

Physician Burnout: Let's Treat the Root Causes

In this issue we present “Tackling Burnout in Employed Physicians” (page 7). We feel compelled to do so because the problem isn’t going away. A recent article reported that the percentage of family physicians experiencing at least one symptom of burnout increased from 51 percent in 2011 to 63 percent in 2014.¹

We certainly haven’t ignored the topic. In dozens of articles on burnout and achieving work-life balance, our authors have exhorted you to develop self-knowledge, schedule “me time,” change workflows, develop resilience, network, exercise, overcome perfectionism, avoid the “hero complex,” recharge, cut back, volunteer, accept what you can’t change, get spiritual, get therapy, drop the guilt, delegate, read a book, and practice mindfulness.

Holy smokes! We need to treat the wounded, but shouldn’t we try preventing the wounds in the first place?

Let’s talk about the real problem: We need to address design flaws in the U.S. health care system that promote physician burnout, especially in primary care. Burned out physicians leave practice or sharply limit their panels. In a country already short on primary care physicians, that just makes the situation worse.

What are some of the causes of burnout? Payment, documentation, and regulatory requirements; inefficient technology and workflows; excessive and often inappropriate administrative paperwork; and lack of control.

What are some potential solutions?

- Payment mechanisms that reward physicians for doing things more efficiently, including payments for e-messaging, phone calls, and telemedicine.
- Standardizing quality metrics, formularies, and prior authorization rules.
- Government payment initiatives that don’t constantly threaten physicians’ financial security.
- Government regulations that give physicians more, not less, say in the health systems in which they work. To date, physician-led accountable care organizations have been more successful than hospital-based ones.
- Incentives that promote better electronic health record usability.
- Better teamwork, delegation, and workflows.
- Tort reform.
- Simplification of documentation requirements.

Collectively, we need to yell “Stop!” Let’s more clearly point out to our legislators and regulators the unintended, negative consequences of well-meaning public policy for our patients and ourselves. Primary care physicians are heralded as the key to improving health care. Demanding relief for physicians, and primary care physicians in particular, doesn’t just benefit us. It benefits everyone. **FPM**



Kenneth G. Adler, MD, MMM, Medical Editor

1. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general U.S. working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600-1613.

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