In Search of Joy in Practice

IHI 17th Annual Summit
Orlando, FL
Mar 21, 2016
Christine A. Sinsky, MD, FACP
Vice President, Professional Satisfaction
American Medical Association

Agenda

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

Quadruple Aim
Care of the Pt: Care of Provider

4th Aim

Physician Wellness

Better Outcomes

Lower Costs

Improved Patient Experience

Ann Fam Med 2014

Two Doctors and a Patient
Program Director Geriatrics
UConn

“Working in clinic has become so painful that I have decided to leave my beloved patients—unbearable to think about.”

Gail M Sullivan, MD

General Internist
MGH

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 \( \frac{1}{2} \) of MDs Burned Out

Mayo Clin Proceed 2015
Physician Burnout Rising

46 → 54%

Physician burnout affects patients

- ↑ 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)

Burnout Costs Physicians

Physician burnout is associated with…
- ↑ Disruptive behavior
- ↑ Divorce
- ↑ Disease (CAD)
- ↑ Drug abuse
- ↑ Death (Suicide 2-4 x)
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.doiLanding&doi=10.1037/0021-9010.73.4.727

Burnout May Cost US Healthcare

Physician burnout is associated with…
- ↑ Referrals
- ↑ Testing
- ↓ PCPs

Social Science and Medicine 1999, (48):547-557
Arch Intern Med. 2011;171(17):1582-1585
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


“Pajama Time”
Sat nights belong to Epic

1-2 hr/night

Date night
Week nights
Work after Work:
Evidence From PCP Utilization of an EHR System

Brian Aviad, MD, John Bradley, MD, Joe Torino, MD, PhD, Win-Jin Tuan, MS, MPA, Valerie Gilchrist, MD
University of Wisconsin Department of Family Medicine and Community Health

38 hours Work after Work per month
1 full week/mo

In Search of Joy in Practice
Co-Investigators

- Christine Sinsky - PI
- Tom Bodenheimer - PI
- Rachel Willard
- Tom Sinsky
- Andrew Schutzbank
- David Margolius
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
Save 3-5 hours/day

- Practice Re-engineering
  - Pre-visit lab \( \frac{1}{2} \) hr
  - Prescription mgt \( \frac{1}{2} \) hr
  - Expanded rooming/discharge 1 hr
  - Optimize physical space 1 hr
  - Team documentation 1-2 hr

3+ hr/d

Challenges

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
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
• 40 million PC visits/yr
  – 200,000 PCPs x 220d/yr x 1 visit/d

Challenges

1. Chaotic visits with overfull agendas

Action Steps
Challenges

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

Innovations

*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

- 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 Kolhnen, MD, internist Fairbanks, AK 8.3.11
Challenges

3. Vast amounts of time spent documenting care

Innovations
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

• 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

Team Documentation
Bellin Health Green Bay

- New Model
  - 2 MA: 1/4 RN: 1 MD
  - Extended care team
  - ↑ prevention metrics
  - ↑ chronic ill. metrics
  - ↑ in margin
  - ↑ staff/MD satisfaction
Team Documentation
Bellin Health Green Bay

How satisfied are you in your role?

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<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>

Team Documentation
University of Utah: Redstone

• 2.5 MA: 1 MD
UCLA: saves 3 hr/d
JAMA IM 2014

Team Documentation
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

Challenges               Action Steps

3. Vast amounts
 of time spent
documenting
care
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

JAMA IM 3/2016
PCP: 77 inbox messages/d

Is inbox management working? Lets just say instead of 7 pm yoga with computer work at home after, its now 5:30 yoga with charts closed and in basket work done.

James Jerzak, MD, personal communication 3/16/16
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
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
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Innovations</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Teams that function poorly and complicate rather than simplify the work</td>
<td><img src="331x609" alt="Flow station at North Shore Physicians Group" /></td>
</tr>
</tbody>
</table>

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
Daily Huddles
Prepare for a Smooth Day
Team Meetings
Do Work + Make Work Better

Challenges               Action Steps

5. **Teams that function poorly** and complicate rather than simplify the work
Introducing AMA STEPSforward™
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.steepsforward.org
Pre-visit planning

Ten steps to pre-visit planning

During the current visit
1. Re-appoint the patient at the conclusion of the visit
2. Use a visit planner checklist to arrange the next appointment(s)
3. Arrange for laboratory tests to be completed before the next visit

Before the next visit
4. Perform visit preparations
5. Use a visit prep checklist to identify gaps in care
6. Send patients appointment reminders
7. Consider a pre-visit phone call or email

During the next visit
8. Hold a pre-clinic care team huddle
9. Use a pre-appointment questionnaire
10. Hand off patients to the physician

Rooming Checklist

<table>
<thead>
<tr>
<th>Preventive screening</th>
<th>Due</th>
<th>Up-to-date</th>
<th>NA</th>
<th>Target population and recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAP</td>
<td></td>
<td></td>
<td></td>
<td>Age 21 or 35 years or every 2 years if history of abnormal Pap or every 3 years if age over 35 and has normal Pap, HbA1c, and BMI.</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Age 40 or 50 years (or every 2 years if family history of breast cancer)</td>
<td>Yes (or questionable)</td>
<td></td>
<td>Age 40 or 50 years or every 2 years if family history of breast cancer.</td>
</tr>
<tr>
<td>Colorectal screening</td>
<td>Age 50 or 70 years (or every 10 years if no history of colorectal cancer)</td>
<td>Yes (or questionable)</td>
<td></td>
<td>Age 50 or 70 years or every 10 years if no history of colorectal cancer.</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Age 50 or 70 years (or every 10 years if no history of colorectal cancer)</td>
<td>Yes (or questionable)</td>
<td></td>
<td>Age 50 or 70 years or every 10 years if no history of colorectal cancer.</td>
</tr>
<tr>
<td>Visual acuity</td>
<td>Age 40 or 70 years (or every 10 years if no history of colorectal cancer)</td>
<td>Yes (or questionable)</td>
<td></td>
<td>Age 40 or 70 years (or every 10 years if no history of colorectal cancer.</td>
</tr>
<tr>
<td>Skin cancer screening</td>
<td>Age 60 or 70 years</td>
<td>Yes (or questionable)</td>
<td></td>
<td>Age 60 or 70 years or every 10 years if no history of colorectal cancer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Due</th>
<th>Up-to-date</th>
<th>NA</th>
<th>Target population and recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap vaccine</td>
<td>Age 11 years</td>
<td></td>
<td></td>
<td>Administer if the patient has not received the Tdap vaccine in the past 10 years.</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Age 6 months</td>
<td></td>
<td></td>
<td>Administer annually.</td>
</tr>
<tr>
<td>Shingles vaccine</td>
<td>Age 40 years</td>
<td></td>
<td></td>
<td>Administer if the patient is at least 40 years old.</td>
</tr>
<tr>
<td>Pneumococcal vaccine PCV13 or PPV23</td>
<td>Age 65 years</td>
<td></td>
<td></td>
<td>Administer if the patient has not received the Pneumococcal vaccine in the past 10 years.</td>
</tr>
</tbody>
</table>

Download a sample rooming checklist
Download a sample discharge checklist
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 →

On-line Calculators

YOUR PRACTICE

$ 3.00 /min

8 hours

220 days/year

Cost of physician's time

Work day

Clinic days per year

PHYSICIAN

20 /day

10 min/visit

Full-Time Documentation Specialist

$ 23.00 /hour

Documentation specialist hourly rate (including benefits)

TOTAL TIME SAVINGS

$132,000

Gross annual savings with team documentation

TOTAL FINANCIAL SAVINGS

$91,520

Net practice savings on dedicated documentation

3.20 hr

Physician documentation time saved

($40,480)

Annual cost of dedicated 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
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”

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