Organizational Approaches to Identifying Burnout and Building Resilience as a Pediatrician

Presented by Nelly Burdette, Psy.D.
Senior Director, Integrated Behavioral Health (CTC-RI)/Associate VP, Integrated Behavioral Health (PCHC)
9/21/22

Rhode Island Chapter

INCORPORATED IN RHODE ISLAND

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

THANK YOU to our project sponsor and funder

Dr. Nelly Burdette: Senior Integrated Behavioral Health Program Leader

Dr. Nelly Burdette has **15 years of experience within integrated behavioral health clinical and leadership roles.** She has created, implemented, led, and shown sustainability of integrated care programs at federally qualified health centers, community mental health centers, and the Veteran's Administration for pediatric, family medicine and adult populations.

In her current roles, **Dr. Burdette is the Associate Vice President of Integrated Behavioral Health at Providence Community Health Centers**, the largest federally qualified health center in Rhode Island and serves in both a leadership and clinical role.

She also serves as the **Senior Director of Integrated Behavioral Health for the Care Transformation Collaborative of Rhode Island (CTC-RI),** a multi-disciplinary, multi-payor collaborative seeking to transform primary care in the State and is convened by the Office of the Health Insurance Commissioner and EOHHS. In her CTC-RI role for the past 6 years, Dr. Burdette provides IBH leadership for the State, while also creating and publishing the first of its' kind virtual self-paced training for IBH Practice Facilitators.

Dr. Nelly Burdette received her doctorate degree in Health Psychology from Spalding University and completed her internship at Cherokee Health Systems, focusing on behavioral health services within a primary care safety net population. Her post-doctorate was completed at University of Massachusetts Medical School in Primary Care Psychology.

Conflict of Interest Statement and CME

Planners:

❑ **The following *planners/speakers have indicated that they have no relevant financial relationships with ineligible companies.**

  ❑ Jennifer Mann, MPH; Allison Brindle, MD; Patricia Flanagan, MD; Susanne Campbell, RN; Carolyn Karner, MBA

Speakers:

❑ **Nelly Burdette, PsyD** has indicated that she has no relevant financial relationships with ineligible companies

----

To claim CME, please complete link by October 5,2022:
https://www.surveymonkey.com/r/NFXGP2S

Coming up in the series

September 29th 8-9am

Community Approaches to Bridge the Impact of Burnout and Grow Resiliency for Pediatricians

REGISTER NOW!

https://www.eventbrite.com/e/burnout-and-resiliency-for-pediatricianstickets-390450737667

Objectives

1) Identify and define the systemic impact of burnout from an organizational perspective
2) Identity ways to approach burnout organizationally and foster resiliency operationally
3) Apply the learning to specific situations participants will share and problem solve in break-out groups

Audience

- Executive Leadership/C-Suite
- Physician Leaders
- Healthcare Policy Makers

**Note: If you are not in one of these categories and work in healthcare, your voice will be amplified with the understanding of principles reviewed

How do you know if you have a blind spot?

This Photo by Unknown Author is licensed under CC BY-NC-ND

In other words...cognitive dissonance [10]

- State of tension when a person holds two cognitions (ideas, attitudes, beliefs, opinions) that are psychologically inconsistent

- Dissonance ⟶ Discomfort

- To reduce or manage dissonance, the inconsistency must be changed, altered or justified

Learn more from "Mistakes were made...but not by me" book

Cognitive Dissonance Exemplified

- "I became a pediatrician to impact the lives of children and families but spend most of my time doing the things I don't like...like documenting in the E-H-R."
- "My patients needs me to be at my best, but my organization only offers opportunities to manage burnout to physicians."
- "I have to tell my boss that I am burned out to get help but don't want to seem weak or get fired so I tow the line."
- "We don't have a burnout problem because when I ask my staff if they are burnout they say no"

Cognitive Dissonance Systemically =

- No one is immune to experiencing it or the desire to want to reduce it [10]

- Most efforts to reduce dissonance aim to hold your own positive view of yourself [10]

- Enter self-justification...
  - "It is just that one Provider that is a problem."
  - "The leadership team agrees with me."
  - "When I feel exhausted, I just push through and look at how far I've gotten."

Burnout research

- National studies suggest that at least **50%** of US physicians are experiencing professional burnout.[9]

- Burnout rates in pediatricians may reflect the unique prevalence of women in pediatrics—64% compared to 35% among all active physicians.[2]

- Female physicians are significantly more predisposed to burnout with higher levels of emotional exhaustion, less satisfaction with their careers, and more frequent and more severe burnout symptoms.[6]

- Pressure to work longer hours due to shortages in pediatric subspecialties causing long wait times, combined with lower reimbursement than adult practice counterparts, may further accentuate burnout rates.[3]

Cognitive Dissonance Strikes Again
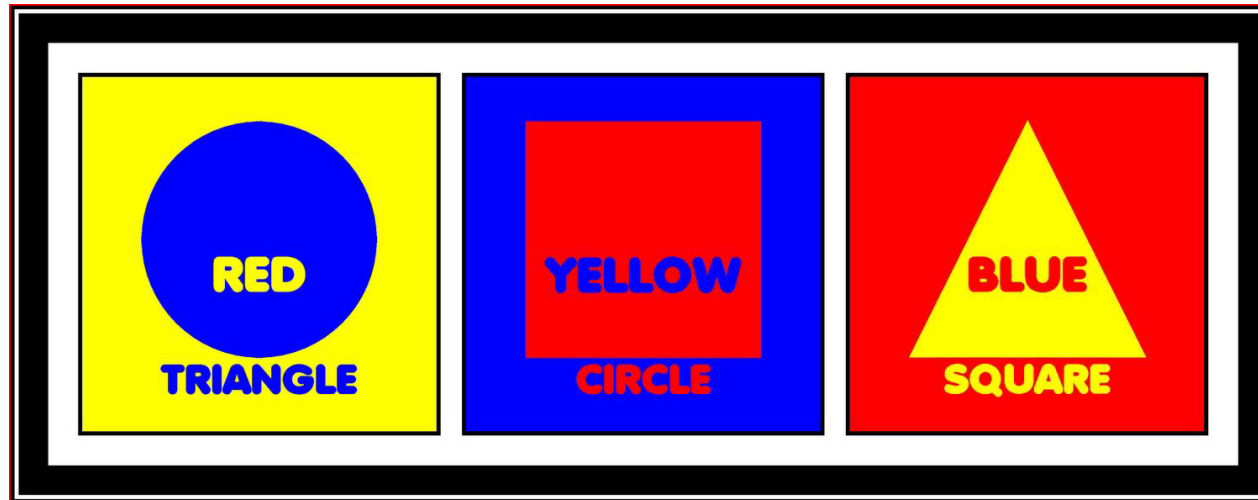
This Photo by Unknown Author is licensed under CC BY-ND

Evidence currently seems to support **organizational-driven** versus individual-driven interventions...If burnout is a system problem, it is also less likely to be mitigated at the individual level. [8]

Poll Question

Please let us know how competent you feel in your ability to recognize cognitive dissonance and its impact on burnout in your organization?

Burnout Definition

- WHO defines Burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed characterized by three dimensions:
  - (1) feelings of energy depletion or exhaustion;
  - (2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
  - (3) reduced professional efficacy. [7]

- WHO defines burnout as a problem associated with employment rather than as an individual mental health diagnosis; distinct from mood disorders (WHO, 2019) [7]

Drivers Associated with Burnout

Primary drivers of burnout are <u>systemic</u> and characterized by the following [9]
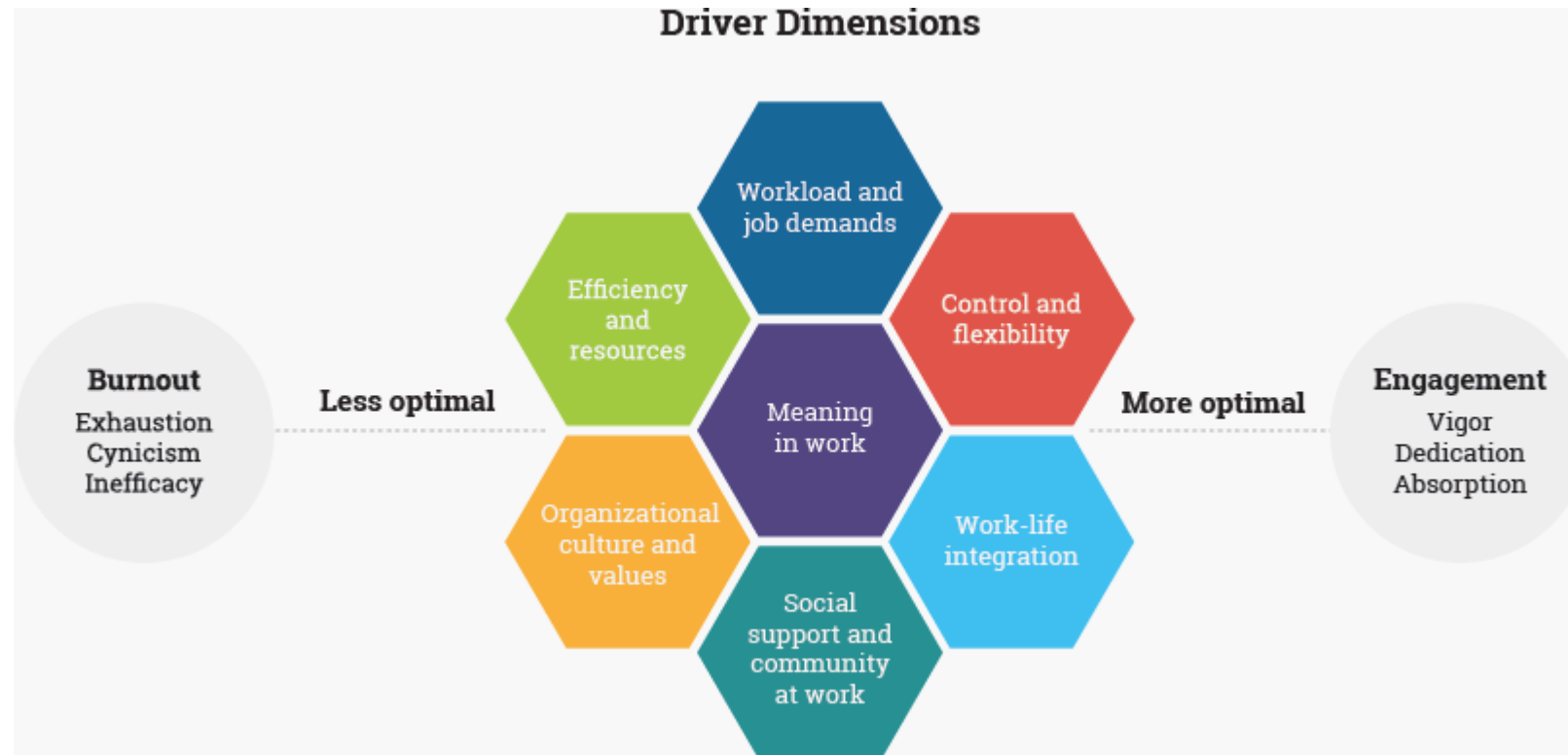
Workload and Job Demands [9]

Work unit factors	Organization factors
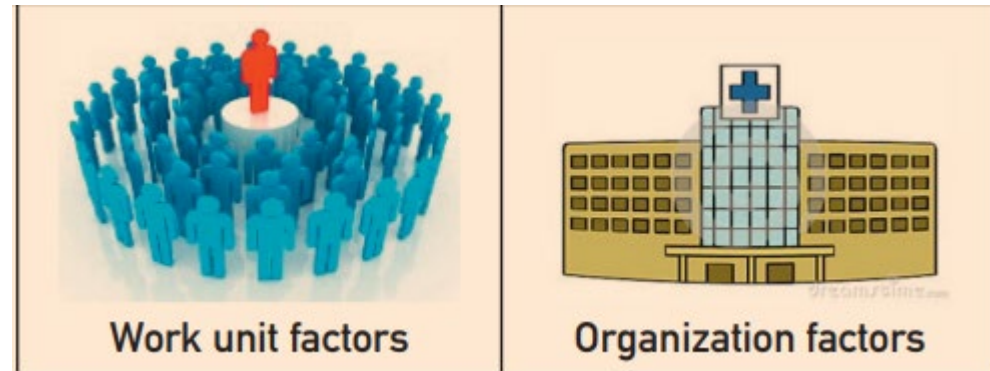
• Productivity expectations
• Team structure
• Efficiency
• Use of allied health professionals
	• Productivity targets
	• Method of compensation
	  - Salary
	  - Productivity based
	• Payer mix

Efficiency and resources[9]

Work unit factors	Organization factors
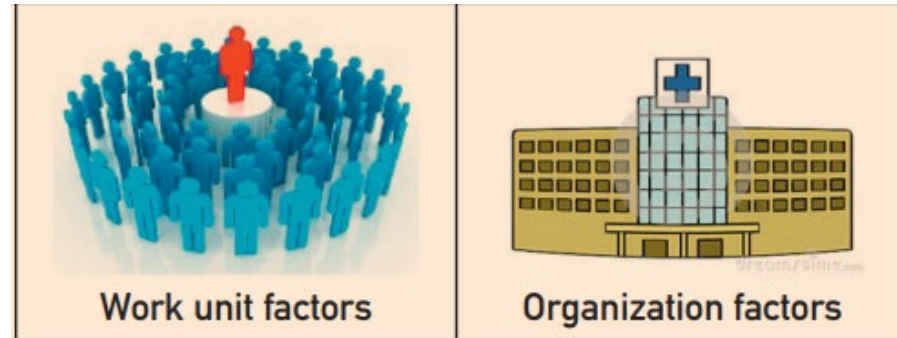
• Availability of support staff and their experience
• Patient check-in efficiency/process
• Use of scribes
• Team huddles
• Use of allied health professionals
	• Integration of care
	• Use of patient portal
	• Institutional efficiency:
	  - EHR
	  - Appointment system
	  - Ordering systems
	• How regulations interpreted and applied

Meaning in work [9]

Work unit factors	Organization factors

• Match of work to talents and interests of individuals
• Opportunities for involvement
  - Education
  - Research
  - Leadership
	• Organizational culture
	• Practice environment
	• Opportunities for professional development

Culture and Values

- Define it explicitly
- Know it implicitly
- Be accountable for your piece
- Key Questions:
  - If any member of your team was asked what the culture of your organization was in 3 words what would they say?
  - How does the team respond when the person with the least power in the room has a suggestion?

WHAT'S THE DIFF?
Trust and Psychological Safety

Psychological safety is the belief that your environment is safe for interpersonal risk-taking. It's similar, but slightly different from, trust.

TRUST
Will **YOU** give others the benefit of the doubt when you take a risk?

PSYCHOLOGICAL SAFETY
Will **OTHERS** give you the benefit of the doubt when you take a risk?

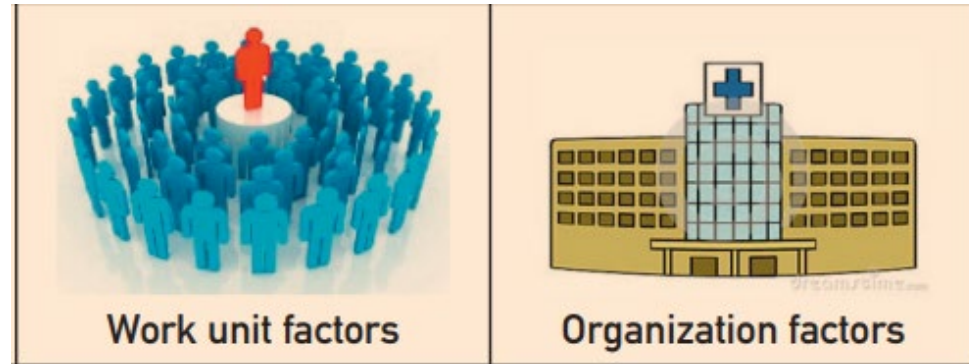"Bob is probably going to freak out if I disagree with him."

"My team expects me to speak up. It's how we do things."

Sources: Edmondson, A. C. (2002). Managing the risk of learning: Psychological safety in work teams. Boston, MA: Division of Research, Harvard Business School. and Frazier, M. L., Fainshmidt, S., Klinger, R. L., Pezeshkan, A. & Vracheva, V. (2017). Psychological safety: A meta-an...

SCIENCE FOR WORK

Control and flexibility [9]

Work unit factors

Organization factors

- Degree of flexibility:
  - Control of physician calendars
  - Clinic start/end times
  - Vacation scheduling
  - Call schedule

- Scheduling system
- Policies
- Affiliations that restrict referrals
- Rigid application practice guidelines

# Social support and community at work[9]

Work unit factors	Organization factors
• Collegiality in practice environment • Physical configuration of work unit space • Social gatherings to promote community • Team structure	• Collegiality across the organization • Physician lounge • Strategies to build community • Social gatherings

Work-life integration [9]

Work unit factors	Organization factors

• Call schedule
• Structure night/weekend coverage
• Cross-coverage for time away
• Expectations/role models
	• Vacation policies
	• Sick/medical leave
	• Policies
	  - Part-time work
	  - Flexible scheduling
	• Expectations/role models

Engagement

Engagement is the positive antithesis of burnout and is characterized by **vigor, dedication and absorption in work** [9]

Driver Dimensions
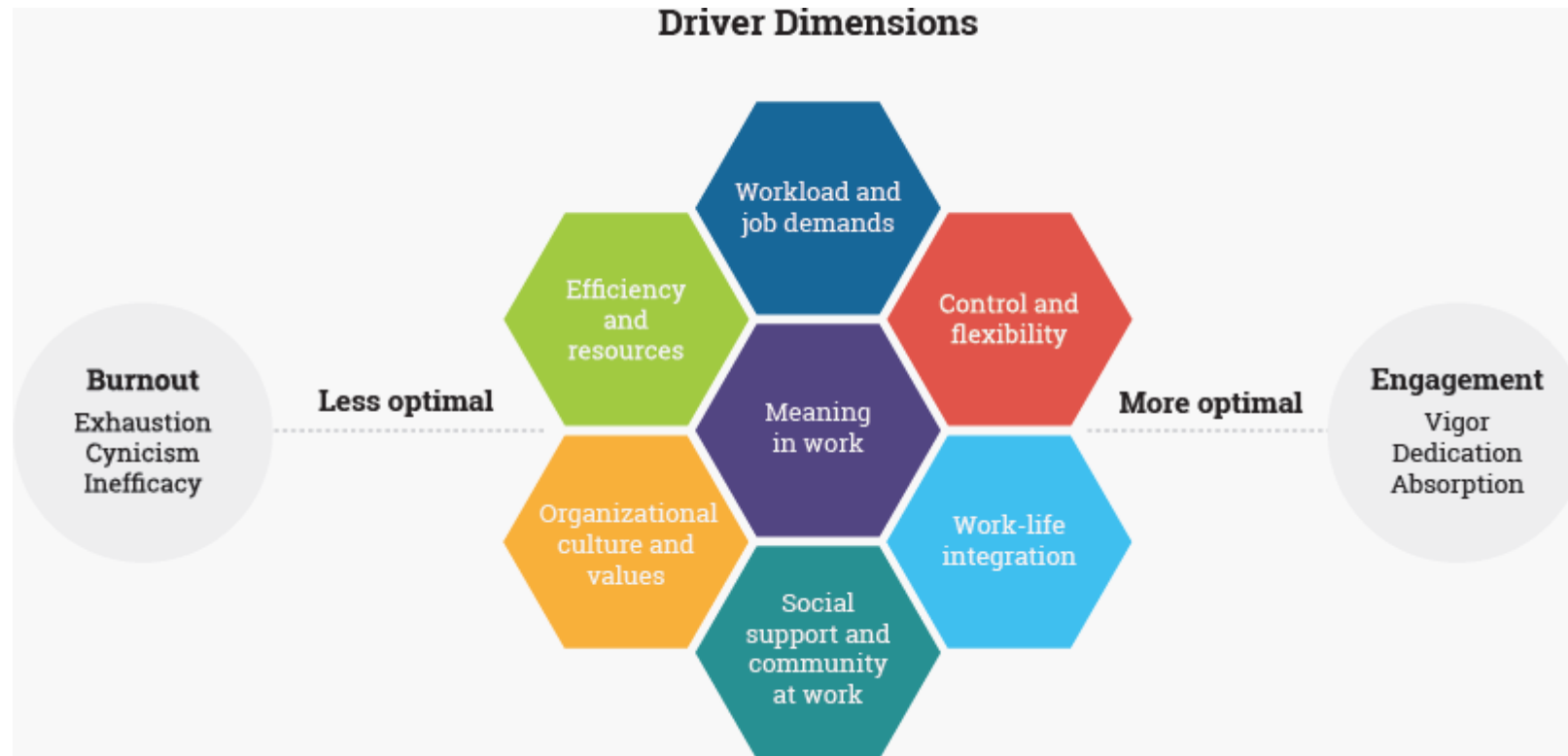
Research Supported Interventions for Resiliency

1) Adding positive systemic Interventions [4]

- Adding **positive systematic interventions**, such as behavioral health trainings that support pediatricians in the management of behavioral health, rather than reducing negative-systematic interventions may have a much longer impact on burnout.

- Examples could include:
  - Integrated Behavioral Health –embedding behavioral health clinicians within pediatrics
  - Mindful Minute – behavioral health clinicians supporting mindful attention for breaks for pediatricians throughout the day

Research Supported Interventions for Resiliency

2) Protected time for group curriculum connected to wellness and resiliency [11]

Mayo Clinic provided **1 hour of protected time every other week** for a **facilitated small-group curriculum** for 9 months.

1. Topics in the curriculum included 1) meaning in work; 2) personal and professional balance; 3) medical mistakes; 4) community; 5) caring for patients; and other topics relevant to the work experiences of practicing physicians.
2. Each session followed the same structure: check-in and welcome; preparing the environment (eg, journaling and reflective exercise); facilitated group discussion; learned skills and solutions; and checkout and summary.
3. Results:
   1. Empowerment and engagement at work significantly increased by month 3 in the intervention arm of the study and were maintained at the 12-month conclusion.
   2. Similarly, there was a significant decline in rates of depersonalization at 3 months, and this difference was still present at the 1-year conclusion.
   3. No statistically significant differences were seen in stress, symptoms of depression, overall quality of life, or job satisfaction.

Control group subjects could schedule and use this hour of protected time in any manner they believed appropriate.

Research Supported Interventions for Resiliency

3) Systemic intervention to apply workflow redesign and improve communications [5]

34 primary care intervention clinics chose to individually implement programs at the clinic level that were drawn from the literature. After 12 to 18 months, burnout was reassessed. Some interventions included:

- Monthly provider meetings that focused on work/life or practice management issues.
- Off-loading nonessential tasks such as medical assistants (MAs) scribing.
- Removing rooming bottlenecks to increase physician/patient contact time.
- Creating clinic-wide policies for MAs related to diabetic foot screenings and other appropriate tasks.
- Pairing MAs with particular physicians.
- Increasing appointment times by 5 minutes.
- Instituting a prescription refill line.
- Nurse coordinators leading support for patient issues and sharing calls.
- Intervention clinicians showed more improvements in burnout (21.8% vs 7.1% less burned out; P=0.01); were more satisfied (23.1% vs 10.0% more satisfied; P=0.04); and were less likely to report an intention to leave the practice (odds ratio [OR], 4.2; P=0.06).

Where do I start in my organization?

Step 1 Acknowledge and Assess the Problem [9]**:**

- Measure baseline medical care team burnout as a routine metric and then continue to measure after defined interventions. Completion estimated to take 10-15 minutes per medical care team member.

  a. Burnout Measurement
     i. Gold Standard via WHO is called the Maslach Burnout Inventory (MBI) with national benchmarks (22 questions, per license cost)
  b. Areas of Work-life Survey (AWS)
     a. Companion piece to MBI to better understand key areas of strengths and weaknesses within organization (28 questions)
  c. Stanford Model of Professional Fulfillment™: Culture of Wellness, Efficiency of Practice, and Personal Resilience (16 questions, free to non-profits)

- **Focus groups**: Listen and learn approach

Where do I start in my organization?

Step 2 Harness the Power of Leadership [9]:

• Culture Change starts from the top

• Train around Team-Based Care for High Functioning Teams

• Support

• Validate

  • **Organization Biopsy™** - a set of measurement resources developed by the AMA that assess burnout levels within medical organizations to provide metrics that can guide solutions and interventions that mitigate system-level burnout rates and improve physician well-being.

How do I know if I made a difference?

Step 3

- Or what does success look like?

  - Measure burnout after interventions and routinely measure after

  - Look at retention rates pre vs post-intervention

  - Link a measure of burnout to incentives among executive leadership/C-suite and physician leadership

Resources

Measurement of Burnout and Professional Fulfillment

1)   Maslach Burnout Toolkit for Measurement of Burnout:

https://www.mindgarden.com/184-maslach-burnout-toolkit

1)   Stanford Professional Fulfillment Index

https://wellmd.stanford.edu/wellbeingtoolkit/howwemeasurewell-being.html

Organizational Toolkits on Burnout

1).   Dr. Lorna Breen Foundation – All in for Healthcare

https://www.allinforhealthcare.org/issues/burnout

2)   Joy in Medicine™ Health System Recognition Program - an AMA distinction, now in its third year, that recognizes health systems with a demonstrated commitment to pursue proven strategies that reduce work-related burnout among care teams.

Break out: Situation Specific Brainstorming

Ask yourself and your team:

- How do you embrace the joy of being wrong?

- Who's in your challenge network? How can you make sure your most thoughtful critics are comfortable being honest with you?
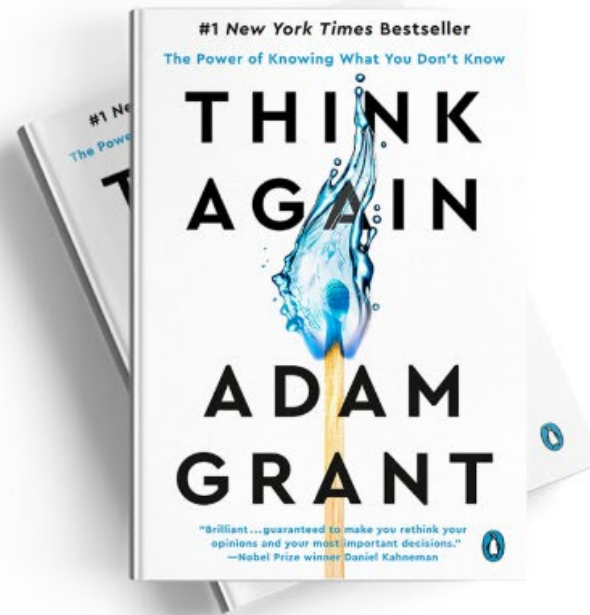
Stop Recording

Coming up in the series

September 29th 8-9am

Community Approaches to Bridge the Impact of Burnout and Grow Resiliency for Pediatricians

REGISTER NOW!

https://www.eventbrite.com/e/burnout-and-resiliency-for-pediatricianstickets-390450737667

References

1. Association of American Medical Colleges. 2018 Physician Specialty Data Report. Table 1.3. Number and Percentage of Active Physicians by Sex and Specialty, 2017. Available at https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2017

2. Freed GL, Moran LM, Van KD, et al.; on behalf of the Research Advisory Committee of the American Board of Pediatrics. 2016; 137:e20154242

3. Kumar, Gogi MD*; Mezoff, Adam MD, AGAF. Physician Burnout at a Children's Hospital: Incidence, Interventions, and Impact. Pediatric Quality and Safety: September/October 2020 - Volume 5 - Issue 5 - p e345 doi: 10.1097/pq9.0000000000000345

4. LaLonde L, Bruni T, Lancaster B, Maragakis A. The Association Between Burnout and Pediatrician Management of Adolescent Depression. J Prim Care Community Health. 2020 Jan-Dec;11:2150132720943335. doi: 10.1177/2150132720943335. PMID: 32698644; PMCID: PMC7378704.

5. Linzer M, Poplau S, Grossman E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the Healthy Work Place (HWP) Study. J Gen Intern Med. 2015;30(8):1105-1111.

6. McMurray JE, Linzer M, Konrad TR, et al. The work lives of women physicians results from the physician work life study. The SGIM Career Satisfaction Study Group. J Gen Intern Med. 2000; 15:372–380

7. National Academies of Sciences, Engineering, and Medicine 2019. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington, DC: The National Academies Press. https://doi.org/10.17226/25521

8. Panagioti M, Panagopoulou E, Bower P, et al. Controlled Interventions to reduce burnout in physicians: a systematic review and meta-analysis. JAMA Intern Med. 2017;177(2):195-205.

9. Shanafelt, TD & Noseworthy, JH (2017) Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clinic Proceedings, 92 (1): 129-146.

10. Tavris C. & Aronson E. (2008). *Mistakes were made (but not by me) : why we justify foolish beliefs bad decisions and hurtful acts* (1st Harvest). Harcourt.

11. West CP, Dyrbye LN, Rabatin JT, et al. Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. JAMA Intern Med. 2014;174(4):527-533.

Questions? Leadership Team and Contact Info.

Debra Hurwitz, MBA, BSN, RN
Executive Director
dhurwitz@ctc-ri.org

Pano Yeracaris, MD, MPH
Chief Clinical Strategist
pyeracaris@ctc-ri.org

Patricia Flanagan, MD
Clinical Director and PCMH Kids Co-Chair
pflanagan@ctc-ri.org

Nelly Burdette, PsyD
Senior Integrated Behavioral Health Program Leader
nellyburdette@gmail.com

Linda Cabral, MM
Senior Program Manager
lcabral@ctc-ri.org

Susanne Campbell, RN, MS, PCMH CCE
Senior Program Administrator
scampbell@ctc-ri.org

Liz Cantor, PhD
Pediatric IBH Practice Facilitator
liz.cantor@gmail.com

Sue Dettling, BS
Program Manager & Practice Facilitator
sdettling@ctc-ri.org

THANK YOU

Nelly Burdette, PsyD
nellyburdette@gmail.com

🌐 www.ctc-ri.org

in ctc-ri

Don't forget to claim CME by October 5,2022
https://www.surveymonkey.com/r/NFXGP2S