

According to the Agency for Healthcare Research and Quality (AHRQ), "burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment." Physicians and other healthcare workers have an increased chance of risk for experiencing burnout due to the demanding nature of their work. In a consensus study report published on the National Academy of Medicine website, there are twelve key stressors contributing to physician burnout, three of the key factors mentioned are: prior authorization, professional liability, and an erosion of the patient-physician relationship.<sup>1</sup>

Quantifying the frequency and severity of physician burnout is oftentimes difficult because each individual experience is inherently subjective. Nevertheless, the consequences of physician burnout are beginning to emerge – lower morale, diminished productivity, lost quality, higher turnover, lower patient satisfaction, and increased rates of substance abuse disorder and suicide. Physician burnout if left unchecked will continue to have a negative impact on patient care, physician health, and health care costs.

Even before the onset of the COVID-19 pandemic, rates of burnout in physicians were high when compared to the general population. However, the burnout rate among physicians in the United States spiked dramatically during the first two years of the COVID-19 pandemic. According to a newly published study in the Mayo Clinic Proceedings, the overall prevalence of burnout among U.S. physicians was 62.8% in 2021 compared with 38.2% in 2020, 43.9% in 2017, 54.4% in 2014, and 45.5% in 2011.<sup>2</sup>

Many physicians and healthcare workers are less likely to seek and receive help for mental health issues due to stigma associated with physicians seeking treatment for themselves in the medical field. A Medscape report from 2018, which surveyed 15,543 physicians, found that "66% of male physicians and 58% of female physicians who reported burnout, depression, or both had never received professional help, were not currently seeking professional help, and did not plan to seek professional help."<sup>3</sup>

While the stigma surrounding physicians' mental health is multifaceted, studies show that a large factor barring physicians from receiving mental health treatment is the professional credentialing and medical licensing processes, and/or the potential for an additional exposure to liability. For example, an October 2017 study published in Mayo Clinic Proceedings found that physicians working in a state where the initial/renewal medical licensing application probes too broadly about mental health history were 20% more likely to be reluctant about seeking help.<sup>4</sup>

To begin addressing the issues and concerns associated with the physician burnout epidemic, KMA **supports** Senate Bill 12 which would:

- Encourage physicians to seek care when needed in a wellness program that can directly respond to the physician's wellness needs;
- Ensure that a record of a physician's participation in a wellness program is confidential and has additional legal protections that should provide further encouragement to physicians to seek help when needed; and
- Balances the appropriate role of the medical board, hospital systems, and health insurers, to protect the public safety for an impaired physician, with the public need to encourage physicians to seek help for issues that may be causing high levels of stress that can be successfully addressed through a physician wellness program prior to impairment

## KMA Member Survey

- More than half (54%) of the respondents indicated that they are feeling more stress now than before the pandemic
- 13% of respondents said their stress level is high and it is impacting their professional satisfaction
- Nearly half of respondents cited administrative burden as the top cause of stress
- 46% of respondents said reducing payer and regulatory burdens would make their clinical work more time efficient and would enhance patient care