

**WHEN HEALERS  
ARE HURTING,  
HEALTHCARE  
HURTS**



**Physician burnout costs the US health system a staggering \$32 billion each year. It is a serious business problem with consequences for doctors, care teams, patients—and the entire healthcare ecosystem.**

# **BOTH A HUMAN AND A BUSINESS PROBLEM**

Physician burnout is more than feeling run-down. It is a medical condition with deep psychological, physical and social impacts. According to the Maslach Burnout Inventory—the standard measurement for nearly 40 years—burnout involves feelings of emotional exhaustion, depersonalization and the loss of a sense of personal accomplishment at work.<sup>1</sup> Each of these symptoms undermine physicians' ability to practice medicine effectively.

While physician burnout is a profoundly human problem, it is also a business problem. When physicians are unwell, health systems are unwell too. In addition to jeopardizing physician retention and productivity, burnout puts margins, costs, quality of care and patient experience at risk as well. With so much at stake, addressing physician burnout is no longer a nice-to-do for healthcare executives. It is a must-do.

Contrary to common wisdom, human resources initiatives or wellness programs alone cannot cure physician burnout. A systemic ailment demands an integrated and holistic solution. To address physician burnout as the sweeping business challenge it is, health systems—led by the C-suite—must address it from all angles. They must radically change ingrained physician and institutional cultures, redesign care teams and harness health IT in new ways.

<sup>1</sup> Christina Maslach and Susan E. Jackson, "The Measurement of Experienced Burnout," *Journal of Organizational Behavior*, April 1981.

# EVERYONE PAYS THE PRICE

To understand just how much of a systemic problem physician burnout has become in the United States, Accenture analyzed impacts in four critical areas—retention, medical risk, productivity and patient experience. The results are sobering, revealing a ripple effect of both financial and human costs.

Accenture analysis shows that physician burnout is estimated to cost the US healthcare system approximately \$32 billion annually. This includes \$18 billion in lost productivity. It accounts for the opportunity costs of replacing physicians at \$5 billion. Plus, there is half a billion dollars in annual internal cost due to medical error and \$8.5 billion in yearly costs to the system due to poor patient experiences.

The human costs of physician burnout go beyond dollars. This is not an isolated problem. About **55 percent of US physicians experience professional burnout**—and it's getting worse.<sup>2</sup> From the shift to value-based care and electronic medical records to the aging population and chronic illnesses, change has been piling on, amplifying physicians' responsibilities and stresses while cutting into their personal time.

**Accenture analysis shows that physician burnout is estimated to cost the US healthcare system approximately \$32 billion annually.**

<sup>2</sup> Tait D. Shanafelt, MD et al., "Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014," Mayo Clinic Proceedings, December 2015. [https://www.mayoclinicproceedings.org/article/S0025-6196\(15\)00716-8/abstract](https://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/abstract)

Indeed, disruptive change has outpaced physicians' ability to adapt to it. **One in 50 is considering leaving medicine.**<sup>3</sup> Tragically, four hundred US physicians commit suicide each year. This is the highest rate of any profession and double that of the general population.<sup>4</sup>

As destructive as physician burnout is to doctors, it also causes serious collateral damage to care teams, administrators and patients. Members of the care team who work side-by-side with physicians may feel the brunt of burnout. Hospital administrators must maintain safe staffing levels and recruit in a market where many physicians are leaving the profession.

Most importantly, trusted doctor-patient relationships weaken as patients are left with physicians who are so exhausted they have little to no compassion to offer. The fallout is serious. Burnout doubles the risk of medical errors and **increases the likelihood of being named in a malpractice suit by 17 percent.**<sup>5</sup>

These financial and human costs are an undeniable signal for healthcare executives to think differently about physician burnout. In an era of healthcare consumerism, health systems cannot afford to ignore the productivity impacts, reputational damage and negative patient experiences that physician burnout causes.



<sup>3</sup> Christine A. Sinsky, MD et al., "Personal Satisfaction and Career Plans of US Physicians," Mayo Clinic Proceedings, November 2017. [https://www.mayoclinicproceedings.org/article/S0025-6196\(17\)30637-7/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(17)30637-7/fulltext)

<sup>4</sup> Pauline Anderson, Medscape Medical News, "Physicians Experience Highest Suicide Rate of Any Profession," May 7, 2018

<sup>5</sup> West, Colin P., Liselotte N. Dyrbye, and Tait D. Shanafelt. "Physician Burnout: Contributors, Consequences, and Solutions." Journal of internal medicine (2018). <https://onlinelibrary.wiley.com/doi/epdf/10.1111/joim.12752>

# A FRESH APPROACH

**So, what does this fresh thinking look like? It involves an intentional and methodical approach that includes shattering silos, collaboration and bold moves that thread solutions into daily work life and culture. Healthcare leaders can build momentum with these four no-regrets actions:**

## 01

### **ORGANIZATIONAL CULTURE:**

#### **Act to save the heroes from themselves**

Organizational cultures fostering physician autonomy, entitlement and protectionism most certainly exacerbate physician burnout. To tackle a long-standing culture of “only I can fix this,” hospital leadership, including physician executives, must set the tone of a workplace that recognizes each person’s human needs. This is about educating physicians that getting or asking for help does not equate with a loss of autonomy. To do so, embed culture initiatives within the physician organization - with physician leaders driving the effort. Then, demonstrate that the organization is behind leadership behaviors, governance and structures that support physician wellbeing.

## 02

### **BENEFITS:**

#### **Re-balance the work-life balance equation**

Physicians are working harder than ever before. Evaluating compensation—not just salary—is critical to addressing the work-life imbalance that many doctors feel today.

Health leaders must understand that no one likes to feel that they are working harder and “getting less.” There are opportunities to give physicians “more” of what matters to them. This can include initiatives such as incentivizing physicians on value over volume, giving them an hour back a day, providing training to streamline documentation, and rewarding physicians who are demonstrating leadership in helping to reshape culture and support team-based care models. When it comes to performance management, focus on outcomes not hours when identifying physician leaders.

In developing incentives, healthcare organizations should consider physicians’ differing needs across career stages, specialties, generations, genders and more. Actions should be specific and personalized. Everyone experiences burnout differently so “one-size-fits-all” fixes most often fall flat.

# 03

## CARE MODELS:

### Champion and cultivate team-based care models

Models of care where much of the work—from paperwork to the provision of care—defaults to the physician are hotbeds for physician burnout. After all, increasing the administrative load on physicians distances them from the reason why they may have opted to practice medicine in the first place: treating patients.

The goal is to develop models of care where every person on the care team is working at the top of his/her license. It's about supporting professionals to do the work that they were trained to do—work they love and are passionate about doing. This involves empowering team members with shared responsibilities before, during and in-between patient visits, fostering participatory decision making, and enabling team documentation. Think of it as a move from a “physician as hero” to a “strength in numbers” model, fueled by collegiality. This shift is working to curb physician burnout. Case in point: Research shows that participatory decision making is associated with **35 percent less burnout**.<sup>6</sup>

# 04

## TECHNOLOGY:

### Make technology an opportunity, not an obstacle

Technology has the potential to streamline workflows, but the opportunity has not yet been realized. Consider how health IT can simplify processes, reduce the burden of manual tasks and improve decision making and patient care. Health leaders must flip the script on health IT and assess how technology tools and workflows can work **for** physicians instead of against them so that everyone benefits. For example, consider **how robotic process automation (RPA) can improve scheduling**,<sup>7</sup> artificial intelligence (AI) can be used to identify the right specialist for referrals or machine learning can enhance the capture of information for research studies. When formalizing workflows that use technology, consider how Design Thinking can be applied to ensure that the workflow is centered around the person rather than the technology.

To do this, leaders must be willing to metaphorically blow up the status quo. Part of this is tapping into ecosystem partnerships that provide access to cutting-edge technologies so that health systems can innovate while staying focused on the core mission and business of patient care.

<sup>6</sup>Samuel T. Edwards, MD, MPH, “Task Delegation and Burnout Trade-Offs Among Primary Care Providers and Nurses in Veterans Affairs Patient Aligned Care Teams,” *Journal of the American Board of Family Medicine*, Jan-Feb, 2018. <http://www.jabfm.org/content/31/1/83.long>

<sup>7</sup>Rena Xu, “The Burnout Crisis in American Medicine,” *The Atlantic*, May, 2018. <https://www.theatlantic.com/health/archive/2018/05/the-burnout-crisis-in-health-care/559880/>

# HEALING YOUR OWN

**Changing the tide of physician burnout must start from the highest levels of the healthcare organization, including the Board and the C-Suite. Not only must leaders champion measures to address burnout, they must also demand action across the organization from specific activities and behaviors to rewards and funding.**

**At white coat ceremonies across the country, medical school graduates recite a modern version of the Hippocratic Oath. They pledge to “long experience the joy of healing those who seek my help.”<sup>8</sup> Physician burnout makes this impossible. By helping physicians hold onto the joy of practicing medicine, healthcare executives can strengthen the business too. That means more positive outcomes for everyone.**

<sup>8</sup> Modern Oath of Physicians, Louis Lasagna



## For more information:

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### METHODOLOGY

Accenture conducted financial analysis across four critical areas to determine the impact of physician burnout on the US healthcare system: 1) Retention and turnover calculations reflect the average cost for recruiting a new physician based on the estimated turnover attributable to burnout for actively practicing providers. 2) Medical risk calculations are based on the observed likelihood of providers exhibiting burnout to make a medical error or be named in a malpractice suit and the associated organizational costs and revenue losses. 3) Productivity calculations account for observed RVU productivity reduction among providers reporting symptoms of burnout compared to providers without symptoms. 4) Consumer impact calculations quantify the likelihood of providers with symptoms of burnout to have more patient churn, loss in continuity of care, and less treatment adherence due to lower patient satisfaction or because the provider left medical practice.

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