Health system’s experience shows why measuring burnout is critical

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While Mercy health system has focused on fighting burnout for more than a decade, what spurred Mercy leaders’ interest in surveying physicians and other health professionals for burnout was a reduction in overall satisfaction. After looking at some of the data to understand what caused them to go awry, the expectation was that it was related to the headaches and hassles of integration into their new EHR at that time. But those areas scored well. Instead, it was the well-being of physicians and other health professionals that was the key driver in their reduction in performance and satisfaction.

On top of that, the COVID-19 pandemic likely contributed to—and worsened—the burnout of physicians and other health professionals. That’s because any area that had a small challenge before, the pandemic made increased that challenge, leading to a rise in burnout.

In 2020, 69.2% of Mercy physicians and other health professionals were satisfied with their current job. But in 2021, that figure dropped to 67.3%, compared with 75.9% at the national level.

“That was my wake-up call that we need to be putting a lot more organizational attention toward the well-being of our physicians,” said Raymond Weick, MD, a family physician and president of Mercy Clinic in St. Louis, which is part of the Mercy health system. “Through that work, one of the things I loved about the partnership with AMA is that it allowed us to start to use data and practical, foundational approaches to bettering the lives of our physicians, giving them more time to do the things they love to do, namely spend time with their patients.”

Here is how Mercy—one of the 25 largest health systems in the U.S. with more than 4,000 physicians across Arkansas, Kansas, Missouri and Oklahoma—uses data provided by the AMA’s burnout surveys to focus its efforts to improve physicians’ well-being and professional satisfaction.
Raymond Weick, MD, a family physician and president of Mercy Clinic in St. Louis

Through national comparison data provided by the AMA, Mercy uses data from their burnout surveys in different ways.

Each department across Mercy was empowered “to have a core team that meets, and then that core wellness committee is then able to drill down into their local data and then put together a best practice to address whatever those challenges are,” said Dr. Weick. “For example, one of the things we saw in our data this last year was that we have an opportunity to help our women who are in the middle of their career.

“We have a focus group that’s been set up to understand what those unique challenges are and then we are able to bounce ideas and best practices off of the group and move forward from there,” he added. “Last year, we did a similar approach here in St. Louis and we looked at time spent working as one of the key areas of concern.”

“We looked at our higher performers and underperformers in that area and were able to bring those physicians together in a focus group and understand some of those differences between those who are performing more efficiently and those who have some efficiency challenges in their practice,” said Dr. Weick. “All of that was driven by that AMA data that we were able to drill down into.”

Outside of normal schedules, in 2020, 18% of respondents spent more than eight hours in the EHR, compared with 17% in 2021. And in 2020, 32.2% spent zero to two hours on work in the EHR after hours, compared to 33% in 2021, signaling that efficiency may be slowly improving.

“There will do more follow up on the focus groups to assess how they like things and what worked and what didn’t work, and where they would like to go from there,” said Vernon Leroy Young, MD, a plastic surgeon at Mercy in Washington, Missouri, who is a member of
“You need to keep pushing to get the level of improvement that will really make a difference,” Dr. Young added. “A one-time effort is not going to do it.”

Elevate physician voices

The focus groups let doctors and other health professionals feel heard, Mercy leaders said. For example, after a focus group meeting with midcareer women in medicine, Dr. Weick received thankful feedback from participants for Mercy listening to the issues and needs.

“People don’t mind taking a survey or putting some time in or effort if they know it’s going to create positive change,” he said. “That’s one of the things we also saw in our data was that feeling valued was a definite area of opportunity.”

That’s because between 2020 and 2021, rates of feeling valued at Mercy dropped slightly from 32.4% to 31.7%, compared with the national COVID-19 benchmark of 46%.

“It helps us to address the desire to feel heard, to feel valued and—again—be part of a positive change,” Dr. Weick said.

“If people don't feel like they're visible or cared about or listened to, then why should they stay?” said Dr. Young, noting that “when you look at the data, there were about a third of the people who were thinking about leaving or considering leaving in a two-year time frame.”

COVID-19’s role in burnout

“My sense is that COVID was an incubator. So, any area where there was maybe a small challenge before, COVID made it a moderate or big challenge,” said Dr. Weick. “It definitely caused burnout overall to increase in our organization. ... I’m proud to say it appears as though our organization was less affected than others, but it undoubtedly played a role.”

Mercy’s burnout rate increased from 54.2% in 2020 to 59.2% in 2021. This is compared with 51% at the national level. Overall, AMA saw a 6% increase in burnout nationally from 2020 to 2021. While Mercy’s overall burnout rate is still higher than the national average, the gap is less wide. Additionally, Mercy’s 5% increase year over year is 1% less than the 6% increase seen nationally, suggesting that
their work to support well-being is likely protecting their physicians from worsening burnout.

Reducing physician burnout is a core element of the AMA Recovery Plan for America’s Physicians.

Far too many U.S. physicians experience burnout. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Increase in awareness of programs

In 2020, 33.5% of physicians and other health professionals believed that Mercy was committed to their well-being. But that rate dropped slightly in 2021 to 32.5%. That data has helped provide Mercy with areas to focus on and set the stage for what well-being programs were needed. In turn, though, raising awareness for these programs was key.

One initiative offered is “joy-in-practice meetings, which are groups of physicians and advanced practitioners that come together and talk about some of the unique challenges,” said Dr. Weick. “This might be a dialogue around why they chose medicine in the first place or the increase that we’ve all seen in some of the more difficult patients.”

Mercy also launched what it calls the Rapha program.

“Rapha is Hebrew for healer and that program has three components,” he explained, noting that the three areas are mentorship, a speaker series, and then an app that links the program together as a social platform for well-being.

Participation in the joy-in-practice meetings rose from 5.7% in 2020 to 7.7% in 2021. In addition, those who were unaware of Rapha dropped from 37.2% in 2021 to 27.4% in 2020.

More focus on family doctors

An additional area of reporting focused on family medicine, which appeared to struggle the most. In 2020, 68.8% of family medicine physicians were satisfied with their job, dropping to 61% in 2021. Family physicians also saw a rise in burnout, from 58% in 2020 to 67% in 2021. Meanwhile, in 2021, 43% of family physicians expressed a likelihood of leaving practice within two years, according to national data.
“That’s where we needed to focus—to look at things like how the teams were functioning and what changes could be made to improve workflow,” said Dr. Young. This would make sure “everybody is performing at the top of their job description because one of the issues is that physicians and other health care providers sometimes feel like they’re clerks or typists and the time they spend doing some of these tasks takes away from caring for patients, their first love.”

“This is an area where we’ve been able to really thrive based on that relationship with the AMA,” said Dr. Weick, noting that the work Christine A. Sinsky, MD, vice president of professional satisfaction at the AMA, has done around “getting rid of stupid stuff” has been very pertinent to primary care.

“It’s looking at how can we can bring that joy back, not just for physicians, but also for our entire staff,” Dr. Young said. “So, one of the things that we’ve done is a next-level look: OK, this is the work that none of us feel that we gain value from by doing, so what can we automate?”

Part of that work, for example, has involved efforts to automate the process of requesting prior authorizations from payers.

“If we can use a robotic process for automation to eliminate that work and the extra time it requires, then, that medical assistant or that physician can spend more time talking to a patient about diabetes or other health concerns,” Dr. Weick said. “This is where the AMA work has been vital for us. It has helped to enhance that lens.

“We’ve found so much more value in primary care, but it’s also an area where it really is ripe for change,” he added.

Revisit how you look at staffing

During Mercy’s Rapha speaker series—which saw an increase in participation from 10.6% in 2020 to 16.1% in 2021—Kevin Hopkins, MD, senior physician adviser for practice transformation at the AMA, shed light on how to improve practice efficiency.

“Dr. Hopkins was an excellent resource because he offered very pragmatic tools that physicians and advanced practitioners could go back to their practice and start to implement immediately,” said Dr. Weick.

“Part of that conversation was revisiting how we look at staffing,” he said. For example, rather than focusing on full-time equivalents, “we really need to base that on someone’s panel. A physician who has 3,000 patients is going to need a lot more resources than someone who has 1,200 patients in
their panel."

“It helped validate and helped us bounce ideas and concepts off him and call on his expertise,” said Dr. Weick. “Having that collegial view of addressing the waste and ways to eliminate that waste provided incredible value. It helped to have dialogue with a fellow physician who is in the trenches like us.

“I can’t say enough about Dr. Hopkins. He’s been a great partner for all of us at Mercy,” he added.

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**Maintain culture and mission**

In 2020, 45.3% of physicians and other health professionals agreed that Mercy’s culture enhances their ability to practice medicine. Encouragingly, that rate rose in 2021 to 47.5%. On the flip side, 69.3% viewed their profession as a calling as much as when they first began to practice in 2020, dropping to 65.1% in 2021.

“We strive to deliver the care our patients want, plus the care our patients need when and where they want it,” said Dr. Weick. “That, though, can wreak havoc on work-life harmony and work-life integration.”

“In my role as clinic president, the most important thing that I can do is make sure that we have that right culture—a place where people want to work and deliver care as well as receive care,” he said. “That comes with knowing our values are aligned and we’re delivering the highest possible care to our patients. Everyone’s voice is equally important.

**For ongoing research**

“We try to share data from the survey with leadership and with all the people who make decisions, like the wellness committee,” said Dr. Young. “Each year, we are comparing and sharing the data so we make better decisions.”

“There are 1,000 reasons to measure burnout, but if you’re going to measure it, you need to be prepared to act on things that can make a difference,” said Dr. Young. “And that’s where the real difficulty is. It’s a lot easier to measure it than it is to make the changes that
will move us forward to a better place.

“It’s a marathon, not a sprint,” he added. “So, if you want to change it, you need to be prepared to hang in there until you can get enough data to support the changes that will support the tough decisions that are required to make meaningful change.”

The AMA STEPS Forward® open-access modules 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, create the organizational foundation for joy in medicine and improve practice efficiency.

Additionally, the AMA’s Joy in Medicine™ Health System Recognition Program provides a road map for health system leaders to implement programs and policies that support physician well-being. Learn more by reading the program guidelines.