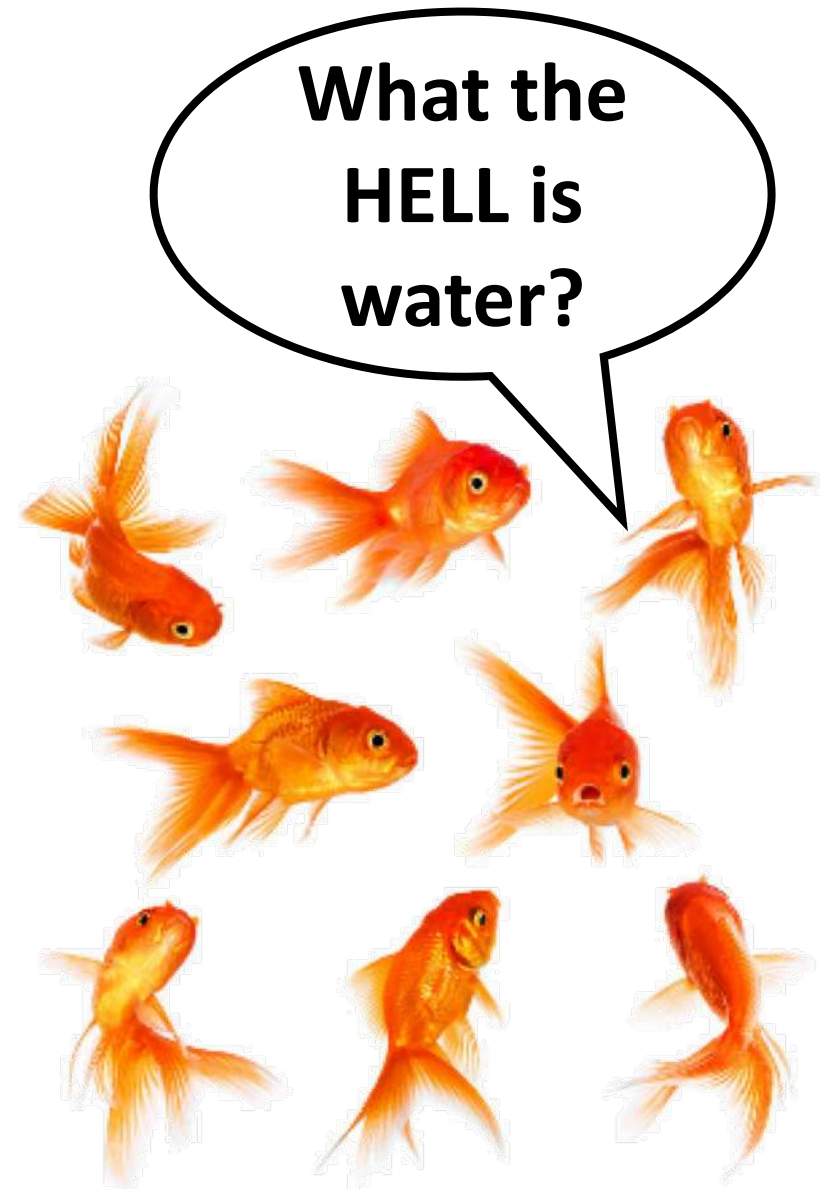
BY PAULINE W. CHEN, M.D. AUGUST 23, 2012 3:50 PM 382

1 in 2 US physicians burned out implies origins are rooted in the environment and **care delivery system** rather than in the personal characteristics of a few susceptible individuals.





How's the water?

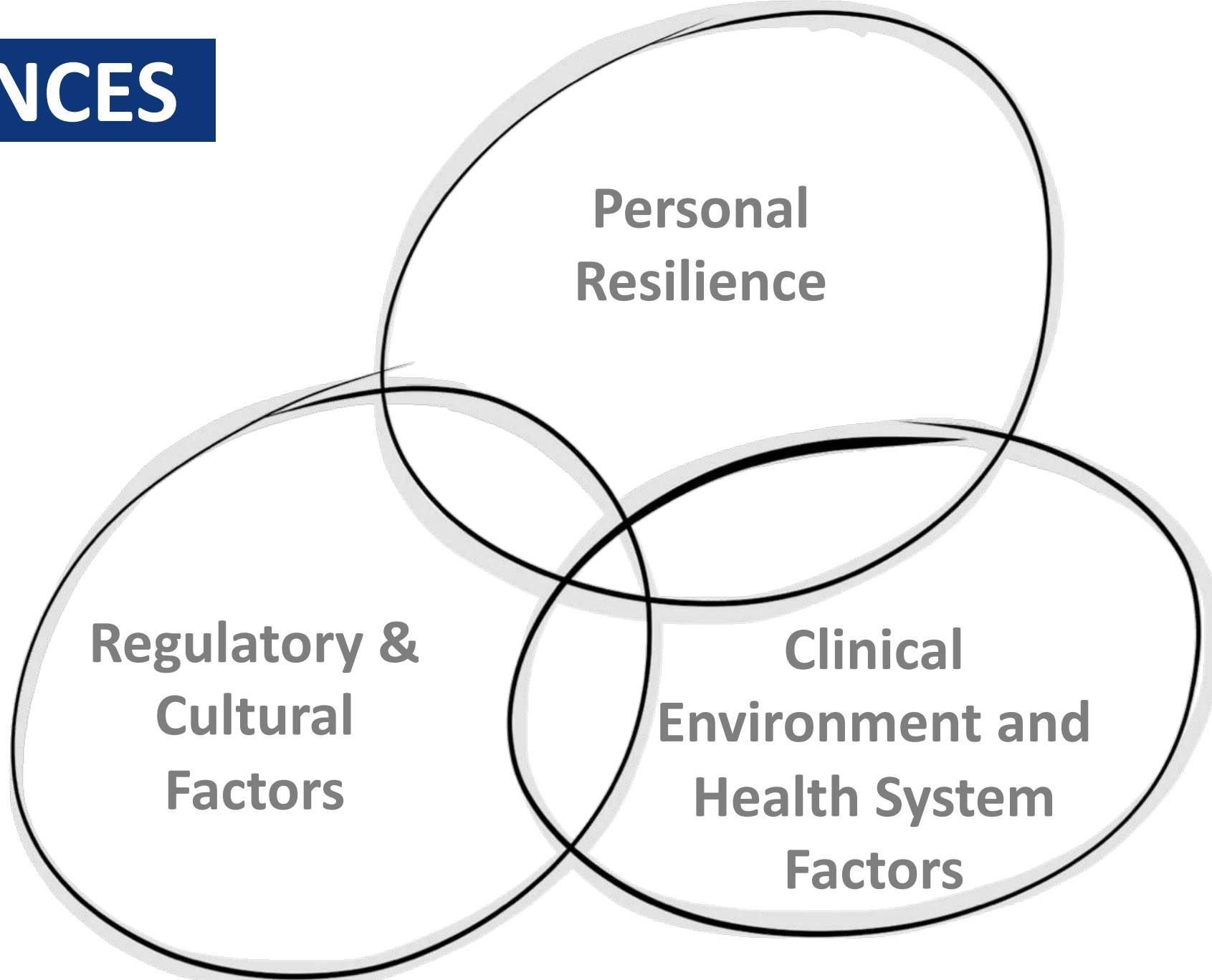


What the HELL is water?

UNDERSTANDING

THE ENVIRONMENT

INFLUENCES



PALPABLE PAIN

Patient Safety

11% increase in medical errors in burned out surgeons¹

Turnover

19.2% turnover rate and rising²
\$1.2MM cost to replace a physician³
Up to \$7.6MM lost revenue due to bedside RN turnover⁴

Patient Satisfaction

16% decrease in patient satisfaction scores

Healthcare Costs

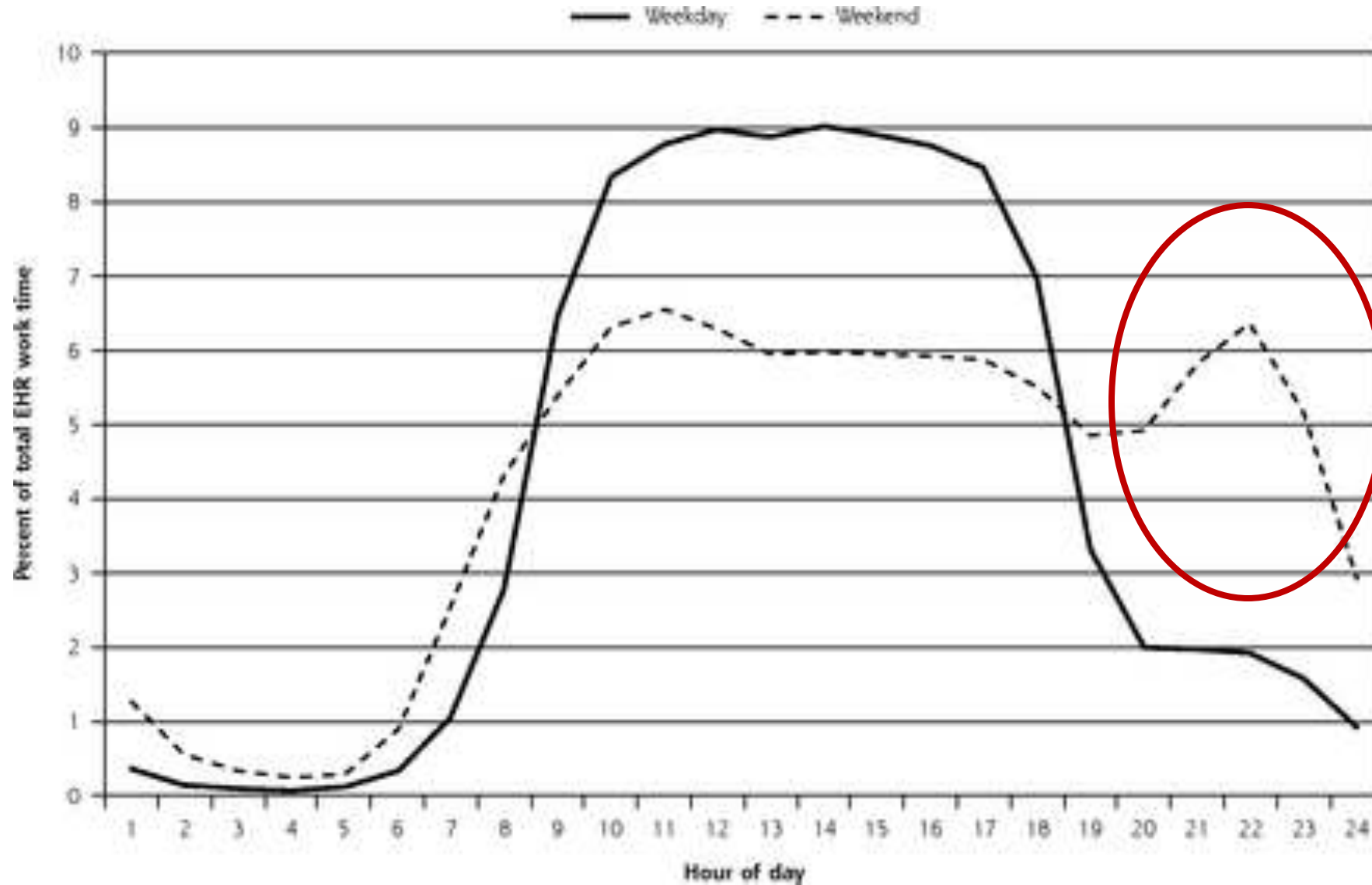
9% higher healthcare costs of hospital employees vs general population⁵

1. NCBI 2010
2. COMPDATA Survey and Consulting
3. Physician Practice 2015
4. Beckers Hospital Review

ELECTRONIC HEALTH RECORDS



Pajama time becomes date night





**NEED TO
START UPSTREAM**

DOMAINS OF WORKLIFE CORRELATED TO BURNOUT



Workload

Excessive, the wrong kind or emotionally draining work



Control

Insufficient control over resources needed or insufficient authority to pursue work more effectively



Reward

Lack of appropriate rewards (financial, social or intrinsic)



Community

Lack of connection with others in the workplace



Fairness

Lack of perceived fairness and mutual respect



Values

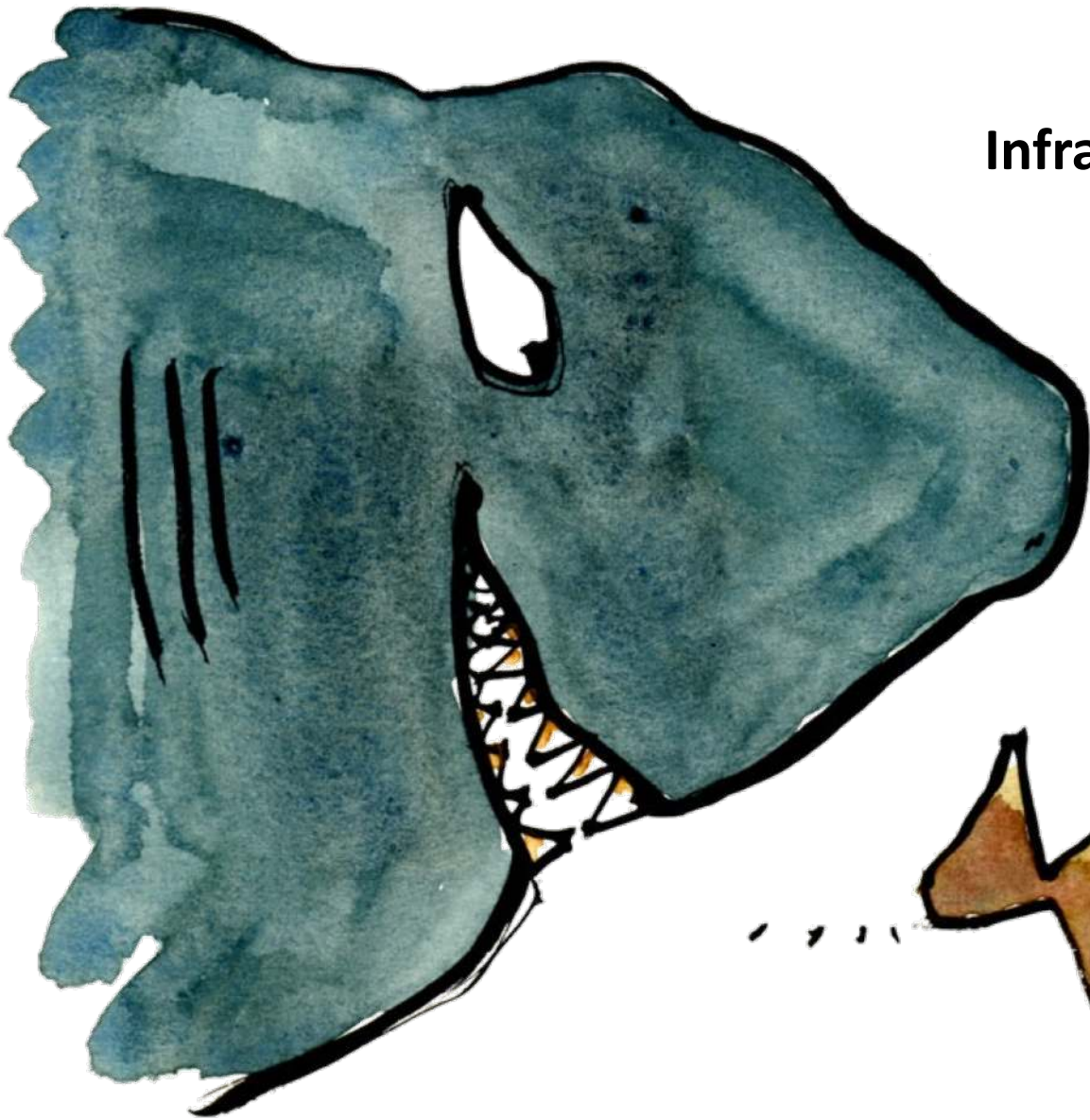
Mismatch between personal values and leadership/organizational values or organizational values and actual practice

It's Quality, not Quantity

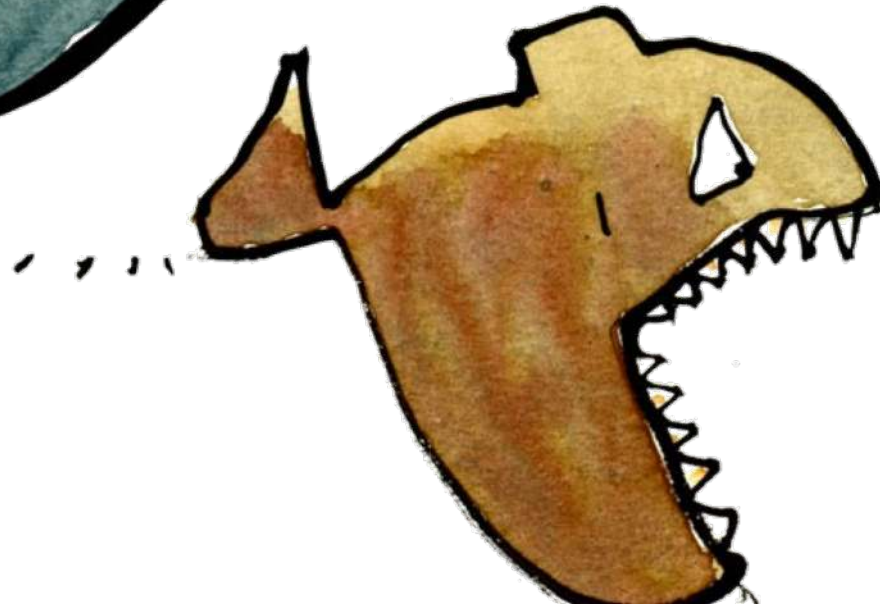
- “The number of hours a physician works is not related to happiness, but the perceived ability to manage workload was significantly related to happiness...”



Infrastructure



Culture



Strategy



MULTIPLE SOLUTIONS



AHA RESOURCES

AHA KNOWLEDGE HUB



BUILDING AND SUPPORTING
WELL-BEING AND RESILIENCE



TOOLS TO BUILD RESILIENCE
AND FIELD EXAMPLES



DRIVERS OF BURNOUT IN THE
WORKPLACE

PODCASTS AND WEBINARS



THE DANGERS OF BURNOUT

WHAT IS BURNOUT?

Burnout is defined as loss of enthusiasm for work, feelings of cynicism and low sense of personal accomplishment.

WHO IS AFFECTED?



1 out of 2 physicians (54%) are experiencing burnout



compared to **1 in 3 professionals (29%)**
in the general population



5 QUESTIONS: ON WELL-BEING TOP TAKEAWAYS

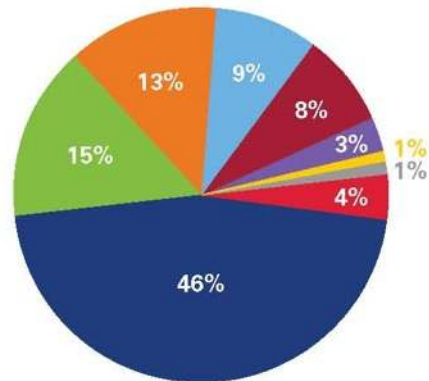
Regulatory Burden Overwhelming Providers, Diverting Clinicians from Patient Care

Regulations are essential to ensure safety and accountability. However, the rapid increase in the scope and volume of mandatory requirements diverts resources from hospitals and health systems' patient-centered mission.

\$39 BILLION Spent by hospitals each year on non-clinical regulatory requirements

629 mandatory regulatory requirements

- Hospitals have to comply with 341 mandatory regulatory requirements.
- Post-acute care providers have an additional 288 requirements.



1% - Billing & Coverage
1% - Program Integrity
4% - Health IT/ Meaningful Use
15% - Hospital COPs
13% - Privacy & Security
9% - Quality Reporting
8% - Fraud & Abuse



\$7.6 MILLION spent annually to comply per community hospital

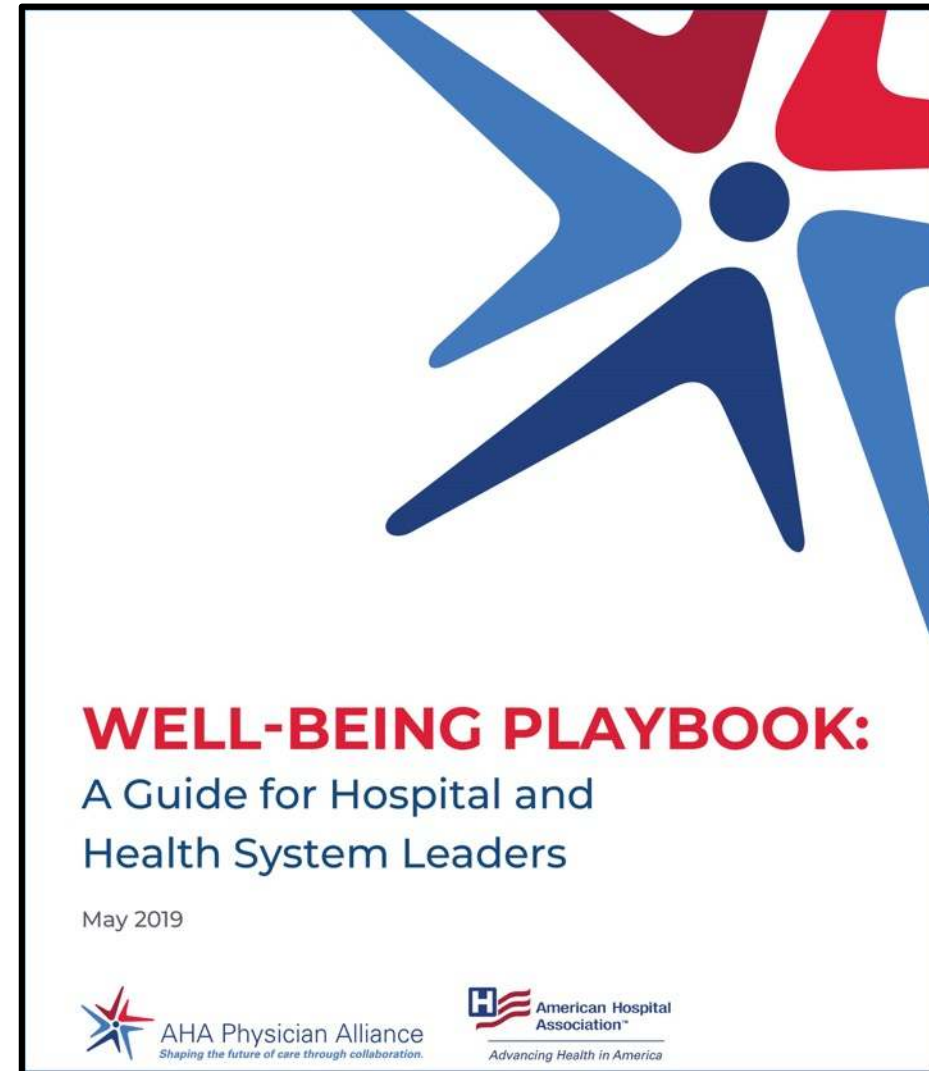
- This figure rises to \$9.0 million for those hospitals with post-acute care.
- For the largest hospitals, costs can exceed \$19 million annually.
- The average hospital also spends almost \$760,000 on the information technology investments needed for

Excessive regulatory burden affects patients:

- Clinicians have less time to spend with patients as regulatory demands grow.
 - 50% of physician time is spent on data entry and administrative work.
- Higher out-of-pocket costs due to artificial barriers that limit care coordination and prevent incentivization of high-value, quality care.



Well-Being Playbook



<https://www.aha.org/physicians/well-playbook>

Seven Steps to Organizational Well-being



Create infrastructure for well-being



Implement programs



Engage your team



Evaluate program impact



Measure well-being



Create sustainable culture



Design interventions



HCA Healthcare

- 178 hospitals, 1,800 sites of care, including surgery centers, freestanding ERs, urgent care centers and physician clinics, in 20 states and the United Kingdom

Problem:

- Major clinical documentation burden for nurses
- Three different EHRs and tremendous variation in documentation



Action:

- Develop, standardize and implement new nursing clinical documentation protocol

Impact:

- Time savings: 1 hour per 12-hour RN shift, time to view 'real-time' vital signs from 41 minutes to 23 seconds
- Real-time data to determine # of FTEs needed and tailor RN education for each unit's unique workload
- No regulatory events as a result of their documentation redesign



**Minnesota
Hospital
Association**



Minnesota Hospital Association

- Represents 142 of the 144 hospitals and health systems in the state
- Nearly all hospitals are nonprofit or government-owned, small, and located in rural areas

Problem:

- How can we understand and address the universal challenge of clinician burnout among our membership?

Burnout Research 7 (2017) 29–35

Contents lists available at ScienceDirect



Burnout Research

journal homepage: www.elsevier.com/locate/burn



Statewide improvement approach to clinician burnout: Findings from the baseline year

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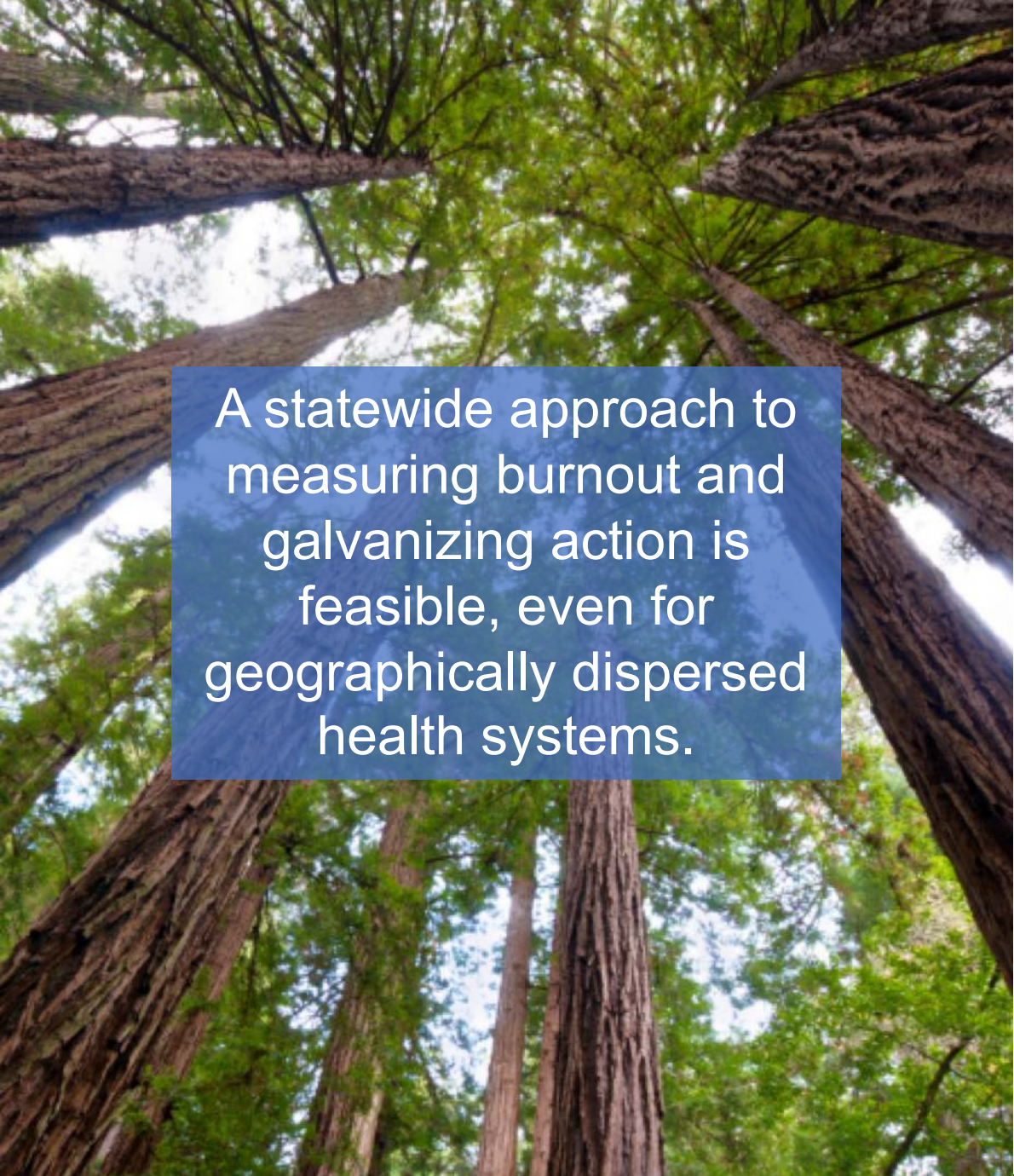
ARTICLE INFO

Keywords:
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Wellbeing
Healthcare

ABSTRACT

Wellbeing of the healthcare workforce is now recognized as an important fourth component of the Quadruple Aim. Given the crisis level of burnout in physicians, national organizations have urged immediate attention to the challenge, demanding measurement and action to mitigate and prevent the phenomenon.

Seeking to understand whether a statewide approach to burnout would be feasible, Minnesota launched a collaborative to assess and establish an action framework around physician and advanced practice professional (APP) burnout in 2016. A modified Mini Z survey tool was used to assess prevalence and drivers of burnout across a range of educational and APPs from health care organizations across Minnesota.



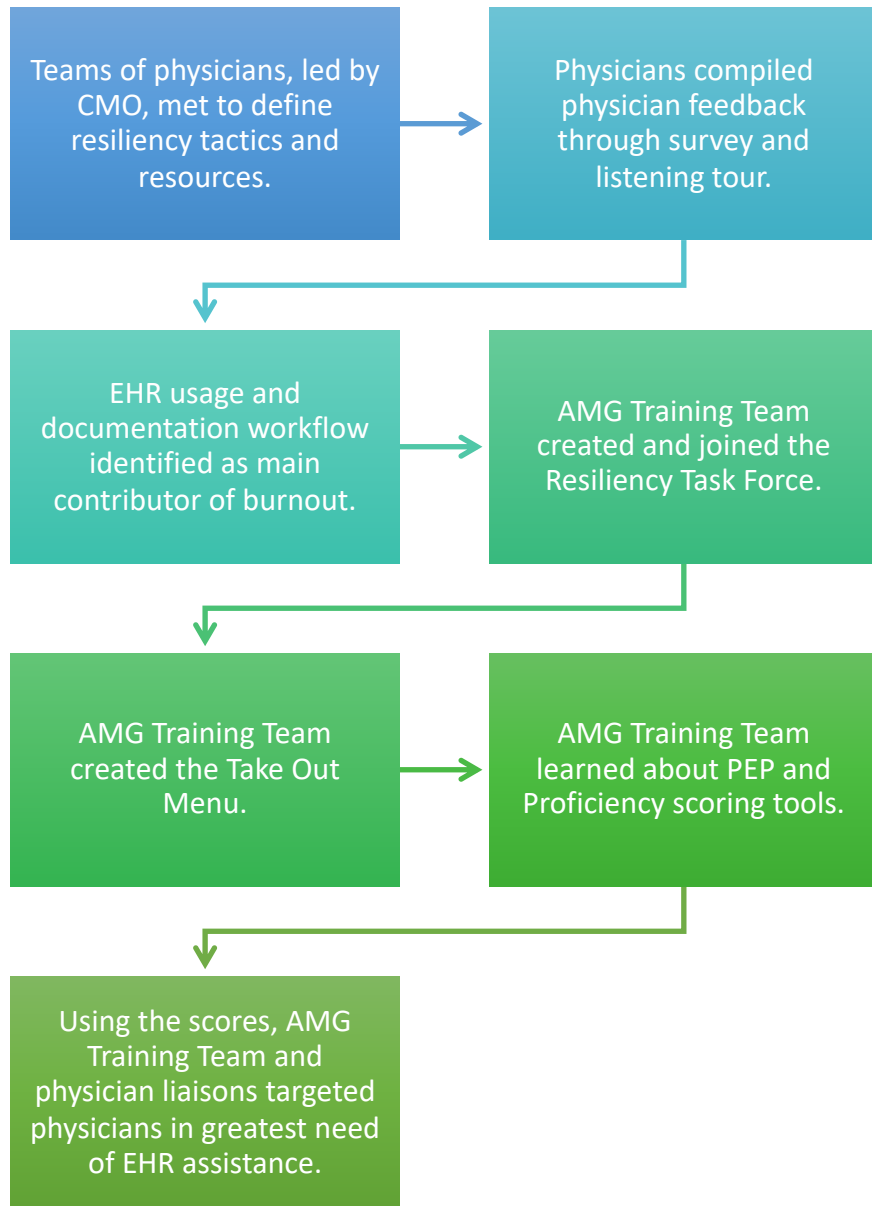
A statewide approach to measuring burnout and galvanizing action is feasible, even for geographically dispersed health systems.

Action:

- Established a collaborative to test, share and spread successful interventions that promote wellbeing

Impact:

- 75% of hospitals agreed to participate, deploying survey to 13,693 physicians, APRNs, PAs; response rate was 43% (5,932)
- 34% of clinicians reported burnout
- Armed with baseline data, 75% of participating sites developed action plans within 6 months post-survey



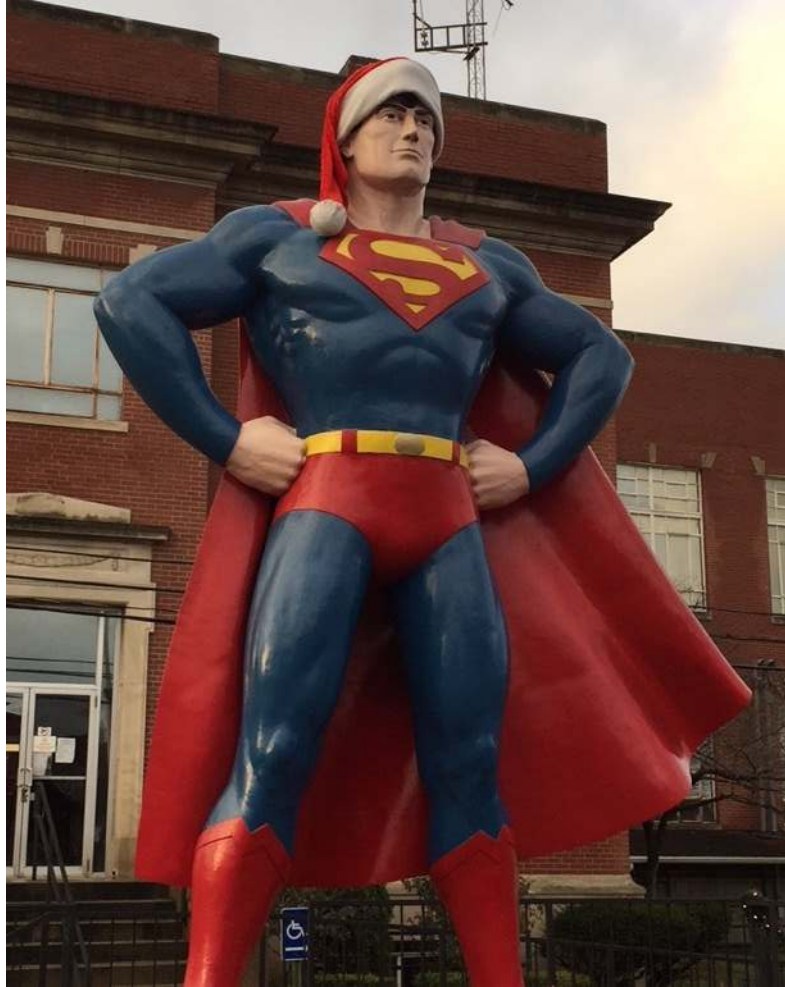
Action:

- Resiliency Task Force surveyed members, created AMG Training Team to focus on EHR training and support
- Provided 94 optimization sessions in first year

Impact:

- 86 sites (97%) saw an improved PEP and Proficiency scores post-training
- 84% of physicians reported the training sessions as valuable

LEADERSHIP MATTERS



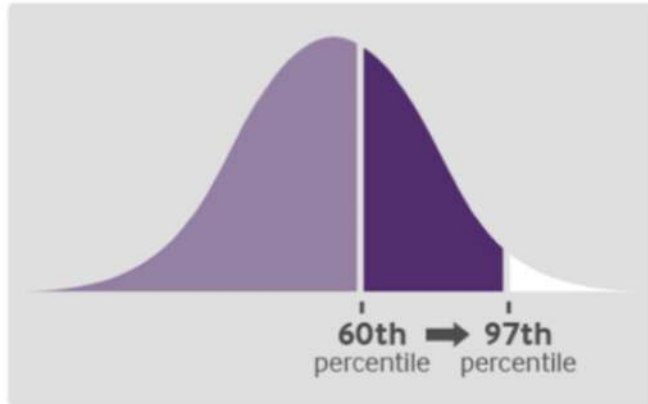


Novant Health

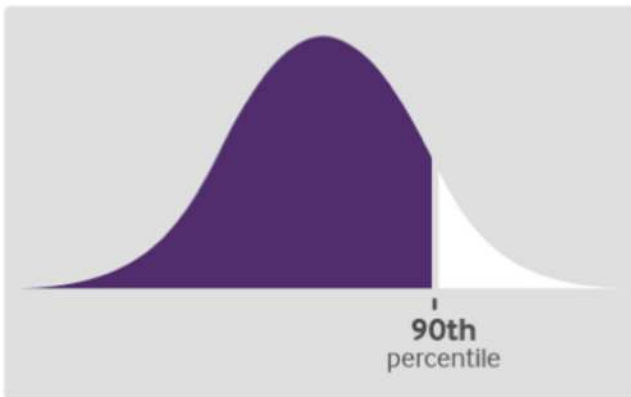
- Not-for-profit integrated health system providing care to over 4.4M patients each year in North and South Carolina and Virginia

Problem:

- How to build resiliency to address burnout and change the culture to sustain Novant's mission



Participants rank in the 97th percentile in both **engagement** and **alignment** with the organization. Prior to the program, scores were in the 60th percentile.



Novant Health's medical group, as a whole, now ranks in the **90th percentile** nationally in physician engagement.

Action:

- Novant Health Leadership Development Program: *3-day intensive leadership training or condensed programming on topics like effective communication*

Impact:

- Sustainable wellness coaching program graduating over 2,000 as of 2018
- Rise in overall employee engagement at from 62% to 89%
- Early data in the outpatient setting also show improvement in patient experience



AHA PHYSICIAN LEADERSHIP EXPERIENCE



Oct. 30- Nov 1// Colorado Springs, CO

"The relationship between physicians and hospitals has never been more important."

Nancy Howell-Ages, President & CEO of Carilion Clinic and AHA Board Chair

AHA Physician Alliance
Shaping the future of care through collaboration.

Be Well: Cultivating Resilience to Address Health and Well-Being

What is "Be Well?"
Resilience is defined as the ability to bounce back from adversity and the capacity to grow from adversity.

Who is Affected?
1 out of 2 physicians (50%) are experiencing burnout.

1 out of 3 (33%) professionals are the primary caregiver.

What Contributes to Burnout?

- Workload:** Excessive, too many hours, occasionally working week.
- Control:** Lack of control over one's work environment and autonomy.
- Reward:** Lack of appreciation, recognition, or feedback.
- Community:** Lack of connection with others in the workplace.
- Values:** Lack of personal values and moral support.
- Mission:** Misalignment between personal values and leadership/organizational values and moral practices.

Resilience: A personal trait that allows one to bounce back from adversity and the capacity to grow from adversity.

www.aha.org/physicians | 312.422.3329

5 QUESTIONS FOR LEADERSHIP

The AHA Physician Alliance focuses on success and service within three fundamental values: Lead Well, Be Well, Care Well, and through the "Five Questions" program, actively engage physician leaders on these three values.

Helping physician and administrative leaders improve the health of the enterprise and develop collaborative teams is one of our top priorities. Below are five leadership skills that our successful physician leaders have found successful. To learn more, please visit us online at www.aha.org/physicians.

- Physicians should embrace their entrepreneurial side.**
In a changing health care environment, the ability to be entrepreneurial as leaders is a key to success, passion and flexibility. These skills give us the ability to better serve patients and the future of the profession. When these skills are embraced, it allows us to move forward and create a culture of innovation and collaboration. We need these entrepreneurial skills to move forward and create a culture of innovation and collaboration.
- Successful leadership is a combination of vision, execution and personal relationships.**
Successful leadership is a combination of vision, execution and personal relationships. Vision is the ability to see the future and execute on that vision. Personal relationships are the foundation of successful leadership. We need these skills to move forward and create a culture of innovation and collaboration.
- Leadership happens when you want the opportunity to change things and you play to your strengths.**
Leadership happens when you want the opportunity to change things and you play to your strengths. It is not a title or a position, it is a mindset. We need these skills to move forward and create a culture of innovation and collaboration.

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"When physician and administrative leadership unite, powerful change is possible."

Heinda Estes, M.D., President & CEO of Saint Luke's Health System and AHA Board Member

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You are invited to learn more about the AHA Physician Alliance at www.aha.org/physicians

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