

Restoring Meaning and Joy to the Practice of Medicine

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Disclosures

- I have no conflicts.

Learning Objectives:

- To understand incidence of burnout amongst academic physicians.
- To explore drivers of burnout in academic medicine.
- To review potential initiatives to mitigate burnout among academic physicians.

Physician Burnout

Introduction and History

“Burnout” first described Dr. Herbert Freudenberger (1974):

- Emotional exhaustion – “one’s psyche being drained”
- Depersonalization – “impersonal responses”
- Sense of low personal accomplishment – “negative feelings about oneself and competence of one’s work”

Degrees of burnout:

- First degree: failure to keep up and gradual loss of reality
- Second degree: accelerated physical and emotional deterioration
- Third degree: major physical and psychological breakdown

Simendinger EA. Aspen Syst Co.1985

Physician Burnout

Prevalence of Issue

Elements of the problem today:

- Burnout continues to increase in every specialty
 - 46% of physicians have one or more symptoms of burnout on Maslach Burnout Inventory
- Burnout is more prevalent among physicians than other U.S. workers
- A higher rate of burnout correlates with an increased number of absences, greater intention for turnover, and decreased workability (ability to handle the demands of the job)

Changes in burnout by specialty 2013–2017

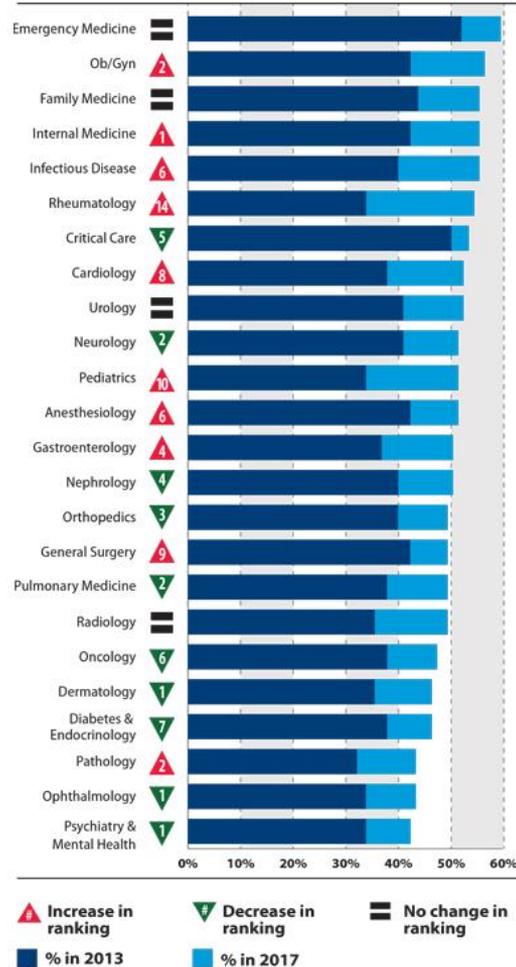


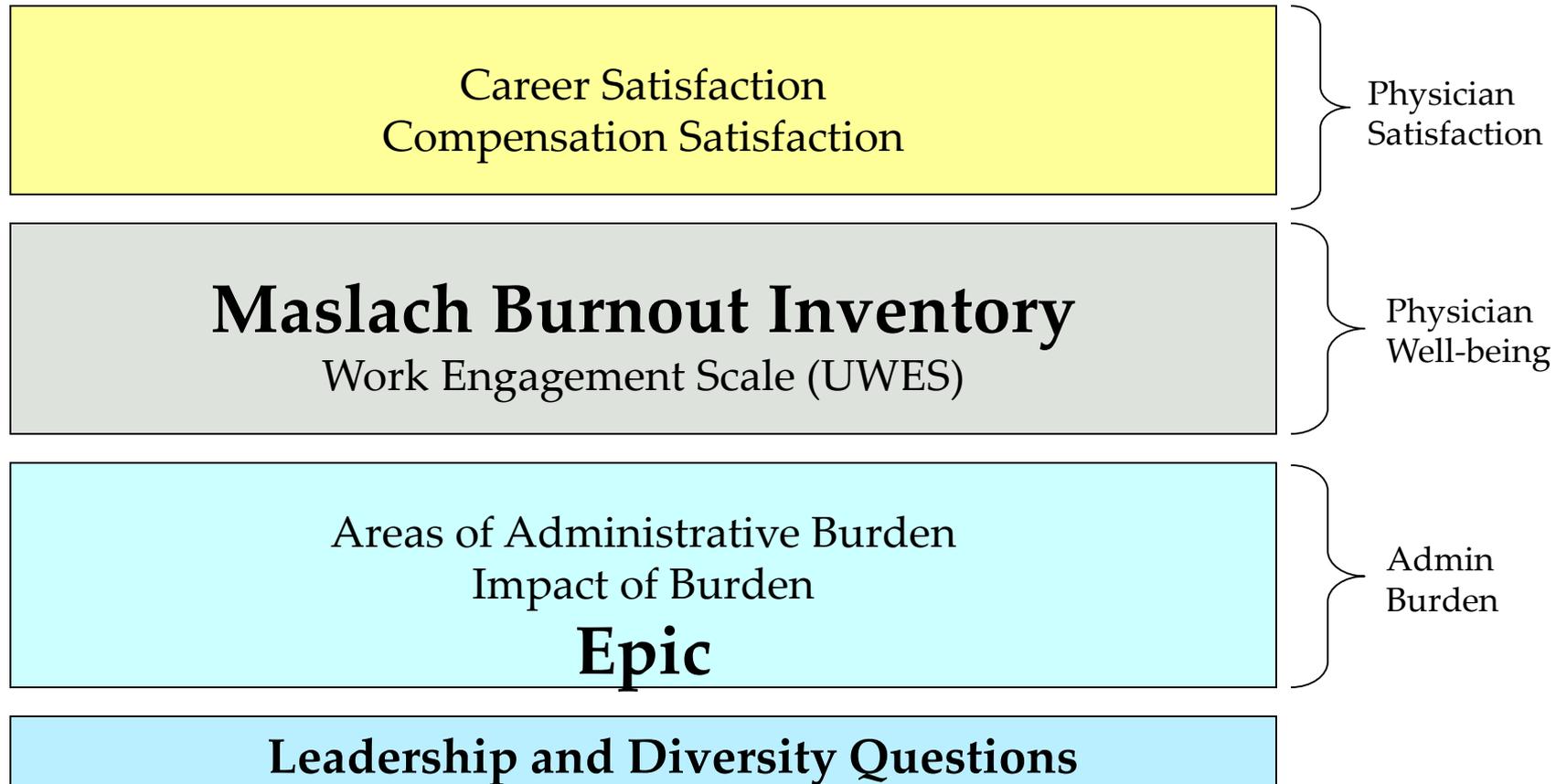
Table 3. Comparison of Employed Physicians in the Sample Aged 29 to 65 Years With a Probability-Based Sample of the Employed US Population Aged 29 to 65 Years

Variable	Physicians (n = 6179)	Population Control Subjects (n = 3442)
Burnout Indexes, No. (%)		
Emotional exhaustion ^f		
Never	785 (12.7)	406 (11.8)
A few times a year	1637 (26.5)	1065 (30.9)
≤ Once a month	782 (12.7)	537 (15.6)
A few times a month	958 (15.5)	610 (17.7)
Once a week	614 (9.9)	239 (6.9)
A few times a week	819 (13.3)	372 (10.8)
Every day	536 (8.7)	193 (5.6)
Missing	48 (0.8)	20 (0.6)
High score ^g	1969 (31.9)	804 (23.4)
Depersonalization ^h		
Never	2020 (32.7)	1357 (39.4)
A few times a year	1537 (24.9)	824 (23.9)
≤ Once a month	679 (11.0)	348 (10.1)
A few times a month	705 (11.4)	374 (10.9)
Once a week	405 (6.6)	176 (5.1)
A few times a week	541 (8.8)	202 (5.9)
Every day	247 (4.0)	133 (3.9)
Missing	45 (0.7)	28 (0.8)
High score ^g	1193 (19.3)	511 (14.8)
Burned outⁱ	2319 (37.5)	950 (27.6)
Depression and suicidal ideation		
Screen positive for depression	2494 (40.4)	1426 (41.4)
Suicidal ideation in the past 12 mo	426 (6.9)	227 (6.6)
Satisfaction with work-life balance		
Work schedule leaves me enough time for my personal or family life		
Missing	13 (0.2)	8 (0.2)
Strongly agree	879 (14.2)	671 (19.5)
Agree	1898 (30.7)	1291 (37.5)
Neutral	909 (14.7)	677 (19.7)
Disagree	1621 (26.2)	605 (17.6)
Strongly disagree	859 (13.9)	190 (5.5)

Shanafelt, Arch Intern Med, 2012

<https://wire.ama-assn.org/life-career/report-reveals-severity-burnout-specialty>

2014 and 2017 Survey Content



95% of MGPO QI eligible physicians completed 2017 survey

Survey Tools Used to Assess Burnout and Engagement

- The 2017 survey included the Maslach Burnout Inventory (MBI) and the Utrecht Work Engagement Scale (UWES), which both aim to measure individuals' attitudes about work.

	Burnout	Engagement
Subscales:*	Exhaustion Cynicism Professional efficacy	Vigor Dedication Absorption
Instrument:	Malsach Burnout Inventory (MBI)	Utretch Workplace Engagement Survey (UWES)
Summary:	<ul style="list-style-type: none"> Widely used in physician surveys Benchmarks available 	<ul style="list-style-type: none"> Emerging concept in studying employee well-being No physician benchmarks



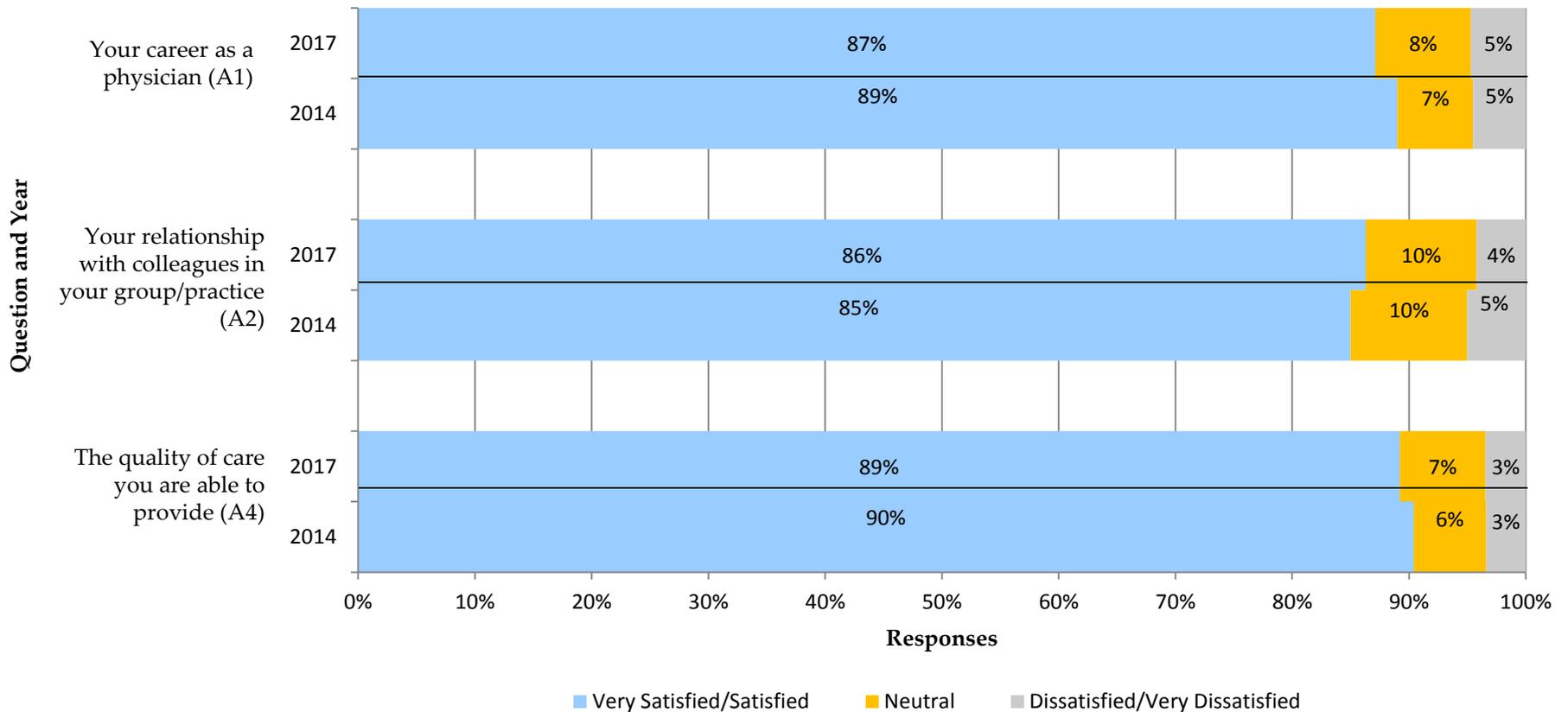
Top headlines from the 2017 Physician Survey

- Once again, physicians report high levels of overall career satisfaction, with 87% either satisfied or very satisfied.
- Burnout is slightly worse; 46% of physicians are burned out as compared with 41% in 2014.
- Ambulatory clinical documentation is area of greatest burden for physicians.
- Amount of time spent on clinical tasks up from 24% in 2014 to 28% in 2017. Despite this, fewer docs report that quality or ability to focus is affected by administrative tasks, and more have support. A mix of role types support MDs.
- Although half of MGPO docs describe comp plans as transparent and fair, only 44% feel that they are adequately compensated, which is a drop from last year.

MGPO Physicians Remain Satisfied With Their Career

- National rates for physician satisfaction range from 79-84%¹. One national study of 1,289 physicians found that 86% of physicians were either very satisfied or somewhat satisfied with their career²

Overall, how satisfied are you with the following?



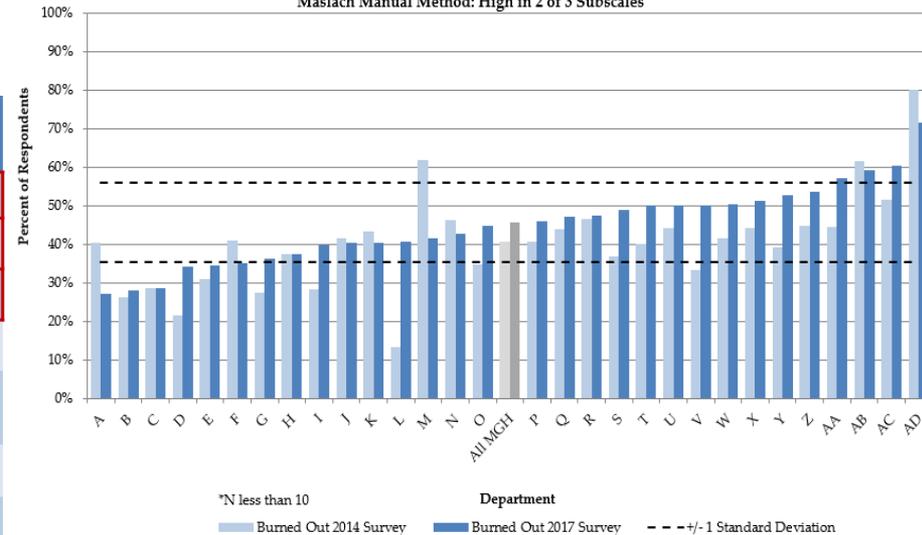
Physician Burnout

Prevalence at the MGPO/MGH

- Physician burnout increased in most departments from 2014 to 2017 with a few notable exceptions. Across MGH, burnout increased 5 percentage points.

In 2017 46% of MGPO physicians scored high on two of the three subscales, a 5 percentage point increase from 2014

Percent of Physicians Meeting Burnout Criteria
Maslach Manual Method: High in 2 of 3 Subscales



What are the three things you find least satisfying about medical practice?

2017 MGPO Physician Survey (B33) (in order of least satisfying)	2014 MGPO Physician Survey (in order of least satisfying)	2016 Physician Foundation Survey (in order of least satisfying)
Non-clinical paperwork	Non-clinical paperwork	Non-clinical paperwork
Long hours/lack of personal time	Long hours/lack of personal time	Lack of clinical autonomy
Reimbursement/compensation issues	Reimbursement/compensation issues	EHR implementation
EHR implementation	Liability/defensive medicine pressures	Liability/defensive medicine pressures
Lack of control over practice environment	Lack of control over practice environment	Commoditization of medicine
Liability/defensive medicine pressures	Productivity requirements	Lack of time with patients
Productivity requirements	Uncertainty/changes of health reform	Maintenance of certification (MOC) requirements
Uncertainty/changes of health reform	EHR implementation	Online misinformation directed at patients
Academic expectations	Managed care	
Managed care	Academic expectations	
Lack of clinical autonomy	Lack of clinical autonomy	

What two factors do you find most satisfying about medical practice? (B32)	2017 MGPO Physician Survey	2014 MGPO Physician Survey	2016 Physician Foundation Survey ⁶
Patient relationships	77.5%	78.4%	73.8%
Intellectual stimulation	68.0%	69.9%	58.7%
Interaction with colleagues	44.7%	42.6%	19.7%
Financial rewards	5.0%	5.4%	16.1%
Prestige of medicine	4.7%	4.0%	10.2%

What MDs Have to Balance

- Foundation is focusing on the patient
- Increasing complexity of care and systems of care
- Increasing requirements for documentation and care processes
- Compensation
- Support for teams
- New models of care
- Electronic Health Records

Administrative Tasks

Clinical

- Ambulatory clinical documentation
- Inpatient clinical documentation
- Medication reconciliation
- Patient test results management
- Prior authorizations
- Patient communication via patient portal
- Clinical messaging
- Electronic charge capture

Practice Improvement

- Expanded requirements for using EHR (e.g. VSR, problem list, smoking documentation)
- Practice redesign (e.g. care redesign, safety checklist, team huddles, PCMC)

Regulatory

- Hospital credentialing
- State licensure/CME requirements
- Board recertification requirements
- Mandatory training requirements
- Harvard promotion process



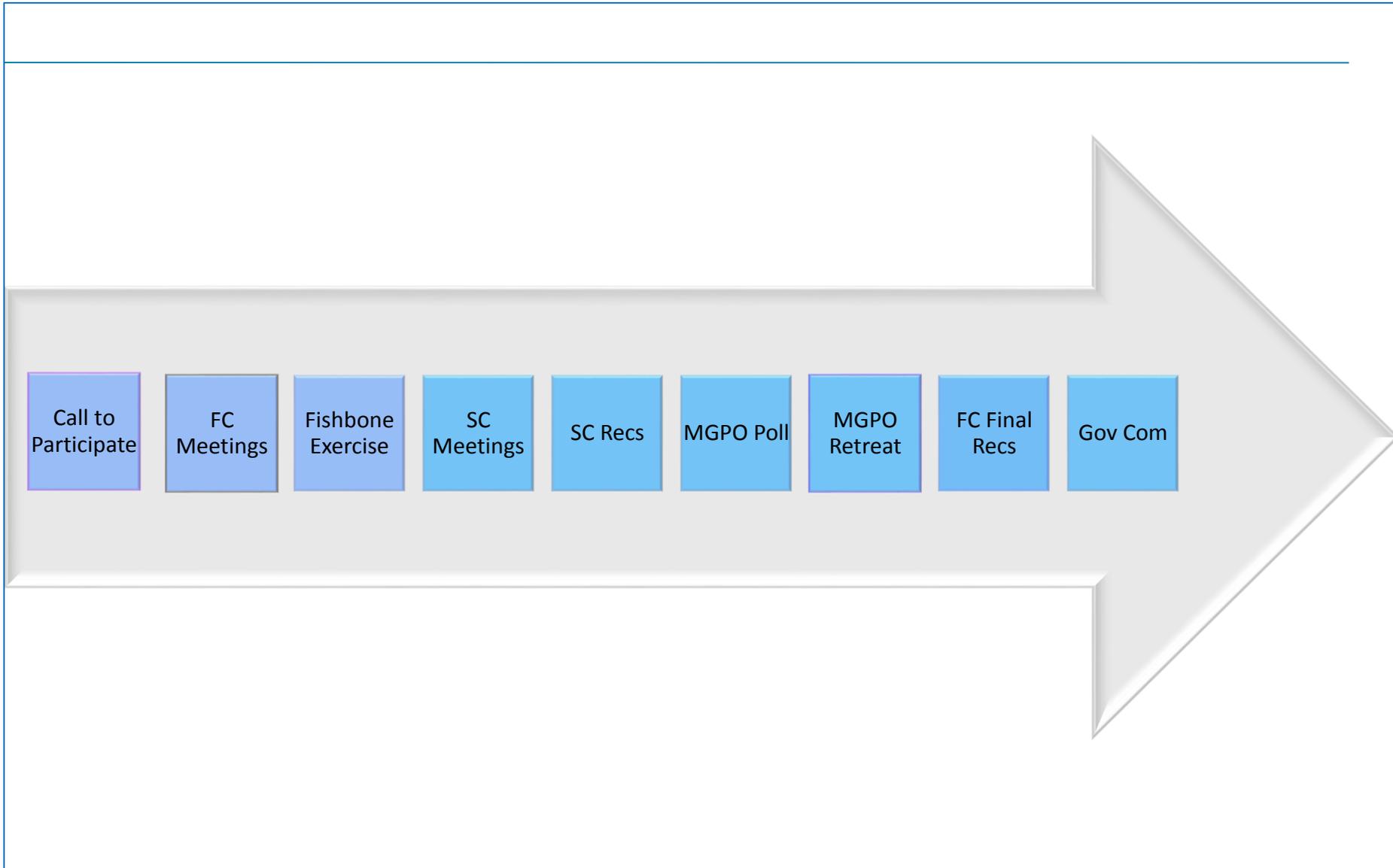
MGPO Frigoletto Committee



MGPO Frigoletto Committee Charter

- The Frigoletto Committee was chartered by the MGPO to identify, evaluate, prioritize and offer suggestions to the MGPO Executive Committee for immediate and longer-term remediation of the administrative burden and other factors contributing to physician burnout within the MGPO.
- The goal of this work is the restoration of meaning and joy in the practice of medicine at the institutional, practice and physician levels, including the career development and individual well-being.

Timeline



MGPO Frigoletto Committee Process

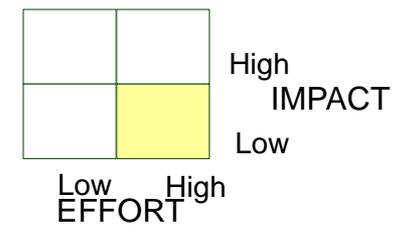
Step 1: Charter and Brainstorm – Fall, 2016



Step 2: Focus on the 4 high impact areas – Winter, 2016-17

Four sub committees met to research and develop proposals for initiatives.

Step 3: Evaluation process: Late winter, 2017



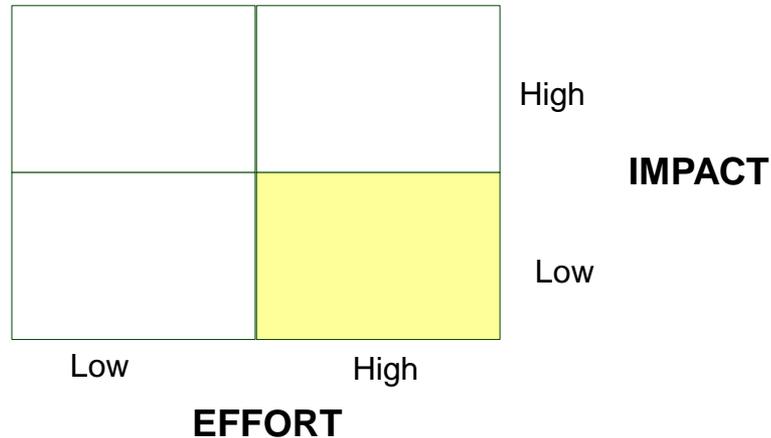
Step 2: Four High Impact Areas Identified



	FOCUSING ON
WELL-BEING	Connecting physicians to each other and to resources to enhance well-being and cultivate a culture of support and resilience and a supportive environment for physician well-being
IT	Optimizing Epic workflows using currently available Epic and non-Epic tools whenever possible, enhancing Epic if possible, and creating clinical and process workarounds if necessary
GOVERNANCE	Bi-directional communication and ensuring that physicians have an appropriate voice in change priorities, design, and management
WORK-FLOW	Determining best practices to help practices streamline procedures and processes and right-size support staff resources to reduce physician administrative burden

Step 3: Evaluation Process

Pain Point -What is the problem	
Proposed Solution	
Anticipated Effect	
Who would be helped?	



Quick Fixes

- Change Note completion deadline to three business days
- Change availability of imaging results for patients from 1 to 3 days
- Clarify current Meaningful Use requirements
- CME credits for using *UpToDate*®
- MGPO Physicians Epic & Dragon Support Hotline Pilot
- Increase physician input/review of *HealthStream* trainings to ensure value
- IMMERSE Medical Renewal Pilot
- Changed eCare prioritization and process
- Completed >600 clinical enhancements in eCare

Well-Being Sub Committee Proposal

Connecting physicians to each other and to resources to enhance well-being and cultivate a culture of support and resilience and a supportive environment for physician well-being

	Ideas
1.	Develop Center for Physician Well-Being.
2.	Create faculty lounge for well-being.
3.	Launch a Physician Coaching Service.
4.	Educate current chairs/chiefs and rising leaders to cultivate a culture of well-being for physicians.
5.	Catalog existing offerings within MGH/HMS for physicians to access.

Sub committee Chairs: Kerri Palamara, M.D. & Darshan Mehta, M.D.,M.P.H.

IT Sub Committee Proposal

Optimizing Epic workflows using currently available Epic and non-Epic tools whenever possible, enhancing Epic if possible, and creating clinical and process workarounds if necessary

	Ideas
1.	Centralized and/or automated services. (medication renewals, scheduling, ordering, charge capture, coding)
2.	In-Room Scribes. Implementation can nearly eliminate the documentation burden while also helping pend orders.
3.	Virtual Scribes. Implementation can nearly eliminate the documentation burden while also helping with charge capture. Concurrent coding can improve documentation and coding accuracy and provide charge capture services.
4.	Chartcraft. Teach best-practice content and technique of crafting the chart, including use of problem oriented charting, APSO note format, and the Epic encounter report.

Sub committee Chairs: David Ting, MD & Jim Heffernan

Governance Sub Committee Proposal

Bi-directional communication and ensuring that physicians have an appropriate voice in change priorities, design, and management

Ideas

- Create permanent MGPO Committee addressing physician burden, overseeing adoption of new administrative responsibilities, and identifying opportunities to consolidate and align existing requirements.

Sub committee Chairs: Peter Greenspan, MD & Jeff Weilburg, MD

Workflow Sub Committee Proposal

Determining best practices to help practices streamline procedures and processes and right-size support staff resources to reduce physician administrative burden

	Ideas
1.	Increased Epic support for workflow customization work. <ul style="list-style-type: none">• Similar to LMR analysts – having at the elbow support for practice-wide improvements and customizations.
2.	Every practice develops an urgent access guide that is available to all practice staff. So a physician can delegate getting a patient an urgent consult to another member of the care team

Subcommittee Chairs: Inga Lennes MD, MPH, MBA & Sandhya Rao, MD

Proposed Initiatives

- Physician peer coaching service**

Peer support from a faculty member trained as a coach for psychology/wellness, communication, career development, etc.

- Virtual scribes**

An off-site individual to draft documentation and charge capture for physician review/approval

- Advanced personal Epic training**

Customized training to support faster and more efficient use of Epic

- Improved access to urgent specialty consultation**

How to get your patients into an ambulatory practice urgently, without having to chase down a colleague

- Faculty lounge**

An accommodating, accessible, relaxing physical space with ample access to refreshments, computers, peer interaction, etc

- In-room scribe**

An individual in the exam room to draft documentation, charge capture, and prepare orders for physician review/approval

- Increased Epic optimization support**

Support for practice-wide workflow customization and process improvement

- Delegation of non-physician work**

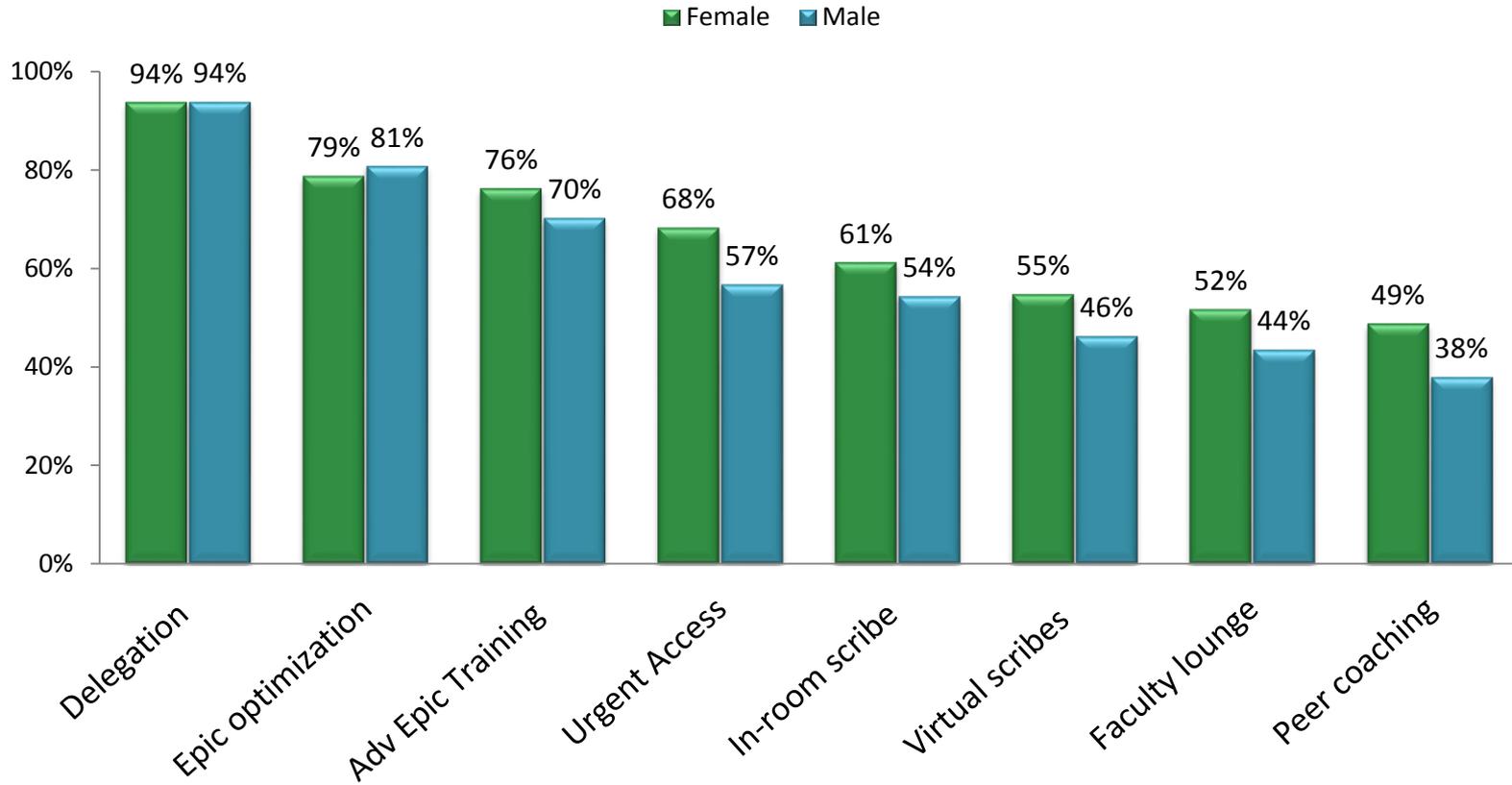
Such as charge capture, medication renewals, prior approvals, records requests, and pre-loading new patient information to administrative staff

Results from the Frigoletto Committee Poll

	Total Response	Highly Valuable	Somewhat Valuable	Highly or Somewhat Valuable
Delegation of non-physician work	616	78%	16%	94%
Increased Epic optimization support	533	39%	40%	80%
Advanced personal Epic training	548	38%	36%	73%
Improved access to urgent specialty consultation	482	25%	37%	62%
In-room scribe	545	35%	23%	58%
Virtual scribes	499	21%	29%	50%
Faculty lounge	548	21%	27%	48%
Physician peer coaching service	490	13%	30%	43%

Poll results: Female vs. Male Providers

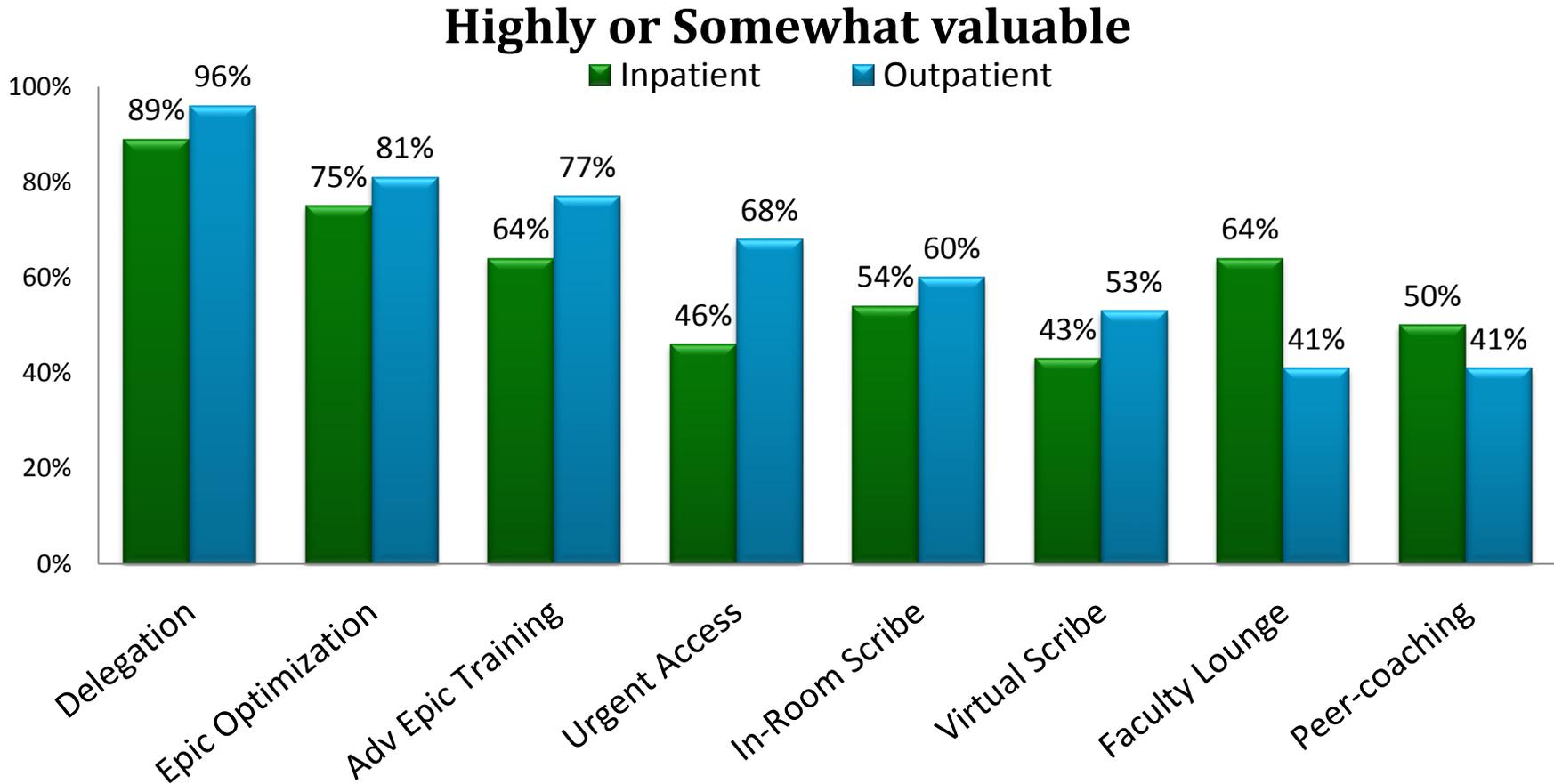
Highly or Somewhat Valuable



Value	Percent	Responses
Female	49.5%	329
Male	50.5%	335
Total: 664		

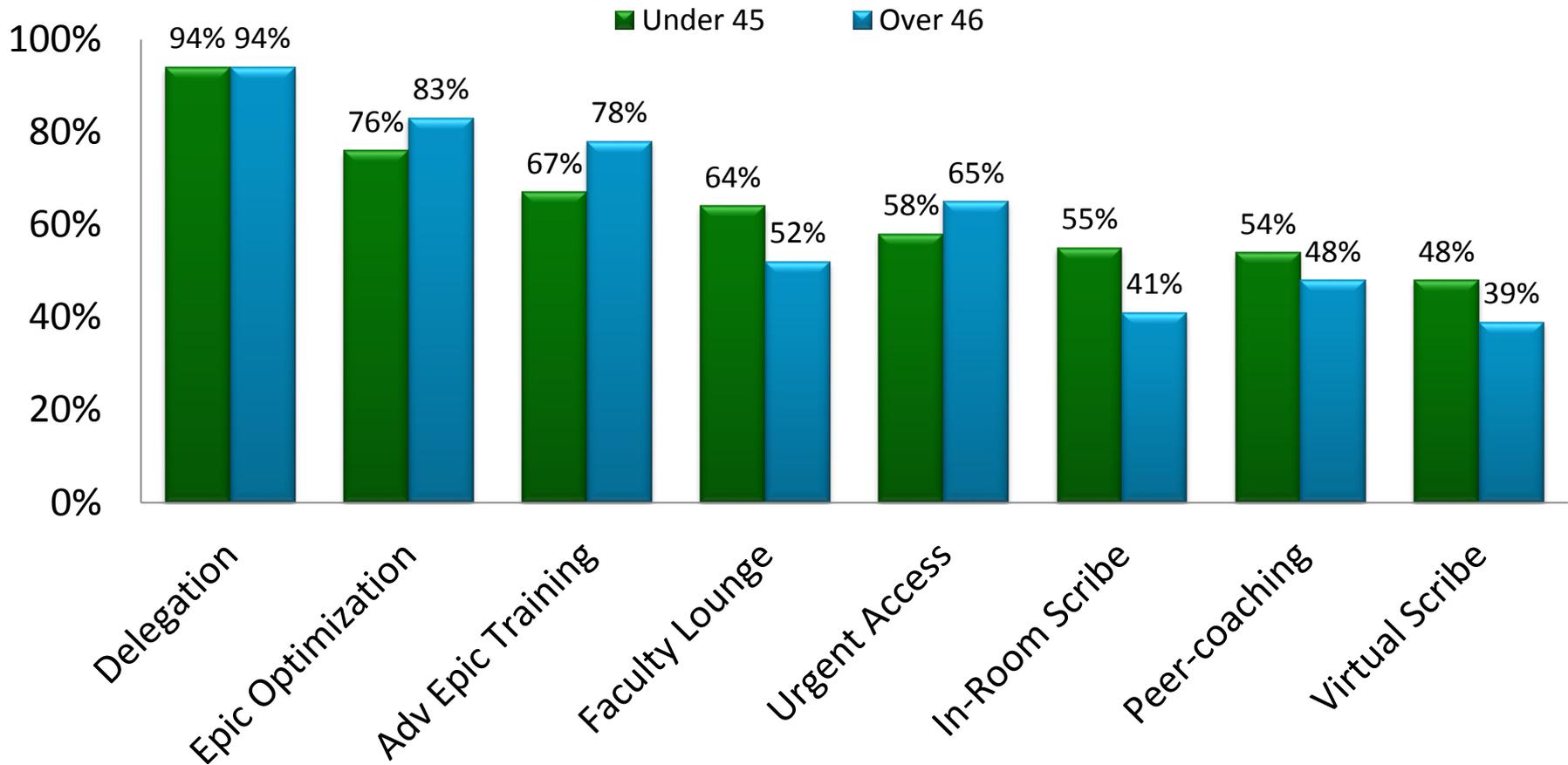
*Nearly an equal number of female and male physicians responded to the poll.

Poll results: Inpatient vs. Outpatient Providers



Poll results: Providers Under 45 vs. Providers 46 and Older

Highly or Somewhat valuable



Frigoletto Retreat

- **Participants:** 47 physicians (recommended to participate in the retreat by their chief) and a member of the MGPO Board of Trustees
- **Charge:** Provide greater clarity and specificity of desired outcomes with respect to the 3 areas of focus generated by the recent Frigoletto Committee poll:
 - Delegation of non-physician work
 - Increased Epic optimization support
 - Advanced personal Epic training
- **Process:** Before the meeting participants asked colleagues about “pain points” that they would like to see reduced or eliminated within each area above. At the meeting physicians from each department (or DOM division) presented their department’s responses.
- The themes were universal but there was broad agreement for localized solutions

Frigoletto Committee Final Recommendations

MGPO-wide:

Blue Tree Network Pilot

- Epic enhancement
- Personalized Epic training
- Engage an outside vendor to help identify specific strategies to enhance Epic's clinical interface and offer personalized training to interested physicians.

Department-level:

Frigoletto Grant

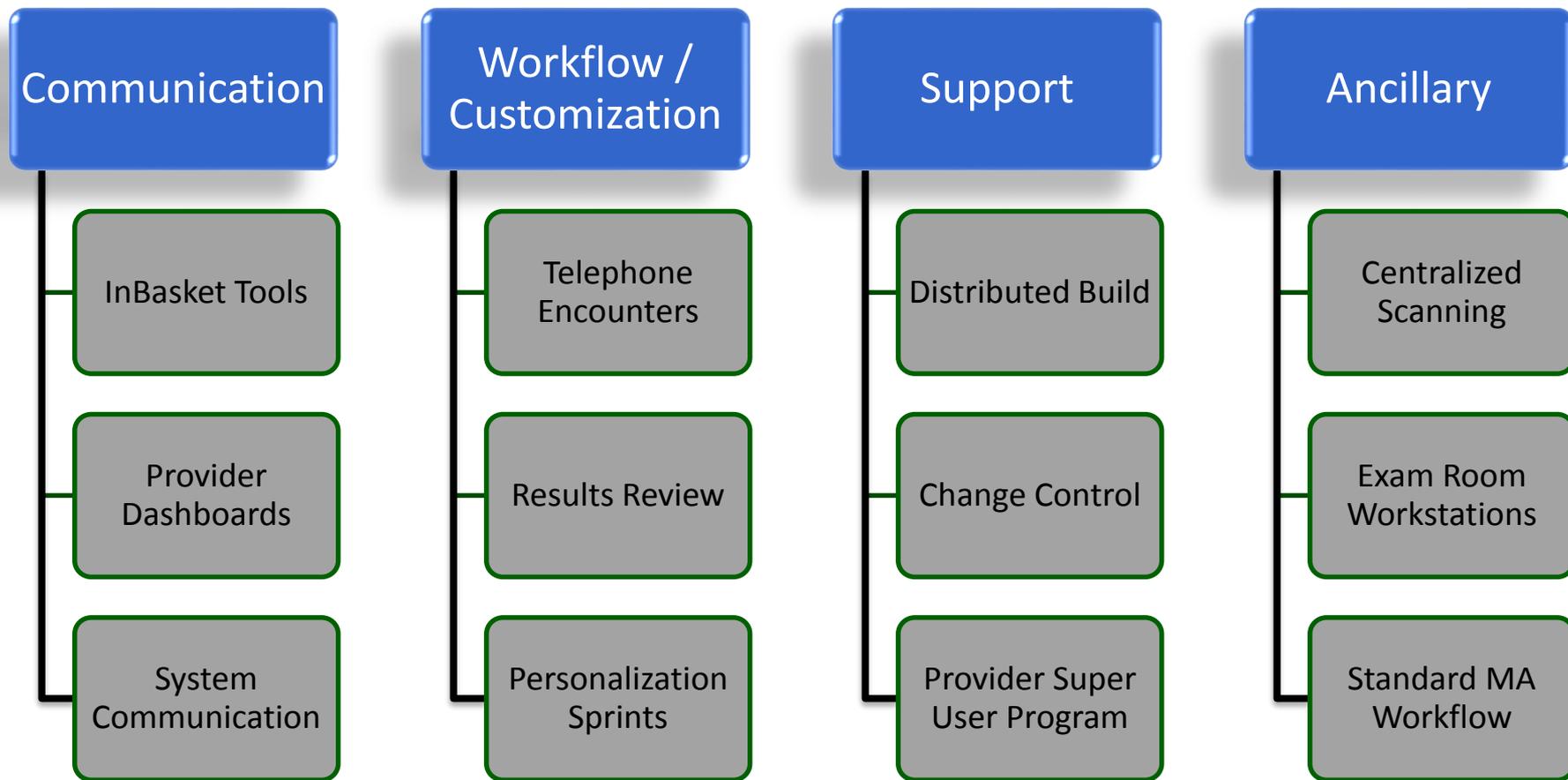
- MGPO will fund department-specific initiatives aimed at reducing admin burden and burnout
- Chairs and departmental leadership will apply for funding with specific metrics to measure impact
- Funding amount based on # of QI eligible faculty members per department

Continued Governance:

Committee on Administrative Burden

- Frigoletto cte converted to a permanent governance cte reporting to the POEC.
- Charge: to restore meaning and joy to the practice of medicine at the institutional, practice, and individual level
- 5 Ex-officio members, 6 elected members, 4 at-large appointed members

BlueTree Network Specialty Practice Pilot Recommendations



Frigoletto Grants

- Goal of grant is to fund department-specific initiatives aimed at reducing administrative burden and burnout, and helping to restore joy and meaning to the practice of medicine.
- Departments may apply to receive a grant to fund their initiatives to address burden and burnout.



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Frigoletto Committee Grant Application

The goal of this grant program is to fund department-specific initiatives aimed at reducing administrative burden and burnout, and helping to restore joy and meaning to the practice of medicine. Departments may apply to receive a one-time grant to fund their initiatives to address burden and burnout.

Eligibility. Grants will be awarded based on:

1. Confidence that initiative will achieve stated goals
2. Confidence that stated goals will improve current physician state in your department
3. Clarity of proposal rationale, methodology, and planning
4. Strength of proposal relative to other applications
5. Level of anticipated support from department leadership

Deliverables. Please submit the following materials with your completed application:

1. Completed application
2. Proposed timeline for the project
3. List of physicians, administrators, etc. who will lead project work
4. Letter of project support from department chief and ED/AD

Please answer the questions below in as much detail as possible.

Applicant Department: _____

Department Grant Director(s): _____

Department Grant Sponsor(s): _____

Funding requested: _____

Description of Project: Describe the project that this grant would help fund and how it would reduce administrative burden and/or physician burnout. Include background, an overview, and timeline for the project.

Tactics for Addressing IT-Related Administrative Burden

Initiative	Comments	Status	Interim Updates
Epic Enhancements	Changes to Epic requiring fewer than 80 hours of development	Live	<p>The accomplishments as of August 25th include:</p> <ul style="list-style-type: none"> • Completion of 70% of planned enhancements FYTD • Completion of 658/793* (83%) of planned clinical enhancements • Q4 has 229 enhancements, 113 are complete* • Completion of initial FY18 quarter 1 clinical enhancement plan • Completion of 45 Strategic Projects and Operational Requests FYTD • 8 projects have been completed in Quarter 4 thus far
MD help hotline	Call an 800- telephone number and within 15 second get Help	Live	913 tickets since 4/5/17
Prep New Patient Charts	Provide a resource to practices collect key data and pre-populates Epic prior to visit	Development	Development work with CAC, Cancer Center, Cardiology, Exec Health, Primary Care
Prior Auths Team	PO sponsored team fills out prior auth forms for meds and procedures	Pilot	Live with Sleep Study project
Epic Demands	Changes to Epic requiring greater than 80 hours of development	Live	<ul style="list-style-type: none"> • 32 projects in flight, 21 in assessment • FY 18 208 requests (47 carryover from FY17, 128 deferred!) – 80 requests prioritized
Chart Abstraction	Send paper discharge summaries and reports to be loaded into Epic	Live / Development	<ul style="list-style-type: none"> • Phase 1 fully live • Expanding data types
IMMERSE (Med Renewals)	PO sponsored team vets and preps renewal requests for MD co-sign	Live	<ul style="list-style-type: none"> • SOW finalized • 20472 / 26367 requests processed • 68 providers / 7 practices live • 21 IKS resources devoted to IMMERSE

Tactics for Addressing IT-Related Administrative Burden

Initiative	Comments	Status	Interim Updates
Virtual Scribes	Asynchronous documentation, charge capture, coding guidance	Live	<ul style="list-style-type: none"> SOW finalized 32 MD's live Plan for 10% of MDs live by Mar 2018 Launched in Cardiology Exploratory in Peds
In-The-Room Scribes	Real-time documentation, may pend orders, high turnover	Pilot	<ul style="list-style-type: none"> 90 MD's, 12 practices, 900 hours live P-Care looking at 90/10 live/virtual split
Inbox Management	How to manage Outlook email and Epic InBasket most efficiently	Development	<ul style="list-style-type: none"> PeC InBasket Webinar included in Term 2 QI program
Dragon Advanced Tutorials	1:1 training in voice command of macros and EHR navigation	Live	<ul style="list-style-type: none"> 36 1-to-1 sessions to date
Central Ordering	Call a central team to enter orders for the MD to co-sign	Exploratory	Exploratory
Central Mail Service	Scan forms to central team to complete for the MD	Exploratory	Exploratory



Sign Up for Soul Cycle Classes for 9/11 and Beyond by This Friday at 4 pm



MGPO

PHYSICIAN WELL-BEING

Relieving burden and burnout



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Chair:

- Marcela del Carmen, MD, *MGPO Chief Medical Officer*

Members:

- John Belknap, *Chief Compliance Office*
- Marjory Bravard, MD, *Hospital Medicine Unit*
- Denise Gee, MD, *Surgery*
- Jim Heffernan, *MGPO Chief Finance Officer*
- John Herman, MD, *Medical Director, Partners Employee Assistance Program*
- Diana Lemly, MD, *Pediatrics*
- Wilton Levine, MD, *Anesthesia & Critical Care*
- John Mullen, MD, *Surgical Oncology*
- Benjamin Nelson, MD, *Pediatrics*
- Kerri Palamara McGrath, MD, *Primary Care*
- Devon Quasha, MD, *Primary Care*
- Anna Rubin, MD, *Primary Care*
- Helen Shih, MD, *Radiation Oncology*
- David Y. Ting, MD, *MGPO Chief Medical Informatics Officer*
- Nancy Wei, MD, *Endocrinology*

MGPO Staff:

- Jenna Berube, *Senior Project Specialist*
- Sara Lehrhoff, *Director of Physician Programs*

Wellness Programs

Attendance Demographics	YOGA	SOULCYCLE
Total Attendance	64	162
Gender	 12%  88%	 29%  71%
Average Age	38	40
Top 3 Class Times	12:30 pm (27%) 6:00 pm (19%) 4:15 pm (13%)	5:00 pm (28%) 6:00 pm (25%) 7:00 am (10%)
Top 3 Departments	Psychiatry Med – Allergy Cancer Center	Radiology Surgery Pathology
Average Classes Attended per Week	1.3 Classes	1.2 Classes

Connectivity Programs

Russel Hour and Cocktail Parties

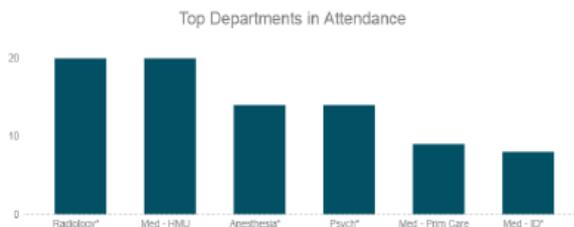
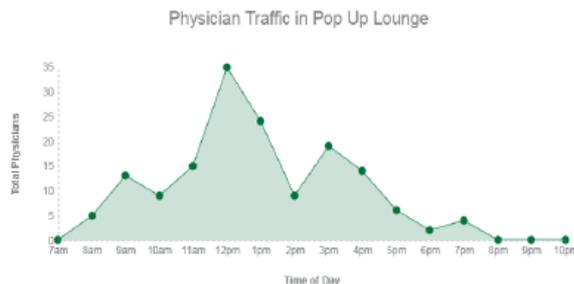


Total Events: 5

Total Combined Attendance: 180

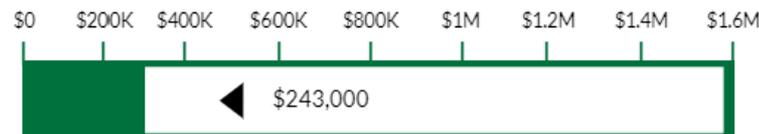
Pop-Up Physician Lounge

Total in Attendance: 157**



Connectivity	Status	Cost
Female Surgeon Connectivity Program	➔	\$ 40,000
Liberty Hotel Cocktail Party	➔	\$ 6,000
Physician Lunches	➔	\$ 3,000
Pop-Up Physician Lounge	➔	\$ 50,000
Russell Hour Art Event	✗	\$ 3,000
Russell Hour Cocktail Parties	➔	\$ 9,000
Soul Cycle and Yoga "Bring a Buddy"	➔	\$ 60,000
Admin Burden Relief	Status	Cost
BlueTree Pilot	✓	\$198,000
CHASSIS	➔	\$ 84,000
Epic Support Hotline	➔	\$204,000
Immunization Admin Cert	✗	\$ 12,270
InBasket Optimization for PCPs	➔	\$460,000
MGPO Epic Micro Training	➔	\$115,000
Scribes	➔	\$ 75,000
20% Meaningful Work	Status	Cost
DOM Indian Health Service	➔	\$ 3,000
Office of Women's Career Program Initiatives	➔	\$ 27,000
Other	Status	Cost
MGPO MD Appreciation Gifts	✓	\$ 4,000

✓ Complete ➔ In Progress ✗ Not Started



Lessons Learned

- Common themes across practices contributing to dissatisfaction:
 - Epic
 - Lack of Practice resources
 - Volume pressure
- Specific pain points that the problem areas are producing for the physicians
- Standardized MGPO solutions will not fit individual departmental needs
- MGPO can direct 'across-the-board' solutions
- Departments must design and execute on local solutions
- MGPO can provide assistance by helping to fund departmental solutions

Thank You