In Search of Joy in Practice

Alliance of Independent Academic Medical Centers
Tuscon, AZ
Christine A. Sinsky, MD, FACP
April 2, 2016
7:45-8:45a

“I should be spending more time on my patients, not on paperwork.”

“Delivering quality care takes a coordinated effort.”
Agenda

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

Affiliated with MD practices?  
Outpatient origins
Take-away

Quadruple Aim
Care of the Pt: Care of Provider

Better Outcomes
Lower Costs
Improved Patient Experience
Physician Wellness

4th Aim

Ann Fam Med 2014
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
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

Doctors Look For A Way Off The Medical Hamster Wheel
by JOHN HENNIM Schumann
August 14, 2013  9:33 AM

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.doiLanding&doi=10.1037/0021-9010.73.4.727

Why does burnout matter?
Burnout Costs Physicians

Physician burnout is associated with…

- ▲ Disruptive behavior
- ▲ Divorce
- ▲ Disease (CAD)
- ▲ Drug abuse
- ▲ Death (Suicide 2-4 x)
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

Burnout: Work induced syndrome
- Environmental barriers
- Reg burdens
- Insurers don’t cover necessary care
- Unsupportive leadership

“Pajama Time”
Sat nights belong to Epic

EHR Usage Frequency by Time of Day

Date night
A fuzzy matching model was used to 130 family physicians (average experience 19.4 years) from 18 clinics (4 residency, 14 non-residency) to assess usage with an EHR system accessing log records were extracted to identify 171,064 unique patient encounters (over 900,000 EHR access events) from 63.6 million EHR data.

Study Clinician Characteristics

- Age Group 0-5: 7,622 (4.6%)
- Race/Ethnicity: White, non-Hispanic 137,377 (83.1%), Hispanic 7,273 (4.4%), Asian 4,454 (2.7%), Black, non-Hispanic 7,283 (4.4%), Other 8,446 (5.1%), Unknown 1,323 (1.6%)
- Payer Category: Medicaid 12,224 (7.4%), Commercial 101,754 (61.5%), Other 8,446 (5.1%), Medicaid + Other 2,171 (1.3%), Unknown 1,323 (1.6%)
- Gender: Female 55 (54.5%), Male 80,115 (48.4%), Unknown 1,323 (1.6%)
- Residency Clinic: Yes 31 (30.7%), No 70 (69.3%)
In Search of Joy in Practice

Co-Investigators

• Christine Sinsky- PI
• Tom Bodenheimer-PI
• Rachel Willard
• Tom Sinsky
• Andrew Schutzebank
• 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 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.
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
Save 3-5 hours/day

• Practice Re-engineering
  – Pre-visit lab ½ hr
  – Prescription mgt ½ 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

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

Annual Prescription Renewals

• “90 + 4”

• Physician time
  – 0.5 hr/d

• Nursing time
  – 1 hr/d per physician
Challenges

1. Chaotic visits with overfull agendas

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)
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
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
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
• New Model
  – 2 MA: 1 RN: 1 MD
  – Extended care team
  – ↑ prevention metrics
  – ↑ chronic ill. metrics
  – ↑ in margin
  – ↑ staff/MD satisfaction
# How satisfied are you in your role?

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
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<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>
UCLA: saves 3 hr/d

JAMA IM 2014
Challenges

3. Vast amounts of time spent documenting care

Action Steps
Stage 2
Eligible Professional
Meaningful Use Core Measures
Measure 1 of 17
Date issued: October, 2012

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
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

Happiness minutes
Challenges

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

I thought you were supposed to be user-friendly!
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
Daily Huddles

Prepare for a Smooth Day
5. **Teams that function poorly and complicate rather than simplify the work**
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 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
Quadruple Aim
Care of the Pt: Care of Provider

Take-away

Ann Fam Med 2014
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