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Conference & Exhibition | March 5–9, 2018
Las Vegas | Venetian – Palazzo – Sands Expo Center
Physician Suicide and Clinician Engagement Tools
Session 281, March 8, 2018
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COMMITMENT
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Conflict of Interest

Janae Sharp,

Janae has no real or apparent conflicts of interest to report.

Conflict of Interest

Melissa McCool, LCSW
Co-founder and CEO, *Stellicare*

Salary: Yes
Royalty: No
Receipt of Intellectual Property Rights/Patent Holder: Engagement protocol and digital tools
Consulting Fees (e.g., advisory boards): NA
Fees for Non-CME Services Received Directly from a Commercial Interest or their Agents (e.g., speakers' bureau): None
Contracted Research: Stellicare is not currently researching physician burnout with their tools. We could develop products for physician communities in the future.
Ownership Interest (stocks, stock options or other ownership interest excluding diversified mutual funds): Stellicare stock and ownership
Other: None

Agenda

- The facts
- Mental health issues, cultural factors, burnout
- Stressors
- Responses
- Results
- Solutions

Learning Objectives

- Discuss risk factors for physician burnout and physician suicide--EHR utilization and culture
- Identify at least two actionable steps their organization can take to reduce physician suicide risk
- Recognize the connection between patient engagement and provider engagement, and how it relates to emotional distress
- Discuss the financial impacts of physician suicide on both loss survivors and health systems

The Facts

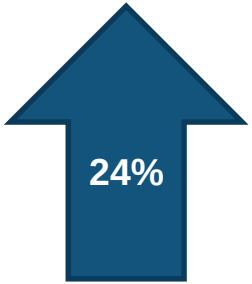
More than half of US physicians experiencing burnout [12]

Each year we lose physicians to suicide. This leaves patients without providers and costs the healthcare system millions of dollars.

My personal story of loss

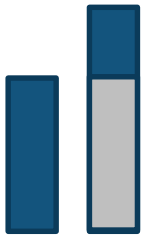
Physician suicides

1 million Americans lose their doctors to suicide each year. [5]



Suicide rates up 24% from 1999-2014 [1]

- Suicide was 10th leading cause of death in US [1]
- Rates of suicide in middle age men 45-64, up 43% [1]
- Rates of suicide in white women, up 63% [1]



MD suicides: 70% higher than rates of other professionals [2,3]

- Female MDs: 250 to 400 percent higher [2,3]
- MDs also have higher completed suicide rate [2,3] Suicide rate (including “accidental overdose”) is likely higher
- Higher rates: anesthesiologists and psychiatrists [4]

Untreated mood + substance issues

Mood and substance issues risk factors for suicide

"Suicide is seen as the outcome of a complex, multifactorial process involving the interplay of many variables rather than just a byproduct of mental illness." [10]

Depression[6]

- MD depression rates are the same as in other populations. [7]

Substance use

- MD rates of substance use are 10-15% [8] (compared to 9% nationwide [9])

Mental Health

- Anxiety, bipolar disorder, personality disorders [6]

Cultural components

Culture and "hazing" start in medical school, and can result in...

- Sleep deprivation
- Perfectionism
- Self-medication

For surgeons: the number of nights on call per week, number of hours worked and in the O.R. were NOT associated with SI after controlling for other factors.[11]

Role of burnout

MD suicidal ideation linked to depression and burnout [11]

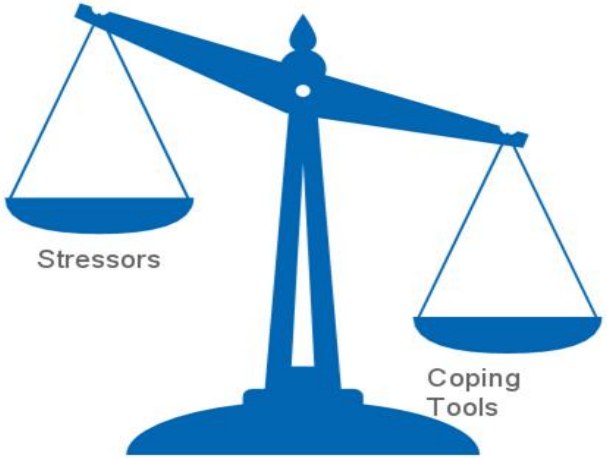
1. Emotional exhaustion
2. Depersonalization (poor attitude)
    a. Loss of connection and empathy
3. Career dissatisfaction

Highest rate of burnout: ER 67% [12]

Overall burnout numbers

Specialty	Emotional exhaustion	Depersonalization	Personal accomplishment
OB	56%	36%	21%
Surgery	31%	13%	4%
All physicians	38%	29%	12%
Nurses	32%	13%	40%
Other working adults	23%	15%	

More stressors, fewer coping tools



Stressor: **Value based care**

From boss to employee

- Loss of autonomy
- Performance metrics
  - Costs
  - Patient satisfaction
  - Quality metrics

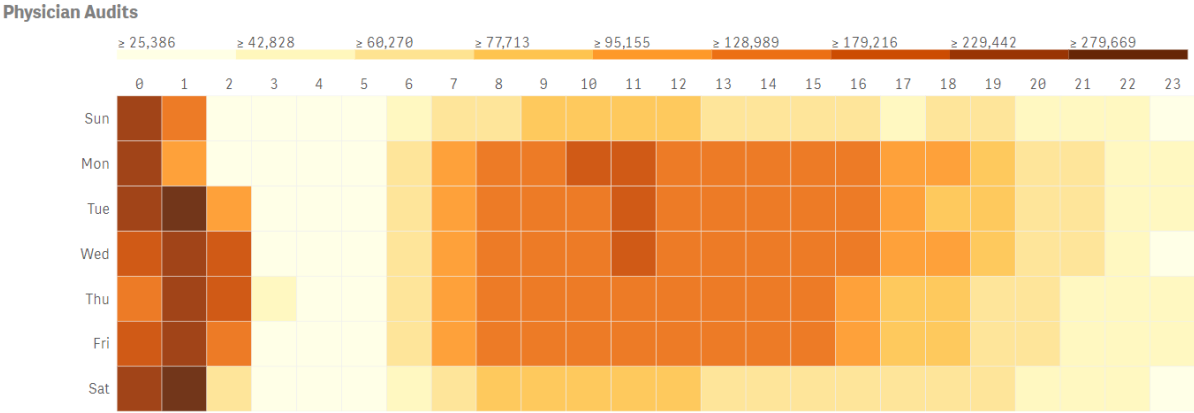
Stressor: **EHRs have changed role of MD**

More clerical, less clinical

- 52% of time spent in EHR of 11.5 hour work day [14]
- 1.4 hours during MD personal time [14]
- Only 32.1% “medical care.” [14]
- Physicians more prone to burnout as a result of EHRs [15]

EHR and EMR use show overworked providers

Usage doesn't show a healthy workforce



We looked at the data for EHR usage for a health system

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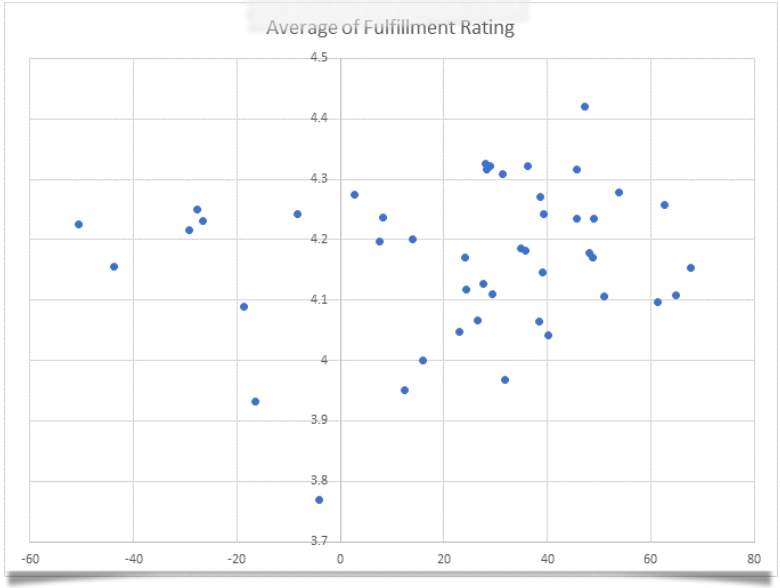
EHR and EMR are a Scapegoat



- The correlation between burnout and clicks and EHR utilization is not as strong as public perception.
- EHR and EMR usage is frustrating- but it is a scapegoat in the larger and more complex problem.

Stressor: **More regulation**

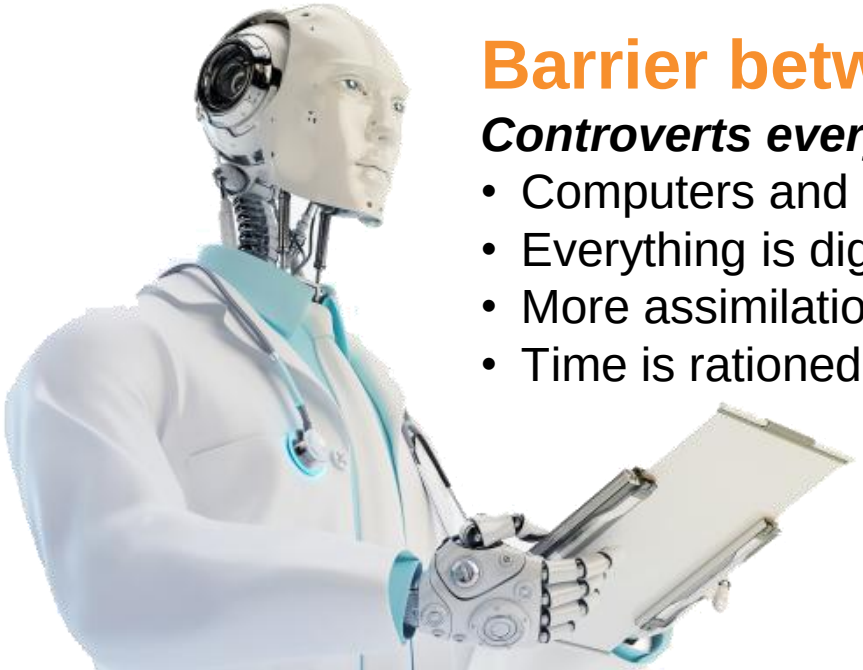
"…the increasingly intrusive and often irrational, administrative, regulatory review and paperwork burdens being placed on patients and physicians by Medicare and other insurers." [16]

Insurance documentation

"Hassle factor"

- Decreased sense of accomplishment
- Boring and time consuming
- Increased feeling of powerlessness and frustration

Conclusion: **Traditional healing has been undermined**



Barrier between doctor and patient

Controverts everything we know about the healing process

- Computers and gloves: No contact; less connected
- Everything is digitized → MD technician
- More assimilation of data, fewer conversations
- Time is rationed with patients

Stressor: **Intense emotional work**

Emotions are contagious

People can feel other people's emotions within arm's reach even if emotions are unrecognized and we are unaware.

- **Compassion fatigue**
  - Cognitive compassion
  - Emotional compassion
- More empathetic = most effective but also more prone to compassion fatigue and emotional exhaustion [20, 21]

Coping tools: **Few tools; little time**

Less time = less informal peer support

- No time to process what is happening
- Few tools and language to process emotional distress
- Culture of perfectionism
- Culture of logic and science
- Emotions are messy and often seemingly illogical

Coping Tools: **Reluctance to seek help**

Only 26% of surgeons with suicidal ideation in the previous year had sought care from a mental health provider compared to 44% for individuals in the general population. [17]

- **Licensing boards**
  - 60% reported that this was due to concerns about medical licensing boards. [18]
  - 80% of state medical boards inquire about mental illness on initial licensure applications and 47% on renewal applications. [19]
- **Professional culture of perfectionism**

Result: **Less Patient Engagement**

Unspoken provider/patient dynamic is powerful

- **Thoughts and feelings of provider impact the patient**
- **Positive Expectancy**
  - Imparting hope to the patient that the treatment will work
  - NIH studied positive expectancy in the role of placebo effect
  - Patient expectations and beliefs have a profound impact on outcomes [22]

Result: **Less Patient Engagement**

Provider and patient engagement linked

- **Less self-awareness**
  - Don't recognize their own struggle so unable to see patient's struggle.
  - Only recognize 40-60% of their patients' depression. [26]
- **Less empathy** [27]

Result: **Patient care suffers**

When MDs suffer emotionally, patients suffer too

- Less clinical care for patients [15]
- More physician self-reported errors [26]
- Higher MD turnover [26]
- Higher mortality rations in hospitalized patients [26]

There is hope…

Improving burnout rates decreases the likelihood of subsequent suicidal ideation [26]

Solution: **Normalization**

Regulation changes to encourage MDs to get help

Change board requirements

– 2016--AMA asked state medical boards to stop asking physicians about past psychiatric treatment on license applications and instead focus on applicants' current mental states.

Solution: **EHR**

Scribes, provider input, AI

Scribes

- Physician productivity ~10% higher [28]

Regulations

- Changes to documentation, meaningful use of EHRs and workflow should be vetted by stakeholders.

Voice recognition: AI

Benjamin Brink, The Oregonian

Solution: **Reduce documentation**

Payer requirements

- **Eliminate unnecessary documentation**
  - Elements that justify billing codes, but do not contribute to good medical care, should be eliminated to improve doctor satisfaction and patient care

Solution: **Recognition of emotional impact**

Course: Recognizing and managing emotions

- **Acknowledging the impact and providing concrete education**
  - Training physicians about emotions
  - How they get triggered during their work
  - How to recognize and safely process

Solution: **More coping tools and support**

Programs and tools help

- **Self-awareness education program** [29]
  - Mindfulness and communication
  - 2.5 hour weekly for two months, then monthly group

- **Small-group discussion group** [30]
  - 9 months, 1 hour protected time
  - Decreases in burnout

Conclusions

- MD suicide has large financial and emotional impact
- Mood and substance abuse issues are risk factors
- Depression and burnout linked to suicidal ideation
- More stressors including changing role and EHR
- EHRs are scapegoated but problem is more complex
- Traditional healing has been undermined resulting in “bait and switch” and role which is not what MDs expected or wanted.
- MDs less likely to get help for problems. Less social support and tools to manage intense emotional work
- MDs not doing well emotionally negatively impacts patient outcomes

Implications

- More resources, support and tools to support MDs
- More studies on the impact of scribes on burnout
- Research on writing versus typing as connected to burnout
  - Longhand writing uses different part of the brain
  - Idea: EHR with scribble pad

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