

UMMC Provider Engagement and Burnout Prevention Task Force

Recommendations

Burnout affects nearly half of practicing physicians in the United States. Burnout among the physician workforce has potentially serious consequences on patient care, professionalism, clinical quality, clinical safety, and the entire health care system. Burned out physicians suffer from compassion fatigue, they are unable to empathize with patients, and they are more likely to commit potentially harmful errors as a result. They have problems managing their lives away from work. They retire early at a time when we desperately need more doctors. Physician burnout is a public health crisis because physicians are a finite public resource. Furthermore, all of the same issues physicians face are faced by medical students, residents and advanced practice providers and at the same rates.

To address this growing concern Dr. Woodward convened a task force. The Provider Engagement and Burnout Prevention Task Force met from May 2016-November 2016 and was given the following charge: *from an institutional perspective, provide evidence based recommendations to increase provider engagement, prevent and decrease provider burnout.* The task force was composed of the following members:

- 1) Alan Jones, MD – Co-Chair (Emergency Medicine)
- 2) Joshua Mann, MD, MPH – Co-Chair (Preventive Medicine)
- 3) Vickie Skinner, MA – Project Manager (Faculty Affairs)
- 4) Jennifer Bryan, MD (Family Medicine)
- 5) Gerald “Jerry” Clark, PhD (Student Affairs)
- 6) Jerry “Chris” Collado, NP (Director, Advanced Practice Providers)
- 7) Erin Dehon, PhD (Emergency Medicine)
- 8) Richard “Rick” deShazo, MD (Medicine)
- 9) Candace Howard-Claudio, MD (Radiology)
- 10) John “Brad” Ingram, MD (Pediatrics)
- 11) Joe Pressler, MD (Medicine)
- 12) Scott Rodgers, MD (Psychiatry and Human Behavior)
- 13) Shirley Schlessinger, MD (Medicine)
- 14) Patrick Smith, PhD (Faculty Affairs)
- 15) Daniel Williams, PhD (Psychiatry and Human Behavior)

The following are the consensus recommendations for the institution from the work of the task force:

- 1. We recommend implementing an annual burnout assessment program for clinical providers, using a validated instrument such as the Maslach Burnout Inventory. We recommend that:**
 - a. The assessments be conducted annually and housed in a non-threatening office, such as employee health;
 - b. Open ended input be solicited about specific sources of stress and frustration coupled with provider recommended solutions to reported problems;
 - c. Survey results remain anonymous;
 - d. Aggregate survey results be made available to providers and institutional leaders;
 - e. Department chairs be provided with data from their specific departments (or aggregated with another department, depending on size, to assure anonymity);

- f. Individuals be given the option of whether or not to receive a summary report of their burnout level with information about available resources.
- 2. We recommend that the institution create a standing provider engagement and burnout prevention committee that will further explore all current and ongoing UMMC efforts and available resources (resident and student efforts, ACGME standards, etc.).**
 - a. This committee should be led by a committed provider-leader with interest in wellness and resilience and this individual should be funded for protected time in this position.
 - b. This committee would use data collected from recommendation #1 to develop a systematic, stepwise approach to addressing institution specific issues related to burnout among providers.
 - c. This committee could act as a consulting/ guiding body to assist departmental planning for #4 below. (Consider elements of the Mayo model Listen- Act- Develop.)
 - d. Such a committee should consider initiatives that could include:
 - i. Centrally supported mentoring programs that utilize Individual Development Plans and goal setting to help reconcile time spent on mission areas. Mentoring relationships could also be used to identify burnout signs early, provide a collegial support system and help providers traverse the P&T process;
 - ii. Centrally supported pilot trials to examine the impact of process changes (such as scribes and additional MA/nursing support) on quality of care, clinician-satisfaction/burnout, and financial performance;
 - iii. Opportunities for providers to discuss factors related to burnout including town halls, support groups, seminars, etc.
 - iv. Create an educational portfolio of opportunities for all providers about resilience, wellness, and healthy lifestyle to promote widespread understanding and acknowledgement.
- 3. We recommend that the institution provide formal training for health system leaders, department chairs, division directors, and other leaders on recognizing and rehabilitating burnout as well as systematic measures to prevent burnout and promote resilience.**
- 4. We recommend that each clinical department be asked to develop a specialty-specific departmental plan to address and/or prevent burnout among its providers. Departmental plans should be developed with faculty input and should have measurable outcomes that are reported to the VC or AVC annually. Departmental plans could address several domains, including:**
 - a. Mentorship;
 - b. Rewards and recognition;
 - c. Policy revision;
 - d. Work load and effort distribution;
 - e. Educational and developmental opportunities
- 5. We recommend that the institution dedicate resources to explore ways to increase efficiency and reduce the clerical burden of EHRs. We recommend that the institution develop:**
 - a. A mechanism to ensure that EHR related activities (updates/changes/mandates) are designed in close consultation with the end user (clinical providers);
 - b. A workgroup of end-users and DIS personnel to seek a better understanding of which elements of the EHR pose the most challenges to efficiency and patient care then seek

possible solutions (Incorporate feedback received on the EHR custom question of the Fall 2016 Faculty Forward and Engagement Survey);

- c. A mechanism to rapidly acknowledge and address new concerns of the end user.
-
- 6. We recommend that the institution develop robust mechanisms of communication with feedback loops to allow providers to engage in continual and consistent two-way communication with institutional leaders. (Consider the Mayo model: Listen-Act-Develop.)**
 - 7. We recommend that the institution develop a cohesive approach to assessing and addressing burnout and related issues in faculty and staff (other than billing providers, who were the focus of this work group) across the institution, to ensure consistent metrics are employed, and duplication of efforts avoided.**