Physician Health and Well-being

Reducing the Cost and Impact of Burnout and Promoting Wellbeing

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Self-disclosure

• Steeped in medicine my whole life
• Anthropologist by training
• Psychologist by nature
• Emergency Medicine
• Integrative Medicine Fellowship
• Chief Medical Officer, MMIC
• Hospice Medical Director
Why caring for the healers matters

- Burnout and emotional exhaustion
  
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- Reduced capacity for empathy

  • Reduced patient satisfaction
  • Increased medical errors
  • Increased malpractice risk
  • Increased hospital mortality rates

* Journal of Nursing Care Quality April 1996 - Volume 10 - Issue 3 Dugan et al. Stressful nurses: the effect on patient outcomes.
*** Stress and Health Volume 22, Issue 2, pages 131–137, April 2006, A proposed physician–patient cycle model
**** AHRQ May 2003, David H Hickam, MD, MPH, The Effect of Health Care Working Conditions on Patient Safety

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Physician burnout
Depersonalization

Sense of low personal accomplishment

Emotional exhaustion

Decreased effectiveness at work

Burnout is growing (Mayo Clinic research)

Physician burnout climbs 10% in 3 years, hits 55%

Shanafelt, Tait D. et al; http://dx.doi.org/10.1016/j.mayocp.2015.08.023
Physician burnout – emotional exhaustion

2011

High 38%
Intermediate 19%
Low 43%

2014

High 47%
Intermediate 19%
Low 34%

Physician burnout - depersonalization

2011
- High: 29%
- Intermediate: 21%
- Low: 50%

2014
- High: 35%
- Intermediate: 21%
- Low: 44%

Physician burnout

Positive screen for depression
2011: 38%
2014: 40%

Thoughts of suicide in past year
2011: 6.4%
2014: 6.4%

Burnout by specialty – 2014 vs. 2011

- Emergency medicine
- Urology
- Physical medicine and rehabilitation
- Family medicine
- Radiology
- Orthopedic surgery
- General internal medicine
- Neurology
- Dermatology
- Anesthesiology
- Main burnout among all physicians participating

% reporting burnout

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Burnout by specialty – 2014 vs. 2011

- Emergency medicine
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- Physical medicine and rehabilitation
- Family medicine
- Radiology
- Orthopedic surgery
- General internal medicine
- Neurology
- Dermatology
- Anesthesiology
- Main burnout among all physicians participating
- Otolaryngology
- Internal medicine subspecialty
- General surgery subspecialty
- Pathology
- Obstetrics and gynecology
- General surgery
- Ophthalmology
- Neurosurgery
- Psychiatry
- Pediatric subspecialty
- General pediatrics
- Radiation oncology
- Other
- Preventative medicine/occupational medicine

% reporting burnout

2011 - Orange
2014 - Blue
Patient care practices of residents suffering burnout

Discharged patients because team was too busy
Did not fully discuss treatment options or answer patient's questions
Made treatment or medication errors not due to inexperience
Ordered restraints or medication for an agitated patient before evaluation
Discharged patient rather than perform diagnostic test

Patient care attitudes of residents suffering burnout

- Paid little attention to social or personal impact of illness on patient
- Had little emotional reaction to patient's death
- Felt guilty about my treatment of patient from humanitarian standpoint

The emotional impact of medical errors

- Anxiety
- Loss of confidence
- Sleeping problems
- < Satisfaction
- Reputation

Relationship of error to risk

Guilt

Frustration

Error involvement

Responses to distress: Burn-out, depression, diminishing empathy

Quality of care, Patient safety

Fear


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Proportion of a physician’s career spent with an open malpractice claim, by physician specialty

The cost of physician burnout

- Productivity loss (including ramp-up time for replacement)
- Recruitment costs
- Reduced patient satisfaction
- Impact on other providers and referral patterns
- Impact on continuity of QI initiatives

Cost to replace a single physician:

$500,000 - $1,500,000
Stress management reduces errors and risk

• Reported medication errors cut in half
• Malpractice claims reduced from 1.4 to 0.4 per year

To achieve the Triple Aim …

• Better health outcomes
• Better patient experience
• Reduced costs

Make it the Quadruple Aim:

• Provider well-being ❤

Thomas Bodenheimer, MD et al, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, The Annals of Family Medicine, Nov/Dec 2014

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Redefining quality

• How we take care of our patients

• How we take care of each other

• How we take care of ourselves
Physician health and well-being
Is something missing from your mission? Name it!

Team health and well-being
Promote it!

• Collaborative culture
• Quality conversations
• Self-awareness
• Importance of self-care
Stress = lack of control and predictability

Stress response triggered by

- Perceived lack of control
  - Loss of social support
  - Loss of ability to relieve frustrations
- Perceived lack of predictability
  - Perception that things are getting worse
Measuring the effects of stress

- We now have tools to measure physical changes in the body caused/influenced by the mind (functional MRIs, hormone levels, antibodies, heart rate variability)
- We can measure the effects of the mind and emotions on the heart, digestive tract, immune system, and individual cells
- We see that physical symptoms can change emotional health and vice versa
Emotions and healing
Stress can ...

- Slow wound healing
- Diminish strength of immune response to vaccines
- Enhance susceptibility to infections illness
- Boost allergy symptoms
- Reactivate latent viruses
Stress at the cellular level
Resiliency

An individual’s ability to overcome adversity and continue his or her normal development.
How are we going to fill up?
The five pillars of resilience

- Self Awareness
- Mindfulness
- Purpose
- Self Care
- Relationships

Techniques for building resiliency

- Good nutrition and sleep
- Exercise
- 4-7-8 breathing technique
- Meditation/mindfulness
- Gratefulness journal
- Random acts of kindness
- Support groups
- Social connection/spiritual practice
THE ANTI-INFLAMMATORY FOOD PYRAMID

HEALTHY TREATS
Servings: Occasional

SUPPLEMENTS
Servings: Daily

PROTEIN
Total Servings: 3–4 per day;
et the following sources to meet
your protein dietary needs:
MEAT, EGGS & DAIRY
Servings: 0–2 per day
FISH
Servings: 2–6 per week
NUTS & SEEDS
(both are sources of protein and fat)
Servings: 1–3 per day
BEANS & LEGUMES
(both are sources of carbohydrate and protein)
Servings: 2–3 per day

GREEN OR HERBAL TEA
Servings: 2–4 cups per day

HEALTHY FATS & OILS
Servings: 3–5 per day

WHOLE GRAINS
Servings: 3–6 a day

FRUITS
Servings: 2–4 per day

VEGETABLES
(includes sea vegetables)
Servings: 7–10 per day
HEALTHY HERBS & SPICES
Servings: Use Generously

WATER
Servings: 6–12 per day
Self care – why do we sleep?

- Improve immune function (repair and rejuvenate)
- Consolidate memories
- Regulate emotions
- Brain cleansing
Tips for a better night’s sleep

• Skip the snooze button (makes you more tired)
• Avoid caffeine within 4-6 hours of sleep onset
• Get outside in the natural afternoon light (even if cloudy) to reset circadian rhythms
• Avoid eating within 2-3 hours of sleep onset because digestion disrupts sleep
• Morning exercise provides boost of energy, decreases stress hormones, and improves sleep quality (75% more time in deep sleep)
Breathing Technique

• Get comfortable
• Inhale deeply through your nose to a count of 4
• Hold for a count of 7
• Exhale through your mouth for a count of 8 with tip of tongue against inside of teeth
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

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Context  Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective  To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants  Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures  Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results  Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95%
Practice
“3 Good Things”
“We can live without religion and meditation, but we cannot survive without human affection.”

The Dalai Lama
The top five regrets of the dying

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.

2. I wish I hadn't worked so hard.

3. I wish I'd had the courage to express my feelings.

4. I wish I had stayed in touch with my friends.

5. I wish that I had let myself be happier.

- Bronnie Ware, author and blogger
Contact us

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Additional resources

- DrWeil.com
- *Flourish* by Dr. Martin Seligman
- Gratefulness.org
- commonweal.org
- *Daring Greatly* by Brene Brown
- *The Chemistry of Joy* by Henry Emmons, M.D.
- *Enjoy Every Sandwich and Finding Balance in a Medical Life* by Lee Lipsenthal,
- *Healthy Aging* by Andrew Weil, M.D.
References


