

Health care CEOs to peers: Act on burnout, restore medicine's joy

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As physician burnout mounts, some of the nation's most prominent health care CEOs are urging their fellow health-system leaders to address the problem's root causes and "reposition the health care workforce for the future." That is the *cri de couer* embedded in a recent call to action that outlines ways for health care executives to commit their organizations to studying and improving the work environment.

The message comes after AMA CEO and Executive Vice President James L. Madara, MD, and CEOs from 10 leading health care delivery organizations met at the Association's Chicago headquarters in September 2016.

At the meeting, executives pored over reports that show less control over work, increased performance measurements and the rise of electronic health records (EHR) are among the items contributing to physician burnout. The CEOs concluded that they and their counterparts must recognize that burnout among physicians and other health care workers is "a serious problem and respond vigorously."

"More than words are needed," the executives wrote in the call to action, "Physician Burnout is a Public Health Crisis: A Message to Our Fellow Health Care CEOs," published on the website of the policy journal *Health Affairs*. "We must make both the prevention of burnout and the restoration of the joy of a career in medicine core priorities, and address this issue with the same urgent methods we would use to solve any other important business problem."

Hold executives to task on well-being

Among the 11 commitments the CEOs made—and called on others to undertake—are raising awareness about physician well-being; systematically evaluating and tracking physician well-being;

tracking the impact burnout has on medicine, such as turnover and early retirement; and looking for ways to reduce the burdens on physicians and other health care workers that are driving burnout. For example, one commitment encourages “government/regulators to address the increasing regulatory burden that is driving inefficiency, redundancy and waste in health care and to proactively monitor and address new unnecessary and/or redundant regulations.”

The executives said this is such an important issue that boards should hold CEOs accountable in implementing approaches and addressing physician burnout. Studies show that burned out physicians are retiring early, reducing the time they devote to clinical work or leaving medicine entirely. Those decisions hamper patient safety and quality of care and drive up health care costs, the CEOs said. It is especially important to address this issue quickly, they said, because the problem is growing. In 2014, 54 percent of physicians reported at least one burnout symptom, up from 46 percent of physicians just three years earlier, says a study published in *Mayo Clinic Proceedings*.

“We believe that our patients deserve care from a compassionate, competent, engaged and resilient health professional workforce,” Dr. Madara and CEOs from Mayo Clinic, Cleveland Clinic, Southern California Permanente Medical Group, Duke University Hospital and other organizations wrote. “We are committed to working together as CEOs as well as with other stakeholders within the health care ecosystem to make progress in this critical arena. We invite you to join us.”

The message from top health care CEOs comes as a growing chorus notes the baleful impact that administrative burdens are having on physician morale and patient care. In a recent position paper, the American College of Physicians called for payers, the government and others to provide financial, time and quality-of care impact statements that the public can review and comment upon for new and existing administrative tasks.

The ACP says tasks that would have a negative effect on quality and patient care, unnecessarily question physician and other clinician judgment or increase costs should be challenged, revised or removed entirely. If tasks cannot be eliminated, they must be reviewed regularly, revised, aligned or streamlined in a transparent way, the ACP paper says.

When physician’s Hancock doesn’t improve care

An editorial accompanying the paper suggests that one more recommendation may be considered: “At the most basic level, for example, one might ask, what is the value of a signature? Does every hearing aid battery, cane, pair of diabetic shoes ... need to pass through a physician’s inbox for a signature?” asks Christine A. Sinsky, MD, AMA vice president of Professional Satisfaction.

She notes that physicians spend too much time on administrative tasks that don't require an MD's or DO's expertise, writing: "Most other industries would not waste the work of their highest-level professionals in this manner. Patients deserve the full and undivided attention of their physicians, populations deserve access to care and society deserves more from its investment in medical education."

Dr. Sinsky has played a leading role in research from the AMA, Dartmouth and others demonstrating how EHRs and clerical duties occupy an increasing share of physician time, with two hours absorbed by such tasks for every one hour spent on direct patient care.

In particular, physician practices complete 37 prior-authorization requests each week. That adds up, an AMA survey found, to an average of 16.4 hours of physician and staff time spent weekly on completing PA requirements to get patients the medicines, medical services or procedures they need. The AMA and a coalition of 16 other organizations have outlined 21 principles to reform prior-authorization requirements.

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