Reducing physician burnout must be an urgent national priority

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There is an urgent need to fix what’s broken in health care today—and it is not the doctor.

Although we hope the worst of the COVID-19 pandemic is now behind us, the stressors triggering record levels of physician burnout continue to mount. The contours of this crisis are painfully obvious by now.

As the nation experiences a “tripledemic” this winter filling hospital beds due to influenza, respiratory syncytial virus (RSV) and COVID-19, physicians continue to hold together a health care system stretched far too thin.

There is anti-science aggression by some in positions of power and influence, along with a well-coordinated onslaught of medical disinformation online.

Escalating criminalization of normal health care in many states following the U.S. Supreme Court’s Dobbs decision is accompanied by increasing hostility and threats directed at medical workers.

Demoralizing Medicare payment cuts loom at the same time practices are dealing with surging costs amid labor shortages and supply chain interruptions.

Ever-growing administrative burdens, including prior-authorization obstacles erected by health plans, force physicians to spend hours each week fighting to get evidence-based treatments approved for their patients.

Taken together, these factors create a toxic environment that hampers physicians’ ability to do what drew us to medicine in the first place: deliver high-quality, compassionate care to our patients. We haven’t lost the will to do our jobs—but we are frustrated that our health care system is putting too many obstacles in our way.
How can members of a profession who put their lives on the line to lead our nation out of the pandemic now face such an uncertain future? And what happens to health care if we can’t turn this around? The consequences are almost too dire to consider.

The most recent survey from the AMA, Mayo Clinic and Stanford Medicine showed an alarming 62.8% of physicians experienced symptoms of burnout in 2021, up from 38.2% the previous year. One of every five physicians intends to leave practice within two years, while one in three plan to cut back their hours, according to research published in Mayo Clinic Proceedings.

Add that to previous projections of a shortfall of up to 124,000 physicians by 2034. We can’t afford to lose large segments of the physician workforce, especially at a time when it’s already too difficult for our patients to find both primary care physicians and specialists.

**Real answers to the problem**

In my address at the 2022 AMA Interim Meeting last month, I raised concern about the immense pressures physicians now face and how organized medicine—at both the national and state levels—offers our most effective platform to create a better environment for patients and doctors. The answer won’t be found in telling physicians to be more resilient, set aside time for yoga, or enjoy a free dinner with their hospital CEO. While wellness is important, focusing on physician resilience blames the victim.

Instead, we must alleviate physician burnout by attacking its root causes at the system level. That has been a strategic priority for the AMA for more than a decade, and it is also a foundation of our Recovery Plan for America’s Physicians.

**Cause for optimism**

We already know the difference between physicians who find joy and satisfaction in their work and those experiencing burnout. The former are thoroughly supported by the leaders and teams around them—working in practices or systems that value high-quality patient care and allow physicians to bring the full measure of their skills, training and experience to bear.

Their work is streamlined, through “de-implementation” of unnecessary tasks, seamless integration of digital tools with user-centered design, and engagement of staff to handle nonphysician work. Everyone in these settings is working together in alignment to provide quality care and improve the patient experience.
Through our STEPS Forward® toolkits with proven practice-improvement strategies, and with our Joy In Medicine™ Health System Recognition Program helping health systems learn to support physicians, the AMA is addressing the drivers of burnout in practice settings.

Removing obstacles to care

But ultimately, burnout can only be eradicated by addressing the larger, systemic obstacles that frustrate physicians and make it unnecessarily difficult to deliver high-quality patient care.

That's why the AMA is pushing to reform prior authorization. Insurers are so overusing this onerous cost-control tool that the average physician is now faced with filling out more than 40 such requests each week—all too often for prescriptions that have been widely used for decades. This archaic, opaque process hurts patients, whose care is regularly delayed and denied. Momentum for reform is building, with progress in Congress and in many state legislatures.

And it's why the AMA is insisting that Congress stop all of the 8.4% Medicare physician payment cuts slated to occur next month. I can't think of a worse time for physicians, who have put their lives on the line these last three years and are now experiencing surging costs, to face a demoralizing cut that truly threatens patient access to care. Physician practices, already under stress, deserve financial stability—including automatic, positive, annual updates in Medicare payments that account for rising practice costs.

At the same time, the AMA is supporting physician-led teams and fighting scope creep, reducing stigma surrounding mental health so that physicians can get help when they need it, battling in courts and legislatures against government interference in medical decision-making, and pushing back against disinformation and anti-science aggression. Each of these efforts is aimed at helping physicians to do the work that drew them into this profession in the first place: treating patients.

We are gaining traction and making progress, but much more remains to be accomplished.

We need to fix what’s broken—and it's not the doctor.