

Physician Resiliency and Wellness

A System Perspective

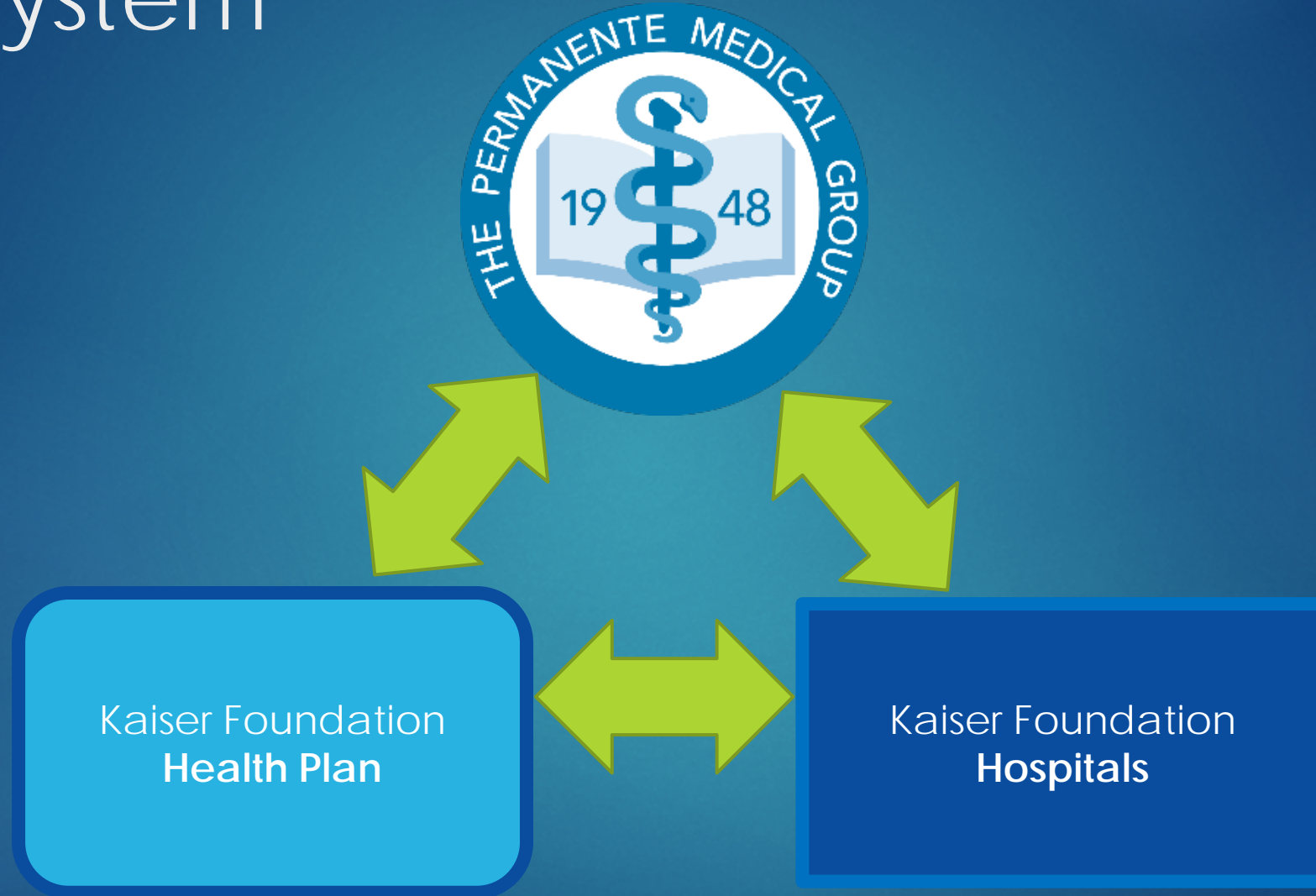
JOHN CHUCK, M.D.

REGIONAL CHAIRPERSON, PHYSICIAN HEALTH & WELLNESS LEADERS GROUP

THE PERMANENTE MEDICAL GROUP



Our system



Fast facts

Health Plan Membership, by Region

Northern California:	3,969,733
Southern California:	4,231,346
Colorado:	667,447
Georgia:	287,432
Hawaii:	249,543
Mid-Atlantic States (VA, MD, DC):	663,548
Northwest (Oregon/Washington):	549,189
Washington:	651,000*

Data as of September 30, 2016 (Q3) unless otherwise noted.

* as of December 31, 2016

Medical facilities and physicians

Hospitals:	38
Medical Offices: and other outpatient facilities	651
Physicians: Approximate, representing all specialties	19,749*
Nurses: Approximate, representing all specialties	52,214*
Employees: Approximate, representing technical, administrative and clerical employees and caregivers	201,024

Washington (Group Health) data as of December 31, 2016 combined with Kaiser Permanente data from September 30, 2016 (Q3) unless otherwise noted.

* Washington (Group Health) data as of December 31, 2016 combined with Kaiser Permanente data from December 31, 2015

Annual Operating Revenue

2015: 60.7 billion

2014: \$56.4 billion

2013: \$53.1 billion

2012: \$50.6 billion

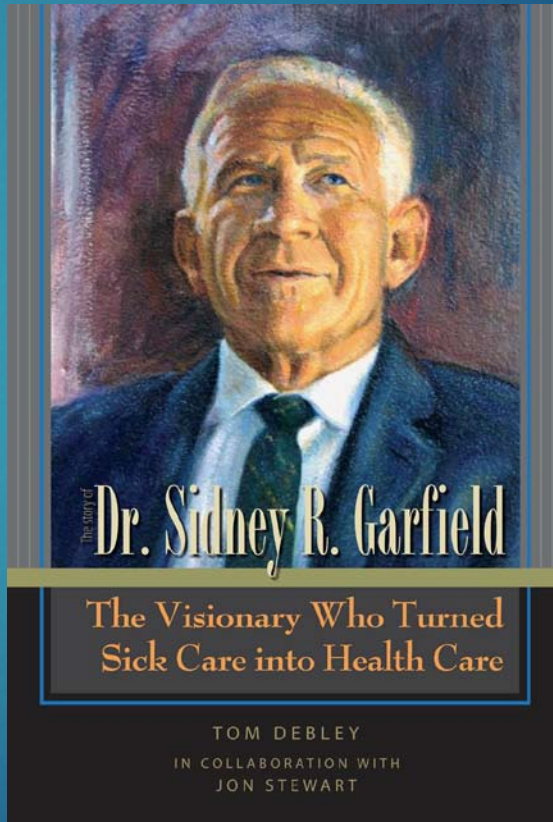
2011: \$47.9 billion

2010: \$44.2 billion

2009: \$42.1 billion

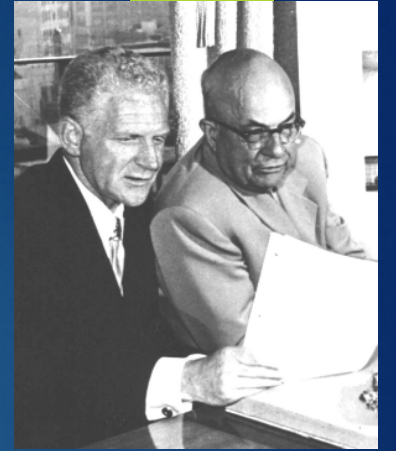
2008: \$40.3 billion

Kaiser Permanente's goal is to help shape the future of health care.



Our strengths are our:

- ▶ Integration
- ▶ Prepaid model of care
- ▶ Focus on evidence based medicine
- ▶ People
- ▶ Technology



Sidney R. Garfield, M.D.
Henry J. Kaiser



THE LEAPFROG GROUP



- **Leapfrog's Hospital Safety Grade:** In October, 22 Kaiser Permanente hospitals received "A" grades in Leapfrog's semiannual ratings, eight more than during the previous grading period.
- **Medicare Star Quality Ratings:** For 2017, five of Kaiser Permanente's seven Medicare health plans received an overall rating of 5 stars, the highest rating from the Centers for Medicare & Medicaid Services. Kaiser Permanente's Medicare plans in California have been rated 5 stars for six consecutive years.
- **U.S. News & World Report's "Best Hospitals":** In 2016, 28 Kaiser Permanente hospitals were listed as "high performing" for one or more measures of common or complex care in the magazine's annual report.
- **NCQA Quality Compass dataset for commercial measures:** According to the 2016 National Committee for Quality Assurance report, Kaiser Permanente is the highest ranked health plan in 21 of the 48 effectiveness-of-care commercial measures. More than 500 U.S. plans are considered. This is the eighth successive year Kaiser Permanente has had more No.1 rankings than any other health plan.
- **J.D. Power Member Satisfaction Study:** In the 2016 study, Kaiser Permanente members in five geographic areas rated their health plan highest in satisfaction. Kaiser Permanente members in California have rated their health plan highest in satisfaction for nine years in a row.

Our core beliefs about physician resilience and wellness and the roles they play in our success

- ▶ Our goal is for Kaiser Permanente and The Permanente Medical Group to be the best place to receive care and the best place to work.
- ▶ To that end, our strategic priorities are quality, service, access, cost, and physician health and wellness.
- ▶ Considerations of physician wellness must be weaved into the culture and operations of our organization in order to be successful. Wellness cannot be inserted in arrears of operations decisions that disregard the essential wellness needs of physicians.
- ▶ Every physician's wellness journey is unique to him/her – so wellness programs must intentionally be diverse in order to meet people where they are.
- ▶ Resilience is more of a learned skill than an innate competence.

Some examples of TPMG wellness and resilience interventions

- ▶ Systematic approaches to quality improvement
- ▶ Leveraging technology for the benefit of patients and physicians
- ▶ Enhancing our communication skills
- ▶ Resilience programs
- ▶ Medical center based health and wellness programs

Systems approaches to quality improvement help us tackle the big picture of population management



Phil Madvig, M.D.

Prioritizing for Performance Improvement

- Where is there evidence for beneficial intervention?
- What conditions affect significant numbers of people?
- What conditions have significant impact?
- Where are the gaps?
- Where is there organizational interest?
- Where is there public interest?

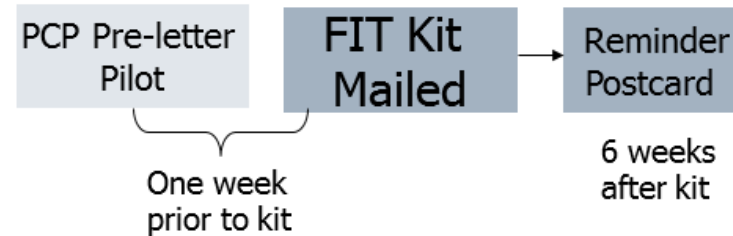
Hypertension Control

- Alignment
- Goal setting and reporting
- Electronic Registry
- Standardization
 - Simple treatment algorithms
 - MA Rooming Tool
 - BPA alerts
 - MA BP checks

Examples of quality projects

2010 CRC Screening: Outreach Program

Improved outreach materials and increased local follow-up



Regional Program Enhancements

- Revised outreach letter and multi-language FAQ
- Revised instructions
- Pre-letter pilot

Local Innovation

- Robo-call reminders
- Secure message follow-up
- 2nd kit mailing

Leveraging technology to make care more convenient for patients and physicians

- KPHC tools
- Physician iPhones & mobile applications
- Video Visits
- eConsult Online Specialty Booking
- PROMPT
- Member Photo
- New Member Health History Qx
- Telepathology



Pat Conolly, M.D.

What our patients see

Make Healthcare Convenient



My Doctor Online The Permanente Medical Group



Stay Connected with
Your Doctor

Manage & Schedule

Prescriptions

[Appointments](#)

View Information

Test results

Immunization record

Past visits

Hospital Stays

E-mail Your Doctor

Compose message

View messages

What our physicians see

KPHC Chart Search

Search box top right corner

Filters here

Search Results Displayed Here

Search

migraine

Medications and orders not searched. View active treatment plans.

MIGRAINE

Noted 12/18/2014

Celecoxib (CELEBREX) 100 mg Oral Cap
1 x Day, Disp-7, R-0, Oral, File

H&P by Fields, Alma Jean (N.P.)
recent medication changes, **migraine**

Progress Notes by Klein, Daniel Benjamin
ADVIL **MIGRAINE** 200 MG ORAL CAP

Discontinued - ADVIL MIGRAINE 200 MG ORAL CAP
pid, Disp-5, R-0, Oral, Fill Later

Discontinued - ACETAMINOPHEN-ISOMETHEPTENE-CAFFEINE 325 MG-100 MG CAP
2 CAPS PO AT ONSET OF HEADACHE, THEN 1 CAP Q1H UNTIL RELIEVED, MAX 5 CAPS/12 HRS, Disp-50, R-1, Oral, Fill Later

Patient Instructions
What are **migraine** headaches 10/7/2005

Progress Notes
Common **migraine** 10/7/2005

Testamb, Testamb

Language: English
Need Interp: No

Allergies
Co-trimoxazole, Ethanyl Estradiol, Mirna

Coverage: HMO PLAN 3081094
POP: Does Not Want
kp.org: Inactive

Enc wt: 13.608 kg (30 lb)
Last filed wt, BMI
***13.608 kg (30 lb), 20.59 kg/m² (99.12 %)**

Snapshot

Encounter | IP/ED Enc | Notes | Lab | Meds | Imaging | Card | Surg | Episodes | Ltrs | Proc | Oth Ord | Scans | Cont Care | Referrals | Misc | Licensure

Snapshot | Patient Summary | Flowsheet All Report | Quick Look Report | MAR Admin Hx | Orders Grouping Rpt | Orders History Rpt

Report: Snapshot

Caution - this activity is linked to your Patient Reports. If you use the wrench here you will also be changing your Inpatient reports.

Demographics

Testamb Ncalhctestdm
32 month old female
10/19/2012

2025 MORSE AVE
SACRAMENTO CA 95825
707-575-9956 (W)
916-222-2222 (H)

Comm Pref

Problem List

Inactive

ASTHMA
Other

ALLERGIC RHINITIS
CHF, ACUTE
DM 1
FEMALE BREAST CANCER
HX OF BILATERAL MASTECTOMY
HX OF COLONOSCOPY
MIGRAINE
RENAL CELL CARCINOMA, LEFT KIDNEY

Immunizations/Injections

HAV ped/adol 2 dose sch (Hepatitis A) 9/16/2005, 9/1/2005

INF (Influenza) unspecified formulation 10/9/2008, 8/14/2006

MENp (MENOMUNE) (Meningococcal polysaccharide) 8/29/2005

STY Pneumococcal conjugate 9 vaccine 9/29/2005

Medications

Outpatient Medications (13) | Hospital Medications (0) | Facility Administered Medications (0)

Celecoxib (CELEBREX) 100 mg Oral Cap
SUNitmb (SUTENT) 50 mg Oral Cap
Multivitamin (DAILY-VITE) Oral Tab
Atenolol (TENORMIN) 25 mg Oral Tab
guaifenesin (COUGH SYRUP) 100 mg/5 mL Oral Liq
prednSONE (STERAPRED DS) 10 mg Oral Dose Pk Tab
MOTRIN 100 MG/5 ML ORAL SUSP
SENNA 8.6 MG ORAL TAB
DEC-CHLORPHEN 4-12.5 MG/5 ML ORAL SYRUP
INFLIXIMAB 100 MG IV RECON SOLN
INFLIXIMAB 100 MG IV RECON SOLN
LIDOCAINE HCL 1% (10 MG/ML) INJ SOLN
CELESTONE SOLUSPAN 6 MG/ML INJ SUSP
VERAPAMIL 50 MG/ML ORAL SUSP
ATENOLLOL 25 MG ORAL TAB
ZESTRIL 10 MG ORAL TAB
ASPIRIN 81 MG ORAL TAB
PRILOSEC 40 MG ORAL CPDR SR CAP

Significant History/Details

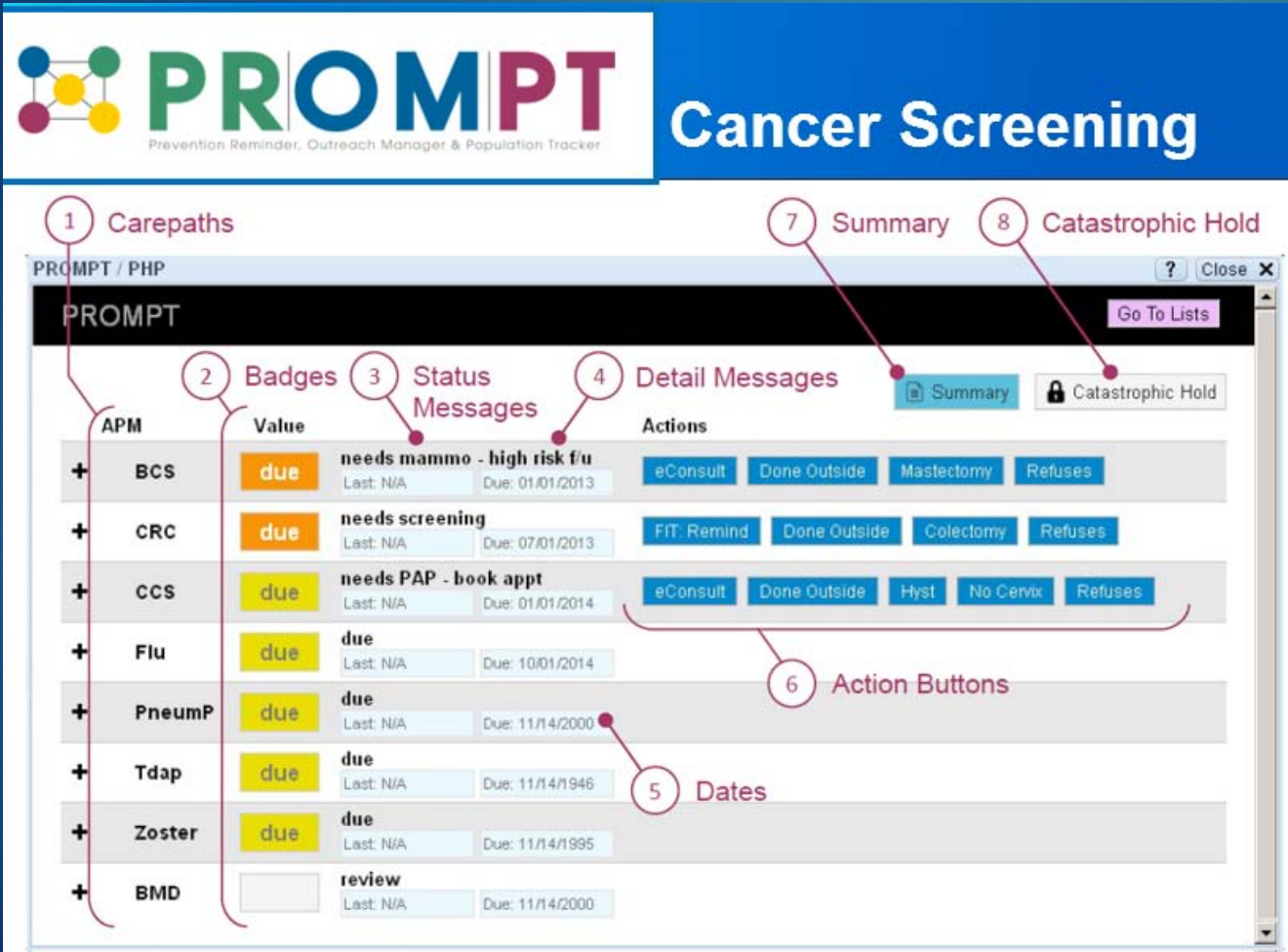
Smoking: Never Assessed
Smokeless Tobacco: Unknown
Alcohol: 18.0 oz alcohol/week
Comments: Consent for immunization and treatment completed
249 open orders
Spoken Language: English
Written Language: English
Interpreter needed? No

Our EMR is made more user friendly with tools such as "chart search"

Prevention Reminder; Outreach Manager; Population Tracker



Scott Gee, M.D.



PROMPT
Prevention Reminder, Outreach Manager & Population Tracker

Cancer Screening

1 Carepaths

2 Badges

3 Status Messages

4 Detail Messages

5 Dates

6 Action Buttons

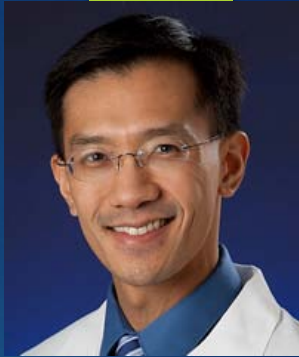
7 Summary

8 Catastrophic Hold

APM	Value	Actions
+ BCS	due needs mammo - high risk f/u Last: N/A Due: 01/01/2013	eConsult Done Outside Mastectomy Refuses
+ CRC	due needs screening Last: N/A Due: 07/01/2013	FIT Remind Done Outside Colectomy Refuses
+ CCS	due needs PAP - book appt Last: N/A Due: 01/01/2014	eConsult Done Outside Hyst No Cervix Refuses
+ Flu	due due Last: N/A Due: 10/01/2014	
+ PneumP	due due Last: N/A Due: 11/14/2000	
+ Tdap	due due Last: N/A Due: 11/14/1946	
+ Zoster	due due Last: N/A Due: 11/14/1995	
+ BMD	review Last: N/A Due: 11/14/2000	

PROMPT leverages data bases and algorithms to generate care reminders

The "Tool Bar" macro helps us to quickly access information and make decisions



Ed Lee, M.D.

93582 - HCNCPRDCAM PRODCAM - HC LOS Close APC Vital Wgt AVS SM OnE Clin Video StM MR# Jump

KPHC Toolbar Jump

- Specialty Specific
 - Clinician Connect
 - OB Information
 - Allergy Immunotherapy
 - Eyecare PACS Jump
 - Treadmill Mortality Risk Calculator
 - 10-year CVD Risk Calculator
 - CHA2DS2-VASc Afib Risk Calculator
 - Morphine Mg Equiv (MME) Calculator
 - Newborn Weight Loss
 - Pediatric Subspecialties
 - Pediatric Emergency Calculator
 - Periop Medicine Guidelines
 - NSQIP Risk Calculator
 - Prenatal Questionnaire SM
 - Psych ADQ Follow up SMs
 - CT/GC Screening
- Quality Measures
 - MDP Form (A)
 - eConsult Gyr
 - eConsult Mar
 - eConsult Bo
 - ADD - Primary
 - POQ S
 - PHQ-9 S
 - Asthma Contr
 - Future Secur
 - Create Document
 - CURES Data
 - Supportive Ca
 - Lung Cancer Scre

Kaiser Permanente Atherosclerotic Cardiovascular Disease (ASCVD) Prevention Tool

Age	54 years	Atherosclerotic CVD ?	No ASCVD
African American	<input type="radio"/> Yes <input checked="" type="radio"/> No	Diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No
Gender	<input type="radio"/> Female <input checked="" type="radio"/> Male	LDL Cholesterol	129 mg/dL
Total Cholesterol	187 mg/dL	On Statins ?	No Statin
HDL Cholesterol	36 mg/dL	On Aspirin RX	<input type="radio"/> Yes <input checked="" type="radio"/> No
Systolic Blood Pressure	128 mm/Hg	Statin Allergy / Intolerance / Contraindication	<input type="radio"/> Yes <input checked="" type="radio"/> No
Diastolic Blood Pressure	70 mm/Hg	Aspirin Allergy / Intolerance / Contraindication	<input type="radio"/> Yes <input checked="" type="radio"/> No
On BP Medications	<input checked="" type="radio"/> Yes <input type="radio"/> No	Child Bearing Potential	<input type="radio"/> Yes <input type="radio"/> No
Smoker	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Check items in red before calculating.
Check items in red before calculating.

Calculate Reset

10-Year ASCVD Risk: 7.4%

Statin: Consider discussing moderate intensity statin (atorvastatin 10-20 mg daily or simvastatin 20-40 mg daily) or high intensity statin (atorvastatin 40-80 mg daily) based on patient preferences.

Aspirin: Aspirin not recommended.

Switch to [] CL Web KP.org Micromed WNHHT

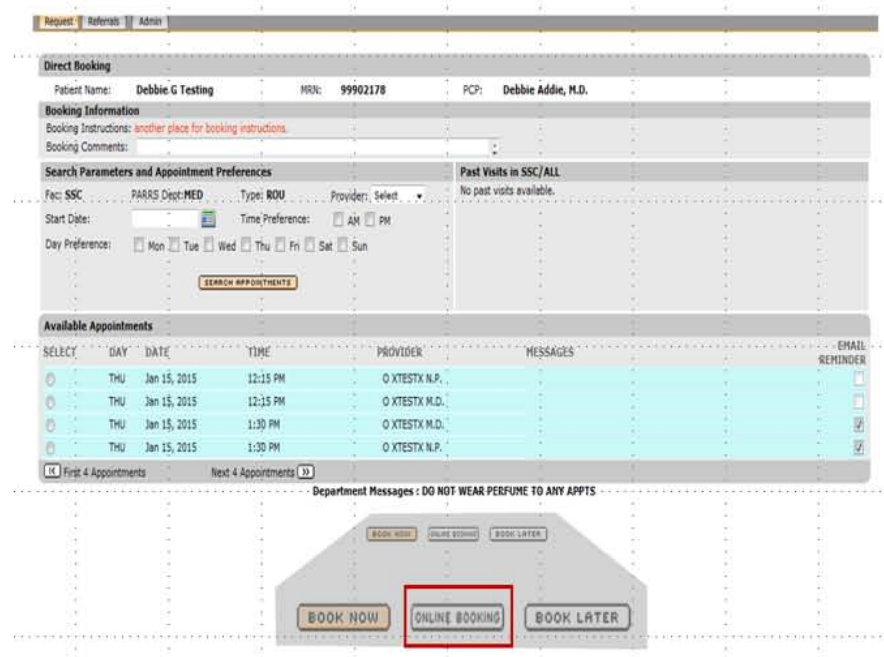
Useful Job Aids Open Job Aid How To Videos Watch Video << Hide Cancel

Our specialty consults are done electronically at the point of service

eConsult Specialty Booking



Tim Tseng, M.D.



Request | Referrals | Admin

Direct Booking

Patient Name: Debbie G Testing MRN: 99902178 PCP: Debbie Addie, M.D.

Booking Information

Booking Instructions: [another place for booking instructions.](#)

Booking Comments:

Search Parameters and Appointment Preferences

Fac: SSC PARRS Dept: MED Type: ROU Provider: Select

Start Date: Time Preference: AM PM

Day Preference: Mon Tue Wed Thu Fri Sat Sun

Past Visits in SSC/ALL

No past visits available.

Available Appointments

SELECT	DAY	DATE	TIME	PROVIDER	MESSAGES	EMAIL REMINDER
<input type="checkbox"/>	THU	Jan 15, 2015	12:15 PM	O XTESTX N.P.		<input type="checkbox"/>
<input type="checkbox"/>	THU	Jan 15, 2015	12:15 PM	O XTESTX M.D.		<input type="checkbox"/>
<input type="checkbox"/>	THU	Jan 15, 2015	1:30 PM	O XTESTX M.D.		<input checked="" type="checkbox"/>
<input type="checkbox"/>	THU	Jan 15, 2015	1:30 PM	O XTESTX N.P.		<input checked="" type="checkbox"/>

First 4 Appointments Next 4 Appointments

Department Messages: DG NOT WEAR PERFUME TO ANY APPTS

BOOK NOW ONLINE BOOKING BOOK LATER

BOOK NOW **ONLINE BOOKING** BOOK LATER



Schedule your specialty appointment online.



PLEASE DO NOT REPLY TO THIS MESSAGE.
This notification is automatically generated.

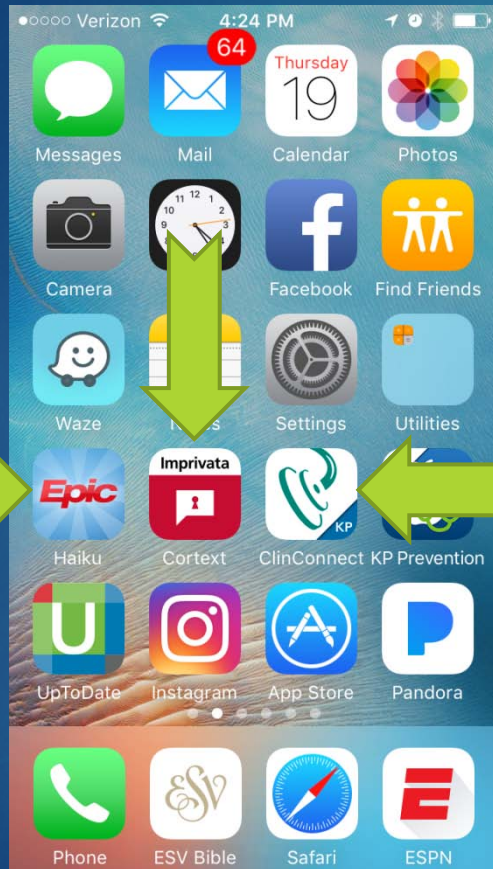
Your doctor has referred you for a specialty appointment or procedure.

Please click the link below for a convenient way to schedule, cancel or reschedule your appointment online.

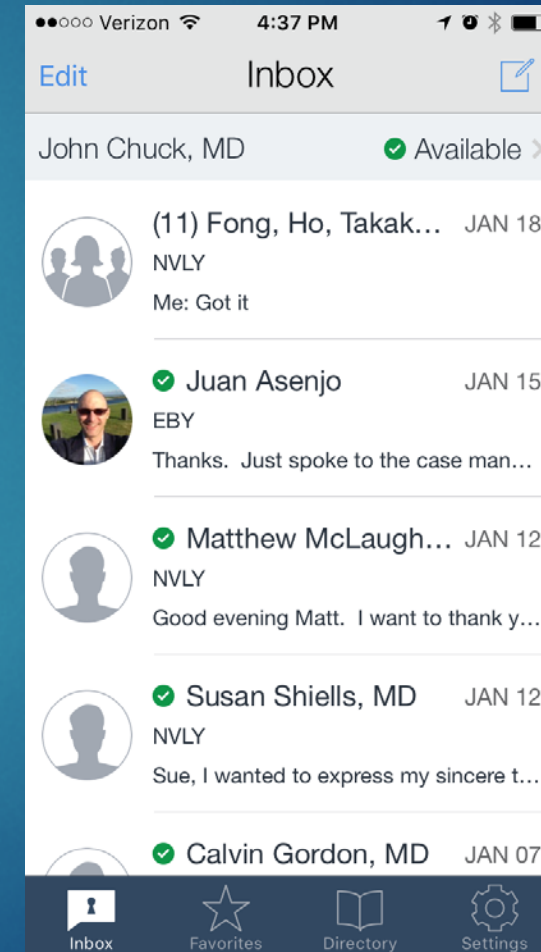
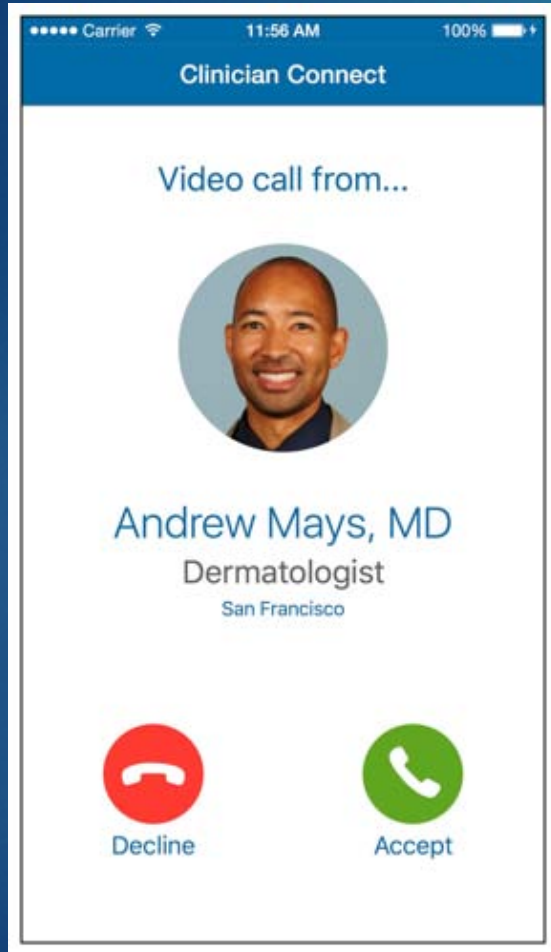
kp.org/mydoctor/appointments

If for any reason you do not schedule an appointment within a few days, we will call you to help schedule your appointment.

iPhones loaded with clinical apps untether us from our laptops



Clinician Connect and Cortext make physician to physician communication simpler



Enhancing physician communication skills

- ▶ We are committed to excellence in communication between patients-physicians, staff-physicians, and physicians-physicians.
- ▶ The benefits of enhanced communication include patient satisfaction and retention, personal efficiency, and professional satisfaction.



Denise Brahan, M.D.



Every medical center has a group of physician communication consultants

Santa Clara Communication Consultants



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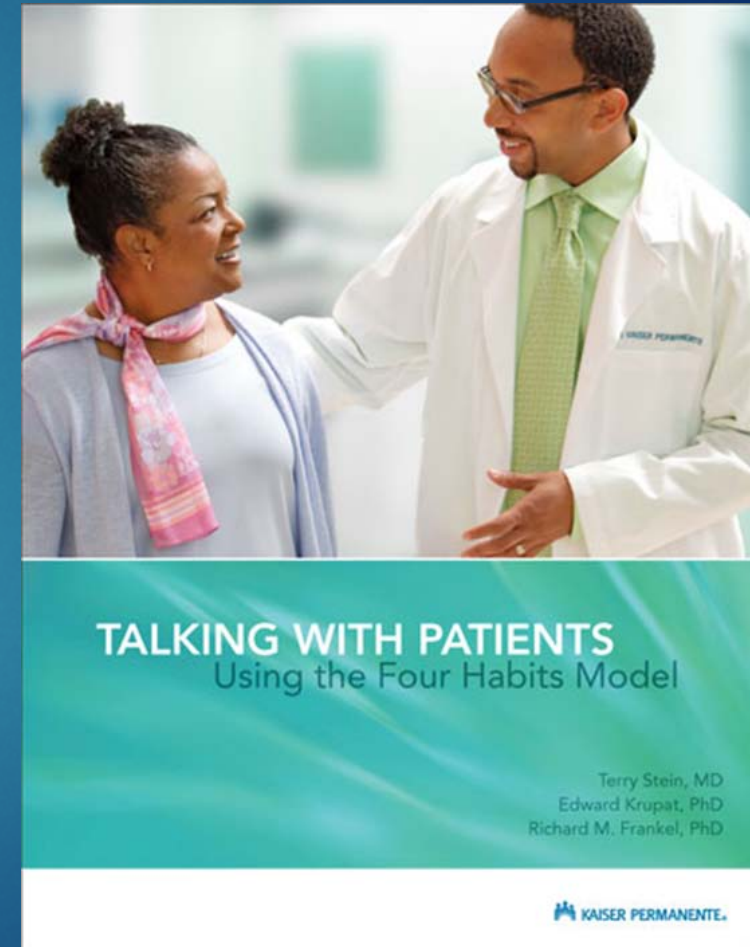
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Provider-Patient Interaction Course

- ▶ 2 x 4 hr sessions
- ▶ Promotes the Four Habits Model
 - ▶ Invest in the Beginning
 - ▶ Elicit their Perspective
 - ▶ Empathy
 - ▶ Invest in the End
- ▶ Skills practice with actors

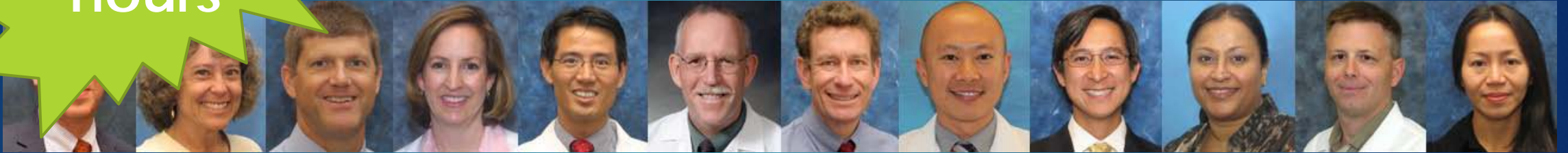


Resilience programs

come in three flavors

- ▶ The Ten Habits of Resilient Physicians
- ▶ Got Resilience?
- ▶ Beyond KP: Care for You

2
hours



Ten Habits of **Resilient** Physicians

Resilient physicians . . .

- Love themselves enough to make their own satisfaction and health a top priority
- Live mindfully
- Live value congruent lives
- Demonstrate gratitude and have a positive outlook on life
- Eat for health > pleasure

Resilient physicians

- Exercise on a regular basis
- Take time to regularly rest and recover from their work
- Adapt to change and suffering
- Invest in the relationships that give their lives meaning and joy.
- Are forgiving of themselves for not being perfect



4
hours

Got Resilience?

Heidi Olander, M.D.

Shoshana Helman, M.D.

9000 other TPMG colleagues

1.5
Days



Beyond KP

Care for You

Evidence-Based Resilience Training

Studies show that you can deliberately strengthen your resilience:

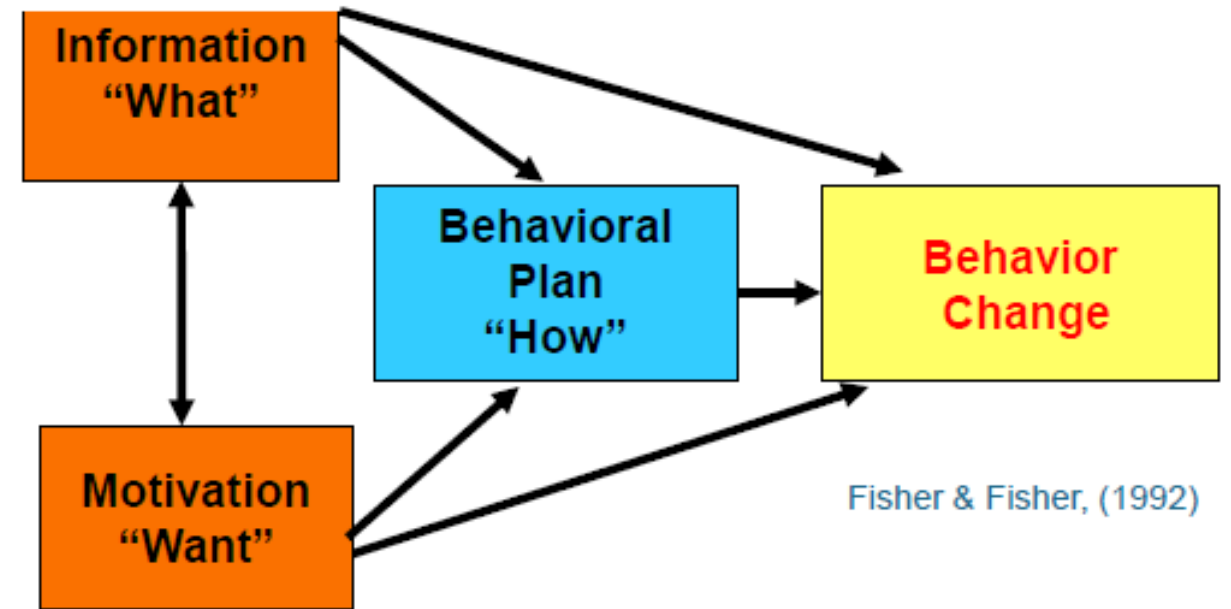
- Create your personal mission statement
- Maintain a close social network
- Imitate resilient others
- Become nutritionally and physically fit
- Mental Focus

(Southwick & Charney, 2013; American Medical Association 2015
<https://www.stepsforward.org/modules/improving-physician-resilience>)

Experiential learning & course partner accountability = behavior change



Information-Motivation-Behavioral Skills Model



Start by defining what you value and then write a personal mission statement

The Life Compass

In the main part of each large box, write a few key words about what is important or meaningful to you in this domain of life: What sort of person do you want to be? What sort of personal strengths and qualities do you want to cultivate? What do you want to stand for? What do you want to do? How do you ideally want to behave? (If a box seems irrelevant to you, that's okay: just leave it blank. If you get stuck on a box, then skip it and come back to it later. And it's okay if the same words appear in several or all boxes: this helps you identify core values that cut through many domains of life.)

Once you've done that for all boxes, go through them in the upper small square inside each box, mark on a scale of 0-10 how important these values are to you at this point in your life: 0 = no importance, 10 = extremely important. (It's okay if several squares all have the same score.)

Finally, in the lower small square inside each box, mark on a scale of 0-10 how effectively you are living by these values right now: 0 = not at all, 10 = living by them fully. (Again, it's okay if several squares all have the same score.)

Finally, have a good look at what you've written. What does this tell you about: a) What is important in your life? B) What you are currently neglecting?

Parenting	Work	Health
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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from Living Beyond Your Pain, J. Dahl & T. Lundgren. www.newharbinger.com

Personal Growth	Leisure	Spirituality
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Family Relationships	Social Relationships	Community & Environment
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Intimate Relationships		
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Developing Your Personal Mission Statement

Examples of personal missions:

JR: My mission is to be an extraordinary father, spouse, and leader in my organization. I want to be compassionate with others and inspire those around me.

AO: My mission is to demonstrate daily to my husband, children, and parents my deep love and gratitude for having them in my life. I want to be a positive physician with genuine compassion for my patients.

DH: My mission is to be a loving and trusting husband. I want to be successful in my career without compromising my values.

HM: My personal mission is to be a dedicated and caring physician to all of my patients. I want to have a positive impact on my colleagues and my community.

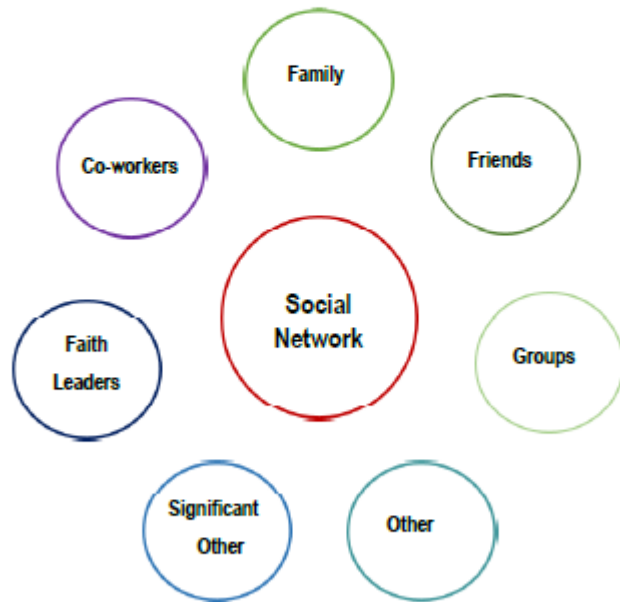
What is your personal mission?

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Build support networks and identify role models

Support Networks

- Identify the social circles of your life. Who supports you in the areas of your life outlined below?
- Put names in the circles.
- Who is missing? What areas do not have many names listed? Is there a way to add to this list of names?



Identifying characteristics that you want to imitate

Person: _____

Characteristics: _____

Person: _____

Characteristics: _____

Person: _____

Characteristics: _____

Person: _____

Characteristics: _____

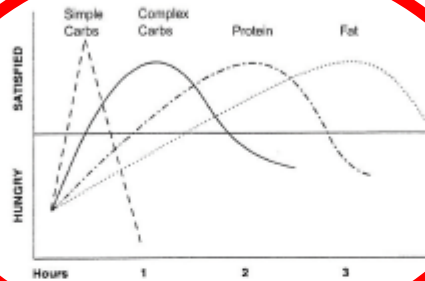
Create the “liger” of who you want to be



Plan to eat a balanced diet

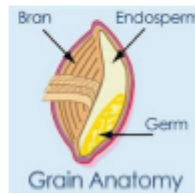
Make food work for you: Eat in a balanced way

MICRONUTRIENTS



FOOD GROUPS

- **Simple carbohydrates:** Sugar (including "natural" sweeteners), white flour products (bread, pasta, crackers, cookies, cereal), candy, sweetened beverages
- **Complex carbohydrates:** whole grains, starches, vegetables, fruits
- **Protein:** animals, vegetables, some dairy, some grains
- **Fat:** nuts, seeds, avocado, olive oil, vegetable oils



Make food work for you: Plan ahead

At Home:

- Have food delivered to your home:
 - Grocery delivery
 - Errvy
 - Safeway
 - Amazon (Sacramento only)
 - Food delivery websites:
 - fiteats.com
 - gobble.com
 - Freshly.com
 - graze.com
 - momsmealsNC.com
 - hellofresh.com
 - freshrlean.com
 - blueapron.com
 - sunbasket.com
- Short cuts to make food prep easier:
 - pre-cut fruits and vegetables
 - already cooked lentils and rice
 - rotisserie chicken
 - tuna fish packets
 - already hard boiled eggs
 - pre-packaged one portion items (peanut butter, popcorn, yogurt, cheese sticks, nuts)
 - cook once, eat 2 or 3 times
 - batch cooking of proteins, starches or vegetables then mix them in for variety
 - overnight oats
 - egg muffins
 - crock pot meals
 - freezer meals



Weave movement into your work day



Aerobic

Exercise the heart and lungs



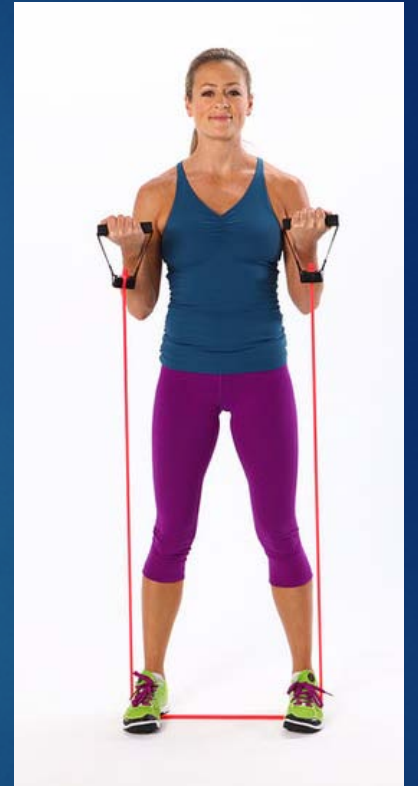
Strength

Muscular strength and endurance



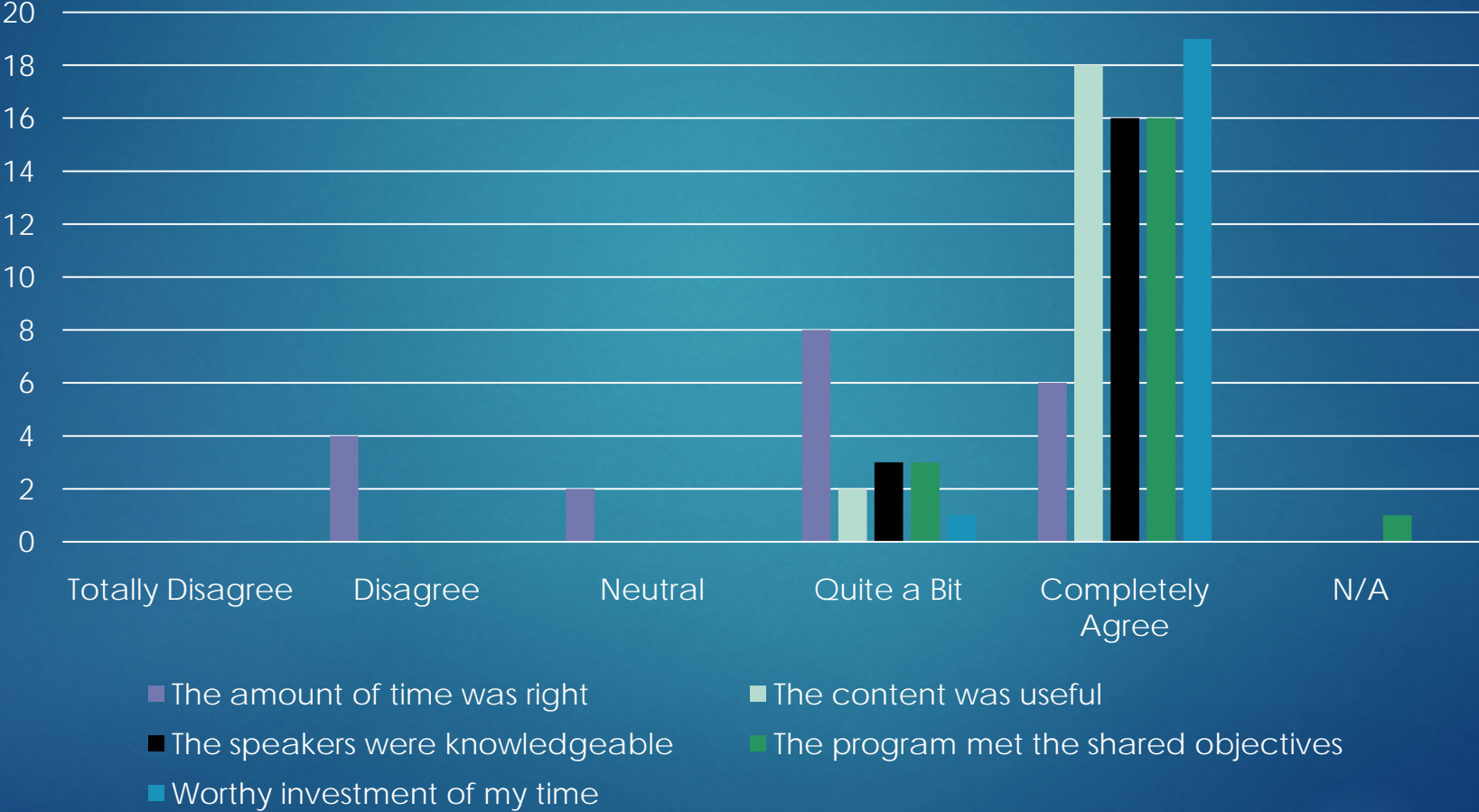
Flexibility

Improves range of motion



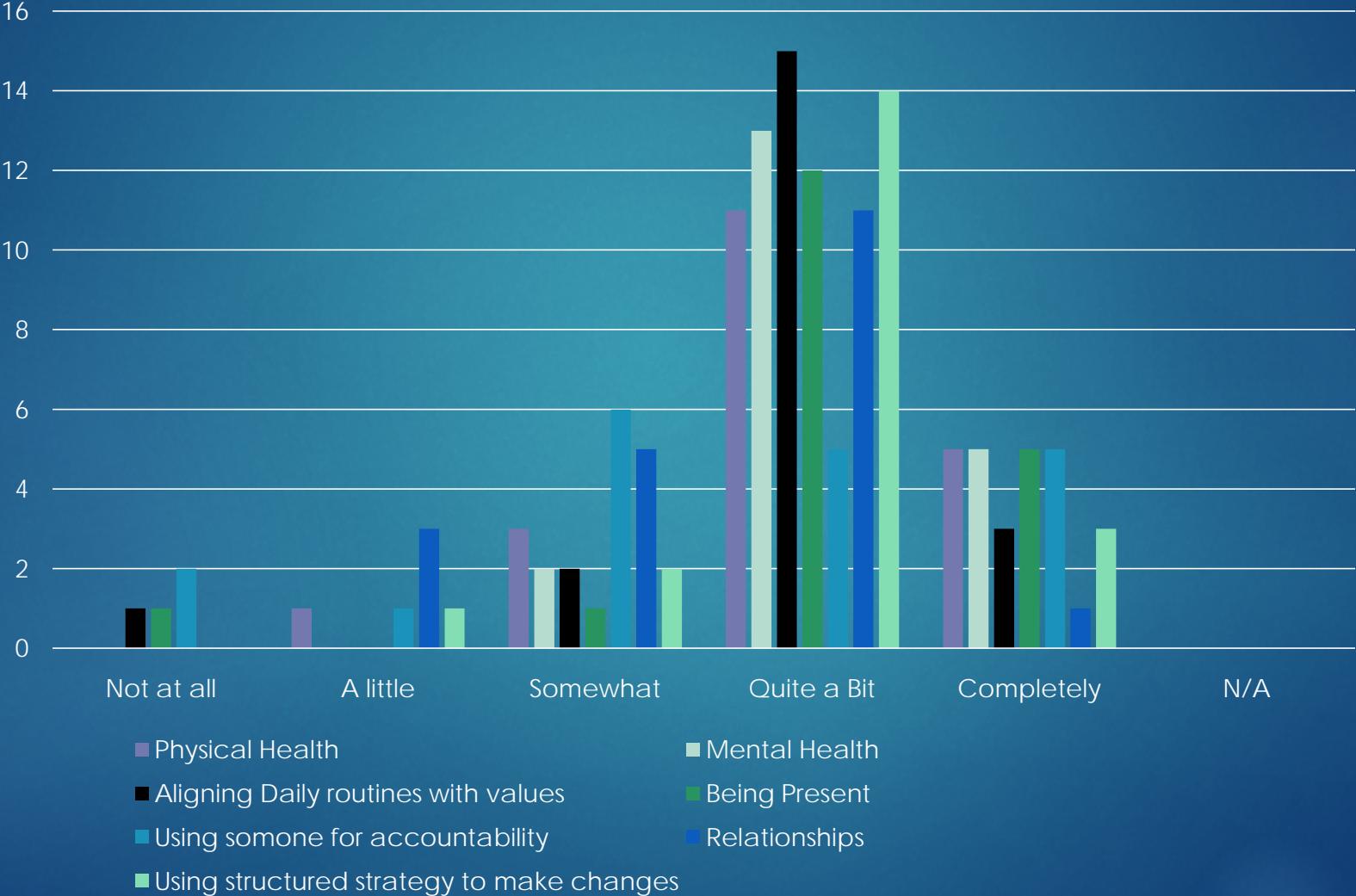
Immediate Post Program Ratings: "satisfaction"

Thinking about this program, please rate the following statements:



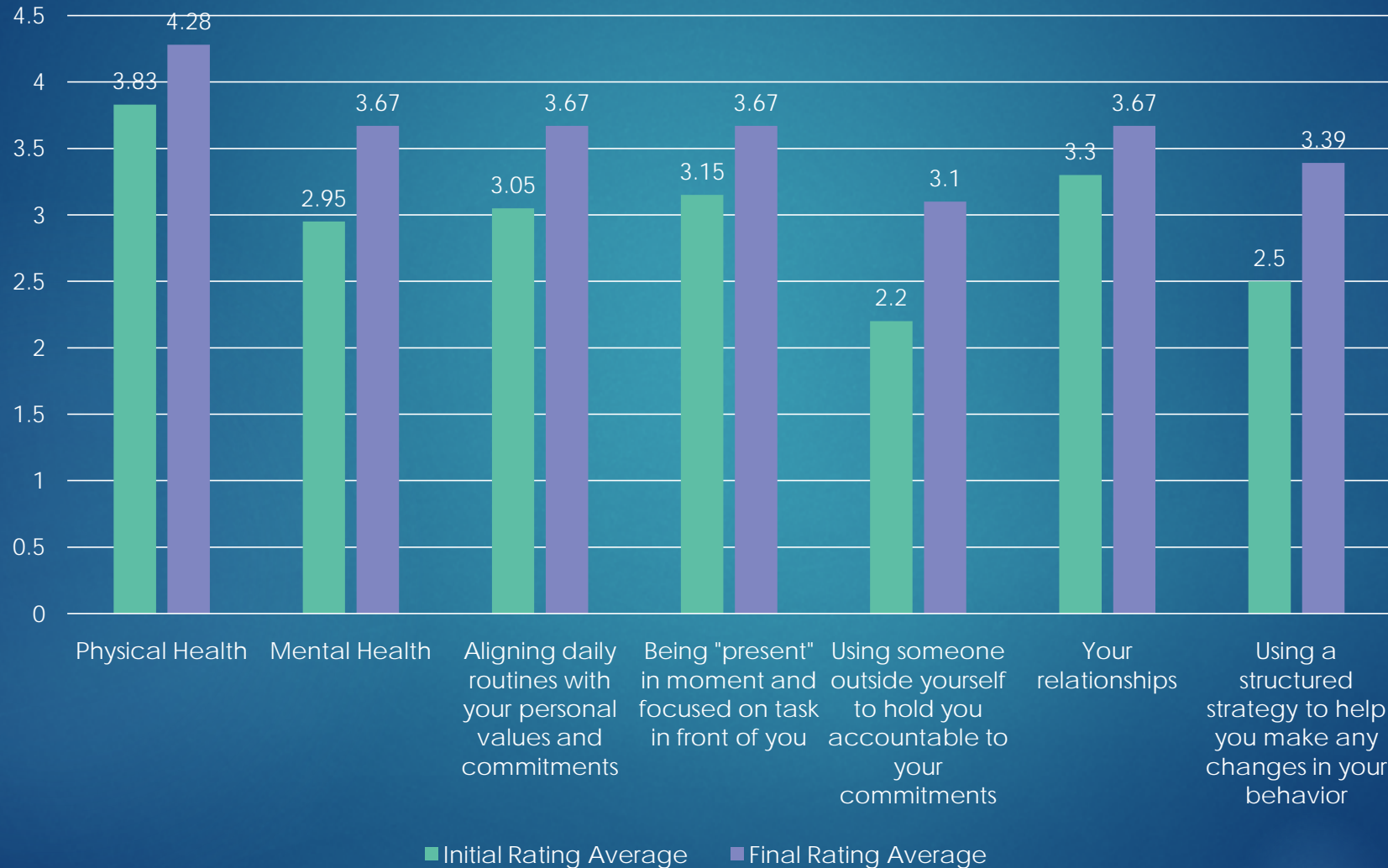
Immediate Post Program Ratings: "intent to change"

To what extent do you intend to change behaviors in the following areas of your life?



Pre-Program to 6 Week Follow-up: change in behavior

How frequently have you participated in behaviors to manage the following areas of your life?



Regional wellness goals must materialize at the medical center level

PHW Physician Leaders

Central Valley
Ludovico (Vic) Redula, MD
Pediatrics
Theresa Ordon, MD
Family Medicine

DSA
Aman Sethi, MD
Urology

East Bay
Amer Budayr, MD
Endocrinology
Patricia Castaneda-Davis, MD
Pediatrics
Betty Lin, MD
Ob/Gyn
Alvin Tang, MD
Emergency

Fresno
Robin Hardiman, MD
Plastic Surgery

GSAA
Scott Abramson, MD
Neurology
Vallari Shukla, MD
Internal Medicine

Napa Solano
Andrea Clarke, MD
Family Medicine
Jeff Gaborko, MD
Pediatrics
JC Lee, MD
Internal Medicine

North Valley
Diane Chan, MD
Pediatrics
John Chuck, MD
PHW Regional Chair
Family Medicine

Redwood City
Mayuri Desai, MD
Pathology
Rhoda Wynn, MD
Ob/Gyn



"As the model for health care delivery in our nation, helping the physicians of TPMG increase their own health and sense of wellbeing, particularly in this time of dramatic change, is an essential part of our commitment to mission driven medicine."

*Dr. Robert Pearl, Executive Medical Director & CEO
The Permanente Medical Group*

What is Physician Health & Wellness?

- Assuring that physicians have skills and resources to pursue rewarding careers and meaningful personal lives.
- Fostering a culture of continual learning.
- Cultivating a network of colleagues for support, friendship, and community.
- Improving physicians' personal health.
- Encouraging and supporting physicians' participation in physical activity.
- Helping physicians make healthy food choices and reach their weight management goals.
- Supporting physicians' involvement in their communities and in global settings.

~Caring for ourselves and each other~

Physician Health & Wellness (PHW) Committees
Physician-led committees at every facility are dedicated to improving the personal health and professional satisfaction of TPMG physicians. Committee members plan and implement programs and services tailored to the needs and interests of their physicians.

PHW Physician Leaders

San Francisco
Lisa Chui, MD
Internal Medicine
Jessie Mahoney, MD
Pediatrics
Stasia Muhlner, MD
Occupational Medicine
Kimberly Newell, MD
Pediatrics

San Jose
Patti Albertson, MD
Ob/Gyn
Valerie KwaiBen, MD
Cardiology

San Rafael
Lindsey Hibbard, MD
Pediatrics

Santa Clara
Michelle Young, MD
Ob/Gyn

Santa Rosa
Stephen Gamboa, MD
Emergency Medicine
Mike Ismail, MD
Family Medicine
Greg Sacher, MD
Ob/Gyn
Regina Sullivan, MD
Ob/Gyn

South Sacramento
Evan Bloom, MD
Pediatrics
Jason Guardino, DO
Gastroenterology

South San Francisco
Yvonne Ong, MD
Pediatrics
George Tan, MD
Internal Medicine



Professional Fulfillment & Resilience

- Finding Meaning in Medicine Groups
- Mindfulness Meditation & Stress Management
- Benefits Planning
- Personal & Professional Development Groups
- Back-up Child Care
- Women in Medicine Programs

Collegiality

- Organized interactive programs
- Networking Venues and Gathering Spots
- Family Events
- Social Events
- Recognition and Acknowledgement



Fitness

- Organized Training Programs
- Walking Events and Activities
- Sports Interest Groups
- Fitness Class

Healthy Eating

- Nutrition and Cooking Seminars
- Weight Management Programs
- Convenient Access to Healthy Food

Healthy Communities

- Local and Global Volunteerism
- Green Team Initiatives
- Community Giving

Practice Management

- Finding Time for Ourselves Training
- Dealing with Adverse Outcomes Programs
- Communication Skills Training
- Maintenance of Certification Resources
- Physicians Helping Physicians
- Healthy Workplace Ergonomics
- Doctors Treating Doctors
- Mentoring New TPMG Physicians

Prevention

- Physician Health Fairs
- Personal Health Reminders
- Convenient Medical Appointments
- Docs 4 Docs

Because “all wellness is local.”



Ronald Reagan Presidential Library photo

The 7 arms of wellness are implemented by local PHW leadership teams

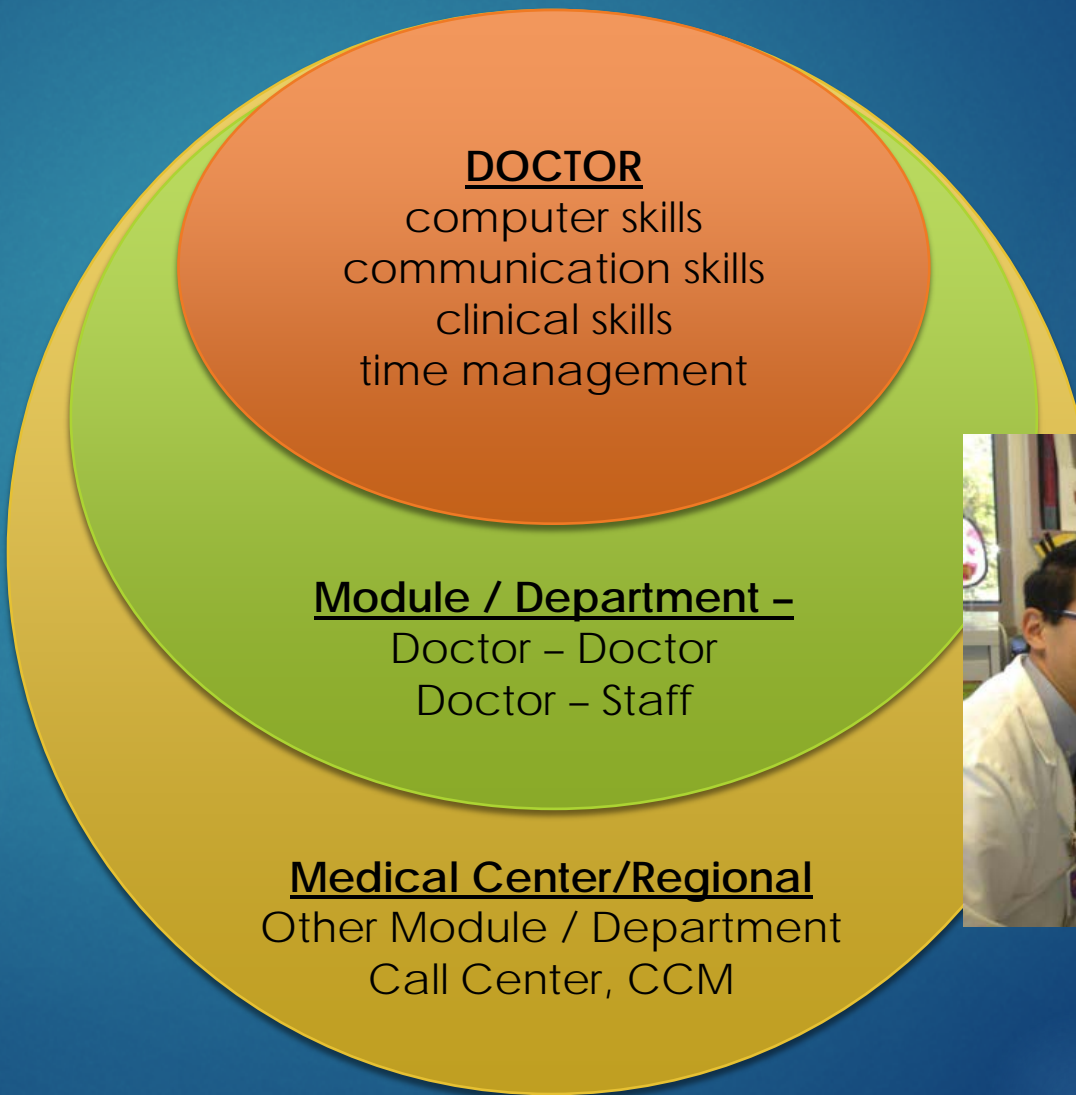
- ▶ Professional fulfillment & resilience
- ▶ Practice management
- ▶ Collegiality
- ▶ Preventive care
- ▶ Physical fitness
- ▶ Health eating
- ▶ Community engagement through volunteerism



Physicians Helping Physicians (PHP) 1:1 coaching



Davis Liu, M.D.



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

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 Rachel Willard-Grace, MPH²
 Andrew M. Schatzbank, MD^{3,4}
 Thomas A. Sinsky, MD¹
 David Margolius, MD⁵
 Thomas Bodenheimer, MD⁶

¹Medical Associates Clinic and Health Plans, Dubuque, Iowa
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⁴Iora Health, Cambridge, Massachusetts



ABSTRACT

We highlight primary care innovations gathered from high-functioning primary care practices, innovations we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing primary care 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.

Ann Fam Med 2013;11:272-278. doi:10.1370/afm.1531.

Working at Starbucks would be better.
 Benjamin Crocker, MD, October 3, 2007

I look forward to going to work each day. I'm loving it!
 Benjamin Crocker, MD, July 13, 2011

INTRODUCTION

By all reports, primary care physicians are at high risk of burnout.¹⁻³ Fewer physicians are choosing primary care, many are leaving it.^{4,6} Although waning interest in adult primary care careers is multifactorial, driven by such forces as the primary care–subspecialty income gap, medical schools' devaluing of primary care, and the unsustainable primary care work life, we focus on the work life issue. One study suggests that the difficult work life may be the most influential factor discouraging medical students from primary care careers.⁷

Those who practice adult primary care are often deeply dissatisfied,¹ spending much of their days performing functions that do not require their professional training.⁸ More than one-half of general internists and family physicians have symptoms of burnout.¹ Time pressure, chaotic work environments, increasing administrative and regulatory demands, an expanding knowledge base, fragmentation of care delivery, and greater expectations placed on primary care contribute to the strain.⁹ Workdays are getting longer¹⁰ and rewards are diminishing. Joy is in short supply.

We propose *joy in practice* as a deliberately provocative concept to describe what we believe is missing in the physician experience of primary care. The concept of physician satisfaction suggests innovations that are limited to tweaking compensation or panel size. If, however, as the litera-

Conflicts of interest: none reported.

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Sample PHP classes

Course	Description
KPHC InBasket Management - Techniques to Tame your InBasket 2hr classroom	<i>Techniques to tame</i> your InBasket - focusing on RARs, results and secure messaging and how to get through your inbasket as efficiently as possible
KPHC Efficiency Tips - Toolbar 1hr WebEx	<i>Make your day easier</i> by using the KPHC Toolbar. Learn easy shortcuts, reduce the number of 'clicks' and more!
KPHC Efficiency Tips - Shortcuts 1hr WebEx	<i>Repetitive actions made simple</i> - Learn easy shortcuts utilizing tools available in HealthConnect and the KPHC Toolbar to automate repetitive actions
KPHC SmartPhrases to Reduce Typing 2hr	<i>Reduce the amount of typing</i> you do each day - create, borrow, find and manage SmartPhrases to give yourself more time.
iPhone Essentials (new course) 2hr classroom	<i>KP iPhone Essentials - news you can use!</i> Everything working? Using most current versions? Understand NVLY processes? (experts at hand to assist).
Patient Engagement 2hr classroom	Provide better patient care and <i>manage your time at the same time!</i> This course will discuss and demonstrate easy to use tools to engage and educate your patients to take charge of their own health.
Information Resources 1hr WebEx	<i>Access valuable clinical information</i> (for you and your patients) using resources in KPHC, Clinical library and UpTo Date
Advanced Screen Capture using Snagit & Select Excel Topics 2hr classroom	<i>Advanced users! (especially leaders), learn how to..</i> - do advanced screen captures and edits using Snagit - take a snapshot of a portion of your computer screen, including long webpages - enhance images with stamps, text, and special effects - share your images in Word documents, PowerPoint presentations, and e-mails - use Excel techniques & tips, to sort, filter, and view data; then email a portion of your spreadsheet.

Tame your inbasket

EMR shortcuts

Get patients involved

Snagit, Excel, Power Point

...Using your Team Effectively

Figure 1. Comparison of PCPs' Work-Relation with MAs

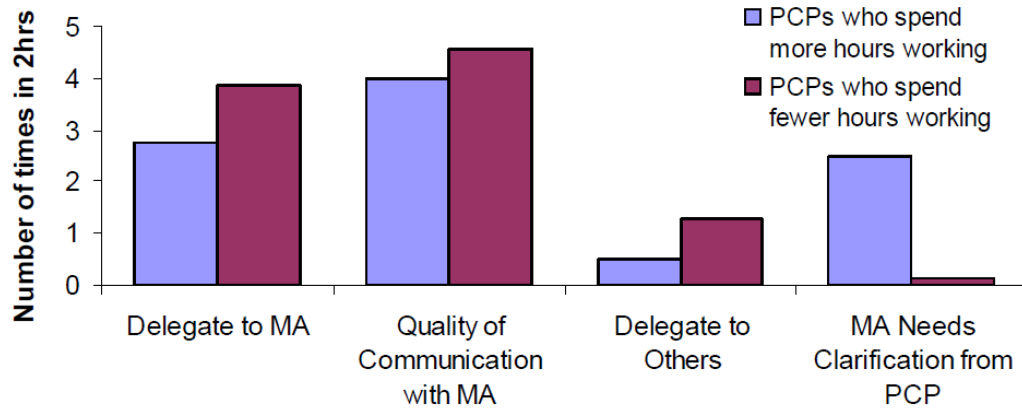


Figure 2. Percentage of Work that CAN Be Delegated vs IS Actually Delegated

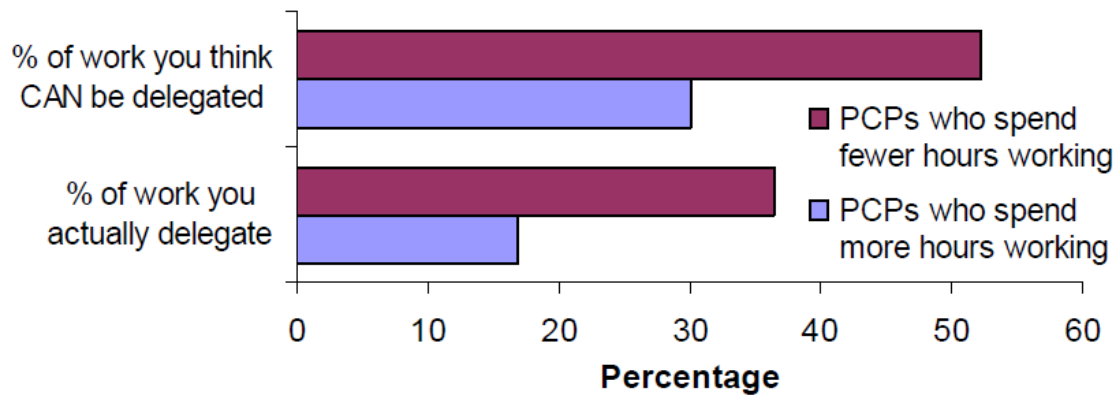
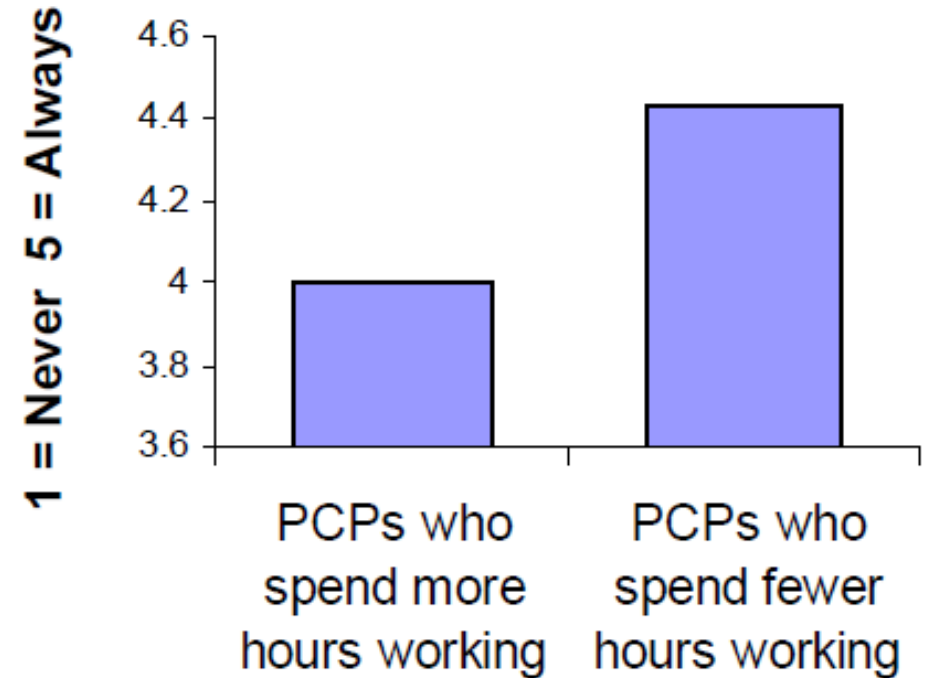


Figure 4. "I am constantly learning from my colleagues"



Connect the Docs support groups
focus on what doctors feel and get stuck on
in the physician patient relationship



Rochelle Frank, M.D.



photo courtesy of William Wegman



Physician health fairs provide a safe and convenient place for us to get well



“Speed Meet & Greets” help to break down the physical silos that separate us in health care



Social events help us to bond in settings outside the hospital and clinic



KAISER PERMANENTE thrive
TPMG PHYSICIAN
HEALTH & WELLNESS



Giggle & Riot
FUNBOOTH

But of course nothing beats a Prom



Volunteerism in our communities reminds us of our original motivation for medicine



Taking health education into the schools



Child abuse prevention program



In summary, there is no one answer to resilience and wellness in TPMG, but rather a **“symphony of solutions.”**



- ▶ It starts with an executive leadership decision to make physician resilience, health, and wellness a strategic priority.
- ▶ The overarching goal is to give physicians the tools they need to get their work done and to help them live values congruent lives.
- ▶ We offer a broad menu of programs and allow physicians to choose the interventions that best fit their life stage and personal and professional needs.
- ▶ These programs address the physical, intellectual, emotional, and spiritual drivers of wellness and unwellness.
- ▶ We believe that we have something to share and much to learn from others about how to best help physicians navigate their calling to medicine.

