

The 12 factors that drive up physician burnout

MAY 28, 2020

Sara Berg, MS

Senior News Writer

Physicians make tough decisions that involve necessary patient care every day. These decisions require navigating insurance companies, pharmacies, the hospital and clinic administrators. Many times, there is not a clear answer for what is best, says a report from the National Academy of Medicine that explores how these outside environmental factors lead to physician burnout.

Authors of the consensus study report published on the National Academy of Medicine website, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, call for immediate action from the health care system to combat physician burnout and improve professional well-being.

While COVID-19 currently is a major stressor, here are 12 external factors from the report that continue to impact physician burnout and professional well-being.

Health care industry

The stakeholders involved in the health care industry have divergent interests and expectations that complicate efforts to improve the system. Standardization, cost controls and productivity targets can create schisms between individual physician values and expectations. These can also cause declines in the physicians' sense of control, flexibility and autonomy.

Laws, regulations and standards

Health care laws and regulations are created by federal, state and local governments have led to growing concerns about the burden of administrative requirements on physicians because of the failure to assess the impact of regulations or requirements before they are implemented. Growing

administrative requirements interfere with patient care and “drain time and morale” from physicians.

Health care reform and payment policies

By managing multiple payment systems with complex rules, processes, metrics and incentives that may frequently change is often a source of burden on physicians. As private insurance plans continue to expand the use of risk-sharing contracts, physicians could see an even greater burden. These payment policies and requirements cause substantial administrative burden, financial pressures and other negative effects that cause physicians to leave their practices.

Medical record documentation and coding requirements

Electronic health records serve several functions, including the planning and evaluation of a patient’s treatment, but federal and state laws and regulations impose specific documentation requirements on physicians and health professionals. Multiple sources of documentation requirements lead to duplicative and inconsistent requirements that are burdensome and time consuming for physicians.

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

Quality measurement and reporting

Documenting and reporting quality measures has led to improved accountability, transparency and increased value in health care, but it is not without burden. There are many performance measures that add to the burdens placed on physicians because they are duplicative and not clinically relevant. Efforts to decrease the burden associated with quality measurements are ongoing.

Prescription drug monitoring programs

Authorized prescription drug monitoring programs (PDMPs) exist in 49 states, the District of Columbia and Guam. Physicians can use PDMPs to inform their prescribing decisions, avoid polypharmacy and refrain from supplying opioids to patients exhibiting drug-seeking behavior. However, access to the database varies from state to state and can be burdensome for physicians.

AMA about how physicians are fighting on the front lines of the opioid crisis.

Maintaining privacy and security

Federal and state laws and regulations impose obligations on health care organizations and physicians to maintain privacy and security of health information. For example, the goal of the Health Insurance Portability and Accountability Act (HIPAA) privacy standards is to protect the integrity, confidentiality and availability of health data. The HIPAA security rule also aims to establish national standards for the protection of electronic health information. However, the steps required to comply adds to the administrative burden.

Learn about how to keep patient information secure in mobile health apps.

Prior authorization process

Payers often require physicians to obtain prior authorization for medications, other forms of treatment, diagnostic procedures and referrals. However, these requirements can create hassles for patients and add to physicians' burden. Prior authorization rules also vary by different payers, which require inconsistent workflow processes and submission of additional information through a manual process.

Learn more about how the AMA is improving the prior authorization process.

Professional licensure

Physicians and other health professionals are required to be licensed. They must also meet certain criteria to maintain their licenses. And because licensing occurs at the state level, the requirements will vary from state to state. While recent efforts aim to streamline applications, physicians are still asked to answer questions about their physical and mental health status. This can create a barrier to physicians seeking treatment for treatable illnesses.

Learn about how medical boards probe mental health and prevent doctors from getting help.

Maintenance of certification

Requirements for board certification include completion of an accredited residency or fellowship program, maintaining a current and unqualified license to practice and successfully passing a secure examination of knowledge specific to that specialty. What has added a substantial burden on physicians, though, is meeting maintenance of certification (MOC) requirements because it is typically handled after work. However, efforts to decrease the burden of MOC on physicians are ongoing.

Learn more about the American Board of Medical Specialties' initiative on continuing board certification.

Professional liability

Like medical licensure, obtaining professional liability insurance also requires completing forms that include questions about past and current mental health concerns. This presents another barrier to seeking appropriate treatment. Malpractice lawsuits are common and associated with added stress and risk of burnout. Stressors involved in being named in a medical malpractice action may also be heightened if emerging technology is used because of the uncertainty of how current theories of legal liability will apply to claims.

Read about how the AMA pursues medical liability laws on the state level.

The patient-physician relationship

Over the past decade, societal values have shifted from “doctor knows best” to a more patient-centered model, which can create a more collaborative medical care experience. While this can benefit patients, it can also lead to an erosion of trust with physicians and the health care system, according to the report. Several strategies exist to improve trust between physicians and patients, but more needs to be done.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system level, the AMA assesses an organization's well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.