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### Roundtable Participants

- **Paul DeChant, MD, MBA**  
  Deputy Chief Health Officer, Simpler Consulting / IBM Watson Health

- **Christina Maslach, PhD**  
  Professor in the Department of Psychology (emerita), University of California, Berkeley

- **Tait Shanafelt, MD**  
  Chief Wellness Officer and Director of the WellMD Center, Stanford Medicine; Associate Dean, Stanford School of Medicine

- **Karen Weiner, MD, MMM**  
  Chief Executive Officer, Oregon Medical Group

- **Namita Seth Mohta, MD**  
  Clinical Editor, NEJM Catalyst (moderator)

- **Edward Prewitt, MPP**  
  Editorial Director, NEJM Catalyst (moderator)

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An independent NEJM Catalyst report sponsored by IBM Watson Health
Physician burnout is universally recognized as one of the leading health care challenges of our time. Its negative impact on patients; on health care systems, hospitals, and medical groups; and on physicians themselves, is significant.

Despite this worrisome trend, there remains a lack of consensus on how to define burnout, how to measure it, what the root causes are, and most importantly, what health care leaders and clinicians can do to reduce burnout.

This NEJM Catalyst Roundtable event brought together four experts, all deeply engaged in reducing physician burnout from different perspectives, to share in a robust discussion:

- Christina Maslach, PhD, an icon in the field, one of the original researchers into burnout, and developer of the Maslach Burnout Inventory
- Tait Shanafelt, MD, a practicing oncologist, a leading researcher in physician burnout internationally, and the first Chief Wellness Officer at Stanford University Medical School
- Karen Weiner, MD, MBA, a practicing pediatrician and the CEO of the Oregon Medical Group, a 150-physician group practice that has reduced rates of physician burnout below 15% over the past five years
- Paul DeChant, MD, MBA, a former practicing family physician, former CEO of the Sutter Gould Medical Foundation, and co-author of *Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine*

Burnout is an indication of underlying organizational dysfunction. Effectively addressing burnout requires a comprehensive strategy that operates at the enterprise, departmental, and individual levels.

As with any strategic initiative, leaders must start by measuring key indicators, in this case the manifestations, drivers, and impacts of burnout. This serves as the basis for designing a burnout mitigation plan that includes support for physician wellness, changes to the management system, and improvement in efficiency at the point of care, including technology solutions, that allow physicians to focus on their patients rather than on the EHR and regulatory requirements.

IBM Watson Health aspires to improve lives and give hope by delivering innovation to address the world’s most pressing health challenges through data and cognitive insights. We wish to thank the participants in this roundtable for sharing their experiences and insights in this wide-ranging discussion. Thanks also to the team at NEJM Catalyst for their partnership and work to bring the right group to the table.

We hope readers will gain new knowledge and put these ideas into action, to improve the lives of patients and physicians while improving the performance of their health care organizations.
SEEKING SOLUTIONS TO PHYSICIAN BURNOUT

Roundtable Discussion

Like the quality movement that has transformed health care over the past decade, solving the problem of physician burnout is a process, not a simple set of one-time fixes or action items. Think improving workflow, communication, technology, and culture. A proper diagnosis is essential to a cure. Above all, engaged leadership is crucial to reducing burnout.

These were the takeaways from an extraordinary discussion at an NEJM Catalyst in-person roundtable, “Seeking Solutions to Physician Burnout,” which brought together experts with different perspectives on this pressing issue: a medical group CEO, a chief wellness officer and leading researcher on burnout, a psychologist who created the leading survey instrument, and a consultant and executive coach for physicians and physician organizations. NEJM Catalyst editors moderated the discussion, supported by survey results of our Insights Council that point the way toward solutions to combat burnout and its causes.

Burnout is a syndrome of depersonalization, emotional exhaustion, and decreased efficacy, says Tait Shanafelt, MD, Chief Wellness Officer and Director of the WellMD Center at Stanford Medicine, as well as Associate Dean of the Stanford School of Medicine, and one of the most widely published researchers on physician burnout. It afflicts more than half of practicing physicians and physicians in training, and is nothing less than a public health crisis due to the effects on access and quality of care, he says.

The keys to addressing burnout, says Paul DeChant, MD, MBA, Deputy Chief Health Officer of Simpler Consulting / IBM Watson Health, lie in proper assessment, supportive leadership, and organizational change to implement management and technology systems that empower and align clinicians at the front lines of care.

Burnout is a major risk factor to human services organizations, says Christina Maslach, PhD, Professor Emerita in the psychology department at the University of California, Berkeley, and creator of the Maslach Burnout Inventory (MBI), the most widely used tool to study burnout.

Karen Weiner, MD, MMM, CEO of Oregon Medical Group, a multispecialty physicians practice headquartered in Eugene, has used the MBI to assess levels of burnout at her organization. A multi-step response reduced burnout levels significantly, according to follow-up assessments, but the process must be ongoing, she says.

“The keys to addressing burnout lie in proper assessment, supportive leadership, and organizational change to implement management and technology systems that empower and align clinicians at the front lines of care.”

—Paul DeChant
Assessing the Problem

“Burnout manifests in multiple ways and is the result of a myriad of drivers,” says Namita Seth Mohta, MD, Clinical Editor of NEJM Catalyst and an internist at Brigham and Women’s Hospital in Boston. “We need to segment and understand those different manifestations and drivers in order to appropriately tailor interventions and, ideally, deploy preventive measures.”

Maslach likens assessments to regular checkups for patients, as opposed to simply treating a one-time disease. In essence, the journey to reduce burnout and increase professional fulfillment never ends, because the external environment and industry surrounding physicians is ever-changing. If burnout can be equated to having a fever, are the solutions offered treating the fever or addressing the root causes of that fever?

While no single change is the cure-all to burnout, an organizational culture embracing core values such as fairness, positive feedback, and avoiding punishment of physicians for speaking out about burnout are cornerstones of moving beyond the problem, she says.

When a physician experiences burnout – including thoughts of leaving the profession, depression, or even suicidal ideation – leaders should regard those symptoms as the canary in the coal mine. Rather than obsessing over measuring the canary’s symptoms, they must measure negative conditions in the environment, Maslach says.

Addressing Organizations, Not Individuals

Organizational efforts to address burnout must include a comprehensive strategy that operates at the individual, work unit, leader, and system-wide level, and addresses the unique challenges in each of those areas, Shanafelt says.

Shanafelt previously led a successful initiative at Mayo Clinic to counter burnout and improve physicians’ sense of fulfillment and well-being, before he became the first chief physician wellness officer at a U.S. academic medical center – Stanford Medicine – in June 2017.

Each level of an organization must be engaged by leadership. Here again, Shanafelt likens solutions to burnout to how improvements in quality have been made in health care organizations. “You cannot fix quality in the Quality Department or the C-suite, but you can devise a system-level strategy and appoint a leader who will measure quality, identify problems, engage those local units, and coordinate the organizational strategy to make progress.”

Burnout assessments typically evaluate physician workload and work demands, the efficiency and resources available in the work environment, and the amount of control individual physicians have in helping shape their work environment, he says. To what extent does the work environment support a sense...
of common purpose, provide mentorship, and facilitate work-life integration? As technology has transformed health care, physicians have become more isolated and many have lost their sense of meaning and purpose, both of which aggravate feelings of burnout.

Beyond a simple burnout survey, organizations must define the characteristics of the future ideal state environment they intend to create to minimize burnout, and identify the directional operational metrics to be used to measure progress toward that ideal state, Shanafelt says. He warns against rush jobs at organizations where leaders want to implement simple fixes such as creating a resilience or stress management course. “We should not be trying to give a Tylenol to transiently mask the fever; our focus should be treating the underlying infection. The things we need to be focusing on - leadership behavior, teamwork, improving efficiency in the practice environment, building community, cultivating equity and fairness - are where the major dividends lie. Improvement in these domains is what we need to commit to and it doesn’t happen overnight.”

Leading from the Top

When an initial assessment showed concerning levels of burnout, Oregon Medical Group brought in a stress management and resiliency trainer for an introductory session that physicians could opt to attend – or not. Weiner recalls that “50% of doctors said this was helpful, and 50% didn’t. The highest rate of reports of burnout had the most negative response to the trainer. Some said it was frustrating to hold this training at the lunch hour, because they had work to do.”

Partly as a response to this inadequate start, Weiner’s team adapted a PDSA (plan, do, study, act) cycle chart developed by the Center for Creative Leadership. “Over time, you’re actually changing your organizational competencies, which changes your organizational reality,” Weiner says. “This creates an organizational resiliency.”

Within each clinic space at Oregon Medical Group, teams now huddle every morning, each having chosen the metrics most important to them, such as whether staff are taking the time off to which they are entitled.

To develop a comprehensive response to burnout, Weiner utilized a flow chart of many organizational factors related to burnout, based on Becoming a Strategic Leader, by CCL authors Katherine Beatty and Richard Hughes.

One new organizational feedback loop is that the Chief Financial Officer of Oregon Medical

Source: Adapted from Becoming a Strategic Leader, Hughes and Beatty, Center for Creative Leadership
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Roundtable Discussion

Weiner also praises the physician resiliency and wellness program at Novant Health in North Carolina. “They’re tying together the competencies around wellness and self-awareness and self-management within being able to manage relationships, and read and understand people – the basics of emotional intelligence that lead you to be able to do these kinds of things,” she says.

The Novant Health approach takes the form of a three-day workshop, followed by one-on-one coaching. “Their whole mantra is lead yourself, lead your team, lead your organization,” Weiner says.

Overcoming Industry Barriers

In addressing physician burnout, a fundamental dilemma remains at many organizations, DeChant says. Physicians place a higher value on maximizing the time they spend with patients, while administrators value throughput, efficiency, and thoroughness of documenting quality measures. This discrepancy can eat away at the patient-physician relationship, reduce clinicians’ time to understand each patient, and make for too much “pajama time” for physicians who must finish documentation at the end of the day.

“Metrics are driven externally by industry reality,” says DeChant, who previously headed Sutter Gould Medical Foundation, overseeing 350 physicians. “One of the challenges of administrators dealing with burnout is most of them think there are two options for burnout. People can work less, so we reduce the overload, or we can spend money on scribes and wellness programs. Both of those have a very negative impact on a very thin operating margin to start with.”

Wellness and resilience programs have become popular at health care organizations, but they typically fail to address the underlying causes of burnout, DeChant says. “When we work on resilience, we’re just trying to create a ‘super canary.’ But it’s the toxic gas that’s killing the canaries that we really have to be focused on.”

In the NEJM Catalyst Insights Council survey on burnout, which went to clinical leaders, clinicians, and health care executives at organizations directly involved in health care delivery, two tools/initiatives stood out among options to reduce or guard against burnout: off-loading clerical tasks to scribes, pharmacy technicians, and population health facilitators; and improving electronic medical records and other IT systems.

“Insights Council members say that clinician burnout is pervasive,” says Edward Prewitt, NEJM Catalyst’s Editorial Director. “And by a large margin, they point to organizations, rather than individuals, as the locus for solutions.”
Roundtable Discussion

At its conclusion, the roundtable panelists agreed that more work remains to identify effective organization interventions at the organization and system level, fine-tune the metrics to assess progress, and then to disseminate them widely throughout health care organizations. It’s a process that will never truly end.

Despite the urgency of the problem, health care organizations need to set realistic expectations, realizing that burnout cannot be eliminated overnight. DeChant says, “Most people overestimate what they can do in two years, and underestimate what they can accomplish in ten years. It took many years to get where we are with burnout, and it will take a concerted effort to sustainably improve health care workplaces, technology systems, and cultures.”
Select Survey Results
From the NEJM Catalyst Insights Council survey on Immunization Against Burnout, published on April 12, 2018.

To what extent is physician burnout a problem at your organization now?

- Not at all a problem: 4%
- Minor problem: 13%
- Moderate problem: 48%
- Serious problem: 35%

Base = 703

Where should interventions to reduce burnout be targeted?

- Organizational (e.g., systems and infrastructure enhancements): 82%
- Regulatory (e.g., payer/documentation requirements): 48%
- Individual: 47%
- Governmental: 10%

Base = 703 (multiple responses)

To what extent is burnout a problem now among the following other groups at your organization?

<table>
<thead>
<tr>
<th>Group</th>
<th>Serious problem</th>
<th>Moderate problem</th>
<th>Minor problem</th>
<th>Not a problem</th>
<th>Net (Serious + moderate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (RN)</td>
<td>28%</td>
<td>50%</td>
<td>17%</td>
<td>5%</td>
<td>78%</td>
</tr>
<tr>
<td>APRNs (NPs, PAs, midwives)</td>
<td>17%</td>
<td>47%</td>
<td>27%</td>
<td>9%</td>
<td>64%</td>
</tr>
<tr>
<td>Clinical leaders</td>
<td>16%</td>
<td>40%</td>
<td>33%</td>
<td>11%</td>
<td>56%</td>
</tr>
<tr>
<td>Executives</td>
<td>8%</td>
<td>34%</td>
<td>39%</td>
<td>19%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Base = 703

What are some tools/initiatives that health care organizations can deploy to reduce or guard against clinician burnout?

- Off-load clerical tasks (e.g., to scribes, pharmacy technician, or population health facilitators): 54%
- Improve electronic medical records (EMRs) and other IT systems: 46%
- Create/improve an organizational culture of wellness: 21%
- Change compensation/incentive models: 16%
- Promote camaraderie and social connectedness: 13%
- Find more meaningful work (e.g., shift from full-time clinician into more research, consulting, or other forms of protected time): 11%
- Allow space for creativity: 10%
- Reduce number of quality measures tracked: 9%
- Identify and promote positive role models (e.g., leadership development): 7%
- Reduce work time (e.g., change from full-time to a part-time clinician): 5%

Base = 703 (multiple responses)
IBM Watson Health is a business unit of IBM that aspires to improve lives and give hope by delivering innovation to address the world’s most pressing health challenges through data and cognitive insights. Watson Health technologies are tackling a wide range of the world’s biggest healthcare challenges including cancer, diabetes, drug discovery and more.

Simpler Healthcare, a division of IBM Watson Health, provides management and process improvement consulting to the full spectrum of healthcare provider and payer organizations, supporting pursuit of the Quadruple Aim – higher quality, lower cost, better service, and improved clinician well-being.

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.

Visit us at catalyst.nejm.org

Survey Methodology

- The Leadership Survey: Immunization Against Burnout was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.

- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.

- In September 2017, an online survey was sent to the NEJM Catalyst Insights Council.

- A total of 703 completed surveys are included in the analysis. The margin of error for a base of 703 is +/- 3.7% at the 95% confidence level.