FEEL THE BURNOUT, MAKE THE CONNECTION
HOW TO RECONNECT WITH PATIENTS IN A “SENSELESS” WORLD OF DIGITAL MEDICINE

CHRISTINA LUCAS, D.O.
INTRODUCTION/DISCLOSURES

- Personal Practice History
- No Disclosures to Add
- Audience Poll Questions
OBJECTIVES

• DEFINE BURNOUT
• CAUSES OF BURNOUT
• HOW EACH CAUSE INFLUENCES PHYSICIANS AND STAFF
• WAYS TO OVERCOME BURNOUT
DEFINITION OF “BURNOUT”: 

ACCORDING TO MERRIAM-WEBSTER DICTIONARY, THE TERM “BURNOUT” IS DEFINED AS: EXHAUSTION OF PHYSICAL OR EMOTIONAL STRENGTH OR MOTIVATION USUALLY AS A RESULT OF PROLONGED STRESS OR FRUSTRATION.

THE BRITISH MEDICAL JOURNAL DEFINES BURNOUT AS A SYNDROME OF THREE DIMENSIONS: EMOTIONAL EXHAUSTION, DEPERSONALIZATION, AND LOW PERSONAL ACCOMPLISHMENT
Nostalgia!
When it was all “worth it”
OCCUPATIONAL BURNOUT

OCCUPATIONAL BURNOUT - LONG-TERM, UNRESOLVABLE, JOB STRESS.

HERBERT FREUDENBERGER FIRST TO USE TERM BURN OUT (1974)

CONCEPTS OF BURNOUT DEFINED BY FREUDENBERGER – 3 TYPES DEFINED
EVIDENCE BASED RESEARCH

- BURNOUT IS NOT RECOGNIZED AS A DISTINCT DISORDER IN THE DSM-5. It is included in the ICD-10, but not as a disorder. It can be found in the ICD under problems related to life-management difficulty (Z73).

- MASLACH BURNOUT INVENTORY (MBI) – (CREATED IN 1981 BY CHRISTINA MASLACH)

- THE MBI OPERATIONALIZES BURNOUT AS A THREE-DIMENSIONAL SYNDROME CONSISTING OF: EMOTIONAL EXHAUSTION, DEPERSONALIZATION, AND REDUCED PERSONAL ACCOMPLISHMENT.
EVIDENCE BASED RESEARCH

• MISUSE OF THE TERM – “NOSOLOGICAL CONCEPT/BROAD RANGE OF USE” (IS IT FATIGUE OR MAJOR DEPRESSION? DO YOU NEED A VACATION OR FMLA FROM YOUR WORK?)

• OVERUSE OF THE TERM - HOW MANY MUSICIAN ARTISTS USE THE TERM “BURN OUT” FOR TITLES/THEMES OF THEIR MUSIC: EXAMPLES: IMAGINE DRAGONS, MIDLAND, MARTIN GARRIX
• A GROWING BODY OF EVIDENCE SUGGESTS THAT BURNOUT IS ETIOLOGICALLY, CLINICALLY, AND NOSOLOGICALLY SIMILAR TO DEPRESSION.\cite{1, 14, 15, 16, 17, 18, 19, 20} IN A STUDY THAT DIRECTLY COMPARED DEPRESSIVE SYMPTOMS IN BURNED OUT WORKERS AND CLINICALLY DEPRESSED PATIENTS, NO DIAGNOSTICALLY SIGNIFICANT DIFFERENCES WERE FOUND BETWEEN THE TWO GROUPS
CAUSES OF BURN OUT:

- DEMANDS
- BALANCE
- DISCONNECTION
DEMANDS

PATIENT SATISFACTION
QUALITY METRICS
INSURANCE COMPANIES
RVU/NUMBERS
TIME DEMANDS
COGNITIVE DEMANDS
PCMH
MEDICARE
PATIENT SATISFACTION

CAUSES OF DISSATISFACTION AMONG PATIENTS:

1. COMMUNICATION – NUMBER ONE COMPLAINT/REASON PATIENTS CHANGE DOCTORS
   “HE DIDN’T HEAR ME WITH MY CONCERNS, HE DIDN’T EXPLAIN ANYTHING TO ME”

2. TIME – “SHE DIDN’T SPEND ENOUGH TIME WITH ME- HER HAND WAS ON THE DOOR THE WHOLE VISIT. SHE DIDN’T EVEN LISTEN TO MY HEART”

3. UNREALISTIC EXPECTATIONS – “SHE REFUSED TO FILL MY SCRIPT! WORST DOC EVER! SHE WOULDN’T GIVE ME AN ANTIBIOTIC/NARCOTIC WHEN I NEEDED ONE! “
Here is an excellent example of poor listening/depersonalization – Patch Adams
Movie
CLINICAL SCENARIOS – CAN YOU RELATE?

• HOW MANY OF YOU HAVE TRIED TO ORDER A TEST FOR A PATIENT BUT THE INSURANCE COMPANY HAS REJECTED IT OR REQUIRED A PEER TO PEER TO GET IT APPROVED? HOW DID THAT MAKE YOU FEEL?

• HOW MANY TIMES HAVE YOU ORDERED A PRESCRIPTION FOR A PATIENT ONLY FOR THE PATIENT TO CALL THE OFFICE AFTER HOURS AND COMPLAIN THAT THE SCRIPT IS OVER $300 AND CANNOT AFFORD TO TAKE IT?

• HOW MANY TIMES HAVE YOU TRIED TO TREAT A PATIENT ACCORDING TO GUIDELINES ONLY TO FIND THAT THE PATIENT WENT TO ANOTHER CLINIC THE SAME DAY AND PICKED UP AN ANTIBIOTIC?
QUALITY METRICS

• A FAVORITE QUOTE FROM BENJAMIN DISRAELI (FORMER BRITISH PRIME MINISTER 1800’s):
  “THERE ARE THREE KINDS OF LIES: LIES, DAMNED LIES, AND STATISTICS.”

• PERFORMANCE BASED PAY/OUTCOMES BASED PAY

• RVU INCENTIVES

• CREATING A SENSE OF COMPETITION

• INSURANCE COMPANY MONITORING/ BILLING MONITORING
TIME DEMAND/COGNITIVE DEMANDS

• How many of you have had to miss an event with your kids/family due to a critical patient or need to return to the office/hospital due to an emergency?

• How many of you when you come home from work are still waiting a call on a patient from the ER/hospital regarding a patient?

• How many of you have been awakened at 3AM regarding a “critical lab” result?

• Drugs, divorce, suicide, alcoholism in physicians among the highest (Harvard Med School Study 2/19/2015)
COGNITIVE DEMANDS

• THE 4 YEARS OF UNDERGRAD (OR MORE)

• THE 4 YEARS OF MEDICAL SCHOOL – HAS BEEN COMPARED TO "BOOT CAMP" IN THE MILITARY

• ENDURANCE TEST - (CAP OF 80 HOURS PER WEEK BY ACGME STANDARDS) BUT IF A PATIENT IS CODING DO YOU JUST WALK AWAY? – HOW MANY OF YOU WORKED LONGER THAN 80 HOURS (OR STILL DO? )

• STUDIES SHOW THAT 40% OF THE WORK HOURS ARE NOT EVEN DIRECT PATIENT CARE – PAPERWORK, DOCUMENTATION, DICTATION, ETC.

• LACK OF SLEEP – 71.3% OF OB RESIDENTS AVERAGED LESS THAN 3 HOURS/SLEEP WHILE ON NIGHT CALL DURING RESIDENCY.  WWW.WIKIPEDIA.COM/MEDICAL RESIDENT WORK HOURS
FINANCIAL DEMAND

• AVERAGE COST OF MEDICAL SCHOOL TODAY: THE MEDIAN COST IS $278,455 FOR PRIVATE SCHOOLS AND $207,866 FOR PUBLIC SCHOOLS IN 2013 ACCORDING TO THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

• HOW MANY OF YOU STILL HAVE LOANS?

• LOAN FORGIVENESS/MILITARY SERVICE

• “FREE MED SCHOOL” (KAISER PERMANENTE FOR CLASSES 2020-2024, NEW YORK MODELS)

• CME COST
DEPERSONALIZATION/DISCONNECTION:

CONTRIBUTING FACTORS:

• THE INTERNET “DR. GOOGLE”

• “CLICK BOX” MEDICINE (TECHNOLOGY) (LOOKING AT THE MONITOR INSTEAD OF THE PATIENT)

• LACK OF CONNECTION WITH PATIENTS (TELEMEDICINE/E-VISITS)

• LACK OF SATISFACTION (ANOTHER RUNNY NOSE/COLD – IT’S VIRAL NOT BACTERIAL)

• “ROUTINE MEDICINE” (FEELING LACK OF CHALLENGE)

• FEAR OF TRANSFERENCE – (GETTING EMOTIONALY INVOLVED)
DEPERSONALIZATION/DISCONNECTION
TECHNOLOGY
HUMAN MICROCHIPS!
DEPERSONALIZATION

• WHAT HAVE WE LOST AS A RESULTS OF TECHNOLOGY:

• TOUCH – YOU CANNOT PALPATE THROUGH THE COMPUTER

• SMELL – (INFECTION)

• SIGHT – THE MELANOMA HIDDEN BEHIND AN EAR

• HEAR – THE MURMUR/BRUIT THROUGH AUSCULTATION

• TASTE - (THANKFULLY WE DO NOT DO THIS BUT BACK IN THE DAY DOCTORS USED TO TASTE URINE TO DETERMINE IF THERE WAS SUGAR, SNIFF THE SKIN FOR INFECTION, TASTE SALT IN KIDS )

WE LOSE 4 OF OUR 5 SENSES AS DIAGNOSTIC GUIDES DUE TO TELEMEDICINE ➔ MISDIAGNOSIS??
DEPERSONALIZATION/DISCONNECTION:

While technology can be considered “efficient” and potentially lessens human error, there are still opportunities for error (as computers are not perfect either).

Examples:

• Have you ever had the computer autofill a script that was discontinued and you had to call the pharmacy to cancel or the patient calls angry because the wrong script was filled?

• Have you done an e-visit and had the patient follow up and realize it was not the correct initial diagnosis?
BURNOUT IN THE TEAM

• STUDY DONE BY JAMA IN 2017 META-ANALYSIS FOCUSED ON EMOTIONAL EXHAUSTION OF HEALTHCARE WORKERS. 70% OF THE PEOPLE IN THE STUDIES WERE PHYSICIANS– RESULTS CONCLUDED THAT BURN OUT IS A PROBLEM OF THE WHOLE HEALTH CARE ORGANIZATION RATHER THAN INDIVIDUALS – THIS MEANS THAT OUR STAFF MEMBERS ARE ALSO SUFFERING BURNOUT WHICH CAN LEAD TO POOR FIRST IMPRESSIONS WITH NEW PATIENTS AND POOR COMMUNICATION WITH THE HEALTHCARE TEAM IN THE OFFICE AND IN THE HOSPITAL SETTINGS.  JAMA INTERN MED, 2017;177(2):195-205
BALANCE

WHAT CONSTITUTES GOOD BALANCE? HOW DO WE TUMBLE OUT OF BALANCE?

GOALS – SPENDING TIME WITH WHAT MATTERS TO US PERSONALLY (FAMILY, HOBBIES, SOCIAL EVENTS)

ABILITY TO COMPARTMENTALIZE OUR WORK AND FOCUS ON FAMILY (THIS IS VERY DIFFICULT TO DO BECAUSE OF “ON CALL” STATUS OR IF INTERVENTIONS ARE NEEDED (SURGICAL EMERGENCY, DELIVER A BABY, ETC)

• FINDING MEANING IN WHAT WE DO AS PHYSICIANS

• CAREER GOALS – WHAT WOULD BE OUR WISH AS PHYSICIANS
GREEK PHILOSOPHY

SOCRATES SAID:

• AN UNEXAMINED LIFE IS NOT WORTH LIVING
• TRUE KNOWLEDGE EXISTS IN KNOWING THAT YOU KNOW NOTHING
• BEWARE OF THE BARRENNESS OF A BUSY LIFE
IF WE COULD WAVE A MAGIC WAND AND RE-VAMP HEALTHCARE WHAT WOULD IT LOOK LIKE?

**DEMANDS**
- Get rid of insurance demands
- Get rid of admin demands
- Get rid of paperwork
- Get rid of restrictions for ordering medication/tests needed for the patients
- Increase physician autonomy

**BALANCE**
- Focus on quality not quantity of patients
- Spend more time with patients
- Set boundaries with your time
- Create your own schedule

**RECONNECT**
- Re-engineer EHRs gearing them towards physicians, not to satisfy the requirements of hospitals and insurers
PHYSICIAN, HEAL THYSELF

• UNFORTUNATELY MOST OF THE ARTICLES/STUDIES PUBLISHED TODAY HAVE LITTLE TO ADD TO THIS COMPLICATED PROBLEM OF FIXING OUR CURRENT STATE OF BURNOUT.

• THE PROBLEM IS MULTI-LAYERED AND IS A SYMPTOM OF OUR BIGGER PROBLEM WHICH IS OUR CURRENT HEALTHCARE SYSTEM.

• MANY OF US FEEL “STUCK” WHETHER IT BE DUE TO FINANCIAL STRESS, EMOTIONAL INVESTMENT (YEARS OF STUDY) OR HOPE FOR THE “GOOD OLD DAYS” OF PRACTICE (MY DAD GOT PAID 5 CHICKENS TO DELIVER A BABY TO A LOCAL FARMER BACK IN 1971!)

• HOWEVER, IF WE DO NOT UNLOCK THAT KEY WITHIN US TO FIND THE DRIVING FORCE OF WHY WE GET UP EVERY MORNING AND CONTINUE TO FOCUS ON PATIENTS BURNOUT IS INEVITABLE.
WHAT CAN WE D.O.

• RECONNECTION THROUGH OMT!
WHY D.O. IT?

**CONNECTION**

While you are treating your patient with your hands you can ask about their diabetes, anxiety and unlock their issues further! “Peel the onion to what’s really eating them”

This utilizes all 4 of our 5 senses to diagnose (find an acute GB through touch/palpation)

**COMPASSION**

Release of sympathetic nerves often releases emotion of patients (many cry or laugh after treatment due to release of pain, release of tension and normalization of the body)

Patients feel a sense of understanding and care through the sense of touch and often note physicians who hug/touch them are more compassionate

**COMPENSATION**

99213 + MOD 25 +

98925-29 (number of areas treated)

If on RVU model it can reimburse = to an I&D procedure
OBJECTIONS TO OMT

TOO MUCH TIME
IT TAKES AS MUCH TIME TO DO A SUB OCCIPITAL RELEASE AND TALK ABOUT THE PATIENT’S ANXIETY AS IT DOES TO SIT ACROSS FROM THE PATIENT AND LISTEN TO HIM.

I’M NOT GOOD AT IT
ANSWER: FIND ONE METHOD THAT YOU CAN MASTER AND CONSIDER IMPLEMENTING THAT AND SEE IF YOUR PATIENTS APPRECIATE IT/IF YOU START FINDING ENJOYMENT GO FOR CME TO REFRESH FIND A MENTOR

NO INTEREST
DON’T BELIEVE IN IT? LOTS OF ARTICLES ON THE BENEFITS REFER TO A COLLEAGUE WHO DOES IT FIND ANOTHER AREA OF INTEREST – ACUPRESSURE, FUNCTIONAL MEDICINE, LIFESTYLE MEDICINE, ETC.
FIND A WAY – TREATMENT OPTIONS

• WHETHER IT BE THROUGH MUSIC, ART, FLYING AN AIRPLANE, ETC FIND A WAY TO ENJOY WHAT YOU DID BEFORE YOU WENT TO MED SCHOOL

• MAKE SURE YOU ARE AWARE OF YOURSELF AND OF WHAT IS EATING YOU IF YOU FIND YOURSELF MORE IRRITABLE, DISCONNECTED AND CARING LESS

• MINDFULNESS IS THE STATE OF ACTIVE AWARENESS AND ATTENTION ON THE PRESENT. LIVE IN THE MOMENT “THIS TOO SHALL PASS”

• HAVE GOOD SUPPORT AND REACH OUT TO YOUR SUPERIOR, SOCIAL NETWORK, OR STAFF PSYCHIATRIST

• LIFESTYLE CHANGES – RELAXATION, MEDITATION, YOGA, PRAYER, EXERCISE

• TAKE A VACATION!
RESOURCES

ONLINE

WWW.PALOUSMINDFULNESS.COM
(MINDFULNESS BASES STRESS REDUCTION)

WWW.HELPGUIDE.ORG/ARTICLES/STRESS/RELAXATION-TECHNIQUES-FOR-STRESS-RELIEF.HTM
(VARIOUS RELAXATION TECHNIQUES)

WWW.APA.ORG/HELPCENTER/STRESS-TIPS.ASPX (ANGER MANAGEMENT)

WWW.MENTALHEALTHAMERICA.NET/STRESS-SCREENER

MOBILE APP

THE MINDFULNESS APP (PRACTICES)

HEADSPACE (DAILY MEDITATIONS)

CALM (CALM SOUNDS)

INSIGHT TIMER (GUIDED MEDITATION)

AURA (MEDITATIONS)

SPOTIFY (FOR MUSIC)

URL

AMA STEPS FORWARD

HTTP://WWW.STEPSFORWARD.ORG/MODULES/PHYSICIAN-BURNOUT
(MODULES TO HELP PREVENT BURNOUT)

HTTPS://STEPSFORWARD.ORG/MODULES/PHYSICIAN-WELLNESS
(MODULES TO PROMOTE PHYSICIAN WELLNESS IN TRAINING)

WWW.THEHAPPYMD.COM
(ONLINE SUPPORT AND VIDEOS)
AVAILABLE RESOURCES FOR YOU

• HELP IS AVAILABLE –
  • HFHS CRISIS EAP 24 HOURS/DAY 1-888-EAP-HFHS (327-4347)
  • JULIE HAMILTON P-EAP AT JHAMIL14@HFHS.ORG
  • HFHS EAP REGULAR BUSINESS – 1-888-EAP-HFHS (327-4347)
  • HF BEHAVIORAL HEALTH SERVICES CRISIS LINE- 313-916-2600 OR CALL 1-888-564-3577 AND SET UP A PHYSICIAN WELLNESS APPOINTMENT
  • NATIONAL SUICIDE PREVENTION LIFELINE – 1-800-273-TALK (8255)
  • CRISIS TEXT LINE – 741-741

• OR EMAIL ME IF YOU WOULD LIKE REFERRAL INFORMATION – LMACLEA1@HFHS.ORG  (DR. LISA MACLEAN)
A TASTE OF OUR OWN MEDICINE!
QUESTIONS/DISCUSSION

• IDEAS FOR CHANGING HEALTHCARE AND LOWERING BURNOUT IN THE FUTURE?

• IF YOU HAVE ANY IDEAS YOU WOULD LIKE TO SHARE WITH ME PLEASE FEEL FREE TO CONTACT ME AT: CLUCAS1@HFHS.ORG
THANK YOU!

I WOULD LIKE TO PERSONALLY THANK:
   DR ELIZABETH SWENOR
   AND MELISSA BUDD FOR THIS AMAZING OPPORTUNITY

   DR. LISA MACLEAN FOR HER SUPPORT AND RESOURCES

   DR. ALICE SHANAVER WHO WAS MY OSTEOPATHIC MENTOR, FRIEND
   AND GUIDE THROUGH MY JOURNEY

   AND MY FATHER, DR. OWEN LUCAS WHO HAS SHOWN ME WHAT
   45 YEARS OF MEDICAL PRACTICE LOOKED LIKE AND HOW IT HAS
   EVOLVED IN FAMILY MEDICINE.
GO TO YOUR HAPPY PLACE
CONTACT INFORMATION
CHRISTINA LUCAS DO
LUCAS251@HOTMAIL.COM
734-671-1867 (OFFICE)
734-365-3296 (WORK CELL)