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The Steenblock Report

*Recommendations of the
IMS Ad Hoc Physician Burnout Task Force*

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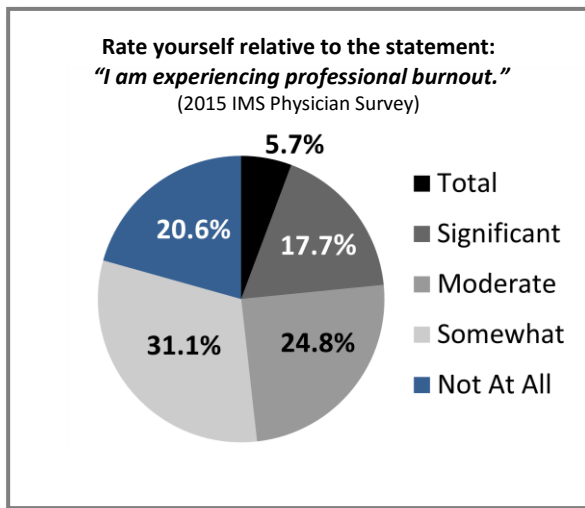
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“To assure the highest quality health care in Iowa through our role as physician and patient advocate.”
- Core Purpose, Iowa Medical Society

Ad Hoc Physician Burnout Task Force

In the fall of 2015, the Iowa Medical Society (IMS) commissioned a survey of all actively-practicing Iowa physicians. Among the areas it sought to better understand were physician burnout and professional morale. The results were concerning: 79.3% of respondents reported some level of professional burnout, with 48.2% of these individuals reporting moderate to total burnout. These results are not unique to Iowa. Across the country, study after study has found high and growing levels of professional burnout among physicians. Coupled with low professional morale – just 41% of Iowa respondents expressed positive feelings about the state of the medical profession – these growing rates of burnout paint an image of a profession in crisis.



For more than 165 years, the Iowa Medical Society has sought to support physicians in our state through our role as physician and patient advocate. Now, more than ever, Iowa physicians need the support of IMS. In February 2016, the IMS Board of Directors approved the formation of an ad hoc Physician Burnout Task Force to determine how IMS might best support Iowa physicians at risk of or currently experiencing professional burnout. This is the report of that Task Force.

Understanding Burnout

Professional burnout, defined as exhaustion of motivation due to prolonged stress or frustration at work, is not a problem unique to medicine. Individuals in nearly every profession experience professional burnout throughout the course of their career. What is unique to medicine is the fact that physicians experience higher rates of burnout than many professions, and the consequences of physician burnout can quite literally be a matter of life and death. Physicians are entrusted with a unique responsibility in our society – to practice the art and science of medicine in the pursuit of health and wellness for their fellow man. This responsibility can be a source of great personal and professional satisfaction for physicians, but it can also be a source of stress and frustration that ultimately causes significantly higher rates of professional burnout.

The Iowa Medical Society must be ever mindful that its primary responsibility is to address those factors that distract or prevent physicians from achieving their primary goal – providing the best possible care to their patients. Professional burnout is one such factor. Before we are able to successfully address burnout, we have to dispel the stigma associated with it. Iowa physicians should not be afraid or ashamed to acknowledge when they need help. IMS should work to ensure that these individuals understand they are not alone in their professional struggle, and work to connect physicians with their peers and professional resources. Professional resiliency must also be a primary component of this work to ensure physicians understand the full spectrum of circumstances they may confront throughout the course of their careers.

IMS must work to reach those physicians who do not, or will not, recognize that they are at risk of or experiencing professional burnout. Reaching these individuals will not be easy. Those most in need of support are more likely to detach from their peers and their patients. They likely are not engaged with the Iowa Medical Society or other professional organizations; IMS will need to creatively tailor its outreach efforts to locate these individuals and ensure they know resources are available. As resources and outreach efforts are developed, IMS needs to remember the unique challenges of small, independent practices. Special attention should be paid to these physicians who lack the institutional supports of larger practices and systems. Finally, IMS must also recognize the unique challenges facing medical students and residents, as well as the opportunity to support those just entering the profession of medicine, to prevent them from experiencing professional burnout in the first place.

Numerous factors contribute to professional burnout and these factors differ based upon the individual physician’s circumstances. The 2015 Iowa Physician Survey found that independent

Rank the top five most pressing issues currently impacting your practice.
(2015 IMS Physician Survey)

Independent Physicians

Decreasing reimbursement (65%)
Burdensome insurance co requirements (61%)
Burdensome federal/state regulations (56.5%)
Low Medicare/Medicaid reimbursement (43%)
Time spent on EMR (41%)

physicians report decreasing reimbursement as the most pressing issue facing their practice, while employed physicians ranked time spent on electronic medical records as their most pressing issue. Indeed, the stresses associated with finances and practice changes both contribute to burnout and affect nearly every physician, but in different ways.

The Iowa Physician Health Program, the Iowa Board of Medicine’s confidential program to assist physicians struggling with burnout and substance abuse issues, reports that the majority of the physicians who come to them do so at a time when there is a major change in their professional life such as the transition from residency to full practice or after a change in their employment status such as the purchase of their practice.

Rank the top five most pressing issues currently impacting your practice.

(2015 IMS Physician Survey)

Employed Physicians

Time spent on EMR (60.9%)

Burdensome insurance co requirements (55.2%)

Burdensome federal/state regulations (45.7%)

Decreasing reimbursement (43%)

Low Medicare/Medicaid reimbursement (32.7%)

The prevailing feeling that physicians lack control over their career and the way they practice adds to the stress and anxiety that can result in professional burnout. The ever-increasing pace of change in the healthcare industry is only worsening this sense. While every physician experiences burnout in a different way and for different reasons, these common experiences represent an opportunity for the Iowa Medical Society to provide support for every physician in our state.

A Collaborative, Tailored Approach

Medicine is not practiced in a vacuum nor is IMS the only organization working to address professional burnout. Burnout results from both internal and external factors. To successfully combat the issue and promote physician resiliency, IMS will need to address both sets of factors. Resources, education, and support must exist for the individual physician. So too must resources, education, and support exist for the entire care team and administrative staff. The Task Force recommends that IMS approach its burnout efforts in a collaborative manner, partnering with the American Medical Association (AMA), other physician organizations in Iowa, and other healthcare professions to leverage existing resources and provide support for the entire care team.

A team-based approach, focused on shared experiences and concerns, will help physicians and allied providers combat the sense of isolation frequently experienced by individuals experiencing burnout, and will help foster a greater sense of community. IMS must collaborate not only with the other healthcare professionals on the care team, but also clinic administrators and system executives to ensure that clinicians are best positioned to have the institutional and administrative supports to make their individual efforts at burnout prevention and recovery successful.

To be truly successful in addressing professional burnout, efforts must also recognize the unique circumstances facing physicians at different stages of their career. By segmenting and tailoring our efforts to medical students, residents and early-career physicians, and mid-career and late-career physicians, we can more successfully reach individuals and provide the supports most likely to be successful in fostering professional resiliency. IMS should segment its education, resources, collaboration, and policy efforts as appropriate to better support these three, distinct groups. Efforts should be focused both on helping those experiencing burnout symptoms and on preventing problems from escalating to that level in the first place.

This work must start at the beginning of the medical career. For too long, efforts to combat burnout have focused on triaging burnt-out physicians once they have developed symptoms, but minimized the importance of preventing burnout in the first place. By pursuing a dual approach to burnout, we can not only support those individuals who are currently suffering from burnout, but also teach the next generation of physicians the skills to avoid burnout in the first place. These efforts can help address the problem further upstream, equipping medical students with the skills and self-awareness needed to avoid, when possible, professional situations that place them at risk of burnout and to manage symptoms to keep them from escalating to the level of professional burnout.

As medical students move to residency and the early stages of their career as a physician, the factors potentially leading to burnout change. So too must the resources and support. As previously mentioned, the Iowa Physician Health Program reports an uptick in individuals during this career stage who seek help. Efforts must be made to ensure these individuals are entering their profession with realistic expectations, are well-equipped to lead the clinical and business side of medicine, and understand the importance of maintaining an appropriate work-life balance throughout their careers.



“I WILL ATTEND TO MY OWN
HEALTH, WELL-BEING, AND
ABILITIES IN ORDER TO PROVIDE
CARE OF THE HIGHEST STANDARD.”
– *The Physician’s Pledge, Updated 2017*

Finally, we must not lose sight of the mid-career and late-career physicians who have been in practice for a number of years and may be struggling with the rapidly-changing healthcare delivery system. These individuals, who have established routines and a preferred method of practice, need the encouragement to embrace change and the supports to navigate the numerous practice transformation efforts underway. Past efforts to simply triage professional burnout after the fact have left many physicians in this category unequipped to address or avoid the factors that contribute to burnout and focus on professional resiliency.

Strategies to Address Burnout

No single solution exists to successfully combat professional burnout. The Iowa Medical Society is uniquely situated as a trusted source of information and expertise as physicians seek to address the factors contributing to professional burnout. In reviewing the resources available and efforts underway nationally and in other states, the Task Force identified a series of strategies to help address burnout. As has been noted, the most effective method of tackling this multi-faceted issue is to segment efforts based upon career stage to account for the unique needs of physicians at differing points in their career. For the purposes of this report, these career stages are differentiated as such:

Primary – Medical Students

Secondary – Residents and Early-Career Physicians

Tertiary – Mid-Career and Late-Career Physicians

Recommendation #1: IMS make available a series of in-person educational programs and collaboration opportunities focusing on burnout and professional resiliency.

Iowa physicians know that IMS is a reliable, independent source of professional education. The organization has extensive expertise in connecting physicians with state and national subject matter experts in a diverse variety of formats. The Task Force recommends that IMS build upon these strengths to make available a variety of burnout and professional resiliency educational offerings tailored to career stage. In addition to career stage, educational programming should also be segmented to meet the unique needs and stress points that affect physicians of different specialties and practice arrangements.

Potential educational content may include:

Primary

- Addressing professional stress
- The business side of medicine
- Physician resiliency
- Maintaining a healthy work-life balance

Secondary

- Managing educational debt
- Selecting a practice arrangement
- Strategic practice management, including actions physicians, other clinicians, and administrators can take to end the burnout cycle
- Personal testimonials from physicians who have experienced burnout and how they successfully addressed the issue
- Personal testimonials from physicians who have experienced a malpractice suit or Board of Medicine disciplinary investigation
- Physician empowerment, including how to seek assistance for yourself and your peers

Tertiary

- Practice transformation, including workflow redesign and administrative burden
- Practice management strategies tailored to different practice situations, including employed physicians, physicians in small, independent practices, specialty or primary care physicians, and physicians practicing in rural or urban settings
- Reconnecting with patients and peers
- Rediscovering autonomy in practice
- Coping with change, including personal experiences with specific changes such as implementing electronic health record (EHR) systems

Iowa physicians, especially those in rural communities and small, independent practices, need a safe place to convene with their peers. A common symptom among individuals suffering from professional burnout is a sense of isolation. Physicians who do not feel like they are able to reach out to their colleagues for fear of judgment, ridicule, or professional repercussions are more likely to detach from their peers and patients, and to suffer worsening burnout symptoms. The Iowa Medical Society is an unbiased, independent organization and thus well-suited to help facilitate these connections. IMS is not beholden to employers, licensing entities, or liability carriers. Iowa physicians should feel safe to contact IMS for support without fear that doing so might adversely affect employment, trigger a disciplinary action, or affect their medical liability coverage.

Tactic: Continue to feature burnout and professional resiliency programming, as well as collaboration opportunities at the IMS Annual Conference.

We recommend that the Programming Committee of the IMS Annual Conference continue to devote a meaningful portion of this conference to subject matter likely to aid medical students, residents, and physicians both at risk of and those suffering from professional burnout. This should include an ongoing element of facilitated peer-to-peer collaboration to allow for less

formalized, peer-based learning. The Annual Conference provides one of the best opportunities for IMS to bring in national experts and test innovative formats to address the old problem of professional burnout in exciting new ways. IMS can maximize the impact of this programming by recording panels and making them available in a virtual format to individuals who did not attend the Annual Conferences, and identifying those panels that might be helpful to replicate in a regional format throughout the year.

Tactic: Develop regional programming to make resources and education available in a local setting throughout the year.

We believe an in-person, local approach will be most successful in addressing burnout and promoting professional resiliency. In an effort to better connect Iowa physicians with education and resources, the Task Force recommends that IMS develop a series of regional programs available throughout the year. These programs can bring interested individuals together in a structured format to discuss their shared concerns and experiences, and to exchange successful strategies for addressing both burnout and the underlying factors that contribute to it. The regional format will also serve as a local collaboration opportunity for those physicians who might feel isolated or unsure where to find support. We recommend that IMS pilot this regional concept in multiple formats through the second half of 2017, with the intention of rolling out a full statewide series in 2018.

Tactic: Consider hosting a statewide multi-disciplinary conference to provide all members of the care team with professional burnout and resiliency resources.

Professional burnout affects all members of the care team. If we wish to successfully combat burnout, we must have buy-in from fellow clinicians and clinic administrators. Without a supportive clinical environment and a wholesale review of practice workflow, efforts to address the factors that contribute to burnout will be significantly less successful. The Task Force recommends that IMS investigate the feasibility of hosting a statewide burnout and resiliency conference, including potential grant and partnership opportunities, to ensure a productive, multi-disciplinary event with a reduced fiscal impact on IMS.

This conference might include train-the-trainer sessions to help equip those individuals interested in promoting professional resiliency to bolster their skills and support others in their community. Such a conference would further bolster IMS's reputation as a trusted source of information and expertise, while helping to bring greater attention to the prevalence of

professional burnout in our healthcare system. This in turn will help address the stigma of burnout.

Tactic: Convene leadership from Iowa's two medical schools to share best practices and build upon current efforts already underway.

We recommend that IMS partner with Des Moines University and the University of Iowa Carver College of Medicine to develop and promote wellness resources for medical students and residents. Initial internal efforts are already underway at both institutions to help address the growing stress and mental health issues among the medical student and resident populations. IMS can serve as a bridge between the two institutions to share best practices and discuss the efforts underway at medical schools across the country, to better equip the next generation of physicians to transition into the practice of medicine, and appropriately balance their personal and professional lives.

Recommendation #2: IMS will make available a series of virtual educational programs and collaboration opportunities focusing on burnout and professional resiliency.

IMS will have to overcome numerous challenges as it works to reach those suffering from professional burnout. Burnt-out physicians are typically less engaged with the Iowa Medical Society and less likely to attend in-person events like the IMS Annual Conference or regional in-person programming. The stigma associated with professional burnout will keep some from publicly seeking out resources and the lack of self-awareness that they are exhibiting signs of burnout, will keep others from actively seeking assistance. Finally, many physicians will simply not have the time to leave their practice to attend in-person events.

IMS must make every effort to provide education and resources in a multitude of formats and in a manner that works best for each medical student, resident, and physician. Virtual programming is a critical component of this effort. Virtual options will allow individuals to discreetly access supports and services at a time that is convenient to them. As IMS seeks to make these resources available, it should be mindful of creative approaches to market virtual programming to those at risk of, or suffering from, professional burnout. Virtual programming to target the factors that contribute to burnout, such as leading practice transformation and navigating change, may be more approachable for those concerned about the stigma of burnout, but will still help to address the overall problem.

Tactic: Work with state and national partners to develop a series of live and on-demand webinars to increase access to education and resources.

IMS has a long history of producing webinars and partnering with other organizations to make webinar content available to Iowa physicians. We recommend that IMS build upon this tradition to make available a series of live and on-demand webinars to increase access to education and resources. These webinars might take multiple forms, including recordings of the national experts who speak at the IMS Annual Conference, brief testimonials from physicians who have experienced burnout themselves, or moderated peer-to-peer virtual discussions on specific topics such as maintaining an appropriate work-life balance. As IMS works to make these virtual options available, we encourage the Society to be mindful of existing resources and partner with trusted state and national entities when appropriate.

Tactic: Utilize virtual programming and resources to augment in-person programming.

In-person programming provides an invaluable opportunity to collaborate among peers and interact in real time with state and national experts. IMS has an opportunity to further amplify the impact of these interactions by utilizing virtual programming and resources to augment in-person programming. By leveraging technology, IMS can help medical students, residents, and physicians to continue the conversations they begin at the previously-recommended in-person events, while also providing the next steps to implement the ideas and techniques learned at these programs.

Online toolkits can help put the ideas learned at the IMS Annual Conference or the regional year-round programs into action, and virtual message boards can allow individuals to seek the advice of their peers in addressing the problems they are confronting. We recommend that IMS partner with state and national experts to develop this supplemental programming, being ever-mindful of the different needs of those in the primary, secondary, and tertiary stages of their careers.

Recommendation #3: IMS develop an online resource page to connect Iowa physicians with resources and support.

Numerous resources already exist for physicians experiencing professional burnout. As a trusted source of information, IMS is well suited to act as an external validator of existing

resources and to assemble the disparate resources in a single, easily accessible place. The Task Force recommends that IMS develop a resource page on its website to assemble credible resources in a manner that is accessible to *all* physicians, residents, and medical, regardless of membership status with the Iowa Medical Society. In addition to static resources, this resource page should also include contact information for confidential, professional resources.

Tactic: Utilize existing, trusted national burnout and professional resiliency resources to help Iowa physicians, residents, and medical students.

Numerous resources have been assembled to aid physicians with identifying burnout symptoms and addressing the underlying causes of burnout. The Task Force recommends that IMS work to make these meaningful resources available to all Iowa physicians, residents, and medical students. These include AMA resources like the [Steps Forward](#) practice transformation series. These 43 online modules in the areas of Patient Care, Workflow and Process, Leading Change, Professional Well-Being, and Technology and Finance, provide physicians and practice administrators with the data, tools, and education to evaluate themselves and their practices, and develop strategies to succeed in an ever-changing healthcare environment. We also recommend that IMS promote the [Maslach Burnout Inventory](#), a widely-accepted standardized assessment tool, which can aid in addressing the challenges many physicians have with recognizing the symptoms of burnout.

Tactic: Partner with other state-level organizations to make available Iowa-specific resources.

While professional burnout is not a problem unique to Iowa, the circumstances under which many physicians develop burnout symptoms can differ greatly from those in other states. Similarly, the needs of Iowa physicians and the strategies that will be successful in addressing professional burnout are likely to be uniquely Iowan. We recommend that IMS work with other physician and healthcare organizations in our state to develop Iowa-specific resources that build upon our state's culture of low-cost, high-quality care and augment the available national resources. The Task Force further recommends that IMS partner with the [Iowa Physician Health Program](#) to ensure that physicians understand the resources available to them through this confidential Board of Medicine program and have access to trusted state and national professionals.

Tactic: Make available resources to combat the factors that lead to professional burnout, including the challenges associated with practice transformation.

A leading factor behind the recent upturn in professional burnout rates among physicians is the fact that the healthcare delivery system is rapidly changing. Physicians and their staff are struggling to navigate significant reforms such as the transition of the Medicaid program to managed care and the transition of Medicare payment to the Quality Payment Program. The AMA Steps Forward modules for Practice Transformation and Leading Change will serve as good resources for many practices, however, practices must also understand the Iowa-specific components of these practice transformation efforts. The Task Force recommends that IMS identify partnership and funding opportunities such as the State Innovation Model and the Iowa Healthcare Collaborative, to develop easily-accessible practice transformation resources that can be cross-promoted across IMS's burnout projects and other efforts.

Recommendation #4: Be mindful of the burnout implications of all policy proposals that IMS reviews on the state and national level.

As we have noted, the administrative burden arising from increased payer requirements, issues with EHR implementation and workflow restructuring, and the numerous other changes facing medical practice today, are adding to physician stress and contributing to professional burnout. The Iowa Medical Society has a long history of policy expertise and successful advocacy on behalf of Iowa physicians. This expertise can also play a role in helping to address the factors that contribute to professional burnout.

Tactic: Identify the burnout implications of policy under consideration and identify policy changes that IMS might pursue to help reduce professional burnout.

The Task Force recommends that IMS be mindful of the role excessive administrative burden plays in perpetuating professional burnout, and work to identify legislative and regulatory changes that might help address this burden. As IMS is reviewing new policy proposals being brought by external stakeholders, we must also consider the multitude of stressors that can contribute to burnout. By working to prevent additional mandates on practices, smoothing implementation of new governmental programs, and working to lessen the complexity of payer

requirements such as prior authorization, IMS can reduce the burden on physicians and their practices, and help to foster an environment where physicians can succeed in combatting professional burnout.

Success in Combatting Physician Burnout and Promoting Professional Resiliency

Physician burnout is a complex issue, necessitating a multi-faceted approach to successfully combat. By pursuing these Task Force recommendations, we are confident that IMS will provide Iowa physicians, residents, and medical students with the tools necessary to address burnout and prevent it from occurring in the first place. These efforts will take time and require a commitment from the Iowa Medical Society leadership and staff to execute a tailored, collaborative approach over the years to come. To get there, we must:

Make available a series of in-person educational programs and collaboration opportunities focusing on burnout and professional resiliency.

- Continue to feature burnout and professional resiliency programming, as well as collaboration opportunities at the IMS Annual Conference.
- Develop regional programming to make resources and education available in a local setting throughout the year.
- Consider hosting a statewide multi-disciplinary conference to provide all members of the care team with professional burnout and resiliency resources.
- Convene leadership from Iowa's two medical schools to share best practices and build upon current efforts already underway.

Make available a series of virtual educational programs and collaboration opportunities focusing on burnout and professional resiliency.

- Work with state and national partners to develop a series of live and on-demand webinars to increase access to education and resources.
- Utilize virtual programming and resources to augment in-person programming.

Develop an online resource page to connect Iowa physicians with resources and support.

- Utilize existing, trusted national burnout and professional resiliency resources to help Iowa physicians, residents, and medical students.
- Partner with other state-level organizations to make available Iowa-specific resources.
- Make available resources to combat the factors that lead to professional burnout, including the challenges associated with practice transformation.

Be mindful of the burnout implications of all policy proposals that IMS reviews on the state and national level.

- Identify the burnout implications of policy under consideration and identify policy changes that IMS might pursue to help reduce professional burnout.



Established in 1850, the Iowa Medical Society (IMS) is a statewide professional association representing more than 6,300 Iowa physicians, residents, and medical students.