Moderator: Welcome to Conversations on Healthcare with Mark Masselli and Margaret Flinter. A show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Dr. Alain Chaoui, immediate past president of the Massachusetts Medical Society who conducted a study along with the Harvard School of Public Health, determining that Physician and Clinician Burnout is so prevalent in this country, it should be considered a national emergency and what needs to be done.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. And we end with a bright idea, that's improving health and wellbeing in everyday lives.

If you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter, iTunes or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Healthcare. Now stay tuned for our interview with Dr. Alain Chaoui, here on Conversations on Healthcare.

Mark Masselli: We are speaking today with Dr. Alain Chaoui, immediate past president of the Massachusetts Medical Society and co-author of the new report on the healthcare crisis, a physician burnout in American healthcare. Dr. Chaoui is a Primary Care Physician in private practice in Peabody, Massachusetts. He holds a teaching position at Tufts Boston University and Boston College School of Nursing. Dr. Chaoui received his medical degree from Ain Shams University in Egypt. He completed his residency at Akron City Hospital. Dr. Chaoui, welcome to Conversations on Healthcare.

Alain Chaoui: Thank you so much Mark.

Mark Maselli: You have been collaborating with a number of organizations, really focusing specifically on the nation's doctors and I wonder if you could help our listeners understand the scope of clinician burnout and how it's affecting public health.

Alain Chaoui: In 2018, at our annual meeting of the MMS. I was speaking with Dean Michelle Williams of the Harvard School of Public Health that physician burnout was a major problem impacting physicians, patients and in fact the whole healthcare system. After some preliminary research herself she agreed that physician burnout is an important issue and needed attention. She then asked Dr. Ashish Jha, the Director of the Harvard Global Health Institute, who immediately understood the magnitude of the issue and then he began to work with us on the report.

As you know a bunch of studies from Mayo quoted that the burnout rate is up to 54%, which is one out of two doctors suffer from symptoms of burnout. 74% of physicians have shown at least one symptom of the burnout

overtime. Some of these symptoms, Mark are like emotional exhaustion, depersonalization, low sense of personal accomplishment. There is also a recent study entitled Medscape National Physician Burnout Depression and Suicide, the report 2019, is really full of data. I am on the frontline, I am a family physician in private practice. My neighbor across the hall who retired from his practice in Gastroenterology, he was a solo practitioner, who had an excellent reputation and his patients loved him. He actually retired at age 60 and that's that trend now, physicians are used to retire in their 70s, now they are retiring as early as 60s, 50s.

With one out of two physicians experiencing some level of burnout symptoms, and seeing that their health system is not responding to these needed changes and the physician shortage expected down the pike. And this amount of retirement that really pointed to a public health crisis, because it's definitely affecting our patients.

Margaret Flinter: Dr. Chaoui, you have noted that in fact clinician burnout is not a new phenomenon, but that pace of burnout has accelerated significantly over the past decades and the change in people being self-employed versus employed by others, loss of control, the shift from people going to the hospital in the morning, in the practice, in the afternoon, having all that other social engagement largely transformed by hospitals, managing the hospital. But the things that we hear most often about relative to burnout seem to be things that we ought to have been able to fix, the Electronic Health Record impact, EHR fatigue, the reporting demands, the amount of documentation that needs to be done, that if somebody is doing the thousand clicks per visit, they wonder sometimes, how much this has to do with quality versus how much it has to do with payment. Talk with us a little bit about how those very tangible things like the EHR fatigue or reporting demands are contributing to the problem.

Alain Chaoui: Margaret, I would also note that there are other reasons and thus we encourage each healthcare system to survey their physicians to learn what are these drivers that are causing burnout? You know EMR is just one of them. As you pointed out, the EHR is a leading cause of burnout. As you know, the demand for a prior authorization, in the past prior authorizations were made to control cost and we used to do prior authorization for high cost radiology. Now prior authorizations are for everything that as well as the quality reporting and documentation that take away from our patient time, because you know the patients is the reason why we went into medicine. And that's a very intimate space between the patient physician that has been intruded by all these non-patient related functions and it hurts the patient-physician relationship and thus reduce the clinician satisfaction with their work.

Not one physician complained about having to see too many patients. What is demoralizing is the fact that I have to do a lot of time consuming work that has nothing to do with patient care. The truth is, the EHR is not user-friendly.

There was a recent article: Death by a Thousand Clicks, EHR has added two hours of data by physicians for every one hour of patient time. We also call it “pajama time.” Another point you mentioned is the prior authorization. It takes an additional 15 hours per week per physician. So all the cumulative effect on the physician community as the literature has clearly shown is, clinicians are choosing to retire early or change to part-time or they decided to continue to work and be dissatisfied and that's not sustainable.

Mark Masselli: We had the opportunity of having Dr. Don Rucker on who is the National Coordinator for Health IT, he says helps on the way Margaret.

Margaret Flinter: Yeah.

Mark Masselli: Really talking about how they advanced, API enabled solutions in the like, but you know, if I look back 1983, 75% or more of the practices were owned by physicians, private practices owned by physicians. And if you look now it's less than half. I am wondering if they have moved from employers to employees and they lost control of the practice.

Alain Chaoui: Yeah.

Mark Masselli: How does that figure in to the analysis?

Alain Chaoui: The loss of autonomy is actually one of the main reasons of physician burnout. I will say Mark that the EHR's are here to stay, I mean, I actually like the idea of EHR is a lot safer for our patients. But the companies that make them have little or no incentive to work together, to make them interoperable. The EHR's were originally created as a billing tool and we would like to move it to a more user-friendly tool that will actually help physicians deliver great care and communicate with each other, for the care of their patients.

One of the promising solutions to make EHR more user-friendly would permit software developers to actually develop some apps that can operate with those certified EHR systems. You mentioned the word API which is Application Programming Interface, which allows two different computer programs to talk to one another. In healthcare we are having this problem with lack of interoperability and that's not good for the patient, that's not good for the healthcare as a whole because it is unhealthy for the patient to receive radiation twice or labs twice and it's more expensive to duplicate the work. So that's why those APIs allow those two computers to speak with one another.

You mentioned also about you know physicians being employed, some of the studies show that burnout is a lot less in private practice physicians because they do have some control over their schedules over how many patients they can see per hour. For example in my office, I work as a team so when I take care my patients I feel like my whole staff work at the top of their license and they actually have me take care of the patients and the patients are actually more satisfied and I am more satisfied with my care.

Margaret Flinter: We. Dr. Chaoui, I am so glad you have ended on that note because it's exactly what I was thinking about, with team-based care, which doesn't happen automatically, you know it's a training unto itself. I was thinking also Mark about replacing prior authorizations with eConsults rather than filling out a lot of paperwork, just to make something happen. There has certainly been a proliferation of wellness programs with varying degrees of success, but I think it was Dr. Jha from the Harvard School of Public Health pointed out, we are not going to fix this problem of physician burnout by doing more yoga. Yet what evidence is there, that programs that help to alleviate stress among physicians and all clinicians might actually play part of the role in helping us move forward in addressing this very real concern.

Alain Chaoui: So, Margaret I want to tell you about a gentleman that I got to meet Dr. Tait Shanafelt has been working on this issue for about 20 years. He is the Chief Wellness Officer at Stanford. Tait taught us that the key leadership behavior to help reduce burnout, are to inform, inquire and develop and recognize the problem. And leaders need to keep their staff informed, they need to ask for their suggestions and how to improve their work unit and facilitate their career development and recognize a job well done.

The reason we say we don't need more yoga Margaret, is that we know physicians and medical students are more resilient and less depressed than the general public when they start their careers. But there is something in the industry that's burning us out at an alarming rate and that's a systemic issue. And honestly all the yoga in the word will not fix it. Once somebody is deeply burned out, they really don't have the bandwidth to even participate in wellness programs.

One of my co-chairs at the Physician Burnout Task Force, Dr. Steven Defossez, he and I are big proponents to what is known as an organizational culture of health, that is health for all the employees and the patients, the communities, the environment. When we think of health we are really thinking of all five dimension of health, which is your emotional health, physical and mental and reaching to one's full potential. An effective Chief Wellness Officer in conjunction with a thoughtful wellness program should be able to help individuals throughout the organization, to improve in all five dimensions of health.

Mark Masselli: We are speaking today with Dr. Alain Chaoui, immediate past president of the Massachusetts Medical Society and co-author of the New Report on the Health Crisis of Physician Burnout in American Healthcare. Dr. Chaoui, I really want to have you talk to our listeners about why this is a health crisis for our patients. The average citizen in America makes around $45,000 a year and Forbes Magazine says that the highest paid job in America are physicians around $200,000. And they may be listening to this and say, I suffer emotional exhaustion at my job and a sense of burnout. Why is this a national crisis that an average citizen should be concerned about?

Alain Chaoui: Mark, when we talk about money and when physicians graduate from med

school, they graduate with a ton of debt, the average is about $250,000 of debt before they even start their career. The art and science of medicine is the quintessential calling which historically allowed physicians to have a high degree of autonomy and a lifetime of practicing to become independent masters of their craft. There is evidence that loss of the autonomy drives burnout and when this happens, our patients feel it. And our patients are affected because when we talk about the sacred bond, the patient-physician relationship, whenever I am in the exam room, the patient knows when I am not well. The consolidation of the medical system and the corresponding you know corporatization of medical practice which is having the physicians lose their autonomy and have to become employed, that also increases physician burnout and also affects patient.

When we speak to the lack of autonomy, the decision-making and patient-physician relationship is impeded by all these influences and it causes more burnout. I feel that mountains of useless paperwork is typically perceived as meaningless and it does not help our patients and it doesn't help our physicians. Examining the patient; listening to the patient instead of clicking, wasting a lot of their time on unnecessary trivia that someone else can do for them.

Margaret Flinter: I know that as a professor of medicine, you spent a considerable amount of your time training the next generation of physicians and around the faculty of the Boston College School of Nursing. So I know you are engaged with nurses and nurse practitioners, probably as well. So you have a great perch on the new clinicians, who are coming into our 21st century model of care. I think about our new clinicians coming into practice. Mostly they are not taking call, huge difference in terms of what we used to see as a major cause of burnout, they are incredibly effective at advocating for flexible hours, they have a team that supports them that is trained to a far higher level than years ago in terms of the work that's been done with medical assistance, the role of RNs in primary care. They are pretty good at setting their boundaries.

So you have entire generation of people who really got caught up in enormous and sweeping and stressful changes, Electronic Health Record changes in practice ownership. Is there any research that's going on looking at, is this particularly severe and accentuated in the generations of incredible people who devoted their lives to a particular model and got caught up in all this change, and does it spend the generational divides?

Alain Chaoui: I have been blessed to teach and work with medical students NPs and PAs students. I believe this new generation is going to be the answer for fixing the healthcare system. They are very smart, they are very tech-savvy and they value a work-life balance. I would admit that when I was at the beginning of my career and then till today I mean work is very, very important to me. I did get to miss a lot of my family's times. Some of the reports will show that by 2025, we will have a shortage of 90,000 physicians, Margaret. And teaching

medical students NPs and PAs student is a very important part of my practice. I believe by preparing the new generation of clinicians, by teaching them how to work smarter and as a part of a team they would be a lot more prepared to lead the change for a better healthcare for our patients in our country.

Studies show that when the healthcare team allows each member of the team to function at the top of the license, burnout is cut in half, but the quality of patient care is much improved. There is a study done at the University of Colorado, a team-based care model that improves job satisfaction. When our healthcare system places too much burden on clinicians, we should not be surprised that the results are sub-optimal access, poor outcomes and increased burnout. But with team-based care models, increasing patient access, you will also have improved clinical quality, and you cut the burnout in half.

Also, there are some studies that show that increasing the medical assistant to clinician ratio to 2.5 to 1 and expanding the roles of the medical assistant throughout the patient visit, can help the practices achieve what we called the Quadruple Aim. Improve patient health outcomes, enhance the patient experience and then lowering the cost of care and the total medical expense. The fourth part is improved the work-life of physicians and their team.

If I could end with this very important message, at the end of the report there are six directives that I would love people to be able to read and understand, for the sake of our patients and our healthcare system, these will bring back the joy into the practice of medicine, they will improve the access and the quality of patients care and significantly reduce the cost of care.

Mark Masselli: We have been speaking today with Dr. Alain Chaoui, immediate past president of the Massachusetts Medical Society and co-author of a New Report on the Health Crisis, a Physician Burnout in American Healthcare. You can access the report by going to www.massmed.org or follow them on Twitter at Mass Medical. Dr. Chaoui, thank you so much for your commitment to the practice of medicine and for joining us on Conversations on Healthcare today.

Alain Chaoui: Mark and Margaret, thank you for having me on --.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know, when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Former Vice President Joe Biden recently changed his position on the Hyde Amendment with his campaign saying, he supported it and within days Biden, a democratic presidential candidate saying, he had changed his stanch. Biden said, “If I believe healthcare is a right, as I do, I can no longer support

an amendment that makes that right dependent on someone's zip code." What is the Hyde Amendment? The 1976 measure is a federal ban on the funding of abortion. It restricts federal funding of abortion to only cases of rape, incest or endangerment to the mother's life. Since it restricts federal funding it effects coverage of abortion under Medicaid, a federal state program that primarily serves low-income individuals.

The Kaiser Family Foundation explains that the Hyde Amendment was passed as a rider to a Health & Human Services Appropriation Bill and has been renewed each year by Congress. The Affordable Care Act similarly included language to block federal subsidies used to buy private insurance on the market places from being used for abortion services. Under Medicaid some states do use their own funding to pay for abortion beyond those exceptions. According to the Guttmacher Institute, 15 states have policies to cover all or most medically necessary abortion through Medicaid. Four states provide funding in cases of fetal impairment and four pay for abortions when there is a risk of long-term damage to a woman's physical health.

The Kaiser Family Foundation estimates that 14.5 million women of reproductive age are enrolled in Medicaid. The Hyde Amendment also affects other federal program, including the Indian Health Service, the Children's Health Insurance Program and Medicare. And that's my fact check for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margarent Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

[Music]

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Vaccinations are considered one of the great public health achievements of the 20th century, reducing fatalities for most common and fatal diseases by up to 99%. As recently as 2009, only 45% of the nation's preschool age children had received all of their recommended vaccinations and boosters. Researchers at the Children's Outcome Research Program at Children's Hospital in Colorado, decided to take an in-depth look at the problem.

Dr. Allison Kempe: Primary care practitioners are so overstretched that it's rather impractical, and they also require a level of technical expertise that sometimes they don't have.

Margaret Flinter: Dr. Allison Kempe conducted a study on what would help to generate better compliance with required vaccinations. She found that when parents receive timely reminders from their state and local health departments, parents were much more likely to get the vaccinations and boosters for their

children that they needed.

Dr. Allison Kempe: What our study did was to centralize those efforts, so it didn't take away from the primary care providers, but it helped them to do the reminder recall for their practices centrally using a State Registry.

Margaret Flinter: Dr. Kempe says her research shows that when a reminder message can be generated for an entire population across communities, it takes the onus and the burden off of the primary care and pediatric practices.

Dr. Allison Kempe: About 19% of children who are not up-to-date became up-to-date, versus about 13% in the practice-based recall state. So which, on a population level within six months it's really very powerful.

Margaret Flinter: And the study also suggests that there is a cost savings with a centralized state or county run database and reminder system.

Dr. Allison Kempe: I can tell you that there have been some studies in recent years, showing outbreaks related to a lack of immunizations. One case of influenzae haemophilus, meningitis can cost tens of thousands of dollars.

Margaret Flinter: A state health department driven vaccination program that assist private practices in vaccine compliance for their patient population, improving vaccination rates of young and vulnerable children, now that's a bright idea.

[Music]

Mark Masselli: You have been listening to Conversations on Healthcare.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Peace and health.

Moderator: Conversations on Healthcare is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes or whatever you listen to podcast. If you have comments please email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.