



The business case for physician capability

By Jessica Sweeney-Platt | October 6, 2017

Imagine that you spend the better part of a decade and tens of thousands of dollars to prepare yourself for a career as a healer, only to find, 10 years later, that you are spending half your time on administrative tasks and reporting. Day after day, your focus is drawn away from the caregiving that gives you joy and improves the lives of your patients.

Likely you would begin to feel emotionally exhausted, dispirited, and detached. In other words, you would be burned out.

This has serious implications not just for physicians but to the organization as a whole – it represents a real threat to the business.

Physician burnout is becoming all but epidemic in healthcare, with study after study indicating that an alarmingly high number of doctors experience the emotional exhaustion, depersonalization and sense of low personal accomplishment that define burnout.

Now, new data from more than 1,000 practicing physicians surveyed by athenahealth provides insight into the various dimensions and manifestations of burnout – and offers doctors, their managers and staffs a way forward to address burnout and protect their organizations.

A threat to the organization

Burnout is a complex condition. But one insight that emerges very clearly from our research, and that of others, is that physicians are not experiencing burnout because of their patient interactions. Rather, it is the rising tide of administrative demands from within and outside the organization that are making so many physicians feel disconnected.

In a 2016 survey of more than 17,000 physicians, conducted by the Physicians Foundation, 54 percent of doctors surveyed rated their morale as somewhat or very negative, and 49 percent of them said they either often or always felt burned out. Nearly half of all surveyed physicians would no longer recommend

medicine to their own children as a career, and a third would not choose medicine again for themselves.

48% of physicians think they'll have trouble maintaining their workload over the long term



Source: athenahealth
Sample: Survey of 1,029 practicing physicians, April 2017.

This ongoing situation represents a problem not just for physicians, but for their organizations. Our research shows that physicians who reported experiencing signs of burnout are more than 3 times as likely to say they are going to leave their organizations within 3 years – 20 percent as opposed to 9 percent of physicians who aren't experiencing burnout.

Given that healthcare system spends an average of over \$250,000 to recruit and onboard each new physician, this represents a substantial risk to the organization, in both financial and cultural terms.

Complicating the issue for healthcare managers: Burned out physicians may be hard to spot. Our research shows no difference in productivity, measured in RVUs per day, between those with symptoms of burnout and those without.

But there is evidence that physician burnout can negatively impact patient care. A 2008 study of 8,000 surgeons, conducted by the American College of Surgeons, found a strong correlation between the surgeon's level of burnout and self-reported major medical errors. So burned out physicians may be ticking time bombs within an organization, likely to leave or to negatively impact patient care.

Addressing physician burnout is a "must do" for healthcare organizations. It is critical for workforce stability, provider satisfaction, and patient care – and it's simply the right thing to do.

But for the long-term, a healthy workforce requires more than just the absence of burnout. We need a system that supports both physician well-being and organizational health, and we need a way to measure the effectiveness of that system.

Measuring workforce health and stability

athenahealth's research into the characteristics of high-performing service companies has surfaced a new metric for workforce health: self-perceived capability.

"Capability," a term derived from research into service organizations, is not about a physician's clinical skills. Rather, it's a measure of how effectively the organization supports the physician. Capable physicians, as we've defined them, agree that they have the tools, resources, information, and latitude to provide high-quality patient care.

And capability can be measured for both clinical and non-clinical staff. It represents how well the organization has designed jobs and systems to ensure that all team members have the tools to work at the top their licenses.

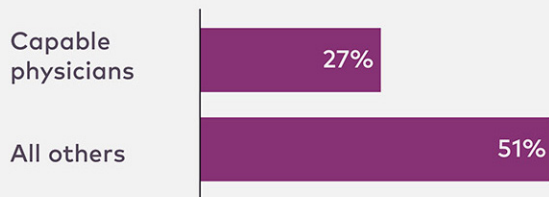
We believe that building capability among physicians and staffs will address many of the controllable factors that contribute to burnout. And we think a focus on capability will promote a healthier, more sustainable workforce over the long term.

Our survey data bears this out. We found that those physicians who rated themselves as capable were about half as likely to exhibit symptoms of burnout as doctors who did not demonstrate the criteria for capability.

Capability also correlates strongly with other important performance metrics. Capable physicians are half as likely to want to leave their organizations within 3 years, and they are almost 15 percent more productive, than physicians who do not meet the criteria for capability.

Capable* physicians are less likely to experience burnout

Percentage of physicians exhibiting symptoms of burnout



Source: athenahealth

Sample: Survey of 1,029 practicing physicians, April 2017.

*Capable physicians agree or strongly agree with these statements: "I have the latitude to provide high-quality care to my patients" and "I have the tools and resources to properly care for my patients."

Building capability to promote workforce health

Beyond aiming to fix the burnout problem, capability represents an aspirational goal for healthcare organizations. It's an exciting concept. Building capability allows us to imagine a world where physicians and staff wake up energized to come to work in the morning, because they are surrounded by systems and people who enable them to focus on what they do best.

In an organization that emphasizes capability, team members have clearly defined roles and responsibilities. Leaders listen to the frontline and prioritize training, communication, and alignment. Innovation is prized and rewarded – especially innovation that results in fewer administrative tasks performed by physicians and other providers.

It's not an impossible dream; it's a reality that most of us would agree is one worth working towards.

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