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TITLE: Call for Physician Wellness as a Quality Indicator of Health Organizations

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Endorsed by: Napa-Solano Chapter of CAFP

WHEREAS, from 2013 to 2017 the overall burnout rate for US physicians has increased from 40 percent to 51 percent based on a survey of more than 14,000 physicians representing 30 different specialties, indicative of a 25 percent increase in more than four years[1]; and

WHEREAS, burnout rates are even higher in other studies, including international studies[2], and young physicians report nearly twice the burnout rate as compared to older colleagues, and is higher still among medical students and resident physicians at an estimated 60-69 percent,[3] [4] demonstrating that burnout among physicians is a growing epidemic; and

WHEREAS, burnout is defined as emotional exhaustion, depersonalization, and self-doubt driven primarily by workplace stressors[5] [6] [7]; or in other words, a long-term negative affective state comprising emotional exhaustion, physical fatigue, and cognitive weariness, resulting from chronic exposure to unresolvable occupational stress; and

WHEREAS, burnout is associated with increased rates of depression, suicidal ideation, and substance abuse; suicide rates in physicians are estimated to be six times higher than in the general population[8] [9]

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[1] Medscape Physician Lifestyle Survey 2017. http://www.medscape.com/sites/public/lifestyle/2017. Accessed Aug. 13, 2017

[2] Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600-1613.

[3] Dyrbye LN, West CP, Satele D, et al. Burnout among US medical students, residents, and early career physicians relative to the general US population. Acad Med. 2014; 89(3):443–451.

[4] Holmes EG, Connolly A, Putnam KT, et al. Taking Care of Our Own: A Multispecialty Study of Resident and Program Director Perspectives on Contributors to Burnout and Potential Interventions. Acad Psychiatry. 2017;41(2):159-166.

[5] Maslach C, Jackson S, Leiter M. Maslach Burnout Inventory Manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996

[6] Drummond, D. Physician Burnout: Its Origin, Symptoms, and Five Main Causes. *Fam Pract Manag* 2015;22(5):42-7

[7] Freudenberger, H.J. Staff burnout. Journal of Social Issues. 1974; 30: 159–165.

[8] van der Heijden F, Dillingh G, Bakker A, Prins J. Suicidal thoughts among medical residents with burnout. Arch Suicide Res. 2008;12(4):344-346.

[9] Shanafelt TD, Balch CM, Dyrbye LN, et al. Special report: suicidal ideation among American surgeons. Arch Surg. 2011; 146(1):54-62.

[10] [11]; multiple state board applications deter physicians from seeking help by discriminating against physicians who report substance abuse issues, and/or other psychiatric diagnoses and whether or not physicians see psychiatric providers[12]; and

WHEREAS, up to 65 percent of physicians report concerns about work-life balance, 64 percent feel their workload is too heavy, 8-12 percent of all practicing physicians develop a substance abuse disorder at some point in their careers, and more than 80 percent of general practitioners and hospital doctors report working through illness[13]; and

WHEREAS, ongoing rapid changes to the health care delivery model (increased patient-care demands, remuneration issues, growing bureaucracy with practice, increased conflicts between organizational needs and patient needs) contribute to excessive workloads, chronic work-related stress and restricted autonomy, which all contribute to burnout; and

WHEREAS, as workloads and stress increase, it is expected that turnover rates will rise, increasing the cost to recruit and retain physicians and worsening the projected worldwide shortage of physicians in primary care[14]; and

WHEREAS, patient care suffers and medical errors increase when physicians are unwell; and

WHEREAS, physicians' overall job satisfaction has positive effects on patients' adherence to treatment and actions in managing chronic diseases, in addition to being an important factor in patient satisfaction; and

WHEREAS, indicators of quality patient care and quality within health-care systems do not include any measures of physician wellness; and

WHEREAS, the "Triple Aim" of enhancing patient experience, improving population health and reducing costs that guide health care organization strategies ignores the wellbeing of healthcare providers; now, therefore be it

RESOLVED, that the California Academy of Family Physicians advocate for the Triple Aim to be expanded to the Quadruple Aim, adding the goal of improving the work-life balance of health care providers, and to make Physician Wellness a quality measure for healthcare systems and ask the American Academy of Family Physicians to do the same by working with Congressional leaders.

Speaker's Notes:

Fiscal Note:

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[10] Oreskovich MR, Shanafelt T, Dyrbye LN, et al. The prevalence of substance use disorders in American physicians. Am J Addict. 2015;24(1):30-38.

[11] Schernhammer ES, Colditz GA. Suicide rates among physicians: A quantitative and gender assessment (meta-analysis). Am J Psychiatry. 2004; 161(12):2295–2302.

[12] Schernhammer E. Taking their own lives – the high rate of physician suicide. N Engl J Med. 2005;352(24):2473–2476.

[13] Blackwelder R, Watson K, Freedy J. Physician Wellness Across the Professional Spectrum. *Primary Care: Clinics in Office Practice*. 2016;43(2):355-361.

[14] Wallace J, Lemaire J, Ghali W. Physician wellness: a missing quality indicator. *The Lancet*. 2009;374(9702):1714-1721.

1. PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?

Physician burnout is an epidemic, with primary care providers exhibiting higher rates of burnout than other specialties. As the American healthcare system has evolved, with fewer small private practices and increasing numbers of physicians employed in healthcare systems, there have been increasing administrative duties, documentation requirements with EMR, coding requirements, and limitations in practice due to insurance reimbursement. All of these factors take away from patient-physician interaction and add to the physician workload. Physicians are working longer hours, dealing with increasing responsibilities, and experiencing burnout, which affects the quality of care provided to the patient, affects patient outcomes, and contributes to increased healthcare costs. The proposed resolution seeks to add a measure of Physician Wellness as a quality indicator to fundamentally address the problem of physician burnout as an organizational responsibility.

2. PROBLEM UNIVERSE: Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?

All CAFP members and members' patients are potentially affected by the problem of physician burnout as colleagues are suffering and patient care is suffering.

3. WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?

The CAFP should advocate for the AAFP to work with Congressional leaders to expand the quality measures of healthcare systems to include a measure of Physician Wellness and therefore encourage healthcare organizations to seek practical systems-based solutions to burnout.

4. WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?

Please see resolution statistics and statements for explanation of the problem.

5. PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.

Please see footnotes.

Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med. 2014 12(6): 573-576.