

Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

BHIPP Resilience Break:
Avoiding Provider Burnout
Mary Ann Booth, M.D.

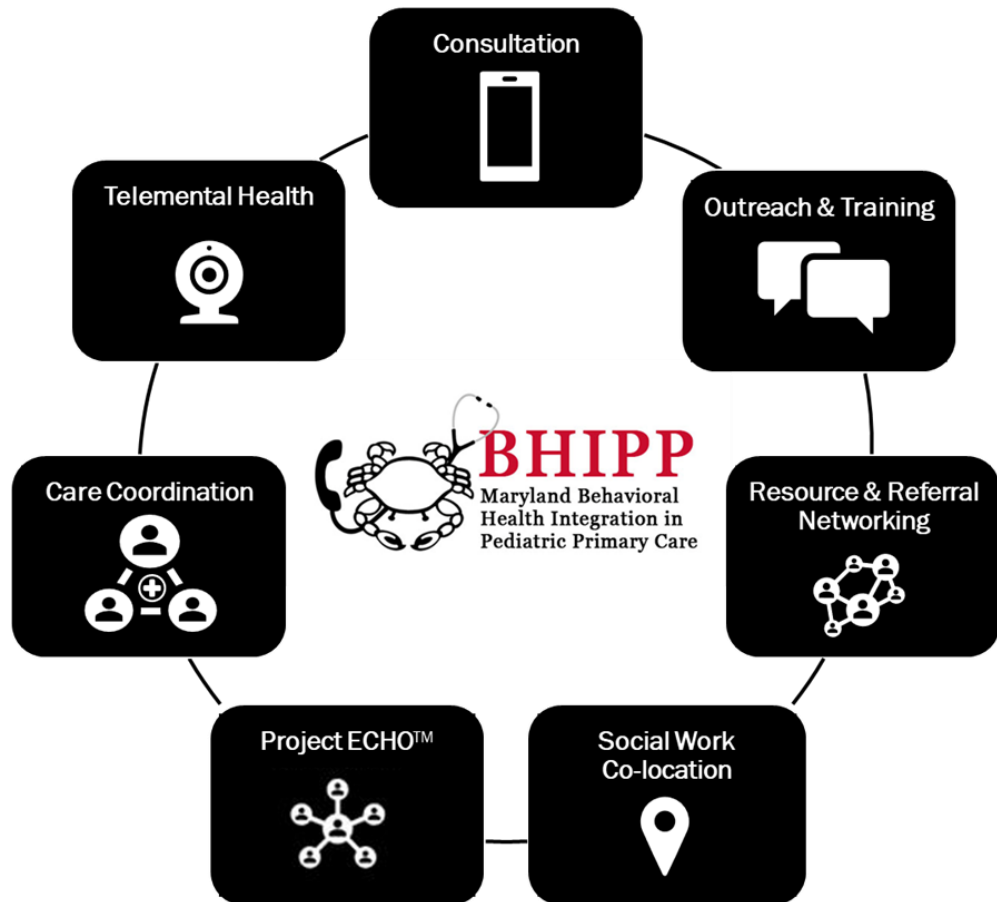


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Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®
- Direct Telepsychiatry & Telecounseling Services
- Care coordination

Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and **Morgan State University**.
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Disclosures

- I am a physician with the BHIPP TAP Program
- I have no conflicts of interest

Objectives

- Define 3-4 risk factors for provider burnout
- Identify three internal strategies/coping mechanisms to avoid burnout
- Identify three external strategies/coping mechanisms to avoid burnout



Tall



Grande



Venti



Trenta



You said you expected more from Starbucks.

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Introducing our newest coffee size:*

OVERWORKED PHYSICIAN

STARBUCKS COFFEE



BHIPP

Maryland Behavioral Health Integration in Pediatric Primary Care

What Is Burnout?

First described in 1974 by psychiatrist Herbert Freudenberger

Defined as “a state of mental and physical exhaustion caused by one’s professional life” and clearly distinct from depression or other psychiatric illness

Caused by social conditions, in particular “excessively striving to reach some unrealistic expectation imposed by oneself or by the values of society”

Starts with gradual “emotional depletion” and leads to a loss of motivation and commitment

It is both a state and a process

The Maslach Burnout Inventory includes items such as “I feel emotionally exhausted because of my work” and “Working with people all day is stressful to me” and “I feel worn out at the beginning of the working day”

Primarily a research tool

Quantified by how often the individual experiences these feelings

Alarming signs that burnout is on the rise

- Out of 7000 physicians, only 1 in 10 would recommend a career in medicine
- In the same survey (2012), half of primary care physicians age 50 and above, planned to leave practice in 5 years
- 30 percent of PCPs ages 35-39 planned to leave practice in 5 years

From A Survey from Doctors Company 2012

Contributing Factors To Burnout

Type of
Speciality

Work Load

Work Hours

Administrative
Tasks

Increased
Responsibilities

Lack of
autonomy

Financial Stress

Career Stage

Loss of meaning
and joy at work

Having Children
at home

Work/life
integration

Decreased
support

Real or perceived
lack of fairness in
promotion

Sexual
harrassment

Specialties with the highest rates of burnout:

ER

OB/GYN

Family
Medicine

Neurology

Pm and R

Radiology

Urology

Internal
Medicine

General
Surgery

Internal
medicine
subspecialty

Table 2. Physician Occupational Burnout, Depressive Symptoms, Career Satisfaction, and Work-Life Integration by Race/Ethnicity^a

Variable	Non-Hispanic White		Hispanic/Latinx		Non-Hispanic Black		Non-Hispanic Asian		P value
	No./total No. (%)	95% CI	No. /total No. (%)	95% CI	No. /total No. (%)	95% CI	No. /total No. (%)	95% CI	
Occupational burnout ^b	1540/3447 (44.7)	43.3-46.7	104/278 (37.4)	31.6-43.4	47/122 (38.5)	30.5-48.5	225/540 (41.7)	37.9-46.6	.06
Emotional exhaustion subscale score									
Mean (SD)	23.4 (13.1)	23.1-23.9	21.3 (13.0)	19.8-22.9	24.5 (13.5)	22.1-26.9	22.7 (13.5)	21.6-23.9	.03
High score, %	1346/3430 (39.2)	37.7-41.1	90/274 (32.8)	27.3-38.8	45/122 (36.9)	29.0-46.8	196/534 (36.7)	33.0-41.5	.10
Depersonalization subscale score									
Mean (SD)	6.8 (6.4)	6.7-7.1	6.2 (6.0)	5.6-7.0	6.1 (6.1)	5.0-7.2	7.3 (7.0)	6.7-7.9	.10
High score, %	944/3442 (27.4)	26.1-29.1	71/278 (25.5)	20.5-31.2	28/122 (23.0)	16.3-32.1	152/538 (28.3)	24.7-32.6	.60
Depressive symptoms									
Screen positive for depressive symptoms	1414/3435 (41.2)	39.5-42.8	123/275 (44.7)	38.3-50.4	52/123 (42.3)	33.6-51.9	232/537 (43.2)	39.2-47.9	.70
Career satisfaction									
“I would choose to become a physician again”	2407/3467 (69.4)	67.7-70.9	185/275 (67.3)	62.3-73.7	77/124 (62.1)	54.0-71.8	361/541 (66.7)	62.6-70.9	.07
Work-life integration									
“My work schedule leaves me enough time for my personal/family life”	1498/3465 (43.2)	41.4-44.8	113/275 (41.1)	34.7-46.7	57/123 (46.3)	37.6-56.0	214/535 (40.0)	35.9-44.4	.50

^a The sample size varies because of missing responses.

^b Physicians were considered to manifest occupational burnout when they reported a high score on either the emotional exhaustion (score ≥ 27) or depersonalization (score ≥ 10) subscales of the Maslach Burnout Inventory.

Special Stressors For Women Providers

Child-rearing and family responsibilities

Having children slows career progression of women in academic medicine

Women physicians work more than male physician with children, averaging 90.5 hours/week, vs 68.6 hours/week

Women with children often subject to “micro-inequalities”

Workplace factors that may predict burnout



The workload



The degree of control a provider/physician has



The congruence between the provider's values and those of administration

Additional signs of burnout at an organizational level:

- High staff turnover
- Vacant positions and difficulty recruiting physicians and other medical staff
- Disruptive physician behavior
- Lack of physician engagement on strategic projects or improvement work
- Flat refusal to see additional patients
- Lack of attendance at Medical staff meetings
- Angry complaints about EMRs, quality metrics



From a systems perspective causes of burnout may include:

Numerous changes in reimbursement models

Regulatory policies

Shifts in patient demographics

Advances in technology and treatments

Debt as a stressor for burnout



Average amount of medical education debt 180,000 dollars



One hospitalist who left said this about her debt “I thought when my residency ended that there was a light at the end of the tunnel. So I kept going and going. And then I realized it was a train coming.”

Imposter Syndrome and Burnout

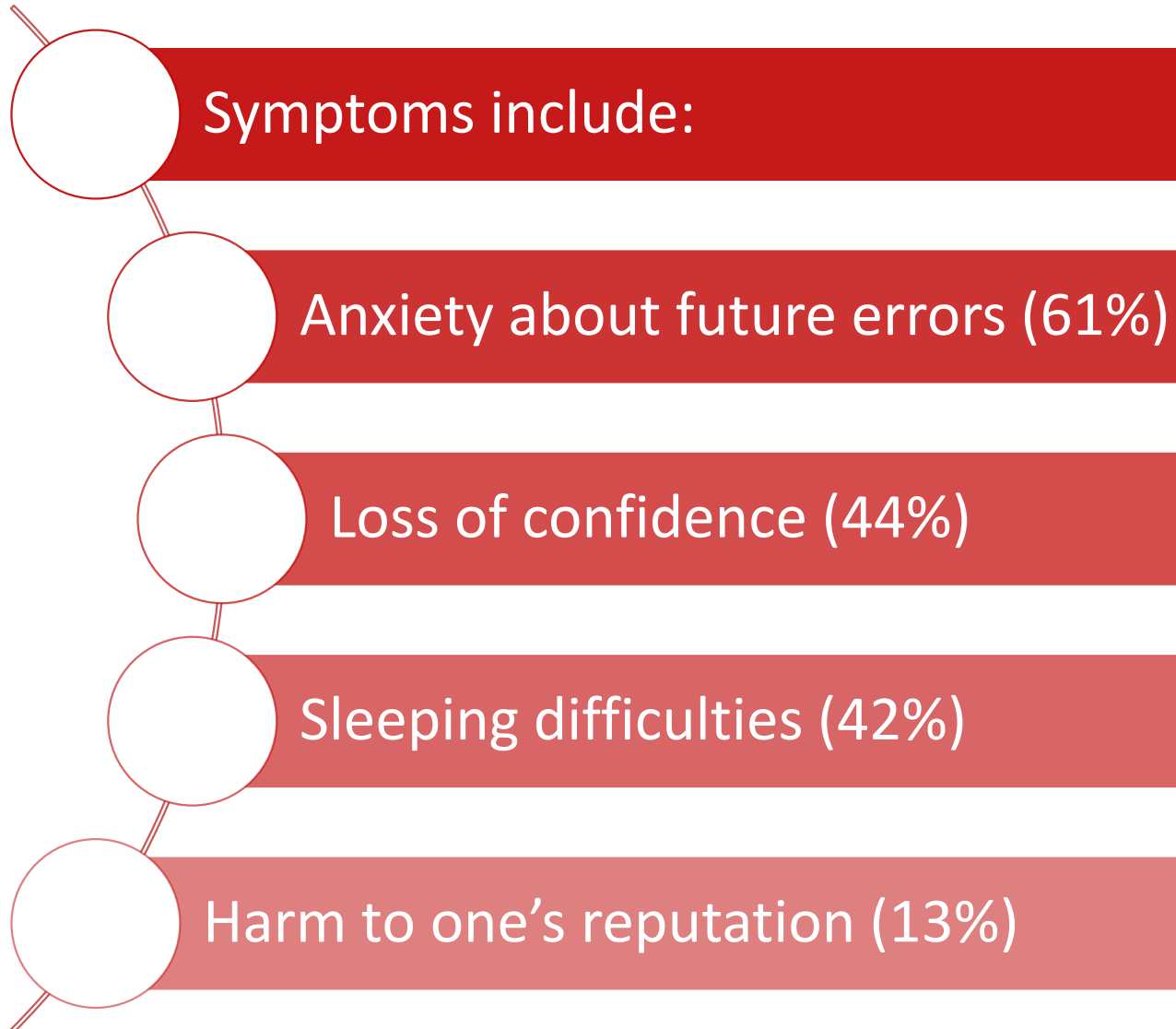
A persistent fear of being undeserving of one's achievements

Seen in women and men, physicians, physician assistants, nurses, and others

More prevalent in women than men

Can persist throughout one's medical career

Medical errors as a cause of burnout and mental health suffering



Consequences of Burnout

Dissatisfied physicians and other providers are two times more likely to cut back or leave practice within two years than more satisfied colleagues

Burnout and physician/provider distress can become a risk factor for alcohol abuse or dependence issues

Burnout, depression and fatigue are significantly associated with an MVA

Burnout is associated with a reduction in cognitive functioning that can be seen on fMRI

Burnout is associated with more medical errors

Burnout, Depression, and Suicide

- Burnout, depression, and suicidal ideation are separate but related entities. It is critically important to distinguish between these conditions, because their remedies are different. Burnout is situationally specific and is related to the workplace. Depression and suicidal ideation can occur in some physicians suffering from burnout but typically reflect the presence of additional issues.

Suicide and Physicians

Doctors have the highest rates of suicide of any profession

Male physicians 1.4x higher rate, Females 2.3x higher rate

Possible reasons include undiagnosed and untreated depression, inadequate mental health treatment, and problems related to job stress



?

A Central Question:

- Is Provider/Physician Burnout a systems issue or more of an inherent issue due to stresses of practice, traits of physicians and others, mental health issues and the effects of the culture of medicine?

Avoiding workplace drivers of burnout



Communication at the frontlines



Have physicians invest the time to understand and fix work processes



Enable physician leadership to occur



Improve the daily workload by truly operating as a team based model

Strategies to Use the Patient Schedule to Your Advantage

Assess

Assess what type of office schedule works best for you (traditional model, with room for 4-6 sick slots vs “open access scheduling”)

Manage

Manage the dreaded challenges to the schedule - the “Frequent Flyer”, the No-shows, and Overbooking

Print out

Print out your schedule and patient information for the next day (perhaps the last note when you saw them)

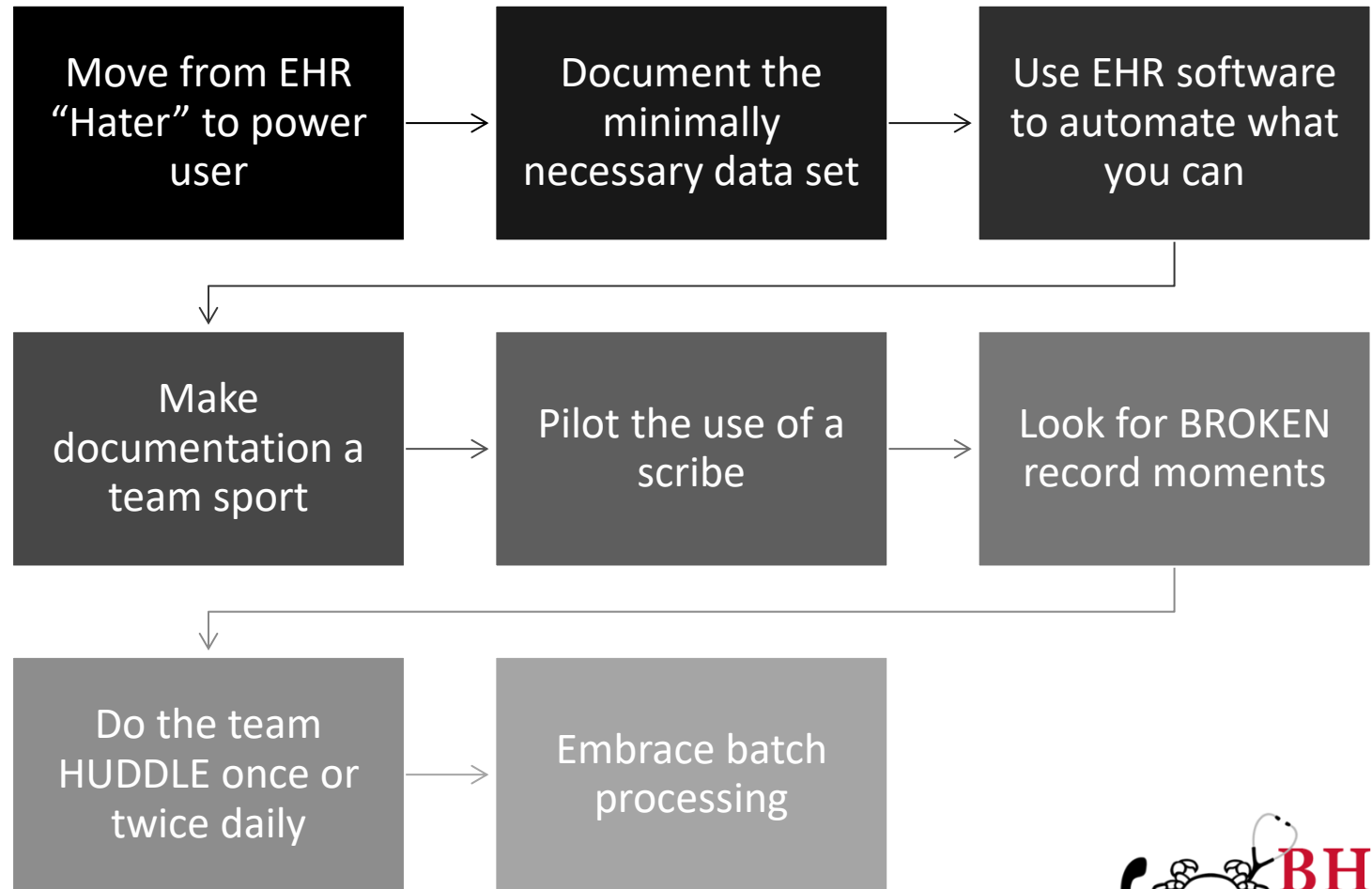
Be

Be creative with scheduling to maximize productivity and minimize downtime

Know How to End the Patient Visit Gracefully



Ways to lower practice stress and get home sooner



Additional steps to prevent burnout at an organizational level

- Ensure that any metrics for institutional success include Physician Satisfaction and well being
- Incorporate Mindfulness and Teamwork for trainees and practicing clinicians
- Decrease stress from electronic health records
- Address challenging work conditions
- Cover predictable events with float pools
- Allow clinicians to customize their schedules
- Support manageable primary care panels, appropriate staffing ratios, and longer visit times
- Address career “Fit” so faculty can do what they are most passionate about

Strategies to manage, prevent and treat burnout on the individual level

Decide if the
burnout is acute or
non-acute

Use both external
and internal
strategies to manage
feelings of burnout

Why Do Doctors Neglect Their Psychological Care?

- Fear of possible repercussions from medical boards or employers
- The stigma
- A sense of failure of needing help
- Denial
- Lack of trust in others
- Waiting until hitting rock bottom





Ways To Improve Your Psychological Health



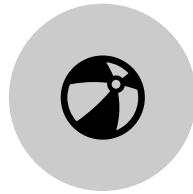
EXERCISE



SELF CARE



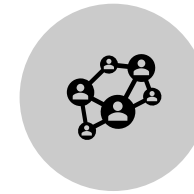
NATURE



FUN



SPIRITUALITY

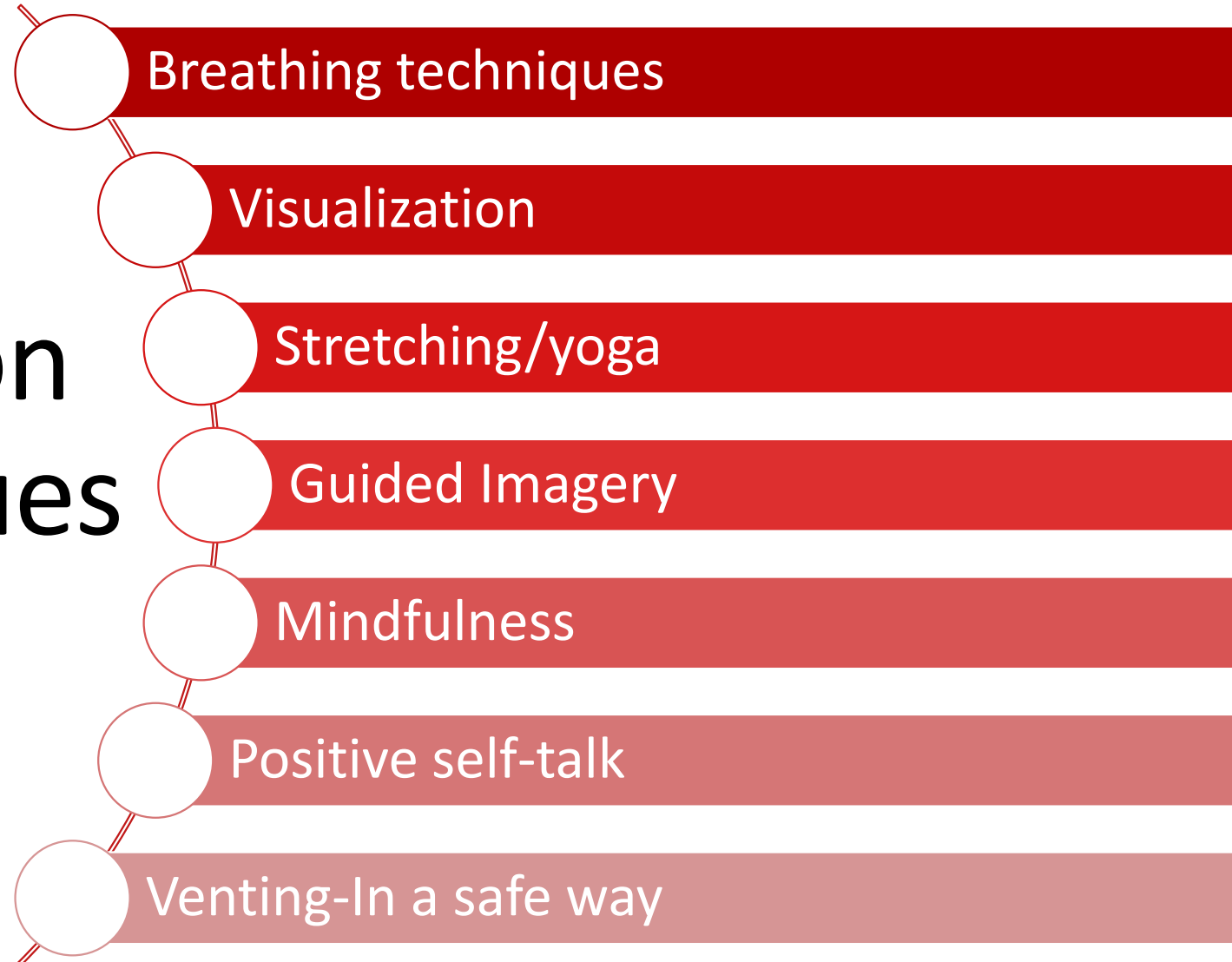


RELATIONSHIPS



VACATION/LEISURE

Stress Reduction Techniques



Individual Prevention Strategies

Stress
reduction
techniques

Counseling

Searching out
New
CHALLENGES

Work-life
Balance

Financial
Balance

Sense of
meaning

Peer Support

EUROPEAN OUT-OF-OFFICE:

I'M AWAY CAMPING FOR THE SUMMER. PLEASE EMAIL BACK IN SEPTEMBER.

AMERICAN OUT-OF-OFFICE:

I HAVE LEFT THE OFFICE FOR TWO HOURS TO UNDERGO KIDNEY SURGERY BUT YOU CAN REACH ME ON MY CELL ANY TIME.

How Can Women Providers Cope?

1

Enlist the support of colleagues, a spouse, or significant other for balancing home and work issues

2

Seek help from a therapist

3

Women need to work to support each other and provide positive role modeling



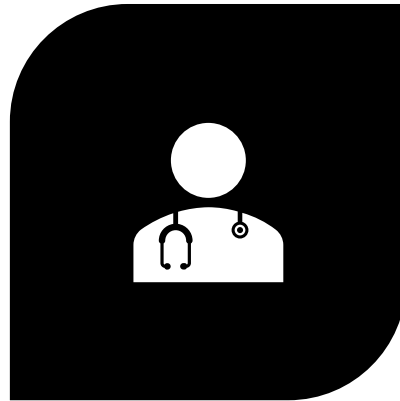
4 tools to reduce burnout by finding work-life balance

- The Life Calendar
- Intentional Date nights
- The BIG Bucket and the weekly bucket Lists
- The Work-Life Boundary Ritual

Treatment for acute burnout



TIME AWAY FROM WORK



PROFESSIONAL ASSISTANCE
(WWW.FSPHP.ORG), THE SOTILE
CENTER FOR PHYSICIAN RESILIENCE



FINDING A PROFESSIONAL COACH

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Thank you!

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*For resources related to the COVID-19 pandemic,
please visit us at [BHIPP Covid-19 Resources](#).*

