Physician Wellness: It’s More Than Yoga

2017 ACLGIM Summit
Paradise Valley, AZ
December 3, 2017
Joanna D’Afflitti, MD, MPH; Jason Worcester, MD

Disclosures
The presenters have no relevant financial or nonfinancial relationships to disclose
Overview

• The problem: burnout and job dissatisfaction among PCP’s
• The solution: burnout prevention, joy in practice, and/or wellness
• What does the evidence suggest?
• What are we doing to prevent burnout and promote joy/wellness?

The Problem

• Primary care providers face burnout and dissatisfaction
• Increased demand for Primary Care
• Expanded role of Primary Care
  • Improving health of individuals and populations
  • Eliminating health inequities
• Survival mode is insufficient - to accomplish these goals physicians need energy
The Solutions

- Burnout prevention
- Joy in practice
- Wellness
Burnout – A Natural Response to Overwhelming Stress

• Exhaustion
  • Emotional
  • Cognitive
  • Physical

• Depersonalization
  • Negativity
  • Detached response to aspects of the job

• Inefficacy
  • Low sense of personal accomplishment at work


Joy in Practice Is Not . . .
Joy in Practice Is . . .

Not being burned out, plus:
• High level of physician work-life satisfaction
• Low level of burnout
• Feeling that medical practice is fulfilling


Wellness

• “A construct that lacks conceptual clarity”
• Most often defined by the absence of burnout
• Requires at least one measure of mental, social, physical, and integrated well-being

What Does the Evidence Suggest?

It’s More Than Yoga
Burnout Prevention

- Organization-directed interventions more effective at reducing burnout than physician-directed interventions
- Workflow redesign
- Improved communication
- QI projects directed at clinician concerns
- Sharing the care among a care team


General Internal Medicine at Boston Medical Center

- Safety-net hospital
- Academic medical center - Boston University School of Medicine
- Urban, diverse patient population - 50% Medicaid
- 40,000 patients
- Clinicians and Staff
  - 56 MDs
  - 17 NPs
  - 103 residents
  - 60 support staff
  - 30 RN’s/LPN’s
Working Conditions in Primary Care: BMC vs USA

- Dissatisfaction: 38.1% (BMC) vs 24.5% (USA)
- Job Stress: 69.0% (BMC) vs 67.0% (USA)
- Symptoms of Burnout: 47.6% (BMC) vs 38.2% (USA)

Provider responses to Mini Z survey in national sample (Linzer et al., 2016)

BMC Wellness Program

- Wellness Director (July 2017): Dr. Meenakshi Kumar, Family Medicine, Functional and Integrative Medicine and Palliative Care Physician

- Charge: “To provide the BUMC community with ways to address burn-out, stress and increase job satisfaction that spans both the personal and professional experience”
Clinician Satisfaction/Advocacy Advisory Group

- Started by Department of Medicine (DOM) leadership to address concerns about clinician dissatisfaction and burnout
- Composed of five DOM faculty members who volunteered to serve
- Interviewed 25 DOM faculty members (clinician educators, researchers, an administrators)

What are the best parts of your job that keep you at BU/BMC?
What are the biggest sources of dissatisfaction in your job?

![Bar chart showing the biggest sources of dissatisfaction in a job.]

What changes would yield the most improvement to your practice?

![Bar chart showing the changes that would yield the most improvement to a practice.]

- More clinic support
- Recognition
- Time
- Compensation
Clinician Satisfaction/Advocacy Advisory Group – Next Steps

- Go clinic to clinic to elicit ideas for change, “what do you want to see in your clinic?”
- Continue to engage Hospital leadership (CEO, CMO, COO) in this discussion
- Add a 4th Hospital priority - Access, Volume, Patient Experience . . . What about Clinician Experience?

Promoting Burnout Prevention, Joy, and Wellness in GIM

- Diversity of practice
- “Protected” sessions (new PCP hiring package)
- Protected time for meetings and education
- Wellness grants
- EMR support
- Reducing chaos in clinic (Doc of the Day)
Expanded Care Team

- Integrated Behavioral Health
- Care Coordinators
- Clinical Pharmacists
- Diabetes Educators
- TOPCARE (management of patients on chronic opioids)
- NP Anchor

NP Anchor Model

**Before**

- Independent PCPs
- 1 NP: 10-15 MD's
- 1 FTE NP = 8 clinic sessions

**After**

- MD/NP co-management
- 1 NP: 3 MDs (10 Teams)
- 1 FTE NP = 6 clinic sessions, 2 protected sessions
Sharing the Care

Before
• All clinical visits
• Between-visit care
  ◦ Phone calls
  ◦ Test result follow-up
  ◦ Outreach
  ◦ Care coordination with specialists
  ◦ Complex patient follow-up

After
• NPs share clinical care
  ◦ Urgent Care
  ◦ RHCM
  ◦ Chronic Disease Management
  ◦ Hospital Follow-up
• NPs lead between-visit care

Business Case
• Losing MD’s is costly
  ◦ $520,000 over 1 year (no new hire)
  ◦ $1,495,000 over 3 years (new hire in place by year 2)
• Adding NP’s adds clinical capacity and downstream revenue in current fee-for-service model, which off-sets cost of protected time
• In an ACO or capitated payment model, NP Anchors can improve performance on quality metrics and co-manage high risk/high cost patients
Measures of Success

- Access to care for pilot team patients – time to 3rd next available appointment with a team provider (MD or NP)

- Experience of pilot providers (MDs and NPs) – anonymous surveys

Average Time to 3rd Next Available Appointment With Team Provider

<table>
<thead>
<tr>
<th>Days</th>
<th>Before NP Anchor</th>
<th>After NP Anchor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>28.2</td>
<td>6.0</td>
</tr>
</tbody>
</table>

12/1/2017 14
Provider Experience – 24/31 MDs responded

<table>
<thead>
<tr>
<th>Question</th>
<th>Five-Point Likert Scale Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful has the NP Anchor Model been in expanding access for your patients?</td>
<td>Very or Extremely Helpful 92%</td>
</tr>
<tr>
<td>How helpful has the NP Anchor model been in decreasing the burden of work between visits?</td>
<td>Very or Extremely Helpful 79%</td>
</tr>
<tr>
<td>How well does your care team work together?</td>
<td>Very or Extremely Well 100%</td>
</tr>
</tbody>
</table>

Provider Experience – 9/10 NPs responded

<table>
<thead>
<tr>
<th>Question</th>
<th>Five-Point Likert Scale Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, how satisfied are you with your current job?</td>
<td>Very or Extremely Satisfied 100%</td>
</tr>
<tr>
<td>How well does your care team work together?</td>
<td>Very or Extremely Well 100%</td>
</tr>
</tbody>
</table>
Provider Experience

• “This model provides a resource to assist with phone calls and paperwork, and importantly to provide consistent clinical access for patients with a team member.”
• “I love my NP Anchor and have gotten feedback that my patients do, too!”
• “I’m very pleased with the NP Anchor model and feel I can trust my NP with my patients’ care.”

Key Lessons for Dissemination

• NP Anchor Teams improve access to care with a member of the care team

• Working with an NP Anchor can reduce the between-visit workload for MDs, a driver of physician dissatisfaction and burnout
Thank You

Physician Wellness: It’s More Than Yoga

2017 ACLGIM Summit
Paradise Valley, AZ
December 3, 2017
Joanna D’Afflitti, MD, MPH; Jason Worcester, MD
References

• Brady KJS, Trockel MT, Khan CT, et al. What do we mean by physician wellness? A systematic review if its definition and measurement. Acad Psychiatry 2017.

References