### Administrative Burden and Staff Burnout: Where to we go from here?



## ADMINISTRATIVE BURDEN

Kathleen N. Mueller, MD, FAAFP

#### **Emotional Exhaustion**

#### **Reduced Personal Accomplishment**

### **De-personalization**

MedScape annual survey

9175 physicians - 10 minute online assessment

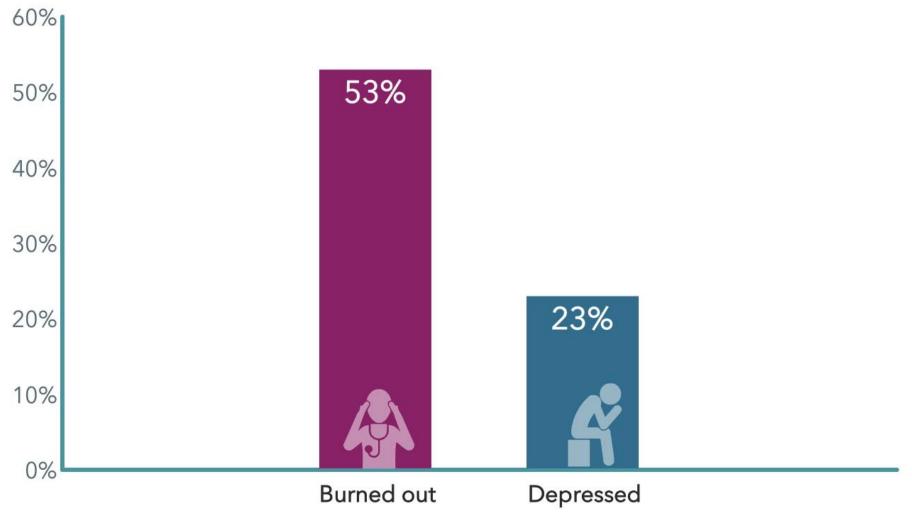
#### Which Physicians Are Most Burned Out?



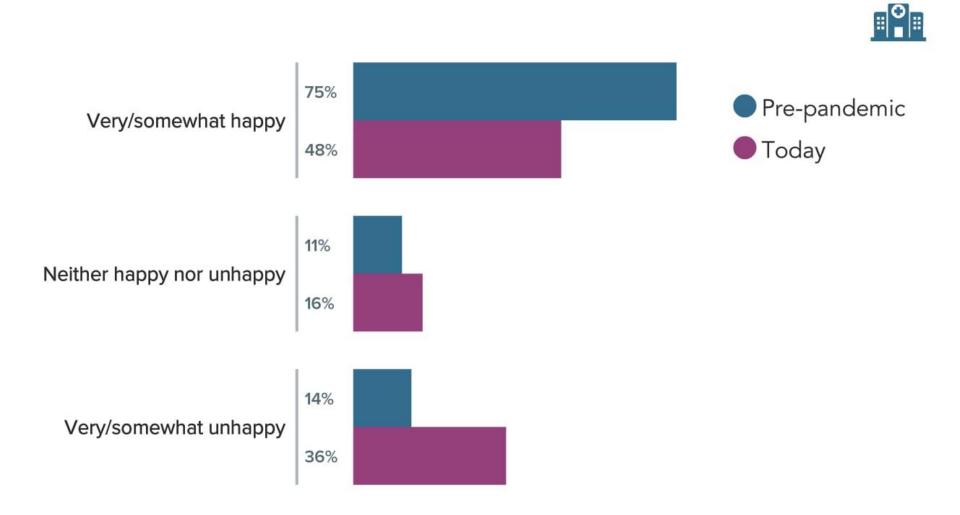
**Emergency Medicine** 65% Internal Medicine 60% Pediatrics 59% Ob/Gyn 58% Infectious Diseases 58% Family Medicine 57% Neurology 55% Critical Care 55% Anesthesiology 55% Pulmonary Medicine 54% Radiology 54% Oncology 52% Gastroenterology 52% Surgery, General 51% Diabetes & Endocrinology 51% Rheumatology 50% Otolaryngology 49% Allergy & Immunology 49% Dermatology 49% Ophthalmology 48% Physical Medicine & Rehabilitation 47% Psychiatry 47% Urology 47% Plastic Surgery 46% Orthopedics 45% Nephrology 44% Cardiology 43% Pathology 39% Public Health & Preventive Medicine 37%

Are You Burned Out and/or Depressed?

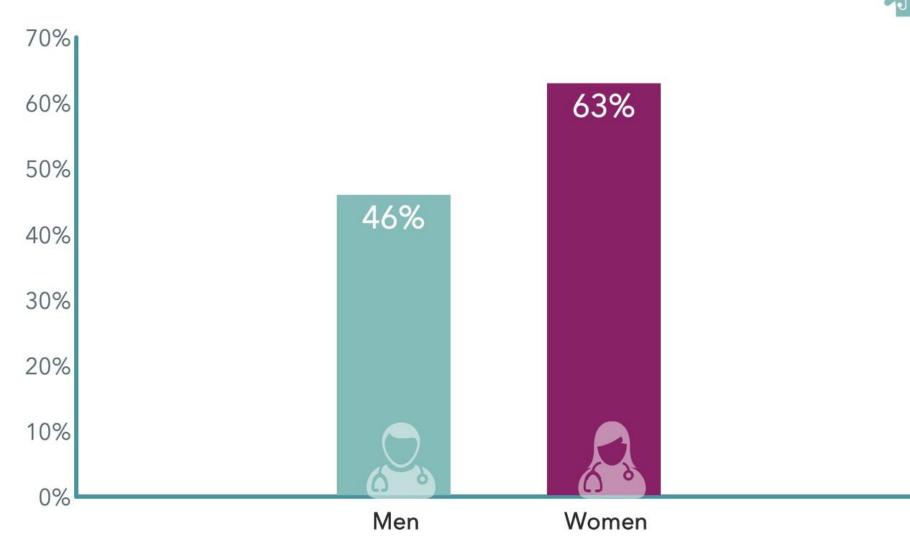


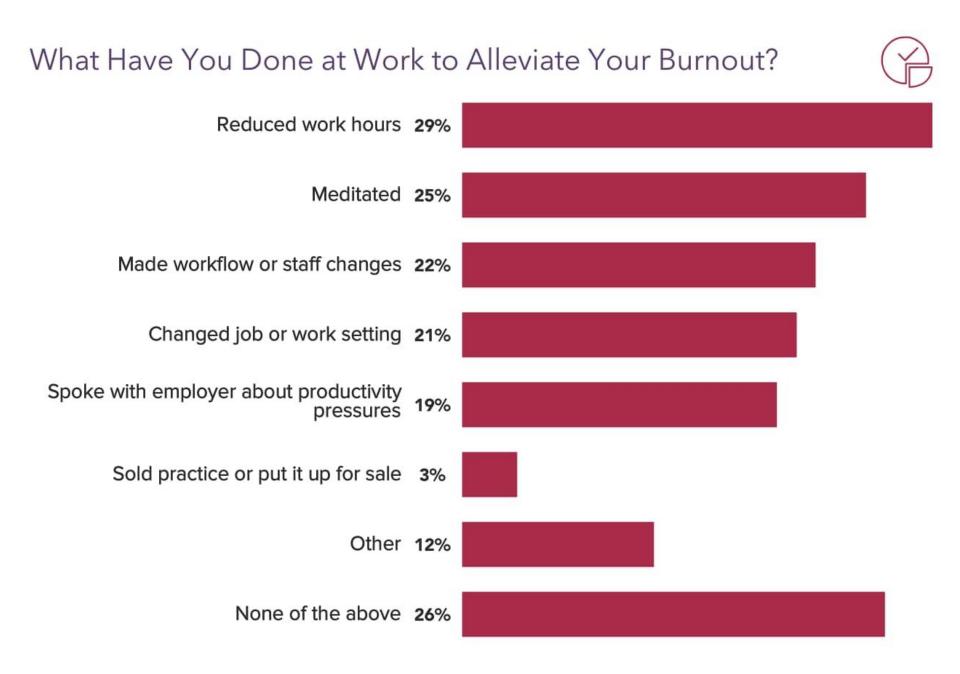


#### Physician Happiness at Work, Before the Pandemic vs Now

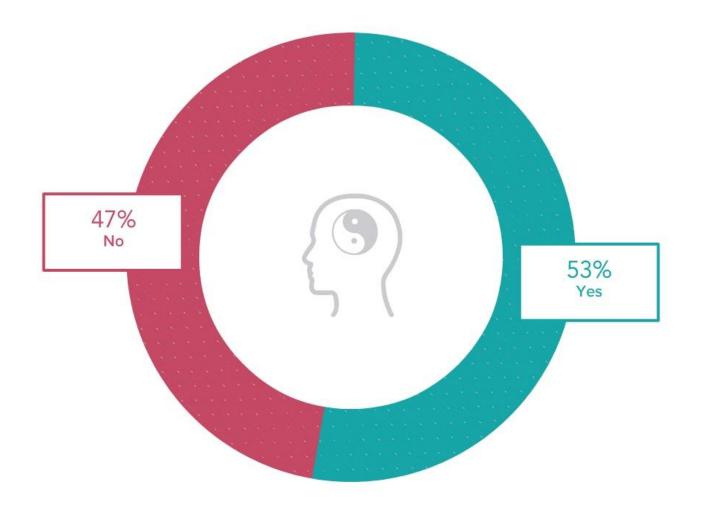


Are More Female or Male Physicians Burned Out?





#### Would You Take Less Pay for Better Work-Life Balance?



## Too many bureaucratic tasks 61% Lack of respect from coworkers 38% Too many work hours 37% Insufficient compensation 34% Lack of control/autonomy 31% Computerization of practice (EHRs) 25% Lack of respect from patients 23% Government regulations 14% Stress from treating COVID-19 patients 8% Other 12%

#### What Contributes Most to Your Burnout?



### American Association of Medical Colleges

By 2033 we will be short 37,800-124,000 physicians



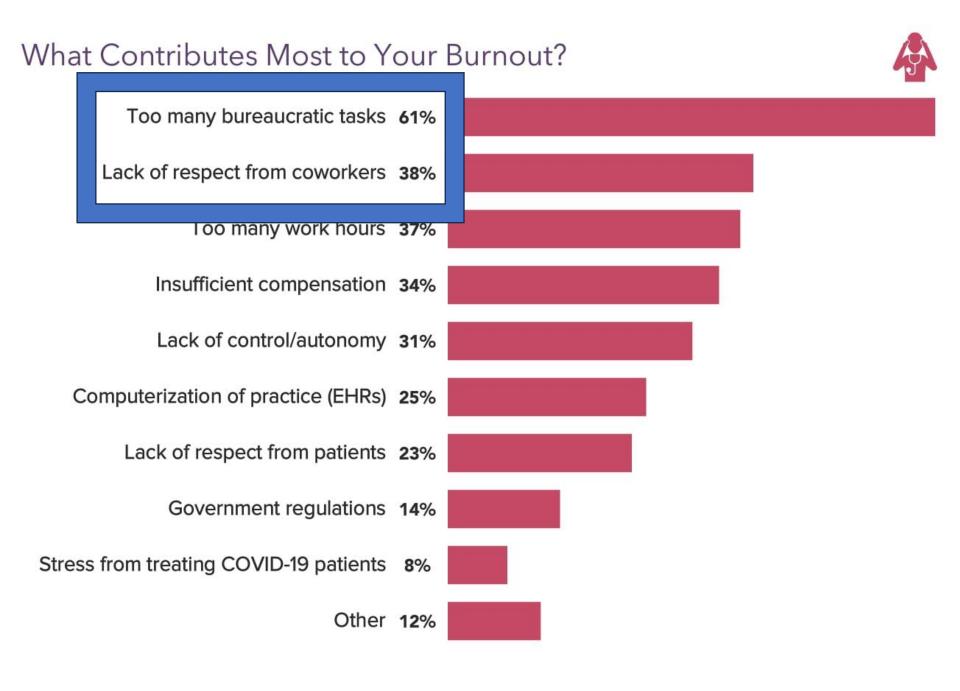
### 100,000 from 2020-2021



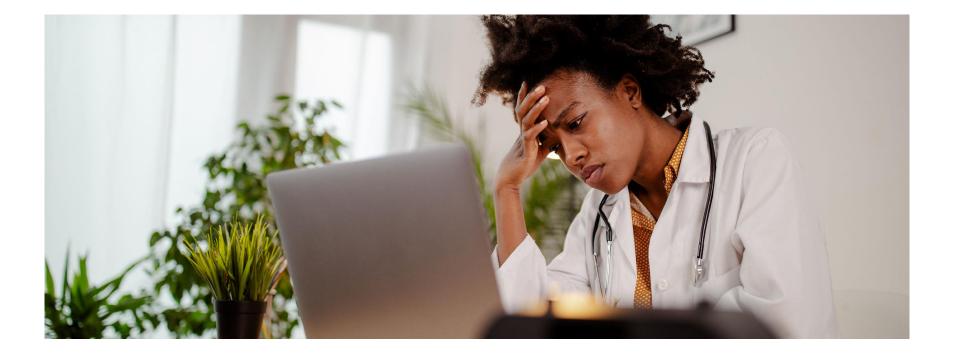
### 3.2M more healthcare workers



A focus on new hiring is not enough. America must build a larger, more diverse healthcare work force while executing on strategies that support teamwork and flexibility.



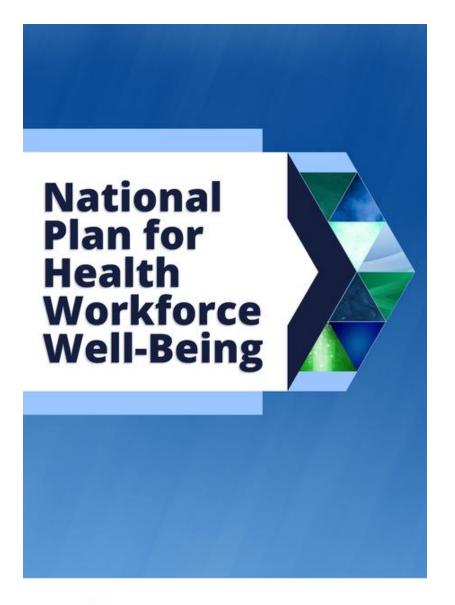
## **Administrative Burden**







- 2020 CMS initiative
- Streamlined billing for home visits and for teaching physicians furnishing E/M services.
- Tied skilled nursing facility payments to patients' conditions and care needs rather than volume of services provided
- Simplified paperwork requirements for performing SNF patient assessments
- Cut costs by \$6.6B and 42M hours





## National Academy of Medicine

- Improve compensation for asynchronous care
- Support and design health-oriented and humancentered EHRs
- Enhance safe interconnection of EHRs
- Offload and/or automate the administrative tracking tasks associated with preventive care
- Provide coverage and compensation for non-clinical tasks (meetings, mentoring, etc.)
- Create a Healthcare Reserves Corps

## National Academy of Medicine

- Eliminate prior authorization processes if validated clinical decision support tools are used
- Reduce the volume and standardize the approach to prior authorization
- Standardize licensure processes and standardize timelines
- Reevaluate mandatory learning and training
- Allow for interstate telehealth and include with licensure agreements



- Standardized state Medicaid quality measures
- Encouraged CMS to establish the Office of Burden Reduction and Health Informatics
- Eliminated the SUNSET rule mandated that thousands of existing health care-related regulations be reviewed or rescinded every year

### **Top 10 Recommendations**

- Templates for documentation
- Clear coding rules use input of experts
- Rethink who does what FMLA or DME forms
- Redirect inbox messages
- Assess work flows
- Try team documentation
- Year long Rx refills



- Cheat sheet for prior authorization, submit electronically
- Ask for changes in your EHR include the end user
- Al is coming!



# Enhance work conditions

- Adequate resources
- Measure by task not time
- Try something new
- More flexibility consider hybrid/job shares
- Safety in 2021, 8/10 HCW experience workplace violence



# Offer recognition and appreciation

- Tie awards to values and have them chosen by peers
- Monthly meeting call outs
- Share positive patient experiences



## **Increase connection**

- Monthly breakfast or lunch outings organized and/or supported
- Opportunities for volunteering together



# Support mental health

- Lorna Breen, MD
- Provide the tools and the contacts
- Train, support and maintain mental healthcare workers



## Al to the rescue?



- Connects a diverse set of data points EHR data, claims data, social determinants of health, and others.
- Can improve clinical decision support tools.
- Can provide a comprehensive view of past behaviors, clinical history, and patient needs to enhance insights for providers.



- Disease prediction to allow us to intervene sooner
- More efficient billing
- More accurate coding
- Compliance support





What is your biggest pain point?

Do you take a lunch break?

How likely are you to be working here in 1 year?





Who comes in early and leaves late?

Who has trouble with documentation?

How efficient is the work flow?

Who does not take all of their vacation?





Develop a targeted intervention.

Follow up to see how it works.







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