



The cure for physician burnout? Magic

By Gale Pryor | May 4, 2018

In 1951, two young doctors hung out a shingle in Fayetteville, Georgia. For the next 55 years, Ferrol and Helen Sams cared for generations of patients while raising their family. Today, their son, Jim Sams, M.D., remembers watching his parents practice medicine – and doing what many doctors today cannot.

“When Mama and Daddy were doctors, there wasn’t open heart surgery, there weren’t intensive care units. A lot of the drugs we have today didn’t exist. But what they did have was the doctor-patient relationship, and that was the real power of medicine,” Sams says. “They were tightly connected with their patients, which kept them tightly connected to the joy of practicing medicine.”

Now CEO of Privia Medical Group – Georgia, Jim Sams’ own long career has spanned both independent private practice and employment with large health systems, from direct patient care to leading physicians from the C-suite. Over those years, he has seen daily distractions to direct patient care multiply to unmanageable levels.



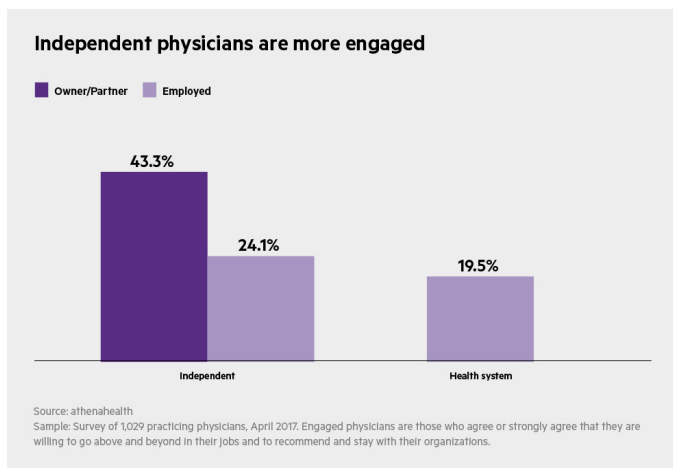
James Sams, M.D.

My parents never allowed any of that stuff to get between them and their patients,” Sams says. “But today we’re distanced from our patients, from that really magical piece of the doctor-patient relationship.”

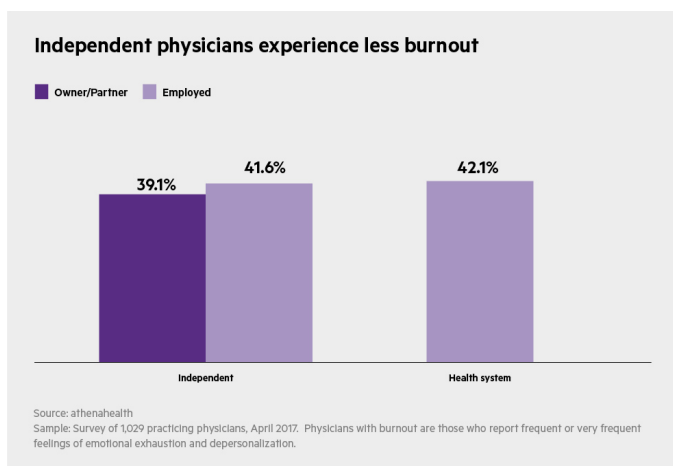
And without that “magic,” physicians are less able to help patients – and utterly unable to help drive the changes that healthcare needs now.

The origin of burnout

The loss of a tight connection with patients may be the pathogen that launched the epidemic of burnout among physicians today. Ongoing research from athenahealth offers data that map the route from distraction to despair. In a survey of more than 1,000 physicians, researchers tracked symptoms of burnout, as well as levels of productivity and engagement.



The data show that non-owner physicians in independent groups have high levels of engagement and lowest of burnout. Owners or partners of independent groups are engaged but with higher levels of burnout. And doctors employed by large systems tend to be less engaged and report the highest levels of burnout of all.



“This makes sense,” says Jessica Sweeney-Platt, executive director of research for athenahealth. “The clear difference between the three groups is that independent physicians spend more time on direct patient care and less on distracting non-clinical tasks than owners and employed doctors.”

And Sams agrees: The doctor-patient relationship must be restored and protected to end the burnout epidemic. “The tighter we get our physicians back directly with their patients, that relationship becomes not transactional but therapeutic – and it cuts both ways. You give and you get. My parents always got more back than they ever gave.”

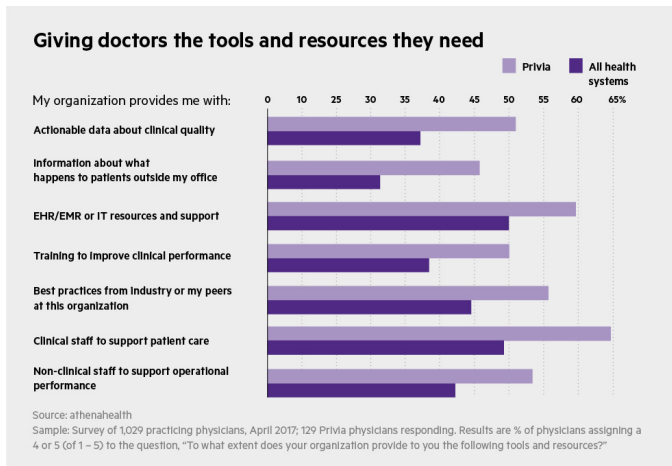
A new metric to battle burnout

athenahealth’s research into physician burnout and engagement has led to a new metric that pinpoints the factors that drive burnout or engagement among providers. Termed “capability,” it is derived from an established framework in service industries and measures how effectively an organization supports its physicians.

Physicians who feel they are free to make choices that are right for each patient – and who believe they have the tools and resources that support that latitude – have lower levels of burnout, according to athenahealth’s researchers. They have higher “capability” scores because their organizations enable them to focus on patients without distractions.

With Sams at the helm in Georgia, Privia Health, a national medical group company, implements innovative tools and efficient workflows to ensure that physicians have latitude when delivering patient care. And so it’s no surprise that Privia’s physicians score high in their overall perception of seven key ways in which their organization supports them – the components of the capability metric.

“As a group,” says Sams, “we come together around the science of medicine and best practices. But the art of medicine is the individual autonomy we support at the local practice level. How you hit the target for hemoglobin A1c in Atlanta may be different than in Savannah. Making that happen with a specific patient



"It takes a lot of energy to make change happen," Sams says. "And a burned-out doc is pretty resistant to doing anything any differently."

Across healthcare, physicians are struggling with change, or embracing it. The difference in responses to a transforming field may be found in measuring the capability – the right technology, workflows and other innovative support systems of their organizations – that restore joy to practicing medicine.

Gale Pryor is senior editor of athenaInsight.

Tools and resources create latitude

In the Privia model, shared tools and resources integrate disparate practices, turning them into a high-performing group. "It allows us to be part of something big while maintaining independence at the practice level," Sams says. "Put the right tools and the right data in front of physicians at the point of care so that they can make the right informed decisions. I think that's the key."

A workflow that distributes tasks to a care team and away from the physician is essential, in Sams' view. "How do we make sure that the work that hits their inbox is actually physician work? Does it belong in a nurse's inbox, or a manager's inbox, a care coordinator's inbox, a health coach's inbox? If we get tasks to the right member of a care team so that physicians can focus on the unique work that only they can do, then we'll start reconnecting them with the joy that's found in the service of others."

Joy heals burnout – and enables change

That joy, says Sams, is the opposite of burnout, and without it, healthcare organizations cannot improve care delivery. Without those therapeutic relationships with patients, he says, "physicians are not motivated to engage in change, to help design and make new care models, to create different ways to see patients that produce better results for both the patient and the physician."

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