

Joy in Medicine



University of Texas

9.25.17 1-1:45p

Christine Sinsky MD

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Organizational Cost of Physician Burnout

Projected cost of physician burnout in terms of turnover. (Other costs of burnout, in terms of medical errors, malpractice liability, patient satisfaction, productivity and organizational reputation, are not included.)

Start here!

500

Number of physicians at your center

54 %

Rate of burnout of physicians at your center

Rate of burnout national mean: 54%

7 %

Current turnover rate per year

Current turnover rate national mean: 7%

\$ 500,000

Cost of turnover per physician

Cost of turnover per physician national mean: \$500,000

12.5

Number of physicians turning over due to burnout per year


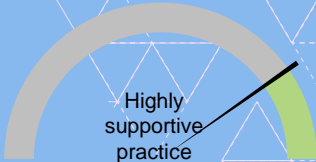
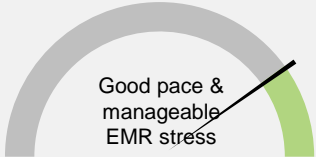
Annual Cost of Burnout

\$6,250,000

Projected cost of physician turnover per year due to burnout

Shanafelt, Goh, Sinsky JAMA IM 2017

Burnout Assessment

	Measure and Definition	Success Criteria	
1.	Joyful Workplace (Mini-Z Scores)	a joyful workplace $\geq 80\%$	 A semi-circular gauge with a color gradient from red to yellow to green. A black needle points to the right side, indicating a high score. The text "Joyful workplace" is written below the gauge.
2	Supportive work environment (Subscale 1)	a highly supportive practice ≥ 16	 A semi-circular gauge with a color gradient from grey to green. A black needle points to the right side, indicating a high score. The text "Highly supportive practice" is written below the gauge.
3	Work pace and no EMR stress (Subscale 2)	an office with good pace and manageable EMR stress ≥ 16	 A semi-circular gauge with a color gradient from grey to green. A black needle points to the right side, indicating a high score. The text "Good pace & manageable EMR stress" is written below the gauge.

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgommet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

Design: Quantitative direct observational time and motion study (during office hours) and self-reported diary (after hours).

Setting: U.S. ambulatory care in 4 specialties in 4 states (Illinois, New Hampshire, Virginia, and Washington).

Participants: 57 U.S. physicians in family medicine, internal medicine, cardiology, and orthopedics who were observed for 430 hours, 21 of whom also completed after-hours diaries.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record [EHR] and desk work, administrative tasks, and other tasks) and self-reported after-hours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of

their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of cal face time and 37.0% on EHR and desk work. Physicians who completed after-hours diaries spent 49.2% of their after-hours work each night, devoted more

Limitations: Data were gathered in performing practices and may not be generalizable. The descriptive study design did not allow for statistical comparisons by physician and practice.

Conclusion: For every hour physicians spend on direct clinical face time with patients, they spend nearly 2 additional hours on EHR and desk work within the clinic day. Out-of-office physicians spend another 1 to 2 hours of per diem doing additional computer and other clerical work.

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Ann Intern Med. doi:10.7326/M16-0961

For author affiliations, see end of text.

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Ambulatory care in the United States has been subject to dramatic pressures in the past decade to cut costs, meet regulations, and transition to electronic health records (EHRs). Effects on ambulatory care are still unknown, and unintended consequences are gradually gaining recognition, including additional time spent documenting care (1) and performance metrics (2), impaired communication with patients (3), and increased career dissatisfaction (4) and burnout (5–7) among physicians.

In the context of rapid change, dissatisfaction among physicians with how their time and skills are used is widespread and growing. Fifty-four percent of U.S. physicians experience some sign of burnout (5), an increase from 46% (6) over a 3-year period, 2011 to 2014, ($P < 0.001$). Time spent in meaningful interactions with patients and the ability to provide high-quality care are powerful drivers of physician career satisfaction (4). Conversely, physician dissatisfaction has centered on the changing content of their work, with more time spent on paperwork and the computer (7) and less time available for direct clinical face time with patients (4). Correlations between increases in EHR task

and practice characteristics and documentation support service the era of EHRs and federal incentive programs. In other words, what is working in the ambulatory trenches?

METHODS

Study Participants

The American Medical Association study of physician characteristics in the United States (compiled from the literature) and discussions among us formed the decision to study 2 types of practices (family medicine and internal medicine specialty (cardiology), and (orthopedics). These specialties are higher numbers of physicians than outlined in the report and were therefore chosen to ensure a participant base that was large and inclusive number of physicians in 4 specialties were determined, 4 :

Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations

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ABSTRACT

PURPOSE Primary care physicians spend nearly 2 hours on electronic health record (EHR) tasks per hour of direct patient care. Demand for non-face-to-face care, such as communication through a patient portal and administrative tasks, is increasing and contributing to burnout. The goal of this study was to assess time allocated by primary care physicians within the EHR as indicated by EHR user-event log data, both during clinic hours (defined as 8:00 AM to 6:00 PM Monday through Friday) and outside clinic hours.

METHODS We conducted a retrospective cohort study of 142 family medicine physicians in a single system in southern Wisconsin. All Epic (Epic Systems Corporation) EHR interactions were captured from “event logging” records over a 3-year period for both direct patient care and non-face-to-face activities, and were validated by direct observation. EHR events were assigned to 1 of 15 EHR task categories and allocated to either during or after clinic hours.

RESULTS Clinicians spent 355 minutes (5.9 hours) of an 11.4-hour workday in the EHR per weekday per 1.0 clinical full-time equivalent: 269 minutes (4.5 hours) during clinic hours and 86 minutes (1.4 hours) after clinic hours. Clerical and administrative tasks including documentation, order entry, billing and coding, and system security accounted for nearly one-half of the total EHR time (157 minutes, 44.2%). Inbox management accounted for another 85 minutes (23.7%).

CONCLUSIONS Primary care physicians spend more than one-half of their workday, nearly 6 hours, interacting with the EHR during and after clinic hours. EHR event logs can identify areas of EHR-related work that could be delegated, thus reducing workload, improving professional satisfaction, and decreasing burnout. Direct time-motion observations validated EHR-event log data as a reliable source of information regarding clinician time allocation.

Ann Fam Med 2017;15:419–426. <https://doi.org/10.1370/afm.2121>.

INTRODUCTION

Primary care has become increasingly complex,¹ with electronic health record (EHR) systems adding to the complexity. Our patients expect same-day access for face-to-face care during clinic hours and rapid responses to telephone calls, patient portal messages, laboratory result inquiries, and prescription renewal requests both during and after clinic hours. This concurrent face-to-face (synchronous) and non-face-

Urban Myths and Regulatory Pain Points



Are Computerized Provider Order Entry (CPOE) and Clinical Decision Support (CDS) required objectives under the Medicare and Medicaid EHR Incentive Programs?

CPOE and CDS are NOT required for Medicare Incentive Program as of 1/1/17

<https://questions.cms.gov/faq.php?faqId=22349&id=5005>

SOLD OUT

**Building the Organizational Foundation
for Joy in Medicine**



Stanford
MEDICINE



Oct 12-13, 2017

The background of the slide is a photograph of a gym with various exercise machines and bright lighting. A large blue rounded rectangle is centered on the left side, containing the main title in white text.

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Development of a Research Agenda to Identify Evidence-Based Strategies to Improve Physician Wellness and Reduce Burnout

Liselotte N. Dyrbye, MD, MHPE; Mickey Trockel, MD, PhD; Erica Frank, MD, MPH; Kristine Olson, MD; Mark Linzer, MD; Jane Lemaire, MD; Stephen Swensen, MD, MMM; Tait Shanafelt, MD; and Christine A. Sinsky, MD

Physician burnout, a syndrome characterized by emotional exhaustion, depersonalization, and decreased professional fulfillment, is increasing (1, 2). Physician burnout was more prevalent in general U.S. physicians than in general U.S. workers (3). A study found that physician burnout was more prevalent in U.S. workers than in general U.S. workers (4). Few trials have evaluated evidence-based strategies to reduce physician burnout (5). Additional research is needed to address this problem.

In 2016, the American Medical Association's Research Summit on Physician Wellness, a summit of the American Medical Association, took place in this field. (The summit is available at [www.ama-assn.org](#).) An participant was a top suggestion for the dissemination of research on physician well-being. This changed the

RECOMMENDATION 2: ESTIMATE THE ECONOMIC COST OF PHYSICIAN BURNOUT



Joy in Medicine **Research**
Summit 9/13/16

Health Affairs Blog

Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison

March 28, 2017

We commit to

- Regularly measure burnout
- Track costs
- Address clerical burden
- Support TBC
- Advocate regulatory burden
- Activate fellow CEOs
- Support research



Joy in Medicine **CEO** Consortium

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