

# Bringing the Joy Back into Primary Care

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## BACKGROUND

The Stanford WellMD Model identifies three key domains contributing to professional fulfillment, including Efficiency of Practice. Improving practice efficiencies can lead to meaningful and sustained impacts on the wellness of providers and care teams. For physicians, especially those in Primary Care, administrative burden is a leading cause of work-related stress and burnout, as they spend much of their day doing data entry, medication refills, form completion, virtual care (phone visits/e-visits) and in-basket management. Increased regulatory burden and widespread use of EMR (electronic medical record) systems have changed the practice of medicine; yet, the anatomy of the day has remained the same, with Primary Care physicians spending more than ½ of their total workday - nearly 6 hours – doing EMR. This initiative demonstrates how an integrated care delivery system improved practice efficiencies and redesigned primary care.



Source: Trockel, et al. 2016 Physician Wellness Survey, Stanford Medicine, WellMD Center

## PROJECT AIM

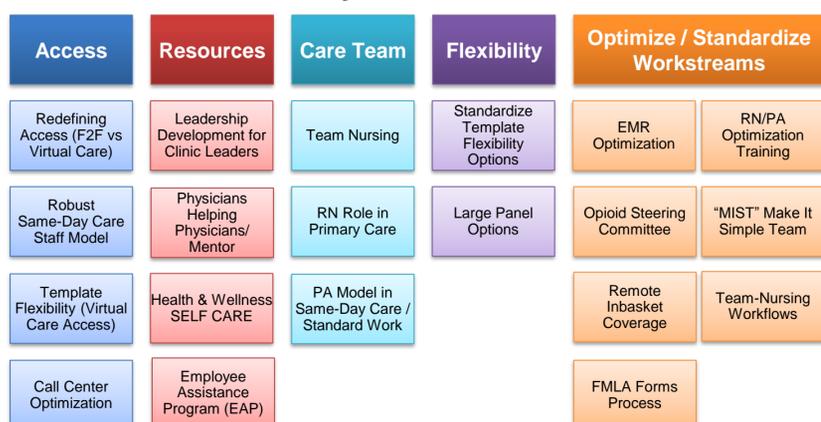
To create strong primary care infrastructure, decreasing administrative burden within an integrated care delivery model.



## PROJECT DESIGN/STRATEGY

The Primary Care Strategy workgroup convened to discuss initiatives aimed at decreasing administrative burden and bringing joy back into the practice of medicine. The workgroup met monthly for planning, prioritization and evaluation; A3 problem solving helped to inform and prioritize tactics. Information necessary to guide these discussions was gathered from the front-line via Leadership Gembas (“go and see”). Additionally, Physician and Nursing Leadership dyads shared ideas and best practices to solve challenges facing Primary Care. The selected initiatives were subsequently introduced and rolled-out at various stages and sites across the Kaiser Permanente Hawaii Region.

### Primary Care – Best Job



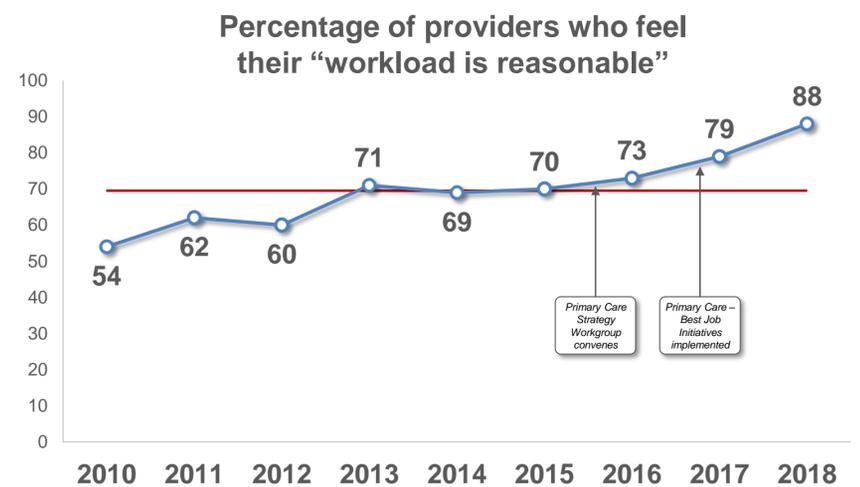
## CHANGES MADE

Practice Efficiencies were developed across several workstreams and strategically implemented throughout 2016 and 2017. To address *patient care access needs*, Call Center optimization, template flexibility with virtual care access, and a robust same-day care staffing model to enhance access for acute care was employed. Refinement of the RN role, standardization of RN on-boarding and professional development, and further development/standardization of the PA model in same-day care helped to *leverage non-physician resources*. To address *shared resources*, a fuel gauge for clinic staffing, as well as sharing of provider/nursing resources was established. The Remote In Basket program, affording virtual coverage during provider vacations was also launched. Finally, the “Make It Simple Team” (MIST) and Opioid Steering Committee, along with leveraging the EMR and form completion process helped to *optimize and standardize workstreams*.



## OUTCOMES

An upward trend was indicated for perceived reasonability of workload in the annual Quality of Worklife survey (providers self-report on personal perception and experience), with implementation of the “Primary Care – Best Job” initiative.



## NEXT STEPS

The “Primary Care – Best Job” initiative has been key in the development of practice efficiencies. Continued refinement, roll-out and standardization of the initiative across the Kaiser Permanente Hawaii Region will further help to reduce workload stress and increase joy in the practice of medicine for primary care providers.

