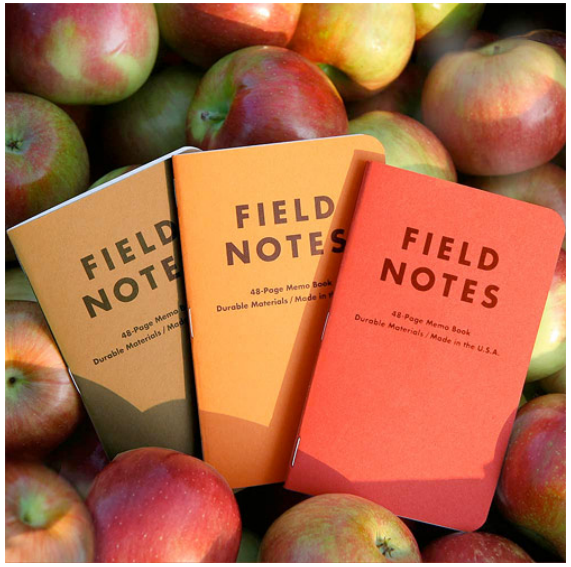
In Search of Joy in Practice:
Innovations in Patient Centered Care



Society of Teachers of Family Medicine
Christine A Sinsky, MD, FACP
Thomas A Sinsky, MD, FACP
Nov 22, 2013

ABIM FOUNDATION®

Agenda

- Introduction: Framing thoughts burnout
- ABIMF Study: In Search of Joy in Practice
- Discussion

ORIGINAL INVESTIGATION

ONLINE FIRST

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

Arch Intern Med 2012; E1-9

Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P<.001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P<.001$), whereas individuals with a bachelor's degree (OR, 0.80; $P=.048$), master's degree (OR, 0.71; $P=.01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P=.04$) were at lower risk for burnout.

Arch Intern Med 2012; E1-9

Nearly ½ of MDs Burned Out

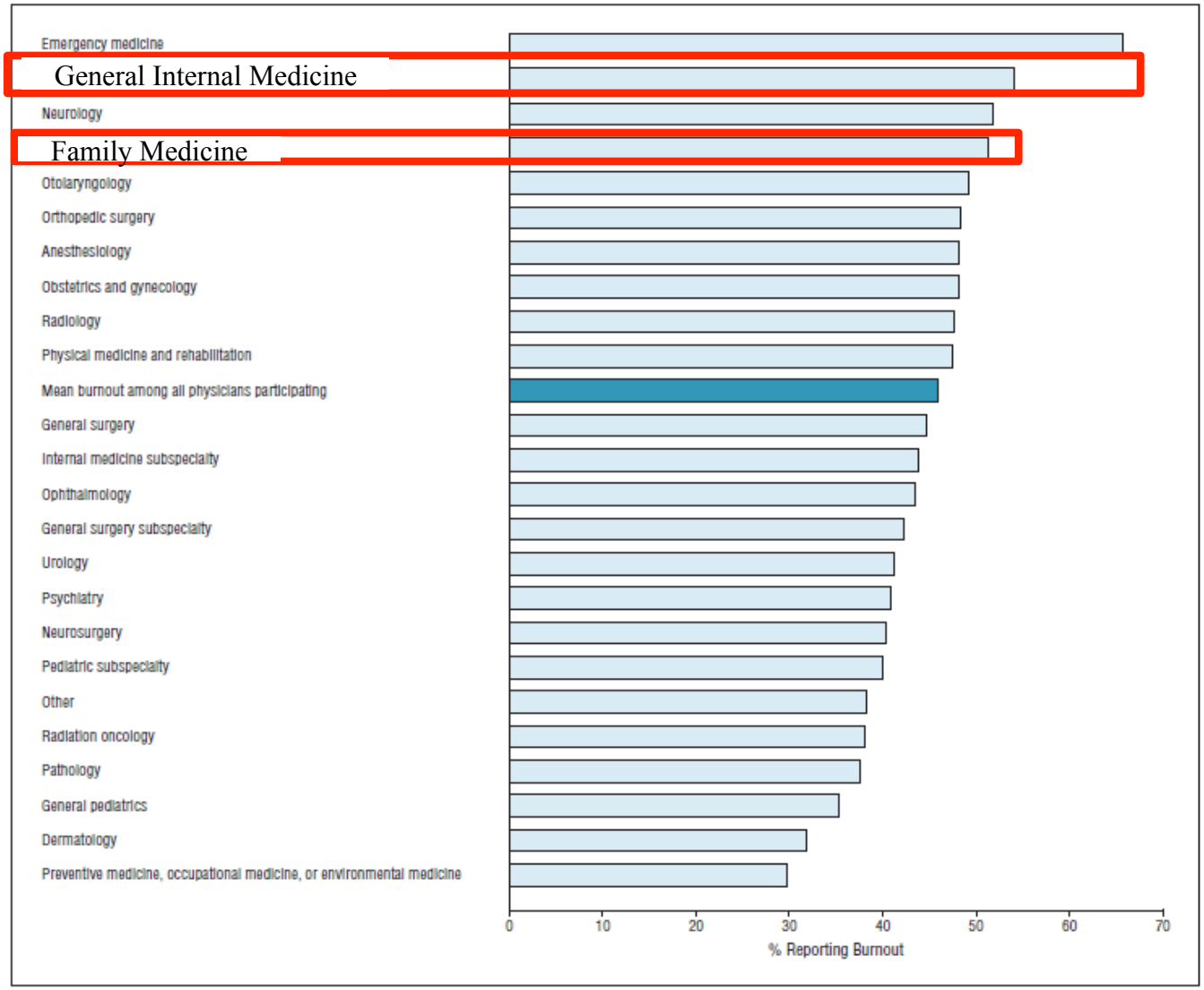


Figure 1. Burnout by specialty.

Burnout affects Patients

Physician burnout is associated with…

- ↑ Mistakes
- ↓ Adherence
- Less empathy
- ↓ Patient satisfaction

Sources: Dyrbye. JAMA 2011;305:2009-2010.; Murray, Montgomery, Chang, et al. J Gen Intern Med 2001;16:452–459.; Landon, Reschovsky, Pham, Blumenthal. Med Care 2006;44:234–242.

Burnout Costs Organizations

Physician burnout is associated with…

- ↑ Part time
- ↑ Leave practice

Replace PCP costs $250,000

- (1999)

Buchbinder SB et al. Estimates of costs of primary car physician turnover. Am J Man Care Nov 199:5(11):1431-1438

Am J Man Care Jul 2001;7(7):701-713
Health Serv. Res. Oct 2004;39(5):1571-1588
Med. Care Mar 2006;44(3):234-242

DOCTOR AND PATIENT | AUGUST 23, 2012, http://well.blogs.nytimes.com/2012/08/23/the-widespread-problem-of-doctor-**burnout**/

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.

In Search of Joy in Practice

Co-Investigators

- Christine Sinsky- PI
- Tom Bodenheimer-PI
- Rachel Willard
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- Andrew Schutzbank
- David Margolius

Advisory Council

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

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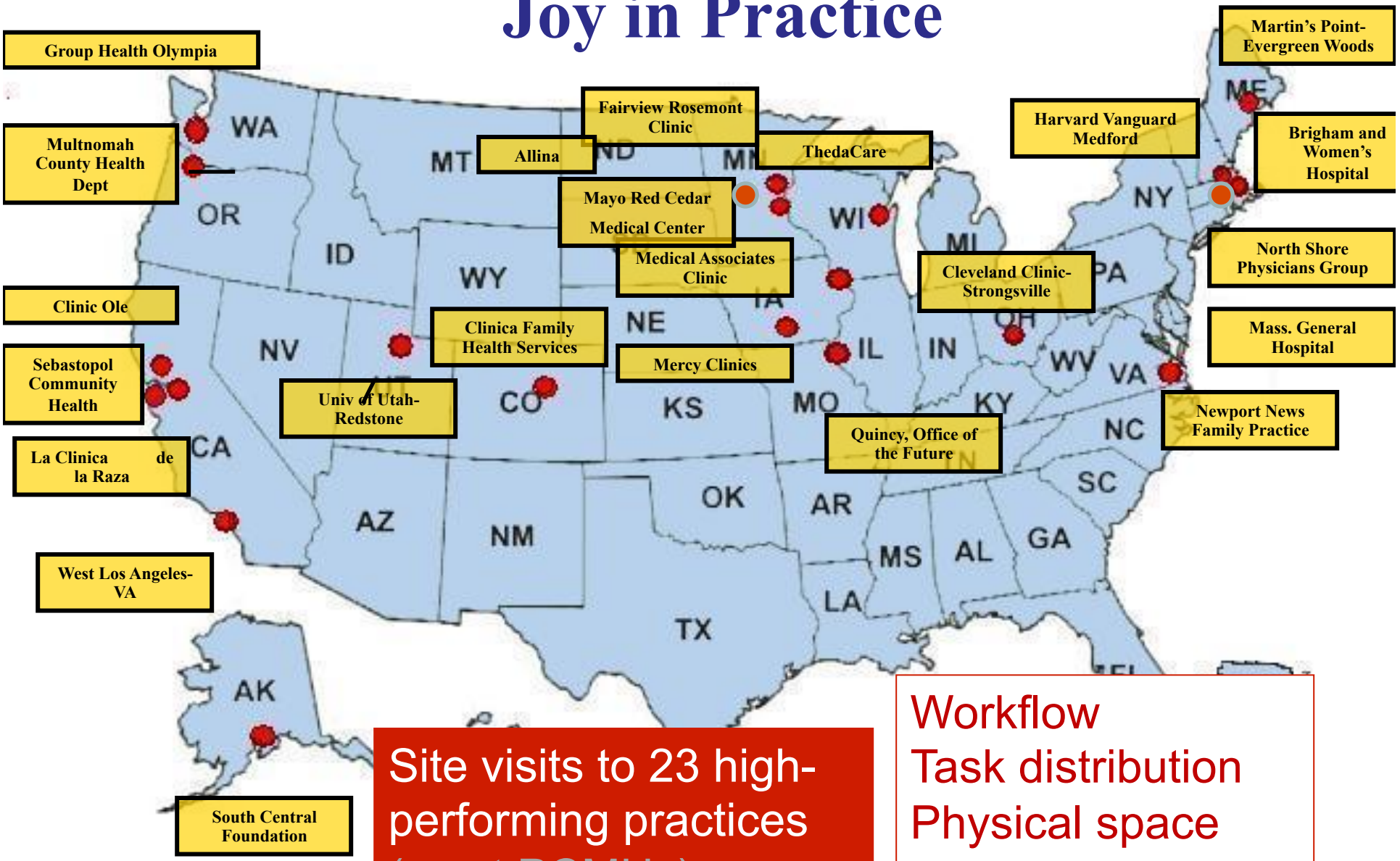
ABSTRACT

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 work flow 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

EHR →work to MD

Chaotic visits

Inadequate support

Teams function poorly

Time documentation

Challenges

1. **Chaotic visits** with overfull agendas

Innovations

- Pre-visit planning
- Pre-appt labs
- Systematic Prescriptions

Annual Prescription Renewals

- Physician time
  - 0.5 hour/day
- Nursing time
  - 1 hour/day per physician
- 80 million PC visits/year

350,000 PCPs x 220d/yr x1 visit/d

Script Renewal Calls

- $10,000/yr per MD
  - Surescripts estimate as reported in WSJ
  - http://www.marketwatch.com/story/the-doctor-wont-take-your-call-2013-07-16
  - (Similar to our observation of 1 RN: 6-8 MDs)
- Each call costs $15-20

http://www.marketwatch.com/story/the-doctor-wont-take-your-call2013-07-16

Challenges

1. **Chaotic visits** with overfull agendas

Action Steps

Insurers

- Single co-pay lab/visit

Institutions

- Hold future orders

Regulatory

- Prescription 15 mo

Challenges

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

Innovations

Sharing the care among the team

- 2:1 or 3:1
- Rooming protocol
- Between visit
  - Health coaching
  - Care coordination
  - Panel mgm't

Challenges

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

Action Steps

Educators

- MA, nurse: MI, SMS

Institutions/Regulators

- Staffing
- Scope of practice ↑

Payers

- Fund non-MD services

Challenges

3. Vast amounts of **time spent documenting** care

More time doc than delivering care

Innovations

- Scribing
- Assistant order entry

I used to be a doctor. Now I am a typist.

Personal communication. Beth Kohnen, MD, internist Anchorage AL 8.3.11

Challenges

3. Vast amounts of **time spent documenting** care

Innovations

- Scribing
- Assistant order entry

Collaborative Care
Newport News

- What we all hoped for
- Team: 3:1 Nurse/physician

http://primarycareprogress.org/insight/3/profiles

Pre-visit
Nurse with Pt (8-12 min)

- Nurse gathers, records
  - Vitals, Med Rec.,
  - Previous two notes
  - ER, Consult notes,
  - New lab or x-ray
  - Agenda, HPI
  - ROS guided by templates

Visit
Nurse, Patient and MD

- Nurse gives report
- M.D.
  - Hx, PE
- M.D.
  - verbalizes med changes
  - lab, x-ray orders
  - diagnosis/billing codes
  - next follow-up appt.
- Nurse records

Post-visit
Nurse with Patient

- Nurse
  - Reviews plan
  - Prints and reviews visit summary
- US Army

Collaborative Care
Cleveland Clinic: Stonebridge

- New Model
  - 2 MA: 1 MD
  - 2 pt/d cover cost
  - 21 → 28 visits/d
  - 20-30% ↑ 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
University of Utah: Redstone

- 2.5 MA: 1 MD

I get to look at my patients and talk with them again. We're reconnecting…. Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family..

Amy Haupert MD, family physician, Allina-Cambridge 11.29.11
personal communication

Office Practice of the Future
Quincy Family Practice

- 2 MA: 1 LPN: 1 MD

Collaborative Care

- Six sites
- Similar results
  - Access 30% ↑
  - Costs covered
  - Satisfaction ↑
  - Quality metrics ↑
  - Physician
    - home hour earlier
    - no work at home

Challenges

3. Vast amounts of **time spent documenting** care

Action Steps

Regulatory

- Team log-in
- Meaningful Use Stage 2

Institutions

- Staffing ratios
- Assistant order entry

Technology

- Seamless transitions between users

Challenges

4. Computerized **technology that pushes more work** to the clinician

Innovations

- Verbal messages
- In-box management

The task list is unbearable. I spend 1.5 hours clearing out my task list before leaving and another 1.5 hours at home after the kids go to bed.

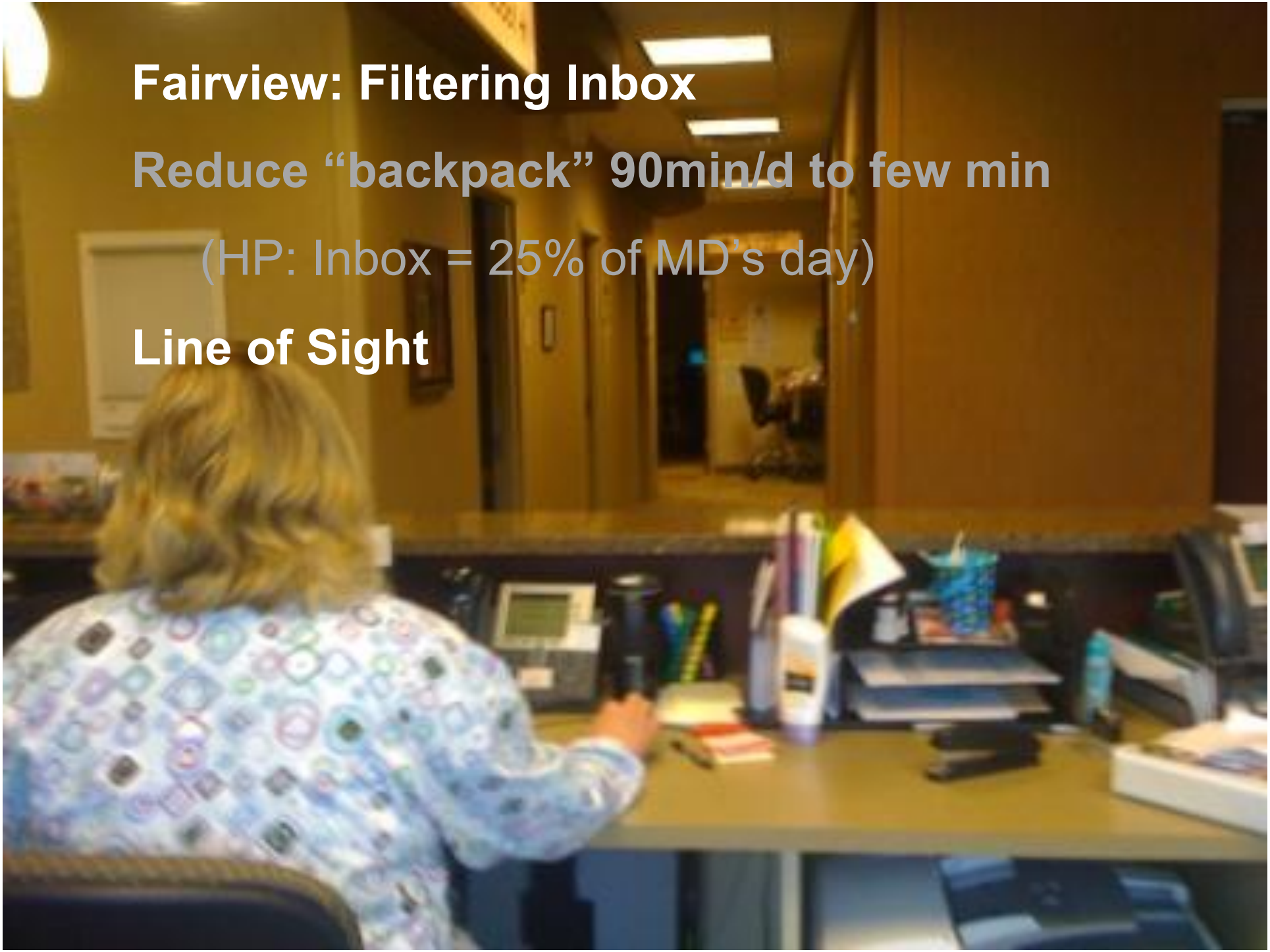
Primary Care Physician, Des Moines, IA; 2011

Challenges

4. Computerized **technology that pushes more work** to the clinician

Innovations

- Verbal messages
- Inbox management


Fairview: Filtering Inbox
Reduce “backpack” 90min/d to few min
(HP: Inbox = 25% of MD’s day)
Line of Sight

Challenges

4. Computerized **technology that pushes more work** to the clinician

Action Steps

Institutions

- ↓ message generation
- Nurses filter inbox

Regulators

- Security modifications to accommodate workflow

Technology

- Improved usability
- Team-based design

Challenges

5. **Teams that function poorly** and complicate rather than simplify the work

Innovations

- Co-location
- Huddles
- Team meetings
- Workflow mapping
- Structuring the physical and personnel environment to support trust and reliance

Flow station at North Shore Physicians Group

HP: Saves 30 min/day/physician


Co-location at South Central
Foundation, Alaska

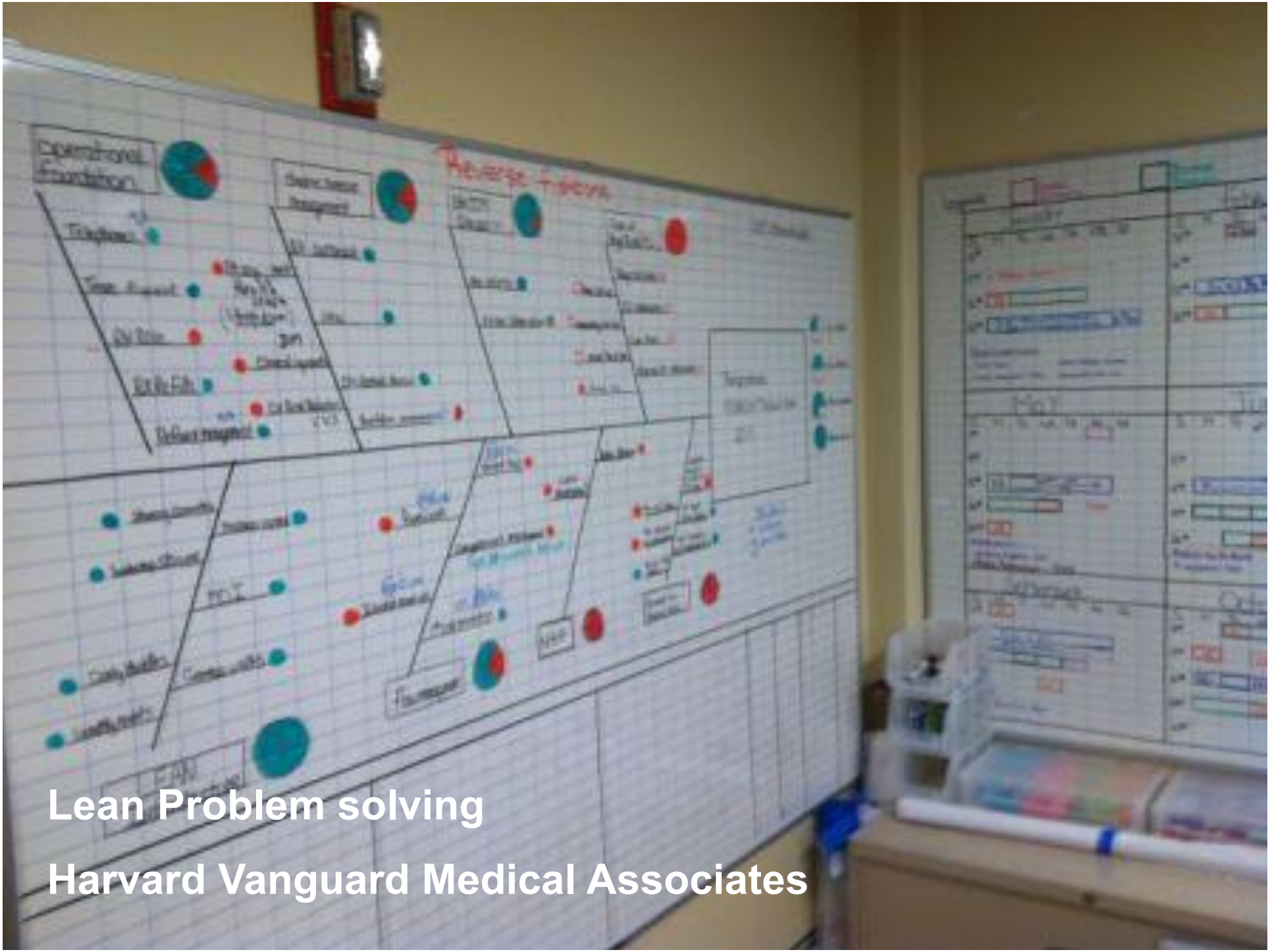

APF, Massachusetts
General Hospital

Team Meetings

Do Work + Make Work Better

Clinic walls lined with data

ThedaCare



Lean Problem solving

Harvard Vanguard Medical Associates


PRIORITY OF PROBLEMS IDENTIFIED
BENEFIT
HIGH
LOW
IMPLEMENT
PLAN TO DO
CHOOSE TO DO
KICK OUT
Harvard Vanguard Medical Associates

26 Improvement Specialists

South Central Foundation, Alaska

Challenges

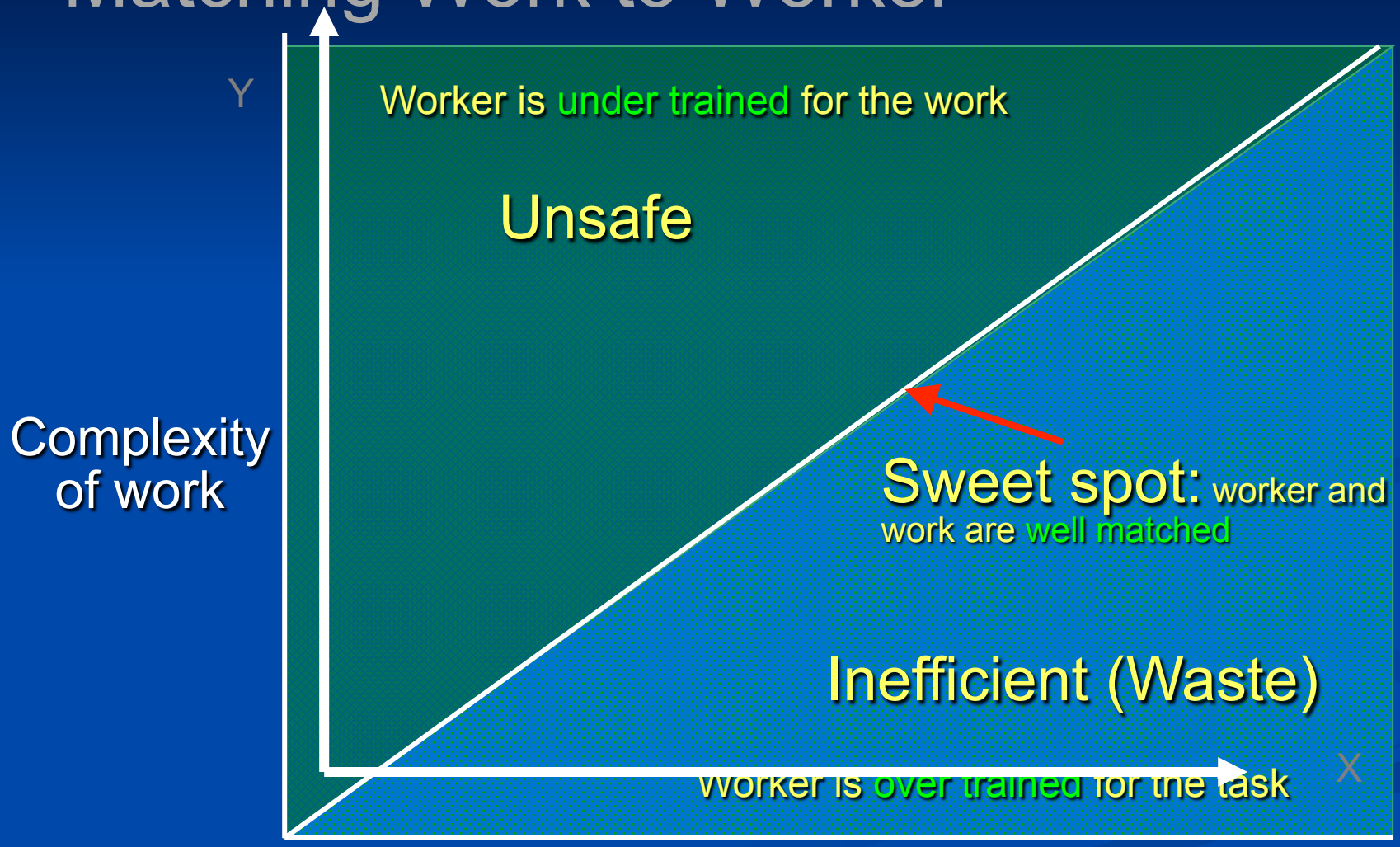
5. **Teams that function poorly** and complicate rather than simplify the work

Action Steps

Institutions

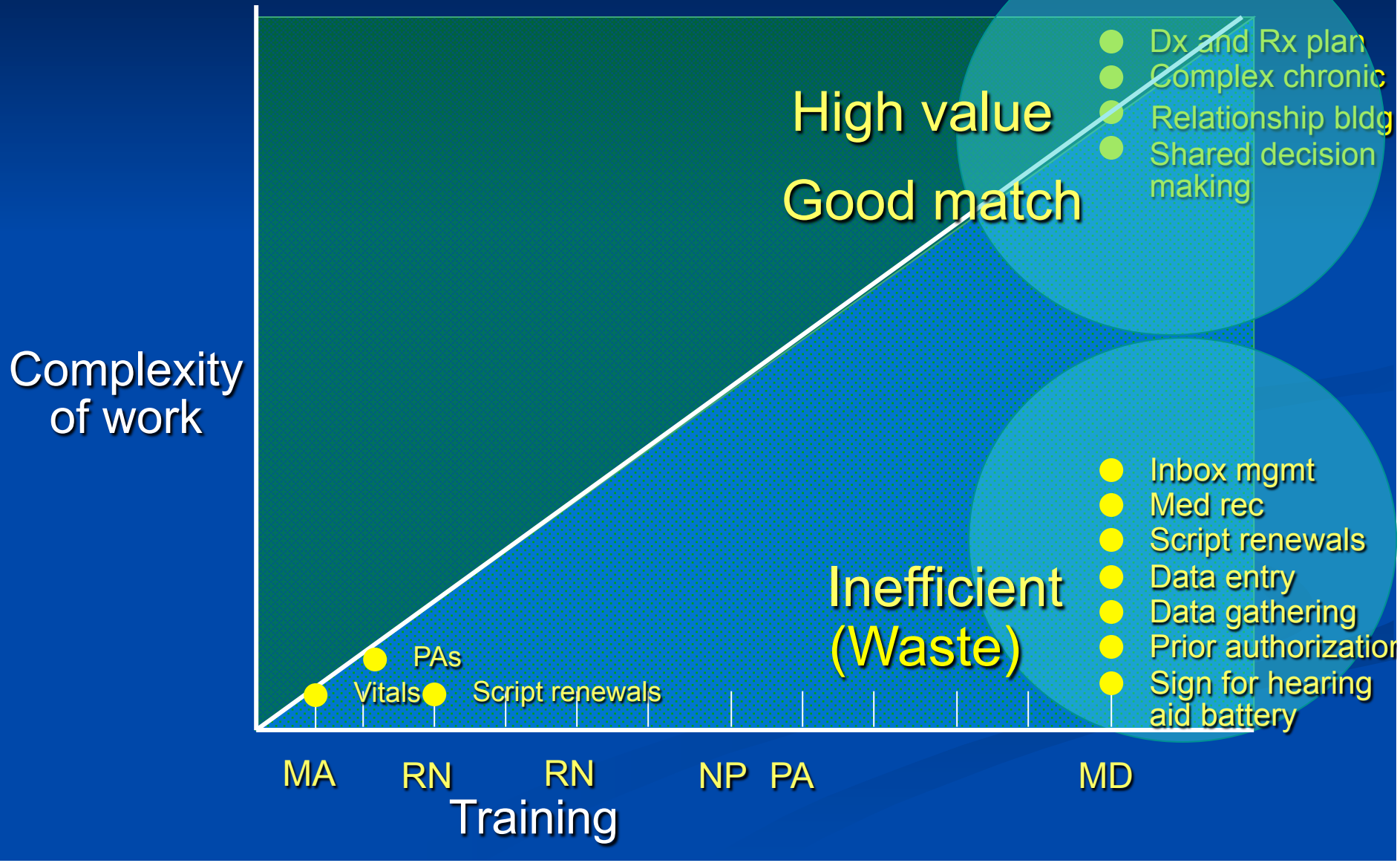
- Co-location
- Line of sight
- Space for huddles
- Time for meetings
- Improvement specialists
- Aligned reporting (MA/ nursing to clinical lead)

Conceptual Model:
Matching Work to Worker



Modified from A. Mulley

Current Work Distribution in PC

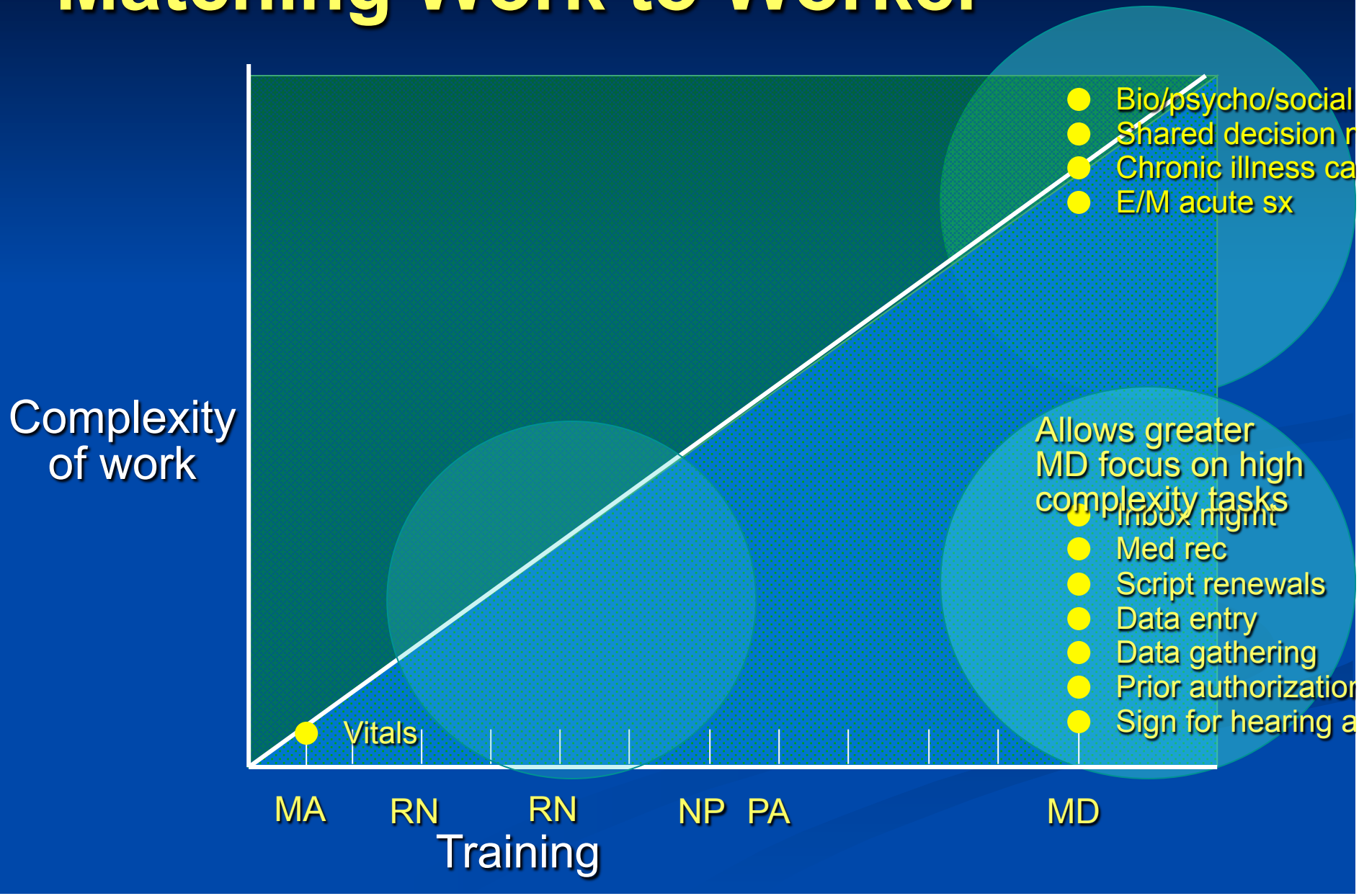


We have developed a new mental model:

Pull the doctor out of the infrastructure (typing, EHR, etc) and get them back to being present to the patient.

David Moen, MD
Director Care Model Innovation, Fairview Clinic Mlps
Personal communication 2.10.10

Matching Work to Worker



Key Lessons

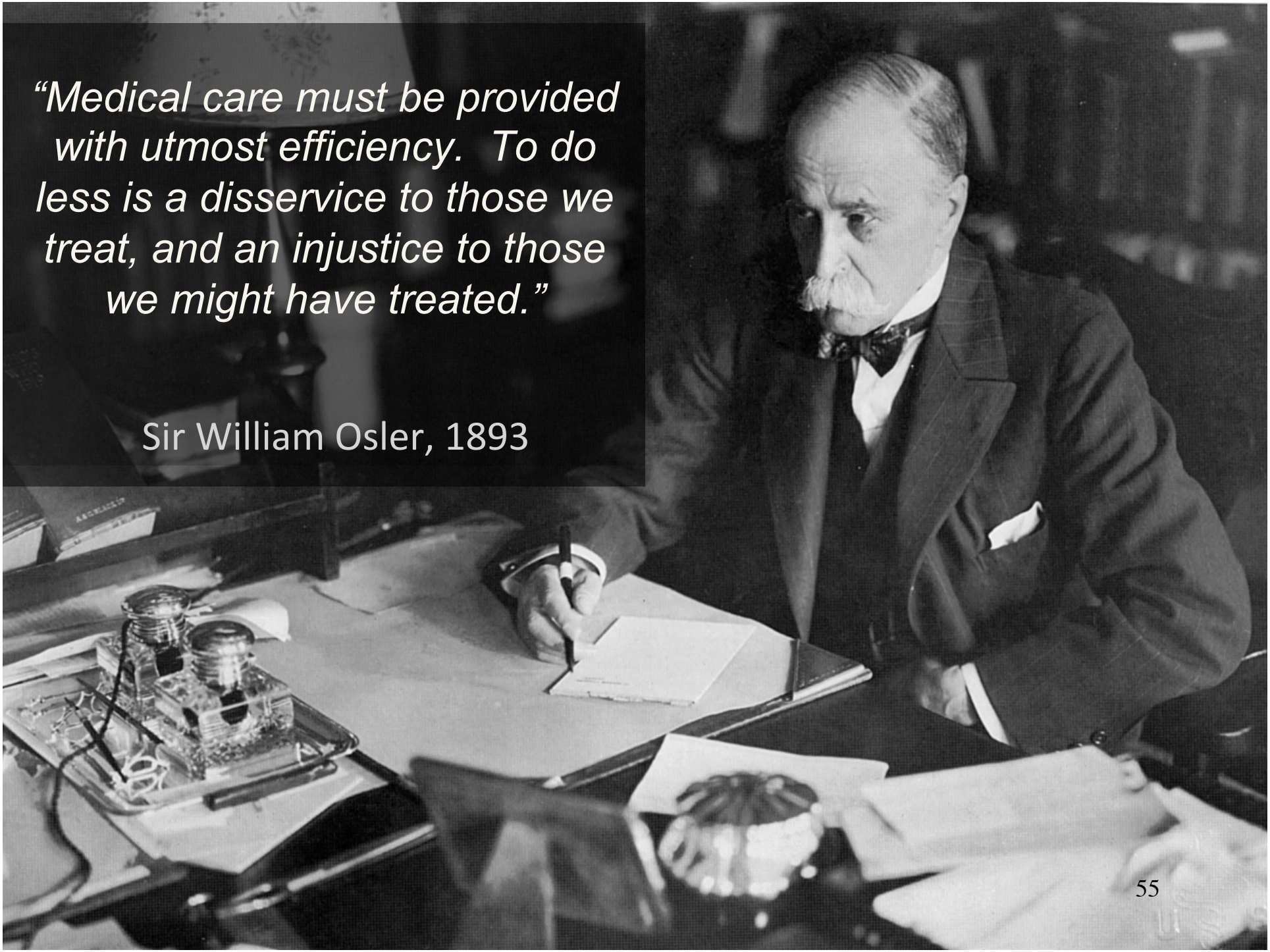
For ↓ Burnout and ↑Joy

- Share the care with team
  - 2:1 or 3:1 staffing in stable
  - Physician-centric to team-based care
- Clear communication
  - Co-location
  - Team meetings
- Systematic Planning
  - Pre-visit planning
  - Workflow mapping

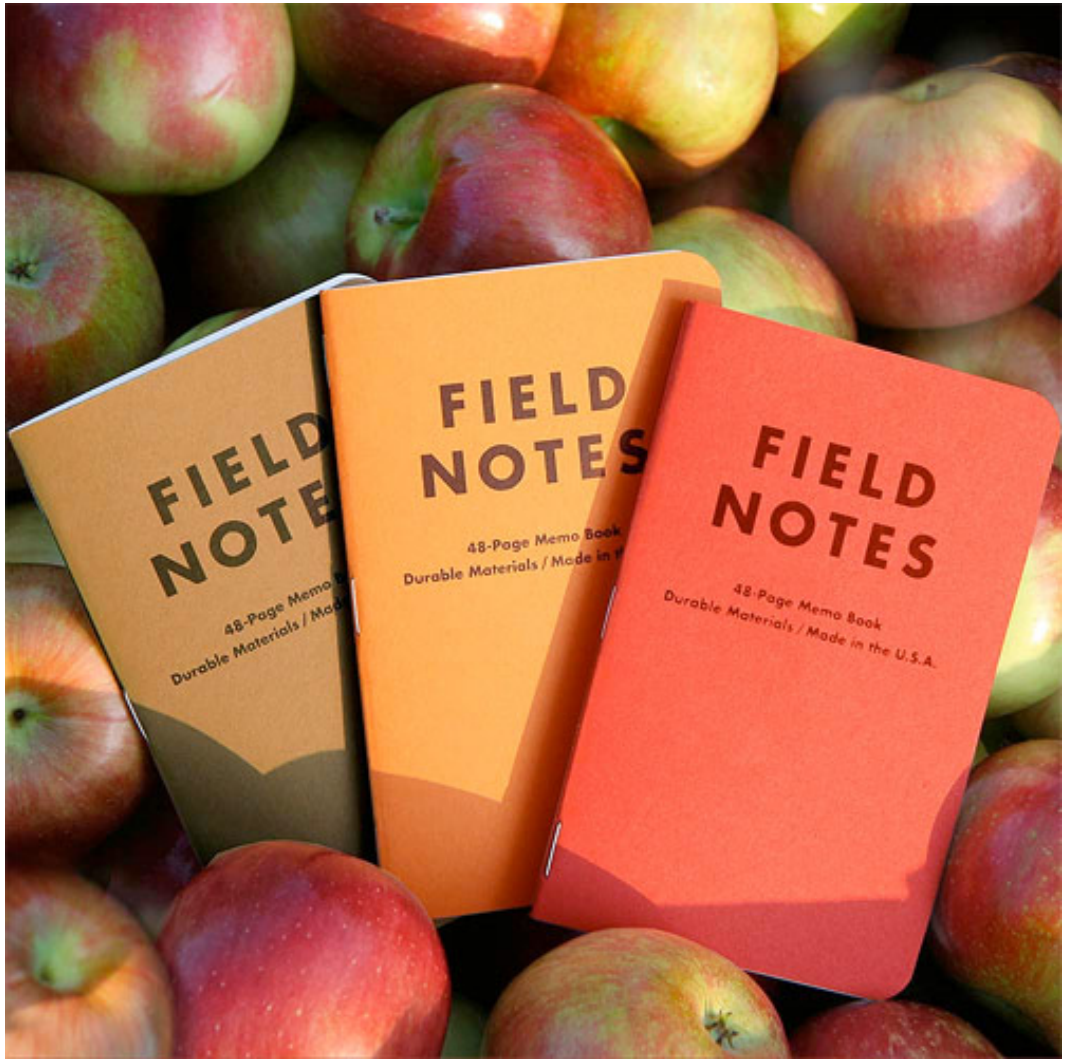
What patients want is that deep relationship with a healer;

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

Discussion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