INTERVIEW WITH DANIEL FRIEDLAND, MD

**Daniel Friedland, MD,** is President and Chief Executive Officer, SuperSmartHealth. He delivered the Gold Sponsors Luncheon presentation at the 2014 PIAA Medical Liability Conference in Toronto. Inside Medical Liability asked him some follow-on questions at the conclusion of his formal presentation.

IML: From your vantage point, has the frequency and intensity of physician burnout been increasing during the last five years?

**Friedland:** There really hasn't been a lot of work done in the U.S. on this issue. There was one major national study published in 2012, by T. D. Shanafelt. But we don't have a series of national studies that can really plot what is happening, over time.

For example, you can look at studies of attending physicians, medical students, and medical residents. The studies on medical residents indicate a burnout rate of 25% to 75%. These are smaller studies, not a national sample. And they can be very much specialty-specific. So to get a trend is problematic.

That said, there is a study of healthcare providers, based on a survey done in Switzerland. It showed that between 2002 and 2007, there was an increase in physician burnout. So if you extrapolate that, it's highly likely that it happened here, too.

And then, just more anecdotally, you get a sense of what's going on in the landscape of medicine now; you see the pressures of the Affordable Care Act, with so many formerly uninsured patients now coming into the system—with a greater burden of documentation for healthcare providers, the stress on outcomes, as well as the incredible expansion in new health information.

Friedland: When I'm talking about burnout, one study I refer to is the American College of Physicians Executive Survey in 2006. They found that 67% of physicians said they had experienced burnout. In the latest survey, in the Shanafelt article in 2012, about 45% of physicians said they had one of the three principal aspects of burnout. So it is really occurring in epidemic proportions.

The contributing causes, at least in the American College of Physicians Executive Survey, are low reimbursement, low autonomy, patient overload, and a perceived lack of respect. The data on patient overload tracks with a Canadian survey of family physicians, which looked at the numbers of hours worked vs. burnout, and that tracks in a linear fashion.

There is another study, also showing the greatest predictor of burnout is the number of hours worked, along with a perceived lack of control over one's time.

I ML: Is there any difference between employed and private-practice physicians, in terms of burnout.

**Friedland:** Yes there is. There are tradeoffs with that. And interestingly enough, there is a study in the *Journal of Hospital Medicine* by Daniel Ross. He looked at burnout, in inpatient-based vs. outpatient-based physicians. His thesis was that inpatient-based physicians would experience a higher degree of burnout.

I ML: You've explained the principal causes of burnout among healthcare professionals in your presentation. But are there other, more subtle forces in play now that make burnout more likely?

**Friedland:** When I'm talking about burnout, one study I refer to is the American College of Physicians Executive Survey in 2006. They found that 67% of physicians said they had experienced burnout. In the latest survey, in the Shanafelt article in 2012, about 45% of physicians said they had one of the three principal aspects of burnout. So it is really occurring in epidemic proportions.

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IML: Because of the loss of control?

Friedland: Possibly because of the loss of control, but there are also other factors. As a physician, you’ve gone through medical residency and worked these unbelievable hours. Where does it all lead to?

There have been 28 studies that used the same measures for assessing burnout. They used these to do a statistical analysis.

What they found was that if you look at the three aspects of burnout—emotional exhaustion, depersonalization, and reduced sense of personal accomplishment—there was no difference between inpatient and outpatient doctors on depersonalization and reduced sense of personal accomplishment. However, emotional exhaustion was higher among outpatient physicians, because there’s a greater amount of uncertainty among these doctors, around their hours, for example. Also, for inpatient physicians there is a greater support structure, and you work in teams.

IML: Are you optimistic that we can get through this patch of hard times for doctors?

Friedland: Well, when you say “get through this patch,” that presupposes that there is going to be decreasing complexity and uncertainty up ahead—which is not likely.

I think the odds are that there is only going to be increasing complexity within the system and increasing stress within the system. What is going to be needed to really transform healthcare is leadership.

This element of stress and burnout is going to have to find its way onto the map.

IML: In what sense?

Friedland: Well, the first thing is to appreciate the scope of the problem—to raise awareness about it, to talk about how many healthcare providers are showing the three signs of burnout. This condition is epidemic within the industry. You have to ask, How can burned-out physicians heal their patients unless they can effectively heal themselves?

That’s the biggest problem of all. There is an immense burden of healthcare on physicians who are personally burdened themselves. This has real consequences, in terms of medical errors and on liability.

IML: Have there been studies on these?

Friedland: Yes—and on disruptive clinicians. All of that represents a problem, not only just in terms of thinking compassionately about how physicians are suffering, but also in terms of the responsibility, in a compassionate society, to help the healers heal their patients.

And in terms of a business view, the nature of burnout is really creating a burden on the healthcare system. After awareness has been raised, who will take the lead, in providing programs, to help clinicians cultivate resiliency? This can be done through a medical organization.

I am the chair of an organization called the Academy of Integrative Health and Medicine. We’re very much invested in promoting healthcare provider well-being. We are an umbrella organization, with traditional medicine, but also acupuncturists, chiropractors, massage therapists, and others. It’s a broad umbrella—holistic—paying attention to what can be done for health creation and health promotion.

We’re invested in “healing the healer” programs. There is one health system in Florida, comprising six hospitals, that has begun this sort of integrative program for its providers. And insurance companies can deepen their relationship with their clients—whether it be individual physicians, physician groups, or hospital systems—to offer innovative programs that can address the issue of stress and burnout. And in so doing, not only provide this service to clinicians, to improve their quality of life, but also to mitigate risk.

IML: Are there studies that directly link errors with burnout?

Friedland: Yes. Here is one example, of 8,000 surgeons. When you look at depersonalization, one of the three big manifestations of burnout, essentially each point increase in depersonalization, on a scale of 0-33, increased the self-reported error by 11%. Each one-point increase in emotional exhaustion, on a scale of 0 to 54, increased self-reported medical error by 5%.

Of course, this is association, not causation. In these studies, the tricky thing is determining whether burnout is causing the errors, or whether an error is in some way enhancing the physicians recall for how they are suffering from burnout. You can’t tell.

IML: Do you think that physicians are unaware of the extent of their burnout?

Friedland: That is what my program attempts to do: create mindfulness of this condition. Mindfulness is being aware of what is happening in the present moment. Physicians, in my program, cultivate skills of awareness that then become the foundation for mitigating their stress.

IML: So PIAA companies can play a role in mitigating burnout?

Friedland: Yes, they could play an important role in providing information and services to educate their insureds about this issue, and also on what can be done to address it.