Nearly $1 billion in excess patient costs tied to physician turnover

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Payers, health care organizations and the health care delivery system have a nearly $5 billion vested interest in making changes that can help reduce physician burnout, a study shows.

Primary care physician (PCP) turnover leads to an additional $979 million in annual excess health care spending across the U.S. population, with nearly a third of those costs attributable to physician burnout, according to a study published in Mayo Clinic Proceedings, "Health Care Expenditures Attributable to Primary Care Physician Overall and Burnout-Related Turnover: A Cross-sectional Analysis."

The study—whose lead author is Christine Sinsky, MD, vice president of professional satisfaction at the AMA—found that:

- Medicare patients spend an additional $189 the first year after losing a primary care physician because they increase the use of specialty, urgent and emergency care.
- Non-Medicare patients spend an average of $61 more per year.

Dr. Sinsky and her co-authors based their analysis on a pre-pandemic estimate that more than 11,300 PCPs leave their organizations annually, conservatively estimating that about 3,000 of those physicians left because of burnout.

The $5 billion question

The $260 million per year in excess health care expenses attributed to burnout-related turnover is distinct from the estimated $4.6 billion in costs other studies have found that health care organizations attribute to burnout, including reduced productivity from vacant positions and costs associated with replacing physicians, the study notes.
Adding the costs together results in a nearly $5 billion rise in health care spending annually due to burnout-related costs. And that still doesn’t include additional costs related to other burnout consequences, including reduced patient satisfaction, lower quality of care, medical errors, associated morbidity and mortality, and increased medical malpractice claims, the study says.

“Turnover of primary care physicians is costly to public and private payers, yet there is an opportunity to decrease unnecessary health care expenditures by reducing burnout-related turnover,” Dr. Sinsky said. “Physician burnout is preventable and payers, health care organizations, and others have a vested interest in making meaningful changes to reduce physician burnout.”

Doctor burnout can be prevented

The widespread, high levels of physician burnout across the country are not inevitable, says the study.

“Interventions to improve practice efficiency, such as through advanced models of team-based care with in-room support, can reduce burnout,” the authors noted. “Likewise, interventions to improve organizational culture, including interpersonal connections with colleagues and improved local leadership, can improve professional fulfillment and reduce burnout.”

To help organizations reduce physician burnout, the study points to a number of resources, including the Joy in Medicine™ Health System Recognition Program and the “AMA STEPS Forward® De-implementation checklist” (PDF). These and other AMA tools provide a road map with strategies for promoting well-being, measuring doctor satisfaction and burnout, improving efficiency of practice and promoting participatory leadership and teamwork to build support among colleagues.

The AMA is committed to making?physician burnout?a thing of the past and 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.?

To that end, the?AMA STEPS Forward?open-access toolkits offer?innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, improve?practice efficiency and create the organizational foundation for joy in medicine.

In addition to the de-implementation checklist, the toolkit “Creating the Organizational Foundation for Joy in Medicine™: Organizational changes lead to physician satisfaction” includes a calculator that can help determine how much burnout is costing an organization.


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It has been shown in previous studies that less turnover and continuity of care between PCPs and their patients is associated with “better patient outcomes, including diagnostic accuracy, patient satisfaction, fewer emergency department visits, hospital readmissions, better care coordination, improved end-of-life care, reduced morbidity and lower costs,” the Mayo Clinic Proceedings study says.

Areas that should be considered for further study include:

- Quantifying changes in health care spending when continuity is disrupted in non-primary care specialties.
- Determining how physicians experiencing burnout who reduce clinical effort impacts panel size.
- Continuity and excess health care spending.
- Studying the effects that PCP turnover has on inpatient versus outpatient spending.