

# Attending to Physicians

Why Healthcare Must Focus on Improving Physician Experience



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# About the Authors



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# Introduction

For physicians, practicing medicine today isn't what it was 20 years ago. There is a well-documented litany of factors – organizational, regulatory, and technological – that are conspiring to sap many physicians of their passion for the profession, and are driving young interns and seasoned veterans alike to leave medicine altogether. Forecasts of an impending physician shortage are widespread; left unchecked, this trend may portend a healthcare delivery crisis over the next 20 years, with potentially significant impacts on patient care. While the underlying systemic problems are complex, healthcare organizations must act aggressively to reconnect physicians with their love of medicine – not as an altruistic exercise, but for the sake of their business performance, the quality of patient care, and the overall vitality of the American healthcare system.



## CHAPTER 1:

# What ever happened to physician engagement?

Employee engagement initiatives have emerged as the newest catalyst for business success across virtually every industry. Studies have shown that happier employees – those who are less stressed, healthier, as well as more energetic, creative, and productive – contribute more to a company’s overall success.<sup>1</sup> Look at Google, one of the most successful companies of the 21st century. The tech giant has brought everything from gourmet food to free haircuts and on-site doctors to its staff and, as a result, has seen significant jumps in employee happiness year over year.<sup>2</sup> Consumer products powerhouse Procter & Gamble offers stress and time management training to its employees, as well as career-growth courses on topics like writing, leadership and management. As a result, 82 percent of P&G employees say they are highly satisfied with their current jobs.<sup>3</sup>



**A productive, positive employee experience has emerged as the new contract between employer and employee . . . [HR is] refocusing its efforts on building programs, strategies, and teams that understand and continuously improve the entire employee experience.”<sup>4</sup>**

## Yet, despite this societal focus on employee engagement and wellness, physicians have experienced a notable decrease in job satisfaction over the last decade.

Nearly half of all physicians are feeling burned out.<sup>5</sup> About 30 percent of practicing physicians say they would not embark on a medical career if they could start over.<sup>6</sup> Even more disheartening, one in four final-year residents regret going into medicine despite being hot commodities in the job market. Of course, medical school is incredibly demanding, but the process of becoming a physician always has been a steep uphill climb. So what has changed?



**There is more to learn** – The sheer volume of medical information is daunting, and is growing geometrically.<sup>7</sup>



**The job is more stressful** – Given financial pressures and an aging population, physicians care for more patients per day, more aggressively and in a higher acuity setting, than ever before.



**There is more administrative overhead** – The documentation requirements imposed on physicians, driven both by clinical and financial imperatives, continue to increase, lengthening the typical work day by several hours.



**IT is more prevalent and confounding** – The difficulty for physicians of using most electronic health records (EHR) systems is well documented.<sup>8</sup>



I used to teach in medical school and have been a medical director of hospitalist programs at the local and national level. I am also a residency program ward attending. In this capacity, I've seen students come into class bright-eyed and eager to make a difference. They weren't worried about the 10 hour clinical days or the all-nighters prepping for exams. They knew what they'd signed up for and were willing to put the work in to make a difference in the lives of their future patients. Then they'd enter residency and private practice, and that picture of what patient care would look like starts to change."

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What has not changed is the personality profile of the typical physician or medical student.

They are the “perfectionists,” “workaholics” and the “superheroes” of healthcare.<sup>9</sup> They want to do it all, and often they do. Physicians put in the extra hours, take on complex cases, and complete the administrative tasks that are now part of their job description.

What is sacrificed, however, can be problematic. On the clinical side, it's the amount of time spent at the bedside and caring for each patient, which is what physicians have spent all those years of education training for. On the personal side, it's any semblance of work-life balance.

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**When you're in medical school, you are trained to be the team leader and to be confident in every decision that you make, because if you're not, the team simply falls apart. That confidence and leadership mentality is bred into medical students and then reinforced in residency. Then, as you enter practice, that sense of self and who you are as a physician starts to get whittled away.”**

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## CHAPTER 2:

# The emerging threat of physician burnout

The current healthcare climate has left many physicians exhausted, physically and emotionally, to the point that they may no longer feel as though they are at the top of their game.

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**As a physician, you may walk out after even a good day at work wondering whether you'll receive a call from the hospital, even days later, about a problem.**

When that happens the first thought that crosses your mind is, 'What did I miss?' That never would have been the case years ago, and it has created a lot of angst.

Many physicians feel that they can no longer practice in the manner they were trained. They have lost the authority to determine how many patients they will see, and what the treatment plans will be. The vast majority of physicians don't see themselves practicing in this way. They need a degree of autonomy and to have the ability to effectively carry out what they believe to be the best evidence-based treatment plan for their patients.

When I began practicing as a hospitalist in the 1990s, physicians saw 12 patients per day. With that caseload, you could break even on billing while still having plenty of time to interact with patients and colleagues. While it would not be feasible to return to that volume today, the point is that the hospital afforded a much more academic setting. You could bounce ideas off of the other physicians. There was time to revisit patients and records. You

could sit at a patient's bedside and hold their hand. The pace today does not afford this opportunity, much to the dissatisfaction of physicians.

Over the past 20 years, the average length of stay has decreased significantly, so a physician's patient caseload is very different. Instead of having a mix of patients with high acuity at the beginning-of-stay and lower acuity toward the end-of-stay, now we just have patients who are all really sick. There's less room to prioritize time from patient to patient. And while each patient needs more care and attention, the EHR demands to be fed more and more information, which distracts physicians from providing the care required to that sicker patient population.

As this perfect storm in healthcare builds, the U.S. faces an impending shortage of about 100,000 physicians by the year 2030, according to the Association of American Medical Colleges.<sup>10</sup> The ramifications of this crisis are equally concerning for those still in the field. You see, when you're taking physicians out of rotation, bandwidth issues quickly begin to surface, where understaffed programs make everyone's overall workload that much tougher. It's one of the most dangerous types of domino effects and, along with EHR dissatisfaction, is one of the biggest drivers of today's physician burnout epidemic.

"[NEJM studies have shown that] residents had distressingly high rates of burnout, with more than two-thirds of all respondents reporting high or moderate levels of emotional exhaustion, depersonalization, and low perceptions of personal accomplishment. Burnout among health care professionals is generally attributed to work-related factors, such as overload, loss of meaning, and lack of autonomy, and ultimately affects many dimensions of care quality, including rate of errors, patient mortality, teamwork, malpractice suits, patient satisfaction, productivity, and costs."<sup>11</sup>



The literature shows that if a physician is burning out, they are less likely to follow evidence-based pathways and they overuse resources, which ends up impacting the other services in the hospital. The person who started as the “perfectionist” and “superhero” of healthcare eventually may devolve into a state of depression.”<sup>12</sup>

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The same NEJM study found physician burnout to be a causative factor for depression, alcohol and drug abuse, and in extreme cases, even suicide. Experts estimate that between 300 and 400 physicians in the United States take their lives every year.<sup>13</sup>

The long hours, perfectionist expectations and constant exposure to life-and-death situations are all contributing factors, and the impact is being felt even early in their careers. Many physicians report their first mental health issue while still in medical school.

## CHAPTER 3:

# Attending to physicians

With all the structural changes occurring in the U.S. healthcare system, including the physician's business relationship with his or her organization, what must be retained (or rebuilt) is a fundamental respect for the physician's role and expertise in treating patients. And that begins with acknowledging and improving physicians' work experience.

To that end, major medical organizations, including the American Medical Association and the American Association of Medical Colleges, have joined the "Charter on Physician Well-Being" which looks to minimize and manage physician burnout, and actively promote physician health and happiness.<sup>14</sup> This initiative in particular calls for adequate support systems for physicians dealing with stress, overwork and mental health issues, while promoting the organizational changes that are so desperately needed. Efforts range from the reorganization of physician work schedules to offering wellness counseling programs when mental and physical health starts to slip.



**First and foremost, the healthcare industry needs to focus on not disrespecting the physician. The problem is we took all of these ideas on how we were going to improve medicine and workflows for the physician, and we imposed those adjustments on them. Everyone had their own views on how a doctor should work, but the one person we didn't consult was the doctor."**

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Respect was instinctive when physicians “owned” their patients. Hospitals used to compete to have the best physicians on staff. But when hospitals began acquiring physician groups, they effectively took control of the patients. What’s been compromised in this transition is the significance of the physician in the healthcare hierarchy.<sup>15</sup>

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When hospitals installed computerized order entry, it eliminated the order clerk and created an additional job for the physician. The healthcare industry put CPOE in place to improve healthcare, but it hasn’t done that. Instead, we have gone the opposite way of every other industry on the planet.

**We added technology and reduced the productivity of our most precious human resources. This is not the way it was supposed to work.**

The evolution of the clinical note is another example of unintended clinical burden. Take a step back and consider what the original purpose of a physician’s note was: to advance patient care. The note would be updated on a visit-to-visit basis by the same physician or perhaps another physician in the same group covering a weekend. Then shift-based medicine came into play, and the note became a vital mechanism to facilitate care transitions. Then, as malpractice suits became more commonplace, lawyers began requiring physician documentation to support their legal case. From there, we saw the note transform from a clinical and legal document to a billing document and a check for RAC audits. With Meaningful Use (recently renamed “promoting interoperability”<sup>16</sup>), the federal

government added to the documentation dilemma.<sup>17</sup> As a result, the clinical note has expanded to encompass many pages that regurgitate information contained in the EHR instead of being a concise, curated document that highlights the critical aspects of a patient's care and the clinician's thought process. Of course, it is still incredibly important for physicians to take notes, but the current process is a form of disrespect, especially to the clinician. Clearly the clinical note is no longer what it once was, so we must drastically rethink the process to fit the new framework.



**The healthcare industry must empower physicians with tools that will make them better. However, sending physicians dozens of alerts that question every step in their decision making process or ask numerous irrelevant questions related to every patient update isn't a great way to empower them."**

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A hospital that respects its physicians is one that demonstrates that it cares about them from both a professional and personal standpoint, and makes them feel valued when it comes to the care of patients. It gives a true voice to physicians.

## CHAPTER 4:

# Igniting change, starting with IT

So where should the healthcare industry start when it comes to improving physician experience?



**Believe it or not, targeted IT changes can have a huge impact, starting with the EHR. From an IT standpoint, we must discover a way to make the computer so intuitive for physicians that it is actually making them better, and is not just firing off a list of information that it assumes they don't know.**

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As problematic as EHRs have been for physicians, well designed, clinician-facing information technology can be a starting point for the renewed respect physicians require. Advances in artificial intelligence, data visualization and modern interface design present opportunities to dramatically improve the usability and clinical value of IT.<sup>18</sup>

Consider this: currently when physicians log into an EHR, they see the same view of patient information regardless of their area of practice, the disease state they're dealing with or if it is an existing vs. a new patient. This makes no sense.

The information an OB/GYN needs when working with a postpartum patient is significantly different than what they need for a patient who is in labor. A hospitalist may need to have the entire patient history in front of them, while a general surgeon may only require specific information. Technology should be putting the most relevant information on the very first screen that a physician sees.

According to KLAS Research, “Organizations that succeed have cultures that want to ensure they’re doing what they can to optimize EHR use.”<sup>19</sup> We must keep in mind that “well optimized EHRs are not one-size fits all.”



**Physicians should have one foundational system that they interact with; all other applications should simply co-exist within that environment. That is how the transformation of physician IT from burden to asset can start to take shape.”**

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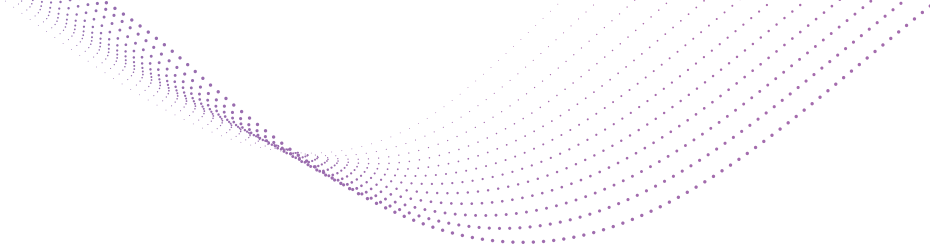
**In the mind of a physician, EHR usability refers to accessing and acting on patient information with ease.** It’s having data presented in a manner that is consistent with the physician’s unique thought process and workflow, and that allows them to intuitively act on that information on the fly. It also means doing no harm. A recent study from AJMC suggested that the amount of usability-related harm associated with EHR use may in fact be underreported.<sup>20</sup> Poor EHR usability can result in the inability to find data and act on results. It can also delay orders and fracture a provider’s train of thought.





A physician's biggest pain point before the EHR was not having access to enough data. It was siloed, typically in dusty paper charts buried in the basement or off-site storage. A physician never felt as though they had a comprehensive view of the patient. Now with EHRs, we should have better access to patient information, but it's often buried in a sea of redundant or irrelevant data, or it may be in an inconsistent format, which makes finding the pertinent information challenging. There were wonderful intentions when Meaningful Use was put into place; the healthcare industry needed that push. However, the products that were available at the time didn't take the end-user into account. Without government intervention, EHR adoption would still be in the single digits because the products simply were not ready – and most still are not ready.”

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The ultimate purpose of EHRs and related IT systems should be to help physicians deliver better patient care by effectively making them “smarter.” It should call their attention to what is clinically important, and help keep them focused. For example, if a physician is working on a case and a nurse comes over to ask a question about a different patient, the physician may forget something when they return to their original task. Ideally, technology should be working in the background to seamlessly fill in those gaps.



Technology is not there to burden physicians. It should instead be making them a little sharper, more efficient, and allow them to interact more with patients. For example, as a hospitalist physician, the first thing you do in the morning is pre-round, which can easily take up to an hour. Imagine having a computer system that can help streamline pre-rounding by highlighting the critical changes overnight and maybe even helping prioritize tasks for the day, intelligently and in a manner that is consistent with how that physician practices. It would get physicians on the floor sooner, and to the patient’s bedside earlier. That is but one potential for healthcare technology.”

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## CHAPTER 5:

# The business benefit of improving physician experience



As a physician, if I wasn't devoting the second half of my day to the EHR, I would have more time to spend with patients. It's that personal aspect of care that technology can't replace, and which the vast majority of physicians so desperately crave."

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If a healthcare system attends to its physician experience with the same level of care and intention as its patient experience, the benefits will be seen across the board. As outlined on the next page, there are three ways that improving physician experience can help to bolster a hospital's bottom line.



**Improved physician retention** – A recent study by the Society of Human Resource Management found that employers spend the equivalent of six to nine months of an employee’s salary finding and training their replacement.<sup>21</sup> Apply those figures to a physician’s salary and it’s enough to cause concern for even the most profitable hospitals. By investing in physicians’ professional experience and satisfaction, hospital executives can reduce both recruitment expense and the ripples of operational disruption that accompany any staff turnover.



**Higher quality care** – When a physician has time back in his or her day, they can do more of the things they got into medicine to do – like follow up or double back on items that required more information; like collaborate with colleagues; like conceive new and innovative approaches to patient care delivery. Not only does this result in enhanced care quality, but under value-based care models, it also drives greater hospital reimbursements.



**Better patient outcomes** – Research has consistently shown that when the physician is happier, the patient is happier . . . and ultimately healthier. Patients tend to listen to their care plan, follow instructions more closely, and generally collaborate more in their healthcare when they are more engaged with their physician. While having healthier patients is always the ultimate goal, improved outcomes also have a direct impact on a hospital’s reputation and bottom line.

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It's not just physicians who stand to benefit from an improved work environment, but the entire hospital enterprise as well. In order to improve business, you must be willing and able to change parts of it. However, that becomes a significant challenge when your workforce – specifically physicians – is resistant to change. We forced change upon physicians when EHRs were mandated, and look where that got us. We've created this adversarial relationship and an underlying sense of distrust between the hospital and the physician.”

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**As a hospital CEO, your number one goal is to make your physicians happy. Physicians aren't just members of your staff, they are also your customers, generating revenue by bringing patients to your hospital. If you ultimately want to improve the bottom line, start by changing the physician mindset. If a physician feels grateful that a hospital is giving them time back in their day and allowing them to practice medicine in the way they were trained, they're more likely to be cooperative when other business issues arise."**

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Health systems that care deeply about the well-being of their physicians, and that fundamentally believe quality of care and operating efficiencies are driven by respect for physicians, will stand out in the market and excel competitively. Acknowledging the stresses that confront physicians – they are being asked to see more patients with a higher average acuity, in a shorter period of time per patient, within an environment that requires ever-increasing documentation and in which the volume of medical knowledge is exploding – is a starting point. Ameliorating the situation through technology and other strategies in order to help make physicians a little sharper, more efficient, and more available for what is truly important – caring for patients (and themselves) – will go a long way toward improving healthcare systemically.

# Resources

1. STANDESK - [How does employee satisfaction impact your company's profitability?](#)
2. Forbes - [The Companies With The Biggest Jumps In Employee Happiness](#)
3. Business Insider - [13 of the happiest companies in America](#)
4. Deloitte Insights - [The employee experience: Culture, engagement, and beyond](#)
5. Staff Care - [Physician Job Satisfaction Declining, New Survey Reveals](#)
6. Medscape - [Residents Are Flush With Job Offers and Career Regrets](#)
7. National Center for Biotechnology Information - [Challenges and Opportunities Facing Medical Education](#)
8. National Center for Biotechnology Information - [Electronic health records contributing to physician burnout](#)
9. New England Journal of Medicine Catalyst - [A Look in the Mirror: The Role of Medical Training in Physician Burnout](#)
10. Association of American Medical Colleges - [Research Shows Shortage of More than 100,000 Doctors by 2030](#)
11. New England Journal of Medicine - [Managing the Most Precious Resource in Medicine](#)
12. Annals of Family Medicine - [From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider](#)
13. Chicago Tribune - [Doctor depression, suicide slowly coming out of shadows](#)
14. American Journal of Managed Care - [Medical Organizations Release Plan to Reduce Physician Burnout](#)
15. American Journal of Managed Care - [Hospital Acquisition of Independent Physician Practices Continues to Increase](#)
16. Becker's Hospital Review - [CMS renames 'meaningful use' to 'promoting interoperability' and changes ensue](#)
17. CMS.gov - [Eligible Professional Meaningful Use Menu Set Measures, Measure 2 of 6](#)
18. Harvard Business Review - [To Combat Physician Burnout and Improve Care, Fix the Electronic Health Record](#)
19. Healthcare IT News - [KLAS names 3 keys to successful EHR optimization, and they aren't your typical guideposts](#)
20. American Journal of Managed Care - [EHR Usability Linked to Possible Patient Harms, Study Finds](#)
21. The Huffington Post - [High Turnover Costs Way More Than You Think](#)