McGovern Medical School

Physician Burnout and Resilience Task Force White Paper

I. Introduction. In Spring, 2016, the University of Texas System (UTS) launched an initiative through the auspices of the UTS Faculty Advisory Council to address the growing problem of physician burnout in the faculty employed at its six academic health institutions and two medical schools based at academic institutions. By doing so, UTS leadership acknowledged that the national physician burnout crisis is having a sustained negative impact on our physician faculty, affecting faculty vitality, productivity and well-being, as well as raising liability concerns regarding patient safety and quality of care. Instead of a one-size-fits-all set of policies promulgated from the Chancellor's Office, it was determined that localized responses tailored to each campus' unique environment were the optimal means to effect real change. Presidents of the individual institutions were therefore charged with assessing the actual extent of burnout and dissatisfaction among their physician faculty and appropriately addressing the problem. A survey carried out by the UTHealth Interfaculty Council revealed that nearly 40% of McGovern Medical School (MMS) faculty reported moderate to severe levels of burnout, prompting the creation of the Physician Burnout and Resilience Task Force (Attachment 1).

The Task Force, led by Associate Dean of Faculty Affairs Kevin Morano, was composed of administrative personnel, leadership from UT Physicians, and faculty, including several clinical faculty volunteers from the Faculty Senate. The Task Force convened seven times from February to July, 2018 and reviewed material and information on clinical faculty burnout from local and national sources, success of interventions recently enacted within the Harris Health System, and weighed insight from members and department constituents to generate the recommendations incorporated into this white paper. The Task Force was also careful to note that any recommendations made to institutional leadership should be impactful, with positive outcomes achievable in a two- to three-year timeframe with reasonable investment of resources given the challenging financial state of academic medicine.

II. Core findings. The Task Force felt that there is a general consensus among the MMS clinical faculty that they love what they do but experience daily frustration in how they do it. Faculty additionally expressed a sense of decreasing influence on operational control and decision-making in their own clinical services. Escalating demands to increase productivity from departmental leadership resulting in greater patient volume and accompanying paperwork amplifies the problem, driving feelings of job dissatisfaction and burnout. The Task Force also believes that institutional efforts to improve faculty resilience were either lacking or not well articulated or advertised, leading faculty to feel unrecognized and unsupported as they attempt to manage their own stress, maintain a healthy attitude and achieve work-life balance. It was also agreed that there would be no one-size-fits-all set of solutions, given that MMS clinical faculty work in three distinct environments (Memorial Hermann Hospital (MHH), Harris Health System (HHS) and UT Physicians) in either centralized or disseminated community sites. Lastly, as both MHH and HHS are affiliated partners, the ability to effect significant operational changes might be limited compared to the flexibility afforded by shared leadership between MMS/UTH and UTP.

III. Recommendations. The Task Force identified two major areas in which to recommend changes to avoid faculty burnout: Clinical Operations and Faculty Resilience.

Clinical Operations

a. Operations and Faculty Input. As the Task Force deliberated, it became abundantly clear that variable inefficiencies in service lines and clinics as well as major policies and practices that were considered sub-optimal were major contributors to job dissatisfaction. While this theme was echoed across worksites and specialties, the specifics of each were unique, effectively precluding recommendations that would be universally transferrable and effective. Additionally, clinical faculty feel a loss of professional autonomy and voice in their worksite operations, also a common driver of burnout nationwide. To begin to address these issues, we recommend the creation of **Provider Advisory Committees(s) (PAC)** at individual clinic sites, locations or by specific service line. These PACs, chaired by a clinical faculty, would be composed of a small number of rank-and-file clinical faculty with clinic or service managers and other administrative staff participating. PACs would serve as a conduit for granular details regarding clinic operations and provide greater faculty participation in operational decision-making. We additionally recommend the formation of **SuperPACs** at each major affiliate: MHH, HHS, UTP. SuperPACs would be composed of delegates from the respective PACs and the senior ranking MMS dean and would integrate information, analysis and recommendations from the PACs to affiliate leadership for implementation as appropriate.

b. Electronic Health Record Management. A significant driver of physician dissatisfaction for MMS clinical faculty echoed in national surveys is the amount of time spent on EHR generation and visit documentation. The problems vary by specialty, but common complaints include a change of focus during a visit from the patient to the computer terminal, challenges in identifying proper codes for actions, and the additional uncompensated (or at least unrecognized) time required at the end of every workday to complete and submit EHR. It has been noted that physicians are vastly overpaid to be data entry specialists, resulting in lost revenue, clinic inefficiencies and significant job dissatisfaction. In specialties with significant patient encounter/information intake loads, we recommend the inclusion of medical assistants (MA) or scribes to partner with faculty during visits for information capture. National studies suggest that the cost of a standard scribe ($15/hr) can be offset by increased provider productivity.

Faculty Resilience

a. Implementation of Faculty Ombuds and Departmental Wellness Leadership Positions. There is a nationwide trend to create C-suite level positions in Faculty Wellness that oversee programming and distribution of resources to combat faculty burnout. However, MMS is fortunate to have an active Faculty Assistance Program (FAP) housed within the UTHealth Employee Assistance Programs (UTEAP). Additionally, the Task Force was of the opinion that experiences may vary among specialties, favoring a decentralized approach to first-line burnout prevention and intervention. To this end, we recommend that departments create part-time (5% effort) **leadership positions focused on wellness,** faculty resilience and faculty development, including but not limited to Vice-Chair appointments. These individuals would help design department-specific programming to enhance wellness as well as coordinate with PAC members to identify touch points driving dissatisfaction. It is envisioned that they would also communicate with each other among departments to identify shared issues and to

coordinate programming. These local solutions would be complemented by creation of a central MMS or UTHealth **Faculty Ombuds** position. It is rare for an institution of our size and breadth not to have ombuds services, as they play unique roles in mediation, dispute management and informal advising by virtue of their independence from leadership structures. This would also be a part-time (10-15%) appointment filled by a knowledgeable and empathic individual who would receive Ombuds training to effectively fulfill institutional expectations. The responsibilities of this position would extend beyond faculty wellness, but the positive impacts on morale, the evidence of institutional concern and the tangible benefits provided by such an appointment to combating burnout should be significant.

b. Improved Faculty Assistance Program Awareness and Offerings. The Faculty Assistance Program (FAP) was created as an extension of the existing UTEAP in 2016 and is a partnership with the Office of Faculty Affairs and Development (OFAD). A second collaboration between OFAD and the HR Office of Learning and Development was also launched in 2016. Together, these offices provide a range of resources including counseling, personal coaching, life skills development, leadership training and traditional wellness activities (Attachment 2). However, it was clear to the Task Force that awareness of all these resources and opportunities is low among clinical faculty. We therefore recommend a **comprehensive effort to increase faculty assistance awareness** consisting of advertising, branding efforts, and encouragement from school leadership to utilize these important resources to their greatest effect. We additionally endorse the creation of additional programming through FAP to specifically address burnout prevention and intervention, including online evaluation tools, resilience seminars and workshops, and tailored department-specific visits to gauge and address clinical faculty mental and emotional health.

c. Improved Faculty Recognition. Faculty frequently are rewarded for their clinical productivity via salary incentives and medical leadership positions. In contrast, there is little tangible benefit to faculty who spend time and effort contributing to the "academic" missions of the school. One of these benefits is the reward of academic rank, and the MMS Office of Faculty Affairs (OFA) has already successfully implemented (initiated 2017) a revision to the non-tenure clinical faculty track to make promotion more accessible. The Task Force recommends the **creation of service awards** to be managed through individual departments to recognize their hard-working faculty in a more formal way. Additionally, we recommend school-wide versions of some or all of these same awards to be managed by the OFA or the Faculty Senate – for example "Clinical Faculty of the Year." It may not be necessary to have cash prizes linked to these honors, but if modest resources can be found it could enhance their impact.

IV. Conclusions. Successfully reducing faculty burnout will not be an easy or quick task. If the majority of these recommendations were implemented in FY2019, the Task Force expects that major shifts in measurable outcomes on an institutional scale would not be assessable until FY2022. However smaller departments or worksites could experience changes in faculty attitudes and perceptions in a shorter time frame of 12-18 months. As stated above, the Task Force focused their recommendations on fiscally realistic solutions – we find it unlikely that 20% reductions in patient panel size or a universal shift to one academic work day for every four clinical days can be achieved. Our suggestions therefore focus on making it easier for our clinical faculty to reduce wasted effort and time, to work more efficiently and effectively (thereby creating time for academic pursuits), and to re-emphasize the value of one of our most core assets, our doctors.

ATTACHMENT 1

MMS Physician Burnout & Resilience Task Force
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- Mohammad Zare, M.D., Family and Community Medicine, Chief of Staff, Comm. Health Prgm

ATTACHMENT 2

Sample Wellness Initiatives Funded through EAP/FAP/Wellness

MMS – Arts & Resilience

- Bring prominent Houston artists to campus for monthly performances, reading, conversations and screenings to address and reduce the effects of burnout and stress among the UTHealth community.

SOD – Enhanced Physical Wellbeing

- 10 in-house chair massage sessions to reduce stiff necks, tight backs and shoulders due to providing dental care and sitting behind a desk all day.
- Financial support for Weight Watchers to reduce individual cost.

SON – Mindful Wellness Project

- Monthly educational lunch and learn seminars to raise awareness about healthy lifestyle choices.
- Twice-monthly sessions of yoga. Funding will cover instructor cost, yoga mats, sanitary wipes, printing costs, and small incentives.

SPH – Garden for Health Project

- 10 Garden for Health workshops at the holistic garden and demonstration kitchen to increase knowledge of health benefits of eating fruits and vegetables, composting, and cooking skills.
- Funds will support the purchase of garden pots, labels, planting mix, fertilizer, seek packs, garden gloves, cages, bamboo stakes, twine, shears, trowels, insect dust and spray, class materials, etc.

SBMI – I am Healthy

- 2 sessions per month: yoga, weight training, stretching, etc.
- Purchase up to fifty Fitbits as rewards for completing initial survey, attending kick-off lunch meeting, and participating in three wellness sessions.

GSBS – Mental Wellbeing

- Purchase assessment tool to determine the current state of mental wellbeing and specific needs for future response for the GSBS population.
- Two in-service training sessions to learn about recognition of signs and symptoms of mental distress, including the manager's role in exacerbating or abating stress in the workplace
- Two trainings on mental health awareness and mental health self-care for the purpose of incorporating this training to new staff orientation at GSBS.