



MindCare®

How Telebehavioral Health Services Can Reduce Physician Burnout



Reduce Physician Burnout

78% of physicians experience feelings of burnout in their careers. And the profession has double the suicide rate of the general population.

Physicians know best how to care for their own mental and physical well-being — or so it is assumed — but healthcare providers are experiencing an increasing rate of burnout symptoms.¹ The healthcare landscape is undergoing massive changes with the introduction of new technologies (prominently the mandated use of electronic health records (EHRs)), changes in the healthcare law and governmental regulations to fulfill the Triple Aim of healthcare, which is to improve patient experience and population health and to reduce overall healthcare costs.²⁻⁴ In particular, healthcare professionals are experiencing this disruption and these continuous changes firsthand in their workplace and it is taking a toll on them. There is relentless pressure on providers to reduce healthcare costs through managed care or value-based care that come along with increased requirements for documentation and quality measures.⁵ These administrative tasks, required by government, payers and healthcare organizations, are demanding more of the physicians' time and hence impacting patient care. Not surprisingly, a common complaint by patients has been the declining face-to-face time and engagement with their physicians as they are increasingly spending their time facing the computer screen to keep up with documentation.⁶ Physicians themselves are complaining about the disruptive workflow of EHRs and that it takes time away from interacting with the patient.⁷⁻⁹

Physicians and resident physicians have seen a dramatic increase in burnout rates in recent years. The majority of physicians (78%) experience feelings of burnout at least some point in their careers. More disconcertingly, the physician suicide rate is at an all-time high with 28–40 suicides per

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100,000, which is one of the highest rates of any profession. To put this harrowing statistic in perspective, according to the American Foundation for Suicide Prevention the equivalent of two to three graduating medical-school classes, about 300–400 doctors, die by suicide every year.^{10–12} It is more than double the rate of the general population. As a comparison, the suicide rate among veterans is around 30 per 100,000 population.¹³

In a direct survey of physicians, 44% reported burnout.¹⁴ Some specialties experience higher burnout rates than others. For example:

- Urology 54%
- Internal Medicine 49%
- Emergency Medicine 48%
- Surgery, General 46%
- Family Medicine 48%
- Psychiatry 39%
- Dermatology 38%

Only a small percentage of physicians who experience burnout are willing to seek professional care. Reasons cited for this are lack of time but also fear of stigma and concerns about negative consequences on their career prospects and obtaining/renewing their licensure, should it be disclosed that they may have a mental illness.¹⁵ However, the most cited reason for not obtaining medical care for their burnout is that physicians think that they could deal with it by themselves and perceive seeking help as a sign of weakness.¹⁰

WHAT IS BURNOUT AND WHAT ARE SOME OF THE REASONS FOR IT?

Burnout is generally defined as a chronic state of “*emotional exhaustion, feelings of cynicism and detachment from work, and a low sense of personal accomplishment*.”¹⁶ Most cited reasons for burnout are too many administrative tasks, regulations, long work hours and lack of control over one’s own schedule, working with EHRs, and inadequate compensation.^{14,17} The latter is especially relevant for physicians-in-training but is also highly dependent on the physicians’ specialty as some specialties earn less than others.

The factors contributing to burnout can be of an internal as well as external nature, whereby the source of stressors is to some degree specific to the physicians’ field of expertise.¹⁸

Internal stressors usually stem from the patient-doctor relationship. For example, a doctor might feel guilt, doubt or a heightened sense of responsibility towards their patient or even grief if a treatment has failed. Naturally, some specialties, such as surgery, oncology and psychiatry may be more prone to internal stressors. In particular, psychiatrists can feel stressed or depressed if they cannot improve the patient’s condition and the patient may succumb to suicide. Sometimes patients’ families have unreasonable expectations and put pressure on the psychiatrist.¹⁸ Another source of stress may be caused by fear of potential violence when interacting with a patient alone.

Other fields of medicine that deal extensively with patients with mental health illnesses such as emergency departments and primary care settings will also feel these type of stress factors.^{19,20} Many patients with untreated mental health illnesses seek care only in acute episodes and go to hospital emergency departments. Indeed, for 1 in 8 patients in emergency departments, mental health affliction is the primary complaint.²¹ Likewise, primary care physicians are most often than not the main contact point for patients with mental health illnesses.²² They often present as a subset of the patient population that is using twice as much healthcare resources, more physician time and patience as they often have co-morbid chronic physical conditions that are hard to treat and manage.^{23,24} What makes caring for and managing their physical as well as mental conditions especially difficult is that the majority of them refuse to seek psychiatric care outside of their primary physician’s office when referred to by their doctor.²³ For these patients who often have multiple chronic conditions, integrated care delivered by a care team shows better outcomes in addition to lower costs. Having a psychiatrist on the care team would enable better care for the patient and reduce pressure on the primary care physician leading to improved patient outcomes.^{25,26}



External stressors are of a structural nature including the work setting, hours of work, administrative duties, level of resources and compensation. Psychiatrists face an above average administrative burden and regulatory restrictions. Many work settings for psychiatrists such as in community behavioral health centers or — if they work as consultants or clinicians — in hospitals often lack resources to adequately address the mounting mental health crises in the communities adding pressure and frustration to the psychiatrist’s work demand. Emergency departments and inpatient wards are often crowded with patients in extreme distress due to a mental illness. Aggressive behavior and violence can be widespread in mental health services.^{27,28} Due to the increasing number of patients with a mental health illness and the shortage of mental health professionals, there is often very limited time to treat a patient, evaluate their medication and provide ongoing support for the patient and their family.²⁹ Regulatory and confidentiality restrictions might limit information sharing and therefore hamper optimal care coordination, further frustrating psychiatrists. A study looking at psychiatrists at the US Department of Veterans Affairs found that 86% of them reported high exhaustion and 90% high cynicism, all signs of burnout.²⁹

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High stress, low reimbursement rates for in- and outpatient care services, and low compensation overall makes the field of psychiatry less attractive to incoming medical students. Not surprisingly, a significant proportion of psychiatrists chooses to practice in cash-only settings leaving the most vulnerable population in poor socioeconomic environments underserved. Demand for psychiatrists has never been higher in light of the opioid and substance misuse epidemic and increased rate of mental health illnesses facing the nation.³⁰ Indeed, demand is outstripping supply and there are already severe shortages in many areas of the country: 77% of the counties are considered “underserved” and 55% of states have a “serious shortage” of child and adolescent psychiatrists.²⁹

HOW DOES BURNOUT AFFECT THE HEALTHCARE SYSTEM AND WORKPLACE?

The immediate effect of physician burnout is on patient care. Burnout has been linked to reduced empathy in physicians. Furthermore, it has been associated with higher medical errors and reduced patient satisfaction.³¹ A survey (that included self-assessment of major medical errors, a validated depression screening tool, and standardized assessments of burnout and quality of life) of close to 8,000 surgeons found that reporting a major medical error was strongly related to a surgeon’s degree of burnout and depression.³²

Beyond self-care and patient care, burnout will likely impact the work environment. Physicians with burnout show less engagement with colleagues and staff and may be more prone to “snapping” at staff. In academic settings a physician’s feelings of burnout may likely negatively affect medical students and residents and their training.¹⁴ Medical students, residents and new physicians who are already under enormous stress themselves may be at the receiving end of an attending physician’s short temper.³³

Long-term, physicians with burnout are more likely to reduce their work hours, enter early retirement or leave the profession. The projected long-term consequence is a shortage of around 90,000 physicians by the year 2025 altogether.³⁴ For each healthcare organization, the immediate effects are lost revenue per full-time physician. In addition, the cost of recruiting and replacing a full-time physician can add up lost revenue and incurred costs to more than a million dollars per physician.³⁵

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SOLUTIONS TO IMPROVE BURNOUT

Many healthcare organizations are recognizing the extent of physician burnout and its repercussions and are establishing wellness programs to help them better cope with it. These programs show limited success, maybe because they put the onus on individual physicians to get better; in other words, they are fighting symptoms rather than the cause of the burnout.³⁴ While more exercise, yoga and mindfulness meditations are proven methods of increasing well-being, they require a significant time investment, something that physicians do not have. To alleviate causes of burnout, system-wide structural changes are needed. As has been suggested by many, EHRs need to be more interoperable, allow more customization, be more intuitive and less disruptive during a patient visit.^{34,36,37} Within the healthcare provider community, there are calls for less requirements for mandatory documentation, quality measures or other restrictions in an attempt to reduce the doctor’s administrative tasks. These changes will most likely take considerable time. In the meantime, already proven programs and initiatives such as the use of telemedicine, especially telebehavioral health services, can be expanded and made more prevalent by healthcare organizations and providers to improve burnout in their workplace. Telebehavioral health services cannot only improve internal staffing issues, for example in emergency departments, but could provide much needed mental health support for their providers and resident physicians. A randomized clinical trial demonstrated that a brief web-based Cognitive Behavioral Therapy (CBT) program is associated with reduced likelihood of suicidal thoughts among medical interns. Compared to a control group consisting of interns in an education and attention-only control environment, those who participated in web-based CBT were 60% less likely to have suicidal tendencies during the internship year.³⁸



TELEBEHAVIORAL HEALTH SERVICES AS AN IMMEDIATE SOLUTION

Providing mental and behavioral health via a telemedicine platform has been proven to be as effective as in-person sessions.³⁹ It has multiple benefits for patients as well as physicians. It gives patients the convenience and flexibility to schedule these sessions in the privacy of their home. Video conferencing will save them time taken off from work and/or travel time to an office. Fear of stigma, which prevents many people from seeking mental health help in the first place, is less pronounced in this setting and many patients, children and young adults in particular prefer this method of interaction over the traditional one.⁴⁰

For psychiatric providers, telebehavioral health practiced part-time or full-time can afford them the flexibility of time and workplace. It is not only time saved commuting to and from work but also typing notes as eye contact can still be maintained while typing. They can work on weekends or evenings if they choose to do so, therefore enabling them to have more control over their schedule and improve their work-life balance and job satisfaction.

Psychiatrists with a special expertise in a certain disease or subset of patient population have the opportunity to focus on their specific area of interest by offering their service to a wider geographical region through telemedicine, and therefore increase the probability of encountering more

of this patient subset. They may also have the option to be embedded in care teams such as with primary care or specialty providers. Caring for a patient in a team environment provides support, shared feelings of responsibility and knowledge, thereby improving the psychiatrist's clinical care quality and satisfaction.⁴¹

Concerns about physical safety which can be a source of stress for psychiatric providers, for example, when serving correctional facilities or certain mental health patients, would be eliminated through telehealth.

Telebehavioral health is not only advantageous from the perspective of psychiatric professionals but also from other providers who work in care environments that serve patients with co-morbid mental illnesses. Increasing access to telepsychiatric services at primary care settings, hospital emergency departments, inpatient units and outpatient clinics among others, would alleviate the stress put on physicians who are not well-equipped to handle mental health patients but rather allow them to focus on the physical ailments, their primary domain of expertise.

Well-established companies like MindCare Solutions that provide a full spectrum of telebehavioral health services can make the transition to this care delivery method easy with little upfront investment.

INTRODUCING MINDCARE SOLUTIONS

MindCare Solutions is a Nashville, TN-based leading provider of high quality telepsychiatry and telebehavioral health services since 2013. Their services include access to behavioral health clinicians, clinical information exchange, coordinated treatment planning and problem solving, and increased communication between primary care and behavioral health providers across a range of ambulatory care settings including inpatient care units, specialty clinics, emergency departments, correctional facilities, and employee clinics.

MindCare is well aware of the burnout symptoms among mental health professionals and provides them with a work environment that is geared towards an improved work-life-balance and job satisfaction. Mental health professionals working for MindCare will be licensed to work in multiple states, thereby expanding the reach of their area of expertise. Besides giving employees control over their schedule, the company offers a comprehensive benefits package that includes the following:

- [Competitive Compensation](#)
- [Professional Liability Coverage](#)
- [Health, Dental and Vision Insurance](#)
- [401k Plan](#)
- [Flexible Spending Account](#)
- [Reimbursement for CMEs](#)
- [Generous Paid Time Off/Sick Time Off](#)

MindCare partners with healthcare organizations to deliver best-in-class, end-to-end telebehavioral health services that combine evidence-based care pathways, advanced

technology, and high-quality providers. MindCare is well-equipped to address even the most challenging patients by connecting mental health and medical care to treat the whole person. They complement onsite clinic medical staff with a collaborative, evidence-based behavioral model of care delivered remotely through telehealth. MindCare embraces an integrated approach to care that combines physical health with behavioral health to yield better health outcomes while reducing overall healthcare costs.

MindCare's employed staff of mental health professionals includes board certified psychiatrists, advanced nurse practitioners and behavioral health professionals who have extensive experience collaborating with other specialists to treat medically complex patients such as those with multiple chronic conditions. They can deal with a broad range of mental illness, from depression, anxiety and stress to addiction disorders, psychotic disorders, bipolar disorder, and substance misuse. They provide:

- [Behavioral health screening and assessments](#)
- [Psychiatric consultation and treatment](#)
- [Psychotropic medication management](#)
- [Therapeutic counseling](#)

MindCare provides block scheduling access for their clients using licensed and credentialed providers and consultants including psychiatrists, advanced practice nurses, and therapists. MindCare can deliver initial assessments, follow-ups and treatment plans for patients as needed and allowed by the state. In addition, MindCare documents and delivers patient information back to the client in a timely manner.

"Our round-the-clock telepsychiatry team is staffed by board certified psychiatrists and behavioral health specialists and is fully credentialed, certified, and conversed in standard operating procedures within a range of care settings. Our solution offers timely access to behavioral health clinicians, clinical information exchange, and coordinated treatment planning and problem solving for even the most complex patients. Supporting physicians with a comprehensive range of behavioral health services is increasingly being seen as an important component of reducing hospital admissions and overall healthcare costs caused by co-morbid mental health issues or mismanagement of chronic illnesses. We aim to fit seamlessly with your operational workflow and work collaboratively with your team to deliver the best quality care to your patients."



David Weiss, MD
Chief Medical Officer
MindCare

MindCare distinguishes itself from other providers in the following three key areas:



1 QUALITY OF SERVICES

MindCare's current roster includes more than 50 high-quality behavioral health providers that are credentialed, trained and evaluated on its systems, delivery model, and values leading to quality patient interactions and outcomes. Leadership oversight and clinical direction is provided by a Chief Medical Officer working in collaboration with Regional Medical Directors and a Director of Clinical Services. Quality assurance processes include daily review of Encounter Reports, weekly chart reviews, semi-annual peer reviews, and ongoing provider training. A recent survey of its customers and patients has shown a high degree of satisfaction (>95%) resulting in high retention rates. This can be credited not only to the quality of the professionals but also the ease-of-use of the telehealth platform. In addition, MindCare works collaboratively with the client to customize its technology platform and integrate the client's specific requirements and workflow to ensure seamless care delivery.



2 RELIABILITY OF SERVICES

The nature of mental health makes the need for behavioral health services often unpredictable. Since the behavioral health professionals providing services through MindCare's telehealth platform are employed by the company, it ensures a consistent and timely access to services for customers and their patients. Mutually agreed block scheduling via MindCare's innovative HUB platform allows for consistency of service, streamlined communication and coordination between provider and onsite clinic, and secure sharing of medical records and other documentation pertinent to the patient. In addition to employee clinics, MindCare provides telebehavioral health services to hospitals, emergency departments, long-term care facilities, correctional facilities and other ambulatory care settings, highlighting its experience and flexibility in offering behavioral health services in diverse care settings.



3 SCALABILITY OF SERVICES

MindCare is already operating in 16 states with providers licensed in 32 states. It is actively partnering with academic medical centers to recruit highly skilled professionals to expand its base of mental health providers across the country. The process for provider credentialing and accreditation has been effectively streamlined, ensuring rapid recruitment and onboarding of new staff. Because there are few geographical and logistical limitations to telemedicine, MindCare can provide access to much needed care wherever the patients are and whenever the care is most needed.



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