# Advocacy -- Burnout

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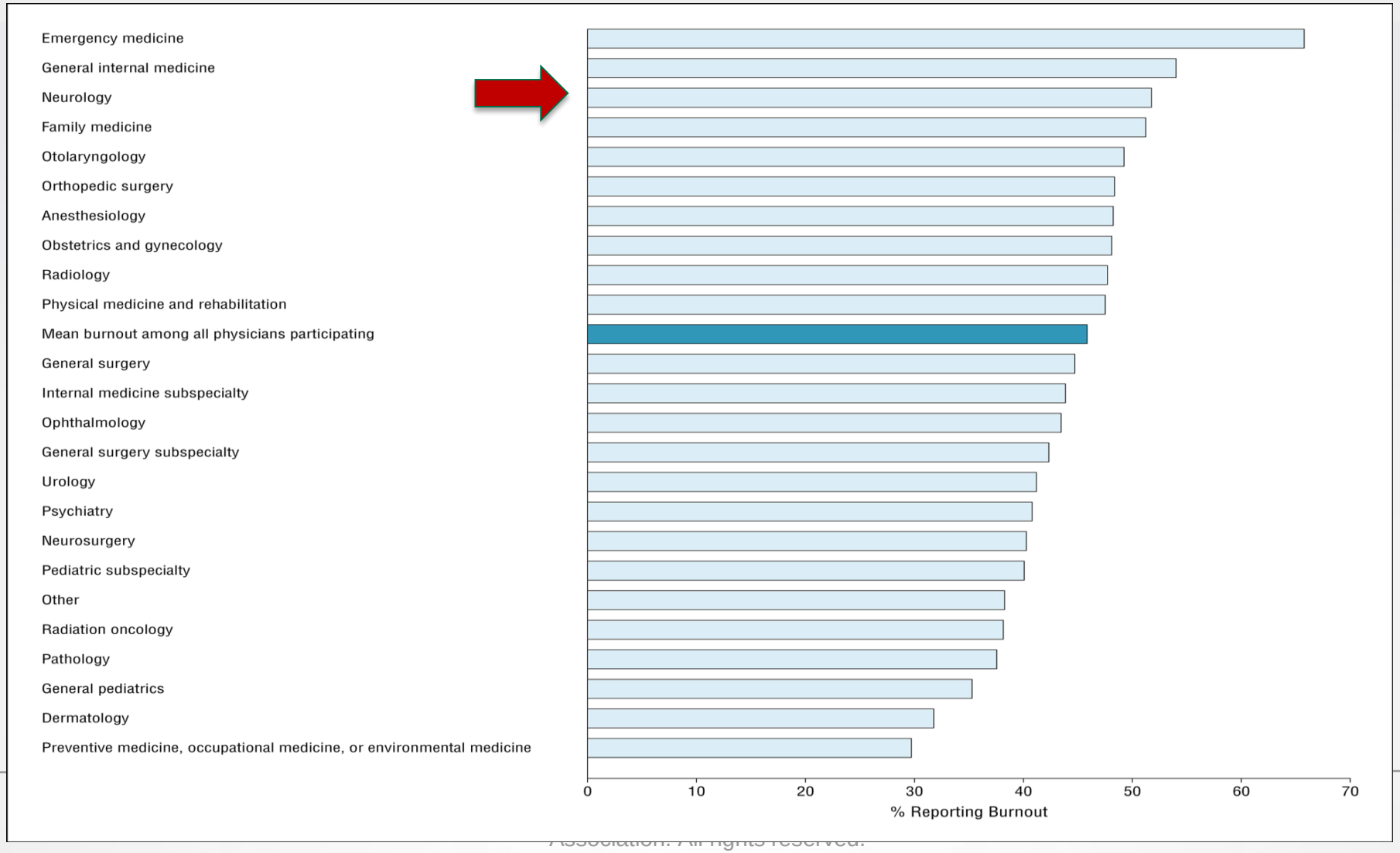
# What is Burnout

- Emotional exhaustion: the loss of interest and enthusiasm for practice
- Depersonalization: a poor attitude with cynicism and treating patients as objects
- Career dissatisfaction: a diminished sense of personal accomplishment and low self-value

From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**

Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199



# Causal Factors

- Few good studies

- Loss of autonomy
- Stress
- Hours worked
- Fatigue
- Work/life balance
- Work Load

# Population Comparison

- Physicians work 10 hours per week additional
- 40% greater than 60 hours, population 10%
- Age is protective, 1.5% decrease per year
- Marriage protective
- Additional hour worked – 2% increased risk
- More advance degree 40% reduction
- MD/DO degree 60% increase

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# Consequences

- Loss of job satisfaction: Bitter, Adversarial, Negative – Patient satisfaction
- Withdrawal from practice: Relocation, Reduced hours, Changing careers
- Depression:  All consequences of depression including suicide – 4x higher than other professions
- Quality: Higher error rate – medical and surgical errors
- Surgical errors bidirectional

# Treatment and Prevention

- Relationships: Protect time with family and others outside work
- Religious/Spiritual Practice: Personal attentiveness to nurturing spiritual self
- Work attitudes: Find meaning in work – 20% what is most rewarding – research, teaching, patient care
- Cultivating personal interests and self-awareness; sleep, nutrition, exercise, professional counseling, foster personal awareness
- Personal Philosophy: Develop a positive outlook, identifying and acting on values, stressing a balance between personal and professional life.

# Herzbert "Two Factor" Theory

- Hygiene Factors: Do not provide satisfaction but lack provides dissatisfaction
  - Salary
  - Benefits
  - Status
  - Job security
- Motivational factors: Lead to work fulfillment
  - Challenges
  - Achievement
  - Personal growth
  - Recognition

# How do we address burnout? #1: Stress

- Krasner and West suggest counseling to increase empathy and adaptations to stress
- Physicians response to stress often maladaptive – anger, denial, withdrawal
- Without recognition, cannot work to reduce stress or improve adaptation

# #2: Hassles – meaningless steps

- We cannot go back!
- EHR and changing employment status are likely to remain
- EHR implementation must be specialty specific and well designed – usability
- Quality measures – specialty specific and actually reflect quality care
- Meetings, etc must be good uses of time

# #3: Practice redesign

- Do we doggedly protect practice styles from the past?
- How do we get off the RVU/time treadmill
  - Use technology
    - ✓Others fill in forms
    - ✓Patient portals
    - ✓Voice recognition
    - ✓Templates
  - Use mid-levels – Teams
    - ✓NP/PAs
    - ✓Social workers
- Redesign practice

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# #4: Personal

- Physicians have a poor record or mutual recognition and support
- Encourage personal growth at all stages in career
- Mentoring
- Recognition of accomplishments and achievements
- Protected off time

# Cost, Quality and Politics

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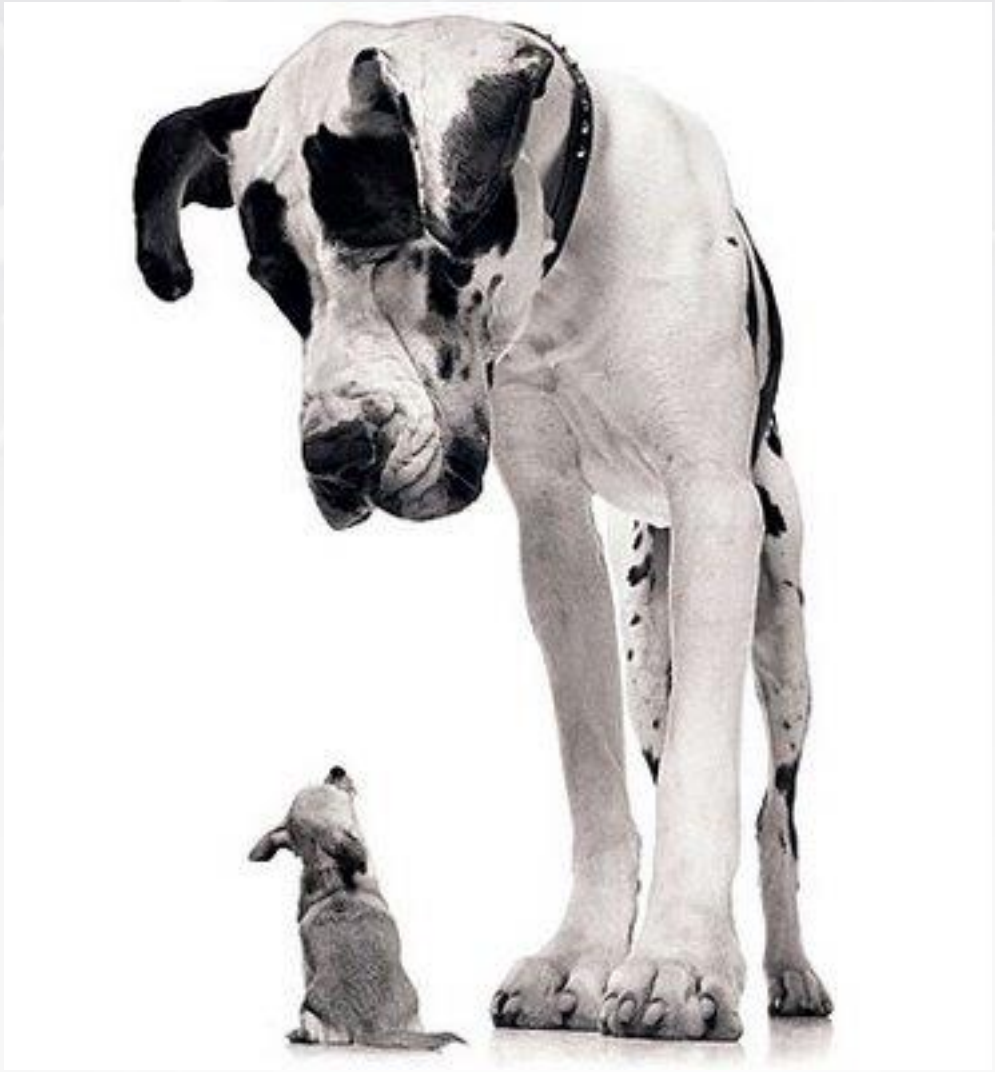

# Changing Healthcare: Why?

Cost

Quality

What is the view of the public?

# Household Comparison
(remove 8 zeros)

| | |
|---|---|
| **Annual family income:** | $30,006 |
| **Annual family spending:** | $35,120 |
| **New credit card debt:** | $5,006 |
| **Total credit card debt:** | $179,468 |
| **Recent cuts in spending:** | $38 |

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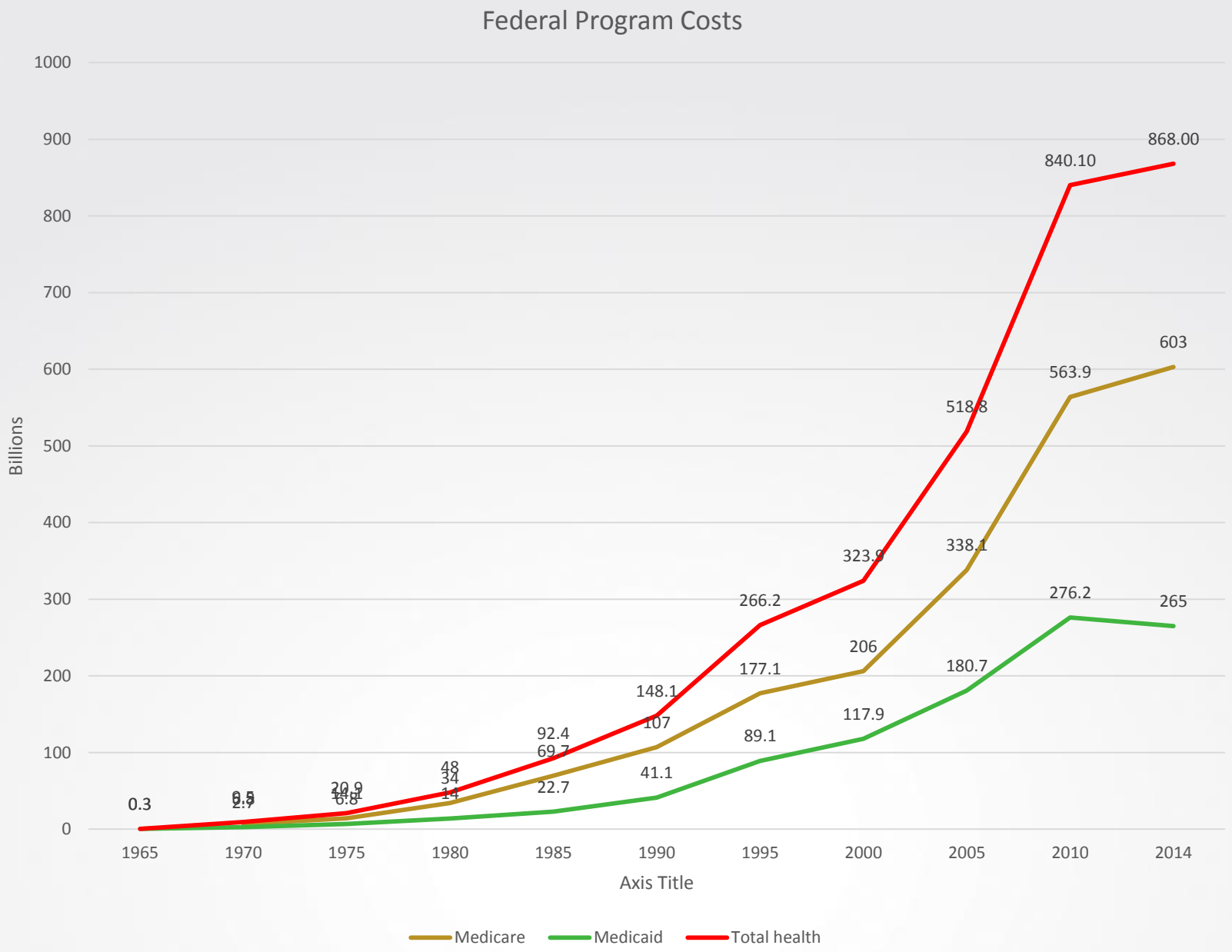
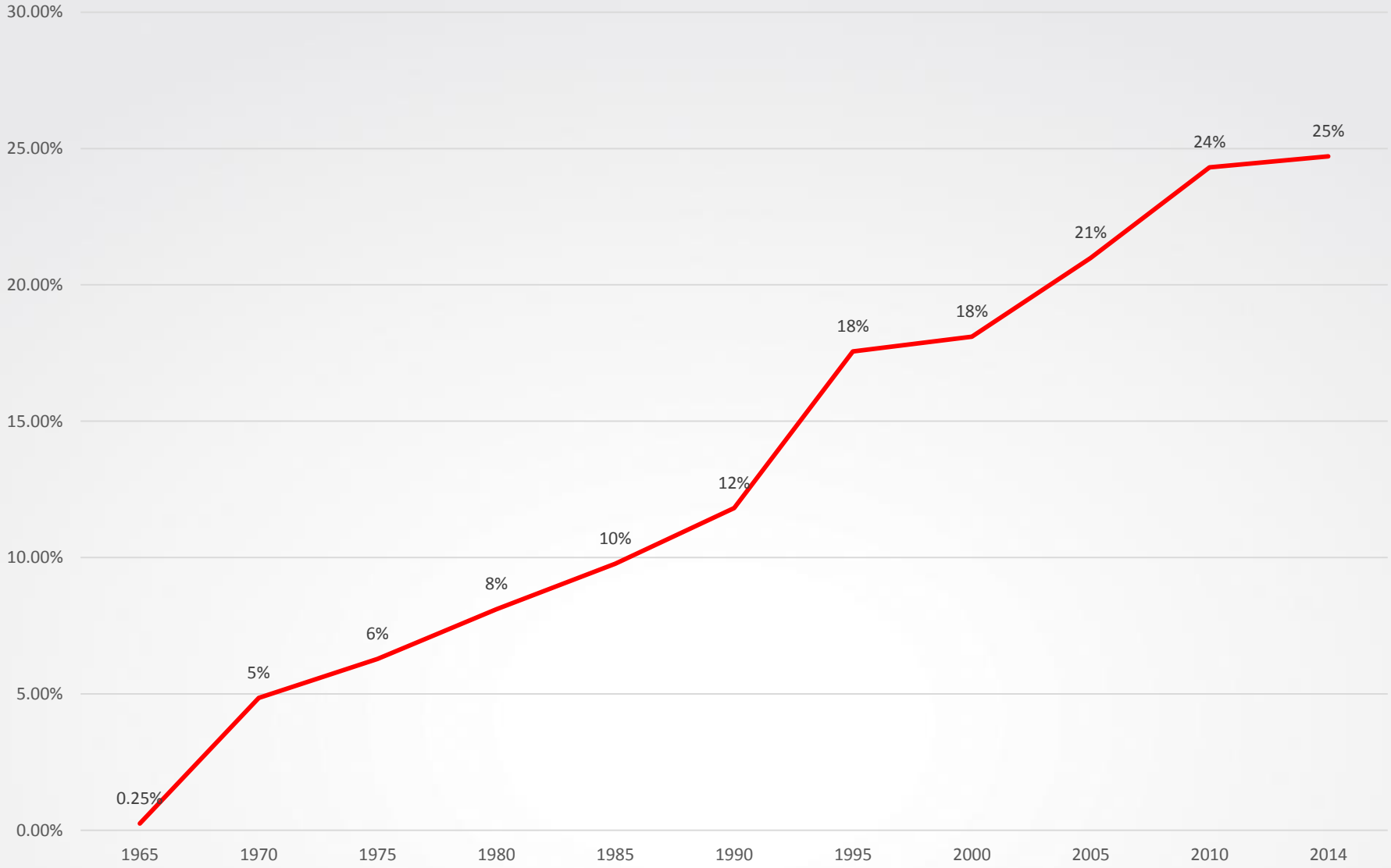

Federal Program Costs
1000
900
800
700
600
500
400
300
200
100
0
Billions
1965
1970
1975
1980
1985
1990
1995
2000
2005
2010
2014
Axis Title
0.3
2.7
6.8
14
22.7
41.1
89.1
117.9
180.7
265
48
34
20.9
92.4
69.7
148.1
107
266.2
177.1
323.9
206
518.8
338.1
840.10
563.9
868.00
603
276.2
Medicare
Medicaid
Total health

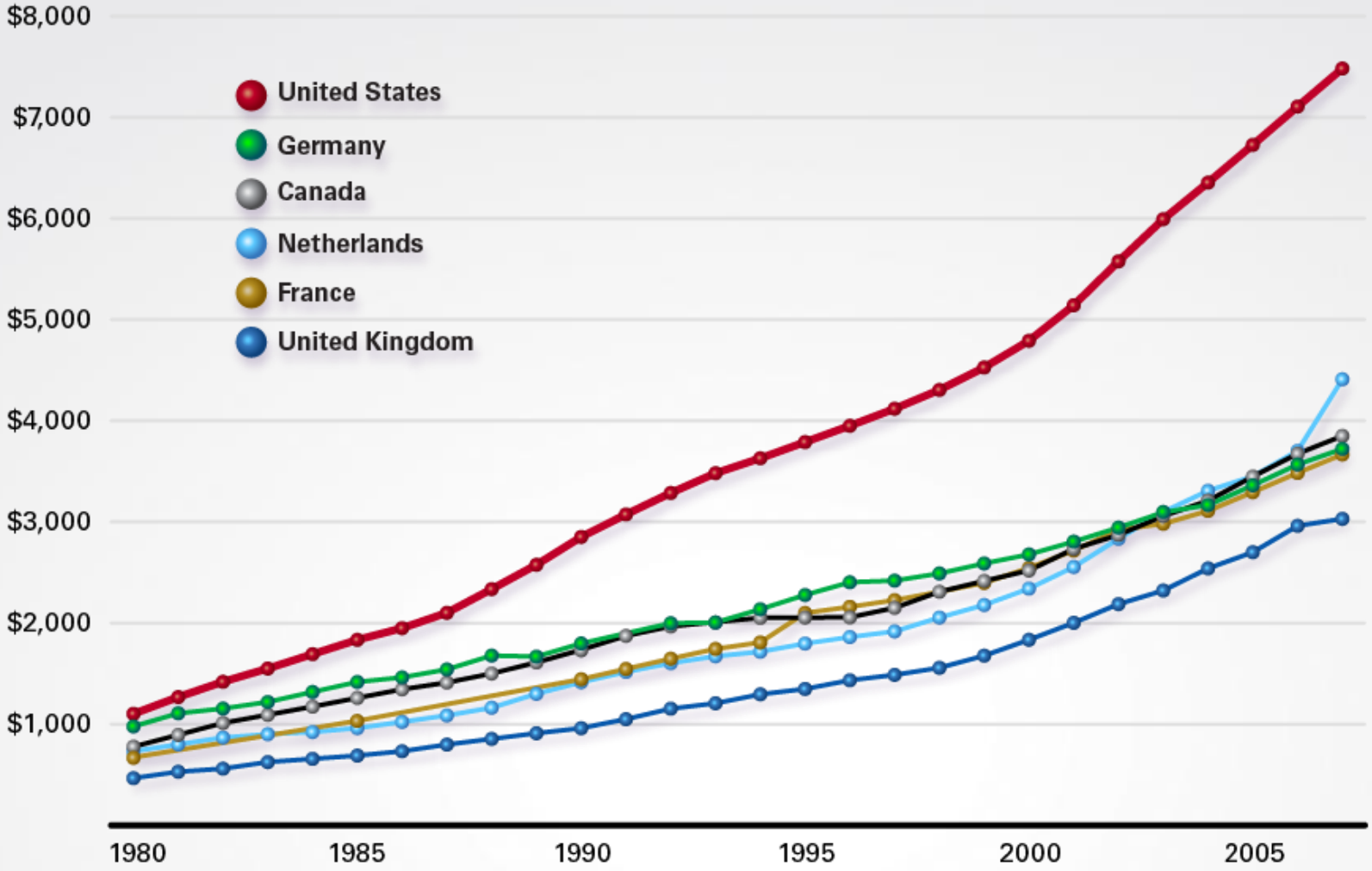
CBO

# Percentage Federal Expenditures
# Medicare and Medicaid




CBO

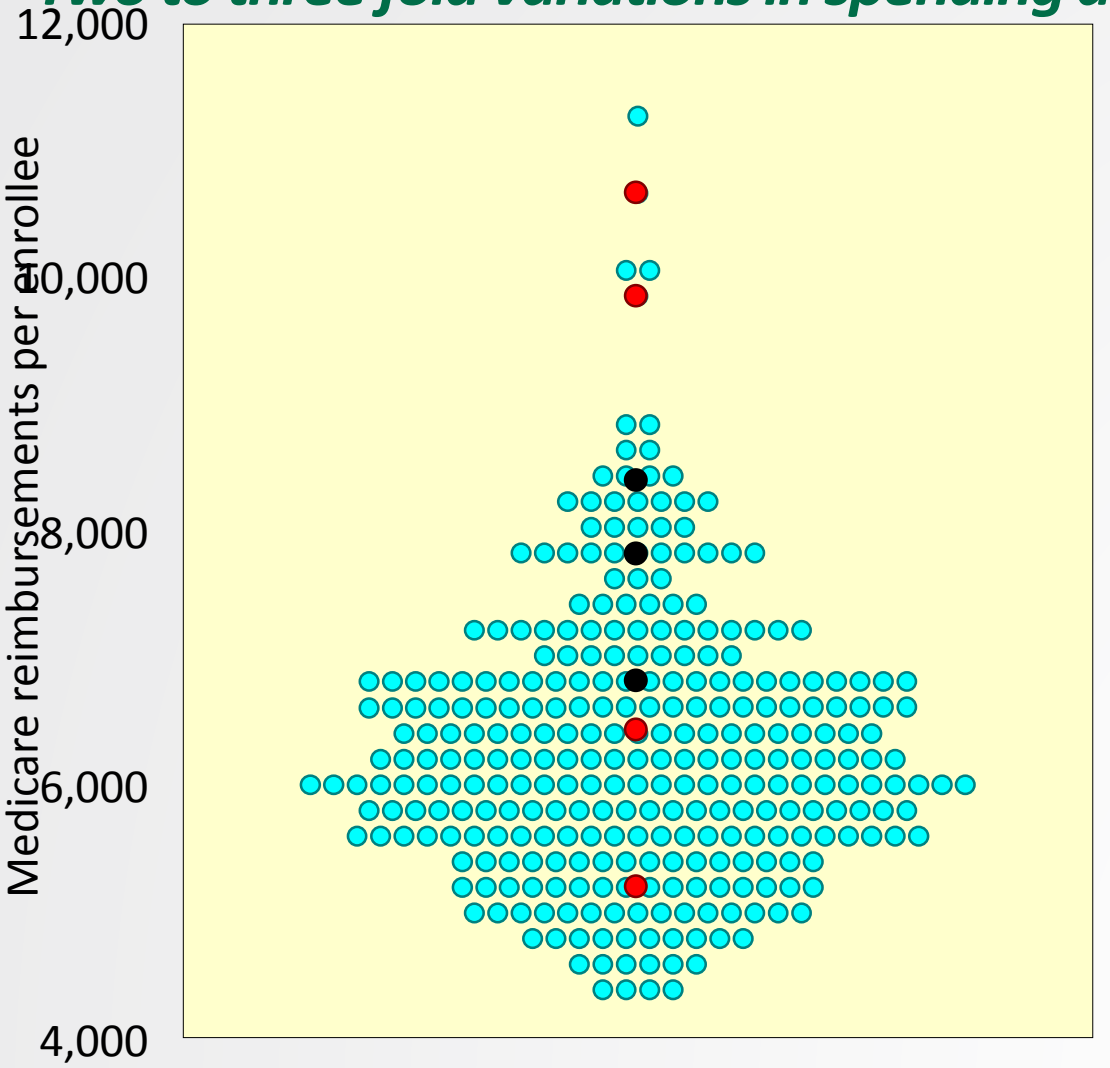
# National Health Expenditures Per Capita 1980–2007




OECD Health Data 2012

# Variations in practice and spending

## *Two to three fold variations in spending across regions*




| | |
|---|---|
| **Miami, FL** | **$11,352** |
| **Los Angeles, CA** | **$9,752** |
| **Worcester, MA** | **$8,203** |
| **Boston, MA** | **$7,901** |
| **Springfield, MA** | **$7,103** |
| **San Francisco, CA** | **$6,408** |
| **Minneapolis, MN** | **$5,213** |

# Value

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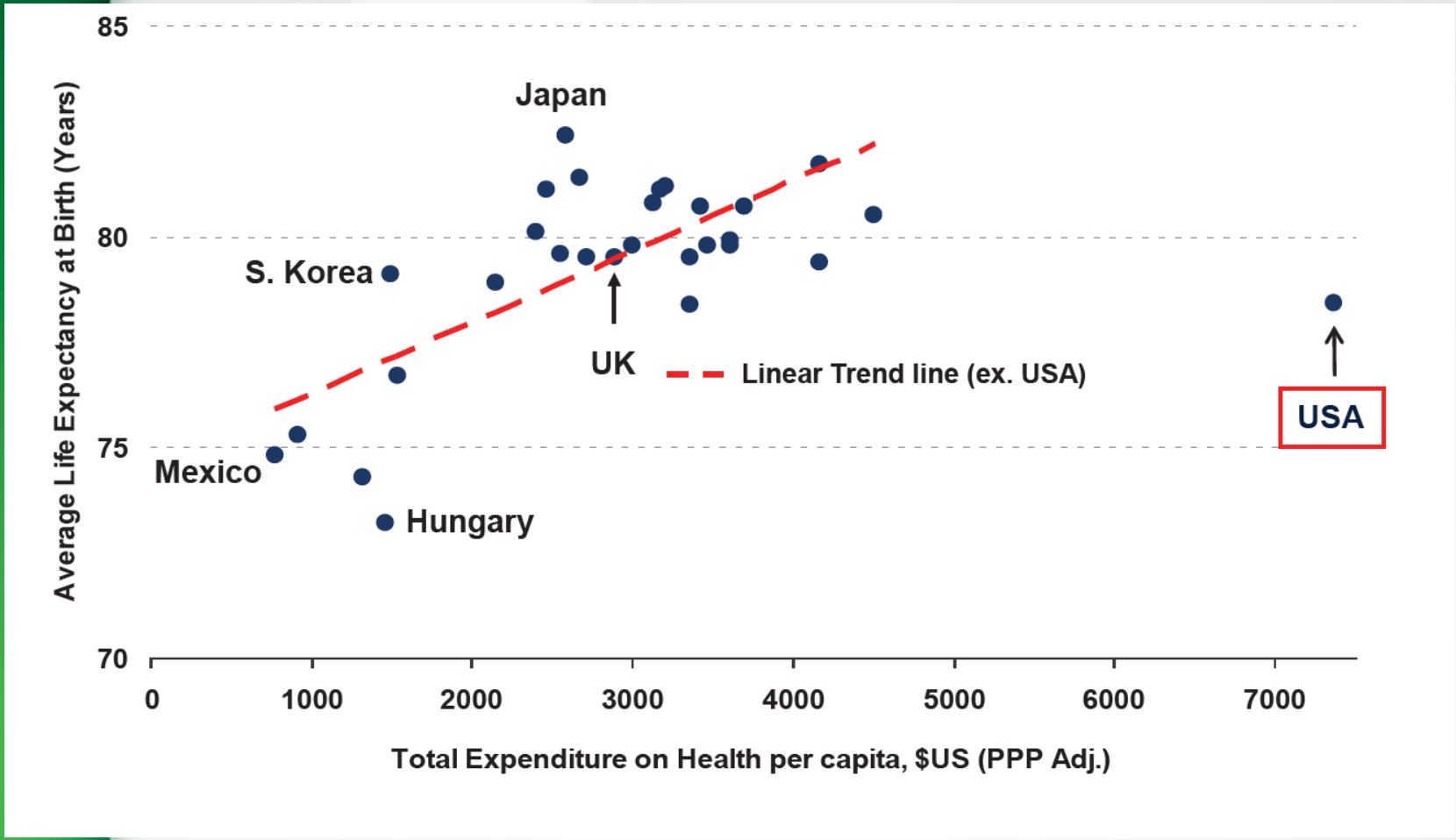
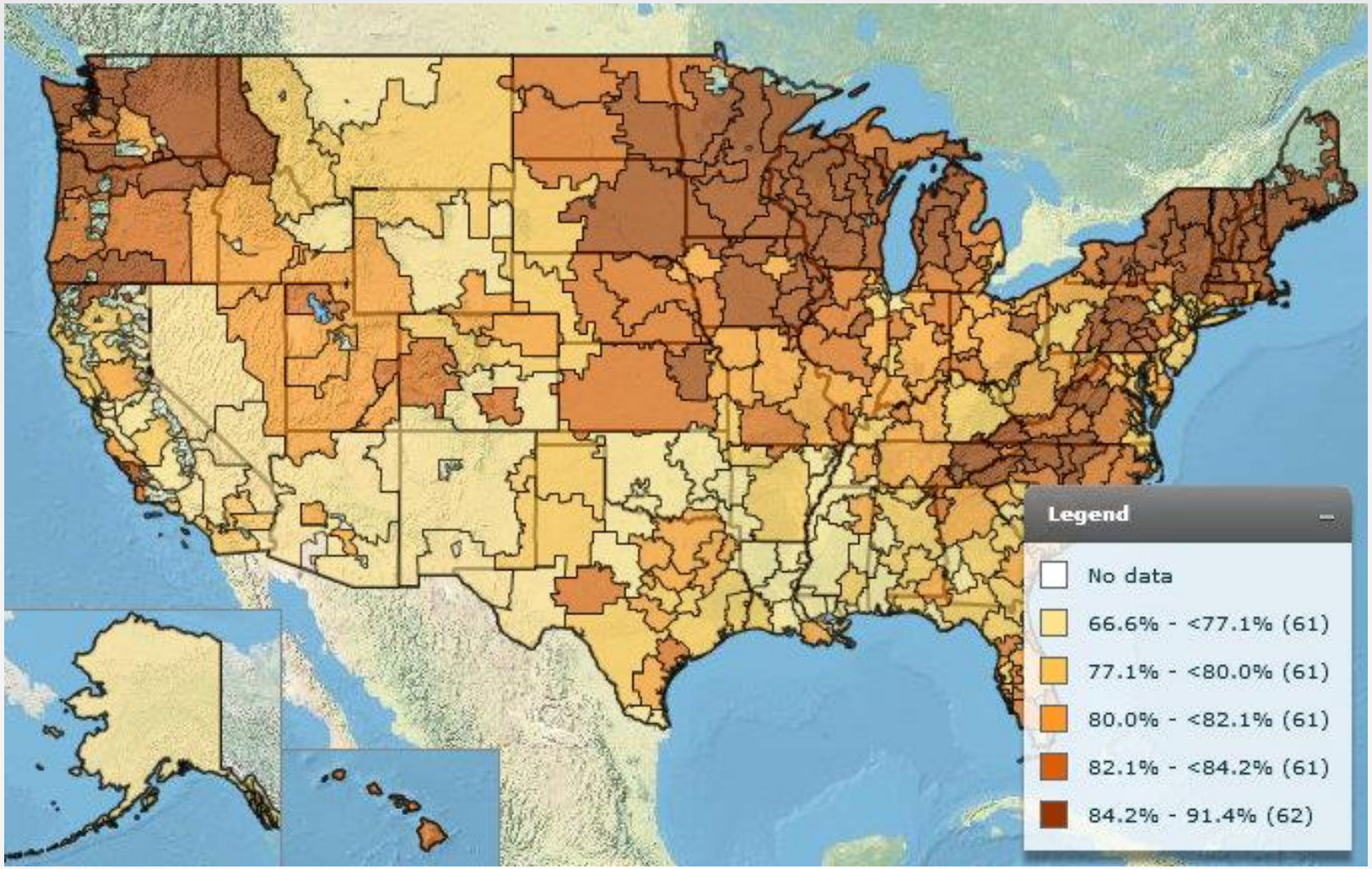
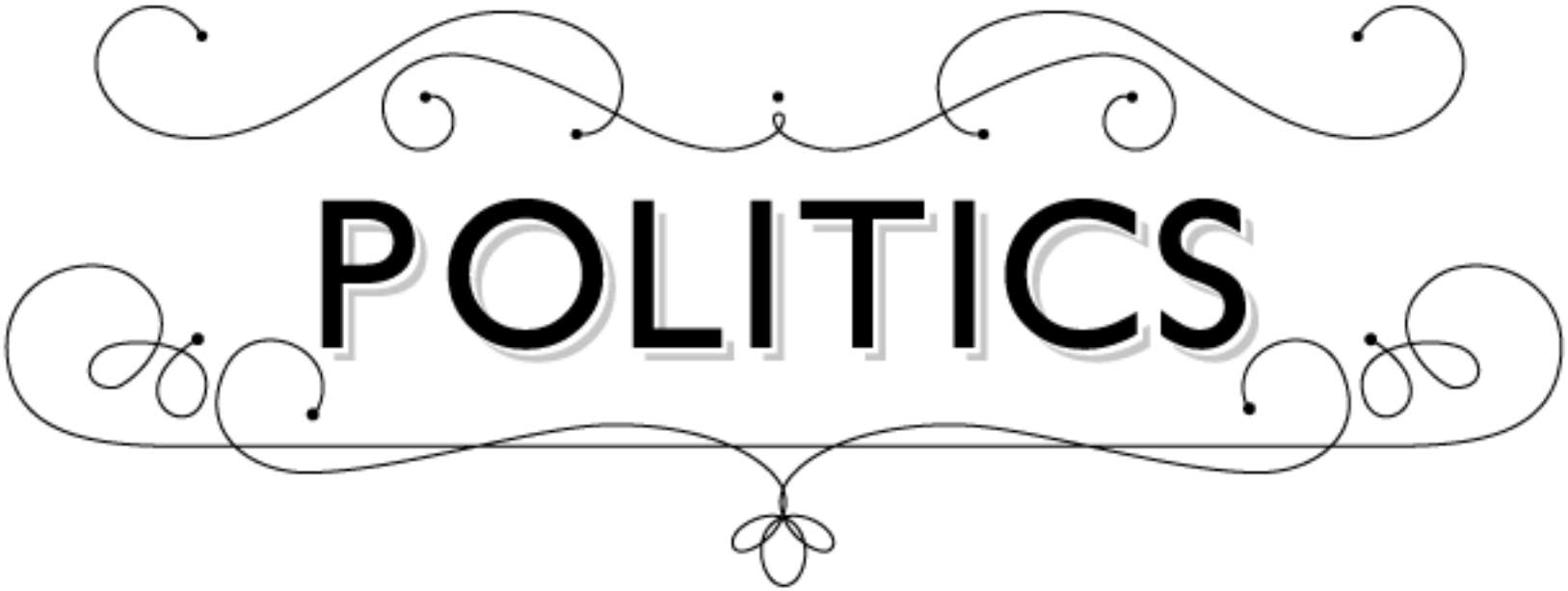
# Life Expectancy vs. Spending 2007

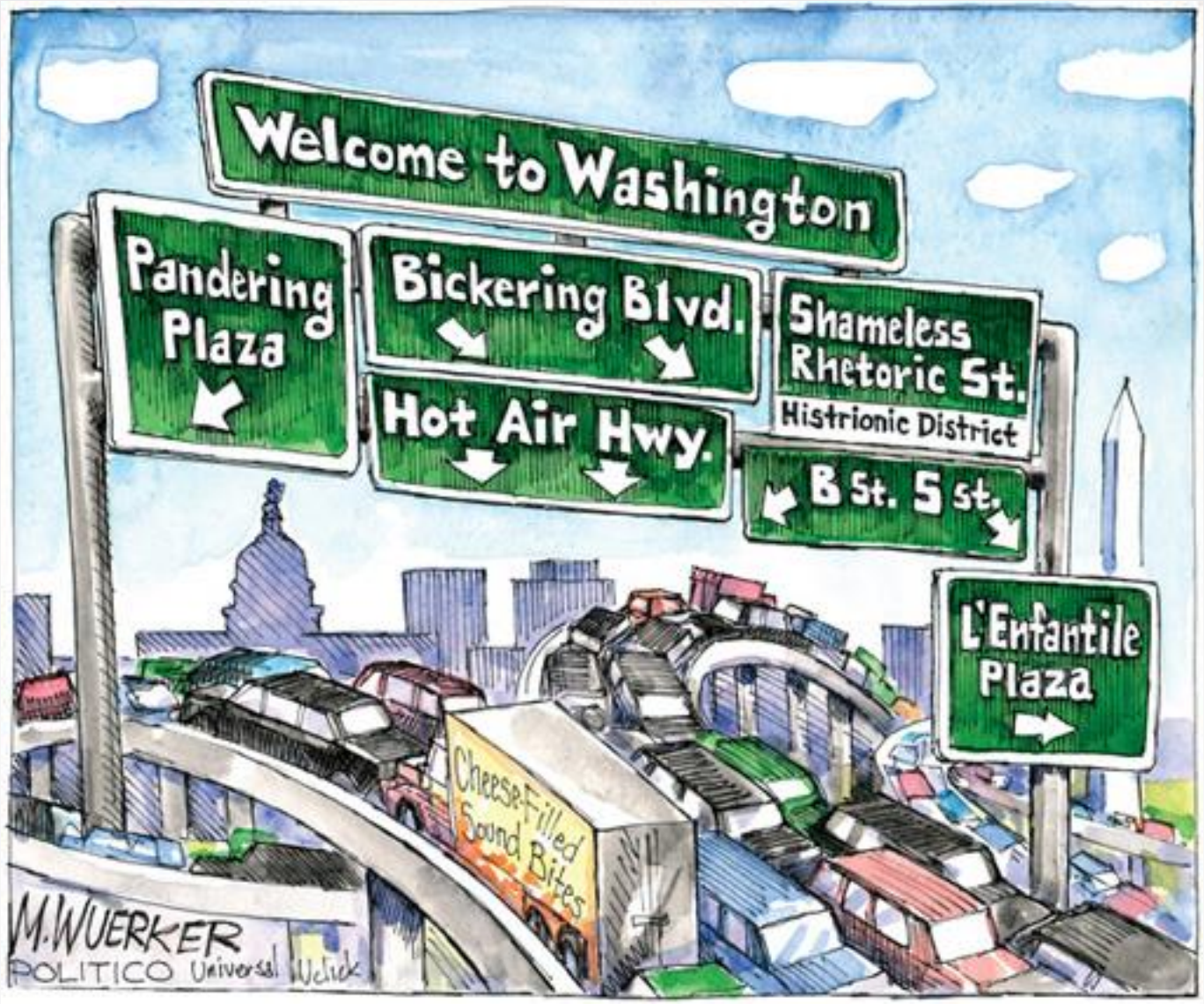


# Percent of Diabetic Medicare Enrollees Receiving Appropriate Management, by Race and Type of Screening

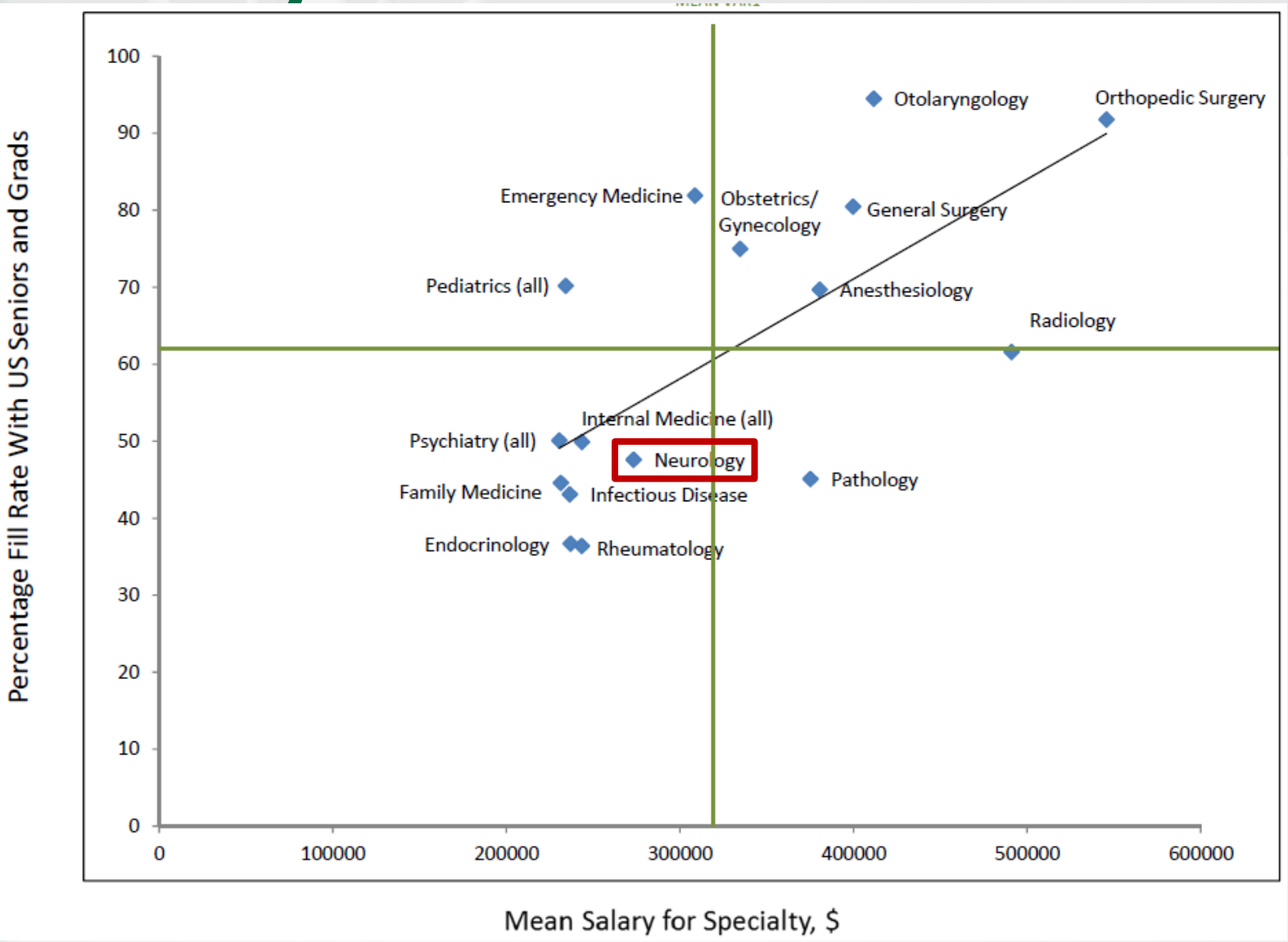
(Race: Overall; Type of Screening: Hemoglobin A1c Test; Year: 2003-2007)






Welcome to Washington
Pandering Plaza
Bickering Blvd.
Shameless Rhetoric St.
Histrionic District
Hot Air Hwy.
B St. S St.
L'Enfantile Plaza
Cheese-Filled Sound Bites
M.WUERKER
POLITICO Universal Uclick

# Primary Care Bonuses – The Data



# Legislative/Advocacy Priorities

- SGR
- GME
- Evaluation and Management
- Research

# Revenue threats – Academic Medical Centers

- Payment modifiers
  - PQRS
  - Meaningful use
  - VBPM
  - Documentation
- Facility fee
  - 2008
  - Average 65%
  - MedPAC and others – “pay the same”
- Reduced NIH support
  - Flat funding since 2002
  - Loss of greater than 18% real dollars
- Impact of ACA on neurology
  - No relief that other non-procedural specialties have received
  - Exchanges – reduced payments for specialists
- GME funding

# Deficit Reduction Plans—GME

| Plan | Cuts |
|---|---|
| Simpson/Bowles (bipartisan) (2010)<br>"Fix the Debt"/Simpson/Bowles II (bipartisan) (2012)<br>Sen. Conrad (D-ND, Budget Committee Chairman) (2012) | Cut GME by **60%** |
| Domenici-Rivlin Debt Reduction Task Force (2010)<br>Rep. Ryan (R-WI, Budget Committee Chairman) (2012) | Potentially **eliminate** GME (Premium Support) |
| BCA (Sequestration) (2011) | Cut GME by **2%** |
| Biden Negotiations Team (bipartisan) (2011) | Cut GME by **15%** |
| Super Committee (bipartisan) (2011)<br>Senate Gang of Six (bipartisan) (2011) | Cut GME by **15%-60%** |
| President Obama FY 2013 Budget Proposal (2012)<br>President Obama Deficit Reduction Plan (2011, 2012) | Cut GME by **10%** (CHGME by 60%) |
| Sen. Corker (R-TN) (2012) | Cut GME by **$50 Billion** over 10 Years |
| CAP (2012) | Cut GME by **$28 Billion** over 10 years |
| CBO Choices for Deficit Reduction (2012) | Cut **$10 Billion** annually by 2020 (consolidate and reduce federal payments to teaching hospitals) |
| President Obama Offer During Fiscal Cliff Negotiations (11/29/12) | Cut **$400 Billion** in Medicare/entitlement payments (to be determined) |
| Republican Offer During Fiscal Cliff Negotiations (12/3/12) | Cut **$600 Billion** in health spending (to be determined) |
| Domenici-Rivlin Debt Reduction Task Force Plan 2.0 (2012) | Cut **$65 Billion** over 10 years |

# *Swim or sink?* Are you ready to:

- Be accountable for outcomes, quality and cost?
- Accept more financial risk?
- Acquire best practices and information systems?

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# Levels of Risk -- Reward

- Patient Centered Medical Home
  - Now new specialist PCMH
- Bundled payments
- ACO
- Full Risk Contract

# Risk Contracting

- Only 5% of AMC in top performers on key quality measures Price (Price Waterhouse)
- AMC leaders hesitant to address governance issues
- Majority of patients not willing to pay premium to go to AMC
- Must have central organizational structure before implementation begins

- Competition will escalate

# Prepare for Risk Contracting

- Cost and quality – major issue for policy makers
- Demonstrate value – change in culture
  - Quality metrics – increased transparency
  - Cost (efficiency) must be part of consideration
- Network must include community sites
- Work as teams
  - Across departments
  - Across providers
- Information systems must support cost and quality
- Integrate:  education, research and clinical efforts
- Identify centers of excellence
- Effective institutional governance and leadership are critical

# Advocacy

- Decisions in Washington impact even time with patients
- Be aware of threats and anticipate changes
- Get engaged, know delegation, educate them about consequences of policies and impact on constitutents
- GME, E&M, NIH funding and politics should be a topic of conversation
- Encourage junior faculty, those in training to get involved

"The dogmas of the quiet past, are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise -- with the occasion. As our case is new, so we must think anew, and act anew. We must disenthrall ourselves, and then we shall save our country." -- Abraham Lincoln