WEBINAR

Enhancing Women Physician Well-Being & Belonging

Women Physician Leadership Academy

March 9 2024

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AMA | STEPSforward

Disclosures

- None

Overview

What challenges exist for women in medicine?

What can (should) organizational leaders do?

What can YOU do?

THE PRINCIPAL DRIVER OF PHYSICIAN SATISFACTION IS DELIVERING QUALITY PATIENT CARE

Strategy 1: Build Trust

Trust Between Practicing Physicians and Administrative Leaders

- How Can Leaders Bridge the Trust Gap?
- A Communication Strategy for Trust and Well-Being

Trust Between Practicing Physicians and Peer Leaders

Trust Between Health Care Organizations and Patients

Strategy 2: Give and Receive Feedback

The Gift of Feedback

- Annual Reviews of Physicians
- Assessments of Leaders

Strategy 3: Prioritize Clinician Well-Being

Why Is Well-Being Important?

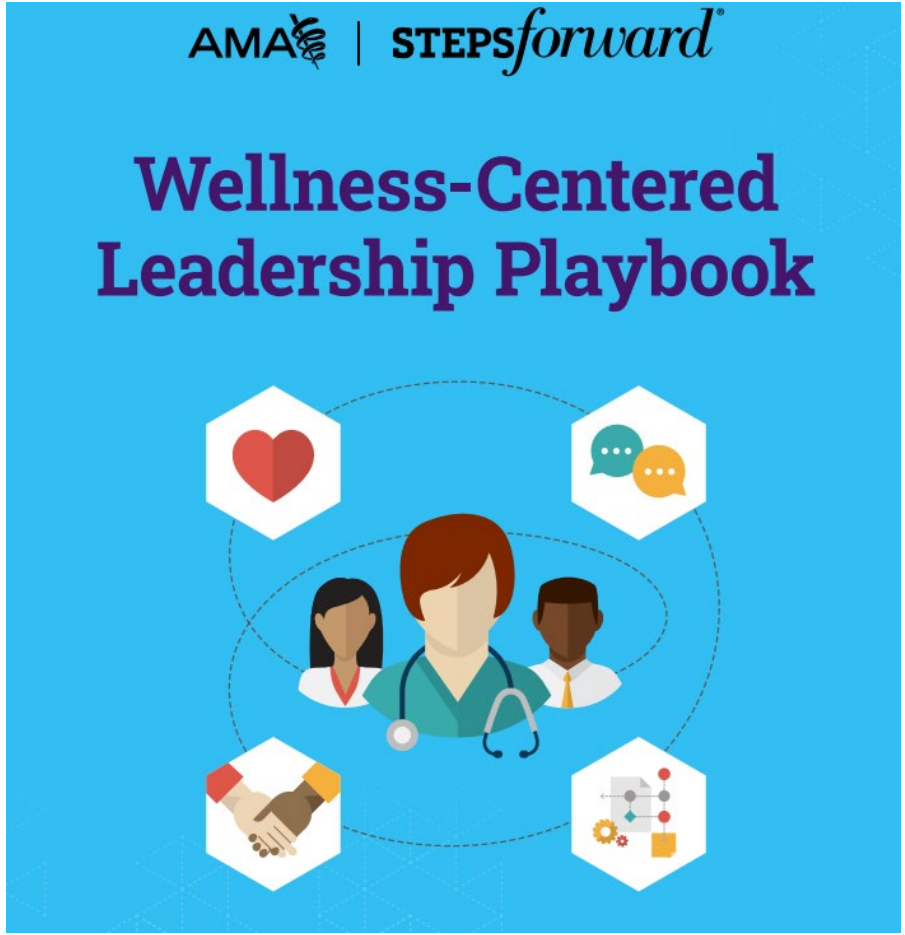
Strategies to Promote Physician Well-Being and Decrease Physician Burnout

Establishing a Chief Wellness Officer

Strategy 4: Make Unit-Level Changes Effectively

Three Key Principles

Change Management and Process Improvement Skills



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Building Bridges Between Practicing Physicians and Administrators

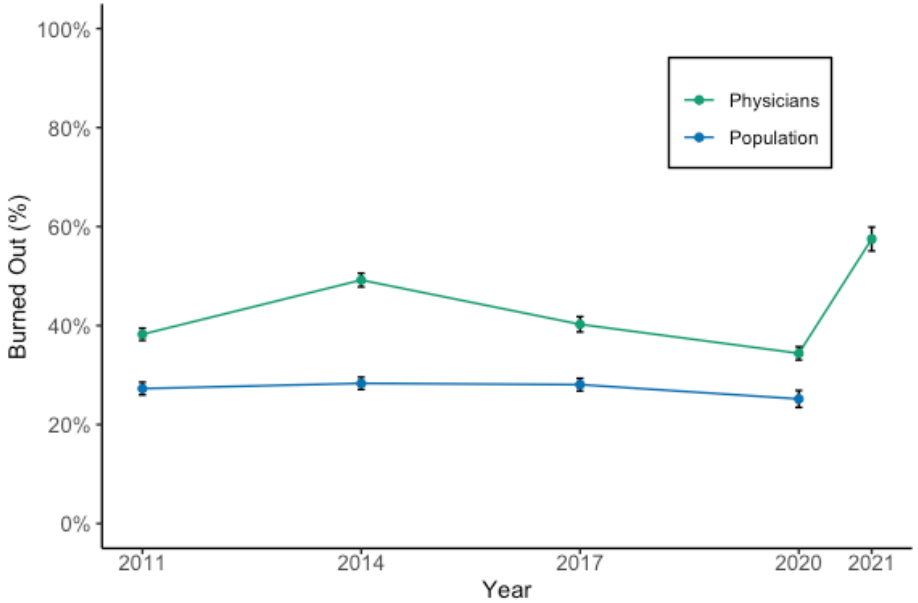
Improve Physician–Administrator Relationships and Enhance Engagement

Paul DeChant, MD, MBA
Organizational Well-Being Consultant

Four STEPS to Aligning Practicing Physicians and Administrators

1. Assess the Status of the Relationship
2. Open Communication Channels
3. Educate Physicians and Administrators on Each Other's Roles
4. Build Trust

Burnout Rate: At an All-Time High



Pandemic pushes burnout rate to 63%

Shanafelt TD, West CP, Dyrbye LN, Trockel M, Tutty M, Wang H, Carlasare LE, Sinsky C, Changes in Burnout and Satisfaction With Work-Life Integration in Physicians Over the First 2 Years of the COVID-19 Pandemic, Mayo Clinic Proceedings (2022), doi: https://doi.org/10.1016/j.mayocp.2022.09.002

The Evidence

More than

HALF

of U.S. physicians experience burnout

Each 1 point increase equates to a

43% greater

likelihood of clinical reduction within 24 months

It costs approximately

$500K

to $2M and to replace a physician

1500 MDs: $44 M

Burnout: increase risk of medical errors by

200%

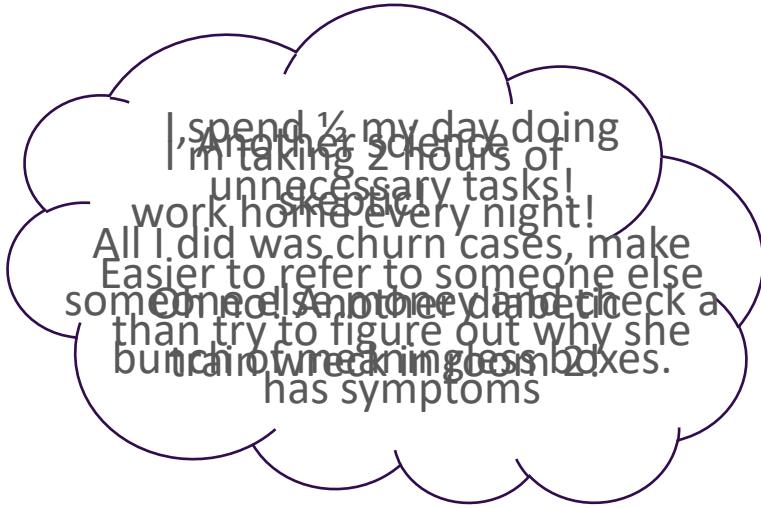
It is estimated that

80%

of burnout is related to organizational factors

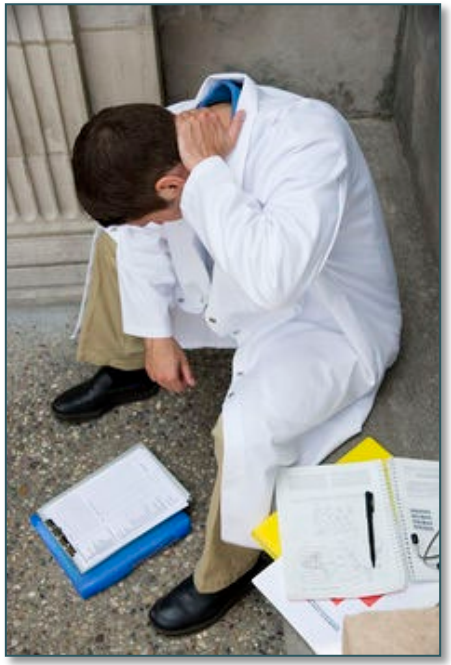
What is Burnout?

- Emotional exhaustion
- Depersonalization
- Feeling of decreased personal achievement



Causes of Burnout

- Time pressure
- EHR pressures
- Discordant values
- Work/life balance
- Lack of autonomy
- Insufficient resources
- Loss of control
- Meaningless work
- Lack of teamwork
- Poor peer support

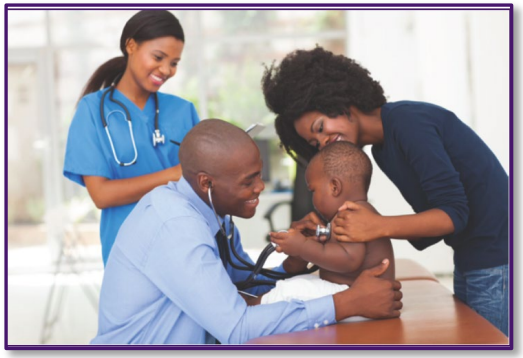


Effects On Physician

- Cynicism
- Less enthusiasm
- Less pride in work
- Depersonalization
- Emotional exhaustion
- Exit practice
- Part time work
- Divorce
- Suicide

Patient satisfaction
Vaccine rates
Outcomes
Retention
Full time effort
Trust
Teamwork

Clinician satisfaction high when able to deliver quality patient care



But what is the effect on the patient and the organization?

Clinician burnout occurs when obstacles interfere with patient care

Patient mistrust
Medical errors
Referrals
Vacancy rates
Cost
Suicide

Female physicians face greater challenges than male physicians

- Gender discrimination from patients, colleagues, and leaders (both conscious and unconscious)
- Maternal discrimination
  - Inadequate maternity leave and PTO policies (inequitable pay and/or inadequate time off, especially for trainees)
  - Lack of schedule flexibility to allow for work-life integration (eg 7am meetings during school drop-off hours and as a result being excluded from decision-making)
- Increased EHR time both at work and outside of work (“pajama time”)
  - Women spend 41 more minutes per 8 hours of patient scheduled time than men in EHR (*Rotenstein JAMA Network Open 2022*)
- Less mentorship (less women leaders in medicine)

Female physicians face greater pay inequity

- Gender differences in negotiation skills
- Lack of opportunities to join networks of influence
- Bias

The result?

Burnout
Reduction in FTE
Exit from practice

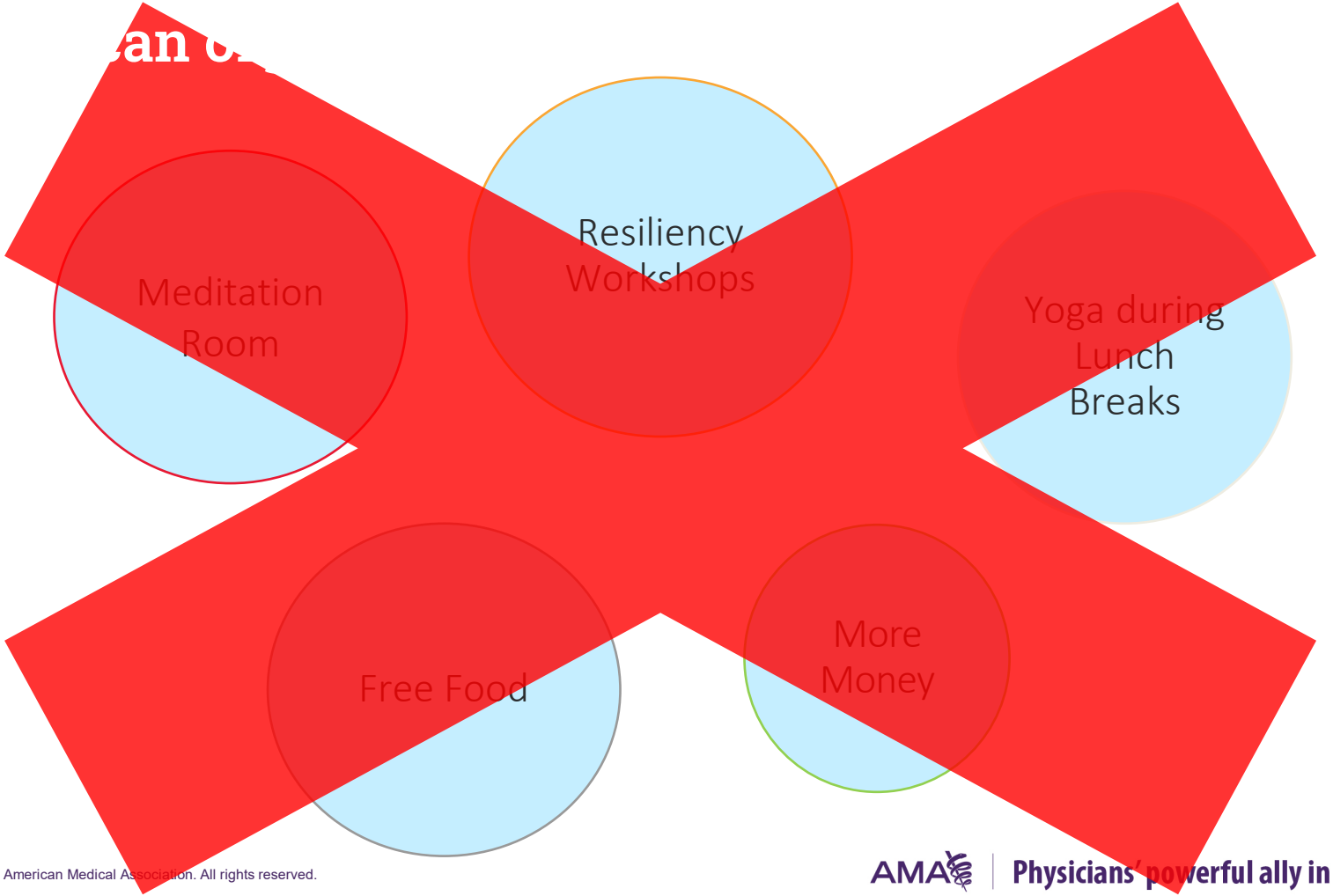
For 2022, 57% of female respondents reported at least one symptom of burnout. Among male respondents, by contrast, 47% reported experiencing burnout. And one reason for high burnout rates among women, according to AMA data, is work overload.

Burnout is not a problem with personal resilience

Dr. Christine Sinsky:

"While burnout *manifests* in individuals,

it *originates* in systems."

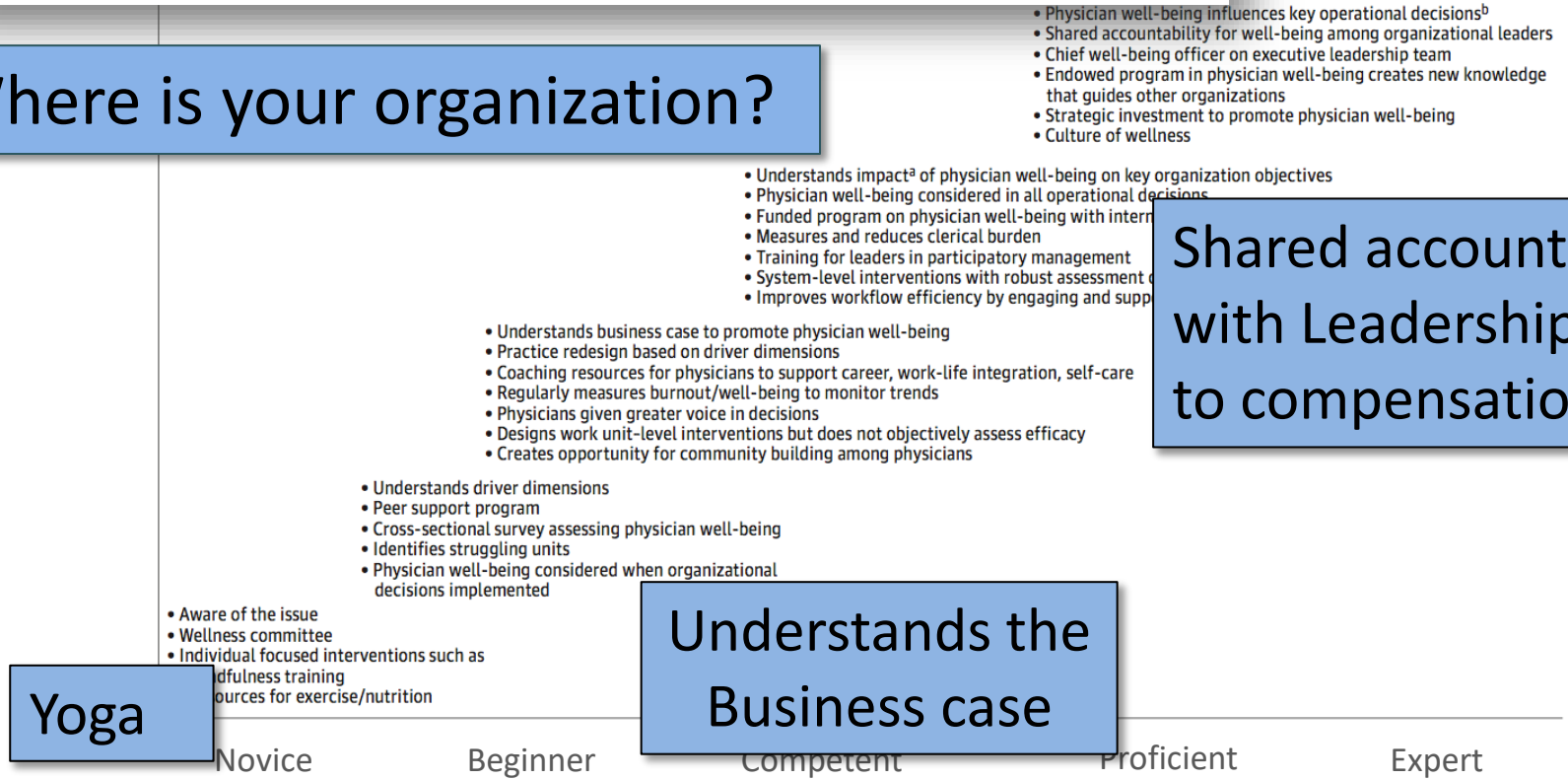


JAMA Internal Medicine | Special Communication | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD

Where is your organization?



Shared accountability with Leadership –tied to compensation

Understands the Business case

Yoga

JAMA Internal Medicine Shanafelt,T 2017

What can organizational leaders do?

- Give physicians autonomy over how and when they work (eg do not micromanage daily schedules, on-call schedules, vacations)
- Give physicians flexibility to utilize telehealth or decrease FTE if necessary (**and reduce panel size proportionally when reducing FTE**)
- Provide paid maternity leave with imputed RVUs that matches PTO policy for all physicians (eg maternity leave should have absolutely no negative effect on compensation)
- Implement peer support, coaching, and mentorship programs for women
- Promote psychological safety and equity for all physicians

What can YOU do?

- Practice boundary-setting and saying no (not easy!)
- Say “yes” on your terms-change time to fit your schedule (easy!)
- Monitor your EHR WOW and note-writing time (decrease note bloat, stop writing lengthy responses to patient messages, ask for your EHR audit log data to review) (example: saved 32 days/year)
- Set expectations: do not log on during weekends/evenings **or on the days you are not working if <1.0 FTE**
- Advocate for your own work-life integration (no one else will!)
- Put promises in writing!
- Advocate for others

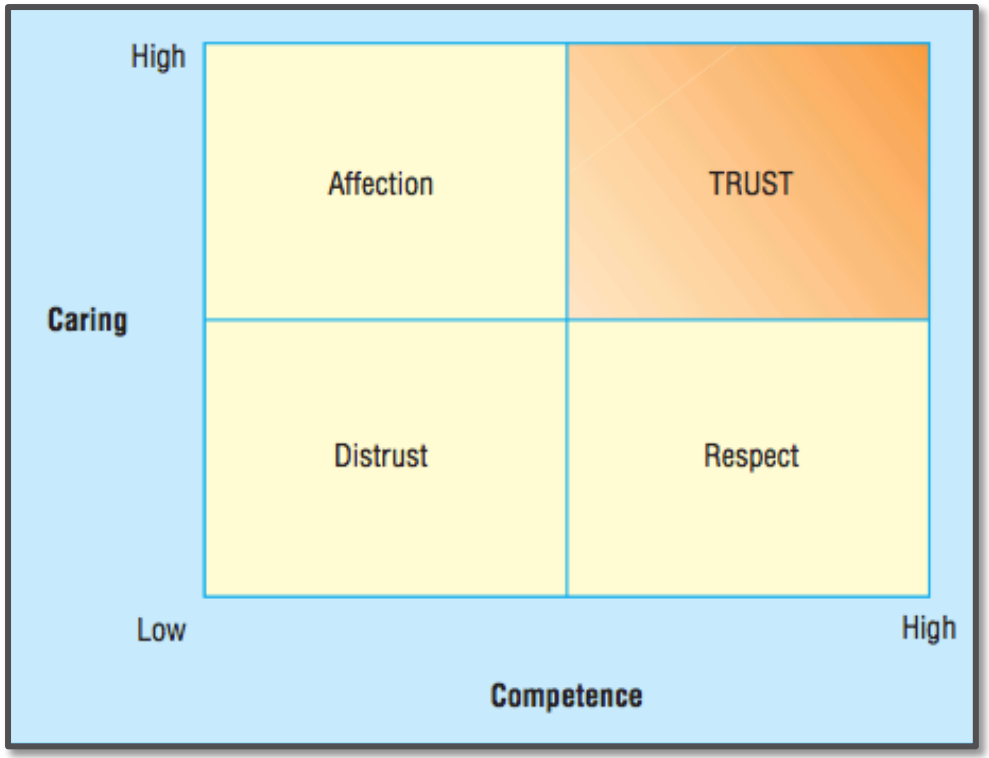
Trust Between Practicing Physicians and Administrative Leaders

Practicing physicians and administrators both rightfully consider themselves to be highly trained, skilled, and knowledgeable team members. Naturally, this may lead to a disconnect between how they view themselves versus how they feel they are viewed by each other. Physicians may have the impression that administrators (especially senior leaders) don't understand, or don't care, about the challenges they face in taking care of patients. They may feel that the administration treats them as production line workers with little control over their schedules, support team, and even clinical decision-making.[6] Meanwhile, administrators may think physicians do not understand the challenges of running a hospital or health system, including the financial factors that ensure long-term viability.

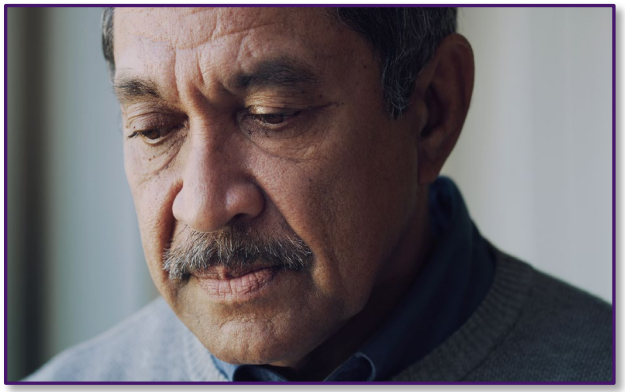
This disconnect exacerbates several key drivers of physician burnout, including:

- Lack of autonomy
- Breakdown of community
- Perceived unfairness
- Conflicting values
- "Us-versus-them" mentality

Competence and caring in relation to building trust



Trust takes time to build
Seconds to break
Forever to mend



Paling,J BMJ 327: 9/27/2003

STRATEGY ONE:

The AMA is removing obstacles that interfere with patient care.

The pledge: Through our ongoing work, the AMA commits to making:

the patient-physician relationship more valued than paperwork,
preventive care the focus of the future;
inequities revealed so that they can be addressed;
technology an asset and not a burden;
and physician burnout a thing of the past.

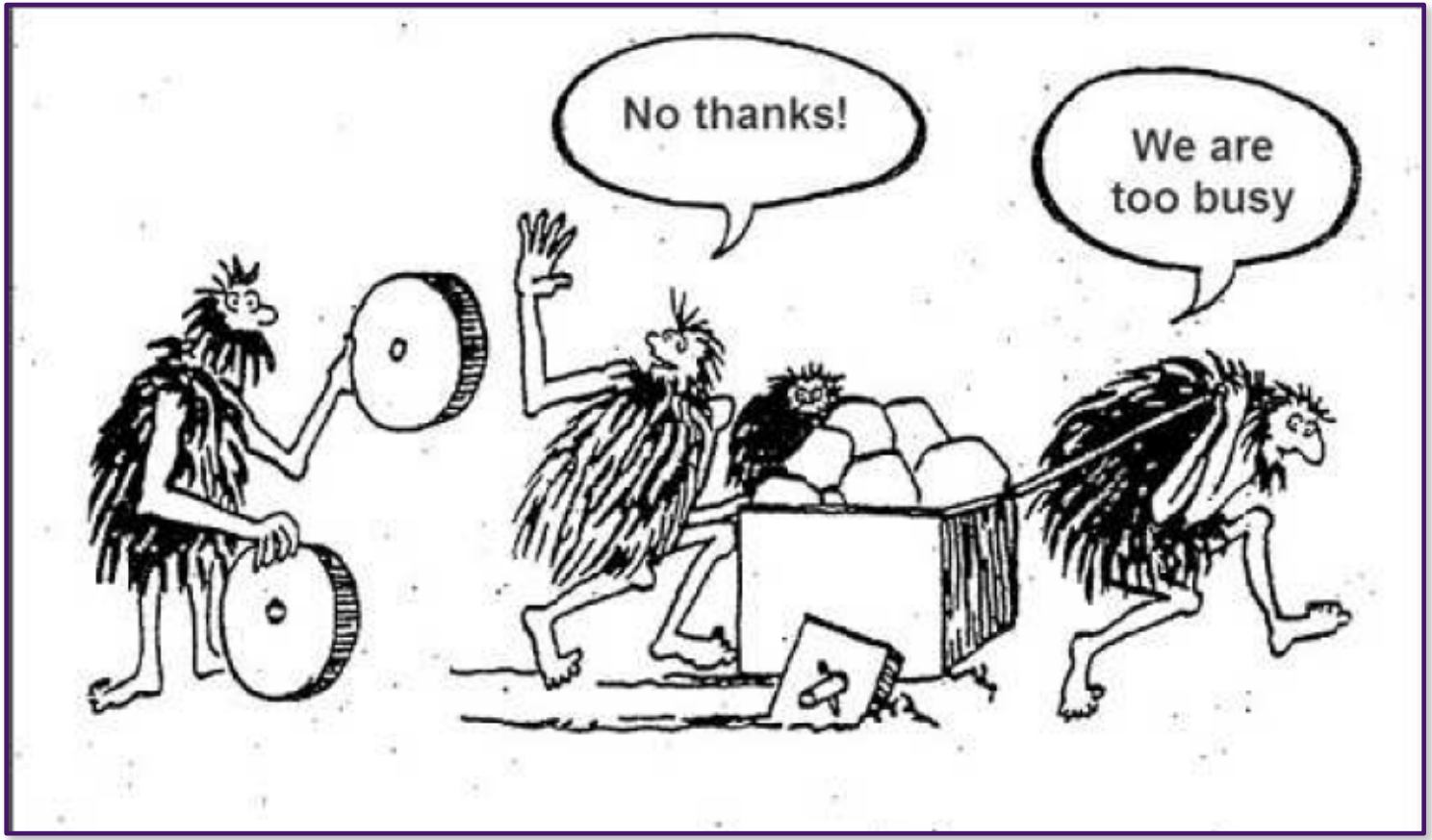
Doctors are trained to think of the exception
in order to save lives especially in rare cases.
Honor the difference in training

- Team based care
- Improve workflow

Think like an efficiency expert!

I can't ask my providers to do one more thing…. Until I take something off their plate

-Chair of Medicine


No thanks!
We are too busy

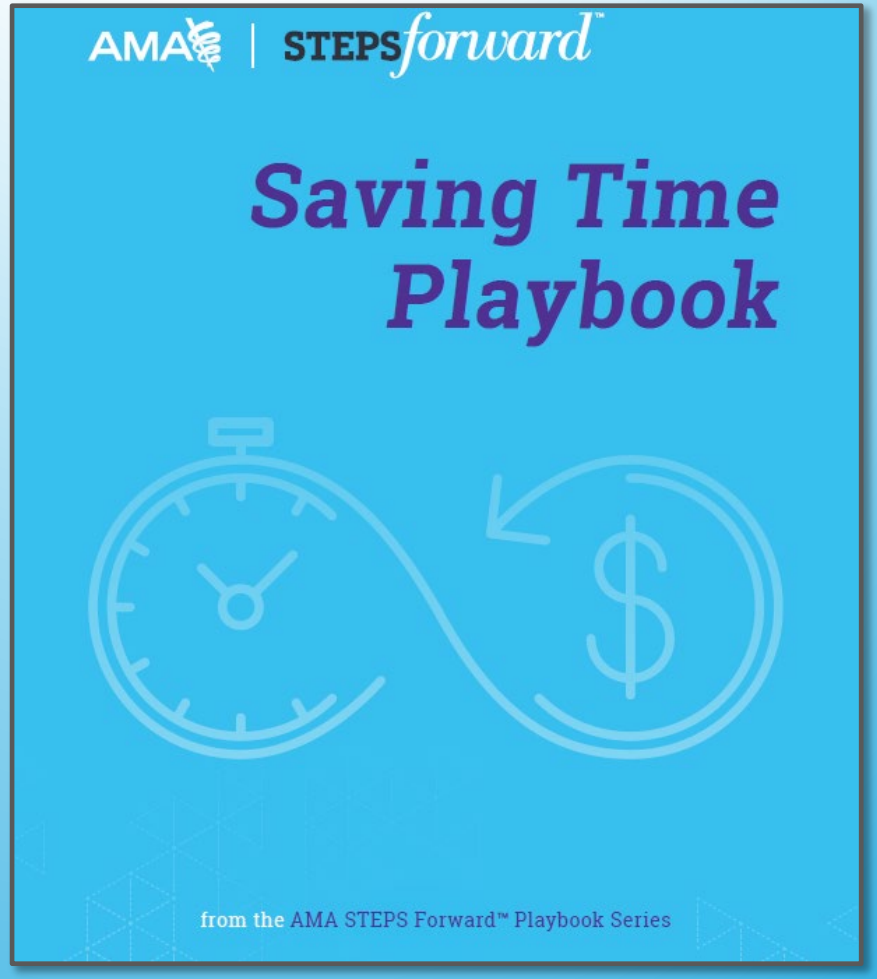
Free Open Access
Membership not required
Email not required

www.stepsforward.org

Christine A. Sinsky MD MACP
AMA VP Professional Satisfaction

Marie T. Brown MD MACP
AMA Director Practice Redesign

Jill Jin MD MPH
AMA Senior Physician Advisor



AMA STEPSforward Saving Time Playbook here

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De-implementation checklist

In an effort to reduce unintended burdens for clinicians, health system leaders can consider *de-implementing* processes or requirements that add little or no value to patients and their care teams. Physicians themselves are often in the best position to recognize these unnecessary burdens in their day-to-day practice. The following list includes potential de-implementation actions to consider. Learn more on how to reduce the unnecessary daily burdens for physicians and clinicians at stepsforward.org.

Get rid of stupid stuff

GROSS

Min 1 hour saved/day/provider = 20 hrs/month = 240 hrs/year = 30 days saved/yr/provider!

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AMA STEPSforward Taming the EHR Playbook here

AMA STEPSforward Taming the EHR Playbook here

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nt care

Oct 2017

Annals of Internal Medicine

IDEAS AND OPINIONS

Novel Metrics for Improving Professional Fulfillment

Yumi T. DiAngi, MD; Tzielan C. Lee, MD; Christine A. Sinsky, MD; Bryan D. Bohman, MD; and Christopher D. Sharp, MD

Measurement abounds. Indeed, many ambulatory car… quality, a… sional liv… surement… which in… window… propose… ther insig…

The… care, has… of impair… design, a… den plac… lems can… nologies… clinical te… isfaction… experien…

Burn… which is… (3). In ac… employe… satisfacti… many ph… metrics t… sure new…

Six new metrics

- Work After Work
- Click Counts
- Teamwork
- Being Present
- Fair Pay
- Regulatory Balance

NEW PRACTICE METRICS

New metrics are needed to measure EHR use. We propose the following 6 categories: Work After Work, Click Counts, Teamwork, Being Present, Fair Pay, and Regulatory Balance.

Work After Work

…well tasks are distributed to the appropriate care team…

…that… …r en-… …e the… …the… …tasks…

…work,… …dica-… …ealth… …ative…

…nce-… …enta-… …t on…

…e the… …which… …and… …have…

personally fulfilling interests. If we truly value these aspects of care, as we claim, then we should measure them.

The novel EHR-related metrics we propose will help capture facilitators of and impediments to professional fulfillment. If our metrics work the way we hope,

…ally in patient care

Solutions in Action:

Wide screen adoption:
60 million clicks saved

Eliminate Copied Chart:
200,000 or 40% ↓ messages per year
(CC had increased 230% from 2014-2017)

Eliminate Scanned document review:
↓ 350,000 messages per year

Eliminate ADT notification:
↓ 300,000 messages per year

Estimated click savings:
1500/day/provider
(2 hours)

$$\frac{5 \text{ sec/click} \times 1500}{60\text{sec}} = \frac{7500 \text{ secs}}{60}$$

Courtesy of Atrius Health presented at ICPH 2018
Drs Strongwater, Awad, Monsen

Stop doing this….	So you can do more of this…
Refills	Spend more time learning
FYI inbox	Build patient and team trust
ADT inbox	Code appropriately
Review of scanned signed items	Education of MAs
Redocumentation	Build protocols
Duplicate work	Increase patient education
Unnecessary password entries	Research
Notification of normal results	Effective team meetings
Tests not ordered by you	Previsit planning
FYI test ordered without results	Address SDOH
Short auto logout	Care for yourself and family

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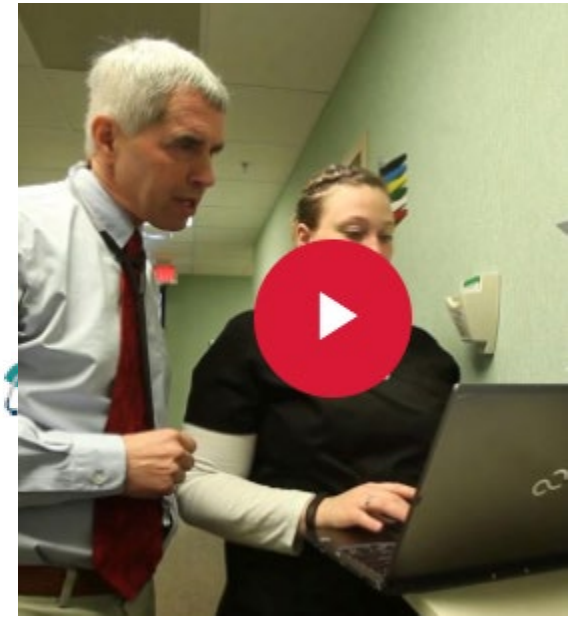
Team Documentation

Spend more time caring for patients by sharing responsibilities with staff.

AMA IN PARTNERSHIP WITH SGIM Society of General Internal Medicine *Creating Value for Patients*



No more note bloat

Insert SmartText

HPI

60 y/o male here for follow up HTN and HL.

Doing well, no complaints.

Meds reviewed.

See A/P for remainder of HPI.

PEX

Vital signs: normal including blood pressure - 120/72

Heart: RRR, no murmurs

Lungs: clear to auscultation

A/P

1. HTN - well controlled on lisinopril 20 mg and thiazide diuretic 25 mg daily. Continue current medications.
2. HL - on atorva 20 mg daily. No side effects. Last lipid panel 6 mo ago at goal. Continue current treatment.

Next visit in 6 mo for follow up and wellness check.

https://www.ama-assn.org/system/files/steps-forward-documentation-coding-toolkit.p

Use telehealth as it should be used

Hi Mary,

Your results are back and do show that your cholesterol has increased since last check.

I'd like to set up a telehealth visit to discuss this in greater detail and go over next steps. Please set up a virtual visit with me via the MyChart app (make sure to select "virtual" visit, which are typically Mondays and Fridays.) I look forward to talking soon.

All the best,
Marie Brown MD

Tips on advocating for yourself

- Build relationships/choose your seat
- Propose solutions along with problems
- If you get a no, ask WHY
- Tailor your message
- Plan ahead – easier to block schedule and unfreeze later
- Say “yes” on your terms
  - Change time to fit your schedule (easy!)
  - Often being co-chair is far less work than you think
  - Have the requester advocate for your dedicated time

Speak up
&
Show up

Empowering opportunities

- AMA
  - Stepsforward www.stepsforward.org
  - AMA Mentoring for impact
  - Stepsforward podcasts
  - AMA Saving time 2 day bootcamp November 2024
  - Attend conferences at least once/year
- Specialty societies
- Local advocacy groups (ADA, AHA, ACS)

AMA | STEPS*forward*

Mentoring for Impact

The ability to deliver great quality care is the main driver of physician well-being.

The **AMA** now offers **"Mentoring for Impact"**; no-cost support for implementing AMA resources to transform their teams, practices, and patient experience to save time and provide great quality care. The goal is to create a practice setting where physicians can deliver the care for which they were called to this profession, sharing the work with a team working at the top of their skill set.

"Mentoring for Impact" is part of the AMA STEPS Forward™ Innovation Academy, which provides physicians, care teams, and health care leaders time-saving practice innovation strategies that promote professional satisfaction, the efficient use of technology, practice sustainability, and quality patient care.

Our team of physician advisors provide one-on-one conversations (remotely or in-person). Organizations often engage AMA physician/s biweekly (4 sessions over 1-2 months). These expert physician interfaces are tailored to address your team's unique challenges.

Focus areas include:

Implement and improve team-based care

- Share strategy and tools from successful teams around the U.S.
- Decrease the frustration of front-line physicians so they can get back to 'doctoring'

Help your physicians spend less time in the EHR

- Decrease message volumes that enter the inbox, rather than increase resources to empty the inbox
- Triage inbox and patient portal messages appropriately
- Address only issues that require an MD/DO degree

Debunk regulatory myths and get rid of unnecessary tasks

- Engage with your compliance officers to be sure rules are not over-interpreted, which can waste time and money
- 'Get rid of stupid stuff' to increase meaningful time with patients

Overcome common barriers to practice transformation

- Find common ground with compliance officers, informatics teams, and administrators to align missions with physician well-being and impact on patient quality care
- Tailor your messages and understand the business case for practice transformation

Optimize your team to work at the top of their skill set

- Align skills, resources, and opportunities to maximize team efficiency and engagement
- *Example: Increase the role of the medical assistant from 'room and run' to a position that more meaningfully interacts with patients and physicians, increasing their work satisfaction and retention*

Personalized conversations with you/your organization/team over 1-2 months (no cost)

AMA support is tailored to your team's challenges in a variety of ways:

Kick-off presentation

- Presentation to a large or small group (such as grand rounds or a small leadership group charged with addressing physician well-being and practice efficiency)
- Discuss challenges and focus on solutions
- Introduce drivers of burnout and time-saving solutions

Biweekly meetings over the course of 1-2 months

- *Ex: Help an existing practice efficiency committee as a subject matter expert*
- Provide your committee with success stories from various organizations

Meeting workshop support

- Provide subject matter expertise at committee meetings addressing practice efficiency, physician retention and recruitment, on boarding, and implementation of team-based care
- Share best practices from throughout the country

Physician leader assistance

- Meeting preparation and debriefing with lead or leaders
- Sharing best practices to avoid costly trial-and-error
- Prepare for common concerns they will encounter

Bridge building presentations

- Help entities within the same organizations break through barriers
- *Ex: Tailor and align the message to engage other teams within the same organization, including compliance, IT, nursing officers*

Grand rounds/keynote address

- Raise awareness of the magnitude of the impact of burnout on physicians and quality of care. This highlights the problems, makes the business case, and moves the conversation toward solutions, including stopping unnecessary work and developing efficient workflows.

AMA "Mentoring for Impact" can help you and your team more effectively engage colleagues, lead change management, and implement time-saving practice solutions. At the end of your team's day, you'll have confidence that documentation is finished, and you delivered great care to your patients.

Please email STEPSforward@ama-assn.org for assistance or additional questions.

WEBINAR

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AMA Physician Director Practice Redesign Professional Satisfaction & Practice Sustainability

Professor of Medicine, Rush University School of Medicine Chicago Illinois

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Questions?

Physicians' powerful ally in patient care