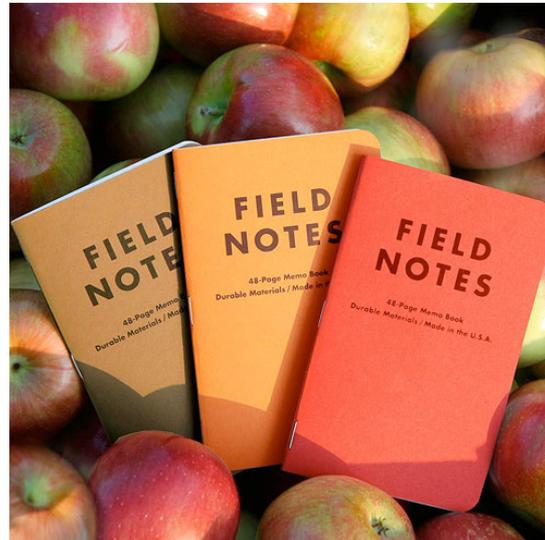


Joy in Practice: *Innovations from 23 High Performing Practices*

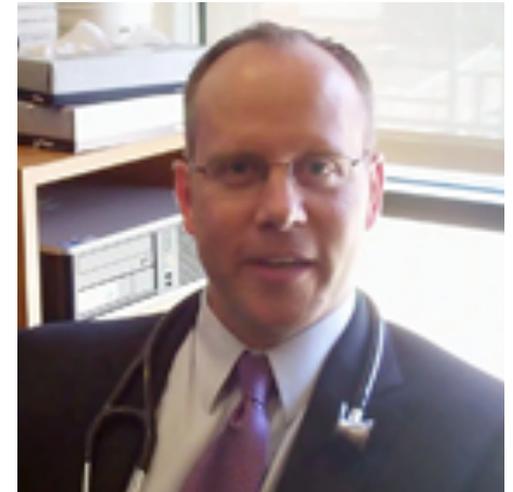


PCPCC Webinar
Christine A Sinsky, MD
Thomas A. Sinsky, MD
June 28, 2013

Agenda

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

Three Good Men



WI Family Physician of the Year 2007



James Deming, MD

Family Practice Tomah, Wisconsin
25 years Mayo Clinic Health System

“Crushed by demands, some unnecessary; heartbroken at loss of dream of family practice.”

Now doing palliative care, MCHS, more time to talk with patients

Past President of New Mexico Academy Family Physicians

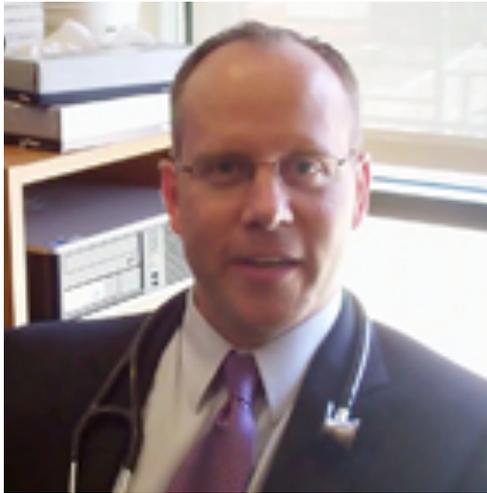


25 Years FQHC

**“I don’t think I can do this
much longer.”**

Neal Devitt, MD

“Working at Starbucks would be better”



Ben Crocker, MD
Internist
MGH

There is not much real time to listen to patients.... The little things have become the big things—I fear our roles as healers, comforters, and listeners are being lost.

Working at Starbucks would be better

2008

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.

Nearly 1/2 of MDs Burned Out

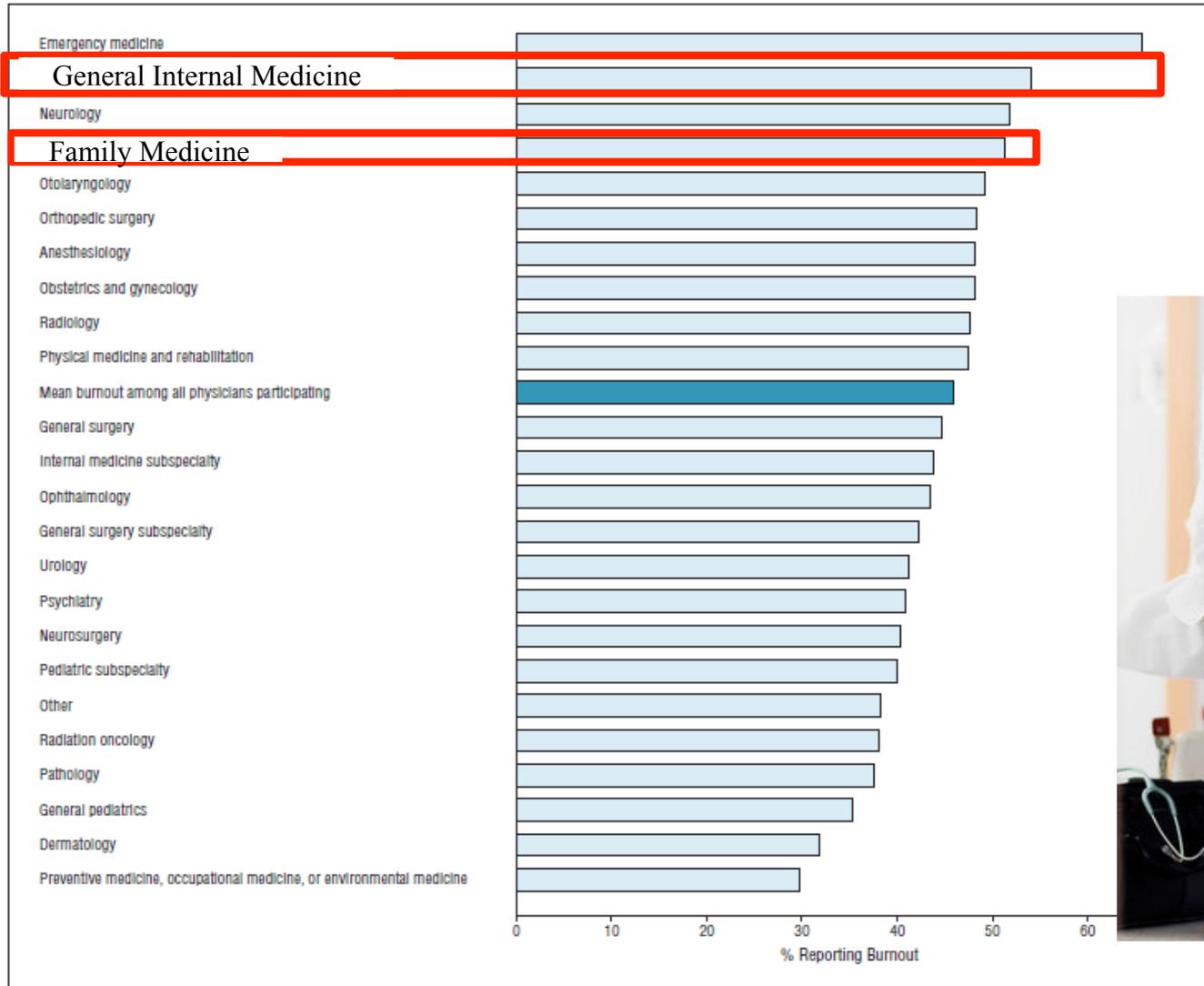


Figure 1. Burnout by specialty.

Burnout affects Patients

Physician burnout is associated with...

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



The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.

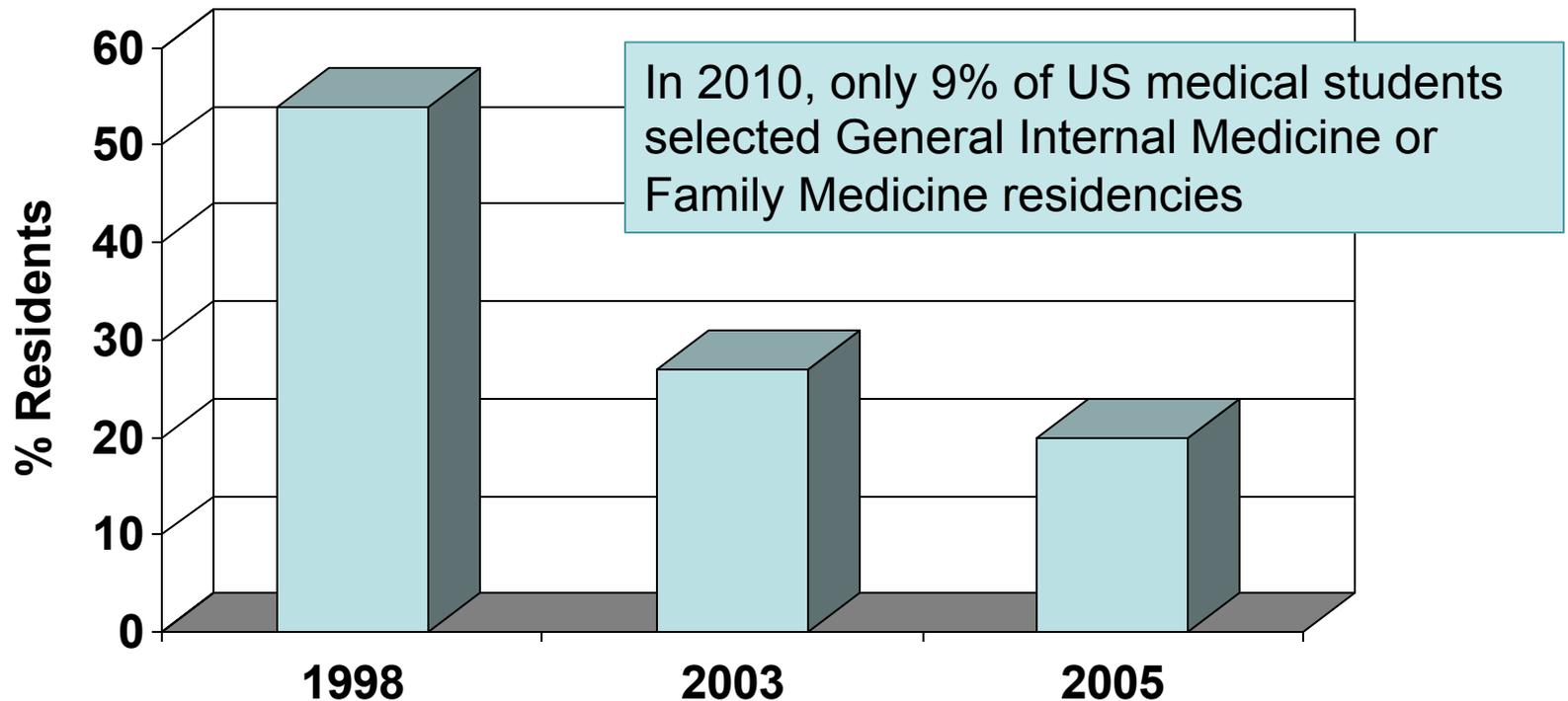
1 in 2 US physicians burned out implies origins are **rooted in the environment and care delivery system** rather than in the personal characteristics of a few susceptible individuals.



Avoiding Primary Care

Medical students choose anything else

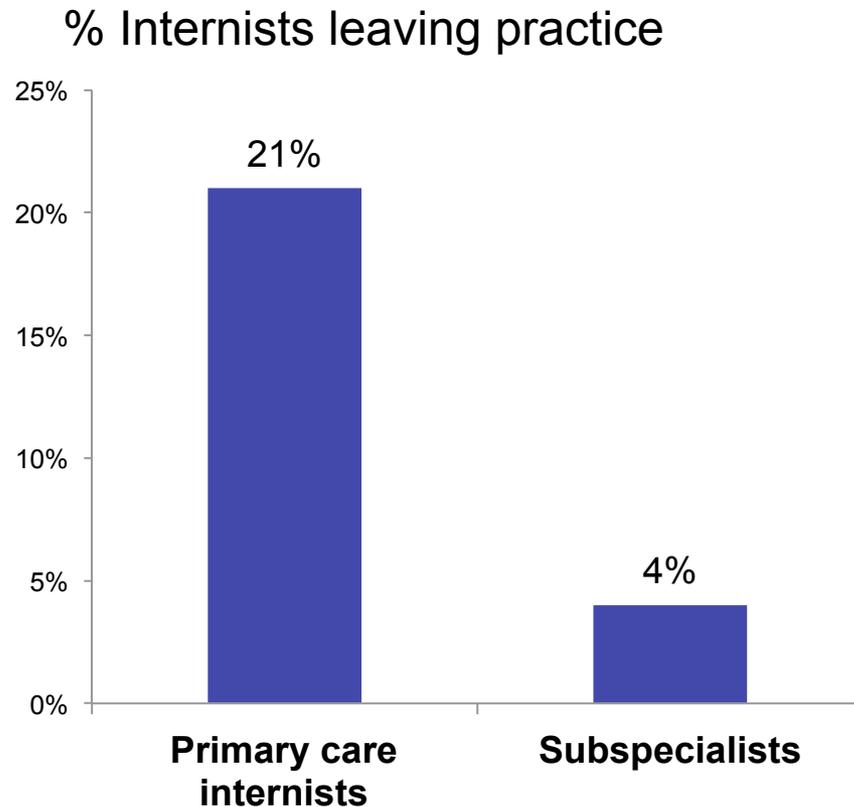
% of 3rd Yr Residents Selecting General IM



Source: Popkave, CG. American College of Physicians. Personal communication. February 2006. ITE Exam Survey Data (from ACP Position Paper on Workforce, 2007)

Avoiding Primary Care

PC Physicians leaving early



Reasons

- Chaotic (50%)
- Little control (75%)
- Burn out (30%)

Recommendations

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

restructuring clinics “ ...so that doctors could spend more time with patients and ... less time in front of a computer completing administrative tasks.”



In Search of Joy in Practice

Co-Investigators

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



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

Christine A. Sinsky, MD¹

Rachel Willard-Grace, MPH²

Andrew M. Schutzbank, MD^{3,4}

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David Margolius, MD²

Thomas A. Bodenheimer, MD²

¹Medical Associates Clinic and Health Plans, Dubuque, Iowa

²Center for Excellence in Primary Care, University of California, San Francisco, California

³Beth Israel Deaconess Medical Center, Boston, Massachusetts

⁴Iora Health, Cambridge, Massachusetts

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.

Advisory Council



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



Challenges

Chaotic visits

EHR → work to MD

Inadequate support

Teams function poorly

Time documentation

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



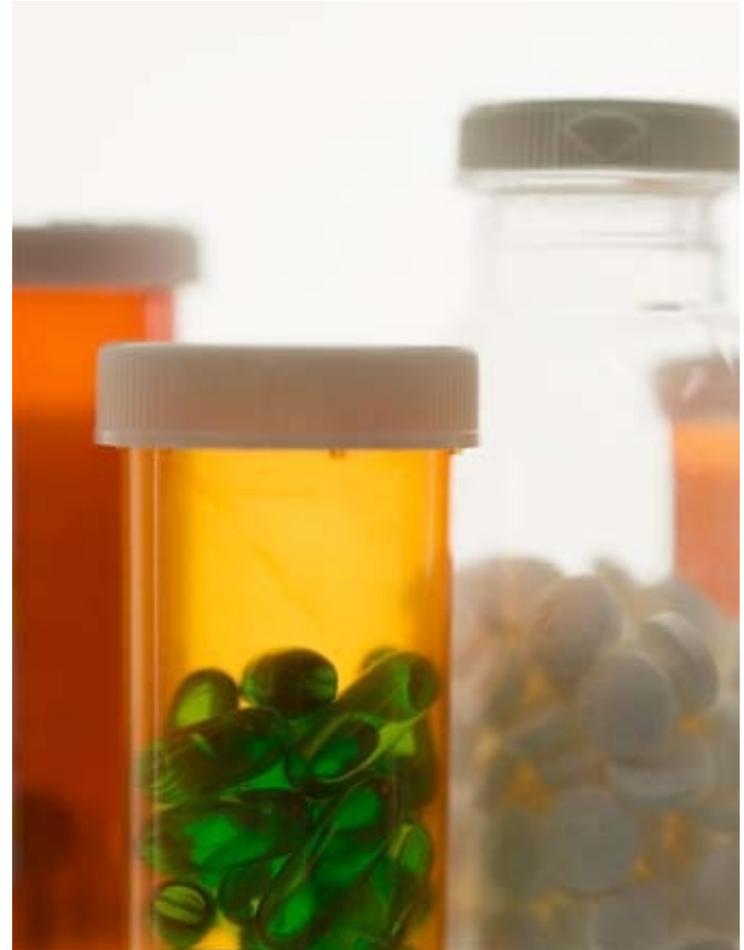


Same day pre-visit lab (15 min)
ThedaCare

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 x 1 visit/d



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)

Challenges

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

Innovations



Mayo Red Cedar : New Model of Nursing (2:1)

Physician centric to team based model Immunization diabetic foot, lifestyle, HTN visits; even though 25% more visits/day, less harried; proud

Challenges

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

Action Steps

Edu



ES

Challenges

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

More time doc than delivering care

Innovations



"Livin' the dream—how about you?"

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

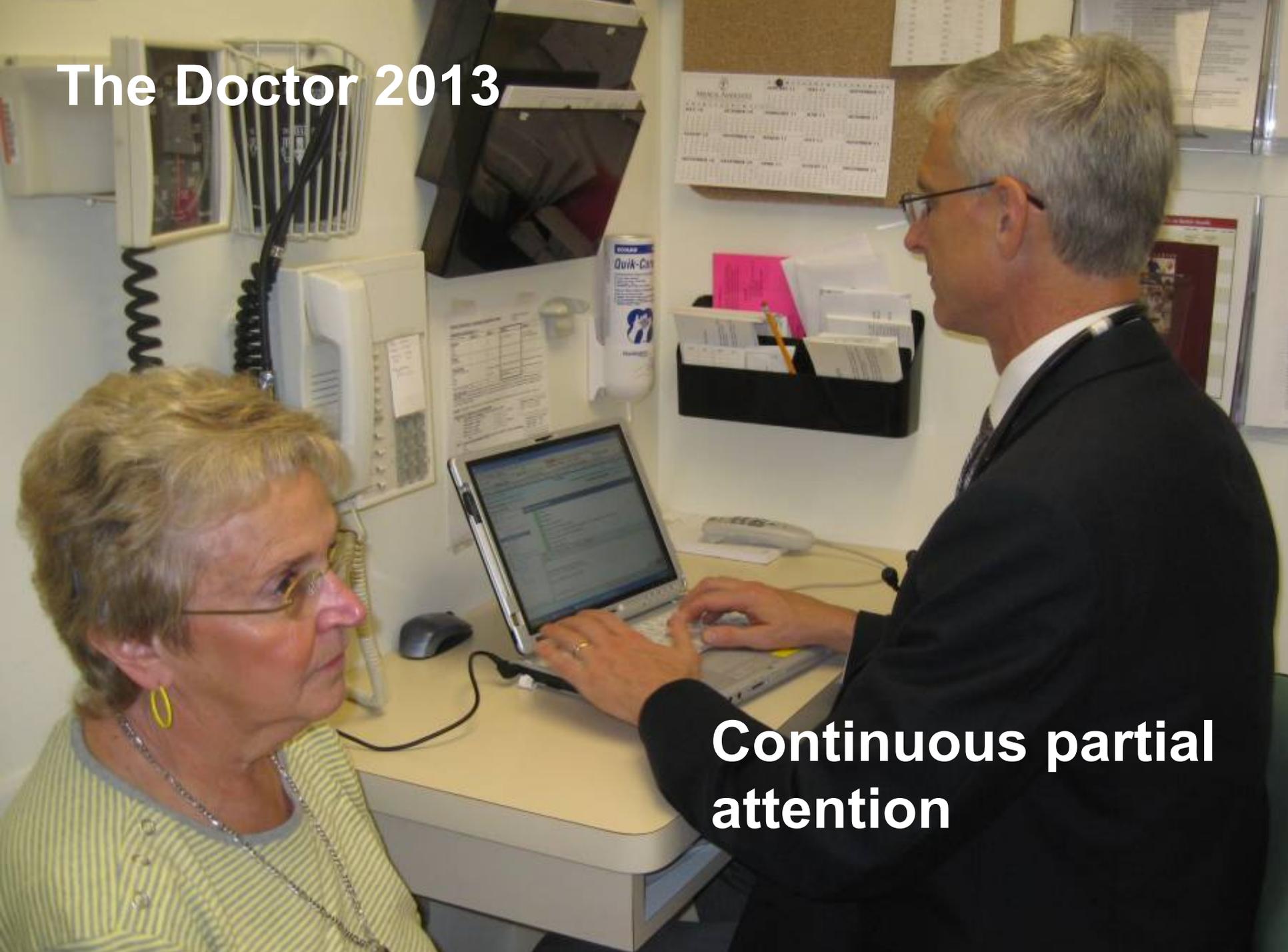
Personal communication. Beth Kohnen, MD,
internist Anchorage AL 8.3.11

***The Doctor* 1891 Fildes**



Undivided attention

The Doctor 2013



Continuous partial attention

Challenges

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

Innovations



"Livin' the dream—how about you?"



**Scribing: Newport News
Family Practice**

Collaborative Care

Newport News

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



[http://
primarycareprogr
ess.org/insight/3/
profiles](http://primarycareprogress.org/insight/3/profiles)

Collaborative Care

Newport News

- Four Components to Visit
 - Data gathering, organizing and documenting
 - Data analysis and exam
 - Decision making, creating a plan
 - Plan implementation, order entry, pt ed



Collaborative Care

Newport News

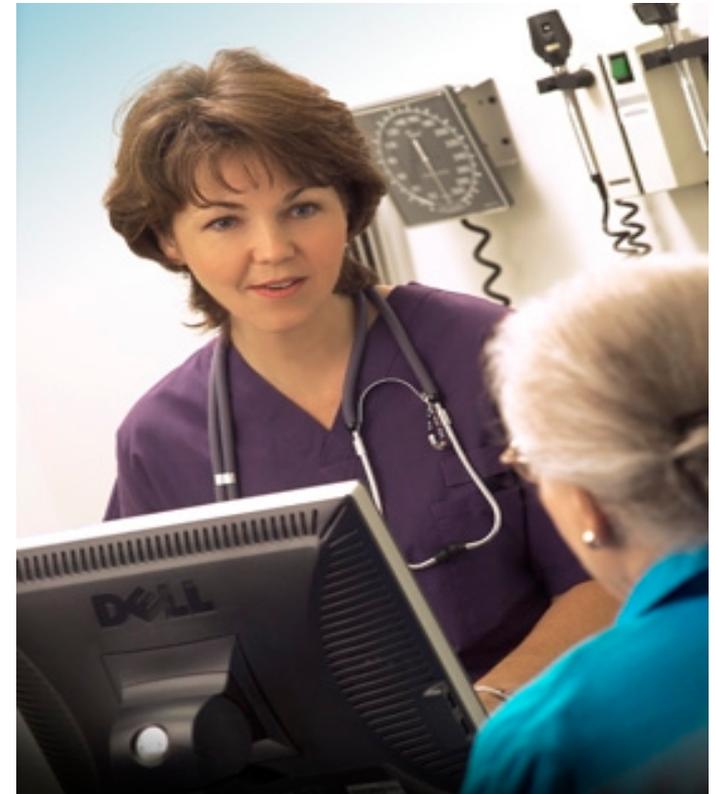
- Four Components to Visit
 - Data gathering, organizing and documenting
 - Data analysis and exam
 - Decision making, creating a plan
 - Plan implementation, order entry, pt ed



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

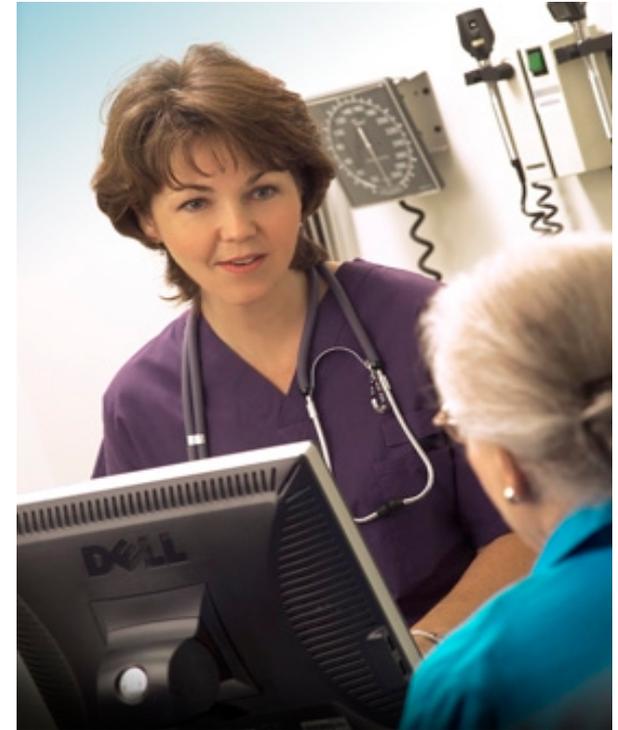
Nurse, Patient and MD

- 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
 - Escorts the patient to checkout
- US Army



Scribing at Cleveland Clinic

Kevin Hopkins M.D.



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 Hauptert 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



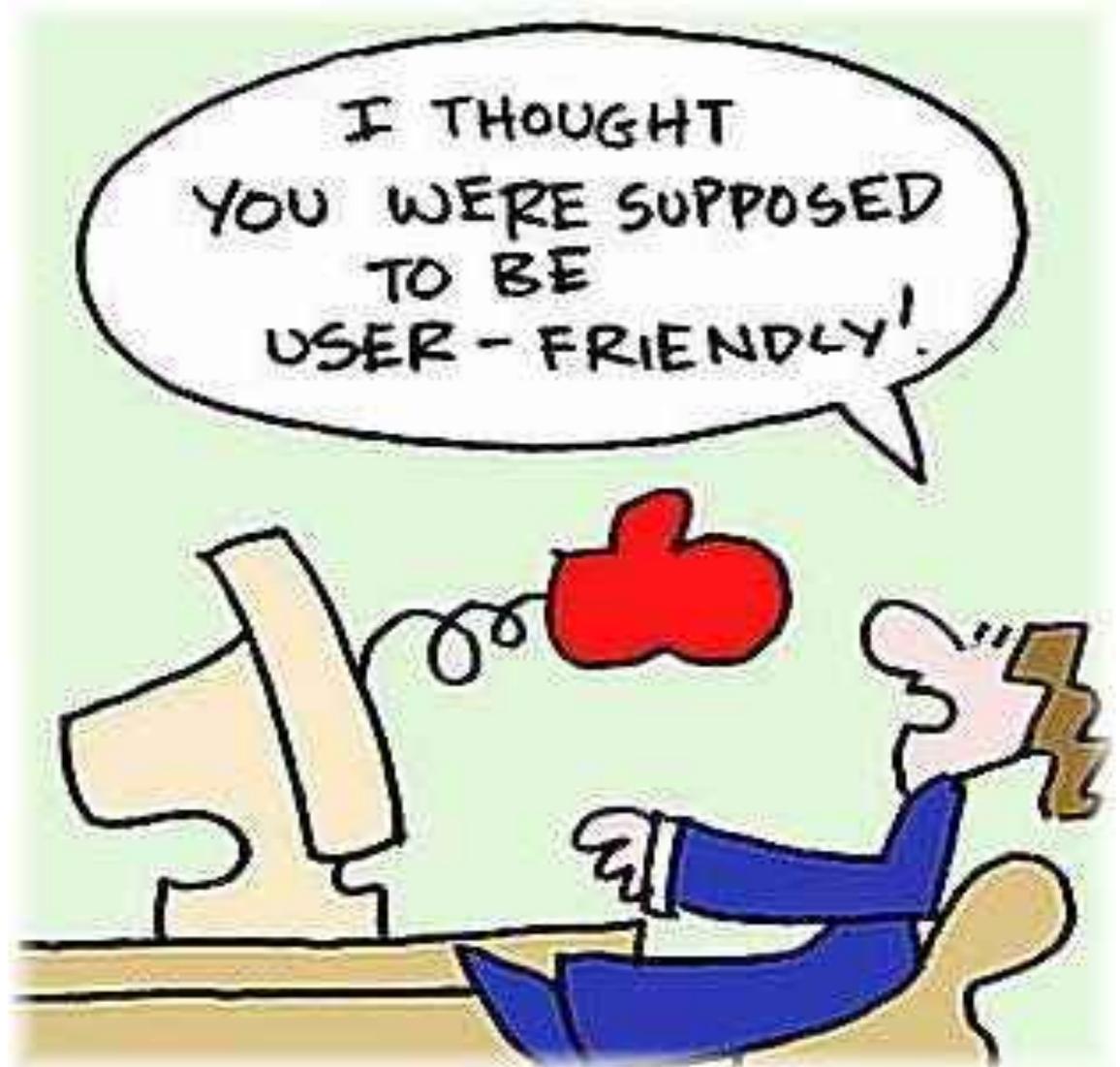
2

"Livin' the dream—how about you?"

Challenges

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

Innovations



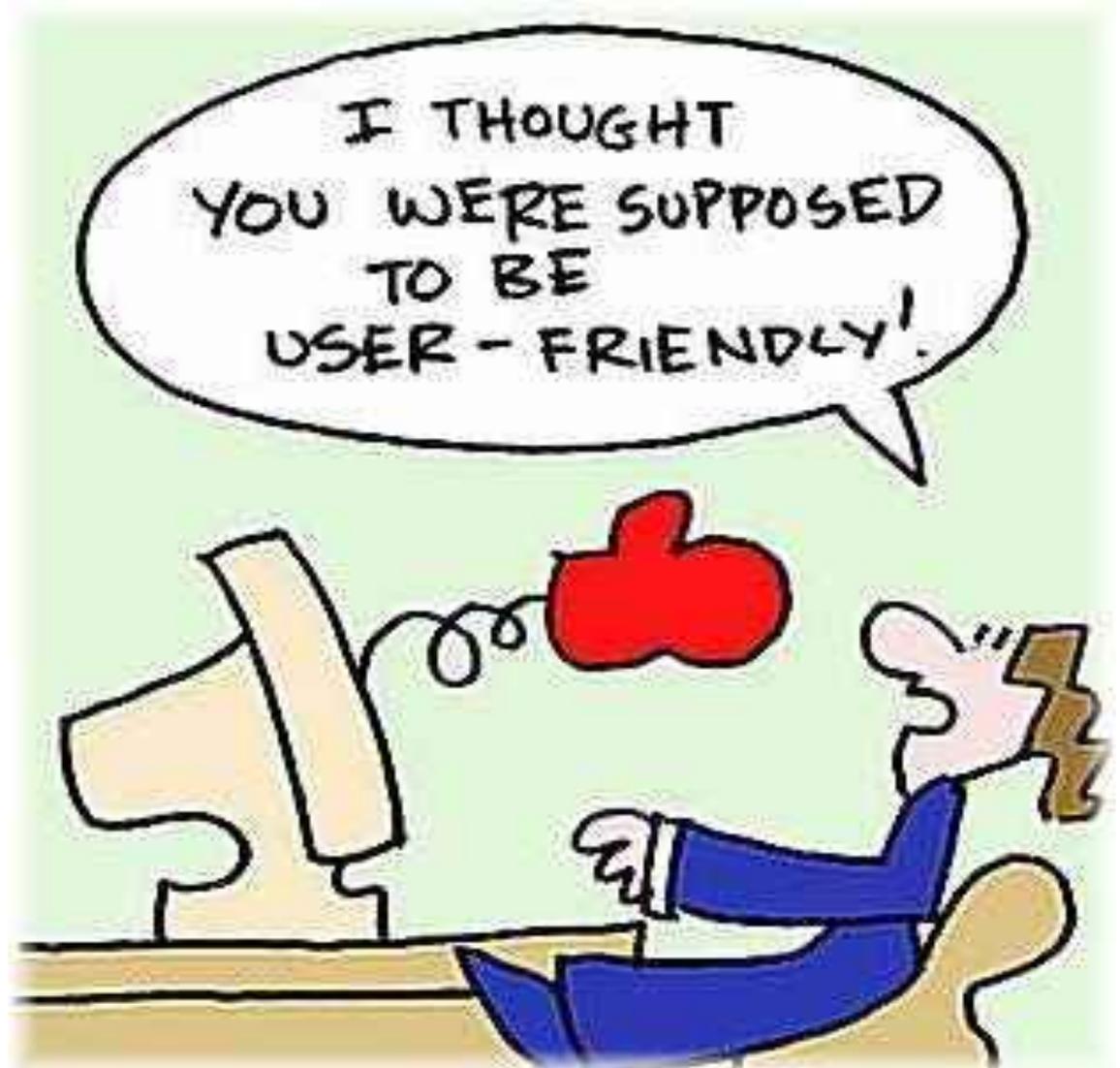
The task list is unbearable. I spend 1.5 hours clearing out my task list before leaving and another 1.5 hours at home after the kids go to bed.

Primary Care Physician, Des Moines, IA; 2011

Challenges

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

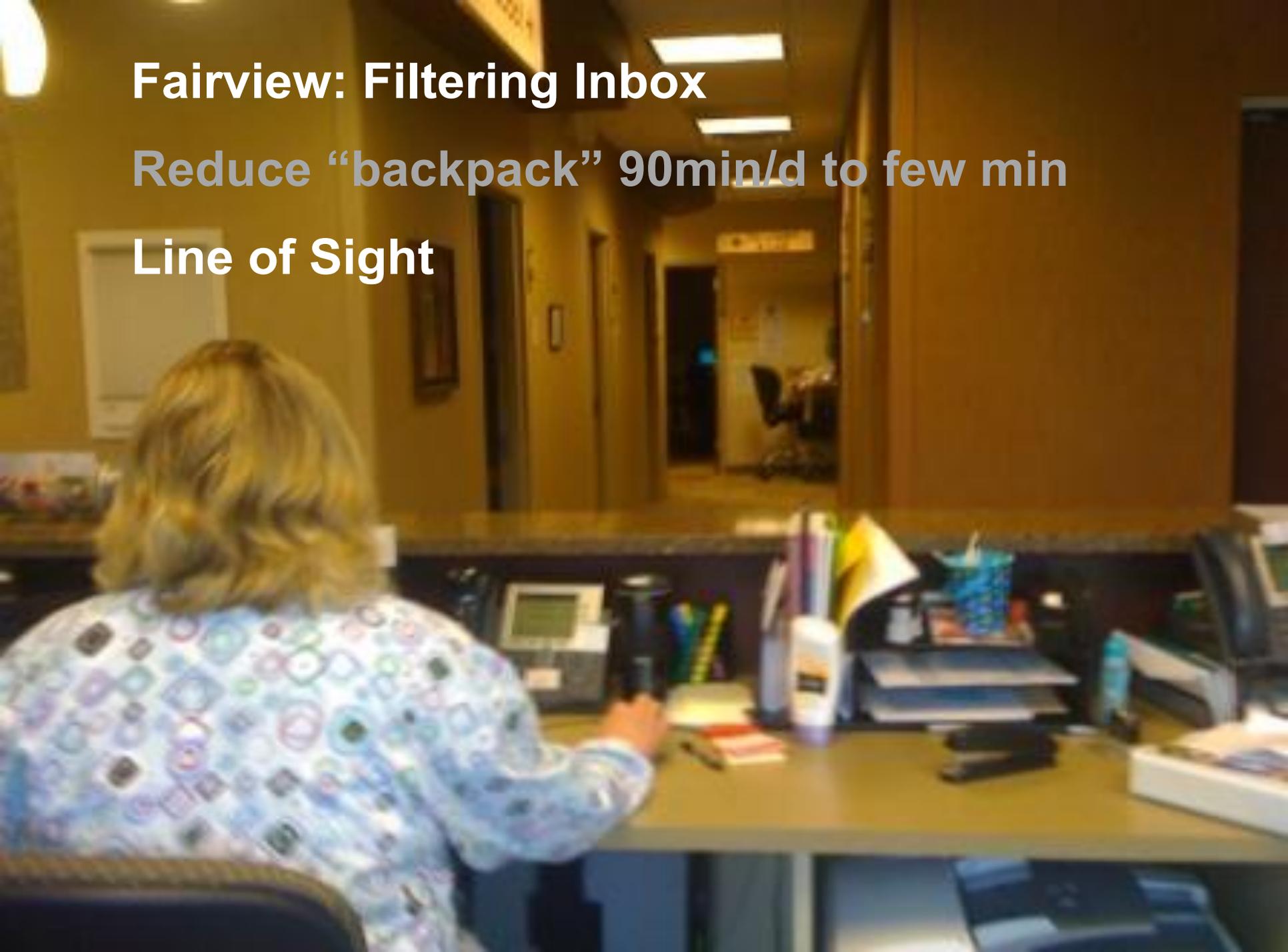
Innovations



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

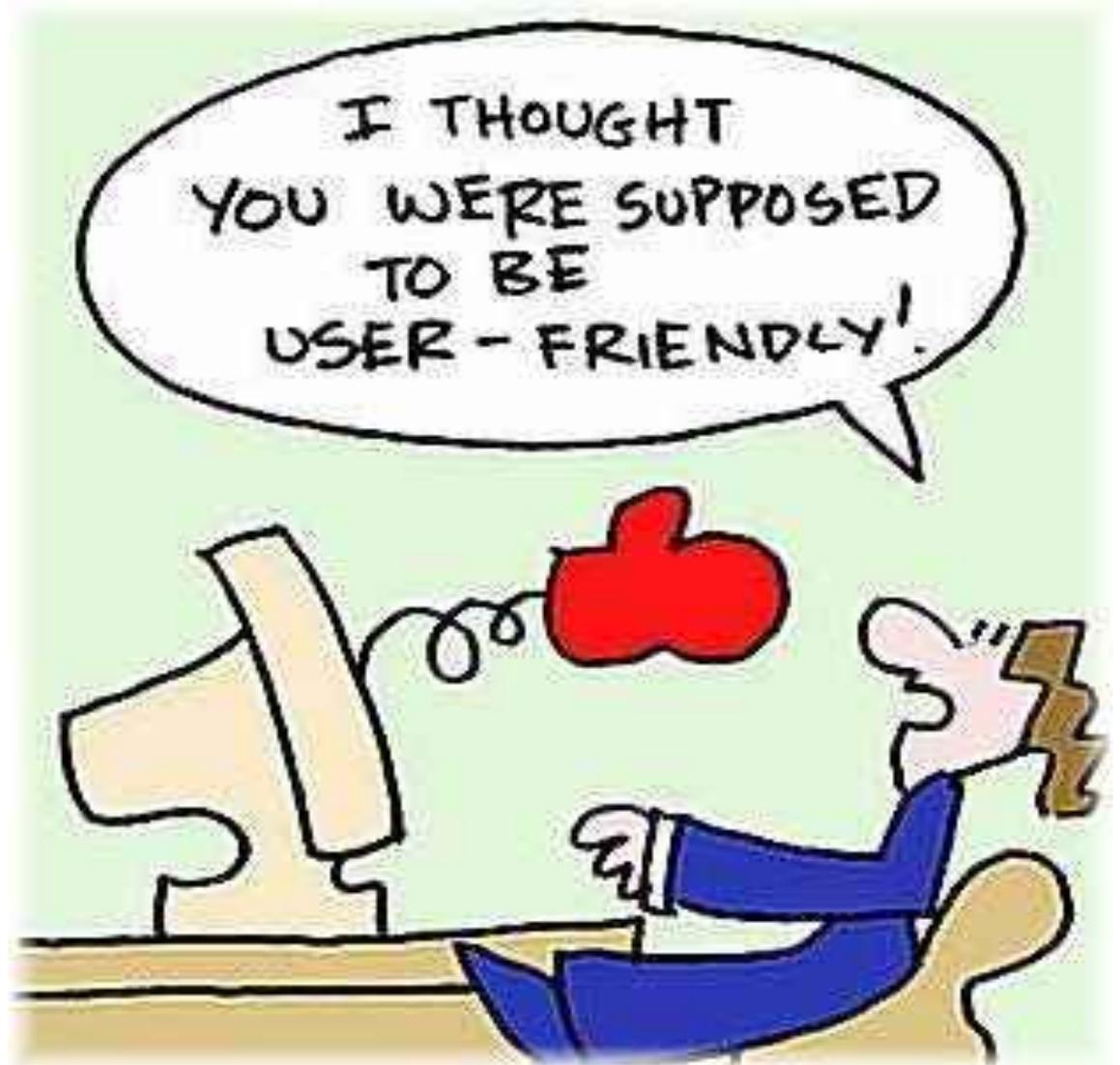


Iora Health, Dartmouth-Hitchcock

Challenges

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

Action Steps



Challenges

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

Innovations



support trust and
reliance



**Flow station at North Shore
Physicians Group**



Fairview
Co-location of scheduler



**Co-location at South Central
Foundation, Alaska**



**APF, Massachusetts
General Hospital**

Team Meetings

Do Work + Make Work Better



Health coach running meeting “we all own the outcomes of the practice, we all own meeting”





ThedaCare: All staff trained in QI, Pulling in same direction, capacity for change



QUALITY

PHONE CELL
WORKFLOW
CELL
SERVICE

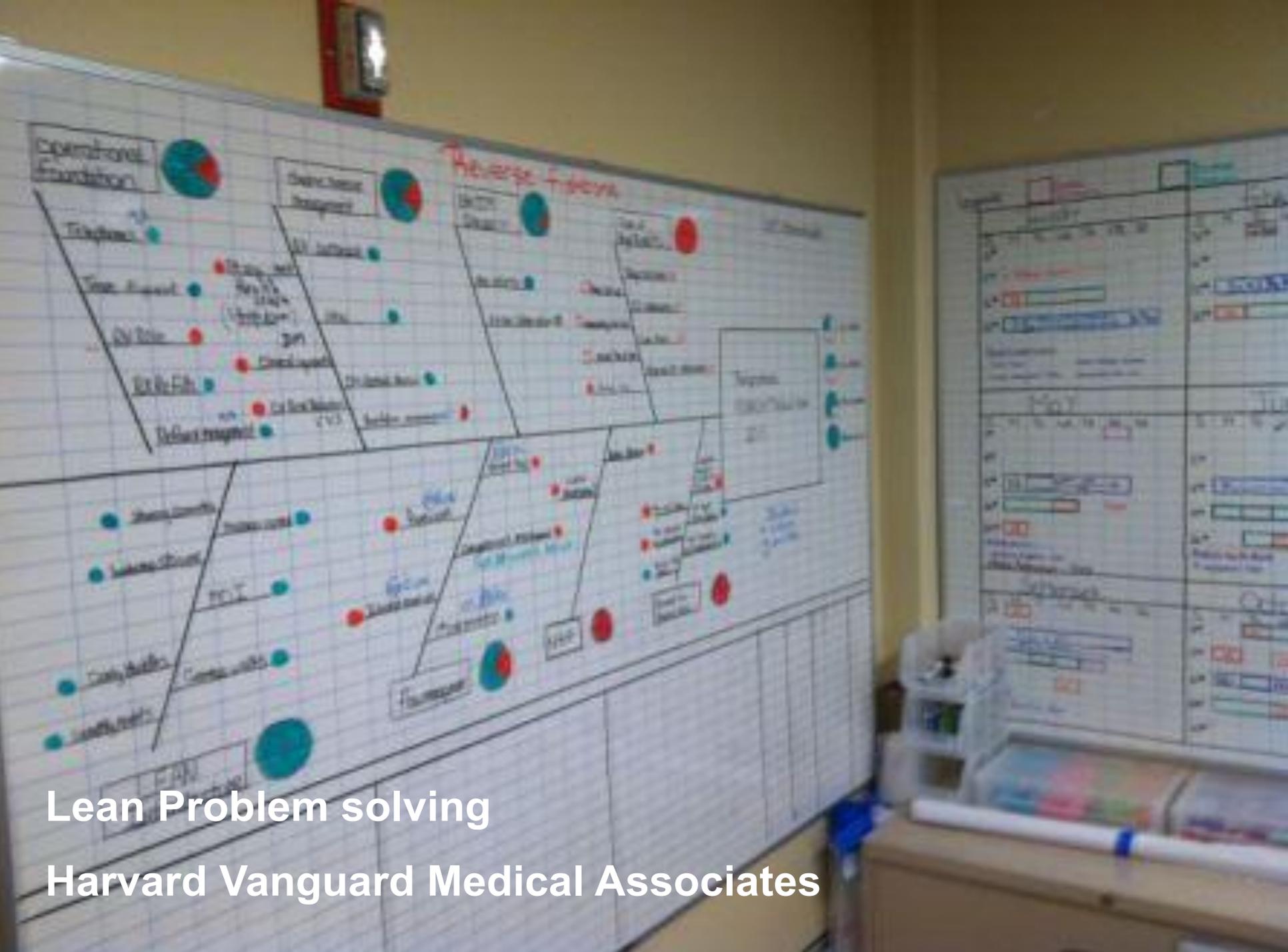
DELIVERY

TIMELINESS

PRODUCT

PEOPLE

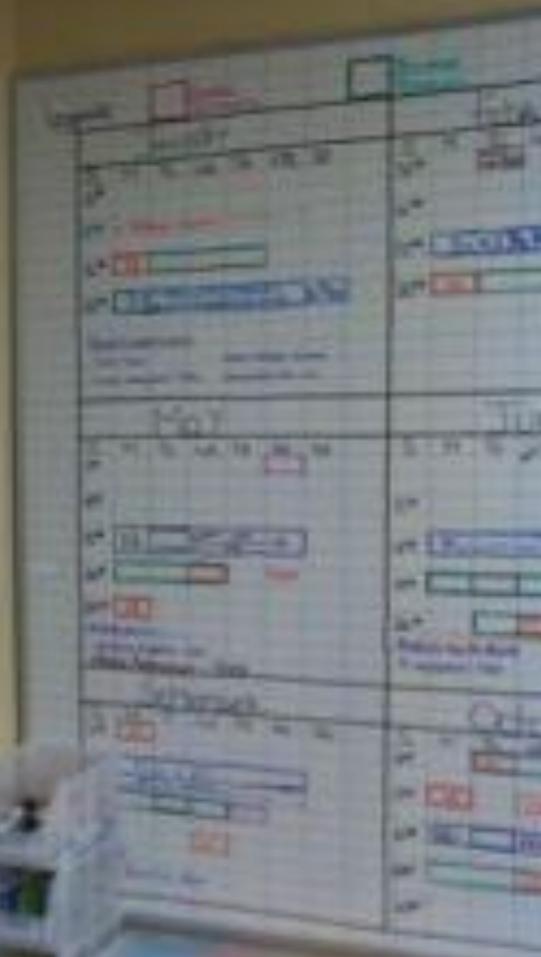
Clinic walls lined with data
ThedaCare



Operational Foundation

Operational Foundation

Reverse Factory



Lean Problem solving
Harvard Vanguard Medical Associates

Priority of Problems Identification

BENEFIT

HIGH

[Yellow sticky note with handwritten text]

Implement

Plan to do

[Yellow sticky note with handwritten text]

LOW

Check to do

Kick out

[Yellow sticky note on a clipboard with handwritten text]

Harvard Vanguard Medical Associates

PRIORITY



**26 Improvement Specialists
South Central Foundation, Alaska**

Challenges

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

Action Steps



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

Standing orders

In-box management

In-visit scribing

Pre-visit planning

Health Coaching

How innovations relate to Patient-Centered Medical Home?

Share the Care

Huddles

Care Coordination

Panel management

Co-location

Team meetings

Patient-Centered Medical Home

In-risk management

Standing orders

Scribing

Pre-visit planning

Health Coaching

Access and Continuity

Manage Populations

Plan and Manage Care

Self-Care and Support

Track and Coordinate Care

Measure/Improve Performance

Share the Care

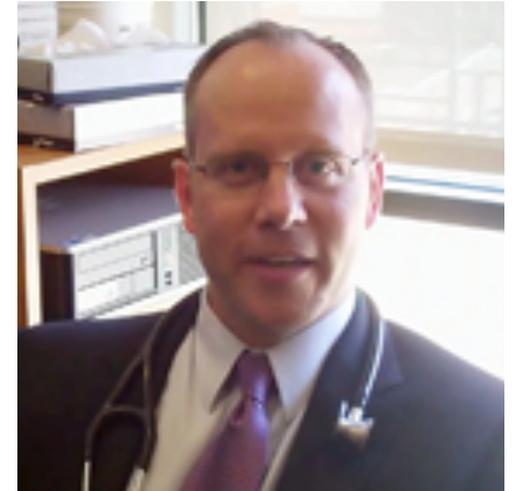
Care Coordination



Panel management

Meetings

Three Good Men



Checkback 2011



Ben Crocker, MD
Internist
MGH

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.

Our Work Going Forward

How can we contribute to transformation

“Starbucks would be better”

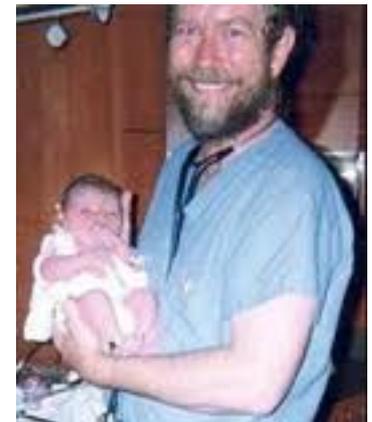
“I’m loving it”



James Deming



Ben Crocker



Neal Devitt

Discussion

