Agenda

• **Introduction:** Dark before light
• **Studies:** Satisfaction/Joy
• **Business Case**
• **Steps Forward**
• **Discussion**

Affiliated with MD practices?
Outpatient origins
Agenda

• Introduction: Framing thoughts burnout
• Studies
  – AMA Rand: Physician Career Satisfaction
  – ABIMF: In Search of Joy in Practice
• www.StepsForward.org
Take-away

Quadruple Aim
Care of the Pt: Care of Provider

4th Aim

- Better Outcomes
- Lower Costs
- Improved Patient Experience
- Physician Wellness
Two Doctors and a Patient
“Working in clinic has become so painful that I have decided to leave my beloved patients—unbearable to think about.”

Gail M Sullivan, MD
General Internist
MGH

Speaking of performance measures: The little things have become the big things—I fear our roles as healers, comforters, and listeners are being lost.”

2008

Ben Crocker, MD
On a recent visit to a new doctor I believe we made eye contact twice—upon her arriving and leaving.

And yet, I am much more able to receive advice

From people I feel are thinking of me as a person rather than just the next patient.

Over ½ of MDs Burned Out

Linzer: Chaos, ↓ control, time pressure, lack of values align leadership
Physician Burnout Rising

46→54%

28% gen’l pop

Students start med school w/ stronger mental health profiles
Burnout affects Patients

Physician burnout is associated with…

- ↑ Mistakes
- ↓ Adherence
- Less empathy
- ↓ Patient satisfaction

Physician burnout is associated with…

- ↑ Malpractice risk
- ↑ Part time
- ↑ MD and staff turnover

Replace PCP costs $250,000

(1999)

Am J Man Care Jul 2001;7(7):701-713
Med. Care Mar 2006;44(3):234-242
http://psycnet.apa.org/?&fa=main.doi.anding&doi=10.1037/0021-9010.73.4.727
Burnout May Cost US Healthcare

Physician burnout is associated with…

- ↑ Referrals
- ↑ Testing
- ↓ PCPs

Social Science and Medicine 1999; (48):547-557
Arch Intern Med. 2011;171(17):1582-1585
Burnout Costs Physicians

Physician burnout is associated with…

- ↑ Disruptive behavior
- ↑ Divorce
- ↑ CAD
- ↑ Substance abuse/addiction
- ↑ Suicide (2-4 x)
Burnout May Cost US Healthcare

- ↑ Referrals
- Fewer PCPs

Milstein: Exemplar Primary Care →

- 58% ↓ total expenditures
- $300 billion/yr savings

Social Science and Medicine 1999; (48):547-557
Arch Intern Med. 2011;171(17):1582-1585
1 in 2 US physicians burned out implies origins are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.
Physician Career Satisfaction

• **Quality**: Major Driver of Satisfaction

Physician Career Satisfaction

• **EHR:** Major Driver of Dissatisfaction
  – Too much time per task, clerical
  – ↓ Face-to-face time
  – ↓ Quality of visit note

“We have to get the hearts and minds of physicians back. I think we’ve lost them.”
“Pajama Time”
Sat nights belong to Epic
To assess usage patterns of PCPs interacting with an EHR system

Objective

- To assess usage patterns of PCPs interacting with an EHR system

Design

- Retrospective cohort study
- EHR access logs of 130 family physicians

Setting/Participants

- 130 family physicians (average 6 years) from 18 clinics (4 residents, 101 community) managed by the University of Wisconsin Department of Family Medicine and Community Health

Context

- There is growing evidence related to EHR workload
- Less is known about EHR-related workload
- There is evidence related to EHR use

Work after Work:

Evidence From PCP Utilization of an EHR System

Brian Arndt, MD; John Beasley, MD; Jon Temte, MD PhD; Wen-Jan Tuan, MS MPH; Valerie Gilchrist, MD
University of Wisconsin Department of Family Medicine and Community Health

38 hours

Work after Work per month

1 full week/mo
In Search of Joy in Practice

Co-Investigators

- Christine Sinsky- PI
- Tom Bodenheimer-PI
- Rachel Willard
- Tom Sinsky
- Andrew Schutzbank
- David Margolius
In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

Christine A. Sinsky, MD
Rachel Willard-Grace, MPH
Andrew M. Schutzerbank, MD
Thomas A. Sinsky, MD
David Margolius, MD
Thomas A. Bodenheimer, MD

1Medical Associates Clinic and Health Plans, Dubuque, Iowa
2Center for Excellence in Primary Care, University of California, San Francisco, California
3Beth Israel Deaconess Medical Center, Boston, Massachusetts
4Iora Health, Cambridge, Massachusetts

ABSTRACT
We wanted to gather innovations from high-functioning primary care practices that we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing family practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life’s vocation. Innovations identified include (1) proactive planned care, with previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal messaging and inbox management; and (5) improving team functioning through co-location, team meetings, and workflow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.
Places Where PC Physicians & Staff are Thriving?

- Where the work of primary care is do-able
- Enjoyable as a life’s vocation
Joy in Practice

Site visits to 23 high-performing practices (most PCMHs)

Workflow
Task distribution
Physical space
Technology
Observations from 23 Teaching Practices Across the US

“Clinic First”
Small core faculty (40 → 10 MDs for 4 FTE)
2 wk scheduling blocks
Stable team pairings
Sufficient staff
Engage residents in transformation
Save 3-5 hours/day

- Practice Re-engineering
  - Pre-visit lab \( \frac{1}{2} \text{ hr} \)
  - Prescription mgt \( \frac{1}{2} \text{ hr} \)
  - Expanded rooming/discharge 1 hr
  - Optimize physical space 1 hr
  - Team documentation 1-2 hr

3+ hr/d

Linzer JGIM 2015: Improving workflow OR 6 of improving satisfaction
Challenges

- Chaotic visits
- Inadequate support
- Teams function poorly
- EHR → work to MD
- Time documentation
Challenges

1. **Chaotic visits** with overfull agendas

Innovations

Family doctors are overwhelmed with patients, procedures and paperwork. Many are leaving the field, creating a scarcity of primary-care physicians. (Christopher Serra, For the Times / June 27, 2011)
Fairview: Care Model Redesign
MA pre-visit call
Agenda, Med review
Depression screen
Advanced directive
Mayo-Red Cedar arranges for pre-visit lab
Same day pre-visit lab (15 min)
ThedaCare
Pre-visit Labs

- 89% ↓ phone calls (p<0.001)
- 85% ↓ letters (p<0.0001)
- 61% ↓ additional visits (p<0.001)
- 21% ↓ tests ordered (p<0.0001)
- ↑ patient satisfaction
- Saved $26/visit

Prescriptions are killing us…my nurse is spending so much time on refills that we can’t seem to get anything done.

Minnesota Family Physician
2007
Annual Prescription Renewals

• “90 + 4”
• Physician time
  – 0.5 hr/d
• Nursing time
  – 1 hr/d per physician
1. **Chaotic visits with overfull agendas**

*Family doctors are overwhelmed with patients, procedures and paperwork. Many are leaving the field, creating a scarcity of primary-care physicians. (Christopher Serra, For the Times / June 27, 2011)*
Challenges

2. **Inadequate support** to meet the patient demand for care

Innovations

- Sharing the care among the team
  - 2:1 or 3:1
  - Rooming protocol
- Health coaching
- Care coordination
- Panel mgm't
Mayo Red Cedar: New Model of Nursing (2:1)
Challenges

2. **Inadequate support** to meet the patient demand for care

Action Steps

Educators

- MA, nurse: MI, SMS

Institutions/Regulators

- Staffing
  - Scope of practice $\uparrow$

Payers

- Fund non-MD services
3. Vast amounts of time spent documenting care
I used to be a doctor. Now I am a typist.

Personal communication. Beth Kohnen, MD, internist Fairbanks, AK 8.3.11
The Doctor 1891 Fildes

Undivided attention
The Doctor 2016

Continuous partial attention
Challenges

3. Vast amounts of **time spent documenting care**

Innovations
Team Documentation
Cleveland Clinic

• Pre-visit (nurse)
  – Med Rec
  – Agenda, HPI

• Visit (nurse + MD)
  – med, lab, x-ray orders
  – followup

• Post-visit (nurse)
  – Reviews visit summary
  – Health coaching

• MD → next patient
Team Documentation
Cleveland Clinic

• New Model
  – 2 MA: 1 MD
  – 2 pt/d cover cost
  – 21 → 28 visits/d
  – 30% ↑ revenue
  – Spread to others
  – We’re having FUN
The MA’s are more fully engaged in patient care than they have ever been and they enjoy their work…They have increased knowledge about medical care in general and about their individual patients in particular.

Kevin Hopkins M.D.
Collaborative Care at Bellin
Our CMAs and LPNs do the computer work, including order entry, refills, care gap closures, and team documentation. The physicians and advanced practice clinicians are able to focus totally on the patient during the entire visit.

James Jerzak, M.D. Bellin Health personal communication 1.22.16
Team Documentation
Bellin Health Green Bay

• **New Model**
  – 2 MA: 1 RN: 1 MD
  – Extended care team
  – ↑ prevention metrics
  – ↑ chronic ill. metrics
  – ↑ in margin
  – ↑ staff/MD satisfaction
## Team Documentation
### Bellin Health Green Bay

How satisfied are you in your role?

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied/Dissatisfied</td>
<td>42%</td>
<td>0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Satisfied/Very Satisfied</td>
<td>34%</td>
<td>86%</td>
</tr>
</tbody>
</table>
I get to look at my patients and talk with them again. We’re reconnecting…. Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family.

Amy Haupert MD, family physician, Allina-Cambridge 11.29.11 personal communication
Team Documentation
Kaukauna, WI

• “4 weeks/year”
  – 2 MA: 1 LPN: 1 MD
  – 2 pt/d cover cost
  – 21 → 28 visits/d
  – 30% ↑ revenue
UCLA: saves 3 hr/d
JAMA IM 2014
I have seen 235 more patients in the first 6 months (the equivalent of 4 additional weeks of patient care), I have more that paid for the additional RN...and I have actually had time to do some fun reading. In brief, I have done more, billed more, dictated less, have more face time with patients, and my family gets to see me.

Michael Werner M.D.

family physician, Kaukauna WI, personal communication 9.29.15
Team Documentation

• Six sites
• Similar results
  – Access 20-30% ↑
  – Costs covered
  – Satisfaction ↑
  – Quality metrics ↑
  – Physician
    • home hour earlier
    • no work at home
Business Case
Panel 4000 patients

– Clinic A 1:1
  • 4 MDs @ $250k $1,000,000
  • 4 MAs @ $50k 200,000
                  $1,200,000

– Clinic B 3:1
  • 2 MDs = 500,000
  • 6 MAs 300,000
          $ 800,000

Save $400,000 per
4000 patients

(+ Happier docs, staff, pts, better recruitment, retention)
Business Case
Panel 4000 patients

– Clinic A 1:1
  • 4 MDs @ $250k $1,000,000
  • 4 MAs @ $50k 200,000
                    $1,200,000

– Clinic B 3:1
  • 2 MDs = 500,000
  • 6 ADNs @ $75k 450,000
                    $ 950,000

Save $250,000 per 4000 patients (+ Happier docs, staff, pts, better recruitment, retention)
Challenges

3. Vast amounts of time spent documenting care

Action Steps

- Team log-in
- Meaningful Use Stage 2 Institutions
- Staffing ratios
- Assistant order entry
- Technology
  - Seamless transitions between users
order as it becomes part of the patient’s medical record, these orders would count in the numerator of the CPOE measure.

Any licensed healthcare professionals and credentialed medical assistants, can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines. Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.

Challenges

4. Computerized technology that pushes more work to the clinician

Innovations

I THOUGHT YOU WERE SUPPOSED TO BE USER-FRIENDLY!
Fairview: Filtering Inbox
Reduce “backpack” 90min/d to few min

Line of Sight
Semi-circular desk, APF
RFID Sign On
“Tap and Go”

• Dean Clinic
  – 73 signs to 2 sign ins per day
  – Saved 14 min/d
4. Computerized technology that pushes more work to the clinician

Action Steps

- ↓ message generation
- Nurses filter inbox
- Modifications to accommodate teamwork
- Improved usability
- Team-based design
Challenges

5. **Teams that function poorly** and complicate rather than simplify the work

Innovations
Flow station at North Shore Physicians Group

HP: Saves 30 min/day/physician
Printer in every room University of Utah Redstone

HP: Saves 20 min/day/physician
Daily Huddles
Prepare for a Smooth Day
Team Meetings
Do Work + Make Work Better
Challenges

5. Teams that function poorly and complicate rather than simplify the work

Action Steps

• Co-location
• Line of sight
• Space for huddles
• Time for meetings
Introducing AMA STEPSforward™

Revitalize your practice and help improve patient care.

This series of innovative, transformative strategies will show you how. Visit STEPSforward.org to see the entire series of modules.
Transformation Toolkits

• Teams
  – Expanded rooming
  – Team documentation
  – Prescription management
  – Pre-visit planning/lab
  – Team meetings
  – Daily huddles

• Culture
  – Preventing Burnout
  – Resiliency
  – Wellness in Residency
  – Transforming culture

• Value
  – Panel management
  – Medication adherence
  – Burnout Prevention
  – Diabetes prevention
  – Hypertension

• Technology
  – Telemedicine
  – EHR implementation

www.stepsforward.org
Team documentation
Eight steps to team documentation

1. Create a change team
2. Decide who will help with documentation
3. Determine the model: Clerical Documentation Assistant (CDA) or Advanced Team-based Care
4. Start with a pilot
5. Select the pilot personnel based on commitment
6. Define your workflow
7. Start small
8. Meet weekly
## On-line Calculators

### YOUR PRACTICE

<table>
<thead>
<tr>
<th>Cost of physician’s time</th>
<th>Work day</th>
<th>Clinic days per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3.00 /min</td>
<td>8 hours</td>
<td>220 days/ year</td>
</tr>
</tbody>
</table>

### PHYSICIAN

<table>
<thead>
<tr>
<th>Total visits per day</th>
<th>Physician documentation time</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/day</td>
<td>10 min/visit</td>
</tr>
</tbody>
</table>

### FULL-TIME DOCUMENTATION SPECIALIST

<table>
<thead>
<tr>
<th>Documentation specialist hourly rate (including benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$23.00 /hour</td>
</tr>
</tbody>
</table>

### TOTAL TIME SAVINGS

- Physician documentation time saved: 3.20M /day

### TOTAL FINANCIAL SAVINGS

- Gross annual savings with team documentation: $132,000
- Annual cost of dedicated documentation specialist: ($40,480)
- Net practice savings with team documentation: $91,520
Team Documentation
APF: pt centered, team-based and mindful of care team well being.

The biggest difference -- is team, culture and time. Time with patients to better understand who they are, their story

I wouldn't trade that for anything. I'm loving it.
Our Work Going Forward

How can we contribute to transformation

“Working in clinic is unbearable”

Entrusted and empowered by tech, team, policy

“I’m loving it”
What patients want is that deep relationship with a healer; this is the foundation upon which we need to build healthcare.

Paul Grundy, MD
IBM, PCPCC
personal communication
1.30.09
“Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated.”

Sir William Osler, 1893