Agenda

• Introduction: Framing thoughts burnout
• ABIMF Study: In Search of Joy in Practice
• Discussion
Three Good Men
WI Family Physician of the Year

2007

Family Practice  Tomah, Wisconsin
25 years Mayo Clinic Health System

“Crushed by demands, some unnecessary; heartbroken at loss of dream of family practice.”

Now doing palliative care, MCHS, more time to talk with patients

James Deming, MD
Past President of New Mexico Academy Family Physicians

25 Years FQHC

“I don’t think I can do this much longer.”

Neal Devitt, MD
“Working at Starbucks would be better”

There is not much real time to listen to patients…. The little things have become the big things—I fear our roles as healers, comforters, and listeners are being lost.

Working at Starbucks would be better

Ben Crocker, MD
Internist
MGH

2008
Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

Physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) \((P < .001\) for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; \(P < .001\)), whereas individuals with a bachelor’s degree (OR, 0.80; \(P = .048\)), master’s degree (OR, 0.71; \(P = .01\)), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; \(P = .04\)) were at lower risk for burnout.
Nearly ½ of MDs Burned Out

Figure 1. Burnout by specialty.
Burnout affects Patients

Physician burnout is associated with...
- ↑ Mistakes
- ↓ Adherence
- Less empathy
- ↓ Patient satisfaction

The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.

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.
Avoiding Primary Care
Medical students choose anything else

% of 3rd Yr Residents Selecting General IM

In 2010, only 9% of US medical students selected General Internal Medicine or Family Medicine residencies

Avoiding Primary Care
PC Physicians leaving early

% Internists leaving practice

21% Primary care internists
4% Subspecialists

Reasons
• Chaotic (50%)
• Little control (75%)
• Burn out (30%)

Recommendations

Restructuring clinics “…so that doctors could spend more time with patients and … less time in front of a computer completing administrative tasks.”
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. Schutzbank, MD
Thomas A. Sinsky, MD
David Margolius, MD
Thomas A. Bodenheimer, MD

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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 in-box 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.
Advisory Council
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
Challenges

- Chaotic visits
- Inadequate support
- Teams function poorly
- EHR → work to MD
- Time documentation
1. Chaotic visits with overfull agendas
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
Annual Prescription Renewals

- Physician time
  - 0.5 hour/day

- Nursing time
  - 1 hour/day per physician

- 80 million PC visits/year

350,000 PCPs x 220d/yr x 1 visit/d
1. Chaotic visits with overfull agendas

Challenges

Action Steps

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)
2. **Inadequate support** to meet the patient demand for care
Mayo Red Cedar: New Model of Nursing (2:1)

Physician centric to team based model: Immunization, diabetic foot, lifestyle, HTN visits; even though 25% more visits/day, less harried; proud
Challenges

2. Inadequate support to meet the patient demand for care

Action Steps

Educators

• MA, nurse: MI, SMS

Institutions/Regulators

• Staffing
• Scope of practice ↑

Payers

• Fund non-MD services
Challenges

3. Vast amounts of time spent documenting care

Innovations

More time doc than delivering care

"Livin' the dream—how about you?"
I used to be a doctor. Now I am a typist.

Personal communication. Beth Kohnen, MD, internist Anchorage AL 8.3.11
Undivided attention
Continuous partial attention
Challenges

3. Vast amounts of time spent documenting care

Innovations

"Livin' the dream—how about you?"
Scribing: Newport News
Family Practice
Collaborative Care
Newport News

• What we all hoped for
• Team: 3:1 Nurse/physician

http://primarycareprogress.org/insight/3/profiles
Collaborative Care
Newport News

• Four Components to Visit
  – Data gathering, organizing and documenting
  – Data analysis and exam
  – Decision making, creating a plan
  – Plan implementation, order entry, pt ed
Collaborative Care
Newport News

• Four Components to Visit
  – Data gathering, organizing and documenting
  – Data analysis and exam
  – Decision making, creating a plan
  – Plan implementation, order entry, pt ed
Pre-visit
Nurse with Pt (8-12 min)

- Nurse gathers, records
  - Vitals, Med Rec.,
  - Previous two notes
  - ER, Consult notes,
  - New lab or x-ray
  - Agenda, HPI
  - ROS guided by templates
Visit
Nurse, Patient and MD

- Nurse gives report
- M.D.
  - Hx, PE
- M.D.
  - verbalizes med changes
  - lab, x-ray orders
  - diagnosis/billing codes
  - next follow-up appt.
- Nurse records
Post-visit
Nurse with Patient

- Nurse
  - Reviews plan
  - Prints and reviews visit summary
  - Escorts the patient to checkout

- US Army
Scribing at Cleveland Clinic

Kevin Hopkins M.D.
Collaborative Care
Cleveland Clinic: Stonebridge

• New Model
  – 2 MA: 1 MD
  – 2 pt/d cover cost
  – 21 → 28 visits/d
  – 20-30% ↑ 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
University of Utah: Redstone

• 2.5 MA: 1 MD
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
Office Practice of the Future
Quincy Family Practice

- 2 MA: 1 LPN: 1 MD
Collaborative Care

- Six sites
- Similar results
  - Access 30% ↑
  - Costs covered
  - Satisfaction ↑
  - Quality metrics ↑
  - Physician
    - home hour earlier
    - no work at home
Challenges

3. Vast amounts of time spent documenting care

Action Steps

Regulatory
- Team log-in
- Meaningful Use Stage 2

Institutions
- Staffing ratios
- Assistant order entry

Technology
- Seamless transitions between users

"Livin' the dream—how about you?"
4. Computerized technology that pushes more work to the clinician

I THOUGHT YOU WERE SUPPOSED TO BE USER-FRIENDLY!
The task list is unbearable. I spend 1.5 hours clearing out my task list before leaving and another 1.5 hours at home after the kids go to bed.

Primary Care Physician, Des Moines, IA; 2011
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
Verbal messaging at Fairview rather than series e-messages going round and round the office.
Semi-circular desk, APF
Challenges

4. Computerized technology that pushes more work to the clinician

Action Steps

- **Institutions**
  - ↓ message generation
  - Nurses filter inbox

- **Regulators**
  - Security modifications to accommodate workflow

- **Technology**
  - Improved usability

Cartoon: "I thought you were supposed to be user-friendly!"
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Innovations</th>
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<tbody>
<tr>
<td>5. <strong>Teams that function poorly</strong> and complicate rather than simplify the work</td>
<td>support trust and reliance</td>
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Flow station at North Shore Physicians Group
Fairview
Co-location of scheduler
Co-location at South Central Foundation, Alaska
Team Meetings
Do Work + Make Work Better
Health coach running meeting “we all own the outcomes of the practice, we all own meeting”
ThedaCare: All staff trained in QI, Pulling in same direction, capacity for change
Clinic walls lined with data
ThedaCare
Lean Problem solving
Harvard Vanguard Medical Associates
26 Improvement Specialists
South Central Foundation, Alaska
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
- Improvement specialists
- Aligned reporting (MA/nursing to clinical lead)
Key Lessons
For ↓ Burnout and ↑ Joy

• Share the care with team
  – 2:1 or 3:1 staffing in stable
  – Physician-centric to team-based care

• Clear communication
  – Co-location
  – Team meetings

• Systematic Planning
  – Pre-visit planning
  – Workflow mapping
How innovations relate to Patient-Centered Medical Home?
Patient-Centered Medical Home

- Access and Continuity
- Plan and Manage Care
- Track and Coordinate Care
- Manage Populations
- Self-Care and Support
- Measure/Improve Performance

- In-box management
- Pre-visit planning
- Standing orders
- Scribing
- Health Coaching
- Panel management
- Team meetings
- Patient-Centered Medical Home

- Care Coordination
- Share the Care
- Co-location
- Huddles
- Scribing
- Panel management
- Pre-visit planning
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- Standing orders
- Pre-visit planning
- Health Coaching
- Scribing
- Panel management
- Team meetings
Three Good Men
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.

Ben Crocker, MD
Internist
MGH
Our Work Going Forward

How can we contribute to transformation

“Starbucks would be better”

“I’m loving it”

Ben Crocker

Neal Devitt
Discussion