INTRODUCTION

At the 2017 Annual Meeting, Policy D-405.982, “Management of Physician and Medical Student Stress,” was adopted by the House of Delegates. This policy directs the American Medical Association (AMA) to produce a report on administrative and regulatory burdens placed on physicians, residents and fellows, and medical students, and pursue strategies to reduce these burdens. This report, which is presented for the information of the House, outlines various administrative and regulatory processes that adversely affect medical students, residents, and physicians. It also discusses AMA’s efforts, including existing policies, to reduce administrative burdens and address physician stress and burnout, one of the major effects of overwhelming and burdensome mandates, tasks and processes.

BACKGROUND

Physicians, residents and medical students face work-related stresses at high rates. Rates of stress and resulting burnout have increased in recent years, with more than 54 percent of physicians reporting at least one symptom of burnout in 2015 compared to 45 percent in 2011. Forty nine percent of physicians often or always experience symptoms of burnout. There are many influences, both internal and external, that contribute to stress and burnout among health professionals. Many of the external factors are imposed by administrative and regulatory factors outside of the physicians’ control.

AMA POLICY

The AMA maintains numerous policies supporting physician wellness and the importance of reducing and preventing physician stress and burnout, as well as the reduction in administrative/regulatory burdens associated with medical practice that can cause stress and lead to burnout.

The AMA recognizes burnout and stress, and their effects, as serious issues that affect physicians and medical students (Policy D-310.968, “Physician and Medical Student Burnout”). AMA places great importance on physician health and wellness and the need for continued education on its importance (Policy H-405.961, “Physician Health Programs”). AMA policy and the Code of Ethics recognize that when physician health and wellness is compromised the safety and care of the patient can be as well (Code of Ethics 9.3.1). The AMA supports programs to assist physicians in early identification and management of stress, and is committed to helping physicians, practices, and health systems identify and manage stress-related burnout (Policy H-405.957, “Programs on Managing Physician Stress and Burnout”). The AMA developed principles to guide residency programs in the supervision of residents and the avoidance of the harmful effects of excessive fatigue and stress (Policy H-310.979, “Resident Physician Working Hours and Supervision”). The
AMA encourages research on the type and impact of external factors adversely affecting physicians, including workplace stress, litigation issues, and restructuring of the health care delivery systems (Policy H-95.955, “Physician Impairment”).


In addition, the AMA recognizes the unique stress medical students face with student debt and career choices, and has prioritized reducing medical student debt for legislative and other action (Policy H 305.928, “Proposed Revisions to AMA Policy on Medical Student Debt”). The prospect of finishing medical school without matching to a residency program is an added stress for medical students. Due to an increase in medical students and funding caps for graduate medical education (GME) programs, this has become increasingly burdensome. The AMA has also worked with CMS and other key organizations to increase the number of GME positions in order to accommodate the increase in medical students and accommodate the projected need for more physicians (Policy D-305.958, “Increasing Graduate Medical Education Positions as a Component to any Federal Health Care Reform Policy”).

DISCUSSION

Physicians report better professional satisfaction when they perceive that they are providing high-quality care, and obstacles to providing such care are major sources of professional dissatisfaction. Potential effects of physician stress and burnout include reduced empathy toward patients, poorer interactions during a visit, and medical errors, all which have the potential to decrease the quality of care. Burnout can lead to lower professional satisfaction and a desire to
reduce clinical hours or leave the practice of medicine. There is evidence that stress and burnout affect medical students, residents and physicians at higher rates than the general U.S. population and burnout has been connected to higher rates of suicidal ideation among physicians.

In accord with the amplified attention on the effects of burnout, identifying the causes of stress and burnout has increasingly become the focus of research. Sources of stress and burnout among medical students and residents often include personal stressors, adjustment to a new work environment, ethical conflicts, financial issues, long hours, and exposure to human suffering. While the practicing physician can be adversely impacted with the same stressors as medical students and residents, there are additional factors that are often tied to administrative and regulatory burdens experienced in practice. These factors affect physicians in multiple aspects of their work, including those related to the business of medicine, such as dealing with insurance companies and complying with regulatory requirements, as well as those related to the practice of medicine, such as licensing, credentialing, privileging, and maintenance of certification.

For physicians in practice, increased clerical burdens, including bureaucratic tasks and productivity requirements, are often cited as the top reasons physicians experience burnout. The amount of time physicians spend doing administrative work includes more than half their day spent completing tasks in the electronic health record (EHR) system and almost 90 minutes of EHR work at home after hours. External factors detract from the quality of care physicians feel they can provide: nearly 40 percent of physicians report patient care is adversely impacted to a great degree by external factors such as third party authorizations, treatment protocols, and EHR design. Physicians also report that their EHRs have reduced or detracted from the quality of care, efficiency of practice, and interaction with patients.

Prior authorizations required by payers are another source of dissatisfaction and burden for physicians. In a 2016 AMA study, 75 percent of physicians reported that burdens associated with prior authorization are high or extremely high in their practice, and 90 percent indicated that prior authorizations can delay patients’ access to necessary care. On average, physicians or their staff complete 37 prior authorizations per week, with almost a quarter of physicians completing more than 40 per week. Obtaining prior authorizations involves inefficient and sometimes difficult processes that cost practices time and money, and often create stress and add pressure on physicians.

Increasing documentation requirements from Medicare and commercial payers have also added to physicians’ administrative workload. Dated documentation requirements for Evaluation and Management (E/M) services are considered to be over burdensome and no longer aligned with the modern practice of medicine. A 2013 survey indicated 92 percent of medical residents and fellows reported that documentation requirements were excessive. Clinical documentation requirements have increased over time with the mandated use of EHRs, increased quality reporting and other factors, contributing significantly to the administrative overload.

Regulatory requirements can be an additional source of time-consuming tasks that lead to stress and burnout for physicians. The QPP, a new Medicare physician payment system created by MACRA, comprises two tracks through which physicians and practices can participate: the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). Participation in either track of the QPP requires specific uses of EHRs as well as recording, tracking and submitting quality and clinical practice improvement data to CMS in order to receive payment incentives and/or avoid payment penalties. While the changes implemented through the QPP represent an improvement over legacy Medicare pay-for-reporting programs, time and education are needed for physicians to feel prepared and comfortable conforming to new
A recent KPMG-AMA survey demonstrated that more than half of physicians are just somewhat knowledgeable about MACRA or QPP, and 41 percent have heard of MACRA or QPP but do not consider themselves knowledgeable. Additionally, 90 percent of the physicians participating in MIPS felt that the requirements are slightly or very burdensome, and the time required to report the required metrics is the most significant challenge.

In addition to the strains created by tasks involved in day to day business of medicine, there are other processes that require time away from patient care and/or add stressful tasks to the physician workload. MOC, which is in some states a prerequisite for credentialing or insurance network participation, involves costly fees and lengthy tests which more than 80 percent of physicians feel are over burdensome. After years of advocating for change, physician groups, including the AMA, have prompted the American Board of Internal Medicine to relax its MOC requirements with the introduction of simplified open-book exams starting in 2018. There is also evidence that requests for information about mental illness and medical conditions on state medical license applications may deter physicians from seeking needed health care, for fear of the impact on licensure or employment. Leaving mental health issues or conditions untreated can result in further exacerbation of stress or depression that can lead to burnout, and can even lead to other illnesses and effects on job stability.

The AMA has dedicated numerous resources to reduce administrative burdens that cause stress and excessive workloads, assist physicians in navigating complex processes that come with new regulations, and combat the burnout epidemic.

Through ongoing advocacy, the AMA works to address administrative burdens such as utilization management programs, prior authorization requirements, complex claim processes and other nonclinical activities that contribute to increased complexity and expense for physicians in practice. In addition, the AMA provides practical interpretation of legislation and regulations to help the practicing physician understand changes that may impact their practice. These are done via the AMA website, webinars, podcasts, STEPS Forward™ modules and live presentations to organized medicine. The AMA sections’ governing councils also continue their respective efforts to provide strategies and recommendations to address payment reform, prior authorization, and other issues that affect the practice of medicine.

In addition to advocacy, the AMA is working to provide useful tools for physicians to learn about and navigate new payment models, including MIPS and APMs. The “Navigating the Payment Process” topic page within the AMA website is a continuously growing wealth of information, resources and actionable tools to assist physicians in these complex administrative functions.

For physicians, residents, medical students and practices, AMA offers free access to its STEPS Forward online educational platform. The modules in the STEPS Forward platform provide simple, meaningful step-based strategies for addressing stress and burnout. Relevant modules include “Preventing Physician Distress and Suicide,” “Physician Wellness: Preventing Resident and Fellow Burnout,” “Improving Physician Resiliency,” “Preventing Physician Burnout,” and “Creating the Organizational Foundation for Joy in Medicine™.” Through the STEPS Forward site the AMA also provides access to the Mini-Z Burnout Survey, which enables organizational leaders, including residency program administrators, to periodically measure burnout levels among their staff and residents. The Mini-Z survey also affords the AMA an opportunity to create a robust data set to aid in the understanding of unique drivers of burnout and inform the AMA’s continued work in this area.
The Professional Satisfaction and Practice Sustainability strategy group, one of the AMA’s three strategic focus areas, continues to study and publish findings on burnout, its causes and effects, and strategies for addressing it. Currently in progress is a collaboration with Stanford Medicine WellMD Center and the Mayo Clinic to produce a follow-up study to the 2011 and 2014 burnout and satisfaction research. The AMA has collaborated with the Canadian and British Medical Associations for decades to co-host the International Conference on Physician Health, and will continue this long-standing partnership in 2018. The AMA will also co-host with Stanford University School of Medicine and the Mayo Clinic the second American Conference on Physician Health in 2019. Both of these highly attended conferences offer programming to educate and engage physicians, residents and medical students in organizational and individual level solutions to promote and improve physician and trainee health and wellness.

The AMA’s Accelerating Change in Medical Education strategy group is dedicated to fostering innovations in medical education that will create a learning environment and culture that ensures the psychological, emotional and physical wellbeing of medical students and residents. One example of the programming being put forth by this initiative is an online webinar that discusses national and local efforts to prevent burnout and promote wellness throughout the physician education continuum. The AMA also hosts a “Succeeding in Medical School” topic hub in which a variety of relevant resources cover issues such as easing stressors, managing medical school stress, and alleviating anxiety over exams.

CONCLUSION

The AMA recognizes the significant stressors and burdens that face medical students, residents and physicians throughout their careers, and the effects those tolls have on physician well-being and patient care. It is part of AMA’s strategic focus to help physicians create thriving, sustainable practices and improve professional satisfaction with the practice of medicine. The AMA is demonstrably committed to this work and continues to study the prevalence and severity of burnout among physicians and trainees, identify factors that contribute to burnout, and develop solutions to address the issue. The AMA will also persist in its efforts to advocate for better legislation and regulations that do not overburden physicians with excessive administrative tasks and requirements.
REFERENCES


