



Physician Burnout

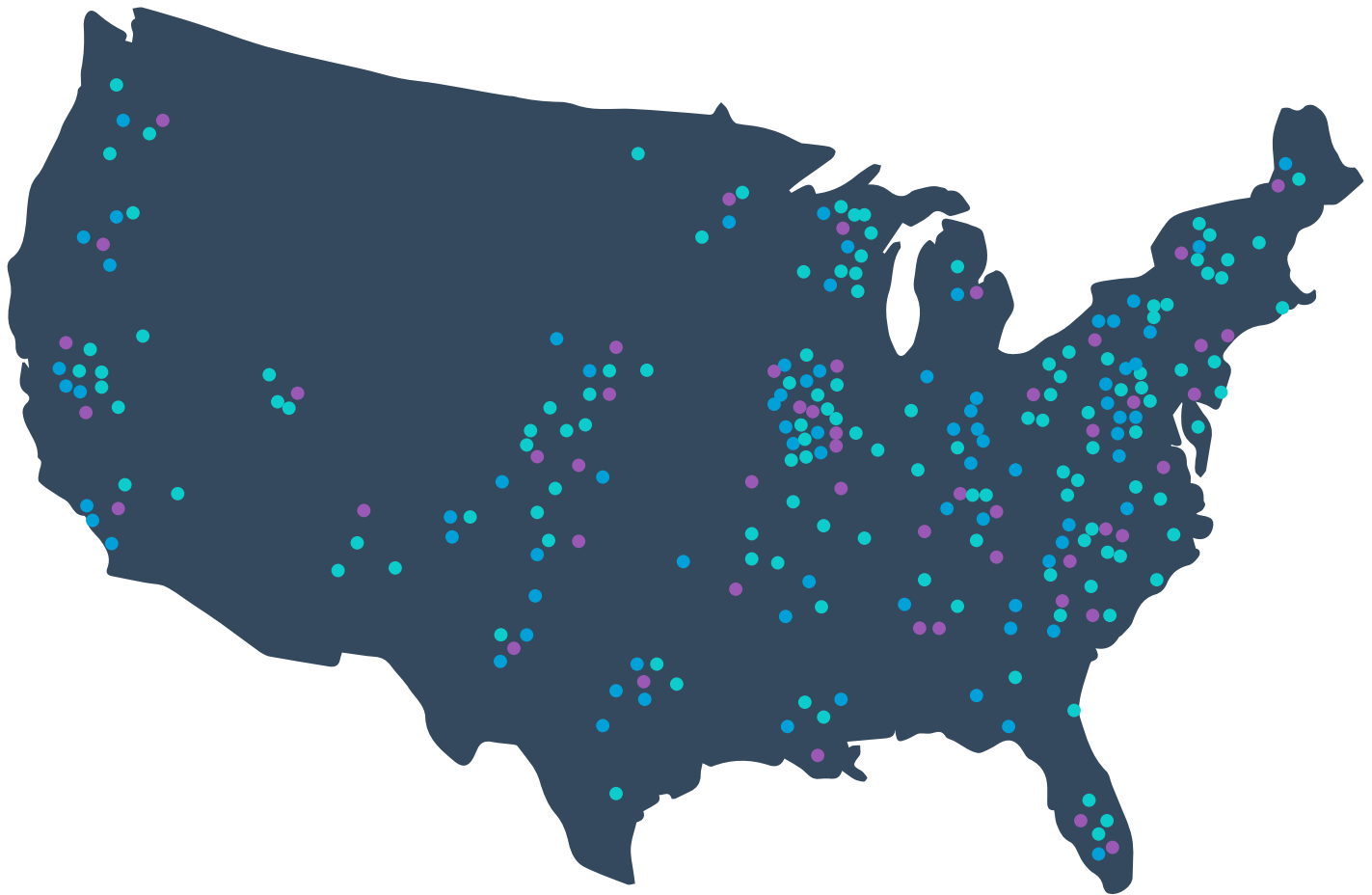
— A Study by Reaction Data —

Reaction
Data

Demographics

Who participated?

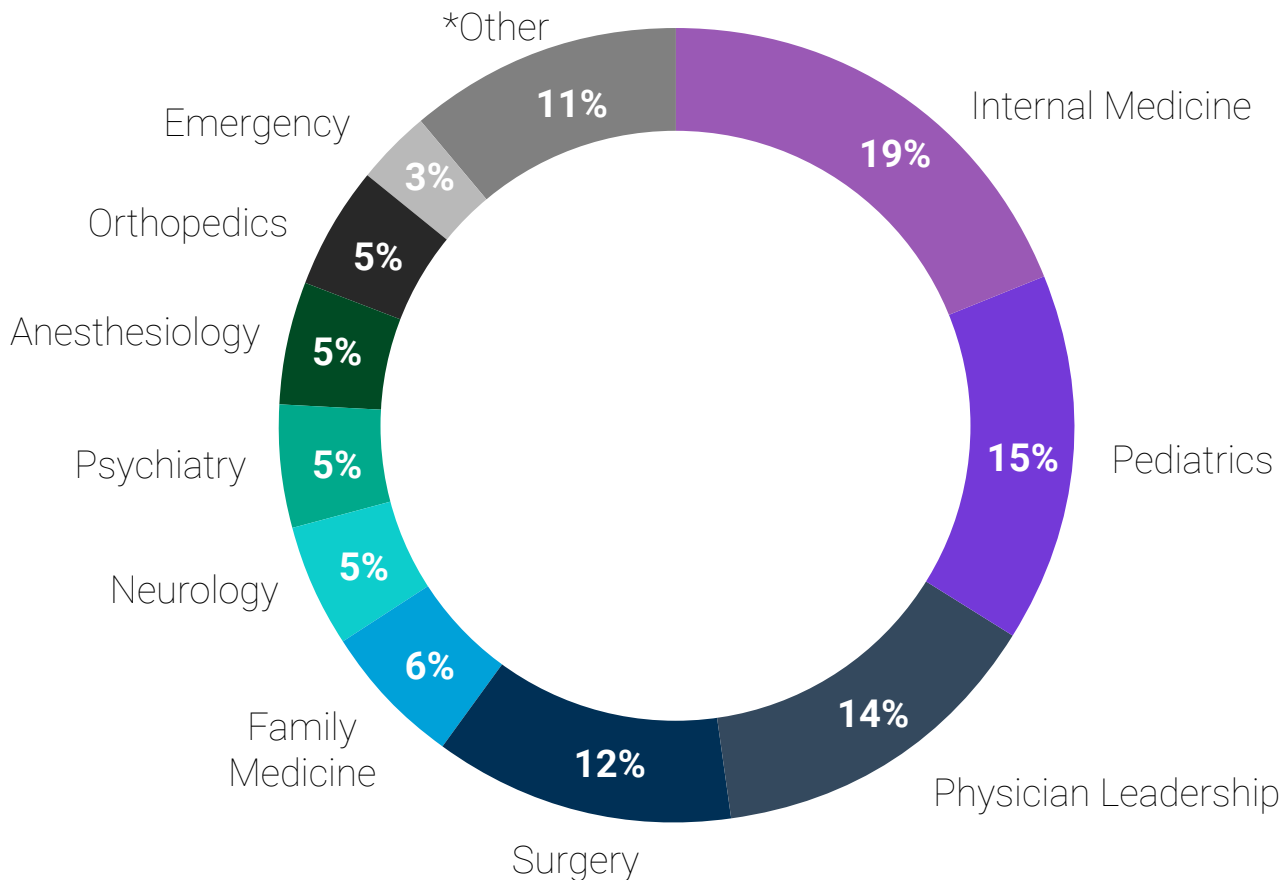
N = 254 Physicians



“If things don’t change, I am taking early retirement.” That was the sentiment from a physician in a Midwestern hospital. Sadly, she’s not alone. When posed with the question as to what is causing burnout, several physicians told us the solution was retirement. Others expressed passion about fixing a broken system. Reaction heard from over 250 physicians across the nation to find out what is causing them stress and, more importantly, what they would prescribe to heal it.

Demographics

Who participated? - by specialty

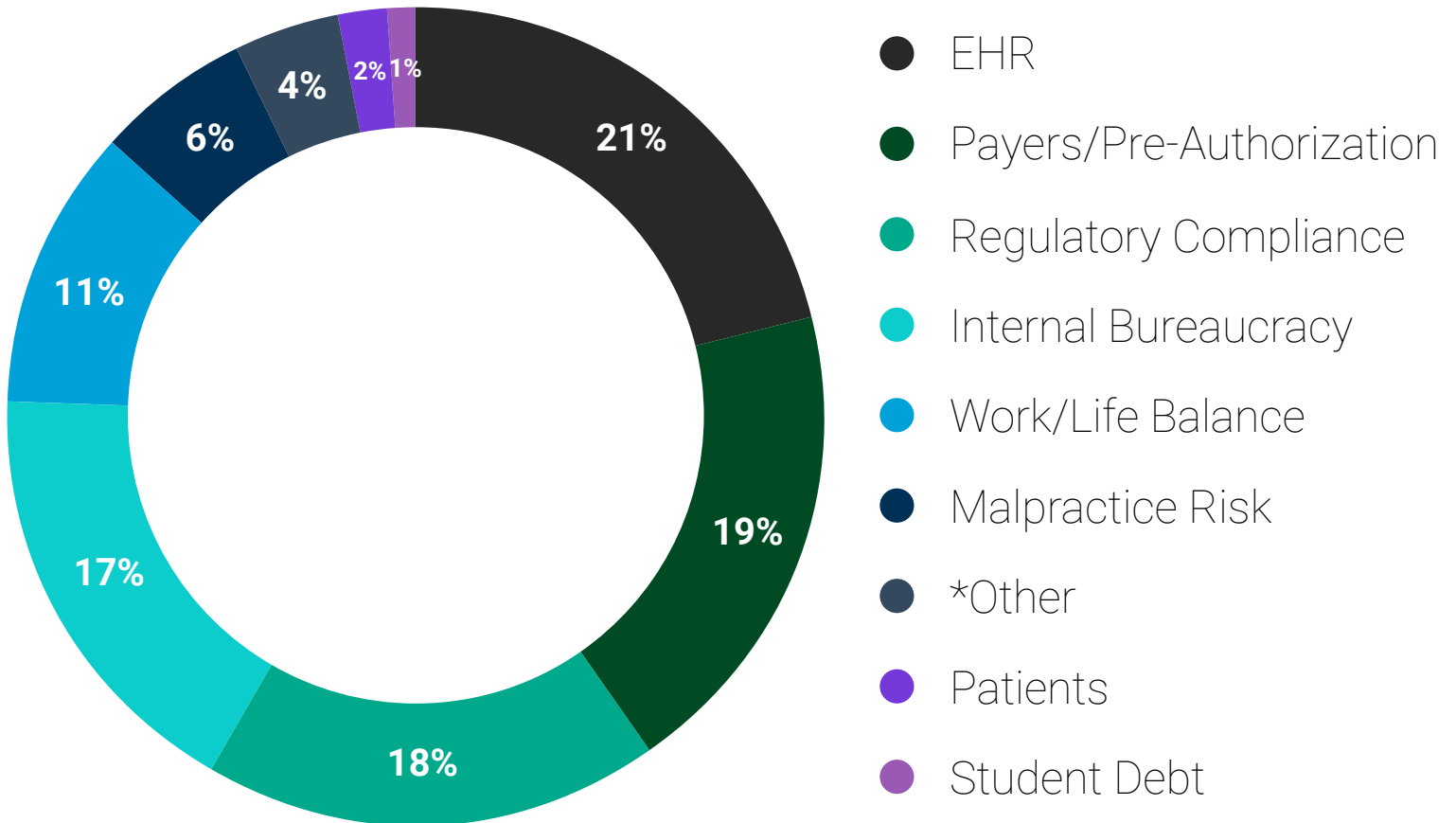


We received a tremendous response from physicians in a wide variety of specialties. Regardless of their discipline, all are frustrated to one extent or another. A pediatric pulmonologist told us, “We need to think of our mission and why we are here. Our mission should always have patient care in the center of any plan.” That is a common theme that has emerged. The patients aren’t causing burnout. It’s all of the activities, politics, and business issues that take the focus off of those they made a pledge to “do no harm” to. A cardiothoracic vascular surgeon added, “Vertical integration and corporate behavior has an adverse effect on physician behavior.” So, without further suspense, here are the top reasons physicians are reaching the end of their tethers.

*Other specialties that respondents identified with were: OBGYN, radiology, pathology, gastroenterology, and rehab.

Causes of Burnout

What factors contribute the most to physician burnout and stress?

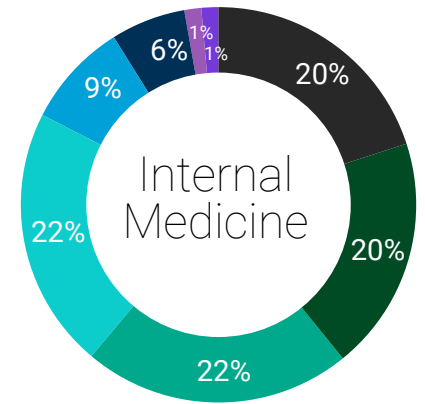
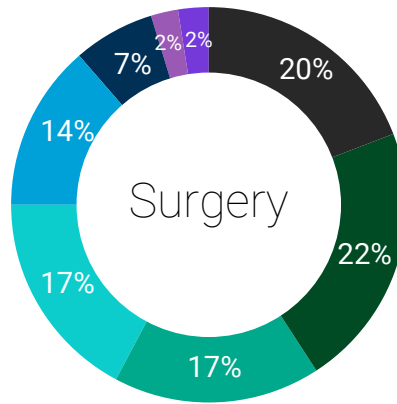
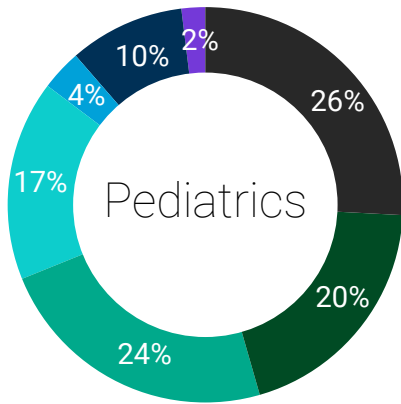


EHRs, dealing with payers and pre-auth, regulatory compliance, and bureaucracy all came within mere percentage points of one another as the main culprits. All have a common theme: they are time consuming and prevent the physician from providing care for the patient. Patients, not surprisingly, were only mentioned by 2% as causing an undue burden. "Our current healthcare non-system needs to be radically changed. Way too expensive and chaotic. Profit must be eliminated." (Orthopedic Surgeon)

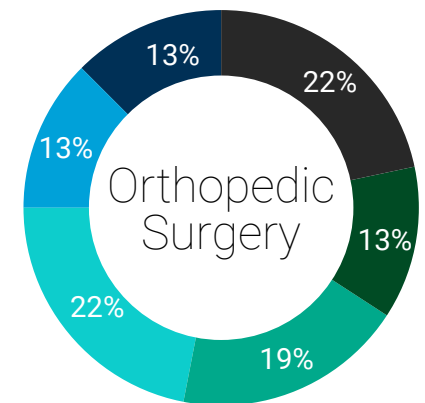
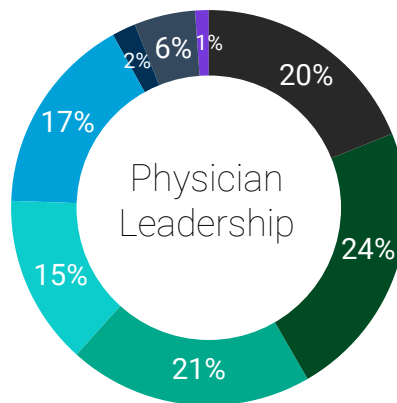
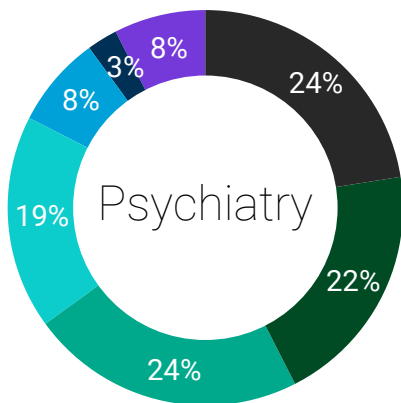
*Other - Physicians didn't hold back when providing us with other frustrations they have. One emergency medicine physician said, "Patient satisfaction scores are ridiculous. Physicians are reduced to "yes men" doing what the patient requests instead of practicing by current standards." Another anesthesiologist said, "The expectation of assembly line care...Not all patients are alike. There needs to be room for physician discretion to spend a little time with them to optimize their outcomes!" - Login [here](#) to read all direct commentary

Causes of Burnout

Factors contributing most - by top six specialties



- EHR
- Payers/Pre-Authorization
- Regulatory Compliance
- Internal Bureaucracy
- Work/Life Balance
- Malpractice Risk
- Patients
- Student Debt

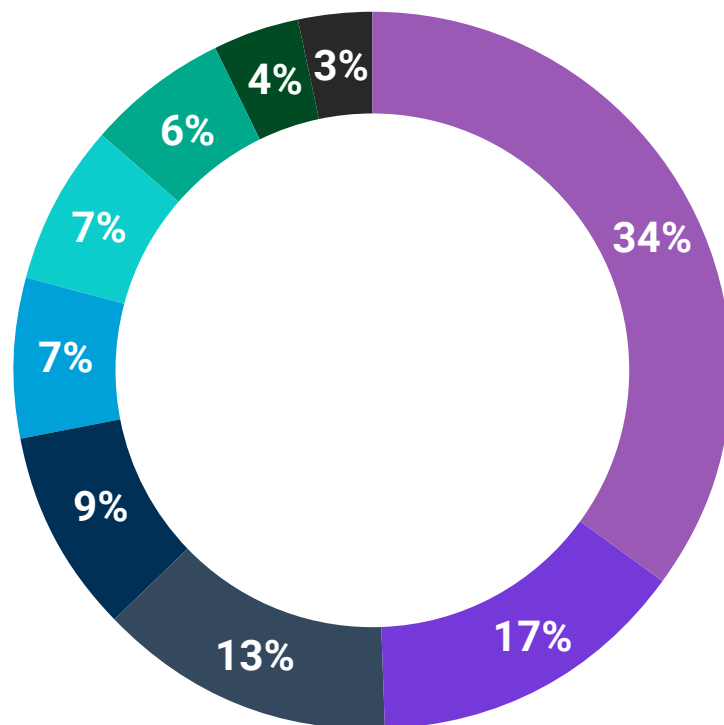


Regardless of specialty, the top four burnout factors play a significant role in creating less than ideal circumstances. Work/life balance appears to be taking a larger toll on anesthesiologists and those practicing internal medicine. Surgeons, psychiatrists and, again, anesthesiologists are hardest hit by regulatory compliance.

EHR Stress

What can be done to reduce EHR stress?

- Improve User-friendliness
- Add Dictation/Scribe Features
- Reduce Time Required in System
- Replace/Get Rid of it
- Reduce Clicks
- More Physician Input
- Focus on Patient Outcomes
- Improve Interoperability
- Additional Training



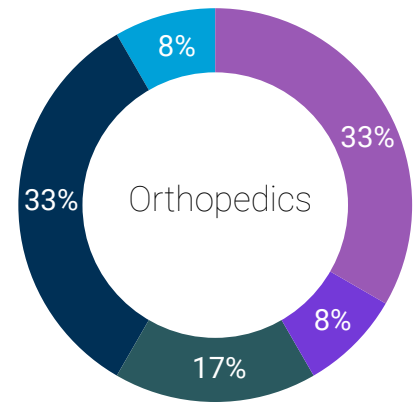
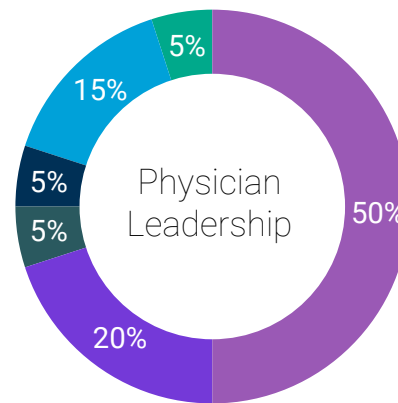
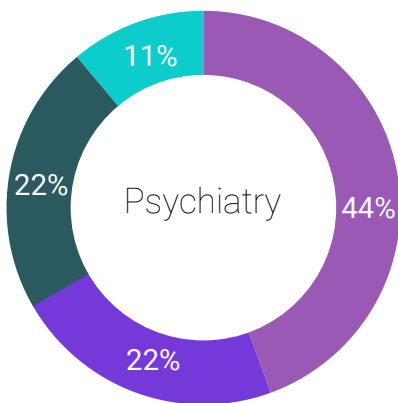
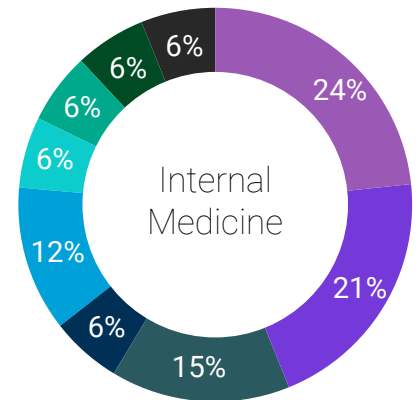
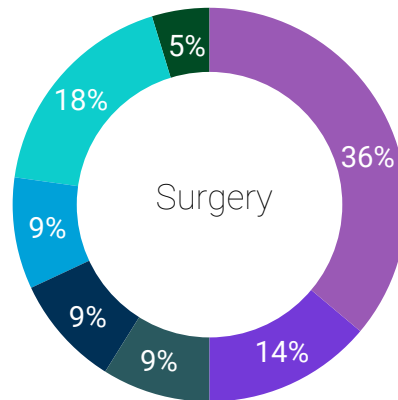
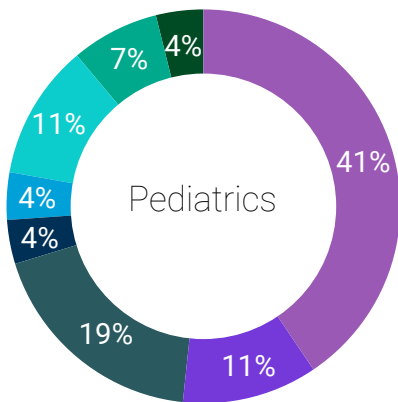
Improving user-friendliness doubled the second closest source of EHR dissatisfaction. A pediatrician suggested that EHR vendors “Create one by and for physicians, not administrators and technogeeks.”

“Develop a better and more user friendly EMR. It shouldn’t take 20 minutes to do something that dictation takes three minutes.” - Orthopedic Surgeon

“Less requirements for unnecessary documentation. Having one EHR not linked to payment does not describe the quality of a patient encounter.” - Hospital Chief of Staff

EHR Stress

What can be done to reduce EHR stress? - by top six specialties

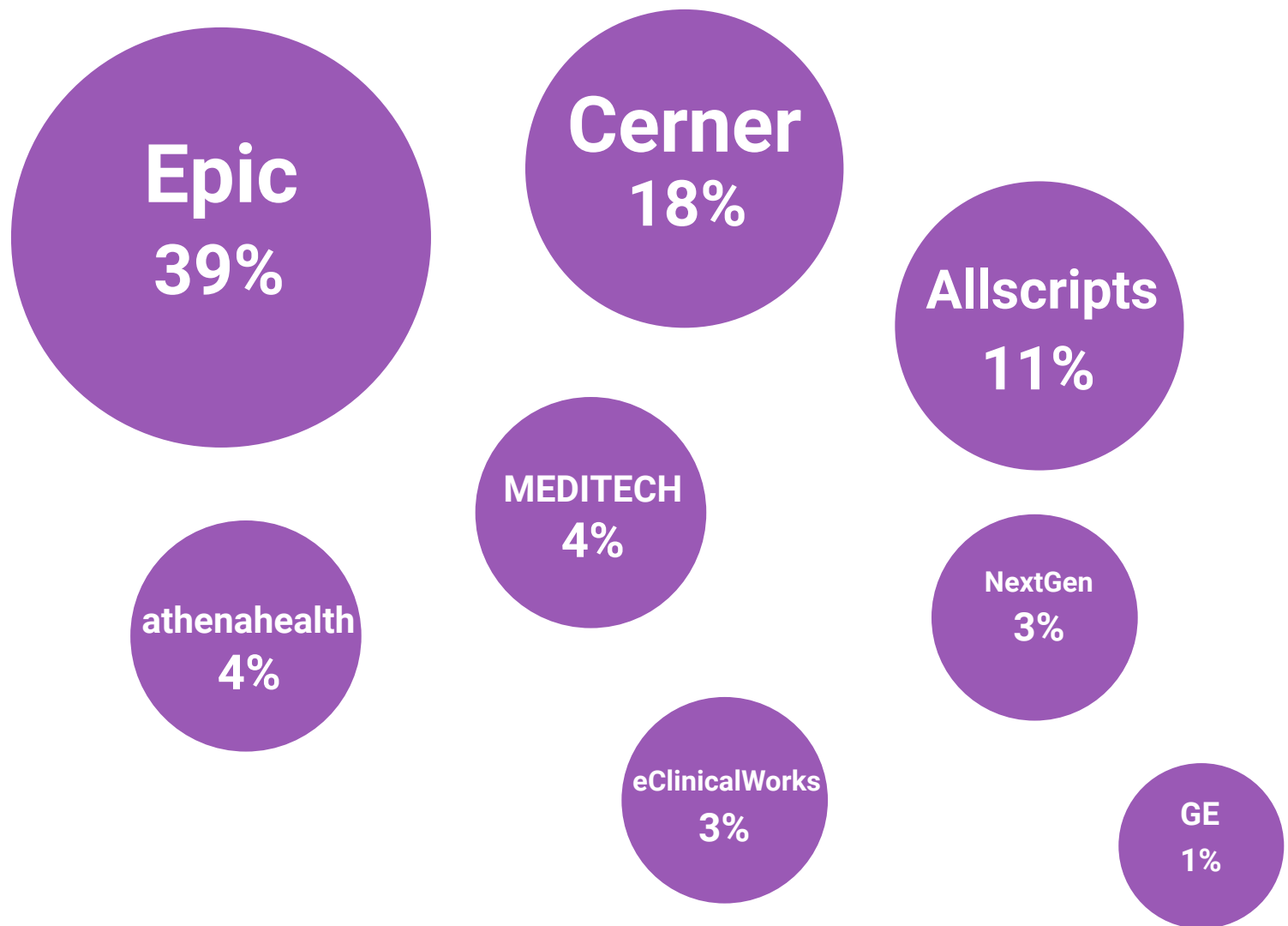


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Regardless of specialty, EHR stressors are generally agnostic. Physicians want an easier system with dictation features that reduces the time required in the system. They want more face to face time with the patient, rather than staring at a monitor and a keyboard. "The nurses and medical assistants need to be able to put more of the data into the EHR, permitting the doctor to spend more time with the patient."
-Gastroenterologist

EHR Stress

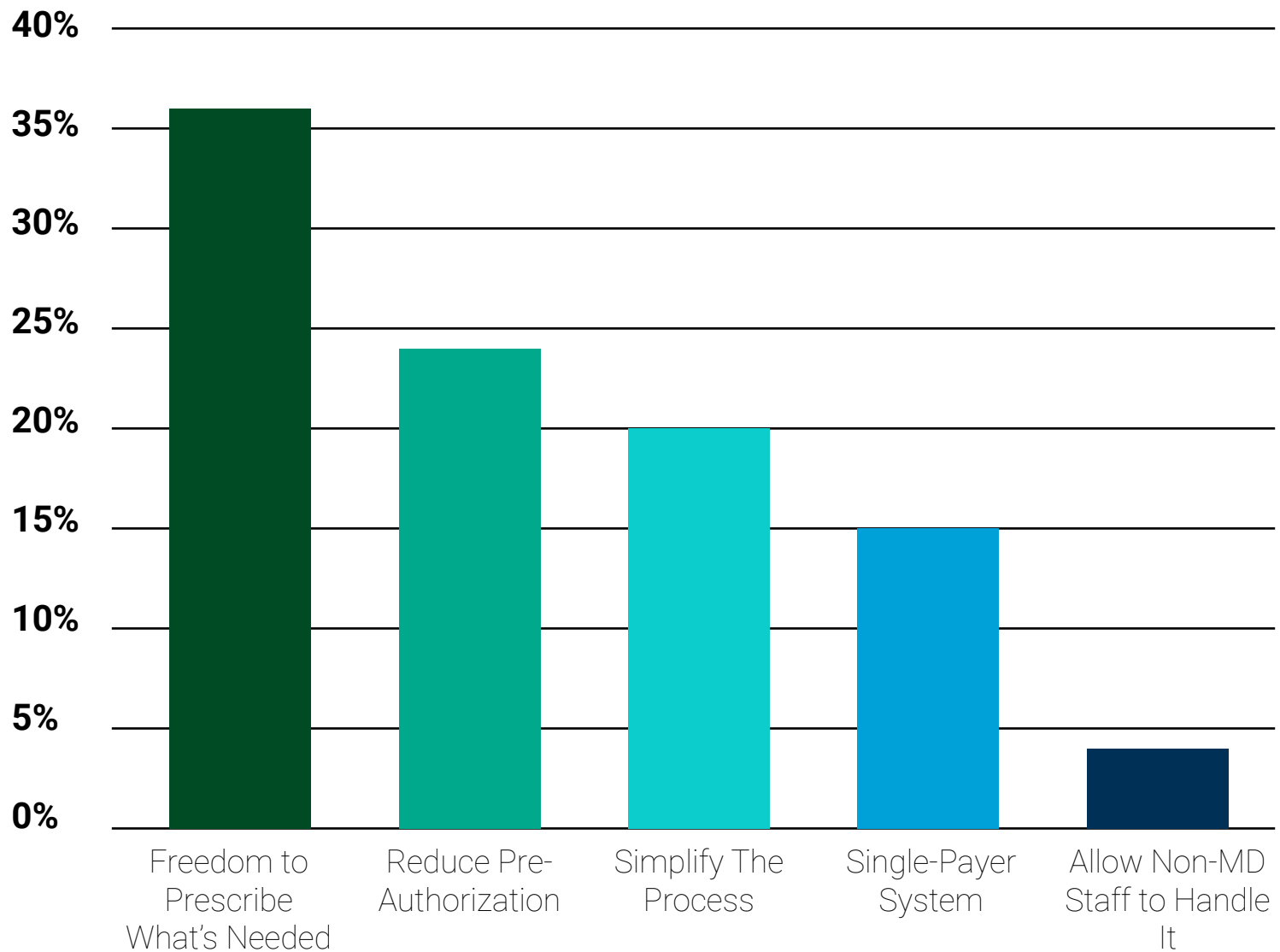
Which EHRs are participants using?



EHR stress appears to know no brand name loyalty. Regardless of which vendor is providing the solution, according to what physicians are telling us, none has yet to have built a better mousetrap. "EHR seems to be predominantly a billing tool, secondarily a compliance tool. Start over and design EHR for patient care. Too many boxes to click, too many irrelevant alerts, soft or hard 'stops' (best practice alerts in Epic), create alert fatigue. Very little useful clinical decision support."
-Emergency Medicine Physician

Payer Stress

What can be done to reduce payer stress?



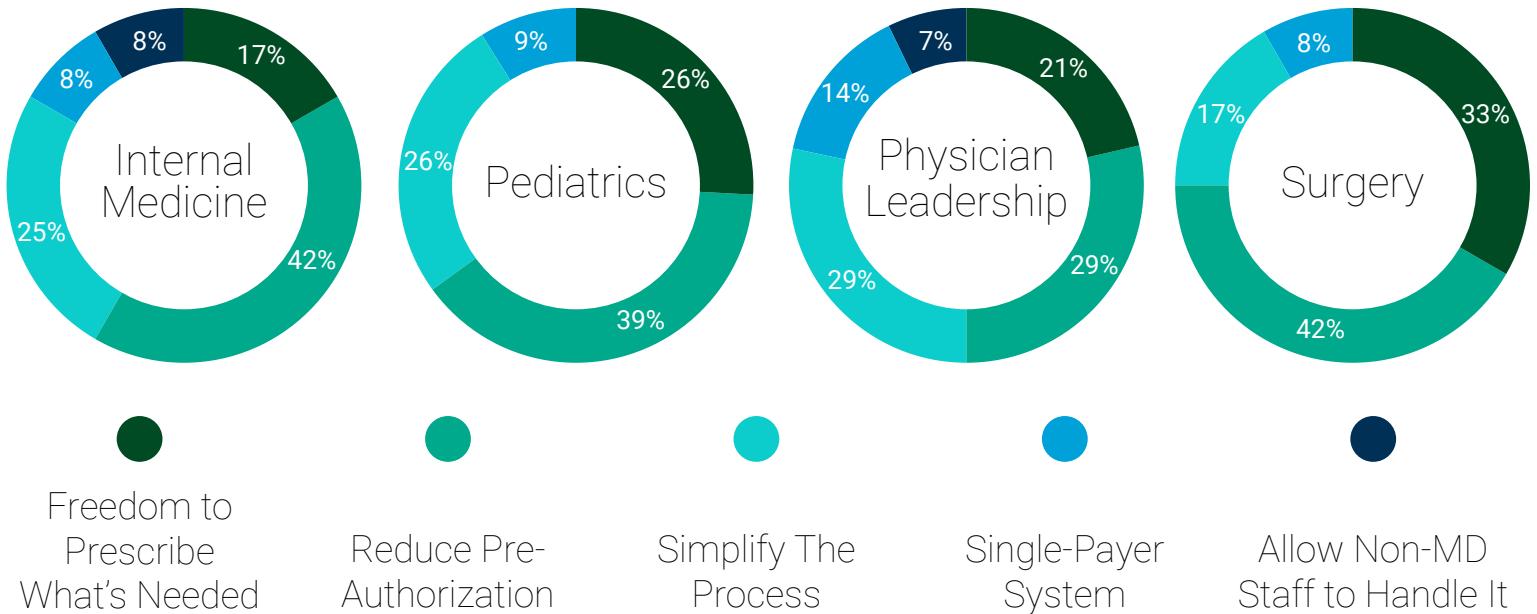
Payer/pre-authorization stress emerged as a close second to EHR issues. Simply put, clinicians feel hamstrung by the process of dealing with payers.

“Stop allowing (payers) to play doctor by denying tests and care.” - Chief Medical Officer

One cardiovascular internist put it even more succinctly, “Eliminate the burden of getting pre-auths. (It) takes too much time away from patient care.”

Payer Stress

What can be done to reduce payer stress? - by top four specialties

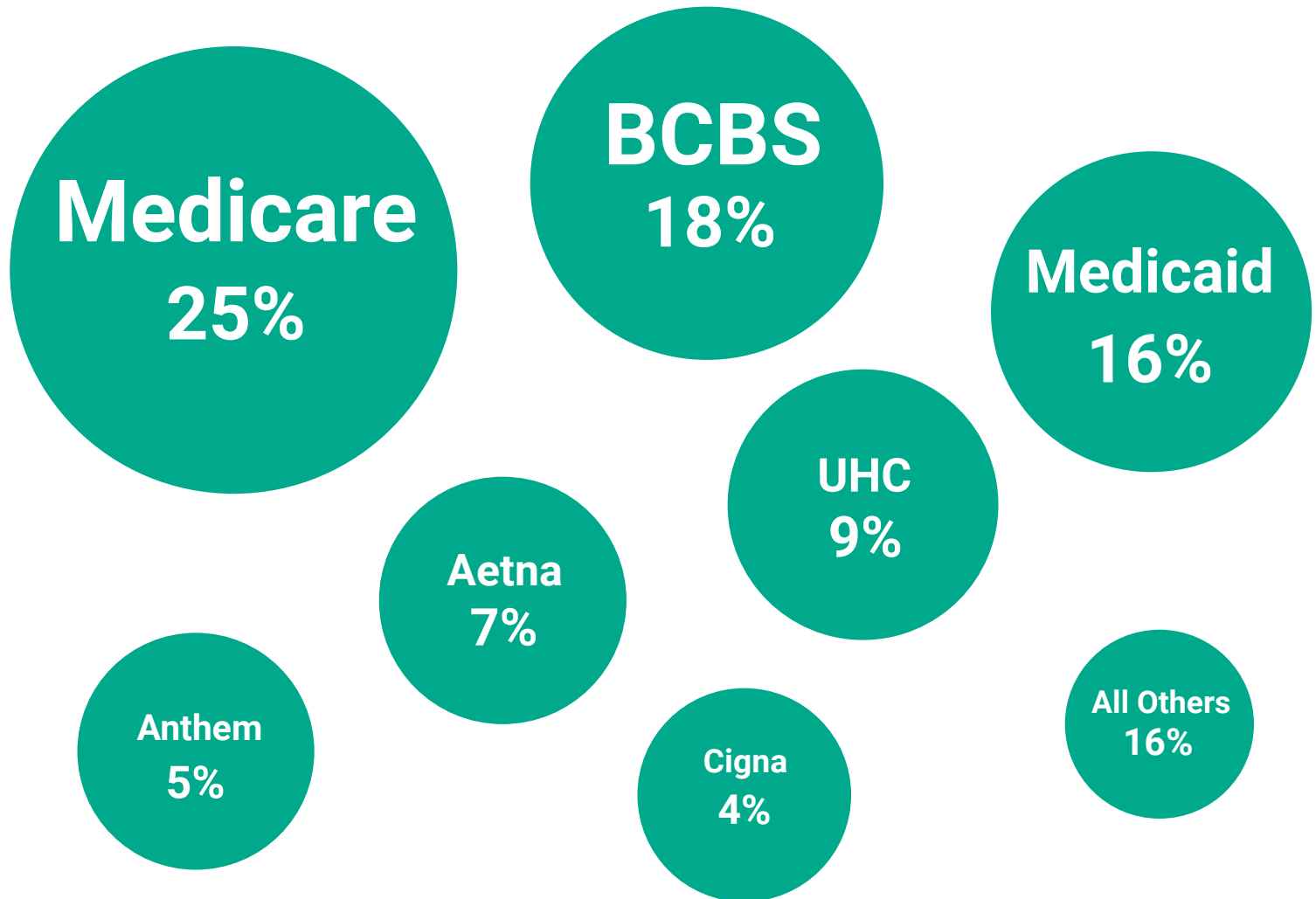


While the aggregate of physicians want more freedom to prescribe what's needed, internists, pediatricians, and surgeons are overwhelmingly voting for a reduction in pre-authorization.

"Make it easier for doctors to make their own decisions about what is best for their patients. Reduce the hurdles required for pre-authorization." Surgeon

Payer Stress

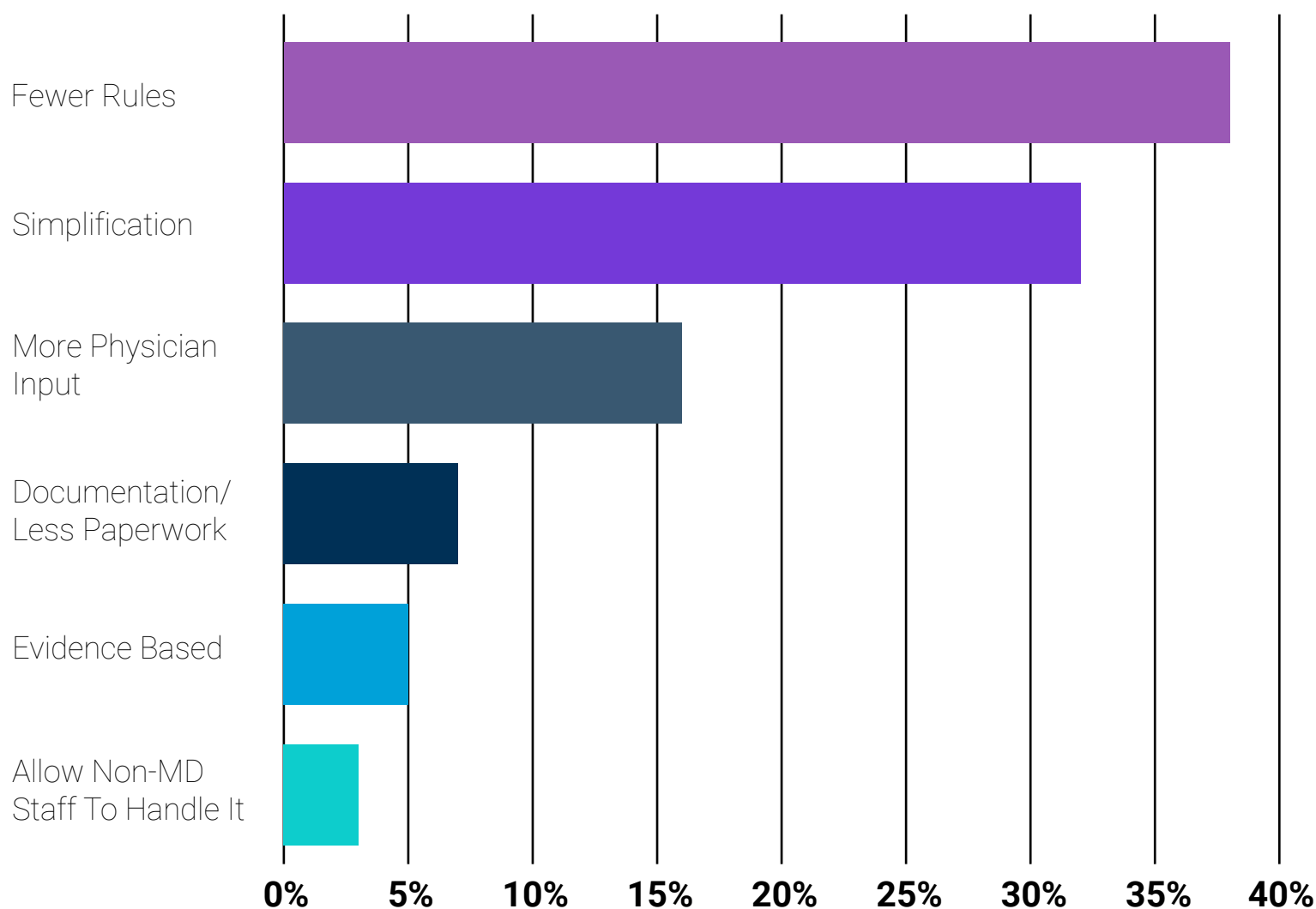
Which payers do participants work with?



While several physicians indicated they would like to see a single payer system created to avoid payer issues, Medicare is still by far the largest payer mentioned. The government is the most commonly mentioned payer organization by a length, yet physicians are still struggling with payments and pre-authorization.

Compliance Stress

What can be done to reduce compliance stress?

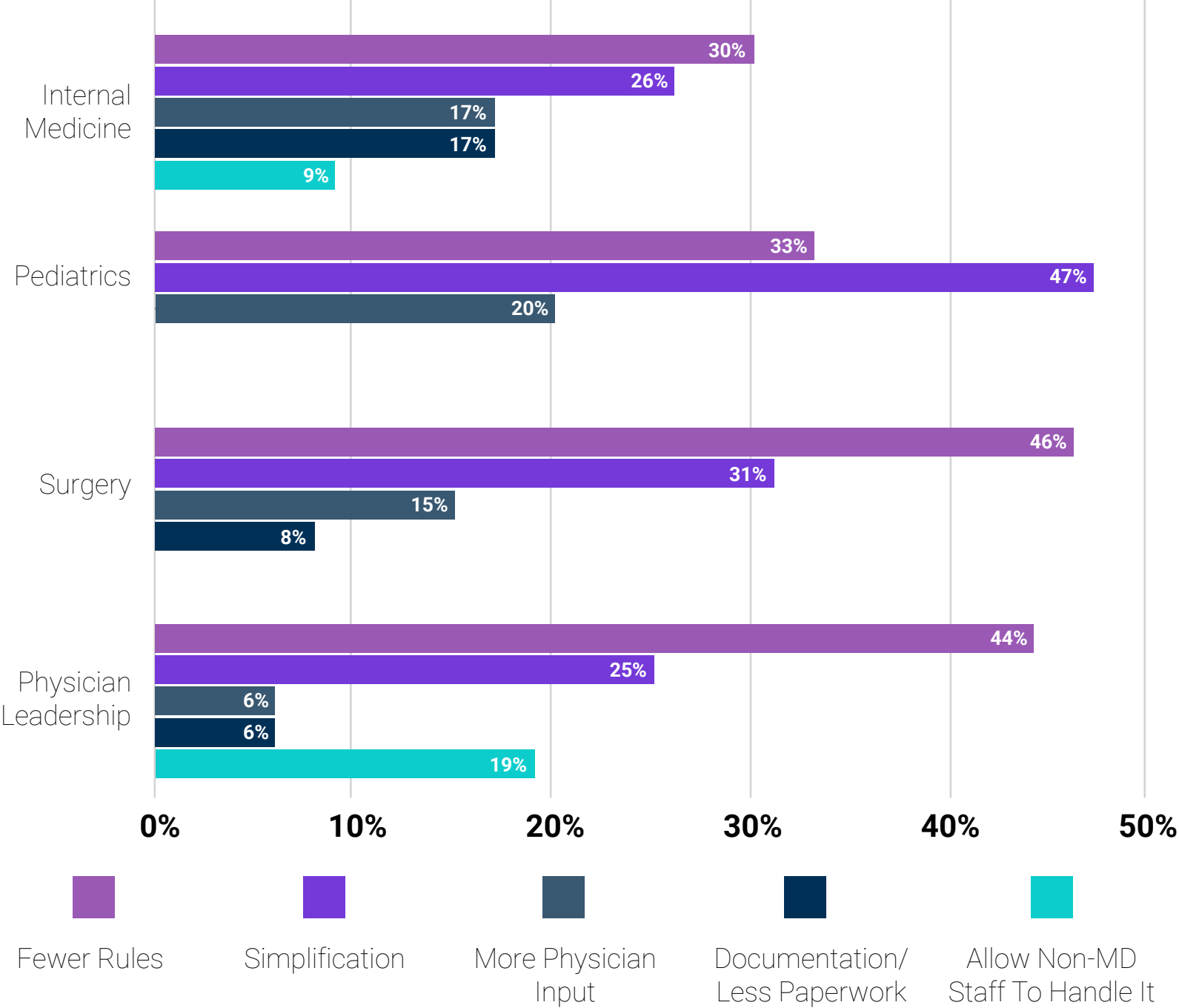


Healthcare is a highly regulated industry. Overwhelmingly, clinicians want fewer, and simpler rules. A Chief Medical Officer recommends something that could kill two birds with one stone: “Shift reporting to an automated system that retrieves data from the EMR rather than manual reporting.”

A CMIO added, “Get rid of what seems to be unnecessary regs that don’t contribute to patient care or quality of care.” And it doesn’t get any more basic than this from a surgeon: “Simplification.”

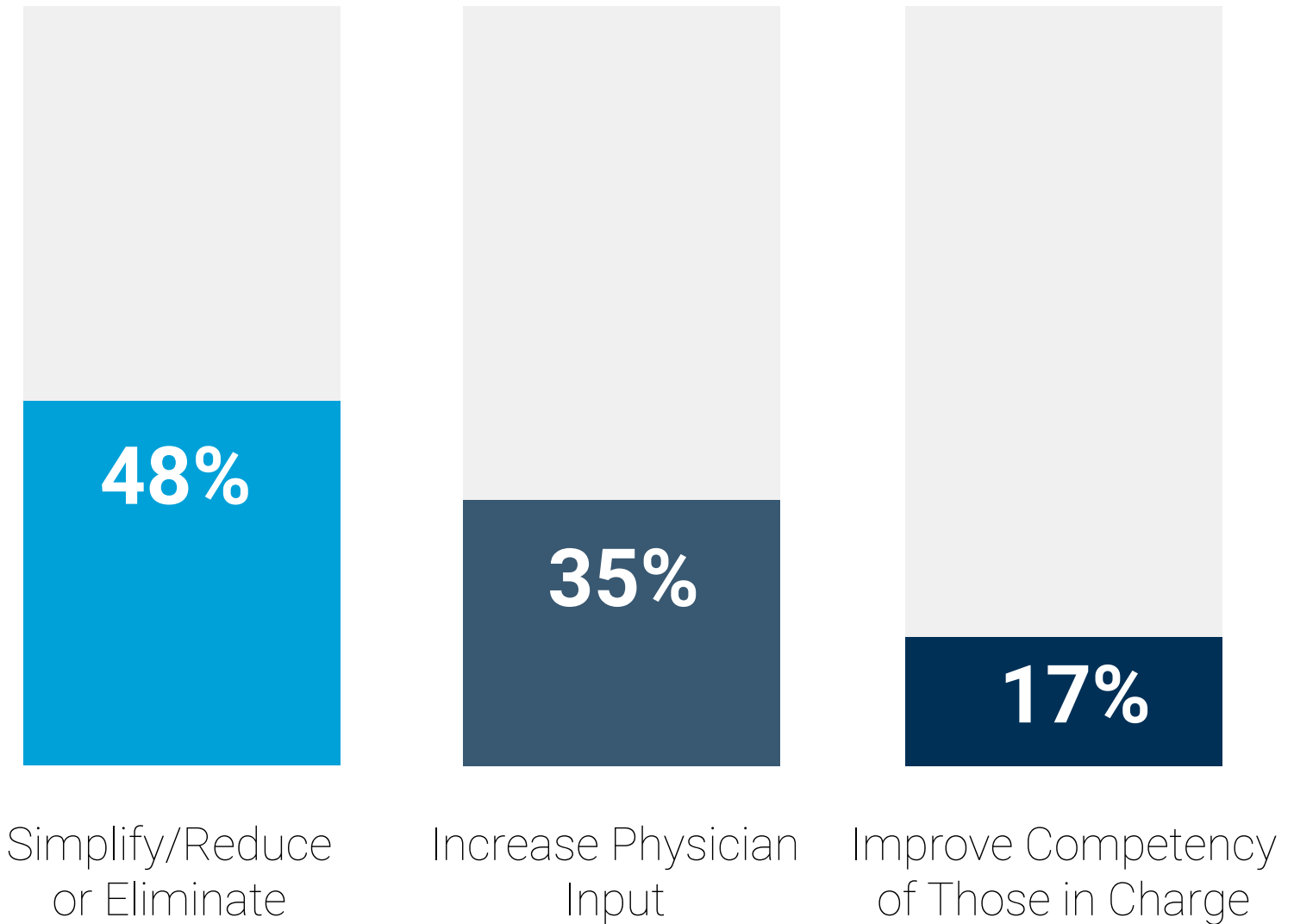
Compliance Stress

What can be done to reduce compliance stress? - by top four specialties



Bureaucracy Stress

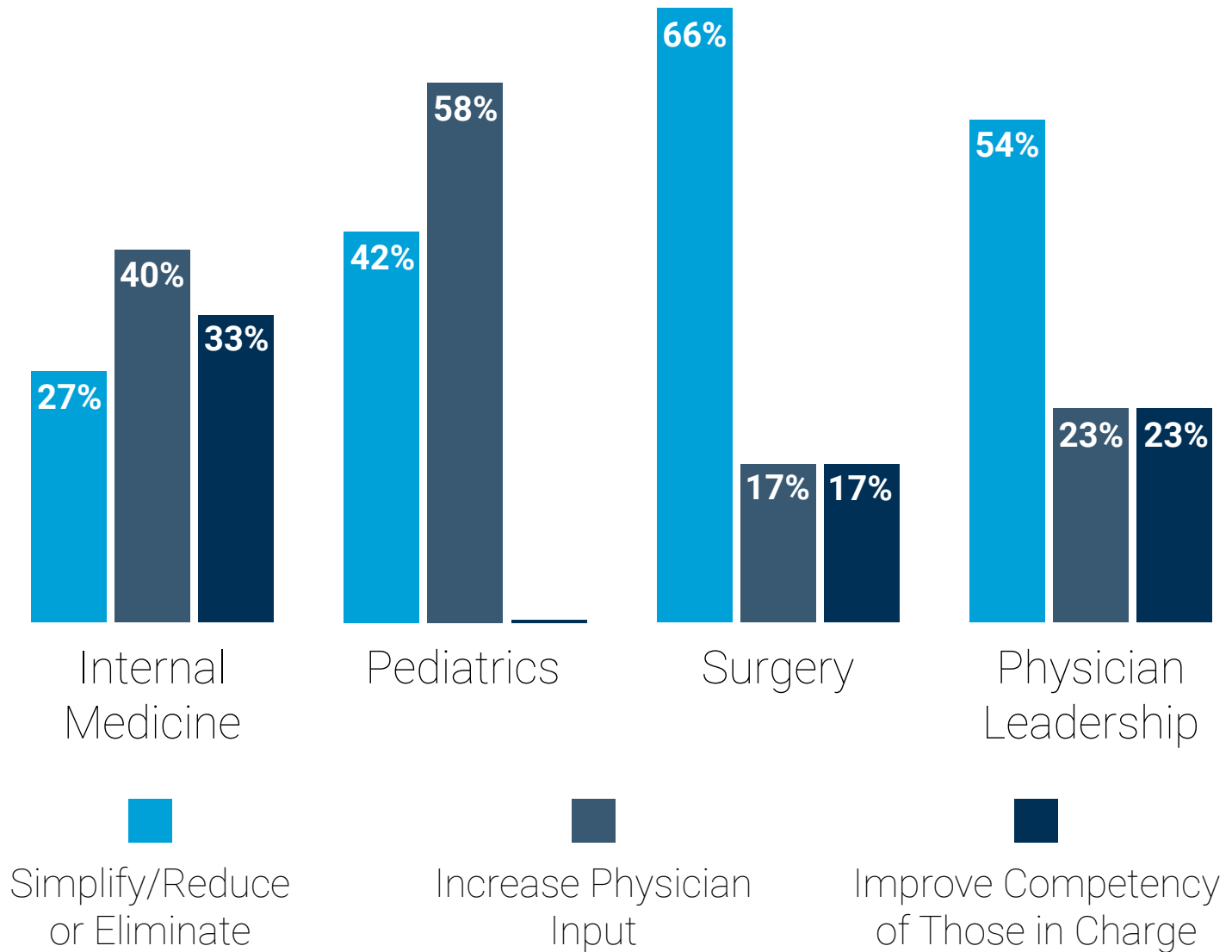
What can be done to reduce bureaucracy stress?



Woody Allen famously said in *Annie Hall*, “Those who can’t do, teach. Those who can’t teach, teach gym.” That appears to be the criticism physicians are directing at bureaucrats. Said a Neurosurgeon, “Most administrators are clinicians that (1) got tired of being a clinician and/or (2) never were that good at being a clinician. They lose sight of what it’s like in the trenches once they reach the inner sanctum.” On the flip side, a psychiatrist said, “Get doctors, or at least clinicians, to be managers.”

Bureaucracy Stress

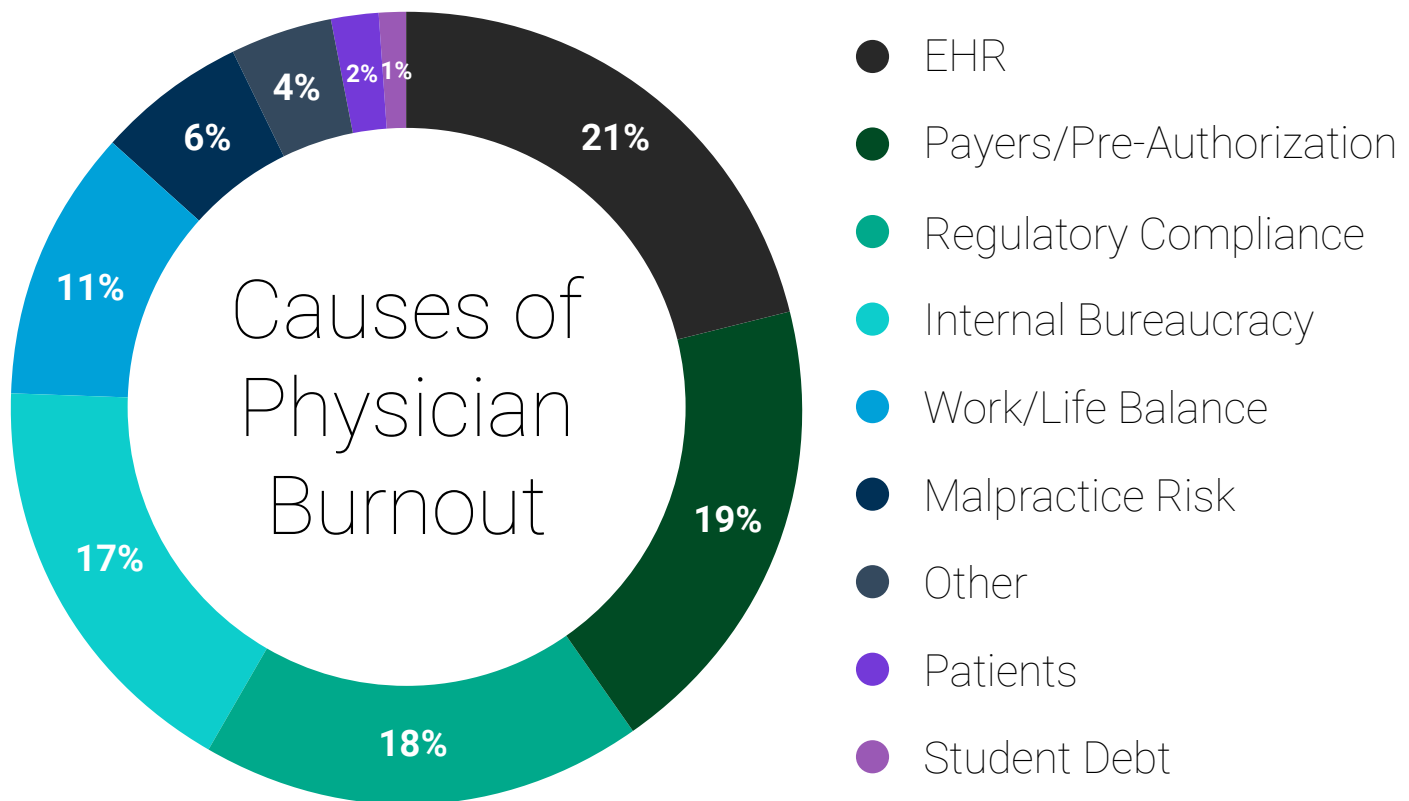
What can be done to reduce bureaucracy stress? - by top four specialties



Surgeons are overwhelmingly pushing for a reduction or elimination of the bureaucratic process. A Plastic Surgeon told us, "Make rules which are for the betterment of results, safety, and efficiency. If it falls out of those parameters, then don't implement the rule." An Orthopedic Surgeon was blunt: "Put me, the doctor back in control. Get rid of the business types, marketing, etc. Medicine is not a business and what has been done and what is going on is deplorable. Hospital systems are raping America!"

Conclusion

Hopefully retirement won't be the solution many physicians opt for to manage the burnout they are suffering. They've made it crystal clear - they want more face-to-face time with their patients. They want to spend more time with their patients than they do with their EHR. They want an end to the hostilities with their payers on want more input on the best treatment plans for their patients. As doctors speak up, perhaps the vendors, payers, and administrators will listen and become a bigger, and more positive, part of the solution.



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