Organizational Approaches to Identifying Burnout and Building Resilience as a Pediatrician

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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

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Coming up in the series

**September 29th 8-9am**

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

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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?

In other words...cognitive dissonance

- 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

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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.\textsuperscript{9}
• Burnout rates in pediatricians may reflect the unique prevalence of women in pediatrics—64% compared to 35% among all active physicians.\textsuperscript{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.\textsuperscript{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.\textsuperscript{3}
Cognitive Dissonance Strikes Again

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.  

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

Primary drivers of burnout are **systemic** and characterized by the following 9

- Workload and job demands
- Control and flexibility
- Meaning in work
- Work-life integration
- Social support and community at work
- Organizational culture and values
- Efficiency and resources
- Less optimal
- More optimal
- Engagement
  - Vigor
  - Dedication
  - Absorption

**Burnout**
- Exhaustion
- Cynicism
- Inefficacy

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Workload and Job Demands

- Productivity expectations
- Team structure
- Efficiency
- Use of allied health professionals

- Productivity targets
- Method of compensation
  - Salary
  - Productivity based
- Payer mix
Efficiency and resources

- 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

- Work unit factors
  - Match of work to talents and interests of individuals
  - Opportunities for involvement
    - Education
    - Research
    - Leadership

- Organization factors
  - 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?
Control and flexibility

- 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

- Work unit factors
  - Collegiality in practice environment
  - Physical configuration of work unit space
  - Social gatherings to promote community
  - Team structure

- Organization factors
  - Collegiality across the organization
  - Physician lounge
  - Strategies to build community
  - Social gatherings
Work-life integration

- Work unit factors
  - Call schedule
  - Structure night/weekend coverage
  - Cross-coverage for time away
  - Expectations/role models

- Organization factors
  - 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**.
Research Supported Interventions for Resiliency

1) Adding positive systematic interventions

- 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
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.
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:

- 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 Leadership⁹:

• 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
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## References


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