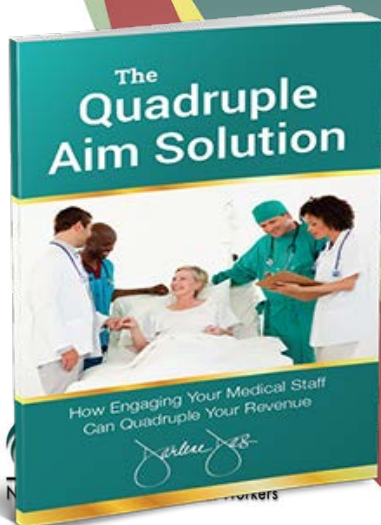


CLINICIAN WELL-BEING & RESILIENCY AS A PREREQUISITE FOR THE TRIPLE AIM

presented at

HRA Advisory Committee on Interdisciplinary Community-Based Linkages

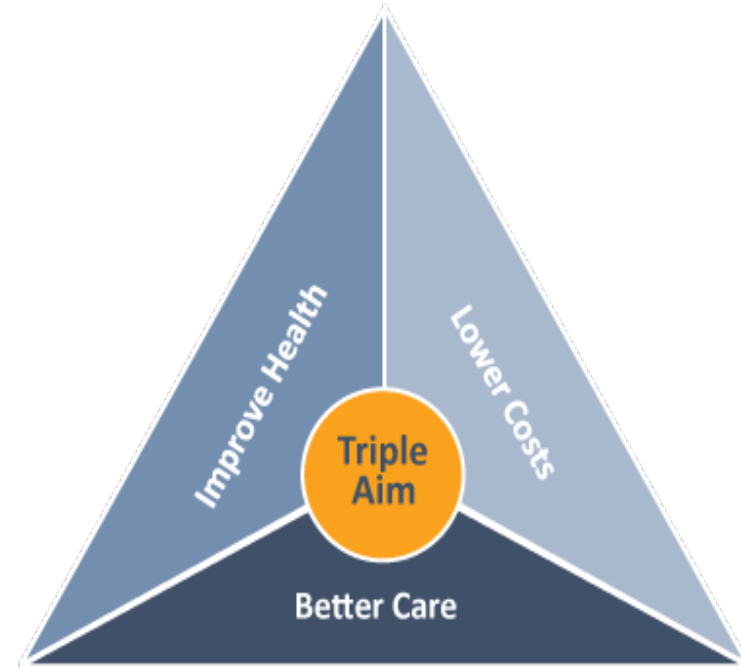


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Presentation Overview

- Increasing Healthcare Expectations
- Better Clinician Engagement, Better Patient Experience
- Alarming Rates of Clinician Burnout
- Building Well-Being & Resilience
 - Improving the Learning and Working Environment
 - Organizational Leadership
- Creating a Culture of Clinician Well-Being
- Recommendations



Increasing Healthcare Expectations

The Quadruple Aim of Healthcare

Outcomes	Patient Experience	Costs	Provider Experience
<ul style="list-style-type: none"> Effective interventions Less preventable illness Decreased disparities 	<ul style="list-style-type: none"> Satisfaction Quality Trust 	<ul style="list-style-type: none"> Lower per-capita costs Appropriate spending and utilization 	<ul style="list-style-type: none"> Professionalism Joy at work Recruitment and retention

Equity

- Societal opportunity
- Decision-making
- Structural fairness

Rising Expectations on Healthcare Demand Changes and Growing Healthcare Clinicians

MOH HOLDINGS



Better Staff Engagement, Better Patient Experience

PATIENT EXPERIENCE →

QUALITY

← STAFF ENGAGEMENT

The available evidence suggests that measures of patient experience are robust, distinctive indicators of health care quality.

Manary et al, New England Journal of Medicine. 2013⁽¹⁴⁾

There is a clear relationship between the wellbeing of staff and patients' wellbeing

Boorman, 2009, Kings Fund 2012⁽¹⁵⁾

Evidence shows that better patient experience scores linked to



Lower readmission rates⁽¹⁾



Lower cost per case⁽²⁾



Shorter length of stay⁽³⁾

Patients with lower anxiety



Feel less pain and their surgical wounds recover more quickly⁽⁷⁾

Good communication improves



Compliance with post discharge instructions⁽⁸⁾



Safety - patients point out potential adverse effects⁽⁹⁾



Blood pressure⁽¹¹⁾



Self management⁽¹⁰⁾



Emotional health⁽⁴⁾



Number of complaints: Evidence shows tone-of-voice is key factor in complaint levels⁽⁶⁾



Variation between hospitals in patient perception of quality of care is driven 91% by human factors⁽¹⁸⁾



A 5% increase in staff working in 'real teams' associated with a 3.3% drop in mortality rates⁽²⁵⁾ Equivalent to 40 people per year in average hospital.

Hospitals with higher staff engagement have



Lower mortality⁽²¹⁾



Fewer hospital acquired infections⁽²²⁾



Better outcomes⁽²⁶⁾



Significantly fewer mistakes⁽²³⁾



5:1.

In the most successful teams people get 5 times more appreciative comments about their work than critical comments⁽²⁹⁾



Rudeness between staff in hospitals, reduces cognitive function, and increases the likelihood of safety incidents⁽²⁴⁾



Hospitals with higher levels of staff engagement deliver a better patient experience⁽¹⁹⁾

Clinician burnout

23-31%

Prevalence of
emotional exhaustion
for primary care nurses

Burnout can
lead to



Anxiety
Depression
Substance Abuse
Addiction
Suicide

Symptoms

- Headaches
- Cynicism
- Insomnia
- Irritability
- Fatigue
- GI Upset
- Decreased Concentration

Dimensions

(Maslach Burnout Inventory)

- 1 Emotional Exhaustion
- 2 Impersonal Attitude
towards patients & coworkers
- 3 Perceived lack of accomplishment

Alarming Rates of Clinician Burnout

A photograph of three healthcare professionals, two women and one man, sitting on a light-colored tiled floor in a hospital setting. They are all wearing blue scrubs. The man in the center is wearing a white lab coat over his scrubs and has a stethoscope around his neck. All three individuals appear to be exhausted or stressed, with their heads resting against each other or closed eyes. The background shows a white tiled wall and a portion of a medical cart on the right.

50% U.S. physicians report significant symptoms

18% of nurses had depression versus a national prevalence of 9%
(Leviak et al, 2012)

24% ICU nurses tested positive for symptoms of post-traumatic stress disorder

Suicide rates among male physicians are 40% higher than that of other males in the population; 130% for female physicians (center et al, 2003)

Physician Burnout

Based on reports from Medscape, the Mayo Clinic, and other resources:

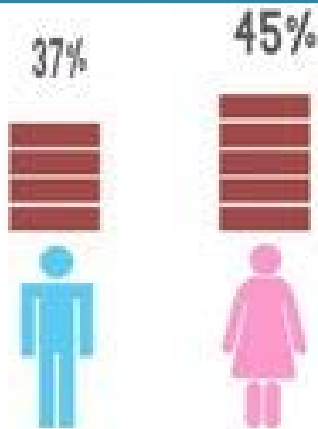


STOP PHYSICIAN BURNOUT

What to Do When Working Harder Isn't Working

Dike Drummond, MD

A systems approach to building your ideal practice and a balanced life in these times of rapid change.



Men VS Women

More female physicians reported being burned out than their male counterparts. This could be that we typically see women in more of the Primary Care specialties.

Top 5 Causes Of Burnout

Feeling like a Cog in the Wheel

Too Many Bureaucratic Duties

Spending Too Many Hours at Work

Present and Future Impact of the ACA

Income Isn't High Enough

The Research

A National Survey Published in the Archives of Internal Medicine in 2012 reports that US physicians suffer more burnout than any other American Worker.

The Top 5 Specialties to Burn out

These specialties experience more burnout than any other.

Emergency Medicine	52%
Family Medicine	45%
Internal Medicine	42%
OB/GYN	42%
Critical Care	50%

The Numbers

45.8% of Physicians experience at least one symptom of burnout according to the Mayo Clinic.

- We have heard physicians making such statements as:
“The joy of practicing medicine is gone.”
“I hate being a doctor...I can't wait to get out.”
“I can't tell you how defeated I feel...The feeling of being punished for delivering good care is nerve-racking.”

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

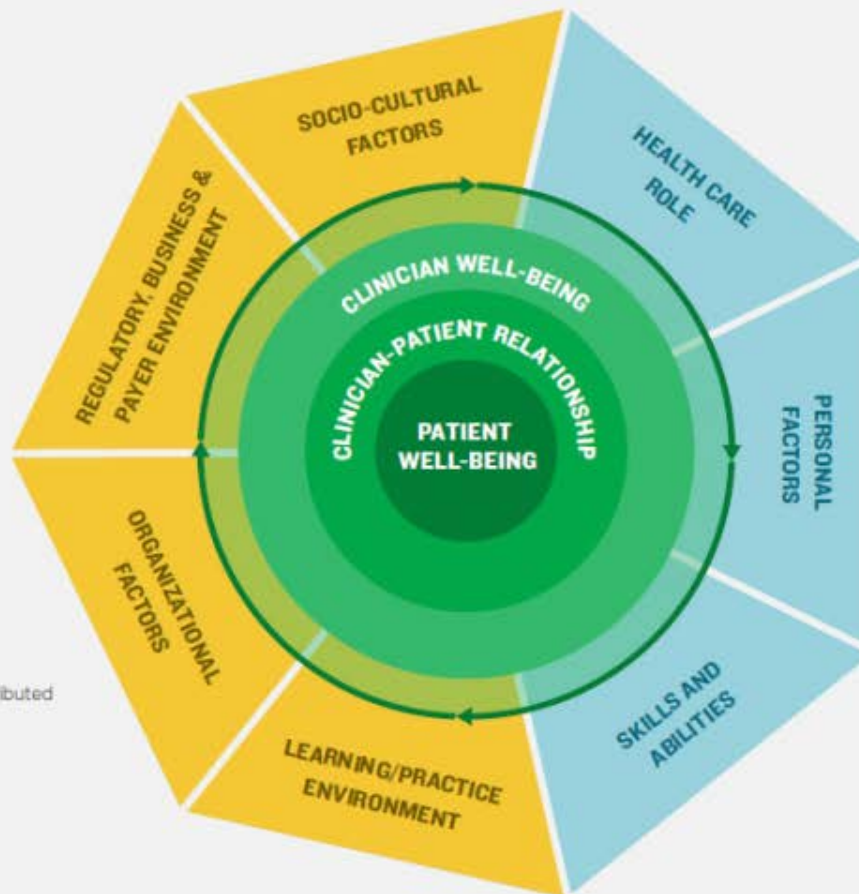
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence



INDIVIDUAL FACTORS

HEALTH CARE ROLE

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS

- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

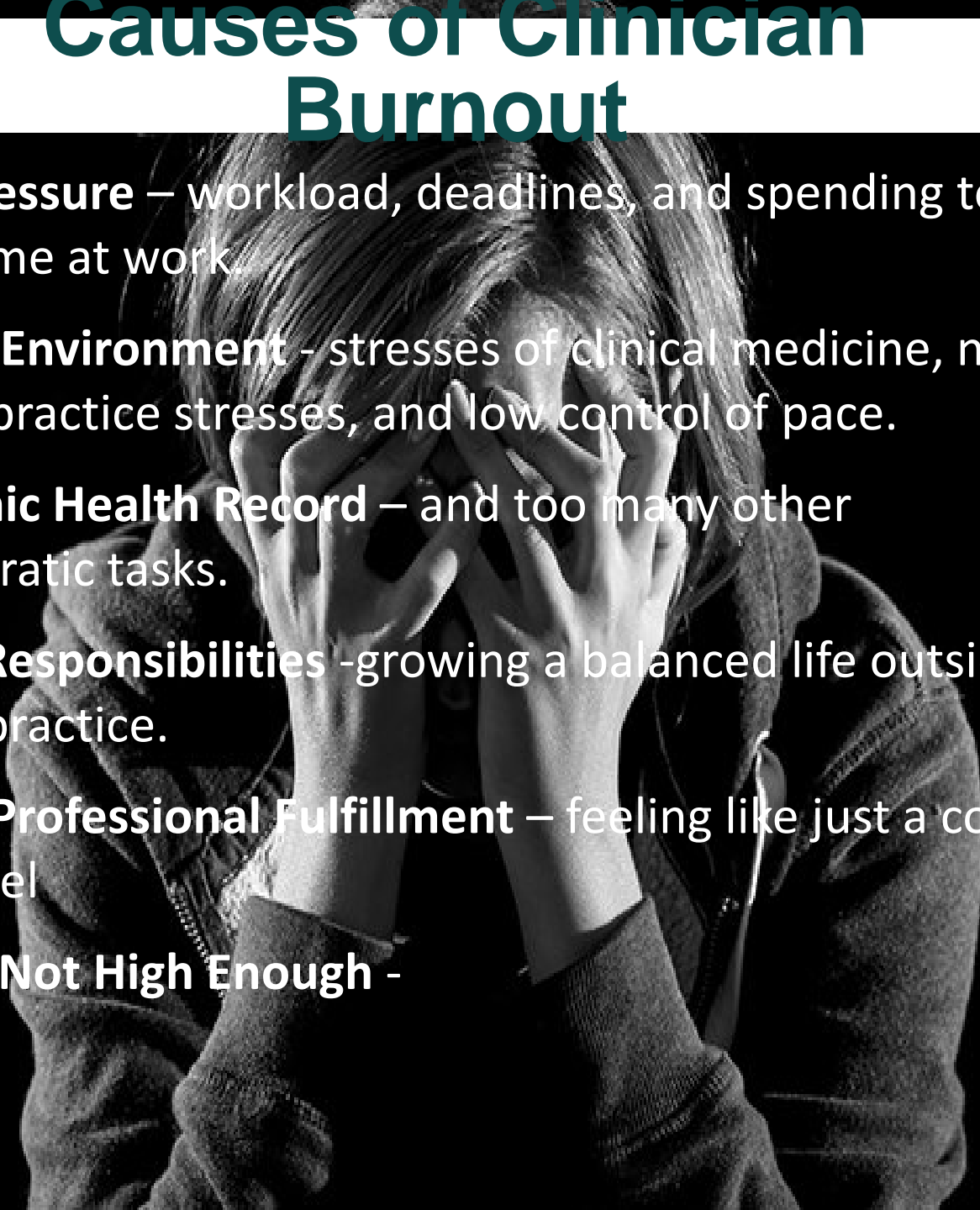
RELATIONSHIPS/SOCIAL SUPPORTS

- Mentors and colleagues
- Patients/patient contacts
- Personal/family relationships
- Community relationships



Causes of Clinician Burnout

- **Time Pressure** – workload, deadlines, and spending too much time at work.
- **Chaotic Environment** - stresses of clinical medicine, non-Clinical practice stresses, and low control of pace.
- **Electronic Health Record** – and too many other bureaucratic tasks.
- **Family Responsibilities** -growing a balanced life outside of clinical practice.
- **Lack of Professional Fulfillment** – feeling like just a cog in the wheel
- **Income Not High Enough** -



Building Clinician Well-Being & Resilience

Personal Resilience

- ❖ Realistic recognition (overcoming denial)
- ❖ Exercise, sleep, nutrition
- ❖ Supportive professional relationships
- ❖ Talking things out with others
- ❖ Hobbies outside medicine
- ❖ Personal relationships
- ❖ Boundaries
- ❖ Humor
- ❖ Time away from work
- ❖ Passion for one's work

Swetz, J Palliative Med 2009



Self-Care is an important component of professionalism; a skill that must be learned and nurtured in the context of other aspects of clinician education and training.

Building Clinician Well-Being & Resilience

Culture of Wellness (Organizational Strategies)

- Establish Wellness as an Organizational Goal
- Institutional Culture and Model of Wellness
- Harness the Power of Leadership
- Clinician Engagement
- Develop and Implement Targeted Interventions
- Cultivate Community at Work
- Use Rewards and Incentives Wisely
- Align Values and Strengthen Culture
- Promote Flexibility and Work-Life Integration
- Provide Resources to Promote Resilience & Self-care
- Facilitate and Fund Organizational Science

Solutions for Wellness



Building Clinician Well-Being & Resilience

Efficiency of Process

- **Improve the Practice & Organizational Environment:** high quality information, resources, tools and support to help clinicians thrive in the growing value-based payment environment.
- **Advocate for Systems Changes:** Policy recommendations that put patient before paperwork; advocacy for initiatives that call for simplifying, streamlining and reducing excessive administrative tasks that detract from patient care and contribute to burnout.
- **Facilitate Efficiency of Practice:** workplace systems, processes and practices that promote safety, quality, effectiveness, positive patient and colleague interactions and work-life balance.
- **Improve the Electronic Health Records:** putting patients before paperwork
- **Allow Practice at Top of Licensure & Expertise:** professional fulfillment is increased when clinicians function at the top of their licensure and expertise.

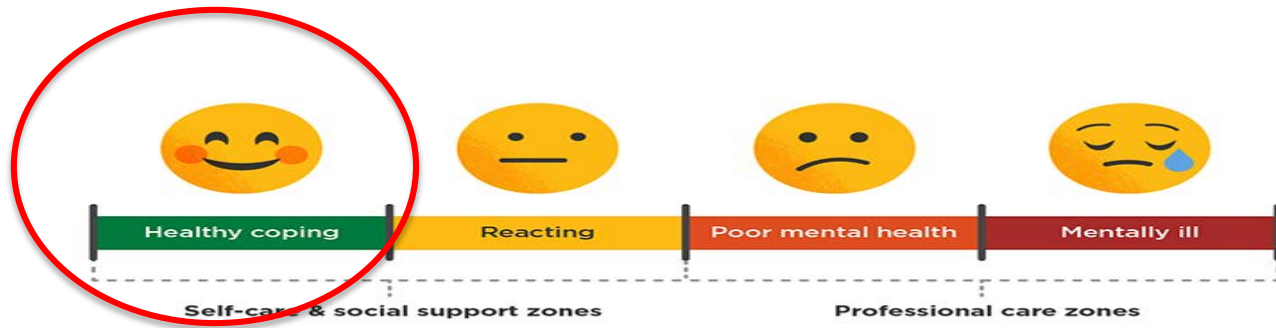
Building a Culture of Well-Being

In Clinical Learning Environments:

- Demonstrate Specific Efforts to Promote the well-being of residents, fellows, and faculty members.
- Promote an Environment Where Residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations.
- Demonstrate System-Based Actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members.
- Demonstrate Mechanisms for Identification, early intervention, and ongoing support of residents, fellows, and faculty members who are at risk of or demonstrating self-harm.
- Promote Well-Being Across the clinical care team to ensure safe and high quality patient care.
- Monitor Effectiveness at Achieving the well-being of the clinical care team.

Recommendations

- **Establish Clinician Well-Being as a National Priority** - raise the visibility of clinician burnout, depression, stress, and suicide; work to improve baseline understanding of challenges to clinician well-being.
- **Reduce Regulations for Medical Documentation** – advocate for the reduction of regulations for medical documentation and other clerical work; encourage best practices for EHR/Health IT design and use.
- **Establish a National Clinician Well-Being Metric** – the principal driver of clinician dissatisfaction is the ability to provide quality care; therefore, clinician burnout is an early warning sign of a health care system creating barriers to high-quality practice.
- **Provide Incentives to Create Help Giving/Seeking Cultures** - transform attitudes and change policies that serve as barriers to seeking burnout intervention and mental health treatment, including discrimination in licensing, hospital privileges and advancement.
- **Promote Well-Being Best Practices In Education Programs** - emphasize that psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient clinician.



“The principal driver of clinician satisfaction is the ability to provide quality care.”



“In no relationship are clinicians more often derelict than in their duty to themselves”