# Building a Business Case for Physician and Clinician Burnout Programs

A Review of Physician and Clinician Burnout and the Business Case for Implementing Burnout Interventions

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# A Review of Physician and Clinician Burnout

More than one half of physicians and one third of nurses experience the symptoms of burnout. Problems caused by burnout extend beyond the direct challenges to the impacted individual — quality of care suffers, medical errors and malpractice claims increase, and organizations face significant costs related to rehiring and disruptions to capacity. Burnout is estimated to be responsible for billions of dollars in costs for organizations annually (Reith, 2018).

According to the 2019 Medscape National Physician Burnout, Depression and Suicide Report, 44 percent of physicians reported being burned out, 11 percent said they were colloquially depressed (feeling, down, sad or blue) and 4 percent were clinically depressed. 14 percent of them have had thoughts of suicide and one percent have attempted it.

In fact, doctors have the highest suicide rate of any profession—at 28 to 40 per 100,000—according to a study presented at the 2018 American Psychological Association meeting. That is more than twice the suicide rate of the general population, which is 12.3 per 1000,000 (Anderson, 2018).

## Defining Burnout and Identifying its Causes

What is clinician burnout? A study published in the *Journal of Internal Medicine* puts it succinctly, "Burnout is a work-related syndrome involving emotional exhaustion, depersonalization and a sense of reduced personal accomplishment" (West, Dyrbye, & Shanafelt, 2018). Mayo Clinic studies have found that a 1-point increase in a physician's burnout score increases by 43 percent the likelihood that the physician will reduce their clinical effort within the following 24 months (Reith, 2018).

There are multiple causes for clinician burnout, and several recent studies agree on the top three culprits. The Medscape report found that although in some cases, burnout among physicians, residents, and nurses are caused by personal issues, most of it is caused by healthcare system flaws (Kane, 2019). Another study in late 2018 titled, "Burnout in United States Healthcare Professionals: A Narrative Review," found the same to be true among both physicians and nurses (Reith 2018).

In the Medscape Report, the top three issues creating burnout are:

- *Bureaucratic tasks* mostly related to insurance company and governmental requirements (59 percent reported this as a top cause).
- *Spending too many hours at work* (34 percent rated this at the top). Both doctors and nurses work long hours overall and long shifts, which affects their health and lives outside of work.
- *Increasing computerization of practice*. (32 percent of respondents listed it as a top cause. Numerous studies on clinician burnout over the years have put the blame squarely on the electronic health record.

One physician in the Medscape study commented that, "There's so much redundant work due to incompetent third parties' data collection." Another said, "All that paperwork sucks all of the enjoyment out of being a physician" (Kane, 2019).

Are you sensing a common theme in these three issues? Well, number three—increasing computerization of practice and the EHR—is obviously a healthcare information technology-related problem. The highest-rated problem— Bureaucratic tasks—is likely also largely IT-related because much of the response to it is about documentation and charting, although other internal processes and organizational/team issues contribute to redundancy and efficiency issues.

Finally, why are clinicians spending too many hours at work? Most likely because those other two top issues are preventing them from working a reasonable number of hours. Not only that, they are preventing physicians, while they are at work, from the very thing that gives them the most satisfaction in their work—quality face time with their patients.

One recent study found that primary care physicians spent nearly six hours out of an 11.4-hour workday on EHR tasks (i.e., order entry, documentation, and billing and coding), including about 1.5 hours at night after the clinic was closed. That means they spent more time with the EHR than with patients. The study authors were careful not to demonize the EHR system itself as the cause of the increased EHR-related workload. They cited a variety of factors, of which the EHR is only one. These include inappropriately allocating certain EHR tasks to clinicians, hard stops in the technology that disrupt the clinician's workflow, organizational workforce issues, and ever-changing regulatory requirements, among others. (Arndt, et. al).

## How Bad is the Problem for Organizations?

The costs of clinician burnout can go deeper than just turnover and reduced efficiency. Burnout can harm not only clinicians but patients as well. With nurses, the level of hospital-transmitted infections and patient mortality correlates with their levels of burnout. Lower patient satisfaction scores correlate with higher rates of physician burnout. The degree of burnout among surgeons correlates with the numbers of major medical errors committed by them, and the likelihood they will be named in a malpractice suit (Reith, 2018).

Turnover itself can be costly for organizations. Atrius Health has estimated that replacing a departing physician can cost from $400,000 to $1,000,000 when you consider lost revenue, training and recruitment (Noseworthy, et al., 2017).

A widely cited 2019 study on physician burnout estimated that costs in the United States attributed to physician burnout were approximately $4.6 billion annually, and that is just costs related to physician turnover and reduced clinical efficiency, not the other factors mentioned above. The study also looked at these costs on an organizational level and estimated them to be approximately $7,600 per employed physician per year (Han et al., 2019).

There is a bright side, and an opportunity in those stunning cost numbers above. The authors of that same study on the overall cost to organizations concluded that by investing moderately in burnout reduction initiatives, healthcare organizations can reap substantial value (Han et al., 2019).

## The Opportunity in Clinician Efficiency Programs

Another study examined the business case for interventions to reduce the costs of burnout. Using data on turnover-related costs and examples of several successful interventions from numerous studies, the researchers used the example of a hypothetical organization with 450 employed physicians with an annual 7.5 percent turnover rate, 2.5 percent of which is attributable to burnout. The study showed that a $1 million investment could save $1.125 million per year in replacement costs related to physician turnover attributed to burnout—a 12.5 percent ROI (Shanafelt, Goh, & Sinsky, 2017).

If the $1 million investment drove a burnout reduction from 50 percent to 40 percent (a 20-percent reduction, overall turnover could be reduced by 0.5 percent, which is 20 percent of the 2.5 percent turnover rate caused by burnout. A conservative estimate of $500,000 in replacement costs for each physician was used in the study, considering lost revenue during recruitment and onboarding as well as lost revenue while the new doctor successfully acclimates to organizational processes.

## Return on Investment for Organizational Burnout Initiatives
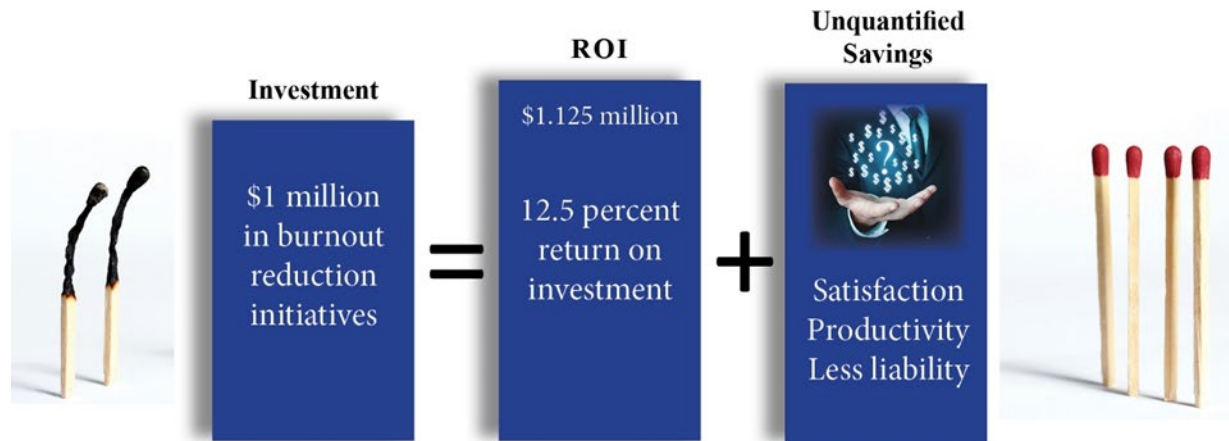


Source: Shanafelt, T., Goh, J., & Sinsky, C. (2017). The business case for investing in physician well-being. *JAMA Intern Med.*

**According to the researchers - Tait Shanafelt, MD, with Stanford University, and colleagues:**

*"The same $1 million investment to reduce burnout would also be expected to pay financial dividends with respect to patient satisfaction and quality of care, all of which add to an ROI that already exceeded 12 percent due to turnover costs alone. It should be noted that the $1 million/y ($2,222/physician) cost of the hypothetical intervention to reduce burnout by 10 percent in the aforementioned organization is consistent with or greater than that of multiple actual interventions that have been shown to reduce burnout."*

Consulting organizations that focus on reducing burnout should be in the business of fine tuning—there is no need to tear everything down and start from scratch. By partnering with your existing training and informatics teams to make minor improvements to clinic or hospital processes, EHR changes, and individual workflow improvements an experienced you can drive significant value.

At Divurgent, we leverage targeted peer-to peer clinician personalization, a proprietary concierge scheduling tool to engage with clinicians at a time convenient to them, and analytics to identify the areas of greatest opportunity. Reach out to us today to talk about how you can establish a physician or clinician efficiency program that will result in greater operational efficiency and increased patient and physician satisfaction.

# References

Anderson, P. (2018, May 7). Physicians experience highest suicide rate of any profession. Medscape Medical News. Accessed at: https://www.medscape.com/viewarticle/896257

Arndt, B. G., Beasley J. W., Watkinson, M. D., Temte, J. L., Tuan, W. J., Sinsky, C. A., Gilchrist, V. J. (2017). Tethered to the EHR: Primary care physician workload assessment using EHR event log data and time-motion observations. *Ann Fam Med*. 2017, 15:419-426. DOI: 10.1370/afm.2121

Han, S., Shanafelt, T. D., Sinsky, C.A., MD; Awad, K. M., Dyrbye, L. N., Fiscus, L.C., Trockel, M., & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Ann Intern Med*. 2019;170(11):784-790. DOI:10.7326/M18-1422

Kane, L. (2019) National physician burnout, depression & suicide report 2019. Medscape. Retrieved at: https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?faf=1

Noseworthy, J., Madara, J., Cosgrove, D., et al. (2017, March 28). Physician burnout is a public health crisis: A message to our fellow health care CEOs. Health Affairs Blog; March 28, 2017. http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/

Reith, T. P. (December 04, 2018). Burnout in United States healthcare professionals: a narrative review. *Cureus* 10(12): e3681. DOI: 10.7759/cureus.3681

Shanafelt, T., Goh, J., & Sinsky, C. (2017). The business case for investing in physician well-being. *JAMA Intern Med*. doi:10.1001/jamainternmed.2017.4340

West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: Contributors, consequences and solutions. *J. Intern. Med.* 2018, 283; 516–529. doi: 10.1111/joim.12752.