

Mission vs. Budget in Times of Rapid Change

Panelists

- **William B. Armstrong, MD, University of California, Irvine**
- **Greg Farwell, University of California, Davis**
- **Bradley Marple, MD. University of Texas, Southwestern**
- **Vicente Resto, University of Texas Medical Branch, Galveston**
- **Maie St. John, MD, UCLA**

Structure of Panel

- 10 minute presentation to frame discussion
- 10 minute discussion

SEVEN OUT OF 10 PHYSICIANS ARE UNWILLING TO RECOMMEND HEALTHCARE AS A PROFESSION.



Comments clearly show that doctors are disheartened by changes.

“If I had to start today I would choose another field of endeavor.”

—*primary care physician, California*

“None of my children and none of my friends’ children have chosen medicine as a career.”

—*surgeon, North Carolina*

“I am the child of two physicians. Knowing what I do now, my wife and I, both physicians, would discourage our children from pursuing medicine.”

—*nonsurgical specialist, Georgia*

Source: The Doctors Company Survey of Physicians 2018

EHRs HAVE A NEGATIVE IMPACT ON THE PRACTICE AND ON THE PHYSICIAN-PATIENT RELATIONSHIP.

54%

OF DOCTORS BELIEVE EHRs HAVE HAD A NEGATIVE IMPACT ON THE **PHYSICIAN-PATIENT RELATIONSHIP**.

Doctors are concerned that EHRs are burdensome and distracting during patient interaction. One doctor suggested that the software causes major frustration to patients and physicians alike:

“Good eye-to-eye patient care is dying. Computers have decreased the physician-patient relationship. Doctors can’t type and have good patient observation and attention simultaneously.”

—surgeon, California

61%

OF DOCTORS BELIEVE EHRs HAVE A NEGATIVE IMPACT ON **EFFICIENCY AND PRODUCTIVITY**.

Many comments suggest that doctors are frustrated with the functionality, reliability and lack of interoperability within their EHRs:

“EHR is a complete waste of time. To ask a physician to function as a scribe is inefficient.”

—surgeon, California

61%

OF DOCTORS BELIEVE EHRs HAVE A NEGATIVE IMPACT ON **WORKFLOW**.

Doctors are very concerned about the burden of documentation requirements. Many comments suggested that EHR requirements are a major cause of burnout:

“EHR and documentation burden will make physicians get out of profession.”

—primary care physician, California

86%

OF DOCTORS REPORTED A NEUTRAL OR NEGATIVE EXPERIENCE WITH EHR **VENDOR SERVICE**.

Only 14% of doctors reported a positive experience with EHR vendors, with the rest split on whether service has been neutral or negative. Comments about EHR vendors were mostly negative:

“EHR implementation has had a mostly negative impact on healthcare because of badly designed EHRs which are cumbersome and user unfriendly.”

—nonsurgical specialist, Texas

Lower
among
younger
physicians

Mission Vs. Budget in Times of Rapid Change

Mission

- Patient Care
- Teaching
- Advancing Knowledge

Budget

- Limited pool of funds
- Increased demand
- Costly care
- Changing reimbursement
 - Value
- Clinical integration
- Consolidation (M&A)



Burnout



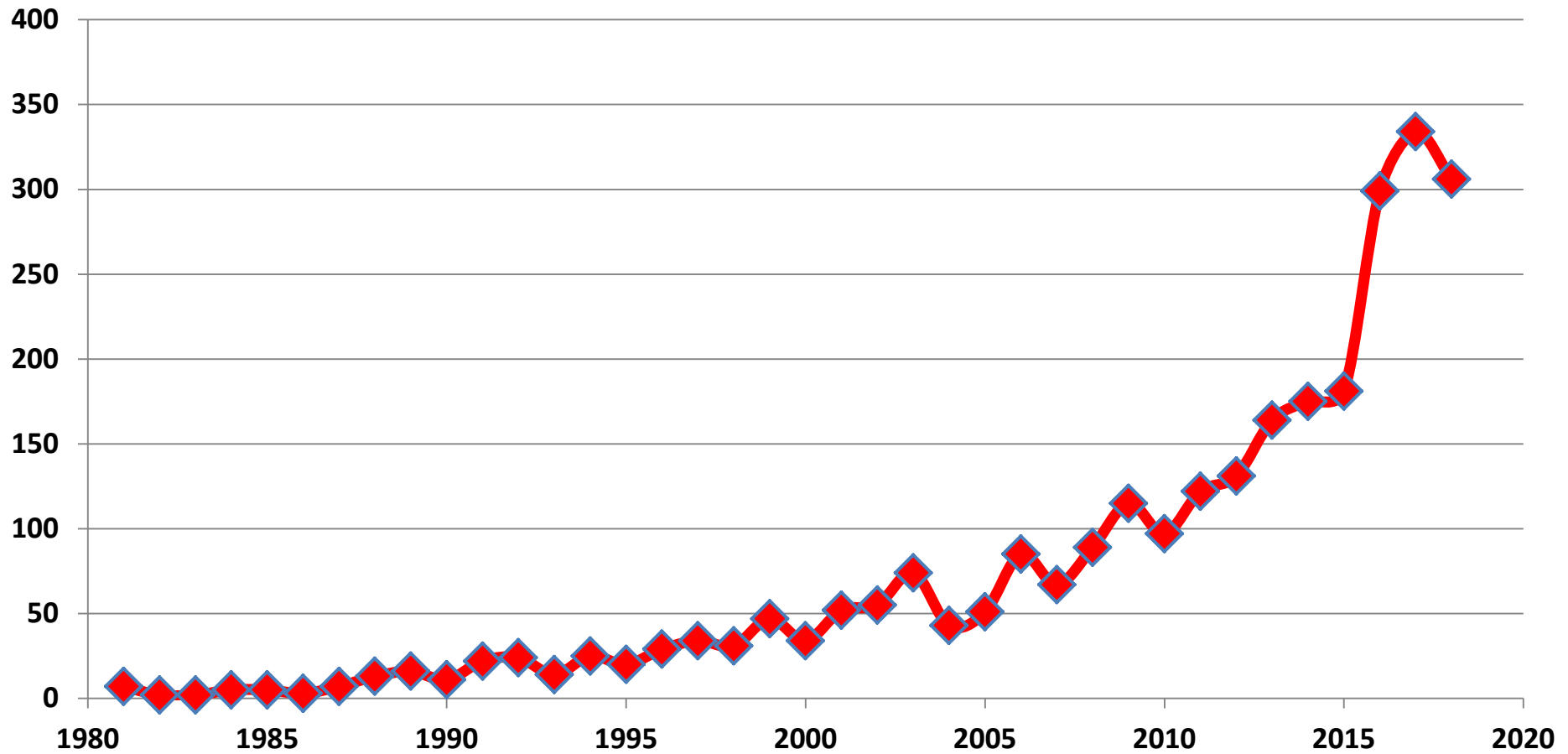


Burnout

- ~50% physicians, higher than gen population
- **Depersonalization, emotional exhaustion, sense of low personal accomplishment**
 - Negative effects on patient care, safety
 - Decreased productivity, team attitude, turnover
 - Decreased patient satisfaction
 - Increased suicide
- Individual and System Interventions
- Effectiveness of interventions demonstrated
- Optimal approaches unknown

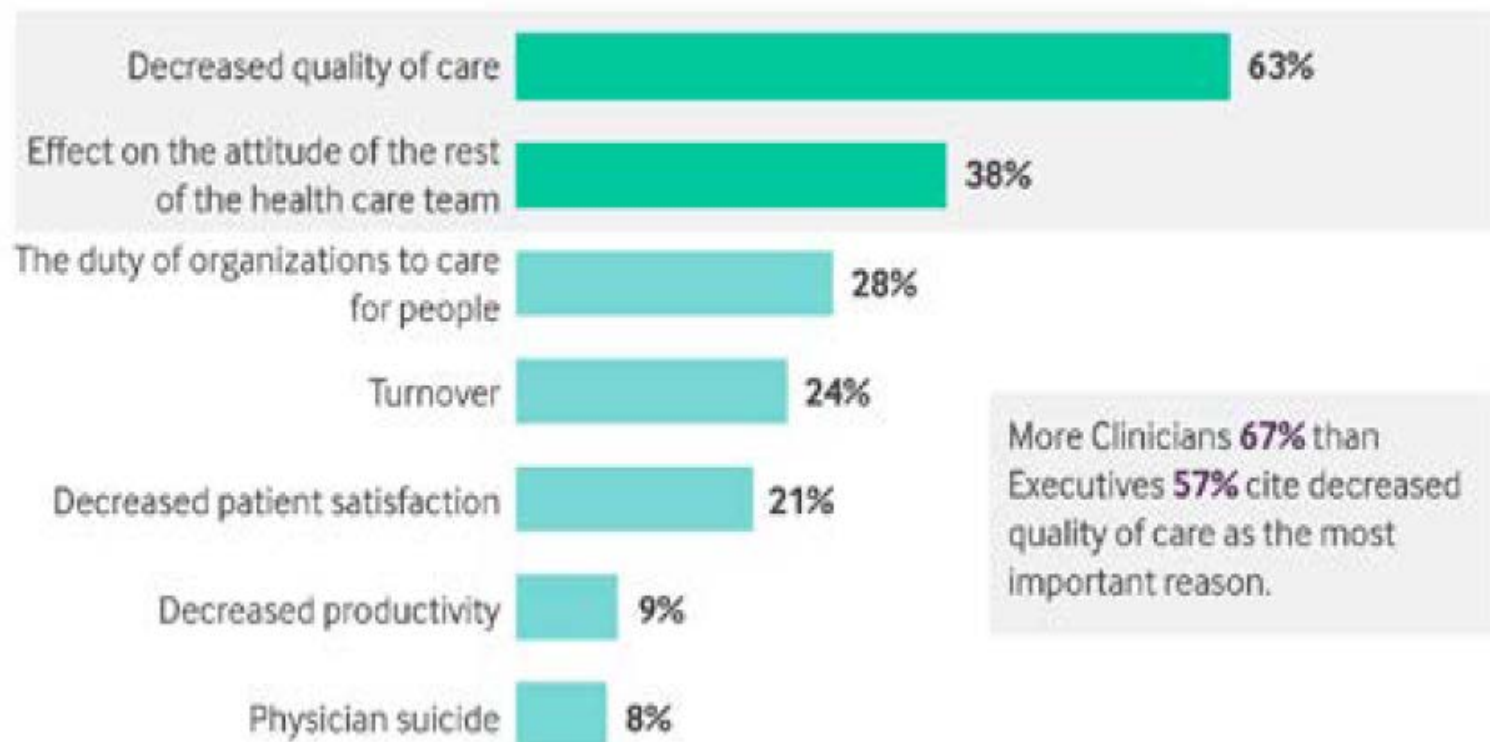
(West CP et al. Lancet 2016;388:2272-81)

Pubmed - Physician Burnout Publications



Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?

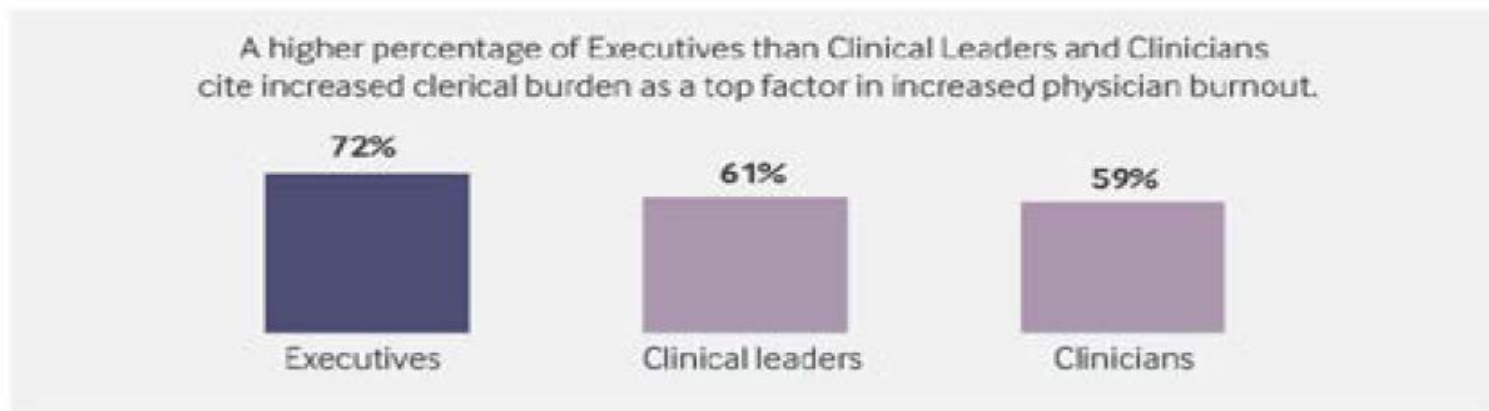
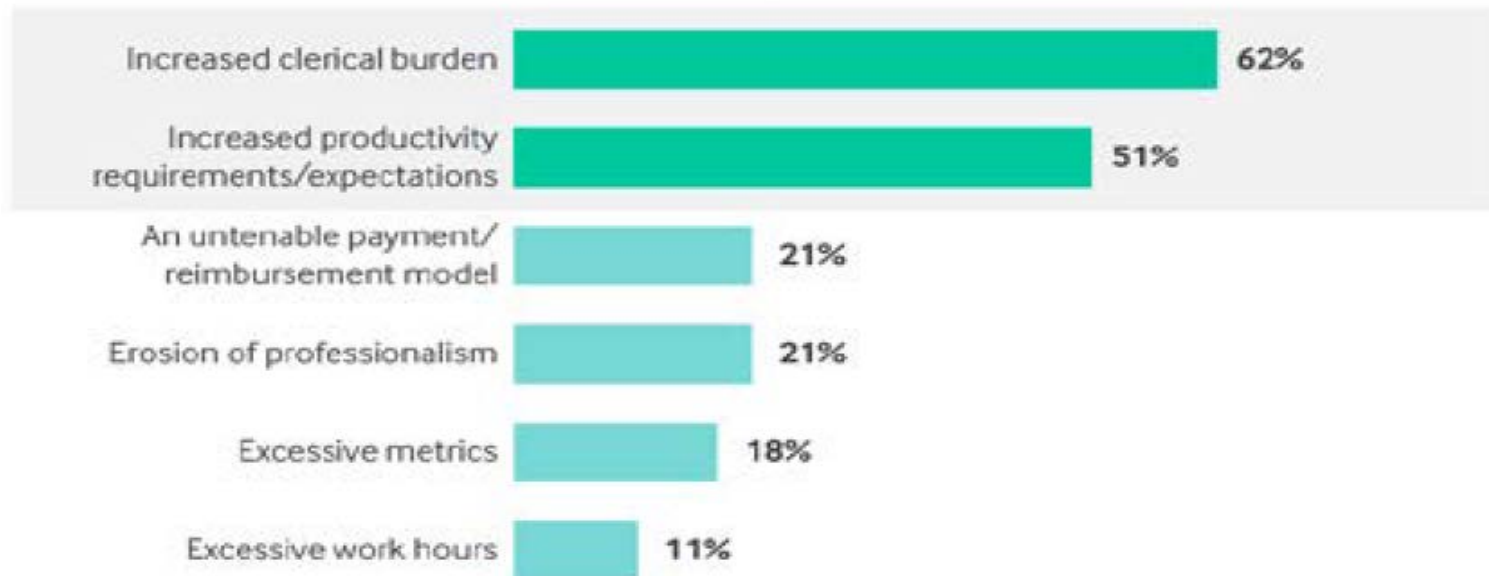


Base = 570 (multiple responses)

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Increased Clerical Burden and Productivity Requirements/Expectations Produce Physician Burnout

What are the top two factors contributing to the increase in physician burnout?



Base = 570 (multiple responses)
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**Relationship
Centered
Profession**



**Efficiency Focused
Production
Process**



VENUS

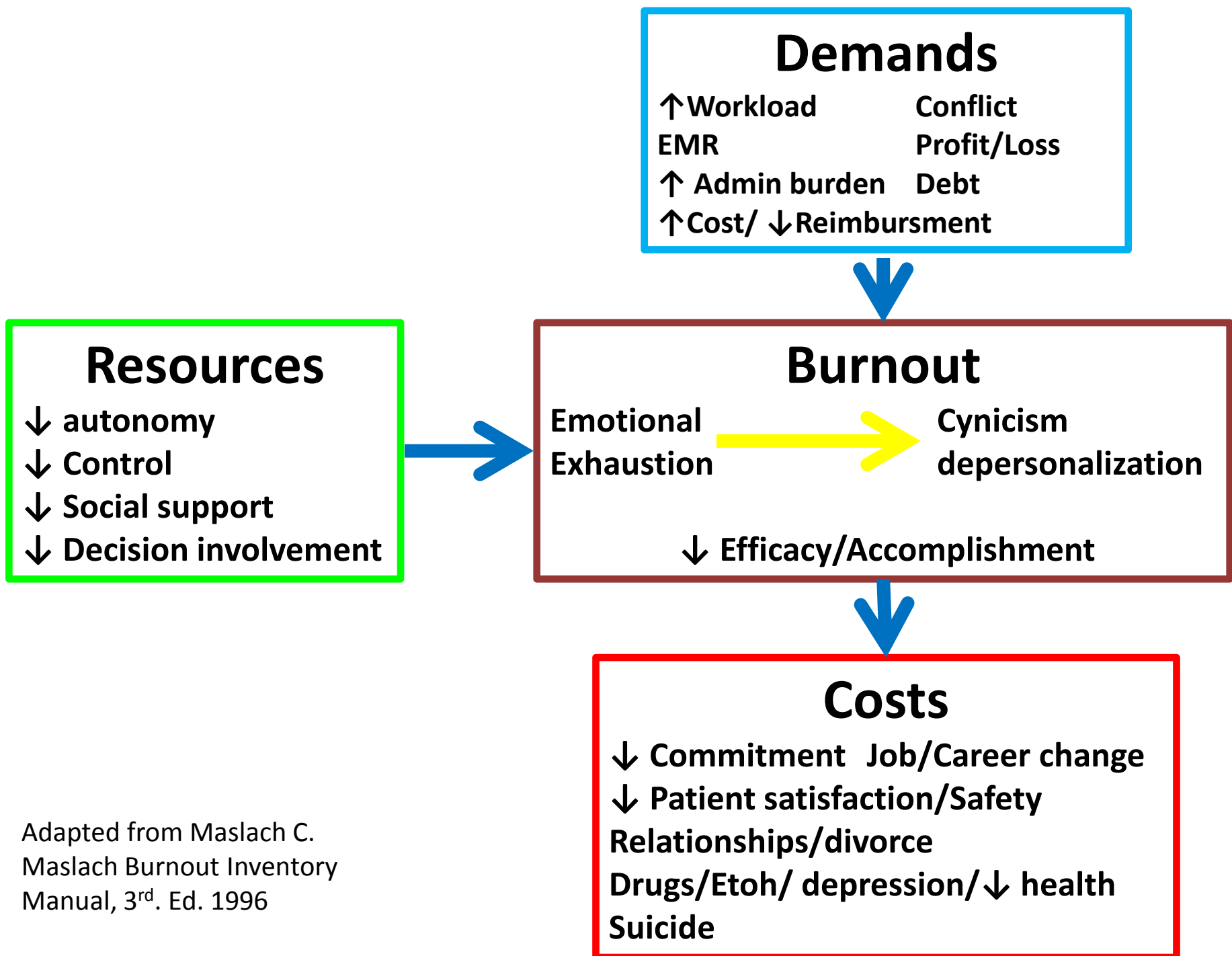
Disengagement



MARS





**Manager Perspective:
Not aligned with health
system priorities, metrics,
and need for efficiency**

**MD Perspective:
Unable to listen to and address
patient needs under current
healthcare system structure**



Adapted from Maslach C.
Maslach Burnout Inventory
Manual, 3rd. Ed. 1996



Primary drivers of burnout and satisfaction in physicians	 Individual	 Work unit	 Organization	 National factors
Workload	<ul style="list-style-type: none"> Specialty Practice location Decision to increase work to increase income 	<ul style="list-style-type: none"> Productivity expectations Team structure Efficiency Use of allied health professionals 	<ul style="list-style-type: none"> Productivity targets Method of compensation <ul style="list-style-type: none"> Salary Productivity based 	<ul style="list-style-type: none"> Structure reimbursement <ul style="list-style-type: none"> Medicare/Medicaid Bundled payments Documentation requirements
Efficiency	<ul style="list-style-type: none"> Experience Ability to prioritize Personal efficiency Organization skills Willingness to delegate Ability to say "no" 	<ul style="list-style-type: none"> Availability of support staff & their experience Patient check-in efficiency/process Use of scribes Team huddles Use of allied health professionals 	<ul style="list-style-type: none"> Integration of care Use of patient portal Institutional efficiency <ul style="list-style-type: none"> EHR Appointment system Ordering systems 	<ul style="list-style-type: none"> Integration of care Requirements for: <ul style="list-style-type: none"> Electronic prescribing Medication reconciliation Meaningful use of EHR Certification agency facility regulations
Control over work/autonomy/flexibility	<ul style="list-style-type: none"> Personality Assertiveness Intentionality 	Degree of flexibility: <ul style="list-style-type: none"> Control of physician calendars Clinic start/end times Vacation scheduling Call schedule 	<ul style="list-style-type: none"> Scheduling system Policies <ul style="list-style-type: none"> Affiliations that restrict referrals Rigid application practice guidelines 	<ul style="list-style-type: none"> Precertifications for tests/treatments Insurance networks that restrict referrals Practice guidelines
Work-life integration	<ul style="list-style-type: none"> Priorities and values Personal characteristics <ul style="list-style-type: none"> Spouse/partner Children/dependents Health issues 	<ul style="list-style-type: none"> Call schedule Structure night/weekend coverage Cross-coverage for time away 	<ul style="list-style-type: none"> Vacation policies Sick/medical leave Policies <ul style="list-style-type: none"> Part-time work Flexible scheduling 	<ul style="list-style-type: none"> Requirements for: <ul style="list-style-type: none"> Maintenance certification Licensing
Meaning in work	<ul style="list-style-type: none"> Self-awareness most personally meaningful aspect of work Ability to shape career to focus on interests Doctor-patient relationships Personal recognition of positive events at work 	<ul style="list-style-type: none"> Match work to talents & interests of individuals Collegiality in practice environment Work unit leadership Opportunities for involvement <ul style="list-style-type: none"> Education Research Leadership 	<ul style="list-style-type: none"> Organizational culture Organizational leadership Organization values Practice environment Opportunities for professional development <ul style="list-style-type: none"> Organization's mission Service/quality vs profit Collegiality across the organization 	<ul style="list-style-type: none"> Evolving supervisory role of physicians (potentially less direct patient contact) Reduced funding <ul style="list-style-type: none"> Research Education

Finance

Frustration

Leadership

Prevalence of Burnout Among Physicians: A systematic Review

Rotenstein LS et al. JAMA 2018;320(11)1131-50

- 182 studies; 109,628 individuals; 45 countries
- Multiple survey instruments
- No uniform definition (142) of burnout
- No consistent measurement of burnout
- Correlation with depression
- Reported prevalence 0-80.5%

Engagement

- Patient Care
- Teaching
- Advancing Knowledge

Physician

- Limited funds
- ↑demand
- Costly care
- ↓Payments
– Value
- Clinical integration

Burn-out

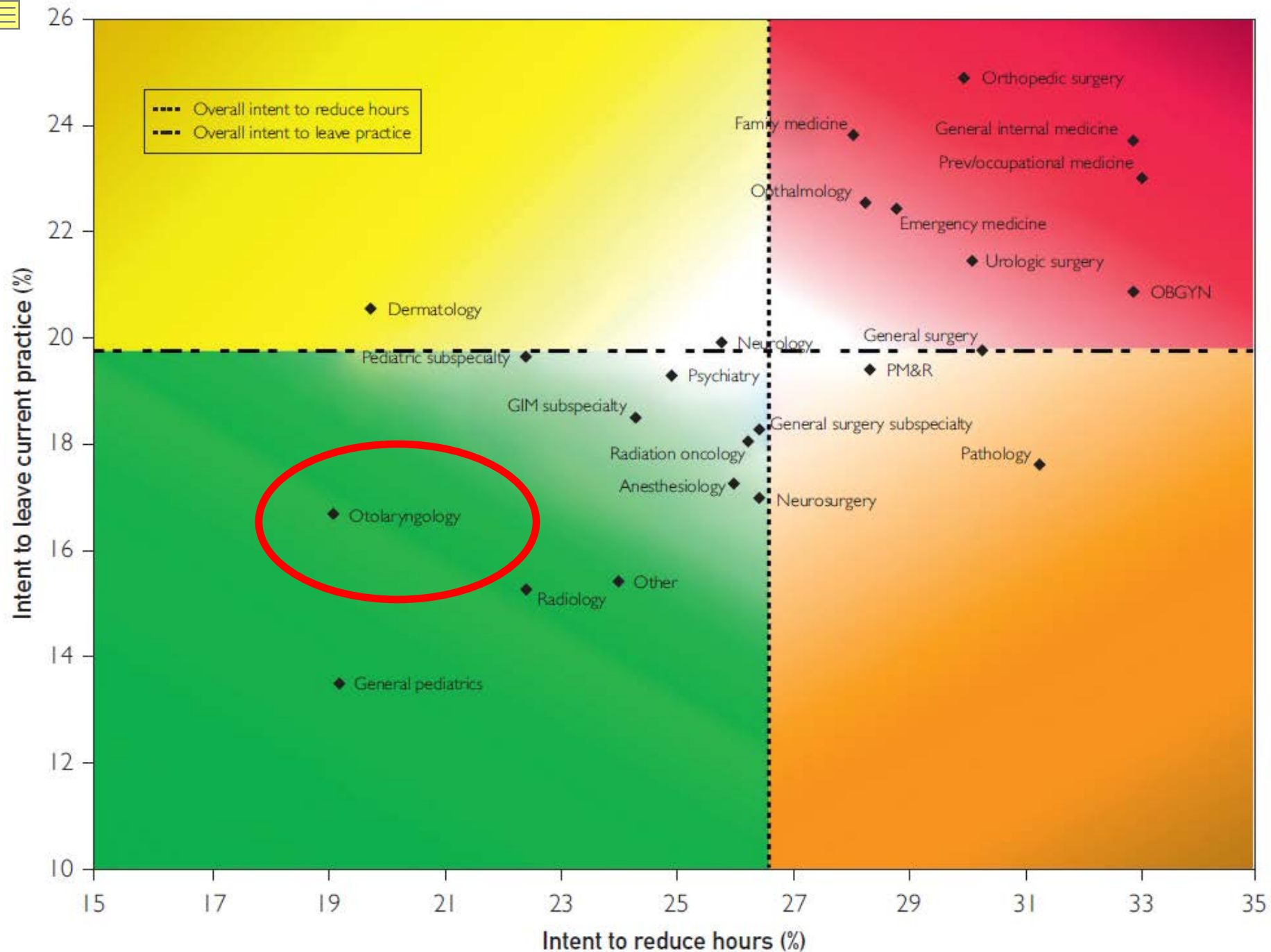
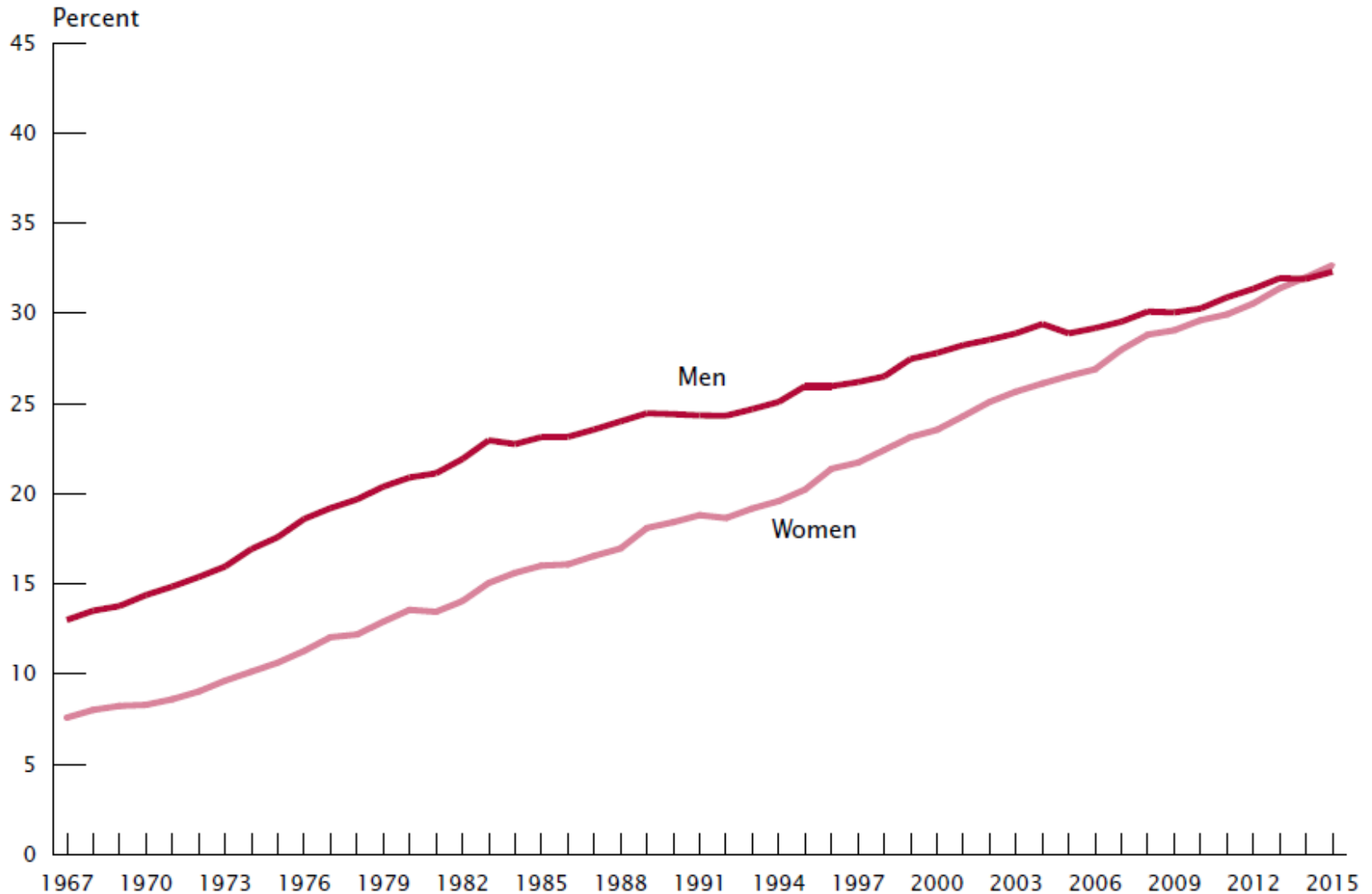


Figure 6.

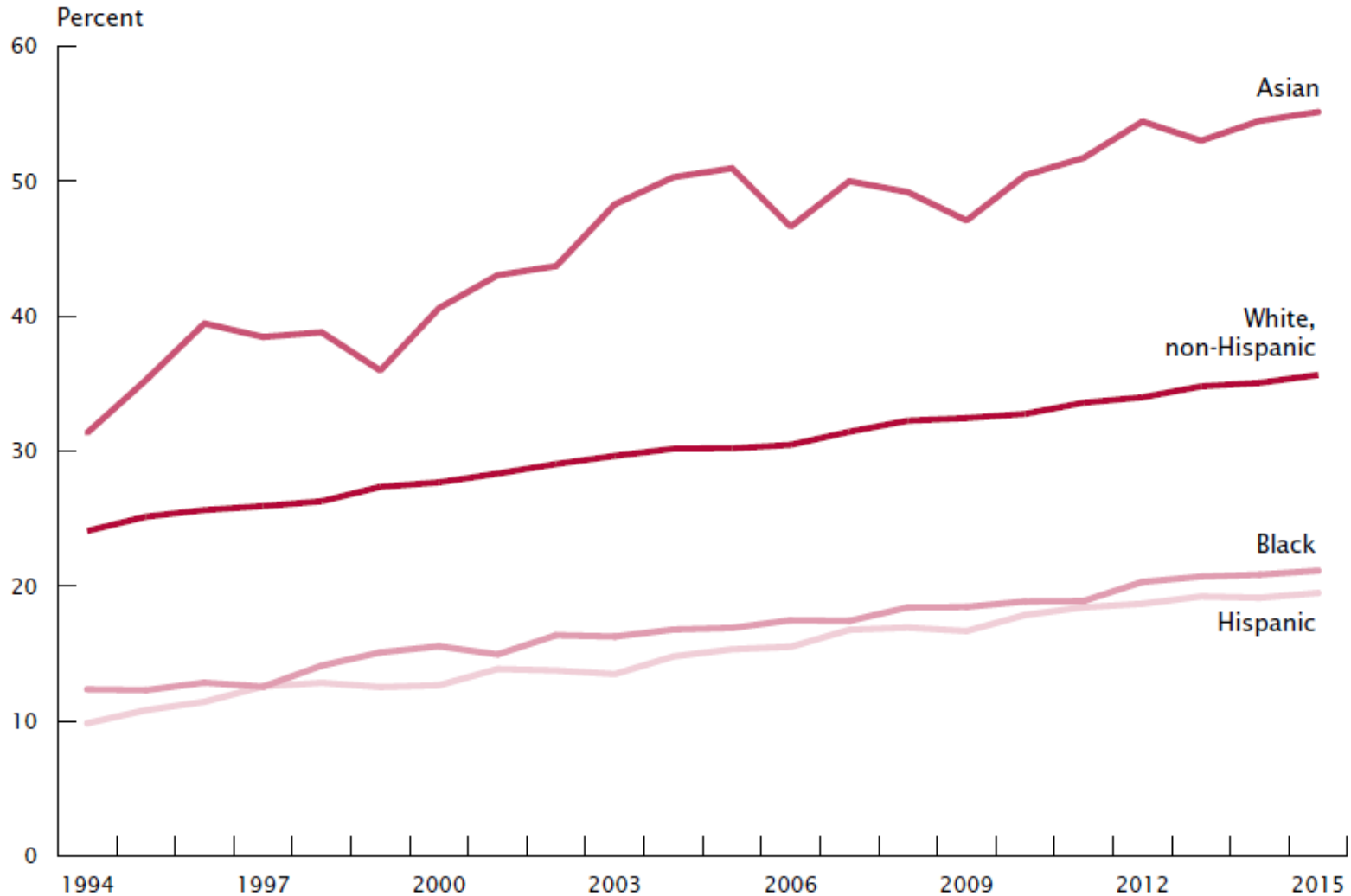
Percentage of the Population 25 Years and Older With a Bachelor's Degree or Higher by Sex: 1967 to 2015



Source: U.S. Census Bureau, 1967–2015 Current Population Survey

Figure 4.

Percentage of the Native Population Aged 25 Years and Older With a Bachelor's Degree or Higher by Race and Hispanic Origin: 1994 to 2015



Source: U.S. Census Bureau, 1994–2015 Current Population Survey.

Table 1.

Educational Attainment of the Population Aged 25 and Older by Age, Sex, Race and Hispanic Origin, and Other Selected Characteristics

(Numbers in thousands)

Characteristic	Total	High school graduate or more		Some college or more		Associate's degree or more		Bachelor's degree or more		Advanced degree	
		Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)
Population 25 and older	212,132	88.4	0.3	58.9	0.5	42.3	0.5	32.5	0.5	12.0	0.3
Age											
25 to 34	43,006	90.5	0.6	65.0	0.9	46.5	0.9	36.1	1.0	10.9	0.6
35 to 44	39,919	88.7	0.5	62.8	0.9	46.7	1.0	36.3	1.0	13.8	0.7
45 to 64	83,213	89.4	0.4	59.0	0.7	42.6	0.7	32.0	0.7	12.1	0.5
65 and older	45,994	84.3	0.7	49.7	0.9	34.1	0.9	26.7	0.8	11.3	0.7
Sex											
Male	101,888	88.0	0.4	57.6	0.7	41.2	0.7	32.3	0.6	12.0	0.4
Female	110,245	88.8	0.3	60.1	0.6	43.4	0.6	32.7	0.6	12.0	0.4
Race and Hispanic origin											
White alone	168,420	88.8	0.3	59.2	0.6	42.8	0.6	32.8	0.6	12.1	0.3
Non-Hispanic White alone	140,638	93.3	0.3	63.8	0.6	46.9	0.7	36.2	0.7	13.5	0.4
Black alone	25,420	87.0	0.9	52.9	1.4	32.4	1.4	22.5	1.2	8.2	0.7
Asian alone	12,331	89.1	1.2	70.0	1.9	60.4	2.0	53.9	2.0	21.4	1.5
Hispanic (of any race)	31,020	66.7	1.1	36.8	1.0	22.7	0.9	15.5	0.7	4.7	0.4
Nativity Status											
Native born	175,519	91.8	0.3	61.3	0.5	43.3	0.6	32.7	0.6	11.9	0.3
Foreign born	36,613	72.0	1.0	47.6	1.1	37.6	1.1	31.4	1.1	12.5	0.7
Disability Status											
With a disability	28,052	78.6	0.9	41.6	1.2	24.9	1.0	16.7	0.9	5.7	0.5
Without a disability	183,351	89.9	0.3	61.5	0.5	45.0	0.6	34.9	0.5	12.9	0.3

¹ A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. When added to and subtracted from the estimate, the margin of error forms the 90 percent confidence interval.

Source: U.S. Census Bureau, 2015 Current Population Survey.



US Medical School Enrollment 2017-2018

<u>Group</u>	<u>Number</u>	<u>Percent</u>	<u>Census%</u>
White	46748	52.00	60.7
Asian	19192	21.35	5.8
Multiple Race/Ethnicity	7227	8.04	2.7
Black or African American	6188	6.88	13.4
Hispanic, Latino or Spanish Origin	5730	6.37	18.1
Other/unk/nonUS	4523	5.03	
Native American/Hawaiian	296	0.33	1.5
Total	89904		

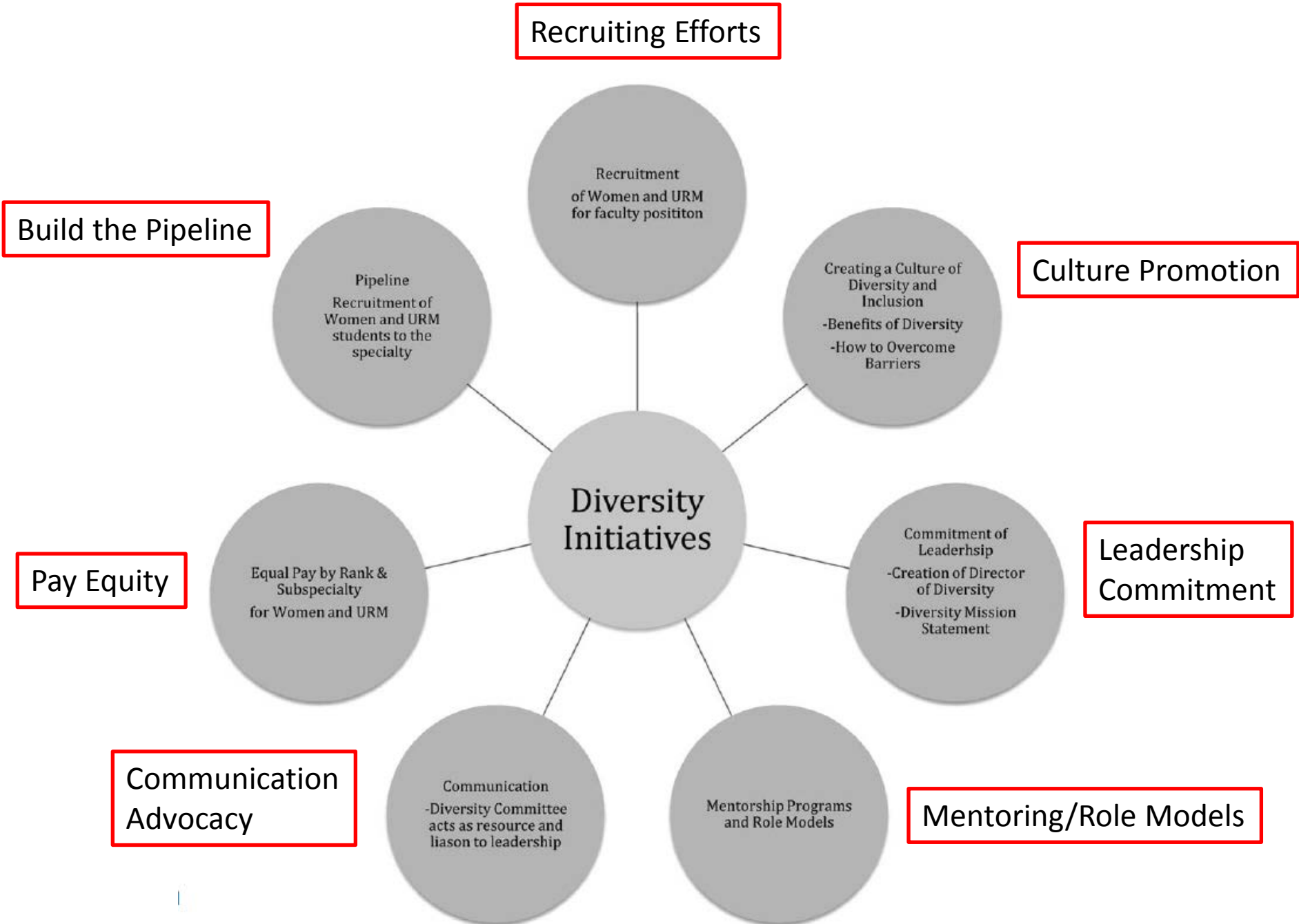
<https://www.aamc.org/data/facts/>
www.census.gov/quickfacts/fact/table/US/PST045217

US Medical School Graduates by Sex 2016-2017

- Male 10,135
- Female 9,119
- Total 19,254

Women:	37.1% academic faculty
	31% Academic Oto faculty
URM:	8% academic faculty
	2% Academic Oto faculty

Data from Lin SY et al. Laryngoscope 126:352–356, 2016





Focus of Panel

- **Introduction** **Armstrong**
- **Finances and challenge of leadership in time of diminishing resources and high expectations (while staying true to core mission – the why):**
St. John
- **Balancing economic realities vs. Academic Mission**
Marple
- **Promoting work-life balance** **Farwell**
- **Threats to stability and how to prepare/manage**
Resto