

Clinician moral injury, the point where clinicians are unable to provide high-quality care and healing due to their own possible impairment, has been an enduring problem that the healthcare industry must fix.

While a challenge before the COIVD-19 pandemic, the recent exodus of patient care professionals has made solving clinician moral injury a more difficult and urgent undertaking.

Though physician moral injury remains widespread, providers are taking important steps to reduce physician burnout and support future resilience.

ADJUSTING HIRING PRACTICES



Hiring and retention practices in place before 2020 were already limiting the healthcare workforce. The pandemic exacerbated the problem by pushing more people to exit the healthcare industry. There are now fewer people working in the industry than prior to the pandemic. At the same time, an aging healthcare workforce, insufficient succession planning, and lower medical school graduation rates have all contributed to the challenge. As a result, people who still want to work in healthcare are looking into alternative career options, like cosmetic work or private practice, where they can set their own hours and encounter a less stressful environment. This puts even greater pressure on organizations to find and hire more staff.

One way providers can address burnout is by shifting their care model to one that places physicians in an oversight role supervising advanced practice providers. We've already seen an acceleration in the hiring of these clinicians to work more closely with primary care physicians and expect that to continue. If balanced correctly, the result should be both a reduction of the burden on physician practitioners and a lower-cost model of care.

Providers can also address physician burnout by improving access to telehealth appointments.

Pandemic-era regulations had made many telehealth platforms and services eligible for Medicare/Medicaid reimbursement — increasing healthcare access for patients and allowing many physicians to provide care from home. However, as these reimbursement programs begin to sunset, many health systems have shifted away from providing telemedicine services.

Providers should remember that a reduction in telemedicine access could lead to an influx of patients at hospitals, increasing wait times and stress on clinicians. In addition to possibly encouraging patients to defer seeking treatment, decreasing telemedicine availability could hurt physician recruiting efforts as more healthcare providers value the flexibility to work from home. Finally, a robust telemedicine program could save providers money by allowing them to reduce spending on real estate and facilities maintenance.

Instead of decreasing access to telehealth, health systems should be expanding these programs. According to <u>BDO's</u> <u>2022 Patient Experience Survey</u>, 32% of surveyed patients say their provider makes it easier for them to receive care by offering telehealth appointments. For many organizations, telehealth can serve as a win-win — improving their patients' access to care and allowing clinicians to take advantage of remote work opportunities, which could help prevent burnout.

RETHINKING COMPENSATION MODELS



Fewer physicians mean fewer people providing patient care — this especially becomes a problem when compensation models focus on volume of care, rather than quality.

Compensation models that focus on productivity, which when combined with the amount of time physicians spend on administrative work, can make doctors and nurses feel like their care-giving skills and efforts aren't valued by their employer.

Providers should instead pursue a value-based care (VBC) compensation model, which prioritizes patient health outcomes over the number of patients seen. By tying compensation to patient outcomes, the VBC model encourages doctors to see patients before they require acute care. VBC can help health systems improve overall population health in their communities and save money by reducing the need for emergency or invasive medicine.

Today, about half of U.S. physicians are compensated based on a VBC model. Further adoption of this model could help more physicians feel like their time, energy, and caregiving skills are being fully appreciated. This may also enable clinicians to provide higher quality care to their patients, improve patient experience and health, while reducing the stress of scheduling as many appointments as possible.



AUTOMATE, INNOVATE, EVALUATE



Technology is helping health systems and providers respond to the issues of physician moral injury and employee burnout. There are a great number of technology initiatives, but the plans and strategies that accompany them need to be well thought out to be effective.

For example, the administrative burden on both patients and healthcare workers is undeniable, but progress can be made with a few key tactics. Digitizing medical records, automating form-fills, and upgrading scheduling software can increase accessibility for patients and enable clinicians to spend more facetime with their patients.

Artificial intelligence (AI) has also shown the potential to help facilitate the work of physicians. AI can suggest potential diagnoses based on a patient's medical history and offer additional guidance to physicians when developing a treatment plan. Rather than replacing a physician's role in medicine, AI can help providers more quickly assess and pursue treatment options that may have previously required additional research on behalf of the clinician or staff.

Working in tandem with AI, physicians can provide high quality, patient-centered care that may result in better outcomes, while alleviating the additional workload typically required for some diagnoses or treatments.

While AI can help reduce a physician's burden, provider organizations should also use AI to delegate work more equitably among medical staff. By shifting some physician tasks to nurses and other clinicians, providers can enable their healthcare staff to work at the top of their licenses while spreading the responsibility of patient care more evenly.

At the same time, the human element of healthcare cannot be automated; even telehealth relies on human interaction to be successful. The goal for providers should be to develop efficiencies through technologies that are not cost-prohibitive to preserve and increase the time clinicians spend with their patients. Additionally, automating some administrative tasks can also reduce the burden on support staff.

SUPPORT THOSE WHO SUPPORT CLINICIANS



Clinicians can't do their jobs without a support team around them. There are fewer people working on all facets of running healthcare organizations, including those in administrative and facility maintenance roles. As a result, organizations are encountering challenges in backfilling these roles. When it comes to mental health, non-clinician workers are often overlooked but their support is critical to creating an environment in which clinicians can do their jobs. It's crucial that they're included in the conversation, so their needs are also met.

In healthcare systems, behavioral and mental health services, and staff are often excluded from the overarching medical care majority. This often results in behavioral health clinicians being paid less than internal medicine practitioners of similar seniority. While more systems are recognizing that behavioral healthcare professionals deserve the same level of importance as other specialists, this needs to become universal. With better recognition of behavioral health, providers can work toward decreasing the stigma and out-of-pocket costs for patients seeking mental health treatment.

Furthermore, when offered, mental health resources are largely left up to an individual employee to seek help, and program availability is not widely known. Considering the stigma attached to behavioral health or substance use disorders, it is unrealistic to expect clinicians and non-clinician staff to take the initiative to reach out to their colleagues for help. Instead, organizations need to be more proactive in treating this type of moral injury among their staff.

To start, hospital systems should make sure employee assistance programs (EAP) for mental health services are offered. When creating awareness of the availability of EAPs, provider organizations should reassure physicians that they won't risk their license or become a "compromised physician," for simply seeking treatment for a mental health or substance use disorder. Hospital systems also need to reduce the stigma faced by staff exiting substance abuse rehabilitation programs.

Retaliation toward staff, particularly clinicians, seeking mental health and substance use treatment is an ongoing concern. But organizations can address this issue by proudly highlighting their behavioral health offerings and creating a dialogue around the mental health challenges faced by clinicians.

Above all, the wear and tear on providers in various roles ultimately trickles down to patient care. Patient experience survey results are suffering, with 69% of patients experiencing frustrations during routine medical appointments, according to BDO's 2022 Patient Experience Survey. Physician trust is declining, and we are seeing an overall erosion in the primary care-patient relationship. If patients are unsatisfied with their level of care, they'll go elsewhere, regardless of knowing if they will find a better option. But that doesn't solve the issue of burnout among hospital staff.



TREAT THE CAUSE, NOT THE SYMPTOM





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