

Reducing physician burnout: Clinic support for patients' social issues can help

The Canadian Medical Association Statement on Physician Health and Wellness identifies physician health as a quality indicator in the overall functioning of health systems¹—in effect, positioning physician health as an additional component of the triple aim² (the GPSC's version of which identifies the priority of “improving the patient *and provider* experience of care,” along with improving the health of populations and reducing the per capita cost of health care). Preventing burnout is recognized as a significant component in ensuring physicians feel healthy and able to continue providing access and support for their patients.

A recent pamphlet published by the Physician Health Program³ notes that physician burnout is more prevalent and more intense among BC physicians than it has been in the past, and it details strategies and resources that can help.³ In addition, a new study shows that physicians may find additional support through working in a patient medical home or as part of a primary care network. The study, published in January 2019 in the *Journal of the American Board of Family Medicine*, found lower rates of burnout reported by primary care physicians who felt that their clinic had a high capacity to assist patients in meeting their social needs.⁴ The study also found that physicians working in clinics with “patient-centered medical home” status (US terminology for patient medical home) reported higher capacity to support patients with social determinants of health.⁴

Many initiatives are currently underway in BC through the implementation of patient

medical homes and primary care networks that connect GPs to a supportive network of other physicians and allied health providers, enabling them to better support patients with social issues. Below are a few examples of work that has already resulted in physician feedback on reduction of burnout.

As primary care network implementation work continues around the province, the GPSC looks forward to gathering more information about the impact teams can have on reducing physician burnout.

Fraser Northwest Division of Family Practice

Clinical counselor initiative

Fraser Northwest's primary care network enables doctors to refer patients with mild-to-moderate mental health and substance use challenges to timely care and support from local clinical counselors.⁵ One family physician has commented that before the service was available she felt she didn't have the supports and skills to help patients with mild-to-moderate mental health issues, so she gave what she could—her time. She found herself advocating for her patients, including completing their insurance and disability paperwork on evenings and weekends, and was soon experiencing symptoms of burnout. With the counseling referral system in place, the doctor feels that she isn't left to help

patients alone—a significant step in alleviating the feelings of burnout she was experiencing.⁵

Nurse in practice initiative

Fraser Northwest's primary care network has also placed several RNs in physician practices in the region, enabling physicians to better support vulnerable patients and connect them with resources and services in the community. One physician has described feeling burned out and overwhelmed trying to connect patients with local services and help them access the community support they need. His nurse in practice has helped significantly—in one case, a pregnant patient with bipolar disorder needed support and the nurse was able to spend significant time with her, ensuring she had access to resources and community services to support her through her pregnancy. This support put the physician's mind at ease and allowed him to focus on providing pregnancy care for the patient.⁶

Rural and remote: Gabriola Island

Gabriola Community Health Centre patient medical home model

The patient medical home team-based care model at the Gabriola Community Health Centre enables clinic GPs to work closely with a mental health nurse, social worker, occupational therapist, long-term care case manager, and visiting psychiatrist. According to one clinic doctor, the team environment has reduced feelings of burnout for the clinic's GPs—she praises the team for alleviating pressure on her role, and for helping her realize she doesn't have to be the whole support system for her patients.⁷

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This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.

Doctors of BC is developing a policy paper to address the mounting and competing demands that contribute to physician burden. Member engagement to inform this project was conducted earlier this year. Key findings are summarized in the *What We Heard* report (page 1 shown at right) and available for download at www.doctorsofbc.ca/sites/default/files/docsbc_what_we_heard_v2_1.pdf. Release of the policy paper is anticipated in spring 2020.

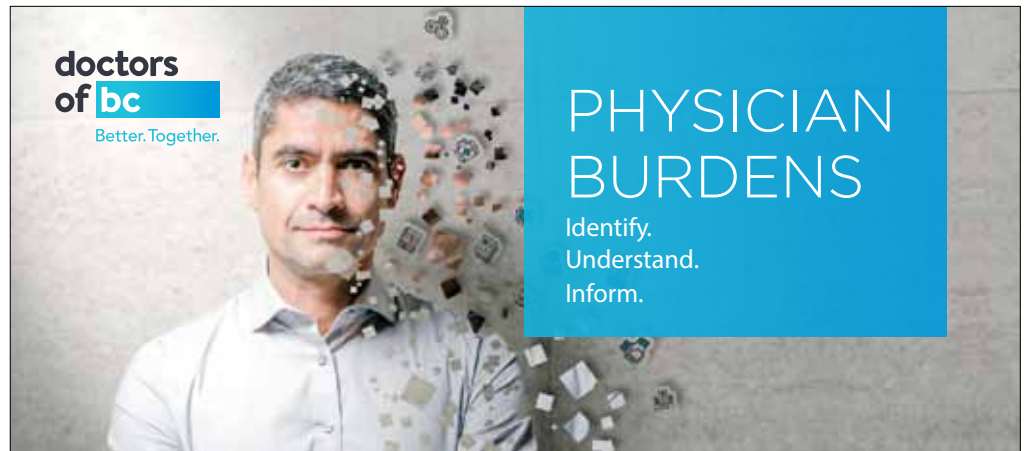
freed up to do the work that brought them to the medical profession in the first place—the work they love to do.

To learn more about patient medical homes, primary care networks, and team-based care, visit www.gpsc.bc.ca. ■

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References

1. CMA. Statement on physician health and wellness. Guiding principles. Accessed 13 September 2019. www.cma.ca/sites/default/files/2018-11/physician-health-wellness-statement-e.pdf.
2. Institute for Healthcare Improvement. IHI Triple Aim initiative. Accessed 13 September 2019. www.ihio.org/Engage/Initiatives/TripleAim/Pages/default.aspx.
3. Physician Health Program. Physician stress and burnout: Understanding, preventing, relieving. Accessed 4 October 2019. www.physicianhealth.com/sites/default/files/files/PhysicianStressandBurnoutPolicy.pdf.
4. De Marchis E, Knox M, Hessler D, et al. Physician burnout and higher clinic capacity to address patients' social needs. *J Am Board Fam Med* 2019;32:69-78.
5. Divisions of Family Practice. News and notes. FNW clinical counselling initiative: Reducing physician burnout and improving access to care. Accessed 4 October 2019. <https://divisionsbc.ca/provincial/news-and-events/news-and-notes/fnw-clinical-counselling-initiative-reducing-physician>.
6. Divisions of Family Practice. News and Notes. RNs in practice: Supporting vulnerable patients in Fraser Northwest. Accessed 4 October 2019. <https://divisionsbc.ca/provincial/news-and-events/news-and-notes/rns-practice-supporting-vulnerable-patients-fraser>.
7. Divisions of Family Practice. News and notes. Team-based care: The best thing about practising on Gabriola Island. Accessed 16 September 2019. <https://divisionsbc.ca/provincial/news-and-events/news-and-notes/team-based-care-best-thing-about-practising-gabriola>.



WHAT WE HEARD

What was the goal of this member engagement?

We know physicians are frustrated by mounting demands. For many, the volume and pace of these demands have become burdensome, which can have serious consequences for physicians and the health care system. A dedicated, long-term approach that focuses on systemic change is needed.

We wanted to understand if and how mounting demands impact BC physicians so that Doctors of BC can advocate for policy solutions that reflect your experience and meet your needs.

How did we seek member input?

Representative Assembly

18 small-group discussions with 100+ members to confirm and refine literature review findings on identified burden areas and inform outreach to all members.

All-member engagement

Interactive online engagement with members to understand if and how these burden areas impact you.

Who participated?

631 registered members

GP or Specialist
 GP/Family physician: 59%
 Specialist: 39%
 Other: 2%

Practice setting
 Community-based: 36%
 Facility-based: 23%
 Both: 41%

Geographic setting
 Urban: 63%
 Semi-urban: 17%
 Rural: 20%

What did we ask?

Our online engagement had three sections for members to provide their input using 3 tools:



A comment board to identify the specific demands that are burdening your practice



Survey questions to understand the impacts of the burden areas



An ideas board to inform our solutions

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