

Addressing the Epidemic of Physician Burnout

HIMSS - NJ Chapter
Presentation
September 27, 2018

RWJBarnabas
HEALTH

+

 **Wellsheet**
doctor-friendly by design

Speakers



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Physician Burnout Overview

Dr. Nawar Al Obaidi

The logo for RWJBarnabas Health, featuring the text "RWJBarnabas" in red and blue, with "HEALTH" in blue below it, all contained within a white rounded rectangle.

RWJBarnabas
HEALTH

What's Physician Burn-out?

Work-related stressors cause...

- Diminished sense of accomplishment
- Depersonalization
- Emotional exhaustion



...Resulting in...

- Lower patient satisfaction
- Lower Care quality
- Higher medical error rates
- Higher malpractice risk
- Higher turnover of physicians
 - Recruitment cost ~ \$0.5 to \$1 Million
- Unhappy staff turnover
- Higher physician substance abuse/addiction
- High physician suicide rates

What Physicians are Saying

“We’re spending our days doing the wrong work.”

“It’s my fourth EHR!”

“Instead of improving efficiency, the system takes my time away from my patients.”

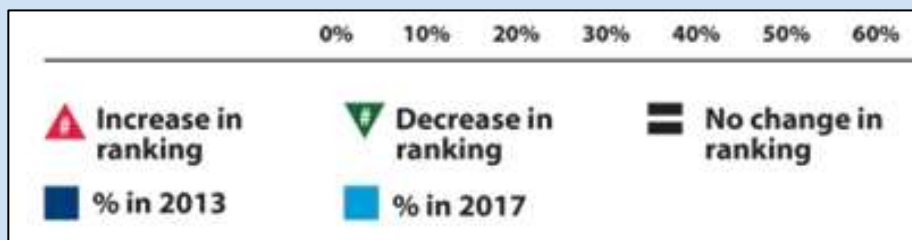
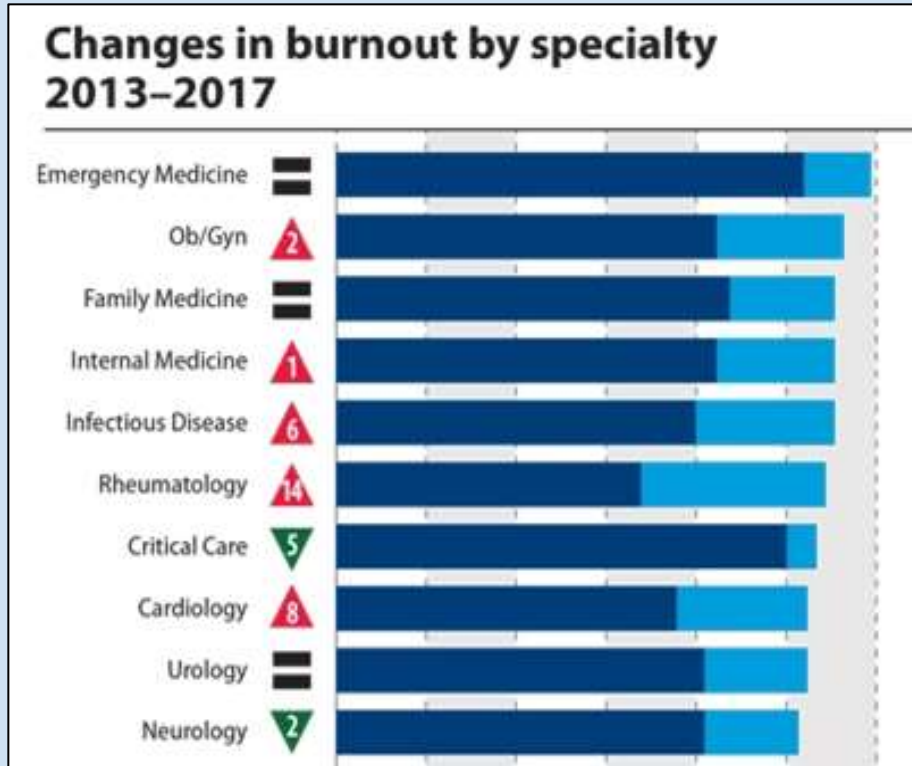
“We are disconnected from our purpose.”

Supplemented physician clinical judgment with government’s metrics for “meaningful use” of information technology in health care.

“Work we do after work and at home is not reimbursed.”

“Add hours of clerical work each day.”

What Specialties are at High Risk?



“Medscape Lifestyle Report 2017”

- More than 14,000 physicians from 27 specialties surveyed
- Grade the severity of their burnout on a scale of one to seven
 - One being that it does not interfere, and seven indicating thoughts of leaving medicine.
 - All but one specialty selected a four or higher.

Four concerns/top causes of burnout:

- Too many bureaucratic tasks
- Spending too many hours at work
- Feeling like just a cog in a wheel
- **Increased computerization of practice**

What are the Possible Causes?

“Professional satisfaction for physicians is primarily driven by the ability to provide high-quality care to patients in an efficient manner.”

HEALTH AFFAIRS BLOG

Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, Dean Harrison

MARCH 28, 2017

10.1377/hblog20170328.059397



Dissatisfaction is Driven by:

- administrative and regulatory burdens
- an inefficient practice environment
- excessive clerical work
- conflicting payer requirements
- limitations of current **technology***

* **EHR technology** has been named a key contributor to the problem, so it gets most of the blame due to regulatory and clerical portion of the system.

Studies Corroborate Worsening Trend

- 54% of U.S. physicians reported at least one symptom of burnout.
- 63% of family physicians experience burnout in a 2017 State of Family Medicine study.
- For every 1 hour physicians provide direct clinical face time to patients, nearly 2 additional hours are spent on EHR and desk work each clinic day.
- Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014.
- Physicians logged an average of 3.08 hours on office visits and 3.17 hours on desktop medicine each day.

<http://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties>

<https://www.healthcareitnews.com/news/ehrs-eating-half-doctors-workday-and-they-are-not-getting-paid-it>

[https://www.mayoclinicproceedings.org/article/S0025-6196\(15\)00716-8/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/fulltext)

<https://www.nejm.org/doi/full/10.1056/NEJMp1716845>

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0811>

<http://www.jabfm.org/content/31/1/7.full>

Reducing Physician Burnout

Possible Solutions

- ❑ Create a metric that measures physician well-being
- ❑ New technology “part of the problem, but could be part of the solution”
- ❑ Regulatory Changes
- ❑ Eliminate EHR Data Entry (e.g. use scribes, virtual assistants)
- ❑ Individualized Training for EHR to Increase Physician Efficiency
- ❑ Value-based reimbursement programs may hold the most promise for controlling spiraling costs, but they must avoid overburdening physicians with administrative responsibilities.

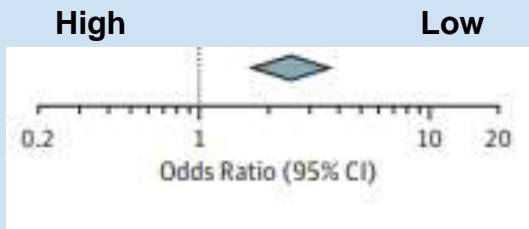
Physician Burnout as Epidemic

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction A Systematic Review and Meta-analysis

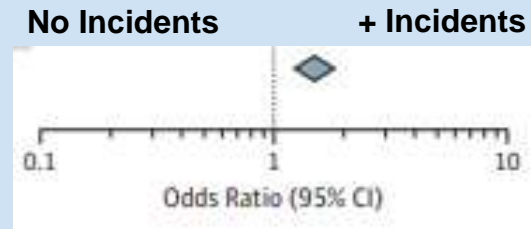
Published online September 4, 2018

Professional Outcomes



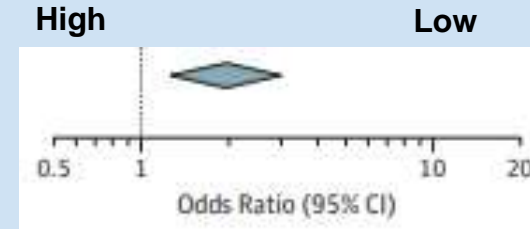
OR, 2.31; 95% CI, 1.87- 2.85

Patient Safety



OR, 1.96; 95% CI, 1.59- 2.40

Patient Satisfaction



OR, 2.28; 95% CI, 1.42-3.68

Authors conclude, ***“physician burnout is associated with suboptimal patient care and professional inefficiencies....”***

workflow
Clinical ~~Decision~~ Support

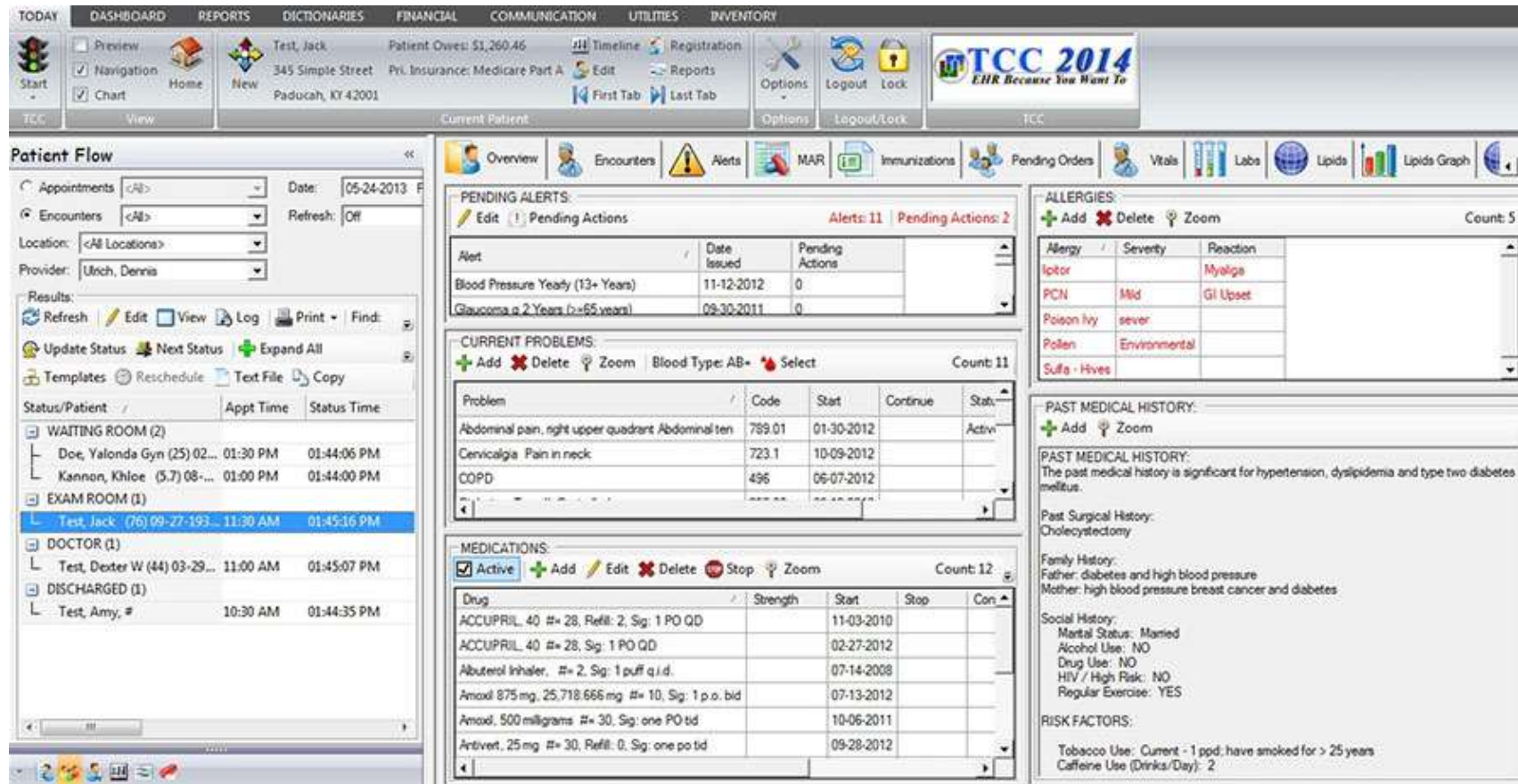
Preventing EHR Burnout

Craig Limoli



EHRs weren't built for Doctors

- Regulation/billing-focused
- Switching costs immense (often >\$100M)
- Bloated, ERP-like, operational software
- Static, lacking prioritization or contextualization



The screenshot displays a complex EHR interface with multiple panels and navigation elements. At the top, there is a navigation bar with tabs for TODAY, DASHBOARD, REPORTS, DICTIONARIES, FINANCIAL, COMMUNICATION, UTILITIES, and INVENTORY. Below this, a patient information bar shows details for 'Test, Jack' and 'Patient Owes: \$1,260.46'. The main interface is divided into several sections:

- Patient Flow:** A sidebar on the left showing a list of appointments and encounters. The selected patient is 'Test, Jack' with an appointment on 05-24-2013.
- PENDING ALERTS:** A table showing alerts such as 'Blood Pressure Yearly (13+ Years)' and 'Glaucoma in 2 Years (>=65 years)'. It indicates 11 alerts and 2 pending actions.
- CURRENT PROBLEMS:** A table listing current medical problems like 'Abdominal pain, right upper quadrant', 'Cervicalgia Pain in neck', and 'COPD'. It shows 11 current problems.
- MEDICATIONS:** A table listing active medications such as 'ACCUPRIL 40 #= 28, Refill: 2, Sig: 1 PO QD' and 'Amoxicillin 875 mg, 25,718,666 mg #= 10, Sig: 1 p.o. bid'. It shows 12 active medications.
- ALLERGIES:** A table listing allergies like 'Ictior', 'PCN', 'Poison Ivy', 'Pollen', and 'Sulfa - Hives'. It indicates 5 allergies.
- PAST MEDICAL HISTORY:** A section detailing past medical history, including 'The past medical history is significant for hypertension, dyslipidemia and type two diabetes mellitus', 'Past Surgical History: Cholecystectomy', 'Family History: Father: diabetes and high blood pressure, Mother: high blood pressure breast cancer and diabetes', and 'Social History: Mental Status: Married, Alcohol Use: NO, Drug Use: NO, HIV / High Risk: NO, Regular Exercise: YES'.
- RISK FACTORS:** A section detailing risk factors like 'Tobacco Use: Current - 1 ppd, have smoked for > 25 years' and 'Caffeine Use (Drinks/Day): 2'.

We envision a future where providers make decisions with a comprehensive view of all relevant information, structured precisely for their needs.

Meet Wellsheet.

Intelligent **condition filters** powered by machine learning to prioritize content for a specific patient and clinical context.

Intuitive **visualization** of the most important content on a single screen with easy ability to get additional details.

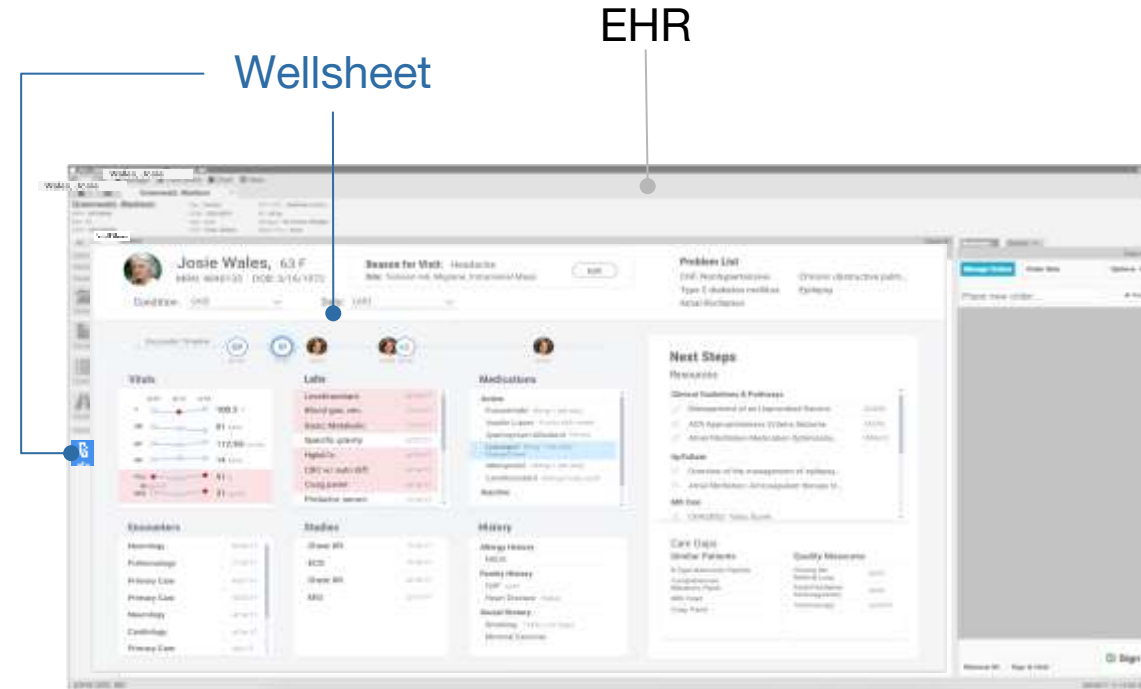


Patient and **physician-specific resources** curated from clinical guidelines, pathways, UpToDate, and MDCalc.

Potential **care gaps** surfaced based on guidelines, practice patterns, quality measures.

Available at the click of a button in the EHR

*In partnership
with:*



1. No Separate log-in or portal
2. “Pre-integration” enabled through APIs
3. Embedded Read / Write capabilities

Live Demo

Applied AI that serves the provider and health system



The digital care experience that **providers** deserve:

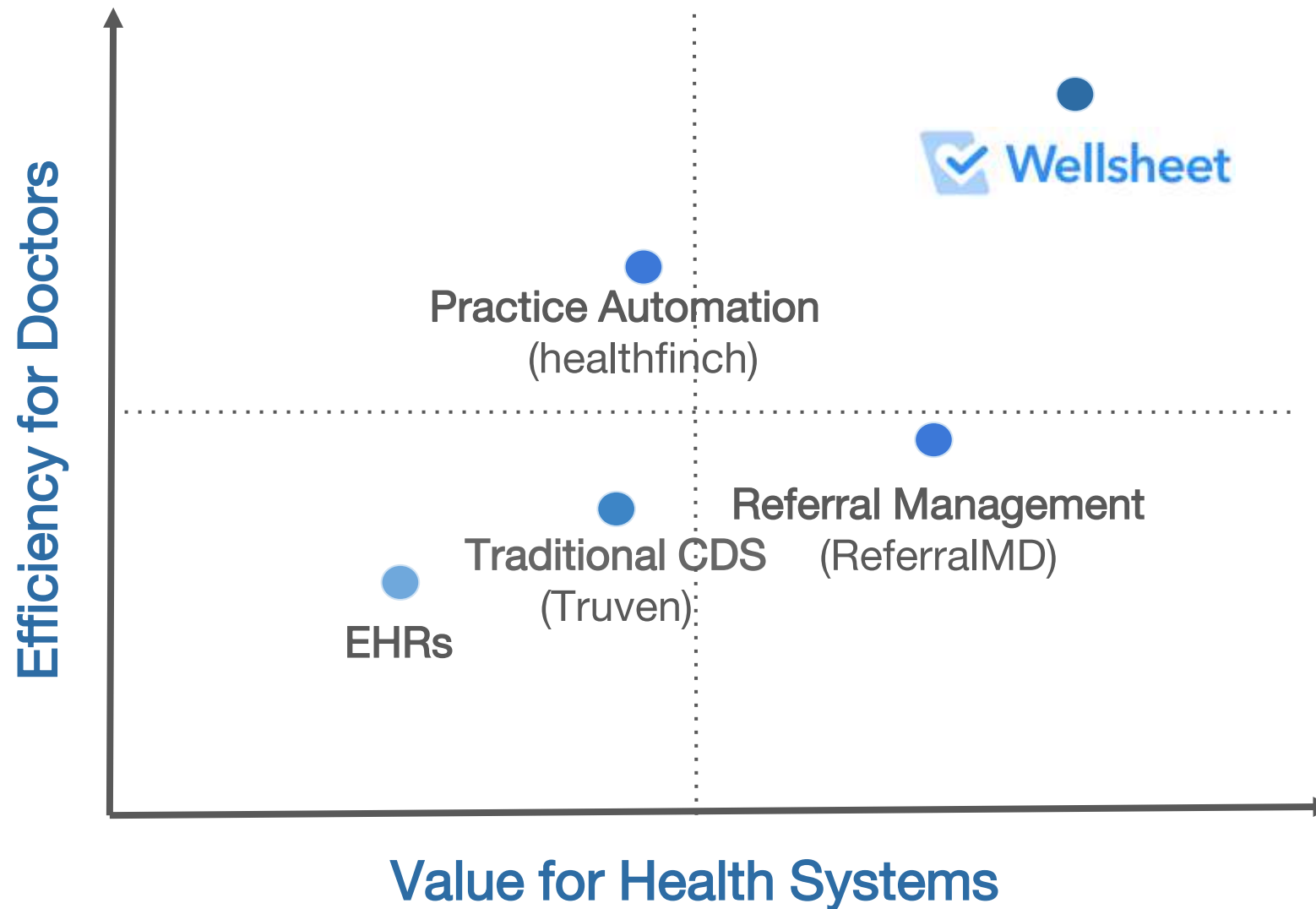
- **Time savings** up to 2 hours per day
- **Improved satisfaction** reported by users
- **Unified view of data** across sources



Higher care quality and reimbursement for the **health system**:

- **Reduce clinical variation** and avoid unnecessary utilization
- **Gain operational efficiency** and reduce Length of Stay
- **Grow service line revenue** and quality-related reimbursement

Doctor-friendly, with an ROI for the health system



We're not the only ones excited about Wellsheet Wellsheet doctor-friendly by design

“This solves the biggest gaps in our product.”

Chief Medical Officer at
Top-5 EHR Vendor



Top partners...

Eg. 

“I’ve been waiting 10 years for this... What a life saver.”

Physician User



Top clients...



“Wellsheet makes clinical workflows more intuitive and actionable.”

The ONC



Top recognition...


ACCURATE HONEST IMPARTIAL

Case Study:

Solution

Intra-Cerner “Clinical Workflow Support” system with initial focus on Inpatient Cardiology



Value Proposition

1. Give back physician time
2. Improve operational efficiency with care pathways
3. Matching patients with procedures and trials

3 Phase Rollout

Phase 1

- Newark Beth Israel Medical Center
- General Medicine, Inpatient Workflow

Phase 2:

- Saint Barnabas Medical Center
- Cardiology, Heart Failure Care Pathway

Phase 3:

- System-wide expansion
- Cross-specialty, cross-EHR

Key Stakeholders

Dr. Gary Rogal
Chief of Cardiology



Dr. Stephen O'Mahony
CMIO



Bob Irwin
CIO



Management Team



Craig Limoli
CEO



Chuck Perry, MD/MBA
CMO



JP Patrizio
VP of
Engineering



Advisory Board



**Shahram
Hejazi**

Partner
BioAdvance



Ofer Shapiro
Founder



Dr. Christine Cassel
Former President



**Dr. Justin
Larkin**



Dr. Stephen O'Mahony
CHIO

