Learning Objectives:

- Understand how improving family physician well-being fits into the AAFP strategic plan
- Know several contributing factors to physician professional satisfaction, well-being, and burnout
- Utilize the family physician ecosystem framework when developing a plan to improve family physician well-being
- Be able to state the components of the AAFP plan to improve family physician well-being

Disclosure:

- No conflicts to disclose
- I am employed by the AAFP
Outline

- Burnout Data – Prevalence and Impact
- What is well-being?
- Tying this to AAFP priorities
- The Family Physician Ecosystem
- AAFP plan and next steps
- ? Phase 2
- Your Input and Suggestions

Depression in Physicians

- 12% of males
- 19.5% of females
- Under reported and hidden due to stigma
- Higher rate of successful suicide attempts
  - Female >> Male
- ~ 400 physician suicides annually
Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students
A Systematic Review and Meta-Analysis

1 in 4
1 in 10
15.7%

Key Points:
Question: Are medical students at risk for depression and suicidal ideation?

Findings: In the meta-analysis, the overall prevalence of depression or depressive symptoms among medical students was 23.2%, and the overall prevalence of suicidal ideation was 8.9%. Among medical student subgroups, the rates for depression and suicidal ideation were lower for nonclinical students.

Meaning: The overall prevalence of depressive symptoms among medical students in this study was higher than that reported in the general population, which underscores the need for ongoing preventive efforts and increased suicide awareness for medical students.

The Worst Thing You Can Do Is Look the Other Way

Syndrome characterized by:
- Loss of enthusiasm for work (emotional exhaustion)
- Feeling of cynicism (depersonalization)
- Low sense of personal accomplishment

Burnout: Is It Real? If Yes, Can It Be Cured?
— The Weeknd Friday at 10, report tomorrow both from Toronto
**Burnout**

- A work related phenomenon
- Can impact personal life as well
- Can be burned out at work, but overall happy

*Mayo Clinic Proceedings. 2017*

*Figure 1: Personal and professional repercussions of physician burnout.*

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**Burnout is a…**

*Workforce / Access Concern*
The Data:

What % of Family Docs are Burned Out?

63% (Increased 12%)

n = 6880
FM = 540
The Gap Between the General Population and Physicians is Widening
What is Well-being?
Gaps and Overlaps

Happy at Work = 29%
Burnout = 55%
No Burnout = 45%
Happy Outside of Work = 70%

16% Not happy at work and Not burned out
25% Burned out and Happy outside of work

Lack of Burnout ⇛ Well-being

Let's focus on improving well-being and professional satisfaction, not simply decreasing burnout
Well-being

Definition of Well-being
A good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity. *dictionary.com*

Well-being can be described as judging life positively and feeling good.
Centers for Disease Control

AAFP Priorities

- Payment
- Practice
  - **Workforce**
- Clinical Expertise

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**PRIMARY CARE PHYSICIANS’ ATTITUDES TOWARD THE MEDICAL PROFESSION**

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

When 50.3 percent of primary care physicians regard patient satisfaction as the current state of medical practice, 62.7 percent report physician burnout in the future of medical practice. Lower morale is linked to higher rates of depression and CHD diagnoses, respectively.

*Source: The Physician Foundation: U.S. Survey of America’s Physicians, September 2013*
AAFP Strategic Plan – Top 4

- Payment Reform: Increase spend on Primary Care
- Prepare members for new payment models (including MACRA)
- Leadership role in striving for health equity and addressing social determinants of health
- **Improve Family Physician well-being**

“The AAFP will assist members in achieving well-being in order to enjoy a sustained career in Family Medicine”

**Gaps and Overlaps**

- Happy at Work = 29%
- No Burnout = 45%
- Happy Outside of Work = 70%
- Burnout = 55%

16% Not happy at work and Not burned out
20% Burned out and Happy outside of work

Medscape Data
January 2017
The Family Physician Ecosystem

Health Care System
Organization
Practice
Individual
Physician Culture

The State of Family Medicine: 2017

"We must reduce the administrative hassle of modern medical practice," said Meigs, pointing to the effects on physician productivity and morale. "I think I am a better physician now than I was 10 years ago. I have that much more years of experience and I know my patients that much better, but I can't see as many patients as I did 10 years ago. It's not because I'm slow, it's just all the other with I have to do. That is frustrating."
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1. The Health Care System Level

- Payment Reform
  - Transition from Fee for Service to Pay for Quality
- Help members prepare for MACRA implementation
- Administrative Simplification
  - Advocate for swift and widespread leaning of reporting / documentation requirements that do not result in improved health outcomes
  - Quality measures harmonization
- EMR
  - Hold the vendors responsible for improved functionality and interoperability

What Are the Causes of Burnout?

- Too many bureaucratic tasks
- Spending too many hours at work
- Feeling stuck in a rut
- Increasing competition of practice (DRS)
- Income not high enough
- Too many difficult patients
- Insurance issues
- Maintenance of certification requirements
- Lack of professional fulfillment
- Threat of reorganization
- Too many patient appointments in a day
- Difficult patients
- The impact of the Affordable Care Act
- Inability to provide patients with the quality care
- Concerns regarding reimbursement for health services
- Family stress

2017

Average wait time for prior authorization responses

- Less than 1 hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- More than 5 hours
- Don't know

37 Prior Authorizations / Week
Coalition of 16 organizations

Prior Authorization and Utilization Management Reform Principles

A patient-centered care has emerged as an important goal across the healthcare industry. By empowering patients to play an active role in their care and assurance of patient-centered treatment plans to meet their healthcare needs, this can help our members to ensure better patient outcomes. This creates treatment efficacy and ultimately reduces treatment, costs, and unnecessary expenses.

What is the most important measure that national or professional organizations can take to help reduce physician burnout?

VALUE-BASED PAYMENT STATUS

- Actively planning VBP approach today: 33%
- Developing capabilities but wait until the results are better known: 19%
- Implementing changes, focusing on streamlining under fee-for-service: 15%
- Participated in a VBP program previously, lost interest, switched: 11%
- Don’t know what to do: 25%
- Other: 9%

When asked about their approach to value-based payment, about half of respondents (49%) are either actively pursuing new payment models or developing new payment models.
2. Organizational Level

- Influence organizations to systemically implement well-being support
  - Encourage a Clinician Well-Being / Satisfaction / Burnout Scorecard for the Organization
  - Hold senior leadership accountable
- Leadership Development
  - Know who has influence – direct your concerns appropriately, positively, and offer solutions
Decreased Quality of Care Is the Top Reason to Address Physician Burnout

- Decreased quality of care: 63%
- Effect of the volume of patients seen: 56%
- Decreased patient satisfaction: 24%
- Decreased productivity: 17%
- Physician suicide: 6%

Source: Massachusetts Medical Society

December 2016

Increased Clerical Burden and Productivity
Requirements/Expectations Produce Physician Burnout

- Increased clerical burden: 37%
- Increased productivity: 25%
- Ban unsatisfactory payment/ reimbursement models: 23%
- Erosion of professionalism: 23%
- Excessive metrics: 18%
- Excessive workloads: 11%

Source: Massachusetts Medical Society

December 2016

Primary Care Physician Volume and Quality of Diabetes Care: A Population-Based Ekkehart Study

Results: Higher overall ambulatory volume was associated with lower rates of appropriate disease monitoring and medication prescription. In contrast, higher
3. The Practice Level

- Joy in Practice bundle
  - Team based care and documentation
  - Work flow efficiencies
  - In-box filtering
  - Co-location, huddles, verbal communications
- Scribes
- Direct members to high quality resources

Why Don’t EHRs Help?

- Definition of a tool
- Mis-guided “meaningful use”
  - “The 5 page EHR fax”
    - HIPPA, Mediterranean Decent, Flu Shot in 2014
    - ???
- Usability, Interoperability, Practicality
Medical Scribes

- Increased Patient Satisfaction
- Increased Physician Satisfaction
- Cost Neutral at ~2 Additional Patients per Half Day
- Decreases the W.A.C.

4. The Individual Level

- Promote concept of “Well-being is not simply the absence of burnout”
- Emphasis on well-being and personal planning
  - Acknowledge the high rates of burnout and stress
  - Encourage members to prioritize their self-care
- Work-life integration vs. work-life balance
- Self-care techniques
  - Mindfulness and meditation
  - Intentional gratitude
  - Nature deficit disorder
- Career planning
  - Personal values aligning with organizational values
The Art of Happiness at Work

Job...

...Career...

...Calling

What is the Most Rewarding Aspect of Your Job?

- Gratitude/relationships with patients: 34%
- Being very good at what I am: 32%
- Knowing that I’m making the world a better place: 12%
- Making good money at a job that I like: 11%
- Being proud of being a doctor: 5%
- Nothing: 2%
We are essentially programed to accept the effects of self-sacrifice as the honorable price of admission to the Medical profession.

Physician Culture
- "The Soul-Crushing Medical Education Experience…"
- Self-Sacrifice, rather than self-care
  - Noble, but mis-guided -- UNSUSTAINABLE
- "Young doctors are all wimps"
- Self-care as an indulgence rather than a professional responsibility
- AAFP – Promoter of a healthy physician culture
  - Encourage self-care
  - Encourage professional peer caring and support
  - Challenge the status quo
  - Share examples of best practices
    - I'M SAFE – The culture of professional fitness to perform
Fitness as a Professional Responsibility

Why not us? Culture!

Student mental health outcomes must be viewed as critical program outcomes, as important as board scores and residency placements.

National Academy of Medicine (Formerly the IOM)  
Action Collaborative on Clinician Well-Being and Resiliency

- Multiple organizations represented
  - All addressing burnout separately
  - All feeling we aren't getting significant traction
- Goals:
  - Public Awareness and Call To Action
  - Change the culture in medical education
  - Identify and promote best practices and evidence based interventions
- AAFP is an inaugural co-sponsor of a 2 year effort
- First meeting in January 2017
AAFP Resources in Development

- Member access to the MBI (2017)
- Web based well-being planning tool (2017)
  - Based on the 5 levels of the FP Ecosystem
- Annual FP Well-being and Renewal Conference (2018)
- State Chapter Workshop Series (2018)
- Articles in journals (Ongoing)
- CME tracks / workshops at FMX (Ongoing – Expand)
- Family Medicine Certification activity to promote FP well-being (2018)
  - Grant funded by the ABFM Foundation
- Inaugural co-sponsor of NAM Action Collaborative on Clinician Well-Being and Resiliency (Kicked off January 2017)

Consider for Phase 2

- Communities in AAFP Higher Logic Site
- Research
  - Study implementation and outcomes
  - Study well-being measurement tools
- Expanded student and resident resources
- Webinars, Enduring materials
- Leadership Academy
- Advocacy for sharing EMR best practices
It All Boils Down to:

*Meaning and Purpose*
*Ability to Make a Difference*
*Respect*
*Relationships*

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“These are the duties of a physician: first... to heal his mind and to give help to himself before giving it to anyone else.”

—from the epitaph of an Athenian physician, 2 AD

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**Family Physician Well-Being**

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