Is There A Standards-Based Approach To Clinician Burnout?

Gary Dickinson, FHL7, Co-Chair HL7 EHR Work Group
Co-Facilitator HL7 RCB Project

David Schlossman, MD, PhD, FACP, MSMI, CPHIMS
Co-Facilitator HL7 RCB Project
Clinician Burden and Clinician Burnout

Burnout is a syndrome characterized by
- Emotional exhaustion
- Feelings of cynicism and detachment from work
- Sense of low personal accomplishment

- 54% of US physicians report at least one symptom of burnout (twice the rate of the general population)
- 70% of US physicians report symptoms of health IT-related stress
- Annual US healthcare costs attributable to physician burnout = $2.6 – 6.3 billion
- 117,000 US physicians left the profession in 2021

I Cry But No One Cares

US Physician Burnout & Depression Report

Methodology

Survey Method
Physicians were invited to participate in a 10-minute online survey.

Screening Requirements
Respondents were required to practice in the United States.

Sample Size
9175 physicians in 29+ specialties met the screening criteria and completed the survey; weighted to the American Medical Association's physician distribution by specialty and state.

Recruitment Period
June 28, 2022 through October 3, 2022

Sampling Error
The margin of error for the survey was ±1.02% at the 95% confidence level using a point estimate of 50%.

Rates of Burnout and/or Depression

Are You Burned Out and/or Depressed?

53% Burned out
23% Depressed
All Specialties are Affected

Which Physicians Are Most Burned Out?

- Emergency Medicine: 65%
- Internal Medicine: 60%
- Pediatrics: 59%
- Ob/Gyn: 58%
- Infectious Diseases: 58%
- Family Medicine: 57%
- Neurology: 55%
- Critical Care: 55%
- Anesthesiology: 55%
- Pulmonary Medicine: 54%
- Radiology: 54%
- Oncology: 52%
- Gastroenterology: 52%
- Surgery, General: 51%
- Diabetes & Endocrinology: 51%
- Rheumatology: 50%
- Otolaryngology: 49%
- Allergy & Immunology: 49%
- Dermatology: 49%
- Ophthalmology: 48%
- Physical Medicine & Rehabilitation: 47%
- Psychiatry: 47%
- Urology: 47%
- Plastic Surgery: 46%
- Orthopedics: 45%
- Nephrology: 44%
- Cardiology: 43%
- Pathology: 39%
- Public Health & Preventive Medicine: 37%
Burnout Can Progress To Depression

Percentage of Physicians Who Are Depressed

- Colloquial depression (feeling down, blue, sad) 67%
- Clinical depression (severe depression lasting some time, not caused by a normal grief event) 24%
- Other 4%
- Prefer not to answer 5%
Clinician Burnout Is A Worldwide Problem

'It's like juggling fire daily': Well-being, workload and burnout in the British NHS - A survey of 721 physicians
Catherine Dominic 1, Dipesh P Gopal 2, Amandip Sidhu 3

Burnout Syndrome Among Medical Practitioners Across India: A Questionnaire-Based Survey
Deepak Langade 1, Pranav D. Modi 2, Yazad F. Sidhwa 3, Namita A. Hishikar 3, Amit S. Gharpure 4, Kalpana Wankhade 5, Jayshree Langade 6, Kedar Joshi 7

A systematic review of burnout among doctors in China: a cultural perspective
Dana Lo 1*, Florence Wu 2, Mark Chan 3, Rodney Chu 2 and Donald Li 1

The consequences of burnout syndrome among healthcare professionals in Spain and Spanish speaking Latin American countries
Rosa Suñer-Soler 1,2,*, Armand Grau-Martín 1,2, Maria Prats 1,2, Daniel Flichtentrei 1,2, Maria Eugenia Gras 1,2

Research Article

Open Access

CostMark
Commonwealth Fund Primary Care Physician Survey

Munira Z. Gunja, Evan D. Gumas, Reginald D. Williams II, Michelle M. Doty, Arnav Shah, and Katharine Fields

Stressed Out and Burned Out: The Global Primary Care Crisis

Findings from the 2022 International Health Policy Survey of Primary Care Physicians

- 9500 Participants from 10 high income countries
- February – September 2022
- Sample sizes 321 – 2092 per country
- Response rates 6 – 40 percent

Younger primary care physicians were generally more likely to report burnout than older physicians; physicians in the Netherlands and Switzerland were least likely to report burnout.

Percentage of primary care physicians who said they were burned out

[Bar chart showing data for NETH, SWIZ*, FRA, SWE*, GER*, AUS*, UK*, US*, CAN*, NZ*.]

Primary care physicians experiencing stress, emotional distress, or burnout were more likely to report the quality of care they provided declined during the pandemic.

Percentage of primary care physicians who said quality of medical care they were able to provide worsened “somewhat” or “a lot” compared to before the COVID-19 pandemic began.

Nearly half of older primary care physicians in most countries say they intend to stop seeing patients in the near future.

Percentage of primary care physicians who said they plan to stop seeing patients in the next one to three years

- NETH*: 4%, 31%
- SWIZ*: 5%, 47%
- GER*: 7%, 40%
- AUS*: 8%, 37%
- CAN*: 11%, 52%
- SWE*: 11%, 48%
- US*: 14%, 45%
- FRA*: 16%, 55%
- NZ*: 18%, 59%
- UK*: 20%, 67%

The Association Between Perceived Electronic Health Record Usability and Professional Burnout Among US Physicians

Edward R. Melnick, MD, MHS; Liselotte N. Dyrbye, MD, MHPE; Christine A. Sinsky, MD; Mickey Trockel, MD, PhD; Colin P. West, MD, PhD; Laurence Nedelec, PhD; Michael A. Tutty, PhD; and Tait Shanafelt, MD
Perceived Causes Of Burnout in the US

What Contributes Most to Your Burnout?

- Too many bureaucratic tasks: 61%
- Lack of respect from coworkers: 38%
- Too many work hours: 37%
- Insufficient compensation: 34%
- Lack of control/autonomy: 31%
- Computerization of practice (EHRs): 25%
- Lack of respect from patients: 23%
- Government regulations: 14%
- Stress from treating COVID-19 patients: 8%
- Other: 12%
Perceived Causes Of Burnout In Other Countries

- Very high patient workloads and inadequate staffing
- Lack of work-life balance and time with family
- Lack of resources needed to provide best quality care
- Lack of control over workflows and a suboptimal work environment
- Patient aggressiveness or violence (in some countries)
- Judgmental professional culture with negative view of any complaints
- Putting organizational needs before patient needs
Clinicians are universally committed to a foundational moral principle: The needs of the patient come first. Moral injury occurs when clinicians, in the course of providing care, repeatedly feel they are constrained to provide care that does not meet this longstanding deeply held commitment to healing because of circumstances beyond their control.

Moral Injury And Burnout

Doctors Aren't Burned Out From Overwork. We're Demoralized by Our Health System.

By Eric Reinhart, M.D., Ph.D.
*The New York Times, February 5, 2023*

Doctors have long diagnosed many of our sickest patients with “demoralization syndrome,” a condition commonly associated with terminal illness that’s characterized by a sense of helplessness and loss of purpose. American physicians are now increasingly suffering from a similar condition, except our demoralization is not a reaction to a medical condition, but rather to the diseased systems for which we work.
HL7 Has Made Some Progress

New Directions

Support disruptive innovation in healthcare information technology through standards

Although location and specialty specific training programs, EHR configuration tweaks, clinician wellness programs, AI supported clinical assistants, and other interventions will be helpful in the short run. But moral distress is not primarily due to lack of resiliency or personal weakness. Definitively addressing many of the issues that underlie clinician burden will require increased resources in an environment where resources to support healthcare are already stretched to the limit in every country.

Is it realistic to think we can convince payers to increase staffing and care resources so clinicians can provide that humane, patient-centered care they envision and achieve at least some improvement in work-life balance?
Federal Aviation Administration Cockpit Design Testing

- Regulations require rigorous human centered design process
- Certifying personnel have human factors and usability qualifications
- Detailed interface level design specifications
- Complex realistic standard testing scenarios carried out in very high-fidelity testing simulators
Office of the National Coordinator EHR Usability Testing

- User centered design process is assessed by attestation only
- No interface level design specifications
- Testing is low fidelity and unit based rather than scenario based
- Testing is open book: vendors know in advance exactly what functionalities they must demonstrate
- Accredited Certifying Bodies have few, if any, qualified human factors experts
- ACB’s are hired by vendors to do the testing and may have nontransparent incentives (almost no one ever fails)
- Testing is only summative

NISTIR 7741
## Policies Allow Usability Burdens to Develop

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<thead>
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<th>Usability Standards</th>
<th>ONC</th>
<th>FAA</th>
<th>FDA</th>
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<tr>
<td>Rigor of design process used</td>
<td>Required: Apply user-centered design process</td>
<td>Required: Apply human-centered design process</td>
<td>Required: Follow human factors considerations</td>
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<td>Compliance: Attestation evaluated by CTB with</td>
<td>Compliance: Data-supported internal evaluation including human factors experts</td>
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<td>Compliance: Data-supported internal evaluation including human factors experts</td>
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<td>no requirement for human factors expertise</td>
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<td>Availability of interface level design</td>
<td>No interface level design specifications</td>
<td>Specific interface level design specifications applied across the industry</td>
<td>Interface level design specifications, some industry wide and some device-specific</td>
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<td>specifications</td>
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<td>Certification and</td>
<td>Summative testing not requiring representative end users or a realistic testing environment</td>
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The Real Discussion Questions

- Is it possible to write a technical standard for user-centered design (UCD) that:
  - encompasses the extremely broad range of developers and systems that may be relevant
  - addresses the deficiencies in ONC’s current UCD standard
  - is not so prescriptive as to be immediately unacceptable to most EHR software developers?
- Would that contribute, even indirectly, to reducing burnout?
- What might the contents of such a standard look like?
  - Data supported internal evaluation and publication of UCD processes
  - Summative testing with representative end users (i.e., experienced clinicians)
  - Specified design level interface paradigms (e.g., Problem Oriented Health Record)
- What other approaches might HL7 take to make a contribution in this area?
- Would anyone be interested in leading or joining a team to work in this area?
Comments and Questions?

Gary Dickinson FHL7, Co-Chair EHR WG
EHR Standards Consulting
gary.dickinson@ehr-standards.com

David Schlossman MD PhD FACP MSMI
MedInfoDoc LLC
dschloss39@gmail.com