Beyond Burnout: How Providers Can Stay Sane in Today's Environment

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Let's Get Beyond Burnout

Likely enough, you're already aware that rates of burnout among physicians and other clinical practitioners are alarming. Less well-known are the solutions available to medical practices to address the problem—here and now.

Part of the answer lies in wiser, forward-thinking use of technology, as well as innovative approaches to professional services that alleviate the paperwork burden. In addition, we need to expand the conceptual framework around care delivery—by embracing concepts such as process optimization and a more team-based approach to care.

Join me in exploring practical, meaningful ways we can move beyond burnout and transform the delivery of healthcare.

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The average American physician spends 14 years in higher education[1] and accumulates around $197,000 in student loan debt[2] in order to become a doctor.

Despite this dedication and sacrifice, many physicians express unhappiness and frustration with their careers.[3] Many say they are ready to quit or retire early. In one survey, more than half of physicians indicated they had considered quitting or leaving the medical field.[4] With an existing shortage of providers nationwide, the additional strain of losing more doctors could threaten the well-being of society.

Provider burnout has become a public health crisis. It was declared as such in a report published January 2019 by the Harvard T.H. Chan School of Public Health and several other leading health organizations. The report emphasizes the potential harm to quality of care that may result from burnout and the need to recognize this phenomenon as a crisis.[5]

Why has provider burnout reached such alarming levels? This paper will explore the issue and look at solutions available today that can help alleviate it.

Compounding factors that create stress

According to the Agency for Healthcare Research and Quality, provider burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.[6] The Medscape *National Physician Burnout, Depression & Suicide Report 2019* identified several factors that contribute to burnout:

- Excessive bureaucratic tasks
- Spending too many hours at work
- Increasing computerization of practice
- Lack of respect from administers, employers, colleagues, and staff
- Insufficient compensation and reimbursement
- Lack of autonomy
- Government regulation
- Feeling like a cog in the wheel
- Emphasis on profits over patients
- Lack of respect from patients[7]

The scope and severity of provider burnout:

- More than 50% of all doctors in the U.S. report feeling at least one symptom of burnout: twice the rate of the general working population[8]

- Approximately $4.6 billion is lost each year because of physician turnover, reduction in clinical hours due to burnout, and expenses associated with finding and hiring replacements[9]

- Approximately 9% of physicians who experience burnout are likely to have made at least one major medical error within the past three months[10]

- Physicians who report committing medical errors are more likely to have symptoms of burnout, fatigue, and recent suicidal ideation[11]

An economic tug-of-war

Underlying the provider burnout crisis is a simple, but harsh, economic fact: the cost of our healthcare system is putting incredible pressure on the U.S. economy. In turn, the effort to control this cost is putting enormous pressure on providers.

The staggering cost of healthcare:

- U.S. healthcare spending reached $3.5 trillion or $10,739 per person in 2017[12]

- The United States spends about 17.8% of its gross domestic product on healthcare—the highest health spending based on GDP among developed nations[13]

- In the past 10 years, the average premium for job-based health insurance that covers a family increased 54%, to $20,756[14]

There is no sign that rising costs are going to slow down. Enormous costs are leading to efforts from both government and private payers to tighten control on payments, with value-based care programs now at the forefront of cost control.

Value-based payment models reward healthcare providers with incentive payments for providing high quality, cost-effective care. However, if care fails to meet agreed-upon financial or clinical targets, providers can potentially lose revenue. Additionally, Medicare fee-for-service payments to physicians will remain flat for the foreseeable future, even as the cost of providing care continues to increase.

Ultimately, the goal of any cost control initiative in healthcare is to get providers to do more work for less money. Provider burnout is an inevitable consequence of this economic tug-of-war.

EHRs enter the scene

Many studies identify the spread of electronic health records (EHRs) as a significant factor in the rise of provider burnout. A recent study by researchers at the University of New Mexico named the EHR as a contributing factor in approximately 40% of clinician stress. Previous studies had quantified the EHR's contribution to stress at around 13%.[15] EHRs are identified as the third most significant contributor to burnout in the Medscape *National Physician Burnout, Depression & Suicide Report 2019*.

While EHRs provide many benefits—such as more accurate and complete patient information, quicker access to patient records, and improved ability to share data—they also contribute to an increasingly tedious documentation burden and excessive screen time for clinicians and staff.

Challenges to the culture of medicine

Being a healthcare provider is a tough job. Stressful professions are characterized by a high level of responsibility combined with a relatively small amount of control over outcomes. Such conditions shape the working lives of many providers.[16]

Intangible yet powerful forces are now making a tough job tougher. As a consequence of economic and technological change, society is experiencing a dramatic shift in attitudes toward the practice of medicine.

Consumer spending on healthcare is growing, with patients paying higher deductibles and higher health plan premiums. As they become responsible for more of the healthcare bill, patients become more demanding.[17] They are more likely, for example, to ask questions about price before receiving a medical service.[18]

What's more, the healthcare marketplace continues to consolidate at a rapid pace. Consolidation creates larger, more bureaucratic organizations, making the care experience more transactional and less relationship-oriented. The focus is on volume and efficiency, rather than the interpersonal relationship between doctor and patient.[19] An increasingly consolidated and demanding health system is taking its toll on patients and providers alike.

"When the demands and requirements of today's healthcare system conflict with the doctor's duty to heal—that is, when the system inflicts harm on patients—doctors experience what's called 'moral injury,' a term first used to describe the psychological distress of combat soldiers," writes Robert Pearl, MD, in Forbes magazine. He goes on to say:

> "Scientific and societal transformations are turning the doctor's world upside-down, challenging the underpinnings of medical culture like never before. The doctor's intuition, experience, and independent judgement no longer contribute to superior outcomes. Scientifically derived approaches to care—such as evidence-based medicine, clinical checklists, and algorithmic pathways for physicians to follow—have undermined the doctor's autonomy and exceptionalism. As more patients turn to the internet for medical advice and as insurers increasingly challenge requests for tests and procedures, physicians are grieving their loss of status and respect."[20]

Move beyond burnout

Given the large-scale economic, technological, and cultural factors putting pressure on the practice of medicine, there is no panacea—no single solution for the burnout crisis. However, much can be done to alleviate burnout in the administration of medical practice.

Addressing burnout requires a combination of strategic approaches to optimize the working environment for providers:

- Integrate emerging technology with support from practice leadership—including mobile and telehealth

- Utilize professional support services in new and innovative ways

- Create a culture of process optimization

- Foster a team-based approach to care

Tame your EHR with mobile technology

In the shadow of physician burnout, implementing the right health IT solutions becomes even more important to practice viability and growth. Technology should be designed with time savings in mind and should ease the administrative burden on physicians.

Mobile technology has a tremendous impact on business and society. It can save significant time in the practice of medicine. Use mobile solutions to mitigate the excessive screen time and tedium of documentation in an EHR.

By integrating mobile technology into your EHR platform, a smartphone can now become a working extension of your practice, freeing clinicians from being chained to a desktop or laptop computer. Mobile solutions enable providers to dictate clinical notes into their smartphone, anywhere, anytime.

"You're using your smartphone—a device you're carrying around everywhere all the time, anyway," explains Dr. Robert Murry, chief medical infomatics officer at NextGen Healthcare. "The app is simple to use. You open the app and dictate your medical notes into your phone. The information flows into your EHR. It's that simple. You can get on with your life. It could not be better designed from the standpoints of ergonomics, workflow, and user-friendliness.

"For most of us, being a physician occupies a huge fraction of our waking time," says Dr. Murry. "When you use mobile, you're carrying around your notes as a matter of routine. You've got them all with you in your pocket."

Use professional remote scribe services for ultimate mobile

Mobile technology enables providers to capture clinical data with ease, dictate notes into their smartphone, and choose from a variety of service options for documentation. You can use:

- **Front-end speech recognition** – relies on automatic voice-to-text technology; a member of the practice staff must edit the content

- **Back-end transcription** – the voice-to-text transcript is edited by a professional service

- **A remote scribe** – practices should seriously consider this professional service option to free clinicians from the documentation burden that weighs down contemporary healthcare

How does remote scribe work?

A professionally trained scribe, in a separate location, listens to a recording of the provider's mobile dictation and completes all required documentation and other related tasks directly inside the EHR via secure remote access.

Following a fully HIPAA-compliant process, the scribe logs into the provider's EHR and performs a careful check to ensure the correct patient and encounter. The scribe edits clinical notes to ensure accuracy and completes structured and unstructured templates in your practice's EHR platform.

For example, the scribe may document SOAP notes or procedures and progress notes, utilizing the provider's preferences, macros, and workflow. They complete the documentation, enter evaluation and management (E&M) codes, generate the note, and send it to the provider for review and sign-off.

Using a remote scribe enables your practice to achieve the full benefit of a mobile solution. It enables the provider to fulfill their documentation responsibility easily, in minutes— addressing one of the most frequently cited causes of burnout. It ensures templates will be completed accurately. It lessens time spent on data entry and clerical duties and allows more time to focus on patient care.

Give telehealth a try

Two factors that contribute to provider burnout are unmanageable work schedules and feeling rushed on the job. To address these factors, consider incorporating telehealth into your practice—a care delivery solution that's on the rise nationwide:

- Between 2015 and 2018, physician adoption of telehealth increased 340%[21]

- Some states are mandating coverage of virtual visits, with some requiring reimbursement equitable with an office visit

- Medicare has made substantial progress towards enhanced telehealth reimbursement

Telehealth enables providers to connect with patients to deliver high-quality care anytime, anywhere via virtual visits. It can help your practice stay competitive as the healthcare marketplace becomes more consumer-oriented and practices strive for new ways to meet patient demands.

For providers struggling with burnout, virtual visits make schedules more manageable. It gives providers the option of splitting their work hours between virtual and in-person consultations. For example, a provider can choose to dedicate specific hours or days of the week to virtual visits where they can see patients from the comfort of home, thereby reducing commuting time.

The need for provider to move from room-to-room or between medical buildings often causes the feeling of being rushed. By decreasing the need to go from place-to-place, telehealth can help simplify the workday and ease the pace of packed schedules.

Automate administrative tasks

Excessive time spent on administrative tasks is identified as one of the most significant contributors to provider burnout. This can be especially problematic in smaller practice settings with limited resources where administrative and compliance burdens typically land on clinical staff.

Inefficient billing and coding practices can cause a practice to lose revenue and add to the day-to-day frustration of the entire care team. Consider that an estimated 50 to 65% of all denials aren't reviewed or reworked[22]—such revenue losses can harm physician morale.

One way to help alleviate the administrative burden is to implement technology that automates administrative functions, such as tasks related to revenue cycle management (RCM).

An RCM partner that offers access to advanced health IT systems can help automate claims and billing. This cuts down on routine tasks and helps ensure claims are billed at the contracted amount and more likely to get paid at first pass.

Automation may be applied at various stages of the claims process. For example, charge review occurs when a claim is generated from the EHR and transmitted into the practice management system. Charge review technology uses preprogrammed rules to audit charges for accuracy before a claim is even created and displays alerts when potential issues are detected.

Automation can also be applied to other front and back-office functions. Consider implementing automated processes to:

- Scrub claims once they've been created, formatting them to meet payer specifications and double-checking for issues missed during charge review
- Check insurance eligibility to further reduce denial risk
- Send appointment reminders to reduce scheduling inefficiencies and missed appointments
- Provide cost estimates at the point-of-care to increase the likelihood of patient payment
- Provide coding assistance; for example, automated suggestions or checks for CPT and ICD-10 codes
- Enable processing of multiple forms of payment to provide convenient options for patients
- Process automatic payments for patients on a monthly payment plan

By automating office functions, practices can significantly reduce administrative burdens, which can help improve morale and alleviate physician burnout.

Use scheduling tools

Efficient scheduling improves the day-to-day operations of the medical office and allows providers more time to provide care, helping ease tension and frustration that can contribute to burnout. Use scheduling tools to:

- **Send out reminders and alerts to apportion waiting room time and reduce no-shows**
- **Centralize staff calendars for multiple practice locations**
- **Configure appointment calendars to meet the needs of individual physicians**
- **Identify bottlenecks that slow down the delivery of services**

Develop a culture of continuing process optimization

The work culture in healthcare has traditionally valued and emphasized safety. Today, more and more importance is being placed on the quality of care. Noticeably lacking in the culture of medical practice—while consequential in many other industries—is an emphasis on process optimization.

Demands on medical workflow keep changing. At the practice level, coping with change requires that you continually analyze care delivery and adapt workflows for greater efficiency and to optimize revenue. Seek ways to save time and streamline process by being attentive to what can be handled more efficiently, such as management of telephone calls, order handoffs, pre-visit planning, intake, checkout, and result signoff and notification.

One central aspect of process optimization is how your practice uses the EHR and whether your vendor is a partner alongside you. Commitment to continuous improvement helps ensure the EHR supports the best possible workflows and evolves with you as your needs change. For process optimization to work, your team must be on an EHR platform that offers sufficient flexibility and allows for customization.

EHR software is meant to semi-automate your chart notes through the use of templates. Make sure the staff takes advantage of opportunities to automate routine documentation tasks. If the same note is being re-entered into the EHR a dozen times in a week, for example, modify a template to reduce repetitive data entry. If you need help modifying templates, seek support from your IT department, a knowledgeable staff member, or your EHR vendor.

Developing a culture of optimization is not just a matter of improving the workflow around specific tasks. Rather, it's a change in the office mindset. Clinical and office staff need to embrace the concept that learning is an ongoing commitment and that there is always room to improve the way work is performed.

Support staff development by allowing opportunities for on-the-job learning—such as lunch-and-learns—with topics that are directly related to day-to-day functions. On-the-job, real-world training works best. Identify power users among your staff. They may be physicians, nurses, or other staff who complete their documentation quickly and completely, without undo frustration. Create opportunities for staff to shadow expert users as they work in the EHR and to ask questions. Cultivate the expertise that exists in your own practice.

Foster a team approach to delivering care

Healthcare is a team sport. Delivering quality care requires bringing together many different skills. Physicians, like most working professionals, are generally happier if they work as part of a team.

Utilizing each member of the care team, to the best of their ability, helps reduce burnout. Indeed, all members of the care team in an ambulatory practice share a common goal—getting the day's work completed before the doors close and enabling everyone to get out on time.

The EHR should be configured to support a culture of cooperation. For example, intake and checkout workflows need to provide for smooth transitions throughout the visit. Tools for handing off orders and delegating tasks should promote effective communication.

Incorporate a pre-visit planning meeting—or team huddle—into each day's workflow. This helps ensure patient visits are efficient and promotes an environment of teamwork. The daily pre-visit planning meeting should be directed toward identifying what work needs to be completed and empowering clinical and support staff to do their part. It also provides a focal point for gathering documentation needed for the day's patient visits.
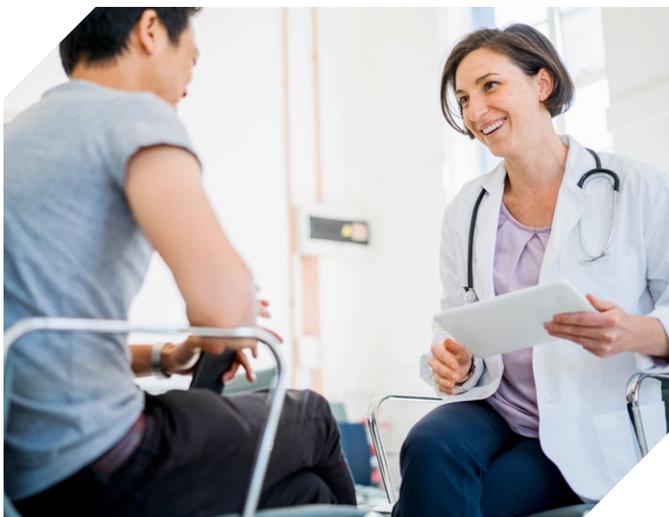
Key questions you could ask in a daily huddle: What will today bring? How can we help each other?

Here are some tips on how to conduct a medical team huddle:

- Start by asking everyone on the team how they are doing. Find out if anything is going on in the lives of team members that you and your colleagues should know about.

- Acknowledge members of the team for anything that helped improve the practice. Praise early and often and be specific.

- Encourage team members to be proactive about how they can help each other. Sharing the load and taking initiative make a difference, not just in terms of efficiency but also by improving morale.

- Invite the everyone to take a deep breath to center themselves before they begin seeing patients.

Promote effective patient participation in care

Patients should be considered part of the care team as well. Active participation of patients in their own care and decision-making is associated with higher quality of care, fewer errors, greater patient confidence in their ability to manage their health condition, and a more positive outlook on the healthcare system.[23]

Technology solutions should support effective patient participation in the delivery of care. Tools may include a patient portal that allows patients to schedule appointments, pay bills, request medication refills, access their medical record and test results, and easily communicate with your practice. Other tools that foster patient engagement include an online medical history that patients can complete before arriving at the office or in the waiting room, delivering the information directly into the EHR.

Like other measures that foster a cooperative team environment, engaging patients in their care boosts accountability and commitment to your practice—factors that help reduce provider burnout.

The EHR: from villain to hero?

There is no magic bullet to address the challenge of provider burnout. The factors that led to the current state of the crisis are too numerous and complex.

But it is also true that the EHR, the central technology platform for the administration of healthcare, does not need to be an enemy of provider career satisfaction. When considered as part of an end-to-end solution with the goal of optimizing practice efficiency and minimizing routine tasks, the EHR can make the transition from villain to hero.

Key to this changing perspective is the integration of innovative, emerging solutions such as mobile, remote scribe, and telehealth. Other answers to the challenge within the control of the medical practice include increased automation of routine tasks, implementing a culture of process optimization within the medical office, and fostering a team approach to care. While no single approach will directly resolve burnout, together they can greatly improve the work environment for providers.

From vendor to partner

To implement an anti-burnout strategy requires help from a health IT partner. Your EHR vendor needs to be a trusted advisor who not only brings new technology to the table, but considers the impact of technology and workflow on provider morale.

To succeed in that role, you need someone that understands the challenges you are facing, and brings the solutions—as well as the ability to look down the road and pro-actively identify additional challenges you may have in the future. The goal of your EHR solution should be to make healthcare better for everyone—patients and providers alike.

Provider burnout is a danger—both at the practice and societal level—for which there is no easy answer. But there are potential solutions, available here and now.

BELIEVE IN BETTER.™

Contact us at **855-510-6398** or **results@nextgen.com**

1 Akhilesh Pathipati, "Our doctors are too educated," The Washington Post, August 13, 2018, https://www.washingtonpost.com/opinions/the-simplest-way-to-solve-our-doctor-shortage/2018/08/13/ddb344f4-91c3-11e8-9b0d-749fb254bc3d_story.html. **2** Teddy Nykiel, "What Is the Average Medical School Debt?" December 17, 2019, nerdwallet.com, https://www.nerdwallet.com/blog/loans/student-loans/average-medical-school-debt/. **3** Nicole Spector, "The doctor is out? Why physicians are leaving their practices to pursue other careers," NBC News, August 18, 2018, https://www.nbcnews.com/business/business-news/doctor-out-why-physicians-are-leaving-their-practices-pursue-other-n90092 **4** "Physician Workload and Communication Survey Shows Physicians are Overworked and Want More Time with Patients," locumstory.com, 2019 CHG Healthcare, https://locumstory.com/physicianworkload/ **5** "Leading health care organizations declare physician burnout as 'public health crisis,'" Harvard T.H. Chan School of Public Health, January 17, 2019, https://www.hsph.harvard.edu/news/press-releases/leading-health-care-organizations-declare-physician-burnout-as-public-health-crisis/. **6** "Physician Burnout," Agency for Healthcare Research and Quality, July 2017, https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html. **7** Medscape National Physician Burnout, Depression & Suicide Report 2019, https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056#5. **8** Thomas P Reith, "Burnout in United States Healthcare Professionals: A Narrative Review," Cureus, December 2018, 10(12), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367114/. **9** Alvin Powell, "Study: Doctor burnout costs health care system $4.6 billion a year," The Harvard Gazette, July 12, 2019, https://news.harvard.edu/gazette/story/2019/07/doctor-burnout-costs-health-care-system-4-6-billion-a-year-harvard-study-says/. **10** Rikinkumar Patel, Ramya Bachu, Archana Adikey, Meryem Malik, and Mansi Shah, "Factors Related to Physician Burnout and Its Consequences: A Review," Behavioral sciences (Basel, Switzerland), November 2018, 8(11): 98, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/. **11** Ibid. **12** Jessie Hellman, "US health-care spending topped $10,739 per person in 2017: report," The Hill, December 6, 2018, https://thehill.com/policy/healthcare/420144-health-care-spending-topped-10739-per-person-in-2017-report. **13** "U.S. national health expenditure as percent of GDP from 1960 to 2019," Statista, 2019, https://www.statista.com/statistics/184968/us-health-expenditure-as-percent-of-gdp-since-1960/. **14** Jeffrey Young, "Health Care Costs Are Eating Us Alive, A New Survey Shows," HuffPost, September 25, 2019, https://www.huffpost.com/entry/health-care-costs-kaiser-family-foundation_n_5d8a74fbe4b01c02ca60080d. **15** Christopher Jason, "Study Shows Physician Burnout Directly Related to EHRs," EHRIntelligence.com, September 27, 2019, https://ehrintelligence.com/news/study-shows-physician-burnout-directly-related-to-ehrs. **16** Dike Drummond MD, " Physician Burnout vs. Fulfillment: Why it's Not a Fair Fight," TheHappyMD.com, blog post, not dated, https://www.thehappymd.com/blog/bid/295048/physician-burnout-why-its-not-a-fair-fight. **17** Chris Seib, "Consumers Are Demanding More from Healthcare," American Journal of Managed Care (AJMC) Managed Markets Network, August 13, 2017, https://www.ajmc.com/contributor/chris-seib/2017/08/consumers-are-demanding-more-from-healthcare. **18** Gregory A. Freeman, Consumerism Growing Rapidly, Putting More Demands on Providers, HealthLeaders, December 8, 2017, https://www.healthleadersmedia.com/finance/consumerism-growing-rapidly-putting-more-demands-providers. **19** Timothy Hoff, "Bigger is Not Always Better: How Consolidation in Health Care Hurts Patients," The Health Care Blog, January 30, 2018, https://thehealthcareblog.com/blog/2018/01/30/bigger-is-not-always-better-how-consolidation-in-health-care-hurts-patients/. **20** Robert Pearl, "The 3 Causes of Physician Burnout (And Why There's No Simple Solution)," Forbes, September 9, 2019, https://www.forbes.com/sites/robertpearl/2019/09/09/burnout-3-causes/#559b2d3d6a09 **21** Mandy Roth, Physician Telehealth Usage Wallops Early EHR Adoption Rates, HealthLeaders, April 15, 2019, https://www.healthleadersmedia.com/innovation/physician-telehealth-usage-wallops-early-ehr-adoption-rates **22** Tina Graham, "You might be losing thousands of dollars per month in 'unclean' claims," Medical Group Management Association (MGMA), 2019, https://www.mgma.com/resources/revenue-cycle/you-might-be-losing-thousands-of-dollars-per-month. **23** Crystal W. Cené, Beverley H. Johnson, Nora Wells, Beverly Baker, Renee Davis, and Renee Turchi, "A Narrative Review of Patient and Family Engagement: The Foundation of the Medical Home," Medical Care, 54(7):697–705, July 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4907812/.

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