



How to build and sustain a ‘capable’ healthcare system

By Gale Pryor | September 27, 2018

What matters most when building and sustaining a healthcare organization? What are the precise levers to pull to promote physician wellbeing, financial success, and better outcomes at lower cost?

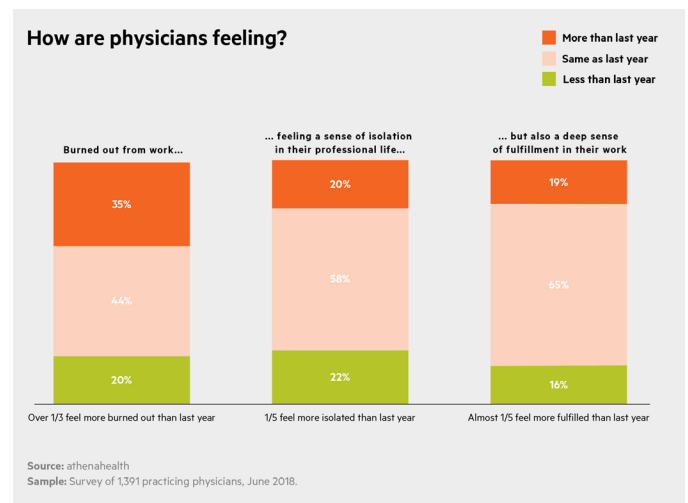
To answer these questions, athenahealth launched an ongoing research project in 2016. Now in its second phase, the project surveyed nearly 1,400 practicing physicians in June 2018.

The results draw a map for healthcare leadership of where to invest in teams and technology to ensure both the productivity and the wellbeing of their physician workforce.

Key findings include:

- Effective leadership and communication are the leading drivers of physicians’ sense that they are well-supported by their organizations to deliver optimal patient care. Leadership and communication are also predictors of physician engagement and retention.

- A feeling of isolation is by far the most powerful predictor of burnout among physicians. Administrative burdens, feeling rushed, and being limited in their options for referring patients were also significant drivers of burnout



More information on the methodology of study is available here: www.athenahealth.com/insight/survey-methodology

Building a ‘capable’ organization

In the first phase of the project, athenahealth's researchers established that the management theory of the service-profit chain, a foundational framework in service industries, is equally applicable to healthcare. The core of the theory is the concept of “capability.”

The principle is simple: Investing in people on the front line of service, whether airline pilots or physicians, improves the overall profitability of an organization. And companies that succeed in doing so are capable organizations.

“The people on the front line, they know the answers,” says Kevin Ban, M.D., emergency physician and chief medical officer of athenahealth. “Healthcare leadership has to figure out a way to empower them by giving them latitude, enabling them with tools, and supporting them with resources.”

And, indeed, leadership that builds capable organizations does just that. Data from athenahealth's initial research on capability indicate that 51 percent of physicians who perceive they have the tools, resources, and latitude they need to deliver care – i.e., those with high capability ratings – are twice as satisfied, two-thirds more loyal, 36 percent less burned out, and 10 percent more productive than those who do not. The business case for capability is strong.

Now research has identified the precise tools – often simple and sometimes surprising – that front-line providers need to deliver optimal patient care and build patient loyalty; the levers that ensure the financial success of healthcare organizations.

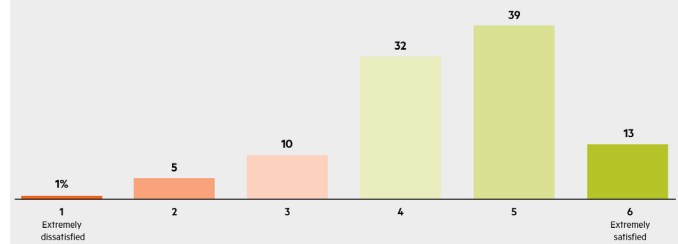
Increase fulfillment, reduce burnout

The project's 2018 survey and subsequent in-depth interviews with select respondents explore the links between working environments and physicians' wellbeing.

Overall, 52 percent of surveyed physicians indicated they were very satisfied with their jobs, while 41 percent reported symptoms of burnout, and 25 percent said they felt isolated in their working environments.

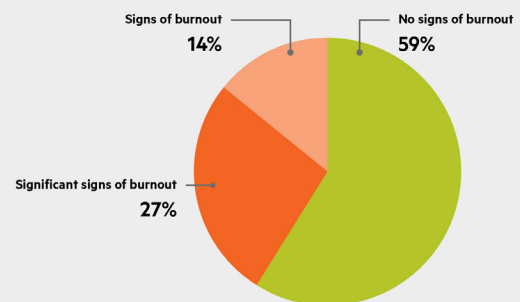
A majority of physicians are satisfied with their jobs

Percent of physicians responding by job satisfaction level



Source: athenahealth
Sample: July 2018 survey of 1,391 practicing physicians responding to the question, “Overall, how would you rate your job satisfaction?”

41 percent of physicians report symptoms of burnout



Source: athenahealth
Sample: Survey of 1,391 practicing physicians, July 2018. Physicians who responded with a 4 (once a week), 5 (a few times a week) or 6 (every day) to either the question “How often do you feel burned out from your work?” or “How often do you feel you've become more callous toward people since you took this job?” were determined to show signs of burnout, with those responding 5 or 6 exclusively deemed to be showing signs of significant burnout.

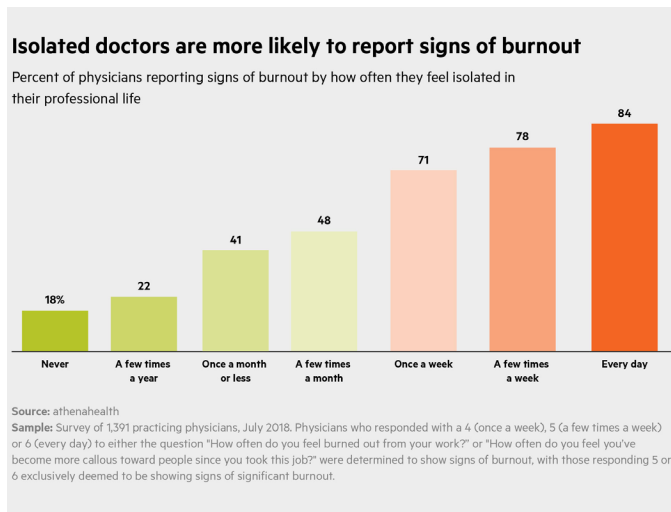
Digging deeper, the analysis reveals that experience of being a physician is complex and nuanced. For example, half of the physicians who met the criteria for burnout also reported a deep sense of fulfillment in their work. (Rates vary slightly by gender, age, and specialty.)

“That's the power and complexity of practicing medicine,” says Josh Gray, vice president of research for athenahealth. “A doctor can be burned out but still feel deeply fulfilled in the practice of medicine.”

The paradox presents a compelling case for healthcare leadership to design working environments that increase the satisfaction physicians find in their calling while protecting them from the vocational epidemic of burnout.

The other crisis: Isolation

Asked “How often do you feel a sense of isolation in your professional life?” surveyed physicians who reported feeling isolated one or more times each week were far more likely to report symptoms of burnout.



“We rarely see any one factor dwarfing all other factors like isolation,” says Gray, “About 1 in 4 physicians feel isolated regularly, and this has a profound impact on their level of burnout.” The effect is particularly strong among primary care providers, particularly female PCPs.

And, conversely, the data show rapport to be a powerful antidote to what ails doctors. Physicians who said they enjoy strong rapport with their colleagues were more likely also to say they feel well-supported by their organizations than those with average or weak relationships with peers. Those collegial doctors also reported fewer symptoms of burnout and were less likely to say they plan to leave their organizations in the next three years.

The results of athenahealth’s study are a strong signal that reducing isolation and increasing rapport – peer-to-peer networks, weekly huddles, or simply encouraging social ties among colleagues – are the first levers to pull to address burnout.

Tools to support physician wellbeing

Other significant drivers of burnout identified in the survey – frustration with rushed schedules,

administrative burdens, EHRs, lack of referral autonomy, and insufficient access to patient data – also point toward often simple remedies with a high chance of success.

Respondents from highly capable organizations spoke of flexible schedules, efficient inbox management, delegated administrative work, dedicated documentation time, empowered care teams, and other tools and resources of well-designed work environments.

While a range of drivers of burnout delineate an equally diverse set of solutions – often relatively easy remedies – just 28 percent of surveyed physicians said that their organizations were taking concrete steps to address burnout, and only 16 percent said that steps taken were successful.

“I think there is a call to arms here,” says Gray, “a business case for addressing burnout through evidence-based solutions, which we will continue to identify.”

Moving toward capability

“You can’t make a doctor do anything,” says Jim Sams, M.D., CEO of Privia Medical Group – Georgia. “But you can lead physicians to do great and wonderful work with resources that are consistent, reliable, and trustworthy.” Data-defined tools and resources give healthcare leaders clarity on where to invest, what to implement, and how to build a capable organization, Sams says.

“Leadership that takes physicians through the wilderness to the promised land is a different kind of physician leader,” says Sams. “We’ve got to be focused and intentional.”

Gale Pryor is senior editor for athenainsight.

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