AB3: Roadmap to provider wellness

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No conflicts of interest

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Objectives

1. Identify the evidence base for the importance of provider wellness in a clinical setting
2. List evidence-based methods to prevent burnout
3. Change the culture and build a healthy workplace
4. Develop a provider wellness program

Here’s our roadmap to hit these objectives

1. Background—so we’re all on the same page
2. The research that shows why it’s important
3. Researched interventions
4. What we did, real-life examples
5. Creating YOUR roadmap (w/handouts)
Provider burnout in the news

- Chicago Tribune, October 2014
- Time magazine, Aug. 27, 2015

Burnout defined

- Emotional Exhaustion
- Depersonalization
- Low personal accomplishment
Making the case for a focus on burnout prevention

- Why should you care? (from Stanford)
  - Four Reasons Leaders Should Care:
    - Basic human decency
    - Clinical performance
    - Recruitment and retention
    - Care transformation

Why pay attention to burnout?

- US physicians experience more burnout than other working adults
- Burnout and dissatisfaction are on the rise* and affect over ½ of physicians in the U.S.
- Highest rates in front-line specialties: Family Medicine, General IM and Emergency Medicine
- Physician burnout has been described as “endemic” and “inevitable”
- Prevention of “downstream” consequences of burnout
  (Shanafelt et al. Mayo Clinic Proceedings, Dec 2015)
Why burnout matters: professional consequences

- Increased medical errors/worse patient outcomes
- Decreased patient satisfaction/adherence
- Loss of professionalism, disruptive behaviors
- Decreased productivity
- Institutional: cost of recruitment/retention
  - Est. $250,000 to replace PCP

Why burnout matters: personal consequences

- Physician satisfaction and safety
- Disruption to family
- Higher rates of:
  - Divorce
  - Depression
  - Anxiety
  - Substance abuse
  - Suicide
Importance of this work

- First line of alert for **serious** issues
- The survey provides early identification, awareness and prevention of depression
- Depression and stress can result in suicide
  - **40% HIGHER:** The suicide rate among male doctors than among men in general
  - **130% HIGHER:** The suicide rate in female doctors than among women in general
    - Schernhammer E. NEJM 2004
- Aim is to prevent any doctors leaving the profession due to burnout and reduce depression due to burnout

Making the business case – outcomes of dissatisfaction

<table>
<thead>
<tr>
<th>Burnout</th>
<th>Reference</th>
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<tbody>
<tr>
<td>1) access to care, 2) satisfaction, 3) medication adherence</td>
<td>Brown &amp; Gunderman. <em>Acad Med</em> 2006;81:577-82</td>
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<tr>
<td>Increased patient disenrollment</td>
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Zero

- Number of clinicians who need to burn out
  - Burnout a long term stress reaction
  - Predictors of stress well known (time pressure, control, work–home interference, support, chaos, values alignment)
  - Burnout is **predictable**, and thus **preventable**

![Burnout model diagram]

Burnout model

- **Background variables**
  - Academic practice
  - Solo practice
  - Work hours
  - Age
  - Sex
  - Children

- **Mediating variables**
  - Work control
  - Work–home interference
  - Home support

- **Variable outcomes**
  - Stress
  - Satisfaction
  - Burnout

Demand–control model of job stress

- Demands balanced by control
- Stress increases if demands rise or control diminishes
- Support can facilitate impact of control
- Bottom line... support and control prevent stress

How can we prevent burnout?

- Flexible/part-time work
  (Linzer et al. *Acad Med* 2009;84:1395–1400)
- Leaders model work–home balance; value well-being
  (Saleh et al. *Clin Orthop Relat Res* 2009;467:558–65)
- Understand and promote work control
- Alter our “culture of endurance”
- Wellness focus – reflection, exercise, share concerns with colleagues
  (LeMaire J. BMC HSR. 2010; 10:208)
Realistic solutions from our research

<table>
<thead>
<tr>
<th>Workflow</th>
<th>Communication</th>
<th>QI Projects</th>
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<tbody>
<tr>
<td>MA data entry</td>
<td>Better communication among providers/staff</td>
<td>Prescription mgmt strategies</td>
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<tr>
<td>More time for RN/MA staff to do tasks</td>
<td>Team meetings</td>
<td>Medicine reconciliation project</td>
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<tr>
<td>Pairing MAs/MDs</td>
<td>Meetings with leadership</td>
<td>Depression screening</td>
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<tr>
<td>Nurse coordinators</td>
<td>Meetings focus on patient care and cases</td>
<td>Improve diabetic screening (eye, feet)</td>
</tr>
<tr>
<td>Increased visit time</td>
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<td>Presenting data</td>
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How we got started @ HCMC

- Process took time – got in front of Administration and repeated the message
  - Presented to leaders and Chiefs/Chairs
  - Shared articles and any data
  - Gave real life examples (providers leaving practice, residents not staying, etc.)

- Partnered with Administration
  - Partnership started the budget conversations
  - Protected time for the work
Hennepin County Medical Center
Provider Wellness Committee

› Reports to executive leadership
› Approved charter
› Many departments and licensures represented
› Monthly meetings
› Fields annual Provider Wellness Survey

Mini Z (Zero Burnout Program)

1. Overall, I am satisfied with my current job:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly
2. I feel a great deal of stress because of my job:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly
3. Using your own definition of "burnout", please circle one of the answers below:
   1. I enjoy my work. I have no symptoms of burnout.
   2. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
   3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   4. The symptoms of burnout that I'm experiencing won't go away, I think about work frustrations a lot.
   5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:
   1 - Poor  2 - Marginal  3 - Satisfactory  4 - Good  5 - Optimal

5. Sufficiency of time for documentation is:
   1 - Poor  2 - Marginal  3 - Satisfactory  4 - Good  5 - Optimal

6. Which number best describes the atmosphere in your primary work area?
   Calm  1  2  3  4  5
   Busy, but reasonable  2  3  4  5
   Hectic, chaotic

7. My professional values are well aligned with those of my department leaders:
   Strongly disagree  Disagree  Neither agree nor disagree  Agree  Agree strongly

8. The degree to which my care team works efficiently together is:
   1 - Poor  2 - Marginal  3 - Satisfactory  4 - Good  5 - Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:
   1 - Excessive  2 - Moderately high  3 - Satisfactory  4 - Modest  5 - Minimal/none

10. My proficiency with EMR use is:
   1 - Poor  2 - Marginal  3 - Satisfactory  4 - Good  5 - Optimal

*This survey was developed by Dr. Mark Linzer (Division Director, General Internal Medicine) and the team at Hennepin County Medical Center in Minneapolis. It is adapted from the OWL (Office and Work Life™) measure: more detailed surveys are often needed for second stage work.
Predictors of burnout

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

Survey results from HCMC...

- 402 respondents: 61% response rate

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<thead>
<tr>
<th>Wellness indicator</th>
<th>Relative change 2014 v. 2013</th>
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<tr>
<td>burning out or burned out</td>
<td>20% decrease</td>
</tr>
<tr>
<td>control over workload</td>
<td>15% increase</td>
</tr>
<tr>
<td>time for documentation</td>
<td>20% increase</td>
</tr>
<tr>
<td>spend high amount of time on EMR at home</td>
<td>10% decrease</td>
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<table>
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<tr>
<th>Remediable predictors of burnout</th>
<th>Strength of prediction</th>
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<tr>
<td>High stress</td>
<td>++++</td>
</tr>
<tr>
<td>Lack of control</td>
<td>++</td>
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<tr>
<td>Lack of values alignment with leader</td>
<td>++</td>
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<tr>
<td>Chaos</td>
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HCMC Wellness Champions

- Faculty with interest in transforming HCMC into a place where providers are healthy and well
- Champions work with Chiefs to review survey data, present data to providers and brainstorm solutions
- Face of wellness in department while improving their own wellness
- We provide annual trainings and skill building

Hennepin County Medical Center
Office of Professional Worklife

Goals: decrease burnout, increase retention, improve staff and patient experience, improve quality of care
1. Visible space dedicated to wellness, worklife, listening
2. Responsive, action oriented
3. Periodic, brief surveys of stress, burnout and remediable predictors
4. Focused departmental or clinic-based plans
5. Work with Wellness Champions and PWC
6. Interface with departments and leadership (ombuds role)
Ways to connect to wellness

- Intranet – we have a webpage with: our charter, list of current members, a “question of the quarter”, Sara’s email & phone #
- Stop by the OPW or Mark’s office (3–4x/mo.)
- Stopping us in the hall (1–2x/week)
- Coffee chats (1–2x/month)
- Present at new provider orientations

Improvement strategies at HCMC

- Adjusted time of last complex patient of day so provider parents can leave
- Desk top slots for busiest Medicine NPs/PAs
- Doc of the day assistance for NPs/PAs
- Programs to enhance resident wellness
- Deep dive surveys and small group work in departments with challenges
- Workflow redesign for units under stress
Time for YOUR roadmap

Planning your journey

- Things to think about:
  - Who are my allies in this work?
  - Who will be your cheerleader and champion?
    - Write down the name and then 2–3 more!
  - How much protected time do you need/will you ask for?
  - How will you administer the survey and who will do the analysis?
    - Will you have to pay for it? How?
Here are some suggestions for steps on your road to wellness...

- Pick one or two to act on
- Devise a plan for how to implement at your institution
- Who will you need to help you? What kind of support (time, money, people/staff)?
- What’s already available that you can access?
- Develop a timeline – get it on the calendar and make yourself accountable

Programs you can access now

- Association of Chiefs and Leaders in General Internal Medicine
- AMA Steps Forward
- American College of Physicians – train the trainers
ACLGIM – Worklife & Wellness Program

- Open to 100 divisions of general medicine
- Surveyed 15 divisions, >500 providers
- Striking results; burnout range from 9% to 60% among divisions, average 38%
- Remediability predictors identified
- “Chief’s Packet” summaries of data and suggested action steps

ACLGIM – Association of Chiefs and Leaders in General Internal Medicine

AMA – Steps Forward modules

- Series of modules for practice redesign
- Among them, one for burnout prevention & another for resiliency
American College of Physicians

- The ACP have trained 25 Internal Medicine Wellness Champions through the country
  - 2 day training and on-going connection via listservs, conference calls & webinars
- Could be a replicable model for national organizations

For a more sustainable system...

- Measure burnout, intervene and reduce it
- Take care of each other – we need all of us to make the world a better place
Thank you!

- We would like to thank and acknowledge Dr. Mark Linzer!
- Thank you for the tremendous honor of being here today!!

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Sara.poplau@hcmed.org

Appendix – how to create a Provider Wellness Committee charter

The HCMC charter has the following characteristics:

- **Purpose** – brief, 2–3 sentences
- **Scope** – who we report to and how
- **Objectives** – we list 5, you pick what’s important to you
- **Measures of Success** – again 5, but pick what matters to you
- **Decision Making Authority** – super important shows
- **Reporting Relationship(s)** – our relationship to leadership
- **Communication Expectations (Key Messages)** –
  - The PWC will share aggregate, de-identified survey results with all providers and hospital leadership once a year. PWC leaders welcome the opportunity to present to Medical Leadership (e.g. Medical Staff meetings, Medical Executive Committee and/or Executive Leadership Team) more often, up to once a quarter if requested.
Charter, continued

- **Meeting Frequency/Schedule** – decide how often you want to meet
- **Membership** – determine criteria of members and length of term
- **Officers and Member Roles and Responsibilities:**
  - **Committee Chair**
    - Prepares and/or approves agenda
    - Chairs the meetings – facilitates discussion and ensure appropriate decisions are made
    - Coordinates and ensures dissemination of communication documents
    - Ensures the charter is reviewed on an annual basis; ensures objectives and measures of success are updated as needed

Charter, continued

- **Committee Vice Chair**
  - Chairs the meeting if Chair is unavailable
  - Facilitates discussion and ensures appropriate decisions are made
  - Along with Chair, ensures objectives and measures of success are achieved
- **Committee members**
  - Prepare in advance of the meetings
  - Ensure relevant progress reports with identified barriers are incorporated into discussion
  - Actively participate in all PWC deliberations
  - Regularly attend scheduled meetings. If unable to attend, notify the PWC staff person and thoroughly review minutes and other meeting documents. The PWC may allow a delegate to attend if the member is unable to do so.
Charter, continued

- **Committee staff**
  - Prepares minutes and agendas. Ensures documents are sent out in advance of meetings and distributed after meetings
  - Coordinates and disseminates communication documents as defined by the PWC

- **Meetings**
  - The Physician Wellness Committee will meet a minimum of monthly.
  - For the purposes of voting, a quorum will consist of 50% of the members. Votes may be taken via email.
  - The Chair may call special meetings. The purpose of the meeting shall be stated in the call and at least 3 days notice shall be given.

Some suggestions...

- Develop clinician “float pools” for life events
  - Workforce usually 10% short
  - Covering is cost effective to prevent turnover

- “Right size” EMR-related work
  - Clinicians are overwhelmed
  - Longer visits are needed*
  - Studying impact of scribes**

Suggestions, con’t.

- Ensure that metrics for success include clinician satisfaction and well-being*
  - Wellness is the missing quality indicator

- Prioritize clinician self care as part of medical professionalism
  - Coping strategies
  - Eating healthy meals; exercise
  - Reasonable work hours
  - Building resiliency

Suggestions, con’t.

- Develop schedules with flexibility and clinician control
  - If you standardize, customize
  - Complex lives require flexibility
  - A 4:40 appt. slot and a 5:30 pick up at day care is a recipe for burnout

- Incorporate mindfulness and teamwork into medical school, residency and clinical practice
  - Mindfulness training at grand rounds?
  - Teamwork in Health Care Homes
  - Resiliency training:
    - Awareness
    - Acceptance
    - Seeking help
    - Problem solving
Suggestions, con’t.

› Assure 10% FTE for clinicians to do what they are passionate about*
› Cost effective to support 10%; turnover costs $250,000/FTE.**


› Promote satisfying careers for part-time MDs
  ◦ Part-time MDs are satisfied, connected and loyal*
  ◦ Part time is one of best rxs for burnout


Suggestions, con’t.

› Support manageable practice sizes and enhanced staffing ratios
  ◦ GHC built teams, reduced panel size, provided desk top slots, and lengthened visits.
  ◦ This reduced burnout, was cost neutral, and improved quality.*

Reading list

- Books:
  - Great by Choice by Jim Collins and Morten T. Hansen (2011)
  - Lean In by Sheryl Sandberg (2013)
  - The way we’re working isn’t working by Tony Schwartz (2010)
  - First break all the rules by Marcus Buckingham and Curt Coffman (2000)
  - Leading change in healthcare by Anthony Suchman, David Sluyter, Penelope Williamson, and Peter Block (2011)
  - Transforming Health Care: Virginia Mason Medical Center’s Pursuit of the Perfect Patient Experience by Charles Kenney (2010)

Reading list, articles

Reading list, articles


Reading list, articles

- Flexible/part-time work
- Leaders model work–home balance; value well–being
  (Saleh, et al., Clin Orthop Relat Res 2009;467:558–65)
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