Finding Joy in Primary Care

Agenda

• Introduction: Framing thoughts burnout
• Studies
  – AMA Rand: Physician Career Satisfaction
  – ABIMF: In Search of Joy in Practice
• Discussion
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
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.

Nearly ½ of MDs Burned Out

Burnout affects Patients

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

Burnout Costs Organizations

Physician burnout is associated with…
- ↑ Malpractice risk
- ↑ Part time
- ↑ MD and staff turnover

Replace PCP costs $250,000
  - (1999)

Am J Man Care Nov 1999;5(11):1431-1438
Am J Man Care Jul 2001;7(7):701-713
Med. Care Mar 2006;44(3):234-242
http://psychnet.apa.org/?Fa=main.do&d付=10.1037.0021-9010.73.4.727

This year over

1,000,000

Americans will lose their doctor.

Not because of unemployment.
Not because of Obamacare.
Not because of insurance coverage or plan changes.
But because of doctor **SUICIDE**.

An average of **400** US doctors commit suicide every year.

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**Why does joy matter?**

**Burnout Costs Physicians**

Physician burnout is associated with…

- ↑ Disruptive behavior
- ↑ Divorce
- ↑ CAD
- ↑ Substance abuse/addiction
- ↑ Suicide
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.

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


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

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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 preventive planning and preventive laboratory tests; (2) sharing clinical care among a team, with expanded roving protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (bribing), 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 work flow 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

Challenges

Chaotic visits

EHR → work to MD

Inadequate support

Teams function poorly

Time documentation
Challenges

1. Chaotic visits with overfull agendas

Innovations

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)
- ↑ patient satisfaction
- Save $24 per visit


also [http://ajcp.ascpjournals.org/content/142/5/640.abstract](http://ajcp.ascpjournals.org/content/142/5/640.abstract)
[http://ajcp.ascpjournals.org/content/142/5/640.full](http://ajcp.ascpjournals.org/content/142/5/640.full)

Annual Prescription Renewals

- “90 + 4”
- Physician time
  - 0.5 hr/d
- Nursing time
  - 1 hr/d per physician
- 40 million PC visits/yr
  
  200,000 PCPs x 220d/yr x 1 visit/d
Challenges               Action Steps

1. **Chaotic visits**
   with overfull agendas

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

Payers

- Fund non-MD services
Challenges

3. Vast amounts of time spent documenting care

Innovations

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 2015

Continuous partial attention
Challenges

3. Vast amounts of time spent documenting care

Innovations

Team Documentation
Newport News

- What we all hoped for
- Team: 3:1
  http://primarycareprogress.org/insight/3/profiles
Team documentation at
Cleveland Clinic

Kevin Hopkins M.D.

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: Stonebridge

- 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

OLD MODEL OF PATIENT CARE

- Provider
  - Paper Work
  - Medication Refill
  - Chronic Disease Management
  - Test Results
  - Acute Visits
  - Preventative Visits
  - Patient Orders/Triage
  - Referral to Ancillary Services
  - CMA/LPN
  - RN
  - Referral to Specialist
  - Managing Messages, Test Results, Calling Patients
Team Documentation
Bellin Health Green Bay

- New Model
  - 2 MA: 1 RN: 1 MD
  - Extended care team
  - ↑ Breast, colon and cervical cancer rates
  - 8.3% ↑ in margin
    (from -2.2% to 6.1%)

Bellin Results

Quality Metrics (screenings)

Breast Screening
- Baseline: 55.37%
- Goal (6 months): 58.13%
- Actual: 59.51%

Cervical Screening
- Baseline: 69.61%
- Goal (6 months): 73.09%
- Actual: 78.64%

Colorectal Screening
- Baseline: 79.41%
- Goal (6 months): 83.38%
- Actual: 83.5%

Financial Metrics
(operating margin for Dr. Jerzak)

- Baseline: negative 2.2%
- Goal: negative 1.2%
- YTD Actual: positive 6.1%
Team Documentation
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

David Reuben
UCLA

• “Physician Partners”
  – Scripts/COE
  – Charting/Charge
• JAMA IM 5.14
  – Pt satisfaction w/MD time ↑
  – Save 1.5 hr/4hr
• Training Academy
Team Documentation

- Six sites
- Similar results
  - Access 20-30% ↑
  - Costs covered
  - Satisfaction ↑
  - Quality metrics ↑
  - Physician
    - home hour earlier
    - no work at home

The miracle of scribes is that I rediscovered what I didn’t even know I had lost—the beauty of reconnection with my patients. It is so much fun. I haven’t had fun in the clinic in years.

Mark Linzer, MD General internist, Hennepin County, MN
2.17.15 personal communication
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

Challenges

4. Computerized technology that pushes more work to the clinician

Innovations

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

Primary Care Physician, Des Moines, IA; 2011
Challenges

4. Computerized technology that pushes more work to the clinician

Innovations

Fairview: Filtering Inbox
Reduce “backpack” 90min/d to few min
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

Iora Health, Dartmouth-Hitchcock
Challenges  Action Steps

4. Computerized technology that pushes more work to the clinician

Challenges  Innovations

5. Teams that function poorly and complicate rather than simplify the work
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
Co-location at South Central Foundation, Alaska

APF, Massachusetts General Hospital
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

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Introducing AMA **STEPS** Forward

**Revitalize your practice and help improve patient care.**

This series of innovative, transformative strategies will show you how. Visit [STEPSforward.org](http://STEPSforward.org) to see the entire series of modules.
Transformation Toolkits

- Pre-visit planning
- Expanded rooming
- Team documentation
- Prescription management
- Pre-visit lab
- Team meetings
- PCMH
- Lean
- Culture change

- Panel mgm’t
- Burnout
- Huddles
- EHR implementation
- Inbox mgm’t

www.stepsforward.org
QI Metrics

<table>
<thead>
<tr>
<th>Clinic week:</th>
<th>Time spent documenting and performing administrative functions</th>
<th>Total # of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 3:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 4:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 5:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add daily totals to determine total number of hours per clinic week (numerator)

Number of days completed per clinic week (denominator)

Average time spent documenting and coordinating patient care by the clinician (numerator divided by denominator)

Data to include in Step 2

74
Rooming Checklist

<table>
<thead>
<tr>
<th>Preventive screening</th>
<th>Due</th>
<th>Up to date</th>
<th>N/A</th>
<th>Target population and recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram</td>
<td>Age 75 or 90 years</td>
<td>Every 2 years, or for those 40 to 50 and &gt;75 screening is deferred.</td>
<td></td>
<td>Age 75 or 90 years</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>Age 40-75 years</td>
<td>Every 10 years</td>
<td></td>
<td>Age 40-75 years</td>
</tr>
<tr>
<td>PSA density scan</td>
<td>Age 50-70 years</td>
<td>Every 3 years</td>
<td></td>
<td>Age 50-70 years</td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td>Age 60+ years</td>
<td>Age 60+ years</td>
<td></td>
<td>Age 60+ years</td>
</tr>
<tr>
<td>Glaucoma screening</td>
<td>Age 40+ years</td>
<td>Age 40+ years</td>
<td></td>
<td>Age 40+ years</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Due</td>
<td>Up to date</td>
<td>N/A</td>
<td>Target population and recommendation</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Age 10+ years</td>
<td>Adrenaline “1-step” booster every 10 years</td>
<td></td>
<td>Age 10+ years</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Age 60+ years</td>
<td>Annual or more</td>
<td></td>
<td>Age 60+ years</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>Age 10+ years</td>
<td>60% after 10 years</td>
<td></td>
<td>Age 10+ years</td>
</tr>
<tr>
<td>Pneumococcal vaccine</td>
<td>Age 10+ years</td>
<td>PCV13 vaccine, followed by PCV23 vaccine to 12 months after previous dose</td>
<td></td>
<td>Age 10+ years</td>
</tr>
</tbody>
</table>

Making the business case

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

**Physician**

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

**Full-time documentation specialist**

<table>
<thead>
<tr>
<th>Documentation specialist hourly rate (including benefits)</th>
<th>$23.00 /hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time saved</td>
<td>3.20 min/day</td>
</tr>
<tr>
<td>Total time savings</td>
<td>$132,000</td>
</tr>
<tr>
<td>Total financial savings</td>
<td>$91,520</td>
</tr>
</tbody>
</table>

Annual documentation savings with a team documentation specialist.
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.

Ben Crocker, MD
Internist
MGH

Checkback 2011
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