Aspiring to the Quadruple Aim
Tell the person next to you about one patient who inspired or changed you
Conflicts of Interest/Disclosures

• I receive a stipend from the ACP as Chair of the Board of Regents

• I am Chairing the ACP’s Wellness Task Force

• I don’t always get it right
Figure 2. The Fourth (missing) Aim is improved clinician experience.
Why Pay Attention To Clinician Experience?

• US Physicians experience more burnout than other working adults
• 46% of respondents in large survey using Maslach Burnout Inventory (Arch Int Med, 2012)
• Highest rates in front-line specialties: General Internal Medicine, Family Medicine and Emergency Medicine
• Physician burnout has been described as “endemic” and “inevitable”
• Physician suicide rates 2-3x that of general population
• Prevention of “downstream” consequences of burnout
WHAT YOU DO MATTERS, but WHY YOU DO IT MATTERS SO MUCH MORE.
Predictors of Burnout

Remediable—and reliable—predictors from Mini Z survey:

• High stress
• Chaotic work environment
• Lack of control
• Non-alignment of values
Mitigating Burnout

Organizational Change

Wellness

Personal Resilience
Why is Tiger Woods such a great putter?
Advocating for Formal Infrastructure to Support Expansion and Sustainability of Wellness Initiatives

• RESOLVED, that the Board of Regents creates and supports a formal infrastructure, such as a Center for Physician Wellness, that will allow for expansion and sustainability of its current and future wellness initiatives for physicians and physicians-in-training; and be it further

• RESOLVED, that the ACP Board of Regents becomes a leading voice in addressing areas such as burnout prevention, physician wellness, and professional satisfaction and collaborate with like-minded organizations and entities in these areas.
ACP’s Efforts to Reduce Burnout

• **Patients Before Paperwork** initiative begun - Spring 2015
• ACP/Hennepin Country/AMA collaboration on Eliminating Burnout StepsForward practice transformation module – Summer 2015
• Wellness Champions training – Fall 2015
• Promoting professional satisfaction added as an **ACP strategic priority** – Winter 2016
• ACP – AMA collaboration on practice transformation – February 2016
• ACP joined NAM Action Collaborative on Clinician Well-being – January 2017
• ACP Wellness **Task Force** formed – February 2017
• Second Wellness Champions training – Spring 2017
• **Putting Patients First** by reducing Administrative Burdens paper released – March 2017
• ACP participated in AMA Multi-stakeholders collaborative – April 2017
The Wellness Champions Initiative

• Train the Trainer concept
• Facilitated by Mark Linzer, MD, FACP
• Initial cohort (October, 2015)
  • 20 participants
    • ACP Council of Early Career Physician members
    • ACP Governors-Elect
    • ACP Governors
    • ACP Regents
    • Geographically and demographically diverse
  • 2-day program
• Second cohort (March 2017)
• Contract with Mark Linzer to expand and develop infrastructure for deployment
Our Gold Medal Team!
Initial cohort of the ACP Wellness Champions!
The Wellness Champions Initiative

Objectives
• ACP leaders to serve as resources for the College and its Chapters
• Create a data registry by establishing baselines and tracking changes over time
• Formal organizational recognition of scope and severity of Internal Medicine physician burnout
• Develop a curriculum and/or toolkit for Chapters
• Encourage healthy lifestyles among members and healthy work environments that promote longevity, engagement and quality of care
• Work to put patients before paperwork
What have we been up to?
AAIM/CHARM
• Dick Wardrop
• Carrie Horwitch
• Sue Hingle

AMA Study
• Pam Hiebert

International Conference on Physician Health
• Sue Hingle

AMA Speakers Bureau
• Eileen Barrett
• Carrie Horwitch
• Daisy Smith
• Suja Matthews

National Academy of Medicine Collaborative
• Daisy Smith
• Sue Hingle
Presentations

ACP Chapter Meetings
26 and counting

Local/regional Meetings
79 and counting

National Meetings/Organizations
ACP, AAIM, SHM, Association of Clinicians for the Underserved, Capitol Hill staffers, NAM, AMA
Mini-Z/ACP 2016 Member Survey

- 10% are not satisfied with their current job (76% satisfied)
- 58% feel a great deal of stress because of their job
- 19% have professional values that are not well aligned with those of their department leaders (59% have well-aligned values)
- 31% are burned out (69% do not feel burned out)
- 35% have marginal or poor control over their workload (35% have good or optimal control)
- 51% have insufficient (marginal or poor) time for documentation (22% have satisfactory time available)
- 40% describe the atmosphere in their primary work area as chaotic (5% describe it as calm)
- 4% have marginal or poor proficiency with EHR use (96% are proficient)
- 6% work with a marginally or poorly functioning care team (94% experience good teamwork)
Creating Resources
Development of Toolkit

• Topics included
  • Resource lists
  • Description/summary of ACP efforts
  • Time management skills
  • Negotiation skills
  • EMR efficiency
  • How to get credit for the work you do
  • Team based care
  • How to integrate wellness into medical education programs
  • How to develop a wellness committee
  • Personal wellness strategies
What is the one professional challenge that concerns you most?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited time with patients</td>
<td>14.5</td>
</tr>
<tr>
<td>Too much paperwork</td>
<td>11.9</td>
</tr>
<tr>
<td>Work/life balance</td>
<td>11.8</td>
</tr>
<tr>
<td>Loss of physician autonomy</td>
<td>10.7</td>
</tr>
<tr>
<td>Physician burnout</td>
<td>6.9</td>
</tr>
<tr>
<td>Maintenance of certification (MOC)</td>
<td>5.8</td>
</tr>
<tr>
<td>Malpractice threats/need to practice defensive medicine</td>
<td>5.6</td>
</tr>
<tr>
<td>Staying current on clinical knowledge</td>
<td>5.5</td>
</tr>
<tr>
<td>Electronic health records (EHRs)</td>
<td>4.7</td>
</tr>
<tr>
<td>Physician reimbursement and payment issues</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Source: ACP 2015 Member Survey
ACP efforts to make internal medicine practice more satisfying...

• Clinical documentation
• EHRs: functionality, usefulness, clinical relevance
• Patients Before Paperwork (Captures all of ACP’s activities to reduce administrative burdens)
• Payment reform: pay more for cognitive care, chronic care, coordination, communication
• Quality measures: relevance, burden of reporting
Patients before Paperwork Initiative
Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians

Written by Shari Erickson and Brooke Rockwern on behalf of the Medical Practice and Quality Committee


Abstract

This American College of Physicians (ACP) position paper, initiated and written by ACP's Medical Practice and Quality Committee and approved by the Board of Regents on 21 January 2017, reports policy recommendations to address the issue of administrative tasks to mitigate or eliminate their adverse effects on physicians, their patients, and the health care system as a whole. The paper outlines a cohesive framework for analyzing administrative tasks through several lenses to better understand any given task that a clinician and his or her staff may be required to perform. In addition, a scoping literature review and environmental scan were done to assess the effects on physician time, practice and system cost, and patient care due to the increase in administrative tasks. The findings from the scoping review, in addition to the framework, provide the backbone of detailed policy recommendations from the ACP to external stakeholders (such as payers, governmental oversight organizations, and vendors) regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely.

The American College of Physicians (ACP) has long identified reducing administrative tasks as an important objective, maintaining significant policy and participating in many efforts with this goal in mind, including developing the "Patients Before Paperwork" initiative in 2015. The growing number of administrative tasks imposed on physicians, their practices, and their patients adds unnecessary costs to the U.S. health care system, individual physician practices, and the patients themselves. Excessive administrative tasks also divert time and focus from more clinically important activities of physicians and their staffs, such as providing actual care to patients and Improving quality, and may prevent patients from receiving timely and appropriate care or treatment.
Figure 1: A Framework for Analyzing Administrative Tasks

- **Sources**
  - External
  - Internal

- **Intents**
  - Products and Services
  - Quality and Safety
  - Cost & Fraud Reduction
  - Financial Security
  - Lack of Clear Intent

- **Impacts**
  - Cost & Time – Billing/Insurance-Related
  - Cost & Time – Measurement & Reporting
  - EHR/Health IT
  - Appropriate & Timely Patient Care
  - Physician Satisfaction & Burnout

- **Solutions**
  - Assessment of tasks by Stakeholders
  - Transparent alignment & streamlining of tasks
  - Collaborate to improve performance measures
  - Innovative use of health IT
  - Eliminate or replace duplicative tasks
  - Research impacts & best practices
Intents of Administrative Tasks

• Provision of Payment
• Ensuring Care is High-Quality & Safe
• Reduction of Excess Utilization, Fraud & Abuse
• Ensuring Financial Security & Profit for the Entity

• Lacking Clear Intent
Impacts of Administrative Tasks

• Billing & Insurance-Related Activities
• Measurement & Reporting Impacts
• EHR/Health IT Impacts
• Impact on Clinical & Patient Care
• Impact on Physician Satisfaction
ACP Policy Recommendations:

1. Stakeholders who develop or implement administrative tasks should provide financial, time, and quality of care impact statements for public review and comment.

2. Tasks that cannot be eliminated must be regularly reviewed, revised, aligned and/or streamlined with the goal of reducing burden.

3. Stakeholders should collaborate to aim for performance measures that minimize unnecessary burden, maximize patient- and family-centeredness, and integrate measurement of and reporting on performance with quality improvement and care delivery.

4. Stakeholders should collaborate in making better use of existing health IT, as well as develop more innovative approaches.
ACP Policy Recommendations (cont.)

5. As US health care systems evolves to focus on value, stakeholders should review and consider streamlining or eliminating duplicative administrative tasks.

6. Rigorous research is needed on the impact of administrative tasks on our health care system.

7. Research on and dissemination of evidence-based best practices to help physicians reduce administrative burden within their practices and organizations.
External Sources of Administrative Tasks

• Public and Private Payers
• Government Entities and Oversight
• Oversight by Private Entities
• Vendors and Suppliers
• Other Healthcare Organizations
• Measurement of Patient Experience and Evolving Consumer Experience
Patients Before Paperwork Efforts continued

• ACP has met with the following organizations to discuss our concerns and efforts:
  • CMS
  • Office of the National coordinator
  • EHR Association
  • America’s Health Insurance Plans
  • Blue cross/Blue Shield Association
  • MedPAC
Patients Before Paperwork continued

• Practice Support Efforts:
  • ACP Practice Advisor® - [www.practiceadvisor.org](http://www.practiceadvisor.org) – online, interactive tool to help practices improve their workflows and operate more efficiently and effectively in the evolving environment.

  • The Physician and Practice Timeline – [www.acponline.org/timeline](http://www.acponline.org/timeline) - can help practices know key regulatory deadlines, including changes (and ideally improvements) in those programs, and prepare for them!

  • Coming Soon: ACP Quality Payment Advisor – will help physicians and practices to be successful under the new Quality Payment Program/MACRA
Question to Ponder

Why don’t people wash rental cars?
Mitigating Burnout

Organizational Change

Personal Resilience

Wellness
10 Bold Steps to Prevent Burnout

1. **Ensure that metrics** for institutional success include physician satisfaction and well-being
2. Incorporate mindfulness and teamwork **training** for trainees and practicing clinicians
3. **Decrease stress** from electronic health records
4. **Address challenging work conditions** in primary care
5. **Cover** predictable life events with “clinician float pools”

Linzer, et al., JGIM, 2014
10 Bold Steps to Prevent Burnout

6. **Develop practice models** that preserve work control (**standardization vs. flexibility**)
7. **Support** manageable primary care panel sizes, highly-functioning care teams and lengthened visits
8. Allow clinicians time to do what they are most **passionate** about
9. Promote career opportunities for **part-time** physicians
10. **Prioritize** physician **self-care** as an element of professionalism

Linzer, et al., JGIM, 2014
Systemic Solutions: Promoting Physician Wellness

Coaching (direct observation)
- Improve efficiency/outcomes
- Atul Gawande 2011
IT'S YOUR LIFE
OWN IT
Increasing Satisfaction

• Honor your values
• Do what you love
• Assume best intentions
• Seek joy
• Practice gratitude
Tips: Stay connected

• Have diverse social resources and varied interests
• Vent if you need to, but try to keep work at work
• Invest your resources in positive spirals
• Be available for your partners, friends, family
Tips: Know Yourself

• Explore self-awareness
• Reflection
• Practice mindfulness
Tips: Do What You Love

• Divide the work into tasks and try to align those with interests
• Take time every day at work to do what you love
• Making time every week at home to do what you love sustains you during the work week
Tip: Take Care of One Another

Sometimes when I say "I'm okay", I want someone to look me in the eyes, hug me tight, and say, "I know you're not."

“I don’t feel very much like Pooh today,” said Pooh.
“There, there,” said Piglet.
“I’ll bring you tea and honey until you do.”