

# In Search of Joy in Practice



Alliance of Independent Academic  
Medical Centers

Tucson, AZ

Christine A. Sinsky, MD, FACP

April 2, 2016

7:45-8:45a

# Agenda

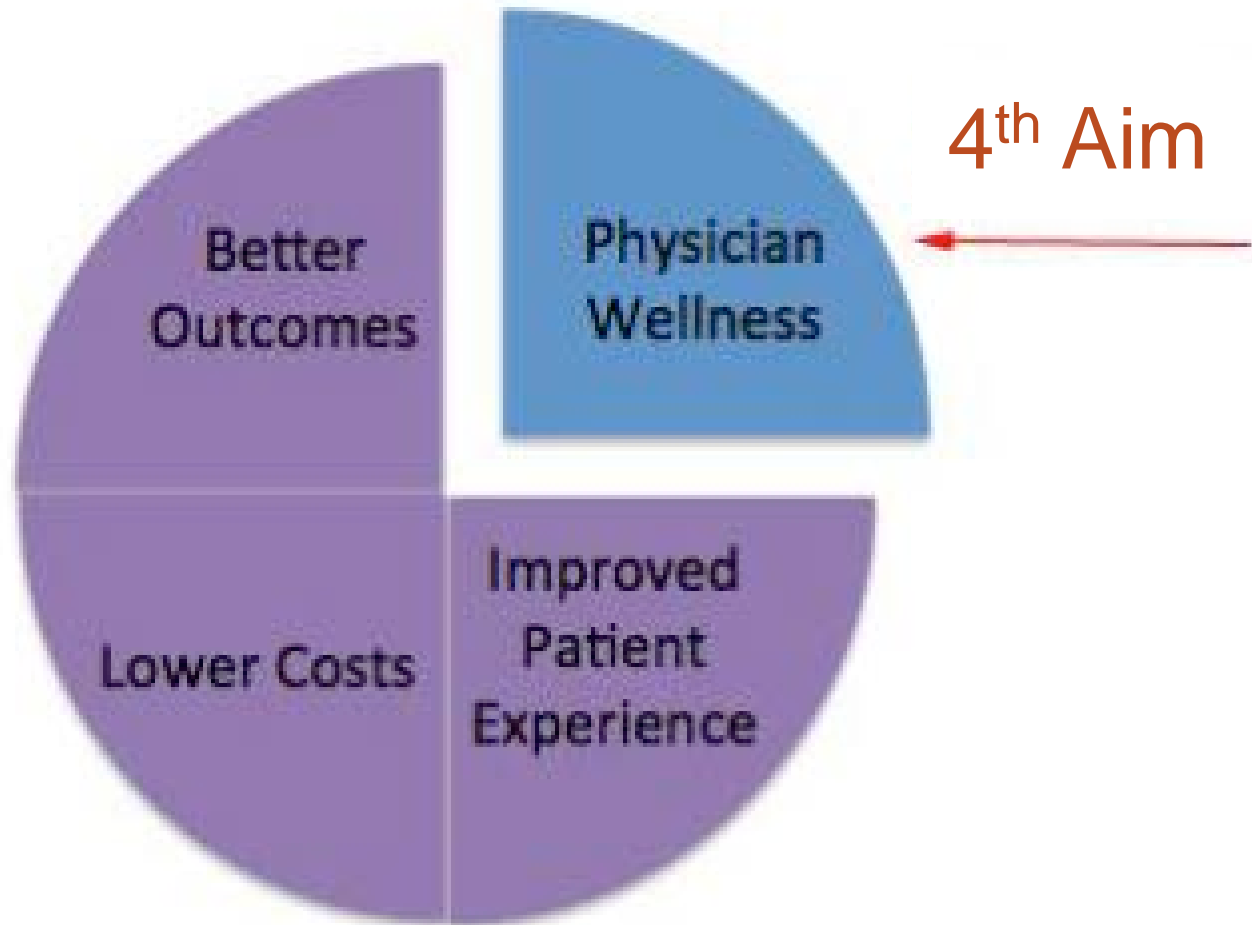
- Introduction: Dark before light
- Studies: Satisfaction/Joy
- **Business Case**
- **Steps Forward**
- **Discussion**

Affiliated with MD practices?  
Outpatient origins



# Quadruple Aim

Care of the Pt: Care of Provider



# Two Doctors and a Patient



# Program Director Geriatrics UConn



Gail M Sullivan, MD

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



# 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.

<http://www.npr.org/blogs/health/2013/08/13/211698062/doctors-look-for-a-way-off-the-medical-hamster-wheel?live=1> and Andie Dominick in *Patient Listening: A Doctor's Guide*, Loreen Herwaldt



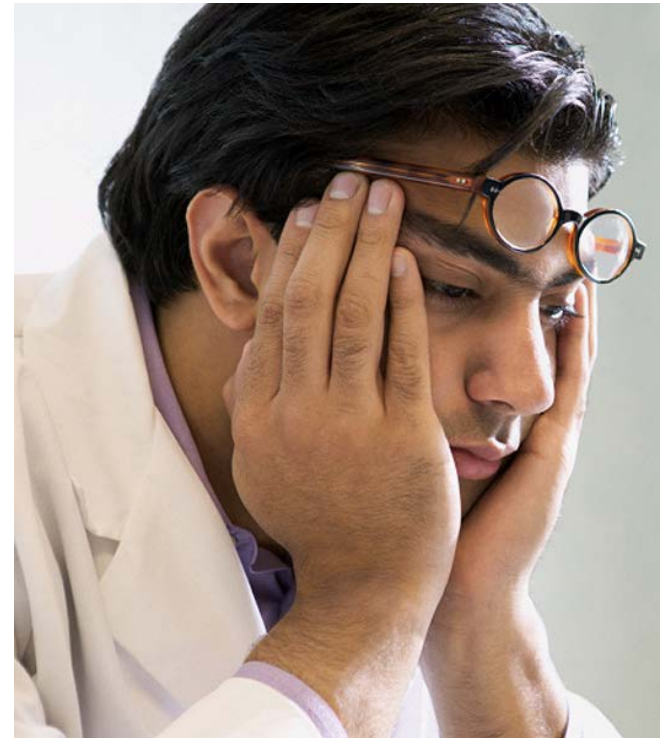
In your organization

# Reflection

- State of health professional well-being?
- Why should it matter?



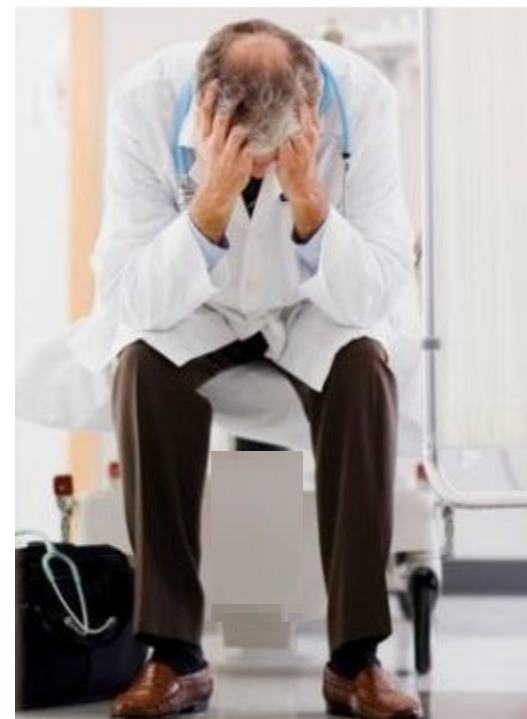
Joyful Care



Burned Out Care



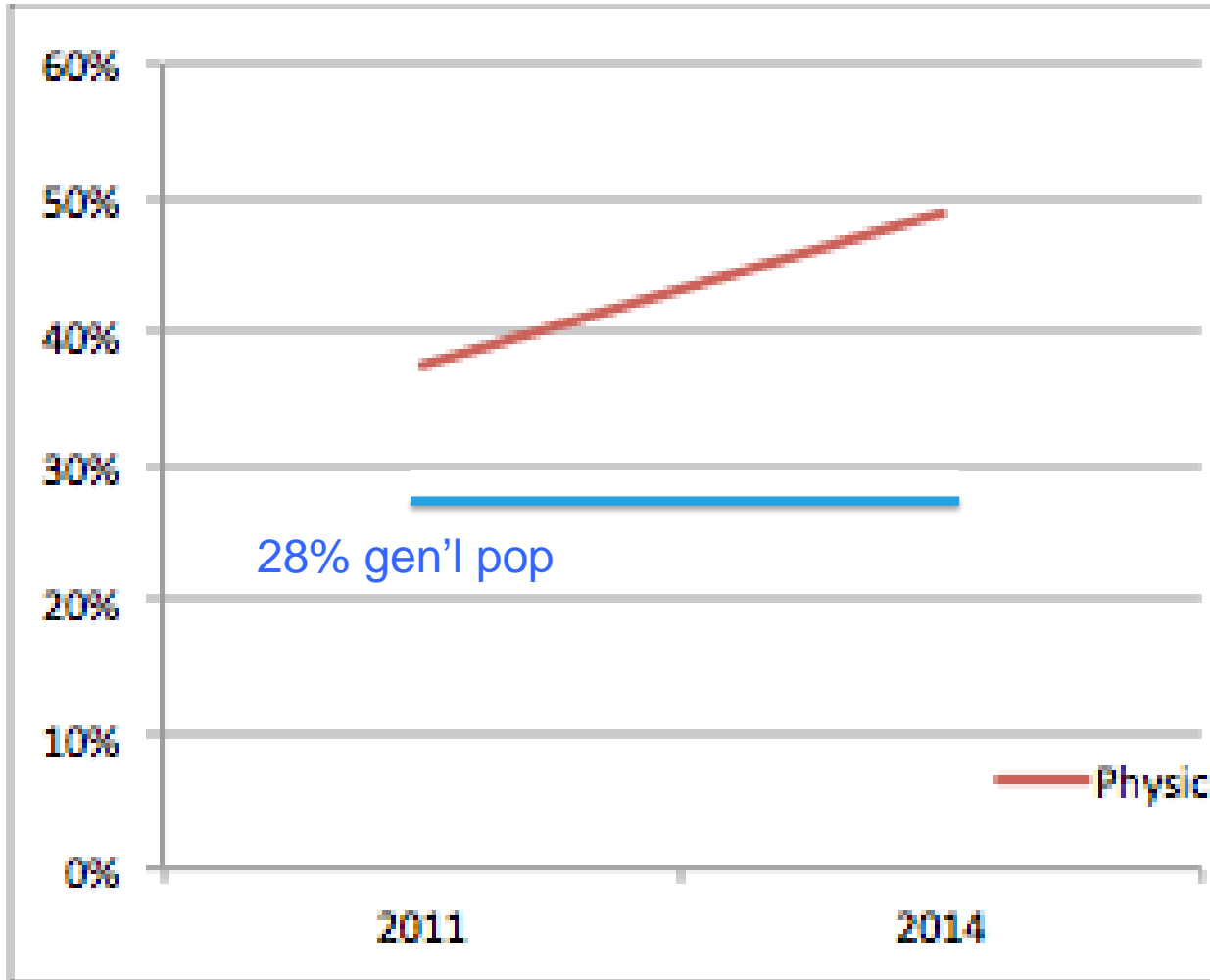
# Over 1/2 of MDs Burned Out



Linzer: Chaos, ↓ control, time pressure, lack of values align leadership

# Physician Burnout Rising

46 → 54%



Students start med school w/stronger mental health profiles

# Burnout affects Patients

Physician burnout is associated with...

- ↑ 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)



Am J Man Care Nov 1999;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

Journal of Applied Psychology, Vol 73(4) Nov 1988, 722-735

<http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/0021-9010.73.4.727>

# Burnout Costs Physicians

Physician burnout is associated with...

- ↑ Disruptive behavior
- ↑ Divorce
- ↑ Disease (CAD)
- ↑ Drug abuse
- ↑ Death (Suicide 2-4 x)





# 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



<http://www.rand.org/news/press/2013/10/09.html>



# Physician Career Satisfaction

- **EHR:** Major Driver of Dissatisfaction
  - Too much time per task, clerical
  - ↓ Face-to-face time
  - ↓ Quality of visit note



# Challenge

How do we surround nurses and physicians with data and technology that facilitates rather than inhibits their delivery of better care?





CMS' Andy Slavitt, says MU will be over in 2016

1/11/16

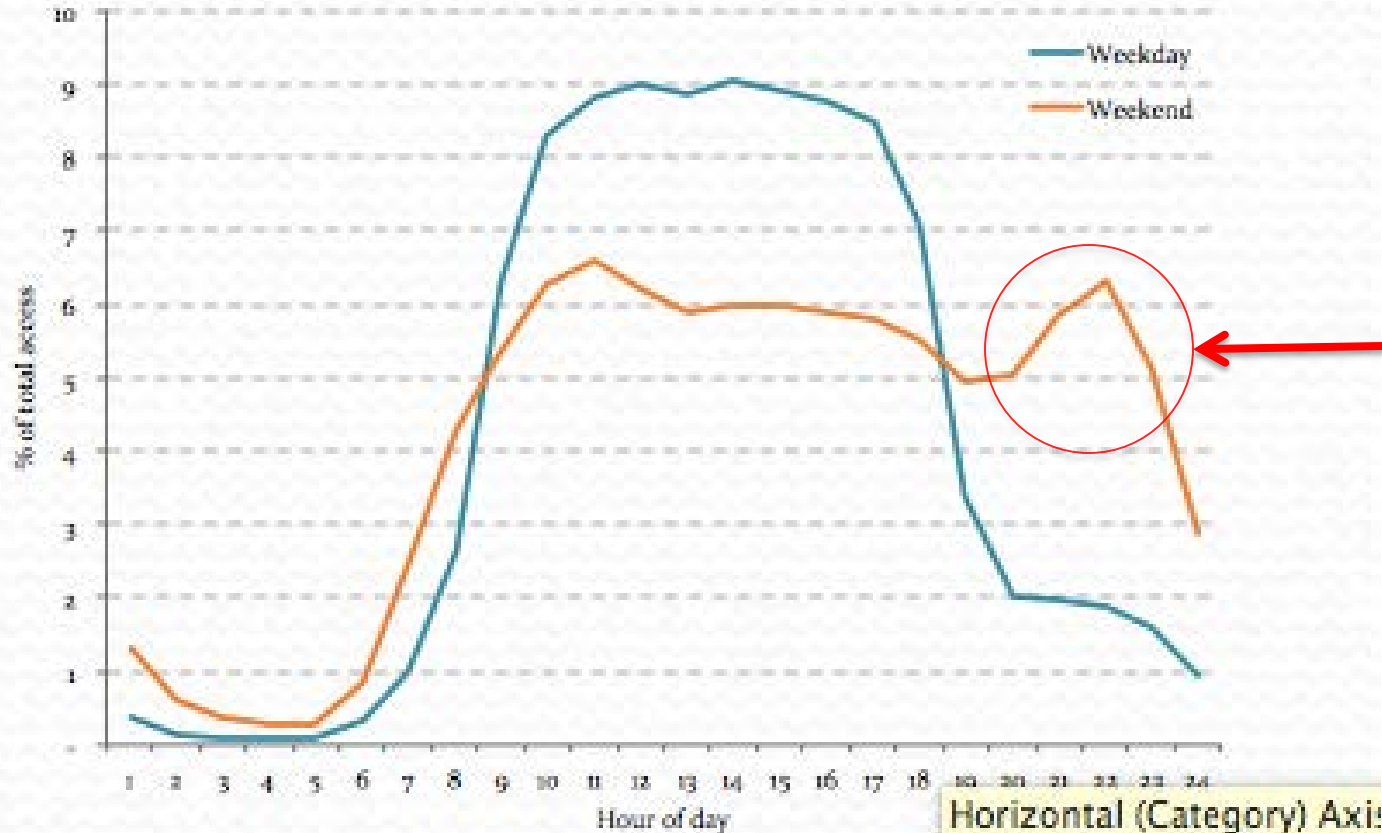
“We have to get the hearts  
and minds of physicians back.  
I think we’ve lost them.”



# “Pajama Time”

## Sat nights belong to Epic

EHR Usage Frequency by Time of Day



# Work after Work: Evidence From PCP Utilization of an EHR System

Brian Arndt, MD; John Beasley, MD; Jon Temte, MD PhD; Wen-Jan Tuan, MS MPH; Valerie Gilchrist, MD  
 University of Wisconsin Department of Family Medicine and Community Health

## Context

- There is growing evidence of EHR systems adoption and safety of health care.
- Less is known about the impact on primary care physicians, including:
  - When work is done (hours)
  - How much work is done (EHR is non-face-to-face)

## Objective

- To assess usage of EHR systems with an EHR system from 7am Monday - Friday

## Design

- Retrospective cohort study from 6/30/15
- System access logs were used to compute PCP time spent on face-to-face and non-face-to-face work
- A fuzzy matching algorithm was used to restructure physician segments, and segments were analyzed in a manner to depict interactions

Date	Time	Event Type	Event ID	Physician
12/17/2014	9:08:15	CONNECTION EVENTS	14610	Logon
12/17/2014	9:08:01	PATIENT CLINICAL INFO	35620	AC, JG
12/17/2014	9:08:02	PATIENT CLINICAL INFO	17133	MR, JAV
12/17/2014	9:08:03	PATIENT CLINICAL INFO	17124	MR, CH
12/17/2014	9:08:03	PATIENT CLINICAL INFO	17117	MR, ENG
12/17/2014	9:08:03	PATIENT CLINICAL INFO	48008	FLOOR
12/17/2014	9:08:03	PATIENT CLINICAL INFO	17154	MR, ENG
12/17/2014	9:08:04	PATIENT CLINICAL INFO	17106	MR, MED
12/17/2014	9:08:15	PATIENT ORDERS	17108	MR, ENG
12/17/2014	9:08:40	PATIENT CLINICAL INFO	17148	MR, COMM

## Setting / Participants

- 130 family physicians (average 10 years) from 18 clinics (4 residency programs, 14 community) managed by the University of Wisconsin Department of Family Medicine and Community Health

Language Preference	Count	Percentage
Uninsured/Unknown	33,592	20.3
English	161,462	97.6
Spanish	2,614	0.8
Other	1,323	1.6

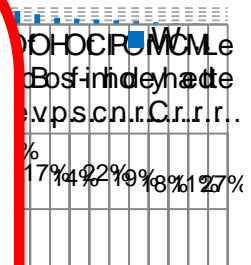
Note: Panel statistics were based on UW Health's December 2014 panel data. Patients had a PCP at 18 primary care clinics.

# 38 hours Work after Work per month

1 full week/mo

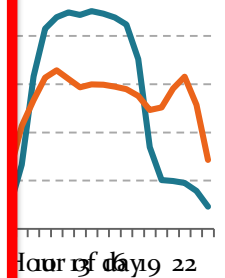
face-to-face and non-face-to-face

Time per Individual Encounter Type



the week (weekday vs

Frequency by Time of Day



by physicians in the EHR

(33.9%)

face-to-face work  
 time spent on EHR systems

relationship between EHR workload, job satisfaction, work RVUs (or other measures of efficiency), quality outcomes, and care team function including communication style (in-person vs electronic)

- This research enhances understanding of PCP workload and may influence development of policy, reimbursement models, and primary care redesign

# 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, MD<sup>1</sup>*

*Rachel Willard-Grace, MPH<sup>2</sup>*

*Andrew M. Schutzbank, MD<sup>3,4</sup>*

*Thomas A. Sinsky, MD<sup>1</sup>*

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<sup>3</sup>Beth Israel Deaconess Medical Center, Boston, Massachusetts

<sup>4</sup>Iora Health, Cambridge, Massachusetts

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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.

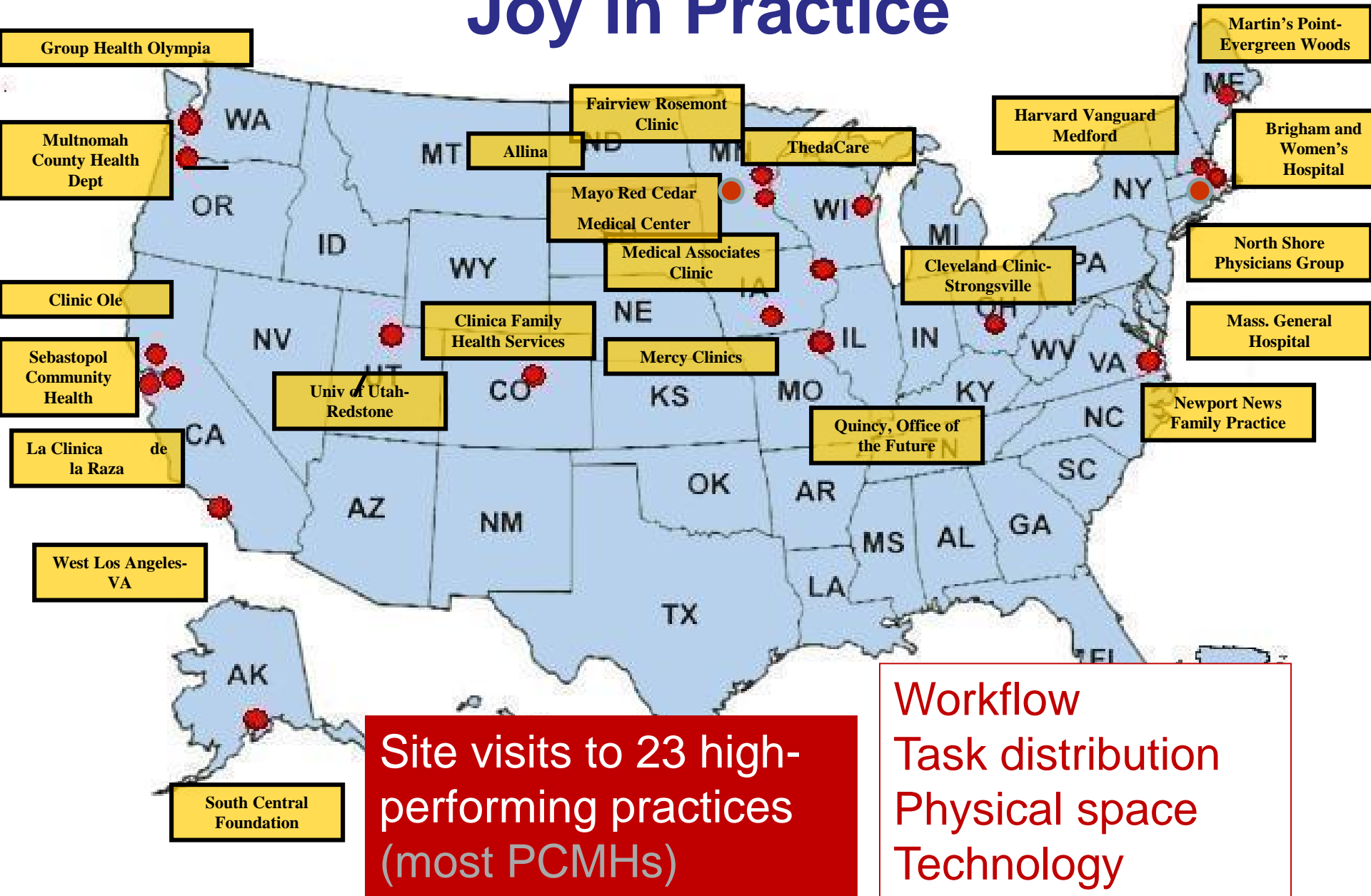


# Places Where PC Physicians & Staff are Thriving?



- 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

# Observations from 23 Teaching Practices

Commentary

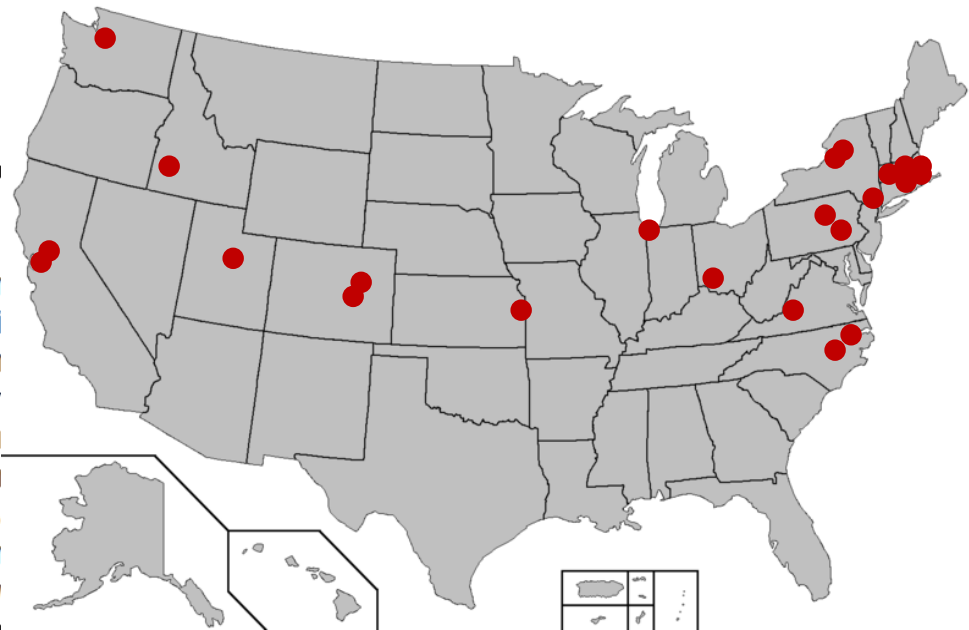
## The Road to Excellence for Primary Care Resident Teaching Clinics

Reena Gupta, MD, Kate Dubé, and Thomas Bodenheimer, MD

### Abstract

Primary care residency programs and their associated primary care clinics face challenges in their goal to simultaneously provide a good education for tomorrow's doctors and excellent care for today's patients. A team from the Center for Excellence in Primary Care at the University of California, San Francisco, conducted site visits to

23 family medicine and pediatric residency programs. The authors found that four programs have trouble with respect to resident scheduling, care for patients based on care, and in practice improvement.



Academic Medicine, Vol. 91, No. 4 / April 2016



# 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 1/2 hr
- Prescription mgt 1/2 hr
- Expanded rooming/discharge 1 hr
- Optimize physical space 1 hr
- Team documentation 1-2 hr

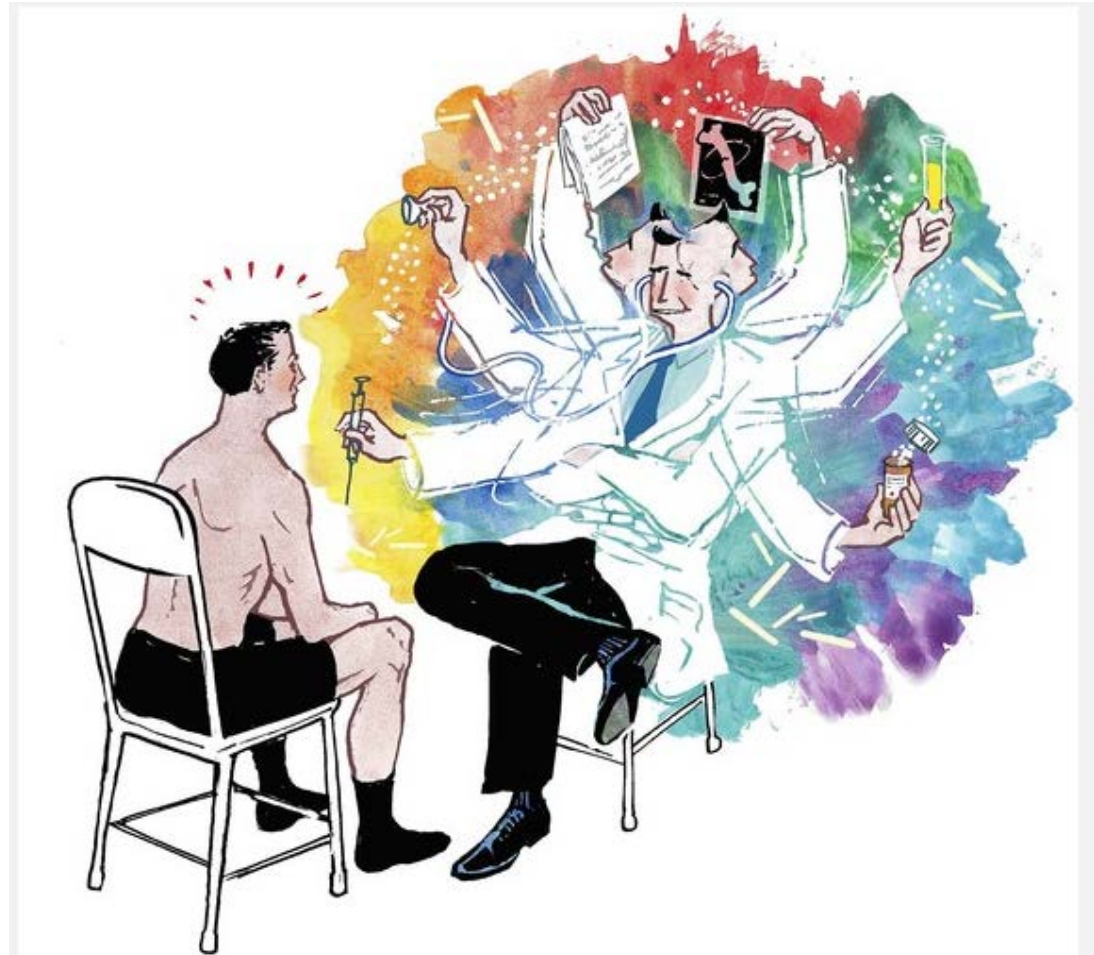
**3+ hr/d**

Linzer JGIM 2015: Improving workflow OR 6 of  
improving satisfaction

# 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)



# Mayo-Red Cedar arranges for pre-visit lab







**Same day pre-visit lab (15 min)**  
**ThedaCare**

# 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**



- Crocker B, Lewandrowski E, Lewandrowski N, Gregory K, Lewandrowski K. Patient Satisfaction With Point-of-Care Laboratory Testing: Report of a Quality Improvement Program in an Ambulatory Practice of an Academic Medical Center. *Clin Chem Acta* 2013; 424:8-12.; and personal communication/poster 3.4.14

# Annual Prescription Renewals

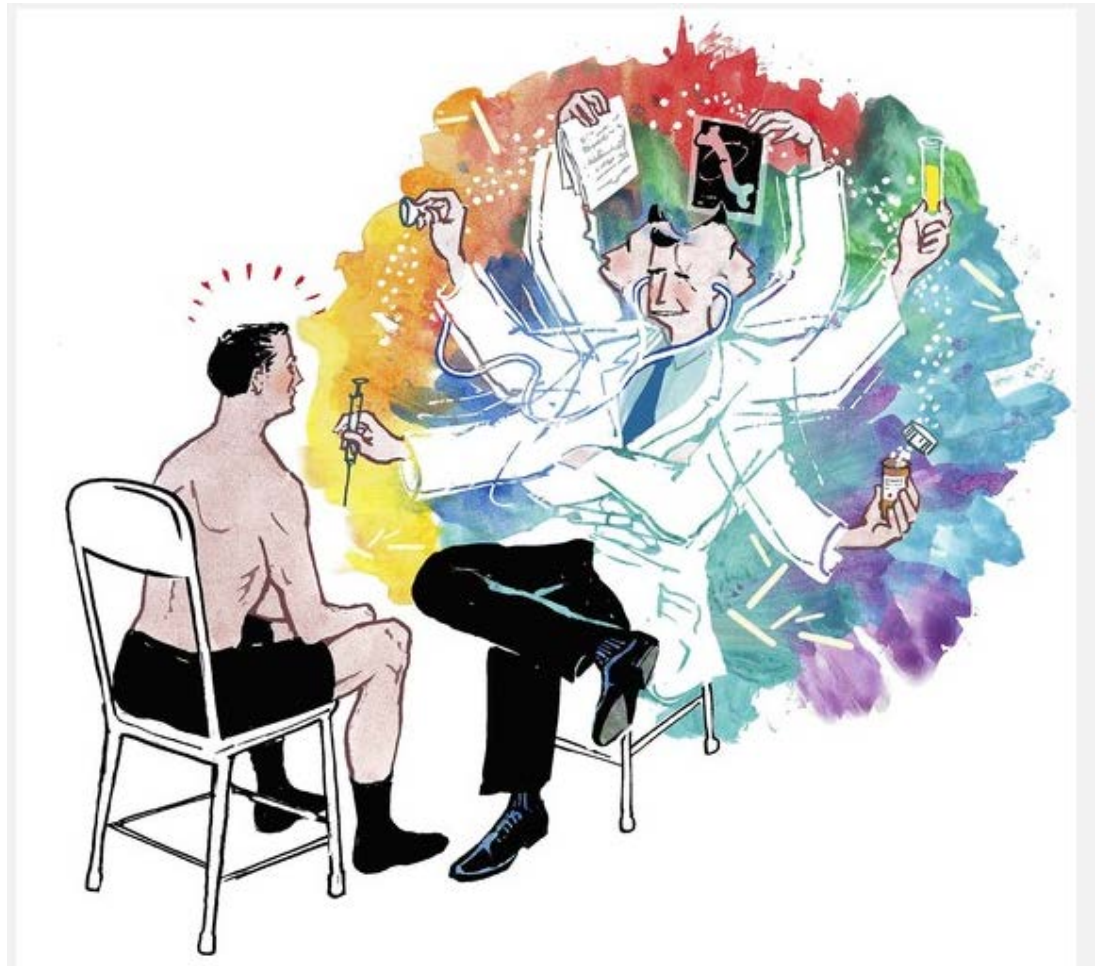
- “90 + 4”
- Physician time
  - 0.5 hr/d
- Nursing time
  - 1 hr/d per physician



# 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

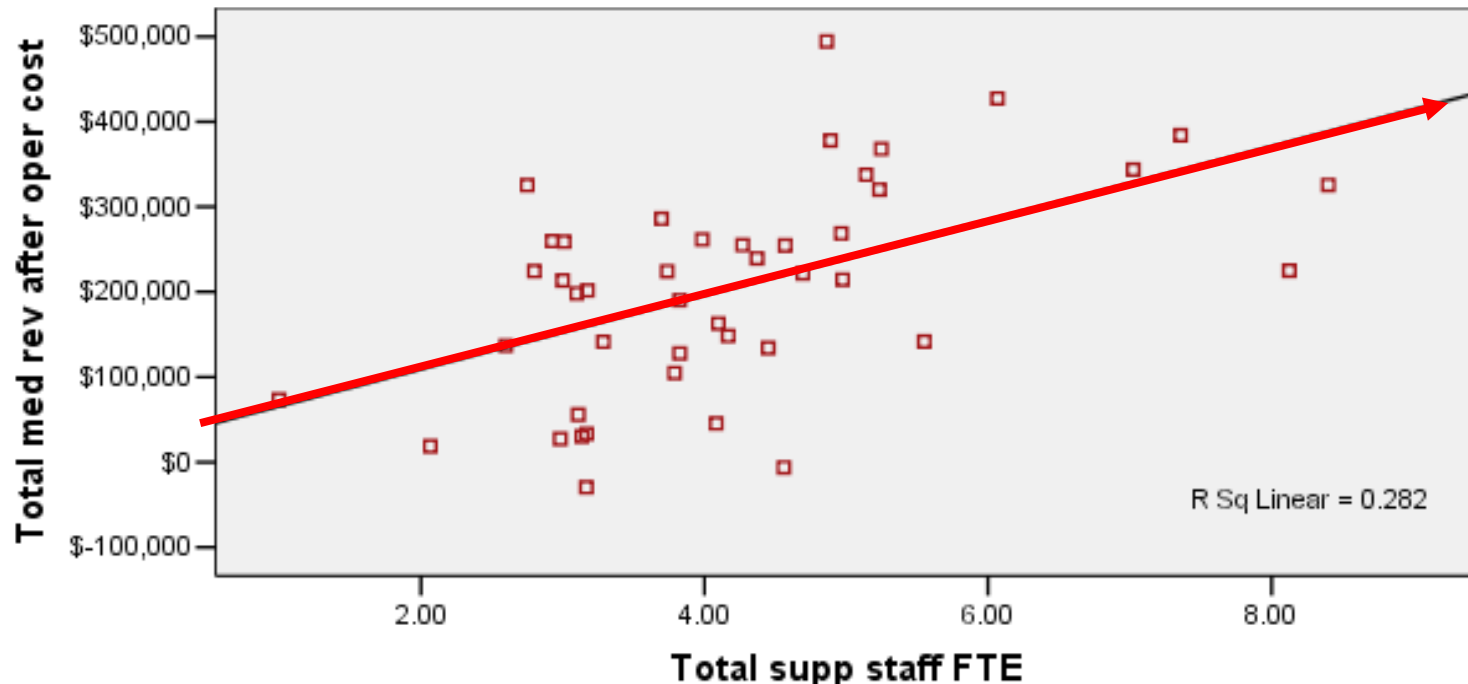


# Mayo Red Cedar : New Model of Nursing (2:1)



# Business Case

Net Revenue after Operating Costs per FTE MD



MGMA Cost Survey: 2007 Report Based on 2006 data



# Challenges

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

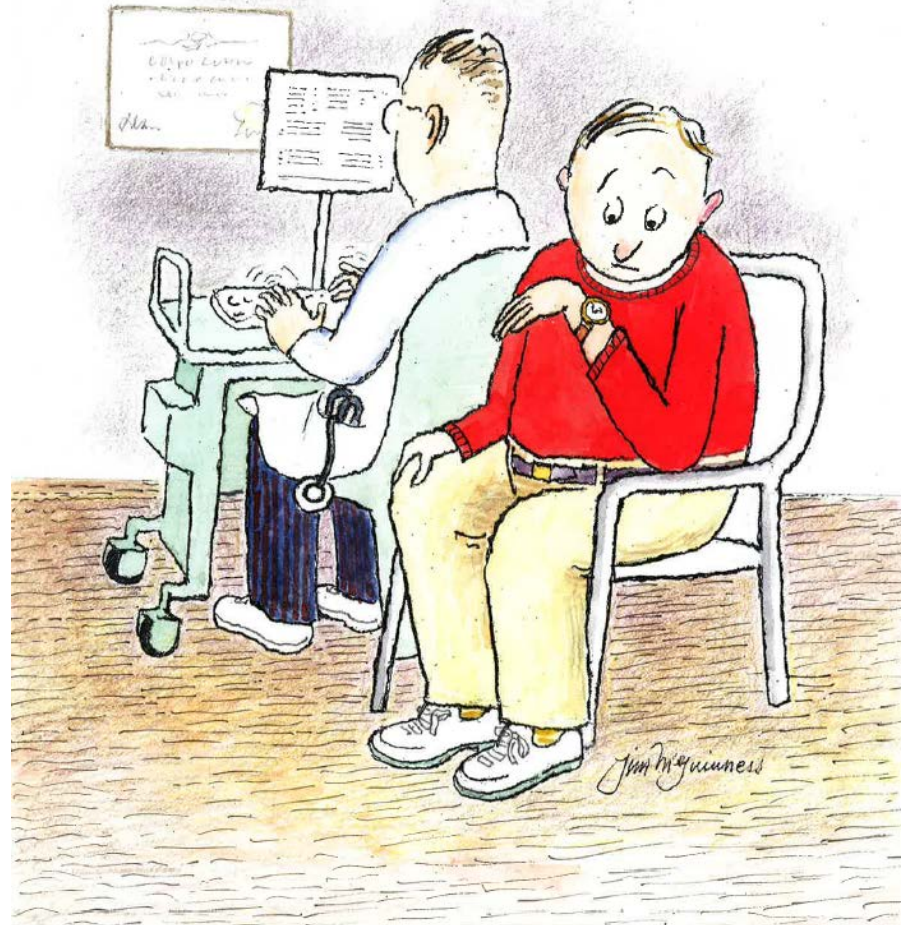
# Action Steps



# Challenges

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

# Innovations





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

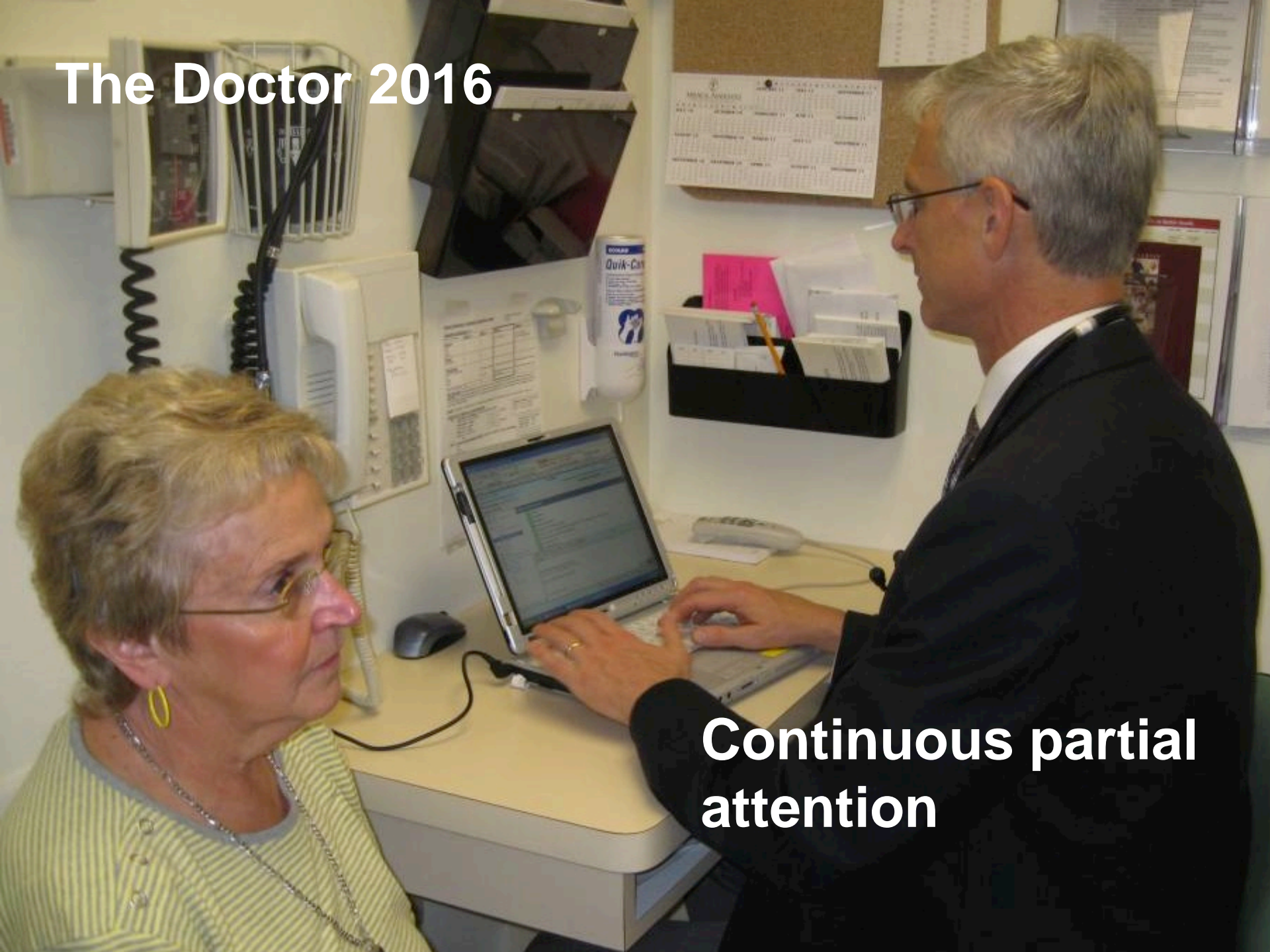
Personal communication. Beth Kohnen, MD,  
internist Fairbanks, AK 8.3.11

# *The Doctor* 1891 Fildes



**Undivided attention**

**The Doctor 2016**



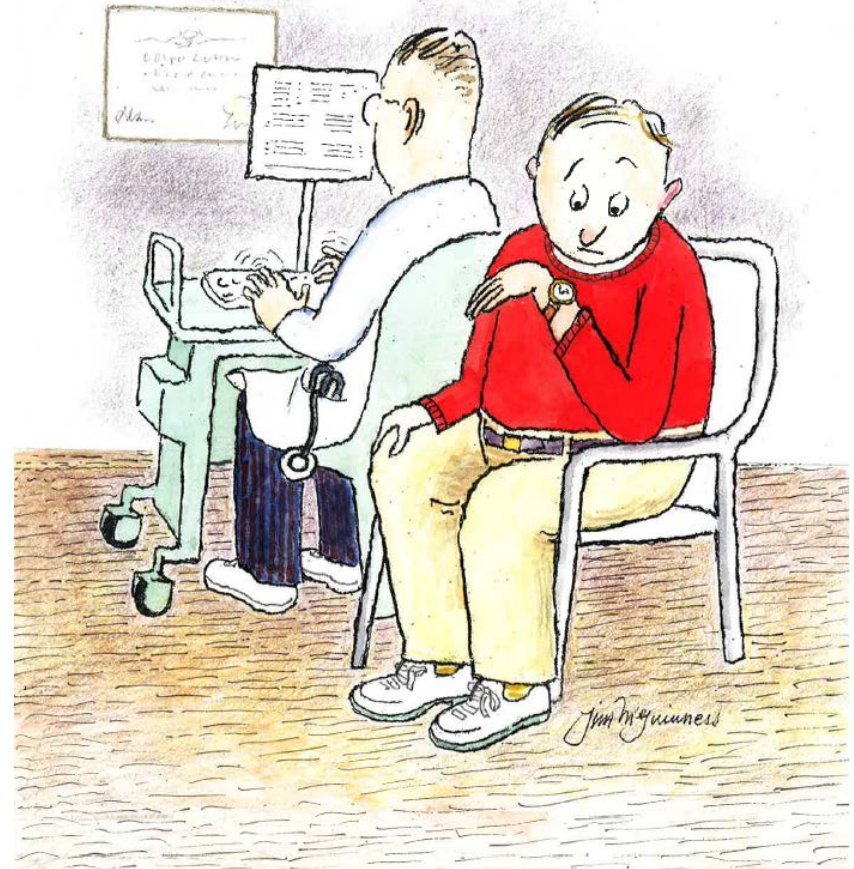
**Continuous partial attention**



# 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

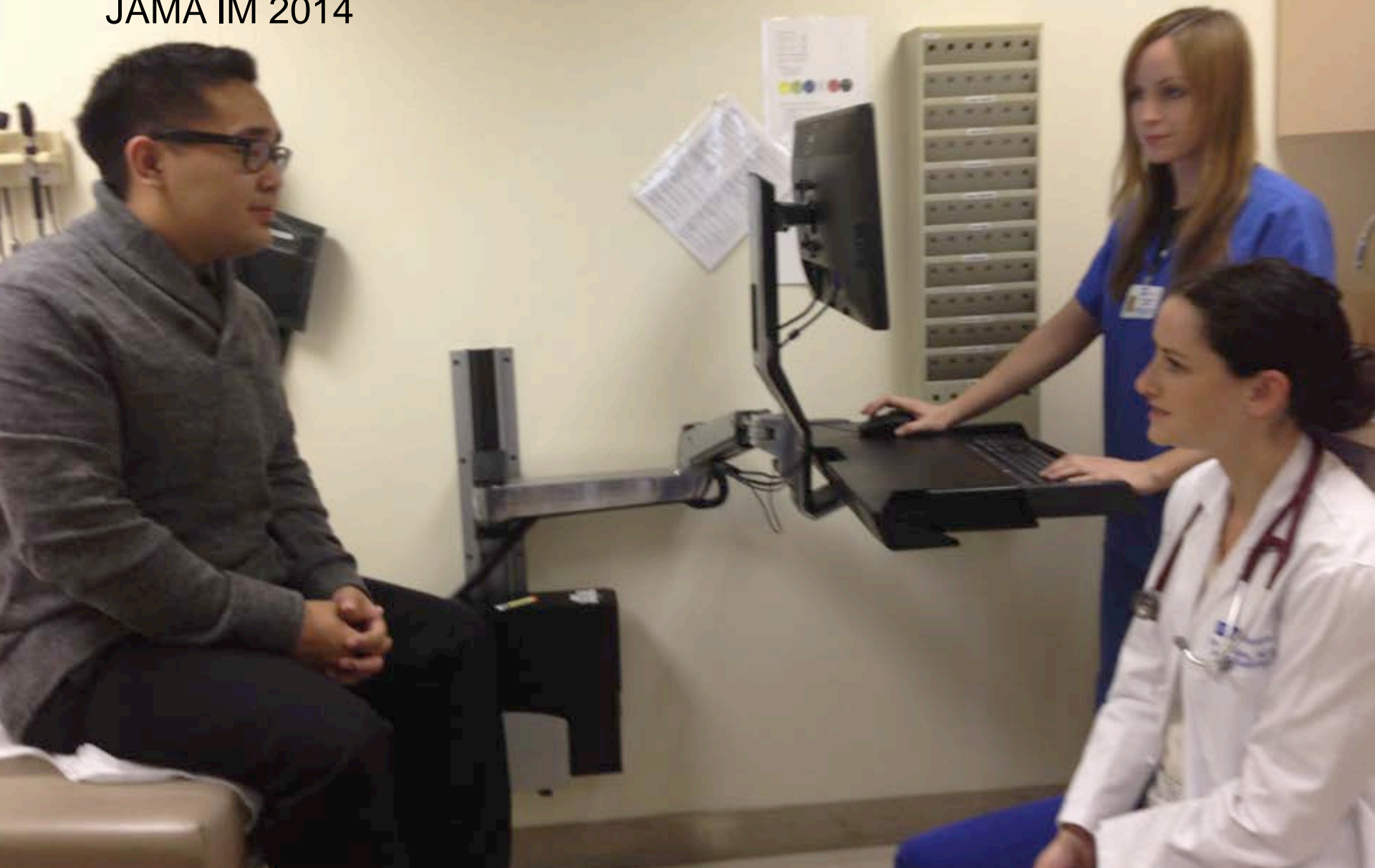


The MA's are more fully engaged in patient care than they have ever been and they enjoy their work...They have increased knowledge about medical care in general and about their individual patients in particular.

Kevin Hopkins M.D.

UCLA: saves 3 hr/d

JAMA IM 2014





# Challenges

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

# Action Steps



**Stage 2**  
**Eligible Professional**  
**Meaningful Use Core Measures**  
**Measure 1 of 17**  
Date issued: October, 2012

order as it becomes part of the patient's medical record, these orders would count in the numerator of the CPOE measure.

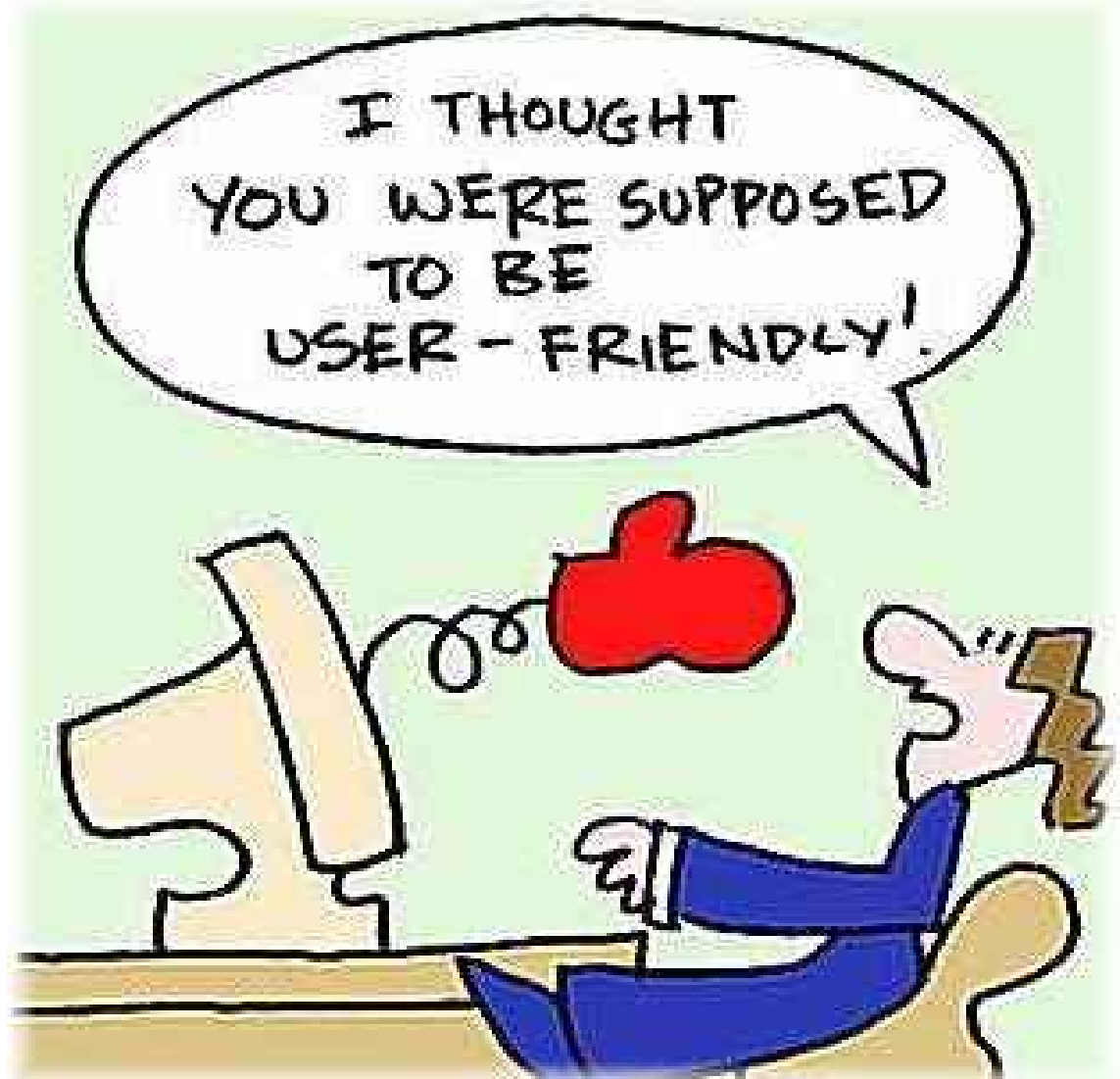
- Any licensed healthcare professionals and credentialed medical assistants, can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines. Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2\\_EPCore\\_1\\_CPOE\\_Medicatio nOrders.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_1_CPOE_Medicatio nOrders.pdf)

# Challenges

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

# Innovations





# Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min



# Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min

Line of Sight





**Semi-circular desk, APF**



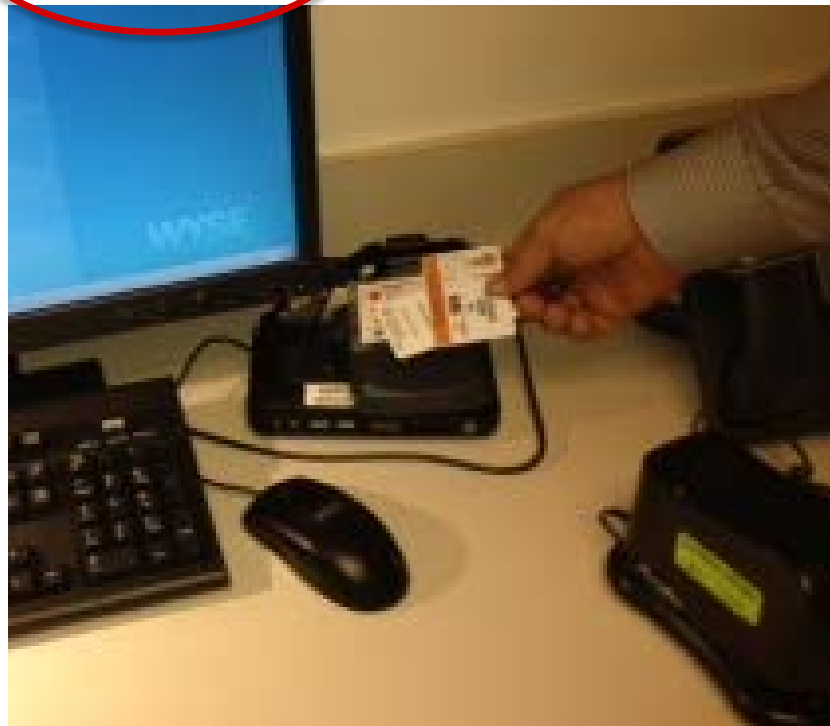
**Iora Health, Dartmouth-Hitchcock**

# RFID Sign On “Tap and Go”

- Dean Clinic
  - 121 signs to 2 sign ins per day
  - Saved 17 min/d

Happiness  
minutes

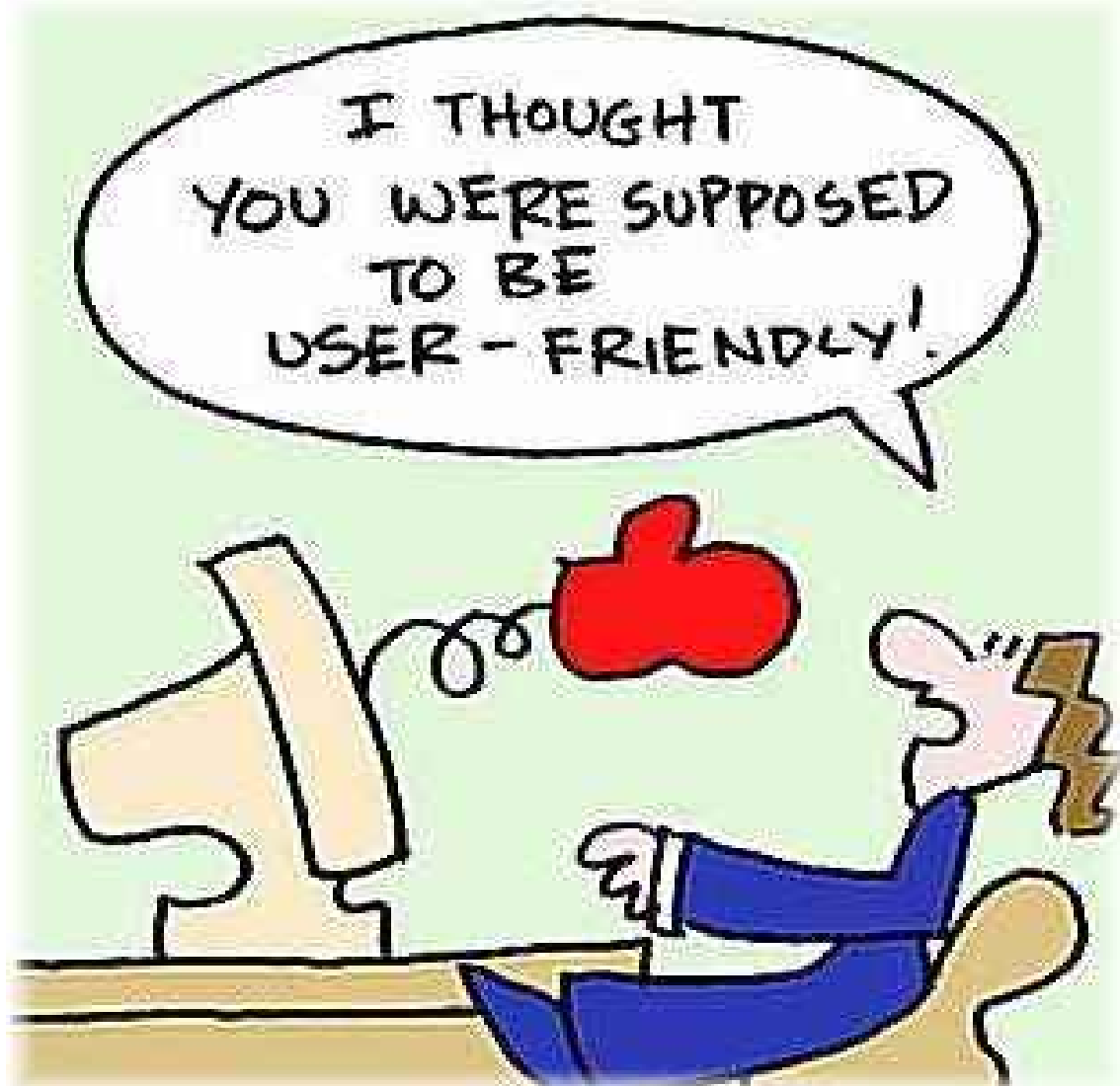
60 hr/yr



# 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







**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



# Daily Huddles

Prepare for a Smooth Day



# Challenges

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

# Action Steps



## Leadership

# Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD;  
Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD;  
and Stephen J. Swensen, MD

Comm w/  
Immediate  
supervisor

Correlates with  
↓ burnout





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# Transformation Toolkits

- Teams

- Expanded rooming
- Team documentation
- Prescription management
- Pre-visit planning/lab
- Team meetings
- Daily huddles

- Culture

- Preventing Burnout
- **Wellness in Residency**
- **Team-based Care in Residency**
- Transforming culture

- Value

- Panel management
- Medication adherence
- Burnout Prevention
- Diabetes prevention
- Hypertension

- Technology

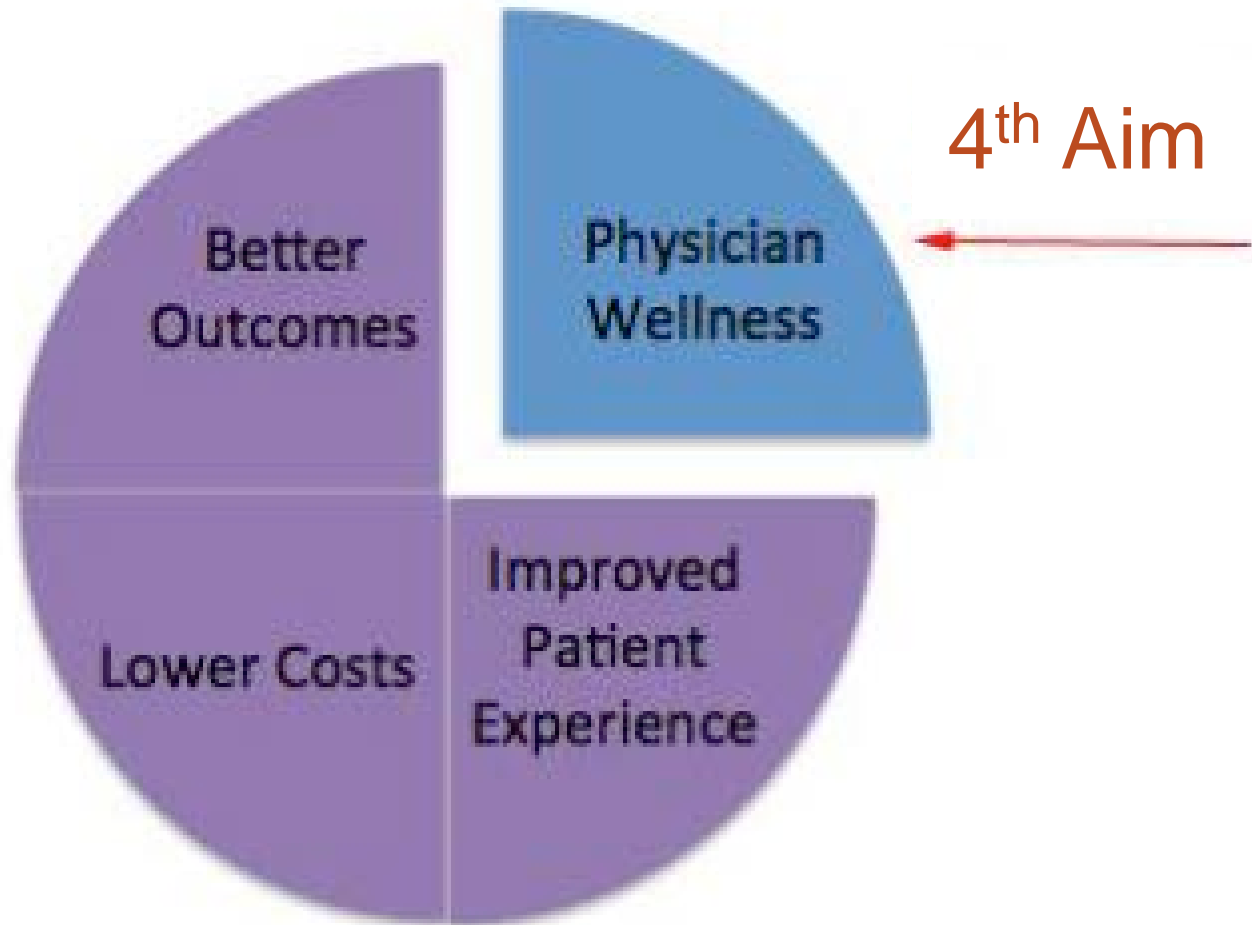
- Telemedicine
- EHR implementation

[www.stepsforward.org](http://www.stepsforward.org)



# Quadruple Aim

Care of the Pt: Care of Provider



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

