Beating Burnout: How Doctors Can Regain Control

Leigh Page |October 12, 2016

Changing the Way You Work

Burnout can seriously compromise both careers and patient care, and more and more physicians are seeking solutions to the effects of burnout. The answers to this problem need to go beyond simply taking a few extra vacation days or a weekly yoga class.

How can physicians significantly reduce burnout—not for a day, not for a week, but as a continuing part of their work life? One key strategy: *re-engineering workflow*, which involves removing doctors from tasks they don't need to do and getting those tasks performed some other way, according to Christine A. Sinsky, MD, internist at Medical Associates Clinic and Health Plans, in Dubuque, Iowa, and vice president for professional satisfaction at the American Medical Association (AMA).

Dr Sinsky is helping the AMA build its new STEPS Forward program, which provides advice on how physicians can re-engineer their practices to make their work less frenetic and more satisfying.

Dr Sinsky's insights into re-engineering physicians' workflow started with her own experiences as part of a 170-provider multispecialty practice in Dubuque. "We systematized anything we could, so that the right things happened by default," she says. "We delegated work to the most appropriate person and eliminated unnecessary work whenever possible."

She also learned what works and what doesn't when she systematically examined other practices across the country. In a 2014 study, "In Search of Joy in Practice,"[1] Dr Sinsky and several colleagues closely examined 23 "high-functioning" primary care practices.

"Medical care involves a large number of recurrent tasks: registration, rooming, ordering studies, making referrals, refilling prescriptions, informing patients of laboratory results, forms completion, etc.," the authors observed. "Adopting a systems approach to practice redesign can improve efficiency and reduce waste."

Specific Ways to Re-engineer Workflow

Streamlining workflow within the practice frees up time for physicians and also reduces the workplace chaos that directly contributes to burnout, Dr Sinsky says. "When the environment doesn't feel disorganized or chaotic, physicians and staff can focus on patients."

Here are some important ways that you can reorganize workflow to make it more effective and less burdensome for a physician.

Delegate More Work to Nonphysicians

One obvious solution for overloaded physicians is to delegate work to others on staff. Physicians have differing views on how much of their work should be delegated, but Dr Sinsky asserts that there's a great deal of work that physicians don't need to do themselves.

"Doctors don't need to deal with everything," she says. "There's an assumption that safety is promoted if the doctor does every task, signs every chart, processes every prescription renewal, and enters orders for every ear wash."

Nonphysicians, such as registered nurses (RNs), physician assistants (PAs), and medical assistants (MAs), can free up the doctor's time in the exam room. They can identify the reason for the visit and help the patient set the visit agenda, reconcile medications, update the medical history, provide immunizations and screenings, and arrange preventive services.

You may be concerned that some of these tasks, such as screening for conditions and arranging preventive services, may be beyond the training of MAs and RNs. This can be addressed by creating protocols, or standing orders, which the assistant must follow, STEPS Forward advises.

The 2014 study showed that high-functioning practices use standing orders for RNs to diagnose and treat simple problems without a physician's involvement, such as streptococcal throat infections, conjunctivitis, ear infections, head lice, sexually transmitted diseases, and uncomplicated urinary tract infections.

To provide direct oversight of MAs and nurses, and to utilize them in the most efficient way, Dr Sinsky suggests pairing two MAs, nurses, or PAs with one physician and training them to assist with data entry and visit-note documentation. In one such arrangement, average daily visits increased from 21 to 28, and revenue rose 20%-30%, which exceeded the cost of the additional MA or nurse.

But won't adding an MA or RN in the exam room make it too cramped? According to the STEPS Forward module on team documentation,[2]this isn't a problem in most cases. "Most practices may find they do not need to alter the size or configuration of existing exam rooms," it states.

Spin Off Some of the Burden of EHRs

Electronic health records (EHRs) continue to play an ever-larger role in burnout—and not in a good way. "Increasing computerization of practice" rose from ninth place in 2013 to fourth place in 2015 in Medscape's survey[3] of factors leading to physician burnout.

Most EHR data-entry work can be transferred from the physician to a nonphysician. This person sits in the exam room with the physician and the patient and enters information in real time. The work can be assigned to PAs, RNs, or MAs, especially if they're already assisting the physician in the exam room. Or it can be done by nonclinical scribes, called clerical documentation assistants (CDAs) in the parlance of STEPS Forward.

CDAs save physicians a great deal of time and can pay for themselves. A 2014 study[4] showed that using pre-med students and others as scribes saved internists 75 minutes, and geriatricians 122 minutes, in a 4-hour session. The team documentation module says that CDAs could save a physician more than 3 hours of work a day and could produce net savings of $91,520 a year. Based on salary and benefits for a CDA of $40,480 a year, the gross savings were $132,000.

A good CDA will be able to elicit the preliminary history; have good keyboarding and EHR-navigating skills; and understand billing requirements. You can decide how much autonomy you want to give the CDA. In any case, the physician reviews and signs off on the medical record before the patient's visit is closed, the module states.

Scribes are already present in some practices, which means that many patients are already used to seeing them in the exam room.

Nevertheless, concerns have arisen that their presence interferes with the visit and makes the patient less willing to divulge sensitive health information. In a Medscape article on the use of scribes, physician opinion was divided. The scribe as an intrusive presence in the exam room was mentioned by several commenters. "As a health professional and a patient, I know patients are reticent to share personal but important information with their PCP because of the presence of a scribe," one provider observed. "Undoubtedly this harms the doctor-patient relationship and could hinder a diagnosis."

However, Dr Sinsky says that the survey found that the opposite may be true. "We find that the extra person actually improves the physician-patient relationship because the physician is able to provide his or her full attention to the patient and is not distracted by data entry," a source surveyed by the study stated.

RNs have sometimes balked at being assigned scribe work, Dr Sinsky noted.

Make Your Work Schedule More Flexible

In this new era of "value-based" care, doctors are urged to set their sights on the "triple aim"—enhancing the patient experience, improving population health, and reducing costs. To these aims, Dr Sinsky adds a fourth: preserving professional

well-being, to make sure doctors aren't sidelined by burnout.

One way to preserve your own well-being is to alter your schedule so that you can take care of your personal life. For example, many young doctors have to drop off their kids at day care and still make sure they get to work on time, which can cause a lot of stress.

Overlaps between personal and professional responsibilities can be resolved through flexible scheduling, according to Mark Linzer, MD, a Minnesota internist who has worked extensively on practice re-engineering as director of the Office of Professional Worklife at Hennepin County Medical Center in Minneapolis and who wrote several modules for STEPS Forward.

"You can change the schedule at the beginning or the end of the day," he says. "If some doctors have to come in a little later, you can stagger the schedules for their MAs so that they come in every half-hour. The earliest one would have to leave earlier. Dr Linzer adds, "Of course, you can't shorten the schedule at both ends."

How difficult is it for physicians to change staff schedules? Even in a large organization like the Minneapolis medical center, "this usually can be done without having to get permission," according to Sara Poplau, assistant director of the Office of Professional Worklife.

Scheduling can be used to give hassled doctors an open slot to catch up. This so-called desktop slot can markedly lower their stress, Dr Linzer says, but in most cases, it's only needed temporarily, so there isn't much of an extra cost. "Once these clinicians recovered, they didn't need the extra slot anymore," he says. "What really helped was that they saw we were listening."

Strong Staff Relationships Improve Workflow and Help Burnout

Having strong relationships among staff can improve workflow, but this is often overlooked, Dr Sinsky says. Sometimes "the role of relationship-building and communication gets shortchanged," she says.

A practice can make all sorts of changes to improve workflow, but if they don't have a "team culture," implementation can be spotty, according to the STEPS Forward module[5] on team culture. The culture of a practice can cancel out the improvements you try to make.

You can diagnose the current state of your team culture by using surveys. Discuss survey results with staff and come up with strategies. To ensure a strong team culture, the module suggests asking staff to sign a "staff compact," a written document that contains their suggestions on how team members should treat each other.

STEPS Forward places a great deal of emphasis on team interactions as a way to make sure that care processes will be carried out successfully. For example, staff members who work a lot with each other should engage in a "team huddle" once or twice a day. Each huddle lasts from 5 to 15 minutes. Members discuss potential problems in the schedule, such as patient needs or "changes in staffing and logistics," to avoid surprises, according to the team huddle module.[6]

A formal team meeting is a key ingredient of the STEPS Forward action plan. Many organizations already hold regular meetings, but "they can be tedious and are poorly attended," says Dr Linzer.

"If meetings are not meaningful, people don't show up," he says. "People need to talk about important topics, which usually have to do with patients. Administrative 'housekeeping' can be handled by email."

The point of the meetings, Dr Sinsky adds, should be to re-energize your providers and help them reconnect with the joy of practicing medicine. "When people share their personal lives, they start to like each other more," she says.

How to Start Re-engineering

"Before you can fix a problem, you need to know what it is," Dr Linzer says. To measure the extent of burnout, his office developed the mini Z test (so-called because it's a short test for Zero Burnout), which has 10 questions and can be accessed[7] on the STEPS Forward website. The test asks questions such as whether you're burnt out, the extent of your burnout, whether the workplace is chaotic, and how your EHR is affecting you.

The mini Z can point out areas that need to be changed. In addition, you can ask clinicians for a "wish list"—things that they would do differently within the practice. Your team can then discuss these findings in staff brainstorming sessions.

Start small, the module advises. Try out just one or two proposed changes, eliminating proposals that aren't realistic, such as hiring a new employee or requiring your EHR to function in a way it's not set up to do.

The next step is to test the changes. Start changes by using a pilot involving just one or two physicians. "As institutional knowledge grows and bugs are worked out, the process can be spread to more physicians," it states. "Many practices report a 3- to 6-month learning curve."

"Small changes make a difference," Dr Linzer says. "For example, introducing a scribe is transformative. This one change can measurably improve doctors' satisfaction with their work."

"As you introduce interventions, you have to keep measuring the amount of stress," he adds. This can be done by readministering the mini Z. The test is so simple that in small practices, it's possible to process the results by hand, Poplau says. This is harder to do in a large organization with hundreds of results. If your computer can't process the results, you can get a free trial of Survey Monkey to do the data entry and processing, Poplau adds.

If your intervention isn’t resolving the problem, the next step is to figure out why and develop a new approach, Dr Linzer says. It could be that some doctors will balk at a particular improvement, such as being paired with an MA. "Then you have to look for another approach," he says.

Work Closely With Administration

Employed physicians in large organizations have an additional hurdle—getting the administration to sign off on their proposed changes, which can be particularly challenging if proposed improvements require funding.

"In a large organization, the administration has to be persuaded that these changes will work," Dr Linzer says. This is where data gathered by the mini Z on burnout come in, because they can graphically show the extent of the problem, he says.

"Telling them that a majority of their doctors are burnt out and many of them are getting ready to leave has a powerful impact," he says. You then present your improvement plan as a way to avoid this. "You can explain that just a few small steps need to be taken to improve morale," he says.

You may even be able to convince the administration to take more ambitious steps, such as lowering productivity thresholds so that physicians can better treat their patients. When an organization wants a 15- to 20-minute visit, "it's often not possible to squeeze these patients into that short a time frame," Dr Linzer says.

His own medical center, for example, is undertaking a pilot program introducing longer primary care visits for patients with more complex health issues. The medical center plans to make up the cost of longer appointments by making sure that all of its appointment slots are filled. This involves staff contacting patients before their appointments to make sure they're planning to show up.

As with any new initiative in a large medical group, working with the administration to develop creative re-engineering solutions involves making contacts throughout the organization. Allies in diverse departments will see the problem from a different perspective and provide different suggestions as to how they'd fix it.

"When we provide the administration with the data on burnout, it changes the conversation," Poplau says.

Keep Up the Momentum

In just about any practice, there are opportunities to re-engineer workflow and reduce burnout, Poplau says. Her office contracts to help physicians in other organizations or in independent practices, in addition to working with clinical staff within her own medical center. "We've always had success in reducing burnout," she says.

"Sometimes it takes a while," she concedes, "but as long as we see a decrease year after year, we're satisfied that they're on the right path."

Progress can be delayed due to logistical issues, such as getting permission in large organizations, she says. Even in a small practice, where permission can be easier to get, you have to deal with "small bandwidth"—that is, the person you need to make the change has many other duties and can't get to the work right away, she says.

During these delays, you'll need to boost morale by keeping the momentum of your projects going. This involves celebrating each step of progress toward your goal. "Maybe the first step is just identifying the person who can help you, and then the next step is just meeting with that person," Poplau says.

"Don't get discouraged," she insists. "Learn to celebrate the small successes."

Other Ways to Improve Workflow

The AMA's STEPS Forward website[8] details a variety of ways to re-engineer your practice. For example, previsit planning can cut down on tasks during the visit. The preregistration module[9]on the program's website shows how to set up and carry out previsit planning.

For instance, your office can arrange to get lab work completed before the visit, so that the results can be discussed during the patient's appointment. Lab results are an opportunity for "motivational interviewing," which involves helping patients set goals for improving their health by developing an action plan, according to a Minnesota doctor cited in the Joy in Practice study.

The new patient visit involves capturing a great deal of information, much of which can be done before the visit. You can designate someone on your staff—perhaps a front office person—to be the new patient coordinator (NPC), according to the STEPS Forward argot. The NPC calls the patient before the visit and checks on medications, allergies, and other information from the medical history and enters any changes into the EHR, reducing data-entry work at the visit.

Another doctor interviewed in the study explained how his practice saved time by renewing medications for stable patients for a full year at the annual comprehensive care visit, instead of every 30 or 90 days. The practice prescribes a 3-month supply with four refills, which covers the patient until the next annual visit.

Workflow can also be improved by changing the space of the practice. Creating shared workstations for people who work closely together, such as physicians and their MAs, for example, makes it easier for them to complete tasks, Dr Sinsky says. "You can remove a lot of wasted time in workflows by the way the physical space is constructed." That said, it might make sense to hire someone experienced in medical office design to maximize your existing space.

Look, too, for potential bottlenecks in workflow. If you find that many patients are waiting for an exam room, consider adding another room—one of a few recommended changes that would require significant spending, especially if you hire a design firm to help guide you. But that sort of expertise could represent money well spent.

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