




**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



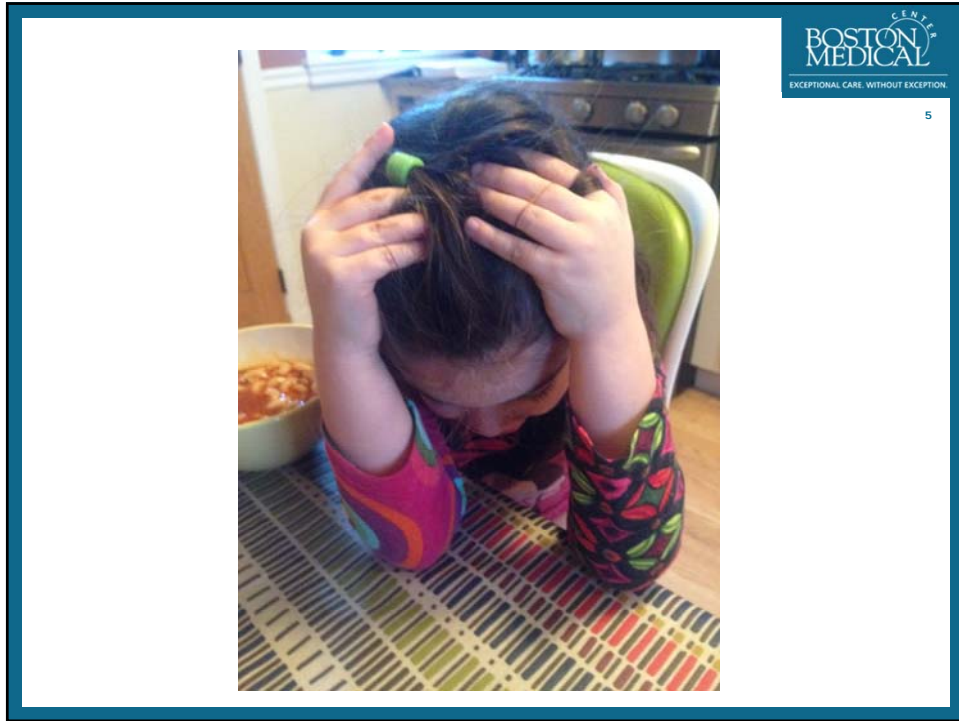
3

- 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



6

## Burnout – A Natural Response to Overwhelming Stress



7

- Exhaustion
  - Emotional
  - Cognitive
  - Physical
- Depersonalization
  - Negativity
  - Detached response to aspects of the job
- Inefficacy
  - Low sense of personal accomplishment at work

• Shannon DW. Physician burnout 2016, part 1: Addressing root causes & reclaiming joy in practice. *Practical Reviews Gastroenterology*. 2016; 33(9): audio disc.

## Joy in Practice Is Not . . .



8



## Joy in Practice Is . . .



9

Not being burned out, plus:

- High level of physician work-life satisfaction
- Low level of burnout
- Feeling that medical practice is fulfilling

• Sinsky CA, Willard-Grace R, Schutzbank AM, et al. In search of joy in practice: A report of 23 high-functioning primary care practices. *Ann Fam Med.* 2013; 11(3):272-278.

## Wellness



10

- “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

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

## What Does the Evidence Suggest?

## It's More Than Yoga



## Burnout Prevention



13

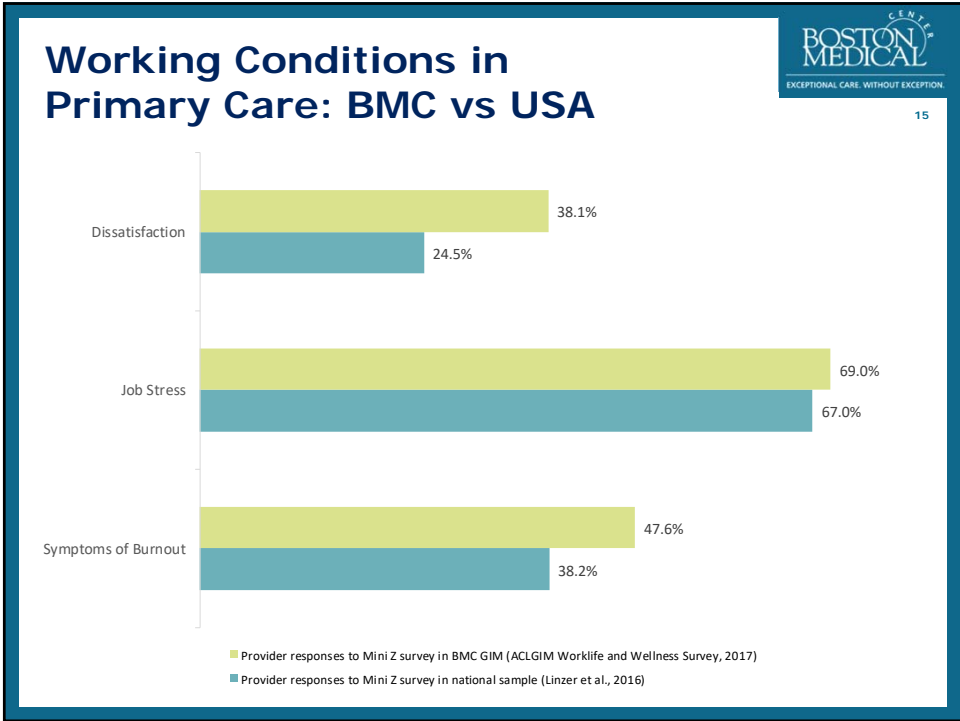
- Organization-directed interventions more effective at reducing burnout than physician-directed interventions
- Workflow redesign
- Improved communication
- QI projects directed at clinician concerns
- Sharing the care among a care team

- Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: A systemic review and meta-analysis. *JAMA Intern Med.* 2017;177(2):195-205.
- Linzer M, Poplau S, Grossman E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the Healthy Work Place (HWP) study. *J Gen Intern Med.* 2015; 30(8):1105-1111
- Sinsky CA, Willard-Grace R, Schutzbank AM, et al. In search of joy in practice: A report of 23 high-functioning primary care practices. *Ann Fam Med.* 2013; 11(3):272-278

## 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



### 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



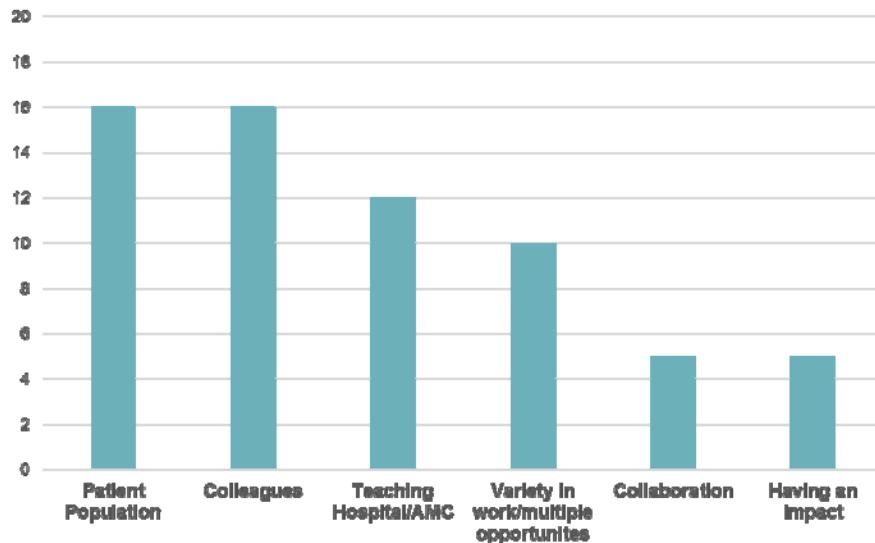
17

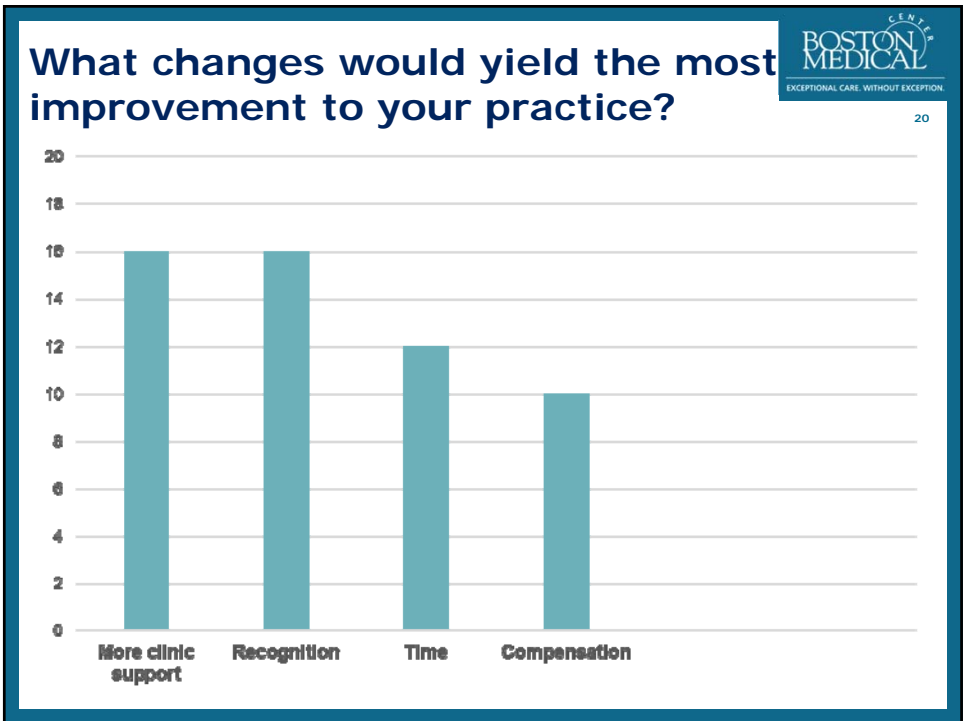
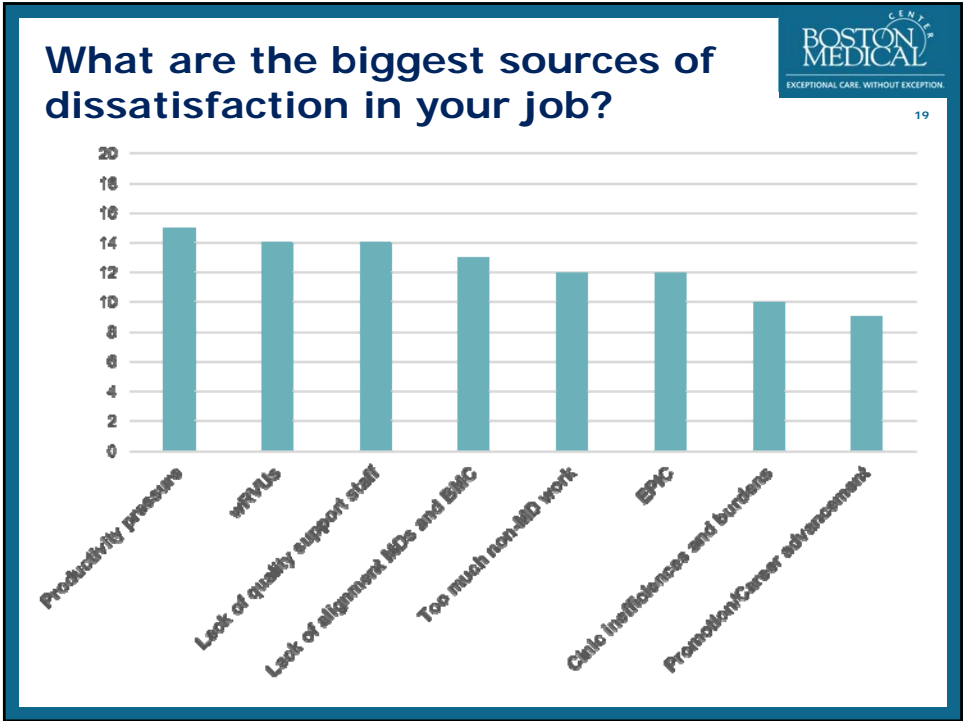
- Started by Department of Medicine (DOM) leadership to address concerns about clinician dissatisfaction and burnout
- Composed of five DOM faculty members who volunteered to serve
- Interviewed 25 DOM faculty members (clinician educators, researchers, an administrators)

## What are the best parts of your job that keep you at BU/BMC?



18





## Clinician Satisfaction/Advocacy Advisory Group – Next Steps



21

- 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 4<sup>th</sup> Hospital priority - Access, Volume, Patient Experience . . . What about Clinician Experience?

## Promoting Burnout Prevention, Joy, and Wellness in GIM



22


- 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)



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

## Expanded Care Team


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



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

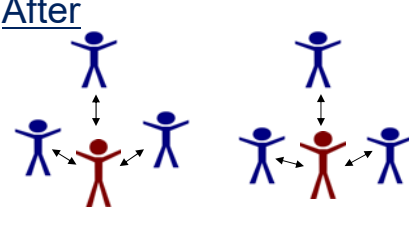
## NP Anchor Model

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**



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

## 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

25



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

## 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

2



### Measures of Success

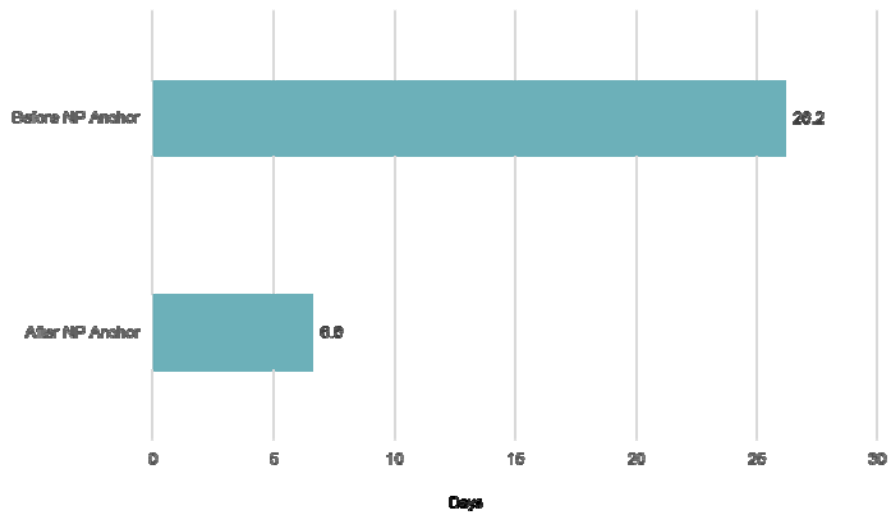
27

- Access to care for pilot team patients – time to 3<sup>rd</sup> next available appointment with a team provider (MD or NP)
- Experience of pilot providers (MDs and NPs) – anonymous surveys

### Average Time to 3<sup>rd</sup> Next Available Appointment With Team Provider



28



## Provider Experience – 24/31 MDs responded



29

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

## Provider Experience – 9/10 NPs responded



30

Question	Five-Point Likert Scale Responses
Overall, how satisfied are you with your current job?	Very or Extremely Satisfied <b>100%</b>
How well does your care team work together?	Very or Extremely Well <b>100%</b>

## 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'Aflitti, MD, MPH; Jason Worcester, MD*



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

## References

- Brady KJS, Trockel MT, Khan CT, et al. What do we mean by physician wellness? A systematic review of its definition and measurement. *Acad Psychiatry* 2017.
- Linzer M, Manwell LB, Williams ES, et al. Working conditions in primary care: Physician reactions and care quality. *Ann Intern Med.* 2009; 151(1):28-36. W6-W9.
- Linzer M, Poplau S, Babbott S, et al. Worklife and wellness in academic general internal medicine: Results from a national survey. *J Gen Intern Med.* 2016; 31(9):1004-10.
- Linzer M, Poplau S, Grossman E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the Healthy Work Place (HWP) study. *J Gen Intern Med.* 2015; 30(8):1105-1111.
- Mafi JN, Wee CC, Davis RB, Landon BE. Comparing use of low-value health care services among U.S. advanced practice clinicians and physicians. *Ann Intern Med.* 2016; 165:237-244.

## References

- Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: A systemic review and meta-analysis. *JAMA Intern Med.* 2017;177(2):195-205.
- Roots A & Macdonald M. Outcomes associated with nurse practitioners in collaborative practice with general practitioners in rural settings in Canada: a mixed methods study. *Human Resources for Health* 2014; 12:69-79.
- Shannon DW. Physician burnout 2016, part 1: Addressing root causes & reclaiming joy in practice. *Practical Reviews Gastroenterology.* 2016; 33(9): audio disc.
- Sinsky CA, Willard-Grace R, Schutzbank AM, et al. In search of joy in practice: A report of 23 high-functioning primary care practices. *Ann Fam Med.* 2013; 11(3):272-278.