

Alarming survey results spark 7 system changes to buck burnout

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For years, Roanoke, Virginia-based Carilion Clinic has stood near the forefront of health care industry efforts to alleviate professional burnout among physicians and other health professionals.

As the largest nonprofit multispecialty integrated health system in Western Virginia, Carilion Clinic serves nearly 1 million patients across seven hospitals and more than 220 physician practice locations. Seven hundred physicians and more than 200 residents and fellows work at Carilion.

Initiatives have included an organizationwide committee that focused specifically on professional well-being and formal adoption of the “quadruple aim” in which the fourth goal of clinician well-being joined the Triple Aim of quality improvement, better patient experience and lower health care costs as an organizational imperative.

In 2016, Carilion Clinic conducted a survey encompassing physician burnout and employee engagement. The survey was distributed to all physicians, residents and fellows, advanced care practitioners and medical students in the system.

The results were sobering. Fifty-nine percent of Carilion physicians were experiencing high burnout. Half of medical students, physician assistants and nurse practitioners also reported burnout, with burnout being worst among residents. The survey renewed Carilion’s focus on efforts to rectify widespread burnout. Leaders came up with these seven innovative ideas and initiatives, as outlined in an AMA STEPS Forward™ module.

Create a central well-being committee. The committee has representation from all clinical departments to coordinate efforts and address well-being in ways that meet the unique needs of health professionals in different departments. This allowed central support and coordination while encouraging individual departments and sections to tease out the most pressing challenges faced by their teams.

For example, the Department of Family and Community Medicine created a team that found inefficiencies related to the electronic health record were a major burden for their clinicians. These included:

- | Extensive time spent after hours on the EHR.
- | Inefficient keyboarding or data-entry skills.
- | Ineffective EHR templates that break down charting workflows.
- | Overuse of EHR “best practice advisories.”

Fixes have included physician peer-to-peer work to improve EHR proficiency, use of speech-recognition software or scribes, working with IT to address poorly designed templates, and minimizing use of the best-practice advisories (aka clinical decision support alerts) in accordance with departmental and organizational priorities.

Celebrate successes and share updates. The Department of Family and Community Medicine’s weekly clinical newsletter includes a regular column on the “4th Aim.” The newsletter goes to all clinicians and staff in the department to share important information regarding physician well-being and other items related to the practicalities of clinical care. Carilion Clinic is also developing a system-wide newsletter for all physicians, medical students, physician assistants, nurse practitioners, residents and other medical staff.

Consider every member of the care team. For example, an organizational well-being and burnout survey was completed by all nurses in the health system. Results from this survey are helping advance the culture of well-being for all Carilion Clinic nurses. The division of graduate medical education also renewed its work to address resident well-being.

Enhance visibility and sharing between groups. Ongoing support groups have formed in some departments for residents and faculty physicians, and more are being formed within and across departments, including some focusing on specific groups, such as female clinicians. These groups have become more visible for easier access, which creates more active and successful sharing of structure and process between groups and across clinical departments. This allows for improved communication and understanding of well-being initiatives that work for each department.

Offer administrative and managerial support. The organization’s professional well-being

committee sharpened its focus on the factors that detract from well-being and increased its work with other committees focused on specific constituent groups. Also, a full-time administrative manager was hired to help advance ongoing work related to leadership development and physician well-being.

Acknowledge the contribution of adverse events. When clinical outcomes are not ideal, the impact can be profound not only for patients and their families but also for the physicians and health care team involved. At Carilion Clinic, process improvements help to closely align the work of committees focused on well-being, the “TRUST” team, and the health system’s patient safety working group, wrote Mark Greenawald, MD. He chairs the health system and medical school’s Faculty Vitality and Physician Well-Being Committee.

Follow through, revise and refine. Some individual departments will repeat the well-being survey at intervals from the original date to determine the impact of the initial interventions. And, as evidence of successes or challenges come in, education and development programs for physician and administrative leaders will expand to include information on the impact of leadership on clinician burnout.

The AMA’s STEPS Forward is a free online practice-transformation platform that offers 50 modules that help physicians and system leaders improve well-being and practice efficiencies, including activities that can be made at the system and practice levels to make changes that lead to physician satisfaction and improved resiliency.

Several modules have been developed from the grant funding of the federal Transforming Clinical Practices Initiative (TCPI), an effort designed to help clinicians achieve large-scale health transformation through TCPI’s Practice Transformation Networks. The AMA, in collaboration with TCPI, is providing technical assistance and peer-level support by way of STEPS Forward resources to enrolled practices. The AMA is also engaging the national physician community in health care transformation through network projects, change packages, success stories and training modules.