



KORN FERRY

Perspectives



# SICK AND TIRED

*Already a chronic problem before COVID-19, physician burnout is reaching crisis levels as a result of the pandemic. Why now is the time for healthcare systems to get serious about wellness.*

**The problem:**

Doctors are experiencing severe emotional and mental distress from battling COVID-19, leading to increased instances of burnout.

**Why it matters:**

Physician burnout has repercussions across the healthcare landscape, from increased costs to inadequate patient care to doctor shortages.

**The solution:**

Appoint a chief wellness officer as part of the leadership team and invest in them the resources and authority to create an enterprise-wide culture of wellness.

Some are being treated for post-traumatic stress disorder. Others are leaving the profession. A tragic few ended up taking their own lives.

For many doctors, fighting on the front lines of the COVID-19 pandemic has pushed them past their mental and emotional breaking point. So much so, in fact, that healthcare leaders expect the virus to have a devastating impact on the field for years to come in the form of physician burnout. Already a chronic problem among doctors—more than 50% reported experiencing burnout before COVID-19 hit—the death toll, lack of resources, and anxiety over getting infected or infecting family members, among other factors caused by the virus, are exacerbating the problem.

Bryan Bohman, MD, founder of Stanford University's WellMD Center, which focuses on taking care of doctors and those they serve, says he fully anticipates rates to



increase over time. Indeed, according to a recent poll in *Medical Economics*, 71% of physicians report feeling burned out right now, while 65% cite the pandemic as a contributing factor to their feelings. And it isn't over yet. "The dust hasn't settled yet, but there is certainly more physician burnout to come," Dr. Bohman says.

In fact, the potential for increased physician burnout from the pandemic has renewed attention among the healthcare community around wellness centers like those established by Dr. Bohman. It has also led healthcare organizations to seriously consider appointing an executive-level chief wellness officer (CWO). Stanford hired a CWO years ago, for instance, and since the COVID-19 outbreak started, other healthcare systems have hired or are interviewing candidates for the role.

The hiring wave is a long time coming. Despite being endorsed years ago by pretty much every major medical association, as it currently stands, only a small minority of healthcare organizations actually have a CWO. Of the 200 organizations in the National Academy of Medicine's coalition to fight physician burnout, for instance, Korn Ferry data shows that only about a third of them have a CWO or similar role. Moreover, many of those are C-suite executives in title alone, lacking the resources and influence to create meaningful change at their organizations, says Deborah Wing, MD, MBA, a senior client partner in Korn Ferry's Academic Health Center practice.

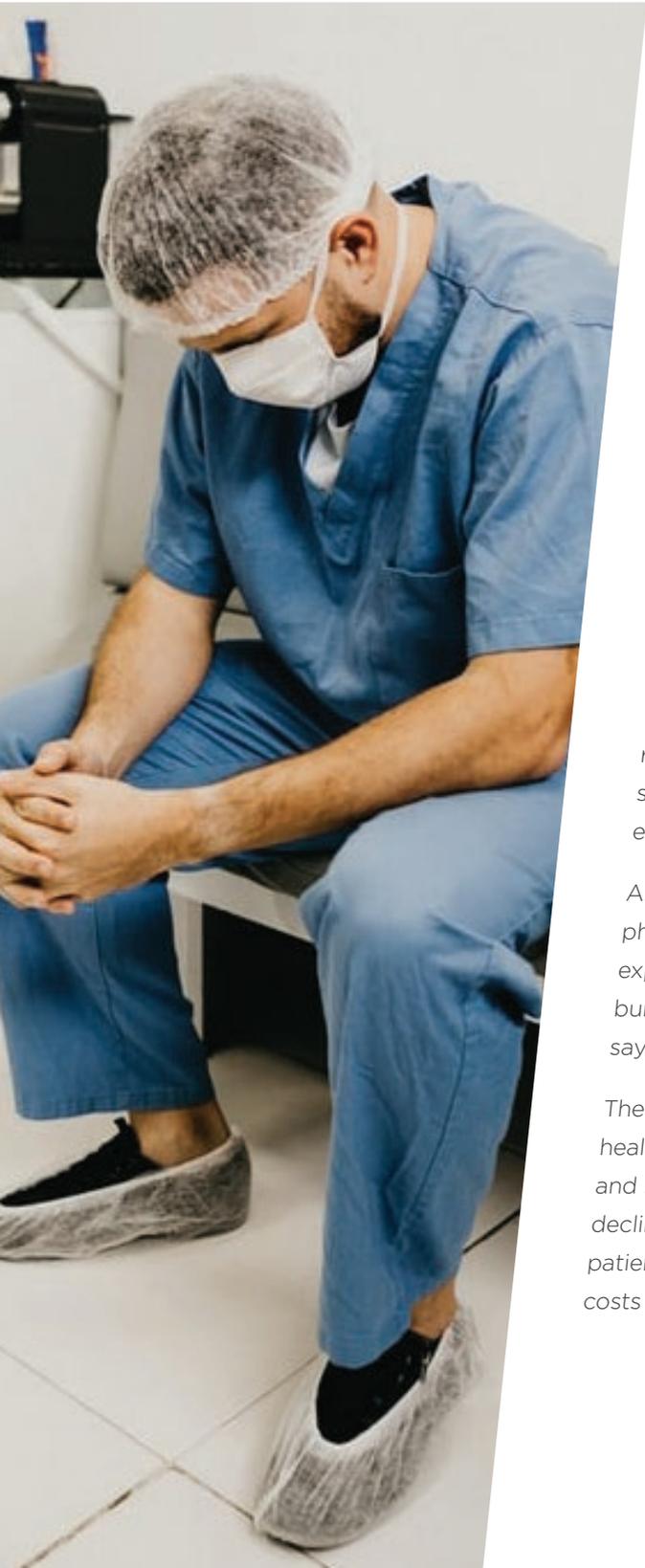
"Most organizations are slowly coming to grips with what is supposed to be an important evolution in the administration

"The dust hasn't settled yet, but there is certainly more physician burnout to come."



of healthcare," says Dr. Wing, who is also a board-certified OB-GYN and maternal-fetal medicine specialist.

Now, however, the pandemic has heightened the importance of doctor well being, giving the idea of a chief wellness officer the same momentum that chief digital officers had a decade ago when digital disruption took hold. But, not unlike chief digital officers who failed because their organizations were resistant to change, Dr. Wing says for the chief wellness officer to truly become embedded in the medical practice, healthcare organizations will have to undergo cultural transformation demonstrating a commitment to the issues.



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COVID-19 alone isn't responsible for doctor burnout. Well before the pandemic hit, doctors were leaving the industry in alarming numbers—pre-virus estimates suggest a doctor shortage of more than 120,000 in the United States by 2030. Part of the shortage is due to a growing and aging population. But a larger part is owed to changing industry dynamics. Doctors, like other professionals, aren't immune to the layoffs, cutbacks, and loss of independence stemming from healthcare industry consolidation, for instance.

Another major issue, says Patrice Harris, MD, MA, a national leader on health policy and former president of the American Medical Association, is the increasing amount of time doctors spend on non-patient-facing tasks. She points to studies that show physicians can spend as long as six hours per day dealing with insurer requirements. Moreover, the switch to electronic medical record keeping has proven quite disruptive, with studies showing doctors spend two hours on record keeping for every hour they spend with patients.

And it isn't just doctors who are suffering. Nurses, physician's assistants, and even medical students report experiencing similar levels of burnout. "The administrative burden contributes significantly to feelings of burnout," says Dr. Harris, who is a psychiatrist by training.

The effects of such fatigue are rippling across the entire healthcare landscape. Patient care suffers. Misdiagnoses and readmissions increase. Productivity and engagement decline. Burnout also drives up the cost of care for both patients and healthcare organizations—physician turnover costs between \$500,000 and \$1 million per doctor.



*“The administrative burden in healthcare contributes significantly to feelings of burnout.”*

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There are also personal costs related to alcohol/substance abuse, mental illness, and even suicide, with doctors having twice the suicide rate of other professionals.

“Wellness and improvement in care, both for the patient and the doctor, are interrelated,” Dr. Harris says.

The challenge with wellness initiatives, however, lies in part with the fact that doctors think

they can take better care of themselves than anyone else. Medicine is a competitive and hierarchical culture, and for a chief wellness officer to be effective, that person must have an equal mix of expertise and gravitas, says Mindy Kairey, a Korn Ferry senior client partner focused on healthcare. “Part of the reason the CWO role has languished is because healthcare organizations haven’t treated it as a leadership position,”

she says. To be sure, instead of installing a CWO, many organizations have opted to tack wellness responsibilities onto the role of the chief medical officer, chief human resources officer, or others.



## The 4 CWO Archetypes

Chief wellness officers are tasked with creating an enterprise-wide culture of wellness. Doing that successfully in a complex, hierarchical, matrixed healthcare system requires a unique blend of medical expertise, strategic thinking, and emotional intelligence. Through their searches and placements, Korn Ferry's Deborah Wing and Mindy Kairey have identified four distinct profiles for successful CWOs.

### The Architect/Strategist

- Creates overarching blueprints to convey commitment to health and wellness.
  - Identifies required programs, services, and capabilities to support strategy.
  - Develops and refines strategy to reflect business imperatives.
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### The Operator

- Develops operational strategy and roadmap to execute plans, including metrics.
  - Manages all health and wellness processes to transform related operations.
  - Monitors outcomes and adapts approach to mitigate burnout.
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### The Academic

- Develops and executes educational campaigns to support health and well-being.
  - Implements research protocols across health and wellness.
  - Leads clinicians and other support staff to execute strategies for education and research.
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### The Policy-Maker

- Generates support and approval for institution-specific policy agenda.
  - Identifies and monitors key business issues to be supported at the policy level.
  - Maintains and develops relationships with key policy- and decision-makers.
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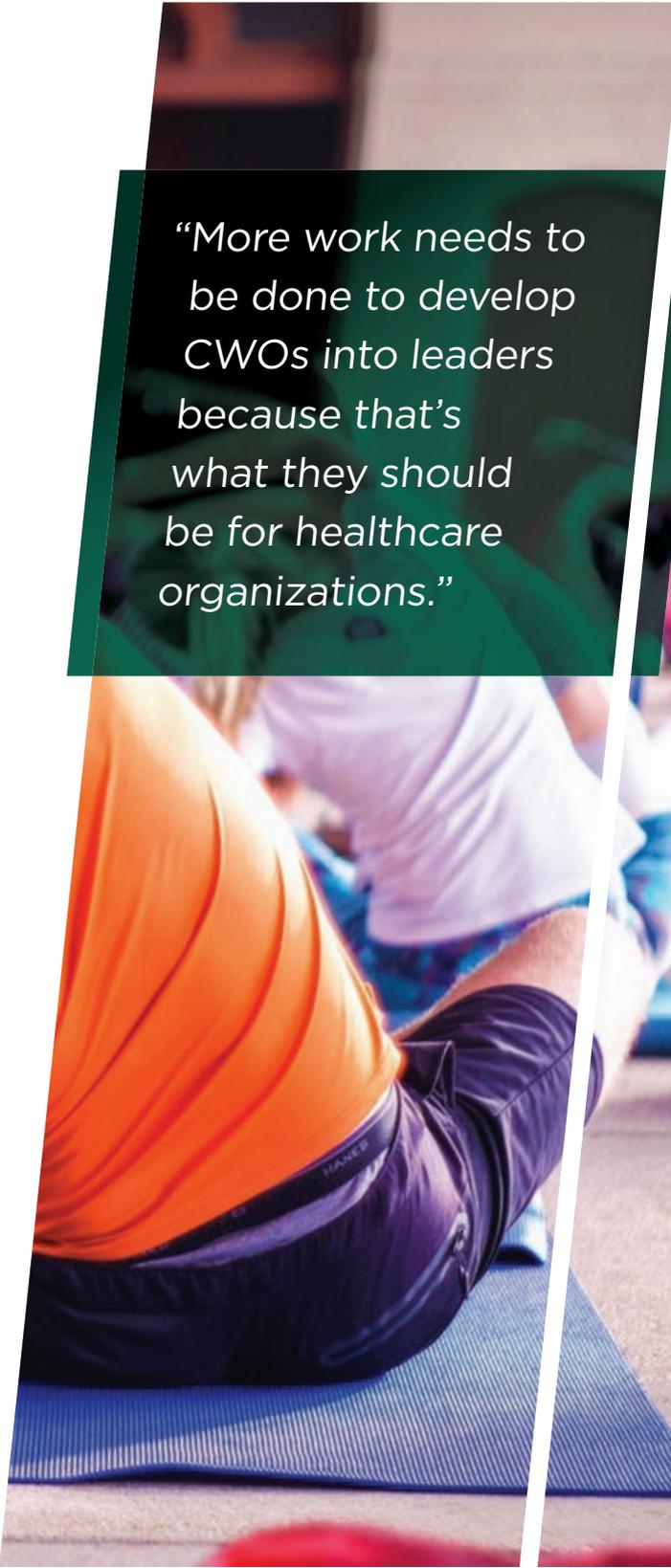


The fact that healthcare organizations are already in the midst of massive cultural change makes now an ideal time to push physician wellness forward. The movement toward value-based care—where services and treatment are provided proactively in a bid to reduce health issues and limit chronic illness—dovetails with physician wellness, for instance. Moreover, as healthcare systems compete for talent amid the impending shortage, a robust wellness offering could be an attractive recruitment and retention tool. It also aligns with the broader trend across industries of making caring for employees a core part of an organization's purpose.

Wellness isn't just about offering gym discounts, yoga classes, mindfulness training, and social activities. "Those things are all useful, but they don't drive outcomes," says Michael Roizen, MD, one of the first chief wellness officers ever, appointed to the role by the Cleveland Clinic in 2007. Dr. Roizen says that without goals and incentives attached to wellness activities, they don't get done with the rigor needed to actually improve physical, mental, and emotional well being. "You can go to the gym but still eat horribly," he says by way of example.

To be sure, Dr. Roizen is renowned in the wellness world for helping create the "6+2 Healthy Choice" program. The program aims to get participants to achieve healthy levels across six measured categories: blood pressure, body mass index, fasting blood glucose, LDL cholesterol, tobacco-free urine, and stress management. To Dr. Roizen, it doesn't matter how participants get to those healthy levels, just that they achieve them.

That's where the chief wellness officer comes into play. "It's the CWO's job to think about wellness in a systemic way and convince the C-suite and employees of the benefits," says Dr. Roizen. And the best way to do that is with money—in this case how much can be saved



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on healthcare premiums through wellness. Hospitals, like other employers, spend on average about \$10,000 annually on healthcare costs per employee. While the Cleveland Clinic used to spend the average, now total costs—including incentives when targets are hit and without substantial change in the benefits mix—are 38% less than the average. Similarly, while health insurance premiums for family coverage costs employees around \$6,000 per year, Cleveland Clinic employees who hit normal levels on the six criteria are rewarded with a substantial reduction in premiums, saving around \$1,500 annually. The savings for both sides come in the form of reduced sick days, fewer readmissions to hospitals and follow-up visits to physicians, decreased turnover, and greater productivity, among others.

The problem, however, is that it takes time to achieve those savings—roughly three years on average based on Dr. Roizen's research. And yet hospitals, like any for-profit organization, manage for the short term, putting quarterly goals above long-term results. In fact, the combination of a short-term focus and a lack of resources and access to leadership often end up being the CWO's undoing, with a tendency for organizations to pull the plug on efforts quickly. By his own admission, Dr. Roizen says he almost lost his job several times before the clinic's wellness activities turned the corner and started producing financial results—not to mention healthier physicians. (Dr. Roizen is now well-ensconced at Cleveland Clinic in his role as chief wellness officer emeritus.)

To be sure, Korn Ferry's Dr. Wing says for any CWO to be effective, they must be connected to decision-makers and part of the leadership team. She says that strategic thinking among healthcare leadership about where the CWO position sits on the organization chart and what resources are to be made available are keys to success. "More work needs to be done to develop CWOs into leaders because that's what they should be for healthcare organizations," says Dr. Wing.

As a result of COVID-19, the time may have finally arrived for chief wellness officers. Stanford's WellMD Center, for example, was crucial in helping coordinate the organization's response to the pandemic, providing support for all frontline workers in the form of cooking meals, going grocery shopping, arranging hotel rooms, subsidizing childcare, and more.

"These pandemic-related wellness activities have built up a lot of credibility that hopefully will pay dividends by spotlighting the vital role of the chief wellness officer," says Stanford's Dr. Bohman.

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