

## PAPERWORK PRESSURE

### 85% of Michigan physicians blame admin burden for rising stress and burnout

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Physician burnout is a critical issue threatening both the stability of the healthcare workforce and the quality of care that we receive. It is also a driving force behind staff turnover and decreased productivity.<sup>i</sup> These issues extend beyond staffing concerns, impacting both the quality and experience of care. Research has found clear links between physician burnout and both increased medical errors and decreased overall patient safety.<sup>ii</sup>

While rates of physician burnout have decreased somewhat since the COVID-19 pandemic, burnout still affects 48 percent of U.S. doctors.<sup>iii</sup> Factors driving these trends include workload, practice environment, confidence in ability to succeed, and gender, where female physicians tend to experience burnout more often than males.<sup>iv</sup>

For this work, we used the American Medical Association’s definition of burnout: a long-term stress reaction which can include emotional exhaustion, lack of empathy, and feelings of decreased personal achievement.<sup>v</sup> To dig deeper into solutions for Michigan physicians specifically, we analyzed data from [CHRT’s 2023 Michigan Physician Survey](#). The survey received responses from 1,596 licensed Michigan physicians.<sup>vi</sup>

### Michigan primary care physicians are struggling

Overall, our survey found that 43 percent of Michigan physicians report experiencing burnout.<sup>vii</sup> Among primary care physicians, the proportion who reported feeling burned out has steadily increased from 31 percent in 2018 to 39 percent in 2021 to 46 percent in 2023.

**Fig. 1**

**Percent of primary care physicians who reported feeling burned out**



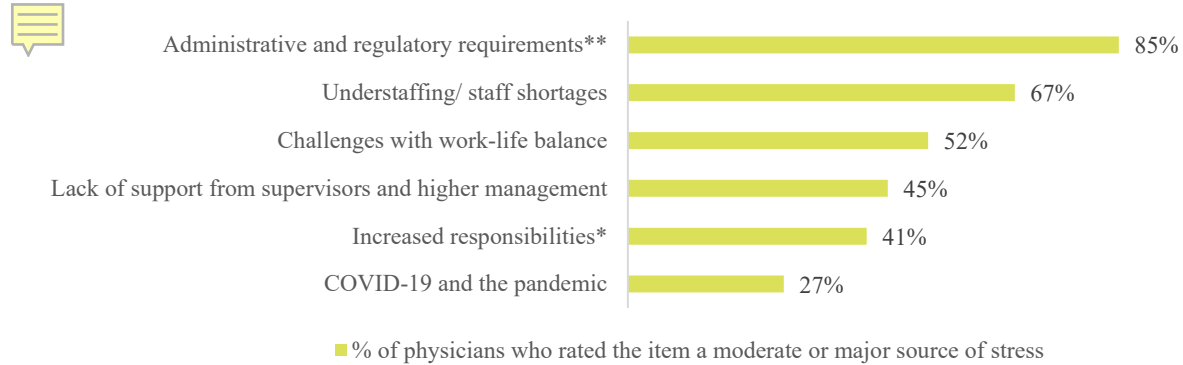
Data Source: CHRT’s 2023 Michigan Physician Survey

### What’s causing this burnout?

When asked which stressors contribute to physician burnout, 85 percent of Michigan physicians reported that administrative burdens and regulatory requirements, including charting and paperwork, were moderate or major sources of stress. Sixty-five percent reported that understaffing and staffing shortages were a moderate or major source of stress.

**Fig. 2**

### Which of the following are sources of stress for you at your current job?



\*e.g., patient screening and follow-up, documentation

\*\* e.g., charting, paperwork

Data Source: CHRT's 2023 Michigan Physician Survey

To dig deeper into potential solutions to burnout, CHRT asked Michigan physicians which tools or resources might be helpful. The biggest themes discussed called for:

- organizational change, including increased communication between administrators and physicians, and
- increased administrative support, like more support staff and improved charting systems.

Many physicians felt out of touch with practice administrators which led to feelings of being undervalued. Some physicians also mentioned the need for increased mental health services.

### What can be done to better support MI docs?

Below, we have compiled a list of programs, initiatives, and calls-to-action with the goal of diminishing physician burnout within a variety of organizational settings. These initiatives were selected because they aim to reduce administrative burden and improve communication practices, which both stood out as needs from the survey.

#### American Medical Association (AMA)

- **Systems advocacy:** The AMA maintains that reducing burnout among physicians is essential to high-quality patient care and a sustainable health system.<sup>viii</sup> The organization is committed to leading advocacy efforts that center systems-level drivers of burnout. The AMA has specifically shaped over 40 policies focused on reducing administrative burdens, including removing various physician office evaluation and management coding and documentation requirements.<sup>ix</sup> [Learn more about the AMA's past advocacy efforts and their current agenda.](#)

#### Agency for Healthcare Research and Quality (AHRQ)

- **EvidenceNOW:** A model that healthcare and quality improvement organizations can use to provide external support to primary care practices.<sup>x</sup> EvidenceNOW recommends five core sets of supports to improve efficiency within primary care practices and reduce physician burnout. Three of the sets directly address administrative workload and communication practices: practice facilitation and coaching, health information technology support, and shared learning collaboratives. [Learn more about EvidenceNow.](#)

### Blue Cross Blue Shield of Michigan

- **Streamlining prior authorization processes:** BCBS of Michigan aims to decrease 20 percent of prior authorization requirements which will allow physicians to provide medical treatments without having to go through insurance companies as frequently which will ultimately reduce administrative tasks.<sup>xi</sup>
- **Partnering with “enablement organizations”:** BCBS has partnered with “enablement organizations” or companies that assist physicians with tasks related to healthcare technology or process efficiency, to help ease the administrative burden as practices transition to value-based care models.<sup>xii</sup> This will both support physicians organizationally and increase access to care for patients.

### Federation of State Medical Boards (FSMB)

- **Policy recommendations:** In 2018, the FSMB Workgroup on Physician Wellness put together a comprehensive report that both describes the problem of physician burnout and provides policy recommendations for various stakeholders, including state medical boards, The Centers for Medicare and Medicaid (CMS), and state governments. Generally, FSMB recommends that healthcare entities rigorously research new regulations before implementation to ensure they do not further burden physicians.<sup>xiii</sup> [Read the report to learn more](#) (recommendations begin on page 11).

### University of Michigan Health System

- **Artificial intelligence (AI):** Michigan Medicine is in the process of developing various tools using AI to streamline processes for physician efficiency.<sup>xiv</sup> In 2021, University of Michigan Health West piloted a project using [Dragon Ambient eXperience](#) technology to record notes to electronic health records during patient visits. This technology ensures that the physician can focus solely on the patient in front of them and less on their computer. Both patients and providers reported positive reactions to the pilot. Patients felt like their visits were more personable and 77 percent of providers said they would be disappointed if they could no longer use the tool.<sup>xv,xvi</sup>

## Moving forward

These programs, initiatives, and calls-to-action are all promising strategies that healthcare organizations and systems can use to decrease burnout among physicians. As demonstrated by our survey data, physicians in Michigan are specifically calling for broader organizational change. Research has shown that reduction in physician burnout is most notable when change is enacted at the organizational level, and that leadership must recognize its role in burnout and be committed to change to be successful.<sup>xvii</sup> Strategies that health care leaders should consider include:

- **Engaging leadership and enhancing communication:** Ensuring healthcare leadership is involved in organization change efforts. This includes physician representation in leadership discussions and committees to foster open dialogue with administrators regarding strategies to address physician needs in the workplace.
- **Piloting collaborative initiatives:** Collaborate with physicians to design and test new administrative processes and technologies like AI and efficient EHR systems to minimize paperwork, allowing physicians to concentrate more on patient care.
- **Cultivate a culture of well-being:** Conduct regular wellness assessments and invest in efforts to prioritize and normalize physicians seeking mental health care through targeted programs and workshops.

Using these ideas as inspiration and a concrete starting point, we hope that healthcare organizations in Michigan feel empowered to begin working alongside physicians to reduce burnout.

## Citations and endnotes

<sup>i</sup> Yates, Scott W. “Physician Stress and Burnout.” *The American Journal of Medicine* 133, no. 2 (February 1, 2020): 160–64. <https://doi.org/10.1016/j.amjmed.2019.08.034>.

<sup>ii</sup> Ibid.

<sup>iii</sup> Muoio, Dave. “Physician Burnout Drops below 50% for First Time since 2020, AMA Poll Finds,” July 9, 2024. <https://www.fiercehealthcare.com/providers/physician-burnout-drops-below-50-first-time-2020-ama-poll-finds>.

<sup>iv</sup> Azam, Kamran, Anwar Khan, and Muhammad Toqeer Alam. “Causes and Adverse Impact of Physician Burnout: A Systematic Review” 27 (2017). <https://pubmed.ncbi.nlm.nih.gov/28903843/>

<sup>v</sup> American Medical Association. “What Is Physician Burnout?” February 16, 2023.

<https://www.ama-assn.org/practice-management/physician-health/what-physician-burnout>.

<sup>vi</sup> The survey was conducted online between June and August 2023 using the survey platform Qualtrics. The sample for the survey consisted of 29,164 licensed Michigan physicians identified through the “Medicine” and “Osteopathic” Licensing and Regulatory Affairs (LARA) datasets. The datasets were downloaded in April 2023. To be included in the sample, physicians had to be practicing in Michigan and have a valid and unique email address. Both primary care and specialty care physicians were invited to participate in the survey. The final sample included 1,596 licensed physicians. The survey had a response rate of 5.5% and has a margin of error of ±2.4 percent. To adjust for non-response, the final sample was weighted by the region in which the physician practices, as well as years in practice.

<sup>vii</sup> Burnout among physicians was measured using the following question: Overall, based on your own definition of burnout, how would you rate yourself? 1. I enjoy my work; I have no symptoms of burnout. 2. Occasionally I am under stress and I don’t always have as much energy as I once did, but I don’t feel burned out. 3. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion. 4. The symptoms of burnout that I am experiencing won’t go away. I think about frustration at work a lot. 5. I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help. Answers 1-2 were categorized as “not burned out” and answers 3-5 were categorized as burned out. Forty-three percent of survey respondents selected answers 3-5.

<sup>viii</sup> American Medical Association. “Advocacy in Action: Reducing Physician Burnout,” June 5, 2024. <https://www.ama-assn.org/practice-management/physician-health/advocacy-action-reducing-physician-burnout>.

<sup>ix</sup> American Medical Association. “Physician Burnout and AMA Regulatory Victories,” December 2, 2024. <https://www.ama-assn.org/practice-management/physician-health/physician-burnout-and-ama-regulatory-victories>.

<sup>x</sup> “The EvidenceNOW Model: Providing External Support for Primary Care.” Accessed November 12, 2024. <https://www.ahrq.gov/evidencenow/model/index.html>.

<sup>xi</sup> MI Blues Perspectives. “Blue Cross Blue Shield of Michigan Takes More Steps to Improve Prior Authorization Process; Getting Members Faster Access to Care,” September 6, 2023. <https://mibluedaily.com/stories/prior-authorization/blue-cross-blue-shield-of-michigan-takes-more-steps-to-improve-prior-authorization-process-getting-members-faster-access-to-care>.

<sup>xii</sup> “Hospital and Physician Update.” Accessed November 12, 2024.

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<sup>xiii</sup> Federation of State Medical Boards. “Physician Wellness and Burnout.” Accessed November 12, 2024.

<https://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>

<sup>xiv</sup> “A Crash Course in AI.” Accessed November 12, 2024. <https://ihpi.umich.edu/news/crash-course-ai>.

<sup>xv</sup> Kollar, Sarah. “New AI System Focuses on the Patients Instead of Note Taking.” *University of Michigan Health-West* (blog), November 15, 2021. <https://uofmhealthwest.org/new-ai-system-focuses-on-the-patients-instead-of-note-taking/>.

<sup>xvi</sup> A Crash Course in AI, Op. Cit.

<sup>xvii</sup> Carrau, Diana, and Jeffrey E. Janis. “Physician Burnout: Solutions for Individuals and Organizations.” *Plastic and Reconstructive Surgery Global Open* 9, no. 2 (February 16, 2021): e3418. <https://doi.org/10.1097/GOX.0000000000003418>.